



AFC Case Manager Training for Older Adults Living with HIV/AIDS

Session #1: HIV and Older Adults

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Session Goals



Participants will be able to independently use their learning to...

- Describe the current HIV epidemic as it relates to the population ages 50 and older
- Describe key issues surrounding HIV/AIDS, medications, and aging
- Describe key geriatric aging issues

What You Should Be Able to Do or Know

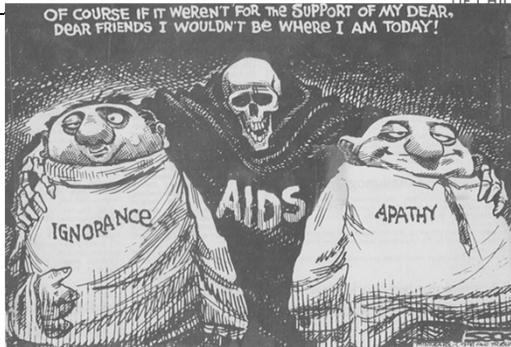


- Core knowledge of aging
- Core knowledge of HIV and aging
- History of HIV/AIDS in the 1980s/1990s
- Agency and law rules guiding case management (e.g., protected classes in housing)
- Core duties of HIV-focused case management
- Core duties of aging-focused case management

Coming of Age with HIV/AIDS?

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- The following photos highlight issues impacting aging and about aging with HIV/AIDS
- *What themes do these images convey?*
- *How do these themes frame our support and care?*



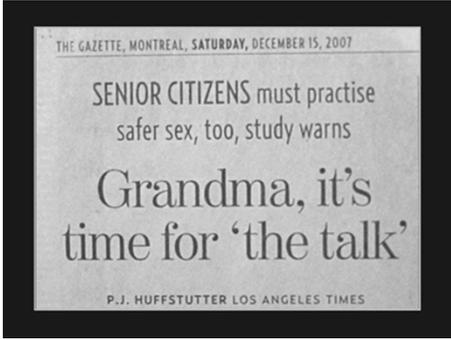
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Do not regret growing older. It is a privilege denied to many.

Author Unknown

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HIV/AIDS and Older Adults

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“When it began turning up in children and transfusion recipients, that was a turning point in terms of public perception. Up until then it was a gay epidemic, and it was easy for the average person to say 'So what?' Now everyone could relate.”

Harold Jaffe, CDC
1982

Reflection Questions

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- In these pictures, how did stigma impact a client's choice of social support?
- How can details of the history of the HIV/AIDS epidemic be incorporated into your work with clients?

Importance: Why This Matters AIDS
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- In 2013, an estimated **42% of Americans living with diagnosed HIV were aged 50 and older**, 25% were aged 55 and older, and 6% were aged 65 and older.
- In 2014, people aged 50 and over accounted for **17% (7,391)** of an estimated 44,073 HIV diagnoses in the United States. Of these 7,391, the **largest number (3,242 or 44%) was among those aged 50 to 54.**
- In 2014, **Blacks/African Americans accounted for an estimated 43%** of all diagnoses among people aged 50 and over. **Whites accounted for 37%**, and **Hispanics /Latinos accounted for 16%.**
- In 2014, **40% of people aged 55 and older** were diagnosed with AIDS at the time of HIV diagnosis (i.e., diagnosed late in the course of the infection).

CDC 2016

Growing Older with HIV – Uncharted Territory AIDS
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- Effect of HAART on the body
- Physical and social effects of aging
- Elder care
- Training caregivers and social service professionals

Challenges in Identifying HIV Vulnerability Among Older Adults AIDS
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- Older people are more likely to be diagnosed with HIV infection late - potentially suffering more immune system damage
- HIV symptoms may mimic those of normal aging
- Providers may not consistently test for HIV
- Age-related vaginal tissue thinning and dryness may raise older women's risk
- Older people are less likely to discuss their sexual or drug habits with doctors (and doctors are less likely to ask)
- Widowed and divorced people are dating again; may be less aware of risks

Unique Experiences of Long-Term Survivors of HIV

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- Who are Long-Term Survivors?
- Many long-term survivors experienced trauma associated with loss of loved ones, belief that they would die young too
- AIDS Survivor Syndrome: psychological consequences of living through the most turbulent early years of the HIV epidemic:

- Anxiety, sense of feeling constantly hypervigilant
- Depression
- Irritability or flashes of anger
- Lack of future orientation
- Low self-esteem & self-worth
- Substance abuse
- Social withdrawal & isolation
- Survivor's guilt

Video on AIDS Survivor Syndrome: Let's Kick ASS

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Reflection Questions:

- What were your reactions to watching this video?
- How does it affect the way you view your older HIV positive clients?
- How might you change your case management practice w/long-term survivors based on your knowledge of AIDS Survivor Syndrome?

