Aging & Thriving with HIV through Peer Leadership

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COLORADO HEALTH NETWORK INC.

Jewish Federations of North America | Center on Aging, Trauma, and Holocaust Survivor Care

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Agenda

- **Overview**
  - CHN Healthy Aging Programming
- **Peer Leader Panel**
  - Sharing Lived Experience
- **Small Group Discussion**
  - Envisioning Peer Leadership in Our Own Community
- **Questions & Answers**

Colorado Health Network

A STATEWIDE AIDS SERVICE ORGANIZATION

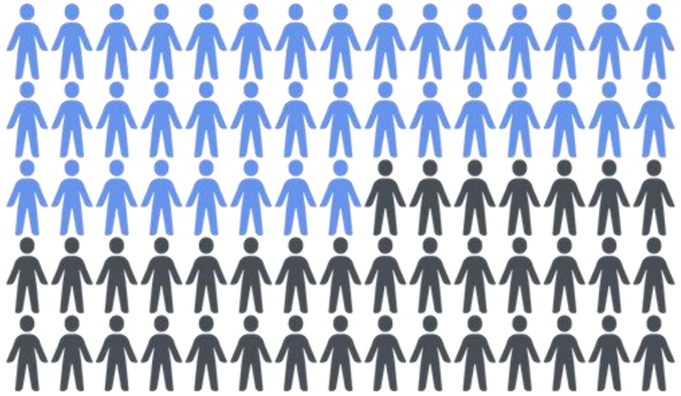
CHN Healthy Aging Programs

CHN Behavioral Health

CHN Peer Leaders

CHN Latin Programs

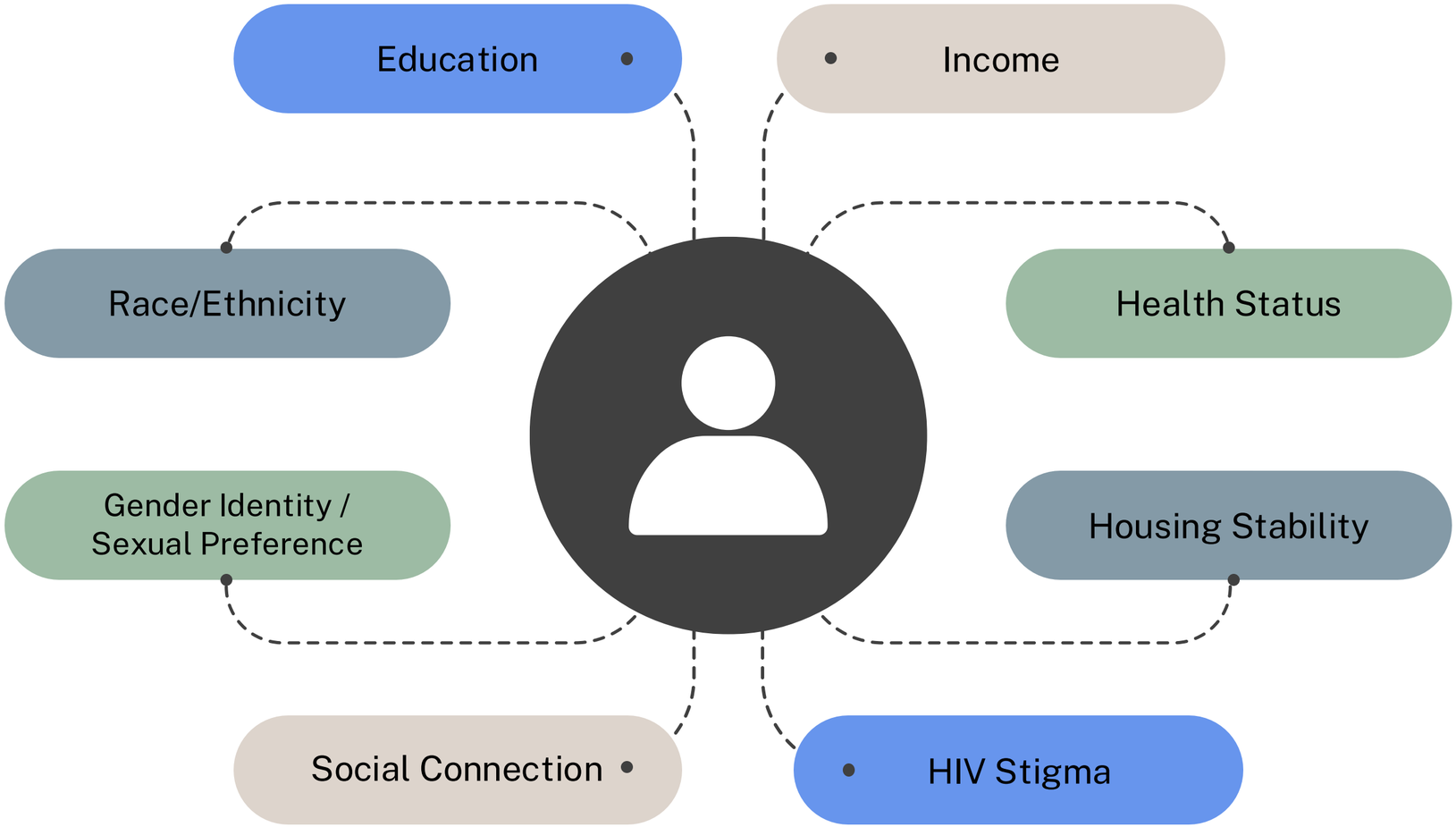
Artist Contractors



CHN supports over 5,000 people living with HIV statewide - over 30% are 60 years or older

Intersectionality of HIV

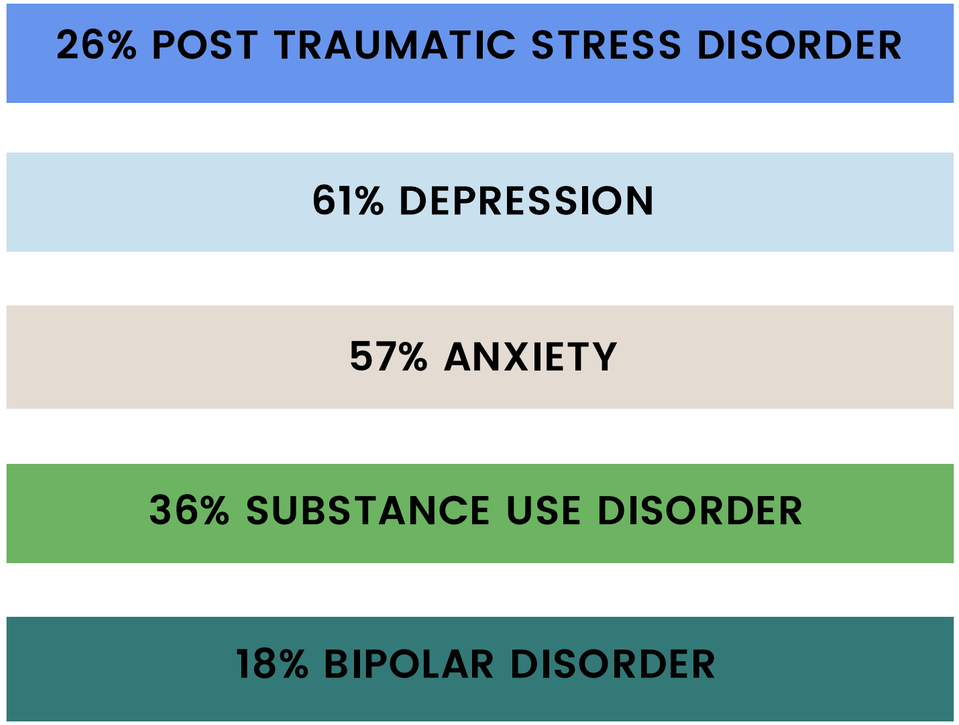
MULTICOMPLEXITY OF DIFFERENT BIOPYSCHOSOCIAL FACTORS & IDENTITIES



Unique Mental Health Challenges

FACED BY OLDER ADULTS LIVING W/ HIV

83% of older PLWH enrolled in HAP are living with at least one of five behavioral health challenges.

