# Financial and health care planning among older adults living with HIV: Results from the Ontario HIV Treatment Network Cohort Study.

Lucia Light<sup>1</sup>, Kelly O'Brien<sup>2</sup>, Sharon Walmsley<sup>3</sup>, Tsegaye Bekele<sup>1</sup>, Adrian Betts<sup>5</sup>, Francisco Ibanez-Carrasco<sup>2</sup>, Abigail E. Kroch<sup>1,2,6</sup>

1 Ontario HIV Treatment Network; 2 University of Toronto; 4 University Health Network; 5 AIDS Committee of Durham Region; 6 Public Health Ontario

**CAHR 2022, April 27 - 29** 

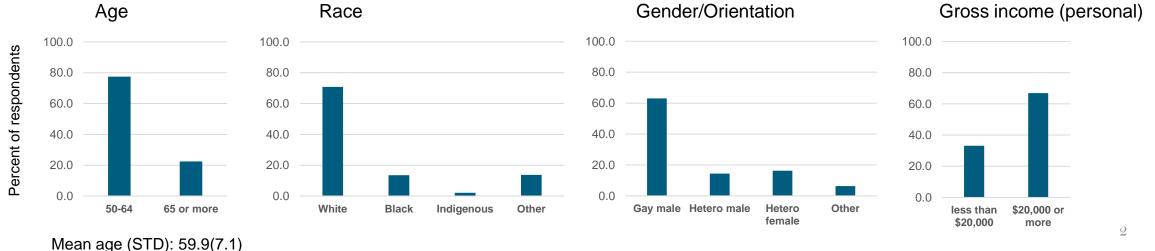






#### Methods: What is the OCS, Demographics of Sample

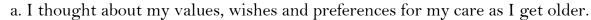
- The OHTN Cohort Study (OCS) is a community-governed longitudinal cohort study of people living with HIV. It has >8000 participants since 1995 from 15 clinics across Ontario which collect annual clinical and questionnaire data.
- In 2020, eight questions were added to OCS Questionnaires to assess how participants were planning financial, social and health care as they age.
- We describe results among 1153 participants 50 years of age or older who completed the questions.



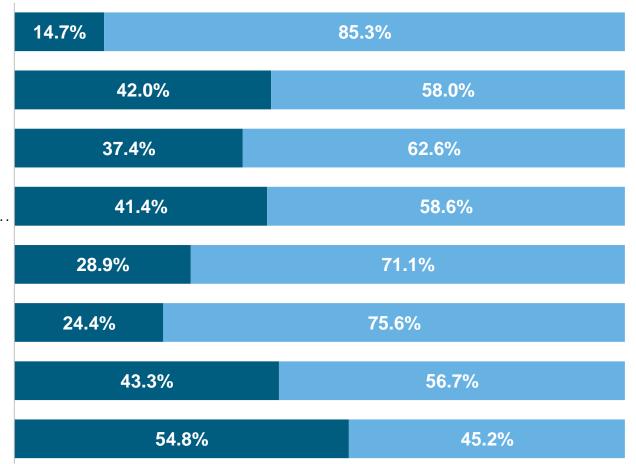


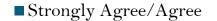


## Results – Most people living with HIV <u>></u>50 years old are not well prepared for old age



- b. I have planned for my future care, if my health unexpectedly gets worse.
  - c. I have shared my wishes for my future care with my family (chosen or biological), loved ones, and/or with my care providers.
- d. I have chosen a Substitute Decision Maker (or power of attorney for personal care) who knows my wishes for my care and would speak for me if I am unable...
  - e. I will have enough money to support myself as I get older.
  - f. I can rely on the support of friends and family as I get older.
- g. If I were ever to need long term care, I am concerned that I might experience discrimination because of my HIV status.
- h. If I were ever to need long term care, I am concerned that I might experience discrimination because of who I am (gender identity, race, sexual orientation, etc.)











### Results: challenges for old age planning differ by population

Logistic regression models (for Agree/Strongly agree answers) show that:

- Participants aged 65+ less likely to indicate they had shared their future wishes, chose a power of attorney, would have enough money, or felt they could rely on support of friends or family.
- Participants aged 50-64 had greater concerns about discrimination due to HIV status or identity.
- Gay men are less likely to feel they have enough money or support and have greater concerns about discrimination due to HIV status, but heterosexual males have greater concerns about discrimination due to their identity.

Old Age Planning questions	OR (95% CI)  (adjusted for Age, Gender/Orientation, years living with HIV, Income (gross personal), marital status)		
	Age 65+ vs 50-64	Gay men vs	Years living with
		hetero male	HIV:10+ vs <10.
a. Thought about values	0.9 (0.6, 1.3)	0.6 (0.4,0.95)	1.2 (0.7, 2.1)
b. Planned for future care	0.8 (0.6, 1.1)	0.6 (0.6, 1.3)	0.8 (0.5, 1,2)
c. Shared wishes for care with family/care provider	0.6 (0.5,0.8)	1.0 (0.7, 1.5)	0.8 (0.5, 1,2)
d. Chosed Power of Attorney	0.5 (0.4,0.7)	0.8 (0.6, 1.2)	0.6 (0.4, 0.97)
e. Will have enough money	0.3 (0.2, 0.4)	0.6 (0.4, 0.97)	1.3 (0.8, 2.2)
f. Can rely on Support of friends/family	0.6 (0.4, 0.9)	0.6 (0.6, 0.97)	0.6 (0.4, 0.96)
g. Discriminationbecause of HIV status	1.5 (1.1, 2.0)	2.3 (1.6, 3.5)*	0.9 (0.6, 1.4)
h. Discrimination because of identity	1.4 (1.03, 1.9)	0.4 (0.4, 0.6)	0.9 (0.6, 1.4)





### Conclusions, acknowledgements

- People living with HIV can use additional supports for old age planning, especially among gay males regarding support, finances, and HIV stigma.
- Length of time living with HIV did not appear to be associated with old age planning, indicating that long term HIV survivors do not show decreased planning relative to those of the same age, but more recently diagnosed.

#### **Acknowledgements:**

The authors gratefully acknowledge the OHTN Cohort Study team, people living with HIV who volunteer to participate in the OHTN Cohort Study, OCS Governance Committee, OCS Indigenous Data Governance Circle and Scientific Steering Committee members, interviewers, data collectors, research associates and coordinators, nurses and physicians who provide support for data collection, OCS staff for data management, IT support, and study coordination. We also acknowledge the Public Health Ontario, for supporting linkage with the HIV viral load database. The OHTN Cohort Study is supported by the Ontario Ministry of Health. <a href="http://ohtncohortstudy.ca/acknowledgements/">http://ohtncohortstudy.ca/acknowledgements/</a>

