HealthHIV
STATE OF
Aging with HIV™
Fifth Annual National Survey

Social Network Size, Race, and Sexual Orientation as Correlates of Quality of Life Among People Aging with HIV

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Poster 63

Sexual Health and Quality of Life

A social network of four or more people was the most consistently replicated predictor of good quality of life across five analytic methods (**OR 2.40**, 95% CI 1.63 to 3.52), holding after control for income and education.

Black/African American respondents reported better quality of life (**87.7% vs. 68.5%**), less high stress and a lower GBI, yet at ages 65 and older had the lowest rate of an HIV-treating primary care provider (**47% vs. 73%**).

LGBTQ+ respondents aged 65 and older were far likelier than straight peers to have such a provider (**75% vs. 33%**, p=0.003), the largest care-access gap in the dataset, though they reported more stress (40% vs. 21%).

BACKGROUND AND AIM

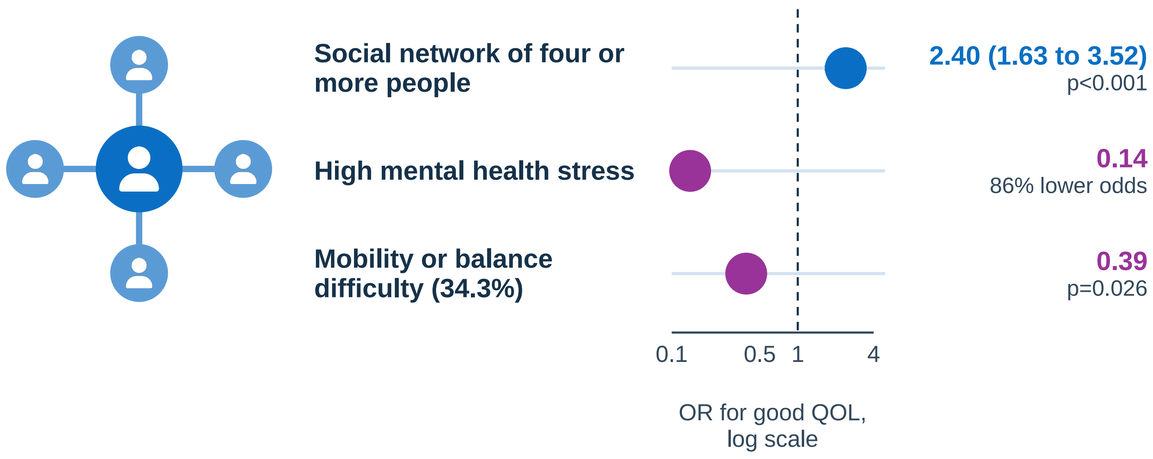
Quality of life (QOL) among people aging with HIV is usually modeled as a result of structural disadvantage. Yet three-quarters of this cohort report good or excellent QOL while nearly three-quarters report moderate or high mental health stress. We asked which factors independently predict good QOL, and how QOL and stress varied across racial and sexual-orientation subgroups.

METHODS

- HealthHIV's 2026 State of Aging with HIV National Survey, February to March 2026, REDCap: 365 people with HIV aged 50 and older and/or living with HIV 15 or more years, 37 states and the District of Columbia. Mean age 61.2 (SD 8.9); 42.2% Black/African American, 47.9% White, 52.9% LGBTQ+.
- Replication in pooled data from five surveys (2020 to 2026; N=2,163). QOL dichotomized as good or excellent vs. lower. Multivariable logistic regression with odds ratios (OR) and 95% confidence intervals (CI); comparisons stratified by race and sexual orientation; the Geriatric Burden Index (GBI, 0 to 100) compared descriptively.

