LOS ANGELES COUNTY
COMMISSION ON HIV

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Aging Task Force
Virtual Meeting

Be a part of the HIV movement

Tuesday, February 1, 2022
1:00PM-3:00PM (PST)

Agenda and meeting materials will be posted on http://hiv.lacounty.gov/Meetings

TO JOIN BY COMPUTER:

https://tinyurl.com/2p8pereh

Meeting password: Aging

TO JOIN BY PHONE:

+1- 415-655-0001

Access Code/Event #: 2597 766 3332

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LOS ANGELES COUNTY
COMMISSION ON HIV

AGING TASK FORCE (ATF)

VIRTUAL MEETING AGENDA

TUESDAY, February 1, 2022

1:00 PM – 3:00 PM

TO JOIN BY WEBEX:

https://tinyurl.com/2p8pereh

MEETING PASSWORD: Aging

TO JOIN BY PHONE: +1-415-655-0001 **MEETING #/ACCESS CODE:** 2597 766 3332

1. Welcome & Introductions 1:00pm-1:10pm

2. Executive Director/Staff Report 1:10pm-1:30pm
   a. Comprehensive HIV Plan 2022-2026

3. Co-Chairs' Remarks and Report 1:30pm-1:40pm
   a. January 4, 2022 Meeting Summary Review & Approval
   b. Revised 2022 Workplan

4. Preparation for March 24 Executive Committee Meeting 1:40pm-2:10pm
   a. Areas of Accomplishments
   b. Recommendations for Structure
   c. Recommendations for Ongoing Objectives

5. Division of HIV and STD Programs (DHSP) Report 2:10pm-2:25pm
   a. Feedback on a presentation date for a discussion with DHSP leadership on what is realistic to implement in the proposed HIV and aging care framework

6. Debrief of HIV, Aging and Stigma Annual Meeting 2:25pm-2:45pm
   Presentation by Dr. P. Nash

7. Next Steps/Agenda development for next meeting 2:45pm-2:50pm

8. Public Comments & Announcements 2:50pm-2:55pm

9. Adjournment 3:00pm

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

AGING TASK FORCE (ATF)

January 4, 2022 Virtual Meeting Summary

In attendance:

Al Ballesteros (Co-Chair)	Alasdair Burton	Kevin Donnelly
Wendy Garland (DHSP Staff)	Joseph Green (Co-Chair)	Michael Green (DHSP Staff)
Bridget Gordon	Paul Nash	Katja Nelson
Octavio Vallejo	Cheryl Barrit (COH Staff)	Catherine Lapointe (COH Staff)
Jose Rangel-Garibay (COH Staff)		

1. **Welcome & Introductions**
   Al Ballesteros and Joe Green, Co-Chairs, welcomed attendees and led introductions.

2. **Executive Director/Staff Report**
   a. **Comprehensive HIV Plan (CHP) 2022-2026**
      - Cheryl Barrit reported that AJ King, consultant for writing and managing the CHP, will provide an overview of the purpose of the CHP along with federal requirements and timelines for completing the plan at the full Commission meeting on 1/13/22. The CHP will be a priority for the Commission for 2022.
      - Members of the ATF noted the importance of folding in the ATF recommendations and HIV and aging care framework in the CHP. Aging could be one of the focus areas for the CHP. HIV prevention in older adults should be addressed in the CHP given that 17% of new HIV diagnoses occur among individuals over 50 years of age (https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv).

   b. **Special Populations Best Practices for HIV Prevention and Care**
      - Jose Rangel-Garibay provided an overview of the Aging Task Force (Best Practices Compilation) document found in the meeting packet.
      - Michael Green inquired if one area would be most valuable for the work of the Aging Task Force (ATF). J. Rangel-Garibay identified 1 – Care of People Aging with HIV: Northeast/Caribbean AETC Toolkit, 4 – Meeting the Needs of People Aging with HIV on the Path to Ending the HIV Epidemic, and 6 – Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care, Reference Guide for Aging with HIV as being the most helpful for the ATF.
      - Other Items: J. Green suggested that the HealthHIV Planning Council Effectiveness Assessment report be forwarded to AJ King for review to

determine relevant pieces for the CHP.

3. **Co-Chairs' Remarks and Report**
   a. **2021 Workplan Review**
      - C. Barrit went over the 2021 Workplan and identified areas that have been addressed and incorporated into the overall work of the Commission.

   b. **Draft 2022 Workplan Review**
      - C. Barrit went over the 2022 Workplan and identified goals for 2022 such as presenting accomplishments, recommendations, and structure of the ATF to the Executive Committee. The 2022 Workplan includes previous goals such as continuing to work with the Division of STD and HIV Programs (DHSP) to implement recommendations, reviewing Healthcare Effectiveness Data and Information Set (HEDIS) measures used by LA CARE Health Plan | Caring for older adults, and tracking the State Master Plan on Aging.
      - Joseph Green inquired about collaboration between the Ending the Epidemic (EHE) Steering Committee and the ATF. C. Barrit stated that DHSP recommended the Commission focus primarily on HIV planning priorities.

   c. **ATF Recommendations Review**
      - A. Ballesteros inquired if it is feasible to follow an extensive work plan and stated that a focus on standards of care would likely have the most valuable impact.
      - Paul Nash inquired if the ATF should work to prioritize specific goals.
      - Octavio Vallejo, Alasdair Burton, and Kevin Donnelly echoed the concerns expressed by A. Ballesteros.
      - C. Barrit will reflect on the concerns expressed by the ATF and revise the 2022 Workplan as needed.
      - P. Nash inquired about an update on changing the ATF from a task force to a standing committee. C. Barrit responded that the ATF can possibly turn into a caucus.
      - A. Ballesteros recommended working with DHSP to establish a budget to write the service standards faster for the aging population of people living with HIV (PLWH).
      - Bridget Gordon expressed concerns regarding urgency in ensuring care for the aging population of PLWH.
      - Use the list of assessments identified in the HIV and aging care framework in updating the service standards.

   d. **Report Preparations for Executive Committee Meeting**
      The ATF as a task force is due to end in March 2022 and the group must prepare for a presentation and recommendations on the future structure of the group to the Executive Committee. Preparations for this report will take place at the February ATF

meeting. The ATF agreed to aim to have this report ready to present at the March Executive Committee meeting.

i. Areas of Accomplishments

C. Barrit suggested report to the Executive Committee areas of accomplishment such as the completion of recommendations in the HIV care framework, the ATF panel held in September 2021, and presentations at the 2021 annual meeting.

ii. Recommendations for Structure

The group discussed transitioning to the ATF into a caucus at its December 2021 meeting.

iii. Recommendations for Ongoing Objectives

A. Burton recommended developing ongoing, short term, and longer-term objectives to focus the work of the group as it transitions to a caucus.

4. Division of HIV and STD Programs (DHSP) Report

- M. Green stated that DHSP's review of data shows that PLWH fare better in viral suppression compared to other groups but DHSP is looking at where disparities lie within the 50+ population. It will take some time to complete their analysis.
- M. Green stated that DHSP has identified an agency to conduct an assessment and inventory of mental health services for Los Angeles County.
- M. Green discussed the role of transitional case management among aging adults transitioning out of Ryan White Services and into Medicare. They suggested the ATF and SBP look into developing a TCM service standards specific to populations transitioning into Medicare. Look at the Medicare eligible population and determine how to still provide Ryan White services to those PLWH who may not qualify for Medicare. Another factor to consider is beginning May 2022, Med-Cal eligibility will be expanded regardless of documentation status.
- Wendy Garland expressed that many items on the 2022 Workplan can be accomplished with the use of alternative data sources and some items may be addressed through the contracting mechanism inst. A. Ballesteros concurred.
- M. Green stated that there are plenty of models and resources from other jurisdictions that may be modified for the Commission's use. Additionally, actions like working with Medical Care Coordination (MCC) teams to use the screening tools identified by the ATF could be easily implemented. New ambulatory outpatient/medical care coordination contracts are up in 2024.
- M. Green reported that DHSP is doing a deeper dive of forecasting what the Ryan White client population in Los Angeles could look like in 3 to 5 years.

