



Older Adults Served by HRSA's Ryan White HIV/AIDS Program: Present and Future

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Introduction

With advances in science and antiretroviral therapy, HIV has become a manageable condition, and people with diagnosed HIV are living longer. In the United States (U.S.), over 485,000 people with HIV were aged ≥50 years in 2016, a nearly 35% increase since 2012.^a Moreover, recent estimates from Europe suggest that three-quarters of people with HIV will be aged 50 years or older by 2030.^b

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) supports efficient and effective HIV care, treatment, and support services for low-income people with HIV, amounting to more than 50% of all people with HIV in the U.S. The RWHAP is critical to ensuring that people with HIV are linked to and retained in care, are able to adhere to HIV medication, and remain virally suppressed.

The rapid growth of the aging population of people with HIV highlights the need to assess their needs and implement aging-appropriate HIV care and support services. With its longstanding, comprehensive system of care and treatment for people with HIV, HRSA's RWHAP is uniquely poised to address the needs of this emerging population.

To begin assessing and planning for an aging population of people with HIV, this analysis examines sociodemographic characteristics and service utilization among clients aged ≥50 years compared their younger counterparts, assesses viral suppression (VS) disparities.

Methods

Client-level data are submitted to HRSA annually in the RWHAP Services Report (RSR) for clients receiving HIV care, treatment, and support services from over 2,000 RWHAP providers. Data are submitted from 50 states, the District of Columbia, and 3 U.S. territories. Data from the AIDS Drug Assistance Program (ADAP) are not included; however, clients in the RSR may also receive ADAP services.

Client-level RSR data were used to calculate and compare distributions among clients aged ≥50 (older) and <50 (younger) years, by race/ethnicity, gender, transmission risk, federal poverty level (FPL), health care coverage, housing status, and service utilization. Among older clients, additional analyses examine differences by gender and race/ethnicity.

Viral suppression in 2010 and 2018 was calculated among older clients who had at least one outpatient ambulatory health services visit and at least one viral load test during the calendar year. Viral suppression was defined as the most recent reported HIV RNA test result of <200 copies/mL.

Sociodemographic Characteristics

RWHAP overall

- In 2018, 533,758 clients received services from RWHAP-funded providers
- RWHAP served more than half of all people with diagnosed HIV infection in the U.S.
- Nearly three-quarters (73.7%) of RWHAP clients were from racial/ethnic minority populations
- Approximately two-thirds (61.3%) of RWHAP clients were living at or below 100% FPL, and 5.3% had unstable housing
- Most (79.9%) RWHAP clients had some form of health care coverage in 2018

Older RWHAP clients

People aged 50 years and older accounted for 46.1% of total RWHAP clients in 2018, an increase from 31.7% in 2010

- In 2018, 246,003 RWHAP clients were aged 50 years and older

Compared to younger clients, a greater proportion of older clients were:

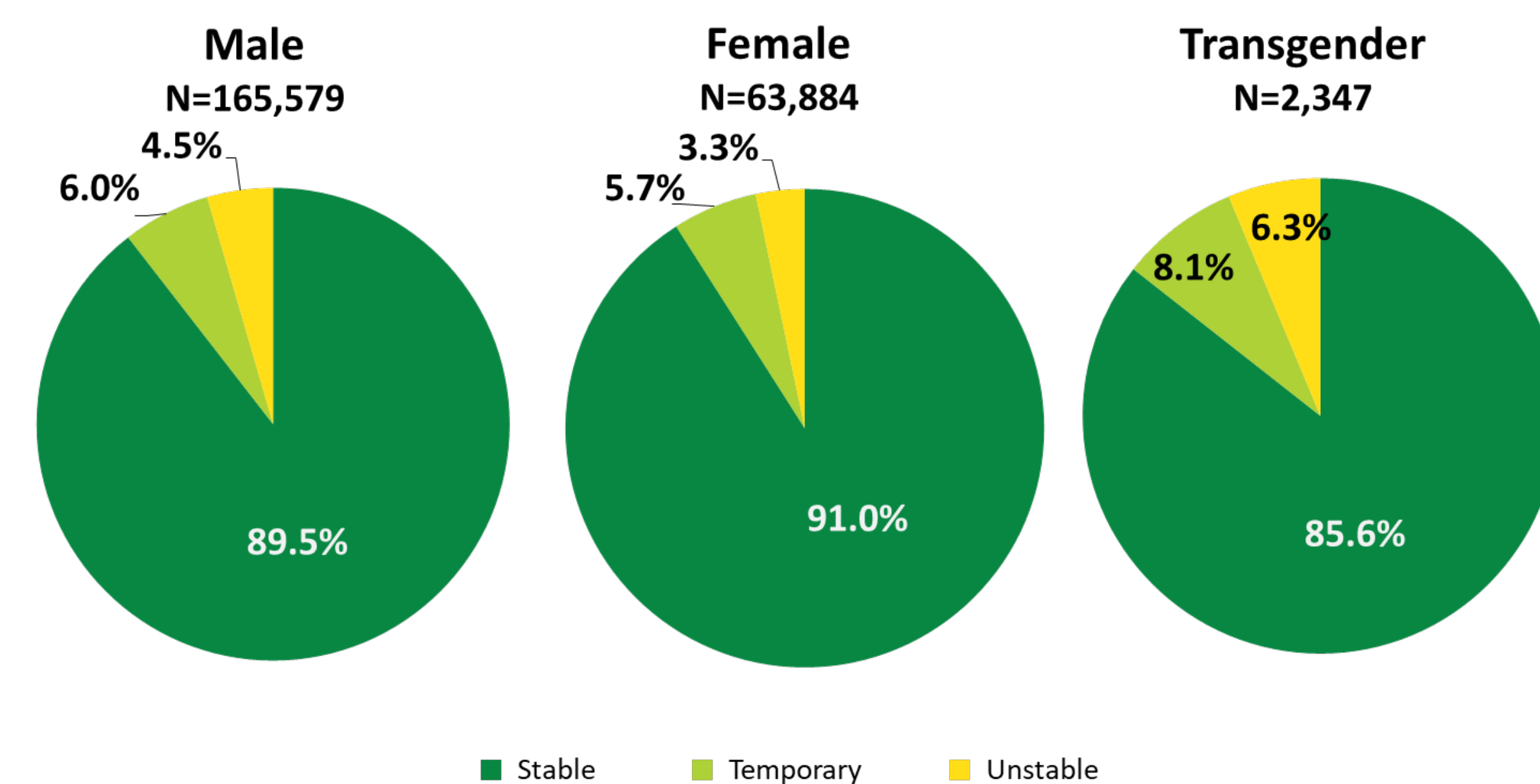
- White
- living above 100% FPL
- had stable housing