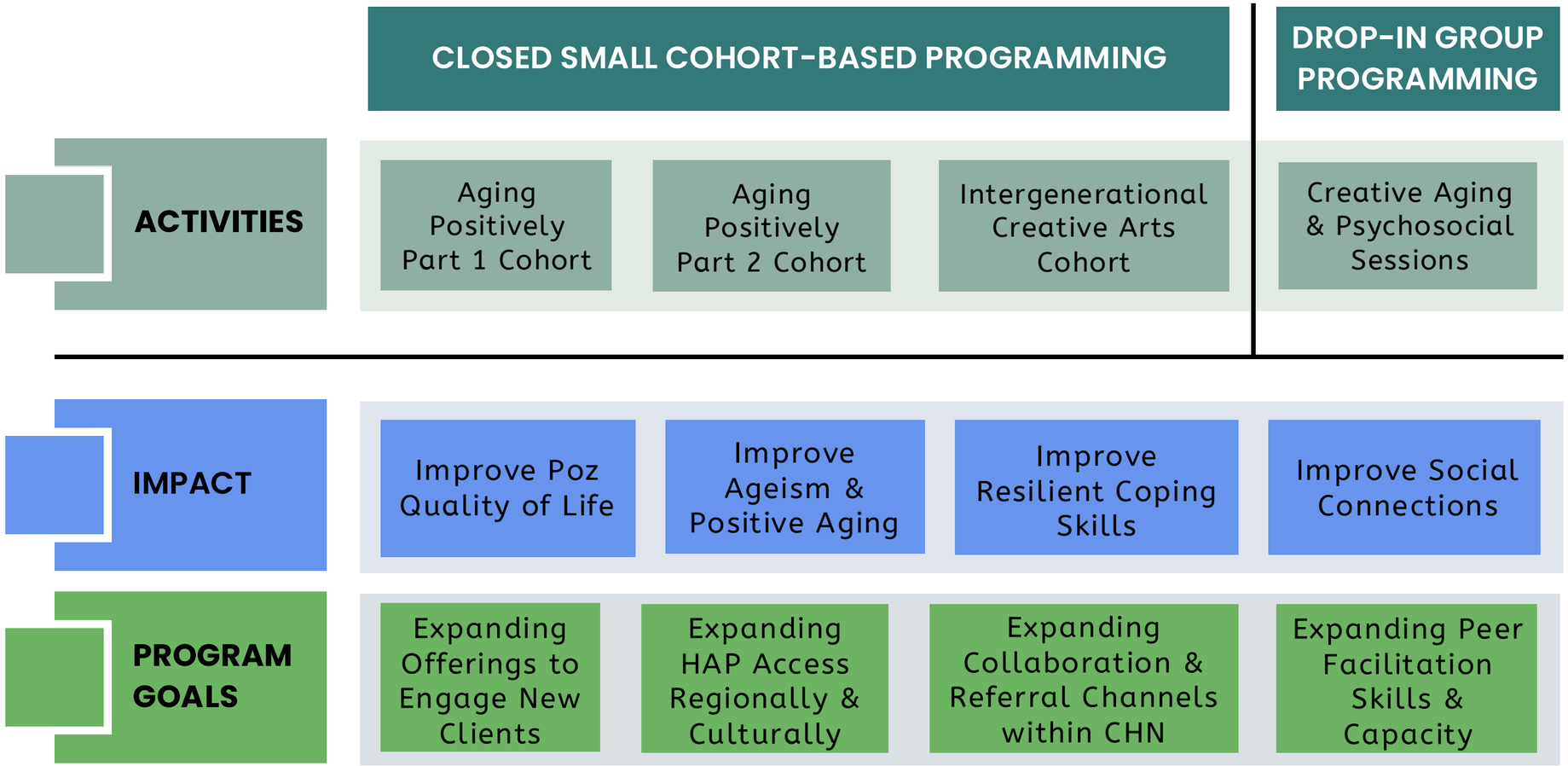


AIDS Survivor Syndrome is used to describe the constellation of physical, psychological and emotional symptoms that a person (either HIV-negative or HIV-positive) may experience after living through intense grief and trauma during the years of the AIDS epidemic and after. Symptoms may include: uncertainty about the future, feelings of panic from growing older, social isolation, and survivor's guilt.

SAN FRANSISCO AIDS FOUNDATION, 2018

JFNA-Supported Programming

Improve mental and social health outcomes and address aging & HIV-related stigma for older PLWH through culturally competent psychosocial and creative aging initiatives.



1983 THE DENVER PRINCIPLES 2023

Statement from the advisory committee of the People with AIDS: We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People with AIDS."

RECOMMENDATIONS:

FOR HEALTH CARE PROFESSIONALS

1. Come out, especially to their patients who have AIDS.
2. Always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatment and advice they give.
3. Get in touch with their feelings (e.g. fears, anxieties, hopes, etc.) about AIDS and not simply deal with AIDS intellectually.
4. Take a thorough personal inventory and identify and examine their own agendas around AIDS.
5. Treat People with AIDS as whole people, and address psycho-social issues as well as biophysical ones.
6. Address the question of sexuality in People with AIDS specifically, sensitively, and with information about gay male sexuality in general and the sexuality of People with AIDS in particular.

FOR ALL PEOPLE

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Do not scapegoat People with AIDS, blame us for the epidemic or generalize about our lifestyles.

