Welcome

Jesse Milan Jr., J.D.
President & CEO, AIDS United
AIDS United’s Response: COVID-19

The HIV Community & COVID-19

As the COVID-19 pandemic unfolds across the world, the HIV community has been grappling with unique uncertainty and fear in this unprecedented health crisis. Some of us might be experiencing trauma from the constant news about COVID-19 or are feeling retraumatized from our past experiences with HIV. The AIDS United team is continuing to develop resources, activities and initiatives that address the HIV epidemic during the COVID-19 pandemic.

We want you to know that you are not alone.
Relief, Recovery & Resilience: HIV, Aging and COVID-19

Ronald Johnson
Senior Policy Fellow,
AIDS United

Dazon Dixon Diallo
President,
SisterLove

Carole Treston
Executive Director,
Association of Nurses in AIDS Care

Stephen Karpiak
Senior Director of Research, GMHC/ Director, National Research Center for HIV & Aging

Venita Ray
Deputy Director,
Positive Women's Network-USA
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Ronald Johnson
Senior Policy Fellow, AIDS United
HIV & Aging Listening Sessions

• To hear participants’ personal stories and comments to inform the development of a policy paper on HIV & aging and to inform advocacy on HIV & aging issues

• Sessions held in 12 cities, at AIDSWatch 2019, and 2 sessions at USCA 2019
  Birmingham, AL; Portland, OR; Columbus, OH; Chicago, IL; San Juan, PR; Milwaukee, WI; New York, NY; Fort Lauderdale, FL; Houston, TX; San Francisco, CA; Miami, FL; New Orleans, LA
What We Heard

• Difficulties in accessing & maintaining health care
• Difficulties in managing HIV care, comorbidities, and polypharmacy issues
• Gaps in health professionals’ knowledge, experience and sensitivity
• Concerns about long-term and nursing care

“I don’t want to see ten different providers in one visit; I’d prefer to see one or two maximum who can take care of all my needs.”

“Is it the HIV or is it just me getting older?”

“I have to educate my doctors.”

“So we've got to think about what are we going to do with the elderly population as far as long care is concerned.”
What We Heard

• Lack of mental health and alcohol and substance use treatment programs for older adults
• Lack of programs that respond to loneliness and social isolation
• Inadequate housing and transportation options
• Stigma & discrimination heightened by ageism
• Concerns over emphasis on ending the HIV epidemic

• “The real epidemic is mental illness as we age”
• “I’ve had more medical appointments than love appointments”
• “Support services are dissolving”
• “We’re seen as the walking dead”
• “…if we're going to end this epidemic, there has to be a plan for the aging community.”
Key Observations

• The current group* of older adults living with HIV is significant because we are the first cohort of people aging with HIV

• Listening sessions provided strong verification of concerns and issues that have been expressed previously by OALH and HIV & aging advocates

• Need to acknowledge that many of the concerns are common to all older adults, common to all PLWHAs, and common to all long-term survivors but are heightened for OALH

• Participants demonstrated the resilience of older adults living with HIV

*PLWHAs who were born before or in 1970, the youngest of whom will turn 50 in 2020
Key Observations

• We currently know a great deal about HIV & aging and about the needs of older adults living with HIV
• There are many programs that are serving older adults living with HIV
• Government officials and policy makers are focusing on HIV & aging
• Too many older adults living with HIV feel that their needs and concerns are given less attention or ignored. Older adults living with HIV are a “forgotten majority”*

* Tez Anderson
Key Observations

Disconnect between what is known about HIV & aging and the reality that not enough is being done—the reality that older adults living with HIV feel neglected.

Need for sustained, focus, and collaborative advocacy to address the disconnect.
Moving Forward: Sustained Advocacy

Goals

• Inclusion of policies, programs, and research that address HIV and aging and the needs and concerns of older adults living with HIV in the broader response to HIV and efforts to end the HIV epidemic.

• Recognition HIV prevention, care and treatment, and research as a routine component of physical and mental health care for older adults and a routine component of social support services for older adults.
Priorities:
• Medical care
• Mental health and substance and alcohol use disorders
• Housing, transportation, and other support services
• Stigma and discrimination
• Ending the HIV epidemic
• Intersection of HIV policy and older adult policy and advocacy

Moving Forward: Sustained Advocacy

All people living with HIV are aging with HIV
Moving Forward: Sustained Advocacy

Vision

• All people living with HIV in the United States will receive the care and support needed to age successfully, having achieved and maintained good physical, mental, and sexual health and overall well-being.

“We want to live a positive, healthy, free life.”
HIV, Aging and SARS-CoV-2

The SARS-CoV-2 pandemic has changed nearly all of the landscapes in which we live, including the response to HIV and what it means to live with and age with HIV.

COVID-19 has changed the world.*

*Comment made by Peter Piot in the Keynote Address during the Closing Session of AIDS 2020
SARS-CoV-2

Coronavirus cases in the US continue to surge, reaching nearly 1 out of every 100 American

CNN article, July 13, 2020: [California, New Mexico and Oregon put new restrictions on indoor activities](https://www.cnn.com/)
HIV & SARS-CoV-2

AIDS 2020 & COVID-19 Conference:

• Studies have generally found that people with HIV are no more likely to contract the coronavirus (known as SARS-CoV-2) than their HIV-negative counterparts, and they generally do not develop more severe illness or have a higher risk of death.*
• Need more research on interaction between HIV and the coronavirus and COVID-19

*New York studies look at COVID-19 outcomes and immune function among people with HIV
AIDS 2020 & COVID-19 Conference:

• Social determinants of health and underlying medical conditions can impact vulnerability of people living with HIV, including older adults.
• COVID-19 has shown impact of disparities and inequities
• COVID-19 has interrupted care and treatment of chronic conditions, including HIV.
• Global 2020 targets for treatment & prevention are being driven further off-track by COVID-19
• Response to and advocacy on COVID-19 can be informed by HIV response, advocacy and activism
HIV & SARS-CoV-2

AIDS 2020 & COVID-19 Conference:

“Need to pivot from anxiety to self-efficacy”*

*Prof. Salim Abdool Karim, presentation at COVID-19 Conference, July 10, 2020
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Panel Discussion

Moderator: Dazon Dixon Diallo
President, SisterLove
Carole Treston

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Venita Ray
Deputy Director, Positive Women's Network-USA
Questions?

Please use the Q&A box within Zoom to ask any questions.
Relief, Recovery & Resilience: HIV, Aging and COVID-19