Women over 50-HIV/AIDS and Hepatitis

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PRESENTERS

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WORKSHOP AGENDA

1) Introduction/Overview
2) Objectives
3) Data - Women over 50: HIV/AIDS & hepatitis
4) Challenges/Barriers
5) Best practices/Lessons learned
6) Recommendations
7) Key Messages
PURPOSE

Data suggest an increased need for targeted HIV prevention messages and HIV & hepatitis testing strategies among women over 50. It is reported that older women are more likely to be diagnosed with HIV infection late in the course of their disease than younger women.
OBJECTIVES

1) Provide a brief overview of HIV/AIDS and hepatitis data among women over 50;
2) Engage in didactic discussion regarding HIV prevention messages and HIV testing strategies targeting women over 50;
3) Discuss the importance of increasing women’s knowledge of their HIV and hepatitis status to optimize future health outcomes;
OBJECTIVES

4) Discuss barriers and challenges for women over 50;
5) Share best practices and lessons learned from implementing HIV prevention and testing efforts among women over 50;
OBJECTIVES

6) Discuss fundamental strategies and future recommendations for women over 50 that further demonstrate the need for targeted HIV prevention messages and increased access to HIV and hepatitis testing.
DATA

HIV/AIDS and Hepatitis C Among Women Over Age 50 in Florida
TODAY’S DATA ANALYSIS

All epidemics are local. State data are more relevant than national data for community planning. Today’s analysis can be a model for other states wanting to develop an HIV/AIDS epi profile for women over age 50.

We have analyzed detailed HIV/AIDS data for a single state, Florida, whose data we can readily access. We do this because these detailed data are not readily available at the national level for HIV/AIDS. (Surveillance for hepatitis C is spotty, with many states not reporting cases at all – basic data by sex and by age are presented here.)
DATA-CAVEAT

The Florida experience is not necessarily representative of the experience of the other states.

We cannot generalize from this one state’s data.

However, there is reason to suspect that the overall epi profile and trends in the national HIV/AIDS data might be fairly similar to those in Florida.
Figure 1

Number of WOMEN Living with HIV Disease, By Current Age, Through the End of Year, 2002-2012, Florida

[Graph showing the number of women living with HIV disease by current age, through the end of year, 2002-2012 in Florida.]
Figure 2
Percentage of WOMEN Living with HIV Disease,
By Current Age Group,*
Through 2002 and 2012, Florida

2002
Women
N=14,672

<table>
<thead>
<tr>
<th>Age Group</th>
<th>13-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>2</td>
<td>14</td>
<td>34</td>
<td>32</td>
<td>16</td>
</tr>
</tbody>
</table>

2012
Women
N=29,083

<table>
<thead>
<tr>
<th>Age Group</th>
<th>13-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>2</td>
<td>10</td>
<td>22</td>
<td>33</td>
<td>34</td>
</tr>
</tbody>
</table>

*The data provide evidence that the epidemic among women is aging up.
Table 1

HIV/AIDS Prevalence Rate Per 100,000 Population* Among Women Aged 50+ Years (Current Age by Year) Florida, 2002 and 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>No. Cases</th>
<th>Population</th>
<th>Rate Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2,356</td>
<td>3,146,493</td>
<td>74.9</td>
</tr>
<tr>
<td>2012</td>
<td>10,784</td>
<td>3,881,270</td>
<td>277.8</td>
</tr>
</tbody>
</table>

*The prevalence rate reflects the impact of HIV/AIDS on the population. It equals the number of cases divided by the population times 100,000. The rate among women aged 50+ in 2012 was 3.7 times that in 2002.

