



LOS ANGELES COUNTY
COMMISSION ON HIV



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Aging Caucus Virtual Meeting

Be a part of the HIV movement

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

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

JOIN BY WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m1a361c7b854c577ef1bc5077cdd2ee80>

JOIN VIA WEBEX ON YOUR PHONE:

DIAL: +213-306-3065 MEETING #/ACCESS CODE: 2590 164 2433

Password: AGING

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

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

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Apply to become a Commissioner at

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LOS ANGELES COUNTY
COMMISSION ON HIV



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

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m1a361c7b854c577ef1bc5077cdd2ee80>

PASSWORD: AGING

TO JOIN BY PHONE: +213-306-3065 MEETING #/ACCESS CODE: 2590 164 2433

- | | |
|--|---------------|
| 1. Welcome & Introductions | 1:00pm-1:10pm |
| 2. Co-Chairs' Report | 1:10pm-1:20pm |
| a. Caucus Co-Chair Nominations | |
| b. Recommendations to the Planning, Priorities and Allocations Committee | |
| 3. PRESENTATION: HIV-Elders (HIVE) Program and Evaluation Updates
Brian Risley, Program Manager, APLA Health | 1:20pm-1:40pm |
| 4. 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 | 1:40pm-2:25pm |
| 5. Division of HIV and STD Programs (DHSP) Report | 2:25pm-2:30pm |
| 6. Executive Director/Staff Report | 2:30pm-2:35pm |
| a. Annual Meeting Reminder (Nov. 10) | |
| b. Comprehensive HIV Plan (CHP) 2022-2026 Updates | |
| 7. Next Steps and Agenda Development for Next Meeting | 2:35pm-2:45pm |
| 8. Public Comments & Announcements | 2:45pm-3:00pm |
| 9. Adjournment | 3:00pm |



LOS ANGELES COUNTY
COMMISSION ON HIV



AGING CAUCUS
October 4, 2022
Virtual Meeting Summary

In attendance:

Al Ballesteros (Co-Chair)	Joe Green (Co-Chair)	Kevin Donnelly
Arlene Frames	Michael Green (DHSP)	Jheri Heetland
Lee Kochems	Katja Nelson	Pamela Ogata (DHSP)
Cheryl Barrit (COH Staff)	Catherine Lapointe (COH Staff)	Lizette Martinez (COH Staff)
Jose Rangel-Garibay (COH Staff)		

CHP: Comprehensive HIV Plan

COH: Commission on HIV

DHSP: Division of HIV and STD Programs

DPH: Department of Public Health

Meeting packet is available at <https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/2294ea3c-aa2a-4cb8-b95e-80984d7ecf94/Pkt- AgingCau 10.04.22.pdf>

1. Welcome & Introductions

Joe Green, Co-Chair, called the meeting to order and welcomed attendees. Cheryl Barrit led introductions.

2. Co-Chairs' Report

a. Presidential Advisory Council on HIV/AIDS (PACHA) Meeting

- J. Green stated he was surprised to see the low turnout for the PACHA meeting and that only one or two public comments were made during the community listening session. He stated that it was interesting to learn how women in rural communities are not being educated on HIV and PrEP.
- C. Barrit informed the group that the recordings from the PACHA meeting are available on their website [here](#). C. Barrit stated that the Commission on HIV (COH) was well-represented at the conference. She felt that the local panel of Los Angeles agencies went well. She also noted that the White House Office of National AIDS Policy (ONAP), Director Harold Phillip's updates regarding the National HIV/AIDS Strategy Implementation Plan stood out to her, particularly the five new indicators of measuring quality of life, including self-rated health status, mental health, food insecurity, employment status, and unstable housing or homelessness. C. Barrit stated that she thought the presentations on HIV and aging were insightful and the community engagement sessions were powerful.

- Lee Kochems shared that he was impressed with the presentations around HIV and aging. He noted that individuals over 65 years should be a distinct group of PLWHA, given the data that show accelerated aging for PLWH. He indicated that PLWH 65 and older may be showing markers similar to those who are 70-75 years old.
- He stated that he was surprised to see that Mario Perez's presentation on the HIV epidemic in LA County did not include data from Long Beach. This brought up the concern that Long Beach will not be included in the Comprehensive HIV Plan (CHP). He noted that communication between health districts and LA County needs to be improved.

b. International AIDS Conference Report (Al Ballesteros)

- Al Ballesteros provided a report on his experience at the International AIDS Conference in Montreal, Canada (July 29-August 2). Key points were as follows:
 - The conference discussed how the developing world is handling the HIV/AIDS epidemic. The COVID-19 pandemic greatly impacted HIV care across the world as many resources were diverted from HIV to COVID-19. Developing countries were affected the most.
 - U = U and HIV and aging were key topics; identical conversations we are having here in Los Angeles County.
 - There is a large gap between the developed world and the developing world regarding HIV care. Many developing countries do not have access to basic services, such as regular T-Cell tests.
 - The conference had a lot of discussion around U=U and the need to get the message out. There needs to be more messaging directly from providers to patients regarding U=U. Some sessions explored the use of U=U as a prevention strategy. There appears to be a gap in provider knowledge of how to have conversations about U=U with clients. Studies discussed at IAS show that uptake of U=U is largely influenced by the doctor's knowledge and educational support provided to patients.
 - A study presented at the conference found that youth on PrEP were facing biomedical issues similar to PLWH, which hinders the use of PrEP. In some sessions on PrEP and youth, some youth questioned the value of taking PrEP if one ends up taking the same medications and undergoes the same lab work and tests as a person who is positive.
 - There were several conversations about missed opportunities in Western countries in provider education, particularly for doctors outside of HIV specialty.
 - J. Green asked if DHSP is doing anything to address provider education on U=U. Dr. Green replied that DHSP has a Medical Advisory Committee

which includes Ryan White and non-Ryan White providers who provide advice and partnerships around clinical education and quality improvement activities at a regional level (not just within Los Angeles County).

c. Feedback on “Alignment of Los Angeles County’s Ryan White Program with CA Master Plan on Aging | Emailed to DHSP

- C. Barrit stated that the feedback matrix is included in the meeting packet and the rankings of each item on the Alignment document are listed in the September meeting summary. The feedback has been formally submitted to DHSP.

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

- Dr. Michael Green stated that DHSP has received the prioritization list on the Alignment document. DHSP will begin forming workgroups to focus on the top three priorities on the list. C. Barrit suggested having quarterly reports on the top three priorities. K. Donnelly requested a report back in January 2023. The group agreed that this timeframe will work.

4. DISCUSSION: Develop an addendum of recommendations to include activities and strategies to address the needs of long-term survivors and individuals who acquired HIV perinatally

- C. Barrit provided an overview of the draft addendum. See meeting packet for details. J. Green inquired if anyone who acquired HIV perinatally or anyone who identifies as a long-term survivor has reviewed the addendum. C. Barrit responded that this document has only been reviewed by the Aging Caucus. C. Barrit identified commissioners Dr. Mikhaela Cielo, Bridget Gordon, Danielle Campbell, and Luckie Fuller as potential individuals who can review the addendum. J. Green identified former commissioners Grissel Granados and Nestor Kamurigi, and a representative from Children’s Hospital.

