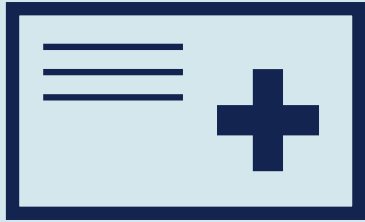


All adults age 50+ living with HIV:

Addressing the needs of older adults living with HIV is critical to New York State's Ending the Epidemic (ETE) Goals.



80%
rely on Medicaid



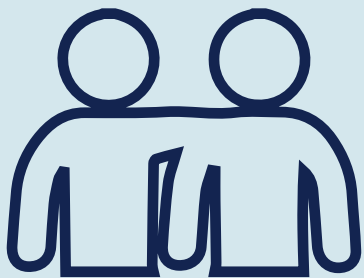
70%
are living alone



54%
of users of alcohol or
illicit drugs are now
in recovery



15%
have a partner
or spouse



50%
of friends know of
their HIV+ status

Based on the Research on Older Adults Living with HIV (ROAH) 1.0 and ROAH 2.0 studies conducted by ACRIA, older adults living with HIV have specific needs to be addressed to ensure continued quality of life.

NYS ETE OLDER ADULTS HIV ADVISORY GROUP REPORT FINDINGS:

- Ageism, fear, and HIV stigma are barriers to testing.
- High rates of depression are one of the primary indicators of non-adherence to HIV and other medications.
- Medical providers do not discuss sexual health with their patients.
- Social support networks are inadequate to meet the dual challenges of aging and HIV.
- Lack of knowledge about risk for co-morbidities and how best to manage multi-morbidities.



Training Curricula

The AIDS Institute funded training centers developed distinct training curricula on topics including the following:

[Engagement in Care Series:
Older HIV+ Men who are Gay or
MSM - Online Learning](#)

[Older Adults and Sexual Health Guide](#)

[Webinar: HIV and Aging - Archive](#)

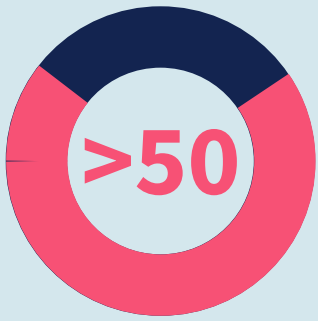
[Health & Wellness Self-Management
Skills Training](#)

[Combating Stigma through Language](#)

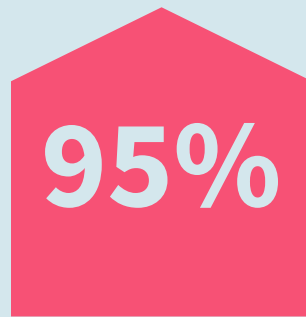
You will need to register at hivtrainingny.org if you don't have an account

The AIDS Institute Uninsured Care Programs for aging patients living with HIV includes:

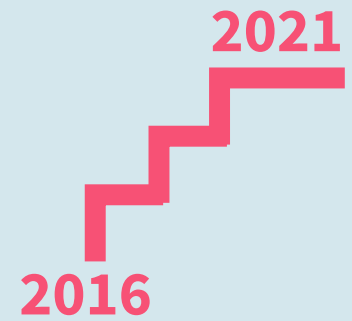
the AIDS Drug Assistance Program (also known as ADAP), the ADAP Plus HIV Primary Care Program (HCP), the ADAP Plus Insurance Continuation (APIC) Program, and the Home Care Program.



More than half of participants are age 50 or older

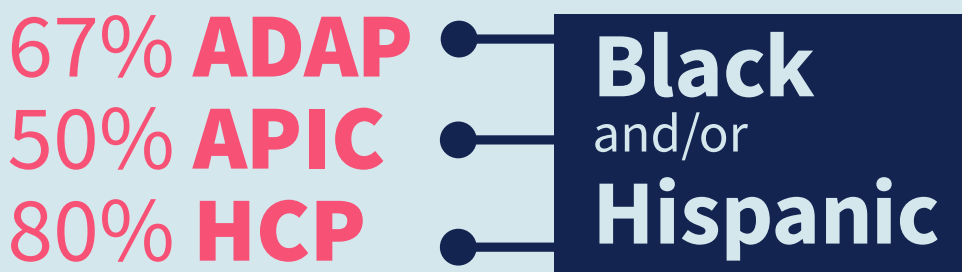


Home Care Program (HCP) Participants



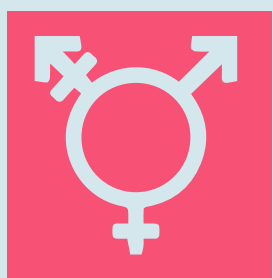
Percentage of participants age 50 and older has increased

Percentage of people of color (POC) age 50 and older



In 2019, AIDS Institute-funded providers served over 7,500 patients living with HIV age 50 and older.

