LOS ANGELES COUNTY
COMMISSION ON HIV

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Aging Caucus Virtual Meeting

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Tuesday, December 6, 2022
1:00PM-2:30PM (PST)

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

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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, December 6, 2022
1:00 PM – 2:30 PM
TO JOIN BY WEBEX, CLICK:

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

2. Co-Chairs' Report 1:10pm-1:30pm
   a. Caucus Co-Chair Elections
   b. Discussion: Finalize Recommendations to the Planning, Priorities and Allocations Committee
   c. Workplan Review and Planning for 2023
   d. 2023 Virtual and In-Person Meeting Schedule

3. DISCUSSION: Review, finalize, and approve addendum to recommendations to include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally 1:30pm-1:45pm

4. Report Back: Addressing the Mental Health Needs of Older Adults Webinar 1:45pm-1:55pm

5. Division of HIV and STD Programs (DHSP) Report 1:55pm-2:10pm

6. Executive Director/Staff Report 2:10pm-2:15pm
   a. Holiday Meeting Schedule
      i. Dec. 6: Standards and Best Practices Committee and Aging Caucus
      ii. Dec. 7: Operations and Executive Committees
      iii. Dec. 8: Commission and Consumer Caucus
      iv. Dec. 13: Virtual Study Hour
      v. Dec. 15: Black Caucus (TBD)
      vi. Dec. 19: Women's Caucus - CANCELLED
      vii. Dec. 20: Planning, Priorities and Allocations Committee - - CANCELLED
      viii. Dec. 27: Transgender Caucus - CANCELLED
   b. Comprehensive HIV Plan (CHP) 2022-2026 Updates

7. Next Steps and Agenda Development for Next Meeting 2:15pm-2:20pm
   a. January 3, 2023 Meeting: Los Angeles Alliance for Community Health and Aging Updates and New Direction Survey

8. Public Comments & Announcements 2:20pm-2:30pm

9. Adjournment 2:30pm

LOS ANGELES COUNTY
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AGING CAUCUS
November 1, 2022
Virtual Meeting Summary

In attendance:

Alasdair Burton	Kevin Donnelly	Michael Green (DHSP)
Lee Kochems	Michael McFadden	Katja Neslon
Pamela Ogata (DHSP)	Brian Risley	Vickie Xu
Cheryl Barrit (COH Staff)	Catherine Lapointe (COH Staff)	Lizette Martinez (COH Staff)
Jose Rangel-Garibay (COH Staff)	Sonja Wright (COH Staff)	

CHP: Comprehensive HIV Plan
COH: Commission on HIV
DHSP: Division of HIV and STD Programs
DPH: Department of Public Health

Meeting packet is available at https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/64419bb7-cbcc-43f6-9478-1c945a216694/Pkt-AgingCauc_11.1.22-Final.pdf

1. **Welcome & Introductions**
   Cheryl Barrit, Executive Director, called the meeting to order, welcomed attendees, and led introductions. Aging Caucus Co-Chairs, Joseph Green and Alvaro Ballesteros were not in attendance and Commissioner Kevin Donnelly agreed to run the meeting.

2. **Co-Chairs' Report**
   a. **Caucus Co-Chair Nominations**
      - Kevin Donnelly announced that co-chair nominations for Aging Caucus are now open. He nominated current co-chairs Al Ballesteros and Joe Green to continue their positions for 2023. Both co-chairs were not present at the meeting, but will be notified of their nomination by COH staff.
      - C. Barrit reminded the group that the nomination period is open until the December Aging Caucus meeting at which time the Caucus will conduct elections.

   b. **Recommendations to the Planning, Priorities and Allocations Committee**
      - C. Barrit informed the Caucus that the Planning, Priorities and Allocations (PP&A) Committee is looking for ways to maximize funds from the Ryan White Program (RWP) Part A. A. Ballesteros instructed C. Barrit to develop a memo that the

Caucus should consider sending to the PP&A Committee for recommendations on how to maximize Part A grant funds with an eye towards addressing the needs of the aging HIV population.

