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## Rehabilitation in the Context of HIV: An Interprofessional Course

Welcome to the Fall 2006 issue of *backtolife.ca*. This issue focuses on the developments of CWGHHR's Interprofessional Learning Project, activities at AIDS 2006 and next steps regarding research and education on rehabilitation in the context of HIV.

The interprofessional aspect of the *Interprofessional Learning in Rehabilitation* course has been key in promoting a comprehensive response to the rehabilitation needs of people living with HIV. By working and learning together, rehabilitation and other health care professionals not only learn about the needs and care of people living with HIV, but also about each other's roles in providing collaborative and coordinated care. Together with CWGHHR's cross-disability work on episodic disabilities, income support and employment policies and programs, we are developing comprehensive resources, partnerships and strategies to address a range of rehabilitation issues. This approach is in keeping with our broad understanding of rehabilitation and its ever-increasing role in addressing

social determinants of health and promoting improved physiological, psychological and social quality of daily life of people living with HIV.

CWGHHR's membership meeting and AGM in June 2006 provided a wonderful opportunity to present and exchange ideas on current work that our members are undertaking related to rehabilitation and HIV. Our multi-sector and interdisciplinary membership brings together a breadth and depth of expertise that promotes high quality discussions on current and emerging issues and initiatives. We are in the process of expanding and enhancing ways for people to participate in CWGHHR's work and we will keep you posted as we move forward.

AIDS 2006 was another highlight of our recent work. CWGHHR's activities at the conference brought together many people to discuss HIV, disability and rehabilitation in Canadian and international contexts. Having made contacts with people doing wonderful

work both in Canada and around the world, we have developed a database of people to continue to share ideas and collaborate on disability and rehabilitation research, education, policy and practice.

In the spring of 2006, CWGHR completed our strategic planning process to guide our direction and priorities over the next three years. Please see the copy of the strategic plan that is included in the mailing of this newsletter or on the CWGHR web site at [www.hivandrehab.ca](http://www.hivandrehab.ca). Thanks to all of you who contributed your ideas throughout the

consultation and planning process.

We have much to learn from and with each other about disability and rehabilitation in the context of HIV. Please contact us if you have questions or ideas on activities and emerging issues. We need your input and participation in our ongoing work to promote understanding of these complex issues and bridge the worlds of rehabilitation and HIV.

*By Elisse Zack  
CWGHR Executive Director*

## Interprofessional Learning in Rehabilitation and HIV Project Update

*By Gillian Bone*

*Gillian Bone is the Project Coordinator for the Interprofessional Learning in Rehabilitation in the Context of HIV Project. For more detailed information about the project, how to access project materials or if you have resources to share, please visit [www.hivandrehab.ca](http://www.hivandrehab.ca) or contact Gillian Bone, Project Coordinator: [gbone@hivandrehab.ca](mailto:gbone@hivandrehab.ca).*

We are in the last month of CWGHR's 21-month capacity building initiative, the Interprofessional Learning Project, and there has been significant project activity since the Spring edition of [backtolife.ca](http://backtolife.ca). In this issue we will share:

1. a brief overview of the recent project activities and successes;
2. the perspectives of people living with HIV and rehabilitation professionals involved as faculty members and co-facilitators;
3. some of the key highlights from our participant course evaluations.

Through these reflections, I think you will agree this project demonstrates the wide reaching impact and benefits of capacity building through reciprocal learning and knowledge exchange.

### Project Activities and Final Steps:

The *interprofessional education course curriculum* on HIV for rehabilitation professionals has been completed. The curriculum development process built on educational materials and resources collected in the Phase 1: Compendium of Resources, and integrates key themes and recommendations from the consultation process. This new curriculum integrates:

- *curriculum content* including: HIV 101, rehabilitation related impairments, activity limitations and participation restrictions, potential intervention strategies and issues related to sensitive practice e.g. gender, stigma and multiple vulnerabilities
- *curriculum delivery* supporting persons living with HIV as educators, ➡

interprofessional education, case based-learning and providing useable information in a practical form e.g. resource manual.