5. Next Steps/Agenda development for next meeting

- C. Barrit will revise the 2022 Workplan.

a. February 1, 2022 and Future Meetings

- DHSP Report: Feedback on a presentation date for a discussion with DHSP leadership on what is realistic to implement in the proposed HIV and aging care framework
- Debrief on HIV, Aging and Stigma annual meeting presentation by Dr. P. Nash

➢ Dr. P. Nash will attend the February ATF meeting for this debriefing.

- Debrief of Street Medicine annual meeting presentation by Brett and Corinne Feldman (hold to focus on service standards as prioritized and discussed by the ATF).

6. Public Comments & Announcements. There were no announcements.

7. Adjournment. The meeting adjourned at approximately 2:38 PM.

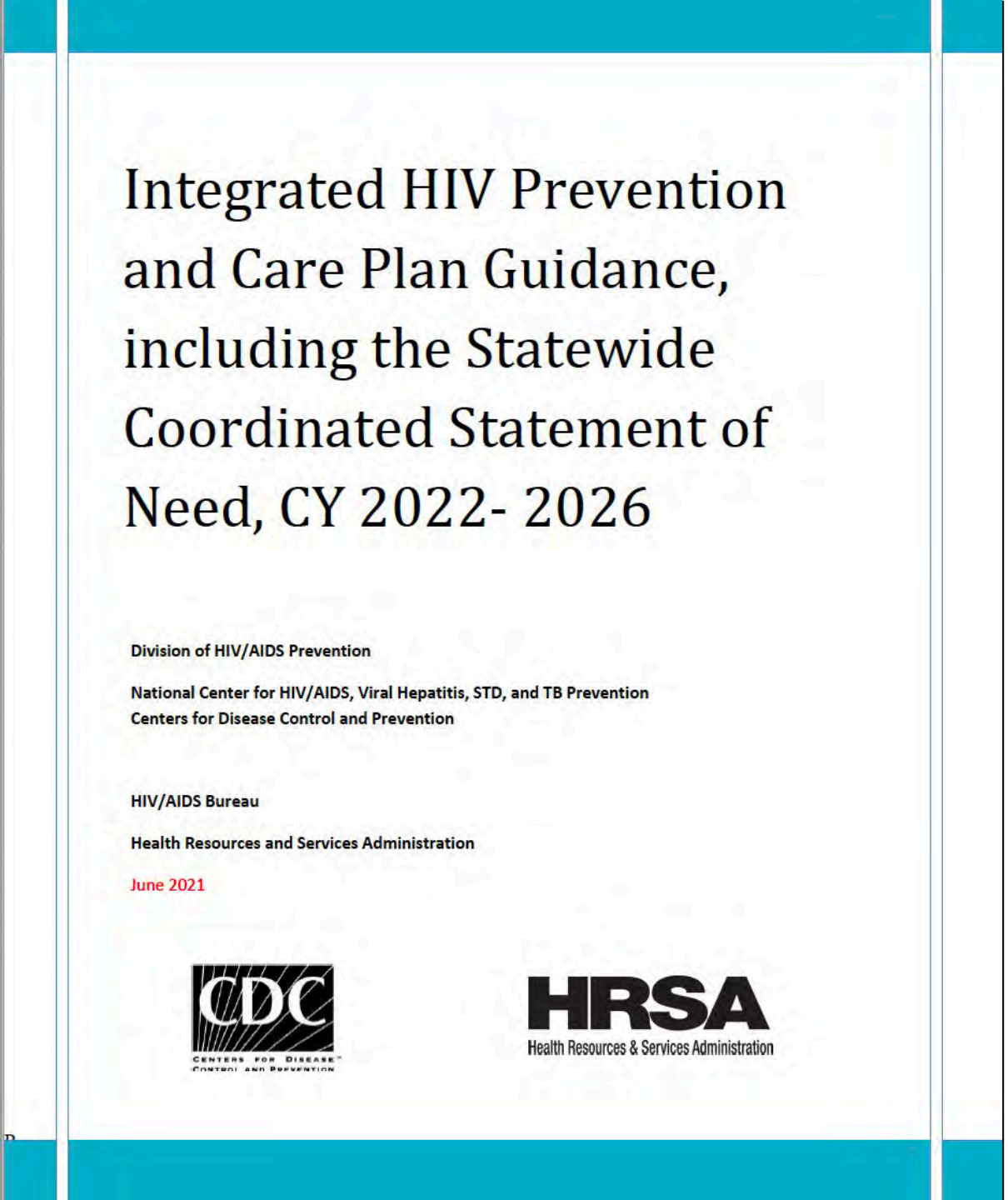
Development of LA County 2022-2026 Integrated HIV Prevention & Care Plan

LA County Commission on HIV Meeting
January 13, 2022

AJ King, Next-Level Consulting, Inc.

Agenda

- Integrated Planning Background and Overview
- Key Concepts Related to CHP Content
- Required Components
- Timeline
- Key Concepts Related to Process
- Next Steps



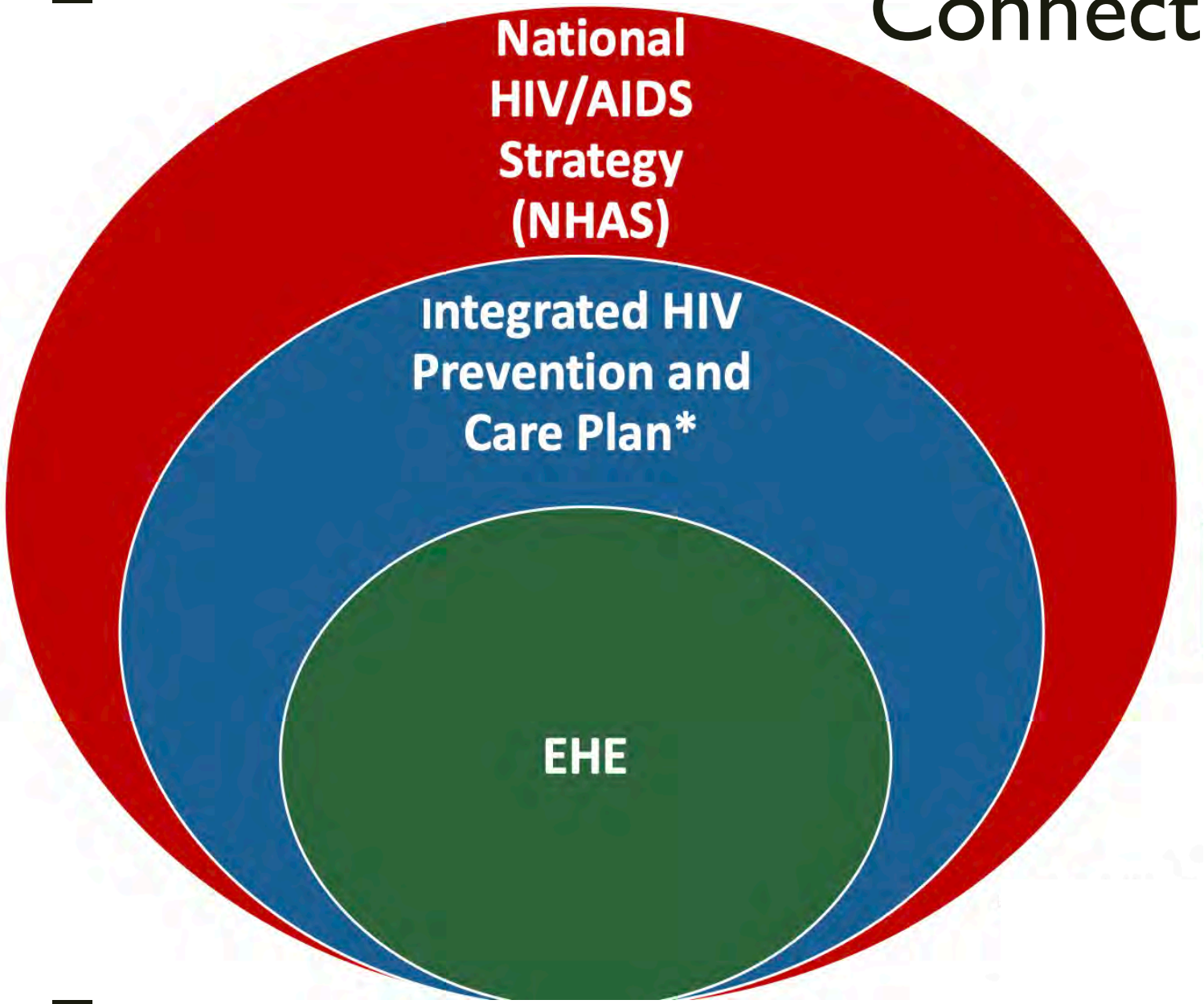
Background and Overview:

