



# Health Resources and Services Administration's HIV/AIDS Bureau

**2024 National Ryan White Conference**  
**Aging Institute 201**  
**August 22, 2024**

**Vision: Healthy Communities, Healthy People**



# Learning Objectives

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1. Understand the HHS OIDP and ACL Aging Challenge project purpose.
2. Learn about the Aging Challenge urban and rural project innovation.
3. Apply common practices from challenge winners to utilize in communities to improve health outcomes for people aging with HIV.

# Health Resources and Services Administration (HRSA)

## Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant people, mothers and their families, and those otherwise unable to access quality health care

# HRSA's HIV/AIDS Bureau Vision and Mission

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## Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

## Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



# HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to over 566,000 people in 2022—more than half of all people with diagnosed HIV in the United States.
- 89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.9%<sup>i</sup>. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.



# HRSA's Ryan White HIV/AIDS Program BY THE NUMBERS: 2022

## Ryan White HIV/AIDS Program (RWHAP)

**SERVED**  
**566,846**  
**CLIENTS IN 2022**

more than  
**50%**  
of people with  
**diagnosed HIV** in  
the United States

**89.6%** of RWHAP clients  
receiving HIV  
medical care  
**reached viral suppression\***

in 2022 compared to 69.5% in 2010, which  
means they cannot sexually transmit HIV to their  
partner and can live longer and healthier lives.

**6.9%** of clients had  
**TEMPORARY HOUSING**



**5.2%** of clients had  
**UNSTABLE HOUSING**



**48.2%**  
of clients were **aged**  
**50 years and older**

**58.6%** of clients lived **at or**  
**below 100% of the**  
**Federal Poverty Level**



**74.2%**  
of clients were from  
**racial and ethnic**  
**minority groups\*\***



**44.5%**  
of clients were  
**Black/African American**



**25.3%**  
of clients were  
**Hispanic/Latino**



\* Viral suppression is based on data for people with HIV who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.

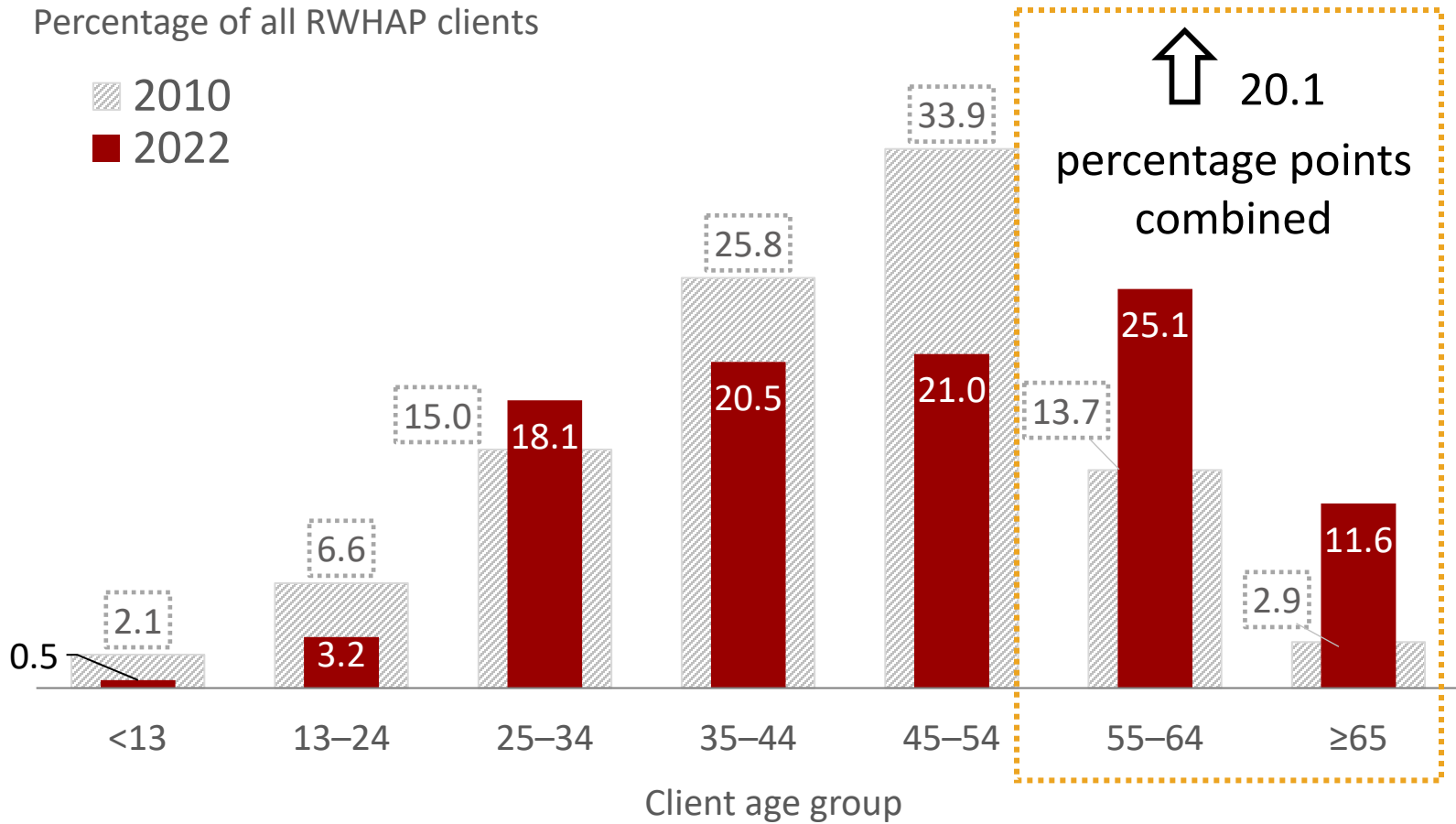
\*\* Clients self-identified as 25.8% White and less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races. Hispanics/Latinos can be of any race.

