Older People and HIV

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AETC AIDS Education & Training Center Program New England

Older People and HIV

This educational packet is a curated compilation of resources on older people and HIV.

The contents of this packet are listed below:

- HIV and Older People (HIVinfo)
- El VIH y las Personas Mayores (HIVinfo)
- Aging with HIV (HIV.gov)
- Older Adult Clients: Ryan White HIV/AIDS Program, 2020 (HRSA)
- Addressing the Health Care and Social Support Needs of People Aging with HIV (HRSA)
- Infographics from AIDSVu
- Infographics from CDC

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

HIV and Older People

hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-older-people

HIV and Specific Populations

Last Reviewed: August 23, 2021

Key Points

- According to the Centers for Disease Control and Prevention (CDC), in 2018, over half of the people in the United States diagnosed with HIV were aged 50 and older.
- Many HIV risk factors are the same for people of any age, but older people are less likely to get tested for HIV.
- Treatment with HIV medicines (called antiretroviral therapy or ART) is recommended for everyone with HIV. As for anyone with HIV, the choice of an HIV treatment regimen for an older person is based on the person's individual needs.
- Many older people have conditions, such as heart disease or cancer, that can complicate HIV treatment.

Does HIV affect older people?

Yes. Anyone can get HIV, including older people. According to the Centers for Disease Control and Prevention (CDC), in 2018, over half of the people in the United States diagnosed with HIV were aged 50 and older.

The number of older people living with HIV is increasing for the following reasons:

- Life-long treatment with HIV medicines (called antiretroviral therapy or ART) is helping people with HIV live longer, healthier lives. Because of effective HIV medicines, there is an increasing number of older people who are living with HIV.

- HIV is newly diagnosed in thousands of people aged 50 and older every year.

Do older people have the same risk factors for HIV as younger people?

Many risk factors for HIV are the same for people of any age. But like many younger people, older people may not be aware of their HIV risk factors.

In the United States, HIV is spread mainly by:

- Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV
- Sharing injection drug equipment (works), such as needles, with someone who has HIV

Some age-related factors can put older people at risk for HIV. For example, age-related thinning and dryness of the vagina may increase the risk of HIV in older women. Thinning and dryness of the vagina can cause tear in the vagina during sex and lead to HIV transmission. Older people may also be less likely to use condoms during sex, because they are less concerned about pregnancy.

Talk to your health care provider about your risk of HIV and ways to reduce your risk.

Should older people get tested for HIV?

CDC recommends that everyone 13 to 64 years old get tested for HIV, at least once, as part of routine health care, and that people at higher risk of HIV get tested more often. Your health care provider may recommend HIV testing if you are over 64 and at risk for HIV.

For several reasons, older people are less likely to get tested for HIV:

- In general, older people are often considered at low risk of getting HIV. For this reason, health care providers may not always think to test older people for HIV.
- Some older people may be embarrassed or afraid to be tested for HIV.
- In older people, signs of HIV may be mistaken for symptoms of aging or of age-related conditions. Consequently, testing to diagnose the condition may not include HIV testing.

For these reasons, HIV is more likely to be diagnosed at an advanced stage in many older people. Diagnosing HIV at a late stage also means a late start to treatment with HIV medicines and possibly more damage to the immune system.

Ask your health care provider whether HIV testing is right for you. Use these questions from Health.gov to start the conversation: HIV Testing: Questions for the doctor.

Are there any issues that affect HIV treatment in older people?

Treatment with HIV medicines is recommended for everyone with HIV. As for anyone with HIV, the choice of an HIV treatment regimen for an older person is based on the person's individual needs.

However, the following factors can complicate HIV treatment in older people.

- Conditions, such as heart disease or cancer, that are more common in older people and require additional medical care.

- Side effects from HIV medicines and other medicines may occur more frequently in older people with HIV than in younger people with HIV.
- The increased risk of drug interactions in an older person taking HIV medicines and medicines for another condition.
- Age-related changes that can affect an older person's ability to think or remember, which can make it harder to stick to an HIV treatment regimen.

El VIH y las personas mayores

Puntos importantes

- Según los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC), en el 2018, casi la mitad de las personas en los Estados Unidos que tenían el VIH eran mayores de 50 años.
- Muchos de los factores de riesgo de infección por el VIH son los mismos para las personas de cualquier edad, pero es menos probable que las personas mayores se hagan la prueba de detección correspondiente.
- Se recomienda el tratamiento con medicamentos contra el VIH (llamado tratamiento antirretroviral o TAR) a todas las personas seropositivas. Como es el caso para cualquier persona con el VIH, la elección de un régimen de tratamiento contra el VIH para una persona mayor se basa en las necesidades individuales de la persona.
- Muchas personas mayores tienen afecciones como enfermedades del corazón o cáncer que pueden complicar el tratamiento contra el VIH.

¿Afecta el VIH a las personas mayores?

Sí, cualquier persona puede contraer la infección por el VIH, incluso una persona mayor. Según los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC), en el 2018, casi la mitad de las personas en los Estados Unidos que tenían el VIH eran mayores de 50 años.

El número de personas mayores VIH-positivas va en aumento por las siguientes razones:

- El tratamiento durante toda la vida con medicamentos contra el VIH (llamado tratamiento antirretroviral o TAR) ayuda a las personas seropositivas a tener una vida más larga y sana. Gracias a los medicamentos contra el VIH, hay un número creciente de personas mayores que viven con el VIH.
- Recientemente se diagnostica el VIH en miles de personas mayores de 50 años cada año.

¿Tienen las personas mayores los mismos factores de riesgo para el VIH que las personas más jóvenes?

Muchos factores de riesgo de infección por el VIH son los mismos para las personas de cualquier edad. No obstante, al igual que muchas personas más jóvenes, las mayores tal vez desconocen los factores de riesgo de infección por el VIH a los que están expuestas.

En los Estados Unidos, el VIH se propaga principalmente por:

- tener relaciones sexuales por vía anal o vaginal con una persona seropositiva sin usar condón o sin tomar medicamentos para prevenir o tratar la infección por el VIH.
- compartir equipo (accesorios) para la inyección de drogas, como agujas, con una persona seropositiva.

Algunos factores relacionados con la edad pueden exponer a las personas mayores al riesgo de contraer el VIH. Por ejemplo, el adelgazamiento y la resequedad de la vagina por causa de la edad pueden aumentar el riesgo de infección por el VIH en las mujeres mayores. Las personas mayores podrían también ser menos propensas a usar condones durante las relaciones sexuales porque están menos preocupadas por el embarazo.

Consulte con su proveedor de atención médica sobre su riesgo de contraer el VIH y las formas de reducirlo.

¿Deben hacerse las personas mayores una prueba de detección del VIH?

Los CDC recomiendan que toda persona de 13 a 64 años de edad se haga la prueba de detección del VIH al menos una vez como parte de la atención de salud de rutina, y que las personas expuestas a un mayor riesgo de infección se la hagan más a menudo. Su proveedor de atención de salud puede recomendarle que se haga la prueba del VIH si tiene más de 64 años y corre riesgo de contraer este virus.

Por varias razones, es menos probable que las personas mayores se hagan la prueba de detección del VIH:

- En general, las personas mayores a menudo se consideran en bajo riesgo de contraer el VIH. Por esta razón, los proveedores de atención de salud tal vez no siempre piensen en hacerles la prueba de detección del VIH a las personas mayores.
- Algunas personas mayores pueden sentirse avergonzadas o atemorizadas de someterse a la prueba de detección del VIH.
- En las personas mayores, las señales de infección por el VIH pueden tomarse equivocadamente por síntomas del envejecimiento o de afecciones geriátricas. Como consecuencia, es posible que los análisis para diagnosticar la afección que presentan no incluyan la prueba de detección del VIH.

Por estas razones, es más probable que a muchas personas mayores se les diagnostique la infección por el VIH en una etapa avanzada. Diagnosticar el VIH en una etapa tardía también significa un comienzo tardío del tratamiento con medicamentos contra el VIH y posiblemente más daños en el sistema inmunitario.

Pregúntele a su proveedor de atención de salud si usted debe hacerse la prueba de detección del VIH. Emplee estas preguntas de health.gov para iniciar la conversación: Preguntas para el doctor: La prueba del VIH.

¿Hay problemas que pueden afectar el tratamiento del VIH entre las personas mayores?

