HIV and Long Term Care

February 1, 2017

Cohosted by: Casey House & Realize
Webinar Agenda

• Presenter Introductions
• Overview of HIV and Aging
• Integrating HIV Education in a Long Term Care Setting
• HIV & Long Term Care Video Series – Results of Program Evaluation
• Q & A
Presenter Biography: Kate Murzin, BSc, MPH

Kate is passionate about and actively engaged in initiatives that improve the health and quality of life of older adults living with and vulnerable to HIV in Canada, especially those which strengthen ties between the HIV community and organizations serving older persons. Part of Kate’s role as Health Programs Specialist at Realize is to provide secretariat support for the National Coordinating Committee on HIV and Aging (NCC), a network of researchers, service providers, older adults living with HIV and other stakeholders who share a mutual interest in HIV issues affecting aging adults.

Knowledge translation is an area of expertise for Kate. She facilitates educational opportunities for a variety of stakeholders, chief among them front-line service providers within home and community care, long-term care, HIV and rehabilitation organizations. By increasing awareness of the assets, needs and experiences of groups of older adults affected by HIV, Kate builds learners’ collective capacity to address the factors which influence the health of these communities.

Kate is part of several community-based research teams and strives to influence policy change where there are implications for older adults living with HIV and other chronic health conditions.
Presenter Biography: Rodrigo Cartagena, BA

Rod has had 17 years of extensive management and operational experience in Long Term Care and Retirement. His experience has allowed him to develop a strong understanding of financial management, LHIN commitments, MOHLTC requirements and the importance of strong customer service.

He has an ability to develop strong teams that identify with the culture of the home, encouraging excellence from its staff and stakeholders, and provide quality, resident-centered care. At St Hilda’s, Rod has continued to foster partnerships in the community, manage projects, and foster culture change with the re-organization of the business and redirecting the organizations focus.

Before joining St. Hilda’s, Rod was Executive Director at the Rekai Centers, and continued to add to its 25-year history and reputation as a high quality provider of LTC services. Rod joined the St Hilda’s Seniors Care Campus in 2014, and continues to add to its 42 years of history and reputation as a high quality provider of services in the community it serves.
Presenter Biography:  Maureen Mahan, RN, MEd

Maureen is the Education Development Coordinator at Casey House a sub-acute HIV/AIDS hospital in the GTA with a community program. A graduate of the University of Toronto, Ontario Institute for Studies in Education (OISE), her focus is community education with a commitment to creating accessible education programs that increase community capacity to care for people living with HIV.

Maureen has developed educational programs to bridge training needs and support multi-disciplinary dialogue through liaison and consultation with multiple stakeholders. She is the program lead for Casey House community education initiatives including: HIV/AIDS mental health series, symposiums, and the HIV & LTC video series: *Compassionate Care in a Changing Landscape*, a cost free educational program addressing the long-term care needs of people living with HIV as they age.

Maureen has been working in health care for over 25 years and has presented educational abstracts and posters, at local, national and international conferences.
National organization
Research, education, policy and practice
Rehabilitation lens
My focus: HIV and Aging
HIV & Aging:
Three overarching issues

• More new infections among older adults
• New HIV infections among older adults are more likely to be missed with serious consequences
• Few health and social services are currently prepared to address the unique needs of people aging and/or living long term with HIV
HIV and AIDS in Canada: Surveillance Report to December 31, 2014

Percentage of New HIV Diagnoses Among People Age 50+

HIV and AIDS in Canada: Surveillance Report to December 31, 2014
The Landscape
HIV and Older Adults in Canada

Prevalence

Cohort of people living with HIV in Canada is aging.

People with HIV are living longer due to better treatments²

Notes:
• No prevalence data by age available

UNAIDS, Special Supplement to the Report on the Global AIDS Epidemic 2013
Quality of life and service access for people aging with HIV
Questions older adults might ask ...

Who am I?
What do I want for myself?
Who will I spend my time with?
How long will I be able to work?
Will I have enough money?
Will I be able to stay in my home?
Where will I go, if not?
Are there services available to meet my needs?
Will I have access to these services?
How will I be treated by service providers?
Living long-term with HIV may complicate things

These circles represent the likelihood of having >2 non-infectious illnesses. (heart disease, high blood pressure, Type 2 diabetes and chronic kidney disease)

- HIV Negative Controls
- Older people diagnosed with HIV recently (<10 years) 3.8x
- Older people living long-term with HIV (>20 years) 5.0x

**Stigma**

*Negative stereotypes, attitudes or beliefs about a group of people*

- People living with HIV are more likely to experience stigma and discrimination than people with most other illnesses
- Linked to depression and poor adherence to HIV medication ([Vanable et al 2006](#))
- Non-disclosure can also be problematic

Depression becomes less common among older adults living with HIV ([McGowan et al 2014](#)), but many older adults living with HIV still experience high rates of depression, and this is largely related to HIV stigma and isolation ([Grov et al 2010](#)).

