LOS ANGELES COUNTY
COMMISSION ON HIV

AGING CAUCUS

VIRTUAL MEETING AGENDA

TUESDAY, June 7, 2022
1:00 PM – 3:00 PM
TO JOIN BY WEBEX, REGISTER AT:
https://tinyurl.com/27fftxf2

PASSWORD: AGING
TO JOIN BY PHONE: +213-306-3065 **MEETING #/ACCESS CODE:** 2596 907 9562

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

2. Co-Chairs' Report 1:10pm-1:45pm
   a. Aging Caucus Overview, Background, and History
   b. Open Membership and Invitation for Stakeholders to Participate
   c. Recommendations and HIV and Aging Care Framework Review

3. Division of HIV and STD Programs (DHSP) Report 1:45pm-2:30pm
   a. Response to HIV and Aging Care Framework

4. Discussion: 2:30pm-2:45pm
   a. What key work products do we want to complete for the remainder of 2022?

5. Next Steps and Agenda Development for Next Meeting 2:45pm-2:50pm

6. Public Comments & Announcements 2:50pm-3:00pm

7. Adjournment 3:00pm

LOS ANGELES COUNTY
COMMISSION ON HIV

AGING TASK FORCE (ATF)
May 3, 2022
Virtual Meeting Summary

In attendance:

Al Ballesteros (Co-Chair)	**Joe Green, Co-Chair**	Alasdair Burton
Viviana Criado (DPH, Office of Women's Health)	Kevin Donnelly	Michael Haymer
Lee Kochems	Jules Levin	Katja Nelson
Pamela Ogata (DHSP)	Brian Risley	Jazmin Rojano
Dorothy Wong	Cheryl Barrit, COH Staff	Jose Rangel-Garibay (COH Staff)
Bridget Gordon		

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-b43e949b70a2/57c92f87-4c2d-4018-80aa-de3b6466a307/Pkt_ATF-050322.pdf

1. **Welcome & Introductions**
   - Al Ballesteros, Co-Chair welcomed attendees and led introductions.

2. **Executive Director/Staff Report**
   a. **Comprehensive HIV Plan 2022-2026 Updates**
      - AJ King, Comprehensive HIV Plan (CHP) Consultant, is writing the epidemiological overview and needs assessment sections of the CHP. He is also working on an HIV workforce capacity survey scheduled to be sent out mid-May. An additional survey for consumers will be sent out to understand HIV workforce capacity issues from the consumer's perspective. C. Barrit and AJ King are planning to host listening sessions in various health districts in LA County that represent the disproportionate rates of HIV. The listening sessions will likely take place in June or July. The Planning, Priorities, and Allocations (PP&A) Committee will lead the planning around the listening sessions.
      - Brian Risley, APLA, inquired if the listening sessions are to accommodate Human Resources and Services Administration (HRSA) guidelines or if they will be focused on issues with HIV and aging. C. Barrit explained that the listening sessions will help inform the development of the CHP and will include various priority populations, including PLWH over 50.

- Joe Green asked if the Commission on HIV (COH) will work with the Board of Supervisors (BOS) to identify target locations and if there will be breakout sessions for specific populations such as youth and older adults. C. Barrit responded that the details of the listening sessions have yet to be finalized, but she will take note of J. Green's questions and incorporate them into the planning process.

b. Operational and Staffing Updates

- The BOS voted for another 30 days of virtual meetings through the month of May for commissions and advisory boards under their authority.
- C. Barrit is working on filling COH staff vacancies.

3. Co-Chairs' Report

a. Report back from Joint Meeting with Executive Committee

- A. Ballesteros provided background information on the recommendations from the Executive Committee on the formation of the Aging Caucus. The summary can be found in the meeting packet. The Aging Task Force (ATF) was asked to include individuals who identify as "long-term survivors (LTS)" and people living with HIV (PLWH) who were perinatally infected in their scope.
- The ATF decided to support the formation of the Aging Caucus to address the needs of PLWH over 50 as the primary focus. In the spirit of collaboration, the ATF as a caucus would like to engage with stakeholders to define "long-term survivors (LTS)," seek participation from individuals who identify as LTS and those who acquired HIV perinatally and address the needs of LTS based on data and feedback from community stakeholders and partners.

