until it's over AIDS ACTION RECOMMENDATIONS

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Older Americans and HIV/AIDS

Individuals aged 50 and older account for 11 percent, or 84,000, AIDS cases in the United States. According to the Centers for Disease Control and Prevention (CDC), AIDS cases among individuals over 50 have increased 22 percent since 1991. The CDC estimates that 14 percent of people living with HIV are over 50, and in high incidence areas such as Florida, 13 percent of all HIV cases are among older adults. Some regions of Florida experience even higher rates of HIV infection — 17 percent of HIV infections in Miami-Dade County are found among older Americans. Surveys have found that older Americans, especially older heterosexuals, generally do not perceive themselves at-risk for HIV transmission and are less likely to take measures to prevent HIV infection. The aging of the baby boomers, as well as the increasing numbers of divorced and widowed people over 50, engender additional challenges in meeting the HIV prevention needs of this population. While older people are increasingly at risk for HIV/AIDS, there are limited HIV prevention and care programs for people over 50.

The predominant mode of HIV transmission among older Americans is men who have sex with men; however, a significant number of older Americans are exposed to the virus through heterosexual contact as well as injection drug use. While some people over 50 living with HIV/AIDS were previously living with HIV and have aged into this population group, the majority of HIV and AIDS cases among older adults in the past five years are new infections.

Older Americans are rarely the focus of existing HIV prevention and care services. HIV prevention and care messages must be specifically targeted to them. Community-based organizations (CBOs) are ideally situated to provide HIV prevention and care services to older Americans because they have many years of experience in caring for people with HIV/AIDS. The following recommendations are for CBOs seeking to meet the needs of people over 50 living with HIV/AIDS. They were shared at *HIV After Fifty: The Unforeseen Challenges*, a forum AIDS Action convened on May 21, 2001, in cooperation with the Health Resources and Services Administration, HIV/AIDS Bureau.

How Can CBOs Meet the Needs of Older Americans?

Assess Current Services

CBOs that want to provide services to older people living with HIV/AIDS need to explore whether existing services meet older Americans' needs. CBOs can also begin by looking at their organization to see if they are currently serving any older clients. A needs assessment may be necessary to ascertain whether there is either a lack of services or a need for targeted services for this population. Community planning groups exist in many areas and should be approached about doing such assessments. A needs assessment process can identify what efforts are needed to address the HIV care needs of older clients. CBOs wishing to appropriately serve older Americans can ask clients over the age of 50 questions such as:

What are your needs?
Are the services currently provided [by this agency] meeting your needs?
What unique services do you believe should be offered [by this agency]?
Have you experienced age discrimination in receiving services [from this agency]?

Use Age-Appropriate Prevention Messages

Older Americans may feel that HIV/AIDS information geared to younger people does not pertain to them since HIV/AIDS prevention and educational materials have traditionally not targeted them. This lack of targeted education has resulted in many older people perceiving HIV as a young person's disease that does not affect them. As HIV/AIDS does not discriminate based on age, nor should printed or written materials. The use of age-inclusive materials or materials specifically targeted towards

those over 50 can increase awareness of HIV/AIDS issues among older Americans. CBOs can modify existing printed materials, especially photographs, to include individuals with greying hair or other representations of age.

Older Americans may be more receptive to HIV prevention messages that are incorporated into a discussion of their overall health. Including HIV/AIDS information in seminars about staying healthy or regarding illnesses affecting older people will attract more individuals than a discussion focused solely on HIV/AIDS. Alternatively, a CBO that offers information on HIV/AIDS as it impacts older Americans' children and grandchildren can provide a less-threatening opportunity for people to ask questions and obtain more information. Mainstreaming HIV counseling and testing as one of many annual screenings (such as mammograms, prostate exams, and other cancer screens) an older individual receives can also reduce the stigma associated with HIV testing.

Age-appropriate materials must also take the values and norms of older Americans into consideration. Some people over 50 may react differently to images and words than their younger counterparts. For example, frank sexual references may be inappropriate for some senior citizens. Regardless of age, all people engage in risk activities. Without HIV information and prevention strategies, all people can become infected with HIV.

Implement Peer Education Programs

Peer education has long been a mainstay in HIV prevention and education efforts, and older clients may respond positively to messages received from people who look like them. Using a trusted community member to impart messages about HIV/AIDS can have a profound effect on perceived risk. While peer education may resonate with older Americans, older peers are not always available to CBOs seeking to target this population. CBOs may want to actively recruit individuals to meet this need.

Some CBOs have also experienced challenges when younger staff members attempt to educate older individuals about HIV/AIDS. Lack of sensitivity may be perceived as disrespect for older persons and their life experiences. Conversely, older clients may believe that younger individuals do not have the life experiences to address their concerns. For CBOs that do not have older peer educators or staff who can alleviate inter-generational issues, staff members should be trained to recognize the value of older individuals' life experiences and to address their concerns in a supportive and understanding manner. CBOs can also develop alliances with groups such as the Retired Teachers Association and faith-based groups to further disseminate HIV/AIDS information and increase the frequency of HIV/AIDS messages directed towards older Americans.