Self-reported gender Identity



60% **Male**
38% **Female**
02% **Transgender**

Under Federal Poverty Level

52%
under 138% of the FPL

44%
under 100% of the FPL



SEXUAL ORIENTATION



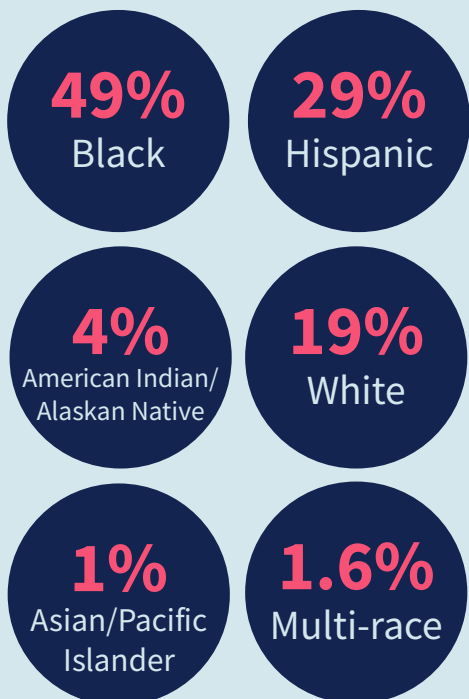
60%
Straight

38%
Gay/Lesbian

2%
Questioning

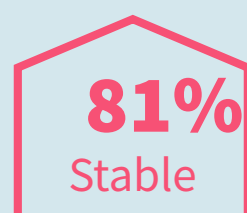
(Chose not to respond, or sexual orientation not listed)

Demographics



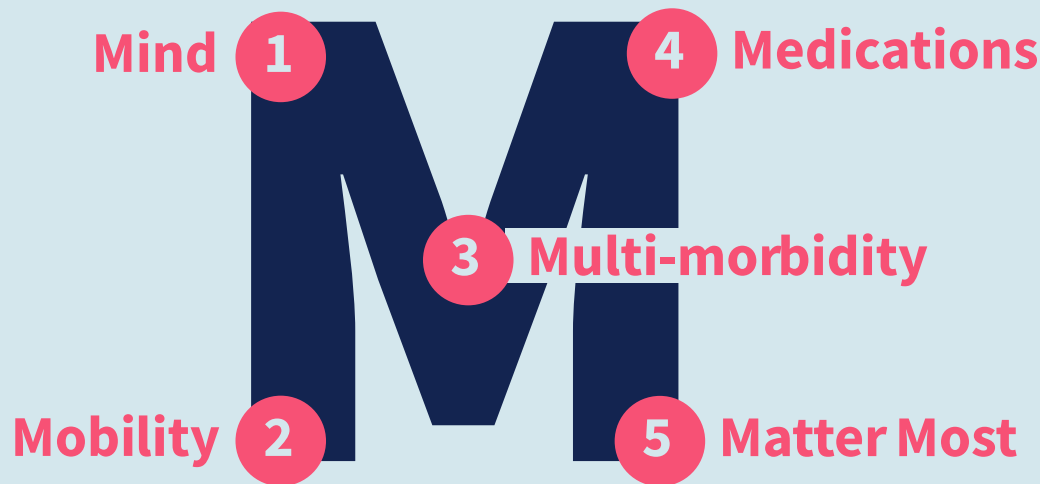
Housing Stability

Housing status was available for 75% of the clients served



NYS Clinical Guidelines Program developed clinical guidance for the care of older patients living with HIV.

Need for providers to be able to conduct assessments and address 5 key domains.



Mind – relating to cognition, mental health, behavioral health, substance use, and isolation.

Mobility - Clinical providers need skills and resources to assess and address issues related to gait, balance, activity level, fall risk and overall frailty. People with HIV may face these mobility issues at a younger age.

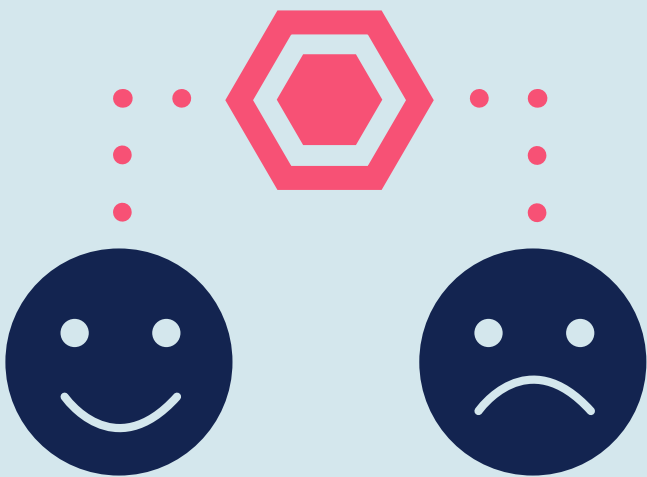
Multi-morbidity - In the era of effective ART, managing multi-morbidities is perhaps the most important challenge of clinical care for older PWH.

