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HIV/AIDS and Older Adults: Fact Versus Fiction

Too many myths and misconceptions surround HIV and AIDS, particularly for people over 50 living with the disease. Learn the facts about HIV/AIDS and older adults.

HIV and AIDS have long been subject to many myths and misconceptions, many of which concern older adults. Thanks to recent advancements in HIV/AIDS treatments, particularly highly active antiretroviral therapies (HAART), many people living with HIV/AIDS are living long, healthy lives, transforming HIV into a chronic but manageable illness. Therefore, it is no surprise that research shows that adults age 50 and over comprise a significant—and growing—number of people living with HIV/AIDS (PLWHA), as well as those newly diagnosed with HIV and AIDS each year. What are some of the myths—and the facts—when it comes to older adults and HIV/AIDS?

1. Older adults—those age 50 and older—are not at risk for HIV or AIDS.

False. The rates of HIV/AIDS among older adults 50 and over have increased more than 61% from 2001 to 2007.^[i] Research shows that those age 50 and older now comprise 27% of the overall population of people living with HIV/AIDS, and by 2015 will become the majority of all people living with HIV/AIDS. In addition, the latest national data show that adults 50 and older account for:

- 15% of all new HIV/AIDS diagnoses
- 29% of all persons living with AIDS^[ii]

Despite these sharp increases in HIV/AIDS among older adults, this population is still marginalized and generally overlooked in data collection instruments, treatment studies, and education and prevention programs, to name a few.

2. HIV/AIDS only affects those who are gay, lesbian, transgender, and/or have same-sex contact.

False. While many of these populations are disproportionately affected by HIV/AIDS, HIV and AIDS can infect anyone, regardless of age, race, ethnicity, religion, sexual orientation or gender identity. HIV and AIDS are not the products of orientations or identities, but experiences and behaviors, and are most commonly transmitted through unprotected sex or sharing needles.

3. Older adults are not sexually active.

False. Research shows heterosexual and LGBT older adults are sexually active well into their mid-80s, with a 2007 national study showing 53% of adults age 65-74 and 26% of adults age 75-85 as being active with one or more partners.[\[iii\]](#)

4. Older adults are less likely to be tested for HIV/AIDS than other age groups.

True. Older adults are less likely to be tested because they are not perceived to be at risk, including being sexually active and/or intravenous drug users.[\[iv\]](#) In addition, doctors are less likely to ask older patients about sexual activity—including numbers of sexual partners, using protection and their risk for HIV/AIDS—due to discomfort as well as a common, but mistaken, belief that older adults are not sexually active.[\[v\]](#) One study found that only 19% of adults age 50 and older reported talking to their medical provider about HIV/AIDS.[\[vi\]](#)

5. Women are not at risk for HIV.

False. Women account for 25% of all people living with HIV and 27% of all new HIV infections per year, with heterosexual sex cited as the main mode of transmission across all racial and ethnic groups.[\[vii\]](#) In addition, women of color are particularly affected by HIV/AIDS, with African American women having an HIV infection rate nearly 15 times higher than white women, and four times higher than Latina/Hispanic women.[\[viii\]](#)

6. The level of knowledge about HIV/AIDS transmission, risk and its effects is uniform across age groups.

False. A 2009 national study found that older adults ages 50-65+ had the most misinformation about how HIV can be transmitted, thinking that transmission can occur by sharing a drinking glass, touching a toilet seat and swimming in a pool with someone who is HIV-positive.[\[ix\]](#)

7. Lesbians, bisexual women, and women who have sex with women (WSW) are not at risk for HIV/AIDS.

False. According to the [Lesbian AIDS Project report](#), some lesbians, bisexual women and WSW engage in high-risk behaviors for HIV transmission, including having oral sex without a protective barrier, sharing sex toys without a protective barrier and/or disinfecting them after use, and sexual play that involves the potential exchange of vaginal fluids. In addition, some lesbians, bisexual women and WSW have sexual histories with HIV-positive men or intravenous drug users, and have self-reported participating in sex work for money or drugs—behaviors and experiences that pose great risk for HIV/AIDS infection.[\[x\]](#) While there are no documented cases of HIV/AIDS transmission between women, this may be due to

the general lack of studies on lesbians, bisexual women and WSW because they are not perceived to be at risk.

8. An older adult who recently contracted HIV has the same health needs and concerns as someone who has been aging with the disease.

