

# Meeting Needs of PLHIV with Complex Health Issues: The Dr. Peter Centre, an Integrative Health care Service

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## Background

The Dr. Peter Centre (DPC) is an integrative health service for vulnerable people living with HIV with complex health and psychosocial care needs. This non-profit health care facility aims to mitigate the barriers faced by people living with HIV/AIDS and marginalized by social-structural inequity, many of whom use illicit drugs, as well as provide them with comprehensive health care (including access to, and help with, adherence to antiretroviral therapy for the treatment of HIV infection) and other support services. DPC programming offers low barrier access to services that facilitate greater engagement in health care and support, including services that reduce environmental risk factors and drug-related harms. In addition to a day health program, the DPC has a residence that provides care to 24 individuals who require 24-hour specialized nursing care, as well as eight enhanced, supportive housing units. It also has the capacity to promote engagement in care for HIV treatment adherence and improvement in health outcomes. This DPC study aims to describe service use and characteristics of DPC clients.



Figure 1: Engagement in Care at the Dr. Peter Centre

## Methods

We administered a quantitative baseline questionnaire covering eight domains to individuals who have been clients of the DPC since 27 February, 2011. These one-hour long questionnaires were administered by Peer Research Associates, people living with HIV trained in the principles of community based research. Sections of the baseline survey included: socio-demographics, Dr. Peter Centre service use, HIV diagnosis and treatment initiation, treatment behaviours and attitudes, psychological health, mental health, substance use, and social and health care support. Baseline self-reported demographic information linked with clinical data were used for this analysis. Participant enrollment into the baseline survey ended in April 2015.

Table 1. Characteristics of DPC Survey Participants.

