HIV & Aging
Is it Aging or is it HIV?

Stephen Karpiak, PhD
Associate Director for Research
AIDS Community Research Initiative of America
New York City
ACRIA History

Founded in 1991 as CRIA
Community Research Initiative on AIDS

The agency has been a site for clinical trials for HIV from 1992 through today. Every class of anti-retroviral has been tested at the agency.

In 1997 CRIA launched a comprehensive treatment education program. This has evolved into its present Health Literacy Program.

In 2001, expanding into national work, the agency became ACRIA (AIDS Community Research Initiative of America).
HIV on the Inside

As the contributors to this issue of ACRIA UPDATE make clear, the threat of HIV and AIDS continues to seriously impact the health and wellbeing of prisoners across the U.S. For those who have never been incarcerated, it is all too easy to ignore the epidemic that is raging behind the bars of this country’s prison system. But with a quarter of all HIV cases in the United States involving women, HIV treatment can be provided while in prison, any attempt to avoid the epidemic must take seriously the quality of care, and the quality of life, of people living “on the inside.”

Unlike any previous issue of ACRIA Update, we found when contacting writers that many felt compelled in their ability to speak out against problems in the prison system. Whether they feared losing housing or work or even to their careers or personal histories, more than one author approached us not feeling they could write a piece that told the unvarnished truth about HIV in prison.

Likewise, many prisoners were unable to speak freely, for fear of reprisals from both the correctional system and other inmates. We appreciate those who did contribute and those who asked us to sign their names in spite of the consequences of such outspokenness. We can only hope their courage is not lost to the consequences of such constraint.

Prison Health = Public Health: HIV Care in New York State Prisons

By Romero Sánchez

There is a public health emergency in New York State prisons. Infection rates of HIV and hepatitis C (HCV) are 8 to 10 times higher than in the general population. Women are disproportionately affected by both diseases. The most recent NYS Department of Health (DOH) Hospital Surveillance Studies found 11.5% of inmates infected with HIV and 44.3% of inmates infected with HCV. This indicates the degree of civilisation in a society can be judged by the treatment of its prisoners.” — Yusuf Dostovski

Fall 2005

ACRIA News

ACRIA’s Quarterly UPDATE

Volume 14, Number 4

DOH Oversight of Correctional Facilities

Personal Perspective: The HIV Merit-Get-Best Program

HIV Care in U.S. Prisons: The Potential and the Challenge

Personal Perspective: The Exception to the Rule

Personal Perspective: Health Care for All?

The Talika Community: The Challenges of Exchange Planning

Personal Perspective: If It First You Don’t Succeed

Resources

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Fall 2005

Más Allá de los Condenados: Prevención del VIH

Las adicciones están entre las mayores tensiones de los refugiados. Cada día se suma más información sobre la importancia de la prevención del VIH en el proceso de tratamiento. El programa de prevención de VIH en el VIH/ADN puede ayudar a prevenir las infecciones adquiridas en el ámbito del VIH/ADN. Las infecciones que son más difíciles de tratar son aquellas que son más comunes en los hombres gay y el VIH/ADN puede ser un factor contribuyente.

Por eso los trabajadores sociales médicos deben seguir con el seguimiento de los pacientes para evitar futuras infecciones. Es importante que los trabajadores sociales médicos sean educados para prever las infecciones. Es importante que los trabajadores médicos sean informados sobre la prevención de las infecciones. Es importante que los trabajadores médicos sean informados sobre la prevención de las infecciones. Es importante que los trabajadores médicos sean informados sobre la prevención de las infecciones.
ACRIA Publications

- understanding your lab results
- treatment issues for women
- managing drug side effects
- explaining clinical trials
- hepatitis viral y VIH
- viral hepatitis and HIV
- explicación de los estudios clínicos
- ancianos y VIH
- older adults and HIV
Changes/Facts

- The number of new HIV infections in the United States each year remains stable at about 40,000 cases per year.
- Approximately 1.2 million people are living with HIV, 400,000 of them are living with an AIDS diagnosis.
- Treatments are allowing AIDS patients to live longer. The number of people living with AIDS continues to rise.
- This increase in HIV/AIDS prevalence means a growing burden on our prevention and treatment services. There are diminishing resources to take care of the growing aging HIV population.
USA AIDS Cases Over Age 50 - CDC
Impact of HAART

