Leadership Approaches to Providing Quality HIV Prevention Care for Older Adults

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ABSTRACT

Americans continue to face risks associated with human immunodeficiency virus (HIV). One population that receives little attention concerning HIV is that of older adults. Approximately 20% of all HIV cases are among adults aged 50 and older. Older adults and younger populations are at risk for HIV; however, few programs are in place to reduce the incidence of HIV among this priority population. Many cases of HIV among older adults go unnoticed because health care professionals perceive older adults as asexual. Many physicians and other health professionals, including health educators, are uncomfortable in discussing sexual histories with older adults, so they fail to screen this population for HIV thoroughly. One way to decrease the incidence of HIV among older adults is to employ effective leadership theories within the health care system. The leadership theories of Kouzes and Posner may have value for health care professionals by improving patient-provider communication. This visionary framework can aid in reframing the problem, and in turn, achieve realistic HIV outcomes among older adults.
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Introduction

According to the Centers for Disease Control and Prevention (CDC) approximately 19 million new cases of human immunodeficiency virus (HIV) occur annually in the United States (CDC, 2006). Whereas much attention is paid to the prevention of HIV among adolescents, far less is focused on adults ≥ 50 years old, where a growing proportion of these cases is occurring (Emlet, 2008; Gebo, 2006). Currently, physicians and other health care professionals, including health educators, do little to promote HIV prevention among older adults.

This paper discusses the significance of HIV primary prevention among older adults, factors contributing to the rise of incident cases, and to propose leadership principles to be utilized in an effort to reduce the incidence of HIV among older adults.

Significance of the Problem

Why is it essential that a wide array of health professionals devote time and resources toward understanding HIV risks among older adults? The rate with which older adults have contracted HIV has grown exponentially. Currently, approximately 20% of all HIV cases are among older adults (Emlet, 2008). If little attention is paid to older adults, it is possible that this number will continue to rise.

Older adults visit their physicians more frequently than their younger counterparts, in part because they are more fraught by the effects of chronic diseases. Many times physicians attribute HIV-related symptoms to more commonly diagnosed chronic symptoms, such as Alzheimer's disease or other forms of senile dementia (Ress, 2003; Szerlip, Desalvo, & Szerlip, 2005). Because physicians rarely take complete sexual or behavioral histories from their older patients, they are unlikely to discover risk factors associated with HIV. For example, one behavioral risk among older adults is the lack of condom use during sexual intercourse. This risk is often overlooked when physicians do not ask about their patients' current sexual practices.

Health education includes any practices that seek to promote the prevention and treatment of disease (Hochbaum, 1979). The need for health education and promotion is not exclusive to the young and healthy. People of all ages should be afforded similar health care practices and procedures. According to the World Health Organization (1948), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Official Records of the World Health Organization, no. 2, p. 100). This definition does not exclude people who have lived over half a century. Therefore, it is the responsibility of health care professionals to invest resources in the primary prevention of HIV among older adults.

Factors Related to or Affecting the Problem

The increasing incidence of HIV among older adults has been exacerbated by many factors. Many people, including health educators, suffer from ageism (Levy-Dweck, 2005; Sormanti & Shibusawa, 2007; Szerlip et al., 2005). The notion that it is more important to tend to the needs of younger people than older people negatively impacts America's health care system. All people, young and old, are at risk for

HIV because all people can engage in similar risky behaviors. Researchers have documented the following risk factors associated with HIV among people of all ages: (1) unprotected heterosexual intercourse, (2) unprotected homosexual intercourse, (3) sexual intercourse while under the influence of alcohol or drugs, (4) intravenous drug use, (5) sexual intercourse with multiple sex partners, (6) sex in exchange for money or goods, and (7) contaminated blood products (e.g., Kohli, Klein, Schoenbaum, Anastos, Minkoff, & Sacks, 2006; Levy-Dweck, 2005; Ress, 2003; Sormanti & Shibusawa, 2007). By overlooking the sexual health needs of older adults, health care professionals ignore the transmission of HIV among this population. This ignorance has led to the drastic increase of incident cases of HIV among older adults.