- C. Barrit provided an overview of the draft memo titled, "Augmentation of Existing Ryan White Services to Meet the Needs of Older Adults with HIV." See meeting packet for details. The two primary recommendations from the Aging Caucus are to augment existing contracts to fund nutritional visits for older adults with HIV under the ambulatory/outpatient and Medical Care Coordination (MCC) programs and a gerontologist to review medical records and assess needs for mental health, polypharmacy, social support, mobility, cognitive functioning, and other markers of overall health and quality of life. She asked Caucus members to come up with additional recommendations.
- Brian Risley commented that MCC teams can assist gerontologists with assessments, even if they are not gerontologists. Assessments can be done by non-gerontologists with proper training and guidance.
- Alasdair Burton inquired if any consideration has been given for remedial physical therapy/exercise for older adults with limited mobility. B. Risley responded that the HIV-Elders (HIVE) Program incorporates core body strength, hikes, and speed walking to reduce frailty in older adults.

3. PRESENTATION: HIV-Elders (HIVE) Program and Evaluation Updates
Brian Risley, Program Manager, APLA Health

- B. Risley, HIVE Program Manager, APLA Health, provided a presentation on the program. See meeting packet for full slides. Key points were as follows:
  - The program began in 2018 in response to the findings from APLA's Healthy Living Project that sought to formally identify the needs of various sub-populations of aging people living with HIV (PLWH) in Los Angeles County (LAC).
  - The community-based research revealed that older adults living with HIV in LAC are primarily concerned about housing stability, financial insecurity, and their mental health as they struggle to cope with high levels of depression, anxiety, and loneliness.
  - The purpose of HIVE is to improve health outcomes of HIV-positive men who have sex with men (MSM) who are 50 years of age and older in LAC.
  - The median age of program participants is 59 years old. Latinx MSM comprised the highest percentage (30%) of program participants.
  - HIVE provides monthly life skills workshops facilitated by subject-matter experts.
  - HIVE provides weekly shared interest groups (SIG) to reduce social isolation in older adults. The SIG sessions are provided in English and Spanish.
  - The program provides mindfulness-based stress reduction (MBSR) to increase awareness and acceptance of moment-to-moment experiences.

- HIVE holds weekly emotional support groups.
- Questions and comments from the group were as follows:
  - Pamela Ogata, DHSP, asked if there is a difference in service needs between participants between the ages 50-64 and those who are age 65 and older. B. Risley responded that there are differences in health needs. HIVE provides more referrals for senior services for participants aged 65 and older. He also noted that polypharmacy (the simultaneous use of multiple drugs to treat a single ailment or condition) is a prominent issue in the 65 and older group.
  - P. Ogata inquired about what is lacking from the Medicare program. B. Risley noted that most participants receive Medicare, and Fr the most part, they are getting their needs met.
  - K. Donnelly asked why some participants reported poor reviews of the HIVE program. B. Risley responded that one individual was dissatisfied with the program. This individual is no longer involved in HIVE.

4. **DISCUSSION: Review, finalize, and approve the addendum to recommendations to include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally**
   - K. Donnelly provided an overview of the Addendum to Aging Caucus Recommendations for Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50. See meeting packet for details. C. Barrit had sent the Addendum to subject-matter experts for feedback; however, she did not receive a response.
   - K. Donnelly suggested adding a statement that the recommendations can be applied to PLWH aged 50 and older. B. Risley concurred.
   - The group decided to hold off on moving forward with the document because the Caucus co-chairs were not present at the meeting. The Caucus will discuss this topic again at their December meeting.

5. **Division of HIV and STD Programs (DHSP) Report** – *No report provided*

6. **Executive Director/Staff Report**
   a. **Annual Meeting Reminder (Nov. 10)**
      - C. Barrit reminded the group to register for the 2022 COH Annual Meeting on Thursday, November 10, 2022. See meeting packet for registration details.
      - The full meeting agenda will be sent out by Thursday, November 3, 2022.
      - Spanish interpretation will be available through the AblioAudience application. C. Barrit encouraged attendees to invite Spanish speakers who may be interested in attending the meeting.

b. Comprehensive HIV Plan (CHP) 2022-2026 Updates

- C. Barrit announced that the public comment period for the second draft of the CHP will be open from November 1-21, 2022.
- AJ King, CHP Consultant, will provide an update and highlight key components of the CHP at the Annual Meeting.

7. Next Steps and Agenda Development for Next Meeting

- C. Barrit will send out the original set of recommendations from the Aging Caucus, matrix, and addendum for another round of review.
- C. Barrit will inform J. Green and A. Ballesteros that they were nominated for the 2023 co-chair positions.
- At their December meeting, the Aging Caucus will continue their discussion on the Addendum.
- B. Risley suggested reaching out to Laura Trejo, Executive Director, Aging and Community Services for the LAC Department of Workforce Development, Aging, and Community Services (WDACS) to present at a future Aging Caucus meeting.

