

# HIV/AIDS and Aging Inter-relationships in the Older Fifty Population

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# How are Older Adults Affected by HIV?

- HIV at Risk– Prevention and Education
- HIV Infected– Living with HIV
  - *Infected younger and growing into the older years*
  - *Newly diagnosed in older years*
  - *Newly infected in older years*
- HIV Affected– Friends and Family

# Why Over Fifty?



- CDC originally kept data only this way
- For HIV 50+ has been the older population.
  - upper 10-15 percent of the HIV population
  - similar to the aging in the general population (12-15%)
- In their 50s people may at least begin to think and prepare for their older years (age related changes, retirement planning, etc.)
- Some benefits begin at 50 (AARP, some OAA benefits)
- Does this mean 50+ means “old?” Probably not! May be *older* but age is in the eyes of the individual (or the beholder!)

# Current U.S. Statistics

- One of every seven new AIDS cases over age 50  
15% of those diagnosed with AIDS in the U.S. today are over 50 (CDC, 2008).
- As many as 1 in 5, or even 1 in 4 in specific areas.
  - 24% of people with AIDS in N.Y.C. age 50 or older
  - This trend is also highlighted when looking at those 40-50
- More than 118,000 people age 50 or older living with HIV in 2005

# New HIV Cases in 2005: Selected States and Cities

Sources: State and City Health Department Data, 2004 or 2005

	<b>40 - 49</b>	<b>50 +</b>
<b>Arizona</b>	<b>40%</b>	<b>20%</b>
<b>Florida</b>	<b>37%</b>	<b>21%</b>
<b>Illinois</b>	<b>24%</b>	<b>9%</b>
<b>Los Angeles</b>	<b>26%</b>	<b>12%</b>
<b>Maryland</b>	<b>31%</b>	<b>16%</b>
<b>New Jersey</b>	<b>31%</b>	<b>19%</b>
<b>New York State</b>		<b>13.9%</b>
<b>New York City</b>	<b>36.7%</b>	<b>23.6%</b>
<b>Washington DC</b>	<b>20%</b>	<b>6%</b>

# Current US Statistics, continued

- Persons over age 50 comprise
  - 24% of persons living with HIV/AIDS (increased from 17% in 2001).
  - 19% of all AIDS diagnoses
  - 29% of persons living with AIDS
- Persons over age 40 represent **55%** of new cases!
- Deaths of persons with AIDS
  - 35% of all deaths of persons with AIDS are over 50
  - More than 91,000 deaths associated with HIV age 50+ since 2001

