

Five Profiles of Need Among People Aging with HIV: A Latent Class Analysis Identifying an Unscreened High-Burden Group

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Conflict of Interest Declaration

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Source. HealthHIV's State of Aging with HIV National Survey, conducted by HealthHIV Research and Evaluation. Figures are the author's own analyses of survey data.



HealthHIV

HealthHIV is a national non-profit working with healthcare organizations, communities, and providers to advance effective HIV, HCV, STI and LGBTQ health care, drug user health, and health equity through education and training, technical assistance and capacity building, advocacy, communications, and health services research and evaluation.

HealthHIV leads the HealthHCV initiative, the National Center for Health Care Capacity Building, and the National Coalition for LGBTQ Health, as well as PleasePrepMe.org, AgingwithHIV.org, ReduceHarmDC.org, the HIV Prevention Certified Provider (HIVPCP) program and the HIV PrEP Navigation Certification (HIVPNC) program.

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HealthHCV.org

SYNChronicity 2027

The Q training center

HIVPCP certification

HIVPNC certification



National Center for Health Care Capacity Building

PleasePrEPMe.org, AgingwithHIV.org, ReduceHarmDC.org

HealthHIV Research and Evaluation

An internal research and evaluation function unique to HIV nonprofits.

Our approach: advance effective prevention, care and treatment for people living with, or at risk for, HIV and HCV, and for the LGBTQ community, through original data analysis and evaluation.

The team uses data to guide HealthHIV's work, drive continuous quality improvement and disseminate findings.

Core Research Capabilities

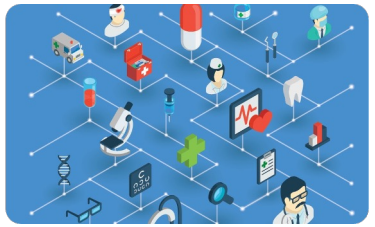
- Program Monitoring and Evaluation
- Health Services Research
- Capacity Building for Effective Evaluation
- Geo-Mapping
- Survey Design

State Of National Surveys

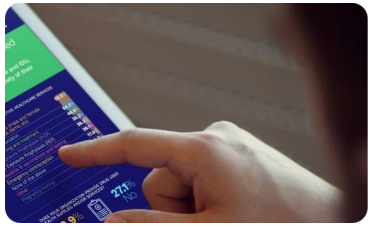
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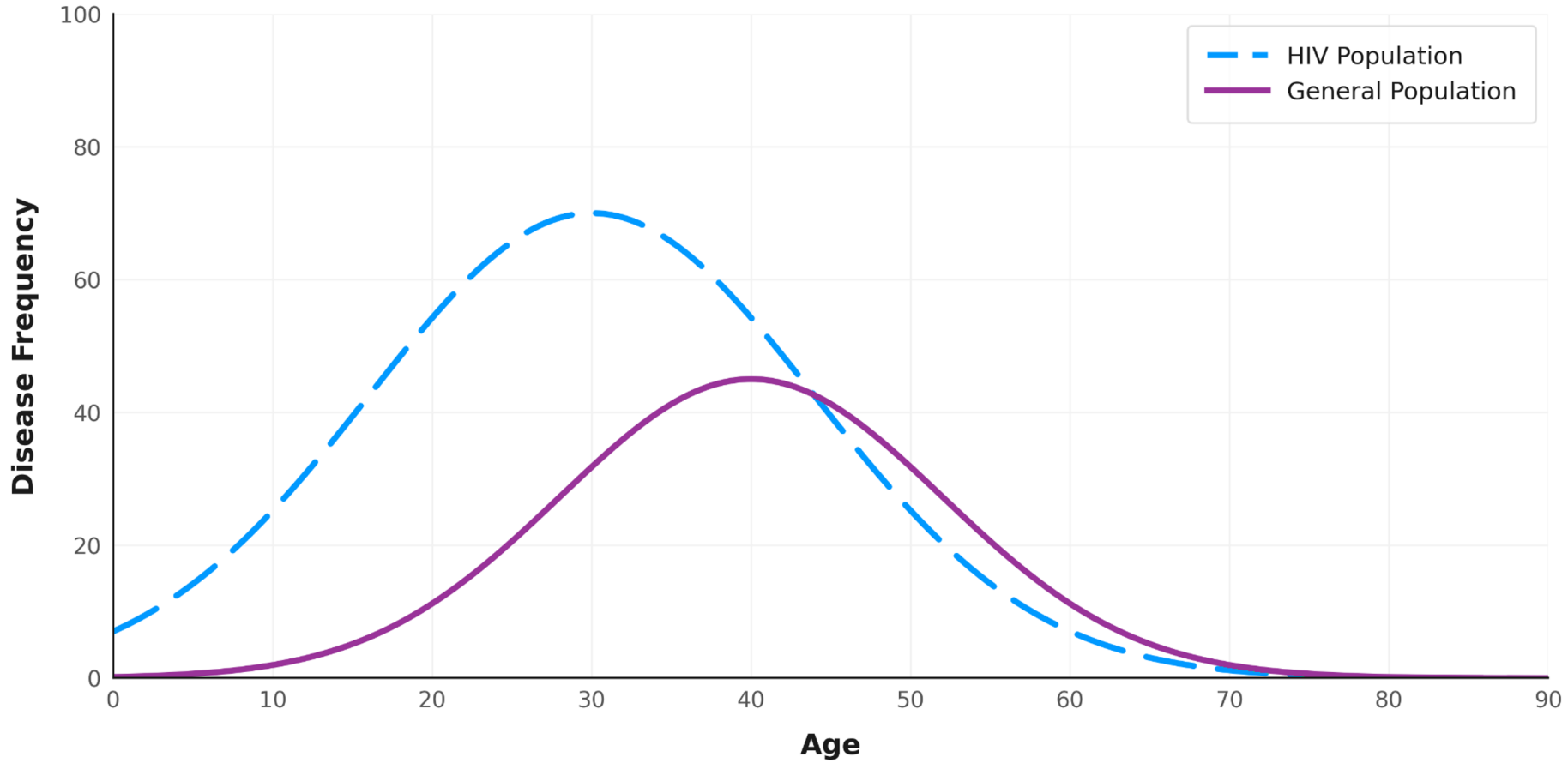
National Coalition for LGBTQ Health
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Background

