# Are We Ready for the Aging HIV-Positive Population?

PLWHA Fifty Years and Older in Los Angeles County

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## Los Angeles County

Square Miles: 4,086 Population<sup>1</sup>: 10.3 Million

Latino/a 47% White 28.9% Asian/Pl 12.6% African-American 9.0% Native American 0.3%

#### Proportion of:

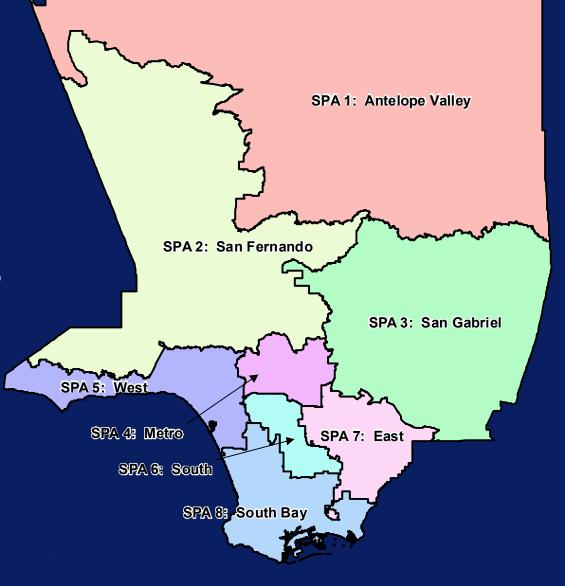
• California Population<sup>2</sup>: 29%

• California AIDS Cases<sup>3</sup>: 36%

• U.S. AIDS Cases<sup>3</sup>: 5%

Living with HIV/AIDS<sup>3</sup>: 60,000 (Estimated)

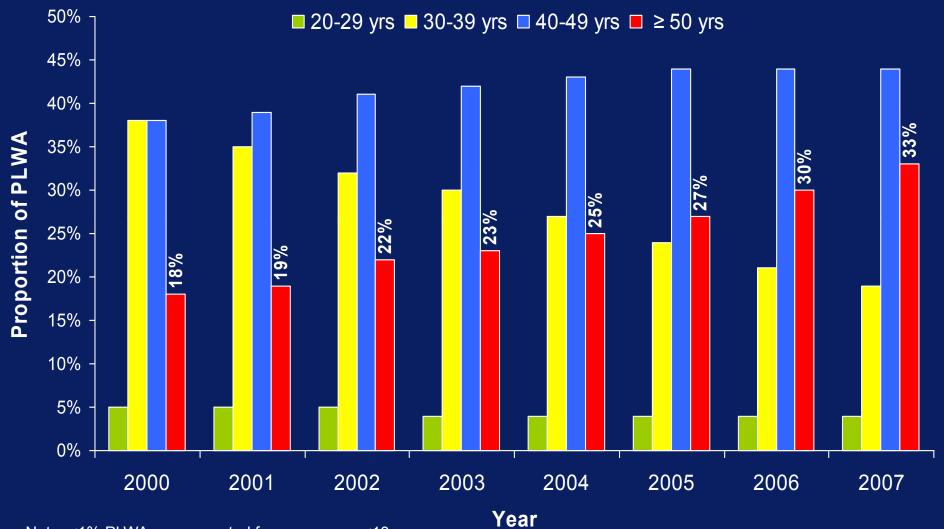
<sup>1</sup>United Way, Los Angeles (2008) <sup>2</sup>U.S. Department of Commerce (2008) <sup>3</sup>Los Angeles County HIV Epidemiology Program (2008)







## PLWA ≥ 50 in Los Angeles County 2000-2007



Note: <1% PLWA were reported for age groups <13 yrs and 13-19 yrs from 2000-2007

Data Source: LAC HIV Epidemiology Semi-Annual Surveillance Report, July 2008





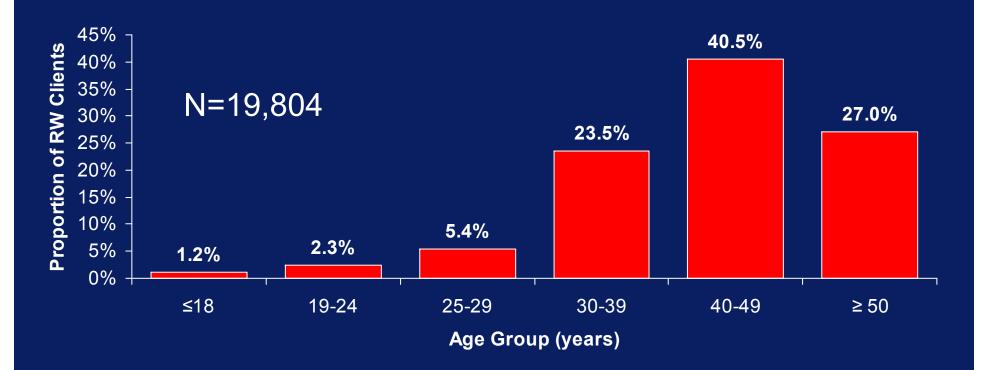
## PLWHA ≥ 50 in LA County as of 12/31/2007

