American Society on Aging

Making the Aging Network HIV-Inclusive:

A Practical Guide for Aging Services

Foundational Strategies for Modernizing Aging Services to Meet the Needs of Older Adults with HIV

CENTER OF EXCELLENCE 4HEALTHY AGING With HIV

A toolkit developed by the American Society on Aging in partnership with The Center of Excellence 4 Healthy Aging with HIV

GILEAD Creating Possible

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Executive Summary

More than half of people living with HIV (PLWH) in the United States are now ages 50 or older—a proportion projected to reach nearly 70% by 2030. This demographic shift represents one of the most significant, yet under-recognized, transformations in the aging landscape. HIV is no longer solely a public health issue; it is a central aging issue. Older adults living with HIV are already engaging with Area Agencies on Aging, senior centers, housing programs, home- and community-based services, meal sites, care coordination programs, long-term services and supports, and the broader aging network. Many are long-term survivors who lived through the early years of the epidemic. Others were diagnosed later in life. All bring strength, resilience and diverse experiences that aging services must be prepared to understand and support.

However, most aging services systems were not built with HIV in mind. Outdated assumptions, limited training, persistent stigma and a lack of coordinated guidance continue to create barriers that prevent older PLWH from fully accessing or benefiting from the services they need. Many older PLWH still fear discrimination—from staff, from peers or from the system itself. Many avoid programs altogether because they see no visible signs of safety or affirmation.

Making the Aging Network HIV-Inclusive offers a practical roadmap to change this. The guide distills the most essential actions aging services can take—right now—to create environments where older adults living with HIV feel safe, respected, connected, and fully seen. Organized into seven practical areas, the guide provides clear introductions, concrete "What to Do" actions, and concise explanations of why each step matters for practice, policy and equity.

These seven areas include:

1. Building HIV literacy across the entire workforce.
2. Creating welcoming, affirming environments.
3. Integrating trauma-informed and intersectional care.
4. Incorporating HIV into intake and care coordination.
5. Addressing social determinants of health head-on.
6. Building formal partnerships with HIV service organizations.
7. Centering lived experience through peer leadership.

Each area has been designed to be modular—allowing organizations to start anywhere, focus on what's most urgent, or move through the guide as part of a broader equity or belonging strategy.

At its core, this guide is a call to action: HIV-inclusive aging services are not an optional enhancement—they are a necessary evolution of a system committed to equity, dignity, and justice.

Older adults living with HIV deserve an aging network where stigma is replaced with empathy, where competence is matched with compassion, and where belonging is intentionally built into every interaction. This guide is their roadmap—and our collective responsibility.

Our Partners in This Work

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We also gratefully acknowledge our partners at The Center—Ribbon: A Center of Excellence and TRX Development Solutions—whose collaboration, expertise, shared commitment to equitable aging and the radical practice of belonging were essential to shaping this work. Their partnership has strengthened the field's ability to build HIV-inclusive programs, deepen cross-sector understanding, and expand access to affirming, person-centered aging services.

We are thankful for the collective effort that made this toolkit possible and for the shared vision of an aging network where older adults living with HIV feel safe, respected and fully seen.

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Foundational Strategies for Modernizing Aging Services to Meet the Needs of Older Adults with HIV

Introduction

Today, more than half of all people living with HIV (PLWH) in the United States are ages 50 or older—and that proportion continues to grow as advances in treatment extend life expectancy.[2,3] This demographic shift is one of the most profound yet underrecognized developments in both the HIV and aging landscapes. Globally and nationally, the population of older adults living with HIV has increased steadily over the past two decades, reshaping what it means to live—and age—with HIV.[1]

HIV is no longer a "young person's disease." It is an aging issue.[2,8] And the aging network—senior centers, AAAs, state units on aging, case managers, care coordinators, housing providers, and community-based organizations—must be prepared to respond.[32]

Yet far too many older adults living with HIV remain unseen, unsupported, or excluded within aging services settings.[4] Many have survived decades marked by stigma, discrimination, and loss, navigating systems that were not designed to recognize their identities or experiences.[5,6] Many live with multiple chronic conditions, experience earlier onset of frailty, or manage complex medication regimens associated with long-term HIV and aging.[8,9,10] Others face persistent social isolation and loneliness—factors strongly associated with poorer physical and mental health outcomes among older adults living with HIV.[7]

These challenges are not distributed equally. Older adults living with HIV often experience the compounded effects of ageism, HIV stigma, racism, homophobia, transphobia, sexism, and economic marginalization.[4,14,17] These intersecting inequities shape access to care, trust in service systems, and overall health and well-being.[18] For many, daily life is further constrained by housing instability, food insecurity, transportation barriers, and limited income—conditions that directly influence health outcomes and quality of life.[27,29]

For the aging network, this reality presents both a responsibility and an opportunity. Responsibility, because older adults living with HIV are already present across nearly every aging services setting—even when they do not disclose their status.[32] Opportunity, because aging services are uniquely positioned to address the social, emotional, and structural factors that shape health in later life. When aging services intentionally foster inclusive, affirming,

and trauma-informed environments, they can become spaces where older adults aging with HIV feel safe, respected, and supported.[35,39]

This guide offers a clear roadmap for how aging services providers can begin that work today—by building HIV literacy, addressing stigma, strengthening care coordination, and centering equity, dignity, and belonging for older adults aging with HIV.

Why It Matters

Integrating older adults aging with HIV is imperative for four core reasons:

1. The HIV & aging population is growing rapidly.

Aging services will increasingly be the primary point of contact for older adults living with HIV—whether for meals, transportation, housing, case management or social connection.[32] Providers must be equipped to meet this reality with competence and confidence.[2]

2. Stigma, trauma and discrimination compromise health and access to care.

The legacy of the HIV epidemic, combined with ongoing stigma and structural inequities, affects engagement, trust, mental and physical health.[4,17,20] Aging services that adopt trauma-informed, culturally responsive practices can play a direct role in mitigating these harms.[19]

3. Health outcomes depend upon services the aging network already provides.

Stable housing, reliable nutrition, transportation, social connection, and care coordination are not "extras"—they are core determinants of health for people aging with HIV.[28,29] Aging services providers are essential partners in addressing these needs.[27]

4. Inclusion is a matter of equity, dignity and belonging.

Older adults living with HIV deserve to age in communities where they feel seen, valued, and supported. Creating HIV-inclusive aging services advances equity, strengthens organizational culture, and aligns with the aging network's mission to serve all older adults with dignity.[35,49]

Why Now Is the Critical Moment to Build HIV-Inclusive Aging Systems

Because HIV is an aging issue.

- The proportion of people living with HIV who are ages 50 and older continues to grow.[1,2]

- Aging services are increasingly the frontline of support for this population.[32]

Because stigma, trauma and inequity directly harm health.

- Stigma contributes to delayed care, social isolation, depression, and disengagement from services.[14,15]
- Trauma rooted in early epidemic experiences continues to affect trust and engagement decades later.[19,20]
- Intersectional inequities—racism, homophobia, transphobia, and economic marginalization—magnify risk and reduce access.[4,17]

Because health outcomes depend upon social supports aging services already provide.