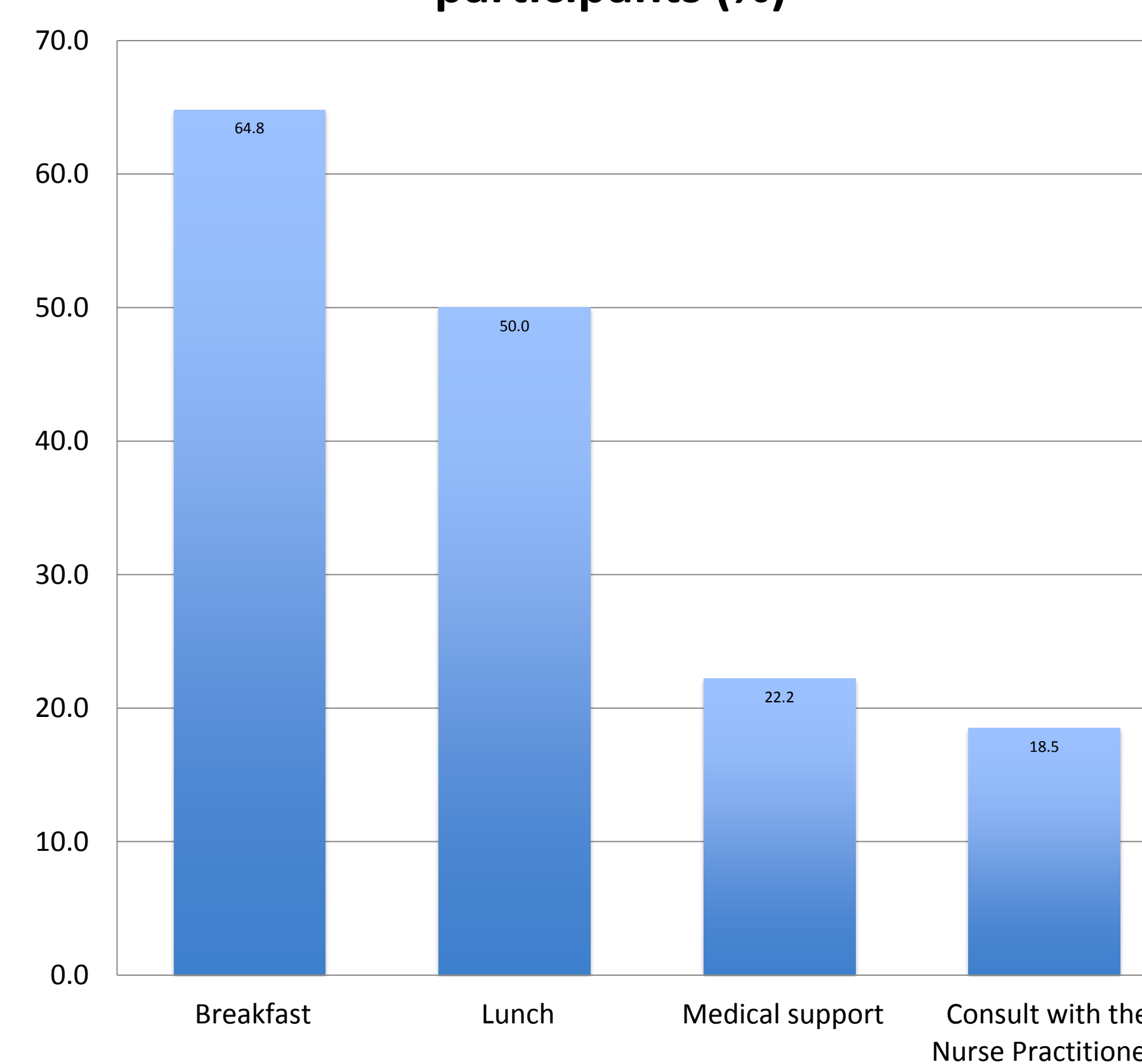
Demographic Characteristic		n (%)
Gender	Female	15 (13.5%)
	Male	93 (83.7%)
	Transgender	1 (0.90%)
Ethnicity	Aboriginal	39(35.1%)
	Caucasian	65(58.5%)
Ever Homeless	Yes	82(73.8%)
	No	20(18.0%)
History of Incarceration	Yes	57(51.3%)
	No	53(47.7%)
Sexual Orientation	Heterosexual	51(45.9%)
	Homosexual	34(30.6%)
	Bisexual	16(14.4%)
	Two-spirited	4(3.6%)

