



LOS ANGELES COUNTY
COMMISSION ON HIV



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Aging Caucus Virtual Meeting

Be a part of the HIV movement

**Tuesday, April 4, 2023
1:00PM-2:30PM (PST)**

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

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DIAL: +213-306-3065 MEETING #/ACCESS CODE: 2592 018 0490

Password: AGING

The Aging Caucus is committed to addressing aging across the lifespan. We welcome your ideas and feedback. If you are unable to attend the meeting, you may still share your thoughts by emailing them to hivcomm@lachiv.org.

For information on HIV and aging, visit <https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv>

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AGING CAUCUS VIRTUAL MEETING AGENDA

TUESDAY, APRIL 4, 2023

1:00 PM – 2:30 PM

TO JOIN BY WEBEX, CLICK:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m090cd952478e14d848a6485ebd4b8a9f>

Join by phone

+1-213-306-3065

Meeting Number and Access Code: 2592 018 0490

Password: AGING

1. Welcome & Introductions 1:00pm-1:10pm
2. Co-Chairs' Report 1:10pm-1:30pm
 - a. Planning for National HIV/AIDS and Aging Awareness Day | Update
Determine date in September, presentation/panel objectives, speakers, and format.
 - b. Conference Updates
 - i. Conference on Retroviruses and Opportunistic Infections (CROI)
National AIDS Treatment Advocacy Project –Aging, Comorbidities
And HIV CROI Updates
 - ii. American Society on Aging
3. Division of HIV and STD Programs (DHSP) Report 1:30pm-1:40pm
4. DISCUSSION: Comprehensive HIV Plan and Aging-related Strategies 1:40pm-2:00pm
 - a. Strategy 2H- Expand capacity to provide whole-person care to
PLWH who are age 50 and older and long-term survivors
 - b. Identify 1 priority activity to accomplish for 2023
5. Executive Director/Staff Report 2:00pm-2:10pm
 - a. Pandemic Response and Recovery Task Force [Board Motion](#)
6. Next Steps and Agenda Development for Next Meeting 2:10pm-2:15pm
 - a. **NEXT MEETING: June 6, 2023**
Caucus members to decide if in-person or virtual at 4/4/23 meeting
7. Public Comments & Announcements 2:15pm-2:25pm
8. Adjournment 2:30pm



AGING CAUCUS
February 7, 2023
Virtual Meeting Summary

In attendance:

| | | |
|----------------------------------|------------------------------|---------------------------------|
| Kevin Donnelly (Co-Chair) | Paul Nash (Co-Chair) | Al Ballesteros |
| Alasdair Burton | Viviana Criado | Joseph Green |
| Shawn Griffin | Lee Kochems | Pamela Ogata (DHSP) |
| Hector Silva | Zorik | Cheryl Barrit (COH Staff) |
| Catherine Lapointe (COH Staff) | Lizette Martinez (COH Staff) | Jose Rangel-Garibay (COH Staff) |

CHP: Comprehensive HIV Plan

COH: Commission on HIV

DHSP: Division of HIV and STD Programs

DPH: Department of Public Health

1. Welcome & Introductions

Kevin Donnelly and Paul Nash, Co-Chairs, welcomed attendees and led introductions.

2. Co-Chairs' Report

a. Planning for September 14 Commission Meeting | National HIV/AIDS and Aging Awareness Day (Commemorated on Sept. 18)

*** Determine theme, presentation/panel objectives, speakers, and volunteers. ***

The Caucus began discussing possible themes, objectives, speakers, and volunteers in preparation for National HIV/AIDS and Aging Awareness Day on September 18, 2023. The panel would be a part of the Commission meeting on Sept. 14 Alasdair Burton suggested topics such as self-advocacy and addressing isolation in older adults. Joe Green recommended tying in the four pillars of the Ending the HIV Epidemic (EHE) Initiative (diagnose, treat, prevent, respond). Al Ballesteros suggested the topic of training medical staff in the Ryan White Program (RWP) on how to work with older adults.

3. LISTEN AND LEARN: Aging and Living with HIV Testimony

*** Hear from long-term survivors/older adults living with HIV to understand and compel the community to act with urgency in addressing the needs of older adults living with HIV. ***

Commissioner A. Ballesteros invited several individuals with lived experience to speak to the Aging Caucus about their experiences navigating the housing system as an older adult living with HIV. Speakers were given the chance to tell their story and share how they have been struggling to maintain secure housing after being forced to leave their apartments. The listen and learn session highlighted the need for easy access to care and information, less bureaucracy and paper work burden, medical care, educational sessions, mental health

services, consistency with information given by case managers, and housing resources for older adults living with HIV.

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

a. Aging Workgroups Update

Pamela Ogata informed the Caucus that the DHSP workgroups have not met yet, but more information will be sent out soon regarding meeting times. P. Ogata invited Caucus members to contact Cheryl Barrit if they would like to volunteer for a workgroup. The following Caucus members were assigned to the following workgroups:

- Add gerontology training to AOM, OH, MCC, and MH services – *Paul Nash, Viviana Criado*
- Acknowledge and support nontraditional family relationships – *Alasdair Burton*
- Seek out mental health specialists who can treat both HIV and age-related conditions – *Kevin Donnelly, Joe Green*
- Examine housing inventory to ensure that it provides safe and welcoming environments for seniors – *Arlene Frames*

b. Aging-related Directives Update – Refer to directives #16 and #17

P. Ogata reported that DHSP is working with community partners on a peer support program for older adults living with HIV. More details will be shared once the contract is finalized.

c. Other efforts to address HIV and aging

P. Ogata reported that DHSP is reviewing the medical care coordination (MCC) assessment and will further discuss the need for increased trainings and gerontologists. DHSP is also reviewing the home-based case management standards and recommended meeting with the Standards and Best Practices (SBP) Committee to add gerontologists to the standards.

5. DISCUSSION: Comprehensive HIV Plan and Aging-related Strategies

K. Donnelly briefly reviewed the Comprehensive HIV Plan (CHP) and aging-related strategies; see meeting packet. The Caucus decided to table this discuss for a future meeting to allow for a more in-depth conversation.