Three pilot courses *Rehabilitation in the Context of HIV: An Interprofessional*



Gillian Bone with co-facilitator Jane McCall at the Vancouver Interprofessional Learning Course in September 2006

*Course for Occupational Therapists, Physiotherapists, Speech Language-Pathologists and Audiologists* were delivered: in Toronto with sponsorship from Continuing Education Faculty of Medicine, University of Toronto; in Vancouver in partnership with Continuing Studies Professional Programs, University of British Columbia; and in Halifax in partnership with the Nova Scotia Advisory Commission on AIDS and Dalhousie University. We are currently planning a bilingual program in Montréal, completing evaluation of the strengths of the pilot courses, and integrating changes into the curriculum to reflect participant and educator feedback. Implementation of the dissemination

plan for the final products, including the curriculum and a Compendium of Resources in a variety of formats, will conclude the work plan activities. Final Products will be available in both French and English. The project has been very active in other *knowledge exchange* activities including workshops, presentations at HIV and rehabilitation conferences, newsletter articles and publications.

#### Future Hopes:

- Integrating the new knowledge from this project into the development of best practice principles for rehabilitation professionals working with people living with HIV
- HIV and Rehabilitation Mentorship models and programs to promote sustainable learning opportunities and support for course participants beyond the course and within their practice
- Integration of the curriculum into *entry to practice curriculum* for rehabilitation professionals in universities across Canada
- Adaptation of this curriculum to provide rehabilitation education for other health care professionals and other educational communities across Canada
- An online/web-based distance learning module(s) of the curriculum

I would like to take this opportunity to thank the Advisory Committee members and CWGHR staff and colleagues for their unfailing support of this very successful project.

## What are the participants saying? A summary of course evaluations

By San Patten, Project Evaluator

*This article will provide highlights from the full evaluation of the course "Rehabilitation in the Context of HIV: An Interprofessional Course for Occupational Therapists, Physiotherapists, Speech-Language Pathologists and Audiologists." A detailed evaluation report will be completed in late October and available through the CWGHR website.*

### Participants

The course was facilitated with participants in Toronto, Vancouver, and Halifax. Although a diversity of rehabilitation professionals were recruited for the course, the majority of participants in all three cities were physiotherapists. The remainder of each group was made up of occupational therapists, speech and language pathologists, and one registered massage therapist. Information for the course evaluation was gathered from the following sources:

- pre- and post-course self-assessment tools,
- a post-course evaluation form completed by participants at the end of the course,
- participant and process observation notes.

### Pre- and Post-Course Self Assessment Results

The pre and post-course self-assessment tool was administered using an on-line survey tool, one week prior to the course, and again about one week after the course. There was a total of 28 responses for each of the pre-course and post-course self-assessments (out of a total of 38 participants), with 21 participants completing both the pre- and post-course assessments. Following completion of the course, participants were asked: *"What new or unexpected knowledge did you gain*

*in the course?"* The following themes were identified from their responses:

- the specific roles in HIV/AIDS care by various rehabilitation professionals and the broad spectrum of potential rehabilitation needs of people living with HIV
- learning more about HIV/AIDS and its pathogenesis, as well as its commonalities in symptoms and side effects with other chronic recurrent diseases
- learning about AIDS Service Organizations
- the perspective of what it is like to live with HIV/AIDS, and the discrimination faced by PHAs
- results of survey regarding physiotherapists' attitudes to treating people with HIV
- the numerous social issues associated with a diagnosis of HIV
- better understanding to bridge the gap between perceived needs and expectations of people living with HIV and the perceptions of practitioners in the rehabilitation field
- different manifestations of stigma, and individual PHA experiences of stigma

Course participants were also asked to rate their overall level of personal comfort and professional confidence in providing rehabilitation services to people living with HIV. With respect to personal comfort, there was no significant difference in the pre- and post-course ratings, although it

should be noted that the average rating on this question was relatively high to begin with (moderate to high). There was, however, a statistically significant increase in self-rated level of professional confidence in providing rehabilitation services to people living with HIV. Although there was no significant increase in the average scores “understanding of modes and risks of HIV transmission,” the average score on this item was quite high to begin with.