\*Categories are not mutually exclusive

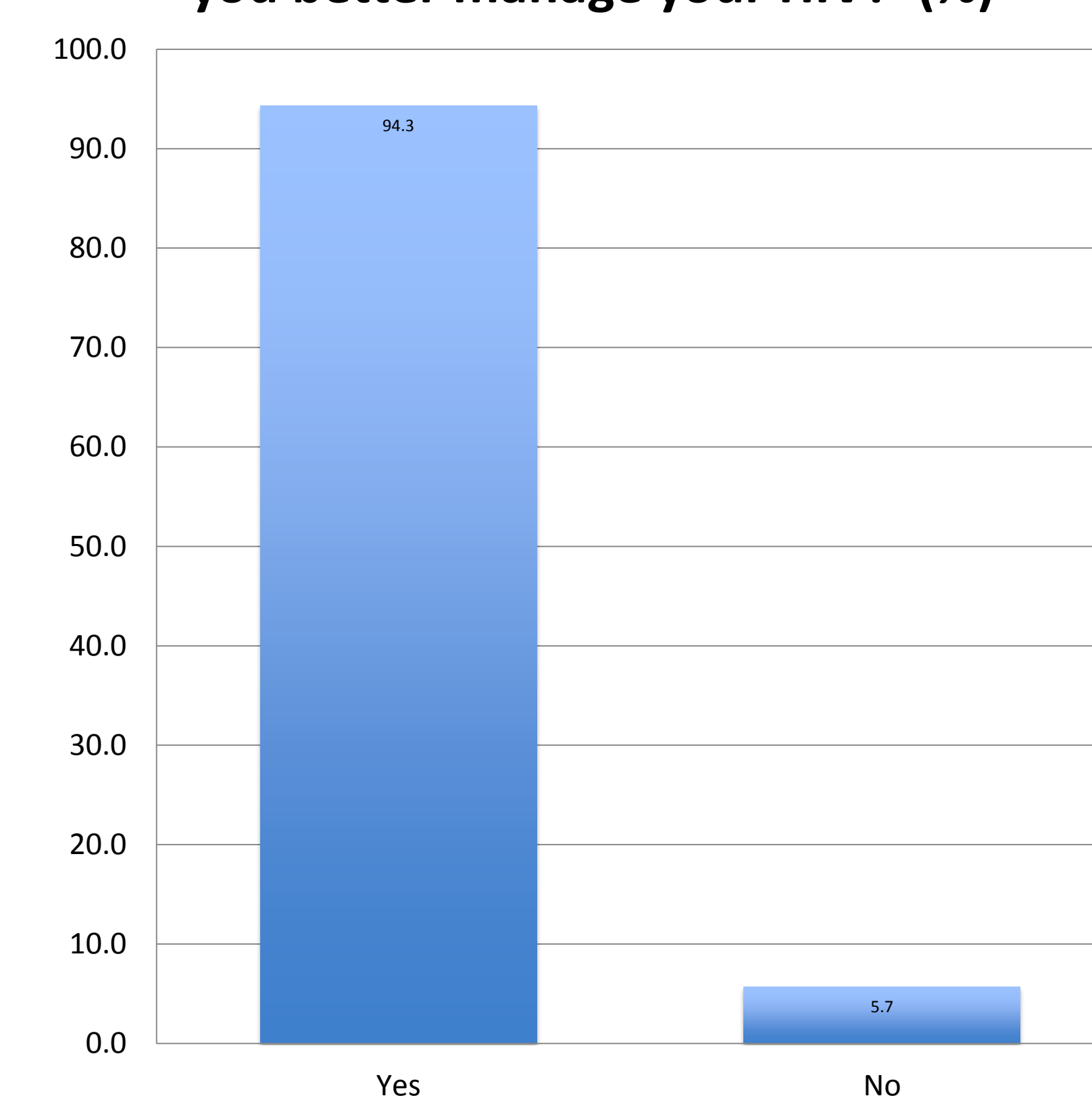
## Results

During the study period of February 2014 - 2015, 111 participants completed the DPC Study quantitative baseline survey. Median age of DPC study participants is 46 years. Dr. Peter service provision was broken down into 5 categories including: art, music, recreation and complementary therapy; support and counselling; nursing and dietetics; amenities; food and nutrition. Across all categories, meal provision (breakfast and lunch) is ranked as the most important service. Consultation with the nurse practitioner and medication support are also ranked among the most important services offered at the DPC.

Most important DPC services across 5 service categories as perceived by study participants (%)

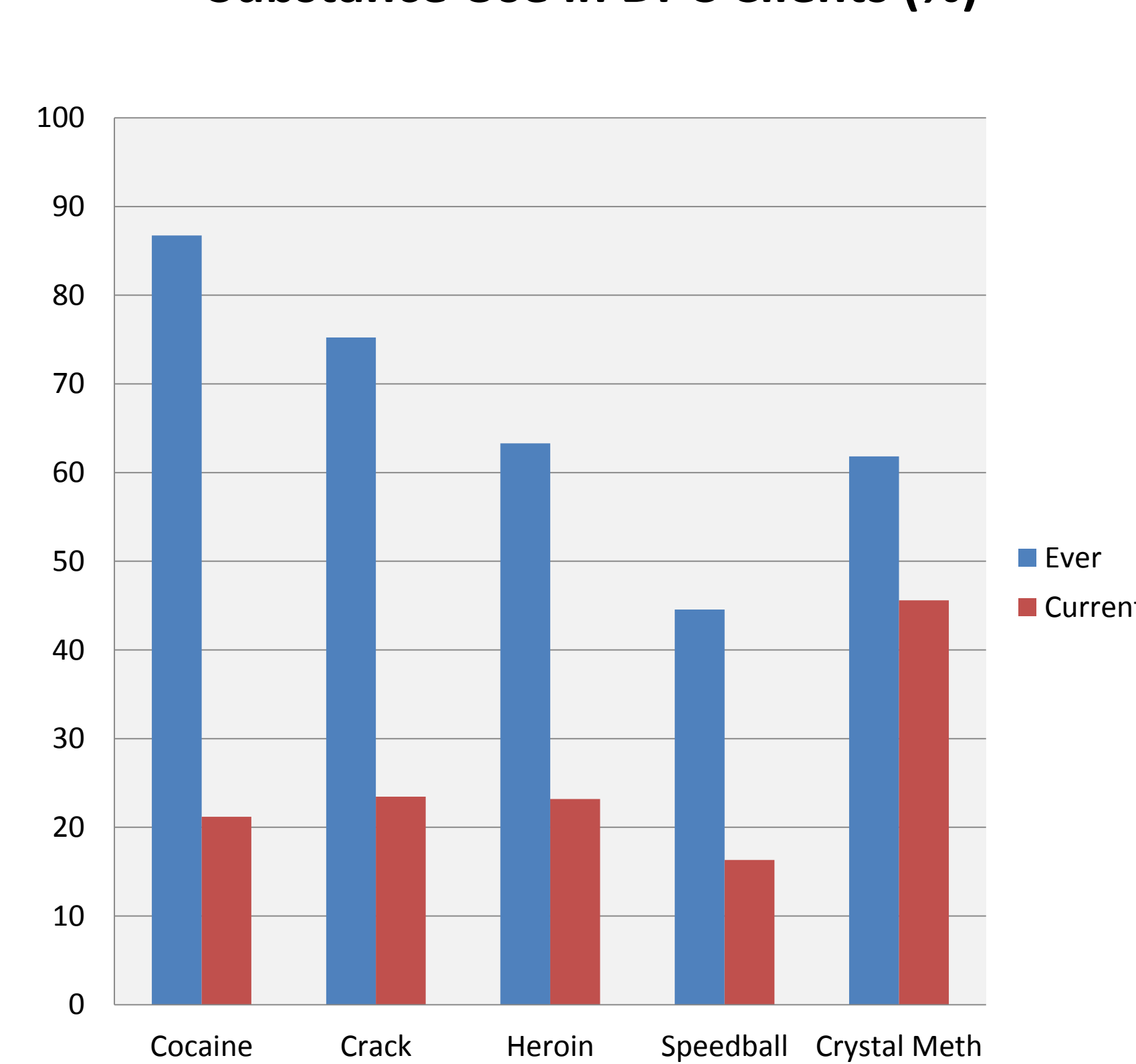


Do the services and support you receive at the Dr. Peter Centre help you better manage your HIV? (%)