Aging services offer the supports that most directly influence health:

- Housing
- Meals
- Transportation
- Social connection
- Case management
- Caregiver supports

For older adults with HIV, these supports are lifelines.[27,29]

Because the aging network must evolve to remain relevant and equitable.

An inclusive aging services network:

- confronts historical exclusion,[35]
- aligns with evidence-based practice,[28]
- ensures all older adults—especially marginalized communities—can age with dignity,[45]
- strengthens organizational credibility, reach and mission.[32]

Because older adults living with HIV are still here—and still aging.

They deserve to be seen, welcomed, and supported by every part of the aging services system.[19,50]

Who Might Use This Guide

This guide is designed for anyone working across the aging network who supports, interacts with, or designs programs for older adults—whether through direct service, administration, program design, policy or leadership. It is intended for:

- Area Agencies on Aging (AAAs) and state units on aging
- Aging and Disability Resource Centers (ADRCs)

- Senior centers, congregate meal programs and wellness centers
- Home- and community-based services (HCBS) providers
- Care managers, case managers and care coordinators
- Housing and residential service providers
- Long-term services and supports (LTSS) programs
- Transportation, nutrition and benefits access programs
- Direct care workers, frontline staff and volunteers
- Administrators, supervisors and organizational leaders
- Cross-sector partners including HIV service organizations, health systems and behavioral health providers

If your organization serves older adults—or if you partner with agencies that do—this guide is for you.

Older PLWH already participate in your programs, access your services, and move through your systems. This resource will help you to better understand their lived experiences, identify their unique needs, and create care pathways rooted in dignity, healing and belonging.

How to Use This Guide

This guide is designed to be practical, flexible and easy to adopt—whether you are just beginning this work or advancing efforts already underway. It can be used in several ways:

1. Start Anywhere—Every Section Stands Alone

Each of the seven areas stands alone. You can begin with the section most relevant to your organization—HIV literacy, trauma-informed care, environmental inclusion, care coordination, social determinants, partnerships or peer engagement.

2. Share It With Your Entire Team

This guide becomes most powerful when it is shared broadly.

Use it to support:

- staff meetings and reflections
- onboarding for new employees
- ongoing professional development
- DEI and belonging initiatives
- Volunteer training
- cross-training with HIV service organizations

This is not specialized knowledge for a few—this is foundational knowledge for all.

3. Use the "What to Do" Lists to Drive Implementation and Action

Every section includes clear, concrete actions your organization can take.

These steps can help you:

- update policies
- adjust intake forms
- redesign environments
- strengthen partnerships
- train staff
- improve care

Start small—pick one or two actions—and build from there.

4. Integrate It Into Policy, Program and Practice Decisions

Use the guidance to strengthen:

- program planning
- service delivery
- staff training curricula
- community outreach
- equity and belonging frameworks
- strategic plans and funding proposals

The strategies align with national aging policy priorities and emerging best practices in HIV-inclusive aging.

5. Use It as a Conversation Starter

This guide can open honest dialogue about stigma, fear, assumptions and gaps in knowledge. Conversations about HIV can sometimes feel intimidating; this guide provides language, structure and clarity to make those conversations safer and more productive.

6. Return to It Over Time

HIV-inclusive aging is not a one-time activity—it is a practice, a commitment and a journey. As your organization evolves, you can revisit the guide to deepen understanding, expand approaches, and strengthen cross-sector relationships.

Invitation to the Reader

Older adults living with HIV bring strength, resilience, creativity, and wisdom to our communities. Many have survived profound loss, endured stigma, rebuilt their lives in the absence of systems that failed them, and continue to contribute to the vibrancy of the places where we live and work. Their stories are part of our collective history—and essential to our collective future.

This guide is an invitation—to learn, to reflect and to act. It asks aging service providers to consider not only what they do, but how they do it, and who may feel invisible or unwelcome in their programming. It invites you to approach your work with curiosity, humility and a commitment to equity. And it calls all of us to build an aging network where older adults aging with HIV experience safety, affirmation and belonging across every point of connection.

This is not simply a technical guide; it is a values-centered roadmap. By engaging in these strategies, you join a nationwide effort to ensure that every older adult living with HIV is seen for their full humanity, supported through compassionate care, and welcomed into spaces that honor their lives and contributions.

Your willingness to take this journey—to deepen your understanding, to challenge assumptions and to create more inclusive environments—makes a meaningful difference. Together, we can build an aging services network where older adults living with HIV are not only included but embraced.

How to Start Today

This guide distills the core actions aging services providers can take to create HIV-inclusive environments:

- Build HIV literacy across the workforce.
- Create welcoming, stigma-free, affirming program environments.
- Integrate trauma-informed, intersectional approaches.
- Include HIV in routine intake, referral and care coordination.
- Address social determinants of health, not just medical needs.
- Develop formal partnerships with HIV service organizations.
- Center the leadership, stories and expertise of older adults living with HIV.

These strategies offer a focused set of steps that aging services providers can use to strengthen HIV-inclusive practices in any setting. Each step strengthens trust, enhances service quality and ensures that older adults aging with HIV experience dignity, belonging and equitable support.

Seven Core Strategies for Inclusive, HIV-Responsive Aging Services

As the population of older adults living with HIV continues to grow, aging services must evolve to meet the needs of a community shaped by resilience, inequity, stigma and survival. HIV is no longer a standalone medical issue—it is an aging issue, deeply intertwined with social determinants of health, trauma histories, intersectional identities and the structural barriers older adults navigate daily. To create truly inclusive, equitable and belonging-centered aging services, providers must reexamine practices and systems through an HIV-informed lens. The following seven areas offer a practical roadmap for transformation—guiding organizations to build knowledge, strengthen environments, deepen cultural humility, coordinate care, address the conditions that shape health, foster cross-sector collaboration and elevate the leadership of older adults living with HIV. Together, these strategies form the foundation of an aging network prepared not simply to serve older adults with HIV, but to honor them.

I. Build HIV Literacy Across Your Entire Workforce

Creating an HIV-inclusive aging network begins with strengthening the knowledge, confidence and cultural competence of every staff member—regardless of role. Many aging services professionals entered the field when HIV was most visible during the early epidemic, and may not be familiar with the realities of living—and aging—with HIV today.[26] Others may feel uncertain about discussing sexual health with older adults or fear "saying the wrong thing."[34] Without a shared baseline of accurate information and affirming language, services can unintentionally reinforce stigma, silence, or discomfort for older adults living with HIV.[4]

Building HIV literacy is not simply an educational task—it is a foundational equity practice that ensures the workforce is prepared to serve older adults living with HIV with respect, dignity and clarity. When staff understand HIV as a chronic, manageable condition and appreciate the complex realities of aging with HIV, they are equipped to offer care that fosters trust and belonging.[8]

What to Do

Train the entire workforce—not just clinical or supervisory staff.