**Participant Evaluation Results**

Each participant was asked to complete an evaluation upon completion of the course which focused on both course delivery and immediate outcomes. For all three sites, the majority of participants strongly agreed (from 18% to 24%) or agreed (61% to 70%)

- 94.1% indicated that they found the inter-professional approach to be an effective way of discussing HIV rehabilitation issues
- 97.1% indicated that they found the course to be interesting
- 94.1% stated that they would recommend the course to their colleagues
- 97.1% feeling that participation in the course was a valuable use of their time
- 97.1% felt that overall the course delivery was effective
- 94.1% indicated that overall, the course met their expectations

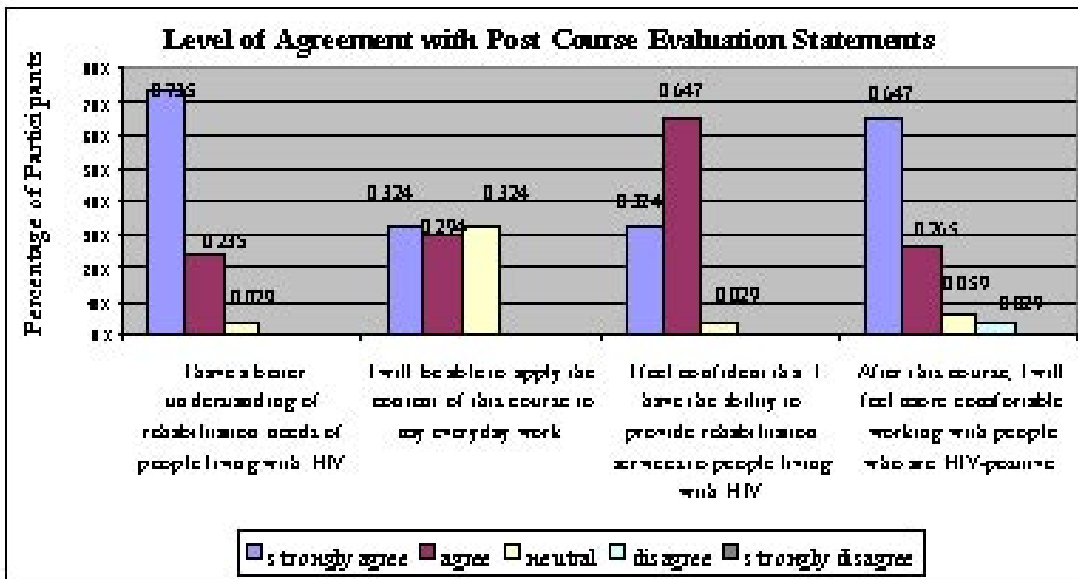
**Conclusion**

The delivery of the course “*Rehabilitation in the Context of HIV: An Interprofessional Course for Occupational Therapists,*

*Physiotherapists, Speech-Language Pathologists and Audiologists*” in the first three pilot sites (Toronto, Vancouver and Halifax) was very successful both in terms of achieving the learning objectives, as well as in the delivery of the courses.

Key elements of success were the interprofessional content of the course,

the use of case studies, and the meaningful involvement of people living with HIV/AIDS. Recommendations for future improvement may include involving a broader range of rehabilitation professionals and expanding outreach strategies to recruit more participants.



that the three course goals were met. The majority of course participants felt that the course content was neither too basic nor too advanced. Also, the course participants favourably rated the course delivery:

- 79.4% indicated that they felt that the use of case studies was effective

## Initial Thoughts from Dalhousie: The Impact of the “Rehabilitation in the Context of HIV” Course

By Anne Godden-Webster, Interprofessional Experience Coordinator, Faculty of Health Professions  
and Gail Wainwright, Academic Coordinator of Clinical Education, Dalhousie University

Our participation in the rehabilitation in the context of HIV course held in Halifax was driven by a desire to learn more about the disability and rehabilitation issues faced by people living with HIV/AIDS and by an interest in learning how information on HIV/AIDS might be incorporated in the curricula of the Schools/College of the Faculty of Health Professions at Dalhousie University. The course was enlightening in so many ways. Of the many facts and ideas embedded in the course curriculum, three stand out in our minds as being of particular significance.

1. *Coming to understand the prevalence of HIV/AIDS in Canada.* Learning that there are as many people estimated to be living with HIV/AIDS as there are individuals living with Multiple Sclerosis,<sup>1</sup> and more people living with HIV/AIDS than Spinal Cord Injuries,<sup>2</sup> brought home to us the need to provide students in the health professions with at least as much information about the disabilities and rehabilitation issues encountered by people living with HIV/AIDS as

those encountered by individuals with physical disabilities caused by other illnesses or injuries.

