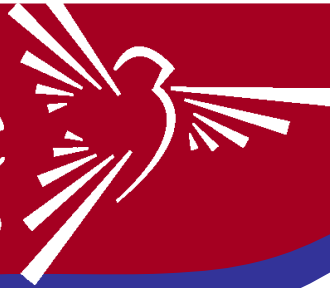


**Positive
DIRECTIONS**

SPIRITUS ♦ *The Anglican Church caring*



Positive Directions:
2004 and Beyond – A localised
response to a global issue.

Vince O'Donnell, Manager
Jacqui de la Rue, Resource Coordinator



Outline

- Terminology, transmission, world and local stats
- The beginnings of Positive Directions
- The Social Determinants of Health
- Who's who in Positive Directions
- Our core business:
 - Why do people come to PD?
 - Each role in PD and what they do
- Wellness programs and Client Care Fund
- Client Feedback
- Service evaluations
- How does Positive Directions “fit” with the purposes of Anglicare
- Conclusions: 2009 and beyond.



HIV/AIDS: The Basics

- Terminology

- HIV = Human Immunodeficiency Virus
- AIDS = Acquired Immune Deficiency Syndrome
- HIV or AIDS = not everyone who has HIV **will develop** AIDS.
- PLWHA = People living with HIV/AIDS (may also see it as PLHIV)
- LGBTI = Lesbian, Gay, Bisexual, Transgender and Intersex

- Transmission

- HIV can be found in blood, semen, vaginal fluids and breast milk. You *cannot* contract HIV through sweat, tears or saliva.
- The three most common ways that HIV is transmitted is:
 - Sharing injecting/piercing equipment
 - Unprotected penetrative sex (anal or vaginal).
 - Infected mother to her baby, before and during birth or by breast feeding.

Positive Directions works with People living with HIV/AIDS.



HIV World wide

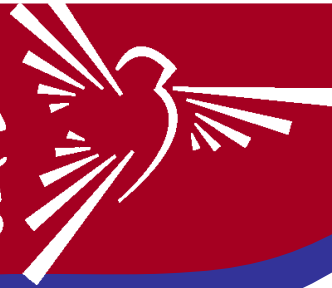
Statistics world-wide:

- Since 1981:
 - 65 million people have become infected with HIV/AIDS
 - 25 million people have died from HIV/AIDS
 - 76% of all of these deaths occurred in Sub-Saharan Africa.
- 70% of current HIV/AIDS diagnoses in the world are located in Sub-Saharan Africa.
- 30 million women around the world are HIV positive.
- 40% of the total global numbers of PLWHA are persons under the age of 25.
- Only 35% of all PLWHA in the world have access to HIV medications (called HAART)



Major Findings for 2009:

- Total number of PLWHA Australia = 24, 391.
 - 70% are either taking or have access to HAART (HIV medications)
- Total number of PLWHA Queensland = 1816
 - 166 new diagnoses of HIV in Queensland (65% Aust, 35% CALD)
 - 20 new diagnoses of AIDS in Queensland (5 deaths)
 - PD total clients = 576
- The highest areas for new HIV diagnoses:
 - Brisbane, Cairns, Gold Coast
- Gender and transmission:
 - 86% of new HIV diagnoses were MALE (Transmission: MSM, IDU)
 - 14% of new HIV diagnoses were FEMALE (Transmission: heterosexual contact)



So the statistics tell us...

- **Globally**, HIV is a heterosexual health issue impacting women
- **Locally**, HIV is a health issue impacting some parts of the larger pop
- **Seen together:**
 - Every nation on earth has been effected by HIV/AIDS (Bill Clinton, Key Note Address, IAS Conference, Mexico City, 2008)
 - In Australia:
 - Number of notifications **decreased** between 1993 to 1999.
 - Number of notifications **increased** by 30% between 2000-2006.

Reference: Queensland Government (2009). HIV/AIDS Report: Epidemiology and Surveillance. Queensland Health Publication, Brisbane



What is the “lived experience” of PLWHA?