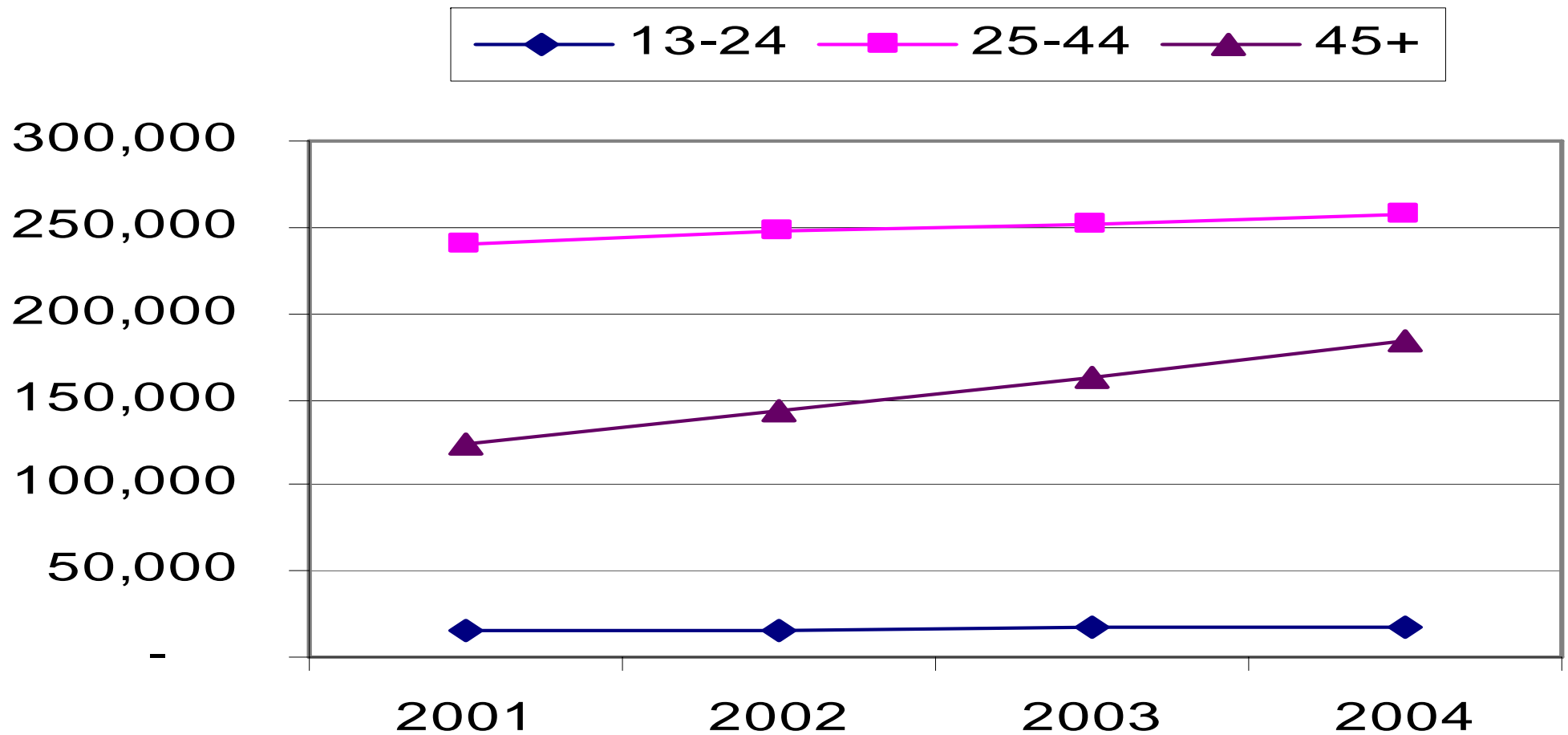
Source: CDC, 2008

# New AIDS Cases by Age, 2005, listed by age group from largest to smallest

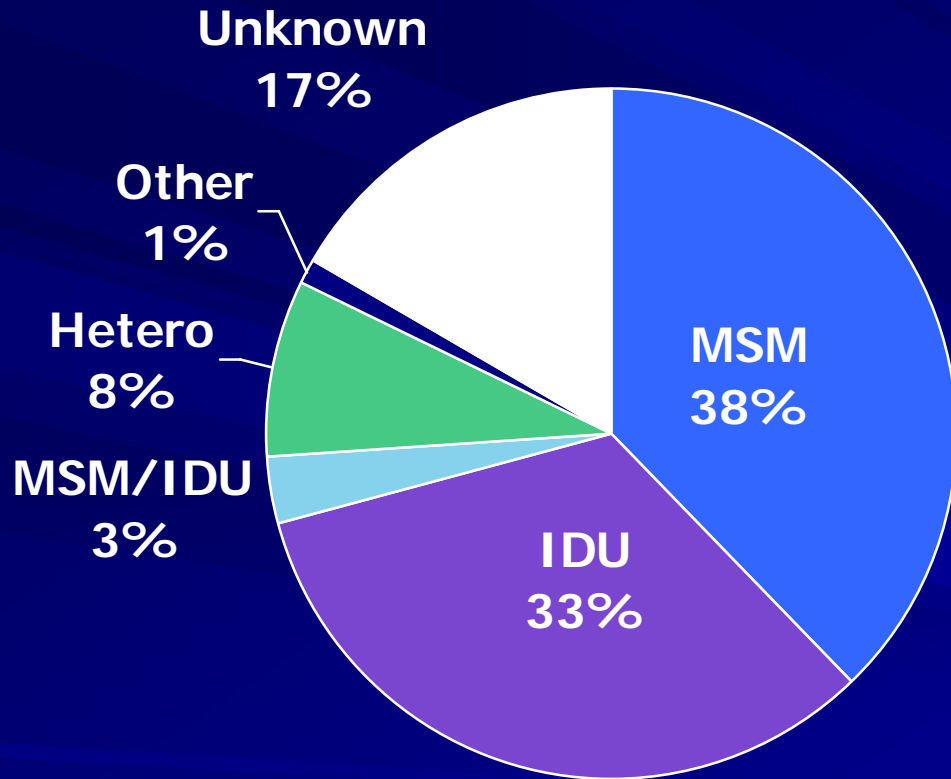
source: CDC Surveillance Report, 2006

Age at diagnosis	Percent	Number
40-44	20.2%	8925
35-39	17.8%	7867
45-49	15.7%	6953