	N	%
Estimated PLWHA	12,730	26.4% Of PLWHA in LAC
PLWA	7,549	32.9% Of PLWA in LAC
New AIDS Cases	374	16.4% Of new AIDS cases 2006-2007



## Where Are We Now?

- Ryan White Clients ≥ 50 years in LA County, 2007
  - 5,348 (27%) of total clients

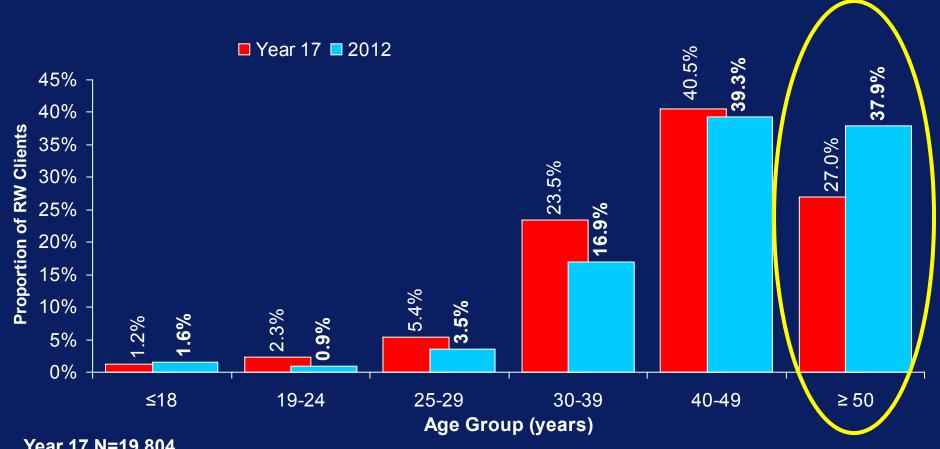






## Where Will We Be in Five Years?

Projected LAC Ryan White Clients ≥ 50 years in 2012



Year 17 N=19,804





# What We Know







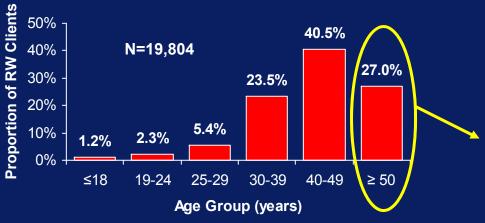
## What We Know

- Increased number of PLWHA ≥ 50
  - Mass number will confront aging issues in the next decade
- Existing knowledge on older PLWHA is scarce
- Current studies do not provide conclusive evidence on treatment needs
- Need to look at 3 groups of PLWHA ≥ 50
  - Recently diagnosed
  - Long-term survivors
  - Overall older PLWHA

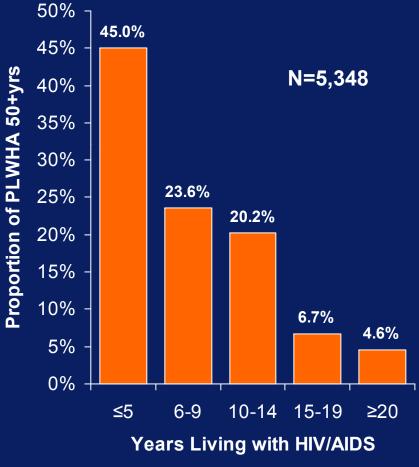




#### **Years with HIV**



- Comparison of 3 subgroups of PLWHA 50+ years:
  - Had HIV  $\leq$  5 years (n = 2,406)
  - Had HIV 6-19 years (n = 2,698)
  - Had HIV ≥ 20 years (n = 244)



