The Invisible Population in the HIV/AIDS Epidemic – Persons 50 and Older

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HIV/AIDS Bureau (HAB)
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Seniors (adults 50 and over) are very much impacted by HIV/AIDS throughout the world.

- In some countries, seniors comprise 5-11% of the HIV positive population.

- However, far more are affected by the pandemic:
  - providing care to infected family members
  - losing potential sources for their own support

Background
Ways Seniors are Infected by HIV/AIDS Worldwide

Risk Factors Include:

- Unprotected sex
  - Heterosexual or Men who have Sex with Men (MSM)
- Multiple partners
- IV drug users
- Blood transfusion and donation
Ways Seniors are Affected by HIV/AIDS Worldwide

- As Caregivers
- Co-Residence
- Providing Material Support
- Fostering Grandchildren
- Loss of Child
- Funeral Expenses
- Community Reaction
Total Cumulative AIDS Cases
1996 - 2001

Age at Diagnosis

<table>
<thead>
<tr>
<th>Year</th>
<th>Less than 50 years</th>
<th>50 years or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>581,429</td>
<td>10%</td>
</tr>
<tr>
<td>1997</td>
<td>641,086</td>
<td>10%</td>
</tr>
<tr>
<td>1998</td>
<td>688,200</td>
<td>10%</td>
</tr>
<tr>
<td>1999</td>
<td>733,374</td>
<td>11%</td>
</tr>
<tr>
<td>2000</td>
<td>765,559</td>
<td>11%</td>
</tr>
<tr>
<td>2001</td>
<td>816,149</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Age at Diagnosis of HIV Infection or AIDS, Reported through 2001, United States

<table>
<thead>
<tr>
<th>Age</th>
<th>HIV*</th>
<th></th>
<th>AIDS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;13</td>
<td>3,923</td>
<td>2</td>
<td>9,074</td>
<td>1</td>
</tr>
<tr>
<td>13-19</td>
<td>6,588</td>
<td>4</td>
<td>4,428</td>
<td>1</td>
</tr>
<tr>
<td>20-29</td>
<td>52,594</td>
<td>30</td>
<td>133,726</td>
<td>16</td>
</tr>
<tr>
<td>30-39</td>
<td>66,270</td>
<td>38</td>
<td>362,021</td>
<td>44</td>
</tr>
<tr>
<td>40-49</td>
<td>32,814</td>
<td>19</td>
<td>216,387</td>
<td>27</td>
</tr>
<tr>
<td>50+</td>
<td>11,837</td>
<td>7</td>
<td>90,513</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>174,026</td>
<td></td>
<td>816,149</td>
<td></td>
</tr>
</tbody>
</table>

*Data from areas with confidential HIV infection surveillance*
Total Cumulative AIDS Cases
Race/Ethnicity Percentage Distribution for Persons Age 50+ at Diagnosis
1996 - 1999

Total Cumulative AIDS Cases for Persons Age 50+ at Diagnosis by Exposure Category 1997

- MSM - 47%
- IDU - 17%
- MSM/IDU - 2%
- Heterosexual - 12%
- Hemophilia/Blood Transfusion - 7%
- Other - 14%

Estimated* AIDS Incidence in Men and Adolescent Boys, by Exposure Category & Age at Diagnosis in 2001 in the United States

<table>
<thead>
<tr>
<th></th>
<th>13-24</th>
<th>25-29</th>
<th>30-39</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>63</td>
<td>66</td>
<td>60</td>
<td>47</td>
</tr>
<tr>
<td>IDU</td>
<td>12</td>
<td>13</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>MSM &amp; IDU</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Hetero</td>
<td>16</td>
<td>14</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Estimated* AIDS Incidence in Women and Adolescent Girls, by Exposure Category and Age at Diagnosis, Diagnosed in 2001, United States

<table>
<thead>
<tr>
<th>Exposure Category</th>
<th>13-19</th>
<th>20-29</th>
<th>30-49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection drug use</td>
<td>16</td>
<td>21</td>
<td>35</td>
<td>29</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>61</td>
<td>76</td>
<td>63</td>
<td>67</td>
</tr>
<tr>
<td>Other/not identified**</td>
<td>23</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

* Data adjusted for reporting delays and estimated proportional distribution of cases reported with risk
Data reported through June 2002
** Includes patients whose medical record review is pending; patients who died, were lost to follow-up or declined interview; and patients with other or undetermined modes of exposure.
“In retirement communities, people have time on their hands, and a man of 70 or 80 who can still drive is viewed as a hot commodity. I’ve met lots of guys who have 7 girlfriends. The women don’t care, because they’re so lonely.”