- *Stigmas* - IDU/Homosexuality/AIDS
- *Disclosure* - who do I tell?- do I need to tell anyone?
- *Complacency* - it's OK there is good treatments now
- *Impact on relationships* - Have I infected anyone else?
- *Response from social networks* - How did you become HIV positive
- *Dual diagnosis* - HIV/Hepatitis, HIV/mental health, HIV/drug use
- *Discrimination* - What will my employer say or do if he/she sees me taking treatment? I have to have my breaks at certain times.
- *Travel restrictions* – a PLWHA is currently NOT ALLOWED to enter the United States of America
- *Medications* – I will now need to spend the rest of my life taking pills.

Reference:

Queensland AIDS Council presentation, 2001.
Positive Directions Performance Reports to Queensland Health 2005-2009.
Queensland Health HIV Epidemiology Report, 2007.



In the beginning: 1980-2004

- **Pre-2004**

- **Early 1980's** = a “virus” appears
- **From 1980-2000** = significant development in medications, specialist services were created for PLWHA, stigma, lack of understanding on HIV and many stories of discrimination.
- **Health focus** = HIV is a disease, prepare for death
- **Key service message** = one stop shop for health needs
- **Key service providers** = St Luke's (HAU), QuAC, sexual health (SH) units

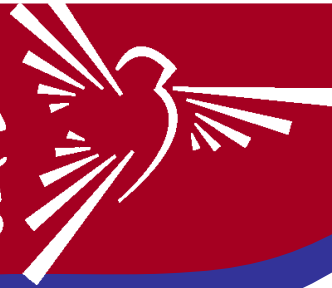
- **What happened in 2004**

- **Qld Health service tender process** = is HIV still a death sentence?
- **Significant service delivery change** = Care coordination, peer support, LGBTI, CALD, etc
- **Health focus** = HIV as a chronic health condition
- **Key service message** = community services could provide for PLWHA with their health needs
- **Key service providers** = Positive Directions, QAHC, QPP, ECCQ, QuIHN, SH units



In the beginning: 2004 onwards

- What has this change meant for the HIV Sector?
 - Wellness perspective
 - People are living, and demonstrating other health conditions as well as HIV/AIDS (Cardiovascular disease, Diabetes, Mental Health concerns)
 - Referral pathways to community services
 - Because of those varied health concerns, referrals now made outside of the HIV sector to community services for the first time
 - Education and awareness
 - For the [client group](#) – what am I eligible for, how can I access them?
 - For the [service providers](#) – what is HIV and how can I provide service to a client group that I have never worked with before.



Change of Practice Philosophy: From Death to Wellness

HEALTH = social, environmental, biological and medical factors.

- People's living and working circumstances;
 - Their lifestyle choices; and
 - Social and economic policies upon the individual (e.g., SSLR)
-
- **The Social Determinants of Health:**
 - The social gradient
 - Stress
 - Social exclusion
 - Work and employment
 - Unemployment
 - Addictions
 - Social Support
 - Food and Nutrition
 - Transport

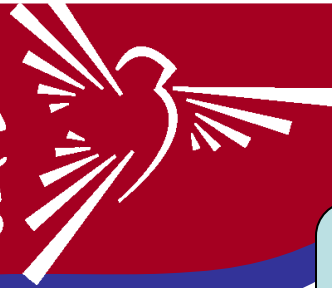
[Reference: World Health Organisation \(2003\). Social Determinants of Health: The Solid Facts.](#)

[2nd edition., Who Publication, Denmark.](#)



