

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

Date:

Version #:

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);² 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.

Recommended Outcome:

Organizational policies within community-based HIV organizations & HIV clinics should ensure inclusive environments for older adults living with, or vulnerable to, HIV and take a comprehensive approach to the mental health, and social needs of an aging population.

Aging with HIV is the new reality. The same old responses won't do.

Lead
Jurisdiction:

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- (D) Challenge ageist assumptions and language among staff, volunteers and clients.
- (E) Evaluate your website, print materials, campaigns, etc. to ensure they include images of older adults & seniors.
- (F) Expand organizational thinking around 'priority populations' to groups such as older adults with unique constellations of mental health and social needs.
- (G) Introduce and strengthen programming that addresses the mental health and social needs of older adults living with HIV, including uncertainty and loneliness.^{4 5}
- (H) Develop targeted, comprehensive sexual health initiatives for older adults.
- (I) Train staff and volunteers on HIV and aging.⁵ 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

- 1: Bourgeois AC, Edmunds M, Awan A, Jonah L, Varsaneux O, Siu W. (2017). HIV in Canada – Surveillance Report, 2016. *Can Commun Dis Rep*, 43(12):248-55.
- 2: U=U, or Undetectable = Untransmittable is a campaign "to disseminate the revolutionary by largely unknown fact that people living with HIV on effective treatment do not sexually transmit HIV." For more information, please visit the Prevention Access Campaign website at <https://www.preventionaccess.org/>
- 3: UNAIDS. (2014). Fast-track: Ending the AIDS Epidemic by 2030. Accessed from http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf
- 4: Terrence Higgins Trust. (2017). *Uncharted Territory: A report into the first generation growing older with HIV*. Accessed from https://www.tht.org.uk/~media/Files/Publications/Policy/uncharted_territory_final_low-res.pdf
- 5: Cahill S, Geffen S, Marquez S, Taylor SW. (2016). Strategies to Improve the Health of Older Adults Living with HIV. National Center for Innovation in HIV Care. Accessed from https://careacttarget.org/sites/default/files/file-upload/resources/NCIHC_HIV%20and%20Aging_Final_Web_0.pdf
- 6: Robertson K, Bayon C, Molina J-M, McNamara P, Resch C, Munoz-Moreno JA et al. (2014). Screening for neurocognitive impairment, depression and anxiety in HIV-infected patients in Western Europe and Canada. *AIDS Care*, 26(12), 1555-1561.
- 7: Halkitis PN, Perez-Figueroa RE, Carreiro T, Kingdon MJ, Kupprat SA, Eddy J. (2014). Psychosocial burdens negatively impact HIV antiretroviral adherence in gay, bisexual and other MSM ages 50 and older. *AIDS Care*, 26(11), 1426-1434.
- 8: McGowan JA, Sherr L, Rodger AJ, Fisher M, Miners A, Anderson J et al. (2017). Age, time living with diagnosed HIV infection, and self-rated health. *HIV Med*, 18(2), 89-103.
- 9: Rourke SB, Halman MH, Bassel C. (1999). Neurocognitive complaints in HIV-infection and their relationship to depressive symptoms and neuropsychological functioning. *Journal of Clinical and Experimental Neuropsychology*, 21(6), 737-756.
- 10: Sherbourne CD, Hays RD, Fleishman JA, Vitiell B, Magruder KM, Bing EG et al. (2000). Impact of psychiatric conditions on health-related quality of life in persons with HIV infection. *The American Journal of Psychiatry*, 157(2), 248-254.
- 11: Solomon P, O'Brien K, Wilkins S, Gervais N. (2014). Aging with HIV and disability: the role of uncertainty. *AIDS Care*, 26(2), 240-5.
- 12: Springer SA, Dushaj A, Azar MM. (2012). The impact of DSM-IV mental disorders on adherence to combination antiretroviral therapy among adult persons living with HIV/AIDS: a systematic review. *AIDS Behav*, 16(8), 2119-43.

Useful Resources:

- Measuring the Age-Friendliness of Cities: A Guide to Using Core Indicators (WHO, 2015)
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
<https://accessontario.com/wp-content/uploads/2016/06/Planning-Accessible-Events-May-2016.pdf>
- Beyond Compliance: Accessibility Self-Assessment Tool for Organizations
<https://beyondcompliancetool.ca/>

realize
FOSTERING
POSITIVE CHANGE
FOR PEOPLE LIVING
WITH HIV AND OTHER
EPISODIC DISABILITIES

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The same old responses won't do.