

What's Policy Got To Do With It?: An Exploration of HIV Rehabilitation Policies in Canada & the UK

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(Re)framing of HIV?



- Life-expectancy of those living with HIV has increased exponentially, shifting HIV to that of a chronic illness rather than as a *death sentence*^{2,3}.
- This reframing remains largely absent from policy approaches in meeting the health promotion needs of this unique population across the lifespan.

Health Promotion

- “ **Health promotion** aims to address the underlying determinants of population risks; promote multi-sectoral **policies** and programmes to improve health and reduce health inequalities; and support development of an evidence-base for interventions...” (WHO, 2010)



Health Policy as a '*driver*' for health across the lifespan



Health policy *“can achieve several things: it defines a vision for the future; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people...”* (WHO, 2011).

Can include health care policy and public health policies and can span issues from delivery of health care, access to care, quality of care, and health equity, etc.



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'Healthy Aging'

- "A lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions"⁷
- "Healthy aging is the process of slowing down, physically and cognitively, while resiliently adapting and compensating in order to optimally function and participate in all areas of one's life"⁸

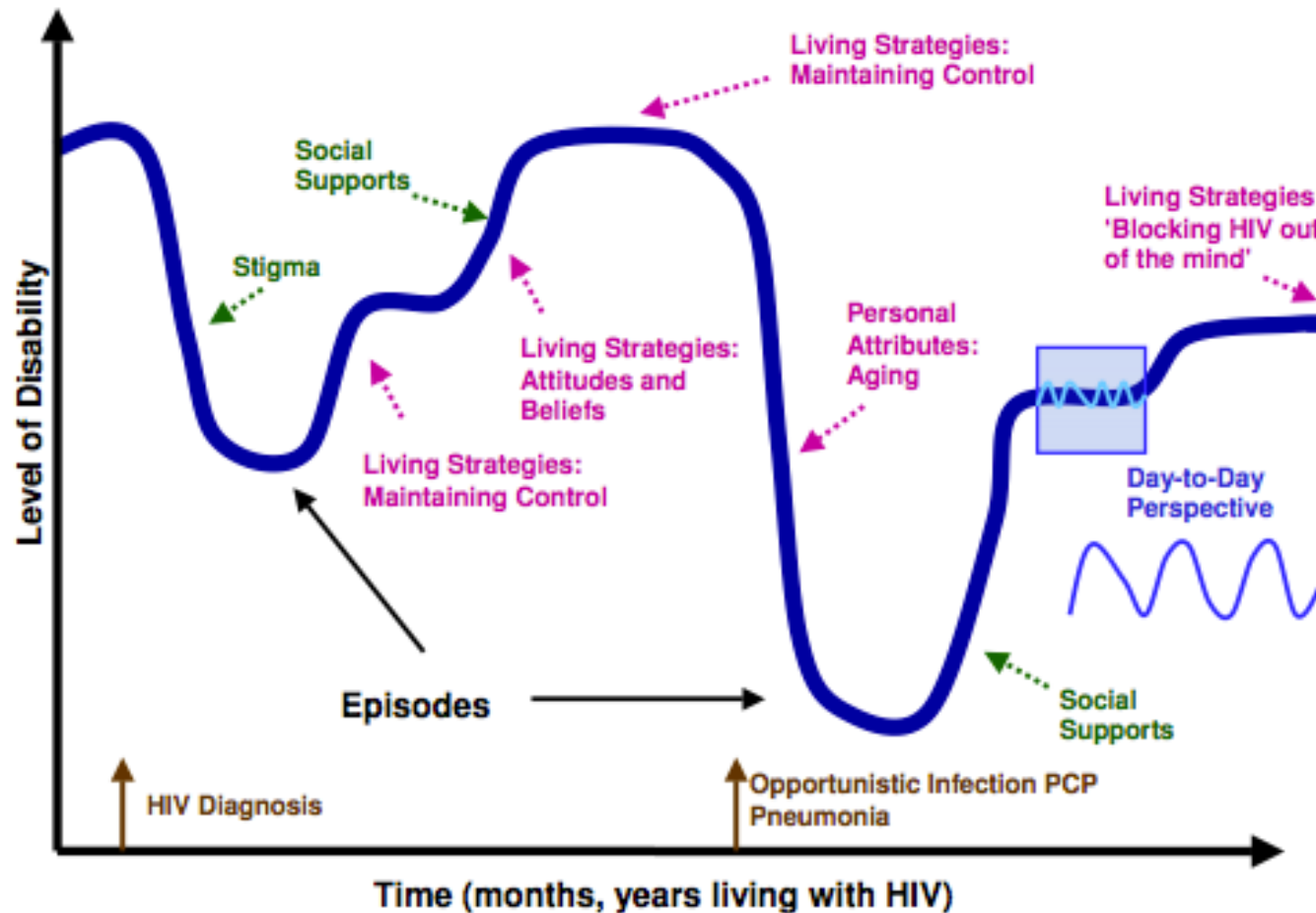


Healthy Aging & HIV

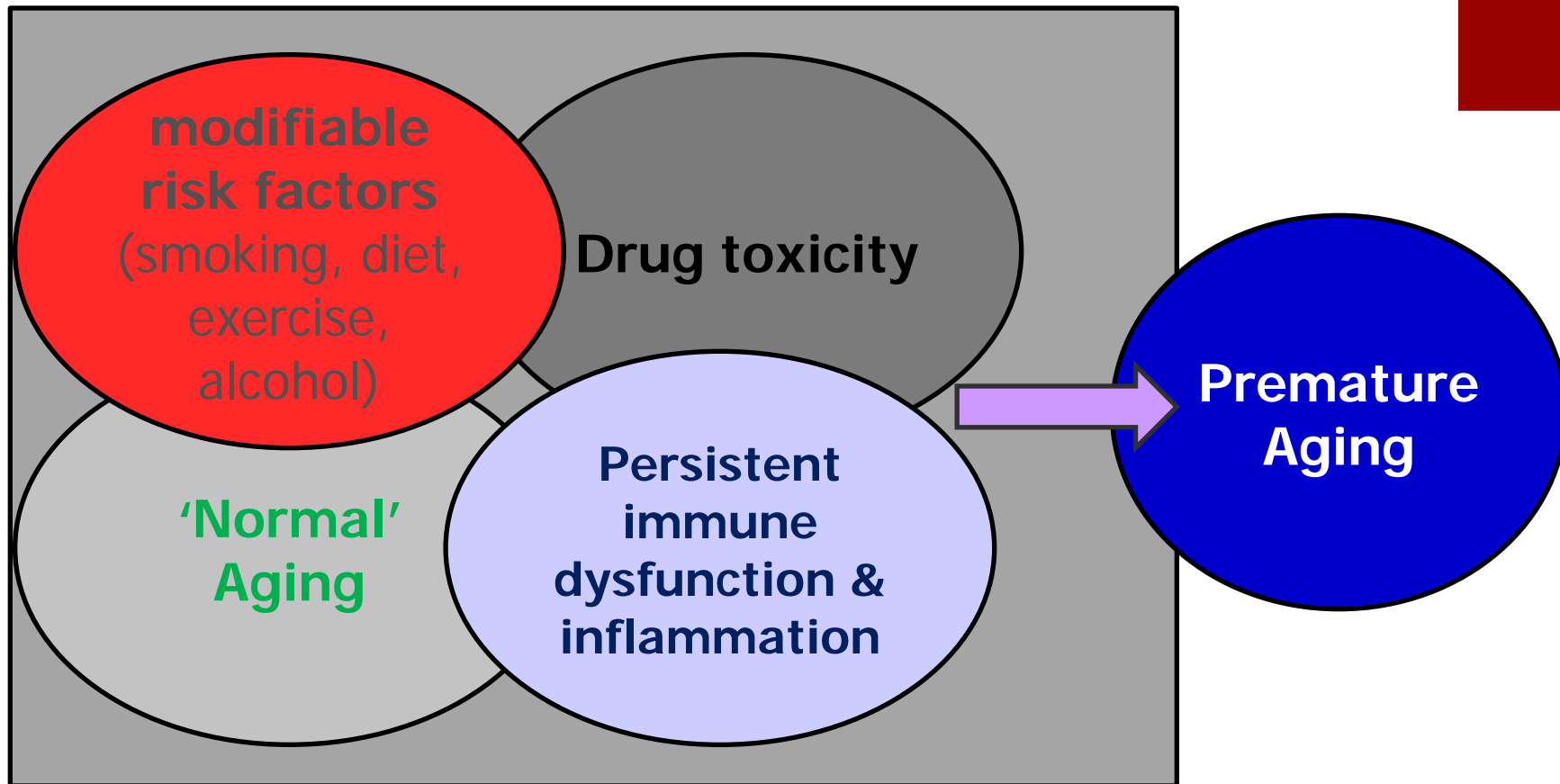
- The physiological effects of healthy aging with HIV and long-term use of anti-retroviral therapies has yet to be fully explored.⁹
- Few policy frameworks re: healthy aging create space for people aging with HIV.^{10,11}
- Limited visibility of people living with HIV as a population with unique health and social needs.