6. Next Steps and Agenda Development for Next Meeting

- The Caucus decided to cancel their March meeting and will reconvene in April. There was agreement to meet every other month to allow time for the DHSP internal workgroups to convene and report back to the Caucus.
- At their April meeting, the Caucus have a presentation on vaccines for older adults.

7. Public Comments & Announcements

Shawn Griffin invited attendees to participate in the What We Think Project conducted by the Los Angeles County Department of Mental Health – LGBTQIA2-S USCC subcommittee. The purpose of the project is to gain more insight on the needs of Black gay men in LAC. Those who are interested can contact S. Griffin at (213) 642-5292 or shawngriffLA@gmail.com.

8. Adjournment

The meeting was adjourned by K. Donnelly.



**LOS ANGELES COUNTY COMMISSION ON HIV
AGING CAUCUS 2023 WORKPLAN (REVISION DATES: 1/3/23)**

Created 12.12.22; 12.19.22 ADOPTED 1/3/23

| Task Force Adoption Date: Co-Chairs: Kevin Donnelly & Paul Nash | | | | |
|--|---|---|------------------------|--|
| # | TASK/ACTIVITY | DESCRIPTION | TARGET COMPLETION DATE | STATUS/NOTES/OTHER COMMITTEES INVOLVED |
| 1 | Review and refine 2022 workplan, as needed | | Ongoing | |
| 2 | Ensure service standards are reflective of and address the needs of PLWH 50+ | Provide feedback on service standards | | <ul style="list-style-type: none"> Develop Transitional Case Management for older PLWH transitioning out of Ryan White into Medicare (completion date to be determined by SBP) Update Universal Standards of Care for training requirements and documentation addressing mental health and HIV and aging in general. |
| 3 | Use Aging Caucus 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 | |
| 4 | Continue to work with DHSP to implement recommendations and HIV care framework for PLWH 50+ | | Ongoing | Maintain ongoing communication with Dr. Green and W. Garland to assess what is realistic for DHSP to implement. |
| 5 | Participate in internal DHSP HIV and Aging workgroups and monitor progress in implementing identified 4 priorities. | <ol style="list-style-type: none"> Examine housing inventory to ensure that it provides safe and welcoming environments for seniors Add gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment | Ongoing | |



**LOS ANGELES COUNTY COMMISSION ON HIV
AGING CAUCUS 2023 WORKPLAN (REVISION DATES: 1/3/23)**

Created 12.12.22; 12.19.22 ADOPTED 1/3/23

| | | | | |
|---|---|--|---------|--|
| | | <p>3. Acknowledge and support nontraditional family relationships that nurture well-being and social connection</p> <p>4. Seek out mental health specialists who can treat both HIV and age-related conditions</p> | | |
| 6 | Monitor, learn and understand HIV and aging-specific evidence-based research activities to improve HIV/STD prevention and care programs for PLWH 50+ and long-term survivors (LTS). | | Ongoing | |
| 7 | Plan and implement a special panel/speaker for the September Commission meeting in commemoration of National HIV/AIDS and Aging Awareness Day | <p>Identify panel/presentation objectives</p> <p>Identify panelists/speakers</p> <p>Agendize for Sept. 14 Commission meeting or sometime in Sept.</p> | | <p>National HIV/AIDS and Aging Day is September 18</p> <p>Opportunity to advance Aging Caucus' recommendations, recruit more partners, and hold the County and agencies to be more accountable for addressing the needs of older adults living with HIV.</p> |

Excerpts from the Comprehensive HIV Plan 2022-2026 where the Aging Caucus and/or PLWH 50+ were mentioned:

Pillar II: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression

2C.5: Develop transitional case management service standards that help PLWH transition from RWP into Medi-Cal, Medicare and CalAIM, and develop case management service standards that can monitor if care and support services are meeting the needs of PLWH post-transition.

COH- Aging

| Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors⁴ | | | |
|--|--------------------------|----------------------------|------------------|
| Activity | Responsible Party | Performance Measure | Timeframe |
| 2H.1: Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services ⁴ | DHSP; COH Aging Caucus | Written findings | By 2023 |



**LOS ANGELES COUNTY COMMISSION ON HIV
AGING CAUCUS 2023 WORKPLAN (REVISION DATES: 1/3/23)**

Created 12.12.22; 12.19.22 ADOPTED 1/3/23

| | | | |
|--|--------------------------------------|---|-----------|
| 2H.2: Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs to decrease social isolation ⁴ | DHSP; research partners; providers | Identification of best practices and efforts to implement | 2022-2026 |
| 2H.3: Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination), using Commission on HIV's Aging Task Force recommendations as a guide | Providers; Clinics; COH Aging Caucus | Screening tools developed and utilized | By 2024 |
| 2H.4: Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support | Providers; Clinics; COH Aging Caucus | Screening tools developed and utilized | By 2024 |
| 2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments | COH – SBP Committee | Documented review | By 2023 |

⁴ Adapted from the NHAS, 2022-2025

| |
|---|
| Activity 2C.4: Leverage and monitor CalAIM to ensure their programs are appropriate and effective for PLWH |
| Activity 2C.5: Develop transitional case management programs that help PLWH transition from Ryan White Program into Medi-Cal, Medicare and CalAIM, and develop case management services that can monitor if care and support services are meeting the needs of PLWH post-transition. |
| Activity 2C.6: Expand the use of street medicine for unhoused PLWH and at-risk for HIV |
| Strategy 2D: Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH |
| Activity 2D.1: Assess how clients are currently learning about available RWP services. Identify existing and new resources to assist with promotion and educational outreach including, but not limited to, print materials and online resources |
| Strategy 2E: Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH |
| Activity 2E.1: Determine processes and program operations for housing assistance that are aligned with federal funding guidance and restrictions |
| Activity 2E.2: Identify potential housing partners positioned to serve PLWH and implement an expanded housing program. |
| Strategy 2F: Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH |
| Activity 2F.1: Develop processes and program operations for a pilot program that is acceptable to clients and is aligned with federal funding guidance and restrictions |
| Activity 2F.2: Identify potential clinical sites, train staff on pilot processes, and implement program |
| Activity 2F.3: Develop a robust evaluation plan to determine continued use of financial incentives and potential for expansion to other populations |
| Strategy 2G: RFP: EHE Priority Populations Interventions |
| Activity 2G.1: Develop and release RFP to fund 7-10 contracts for identified interventions |
| Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors⁵⁹ |
| Activity 2H.1: Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services ⁶⁴ |
| Activity 2H.2: Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs designed to decrease social isolation ⁵⁹ |
| Activity 2H.3: Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination), using LA County Commission on HIV's Aging Task Force recommendations as a guide |
| Activity 2H.4: Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support |