Source: NYC Dept of Health & Mental Hygiene, 2004
New York City is the USA HIV Epicenter

Today in NYC there are approximately 100,750 known people living with the HIV
34 % of people with HIV/AIDS in NYC are Over 50

73 % of people with HIV/AIDS in NYC are Over 40
New York City is the Crystal Ball

New York City is the Epicenter of the USA
HIV/AIDS Epidemic

What Happens in NYC
is happening throughout the USA.
Percent of Living Adult HIV/AIDS Cases by Sex and Current Age Group
Florida, Data through 2006

Males (N=54,467)

Females (N=25,365)

Comment: Females tend to be diagnosed with AIDS at a younger age than males, suggesting earlier onset of sexual activity and exposure to HIV, possibly through sex with older male partners. Data as of 04/05/07.
ACRIA: First Studies Conducted in 2004

ACRIA conducted an initial study of 150 older adults – over the age of 50 – living with HIV in NYC

That study resulted in multiple presentations, abstracts and two peer review published articles


In her 20’s and 30’s, she was a “closet heroin addict,” keeping a Wall Street secretarial job, raising her children, not losing control. “A lot of us who had a past are happy housewives now, are mothers and grandmothers, are productive members of society,” she said.

The infection lingers, but she has proved wrong the doctor who told her in 1990 that she had two years to live.

Although AIDS is thought of as a disease of the young, in the United States it is rapidly becoming one of the middle-aged and even the old. The number of Americans over age 50 infected with the virus that causes AIDS quintupled during the 1990’s, “and a conservative estimate would be that there are more than 100,000 now,” said Dr. Marcia G. Ory, a professor of public health at Texas A & M University and co-author of a 2003 report for the Centers for Disease Control and Prevention on AIDS in older Americans. Unless there is a new explosion of the disease among teenagers, demographers estimate, the majority of cases by the end of the decade will be in people over 50.

In New York City, the curve has moved even further. About 64 percent of the city’s cases are over 40 right now, the New York City Department of Health said, and about 25 percent are over 50.

The medical and social ramifications of this shift are already becoming evident, particularly as the cost of care escalates.

“There will be some reality checking very soon,” said Dr. Stephen Karpf, research director at the AIDS Community Research Initiative of America, or Acria, a nonprofit group based in New York that does surveys and clinical trials. “People are already being assigned to nursing homes at age 55. That gets very expensive.”

In large part, the changing demographic of the disease is a testament to medical progress. Thanks to a

Continued on Page 6
Research on Older Adults with HIV
Research on Older Adults with HIV

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Director for Research
Co-Principal Investigator
ACRIA

R. Andrew Shippy, PhD (c)
Research Associate
Co-Principal Investigator
ACRIA
ROAH Research Collaborators/Advisory Group

Chairperson: Marjorie Cantor, Emerita Fordham U & Brookdale Scholar

Stephen Bailous  Office of AIDS Policy, NYC DOH
J. Bookhardt-Murray, MD  Medical Director Harlem United & AIDS Institute NYS
David Dorfman, PhD  Mt. Sinai School of Medicine
Arlene Kochman, MSW  Yale University School of Medicine
Allen Matthews, Mardi Fritz  NYC DOH
Douglas Mendez, MD  Dominican Medical Association
Peter Nwakeze, PhD  NYC Association for HIV Over 50 and Hunter College
Jeffery Parsons, PhD  CHEST & Hunter College
Cynthia Poindexter, PhD  Fordham University Graduate School of Social Service
Bobbie Sackman, MSW  NYC Council of Senior Centers, Director of Public Policy
J. Edward Shaw  NYC Commission on AIDS
J. Lee Westmaas, PhD  SUNY, Dept of Psychology
Desieree Byrd, PhD  NeuroAIDS, Mt Sinai
Richard Havlik, MD  NIA/NIH Section Chief
ROAH Study Design

Purpose: A Profile
To establish empirically valid normative data describing the growing and changing population of older adults with HIV

Participants (total $N = 1000$)
NYC community-dwelling, HIV-positive adults over 50

Procedure
Participants completed a self-administered survey after giving informed consent

