

Title: Impact of Age on Retention in HIV Care for Women of Color in Brooklyn

Names of Presenters: Jeffrey M. Birnbaum, MD, MPH, Executive Director HEAT Program, SUNY Downstate Medical Center, Betsy Eastwood, PhD, CUNY School of Public Health and Brooklyn College, Jennifer E. Lee, MPH, Deputy Executive Director of the HEAT Program

Background: Women of color in the United States share a disproportionate burden of HIV infection compared to other population groups. Women have significant challenges in remaining in consistent care. Surprisingly, little has been written comparing the experiences of younger and older HIV+ women to examine the salient factors affecting engagement and retention in HIV care. Age considerations are important because women have varied 'life tasks' such as relationship formation, having children, education, and behavioral exposure to HIV risks.

Objectives: In 2009, the Health Resources and Services Administration's 'Enhancing Medical Care for HIV+ Women of Color' through the Special Projects of National Significance funded the HEAT Program at Downstate Medical Center for five years (2009-2014). This workshop will present findings from a cohort of HIV+ women enrolled in this nationally funded study and the analysis compares women of childbearing ages 18-24, 25-34, and 35-44 whom we hypothesized had different age-related needs.

Methods: SPNS included 6 urban and 4 rural sites around the US. The Brooklyn site included four locations: the HEAT program; Brooklyn Hospital; Interfaith Hospital; and HousingWorks. Women were enrolled between November 2010 - March 2013. Interviews were conducted by peer outreach workers and included socio-demographic, self-reported health (CDC HR QOL-14), barriers to care, health and gynecological history, current HIV medication status, and AIDS diagnosis.

Results: Nationally, 921 women were enrolled, of whom 548 women were <45 years of age: 85 (15.5%) were 18-24 years of age, 191 between ages 25-34 (34.9%), and 272 between ages 35-44(49.5%). There were 67% African Diaspora and almost all of the other were Latina. Fifty four percent had not received HIV care in the last six months, and 41.2% (N=226) were on ART; 83 (15.5%) had an AIDS diagnosis. Nearly one-third were unstably housed (N=175, 31.9%), and 27.8% (N=151) domestic violence. More than 70% reported mental distress: worried; feeling sad or blue; and depressed. The three age groups showed increasing amount of substance or sexual risk behavior (2%, 7% and 13%, respectively). All three groups report about the same high number of barriers(~11-12/30 total barriers). Pain was highly prevalent, significantly increasing by age: 24%, 38%, 49% respectively. Similarly, there were increases in illnesses and gynecological diseases by age, and use of ART was associated with age (26%, 41%, 46%). Only 32% of women reported knowing their CD4 count and 19% reported knowing their VL.

Conclusions: Among women of childbearing age, there were age differences in HIV-related health and mental health, and disease burden. HIV care must address engagement based on needs across the life-course. Low health education among all ages points to the need for more education about HIV in order to optimize health and bridge gaps along the HIV Care Continuum.