



**2nd International Forum on HIV and Rehabilitation
Research**

Advancing International Partnerships to Address Key
Research Priorities in HIV and Rehabilitation

Final Report

Saturday October 11th, 2014

The Gleeson Lecture Theatre, Chelsea and Westminster Hospital
369 Fulham Road, London, England



RHIVA
REHABILITATION IN HIV ASSOCIATION

ACKNOWLEDGEMENTS

The 2nd International Forum on HIV and Rehabilitation Research was funded by a Planning Grant from the Canadian Institutes of Health Research (CIHR). We also acknowledge support from Three Flying Piglets (filming), Angus Wharton (photography), the Canadian Working Group on HIV and Rehabilitation, the British HIV Association and Chelsea and Westminster Hospital NHS Trust. The International Forum was also supported by Gilead who provided part funding.



Canadian Working Group on HIV and Rehabilitation
Groupe de travail canadien sur le VIH et la réinsertion sociale

CIHR Planning Grant Team

Kelly O'Brien (Co-Principal Investigator- University of Toronto)
Francisco Ibáñez-Carrasco (Co-Principal Investigator - Ontario HIV Treatment Network)
Elisse Zack / Stephen Tattle (Principal Knowledge User- Canadian Working Group on HIV and Rehabilitation)
Darren Brown (Knowledge User- Chelsea and Westminster Hospital NHS Trust)
Colm Bergin (Co-Investigator- St. James's Hospital, Dublin)
Siobhán O Dea (Co-Investigator- St. James's Hospital, Dublin)
Catherine Worthington (Co-Investigator-University of Victoria)
Patty Solomon (Co-Investigator- McMaster University)
Richard Harding (Co-Investigator-King's College, London)
Larry Baxter (Knowledge User- Community Member)
Patriic Gayle (Knowledge User- Three Flying Piglets (HCV Prevention Campaign))

Forum Core Planning Committee

Kelly O'Brien (University of Toronto)
Darren Brown (Chelsea and Westminster Hospital NHS Trust)
Francisco Ibáñez -Carrasco (Ontario HIV Treatment Network)
Esther McDonnell (Chelsea and Westminster Hospital NHS Trust)
Patty Solomon (McMaster University)
Nkem Iku and Ayesha Nayar (Research Coordinator)

Forum Filming and Communications Media Team

Patriic Gayle (Three Flying Piglets (HCV Prevention Campaign))
Paul Sugars (Three Flying Piglets (HCV Prevention Campaign))
Jim Spring (Three Flying Piglets (HCV Prevention Campaign))
Tammy Yates (Canadian Working Group on HIV and Rehabilitation)
Jo Josh (Commsbiz)

Student Volunteers

Helen Seaman
Clare Dinham
Ambika Kumar

TABLE OF CONTENTS

Main Messages	4
Executive Summary	5
Context	6
2 nd International Forum on HIV and Rehabilitation Research	7
Approach	8
Forum Overview	10
Summary of Evidence	11
Evaluation	18
Conclusion	19
References	20
Appendix A - Forum Poster	22
Appendix B – Forum Agenda	23

MAIN MESSAGES

- ❖ **Goal of the Forum:** To facilitate knowledge transfer and exchange (KTE) on HIV and rehabilitation research, clinical practice and service delivery, among people living with HIV, researchers, clinicians on HIV, representatives of community organizations, and policy makers in Canada, UK and Ireland; and to foster new research and clinical partnerships in HIV and rehabilitation internationally.
- ❖ The Forum brought together 51 stakeholders, including community leaders, clinicians, students and people living with HIV from the UK (n=41), Canada (n=8), and Ireland (n=2), to exchange research evidence related to six research priorities in HIV, disability and rehabilitation.
 - These research priorities were: 1) disability and episodic disability; 2) concurrent health conditions, aging with HIV; 3) HIV and the brain; 4) labour force participant and income support; 5) access to and effectiveness of rehabilitation; and 6) development and evaluation of outcome measurement tools.
- ❖ The Forum was organized into three Priority Content Areas and a Plenary Panel Session. Speakers were invited to present on research and program evaluation related to HIV and rehabilitation carried out in Canada, the UK and Ireland across three Priority Content Areas: 1) Episodic Health and Disability; 2) Rehabilitation; and 3) Methodological Advances in HIV and rehabilitation research. The Panel Session focused on bridging research into practice in areas of HIV and aging, HIV rehabilitation service delivery, and advances in policy and practice.
- ❖ The evidence presented at the Forum highlighted a need for: 1) further research in HIV, disability and rehabilitation as people live longer and age with HIV and multi-morbidity; 2) research evidence to inform policy and programming; 3) collaborative approaches to research and practice; and 4) the need for rehabilitation in the context of HIV continues to increase in demand and complexity as people age with HIV and concurrent health conditions (e.g. mental health conditions, cardiovascular disease).
- ❖ Evaluations of the Forum indicated that a majority of participants agreed that the Forum achieved its goal of translating recent research evidence on HIV and rehabilitation.
 - Strengths of the Forum included: high quality of evidence presented, passionate and informative presentations, supportive group environment, diverse nature of attendees and perspectives and a great opportunity for networking and collaborations.
 - The majority of participants were able to apply the content covered in the Forum to their work and envision collaborating with other Forum participants on future HIV and rehabilitation initiatives.
- ❖ Twitter Updates: CUHRRRC launched @CUHRRRC, Official Forum Hashtag: #RehabHIV14

EXECUTIVE SUMMARY

The Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRRC), in partnership with the Rehabilitation in HIV Association (RHIVA) hosted the *2nd International Forum on HIV and Rehabilitation Research: Advancing International Partnerships to Address Key Research Priorities in HIV and Rehabilitation*, on October 11, 2014 in London, England at the Chelsea and Westminster Hospital.

What was the Goal of the Forum? To facilitate knowledge transfer and exchange (KTE) on HIV and rehabilitation research, clinical practice and service delivery, among people living with HIV, researchers, clinicians on HIV, representatives of community organizations, and policy makers in Canada, UK and Ireland; and to foster new research and clinical partnerships in HIV and rehabilitation internationally.