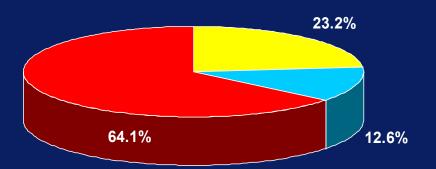




#### **HIV/AIDS Status**

#### **PLWHA ≤5 Years**

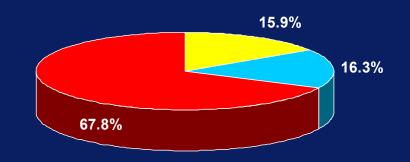
n=2,406



- HIV+, Not AIDS
- HIV+, AIDS Status Unknown
- **CDC Defined AIDS**

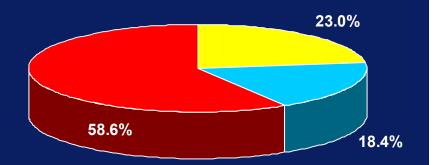
#### PLWHA 6-19 Years

n=2,698



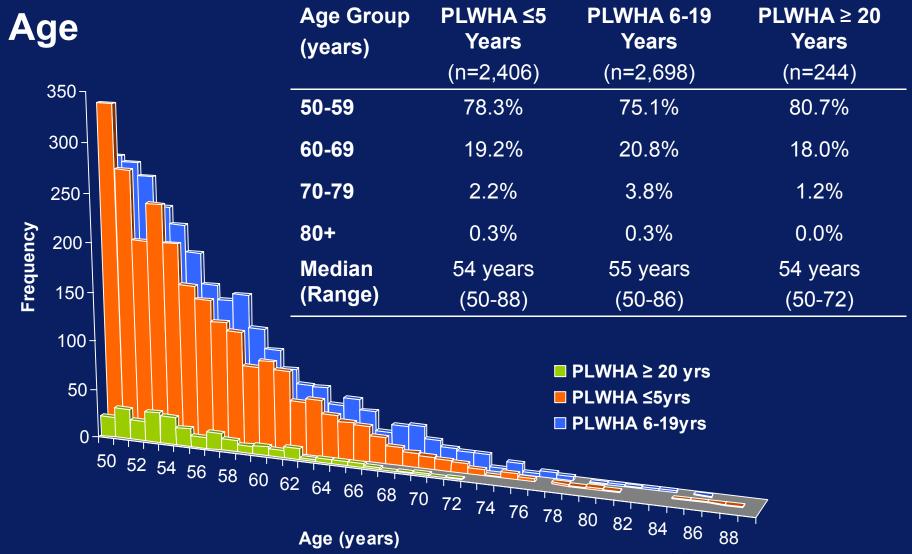
#### PLWHA ≥ 20 Years

n=244









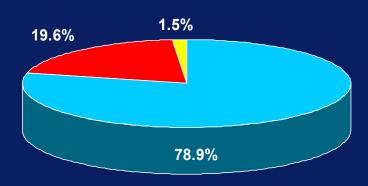




#### Gender

#### **PLWHA ≤5 Years**

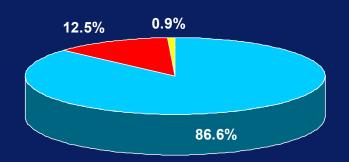
n=2,406





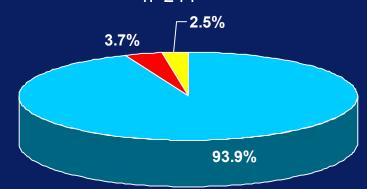
#### PLWHA 6-19 Years

n=2,698



#### PLWHA ≥ 20 Years

n=244



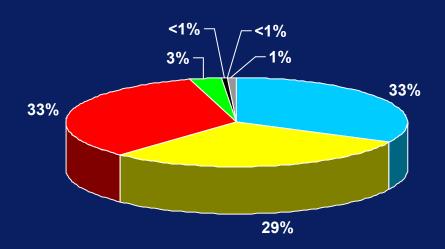




Race/Ethnicity

#### **PLWHA ≤5 Years**

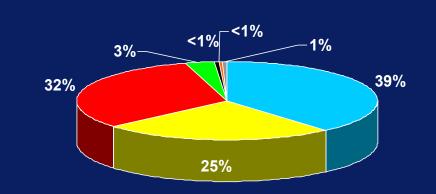
n=2,406



- Caucasian/White
- African-American/Black
- **■** Hispanic/Latino
- Asian/Pacific Islander
- American Indian/Native American
- **■** Mixed or Other
- Unknown/Missing

