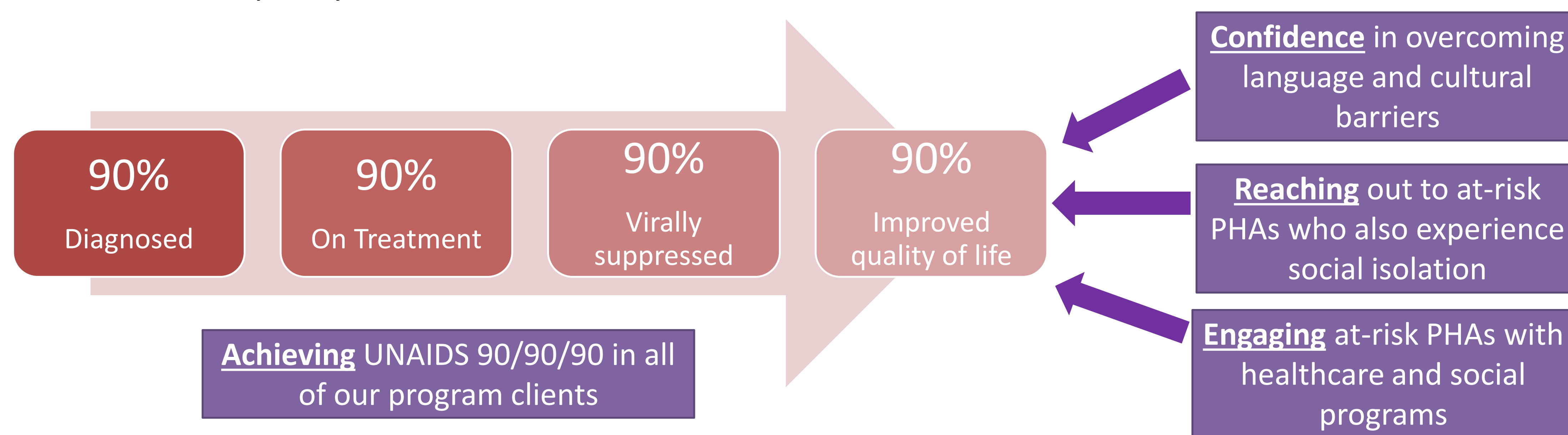


Rationale for Peer Support Program

- Minority groups, recent immigrants, and international students are disproportionately affected by HIV but also face unique challenges, such as, language barriers, lack of social support, and cultural stigma.
- Recently, we have seen an increase of HIV cases among international students and newcomers. However, many of these individuals are not apart of social support programs or on a HIV treatment regimen.
- Most of ACAS's (PHA) clients are bilingual, ethnically diverse and who have grown accustomed to Canadian society and the healthcare system.
- To PHAs who slipped through the cracks of healthcare, we implemented a community program that recruited marginalized East and Southeast Asian PHAs in Toronto who did not meet targets of adherence and viral suppression, and coached them based on themes of confidence, achieving 90/90/90, reaching out and engagement (C.A.R.E).
- Therefore, beyond creating a program that incorporates principles of GIPA/MEPA and engaging at-risk PHAs with the healthcare system to reach UNAIDS' 90/90/90, we are also looking to a fourth 90, which to us is quality of life.