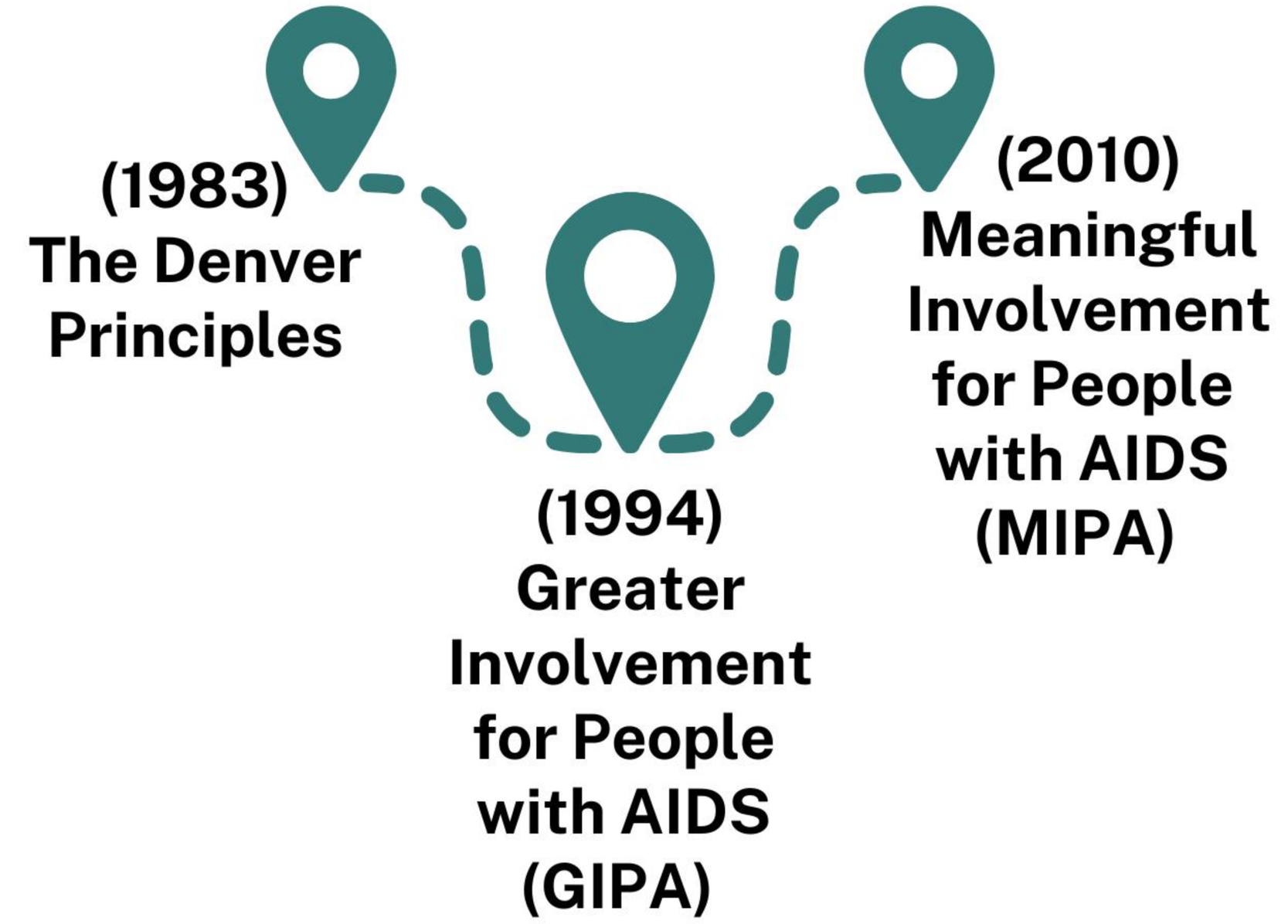
FOR PEOPLE WITH AIDS

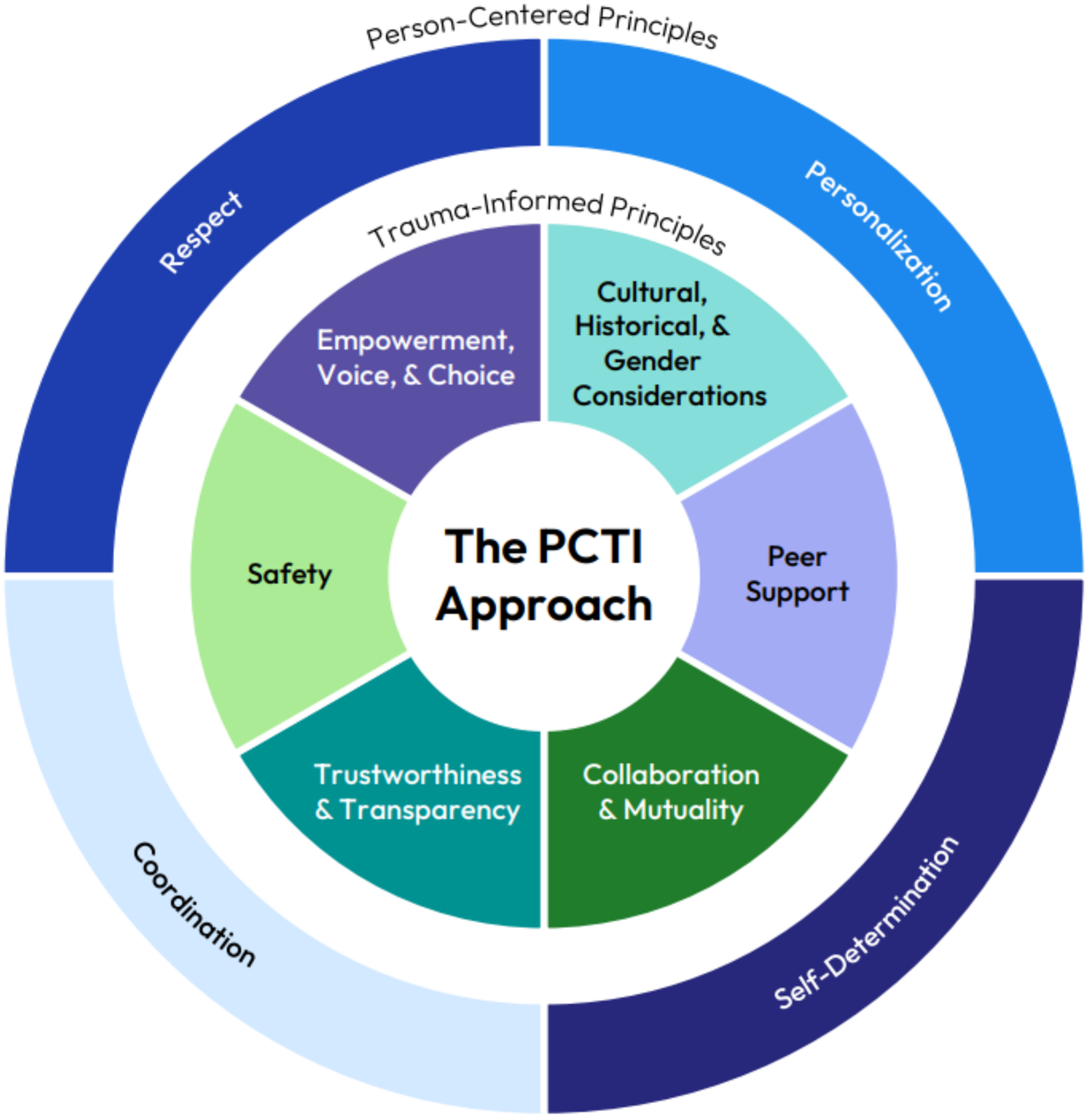
1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel People with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

