LOS ANGELES COUNTY
COMMISSION ON HIV

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Aging Task Force
Virtual Meeting

Be a part of the HIV movement

Tuesday, January 4, 2022
1:00PM-2:30PM (PST)

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

REGISTRATION NOT REQUIRED + SIMUTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK HERE FOR MORE INFO.

TO JOIN BY COMPUTER: **registration is not required*

https://tinyurl.com/2p9a4cut

Meeting password: AGING

TO JOIN BY PHONE:

+1-213-306-3065

Access Code/Event #: 2595 435 7396

For a brief tutorial on how to use WebEx, please check out this video: https://www.youtube.com/watch?v=iQSSJYcrgIk

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LOS ANGELES COUNTY
COMMISSION ON HIV

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AGING TASK FORCE (ATF)

VIRTUAL MEETING AGENDA

TUESDAY, January 4, 2022

1:00 PM – 2:30 PM

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m7f0ad06178068a294a23f7ee5d673cf3

MEETING PASSWORD: AGING

TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2595 435 7396

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

2) Executive Director/Staff Report 1:10pm-1:35pm
   a. Comprehensive HIV Plan 2022-2026
   b. Special Populations Best Practices for HIV Prevention and Care

3) Co-Chairs' Remarks and Report 1:35pm-2:15pm
   a. 2021 Workplan Review
   b. Draft 2022 Workplan Review
   c. ATF Recommendations Review
   d. Report Preparation for Executive Committee Meeting
      i. Areas of Accomplishments
      ii. Recommendations for Structure
      iii. Recommendations for Ongoing Objectives

4) Division of HIV and STD Programs (DHSP) Report 2:15pm-2:25pm

5) Next Steps/Agenda development for next meeting 2:25pm-2:27pm
   a. February 1, 2022 and Future Meetings
   - DHSP Report: Feedback on a presentation date for a discussion with DHSP leadership on what is realistic to implement in the proposed HIV and aging care framework

- Debrief of HIV, Aging and Stigma annual meeting presentation by Dr. P. Nash
- Debrief of Street Medicine annual meeting presentation by Brett and Corinne Feldman

6) Public Comments & Announcements 2:27pm-2:30pm

7) Adjournment 2:30pm

AGING TASK FORCE (ATF)

December 7, 2021 Virtual Meeting Summary

In attendance:

Al Ballesteros (Co-Chair)	Alasdair Burton	Kevin Donnelly
Michael Green	KTTV Fox 11 (Donna)	Katja Nelson
Isabella Rodriguez	Jazmin Rojano	Cheryl Barrit (COH Staff)
Dawn McClendon (COH Staff)	Jose Rangel-Garibay (COH Staff)	Sonja Wright (COH Staff)

1. Welcome & Introductions

Al Ballesteros, Co-Chair and Cheryl Barrit, Executive Director, welcomed attendees and led introductions.

- **November Meeting Recap**
  - C. Barrit issued a reminder that all meetings (i.e., the Commission, committees, caucuses, and task forces) will continue virtually through the end of the year.
  - The Annual Meeting was held on November 18th from 9am-3pm. The meeting started with continuance of the training led by Human Relations Commission with the topic of *listening intently*. Also scheduled were: (1) a detailed report from DHSP on their activities, including highlighting some of their work from the Ending The Epidemic (EHE) Steering Committee, (2) Dr. Phillip Peters from the Office of AIDS and Kathleen Poortinga (DHSP) provided an update on HIV cluster detection, (3) a presentation from colleagues at the University of Southern California (USC) on Street Medicine, and (4) Dr. Paul Nash discussion on HIV, aging and stigma. The Annual Meeting packet can be found at the following link: http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_AnnualMtg_111821_final.pdf?ver=LUojUhE-3X_0jwi1Xk0oPQ%3d%3d
  - Joe Green self-nominated for ATF Co-Chair. The nomination process will remain open for 30 days.
  - The ATF engaged in a discussion regarding moving from a task force to a caucus in order to complete the work of developing and implementing the framework. The Executive Committee granted the ATF an extension as a task force until March 2022, however for compliance with the Brown Act, the ATF should consider shifting to a caucus. After discussion, it was the consensus of the group to move from a task force to a caucus.

