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Promoting quality of life through research, education and cross-sector partnerships

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### Feature: The Episodic Disabilities Project Update

Welcome to the Spring 2007 edition of **backtolife.ca**. This issue focuses on the multi-dimensional developments we are undertaking with our HIV and episodic disability partners, the next steps regarding research and education on rehabilitation in the context of HIV, CWGHR's enhanced membership structure and international collaborations.

As well as informing you about our activities, **backtolife.ca** provides an opportunity to reflect on recent developments and their lasting impact. In addition to more detailed descriptions included in this issue, here are a few highlights of our recent, current and upcoming activities:

- CWGHR's interprofessional HIV curriculum for rehabilitation professionals is now developed and we are working with universities and rehabilitation organizations to encourage integration of the curriculum into courses and programs. If you would like to work with CWGHR to bring the course to

rehabilitation professionals in your institute or community, please let us know. For a report on the project, check our web site at [www.hivandrehab.ca](http://www.hivandrehab.ca)

- The Episodic Disabilities Project is rich with dialogue across disciplines, sectors, jurisdictions and disabilities. The enclosed update on the Project will provide you with an overview of its accomplishments, future directions and ongoing knowledge exchange opportunities. In addition to the Project update, two members of the Project's Advisory Committee draw upon their expertise in human resources and in disability management, in their respective submissions.
- CWGHR is in the process of expanding and enhancing ways for people to participate in our work. A few updates in this area:
  - We are expanding CWGHR's membership structure so that individuals and organizations who are interested in HIV and rehabilitation issues will have

- an opportunity to become members of CWGHR. We will be sending out membership information in the near future. For more information, check our website at [www.hivandrehab.ca](http://www.hivandrehab.ca)
- o We are re-designing and updating our website so that it will be easier for people to find and exchange information and knowledge related to HIV, disability and rehabilitation. In addition, our web site will soon be a place for on-line and other learning opportunities, participation in network communications, consultations, etc.
  - o In an article inside this newsletter, you can read about the newly developing efforts of people living with episodic disabilities to share knowledge and experiences, and to collectively identify, address and respond to issues of mutual concern.
  - o CWGHR has been undertaking a national consultation to determine the most useful ways for people living with HIV to meet and discuss employment issues. People living with HIV across Canada are contributing their ideas. A report summarizing the consultation will be posted on our website as soon as we have completed reviewing everyone's ideas and suggestions. Based on the results, we plan to develop a network for people living with HIV to discuss employment-related issues.
- In order to guide and promote research, education and practice agendas in HIV, disability and rehabilitation, we are undertaking consultations to:
    - o identify key and emerging research priorities that will advance rehabilitation policy and practice; and
    - o develop "best practice" guidelines on rehabilitation in the context of HIV to guide the work of HIV and rehabilitation care providers and policy makers. The details of these initiatives are described further on page 9.
  - CWGHR is working to bridge the worlds of HIV, disability and rehabilitation in international contexts through a collaborative initiative with partners in Canada and Cameroon. This project dovetails with our developing listserv and database of people around the world including contacts made through our sessions at AIDS 2006 and others who are interested in exchanging knowledge and information and identifying areas for potential collaboration around the world. Please see page 13 for more information.
  - Evaluation is integral to all the work that is done at CWGHR as is illustrated in San Patten's article *Does evaluation have to be a big pain?* Please see page 8.
- There are many other activities taking place at CWGHR in addition to those described in this newsletter. Please check out our website and contact us if you would like more information. We need and value your input and participation as we undertake and promote research and education on HIV, disability and rehabilitation.