Sue Saunders, Ft. Lauderdale, FL [Diagnosed with HIV at 58 years old]
Action

It is necessary for health officials worldwide to identify the range of services and challenges for infected and affected seniors.
United States Health Officials

- Department of Health and Human Services
  - Health Resources and Services Administration
  - HIV/AIDS Bureau
    - Ryan White Care Act Programs

- Other Federal Agencies
  - Center for Medicare & Medicaid Services
  - Housing & Urban Development, Centers for Disease Control and Prevention, Social Security Administration, National Institutes of Health
Healthy People 2010 Goals

- Reduce the risk of HIV infection among minority and low income persons
- Reduce new AIDS cases
- Increase the number of persons with HIV who know their status enrolled in care
- Increase the proportion of persons with HIV who get care consistent with current Public Health Service guidelines
- Extend the time from HIV infection to AIDS diagnosis
HRSA Goal

- Move towards 100 percent access to quality health care
- Move towards eliminating health disparities for recipients of services
HRSA’s HIV/AIDS Bureau

Priorities

- Ensuring access to treatments that can make a difference

- Adapting to changes in the health care delivery system and the role of the Comprehensive AIDS Resources Emergency (CARE) Act in filling the gaps

- Documenting outcomes as a critical component of program performance

- Better serving the underserved, particularly minority and challenging populations
Ryan White Comprehensive AIDS Resources Emergency (CARE) Act
Title Programs

- **Title I** - Emergency assistance to eligible metropolitan areas (EMAs)
- **Title II** - Funding to States/ AIDS Drug Assistance Program (ADAP)
- **Title III** - Early intervention services and planning
- **Title IV** - Comprehensive family services for women, infants, children & youth, & their affected families, Dental Reimbursement, Community Dental Program & AIDS Education and Training Centers (AETC)
- Special projects of national significance
Two Studies on HIV and Seniors Among Ryan White CARE Act Clients

Ryan White CARE Act Title IV Projects: Women Over 50 Years of Age
- Conducted by the National Pediatric & Family HIV Resource Center, University of Medicine & Dentistry of New Jersey

Planning for an Aging HIV-Infected Population: Variations in Service Use and Intensity by Age Among Ryan White CARE Act Clients
- Faye E. Malitz, MS, Alice Kroliczak, PhD, and Christy Bush, MHS, Office of Science and Epidemiology, HIV/AIDS Bureau, HRSA
Lessons Learned: A variety of Settings

Projects provide access to a comprehensive array of prevention, treatment and supportive services to HIV infected and affected seniors in:

- Traditional health care settings
- Community Based Organizations
- Faith Based Organizations
- Private homes
- Prisons
- Locations serving indigent and substance abusers
Lessons Learned: Most Effective and Desirable Services

The most effective and desirable services for these clients include:

- Transportation
- Co-location of services
- Provision of meals
- Case management
- Whole family support services
- Peer led education and support activities
- Medical Care
Lessons Learned: Most Effective and Desirable Services
(0 is ineffective, 5 is very effective)

<table>
<thead>
<tr>
<th>Service</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care</td>
<td>3.9</td>
</tr>
<tr>
<td>Peer Led Education and Support</td>
<td>4.05</td>
</tr>
<tr>
<td>Whole Family Support Services</td>
<td>4.1</td>
</tr>
<tr>
<td>Case Management</td>
<td>4.15</td>
</tr>
<tr>
<td>Provision of Meals</td>
<td>4.05</td>
</tr>
<tr>
<td>co-location of services</td>
<td>4.15</td>
</tr>
<tr>
<td>Transportation</td>
<td>4.2</td>
</tr>
</tbody>
</table>
Lessons Learned: Remaining Challenges

- Denial of risk among seniors
- Lack of education about HIV
- HIV infection not considered a possibility by clinicians
- Services do not target seniors
- Seniors unlikely to share diagnosis with family or others
- Co-morbidities and other age-related illnesses affect AIDS therapies
- Infected seniors develop AIDS more rapidly & have a higher mortality rate than younger people
- Age discrimination / stigma
Recommendations

- Design and implement age specific and culturally appropriate prevention and treatment programs

- Strategies must consider three disparate groups:
  1) Infected and high risk seniors
  2) Seniors living with infected children or other family members
  3) Seniors who are family caregivers for someone with HIV/AIDS
Recommendations (continued)

Goals for effective strategies are threefold:

1) Dispel the stigma of HIV/AIDS
2) Provide targeted and effective support services
3) Include age appropriate prevention and treatment services
Conclusion

Tailoring current systems and developing new services will have great potential both domestically and internationally for HIV infected and affected seniors.
Contact Information

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