Who Attended? The Forum brought together 51 stakeholders, including community leaders, clinicians, students and people living with HIV from the UK (n=41), Canada (n=8), and Ireland (n=2), to exchange research evidence related to three research priorities in HIV, disability and rehabilitation established by CWGHR in a national scoping study in 2008.¹

This report provides an overview of the 2nd *International Forum on HIV and Rehabilitation Research* and our process of summarizing the research evidence on priorities in HIV, disability, and rehabilitation research. The Forum was organized into three priority content areas with 10 presentations (11 speakers) and one plenary panel session with 6 speakers and 1 facilitator from Canada (n=5), the United Kingdom (UK) (n=11), and Ireland (n=2). Speakers addressed issues related to: 1) disability and episodic disability; 2) aging with HIV, concurrent health conditions; 3) HIV and the brain; 4) labour force and income support issues; 5) access to and effect of rehabilitation; and 6) measurement and tools. The Forum provided an opportunity for a broad range of stakeholders to respond to current research evidence and present new and emerging research evidence and experiences related to HIV and rehabilitation. Structured discussions and Q&A segments enabled participation throughout the day and a facilitator was in place to engage attendees while adhering to the agenda. Please view the Forum Program at a Glance:

<http://cuhrrc.hivandrehab.ca/docs/CUHRRRC-Forum-Program-Glance.pdf>

How Do I Access the Forum Materials? To access the Forum photographs, please visit: http://cuhrrc.hivandrehab.ca/conference_2014.php. To access the Forum films and slide presentations, please go to the 2nd Forum Knowledge Translation and Exchange (KTE) Library: <http://cuhrrc.hivandrehab.ca/kte.php>

What were the Strengths and Challenges of the Forum? Evaluation of the Forum (n=34 respondents) indicated that the material presented was of high quality and was extremely informative and useful to participants. The Forum offered participants the opportunity to share information, reflect and collaborate on issues related to HIV and rehabilitation. Speakers and participants represented a broad range of interdisciplinary and international stakeholders which contributed to diverse perspectives being brought forward and fruitful discussions. Overall respondents appreciated the knowledge and passion of the speakers, the opportunities for building collaborative partnerships, the applicability of the Forum content to their current work and the supportive and collaborative environment during the Forum. Respondents also noted that the agenda was ambitious which led to the provision of a large

amount of information in a short amount of time. In addition, participants indicated that they would have benefited from more discussion time. Overall, respondents found the Forum to be well organized and a great event.

CONTEXT

HIV is increasingly experienced as a complex and lifelong chronic episodic illness. In Canada, the number of people living with HIV continues to rise, from an estimated 64,000 in 2008 to 71,300 in 2011 (an 11.4% increase), and at the end of 2012 an estimated 98,400 were living with HIV in the United Kingdom.²⁻⁴ Improvements in treatment have meant people are living longer with the disease. With optimum treatment, the life expectancy of people living with HIV may approach that of uninfected populations.⁵ Despite these improvements, HIV-positive individuals may experience a range of physical, cognitive, mental and social health-related challenges associated with HIV, which together may be termed, **disability**.^{1,6} The adverse effects of antiretroviral therapy, comorbidities, and aging, as well as challenges related to the social determinants of health, may further add complexity to the disability experienced by people living with HIV. Hence, there is an increasing role for rehabilitation to respond to the health-related challenges experienced by people living with HIV.

The field of HIV and rehabilitation research is emerging, with countries such as Canada, USA, Ireland and the UK as leaders in the area of HIV rehabilitation services and research. People with HIV in these countries face similar issues, including challenges accessing rehabilitation services, social participation issues related to income and employment, and increasing concurrent health conditions faced by those aging with HIV. Forming partnerships and exchanging knowledge with others in countries with individuals experiencing similar types of disability is essential to addressing research priorities in this field.

Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRC)

In October 2009, a group of UK and Canadian researchers and clinicians, in partnership with CWGHR, obtained funding from the CIHR Meetings Planning and Dissemination Grants competition to conduct a research meeting in London, UK.⁷ The goal of this meeting was to develop a collaborative research agenda to address the research priorities in HIV and rehabilitation. At this meeting, the Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRC) was formalized as the first international research collaborative on HIV and rehabilitation (<http://cuhrrc.hivandrehab.ca/>).⁸ CUHRRC is now comprised of 53 people living with HIV, researchers, clinicians, representatives from community organizations and policy stakeholders in Canada and the UK with an interest in HIV and rehabilitation research. Members meet quarterly by teleconference to share knowledge and collaborate on research initiatives. CUHRRC members have collectively pursued initiatives in each of the research priority areas, such as: exploring the prevalence of comorbidities, disability and rehabilitation service use among people living with HIV in Canada; conducting a policy analysis of rehabilitation services access between Canada and the UK⁹; evaluating the uptake of an electronic e-module for rehabilitation professionals on HIV¹⁰; developing evidence-informed practice recommendations on the rehabilitation of older adults with HIV¹¹; and developing and assessing the measurement properties of a new HIV disability questionnaire.

CUHRRC, in partnership with the Canadian Working Group on HIV and Rehabilitation (CWGHR), planned and hosted the *International Forum on HIV and Rehabilitation Research*, on June 13-14th,

2013 in Toronto, Ontario, Canada. The Forum brought together 92 stakeholders to share current research evidence related to the six priority areas. The priority areas aligned with six key research priorities established by CWGHR in an earlier scoping study.¹ The Forum also offered an opportunity to review and update the research priorities to respond to new and emerging issues related to HIV and rehabilitation.¹²

2ND INTERNATIONAL FORUM ON HIV AND REHABILITATION RESEARCH

On October 11th, 2014, the CUHRRRC in partnership with the Rehabilitation in HIV Association (RHIVA) in the UK hosted the 2nd International Forum on HIV and Rehabilitation Research.

The goal of the Forum was to 1) facilitate knowledge transfer and exchange on HIV and rehabilitation research, clinical practice and service delivery, among people living with HIV (PHAs), researchers, clinicians on HIV, representatives of community organizations, and policy makers; and 2) to foster new research and clinical partnerships in HIV and rehabilitation internationally.

The Forum was organized into three Clinical Practice and Research Evidence Sessions and a Plenary Panel Session that emerged from the 1st *International Forum on HIV and Rehabilitation Research*. The topics for the three Clinical Practice and Research Evidence Sessions included:

- 1) ***Episodic Health and Disability (HIV and Aging)*** (content included an overview of HIV and aging rehabilitation research in Canada, Ireland and the UK)
- 2) ***Rehabilitation Interventions*** (content included an overview of HIV and rehabilitation program and service delivery in the UK including novel rehabilitation service delivery programs and evaluation of these models of care)
- 3) ***Methodological Advances in HIV and Rehabilitation Research*** (content included an overview of methodological advances including approaches to rehabilitation research and measurement of episodic disability)

Each session was comprised of 3 to 4 speakers (total of 11 speakers) who provided an overview of research and program evaluation related to HIV, disability and rehabilitation in the above topic areas.

The Plenary Panel Session titled “*Bridging the Evidence with Real World: Response from the Community and Clinical Perspective*,” consisted of six panelists including people living with HIV, researchers and clinicians from the community who had the opportunity to comment and reflect on the research evidence presented throughout the day.

The Forum was preceded by an invited special session on HIV and rehabilitation at the British HIV Association (BHIVA) Conference on Friday October 10th, 2014 entitled: ‘*A Tale of Rehabilitation in Two Countries: A Snapshot of HIV and Rehabilitation in Canada and the United Kingdom*’. The objectives of this hour long session were: 1) to describe the role and evidence for rehabilitation in the context of HIV; 2) to highlight the strengths of rehabilitation research and practice in Canada and the United Kingdom; and 3) to highlight ways in which to recognize the need for rehabilitation, referral and access to rehabilitation for people living with HIV. This session was moderated by Esther McDonnell (RHIVA, Chelsea and Westminster Hospital) and speakers Patty Solomon (McMaster University), Kelly O’Brien (University of Toronto), Francisco Ibáñez-Carrasco (Ontario HIV Treatment Network), Darren Brown (Chelsea and Westminster Hospital NHS Trust) and Elizabeth Stevens (Birmingham Hearts of

England NHS Trust) presented on HIV and Rehabilitation in Canada and the United Kingdom. Click [here](#) to see the BHIVA Special Session Presentation Slides.

