

HIV & AGING WORKGROUP 2015

LTCCC RECOMMENDATIONS & REQUESTS

I. Background

Adults over age 50 represent 58% of all people living with HIV in San Francisco.ⁱ It is estimated that this percentage will rise to 70% by the year 2020. This should come as no surprise considering that the age '40 and up' group currently accounts for 84% of people living with HIV in San Francisco.

LGBT older adults living with HIV/AIDS now face a myriad of interconnected psychosocial, practical, and medical challenges. Many HIV long-term survivors (those living with HIV since the mid 1980's) were told they would not live very long and as a result many did not financially plan to be alive more than 30 years later. Private disability insurance ends at age 65 which will lead to approximately 40% income decrease for those older adults living with HIV on disability. This significant income drop may cause many to be unable to afford housing, leading to increased homelessness among adults over age 65 with HIV.ⁱⁱ There is a significant need for financial support, financial literacy and benefits counseling among this group.

Many older adults with HIV report experiencing difficulty with the long-term effects of taking antiretroviral therapies, accelerated aging due to long-term HIV infection, chronic inflammation, and increased presence of comorbidities like Hepatitis, Heart Disease, Kidney Disease, and Arthritis.

In addition to physical comorbidities, older adults with HIV show higher levels of Depression than their HIV negative counterparts, which can lead to lack of adherence to medications, decreased immune response and increased inflammatory response. Depression compounded with HIV stigma and ageism may also contribute to the increased social isolation and loneliness seen among this group. Additionally, this is a community with high prevalence of substance abuse, further exacerbating existing health issues and requiring more substance abuse and mental health services. Systems of social support and caregiving need to be expanded for this group and be inclusive of women, transgender groups and communities of color.

Aging providers and HIV providers need to be adequately prepared to provide appropriate, culturally competent and patient centered care for older adults aging with HIVⁱⁱⁱ. This calls for comprehensive training for Geriatricians, HIV Specialists and other providers on the most significant needs of adults aging with HIV.

CDC recommends HIV testing for people aged 13-64, implicitly stating that adults over age 64 are not at-risk and do not need to be tested for HIV. Lack of testing has resulted in late diagnosis among older adults, and concurrent diagnoses

(being diagnosed with HIV and AIDS at the same time.) Older adults also may not get tested for HIV because many of the symptoms mimic those of normal aging. There is a need for targeted HIV testing for adults over age 50.

II. Recommendations to LTCCC

The 2015 HIV & Aging Workgroup recommendations are timely in light of San Francisco's multi-sector effort to become the first municipal jurisdiction in the US to achieve the Joint United Nations Program on HIV/AIDS (UNAIDS) vision of "Getting to Zero: Zero new HIV infections, Zero HIV deaths, Zero HIV stigma." In 2014, San Francisco also became one of the first in California to join the World Health Organization's Network of Age-Friendly cities and AARP Livable Communities.

The HIV & Aging Workgroup makes the following recommendations:

1. HIV & Aging Needs Assessment

It is imperative to have a more in depth understanding of the specific ways to better address the current needs of adults aging with HIV in San Francisco. Clinical and non-clinical providers need to be better equipped to respond in order to improve health outcomes for adults aging with HIV. The most recent needs assessments in 2010 and 2013 identified growing needs among this population as the prevalence of HIV among older adults continues to grow by about 4% each year. We recommend LTCCC supports work exploring the intersection of Geriatrics and HIV Care, including UCSF/SFGH's initiative to start up a clinic specifically for this alongside ACRIA's Research on Older Adults with HIV (ROAH 2.0) study. ROAH 2.0 is a comprehensive national multi-site HIV & Aging study which will include San Francisco pending support. The study will assess psychosocial factors which impact health outcomes and the well-being of older adults with HIV. It aims to pair survey responses with clinical records for each study participant. This is the first effort that recognizes that health outcomes are impacted not only by primary medical care management, but rather a series of interactions with those psychosocial characteristics of the patient – the older adult living with HIV. Needs assessments among this group should be updated every 5 years.

2. Develop Increased & Sustained Linkage to Care

The San Francisco model set a standard of care for services for people with HIV. It is important that we preserve this model and apply it to the special needs of older adults with HIV.

Developing a better system of coordinated healthcare and sustaining linkages to care will ultimately improve health outcomes for adults aging with HIV. This is especially important because adults over age 50 with HIV have more than triple the number of comorbidities as their HIV negative counterparts. Successful management of comorbidities requires expansion of existing relationships between community based organizations and healthcare systems to develop Geriatrics & HIV focused clinical programs and support services. Comprehensive case management and patient navigation should be included in this model. Additionally, older adults tend to get tested for HIV far less frequently than younger adults, leading to missed opportunities for treatment and worse health outcomes for those who test positive late. There must be HIV testing campaigns targeting older adults. This is in line with the “Getting to Zero” plan, helping older adults with HIV achieve viral suppression.

3. Affordable Housing

Housing is healthcare for people living with HIV, it is also a critical piece of HIV prevention. The March 2014 “LGBT Aging at the Golden Gate” found that older adults are especially vulnerable to losing their residential housing as a result of evictions and physical barriers to aging in place, and the consequences of losing housing late in life is severe for most LGBT seniors. The 50-plus Network of older Gay, Bisexual and Transgender MSM with HIV identified affordable housing as their number one concern, followed by food security. There is a significant need to build new affordable housing, create additional housing options like co-ops and land trusts, reduce and prevent homelessness, improve conditions in apartments and SRO’s and to make shelters more welcoming to LGBT seniors with HIV.