HIPAA Compliant and IRB Approved
ROAH Modules

Module 1: Demographic Profile
Module 2: HIV Status/Health
Module 3: Sexual Behavior
Module 4: Substance Use
Module 5: Psychological Distress/Depression
Module 6: Social Networks
Module 7: Psychological well-being & health-related quality of life
Module 8: Disclosure & Stigma
Module 9: Spirituality & Religiousness
2004 NYC HIV Epidemiology

Male 69 %
Female 31%
Latino 32 %
API / Am. Indian 3 %
White 21 %
Black 44 %
## ROAH Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>29.4</td>
</tr>
<tr>
<td>Men</td>
<td>70.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>12.4</td>
</tr>
<tr>
<td>Black</td>
<td>50.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33.5</td>
</tr>
<tr>
<td>API/Other</td>
<td>3.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>20.4</td>
</tr>
<tr>
<td>High school graduate</td>
<td>58.6</td>
</tr>
<tr>
<td>College graduate</td>
<td>21.5</td>
</tr>
</tbody>
</table>
ROAH: Age Distribution

Mean Age = 55.3

Age range was 50-78
## ROAH Demographics

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>65.3</td>
</tr>
<tr>
<td>With others</td>
<td>34.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>8.3</td>
</tr>
<tr>
<td>Retired</td>
<td>6.9</td>
</tr>
<tr>
<td>Unemployed</td>
<td>20.1</td>
</tr>
<tr>
<td>Disability</td>
<td>64.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>83.5</td>
</tr>
<tr>
<td>Other nation</td>
<td>16.5</td>
</tr>
</tbody>
</table>
# ROAH Demographics

## Sexual Orientation

<table>
<thead>
<tr>
<th>Orientation</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>69.4</td>
</tr>
<tr>
<td>Bisexual</td>
<td>8.1</td>
</tr>
<tr>
<td>Gay / Lesbian</td>
<td>21.5</td>
</tr>
</tbody>
</table>

## History of Incarceration

<table>
<thead>
<tr>
<th>Incarceration</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45.5</td>
</tr>
</tbody>
</table>
Transmission Mode in ROAH: The Changing HIV Population
# ROAH HIV Care

<table>
<thead>
<tr>
<th>Treatment facility</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private physician</td>
<td>21.9</td>
</tr>
<tr>
<td>Public clinic / hospital</td>
<td>58.7</td>
</tr>
<tr>
<td>VA Hospital</td>
<td>4.9</td>
</tr>
<tr>
<td>ASO / day program</td>
<td>17.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Currently Taking ARVs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>87.3</td>
</tr>
<tr>
<td>Latino</td>
<td>84.8</td>
</tr>
<tr>
<td>White</td>
<td>85.3</td>
</tr>
<tr>
<td>Male</td>
<td>86.0</td>
</tr>
<tr>
<td>Female</td>
<td>83.0</td>
</tr>
</tbody>
</table>
# ROAH HIV Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tested prior to diagnosis</td>
<td>26.6</td>
</tr>
<tr>
<td>Received AIDS diagnosis</td>
<td>51.3</td>
</tr>
<tr>
<td>Currently taking HAART</td>
<td>85.3</td>
</tr>
<tr>
<td>Using CAM therapies</td>
<td>28.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years since diagnosis</td>
<td>12.6</td>
</tr>
<tr>
<td>Months since last labs</td>
<td>3.7</td>
</tr>
<tr>
<td>Mean CD-4 count</td>
<td>468.2</td>
</tr>
</tbody>
</table>
## ROAH HIV Measures

<table>
<thead>
<tr>
<th>Years since diagnosis</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>13.1</td>
</tr>
<tr>
<td>Female</td>
<td>11.4</td>
</tr>
<tr>
<td>White</td>
<td>14.9</td>
</tr>
<tr>
<td>Black</td>
<td>11.8</td>
</tr>
<tr>
<td>Latino</td>
<td>12.9</td>
</tr>
</tbody>
</table>
% with AIDS Diagnosis

- White: 65%
- Black: 45%
- Latino: 55%
ROAH CD4 Counts Reported

- White
- Black
- Latino
ROAH: Disclosure Stigma

We asked

Do you discuss your HIV status with the following groups of people?