8. Public Comments & Announcements

- K. Donnelly announced that the Women's Treatment Summit will be held on November 30, 2022, from 8:30 AM to 2:00 PM at the California Endowment Center.
- B. Risley announced that APLA will have its quarterly statewide webinar on November 16, 2022, from 12:00 to 2:00 PM. The webinar will be on HIV, Aging, and Mental Health. B. Risley will share the flyer with COH staff.
- Michael McFadden announced that on Wednesday, November 9th from 1:00 – 3:30 PM, the LA LGBT Center will be hosting an educational panel for older adults living with HIV in partnership with APLA, Bienestar, and the Latino Commission on AIDS. The panel will be completely in Spanish. Lunch will be provided.
- M. McFadden announced that on World AIDS Day (December 1st), the LA LGBT Center will be hosting an event in collaboration with an organization called Visual AIDS to present "A Day Without ART" – a collection of short films followed by a panel discussion.

9. Adjournment

The meeting was adjourned by K. Donnelly.

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DRAFT/FOR DISCUSSION PURPOSES ONLY

{DATE}

To: Planning, Priorities and Allocations Committee
From: Aging Caucus Co-Chairs
Re: Augmentation of Existing Ryan White Services to Meet the Needs of Older Adults with HIV

The Ryan White Program Year 31 Care Utilization Data Summary Report provided by the Division of HIV and STD Programs (DHSP) to the Planning, Priorities and Allocations (PP&A) Committee on September 27, 2022, showed that from Year 27 to Year 31, the proportion of Ryan White Program (RWP) clients aged 60 years and older has continued to increase, from 13.2% in Program Year (PY) 27 to 17.6% in PY 31. Furthermore, DHSP estimates that by 2027 (PY 37) more than 50% of the RWP will be aged 50 years and older. By PY 40, the Los Angeles County Ryan White HIV care system will have more than 53% of people aged 50 and older.

The Aging Caucus believes that the time to act is now and that there are actions the County may take within its existing administrative framework to augment services. We recommend that the PP&A Committee collaborate with DHSP to 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.

We recommend augmentation of existing contracts to fund:

- nutritional visits for older adults with HIV under the ambulatory/outpatient and Medical Care Coordination (MCC)programs
- a gerontologist to review medical records and assess needs for mental health, polypharmacy, social support, mobility, cognitive functioning, and other markers of overall health and quality of life
- additional HIV and aging assessments and provide training for non-gerontologist MCC staff to conduct assessments
- remedial therapy or exercise to mitigate frailty, promote physical activity, and enhance social support networks

LOS ANGELES COUNTY COMMISSION ON HIV

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AGING TASK FORCE 2022 WORKPLAN (REVISIONS 12.15.21; 1.10.22; 2.1.22; 3.28.22)

Task Force Name: Aging Task Force			**Co-Chairs: Al Ballesteros and Joe Green**	
Task Force Adoption Date: 2/1/22				
#	**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.
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.
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.	2/24/22	ATF discussed (Dec 2021) meeting to transition into a caucus. Presented accomplishments and recommendations to become a Caucus at 2/24/22 Executive Committee (EC) meeting. ATF wants to have joint meeting with EC to clarify focus of Caucus to 50+.
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 - ATF reviewed on 3/1/22 -Home-based case management	SBP 2022 standards workplan and target completion dates are: benefits specialty services (BSS) (early 2022) Home-based case management (HBCM) TBD--SBP prioritized HBCM for 2022 based 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

			(HBCM) late 2022 -Oral health dental implants June 2022 TCM	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	Carried over from 2021 workplan. Co-Chair, Al Ballesteros, asked COH staff to determine what is feasible to implement from

			Workplan revised to include standards review and SBP collaboration.	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
	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 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.	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 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.	Ongoing STARTED & ONGOING	Carried over from 2021 workplan. Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. 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

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

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COMMISSION ON HIV

ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force) RECOMMENDATIONS

Addressing the Needs of Individuals who Acquired HIV Perinatally and Long-term Survivors under 50

Final for Aging Caucus Approval on ~~11.1.22 ;~~ Deferred to Dec. 6

Background and Purpose: The Aging Task Force was formed in 2019 to address HIV and aging and completed a set of recommendations to enhance data collection, research, improve service delivery for HIV/STD prevention and care for older adults living with HIV, and increase community awareness and support for the unique and complex needs of PLWH over 50 years of age. In addition, the Aging Task Force developed the HIV and care framework to articulate key health screenings that would aid in providing comprehensive care for PLWH over 50.

