

PLWH over 50 in the Boston Eligible Metropolitan Area

Additional Analyses from the Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study

SUMMARY REPORT

INTRODUCTION

In 2009, JSI Research and Training Institute (JSI) conducted a comprehensive service needs assessment of people living with HIV/AIDS (PLWH) for the Massachusetts Department of Public Health (MDPH) Office of HIV/AIDS and the Boston Public Health Commission (BPHC) HIV/AIDS Services Division. The study was based on a survey that included a broad range of questions to assess the need for and barriers to services, experiences living with HIV/AIDS, quality of life, stigma, and self-sufficiency.

Initial analyses of the data indicated that a large proportion (46%) of survey respondents were age 50 years or older. Because effective treatments have enabled PLWH to live longer, JSI researchers and BPHC staff, as well as members of the Boston EMA HIV Health Services Planning Council, were interested in exploring differences between younger and older respondents, focusing specifically on PLWH over 50. Together, JSI and BPHC developed seven hypotheses (listed below) and analyzed the survey data to test them. This paper reports the results of this analysis.

JSI and BPHC hypothesized that when compared to PLWH under 50, those who were over 50:

1. Needed different services
2. Experienced different barriers to services
3. Experienced more co-morbidities and/or health issues
4. Had a higher prevalence of mental health and substance use issues
5. Had more difficulty with adherence to anti-retroviral medications
6. Experienced more HIV-related stigma
7. Were less likely to have had discussions with their service providers about sexual health, mental health, or substance abuse issues

METHODS

The study's primary method of data collection was a two-part survey. Phase I was distributed by mail and included questions about service needs and barriers, as well as key demographics. A \$3 up-front gift card incentive was included in the mailing. Phase II was a longer survey that could be taken online, by phone, or by mail. Only those who responded to the Phase I survey were eligible for the longer Phase II survey. A \$25 gift card was offered as incentive to take the Phase II survey. Both surveys were available in four languages – English, Spanish, Portuguese, and Haitian-Creole.

HIV case management programs and the Massachusetts HIV Drug Assistance Program (HDAP) mailed surveys to a random sample of their clients, including only those who had agreed to receive mail from the programs and were at least 18 years of age. To ensure that the sample was representative of the state and the Boston Eligible Metropolitan Area (EMA), providers in western Massachusetts were asked to sample at a higher rate than those in eastern Massachusetts, and providers in New Hampshire were

asked to send surveys to all of their clients. To capture responses from homeless PLWH or those without a permanent address, JSI staff met with clients of the Boston Health Care for the Homeless Program and administered the survey to those who were willing to participate. To reach PLWH who were not in care, HIV peer support programs were asked to distribute surveys to any clients that may not have been in care. For more details on the methods of this study, see the *Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study Final Report*.

A total of 5,060 Phase I surveys were distributed and 1,791 were completed and returned; 1,339 lived within the Boston EMA. Of the 1,791 who completed the Phase I survey, 1,528 volunteered to take the longer, Phase II survey, and 1,066 were completed and returned; 763 of lived in the Boston EMA. Complete details on the survey samples, including extensive demographic data, are described in the *Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study Final Report*.

Analyses were conducted in SAS version 9.1 (SAS Institute, Inc., Cary NC). Proportions were calculated for categorical variables and stratified by age of respondent (under 50 years vs. 50 years and over). Differences between proportions were tested using Chi-Square statistics. A p-value less than 0.05 was considered indicative of a statistically significant difference.

All of the results presented in this report represent statistically significant differences ($p < .05$) between PLWH under 50 and those 50 and older, unless otherwise noted.

Investigators were also interested in whether time since HIV diagnosis was a factor in determining the differences between age groups. If those under 50 were diagnosed more recently and/or those 50 years or older were diagnosed many years ago, their experiences could be very different, not only because of their age, but also because of the length of time they had been living with HIV/AIDS and/or receiving services. Additional analyses were conducted to restrict the sample to those diagnosed more than ten years prior to the survey to assess whether there were significant differences between age groups even when both had been accessing services and living with HIV for more than ten years. Fifty-four percent of those younger than 50 years of age were diagnosed more than ten years ago, compared to 76% of those 50 and older (significant at $p < 0.05$). Footnotes indicate where differences between age groups were no longer statistically significant after controlling for time since diagnosis.

RESULTS

Demographics

Table 1 highlights significant differences between those under age 50 and those 50 and older for several demographic variables, including gender, place of birth, sexual orientation, and socio-economic status, as well as HIV transmission risk and time since diagnosis. The group of PLWH 50 or older were more likely to have been male, born in the US, reported intravenous drug use (IDU) as transmission risk, and diagnosed with HIV more than ten years prior to the survey. Seventy-one percent of those 50 and older were male and 57% were White non-Hispanic (see Figure 1). Those under 50 were more likely to have been living in poverty, report bisexual orientation, and heterosexual risk for transmission.

