



**“AGING IS A PART OF LIFE; HIV
DOESN'T HAVE TO BE!”**

**National HIV/AIDS and Aging Awareness Day
(NHAAAD)**

The AIDS Institute



THE AIDS INSTITUTE

ABOUT THE AIDS INSTITUTE

- The AIDS Institute is a national nonprofit and nonpartisan public policy research, advocacy, and education organization with offices in Washington, DC and Tampa, Florida.
- Began as a grass roots community mobilization effort in the late 1980s.
- The AIDS Institute's mission is to promote action for social change through public policy research, advocacy, and education.



ABOUT THE AIDS INSTITUTE

- Affiliated with the Division of Infectious Disease and International Medicine at the University of South Florida, College of Medicine
- Focused on HIV/AIDS while incorporating efforts in related areas including hepatitis, malaria, tuberculosis, and systems issues such as access to services, poverty, and human rights.
- VISIT us on the WEB: www.TheAIDSInstitute.org
- Follow us on FACEBOOK: National HIV/AIDS and Aging Awareness Day



HISTORY

- The AIDS Institute launched National HIV/AIDS and Aging Awareness Day (NHAAAD) on September 18, 2008



PURPOSE

- National HIV/AIDS and Aging Awareness Day highlights the complex issues related to HIV prevention, care and treatment for aging populations in the United States.
- The goal of the campaign is to emphasize the need for prevention, research, and data targeting the aging population, medical understanding of the aging process and its impact on HIV/AIDS.



GOALS OF NHAAAD



- To raise HIV/AIDS awareness among the aging population through educational efforts and awareness campaigns
- To highlight the complex issue related to HIV prevention, care, and treatment for aging populations in the United States
- To emphasize the need for prevention, research, and data targeting the aging population regarding HIV
- To increase the medical understanding of the aging process as it relates to HIV/AIDS
- To increase quality of life for those living with HIV/AIDS
- To reduce the stigma surrounding HIV/AIDS among the aging population
- To increase HIV/AIDS testing in the aging population



TARGET AUDIENCES

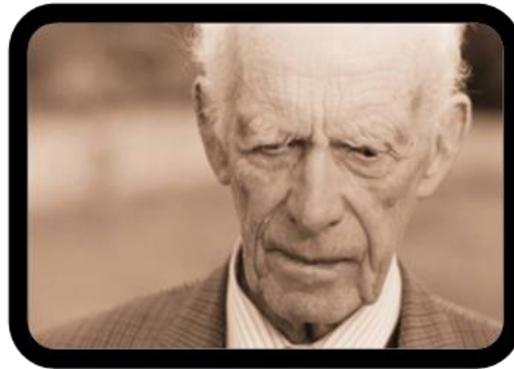
- People living with HIV/AIDS (PLWHAs) who are aging with the disease or already over 50 at the time of their initial diagnosis
- Increasing percentage of the population that needs to protect itself from HIV infection, including the growing baby boomer population
- Increasing number of grandparents becoming the primary guardians for children who have lost their parent(s) to HIV/AIDS



SCOPE OF THE PROBLEM

In 2013, the CDC reported persons aged 50 and older accounted for approximately:

- 18% of new HIV diagnoses
- 26% of persons living with HIV
- 27% of all AIDS diagnoses
- 59% of all deaths of persons with AIDS



NHAAAD NATIONAL OBJECTIVES

PREVENTION

- To increase media coverage, measured by number of media hits, surrounding NHAAAD
- To increase NHAAAD pre-registered events nationwide

TESTING

- To increase HIV testing (blood, oral, finger stick) among 50+ by participating organizations
- To increase access of NHAAAD materials available through the sponsoring organization websites

EVALUATION

- To increase number of completed online post-event surveys



THE FOURTH DECADE OF THE HIV EPIDEMIC: LOOKING AHEAD

- About one-third of all people living with HIV/AIDS in the United States are 50 years of age or older
- Expected to grow to one-half by 2015
- We can thank Highly Active Antiretroviral Therapy (HAART) for making it possible for people with live and thrive with HIV well into their 50s, 60s, 70s, and beyond (GMHC, 2010).
- New HIV diagnoses are rising among older adults



GROWING OLDER WITH HIV - UNCHARTED TERRITORY

- Effect of HAART on the body
- Physical and social effects of aging
- Demographics of those living with HIV/AIDS
- Elder care
- Training caregivers and social service professionals

