

HIV/AIDS and Aging: Needs and Response

A Funder Gathering in New York City

HIV/AIDS grantmakers and key stakeholders came together on June 19, 2008 at Foundation Center in New York City to discuss the emerging issue of HIV/AIDS and aging populations. The panel included **Daniel Tietz**, RN, JD; **Stephen Karpiak**, PhD; and **Vaughn E. Taylor-Akutagawa** of the AIDS Community Resource Initiative of America (ACRIA); **Bill Stackhouse** of Gay Men's Health Crisis; **Michael Adams** of Services and Advocacy for GLBT Elders (SAGE); **Jeff Bailey** of AIDS Project Los Angeles; **Frances A. Meléndez**, PhD of Iris House; **J. Edward Shaw** of New York Association on HIV Over 50; and **Jasmine Thomas** of New York Community Trust. Disability Funders Network and Grantmakers in Aging co-sponsored the event.

Thanks to the successes of life-prolonging antiretroviral medication, people are living longer than ever with HIV and AIDS. Recent studies suggest that in cities with the highest HIV incidence—New York City, Los Angeles, San Francisco—one third of people living with the disease are over the age of 50, and 70% are 40-plus. It is estimated that by the beginning of the next decade more than half of all people living with HIV/AIDS (PLWHA) in the U.S. will be over 50. This “graying” of the epidemic has already begun to raise significant unforeseen questions for older PLWHA, as well as for AIDS service organizations (ASOs) and other CBOs, and researchers. For example, will programs serving the aging be friendly to people with HIV, and how will the comorbidities of HIV and aging affect one another? To complicate matters further, awareness and prevention messages are seldom aimed at older adults, and we remain willfully ignorant of the reality of their sexual activity and substance use.

“As the number of older adults living with HIV grows by leaps and bounds, so does the number of negative older adults at risk. It is past time that we target and tailor HIV prevention messages to this population.”

Vaughn Taylor-Akutagawa

Top Ten Considerations For Funders

1. Funders should **consider effective means of assisting aging PLWHA with gaining knowledge of and access to essential social services**. Senior-serving organizations should be sensitized to both the existence and the unique needs of the aging HIV-positive individuals if this population is to be effectively mainstreamed.
2. Older adults living with HIV face high rates of depression, characterized by social isolation and loneliness. Funders should **keep effective delivery of critical mental health care in mind**.
3. Funders can **seek collaborations that bring together diverse partners** who focus on aging, HIV/AIDS, and disability to build networks for care across communities. Funders can work to connect grantees working on similar projects and suggest potential partnership opportunities.
4. Funders should **consider programs which help ensure that aging PLWHA are accessing government-supported programs**. Although government programs can be difficult to navigate, they often support a wider range of services and more clients than those solely supported by private philanthropy.

“For me, being HIV positive means loneliness.”

an older PLWHA and client of Iris House,
quoted by Dr. Frances A. Meléndez, Ph.D

5. Funders should be mindful of programs’ cultural competency by making sure that not just age, but also race, gender, and sexual identity are taken into consideration. Funders can develop evaluation tools with grantees to gauge success in addressing the specific needs of their audiences.

6. Funders can look to replicate programs that have had success in other geographical areas or at other agencies, adjusting for the target community’s needs and concerns. Funders can also ensure the provision of technical assistance in the implementation of these models, or facilitate technical assistance between grantees.

7. The CDC recommends HIV testing only up to age 65, although older individuals may continue to participate in HIV transmission behaviors throughout their lives. Funders should note that ongoing training for both medical and social services professionals and other caregivers is needed to ensure that aging individuals are receiving the compassionate care they deserve—including HIV testing and care—and that that care is integrated into their HIV management.

8. Funders should be mindful of HIV/AIDS stigma. According to the *Research on Older Adults with HIV* study (ROAH), many older PLWHA are afraid to tell their families, friends, and those who provide care that they are HIV-positive or living with AIDS. HIV/AIDS stigma continues to be a pervasive force in the general population, especially among older people and the professionals and paraprofessionals that serve them.

9. Funders should seek methods of addressing issues of poverty in older adults—poverty is worsened by HIV/AIDS. Successful means of addressing poverty would include programs to support proper nutrition, transportation services, and access to safe and affordable housing.

10. As always, funders should visit www.fcaids.org for information on issues surrounding the aging population and all PLWHA.

“There’s a desperate need for an increase in funding for research into the particular needs and experiences of older adults with HIV.”

Daniel Tietz, RN, JD

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The Panel



Dr. Frances Meléndez, J. Edward Shaw, and Jasmine Thomas

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AS A NETWORK OF MORE THAN 1,500 PHILANTHROPIC GRANTMAKERS ENGAGED IN THE FIGHT AGAINST HIV/AIDS, FUNDERS CONCERNED ABOUT AIDS (FCAA) WORKS TO MOBILIZE PHILANTHROPIC LEADERSHIP, IDEAS, AND RESOURCES TO END THE HIV/AIDS EPIDEMIC AND TO ADDRESS ITS SOCIAL AND ECONOMIC CONSEQUENCES.



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