Society overlooks the issue of sexual activity in older adulthood. People assume that sexual intercourse stops as women enter menopause (Levy-Dweck, 2005; Ress, 2003; Sormanti & Shibusawa, 2007). In many cases, women discontinue the use of oral contraceptives, such as birth control pills, once they are no longer at risk for pregnancy (Levy-Dweck, 2005). They do not, however, continue the use of condoms as a contraceptive for sexually transmitted infections, such as HIV. According to a research study by Tawk and colleagues (2004), "women aged 41 and over were 5 times less likely to use condoms than were women aged 18 and younger" (as cited in Sormanti & Shibusawa, 2007, p. 707). Because older adults engage in risky sexual behaviors, they put themselves and their partners at risk for contracting HIV. Therefore, it is essential to utilize health education to reduce the incidence of HIV resulting from inadequate condom use.

Historically, Americans ignore many sensitive topics pertaining to human sexuality. People find it uncomfortable to discuss sexuality in any context. Therefore, it comes as no surprise that sexual health among older adults is ignored (Gebo, 2006; Kohli et al., 2006; Levy-Dweck, 2005). Physicians find it uncomfortable to obtain sexual histories from their older patients, so risk factors among older adults are not identified and reduced. One way to improve communication between physicians and patients is to provide education for physicians to decrease their discomfort of sexual communication with older adults. Health educators could provide workshops for physicians to practice physician/patient scenarios pertaining to sexual health and older adults.

Most political issues surrounding sexual health focus exclusively on youth. Currently, much debate has surrounded sexual health programming in the school systems. With so much time and resources being devoted to school-based sexual health programs, older adults are not receiving adequate information pertaining to sexual health practices. HIV among older adults is a financial burden to the government. Many older adults use Medicare as a source of health insurance (McWilliams, Meara, Zaslavsky, & Ayanian, 2007). Costs associated with HIV and AIDS (Acquired Immune Deficiency Syndrome) are expensive, so early detection of HIV can lead to less cost associated with treatment of the virus.

With the advent of Highly Active Antiretroviral Therapy (HAART) people are living longer with HIV than prior to HAART (Gebo, 2006; Kohli et al., 2006; Nogueras, Navarro, Anton, Sala, Cervantes, Amengual, et al., 2006; Szerlip et al., 2005). HIV is no longer considered a death sentence; it is considered a chronic illness (Reiter, 2000). To increase one's life expectancy with an HIV diagnosis, it is essential that older adults are screened for HIV early. Age impacts the speed with which HIV progresses to AIDS (Gebo, 2006). By detecting HIV early, it is possible to utilize HAART and reduce the negative impacts of HIV on the body. Many research studies have found that HAART positively impacts the health of all people suffering from HIV, regardless of age (Gebo, 2006; Kohli et al., 2006). Too often, older adults are given late HIV diagnoses which lead to shortened HIV to AIDS progression and high mortality rates (Grabar, Weiss, & Castagliola, 2006; Levy-Dweck, 2005; Ress, 2003).

Some changes have begun in an effort to improve sexual health among older adults. Sildenafil citrate, also known as Viagra, was approved by the Food and Drug Administration (FDA) in 1998. Now, the topic of male erectile dysfunction is commonplace in many households, in part, due to television commercials or website banner advertisements. As men with erectile dysfunction are able to seek treatment, there has been an increase in both sexual activity and the number of sexual partners among older adults (Levy-Dweck, 2005). There is not, however, an increase in sexual health education preventing the spread of sexually transmitted infections among this population.

Implications for Leadership

It is essential for health care professionals to lead with appropriate leadership frameworks in mind to work toward decreasing the incidence of HIV among older adults. According to Rue and Byars (2000), "leadership is the ability to influence people to willingly follow one's guidance or adhere to one's decisions" (p. 310). The most direct setting with which leadership can impact this issue is health care. Physicians and health educators should employ the following leadership theory as a method for reducing

the incidence of HIV among older adults. This leadership theory can be utilized to create comfortable, trusting health environments for both health care professionals and patients alike.