⁶⁴ Adapted from the NHAS, 2022-2025

| |
|--|
| Activity 2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments |
| Key Partners: RWP-supported HIV service providers, HIV medical providers outside of RWP network, FQHCs and Community Health Centers, HIV and STD Testing Providers, HOPWA, CA Dept. of Healthcare Services; LAC DHS Housing for Health program, LAC Homeless Services Authority (LAHSA), additional housing and homeless service providers, immigrant rights groups, public and private health plans, LAC DMH, LAC DHS, and City of Long Beach and City of Pasadena Health Departments. |
| Potential Funding Resources: HRSA EHE; HRSA CARES; HRSA RWP Part A; HRSA RWP Part B; HRSA RWP Minority AIDS Initiative; CDC Medical Monitoring Project; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers. |
| Outcomes: <ul style="list-style-type: none"> • Increased rapid linkage to HIV medical care • Increased early initiation of ART • Increased support to providers for linking, retaining, and re-engaging PLWH to care and treatment • Increased capacity to serve PLWH 50 and older and long-term survivors • Increased utilization of RWP core services among PLWH • Increase viral suppression among PLWH |
| Monitoring Data Source: HIV Casewatch, DHSP HIV Surveillance (eHARS), Medical Monitoring Project (MMP) |
| Expected Impact on HIV Care Continuum: Increase the percentage of PLWDH who are linked to HIV care within 90 days by 19% & and who are linked to HIV care within 7 days by 11%. Increase viral suppression rate by 34% (from 61% to 95%). |
| Alignment with NHAS Goals: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Prevent New HIV Infections <input checked="" type="checkbox"/> Improve HIV-Related Health Outcomes for PLWH <input checked="" type="checkbox"/> Reduce HIV-Related Disparities & Health Inequities <input type="checkbox"/> Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties |



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March 13, 2022

To: Michael Green, PhD, MHSA, Chief Planning, Development and Research, Division of HIV and STD Programs, Department of Public Health, County of Los Angeles

Jesus “Chuy” Orozco, HOPWA Program Manager, City of Los Angeles Housing Department

From: Kevin Donnelly and Dr. Paul Nash, Aging Caucus Co-Chairs

Re: Housing for Older Living with HIV

As reported at the March 9, 2023 Commission on HIV meeting, the Aging Caucus heard from two long-term survivors/older adults living with HIV who shared challenges they experienced with aging and accessing housing services. We are providing a summary of their testimonies to bring to your attention the barriers clients face when accessing housing services. While these testimonies focused on the experiences of two individuals, we believe they reflect larger system issues that prevent PLWH, especially older adults, from accessing critical support services such as housing, in a timely and efficient manner.

- Both speakers spoke about having to talk to multiple case managers with different information about housing eligibility and related services—they talked about not having a clear road map of what the housing application process entails and were not provided a specific timeline for securing the services they need or information about waiting lists associated with housing programs. One speaker spoke to five case managers, the other with two.
- At the time of their attendance at the February 7 Aging Caucus meeting, there was no plan in place for long-term housing while they were in interim housing. Consequently, they were likely to be in the streets again after a few weeks of being in temporary or emergency housing.
- These two individuals have been able to maintain stable housing for over 25 years but lost their housing due to rising rents and being evicted by developers/investors. They never thought they would be in this predicament (homeless, living on the streets) as older adults living with HIV.
- Driving long distances to see their medical provider could be a challenge depending on where they find housing (temporary and/or permanent).
- Cost of living and housing affordability are major issues affecting their survival.

- They spoke about not knowing whom to talk to or where to go for mental health and other services.
- Conducting research on available services on their own was overwhelming.
- Their stories underscore that the safety net does not have a way to catch older adults with HIV when they lose stable housing. They are often given the option to live in Skid Row which does not serve their needs or may exacerbate their health conditions.
- They would like to see educational workshops on services in all places where HIV and seniors programs are offered.
- The clients expressed that it is also difficult to get proper nutrition when they do not have access to a kitchen or refrigeration, which is often the case with temporary motel housing.
- One speaker was told there is a 3 month wait for an appointment to see a psychiatrist.

We remain committed to working with you on addressing the housing crisis for people living with HIV (PLWH) and its profound impact on older adults living with HIV.

cc: Bridget Gordon
Luckie Fuller



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AGING CAUCUS VOLUNTEERS

Division of HIV and STD Programs (DHSP) Workgroups - Alignment of Los Angeles County's Ryan White Program with the California Master Plan on Aging (Updated 2.8.23)

| # | Activity Description | Commission/Aging Caucus Volunteers |
|---|---|--|
| 1 | Examine housing inventory to ensure that it provides safe and welcoming environments for seniors | Arlene Frames frames.arlene1@yahoo.com Joseph Green joseph.green.ca@gmail.com |
| 2 | Add gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment | Paul Nash pnash@usc.edu Viviana Criado VCriado@ph.lacounty.gov |
| 3 | Acknowledge and support nontraditional family relationships that nurture well-being and social connection | Alasdair Burton alasdairburton@gmail.com |
| 4 | Seek out mental health specialists who can treat both HIV and age-related conditions | Kevin Donnelly kevinjdonnelly.lacchoh@gmail.com Joseph Green joseph.green.ca@gmail.com |

- A DHSP consultant is training DHSP staff and providing psychosocial and mental health services for women enrolled in the LRP program
- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH

16. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for 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, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.

