MOVING AHEAD TOGETHER
Integrating HIV/AIDS and Aging Services

Half of all people living with HIV in the US are now 50 or older. HIV/AIDS should now be considered an aging issue, and aging should become a key consideration in HIV care.

Longevity with HIV is a success story that is also under-explored and under-resourced. The HIV and aging services networks deliver excellent care but operate almost totally separately, in silos. People aging with HIV can get lost.

Raising Awareness, Strengthening Care

Grantmakers In Aging (GIA) is working to raise awareness of the needs of older people living with HIV, increase funding for customized programs, and encourage cross-sector connection and stronger policymaking.

In Moving Ahead Together: A Framework for Integrating HIV/AIDS and Aging Services, GIA offers a blueprint for change that examines societal factors, gaps in care and systems, and policies to improve the wellbeing of people aging with HIV. Find a sampling of the recommendations on the next page.


Guided by Experts and Authentic Experience

The recommendations in the Framework were guided by a steering committee of leaders from the HIV/AIDS and aging services sectors and by participants in the virtual Moving Ahead Together Summit.

Honoring the Denver Principles of meaningful involvement, the Framework also features first-person reflections, videos, and artwork created by older people living with HIV.

“Unless you are in our shoes, you would really never understand.”
— Pat Kelly, executive director of A Family Affair and a great-grandmother who received her HIV diagnosis in 1985
At Issue: Health Equity and Racial Justice

The HIV epidemic has changed over the course of 40 years. Today the population living with HIV includes a disproportionate number of Black and Latinx people and the geographic epicenter is in the South.

Women account for about one in five new cases and older people (50+) account for one in six. (Fifty is the accepted age of onset for aging with HIV.)

Older people living with HIV often struggle with health disparities, poverty, isolation, and ageism. Fear of stigma and rejection keeps many from accessing care in unfamiliar settings, including traditional aging services.

Sample Recommendations from the Framework

- Ensure that medical, mental and behavioral health care, and social and psychosocial support are integrated and person-centered.
- Help geriatricians and primary care providers build their knowledge of HIV, including testing, prevention, sexual health counseling, and considering HIV in diagnosis.
- Increase cultural competency in all care settings, including senior centers and long-term care.
- Help HIV specialists gain expertise in geriatrics issues and HIV’s effect on the aging process.
- Co-locate and/or coordinate HIV and aging services, including social work and social services.
- Address social determinants of health, including food insecurity, unstable housing, and poverty.
- Prepare Medicare, Medicaid, and long-term services and supports to serve people living with HIV.
- Expand research and caregiving options for HIV-specific cognitive decline and dementia.
- Make policies more inclusive, such as adding aging issues to the federal Ending the HIV Epidemic plan; decriminalizing HIV; and reconsidering age-based eligibility for aging services.


Find a condensed, at-a-glance version of the Framework here. Learn more about GIA’s work on HIV and aging at www.giaging.org/HIV-aging. This initiative was supported by a grant from Gilead Sciences.

About Grantmakers In Aging (GIA) Grantmakers In Aging is a national membership organization of philanthropies. Believing a society which is better for older adults is better for people of all ages, GIA acts as a relevant and responsive network, resource, and champion, amplifying the voices of older people and issues of aging. Our vision is of a just and inclusive world where older people are fully valued, recognized, and engaged in ways that matter. To learn more, please visit www.GIAging.org.