

# HIV/AIDS and Aging

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*“I’ve been living with this disease since the early 1980’s. I am tired of always being on the cutting edge of the epidemic.”*

*- Attendee at Community Forum  
on HIV/AIDS and the 50+ population*

# The Numbers Nationally

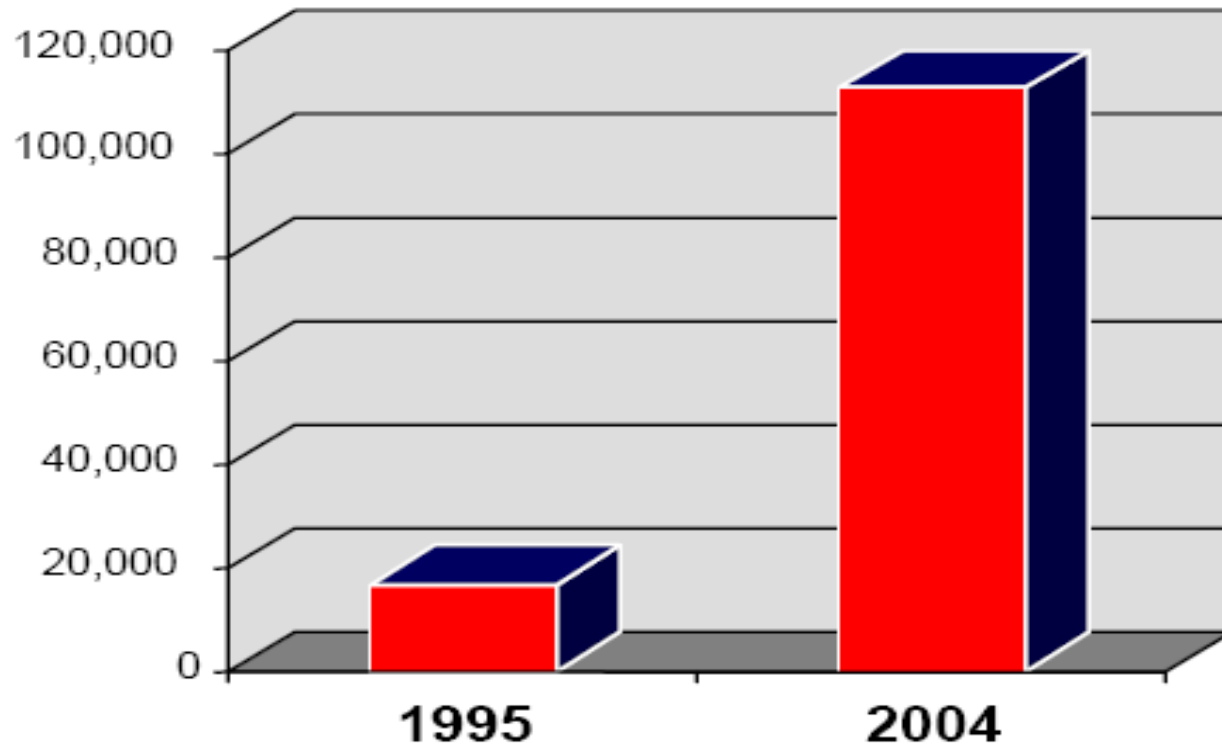
In 2005, persons aged 50 and older accounted for:

- 15% of new HIV/AIDS diagnoses
- 24% of persons living with HIV/AIDS (increased from 17% in 2001)
- 19% of all AIDS diagnoses
- 29% of persons living with AIDS
- 35% of all deaths of persons with AIDS.

*The rates of HIV/AIDS among persons 50 and older were 12 times as high among blacks (51.7/100,000) and 5 times as high among Hispanics (21.4/100,000) compared with whites (4.2/100,000).*

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## USA AIDS Cases: Over Age 50



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Source: Karpiak, Shippy, Cantor- ROAH ACRIA 2006

## San Francisco Trend Statistics

### Age in Years (# Persons living with HIV/AIDS at end of each year)

	2003	2004	2005	2006	2007
<u>Age</u>	<u>Number (%)</u>	<u>Number (%)</u>	<u>Number (%)</u>	<u>Number (%)</u>	<u>Number (%)</u>
• 0 - 19	45 (<1)	43 (<1)	36 (<1)	30 (<1)	31 (<1)
• 20 - 29	80 (4)	628 (4)	643 (4)	619 (4)	621 (4)
• 30 - 39	3,815 (27)	3,548 (24)	3,242 (22)	2,992 (20)	2,763 (18)
• 40 - 49	5,857 (41)	6,084 (42)	6,255 (42)	6,303 (41)	6,302 (41)
• <b>50+</b>	<b>3,872 (27)</b>	<b>4,342 (30)</b>	<b>4,780 (32)</b>	<b>5,277 (35)</b>	<b>5,753 (37)</b>