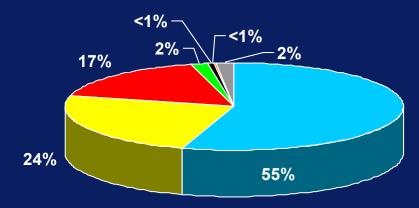
#### **PLWHA 6-19 Years**

n=2,698



#### PLWHA ≥20 Years

n=244

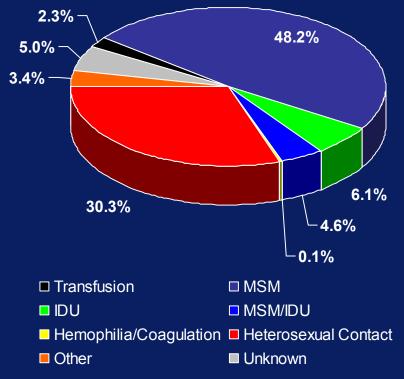






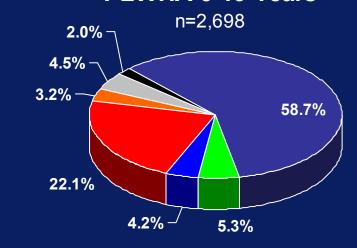
#### **Mode of Transmission**

PLWHA ≤ 5 Years n=2.406

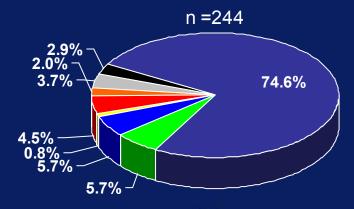


## **Data Source:** Casewatch Year 17 (March 2007 – Feb 2008)

#### **PLWHA 6-19 Years**



#### **PLWHA ≥20 Years**



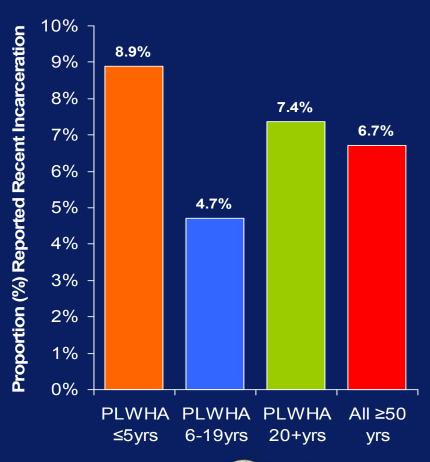




#### Homelessness

#### 10% Proportion (%) Reported Homelessness 9% 7.8% 8% 7% 6.1% 6% 5.4% 5% 4% 3.2% 3% 2% 1% 0% PLWHA PLWHA

## **Incarceration history in the** past 24 months



**Data Source:** Casewatch Year 17 (March 2007 – Feb 2008)

20+yrs

6-19yrs

All ≥50

yrs

PLWHA

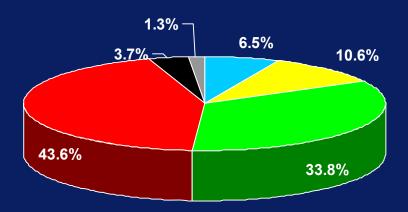
≤5yrs





## Type of Insurance

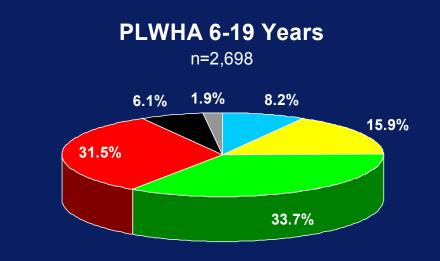
PLWHA ≤ 5 Years n=2,406

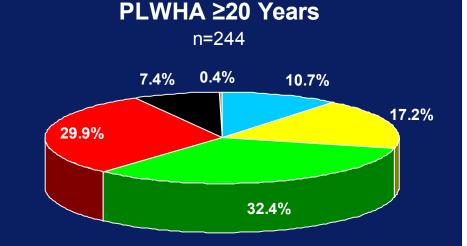


■ Private ■ Medicare

■ Medicaid/ Medi-Cal ■ No Insurance

