BIG IDEAS IN BRIEF

Better Integration Between HIV and Aging Systems is Critical

Older Adults with HIV have unique needs that require focused attention

The United States has come a long way in its response to HIV. While challenges and gaps remain, we have built an HIV services system anchored by the Ryan White HIV/AIDS Program (RWHAP) that leverages public (Medicaid and Medicare) and private insurance such that people with HIV (PWH) now are just as likely to have insurance coverage as people without HIV. Nonetheless, the majority of PWH in the United States are over age 50, and we have not done enough to prepare to meet both the clinical and social needs associated with aging with HIV to support a high quality of life.

The challenges that confront us also offer opportunities for significant progress in four key areas:

1. EXPANDING PROVIDER CAPACITY TO PROVIDE BETTER CARE FOR PEOPLE OVER 50 WITH HIV

POLICY ACTION: There is a need to expand health care and provider capacity to conduct geriatric screenings of people aging with HIV and to expand the use of multidisciplinary care teams.

2. PROVIDING GREATER LEADERSHIP THROUGH FEDERAL AND STATE HEALTH CARE PROGRAMS

POLICY ACTION: Federal and state health care agencies need to routinize regular specialized geriatric screenings for people with HIV, protect access to critical services including prescription medications and navigation services, and improve access to and quality of long-term services for people with HIV.

3. EMBRACING A SEXUAL HEALTH PARADIGM

POLICY ACTION: The CDC should remove the upper age limit in its testing guidelines to include persons 65 and over and establish testing metrics for people 65 and over.

POLICY ACTION: The CDC National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP) and the HRSA HIV/ AIDS Bureau should adapt and tailor existing HIV and STI prevention interventions into comprehensive sexual health interventions for people over 50, including people with HIV.

4. INTEGRATING HIV AND AGING SERVICES CAN CREATE SYNERGIES

POLICY ACTION: The Administration on Community Living, the Office of Infectious Disease and HIV/AIDS Policy (OIDP), Health Resources and Services Administration (HRSA) and the Centers for Medicare and Medicaid Services (CMS) should convene an interagency working group and establish priority collaborations to integrate HIV and aging programs and services.

POLICY ACTION: HIV community stakeholders need to be engaged in the implementation and reauthorization of the Older Americans Act to ensure that it maximally addresses the unique concerns of people with HIV and LGBTQ people.

POLICY ACTION: States and local jurisdictions should pass LGBTQ+ and HIV Long Term Care Bills of Rights

The field of aging needs a greater push from community and advocacy stakeholders in HIV. This will require a coordinated community response, with the larger HIV community focusing greater attention on older populations impacted by HIV. HIV advocates must engage with stakeholders in the aging network along with organizations that focus on particular communities, such as diabetes, cardiovascular disease, and others. Organizations funded through the Older Americans Act and the Administration on Community Living provide avenues for such engagement. The opportunity for meaningful partnership is great.

HIV OUTCOMES AMONG PEOPLE WITH HIV AGE 55+

The experience of older adults with HIV is different than younger people in specific ways. Despite having the highest rate of linkages to care across all age groups, older adults have the lowest rate of rate of receiving care.



In 2021, 34% of people with HIV 55+ were diagnosed late (highest of all age groups)



85% were linked to care (highest of all age groups)



73% received HIV care (lowest of all age groups)



66% were virally suppressed (highest of all age groups)

- Among people 55 and older, Black Americans had the highest number of new HIV diagnoses (1,241 diagnoses) and deaths (4,818 deaths) among people living with HIV compared to other races/ ethnicities
- New diagnoses among women are concentrated among older age groups, with women 55+ making up 27% of new infections (highest of all age groups)

Sources: 1) HIV and Older People, HIV Info NIH.gov, (March 12, 2024) https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-older-people/. 2) National HIV/AIDS and Aging Awareness Day 2022, AIDSVu, (September 15, 2022), https://aidsvu.org/news-updates/national-hiv-aids-and-aging-awareness-day-2022/.



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