

HIV and Older Adults



For the first time in history, **nearly 50% of people in the U.S. who are living with Human Immunodeficiency Virus (HIV) are over the age of 50.** By 2030, 70% of people living with HIV will be over the age of 50. The confluence of aging and HIV is an under examined and underfunded public health issue demanding urgent attention.

Longevity today and tomorrow.

The efficacy of antiretroviral therapy (ART) and the success of global treatment programs has meant that, with proper access to care, **HIV infection is no longer a life-limiting infection.**

The number of older people living with HIV is growing for 2 reasons:

- 1 powerful HIV drugs are allowing many people to lead longer, healthier lives with HIV
- 2 while most new HIV cases occur in younger people, people over 50 are acquiring HIV at increasing rates

This is an evolving issue.

Recent federal and state decisions to cut funding for HIV programs – such as Ryan White Part B – put Virginia’s critical services for older adults living with HIV at risk.

These programs provide access to:

- medical care coordination
- housing
- transportation
- and more.



Community organizations like **The LGBT Life Center have lost more than \$550,000** since 2024. These funding cuts aren’t just numbers – thousands rely on these community organizations and resources for HIV prevention and treatment, STI testing, mental health and more.

Health Brigade could lose up to...

\$1.5 million

in funding for the vital services people living with HIV need.



It is important for older people with HIV to be linked to care, and to have access to support services to help them stay healthy and remain engaged in HIV care.

Many aspects of health care and well-being for older adults are at risk of being cut.

In order to support those living with HIV, **investment in services provided by Virginia’s community organizations is critical.**