Framework of Episodic Disability



(O'Brien et al., 2008)



Source: Gordon Arbess (2010), CWGHR's Partners in Aging Forum, March 3,4, 2010 in Toronto.

Purpose of our policy scan

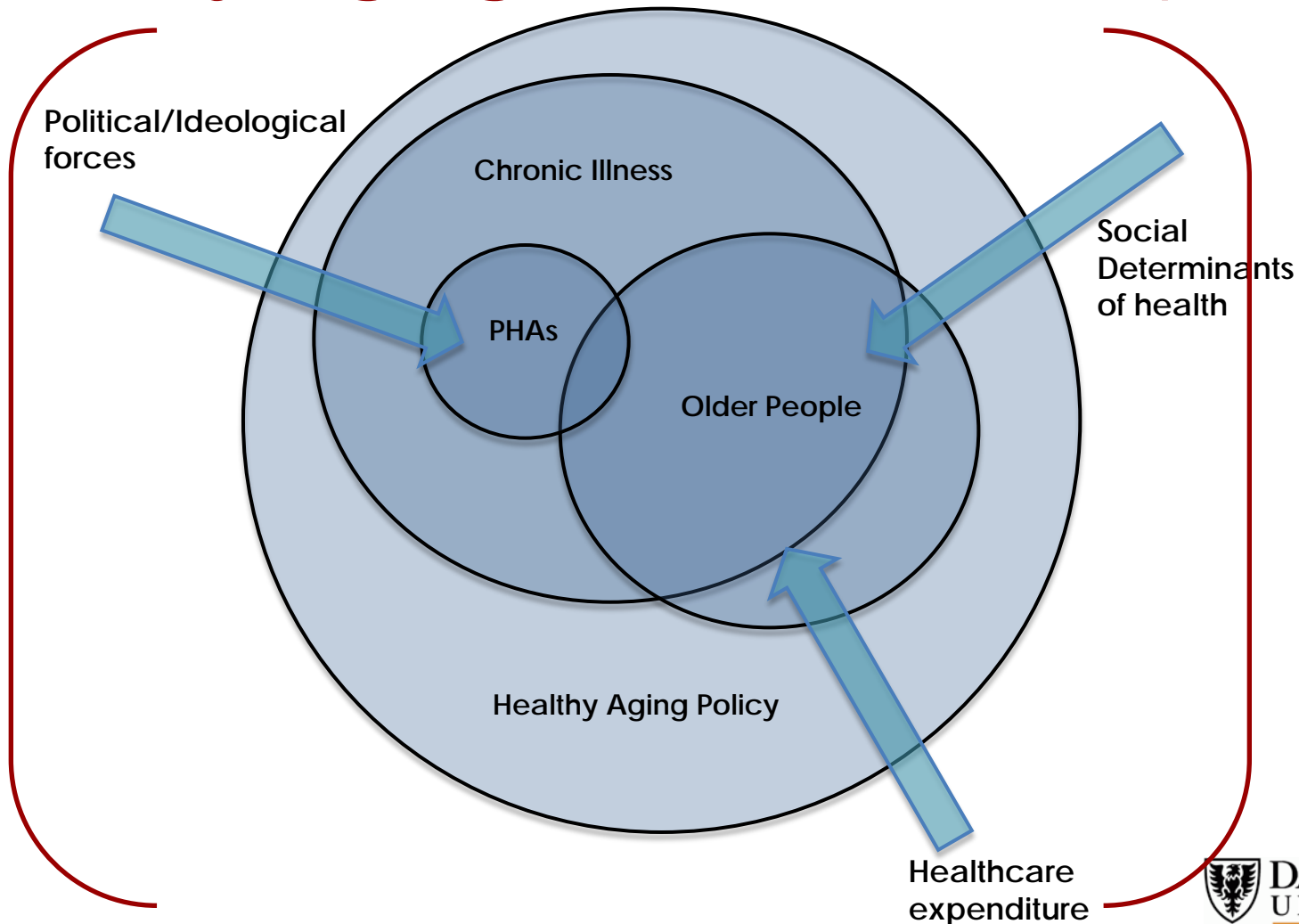
- To explore the concept of *healthy aging and policy*, specifically in relation to living and aging with HIV
- To use the results of our review of policies related to HIV and access to rehabilitation to provide insights into healthy living across the lifespan for populations living and aging with HIV