The day after the Forum, on Sunday October 12th, 2014 the CUHRRC Core Planning Team held a 1 day meeting whereby 22 stakeholders met to develop a joint international collaborative research proposal focused on assessing the effect of a rehabilitation intervention for people with HIV. Following presentations by Patty Solomon (McMaster University), Kelly O'Brien (University of Toronto), Darren Brown (Chelsea and Westminster Hospital NHS Trust), Francisco Ibáñez-Carrasco (Ontario HIV Treatment Network) and Richard Harding (King's College London), small group breakout sessions were held to establish an outline of a future protocol focused on exercise in the context of HIV. The focus of this report is on the Forum. Therefore, CUHRRC will follow up with its' members and interested parties at a later date regarding the exercise research protocol.

APPROACH

The 2nd International Forum on HIV and Rehabilitation Research was supported by a Planning Grant from the Canadian Institutes of Health Research (CIHR), HIV/AIDS Research Initiative. Additional support was provided from Three Flying Piglets, the Canadian Working Group on HIV and Rehabilitation, the British HIV Association, Chelsea and Westminster Hospital NHS Trust and Gilead. The 2nd International Forum involved an intensive long process of planning and development leading up to the event. Upon receiving notification of funding, members of the CUHRRC Steering Committee had their first meeting via teleconference in March 2014 where they began planning for the Forum.

Forum Core Planning Committee

In March 2014, a Core Planning Committee was formed which included co-principal investigators and co-investigators of the CIHR Planning Grant, the RHIVA Chair and Vice-Chair, and a representative from CWGHR. The purpose of the Core Planning Committee was to oversee the planning and implementation of the Forum. This Committee met four additional times leading up to the Forum to discuss advancements made in the planning of the Forum. Specific activities included: developing a timeline for the Forum, confirming a venue, advertising the Forum, finalizing and distributing participant and speaker invitations, setting up a process for registration, establishing opportunities and plan for student volunteers, finalizing the Forum program agenda and program, liaising with Forum speakers prior to the Forum, developing an evaluation plan, and developing a knowledge transfer and exchange strategy post Forum. Electronic updates were provided to the broader CIHR Planning Grant team.

In June 2014, the Core Planning Committee met with the larger CIHR Planning Grant Team via teleconference. The meeting goal was to review the status of the registrants and review the overall plan for the Forum.

Invitations and Advertisement of the Forum

The Core Planning Committee in consultation with the CIHR Planning Grant Team developed a list of invitees which included, people living with HIV, clinicians, academics, representatives from AIDS Service Organizations (ASOs) and Community-Based Organizations (CBOs) and community members,

CWGHR and CUHRRRC members, and representatives from funding organizations. Personal invitations were distributed in July, 2014.

The Forum was further broadly advertised by circulating an E-Blast announcement to the CWGHR, CUHRRRC and OHTN membership in July 2014. Forum posters (Appendix A) and the Forum program at a glance (Appendix B) also were displayed on the World Confederation for Physical Therapy (WCPT) website, RHIVA's website, Twitter account and Facebook page, the Chelsea and Westminster Hospital daily notice board and through posters and PowerPoint advertisements in the 500 University Avenue lobby (University of Toronto). Adverts were placed across all three sites of the Chelsea and Westminster Hospital, in the flyer distribution and at a poster display at the RHIVA/DHIVA stand at the BHIVA Spring Conference in Liverpool in 2014 and in the program of the BHIVA Autumn Conference in London in 2014. In addition, the forum was advertised on the Chartered Society of Physiotherapy (CSP) website and via email distribution lists including the International Physical Therapists for HIV/AIDS Oncology Hospice and Palliative Care (IPT-HOPE) HIV/AIDS special interest group, RHIVA email updates, BHIVA email updates, the Council for Allied Health Professionals in Research (CAHPR), the Association of Chartered Physiotherapists in Oncology and Palliative Care (ACPOPC), the Association of Chartered Physiotherapists in Neurology (ACPIN), the Association of Chartered Physiotherapists in Respiratory Care (ACPRC) and the HIV directorate at Chelsea and Westminster Hospital.

Invited Speakers and Volunteers

Twenty-one researchers, clinicians and community members engaged in the field of HIV, disability and rehabilitation were invited to present. Sixteen presented across one (1) Plenary and three (3) Clinical Practice and Research Evidence Sessions while five presented during the Welcome & Introductions, Overview and Wrap-Up Sessions. Three (3) physical therapy students volunteered to assist with the Forum planning and were involved in registering participants, directing participants to the Lecture hall, meeting caterers and assisting with setup, timekeeping for the presentations, tweeting from @CUHRRRC and distributing and collecting the evaluations at the end of the day.

The standard Forum registration was £50 (\$90 CAD) and the student/concessionary rate was £25 (\$45 CAD). Funds from the Forum were allocated towards catering costs. The Forum registration fee was waived for all speakers, grant members and volunteers.

Forum Program

The Core Planning Committee developed a Forum Program which contained the agenda, title of each speaker's presentation, key messages and publications related to their presentation and work, and biographies. The purpose of the program was to give participants the opportunity to familiarize themselves with the work of the speakers, and also prepare them to be involved in discussions held during the Forum. In September 2014, invited speakers were asked to submit these details pertaining to their presentations. The final Forum program was available in English in hard copy at the Forum. An electronic copy of the Forum workbook was made available online. Click [here](#) to access the electronic Forum Program:

Pre-Forum Planning Teleconferences

One pre-Forum teleconference was coordinated for the invited speakers, and one for the Plenary session in September 2014. The purpose of these teleconferences was to provide an opportunity for speakers to familiarize themselves with the topics and speakers in their sessions and to review logistics leading up to the Forum. A student volunteer meeting was conducted via Skype in September 2014 to review the overall goal of the Forum, and to discuss the roles and activities as a student volunteer at the Forum.

Forum Filming and Media Team

A Forum Filming and Media Team was assembled by the Core Planning Committee in May 2014. The purpose of this team was to enhance the knowledge translation and exchange of the evidence presented at the Forum. The team implemented a social media strategy leading up to, during, and after the Forum via Twitter: #RehabHIV14. To access the Twitter feed from the Forum go to: <https://twitter.com/search?q=%23RehabHIV14&src=typd>

The Filming and Media Team was also responsible for filming and photographing the Forum sessions. Three Flying Piglets filmed the Forum presentations in kind. Photography was provided in kind by Angus Wharton Photography. Jo Josh (community member in the UK) worked in collaboration with CWGHR on a media strategy. The films were edited and uploaded onto the CUHRRRC website as part of the 2nd Forum Knowledge Translation and Exchange (KTE) Library for further dissemination of research knowledge on HIV, rehabilitation and disability. Click [here](#) to access the current 2nd Forum KTE Library.

