

# Clinical Care Priorities and Service Needs Among People Aging with HIV in the Bronx, NY

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## BACKGROUND

- As people with HIV age, new models of care are required to address age-associated comorbidities and geriatric syndromes
- The purpose of this study is to explore the care priorities and service needs of older people living with HIV (OPLWH) to inform the development of an integrated geriatric-HIV model of care

## METHODS

**Setting:** Specialty HIV clinic in the Bronx, NY

**Participants:** PLWH age ≥52 in care, priority groups of:

- men who have sex with men (MSM), 17% (N=14)
- transgender women, 5% (N=4)
- cisgender women, 16% (N=13)
- people who inject drugs (PWID), 20% (N=17)
- cisgender heterosexual (cis-het) men, 16% (N=13)

**Study Design:**

- Surveys (n=61), interviews (n=18) and focus group discussions (n= 3) completed from 5/21 -2/2022
- Validated scales assessed 4 outcomes:
  - Disability/Independence:** Lawton Instrumental Activities of Daily Living (IADL)<sup>1</sup>
  - Social support:** Lubben Social Network Scale-6 (LSNS-6)<sup>2</sup>
  - Loneliness:** UCLA Loneliness Scale (UCLA-3)<sup>3</sup>
  - Attitudes towards aging:** Philadelphia Geriatric Center Morale Scale (PGCMS) attitudes towards aging subscale<sup>4</sup>

- Participants additionally rated the importance of access to aging- related services for OPLWH
- Interview guides utilized the Geriatric 5Ms model<sup>5</sup> to guide the interviews and focus groups

**Data Analysis:**

- Descriptive statistics were performed to evaluate the frequency of the 4 main outcomes, both overall and by priority group
- Following a sequential mixed method model, analytic memos and framework analysis were used to interpret the quantitative results

## RESULTS

Table 1. Sociodemographic characteristics % (n=61)

<b>Median age</b>	63 (52-66)
<b>Race/Ethnicity</b>	
Black	56% (34)
Latinx/Hispanic	33% (20)
White	7% (4)
Other race/decline	6% (4)
<b>Duration of HIV Diagnosis</b>	
≤10 years	12% (7)
11-20 years	18% (11)
>20 years	71% (43)
<b>Current antiretroviral therapy</b>	100% (61)

