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Aging Caucus Virtual Meeting

Tuesday, August 6, 2024
1:00pm-2:30pm (PST)

Educational event planning for National HIV/AIDS and
Aging Awareness Day (September)

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

JOIN BY WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md10af90ed56025b2ca6b9fd3860fc951>

Meeting number/Access Code: 2539 379 2044

Password: AGING

Join by phone

+1-213-306-3065 United States Toll (Los Angeles)

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.

Click [HERE](#) for information on the Aging Caucus' Recommendations and Care Framework for PLWH over 50 and long-term survivors.

together.

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AGING CAUCUS
VIRTUAL MEETING AGENDA
TUESDAY, AUGUST 6, 2024
1:00 PM – 2:30 PM

JOIN BY WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md10af90ed56025b2ca6b9fd3860fc951>

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1	Welcome & Introductions	1:00pm-1:10pm
2	Co-Chairs' Report	1:10pm-1:15pm
3	Discussion: National HIV/AIDS and Aging Awareness Event Planning <i>a. Collaboration with the Women's Caucus</i> <i>b. Review Aging and Women's Caucuses Co-Chairs' Ideas</i>	1:15pm-1:50pm
4	Division of HIV and STD Programs (DHSP) Report <i>a. Discussion: Revisiting Priorities and Directives</i>	1:50pm-2:10pm
5	Executive Director/Staff Report	2:10pm-2:15pm
6	Next Steps and Agenda Development for Next Meeting	2:15pm-2:20pm
7	Public Comments & Announcements	2:20pm-2:25pm
8	Adjournment	2:25pm-2:30pm

2024 Meeting Schedule (Subject to Change**)**

All meetings are virtual from 1pm to 2:30pm unless changed by the Aging Caucus.

August 6, 2024

October 1, 2024

December 3, 2024



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AGING CAUCUS (AC) VIRTUAL MEETING SUMMARY

TUESDAY, June 4, 2024

MEETING PACKET: [CLICK HERE.](#)

Attendees: Kevin Donnelly (Co-Chair), Paul Nash (Co-Chair), A. Burton, C. Barrit, A. Frames, Dr. M. Green, Dr. D. Hardy, L. Kochems, L. Martinez, M. McFadden, K. Nelson, P. Ogata, and virtual attendees at the LA LGBT Center.

I. Co-Chairs' Report

- a. **Collaboration with Women's Caucus** - Co-Chairs P. Nash and K. Donnelly met with the Co-Chairs of the Women's Caucus to discuss collaborating on a joint educational event about addressing loneliness/promoting mental health in September in commemoration of National HIV/AIDS and Aging Awareness Day (Sept. 18). September 23 is on hold pending room reservation confirmations. The event theme is "Overcoming social isolation and building community for BIPOC Women ages 50 and over." The Aging Caucus will review initial ideas discussed with the Women's Caucus Co-Chairs and do a deeper dive with event planning at the August meeting.
- b. **Meeting Schedule Review** – the Caucus revisited their meeting frequency of every other month and agreed to keep the schedule as is.
- c. **Other Items:** K. Donnell encouraged AC members to respond to the priority setting and resource allocations survey which seeks to gather consumer input to help the Planning, Priorities and Allocations (PP&A) Committee in its service rankings and allocations exercise.

II. HIV and Aging CROI 2024 Updates Part 2 (Dr. David Hardy):

Dr. Hardy provided selected research highlights from CROI 2024. See meeting packet for slides.

III. Executive Director/Staff Report: Older Americans Act (OAA) Updates

C. Barrit provide an overview of the Older Americans and highlighted opportunities to work with State and City and County of Los Angeles to extend services for PLWH and LGBTQ communities.