Post-Forum Activities

The Core Planning Committee debriefed on the overall Forum and addressed post Forum activities such as distributing thank you letters, Forum evaluation, and establishing a knowledge transfer plan, including the KTE library. We sent out thank you letters and certificates of attendance to all speakers and volunteers within a month after the Forum. We compiled the evaluations from the Forum into a report provided to CWGHR.

During the meeting on Sunday October 12th, 2014 the CUHRRRC Core Planning Team developed a joint international collaborative research proposal focused on assessing the effect of a rehabilitation intervention for people with HIV in the UK. We continue to meet as a collaborative, establish new partnerships, exchange knowledge and work together on research initiatives.

FORUM OVERVIEW

The one day Forum was held on October 11, 2014. The Forum was organized into three Clinical Practice and Research Evidence Sessions and one Plenary Panel Session. The Forum included a Facilitator who facilitated question and answer sessions. The **Clinical Practice and Research Evidence Sessions** each focused on one of three research priorities and consisted of 3-4 presentations. Each individual presentation was followed by a 5 minute question and answer session. The aim of the **Plenary Panel Session** was to describe ways in which research has been implemented into real world practice or policy. The panel consisted of six speakers who presented their perspectives on HIV and aging, HIV rehabilitation service delivery, a hospital based exercise and self-management intervention, and HIV rehabilitation advances in policy and practice. The Panel Session was followed

by a question and answer period and group discussion which was moderated by the Facilitator. Each topic was addressed by two speakers who each discussed [i) their experience related to the topic, ii) their views on how research on HIV and rehabilitation related to the topic could impact the field, and iii) advice on what is needed for future HIV and rehabilitation research in the field]. All presentations were filmed and uploaded to the [2nd Forum Knowledge Translation and Exchange \(KTE\) Library](#) to broaden the reach of the Forum.

Discussion was encouraged through Q&A as well as informal discussions during break and lunch. The Forum included a number of features to enhance knowledge transfer and exchange. Participants were provided a hard copy of the Forum Program which included the agenda, key messages and relevant publications from each presentation, as well as biographies of all speakers. Prior to the 2nd International Forum, CUHRRRC launched its' official Twitter page @CUHRRRC. In addition, the media team launched the official conference hashtag, #RehabHIV14. All attendees were encouraged to use Twitter throughout to further translate highlights from the Forum.

Speakers and Participants

Fifty-one participants convened in London to discuss research evidence knowledge on HIV, disability and rehabilitation. Participants represented a broad range of stakeholders. The majority of participants indicated that they worked at a hospital (37.3%, n=19) or university (23.5%, n=12) and identified as a clinician (31.4%, n=16) or a researcher (19.6%, n=10). Many of the participants attending the Forum had multiple roles - for instance, they worked as both educators and researchers or as clinicians and service providers. See **Table 1** for an overview of characteristics of Forum participants.

Table 1 Characteristics of Forum Participants (N=51)			
Participant's Affiliation	Forum Participants (N (%))	Participant's Role	Forum Participants (N (%))
Research/Knowledge Production Organization	6 (12%)	Community Member	8 (16%)
Hospital	19 (37%)	Researcher	10 (19%)
University	12 (23%)	Student	3 (6%)
Community-Based Healthcare Organization	2 (4%)	Service Provider	5 (10%)
Service Provider Organization	9 (18%)	Volunteer	3 (6%)
Other (including communications and not for profit organizations)	3 (6%)	Clinician (OT, PT, Psychologist, Therapist, Physician)	16 (31%)
		Educator	2 (4%)
		Media Team	4 (8%)

SUMMARY OF EVIDENCE

The Forum began with Priority Content Area 1 and then continued with Priority Content Area 2, the Plenary Panel Session and ended with Priority Content Area 3. Twenty-one invited speakers presented on current research studies, interventions, and/or programming content areas in Canada, the UK and Ireland.

Please see **Appendix B** for the Forum Agenda

Priority Content Area 1 – Episodic Health and Disability

Colm Bergin, consultant physician from St. James's Hospital (UK) presented on **HIV and Ageing- A focus on co-morbidities and non-pharmacological interventions**. Colm explored current interventions related to diet, exercise and healthy living among people living with HIV in Ireland. Key messages from Colm's presentation included:

- HIV in Ireland is now considered a chronic disease. In 2013, there were 341 new diagnoses with the highest number of new cases occurring in MSMs (48.7%). Many presented late (48%, CD4<350) and 9% were above 50 years of age;
- In Ireland, 25% of patients accessing ambulatory care for HIV-infection were greater than 45 years of age;
- The GUIDE Clinic at St. James's Hospital provides treatment with dignity. Of the patients attending this clinic, 18% are above 50 years of age;
- The HIV-Age Clinic is conducting a pilot study to assess issues (retroviral disease, comorbidities, smoking/alcohol/drug use etc.) in patients above 55 years of age. All participants are on ARVs, 33% are current smokers, 33% have dyslipidaemia, 19% have diabetes, 62% have osteopaenia and 31% have a history of depression;
- Non-pharmaceutical interventions for people living with HIV include aerobic exercise. Studies have shown that aerobic exercise is beneficial for cognitive function. Longitudinal studies are the best way to inform the ageing process, determine the causes of diseases and prevent diseases.

Camilla Hawkins, occupational therapist from Mildmay Hospital (UK) presented on **HIV and Aging in the UK** on behalf of **Simon Rackstraw**, also from Mildmay Hospital. Key messages from Camilla's presentation included:

- New HIV and AIDS diagnoses have continued to decline since 2005 largely due to a decrease in the number of diagnoses reported among persons abroad and infected heterosexually; In recent years, the number of AIDS diagnoses has fallen below that of deaths implying a greater contribution from non AIDS morbidities; Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection;
- An increase in the number of new diagnoses among older people and an aging cohort has led to a disproportionate rise in the number of people accessing HIV-related care aged 50 and over;

- There are many commonalities between aging and being HIV positive. Older adults with HIV may be more likely to be more severely affected by HIV-related stigma and have poorer psychological health related to a greater likelihood of comorbid conditions and economic hardship.

Patty Solomon, Professor in the School of Rehabilitation Science from McMaster University (Canada) presented on **Uncertainty and Aging with HIV - A qualitative study to explore disability among older adults living with HIV.**¹³ Patty's presentation included:

- Qualitative research can help to provide an understanding of the impact of an illness on the person in a way that quantitative research is not able to. This qualitative study explored challenges to social participation, self-care, household management, relationships and social support, employment, access to health and social services in 29 men and 20 women aged over 50 years. Patty and colleagues developed a model exploring aging, disability, contextual factors and time;
- Uncertainty related to aging with HIV is related to sources of health challenges, appropriate long term housing, seeking care, transitioning to retirement, the episodic nature of HIV, financial uncertainty and health care providers' knowledge and skills;
- Next, Patty is conducting a longitudinal study with 24 participants over the age of 50 that will consist of 4 interviews over 16 months to look at aging and episodic disability over time.

