

Declining Frailty Screening Amid Sustained Viral Suppression Among People Aging with HIV, 2020 to 2026

HealthHIV State of Aging with HIV™
Fifth Annual National Survey

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HealthHIV
HealthHIV.org

Conflict of Interest Declaration

No relevant financial relationships to disclose

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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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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.



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Senior Director of Research and Evaluation

Core Research Capabilities

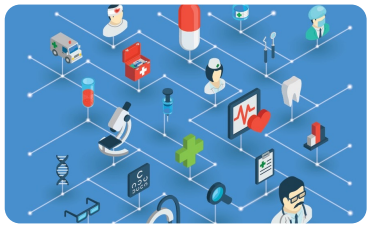
- Program Monitoring and Evaluation
- Health Services Research
- Capacity Building for Effective Evaluation
- Geo-Mapping
- Survey Design

State Of National Surveys

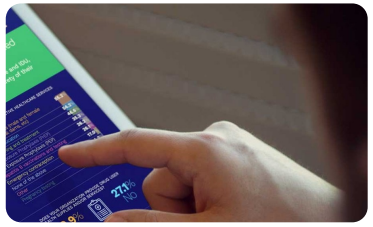
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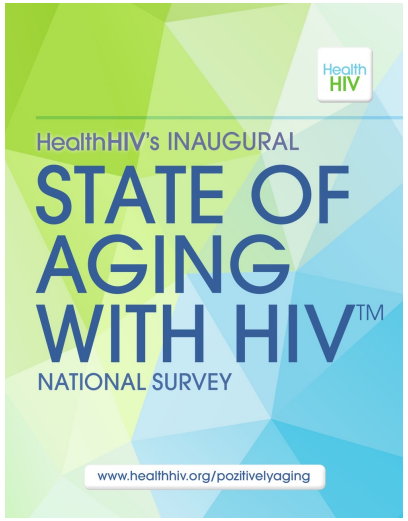


National Coalition for LGBTQ Health
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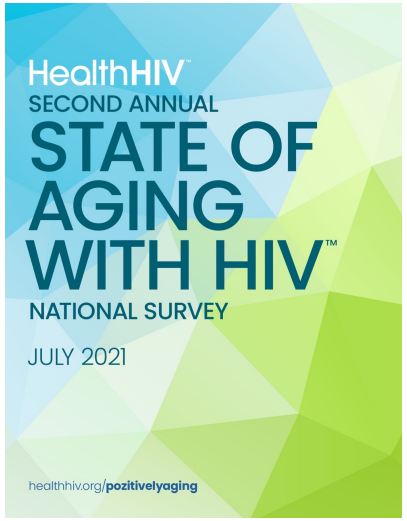
About the State of Aging with HIV™ National Survey Reports

HealthHIV.org/stateof/agingwithhiv

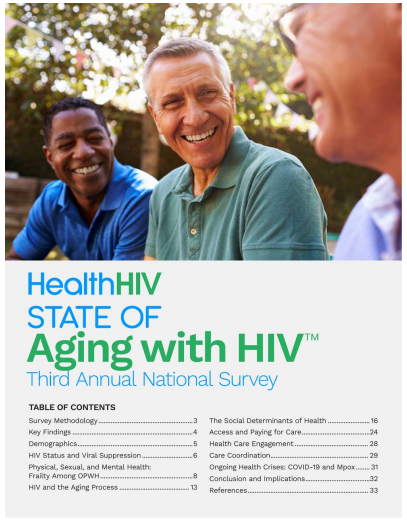
Fielded every year since 2020. Visit **HealthHIV.org/stateof** for more information.



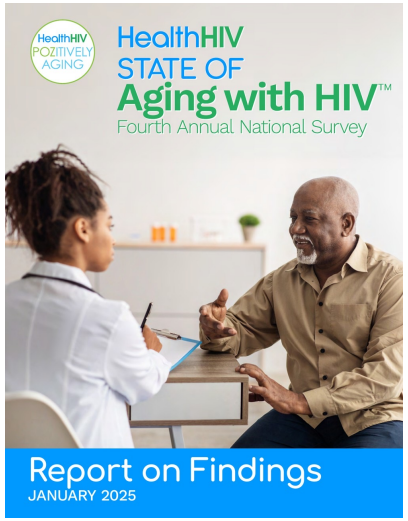
Inaugural, 2020



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**

Background

Aging with HIV, and why frailty is the test case



More Than Half of People with HIV in the U.S. Are Now 50 or Older



54%

Of people with diagnosed HIV were 50 or older at the end of 2022 (CDC).



~70%

Projected share of people with HIV who will be over 50 by 2030.

