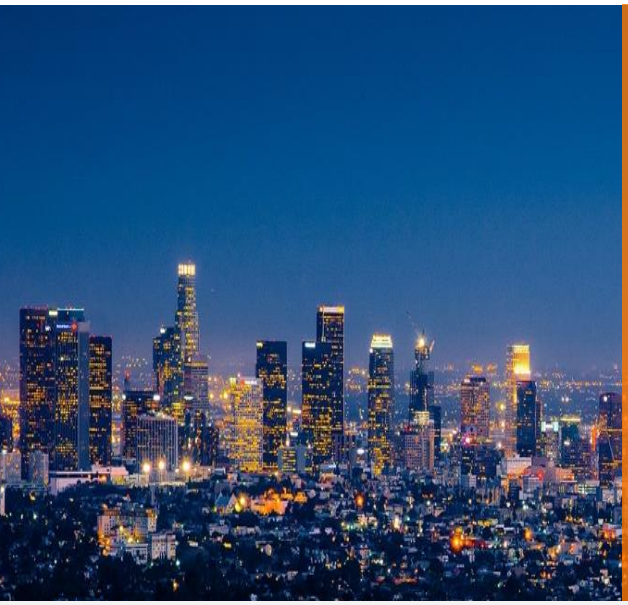
LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
Subscribe to the Commission's Email List:
https://tinyurl.com/y83ynuzt



Aging Task Force
Virtual Meeting

Be a part of the HIV movement

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

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

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:
https://tinyurl.com/2p93ypc5

JOIN VIA WEBEX ON YOUR PHONE:
1-415-655-0001
Event #/Meeting Info/Access Code: 2593 255 1585
Password: AGING

*Link is for members of the public only. Commission members, please contact staff for specific log-in information if not already received.

PUBLIC COMMENTS

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide live public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. You may also provide written public comments or materials by email to hivcomm@lachiv.org. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

For a tutorial on joining WebEx events, please check out:
https://www.youtube.com/watch?v=iQSSJYcrgIk

LIKE WHAT WE DO?

Apply to become a Commissioner at
https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication
For application assistance call (213) 738-2816.

LOS ANGELES COUNTY
COMMISSION ON HIV

AGING TASK FORCE (ATF)

VIRTUAL MEETING AGENDA

TUESDAY, May 3, 2022

1:00 PM – 3:00 PM

TO JOIN BY WEBEX, REGISTER AT:

https://tinyurl.com/2p93ypc5

PASSWORD: AGING

TO JOIN BY PHONE: +1415-655-0001**MEETING #/ACCESS CODE:** 2593 255 1585

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

2. Executive Director/Staff Report 1:10pm-1:15pm
   a. Comprehensive HIV Plan 2022-2026 Updates
   b. Operational and Staffing Updates

3. Co-Chairs' Report 1:15pm-1:45pm
   a. Report back from Joint Meeting with Executive Committee
   b. Review caucus charge

4. HIV and Aging Data Sharing (Octavio Vallejo, MD) 1:45pm-2:00pm

5. JWCH Oasis Recuperative Care Project 2:00pm-2:40pm
   A new skid row facility where homeless women can try 'to get whole and heal' - Los Angeles Times (latimes.com)

6. Next Steps and Agenda Development for Next Meeting 2:40pm-2:55pm
   a. DHSP report and response to HIV and Aging care framework (June meeting)
   b. Invite stakeholders representing long-term survivors and other groups to the HIV and aging conversation.

7. Public Comments & Announcements 2:55pm-3:00pm

8. Adjournment 3:00pm

LOS ANGELES COUNTY
COMMISSION ON HIV

AGING TASK FORCE (ATF)
April 5, 2022 Virtual Meeting Summary

In attendance:

Al Ballesteros (Co-Chair)	**Joseph Green (Co-Chair)**	Alasdair Burton
Viviana Criado (DPH, Office of Women's Health)	Kevin Donnelly	Danny Gonzalez
Bridget Gordon	Michael Green, PhD (DHSP Staff)	Lee Kochems
Paul Nash	Katja Nelson	Octavio Vallejo, MD
Cheryl Barrit (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-b43e949b70a2/95d74c70-2a16-4311-8855-d0f15f73a830/Pkt_ATF_040522.pdf

1. **Welcome & Introductions**
   Joseph Green, Co-Chair welcomed attendees and led introductions.