Top Services Used by RWHAP Clients Aged ≥50 Years, 2018

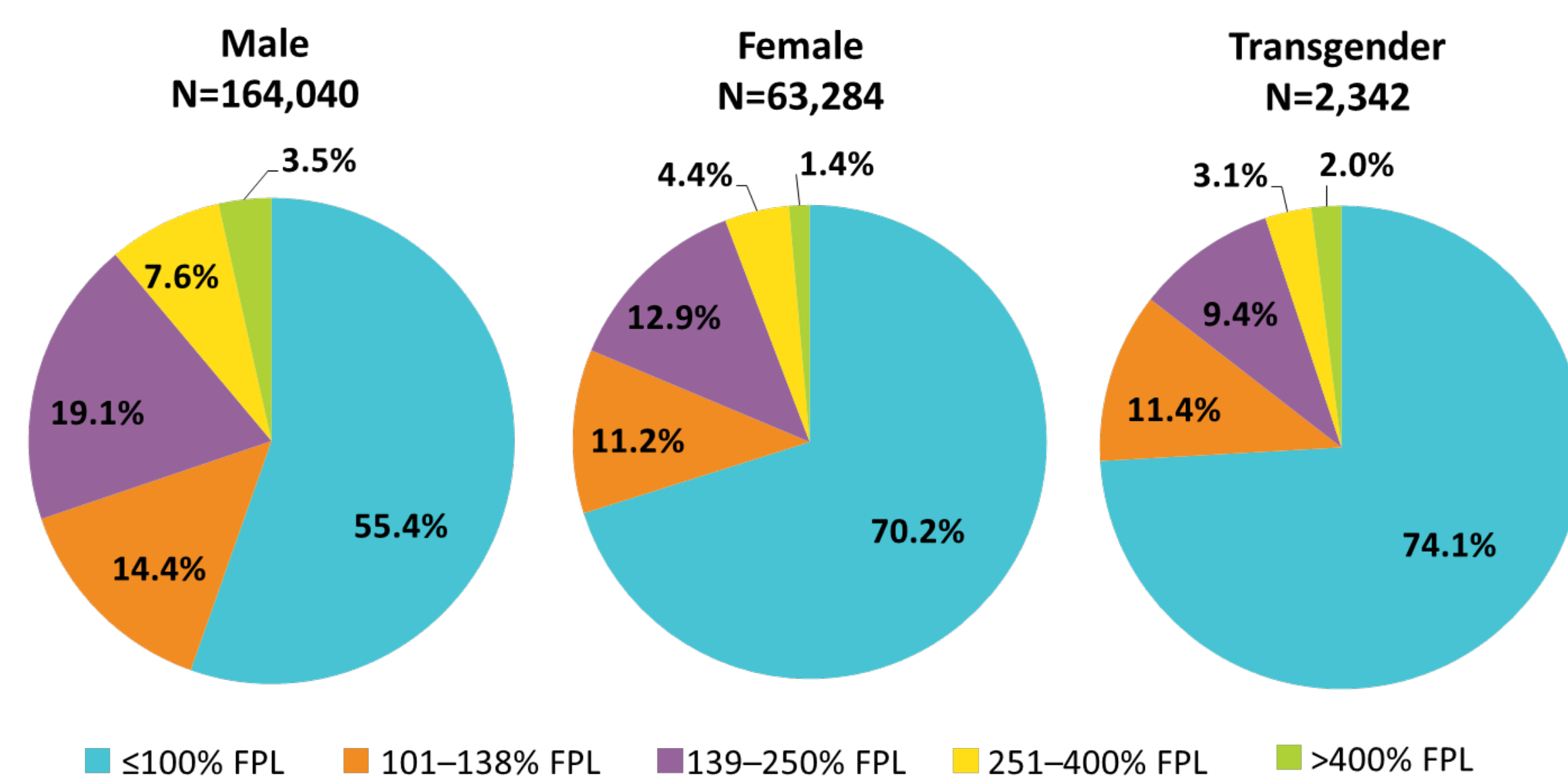
Clients aged 50 years and older				Rank, clients aged <50 years
Rank	Service	N	%	
1	Outpatient/ambulatory health service	166,112	24.2	1
2	Medical case management	132,478	19.3	2
3	Non-medical case management	73,249	10.7	3
4	Oral health care	46,349	6.7	5
5	Medical transportation services	38,147	5.6	4
6	Food bank/home-delivered meals	35,058	5.1	9
7	Mental health services	28,118	4.1	6
8	Health education/risk reduction	24,599	3.6	8
9	Referral for health care & supportive services	23,636	3.4	7
10	Medical nutrition therapy	19,769	2.9	16

Housing and Poverty Level Differences among Older RWHAP Clients, 2018

Older transgender clients had higher percentages of temporary and unstable housing, compared to older women and men