Medications - Along with multi-morbidity, clinicians need training and support managing poly pharmacy and drug-drug interactions.

Matter Most - How to address the things that “matter most” to their older patients with HIV.

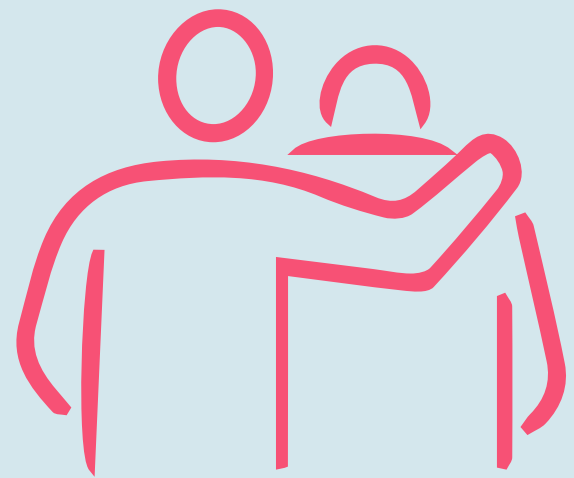
*IT IS ESSENTIAL THAT THE VOICES OF OLDER ADULTS WITH HIV BE CONSIDERED IN PROGRAM PLANNING.
WE KNOW THIS. WE CAN DO THIS.*

Psycho-Social Needs



It is important for providers to look at the psycho-social needs of patients and link individuals to needed services. That experience and those skills are even more important as patients age and experience multi-morbidity, frailty, and cognitive challenges and changing housing needs.

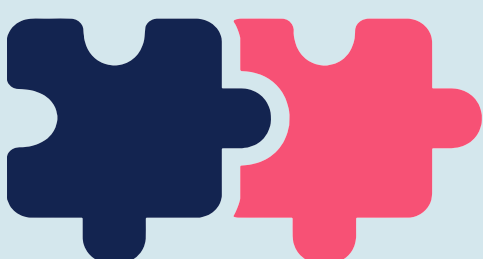
Trauma-Informed Care



Adopting trauma-informed care is an absolute necessity for supported clinics and all health care practices. The process of adopting trauma-informed care requires:

- **Organizational assessment**
- **Focusing on key domains**
- **Training staff and engaging consumers**
- **Prioritization by all**

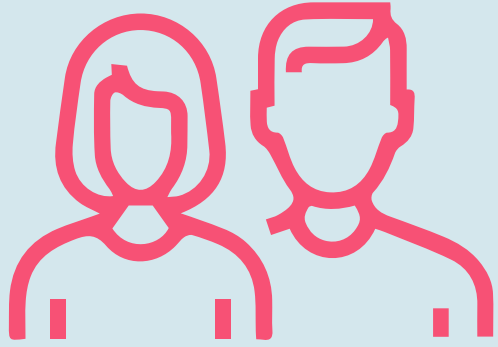
Capacity Building



In many communities there is still a disconnect between HIV care and support providers and the larger network of support for older adults in the community. **We need individuals and agency facilities to improve their ability to bridge this gap in systems.**

NYS Clinical Guidelines Program developed clinical guidance for the care of older patients living with HIV.

YOUNG people who are aging with HIV



Some of our young people who acquired HIV perinatally are now in their late 20s, mid-thirties, and beyond. Supportive service providers need training on how to meet these individuals where they are in their own life journey.

Challenges people living with HIV face as they retire or age



Income decreases



Benefits change



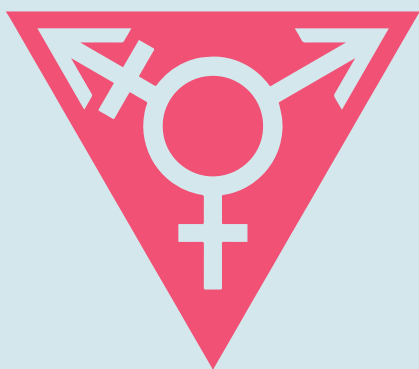
Health care coverage turns to Medicare



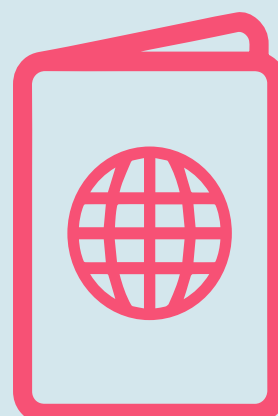
Transportation of a frail older adult – a person who uses a walker, cane or wheelchair

Intersectionality Training

Supportive service providers must be familiar with the unique needs of our vulnerable sub-populations. This begins with training on [intersectionality](#) and how our identities are nuanced and complex and stigma is insidious.



People of trans experience face unique challenges as they age, move into assisted living or long-term care facilities.



Support providers need skills and resources for understanding and meeting the unique needs of undocumented people living with HIV.



Department of Health