Front desk staff, program assistants, drivers, volunteers, meal-site workers and administrative staff all shape the daily experiences of older adults. Core training topics should include:

- What HIV is and is not today (facts, transmission, U=U, treatment basics),[2]
- The realities of aging with HIV, including early onset of comorbidities,[8,10]
- Polypharmacy and medication interactions common in older adulthood living with HIV,[21]
- Confidentiality, ethics, and the importance of voluntary disclosure,[38]
- Cultural humility and stigma reduction,[4]

- How to talk about sexuality, relationships and risk with older adults.[34]

Integrate HIV and aging education into orientation, annual training and professional development.

Make HIV inclusion a permanent part of staff learning—not a one-time workshop. Include modules such as:

- Understanding intersectional stigma (racism, ageism, HIV stigma, homophobia, transphobia, ableism),[4,17]
- Affirming and person-centered language when discussing HIV and aging,[38]
- Strategies for creating welcoming, nonjudgmental interactions,[35]
- How systemic inequities shape access to care and services.[31]

Embedding HIV literacy into routine professional development signals organizational commitment and builds long-term competence.[26]

Normalize conversations about sexuality, harm reduction and aging.

Older adults are often excluded from conversations about sexual health, despite ongoing risk and relevance.[34] Provide staff with scripts, role-play opportunities, and plain-language resources so they feel prepared to:

- Ask about sexual health without assumption,[34]
- Discuss HIV testing or prevention when appropriate,[2]
- Recognize signs of stigma or shame and respond compassionately[38]
- Engage older adults with dignity, regardless of identity or history[34]

Why It's Essential

More than half of all people living with HIV in the United States are now ages 50 or older, and by 2030 that number is expected to reach 70%.[2,3] National awareness efforts focused on HIV and aging further underscore the importance of workforce education in ensuring aging services are prepared to respond to the growing population of older adults living with HIV.[33] This means aging services providers are already, and increasingly, interacting with older adults with HIV—often without knowing it.[32] Inadequate staff knowledge can lead to unintentional stigmatizing behaviors, miscommunication or avoidance that discourages older adults from seeking services or disclosing their needs.[4]

Building HIV literacy reduces fear, dispels myths and helps staff offer care that is safe, welcoming, and respectful.[26] It also strengthens organizational competence, improves engagement, and aligns aging services with the realities of today's older adult population.[8] When staff understand the medical, emotional and social dimensions of aging with HIV, they become more effective partners in care—and older adults living with HIV experience the dignity, safety and belonging they deserve.[39]

II. Create Welcoming, Affirming Environments

For many older adults with HIV, the greatest barrier to engaging in aging services is not program availability—it is whether those programs feel safe.[14] Stigma, silence and invisibility have shaped decades of their experience with

healthcare, housing, community settings and social spaces.[11] Too often, aging services environments unintentionally reinforce exclusion through outdated assumptions, lack of representation, or organizational silence about HIV, LGBTQ+ identities or sexuality in later life.[35]

Creating a welcoming environment is not cosmetic—it is a critical intervention that communicates to older adults living with HIV that they can trust the space, the people in it, and the care they will receive.[35] Affirming environments signal belonging, reduce fear of judgment or disclosure, and invite older adults aging with HIV to fully participate in services.[39] These environments also model an organizational culture grounded in dignity, equity and respect for all older adults.[15]

What To Do

Make inclusion visible, intentional and unmistakable.

Small visual cues carry powerful meaning. Display:

- LGBTQ+ affirming symbols and materials[35]
- Brochures or posters that explicitly address HIV and aging[33]
- Messaging that communicates confidentiality and respect[38]
- Images that depict diverse older adults, including racial, gender and body diversity[36]

These cues help older adults recognize your space as one where they belong.

Use person-first, affirming language at every point of contact.

Ensure staff consistently use respectful language such as:

- "Older adult living with HIV"[38]
- "People with lived experience"[19]

Avoid stigmatizing or outdated terms and never assume how a person acquired HIV or what their sexual or relationship history might be.[38]

Protect privacy and confidentiality proactively.

Create processes that reduce exposure and promote trust:

- Ensure conversations about health or HIV occur out of earshot of others,
- Train frontline staff to handle sensitive disclosures without visible reaction,
- Review forms and databases to prevent unnecessary or accidental disclosure.[38]

Trust is built through consistent, everyday practices—not policies alone.

Ensure physical spaces communicate safety and belonging.

Evaluate your lobby, waiting areas and program spaces for cues that may feel exclusionary. Consider:

- Seating arrangements that allow privacy[39]
- Reading materials that reflect diverse communities[36]
- Staff badges or lanyards that include pronouns or inclusive branding[35]
- Private spaces for conversations or intake[38]

Integrate inclusive practices into programming and social activities.

Normalize discussions of sexuality, relationships, health and identity in ways that affirm all older adults. Create programming that includes:

- HIV education as part of general health promotion[33]
- LGBTQ+ and HIV-positive peer groups[37]
- Intergenerational conversations about stigma and belonging[36]

Affirming programming reinforces that your environment is safe, not by accident, but by intention.

Why It's Essential

Older adults living with HIV frequently avoid senior centers, congregate meal programs, community events or housing opportunities because they fear judgment—from peers, staff or administrators.[11] Many have had negative experiences in other aging or healthcare environments and enter new spaces watchful and cautious.[12] Affirming environments disrupt that cycle by signaling safety, respect and welcome.[35]

Silence about HIV communicates exclusion; intentional visibility communicates belonging.

When older adults see themselves reflected in the environment—through language, imagery, interactions and organizational culture—they are more likely to seek services, disclose needs, return consistently and form meaningful connections. Creating such an environment is not an aesthetic choice; it is a core practice in reducing stigma, improving access, strengthening trust and ensuring that older adults living with HIV can age with dignity and belonging.[3]

III. Integrate Trauma-Informed and Intersectional Care

For older adults with HIV, trauma is not a single moment in time—it is often a lifetime of experiences shaped by the early AIDS epidemic, stigma, discrimination, medical mistrust and systemic inequities.[19] Many long-term survivors lived through the devastation of losing loved ones, partners and entire communities while navigating a health system that did not always treat them with dignity or compassion.[20] Others aging into HIV later in life have faced shame, isolation, or disbelief tied to ageism, racism, homophobia, transphobia, sexism or ableism.[4] These intersecting oppressions do not simply affect emotions—they shape physical health, cognitive function, treatment adherence and engagement in services.[18]

To serve older adults with HIV effectively, aging services must move from a model that treats symptoms to one that understands the whole person: their history, identities, trauma exposures and strengths.[16] Trauma-informed and intersectional care shifts organizational culture toward empathy, curiosity and respect.[39] It ensures providers recognize that behaviors often interpreted as "resistance," "non-compliance," or "withdrawal" may be protective responses to past harm.[20] By integrating trauma-informed and intersectional approaches,

aging services become safe spaces that actively reduce harm, build trust, and foster belonging.[39]

What To Do

Train all staff in trauma-informed principles and integrate them into daily practice.