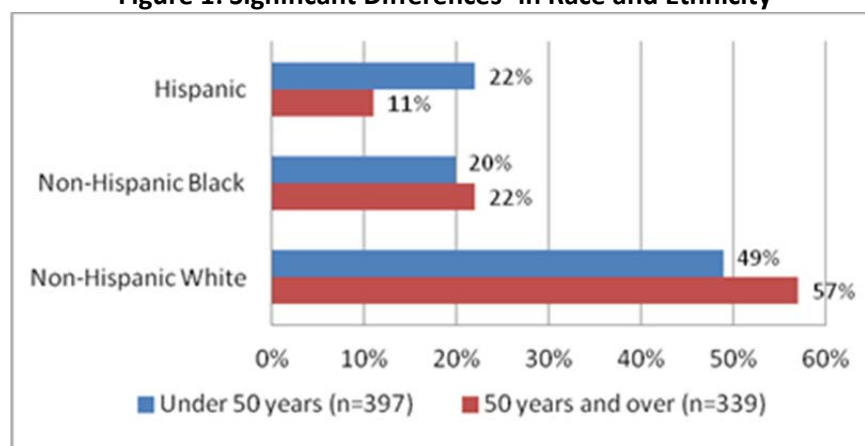
When the analysis was restricted to include only those diagnosed more than ten years prior to the survey, the difference by place of birth and any IDU risk were no longer statistically significant between the two age groups.

Table 1: Significant Differences in Respondent Demographics

	Under 50 years	50 years and older
Gender	(n=382)	(n=332)
Male	62%	71%
Place of Birth¹	(n=390)	(n=333)
Born in U.S./Puerto Rico/territories	87%	93%
Sexual Orientation	(n=387)	(n=330)
Straight (heterosexual)	49%	52%
Gay/Lesbian (homosexual)	41%	44%
Bisexual	11%	4%
HIV Transmission Risk	(n=393)	(n=332)
Heterosexual risk	37%	30%
Any IDU risk ¹	21%	28%
Poverty Status	(n=395)	(n=339)
At or below federal poverty level	46%	32%
Time since diagnosis	(n=375)	(n=328)
More than 10 years prior to survey	54%	76%

¹Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, differences were no longer significant.

There were also significant differences in the two age groups based on race and ethnicity, as shown in Figure 1. A greater proportion of those under age 50 reported Hispanic ethnicity, and a lower proportion reported White (non-Hispanic) race. When results were restricted to those diagnosed more than ten years prior to the survey, age by Hispanic ethnicity remained significantly different.

Figure 1: Significant Differences¹ in Race and Ethnicity

¹For all categories shown in Figure 1, differences between age groups are significant at the 0.05 level with the entire sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, only Hispanic ethnicity remained significant.

Services

As part of the assessment of HIV service needs, survey respondents were asked to indicate whether or not they had needed and used 19 HIV-related services in the prior six months. As shown in Table 2, those 50 years and older were significantly more likely to need and use help paying for and getting drugs for HIV/AIDS and related health issues. This difference remained significant after restricting the analysis by length of time since diagnosis.

Respondents were also asked if there were any services that they “needed, but couldn’t get” in the six months prior to the survey. There were significant differences between age groups for many of these services, and those 50 and older were less likely to report that they needed but could not get a service. However, after restricting the analyses to those diagnosed with HIV greater than ten years ago, only (1) help paying for or getting drugs for HIV/AIDS and related health issues and (2) services that help deal with immigration status remained significantly different by age.

Those 50 and older were significantly less likely to experience barriers to certain services, as shown in Table 2, including help getting benefits, help finding a place to live, help understanding and planning for nutrition needs, and help finding and keeping a job. However, these barriers did not significantly differ by age after restricting the analysis by length of time since diagnosis.