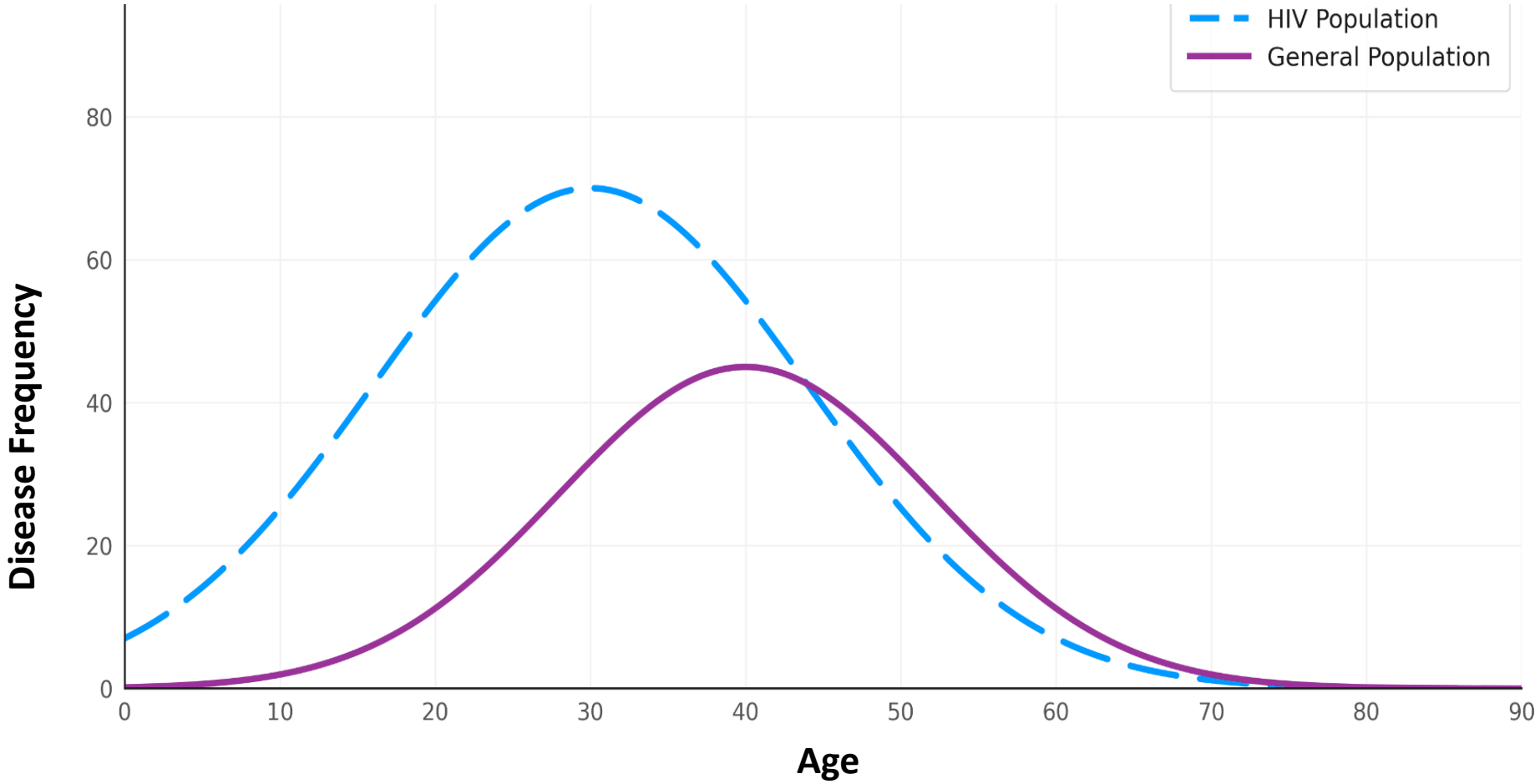


10 to 20 years

Earlier onset of age-related comorbidities and geriatric syndromes than in HIV-negative peers.

CDC HIV Surveillance Report 2024;35 (2022 data); Guaraldi et al. 2011; Horvath and Levine 2015.

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



HealthHIV State of Aging with HIV™ Survey

The HIV care system has raised viral suppression to record levels.

We wanted to understand whether geriatric care kept pace, using frailty screening as a test case.

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

Frailty screening. Asked in 2024 and 2026. Most respondents said no one had screened them for frailty in the past year.

Frailty Is Common Among People Aging with HIV

Pooled prevalence across 26 studies of 6,584 people with HIV aged 50 and older (Yamada et al., 2022).



10.9% Frail **47.2%** Prefrail **41.9%** Not frail

At rates the general population reaches at 65 and older

The pooled estimates match community-dwelling adults 65 and older, in cohorts whose average age was 50 to 61.

Frailty more than doubles the risk of death

In the CNICS cohort of 6,750 people with HIV, mean age about 50, frailty was associated with 2.7 times the mortality hazard and prefrailty with 1.5 times over an average of 5.5 years (Ruderman et al., 2025).



Frailty Can Be Reversed, but Access to Interventions Requires Initial Screening

Reversible with exercise

Structured exercise works best (Horberg et al., 2024). In a 12-week home program, three of four frail participants improved (Brañas et al., 2024).

Recommended from age 50

Annual screening should be considered for people with HIV over 50, with the Frailty Phenotype or a frailty index (Horberg et al., 2024).

Not tracked nationally

No U.S. surveillance system measures it. A nurse-run annual review in Brighton, England, screened 77% of patients over 60 (St Clair-Sullivan et al., 2024).



About the Survey

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



The State of Aging with HIV National Survey, Fielded Five Times Since 2020

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 talk uses the consumer survey and one workforce item from the provider survey.

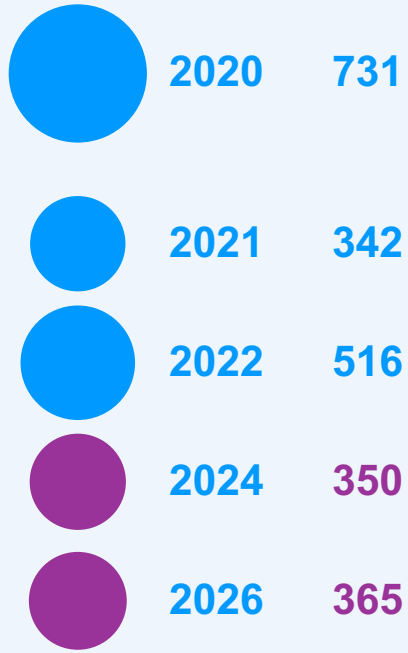
How it is fielded

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

What was asked about frailty

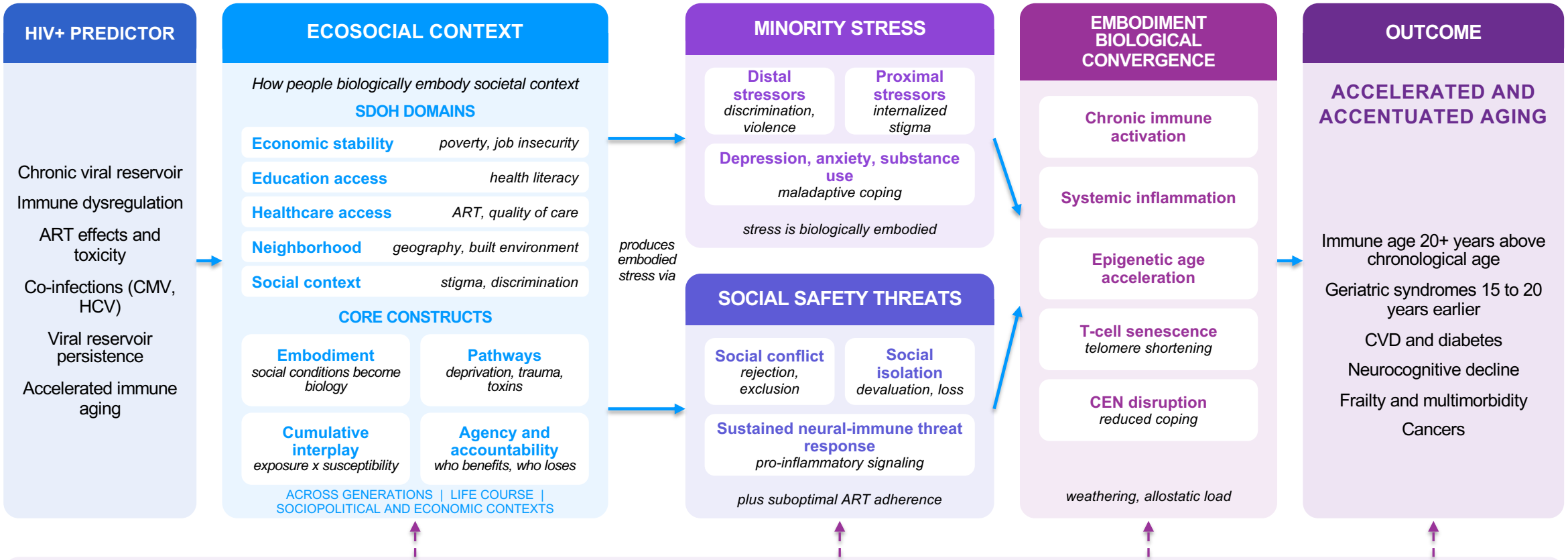
Whether a provider had screened the respondent for frailty in the past 12 months, added in 2024 and repeated in 2026.