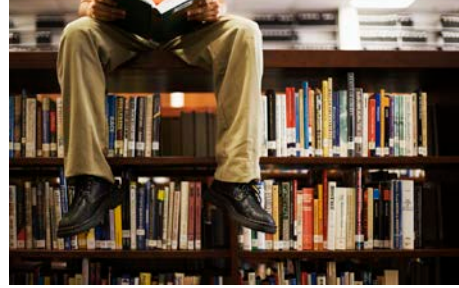


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Healthy Aging & HIV Landscape





Methodology

- Informed by the literature scoping approach described by David, Drey and Gould (2009).
- Conducted a scoping review of policies related to access to rehabilitation services in Canada and the UK.
- Drew from both Canadian and UK sources in relation to the intersections of: 1) HIV as a manageable chronic illness; 2) health policy and access to rehabilitation; and 3) a variety of key determinants of health, such as gender, social inclusion and age.

Documents included

- 58 policy relevant documents from Canada and 21 from the UK were included after removing duplicates and irrelevant documents
- Included documents were added to a spreadsheet and initially categorized as to whether they were specific to HIV/AIDS and whether they pertained to access generally, employment and work factors or traditional rehabilitation services, etc.
- The Canadian scoping portion included search terms for several chronic diseases and episodic illnesses in an effort to capture novel and potential wise practices from related illness and disease organizations. This process was not repeated for the UK scoping portion.



Ranking Process



- Each of the Themes of Access to Rehab Categories were ranked on a scale from 1 to 3 as outlined below.
- **1. Highly** or somewhat featured: the topic was one of the main points of the article, and the impact of this factor on access was specifically discussed OR the topic was a factor, but not the main factor;
- **2. Peripherally** featured or mentioned: the topic's impact on access was mentioned but not explored in depth; or
- **3. Not mentioned at all.**



Readers rated each article on the basis of whether the following factors were included:

- **Age & Access**
- Age Cut Off
- Time since Diagnosis
- Novel Ideas
- **SES & Access**
- Income Cut Off
- Eligibility for Benefit
- Novel Ideas
- **Gender & Access**
- Role Expectations
- Caregiving
- Novel Ideas
- **Social Inclusion/Exclusion**
- Stigma
- Discrimination
- Social Supports
- Novel Ideas
- **Provider as Gatekeeper**
- Lack of Awareness of HIV
- Clinical Judgment
- Novel Ideas
- **Unpredictable Nature of HIV**
- Acute Episodic Health Status
- Continuity of Benefits

HIV & Rehabilitation Scoping Review

Themes of Access to Rehab																								
Age & Access				SES & Access			Gender & Access			Provider as Gatekeeper			Social Inclusion/Exclusion			Unpredictable Nature of HIV								
Age & Access	Age Cut Off	Time since Diagnosis	Novel Ideas	SES & Access	Income Cut Off	Eligibility for Benefits	Novel Ideas	Gender & Access	Role Expectations	Caregiving	Novel Ideas	Provider as Gatekeeper	Lack of Awareness of HIV	Clinical Judgement	Novel Ideas	Social Inclusion/Exclusion	Stigma	Discrimination	Social Supports	Novel Ideas	Unpredictable Nature of HIV	Acute Episodic Health Status	Continuity of Benefits	Novel Ideas

(Gahagan et al. 2012)