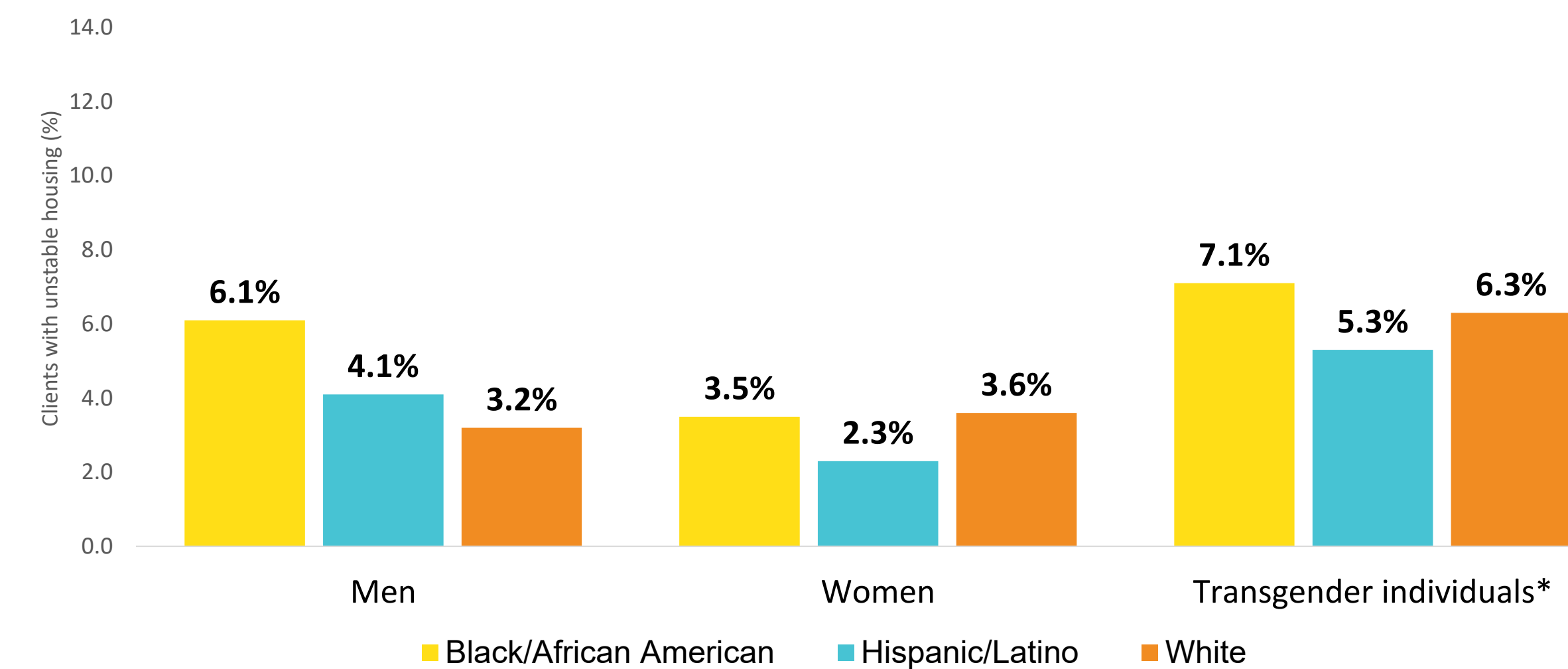


Older women and older transgender clients had higher percentages of poverty compared to older men



