

**NWX-HHS-AOA-1**

**Moderator: Danielle Nelson  
January 25, 2012  
1:00 pm CT**

Coordinator: Thank you for standing by. At this time participants' lines are in a listen-only mode. To ask a question during the question and answer session please press star 1 on your touch tone phone.

Today's conference is recorded. If you have any objections you may disconnect at this time. I will now turn the meeting over to Ms. Danielle Nelson. You may begin.

Danielle Nelson: Hello and thank you. Welcome everyone today to today's Webinar. We would like to apologize for giving you the fax number that you first initially tried to dial in with. That was my mistake and I do apologize, but we're glad you were able to be on with us now. We'd like to welcome you to the Graying of HIV/AIDS Community Resources for the AG Network.

Today's Webinar will be recorded. If you miss any portion of it we will have it archived on AoA's Web site seven days following today's Webinar. So you're welcome to view in and also pass it along to others.

Our Web site is [www.AoA.gov](http://www.AoA.gov), when you get there click on the button on the right-hand side of the home page that says 'HIV and aging'. That will take you directly to this Webinar as well as our tool kit which you'll hear more about later.

So here's today's agenda for our Webinar. We have five speakers that will present during today's Webinar. The presentations will last 50 minutes and then we will take your questions.

Our Webinar is scheduled to last one hour and fifteen minutes total. You can enter your questions throughout the Webinar via the chat function in Web X. We will answer these questions through chat during the Q and A session. Also during the Q and A time we will open up the audio lines and take questions over the phone.

If you do not have a chance to get your questions answered today I welcome you to email me directly. My email address is Danielle.Nelson, that's spelled D-A-N-I-E-L-L-E dot N-E-L-S-O-N at AoA.HHS.gov.

To today's presenters I would like to express a sincere thanks for being here today and for taking the time out of your schedule. Dr. Charles Emlet is a Professor of Social Work at the University of Washington, Tacoma and he's affiliate faculty with University of Washington Center on AIDS research.

Our second presenter today is Joan DeV Vaughn. She is the Healthy Aging Project Director at the Area Agency on Aging in Palm Beach, Florida also known as PSA9.

Diana Trevieso Palow is the HIV Education Branch Chief at the Division of Training and Technical Assistance within the HIV/AIDS Bureau within at the Health Resources and Services Administration also known as HERSA.

Aisha Moore is the Communications Director at AIDS.gov.

And for today's last presentation, we will hear from Carol Crecy who is the Director of the Office of Outreach and Consumer Information at the U.S. Administration on Aging.

Before we get started with our first presenter today we would like to share with your our tool kit. The Administration on Aging developed a tool kit that will serve to educate older adults and communities about HIV/AIDS.

And so we'd like to start off today by sharing with you what is a video that introduces that tool kit. So here is our Assistant Secretary for Aging, Kathy Greenlee, introducing that tool kit.

Kathy Greenlee: I'm Kathy Greenlee with the Department of Health and Human Services. The Administration on Aging is a federal advocate for older adults and we are committed to providing the necessary information and resources so they can live healthy and active lives.

It is important as we talk about health and wellness. We also talk about HIV/AIDS. According to the Center of Disease Control people over the age of 50 account for 23% of AIDS diagnosis in the United States and beginning in 2015 over half the people living with HIV/AIDS in the United States will be over 50.

The risk for HIV/AIDS doesn't stop at 50 yet older adults are often overlooked in this important conversation. That's why I'm proud the Administration on Aging developed this tool kit for our aging network partners and other organizations interested in educating older adults about HIV and AIDS.

It's called Know the Risks, Get the Facts. (Unintelligible) resources like posters, fact sheets and videos. This tool kit will be a valuable resource to reach out to older adults in your community.

It's important that everyone (unintelligible) make a difference in the fight against HIV and AIDS. Thank you.

Danielle Nelson: That video will be on the AOA Web site so you can hear it much clearer and view it later. So we would like to now turn things over to our first presenter. That presenter is Dr. Charles Emlet.

Dr. Charles Emlet: Thank you Danielle. Good morning everyone and thank you for being involved in the Webinar. What I'd like to do for a few minutes is to talk about The Graying of HIV AIDS and its implications for community programs. Next slide.

Today you're going to hear a lot about how dramatically how HIV disease is growing in the population of adults 50 years and over in the United States. This is occurring due to a combination of factors including a growing number of older adults with new diagnosis with HIV infection as well as long-term survivors. And the survivorship is due to the effectiveness of highly active anti-retroviral therapy.

This dramatic increase is underscored by the estimate as you've already heard that by the year 2015 half of those living with HIV disease in the United States will be 50 years of age and over. Next slide.

This slide graphically shows the dramatic increase in the number of older adults with HIV disease in the U.S. According to CDC data, in 2004 approximately 105,000 individuals 50 and over were estimated to be living in the U.S. with HIV disease.

By the year 2008 this estimated number had increased to 209,000. Considering the largest proportion of HIV cases in the United States by age group are those 40 to 49 years of age, this trend is likely to continue for the foreseeable future. Next slide.

With the growing number of older adults living with and being impacted by HIV disease, it's important to understand that the aging network, those services established under and funded by the Older Americans Act, are prepared for this demographic.

In 2008 we received a grant from the University of Washington Center for AIDS research in order to gather some initial pilot data to answer that very question.

A 36-item questionnaire was developed for this purpose and pilot-tested with area agency on aging staff and Triple A director and a case management supervisor from another state.

With help from the Washington State Association of Area Agencies on Aging, the questionnaire was sent electronically to all 13 Triple As in Washington state.

