

CASE STUDY

STOP PROGRAM LEADS CLIENT FROM DESPAIR TO HEALTH

September 2016

BACKGROUND

Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS®), a program conceptualized by the BC Centre for Excellence in HIV/AIDS (BC-CfE), aims to expand access to HIV treatment, care and treatment for all BC residents, particularly for vulnerable populations experiencing difficulties in accessing traditional services. Through health authorities across BC, the STOP® program involves collaboration among nurses, health care professionals, social workers and others in order to provide for the broad spectrum of needs of their clients living with HIV. In 2012, based on the success of STOP pilot programs initially launched in Prince George and Vancouver, the BC provincial government announced \$19.9 million in funding towards STOP®'s expansion to all provincial health authorities.

Members of STOP® outreach teams across the province serve vulnerable populations, many of whom have suffered trauma and lack trust in traditional health care systems. Many clients are simultaneously facing addiction and homelessness problems, while dealing with access to HIV treatment and care. Outreach Nurses with the different STOP® programs work with several clients at time.

Success stories from the STOP® program show the resilience that exists within vulnerable communities, as well as the importance of holistic support systems to address the social determinants of health. This includes a broad spectrum of social and economic needs.

This case study is an example of a success story in addressing a STOP® client's needs for overall wellbeing. The client, who had experienced instability in accessing care, was connected to a consistent treatment program and a day program, as well as to stable housing. The client's name has been changed for privacy concerns.



CASE STUDY

An outreach worker met “Doug”^{*} when he knocked on his door a few years ago. Doug had been referred to an outreach team with the STOP[®] program by a local clinic because he was no longer engaged in their care and the clinic had no recent contact with him. Doug had been diagnosed with HIV about a decade prior to the outreach worker coming to his door, but had never started treatment.

After being “shuffled around” through care, Doug had grown tired and mostly given up. He had begun telling family and friends that he wouldn’t be around much longer.

There were various reasons for Doug’s initial reticence to starting treatment. He had seen friends of his who had taken antiretrovirals in the early days of the HIV epidemic. Doug saw them suffer from side effects of

these initial HIV drug treatments. In addition, he had been to a medical doctor who had recommended only starting treatment when HIV symptoms began (which used to be the regular practice then) in order to avoid developing drug resistance.

Due to advances in treatment, side effects of HIV antiretroviral medications – including drug resistance – have been greatly reduced. Earlier guidelines had urged starting treatment later and taking breaks in order to avoid negative effects, but the global scientific and medical consensus has since changed to immediate treatment following a diagnosis.

Treatment as Prevention[®] (TasP), the principle behind the STOP[®] program, has become the treatment policy of major health bodies, such as the World Health Organization and the US Centers for Disease Control and Prevention. Additionally, research from the BC-CfE has shown that health outcomes are improved through earlier treatment, before symptoms start to appear.

TasP[®]: Foundation for STOP[®]

The concept behind Treatment as Prevention, introduced in 2006 by BC-CfE Director Dr. Julio Montaner, is to start HIV treatment immediately upon diagnosis in order to improve health outcomes and reduce rates of transmission. Once on sustained and consistent treatment, a person’s HIV viral load decreases to undetectable levels, rendering it very unlikely they will transmit the virus.

^{*} Names changed for privacy and confidentiality.





Prior to being connected with the STOP[®] program, Doug had experienced instability in care. Several of his counsellors had moved locations. “Whenever you are with [a new care provider], you have to retell your story, which is time-consuming and emotionally stressful,” said Doug. After being “shuffled around” through care, Doug had grown tired and mostly given up. He had begun telling family and friends that he wouldn’t be around much longer.

Through the STOP[®] program, a nurse and an outreach worker assigned to Doug worked to ensure that he had regular, consistent access to treatment and care. They also helped connect him to services to improve his general wellbeing. After meeting Doug, the team connected him to a day health program, an integrated health facility for individuals living with HIV/AIDS where he had access to regular meals, social supports and music. Doug also received assistance in obtaining improved, more stable housing through an organization offering supportive options.

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Due to these combined supports, Doug was on treatment and fully adherent within a month of first contact with members of STOP[®] team. He now says he starts to feel anxious if he misses a dose of his antiretroviral medication, which is his reminder to stay on a consistent treatment schedule.

Doug cites his family as a reason he wanted to improve his health and wellbeing, and is grateful for the help of the outreach workers on the STOP team. An electrician by trade, he also plays and builds musical instruments, sometimes performing at local churches and community centres.