El tratamiento con medicamentos contra el VIH se recomienda para todas las personas seropositivas. Como es el caso con cualquier persona con el VIH, la selección de un régimen de tratamiento contra el VIH para una persona mayor se basa en las necesidades individuales de cada persona.

Sin embargo, los siguientes factores pueden complicar el tratamiento del VIH en personas mayores.

- Algunos padecimientos, como la enfermedad del corazón o el cáncer, que son comunes en las personas mayores y exigen atención médica adicional.
- Los efectos secundarios de los medicamentos contra el VIH y de otros medicamentos, que podrían ocurrir con mayor frecuencia en las personas mayores con el VIH que en las personas más jóvenes con el VIH.
- El mayor riesgo de interacciones medicamentosas en una persona mayor que toma medicamentos contra el VIH y medicamentos para otra afección.
- Los cambios relacionados con la edad que pueden afectar la capacidad de una persona mayor para pensar o recordar, lo que puede dificultarle ceñirse al régimen de tratamiento del VIH.

La hoja informativa precedente se basa en la correspondiente en inglés.

Véase también una colección de enlaces y recursos sobre el VIH en HIV Source.

Proporcionado en colaboración con la Oficina de Investigación del SIDA de los NIH

Aging with HIV

hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv

May 17, 2021

Growing Older with HIV

Today, thanks to improvements in the effectiveness of treatment with HIV medicine (called antiretroviral therapy or ART), people with HIV who are diagnosed early and who get and stay on ART can keep the virus suppressed and live long and healthy lives. For this reason, nearly half of people living with diagnosed HIV in the United States are aged 50 and older. Many of them have been living with HIV for many years; others were diagnosed with HIV later in life.

That's a significant change from the early years of the epidemic when people who were diagnosed with HIV or AIDS could expect to live only 1-2 years after their diagnosis. This meant that the issues of aging were not a major focus for people with HIV disease.

According to the Centers for Disease Control and Prevention (CDC), in 2018, over half (51%) of people in the United States and dependent areas with diagnosed HIV were aged 50 and older. In addition, people aged 50 and older accounted for 17% of the 37,968 new HIV diagnoses in 2018 in the United States and dependent areas. Though new HIV diagnoses are declining among people aged 50 and older, around 1 in 6 HIV diagnoses in 2018 were in this group.

People over age 50 with HIV make up 46.8% of the over half a million clients served by the Ryan White HIV/AIDS Program (RWHAP). In 2019, 92.2% of clients aged 50 and older receiving RWHAP HIV medical care were virally suppressed, which was higher than the national RWHAP average (88.1%). (Learn more about the RWHAP and older adults.)

Health Issues and Aging with HIV

People aging with HIV share many of the same health concerns as the general population aged 50 and older: multiple chronic diseases or conditions, the use of multiple medications, changes in physical and cognitive abilities, and increased vulnerability to stressors. In addition, while effective HIV treatment has decreased the likelihood of AIDS-defining illnesses among people aging with HIV, many HIV-associated non-AIDS conditions occur frequently in older persons with HIV, such as cardiovascular disease, diabetes, renal disease, and cancer. These conditions are likely related to a number of interacting factors, including chronic inflammation caused by HIV. Researchers are working to better understand what causes chronic inflammation, even when people are being treated with ART.

HIV and its treatment can also have effects on the brain. Researchers estimate that between 25 and 50% of people with HIV have HIV-Associated Neurocognitive Disorder (HAND), a spectrum of cognitive, motor, and/or mood disorders categorized into three levels: asymptomatic, mild, and HIV-associated dementia. Researchers are studying how HIV and its treatment affect the brain, including the effects on older people living with HIV.

HIV Long-Term Survivors Awareness Day

HIV Long-Term Survivors Awareness Day is observed annually on June 5 recognize the resilience of the long-term survivors and the need to continue addressing both the physical and mental challenges to their well-being due to decades of successful disease management. Read more.

Late HIV Diagnosis

Older Americans are more likely than younger Americans to be diagnosed with HIV late in the course of their disease, meaning they get a late start receiving the benefits of HIV treatment and possibly incur more damage to their immune system. This can lead to poorer prognoses and shorter survival after an HIV diagnosis. Late diagnoses can occur because health care providers may not always test older people for HIV infection, and older people may mistake HIV symptoms for signs of normal aging and don't consider HIV as a possible cause they should discuss with their provider**.**

According to CDC, in 2018, 35% of people aged 50 and older already had late-stage HIV infection (AIDS) when they received a diagnosis (i.e., they received a diagnosis later in the course of their disease.)

COVID-19 and Older Adults with HIV

Researchers are still learning about COVID-19 and how it affects people with HIV. Based on limited data, scientists believe people with HIV who are on effective HIV treatment have the same risk for COVID-19 as people who do not have HIV.

Older adults and **people of any age who have serious underlying medical conditions** might be at increased risk for severe illness. This includes people who have weakened immune systems. The risk for people with HIV getting very sick is greatest in people with a low CD4 cell count and people not on effective HIV treatment (antiretroviral therapy or ART).

Read CDC's FAQs about COVID-19 vaccines and people with HIV and steps people with HIV can take to prevent getting COVID-19 and transmitting it to others.

The Importance of Support Services

Living with HIV presents certain challenges, no matter what your age. But older people with HIV may face different issues than their younger counterparts, including greater social isolation and loneliness. Stigma is also a particular concern among older people with HIV. Stigma negatively affects people's quality of life, self-image, and behaviors, and may prevent them disclosing their HIV status or seeking the health care or social services that many aging adults my require. HIV care.

Therefore, it is important for older people with HIV to get linked to HIV care and have access to mental health and other support services to help them stay healthy and remain engaged in HIV care. You can find support services through your health care provider, your local community center, or an HIV service organization. Or use the HIV Services Locator to find services near you.

Older Adult Clients:

HRSA's Ryan White HIV/AIDS Program, 2020

Population Fact Sheet | July 2022

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 562,000 people in 2020—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Older Adult Clients

47.9% OF ALL RWHAP CLIENTS ARE AGED 50+

59.2% LIVE AT OR BELOW **100%** of the Federal Poverty Level

92.9% ARE VIRALLY SUPRESSED

3.6% EXPERIENCE UNSTABLE HOUSING

HRSA
Ryan White HIV/AIDS Program

RWHAP clients are aging. Of the more than half a million clients served by RWHAP, 47.9 percent are people aged 50 years and older. Learn more about these clients served by the RWHAP:

- The majority of RWHAP clients aged 50 years and older are from diverse populations. Among RWHAP clients aged 50 years and older, 68.0 percent are people from racial and ethnic minorities; 44.2 percent of RWHAP clients in this age group are Black/African American people, which is slightly lower than the national RWHAP average (46.6 percent). Additionally, 21.2 percent of RWHAP clients in this age group are Hispanic/Latino people, which is slightly lower than the national RWHAP average (23.6 percent).
- The majority of RWHAP clients aged 50 years and older are male. Data show approximately 70.8 percent of clients aged 50 years and older are male, 28.1 percent are female, and 1.1 percent are transgender.
- The majority of RWHAP clients aged 50 years and older are people with lower incomes. Among RWHAP clients aged 50 years and older, 59.2 percent are living at or below 100 percent of the federal poverty level, which is lower than the national RWHAP average (60.9 percent).
- Data show 3.6 percent of RWHAP clients aged 50 years and older experience unstable housing. This percentage is lower than the national RWHAP average (4.8 percent).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. In 2020, 92.9 percent of clients aged 50 years and older receiving RWHAP HIV medical care are virally suppressed,* which is higher than the national RWHAP average (89.4 percent).

* Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

Addressing the Health Care and Social Support Needs of People Aging with HIV

Technical Expert Panel Executive Summary

HRSA
Ryan White HIV/AIDS Program

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), which oversees the Ryan White HIV/AIDS Program (RWHAP), convened a Technical Expert Panel in November 2020. It explored the health care and social support needs of RWHAP's aging population, with a focus on the barriers to and strategies for providing services. Twenty panelists representing people with lived experience, federal partners, state and local health departments, health care providers, researchers, and peer support organizations took part in the discussions.

This Technical Expert Panel (TEP) Executive Summary includes the following sections:

- Considerations for providing HIV medical, psychosocial, and support services to people aging with HIV;
- Opportunities for improving health care services and social support for people aging with HIV;
- How RWHAP recipients can improve services for people aging with HIV; and
- Workforce issues.