The Triple As received electronic reminders over a 2-month period and we ultimately had 100% response rate for all the area agencies on aging in the state of Washington. Next slide.

This slide summarizes some of the primary results from that survey. We asked Triple A personnel if they felt serving adults with HIV disease was consistent with their mission and as you see the vast majority over 90% agreed or strongly agreed with that position.

Effective service delivery to older adults with HIV infection may require coordination and collaboration with AIDS service organizations. The survey results found that almost two-thirds of the Triple As in Washington currently interact with their area's AIDS service organization, however, 60% felt that collaboration could be improved.

As part of the survey we gathered some more subjective data or comments. An important comment came from one of the rural and tribal Triple As and they asked why we assumed that an ASO or an AIDS Service Organization was available in their geographical area.

It's important to remember that not all regions have ASOs which could increase the pressure on Triple As in those areas to provide increased services.

We asked Triple As about the experience their agency personnel had in serving this population. Two-thirds stated they had limited experience and one-third had no experience working with older adults with HIV disease.

While the majority of Triple As in Washington had some training in HIV/AIDS, over 80% stated they desired to learn more about aging and HIV. The

majority felt that this could be accomplished through written materials with slightly under two-thirds wanting in-service training. 30% felt that case consultation could be extremely helpful. Next slide.

Our study found that most area agencies on aging in Washington believed serving older adults infected with and affected by HIV disease is within their agency's mission.

Most feel Triple As and AIDS Service Organization collaboration could be improved. It's important to consider geographical areas where ASOs do not exist and how area agencies on aging might meet those needs for older adults impacted by HIV disease.

It was clear that area agencies on aging in Washington state felt more information and training on AIDS and HIV was needed which is why the release on aging and HIV tool kit created by the Administration on Aging is so timely and vitally important.

I want to thank you for your interest in this topic. The full results of the study was published in 2009 in a Journal of Gerontological Social Work and I believe if you want to get a copy of that full study you can contact Danielle for a reprint. Thank you very much.

Danielle Nelson: Thank you very much, Dr. Emler and I should mention that this article is how I found you to be a speaker today. So, again, we appreciate your time and we'd like to now turn things over to our next presenter. Joan, are you on the phone?

Joan DeVaughn: Yes, I am.

Danielle Nelson: Wonderful, Joan. I'd like to pass things over to you. Please take it away.

Joan DeVaughn: Thank you so much and thank you everyone for being part of today's Webinar. As a brief introduction to my comments today I'd like to take a few extra moments to further acquaint you with our agency.

As you already know our Area Agency on Aging is in Florida. We're located actually in south Florida and we cover a five county area. This is an area with over 560,000 seniors 60-plus.

The largest of these counties is Palm Beach County where I am physically located, our offices are physically located and in Palm Beach County we have over 360,000 seniors which represent 28% of our population here in Palm Beach County. I think what's prompted our agency to take action is that the data - the latest data that we have access to. Next slide please. Thank you.

In Florida heterosexual men and woman 50 years and older are the fastest growing demographic for new HIV infection. South Florida also ranks the third highest in the areas out of 50 states in cumulative reported HIV and AIDS cases. And finally in Palm Beach County it was absolutely alarming, 1 in 4 new HIV cases diagnosed occurs in adults 50-plus.

Well, these statistics are of great concern and they have really given us pause to reflect on how our agency can mobilize limited resources to reach medically underserved higher risk seniors to our outreach activities.

And our agencies help the Aging Center of Excellence which I am the Project Director conducts health promotion, health screenings, disease information and prevention programs all under the Title 3D Older Americans Act Funding.



Our healthy aging component is ideally and generally on the medically underserved, the highest risk seniors 60-plus. And we really work very diligently to reach the lower income, the people who are so at risk and vulnerable, medically underserved and we do seek out minority groups who tend to have more challenges and barriers to healthcare access.

In response to this growing number of seniors that we were hearing and seeing being affected by HIV and AIDS were at risk - potentially at risk of HIV infection. We this past year initiated a collaboration with a local community health center within the city of West Palm Beach.

Now, this small community health center has a grant to provide HIV and AIDS testing and education and we just thought that this was an ideal type of collaboration. This was a huge focus for them and this was a need for the population that we were serving.

So our health screenings since we've been collaborating with them in the city of West Palm beach we are targeting specifically targeting space-based venues and low income housing communities.

This has really enabled us to reach the highest risk group of seniors who we know that would benefit from HIV and AIDS education. The health screenings activities include HIV AIDS testing as well as typically what we were doing before with the blood pressure, the blood glucose, the hearing, diabetic foot exams and disease information and prevention that seniors had typically come to know and to rely on their services.

The community health center has just gone out of their way to provide the medical team, the HIV and the AIDS counselor to us yet this has been such a mutually beneficial type of program. They were having programs finding the

number of seniors that they need, that access to seniors, and this was a need that we needed met and it was just a perfect relationship that came together.

I want to add too in closing that as part of this requirement for testing because HIV and AIDS testing is very different than what we were used to doing generally typically with health screenings. We insist and work with the venues to have dedicated areas for the testing and the counseling that protects the client's privacy.

The medical staff from the community health center, they distribute safe sex materials including condoms, literature. They literally walk the seniors through this material and explain it knowing that literacy is a huge problem for many, many people.

And they also provide follow-up counseling and healthcare access because this is a group too that was very, very medically underserved and many of them did not have a medical home, many of the seniors 60 plus are not yet Medicare age and that was what we were seeing in the HIV population.

So this community health center has been able to give them a wraparound type of care and health care access and it's been an incredible experience for us.

Our next goal is to expand this outreach now to the entire county in the rest of our planning and service area which includes five counties by partnering with local community health centers, the federally qualified healthcare centers that are located throughout.