■ Other
■ Unknown/ Missing



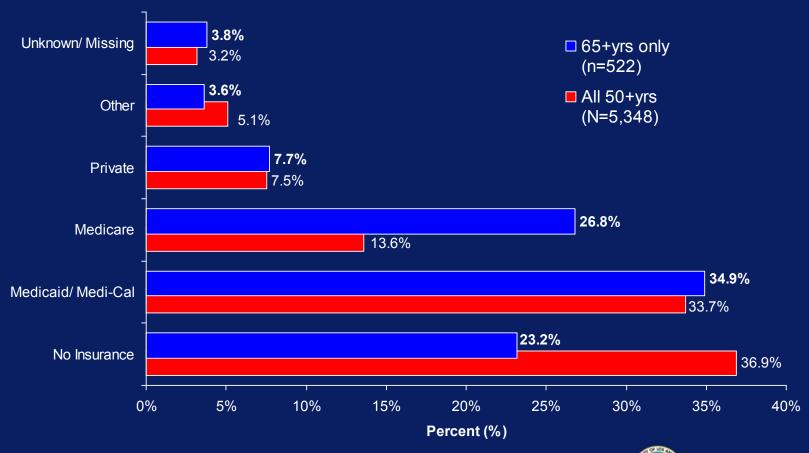






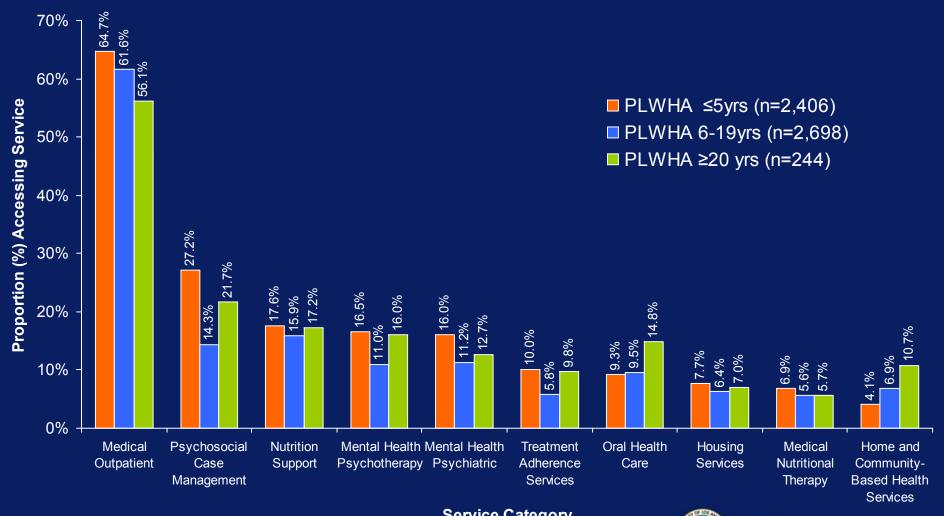
### Type of Insurance

All clients ≥50 years vs. clients ≥65 years





## Services Most Utilized by Clients ≥ 50 years



**Service Category** 





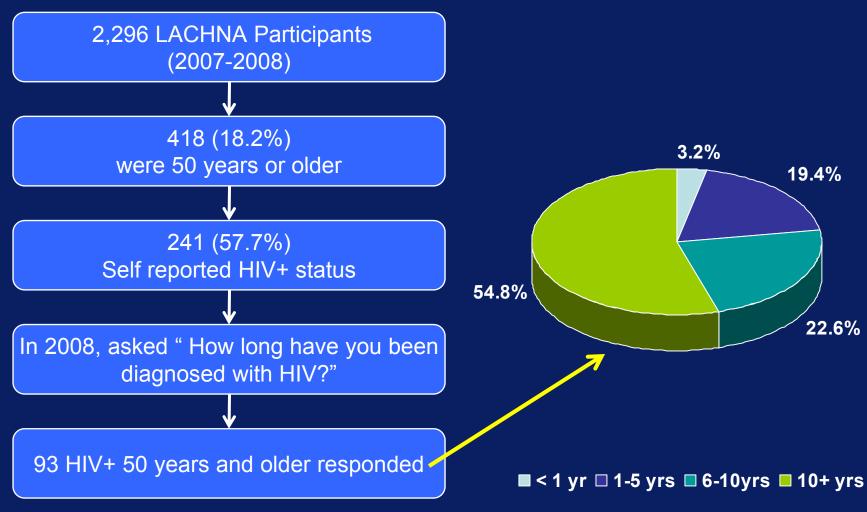
## Summary

- Over 77% of PLWHA fall in the 50-59 year age group
- 45% diagnosed with HIV within 5 years
- Approximately two-thirds have CDC-defined AIDS
- PLWHA 20+ years comprised mostly of Whites and males, whereas newly diagnosed (PLWHA ≤5 years) have an increase in females, Latino(a)s, and African Americans

## Summary (cont.)

- PLWHA ≤ 5 years and PLWHA ≥ 20 years differ in demographics but have other similar characteristics
  - Homelessness
  - Incarceration history within the past 24 months
  - Service utilization
    - Mental health services
    - Psychosocial case management
    - Nutrition support
    - Treatment adherence