30-34	12.7%	5635
50-54	9.7%	4277
25-29	8.5%	3739
55-59	5.1%	2237
20-24	4.5%	2004
60-64	2.4%	1068
More than 65	2.0%	894
15-19	1.1%	476
< 15	0.3%	124
<b>Total</b>	<b>100.0%</b>	<b>44199</b>

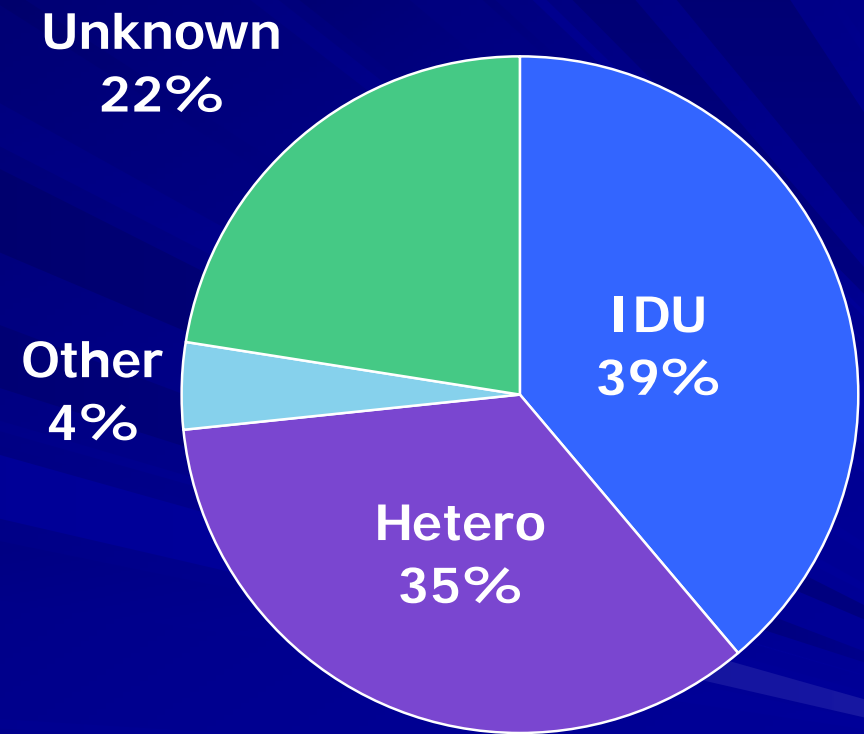
# Estimated Number of Persons Living with HIV/AIDS Diagnosis by Age, 2001-2004\*