*By Elisse Zack  
CWGHR Executive Director*

## Update: Labour Force Participation and Social Inclusion for People Living with HIV and Other Episodic Disabilities Project

By Eileen McKee, MSW, MBA

*Eileen McKee is the Manager for the Labour Force Participation and Social Inclusion for People Living with HIV and other Episodic Disabilities Project. For more detailed information about the project, how to access project material or if you have resources to share, please visit [www.hivandrehab.ca](http://www.hivandrehab.ca) or contact Eileen McKee at [emckee@hivandrehab.ca](mailto:emckee@hivandrehab.ca).*

We are in the last month of CWGHR's current 28-month Episodic Disabilities initiative. There have been significant project activities since the Fall 2006 edition of *backtolife.ca*. Because of the reach of this initiative — across disabilities, sectors and jurisdictions — we have found it useful to organize the activities into specific inter-related dimensions:

### Research

The initial phase of the project sought to identify policies and programs that affect labour force participation for people with episodic disabilities and, from this research, generated recommendations to increase the opportunities for labour force participation. One of the recommendations, that CPP-D provide partial benefits to their recipients who were able to work part-time when well, was costed. A clear business case for this recommendation was found. In order to test this and other recommendations in real-life situations,

demonstration projects that are well-researched to answer specific lines of query are required.

### Pilot site / Demonstration Project Design

There are two areas of activity in this dimension.

1. *Developing Employee-Employer-Insurer Protocol for existing employees receiving long-term disability benefits:* The Pilot Site Steering Committee has been guiding the development of protocol for a first pilot site that would implement specific recommendations. Working with a potential employer and their insurer, the process for participation in a pilot site was developed. This template will be used and refined with other pilot sites to determine its applicability.
2. *Options for a large scale demonstration project:* There was a comprehensive range of recommendations made to facilitate labour force participation for people living with episodic disabilities. To identify promising interventions for a demonstration project, and to highlight the mechanisms for data collection methods to track and evaluate the effectiveness of the interventions (i.e. whether the intervention improved labour market outcomes and quality of life), CWGHR has engaged the Social Research Demonstration Corporation to develop a report that will address these questions. →

*The very essence of CWGHR's work is dependent upon partnerships that enhance the exchange and integration of knowledge.*

## Networking

The very essence of CWGHR's work is dependent upon partnerships that enhance the exchange and integration of knowledge. In order to achieve this, networks that facilitate collaboration amongst sectors, across disabilities, and between jurisdictions are developed and nurtured as needed. For example:

- the Episodic Disabilities Network, with participants such as Canadian Mental Health Association, Lupus Canada, Multiple Sclerosis Society of Canada, Canadian Breast Cancer Network, Hepatitis C Society of Canada, Canadian AIDS Society and CWGHR itself, has been a key source for information for the project, and an important ongoing forum for information exchange between the participant national organizations.
- We are very excited about our newest initiative, to strengthen the voice of people living with episodic disabilities, another key and critical source of information and knowledge exchange that will be invaluable in this and future initiatives. You can read more detail about this initiative in the newsletter.

## Education

CWGHR is working toward enhanced workshops for several target audiences — employers, insurers, human resource professionals, health care professionals including rehabilitation professionals. To increase accessibility, these workshops will be available in an electronic format.

## Concluding remarks

These are only some of the activities of the project that are taking place to improve the situation for persons living with episodic disabilities. Clearly, there is a need for ongoing work and collaboration in order to realize the reforms that are needed. We encourage you to continue to provide your valuable support and insight.

## Next steps

The current and first 28-month cycle for this initiative is coming to a close, and resounding outcomes have generated a momentum that continues to build. CWGHR is committed to continuing this work as it is a priority for people living with HIV and other episodic disabilities. I wish to take this opportunity to thank the National Project Advisory Committee and CWGHR staff and colleagues for their wisdom and support through all phases of this very successful project.

## The Episodic Disabilities Project at the Human Resources Conference

*By Richard Weston, MBA, CHRP*

*Richard Weston is a consultant with expertise in areas such as strategic planning, organization design and culture, job design and constructive performance management processes. Richard is a volunteer with the Canadian Council of Human Resource Associations (CCHRA) and is representing the CCHRA as an active member of the Episodic Disabilities Project Advisory Committee.*

The Human Resources Professionals Association of Ontario held its annual conference at the Toronto Convention Centre January 30–February 2, and

CWGHR's Episodic Disabilities Project was there. This conference is recognized as the second largest HR conference in the world. In attendance were 2,400 HR



Professionals from across Canada and other countries. Attendees could choose from over 130 presentations covering a broad range of HR leadership topics. Over 230 exhibitors presented their services, among them healthcare service providers such as physiotherapists, mental health and addiction treatment providers, and benefit administrators.

