

Projected Growth and Needs of Aging People Living with HIV in HRSA's Ryan White HIV/AIDS Program

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Introduction

With advances in science and antiretroviral therapy, HIV has become a manageable condition, and people living with diagnosed HIV (PLWH) are living longer. In the United States (U.S.), over 485,000 PLWH were aged ≥50 years in 2016, a nearly 35% increase since 2012.¹ Moreover, recent estimates from Europe suggest three-quarters of PLWH will be aged 50 years or older by 2030.²

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 PLWH, amounting to more than 50% of all PLWH in the U.S. The RWHAP is critical to ensuring individuals 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 PLWH highlights the necessity to assess their needs and implement aging-appropriate HIV care and support services. With its longstanding, comprehensive system of care and treatment for PLWH, HRSA's RWHAP is uniquely poised to address the needs of this emerging population.

To begin assessing and planning for an aging population of PLWH, this analysis examines sociodemographic characteristics and service utilization among clients aged ≥50 years compared their younger counterparts, assesses viral suppression (VS) disparities, and projects the growth of the aging RWHAP population by 2030.

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 three 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 2017 was calculated among older clients who had at least one outpatient 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.

Five-year age trends in the age distribution of RWHAP clients and new HIV diagnoses and deaths among PLWH (from CDC surveillance data) were used to project the number of RWHAP clients aged ≥50 by 2030.



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Sociodemographic Characteristics

RWHAP overall

- In 2017, 534,903 clients received services from RWHAP-funded providers
- RWHAP served more than half of all people living with diagnosed HIV infection in the U.S.
- Nearly three-quarters (73.6%) of RWHAP clients were from racial/ethnic minority populations
- Approximately two-thirds (62.8%) of RWHAP clients were living at or below 100% FPL, and 5.1% had unstable housing
- Most (79.8%) RWHAP clients had some form of health care coverage in 2016

Older RWHAP clients

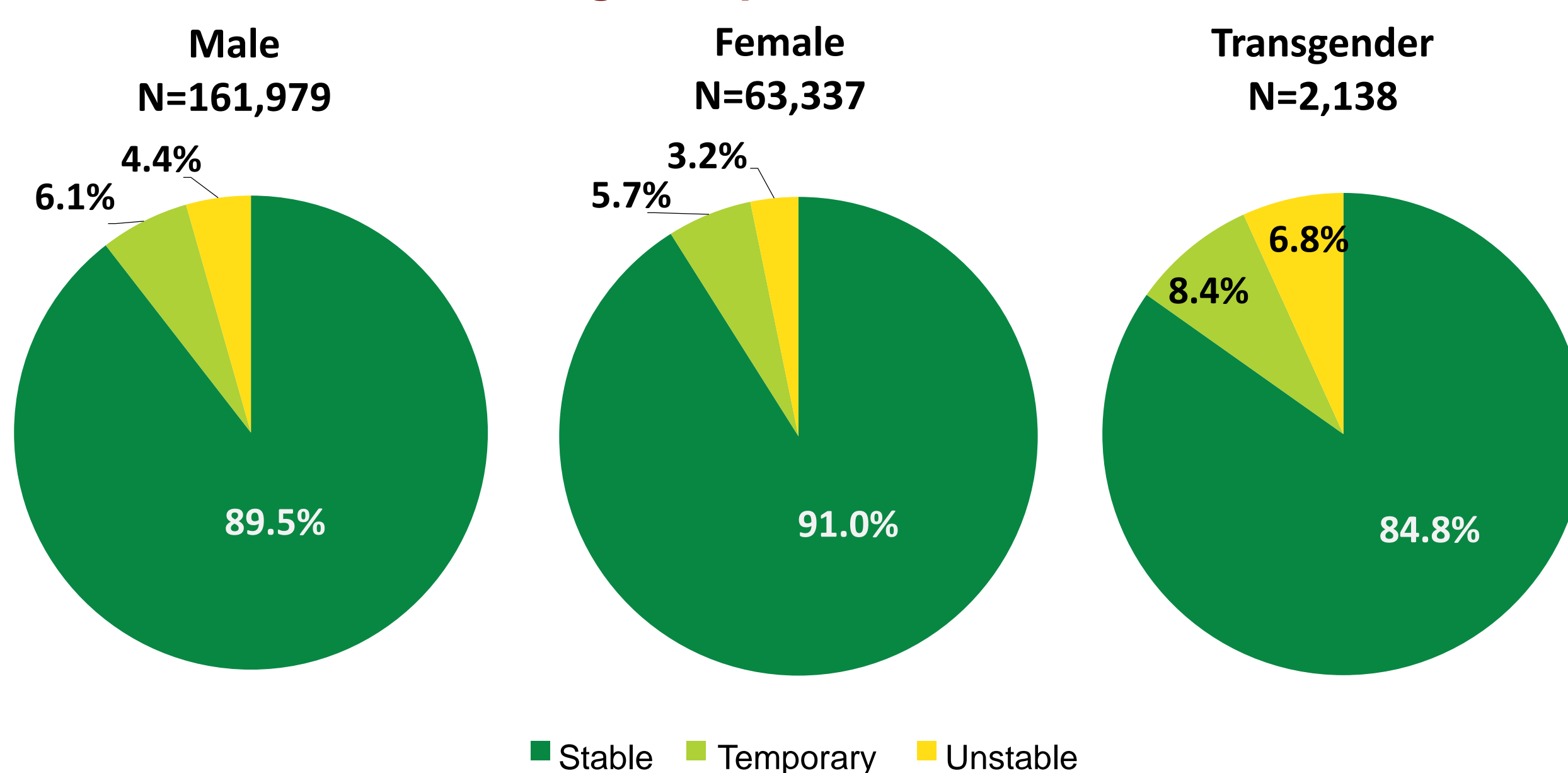
- People aged 50 years and older accounted for 45.2% of total RWHAP clients in 2017, an increase from 31.7% in 2010
- In 2017, 241,857 RWHAP clients were aged 50 years and older
- Compared to younger clients, a greater proportion of older clients were:
- White
 - living above 100% FPL
 - had stable housing

