HIV and Aging: The Graying of the HIV Epidemic

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Gay Men’s Health Crisis

LGBTI Health Summit, Chicago
August 18, 2009
I. Demographics, incidence, prevalence data

II. What do we know about PLWHA 50+?

III. Policy issues
I. Demographics, incidence, prevalence data

- 29%: PLWHA in the US are 50+
- 30%: PLWHA in NYC are 50+
- Approx. 70%: PLWHA in NYC, US are 40+

In 2013–2015 estimated that half of PLWHA will be 50+
Growing incidence among 50+

- New HIV diag. among 50+ up 25% from ‘06–’07
- New diag. among women 50+ up 40% ‘03–’08
- 15% of newly diagnosed PLWHA are 50 and older

(CDC, 2007)
Proportion of New HIV+ Clients >=50
Three populations of PLWHA 50+

- Longtime survivors
- Newly diagnosed (often late)
- Newly infected
African American women account for 11% of the total female population 50+, but for over 50% of AIDS cases and >65% of HIV infections among women over 50.

The per capita rate of HIV among persons 50+:
- AA are $12x$ as likely as Whites
- Latinos $5x$ as likely
Almost half of males diagnosed with HIV who are 50+ years old do not have a documented transmission category. MSM is the largest documented category.
Heterosexual is the predominant transmission category among females diagnosed with HIV who are 50+ years old.
Three-quarters of persons living with HIV/AIDS who are 50+ years old are black or Hispanic.

Race/ethnicity of persons 50+ living with HIV/AIDS at the end of 2007, New York City

- Black, 16,375, 45%
- Hispanic, 10,695, 30%
- White, 8,141, 23%
- Other/unknown, 220, 1%
- Asian/Pacific Islander, 353, 1%
- Native American, 29, <1%

As reported to the New York City Department of Health and Mental Hygiene by September 30, 2008.
HIV/AIDS prevalence rate at the end of 2007 among persons 50+, by UHF neighborhood, New York City

HIV/AIDS prevalence among persons 50+ years old is highest in the South Bronx, Harlem, lower Manhattan and Central Brooklyn.

As reported to the New York City Department of Health and Mental Hygiene by September 30, 2008.
CDC surveillance data issues

Convenience sample data:
- 19–47% of MTF HIV+ (7 studies, ‘99–’04)
- 35% of MTF & 2% of FTM HIV+ (S.F. study)

Significant racial disparities exist
- HIV seroprevalence levels among MTF trans in S.F.:
  - African Americans: 44–63%
  - Latinos: 26–29%
  - Whites: 16–22%
  - Asian/Pacific Islanders: 4–27%

D. Hickey, Treatment Issues/POZ, December 2008

T. Nemoto et al., UCSF, 2004
II. What do we know about older adults who are HIV+?

- Social isolation
  - 70% of HIV+ 50+ in NYC live alone
  - Versus 39% of 50+ New Yorkers in general

Living Situation of Older HIV+ Adults in NYC

- 70% Alone
- 15% With Partner
- 9% Relative
- 7% Friend or other

ACRIA, ROAH, 2006
Social isolation among 50+ LGBT NYC residents

- Women are more likely to be partnered than men (51% vs. 36%)
- 54% of gay/bi men are single vs. 36% partnered
- Women are more likely than men to live with their partner (41% vs. 25%)
- Men are more likely than women to live alone (66% vs. 52%)

Cantor et. al, *Caregiving among older LGBT New Yorkers*, 2004
Sexual behavior in older adults

- 61% of men and 37% of women >60 yrs are sexually active (NCOA study, 1998)

- 50% of women 45–59 & 25% of women 60–74 sexually active in last six months

- Versus 55% of men 45–59 & 31% of men 60–74 (AARP study, 1999)

- 47% of sexually active older adults in ROAH study used drugs and/or alcohol before intercourse (alcohol, pot, crack, cocaine) (ACRIA, ROAH, 2006)
Lack of understanding of HIV

- 60% of older single women in one study had unprotected sex within last decade

- More than half of African American rural women had at least one risk factor, such as unprotected sex
  - (CDC, 2007)

- Some older adults past child-bearing age don’t think they need to use protection
Comorbidities

- 91% have at least one comorbidity
- 77% have two or more

Most Prevalent Comorbidities in Older Adults with HIV

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>27</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>30</td>
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<tr>
<td>Hepatitis</td>
<td>31</td>
</tr>
<tr>
<td>Arthritis</td>
<td>31</td>
</tr>
<tr>
<td>Depression</td>
<td>52</td>
</tr>
</tbody>
</table>