HR Leadership must drive the strategic initiative of effectively dealing with Episodic Disabilities in the work place. The Episodic Disabilities Project is providing the framework for HR Professionals to ensure respect and fairness for those with Episodic Disabilities who want to work, to ensure that their Managers and co-workers accommodate colleagues with Episodic Disabilities.

The Canadian Council of Human Resources Associations, the umbrella association of provincial and territorial HR associations, supports the Episodic Disabilities Project. At the CCHRA booth, we distributed a one-page description of the survey we conducted with HR professionals, to determine their needs when working with persons with Episodic Disabilities, in order to raise awareness of the Episodic Disabilities Project and its focus on identifying the needs of HR Professionals. The next step is to develop comprehensive resources to increase the effectiveness of HR professionals and their contribution to their employees with Episodic Disabilities through timely and constructive interventions with their managers and co-workers.

Clearly, this is an issue that knows no boundaries. During the conference, the Senior Director of HR Development and

Management from the Prime Minister's Office in Jamaica was introduced to the project. Her focus was to ensure that Jamaica's policies and procedures regarding HIV — one high-profile Episodic Disability in Jamaica — were more effective. She expressed real interest in the project. Other discussions involved increasing awareness of our plans and

*The next step is to develop comprehensive resources to increase the effectiveness of HR professionals ... through timely and constructive interventions with their managers and co-workers.*

actions with relevant service providers. Discussions were held with a broad range of attendees regarding their experiences dealing with Episodic Disabilities in their work places.

Through the diligent work of the CCHRA staff I believe we achieved that objective. Thanks to Reggie, Audrey and Irma for their commitment to this initiative! CWGHR looks forward to continuing to work with CCHRPA on this and other initiatives.

## Strengthening the Voice of People Living with Episodic Disabilities

By Melissa Popiel, MSW

*Melissa Popiel is currently facilitating the development of a meeting of People Living with Episodic Disabilities, as well as the consultation process for a future Communications Network on Employment Issues for PHAs. Melissa enjoys the challenge of social policy research.*

CWGHR's Episodic Disabilities Project has at its core improving the quality of life of persons living with episodic disabilities. Since its inception, the project has been informed by those who live daily with the physical, emotional, social and economic challenges of episodic illnesses. It is now exploring the most effective method to entrench the voice of people living with episodic disabilities (PWEDs) into its future initiatives.

Towards this end, PWEDs are meeting together to discuss the form that this voice will take. With representation from a variety of disability groups including mental health, Cancer, Arthritis, Lupus, HIV and Multiple Sclerosis. Ultimately, this will provide a direct means for PWEDs to inform future initiatives resulting from the project, set priorities and guide the agenda for social and political action on needed areas and improve public awareness through speaking engagements. Impacting policy decisions and improving social and employment conditions for the thousands with episodic illnesses are amongst the objectives.

One of the important discussions will be the ongoing relationship with the Episodic Disabilities Network, the organizationally based committee that has informed the episodic disabilities project to date and



*Melissa Popiel, Outreach Coordinator, and Eileen McKee, Project Manager, strategize on strengthening the voice of people living with episodic disabilities.*

advocated for the needs of persons with episodic disabilities. There is currently a strong PWEDs component to the EDN, which has proven to be invaluable.

I have been directly involved in coordinating the recruitment and early activities of the PWED meeting and have been greeted with enthusiasm. This initial meeting will usher in an improved means to bring issues forward and move towards a higher quality of life for all those who are impacted by an episodic disability.