- Vehicle to identify needs, resources, barriers and gaps and outline strategies to address them
- Necessitates engagement from wide range of stakeholders
- Aligned with national goals but reflective of local vision, values and needs.
- May submit portions of other plans (e.g. EHE)
- Due in December 2022 – max 100 pages

Key Concepts Related to Content

- Status neutral
- Address syndemics
- Address SDHs and Inequities
- Build off of existing plans

Connection to Other Plans



<u>NHAS Overarching Goal</u>:
Reduce new HIV infections by 90% by 2030

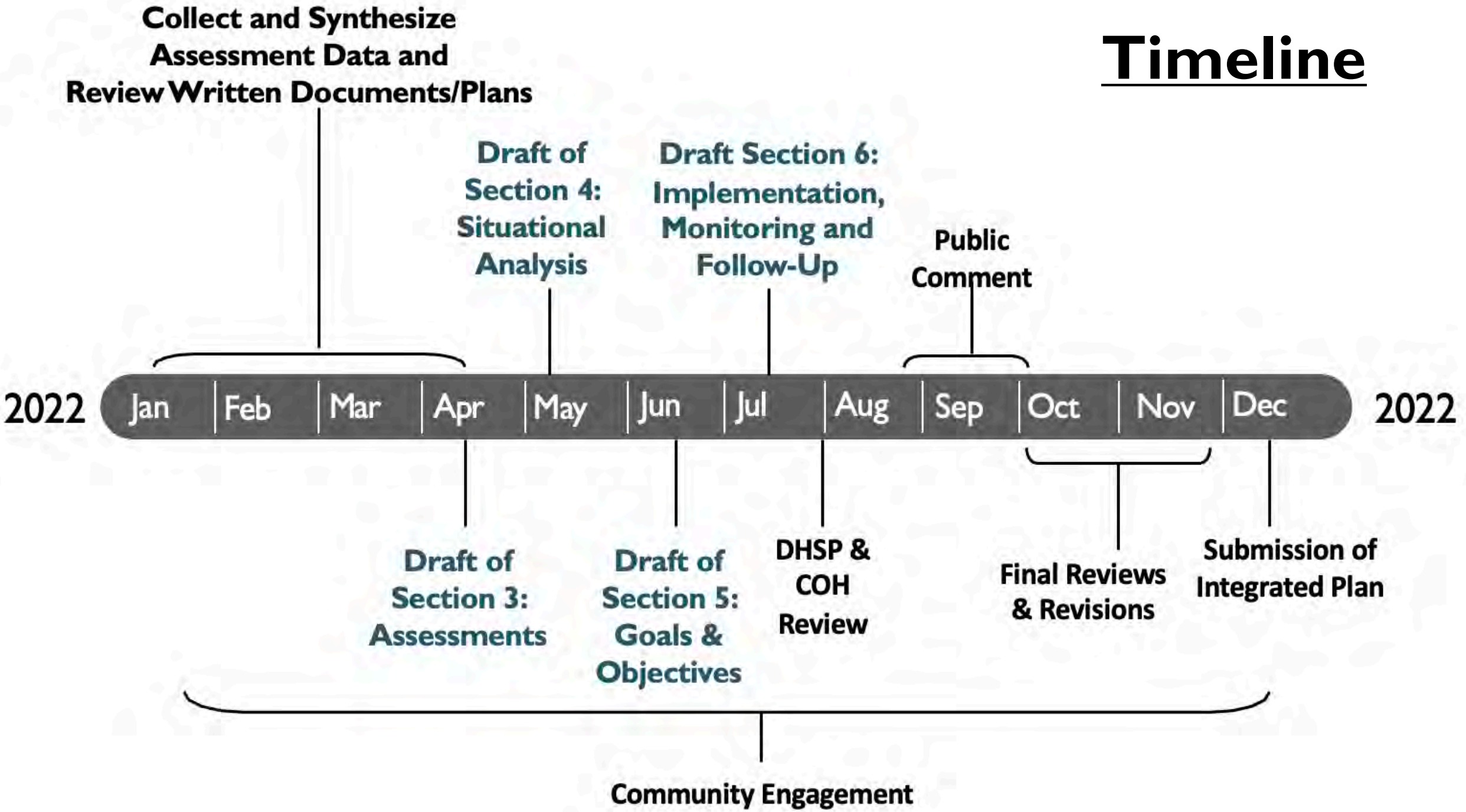
<u>CHP Goals and Objectives Pertaining to EHE Strategies</u>:

1. Diagnose
2. Treat
3. Prevent
4. Respond

Source: https://targethiv.org/sites/default/files/media/documents/2021-11/CDC_HRSA_Overview_Integrated_Prevention_Care_Guidance_2021.pdf

Required Section	Section Description
1. Executive Summary	Describe approach to preparing the Integrated Plan submission; and list and describe all documents used to meet submission requirements.
2. Community Engagement and Planning Process	Describe how we approached the planning process and engaged community members and stakeholders.
3. Contributing Data Sets and Assessments	Epidemiologic Snapshot HIV Prevention, Care and Treatment Resource Inventory Needs Assessment
4. Situational Analysis	Overview of strengths, challenges, and identified needs with respect to Diagnose; Treat; Prevent; Respond.
5. Goals and Objectives	How we will diagnose, treat, prevent and respond to HIV. Should reflect strategies that ensure a unified, coordinated approach for all HIV funding.
6. Integrated Planning Implementation, Monitoring and Follow Up	Infrastructure, procedures, systems, and/or tools that will be used to support the key phases of planning. How to ensure the success of goals and objectives through Implementation; Monitoring; Evaluation; Improvement; Reporting and Dissemination
7. Letters of Concurrence	Specify how the planning body was involved in the Integrated Plan development.

