HIV/AIDS and Aging: Exploring Canadian Responses

Charles Furlotte
McMaster University
Ron Rosenes
Canadian Treatment Action Council (CTAC)
Le-Ann Dolan & Larry Baxter
Canadian Working Group on HIV and Rehabilitation (CWGHR)
HIV and Complex Aging

• Functional vs. chronological age
• Premature aging? (Deeks & Phillips, 2009)
• Accelerated disease progression (Adler et al., 1997; Kohli, 2006; Manfredi, 2004;)
• Complications of HIV and its treatment with meds
• People who are younger could also be considered older
• Multiple markers, including: bone density, cognition, or immune function
• Defining late-life both by age and length of infection?
HIV, and the Politics of 50+

• Practices of Centre for Disease Control (U.S.) and Public Health Agency of Canada: 50+
• Focus on the sixth decade of life: fails to address older PHAs living in their 60s, 70s and 80s, and the many age differences between young-older and old-older adults;
• Obscures visibility of long term survivors who are not yet 50, but approaching this milestone;
• Presents barriers to integrating HIV into conventional research about ‘aging’
• Use of 50 and over to signal older adulthood is just not typical of mainstream aging research, which traditionally defines old age as occurring much later, far beyond 50.
• As such, conventional gerontology and geriatric professionals may lack complete knowledge of HIV and aging.
• Aging sector may come to exclude PHAs who are “only in their fifties”, citing that they are not old enough to capture the attention of aging specialists.
Illness, Disability & Episodicity

- Politics of language
- HIV as a complex chronic illness
- HIV now referred to as an “episodic disability”
- “Not disabled enough” (Lightman, 2009)
- Employment and return to work
- Largely influenced by rehabilitation sciences (O’Brien et al, 2009; Solomon et al, 2011)
Complex Chronicity & Analogous Conditions

- Complexity & chronic illness (Charmaz, 1990)
- Cross-condition approach
- Analogous illnesses- HIV, multiple sclerosis, lupus, Parkinson’s disease, Alzheimer’s disease, arthritis, diabetes & some forms of cancer
- Tensions - Downgrading and the future of HIV exceptionality (Bayer, 1999)
HIV & Aging: The Research Enterprise

- U.S. Precursors
- 2001 - social work professor Michael Maclean and gerontologist Chris Claap published the first Canadian articles on HIV/AIDS and aging in *Geriatrics Today* and *Canadian Social Work Review*.
- 2005, - Tara Fritsch conducted a landmark study comparing older and younger PHAs on service utilization.
- Since then, considerable increase in work dedicated to HIV and aging in Canada (Brennan, Emlet & Eady, 2011; Furlotte et al, 2012; Solomon, 2011; Wallach, 2011).
- Increased representation at research conferences- Ontario HIV Treatment Network (OHTN) and Canadian Association on HIV Research (CAHR) and Canadian Association on Gerontology (CAG).
Governmental Responses

• The Public Health Agency of Canada (PHAC) has been reporting analyses of surveillance data of 50+ PHAs since 2004 (*EpiReports* series)
• HIV and aging is represented in priority calls for research funding at the Canadian Institutes of Health Research (CIHR).
• 2011- CIHR introduced a directed stream of funding for knowledge creation on “HIV and related comorbidities (CIHR, 2012).
• CIHR-sponsored “research cafes” that focus on aging and HIV PHAC funding for capacity building, knowledge translation and exchange
• New research teams are emerging
Policy and Non-governmental Organizations

- HIV and aging now reflected in portfolios at several AIDS service organizations
- Canadian AIDS Treatment and Information Exchange (CAITE)- E-brochure;
- Canadian Treatment Action Council (CTAC);
- Canadian AIDS Society (CAS) - Backgrounders
- Much of the development of the in HIV and aging movement credited to the Canadian Working Group on HIV and Rehabilitation (CWGHR)
HIV and aging
Frontline Responses

• 2010s: HIV and aging at several AGMs, community health forums, learning exchanges- Pacific AIDS Network, Positive Living Society of BC; The AIDS Network- southern ON, AIDS Committee of Ottawa

• 2011- Casey House- programming that will include day hospitals geared to older PHAs

• 2012- AIDS Committee of Toronto programming

• Changes taking place to better situate aging as a topic covered by service providers
Co-ordinated National Responses

• Partners in Aging National Forum (Montreal, 2010)
• 2011- formation of the first Partners in Aging National Coordinating Committee
• Today- National HIV and Aging Committee- Research, Clinical and Programs and Services working groups
• CAG-ASEM (2011) : “Learning across Borders: HIV and Complex Chronic Illnesses as We Age” Pre-Conference Workshop
Implications

• Canadian responses are collaborative across geography and sectors and influenced by community members, governmental reporting and funding and largely taken up by the HIV and rehabilitation sector.

• Lenses of episodic disability and complex chronicity have emerged in Canadian responses to HIV and aging


Thank-you

Charles Furlotte, MSW, RSW
PhD Student
School of Social Work
McMaster U
furlotcr@mcmaster