2. Executive Director's Report

- C. Barrit issued a reminder that the Commission meeting for December 13th has been cancelled.
- The Planning, Priorities and Allocations (PP&A) Committee, led by Co-Chairs Frankie Darling-Palacios and Kevin Donnelly, are embarking upon updating the Comprehensive

HIV Plan (CHP). The federal government requires this to be completed every 5 years and it is a joint effort by the COH and the Division of HIV and STD Programs (DHSP). AJ King will be hired as a consultant to help complete the CHP. Different sources such as the Ending the Epidemic (EHE) plan, the HIV care framework, and other documents will be incorporated. ; brainstorming and collaboration will be conducted with Dr. Green, his staff, and the State Office of AIDS to help shape the CHP.

- Co-Chair nominations: Al Ballesteros and Joe Green were nominated and elected as the ATF Co-Chairs. Their term of service begins January 2022 and will last for 1 year.

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

- Chair, Al Ballesteros, led the discussion with DHSP leadership, Dr. Michael Green, regarding an expected timeline for when the ATF will be able to meet with Mario Perez (Director, DHSP) and additional senior leadership to provide feedback on the HIV and aging care framework and what is realistic to implement from the framework.
- Dr. Green was informed that Wendy Garland notified the group in November that she shared the framework with DHSP's internal Commission work group, but they have not reconvened since the sharing of the framework. She mentioned that the timing of the framework is good and allows for alignment with planning activities for next year's work.
- Dr. Green indicated that he has not had a chance to review the framework but has looked at the ATF recommendations from last year. He indicated by February the ATF and DHSP leadership could have a constructive dialogue on what is possible for DHSP to implement or determine if it is outside of their purview, and to strategize on how DHSP can assist the Commission with operationalizing the objectives. The framework can be found on page 14 of the packet at the following link: http://hiv.lacounty.gov/LinkClick.aspx?fileticket=heIY5pWV9cQ%3d&portalid=22
- A recommendation was made to look at the framework in stages, starting with Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC), and perhaps in conjunction with PP&A in order to alleviate the burden of DHSP having to deal with the entire framework at one time.
    - C. Barrit will send the framework to Dr. Green as a standalone document.

4. Discussion: November 18th Commission Meeting Debrief

- The purpose of the Annual Meeting debrief is to make sure the ATF dedicates time to elicit reactions and discuss the presentations and how they might impact or influence the work of the ATF moving forward.
- A synopsis of the feedback received is highlighted in the following:
    - The ATF was impressed with Dr. Paul Nash's presentation on HIV, aging and stigma and opened the gateway for a comment made by Commission Co-Chair Danielle Campbell, regarding the definition of aging beyond the biological definition of 50 and over, especially for people who were born with HIV and how HIV might be impacting the ageing process. *How do we address those needs considering that they are not necessarily captured with the traditional definition of aging as "50 years and older"?*

- The presentation on cluster detection was fascinating and well-received.
- A suggestion was made to provide the Street Medicine presenters with materials on how to connect people back to the HIV care system if they identify someone who has fallen out of care during their fieldwork. The group showed interest in looking at their data regarding the number of people living with HIV they come into contact with who have fallen out of care.
- There was feedback received concerning the Human Relations Commission presentations not being engaging or interactive, therefore lacking in the ability to see what it looks like in practice versus just talking about it.
- Considering that Dr. Nash's presentation was at the end of the day, the recommendation was made to have time on the next Commission agenda for answering questions or gathering feedback regarding the presentation.
- A request was made to have the presentation on stigma presented at the Transgender Caucus.
- Dr. Green indicated that it would be a good idea for the ATF to dive into and dissect Dr. Nash's presentation as things were mentioned that he has never heard before and as such deserve further examination and discussion.
    - Agendize Dr. Nash's presentation and compare that to the HIV framework recommendations with DHSP feedback for the January meeting. C. Barrit will contact Dr. Nash to see if he is available to facilitate the discussion.