If so, are you open and honest with
• All / Most
• A few
• None

of the people in this group.
ROAH: Disclosure of HIV Status

- Healthcare: 90%
- Sexual partners: 70%
- Family: 60%
- Friends: 60%
- Social groups: 50%
- Drug buddies: 40%
- Co-Workers: 30%
- Place of Worship: 30%
ROAH: Reasons for Nondisclosure

- They have own problems
- Not until Sick
- Disclose to others
- I'm a bad person
- Drug user
- Gay
- Anger
- Hurt me
- Kill me
ROAH: Tobacco Use

<table>
<thead>
<tr>
<th>Current %</th>
<th>History %</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>84</td>
</tr>
</tbody>
</table>
## ROAH: Depression

<table>
<thead>
<tr>
<th>Life Satisfaction</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>23 %</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>55 %</td>
</tr>
<tr>
<td>Not too satisfied</td>
<td>19 %</td>
</tr>
<tr>
<td>Not at all satisfied</td>
<td>3 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-rated Depression</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>68 %</td>
</tr>
<tr>
<td>No</td>
<td>32 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treated Depression</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58 %</td>
</tr>
<tr>
<td>No</td>
<td>42 %</td>
</tr>
</tbody>
</table>
ROAH: Symptoms of Depression

Self-reported Depression (CES-D) %

- No significant depressive symptoms 36%
- Moderate level of depressive symptoms 38%
- Severe level of depressive symptoms 26%

When the 7 items that measure somatic symptoms were removed 45% scored above 16 indicating the impact of affect/mood.
CES-D Mean Scores: Depression Symptoms

- Women: 22
- Men: 20
- Black: 18
- White: 21
- Hispanic: 23
Contributors to Depressive Symptoms in Older Women with HIV: Health and Psychosocial Stressors

Mark Brennan, Allison Applebaum, Marjorie Cantor, R. Andrew Shippy, and Stephen E. Karpiak
AIDS Community Research Initiative of America (ACRIA)
New York, NY, USA
• The sample consisted of 264 women, 50 to 76 years old ($M$ age = 55 years). Approximately one-third had post-high school educations, 58% were Black and 34% Hispanic.

• To examine the impact of health-related and psychosocial stressors, the conceptual model employed for analysis was a modified Stress and Coping Model (Folkman and Lazarus, 1986).

• The multivariate model explained 47% of the variance in depressive symptoms.

• The number of comorbid conditions and the need for assistance as a result of HIV infection were positively related to greater depressive symptoms, as were both loneliness and stigma.

• Higher cognitive functioning and spirituality were significantly related to lower levels of depression.

• These findings support the need for interventions to address depression, health and psychosocial stressors among older women with HIV. In addition, programs to increase access to spiritual resources for older women with HIV could ameliorate depression in this population.
ROAH Identifies 3 Factors

- Social Isolation
- Depression
- Lonliness
CAREGIVERS are derived from SOCIAL NETWORKS

Social networks are a significant healthcare resource as people age.
ROAH: Informal Network Composition

- Parent
- Child
- Sibling
- Other Relative
- Friend

Living vs. Functional
### ROAH: Substance Use

<table>
<thead>
<tr>
<th>Substance</th>
<th>Current %</th>
<th>History %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>57</td>
<td>84</td>
</tr>
<tr>
<td>Alcohol</td>
<td>38</td>
<td>81</td>
</tr>
<tr>
<td>Marijuana</td>
<td>23</td>
<td>71</td>
</tr>
<tr>
<td>Cocaine</td>
<td>15</td>
<td>63</td>
</tr>
<tr>
<td>Crack</td>
<td>16</td>
<td>47</td>
</tr>
<tr>
<td>Heroin</td>
<td>07</td>
<td>44</td>
</tr>
<tr>
<td>Crystal Meth</td>
<td>02</td>
<td>09</td>
</tr>
</tbody>
</table>
ROAH: Substance Use

Recovery status of substance users

- Ever enrolled in 12-step: 62%
- Currently in recovery: 54%
- No substance use in past 3 months: 48%
- In recovery for more than 1 year: 44%
ROAH Substance Use

- Blacks (58%) and Latinos (56%) are nearly twice as likely to be in recovery as Whites (32%)

- Men (41%) were significantly more likely to use substances than women (28%)

- People who use illicit substances report higher levels of stigma and they also report lower levels of spirituality
### ROAH Sexual Behaviors 3MOS

#### Number of sexual partners

<table>
<thead>
<tr>
<th>Number of Sexual Partners</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sexual partners</td>
<td>43.3</td>
</tr>
<tr>
<td>One sexual partner</td>
<td>43.4</td>
</tr>
<tr>
<td>More than one sexual partner</td>
<td>13.3</td>
</tr>
</tbody>
</table>

#### Sexual activity in the last 3 months

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No sexual activity</td>
<td>49.8</td>
</tr>
<tr>
<td>Oral sex</td>
<td>41.4</td>
</tr>
<tr>
<td>Vaginal sex</td>
<td>30.1</td>
</tr>
<tr>
<td>Anal sex</td>
<td>19.5</td>
</tr>
</tbody>
</table>
ROAH: First Data Risk Behavior in Older Adults

- Substance use impact - Significant
- Viagra and other ED Drugs Impact - None
- Of those who are sexually active
  16% engaged in high risk sexual behavior in the last 3 months
Prevention for Positives

Do you receive HIV prevention information?

- Yes: 99%
- No: 1%

Does prevention information target older adults?

- Yes: 43%
- No: 57%
Sexual Behaviors among HIV Positive Men over 50

David S. Bimbi, Ph.D\textsuperscript{1} Julia Tomassilli, MA\textsuperscript{1,2} Jeffrey T. Parsons, Ph.D.

Stephen E. Karpiak, PhD \textsuperscript{4} R. Andrew Shippy, MA.

\textsuperscript{1} Center for HIV/AIDS Educational Studies and Training (CHEST) @ Hunter College, City University of New York
\textsuperscript{2} Graduate Center of the City University of New York
\textsuperscript{3} Hunter College of the City University of New York
\textsuperscript{4} AIDS Community Research Initiative of America (ACRIA)

Presentation given at the CDC 2007 National HIV Prevention Conference
Atlanta, GA, December 2007
New York City $1 Million HIV Older Adults Initiative

- Target older adults service providers
- Technical assistance program
- Partnership with agencies serving older adults
- Create possibilities for networking between local HIV service providers and older adult serving agencies
- Change of knowledge, attitudes and beliefs
- Stigma of older adults (at risk and living with HIV)
- Tailored service integration
- Mainstreaming HIV/older adult services
Today 70% of NYC residents living with HIV/AIDS are over 40 and 49% are over age 50.

The Greying of HIV

FREE TRAINING
For State Service and Healthcare Providers and Peer Educators

This growing population of older adults with HIV is often isolated and depressed, facing the double stigma of HIV and aging. As they age, they may be cut off from the services they need. Older adults rarely hear about HIV, and even more rarely about how they can protect themselves.

The AIDS Community Research Initiative of America (ACRIA) and the Council of Senior Citizens and Services (CSS) are offering a citywide HIV training program funded by the New York City Council. These free trainings will help social service providers address HIV prevention issues and understand better the needs of older adults with HIV.

For info: Karol Mee, Council of Senior Citizens and Services (212) 398

Think you’re too old for HIV?

Think again.
One in every six new cases in NYC is found in people over 50.

HIV doesn’t care how old you are...

More than 2 out of 3 people living with HIV in NYC are over 40, and 1 in 3 are over age 50.

Stop HIV/AIDS

For info: Carol Meier, New York City Council (212) 398

Some say HIV’s only for young folks.

You’ve lived too long to believe that nonsense.
Get tested for HIV.

Funded in whole by the New York City Department of Health and Mental Hygiene, the New York City Council Older Adults Initiative, the umbrella for the trainings being offered, is the result of a collaboration of the City Council Committee on Aging, Maria del Carmen Arroyo, Chair, and the City Council Committee on Health, Joel Rivera, Chair.
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acria
AIDS COMMUNITY RESEARCH INITIATIVE OF AMERICA
www.acria.org

CSGC
COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.
www.cscs-ny.org
ACRIA’s HIV Older Adults Booklet

older adults and HIV

ancianos y VIH
ACRIA

AIDS Community Research Initiative of America
230 W 38th St NYC
www.acria.org

ROAH
Research on Older Adults with HIV
skarpiak@acria.org