

September 18, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

September 18 is [National HIV/AIDS and Aging Awareness Day \(NHAAD\)](#), a day that brings attention to people aged 50 or older who are aging with HIV. Since its inception in 2008, NHAAD has been a day to raise awareness about HIV, address stigma, barriers to care, and encourage people aged 50 or older to get tested and know their status. People with HIV are now able to live long, full lives because of highly effective treatments. Currently more than 50% of Americans with HIV are 50 or older.

Like their counterparts not living with HIV, older Americans with HIV are likely to have at least one chronic health condition, such as cardiovascular disease, diabetes, and osteoporosis. Chronic inflammation caused by HIV can increase the risk of some of these conditions. For example, more than half of the cohort aged 50 or older from the Centers for Disease Control and Prevention's (CDC) HIV Outpatient Study (HOPS) had a heart age at least 10 years older than their actual age. And, people with HIV aged 60 or older have, on average, four co-occurring, non-AIDS-related chronic co-morbidities, which is higher than the non-HIV population in the U.S.<sup>1</sup> Disability is also more common in older adults with HIV than in the general population, affecting an estimated six out of every 10 people with HIV aged 65 or older, and half of those aged 45-64.<sup>2</sup>

In addition to physical health conditions, people aged 50 or older with HIV may have unique mental health needs. For example, cognitive disorders and depression can be exacerbated by the social isolation, loneliness, lack of social support, and stigma sometimes experienced by older people with HIV.<sup>3</sup> In addition, managing HIV and co-morbidities may require taking daily medication, placing people aged 50 or older at risk of polypharmacy, or taking multiple medications at the same time. According to CDC's Medical Monitoring Project (MMP), one in four older adults who had been living with HIV for more than 25 years had been prescribed an average of nine medications.<sup>4</sup>

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<sup>1</sup> Palella FJ, Hart R, Armon C, Tedaldi E, Yangco B, Novak R, Battalora L, Ward D, Li J, Buchacz K; HIV Outpatient Study (HOPS). Non-AIDS comorbidity burden differs by sex, race, and insurance type in aging adults in HIV care. *AIDS*. 2019;33(15):2327-2335. doi: [10.1097/QAD.0000000000002349](https://doi.org/10.1097/QAD.0000000000002349).

<sup>2</sup> Chowdhury PP, Beer L, Shu F, Fagan J, Luke Shouse R. Disability among adults with diagnosed HIV in the United States, 2017. *AIDS Care*. 2021 Dec;33(12):1611-1615. doi: [10.1080/09540121.2020.1842318](https://doi.org/10.1080/09540121.2020.1842318).

<sup>3</sup> [HRSA Recognizes National HIV/AIDS and Aging Awareness Day | HIV.gov](#)

<sup>4</sup> Centers for Disease Control and Prevention. Medical Monitoring Project. Example social messaging [infographic-resilience-50-or-older.jpg \(4500x4500\) \(cdc.gov\)](#). [Accessed 9 September 2024]

The five 2025 quality of life (QoL) goals set by the National HIV/AIDS Strategy (NHAS) are monitored through five indicators: self-rated health, unmet needs for mental health services, unemployment, hunger or food insecurity, and unstable housing or homelessness. Indicator goals help increase good or better self-rated health to 95% and decrease all other indicators by 50% from their respective baselines by 2025. Recent data as of the 2022 MMP cycle show that more work is needed to reach the five QoL goals for people aged 50 and older with HIV. Multi-sectorial strategies to address these indicators are needed to meet NHAS goals.<sup>5</sup>

Supporting people aged 50 or older with HIV requires a comprehensive, multidisciplinary, and integrated whole-person approach to health care.

CDC works towards optimal and equitable HIV prevention for all who could benefit, treatment for all living with HIV, and quality of life among people living with HIV across their lifespan. To do this CDC conducts and provides:

- Data collection to inform programs, guidance, policies, research, and innovations in program or implementation science, and to translate data into effective programs and care.
- Support for jurisdictions and other partners to conduct surveillance and monitoring, and implement programs and pilots of innovative interventions for HIV prevention and care.
- Capacity building with technical assistance for states and other jurisdictions, and for community-based organizations through funding opportunities and additional technical assistance.
- Communication and education for [providers](#) and [persons with risk factors for or living with HIV](#), including community engagement, [social marketing](#), and more directed mechanisms.

The Health Resources and Services Administration's (HRSA) is deeply committed to addressing the unique needs of people aging with HIV through its [Ryan White HIV/AIDS Program](#). Through this program, HRSA ensures that people aging with HIV receive comprehensive, responsive care that addresses both their medical and social needs. The program's ongoing success is helping individuals live longer and healthier lives.

As the population of people aged 50 or older with HIV grows, the [Ryan White HIV/AIDS Program provides critical support](#) across a range of core medical and support services to meet their complex health and social needs. These include:

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<sup>5</sup> Centers for Disease Control and Prevention. Progress toward achieving National HIV/AIDS Strategy goals for quality of life among people with diagnosed HIV aged ≥50 years—Medical Monitoring Project, United States, 2017-2023. *MMWR* 2024; 73(36);781–787.

- Addressing multiple chronic conditions, medication management, and the challenges of social isolation.
- Developing and disseminating effective strategies to improve the well-being of older adults with HIV through the Special Projects of National Significance Program's [Aging with HIV Initiative](#).
- Offering [essential training and resources on HIV in older adults](#) with the AIDS Education and Training Center Program's [National Coordinating Resource Center](#).

In collaboration with federal partners, including the [Administration for Community Living \(ACL\)](#), HRSA leverages existing resources and expertise to support the aging HIV population. HRSA collaborates with grantees from the [ACL aging network to this end](#). Over 600 [Area Agencies on Aging \(AAA\)](#) and more than 11,000 [senior centers](#) serve as community hubs that provide services and supports like nutrition, transportation, caregiver support, insurance counseling and more.

[Aging and Disability Resource Centers](#) (often housed in AAAs) provide unbiased, person-centered counseling on long-term care as a part of the “no wrong door” system to people of all ages and their families and caregivers. Additionally, [State Units on Aging](#) are responsible for planning aging services statewide and work closely with the community to ensure they are meeting the needs of diverse state populations. HRSA also encourages Ryan White HIV/AIDS Program recipients to utilize available aging-related services through ACL's [Eldercare Locator](#) and to access tools and resources provided on [TargetHIV.org](#).

CDC and HRSA are committed to addressing people aging with HIV this NHAAD. Please help us to promote this special day by sharing CDC's [digital toolkit](#) and by using the hashtags #NHAAD.

For more information on aging with HIV, please see the resources below:

### **Related HIV and Aging Resources**

[Link to issue brief, if ready]

[SAGE](#) (Advocacy & Services for LGBTQ+ Elders)

[SAGE: HIV/AIDS Resources](#)

[SAGE: LGBTQ+/HIV Long-Term Care Bill of Rights Toolkit](#)

[Center for HIV Law and Policy \(CHLP\): Aging & HIV: An Introduction to Legal Issues Facing People Living and Aging with HIV](#)

[O'Neil Institute: Better Integration Between HIV and Aging Systems is Critical](#)

Sincerely,

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