Emphasize the five core pillars:[39]

- **Safety**: Emotional, physical and cultural
- **Trustworthiness**: Clear boundaries, consistency, transparency
- **Choice**: Offering options rather than directives
- **Collaboration**: Working with—not on—older adults
- **Empowerment**: Supporting autonomy, agency and self-determination

These principles should guide interactions, policies and program design.

Recognize and respond to intersectional stigma.

Ensure staff understand how HIV stigma interacts with:[6,7]

- Racism[4]
- Ageism[4]
- Homophobia[36]
- Transphobia[36]
- Ableism[39]
- Poverty and classism[31]

Intersectional awareness helps staff see the full context of a person's life rather than making assumptions based on a single identity or diagnosis.[17]

Review policies, procedures and environments for potential triggers or retraumatizing practices.

Ask:

- Are intake processes rushed or invasive?[38]
- Are staff inadvertently expressing surprise, discomfort or judgment during sensitive conversations?[38]
- Do rules unintentionally reduce autonomy (e.g., rigid scheduling, limited privacy)?[39]
- Are there reminders of past harmful experiences in medical or institutional settings?[20]

Small shifts—such as slowing down interactions, offering choices and providing private spaces—can significantly reduce retraumatization.

Normalize conversations about trauma recovery, emotional well-being and support.

Create safe opportunities for older adults to share at their own pace, without pressure.[19]

Ensure staff respond with empathy rather than urgency:

- "Thank you for trusting me with that."
- "You're not alone."

- "How would you like me to support you next?"

Build partnerships with mental health providers who understand HIV, aging and trauma.

Not all behavioral health providers have experience with long-term survivorship, LGBTQ+ aging, or the unique stressors of living with HIV.[16]

Collaborate with providers who do—and make warm handoffs when referrals are needed.[18]

Why It's Essential

Trauma and chronic stress have profound effects on health outcomes—elevating cardiovascular risk, contributing to cognitive decline, affecting immune function and shaping behavioral health.[22] For older adults living with HIV, these effects are compounded by decades of stigma, discrimination and systemic inequities.[4] Many older adults who appear "difficult to engage" are actually navigating deep histories of loss, mistrust and survival.[19] Intersectional, trauma-informed care responds to these realities with compassion rather than judgment.

When aging services providers adopt trauma-informed and intersectional approaches, older adults with HIV experience:

- greater trust in staff,[39]
- increased likelihood of disclosing needs (including HIV status),[38]
- improved engagement in services,[18]
- better adherence to treatment,[21]
- reduced social isolation,[11]
- stronger sense of belonging.[39]

Most importantly, trauma-informed care signals to older adults living with HIV that they are valued—not despite their histories, but with full acknowledgement of them.[39] It creates a foundation where healing, connection, and thriving become possible.

IV. Incorporate HIV Into Standard Intake and Care Coordination

Aging services systems often unintentionally treat HIV as an exception rather than an expected part of older adulthood.[34] This omission can result from assumptions that older adults are not sexually active, discomfort discussing sensitive topics, or a belief that HIV belongs solely in the medical system.[38] But for older adults living with HIV—many of whom manage multiple chronic conditions, complex medication regimens and histories of stigma—integrated, coordinated support is essential.[8] When intake and care-coordination processes incorporate HIV respectfully and routinely, providers send a clear message: HIV is simply one part of a person's health profile, and the organization is prepared to support them holistically.[28] This normalization reduces stigma, strengthens continuity of care and ensures older adults with HIV are not navigating systems alone.[32] Inclusive intake is not about collecting diagnoses—it is about building trust, identifying needs early and connecting

older adults with meaningful supports across the full spectrum of aging services.[24]

What To Do

Integrate HIV as a standard, voluntary part of intake in ways that affirm dignity and autonomy.

- Ask about HIV status the same way you ask about diabetes, hypertension or other chronic conditions—without hesitation or special emphasis.[24]
- Explain why you are asking: "This helps us coordinate your care safely and connect you with the right supports."[28]
- Emphasize confidentiality and provide options for how information is stored or used.[38]
- Allow people to skip questions and revisit them later.[38]

Conduct routine medication and polypharmacy reviews.

Older adults aging with HIV often manage:

- antiretroviral therapy (ART),[24]
- medications for diabetes, hypertension or hyperlipidemia,[21]
- treatments for neurocognitive changes or mental health,[22]
- supplements or over-the-counter medications.[21]

Train staff to:

- recognize red flags for drug–drug interactions,[22]
- ask about missed doses, side effects or difficulty with adherence,[21]
- coordinate with primary care physicians, HIV specialists or pharmacists.[25]

Embed HIV considerations into all care plans and assessments.

Ensure care coordination includes HIV-related factors when addressing:

- nutrition and food access,[27]
- fall-risk and frailty,[10]
- transportation needs,[27]
- housing stability,[29]
- cognitive and memory concerns,[22]
- mental health and sleep patterns,[16]
- social isolation,[11]
- financial assistance.[31]

This ensures care plans reflect the lived experiences and health complexities of older adults with HIV.[24]

Use warm handoffs rather than passive referrals.

- Introduce clients directly to staff at HIV service organizations, case managers or housing navigators.[28]
- Follow up after referrals to confirm connections were made.[18]
- Offer to coordinate appointments or transportation if needed.[27]

Warm handoffs reduce anxiety and increase engagement.[18]

Collaborate with clients to build care plans based on their goals and preferences.

Ask:

- "What matters most to you right now?"
- "What's one thing that would make your day-to-day life easier?"
- "How would you like me to support you in managing your HIV and other health needs?"[24]

This shared decision-making places autonomy and dignity at the center of care.

Why It's Essential

Older adults living with HIV frequently experience earlier onset of age-related conditions—diabetes, cardiovascular disease, cognitive decline, osteoporosis, kidney or liver disease—and manage complex medication regimens that increase risks for drug interactions or confusion.[21,22] When HIV is not discussed or acknowledged, these risks are easily overlooked.[24]

Integrating HIV into intake and care coordination ensures:

- **Safer, more informed decision-making** about medications, mobility, nutrition and daily functioning,[22]
- **Earlier identification of needs**, from mental health support to financial instability,[16]
- **Stronger continuity across systems**, reducing gaps that can undermine treatment adherence,[28]
- **More accurate and culturally competent care plans** tailored to the realities of aging with HIV,[24]
- **Increased trust and disclosure**, which leads to more effective support.[38]

Most importantly, incorporating HIV into routine service processes communicates to older adults that your organization is prepared, knowledgeable, and committed to their well-being.[28] It replaces fear of judgment with confidence in care and supports older adults aging with HIV in living full, self-directed and connected lives.

