



Department  
of Health

HIV Advisory Body

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Commissioner

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Executive Deputy Commissioner

August 2020

Johanne Morne, Director  
New York State Department of Health AIDS Institute  
Empire State Plaza, Corning Tower  
Albany, NY 12237

Dear Ms. Morne:

The New Your State HIV Advisory Body (HAB) writes this letter to the AIDS Institute to support the comprehensive recommendations developed by the ETE Older Adults Advisory Group and to prioritize adults over the age of 50 within HIV prevention and treatment services.

The HAB commends the AIDS Institute for progress made to implement the following recommendations to address HIV prevention and treatment in older adults.

- Removing the recommended age limit on routine HIV testing.
- Developing materials (e.g.) posters/flyers/brochures which focus on older adults' sexual health for display in provider offices (e.g.) waiting rooms, exam rooms.
- Developing and implementing training curricula on older adults and sexual health for both medical and non-medical providers such as social workers, geriatricians, HIV providers and to address HIV testing in the context of chronic illness disease prevention and self-management, and sexual health.
- Developing a co-morbidities and self-management training program for older adults with HIV and offering on-site HIV/STI/Viral Hepatitis counseling and testing.
- Collaborating with New York State Office for the Aging to develop the *Older Adults Sexual Health Plan: A Guide for Aging Service Providers*.<sup>1</sup>

One of the largest growing populations impacted by HIV is adults age 50 and older. We are asking the AIDS Institute to continue to explore strategies that educate and inform older adults and providers on the importance of addressing the needs of this community. Specifically, those who experience poverty, behavioral health issue/challenges and other emerging issues.

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<sup>1</sup> [https://www.health.ny.gov/diseases/aids/general/publications/docs/sexual\\_health\\_older\\_adults.pdf](https://www.health.ny.gov/diseases/aids/general/publications/docs/sexual_health_older_adults.pdf)

## **Prevention for Individuals Over 50**

Sexuality and sexual expression remain important and crucial aspects in the lives of adults over 50. The misconception that older adults are not sexually active has negatively impacted access to education and accurate information. Older adults have reported decreased condom use leading to an increased risk for STI's and HIV exposure. Older adults may not discuss sexual health with friends, or medical providers due to embarrassment or perceived stigma associated with talking about sex. Senior expressions of sexuality are often overlooked in health care settings and by health care professionals.

In 2018 older adults comprised 55% of persons living with diagnosed HIV in NYS. Unfortunately, older adults who are newly diagnosed with HIV are often concurrently diagnosed with AIDS. The likelihood of receiving an AIDS diagnosis increases with age and may be indicative of inadequate access to information and testing opportunities. Sexually Transmitted Infections (STIs) Surveillance data show that STIs are on the rise, specifically Syphilis, Gonorrhea, and Chlamydia. The rising STI infection rates, when paired with the HIV transmission, increases the need for action.

NYS data also demonstrates disparities for older women with concurrent HIV and AIDS diagnosis. Women over 50 experience little or no provider initiation to discuss sexual health and because older women are not of childbearing age there is a gap in understanding their perceived risk and prevention of HIV and other STIs. Further concerns include low sexual health literacy, limited information about HIV prevention and limited condom use.

Additionally, HIV and STI prevention education and support are needed for individuals in senior centers, day treatment, assisted living and long-term care facilities. Often staff within these settings have limited knowledge and training of sexual health among older adults. It is important to change the perception that sexuality, intimacy, and substance abuse are topics that should be discussed with seniors.

HAB Recommendations are as follows:

- Acknowledge the importance of sexual health for older adults through the development of educational materials on prevention techniques to increase knowledge surrounding HIV and STI's.
- Develop trainings for health care providers that address sexual health across the life span that explore stereotypes about sex and aging and promotes comprehensive sexual health histories, regardless of age.

- Develop a Dear Colleague letter to providers specializing in care for older adults and related services, informing practitioners of the importance of HIV and sexual health screening.
- Increase training opportunities for medical and health care providers on comprehensive sexual health, behavioral health assessments and risk reduction screenings specializing in care for older adults.
- Develop a track on Aging and HIV in the AI Peer Worker Certification Program and promote the use of certified peer workers to engage seniors.
- Provide educational resources to and partner with senior centers, assisted living and long-term care facilities.
- Increase HIV testing opportunities, especially if the person is hospitalized or presents in a Skilled Nursing Home Facility.
- Continue the promotion of sex positive campaigns, educational materials and posters for older adults.
- Continue creating resources to increase sexual health literacy among seniors.
- Create educational materials and campaigns on PrEP for older adults.
- Develop and promote media campaigns and messaging aimed at women over 50.

### **Long-Term Survivors**

By the end of 2020, it is estimated that 70% of Persons Living with HIV (PLWH) in NYS will be over the age of 50. With advancement in HIV medications including highly active antiretroviral therapy (HAART), people living with HIV are living far longer lives. Due to longer survival of older adults with HIV, long-term survivors (LTS) face many challenges including treatment fatigue, onset of co-morbidities associated with aging and/or adverse side effects from use of medications. For LTS with co-morbidities there is an increased need for health literacy on medication dosage and drug interactions.

Promoting positive health outcomes for older PLWH now means addressing co-morbidities, such as cardiovascular disease, liver disease, cancer, and other conditions associated with aging. It also means promoting smoking cessation and addressing behavioral health issues such as substance use, mental health, recovery from trauma,

adherence burn-out and social isolation. This necessitates a high level of coordination between clinical providers and support services programs.

Mental health needs of older adults with HIV are complex and evolving. Psychologists and other mental health professionals have an important role to play in the continued care of the aging population of people living with HIV. Studies have shown increased levels of depression in LTS which was significantly related to increased HIV-associated stigma, increased loneliness, decreased cognitive functioning and reduced levels of energy. These data underscore the need for service providers and researchers to assert more aggressive and innovative efforts to resolve both psychosocial and physical health issues experienced by the population.

Lastly, LTS who are aging have also expressed a need for referrals and information on respite care, long-term care options and end of life planning services such as hospice and health care proxy identification. This highlights the importance for case managers and supportive services providers to be equipped with educational materials and referral services to assist LTS in making care decisions.

HAB Recommendations are as follows:

- Promote HIV Long-Term Survivors Awareness Day and continue to support initiatives and programs to engage and gain feedback from community.
- Provide resources in case management and supportive services programs on end of life issues for LTS.
- Promote mental health assessments, screenings and programs for LTS to address issues of isolation, depression, aging and anxiety due to illness or a side effect of medications.
- Develop medication adherence success stories to address treatment fatigues as well as address co-morbidities.

We thank you for your attention to the older adult community and support the AIDS Institute in the implementation of tailored approaches to address the challenges of older adults in NYS.

Sincerely,

Robert Forbes  
HAB Community Co-Chair

Barbara Raymond  
HAB Community Co-Chair