


# HIV/AIDS AND PEOPLE OVER 50\*

## ▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Objectives:** By the end of this session, participants will be able to:

- Discuss 2 current issues among people over 50 with HIV/AIDS and the implications for access to care and treatment.

 **In This Activity You Will...**

- Ask participants to read statements found in their fortune cookies and then discuss the information with the class. (30 minutes).

 **Materials:**

- Handout – Fortune cookie statements
- Fortune cookies with statements inside
- Flip chart and easel
- Markers
- Eraser

 **Preparation:**

- Prep fortune cookies

## Instructions

1. Introduce session. Ask the group – do people over 50 have sex? Who is included in the group of people over 50? (this group includes those infected after 50 as well as those infected and living with HIV for many years who are now over 50).
2. Explain that we are going to have a group discussion about HIV in people over 50.
3. Explain that each table has fortune cookies with information on HIV and People over 50.
4. The facilitator will ask for a volunteer who will pick a fortune cookie and read what is inside.
5. The participant will comment on the statement and then facilitator will respond.

**Note:** Collect the fortune cookies as each statement is discussed

## Summary

Ask participants for feedback on the session and wrap up.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

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## SESSION HANDOUT

### FORTUNE COOKIE STATEMENTS

15% of AIDS cases occur in people over 50.

The number of cases is expected to increase, as people of all ages survive longer due to combination therapy.

Older people with HIV/AIDS are often invisible, isolated and ignored.

Despite myths and stereotypes, many seniors are sexually active and some are drug users, therefore their behaviors can put them at risk for HIV infection.

Healthcare and service providers and older adults themselves do not realize seniors are at the same risk as other populations. This may lead to misdiagnosis.

AIDS has been increasing twice as rapidly for people over 50 as for people under 50.

Professionals are often reluctant to discuss or question matters of sexuality with aging clients.

Rates of HIV infection are especially difficult to determine because older people are not routinely tested.

Most older persons are diagnosed with HIV at a late stage and often become ill with AIDS related complications and die sooner than their younger counterparts: these deaths can be attributed to original misdiagnoses and immune systems that naturally weaken with age.

HIV/AIDS educational programs are not targeted to older individuals.

Seniors are unlikely to consistently use condoms during sex because of a generational mind set and unfamiliarity with AIDS and STD prevention matters.

Older people with HIV/AIDS face a double stigma: ageism and HIV/AIDS.

While men who have sex with men form the largest group of AIDS cases in the over 50 population, the number of cases in women infected heterosexually have been rising a higher rate and compromise, a greater percentage increases into the 60's and older population.

Because of the stigma, it can be difficult for seniors - women in particular, to disclose their HIV status to family, friends and their community.

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## SESSION HANDOUT (cont.)

### FORTUNE COOKIE STATEMENTS (CONT.)

For older women, there are special considerations: after menopause, condom use for birth control becomes unimportant and normal aging changes such as decrease in vaginal lubrication and the thinning of the walls in the vagina can put them at higher risk during sexual intercourse.

Due to the general lack of awareness of HIV/AIDS in older adults, this segment of the population for the most part has been omitted from research, clinical trials, education programs and intervention efforts.

Specific programs must be implemented for older adults who need to be informed about transmission and prevention of HIV Outreach should include workshops and training's devoted to HIV/AIDS information "safer sex" negotiation skills- all in relationship to aging.

The over 50 population often does not identify with the average younger peer and may not be open to advice the younger population.

With the availability of Viagra, sex among seniors has increased.

Some people over 50 are at risk due to sharing needles used for insulin when they are diabetic.