*"The course was enlightening  
in so many ways ..."*

2. *The concept of HIV/AIDS-related disability as being episodic.* While we review many other episodic disabilities, we have not spent sufficient time thinking about the impact of HIV/AIDS as an episodic illness or disability. There are many compounding issues such as access to care, ability to work, income support and mental health that need attention in our curricula.
3. *The concept of “looking beyond the silos” and the need to explore the concerns shared by people living with* ➔

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<sup>1</sup>**Editor’s Comment.** It is estimated that more than 56,000 people were living with HIV at the end of 2002. (Government of Canada October 2003: 1). The MS Society of Canada (2006) cites the prevalence of MS in Canada as being between 55, 0000 and 75,000. At [www.mssociety.ca](http://www.mssociety.ca).

<sup>2</sup>Currently an estimated 36,000 people live with spinal cord injuries. At [www.cihr-irsc.gc.ca/e/31080.html](http://www.cihr-irsc.gc.ca/e/31080.html).

HIV-related disability and individuals with other episodic illnesses. In planning new initiatives related to interprofessional education in the Health Professions at Dalhousie University, we have often discussed the fact that the different Schools/Colleges operate as “silos” and that there is a need to build bridges among these silos. It is interesting to think about “looking beyond the silos” not only across disabilities but also across professional disciplines.

Where do we go from here? In a meeting with our colleague, Joan Versnel in the School of Occupational Therapy, Gillian Bone, Project Manager and Elisse Zack, Executive Director of CWGHR,

many exciting ideas for interprofessional education initiatives related to HIV/AIDS emerged. These include: interprofessional courses related to episodic illness and disability management; modules on HIV/AIDS incorporated into interprofessional courses on such topics as the social determinants of health, diversity, culturally sensitive practice, mental health, public policy, health law, and evidence-based practice; the development of interprofessional communities of practice; and interprofessional student team practicum placements. Hopefully the professionals of tomorrow will be well-prepared to deal with the whole range of complexities across health promotion and health care.



**Group discussion at the Interprofessional Learning Advisory Committee Meeting, June 2006.**

## CWGHR Comes to Halifax

By Larry Baxter and Robert Byers

*Larry is a person living with HIV/AIDS and the Chair of the Nova Scotia Advisory Commission on AIDS. Robert and Larry were two of the facilitators during the course in Halifax this past September.*

Many of the professionals who attended the Halifax course had not knowingly worked with HIV+ clients and they learned much about the medical and social aspects of this episodic illness. Discussions included quality of life issues, the diverse potential of rehabilitation, and the profile, availability and access of rehabilitation services for people living with HIV/AIDS (PHAs).

Assisting Gillian Bone in the facilitation of the course were three local persons living with HIV/AIDS. While PHAs were part of the other sites, this workshop served as a trial run for a PHA faculty or speakers' bureau to provide the life experience for other health and social service professionals while in training or in professional development programs, a recommendation in *Nova Scotia's Strategy on HIV/AIDS* (2003). Life experience of PHAs and sensitive practice issues are key

components of the CWGHR curriculum and for Nova Scotia's initiative.

With adult education, learnings may also occur for the presenters. One PHA, Robert Byers, described his life journey where his cardio/stroke issues were his primary health issues, with HIV being secondary. In fact he saw himself as a person living with the treatment of HIV. While he contributed greatly to the workshop, he later reflected upon his own learning.

"I came away from the workshop realizing how seriously I have neglected my own relationship to HIV and my overall health. I learned a great deal about the disease and its effects. More importantly, I learned that it is time for me to take an active role in the world around me and its relationship to my health.... I have always believed that my (care) teams give me the tools to work with, and I must do the work. I left the workshop with the most precious gift of all, the gift of self-knowledge. You (the workshop participants) have taught me that I can still be loved, useful and productive. I do not have the words to express my overwhelming gratitude."

This illustrates well the concept of rehabilitation professionals and the PHA working and learning together within a sensitive practice, a key outcome of the curriculum.