I think that we've done something very small but it's very large in that it just creates a model that we can work with our partners in doing what we all do

best. So thank you all. Thank you for giving me the opportunity to share this story with you.

Danielle Nelson: Thank you so much for being here today and sharing that information with us. We'd now like to introduce our next speaker. Our next speaker is with us today from HRSA. Her name is Diana Trevieso Palow. And so I'd like to pass things over to our next presenter.

Diana Trevieso Palow: Thank you, Danielle. Good morning or afternoon depending on where you are in the country and thank you for joining us for this very important topic. Next slide please.

As mentioned, I work in the HIV/AIDS Bureau within the Health Resources Services Administration. We are very much associated with - most of our programs through the Ryan White programs and I wanted to kind of support what has been said previously by the two previous speakers, the fact that we are seeing a large increase of individuals living with HIV that are older adults.

And there are multiple cohorts within that group. Some are have been living with HIV and not notice but have been recently diagnosed. Some have been diagnosed and infected recently and some - a very large group as Dr. Emlet mentioned - are aging into this group of - this age group because of being survivors of living with HIV because of the fact that we have highly active anti-retroviral therapy for them.

And then to also (piggyback) to what the previous speaker just mentioned in terms of counseling and testing and identification of people living with HIV, historically a lot of individuals who are older were actually not tested, did not know their HIV results because no one thought to ask the right questions or to test them and they - this paradigm shifted to some degree when the CDC

provided us with some guidelines for prevention with positives and said that anyone from age 13 through 64 should be screened for HIV at least once and obviously if they're high risk more frequently.

So this helps to have the normalization of counseling and testing as part of routine medical care. So when the patient or an individual goes to see their primary care provider if they've never had an HIV test, this is something that is encouraged that they have at least an initial one and then obviously if they're at high risk that this be repeated more frequently.

But as time has passed the HIV/AIDS Bureau has become very much aware that there is a graying of HIV. We had a newsletter that we put out called the HERSA Care Action in February of 2009.

And it recognized that there is an increase in prevalence of older people living with HIV and AIDS and this is an issue of growing concern for various reasons. First of all, what is the best practice for caring for older people living with HIV and AIDS.

Most of the information that we have or have had until very recently has really been more anecdotal. People that were providers in the Ryan White group that were in in clinics and so on that were providing care for people living with HIV and AIDS which were older but there wasn't any scientifically based information or best practices.

So that slowly is beginning to change. We're beginning to get some guidelines or guidance (unintelligible). One of the things that also was of concern to us is the different cohorts of older people living with HIV and AIDS have different clinical needs.

In other words, if you are somebody who's had HIV for 5, 10, 15, 20, years and you're now aging into this older group, are your needs physically and psychosocially different from those of somebody who was recently infected and needs to come to terms with the diagnosis, come to terms with, you know, the change of that having this disease (unintelligible).

And then because of that we have had a concern within the health resources administration, HIV AIDS Bureau and many more of our grantees are looking at that.

The AIDS Education Training Center for which I'm the Branch Chief, we are the training arm for the Ryan White grantee community. So the AIDS education training center continue to provide education and trainings on this topic to target audience of clinicians. So we provide clinicians with information so they can be better caregivers. Next slide please.

Clinical training for providers. Okay. It is the training component of the Ryan White HIV AIDS program and our goal is to increase the number of educated and motivated providers to diagnose and treat people living with HIV.

In the period from July 2009 to June 2010, the ATCs delivered over 50,000 hours of training to over 67,000 healthcare providers during over 18,000 training events. So as you can see we have multiple events to provide training to clinical providers. Next please. Next slide please.

This is a depiction of where the AIDS education training centers are. We have 11 national AIDS education training centers and 5 - excuse me - 11 regional and 5 national AIDS education training centers. As you can see we covered the whole United States plus the territories. So that - we will address more of that in a minute. Next slide please. Thank you.

These 11 regional centers work with 130 local performance sites throughout the United States, all 50 states and their territories. The focus of training is on clinicians, that is physicians, nurses, nurse practitioners, physician's assistants, pharmacists and oral health professionals.

However, a minimum of 20% of training target other members of the healthcare team, for example, case manager, social workers, mental healthcare workers, substance abuse treatment workers and so on. But the primary focus of training is on the clinical providers. Next please.

The training topics vary greatly and we have on list over 40 training topics that are routinely presented by the ATCs. There are additional topics that can be requested or sometimes driven by the HIV epidemic or the clinical management because HIV clinical management changes with a fair amount of frequency. So we want to make sure that the clinicians have the experience and the expertise to manage this kind of care.

There are various types of training. There's didactic which is more of a lecture-type situation, skills building where there's perhaps case presentation and there's more interaction with the audience, the level three is clinical training which is usually when a provider has the opportunity to care for people living with HIV and AIDS in conjunction with an experienced provider or mentor so they - it's like hands-on kind of training.

There's level 4 group clinical consultation where there is information provided to a group perhaps several providers in the group and so on. And there's technical assistance that can be to an agency or to the provider.

I'd like to mention here that as was mentioned previously by the previous speaker that people wanted - that providers wanted more information, they wanted to perhaps get assistance in terms of consulting for cases how to manage them and training.

The ATCs are able to all of that. They can provide information as requested, they can do case consultation, clinical consultation and they also can provide training.

So this is something that we're very much on our radar screen and that this is a population and a situation that needs to be addressed and that's the caring of people living with HIV and AIDS who are older adults. Next please. Next slide. Thank you.

Something in terms of to note that we have - although all of our ATCs do provide training of note is that we have ATC national resource centers. This is one of our national centers and it's a repository for curricula and all kinds of information and so on.