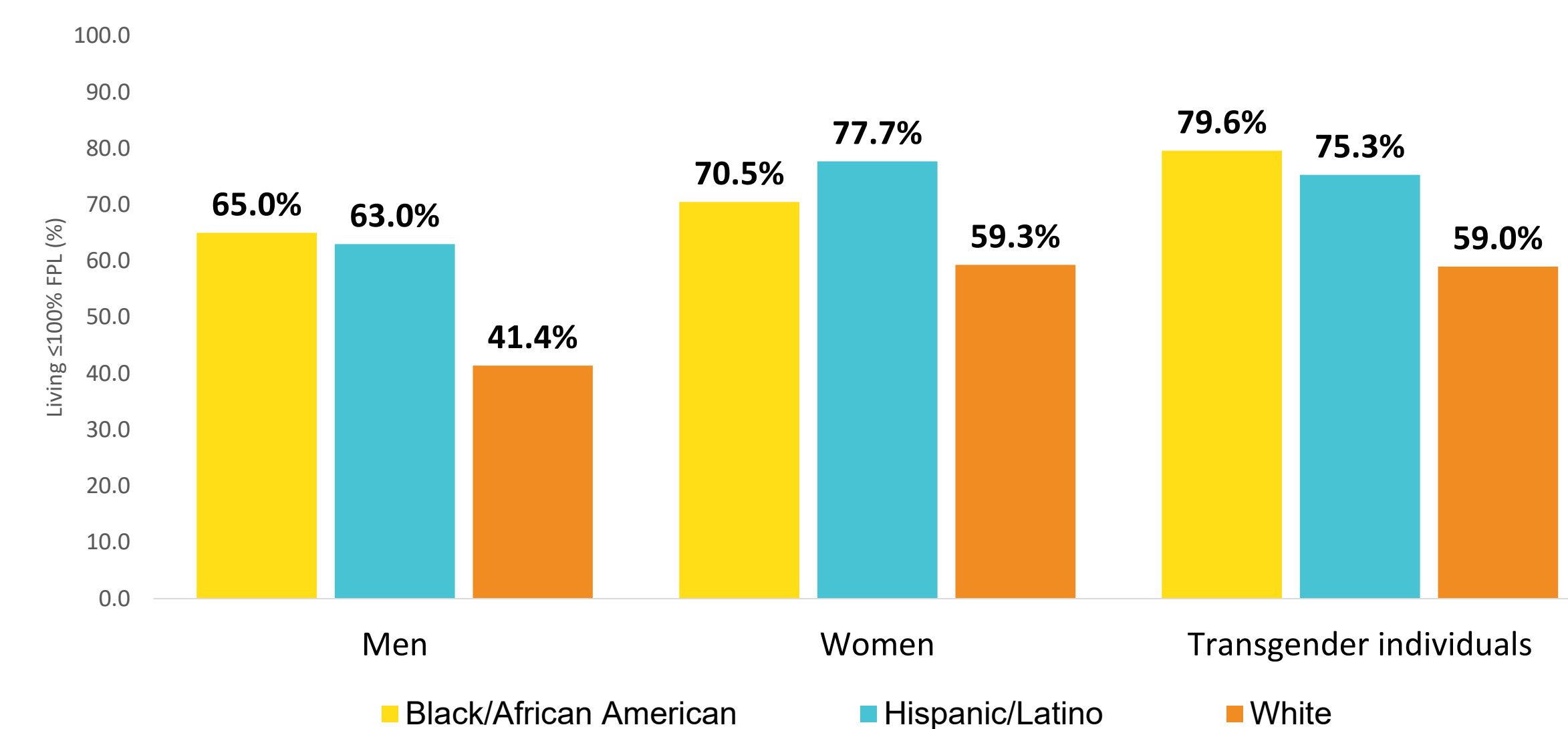
Note. Hispanics/Latinos can be of any race.

Older Black/African American men and transgender clients (regardless of race/ethnicity) had higher proportions of housing instability compared to older women



* Caution should be used when interpreting data for unstable housing among transgender clients due to small numbers. Notes: N represents the total number of clients in the subpopulation and are presented for scale. Vertical axis is truncated at 14.0% for housing data to account for small percentages.

A greater proportion of Black/African American and Hispanic/Latino older women and transgender clients were living at or below the federal poverty level (FPL) in 2018, compared to older men