**Intersectionality**

- Higher HIV-related stigma scores for women, Black individuals; highest among Black women
- Older heterosexual men and women may be more likely to experience depression than older gay men ([Brennan et al 2013](#))
National Coordinating Committee on HIV and Aging (NCC)

Key Messages

More new infections. The proportion of new HIV infections in Canada among people age 50 and older has nearly doubled since 1999.

Screening follows. New HIV infections among older adults are more likely to be missed with grave consequences, including unnecessary illness, disability and death.

Are service providers ready? Test, treat, health and social services are currently set up to address the unique needs of people aging and living with HIV. While more than 20,000 people living with HIV in Canada are already over the age of 55 and this cohort is growing, this needs to change.

Call to Action!

Targeted prevention initiatives are needed among older people and to detect our.

Tailored health and care: older adults with HIV in need. Stakeholders and social policy.

Equitable access to aging, health and social services.

About the National Coordinating Committee on HIV and Aging

The National Coordinating Committee on HIV and Aging (NCC) promotes a comprehensive response to the needs and vulnerabilities of people living with HIV. The NCC works with communities and individuals to ensure a coordinated response to the needs of people living with HIV.
MODULE 1: SOCIAL DETERMINANTS OF HEALTH, HIV AND OLDER ADULTS

Social Determinants of Health

Each icon below represents a social determinant of health. Click on each one to find out more about how these factors may impact an older person’s vulnerability to HIV or the health of someone aging with HIV.

Throughout this section, you will see quotes from older adults living with HIV. These came from a study by Charles Emlet called “You’re Awfully Old to Have This Disease”: Experiences of Stigma and Ageism in Adults 50 Years and Older Living with HIV/AIDS.
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realize

FOSTERING
POSITIVE CHANGE
FOR PEOPLE LIVING
WITH HIV AND OTHER
EPISODIC DISABILITIES
Compassionate Care in a Changing Landscape: HIV and Long Term Care Video Series

Webinar

Wednesday, February 1, 2017
Rod Cartagena, BA
Today

• An overview of the integration of HIV education into a long term care (LTC) setting
• Partnership and approach
• Reciprocal liaison and consultation (LTC & HIV specialty hospital)
• LTC inter-professional staff involvement & factors that facilitated uptake
Compassionate Care in a Changing Landscape

Our approach
• An active and engaged partnership to inform an educational video series
• With wisdom and reflections of people living with HIV (PLHIV); personal and professional experiences of care providers; knowledge of experts in HIV & LTC care

Aims
Respond to:
• the needs of people living and aging with HIV
• the concerns of frontline LTC staff as stated in focus group discussions
• the need for an easily accessible education tool
Compassionate Care in a Changing Landscape

Partners involved in creating the series

The Rekai Centre: 276 bed LTC home in downtown Toronto.

Casey House: 13 bed sub-acute HIV/AIDS hospital with a Community Program.

The MAC AIDS Fund: developed to support PLHIV worldwide, through community support and education
The HIV and LTC Series: Inspiration

http://www.hivlongtermcare.com
Integrating the information – *piloting the Bedside Care video*

First video: Bedside Care

- Implementation of the first video - Bedside Care
- Screenings for all staff at an urban long term care home (the Rekai Centre).

An agency wide initiative

- Inter-professional staff
- Management
- Family council
What we learned from the pilot:

Evaluation at the Rekai Centres Feedback Summary - Bedside Care Video

All Staff at The Rekai Centre (N=276)

- Committed administrators
- All staff watch the video series and complete evaluations; the majority of staff watched all four of the videos.
- The data below reflects the program evaluation feedback from the first video in the series, Bedside Care.
- The response showed a statistically significant increase (p<0.01) in the comfort level of staff across disciplines, as indicated in the graphs below.
Staff Comfort Level – Bedside Care video

“I am comfortable providing care for people living with HIV”

Level of Agreement

Discipline
The evolution of the series

Bedside Care
HIV: A New Future – An introduction to HIV
Cognitive Changes
Family and Networks of Support: “We’re All Family”
HIV and Mental Health
HIV, Substance Use and Addiction
HIV and Complex Medical Concerns
HIV and Pharmacy
The goals of the series

• Freely share and promote access to HIV knowledge, address stigma and discrimination, increase care provider confidence
• Videos available in DVD, online and on USB
• Increase HIV/AIDS health care expertise locally, regionally, nationally and internationally
Where to locate the series?


