

# National Coordinating Committee on HIV and Aging HIV & Older Adults – Media Primer

## Key Messages

**More new infections:** The proportion of new HIV infections in Canada among people age 50 and older has nearly doubled since 1999.

**Screening failure:** New HIV infections among older adults are more likely to be missed with grave consequences, including unnecessary illness, disability and death.

**Are service providers ready?:** Very few health and social services are currently set up to address the unique needs of people aging and/or living long term with HIV. Since more than 20,000 people living with HIV in Canada are already over the age of 50 and this cohort is growing, this needs to change. Quickly.

## CALL TO ACTION!

**Targeted prevention initiatives are needed:** Action must be taken to prevent new infections among older people, and to detect and treat existing infections in this group.

**Tailored health and social programming is needed:** Relevant and timely support will enable older adults with HIV to maximize and sustain their physical, mental, cognitive, social and sexual well-being.

**Fiscal and social policies that recognize different experiences of aging are needed:** To ensure an equitable chance to age well, older people living with HIV need to be able to access flexible financial supports, and safe spaces in which to live and seek assistance; they also need to have input into programs and services affecting them.

## About the National Coordinating Committee on HIV and Aging

The National Coordinating Committee on HIV & Aging fosters information sharing amongst sectors, organizations and individuals who share a mutual interest in the issue of HIV and aging. We promote a coordinated response to the intersecting challenges encountered by older people living with and vulnerable to HIV.

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## **Secondary Messages**

***Significant burden on health:*** People living with HIV carry a heavier burden of disease than their HIV-negative peers throughout their lives. They are more likely to have multiple physical or mental health conditions and to experience depression, heart failure, lung disease, diabetes, stroke, osteoporosis, cognitive impairment and cancers.

***Social disadvantage:*** Stigma, exclusion from the labour force, employment years lost due to illness, income insecurity and a host of other social factors negatively impact the lives of people living long term with HIV.

***Compound effect:*** For most older adults newly diagnosed with HIV today, the illness and its treatments are manageable. For those who have been living with HIV long-term, illnesses are likely to have accrued and protective factors have often been eroded. The impact of HIV is compounded and complicated by these changes.

***Uncertainty:*** This is the first cohort to experience aging with HIV so there is a vast amount of uncertainty among both older adults and their care providers. It is never quite clear whether health problems are related to HIV, medication, age or other illnesses. Ambiguous future needs make resource and support planning difficult.

## **Background**

### **Older adults ARE vulnerable**

- Complex social issues like ageism, discrimination on the basis of sexual or gender identity, poverty, substance use and lack of social support not only increase older adults' risk of HIV infection, but also negatively impact their overall health when they are living with HIV.
- Older adults may mistakenly believe that they are not susceptible to HIV infection.
- Older people received limited formal sexual health education in their youth and tend to lack of knowledge about HIV.
- HIV prevention campaigns are rarely made with older adults needs in mind.
- As a person ages, their relationship status may change (i.e., divorce, widowhood) leading to new sexual relationships.
- Older people may have a renewed sex life thanks to drugs that enhance sexual function.
- Health care providers may believe the ageist stereotype that older adults are no longer interested in having sex.
- Our bodies change with age, for example, during menopause.
- Older adults may feel more vulnerable negotiating safer sex since opportunities for sexual encounters may be more limited or initiated in unfamiliar ways (e.g. through social media).
- Older women no longer need to prevent pregnancy, and therefore may opt not to use prevention methods such as condoms.

## **Older Adults are NOT being screened for risk, tested and treated in a timely manner**

- Service providers avoid talking to older adults about taboo topics like sexual health and drug use because of their own discomfort or perceived discomfort of their clients. They may believe that older adults are no longer sexual beings and don't use drugs. This results in missed opportunities to discuss potential risk factors for HIV and other sexually transmitted infections, and recommend testing.
- Many older adults perceive themselves to be 'low risk' so they don't request HIV testing.