- C. Barrit indicated that she would like to work with the ATF Co-Chairs in preparing presentations and reports for the Executive Committee regarding moving from a task force to a caucus and to ensure that the ATF's work is acknowledged.

5. Determine Next Meeting Dates and Times

- The Aging Task Force will meet on the first Tuesday of the month from 1pm – 3pm. The next meeting will be held on January 4, 2021, 1pm-2:30pm.

6. Next Steps/Agenda Development

- Continue discussion W. Garland related to what is feasible from the framework for DHSP to implement
- Invite DHSP leadership and COH Co-Chairs to future ATF meetings
- Share ATF framework with consultant AJ King
- Agendize further discussion of Dr. Nash's presentation
- C. Barrit will invite the Street Medicine presenters to an ATF meeting and discuss how we can partner with them on getting data
- Pre-planning and strategizing for 2022

6. Announcements: None.

7. **Adjournment:** meeting adjourned at 2:00 pm.

AGING TASK FORCE (BEST PRACTICES COMPILATION)

ID	Title	Description	Source/Link	Notes
1	Care of People Aging with HIV: Northeast/Caribbean AETC Toolkit	Toolkit designed for clinicians and other professionals who care for people aging with HIV. Provides links to screening and assessment instruments, along with programs and papers that offer clinically useful materials.	NECA AETC Aging Toolkit (NEW)_V4.pdf (aidsetc.org)	Includes resources on the following: • General materials for patients aging with HIV • Caregiving, Bone health • Polypharmacy • Elderly Mistreatment and Financial abuse • Medicare and Medicaid • Legal Problems (advice on creating a will, trust and advanced directive) • Assessment tools Need to find out when this toolkit was last updated and identify any hyperlinks that may not be active
2	Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV	HIV & Aging Clinical Recommendations CME/CE credit available June 8, 2021 - June 7, 2022. Estimated time to complete all chapters: 14 hours. Jointly provided by the Annenberg Center for Health Sciences at Eisenhower and American Academy of HIV Medicine, in collaboration with Postgraduate Institute for Medicine. Updated: June 14, 2021 The American Academy of HIV Medicine (AAHIVM), the American Geriatrics Society (AGS) and the AIDS Community Research Initiative of America (ACRIA) released the first clinical treatment strategies for managing older HIV patients: The HIV and Aging Consensus Project: Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV in the fall of 2011.	HIV & Aging: Table of Contents | AAHIVM Provider Education Center (aahivm-education.org)	Chapters include: Assessing Frailty, Detection and Screening, When to Initiate ART, Immunizations, CVD Screening and Prevention, COPD, Smoking, The Kidney, Hypertension, Cancer, Viral Hepatitis, Diabetes Mellitus, DDI & Polypharmacy, Osteoporosis, Sexual health, PrEP and Prevention, Nutrition, Depression, Anxiety Disorders, Peripheral Neuropathologies, HAND, Advance Care Planning