A “prevalent” case is a person living with HIV disease.
Figure 3: 2002
Women Living with HIV Disease, By Current Age Group and Race/Ethnicity*
Reported through 2002 (N=14,672), Florida

*Racial/ethnic disparities are evident in the data for 2002.
Figure 4: 2012
Women Living with HIV Disease, By Current Age Group and Race/Ethnicity*
Reported through 2012 (N=29,083), Florida

*Racial/ethnic disparities for black women were far greater in 2012 than in 2002.
Table 2
HIV/AIDS Deaths Among Women
By Age at Diagnosis and Age at Death, Florida, 2012

No. Deaths Among Women in 2012 (N=528), Florida*

<table>
<thead>
<tr>
<th>Age at Diagnosis</th>
<th>13-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-19</td>
<td>0</td>
<td>10</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>20-29</td>
<td>0</td>
<td>7</td>
<td>63</td>
<td>48</td>
<td>4</td>
<td>122</td>
</tr>
<tr>
<td>30-39</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>69</td>
<td>48</td>
<td>135</td>
</tr>
<tr>
<td>40-49</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>34</td>
<td>102</td>
<td>136</td>
</tr>
<tr>
<td>50+</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>107</td>
<td>107</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>17</td>
<td>98</td>
<td>152</td>
<td>261</td>
<td>528</td>
</tr>
</tbody>
</table>

*The total number of deaths among all women in 2012 (N=528) was 34% lower than in 2002 (N=806). However, among women 50+, the total number of deaths in 2012 (N=261) was 33% higher than in 2002 (N=196). (Data for 2002 not shown.)
### Table 3
**Reported Chronic Hepatitis C Cases By Sex and By Age, Florida, 2012**

#### Number

<table>
<thead>
<tr>
<th>Sex</th>
<th>Cases</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>9,726</td>
<td>42%</td>
</tr>
<tr>
<td>Male</td>
<td>13,416</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,142</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

#### Number

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>4,279</td>
<td>18%</td>
</tr>
<tr>
<td>30-39</td>
<td>2,913</td>
<td>13%</td>
</tr>
<tr>
<td>40-49</td>
<td>3,779</td>
<td>16%</td>
</tr>
<tr>
<td>50+</td>
<td>12,221</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,192</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: ESSENCE Database, Florida Department of Health, 03/29/2013
<table>
<thead>
<tr>
<th>Age</th>
<th>No. Tested</th>
<th>No. Positive</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>17,132</td>
<td>355</td>
<td>2.1%</td>
</tr>
<tr>
<td>30-39</td>
<td>18,966</td>
<td>407</td>
<td>2.1%</td>
</tr>
<tr>
<td>40-49</td>
<td>22,469</td>
<td>1,328</td>
<td>5.9%</td>
</tr>
<tr>
<td>50+</td>
<td>51,008</td>
<td>3,918</td>
<td>7.7%</td>
</tr>
<tr>
<td>Total</td>
<td>109,575</td>
<td>6,008</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>No. Tested</th>
<th>No. Positive</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>59,347</td>
<td>2,534</td>
<td>4.3%</td>
</tr>
<tr>
<td>Male</td>
<td>50,225</td>
<td>3,474</td>
<td>6.9%</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>109,575</td>
<td>6,008</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

BARRIERS/CHALLENGES
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- Women over 50 lack an awareness of HIV/AIDS and its impact on older adults.
- Women over 50 may not think they are at risk for HIV; therefore, they see no need to get tested.
- The lack of accessible HIV testing services for women over 50 is a barrier.
BARRIERS/CHALLENGES

- Misdiagnosis in women over 50
- Late HIV diagnosis in women over 50
- Late entry into health care
- Complexities involved in managing HIV and other comorbidities, such as hepatitis co-infection, diabetes, hypertension, post-menopause, GYN issues, cancer, cognitive impairment and depression
BARRIERS/CHALLENGES

- Linking newly diagnosed women over 50 into medical treatment and care
- Maintaining these women in medical care and treatment
- Educating women over age 50 on treatment and adherence as prevention
BARRIERS/CHALLENGES

- Funding
- Stigma

“I will die before I go to XYZ clinic. I grew up in that neighborhood. They know me from church. Some of my soros [sic] work there. I can’t. I just can’t go there.”

