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CENTRE for EXCELLENCE  
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VIRTUAL

## Home Care Our Way

Findings from a Community-Based Study on  
Access to Home and Community Care  
Service amongst Older Adults Living with  
HIV in British Columbia

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*Thrive*

Is a Community Based Research study conducted on the traditional, ancestral, and unceded homelands of the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and Səlilwətaʔ (Tsleil-Waututh) Nations

# Background & Methods

~ Home and Community Care (HCC) services in British Columbia: home support, community rehabilitation, assisted living and long-term care

~ HCC services are for people who have acute, chronic, palliative or rehabilitative health-care needs and are designed to supplement, not replace, the care a person is able to provide for themselves with the assistance of family, friends and community

~ HCC services steps: referral, assessment by health authority and care plan set-up

~ 27 qualitative interviews (7 in-person conducted pre-pandemic and 20 phone interviews during pandemic) with older adults (50 years and older) living with HIV/AIDS (OALHIV) co-led by Peer Research Associates (PRAs) and study coordinator; 5 virtual interviews with HIV service providers.

~ Coding and analysis (NVivo); participatory approach (virtual team meetings): codebook development, coding, categorizing and theme description

~ Analytical frameworks: Patient-oriented care, social determinants of health, and two-eyed seeing.

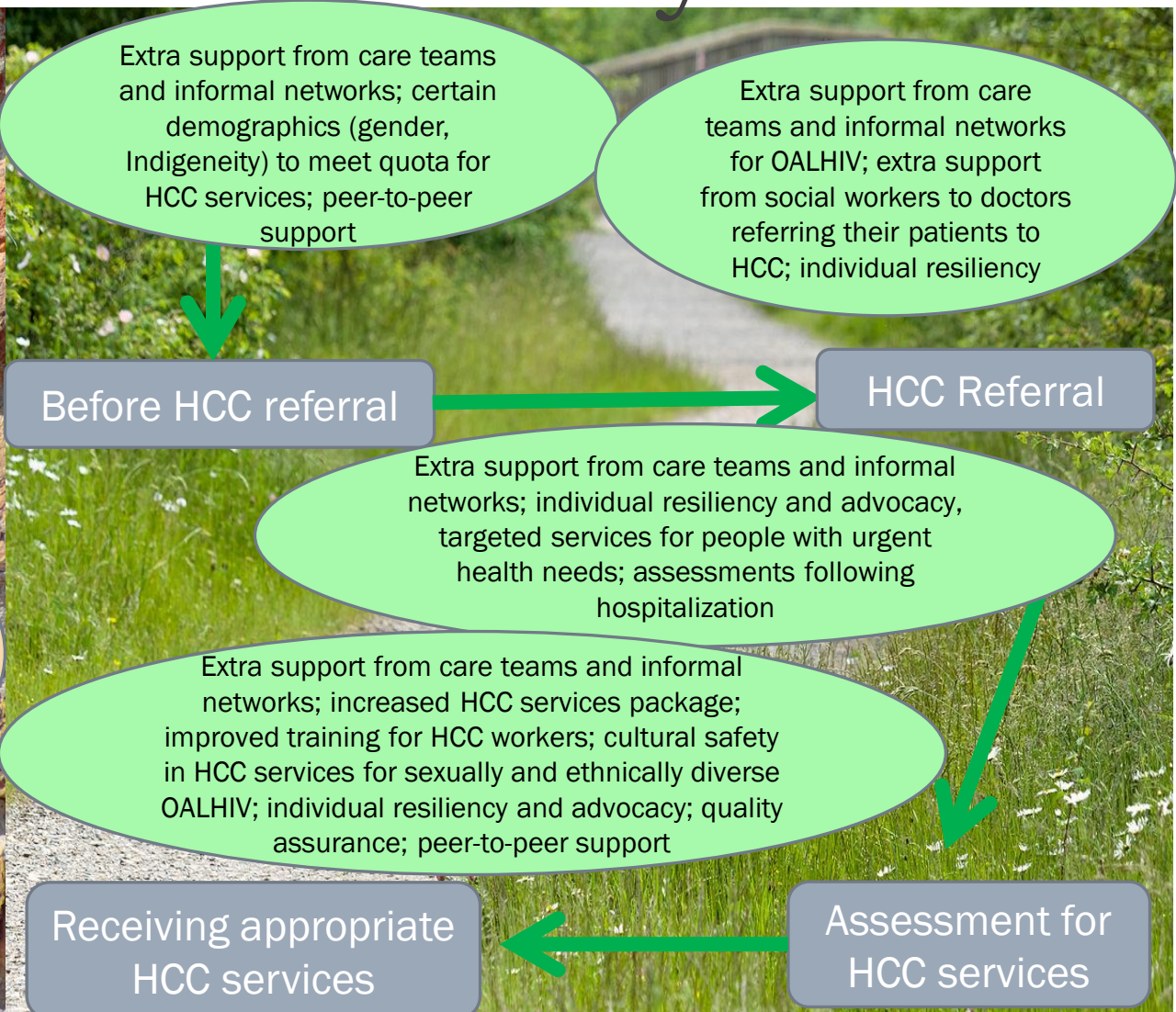
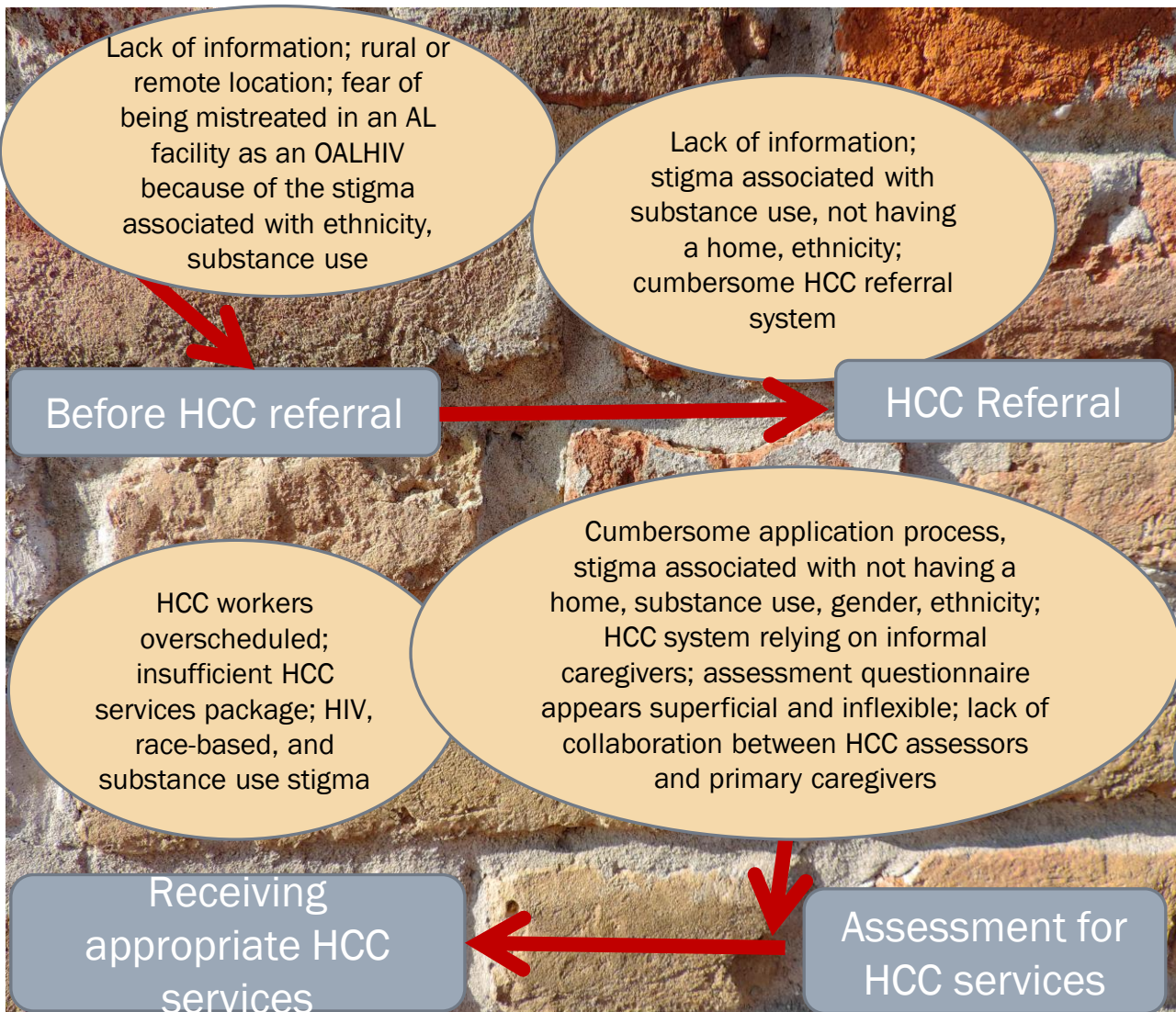