One average, or five profiles of need



People Aging with HIV Experience Accelerated, Accentuated Aging Compared to the General Population



HealthHIV State of Aging with HIV™ Survey

Population-Level Averages Hide Variation in Resources and Health Outcomes Among People Aging with HIV

Long-term survivors live with a double legacy

Earlier, more toxic regimens and decades of cumulative stigma exposure. Lifetime survivors, sometimes called dandelions, have lived with HIV since birth or early childhood.

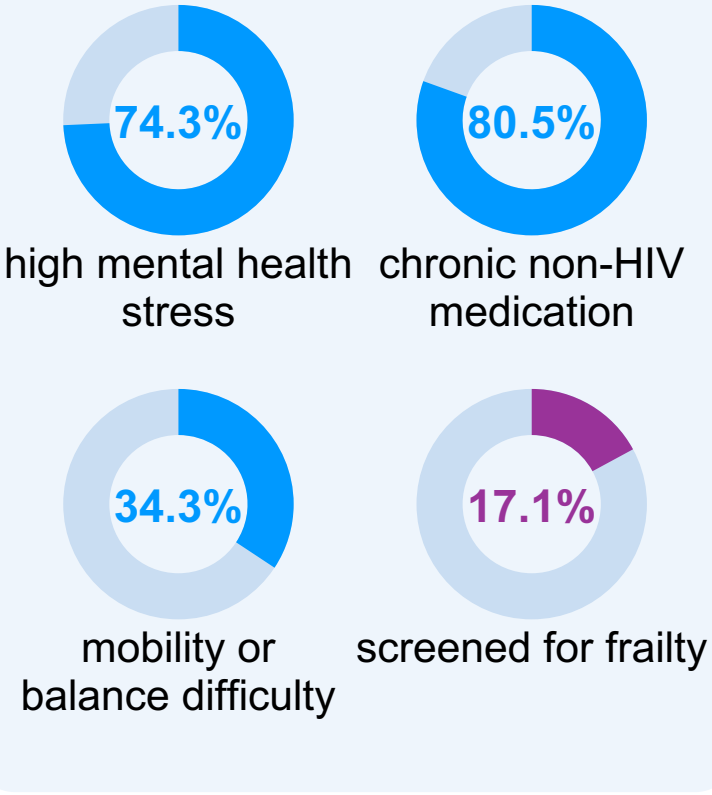
The aging clock runs early

53.7% of this cohort report a prior AIDS diagnosis; geriatric syndromes appear 15 to 20 years earlier than among peers without HIV.

Averages hide variation

A cohort mean describes a composite person. A service cannot be designed around a composite.

The 2026 cohort, on average



The HIV care system has raised viral suppression to record levels, and it reports that success as one average.

We wanted to understand whether that average hides distinct profiles of need, and which profile the system is missing. That is:

Can distinct profiles of aging with HIV be identified empirically, and what does the largest one look like?

Viral suppression. More than 90% of respondents aging with HIV have reported viral suppression every year the survey has been fielded since 2020.

Profiles of need. Eleven indicators from the 2026 survey, clinical, functional, psychosocial and structural, sorted by latent class analysis into profiles of need.

About the Survey

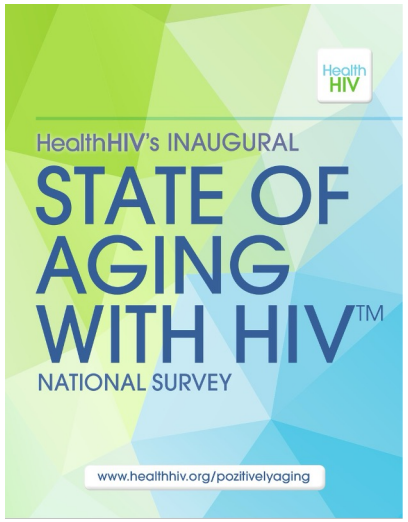
One national survey of people aging with HIV, fielded five times since 2020



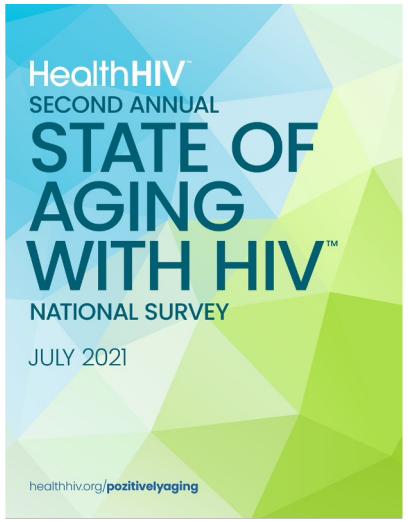
About the State of Aging with HIV™ National Survey

HealthHIV.org/stateof/agingwithhiv

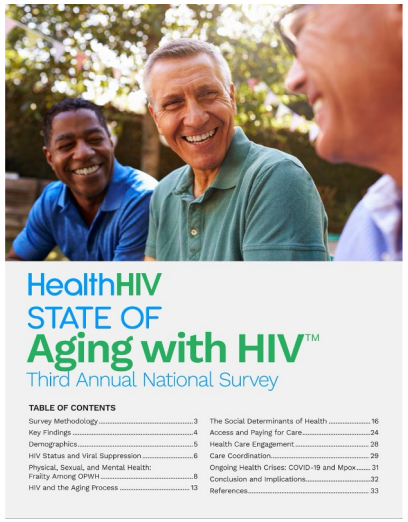
Fielded every year since 2020. Visit **HealthHIV.org/stateof** for more information.