Respondents by year



2,163 in all. Purple: years that asked about frailty screening.

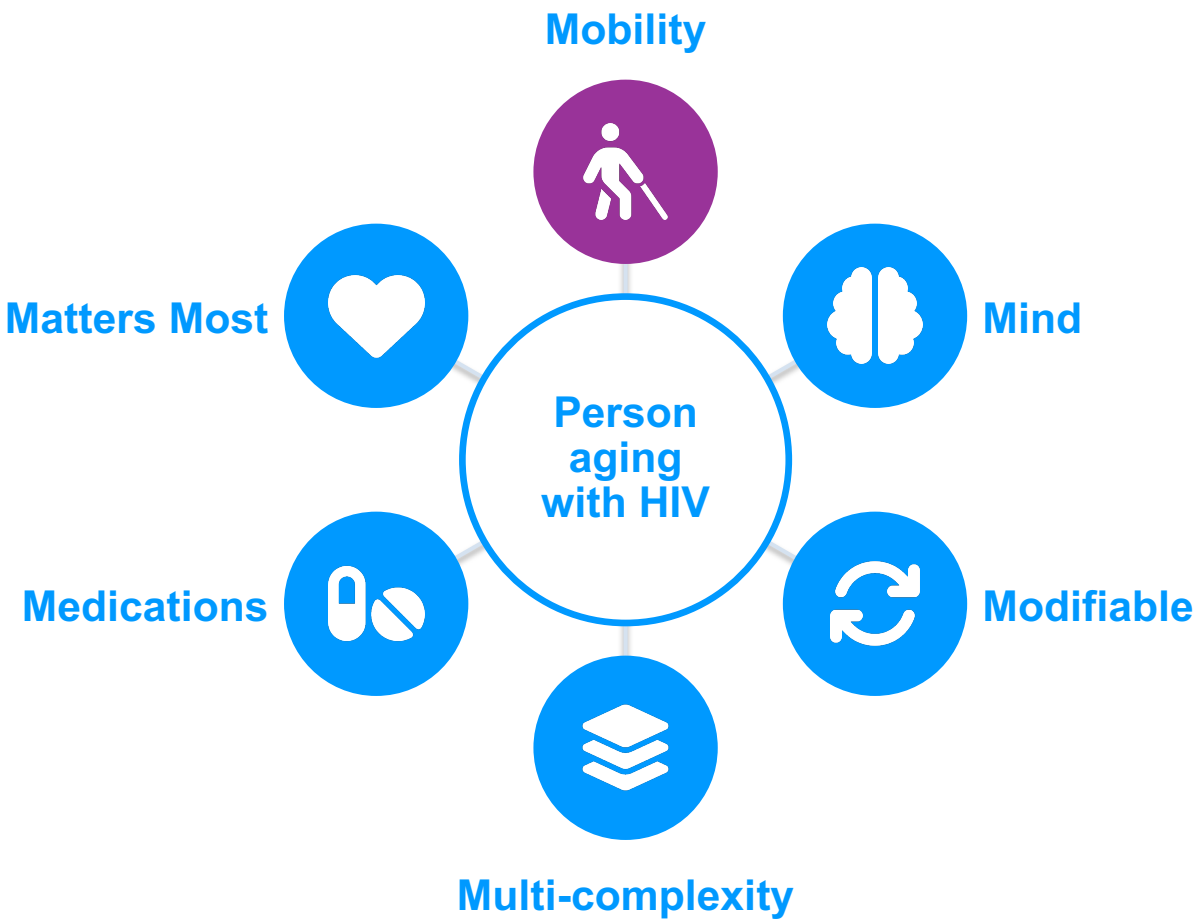
Conceptual Model: Accelerated Aging with HIV