b. Review Caucus Charge

- B. Risley emphasized that the work of the ATF is focused on the needs of adults over 50 living with HIV because this group faces unique issues due to the natural aging process.
- Lee Kochems noted that the ATF is welcoming of all individuals who feel that they may relate to issues of HIV and aging. Alasdair Burton concurred and welcomed anyone who is interested in participating to attend meetings.
- A. Ballesteros asked if the ATF has been approved to become a Caucus. C. Barrit responded that this has only been approved at the Executive Committee level and will undergo a vote for final approval at the May 12 full-body COH meeting.
- Jules Levin emphasized the importance of providing services specifically for PLWH over 50 because this group is affected by multiple HIV-related co-morbidities in comparison to younger adults living with HIV. J. Levin noted that New York has funded three HIV and aging clinics using Ending the HIV Epidemic initiative funds. The clinics focus on the Black and Latinx PLWH over 50.

- Katja Nelson mentioned that it might be helpful to form a separate group to address the needs of PLWH who identify as LTS who are under 50 and PLWH who acquired HIV perinatally. She felt that people are not feeling heard, and she appealed to the ATF to have an open line of communication with the motion to turn the ATF into a caucus is presented to the full body on May 12.

4. **HIV and Aging Data Sharing (Octavio Vallejo, MD)**
   - Octavio Vallejo, MD was not present at the meeting but provided a presentation containing data on the effects of HIV and aging. The presentation is included in the meeting packet.

5. **JWCH Oasis Recuperative Care Project**
   A new skid row facility where homeless women can try 'to get whole and heal' - Los Angeles Times (latimes.com)
   - C. Barrit directed the group to a video on a new facility on Skid Row called the Oasis, a new site operated by the Wesley Health Centers and created in a joint effort with the City and County of Los Angeles. The Oasis provides recuperative care for homeless individuals. The group was unable to watch the video due to technical difficulties. The link to the video can be found here: https://vimeo.com/702716076/64b0873651

6. **Next Steps and Agenda Development for Next Meeting**
   a. **DHSP report and response to HIV and Aging care framework (June meeting)**
      - Michael Green, DHSP was not able to attend the meeting to provide the report and feedback on the HIV and aging care framework. He will attend the June meeting.

   b. **Invite stakeholders representing long-term survivors and other groups to the HIV and aging conversation**
      - C. Barrit will continue to invite stakeholders representing LTS and other groups to the HIV and aging conversation.

7. **Public Comments & Announcements**
   - There were no public comments.

8. **Adjournment**
   - The meeting adjourned at approximately 2:06 PM.

AGING CAUCUS

BRIEF OVERVIEW

June 7, 2022

Recent Motions

- On May 12, 2022, the Commission on HIV approved the continuation of the Aging Task Force as a Caucus to continue its work in addressing HIV and aging.
- June 7 is the inaugural meeting of the group as a Caucus.

Background | Aging Task Force (ATF)

- A group of concerned Commissioners and community members began discussions around health needs of PLWH over 50 in early 2019
- Raised concerns about the growing 50+ population and the capacity and responsiveness of the Ryan White and other care systems
- Voiced concerns around disparities in health outcomes across the lifespan and older adults
- HIV and aging conferences, summits, and needs assessments were conducted by local HIV service providers in 2018, 2019, and 2020

Background | ATF (continued)

- Some Commissioners proposed the idea of forming a subgroup to address HIV and aging to the Executive Committee in Jan/Feb 2019
- Started meeting as ATF in April 2019
- Met with DHSP medical directors/staff to open dialogue on HIV and aging, data, and action planning
- Completed recommendations in 12/10/2020
- 2/25/21 - Executive Committee approved extension of ATF for one additional year to complete directives
- Received feedback from DHSP on recommendations on 4/5/21
- Developed proposed HIV and aging care framework based on community feedback from studying models of care from other jurisdictions (SF and NY)

Accomplishments (continued)

- Developed recommendations in 2019-2020
  - Partnered with DHSP on data requests and reviews
  - Held consultations with Commissioners, service providers, consumers, and community stakeholders
  - Studied models of care, white papers and resource documents:
    - Research on Older Adults with HIV (ROAH) studies in 2006 (1.0) and 2018 (2.0)
    - California Master Plan on Aging
    - HIV, Aging and Stigma (Dr. P. Nash presentation and facilitated conversation)
    - HRSA's Ryan White HIV/AIDS Program Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care Reference Guide for Aging with HIV
    - HIV and aging statewide conferences

Accomplishments (continued)

- Hosted Trading Ages, an age-sensitivity training trademarked by SCAN Community Programs for providers working with seniors
- Supported Women's Caucus on HIV and Women panel in 2021
- Hosted panel at September 2021 Commission meeting
  - UCSF Golden Compass Program
  - Panel of experts and PLWH over 50
  - HIV and aging care framework for community feedback
- Raised awareness at the 2021 Annual Meeting on HIV, aging and stigma (Dr. P. Nash presentation)

Events Leading to Caucus Formation

- At the Feb. 25, 2022 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 to facilitate an inclusive approach to HIV and aging conversations.