3	Guidance for Addressing the Needs of Older Patients in HIV Care	With patients who have HIV and are ≥50 years old, discussing the effects of aging can help identify medical priorities and evaluate physical function. Such conversations may also prompt consideration of advance directives and help patients recognize effects of ageism stigma. Integrating the Needs of Older Patients With HIV Into Medical Settings This guidance is designed to foster a shift in the practitioner's perspective when caring for older patients with HIV. However, the clinician cannot provide optimal care in the absence of support. Clinical practices can also begin to address HIV-related aging issues by taking the steps outlined below	NYSDOH AI Guidance for Addressing the Needs of Older Patients in HIV Care (nursesinaidscare.org)	• Use of a framework such as the "Geriatric 5 Ms: Mind, Mobility, Medications, Multimorbidity, and Matters Most," can help address issues of aging in patients with HIV. • Becoming familiar with the many available screening tools and local and national services will help meet the needs of older patients with HIV. • In older patients with HIV who are being treated for multiple comorbidities, prioritization of treatment plans may help reduce the potential for polypharmacy. • Evaluation of medication lists at every clinical visit to identify and mitigate potentially harmful drug-drug interactions will help minimize the effects of polypharmacy in older patients with HIV. • Familiarity with the benefits and local sources of palliative care will help clinicians recognize and meet the needs of older patients who have HIV and other serious illnesses. g• Referral to a social worker or care coordinator can help older patients with HIV to transition from commercial insurance or Special Needs Plans (SNPs) to Medicare without experiencing a loss of services or medication coverage.
4	Meeting the Needs of People Aging with HIV on the Path to Ending the HIV Epidemic	Many programs in the federal government exist to support older people. It is important to take advantage of all resources, not just federal HIV programs, to meet the needs of people aging with HIV. Educating HIV stakeholders about resources that already exist for aging populations can help more people living with HIV access critical services without having to create new services specifically for this population.	Meeting the Needs of People Aging with HIV on the Path to Ending the HIV Epidemic (georgetown.edu)	Includes discussion and recommendations for addressing the following items: • Levering resources across the federal government • Critical needs for research on HIV and aging (accelerated Vs Accentuated aging) • Golden Compass Program- providers a successful model of clinical services for people aging with HIV (6Ms approach to comprehensive care for older people living with HIV) -> Matters most, mind, mobility, medications, multicomplexity, Modifiable • Information on the Positive Living Conference

5	Addressing the Health Care and Social Support Needs of People Aging with HIV: Technical Expert Panel Executive Summary		Addressing the Health Care and Social Support Needs of People Aging with HIV: Technical Expert Panel Executive Summary (hrsa.gov)	The Medicare annual visit can serve as a model because it covers many of the domains important for this population. HAB has developed two resources focused on improving care for patients aging with HIV: Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care and Optimizing HIV Care for People Aging with HIV: Putting Together the Best Health Care Team.
6	Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care, Reference Guide for Aging with HIV	People aging with HIV would benefit from having access to a multidisciplinary health care team that is knowledgeable about community resources available to the aging population and the nuances of health care financing and coverage.	Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care, Reference Guide for Aging with HIV (hrsa.gov)	Lists the following as Health care challenges of people aging with HIV • Hearing decline or loss • Impaired oral health • Premature aging of the immune system • Cognitive impairment (HIV-Association Neurocognitive Disorder (HAND) classification) • Functional impairment • Falls • Polypharmacy • Common gaps in medical management for people aging with HIV Lack of knowledge about access to affordable hearing aids, glasses, and dental care • Failure to assess functional or cognitive status and depression • Limited awareness of decreased vaccine responses due to aging • Failure to address sexual health
	New HIV & Aging Funding Opportunities from HRSA's Ryan White HIV/AIDS Programs	Special Projects of National Significance (SPNS) Program initiative Aging with HIV is an important issue for the RWHAP. In 2019 and 2020, nearly health of people served by the RWHAP	ICYMI: New HIV & Aging Funding Opportunities from HRSA's Ryan White HIV/AIDS	Tracking this item

		were 50 years and older. Health and psychosocial needs change as people with HIV grow older, and their health care and social services providers need to respond differently. Funded organizations will identify, refine, evaluate, and share emerging ways to screen and manage health conditions and address the psychosocial needs and well-being of people 50 years and older with HIV	Program | HIV.gov	

Template Questions for Documentation

I. **Title of Best Practice**
Concise and reflective of the practice being documented.

II. **Description**
Provide context and justification for the practice and address the following:
a. What is the problem being addressed?
b. Which population(s) is/are being affected?
c. How is the problem impacting the population?
d. What were the objectives being achieved?