# HIV Diagnoses in Chicago: Persons over age 50 Mode of Transmission

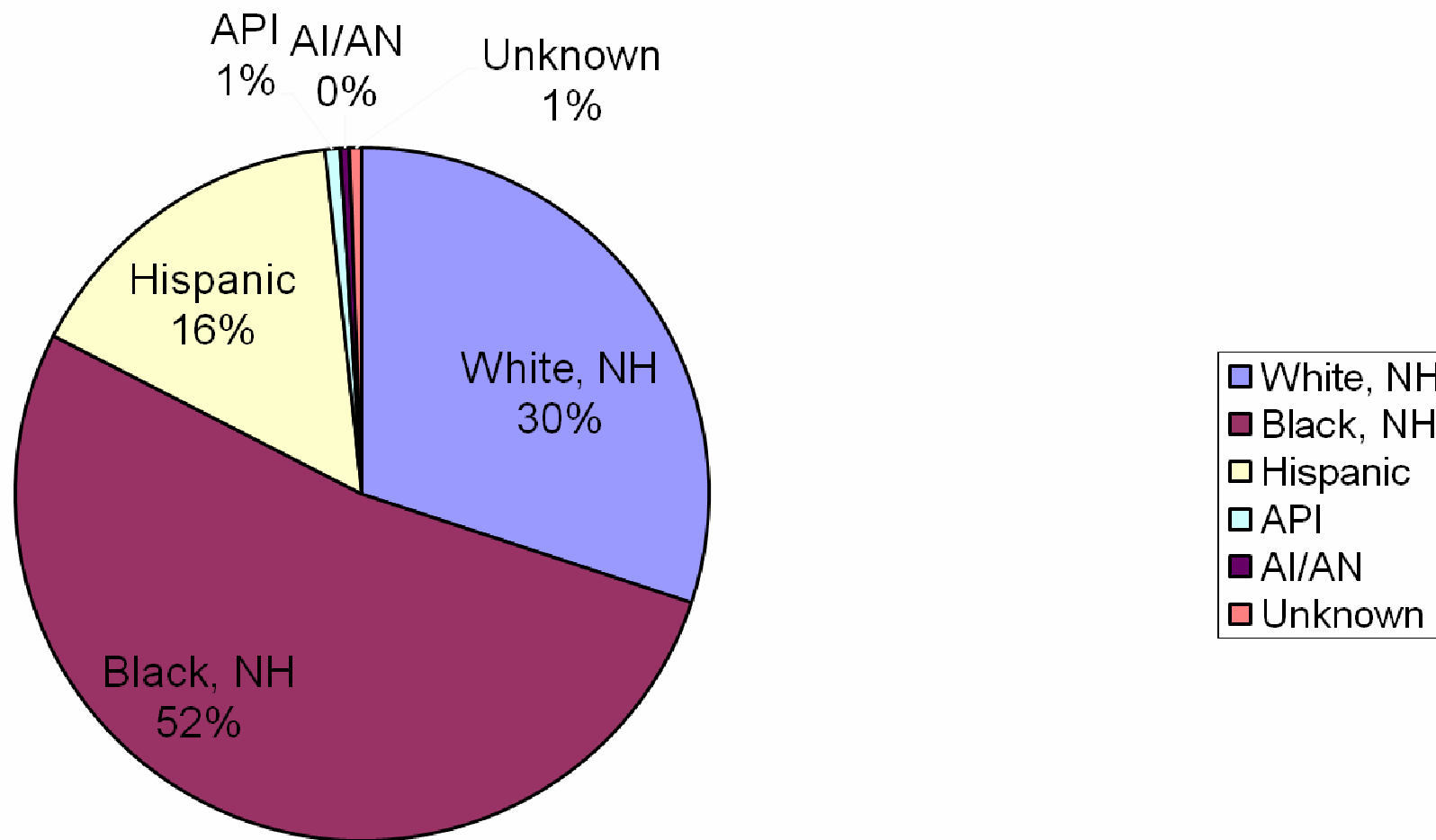


Men aged 50+ (n=215)