Data sourced from 2022 Ryan White HIV/AIDS Program Annual Data Report.

# The RWHAP client population is aging: the percentage of clients aged 55 years and older grew by 20 percentage points from 2010 through 2022



**48.2%** of RWHAP clients are aged 50 years and older.





# Collaboration with the Administration for Community Living (ACL)

In 2021, HRSA's HIV/AIDS Bureau began a collaboration with HHS' Administration for Community Living to:

- Leverage resources to better serve older adults and improve health outcomes among people aging with HIV
- Determine resources available at the state/local level
- Reduce silos and share federal expertise to increase engagement among this growing population of people with HIV





# Collaboration with the Administration for Community Living (Cont.)

- Three webinars to develop collaboration between HRSA and ACL
- ACL State Plans
  - August 2021: ACL state plan guidance included ensuring services are reaching older adults in greatest social need, including LGBTQ+ persons
  - Presented "Advancing Equity through State Plans Responsive to the Needs of People Aging with HIV" at the 2023 Home and Community-Based Services Conference
  - Presented at the USAging Annual Conference on strategies to work with RWHAP recipients and providers (July 2024)
- Served as judges for \$1M HIV and Aging Challenge sponsored by the Office of Infectious Disease and HIV/AIDS Policy (OIDP) in partnership with ACL



# RWHAP AETC HIV and Aging Toolkits

## Care of People Aging with HIV: Northeast/Caribbean AETC Toolkit

Publish date: June 9, 2017

Review date: March 8, 2019

AETC source: Northeast/Caribbean AETC, Weill Medical College of Cornell University

Eugenia Siegler, MD (Author); Gracine S. Lewis, BS (Editor)

Updated March 2019

This toolkit is designed for clinicians and other



- Designed for health care professionals who care for people aging with HIV
- Provides links to screening and assessment instruments, along with programs and manuscripts

<https://aidsetc.org/resource/care-people-aging-hiv-northeastcaribbean-aetc-toolkit>

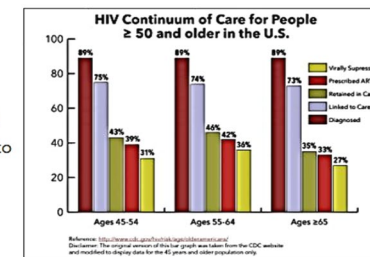
## HIV and Aging Toolkit

AETC HIV and Aging Workgroup

April 2015

### Overview

This toolkit was developed for use for members of the AETC Program and HIV health care professionals to serve as a resource guide on HIV and aging. The information contained in this toolkit is divided into 4 categories- Prevention,



- Toolkit including, videos on topics related to HIV and aging; a compendium of evidence-based information with associated annotated bibliographies to summarize each reference; an HIV and aging infographic

<https://aidsetc.org/toolkit/aging/home>

# Two Reference Guides: Optimizing HIV Care for People Aging With HIV

## Incorporating New Elements of Care



### HRSA's Ryan White HIV/AIDS Program Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care Reference Guide for Aging with HIV

#### PURPOSE

The purpose of this reference guide is to identify commonly occurring health care and social needs of people aging with HIV and to highlight the screenings and assessments for these needs. This reference guide serves as a starting point for the health care team as it builds and expands its knowledge and practice of serving people aging with HIV.

#### INTRODUCTION

Because of the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. Of the estimated 991,447 people with diagnosed HIV infection in the United States as of 2016, 169,424 (17%) were age 60 years or older; this number represents an absolute increase of 5.5 percent since 2012.<sup>1</sup> The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program estimates that of the 533,640 clients served in 2018, 46 percent were age 50 years or older—an increase from 32 percent in 2010.<sup>2</sup> Given these data, it is incumbent upon the clinical and public health communities to ensure the health care system is equipped to address adequately the unique medical conditions and psychosocial needs of people aging with HIV.

People aging with HIV share many of the same health concerns as the general population age 50 years and older. However, people aging with HIV also may experience unique health needs as a result of chronic HIV-related infections that require medical treatment.<sup>3,4</sup> The HIV providers caring for people aging with HIV may lack specialized training in health issues specific to aging patients, similar to general primary care providers in the United States who are grappling with an aging population, as well.<sup>5</sup> In addition, people aging with HIV—many of whom identify as lesbian, gay, bisexual, transgender, or queer—have unique social needs compared with the general aging population. 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.

#### What Is a Geriatric Multidisciplinary Approach to Health Care?

It is a health care approach involving physicians, nurses, medical case managers, occupational therapists, social workers, and others to manage the care of people aging with HIV. Together, the health care team establishes patient-centered goals by addressing the domains of medical problems, cognitive and functional abilities, psychiatric disorders, and social circumstances and maximizes the use of community resources and referrals.

