



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# Aging Caucus Virtual Meeting

*Be a part of the HIV movement*

**Tuesday, October 4, 2022  
1:00PM-3:00PM (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: 2597 530 5896

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](mailto: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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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**AGING CAUCUS**  
**VIRTUAL MEETING AGENDA**  
**TUESDAY, October 4, 2022**  
**1:00 PM – 3:00 PM**  
**TO JOIN BY WEBEX, CLICK:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m8fa9f7b2c1a8a1e994ebd260eafecbdc>

**PASSWORD: AGING**

**TO JOIN BY PHONE: +213-306-3065 MEETING #/ACCESS CODE: 2597 530 5896**

- |   |               |
|---|---------------|
| 1. Welcome & Introductions  | 1:00pm-1:10pm |
| 2. Co-Chairs' Report  | 1:10pm-1:25pm |
| a. Presidential Advisory Council on HIV/AIDS (PACHA) Meeting  |               |
| b. International AIDS Conference Report (A. Ballesteros)  |               |
| c. Feedback on "Alignment of Los Angeles County's Ryan White Program with the CA Master Plan on Aging   Emailed to DHSP   |               |
| 3. Division of HIV and STD Programs (DHSP) Report   | 1:25pm-1:40pm |
| 4. DISCUSSION: Develop an addendum to recommendations to include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally | 1:40pm-2:25pm |
| 5. Executive Director/Staff Report  | 2:25pm-2:35pm |
| a. Staffing Update  |               |
| b. AB 361 Virtual Meetings  |               |
| c. Comprehensive HIV Plan 2022-2026   |               |
| 6. Next Steps and Agenda Development for Next Meeting   | 2:35pm-2:45pm |
| 7. Public Comments & Announcements  | 2:45pm-3:00pm |
| 8. Adjournment  | 3:00pm        |



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**AGING CAUCUS**  
**September 7, 2022**  
**Virtual Meeting Summary**

**In attendance:**

<b>Al Ballesteros (Co-Chair)</b>	Alasdair Burton	Viviana Criado
Kevin Donnelly	Michael Green, PhD (DHSP)	Lee Kochems
Paul Nash, PhD	Katja Nelson	Vickie Xu
Cheryl Barrit (COH Staff)	Catherine Lapointe (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*

Meeting packet is available at [https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/ddc9be1d-f2b9-443d-a17b-6a7e0e78514d/Pkt-AgingCau\\_090622.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/ddc9be1d-f2b9-443d-a17b-6a7e0e78514d/Pkt-AgingCau_090622.pdf)

**1. Welcome & Introductions**

Cheryl Barrit, Executive Director, called the meeting to order at 1:06 PM, welcomed attendees, and led introductions.

**2. Co-Chairs' Report**

**a. Ryan White National Conference**

- C. Barrit reported that the New York for Ryan White (RW) Part A Directives for Aging Persons with HIV that were presented at the RW National Conference are included in the meeting packet for review. She also reported that the RW National Conference addressed issues such as racial justice, monkeypox stigma, injectable pre-exposure prophylaxis (PrEP), and access to HIV-related care.
- Alasdair Burton reported that he attended several sessions focused on health education and ways to simplify medical jargon.
- Lee Kochems shared that the directives from New York model for RW Part A for Aging Persons with HIV and are outcome-focused and include heightened awareness for aging persons, the importance of support groups, and the need for service/emotional support animals. L. Kochems noted that many people who acquired HIV perinatally, especially women, report feelings of isolation and would benefit greatly from support groups.
- Kevin Donnelly reported that he attended sessions regarding consumer participation, the Comprehensive HIV Plan (CHP), the New York Treatment

Cascade, and issues with Special Projects of National Significance (SPNS) grants. The sessions discussed how programs funded with SPNS grants will yield successful results for clients; however, once funding runs out, the program can no longer operate. K. Donnelly recommended looking into ways to make SPNS grants long-lasting if the programs they fund are successful. Jose Rangel-Garibay concurred.

- Al Ballesteros inquired how the Aging Caucus' directives differ from the New York HIV Planning Council. C. Barrit stated that the two documents are similar, as they were both modeled after the Golden Compass Model in San Francisco. Both documents include social support, mental health, and chronic health conditions. One difference is that the Aging Caucus recommends the integration of a geriatrician in the Medical Care Coordination teams and the New York HIV Planning Council does not.
- Al Ballesteros stated that he attended the International AIDS Society Conference and would like to share his impressions and report at the next meeting.

### **3. Division of HIV and STD Programs (DHSP) Report**

#### **DISCUSSION: Feedback on "Alignment of Los Angeles County's Ryan White Program with the California Master Plan on Aging" Document**

C. Barrit provided an overview of the feedback received on the Alignment of Los Angeles County's Ryan White Program with the California Master Plan on Aging document.

