



HIV and Aging

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Austin LGBT Coalition on Aging

- Formed in 2016 as a part of the effort to provide community input to Austin's Age-Friendly Plan
- Purpose: Improving the condition of the LGBT aging community through advocacy, education and programs and services.
- Website: ALGBTQCOA.org

Why We're Here

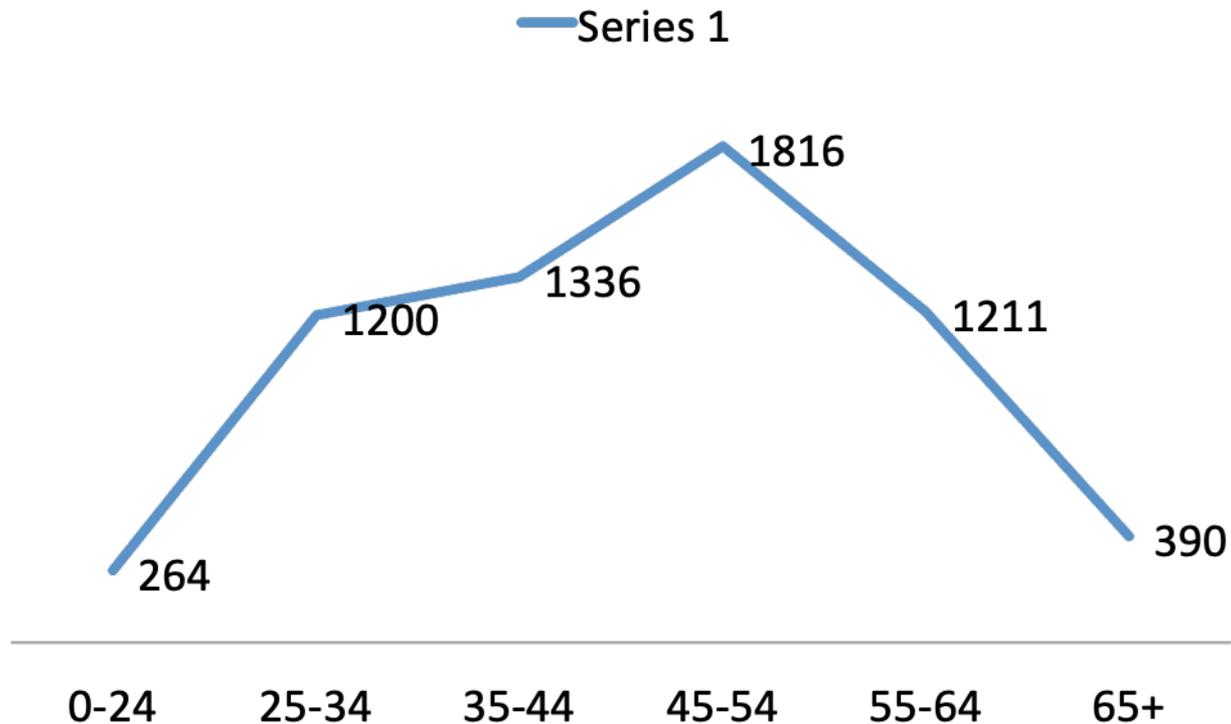
- Present to you some information and trends on HIV and Aging
- Encourage a conversation about the future of HIV+ individuals as they age in Austin

Demographics

- Austin area is aging
- So is the HIV+ population
- Age Groups:
 - 0-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+

Individuals living with HIV in the Austin area who knew their status in 2017

HIV+ by age group



HIV+ Population Primary Concerns

 Medical Care

 Medications

 Housing

 Social Isolation

 Income

Medical Care

- Recent study of 180 HIV+ individuals over 50+ years found an average of 3.4 simultaneous medical conditions (comorbidities)
- People living with HIV accumulate “age related” diseases at a younger age including cancers and coronary artery diseases
- They may also experience increases in cognitive level impairment earlier

Medical Care

- The National Center for Innovation in HIV Care cites a “lack of cultural competency”
- AARP survey found “significant concern” within the LGBT community with regard to healthcare
- Population will be aging into Medicare
- Have a higher rate of substance abuse

Medications

- Comorbidities may entail multiple physicians increasing the risk of medication interactions (polypharmacy).
- Multiple medications may also necessitate changes to minimize toxicities
- Drug price increases – on average 62% in the five years between 2011-2016

Housing

Senior Living/Aging In Place

- “Every day I worry about where I’m going to be living.”
- AARP reports that on average 68% of LGBT 45+ respondents are somewhat to very concerned about neglect, 63% somewhat to very concerned about abuse
- Recent study found that within 10 years more than half of middle-income seniors won’t be able to afford senior housing

Housing – Aging in Place

- Austin's rising property values increases tax burden, rents, making it more difficult to age in place
- 80% of long-term care provided by family members; LGBT seniors twice as likely to be single, three to four times more likely to be without children
- 76% of LGBT participants in AARP survey concerned about having adequate family/social support to rely on as they age
- Result: disproportionate dependence on senior services

Social Isolation

- “associated with a reduction in life span similar to that caused by smoking 15 cigarettes a day and even greater than that associated with obesity” Vivek Murthy, former Surgeon General
- Cumulative impact of a lifetime of repression

Social Isolation

- Multiple Stigmas – ageism, sexual orientation, HIV+, race
- Black and Latino LGBT Americans are more concerned about multiple forms of discrimination as they age
- Reluctant to participate in community/access available services including medical care

Strengths

- “Many older adults with HIV exhibit a great deal of resiliency”
- More likely to adhere to their medications than younger individuals
- Include the advocates responsible for today’s HIV/AIDS treatment infrastructure

Strengths

- “We’ve been here before, we know we can’t assume “others” are going to take care of this. We also know we can do it – just need to roll up our sleeves and get at it.” participant at LGBT Coalition on Aging focus group

Conclusion

- Challenges: living longer; comorbidities; polypharmacy; limited resources; limited support systems; multiple stigmas
- Solutions: ?

Resources

- “Community Conversations: LGBTQ Aging in Austin”, April 2016
- Austin Area Epidemiological Profile, HIV Planning Council, 2019
- “Strategies to Improve the Health of Older Adults Living with HIV”, National Center for Innovation in HIV Care, May 2016
- “Maintaining Dignity”, AARP, March 2018
- LGBT Older Adults: Facts at a Glance.www.sageusa.org
- “The Forgotten Middle” Health Affairs, May 2019
- “Is Loneliness a Health Epidemic” NYT Feb 11, 2018