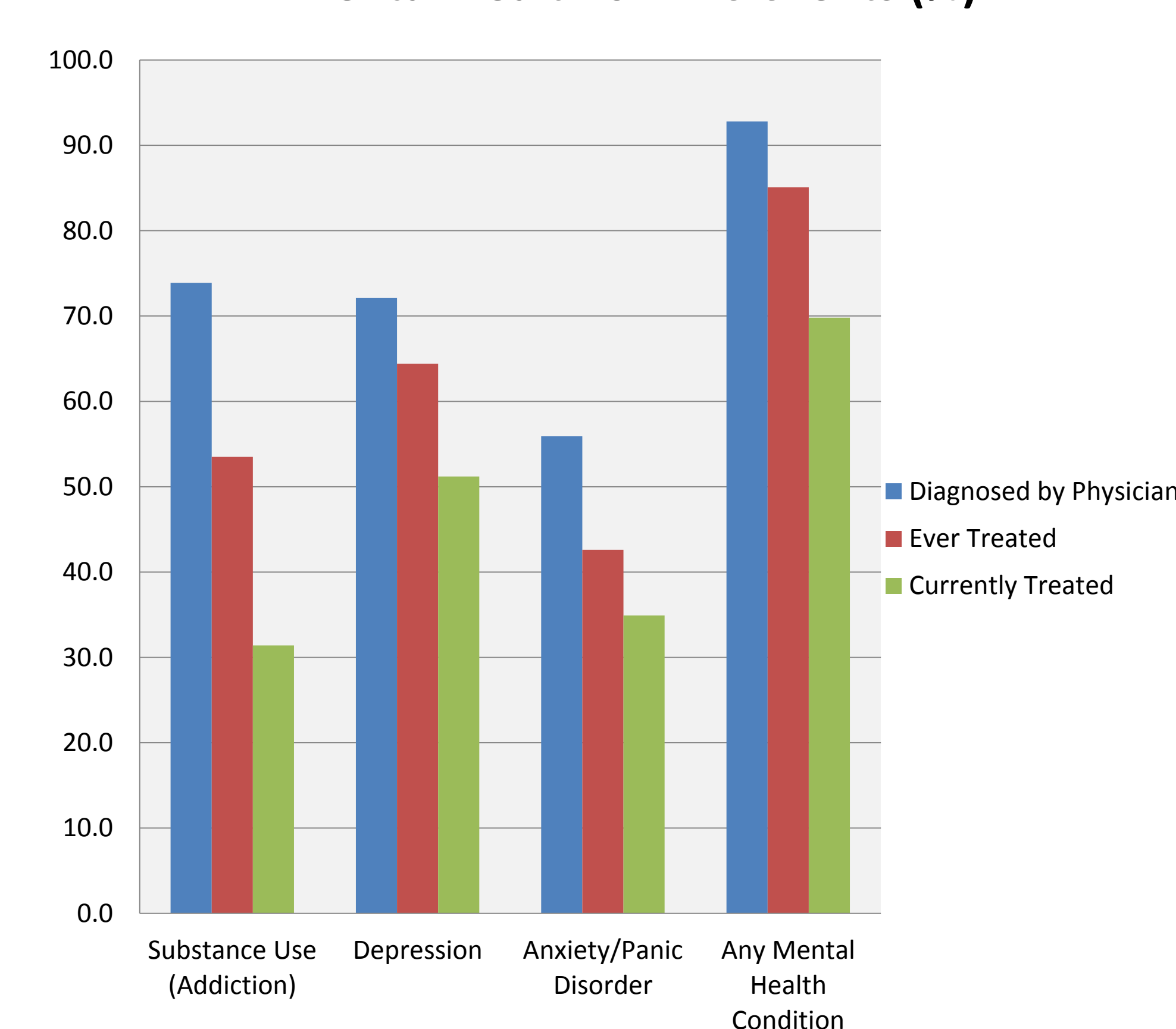


Among DPC study participants, 74% reported ever being diagnosed with substance use disorder, 72% reported diagnosis of depression, and 56% reported diagnosis of anxiety. Currently, the proportion of participants on HAART is 93%, while 70% report receiving treatment for various mental health conditions. Thirty-seven (33%) clients have a history of injection drug use. Of those, 10 report current use of the DPC supervised injection site. Common drugs injected by participants include cocaine (86.7%), crack (75.2%), heroin (63.3%), and crystal meth (61.8%).

Substance Use in DPC Clients (%)



Mental Health of DPC Clients (%)



## Discussion

DPC study participants experience a high level of vulnerability due to a multitude of overlapping complex health issues and barriers to health services. Further research will delve into motivations behind service use based on demographic characteristics, social, structural, and behavioral factors.

Conflict of Interest Disclosure: I have no conflicts of interest