## **Older adults ARE getting HIV in Canada**

- About 25% of people living with HIV in Canada, including older adults, are unaware of their infection and therefore remain untreated. 70% of baby boomers have never been tested for HIV.
- New HIV diagnoses among middle aged and older adults are on the rise in Canada. Until 2007, about 10% of new HIV diagnoses (1 in 10) in Canada were among those 50+ years of age. This increased to about 15% in 2008 and over 21% in 2013 (1 in 5).
- In 2013, there were 443 new HIV infections among older adults age 50+ in Canada. 85% were among men.
- Most older adults (>80%) acquire HIV through sexual activity. In 2013, 46% of new infections in the 50+ age group were among gay, bisexual and other men who have sex with men; 34% were among heterosexual couples; and 10% were related to injection drug use.
- Older people are more likely to be diagnosed at a more advanced stage of HIV disease. This may be especially true for older Black and Indigenous people, individuals born outside Canada, and heterosexual women.
- People who receive a late HIV diagnosis have a weakened immune system, which means they are susceptible to opportunistic infections in the short-term. It also raises their risk of chronic illness and death from both AIDS-related and non-AIDS related causes in the long-term.
- The immune systems of people living with HIV who are age 50 or older do not respond as robustly to HIV treatment and take longer to recover than those of younger people. It is therefore critical that treatment begin as soon as possible.

## **Many factors affect the health of people aging with HIV and/or living with HIV in the long-term:**

- Aging with HIV is complex. Comprehensive care and support is vital.
- People living with HIV are more likely to be living with multiple physical or mental health conditions than their HIV-negative peers.
- Depression, heart failure, lung disease, diabetes, stroke, osteoporosis, cognitive impairment and cancers are more common among this group than among those not living with HIV.
- Some of these conditions are caused by long-term exposure to medication.

## **Many people aging with HIV are also coping with complex social issues:**

- Living with an episodic illness like HIV may have interrupted their work life. This can lead to immediate financial insecurity and reliance on income supports. It can also affect financial security in later life by limiting savings and/or access to a pension.
- People living with HIV may use drugs and alcohol and they are more likely to be smokers.
- People living with HIV may not be able to access the health services they need because the provider doesn't speak their language, they live in a rural area, or they can't afford to pay out-of-pocket.
- People aging with HIV may experience prejudice and discrimination based on race, gender and sexual identity, HIV status, ability, poverty, mental health issues, and other factors, or a combination of these.
- The fact that Aboriginal communities are disproportionately affected by HIV results from a long history of systemic discrimination in Canada.
- No two older adults living with HIV will experience the illness the same way. The quality of life and overall health of a person living long-term with HIV is directly related to the number of health and social challenges they face. Women, gay men, Indigenous people, people of colour, transgender persons and other minority communities experience additional disadvantages and barriers to care.
- People living with HIV may have been rejected by their families, lost partners and friends in the early years of the HIV epidemic, or have difficulty engaging in social activities as a result of health or mobility issues. This can result in isolation and lack of support.

## **People living long term with HIV may have waited a long time before receiving treatment**

- If they were infected before the mid-1990s when modern HIV treatment was introduced, people living with HIV went untreated for a significant amount of time, causing their immune systems to be run down and thus more difficult to build back up.
- Because they were perceived as being at lower risk, some older people were diagnosed with HIV at more advanced stage of the disease.

## **What needs to change?**

- Health professionals need to create tailored HIV prevention campaigns that are interesting and relevant to older adults.
- Public health educators need to provide safer sex education in the settings where older adults are.
- Older people living with HIV need to be engaged in prevention efforts.
- Health professionals need to be trained and given opportunities to practice discussing sexual health with older adults.
- Communities need to challenge negative attitudes rooted in ageism, homophobia, transphobia and HIV stigma.
- Service providers need more training. HIV sector providers need to be more knowledgeable about the aging process and how it impacts the lives of people living with HIV. Practitioners in other sectors need 'HIV 101' and cultural

safety training in addition to an increased understanding of the health needs of older adults living with HIV. This is especially true for staff in long-term care environments.

- Programs and services need to be developed and/or adapted to meet the unique health and social needs of people aging with HIV. The HIV, chronic illness, aging, and home and community care sectors need to work better together to address these needs in a comprehensive way, across all settings.
- More research is needed to address the multitude of uncertainty around HIV and aging. We also need to find out more about who is aging with HIV in Canada and what their experiences are.
- We need to better support older people with HIV who are nearing the natural end of their lives.

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Canada's source for  
HIV and hepatitis C  
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de renseignements sur  
le VIH et l'hépatite C



Strengthening treatment, care and support  
for people living with HIV and HIV/hepatitis C  
co-infection in Canada

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