5. Executive Director/Staff Report

a. Staffing Update

- C. Barrit introduced new staff member, Lizette Martinez, who will serve as the lead staff for the Planning, Priorities and Allocations (PP&A) Committee and Prevention Planning Workgroup (PPW).

b. AB 361 Virtual Meetings

- On September 27, 2022, the Board of Supervisors (BOS) voted to extend the continuation of virtual meetings for the next 30 days for all commissions, advisory boards, and task forces under their authority.
- At their October full-body meeting, the COH will vote on whether they will continue virtual meetings for the month of November.
- C. Barrit clarified that commissioners who join hybrid meetings remotely will need to have the location of where they are joining the meeting on the agenda in accordance with Brown Act requirements. If commissioners are not physically present in LA County at the time of the meeting, they will not be counted towards quorum or able to vote on motions.

c. Comprehensive HIV Plan (CHP) 2022-2026

- The first draft of the CHP was sent to members of the PP&A Committee and DHSP. Feedback was due on Monday, October 3rd. AJ King, CHP Consultant, will revise the draft and send a second draft out for public comment.
- AJ King and PP&A co-chairs will provide a presentation on the CHP at the Annual Meeting.
- The CHP will be submitted to the Human Resources and Services Administration (HRSA) in early December.
- J. Green asked if the Ending the Epidemic (EHE) Steering Committee will review the CHP draft as well. C. Barrit stated that AJ King has consulted with the Steering Committee prior to writing the CHP. C. Barrit will send a request to DHSP colleagues to share the CHP draft directly with the Steering Committee.

6. Next Steps and Agenda Development for Next Meeting

- C. Barrit will send the draft addendum to Dr. Cielo, B. Gordon, D. Campbell, L. Fuller, G. Granados, N. Kamurigi, and a representative from Children's Hospital for review.
- The Aging Caucus will hold open nominations for the co-chair positions.

7. Public Comments & Announcements

- K. Donnelly shared that he attended the HIV and Aging Summit in Long Beach on September 17th in observance of Aging and HIV/AIDS Awareness Day. The summit was well-attended and had a poetry workshop as well as presentations on stigma, living and aging with HIV, and advocating with an affinity group. K. Donnelly shared that he had the chance to meet Arlene Frames, commissioner candidate. He also met with Brian Risley from the HIVE Program. B. Risley offered to present the program model for HIV in older adults to the Aging

Caucus. K. Donnelly offered to reach out to schedule a time for this presentation at a future Aging Caucus meeting.

8. Adjournment

The meeting was adjourned by J. Green.



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

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

Strategies to Support Individuals Aging with HIV



APLAHealth

Program Overview

- In 2018, APLA Health launched its HIV & Older Adults program, now branded as HIVE (HIV-Elders).
- HIVE was created in response to the findings from APLA Health's Healthy Living Project that sought to formally identify the needs of various sub-populations of aging PLWH in LAC; qualify the types of services older adults with HIV receive in LAC; understand physical and psychosocial barriers and challenges to receiving services; and explore potential programmatic directions and activities.
- The community-based research study revealed that older adults living with HIV in Los Angeles County 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.

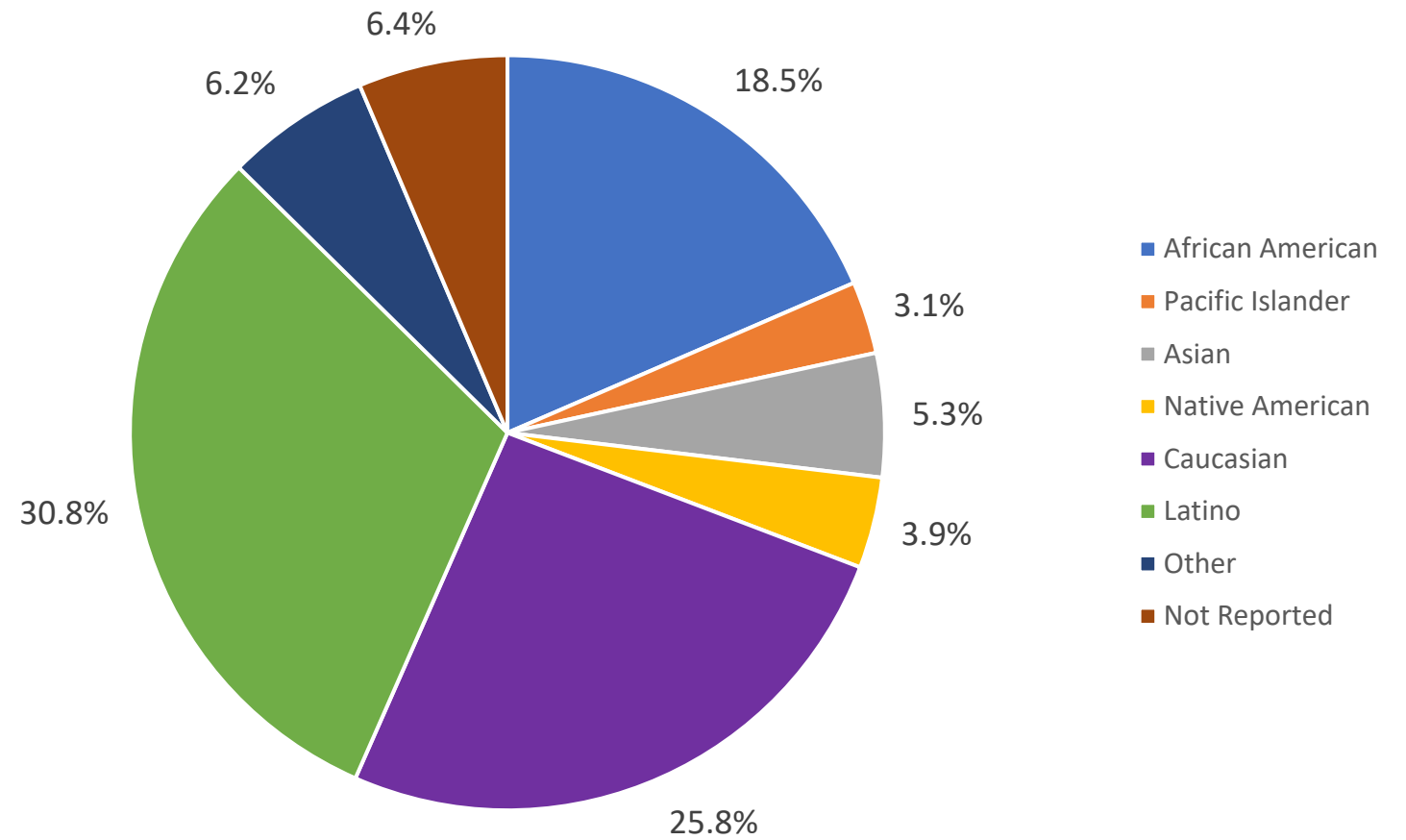
HIVE Program Plan & Purpose

- The HIVE program employs the social determinants of health framework to address factors that impact a person's ability to adopt or maintain health seeking behaviors -- stigma, trauma, social isolation, social support, health literacy and self-care.
- HIVE's purpose is to improve the health outcomes (adherence to HIV care, treatment, and reduction in hospital visits) of HIV-positive men who have sex with men 50 years of age and older in Los Angeles County by addressing many of the psychosocial burdens that interact with the experiences of aging with HIV.
- HIVE provides services to 500 MSM annually in the metro area of Los Angeles, Long Beach and South Los Angeles, three areas of LAC where HIV currently has the greatest impact.