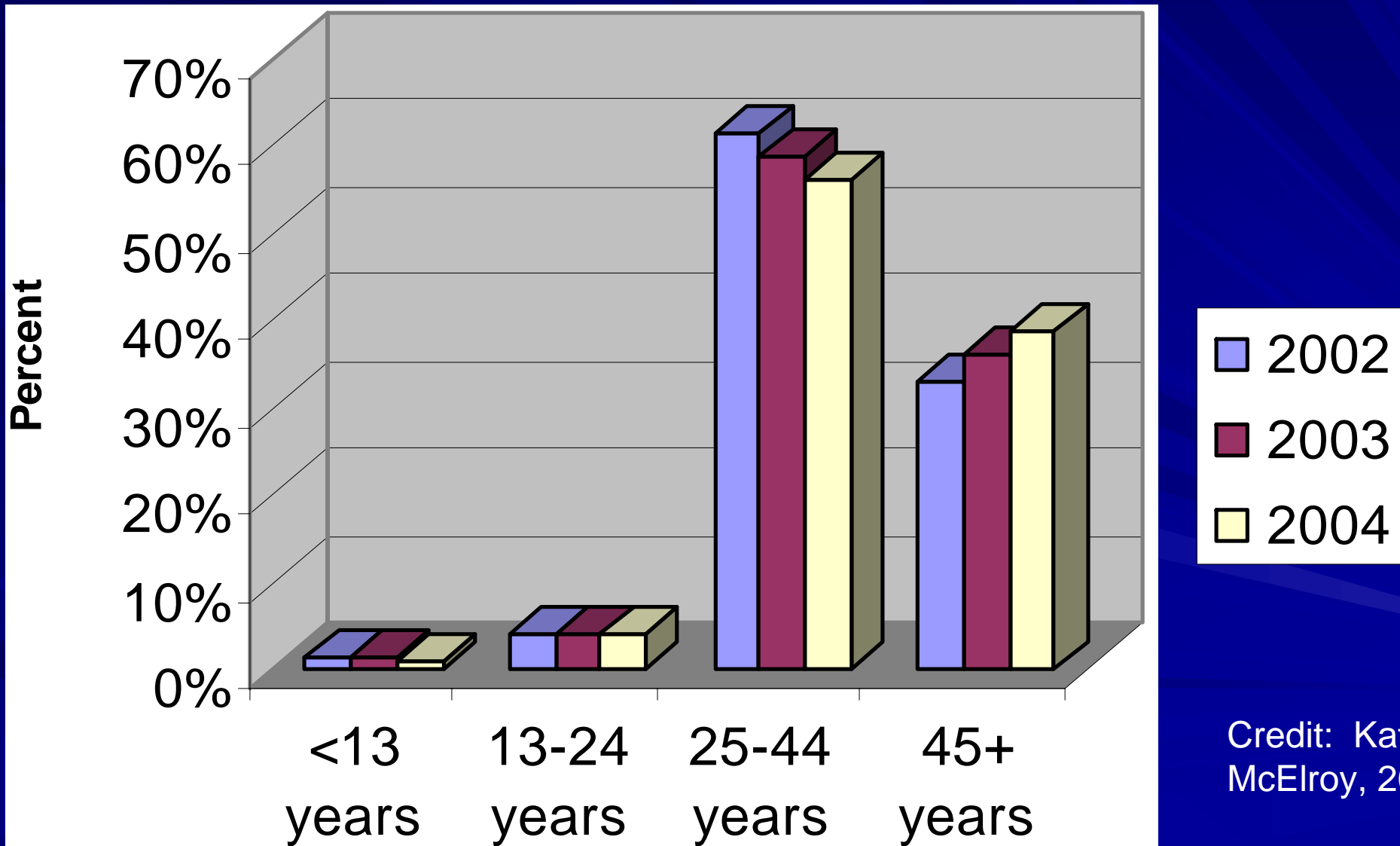
Women age 50+ (n=49)