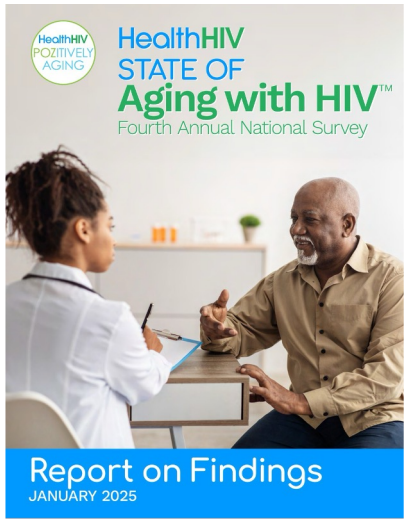
Inaugural, 2020



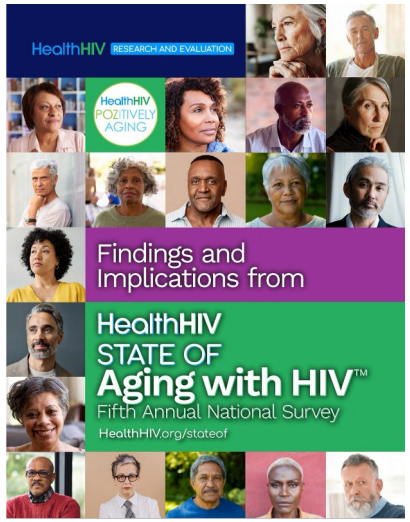
Second Annual, 2021



Third Annual, 2022



Fourth Annual, 2024



Fifth Annual, 2026

Scan for the reports, data tables and the webinar, or visit **HealthHIV.org/stateof/agingwithhiv**

The State of Aging with HIV National Survey

Who is eligible

People with HIV aged 50 and older, or living with HIV for 15 years or more. Consumers and providers answer separate instruments; this analysis uses the consumer survey.

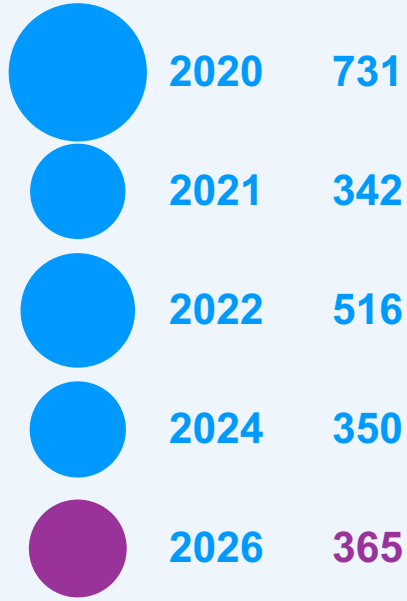
How it is fielded

Online, through REDCap. The 2026 survey ran in February and March 2026, with respondents from 37 states and the District of Columbia.

What this analysis uses

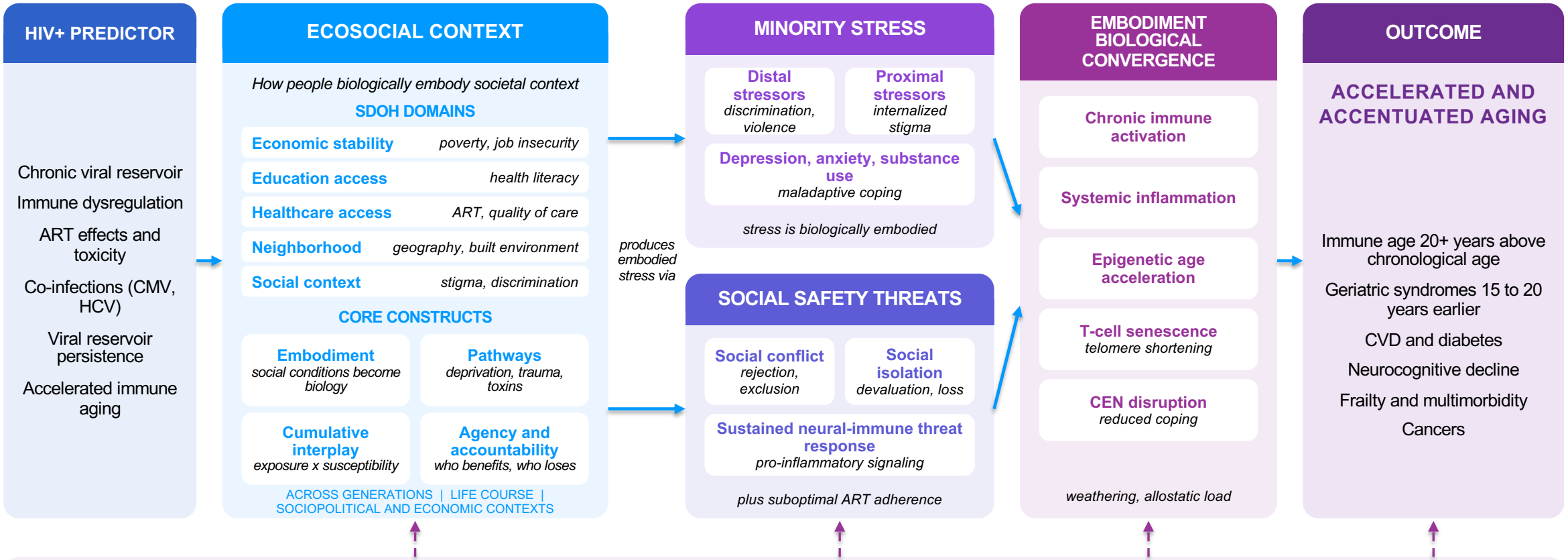
The 2026 survey: 365 respondents, of whom 311 answered all eleven indicators and enter the latent class model.