DHSP Response:

- A DHSP workgroup will be developed to review this directive. A progress update will be provided to the Aging Caucus in January 2023.

17. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.

DHSP Response:

- DHSP is currently reviewing Homebased Case Management Services with the intent of developing a new RFP.

Ensuring the LA County Pandemic Response and Recovery Meets the Need of Immunocompromised Individuals and People with Disabilities

The latest surge has been especially alarming for people who are more susceptible to severe outcomes from COVID-19, including people who are immunocompromised and people with disabilities of all ages. People with disabilities and chronic illnesses have disproportionately higher rates of hospitalizations and death due to COVID-19. Community stakeholders from the disability community recently expressed extreme disappointment and frustration with the Centers for Disease Control and Prevention’s (CDC) “dismissal and devaluation of people with disabilities” throughout the pandemic. As a best practice in Los Angeles County (County), the Los Angeles County Department of Public Health (DPH) reviews new CDC guidance to check that adequate protections remain in place for higher risk populations. Even as cases are on a decline, the County must ensure that its public health resources and healthcare delivery systems meet the needs of the most vulnerable populations, including people with conditions that compromise their immune system and people with disabilities.

MOTION

| | |
|----------|-------|
| SOLIS | _____ |
| KUEHL | _____ |
| HAHN | _____ |
| BARGER | _____ |
| MITCHELL | _____ |

Early in the pandemic, the County's Commission on Disabilities, the Personal Assistance Services Council, and other disability community stakeholders advocated for more accessible vaccination sites with Access transportation lanes and mobile vaccination teams to assist homebound people of all ages. In response, the County's Workforce Development, Aging & Community Services (WDACS), Department of Public Social Services (DPSS), and DPH worked collectively to assist homebound people and people with disabilities. Examples of these collaborations include vaccine outreach to In-Home Supportive Services (IHSS) workers and their clients; outreach to disabled and older adults that required home vaccinations; Access Services transportation lanes at mega vaccine sites; and prioritization of Quarantine and Isolation housing referrals for people with disabilities or other risk factors. Also, DPH worked with the Los Angeles City Fire Department and other local jurisdictions to create an expansive network of in-home vaccination teams that assist homebound residents. Recently, DPH's in-home vaccination program lost some of its partnering agencies, which resulted in response time delays. Even as the economy reopens and partner agencies return to their regular activities, the County must continue to ensure that services and resources for higher-risk populations are prioritized and improved upon.

People who are immunocompromised often find themselves in a terrifying position of navigating everyday activities like going to a grocery store, as well as determining whether to delay essential, lifesaving, crucial care, or becoming infected with COVID-19. In addition, they often face economic barriers to access delivery services for foods, medicines, and other essentials. Additionally, for people with disabilities there are barriers

to access personal protective equipment, such as face masks with see-through window panels for people who are deaf and hearing impaired who rely on lip reading for communication. Furthermore, COVID-19 tests are not accessible to the people with low vision. The County must take steps to first acknowledge these barriers that people of different abilities face and then work with stakeholders, partners, and the disability community to develop, implement, and sustain a support network of resources for all persons with disabilities.

I, THEREFORE MOVE that the Board of Supervisors:

1. Instruct the Department of Public Health (DPH), the Department of Health Services (DHS) and Department of Public Social Services (DPSS), to consult regularly with the Commission on Disabilities, the Executive Director of Aging and Community Services and relevant community partners to ensure the County's pandemic response and recovery efforts are meeting the needs of people who are immunocompromised and people with disabilities;
2. Direct DPH to integrate strategies that assist people who are immunocompromised and people with disabilities, including access to rapid antigen, in-home vaccinations, appropriate personal protective equipment (e.g. face coverings with clear see-through windows), and COVID-19 educational materials in formats that accommodate people who are hard of hearing, deaf and low vision, and report back with a summary of actions in 120 days.
3. Direct DHS to improve access to Polymerase Chain Reaction (PCR) testing for people with disabilities, incorporate COVID-19 educational materials in formats that people who are hard of hearing, deaf and low vision into patient outreach

efforts, and report back with a summary of actions in 120 days.

I, FURTHER MOVE that the Board of Supervisors direct the Commission on Disabilities to work with the Executive Director of Aging and Community Services on ~~the feasibility of~~ creating a task force that would aim to review how the County's COVID-19 pandemic response and recovery can better meet the needs of individuals who are immunocompromised and people with disabilities. The Commission on Disabilities and the Executive Director of Aging and Community Services should include the appropriate County departments that would be involved in this task force, recommendations on the task force structure/organization, and the timeline in which a task force can convene and compile a report with recommendations. The first convening of the task force should occur within 180 days.