BEHAVIORAL HEALTH DOMAIN

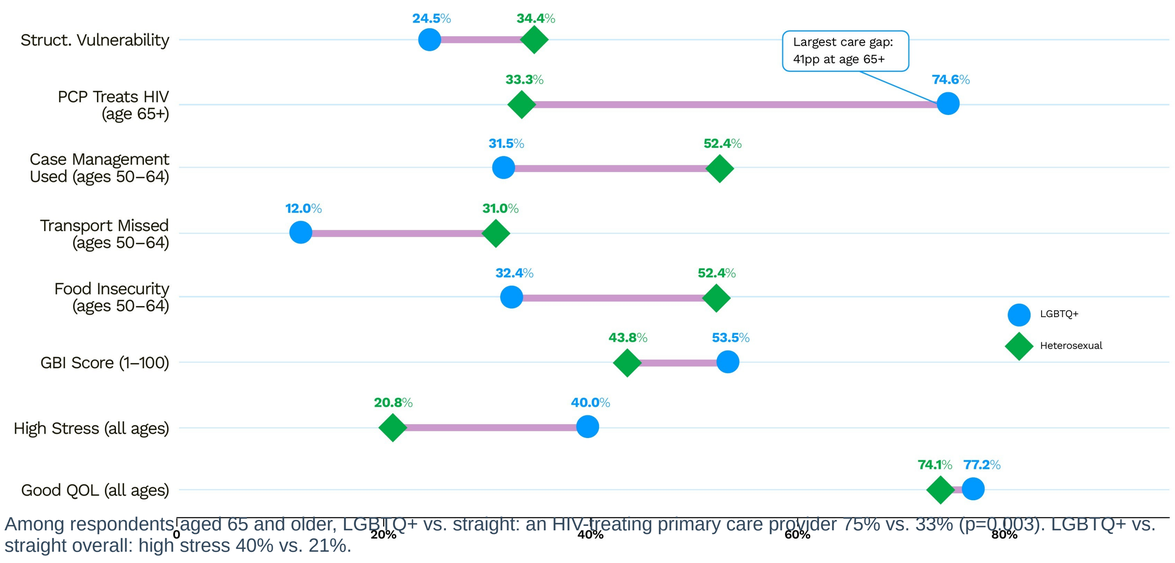
What predicts good quality of life: connection helps, stress and mobility limits hurt



Network size remains a significant, modifiable target after controlling for income and education across five analytic methods.

ACCESS AND PAYMENT DOMAIN

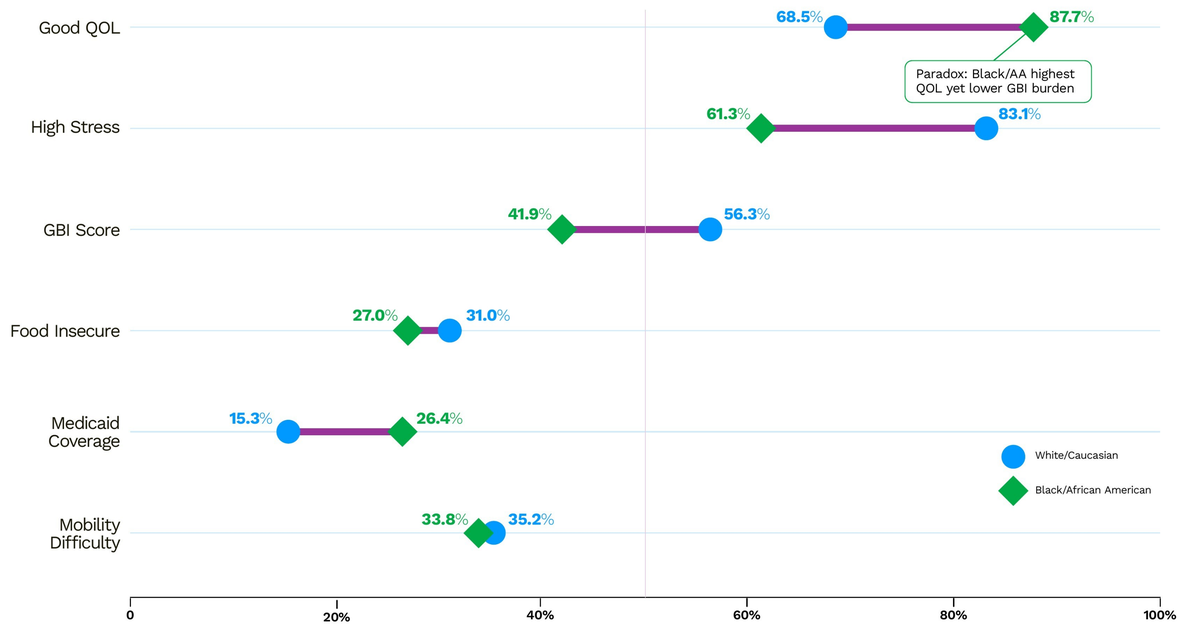
By sexual orientation at ages 65 and older: the largest care-access gap in the dataset



Among respondents aged 65 and older, LGBTQ+ vs. straight: an HIV-treating primary care provider 75% vs. 33% (p=0.003). LGBTQ+ vs. straight overall: high stress 40% vs. 21%.