Top Services Used by RWHAP Clients Aged ≥50 Years, 2017

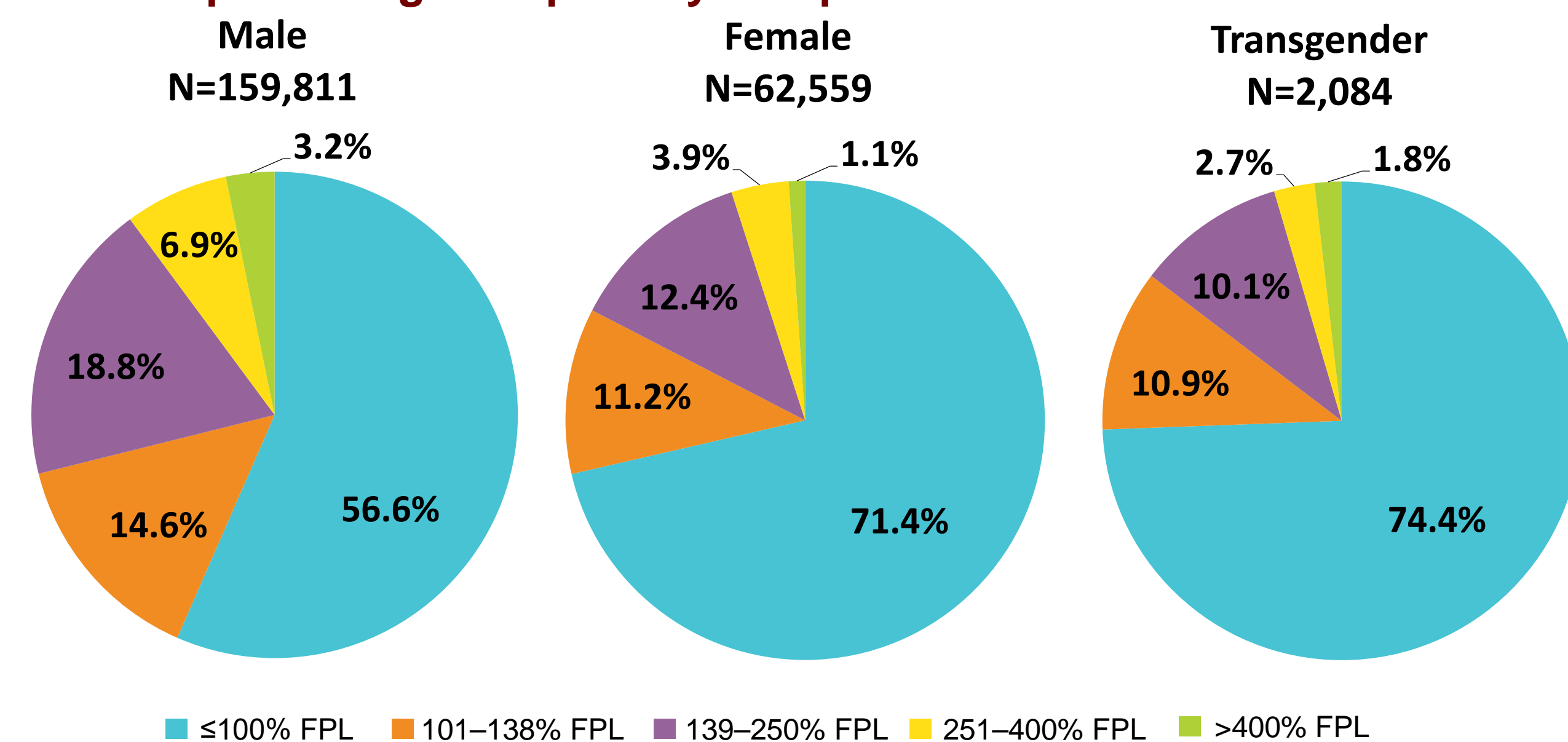
Clients aged 50 years and older				Rank, clients aged <50 years
Rank	Service	N	%	
1	Outpatient/ambulatory health service	162,629	67.2	1
2	Medical case management	130,191	53.8	2
3	Non-medical case management	72,792	30.1	3
4	Oral health care	45,908	19.0	5
5	Medical transportation services	38,040	15.7	4
6	Food bank/home-delivered meals	32,226	13.3	9
7	Mental health services	30,482	12.6	6
8	Health education/risk reduction	24,982	10.3	7
9	Referral for health care & supportive services	21,846	9.0	8
10	Medical nutrition therapy	19,499	8.1	12