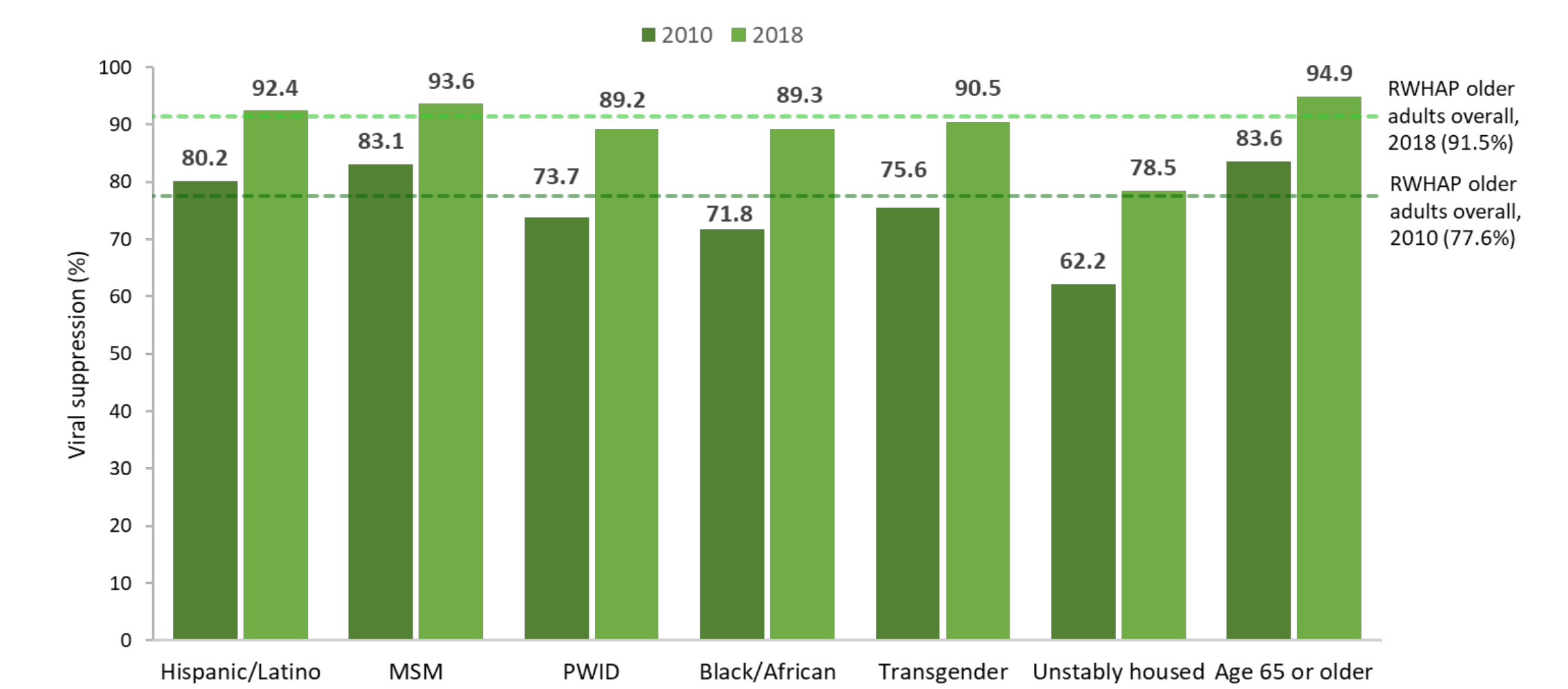


Viral Suppression among RWHAP Clients Aged ≥50 Years, 2018

In 2018, viral suppression among older RWHAP clients was 91.5% compared to 87.1% among all RWHAP clients.

Viral suppression increased across all subpopulations of older clients from 2010 through 2018.

Notably lower than average percentages of viral suppression in 2018 were seen among older clients with unstable housing (78.5%).



Conclusions

- Although older RWHAP clients have high viral suppression percentages, social and structural factors, such as housing stability, may impact HIV-related outcomes, as well as other factors related to morbidity and mortality.
- Aging people with HIV may have unique service needs such as food insecurity, long-term medication effects, social and behavioral health needs, and age-related comorbidities.
 - Food-related service utilization (i.e., food bank/home delivered meals and medical nutritional therapy) was higher among older RWHAP clients than younger clients.
 - Higher poverty and housing instability among older transgender clients and housing instability among older black men, may indicate additional care and support needs.
- Methods for continuing to improve outcomes among people with HIV over 50 include:



Services

- Improve accessibility of services (e.g., telehealth)
- Expand services (e.g., Nutrition and Medical Transportation)
- Coordinate supportive employment and housing services



Clients

- Identify and address age-related conditions
- Understand impact of age and sustained viral suppression
- Consider unique needs of long-term survivors

- Meeting the needs of aging people with HIV
 - State- and local-level data can be used to identify the needs of aging people with HIV in the community.
 - RWHAP recipients, sub-recipients, and planning councils can use these data to allocate funds to the specific services that can address these needs.

References
^a Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2017; vol. 29. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2018. Accessed January 28, 2019.
^b Smit M, Brinkman K, Geerlings S, et al. on behalf of the ATHENA observational cohort. Future challenges for clinical care of an ageing population infected with HIV: a modelling study. *Lancet Infect Dis*. 2015; (published online June 10.) [http://dx.doi.org/10.1016/S1473-3099\(15\)00056-0](http://dx.doi.org/10.1016/S1473-3099(15)00056-0)

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