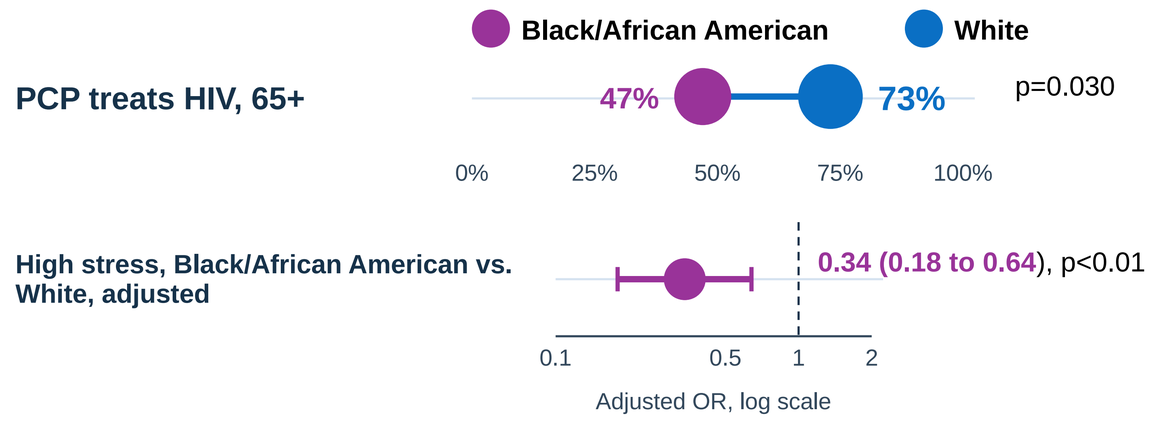
HIV AND GERIATRIC CARE DOMAIN

By race: two results ran counter to expectations



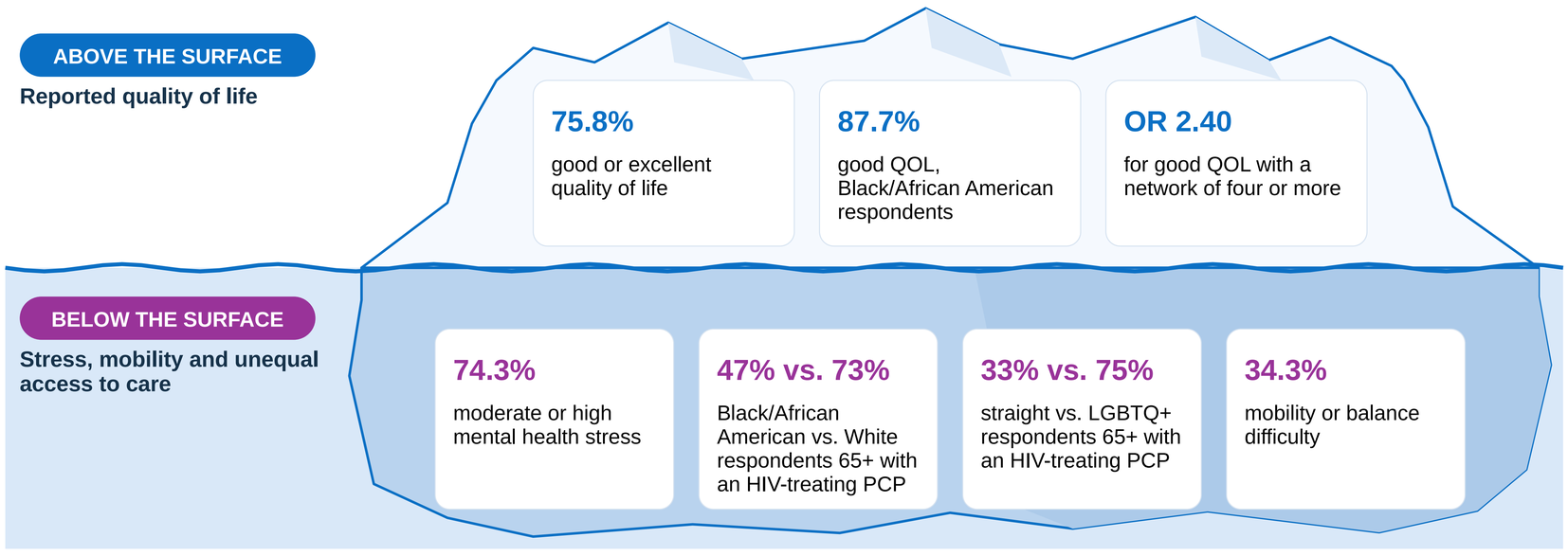
Black/African American (diamonds) vs. White (circles) respondents: good QOL 87.7% vs. 68.5%; high stress 61.3% vs. 83.1% (p<0.001); GBI 41.9 vs. 56.3.

At ages 65 and older, Black/African American respondents are less likely than White respondents to have a primary care provider who treats their HIV



Better reported quality of life and less burden, with less access to HIV-informed primary care at older ages: resilience that does not translate into equal access.

CONCLUSIONS: QUALITY OF LIFE REFLECTS UNADDRESSED DETERMINANTS UNDER THE SURFACE



Social connection buffered quality of life across income groups

Measuring network size can provide insights into improving social connections and, in turn, health.

QOL may reflect disparities in access to an HIV-treating PCP across racial groups

Limitations: Self-reported QOL; cross-sectional associations from self-report; internalized minority stress not measured. PCP = primary care provider; SD = standard deviation.

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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