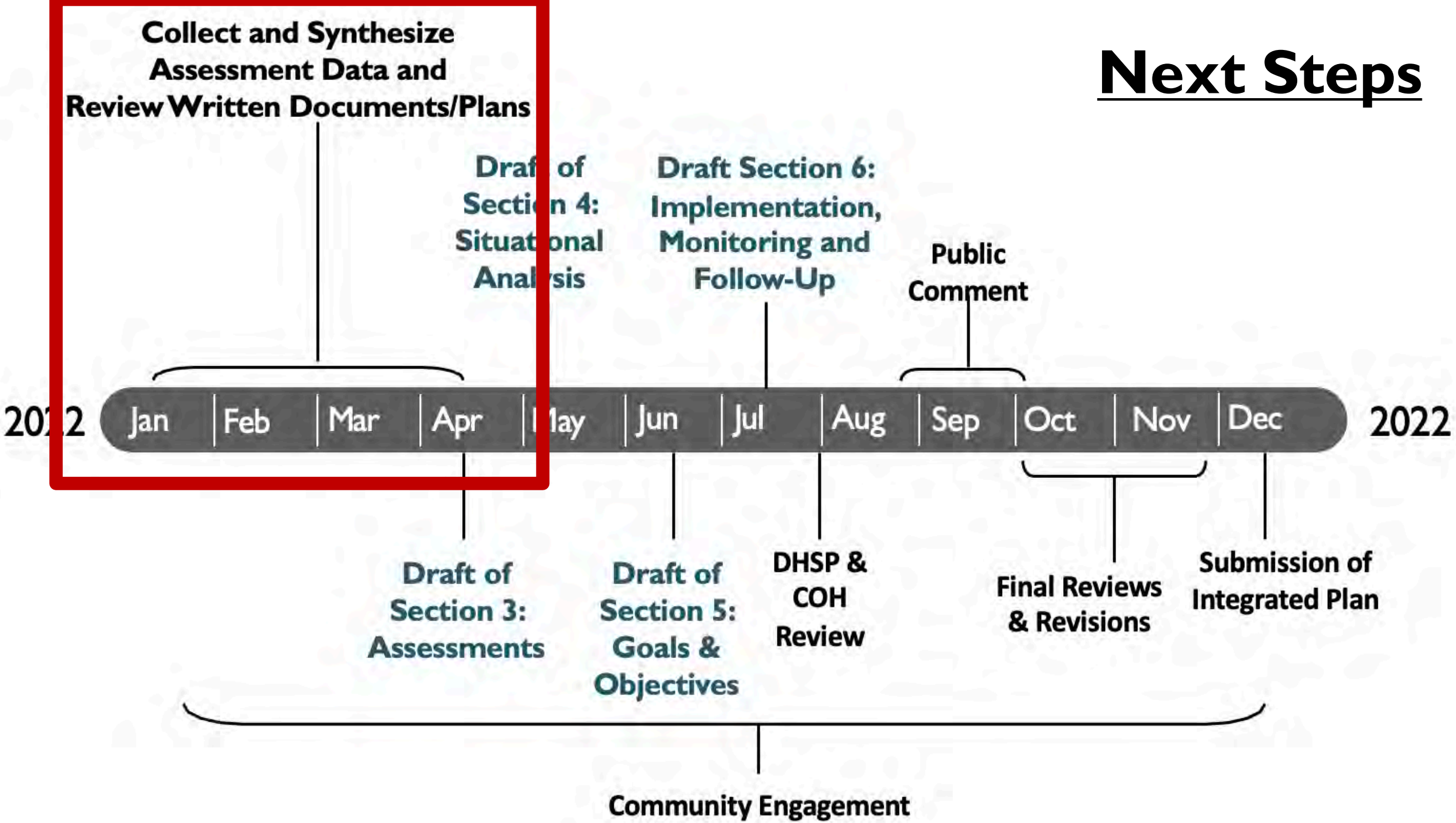
Timeline


Collect and Synthesize Assessment Data and Review Written Documents/Plans
Draft of Section 4: Situational Analysis
Draft Section 6: Implementation, Monitoring and Follow-Up
Public Comment
2022
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2022
Draft of Section 3: Assessments
Draft of Section 5: Goals & Objectives
DHSP & COH Review
Final Reviews & Revisions
Submission of Integrated Plan
Community Engagement

Key Tenets with Respect to the Process

- Build upon the local EHE plan and similar documents to develop CHP
- Don't recreate, think strategically
- Harness existing and new partnerships
- Engage members of the Commission in a more thoughtful and intentional way

Next Steps


Collect and Synthesize Assessment Data and Review Written Documents/Plans
Draft of Section 4: Situational Analysis
Draft Section 6: Implementation, Monitoring and Follow-Up
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Oct
Nov
Dec
2022
Draft of Section 3: Assessments
Draft of Section 5: Goals & Objectives
DHSP & COH Review
Final Reviews & Revisions
Submission of Integrated Plan
Community Engagement

Collect & Synthesize Assessment Data and Information from Documents/Plans

- City Representatives
- Ryan White Stakeholders (Part B, C, D, F)
- Commission Committees, Caucuses, Workgroups, Task Forces
- Incorporate Recommendations:
  - *Black/African-American Task Force*
  - *Aging Task Force*
- Incorporate Plans:
  - *West Hollywood*
  - *Long Beach*

Emerging Themes

- HIV Workforce Capacity
- Leverage partners to address SDHs
- System/ Services Integration
- Harm Reduction and Needle Exchange
- Stigma
- Unstably Housed
- Messaging for the Latinx Community
- Aging Population
- Trans Community
- People who use Crystal Meth

Thank you!

Contact Information:

AJ King
ajking@next-levelconsulting.org

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV
AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22)

Task Force Name: Aging Task Force			Co-Chairs: Al Ballesteros and Joe Green	
Task Force Adoption Date:				
#	**TASK/ACTIVITY**	**DESCRIPTION**	**TARGET COMPLETION DATE**	**STATUS/NOTES/OTHER COMMITTEES INVOLVED**
1	Review and refine 2022 workplan		Ongoing	Initial draft presented to ATF 1/4/22. Revisions noted in this document version in RED
2	Develop the Comprehensive HIV Plan 2022-2026	• All Committee and subgroup will contribute to shaping the CHP • Commission, committees and subgroup activities should aim to align with the CHP and support the EHE goals • Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework	**October 2022**	Per ATF request, staff sent recommendations, HIV and aging care framework, and HealthHIV planning council effectiveness assessment report to CHP consultant to begin review and analysis of integrating key elements into the CHP. Address prevention in older adults in CHP.
	~~Determine and continue to refine next steps for recommendations.~~	~~Final recommendations completed 12.20.10.~~	~~Ongoing~~	~~Recommendations presented at November & December 2020 Executive Committee and December 2020 & January 2021 full Commission meetings. COH approved 1-year extension of the ATF until March 2022.~~
3	Present accomplishments, recommendations and structure of the ATF to Executive Committee	Executive Committee (January 2021) approved 1-year extension of the ATF until March 2022. The ATF discussed continuing the work as Caucus.	3/24/22	ATF discussed (Dec 2021) meeting to transition into a caucus.
4	Ensure service standards are reflective of and address the needs of PLWH 50+	Provide feedback on service standards SBP will update for 2022 and future years	-Benefits specialty services (BSS) early 2022 -Home-based case	SBP 2022 standards workplan and target completion dates are: benefits specialty services (BSS) (early 2022) Home-based case management (HBCM) late 2022-- SBP prioritized HBCM for 2022 based

			management (HBCM) late 2022 -Oral health dental implants June 2022 TCM	on recommendations from ATF and DHSP. 84% of HBCM clients are ages 50+ targeted review of the oral health service standards and developing guidance for specialty dental providers related to dental implants (June 2022) Transitional case management – jails, youth, older PLWH transitioning out of Ryan White into Medicare (completion date to be determined by SBP)
5	Use ATF recommendations and care framework to inform Ryan White allocations	Infuse aging lens in the multi-year service ranking and funding allocations exercise conducted by PP&A	Ongoing @ PP&A meetings (3rd Tues of each month)	J. Green and A. Ballesteros, ATF Co-Chairs are on PP&A Committee and may help shepherd the allocations debate to include PLWH 50+. ATF members attend PP&A meetings to lend additional voices in support of the 50+ PLWH community.
6	Complete best practices project in collaboration with SBP	SBP is working with all Caucuses and workgroups/task forces to develop a compilation of best practices resources for special populations.	Started	
	Continue to work with DHSP to implement recommendations		Ongoing	Maintaining ongoing communication with Dr. Green and W. Garland to assess what is realistic for DHSP to implement.
	Continue to work with DHSP to implement HIV care framework for PLWH 50+		Ongoing	Per Dr. Green, DHSP to provide feedback on the framework and what is realistic for DHSP to implement at the 2/1/22 ATF meeting.
	Review HEDIS measures used by LA CARE Health Plan | Caring for older adults			Carried over from 2021 workplan. Al Ballesteros to contact LA CARE. Per A. Ballesteros, keep activity in the workplan to revisit/review at a later date.
	Review, track and revisit Master Plan on Aging		Ongoing	Carried over from 2021 workplan.