III. Implementation of the Practice
a. Where was the Best Practice implemented?

IV. Results of the Practice
a. What are the outcomes of the Best Practice?

V. Lessons Learned
a. Does the Best Practice influence something relevant for the population? What is it?
b. How effective is the Best Practice in achieving its goal/objectives?

VI. Conclusion

Why is that intervention considered a Best Practice?

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV
AGING TASK FORCE 2022 WORKPLAN (DRAFT 12.15.21)

Task Force Name: Aging Task Force		Co-Chairs: Al Ballesteros and Joe Green		
Task Force Adoption Date:				
#	**TASK/ACTIVITY**	**DESCRIPTION**	**TARGET COMPLETION DATE**	**STATUS/NOTES/OTHER COMMITTEES INVOLVED**
1	Develop the Comprehensive HIV Plan 2022-2026	• All Committee and subgroup will contribute to shaping the CHP • Commission, committees and subgroup activities should aim to align with the CHP and support the EHE goals • Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework	**October 2022**	
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	**Member Recruitment and Retention** 1. Recruiting to get more representation of populations impacted by HIV in LAC 2. Orientation/mentoring of new members 3. Improving retention of new members **Community Engagement / Representation** 1. Encouraging trust between the community and Commission 2. Increasing visibility of the LAC COH in the community 3. Normalizing education on HIV and STIs in healthcare and school-based settings		

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV
AGING TASK FORCE 2022 WORKPLAN (DRAFT 12.15.21)

		Streamlining the LAC COH's Work 1. Streamline priorities and meeting agendas 2. Strengthen relationships between members Reduce barriers for participation in meetings (increase accessibility and training for new members)		
3	Continue to advocate for an effective County-wide response to the STD epidemic			
4	Determine and continue to refine next steps for recommendations.	Final recommendations completed 12.20.10.	Ongoing	Recommendations presented at November & December 2020 Executive Committee and December 2020 & January 2021 full Commission meetings. COH approved 1-year extension of the ATF until March 2022.
5	Review and refine 2022 workplan		Ongoing	
6	Present accomplishments, recommendations and structure of the ATF to Executive Committee	COH approved 1-year extension of the ATF until March 2022. The ATF discussed continuing the work as Caucus.	1/27/22	
7	Continue to work with DHSP to implement recommendations		Ongoing	
8	Continue to work with DHSP to implement HIV care framework for PLWH 50+		Ongoing	•
9	Review HEDIS measures used by LA CARE Health Plan | Caring for older adults		April-May	Al Ballesteros to contact LA CARE
10	Review, track and revisit Master Plan on Aging		Ongoing	
11	Determine key priorities for implementation and possible integration to COH Committee work.		STARTED	Co-Chair, Al Ballesteros, asked COH staff to determine what is feasible to implement from

				list of recommendations at COH meeting on 5/13/21. Standards and Best Practices Committee – integrating ATF recommendations and care framework in "Best Practices" document for special populations Planning, Priorities and Allocations Committee – using recommendations and care framework to inform multi-year priority setting decisions and program directives Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework Public Policy Committee – supporting policy initiatives and legislative bills that address HIV and aging
12	Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and otherhealth services	Work with all Co-Chairs to foster input from 50+ PLWH and include a healthy aging lens in discussions. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.	Ongoing	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.
13	Encourage the Division of HIV and STD Programs (DHSP) tocollaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: 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.	Collaborate with DHSP to provide data on HIV continuum and quality of life indicators by race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status. Addressing disparities within the 50+ population is in line with the DHSP EHE Plan Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities,	Ongoing STARTED	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. W. Garland presented MCC Performance At-a-Glance, 2013-2017 Patients 50 and Over at ATF meeting October 2021.

