

Older Adults and Sexual Health



A Guide for Aging Services Providers

developed by
acria

with support from



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Older Adults and Sexual Health: A Guide for Aging Services Providers was developed by ACRIA with support from the New York State Department of Health (NYSDOH) AIDS Institute and in collaboration with the New York State Office for the Aging (NYSOFA). Aging services providers may use this guide to familiarize themselves with the topic of sexual health as part of healthy aging. Senior centers, congregate meal sites, and community centers are some of the places that wellness, health promotion, and disease prevention programs for older adults are offered. This guide encourages providers to consider how important information on sexual health for older adults can be provided in these and other community settings. (This Guide was update in Sept. 2020.)

Purpose of the Older Adults and Sexual Health: A Guide for Aging Services Providers

This guide is intended as a supportive resource for the New York State aging services network to promote sexual health as a part of healthy aging and to provide context around healthy aging and sex. This guide may encourage providers to create opportunities for older adults to learn about sexual health, similar to nutrition and exercise; to promote wellness; and to prevent disease. The New York State Office for the Aging, in partnership with ACRIA, met with senior center staff and participants to hear their questions and concerns regarding sexual health and wellness among older adults. These conversations helped inform the content of this guide.

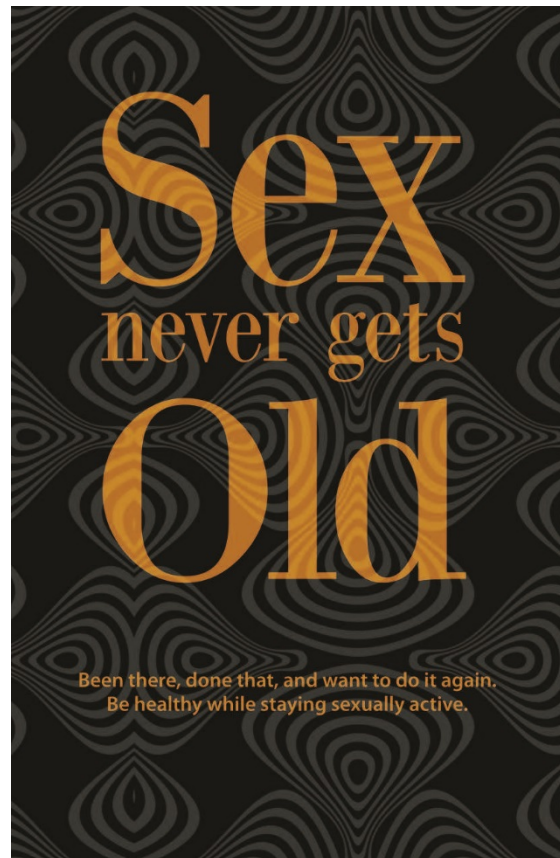
Healthy aging means living a long, productive, meaningful life and enjoying a high quality of life.ⁱ It is most likely to be achieved by individuals who live in physical environments and communities that are safe and that support the adoption and maintenance of attitudes and behaviors known to promote health and well-being, and the effective use of health services to prevent or minimize the impact of acute and chronic diseases or functions.ⁱⁱ

Sometimes it can be difficult to talk about sex, but it is important that we begin this dialogue to improve quality of life and health outcomes for older adults. Studies have shown that many health care providers assume their older adult patients are no longer having sex, and therefore, are not perceived as being at risk for contracting HIV or other sexually transmitted infections (STIs). In addition, older adults may not perceive themselves to be at risk. These assumptions create environments that are not conducive to open and honest discussion about the challenges and concerns older adults may be having around developing and/or maintaining a healthy sex life.

Aging and Sexual Health Challenges

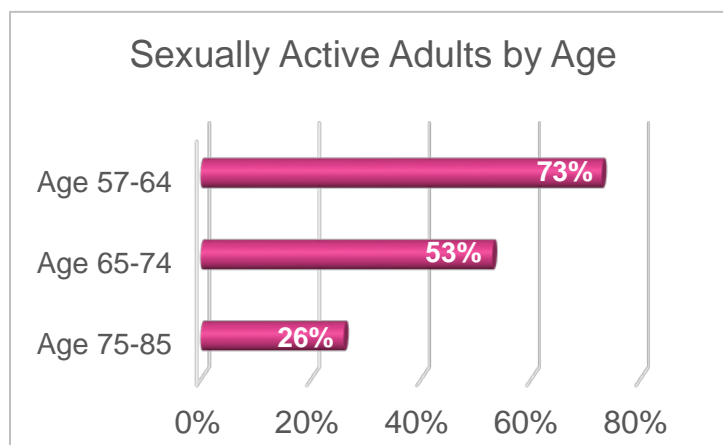
As we age, we experience bodily changes and sometimes diseases, which can impact our ability to have sex and decrease overall sexual desire. Chronic pain can occur for multiple reasons (e.g., arthritis and joint pain) and may make sex more difficult. Other issues like diabetes and heart disease can impact blood flow and the ability to climax during sex. Depression and other behavioral health issues can also be obstacles to achieving an optimal sex life.

Older women may be at heightened risk for HIV and other STIs because of the natural changes that occur after menopause. Due to hormonal changes, a natural thinning of the vaginal walls occurs, decreasing lubrication and increasing risk of tearing and abrasions during sex. Vaginal dryness can create increased susceptibility to infection. In addition, sex may become more painful and less pleasurable, which may have broader implications for older women. Further, post-menopausal women may be less likely to use condoms with sexual partners because there is no longer concern of becoming pregnant, further exacerbating risk level. When an older woman has had surgery such as hysterectomy (removal of uterus and sometimes ovaries) or mastectomy (removal of all or part of breasts), it may impact her feelings about life, her sexuality or her body image. Counseling, referral to support groups and discussing the issue with sexual partner(s) can be very important and helpful for these women. In addition, current procedures like vaginal rejuvenation may be helpful and available to many older women.



