HealthHIV
STATE OF
Aging with HIV™
Fifth Annual National Survey

# Consumer and Provider Findings from HealthHIV's State of Aging with HIV National Survey, 2026

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Poster 22

Models of Care

Antiretroviral treatment reaches nearly everyone: **98.7%** of consumers took ART and **98.2%** were virally suppressed. Geriatric care does not: **17.1%** had frailty screening, while 34.3% reported mobility or balance difficulty.

Providers see the need: **90%** said their organization recognizes it and **78%** that it is implementing changes, but HIV medicine outnumbers gerontology **14 to 1**.

The typologies diverged: the largest consumer class (**27%**) had universal stress, discrimination and chronic medications and no frailty screening; the largest provider class (**34.6%**) had the least capacity.

## BACKGROUND AND AIM

More than half of people with HIV in the United States are aged 50 or older, and geriatric syndromes appear 15 to 20 years earlier than in peers without HIV.

Evidence usually describes either the people needing age-responsive care or the organizations meant to deliver it, rarely both. We fielded parallel instruments in one survey year to characterize both, and the gap between them.

## METHODS

- HealthHIV's State of Aging with HIV National Survey, February to March 2026, REDCap, 37 states and the District of Columbia. N=706: 365 consumers (people with HIV aged 50 and older and/or living with HIV 15 or more years) and 341 providers serving them.
- Consumer measures: antiretroviral therapy (ART), viral suppression, medication burden, mobility, frailty screening, stress and the Geriatric Burden Index (GBI). Provider measures: recognition of need, implementation, services, workforce and collaboration.
- Latent class analysis (LCA), Bayesian information criterion selection, estimated separately in each arm; samples are unlinked.

## CONSUMERS: 365 PEOPLE AGING WITH HIV

HIV AND GERIATRIC CARE

HIV AND GERIATRIC CARE DOMAIN

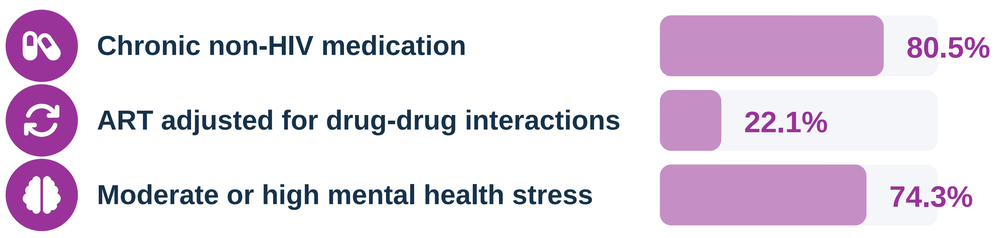
### Treatment reaches 99% and suppression 98%; frailty screening reaches one in six




COMORBIDITIES BEHAVIORAL HEALTH

COMORBIDITIES AND BEHAVIORAL HEALTH DOMAINS

### Four in five take a chronic non-HIV medication; three in four report moderate or high stress




**Mean GBI 52.0 at mean age 61.2: the burden expected at ages 75 to 80 among people without HIV.**

### Five consumer classes; the largest is unmanaged (LCA, N=311)

| | Very High, Unmanaged 27% | Low-Moderate Needs 23% | High Clinical, Connected 22% | Minimal Needs 18% | Resource-Dependent 9% |
|---|---|---|---|---|---|
| High mental health stress | 100% | 22% | 38% | 0% | 55% |
| Any discrimination in care | 100% | 15% | 22% | 8% | 28% |
| Chronic non-HIV medications | 100% | 72% | 95% | 55% | 82% |
| Mobility difficulty | 39% | 8% | 62% | 0% | 45% |
| Food insecurity | 41% | 12% | 18% | 5% | 100% |

Endorsement probability by class. In the unmanaged class, 0% had frailty screening.