## Planning for a Cross-Canada Communication Network

By Melissa Popiel, MSW

The research that CWGHR has undertaken in years past has brought to light various needs and challenges experienced by people living with HIV (PHAs). One of these unmet needs was how to address the employment struggles that are commonly faced by PHAs across Canada. For many PHAs, obtaining and/or maintaining employment is problematic given the physical and social implications of living with HIV. The opportunity to connect and maintain contact with others experiencing similar struggles was expressed as a means to assist with employment

network for PHAs on employment issues. Focus groups will be held at various locations across the country with PHAs who have an interest in employment issues. Responses obtained through the focus groups, as well as from an online survey and key informant interviews, will result in a comprehensive portrait of what PHAs would like to see in a communication network and will inform the development of an action plan on the structure of the network on employment issues. A proposal to implement the resulting action plan will follow.

*The voice of PHAs has been heard and the lack of opportunities to communicate across the country acknowledged.*

The distinctive nature of this consultation process is its focus on being informed solely by PHAs. The voice of PHAs has been heard and the lack of opportunities to communicate across the country acknowledged. CWGHR will continue to make the voice of PHAs known through the information gathering and action plan. This initiative represents a new opportunity to work towards improving the supports available to PHAs who experience employment challenges.

challenges. Given that PHAs face unique challenges in this area, informing the action plan for the network structure must come from those living with HIV.

Towards this end, CWGHR is undertaking consultations that will result in an action plan on the structure of a communications

If you would like to learn more about the progress of the consultations and implementation of the communications network on employment issues for PHAs, or to participate in the survey, visit our website at [www.hivandrehab.ca](http://www.hivandrehab.ca). For further information, contact Outreach Coordinator Melissa Popiel at [mpopiel@hivandrehab.ca](mailto:mpopiel@hivandrehab.ca).

## Does Evaluation Have to be a Big Pain?

By San Patten, MSc.

*San Patten has an MSc. in Community Health Sciences from the University of Calgary. She has worked for AIDS Calgary Awareness Association and the Alberta Community Council on HIV, and currently is an independent HIV/AIDS research and evaluation consultant. San has extensive experience in HIV/AIDS project planning and management, program evaluation, community-based research, twinning projects, and policy development.*

### What is Evaluation?

Most HIV/AIDS organizations conduct evaluation and data collection activities on a regular basis, although they may not consider it evaluation. Sitting down for a strategic planning session with partners, getting feedback from a member during a phone conversation, attending staff meetings: these are all examples of the kind of “informal” data collection that happens every day. Formal evaluation provides systems for organizations to collect information, and then make sense of it to help shape their programs.

Evaluation is the systematic collection and analysis of information, or data, about communities, clients, programs and agencies. Evaluation is also a way for organizations to be responsible to the communities in which they work, to ensure that efforts are being spent on projects that have a positive impact and to determine where improvements can be made.

### How will we know if this project has been effective and successful?

Evaluation can be a natural and integrated part of projects, occurring before, during and after interventions.

- *Before:* To understand the context of the issue to be addressed, which stakeholders should be included in the project design and implementation, what the participants need, and how best to address those needs. This process

can help shape the intervention that is developed or adapted.

- *During:* To find out what actually occurs throughout the course of the project, to account for unexpected events or influences, to discover which components work best and determine if the project is meeting the needs of its intended communities and to make improvements during the course of the project.
- *After:* To determine the effect the project had on the participants, community partners, and the organization and to recommend future activities and ways to improve our work.

### What is CWGHR’s Approach to Evaluation?

CWGHR understands that evaluation can help improve its projects, and that evaluation works best if integrated throughout the life of a project. While evaluation is not a substitute for staff’s and partners’ experience and knowledge, it can supplement that knowledge by offering complementary information. Project staff need to reflect on their projects, and want and need to know that their work is effective and useful. Conducting evaluation allows organizations to improve on their work and feel confident about what they’re doing.

