

Joint Workgroup on HIV and Aging



**PRESENTATION OF THE WHITE PAPER
AND RECOMMENDATIONS
TO
THE HIV HEALTH SERVICES PLANNING
COUNCIL**

Background



- Development of Joint Workgroup on HIV and Aging in 2009
- January 2010 Policy Briefing at the Haas Fund with GMHC, DAAS, DPH, SFAF and a Community Forums for Providers from both HIV and Aging Services Community
- 2010 Focus Groups on HIV and Aging
- On-Line Survey of 117 people aged 50-79

Issue 1 – Growing Population



- The population of people over 50 living with HIV/AIDS is already substantial and above the national average. It is likely that this population will be 50% of all people living with HIV/AIDS in San Francisco by the end of 2012. In order to adequately respond to the HIV/AIDS epidemic in the San Francisco EMA, addressing the needs of older people living with HIV/AIDS is essential.

Conclusion derived from Issue 1



- **Due to the large numbers of older people living with HIV/AIDS in San Francisco, it is critical that San Francisco shift a substantial amount of its focus to address the needs of this population.**

Issue 2- Older People with HIV are diverse



- While there are unique issues faced by older people living with HIV/AIDS, the demographic breakdown around gender, race, ethnicity and sexual orientation are diverse and closely mirror the demographics of the overall epidemic in the EMA.
- It is essential to recognize that as people age, they do not lose the need for services to be delivered in ways that are sensitive to an individual's gender, race, ethnicity and/or sexual orientation

Conclusion derived from Issue 2



- **This population of older people living with HIV/AIDS is diverse and will need to have social services delivered in ways that reflect not only their age and their HIV status but their gender identity, their ethnicity and their sexual orientation.**

Issue 3- Late Testers Common Among Older People



- According to a CDC report, among persons newly diagnosed with HIV, the probability of being diagnosed with AIDS within 12 months, increases with age. According to the CDC, “Health care professionals may underestimate their older patients’ risk for HIV/AIDS and thus may miss opportunities to deliver prevention messages, offer HIV testing, or make an early diagnosis that could help their patients get early care.”

Conclusion derived from Issue 3



- **: Many of the trends and concerns about older people coming from an analysis of data on late testers and new infections must be addressed through adequate prevention efforts and healthcare provider education**

Issue 4- Medical Issues are Complex



- The healthcare needs of people living with HIV/AIDS who are older are complex. HIV and aging make for a complicated balancing act – a convoluted interplay of the disease itself, natural aging symptoms and the side effects of antiretroviral medication that may enhance those symptoms.
- Combining issues of drug toxicity, long term use of ARVs, effects of drug combinations used to treat HIV, other health issues related to aging and “usual” comorbidities in general, effects of inflammation, mental health and substance use history, creates a daunting challenge for healthcare providers but also for older people living with HIV/AIDS themselves

Issue 4- Medical Issues are Complex



- Navigating the many unknowns and the complexity of the landscape successfully is essential for older people living with HIV/AIDS to enjoy better health and a decent quality of life

Conclusion derived from Issue 4



- **Support services providers must be equal partners with medical providers in order to ensure that life is not just extended for older people but that it is one with as much meaning and quality as possible.**

Issue 5- Economic Issues are critical



- Concern regarding economic hardship and decreased financial stability crossed all income levels and was identified as a significant issue for the majority of respondents. Economic hardship is as critical an issue as medical complications for older people living with HIV/AIDS. For some individuals who are currently financially stable and self reliant, that stability may be severely compromised as one ages and there may be an increased demand for services by people who currently do not need them.

Conclusion derived from Issue 5



- **The system of care for people living with HIV/AIDS must plan for an increase in the numbers of people needing services due to loss of economic stability associated with circumstances related to aging.**

Issue 6- Social Isolation



- Social withdrawal and isolation—whether caused by the physical or cognitive effects of HIV and its treatment, the stigmatization often associated with HIV, or a combination thereof—are common in older people living with HIV or AIDS.
- Research has shown a substantially higher level of loneliness for older people living with HIV/AIDS than the general population of older people

Conclusion Derived from Issue 6



- **Reducing social isolation for older people with HIV/AIDS is a critical component of successfully meeting the needs of this population.**

Issue 7- Benefits and System of Care are Complex



- The system of income and healthcare benefits is extremely complex for older people living with HIV/AIDS and includes an array of programs and eligibility criteria that intersect those available to people disabled, those available to people living with HIV, those that are means tested and those available to older people.