Siobhán O Dea from St. James's Hospital (UK) presented on **How do adults living with HIV in Ireland experience disability? A qualitative study.** Siobhán presented findings from a qualitative study that explored the experience of disability from the perspective of adults living with HIV in Ireland in relation to the Episodic Disability Framework. Key messages included:

- The Episodic Disability Framework describes four dimensions of episodic disabilities: symptoms/impairments, difficulties with day-to-day activities, challenges to social inclusion and uncertainty. These dimensions are influenced by extrinsic and intrinsic factors such as social support, stigma, living strategies and personal attributes (aging);
- Twelve adults with HIV from the GUIDE Clinic in Dublin, Ireland participated in face to face interviews. Participants reported physical symptoms and impairments including change in memory and concentration, stress, depression, fear and loneliness due to loss of social support and the inability to disclose;
- Participants reported social inclusion challenges due to issues with disclosure, loss of relationships with aging partners and the challenge of starting a family; Participants also reported uncertainty surrounding medications, numbers (CD4 counts), source of symptoms, aging and living long term with HIV and comorbidities;
- Resiliency and maintaining a positive outlook was a key living strategy for adults living with HIV to deal with the health-related challenges of HIV. These dimensions of disability and contextual factors may be considered by health providers in HIV clinical practice.

Priority Content Area 2 – Rehabilitation Interventions

Richard Harding from King's College London (UK) presented on **Effectiveness of Interventions to Enhance Coping among PHAs.** Key messages from Richard's presentation included:

- Broad definitions for *coping* include but are not limited to “increased use of positive reframing” and “increased perceived self-efficacy;”
- Richard conducted a systematic review to identify and appraise the evidence for effectiveness of interventions to enhance coping among people living with HIV. The majority of interventions (psychological, drug therapy, spiritual, diet and exercise and information management) aimed to improve mental health, reduce psychological symptoms such as anxiety, or to achieve stress reduction.
- Seventeen studies (60%) reported significant positive changes in these areas. There are many possible components of interventions to choose from (meditation, CBT etc.) Future research should consider optimal combinations of interventions to enhance coping among adults with HIV.

Darren Brown, physical therapist from Chelsea and Westminster NHS Foundation Trust (UK) presented on the **Kobler Rehabilitation Class**. Key messages from Darren’s presentation included:

- The Kobler Rehabilitation Class class consists of a 10 week, twice weekly outpatient supervised group exercise program and self-management program led by physiotherapists with the aim to improve physical health, mental health and social well-being, reduce barriers to addressing these issues and signpost individuals to available support services for adults living with HIV;
- Darren conducted a program evaluation to assess the impact of the program. Over the two year pilot program, there were 92 referrals, primarily from physiotherapists. The class contained a high proportion of males of white ethnicity on average 52 years of age;
- Adherence to the class was 46% and 37% re-started/attended;
- Results found improvements in flexibility, strength, six minute walk test (6MWT) and quality of life as measured by the Functional Assessment of HIV Infection (FAHI) post-intervention. No significant difference was found in Body Mass Index (BMI).
- Following participation, PHAs reported improved physical fitness, self-management and overall well-being. The intervention was overall successful; reduced adherence was attributed to the episodic nature of HIV.

Rebecca Mullin, physical therapist from Guys and St Thomas’ NHS Foundation Trust presented on **Exercise and Adherence in People Living with HIV-More Findings 2014**. Key messages from Rebecca’s presentation included:

- The Adherence to Exercise for People living with HIV trial aims to understand the psychological and socioeconomic factors that lead to adherence/non-adherence to exercise programs and medical treatment in PHAs;
- Reasons for not engaging in exercise included a) belief based reasons (e.g. feeling that exercise is pointless, disagreement with the reasons for exercise), b) internalized justifications related to exercise (e.g. embarrassment, not liking the gym), c) physical barriers independent of exercise (e.g. feeling tired and/or overwhelmed) and, d) external reasons independent of exercise (e.g. busy with other activities, away from home);
- Results showed that age, gender, baseline CD4+, fitness level and reason for referral did not differ between the ‘adherent’ and ‘non-adherent’ group however, perceived well-being and ethnicity

did. Results indicated that those in the high adherence group did not report many external barriers to exercise, however those who had low attendance did.

- Further studies should investigate other psychological characteristics and barriers to maintaining exercise and interventions to modify beliefs responsible for poor adherence patterns.

Priority Content Area 3 – Methodological Advances

Sean Rourke, Scientific Director of the Ontario HIV Treatment Network (Canada) presented on **State of the art and emerging measures of neurocognitive health among people living with HIV**. Key messages from Sean’s presentation included:

- As part of the Ontario Health Treatment Network Cohort Study (<http://ohtncohortstudy.ca/>), cognitive testing is being conducted on people living with HIV in Toronto. Brain changes with HIV and brain changes with aging are very similar to each other;
- Mild cognitive impairment in HIV can affect a person’s every day functioning (employment, socialization, managing medications and health related quality of life);
- HIV-associated neurocognitive disorders (HAND) occur in 30-50% of people living with HIV. HAND is under-recognized and under-treated;
- Despite the remarkable effects of Highly Active Antiretroviral Therapy (HAART) to improve health and survival, there has not been a significant change in the rates of HAND pre- and post-HAART. HAART has a “modest” impact on improving or reversing cognitive difficulties. There are some improvements in most studies but HAART does not reverse all changes;
- Newer instruments are needed to identify milder forms of HAND. A systematic review of screening tests for HAND indicated that most studies focused on “neurocognitive impairments,” “deficits” (55%) or screening, for HIV-Associated Dementia (35%) while few studies focused on milder forms of HAND. Many screening tests are designed for “cortical” disorders and involve abilities not affected by HIV. HIV Dementia Scale is the best current tool to detect milder forms of HAND;
- An active lifestyle is associated with better neurocognitive functioning. Participants with HIV who exercised were about half as likely to show cognitive impairment as compared to those who did not.^{14,15} ‘What’s good for your heart is good for your brain.’

Richard Harding (King’s College London, UK) and **Mark Platt** from UK-CAB (UK) presented on **Patient-Reported Outcomes in HIV: Theory and Practice**. Key messages from Richard and Mark’s presentation included:

- Patient reported outcome measures (PROMs)/patient reported experience measures (PREMs) aim to promote quality and equity and offer great potential to influence care and evaluate outcomes; PROMs can be ‘quality of life measures,’ (e.g. MOS-HIV) problem specific (e.g. HIV signs and symptoms checklist), generic one-dimensional (e.g. GHQ) and generic multidimensional (e.g. WHOQOL);

- Through the BHIVA PROM/PREM project, Richard and Mark are trying to create structures to enable measurement, map BHIVA standards of care to experience, ensure that clinical priorities are mapped, develop PREMs and enable regular monitoring;
- Through the use of a survey and community engagement events in the UK, Richard and Mark have learnt that all groups support the concepts and there is a desire to engage with this work. Main concerns include clinic care and arrangements and emotional and psychosocial issues while specific community issues include stigma, discrimination and immigration matters;
- Next steps include more detailed engagement, production of a report with a proposal for continuation, development of a second research proposal and a National Institute for Health Research (NIHR) research proposal “post implementation;”
- An opportunity exists to develop innovative methodology for an HIV PROM/PREM that has strong involvement and user empowerment potential.