# HIV/AIDS Diagnosis by Race over Age 45 33 states, 2001-20015



# Ryan White CARE Act Title II

## Age Distribution of Duplicated Clients Served 2002-4



Credit: Kathrine McElroy, 2006

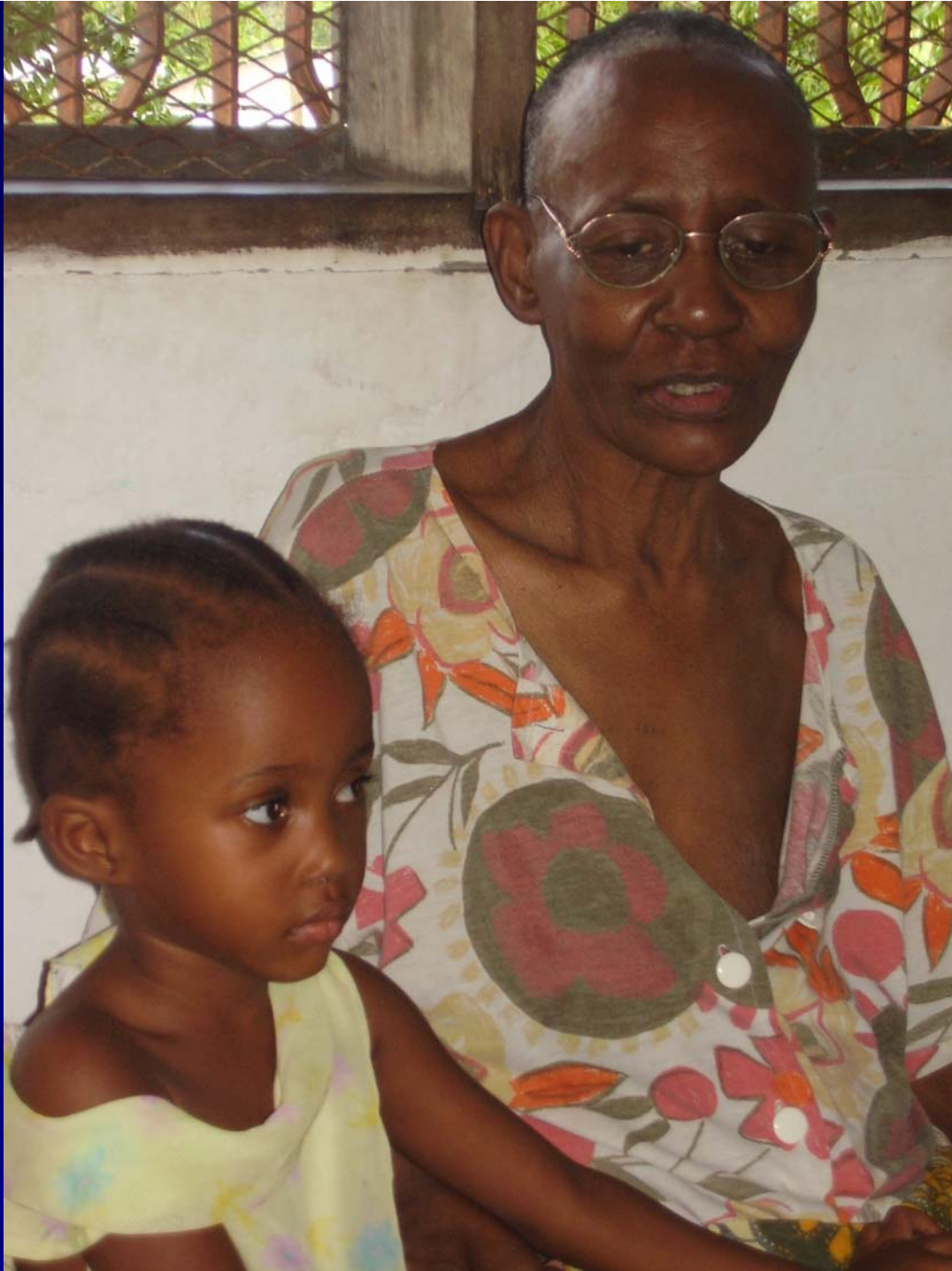
# Facts about Transmission

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- **Main risk behavior is older men having sex with men (but difficult to get current data!)**
- **Other transmission risks have increased: Heterosex, Injection Drug Use, No identified Risk**
- **Transfusion risk has declined, but is still higher than other age groups**
- **Women are particularly vulnerable in the later years.**
- **The racial distribution parallels the epidemic– Blacks and Hispanics disproportionately represented**

# Factors Impacting HIV-Infection Rates for Over 50

- Lack of awareness among health-care providers
  - Lack of understanding about HIV and aging
  - Less testing
  - Less counseling
- Belief that HIV affects only the young
- No training in safer sex practices regarding older adults
- Newly single older adults need counseling
- Lack of prevention education targeting older adults
- Lack of awareness of HIV risk factors, including needle use