		address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.		
14	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 issue: 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 Abuseand 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.	The Standards and Best Practices (SBP) Committee developed special guidelines for special populations (youth, women, and transgender) in 2007. The ATF may want to approach the SBP Committee to develop best practices/guidelines for 50+ PLWH. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.	STARTED	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. Standards and Best Practices Committee – integrating ATF recommendations and care framework in “Best Practices” document for special populations

LOS ANGELES COUNTY COMMISSION ON HIV

LOS ANGELES COUNTY COMMISSION ON HIV 2021
AGING TASK FORCE WORKPLAN (Updated 3.16.21; 4.26.21; 5.22.21; 6.18.21,9.28.21; 12.15.21)

Task Force Name: Aging Task Force	**Co-Chairs: Al Ballesteros**
Task Force Adoption Date: 3/2/21_updated 4.26.21; 5.22.21	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021. **Prioritization Criteria:** Select activities that 1) represent the core functions of the COH and Committee; 2) advance the goals of the Comprehensive HIV Plan and Los Angeles County HIV/AIDS Strategy; and 3) align with COH staff and member capacities and time commitment.	

#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Determine and continue to refine next steps for recommendations.	Final recommendations completed 12.20.10.	Ongoing	Recommendations presented at November & December 2020 Executive Committee and December 2020 & January 2021 full Commission meetings. COH approved 1-year extension of the ATF until March 2022.
2	Review and refine 2021 workplan		Ongoing	Workplan revised/updated on 3/16/21,4.26.21, 5/22.21, 6/18/21; 12.15.21
3	Secure DHSP feedback / analysis on Aging Task Force recommendations.	Dr. Green continued going over DHSP's response to the recommendations on 5/4/21. ATF members were asked to provide clarification where needed.	~~April~~ COMPLETED	~~Dr. Green provided DHSP feedback at April's ATF meeting.~~
4	Study models of HIV care for older adults then determine speakers / programs to highlight at a full COH meeting. Include a panel of speakers, especially consumers who are not connected to care.	Invite Dr. Tony Mills to ATF meeting; Golden Compass, Owen's Clinic, University of Colorado, University of Alabama, AltaMed PACE Program, etc.	~~April-May~~ COMPLETED	ATF will review models of care first to determine which presenters/program to feature at a full COH meeting. Golden Compass Program information provided by staff on 5.4.21. • This task is to lead to the development of a framework for a pilot program that would leverage existing Medical Care Coordination (MCC) teams to integrate service components tailored to respond to the needs of the aging clients. • HIV and Aging panel held at Sept 2021 COH meeting. HIV Care Framework for

LOS ANGELES COUNTY COMMISSION ON HIV 2021
AGING TASK FORCE WORKPLAN (Updated 3.16.21; 4.26.21; 5.22.21; 6.18.21,9.28.21; 12.15.21)

				Older Adults Living with HIV presented to full COH for feedback.
5	Review CPT codes of geriatric care. Review health screenings/risk assessments for older adults and discuss how they may be integrated in Ryan White services		~~April-May~~ COMPLETED	~~CPT codes introduced at April's ATF meeting.~~ ATF members shifted focus on key assessments that are used in general geriatric care that may help form a customized model of care for 50+ PLWH at the April meeting.
6	Review HEDIS measures used by LA CARE Health Plan | Caring for older adults		April-May	Al Ballesteros to contact LA CARE
7	Review, track and revisit Master Plan on Aging		Ongoing	
8	Conduct ageism training for the community.	Raise awareness about implicit bias with specific focus on ageism.	~~May 6 11am to 1 pm~~ COMPLETED	~~Partner with SCAN to co-host Trading Ages training~~. Determine future training sessions with ATF members. • Completed SCAN Trading Ages training on 5/6/21 • HIV and aging panel held at Sept 2021 COH meeting • HIV, Aging, and Stigma presentation held at Nov 2021 annual meeting
9	Determine key priorities for implementation and possible integration to COH Committee work.		STARTED	Co-Chair, Al Ballesteros, asked COH staff to determine what is feasible to implement from list of recommendations at COH meeting on 5/13/21. Standards and Best Practices Committee – integrating ATF recommendations and care framework in "Best Practices" document for special populations Planning, Priorities and Allocations Committee – using recommendations and care framework to inform multi-year priority setting decisions and program directives

