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.

The purpose of this brief is to draw the attention of provincial and territorial Ministers of Health the omission of HIV from existing chronic disease management strategies.

Analysis:
Chronic disease management policies should address the care and support needs of people living with a diverse array of long-term health conditions, and most importantly, those living and aging with multimorbidity. These strategies should consider common care and support needs, rather than being limited to health conditions with shared risk factors. People living with HIV will benefit from the same chronic disease management approaches espoused for other conditions, including self-management support, interdisciplinary health care teams, & efforts to prevent or manage comorbidity and disability. Chronic and communicable diseases are no longer at opposite ends of the same spectrum. To differentiate between them is stigmatizing and negates the investment in chronic disease self-management required of people living with HIV.

That HIV is rarely cited in provincial/territorial chronic disease management, and seniors’ and aging policies is not only a missed opportunity to raise awareness of the susceptibility to, and impact of HIV on older adults, but also renders the care needs of this population invisible to health systems planners, clinicians and the public.

The fact that few seniors’ and aging policies attend to sexual self-expression and the sexual health needs of older adults reflects the ageist assumption that older persons are not interested in or engaged in sexual relationships.

Recommended Policy Responses:

(A) Characterize HIV as a chronic illness in chronic disease management policies and draw attention to the care needs and experiences that people living with HIV have in common with people living with other chronic diseases.

(B) Dispel ageist assumptions about older adults and sexuality by establishing recommendations & programmatic responses that respond to their right to sexual self-expression and their sexual health care needs and preferences.

Aging with HIV is the new reality. The same old responses won’t do.
(C) Explicitly acknowledge in seniors’ & aging policies that older adults may be living with or vulnerable to HIV & that reducing HIV-related stigma in aging care settings & programs is vital to the overall well-being of this population.

(D) Consider designating populations of ‘greatest social need’ among seniors and older adults and include people aging with HIV among them.²

Key Background Information:
Aging with HIV is the new reality. Over 25,000 people living with HIV in Canada are now over the age of 50, and membership in this group is increasing exponentially.³ People over 50 account for one quarter of new HIV diagnoses nationally.⁴ Chronic disease and disability increase with age regardless of HIV status, but certain conditions may be more likely to occur, and in some cases hastened by the combined effects of HIV, antiretroviral drugs, and the cumulative impact of limited resources for health including appropriate, affordable housing, a sufficient, stable income, and social inclusion and support.⁵

“PHAs [people living with HIV] should be able to avail themselves of rights and benefits similar to those available to persons with disabilities and/or other chronic diseases.”

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