




Building The Capacity of Rehabilitation Professionals

**Partners in Aging National Forum
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Prevalence of Disability Among Persons Living with HIV: The Need

“BC Prevalence Study”

Impairments, activity limitations and participation restrictions: Prevalence and associations among persons living with HIV/AIDS in British Columbia.

Rusch, Nixon, Schilder, Braitstein, Chan & Hogg. *Health and Quality of Life Outcomes*, 2004, 2:46

<http://www.hqlo.com/content/2/1/46>

Results

Impairments

- Diarrhea, Reduced libido, Weakness, Poor concentration, Headache, Chronic fatigue, Stiff joints, Decreased endurance, Altered sensation, Shortness of breath, Wasting, Pain

Activity Limitations

- Vigorous-moderate activity, Sexual activities, Household chores, Laundry, Banking, Shopping, Public transportation

Participation restrictions

- Sexual roles, Student and Employee roles, Community involvement, Financial roles, Discrimination



Summary

“BC Prevalence Study”

Demonstrated remarkably high prevalence of disablement among persons living with HIV in British Columbia

- At least 80% experienced at least one impairment, activity limitation or participation restriction in the past month.
- High prevalence of mental health issues – potentially linked to uncertainty and stress

Demonstrated need for rehabilitation among persons living with HIV



The Rehabilitation Response

Canadian Providers Survey

Worthington, Myers, O'Brien, Nixon & Cockerill (2005).
AIDS Patient Care and STDs, 19:4, 258-271



Purpose & Objectives

To explore the knowledge, attitudes and practices of selected health care provider groups concerning rehabilitation for people living with HIV/AIDS (PHAs)

Rehab Professionals' Knowledge: HIV Training and Awareness

- **27% reported receipt of training in HIV/AIDS as part of rehabilitation health degree education**
 - Mean hours of HIV/AIDS education 12 hours
- **48% reported 'no' to 'little' HIV rehabilitation awareness in their workplaces**
- **Current personal level of HIV knowledge**

| | | |
|---------------------------------|-----|--------------------------|
| ■ HIV associated disability | 61% | 'somewhat knowledgeable' |
| ■ Transmission of HIV infection | 60% | |
| ■ Diagnosis of HIV infection | 60% | |
| ■ HIV psychosocial aspects | 60% | |
| ■ HIV prevention | 54% | |
| ■ HIV epidemiology | 46% | |
| ■ HIV pathogenesis | 38% | |
| ■ Episodic course of infection | 30% | |
| ■ Treatment medications | 30% | |
| ■ HIV related policy issues | 20% | |

Rehabilitation Professionals' Current Practices in HIV

- **61% RP had never knowingly served an HIV positive client**

| | |
|--|-----|
| Would work with this client group | 27% |
| Would <u>not</u> work with this client group | 27% |
| Unsure | 46% |

- **Of the 39% RP who had ever served an HIV positive client**

| | |
|---|-------------|
| Mean number of PHAs seen in previous year | 4 (s.d. 18) |
| < 25% of rehab issues were HIV related | 75% |

- **Importance of their profession for PHAs**

| | |
|----------------------|-----|
| Not at all important | 4% |
| Somewhat important | 40% |
| Very important | 46% |
| Don't know | 10% |

Rehabilitation Professionals' Attitudes & Perceptions

Rehab Professionals and PHAs:

- RPs currently possess adequate knowledge and skills to assess and treat PHAs
 - 55% disagree
- RPs who provide service to PHAs need specialized training in HIV/AIDS
 - 57% strongly agree
- Working with PHAs is similar to working with individuals with other chronic illnesses
 - 43% agree
- Many RPs are uncomfortable with the idea of working with PHAs
 - 42% agree
- Serving PHAs is more demanding than serving clients with other chronic illnesses
 - 48% disagree

Based on scale: 'strongly agree', 'agree', 'disagree' strongly disagree', 'don't know'

Rehabilitation Professionals' Attitudes and Perceptions

Issues:

- Community-based agencies such as ASOs have a large role in rehabilitation in the context of HIV/AIDS
 - 42% agree
- Most rehabilitation services received by PHAs are funded by government
 - 71% don't know
- Currently, most PHAs have to pay for their own rehabilitation services
 - 75% don't know
- Rehabilitation services are less available to PHAs compared to people living with other chronic illnesses or conditions
 - 48% don't know
- Rehabilitation services are primarily needed for PHAs at palliative stages of illness
 - 52% disagree
- I personally feel that rehabilitation for PHAs should be a larger priority
 - 38% agree/39% dk
- Based on scale: 'strongly agree', 'agree', 'disagree' strongly disagree', 'don't know'

In Summary

- Despite the role rehabilitation professionals have to play in the care and treatment of people living with HIV, only a minority currently serve PHAs
- HIV specialists currently provide limited rehabilitation-related services for PHAs



How to Address this Gap?

CWGHR Capacity Building Project - Interprofessional Education for Rehabilitation Professionals

- To increase awareness of existing and new curriculum resources, educational initiatives, programs & tools
- To increase knowledge & skills related to HIV among rehab professionals



Course Curriculum

1. Introduction to HIV – HIV 101: The physiology the medications
 2. HIV in the context of Rehabilitation
 3. Living with HIV
 4. Rehabilitation Roles & Interventions
 5. Case Discussions
 6. Application to Clinical Environments
- All done in a interprofessional setting and context



Opportunities Related to Communication (SLP)

- Cognitive Communication & Language Ax
- Patient & Family Education
- Environmental Modification
- Supportive or Augmentative/Alternative Communication
- Rehabilitative Program(s)



Opportunities related to Physical Therapy

- Neurodevelopment
- Pain Management
- Range of Motion (ROM) & Strengthening Exercises
- Aerobic Fitness Training
- Work Hardening / Conditioning Programs
- Environmental Assessments
- Assistive Device Prescription
- Task/Job Modification Suggestions



Opportunities Related to Occupational Therapy

- Cognitive strategies, sensory modifications
- ADL strategies
 - self care, medication management
- IADL
 - driving assessments, household upkeep
- Employment and Return to Work Issues



Next Steps

- “On-Line” version of the course
 - Increases availability
 - Increases learners ability shape curriculum
 - Decreases the community building and relationship development
- Mentorship Program



HIV Mentorship Program

- This program is designed to build the capacity of rehabilitation professionals to better serve the needs of people living with HIV in Ontario.
- Participants interested in learning more about HIV care, treatment and support will be partnered with an inter-professional panel of clinicians experienced in the care of HIV along with mentors who are living with HIV.
- 6 month period: Structured educational sessions, self reflection, group discussion and resources
- Pilot in Toronto
 - Now running in Thunder Bay and starting in Sudbury



Conclusion

- A gap exists between needs and supply
- Context of aging
- Continued work needed to develop capacity