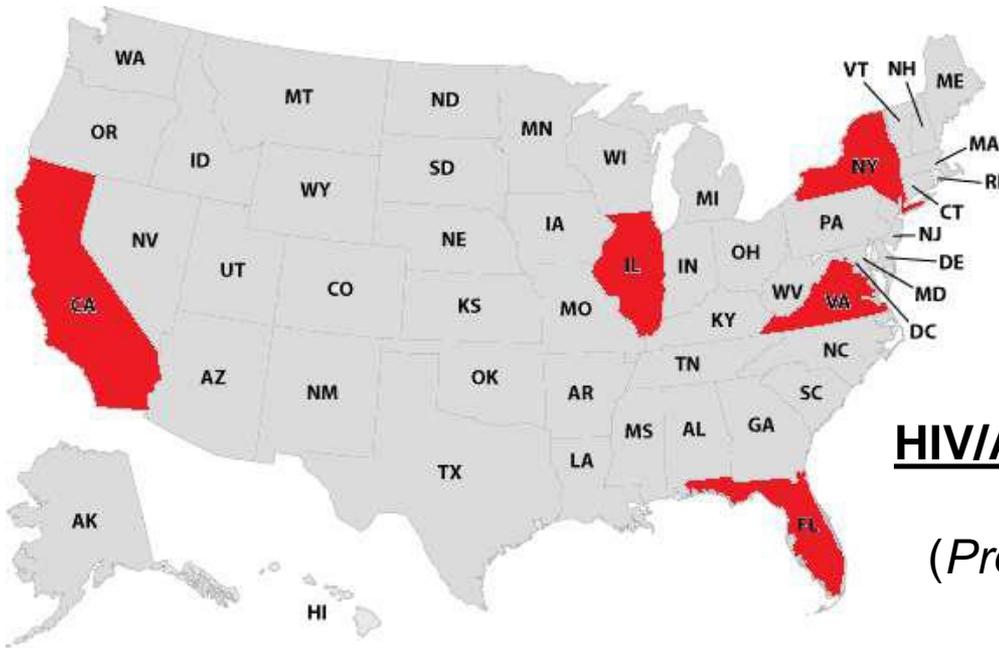


DISPARITIES EXIST AMONG THOSE OVER 50 LIVING WITH HIV

- African-Americans are 12 times as likely than their white peers to have HIV; Latinos are five times as likely
- African-American women account for 11% of women over 50 but consist of upwards of 65% of all HIV infections among older women in the U.S.; makeup half of all AIDS cases



5 STATES AT-A-GLANCE



HIV/AIDS in the 50+ Population:

Proportion of PLWHA

(Proportion of New Diagnoses)

California: 34.3% (12.4%)

Florida: 28.3% (21%)

Illinois: 28.1% (14.8%)

New York: 39.9% (17.7%)

Virginia: 37% (14.9%)



STIGMA AND AGEISM

- “You’re awfully old to have *this* disease”
- Ageism: negative attitude toward aging based on the belief that aging “makes peoples unattractive, unintelligent, asexual, unemployable, and mentally incompetent” (Emlet, 2006).
- Study found that older adults living with HIV/AIDS felt they received less compassion and sympathy than their younger counterparts, felt blamed, and judged more harshly, and felt medical providers were more highly motivated to help restore younger adults to optimal health (Emlet, 2006).



HIV (Human Immunodeficiency Virus) affects everyone and does not discriminate against gender, race and ethnicity, where one lives, and of course, *age.*



THE AGING OF AMERICA

- The 50 and older population is the fastest growing population.
- In 2008, the 50 and over population comprised over a quarter of the United States population.



There are many older adults who have HIV, but have not been diagnosed or aware of their HIV/AIDS status.



WHY?

- May mistake signs of HIV/AIDS for the aches and pains of normal aging.
- Less likely than younger people to get tested.
- Older people are less likely than younger people to talk about their sex lives or drug use with their doctors.
- Doctors do not always test older people for HIV/AIDS and may miss cases during routine checkups.
- Doctors may not ask older patients about their sex lives or drug use or talk to them about risky behaviors.
- Older Americans know less about HIV/AIDS than younger people and may not know how it spreads or the importance of using condoms, not sharing needles, and getting tested for HIV.



SCIENCE OF AGING AND HIV

- It is not completely understood if HIV causes premature aging or if aging makes HIV disease worse
- Today, a third or more of deaths most common in older people with HIV are not caused by AIDS (illnesses not related to HIV)
- Heart disease is the most important cause of death in the general population and is higher in people with HIV
- More long-term research is needed in people with HIV to understand the cumulative effect of HIV therapy as they grow older



SCIENCE OF AGING AND HIV

- Alzheimer's disease and senility have been a big concern in the general aging population, but persistent HIV and inflammation are contributing to these already debilitating and frustrating conditions in older people with HIV (GMHC, 2010).



HOW YOU CAN GET INVOLVED IN NHAAAD

- Host a free HIV screening fair. Encourage and promote HIV testing among older adults
- Host a health fair – cholesterol, blood pressure, body mass index. Provide HIV prevention and education messages to older adults
- Presentation by a physician, health care provider – answer/question session
- Encourage older adults to practice safer methods to prevent HIV/AIDS and other Sexually Transmitted Diseases (STDs)
- Organize a public forum or town hall meeting held to discuss the impact of HIV/AIDS in the senior community



SPREADING THE WORD ABOUT NHAAAD

- Host a press conference with public officials to discuss the challenges of HIV/AIDS in your community
- Ask your community leaders to issue a proclamation recognizing the Awareness Day.
- Encourage radio stations to air public service announcements
- Host a cultural or faith-based event with speakers who can promote awareness of HIV/AIDS among the aging population
- Talk to an older adult in your family about getting tested
- Engage leaders in the faith based community to participate in local, regional, or national events on or around NHAAAD



REFERENCES

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- Gay Men’s Health Crisis (2010). *Growing older with the epidemic: HIV and aging*. Retrieved from http://www.gmhc.org/files/editor/file/a_pa_aging10_emb2.pdf



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