So just - and at the end of the presentation you'll see the Web site that you can access. And there you will see there are multiple resources for trainers and clinicians, curricula, slide (sets), guidelines and et cetera.

Also, one of our regional education and training center, the New England AIDS Education and Training Center holds an annual very well-attended conferences.

This is kind of a (unintelligible) the National Association of HIV over 50 which formed in years past and they continue to have this conference every year and it's extremely well-attended.

Last but not least another resource is a target center. This is a technical assistance for Ryan White community and they have archive presentations, they have information, all kinds of things that you can access to assess in caring for people living with HIV and AIDS. And as you can see there's the Web site. Next please.

And as I was mentioning - okay - recently - we really haven't had a lot of sort of state -of-the-art guidance as to how to care for people living with HIV over 50. Recently the American Academy of HIV medicine has made some recommendations in terms of treatment strategies.

There was collaboration between not only the American Academy of HIV Medicine but also AIDS Committee Research Initiative of America and the American Geriatrics Society.

And this is very important because as HIV has become a more chronic disease it needs to be managed by primary care providers whenever possible. And historically the HIV treaters of those clinicians who had the expertise about HIV may not have had the expertise or the comfort level to work with primary care and specifically with older adults. And it's a very nice collaboration between the HIV treaters and the treaters for older adults.

This particular tool was disseminated through the AIDS Education Training Center Networks as a resource for training, education and technical assistance to clinicians caring for older people living with HIV/AIDS.

Thank you. In conclusion this is my contact information and as I mentioned one of the things that the AIDS education training centers can do out of the regional training centers and the national training centers is that we can



provide information, case consultation and training as requested. So thank you very much.

Danielle Nelson: Wonderful. Thank you so much, Diana, and we appreciate your time today. I'd like to now introduce our next speaker who is from AIDS.gov. Our next speaker is going to share a great resource for you organization and one that we at AoA use on our elder care locator Web site. So without further adieu I'd like to introduce Aisha.

Aisha Moore: Good afternoon everyone or good morning if you're in the west. My name is Aisha Moore and I'm here today to talk about the AIDS.gov HIV prevention and services locator.

So if we go to the next slide out kind of explain to you all of the resources of AIDS.gov and then go further into exactly what the locator is and how you use it.

AIDS.gov is the federal portal for HIV information and information about the national HIV/AIDS strategy. So this is a screen shot of our Web site and as you can see we have - on the right hand side we have a AIDS.gov blog. We have video podcasts, we have information about federal resources, HIV/AIDS basics and how to use the media.

So on the next slide I will show you more about what this HIV services and prevention locator is all about. So as you know many Web sites you can go to them, you can type in your zip code and you can find information about providers and services here.

So we have one here from CDC, HRSA, (SAMHSA), and HUD. And so what we did was we took our federal HIV/AIDS Web council and we all got

together on an inter-agency product and that resulted in one locator where a person can search one time and they can get information from all of these Web sites.

And we're constantly adding other information like we're working with the Department of Labor now and we'll be working with other federal agencies so we can have all of that information in one place and so it will be one stop shopping for people who want HIV and other provider and services information.

So onto the next page you can see what the - what the locator looks like on our Web site. So if you go into the locator, there's links on our Web site or you can go to [locator.AIDS.gov](http://locator.AIDS.gov) on your own computer.

And you can type in your zip code and once you type in your zip code it will give you - dots will start popping up onto this map and you can see here this was a search that in San Francisco and you see the checkmarks are for HIV testing, there's a little house for housing assistance, health centers, mental health, substance abuse and family planning.

So within five miles of this zip code you have almost 200 different providers here you can get the type of services that you're looking for. So then if you go to the next slide.

You can also just check one at a time. You don't have to see all of those services together because it can be very overwhelming to see 200 providers. So you can go, you know, as far as just checking one, HIV testing or on the next line you can just check two. So this one shows HIV testing and housing assistance.

Or on the next slide you can see them all. And then if you click on each one the little icons on the map you can get more information about each of the organizations.

So it tells you their names, their address, their telephone number, the categories like what type of service they are providing, how far it is from the address you put in and what the source is. So since we collaborate with so many organizations you can see here for the San Francisco AIDS Foundation, the source of that is CDC (impin).

And then we also give you an opportunity to suggest corrections so you can suggest changes on the Web site and it will take you straight to the person who's in charge of that data set.

So now if we go onto the next slide. You don't have to just get this locator on our Web site. You can also go to our mobile Web site. So if you have a Smartphone or a cell phone with Web capabilities you can go to AIDS.gov or directly to our mobile Web site which is M for mobile .AIDS.gov and the locator is there as well.

So if you're out and about or if you've just had a conversation with a client at their home, you can whip out your phone and you can find services right and there. You don't have to be at an actual computer.

And so on the next slide. Where you see here in red where it's circled, you can enter your zip code and you can find services that way. Or on the left hand side and you have a mobile phone that has GPS technology and you allow it to know where you are, you can click near me and it will tell you exactly - it will tell you the services and providers that are near you. So we can see an example of that on the next slide.

So it will request the current location just as I mentioned a second ago and you can allow or don't allow. So if you allow it and you click okay then on the next slide you'll see the results that you get.

So you can get it one of two ways. You can get it in a list format as we see on the left-hand side where it lists each of the providers there in the list format or you can do it in the MAP format similar to what we saw online on the right-hand side. So it's very simple and it's very similar to our Web-based platform. Next slide.

So you can find this resource many places, not just on AIDS.gov Web site and the AIDS.gov mobile platform. We've also turn the locator into what's called a widget. Next slide please.