Housing and Poverty Level Differences among Older RWHAP Clients, 2017

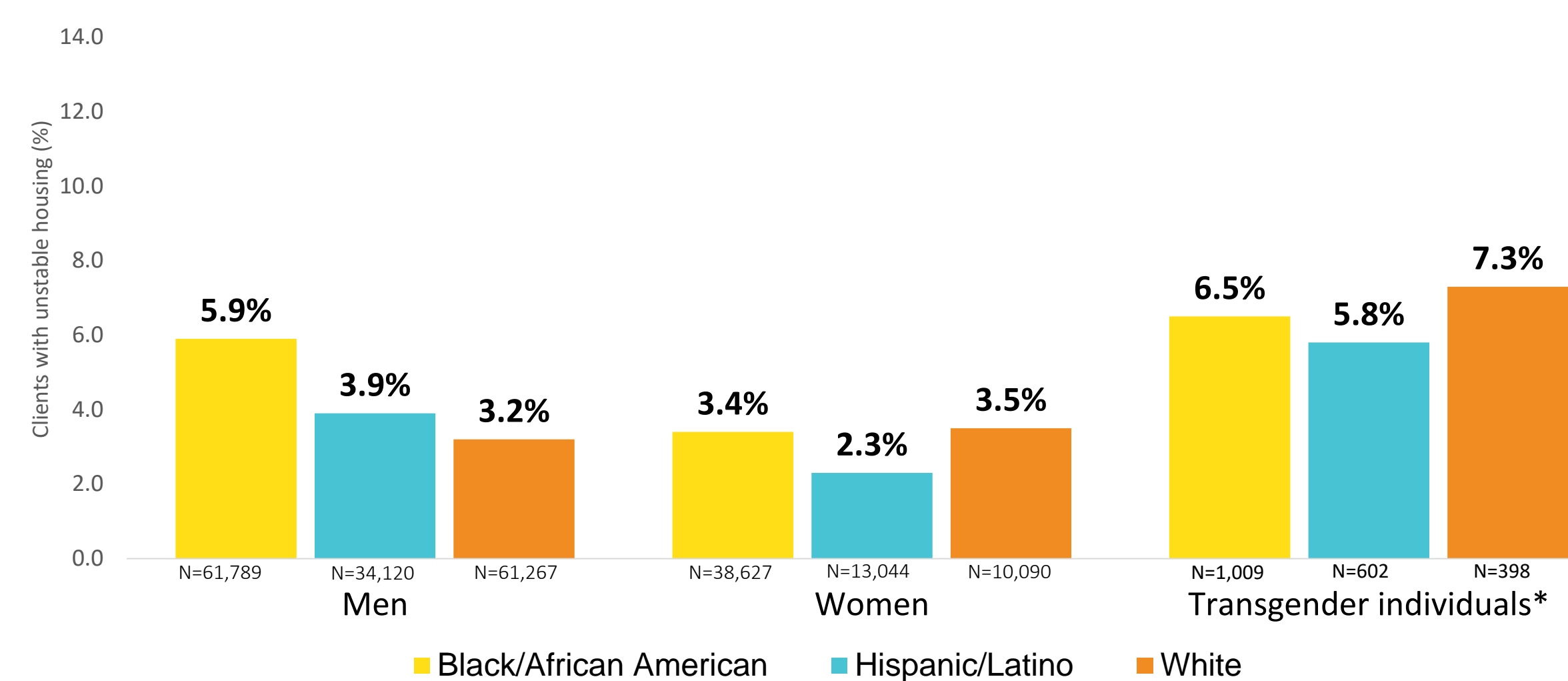
Older transgender clients had higher percentages of temporary and unstable housing, compared to older women and men