Demographic Data

- Mean age = 59 years old

Distribution of HIVE members by ethnicity



Life Skills

Life Skills uses the evidence-based intervention of “self management” whose studies showed significant changes in mood, coping, and health attitudes.

Monthly Life Skills workshops provide HIVE clients with coping tools to problem solve, mitigate stress and anxiety, and improve communication with healthcare providers.

Inouye J., Flannelly L., & Flannelly K.J. (2001). The effectiveness of self-management training for individuals with HIV/AIDS. *The Journal of the Association of Nurses in AIDS Care*, 1. 12(5), 71–82. 10.1016/S1055

Life Skills Workshops



Monthly psychosocial education workshops that range in topics.



Live in-person meetings have resumed.



Subject Matter Experts


hive
presents

A virtual presentation for people living with HIV 50 years and up

Wednesday, February 23
5:30 - 7:00 PM

Clarity Workshop
Getting Clear for 2022
with Antonio LeMons, MA and host of The House on FOX SOUL


Join us via Zoom
[CLICK HERE](#)

  For more information text or call Emmanuel at 213.201.1547 

hive
presents




A workshop for People Living with HIV 50 Years and Up

Thursday, June 16, 2022
6:00 - 8:00 PM

 **Working Out my Health and HIV**
with Dr. Neva Chauppette

Plummer Park - Fiesta Hall
7377 Santa Monica Blvd,
West Hollywood, CA 90046

Dinner - 6:00PM
Presentation - 6:30-8:00PM

  For more information call or text Emmanuel at 213-201-1547 

hive
presents


A workshop for People Living with HIV 50 Years and Up




Thursday, September 15, 2022
6:00 - 7:30 PM

**"Confident Discussions:
Engaging in Care"**
with Dr. Steven Santiago, Chief Medical Officer, Care Resource, Miami

Plummer Park - Fiesta Hall - 7377 Monica Blvd, West Hollywood, CA 90046

Dinner - 6:00PM - 6:30PM
Presentation - 6:30PM - 7:30PM

TO REGISTER [Click Here!](#) 

  For more information call or text Emmanuel at 213-201-1547 

hive
presents




A presentation for People Living with HIV 50 Years and Up

Thursday, March 17, 2022
5:30 - 7:00 PM

"Life After Two Pandemics"
with Damon Jacobs, LMFT

David Geffen Center
2nd Floor - Founders Room
611 S. Kingsley Dr, Los Angeles, CA, 90005

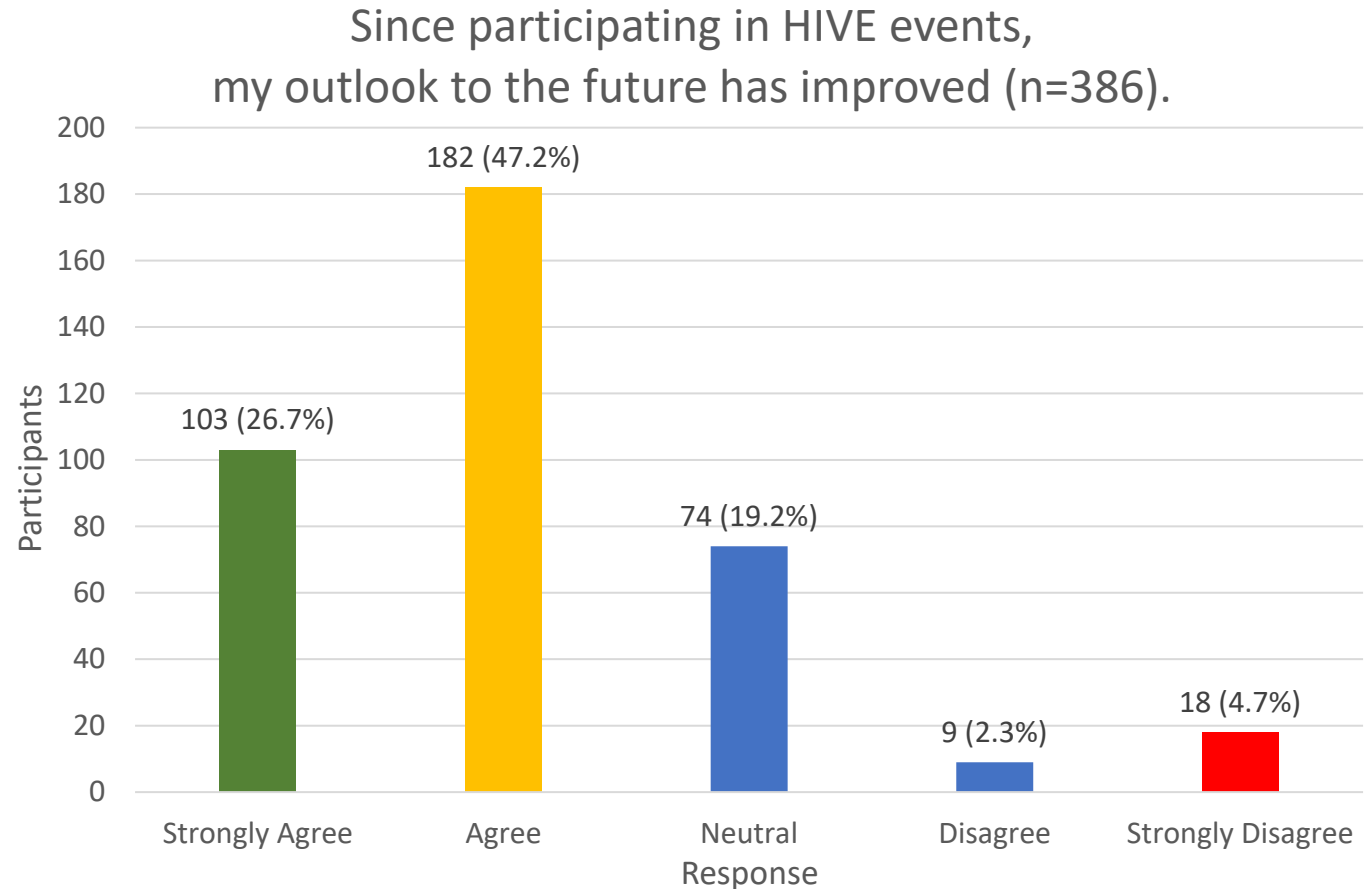
Food will be provided.