CWGHR engaged a program evaluation consultant early in the Episodic Disabilities project in order to establish evaluation objectives, processes and tools that would ➔

be implemented throughout the lifespan of the project. The same evaluation consultant has followed, and will follow, the project throughout its duration, providing interim evaluation feedback and measuring changes over time. From the perspective of the program evaluator, this is a very effective way to design the evaluation component of the project, ensuring a close fit between the project activities and the evaluation of those activities. It also provides a useful blending of an internal

evaluation perspective of an external evaluator, in contrast to the more typical hiring of a program evaluator at the conclusion of a project.

Evaluation doesn't have to be an onerous chore that is tacked onto the end of a project. With adequate planning and resources, evaluation can be a seamless component of a project that assesses its processes and its outcomes.

## Determining Research Priorities and Best Practice Guidelines on Rehabilitation in the Context of HIV

*By Kelly O'Brien and Annette Wilkins*

*Kelly O'Brien is a Lecturer in the Department of Physical Therapy and PhD Candidate in the Department of Health Policy, Management and Evaluation at the University of Toronto.*

*Annette Wilkins is a research consultant with experience in the development, implementation and evaluation of evidence-informed practice and policy initiatives for chronic and infectious diseases.*

Are you interested in knowing more about how rehabilitation can improve quality of life of people living with HIV/AIDS? Are you interested in learning how rehabilitation can prevent HIV problems from developing or getting worse?

There is so much we don't know and need to know about rehabilitation in the lives of people living with HIV/AIDS. In Canada, for those with access to highly active antiretroviral therapy, HIV is increasingly considered an episodic illness characterized by unpredictable cycles of wellness and illness. Individuals may be living with a range of health related consequences including impairments, activity limitations and participation restrictions associated with the disease or its treatments<sup>1</sup>. As a result, there is a need

for health care communities to respond to the changing disablement needs of people living with HIV, and specifically, an increasing role for rehabilitation.<sup>2</sup>

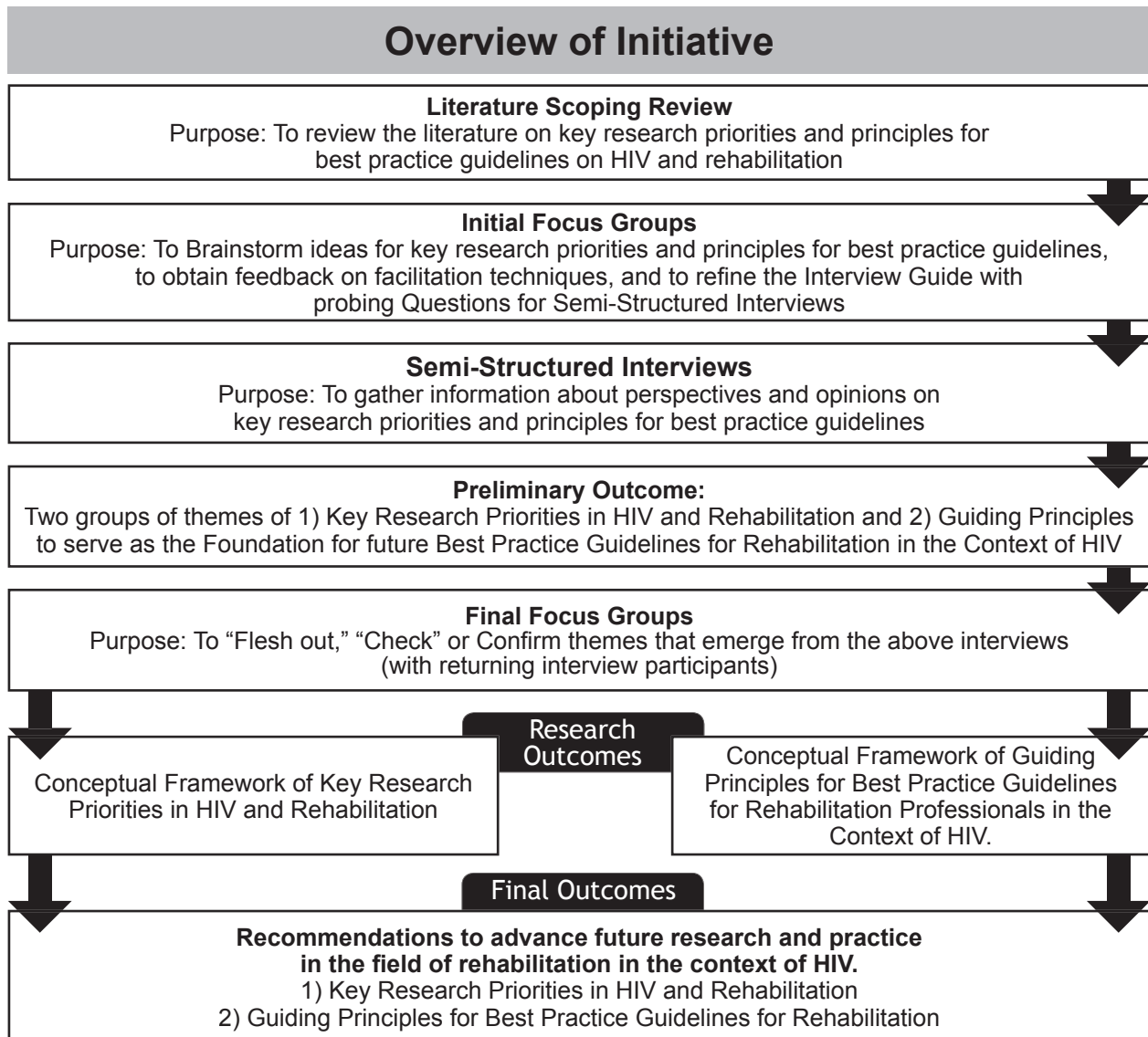
Despite the role that rehabilitation professionals (i.e.: physical therapists, occupational therapists and speech-language pathologists) can play in the care and treatment of people living with HIV, only a minority currently work with HIV clients.<sup>3</sup> Furthermore, with the exception of some small amounts of evidence on physical disablement<sup>1, 4, 5</sup> and role function,<sup>1, 6, 7</sup> relatively little research focuses on rehabilitation in HIV care. Hence there is a need to develop the field of research and clinical practice in rehabilitation in the context of HIV in order to answer these questions and advance ➡