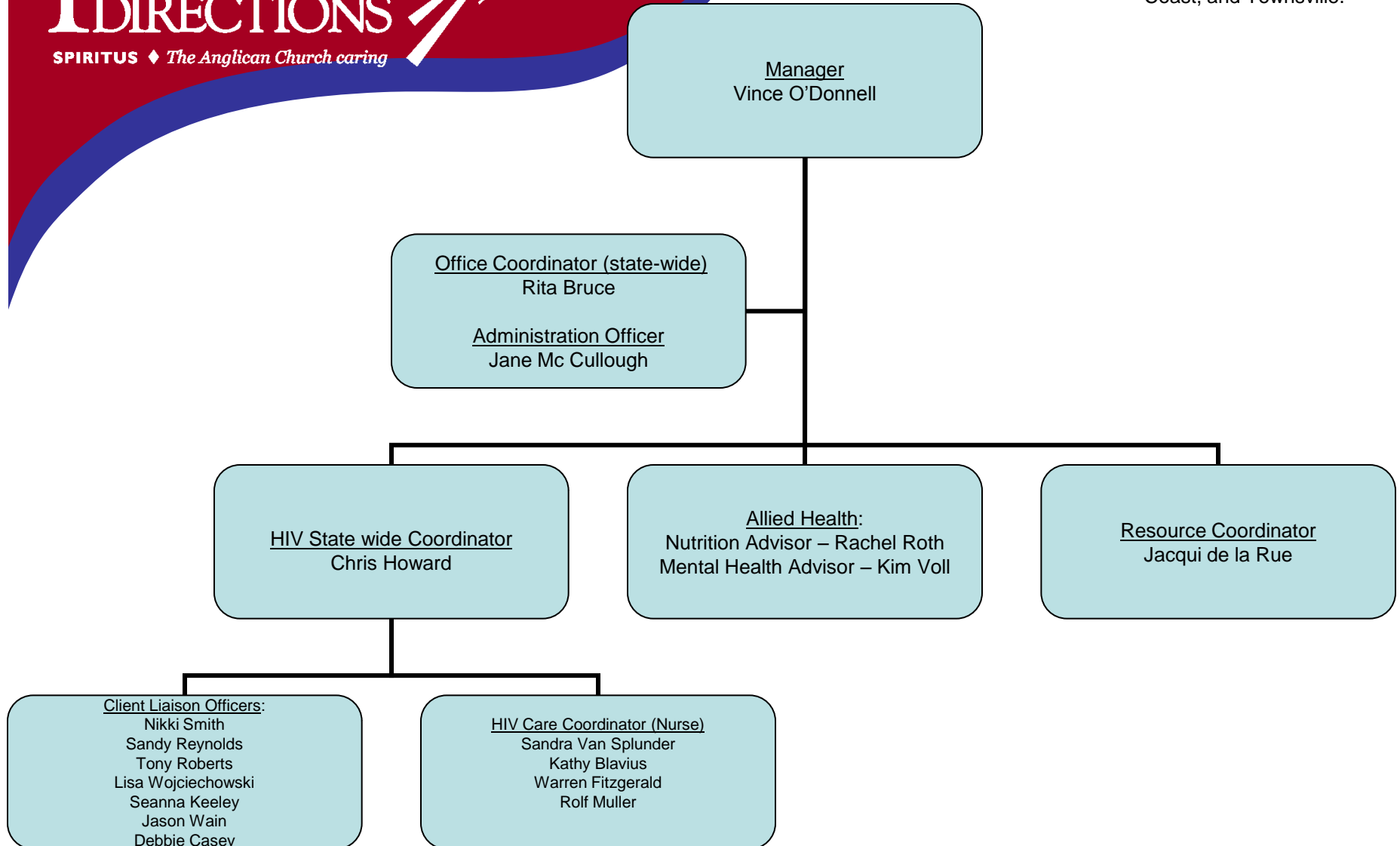
- Social determinants of health are the base of the work that Positive Directions does.
- The model of care for Positive Directions:
 - Care coordination
 - Referral to other services
 - Information provision

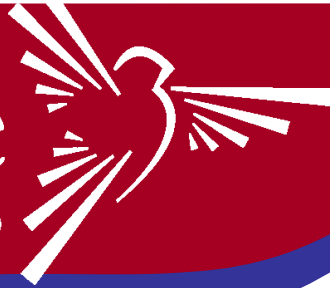
The PD work is client centred in focus and delivery



PD – Who's who:

Teams operate in Brisbane, Cairns, Gold Coast, Sunshine Coast, and Townsville.