False. Research and self-reported surveys show that newly diagnosed and/or infected people with HIV/AIDS report needing or seeking a case manager to navigate HIV/AIDS services and programs, as well as Medicaid Part D and understanding true out-of-pocket (TROOP) costs. In addition, newly diagnosed/infected people are also more likely to report feelings of stigma and "blame" for their disease, as well as needing help adjusting to their medication regimen. Those who have been aging with HIV/AIDS have reported wanting or seeking help for depression, anxiety and other dual-infections, including arthritis, hepatitis, and hypertension.^[xi]

9. Transgender people's risk for HIV/AIDS is heightened because of stigma, transphobia and discrimination.

True. Studies show that transgender people experience high rates of discrimination and stigma, leading to lower self-esteem, higher rates of depression, and loneliness. This may make them more likely to engage in risky behaviors, including having unprotected sex with multiple partners, having sex while under the influence of alcohol or other substances, or using intravenous drugs with others.^[xii]

10. Older adults do not use intravenous drugs.

False. Intravenous drug use is the second most prevalent method of HIV transmission and infection among those 45 years and older, at a transmission rate of 28% for women and 50% for men.^[xiii]

11. Rates of HIV and AIDS infection are uniform across racial and ethnic populations.

False. Research has shown that the African American population is disproportionately affected by HIV/AIDS. African Americans account for nearly half of all new HIV infections and AIDS diagnoses—nine times greater than their white counterparts—while the Latino population accounted for 17% of all new HIV infections in 2006 and 21% of new AIDS diagnoses in 2009.^[xiv] These higher rates of HIV/AIDS infections in the African American and Latino populations are thought to be the result of compounding factors, including overall higher rates of contracting sexually transmitted diseases (STDs), less access to health care, less HIV prevention education and unstable housing, to name a few.

12. The homeless population has a higher rate of HIV infection than the general population.

True. The U.S. homeless population has an HIV-infection rate up to nine times greater than the general population. This higher rate has been largely attributed to lack of stable housing, higher rates of chronic diseases, drug use and unprotected sex.^[xv]

13. Medical professionals, such as doctors, dentists, nurses, and home aides, must possess special HIV/AIDS training and knowledge in order to treat HIV/AIDS positive patients.

False. According to the U.S. Department of Justice, "Health care providers are required to treat all persons as if they are infectious for HIV and other blood borne pathogens, and must use universal precautions (gloves, mask, gown, etc.) to protect themselves from the transmission of infectious diseases." All medical professionals can treat PLWHA, and rarely will they refer them to a medical specialist.[\[xvi\]](#)

14. The symptoms of being HIV-positive or having AIDS are distinct and easily identifiable.

False. In fact, diagnosing HIV/AIDS in older adults can be especially difficult because the symptoms are often mistaken for normal signs of aging, including:

- Headaches, fevers
- Persistent coughs
- Swollen glands
- Lethargy and loss of appetite
- Diarrhea and abdominal cramps
- Weight loss
- Rashes, and oral and body sores[\[xvii\]](#)

The only effective way to know if you have HIV or AIDS is to get tested.

15. Once infected with HIV, the person will immediately look and feel sick.

False. A person can be HIV-positive but remain asymptomatic for months, even years, after contracting the virus, and can unwillingly pass on the virus to others. The best way to protect yourself and your loved ones is to get tested.[\[xviii\]](#)

16. After 30 years, the stigma of having HIV/AIDS has mostly disappeared.

False. According to the [Center for HIV Law & Policy](#) 36 states have laws that criminalize HIV exposure, such as protected sexual contact between two consenting adults. Unfortunately—despite national and community-based organizations' prevention, education and training programs and federal, state and local laws protecting their rights—PLWHA are still discriminated against in employment, housing, public accommodation, education and other areas.[\[xix\]](#) (Learn more about federal protections for PLWHA by reading "[HIV/AIDS and Your Rights: A Fact Sheet](#)".)

17. Older adults living with HIV/AIDS are thought to experience a "double stigma" of being both old and HIV/AIDS positive.

True. Research shows that ageism—the discrimination or stereotyping of people based on age—as well as the discomfort surrounding HIV/AIDS is especially heightened among older adults. Older adults are more likely to be blamed for "getting themselves infected," and HIV-positive older adults report higher rates of self-blame, and are less likely to disclose their HIV/AIDS status out of fear it will negatively impact the lives of their friends and family.

[xx] For older adults with HIV who are also LGBT, the stigma and discrimination is often even more magnified because of homophobia and transphobia.

[i] Cahill, Sean, et al. *Growing Older with the Epidemic: HIV and Aging*. New York: Gay Men's Health Crisis, 2010. Print or online:
http://www.gmhc.org/files/editor/file/a_pa_aging10_emb2.pdf

[ii] "HIV/AIDS Among Persons Aged 50 and Older." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, February 2008.

[iii] Lindau, Stacy T., L. Philip Schumm, Edward O. Laumann, Wendy Levinson, Colm A. O'Muircheartaigh, and Linda J. Waite. "A Study of Sexuality and Health Among Older Adults in the United States." *The New England Journal of Medicine*. 357.8 (2007): 762-774. Print or online:
<http://www.nejm.org/doi/full/10.1056/NEJMoa067423#t=article>.

[iv] A number of publications support this—in addition to *Growing Older with the Epidemic* and "A Study of Sexuality among Older Adults in the United States," see also: "Age Page: HIV, AIDS, and Older People," by the National Institute on Aging (March 2009), <http://www.nia.nih.gov/healthinformation/publications/hiv-aids.htm>, as well as "2009 Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic," by The Kaiser Family Foundation, available at <http://www.kff.org/kaiserpolls/upload/7889.pdf>, and "HIV/AIDS among Persons Aged 50 and Older," by the Centers for Disease Control and Prevention at: <http://www.cdc.gov/hiv/topics/over50/resources/factsheets/over50.htm>.