Respondents by year



2,163 in all. Purple: the year analyzed in this talk.

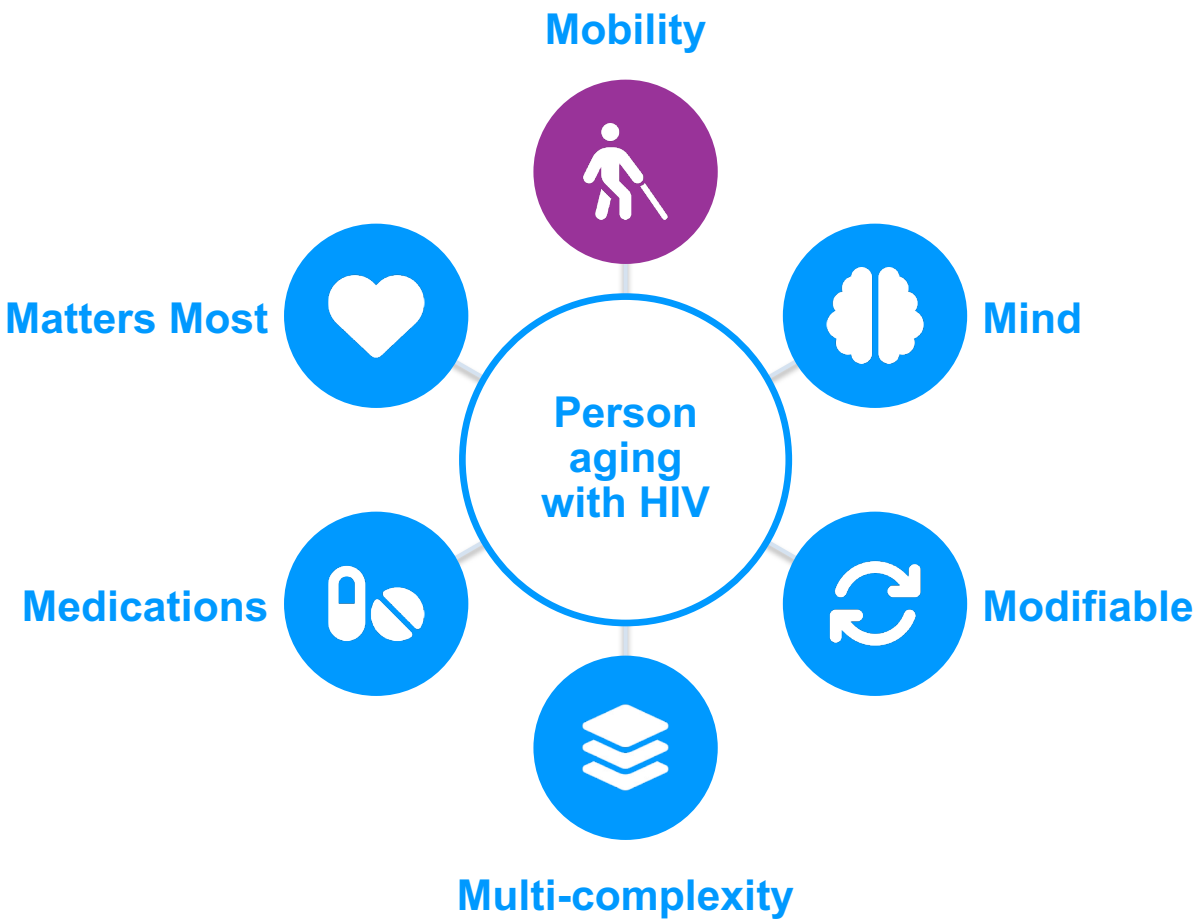
Conceptual Model: Accelerated Aging with HIV



*Integrating **Ecosocial Theory** (Krieger) | **Minority Stress Framework** (Frost and Meyer) | **Social Safety Theory** (Slavich)*

