



December 13, 2019

Secretary Mark Ghaly, MD  
California Health and Human Services Agency  
1600 Ninth Street, Room 460  
Sacramento, California 95814

**Re: Master Plan for Aging Recommendations for Older Adults Living with HIV**

Dear Secretary Ghaly:

APLA Health and San Francisco AIDS Foundation appreciate the opportunity to propose a set of recommendations to be included in the Master Plan for Aging to ensure that the needs of older adults living with HIV (PLWH) are met. As of December 31, 2017, there were 135,082 individuals living with HIV in California, 70,034 (52%) of whom were over the age of 50.<sup>i</sup> Of that total, 26,513 (19.6%) were 60 years of age or older, and it is projected that by the year 2030, PLWH over the age of 50 in California will exceed 70 percent of the total HIV-positive population.<sup>ii</sup> In 2016, persons over the age of 50 accounted for 16 percent (845/5182) of new HIV infections.<sup>iii</sup> And in the next decade, not including new infections, 30,848 individuals will join the cohort of older adults living with HIV.

As a result of advancements in HIV treatment and care, PLWH are living longer, but they also often experience a greater burden of co-morbid conditions that significantly reduce quality of life, and experience aging at a slightly faster rate than individuals who are not living with HIV, known as “accelerated aging”. Older adults living with HIV can experience physical challenges such as physical disability, difficulty walking and frailty, mental health challenges, such as cognitive impairment, and social and emotional challenges such as feeling abandoned, socially isolated, and being homebound, as well as having to manage multiple health care issues such as polypharmacy. Moreover, older adults living with HIV often face serious housing and economic hardships and experience high rates of co-morbid conditions including chronic pain, heart disease, diabetes, cancers, bone disease, and fatigue. While research on aging with HIV has established rigorous guidelines and recommendations, services available to meet the needs of older adults living with HIV do not match recommendations based on research and individual and community assessments. The Master Plan for Aging offers a new and exciting opportunity for the HIV community to work with the State to develop a set of strategies that will improve the lives of individuals aging with HIV.

APLA Health and San Francisco AIDS Foundation have identified a set of priorities for the Master Plan for Aging that address the needs of older adults living with HIV. We ask that the plan include:

- A focus on ensuring older adults living with HIV have access to secure and affordable housing to decrease the rate of older adults living with HIV who experience homelessness or who are unstably housed.

- The development of a sliding fee scale for LGBTQ+ Senior Housing, as many older adults living with HIV belong to the LGBTQ+ community.
- Benchmarks to reduce economic disparities among older adults living with HIV, with a focus on improving health and social equity among the population, as many older adults living with HIV have experience a disruption in their working years due to disability and have less retirement income.
- A plan to address social isolation, stigma, and trauma among older adults living with HIV to facilitate self-efficacy among the population and improve quality of life; this should include shared interest groups, life skills support, health education, and community and social network building.
- The development of culturally competent, holistic, geriatric-informed medical care standards for older adults living with HIV that is not focused solely on HIV-specific metrics like viral load suppression (VLS), and which integrates general medical and behavioral health care, and supportive services.
- A greater focus on home-based case management, including adding eligibility criteria such as isolation, frailty, and polypharmacy.
- Increased funding for transportation to assist older adults living with HIV to attend medical, dental, and behavioral health appointments, as well as supportive service appointments, support groups, etc.
- The reestablishment of buddy programs (visiting programs) similar to those that existed in the 1980s and early 1990s, to provide support to older adults living with HIV who have received an AIDS diagnosis and are in need of a connection to other individuals.
- Funding for Senior HIV Case Management in Ryan White-funded clinics and CBOs.
- The development of routine assessment and treatment for frailty for older adults living with HIV as well as an assessment and treatment plan for HIV-related cognitive impairment.
- The integration of HIV-specific consideration within adult day healthcare programs.
- The development of specific protections to ensure that older adults living with HIV be recognized as a protected class and can receive full senior services by age 50 with appropriate medical approval.

California is at a pivotal moment in responding to the HIV epidemic – the treatments and prevention tools exist to dramatically reduce new transmissions and improve the health outcomes of PLWH, including older adults, and ultimately bring the epidemic to an end. Every health care-related initiative in California plays a role in helping end the HIV epidemic, and the Master Plan for Aging must include strategies to both improve the health of older adults living with HIV and reduce new HIV transmissions among the population. We look forward to offering further recommendations as the plan is developed and are eager to participate in reviewing workgroup materials. If you have any questions about these recommendations, please contact Craig Pulsipher at APLA Health at [cpulsipher@apla.org](mailto:cpulsipher@apla.org) or Courtney Mulhern-Pearson at San Francisco AIDS Foundation at [cpearson@sfaf.org](mailto:cpearson@sfaf.org).

Sincerely,

APLA Health  
San Francisco AIDS Foundation

cc: Marko Mijic, Deputy Secretary, California Health & Human Services Agency  
Kim McCoy Wade, Acting Director, California Department of Aging

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<sup>i</sup> California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2017.

<sup>ii</sup> Projection of the demographic aging transition of the 45-49 aged cohort.

<sup>iii</sup> California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2017.