Recommendations for the AC include:

- Engage and partner with LA County Commission on Older Adults
- Participate in, synchronize, and leverage City and County AAA planning processes
- Engage and partner with LA City Aging and Disability Resource Connection (ADRC) Advisory Committee <https://aging.lacity.gov/adrc-advisory-committee/>
- Provide input in the State of CA OAA Plan (due 2025)

Comments from the attendees include:

- M. McFadden noted that the LA LGBT Center's Senior Program is funded through the City of Los Angeles Department of Aging. HIV is not a core focus of OAA and the amount of funding available is very limited. The community needs to advocate for services for LGBTQ and PLWH communities. Most funding is awarded to senior centers; however, those sites are generally not welcoming places for LGBTQ+ and PLWH communities.
- Invite the City and County of LA Departments of Aging to share their plans and services to the Aging Caucus.

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

Pamela Ogata provided the DHSP Report. She requested that the AC revisit the AC priorities and directives at the next meeting to help guide DHSP on next steps.

V. Next Steps and Agenda Development for Next Meeting

- Next Meeting: August 6, 2024 @ 1pm to 2:30pm to be held virtually via WebEx.
- September educational event planning
- Revisit AC directives and priorities to guide DHSP's next steps
- Updates on [CA Department of Aging](#) and OAA Plan, if any

Meeting was adjourned at 2:30pm.

Aging Caucus and Women's Caucus Collaboration Meeting

Event Theme: Overcoming social isolation and building community for BIPOC Women ages 50 and over

Event Date: September 23, 2024

Event time: 9am – 2pm (two 1.5-2 hr sessions with an hour for lunch)

Target Audience: Providers and BIPOC Women over 50

Goal to have panel discussions from provider perspective and community perspective. Invite new groups to join the discussion. Collaborate with the Department of Aging

- Provider Panel – invite Jaime Baker (Being Alive)
 - Discuss screening approaches/protocol
 - Highlight what is available and what is needed
 - Address both chronic and acute loneliness
 - Discuss targeted interventions (e.g. HIVE) and how to expand on existing models
 - Highlight different modalities (e.g. group vs one-on-one)
- Community Panel – invite Women 50+ to share their experiences & discuss challenges and successes
 - Identify strategies to reach people that are facing isolation – recommendation to follow the approach of social worker Elia Silveyra, MSW of UCLA Los Angeles Family AIDS Network (LAFAN)
 - Perspective of a Peer who leads a support group
 - Address the stigma behind support groups
 - Offer alternatives for people who do not want to participate at a group level

Social Isolation Educational Event

September 23, 2024 Program

Purpose: Address Social Isolation and Loneliness Among BIPOC Women Over 50

Objectives:

- Dismantle stigma behind social isolation and loneliness
- Identify opportunities for providers to expand on existing models that combat social isolation among BIPOC Women 50+
- Address the unique challenges and needs of BIPOC Women 50+ facing social isolation and loneliness

Registration & Refreshments 9:30AM – 10AM

Opening Remarks 10:00AM – 10:15AM

Shary Alonzo, Commission on HIV Women's Caucus

Dr. Mikhaela Cielo, Commission on HIV Women's Caucus

Kevin Donnelly, Commission on HIV

Dr. Paul Nash, Commission on HIV

Keynote Speakers 10:15AM – 10:45AM

Dr. Paul Nash and Dr. Mikhaela Cielo

Panel Discussion – Women's Perspectives on Social Isolation 10:45AM – 11:45AM

TBD

TBD

TBD

LUNCH 11:45AM – 12:45PM

Provider Perspectives | Toolbox for Providers to Address Social Isolation Among Clients

12:45PM – 1:45PM

TBD

TBD

TBD

Closing Remarks + Evaluations + Lunch+ Networking + Raffles 1:45PM – 2:00PM

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

Notes Contain Ranking Received from Aging Caucus/Revised 9.13.22 with top objectives per goal chosen by attendees at Sept. 6 meeting.