#

JH:kb/mk



THE WHITE HOUSE
WASHINGTON

HIV and Aging: Opportunities and Challenges for the United States

January 25, 2023

Harold J. Phillips, MRP

Director

White House Office of National AIDS Policy

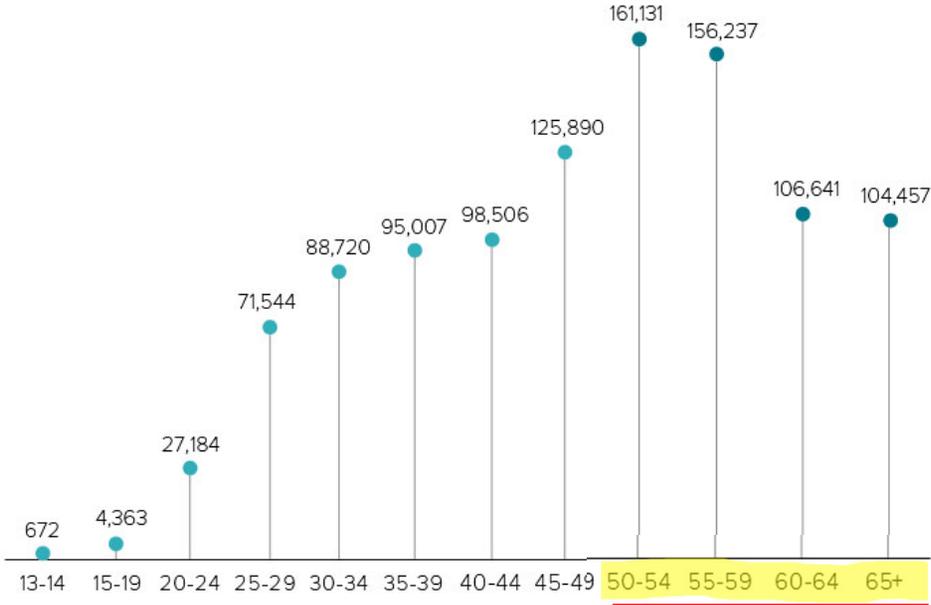


THE WHITE HOUSE
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HIV and Older Adults

Adults and Adolescents with Diagnosed HIV in the US and Dependent Areas by Age, 2018

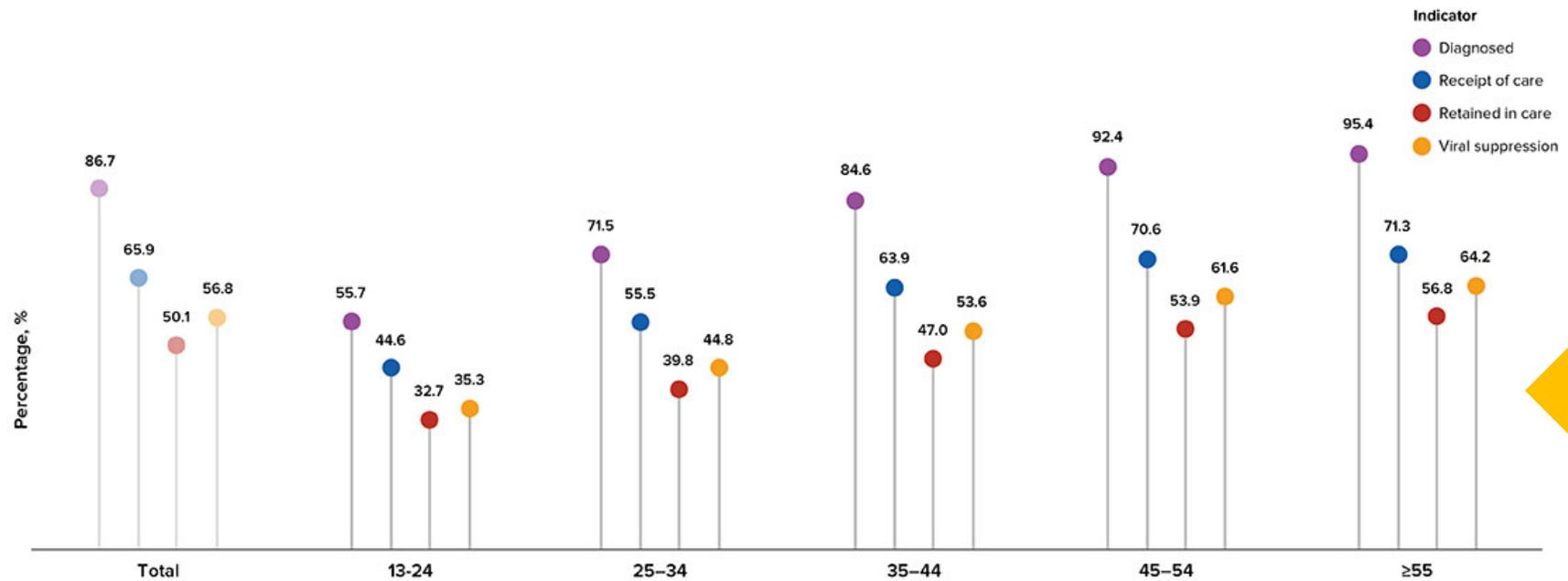
Over half of people with diagnosed HIV were aged 50 and older.



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.



Figure 17. Prevalence-based HIV Care Continuum for Persons Aged ≥13 Years Living with HIV Infection (Diagnosed or Undiagnosed) at Year-end 2019, by Age —United States



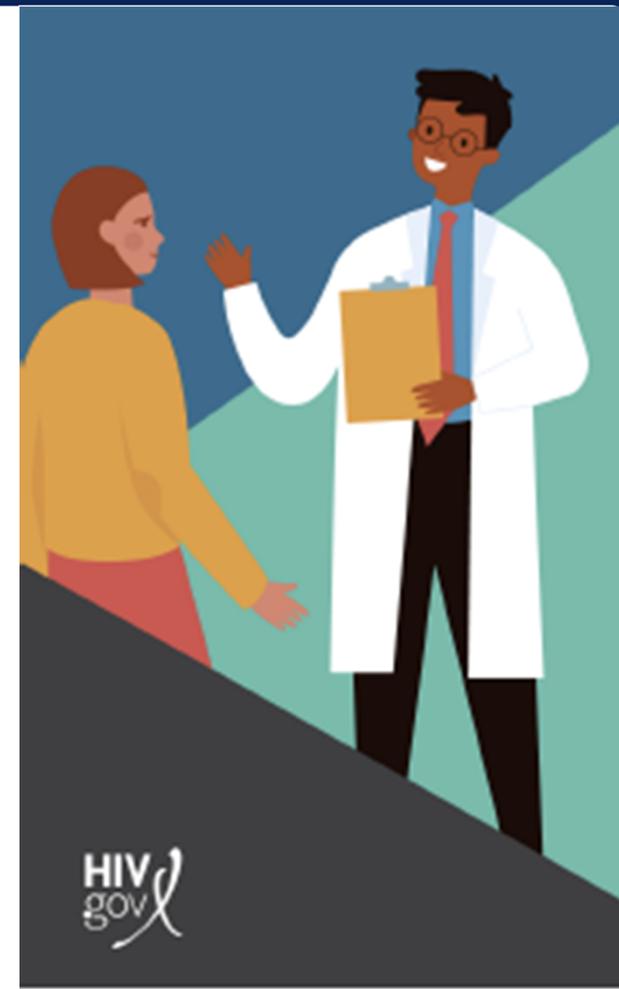
Note. See Guide to Acronyms and Initialisms, Data Tables, and Technical Notes for more information on Definitions and Data Specifications.

CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. *HIV Surveillance Supplemental Report* 2021;26(No.2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021.



Challenges & Concerns

- Although they visit their doctors more frequently, older people and their providers are less likely to discuss sexual or drug use behaviors.
- Estimated 18,800 people >50 years old with undiagnosed HIV
- Older people in the United States are more likely than younger people to have late-stage HIV infection at the time of diagnosis.
- Stigma
- Special challenges for preventing other diseases





THE WHITE HOUSE
WASHINGTON

Implementing the National HIV/AIDS Strategy: HIV and Aging

NHAS QoL Indicator Listening Session

National HIV/AIDS Strategy (2022-2025)

Reflects President Biden's commitment to re-energize and strengthen a whole-of-society response to the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality.



Elements of the National HIV/AIDS Strategy

- 1 vision
- 4 goals
 - 21 objectives
 - 78 strategies
- 8 priority populations
- Indicators of progress
 - 9 core indicators
 - 8 disparity indicators
 - **1 developmental indicator**

NATIONAL **HIV/AIDS** STRATEGY

★ ★ ★ ★ ★

for the **United States**
2022–2025



Goal 2: Improve Health Outcomes for People with HIV

Objective 2.5
Expand Capacity to provide whole-person care to older adults with HIV and long-term survivors

1. Identify, implement and evaluate models of care that address aging-related issues
2. Identify and implement best practices to address behavioral health and psycho-social needs
3. Increase capabilities of providers of social services used by older adults such as senior services, housing services, and disability services to support older people with HIV
4. Promote research into aging-related conditions in people with HIV of all ages
5. Encourage multi-agency, multi-sector collaborations to support the ability to age with HIV





THE WHITE HOUSE
WASHINGTON

NHAS Federal Implementation Plan

Overview

- Details actions to be taken by **10 federal departments** to implement the NHAS between 2022-2025
 - Department of Agriculture
 - Department of Defense
 - Department of Education
 - Department of Health and Human Services
 - Department of Housing and Urban Development
 - Department of the Interior
 - Department of Justice
 - Department of Labor
 - Department of Veterans Affairs
 - Equal Employment Opportunity Commission
- **>380 action items** span programs, policies, research, and other activities
- Many involve multiple agencies



Federal Implementation Plan
for the United States | 2022-2025



NHAS Federal Implementation Plan – Agency Action Items to Implement Strategies

The NHAS details 21 objectives and 78 strategies for federal and nonfederal stakeholders to implement to achieve the Strategy's goals.

| National HIV/AIDS Strategy | Federal Implementation Plan |
|---|---|
| <p>Goals: Broad aspirations that enable a plan's vision to be realized</p> <p>Objectives: Changes, outcomes, and impact a plan is trying to achieve</p> <p>Strategies: Choices about how best to accomplish objectives</p> | <p>Action Steps: Specific activities that will be performed to implement the strategies and achieve the goals of the plan</p> <p>Progress Reports: Reports on progress, successes, and challenges</p> |

NHAS Federal Implementation Plan will detail the action steps that Federal Departments and agencies will take to implement the strategies and achieve the goals of the NHAS.



Actions for the NHAS Objective 2.5

Expand
Capacity to
provide whole-
person care to
older adults
with HIV and
long-term
survivors

- Approximately 20 federal actions dedicated to expanding capacity to care for older adults with HIV
- Actions have been proposed by HUD, ACL, VA, HRSA, DOD, NIH, and other agencies.





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New Quality of Life Indicators

NEW QUALITY OF LIFE
INDICATORS

Quality of Life Indicator Development

- NHAS committed to developing new indicator on quality of life among people with HIV

“Quality of life for people with HIV was designated as the subject for a developmental indicator, meaning that data sources, measures, and targets will be identified and progress monitored thereafter.”
- ONAP tasked workgroup of federal subject matter experts to listen to community input and identify options for possible measures, data sources, and targets
- Ultimately adopted 5 new indicators, rather than just a single one, to better assess the multiple dimensions of quality of life for people with HIV
- All indicators apply to people aging with HIV



NEW QUALITY OF LIFE
INDICATORS

5 New Quality of Life Indicators

Indicator 9: Increase the proportion of people with diagnosed HIV who report **good or better health** to 95% from a 2018 baseline of 71.5%.

Indicator 10: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a **mental health** professional from a 2017 baseline of 24.2%.

Indicator 11: Decrease by 50% the proportion of people with diagnosed HIV who report ever **being hungry** and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.

Indicator 12: Decrease by 50% the proportion of people with diagnosed HIV who report being **out of work** from a 2017 baseline of 14.9%.

Indicator 13: Decrease by 50% the proportion of people with diagnosed HIV who report being **unstably housed or homeless** from a 2018 baseline of 21.0%.