  For more information call or text Emmanuel at 213-201-1547 

Sample Life Skills

Life Skills Workshop- Data

- Overall, HIVE members that responded to the survey feel their outlook to the future has improved since participating in HIVE events.



Shared- Interest Groups

Shared Interest Groups (SIG) is an evidence-based intervention that has been proven to reduce social isolation in older adults. HIVE adapted SIG to provide no-pressure environments for older adults with HIV to learn from and network with their peers. For many, this is more acceptable interaction than formal therapy groups. Examples: coffee chat group.

Samples of Shared-Interest Groups

HIVE Coffee Walk at Echo Park

Join HIVE staff for coffee and enjoy a fun
afternoon walking around Echo Park Lake.

Friday, March 19, 2021
2:30pm - 4:30pm

Where: Meet at Starbucks Reserve
2134 W. Sunset Blvd G
Los Angeles, CA 90026



RSVP with Emmanuel at 213.201.1547
Limited Space Available. Masks are required.

APLAHealth



HIVE Los Feliz Coffee & Chat

Join HIVE staff for coffee and chat at
Starbucks Reserve in Los Feliz.

Friday, April 2, 2021 2:30pm - 4:30pm

Where: Meet at Starbucks on Hillhurst and Avocado
2138 Hillhurst Ave. Los Angeles, CA 90027

RSVP with Emmanuel at 213.201.1547
Limited Space Available. Masks required.

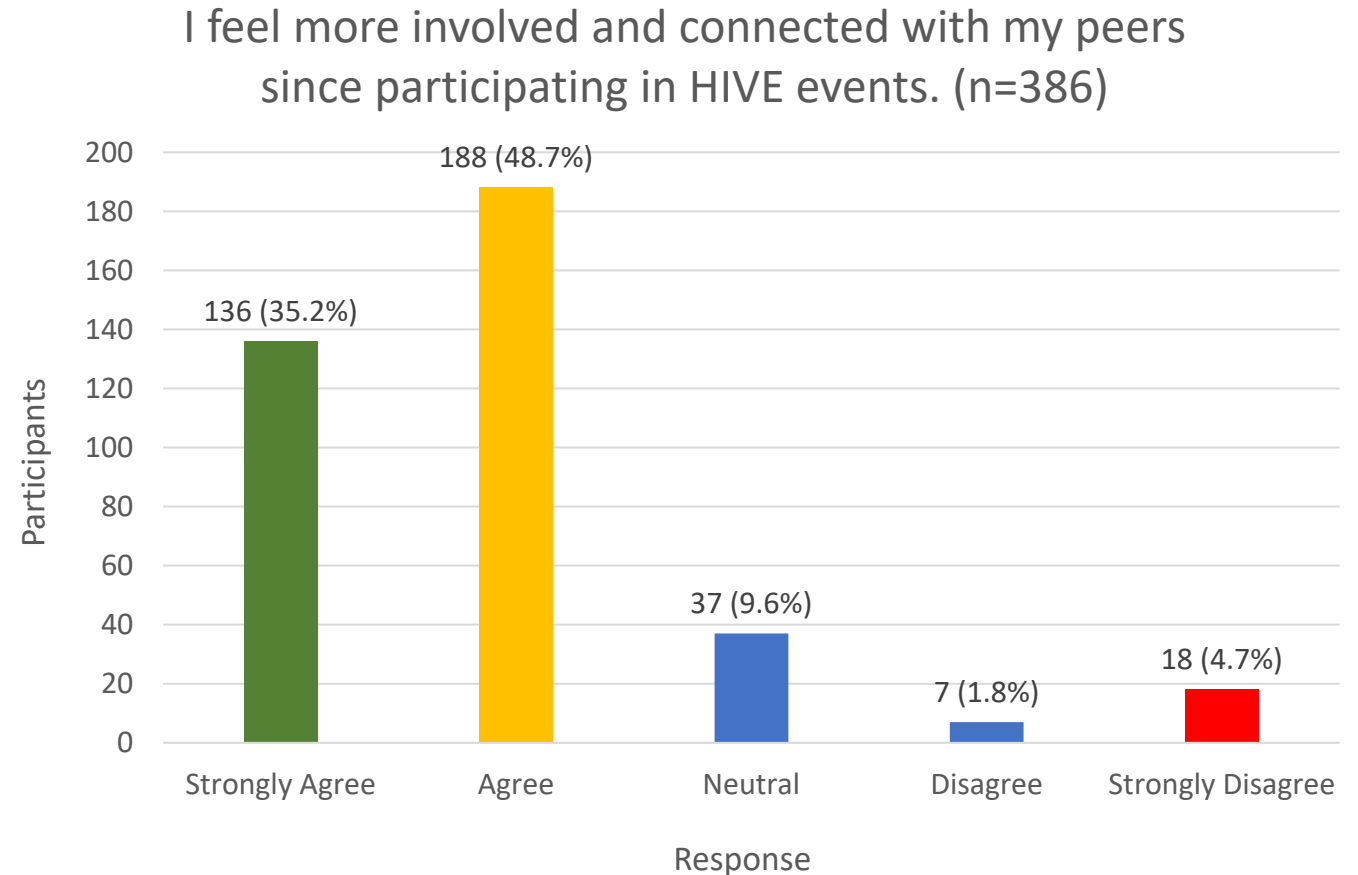


APLAHealth



Shared Interest Groups - Data

- Overall, HIVE members that responded to the survey feel more involved and connected with their peers since participating in HIVE events.



Mindfulness-Based Stress Reduction

- Mindfulness-Based Stress Reduction (MBSR) is a standardized 4-week program that incorporates several meditation components. It teaches skills to increase awareness and acceptance of moment-to-moment experiences, including difficult emotions and physical discomfort.
- Accumulated evidence suggests MBSR is effective in decreasing depression and perceived stress. (Hecht et al, 2018).



Sample Mindfulness



MINDFULNESS

An interactive workshop on Loss, Stigma and
Mindfulness for People Living with HIV
50 Years and Up.

March 23 & 30 and April 6 & 13, 2022

2:30pm - 4:30pm

David Geffen Center
611 S. Kingsley Dr. Los
Angeles, CA 90005


RSVP at 213-201-1547

This is a series of 4 sessions. For completion
of all 4 sessions, participants will receive a
\$75 gift card.



A large orange circle is positioned on the left side of the slide, partially cut off by the edge.

Peer to Peer Activities

- HIVE supports self-efficacy through facilitated daily activities that promote peer-to-peer contact and support, as well as low-impact physical activity by hiking, beach walks, garden tours, museum and park outings, whale watch cruises, and other fun active group events.
 - HIVE also has a weekly emotional support group, “hive connections” that currently meets as a virtual group.
- 
- A series of four yellow dashed line segments are arranged in a curved, upward-sloping pattern in the bottom right corner of the slide.


