

Older Americans: The Changing Face of HIV/AIDS and Aging in America

FACT SHEET: Challenges and Solutions
September 18, 2013



A Snapshot of the HIV Epidemic in Older Adults

- By 2015, half of all Americans with HIV will be over age 50
 - Nearly 75% are now over age 40
 - Largely due to the availability of effective treatments
 - But one in six new diagnoses are among those 50 and older and they are often sick enough to have concurrent AIDS diagnosis

The Problems They Face

- While 90% of people over 50 with HIV are diagnosed (meaning 10% go undiagnosed), only half that number are in care, and only one-third are virally suppressed
- Older adults with HIV have an average of three other health conditions
- A host of health and care needs that neither HIV nor aging services providers can meet

Actions Needed To Address This Challenge

- The **Older Americans Act (OAA)** must be reauthorized and must include people with HIV and LGBT people as groups with “greatest social need”
- The **Ryan White CARE Act** must be funded to at least the level requested by the President
 - The median age for older adults with HIV is 58; hence, many are not eligible for Medicare and other services funded via the OAA
 - Most rely on Ryan White for services, including the AIDS Drug Assistance Program
 - Many states not expanding Medicaid – RW remains a vital source of payment
- **NIH** must increase funding for research on HIV
 - Priorities outlined in an NIH-convened work group report:
 - *HIV and Aging: State of Knowledge and Areas of Critical Need for Research*
 - HIV and aging research increases understanding of how stress on the immune system contributes to aging-related conditions among HIV-positive and negative people
- **CDC** must fund targeted HIV prevention messaging for older adults
 - Especially among gay and bisexual men, particularly men of color
 - To improve the rate of testing among older adults
 - Will require both provider and public education campaigns

- **HRSA** must fund training, technical assistance, and capacity building among HIV and aging services providers
 - Including a re-tooling of the RW-funded AIDS Education and Training Centers to target a wide range of health and human services providers
- **FDA** must encourage the pharmaceutical industry to conduct combination drug trials for people with multi-drug resistance (most of them are over 50)
 - Also the impact of long-term ARV use in older adults with multiple conditions
- **HHS** must develop treatment guidelines for this population, similar to the treatment guidelines developed by an expert panel: *Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV*

The Benefits of Action

- Increasing the number of people on treatment lowers infection rates
- More convenient and less costly antiretroviral drugs increase savings
- Greatly diminished need for HIV-related emergency visits and inpatient stays
- Modest additional investment required to drive HIV below epidemic levels
- Much can be accomplished at the policy level, including the WH Care Continuum Initiative
 - Many programmatic enhancements will pay for themselves
- Each infection averted saves \$379,668 in lifetime medical costs
 - For example, current efforts in New York State are already saving \$1 billion a year
 - Further reduction in new infections could *more than double* the savings
 - In FY12, the federal government spent nearly \$15 billion on HIV care; fewer infections mean less federal spending

Conclusion

If strategic investments are made now, they will not only lead to longer, healthier, and more productive lives for many Americans, they will also lower health care costs, lead to significant federal, state, and local savings, and pay for themselves in the long run.

ACRIA

ACRIA was founded in 1991 by physicians, activists, and people with HIV. Since then, ACRIA has contributed to the approval of nearly 20 medications, helping countless thousands live longer and healthier lives. ACRIA also studies the needs of people with or at risk for HIV and offers HIV-related training, technical assistance and capacity building services to providers across the country.



Founded in 1978, **SAGE** is a national organization that offers supportive services for LGBT older adults and their caregivers, advocates for public policy changes, and provides training for aging providers and LGBT organizations, through its National Resource Center on LGBT Aging. With offices in NYC, Washington, DC, and Chicago, SAGE coordinates a network of 23 affiliates in 16 states.