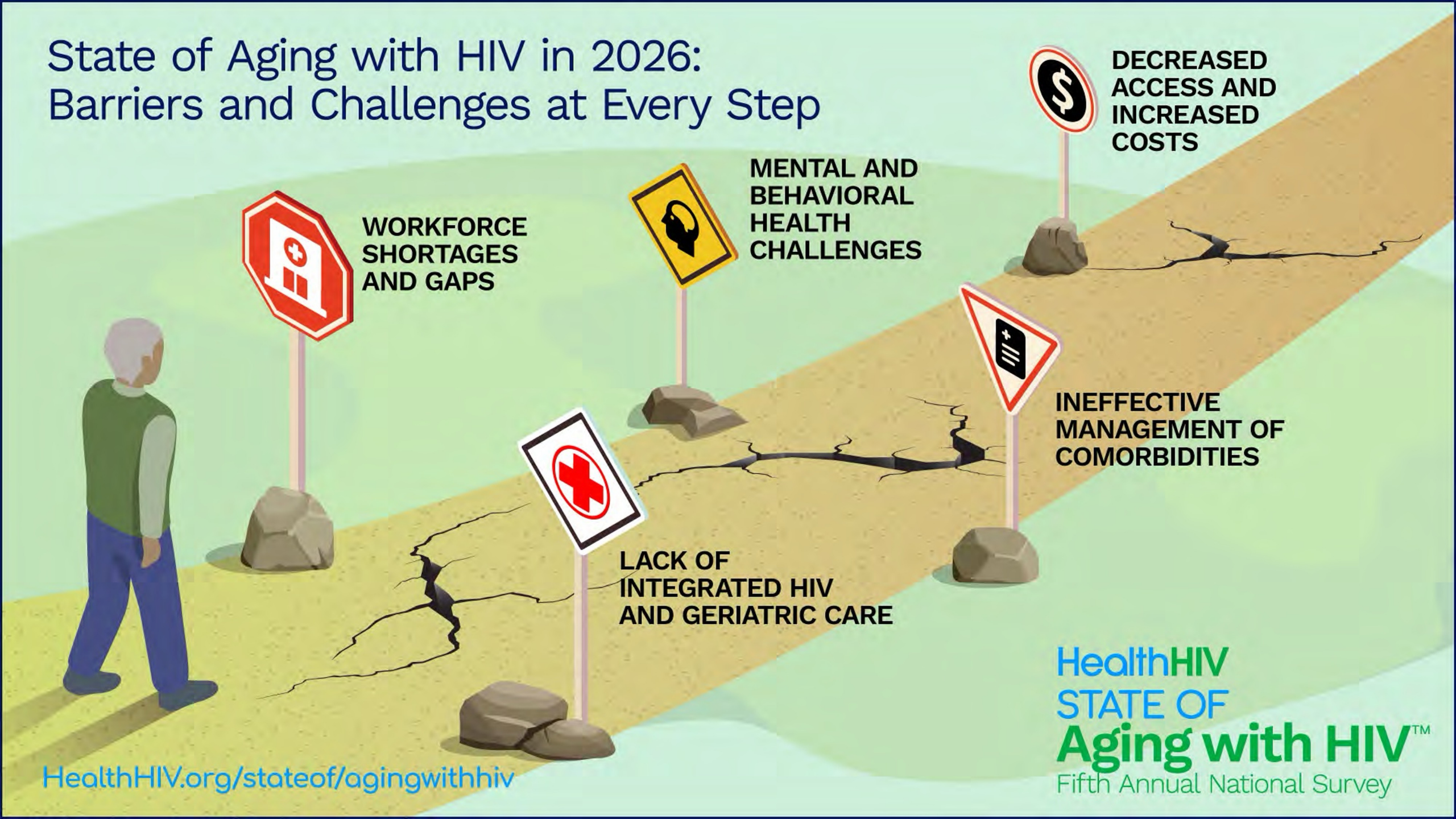
The Geriatrics 6Ms Structure the Aging Half of the Visit

Six domains from geriatrics, adapted for HIV care. Frailty screening belongs to Mobility, the entry point to the rest.



- **Mobility.** Function, falls and frailty screening
- **Mind.** Cognition, mood and stress
- **Medications.** Polypharmacy, interactions and deprescribing
- **Multi-complexity.** Multimorbidity and the social context around it
- **Matters Most.** Goals of care and advance care planning
- **Modifiable.** What the system can change: funded, reimbursed, measured

State of Aging with HIV in 2026: Barriers and Challenges at Every Step



HealthHIV.org/stateof/agingwithhiv

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Fifth Annual National Survey

The Survey Covers Five Domains; Eleven Consumer Indicators of the Latent Class Analysis Derived from Four



These questions were directed to providers.



Frailty screening, telehealth use, case management



Chronic non-HIV medications, mobility difficulty, help with daily activities



High mental health stress, discrimination in care, social network



Food insecurity, retirement plan

Methods: Eleven Binary Indicators, Two- to Seven-Class Solutions, and a BIC-Selected Model

- Chronic non-HIV medications
- Frailty screening received
- Telehealth use
- Case management
- Mobility or balance difficulty
- Help with activities of daily living
- High mental health stress
- Any discrimination in care
- Social network of four or more
- Food insecurity
- Retirement plan

Clinical **Functional** **Psychosocial** **Structural**

Results

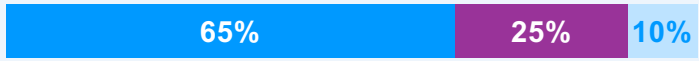
Five profiles, and the largest is the unmanaged one



Who Responded in 2026: Long-Term Survivors, Older, Highly Educated

61 years average age; one in three is 65 or older

92% living with HIV for 15 years or more; 54% with a prior AIDS diagnosis



65% cisgender men | 25% cisgender women | 10% transgender or gender nonconforming



48% White | 42% Black or African American | 9% Hispanic or Latino

52% have a bachelor's degree or higher; 93% have at least some college

35% household income below $32,000; 34% at $65,000 or more

37 states and the District of Columbia; 58% urban, 27% suburban, 15% rural

53% identify as LGBTQ+

N=365 consumer respondents (Fifth National Survey report, Table A1); education from survey data, 275 answering.