As men age, testosterone levels decline and changes in sexual function are common. These physiological changes can include a need for more stimulation to achieve and maintain erection and orgasm, shorter orgasms, less forceful ejaculation, and less semen ejaculated. Medications are available to treat erectile dysfunction and can help men continue to have a satisfying sex life as they age into their 60s, 70s, 80s, and beyond. Older men who have had a prostatectomy (removal of all or part of prostate) may experience urinary incontinence or erectile dysfunction, making it difficult to have sexual intercourse or use condoms correctly and consistently.ⁱⁱⁱ Some men may benefit from an opportunity to discuss these issues with a supportive health or social services provider or may be interested in talking about this with other older men.

Sex and Aging



According to the National Social Life, Health, and Aging Project survey of more than 3,000 people between the ages of 57 and 85, approximately 75 percent of people between 57 and 64 reported being sexually active. More than half of people between 65 and 74 reported being sexually active, and more than a quarter of those 75-85 reported being sexually active.^{iv}

The number and proportion of older adults in the US is growing. By 2060, the US will have almost as many Americans over age 85 as under age 5. According to the Pew Research Center, this is the result of longer life spans and lower birth rates.^v Currently, one in three people in New York State is over the age of 50, and data demonstrate that the proportion of those age 50+ will continue to rise.^{vi}

As people age, their immune system function naturally declines. This process is called “immunosenescence.” This means that the body becomes less able to fight off infections. With the growth in the population of older adults, it has become increasingly important to emphasize maintaining good health status and preventing infections—including STIs.

Sexually Transmitted Infections (STIs) and Aging

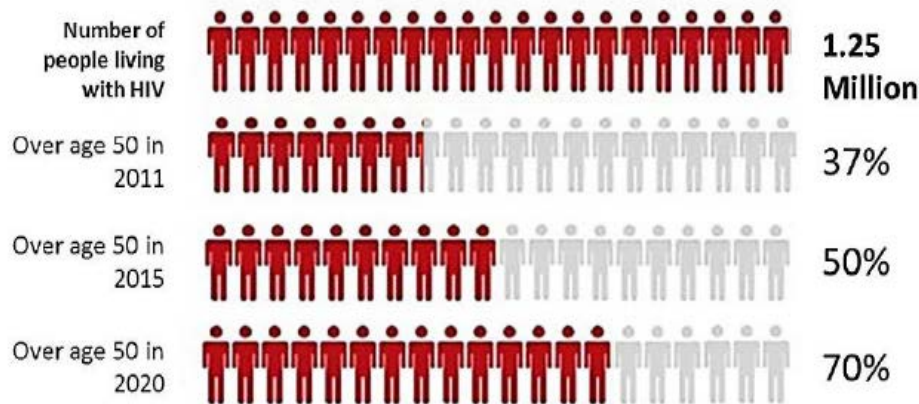
Sexually transmitted infections (STIs), including HIV, have historically been viewed as issues confronting young people. However, in 2018, chlamydia infections among adults ages over 50 account for approximately 20% of all new chlamydia infections. In addition, syphilis infection rates among older adults increased nearly 50 percent of syphilis cases. (Sources: www.cdc.gov/std/stats18/Syphilis.htm, and www.cdc.gov/std/stats18/Chlamydia.htm)

The majority of older adults with HIV are those who were diagnosed when they were younger. However, a significant percentage of new cases are among adults in their 50s, 60s, 70s, and beyond. In 2018, adults over age of 50 account for approximately 17 percent of all new HIV infections in the US.^{viii} (CDC.gov)

Older adults are becoming infected with HIV in the same ways as their younger counterparts. Many people are successfully aging with HIV because medication regimens are highly effective, easy to take, and side effects are minimal and easy to manage—yet it can be more difficult for older adults to manage HIV than younger adults.

In the US, there are currently 1.2 million people living with HIV, and as of 2018, 50 percent of these individuals were over the age of 50. Today, it is estimated that 70 percent of those living with HIV are over the age of 50.

HIV & Aging: US



Half of all people living with a diagnosed HIV infection (PLDWHI) are ages 50+.

An estimated 6.3 percent of HIV-infected people aged 50+ are undiagnosed (less than half of New York State’s “percent undiagnosed” estimate of 13.2 percent). The newly diagnosed cases of HIV among people ages 50+ represent 17.6 percent of the state total. Among newly diagnosed cases aged 20+, age groups 50-59 and 60+ made up the smallest percentage of newly diagnosed HIV cases, and had the lowest rates. However, of the 83 percent of people ages 50+ newly diagnosed with HIV who entered medical care within three months, 29 percent were not retained in care, and 31 percent were not virally suppressed. While these rates of engagement in care and viral suppression are better than rates for other age groups, there remains much room for improvement.^{ix}

Fortunately, a person living with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and has effectively no risk of sexually transmitting HIV to HIV-negative partners.