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

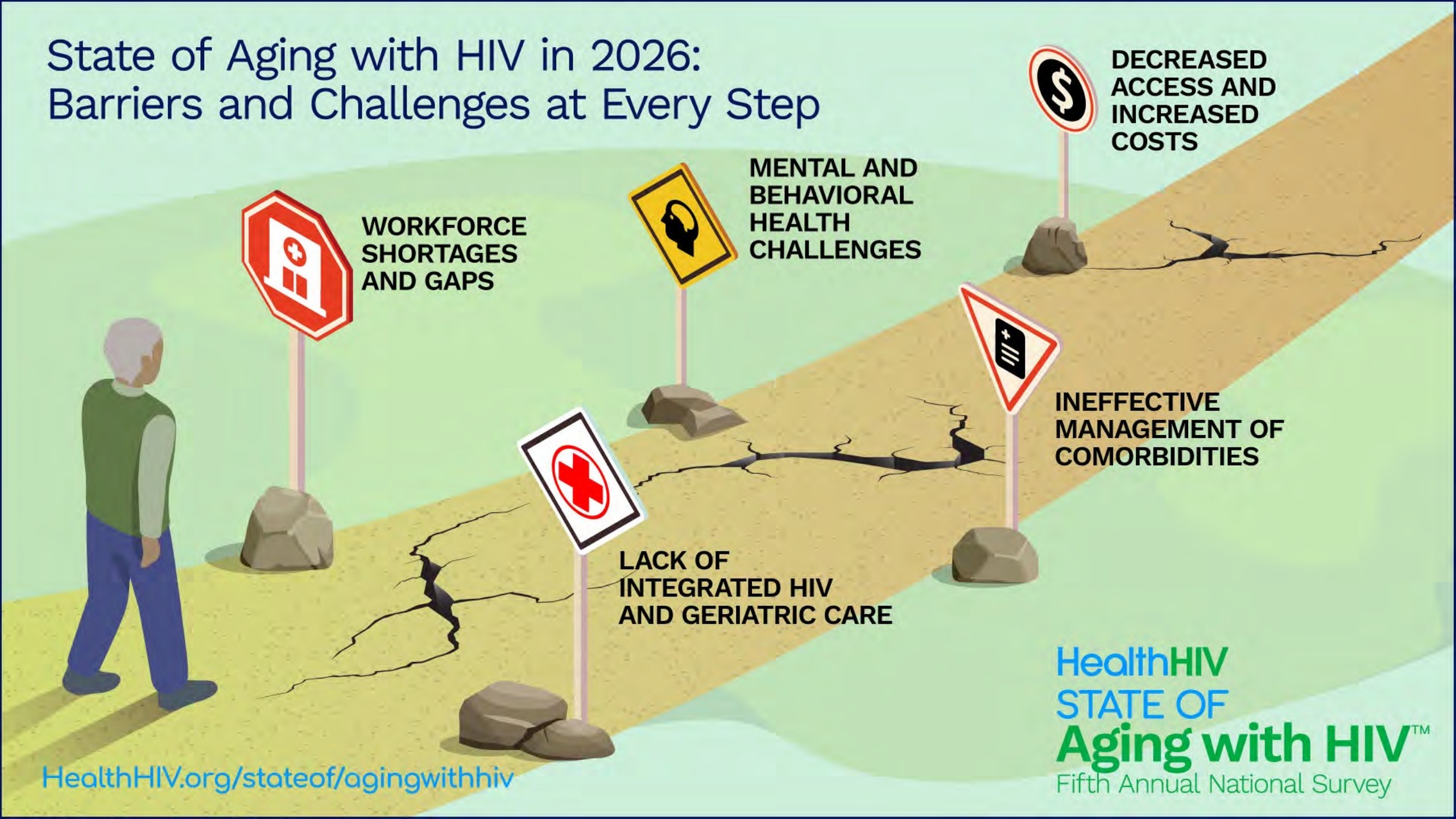
The Geriatrics 6Ms Structure the Aging Half of the Visit

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



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The Survey Covers Five Domains; This Talk Draws on HIV and Geriatric Care

Each domain is asked of consumers and providers. The findings today come from consumer respondents in the HIV and geriatric care domain, plus one workforce finding from providers.



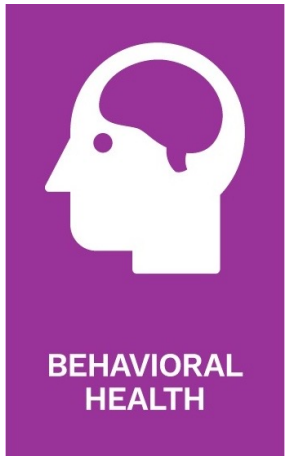
Who delivers care, and how prepared they are for aging patients



Treatment, suppression, geriatric screening and the 6Ms



Chronic conditions, medications and drug-drug interactions



Mental health, stress, substance use and isolation



Coverage, cost, food and housing security

Methods: Data, Measures and Models

Five rounds of one cross-sectional survey, 2020 to 2026
Pooled N=2,163 consumers; 341 providers answered the 2026 provider survey. People with HIV aged 50 and older and/or living with HIV 15 or more years; the 2026 criterion applied to earlier years where feasible.

Frailty screening in the past 12 months, self-reported
Asked of consumer respondents in 2024 and 2026. Denominators are those answering the item, unsure excluded.

Clinical measures, 2026
ART use, viral suppression, chronic non-HIV medication use, ART adjustment for drug-drug interactions, and mobility or balance difficulty.

Screening compared descriptively between 2024 and 2026
Overall and by age (under 65 and 65 and older), gender, race and household income. Two time points, so no trend test; differences were not tested for significance.

Two logistic models
Mobility or balance difficulty with good quality of life, and with telehealth use, 2026.

Suppression denominator and national comparisons
Respondents unsure of their viral status are excluded: 98.2% in 2026, about 97% if they are counted. Compared with CDC's 2024 estimate for all people with diagnosed HIV and HRSA's 2024 figure for Ryan White HIV/AIDS Program (RWHAP) clients.



Results

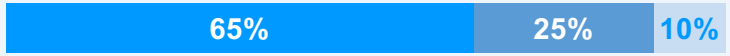
Treatment at its highest since 2020; frailty screening overall low



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

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

92% **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% **52%** have a bachelor's degree or higher; 93% have at least some college

35% **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% **53%** identify as LGBTQ+