Educate CBO Staff about Older Americans

The reality that Americans of all ages may engage in behaviors that place them at-risk for HIV must be incorporated into AIDS outreach and education in order to change prevailing stereotypes about older Americans and HIV/AIDS. By addressing our society's discomfort with older Americans and sexuality, CBO staff can increase their own comfort level with the sexual and drug using practices of older Americans and subsequently improve their HIV/AIDS prevention and care services for people over 50.

HIV prevention with older Americans may require new strategies that incorporate the unique dynamics of sexual behavior among this population, and training for CBO staff should address older individuals' sexual relationships. Many individuals in their 50's and 60's, who may have previously been married or in a committed relationship, are starting to date again as a result of divorce or death of a spouse. Dating and sexual relationships should be addressed in light of these individuals' previous experiences and their unfamiliarity or discomfort with safer sex practices. For example, post-menopausal women who do not feel the need to practice safer sex to avoid pregnancy may not appreciate the need for – and may not require – sexual partners to use condoms or engage in safer sexual practices. And the widespread availability of Viagra, an impotency drug, is allowing many men to re-engage in sexual behavior. In southern Florida, older women outnumber older men seven to one. The assumption that older Americans may not have multiple sex partners is one of many assumptions that need to be challenged.

For older gay men, internalized homophobia and stigma can have a more profound impact on behavior and perceived risk than younger men who are publicly self-identified as gay. These older gay men may be uncomfortable discussing their sexual activity. Closeted gay men are more likely to participate in casual and anonymous sex than individuals who publicly identify themselves as gay or individuals who initiated sexual relationships after Stonewall (the beginning of the political movement for gay rights). Men who have sex with men may not identify themselves as gay. The degree to which older gay men may not align themselves with mainstream gay communities can affect the ability of CBO staff from gay-identified agencies to deliver AIDS education to this population.

Establish Partnerships with Agencies that Serve Older Americans

One of the most effective ways for CBOs to reach older Americans is to develop partnerships with agencies that serve them. Relationships between a CBO and local aging groups can provide a dynamic opportunity to combat the increasing prevalence of HIV and AIDS in this population through jointly sponsored education, outreach and care efforts. Agencies that serve older Americans already have developed trust in the community as well as the organizational capacity to reach this population but may not have current information on HIV/AIDS or perhaps even a willingness to discuss these issues. Local aging groups may not believe they have the resources or credibility to tackle HIV/AIDS. By forging partnerships, CBOs can gain access to people over 50. Partnerships could include Area Agencies on Aging, local chapters of the AARP, Older American Alliance Clubs and many others. These groups provide a unique opportunity for CBOs to reach older Americans since they often have high visibility and respect from older Americans.

Take AIDS Education on the Road

Older Americans may face mobility barriers that create additional challenges for CBOs seeking to provide services to this population. Older Americans may be less likely to drive and more likely to be living in assisted living facilities and nursing homes. CBOs can find a captive audience for AIDS education by going to places where older Americans congregate. These presentations provide CBOs with an opportunity to provide age-appropriate messages and information on HIV/AIDS. CBOs can visit senior citizen centers, adult day care facilities, assisted living facilities, nursing homes, retirement communities, and houses of worship to present AIDS information as well as HIV testing and counseling. Taking AIDS education on the road enhances a CBO's ability to educate older Americans in a setting that is comfortable, accessible and convenient for this population.

Increase Awareness of HIV among Primary Care Providers

Health Care

CBOs should encourage all seniors with HIV risk to know their HIV status, emphasizing the importance of early intervention in HIV treatment. Older Americans with HIV/AIDS have not been included in many of the clinical trials and studies regarding HIV/AIDS and there is limited knowledge about their success with antiretroviral therapies and other HIV treatments. This lack of clinical research on the effects of HIV on an older individual's physical functioning leaves many questions unanswered about whether they may experience HIV symptoms and treatment differently than other age groups. In order to provide comprehensive and adequate care to older Americans living with HIV, early intervention and treatment is paramount.

Secondary Prevention

HIV/AIDS among older Americans has always been an issue; however, in light of the increasing numbers of HIV infections, incorporating HIV prevention messages into primary care for older adults living with HIV/AIDS is a secondary prevention strategy that may prevent further infections. CBO staffs that provide primary care to HIV-infected older individuals should encourage these individuals to practice safer sex and injection drug use techniques.

Address the Health Care Challenges of Older Americans Living with HIV/AIDS

Health Concerns

Many doctors who are not HIV specialists may have difficulty distinguishing HIV-related illnesses from those related to aging. A critical issue in providing care to people living with HIV/AIDS over 50 is the ability to distinguish among conditions that are age-related and those that are HIV-related. Symptoms such as fatigue, shortness of breath, chronic pain, weight loss, and rashes are associated with HIV infection as well the aging process and other diseases. Regardless of HIV status, older Americans generally have more health concerns than their younger counterparts. Older Americans typically have altered metabolisms that may impact drug interactions, placing people over 50 at a heightened risk for medication side effects. Older Americans are also at greater risk for having multiple illnesses or co-morbid illnesses. People over 50 living with HIV/AIDS have a greater prevalence of co-morbid illnesses such as diabetes, cardiac disease, and cancers.