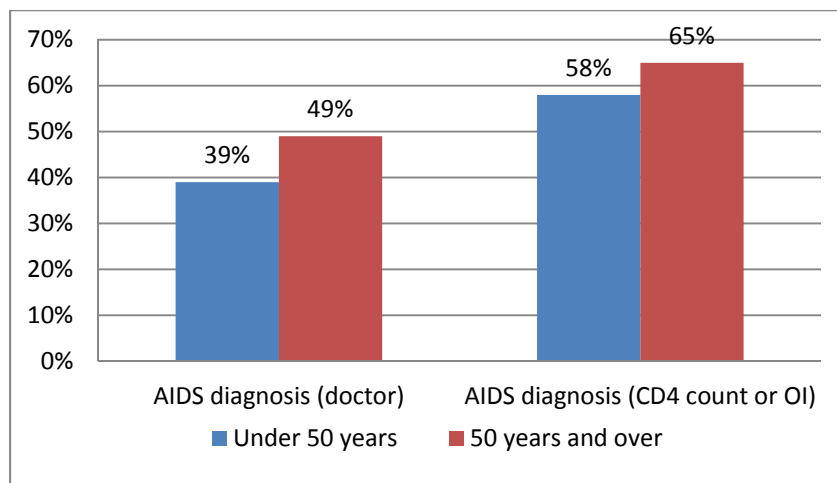
Table 2: Significant Differences in Services

	PLWH Under Age 50 (n=397)	PLWH Age 50 and Over (n=339)
Services Needed and Used		
Help paying for or getting drugs for HIV/AIDS and related health issues	82%	90%
Services Needed but Couldn't Get		
Help getting benefits ¹	11%	5%
Help paying for or getting drugs for HIV/AIDS and related health issues	7%	2%
Services that help deal with alcohol and/or drug use ¹	8%	3%
Help finding a place to live ¹	21%	14%
Help paying for rent ¹	28%	19%
Help understanding and planning for nutrition needs ¹	16%	9%
Meals delivered to my home ¹	16%	9%
Food vouchers or groceries ¹	23%	16%
Help finding and keeping a job ¹	22%	11%
Services that help deal with immigration status	8%	3%
Experienced Barrier		
Help getting benefits ¹	40%	30%
Help finding a place to live ¹	47%	37%
Help understanding and planning for nutrition needs ¹	44%	36%
Help finding and keeping a job ¹	56%	46%
¹ Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, this difference was no longer significant.		

HIV and Health Status

Using three measures of health status (i.e., AIDS diagnosis, self-reported health status, and other chronic conditions), PLWH over 50 had worse health status than those under 50. As shown in Figure 2 below, a greater percentage of those age 50 years and older had been diagnosed with AIDS, including either (a) having been told by a doctor they had AIDS or (b) having ever had a CD4 count less than 200 or an opportunistic infection (OI). Please note there is some overlap between these two groups; 91% of those who had ever been told by a doctor that they had AIDS also reported ever having a CD4 count less than 200 or an OI; comparatively, only 66% of those who reported ever having a CD4 count less than 200 or an OI reported ever being told by a doctor that they had AIDS, so there is not complete overlap.

Figure 2: AIDS Diagnosis¹



¹For all statements shown in Figure 2, differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, differences were no longer significant.

When asked to rate their health status, a smaller proportion of those age 50 and over reported that they were in excellent/very good health. In addition, a greater proportion of those age 50 and older said that their health was about the same compared to six months ago than those in the under 50 age group, while a greater proportion of those under age 50 years old reported better health compared to six months ago (see Table 3).

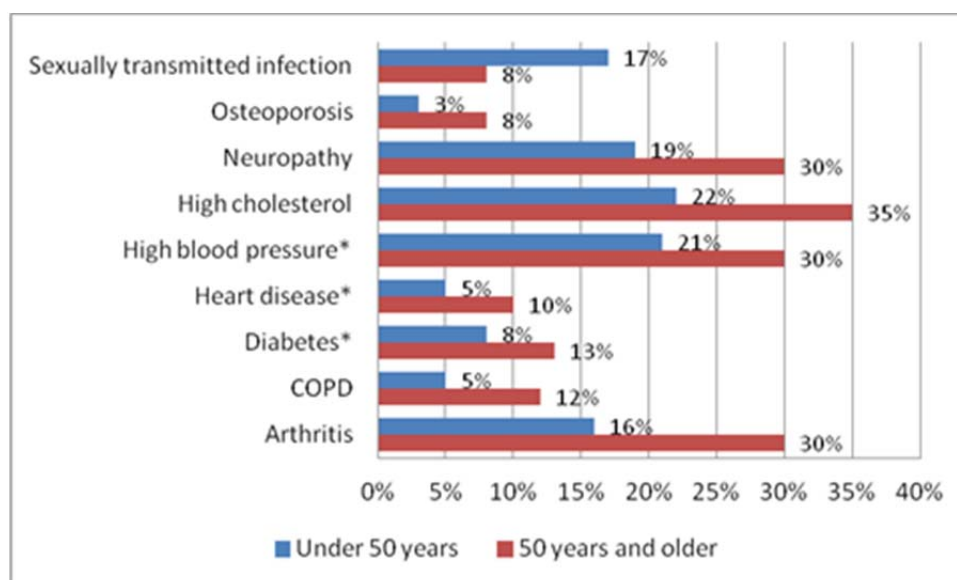
Again, additional analyses were conducted on data presented throughout this report to determine whether there were significant differences between age groups even when both had been accessing services and living with HIV for more than ten years. When analysis was restricted, the difference in AIDS diagnosis and those reporting “good” health were no longer statistically significant between age groups.