4. Supporting Transgender Inclusion in Health Services

All city funded agencies providing services to adults aging with HIV need to have a non-discrimination policy that includes gender identity and gender expression. We recommend the development and implementation of a measure to ensure compliance and accountability with this policy. We also recommend mandatory intake forms which are inclusive of genders beyond male or female

that acknowledge a broad range of identities. We also recommend the establishment of a Transgender Health Workgroup.

5. Mental Health & Psychosocial Services

Older adults with HIV experience higher levels of anxiety and depression than their HIV-negative peers. Additionally, long-term survivors of HIV and those aging with HIV are very likely to experience forms of post-traumatic stress. There is a significant need to create mental health and substance abuse services which are culturally appropriate, accessible, and inexpensive. Isolation, social anxiety and loneliness can plague people as they age, especially older LGBT adults and adults aging with HIV. We recommend extensive outreach and mobile and/or convenient services to reach the isolated and emotionally challenged who are part of this population. This should include creation of “buddy programs” and utilizing technology, including social media, to reach isolated adults with HIV.

6. LTCCC Support of LGBT Taskforce & Getting to Zero Consortium Recommendations

There is significant overlap between the needs identified by the LGBT Taskforce & Getting to Zero Consortium as the HIV & Aging Workgroup identifies among older adults with HIV. We recommend LTCCC supports all LGBT Taskforce & Getting to Zero Consortium Recommendations.

7. Training for Geriatricians & HIV Providers (Medical & Non-Medical)

Older patients with HIV have more than triple the number of comorbidities as their HIV negative counterparts. As a result, older patients with HIV are more likely to have difficulty managing complicated medication regimens and issues with polypharmacy. This can also create intolerable side effects making it difficult to adhere to medications. Additionally, it can be very challenging for older patients to navigate a complicated healthcare system when there is a lack of coordination between healthcare providers. Medical and Non-medical providers need to be better equipped to address the needs of older adults with HIV. We recommend mandatory training for providers on cultural humility around HIV & Aging issues. Aging providers need to be knowledgeable about

the challenges associated with managing HIV as an older adult while HIV providers need to be knowledgeable about the challenges of aging while managing HIV. All providers need to be trained to ask the right questions, provide proper risk assessments and promote health and increased quality of life for adults aging with HIV.

8. Legal, Financial & Employment Services

There is a significant need for programs including benefits counseling and advocacy, eviction prevention, housing advocacy, long term care consumer rights, ombudsman programs, naturalization services, legal services and supports, and IHSS/Supplemental Security Income (“SSI”)/Medi-Cal advocacy, including strengthening share of cost options. For older adults with HIV there is a heightened need for estate planning, eviction prevention legal services as well as legal protections and resources for LGBT seniors and those with HIV.

9. Food Security

Some San Francisco residents miss as many as 1/3 of their meals per year. This represents a huge gap in food security for thousands of our neighbors. Wholesome diets are particularly important for an aging population of people with HIV. Many HIV regimens require medicines to be taken with food in order to be properly absorbed and get to a therapeutic blood level. Missing meals could translate into lower absorption rates of medicine, higher levels of virus in the blood, and higher chance of disease progression. This is also a diverse population that is experiencing a higher than normal frequency of comorbidities, many requiring certain dietary restrictions and needs. As these folks age, their dietary needs become more acute and complicated. Many can not eat the food served at community kitchens and pantries because of dietary restrictions. There is a significant need for nutritional counseling, meals specifically designed for this population and accessible grocery centers with appropriate and healthy options.

10. Continued Meeting of HIV & Aging Workgroup

The HIV & Aging Workgroup requests continued support from DAAS staff between Jan – Dec 2016. The goals of the workgroup align with the National HIV/AIDS Strategy and San Francisco’s plan, “Getting to Zero” (zero HIV infections, zero HIV deaths, zero HIV stigma). In addition to meeting these goals, the workgroup aims to identify commonalities and opportunities for collaboration between HIV providers, senior service providers, adults with disabilities, and caregivers. The workgroup shall appoint a co-chair, a member of the LTCCC, who will assist drafting meeting agendas and facilitate meetings. The workgroup also aims to create collaborative partners with similar interests and goals.

III. Budget Recommendations

Recommendations	Dollar Amount
HIV & Aging Needs Assessment (ROAH 2.0)	\$125,000
Increased & Sustained Linkages to Care	TBD
Affordable Housing	TBD -Getting to Zero Recommendations
Supporting Transgender Inclusion in Health Services	TBD
Mental Health & Psychosocial Services	\$40,000
Training for Geriatricians & HIV Providers (Medical & Non-Medical)	TBD
Legal, Financial & Employment Services	TBD
Food Security	TBD

ⁱ <https://www.sfdph.org/dph/files/reports/RptsHIVAIDS/HIV-EpidemiologyAnnualReport-2014.pdf>

ⁱⁱⁱⁱ http://www.scottwiener.com/supervisor_wiener_to_call_for_hearing_to_highlight_predicament_of_long_term_hiv_survivors_whose_private_disability_insurance_terminates_at_social_security_eligibility

ⁱⁱⁱ <http://www.sfcarecouncil.org/Documents/docs/HIV%20and%20Aging%20Policy%20Paper%20Final%206.29.10.pdf>