ACRIA, ROAH, 2006
III. Policy issues

Issues prioritized by GMHC 50+ clients

- Concerns about how HIV medications affect aging bodies
- Exclusion of people over 45 in many HIV medication trials due to comorbidities
- Lack of sex education prevention targeting 50+
- Anxiety about housing, employment, income

GMHC Focus Group, 2007
GMHC 50+ client priorities

- Bereavement, depression due to loss of friends/partners
- Depression stemming from social isolation
- Mental health and self-esteem issues
- Substance use
- Lack of culturally competent HIV services (for older adults) and senior services (re: HIV)
40% of Texas patients 50+ have a doctor who rarely/never asks about HIV risk factors, whereas only 7% of people under 30 have experienced the same neglect

- Center for AIDS Prevention Studies, 1997

39% of NYC gay/bi men have not disclosed their sexual orientation with their doctors

- Huge racial differences:
  - Overall 39%
  - White 19%
  - Black 60%
  - Hispanic 48%
  - Asian 47%

Men who disclose homo/bisexuality twice as likely as those who don’t to have been tested for HIV (63% vs. 36%)

- NYC DOHMH 2008
Prevention

- Tailor and target HIV prevention messages to all older adults

- Conduct public education outreach campaigns to inform and reduce stigma/discrimination in healthcare services

- Increase knowledge about how stigma prevents people from getting tested and/or disclosing their serostatus to others
Prevention

51 is the new 21

In NYC, 30% of people living with HIV and AIDS are over 50. Only 8% are under 29.

To find out more about our 50+ LifeLong program, call 800 243-77692 or check out gmhc.org.

Over 25% of people ages 57 to 85 still have sex—and are still at risk for HIV.

To find out more about our 50+ LifeLong program, call 800 243-77692 or check out gmhc.org.
More than 1 in 3 people living with HIV in NYC are over age 50.

- Age does not protect you from HIV/AIDS.
- You are not too old to get tested and educated about HIV.
- Taking responsibility means caring for yourself & others.

Free & confidential HIV testing is available throughout New York City.

For information about HIV testing services, call NYS HIV/AIDS Hotline 1-800-541-2437, or NYC HIV/AIDS Hotline 1-800-TALK-HIV.

Even those of us over 50!
Know your HIV status. Get tested.

Funded by
The New York City Department of Health and Mental Hygiene
El VIH/SIDA nos afecta a todos

Más de 1 de cada 3 personas viviendo con el VIH en la ciudad de Nueva York son mayores de 50 años.

- La edad no lo protege del VIH/SIDA.
- Nunca se tiene demasiada edad para hacerse la prueba y educarse sobre el VIH.
- El tomar responsabilidad significa cuidar de sí mismo y de los demás.

En la ciudad de Nueva York se ofrecen pruebas del VIH en forma gratuita y confidencial.

Para más información sobre la prueba del VIH llame a la Línea de información estatal 1-800-233-7432, o a la Línea de información de la ciudad 1-800-TALK-HIV.

¡Incluso a los que tienen más de 50 años! Conozca su estatus. Hágase la prueba.

Patrocinado por el Departamento de Salud y Higiene Mental de la Ciudad de Nueva York.
Signs of HIV often misdiagnosed as normal signs of aging

Develop public health, gerontology and social work curricula to train providers in the particular needs of older adults re: HIV

Modify HIV Standards of Care to include routine surveillance of comorbid illnesses in HIV+ older adults
Policy: Healthcare

- Address higher rates of lack of insurance among LGBT individuals 50–65

  Address LGBT health disparities (stress-related mental health disorders, substance abuse, smoking, cancer)
Policy: Caregiving

Inclusive and supportive laws are needed to help mitigate the burdens of LGBT caregivers

Include same-sex partners under

- National Family Caregiver Support Program
- Federal, most state Family and Medical Leave laws
Other federal policy issues

- Amend Older Americans Act (up for reauthorization in 2010) to explicitly include services, training, and research on issues of concern to LGBT elders, HIV+ elders

- Question: Seek to designate LGBT, HIV+ elders as a “vulnerable population” under OAA?
Need for greater collaboration between HIV, aging bureaucracies

- National AIDS Strategy
- NIH, NIMH research – overlap between 2 issues, populations
- Greater coordination among aging, HIV, LGBT advocates
Thank you

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