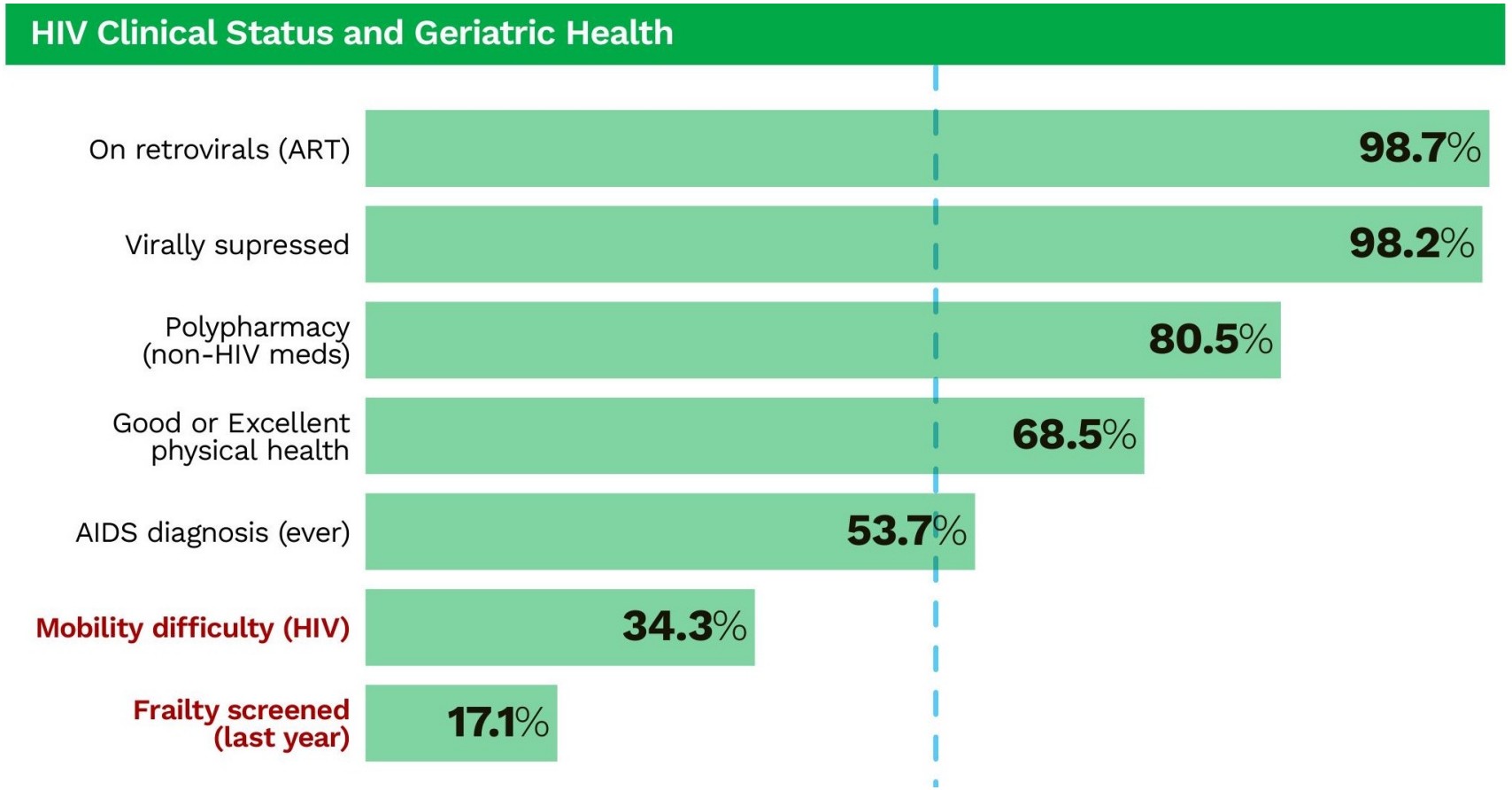
Who the survey reaches

- Online, so respondents have a phone or a computer and a connection
- Most (93%) have at least some college; nationally, 41% of adults with HIV have a high school education or less (CDC Medical Monitoring Project)
- Most (92%) are long-term survivors engaged in care

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

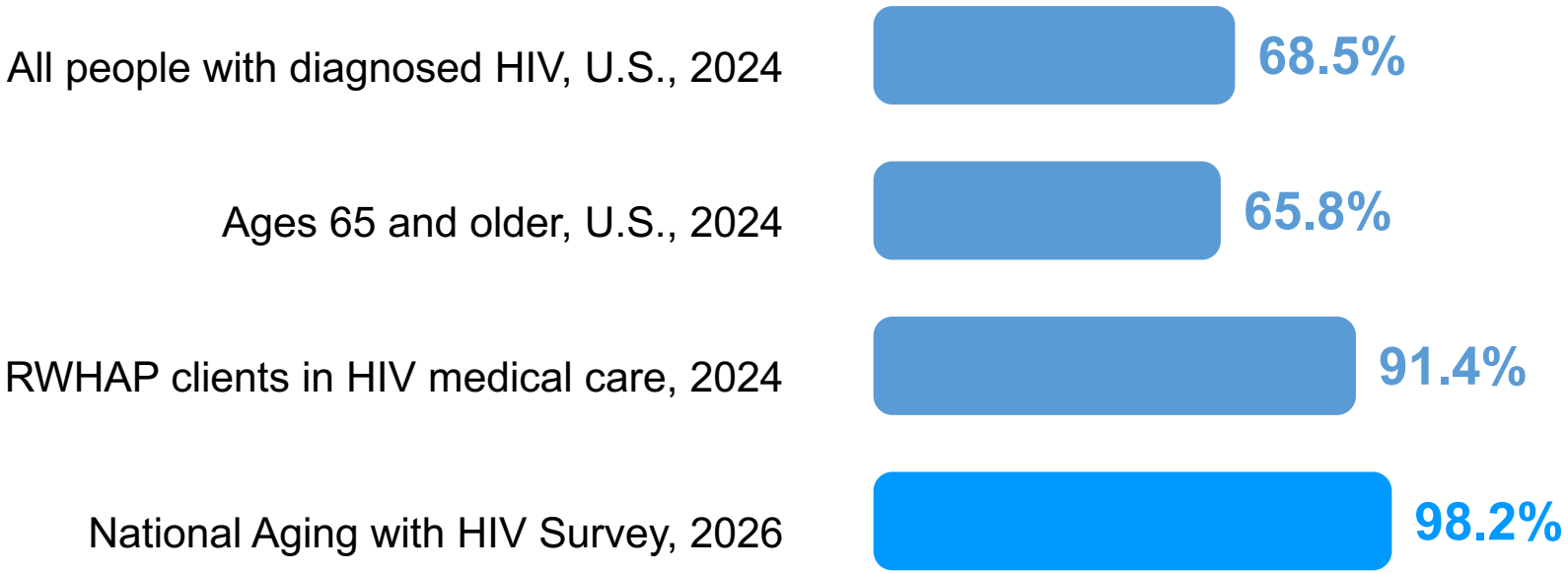


In 2026, 98.7% of Respondents Reported Being in HIV Treatment and 98.2% Were Virally Suppressed. Only 17% Had Been Screened for Frailty



Fifth National Survey, 2026 consumer respondents (N=311 to 365).

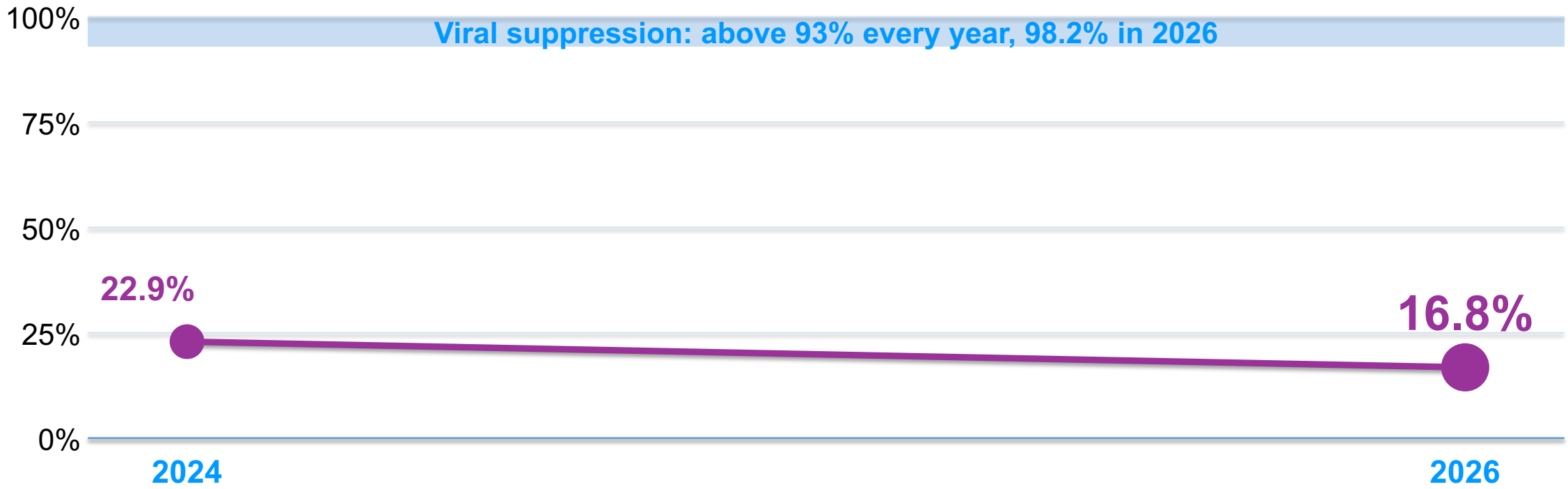
Respondents' Viral Suppression Higher than the National Average



