COMMON BRIEFING NOTE:  
CREATING INCLUSIVE ENVIRONMENTS FOR OLDER ADULTS WITH HIV

Purpose:
Life with HIV has changed drastically in the last two decades and aging with HIV is the new normal. Older adults account for 1 in every 4 new HIV diagnoses in the country, and in some communities, the majority of people living with HIV are now 50+ years old.¹

The purpose of this brief is to provide community-based HIV organizations and HIV clinics with the information they need to update their policies to be more inclusive of older adults living with HIV.

Analysis:
Myths & misconceptions about aging & older people are widespread in our society. The faulty belief that older adults are no longer interested in sex leads to missed opportunities for conversations about enhancing sexual pleasure, effectively preventing STBBIs, and HIV testing. Jokes and snide remarks from younger community members about the worth, appearance, or capabilities of older people which go unchallenged can leave individuals feeling excluded and isolated.

In recent years, clinical, pharmaceutical, and programmatic developments have revolutionized HIV prevention, testing and treatment (e.g. U=U, pre-exposure prophylaxis); the UNAIDS fast-track strategy to end the AIDS epidemic by 2030 has been widely adopted;³ and a conceptual shift to HIV as a manageable chronic health condition for those people with immediate & uninterrupted access to treatment has taken place. Activities focused on prevention, engagement in HIV care, & viral suppression now attract the majority of resources leaving people living with HIV long-term feeling excluded and abandoned, like their on-going needs are no longer a priority. The reality is that antiretroviral therapy cannot address loneliness, loss, aging-related anxiety or stigma. Peer support, programs that help build social networks, and mental health programming are vital to maintaining quality of life.

Staff and volunteers who are new to the HIV community may not be aware of the history of HIV/AIDS in Canada and its impact on the mental health and social connectedness of people living long-term with HIV. Few have received formal training on the mental health and social needs of older adults living with HIV.

Recommended Policy Responses:
Older adults living with HIV are a diverse group, and organizational responses should not assume their needs are homogeneous.⁴ Even so, there are many policy responses that will ensure older adults feel welcome & comfortable accessing community-based HIV organizations, and that the mental health and social services provided are relevant to their needs:

(A) Ensure that equitable access and diversity policies explicitly state that clients will be treated with dignity and respect regardless of age.

(B) Evaluate your organization’s built-environment and communication practices (both online and face-to-face) and ensure that they are accessible to people living with disabilities as the likelihood of having a disability increases significantly with age.

(C) Ensure that staff understand disability-related accommodations and are capable of assisting clients with any accommodation requests that are made.

Aging with HIV is the new reality. The same old responses won’t do.
Challenge ageist assumptions and language among staff, volunteers and clients.

Evaluate your website, print materials, campaigns, etc. to ensure they include images of older adults & seniors.

Expand organizational thinking around ‘priority populations’ to groups such as older adults with unique constellations of mental health and social needs.

Introduce and strengthen programming that addresses the mental health and social needs of older adults living with HIV, including uncertainty and loneliness.4 5

Develop targeted, comprehensive sexual health initiatives for older adults.

Train staff and volunteers on HIV and aging: Take a life course approach to ensure they are aware of the history of HIV/AIDS and recognize other medical and social ‘turning points’ that may impact the present-day well-being of older adults with HIV.

Key Background Information:

Mental health issues pose significant challenges for people living with HIV across the life course. An estimated 16% of people living with HIV exhibit depressive symptoms, and 33% experience anxiety.6 Although with older age comes better mental health at the population level, poor individual level mental health may contribute to disability, decreased antiretroviral adherence, neurocognitive symptoms, and diminished quality of life for older adults living with HIV.7, 8, 9, 10, 11, 12

Attachments:

Championing Healthy Public Policy for Older Adults Living with HIV in Canada (2018)

For more information about Realize, please visit: www.realizecanada.org

Useful Resources:

  http://apps.who.int/iris/bitstream/handle/10665/203830/9789241509695_eng.pdf

• City of Vancouver – Accessible Events Checklist and Resources
  http://vancouver.ca/people-programs/accessible-events-checklist-and-resources.aspx

• Accessibility Directorate of Ontario – Planning Accessible Events

• Beyond Compliance: Accessibility Self-Assessment Tool for Organizations
  https://beyondcompliantool.ca/

Aging with HIV is the new reality.

The same old responses won’t do.