				Comprehensive HIV Plan 2022-2026 – integrating elements of ATF recommendations and care framework Public Policy Committee – supporting policy initiatives and legislative bills that address HIV and aging
10	Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and otherhealth services	Work with all Co-Chairs to foster input from 50+ PLWH and include a healthy aging lens in discussions. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.	Ongoing	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.
11	Encourage the Division of HIV and STD Programs (DHSP) tocollaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issue: 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.	Collaborate with DHSP to provide data on HIV continuum and quality of life indicators by race/ethnicity, gender, geographic area, sexual orientation, and socioeconomic status. Addressing disparities within the 50+ population is in line with the DHSP EHE Plan Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.	Ongoing STARTED	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting. W. Garland presented MCC Performance At-a-Glance, 2013-2017 Patients 50 and Over at ATF meeting October 2021.
12	Encourage the Division of HIV and STD Programs (DHSP) to collaborate with universities, municipalities, and other agencies that may have existing studies on	The Standards and Best Practices (SBP) Committee developed special guidelines for special populations (youth, women, and transgender) in	STARTED	Activity and description taken from the recommendations tracker and as discussed from 6/1/21 meeting.

	PLWH over 50 to establish a better understanding of the following issue: 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 Abuseand 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.	2007. The ATF may want to approach the SBP Committee to develop best practices/guidelines for 50+ PLWH. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.		Standards and Best Practices Committee – integrating ATF recommendations and care framework in “Best Practices” document for special populations

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 in black: 4/05/2021 (Updated with ATF Reactions in red and COH Staff Suggestions in blue for Priority Action Items. Rows highlighted in yellow are suggested priorities for ATF to tackle at their meetings)

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? • The point here is that there is an existing and universe of agencies providing senior specific services outside of the HIV bubble. DHSP would benefit from such collaboration since it serves a majority aging population. Within 5 years over 70% of persons living with HIV in LA County with be over 50. Rather than getting lost in the text of this point, DHSP should demonstrate who it plans to work with existing senior services outside the field of HIV.
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) • The DHSP reply in nonsensical. There are existing Federal monies for transportation services. This issue is particularly acute in rural areas of Los Angeles County and in addition, it is completely feasible to provide transportation services to persons with daily activity impairments.
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. • It is nice to hear that DHSP is engaged in this activity. We would like to know the details, and review protocols, to ensure the activities satisfactory.

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. • The goal is to tap into existing resources for clients provided by other government agencies. The point of this text is inter-governmental collaboration. DHSPs reply makes us wonder if they are taking this matter seriously. DHSP should respond to how they are going to improve the health of the aging population such collaboration. DHSP should draft goals, strategies and activities.
5. Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.		• COH purview • DHSP should communicate its plan for community engagement from an aging population living with HIV. We feel the demographic trends that shows an aging "tsunami" are troubling. If members of the taskforce feels this is an issue, then it is valid. DHSP should reply with their plan to increase community engagement. • COH staff suggestion: Work with all Co-Chairs to foster input from 50+ PLWH and include a healthy aging lens in discussions. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.

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:		• Many thanks to Wendy Garland for listening to the taskforce and acting on this point. At times, we get the impression from listening to DHSP representatives that they are not engaged in this issue. We find it troubling since issues of aging affect women, persons of color, and transgendered persons the most. Additionally through the lens of demography, it is clear that the aging cohort growing rapidly. It is troubling that DHSP in not familiar with the peer review literature on this topic.
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? • DHSP should reply with their plan to address disparities that are clearly apparent in their published surveillance data.
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. • I find it troubling that DHSP has no understanding of the size of the out of care population. This does not seem to be the case with other jurisdictions such as King County, Washington; NY City; San Francisco. This goes beyond an aging issue. DHSP should present it's out of care measurements and any general understanding of the out of care population, to include but not limited to age discrepancies.

