



Innovation in sexual health

A new model to improving sexual health outcomes across the three boroughs of City of Westminster, the Royal Borough of Kensington and Chelsea and Hammersmith & Fulham

Working Together



LIVING WELL WITH HIV IN LATER LIFE

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OLDER ADULTS & HIV EPIDEMIOLOGY, UK

- Treatment advances and widening access to HAART, improved health outcomes and life expectancy for PLHIV.
- **One-third** of PLHIV are aged 50+, one in four of whom are women¹.
- By 2030, projected that **over 70%** PLHIV aged 50+.²
- Over 50s increasingly affected by **new HIV diagnoses**,³ while new diagnoses among younger adults decreasing.⁴
- In 2015, **one in six** new HIV diagnoses in over 50s, one in four of whom women.⁵

AIM:

- To raise awareness of an ageing HIV population, identify factors impacting upon health and wellbeing of over 50s living with HIV; and develop approaches as a community to support happy, healthy and fulfilling lives.



PHYSICAL WELLBEING

- **Undetectable = Uninfectious** – PLHIV on effective treatment cannot pass on HIV during condomless sex.⁶
- **Increased life expectancy**, OPLHIV frequently experiencing **multiple health concerns**⁷ – chronic pain, cardiovascular disease, diabetes, dementia.
- **Causes** - pre ART era HIV, side-effects to early HIV medications, age-related illness, social conditions, environment, lifestyle, substance use, smoking.⁸
- Engaging with **multiple healthcare providers**, attending different sites, adhering to several medications⁹ – impacts upon employment, identity and socialisation.¹⁰
- **Communication channels** between providers often lacks fluidity.¹¹
- Impacts upon care needs and ageing concerns.



EMOTIONAL WELLBEING

- Higher incidence of **mental health concerns**, leading to reduced access to healthcare services,¹² lower ART adherence, increased co-morbidity and mortality.¹³
- Older adults and mental health – limited access to support.¹⁴

FACTORS IMPACTING MENTAL HEALTH

- **Living with HIV** – dealing with a diagnoses, HIV-related bereavement, managing a long-term condition.
- **Stigma**¹⁵ – HIV-related,¹⁶ age-related,¹⁷ race-related,¹⁸ homophobia.¹⁹
- **Social isolation** – lack of companionship or social support;²⁰ negative impact on health outcomes.²¹



FINANCIAL INSECURITY

- **Long term HIV** – irregular employment, without expectations to survive into older age – limited savings.²²
- Almost 60% living on or **below poverty line** – rate twice as high as HIV negative peers.²³
- Over **one-third** accessing welfare benefits.²⁴
- Under 50% OPLHIV aged 50-64 in **paid employment**, compared with over 70% of HIV negative peers.²⁵
- Three times less likely to be homeowners.²⁶
- **Consequentially** – stress, anxiety, reducing ability to maintain social relationships or access services, concerns for future care needs.²⁷



SUBSTANCE USE

- Higher prevalence of **substance use** among OPLHIV, in comparison with HIV negative peers.²⁸
- In US, **over 50%** OPLHIV self-assessed as dependent on one or more substances.²⁹
- **Limited uptake** of substance misuse services – stigma, lack of targeted support.



STRATEGIES TO PROMOTE WELLBEING

INCLUDING VOICES OF OPLHIV

- To **identify concerns** and **improve knowledge** regarding HIV, ageing, identity, life expectancy and HIV related morbidities.³⁰
- To not make **assumptions** about older people seeking support – HIV status, sexuality, substance use, motivation to engage in learning and employment.
- To design and deliver **relevant and beneficial services** – understand need, evaluate services, advise policy, provide training and increase accountability.³¹
- **SASH HIV survey:**
<https://forms.office.com/Pages/ResponsePage.aspx?id=biA7DtFIOk61mV59ruwLsJwjB-f4zFRArumiWdtfYE9UQIBWOU1QMk5ZMVJOVzIOT0RXTFE4TE9SNC4u>



STRATEGIES TO PROMOTE WELLBEING

TRAINING FRONTLINE STAFF

- **Non HIV health and social care providers** – raise awareness, dispel contagion myths, reduce stigma, strengthen confidentiality, promote disclosure.³²
- A symbol that informs of **HIV awareness** among services that promotes confident uptake of services.
- **HIV support services** – sharing knowledge, promoting understanding of non HIV related needs, improving joined up care and support.



STRATEGIES TO PROMOTE WELLBEING

SOCIAL SUPPORT

- **Reducing isolation**, promoting sense of belonging and avenues to find solutions.³³
- Approaches that target some of the **risk factors** that impact upon wellbeing – nutrition and exercise, overcoming barriers to employment, new skills.
- As services, we can **work together** to provide appropriate social opportunities to support OPLHIV.



Positive Voices, 2018



ENDNOTES

1. Baylis et al (2017) p.11
2. Sabin (2018) p.6
3. Lazurus and Nielsen (2010)
4. NHS (2017)
5. Date Leake (2018)
6. Cairns (2018)
7. BHIVA (2018)
8. Sabin (2018); Date Leake (2018); Kumar (2016)
9. THT (2017) p.50
10. Webel (2014)
11. Kumar (2016) p.4; Date Leake (2018); Baylis et al (2017) p.39
12. NiMH (2016)
13. Positively UK (2013) p.6
14. Kumar et al (2016) p.4
15. Green (2009) p.58
16. FPA (2015) p.7; Green (2009) p.64; Cullen (2003) p.68
17. Age UK (2011) p.70; Kumar et al (2016) p. 5; Emlet (2006) p.786; Emlet (2007) p.749
18. O'Brien & Khan (2002) p. 102, 104, 105
19. Walker (2017)
20. Greene (2017) p.1476;
21. Webel (2014)
22. Power, Bell and Freemantle (2010)



ENDNOTES

23. THT (2017) p.11
24. THT (2017) p.38
25. THT (2017) p.38
26. THT (2017) p.41
27. Power, Bell and Freemantle (2010)
28. HIV and Ageing (2018)
29. Ompad (2016)
30. BHIVA (2018) p.14
31. Robinson and Lorenc (2012) p.7
32. BHIVA (2018) p.15
33. Heer (2016)



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