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

KEY SOURCE DOCUMENTS:

CA Master Plan on Aging document <https://mpa.aging.ca.gov/>

Goal One: Housing for All Stages and Ages
Activity: Examine housing inventory to ensure that it provides safe and welcoming environments for seniors
Goal Two: Health Reimagined
Activity: Add gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment
Goal Three: Inclusion and Equity, Not Isolation
Activity: Acknowledge and support nontraditional family relationships that nurture well-being and social connection
Goal Four: Caregiving That Works
Activity: Seek out mental health specialists who can treat both HIV and age-related conditions
Goal Five: Affording Aging
Activity: Support robust benefits enrollment, financial and retirement planning for PLWH

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

Notes Contain Ranking Received from Aging Caucus/Revised 9.13.22 with top 3 chosen by attendees at Sept. 6 meeting.

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

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

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KEY SOURCE DOCUMENTS:

CA Master Plan on Aging document <https://mpa.aging.ca.gov/>

Goal One: Housing for All Stages and Ages

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

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

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

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

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

Goal Two: Health Reimagined

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

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

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

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

Goal Three: Inclusion and Equity, Not Isolation

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

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

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

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

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

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

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

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

Goal Four: Caregiving That Works

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

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

Notes Contain Ranking Received from Aging Caucus/Revised 9.13.22 with top 3 chosen by attendees at Sept. 6 meeting.

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

Goal Five: Affording Aging

Commented [P01]: COH recommends a peer support model with a single point of contact

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



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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 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.



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 Approved by Aging Caucus 12/6/22; 01/26/23 Executive Committee; 2/7/23 COH

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 age¹.

Screening, Education and Counseling

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

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

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

From: [Del Rosario, JB](#)
To: [Del Rosario, JB](#)
Cc: stribeclark@usaging.org; [Zachary Trammel](#); [Dallas R Davis](#); [Wright, Jadawn](#)
Subject: [Follow-Up] Accessing and Navigating Aging Services
Date: Wednesday, June 12, 2024 12:36:59 PM
Attachments: [image001.png](#)

CAUTION: External Email. Proceed Responsibly.

Hi there!

Thank you for your interest in our virtual Learning Collaborative session ***Accessing and Navigating Aging Services***.

We want to specifically thank our speakers for sharing their time and expertise as we improve care systems for people aging with HIV. Please take a moment to complete our evaluation here: https://ucsf.co1.qualtrics.com/jfe/form/SV_4SJU9twUNHSwIXI

Upon reaching our evaluation goal we'll share our session recording and implementation tool. If you have specific questions or technical assistance requests on HIV and Aging, please don't hesitate to reach out. The [Care and Wellbeing Center](#) is here to help! Our services include:

1. Our [virtual learning collaborative](#)
2. Our [HIV and Aging resource guide](#)
3. Our [Collaboration in Care Conference](#)
4. Tailored technical assistance

Thanks again for your participation in this session and for all the work you do! Take good care and hope to see you in future trainings!

JB Del Rosario, MPH

[Pronouns: he/him/his](#)

[Care and Wellbeing Center](#) - Project Manager

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My Health Checklist

A guide to help you prepare for your medical appointment

Name _____

Date _____



An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

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This guide is designed to help you get ready for your medical appointment.

It's meant especially for older adults.

First, it will help you think about different aspects of your health and living well. Then it will help you identify the most important questions or concerns you want to talk about with your provider. A provider is a doctor, nurse practitioner, primary care practitioner (PCP), etc.

Being prepared for your appointment can help you get the care that's right for you. You are part of the team. You can have a say in your care.

This guide focuses on four areas that can help you think about your health.



What **Matters**
to you in
your life



Medication
you may take



Your **Mind**
and sense of
well-being



Your
Mobility

The 4Ms

For each of the 4Ms, we'll ask you about your situation now, what's going well, and what could be better. Then you can write down any questions you have or things you want to share with your provider.

Tips for completing this guide

- ▶ **You can complete this guide in any order you like.**
This is about what works for you.
- ▶ **Take it in small pieces.** It's always okay to skip a question. It's fine to take a break and come back later.
- ▶ **You can talk about your answers with someone you trust.**
- ▶ **These pages are for you – to help you gather your thoughts.** Later, you can decide what to share with your provider.
- ▶ **You can print this guide in a larger font.** Go to ihi.org/myhealthchecklist for instructions and more resources.

