



Impact of Distance to HIV Clinic on Care Retention among Older People with HIV in the US Deep South

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BACKGROUND

The Ryan White HIV/AIDS Program (RWHAP) encourages people with HIV (PWH) to use local clinics, yet **many PWH still travel past their nearest facility to seek care elsewhere**. While some clinics have seen a rise in out-of-area patients, we don't fully understand how longer travel distances affect health outcomes. **This is especially true for older PWH, who often struggle with limited mobility and a lack of reliable transportation.**

METHODS

- This retrospective cohort study included older PWH (≥50 years) who initiated care at an urban, academic-affiliated HIV clinic in Alabama (UAB 1917 Clinic at Dewberry) between 2010–2022 and resided in AL at care initiation.
- Patients were grouped by age (50–64 vs. ≥65 years) and travel distance (≤50 vs. >50 miles, one-way).**
- The primary outcome, **retention-in-care (RiC)**, was defined as the completion of at least two HIV primary care visits, spaced at least 90 days apart, within 12 months of the patient's initial visit.

RESULTS

- Among 2,604 eligible older participants included in the analysis, 1,972 were aged 50–64, and 632 were aged ≥65 years.
- Among those aged ≥65, 90.2% living within 50 miles of the clinic were retained in care compared to 81.0% of those living more than 50 miles away.
- For those aged 50–64, RiC was 89.5% for PWH ≤50 miles of the clinic and 88.0% for >50 miles.
- PWH aged ≥65 who traveled >50 miles were significantly less likely to be retained in care (OR=0.50, 95% CI: 0.33, 0.76), compared to those aged 50-64 who traveled up to 50 miles.**
- This association persists when controlling for patient- and neighborhood-level factors (aOR=0.48, 95% CI: 0.29–0.79).**

Overall, the combination of distance to HIV Clinic is significantly associated with RiC.

Older PWH (≥65 years of age) who traveled >50 miles (one-way) were significantly less likely to be retained in care, compared to older PWH who live within 50 miles.

A better understanding of factors that influence clinic choice among older PWH is needed to better serve this expanding group.

Table 1. Univariable and multivariable analysis of retention in care by age at first HIV care visit and travel distance to HIV clinic

		Retention-in-care	Univariable ^a	Multivariable ^b
		Freq. (Col. %)	OR (95% CI)	aOR (95% CI)
Age and travel distance to HIV Clinic				
≥ 65 years	> 50 miles	132 (81.0%)	Reference	Reference
	0 – 50 miles	423 (90.2%)	0.46 (0.28, 0.77)	0.41 (0.22, 0.74)
50 – 64 years	0 – 50 miles	1333 (89.5%)	0.50 (0.33, 0.76)	0.48 (0.29, 0.79)
	> 50 miles	424 (88.0%)	0.58 (0.36, 0.94)	0.65 (0.38, 1.11)

Abbreviations: HIV = human immunodeficiency virus; CI = confidence interval
BOLD Hazard Ratio (95% CI) or p-value indicates significance at the $\alpha = 0.05$ level

a

Univariable generalized estimating equation (GEE) analysis, modeling the association between retention in care (Yes), and age

b

Multivariable generalized estimating equation (GEE) analysis, modeling the association between retention in care (Yes), and age at first HIV care visit and travel distance to Clinic, controlling for patient-level factors

c

Overall test of significance, Wald χ^2 test, p-value

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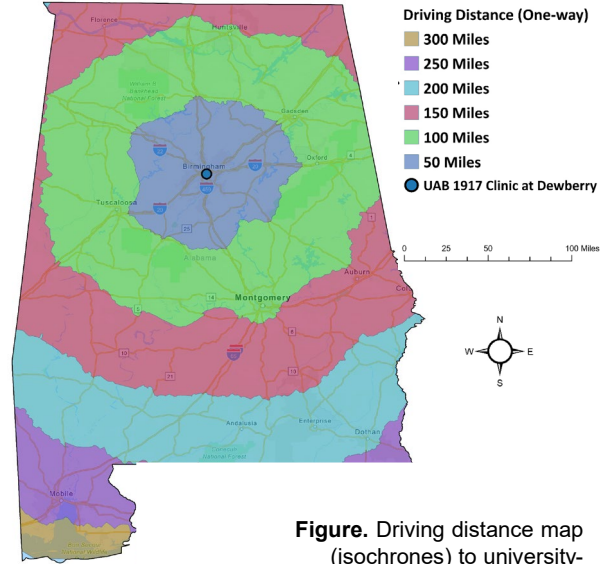


Figure. Driving distance map (isochrones) to university-affiliated HIV Clinic

CONCLUSIONS

- Older PWH traveling long distances—often over 100 miles round-trip—face barriers to consistent HIV care.
- The distance to a clinic is a critical factor for older PWH due to a combination of health, mobility, social, and systemic challenges.
- Clinic travel distances for older PWH can be reduced by choosing care at more proximal clinics, ultimately resulting in more equitable distribution of RWHAP resources across this Deep South region.

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