Expanded Charge of the Aging Caucus

1. Support the formation of the Aging Caucus to address the needs of PLWH over 50 as the primary focus
2. Engage with other stakeholders to define "long-term survivors (LTS)" including age parameters and length of diagnosis
3. 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
4. Review its recommendations completed in December 2020 to address the needs of LTS based on data received and heard from community stakeholders and partners
5. Help prepare PLWH under 50 to maintain care and community connections

REFER TO SEPARATE DOCUMENT FOR RECOMMENDATIONS AND HIV AND AGING CARE FRAMEWORK

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	

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.

Los Angeles County Department of Public Health
Division of HIV and STD Programs

Commission on HIV –**Aging Task Force Recommendations** to COH, DHSP, and other County and City Partners, FINAL 12/10/2020
DHSP Response: 4/05/2021

Recommendations	Who	Status/Notes
General Recommendations		
1. 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.		• Not clear who this is directed to and where this expertise should be directed • Request that COH engage geriatric physicians/specialists in COH work and potentially present at upcoming COH meeting? • Collaborate with APLA Aging efforts?
2. Ensure access to transportation and customize transportation services to the unique needs of older adults.		• Beyond DHSP • CHHS Master Plan on Aging • Review Transportation contracts to ensure alignment with community need (this also came up during YCAB EHE Events as a priority)
3. Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV	CCS	• Benefits Specialists are expected to be versed in all services, programs and referrals for all of their clients. We can ensure this is happening during program reviews.
4. 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.		• Need more information on the goals and expectations of these collaborations and how the commission is already working with these agencies.
5. Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.		• COH purview

DRAFT

Commission on HIV –**Aging Task Force Recommendations**, FINAL 12/10/21

Recommendation	Who	Status/Notes
Ongoing Research and Needs Assessment		
1. 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:		
a. 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: 2019 Annual HIV Surveillance Report))		• This may be able to be addressed through a literature review and report back of key findings by DHSP. • Compare LAC with other jurisdictions, CA and US to see if unique to LAC • Could this be addressed through efforts to increase routine testing as older people are probably more likely to be in care for non-HIV related health conditions?
b. 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.		• Locating and identifying the out of care population has been a challenge in the past. DHSP can review data from the Linkage and Re-Engagement Program (LRP) to identify barriers to care and service needs of PLWH over 50 who are out of care.
c. Conduct studies on the prevention and care needs of older adults.		• A literature review would probably be able to inform this • Perhaps the commission should partner with academic institutions for this
d. 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.		• First step is to determine whether there are disparities and where they are • A literature review would help to inform as relates to those living with HIV • CHHS Master Plan on Aging

DRAFT

e. Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.		• Recommend to start with a literature review -not sure we have adequate data to address.
f. 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.		• Recommend starting with a literature review
g. Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care for the population. Examples of best practices to explore are National Association of Area Offices on Aging (https://www.n4a.org/bestpractices) and Substance 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.		• This seems beyond scope of what we can do and has likely already been done and may be included in one of the listed docs. Perhaps SBP can create or adopt standards for this population. • This may overlap with broader recommendations in and the scope of the CHHS Master Plan on Aging as it may extend to all aging populations. • Recommend SBP work with Aging Task Force to develop best practices for working with PLWH aged 50 and older
h. Request DHSP to develop a data collection and reporting plan with a timeline on an annual report to the community.		• Could we include additional age groups – as appropriate to reports already generated?
Recommendation	**Who**	**Status/Notes**
Workforce and Community Awareness		
2. 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 of HIV.		• Beyond DHSP • Within COH's purview? • Would CBA providers be able to provide these trainings?