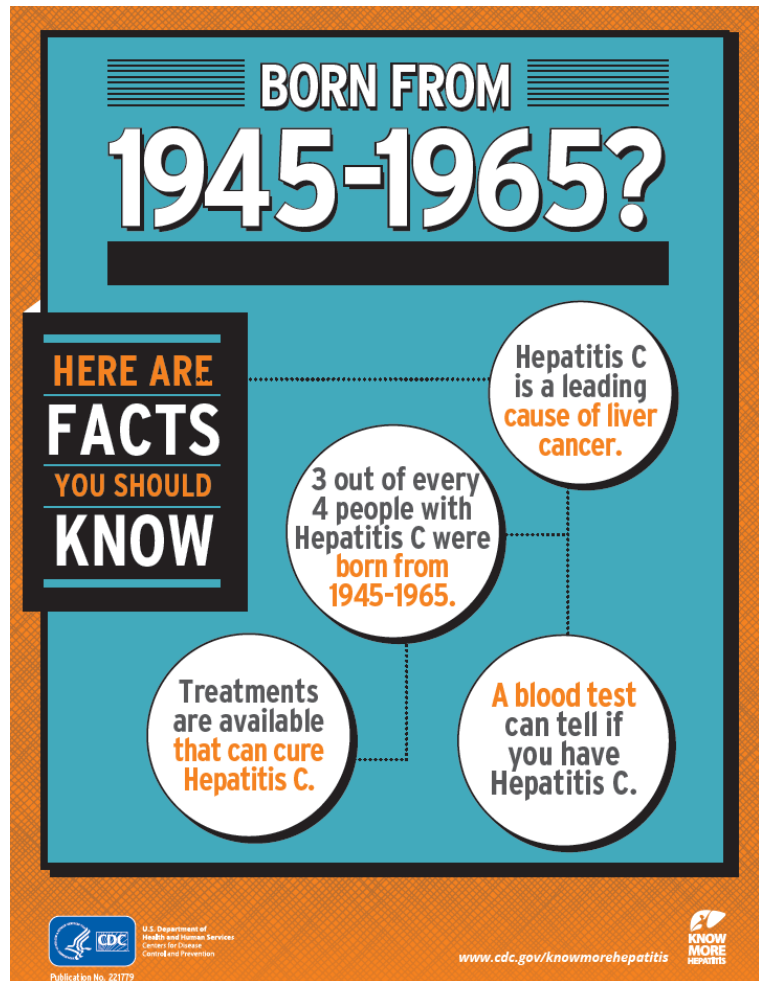
A compromised immune system may put an older adult in a position to have to manage multiple diseases at the same time, which can be difficult. In addition, medication management, understanding, affording, and adhering to prescription regimens, is an added challenge.

Despite the fact that sexually transmitted infections rank highly among patient concerns—providers of health services need to be educated that older adults continue to be sexually active and discussing sex and healthy aging is important.^x

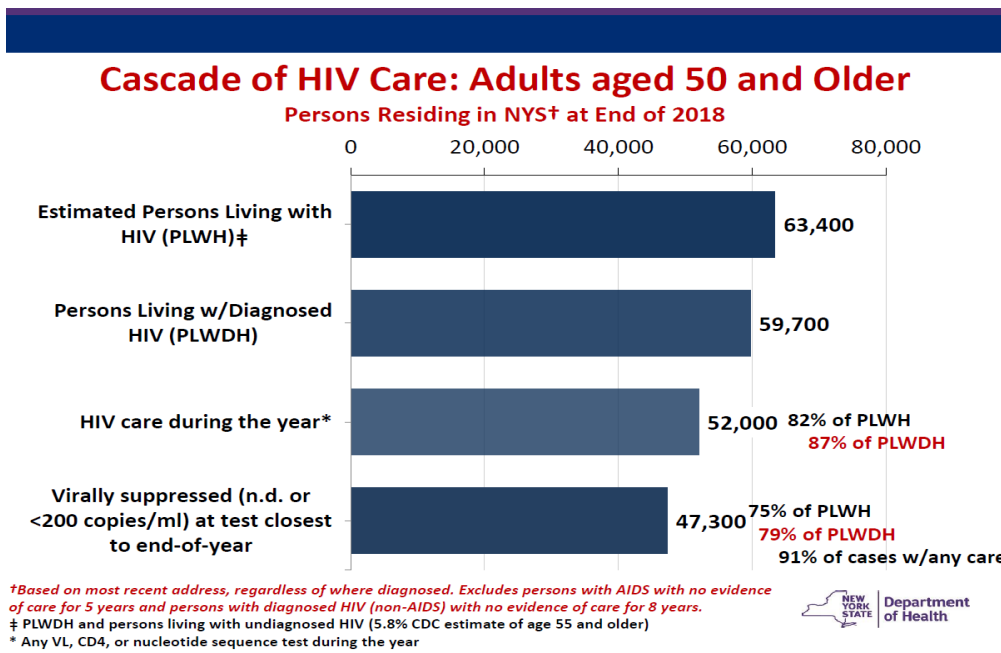
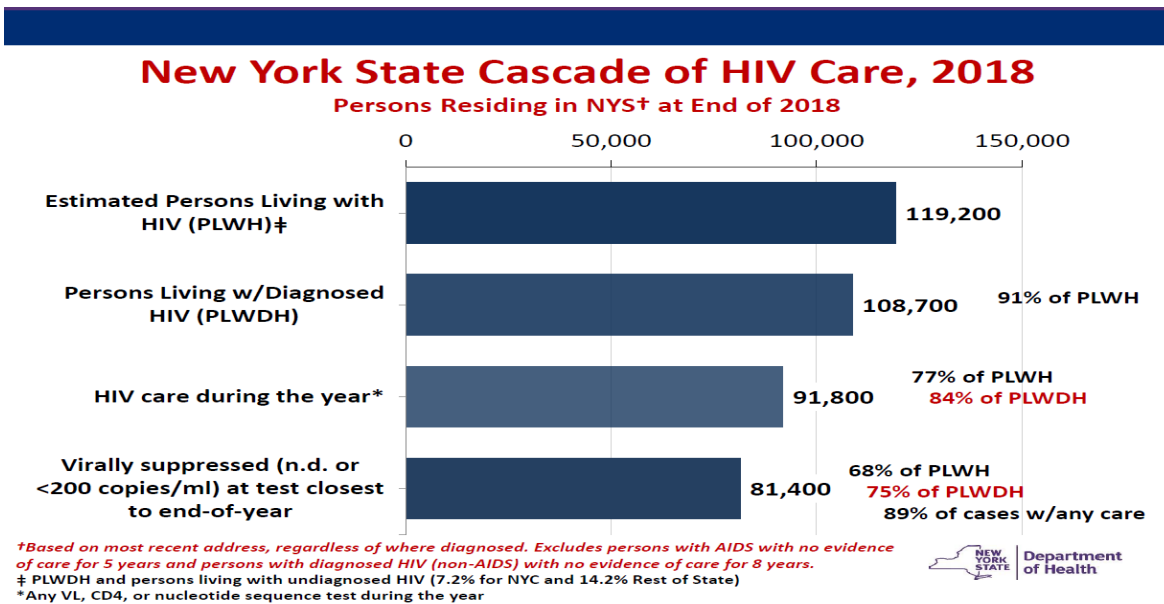
Older adults are also at increased risk for complications associated with viral hepatitis infections. Baby boomers are five times more likely to be infected with hepatitis C (HCV). Seventy-five percent of people living with chronic HCV in the US are baby boomers. Currently, the Centers for Disease Control and Prevention (CDC) recommend that all adults born between 1945 and 1965 be screened at least once for hepatitis C. While HCV is spread primarily through blood-to-blood contact (including shared injection equipment), it may also be spread through sex, especially if there is blood present or if a person is also infected with HIV.