As also shown in Table 3, a significantly higher proportion of those age 50 or older had three or more chronic diseases. Figure 3 below shows the types of chronic conditions and percentages by age group. A greater percentage of PLWH 50 and older reported that they had each disease shown. The one exception was sexually transmitted infections (STI) which are generally more prevalent among younger populations. In addition, a greater proportion of those under 50 than those under 50 (16% vs. 8%) selected “none of the above” from the list of chronic conditions.

Table 3: Significant Differences in Health Status Among Respondents

	Under 50 years old	50 years and older
Health Status (Self-Reported)	(n=391)	(n=333)
Excellent/very good	41%	32%
Good ¹	30%	38%
Fair/poor ²	29%	31%
Health at Time of Survey (Compared to Prior 6 Months)	(n=387)	(n=328)
Better	31%	17%
About the same	60%	72%
Worse ²	9%	11%
Number of Chronic Diseases (other than HIV)	(n=386)	(n=332)
0 diseases	16%	8%
1-2 disease ²	46%	41%
3 or more diseases	37%	52%

¹Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, differences in health status were no longer significant.
²Not significantly different overall or restricted.

Figure 3: Significant Differences in Chronic Conditions Among Respondents

*For all statements shown in Figure 3, differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, differences were no longer significant.

When analysis was restricted to those diagnosed more than ten years prior to the survey, age groups were no longer significantly different for diabetes, heart disease, and high blood pressure.

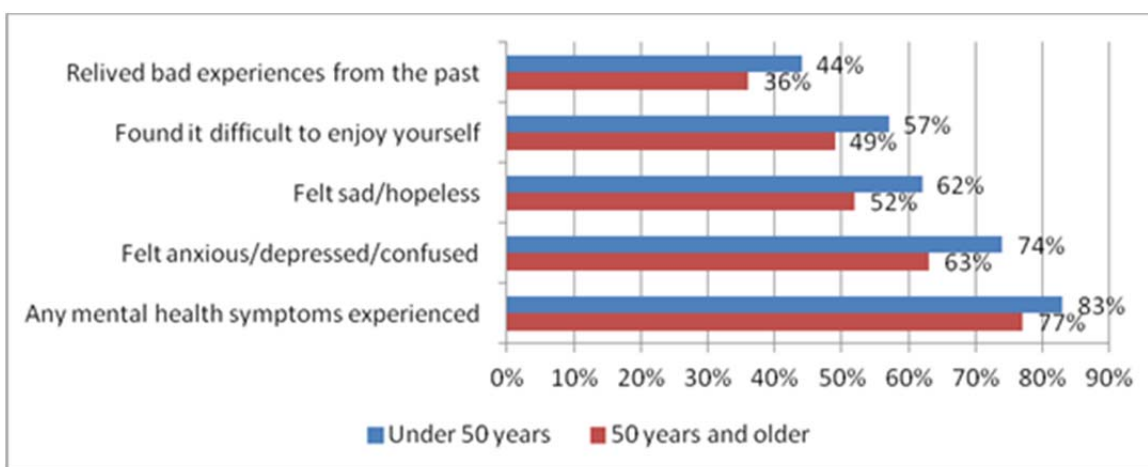
Mental Health and Substance Use

To assess potential mental health issues among respondents, including conditions that may not have been diagnosed, a series of validated questions was included on the survey focused on mental health symptoms. As shown in Figure 4, PLWH age 50 and older were more likely than those under 50 to report

that they experienced a mental health symptom in the 30 days prior to the survey. Percentages in both age groups were high; 83% of those under 50 and 77% of those 50 and older reported that they had experienced at least one of the symptoms.

When the analysis was restricted to include only those diagnosed more than ten years prior to the survey, the differences between the age groups for experiencing any symptoms in the past 30 days and the four specific mental health symptoms were no longer significant (see Figure 4).

Figure 4: Significant Variations¹ in Mental Health Symptoms Experienced by Respondents in the 30 Days Prior to the Survey



¹For all statements, differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, all differences were no longer significant.