DRAFT

3. 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.		• COH
4. 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."		• Beyond DHSP
5. 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.		• Need more information/clarification
6. 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.		• Not sure this is DHSP? Could COH work with RWP/HRSA on workforce development or the AETCs? • Collaborate with DPH Office of Aging and invite representative to present at COH meeting?
7. 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.		• Mixing directives; first item seems beyond scope of DHSP. Second item maybe fits with item 6 above?

DRAFT

8. Expand opportunities for employment among those over 50 who are able and willing to work.		• Beyond DHSP • CHHS Master Plan on Aging
9. Provide training on the use of technology in managing and navigating their care among older adults.		• Could this be part of the $ we provide to agencies to strengthen telehealth services?
10. Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.		• Related to items #6 and #7?
11. Collaborate with local resources and experts in providing implicit bias training to HIV service providers.		• I believe this is probably already a resource we provide in our trainings to contracted providers • Share implicit bias/medical mistrust training being developed with Black/AA Task Force.
Expand HIV/STD Prevention and Care Services for Older Adults		
12. 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.		• MCC provides this already - maybe add a component to the training/service guidelines for working with specific pops that includes aging population? Major recommendations for an aging population include addressing the 4 Ms: medication, mentation, mobility, and what matters to the patient. There are many screening tools available. Maybe add to discussions around MCC and AOM service standards. • For some of the items in this section it seems like a landscape analysis of services for 50 plus clients is needed – just within the RWP.
13. 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		• Not sure this is feasible with probably about 4,000 AOM clients and more than that in MCC receiving services. Could any of this be added to chart abstractions during contract monitoring? • MCC teams already are directed to conduct cognitive assessments for client aged 50 and older and assess IADLs and ADLs with each assessment.

DRAFT

patients affected by cognitive decline in navigating their care.		
14. 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.		• This is really geriatric medicine
15. 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.		• Wouldn't this be covered through current FFS model?
16. 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.		• CHHS Master Plan on Aging
17. 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.		• Could this be part of psychosocial services RFP whenever that happens? • CHHS Master Plan on Aging
18. Address technological support for older adults living with HIV as medical service modalities rely more and more on electronic, virtual, and telehealth formats.		• Overlap with #9? Not sure what they are asking for here; this kind of training would be a great project for the commission to undertake
19. 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		• Need to verify in our data but not sure how to respond

DRAFT

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		
20. 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.		• This may be a more effective strategy than #19 to reach older population
21. 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.		• We have tried to shift away from a population focused approach to an outcomes approach where we are targeting services to those populations who are not in care and not virally suppressed and that generally does not represent the aging population.

DRAFT

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

Goal One: Housing for All Stages and Ages

Increase coordination among housing agencies to include senior housing

Examine options for congregate senior living in safe and welcoming environments

Blend funding to support housing and rental assistance for seniors living with HIV

Support training for housing services providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff

Goal Two: Health Reimagined

Add Geriatric 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

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 (PLWH)

Standardize age categories to identify priority populations for specialized services

Review/update diagnostic screenings to include age-related conditions

Revise HIV Home Health and Support services to blend with existing services for PLWH over age (?)

Expand access to services that can prevent or slow age-related physical and mental declines

Develop and maintain robust resource directories and train PLWH to access and use them

Goal Three: Inclusion and Equity, Not Isolation

Develop strong linkages to community social support programs for all PLWH, especially youth and seniors

Acknowledge and support nontraditional family relationships that nurture well-being and social connection

Connect to ongoing education and learning programs to foster community engagement and physical activities that promote healthy living

Improve digital access and understanding of digital programs

Develop linkages to community employment and volunteer training and opportunities

DRAFT

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

Add provider training that requires history of HIV, HIV politics and advocacy (this should be a mandatory Commission training as well)

Develop transitional case management programs that help PLWH transition from RWP into Medicare, CalAIM, etc.

Foster strong community engagement and community planning that honors lived experiences of PLWH

Goal Four: Caregiving That Works

Develop/support educational programs for service providers on sexual health for PLWH aged 50+

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

Seek out mental health specialists who can treat both HIV and age-related conditions

Develop training programs for nontraditional families to support each other as they age with HIV

Reduce the digital divide by promoting access to and understanding of digital and online services

Goal Five: Affording Aging

Support robust benefits enrollment, financial and retirement planning for PLWH

Expand access to emergency financial assistance and financial planning services to senior PLWH

Develop and maintain strong linkages with nutrition and housing programs to eliminate barriers to access to safe and affordable housing and nutrition services

DRAFT