

# An innovative rehabilitation delivery model – accessing rehabilitation for people living with HIV/AIDS

Presented by

**ninecircles**  
COMMUNITY HEALTH CENTRE

PARTNERS FOR POSITIVE CHANGE

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**Common Challenges for PHAs**

- Occupational deprivation/exclusion
- Multi-systemic physical/cognitive impact of illness
- Psychosocial, physical, cognitive and advocacy needs
- Impairments, activity restrictions
- Unpredictable episodes of wellness & illness

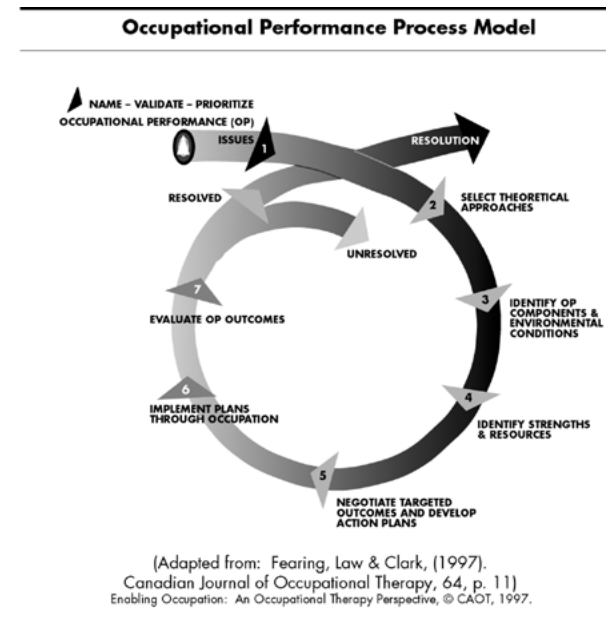
**Occupational Therapy Skills**

- Advocacy and Occupational Justice
  - Focus on promoting independence
- Facilitation of education in daily living skills
- Holistic approach to care (physical, psychosocial, cognitive, spirituality)

# MODELS OF PRACTICE



- General
  - Canadian Model of Occupational Performance (CMOP)
  - Occupational Performance Process Model (OPPM)
- Physical Health:
  - Biomechanical
- Cognitive Health:
  - Cognitive-Behaviour
  - Cognitive-Disability
- Activities of Daily Living:
  - Behavioural/ Acquisitional
  - Person-Environment-Occupation (PEO)



# Role of OT at Nine Circles

- Individual assessment and care:
  - Areas of practice include:
    - Mobility
    - Pain management
    - Participation and independence
    - Cognition and memory
- Group programming
- Works closely with MDs, RNs, Social Work, Outreach and Dietician

# GROUP PROGRAMMING





# Cooking Group

- A bimonthly hands-on cooking group for PHAs
- Co-facilitated by Dietician and Occupational Therapist
- Goals
  - To develop the daily living skill of food preparation
  - To decrease food insecurity





Inputs	Outputs		Outcomes – Impact		
	Activities	Participation	Short	Medium	Long
<p>Staff: Dietitian &amp; Occupational Therapist</p> <p>Time: 8 hours per staff, per month</p> <p>Volunteers</p> <p>Money: \$9075 - Winnipeg Foundation Community Grant</p> <p>Cooking Supplies</p> <p>Ingredients</p> <p>Materials</p> <p>Venue: Crossways</p> <p>Program Evaluation</p>	<p>Apply for and secure funding through the Winnipeg Foundation Community Grants program</p> <p>Develop curriculum and resources</p> <p>Develop promotional materials and advertise program</p> <p>Facilitate Cooking Group sessions</p>	<p>Winnipeg Foundation</p> <p>Target: persons living with HIV</p> <p>Target: persons living with HIV who can assist in facilitating session(s)</p>	<p>Participants gain an increased level of knowledge of nutrition and food preparation skills</p> <p>Participants learn how to prepare healthy, low-cost and easy to follow recipes</p> <p>Participants learn strategies to overcome functional limitations that are barriers to food preparation</p> <p>Participants socialize with other persons living with HIV</p> <p>Participants learn about community resources and supports</p>	<p>Participants employ proper food handling procedures</p> <p>Participants create balanced meals using food items commonly found in the Nine Circles Food Bank</p> <p>Participants participate in programming despite any perceived barriers to participation</p> <p>Participants develop supportive connections with other individuals living with HIV</p> <p>Participants access community resources and supports</p>	<p>Improved safety when preparing and handling food</p> <p>Increased number of home-cooked and nutritious meals</p> <p>Improved independent living skills and increased self-efficacy</p> <p>Improved interpersonal skills, decreased social isolation</p> <p>Increased support network and community involvement</p>

