



# BACKGROUND

## HIV and Aging in Nova Scotia

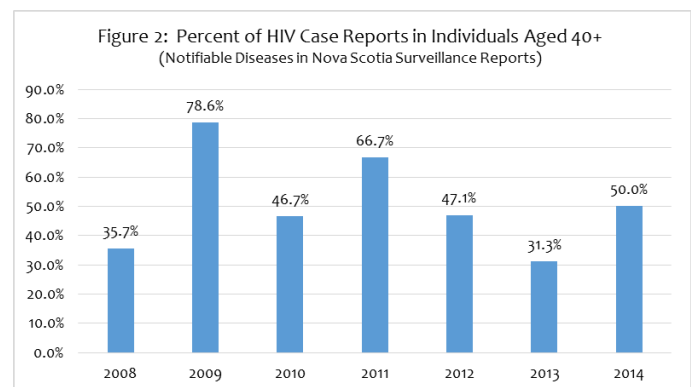
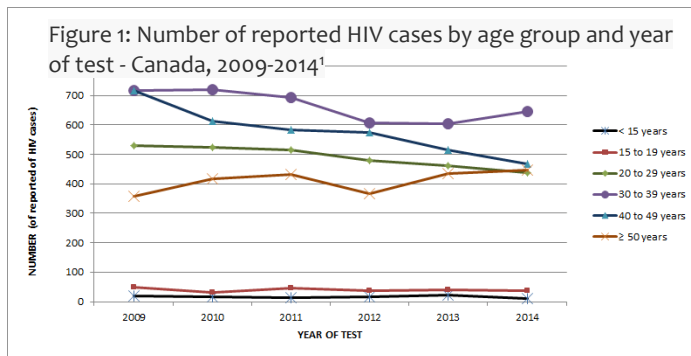
### Purpose

The purpose of this Background is to provide an overview of issues in Nova Scotia related to HIV and aging. It will demonstrate that older people (50 years and older) have specific HIV-related challenges and identify some key actions that could be taken by a range of stakeholders to improve their quality of life.

### What is the issue?

Aging is an important issue for people living with HIV/AIDS (PHAs), and HIV is an important issue for people who are aging. PHAs are living longer thanks to improved treatment options, and an increasing number of people are diagnosed with HIV later in life. More than 20,000 PHAs in Canada are already over the age of 50 and this cohort is growing. Between 2009 and 2014, the proportion of HIV cases among those aged 50 or older increased from 15.0% to 21.9%, surpassing the 20-29 year age group (21.4%) (Figure 1).<sup>1</sup> In Nova Scotia, a large proportion of HIV diagnoses each year are in adults over the age of 40 (Figure 2).

Given these changes, it is concerning that approximately 21% of Canadians living with HIV are undiagnosed, and 70% of baby boomers have never been tested for HIV.<sup>1</sup> Action is needed to increase access and uptake of testing across the lifespan.



### Aging with HIV can be complicated

Aging creates challenges for many, perhaps, all of us, but it is especially complicated for those living with HIV for a variety of reasons. PHAs are more likely to have multiple physical or mental health conditions throughout their lives, including depression, heart failure, lung disease, diabetes, stroke, osteoporosis, cognitive impairment, and cancers.

They are also at greater risk of experiencing stigma, exclusion from the labour force, employment years lost due to illness, substance use and lack of social support, and income insecurity, all which negatively impact their overall health. PHAs also worry about stigma (e.g., homophobia, HIV phobia) when entering seniors' homes, hospitals, and long-term care facilities.

### Older adults are vulnerable to HIV and other STBBIs<sup>2</sup>

Older adults may believe that they are not susceptible to HIV infection and other sexually transmitted and blood borne infections (STBBIs). Any formal sexual health education in their youth would have preceded the HIV pandemic and therefore they tend to be less knowledgeable about HIV.<sup>3</sup> HIV prevention campaigns are rarely made with older adults needs in mind.

Their relationship status may change (i.e., divorce, widow) that may lead to new sexual relationships. Some older people may have a renewed sex life thanks to drugs that enhance sexual function.

Older adults may feel more vulnerable negotiating safer sex since opportunities for sexual encounters may be more limited or initiated in unfamiliar ways (e.g. through social media). Older people no longer need to prevent pregnancy, and therefore may opt not to use prevention methods such as condoms that protect against HIV and other STIs.

### Service providers have a blind spot<sup>4</sup>

Older adults are not being screened for risk, tested and treated in a timely manner. Health care providers may believe the stereotype that older adults are no longer interested in having sex. They may avoid talking to older adults about sexual health and drug use because of their own discomfort or perceived discomfort of their clients. This results in missed opportunities to discuss potential risk factors for HIV and other STBBIs, and recommend testing. Also, many older adults perceive themselves to be 'low risk' so they don't request HIV testing.