The Ryan White HIV/AIDS Program: Serving People Aging with HIV

- In 2019, almost half (46.8 percent) of RWHAP clients were aged 50 and older, the majority of these clients were aged 50–59 years, 28.5 percent of all RWHAP clients. Nearly 10.0 percent of RWHAP clients were aged 60–64, and 8.5 percent were aged 65 and older.
- The majority of older RWHAP clients are male, approximately 71.0 percent of clients aged 50 years and older.
- Almost 70.0 percent of these clients are from racial and ethnic minority populations, the vast majority being Black/African American.

Considerations for Providing HIV Medical, Psychosocial, and Support Services to People Aging with HIV

Panelists identified issues that relate to aging in general, aging issues specific to people with HIV, and the provision of services to people aging with HIV.

HIV-Related and Age-Related Stigma. Almost 40 years into the HIV/AIDS epidemic, HIV-related stigma is still a barrier to care for people with HIV. Stigma toward people who are older, also known as ageism, on the part of the general public and service providers can influence a person's willingness to access and remain in care. Negative preconceptions exist about older adults in terms of their ability to carry out the activities of daily life and their ability to make decisions related to their care and life.

Perceptions and Realities About Aging. Panelists discussed that to effectively serve older individuals, whether they are HIV positive or not, clinicians must first understand each individual's attitude toward aging. Some people, no matter their age, resist accessing services for older patients. Their perception is that they do not feel old and do not want to be viewed as old. Clinicians and other service providers need to take into consideration patients' attitudes toward aging, as well as their physical and mental health and social support needs, and not base assessments strictly on age.

Increasing Demands for Care as the United States' Population Ages. Panelists emphasized that the United States lacks the capacity to meet the health and social service needs of an aging population. Most significantly, there is a shortage of geriatricians. Primary care physicians lack the skills and time to address the needs of aging patients and do not routinely conduct the necessary screenings for this population. Panelists discussed that although some RWHAP clients do see a geriatrician, HIV and geriatric care may not be well coordinated. Also, people aging with HIV need access to additional specialists (e.g., cardiologists, endocrinologists, rheumatologists).

Diversity of People Aging with HIV. The population of people aging with HIV is incredibly diverse. These differences can affect the care and services they want and need.

- **Age-Related Differences.** For the most part, the needs of people in their 50s are different from those of people in their 60s, 70s, and beyond. However, as panelists observed, age is not the only consideration. Service providers should assess each patient's circumstances. It was noted that accessing services may be a major challenge for people in their 50s. Many services that older people access (e.g., Medicare, community-based support services) have specific age-related eligibility criteria (e.g., 60 years).
- **Long-Term Survivors.** People who were diagnosed with HIV in the 1980s or 1990s have lived with the virus for many years. Antiretroviral treatment (ART) can result in serious long-term side effects. Living with HIV for many decades also can have a significant impact on mental health.
- **Newly Diagnosed.** People who receive a diagnosis of HIV in their 50s (or older) must learn about the HIV-related system of care and available support services. They also must consider how to disclose their status to others (e.g., family and friends, sexual partners) and learn about sexual health and HIV prevention.

Isolation, Loneliness, and Lack of a Social Support Network. Research indicates that isolation and loneliness are associated with both physical and mental health issues, including cardiovascular disease, stroke, and depression.[1,2] Mental health support can reduce isolation and loneliness. Panelists emphasized that providing social support for people aging with HIV is an important priority for this population. Given that this population may face challenges in terms of mobility, access to technology (e.g., devices, the internet) and training in how to use it, transportation, and financial resources, it is necessary that service providers offer opportunities to socialize. Buddy programs, a successful strategy in the early days of the HIV epidemic, is one approach. Panelists also suggested that organizations run by and for people aging with HIV can provide social opportunities.

Access to Care. Beyond the financial ability to pay for services and age-related eligibility criteria, both of which may limit access to care, other factors can affect the ability or willingness of people aging with HIV to access services. Access to care can be improved by creating a welcoming environment where people feel comfortable receiving care; providing transportation; ensuring that facilities and services are accessible to people with physical and/or sensory disabilities; and providing access to electronic devices, the internet, and other technology.

Quality of Life. According to panelists, measuring quality of life is not reflected in the metrics related to the HIV epidemic and is not included on the HIV continuum of care. Quality of life affects both physical and mental health, which affects the likelihood of remaining in care and adhering to treatment.

Opportunities for Improving Health Care Services for People Aging with HIV

Panelists discussed multiple ideas for improving health care services for people aging with HIV:

- Partner with federal, state, and local organizations that provide services to older Americans. These can include Area Agencies on Aging, which are public or private nonprofits designated by states to address the needs and concerns of older adults. State and local governments also have Offices of Aging. The U.S. Department of Health and Human Services' Administration for Community Living

[1] Health Resources and Services Administration. 2019. *The Loneliness Epidemic.* Available at hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic. Accessed December 2, 2020.

[2] Holt-Lundstad J. 2017. "The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors." *Public Policy & Aging Report.* 27(4): 127-130.

advocates across the federal government for older adults, people with disabilities, and families and caregivers.

- Involve people aging with HIV as members of the care team. Provide training for clinicians (e.g., how to partner effectively, listening skills) and the patient (e.g., health literacy, advocacy skills).
- Include peers in the provision of care, whether acting as a member of the care team (e.g., nurse, patient navigator), coordinating referrals, providing social support, or providing retention or adherence support. Panelists emphasized the importance of professionalizing these roles and providing compensation.
- Coordinate health care through such strategies as interdisciplinary care teams; the collaborative care model that brings together primary care providers, care managers, and psychiatric consultants to provide mental health care; patient-centered medical homes; and co-location of services.
- Improve the screening for patients aging with HIV. Age-related screenings (e.g., frailty, cognitive function, elder abuse) should occur earlier for people with HIV (i.e., earlier than recommended for the general population) and integrated into primary care. The Medicare annual visit can serve as a model because it covers many of the domains important for this population. HAB has developed two resources focused on improving care for patients aging with HIV: *Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care* and *Optimizing HIV Care for People Aging with HIV: Putting Together the Best Health Care Team*.

Opportunities for Improving Social Support for People Aging with HIV

Because of the importance of addressing loneliness and isolation in this population, panelists identified strategies for providing social support.

- ***Support groups*** (either in-person or via an online videoconferencing platform) provide an opportunity for people to connect with their peers and share experiences. Support groups should be tailored to specific needs (e.g., newly diagnosed, women, etc.). Support groups can focus on topics other than HIV. For example, people could get together for exercise or to support other healthy behaviors.
- ***Peer support,*** through HIV organizations or organizations for older adults, allows sharing "lived experience" and provides mutual support. Some programs focus on pairing peers by age; others follow an intergenerational model.
- ***Social organizations*** can help address isolation and provide social outlets. These organizations may be independent or operated through a larger organization. Many older individuals are interested in volunteer opportunities as a way of giving back to the community.
- Allow additional time for clinicians to address patients' complex needs (e.g., extended appointments).
- Dedicate referral staff (e.g., case managers, referral specialists) to identify appropriate services and to facilitate and follow up on linkage.
- Consultants (e.g., behavioral service consultants, pharmacists) can expand the range of services available to older patients.
- Provide additional support to patients, such as establishing monthly telephone check-ins or acting as a liaison between service providers. Members of the care team (e.g., nurses, case managers, peers) can carry out these activities.
- Facilitate access to services through home visits or by providing care in mobile vans.
- Facilitate access to housing and long-term care, which can be difficult to arrange for this population. Although long-term care is not an allowable expense under the RWHAP, many recipients develop links to organizations in their community to facilitate access for their clients. Panelists noted that many long-term care facilities and nursing homes are not welcoming to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals and people with HIV. It can be difficult to find housing partners, especially in rural areas. When forming partnerships, recipients should ensure that the providers will treat clients with respect.

How RWHAP Recipients Can Improve Services for People Aging with HIV

Panelists shared ideas on steps RWHAP recipients and subrecipients can consider to ensure that services are welcoming to this population and addresses their needs.

Planning. RWHAP Part A and Part B recipients are required to engage in jurisdiction-wide planning activities. Panelists stated that although many people aging with HIV are members of planning groups, their presence does not necessarily translate into these groups' focusing on the needs of that population. Panelists suggested integrating older adults through all planning group activities and creating space for older members to speak. Panelists emphasized that these members should be provided support to facilitate participation (e.g., transportation) and compensation, if possible.