Kelly O’Brien from the University of Toronto (Canada) presented the **Updates on the HIV Health and Rehabilitation Survey (HHRS): A CUHRRC Study**. Key messages from Kelly’s presentation included:

- The aim of HHRS is to establish a comprehensive profile of disability experienced by adults with HIV in Canada and determined how intrinsic and extrinsic contextual factors such as comorbidities, related rehabilitation services use and living strategies influence the disability experience;
- The HHRS survey instrument measures disability, rehabilitation services use, comorbidities, living strategies, social support and stigma, demographic and disease characteristics;
- Of the 941 respondents, a majority (72%) indicated that they were living with two or more comorbidities in addition to HIV. Common comorbidities included mental health condition (42%), muscle pain (33%) or joint pain (30%);
- Few respondents access rehabilitation - physical therapy (17%), occupational therapy (6%), speech-language pathology (3%), or physiatrists (7%). However, 71% felt rehabilitation interventions were beneficial; The majority of HHRS participants indicated that they were accessing HIV-specific (64%) or community-based (40%) organizations.

Plenary Panel Session-Bridging the HIV and Rehabilitation Evidence with Real World: Response from the Community and Clinical Perspective

The plenary panel session aimed to discuss how the research at the Forum may be better translated into “real world” clinical and community practice to enhance rehabilitation in the context of HIV. The panel session included six panelists including people living with HIV, researchers and clinicians from the community who had the opportunity to comment and reflect on the research evidence presented at the Forum as well as offer considerations for future HIV and rehabilitation research.

Daniel Grace from the London School of Hygiene and Tropical Medicine (UK) was the Panel Facilitator. Six speakers were matched in pairs to focus on a particular area of HIV and rehabilitation research. Daniel posed tailored questions to each speaker. Overall, the general content of the three questions were as follows: 1) What is your overall experience with HIV and rehabilitation research and practice?

2) What is the impact of HIV and rehabilitation research on real world practice and community? 3) Given what was presented so far, what is the future of HIV and Rehabilitation Research in Canada and the UK?

Jo Josh from Commsbiz (UK) and **Camilla Hawkins** from Mildmay Hospital (UK) spoke on **HIV and Aging**. Jo spoke from the perspective of a woman ageing with HIV facing disability. Key messages from **Jo's** talk included:

- There is a need for an increase in available rehabilitation support for people living with HIV as well as an understanding of the term “episodic disability” across the UK so that those who live with HIV are able to access support;
- Interventions and research that highlights and validates the need for physical and psychological support for the ageing HIV community will increase the likelihood that rehabilitation services will be provided; and
- Going forward, in terms of HIV and ageing in the UK, there is a need for research and evidence of the needs specific to people living with HIV, integrated services with other episodic conditions, recognition of the differences between the needs of sectors of the HIV community and lastly, an analysis of social needs of the ageing HIV population.

Key messages from **Camilla's** talk included:

- There is a trend towards older age and HIV in Camilla's clients; A needs-led practice and management of the complex multi-dimensional challenges of HIV is very important;
- Recent presentations stressed the importance of co-morbidities, confounding factors that exacerbate the aging process and impact upon function as well as the limited evidence base specific to informing and guiding practice in the UK; and
- Going forward, there is a need for UK therapists to investigate where opportunities may exist for input into research studies, to gather data from UK settings and to collaborate at individual and organizational levels.

Christopher Dunne from The Kobler Rehabilitation Class (UK) and **Mark Nelson** from Chelsea and Westminster Hospital (UK) spoke on **rehabilitation interventions**. **Mark** emphasized the need for high level evidence to demonstrate the effect of rehabilitation on access to services. **Chris** spoke from the perspective of a person who attended the Kobler Rehabilitation Class due to HIV related pain and mobility issues. Key messages from **Chris' talk** included:

- The Kobler Rehabilitation Class allowed him to exercise at his own pace, work towards his own goals, gain a sense of social support in the class from other people living with HIV and remain employed and in control of his pain symptoms;
- There are many benefits to participating in the Kobler Rehabilitation class. This class should be modeled elsewhere to provide equal access to all people living with HIV.

Larry Baxter (Community Member from Canada) and **Wendy Porph** from CWGHR (Canada), spoke from perspectives spanning **policy across two research priority areas**. Larry spoke specifically from the perspective of someone who has lived with HIV for over 20 years and has served on many committees and boards including CWGHR. Key messages from **Larry's** talk included:

- The traditional avenue for translating research knowledge into action is to direct results and recommendations towards the government or professional associations to influence policy, procedure or practice change;
- We should be directing these results to local AIDS service organizations, HIV clinics, family doctors etc. These organizations and service providers are more concerned about service awareness, access and delivery and are more in tune with the issues faced;
- Going forward, we need to invest in both bottom up and top down strategies. In the future, we have to be more skilled and innovative in knowledge translation for policy change and engaged relevant stakeholders.

Wendy is responsible for CWGHR's episodic disability initiatives and is the Chair for both the Episodic Disabilities Network (<http://episodicdisabilities.ca/home.php>) and the Ontario Episodic Disabilities Network. Key messages from **Wendy's** talk included:

- An overview of what is meant by "episodic disabilities"; conditions that feature unpredictable periods of illness and wellness. Also how CWGHR's episodic disabilities network and initiatives draw on the experience of common barriers across conditions (e.g. intermittent work capacity) to work together for change in policy and practice;
- In order to impact policy in real world clinical practice, CWGHR undertakes KTE in a variety of research activities, proposed activities and interventions that are evidence based, works across sectors to establish partnerships in order to influence policy and practice and remains aware of government opportunities to influence policy;
- Emphasized the need to demonstrate how any particular research intervention can save money in the real world. Wendy encouraged the researchers to remember this when proposing interventions for implementation to policy-makers and government;
- Discussed recent efforts to adjust the definition of disability used by the Disability Tax Credit in Canada to be more inclusive of people living with episodic disabilities but noted that change in policy can take a very long time;
- Involving like-minded businesses can be a helpful strategy, as can supporting more innovative demonstration projects and working with other illness groups that face similar issues is of high importance.