The reasons why PLWHA contact Positive Directions

- ✔ A person who wants to pursue [nutrition](#) expertise, education and other options in response to medication side effects;
- ✔ A person experiencing [multiple health difficulties](#) and needs the help of several health practitioners (such as Psychologist, the Nutritionist, the Nurse and the Liaison Officer).
- ✔ A young person who wanted to [access support groups](#) and meet people their own age to talk about how HIV/AIDS has affected their life.
- ✔ A person who would like to discuss how to [access other services](#) in their region but doesn't know where to start.
- ✔ A person seeking advice and direction on their [medications](#)
- ✔ A person who wants to be involved in [Changing Lanes or LEAP](#)



In each regional team

- **Care Coordinators**

- There are four (4) care coordinators in the program - all are registered nurses.
- The role of the Care Coordinator is to consider
 - **clinical issues associated with HIV**, such as: sexual health matters and promotion, medication complications, co-morbidity issues (e.g., Hep C, STI) and CD4 count.
 - **Clinical issues around other health issues**: cardiovascular, dental, men's health issues, women's health issues

- **Client Liaison Officers**

- There are seven (7) client liaison officers in the program – each with a work history in community work, or social work.
- The role of the client liaison officer is to consider:
 - Life skill development (such as emotional support, social support, advocacy, transport, education);
 - Networking and referral with services who can provide support to PLWHA
 - Community development (involvement in local WAD events, health promotion)



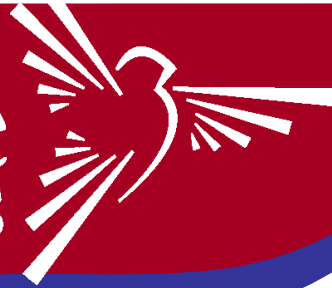
State-wide roles: Allied Health

Mental Health Advisor

- Located in the Brisbane office with a state-wide responsibility.
- The role provides advice, direction and support to staff in their work with clients who have a mental health concern.
- Meets with clients: mental health assessment, one-to-one short term counselling
- The MHA also provides up-skilling to other mental health service providers in Queensland.
- Wellness Program – Changing Lanes (see resource pack)

Nutrition Advisor

- Located in the Brisbane office with a state-wide responsibility.
- The role provides advice, direction and support to staff in their work with clients who have a nutritional concern.
- Meets with clients: nutrition assessment and on-going support
- The NA also provides up-skilling to other nutrition service providers in Queensland.
- Wellness Program – LEAP (see resource pack)



State-wide role: Resource Coordinator

- Resource Coordinator
 - Located in the Brisbane office with state-wide responsibility.
- Responsible for:
 - Information support to clients, PLWHA, service providers, staff
 - Coordination of education packages for service providers
 - Resource development and distribution in the state
 - Client enquiries concerning accessing community services
 - Report to Queensland Health about unmet needs, trend analysis
 - Care coordination model implementation and development
 - Policies and processes (for the program)
 - Enquires and applications to the Client Care Fund (see resource pack)
 - Website and fact sheet
 - Member, Qld HIV/AIDS Ministerial Committee



Other programs in PD: The Client Care Fund

The Purpose of the Fund

- Queensland Health brokerage fund to promote access to community based services that a PLWHA needs to access as part of their care plan
- Assist the development of a referral pathway to a community service which may result in further education for the service provider around HIV.



Where has CCF used funds for PLWHA?

- Dental care – up to 40%
- Housing – up to 30%
- Psychological counselling – up to 10%
- Medical procedures – up to 10%
- Allied Health, Clinical services, Nutrition – up to 5%
- Other – up to 5%



Other programs in PD –
Wellness program: LEAP

Life Enhancement Action Program (LEAP)

- is a structured group nutrition and exercise program that runs for 8 weeks.
 - Two (2) exercise sessions per week
 - One (1) nutrition session per week
- Exercise plans are individualized and supervised by a personal trainer and nutrition information sessions are delivered by a qualified dietitian
- The program aims to improve cardiovascular health, strength, fitness, nutrition status and psychological health.



Other programs in PD:
Wellness program – Changing Lanes

Changing Lanes

- uses a range of behavioural and cognitive (thinking) strategies to target specific aspects of a person's thinking and reacting to situations.
- Cognitive strategies assist people to identify, analyse and challenge unhelpful thinking which impact on mood.
- The group CBT program focus is to learn skills to apply to the way a person thinks whilst behavioural strategies assist in managing physical symptoms, such as:
 - rapid breathing, sweating, trembling and lethargy



But what do clients think of PD?