[v] Centers for Disease Control and Prevention. "HIV/AIDS Among Persons Aged 50 and Older," Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, February 2008.

[vi] "2009 Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic." Kaiser Family Foundation, April 2009.
<http://www.kff.org/kaiserpolls/upload/7889.pdf>.

[vii] "Women and HIV/AIDS in the United States." *The Kaiser Family Foundation*, June 2011. <http://www.kff.org/hivaids/upload/6092-09.pdf>. See also "HIV among Women." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, August 2011. <http://www.cdc.gov/hiv/topics/women/pdf/women.pdf>.

[viii] Ibid.

[ix] "2009 Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic." Kaiser Family Foundation, April 2009.
<http://www.kff.org/kaiserpolls/upload/7889.pdf>.

[x] Doel, Avinder K., Alicia Heath-Toby, "HIV Risk for Lesbians, Bisexuals, and Other Women who have Sex with Women." New York: Women's Institute at the Gay Men's Health Crisis, 2009.

http://www.gmhc.org/files/editor/file/GMHC_lap_whitepaper_0609.pdf

[xi] Cahill, Sean, et al. *Growing Older with the Epidemic: HIV and Aging*. New York: Gay Men's Health Crisis, 2010. Print or online:

http://www.gmhc.org/files/editor/file/a_pa_aging10_emb2.pdf, and Karpiak, Stephen E. and R. Andrew Shippy. *Research on Older Adults with HIV*. New York: AIDS Community Research Initiative of America, 2006.

<http://www.acria.org/files/ROAH%20Final.pdf>.

[xii] "HIV/AIDS among Transgender People." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, August 2011.

<http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf>

[xiii] "HIV Surveillance in Injection Drug Users (through 2009)." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Slide Set, 2009.

<http://www.cdc.gov/hiv/idu/resources/slides/index.htm>; "HIV Surveillance - Epidemiology of HIV Infection (through 2009)." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Slide Set, 2009.

<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/general/index.htm>;

Cahill, Sean, et al. *Growing Older with the Epidemic: HIV and Aging*. New York: Gay Men's Health Crisis, 2010. Print or online:

http://www.gmhc.org/files/editor/file/a_pa_aging10_emb2.pdf; Karpiak, Stephen E. and R. Andrew Shippy. *Research on Older Adults with HIV*. New York: AIDS Community Research Initiative of America, 2006.

<http://www.acria.org/files/ROAH%20Final.pdf>.

[xiv] "Black Americans and HIV/AIDS." *The Kaiser Family Foundation*, June 2011.

<http://www.kff.org/hivaids/upload/6089-09.pdf>; "Latinos and HIV/AIDS." *The Kaiser Family Foundation*, June 2011. <http://www.kff.org/hivaids/upload/6007-09.pdf>; "HIV Among African Americans." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, September 2010. <http://www.cdc.gov/hiv/topics/aa/pdf/aa.pdf>.

"HIV/AIDS among Hispanics/Latinos." Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, December 2010.

<http://www.cdc.gov/hiv/hispanics/resources/factsheets/pdf/hispanic.pdf>

[xv] "HIV/AIDS and Homelessness." National Coalition for the Homeless.

Washington, D.C. July 2009. <http://www.nationalhomeless.org/factsheets/hiv.html>

[xvi] "Questions and Answers: The Americans with Disabilities Act and Persons with HIV/AIDS." U.S. Department of Justice, Civil Rights Division.

<http://www.ada.gov/pubs/hivqanda.txt>

[xvii] "HIV/AIDS Among Persons Aged 50 and Older," Centers for Disease Control and Prevention. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, February 2008.

<http://www.cdc.gov/hiv/topics/over50/index.htm>; "Age Page: HIV, AIDS, and Older

People," by the National Institute on Aging (March 2009), <http://www.nia.nih.gov/healthinformation/publications/hiv-aids.htm>.

[xviii] Ibid.

[xix] See for example: "Positive Justice: HIV Criminalization Fact Sheet." The Center for HIV Law & Policy. December 2010.

<http://www.hivlawandpolicy.org/resources/view/560>; "Attitudes about Stigma and Discrimination Related to HIV/AIDS." The Kaiser Family Foundation, August 2006.

http://www.kff.org/spotlight/hivstigma/upload/Spotlight_Aug06_Stigma-pdf.pdf;

HIV/AIDS at 30: A Public Opinion Perspective." The Kaiser Family Foundation, May 2011. <http://www.kff.org/kaiserpolls/upload/8186.pdf>.

[xx] Cahill, Sean, et al. *Growing Older with the Epidemic: HIV and Aging*. New York: Gay Men's Health Crisis, 2010. Print or online:

http://www.gmhc.org/files/editor/file/a_pa_aging10_emb2.pdf; "Age Page: HIV,

AIDS, and Older People," by the National Institute on Aging (March 2009),

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