# Los Angeles Coordinated HIV Needs Assessment (LACHNA)



Data Source: LACHNA 2007-2008 Data





# Top Services Needed and Received by LACHNA Participants ≥ 50 years

Need	Received
Medical care for HIV/AIDS	Medical care for HIV/AIDS
Dental care	Nutrition Therapy*
Bus Passes	Case Management (psychosocial)
Nutrition Therapy*	Paying for HIV/AIDS Medications
Paying for HIV/AIDS Medications	Treatment Adherence
Medical Specialty	Food Pantry/Food Bank
Food Pantry/Food Bank	Translation/Interpretation
Case Management (psychosocial)	Bus Passes
Housing (HOPWA, Sec. 8)	Mental Health, Psychiatry
Peer Support	HIV LA directory
HIV LA directory	Mental Health, Psychotherapy

\*Include nutritional supplements.

Data Source: LACHNA 2007-2008 Data





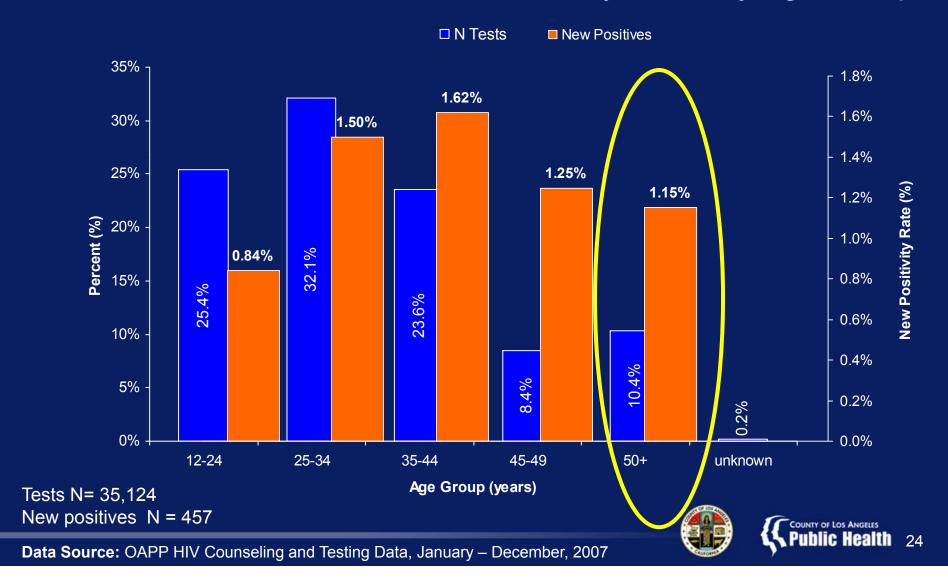
# What About Prevention?