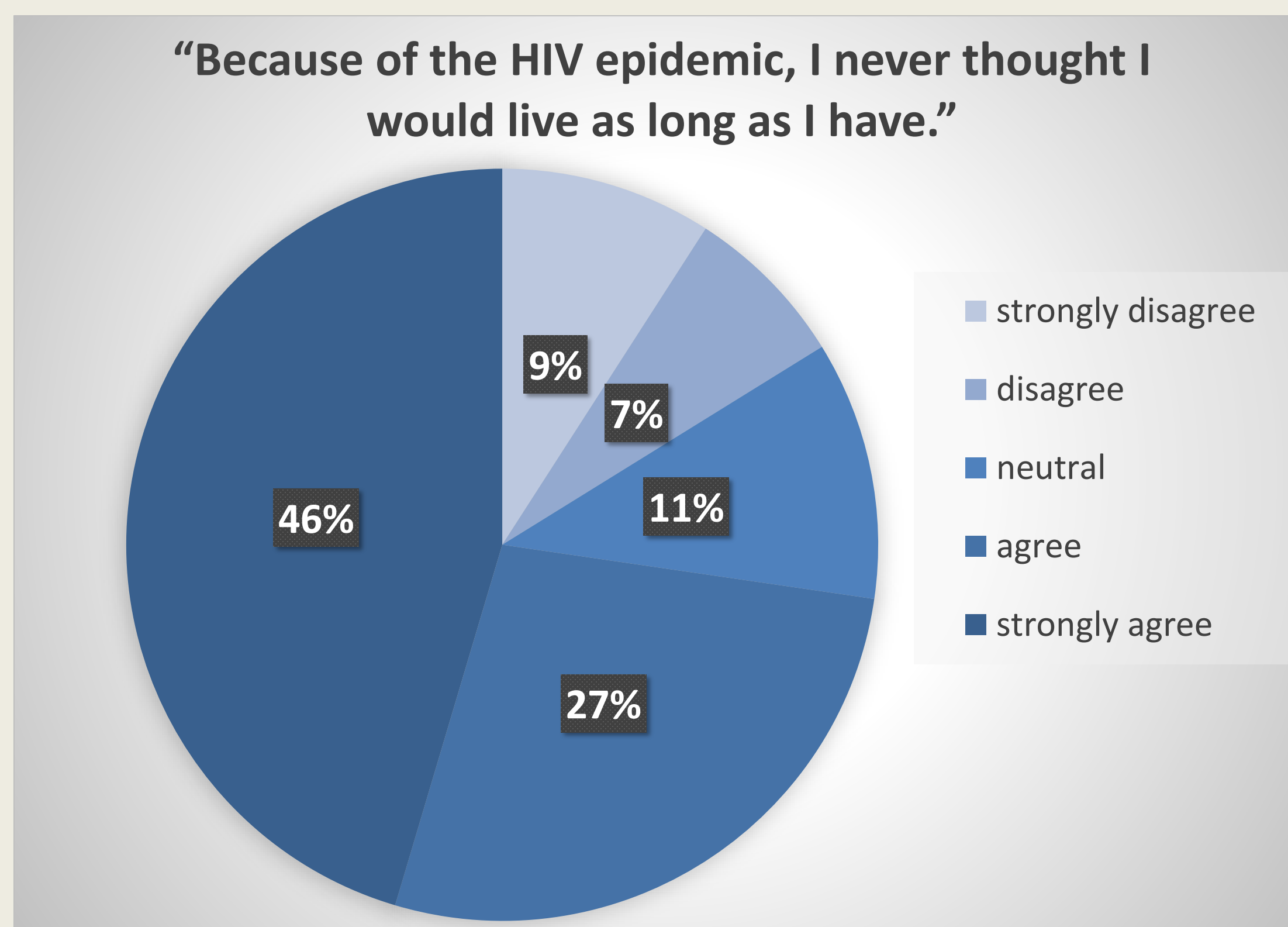
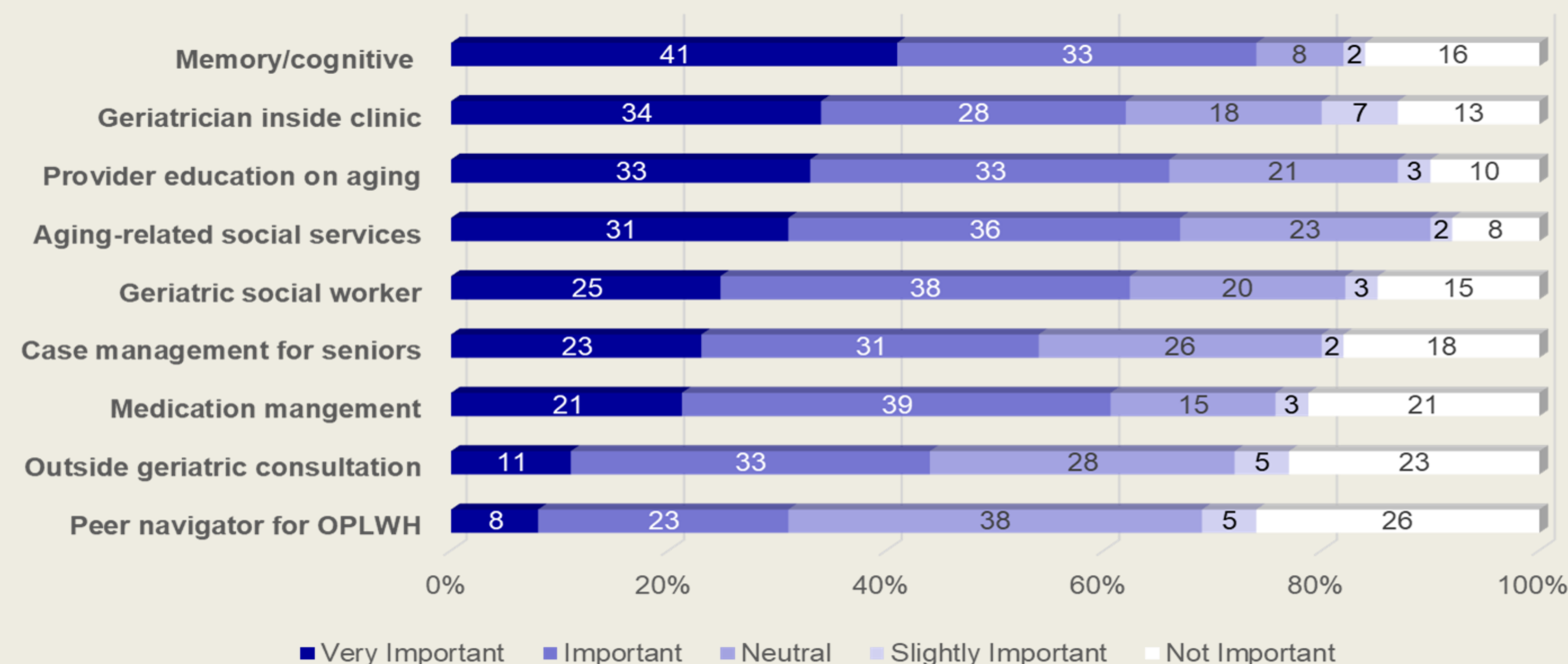