So a widget is something that anyone can take and put onto their own Web site and you will still be able to access all of the databases and all the search information will be embedded right into your Web site.

So the widget as you can see it's pretty small so if you just have a resource page or something like that you can put the small widget onto your Web site. So as you can see it looks a little different. It has four tabs.

So the first tab's the regular search tab so you can just type in your address, your city and state or the zip code. You can click the services tab and you can put in your location and you can change what the distance is you want to search and then you can also select exactly which searches you're looking for. So you can search for one, some or all.

And the next thing you can do with the widget which we think is very important - back a slide - is that you can share this widget. So if you see here on this share or embed, one is embed code.

If you click on that that's actually the code you would give to your Webmaster or whoever runs your Web site so that way they can put the widget onto your Web site, you can put it onto a blog, you can put it on pretty much anywhere. But also if you want to let people know about the locator, you can share it on Facebook, email it to a friend. There's many ways you can share.

And then the last one tab is help so you can provide feedback. Sometimes organizations close and things like that and our database isn't that up to date so it's very easy for you all to email us and say, hey, I called that number, it's disconnected or hey, this is my program and we have a new location. So it's really useful to us for everyone who's using the locator to help us keep it up to date. Next slide please.

So the last thing I'd like to talk about is something that we just introduced and this is our Facebook locator. So if you go to the AIDS.gov Facebook page which is Facebook/AIDSgov we have a similar Web format here with the Facebook page.

So you can type in your address or you can type in your zip code. It also will view based on your location if you allow your computer to know your location. And it works very similar to the way the mobile and the online platforms work. You can see here you put in an address and you can see on the map exactly where all the services are.

So that is a new feature that we just released in the last couple of weeks. You guys are the first people that we sort of announced it to. So if you're on

Facebook and you're a friend of AIDS.gov, please check out our page and let us know how you like our new Facebook mobile locator.

And we have customized it so where it doesn't show up on your timeline that says, hey, you know, Aisha Moore just used the, you know, AIDS.gov locator to find HIV testing sites because we know it's very important to protect confidentiality. So if you use the Facebook locator it will not put this onto your wall or your timeline or show anyone that you've been using this.

Next slide. I believe that's my last slide.

Danielle Nelson: It is. Thank you so much. We appreciate your time on today's call. Now we have our last presenter, Carol Creasy from the Administration on Aging. So Carol, I'd like to pass things over.

Carol Creasy: Thank you. In 2009 people age 50 and older accounted for 23% of AIDS diagnosis in the U.S. yet older adults are often overlooked in ongoing HIV and AIDS conversations.

HIV can go undetected in older people because of the symptoms associated with it such as weight loss, pneumonia and fatigue that also occurs frequently with age.

AoA developed a tool kit for states, Triple As, tribal organizations, senior centers and other local service providers within the aging services network. This tool kit contains helpful resources and materials specifically designed to inform older adults about the risk of HIV and AIDS and to encourage them to know their status.

To access this, visit [www.AoA.gov](http://www.AoA.gov) and click on the HIV/AIDS tool kit button. You'll see that on the slide now. It is an important place where you can get information that we have made available.

We had hoped at this point to show you the tool kit video but even though a silent movie is up for an Oscar, I don't think you'd be interested in five minutes of a silent HIV video so we're not going to be able to show it to you today.

If you go to [www.YouTube.com](http://www.YouTube.com) and you'll see the rest of that on your screen there. Please take a look at it. It's a wonderful five minutes video that you can use in a variety of settings that gets the message across that HIV and AIDS has risks for older people.

The tool kit really is very engaging and I think again, if you hold discussion groups and webinars and health fairs, maybe we can figure out a way that it can work on a webinar and let you know how to make that happen as well. We think it will be a really helpful resource for you.

Take a look at some of the things that we have in the tool kit. On the left hand side is the tool kit fact sheet - HIV, know the risks, and get the facts. If you're hosting in an educational event, print a few extra copies for event participants to take home or just take them and have them available in your office or senior center.

On the right are two slides from the tool kit's customizable PowerPoint template and that's the key thing there. It is customizable, so you can pick and choose those things that are going to work for you depending on what setting you're going to be in.

The template provides key facts about HIV and AIDS among this population, but it also leaves space for you to add information relevant to your community. So we want to make sure that it fits your needs.

The last slide I'd like to share with you today is a tool kit poster series. By putting up posters in places of interest, you can help raise the level of HIV and AIDS, awareness among older adults in your community. Your own facility and office is a great place to start, but put posters up in local grocery stores, pharmacies, doctor's offices, senior centers and any place that older people congregate. We believe that this is an important tool that you can use to raise awareness.

At this point, we'd like to take questions from folks and I'll pass it back to Danielle.

Danielle Nelson: Can we please have the operator open up the audio line to begin the audio questions?

Coordinator: Thank you. At this time, we will begin question and answer session. To ask a question, please press \*1 on the touch-tone phone, please remain on the line and record your first and last name when prompted. To submit the question, press \*2. Once again, please \*1 to ask a question. One moment please for our first question, I need to listen to the name.

Our first question did not record their name. Your line is open. If you press \*1, your line is open. Go ahead with your question.

(Jessi): Hello, this is (Jessi) from Seattle.

Danielle Nelson: Hello. Yes?



(Jessi): Hi. My question is for Aisha. We were sitting here - we've got one computer with the webinar on it and another one we were bringing up the locator thing. We were wondering where it was that you got your information from to populate that information because if we look at the information Seattle, there are a lot of things that really do not provide services to people with HIV and you know, virtually none of our Hersha funded programs are on there.