# HCC services journey for OALHIV:

## Barriers

## Pathways



# IN THRIVE PARTICIPANTS' WORDS:

*"M: Do you have concerns about maybe in the future having to move to a certain assisted living facility, considering this issue?"*

*R: A bit, yes. I have heard some people have had to kind of go back in the closet, because they were moving into an assisted living place. It's unfortunate that even today this is still happening, but that's just the way things are, I guess. Nobody learns. I don't know how things could be changed. Unless the government is willing to build a senior's home for gay people, which is not going to happen. But, the staff at the care facility needs better training, I guess. They need to have knowledge."*

*Participant K.*

*"I put the referral through social worker and they refused it because they said oh no, we did see him, we did an assessment and we believe that he can live independently. My answer to the person from Vancouver Coastal that came on I said, well how long did you stay with that client and he said, well 15, 20 minutes. I said I know him for years and I don't know how you that see him for 15, 20 minutes can tell me that he's functional when I've been seeing his deterioration and I know. As his family doctor I see how limited he's (inaudible) deteriorations. That's the kind of thing. They base the assessment in probably a questionnaire and they tick mark based okay, well he passed all these little tick marks and we assume that he's fine."*

*Participant Provider A.*

*"My outreach worker from the XXX Clinic (name of the worker), she helped me get in there. And my doctor from the XXX Clinic as well."*

*M: If you didn't have their support, do you think you would be able to get those services on your own?"*

*R: Probably not without a referral, but I would probably be dead if I didn't get that service."*

*Participant C.*

*"Home care is not home care, and I think they should change the name from home care. My theory is if you cannot bathe yourself, obviously you can't make your bed up, obviously you can't cook for yourself, obviously you can't clean your house. And when home care tells you that the only thing they do is give you a sponge bath and one bath a week, that's substandard for a first world country."*

*Participant B.*



*Thrive*

# Conclusions

**Individual level barriers:** episodic disability, fear of stigma and discrimination in HCC services associated with HIV, substance use, ancestry, not having a home

**System level barriers:** lack of information, cumbersome application process, rigid assessment criteria, stigma and discrimination, social isolation, reduced HCC services package

**Individual level pathways:** extra support from care teams in HCC application and assessment; individual advocacy and resiliency, informal caregivers

Insufficient system-level pathways in accessing HCC services; OALHIV are left to depend on their informal systems of support

**System level pathways:** referral and assessment following hospitalization

**Way forward:** simplified application process, formalized peer support and HCC worker continuous education about HIV/AIDS and cultural safety, expanded HCC services package to include light cleaning and meal preparation