



The service gap

*The challenges of living with HIV in rural BC
by Zoran Stjepanovic*

According to statistics from 1989-2002, the Vancouver health region still accounts for the largest number of cumulative HIV-positive test results in the province at approximately 73 percent. Nevertheless, roughly 27 percent of new HIV diagnoses come from the interior and northern regions of BC, Vancouver Island, and the Fraser region.

continued on next page

Living in a rural community in British Columbia presents some unique challenges for people living with HIV/AIDS (PWAs). The BCPWA Society receives approximately 29 percent of its treatment inquiries from rural BC. Rural members often express frustration with finding a doctor. Some claim that their healthcare providers have never had an HIV-positive patient before, and others report that they never received pre- or post-test counselling with their HIV test. Perhaps the most common complaint expressed by PWAs living in rural areas is the issue of access to medical and social resources, which are concentrated in Vancouver. Living in the city provides more convenient access to HIV specialists and to the BC Centre for Excellence in HIV/AIDS.

For many rural PWAs, these problems are compounded by HIV-hepatitis C (HCV) co-infection. Approximately 3,350 British Columbians are infected with both HIV and HCV, which accounts for approximately 30 percent of the total estimated number of HIV/HCV co-infected people in Canada. Many aboriginal people, whose rates of HIV infection have increased from 13.3 percent to 15.9 percent between 2000 and 2002, are also co-infected with hepatitis C; a number of them live in rural communities where access to care and treatment remains limited.

Priorities for Action – all talk and no action

In September 2003, the provincial government released a report entitled *Priorities for Action in Managing the Epidemics – HIV/AIDS in British Columbia: 2003 – 2007*. The document offered an analysis of HIV/AIDS in BC and set broad objectives for the next five years, such as reducing the incidence of HIV infection by 50 percent and increasing the proportion of HIV-positive individuals who are linked to appropriate care, treatment, and support services by 25 percent.

Unfortunately, while *Priorities for Action* proposes to increase awareness of services in rural communities, it fails to address the issues of stigma and confidentiality frequently encountered by PWAs living in remote areas. Moreover, while this government plan invites stakeholders, community-based organizations (CBOs), and AIDS service organizations (ASOs) to achieve objectives as best as they can, it has not committed additional resources to these efforts.

Linking HIV-positive individuals to appropriate care, treatment, and support, without additional financial resources, becomes a serious challenge for rural CBOs and ASOs. It simply isn't possible to provide consistent and ongoing support services, in outlying areas within a broad geographic radius, without increased funding.

Similarly, while this government document acknowledges the importance of HCV screening for all HIV-positive individuals, it proposes neither an action plan nor funding resources to ensure that rural PWAs become educated about the importance of HCV screening. In addition, the document fails to

address the reality that hepatitis C services and care are in very short supply within rural BC

Time to get creative

Many PWAs are finding creative ways to deal with the challenges of providing AIDS education, support, and treatment information in rural communities. Previous issues of *Living+* note the spirit of collaboration between people and community agencies in rural BC; crisis can foster cooperation, especially when resources are limited. Information is critical to self-empowerment—simply having the knowledge of available resources can be an important starting point.

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The *Priorities for Action* report emphasizes the importance of ASOs collaborating and involving PWAs to implement objectives. There have already been excellent examples of such cooperation, such as ASOs in the Interior and the North who are working with First Nations communities to provide support to aboriginal British Columbians in those areas.

William Porter, chair of ANKORS, says that the absence of an AIDS community in rural settings is extremely challenging, but when such a community does develop, the feeling of mutual support transcends what is usually found in urban centres. He recalls how he felt very welcomed by ANKORS staff and volunteers when he visited there for the first time.

Finding a doctor who accepts HIV-positive patients can also be a challenge for rural PWAs. For Mark, who lives in Nelson, this process took a long time and his doctor required a lot of education about HIV/AIDS. The financial and logistical challenges involved in travelling long distances to see an HIV specialist makes this option impractical for many. One creative way of addressing this problem would involve having a mobile HIV clinic, in which HIV specialists would visit rural communities on a rotating basis.