Who the survey reaches

- Online dissemination meant respondents needed a phone/computer with Internet connection
- Most (93%) had at least some college; nationally, 41% of adults with HIV have HS education or less (CDC Medical Monitoring Project)
- Most (92%) are long-term survivors engaged in care

Five Profiles of Need Among People Aging with HIV, 2026

Five-class latent class solution, 2026 (N=311). Share of respondents in each class, largest to smallest.



Very High, Unmanaged
27%, n=84



Low-Moderate Needs
23%, n=72



High Clinical, Connected
22%, n=68



Minimal Needs
18%, n=56



Resource-Dependent
9%, n=28

Class names as published; percentages are rounded class prevalences and sizes are respondents assigned to each class. Purple marks the two high-need classes. Photographs are stock images; they do not show respondents.

Eleven Indicators by Profile: the Unmanaged Class Is at 100% on Three and at Zero on Frailty Screening

	Minimal Needs 18%, n=56	High Clinical, Connected 22%, n=68	Low-Moderate Needs 23%, n=72	Resource-Dependent 9%, n=28	Very High, Unmanaged 27%, n=84
High mental health stress	**0%**	38%	22%	55%	**100%**
Any discrimination in care	8%	22%	15%	28%	**100%**
Chronic non-HIV medication	55%	95%	72%	82%	**100%**
Food insecurity	5%	18%	12%	**100%**	41%
Mobility difficulty	**0%**	62%	8%	45%	39%
Help with daily activities	**0%**	25%	2%	18%	15%
Telehealth use	48%	72%	55%	62%	58%
Case management	12%	28%	25%	55%	32%
Social network of 4 or more	52%	68%	45%	28%	35%
Retirement plan	62%	48%	50%	3%	22%
Frailty screened, past year	22%	18%	15%	8%	**0%**

0% to 100% endorsement probability. Five-class solution (BIC −6121.5, N=311); columns from lowest to highest burden.

In the Largest Class, Stress, Discrimination and Chronic Medications Are Universal, and No One Was Screened for Frailty

100%
high mental health stress

100%
any discrimination in care

100%
chronic non-HIV medications

0%
screened for frailty in the past year

39% mobility or balance difficulty

41% food insecurity

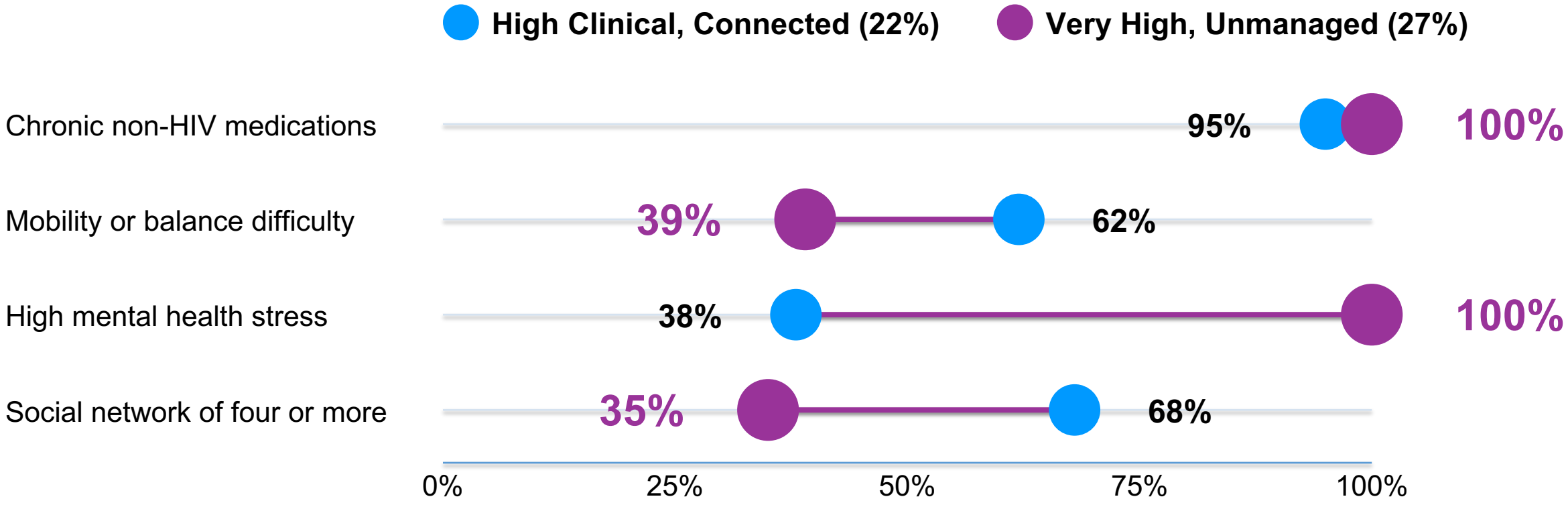
35% social network of four or more

22% retirement plan

Very High, Unmanaged Care Consumers: 27% of the cohort, n=84. On treatment, with the heaviest psychosocial load in the cohort, and untouched by the aging half of care.

Two Classes Have Heavy Clinical Burden; Support Is What Separates Them

Indicator endorsement in the two highest-burden classes, 2026 survey.



