HealthHIV
STATE OF
Aging with HIV™
Fifth Annual National Survey

Five-Survey Trends in Viral Suppression and Equity Gaps: HealthHIV's State of Aging with HIV National Survey, 2020 to 2026

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Poster 28

Models of Care

Suppression dipped in the pandemic years and recovered: **97.1%** in 2020, 93.9%, 93.4%, 94.6% and **97.3%** in 2026. The years differ (Kruskal-Wallis p=0.009) but there is no monotonic trend (Cochran-Armitage −0.96).

Income behaved differently: suppression among low-income respondents fell to **85%** in 2021 against 97% among higher-income respondents, then converged to **96.7%** by 2026.

Six gender-related gaps persisted into 2026, from 2.1 points in viral suppression to **11.8 points** in discrimination in care; pooled across years, **49.7%** had no retirement plan.

BACKGROUND AND AIM

Trend claims about aging with HIV often depend on descriptive series that move without formal testing. Across five surveys spanning the pandemic period, we asked whether viral suppression improved or fluctuated, and whether gaps by race, income and gender narrowed. Formal trend testing separates year-to-year variation from monotonic change, which determines what these data can show.

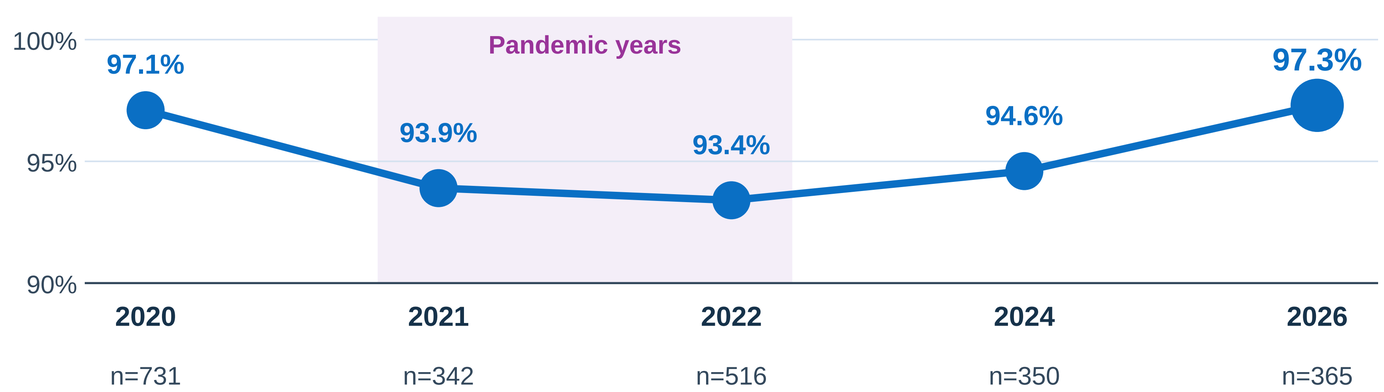
METHODS

- Five consumer surveys (2020 to 2026), pooled N=2,163 (731, 342, 516, 350 and 365 per year): repeat cross-sections of people with HIV aged 50 and older and/or living with HIV 15 or more years; the 2026 criterion applied retrospectively where feasible.
- Self-reported viral suppression compared across years overall and by race and income (below 200% of the federal poverty level): Cochran-Armitage trend tests as primary, Kruskal-Wallis as supplemental. Six outcomes compared by gender in 2026 as percentage-point gaps. Pooled retirement-plan models: multiple imputation, 20 datasets, Rubin's rules.

HIV AND GERIATRIC CARE DOMAIN

Viral suppression among survey participants higher than the national average of 69% overall, but dipped during the pandemic

Self-reported viral suppression by survey year, with consumer respondents per year



Kruskal-Wallis across years: p=0.009
The years differ from one another.

Cochran-Armitage trend statistic: −0.96, not significant
No monotonic trend: variation around a high level, with the pandemic years lower.

By race, the two series never diverged: range across five surveys

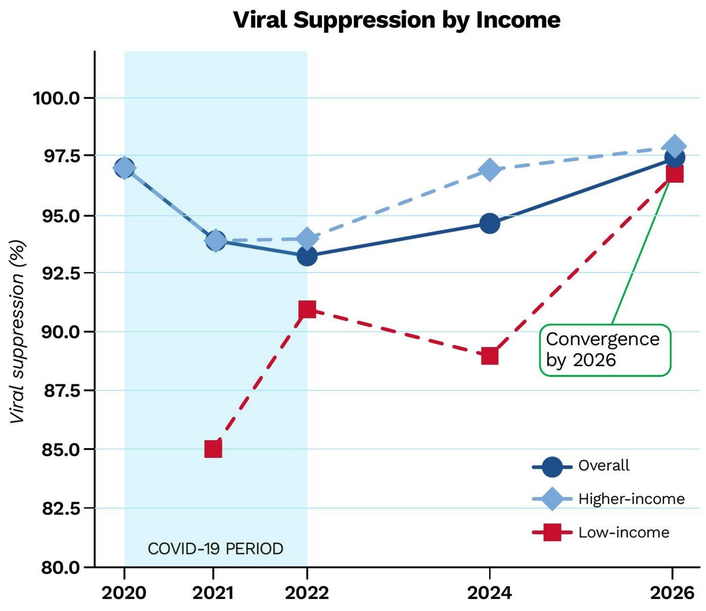
White	97% to 98%
Black/African American	93% to 97%

Kruskal-Wallis not significant in either series.