<https://hab.hrsa.gov/clinical-quality-management/clinical-care-guidelines-and-resources>

## Putting Together the Best Healthcare Team



### HRSA's Ryan White HIV/AIDS Program Optimizing HIV Care for People Aging with HIV: Putting Together the Best Health Care Team Reference Guide for Aging with HIV

#### PURPOSE

The purpose of this reference guide is to discuss how all members of the health care team can contribute to the care of people aging with HIV. Specifically, this reference guide identifies roles, responsibilities, staff training, and resources for the health care team to build their capacity. The reference guide may assist the health care team as they build and expand their knowledge and practice of serving people aging with HIV.

#### INTRODUCTION

Because of the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. Of the estimated 991,447 people with diagnosed HIV infection in the United States as of 2016, 169,424 (17%) were age 60 years or older; this number represents an absolute increase of 5.5 percent since 2012.<sup>1</sup> The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHP) estimates that of the 533,640 clients served in 2018, 46 percent were age 50 years or older—an increase from 32 percent in 2010.<sup>2</sup> Given these data, it is incumbent upon the clinical and public health communities to ensure the health care system is equipped to address adequately the unique health and health-related needs of people aging with HIV.

People aging with HIV share many of the same health concerns as the general population age 50 years and older. However, people aging with HIV also may experience additional unique health needs as a result of HIV infection.<sup>3,4</sup> The HIV providers caring for people aging with HIV may lack specialized training in health issues specific to aging patients, similar to general primary care providers in the United States who are grappling with an aging population, as well.<sup>5</sup> Furthermore, they may be unaware of community-based services to address the needs of people aging with HIV. RWHP-funded providers play a critical role in supporting optimal health for people with HIV as they age. This reference guide will focus on factors related to the health care team that can enhance the provision of health care to people aging with HIV. Health care for people aging with HIV is an evolving field with new models of care, and recommendations are beginning to emerge.

#### What Is a Geriatric Multidisciplinary Approach to Health Care?

It is a health care approach involving physicians, nurses, physiotherapists, occupational therapists, social workers, and others. Together, this team establishes patient-centered goals by addressing the domains of medical problems, cognitive and functional abilities, psychiatric disorders, and social circumstances and maximizes the use of community resources and referrals.



# Contact Information

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# Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our website:

[ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov)



Sign up for the Ryan White HIV/AIDS Program Listserv:

<https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>

# Connect with HRSA

Learn more about our agency at:

[www.HRSA.gov](http://www.HRSA.gov)

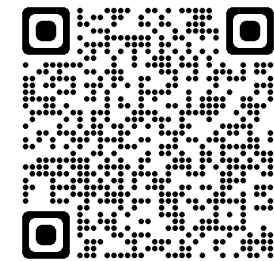


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# Overview of HIV and Aging Challenge

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Senior Policy Analyst, ODP

Stephen Tellone, MPH  
Public Health Analyst, ODP



**OASH**

Office of the  
Assistant Secretary  
for Health



# Outline

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**1**

**Rationale for Challenge**

**2**

**Structure of Challenge**

**3**

**Brief Overview of Challenge Winners**

**4**

**What's Next?**

1

People >50 years old make up **more than half** of those living with HIV in the US.

2

People Aging with HIV and Long-Term Survivors in communities **represent a diverse population.**

3

**Unique needs** that will continue to evolve as they age.

- The **National HIV/AIDS Strategy** added new focus on the needs of people with HIV who are aging.
- As a result, the **Minority HIV/AIDS Fund (MHAF)** developed the challenge to address the unique needs of individuals aging with HIV and long-term survivors from both **urban and rural communities.**