Conclusion derived from Issue 7



- **To ensure that older people living with HIV/AIDS have the income and healthcare benefits and legal advocacy that can help their quality of life it is critical that expertise about these various benefits be available.**



Issue 8- Aging and HIV are in a siloed system



- There are definitely two systems of care - HIV/AIDS and Adult and Aging services. Not surprisingly, people with HIV/AIDS are very comfortable and fairly knowledgeable about the HIV/AIDS service system but lack the knowledge of adult and aging services.

Conclusion derived from Issue 8



- **There must be efforts at cross talk between different city agencies and departments and there must be a common information source for the services available to older people living with HIV/AIDS.**

Issue 9- People with HIV are Aging in the Context of an Aging Society



- People living with HIV/AIDS who are growing older are doing so in a society that is dramatically aging, both nationally and locally. This growing number of older people in the nation will also impact healthcare needs since, according to the Federal Interagency Forum on Aging-Related Statistics, there are a significant number of people aged 65 and over that have chronic health conditions.

Conclusion derived from Issue 9



- **The strain that the increasing number of older people will have on entitlement programs is an issue that is currently a policy and political debate in Washington DC and the future viability and structure of these programs remains precarious. Since a significant number of people living with HIV/AIDS (younger and disabled as well as older) rely on these programs, their ongoing stability is important.**

Issue 10- Uncertain Funding Environment



- There will likely be an increased demand for older adult services in the future due to the aging of our society happening at a time of economic uncertainty and significant cuts in public funding.

Conclusion derived from Issue 10



- **Planning for programs for older people living with HIV/AIDS must consider the stark funding environment and look at the development of innovative and collaborative programs that are cost effective and ideally, cost neutral.**

Recommendations to the City



- The Mayor should convene an HIV and Aging summit that would bring leaders from all city departments and agencies, foundations, business leaders, policy makers and community leaders together to identify and craft a unified strategy to address the needs of older people living with HIV/AIDS.
- San Francisco should take the lead in bringing together leaders from cities throughout the United States who are also addressing HIV and Aging for information sharing and the development of best practices guidelines.

Recommendations to the City



- San Francisco should explore partnering with research partners such as the University of California San Francisco, Center for AIDS Prevention Studies and/or the AIDS Community Research Initiative of America and/or the San Francisco State University Health Equity Initiative to conduct more robust research and needs assessments of older people living with HIV/AIDS in the county/city.
- San Francisco should aggressively explore innovative ways to provide accessible and affordable housing for older people in San Francisco- especially those living with disabilities including HIV/AIDS.
- San Francisco should take the lead in addressing HIV and Aging in the Bay Area, specifically the three counties of the San Francisco EMA- San Francisco, San Mateo and Marin.

Recommendations to San Mateo and Marin Counties



- The relevant agencies in San Mateo and Marin counties should hear a presentation of this data.

Recommendations to the HIV Health Services Planning Council



- Recommendations to the HIV Health Services Planning Council recognize the role of the council in allocating Ryan White resources, prioritizing services and issuing directives to the Department of Public Health, HIV Health Services Section and strive to be cost neutral.
- These recommendations will be considered in the CMA, GPA and Steering Committees before the August 20th Summit.

Recommendations to the HIV Health Services Planning Council



- The Council should issue a directive to the grantee that states: “The grantee must fund one Case Management program that demonstrates an ability to work with programs in both HIV services and Aging and Adult services and expertise in the needs of older people living with HIV/AIDS.”
- The Council should issue a directive to the grantee that states: “The grantee must fund one benefits counseling program through the HRSA category “Case Management (Non-Medical)” that demonstrates expertise in the healthcare and income benefits and eligibility criteria that are needed by people 60 years and older living with HIV/AIDS.”
- Due to the complexity of care for older people living with HIV/AIDS, the Council should add “People over 60 years of age” to the “Special Populations” definition.

Recommendations to the HIV Health Services Planning Council



- The Council should re-consider raising the current priority levels of a) Psychosocial Support, b) Case Management (Non-Medical) which is a HRSA category that allows for funding Benefits Counseling, and c) Legal advocacy.
- This report should be put on the agenda for the Points of Integration Committee (a joint committee of the HIV Health Services Planning Council and the HIV Prevention Planning Council) with a request that the Prevention Planning Council address the issue of HIV prevention in the older population.
- The HIV Health Services Planning Council should have one seat designated for a member of the Long Term Care Coordinating Council.

Joint Workgroup on HIV and Aging



Co-Chairs

Steve Manley – HIV Health Services Planning Council
Moli Steinart- Long Term Care Coordinating Council

Members

Marshall Feldman
Jesus Guillen
Bill Hirsh
Bill Haskell
Mary Lawrence Hicks
Christian Irizarry
Lee Jewell
Matt Sharp
Carol Hudson
Anna Heath
David Strachan
Chip Supanich