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Federal Activities on HIV and Aging

RWHAP HIV and Aging Initiative

- *Initiative* will strengthen the evidence base for clinical and psychosocial services that improve the lives and health outcomes of people with HIV who are aging.
- \$4,500,000 per year for three years from August 1, 2022, through July 31, 2025 years)
- Initiative has three components:
 - Capacity-building provider – one recipient
 - Demonstration sites – 10 recipients
 - Evaluation provider – one recipient

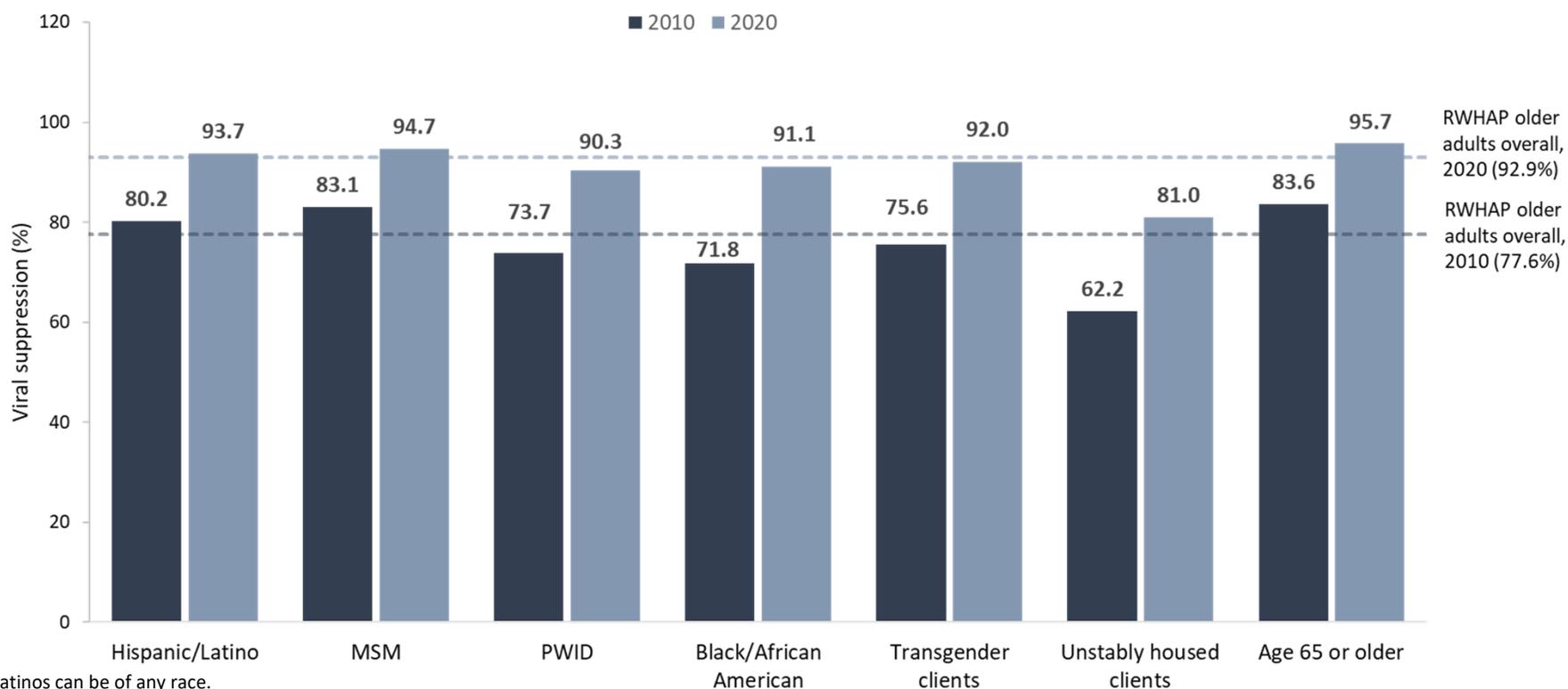
Each demonstration site will involve people aging with HIV in the implementation, refinement, evaluation, and dissemination of the emerging strategies.

Initiative Activities:

- Implement emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV;
- Evaluate the impact of the emerging strategies; and
- Document and disseminate the emerging strategies.

Applications were due January 25, 2022!

Older Adults Aged 50 Years and Older - Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2020—United States and 3 Territories^a



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2020; Does not include AIDS Drug Assistance Program data

Technical Expert Panel

Considerations for Providing HIV Medical, Psychosocial, and Support Services to People Aging with HIV

- Diversity among people aging with HIV
 - Age-related differences (50s vs. 60s vs. 70s)
 - Long-term survivors
 - Newly diagnosed
- Isolation, Loneliness, and Lack of a Social Support Network
- Workforce
- Geriatric Multidisciplinary Approach to Health Care

[Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care](#)

[Optimizing HIV Care for People Aging with HIV: Putting Together the Best Health Care Team](#)



Addressing the Health Care and Social Support Needs of People Aging with HIV

Technical Expert Panel Executive Summary

This Technical Expert Panel (TEP) Executive Summary includes the following sections:

- Considerations for providing HIV medical, psychosocial, and support services to people aging with HIV;
- Opportunities for improving health care services and social support for people aging with HIV;
- How RWHP recipients can improve services for people aging with HIV; and
- Workforce issues.

The Ryan White HIV/AIDS Program: Serving People Aging with HIV

- In 2019, almost half (46.8 percent) of RWHP clients were aged 50 and older, the majority of these clients were aged 50–59 years, 28.5 percent of all RWHP clients. Nearly 10.0 percent of RWHP clients were aged 60–64, and 8.5 percent were aged 65 and older.
- The majority of older RWHP clients are male, approximately 71.0 percent of clients aged 50 years and older.
- Almost 70.0 percent of these clients are from racial and ethnic minority populations, the vast majority being Black/African American.

Considerations for Providing HIV Medical, Psychosocial, and Support Services to People Aging with HIV

Panelists identified issues that relate to aging in general, aging issues specific to people with HIV, and the provision of services to people aging with HIV.

HIV-Related and Age-Related Stigma. Almost 40 years into the HIV/AIDS epidemic, HIV-related stigma is still a barrier to care for people with HIV. Stigma toward people who are older, also known as ageism, on the part of the general public and service providers can influence a person's willingness to access and remain in care. Negative preconceptions exist about older adults in terms of their ability to carry out the activities of daily life and their ability to make decisions related to their care and life.

Perceptions and Realities About Aging. Panelists discussed that to effectively serve older individuals, whether they are HIV positive or not, clinicians must first understand each individual's attitude toward aging. Some people, no matter their age, resist accessing services for older patients. Their perception is that they do not feel old and do not want to be viewed as old. Clinicians and other service providers need to take into consideration patients' attitudes toward aging, as well as their physical and mental health and social support needs, and not base assessments strictly on age.