To access the Forum Speakers' presentation slides and videos go to:

<http://cuhrrc.hivandrehab.ca/kte.php>

EVALUATION

Thirty-four participants completed the evaluation form, a response rate of 67%. Eight (28%) respondents had attended the first Forum; 21 (72%) of respondents were new attendees. The evaluation highlighted strengths and successes for this event and provided valuable feedback. The top five “take home messages” from the Forum were episodic disabilities, collaboration is essential in research, outcome measures, necessity for further evidence and need for a more collaborative policy implementation process. Thirty-two (94%) respondents agreed or strongly agreed that the Forum achieved its goal of translating recent research evidence on HIV and rehabilitation; 34 (100%) agreed or strongly agreed that the presenters were knowledgeable and communicated their ideas clearly; 32 (94%) agreed or strongly agreed that they made new contacts which will be helpful to their work; and 32 (94%) agreed or strongly agreed that it was useful to learn about the rehabilitation research and programming carried out in other countries. Of the respondents, 29 (85%) indicated that they would be able to apply the content covered in the Forum to their work and 27 (79%) of respondents indicated that they envision collaborating with Forum participants on HIV and Rehabilitation initiatives in the future.

Respondents provided informative and encouraging comments in regards to strengths and drawbacks of the Forum. The responses indicated that participants appreciated the quality of evidence presented and found the presentations to be clear, passionate, informative and of high quality. In addition, respondents indicated that the group was very approachable which created a supportive and warm environment, there was a diverse nature of attendees who contributed to a variety of interesting perspectives, there was time to ask questions and share information, the plenary panel session was very informative and engaging and there were opportunities for new partnerships and networking.

Respondents indicated that in the future, they would prefer for the Forum to be held at another venue. In addition, participants found that a lot of information was presented in a short amount of time and would prefer for either less information to be presented or for the Forum to be presented over the course of two days. Finally, feedback indicated that respondents would have appreciated more time for discussion (formal and informal), especially between panel presentations so that participants could informally chat about what inspired and intrigued them. Overall, respondents found the Forum to be well organized and a great event.

CUHRRRC Website: Catherine Nasjie (CUHRRRC Website Developer) monitored the CUHRRRC website traffic during the Forum by tracking hits by date and region. From October 10, 2014 to October 13, 2014, the CUHRRRC website had 20 hits with the majority from the UK (90%), Canada (5%) and Italy (5%). In the entire month of October, the CUHRRRC website had 769 hits. A majority were from Canada (80%) and the UK (15%). The CUHRRRC website experienced most traffic at the beginning and end of October, prior to and after the 2nd International Forum.

CONCLUSION

The need for research in HIV, disability and rehabilitation continues to increase as people live longer and age with HIV. The field of HIV and rehabilitation research is evolving to meet the current needs of PHAs, with Canada and the UK as leaders in HIV rehabilitation research. Rehabilitation in the context of HIV is the area of inquiry and practice that effectively bridges academic disciplines, clinical practices

and community efforts. This report summarizes the process, content and evidence from the 2nd *International Forum on HIV and Rehabilitation Research*. Overall, the Forum was successful in translating research evidence, and fostering new research partnerships among stakeholders in HIV, disability and rehabilitation across Canada and internationally.

REFERENCES

1. O'Brien K, Wilkins A, Zack E, Solomon P. Scoping the field: Identifying key research priorities in HIV and rehabilitation. 2010. *AIDS and Behavior*. 14:2. 448-58.
2. Public Health Agency of Canada (PHAC). 2012. Summary: Estimates of HIV Prevalence and Incidence in Canada, 2011. Available from: <http://www.phac-aspc.gc.ca/aids-sida/publication/survreport/estimat2011-eng.php>
3. Centers for Disease Control: Monitoring selected national HIV prevention and care objectives by using HIV surveillance data - United States and 6 U.S. dependent areas—2011. HIV Surveillance Supplemental Report. vol. 18; October 2013. [http://www.cdc.gov/hiv/pdf/2011_Monitoring_HIV_Indicators_HSSR_FINAL.pdf]
4. Public Health England: HIV in the United Kingdom: 2013 report. 2013. [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326601/HIV_annual_report_2013.pdf]
5. Deeks, S., Lewin, S., Havlir, D. 2013. The end of AIDS: HIV infection as a chronic disease. *The Lancet*. 382 (9903): 1525-1533.
6. Rusch M, Nixon S, Schilder A, Braitstein P, Chan K, Hogg RS. 2004. Impairments, activity limitations and participation restrictions: prevalence and associations among persons living with HIV/AIDS in British Columbia. *Health Qual Life Outcomes*. 2:46.
7. Chegwiddden, W. 2009. *HIV Knowledge Exchange*. OTnews, 2009. December: p. 29.
8. O'Brien, K.K., et al. 2011. Developing international partnerships in HIV and rehabilitation research: The Canada-United Kingdom HIV and rehabilitation research collaborative (CUHRRC). *Physiotherapy*, 97 Supplement S1(16th International World Congress of Physical Therapy. Amsterdam, Netherlands, June 20-23, 2011.
9. Gahagan J, Ross E, Hill-Mann A, Walker S, Lewellen D. and the HIV and Rehabilitation Policy Research Team. 2012. HIV, Chronic Disease, and Rehabilitation in Canada: A Scoping Review of HIV Policy Approaches (P201). *Can Journal of Infectious Diseases and Microbiology*. 23 (Suppl A) Spring 2012. P Canadian Association for HIV Research Conference, Montreal, Quebec. April 19-22, 2012. Pp99A. Available from: <http://www.catie.ca/sites/default/files/HIV-Rehab-Policy-Scoping-Review-REACH-FINAL.pdf>
10. Solomon P, Salbach N, O'Brien K, Worthington C, Baxter L, Blanchard G, Casey A, Chegwiddden W, Dolan L, Eby S, Gervais N. 2014. Increasing Capacity in Rehabilitation in the Management of HIV: A Case-based Email Intervention. *Journal of Continuing Education and Professional Development*. 2(1): 1-8.
11. O'Brien KK, Solomon P, Trentham B, MacLachlan D, MacDermid J, Tynan AM, Baxter L, Casey A, Chegwiddden W, Robinson G, Tran T, Wu J, Zack E. 2014. Evidence-informed recommendations for rehabilitation with older adults living with HIV: a knowledge synthesis. *BMJ Open*. 4:e004692. Available from: <http://bmjopen.bmj.com/content/4/5/e004692.full>.
12. O'Brien KK, Ibáñez-Carrasco F, Solomon P, Harding R, Chegwiddden W, Cattaneo J, Baxter L, Gahagan J, Merritt B, Gayle P, Baltzer-Turje R, Worthington C, Iku, N, Zack E. 2014.

Advancing Research and Practice in HIV and Rehabilitation: A Framework of New and Emerging Research Priorities in HIV, Disability and Rehabilitation. O109. Annual Canadian Conference on HIV/AIDS (CAHR). *Canadian Journal of Infectious Diseases and Medical Microbiology*. 25(Suppl A);pp 41A.

13. Solomon P, O'Brien K, Wilkins S, Gervais N. 2014. Aging with HIV and disability: the role of uncertainty. *AIDS Care*. 26(2): 240-5.
14. Fazeli P, Woods S, Heaton R, Umlauf A, Gouaux B, Rosario D, Moore R, Grant I, Moore J, the HNRP Group. 2014. An active lifestyle is associated with better neurocognitive functioning in adults living with HIV infection. *J Neurovirol*. 20:233-242.
15. Dufour C, Marquine M, Fazeli P, Henry B, Ellis R, Grant I, Moore D, the HRNP Group. 2013. Physical exercise is associated with less neurocognitive impairment among HIV-infected adults. *J Neurovirol*. 19(5):410-7.