The percentage of those who were diagnosed with a mental health condition in the prior three months was nearly the same for both age groups (48% and 46%) and not significantly different. However, of those who had been diagnosed with a mental health condition, PLWH age 50 and older were significantly less likely than those under 50 to have reported that they had received counseling or treatment, even after restricting the analysis to those diagnosed greater than 10 years ago (see Table 4).

Table 4: Mental Health Counseling and Diagnosis

In the past 3 months...	Under 50 years old	50 years and older
Have you been diagnosed with a mental health condition? ¹	(n=377) 48%	(n=328) 46%
Of those who were diagnosed...		
Have you gotten professional mental health counseling/treatment?	(n=177) 84%	(n=147) 70%
¹ Results are not significantly different across age groups at the 0.05 level both with all sample included and for analysis restricted to those diagnosed more than ten years prior to the survey.		

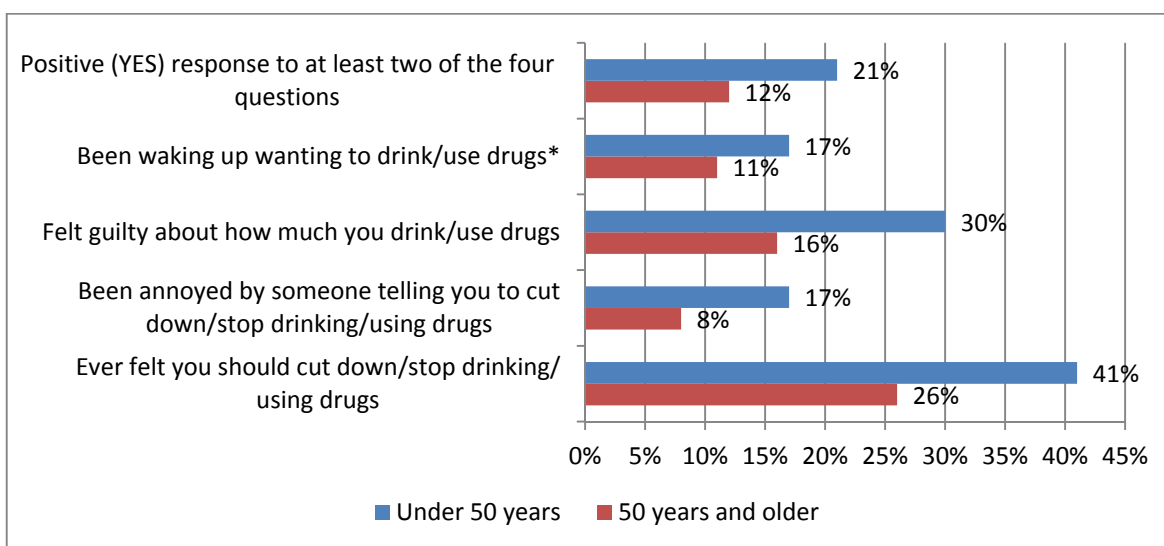
Both age groups had similar prevalence estimates of having ever been diagnosed with a drug or alcohol problem, drinking alcohol, ever using a needle/syringe to inject drugs or hormones, and ever experimenting with drugs. Differences between age groups were not significant both with the entire sample included and in analyses restricted to those diagnosed more than ten years prior to the survey.

To assess potential (undiagnosed) substance use problems among respondents at the time of the survey, the survey tool included questions based on the standard CAGE assessment, often used to quickly assess possible problems with alcohol. The survey tool used the four basic “yes/no” CAGE questions (**C**utting down on alcohol, experiencing **A**nnoyance from others about alcohol use, feeling **G**uilty, and using alcohol as an **E**ye opener). For the survey, these questions were adapted to reference alcohol and/or drug use and were time-limited to the three months prior to the survey to assess potential current problems. A “yes” response to at least two of the four questions may indicate a problem with alcohol or drugs.

As illustrated in Figure 5, PLWH over 50 were less likely than those under 50 to have had a potential substance use issue at the time of the survey. Twelve percent of those 50 and older responded “yes” to at least two of the four CAGE questions, compared to 21% of those under 50. For all four of the individual CAGE questions, a higher proportion of those under 50 answered “yes,” suggesting a possible substance use issue.

When the analysis was restricted to include only those diagnosed more than ten years prior to the survey, the difference between age groups for “been waking up wanting to drink/use drugs” was no longer significant. The difference between age groups for the other three statements and answering affirmatively to at least two of the four CAGE questions (indicating a potential problem) remained significantly different, with those 50 and older significantly less likely to have answered “yes.”

Figure 5: Potential Substance Use Problems in Prior Three Months



*Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, the difference for this statement was no longer significant. Differences for all other statements remained significant.