	Determine key priorities for implementation and possible integration to COH Committee work.		STARTED DISCUSSION COMPLETED 1/4/22. 2022 Workplan revised to include standards review and SBP collaboration.	Carried over from 2021 workplan. Co-Chair, Al Ballesteros, asked COH staff to determine what is feasible to implement from list of recommendations at COH meeting on 5/13/21. Standards and Best Practices Committee – integrating ATF recommendations and care framework in "Best Practices" document for special populations Planning, Priorities and Allocations Committee – using recommendations and care framework to inform multi-year priority setting decisions and program directives Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework Public Policy Committee – supporting policy initiatives and legislative bills that address HIV and aging
	~~Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and otherhealth services~~	~~Work with all Co-Chairs to foster input from 50+ PLWH and include a healthy aging lens in discussions. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.~~	~~Ongoing~~ COMPLETED. Feedback integrated in HIV and aging care framework approved by the COH in 11/18/21	~~Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.~~
	Encourage the Division of HIV and STD Programs (DHSP) tocollaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better	Collaborate with DHSP to provide data on HIV continuum and quality of life indicators by race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status. Addressing	Ongoing STARTED & ONGOING	Carried over from 2021 workplan. Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.

	understanding of the following issue: Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation,and socioeconomic status.	disparities within the 50+ population is in line with the DHSP EHE Plan Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.		W. Garland presented MCC Performance At-a-Glance, 2013-2017 Patients 50 and Over at ATF meeting October 2021. Dr. Green reported at 1/4/22 meeting that DHSP is reviewing data to determine disparities within the 50+ PLWH population. Analysis will take time and report findings to ATF accordingly.
	Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care for the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuseand Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.	The Standards and Best Practices (SBP) Committee developed special guidelines for special populations (youth, women, and transgender) in 2007. The ATF may want to approach the SBP Committee to develop best practices/guidelines for 50+ PLWH. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.	STARTED Activity is being integrated in priority #6	Carried over from 2021 workplan. Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. Standards and Best Practices Committee – integrating ATF recommendations and care framework in “Best Practices” document for special populations

LOS ANGELES COUNTY COMMISSION ON HIV
AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22)

HIV and Aging Champions – ATF members and committee assignments	
ATF MEMBER	**COMMITTEE ASSIGNMENT**
Joseph Green (ATF Co-Chair)	Planning, Priorities and Allocations
Al Ballesteros (ATF Co-Chair)	Planning, Priorities and Allocations
Kevin Donnelly	Planning, Priorities and Allocations
Katja Nelson	Public Policy, Standards and Best Practices, and Executive Committee
Lee Kochems	Public Policy, Standards and Best Practices, and Executive Committee
Alasdair Burton	Public Policy
Paul Nash	Standards and Best Practices

AGING TASK FORCE (ATF)

Highlights of Accomplishments and Recommendations for Next Steps

Executive Committee

March 24, 2022

DRAFT FOR ATF REVIEW ONLY

LOS ANGELES COUNTY
COMMISSION ON HIV

Objectives

1. Summarize key accomplishments of the Aging Task Force (ATF)
2. Provide recommendations on future structure of the group
3. Provide recommendations for ongoing objectives and activities

Background | ATF

- A group of concerned Commissioners and community members began discussions around health needs of PLWH over 50 in early 2019
- Raised concerns about the growing 50+ population and the capacity and responsiveness of the Ryan White and other care systems
- Voiced concerns around disparities in health outcomes across the lifespan and older adults
- HIV and aging conferences, summits, and needs assessments were conducted by local HIV service providers in 2018, 2019, and 2020

Background | ATF (continued)

- Some Commissioners proposed the idea of forming a subgroup to address HIV and aging to the Executive Committee in Jan/Feb 2019
- Started meeting as ATF in April 2019
- Met with DHSP medical directors/staff to open dialogue on HIV and aging, data, and action planning
- Completed recommendations in 12/10/2020
- 2/25/21 - Executive Committee approved extension of ATF for one additional year to complete directives
- Received feedback from DHSP on recommendations on 4/5/21
- Developed proposed HIV and aging care framework based on community feedback from studying models of care from other jurisdictions (SF and NY)

Accomplishments

- Developed recommendations in 2019-2020
  - Partnered with DHSP on data requests and reviews
  - Held consultations with Commissioners, service providers, consumers, and community stakeholders
  - Studied models of care, white papers and resource documents:
    - Research on Older Adults with HIV (ROAH) studies in 2006 (1.0) and 2018 (2.0)
    - California Master Plan on Aging
    - HIV, Aging and Stigma (Dr. P. Nash presentation and facilitated conversation)
    - HRSA's Ryan White HIV/AIDS Program Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care Reference Guide for Aging with HIV
    - HIV and aging statewide conferences

Accomplishments (continued)

- Hosted Trading Ages, an age-sensitivity training trademarked by SCAN Community Programs for providers working with seniors
- Supported Women's Caucus on HIV and Women panel in 2021
- Hosted panel at September 2021 Commission meeting
  - UCSF Golden Compass Program
  - Panel of experts and PLWH over 50
  - HIV and aging care framework for community feedback
- Raised awareness at the 2021 Annual Meeting on HIV, aging and stigma (Dr. P. Nash presentation)

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21; COH approved on 11/18/21)

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .

2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.

3. Integrate a geriatrician in medical home teams.

4. Establish coordination process for specialty care.

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Hormone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

- Complete Metabolic Panel
- Urinalysis
- Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
- Urine Protein-Creatinine Ratio (HIVAN)

- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Male and Female Hormone Deficiency
  - Menopause, decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health Comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF/COH Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies
- Collaborate with the AIDS Education Training Centers to develop training for HIV specialist and geriatricians.

Recommendations for Next Steps

- Continue as a Caucus to maintain Commission and community engagement and support for efforts to address the needs of PLWH over 50
- Mobilize other partners to implement the ATF recommendation key themes:
  - Ongoing research and needs assessment
  - Workforce community education and awareness
  - Expand HIV/STD prevention and care services for older adults living with HIV

Recommendations (continued)

- Collaborate more closely with SBP Committee to review and ensure that service standards are responsive to the needs of PLWH over 50
- Work with SBP to promote best practices to Ryan White and non-Ryan White funded providers
- Identify champions to implement the HIV and aging care framework:
  - Within the local Ryan White system
  - Medi-Cal and Medicare


THANK YOU

LOS ANGELES COUNTY
COMMISSION ON HIV

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AGING TASK FORCE RECOMMENDATIONS
(Final 12/10/20)

Background: The Aging Task Force (ATF) was formed in February 2019 to address the broad health needs of those over 50 years living with HIV and long-term survivors. According the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

The ATF developed the following recommendations to the Commission on HIV, Division of HIV and STD Programs (DHSP) and other County and City partners to address the unique needs of this population. The term older adults refer to individuals who are age 50 and older.

**This is a living document and the recommendations will be refined as key papers such the State of California Master Plan on Aging and APLA's HIV and Aging Townhall Forums are finalized. **

Ongoing Research and Needs Assessment:

- Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issues:
    - Conduct additional analysis to understand why approximately 27% of new diagnoses among persons aged 50-59 and 36% of new diagnoses among person aged 60 and older were late diagnoses (Stage 3 – AIDS) suggesting long-time infection. This may reflect a missed opportunity for earlier testing as it seems likely that persons aged 50 and older may engage in more regular health care than younger persons. (Data Source: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf)
    - Gather data on PLWH over 50 who are out of care or those who have dropped out of care to further understand barriers and service needs.
    - Conduct studies on the prevention and care needs of older adults.
    - Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status.

- Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.
- Conduct deeper analysis on mental health, depression, isolation, polypharmacy and other co-morbidities that impact the quality of life of older adults living with HIV.
- Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.
- Request DHSP to develop a data collection and reporting plan with a timeline on an annual report to the community.