Table 2. Integrated mixed-method results of current patient perspectives

Outcome	Survey	Qualitative Findings
<b>Independence</b>	<b>53% required assistance in one or more IADL domain</b>	<ul style="list-style-type: none"> <li>High level of self-reliance reported</li> <li><i>I have children, but I'm still living alone here in New York, so the more independent I can be is very valuable. I strive for that independence every day. (65 years old, Black, MSM)</i></li> </ul>
<b>Social support</b>	<b>52% were socially isolated</b>  Greater social isolation among MSM (71%), trans women (50%) and PWID (59%), than cis women (31%) and cis-het men (42%)	<ul style="list-style-type: none"> <li>Most participants describe their preference for minimal socialization</li> <li><i>I'm what they call a loner, so I don't socialize too much. I stay to myself, and I've been relying on myself all my life. You can't trust the system if it's not working for you. (65 years old, male, Black, PWID)</i></li> </ul>
<b>Loneliness</b>	<b>25% reported loneliness</b>  Greater loneliness reported among trans women (50%) and PWID (41%), than MSM (21%), cis-het men (15%) and cis women (8%)	<ul style="list-style-type: none"> <li>“Loner” designation did not always have a negative connotation</li> <li><i>I can be alone. I prefer it rather than having a whole lot of people around yapping different points of view and all that kind of stuff. (65 years old, Black, MSM)</i></li> </ul>
<b>Attitudes towards aging</b>	<b>Low morale in attitudes towards aging (PGMS subscale ≤2)</b>  MSM, cis-het men and trans women had a higher composite scale than average (PGMS subscale: 3)	<ul style="list-style-type: none"> <li>Participants emphasized concerns about functional decline, loss of independence, and memory impairment, as well as desire for greater connectedness</li> </ul>
<b>Priority services</b>	Shown in <b>Figure 2</b>	<ul style="list-style-type: none"> <li>OPLWH also recommended offering affinity groups, additional mental health services, and increased engagement and input by OPLWH in program development for aging- related services</li> </ul>

Figure 2. Patient-Reported Priority Services



## CONCLUSIONS

- Loneliness and social isolation are key challenges facing OPLWH, and differ by gender and sexual orientation
- Improved access to services and therapeutics for cognitive and functional decline are identified as priorities by OPLWH
- Innovative models of care for aging PLWH must address these challenges with the input of OPLWH

## References

- Lawton MP & Brody EM. *The Gerontologist*. 1969; 9(3), 179-186.
- Lubben J et al. *Gerontologist*. 2006;46(4):503-513. doi:10.1093/geront/46.4.503
- Hughes ME et al. *Res Aging*. 2004;26(6):655-672. doi:10.1177/0164027504268574
- Lawton MP. *J Gerontol*. 1975;30(1):85-89. doi:10.1093/geronj/30.1.85
- Tinetti M, et al. *J Am Geriatr Soc*. 2017;65(9):2115-2115. doi:10.1111/jgs.14979