- **Compliments**

- Number in last 18 months: **15**
- **Thanked PD for:** individual support, helpful staff, prompt reply to needs, advice and information that was timely and relevant to their needs, skills learnt in LEAP and Changing Lanes, website

- **Complaints**

- Number in last 18 months: **5**
- **Key concerns raised:** some services have not been refunded in the 2004 QH tender change and there may not be another service who is doing that. E.g.: transport

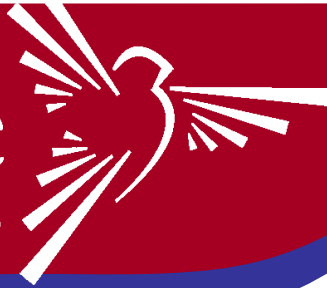


But what do clients think of PD?

One client's story....

- 45 year male
- Diagnosed 5 years ago with HIV, lives alone
- Been a client of PD for the past 3 years, been in regular contact with the CC and CLO
- Statement:

I would like to express my gratitude to you. The help I received from Positive Directions in helping me piece together my shattered life was great. I was physically and emotionally sick. I needed help very badly. After referrals to relevant professionals (including a psychological, doctor and dentist), I am in a much better place than I was 18 months ago. I feel better in all ways, including spiritually. Thank you.



How do we know that we are making a difference?

- **Service Evaluation 2004:**

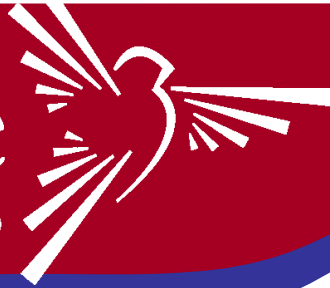
- **Method:** face to face group consultation, individual client surveys
- **What we learnt:** community needed time to adjust, develop referral pathways for clients
- **What we changed:** developed a client empowerment model and documentation, PD strategic plan, PD operational plans, PD in-services (3 a year)

- **Service Evaluation 2009:**

- **What we are evaluating:** how are going? Does our model mirror our practice?
- **Chart Audit:** are we capturing client needs and goals and responding? Compliance?
- **Client Reference Committee:** direct client feedback on resources. What do they want?
- **Social Isolation Project:** lived experienced study in conjunction with UQ, to determine:
 - What leads to social isolation for PLWHA?
 - How does it feel to be isolated and how did that happen for PLWHA?
 - What impact does stigma and discrimination have upon social isolation?
 - How do PLWHA access services and what barriers do they face?
 - What can be done to improve access to services for those who are socially isolated?

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Synergies and Mission

Anglicare Australia: The VOICE of care and social justice in Australia.

Anglicare Australia seeks to influence social and economic policy to advocate for a society where the contribution, dignity and participation of everyone is equally valued.

Positive Directions is represented on the Qld Ministerial Committee on HIV/AIDS providing the Minister of Health with direction, information and advice on PLWHA and their needs.

PD representative on that committee is chairing a sub-committee on HIV and Ageing.

Anglican Community Services Commission Strategic Plan of Spiritus has as one of its operating values:

“We accept, value, encourage and empower others to pursue their personal goals”

The Positive Directions outlines in its mission statement:

“Supporting PLWHA as they make informed decisions regarding to their health outcomes and well-being”



Conclusions

PLWHA are **living longer** with a chronic health condition.



PLWHA have **a variety of health care and social needs** that cannot be met by one service in isolation.



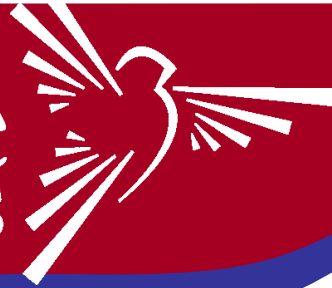
PLWHA are **using community services more** and the likelihood of Anglicare providing service to a PLWHA is high.



This is important consideration because the current PLWHA will be the **next ageing population**.

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Thank you for coming
and listening!!

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