Workforce and Community Education and Awareness:

- Educate the Commission on HIV, Department of Public Health, HIV workforce and community at large on ageism, stigma, and build a common understanding of definitions of older adults, elders, aging process and long-term survivors.
- Address ageism on the Commission on HIV and the community at large through trainings and by convening panels composed of Ryan White and prevention services clients and subject experts.
- Openly discuss and examine as part and parcel of HIV planning and implementation, the impediments to HIV prevention and care among aging populations posed by the historically embedded discrimination and bigotry institutionalized in mainstream US culture and society, as well as embedded in subcultural (ethnic, racial, social, religious, etc.) cultures and institutions that often goes unacknowledged: that is the interconnected/overlapping linkages between ageism (or what is expressed in ageism) and societal heteronormativity/homophobia (internalized and cultural), sexism, misogyny, racism, xenophobia, ableism, and all forms of discrimination and bigotry targeting "The Other."
- Educate the HIV workforce on HIV and aging, including but not limited to how to work with the non-profit sector to link seniors to health, social services, and HIV prevention and treatment services.
- Train the HIV workforce on diseases of aging, such as cardiovascular disease and osteoporosis and dementia, and equip staff with the knowledge and skills to properly assess and treat conditions that impact older adults.
- Train older adults on how to adapt to the new realities of seeking care as they progress in the age spectrum. Train the HIV workforce on how to develop and deliver classes to older adults with respect, compassion, and patience.
- Expand opportunities for employment among those over 50 who are able and willing to work.
- Provide training on the use of technology in managing and navigating their care among older adults.

- Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.
- Collaborate with local resources and experts in providing implicit bias training to HIV service providers.

Expand HIV/STD Prevention and Care Services for Older Adults:

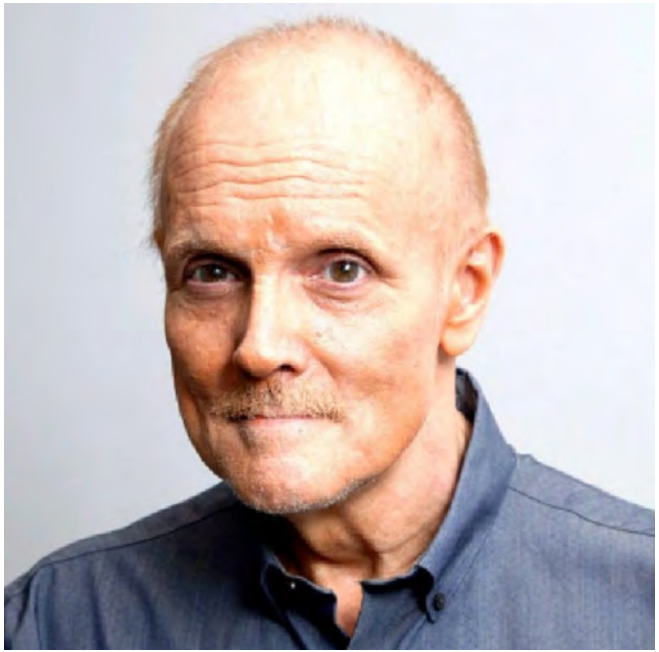
- Expand and develop service models that are tailored for the unique needs of PLWH over 50. Specifically, community members representing older adults living with HIV have identified ambulatory/outpatient medical, medical care coordination, and mental health as key services they need. Unify and coordinate care within a medical home and reduce referrals to specialty care, if appropriate.
- Integrate an annual patient medical records review by gerontologist for PLWH over 50 in the Medical Care Coordination and Ambulatory/Outpatient Medical programs. The annual medical records review should review care needs for mental health, polypharmacy, social support, mobility, and other markers of overall health and quality of life. Ensure that MCC teams monitor and assist patients affected by cognitive decline in navigating their care.
- Customize food/nutrition and physical activity and mobility services for the aging population. Remedial exercise and rehabilitation to maintain or regain muscle mass may be needed for some older adults to help them remain in care and virally suppressed.
- Enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.
- Expand supportive services, such as financial assistance, as incomes become more fixed in older age. As frailty increases with age, services should be customized by specific age groups.
- Address social isolation by supporting psychosocial and peer support groups designed for older adults. Leverage the work of agencies that already provide support groups for older adults and encourage the community to join or start a support group.
- Address technological support for older adults living with HIV as medical service modalities rely more and more electronic, virtual, and telehealth formats.
- Dedicate at least 15% of prevention funds to programming specifically tailored for individuals over 50. According to the California HIV Surveillance Report, persons over 50 accounted for 15% of all new infections. A similar trend is observed for Los Angeles County with about 13-14% of new HIV diagnoses occurring among persons aged 50 and older
- Address the lack of sexual health programs and social marketing efforts geared for older adults. Social marketing and educational campaigns on PrEP and Undetectable=Untransmittable (U=U) should include messages and images with older adults.

- Integrate programming for older adults in the use of Ending the HIV Epidemic funds in Los Angeles County. Schedule annual reports from the Division of HIV and STD Programs (DHSP) on how they are addressing HIV and aging.

General Recommendations:

- Collaborate with traditional senior services or physicians, or other providers who specialize in geriatrics and leverage their skills and expertise of those outside the HIV provider world.
- Ensure access to transportation and customize transportation services to the unique needs of older adults.
- Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV
- Direct DHSP to start working with agencies that serve older adults such as the Los Angeles County Workforce Development, Aging and Community Services, City of Los Angeles Department of Aging, and DPH Office of Senior Health to coordinate and leverage services.
- Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.

Dr. Stephen E. Karpiak



LOS ANGELES COUNTY
COMMISSION ON HIV

The Stigmas of Ageing with HIV

Los Angeles County Commission on HIV
Annual Meeting 2021
November 18th 2021
09.00 – 15.00 (PST)

Dr Paul Nash CPsychol, AFBPsS, FHEA
Email: pnash@usc.edu

USC Leonard Davis School of Gerontology

University of Southern California

CAVEAT

What this talk is **NOT**:

Trying to quantify experiences

Explaining what people may or may not have experienced

What this talk **is**:

Verbalizing and explaining concepts

Addressing knowledge gaps

Highlighting unmet need

Generating discussion

The Session In Brief

- What ageing with HIV can look like
- The science of stigma
- When worlds collide
- The social framework
- To challenge the status quo
- Our legacy

USC Davis
Leonard Davis School of Gerontology

The Silent Majority: Ageing With HIV

Yet:

Much of the HIV research doesn't include older people

Much of the ageing literature doesn't address sex, sexuality or sexual health

Women are underrepresented in research on HIV and ageing

Little is understood about intersections of HIV, ageing and minority group status (Trans*/ethnicity/gender identity etc)

Social and family support differs for those living with HIV through the lifecourse into end of life care

Accelerated Ageing

The prevalence of all chronic age-associated comorbidities, except hypertension, were higher among PLWH compared with their community-based HIV-negative counterparts; as much as 10 times higher for liver diseases. PLWH experienced most chronic age-associated significantly earlier than HIV-negative controls, as early as 21 years earlier for Alzheimer's and/or dementia.

Nanditha et. al. (2021)

Older adults living with HIV aged ≥55 years have a high prevalence of frailty and a high burden of functional impairment.

Brañas et. al. (2017)

…partially support a model of accelerated neurocognitive aging following HIV diagnosis, which was observed in the domain of auditory verbal attention, but not in the areas of memory, language, or speeded executive functions

Sheppard et. al. (2017)

Accentuated Ageing

They evaluated the incidence of myocardial infarction (MI), end-stage renal disease (ESRD) and non-AIDS-defining cancer (NADC). After adjusting for potential confounders and matching participants for age, geography and race, adults living with HIV had a significantly greater risk of experiencing each of these age-associated events. The mean age at MI and NADC did not differ by HIV status; however, adults living with HIV were diagnosed with ESRD an average of 5.5 months younger than HIV-negative adults.