RIGHTS:

OF PEOPLE WITH AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die—and to LIVE—in dignity.




Person-Centered Principles
Respect
Personalization
Trauma-Informed Principles
Empowerment, Voice, & Choice
Cultural, Historical, & Gender Considerations
Safety
The PCTI Approach
Peer Support
Trustworthiness & Transparency
Collaboration & Mutuality
Coordination
Self-Determination

Peer Support

*I would recommend [**Aging Positively**], especially to those who may need healing like myself; those who have kept their condition a secret; spent all their energy in fighting and hiding [HIV] - this has had an influence on so many people.*

Getting to know this group through their thoughts, words, and feelings, I've gained not only a new perspective that is healthy, but have done some healing in the process.

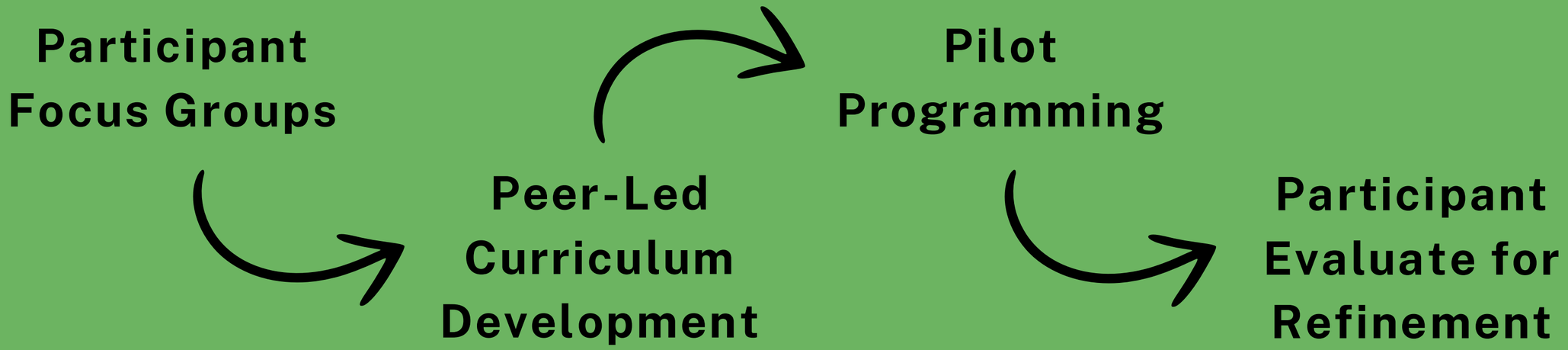
Respect

- Programming allows participants to respectfully navigate differing perspectives and conflicting lived experience
- Restorative justice approaches are used when clients exhibit behaviors that are not appropriate for group settings.