Sample of Peer-to-Peer Activities


HIVE presents
FREE BOWLING NIGHT

Come mingle, make new friends and enjoy a fun game of bowling.

Thursday, April 7, 2022
Time: 5:00 - 7:00 PM
Highland Park Bowl
5621 N Figueroa St, Los Angeles, CA 90042

MUST RSVP
Emmanuel at 213-201-1547
Michael at 562-247-7853

APLA Health 



APLA Health 



HIVE Invites You to Moulin Rouge! The Musical

To enter, you must complete the June evaluation form. If you are new to the program, complete the comment section at the end of the survey.

More info call 213.201.1547.

Saturday, July 16 at 1:00PM

Hollywood Pantages Theatre
6233 Hollywood Blvd.
Los Angeles, CA 90028

Meet at the box office.

hive 

aplahealth.org | @aplahealth | 213.201.1600

APLA Health



HIVE Invites You to the Huntington Gardens

Join us for a day trip to the Huntington Library, Museum, and Botanical Gardens, where we'll explore the scenic gardens and relax.

HIVE will provide transportation.

Thursday, May 5, 2022

Departure: 10 AM
Please be on time.

RSVP
Call 213.301.1547


Los Angeles Meeting Point
David Geffen Health Center, Koreatown
611 S. Kingsley Dr.
Los Angeles, CA 90005

Long Beach Meeting Point
Willow Street Metro Station
2750 American Ave.
Long Beach, CA 90806

hive 

APLAHealth.org | @APLAHealth

APLA Health



CRUISING ON VALENTINE'S DAY


Join HIVE aboard Harbor Breeze Cruises into the open Pacific Ocean to search for migrating gray whales.


Monday, February 14, 2022

Meet at 2:30pm for 3:00pm departure.

Where: Rainbow Harbor
100 Aquarium Way Long Beach, CA 90802
Meet @ Harbor Breeze Cruises Box Office

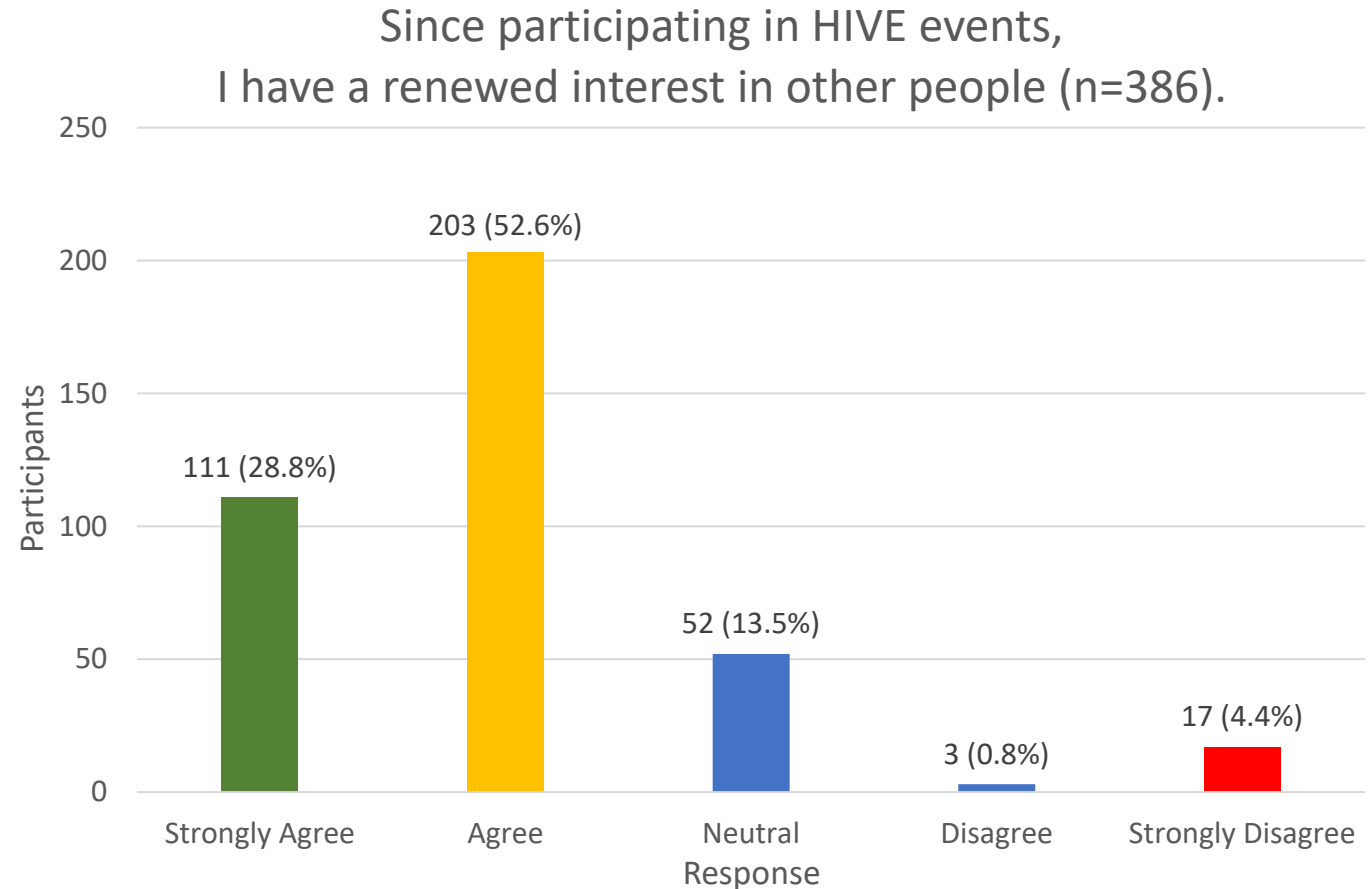
MUST RSVP with Emmanuel at 213.201.1547. Space is limited.

hive 



Peer-to-Peer Activities - Data

- Overall, HIVE members that responded to the survey report feeling a renewed interest in other people since participating in HIVE events.



Next Steps

- Positive Self Management
- Pilot a Clinical Care Manager in APLA Health Center, Mid-Wilshire medical clinic to provide senior case management and referrals for persons with HIV who are 50+.

Positive Self-Management Intervention

- HIVE staff have adapted for older adults with HIV components of a Stanford University evidence-based intervention for people with chronic disease, Positive Self-Management, (PSM).
- The six module training follows the Stanford program to improve clients' health and nutrition management, communication skills with providers, and core fitness exercises. HIVE has added HIV polypharmacy and comorbidity management, HIV & aging stigma and practicing mindfulness as a tool to reduce generalized depression, stress and anxiety.