V. Address Social Determinants of Health Head-On

For older adults aging with HIV, health cannot be understood—or supported—through a clinical lens alone.[27] The conditions of daily life—housing stability, food access, transportation, financial security, safety and meaningful social connection—shape health outcomes as profoundly as antiretroviral therapy.[29] Many older adults living with HIV face lifelong inequities—racism, stigma, homophobia, transphobia, disability discrimination and economic marginalization.[4] These inequities do not disappear with age; they compound.[31]

As HIV increasingly becomes an aging issue, the aging network's role in addressing these social determinants of health (SDOH) is even more essential.[28] Aging services already function at the nexus of nutrition, housing, mobility and social support.[27] By bringing an HIV-informed lens to these core

services, providers can reduce preventable crises, strengthen independence and promote equitable aging for a community that has long been underserved.[29]

Supporting SDOH is not ancillary work—it is HIV care.

What To Do

Screen for social needs early, routinely, and without assumptions.

Include questions about:

- housing stability or risk of eviction,[29]
- food insecurity or difficulty accessing nutritious food,[27]
- transportation limitations affecting medical or social appointments,[27]
- difficulty paying for utilities, medication or basic needs,[31]
- safety concerns at home or in the community,[4]
- social isolation, loneliness or disconnection,[11]
- access to gender-affirming or LGBTQ+-competent services.[35]

Normalize these conversations by asking all clients—not just those presumed to be "at risk."[28]

Connect clients to HIV-competent supports and resources.

Establish relationships with organizations that understand HIV and aging.[28] Provide direct referrals (preferably warm handoffs) to:

- food support programs (SNAP, Meals on Wheels, food banks with stigma-free environments),[27]
- HIV-inclusive affordable housing or HOPWA (Housing Opportunities for Persons with AIDS) programs,[29]
- transportation services that ensure privacy and reliability,[27]
- behavioral and mental health providers with HIV and LGBTQ+ expertise,[16]
- legal aid for housing rights, discrimination and benefits navigation,[31]
- peer support groups and community programs that reduce social isolation.[11]

Evidence-based programs designed for older adults have demonstrated effectiveness in improving health, social connection, and service engagement for people aging with HIV when intentionally adapted to meet their needs.[30]

Integrate SDOH considerations into all care planning and case management.

Avoid treating social needs as separate from health needs.[29] When creating care plans, discuss:

- how housing affects medication adherence,[29]
- how nutrition affects chronic conditions,[27]
- how transportation affects viral suppression and appointment attendance,[27]
- how social connection affects depression, anxiety and cognitive health.[11]

This ensures the plan reflects the whole context of a person's life—not just their diagnosis.[28]

Advocate for flexible program eligibility and equitable access.

Many older adults aging with HIV are shut out of services due to rigid age, income or documentation requirements.[31]

Policy recommendations from coalitions of diverse elders emphasize the need for aging services to explicitly address HIV, racial inequity, and economic marginalization within eligibility rules and service-delivery frameworks.[31]

Advocate for:

- exceptions or adjustments when needs are high,[31]
- expanded eligibility for nutrition, transportation and in-home support,[27]
- policies that include HIV explicitly within aging services standards,[32]
- funding mechanisms that allow cross-sector collaboration.[28]

Aging services providers have a powerful voice in shaping systems that better serve this population.[31]

Coordinate across systems to close gaps before they become crises.

SDOH needs often overlap. Build communication pathways with:

- HIV clinics[28]
- AIDS service organizations[28]
- community housing partners[29]
- food access programs[27]
- mental health providers[16]
- LGBTQ+ community organizations[35]

Integrated communication helps providers anticipate needs, intervene earlier, and reduce avoidable ER visits, hospitalizations and premature institutionalization.[28]

Why It's Essential

Older adults living with HIV are significantly more likely to experience poverty, food insecurity, unstable housing, transportation barriers and social isolation than their HIV-negative peers.[27] These social determinants of health drive outcomes such as:

- medication non-adherence,[21]
- higher hospitalization rates,[28]
- increased mental health needs,[16]
- earlier onset of disability or frailty,[10]
- reduced independence,[27]
- accelerated cognitive decline,[22]
- diminished quality of life.[11]

Research—and lived experience—show that even the most effective HIV treatment cannot compensate for unsafe housing, chronic hunger or deep social isolation.[29] Aging services are uniquely positioned to intervene because they already deliver or coordinate many services that buffer against these risks.[27]

When aging services providers address SDOH directly and consistently:

- health outcomes improve,[28]
- crises become less frequent,[28]
- older adults remain connected to community,[11]
- adherence becomes more sustainable,[21]
- dignity and stability increase,[31]
- belonging becomes possible.[35]

Supporting SDOH is not "extra"—it is central to ensuring that older adults with HIV can thrive.[29] By addressing these conditions head-on, the aging network affirms that every older adult—regardless of income, identity or HIV status—deserves safety, stability and the opportunity to age well.[32]

VI. Build Formal Partnerships with HIV Service Organizations

Older adults with HIV often navigate a maze of fragmented systems—primary care, HIV specialty clinics, mental health services, housing programs, food supports, transportation providers and aging services.[27] Too frequently, these systems operate in silos, leaving older adults to carry the burden of coordinating their own care while managing chronic conditions, stigma, trauma and mobility challenges.[19] Formal partnerships between aging services and HIV organizations are essential to bridging these gaps.[28] Collaboration ensures that older adults receive whole-person support rather than piecemeal services that fail to address interconnected needs.[28]

When aging and HIV service providers work side by side, they combine strengths—aging services bring deep knowledge of social supports and long-term services, while HIV organizations bring clinical expertise, cultural competency and trust built within communities most affected by HIV.[44] Together, they form a safety net that empowers older adults with HIV to age with dignity, stability and connection.[27]

What To Do

Develop formal agreements (MOUs) with HIV service providers, clinics and community-based organizations.

These agreements should outline:

- shared goals,[28]
- referral pathways,[28]
- cross-training opportunities,[26]
- communication protocols,[28]
- confidentiality processes,[38]
- expectations for warm handoffs.[18]

Formalizing partnerships reduces confusion and creates reliable, sustainable coordination.[28]

Co-locate or rotate services across aging and HIV care settings.

Provide opportunities for older adults to access multiple supports in one place, such as:

- an HIV case manager offering hours at a senior center,[28]
- an aging specialist providing nutrition, housing or benefits support inside an HIV clinic,[27]
- shared support groups or educational workshops co-led by both fields.[40]

Co-location reduces stigma, transportation barriers and system fragmentation.[27]

Create warm, supported handoffs—not cold referrals.

Avoid giving clients a phone number and sending them away. Instead:

- introduce clients directly to a partner provider,[28]
- schedule initial appointments on their behalf when appropriate,[18]
- follow up to ensure the connection was made.[18]

Warm handoffs build trust and dramatically increase follow-through.[18]

Host joint trainings to build cross-sector understanding.

Invite HIV organizations to train aging services staff on:

- HIV basics,[2]
- stigma reduction,[38]
- LGBTQ+ affirming care,[35]
- trauma and long-term survivorship.[19]

Similarly, aging services can train HIV providers on:

- Medicare and Medicaid,[32]
- LTSS navigation,[27]
- housing and benefits access,[31]
- falls, frailty and dementia.[10]

Cross-training strengthens both fields and aligns practices.[26]

Create shared care-planning processes for older adults with multiple needs.