Adherence

In general, those 50 years and older were more adherent to anti-retroviral medications than those under 50. As shown in Table 5, those age 50 and older were less likely to have stopped taking their HIV medications for more than a week in the six months prior to the survey, and less likely to report having ever missed a dose in the prior two weeks and less likely to report missing 1-2 doses in the past two weeks.

When the analysis was restricted to include only those diagnosed more than ten years prior to the survey, the differences between age groups for all statements show in Table 5 were no longer significant, except the reason for not taking medications, “felt too sick.”

Table 5: Adherence to HIV Medications Among Respondents

	Under 50 years old	50 years and older
Ever stopped taking HIV medications for more than a week in the past 6 months?¹	(n=316) 17%	(n=281) 11%
Ever missed a dose of HIV medications in the past 2 weeks?¹	(n=330) 42%	(n=283) 33%
How often missed a dose of HIV medications in the past 2 weeks?	(n=330)	(n=283)
Never ¹	58%	68%
1-2 times ¹	35%	25%
3 or more times ²	7%	7%
Reasons for not taking medications	(n=52)	(n=28)
Forgot ¹	38%	14%
Felt too sick	31%	4%
¹ Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, the differences between age groups were no longer significant.		
² Results are not significantly different across age groups at the 0.05 level both with all sample included and for analysis restricted to those diagnosed more than ten years prior to the survey.		

Worries about Aging

Respondents were asked what they thought or worried about as they grew older living with HIV/AIDS. In general, those age 50 and older were less worried about dating, going to work or having a job, having a family, getting more education, telling people their HIV status, and taking care of family (see Table 6).

When analysis was restricted to include only those diagnosed more than ten years prior to the survey, the difference between age groups for “dating,” “having a family,” and “telling people about HIV status” was no longer significant.

Table 6: Significant Variations in Worries Related to Growing Older Living with HIV/AIDS

Yes, worried about...	Under 50 years old (n=390)	50 years and older (n=334)
Dating ¹	45%	36%
Going to work/having a job	37%	27%
Having a family ¹	17%	8%
Getting more education	19%	10%
Telling people about HIV status ¹	27%	20%
Taking care of family	33%	20%
None of the above	6%	2%
¹ Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, this difference was no longer significant.		

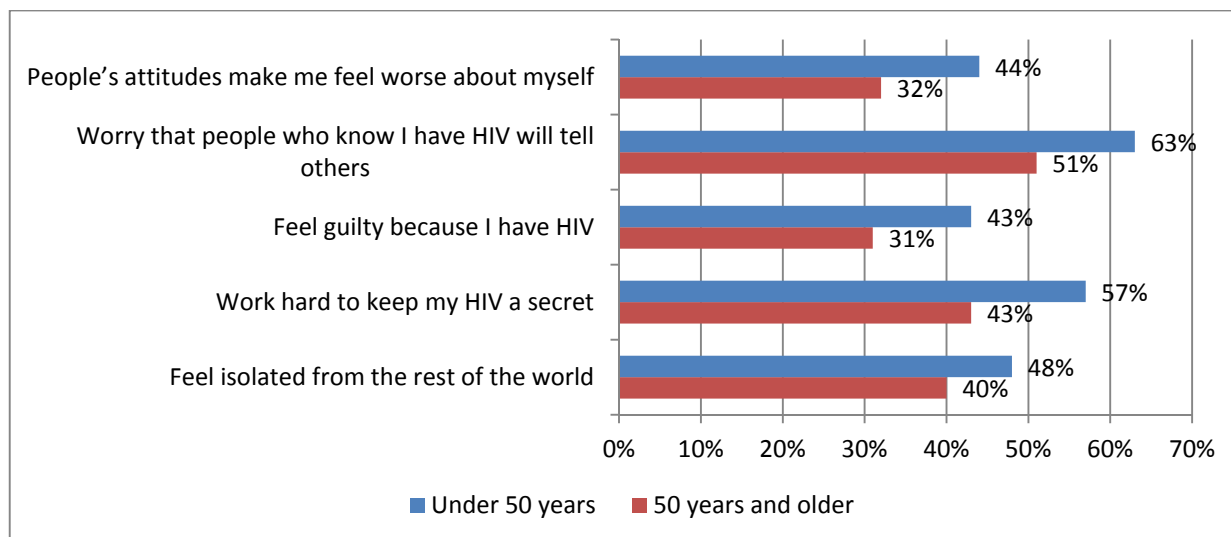
Stigma

To assess experiences with HIV-related stigma, the survey included 12 validated statements with which respondents were asked to agree or disagree. Cluster analysis of the responses identified four factors represented by the 12 stigma statements in the survey. These included (1) negative self-image, (2) disclosure concerns, (3) negative perceptions of how others see PLWH, and (4) experiences of discrimination/rejection.