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
<p>To join a meeting, click on the link. If you need Zoom technical assistance, contact Michael or Emmanuel.</p> 	<p>HIVE Birthday Coffee Chat</p>  <p>Echo Park Starbucks</p> <p>Friday, Sept. 23 at 2:00PM</p>		<p>Friendly Trivia Game</p> <p>4:00PM - 5:15PM</p> <p>Game will Start @4:15PM</p>	<p>HIVE LB Signal Hill Speed Walk Meet at Hilltop Park 10AM</p> <p>RSVP (562) 247-7353.</p> <p>HIVE Coffee and Chat Echo Park 2:00-4:00PM</p> <p>RSVP 213.201.1547</p>	3/4
<p>APLA HEALTH CLOSED</p> <p>HAPPY LABOR DAY</p>	<p>HIVE Long Beach Coffee Birthday Chat</p> <p>Meet at Hot Java at 1PM RSVP at (562) 247-7353.</p> <p>HIVE Virtual Bingo! 4:00 - 5:00 PM</p>	<p>Positive Self-Management Pilot Modules: Fitness</p> <p>David Geffen Center Founders Room</p> <p>611 S. Kingsley Dr. Los Angeles Ca, 90005</p> <p>2:30pm-4:30pm</p>	<p>Friendly Trivia Game</p> <p>4:00PM - 5:15PM</p> <p>Game will Start @4:15PM</p>	<p>HIVE LB Signal Hill Speed Walk Meet at Hilltop Park 10AM</p> <p>RSVP (562) 247-7353.</p> <p>HIVE en Español Cafe y Platica en Echo Park 2:00-4:00PM</p> <p>RSVP 213.201.1547</p>	10/11
<p>HIVE 1-on-1 chats 12pm-2pm</p> <p>Schedule at 213-201-1547</p> <p>HIVE Connections Support Group 5:00PM</p>	<p>HIVE Long Beach Coffee Beach Walk</p> <p>Meet at Hot Java at 1PM RSVP at (562) 247-7353.</p> <p>HIVE Virtual Bingo! 4:00 - 5:00 PM</p>	<p>Positive Self-Management Pilot Modules: Planning the Future</p> <p>David Geffen Center Founders Room</p> <p>611 S. Kingsley Dr. Los Angeles Ca, 90005</p> <p>2:30pm-4:30pm</p>	<p>"Confident Discussions: Engaging in Care" with Dr. Steven Santiago, Chief Medical Officer, Care Resources, Miami.</p> <p>Plummer Park - Fiesta Hall - 6:00PM</p> <p>MUST RSVP HERE</p>	<p>HIVE LB Signal Hill Speed Walk Meet at Hilltop Park 10AM</p> <p>RSVP (562) 247-7353.</p>	<p>17/18 The Long Beach HIV & Aging Summit</p> <p>Saturday, Sept. 17 10:30am - 2:00pm</p> <p>Billie Jean King Library - 200 W Broadway, Long Beach, CA 90802</p> <p>REGISTER HERE</p>
<p>HIVE 1-on-1 chats 12pm-2pm</p> <p>Schedule at 213-201-1547</p> <p>HIVE Connections Support Group 5:00PM</p>	<p>HIVE Long Beach Coffee Beach Walk</p> <p>Meet at Hot Java at 1PM RSVP at (562) 247-7353.</p> <p>Regal LA Live Movie Matinee Time - TBD</p> <p>RSVP 213.201.1547</p>	<p>HIVE Virtual Bingo! 4:00 - 5:00 PM</p>	<p>Friendly Trivia Game</p> <p>4:00PM - 5:15PM</p> <p>Game will Start @4:15PM</p>	<p>HIVE LB Signal Hill Speed Walk Meet at 10AM</p> <p>HIVE Birthday Coffee Chat - Echo Park 2:00-4:00PM</p> <p>RSVP to 213.201.1547</p>	24/25
<p>HIVE 1-on-1 chats 12pm-2pm</p> <p>Schedule at 213-201-1547</p> <p>HIVE Connections Support Group 5:00PM</p>	<p>HIVE Long Beach Coffee Beach Walk</p> <p>Meet at Hot Java at 1PM RSVP at (562) 247-7353.</p> <p>HIVE Virtual Bingo! 4:00 - 5:00 PM</p>	<p>Long Beach - Movie Night - Cinemark at the Pike - 99 S Pine Ave, Long Beach, CA 90802</p> <p>Time - TBD</p> <p>RSVP 562.247.7353</p>	<p>Friendly Trivia Game</p> <p>4:00PM - 5:15PM</p> <p>Game will Start @4:15PM</p>	<p>HIVE LB Signal Hill Speed Walk Meet at 10AM</p> <p>Precinct Happy Hour 357 S Broadway, LA, CA 90013</p> <p>7:00-9:00PM</p> <p>RSVP at 213.201.1547</p>	

HIVE Monthly Calendar

- Our HIVE monthly calendar is on the home page @ www.aplahealth.org
- Find us on Facebook: HIVE APLA

"Confident Discussions: Engaging in Care" with Dr. Steven Santiago, Chief Medical Officer, Care Resource, Miami.

Dinner will be provided .

Thursday, September 15

Dinner 6:00-6:30PM

Presentation 6:30 - 7:30PM

Plummer Park - Fiesta Hall

7377 Santa Monica Blvd, West Hollywood, CA 90046

RSVP 213.201.1547

The Long Beach HIV & Aging Summit

Saturday, Sept. 17

10:30am - 2:00PM

Join us for catered lunch, learning, and socializing with new friends.

Billie Jean King Main Library 200 W Broadway, Long Beach, CA 90802

REGISTER HERE

Movie Time

Join the LA HIVE group at Regal LA LIVE for a movie date!

Tuesday, Sept. 20

Time - TBD

RSVP at 213.201.1547

Join the LB HIVE group at the Cinemark at the Pike for a movie date!

Wednesday, Sept. 28

Time - TBD

RSVP at 562.247.7353 or mbuitron@apla.org

Happy Hour and Dancing AT PRECINCT!