In keeping with the Aging Caucus' commitment to treating the recommendations as a *living document*, the group has developed this addendum to recognize that the spectrum of disease and onset of health issues can occur at different ages, and to be inclusive of long-term survivors (LTS) under 50 years old and those who acquired HIV perinatally (may also be referred to as vertical transmission). These recommendations were derived from speaker presentations, scientific articles, and feedback from Commissioners and the community at large. Furthermore, the Aging Caucus recognizes that the themes of the original set of recommendations (ongoing research and assessment, workforce and community education and awareness, and expansion of HIV/STD prevention and care services) also apply to achieving optimal health for PLWH under 50 who are experiencing accelerated aging.

Cross-cutting recommendations

- Conduct targeted studies and data collection on how accelerated aging affects long-term survivors under 50 years of age
- Expand benefits counseling (from all program types, not just Ryan White funded) to include long-term planning and how to transition into Medicare
- Expand counseling services to include self-advocacy for care and treatment options
- Assessments for older PLWH may need to be discussed with the medical provider earlier in age/lifespan
- Consider using biomarker testing for long-term survivors under 50 to determine the rate and impact of accelerated aging.
- Work with providers to look for opportunities to address health inequities early in the lifespan.

Research and treatment for youth and individuals under 50 who identify as LTS

- Utilize multimodal and combination strategies and approaches to whole-person care and treatment
- Assess individual response to anti-retroviral treatment (ART) and monitor appropriate adjustment and modification in dosing and frequency.
- Assess and monitor ART resistance and make customized adjustments that address the individual needs of the patient.
- Use different delivery modes and strategies such as telehealth, dedicated teen clinics, women's clinics, technology, age-specific and intergenerational support groups, music, art, and multi-media communications.
- Support research on monoclonal antibody drug treatment for long-term survivors under 50
- Administer/offer vaccines for vaccine-preventable diseases as a part of comprehensive care across the lifespan
- Support research on the impact of latency-reversing agents for LTS and PLWH who acquired HIV perinatally. One of the main obstacles to curing HIV infection is that the virus can remain hidden and inactive (latent) inside certain cells of the immune system (such as CD4 cells) for months or even years. While HIV is in this latent state, the immune system cannot recognize the virus, and antiretroviral therapy (ART) has no effect on it. Latency-reversing agents reactivate latent HIV within CD4 cells, allowing ART and the body's immune system to attack the virus. Currently, latency-reversing agents are still under investigation and have not been approved by the Food and Drug Administration (FDA).
- Collaborate with LTS in identifying strategies for improved engagement and retention in care.
- Integrate behavioral and community interventions with clinical care
- Optimize care models by offering a diverse menu of wellness and preventive care services
- Support alternative venues for care delivery
- Expand the use of technology to deliver personalized care
- Research and clinical practice should examine the dynamic nature of epigenetic age, through examinations of differences in viral load over time, or how interventions leading to improved adherence impact epigenetic age[1].

Screening, Education and Counseling

- It is important to screen for and address comorbidities with prevention and early treatment.
- Take good health and wellness history and assess risk factors for:
    - Hypertension and cardiovascular disease
    - Diabetes
    - Mental health

[1] Epigenetic age is a biomarker of aging previously reported to be associated with age-related disease and all-cause mortality. Horvath S. DNA methylation age of human tissues and cell types. *Genome Biol*. 2013;14(10):R115-R115. doi:10.1186/gb-2013-14-10-r115

  - Sexually Transmitted Infections (STIs)
  - Physical activity
  - Obesity
  - Tobacco
  - Substance use
  - Sexual health
  - Daily and general life activities
  - Diet
  - Helmets
  - Firearms and exposure to violence and injury
- Include a detailed family history and family and social support systems in patient assessments and treatment plans
- Include physical examination in clinical visits
- Provide education for patients and staff in understanding the needs of LTS under 50. Providers must be aware of their unique milieu and potential comorbidities to optimize care and outcomes
- Offer counseling and health education on:
  - Nutrition
  - Exercise
  - Smoking (cigarettes, vaping, cigarillos, e-cigarettes)
  - Substance and alcohol use
  - Sex
  - Weight loss
  - Lifestyle modification
  - STI counseling, screening and treatment
  - Family planning
  - Immunizations
- Link LTS to services and support groups to reduce isolation and link LTS with other PLWH to build community and a sense of belonging and empowerment.