*"I left the workshop with the most precious gift of all, the gift of self-knowledge."*

## Watching the Momentum Grow in HIV and Rehabilitation Education

By Ian Mahaffy

*Ian has been a co-facilitator in rehabilitation education for over 10 years. His ongoing dedication to sharing his own personal experiences of rehabilitation and HIV, has helped many rehabilitation professionals and students learn about the important role that they can play. Ian continues to work toward changing attitudes and knowledge of issues related to HIV.*

I have been positive now for almost 15 years, and I have been volunteering at the Toronto People with AIDS Foundation, Speakers Bureau for almost 11 years. The face of HIV/AIDS has changed dramatically in this time period. When I was first diagnosed I was given less than 5 years to live, and I was told there was not much treatment available. This was before the time of protease inhibitors and other treatments. I was put on medications immediately after diagnosis, as was the belief back then, hit fast, hit hard. I had a horrible time on meds, many side effects, neuropathies and nausea, vomiting, diarrhea and much more.

I was fortunate enough to have a pretty amazing health care team which included a family GP who was familiar with HIV, an HIV specialist, a massage therapist, chiropractor, acupuncturist, a naturopathic doctor, and a reiki practitioner. A physiotherapist joined my team soon after. Physiotherapy helped me with a lot of the neuropathies I was experiencing, as well as a knee injury I received while working out at the gym. It is important to note that my main reasons for seeing physiotherapists was for injuries sustained at the gym, or HIV drug related side effects.

HIV/AIDS has changed dramatically and has now become a much more episodic illness, where people have periods of good health, and then some periods of not so

good health. It has become somewhat of a rollercoaster ride. Rehabilitation has a very large part to play in this illness, and I think in years to come will probably become the most important tool necessary for people living with HIV. CWGHR has expanded its opportunities to educate and refined its resources, becoming a great tool for students and working professionals to follow. We have expanded our outreach to other universities and colleges, and I think we are really changing people's attitudes and expectations around issues dealing with HIV/AIDS.

I congratulate CWGHR, and urge them not to stop their work. What we are doing with this rehab course is so valuable, and I only wish that other health care providers could join and receive the same information. I really feel we need to expand on this concept of other health care workers getting the message. I look forward each year to assisting Gillian and others working in this field. It gives me hope that someday all health care providers will have this knowledge and fill in the gaps, so that people living with HIV/AIDS will have a truly unified health care team available to help them if needed. Thank you for letting me tell my story, to assist such amazing people, and I wish you continued success for the incredible work you are all doing. Much love to you all.

## Rehabilitation Faculty Perspective

By Deb Cameron

*Debra has worked as an occupational therapist for over 25 years. She is an assistant professor at the University of Toronto, Department of Occupational Science and Occupational Therapy, the student placement coordinator in international settings, and she continues to combine her academic career with her clinical work with children and families.*

I was privileged to be one of the co-faculty members for the course in Toronto. I became involved in this project as a member of the Project Advisory Committee where I was able to contribute some expertise about educational issues and interprofessional education. In my clinical experience as an occupational therapist (OT), I have not yet had the opportunity to knowingly work with clients living with HIV/AIDS. From participating in the course, I had the opportunity to learn from the other rehabilitation professional faculty about their roles working with clients living with HIV and from the experiences of co-faculty members living with HIV/AIDS. I learned so much about their daily challenges and triumphs; and hearing about their personal stories was incredibly important to my growth as a person and a professional.



**Gillian Bone and Debra Cameron at AIDS 2006 Poster Presentation**

*"... this information is crucial and must continue to be shared ..."*

Having the opportunity to work together as a team and learn from each other was a fabulous experience. In my university faculty teaching role, there are very few opportunities to teach alongside such a varied and expert team who can bring such diverse and important perspectives to an issue. As someone whose role in this course was to assist with the teaching, I can clearly say that I have learned much more than I taught. I think it is clear from the course evaluations and faculty feedback that this information is crucial and must continue to be shared with rehabilitation professionals and others working in the context of HIV/AIDS. This curriculum needs to be shared at many levels including graduate education, continuing education and professional publications. There will be two forthcoming articles in the Canadian OT professional publication, *OT Now* related to the OTs role with CWGHR and with HIV/AIDS rehabilitation.