Aisha Moore: The information comes from other federal databases, so the HIV information, some of it comes from CDC, some comes from Hersha, but it should include anyone who's funded by those agencies. I think that's definitely something that we need to look into.

(Jessi): Yes. The part C funded clinics are listed, but none of the part A funded or part B funded things are on there. Just so you know.

Aisha Moore: Okay. All right. Thank you.

Danielle Nelson: Great and why the operator takes the next audio question, we have a question in chat here for Diana from HRSA. The question is, are AETC services free to aging service agencies?

Diana Trevieso Palow: AETC services are free in terms of training and so on. The other caveat to that is that the target population for most trainings are clinicians. If it's a social service agency, that doesn't mean that they're not going to try to help you, but in terms of most of the training and you know, case consultation and so on, are for clinical services, but they are free.

Danielle Nelson: Wonderful.

Coordinator: Would you like to take the next question from the audio portion?

Danielle Nelson: Yes.

Coordinator: Miss (Sheila James), your line is open.

(Sheila James): Hi. Could Carol put the slide with the YouTube Website back up please, with the tool kit?

Danielle Nelson: Yes. Thank you for bringing that up. I would like to tell everybody, if you go to AoA.gov, the third button on the right hand side on the homepage, it says, "The HIV and aging tool kit", if you click that, the link for the video is right there and it also includes all of the other tool kits. So go to AoA.gov and you'll see the third button on the homepage, it's the HIV and aging tool kit. You'll have all of the videos there, the PowerPoint template that's customizable, as well as the poster series fact sheet and so on. So thank you for that question. I will go ahead and put the slide back up in the meantime. If we could have the next audio question, please.

Coordinator: Miss (Grace Terry), your line is open.

(Grace Terry): Hello?

Danielle Nelson: Hi. Yes?

(Grace Terry): Okay, I was wondering - well first of all, I appreciate the diversity reflected in the posters that come with the tool kit. For the other materials other than the posters, can those images be customized with the diverse racial ethnic and sexual orientation couples?

Danielle Nelson: Yes. You can customizable, for example, the PowerPoint tool kit, you can use all of the photos from the poster series and you can copy and paste (or take a screen shot capture of) those into the PowerPoint or just print the ones with - for example, the ethnic background that you choose.

(Grace Terry): Great.

Danielle Nelson: Can we take the next question from the audio line, please?

Coordinator: Miss (Dorcas Baker), your line is open.

(Dorcas Baker): Hello. I want to first of all thank everyone for their presentation. I'm (Dorcas Baker) from Johns Hopkins AETC and I really appreciated (Diana)'s presentation. I'm happy to report that on March 20th, we'll be having our grain of HIV at our local performance site at Shepherd Pratt. Three of the panelists that came up with the new recommended treatment strategies for older adults through the Academy of HIV Medicine and American Geriatrics Society, they will be presenting.

I just wanted to put that out there in case some of you would like to be able to attend that conference. We're expecting 150 individuals, but they will be there and I really thoroughly enjoyed everything that has been presented and thank you.

Woman: Thank you, (Dorcas). They've put on a wonderful presentation and conference. I have attended in the past.

Danielle Nelson: Wonderful and (Dorcas), could you tell us how to get contact information for that?

(Dorcas Baker): Yes. If they would visit the Pennsylvania Mid-Atlantic Website, which is [www.PAMAAETC.org](http://www.PAMAAETC.org) and that brings up our entire region for Pennsylvania Mid-Atlantic and all they need to do is click on "training" and look for Johns Hopkins.

Danielle Nelson: Great. Thank you for sharing.

Woman: Also, the Website for the AETC National Resource Center, if they go to that, there's way to link to the different regional and national AETC's. They can link to those Websites and then subsequently link to the trainings as (Dorcas) just mentioned.

(Dorcas Baker): Exactly. Thank you.

Woman: Thank you, (Dorcas).

Danielle Nelson: We have several chat questions, so let's take one now while we have more audio questions building up. This one is from Diana from HRSA. The question is, do AETC's provide training on how clinicians talk with seniors about sex and STD's, including HIV?

Diana Trevieso Palow: Some do and maybe some more should. I think that as I mentioned, the trainings have to do with what is kind of driven by the request of the targeted audience as the people who want to hear this. I think that this is topic that definitely has been addressed and can be addressed, it's just that it's perhaps, I have a skewed interest in working with people living with HIV or older, so I have an interest and I think it should be more so, but that doesn't mean that it doesn't happen. It does happen, it just, again, it has to do with a request from the agency or the targeted audience for the training.

Danielle Nelson: Thank you and operator, if we could take another audio question now.

Coordinator: Thank you. Our next question is from (Anthony). Your line is open.

(Anthony): Yes, this is (Anthony) and this question for (Diana) from Florida. I've was wondering with seniors' participation in health fairs, was there any type of pre-work that was done with them to help them with the stigma associated with it?

We are invited to a lot of health fairs here in Alabama, but seniors actually tend to run away from the table and not come to it when they see that its HIV related. I wanted to know if there was any pre-work that was done prior to getting them acclimated with HIV testing.

Danielle Nelson: For (Diana Jones) in Florida? I don't know if I misunderstood.

(Anthony): No, I'm actually in Alabama. I'm sorry.

Danielle Nelson: Okay, you were directing it to?

(Anthony): (Diana) from Florida.

(Diana Trevieso Palow): I used to be from Florida and I'd be happy to answer, but I think the answer would be better to Joan.

(Anthony): Okay.

Joan DeVaughn: Well thank you. Actually you know, that's an excellent question and we have not found that to be true, especially I think given the nature of what we do going into churches, faith based type of groups. I think seniors have been used

to our presence over the years. They want and need healthcare and health access.