## Structure of HIV and Aging Challenge

Innovative and creative community-driven solutions that focus on Quality of Life

### PHASE 1

Design of  
Concept

**20** SELECTED  
WINNERS

**10** Urban **10** Rural

**\$15,000** each

### PHASE 2

Develop Solution &  
Small-Scale Testing

**10** SELECTED  
WINNERS

**5** Urban **5** Rural

**\$70,000** each

**\$1 MILLION**  
total in awards

# Overview of Challenge Winners

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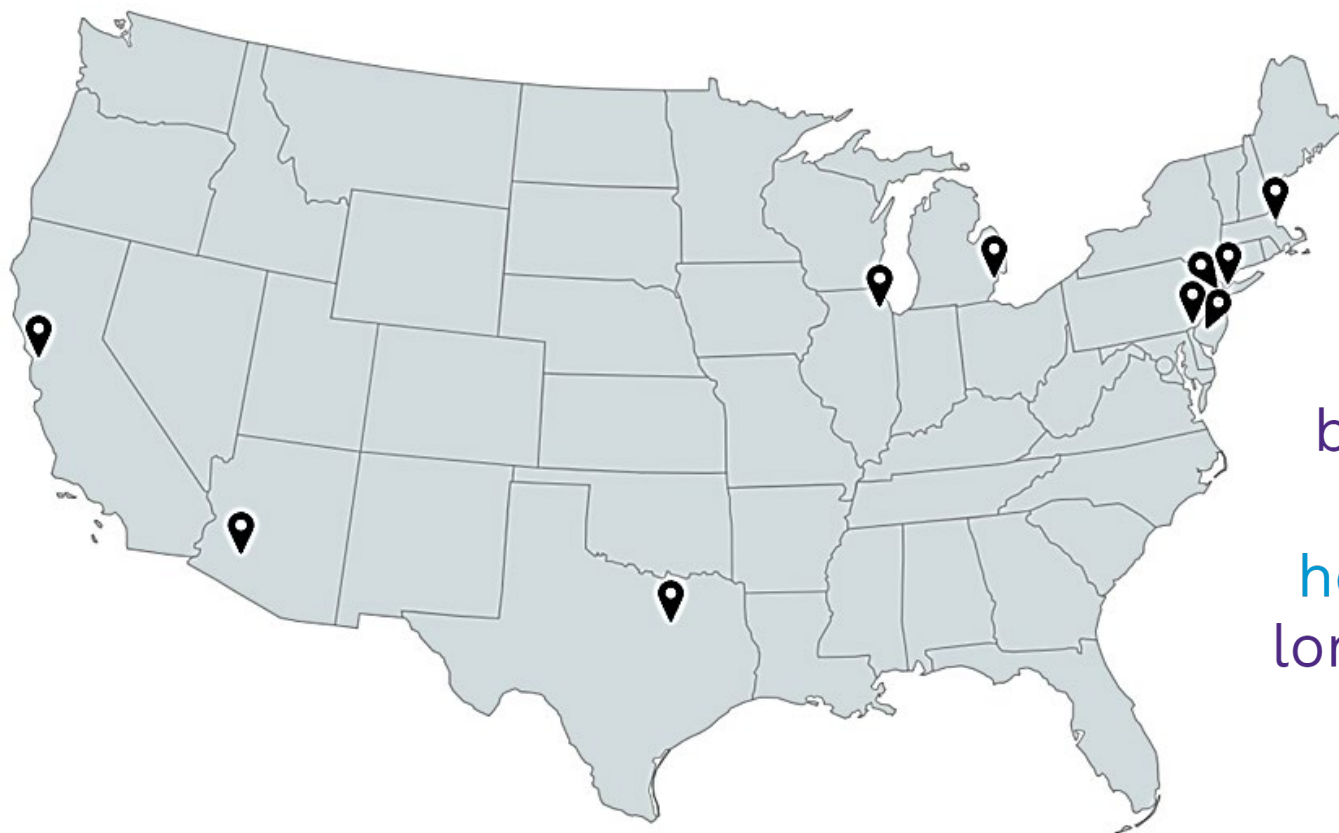


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## Urban Challenge Winners

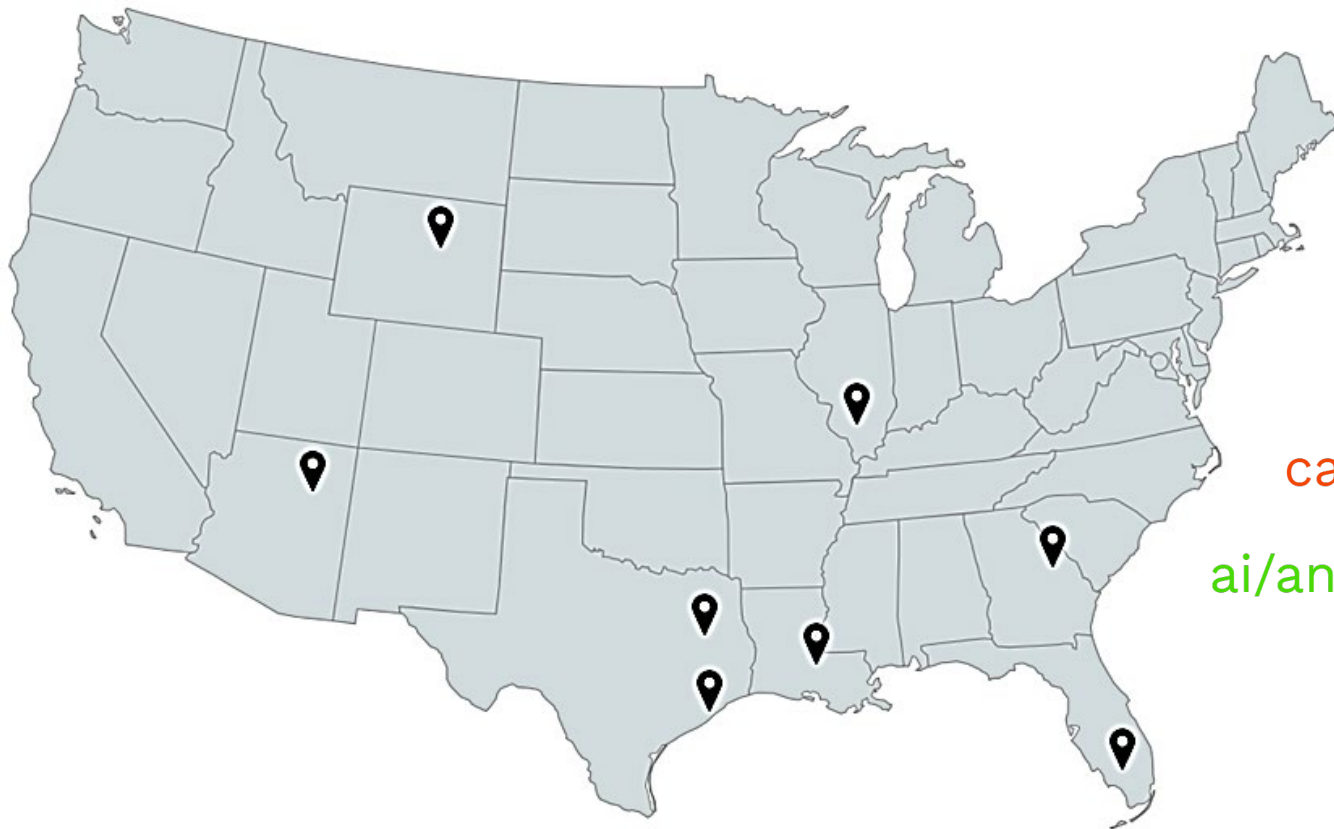
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nutrition  
lgbtq-stories exercise  
bridge-2-services neighborhood  
geriatric-infectiousdisease  
housing-instability aunt-rita's  
loneliness economic-stability  
art-therapy education  
social-isolation