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 • DHSP should demonstrated its plan for persons aging with HIV. The answer seems to indicate that its new on their radar.
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 • I feel we have come full circle "circumlocution." Our original data request was to identify disparities. I question whether or not we are speaking to the right personnel. • COH staff suggestion: Collaborate with DHSP to provide data on HIV continuum and quality of life indicators by race/ethnicity, gender, geographic area, sexual orientation,and socioeconomic status. Addressing disparities within the 50+ population is in line with the DHSP EHE Plan Overarching Strategy: Ensure that Los Angeles County Ending the HIV Epidemic pillars of interventions address and eliminate health inequities, address and dismantle racial inequities that are at the root of HIV and related syndemics, focus on the communities most impacted by HIV, and adopts a client-centered, people first approach.

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 • DHSP should come up with a model of care for an aging population. • COH staff suggestion: The Standards and Best Practices (SBP) Committee developed special guidelines for special populations (youth, women, and transgender) in 2007. The ATF may want to approach the SBP Committee to develop best practices/guidelines for 50+ PLWH. It is suggested that the ATF Co-Chair and ATF members bring up ideas and report back to the Executive Committee at their monthly meetings.
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? • Again, maybe we are speaking to the wrong staff. I suggest direct contact with Gunzenhauser, I also recommend the taskforce begin drafting communications to the board of supervisors.

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 • COH staff suggestion: Work with SBP on convening subject matter experts to help inform the development of best practices for 50+ PLWH
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 • DHSP should work with benefits specialists to understand the full range of services for 50+ in the County and refer clients to services they need.
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. Train the HIV workforce on how to develop and deliver classes toolder adults with respect, compassion, and patience. (Moved up from #7 below).		• 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.		• Mixing directives; first item seems beyond scope of DHSP. Second item maybe fits with item 6 above? (Moved up to #6).

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. Address technological support for older adults living withHIV as medical service modalities rely more and more on electronic, virtual, and telehealth formats. (Moved up from #18)		• Could this be part of the $ we provide to agencies to strengthentelehealth 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 ourtrainings to contracted providers • Share implicit bias/medical mistrust training being developed withBlack/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.	**SUGGESTED ATF PRIORITY**	• 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 screeningtools 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 theRWP. • COH staff suggestion: ATF may develop a framework for a model of Ryan White care for 50+ PLWH in Los Angeles County, using the Golden Compass and HIV Policy Project paper as guides. It is suggested that this framework be completed before March 2022 and presented to the Executive Committee for support.

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 andmore 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 assessmentsfor client aged 50 and older and assess IADLs and ADLs with each assessment.

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 • No this is routine HIV care for persons aging. See lit review Mark McGrath provided.
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 • The master plan on aging does not relieve DHSP from tailoring services, programs, etc., Once again we must note the oncoming demographic shift towards an aging population
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 • The peer review literature (see review supplied to DHSP) notes poor outcomes that can be supported by prevention services. DHSP should ensure that all future contracts account for aging risk factors elucidated in the peer review corpus.
18. ~~Address technological support for older adults living with HIV as medical service modalities rely more and more on electronic, virtual, and telehealth formats~~. Moved to #9		• 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 Moved to 9 • Those of us who are familiar with the peer review research and subsequent focus group and medical discussion are familiar with the technological gap experienced by people aging with HIV. We request DHSP propose solutions.

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 • It seems the DHSP personnel we are speaking to are not familiar with the epi data presented in County and state surveillance reports. We request that the County communicable disease officer (Gunzenhauser) or an appropriate epi trained staff member address this issue.

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.