2. **Executive Director/Staff Report**
   a. **Comprehensive HIV Plan 2022-2026 Updates**
      - Cheryl Barrit reported that AJ King, CHP Consultant, is in the process of writing the data section (Section 1) of the CHP. A. King will provide an update of the CHP at the April 14th COH meeting.
      - A. King is in the process of developing a workforce capacity survey to determine the retention, recruitment, capacity, training, opportunities, and challenges faced by staff and leadership within the HIV workforce. Findings from this survey will be integrated into the CHP.
      - The CHP is due to the federal government in December 2022; however, the CHP is expected to be completed by October 2022 to allow for internal review from DHSP.
      - J. Green inquired if A. King discussed the Aging Task Force (ATF) recommendations with DHSP. C. Barrit responded that yes, the recommendations are discussed with DHSP.

   b. **Operational and Staffing Updates**
      - C. Barrit reported that on March 29th the Board of Supervisors (BOS) voted to continue virtual meetings for the next 30 days.
      - C. Barrit will provide a detailed description of the logistics of in-person/hybrid

meetings at the April 28th Executive Committee meeting.

- C. Barrit is looking into the possibility of having Commissioners take a tour of the Vermont Corridor building prior to the start of in-person meetings.
- C. Barrit announced the retirement of Carolyn Echols-Watson and is working to fill the vacant position.

3. Co-Chair's Report

a. DISCUSSION: Preparing for Joint Meeting with Executive Committee

a. Identify key asks and concerns

- Bridget Gordon stated that the ATF needs to be inclusive of people who were perinatally infected with HIV.
- Al Ballesteros expressed concern with changing the charge of the ATF, whose primary focus is the effects of HIV on older adults aged 50+.
- Paul Nash agreed with the concerns brought up by B. Gordon and recognized the importance of viewing HIV from a life course perspective but also noted that older adults living with HIV face unique issues such as accelerated aging.
- Octavio Vallejo supported including people who were perinatally infected with HIV under the definition of "long-term survivors"; however, the focus of the ATF is to improve the services available for adults aged 50+ living with HIV.
- Alasdair Burton expressed concern regarding changing the focus of the ATF and its effectiveness on serving the 50+ population living with HIV.
- Lee Kochems stated that as an older consumer, there is a need for a safe place where cross-generational conversations can be held.
- O. Vallejo brought up the term "inflammaging" (inflammation due to immune activation as a result of HIV infection). Inflammaging occurs in older adults living with HIV as well as people who were perinatally infected HIV.
- A. Ballesteros agreed that the health effects of people living with HIV who were perinatally infected should be addressed in the ATF; however, the manner in which this issue was brought up felt as if the needs of adults aged 50+ were minimized.
- Viviana Criado encouraged discussing the charge of the ATF and the target population. She also questioned if the switch to a caucus would give the ATF more power to implement changes. A. Ballesteros responded that transitioning to a caucus would give the ATF more power because it would become an official structure on the COH.
- Kevin Donnelly discussed how antiretroviral therapy (ART) affects the aging process at an earlier age for those who were perinatally infected.
- J. Green asked Dr. M. Green how supportive DHSP will be of the switch to a caucus that includes the needs of those who were perinatally infected with HIV. Dr. M. Green responded that the decision is for the

ATF to make but DHSP will provide support to the work of the ATF.

b. Articulate population focus and justification

- A. Ballesteros defined the potential Aging Caucus as being primarily focused on older adults, with a charge of looking at how HIV and aging affects those who were perinatally infected by HIV.
- P. Nash recognized the importance of recognizing intersectionality within the COH.
- B. Gordon addressed the need to make COH meetings more public.

c. Identify spokespersons

- A. Ballesteros stated that the inclusion of people who were born with HIV would require that this population, along with their providers, need to be recruited to join the ATF once it becomes a caucus.

4. Review Proposed Changes/Updates to the Home-based Case Management Service Standards

- Jose Rangel-Garibay noted the following changes to the Home-based Case Management service standards, as discussed by the Standards and Best Practices (SBP) Committee:
  - Small formatting and spelling errors were corrected.
  - Under the "Service Introduction" section, the SBP changed the wording to "master's degree-level preferred and potentially a social worker with a bachelor of arts in a related field with __ amount of experience." This will help open the hiring pool of social workers in areas where people with a Masters of Social Work (MSW) are not available.
  - Expand the clinical scope for home-based case managers to include testing for other viral infections.
- J. Rangel-Garibay asked the group for their recommendations on clinical services for home-based case management. O. Vallejo stated that this depends on the specific needs of the patient.
- V. Criado asked if Medicare and Medi-Cal reimbursements are considered when developing the standards of care. C. Barrit responded that the service standards align with Medicare, Medi-Cal, and Ryan White services.
- J. Green inquired how bone density screenings and diabetes care would be included in the service standards. C. Barrit responded that the home care team conducts ongoing assessment to review overall health needs and works to provide transportation for home-bound patients in need of clinical care.