## Rural Challenge Winners

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caregiver-support  
food-prep  
ai/an-digital literacy  
environment-health outcomes  
local-hd  
farmers-market  
broadband-access  
artificial-intelligence  
loneliness  
isolation  
nutrition  
comorbidities  
chw



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# Thank you!

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**on LOK**®  
where seniors embrace life

Openhouse + On Lok Community Day Services  
"Club 75" LGBTQ + Adult Day Program  
HIV in Aging Challenge Recipient

Sandra Rivas (she/her/ella)

Director of Programs & Operations, On Lok Day Services

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Adult Day Program Manager, Openhouse+ On Lok Community Day Services

# Project Support

This project and product was supported by the HIV and Aging Challenge competition from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

# Disclosures



Sandra Rivas and Su Waqa have no relevant financial relationships with ineligible companies to disclose.

# Introduction to On Lok : Access to healthcare, community & advocacy

NATIONAL 2024  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

On Lok was founded in 1971 and is the founder of Program of All-inclusive care for the Elderly (PACE)

“Fifty years ago, Marie-Louise Ansak and Dr. William Gee co-founded On Lok on the principles that accessible health care, supportive services, and housing were necessary for the frail elderly to avoid unnecessary institutionalization. Today, we continue to carry forward their mission, with innovative programs and policy advocacy to help all seniors stay healthy, active, and connected to their community.”

— Grace Li, CEO



*We believe that every individual is empowered to age with dignity and independence. Our mission is to relentlessly pursue quality of life and quality of care for older adults and their families.*

# On Lok Programs

**on LOK**<sup>®</sup>  
where seniors embrace life

30th Street Senior Center





SAN FRANCISCO  
HUMAN SERVICES  
AGENCY

**on LOK**<sup>®</sup>  
where seniors embrace life

Enhanced Care Management



**on LOK**<sup>®</sup>  
where seniors embrace life

Medically Tailored Meals

**CalAIM**



**SAN FRANCISCO  
HEALTH PLAN**  
*Here for you*



**openhouse**   **on LOK**

Community Day Services



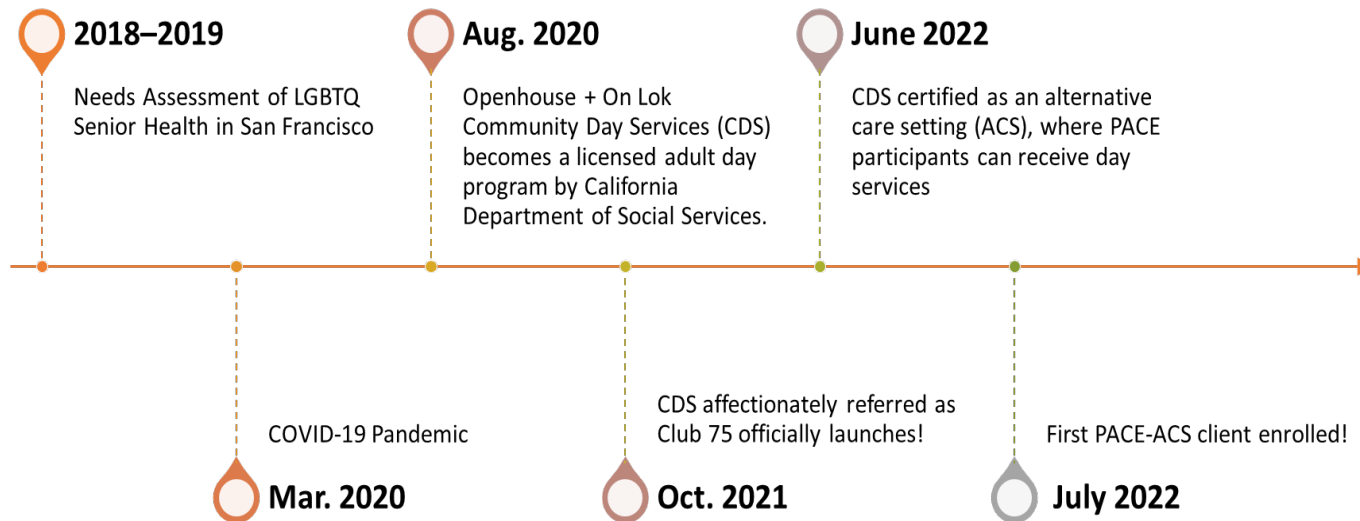


**CDSS**  
CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES



# Partnership & Co-Design with Openhouse

On Lok & Openhouse SF partner to co-design an affirming adult day program with and for LGBTQ+ older adults