Grandmother  
living with HIV  
and grand-  
daughter,  
Tanzania, 2006

# Prevention

- **Believe that elders do not get HIV--FALSE!**
- **Belief that older people can't get infected**
- **Increased Vulnerability to infection**
- **Do older people have sex? Unprotected Sex?**
- **Do older people use drugs? Share needles?**
- **Do older people use condoms? Condoms only for birth control?  
Previous cultural experiences??**

# Prevention

- Self esteem issues. Fear of rejection in sexual situation
- Female control issues?
- Issues of erectile changes.
- Complications, e.g. rashes, etc. Really no different than other groups

# CDC Prevention Initiative: Implications for HIV over Fifty

- Age range for routine testing in medical settings
  - CDC recommends 14-64
- Possible message– Does HIV infect people over age 64????
- Or is this an issue of whether to invest in older adults?
  - Smaller number of positives expected
  - less years of life left

# CDC Prevention Initiative: Implications for HIV over Fifty

- Is this a cost issue? Older people are more likely to have medical visits
- Attitudinal barriers— acknowledging older people have sex and use drugs!!
- DC Program: Encouraged everyone to be tested- age 14-84

# CDC Prevention Initiative: Implications for HIV over Fifty

- Confidentiality Issues
- Opt out issues
- Age sensitive testing issues

## Short Sex and Drug History for Older Adults

- Do you mind if I ask you some *questions about your sexual health*?
- *Are you sexually active*---do you have sexual or intimate contact with another man or woman? If yes, with men, women or both?
- Do you take *disease precautions*? If yes, explain. If not, why not?
- Do you take any *drugs that involve needle* transmission? If yes do you share needles? How do you clean them?
- Do you have *any questions* you would like to ask me about your sexual health, AIDS or sexually transmitted diseases?

Source: Linsk, 2000, *The AIDS Reader*

# Cohort (Generational) Issues: History

- How is life experience for over 50s different from younger adults with HIV?
  - Within group variation
  - Formative experiences: depression, world wars, fifties, sixties??
  - Generational experiences: Tuskegee? Civil rights? Gay rights? Space race?
  - From the closet to “silence=death”

# Cohort Effects: HIV experience

- All of these people grew up and established their lives before HIV was known
- Prevention was largely unknown
- Experienced the
  - discovery of the epidemic
  - the experience of devastation upon various communities
- May have lost friends and families, entire social networks
- Some have been activists or have been very closeted related to HIV.

# Changing Roles

- “I’m not old, I’m HIV” versus “It doesn’t really change my life much; I’m old anyway!”
- What’s HIV? What’s Aging? Separating the effects of
  - “*normal aging*”
  - unique concerns related to age
  - the experiences living with HIV

## Extended Life With HIV:

What might it mean psychosocially to live  
30 years with HIV?

- Prevention for positives issues
- Feelings of long life with a complex, infectious diseases
- Survival fatigue, depression
- Isolation and loneliness: Majority of their support system is deceased or alienated from them
- Need for ways to maintain positive experience

# Differences: Older and Younger with HIV

- Less life lost
- Age appropriate declines and changes
- Disclosure– I can't tell
- Younger PWHIVs either. . .
  - don't want me around
  - see me as role model



# AIDS Education and Training Centers as Resources on HIV and Aging

- Local Speakers and Programs
  - If your AETC is not working in this area, offer to collaborate!
  - Regional Conferences
- National Resource Center
- Technical assistance– our AETCs have both served as an incubator for local and national HIV and Aging programs

# Lessons . . . HIV and Aging

- Aging inclusive PREVENTION and EDUCATION remain our best tool—
  - Older adults indeed need information and motivation
- Elders benefit from HAART and other HIV treatments
  - Need for knowledge, resources and efficacy

# Lessons . . . HIV and Aging

- Need for
  - Age sensitive providers and services
  - Ongoing HIV prevention *throughout the life course*
  - HIV responsive senior citizens
- The HIV network has benefited from models from the Aging Network and hopefully vice versa
- Older adults are valuable resources as caregivers, educators and advocates
- Aging and Living with HIV affect each other

# HIV and Aging: A message of Hope

- We all hope to live a long and meaningful lifetime with the resources, services and relationships we need! This is increasingly the norm for people living with HIV.
- The good news is that people with HIV are living longer and into the later years— *normal life span!!*

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