PLWH age 50 and older were significantly less likely to have agreed/strongly agreed with five of the stigma statements, indicating that fewer of this group experienced HIV-related stigma compared to those under age 50. The five stigma statements are presented in Figure 6 and represent stigma factors 1, 2, and 3 (see the *Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study Final Report* for more information about the stigma assessment).

When the analysis was restricted to include only those diagnosed with HIV more than ten years prior to the survey, the difference between age groups were still significant.

Figure 6: Significant Variations in Experiences of HIV-Related Stigma¹

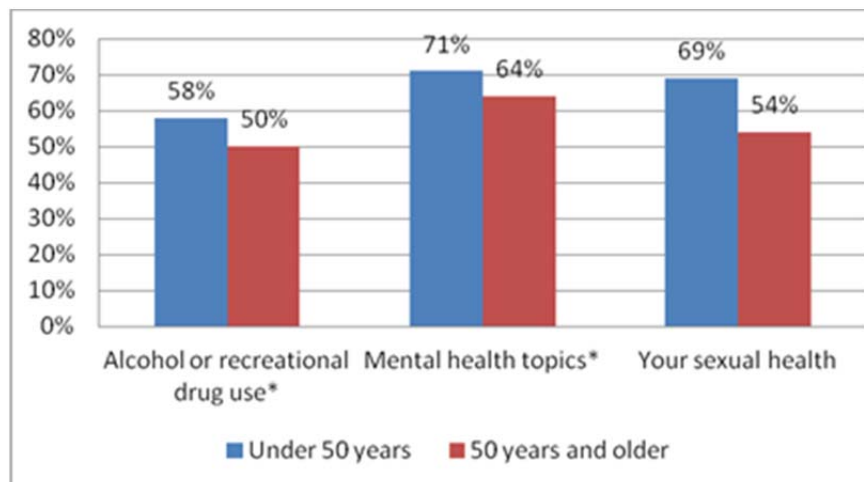


¹The response options "strongly agree" and "agree" are included in the percentages shown.

Discussions about Alcohol/Drug Use, Mental Health, and Sexual Health

The survey included questions to assess whether respondents were having discussions with someone about alcohol/drug use, mental health, and sexual health. As shown in Figure 7, those age 50 and older were less likely than those under 50 to report that someone had talked with them about each of these three topics in the six months prior to the survey.

Figure 7: Discussions About Alcohol/Drug Use, Mental Health, and Sexual Health



*Differences are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, these differences were no longer significant. All other questions shown were significant across age groups when the analysis was restricted.

When analysis was restricted to include only those diagnosed more than ten years prior to the survey, the only significant difference that remained was for sexual health discussions, where those 50 or older were significantly less likely to have reported having such discussions with anyone.

Respondents were also asked to select from a list the individuals who had spoken with them about alcohol/drug use, mental health, and sexual health in the six months prior to the survey. As shown in Table 7, a consistently smaller proportion of those age 50 and older said their medical provider, case manager, other service providers, or other individuals had talked with them about these topics. The proportions who reported having conversations with case managers about sexual health are not significantly different across age groups; however, the percentage of those who said their case managers talked with them about sexual health was half the percentage of those who said their medical providers had such conversations, regardless of age group.

When the analysis was restricted to include only those diagnosed more than ten years prior to the survey, the only difference between age groups that remained statistically significant was conversations with medical providers and family/friends about your sexual health.

Table 7: Variations in Individuals Having Discussions with Respondents About Alcohol/Drug Use, Mental Health, and Sexual Health

In the past 6 months, who has talked with you about...	Under 50 years old	50 years and older
Alcohol or recreational drug use	(n=380)	(n=321)
Medical provider ¹	43%	34%
Case manager ¹	28%	21%
Mental health counselor ¹	24%	17%
Support group member ¹	14%	8%
Mental health topics	(n=391)	(n=324)
Medical provider ²	50%	43%
Case manager ¹	33%	24%
Support group members ¹	12%	7%
Family/friends ¹	21%	14%
Your sexual health	(n=383)	(n=324)
Medical provider	60%	48%
Case manager ²	28%	22%
Family/friends	14%	8%
¹ Differences between age groups are significant at the 0.05 level with all sample included. However, when analyses were restricted to those diagnosed more than ten years prior to the survey, these differences were no longer significant. ² Results are not significantly different across age groups at the 0.05 level both with all sample included and for analysis restricted to those diagnosed more than ten years prior to the survey.		