If not vaccinated against hepatitis B (HBV), older adults may also be at increased risk for HBV. HBV can be spread through sharing of needles, syringes, or other injection equipment. In particular, people living with diabetes are at increased risk for HBV if they share blood glucose meters, finger stick devices or other diabetes-care equipment such as syringes or insulin pens. HBV can also be spread through sexual contact.

The New York State Cascade of HIV Care (2018) shows how many people are aware of their HIV infection status and are benefiting from the availability of highly effective treatments. Ideally, everyone living with HIV would receive continuous care and be virally suppressed. This would mean that the first and last bar would be the same length. The difference in length between the first bar



and the last bar represents missed opportunities and the need for improvement in our response to HIV/AIDS. Aging services providers can play an important role in addressing HIV/AIDS in New York State by promoting HIV testing, helping people who are living with HIV access health care and supporting people who are on HIV treatment with adhering to their medications. Collaboration between aging services provider, medical providers, and community-based organizations that address HIV/AIDS is critical for responding to HIV/AIDS in our state. And of course, promoting sexual health education and awareness among people across the life span can go a long way toward preventing new cases of HIV infection. PLWH over 50 are on the bottom chart.



LGBT Aging and Sexual Health

Older adults are a diverse group that includes individuals who identify as heterosexual, as well as lesbian, gay, bisexual, or transgender (LGBT). It is important for aging services providers to be aware of this diversity and create a welcoming environment for LGBT older adults. There are many ways to do this. Providers are most effective when they avoid the following behaviors:*

- Assuming that all older adults are heterosexual.
- Assuming that older adults' sexuality is fixed, absolute, and/or lifelong.
- Assuming that all older adults identify with their biological gender assigned at birth.
- Assuming that being gay, lesbian or bisexual is not difficult.
- Assuming that all transgender people want full reconstructive surgery or complete hormonal transformation.
- Assuming that older people do not have active sex lives.

*Adapted from *Fenway Guide to LGBT Health* (see Resources).

It is also important to train staff interacting with older adults to use LGBT-friendly language and to include physical symbols in your programs, such as the SafeZone “welcome triangle” shown on this page, to indicate to clients that this is a space where all people feel safe, welcome, and included. This may help to facilitate open and honest discussions around sex and sexual health.



People over 50 grew up at a time when LGBT people were less accepted than they are today. This made it even more difficult to disclose their sexual orientation or gender identity. As a result, many LGBT older adults suffer from internalized homophobia and/or transphobia. They may have used substances to manage stigma and shame to deny same-sex feelings and/or distress from their gender identity not matching their sex assigned at birth.

Some older adults chose not to come out as LGBT until later in life. It can be challenging for older adults who come out later in life to face a very youth-oriented LGBT culture (particularly among men who have sex with men). There are also older adults who may have been out earlier in life and choose not to disclose their sexual orientation later in life due to discrimination and stigma, which are still pervasive and difficult to overcome.

In addition, older LGBT adults may be particularly at risk for social isolation. They may have become disconnected from members of their social network due to stigma associated with their sexual orientation or gender identity.

During the early years of the AIDS epidemic, many older gay men and men who have sex with men witnessed the loss of members of their community to HIV related disease. It can be difficult to rebuild a new network due to isolation and a youth oriented gay culture.

Older transgender individuals may experience a similar loss of social networks due to discrimination, lack of access to health care, suicide, violence, and HIV/AIDS. In addition, LGBT older adults are more likely to be estranged from children or grandchildren (if they have them) and are more likely to have a network or a second family of friends who may also be facing issues related to aging and illness.