One leadership theory that could be utilized among health care professionals is that of Kouzes and Posner (1988). Kouzes and Posner conducted over 600 surveys of managers to identify the "Five Practices of Exemplary Leadership" (Posner & Kouzes, 1988). The five practices that Kouzes and Posner identified are: (1) Challenging the process, (2) Inspiring a shared vision, (3) Enabling others to act, (4) Modeling the way, and (5) Encouraging the heart. These five leadership characteristics help to encourage the employees and motivate toward success.

Modeling the way encourages leaders to set an example for their employees. Employees are able to watch the actions of their leader and to know how to act in varying situations. They also help identify ways to reach large goals by identifying smaller, more manageable objectives (The Leadership Challenge). For example, program managers within the health department can identify small objectives to achieve to meet the overall goal of reduced incidence of HIV among older adults. Small objectives could include the following; organizing one workshop per month with older adults in the community to identify risks for HIV, working with physicians to encourage the discussion of sexual histories with their older adult patients, and encouraging HIV screenings among all older adults that come to the health department for medical services.

Inspiring a shared vision encourages leaders to "passionately believe that they can make a difference" (The Leadership Challenge). Managers with this leadership characteristic incite action among others. They help people identify what possibilities could be accomplished. This characteristic is important in gaining buy-in from employees. Many health educators or physicians may be hesitant to discuss sexual histories or HIV with older adults, but leaders with "inspiring a shared vision" can help health care professionals become passionate about reducing HIV among this population.

Challenging the process encourages leaders to find new ways of approaching a problem (The Leadership Challenge). Leaders with this characteristic are willing to take risks in an effort to promote change. This quality is important in addressing the problem at hand. Many health care professionals may be content with the status quo; they are treating illness and preventing further harm from chronic illnesses. They are not, however, preventing HIV among the priority population. It is important to challenge the current perspective of sexuality and older adults in to effectively treat HIV among older adults. Therefore, leaders should present novel ideas and scenarios to help health care professionals become comfortable with the notion of sexuality and older adults, thereby leading to open communication strategies among patients and providers.

Enabling others to act encourages trust and teamwork among leaders and employees (The Leadership Challenge). This is important when people of varying backgrounds and specialties work together to achieve a common goal. For example, physicians and health educators both want to achieve optimal health for people; however, the ways in which they hope to achieve this goal is varied. Physicians focus on individual patients, whereas health educators focus on groups of people. By forming a partnership between physicians and health educators, it is possible to have a larger network for decreasing the incidence of HIV among older adults.

One practical application of this partnership between clinicians and health educators could be in county and local health departments. Programs can be created to combine the efforts of clinicians and health educators to increase information disseminated to patients. For example, a workshop on "the aging of sex" could include a general group discussion with a health educator and concurrent private sessions with a clinician to discuss personal risks and sexual histories. This partnership will provide more information and attention to patients while maximizing the efforts of both health educators and clinicians.

Another practical application of this partnership could be rooted in a referral system. Health educators who meet with older adults could refer their clients to clinicians to receive medical care or STI testing. Clinicians can also refer their patients to health educators to receive in-depth information and practical skills related to healthy sexual practices. A referral system can ensure that older adults receive adequate information and medical services from a variety of health professionals.

Encouraging the heart promotes the successes of employees in an effort to sustain optimal efforts (The Leadership Challenge). Encouraging the heart emphasizes rewards and efforts by employees as a method of continued success. This quality of leadership is important in areas in which people may experience burn-out or job-related stress. Health educators often work tirelessly to impact their communities. It may take years before large-scale health changes are noticed within a community. To reduce burn-out, it is important to praise the hard work of health educators. Their work is important to the continued health successes seen everyday.

The leadership theory of Kouzes and Posner can aid in the problem of HIV among older adults. Many factors influence the transmission of HIV. By improving leadership among health care professionals, it is possible to identify new strategies for reducing risky behaviors leading to HIV. As life expectancy continues to rise in the United States, it is important for health care providers to focus their attention on the aging population. HIV continues to affect people of all ages and ethnicities, so people could be best served by improved leadership within the healthcare industry.

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