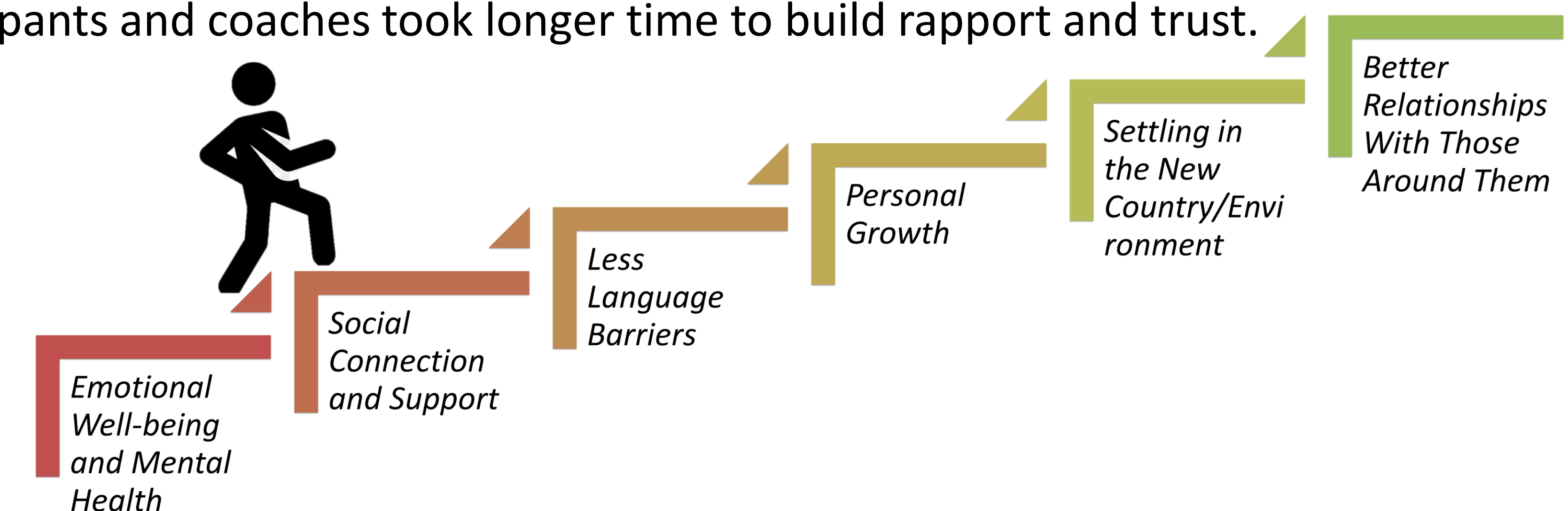


Outcomes and Feedback

- We trained 6 PHAs who spoke diverse Asian languages to be health coaches, and who consequently supported 24 PHAs. Overall, 80% of participants reported great satisfaction and positive impacts.



- Clients ranked their emotional well-being and mental health as the most important topic during their meetings with coaches. They were more focused on goals that achieved their desired health outcome, reported less isolation, and were able to access health services. However, some participants and coaches took longer time to build rapport and trust.



- Most of the participants reported that they felt more comfortable and confident in advocating for themselves and fought against the stigma attached to HIV. They also felt empowered to overcome their personal issues such as a family conflict, intimate partnership and immigration issues. Two coaches said below:
- “They could not speak English and could not read drug prescriptions. Therefore, they could not take her medication and HIV drugs properly. I gave them pictures of their medications with labels in their language so that they could read and take the medication properly”.
- “One of the clients got kicked out by their landlord because of his HIV status. However, they took this discrimination as a strong drive to fight against the stigma”.

Objectives

- Develop a sustainable program in training PHAs as leaders and life coaches to engage community members with HIV in a treatment cascade to reach the goal of 90/90/90 and beyond.
- Recruit engaged services users at ACAS who are slipping through the cracks and have been hesitant to seek help, treatment and community.
- Establish rapport between coaches and clients through 1-on-1 meetings to identify personal issues or factors that may be influencing their reluctance to engage the community and the healthcare system.

Design and Strategy

- Graduates of the Ethno-racial Treatment Support Network (ETSN) program were recruited to be trained as health coaches for basic coaching skills and competencies. These training topics included active listening, boundaries, harm-reduction, leadership and affirmative counseling.
- Coaches supported the recruited PHAs in identifying barriers to reaching optimal health, such as addiction, mental health or family problems. They engaged PHAs in a one-on-one, informal social setting, and slowly encouraged the participants and others back into the circle of care.
- After each meeting, coaches and clients evaluated and described their sessions based on goals, personal/health, interpersonal/relationship and social/community related issues.

Conclusions

- The project was successful in bringing accurate and accessible HIV and health information to marginalized service users and encouraging them to seek health and other services.

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