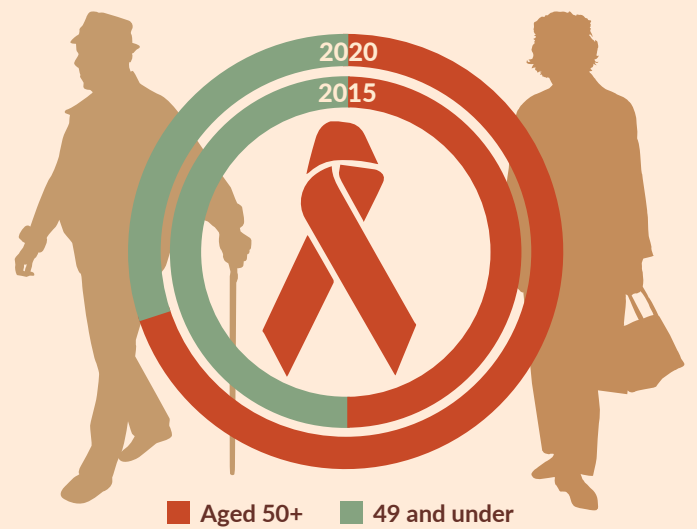


FACTS AND FACTORS: HIV AND DIVERSE ELDER

As of 2015, **50%** of those living with HIV are age 50 or older. By 2030, that number will grow to **70%**.

Similar to the “Graying of America” and the “Browning of America,” the rapid growth of elders with HIV has brought forth unique challenges that must be addressed immediately and effectively. Elders already bear disproportionate physical, financial, and emotional burdens, and this is all the more true for elders of color, American Indian/Alaska Native elders, and LGBT elders who are disparately impacted by HIV.



Diverse elders are disproportionately affected by HIV.

As a racial/ethnic group, **African Americans** are the most affected by HIV.

For adults 50 and older, African Americans are **12x** more likely than white elders to have HIV.

Latino elders age 50 and older are **5x** more likely than white elders to have HIV.



American Indians/Alaska Natives' number of reported cases of HIV/AIDS has been on the rise.

Between 1998 and 2005, Native people had the lowest overall survival rate. Due to challenges in data collection and lack of institutional support, the epidemic of HIV/AIDS within Native communities may in reality be more serious.



HIV diagnoses among women 50+ have also increased.

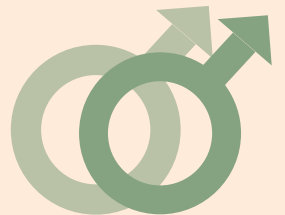
Among older women, **Black women** constitute **65%** of all new infections.



Meanwhile, **Asian American** women of all ages are **20%** more likely than white women to be diagnosed with HIV.



In 2010, **44%** of the estimated new HIV infections among those over 55 were among gay, bisexual, or other men who have sex with other men.



Many factors intensify the impact of HIV among elders.



MISCONCEPTIONS

Research finds that over 50% of adults age 65–74 and 26% of age 75–85 are sexually active with one or more partners. But ageist misconceptions, combined with poor sexual health education, contribute to the growing epidemic of HIV/AIDS in elders and stall prevention efforts.

AGING

Adults 60 and older have an average of two diseases which makes managing HIV much more difficult medically, financially, and emotionally. Common comorbidities include depression, arthritis, hepatitis, neuropathy, and hypertension. Barriers to access and culturally and linguistically competent care also exacerbate these issues.

THE STIGMA AND SHAME

Shame compounds the multiple challenges that elders of color and LGBT elders, face due to HIV. Elders with HIV are five times more likely to experience depression than HIV-negative elders. Lesbian, gay, bisexual, and especially transgender elders are also more likely to live in isolation with minimal social support, facing high rates of depression and discrimination issues.

The systemic and stark nature of these issues requires real solutions.

The Diverse Elders Coalition issued a Policy Brief in May 2014 with eight recommendations to alleviate the disproportionate burden these elders carry immediately and in the long-term. Learn more at diverseelders.org/learn.

The Diverse Elders Coalition (DEC) advocates for policies and programs that improve aging in our communities as racially and ethnically diverse people; American Indians and Alaska Natives; and lesbian, gay, bisexual, and/ or transgender people. Together, we are made up of five national organizations representing a growing majority of millions of older people throughout the country—racially and ethnically diverse older adults; LGBT older adults; and poor and low-income older adults. We have come together to promote policy changes and programmatic solutions that respond to this demographic shift and will remove the barriers facing our communities. We envision a world where all older adults can live full and active lives as they age.

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