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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.

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.

Alignment of Los Angeles County's Ryan White Program with the California Master Plan on Aging

Notes Contain Ranking Received from Aging Caucus/Revised 9.13.22 with top 3 chosen by attendees at Sept. 6 meeting. Objectives with more than 3 or more "1" rankings highlighted in green font.

BACKGROUND: Currently more than 52% of people living with diagnosed HIV (PLWDH) in Los Angeles County are 50 years of age or older, and by 2030 more than 70% of PLWDH will be over the age of 49. As people age, they typically have more co-morbidities, take more medications, and are more vulnerable to side effects complicating the management of their HIV disease. PLWDH who are 50 years or older (50+) experience accelerated CD4 loss, decreased immune recovery, and are at an increased risk of acquiring serious non-AIDS illnesses. Long term health complications from HIV include poor mental health and bone, kidney, cardiovascular, and liver diseases.

This workplan aims to anticipate and address the physical, mental, social, and economic needs of PLWDH 50+ for good quality of life.

KEY SOURCE DOCUMENTS:
CA Master Plan on Aging document https://mpa.aging.ca.gov/

Goal One: Housing for All Stages and Ages

#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes (Numbers denote ranking suggestions from Aging Caucus)
1	Increase coordination among housing agencies to include intergenerational housing options	Identify if/how housing for HIV positive seniors is prioritized	RWP housing providers, HOPWA, CoC			**3, 2, 2, 2**
2	Examine housing inventory to ensure that it provides safe and welcoming environments for seniors	Investigate if there is a list of housing regulations specifically for seniors				**1, 1, 1, 1, 1, 1, 1**
3	Blend funding to support housing and rental assistance for seniors living with HIV	Identify all available housing assistance for seniors in LAC, note eligibility				**5, 2, 3, 3, 2**

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#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes (Numbers denote ranking suggestions from Aging Caucus)
		criteria, and assistance amount $				
4	Identify services that can assist seniors in transitioning from different levels of residential support (i.e. independent living to assisted living) based on physical and cognitive needs	Research services provided by other LAC programs and cities				**2, 3, 3, 3**
5	Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff	Research what training PAETC and other TA providers offer				**4, 2**
6	Foster mentorships between seniors and youth to improve understanding across generations of the HIV pandemic, its effects, and how seniors can be supported and honored within the community					**6, 1**

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Goal Two: Health Reimagined

#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes
1	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	Research what training PAETC and other TA providers offer.				**1, 1, 2, 1**
2	Add Quality of Life (QOL) metrics to data collection variables to identify areas where changes in services and service access can lead to improved QOL among all people living with HIV	Identify validated QOL measures and discuss with Standards and Best Practices Committee				**3, 3, 1, 1**
3	Standardize age categories to identify priority populations for specialized services	Research age categories used in gerontology studies				**8, 3**
4	Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination)	Compile list of diagnostic screenings and associated costs. Determine frequency of screenings and referral plan.				**2, 2, 1, 2**
5	Revise HIV Home Health and Support services to blend with existing services	1. Identify existing services (State OA,				**4, 2, 3**

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#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes
	for PLWH over age X	Cal-AIM expansion) 2. Convene internal DHSP HBCM workgroup				
6	Expand access to services that can prevent or slow age-related physical and mental declines					**6, 2, 1**
7	Develop and maintain robust resource directories and train PLWH to access and use them	Identify existing resource directories				**7, 4, 2**
8	Develop case management services that can monitor if care and support services are meeting the needs of seniors post-transition to Medi-Cal/Medicare	Standards and Best Practices will develop draft of service standards				**5, 3, 3**

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Objectives with more than 3 or more "1" rankings highlighted in green font.