CDC, Monitoring selected national HIV prevention and care objectives, 2024 data (2026). HRSA, Ryan White HIV/AIDS Program 2024 Annual Data Report (2025). This survey excludes respondents unsure of their status.

Frailty Screening Fell from 22.9% to 16.8% From 2024 to 2026

Share of people aging with HIV screened for frailty in the past 12 months, 2024 and 2026, with viral suppression for reference.



Consumer respondents answering the item, unsure excluded. Band: the suppression range across the five surveys and the 2026 value.

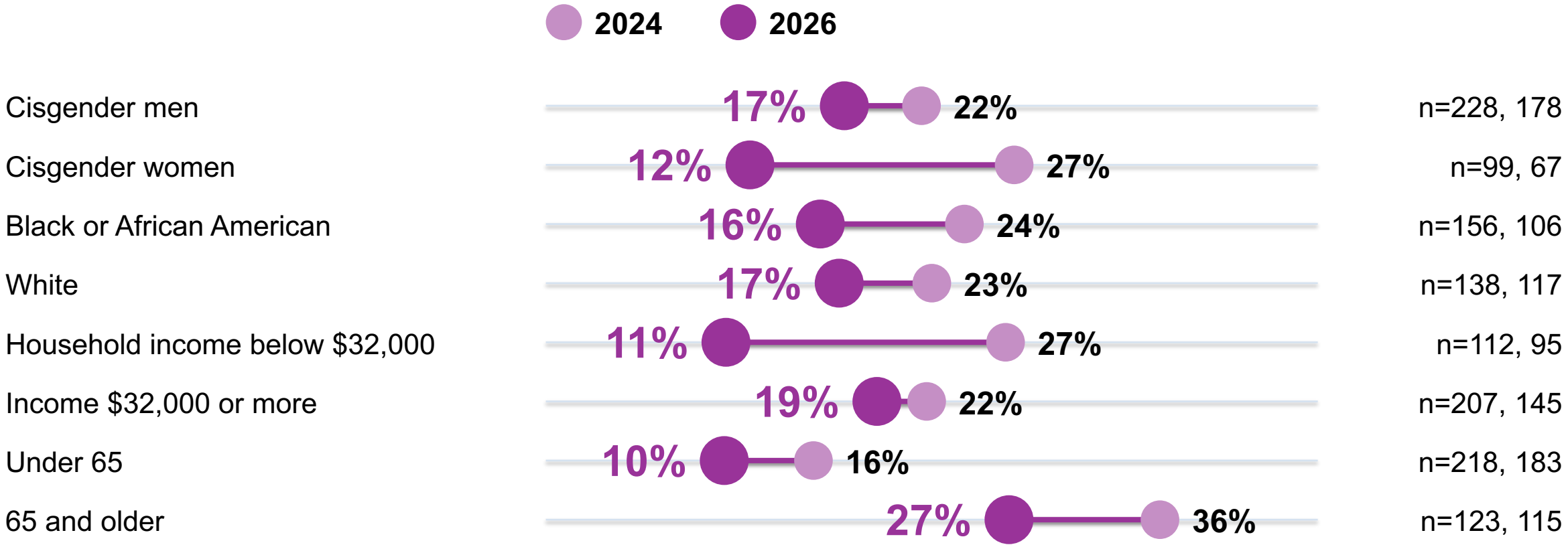
Screening Fell in Both Age Groups; Under 65, One in Ten Was Screened in 2026

Frailty screening in the past 12 months by age group, 2024 and 2026.



Age groups from self-reported current age. Differences not tested for significance.

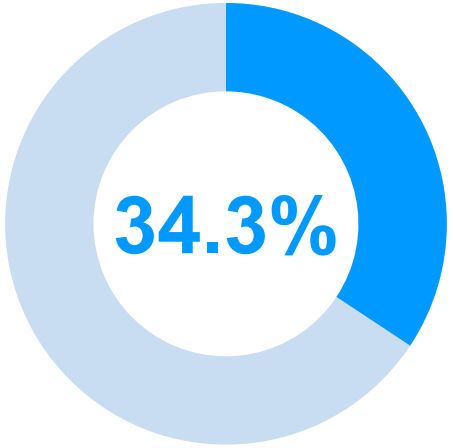
The Decline Was Steepest Among Cisgender Women and People with Low Incomes



Share screened for frailty in the past 12 months, consumer respondents answering the item, unsure excluded. Transgender and gender nonconforming respondents (13 in 2024, 7 in 2026) too few to show. Differences not tested for significance.

One in Three Reports Mobility or Balance Difficulty

It predicts lower quality of life and more telehealth use, 2026 respondents.



report difficulty with balance, mobility or physical activity

OR 0.39

Odds of good quality of life among people with mobility difficulty (p=0.026)

OR 2.53

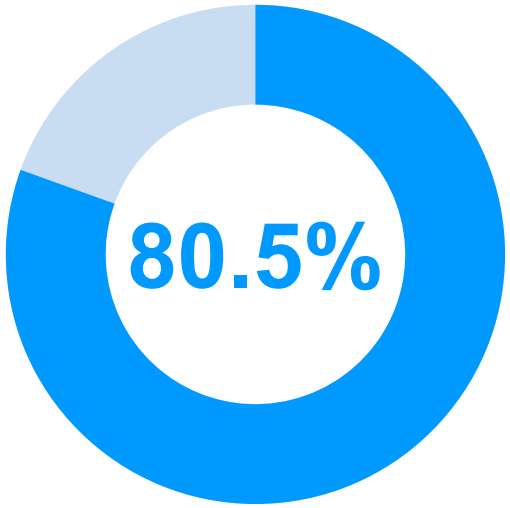
Odds of telehealth use among people with mobility difficulty: 72.0% used it, against 52.1% of those without (p=0.007)

Mobility difficulty is twice as common as screening, and people with it use telehealth more.