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

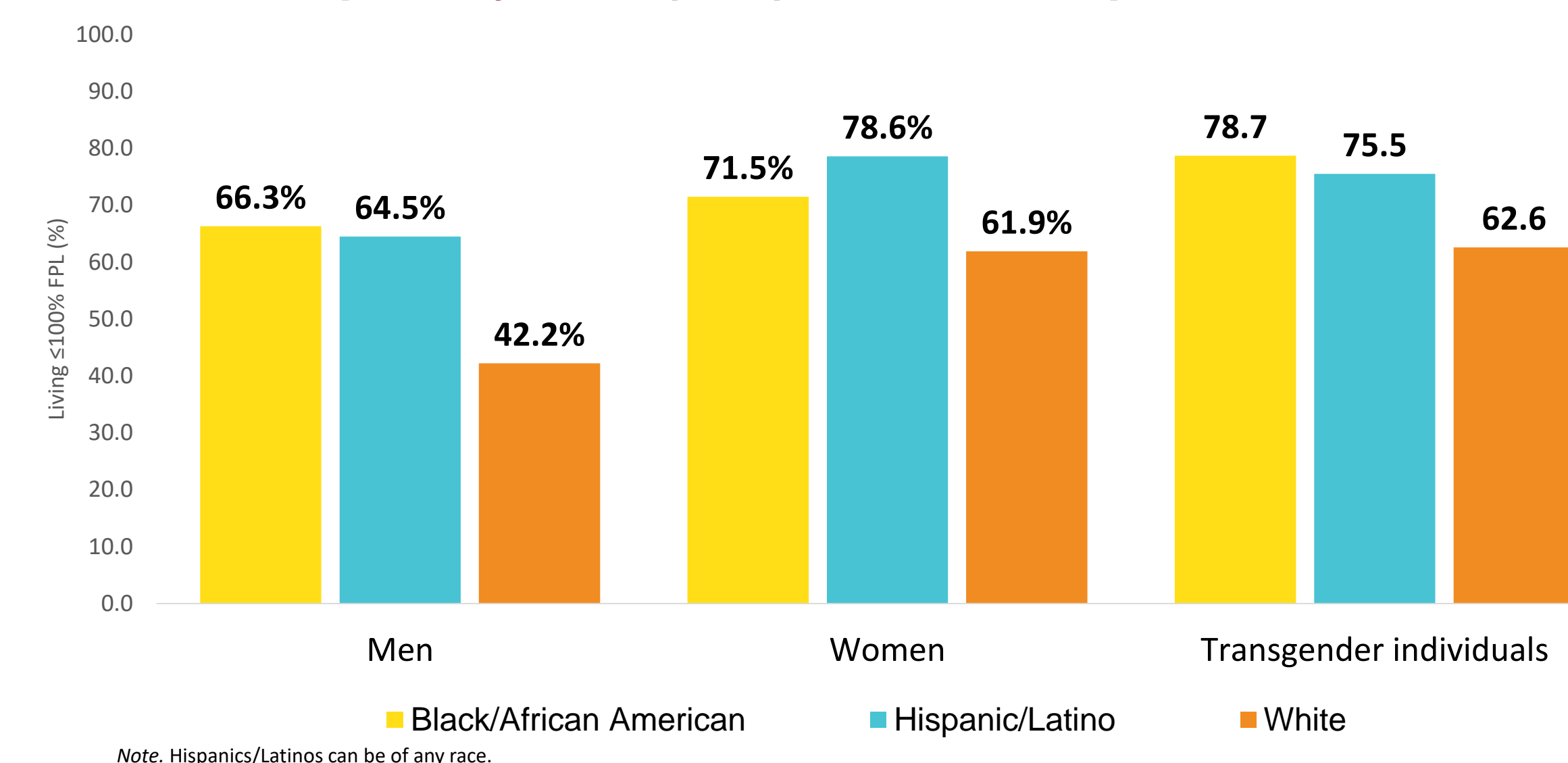


Older Black/African American men and transgender clients (regardless of race/ethnicity) had higher proportions of housing instability compared to older women