# Research on Older Adults with HIV

"Research on Older Adults with HIV" a 2006 study conducted by AIDS Community Research Initiative of America” concludes that:

**“Few preparations have been made to address the future health and social services needs of the aging group.”**

# Prevention and the 50+ Population

- Many older persons are sexually active but may not be practicing safer sex to reduce their risk for HIV infection. Older women may be especially at risk because age-related vaginal thinning and dryness can cause tears in the vaginal area.
- Some older persons inject drugs or smoke crack cocaine, which can put them at risk for HIV infection. HIV transmission through injection drug use accounts for more than 16% of AIDS cases among persons aged 50 and older.
- Some older persons, compared with those who are younger, may be less knowledgeable about HIV/AIDS and therefore less likely to protect themselves. Many do not perceive themselves as at risk for HIV, do not use condoms, and do not get tested for HIV
- Older persons of minority races/ethnicities may face discrimination and stigma that can lead to later testing, diagnosis, and reluctance to seek services

# Medical Issues Associated with HIV/ AIDS and Aging

- Older people have to deal with other health issues. These can complicate the selection of Antiretrovirals (ARVs). They can also be confused with some of the side effects of ARVs.
- Recent research suggests that many of the health problems of older people may progress faster in people with HIV.



# Challenges in Caring for +50 Population

- Health care professionals may underestimate their older patients' risk for HIV/AIDS and thus may miss opportunities to deliver prevention messages, offer HIV testing, or make an early diagnosis that could help their patients get early care.
- Physicians may miss a diagnosis of AIDS because some symptoms can mimic those of normal aging, for example, fatigue, weight loss, and mental confusion. Early diagnosis, which typically leads to the prescription of HAART and to other medical and social services, can improve a person's chances of living a longer and healthier life.
- The stigma of HIV/AIDS may be more severe among older persons, leading them to hide their diagnosis from family and friends. Failure to disclose HIV infection may limit or preclude potential emotional and practical support.

# HIV Health Services Planning Council 2008 Needs Assessment

The HHSPC conducted a Needs Assessment this year targeting the Severe Need Population living with HIV/AIDS

Harder + Co was retained to carry out the project

A Focus Group focused on Adults Age 50 or older

# Service Utilization

Most participants noted having insurance-  
Private, Medicare, Medi-Cal/Medicare

Other Services cited as received:

Dental

ADAP

Food Bank Services

Counseling/ Therapy

Alternative Therapies

Emergency Financial Assistance

Legal Services

# Barriers / Challenges to Care

## Awareness of available services & benefits

- *Problems Navigating System of Services*
- *Benefits Counselors rarely know all of the issues regarding Benefits for older adults-Ryan White, Medicare (esp. Part D), Medi-Cal, SSI/SSDI/SS Retirement, LTD, etc.*

## Eligibility for services and benefits

- *Middle Income individuals have problems obtaining certain services/medications*

# Unmet Service Needs Cited by Focus Group

- Alternative Therapies
- Housing / Long Term Residential Care
- Activities / Social Support for Seniors with HIV
- Mental Health Services

# Summary of Challenges From Focus Group

## Medical Issues

*Developing Resistance to therapies*

*Interaction of Aging and HIV*

*Need for Alternative Therapies*

## Long Term Care Insurance / Life Insurance

*Nearly impossible to get Long Term Care or Life Insurance*

## Navigating the System

*More difficult as one grows older*

*Feeling Left by the Wayside*

## Cultural Competency

*Understanding Older People*

*Relating to Older People*

# Programs for + 50 Population living with HIV

- Currently **NO** social services or medical programs targeting this population
- SF General Hospital's Ward 86 is planning to launch a mini-geriatric clinic.
- Currently **NO** prevention programs targeting this population
- “Complementary Therapies” (a service category identified as an important unmet need for this population) is being de-funded by the SF DPH.

# Systematic Challenges

- Expressed need for programs that target this population
- Funding for HIV/AIDS from federal, state and local resources are decreasing which makes it difficult to consider developing new programs
- Need to make existing program for the older population to be more accessible for people living with HIV and sensitive to the needs of people with HIV
- Need to develop age sensitivity for current HIV Providers
- De-funding of Complementary Therapies which is often cited as important service for older people living with HIV.



# Possible Next Steps for HHSPC/LTCCC

- June HHSPC Meeting will be focusing on the +50 Population
- Joint meeting of Councils or Committees
- More communication between Councils
- Overlapping Membership
- Additional Ideas?