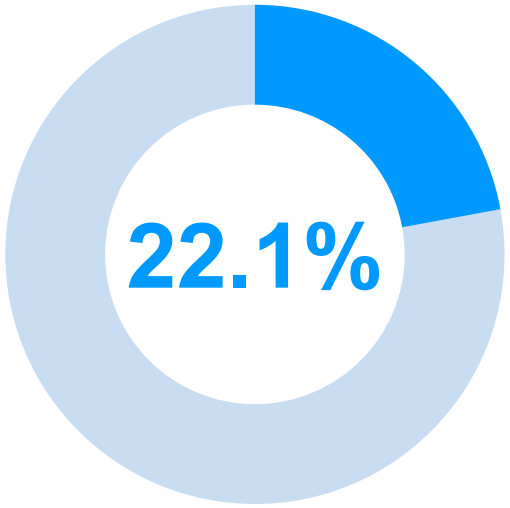


Clinical Complexity Is Widespread: 80.5% Take a Chronic Non-HIV Medication, 22.1% Had ART Adjusted

Share of people aging with HIV, 2026 survey (N=365).



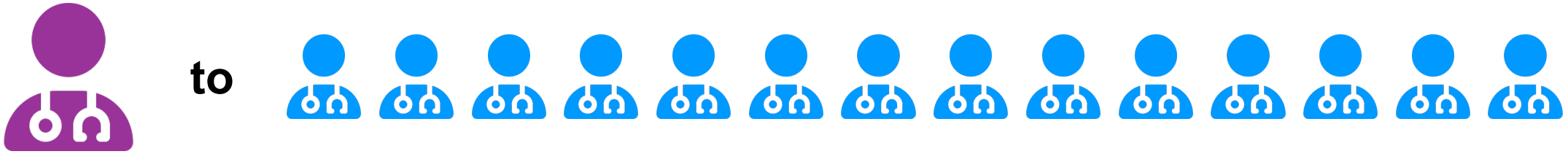
take at least one chronic non-HIV medication



had antiretroviral therapy adjusted because of drug-drug interactions with those medications

The 1-to-14 Geriatric Workforce Gap: 5 of 341 Providers Specialize in Gerontology, 70 in HIV Medicine

For every provider who specializes in gerontology, 14 specialize in HIV medicine: 5 of 341 providers (1.5%) vs. 70 (21%). The 2026 provider survey: 341 providers from 37 states, Puerto Rico and the District of Columbia; 72% work in non-profit or Ryan White HIV/AIDS Program (RWHAP) clinical settings.



Aging-care readiness among the same providers

90%
say their organization recognizes the need for aging services

78%
say their organization is actively implementing changes

25%
of provider organizations offer advance care planning

66%
say their patients have met stigma or discrimination in healthcare because of HIV status or age

Fifth National Survey, 2026 provider respondents (N=341): provider participant profile and Figure 19.