If you are helping someone else complete this guide:

- Talk about why this will help.
You might say, "I want to make sure we talk about what's most important to you, so we (or you) can have a more useful conversation with your provider."
- Focus on what matters to the person you support. Remember this is a conversation about their care needs and goals.

If you are completing this guide on a computer:

First, save the guide to your desktop.

Then open your saved guide and type in your answers.

(Otherwise, what you type will not be saved.)



What Matters

Think about what is most important to you and what you enjoy most. This can help you think about what's most important for your health.

- ▶ **Your situation now** • What are the most important things in your life right now? Have there been any health or life changes since your last appointment?

SOME IDEAS Being regularly in touch with the people I care about •
Adjusting to retirement • Experiencing grief or regret •
Feeling anxious or worried

- ▶ **What's going well?** What activities do you like to do?

SOME IDEAS Play music • Watch sports • My job • Visit my
grandchildren • Involved in my community

➤ **What could be better?** Is anything getting in the way of what you like to do?

SOME Trouble sleeping • Taking care of a sick relative •
IDEAS Low energy • Harder to get around • Bladder control issues • Hard to get healthy food • Trouble hearing conversations

➤ **What do you want your provider to know about you?**

SOME Who I'm responsible for • Any goals for the year •
IDEAS Who I live with • Who or what in my life makes me feel better • Who or what makes me feel worse



Medication

If needed, medication can be an important part of your health. It's important to make sure it's working well.

Some medication affects us differently as we age. It may interact with other medication or with food, sometimes negatively. We might want to start or stop taking it, or try a different dose.

➤ **Your situation now** • What medications do you take regularly (if any)? What medications do you take only when needed?

Include vitamins and supplements, prescriptions, over-the-counter medications, and herbal remedies.

SOME IDEAS Calcium • Heart medicine • Inhaler (when my allergies act up) • Diabetes medicine • Daily aspirin

➤ **What's going well?** Are your medications helping you reach your goals?

SOME IDEAS More active • Better appetite • Sleeping better

NOTE

Always talk with your provider before starting or stopping a medication or changing how much you take.

- **What could be better?** Are your medications causing any problems?

SOME IDEAS Tired all the time • Medicine costs too much • Not sure if medicine is working • Feeling dizzy or nauseated • Bad reaction to medicine • Hard to keep track of what to take and when

- **What questions or concerns do you have for your provider?**

SOME IDEAS I can't afford to pay for my medicines • Do I still need all of these medicines? • Should we check my cholesterol/blood pressure? • Who can I call if I have questions? • Are my vaccines up to date?



Mind

This is about your mood and your sense of well-being. It's also about your mental ability, including your memory.

Use the scales below to think about your situation now. There are no right or wrong answers.

▶ Your situation now

How happy do you feel on most days?



How much do you worry about changes in your memory?



If applicable, how much do people near you worry about changes in your memory?



Do you want to add anything about your answers?
Have you noticed any changes in your mood or memory?

SOME IDEAS Feeling happier • Worrying more or feeling anxious • Forgetting words • Forgetting where I'm going — getting lost

➤ **What's going well?**

SOME Doing well at work • Excited to see my grandchild •

IDEAS When I feel upset, I have someone I can call •
Started volunteering

➤ **What could be better?**

SOME Feeling down most days • Trouble focusing • Want to

IDEAS spend more time with people • Overwhelmed with tasks •
Feeling lonely • Relationships and intimacy

➤ **What questions or concerns do you have for your provider?**

SOME Sometimes I forget things – does that mean I have a

IDEAS health problem? • I'm feeling anxious that I won't have
the help I need



Mobility

Mobility is about how you move and get around. This includes everything from exercising to getting around the house to going places.

- **Your situation now** • How do you move around at home? How do you get from place to place?