Appendix A: Forum Poster



2nd International Forum:
**HIV
Rehabilitation
Research**

*"Medication adds years to life.
Rehabilitation adds life to years."*

 **CUHRRC**
CANADA-UK HIV AND
REHABILITATION RESEARCH
COLLABORATIVE

 **RHIVA**
REHABILITATION IN HIV
ASSOCIATION

 **CIHR IRSC**

Chelsea and Westminster Hospital 
NHS Foundation Trust

 **British HIV Association
BHIVA**

**Saturday October 11th, 2014
9:00am-5:15pm
Gleeson Lecture Theatre, Chelsea and
Westminster Hospital, London, UK
Registration Fee:
£50 Standard
£25 Student/Concessionary**

The Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRC) and Rehabilitation in HIV Association (RHIVA) in partnership with the British HIV Association (BHIVA) Autumn Conference 2014 invite you to an International Forum on HIV and Rehabilitation Research. Join researchers, clinicians, students, community organization representatives, people living with HIV and international speakers to translate research, evidence and knowledge on HIV, disability and rehabilitation.

[Click here to register online for the Forum: Forum2014.](#)
*Please note you will be redirected to a webpage on the Department of Physical Therapy, University of Toronto website to complete your registration.

For more information, please contact Nkem Iku (CUHRRC Coordinator) at cuhrrc@utoronto.ca.

Appendix B: Forum Agenda

Focusing on Three Priority Areas in HIV and Rehabilitation Research	
Saturday October 11 th , 2014	
Time	Topic
8:30-9:00am	Breakfast and Registration
9:00-9:20am	<p>Welcome and Introductions</p> <ul style="list-style-type: none"> • Welcome from RHIVA • Welcome from Chelsea and Westminster and BHIVA <p><u>Keynote Speakers:</u> Mark Nelson (Chelsea and Westminster NHS Foundation Trust, London, England) Jane Anderson (Homer University Hospital NHS Foundation Trust, London, England)</p> <p><u>Speakers:</u> Esther McDonnell (Rehabilitation in HIV Association (RHIVA) Chair, UK) Darren Brown (RHIVA Vice Chair, UK)</p>
9:20-9:25am	<p>Overview of Forum Agenda Francisco Ibáñez –Carrasco (Ontario HIV Treatment Network (OHTN), Toronto, Canada)</p>
9:25-9:45am	<p>Overview of Canadian Working Group on HIV and Rehabilitation (CWGHR) Stephen Tattle (Interim Executive Director, CWGHR)</p> <p>Overview of Rehabilitation in HIV Association (RHIVA) Darren Brown (RHIVA Vice Chair) & Esther McDonnell (RHIVA Chair)</p> <p>Introduction to the Canada-UK HIV and Rehabilitation Research Collaborative (CUHRRC) & New Research Priorities from the 1st International Forum on HIV and Rehabilitation Research Kelly O’Brien (University of Toronto, Toronto, Canada)</p>
9:45-11:00am	<p>Priority Content Area 1 – Episodic Health and Disability (HIV and Aging) Clinical Practice and Research Evidence Session 1 Implementing HIV and Rehabilitation Research into Practice HIV and Aging</p> <ul style="list-style-type: none"> • HIV and Ageing – A focus on co-morbidities and non-pharmacological interventions • HIV and Aging in the UK – Mildmay Hospital • Uncertainty and Aging with HIV: A longitudinal study to explore the episodic nature of disability among older adults living with HIV • How do adults living with HIV in Ireland experience disability? A qualitative

	<p>study</p> <p><u>Speakers:</u> Colm Bergin (GUIDE Clinic, St. James's Hospital, Dublin, Ireland) Camilla Hawkins / Simon Rackstraw (Mildmay Hospital, London, England) Patty Solomon (McMaster University, Hamilton, Canada) Siobhán O Dea (GUIDE Clinic, St. James's Hospital, Dublin, Ireland)</p>
11:00-11:15am	Wellness Break
11:15am-2:20pm	<p>Priority Content Area 2- Rehabilitation Interventions Clinical Practice and Research Evidence Panel Session 2 Implementing HIV and Rehabilitation Research into Practice Rehabilitation Interventions –Rehabilitation Interventions</p> <ul style="list-style-type: none"> • Effectiveness of Interventions to Enhance Coping among PHAs • Kobler Rehabilitation Class, Chelsea and Westminster Hospital • Exercise and Adherence in People Living with HIV- More Findings 2014 <p><u>Speakers:</u> Richard Harding (King's College London, London, England) Darren Brown (Chelsea and Westminster NHS Foundation Trust, London, England) Rebecca Mullin (Guy's and St. Thomas NHS Foundation Trust, London, England)</p>
12:20-1:30pm	Lunch
1:30-3:00pm	<p>Plenary Panel Session - Bridging the Evidence with Real World: Response from the Community and Clinical Perspective</p> <p>This session will include a series of panelists including people living with HIV, researchers, and clinicians from the community who will have the opportunity to comment and reflect on the research evidence presented at the Forum.</p> <p><u>Panel Facilitator:</u> Daniel Grace (London School of Hygiene & Tropical Medicine, United Kingdom)</p> <p>Plenary Panel Session - Bridging the Evidence with Real World: Response from the Community and Clinical Perspective</p> <p><u>Panelists:</u> Jo Josh (Commsbiz, London, England) Camilla Hawkins (Mildmay Hospital, London, England) Christopher Dunne (London, England) Mark Nelson (Chelsea and Westminster Hospital NHS Trust, London, England) Larry Baxter (Community Member, Halifax, Nova Scotia, Canada) Wendy Porch (CWGHR, Toronto, Ontario, Canada)</p>
3:00-3:15pm	Wellness Break

3:15-4:30pm	<p>Priority Content Area 3 – Methodological Advances Clinical Practice and Research Evidence Session 3 Implementing HIV and rehabilitation Research into Practice</p> <ul style="list-style-type: none"> • State of the art and emerging measures of neurocognitive health among people living with HIV • Patient-Reported Outcomes in HIV: Theory and Practice • Updates on the HIV Health and Rehabilitation Survey (HHRIS) – A CUHRRC Study <p><u>Speakers:</u> Sean Rourke (OHTN, Toronto, Canada) Richard Harding (King’s College London, London, England) & Mark Platt (UK-CAB, London, England) Kelly O’Brien (University of Toronto, Toronto, Canada)</p>
4:30-5:00pm	<p>Bringing it all Together – Review of Research Priorities and Models of Research in HIV and Rehabilitation for CUHRRC</p> <p>Bringing the day together – Summarizing the key messages and determining opportunities to operationalize new and existing research and practice collaborations in Canada, Ireland and the UK.</p> <p><u>Facilitator:</u> Catherine Worthington</p>
5:00-5:15pm	<p>Wrap-Up and Evaluation</p>