Take a moment to introduce yourself by describing the experiences & perspectives you bring to this work? And highlight why this is a full circle moment for you?

Collaboration & Mutuality

‘If we build it, will they come?’ to ‘If they build it, will they use it?’”



Coordination

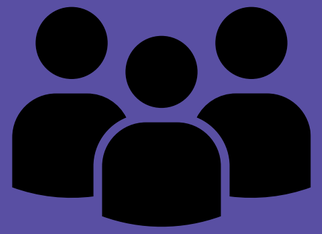
Coordinating between team (cross-departmental staff, peer leaders, participants) to create workflows, curriculum, evaluations and programs to align with community interest.

Please describe your involvement in this work as a peer leader highlighting what you enjoyed most or what you have learned about yourself and your community.

Empowerment, Voice & Choice

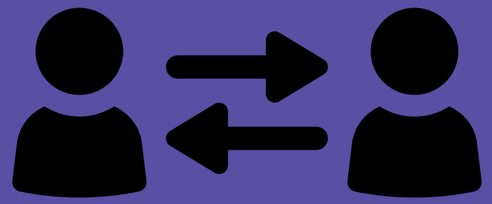


Story-Sharing



Affinity Groups

Peer Leadership



Self-Determination

- Control over how and when their stories get shared
- Offering multiple types of programming (intergenerational, age-specific, Latino/a/Hispanic/x, women)
- Allowing Peer Leaders to personalize their experiences based on skills

How would you describe the value of peer leadership and what would you recommend to organizations who are trying to better incorporate community voices in their work?

Cultural, Historical, & Gender Considerations

- Identifying Stigmatizing Language & Contextualizing Reclaimed Language (Queer, Elder, etc.)
- Challenging Definitions & Redefining for Ourselves (Resilience & Legacy)
- Recognizing Intersectional Trauma - Offering Program Variety to Meet People's Experiences
- Meaningful Involvement of People Living with AIDSD/HIV - Co-creation with Community

Self-Determination

Person-Centered Language

Avoiding stigmatizing language that emphasizes decline or suffering. Yet, ultimately valuing people's individuality and personal connection to language more that strict language rules. Centering a person's choose to identify and upholding that in communication - mirroring.

Options for Self-Identification & Engagement

Allowing participants to choose the best group for them (linguistic and identity-based programming). Allowing participants to engage in the ways that is most supportive.

Take about 15 mins to discuss with your Neighbors

- What communities do you represent & work alongside?
- What do you see as the value of peer leadership?
- What challenges do you face to including community voices in your work?
- What new ideas did this session inspire you to bring back to your community?

Safety



CHN Onsite Programming

- Longevity of care
- Lack of fear of HIV-stigma
- Support pet-friendly



Virtual Programming

- Political Climate
- Fear of travel
- Comfort of home
- Camera optional

Coordination

- Addressing technology barriers
- Mailing care packages
- Providing transportation
- Scheduling in coordination with other appointments

Trustworthiness & Transparency

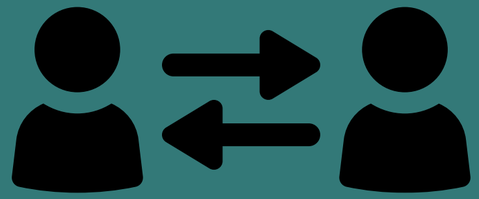


Evaluation
Measures



Activities

Peer Leadership



Personalization

- Framing cognitive screening through awareness rather than deficit
- Allowing Peer Leaders to personalize their experiences based on skills
- Adapting activities to meet people where they are at in the moment

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Thank You!
Questions?

Reach Out to Our Team to Learn More!
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