

The 29th Annual Canadian Conference on HIV/AIDS Research Le 29e Congrès annuel canadien de recherche sur le VIH/sida

Session: **SS4**: Sunday May 3 – 11:00:12:30 – Indigenous Health

Track: Social Sciences
Subject: Models of Care and Improving Access
Presentation Type: Oral
Title of Abstract: **Peer Health Advocacy Wellness Network (PHAWN): Commencing a Network of Peers within First Nations Communities in Saskatchewan**

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Abstract

Introduction: Peer Health Advocacy Wellness Network (PHAWN) originated from a call for peer-to-peer engagement by partner communities participating in the Canadian Institutes of Health Research (CIHR) grant, Enhancing and Expanding the “Know Your Status” Initiative in on-reserve Indigenous Communities in Saskatchewan: A Community-engaged Intervention to Increase Diagnosis, Linkage to Care and Prevention of HIV, HCV and STBBIs. PHAWN connects peers to each other and to external resources for support and professional development.

Methods: Partner communities develop individual peer programs/models from general recommendations. Recruited peers, or Peer Health Advocates (PHAs), reflect their community’s health priorities, and possess similar lived experiences to others not able to access care in the current Western healthcare system. PHAs will be supported to build health literacy and knowledge in navigating the healthcare system – skills to assist other people with lived-experience (PWLE), taking leadership roles in healthcare delivery in community. PHAs liaise with healthcare providers ensuring program delivery is informed by the needs of clients.

Results: PHAWN will develop a toolkit to include practice-based, culturally-responsive wise-practices to guide PHAs. PHAs are encouraged to use traditional protocols to support wholistic wellness and culturally-appropriate care. PHAWN aims to provide social and emotional support for PWLE via empathetic and active listening in a non-judgmental, culturally safe environment.

Conclusion: PHAs are integral to overall community wellness – inclusive of the healthcare system, providing practical assistance for PWLE – whether newly diagnosed, engaged in care, or lost to care – addressing barriers in mainstream healthcare, supporting appointments and treatment adherence, and assisting with harm reduction. PHAs bring forth cultural competence for care providers and awareness of cultural intelligence in care for PWLE.

Future Directions: PHAWN's goal is for PHAs to be well-supported to assist testing and treatment delivery, in conjunction with physicians and nurses, to deliver a wholistic, culturally-directed care model.