We offer it as a service to them and what we will see typically is one or two will sign up and then the rest of the group will follow. I think they all feel very comfortable with it, just by the nature of how it's done, very privately with dignity and respect. So we have not had that issue at all, fortunately.

(Anthony): Okay.

Diana Trevieso Palow: This is Diana and I'd like to just weigh in. I think that part of the answer to that has to do with the whole normalization of HIV and that it is an illness, just like hypertension is an illness and diabetes, and so on. I think that when it becomes more normalized and the fact that it is important to know your status so that you can get treatment, I think that it appeals to the senior population, especially as Joann said; it is provided in privacy and with respect and so on. That's been my experience in terms of providing the clinical services.

(Anthony): All right. Thank you very much.

Dr. Charles Emlet: This is (Charlie) and I just wanted to comment. Over the years, I've been asked multiple times by senior service agencies and senior housing complexes about this issue and one of the things that we found similar to your question about stigma was we broadened the topic a little bit and the topic became aging and sexuality. Then that opened the door for conversations about HIV disease, but even if you're not interested in HIV, you might very well be interested in a lecture or a conversation about aging and sexuality.

(Anthony): Thank you.

Coordinator: Our next question is from (Shawn Lang). Your line is open.

(Shawn Lang): Great. Hi, this is (Shawn) from Connecticut. The speaker just mentioned senior housing and you know, that's a real consideration I think as people are aging with HIV, I mean housing is the single most unmet need for people with HIV and you know, HUD wasn't part of this presentation, but I wonder if there are conversations going on with HUD about this particular population.

Coordinator: Would you like me to take the next audio question or would you like to take it from the net portion?

(Shawn Lang): I'm happy if anybody can respond to that.

Diana Trevieso Palow: I'm not aware - this is Diana- I'm not aware of anything particular, but I'm not that cognitive of HUD. I mean I am cognitive of what HUD does, but in terms of what they're doing specifically with targeting this population. Danielle, do you at AoA have any kind of information on that?

Danielle Nelson: We're not familiar at this time with anything HUD is doing specific to this population, but we will get back to you on that. If you'd like to E-mail me again at [Danielle.Nelson@AoA.gov](mailto:Danielle.Nelson@AoA.gov), I will look into that for you. It's [Danielle.Nelson@AoA.hhs.gov](mailto:Danielle.Nelson@AoA.hhs.gov).

(Shawn Lang): Great. Thank you.

Danielle Nelson: We'll take the next question, please.

Coordinator: Thank you. Our next question is from (Jamella). Your line is open.

(Jamella): Hi. My question has two parts. One, it was stated that you guys stated the HIV risk does not diminish with age, so my question is what steps are you guys already taking or what steps can be taken to get younger people involved from different areas of health services or even the same way where there's like campaigns to get younger people to talk to their peers about HIV and AIDS, and cigarettes and drugs. Is there a campaign or a project to get younger adults to talk to their parents or their older caregivers about why they should be tested as well?

Danielle Nelson: At AoA, we're not aware of anything at the moment, but it is a great idea and we will look into it.

(Jamella): Okay.

Danielle Nelson: Thank you for bringing that up.

Coordinator: Once again, you may press \*1 to ask a question.

Danielle Nelson: We have some questions in chat that we'll take now while waiting for another question to come. This one is for Diana from HRSA. The question is do you work with any of the - for example, CDC, HIV and AIDS trial patients? Is there any collaboration with that?

Diana Trevieso Palow: Well, the AIDS education training centers do work closely with many of the other programs around CDC, for example, the prevention training centers and so on. In terms of clinical trials network, that clinical trials are promoted as a good thing that people can participate in, but it's not collaboration necessarily.



I'm not sure I'm clear on the question other than that. We do collaborate with many training partners and in terms of clinical trials, it is something that is promoted, but it's not necessarily a role for the AETC. We're about training and providing education.

Danielle Nelson: Thank you. The next chat question is for Aisha from AIDS.gov. The question is has there been any interest in including mobile testing locations with the locator tool? This person belongs to a coalition that's trying to figure out what the best way would be to do this live since they're considering real life issues such as changing of venues. So if you could take that question.

Aisha Moore: I'm not exactly sure if I understand the question, but the locator is available on mobile and previously and I'm going to check right now, there was a text version, but if the person who had the question, if they could send me an E-mail at Aimioore@JSI.com, I would definitely be willing to help you look into that.

Danielle Nelson: I will forward the person's name onto you and they're interested in mobile testing. So we'll look more into that and get back to the person.

Aisha Moore: Okay.

Danielle Nelson: If we could take an audio question at this time.

Coordinator: Thank you. Our next question is from (Nancy McCreery). Your line is open.

(Nancy McCreery): Yes. Hello. This question is for Carol. I represent CDC's direct to consumer team, DHAP, and currently I'm in charge of writing fact sheet sand I've been working on one for HIV among people 50 and older and you mentioned a statistic on your slideshow about 50% of people over 50 will be

diagnosed with HIV by the year 2015. I would like to know where you got that statistic from because we've been trying - I've even consulted with John Brooks, who's an expert in that field, and we've been trying to figure out where that statistic comes from. You would help us out a great deal if you could tell us.

Carol Creasy: The stat that you're referring to, you might have the number wrong exactly, but we did get it from ACRIA and it's actually that people age 50 and older accounted for 23% of AIDS diagnosis, or are you talking about the one that was in 2015 where half of people with HIV will be over 50? Is that the one you're referring to?

(Nancy McCreery): Yes and also, it seems to change every year. With my research, I find it somewhere that says 2014 or 2013, and now it's 2015. I think it went back to one of our surveillance reports, but it's not there.