Friday,

September, 30 2022

Meet at 7:00PM

DTLA PRECINCT

357 S Broadway, Los Angeles, CA 90013

RSVP with Emmanuel at 213.201.1547

HIV & Aging Summit Hosts

APLAHealth



CAPTC



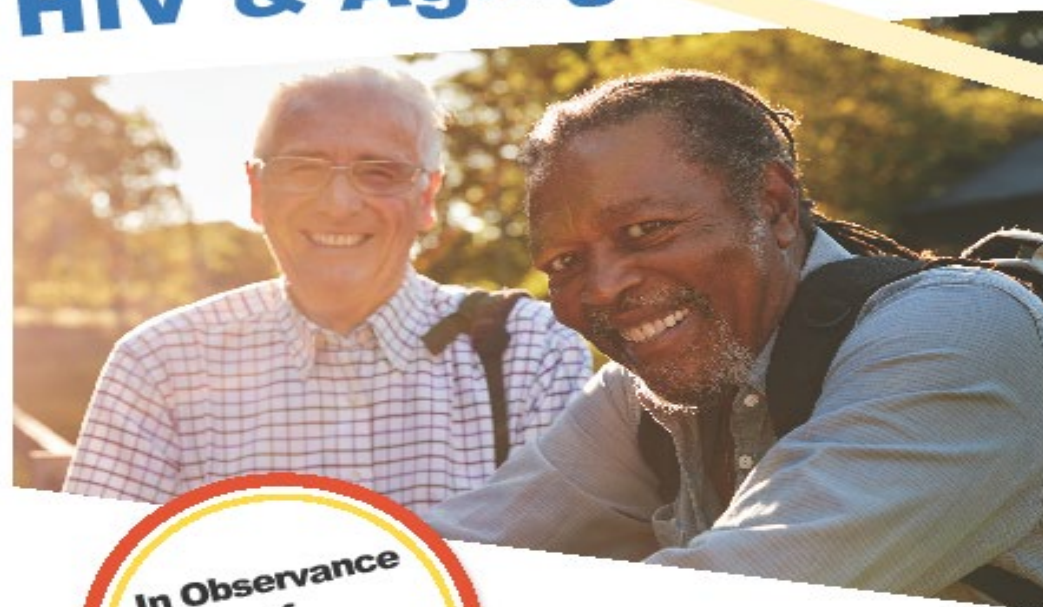
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Long Beach HIV & Aging Summit



In Observance
of
HIV/AIDS & Aging
Awareness Day

**SATURDAY
Sep 17, 2022**

10:30 am - 2 pm

Billie Jean King Main Library

200 W Broadway, Long Beach, CA 90802



Questions



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

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.

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.



LOS ANGELES COUNTY COMMISSION ON HIV



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

Background: The Aging Task Force (ATF) was formed in February 2019 to address the broad health needs of those over 50 years living with HIV and long-term survivors. According to 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 as 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.

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.

SAVE THE DATE

Planning for Action: 2023 and Beyond

Thursday, Nov. 10, 2022

9:00 AM - 4:30 PM (PST)

DISCUSSION TOPICS

- HIV and STDs in LA County Update
- Comprehensive HIV Plan 2022-2026
- Transgender Empathy Training
- Real Talk: The Effects of Trauma on People Living with HIV
- Undetectable=Untransmittable (U=U): Moving from Awareness to Full Integration in HIV Care
- Dreaming Big: Community Wishlist for a Better and Modernized Ryan White Care System

REGISTER TODAY!

Scan the QR code below
or click [here](#).



For technical assistance contact:
dmccclendon@lachiv.org or
(213) 509-9199

Meeting will be held virtually
Agenda and meeting materials will be available [HERE](#)
Spanish interpretation will be provided



LOS ANGELES COUNTY
COMMISSION ON HIV



POLICY TOOLKIT

ITUP
Insure the Uninsured Project

OCTOBER 2022

HEALTHY AGING IN CALIFORNIA



THIS TAILORED POLICY TOOLKIT combines the wide array of California initiatives and resources that support the physical health, independent living, and quality of life for older adults and people living with disabilities. It contains hyperlinks to help seamlessly navigate between the state agencies, programs and initiatives, policy plans, engagement opportunities, and additional resources that create California's healthy aging policy landscape.

ITUP Publications

[Transformation and Innovation: Advancing Health for California's Older Adults](#)

[Medicare and Health for Aging Californians Fact Sheet](#)

[CalAIM Summary and Timeline \(2022 Update\)](#)

[2022 Regional Health Coverage Fact Sheets](#)

[ITUP Blog: California's Final 2022-23 Budget](#)

California State Departments Administering Aging Services

[California Health and Human Services \(CalHHS\)](#)

[California Department of Aging \(CDA\)](#)

[California Department of Health Care Services \(DHCS\)](#)

[DHCS Office of Medicare Innovation and Integration \(OMII\)](#)

[California Department of Health Care Access and Information \(HCAI\)](#)

[California Department of Social Services \(CDSS\) Adult Services](#)

[California Department of Public Health \(CDPH\)](#)

[California Department of Developmental Services \(DDS\)](#)

Long-Term Care Facility and Service Regulators



[CDA Skilled Nursing Facilities](#)

[CDSS Community Care Licensing Division](#)

[CDPH Licensing and Certification Program](#)

Aging Fast Facts »

California 2020 Total Population: 39.5 million¹

By **2030**, California's population ages 60 and over is expected to:

Total 11.1 million, or 26% of CA's Population²

**1 in 4
CA Medicare
Members**

are eligible for both Medicare and Medi-Cal, known as "dual eligibles" or "Medi Medis," for a total of **1.5 million** or **23% of all CA Medicare members^{3,4}**

2022 Health Insurance Enrollment Snapshot⁴

- ▶ Total Medicare Enrollment: 6.5 million (16% of the state)
 - Medicare Advantage (MA): 3.2 million
 - Medicare Fee-for-Service (FFS): 3.4 million

28.1% of CA adults 65+ live below their local county cost of living threshold in 2020⁵

1.4% of CA adults 65+ reside in nursing facilities/skilled nursing facilities in 2020^{2,6}

Explore more Aging Data through the Master Plan for Aging's [Data Dashboard](#).

FEDERALLY-APPROVED MEDICAID WAIVER INITIATIVES

1915(c) Home and Community-Based Services (HCBS) Waivers

DHCS: AIDS Medi-Cal Waiver Program
DHCS: Assisted Living Waiver (ALW)
DHCS Home and Community-Based Alternatives (HCBA) Waiver
DDS: HCBS Waiver for the Developmentally Disabled (HCBS-DD) Waiver
DHCS/CDA: Multipurpose Senior Services Program (MSPP)
DDS: Self-Determination Program

Integration of the Home & Community-Based Alternatives Waiver and the Assisted Living Waiver

1115 & 1915(b) CalAIM Waivers

Long-Term Care Carve-In Transition
Enhanced Care Management and Community Supports

General Aging & Long-Term Care Services



CDSS In Home Supportive Services (IHSS) Program
CDA Agencies on Aging
DHCS Caregiver Resource Centers (CRCs) & Locations
CDA Family Caregiver Services

Programs for Medicare/Med-Cal Dual Eligible Members



DHCS Program of All-Inclusive Care for the Elderly (PACE) & FAQs
DHCS Senior Care Action Network (SCAN) Health Plan
DHCS The Future of Cal MediConnect
DHCS Dual Eligible Special Needs Plans in California
DHCS Integrated Care for Dual Eligible Beneficiaries

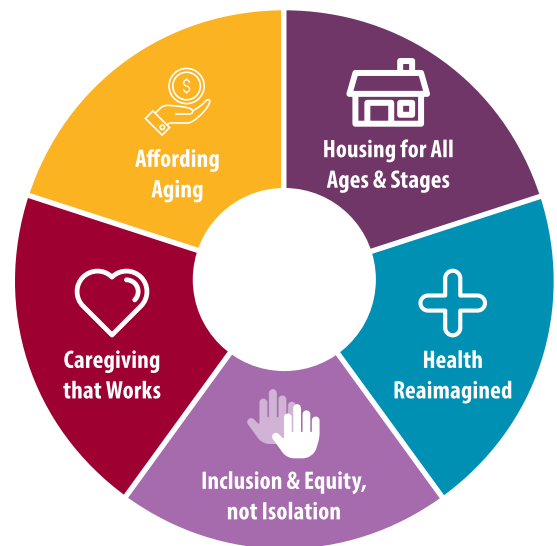
California Aging Policy Plans

[January 2021 Master Plan for Aging \(MPA\)](#)
[MPA's First Annual Progress Report \(January 2022\)](#)
[2021-25 Older Americans Act \(OAA\) State Plan](#)
[2021-22 Enacted State Budget: Master Plan for Aging Investments](#)
[CDA 2022-23 Budget Briefing Presentation and Recording](#)