## Reflections and Future Hopes for the Interprofessional Course for Rehabilitation Professionals

By Kelly O'Brien

*Kelly O'Brien is a Lecturer in the Department of Physical Therapy and co-coordinator of Unit 1 & 2 in the MScPT curriculum. She is currently pursuing doctoral studies in the Clinical Epidemiology and Health Care Research Stream of the Department of Health Policy, Management and Evaluation at the University of Toronto.*

The *Interprofessional Course for Rehabilitation Professionals* is a superb initiative which I believe can successfully enhance the education of rehabilitation professionals about HIV in Canada. The curriculum successfully incorporated key elements of HIV and rehabilitation content with effective modes of delivery. The collaboration between people living with HIV and rehabilitation professionals was a strength of this course, allowing information to be provided in a useable and practical form, grounded within personal experiences. Another highlight of this initiative was its interprofessional approach, which was reflected by the combination of participants and faculty, who enhanced discussion and provided a holistic view of HIV rehabilitation.

Participating in the faculty team of this course highlighted the importance of interprofessional education, and specifically the need to incorporate people living with HIV (or other episodic illnesses) into our education of future rehabilitation professionals. It is the personal experiences and accounts from individuals who have experienced the health care system that will enrich our learning and enhance our approaches to HIV education, care, treatment and support.

It would be great to see these comprehensive curricula disseminated and used among pre-entry to practice and continuing education environments. Furthermore, these curricula may be shared and adapted with other health professionals to enhance HIV care and treatment, as well as educate other health professionals on the role of rehabilitation for people living with HIV. Also, it may be useful to follow-up with course participants in the future to see how their clinical practice changed, and whether they may be serving more and/or better addressing the disablement needs of individuals living with HIV. Finally, the course participants and faculty may eventually formulate an *HIV and Rehabilitation Network* of professionals who may share their experiences and become mentors for other health professionals in the field.

*"The collaboration between people living with HIV and rehabilitation professionals was a strength of this course ..."*

## Building Partnerships, Sharing Knowledge: CWGHR at AIDS 2006

By Natalie Gierman

*Natalie recently completed her Masters degree from the Department of Public Health Sciences, University of Toronto. She joined CWGHR as the coordinator of AIDS 2006 activities, and is now working with Gillian Bone on the final stages of the Interprofessional Learning in Rehabilitation project.*

During the week of August 13–18, CWGHR actively participated<sup>1</sup> in the XVI International AIDS 2006 conference held in Toronto. CWGHR's main conference activities, the mini-satellite session and Global Village skill building session were developed and delivered in partnership with the International Centre for Disability and Rehabilitation at the University of Toronto. We were joined at both of these sessions by our invited rehabilitation colleagues Mr. Carillus Okidi (Kenya), Mr. Boniface Temu (Tanzania) and Dr. Pius Tih (Cameroon). CWGHR also shared an exhibition space with the Canadian HIV/AIDS Legal Network and the Interagency Coalition on AIDS and Development, and had two poster presentations from the Interprofessional Learning project and the Episodic Disabilities project. Steven Fletcher, Member of Parliament, also joined CWGHR at the Canadian Exhibition stage for a public discussion about the links between HIV related disability and other disabilities.

CWGHR was one of a very small group of organizations that provided an opportunity to discuss rehabilitation in the context of HIV, and other disabilities. We were thrilled to discover that the CWGHR sessions attracted a diverse group of interested stakeholders made up of registered delegates, and the public. The attendees

included health, rehabilitation and social care practitioners, researchers, educators, advocates, individuals living with HIV/AIDS, non-governmental organizations, policy makers, and students, from Australia, Belgium, Botswana, Cameroon, Canada, Czech Republic, Kenya, India, Nigeria, Norway, South Africa, Sweden, Tanzania, Trinidad, The United Kingdom, The United States of America, and Zimbabwe.

### Key messages — “Rehabilitation must treat the whole person”

All CWGHR activities provided an opportunity for formal and informal knowledge exchange between presenters and participants on a range of issues related to HIV, disability and rehabilitation. Even though participants and invited speakers came from different social, economic and political environments, we found a commonality of issues within these diverse contexts. Both presenters and participants shared their experiences of community based rehabilitation in various cultural contexts and explored how these models facilitated increased access to care ➡



**Elisse Zack, Gillian Bone, Mr. Carillus Okidi and Mr. Boniface Temu preparing for the CWGHR satellite session at AIDS 2006.**

<sup>1</sup>with financial support from the Public Health Agency of Canada

for people living with HIV and disabilities.