Harper (2015)

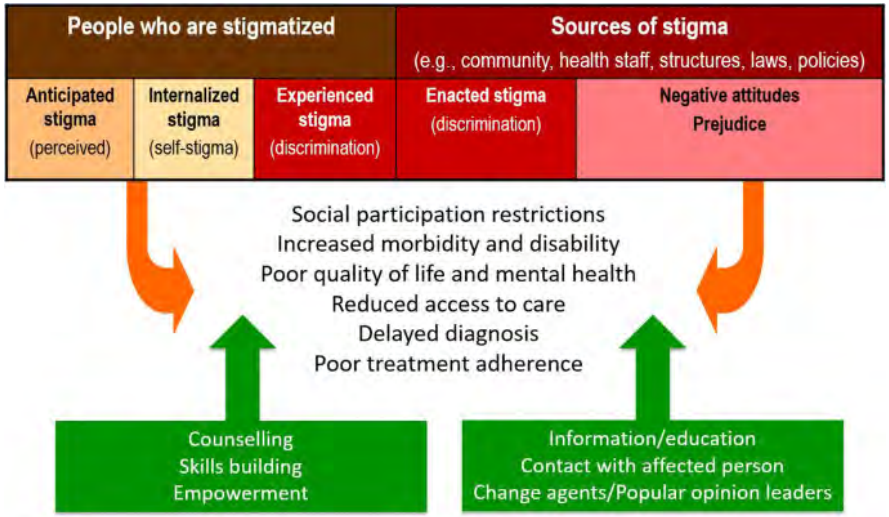
Certainly, biological processes that correlate with aging occur earlier in the older adult HIV population. Clinical manifestations of these biological processes are age-associated illnesses occurring in greater numbers (multimorbidity), but they are not accelerated. Specifically cardiovascular disease, certain cancers, and renal disease are more common with other comorbidities less certain.

Brennan-Ing & DeMarco (2017)

HIV and Stigma – The intersections begin

Older HIV-positive adults often experience a "triple stigma" associated with ageism, public misconceptions about HIV/AIDS, and antigay prejudice, which can affect even heterosexuals living with HIV.

- Social Stigma pulls of stereotypes leading to direct & indirect prejudice
- Many experience "social avoidance" - the real or perceived loss of friends, and the sense that people are uncomfortable being around them due to their HIV disease
- A study of HIV stigma among older adults with HIV found that: 96% reported experiencing HIV stigma itself
  71% reported experiencing both ageism and HIV stigma
  56% reported experiencing rejection from service providers, family, friends, church members, and potential sexual partners (Emlet, 2006)
- Partners and other family members of people living with HIV also experience HIV-related stigma, regardless of their own serostatus. **Some women describe a diminished sense of sexual attractiveness following HIV diagnosis**



Consequences of Stigma

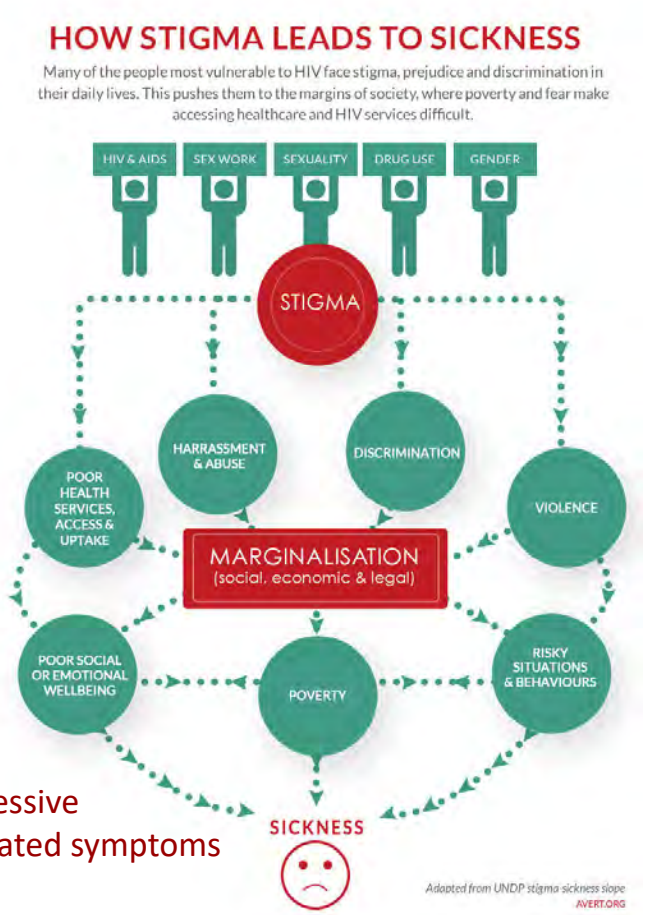
Shame; Guilt; Fear; Self-loathing

Older adults face this in terms of:

- Loneliness
- Physical Decline
- Cognitive Decline

Resulting in:

- Reduced Social Networks
- Increased Social Isolation
- Decreased Self-esteem, Image & Efficacy
- Decreased Functioning (Cog & Physical)
- Decreased Likelihood of Status Disclosure



People who experience HIV-related stigma are more likely to experience depressive symptoms, report receiving recent psychiatric care, and report greater HIV-related symptoms

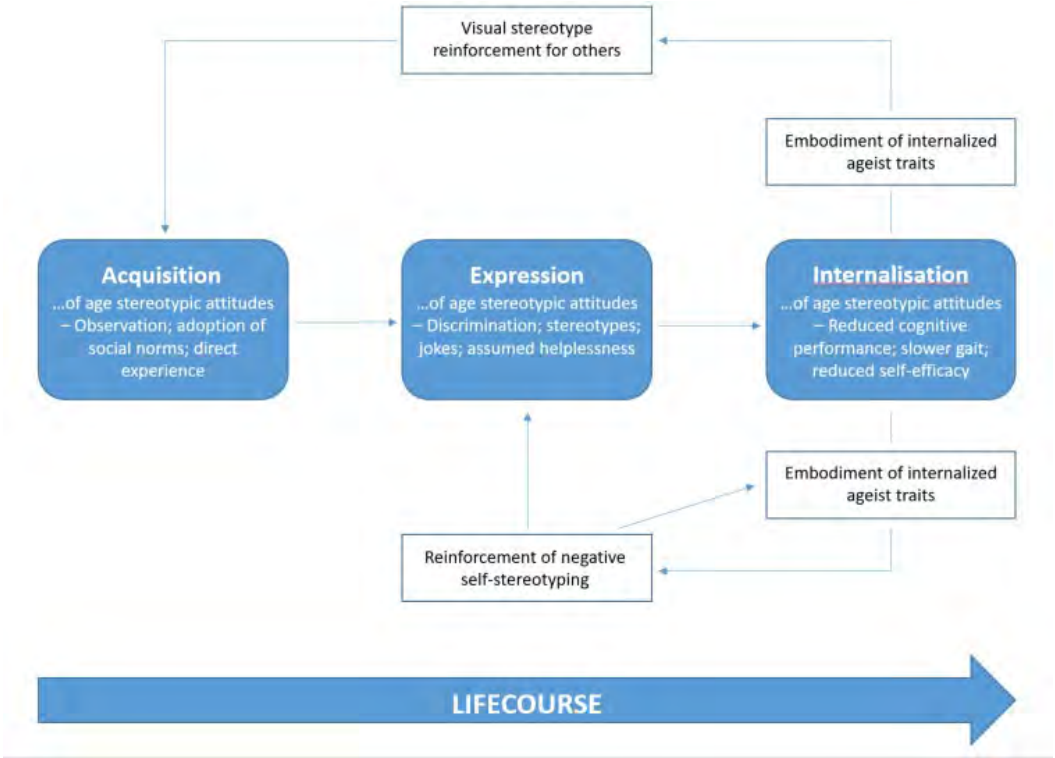
Internalized HIV stigma contributes to depression, anxiety, and hopelessness.

Depression & HIV

A number of studies have found high rates of depression among older people living with HIV.