* 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. Hispanics/Latinos can be of any race.

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 2017, compared to older men



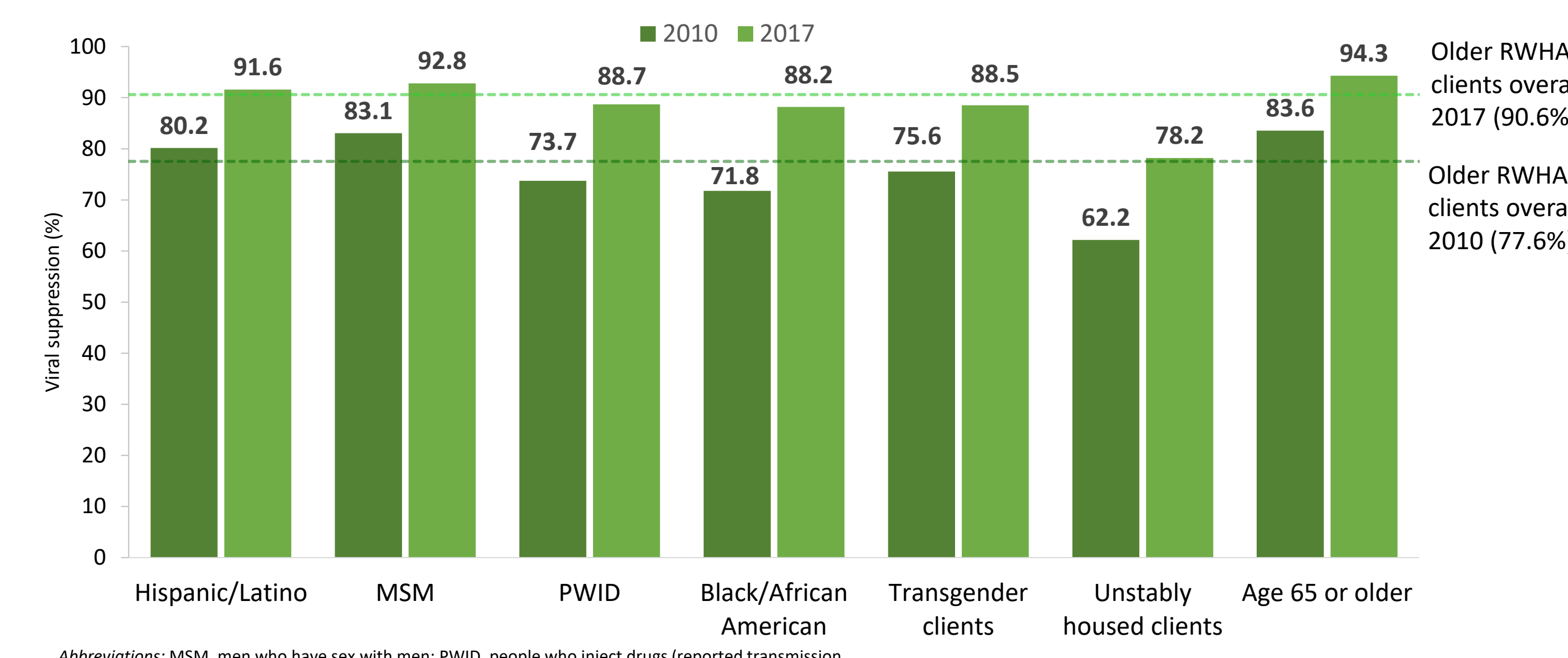
Note: Hispanics/Latinos can be of any race.