Goal Three: Inclusion and Equity, Not Isolation

#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes
1	Develop strong linkages to community social support programs for all PLWH, especially youth and seniors					**This is essentially the same at point 6**
2	Acknowledge and support nontraditional family relationships that nurture well-being and social connection					**3, 1, 1, 1** COH recommends the Village model The Village Movement | Grantmakers in Aging (giaging.org). One of the core components of this model are volunteers. Volunteerism has declined over the past decade, especially in Los Angeles
3	Connect to ongoing education and learning programs to foster community engagement and physical activities that promote healthy living					**2, 2, 2**
4	Improve all access, including digital access and understanding of digital programs	Research what training other LAC programs, PAETC, and other TA providers offer				**5, 2**
5	Develop linkages to community employment and volunteer training and opportunities	Collaborate with Job Corps and other agencies				**4, 3, 1, 3, 2**

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#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes
6	Foster mentorships between seniors and youth to improve understanding across generations of the HIV pandemic, its effects, and how seniors can be supported and honored within the community					COH recommends that we remove HIV to address all life experiences
7	Add provider training that requires history of HIV, HIV politics and advocacy (this should be a mandatory Commission training as well)					**5, 3**
8	Develop transitional case management programs that help PLWH transition from RWP into Medicare, CalAIM, etc.	Standards and Best Practices will develop draft of service standards				**1, 3** This service should provide a single point of contact that seniors can reach out to for assistance
9	Foster strong community engagement and community planning that honor lived experiences of PLWH					**4** **Included with other training**

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Objectives with more than 3 or more "1" rankings highlighted in green font.

Goal Four: Caregiving That Works

#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes
1	Develop/support educational programs for service providers on sexual health for PLWH aged 50+ or (age X)	Research what training PAETC and other TA providers offer				**4, 2, 2** These services should be provided online as well as in person. In person appointments may be the only social contact some seniors may have
2	Support educational and vocational training programs that blend HIV medicine and social services with the broader needs of youth and an aging population of PLWH					**3, 2**
3	Seek out mental health specialists who can treat both HIV and age-related conditions					**1, 1, 1, 1**
4	Develop training programs for nontraditional families to support each other as they age with HIV					**4, 3, 3, 3, 2**
5	Reduce the digital divide by promoting access to and understanding of digital and online services	Research what training other LAC programs, PAETC, and other TA providers offer				**5, 5, 2, 1, 3**

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Objectives with more than 3 or more "1" rankings highlighted in green font.

Goal Five: Affording Aging

Commented [PO1]: COH recommends a peer support model with a single point of contact

#	Objective	Activity	Partners	Timeline	Performance Measure (Baseline/Target)	Notes
1	Support robust benefits enrollment, financial and retirement planning for PLWH					**6, 1, 1, 1, 1**
2	Expand access to emergency financial assistance and financial planning services to senior PLWH	Obtain and review data on what % of EFA clients are 50+				**7, 3, 2, 3, 3, 1**
3	Develop and maintain strong linkages with nutrition and housing programs to eliminate barriers to access, safe, and affordable housing and nutrition services					**2, 3, 2, 2, 2**

The Glasgow Manifesto

International Coalition of Older People with HIV (iCOPe HIV)

PREAMBLE

At AIDS 2022 in Montreal, Canada, we - ageing and older adults living with HIV, long-term survivors of HIV/AIDS, and our allies from around the world - gathered in The Silver Zone, the first-ever global village networking zone to hold dedicated space for us. Our 6-year struggle for visibility within the International AIDS Conference is representative of the challenges we face every day to have our living expertise acknowledged and our needs addressed by our peers living with HIV, our community-based organizations, our healthcare teams, our government officials, and global leaders in the HIV response.

Older people with HIV are NOT collateral damage to be left behind in the pursuit of "ending the HIV epidemic".[1] We are a silent *majority*. In 2020, there were an estimated 7.5 million of us (age 50+) around the world.[2] Close to 40% of us who live in high-income settings will be at least 60 years old within the decade[3], and by 2040, over 9 million of us who live with HIV in sub-Saharan Africa will be over 50.[4] If we speak in unison, we cannot be ignored.

Our bodies, hearts, minds, and pocketbooks reveal scars earned building the modern HIV response. As we age, many of us are living with multiple chronic health conditions, coping with frailty, disability and/or cognitive changes, becoming more socially isolated, and experiencing ageism in addition to HIV stigma and other forms of discrimination. Our independence, quality of life, and longevity are compromised and yet the HIV response has not evolved with us. It is past time for us to assert our rights to health, dignity, and support!

