

August 16, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Due to the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. In 2022, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) served more than 560,000 clients, of whom 48.2% were aged 50 and older, an increase from 31.7% in 2010^{1,2}. Additionally, approximately 24,867 (9.8%) RWHAP clients were diagnosed with HIV prior to the availability of highly active antiretroviral therapy (ART) in 1996³, commonly referred to as long-term survivors.

People with HIV aged 50 and older face similar health and social issues as the general aging population, including: multiple chronic conditions, medication management, polypharmacy, changing physical and cognitive abilities, and social isolation and loneliness. However, they experience age-related conditions 10-15 years sooner and with more complexity than the general population.⁴ Similarly, people diagnosed with HIV at birth or in childhood were exposed to the virus when their immune systems were not yet fully developed, which may accelerate the rate at which their immune system ages.⁵ Factors such as age, gender identity, race/ethnicity, and socioeconomic status also contribute to disparities in health outcomes.

RWHAP funds may be used to support people who are aging with HIV across various HRSA RWHAP core medical and support service categories as described in [HRSA HAB Policy Clarification Notice #16-02 \(PCN 16-02\) Ryan White HIV/AIDS Program Services: Eligible Individual and Allowable Uses of Funds](#). Affected populations may include:

- **Older Adults:** People with HIV aged 50 and older.
- **Long-term Survivors:** Adults who acquired HIV prior to the availability of ART.
- **Life-term Survivors:** Adults who acquired HIV at birth or as young children.

The health care landscape for people with HIV aged 50 and older, and long-term and life-term survivors, is constantly evolving. HRSA recognizes the importance of RWHAP-funded recipients having a multifaceted approach to address their varying and complex needs. A key part of this work includes leveraging expertise and existing resources. HRSA HAB has collaborated with

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2014. <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/data-report-2014.pdf>. Published December 2015.

² Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. <https://ryanwhite.hrsa.gov/data/reports>. Published December 2023.

³ Health Resources and Services Administration. Ryan White HIV/AIDS Program Services Report (RSR) Base Files (2022).

⁴ Guaraldi, G., Orlando, G., Zona, S., et al. (2011). Premature age-related comorbidities among HIV-infected persons compared with the general population. *Clinical Infectious Diseases*, 53(11), 1120-1126. <https://doi.org/10.1093/cid/cir627>

⁵ Gianesin, K., Nogueir-Julian, A., Zanchetta, M., et al. (2016). Premature aging and immune senescence in HIV-infected children. *AIDS*, 30(9), 1363-1373. <https://doi.org/10.1097/QAD.0000000000001093>

Administration for Community Living's (ACL) aging network grantees to this end. Over 600 [Area Agencies on Aging \(AAA\)](#) and more than 11,000 [senior centers](#) serve as community hubs that provide services and supports like nutrition, transportation, caregiver support, insurance counseling and more. [Aging and Disability Resource Centers](#) (often housed in AAAs) provide unbiased, person-centered counseling on long-term care as a part of the "no wrong door" system to people of all ages and their families and caregivers. [State Units on Aging](#) are responsible for planning aging services statewide and work closely with the community to ensure they are meeting the needs of diverse state populations. All of ACL's aging services can be found through the ElderCare Locator online portal: <https://eldercare.acl.gov/>.

Medicare and Medicaid, administered by the [Centers for Medicare & Medicaid Services \(CMS\)](#), offer health care and home and community-based services which can benefit people with HIV aged 50 and over. Additionally, state and local resources may be available in the community for older adults. RWHAP-funded recipients are uniquely positioned to leverage these existing aging-related service resources.

HRSA HAB is committed to [learning from community experts](#) and will continue to:

- Monitor for [emerging clinical issues and practice](#) related to aging with HIV.
- Engage in policy and program development to better address the needs of life-term survivors and older adults living with HIV.
- Explore opportunities for collaboration with our [federal partners to enhance service delivery](#).
- Evaluate HIV care and treatment workforce development needs, such as incorporating geriatrics into routine HIV care.
- Share relevant, [evidence-based interventions](#) and clinical information throughout the RWHAP to ensure the highest standard of care.

We strongly encourage RWHAP recipients and subrecipients to utilize existing and future trainings, tools, and resources available through [TargetHIV.org](#) and the RWHAP AIDS Education and Training Center (AETC) Program's [National Coordinating Resource Center](#) website. We also have several [reference guides](#) to support health care professionals in providing care to people aging with HIV.

Thank you for your dedication to providing responsive care and treatment for people with HIV aged 50 and older, long-term, and life-term survivors.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration