

Age-Related Differences in Service Need and Use Among the CHAIN Cohort

Gunjeong Lee, PhD

C.H.A.I.N.

Mailman School of Public Health

Columbia University

Data Day Presentation

June 5, 2008

Background and Methods

- In New York City, older PLWHA represent a much higher proportion of all PLWHA than in the rest of the country
 - % PLWHA >50yrs: NYC- 31% (NYC DOHMH, 2005)
US -12% (CDC, 2005)
- The proportion of older PLWHA will continue to increase because the proportion of older PLWHA among the newly diagnosed is high and the average age of PLWHA continues to increase
- Compare older (age 50+) and younger (<50) CHAIN participants in NYC and Tri-Co interviewed 2003-2005

Findings: Part I. Current Older Cohort Members vs. Current Younger Cohort Members

Social Relationships

- Older cohort members are more socially isolated than younger members. They are
 - Less likely to have a spouse or partner (40% vs. 52%)
 - More likely to have no close friends or family (12% vs. 8%)
 - More likely to have no one who would provide care if confined to bed for several weeks (23% vs. 17%)
 - More likely to have concealed their HIV status from a family member or close friend (18% vs. 12%)

Findings: Part I. Current Older Cohort Members vs. Current Younger Cohort Members

HIV Diagnosis and Entry into Care

- Older cohort members are more likely to have been infected through injection drug use (IDU), and are less likely to be MSM
- Older cohort members more likely to delay testing - more indicate “sickness” as a reason for HIV test (35% vs. 25%)
- Older cohort members less likely to delay initial entry into medical care once diagnosed (21% vs. 31%)

Findings: Part I. Current Older Cohort Members vs. Current Younger Cohort Members

Health Status

- HIV clinical outcomes (CD4 and viral load) similar
- Physical health functioning is worse among older cohort members
- Older cohort members have higher rates of chronic conditions. 86% of older cohort members report having one or more chronic conditions
 - hypertension (40% vs. 25%)
 - arthritis/rheumatism (30% vs. 22%)
 - hepatitis (41% vs. 28%)
 - diabetes (14% vs. 5%)

Findings: Part I. Current Older Cohort Members vs. Current Younger Cohort Members

Client Reported Unmet Need and Service Use Barriers

- Both older and younger cohort members report high rates of unmet need in the areas of case management, housing, mental health, substance abuse treatment, and transportation services.
- Older cohort members have a higher level of unmet need for housing services than younger cohort members (54% vs. 37%)
- Older cohort members in NYC less likely to report barriers to accessing social services but more likely in Tri-Co

Discussion

- The older group delayed getting tested for HIV until they were sick. Educational materials about HIV testing for older adults and training programs for service providers about older PLWHA are needed
- CHAIN older cohort members are similar to or better off than younger cohort members regarding HIV clinical indicators
- Older PLWHA have high rates of chronic illness
- Older PLWHA no less likely to report unmet need for supportive services – rates higher for some services
- Fragile and small social support networks may result in overburdening the health care system