As a result of greater visibility and increased overall acceptance of transgender persons, some older adults begin their transition later in life. While some health and human services providers are competent in working with transgender clients, significant issues still continue around the lack of culturally competent care for transgender people. This has led to transgender individuals' needs often going unmet.^{xi}

More research needs to be done to better understand and serve this group, and additional training is needed for service providers. Along with staff training, it may be helpful to partner with local agencies and/or transgender community members to host conversations that address gender identity and sexual health issues.

Be an Ally

- Someone who confronts heterosexism, homophobia, biphobia, transphobia, heterosexual, and non-transgender privilege in themselves and others.
- Someone with a concern for the well-being of lesbian, gay, bisexual, transgender, and intersex people.
- Someone who holds the belief that heterosexism, homophobia, biphobia and transphobia are social justice issues.

Condoms

Condoms have been one of our most useful tools for the prevention of STIs. There are several options for condoms—including different colors and flavors. There are male condoms and female condoms. Whatever condom is chosen, it is important that it is used correctly and consistently to maximize efficacy. Male and female condoms, when used correctly and consistently, are very effective in preventing the sexual transmission of these infections.

Knowing how to use condoms correctly is an essential skill for promoting sexual health.

(For more information on how to use a male or female condom, see the Resources section.)

The male condom is a sheath that is placed on an erect penis before sex. They are available in latex, lambskin or polyurethane. Latex is considered the best condom for the prevention of STIs. Lambskin condoms are often used by individuals allergic to latex. While they prevent pregnancy, lambskin condoms do not protect against the spread of all STIs.

Polyurethane is a type of plastic. Polyurethane condoms offer protection from pregnancy and STIs, but are not as effective as latex condoms. Polyurethane condoms may be more expensive than latex condoms. These are, however, a good option for people who have latex allergies



The female condom, also called an inserted condom, is a lubricated polyurethane (plastic) pouch that keeps sperm from getting into the vagina or anus. Female condoms should not be used with male condoms. Female condoms can be inserted into the vagina up to eight hours prior to sexual activity. This allows a woman to prepare for a safe sexual experience well in advance.

Female condoms are versatile and can also be used for anal sex by all genders by simply removing the smaller inner ring. This is common among women as well as men who have sex with men.

The female condom is a little more expensive than the male condom, and slightly less effective at preventing STIs. Condoms should not be used past their expiration date and should be stored at room temperature (68-77°F 20-25°C)—not in extreme heat or cold—and away from moisture, direct sun or direct fluorescent light.

You can obtain free condoms for your senior/community center through the New York State Condom (NYSCondom) program, an initiative of the Department of Health's AIDS Institute. Through NYSCondom, eligible organizations, including nonprofit organizations, health care facilities, and government agencies, may request free male and female condoms, personal lubricant, dental dams, and finger cots. These organizations then provide the condoms and other items at no cost to sexually active individuals in their communities.

NEED Condoms?

About 70 percent of condom purchases are made by men

WHERE TO BUY YOUR CONDOMS

For FREE condoms, make sure to check out Health Centers and Family Planning Program Sites.

NOW THAT YOU HAVE THEM... where do you keep them?

DO

Store condoms in a cool, dry, protected place (not your pocket).

DON'T

Don't store condoms in areas that get too hot or too cold (like your wallet or glove compartment of the car).

Take Control

Take control of your health
For more information about how to safely use condoms visit facebook.com/takecontrol

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Community partners are encouraged to:

- Develop or refine strategies for effective local distribution of condoms;
- Promote the use of condoms, safe sex, and sexual health; and
- Let the NYSCondom program know how it can improve the program.

For more information about the NYSCondom program and to submit an organizational request to participate in the program please visit www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm.

If you have questions regarding the NYSCondom program, please email: NYSCondom@health.ny.gov.

PrEP and PEP

Medications are now available to prevent HIV infection, both before (pre-exposure prophylaxis, or PrEP) and after (post-exposure prophylaxis, or PEP) exposure to HIV. (For more information, see the Resources Section).

Sexually Transmitted Infections (STIs)

STI symptoms are not always easy to identify. Some people may have an STI, but experience no symptoms. This is why it is important to test for STIs on a regular basis, particularly if you are concerned that you may have been exposed.^{xii} Following are some common STIs and their corresponding symptoms:

Chlamydia

- Painful urination
- Lower abdominal pain
- Vaginal discharge
- Pain during sexual intercourse
- Bleeding between periods
- Discharge from penis
- Testicular pain
- Sore throat

MOST STDS ARE
asymptomatic
(WHEN SOMEONE DOESN'T HAVE SYMPTOMS OR FEEL SICK)

WHAT ARE THE Stats?

1/2 OF SEXUALLY ACTIVE YOUNG ADULTS HAVE HAD AN STD BY AGE 25

CHLAMYDIA
1/2 of males 3/4 of females DON'T HAVE SYMPTOMS

GONORRHEA
1/2 of females DON'T HAVE SYMPTOMS (BUT MOST MALES DO HAVE SYMPTOMS)

GENITAL WARTS
1/3 HAVE NO SYMPTOMS

GENITAL HERPES
AS MANY AS 3/4 DIDN'T KNOW THEY ARE *infected*

Take Control
Take control of your health
For more information about STDs
visit [facebook.com/takecontrol](https://www.facebook.com/takecontrol)

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Gonorrhea

- Thick, cloudy or bloody discharge from the penis or vagina
- Pain or burning during urination
- Painful bowel movements
- Anal itching
- Heavy menstrual bleeding/bleeding between periods
- Painful, swollen testicles
- Sore throat

Herpes

- Small red bumps, blisters or open sores in the oral, genital, anal, and nearby areas
- Pain or itching around the genital area, buttocks, and inner thighs