SOME IDEAS At home... I go for walks • On my feet a lot • I use a cane at times • I do physical therapy • I use a wheelchair
Getting around... I take the bus • My friend and I drive to errands together • I walk • There's no transportation for me

- **What's going well?**

SOME IDEAS My home is comfortable to move around in • I regularly do exercise videos • My foot pain is better • I walk my dog

➤ **What could be better?** Does anything limit you?

SOME IDEAS Trouble breathing when I walk • Feel unsteady when I shower • I've tripped and had a couple of falls • I don't want to drive at night • It's hard to carry my laundry to the machine • Hard to reach higher shelves lately • My back pain means I don't want to exercise

➤ **What questions or concerns do you have for your provider?**

SOME IDEAS I've had shoulder pain for a long time – what should we do about it? • Need a way to get groceries • What changes could make it safer to move around in my home? • What activities are safe for me? • What if I can't live in my house anymore?

Next Steps

➤ **Look back over all of your answers.**

Write up to 3 of your most important questions or concerns for your provider.

1. _____

2. _____

3. _____

SOME IDEAS How can I reduce my knee pain? • Can I take a test to check my memory? • How can I get stronger?

➤ **You may want to talk your answers over with someone else** – a family member, a friend, or another person. If you want, you can ask them to come with you to your appointment.

Their name: _____

➤ **Your answers may change over time.** You can come back to this guide any time to update your answers and write down more questions for your provider.

Bring your questions (and this guide) to your next appointment. Talking about the things that matter to you helps them understand you better. Then together you can choose the kind of care that’s right for you.

To start the conversation, you might say: “I have a couple of things that are really important to me. Can we talk about them?” It’s okay to ask questions more than once if the answer isn’t clear.

Resources for Healthy Aging

Benefits Checkup (National Council on Aging): <https://benefitscheckup.org>

BenefitsCheckUp® connects millions of older adults and people with disabilities with benefits programs that can help pay for health care, medicine, food, utilities, and more. Phone: 1-800-794-6559.

Eldercare Locator (Agency for Community Living): <https://eldercare.acl.gov>

A public service of the Administration for Community Living connecting you to services for older adults and their families. You can also reach us at 1-800-677-1116.

New York Connects (New York State): <https://www.nyconnects.ny.gov/home>

NY Connects is your trusted place to go for free, unbiased information about long term services and supports in New York State for people of all ages or with any type of disability. Phone: 1-800-342-9871.

Living with HIV (Department of Veterans Affairs): <https://www.hiv.va.gov/patient/daily/index.asp>

The VA website has many resources for people living with HIV

STEADI Information for consumers (CDC): <https://www.cdc.gov/steady/patient-resources/index.html>

This website is for providers and consumers to help prevent falls.

Caregiver Action Network: <https://www.caregiveraction.org>

CAN is a non-profit organization providing education, peer support, and resources to family caregivers across the country free of charge.

National Association for Continence: <https://nafc.org>

This organization is devoted to bladder health and has resources for clinicians and consumers.

USA.gov - <https://www.usa.gov>

USA.gov helps you locate and understand government benefits, programs, and information.

Examples: Scams and Fraud: <https://www.usa.gov/scams-and-fraud>, Medline Plus Health Information: <https://medlineplus.gov>, Voting and Elections: <https://www.usa.gov/voting-and-elections>

Menopause resources:

My menoplan

<https://mymenoplan.org/>

Women Living Better

<https://womenlivingbetter.org/>

Society for Women's Health Research

<https://swhr.org/>

The North American Menopause Society

<https://www.menopause.org/for-women>

Resources based on questions posted in the community garden:

1. How to help a patient disclosing their HIV status to their family:

<https://www.thewellproject.org/hiv-information/disclosure-and-hiv>

<https://www.hiv.gov/hiv-basics/hiv-testing/just-diagnosed-whats-next/talking-about-your-hiv-status>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478132/>

2. Donating vital organs and blood?

[Realizing HOPE: The Ethics of Organ Transplantation from HIV infected Donors](#)

3. What is polyamory?

<https://www.healthline.com/health/relationships/polyamorous>