For complex cases, establish:

- joint case conferences,[28]
- shared care plans,[24]
- coordinated follow-up schedules,[18]
- clear roles for each provider.[28]

This reduces duplication and ensures coordinated, person-centered care.

Collaborate on outreach, education and community engagement.

Co-sponsor events, forums and informational sessions designed specifically for older adults with HIV.[41] These efforts raise awareness, reduce stigma,[38] and make services more accessible—and more visible—in the community.[44]

Why It's Essential

Older adults with HIV have needs that span medical and social domains.[21] No single program—no matter how skilled—can meet all these needs alone. Without coordinated support:

- important information gets lost,[28]
- behavioral health needs go unaddressed,[16]
- medication interactions may be missed,[22]
- transportation and housing issues become crises,[29]
- stigma discourages disclosure or engagement,[38]
- older adults fall through the cracks.[28]

Formal partnerships create a unified, supportive system that:

- reduces fragmentation,[28]
- improves health outcomes,[28]
- increases adherence to care,[21]
- prevents avoidable hospitalizations,[28]
- strengthens emotional and social well-being,[11]
- builds trust by reducing stigma and confusion,[38]
- allows older adults to access a full continuum of services.[44]

Most importantly, cross-sector collaboration acknowledges the full humanity and complexity of older adults with HIV. It ensures they are not asked to navigate siloed systems on their own and affirms that they deserve coordinated, coherent and compassionate support as they age.[50]

VII. Lived Experience Through Peer Leadership

Older adults aging with HIV are not simply recipients of care—they are experts in survival, adaptation, community-building, and navigating systems not designed for them.[19] Their experiences span decades of policy shifts, medical breakthroughs, stigma, trauma, advocacy and resilience.[50] Yet far too often, aging services and HIV systems overlook this expertise, treating older adults living with HIV as clients rather than co-designers, leaders or partners.[47]

Centering lived experience is more than engagement—it is power-sharing. It disrupts paternalistic service models, ensures programs reflect real-world needs, and affirms the dignity and wisdom of those who have carried the

burden and brilliance of long-term survivorship.[19] When older adults with HIV help shape programs, policies and environments, services become grounded in authenticity, cultural humility and belonging.[39] Their leadership strengthens trust, reduces isolation, and ensures the aging network evolves alongside the communities it serves.[11]

What To Do

Create compensated peer advisory councils or leadership groups.

Invite older adults living with HIV to:

- advise on program development and evaluation,[44]
- identify gaps in services,[47]
- guide outreach strategies,[44]
- inform policies around confidentiality, intake and stigma reduction.[38]

Pay for their expertise—this is not volunteer work; it is essential leadership.[40]

Develop storytelling circles, peer ambassador roles, and community-led programming.

Support older adults living with HIV to share their experiences in ways that feel empowering and safe. Examples include:

- peer-led support groups,[40]
- intergenerational storytelling events,[42]
- community conversations about stigma and aging,[41]
- peer ambassadors who welcome new participants or accompany individuals to services.[40]

Community-based education initiatives led by and for older adults living with HIV have demonstrated effectiveness in increasing engagement, reducing stigma, and strengthening trust within aging and HIV service settings.[41] Storytelling fosters healing, community and cultural change within organizations.[42]

Engage peers as co-trainers in staff development.

Training becomes far more effective when older adults living with HIV:

- co-present alongside staff,[40]
- share real-life examples of stigma or affirmation,[38]
- help staff understand what belonging looks and feels like,[39]
- offer feedback on language, tone and environment.[35]

Peers transform training from theoretical to lived.[40]

Involve older adults with HIV in outreach, recruitment, and communications.

Representation matters. Include peers in:

- designing flyers and outreach materials,[44]
- shaping social media or website content,[33]
- planning events or workshops,[41]
- participating in community tabling, presentations or town halls.[43]

Community-led HIV and aging program models consistently demonstrate that peer involvement improves relevance, cultural responsiveness, and sustained participation among older adults living with HIV.[43] This ensures messaging is relevant, resonant and grounded in lived reality.[39]

Create opportunities for leadership development and skill-building.

Offer training and supports that strengthen peer capacity in areas such as:

- facilitation skills,[40]
- public speaking,[42]
- advocacy and policy navigation,[45]
- digital literacy,[41]
- conflict resolution and community-building.[42]

Peer leadership thrives with sustained investment—not one-time engagement.[40]

Why It's Essential

Centering lived experience is essential because older adults with HIV:

- are experts in what it means to live and age with HIV,[19]
- understand stigma, trauma and survivorship in ways no textbook can capture,[50]
- bring cultural knowledge, nuance and credibility that professional staff alone cannot provide,[39]
- reduce isolation by fostering connection, trust and community,[11]
- offer insights that lead to better, more responsive, more human-centered services.[44]

When peers lead, organizations benefit from improved engagement, increased retention and richer program quality.[40] Older adults living with HIV benefit from recognition, purpose, connection and agency.[11] And the aging network benefits from guidance grounded in lived truth rather than assumptions.[39]

Most importantly, centering lived experience acknowledges what older adults with HIV have always known:

They are not just part of the story of HIV and aging—they are its authors.[50]

By elevating their leadership, aging services providers affirm that older adults living with HIV are not peripheral but central to building a more just, inclusive and belonging-centered future.[39]

Conclusion

Older adults living with HIV have spent decades navigating systems that were not designed with them in mind— systems that too often rendered them invisible, misunderstood, or unworthy of full inclusion.[19,50] Yet they are still here. Still aging. Still contributing. Still leading. And still deserving of care that affirms their humanity, honors their resilience, and supports their right to age with dignity.[39]

As the demographic reality shifts and more people live longer with HIV—HIV becomes increasingly an aging issue—and the aging network stands at a critical inflection point. The question is not whether older adults living with HIV will turn to aging services for support—they already do.[32,33] The question is whether our programs, staff and systems are ready to meet them with equity, respect and belonging they deserve. The answer depends upon the choices we make now.

Policy leaders and advocates increasingly emphasize that advancing equity in aging systems requires confronting historical exclusion and redesigning services to meet the needs of marginalized older adults, including those living with HIV.[45] Integrating HIV into the core of aging services is not merely a service enhancement or programmatic adjustment—it is a commitment to justice. It is an acknowledgment that stigma, trauma, structural inequities and social determinants of health have shaped the lives of too many older adults for too long. It is a recognition that aging services can be a catalyst for healing rather than another site of exclusion.[39] It is a promise that every older adult, regardless of HIV status, has a place in our programs, communities and collective future.[49]

National frameworks increasingly call for the integration of social care and healthcare systems, recognizing that coordinated, person-centered approaches are essential to improving outcomes for older adults with complex needs.[46]

The steps outlined in this guide are practical. The work is achievable. And the transformation is within reach. By building HIV literacy, fostering affirming environments, centering trauma-informed and intersectional approaches, addressing the social determinants of health, strengthening cross-sector partnerships and elevating peer leadership, aging services providers can make tangible, immediate differences in the lives of older adults with HIV.