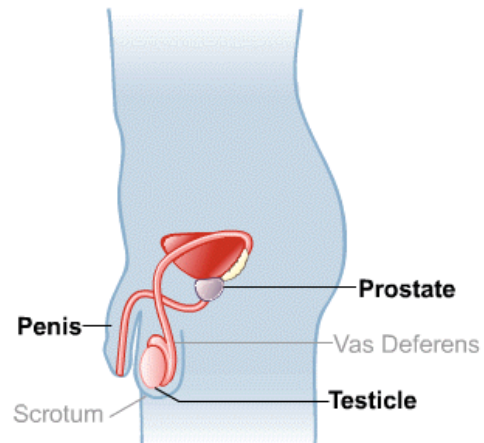
Syphilis

- Rash marked by red or reddish-brown, penny-sized sores over any area of your body
- Fever
- Enlarged lymph nodes
- Fatigue and vague feelings of discomfort
- Soreness and aching

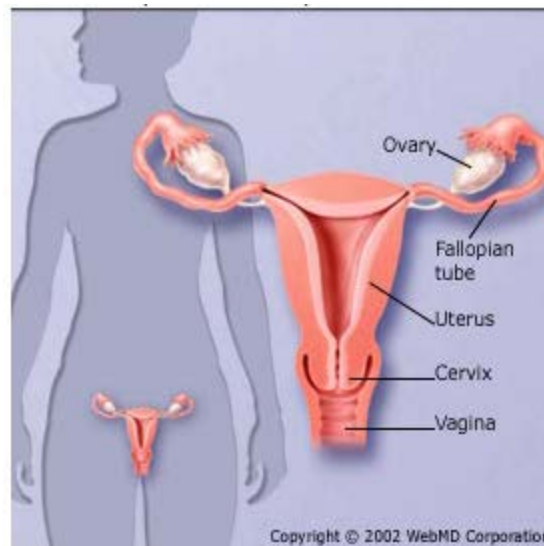
Viral Hepatitis

- Fatigue
- Nausea and Vomiting
- Abdominal pain or discomfort, especially in the area of your liver on your right side beneath your lower ribs
- Loss of appetite
- Fever
- Dark Urine
- Muscle or Joint Pain
- Itching
- Yellowing of skin and the whites of your eyes (jaundice)

Male Reproductive System



Female Reproductive System



Sources: WebMD

Free HIV testing and STI referral

Call the regional phone number closest to you to obtain HIV/STI information, referrals, and to learn where to get a free HIV test.

Rochester Region
1-800-962-5063

Buffalo Region
1-800-962-5064

New York States TDD Line
TDD 1-800-369-2437

[www.health.ny.gov/
diseases/aids/consumers/
testing/sites](http://www.health.ny.gov/diseases/aids/consumers/testing/sites)

Capital District Region
1-800-962-5065

Long Island Region (Suffolk/Nassau)
1-800-462-6786

Lower Hudson Valley Region
1-800-828-0064

HIV Testing

Often, the signs and symptoms of HIV in older adults can be confused with the normal signs of aging—creating missed opportunities for HIV testing. There are several important reasons to get an HIV test, but the two most important are:

1. If an HIV test result is negative, older adults can explore ways to ensure that they stay negative.
2. If an older adult receives test results that are positive, they can access treatment quickly—keeping them healthier and reducing the possibility of spreading HIV to others.

Getting tested is the only way for a person to know if he or she has HIV infection. People can live with HIV for many years and show no symptoms. When they know their HIV status, they are able to protect themselves and others by making informed decisions.

Older adults should be encouraged to talk with their health care provider about HIV testing.

The graphic features a smiling older woman with short grey hair, wearing a white lab coat and a stethoscope. To her right is a checklist with four items: 'Breast Exam' (checked), 'Bone Density' (checked), 'Blood Pressure' (checked), and 'HIV Test' (unchecked). The text 'HIV Test' is written in red. Above the woman is a red speech bubble containing the text 'Checklist for Healthy Aging'. Below her is a blue speech bubble containing a red checkmark icon and the text 'Have you CHECKED your HIV status?' with a large question mark.

Health care providers are required by public health law to offer voluntary HIV testing at least once to all patients over the age of 13. In addition, there are many places throughout New York State where older adults can get tested for HIV. The website <https://gettested.cdc.gov> generates a list of all local testing sites for a zip code, including those free of cost. People can also ask their health care provider for an HIV test or get a home rapid oral swab test from their local drugstore. If an aging services provider is interested in having HIV testing offered at their location, some HIV/AIDS service organizations are willing to conduct testing at their location, and some even have mobile testing vans.

Types of HIV Tests

Blood Test: Many health care settings conduct HIV testing by taking a blood sample. Often, it is convenient to have an HIV test conducted when blood is being drawn for other tests. The health care provider would typically share the test result during the next scheduled appointment or an additional appointment might be made in 1-2 weeks to review the result.

Rapid HIV Blood Test: Blood is drawn either by a fingerstick or from a vein to test for HIV antibodies. Results are available within 20 minutes or less.