DISCUSSION

Of the seven hypotheses about potential differences between respondents under age 50 and those age 50 and older, five were not supported by the additional analyses. Each of these is discussed below.

Our first hypothesis was that PLWH age 50 and older needed different services than those under 50. Our analysis indicates that this is not the case. The top services that were needed and used, as well as the top unmet service needs, were very similar across the two age groups. The only variation was in the unmet service needs, where “finding/keeping a job” was a top unmet service needs for those under 50 but not for those over 50 and “legal services” was one of the top unmet service needs for those over 50, but not for those under 50.

A second hypothesis was that PLWH age 50 and older experienced different barriers to services than the under 50 population. Our analysis indicates that barriers for both age groups were extremely similar in the 19 service categories included in the survey.

A third hypothesis was that PLWH age 50 and older had a higher prevalence of mental health and substance use issues than those under 50. Our analysis, however, indicated the opposite, with those under 50 more likely to report having experienced mental health symptoms in the prior 30 days and potential substance use issues in the prior three months.

Our fourth hypothesis was that adherence to anti-retroviral medications was harder for those age 50 and older. However, our analysis indicated that those 50 years or older were more adherent than those under age 50.

Finally, our fifth hypothesis was that PLWH age 50 and older experienced more HIV-related stigma than those under 50. Our analysis indicates that those 50 and older were actually less likely to report HIV-related stigma. Specifically, for five statements (including feeling isolated from the rest of the world, working hard to keep their HIV a secret, feeling guilty because they had HIV, worrying that people will know or tell others, and that people's attitudes made them feel worse about themselves), PLWH age 50 and older were less likely to have agreed/strongly agreed with each, suggesting they experienced less stigma. When the analysis was restricted to those diagnosed with HIV more than ten years prior to the survey, those 50 and older were still significantly less likely to have agreed/strongly agreed with four of the five statements, suggesting that age has a role in experiences of stigma and the relationship is not explained by length of time living with HIV.

Two of the seven hypotheses were confirmed by our analyses. First, we hypothesized that PLWH age 50 and older were less likely to have had discussions with their medical and service providers about sexual health, mental health, and substance use. Based on the data, medical providers and case managers are indeed less likely to have had conversations with PLWH age 50 and older about these topics than with those under 50. After restricting the analyses to those diagnosed more than 10 years prior to the survey, only discussions about sexual health were significantly different by age group.

Second, we hypothesized that PLWH age 50 and older experienced more co-morbidities or health complications than those under 50. Our analyses indicated that a significantly higher proportion of those age 50 or older reported chronic diseases or other health conditions than those under 50. The extent to which these co-morbidities were the result of their age, rather than related to their HIV infection, is unclear.

To determine the degree to which the significant differences identified between age groups were likely to be the result of age versus the length of time since HIV diagnosis, we conducted the analyses again, but restricted the analysis to only those who had been diagnosed more than ten years prior to the survey. Many of the results were still significant across age groups, indicating that the length of time since diagnosis was not a confounding factor.

Notably, variations in a few of the mental health symptoms were no longer significant across age groups when controlling for length of time living with HIV. As such, the experience of these symptoms could be attributable to a shorter time since diagnosis (ten years or less). Significant differences between age groups related to substance use (e.g., drinking alcohol, ever injecting drugs, and ever experimenting drugs) could also be due to a shorter time since diagnosis among those under 50. Lastly, the significant differences between age groups for discussions with anyone about mental health and alcohol/drug use could be related to the fact that those under 50 have been living with HIV for a shorter amount of time.

CONCLUSION

Based on this focused analysis, there were a few important differences between PLWH respondents age 50 and older and those under age 50 in the Boston EMA, even after controlling for length of time since diagnosis.

1. There were differences noted in the demographic profile of those age 50 and older and those under 50 with respect to gender, sexual orientation, HIV transmission risk, poverty, and ethnicity.

2. Medical providers were less likely to have had conversations with PLWH age 50 and older than they are with those under 50 about sexual health. This points to a potential area for improvement in service delivery to meet expectations and standards of care.
3. The two age groups have had different experiences of HIV-related stigma, with a greater proportion of those under age 50 reporting that they experienced stigma, especially stigma related to negative self-image and disclosure.
4. Among those diagnosed with a mental health condition in the three months prior to the survey, PLWH 50 and older were less likely than those under 50 to report that they had used professional mental health services in the prior six months.
5. A smaller proportion of those age 50 or older screened positive for potential substance and alcohol problems than those under 50.
6. PLWH age 50 or older had more health complications than those who were younger, including having more co-morbidities, and they were less likely than those under age 50 to report that their health status was excellent.