GMHC, ACRIA and SAGE meeting with AARP, Administration on Aging, HHS, ONAP; first meeting of its kind (Oct 2009)

First ever HIV and aging Congressional Briefing (Oct 2009)

Medicare announces coverage of HIV tests (Dec 2009)

First ever White House official meeting on HIV and aging (Oct 2010)

National HIV and Aging Awareness Day (Sept 18)
The CDC should:

- Improve epidemiological surveillance systems and data collection to provide specific data delineated by age and risk category.
- Collect data on gender identity in addition to transmission categories. This would provide national level data on HIV among trans people.
- Better knowledge re: prevalence of HIV among older gay men, trans women could inform more culturally competent care.
Both HHS and the CDC should fund social marketing campaigns challenging HIV stigma and anti-gay stigma.
Prevention with older adults

- No prevention interventions created with or for older adults.
- Need for prevention research, which could be Special Project of National Significance (SPNS)
- Need to create interventions.
- Diffusion of Effective Behavioral Interventions (DEBI): evidence-based, demographically specific interventions; future DEBI could be targeted for older adults.
Policy recommendations: Prevention

- CDC, state and local health departments should target prevention efforts at older adults, including gay men, MSM, women, and African Americans.
- They should also target high-risk sexual behaviors (such as unprotected anal, vaginal sex) whether between opposite-sex or same-sex couples.
- Recommended regular testing should go beyond age 64.
Prevention with older adults

HIV AFFECTS US ALL
Even those of us over 50!
Know your HIV status. Get tested.
Prevention with older adults

eldersexual


Over 25% of people ages 57 to 85 still have sex—and are still at risk for HIV.

To find out more about our 50+ Life Long program, call 800 243-7692 or check out gmhc.org.

GMHC 50+ Life Long in partnership with.

[Logo images]
Older Americans Act

- Funds community planning and social services, research and development projects, and personnel training in the field of aging.
- Funds Area Agencies on Aging (AAAs)
- Available evidence that senior centers are not adequately serving LGBT elders.
- Need for staff training re: gay elders, HIV+ elders.
The upcoming 2011 reauthorization of the Older Americans Act presents unique opportunities for change that could impact HIV positive older adults.

OAA should list HIV+ elders as populations of “greatest social need” (2011 reauthorization); could identify funding for training, research, targeted services.
ASOs, LGBT community centers, other CBOs should encourage community caregiving for elders living with HIV (like “buddy programs”).

Staff at nursing homes, long-term care facilities, and senior centers should be trained in the particular experiences and needs of HIV-positive elders to ensure culturally competent and non-discriminatory care.

Home healthcare aides should be trained in the particular experiences and needs of HIV+ elders and LGBT elders to ensure culturally competent and nondiscriminatory care.
Policy recommendations: HIV+ elders in social context

- ASOs and CBOs can form coalitions and networks to offer comprehensive services to HIV+ elders
- Ex: New York Association on HIV Over Fifty
  - Diverse board of organizational and individual representatives, meets regularly to share information and advocate
  - Hosts educational forums for general public and to support peer educators
  - Assists with finding HIV care for elders
To: Michelle Scavnicky at the AIDS Institute

MAC AIDS Fund, which funds our aging policy work

ACRIA, SAGE

Sean Cahill, Nathan Schaefer, Blair Darnell, Alana Krivo–Kaufman, Robert Valadez, Lyndel Urbano and Emily Saltzman from GMHC

Thank you for your work and taking time today.

Elizabeth Lovinger
Gay Men’s Health Crisis, New York
ElizabethL@gmhc.org
212–367–1247