

How's the care out there: A preliminary exploration of the home and community care needs of older adults living with HIV in British Columbia's Fraser Health region

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We respectfully acknowledge that this work takes place on the Traditional, Unceded, Ancestral Territories of the Coast Salish – xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Səlilwətaʔ (Tsleil-Waututh), ~kʷikʷəłəm (Kwkwetlem), and Katzie Nations.

No conflicts of interest exist.



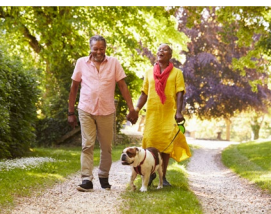
BRITISH COLUMBIA
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Health



Context



As people living with HIV (PLHIV) grow older, the need for supportive care in non-acute settings, including home and community care (HCC), is increasing. In British Columbia (BC), the publicly-funded HCC system includes home support, community nursing, community rehabilitation, assisted living, and long-term care. For the 1,453 older adults living with HIV (OALHIV — i.e., age ≥ 50) in the Fraser Health (FH) region, HCC services may not always be designed to encompass the unique healthcare needs, family considerations, and support structures of populations most affected by HIV in BC — gay, bisexual, or other men who have sex with men; people who use substances; people of African-Caribbean descent; and Indigenous individuals.

Methods: A team of peer research associates (PRA), service providers, and researchers surveyed 8 community-based and AIDS service organizations (CBOs and ASOs) in the FH region to identify pertinent issues.



Findings

Transportation, food security, and **social isolation** are critical challenges identified by CBOs and ASOs supporting OALHIV in the FH region. Additional issues identified by community experts include:

- For clients who immigrated from more traditional cultures with multi-generational living arrangements, the idea of HCC services was “alien.”
- HCC promotional materials are mainly in English and inaccessible to OALHIV whose first language is not English.
- When interpreter services were used to access HCC or other healthcare services, translation was often literal and missed cultural nuances.
- Some clients are hesitant to use interpreters. Peer navigators use translation technology to improve confidentiality and communication.
- Finally, many OALHIV live in FH, yet receive HIV-related and other healthcare services in Vancouver, contributing to care continuity issues.

25%



Transportation
(n = 6)

55%



Food security
(n = 7)

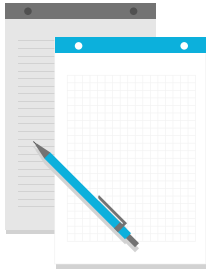
35%



Social isolation
(n = 7)



Knowledge Translation



Developed and translated
HCC resources in Punjabi,
Simplified Chinese,
Arabic, and Swahili
[download here](#)



Created and mobilized
an inventory of
strengths and gaps of
HCC services in FH
✓



Hosted a webinar for
frontline workers and
care providers working
with OALHIV
[watch here](#)



Are you looking for ways
to support patient-
orientated care for
PLHIV? Let's connect:
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Conclusions

FH is home to a large immigrant population, as well as diverse and dynamic communities impacted by HIV, who may experience unique challenges (e.g., language) and issues known to be more prevalent in rural and remote communities, such as stigma from providers, transportation access, and confidentiality concerns. This work is just the start; more research, policy development, and patient-centered care are required to support OALHIV as they age.