Members of the Aging Caucus were asked to rank their top 3-4 objectives for each of the five goals on the plan. Rankings were as follows:

- Goal One: Housing for All Stages and Ages:
  - A. Ballesteros:
    1. Examine housing inventory to ensure that it provides safe and welcoming environments for seniors
    2. Blend funding to support housing and rental assistance for seniors living with HIV
    3. 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
  - K. Donnelly:
    1. Examine housing inventory to ensure that it provides safe and welcoming environments for seniors
    2. Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff
    3. 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
  - A. Burton:

1. 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
  2. Increase coordination among housing agencies to include intergenerational housing options
  3. 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
- Viviana Criado:
    1. Examine housing inventory to ensure that it provides safe and welcoming environments for seniors
    2. Increase coordination among housing agencies to include intergenerational housing options
    4. Blend funding to support housing and rental assistance for seniors living with HIV
  - L. Kochems
    1. Examine housing inventory to ensure that it provides safe and welcoming environments for seniors
    2. Increase coordination among housing agencies to include intergenerational housing options
    3. Blend funding to support housing and rental assistance for seniors living with HIV
  - Vickie Xu:
    1. Examine housing inventory to ensure that it provides safe and welcoming environments for seniors
    2. Blend funding to support housing and rental assistance for seniors living with HIV
- Goal Two: Health Reimagined
    - A. Ballesteros:
      1. Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination)
      2. Expand access to services that can prevent or slow age-related physical and mental declines
      3. Standardize age categories to identify priority populations for specialized services
    - K. Donnelly:
      1. Add gerontology training to Ambulatory Outpatient Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment

2. Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination)
  3. Develop case management services that can monitor if care and support services are meeting the needs of seniors post-transition to Medi-Cal/Medicare
- A. Burton:
    1. Expand access to services that can prevent or slow age-related physical and mental declines
    2. Revise HIV Home Health and Support services to blend with existing services for PLWH over age X
    3. 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
  - V. Criado:
    1. 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
  - L. Kochems:
    1. 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
    2. Add gerontology training to Ambulatory Outpatient Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment
    3. Revise HIV Home Health and Support services to blend with existing services for PLWH over age X
    4. Develop and maintain robust resource directories and train PLWH to access and use them
  - V. Xu:
    1. Add gerontology training to Ambulatory Outpatient Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment
    2. Develop and maintain robust resource directories and train PLWH to access and use them
    3. Develop case management services that can monitor if care and support services are meeting the needs of seniors post-transition to Medi-Cal/Medicare
- Goal Three: Inclusion and Equity, Not Isolation
    - A. Ballesteros:

1. Develop transitional case management programs that help PLWH transition from RWP to Medicare, CalAIM, etc.
  2. Improve all access, including digital access and understanding of digital programs
  3. Develop strong linkages to community social support programs for all PLWH, especially youth and seniors
- K. Donnelly:
    1. Acknowledge and support nontraditional family relationships that nurture well-being and social connection
    2. Connect to ongoing educational and learning programs to foster community engagement and physical activities and promote health living
    3. Add provider training that required history of HIV, HIV politics and advocacy (this should be mandatory Commission training as well)
  - A. Burton:
    1. Develop linkages to community employment and volunteer and training opportunities
    2. Connect to ongoing educational and learning programs to foster community engagement and physical activities and promote health living
    3. Develop strong linkages to community social support programs for all PLWH, especially youth and seniors
  - L. Kochems:
    1. Acknowledge and support nontraditional family relationships that nurture well-being and social connection
    2. Develop strong linkages to community social support programs for all PLWH, especially youth and seniors
    3. Develop transitional case management programs that help PLWH transition from RWP to Medicare, CalAIM, etc.
    4. Foster strong community engagement and community planning the honor lived experiences of PLWH
- Goal Four: Caregiving That Works
    - A. Ballesteros:
      1. Seek out mental health specialists who can treat both HIV and age-related conditions
      2. Reduce the digital divide by promoting access to and understanding of digital and online services
      3. Develop training programs for nontraditional families to support each other as they age with HIV
    - K. Donnelly:
      1. Seek out mental health specialists who can treat both HIV and age-related conditions