Home visits

There are a number of organizations in rural British Columbia that provide support to HIV-positive individuals. Some agencies will even arrange home visits.

Paul Lagace, the client services coordinator with the AIDS Society of Kamloops, visits anyone needing supportive counselling, advocacy, or information on physicians in their communities. His travels include a broad area covering Merritt, Lillooet, Williams Lake, and Clearwater. Lagace observes that the fear of being identified as HIV-positive remains a huge bar-

rier for PWAs in rural areas, since stigma and ignorance are still prevalent. Still, he says, there are some good doctors in small communities who are knowledgeable about HIV.

Lana Maree is the outreach service worker with ANKORS and her work covers a 600 km geographic radius, encompassing both the West and East Kootenays. She provides home visits and support to PWAs in the Kootenays. Currently, Maree is researching doctors in the Kootenay region who have knowledge of HIV and are accepting new HIV-positive patients.

The Internet also offers PWAs in rural communities a method of accessing information and communicating with one another. The Positive Women's Network, for example, operates Women and Virtual AIDS Education (WAVE), which provides support, advocacy, and education through a Web site. Users can remain anonymous and the site enables HIV-positive women in rural communities to connect with each other for mutual support and information sharing.

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Although living with HIV presents many challenges for people living in rural areas of BC, these difficulties are not insurmountable. Education workers from ASOs that serve rural communities are committed to increasing and expanding their efforts through awareness events, workshops, and displays to eradicate the stigma around HIV. They also stress that rural doctors and other health-care providers need to be brought up to speed on HIV treatment options. In addition, healthcare workers and other professionals working with PWAs need to be sensitized to the importance of confidentiality in small communities.

Finally, rural ASOs provide a range of educational, advocacy, support and referral services. Other agencies have developed Internet resources, which allow PWAs living in rural areas to access information and communicate with one another. And, rural ASOs have generated a number of creative solutions to continue to meet the needs of PWAs in their communities. But their ability to implement these plans is restricted by limited provincial funding. The allocation of additional financial resources to rural ASOs, as well as provincial organizations serving rural communities, is clearly critical to effective ongoing outreach and service delivery. ⊕



Zoran Stjepanovic is the treatment information coordinator with the BCPWA Society.

Resources out there

Each of the organizations listed below provide services for HIV-positive individuals in rural communities.

Contact information for each organization can be found on page 38 of this magazine. Chee Mamuk can be reached through the BC Centre for Disease Control in Vancouver. The telephone number is: 604.660.1673, e-mail: cheemamuk@bccdc.ca.

AIDS Prince George is a community-based organization offering education, prevention and support services in the Prince George area.

AIDS Resource Centre – Okanagan and Region provides support groups, counselling, health maintenance programs, information, and referrals to appropriate health services in the Kelowna region.

AIDS Society of Kamloops offers peer-driven positive support groups, as well as client advocacy services. Other services include pre- and post-test counselling, physician information updates, and services directed to aboriginals.

AIDS Vancouver Island offers a positive wellness program consisting of counselling services, advocacy, information, and referrals to community resources and professionals.

ANKORS offices are based in Nelson and Cranbrook. Services cover the Kootenay region. ANKORS provides outreach, advocacy, and support services, as well as a resource library.

Chee Mamuk offers culturally appropriate, on-site, community-based HIV/AIDS and sexually transmitted disease education and training to aboriginal communities, organizations, and professionals within BC.

Healing Our Spirit provides services throughout BC for the aboriginal population. Services include family support and advocacy, peer support counselling, referrals to appropriate community health services, and cultural healing programs.

Positive Women's Network offers a range of education and support services to HIV-positive women throughout BC. The Women and AIDS Virtual Education (WAVE) initiative is an Internet-based support, advocacy, and educational resource.

The BCPWA Society offers support, prevention, and treatment information to HIV-positive members throughout BC, including mobile HIV Treatment and Care workshops conducted in rural communities in collaboration with the BC Centre for Excellence in HIV/AIDS.