

Priority 2 - Research  
Evidence Panel Session:  
Rehabilitation Interventions  
and Strategies for Older  
Adults Living with HIV

A Dr. Peter Centre  
Perspective

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# Strategies for service provision for HIV and Aging in an integrated setting for complex health issues, mental illness, and addiction

Rosalind Baltzer Turje

# Dr. Peter Centre (DPC)

- Vancouver's Dr. Peter Centre provides care and support to people living with HIV and coping with social disparities and concurrent health issues including: mental health conditions, addiction, hepatitis C, physical disabilities, homelessness, and trauma.
- Employs a specific model of care, program goals are improved adherence to HIV treatment and improved overall health.
- The DPC provides three programs:
  - 1) Day health program
  - 2) 24-hour specialized nursing care residence
  - 3) Enhanced supported housing program



# An understanding of the person(s)

- Observations
- Formal assessments
- Lived experience
- Frailty
- Complexity of health issues
- Mental Illness and addiction
- Trauma
- Social issues

# Understanding the Implications for service

- Risks
  - Environmental
  - Physical
  - Psychological
- Capacity
  - New learning
  - Adapting
- Skills and Knowledge
  - Clinical Practice

# Considerations for Services

Shifting services to meet the mixed needs and issues

- Safety
- Comfort
- Predictability

Employment as Rehabilitation:  
peer research associates at the Dr. Peter  
Centre share their experience

Sean Grieve, Patrick McDougall, Norman Rossetti,  
and Dan Wilson

# Peer Research Associates (PRAs)

- In the last 4 years, we've employed 12 Peer Research Associates on different projects
- I spoke with three 50+ PRAs about their experience
- All three identify with the Lazarus Effect
- “When I interviewed for the job, it had been 137 years since my last job interview.”

# Re-entry into the workforce

- It's a return to:
  - "Normalcy"
  - "Pride"
  - "Respectability"
  - "Routine"
- "'What are you doing now, Dad?' I can say: 'I'm working.'"
- "I can pay my own way if we go to a restaurant."

# Cautionary notes

- “It’s stressful to take on the idea of going back to work.”
- “It has to be a rehabilitation that’s gradual.”
- “I see people who try to go back to work full time too quickly, and then they get fired. At first they’re worried about a gap in their resume, then it becomes how to explain getting fired.”

# Stigma

HIV and aging places individuals at the intersection of multiple points of stigma in terms of re-entering the workforce (and sometimes internalized stigma).

- “You’re OLD and you have HIV.”
- “Ageism is huge in the gay community.”
- “Every time I call in sick, I feel it’s a result of me having HIV... I feel unreliable.”

# Challenges

Re-entering the workforce as a paid employee after a lengthy gap as a result of health challenges associated with HIV and other comorbidities can bring multiple challenges in the areas of adapting to:

- Advances in technology
- Language and terminology
- Sick time
- Current (versus past) workload capacity and ability

# A job: an internalized stigma buster

Working in a supportive environment can act to mitigate internalized stigma linked to HIV and aging.

- “Reverses that internal thought pattern that says: ‘you’re worthless.’”
- “When you get a job back, you get your life back. And it gives other people living with HIV a sense of hope.”