CBOs who work with older Americans would be well served to increase their understanding of the aging process, particularly those agencies that provide HIV testing and counseling and case management services to this population. Many factors affect an older individual's health. HIV-related symptoms may be obscured by or may mimic age-related illnesses. For example, HIV-related wasting might be misdiagnosed as anemia or cancer; AIDS-related dementia might be misdiagnosed as early onset Alzheimer's disease. In addition, the medical side effects of antiretroviral therapy and HIV infection may impact older Americans differently. Current research indicates that the T-cells of older Americans living with HIV/AIDS appear to fall more rapidly to lower levels compared with younger people living with HIV/AIDS. This indicates that older Americans may have a harder time regenerating T-cells after HIV infection, which may indicate a faster progression to AIDS among this population.

Appreciating the unique health concerns of older Americans living with HIV/AIDS can improve the quality of health care and related services for older clients.

Psychosocial Concerns

Older as well as younger Americans living with HIV face a host of psychosocial issues in dealing with HIV infection. Homophobia, discrimination, and stigma can affect older Americans profoundly, in part because awareness of HIV/AIDS is limited among this population. Ageism may compound HIV-related issues as people over 50 living with HIV/AIDS struggle with low self-image, depression, isolation, and fear of disclosure. Mental health care for older Americans with HIV/AIDS must consider the multifaceted aspects of both HIV/AIDS and the aging process.

Encourage Other Care Providers to Learn about HIV and Older Americans

Health care providers should be encouraged to learn more about the unique concerns of older Americans living with HIV/AIDS. Older Americans interact with physicians, pharmacists, nurses, occupational and physical therapists, social workers and other health care providers more often than the general population. Health care professionals are a good source of HIV/AIDS information for people over 50. This includes HIV prevention information as well as better health care for people living with HIV/AIDS.

At many contact points in the health care system, health care professionals can discuss HIV prevention with people over 50. Studies have shown that older Americans are less likely than younger adults to be asked about their sexual history during a routine physical examination. Physicians should be encouraged to complete sexual and substance use histories for all adult patients, regardless of age. Pharmacists should also be educated about older Americans and HIV/AIDS. Because many older Americans rely on prescription medications, pharmacists have an ideal opportunity to encourage older Americans to protect themselves against HIV infection and to help seniors with HIV manage their HIV medications. Social workers and therapists should be aware of the psychosocial issues that affect older Americans and encourage this population to engage in safer sexual and injection drug use practices.

At the same time, health care providers can encourage older Americans living with HIV/AIDS to seek appropriate care by working collaboratively in multi-disciplinary teams or through referral agreements. Doctors should engage older individuals who are HIV-positive about aspects of their health care that are unique to each individual, such as monitoring for opportunistic infections, cell and viral load counts, and risk behaviors. Pharmacists can discuss HIV medications and their interactions with other drugs that an older patient may take for a range of medical conditions. Social workers and psychotherapists can seek to address HIV/AIDS-related mental health concerns from an older perspective.

Access Available Resources for Care

According to the *Journal of Gerontological Nursing*, it is estimated that nationally, 28 percent of seniors are either poor or near poor. The financial costs of HIV treatment and care can impact individuals over 50 more significantly than other Americans, yet older Americans living with HIV/AIDS have the same needs for HIV care and services as their younger counterparts. Many people over 65 are eligible for Social Security and Medicare, but there are limitations to the services and support for people living with HIV/AIDS that these programs provide. Specifically, Medicare does not cover prescription drugs, thereby limiting access to life-prolonging HIV medications. Some people living with HIV/AIDS over 50 may have private health insurance; however, these benefits may be time-limited. For people with limited retirement and Social Security incomes, financing HIV care can be a significant challenge.

The Ryan White CARE Act is an important source of funding for HIV care and treatment services. Early intervention and timely treatment is important for all people living with HIV/AIDS, including people over 50. The CARE Act provides funding for early intervention services that can be used to meet the needs of older Americans living with HIV/AIDS. Specifically, the AIDS Drug Assistance Program under Title II of the CARE Act can provide antiretroviral therapy and other HIV-related medications for older Americans who depend on Medicare for their health care but have no means of paying for expensive drugs to maintain their health.

Conclusion

Older Americans are less aware of HIV/AIDS than younger populations and may be less likely to protect themselves against HIV infection. Individuals in their 50's and 60's are much less likely to know someone living with HIV or AIDS compared to younger generations, and this may result in misconceptions about HIV/AIDS. Since HIV infection is the result of behaviors rather than age, prevention efforts for every population must include information that is frank and geared to the targeted group. As a result of cultural norms and generational issues, education about HIV and AIDS for older Americans may be challenging; however, the rate of HIV infection among older Americans will not decline without sufficient information on HIV prevention and care.

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