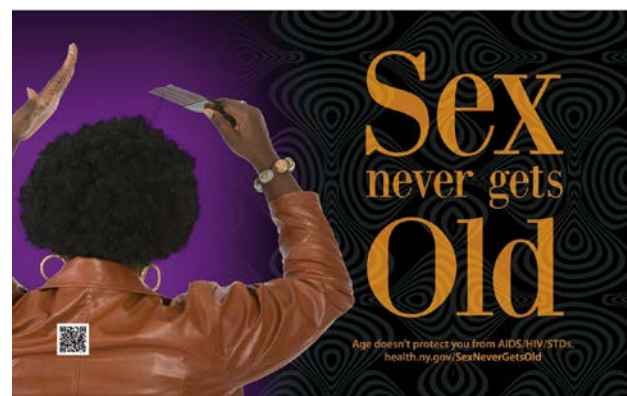
Rapid HIV Oral Test: An oral fluid sample is collected by swabbing the inside of the cheek and gums to test for HIV antibodies. Results are available within 20 minutes or less.

If a rapid blood test or oral test result is reactive or positive, additional testing is conducted to confirm the result.

Preparing for and Conducting Sexual Health Discussion Groups for Older Adults

All adults age 50 and older need education and support to ensure that their lives are rewarding and safe. Talking about sex and sexuality can be an empowering experience. It can also enable older adults to be teachers of younger generations.

It is helpful to remember that older adults enjoy sex and want to experience the physical and emotional intimacy that goes with it.



A Department of Health pamphlet titled “Sex Never Gets Old” (PUB # 9102) can be a good tool to start a discussion. For a copy of this pamphlet, please visit www.health.ny.gov/diseases/aids/general/publications and scroll to the heading titled: Older Adults.

Preparing for and conducting educational sessions and discussion groups on sexual health can be challenging, but also very rewarding. To help develop your confidence to have these conversations, ACRIA has developed two short DVDs around HIV and aging with a discussion guide that may assist in starting the dialogue about sex and healthy aging. The discussion guides and DVDs are available by calling ACRIA at (212) 367-1000, or they can be downloaded from the publications section of their website at www.acria.org.

Providers are encouraged to help create a safe and supportive environment for a discussion about sexual health. Participants may first be identified informally, on a one-to-one basis. Interest may be gauged around this issue by asking individuals a few questions (i.e., “Would you be interested in participating in a discussion group to talk about sexual health issues and ways to spice up your sex life?”).

To begin this dialogue, it is important to remember that this may be one of the few opportunities for older adults to freely discuss health and wellness issues related to sex—so do your best to set any judgments and assumptions aside. There are many ways that sessions can be carried out. A mixed group may be organized for all genders or you may prefer to separate groups by gender. Since each setting is unique, this is something for providers to determine based on input from potential participants.

It is also important to determine who should offer the presentation or facilitate the discussion.

Possible ideas include:

- A guest speaker from a local HIV/AIDS community-based organization.
- A health care provider with a geriatric background who is well versed on sexual health issues.
- A sex therapist who has experience working with older adults.

It is important to set simple discussion “ground rules” to make all participants feel comfortable and to encourage participants to keep what is discussed in the group confidential. It is important to avoid making assumptions about the gender of a participant’s partner(s) and use language that respects the gender identity of each participant. Humor is a helpful tool. Food and/or light refreshments tend to draw people to the session. Asking participants to write some of their concerns and/or questions on a piece of paper before the session can help generate discussion.

Don't forget to evaluate the session! This allows participants the opportunity to provide honest feedback so you can make improvements for next time. You could provide an opportunity for people to have a group discussion to provide feedback or provide anonymous written evaluation forms or surveys for people to complete.

The evaluation form could ask questions about what people liked or didn't like, and what they would want to have as topics for future presentations or discussion.

Sample Ground Rules for Discussions:

- Be respectful of the facilitator and other participants
- Feel free to speak or just listen
- Feel free to ask questions
- One person talks at a time
- It is okay to disagree
- Use "I" statements
- Establish a "judgment-free" zone
- Avoid put-downs (even humorous ones)
- Take responsibility for the quality of the discussion
- Build on one another's comments; work toward shared understanding
- Do not monopolize discussion
- Speak from your own experience
- Agree that what is shared in the group remains in the group

Checklist to Plan a Successful Discussion Session

Ongoing

- Participate in a training on older adults and sexual health (www.hivtrainingny.org)

2 months in advance

- Meet and discuss this project with center staff
- Agree on a topic and location
- Identify a date and time
- Identify and locate a speaker (brainstorm with staff and colleagues)
- Create bulletin board announcement
- Create fliers and posters
- Order NYSDOH pamphlets

1 month in advance

- Order refreshments
- Planning meeting with speaker
- Make copies of the resource guide
- Post older adults and sexual health resources on bulletin board
- Raise the topic at center staff meeting(s) to get buy-in and help with outreach and recruitment
- Take a pulse of participants' interest
- Create anonymous question box
- Review sample outline

2 weeks in advance

- Make copies of handouts
- Post fliers about the session
- Confirm the outline and logistics with the presenter
- Order the refreshments
- Review sample outline

1 week in advance

- Invitation fliers under client doors
- Set up a daily lunchtime/meal time outreach table about the session, with educational brochures
- Review sample outline

Day before session

- Make an announcement at meal times
- Email directions to the session speaker/guests

Day of session

- Remind attendees through announcements and in person
- Set up AV (VCR, DVD, laptop, newsprint)
- Arrange room (chairs, tables)
- Arrange resource table
- Prearrange materials
- Set up refreshments
- Greet the speaker