Dr. Charles Emlet: This is (Charlie). I think I might be able to answer that question. There are two citations I use to support that figure. One is in an article that was written by (Aimee Justice) that was published in 2010 in the Journal of Clinical Infectious Diseases. If you E-mail me, I would be glad to not only send you the citation, but I could probably find and send you the article.

The other source that I've seen was a couple years earlier in an article by (Rita Efross), who I believe is at UCLA and the exact source was again, a peer reviewed publication having to do with infectious diseases, but I can't pull the citation out of my head. A common citation is (Aimee Justice)'s article in 2010 in clinical infectious diseases.

(Nancy McCreery): Okay. Thank you.

Danielle Nelson: We have another question from chat here and the question is for any panelist who is able to answer it. Have any of you included congregation as targeted entities in your services to older adults? So many Joan from Florida. Do you know of anyone in Florida that is targeting congregation?

Joan DeVaughn: You mean, you're talking church?

Danielle Nelson: Yes.

Joan DeVaughn: Absolutely. Not specifically, but in our experience again in West Palm Beach, we just had pastors in the leadership of churches actually approach us about having HIV and AIDS testing and about really being there to champion the calls for this and really being a cheerleader to encourage their congregates to get the testing. I think that's so important especially in some of these areas where we go because that individual pastor becomes a role model and really becomes someone who says, "This is the right thing to do. This is a safe thing to do." I think it really makes a big difference and the trust level that members of the congregation do feel.

Most of the time, we have gone into churches to actually do this testing and one time, we actually used the pastor's house to add a private testing area and counseling area. I guess you can say, you know, it's pretty much I think getting the pastor to champion the calls makes a huge difference.

Danielle Nelson: I did want to mention also and answer this question. Here at AoA, (Carol), one of our presenters, is one of the people on the video that we were not able to watch - the five minute video we hope you watch later. She does briefly speak about her church. They had a health fair and there was free HIV testing at the health fair, so another plug for the tool kit. We hope you will watch the video.

We'll take our next audio question, please.

Coordinator: Our next question is from (Dennis Yaver). Your line is open.

(Dennis Yaver): Thank you very much. Actually my question had more to do with the getting the resources from the presentation in terms of the slideshow. The slides from the presentation and I realize that it says here on the computer that they're located on the website, but I can't find them.

Danielle Nelson: Yes, this is Danielle from AoA. The tool kit right now is posted, but the actually webinar slides, they'll take seven days to be posted because we'll have to make sure they're 508 compliant, which means that they're accessible to all. It will take us about seven days to get this PowerPoint recording slide, but it will be where the tool kit is. So when you go to AoA.gov and you click on the button that says, "HIV and aging tool kit", it'll be under there. So check back with us in seven days.

(Dennis Yaver): Thank you very much.

Danielle Nelson: You're very welcome. We'll take our next audio question. We have about five minutes left.

Coordinator: (Laurette), your line is open. (Laurette), go ahead with your question.

(Laurette): Can you hear me?

Coordinator: Just barely. Let me try to increase your volume.

(Laurette): Okay. Let me see if I can get off of speakerphone.

Coordinator: Go ahead and say something now.

(Laurette): Is that better?

Coordinator: Yes it is. Thank you.

(Laurette): Okay. I have a two part question. In terms of - and this is open to the panelists, so we're talking about older folks with HIV and part of it was to look at people who already knew and have been in medical care for a long-term period of time, 20 plus years or so. Have the panelists found any - are they aware of any long-term studies of being on these medications and all of the complications, and now what are we seeing in terms of the bodies aging as they're aging? Any other issues that need to be kind of a yellow flag or something like that, that this may different inflections for those older folks verses non-HIV folks?

Diana Trevieso Palow: This is Diana. I'm not aware of a particular study, but that doesn't mean this is not an area of interest that someone may be doing a research study on. It definitely is an area that we need more knowledge about, especially those that have been living with the virus for a long time and have been on anti-retroviral therapy. There has been some hypothesis' that some of the sort of adverse events or adverse effects that we're seeing may be due to the medications, but you know, it's difficult to tease out where it's the medication, HIV disease or if it's just an actual process of aging.

I think that this is an area that's ripe for additional research. I'm not cognizant if anyone specifically is studying it - I'm sure they are, but I just don't know of anyone specifically.

Dr. Charles Emlet: This is (Charlie). There have been studies down on that. For example, long-term use of anti-retroviral therapies have been found at least in some folks to increase triglycerides and then you know, so there's some impact in cardiovascular health.

I can't come up with specific citations off the top of my head, but I think if you look at perhaps Journal of the American Geriatrics Society, Journals of Gerontology, you'll find that there's a researcher whose name is something like (Des Kelbay) and he's been doing some work on aging of HIV and what he calls a frailty type that suggests almost the advanced aging process of people with HIV disease.

There's a lot of stuff out there. It just takes a little bit of time to look and find it.

Diana Trevieso Palow: From the American Academy of HIV Medicine, the guidelines or guidance that I mentioned earlier, I'm sure that some of the people that have authored or co-authored that probably you might find citations about particular studies that they might be doing.

Danielle Nelson: Wonderful. Well this completes the end of our time together today. I do want to thank all of our presenters. We appreciate your time in being here. For any of our participants, if you did not get your question answered here today, please feel free to E-mail me. That E-mail is [Danielle.Nelson@AoA.hhs.gov](mailto:Danielle.Nelson@AoA.hhs.gov).

Thank you for everyone's time and we hope you have an enjoyable rest of your day.

Dr. Charles Emlet: Thank you.

Diana Trevieso Palow: Thank you. Bye.

END