Advisory Committees. Panelists suggested that agencies establish an advisory committee with patients (and staff, if appropriate). Identifying a staff person to coordinate this activity can help with recruitment and ongoing involvement.

Needs Assessment. Among RWHAP recipients, needs assessment activities take place at multiple levels. For Part A and Part B recipients, needs assessment examines needs across the jurisdiction. Panelists identified multiple ways to collect data for planning purposes, including town hall meetings with clients, providers, and researchers; focus groups; client satisfaction surveys (written, telephone, electronic);

assessment of HIV providers to determine their knowledge of aging issues; and assessment of geriatricians to determine their knowledge of HIV. Conducting such needs assessment activities as surveying staff and patients or convening focus groups can provide agencies insights into the needs of this population and areas for improving the delivery of services.

Normalize and Standardize Services for People Aging with HIV. Patients are more receptive when they perceive that services offered are standard protocol within the clinic (e.g., screenings, regular check-ins). Otherwise, they may feel they are being singled out for services they do not want or feel they need.

Track Care and Service Delivery. To ensure patients receive the care and services they need, carefully track service delivery, such as screenings completed, whether patients followed up on referrals, and what services were received. Regular follow-up confirms that patients remain in care or continue to receive necessary services.

Impact of COVID-19 on Services for People Aging with HIV

This TEP took place in November 2020, and panelists mentioned many of the changes in patient needs and service delivery that occurred because of the COVID-19 pandemic. Older adults and people with HIV are at increased risk for COVID-19. Panelists provided some examples of how COVID-19 has affected service provision.

- COVID-19 has increased the number of mental health issues for people aging with HIV (e.g., isolation, loneliness, anxiety).
- Most clinics implemented telehealth visits. However, telehealth presents a challenge for patients who do not own a device that allows the use of telehealth technology, lack access to the internet, or do not have the technical savvy to access telehealth services.
- Service providers found alternative ways to provide services and opportunities to socialize safely. (e.g., check-in phone calls)

Workforce Issues

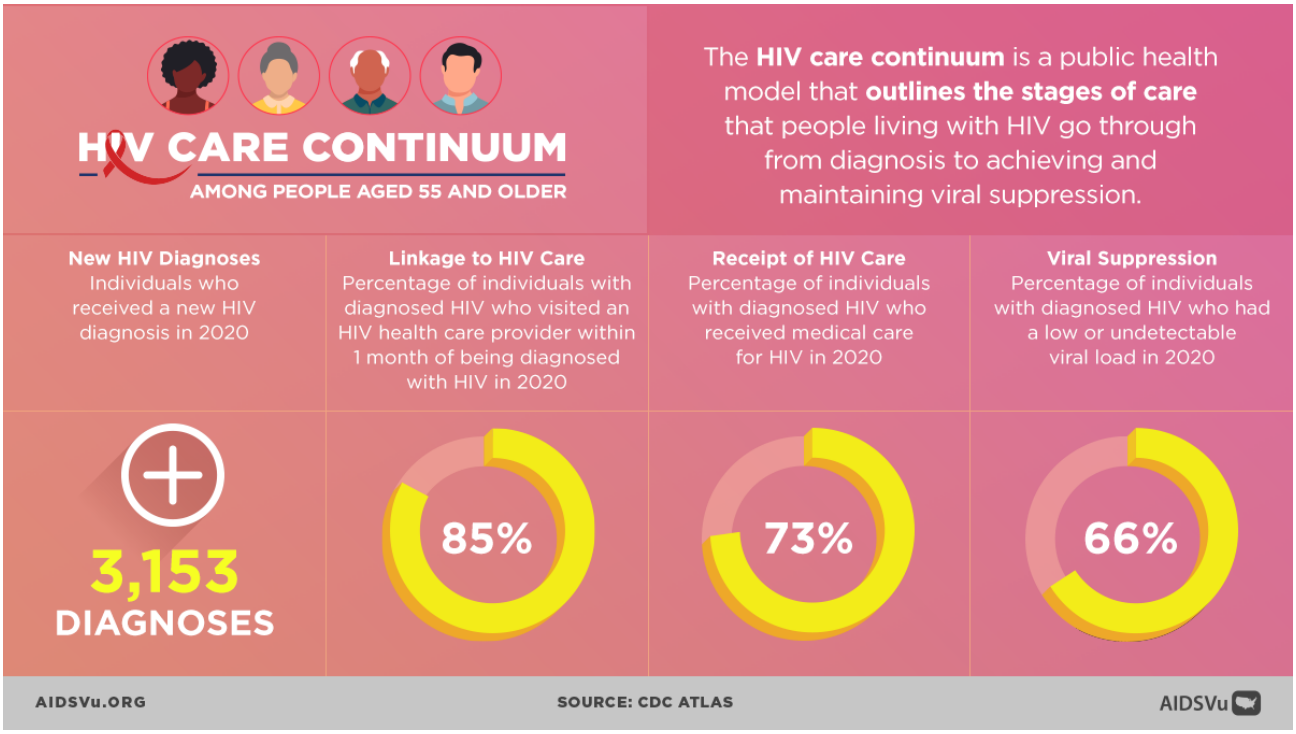
Preparing the existing workforce to provide care and support to people aging with HIV is necessary. In particular, panelists emphasized the importance of interdisciplinary training and training all staff to ensure a welcoming environment where all staff understand the needs of this population. The panel noted the need to recruit new employees to the HIV workforce due to the approaching retirement of many current employees. Important training topics include cultural competency related to aging (especially for younger staff); assessing patient needs; medications (drug–drug interactions); trauma-informed care; and how to partner with patients.

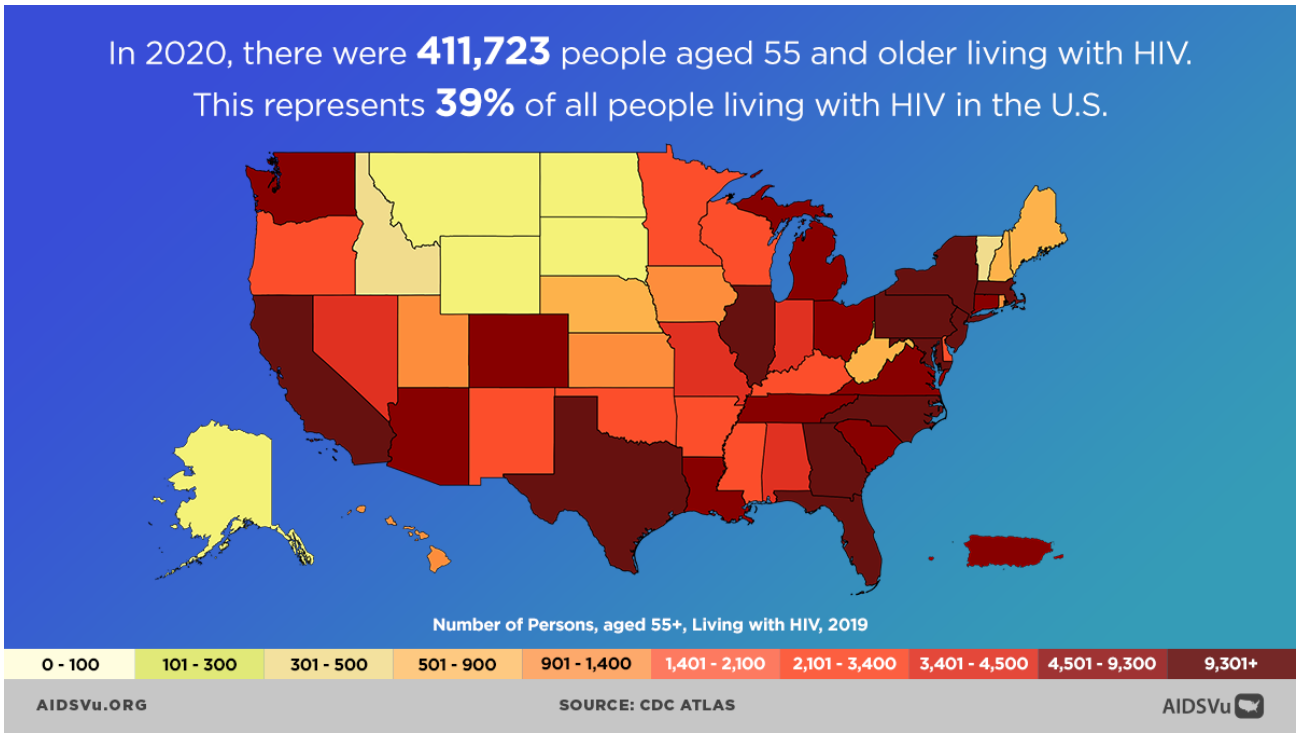
Conclusion

As stated previously, more than half of RWHAP clients are aged 50 and older. It is important to ensure that services are in place as they continue to age. Among RWHAP clients aged 50 and older who are receiving RWHAP HIV medical care, 90 percent are virally suppressed, which indicates that the vast majority are engaged in ongoing care and adhering to antiretroviral treatment. Panelists noted that the RWHAP can be a model for providing geriatric care by coordinating with and building on services for older adults that are already in place.