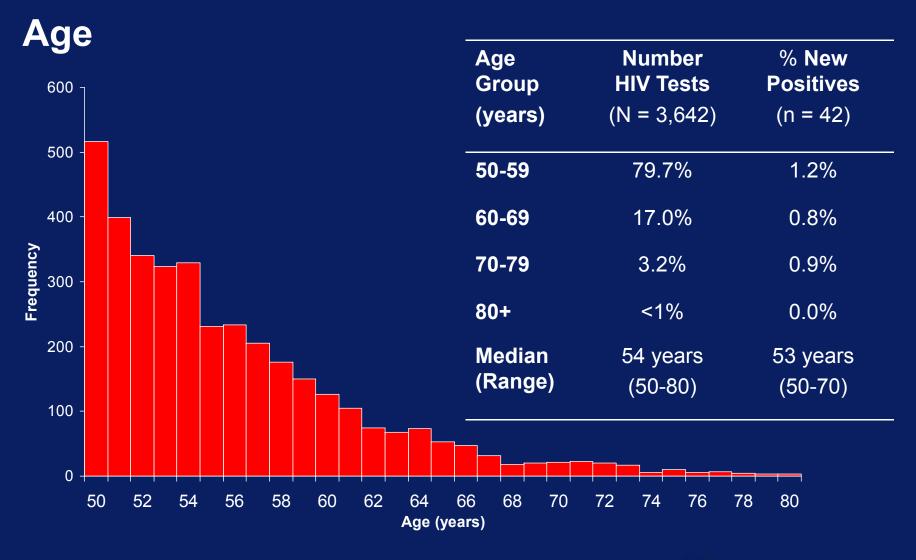




## OAPP HCT Data, 2007

Number of HIV Tests and New Positivity Rates by Age Group



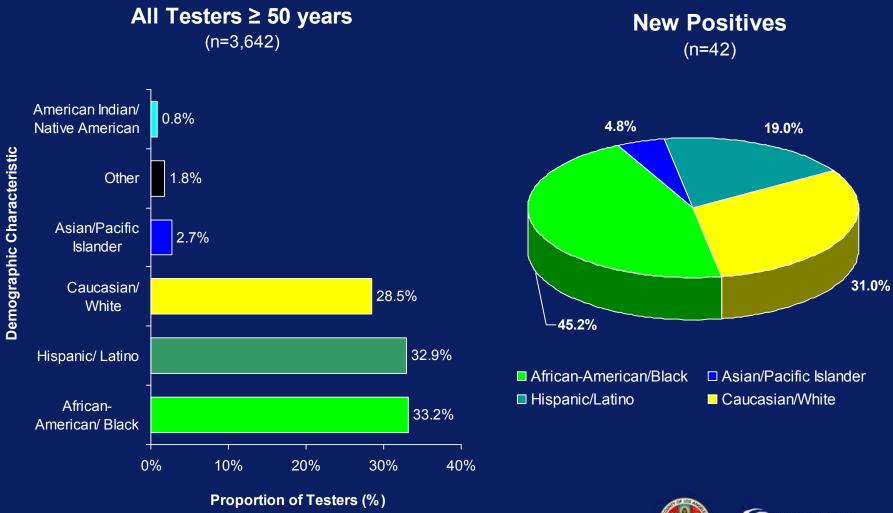


**Data Source:** OAPP HIV Counseling and Testing Data, January – December, 2007



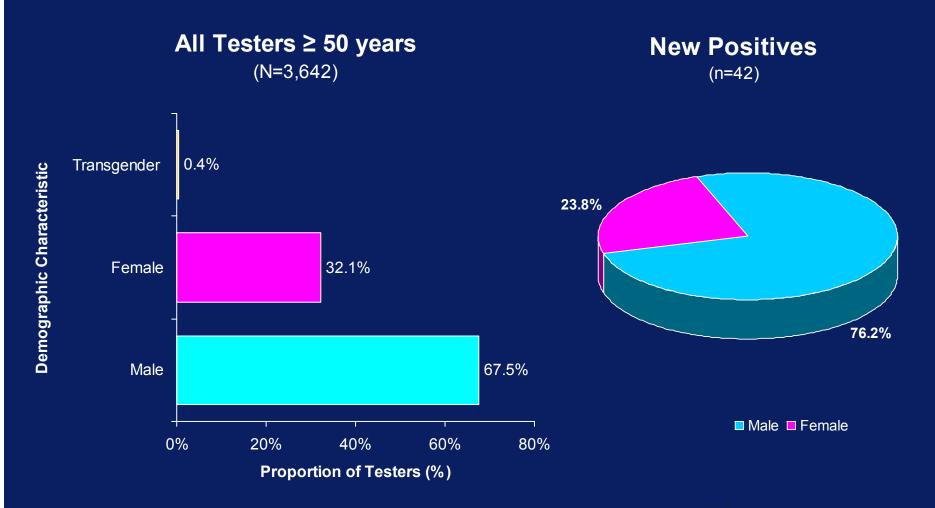


## Race/Ethnicity



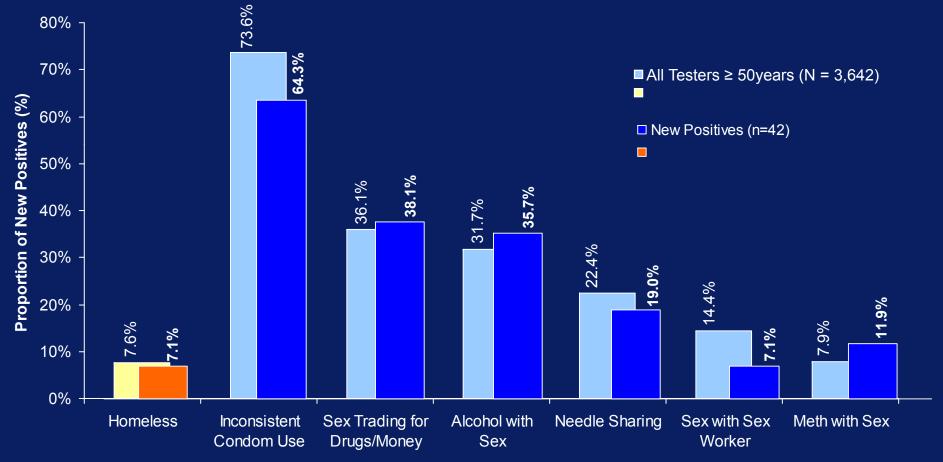


#### Gender





## Homelessness and High Risk Behavior\*



**Demographic Characteristic** 

\*High risk behaviors are not mutually exclusive. Individuals may have engaged in more than one high risk behavior.