Sample Training / Workshop Outline 101

1. Personal invitation and call-out to participants about meeting start time
2. Registration of participants
3. Welcome (purpose, topic title, length, quick overview, program sponsors)
4. Housekeeping (bathrooms, breaks, refreshments, etc.)
5. Introduce the resource table
6. Basic ground rules: participate, listen, “I” statements, agree to disagree
7. Introduction of speaker/trainer
8. Ice breaker activity: “Can you remember a message about sex or sexuality you heard when you were growing up? Would anyone like to share it?”
9. Video or exercise or activity about today’s topic
10. Process: question and answers and comments (share reactions?)
11. Clarify knowledge and gauge participant reaction and interest level
12. Closing: go-around—name something you learned and/or ID a future topic?
13. Evaluations: What did you/they like? What would you/they change? What would you/they like to talk about next time?
14. Conclusion: A fun “end of session” activity (e.g., music, food or socializing)
15. Time for personal one-on-one questions between participants or one-on-one time with the facilitator
16. Professional site evaluation: How did it go? What would you do differently next time? How was the format (e.g., discussion or lecture or demonstration or video)? What did you notice about the clients? Did you like the presenter? Time?
17. Next steps: What to plan next?
18. Any specific follow-up or referrals necessary for any of the participants?
19. Report back on this activity to supervisor, CQI, staff meetings, NYSOFA, etc.
20. Share successes with NYSOFA and/or NYSDOH AI and at center staff meetings

Resources

NYS Condom Frequently Asked Questions:

www.health.ny.gov/diseases/aids/consumers/condoms/faqs.htm

How to get free condoms in New York State:

www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm

NYS Department of Health – Instruction for using a Male Condom:

www.health.ny.gov/publications/instructions_male_condom.pdf

NYS Department of Health – Instructions for using a Female Condom:

www.health.ny.gov/publications/9571.pdf

NYS Department of Health – Pre-exposure Prophylaxis and Post-exposure Prophylaxis for HIV: www.health.ny.gov/diseases/aids/general/prep/

NYC Department of Health and Mental Hygiene – STDs and HIV:

<https://www1.nyc.gov/site/doh/health/health-topics/sexually-transmitted-diseases.page>

Age is not a Condom: ageisnotacondom.org

Aging with HIV: <http://hiv-age.org>

National Institute on Aging: www.nia.nih.gov

POZ Magazine: HIV & Aging: www.poz.com/basics/hiv-basics/hiv-aging

Services & Advocacy for GLBT Elders (SAGE): HIV & Aging:

www.sageusa.org/issues/hiv.cfm

The Body Resource Center: Aging with HIV:

www.thebody.com/content/67810/aging-with-hiv-home.html

Fenway Guide to LGBT Health, Module 6: Caring for the Older LGBT Adult:

lgbthealtheducation.org/wp-content/uploads/Module-6-Caring-for-Older-LGBT-Adults.pdf

References

The New York State Department of Health's AIDS Institute remains committed to promoting LGBT (lesbian, gay, bisexual, and transgender) and drug user health, including sexual health and general wellness. Initiatives funded by the AIDS Institute support a broad and diverse range of services including those for youth, seniors, and communities of color as well as programs for mental health and substance abuse prevention. In addition, the AIDS Institute contracts with various community HIV service organizations throughout the state to provide a range of HIV prevention and support services to LGBT communities:

www.health.ny.gov/diseases/aids.

The New York State Office for the Aging's (NYSOFA's) home and community-based programs provide older persons access to a well-planned, coordinated package of in-home and other supportive services designed to support and supplement informal care. NYSOFA's overall goal is to improve access to, and availability of, appropriate and cost-effective non-medical support services for older individuals to maximize their ability to age in their community and avoid higher levels of care and publicly financed care. NYSOFA achieves this through its network of 59 local offices for the aging: www.aging.ny.gov.

ACRIA is a leading research and education organization, working across New York City and the state, nationally, and internationally to help people with HIV and AIDS live longer, healthier lives. ACRIA tests the newest HIV therapies, getting life-changing drugs into the hands of the people who need them the most. ACRIA undertakes cutting-edge research to better understand who has HIV and how to keep people who are living with the disease healthy. ACRIA provides essential HIV health and prevention information to disadvantaged people and communities around the world, and strengthens community-based groups across the US, Latin America, and the Caribbean through a unique program of technical assistance and capacity building. Additionally, the ACRIA Center on HIV and Aging is recognized as a leader in the fast emerging issue of older adults and HIV. ACRIA@GMHC currently receives funding from the New York State Department of Health's AIDS Institute as a Center of Expertise: www.acria.org.

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- i. www.whitehouseconferenceonaging.gov/blog/policy/post/healthy-aging-policy-brief.
 - ii. www.health.state.mn.us/divs/orhpc/pubs/healthyaging/hareportnofs.pdf.
 - iii. www.nia.nih.gov/health/publication/sexuality-later-life.
 - iv. www.norc.org/Research/Projects/Pages/national-social-life-health-and-aging-project.aspx.
 - v. www.pewresearch.org/next-america/#Two-Dramas-in-Slow-Motion.
 - vi. www.health.ny.gov/diseases/aids/general/statistics/epi/docs/2012_epidemiologic_profile.pdf.
 - vii. www.cdc.gov/std/stats11/surv2011.pdf and
www.nytimes.com/2014/01/19/opinion/sunday/emanuel-sex-and-the-single-senior.html.
 - viii. www.cdc.gov/hiv/pdf/statistics_surveillance_epi-hiv-infection.pdf.
 - ix. www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf
 - x. www.nytimes.com/2014/01/19/opinion/sunday/emanuel-sex-and-the-single-senior.html?_r=0.
 - xi. www.lgbthealtheducation.org/wp-content/uploads/Module-6-Caring-for-Older-LGBT-Adults.pdf.
 - xii. www.mayoclinic.org/diseases-conditions/sexually-transmitted-diseases-stds/in-depth/std-symptoms/ART-20047081.