## Why is this important for NS?

- Nova Scotia has Canada's oldest population per capita, with 18.3% of our population made up of seniors, and approximately 1000 Nova Scotians turning 65 years of age each month. By 2033, it is projected that 29% of the province's total population will be seniors.<sup>5</sup>
- Nova Scotians living with HIV are both optimistic and apprehensive about aging with HIV. Many of those diagnosed prior to 1996 had never expected to still be alive into their senior years or to face an uncertain future potentially marked by continued struggle.<sup>6</sup>

## What can we do to improve the situation?

The increasing number of aging PHAs, the increasing proportion of HIV among older adults, and the complexity of aging with HIV, present new challenges for prevention, care, treatment and support. Some priority action areas include:<sup>7</sup>

- Tailor HIV/STBBI prevention campaigns so that they are interesting and culturally relevant to older adults
- Develop and/or adapt programs to meet the unique health and social needs of diverse people aging with HIV
- Deliver safer sex education in older adults' settings
- Engage older people living with HIV in prevention efforts
- Train those in the HIV sector, health professionals, and staff in long-term care environments, on sexual health of older adults, 'HIV 101' and cultural safety training, and the diverse health needs of older PHAs

## Who Needs to be Involved?

Aging with HIV is an emerging challenge that will increase the treatment and support requirements from a greater variety of health professionals and services. The HIV, chronic illness, aging, and home and community care sectors need to work better together to address these needs in a comprehensive way, across all settings. Below are some examples of provincial organizations with joint responsibility on this issue:

### Department of Health and Wellness (DHW) and NS Health Authority (NSHA)

To ensure culturally competent and nondiscriminatory care, health care providers should be trained in the particular experiences and needs of older PHAs, including gay men, women, persons who use drugs, Aboriginal people and people from HIV-endemic countries. NSHA and DHW also should take the lead in training the seniors sector about the increasingly complexity of HIV and aging, including potential discrimination in continuing care settings (e.g., home-based care, long-term care, palliative and end-of life care).

Targeted prevention initiatives are needed to assess older patients for sexual health risks and screen for HIV and other STBBIs. Health care providers should ensure older people are aware of: the body changes that may come with aging; the impact of any health condition(s) and associated medications on their sexual function; and their options for STBBI prevention. They should be encouraged to talk with their patients regarding sexual behaviour/orientation and make it clear that such conversations are confidential and non-judgmental.<sup>8</sup>

### Department of Seniors (DS)

The DS is responsible for providing leadership on supporting the independence and well-being of older adults. Fiscal and social policies that recognize different experiences of aging are needed. Key strategic directions for the DS<sup>3</sup> are to enhance: wellness and health initiatives; workforce participation of older workers and marginalized communities; and seniors' social well-being.<sup>5</sup>

### Department of Community Services (DCS) and Service Canada

The DCS plays a key role in ensuring social and economic well-being for all Nova Scotians, including older adults who are living with or vulnerable to HIV. A major challenge for Nova Scotia's aging demographic and poverty levels is lack of income security and workforce opportunities in the province. To ensure an equitable chance to age well, older people living with HIV need to be able to access flexible financial supports, and safe spaces in which to live and seek assistance; they also need to have input into programs and services affecting them.

## What are some key considerations to guide our joint efforts?

We have a shared responsibility to provide quality, efficient, effective and culturally-competent health care to Nova Scotians. In the context of aging PHAs, this means:

- consulting with seniors and senior-serving organizations
- advancing seniors issues at local and provincial levels
- facilitating and promoting a coordinated approach within government on all matters related to seniors in the Province
- engaging stakeholders and creating partnership across sectors to work together to meet the needs of seniors
- providing research analysis and policy advice on seniors' issues; and
- focusing our work on asset-based community development.

<sup>1</sup> PHAC (2015). [HIV and AIDS in Canada: Surveillance Report to December 31, 2014](#)

<sup>2</sup> PHAC, 2010. HIV/AIDS Epi Update – [HIV/AIDS Among Older Canadians](#).

<sup>3</sup> Rosenfeld D, Bartlam B & Smith R (2012) Out of the closet and into the trenches: gay male baby boomers, aging and HIV/AIDS. *The Gerontologist*, 52(2), 255-263.

<sup>4</sup> Canadian Working Group on HIV and Rehabilitation (2015). [HIV and Older Adults – Media Primer](#).

<sup>5</sup> NS Department of Seniors (2015). [Statement of Mandate 2015-2016](#).

<sup>6</sup> Lewellen D (2012). Understanding the Experiences of HIV-Patients in Nova Scotia - Final report

<sup>7</sup> National Coordinating Committee on HIV and Aging (2015). [HIV & Older Adults – Media Primer](#)

<sup>8</sup> Wallace, M (2012). [Issues Regarding Sexuality: Protocol: Sexuality in the older adult](#).