future practice and policies for people living with HIV.

The overall purpose of this initiative is to develop recommendations on research and clinical practice in the area of rehabilitation in the context of HIV in Canada. We will: 1) conduct a literature review on HIV and rehabilitation research and best practice guidelines, 2) identify key research priorities related to HIV and rehabilitation

that will advance policy and practice, and 3) identify guiding principles for the development of best practice guidelines for rehabilitation professionals in the context of HIV.

These CWGHR activities are being coordinated by Annette Wilkins and Kelly O'Brien and advised by Dr. Patty Solomon (CWGHR Board Member and Faculty at McMaster University) and Dr. Richard →



Glazier (St. Michael's Hospital). The team will conduct a literature (scoping) review followed by a consultative series of focus groups and interviews with key informants including people living with HIV, CWGHR Board members, researchers, educators, clinicians and policy makers. Specifically, the team is interested in asking stakeholders about their perspectives and opinions on research priorities in the field of HIV rehabilitation and about guiding principles that they feel should inform the development of future best practice guidelines for rehabilitation in HIV. Results from these activities will include clear recommendations in order to advance future research and clinical practice in the area of rehabilitation in the context of HIV.

The protocol for these CWGHR activities is currently under review with the Hamilton Health Sciences / McMaster University Research Ethics Board. Following the

review, a representative from this project may be contacting various CWGHR members and related stakeholders in the upcoming months about participating in a key informant focus group or interview. If

*... there is a need for health care communities to respond to the changing disablement needs of people living with HIV ...*

you would like to know more about this initiative or contribute your ideas to our consultation, please contact the project team at [info@hivandrehab.ca](mailto:info@hivandrehab.ca) or call us at +1 416 513-0440 x221.