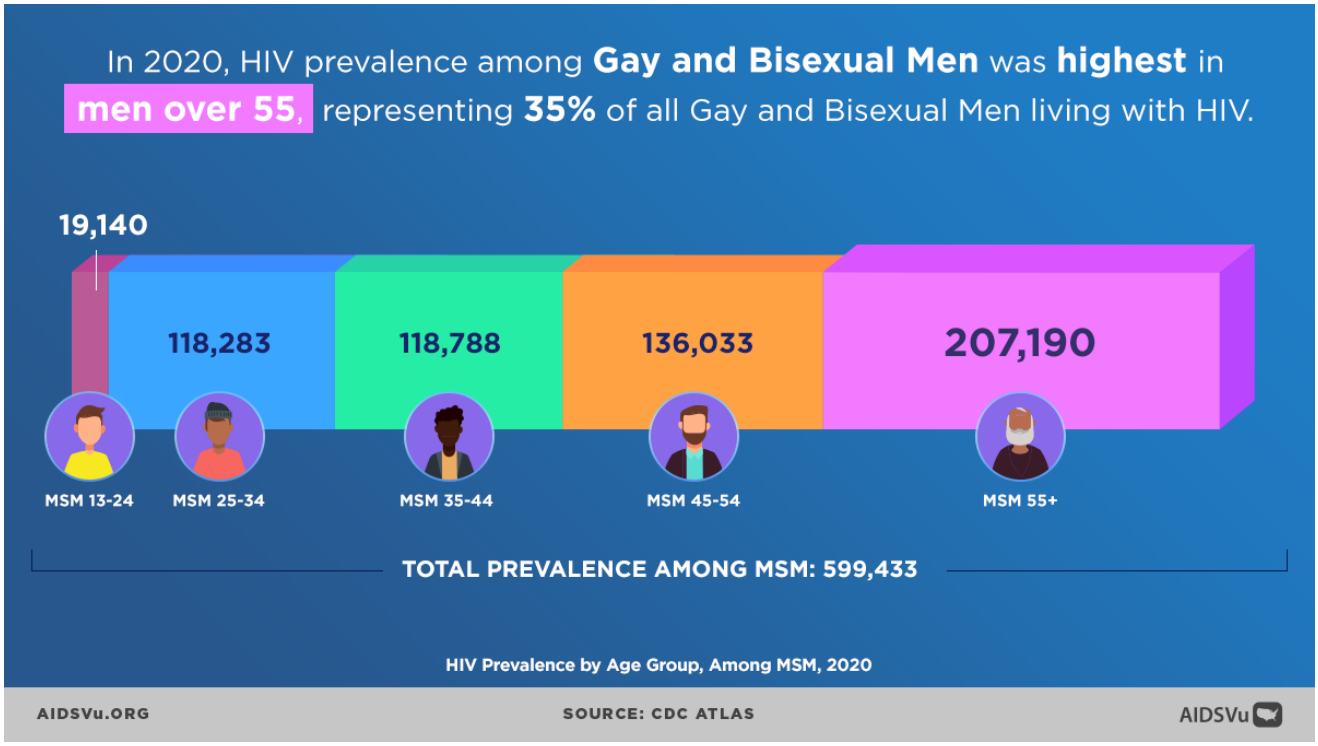
HRSA
Ryan White HIV/AIDS Program

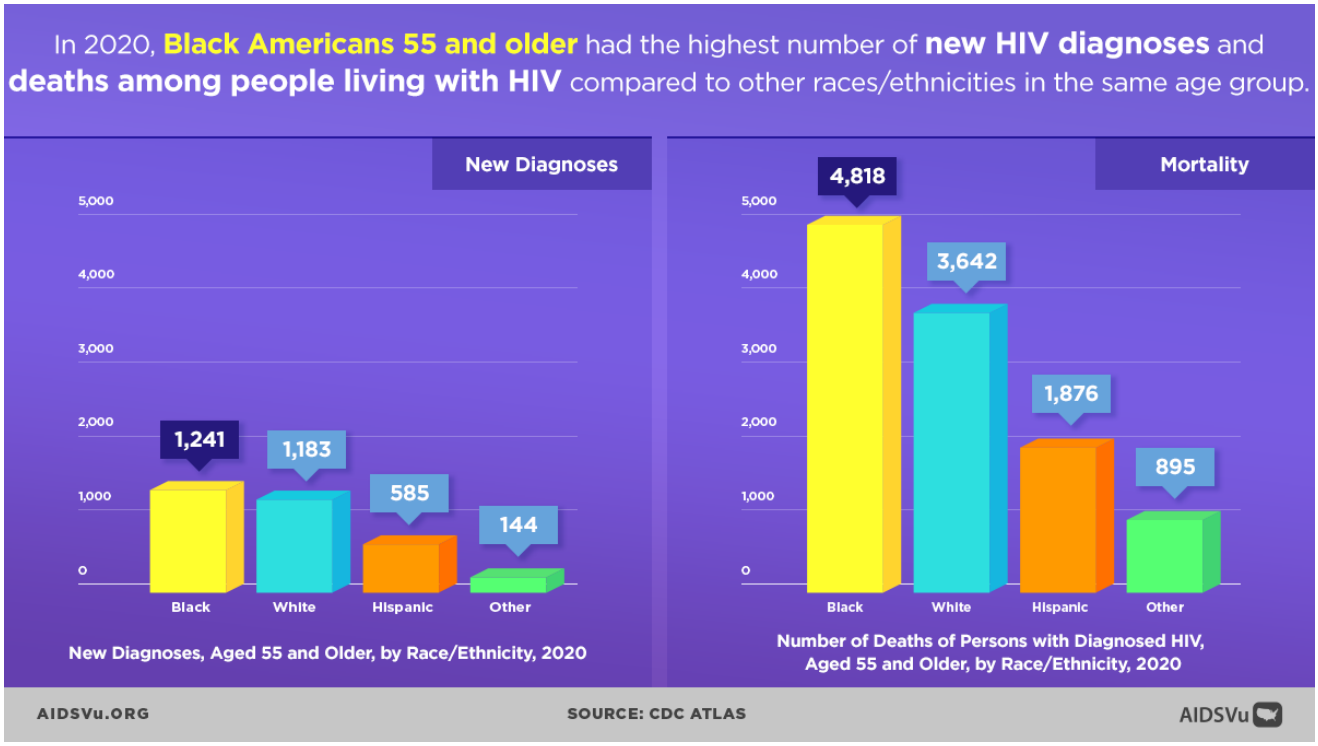
Infographics from AIDSVu





Infographics from AIDSVu





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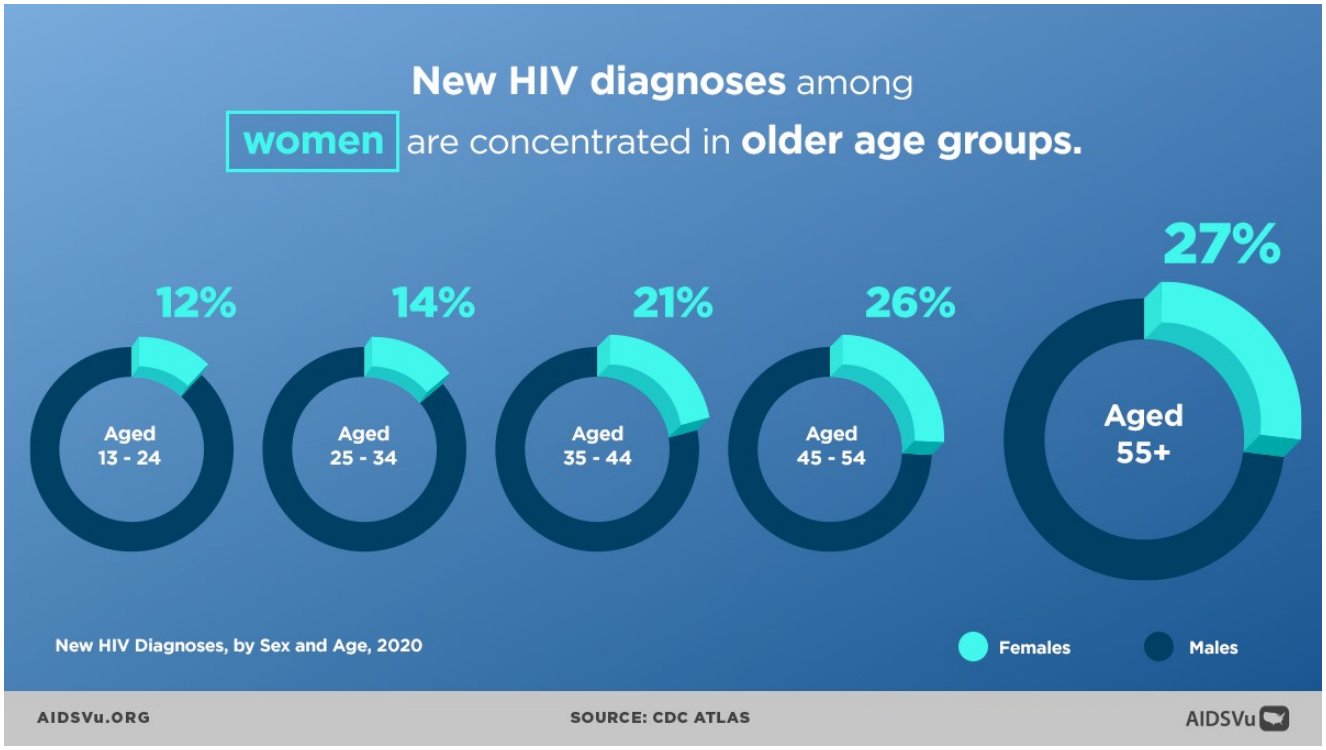
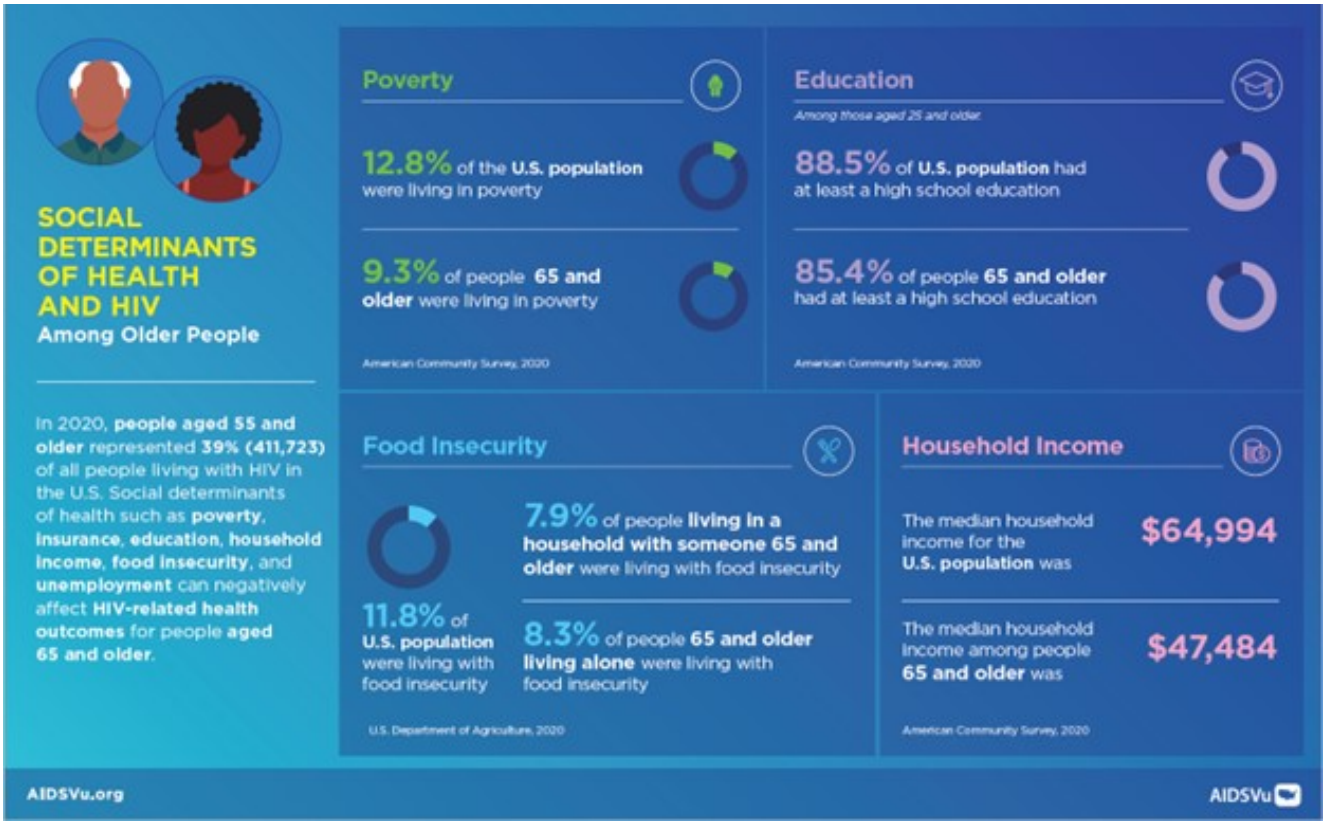