Viral Suppression among RWHAP Clients Aged ≥50 Years, 2017

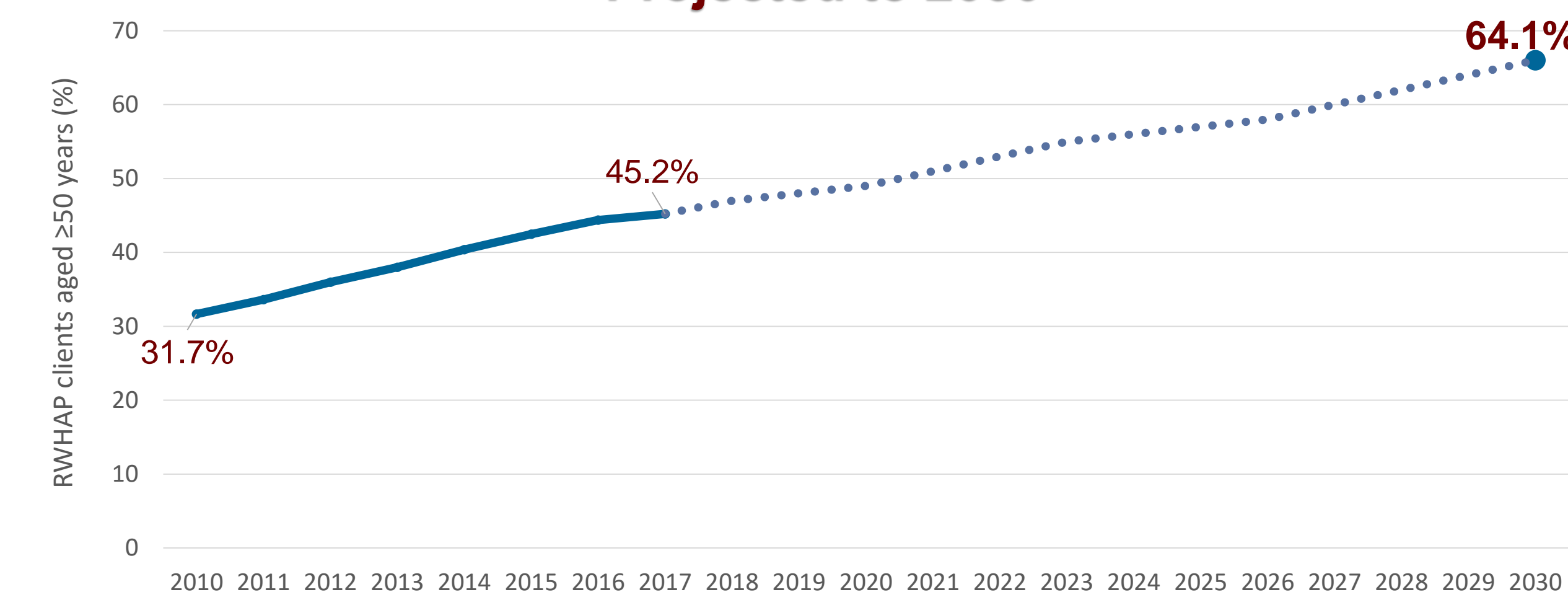
In 2017, viral suppression among older RWHAP clients was 90.9% compared to 85.9% among all RWHAP clients.

Viral suppression increased across all subpopulations of older clients from 2010 through 2017.

Notably lower than average percentages of viral suppression in 2017 were seen among clients with unstable housing (78.2%)



Proportion of RWHAP Clients Aged ≥50 Years, 2010–2017, Projected to 2030



Conclusions

- The population of aging PLWH is growing rapidly and by 2030, an estimated 64.1% of all RWHAP clients will be aged 50 and older.
- While 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 PLWH 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.
- HRSA's HIV/AIDS Bureau is gathering expert input to assess and plan for the needs of this emerging population.



References
1. Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2017, vol. 28. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2018. Accessed January 28, 2019.
2. 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)