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<sup>1</sup> Rusch M, Nixon S, Schilder A, Braitstein P, Chan K, Hogg RS. Impairments, activity limitations and participation restrictions: prevalence and associations among persons living with HIV/AIDS in British Columbia. *Health Related Quality of Life Outcomes*. 2004; 2:46. <http://www.hqlo.com/content/2/1/46>.

<sup>2</sup> Worthington C, Myers T, O'Brien K, Nixon S, Cockerill R. Rehabilitation and HIV: Development of an expanded conceptual framework. *AIDS Patient Care and STDs*. 2005; 19(4):258-71.

<sup>3</sup> Worthington C, Myers T, O'Brien K, Nixon S, Cockerill R, Bereket T. Rehabilitation Professionals and HIV Care: Results of a National Canadian Survey. *Archives of Physical Medicine and Rehabilitation*. Under Review.

<sup>4</sup> O'Dell MW. Rehabilitation medicine consultation in persons hospitalized with AIDS. *American Journal of Physical Medicine and Rehabilitation*. 1993; 72(2): 90-6.

<sup>5</sup> O'Connell PG. & Levinson, SF. Experience with rehabilitation in the acquired immunodeficiency syndrome. *American Journal of Physical Medicine & Rehabilitation*. 1991; 70(4): 195-200.

<sup>6</sup> Crystal S, Fleishman JA, Hays RD, Shapiro MF & Bozzette SA. Physical and role functioning among persons with HIV: results from a nationally representative survey. *Medical Care*. 2000; 38(12): 1210-23.

<sup>7</sup> Levinson SF & O'Connell PG. Rehabilitation dimensions of AIDS: a review. *Archives of Physical Medicine and Rehabilitation*. 1991; 72(9): 690-6.

## An Advisory Committee Member Shares Her Thoughts

By Muriel G. Westmorland

Muriel Westmorland is a retired faculty member of the School of Rehabilitation Science at McMaster University and her area of expertise is Disability Management.

An invitation to join the Episodic Disabilities Project's Advisory Committee provided me with an opportunity to do two things. One was to share my expertise on disability and employment (based on professional experience and academic research). The second was to build on the relevancy of this important area with concerns that are shared internationally.

*Episodic illness ...  
challenges its recipients ...  
and, in particular, impacts  
the ability to work.*

People living with episodic disabilities (HIV/AIDS being one example) face challenges as they go about their daily lives, including the opportunities to work. As an Occupational Therapist who has focused my career on disability and the workplace I have seen the role of work in the lives of individuals, not only from an economic point of view, but also from the sense of accomplishment and satisfaction in the performance of tasks.

Recently I attended the 3rd International Forum on Disability Management in Brisbane Australia. Among the presentations were two related to Employers Forums in the United Kingdom (UK) and The Netherlands.

- The UK has produced a brochure called *Realising Potential — disability confidence builds better business* which aims to educate employers to build a culture of inclusion.<sup>1</sup> I urge you to visit their website at [www.realising-potential.org](http://www.realising-potential.org), the aim of which is to provide tools that employers can access to become more “disability confident”.
- The Netherlands Forum or *Kroon Op Het Werk* stresses the exchange of knowledge and experience among Forum members. Its handbook states that “The Employers Forum translates government policies and regulations into opportunities for your organization”<sup>2</sup> which is a helpful role that most employers appreciate. This group is currently developing a “buddy” system between employers and employees with disabilities. Integration of health, social security and workplace policies were also emphasized and remain a challenge as we work toward inclusion for persons with episodic illnesses.

<sup>1</sup> Employers' forum on disability (UK). 2006. *Realising potential: Disability Confidence builds better business*. Authors Rhiannon Suter, Susan Scott-Parker and Simon Zadek.

<sup>2</sup> Employers' Forum (the Netherlands) *Kroon Op Het Werk*, 2006.