- Heckman et al. (2003) found that 29% of a sample (n = 113) of people living with HIV aged 45 years and older had moderate to severe depression; 31% had mild depression
- A study by the AIDS Community Research Initiative of America and Gay Men's Health Crisis of 180 adults aged 50 years and older found that 53% had depression
  (Chaill et al. 2010)
- The AIDS Community Research Initiative of America's Research on Older Adults with HIV study of nearly 1000 New Yorkers found that 52% had depression. (Karpiak et al., 2006)

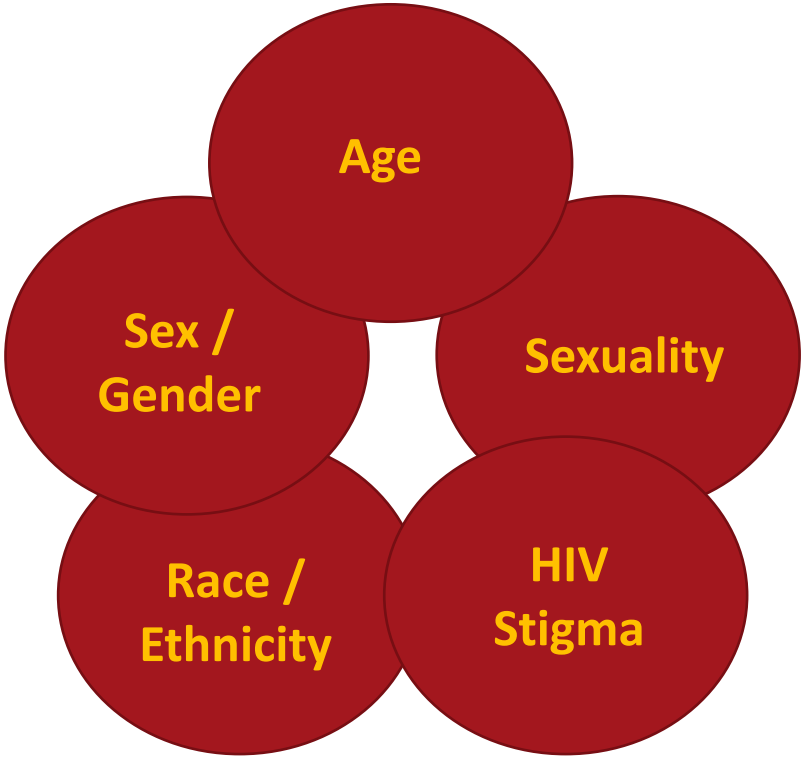
Stigma of Ageism



(AIR: Nash & Carney, 2020)

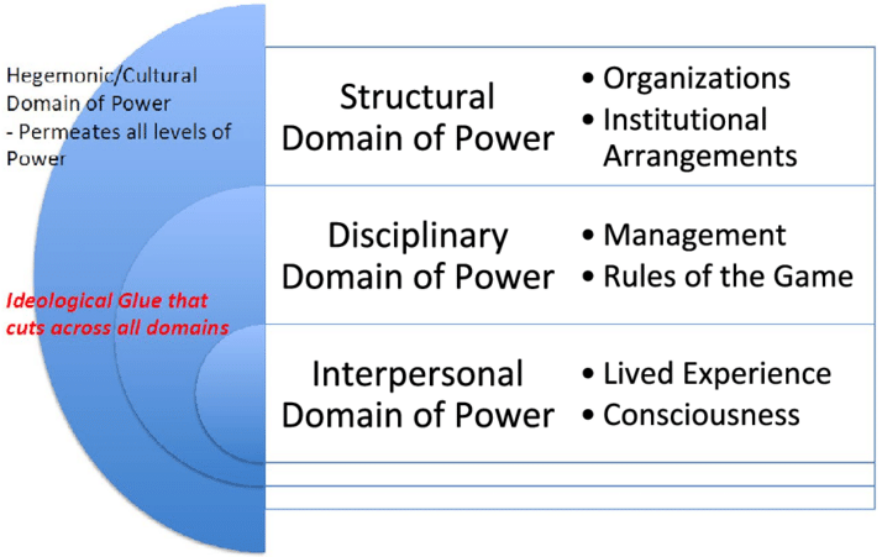
Intersectionality

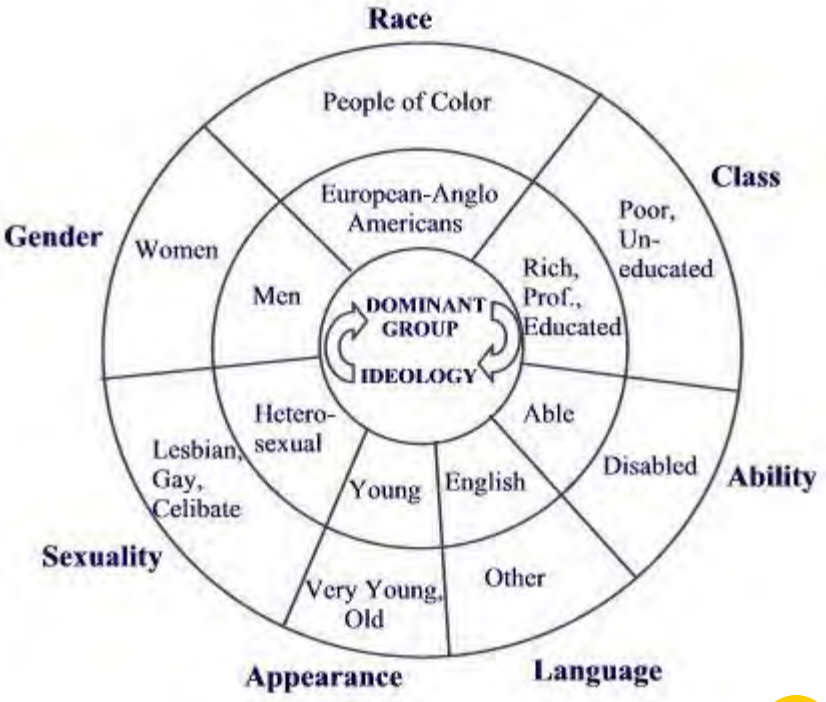
- They may all intersect
- A few may intersect
- They may be experienced individually



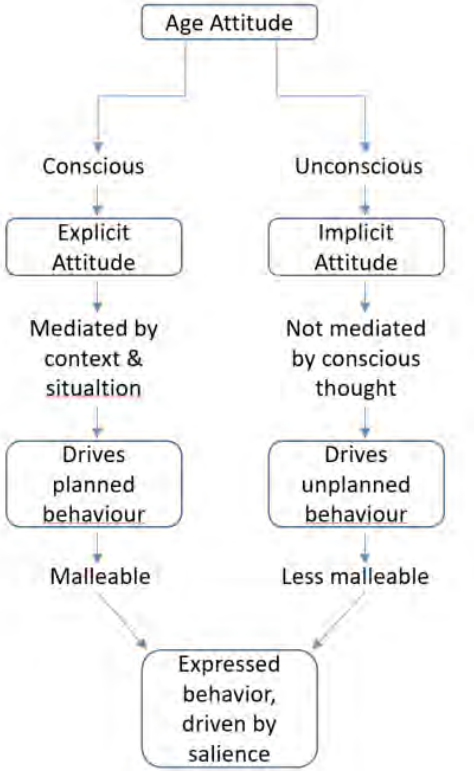
Different people will experience different intersections through their life (or cumulatively) and the unique experiences that they have are derived from these individual intersections

Matrix of Domination





Change the Narrative



Educating
IS ACTIVISM
&
Knowledge
IS POWER

Make a Pledge

Intersectionality impacts us all through advantage and/or disadvantage.

What can you do to make a change? Raise awareness? Challenge stigma?

Make a note to yourself, keep it safe and check back in 6 / 12 months. Be the change you want to see

Final Thought

Make ours a legacy of information
NOT dis-information, fear and stigma.

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Many thanks for your time and concentration
Any Questions?

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