CDS is operated by On Lok at Openhouse 75 Laguna St. campus

community, services, and housing for LGBTQ+ seniors  
**openhouse**



*Building Community by Centering the Voices and Experiences of LGBTQ+ Older Adults. Openhouse empowers San Francisco Bay Area LGBTQ+ older adults to overcome the unique challenges they face as they age by providing housing, direct services, and community programs.*

# “Club 75” Overview

## Mission & Vision

- Club 75’s mission & vision are centered around providing a safe and inclusive space for LGBTQ+ older adults, fostering a sense of community and promoting overall well-being.

## Therapeutic Activities

- The program offers a diverse range of activities, including arts and crafts, wellness sessions, and social events tailored to the unique needs and interests of LGBTQ+ older adults.

## Inclusivity & Diversity

- Club 75 prioritizes inclusivity and diversity, creating an environment where individuals can express themselves authentically and form meaningful connections.





# “Club 75” Continuum of Care



Club 75 provides participants who desire LGBTQ+ culturally affirming program activities, nutrition, transportation, and caregiver respite that they would not receive in drop-in programs.



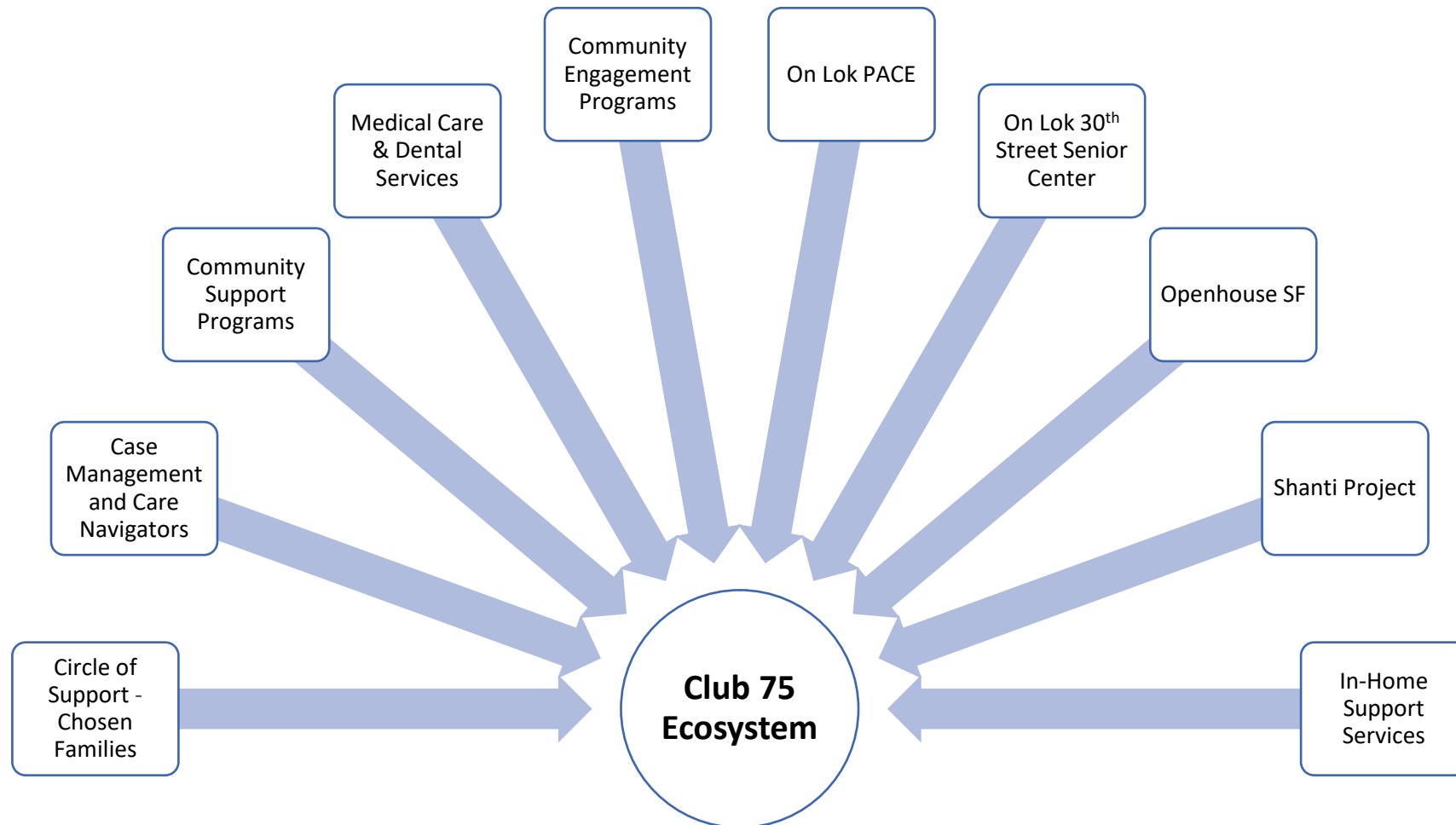
Club 75 provides a pathway for participants who may need higher levels of medical care to become PACE (Program of All-Inclusive Care for the Elderly) enrolled.