- Rehabilitation and care across the lifespan
- Building multidisciplinary and well-informed provider communities
- Models of rehabilitation/Broadening HIV health care practice
- Addressing the mental health needs of persons with HIV across the lifespan
- The maintenance of employment and income/Addressing disability in the workplace
- Social inclusion and the importance of HIV supportive environments

Gaps in Policy: HIV & Aging

- Age-related policy requirements pose a particular problem in access
- Despite clear differences in prevalence of HIV between sexes (M/F), few documents addressed gender (as a social construct) and gender roles
- Issues with establishing adequate social support is a common issue for aging adults, and is likely more pronounced in this stigmatized population

	Age & Access	Gender & Access	
Code	Age Cut-off for Access	Gender & Access	Role Expectations
1	2	7	2
2	10	20	3
3	46	31	53

	Social Inclusion/Exclusion	Unpredictable Nature of HIV/AIDS	
Code	Social Support	Acute Episodic Nature	
1	3	7	
2	17	19	
3	38	32	

(Gahagan et al., 2012)

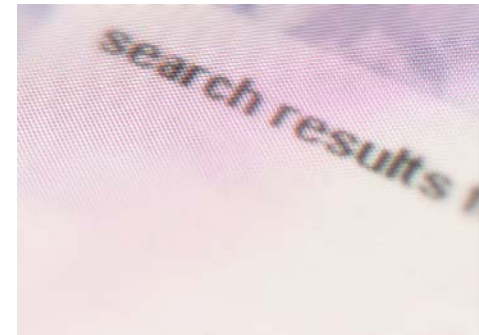
Results

Promising policies that have been suggested and/or implemented include:

- **1.Rehabilitation and care**
 - *Education for health and human resource professionals*
 - *Integrated care/coordinated services*
 - *Using rehab models from other diseases for those living with HIV/AIDS*
 - *Integration and utilization of complementary and alternative care modalities*
- **2.Building multidisciplinary and well-informed provider communities**
 - *Education for health and human resource professionals*
 - *Integrated care/coordinated services*
- **3.Models of rehabilitation/broadening HIV health care practice**
 - *Using rehab models from other diseases for those living with HIV/AIDS*
 - *Integration and utilization of complementary and alternative care modalities*
- **4.Addressing the mental health needs of persons with HIV**
- **5.The maintenance of employment and income/Addressing disability in the workplace**
 - *Coordinated disability policies re: benefits*
 - *Flexible work/disability arrangements to allow for episodic quality of HIV/AIDS*
- **6.Social inclusion and the importance of HIV supportive environments**

Implications

- Our research suggests that HIV-specific considerations are required in health policy in order to ensure inclusive policy-approaches appropriate across the lifespan for PHAs.
- These considerations may also serve to reduce barriers in access to rehabilitation programs and services for PHAs in terms of living healthy into older adulthood.



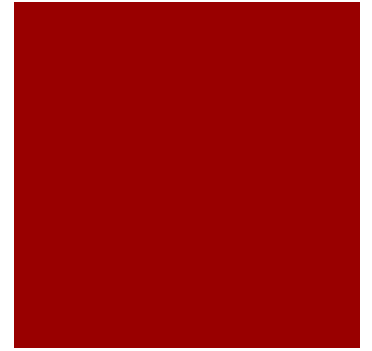
Conclusions

- The chronic, episodic nature of HIV creates a set of unique life course needs that may not be in keeping with age-specific policy eligibility criteria.
- 'Healthy aging' frameworks often fail to directly address non-linear conceptualizations of HIV-related periods of disability and wellness.
- Determinants of health for PHAs - age, sexuality, gender, social inclusion - are not adequately addressed by current healthy aging policies and programs.



Limitations

- Limited to English-only policy documents
- More access to Canadian policies and content
- Challenges with definitional clarity between policy documents and contexts
- Limited timeframe to complete review
- Training of policy team members



Key Messages

- Need to further address policy-related barriers to accessing health promoting programs and services
- Need for upstream, interdisciplinary and structural responses to 'aging well in place' with HIV and across the lifespan
- Need to improve measurement and evaluation techniques in determining impact of policy approaches in addressing healthy aging, particularly with HIV
- Need for a national multisectoral policy position (action plan) on healthy aging with HIV (& other chronic, episodic conditions?)



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