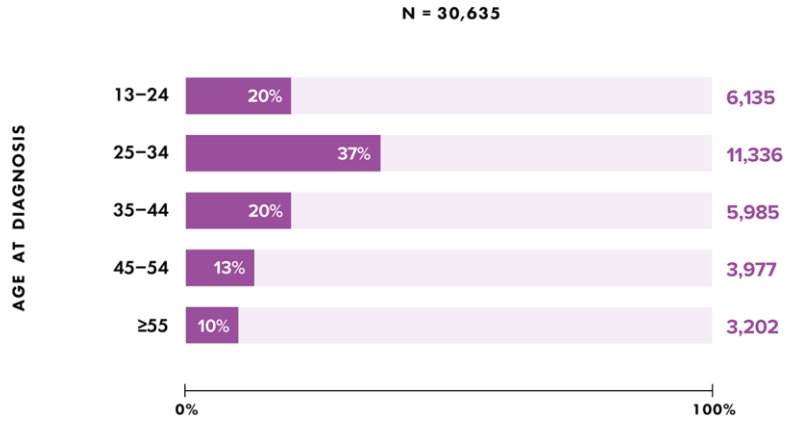


Infographics from CDC

(including information about HIV Among Older People)

FIGURE 3

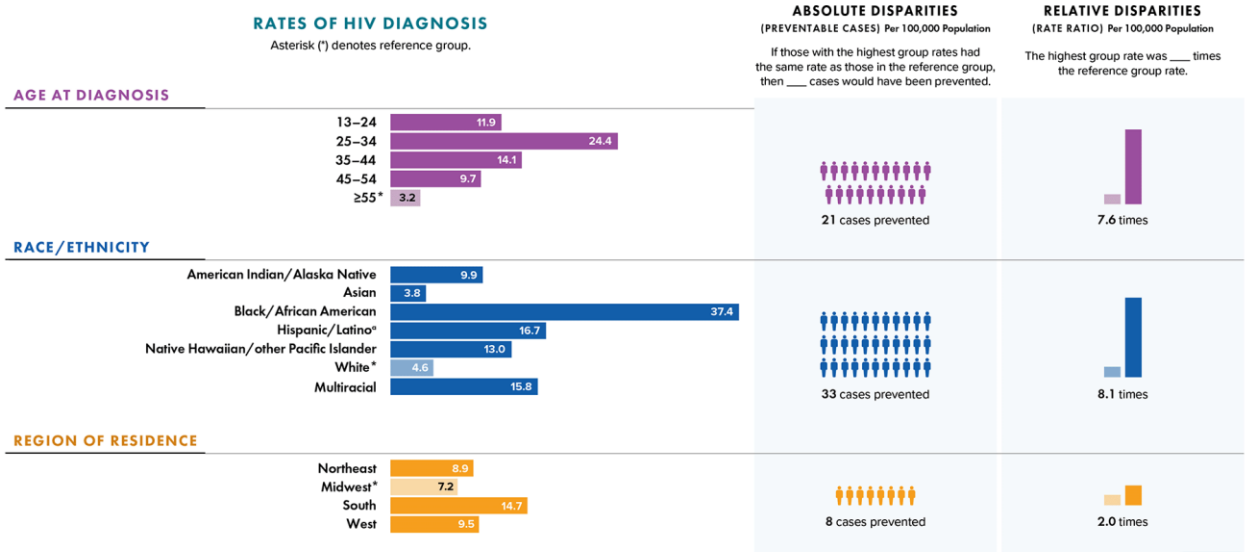
Percentages of diagnoses of HIV infection among persons aged ≥13 years, by age at diagnosis, 2020 (COVID-19 Pandemic) —United States and 6 dependent areas



NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

FIGURE 4

Rates and disparities of diagnoses of HIV infection among persons aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States



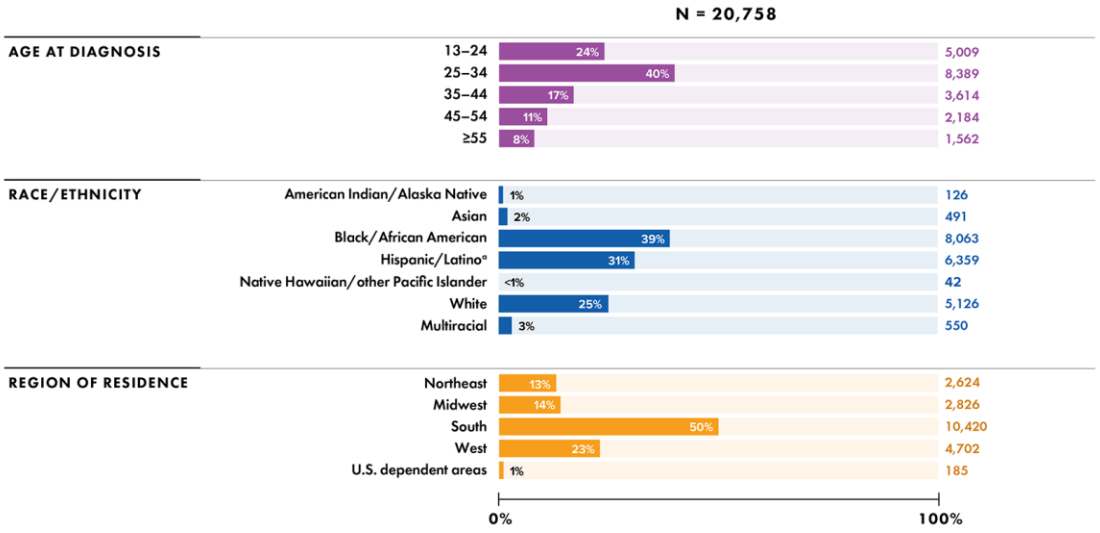
NOTE. Rates are per 100,000 population. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. *Hispanic/Latino persons can be of any race.
Absolute disparity measures the difference between rates in groups with the highest rates and a reference group ($Rate_{highest\ group} - Rate_{reference\ group}$). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group ($Rate_{highest\ group} / Rate_{reference\ group}$).

Infographics from CDC

(including information about HIV Among Older People)

FIGURE 12

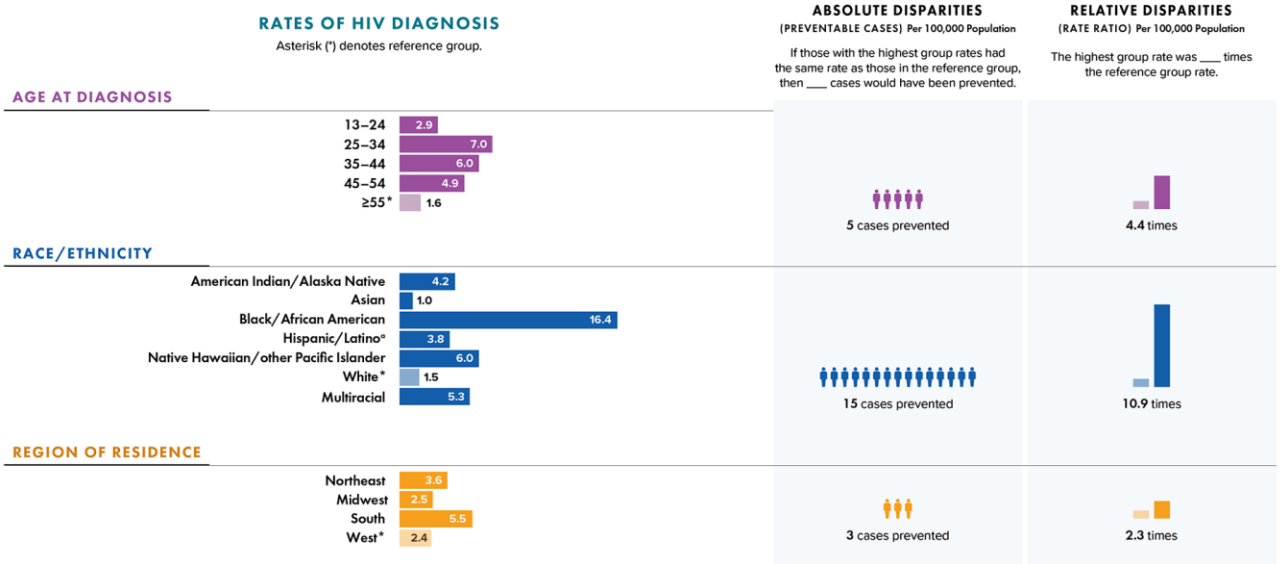
Percentages of diagnoses of HIV infection among men who have sex with men, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.
*Hispanic/Latino persons can be of any race.

FIGURE 23

Rates and disparities of diagnoses of HIV infection among females aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States



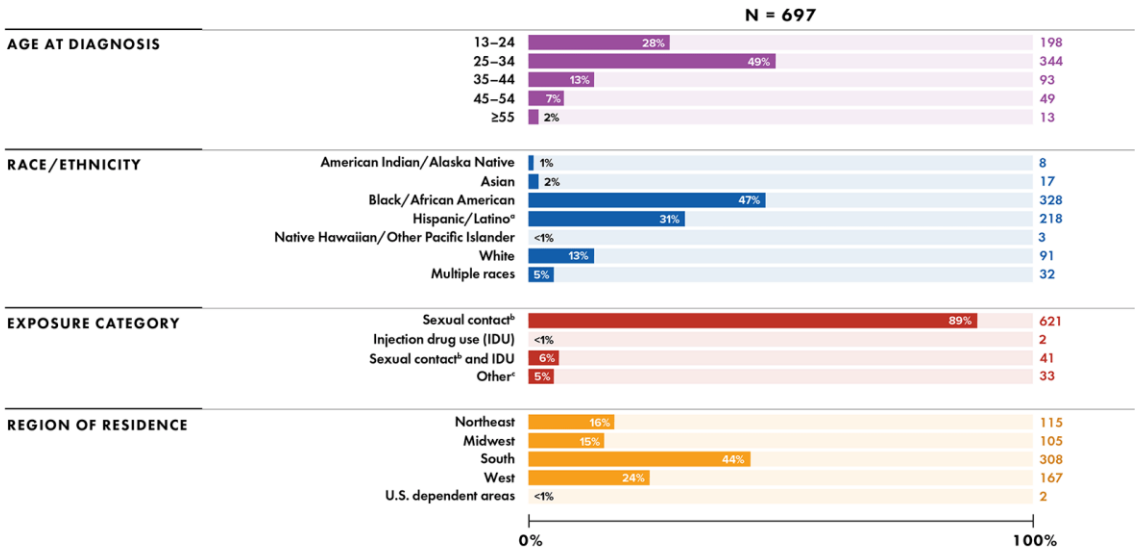
NOTE. Rates are per 100,000 population. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. *Hispanic/Latino persons can be of any race.
Absolute disparity measures the difference between rates in groups with the highest rates and a reference group ($Rate_{highest\ group} - Rate_{reference\ group}$). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group ($Rate_{highest\ group} / Rate_{reference\ group}$).

