

Home and Community Care needs of older adult living with HIV in BC's Fraser Health region: findings from a patient-oriented, community-based research initiative

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Background

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 services such as home support, community nursing, community rehabilitation, assisted living, and long-term care. These services may not be designed to encompass the unique healthcare needs, family, and support structures of populations most affected by BC's HIV epidemic—gay, bisexual, or other men who have sex with men; people who use drugs; and Indigenous individuals.

Methods

A team of Peer Research Associates (PRAs – i.e., PLHIV trained in research and/or peer navigation), service providers, and researchers conducted a survey with 8 community-based and AIDS service organizations in Fraser Health to identify services available and accessed by Older Adults Living with HIV (OALHIV – i.e., age ≥50). Key community experts were consulted to identify the most pertinent issues impacting OALHIV in FH.

Findings

Transportation support and **food** support were the services most frequently used by OALHIV across all organizations surveyed.

Community experts identified the following issues impacting OALHIV in Fraser Health:

- For clients who had immigrated from more traditional cultures, 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 very literal, missing cultural nuances.
- Some clients were hesitant about using interpreters, perhaps due to HIV-related stigma.
- Peer navigators avoided face-to-face translation services to improve confidentiality and took extra time and effort to communicate in ways to protect clients' privacy.
- Finally, many OALHIV live in FH, yet receive HIV-related and other healthcare services in Vancouver, creating care continuity issues.

Conclusions

As Fraser Health encompasses diverse and dynamic communities impacted by HIV, clients experience issues known to be more prevalent in rural and remote communities, such as stigma from providers, transportation access, and confidentiality concerns. FH is home to a large immigrant community that experiences unique challenges (e.g., language), with FH embedding cultural considerations to enable access and augment supports for OALHIV. Through this patient-provider-researcher partnership, we will strive to translate our findings into further changes in policy and programming to better support OALHIV in FH and beyond.

Acknowledgments:

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

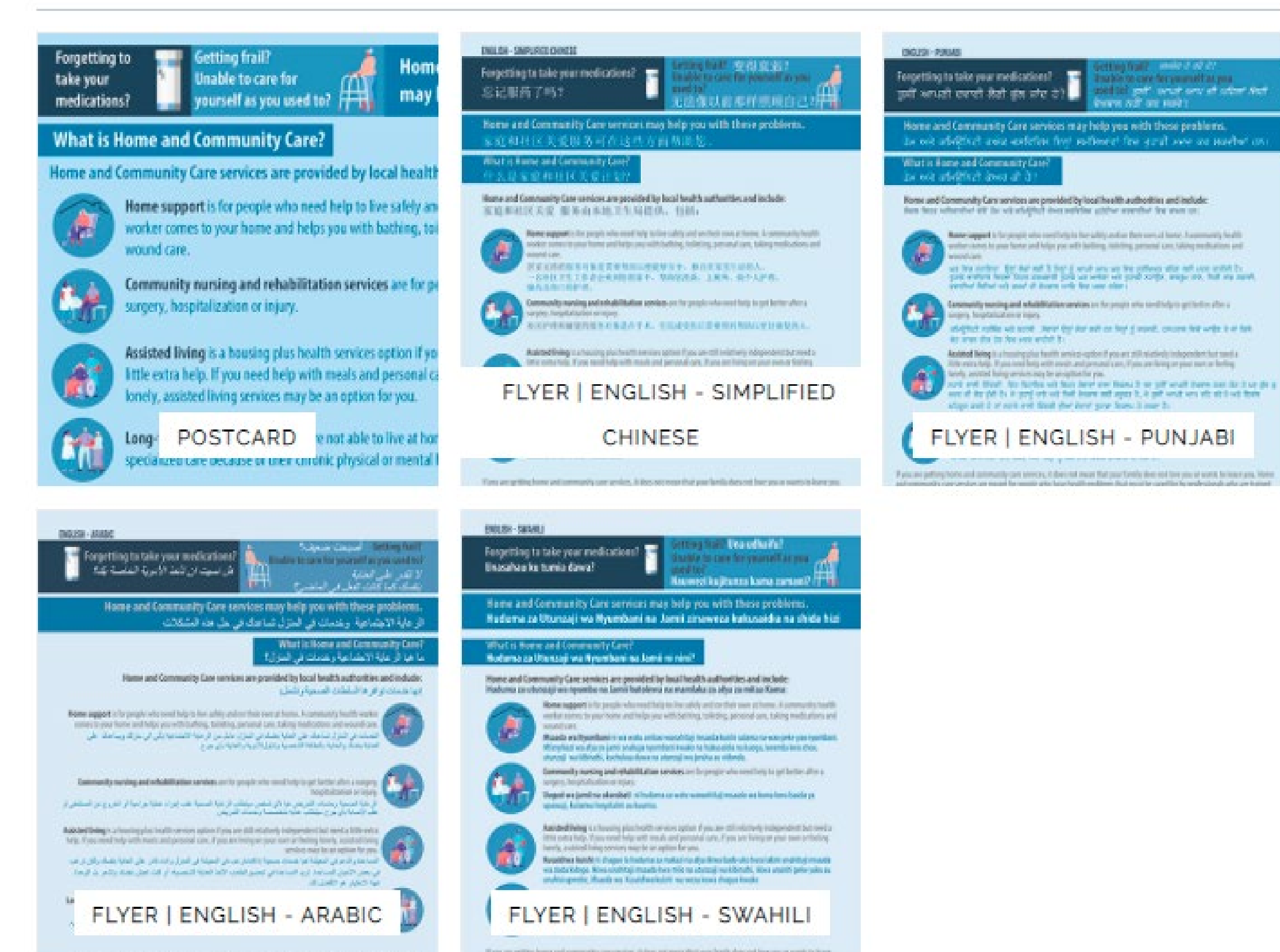


Knowledge Translation Approach

Findings were shared through the following project deliverables:

1. An information postcard about HCC services in FH was written in accessible, culturally appropriate language and translated into the four most widely spoken languages in FH: Punjabi, Simplified Chinese, Arabic, and Swahili.

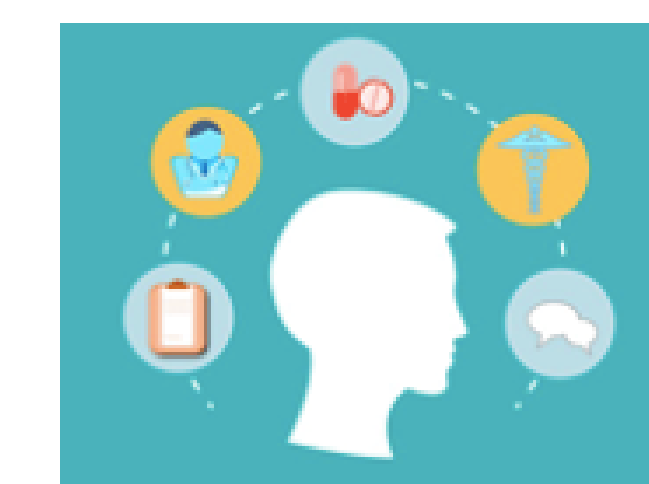
FLYERS AND POSTCARDS



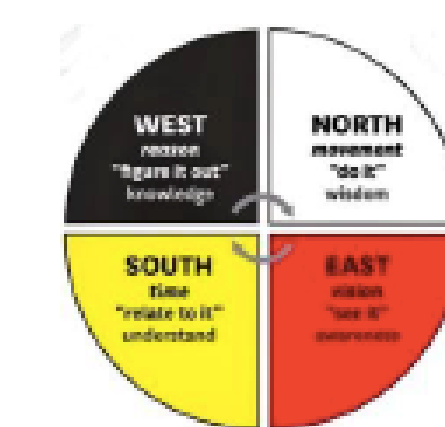
2. A brochure for the Positive Health Services clinic was updated by the patient partners.

Positive Health Services – Jim Pattison Outpatient Care and Surgery Centre in Surrey

Positive Health Services (PHS) is a central one-stop clinic for people living with HIV and HCV in the Fraser health region that offers a variety of services in one place. It's located within easy access to public transportation.



The PHS team offers a wide range of related HIV/Hep C services in a safe environment where everyone is included, and no one is judged.



3. An inventory of strengths and gaps of HCC services in FH was developed and recommendations for improving these services for OALHIV in FH were mobilized.

4. A webinar was held to discuss the findings and recommendations with frontline workers and care providers who work with OALHIV in FH.