

HIV, Chronic Disease, and Rehabilitation in Canada: A Scoping Review of HIV Policy Approaches

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This project was funded through the CIHR-funded Centre for REACH (Research Evidence into Action for Community Health) in HIV/AIDS.

BACKGROUND: HIV Policy Approaches

- Health policy is particularly important to the health outcomes of both men and women living with HIV
- Such policies can play a role in shaping and influencing access to and uptake of rehabilitation programs and services
- Little is known about how the health-seeking experiences of adults living with HIV may differ in relation to existing rehabilitation policies
- Further, how determinants of health, such as gender, age, income, among others, may influence access to and utilization of HIV rehabilitation programs and services

OBJECTIVES

The objectives of this study were to:

1) conduct a policy scoping review of existing HIV-related rehabilitation policies in Canada and,

1) use this information to inform novel approaches to addressing the policy-to-practice implications for the health outcomes across the lifespan for adults living with HIV in Canada.



METHODS

- Scoping review of published Canadian policy documents related to rehabilitation service delivery
- Sources included CINAHL, PubMed, MEDLINE, ERIC, PsycInfo, Canadian Public Policy Collection (Canadian Electronic Library) and Cochrane Library
- Also, grey literature from ASOs, NGOs, & discipline-specific professional organization websites including: CAS, OAB, Canadian HIV/AIDS Legal Network, Episodic Disability Network, BC Coalition of People with Disabilities, EDEN, Canadian Council on Rehabilitation and Work, ACT, CWGHR, AIDS NB, & AIDS Coalition of NS

WHAT WE FOUND FROM OUR SCOPING REVIEW

Number of Documents Found:

71 citations found. 82% met our defined inclusion criteria (n=58)

43% of citations were HIV specific (n=25)

41% were rehabilitation specific (n=24)

Types of Documents Found:

65% addressed issues related to access (n=38), 36% addressed employment (n=31)

Social Determinants of Health:

Age: 8.6% of citations included age as a main topic of discussion

Socioeconomic Status (SES): 34.5% of documents addressed SES access issues. Income cut-offs were featured in 27.5% of documents.

Gender: 46.6% of found documents addressed gender access issues.

Social Inclusion/Exclusion: 15.5% featured social inclusion/exclusion, 8.6% featured stigma, and 12% featured discrimination issues.

CONCLUSION and DISCUSSION

- We conducted an extensive literature review of articles and reports from Canada related to HIV, disability, aging, and the concept of “manageable chronic illness.”
- We discovered that researchers, providers, and policy makers are generally aware of how the trajectory of HIV/AIDS has shifted from a life threatening condition towards an illness with features of manageable chronic illness.
- Little is known about how this new illness trajectory fits into and/or merges with established models of treatment and supports for persons with other chronic illnesses characterized by episodic disability. This lack of experience and knowledge highlights possible areas of potential inequities related to the reclassification of HIV as an illness on par with such illnesses as diabetes and cancer.
- We remain concerned with how historical issues such as stigma, discrimination, and the need for cultural competence in treatment settings, will continue to be recognized and accounted for within new models of treatment and care for persons with HIV. This concern is the foundation for the development of appropriate policy and rehabilitation models of care that will necessitate evolving dimensions of training and awareness by a full range of stakeholders.
- In addition to identifying a lack of knowledge and expertise, this project also identified a plethora of novel ideas based on the insight and experience of researchers, health providers and policy makers. This category provides both theoretical and conceptual frameworks of embrace and integrated models of care, as well as strategies and new paradigms related to the ongoing training and education of providers. These frameworks, ideas, and strategies are the basis upon which we have made our recommendations towards the urgent next steps related to policy and service delivery in the context of HIV as a ‘manageable chronic illness’.

Further research issues identified include:

- Case studies that explore the context of access issues identified from the perspective of PHA's;
- Research on developing and evaluating policy interventions in consultation with policy and programming stakeholders; and
- Research on developing ‘healthy aging’ health promotion strategies aimed at health care providers.