Infographics from CDC

(including information about HIV Among Older People)

FIGURE 18

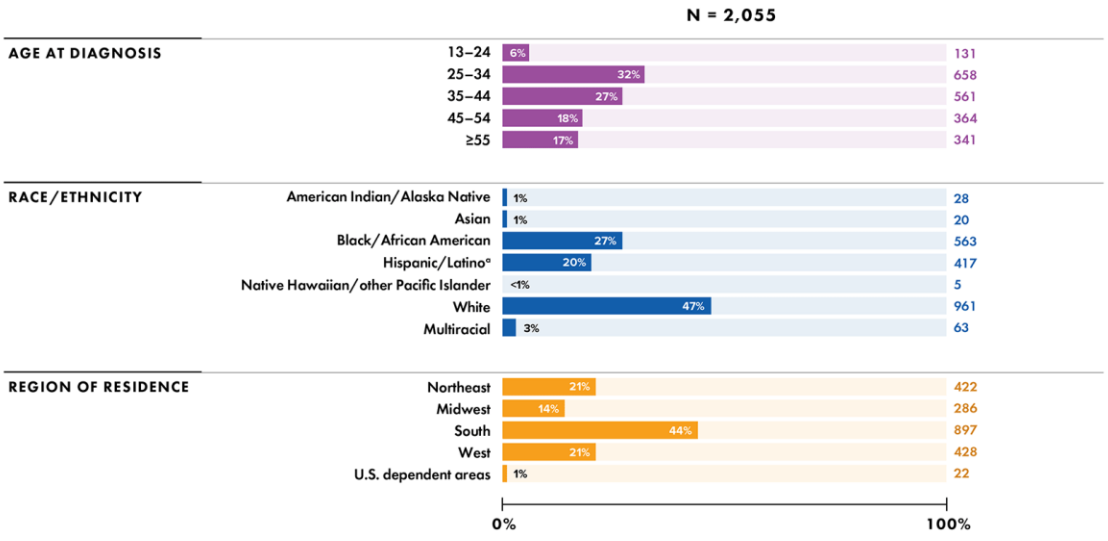
Percentages of diagnoses of HIV infection among transgender and additional gender identity persons aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.
[a]Hispanic/Latino persons can be of any race.
[b] For persons assigned "male" sex at birth, sexual contact with any person. For persons assigned "female" sex at birth, sexual contact with a person assigned "male" sex at birth.
[c]Other risk factors including perinatal, hemophilia, blood transfusion, and risk factor not reported or not identified. Data were not statistically adjusted to account for missing exposure category; therefore, case counts for "Other" might be high.

FIGURE 15

Percentages of diagnoses of HIV infection among persons who inject drugs, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



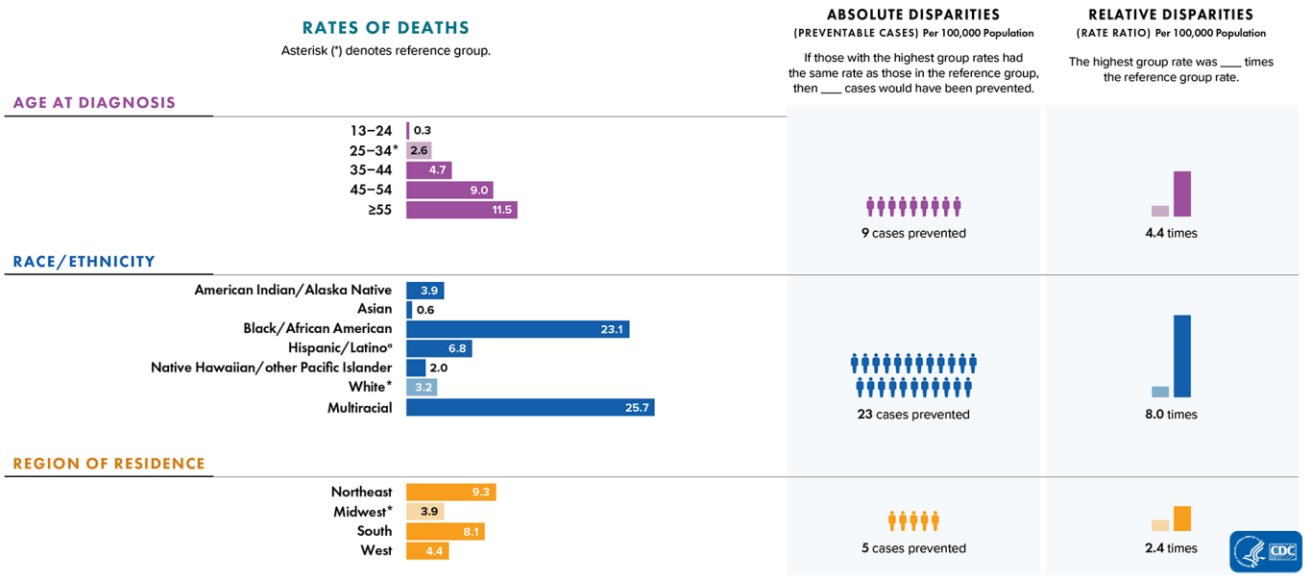
NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.
[a]Hispanic/Latino persons can be of any race.

Infographics from CDC

(including information about HIV Among Older People)

FIGURE 9

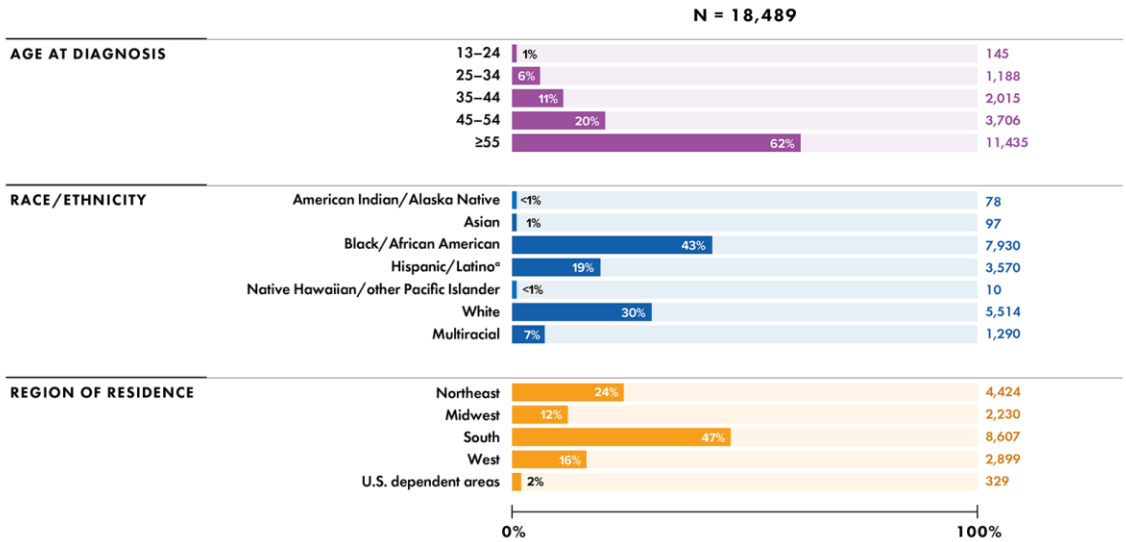
Rates and disparities of deaths among persons aged ≥13 years with diagnosed HIV infection, by selected characteristics, 2020 (COVID-19 Pandemic)—United States



NOTE. Rates are per 100,000 population. Deaths of persons with a diagnosis of HIV infection may be due to any cause. Data for the year 2020 are preliminary and based on deaths reported to CDC as of December 2021. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. * Includes Asian/Pacific Islander legacy cases. [a]Hispanic/Latino persons can be of any race. Absolute disparity measures the difference between rates in groups with the highest rates and a reference group ($Rate_{highest\ group} - Rate_{reference\ group}$). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group ($Rate_{highest\ group} / Rate_{reference\ group}$).

FIGURE 8

Percentages of deaths among persons aged ≥13 years with diagnosed HIV infection, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Deaths of persons with a diagnosis of HIV infection may be due to any cause. Data for the year 2020 are preliminary and based on deaths reported to CDC as of December 2021. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.
* Includes Asian/Pacific Islander legacy cases.
[a]Hispanic/Latino persons can be of any race.