

P22 - HOME FREE: ADDRESSING THE LONG-TERM CARE NEEDS OF PEOPLE AGING WITH HIV

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Brief Description of Research or Project: In 1995, fewer than 10% of adults living with HIV in North America were age 50 or older. Significant improvements in life expectancy have since been achieved through the widespread use of combination antiretroviral therapies. In addition, HIV diagnoses in later life have also become increasingly common. Consequently, one third of people living with HIV in Canada are now 50+ and facing new health and social challenges. HIV, HIV treatment, comorbidities (which often occur at a younger age in this population and can be exacerbated by HIV) and the social determinants of health intersect to determine what challenges will face each person. Regardless of individual differences, overall there remains a disconnect between the complex needs of people aging with HIV and related conditions and their access to appropriate care and support. While long-term care, age-related clinical supports and rehabilitation services are theoretically available to all Ontarians, stigma, strict eligibility criteria and cost often limit access by people aging with HIV. Many fear needing long-term care. Will they have to hide their HIV status and/or sexual orientation to receive high quality, respectful care and/or to avoid discrimination? Will they see their identities and needs reflected in programming? Will they become isolated from their communities? To meet the anticipated increase in demand for appropriate long-term care and rehabilitation services for people aging with HIV, it is critical that we collaborate across the HIV, aging and rehabilitation sectors to answer these questions and address individual, organizational and public policy-related barriers to service access. **Why is this research important to profile at the Research Day 2014?** There are several important reasons that the Ontario Long Term Care Association should consider including this topic in their 2014 Applied Research Days. First, people aging with HIV represent a relatively 'new' aging population whose unique needs may be relatively unfamiliar to many service providers in the long-term care setting. In order to reduce the stigmatization of people aging with HIV in long-term care, it is important to normalize discussion about HIV and related conditions in the aging sector. This will enable service providers to provide high quality care for older people living with HIV in long-term care and increase their awareness of the intersecting causes of frailty, disability and decreased quality of life in this population. Second, since trends show this population continues to age at a rapid rate, the demand for appropriate long-term care services for people aging with HIV is almost guaranteed to increase. In order to be prepared to meet this demand, long-term care organizations may need to evaluate how their existing organizational policies, provider knowledge and attitudes and social climate will impact older people living with HIV. Third, this conference represents an ideal opportunity to initiate collaborative work among

stakeholders from the HIV, chronic illness and long-term care sectors. Attendees will be diverse with respect to discipline, expertise and experience. Reciprocal learning will lay the groundwork for meaningful, collaborative initiatives in research, policy and practice which improve access to appropriate long-term care and rehabilitation services for people aging with HIV.