But progress requires more than intention—it requires action.

And that action begins with us.

Call to Action

1. Start with One Commitment Today.

Choose one area—staff training, intake revision, partnership building, stigma reduction—and act on it within the next 30 days. Momentum matters.

2. Make HIV Inclusion a Standing Agenda Item.

Bring HIV into staff meetings, leadership discussions, board conversations and DEI initiatives. Visibility drives accountability.

3. Build One New Partnership.

Reach out to a local AIDS service organization, HIV clinic or peer network. Create a warm referral pathway. Collaboration expands what is possible.

4. Conduct a Stigma & Readiness Audit.

Review your environment, policies, forms and staff practices. Ask: Would an older adult living with HIV feel safe, welcome and seen here? If the answer is no, fix it.

5. Center Lived Experience.

Invite older adults living with HIV into advisory roles, storytelling circles, program feedback sessions, and leadership opportunities. Co-create solutions—not for them, but with them.

Moving Forward Together

The aging network has the responsibility and the opportunity to lead this shift. And every provider, organization and community has a role to play. When we take these steps—big or small—we move closer to a future where older adults aging with HIV can thrive, not in the margins, but at the center of the care, community and compassion they have long deserved.

But more than that, we can help build a world in which older adults living with HIV no longer have to fight for recognition. A world where they are not asked to hide their stories, minimize their needs, or navigate services alone. A world where belonging is not an aspiration—but a lived reality.

If aging services commit to these actions—collectively and consistently—we can create a future in which older adults with HIV experience not invisibility but affirmation, not stigma but respect, not isolation but connection.

Research demonstrates that positive self-perceptions of aging are associated with improved health, functioning, and longevity—reinforcing the importance of aging systems that affirm identity, belonging, and worth.[48]

We affirm, in words and practice, the truth older adults with HIV have carried for decades:

“We’re still here. We’re still living. And we deserve to be seen.”
-Older adult long-term HIV survivor

Let this be our promise: to see them, to serve with them, and to build an aging network where every older adult—HIV-positive or HIV-negative—belongs.

Resources

Online Resources Aligned to the Seven Action Steps

Aging services providers need access to clear, credible and practical information to build HIV-inclusive, trauma-informed, and equitable environments. The following resources are organized according to the seven action steps in this guide, making it easier for teams to deepen their knowledge, strengthen partnerships and implement changes in real time. These links offer clinical guidance, national data, community-led insights, policy frameworks and training tools that can support organizations at every stage of readiness. We encourage you to explore these resources, share them with staff, incorporate them into onboarding and professional development, and use them to inform ongoing program design and organizational practice.

Note on Federal HIV Data and Resource Availability

During 2025, many federal HIV/AIDS resources—particularly those related to epidemiology, aging, stigma reduction, and long-term survivorship—have been removed, relocated, or taken offline without clear public explanation. This loss has created significant gaps in accessible national data, historical context and guidance for providers working with older adults living with HIV.

We have intentionally kept these federal resources listed in this section, even when links are no longer active, to document the full scope of what has been erased and to acknowledge the impact this has on practitioners, researchers, advocates and communities. HIV has always existed in the interplay between visibility and invisibility, and the removal of federal HIV/AIDS materials represents a concerning form of ***structural erasure***—one that disproportionately affects older adults, long-term survivors, LGBTQ+ communities and communities of color.

Where possible, we have supplemented inactive federal links with alternative sources, including academic publications (see endnotes section), community-led research, and national organizations that continue to maintain HIV data and guidance. We encourage aging services providers to be aware of these changes, seek out multiple data sources, and remain vigilant in advocating for sustained, transparent and accessible HIV information at the federal level.

1. Build HIV Literacy Across Your Entire Workforce

Core HIV & Aging Overviews

- HIV.gov—HIV and Aging
  https://www.hiv.gov/hiv-basics/living-well-with-hiv/older-hiv-adults
- CDC—HIV Among People Aged 50 and Older

https://www.cdc.gov/hiv/group/age/olderamericans/
- HRSA HIV/AIDS Bureau—Aging with HIV Resources
  https://hab.hrsa.gov
- NIH Office of AIDS Research—HIV & Aging
  https://www.oar.nih.gov/nih-hiv-research-program/hiv-aging
- Administration for Community Living (ACL)—HIV & Aging Resources
  https://acl.gov/programs/hiv-aids
- American Society on Aging—Aging & HIV/AIDS
  https://asaging.org/aging-and-hivaids/

National Provider Education

- AETC National Coordinating Resource Center—HIV and Aging Curricula
  https://aidsetc.org
- American Geriatrics Society—HIV & Aging Issue Briefs
  https://www.americangeriatrics.org
- NIH Office of AIDS Research—HIV & Aging
  https://www.oar.nih.gov/nih-hiv-research-program/hiv-aging
- AAHIVM—HIV & Aging Clinical Curriculum
  https://education.aahivm.org/product_bundles/2297
- AAHIVM—HIV & Aging Clinical Resources
  https://aahivm.org/hiv-and-aging/

Training, Toolkits & Capacity Building

- UCSF Training & Health Equity Collaborative—HIV & Aging Curriculum, featuring 12 on-demand modules educating providers to support HIV & aging communities
  https://linktr.ee/traininghealthequity
- TRX Development Solutions White Paper HIV+Aging in Multisector Plans for Aging (forthcoming)
- Gilead Sciences—HIV Age Positively Reports & Initiatives
  https://www.gilead.com/responsibility/giving-at-gilead/corporate-giving/Strategic-initiatives/hiv-age-positively
- National Resource Center on HIV & Aging, "Navigating Aging and HIV: Insights and Recommendations from Consumers and Providers."

Evidence on Aging with HIV

- ACRIA—Research on Older Adults with HIV (ROAH)
  https://www.acria.org
- HealthHIV—State of Aging with HIV Report
  https://healthhiv.org/stateof/agingwithhiv/
- TargetHIV—Aging with HIV Topic Library
  https://targethiv.org/library/topics/aging-population/

- NATAP Aging & HIV Resource Center
  https://www.natap.org

2. Create Welcoming, Affirming Environments

Cultural Competency & Inclusion

- SAGE—LGBTQ+ & HIV-Inclusive Aging Resources
  https://sageusa.org
  https://www.sageusa.org/resource/inclusive-services-for-lgbt-older-adults-a-practical-guide-to-creating-welcoming-agencies/
  https://www.sageusa.org/wp-content/uploads/2025/08/sage-old-bold-factsheet-final.pdf
- American Geriatrics Society—HIV & Aging Resources
  https://americangeriatrics.org
- HIV-Age.org—Consensus Project
  https://hiv-age.org

Anti-Stigma & Belonging

- Diverse Elders Coalition—HIV & Aging
  https://diverseelders.org/hiv-aging/
- TheBody.com—Aging With HIV Resource Center
  https://thebody.com