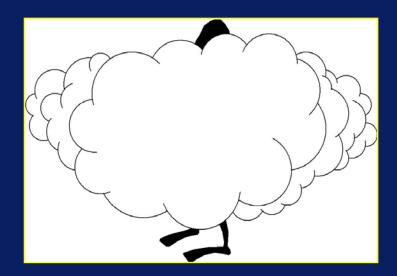




## Summary

- 10% of all HIV tests in 2007 were among testers
   ≥ 50 years
  - New positivity rate of 1.15%
- High proportion of new positives identified were African-American, male, between 50 – 59 years
- Top 3 high risk behaviors identified by new positives included inconsistent condom use, sex trading for money/drugs, and sex with alcohol

# What We Speculate





## Literature Review on PLWHA ≥ 50

- Increased mortality
  - Slower response to HAART
- Faster progression to AIDS
  - Slower CD4 cell reconstitution
- Diagnosed at later disease stage
  - Compromised immune system
- Worse treatment side effects
  - Worse toxicities with HAART
  - More drug interactions



## Literature Review on PLWHA ≥ 50

- Increased risk for and early onset of aging conditions
  - Opportunistic infections
  - Bone density loss
  - Cardiovascular diseases
  - Diabetes
  - Kidney diseases
  - Liver diseases
- More co-morbidities
  - Conditions associated with aging
  - May contribute to delayed HIV diagnosis





## Literature Review on PLWHA ≥ 50

- Higher rate of HIV-related dementia
- Higher rate of depression
- Limited financial, economic, and emotional support
- Fragile social support
- Not perceived as at-risk for HIV infection
  - No pregnancy worries
  - Low knowledge about HIV
  - Care providers perceive as not at risk





# Local Information on Aging PLWHA

- Demand for medical specialty
- Need hospice and skilled-nursing services
- Need for home-based care
- Increased need for home-delivered meals
- Need for oral health services

# What We Don't Know







## What We Don't Know

- Is it HIV, HAART, or age that cause increased risks, morbidities, and early onset of conditions?
- How do older PLWHA compare with other older adults without HIV?
- How do recently-diagnosed older PLWHA compare with younger long-term survivors of HIV?
- Issues involving women (e.g., menopause)

## What We Don't Know

- Effects of complicated drug interactions
- The extent of efficacy and toxicity of HIV medications on older PLWHA
- Long-term effect of HIV
- Long-term effect of HIV medications
- How older PLWHA cope with living with HIV

# What We Need to Know



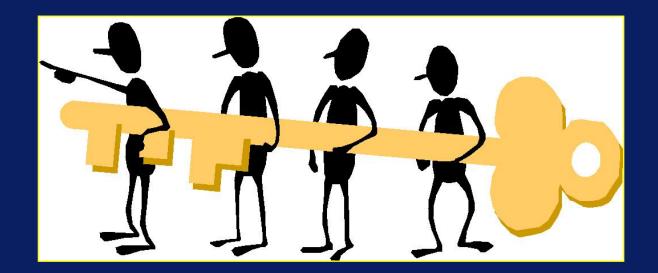




## What We Need to Know

- Treatment guidelines for older PLWHA
  - More effective treatment
  - Dealing with pre-existing conditions common with age
  - Treatment-experienced patients
- Needs as a whole-person
- Effective prevention efforts for older individuals
- Effective approaches for early intervention and retention

# What We Need to Do



# Planning Considerations & Directions

- Continued study on HIV aging population
  - Needs assessment, gaps analysis, provider capacity assessment, client outcomes studies
- Integrate HIV prevention and care
  - Reduce new infection
  - Curtail delayed diagnosis and entry to care
- Encourage routine HIV testing in primary care settings

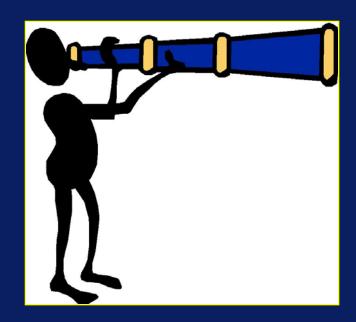


# Planning Considerations & Directions

 Transform care system to achieve chronic disease management and patient selfsufficiency

- Evaluation of medical specialty referrals
- Cross train clinicians for HIV and geriatrics

# This is just the beginning...



# Acknowledgements

Michael Green, PhD, MHSA Chief, Planning and Research Division Office of AIDS Programs and Policy



## For More Information

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