The Other Three Profiles: Emerging Burden, Minimal Need, and the Class the Safety Net Already Sees

Low-Moderate Needs Consumers

23%, n=72. Emerging burden without crisis

72%	chronic non-HIV medications
22%	high mental health stress
12%	food insecurity
8%	mobility or balance difficulty

Minimal Needs Consumers

18%, n=56. The lowest-burden profile

0%	high mental health stress
0%	mobility or balance difficulty
5%	food insecurity
8%	any discrimination in care

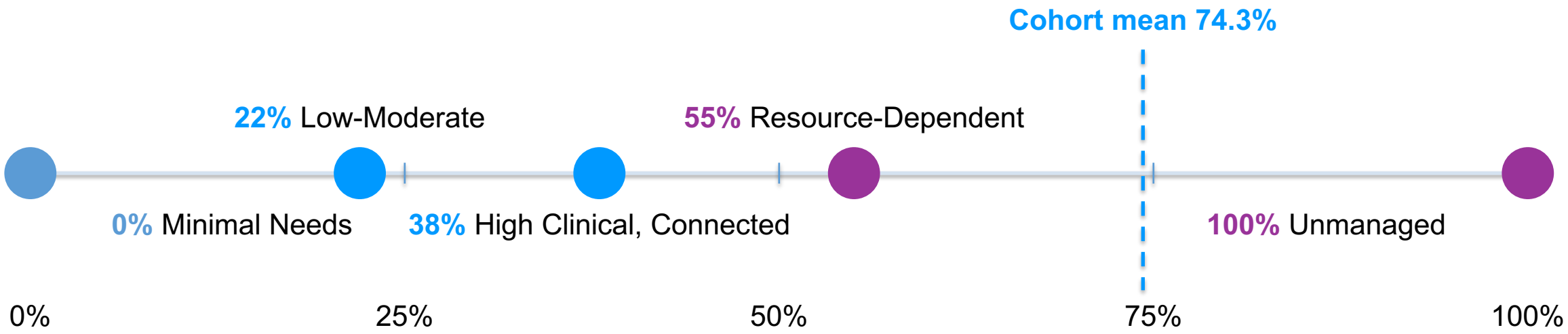
High-Needs, Resource-Dependent Care Consumers

9%, n=28. The smallest class, most visible to the safety net

100%	food insecurity
55%	in case management
55%	high mental health stress
3%	retirement plan

