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HIV and Aging Asks

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BACKGROUND:

Few are aware that the number of people 50 years and older living with HIV/AIDS (OPLWHA) has nearly doubled since 2001 (Centers for Disease Control and Prevention [CDC], 2008). The success of antiretroviral therapies has transformed HIV into a manageable chronic illness. People living with HIV can now expect a marked increase in life expectancy (Walensky et al., 2006). As a result, adults 50 years and older will comprise fully one-half of those living with this disease by 2015 in the United States (Effros et al., 2008) and 70% by the year 2020. But, there are complications associated with this success. There is mounting evidence that OPLWHA, most being between the ages of 50 and 60 years, are experiencing high rates of comorbid illnesses 2 decades earlier than their non-infected peers. They report three times as many comorbid conditions as community-dwelling adults 70 years and older (EDITED Havlik, 2009; Havlik, Brennan, & Karpiak, 2011).

In San Francisco, the number of gay and bisexual men diagnosed with HIV aged 50 and over totals 9,370 or 58.5% of all 16,009 cases. (No sufficient data is available regarding age for transgender persons, so they are not included in the total above.) Total reported cases by gender include: Males – 14,722, Females - 909 and Transgender - 378.) For age 50 or older, the majority of cases are Caucasian at 70%, with 10% African-American, 14% Latino, 4% Asian-Pacific Islander/Native American and 2% multi-racial. The major transmission category is gay men or other men who have sex with men (G/MSM), which represents nearly 80% of all males living with HIV. (San Francisco Department of Public Health HIV Semi-Annual Surveillance Report December 2016)

The Long Term Care Coordinating Council's (LTCCC) HIV and Aging Work Group, consisting of consumers, providers of services and DAAS staff, has been meeting since November 2014. The group has met with providers for aging adults both within and outside the traditional HIV system of care. They studied the results of two prior needs assessments (2011 and 2014) and the findings of the LGBT Task Force, and have coordinated with the Getting to Zero Steering Committee, HAPN (HIV/AIDS Provider Network) and other stakeholders. A presentation was made to the Long Term Care Coordinating Council in December 2015 and the council members voted unanimously to approve and support their recommendations.

The asks in this document are updates from a report to Supervisor Scott Weiner drafted by Vince Crisostomo and Chip Supanich in April 2016. That report produced a breakdown of needs and costs of expanding capacity at existing organizations that already have such programs in place. It was assumed that there would be cost and time savings with this strategy over starting new programs within DAAS or at other agencies and community based organizations that possess less expertise with this population. Also important to mention is that the report recommended that new streams of funding come in for many of these services. At the time of this writing it is projected that the Dignity Fund's Year 1 could possibly provide this support to the HIV & Aging population. Keep in mind that the care for seniors with HIV would be presented along with the needs of serving the larger senior population, adults aging with disability or chronic health condition. There is also the question of what percentage of these services

would be provided by HIV providers and what would be the role of traditional providers of senior and or disability services.

The services that people over fifty who are long term survivors of HIV need result from a web of complex and interwoven issues. From poly-pharmacy and co-morbidities to PTSD, depression, anxiety, substance use, making sense of benefits and social isolation, there is a substantial need for expanded services. It is important to realize that social service providers and medical care staff need to be trained on these issues, as well as become knowledgeable of the areas where HIV medicine and gerontology intersect. While folding them into existing senior service programs may work in some cases, the life experiences of long term survivors are often much more traumatic and stigmatized than their HIV negative counterparts. They are likely to need more services than a senior center can offer – mental health, psychosocial support, care navigation, substance use/harm reduction services, legal aid, and case management among them.

We preface the list with the need for a comprehensive needs assessment of this population. Historically, DAAS has not sampled this group of consumers. Smaller studies have been completed by other groups, but are several years old. The ROAH II (Research of Older Adults with HIV) study will not only assess the current needs of approximately 400 people in San Francisco, but will also examine how needs change from decade to decade in one's life. The needs of a population of fifty-somethings is much different than those of their neighbors in their seventies. It is important for medical and social service providers to be aware of the evolving needs of this population as they age. A comprehensive needs assessment will cost approximately $200,000. DAAS has tentatively committed to support the launch of ROAH II with $75,000. We know that the following list of needs are substantial, the ROAH study will identify where the demand for services has increased.

Also separated out from the other needs is housing. While this remains the greatest overarching need for older adults and long term residents of San Francisco, housing "asks" are coming from all quarters. The HIV and Aging Work Group is currently working with the Long Term Care Coordinating Council and others to develop a plan around housing for older people with HIV. For the purposes of this report, we strongly advocate for increased funding for legal services and outreach to prevent people aging with HIV from eviction, particularly those losing substantial income due to the loss of long term disability policies.

So, with the input of long term survivors over 50, DAAS staff, members of the LGBT Task Force and staff from community based organizations, we have compiled the following list of priorities with budget figures to expand current services to more effectively address gaps and meet a higher portion of the demand. On March 6, 2017 the Dignity Fund's Oversight and Advisory Committee were presented with suggested allocations for Dignity Fund's Year 1 which are pending discussion. This document attempts to organize the HIV & Aging Work Group Asks in that context.