Data and Equity in Aging Policy: Learn More

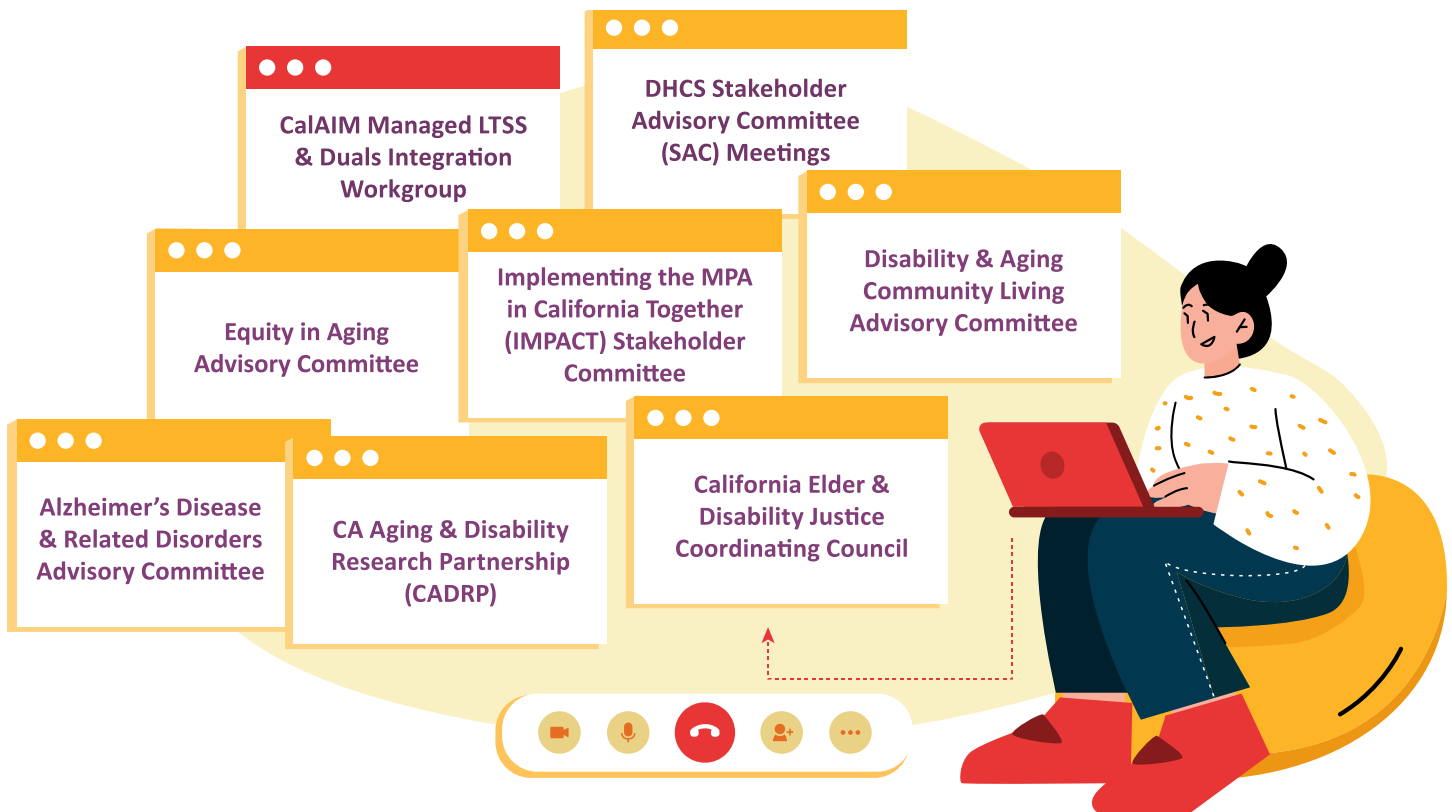
[DHCS February 2022 Profile of the California Medicare Population Report](#)
[SCAN Foundation Building a Master Plan for Aging: Key Elements from States Planning for an Aging Population](#)
[CHCF Long-Term and End-of-Life Care in California: Is California Meeting the Need?](#)
[CHCF Publication: Using Data for Good: Toward More Equitable Home and Community-Based Services in Medi-Cal](#)

Master Plan for Aging: Five Bold Goals for 2030



Government Resources to Navigate California's Healthy Aging Policy Landscape

[Master Plan for Aging](#)
[CalHHS Involvement in the Master Plan for Aging](#)
[DHCS Seniors Information](#)
[CalDuals](#)
[DHCS Medi-Cal Long-Term Care Reimbursement](#)
[DHCS Fast Facts and Other Long-Term Care Information](#)
[National Institute on Aging](#)
[Federal Administration on Aging](#)

OPPORTUNITIES TO ENGAGE WITH AGING-RELATED STATE POLICYMAKING

► Available Recordings from Past CDA Webinars & Committee Meetings

Organizations Investing in California Aging Policy

[The SCAN Foundation](#)
[California Collaborative for Long Term Services and Supports \(CCLTSS\)](#)
[California Association of Healthcare Facilities](#)
[California Association of Area Agencies on Aging](#)
[California Future Health Workforce Commission](#)
[West Health](#)
[Weingart Foundation](#)

Consumer Supports

[Medicare Counseling \(HICAP\)](#)
[DHCS Medi-Cal Outreach & Enrollment for Older Californians](#)
[DHCS California Partnership for Long-Term Care](#)
[Federal Eldercare Locator](#)
[CDA: A Consumer's Guide to Long-Term Care](#)

REFERENCES

1. United States Census Bureau, [2020 Census Redistricting Data](#), Accessed: August 29, 2022.
2. State of California Department of Finance, [Population Pyramid 1970 to 2060](#), July 2021, Accessed: August 29, 2022.
3. Department of Health Care Services, [Medi-Cal Certified Eligibles Data Table by County and Dual Status](#), July 2022, Accessed: October 12, 2022.
4. Centers for Medicare and Medicaid Services, [Medicare Monthly Enrollment](#), 2022, Public Use File, Accessed: October 12, 2022.
5. UCLA Center for Health Policy Research, [2020 California Health Interview Survey](#), Public Use File, Accessed: August 29, 2022.
6. United States Census Bureau, [2020 American Community Survey 5-Year Estimates S2602](#), Accessed: August 29, 2022.