One Average, Five Realities: The Cohort Mean Hides a Class of 84 People at Zero

High mental health stress, by class



Screened for frailty

17.1% of the cohort

0% in the unmanaged class, n=84

Above the Surface: What the Clinic Sees of the Unmanaged Class

ABOVE THE SURFACE

27%

of the cohort, n=84: the largest of the five classes

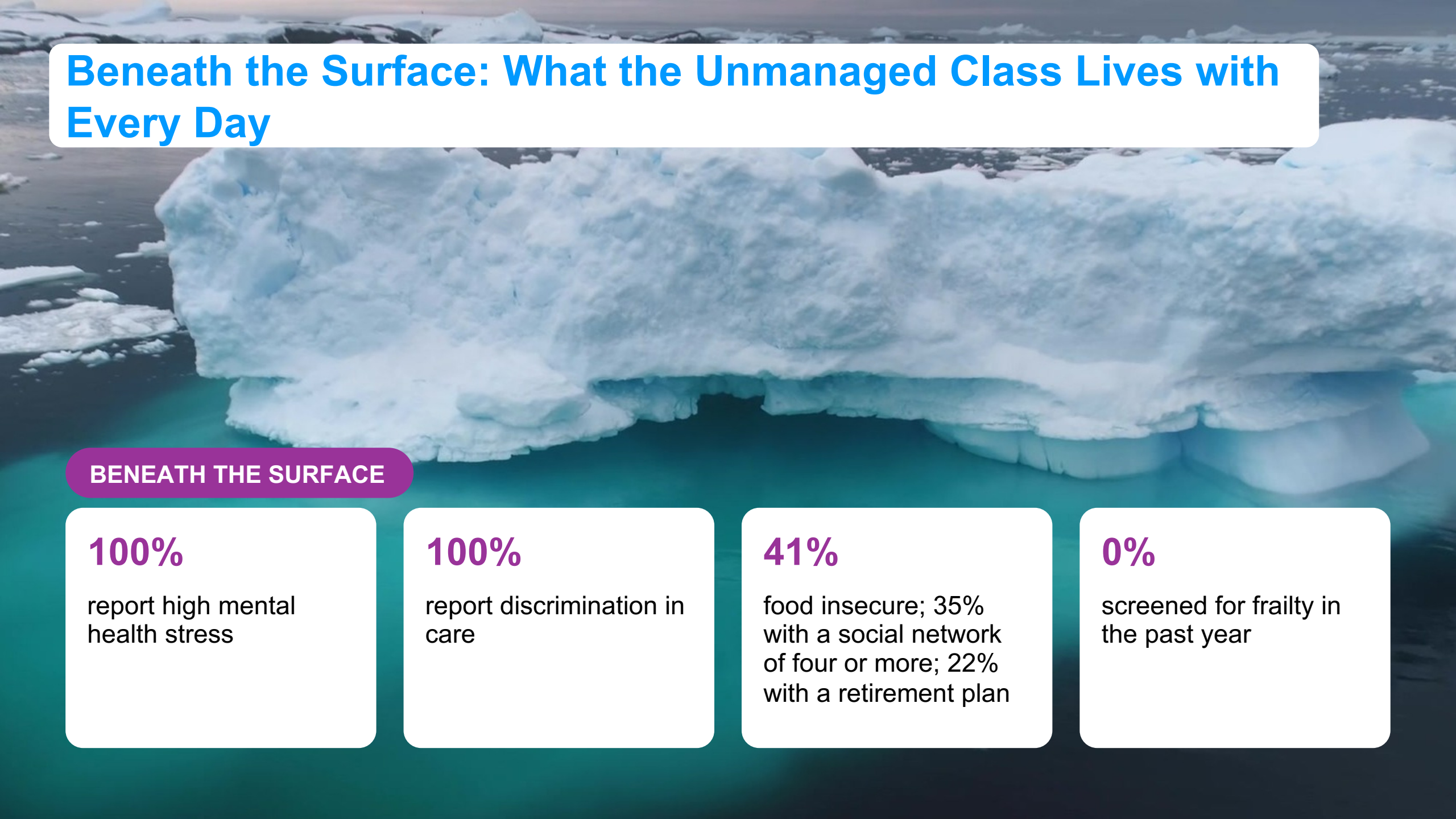
100%

take a chronic non-HIV medication; treatment and medication management reach them

98%

of the cohort virally suppressed: the outcome the system is built to see

Beneath the Surface: What the Unmanaged Class Lives with Every Day



BENEATH THE SURFACE

100%

report high mental health stress

100%

report discrimination in care

41%

food insecure; 35% with a social network of four or more; 22% with a retirement plan

0%

screened for frailty in the past year

What Shows Above the Surface Hides What the Unmanaged Class Lives with Beneath It

ABOVE THE SURFACE

27%

of the cohort, n=84: the largest of the five classes

100%

take a chronic non-HIV medication; treatment and medication management reach them

98%

of the cohort virally suppressed

BENEATH THE SURFACE

100%

report high mental health stress

100%

report discrimination in care

41%

food insecure; 35% with a social network of four or more; 22% with a retirement plan

0%

screened for frailty in the past year

Implications

Profile-specific service design, starting with the unmanaged class



Service Design Should Be Profile-Specific, Starting with the Unmanaged Class

Frailty screening from age 50
No one in the unmanaged class has been screened, and the 2024 HIVMA/IDSA guidance already suggests annual screening from 50.

Behavioral health offered rather than waited for
Stress at 100% is part of daily life in that class and is not raised as a complaint.

The structural supports the resource-dependent class already receives
Food and financial planning: 41% food insecure, 22% with a retirement plan.

A signature programs can look for
High stress, discrimination and chronic medications, in a person already on treatment.

Which of the 6Ms Are Affected

Mobility
Frailty screening from 50

Mind
Behavioral health

Matters Most
Food security, financial planning

Multi-complexity
Profile-specific service design

One Average Hides Five Profiles, and Service Design Starts with the Unmanaged Class

1

Five profiles of need rather than one average.

The largest, 27%, is the unmanaged one: more than one in four people aging with HIV.

2

Stress, discrimination and chronic medications are universal there; frailty screening is absent.

100%, 100%, 100% and 0%, among people antiretroviral therapy already reaches.

3

Service design should be profile-specific.

Frailty screening from age 50, behavioral health offered rather than waited for, and structural supports, starting with the unmanaged class.

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National Survey

Full report, data tables and the webinar



Scan the code or visit the address below. Questions at the end of the session.

HealthHIV.org/stateof/agingwithhiv

Limitations

Cross-sectional self-report
Repeat samples of a population; every indicator is self-reported.

Probabilistic class assignment
Membership is estimated, with uncertainty; class names are interpretive labels.

Model estimated on 311 of 365 respondents
Those with complete indicator data; the rest were not classified.

Imprecise estimates in the smallest class
High-Needs, Resource-Dependent Care Consumers: n=28.

Resources

The report, data tables, graphics and webinar, plus HealthHIV programs



Report and Other Resources: HealthHIV's State of Aging with HIV™ Survey



Here are the resources regarding the National Aging with HIV Survey: HealthHIV.org/stateof/agingwithhiv

Full report (PDF)
Findings, implications and the appendix tables.

Shareable graphics slides, new this month
The report's charts and graphics, ready to reuse.

Data tables (PDF)
Every item, for consumers and providers.

On-demand webinar and its slides
Insights from the Fifth Annual National Survey.

Scan or visit

HealthHIV.org/stateof/agingwithhiv

New Release: State of HIV Prevention and Care™ Eighth National Survey



The 2026 Report on Findings is out: HIV prevention, care and treatment from those who deliver it and those who live it.

1,214
participants in 2026

47
states and territories

8
surveys since 2009

627 providers, 461 people with HIV and 119 PrEP users

Scan or visit

HealthHIV.org/stateof

Coming in October: the State of LGBTQ+ Health™ National Survey

HealthHIV State of Aging with HIV™ Survey

Citations

1. HealthHIV. State of Aging with HIV™ Fifth National Survey: Findings and Implications. Washington, DC: HealthHIV; 2026. healthhiv.org/stateof/agingwithhiv

2. HealthHIV. State of Aging with HIV™ National Survey reports: Inaugural (2020), Second (2021), Third (2022) and Fourth (2024). Washington, DC: HealthHIV.

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Charts and tables were created by the author from State of Aging with HIV™ National Survey data; the heat map redraws the five-class solution published in the Fifth National Survey report. Photographs are stock images; no patient images are used.

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Questions for Your Team

Three questions to take back to your clinic, program or department.

Who in your panel is on treatment, under high stress, reporting discrimination in care, and not yet screened for frailty?

Is behavioral health offered at the visit, or does it wait for someone to raise a complaint?

Do the structural supports your case-managed clients receive reach the people who are not case managed?