Equitable health outcomes for ageing and older people living with HIV will only be possible if we work in collaboration. Those of us with lived experience and living expertise must be at the centre of any decision or action taken in response to our self-identified needs. We call on healthcare providers, researchers, community-based HIV organizations, frontline providers of ageing-related services, and policy- and decision-makers to work in partnership *with us* to fund and implement the following calls to action.

CALLS TO ACTION

We, ageing and older adults living with HIV, call for:

CARE

1. Tailored care. Work with us to develop new models of care for ageing and older people living with HIV that account for the health and social complexity we experience. At a minimum, this model should be multidisciplinary, integrated, proactive and preventive, and organized around our priorities. We need more time with our care providers.

2. Wholistic care. We demand access to services and technologies that can help prevent and reduce the disabling impact of chronic illness, frailty, and cognitive changes (e.g., rehabilitation services, vision and hearing care, dentistry, mental health services, mobility/hearing/vision aids, cognitive supports, personal care, in-home support for activities of daily living, etc.) regardless of our ability to pay.

3. Access to care. We insist on low-barrier care and services, whether delivered in the clinic, community, or virtually. We have a right to reasonable accommodation.

4. Safe ageing care. We demand that individuals and organizations providing care and services to older adults be knowledgeable about HIV, the lived experiences of people living long-term with HIV, our distinct support needs as ageing persons living with HIV, and the impact of HIV stigma. Individuals and organizations providing HIV care and services should be similarly conscious and renounce ageism. Service providers require education on our clinical and social needs to support us better. We have the right to respectful, informed ageing care without discrimination.

QUALITY OF LIFE

5. Dignity. We expect that our sexual health is considered a vital part of our overall health.

6. Respect for our living expertise. We are self-aware, take responsibility for our well-being and demonstrate great resilience, having developed effective strategies for maintaining wellness in the face of adversity. We want care providers and researchers to ask us about our quality of life, and to prioritize what we deem most important.

7. Age-affirming community responses. We urge HIV organizations to address ageism within; work with us to develop responses that are relevant to our needs, including companionship and peer support; and foster intergenerational understanding and community-building.

8. Healthy living conditions. We demand that our right to an adequate standard of living and social protection, as guaranteed by the United Nations Convention on the Rights of Persons with Disabilities (Article 28) be realized.[5] We implore policy makers to respond to the unmet needs of ageing and older adults in their jurisdiction who struggle to afford adequate housing, food and/or other resources for health because of HIV-related disability.

EMPOWERMENT

9. Targeted research and education. We expect that ageing and older adults are represented in all HIV research and that people living with HIV are included in ageing research, so we are clear on what the findings mean for our well-being. We insist on more research focused on HIV, ageing and older adults that responds to our community-identified priorities. We demand access to the most up-to-date information on ageing with HIV to inform our decision-making, self care activities to prevent illness and maintain health, and planning for the future.

10. Meaningful involvement. We demand that ageing and older people be included in decision-making about the HIV response, including priority- and target-setting, funding allocation, and messaging about the impact of HIV on ageing and older adults.

We - ageing and older people living with HIV - are not a homogenous group between nor within countries around the globe, so we expect these CALLS TO ACTION to be implemented in ways that are equitable and account for intersectionality. We all deserve age-friendly and age-affirming information, care, services, and support that considers the impact of our HIV status, gender identity, sexual orientation, citizenship, ability, race, ethnicity, and place of residence, among other factors.

It is with great urgency that we, the International Coalition of Older People with HIV (iCOPe HIV), implore all stakeholders to work *with us* to implement these CALLS TO ACTION without further delay.

Glasgow Manifesto November 4 2022

We support these CALLS TO ACTION by ageing and older people living with HIV and commit to advocating for their implementation in our own jurisdiction:

Access Care Treatment and Support Ghana (ACTS Ghana)
Act for Involvement Sănătate şi Dezvoltare Comunitară (AFI)
Adhara, Centro Comunitario de VIH/Sida y otras ITS
AGIHAS, atbalsta biedrība cilvēkiem, kuri dzīvo ar HIV
AIDES
AIDS Committee of Newfoundland & Labrador (ACNL)
Albanian Association of People Living with HIV/AIDS
Alberta Community Council on HIV (ACCH)
Alliance for Public Health
American Academy of HIV Medicine
Amoru AIDS Support Community Initiative (ASCI)
AND BOKK LIGUEYYE
Anlaids Onlus
Apoyo Positivo
APVIENĪBA HIV.LV
Arcobaleno AIDS ODV
Associazione Solidarietà AIDS - Onlus (ASA)
Association of Positive Ukrainians in Germany (PlusUkrDe)
Associazione Radicale Certi Diritti APS
Associazione TGenus
Atlantic Interdisciplinary Research Network (AIRN)
Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
Australian Federation of AIDS Organizations
Baltic Coalition for PLWHIV (BaCo)
Black Women's Learning Institute
Brigstowe Local HIV Services
Canadian International HIV and Rehabilitation Research Collaborative
Canadian Positive People Network
Center for HIV AIDS Integral Research
Centre of Excellence for Research in AIDS, University of Malaya
Centrul Comunitar PULS
Česká Společnost AIDS Pomoc
CEST - Centro persone trans e gender variant
Chiva (UK)
Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA)
Coalition HIV L'italia Ferma L'AIDS
Coalition PLUS
Communities, Alliances and Networks (CAAN)
Community-Based Research Centre (CBRC)
Correlation-European Harm Reduction Network (C-EHRN)
Deutsche Aidshilfe
Doherty Institute
Дорога жизни Днепр
Dr. Peter Centre
East Europe & Central Asia Union of PLWH
Eurasian Network of People Who Use Drugs (ENPUD)
European AIDS Clinical Society
European AIDS Treatment Group (EATG)
exæquo
Fast-Track Cities
Fight Infections Foundation
Fondazione Lila Milano
Fondazione The Bridge - scienza tra clinica e società
The Food Chain
Fundacion Huesped
George House Trust
Golden Compass Program
Good Health Community Programme
Grupo de Ativistas Em Tratamentos (GAT)
Grupo de Trabajo Sobre Tratamientos del VIH
Háttér Society
HIV Justice Network
HIV Legal Network / Réseau juridique VIH
HIV Outcomes
Housing Works
International Association of Providers of AIDS Care (IAPAC)
I ragazzi della panchina (Italy)
Latino Commission on AIDS
Lega Italiana Per La Lotta Contro L'AIDS
Let's Kick ASS
Living Positive Victoria
menZDRAV Foundation
NADIR ETS
Надія Та довра
National AIDS Treatment Advocacy Program (NATAP)
National Association of People with HIV Australia
НОВА СІМ'Я
Network persone sieropositive (NPS Italia APS)
Network persone sieropositive (NPS Sicilia ODV)
NMAC leads with race
Нұрсенім
Ontario AIDS Network (OAN)
ОФ «Answer», Казахстан
Позитивные женщины
Pacific AIDS Network (PAN)
Palladium
PARN
Plateforme Prevention SIDA
Plus - Persone LGBT+ sieropositive
Plus Roma - Persone LGBT sieropositive
Positive Action Foundation Philippines Incorporated (PAFPI)
Positive Life NSW
Positive Voice Greece
Positively UK
Queensland Positive People
Realize/Réalise
Red Ribbon Istanbul
Rehabilitation in HIV Association
ReShape/International HIV Partnerships
RIGRA support foundation
sage: Advocacy & Services for LGBTQ+ Elders
Salem Health Project
Sevilla Checkpoint
ŠKUC
Sociedad Española Interdisciplinaria del SIDA (SEISIDA)
ТВій ДІм Зу рЕСурсний цЕНТР
Terrence Higgins Trust
Thorne Harbour Health
Treatment Action Group (TAG)
Ukrainian Network of People Who Use Drugs
Ukrainian Network of Women who Use Drugs (UNWUD/ VONA)
UNSW - Centre for Social Research in Health
UTOPIA_BXL
Vancouver Island PWA Society (VPWAS)
Victorian HIV Service (Part of Alfred Health)
Walking in These Shoes
Waverley Care
Yorkshire MESMAC

We support these CALLS TO ACTION by ageing and older people living with HIV and commit to advocating for their implementation in our own jurisdiction:

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FOUNDING iCOPe HIV MEMEBERS

The Glasgow Manifesto was developed by the founding members of the International Coalition of Older People with HIV (iCOPe HIV): European AIDS Treatment Group (EATG, Belgium), National AIDS Treatment Advocacy Project (NATAP, USA), *Realize* (Canada), and UTOPIA_BXL (Belgium). For more iCOPe HIV or the Glasgow Manifesto, contact:

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