ACCESS AND PAYMENT DOMAIN

An income gap opened in 2021 though closed by 2026

Viral Suppression by Income



Gap between higher-income and low-income respondents, percentage points

2021 — 12 points

2026 — about 1 point

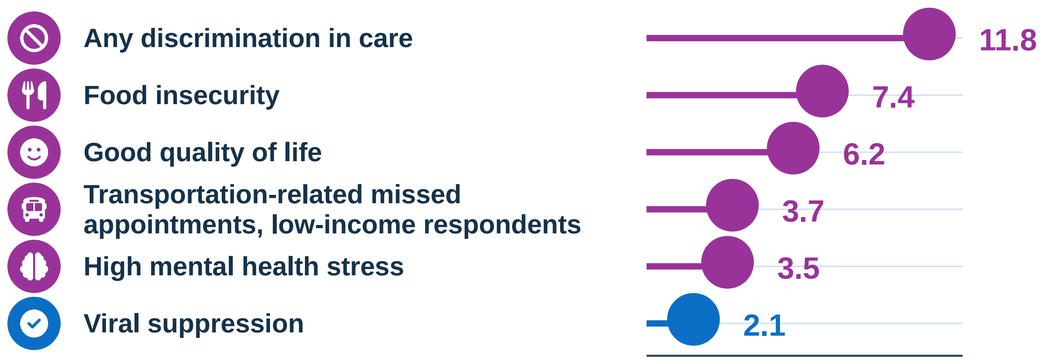
85% vs. 97% (2021); 96.7% vs. 98% (2026)
Low income: below 200% of the federal poverty level.

Viral suppression by income, 2020 to 2026; shaded: COVID-19 period.

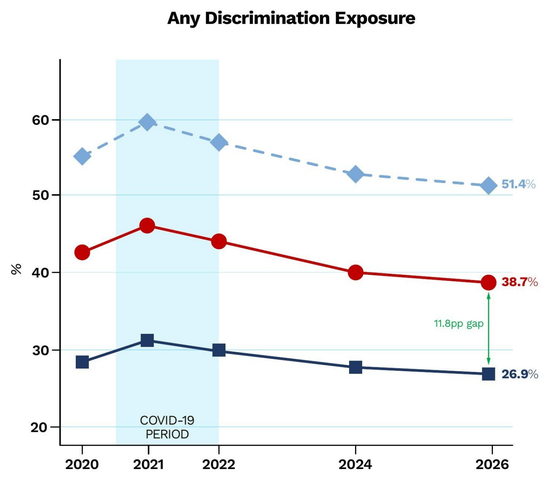
BEHAVIORAL HEALTH DOMAIN

Six gender-related gaps in 2026; discrimination in care is the widest

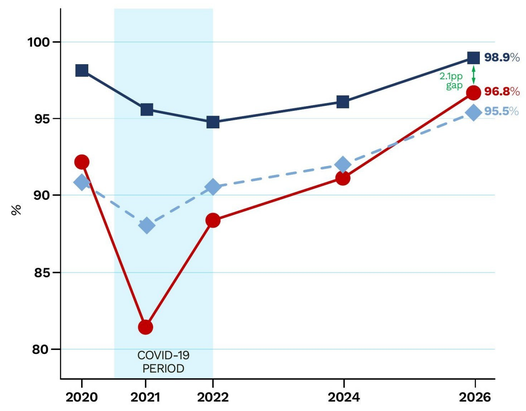
Percentage-point gap, cisgender men vs. women, transgender and gender non-conforming (TGNC) respondents, 2026. TGNC were the least favorably placed on nearly every measure.



Any Discrimination Exposure



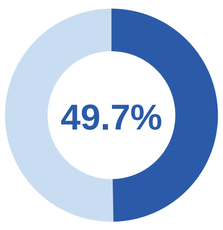
Viral Suppression



Women and TGNC — Men (cisgender) — Non-binary or other gender

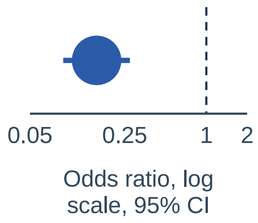
By gender, 2020 to 2026: the discrimination gap stayed about 12 pts in every year.

Retirement: pooled across years, half have no financial plan, and low income is the strongest predictor



had no financial plan for retirement, pooled 2020 to 2026

Odds of having a plan, low- vs. higher-income



0.155 (0.088 to 0.273)
p<0.001

CONCLUSIONS: VIRAL SUPPRESSION RECOVERED AFTER THE PANDEMIC, BUT GENDER AND STRUCTURAL GAPS HAVE NOT CLOSED

- **Suppression dipped during the pandemic years and returned to its earlier level by 2026; the formal test does not support calling this a rising trend**
- **The income gap that opened in 2021 has closed, and the race-stratified series never diverged**
- **Gender-related gaps have not closed, and the discrimination gap is the widest of the six**
- **The pooled retirement finding, and the separately reported decline in frailty screening, describe structural disadvantage that has not resolved**

Limitations: repeat cross-sections rather than a cohort; survey sizes from 342 to 731; retrospective recoding of eligibility; self-report, so suppression is likely higher than surveillance estimates. Published estimates use raking weights and multiple imputation.

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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