Increasing Demands for Care as the United States' Population Ages. Panelists emphasized that the United States lacks the capacity to meet the health and social service needs of an aging population. Most significantly, there is a shortage of geriatricians. Primary care physicians lack the skills and time to address the needs of aging patients and do not routinely conduct the necessary screenings for this population. Panelists discussed that although some RWHP clients do see a geriatrician, HIV and geriatric care may not be well coordinated. Also, people aging with HIV need access to additional specialists (e.g., cardiologists, endocrinologists, rheumatologists).



The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), which oversees the Ryan White HIV/AIDS Program (RWHP), convened a Technical Expert Panel in November 2020. It explored the health care and social support needs of RWHP's aging population, with a focus on the barriers to and strategies for providing services. Twenty panelists representing people with lived experience, federal partners, state and local health departments, health care providers, researchers, and peer support organizations took part in the discussions.



Veterans Affairs

Serving Large Number of Veterans, Research Informing All

- Largest single system provider of HIV care in the country
- High viral suppression rates among veterans with HIV in care
- Veterans Aging Cohort Study (VACS)
 - Started in 1997
 - >40,000 HIV+ veterans in observational cohort
 - Objective: to understand the role of comorbid medical and psychiatric disease in determining clinical outcomes in HIV infection



New Guidance for State Aging Plans

- Older adults in greatest social need includes LGBTQ+
 - AoA supports technical assistance via [National Resource Center on LGBT Aging](#)
- Include plans and measures the state will use to demonstrate its progress towards serving older adults living with HIV/AIDS

[https://acl.gov/sites/default/files/about-acl/2021-08/State%20Plan%20Guidance Plans%20Due%20Oct%202022%20-%20ACL%20SUA%20Directors%20Letter%20%2301-2021.pdf](https://acl.gov/sites/default/files/about-acl/2021-08/State%20Plan%20Guidance%20Plans%20Due%20Oct%202022%20-%20ACL%20SUA%20Directors%20Letter%20%2301-2021.pdf)



*Improving the Lives of Older Adults and People with Disabilities
Through Services, Research, and Education*

State Unit on Aging Directors Letter #01-2021

TO: State Unit on Aging Directors

FROM: Alison Barkoff
Acting Assistant Secretary for Aging

DATE: August 5, 2021

SUBJECT: Guidance for Developing State Plans on Aging



U.S. Department of Health and Human Services
Informational Webinar
HIV and Aging Challenges: Urban and Rural for \$500,000 each

HIV and Aging Challenge:



Innovations for Needs of People Aging with HIV/ Long-term Survivors in Urban Communities

Apply now!

\$500,000 Rural HIV and Aging Challenge



Apply now!

12/01/2022



OASH

Office of the Assistant Secretary for Health

OASH

Office of Infectious Disease and HIV/AIDS Policy



Overview of HHS Challenges

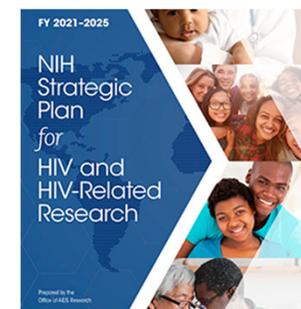
- Not a **“one-size fits all”** approach
- OIDP and ACL **strategically designed two** national challenges to be separate and distinct. (**\$500,000 each**)
- Supported by the **Minority HIV/AIDS Fund**, each challenge seeks innovative efforts that help **improve health outcomes** for people aging with HIV and/or long-term survivors, with a focus on **racial/ethnic minorities & LGBTQ+ populations**, in either rural or urban communities.

ONE SIZE
DOESN'T FIT ALL

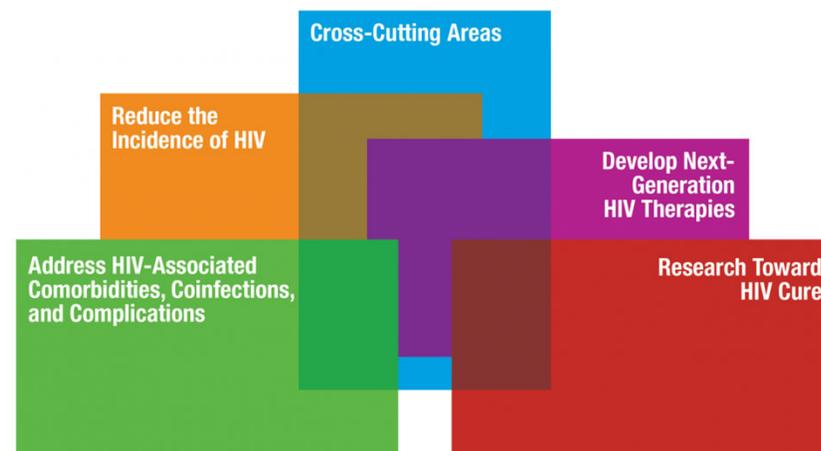


NIH

NIH's Strategic Plan for HIV Research



- Reduce incidence of HIV
- Develop next-generation HIV treatments
- Conduct research toward an HIV cure
- Address HIV-associated comorbidities, coinfections, and complications
- Cross-cutting areas



NIH-Funded CFARs' Role in EHE and NHAS

- Provides a part of research base for EHE, which is an aligned component of NHAS
- Addresses research gaps and opportunities
 - Emphasis on implementation science and social determinants of health
- Promotes research among populations of interest, such as people aging with HIV
- Implementation of research findings necessary to end the epidemic





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Call to Action for CFARs

Call to Action

The NHAS is a call to action for stakeholders from ALL sectors of society to engage in a more coordinated, re-energized national response to HIV.

The National HIV/AIDS Strategy and the NHAS Federal Implementation Plan can provide inspiration to all stakeholders, supporting their own efforts to identify and implement complementary actions that accelerate our efforts to end the HIV epidemic in the United States.

Now is the time for partners at CFARs to think about ways we can move evidence-based approaches into practice faster.



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