# Smoking Cessation

- Format: one-to-one or group
- Based within a harm reduction framework
- Goals
  - Provide participants with skills and knowledge needed to reduce or cease tobacco consumption
  - Increase rates of long-term abstinence



Inputs	Outputs		Outcomes – Impact		
	Activities	Reach	Short	Medium	Long
<p>Staff: Occupational Therapist</p> <p>Time: 30 minutes/session</p> <p>Educational Materials</p> <p>Existing cessation resources</p> <p>CO Monitor</p> <p>Research and best practices</p>	<p>Promote involvement of health and social service providers in encouraging Manitoba HIV Program clients to reduce or cease tobacco consumption</p> <p>Develop curriculum and resources</p> <p>Develop promotional materials and advertise program</p> <p>Facilitate Tobacco cessation sessions</p>	<p>Manitoba HIV Program service providers</p> <p>Target: persons living with HIV who consume tobacco</p>	<p>Increased commitment to encourage Manitoba HIV Program clients to reduce or cease tobacco consumption</p> <p>Participants develop a realistic and personalized tobacco cessation plan</p> <p>Participants learn about the various types of medications and NRT available for tobacco cessation</p> <p>Participants identify and learn healthy coping strategies for withdrawal symptoms, stressors and social pressures</p> <p>Participants learn about community resources and identify personal supports</p> <p>Participants learn about stages of change and how to cope with temporary and longer-term relapse</p>	<p>Increased attendance and compliance with tobacco cessation program</p> <p>Participants adhere to tobacco cessation plan</p> <p>Participants make informed decisions regarding the use of tobacco cessation medication and/or NRT</p> <p>Participants successfully cope with withdrawal symptoms, personal stressors and social pressures without submitting to tobacco use</p> <p>Participants access community resources and personal supports</p> <p>Participants regain motivation and resume tobacco cessation plan</p>	<p>Increased number of persons living with HIV who attempt and/or successfully reduce/quit tobacco use</p> <p>Reduced tobacco-related morbidity and mortality</p> <p>Reduced tobacco-related health disparities</p>

# CASE STUDIES



# Case Study #1

- Middle-aged male
- Long-term survivor
- Diagnosed with mental health issues, arthritis and opportunistic infection
- Occupational Performance Issues:
  - Lack of productive activities
  - Functional barriers to activities of daily living



# Case Study #1 Continued

- Assisted client in returning to school
- Provided client with functional activities to improve fine motor skills and ROM
- Provided client with education and adaptive aids to circumvent OPIs



# Case Study #2

- Middle-aged female
- Socially isolated
- Occupational Performance Issues
  - Mobility problems
  - Memory issues
  - Difficulty accessing food, attending appointments and being engaged in productive activities





# Case Study #2 continued

- Connected with community homecare and Nine Circles Outreach
- Completed cognitive assessments
- Provided ADL equipment



# Case Study #3

- NCCHC operates a biweekly food bank for PHAs
- Important program for addressing food insecurity
- Numerous clients have identified barriers to accessing food bank during regular hours



# Case Study #3 Continued

- Provided referrals to other community-based programs
- Educated clients on how to effectively manage activity limitations
- Provide assistance in obtaining adaptive aids
- Providing alternative accommodations on a rare and temporary basis



# Impact of OT

- Help support client *independence*
  - Ex. Increased food bank attendance vs. delivery
- On-site resource for consultation regarding pain, cognition, mobility
- Support client goals related to: participation, independence, and behaviour change