Above the Surface: What the Clinic Sees and Measures

ABOVE THE SURFACE

98.2%

virally suppressed in 2026, the highest since 2020

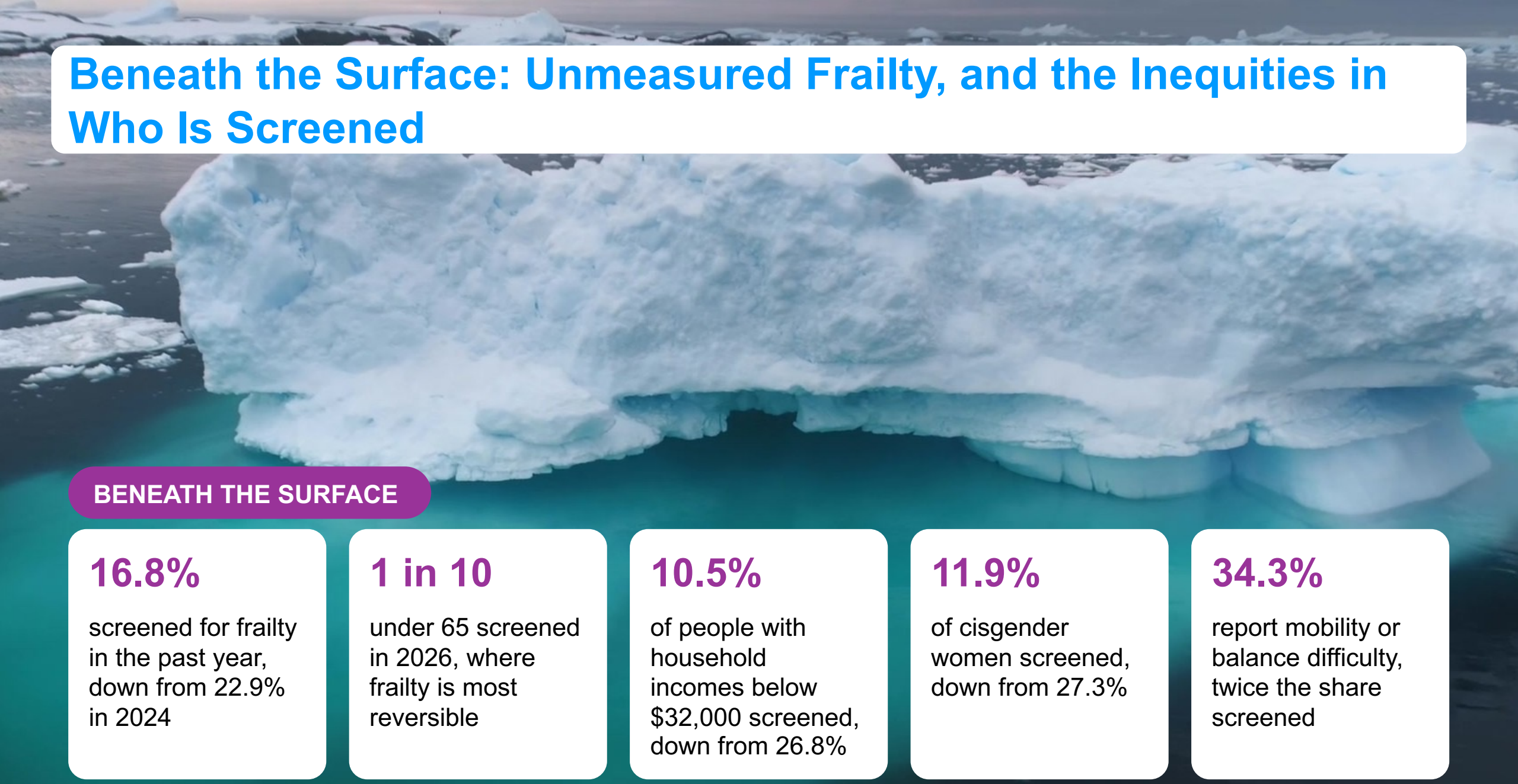
98.7%

on antiretroviral therapy

22.1%

had ART adjusted for drug-drug interactions: the pharmacology is managed

Beneath the Surface: Unmeasured Frailty, and the Inequities in Who Is Screened



BENEATH THE SURFACE

16.8%

screened for frailty in the past year, down from 22.9% in 2024

1 in 10

under 65 screened in 2026, where frailty is most reversible

10.5%

of people with household incomes below $32,000 screened, down from 26.8%

11.9%

of cisgender women screened, down from 27.3%

34.3%

report mobility or balance difficulty, twice the share screened

What Shows Above the Surface Hides the Inequities Beneath It

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Implications

Opportunities to improve the integration of geriatric and HIV care



Why Is Frailty Screening Declining, and What Can Be Modified to Stop It?

Despite 98% viral suppression, 35% of respondents have household incomes below $32,000, 31% rely on RWHAP or ADAP for HIV medications, 80% take chronic non-HIV medications and a third report mobility difficulty: a group with a high probability of unmeasured frailty.

Why screening is declining

Fractured care
HIV and geriatric care are delivered apart, by different teams; two thirds have no case manager.

Few support structures for screening
No national measure, no funded RWHAP service category, no prompt in the HIV visit.

Limited provider and patient knowledge
A workforce trained to manage the virus; patients under 65 are rarely asked about frailty.

Few geriatric specialists
One gerontology specialist for every 14 in HIV medicine among the 341 providers surveyed.

What can be modified

Fragmented delivery
Put frailty screening inside the HIV visit, in the clinics that already deliver suppression.

Stigma
Two thirds of providers report patients facing stigma in care because of HIV status or age.

Workforce development
Geriatrics training for HIV clinicians, and geriatric consultation available to HIV clinics.

Recommended intervention: integrated HIV and geriatric care, delivered where the antiretrovirals already are.

Recommended Interventions: Integrate Geriatric Care into the Infrastructure That Delivers Viral Suppression

MOBILITY

Frailty screening from age 50

Annually, as the 2024 HIVMA/IDSA guidance already suggests. Under 65 is where it is missing most.

MOBILITY

Falls-risk assessment

A third of respondents already report mobility or balance difficulty.

MATTERS MOST

Advance care planning as an RWHAP service

Funded as a service category, so it happens, in the RWHAP clinics that already deliver treatment.

MEDICATIONS

Reimbursable pharmacist consultation

For people taking five or more medications; one in five has already had a regimen changed for an interaction.

Modifiable: funded service categories are what make each of these happen.



Limitations

Self-reported measures
Screening, suppression, medications and mobility are all self-reported.

Cross-sectional design
Repeat samples of a population rather than a cohort followed over time.

An online sample that reaches the well connected
Respondents have internet access, high education and 98% viral suppression; the screening gap is likely wider among people the survey does not reach.

Two time points for screening
2024 and 2026 only; the decline is descriptive, and the subgroup counts are small.

One survey's specialty mix
The 1-to-14 ratio is the specialty mix of the 341 providers who answered in 2026, not a national count.

Treatment Reaches Nearly Everyone, Frailty Screening Reaches Fewer Each Year, the Same Infrastructure Can Deliver Both

1

In this sample, 98.2% are virally suppressed

98.2% in 2026, against 69% of all people with diagnosed HIV nationally and 91% of RWHAP clients: the survey reaches people connected to care.

2

Frailty screening fell to 17%, and to 10% under age 65

Both age groups fell between 2024 and 2026, with the steepest drops among cisgender women and people with low incomes; the people in whom frailty is most reversible are screened least.

3

The same infrastructure can deliver both

Annual screening from 50, falls-risk assessment, advance care planning and pharmacist consultation inside the program that already delivers the antiretrovirals.

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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

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

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

HealthHIV State of Aging with HIV™ Survey

SYNChronicity 2027



The national conference for HIV, HCV, STIs, drug user health, LGBTQ health and health equity.

June 2 to 4, 2027, Washington, DC
Registration and the call for abstracts open soon

Scan or visit

SYNCconference.org

The HealthLGBTQ National Training Center (The Q)

Provided by the National Coalition for LGBTQ Health, The Q addresses the training and education needs of healthcare and support services providers in delivering patient-affirming, whole-person care to the LGBTQ community.

the Q

Scan or visit

HealthLGBTQ.org/theQ

The Q advances LGBTQ health care by:

- Informing providers on unique health disparities affecting LGBTQ individuals
- Training providers to address LGBTQ individuals' healthcare needs in a culturally responsive manner
- Increasing provider knowledge, skills and competencies in LGBTQ health through competency-based clinical medical education, expert-led live online training, practice aids and in-person training events

HIV Prevention Certified Provider (HIVPCP)



A free, online, self-paced certification in HIV prevention for clinicians and allied health professionals.

Eight modules of about 60 minutes each
Up to 8.0 credits or contact hours: CME, MOC, NCPD, CPE, AAPA, ASWB

Scan or visit

HealthHIV.org/hivpcp

HIV PrEP Navigation Certification (HIVPNC)



A free certification that prepares navigators and allied health professionals to help people start and stay on PrEP.

Nine modules, updated in 2025
Up to 5.0 credits or contact hours: CME, MOC, AAPA, NCPD, CPE, ASWB

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HealthHIV.org/hivpnc

Citations

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Charts and tables were created by the author from State of Aging with HIV™ National Survey data; the clinical status chart is reproduced from the Fifth National Survey report. Photographs are stock images; no patient images are used.

Questions for Your Team

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

- **At what age does your clinic start screening for frailty, and who on the team does it?**
- **When a patient under 65 mentions a fall or trouble with balance, what happens next, and who owns it?**
- **When ART is changed for a drug-drug interaction, who reviews the rest of the medication list, and is that visit paid for?**