Some of the key discussion points focused on the inclusion of individuals living with a disability in mainstream HIV programs, and persons living with HIV in disability and rehabilitation programming. There was unanimous agreement that traditional ideas of treatment must be expanded to address the physical, mental and emotional effects of HIV. Many felt that rehabilitation programming was especially suited to meet many of these needs, but participants asserted that rehabilitation must also be more community focused so that it is inclusive of people living with disabilities, especially those with “invisible” or “hidden” disabilities.

**Next steps:** Both the formal sessions and the informal networking that took place over the course of the conference have helped shape the foundation for future developments, such as building an international network on HIV, disability and rehabilitation. Other conference related outcomes included supporting the inclusion and participation of more people with disabilities at HIV conferences, programs and activities, and an examination of the ways that joint funding initiatives might help to ensure work continues in this area. There was agreement that the rehabilitation field must also continue to gain support and build partnerships with other sectors such as labour, research, insurance, and policy makers to develop evidence based policies, procedures and practices.

## An Update on the Episodic Disabilities, Labour Force Participation and Social Inclusion Project

*By Eileen Mckee, Project Manager*



**Eileen McKee and Ken King, CWGHR Co-Chair, with project poster**

For some individuals living with HIV, participating in the labour force to their capacity means they may risk losing critical health care benefits or necessary income support for times when they are unable to work. In response, CWGHR is currently undertaking the project “*Labour Force Participation and Social Inclusion for People Living with HIV and Other Episodic Disabilities,*” funded

by Human Resources and Social Development Canada, to address systemic disincentives that are barriers to labour

force participation for people living with HIV and other episodic disabilities.

The project has researched relevant international and national income support policies and programs, developed recommendations and engaged an economist to complete a cost-benefit analysis of one of the recommendations. In addition, an analysis of learning needs, strengths, models and gaps related to episodic disabilities of Human Resources professionals was made.

What did we learn from this research?

- Models that incorporated components that provided for labour force participation opportunities for people living with episodic disabilities involved



multiple sectors, such as the employee, the employer, rehabilitation professionals, insurers and government.

- These models included flexible work options, extended health care and other benefits whether or not the individual was participating in the labour force, and income support during periods when the individual was not able to work for health reasons.
- There is a need for more knowledge and skill development regarding episodic disabilities for Human Resource professionals.
- The public and private insurance sectors have limited program options for episodic disabilities.
- New models are needed to be tested in real-life situations.

In March 2006, these findings were presented at the *National Summit on Episodic Disabilities*. The Spring 2006 edition of *backtolife.ca* includes reflections on the Summit. For the Report on the Summit, and a full report of the research findings and presentations, please visit

[www.hivandrehab.ca](http://www.hivandrehab.ca).

The Summit also marked the commencement of the design of the National Pilot Project which will facilitate labour force participation by testing and evaluating new models for flexible employment and income support to accommodate people with episodic disabilities. Partnerships to support and participate in the pilot project are currently being developed. Employers interested in participating as a pilot site are encouraged to review the forms on-line at [www.hivandrehab.ca](http://www.hivandrehab.ca).

Ongoing project activities include workshops and presentations to policymakers, employers, human resource professionals, labour representatives, insurance providers and other relevant stakeholders, as well as the development and dissemination of educational and communications resources.

*For more information on episodic disabilities, the Episodic Disabilities Network or the 'Episodic Disabilities' project, contact the Project Manager, Eileen McKee at [emckee@hivandrehab.ca](mailto:emckee@hivandrehab.ca).*

**Disclaimer:** While the content of these articles is, to the best of our knowledge, current and reliable, information is not a substitute for actual health care and treatment. Articles do not necessarily reflect the official policy of CWGHR or any sponsoring organizations.

**Note:** Acronyms to describe people living with HIV vary from community to community (PWAs, PHAs, PLHAs, etc). Wherever possible, we have kept these regional variations and used the acronym suggested by the author.

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