Club 75 provides frail participants who are PACE (Program of All-Inclusive Care for the Elderly) enrolled an Alternative Care Setting to receive day services.

Continuum of care needs to socialize, stay mentally and physically active, receive assistance with nutrition, reduce isolation, and prevent decline

# “Club 75” Ecosystem



# “Club 75” Eligibility, Cost & Location

- **Eligibility**

- 55 or older
- Can benefit from assistance with daily activities
- Can benefit from a supportive affirming environment
- Needs assistance with personal care

- **Cost**

- Participation fees are on a sliding scale, financial assistance is available
- Health plans or long-term care insurance that offer Adult Day Program benefit accepted

- **Location**

- Club 75 is one of many offerings available at the new Openhouse Community Center at 75 Laguna St.



# The Need in Numbers

1

Up to 12.4% or 20,000 San Francisco seniors identify as LGBTQ+.

3

San Francisco has an estimated 15,537 people living with HIV, one of the largest populations in the U.S.

2

According to Openhouse studies, LGBTQ+ seniors are 4 to 10 times less likely to utilize senior services.

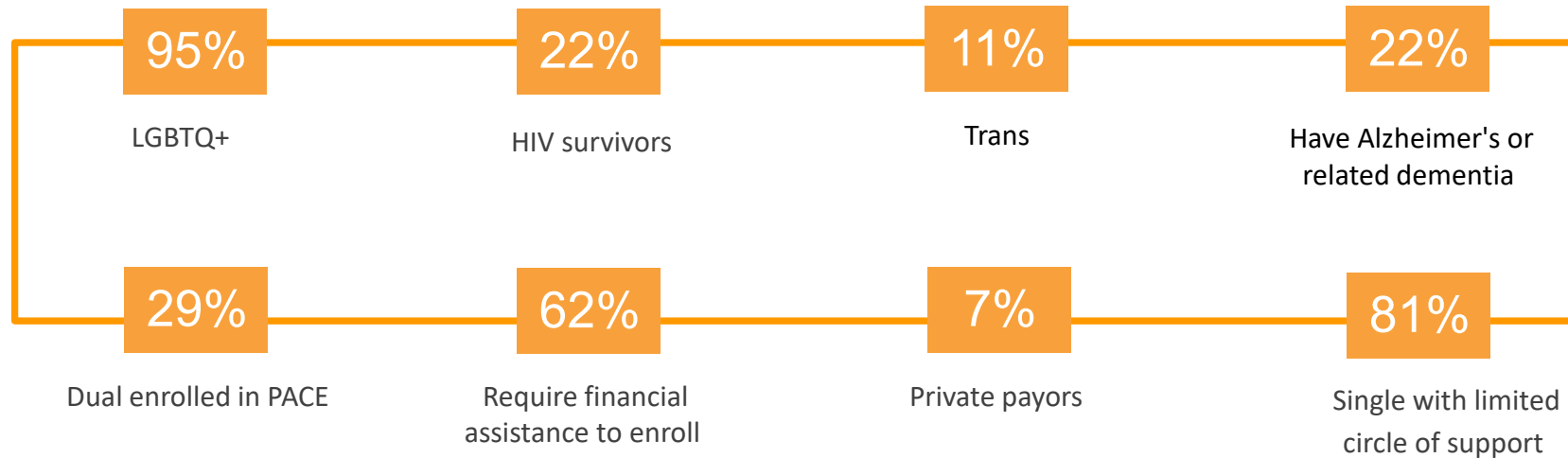
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The population of people living with HIV is aging, with 74% aged 50 and over.

5

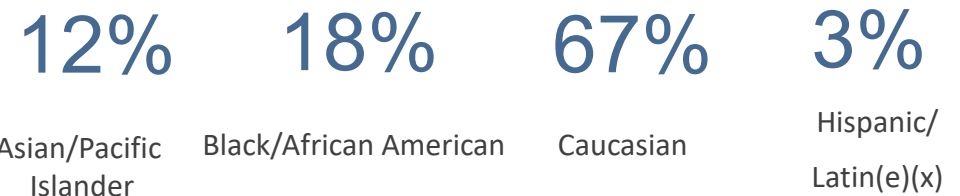
The LGBT Aging Center's survey found that only 22% of respondents felt they could be open about their sexual identities with healthcare staff.