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

a. Feedback on presentation date for a discussion with DHSP leadership on what is realistic to implement in the proposed HIV and aging care framework (May meeting)

- DHSP has been reviewing the ATF recommendations and HIV and aging framework document.

b. Relevant Programmatic and Fiscal Updates

- DHSP staff has fully returned from COVID-19 deployments.

6. Next Steps and Agenda Development for Next Meeting

- If approved to become a caucus, the next ATF meeting would entail a discussion on planning how to move forward as a caucus.
- Review the 2022 work plan.
- Review updated service standards.

7. Public Comments & Announcements

- There were no announcements.

8. Adjournment

- The meeting adjourned at approximately 2:55 PM.

AGING TASK FORCE (ATF)

Follow-up on the Formation of Aging Caucus

Executive Committee

April 28, 2022

LOS ANGELES COUNTY
COMMISSION ON HIV

Background

- At the Feb. 25 Executive Committee meeting, ATF Chairs presented the accomplishments of the TF and recommended the continuation of the group as a Caucus to maintain Commission and community engagement and support for efforts to address the needs of PLWH over 50
- The motion was amended to include individuals who identify as long-term survivors and those individuals who acquired HIV perinatally
- The ATF discussed and processed the outcome of the Executive Committee meeting at their March 1 meeting

Recommendations

1. Support the formation of the Aging Caucus to address the needs of PLWH over 50 as the primary focus
2. In the spirit of collaboration, the ATF as a Caucus:
    i. Would like time to engage with other stakeholders to define “long-term survivors (LTS)” including age parameters and length of diagnosis
    ii. Seek participation of individuals who identify as LTS and those who acquired HIV perinatally to participate in the Aging Caucus meetings, share data, and help define LTS
    iii. Will review its recommendations completed in December 2020 to address the needs of LTS based on data received and heard from community stakeholders and partners

HIV and Aging

- Care of PLWHA has not kept up with the reality of this aging population
- Aging among PLWHA became a problem due to years of immune activation and chronic inflammation despite cART and viral suppression
- This residual immune activation may be caused by residual HIV production, other viral co-infections (CMV, HSV), lifestyle choices (sedentary lifestyle, smoking, alcohol and drug use)
- All contribute to increased risk for heart disease, stroke, higher rates of pre-frailty and frailty* and premature death

- *Frailty = A clinically recognizable state of older adults with increased vulnerability to adverse health outcomes (falls, incident disability, hospitalization and mortality), resulting from age-associated declines in physiologic reserve and function across multiple organs and systems –*
- ***Weakness, fatigue, weight loss, low physical activity, poor balance, visual impairment and cognitive impairment.***

Epidemiological Data – Los Angeles County

- An estimated **57,005** persons aged >13 years were living with HIV at year end 2019. 5,100 (9%) were unaware of their infection. **1505** persons aged >13 years were newly diagnosed with HIV. Viral suppression: 64.7%
- **52% of PLWHA were older than 50**

Percent of PLWHA, by race/ethnicity, 2019

Race /Ethnicity	Percent
Black	19.0
Latinx	46.4
White	26.0

Percent of PLWHA, by age group, undetectable VL and deaths, 2019

Age Group	# PLWHA	% PLWHA	% undetectable VL	# Deaths	% Deaths
50-59	16,030	30	92	177	31
>60	11,475	22	95	211	37

Causes of Death	Increases from 1995 to 2017 (%)
Heart Disease	1 - 17
Cancer	2 - 14
Unintentional Injuries	1 - 11

Deaths by Race / Ethnicity	Percent (%)
White	30
Black	28
Latinx	35

HIV and Aging

- HIV care must be adapted to the needs of older PLWHA since they are the majority according to the epidemiological data that we just reviewed
- HIV care among older PLWHA demands attention to comorbidities that are preventable (dyslipidemia, cardiovascular disease and mental health ailments)
- Polypharmacy and drug-drug interactions are more frequent among people older than 50
- We should deploy this data and ask medical providers on the importance of paying attention to the complex needs of older PLWHAs
- Social isolation among older adults was associated with about a 50% increased risk of dementia, a 29% increased risk of heart disease and a 32% increased risk of stroke *

- *National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults. Opportunities for the Health Care System. Washington, DC: The National Academies Press – https://doi.org/10.172226/25663*
- *Epidemiological Data was extracted from local HIV Surveillance Epidemiological Report 2020*

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

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.