GOOGLE CHROME:  http://www.hivlongtermcare.com/
HIV and Long Term Care Video Series:

Program Evaluation: Barriers and facilitators to HIV education in long-term care

Authors: Kaitlin Siou, BSc; Maureen Mahan, RN, MEd; Rod Cartagena, BA; Soo Chan Carusone, PhD

Maureen Mahan, RN, BA, MEd
Today

• A program evaluation at 4 long-term care sites with recommendations
• Factors that facilitated uptake of HIV education in long term care.
• Questions and discussion.
Project Goals

Purpose:
- This pilot program evaluation was intended to inform the dissemination plan for education and training for the long-term care and HIV/AIDS video series – Compassionate Care in a Changing Landscape.
Evaluation Approach

“Bedside Care” and “Families & Networks of Support”
Piloted at 4 Long Term Care homes in Toronto

4 LTC homes

Videos

Facilitated Sessions

Staff Evaluations

Interviews
‘No significant learning occurs without a significant relationship’
James Comer
Program Evaluation - Method

Method:

1) Phone consultation to learn about LTC home’s education delivery methods
2) Facilitate staff evaluation - provided electronic and paper copies of the evaluation, for immediate delivery to staff post video viewing
3) Administrator interviews regarding the impact of the knowledge transfer, resources required and challenges and facilitating factors to dissemination and uptake
# Description of LTC homes

<table>
<thead>
<tr>
<th>Long-term Care Home</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Approximate number of beds</td>
<td>162</td>
<td>218</td>
<td>108</td>
<td>128</td>
<td>130</td>
</tr>
<tr>
<td>Approximate number of staff</td>
<td>150</td>
<td>195</td>
<td>116</td>
<td>150</td>
<td>unavailable</td>
</tr>
<tr>
<td>Current number of PLHIV</td>
<td>0</td>
<td>1 (max 2 in the last 3 years)</td>
<td>0 (max 1 in the last 3 years)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of completed evaluations - Bedside Care &amp; Families Videos</td>
<td>67</td>
<td>52</td>
<td>12</td>
<td>18</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Figure 1. Opinion of LTC facility preparedness for providing care to increasing numbers of adults living with HIV/AIDS.

How prepared do you think your home is for providing care to increasing numbers of adults living with HIV/AIDS?

(n=84)
**Barrier and Facilitators to the Models**

- **Facilitated Model**
  - Facilitated session needed to be balanced with competing demands.
  - Facilitator presence was sited as a facilitator to attendance.
  - Facilitated sessions supported retrieval of evaluation surveys.
  - Competing scheduling was a barrier to coordinating the booking of the facilitated session.
**Barriers and Facilitators to the Models**

- **Control Homes – Without Facilitator Provided**
  - Training left to the homes to schedule was often postponed.
  - Training dependent on the LTC homes internal resources:
    - Internal facilitator availability
    - Resources to show the videos
    - The priority of the training (possibly seen as higher in priority if there was a PLHIV in the home)
    - Leadership encouragement
    - Staff changes
Staff Feedback

Addressing the videos:

“This is my first [time] to see a video regarding HIV.”

“[…] to treat them not as HIV/AIDS but as humans like me.”

“All persons should be treated the way you would like to be treated”.
Staff Feedback

Addressing the execution (facilitated sessions):

“[The RN] gave more information about caring for the people with HIV. I feel comfortable with giving their care and support with the illness.”

“It made the topic feel more "real" because an individual who has real experience with what the video was informing us about was able to be there as a real life example.”
Figure 2. Pooled data from all four long-term care homes:

Having someone available after the video to answer questions was/would be very helpful

(Bedside Care n=87, Families & Networks of Support n=52)
Figure 3. Facilitated groups: comparing the level of agreement to the statement: 

"I am comfortable providing care for people living with HIV."

Bedside Care (n=46).
Figure 4. Control groups: comparing the level of agreement to the statement: "I am comfortable providing care for people living with HIV"
**Educator Feedback**

**Addressing the videos:**

“In the Bedside Care video, we really enjoyed how HIV facts were [interconnected] with the human aspect, so we could see what it actually meant in the context of a long-term care home.”

**Addressing the execution:**

“I watched the videos in advance and I told each staff member that it was a video that really challenged my perception of HIV and expanded my knowledge base for my career. I appealed to people’s hearts so it’s easy to get them interested in attending, as opposed to saying ‘we have to watch a mandatory video on HIV.’”
Project Barriers and Facilitators

What helped?

• Administrator engagement.
• Facilitated sessions led to greater attendance at sessions.
• Personal narratives were well received.

What were the challenges?

• Difficulty recruiting homes.
• Staff changes had a significant impact on the ability to follow through with contacts at the homes.
• An abundance of mandatory annual training; adding to the mandated training can be challenging.
• The time available for non-mandatory education.
Observations

• Facilitated sessions provided the greatest attendance thus far.

• Administrative and education staff have a great opportunity to become champions for the LTC home.

• Partnerships could support accessibility/availability of facilitated sessions (e.g. Local ASOs, HIV specialty units in local hospitals).

• A pre-existing online education system was a preferred method for some educators to share education with their staff since it is easily accessible and training can be tracked. Video training is an accessible resource.
Thank you!

http://www.hivlongtermcare.com/

Contact Info: mmahan@caseyhouse.on.ca
Thank you for your participation!