2. Develop/support educational programs for service providers on sexual health for PLWH aged 50+ or (age X)
  3. Develop training programs for nontraditional families to support each other as they age with HIV
- A. Burton:
    1. Reduce the digital divide by promoting access to and understanding of digital and online services
    2. Support educational and vocational training programs that blend HIV medicine and social services with the broader needs of youth and aging population of PLWH
    3. Develop training programs for nontraditional families to support each other as they age with HIV
  - L. Kochems:
    1. Seek out mental health specialist who can treat both HIV and age-related conditions
    2. Develop training programs for nontraditional families to support each other as they age with HIV
    3. Reduce the digital divide by promoting access to and understanding of digital and online services
- Goal Five: Affording Aging
- A. Ballesteros:
    1. Support robust benefits enrollment, financial and retirement planning for PLWH
    2. Expand emergency financial assistance and financial planning services to senior PLWH
    3. Develop and maintain strong linkages with nutrition and housing programs to eliminate barriers to access safe and affordable housing and nutrition services
  - K. Donnelly:
    1. Support robust benefits enrollment, financial and retirement planning for PLWH
    2. Develop and maintain strong linkages with nutrition and housing programs to eliminate barriers to access safe and affordable housing and nutrition services
    3. Expand emergency financial assistance and financial planning services to senior PLWH
  - A. Burton:
    1. Support robust benefits enrollment, financial and retirement planning for PLWH
    2. Develop and maintain strong linkages with nutrition and housing programs to eliminate barriers to access safe and affordable housing and nutrition services



3. Expand emergency financial assistance and financial planning services to senior PLWH
- L. Kochems:
    1. Expand access to emergency financial assistance and financial planning services to senior PLWH
    2. Develop and maintain strong linkages with nutrition and housing programs to eliminate barriers to access safe and affordable housing and nutrition services
4. **DISCUSSION: Develop an addendum to recommendations to include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally**
  - C. Barrit developed a list of potential ideas to include in the Addendum to Aging Caucus Recommendations to Address the Needs of Individuals who Acquired HIV perinatally and Long-term Survivors under 50. The document is included in the meeting packet. The ideas were developed using the information from Dr. Allison Agwu's presentation titled, "Understanding Aging Among Individuals who Acquired HIV Perinatally and Long-term Survivors under 50," which can be found in the meeting packet.
  - L. Kochems suggested adding recommendations to include ways to address isolation by linking people together.
5. **Executive Director/Staff Report**
  - a. **Comprehensive HIV Plan 2022-2026**
    - C. Barrit reported that AJ King, CHP consultant, is working on a draft of the CHP and will provide an update at the September 8, 2022 COH meeting. The draft will be sent to DHSP and the Planning, Priorities and Allocations (PP&A) Committee for review.
  - b. **Training and Membership Recruitment**
    - C. Barrit reported that a targeted recruitment flyer to encourage unaffiliated consumers to apply to the COH has been sent out. The flyer can be found in the meeting packet. There are approximately 10 new applications currently under review.
6. **Next Steps and Agenda Development for Next Meeting**
  - The Aging Caucus will continue to review the Addendum to their Recommendations.
  - C. Barrit will revise the Alignment of Los Angeles County's Ryan White Program with the California Master Plan on Aging document to reflect the prioritization of the various objectives and email the document to DHSP.
  - The October Aging Caucus meeting agenda will include time to discuss lessons learned from the International AIDS Conference.

## **7. Public Comment & Announcements**

- K. Donnelly encouraged the group to participate in the development of the CHP and ensure that the needs of aging PLWH are included.
- L. Kochems announced that APLA Health, in conjunction with the Long Beach LGBTQ Center, St. Mary CARE Center, and the Long Beach Health Department is putting together an HIV & Aging Summit that will take place on Saturday, September 17<sup>th</sup> at the Billie Jean King Library.
- A. Ballesteros announced that the JWCH Institute is providing monkeypox vaccines.

## **8. Adjournment**

The meeting was adjourned at 2:33 PM.

**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

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

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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

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

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**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					<b>This is essentially the same at point 6</b>
2	Acknowledge and support nontraditional family relationships that nurture well-being and social connection					<b>3, 1, 1, 1</b> COH recommends the Village model <a href="#">The Village Movement   Grantmakers in Aging (giaging.org)</a> . 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					<b>2, 2, 2</b>
4	Improve all access, including digital access and understanding of digital programs	Research what training other LAC programs, PAETC, and other TA providers offer				<b>5, 2</b>
5	Develop linkages to community employment and volunteer training and opportunities	Collaborate with Job Corps and other agencies				<b>4, 3, 1, 3, 2</b>

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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)					<b>5, 3</b>
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				<b>1, 3</b> 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					<b>4</b> <b>Included with other training</b>



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

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**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				<b>4, 2, 2</b> 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					<b>3, 2</b>
3	Seek out mental health specialists who can treat both HIV and age-related conditions					<b>1, 1, 1, 1</b>
4	Develop training programs for nontraditional families to support each other as they age with HIV					<b>4, 3, 3, 3, 2</b>
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				<b>5, 5, 2, 1, 3</b>

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

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**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



**ADDENDUM TO AGING CAUCUS (Formerly Aging Task Force)**  
**RECOMMENDATIONS**  
*Addressing the Needs Individuals who Acquired HIV Perinatally and Long-term*  
*Survivors under 50*

**DRAFT**

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**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. 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 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.

### **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
  - 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.