## PROVIDERS: 341 SERVING THEM

WORKFORCE

WORKFORCE DOMAIN

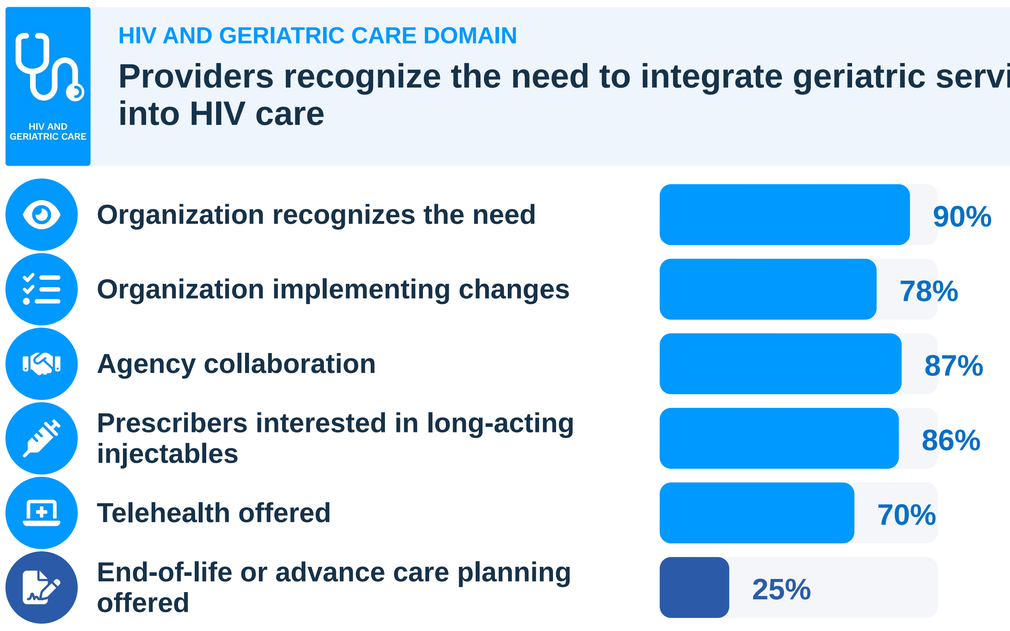
### HIV medicine outnumbers gerontology 14 to 1




HIV AND GERIATRIC CARE

HIV AND GERIATRIC CARE DOMAIN

### Providers recognize the need to integrate geriatric services into HIV care




### Four provider classes; the largest has the least capacity (LCA, BIC-optimal)

| | Full HIV and geriatric implementation 17.3% | Clinically focused 31.2% | Community and advocacy 16.9% | Minimal capacity 34.6% |
|---|---|---|---|---|
| Recognizes aging-related need | 97% | 92% | 95% | 72% |
| Actively implementing change | 95% | 68% | 82% | 42% |
| Telehealth offered | 88% | 90% | 52% | 48% |
| ADA awareness | 78% | 45% | 69% | 28% |
| Advocacy confidence | 72% | 22% | 68% | 18% |

Endorsement probability by class. In the Minimal Capacity class, 72% recognize the need and 42% are implementing change: a 30-point gap.

## CONCLUSIONS: THE GAP BETWEEN WHAT CONSUMERS NEED AND WHAT PROVIDERS ARE ABLE TO DELIVER

**While people aging with HIV are engaged in treatment and care, access to geriatric services remains limited.**
The group with the greatest need is most likely to be served by organizations with the least capacity. The comparison is at the population level; respondents are not linked.

**Frailty screening from age 50, and reimbursable pharmacist consultation at five or more medications**
Older Americans Act eligibility at 50 under S.2120, and protected RWHAP Part F training capacity for combined HIV and geriatrics.

*"HIV does not exist in isolation; it is an inextricable part of living and aging with HIV."*

**2026 SURVEY PARTICIPANT AGING WITH HIV**

*Limitations: cross-sectional, self-reported, non-probability data; the consumer and provider typologies come from separate models and respondents are not linked, so this is not a matched analysis. ADA = Americans with Disabilities Act; RWHAP = Ryan White HIV/AIDS Program.*

**HealthHIV's State of Aging with HIV™ Fifth Annual National Survey**
Full report, data tables and webinar: HealthHIV.org/stateof/agingwithhiv Contact: research@healthhiv.org

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