Unique Issues In Practice

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- Understanding the unique issues in the newly diagnosed and the long-term survivor populations matter
- Helps to identify how to assess, monitor, and refer clients to appropriate care and services.

Addressing Age & Stigma

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- “You’re awfully old to have this disease”
- Ageism: negative attitude toward aging based on the belief that aging “makes peoples unattractive, unintelligent, asexual, unemployable, and mentally incompetent” (Emlet, 2006).
- Study found that older adults living with HIV/AIDS felt they received less compassion and sympathy than their younger counterparts, felt blamed, and judged more harshly, and felt medical providers were more highly motivated to help restore younger adults to optimal health (Emlet, 2006).

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HIV HAS NO AGE LIMIT.

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Communication Skills

- Case Managers should consider how they might adapt their practice for an older adult population
- Communication is a dynamic process that involves a series of experiences: hearing, seeing, smelling, and touching
- Establishing Rapport Takes Time
 - *Be empathetic*
 - *Be patient*
 - *Listen actively*
 - *Be enthusiastic*
 - *Make eye contact*
 - *Be interested*
 - *Verbal communication*

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Role Play

- Participants will engage in 1:1 role plays in their everyday life to highlight patience, active listening and verbal communication
- Participants will select at least 1 scenario to practice from the options made available in "Sess01Activity1 HIVOlderAdultsRolePlay"
- In your everyday interactions consider:
 - *How you listen*
 - *How you communicate with verbal and nonverbal communication*
 - *How you display patience and understanding*
- Save a version of the document with your first name and last initial at the end
- Provide responses to questions in template document
- *Submit responses in to trainer to review together at:*
 - Email: trainings@aidschicago.org
 - Fax: 312-784-9052

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Aging and the Body: Fostering Clients' Physical Quality of Life

- Aging and HIV increase risk for cardiovascular disease, thin bones, and certain cancers.
- Interactions among medications used to treat HIV and those used to treat common age-related conditions (hypertension, diabetes, cholesterol, and obesity) could be hazardous to health



Science of Aging and HIV AIDS FOUNDATION OF CHICAGO

- Some aging symptoms are thought to be related to inflammation exacerbated by HIV
- As of 2008, a third or more of deaths most common in older people living with HIV are not caused by AIDS (illnesses not related to HIV)
- Heart disease is the most important cause of death in the general population and is higher in people with HIV

Aging with HIV and Co-Morbidities: The Role of ART and Case Management AIDS FOUNDATION OF CHICAGO

Interplay of time with morbidity

The diagram consists of three overlapping circles. The top-left circle is labeled 'HIV infection', the top-right circle is labeled 'Ageing', and the bottom circle is labeled 'Antiviral treatment'. The intersections between these circles represent the interplay of these factors over time.

- Risk of "co-morbidities" increases as individuals get older
- HIV does not cause these illnesses
- However HIV and/or ART may increase the risk

Ruppik, M, et al. 18th CROI; Feb 27 – Mar 2; Boston, MA

Key Issues with Older Adult Case Management AIDS FOUNDATION OF CHICAGO

- Major Issues
 - Financial planning
 - Housing
 - Healthcare and Health Insurance
 - Aging in Place Services
 - Long Term Care Services
 - Palliative Care
 - Advance Health Directives
 - End of Life
 - Significant shortage of case workers in the near future
- How can Case Managers Best Support Clients?

Domains to Assess with Older Adults



Handout- Sess01 Domains to Assess With Older Adults

1. Current symptoms and illnesses and their functional impact.
2. Current medications, their indications and effects.
3. Relevant past illnesses.
4. Recent and impending life changes.
5. Objective measure of overall personal and social functionality.
6. Current and future living environment and its appropriateness to function and prognosis.
7. Family situation and availability.

Domains to Assess with Older Adults cont'd.