## Closing the Gaps: HIV, Disability and Rehabilitation in International Contexts

By Elisse Zack

*Elisse Zack is the Executive Director of CWGHR, and one of the partner investigators on the Cameroon Project described below.*

In mid 2006, CWGHR began a two-year project in partnership with the International Centre for Disability and Rehabilitation (ICDR) at the University of Toronto and the Cameroon Baptist Convention Health Board (CBC) in the North-West Province of Cameroon. The purpose of this project is to develop programs integrating rehabilitation, disability and HIV focusing on gender and stigma as they impact the lives of people living with or vulnerable to HIV. Through collaboration, we will develop and share resources and knowledge through reciprocal educational sessions to bridge traditionally separate worlds and build capacity in issues related to gender, disability, rehabilitation and HIV.

### What do we hope to learn?

*Leading Together*, the blueprint for Canada's response to HIV/AIDS, identifies the importance of "ensuring all people in Canada have access to high-quality rehabilitation programs and services".

This project will identify and promote models of best practice in rehabilitation research, education and service delivery in the context of HIV. Shared knowledge will provide models of integration of programs of prevention, care, treatment and support for people who have health problems including HIV and/or disabilities, whether the disabilities are HIV related or not.

These models will be developed to be applicable in resource-challenged settings such as Cameroon and many communities in Canada. These models will integrate rehabilitation, disability and

HIV. The documentation and materials developed will add to the knowledge and resources available for Canadian HIV and rehabilitation environments.

CWGHR will learn about models of **community based rehabilitation** (CBR) that may be applicable to various community contexts in Canada. The use of CBR models may help to increase availability of, and access to, rehabilitation programs and services for people living with HIV. We will share new knowledge with national and regional associations of rehabilitation and HIV care providers as well as people living with HIV, thereby increasing the capacity of care providers to provide rehabilitation services for people living with HIV. This will in turn increase the overall response in Canada to the disability and rehabilitation needs of people living with, and vulnerable to, HIV.

### HIV and Disability in Cameroon

In Cameroon, the prevalence of HIV/AIDS is highest in the North West province. It is officially estimated to be about 9% overall but is significantly higher in women (12%, and over 25% for female sex workers.) At the same time, according to a 2004 Yale University-World Bank Study on HIV and disabilities, people with disabilities make up approximately 10% of the world's population and the numbers are twice as high among people in developing countries. Little has been done to link these groups, either through government programs or through international development initiatives. →

In this area of Cameroon, there are several established disability and rehabilitation groups actively trying to ameliorate the impacts of disability while other groups are focused on HIV/AIDS. The professional community and leadership in support groups have identified the issue of lack of information and services that bridge this gap. ICDR has projects which focus on disability in partnership with the CBC and other local organizations, but has not previously undertaken a project focusing on HIV/AIDS, disability and rehabilitation.

Both Canada and Cameroon are bilingual (French/English) countries. This will help to facilitate the development and sharing of resources in both official languages. Cameroon is centrally located on the continent and is relatively stable politically. It is sometimes referred to as "Africa in miniature" because of its diversity, culturally as well as geographically. Lessons learned here have the potential to be informative for other parts of Africa.

### What activities have taken place so far?

A representative of our Cameroonian partners joined us at the XVI International AIDS

Conference in Toronto in August 2006 to begin the exchange of knowledge and identify priorities for our work together. ICDR representatives visited Cameroon in late 2006 to meet with disability, rehabilitation, and HIV programs and begin to identify the types of education and resources we can develop and exchange. When we visit Cameroon later in 2007, CWGHR, ICDR and CBC will be doing workshops together and learning about ways of bridging HIV, disability and rehabilitation.

We will update you on activities of this project as it moves forward.

For more information about the International Centre for Disability and Rehabilitation (ICDR), go to [www.icdr.utoronto.ca](http://www.icdr.utoronto.ca).

For more information about Cameroon Baptist Convention Health Board, go to [http://www.awarehiv.org/CBCHB\\_CapacityBuilding.asp](http://www.awarehiv.org/CBCHB_CapacityBuilding.asp).

To engage in discussions about this project, join our listserv by sending an email to [closingthegap.cameroon@utoronto.ca](mailto:closingthegap.cameroon@utoronto.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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