Programmatic Inclusion

- Administration for Community Living (ACL)—HIV & Aging Guidance
  https://acl.gov/programs/hiv-aids
- Minnesota NorthStar GWEP—HIV & Aging Toolkit
  https://mngwep.nexusipe.org/toolkits/hiv-aging

3. Integrate Trauma-Informed & Intersectional Care

Trauma, Loss & Survivor Experience

- The Reunion Project
  https://www.reunionproject.net
- Let's Kick ASS—AIDS Survivor Syndrome
  https://letskickass.org

Intersectional Aging & Equity

- NIH Clinical Guidelines—Aging with HIV
  https://clinicalinfo.hiv.gov
- KFF—HIV & Older Adults Data
  https://kff.org

Long-Term Survivorship

- Positively Aging—National Resource Center
  https://positivelyaging.org

4. Incorporate HIV into Standard Intake & Care Coordination

Clinical Guidance & Care Models

- DHHS Guidelines for the Use of Antiretroviral Agents
  https://clinicalinfo.hiv.gov/en/guidelines
- HIV-Age.org—HIV & Aging Consensus Project
  https://hiv-age.org
- American Geriatrics Society—HIV & Aging Issue Briefs
  https://www.americangeriatrics.org

Integrated Care Tools

- Minnesota NorthStar GWEP—HIV & Aging Toolkit
  https://mngwep.nexusipe.org/toolkits/hiv-aging
- TargetHIV—Aging with HIV Topic Library
  https://targethiv.org/library/topics/aging-population/

Care Optimization

- HRSA RWHAP—Optimizing HIV Care for People Aging with HIV
  https://ryanwhite.hrsa.gov

5. Address Social Determinants of Health Head-On

SDOH & Aging with HIV

- Administration for Community Living (ACL)—HIV & Aging Resources
  https://acl.gov/programs/hiv-aids
- HRSA RWHAP—Addressing the Health Care and Social Support Needs of People Aging with HIV
  https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hrsa-aging-tepsummary.pdf
  ACRIA ROAH Studies (social isolation, housing, mental health)
  https://acria.org
- America's Health Rankings—Senior Health Explorer
  https://americashealthrankings.org
- National Institute on Aging—HIV & Older Adults
  https://nia.nih.gov/health/hiv-aids-and-older-adults
- HIV-Age.org—HIV & Aging Consensus Project
  https://hiv-age.org
- TargetHIV—Aging with HIV Topic Library
  https://targethiv.org/library/topics/aging-population/

Access & Equity

- National Resources Center for Aging with HIV
  https://aginghiv.org/
- Diverse Elders Coalition—SDOH resources for diverse older adults
  https://diverseelders.org

6. Build Formal Partnerships with HIV Service Organizations

HIV Service Organization Directories & Networks

- NMAC—HIV & Aging Advocacy Network (NHAAN)
  https://www.nmac.org/programs/treatment/resources/
- HIV.gov—HIV Services Locators
  https://locator.hiv.gov

Cross-Sector Partnership Tools

- Grantmakers in Aging—HIV & Aging Initiative
  https://giaging.org/initiatives/hiv-and-aging/
- HealthHIV—National capacity-building resources
  https://healthhiv.org
- HRSA RWHAP—Optimizing HIV Care for People Aging with HIV
  https://ryanwhite.hrsa.gov
- TargetHIV—Models of Integrated HIV & Aging Care
  https://targethiv.org
- Minnesota NorthStar GWEP Toolkit
  https://mngwep.nexusipe.org/toolkits/hiv-aging
- AAHIVM Provider Network Resources linking aging services with HIV specialist clinicians
  https://aahivm.org/

(See Bonus Section 8 below for Policy Briefs to Support Collaboration)

7. Center Lived Experience Through Peer Leadership

Peer-Led Support & Leadership

- The Reunion Project—National survivor storytelling & leadership
  https://reunionproject.net
- Let's Kick ASS—Survivor-led networks
  https://letskickass.org
- Positively Aging—Survivor Leadership
  https://positivelyaging.org

Community Leadership Programs

- NMAC—50+ Strong & Healthy Program
  https://www.nmac.org/2020-hiv-50-strong-and-healthy-program-new-members/
- The Goldens/Los Dorados (community-based HIV+ 50+ leaders)
  https://www.nmac.org/programs/treatment/the-goldens/
- Ribbon—Advocate Leaders Network & BWISE (Black Women Inspiring Strength and Empowerment

Peer Education & Community Voices

- AIDS United—HIV & Aging: Older Adults Living and Thriving with HIV https://aidsunited.org/hiv-aging-older-adults-living-and-thriving-with-hiv/
- TargetHIV—Case Studies Featuring Peer Roles https://targethiv.org
- NMAC—HIV & Aging Initiative https://www.nmac.org
- SAGE—SAGE Positive https://sageserves.org/what-we-do/new-york-programs/sagepositive/

8. (Bonus) Advocacy, Policy & Systems Transformation

- National HIV/AIDS Strategy (NHAS) https://www.hiv.gov/federal-response/national-hiv-aids-strategy
- The Center for HIV Law & Policy—Aging & HIV Rights https://www.hivlawandpolicy.org
  Aging & HIV: An Introduction to Legal Issues Facing People Living and Aging with HIV
- Meeting the Needs of People Aging with HIV https://oneill.law.georgetown.edu/wp-content/uploads/2021/05/Meeting-the-Needs-ofPeople-Aging-with-HIV.pdf
- NMAC—National HIV & Aging Advocacy Network (NHAAN) https://www.nmac.org/programs/treatment/resources/
- Ribbon ROC4Aging+ Congressional Briefing—HIV & Aging Policy Brief https://roc4aging.org/wp-content/uploads/2024/04/Congressional-Policy-Paper-on-HIV-and-Aging.pdf
- SAGE—Support for LGBTQ+ Older People & People Aging with HIV https://www.sageusa.org/get-involved/take-action/old-and-bold/
- Diverse Elders Coalition—Eight Policy Recommendations for Improving the Health and Wellness of Older Adults with HIV
- AIDS United—HIV & Aging: Older Adults Living & Thriving With HIV
- U.S. People Living with HIV Caucus https://www.hivcaucus.org/
- Demanding Better – The Federal HIV Policy Agenda by People Living with HIV

Thematic Endnote Bibliography

Note on Sources and Endnotes

This toolkit uses a ***thematic endnote approach*** rather than a traditional sequential citation format. Curated sources are grouped by key topic areas and are activated within the text to reflect their relevance to workforce development, inclusive environments, trauma-informed care, social determinants of health, cross-sector partnerships, peer leadership, and systems change—to reflect the interdisciplinary nature of HIV and aging. Endnote numbers correspond directly to the Thematic Endnote Bibliography and are used consistently throughout the document.

This approach was intentionally selected to support accessibility, usability, readability, and transparency for a broad audience that includes aging services providers, community-based organizations, policymakers, advocates, and researchers. Grouping sources thematically allows readers to more easily explore bodies of evidence relevant to their specific interests or practice areas, while still maintaining rigorous documentation through peer-reviewed research, national data, clinical guidance, and community-led knowledge.

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