Handout

8. Current caregiver network including its deficiencies and potential.
9. Objective measure of cognitive status.
10. Objective assessment of mobility and balance.
11. Rehabilitative status and prognosis if ill or disabled.
12. Current emotional health and substance abuse.
13. Nutritional status and needs.
14. Disease risk factors, screening status, and health promotion activities
15. Services required and received.

Resources for Clients



Staying Healthy with HIV

http://hiv-age.org/wp-content/uploads/2016/07Aging_with_HIV_FinalCorrect.pdf

Aging with HIV

<https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/taking-care-of-yourself/aging-with-hiv-aids/>

PLUS Magazine –interview with Roy Ferguson

<http://www.hivplusmag.com/long-term-survivors/2017/2/08/aging-hiv-roy-ferguson>

CDC Immunization Recommendations for adults with HIV

<https://www.cdc.gov/vaccines/adults/rec-vac/health-conditions/hiv.html>

National Institutes of Health HIV, AIDS, And Older People website

<https://www.nia.nih.gov/health/publication/hiv-aids-and-older-people>

Resources for Further Reading

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- **Coming Out About HIV and Facing Down Stigma**
Steve Petrow
http://www.nytimes.com/2013/09/10/booming/coming-out-about-hiv-and-facing-down-the-stigma.html?_r=0
- **The Graying of AIDS**
The Graying of AIDS is an independent collaborative documentary project and educational campaign created by Katja Heinemann, a visual journalist, and Naomi Schegloff, a health educator.
www.grayingofaids.org
- **HIV and Aging Portal**
National Resource Center on LGBT Aging
<http://www.lgbtagingcenter.org/resources/resources.cfm?s=12>
- **Katja Heinemann's multimedia project, The Graying of AIDS**
http://www.katjahinemann.com/#/multimedia-productions/the-graying-of-aids/goA_title
- **Research on Older Adults with HIV (ROAH)**
by the AIDS Community Research Initiative of America
<http://www.acria.org/research-study>

Resources for Case Manager

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HIV in Older Adults: A Quick Reference Guide
<http://www.hivguidelines.org/clinical-guidelines/hiv-and-aging/hiv-in-older-adults-a-quick-reference-guide-for-hiv-primary-care-clinicians/>

Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents
<https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/0>

NIH Information about Dental Conditions
<https://www.nidcr.nih.gov/OralHealth/Topics/HIV/MouthProblemsHIV/>
 Spanish version: <https://www.nidcr.nih.gov/OralHealth/Topics/HIV/Problemasorales.htm>

Conclusions and Reflections

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- What was most surprising?
- What do you still have questions about?

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Session Evaluation

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- Please take a moment to complete our session evaluation...

Thank you

Session Evaluation Questions

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- Knowledge and Skills Gained by Participants
- 1. After completing this session, how would you rate your capacity in the following areas working with older adults (ages 50 and older) living with HIV/AIDS?

Session Evaluation Questions		AIDS FOUNDATION OF CHICAGO			
Describe the current HIV epidemic as it relates to the population ages 50 and older	Ability to assess and support client's diverse needs as a member of the 50+ community.	Excellent capacity	Good capacity	Limited capacity	No capacity
Describe key issues surrounding HIV/AIDS, medications, and aging	Ability to assess and support client's diverse HIV/AIDS and aging needs	Excellent capacity	Good capacity	Limited capacity	No capacity
Describe key geriatric aging issues	Identify core aging issues and relate their relevance to clients	Excellent capacity	Good capacity	Limited capacity	No capacity
Describe core duties of HIV/AIDS case management and aging-focused case management	Implement core duties needed for case management in HIV/AIDS and aging arenas.	Excellent capacity	Good capacity	Limited capacity	No capacity

Session Evaluation Questions		AIDS FOUNDATION OF CHICAGO			
<p>• Application</p> <p>• 2. This session highlighted content knowledge and skills useful in working with older adults living with HIV/AIDS. How confident are you that you could apply this knowledge/skill set in your case management practice?</p> <ul style="list-style-type: none"> • Responses: <ul style="list-style-type: none"> • Very confident • Somewhat confident • Not very confident • Not at all confident • What more would you want to know about this content area in working with older adult clients living with HIV/AIDS? • What can we do to make this session better in the future? 					

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