Quote taken from a newly-diagnosed Black woman over 50
LESSONS LEARNED
LESSONS LEARNED

- Providers do not consider “older women” to be at risk for HIV infection which leads to them being diagnosed late in the disease.
  - HIV testing and counseling should be offered as a routine part of care.
- Delays in diagnosis and treatment of HIV in women over 50 leads to poorer outcomes, including lower baseline CD4 counts, and increased mortality from AIDS-related illness.
LESSONS LEARNED

- HIV and aging services can be a barrier to care for women over 50.
- HIV stigma remains a barrier for HIV positive women over 50 who are not in care.
LESSONS LEARNED

- Limitations with HIV research or Aging with the disease
- Limited information about drug interactions and managing HIV among older adults
BEST PRACTICES
BEST PRACTICES

- Created a “collaborative care team” to include HIV specialist; geriatrician; GYN, NPs’ social worker, medical case manager; who managed all of the medical and psychosocial aspects of the women once she was engaged in care.
- Established relationships with other healthcare institutions which is critical when addressing the medical needs of HIV positive women over 50.
BEST PRACTICES

- Conducted assessments and screenings on other related issues that affect women (i.e.): domestic violence; substance abuse/use and mental health.
- Using a coordinated comprehensive system of care model (Part D programs) helps to retain women in care.
  - A large majority of HIV positive women over 50 are receiving their care through Ryan White Part D.
RECOMMENDATIONS
RECOMMENDATIONS-DATA

- Increased need for consistent data reporting among women over 50 (i.e., states and US)
- Sharing data and other relevant findings of women over 50 as they are aging and the complex management of their HIV disease
RECOMMENDATIONS-BARRIERS/CHALLENGES

- Educate and learn more about older women and HIV while raising awareness and bringing to light the complex issues of aging with HIV
- Examine the issue of redefining “risk” for women over 50
RECOMMENDATIONS-BARRIERS/CHALLENGES

- Routinize HIV testing-13 yrs. to 64 yrs. of age
- Engage older women and educate them on the HIV prevention basics: How to use a condom and how to negotiate condom use with their partner
- Engage and empower HIV + women over 50 to understand and advocate for their healthcare and identify unique needs
RECOMMENDATIONS-BARRIERS/CHALLENGES

- Develop benchmarks for women over 50 which look at the process of aging and the complex management of HIV disease.
- Ensure adequate funding for programs for women over 50
RECOMMENDATIONS-LEssonS LEARNED

- Develop models and strategies that can be further explored to recruit and retain this growing population of women in care.
- Use statistics from recent Part D survey (by age group) to help identify and document how Part D can fill or meet the unique needs of HIV women over 50.
- Need to tie in other federal partners to highlight the unique needs of women. Needs to be a cross federal effort.
RECOMMENDATIONS-BEST PRACTICES

- Increase education and training of HIV/AIDS and hepatitis medical care providers to prepare for the “collaborative care team model”
- Implement a multidisciplinary medical team approach or strategy to meet the unique needs of women over 50
RECOMMENDATIONS-BEST PRACTICES

- Training medical providers to be proactive in discussing sexual health, substance use and issues related to mental illness with women over 50 and engaged in care.
- Conduct survey of larger community to gain broader view of the issues affecting women and identify gaps/needs among HIV women over 50.
KEY MESSAGES
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- Research
  - There is a great need to not only maintain, but increase NIH-targeted research on HIV and aging and examining the unique needs of women over 50
  - Increased need for multi-drug trials for those with resistance to classes of existing HIV meds, specifically for women over 50
KEY MESSAGES

- Prevention
  - Increased need for targeted prevention messaging among older women; more specifically, relatable and recognizable for older women
  - Improving the rates of testing among older women
  - Supporting provider and public awareness and education campaigns (i.e. NHAAAD)
KEY MESSAGES

- Prevention
  - Include the faith community when reaching older, mature women
  - Include Part D networks-reach out to prepare messages, create E-learning opportunities
KEY MESSAGES

- Care/Treatment
  - Adequate funding and support for programs serving women over 50
  - Increased need for demonstration projects and other trainings, technical assistance, and capacity building targeting HIV and aging service providers
KEY MESSAGES

- Care/Treatment
  - Examine the care continuum or treatment cascade—what are the numbers for women over 50? Is it different based on geography?
  - Examine points of contact within care and prevention-to address a comprehensive approach
Q & A
2013 USCA SESSION EVALUATION

http://goo.gl/lw1Fb3
PRESENTATIONS

All presentations will be available online at:
http://www.theaidsinstitute.org/USCA2013
THANK YOU

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