# “Club 75” Member Profile



- We have served 28 unduplicated clients in FY24
- With support from HHS, 3 HIV survivors who did not qualify for PACE or other assistance program have received scholarships

Club 75 serves a culturally diverse population



Multi-lingual participants and staff

\* As of June 25, 2024

# Scholarship Mission Moments



- “It gives me something to really look forward to each day that I go to Club 75. I get a real sense of companionship, camaraderie, and joy from meeting and interacting with other people... there is a wonderful program available to HIV positive people with disabilities so that we can get to socialize with others like us and with the very caring staff members!”- Scholarship Recipient A
  - “It enhances (their) quality of life, this is so important to both of us ”- Partner of recipient
- “Club 75 provides social interactions with others, which is much better than staying at home alone.” - Scholarship Recipient B
  - “ Sometimes I was looked on as being a throw away, someone who they really didn’t want to give me the best of care.... I’ve never been part of an agency that gives rides and fabulous activities and lunches, I am so proud be a client of Club 75” -Scholarship Recipient C

# Community Co-designed HIV Survivor Focus Group



- Community-led and moderated by community member living with HIV
  - Focus Group 1 (N= 9)
  - 88% Black trans women living with HIV
- Community members described:
  - Experiences of being disrespected, misgendered, and “deadnamed” by providers and care staff
  - A long history of disrespect for trans people and people of color, leading to distrust of medical systems
  - The trans experience not being fully considered in their care plans
  - A desire to be heard and included in developing their care plans
  - A need to advocate for themselves and educate their providers on how they want to be treated
  - A need for sex education for seniors living with HIV
  - The importance of writing advanced directives, particularly for trans seniors, so they can be remembered how they lived



# HIV Survivor Focus Group

“I think providers need to be aware of the differences of treating HIV in trans people... One doctor refused to prescribe me hormones because of my HIV diagnosis.”

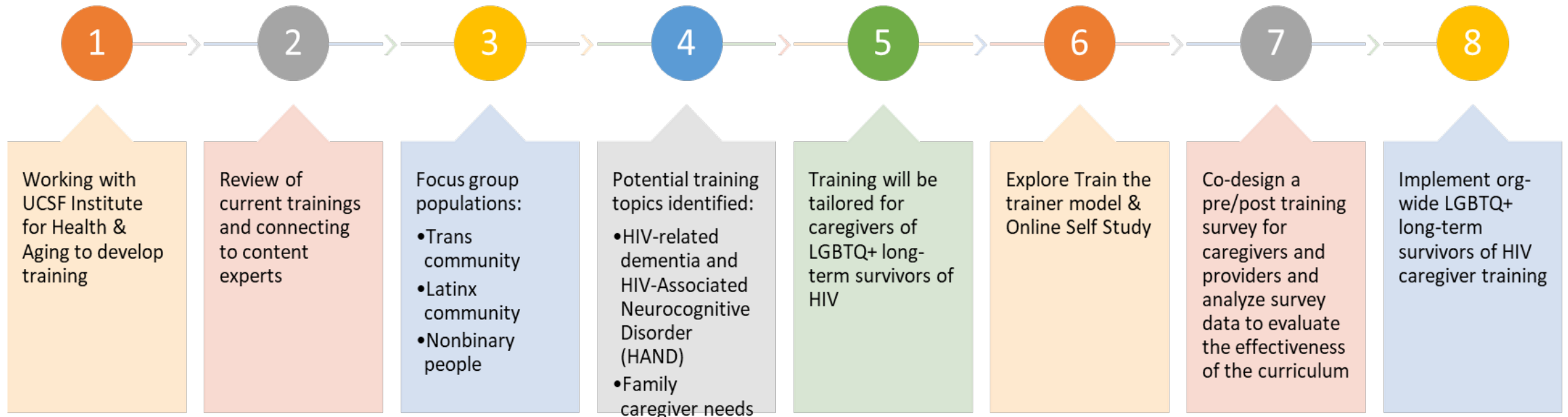
“Seniors are still having sex; they are still contracting STIs and HIV. People don’t like to talk about sex when it comes to seniors, but we need to.”

“We are the experts. They can have all the degrees, but our lived experiences far outweigh all of that. When my doctor goes home, I’m the one still living with HIV.”

“We have made strides, but sometimes it feels like for every three or four steps we take forward, we’re pulled back seven steps.”

“I had to learn to speak up to get the help I need.”

# HIV Caregiver Training Map



# Thank You & Contact

For more information, contact:

Call: [415-292-8302](tel:415-292-8302)

Email: [communitydayservices@onlok.org](mailto:communitydayservices@onlok.org)

Online: <https://www.onlok.org/lgbtq-senior-care>

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# Hero's Story Project

## Televeda

*Building digital communities, trust, and telecare for rural aging  
Native Americans with HIV*

# Project Support



This project and product was supported by Grant HIV and Aging Challenge competition from the Health Resources and Services Administration (HRSA) of the U.S.

Department of Health and Human Services (HHS).

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

# Disclosures



Kimber Tower (of Televeda) has no relevant financial relationships with ineligible companies to disclose.



# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Learn how to build trust with Native American populations
2. Develop rural hub-site infrastructure
3. Facilitate virtual LGBTQ2S+ community development

# Continuing Education Credit



If you would like to receive continuing education credit for this activity,  
please visit:

[ryanwhite.cds.affinityced.com](https://ryanwhite.cds.affinityced.com)



# Value Proposition

Promote **social connectedness** & community healing in a culturally sensitive manner to increase access to health resources and improve overall health outcomes.

*Through technology and relationship, Televeda aims to:*

## Create a Safe Space

### IMPACT:

Break down walls  
between members of  
the same community.

## Open the Conversation

### IMPACT:

Educate people on the  
facts of HIV and begin  
knowledge sharing.

## Bridge Distance

### IMPACT:

Connect people across  
geographies and reduce  
the need to travel for  
treatment.

# How Televeda Works

## Hybrid Event Management via our Award-Winning Platform

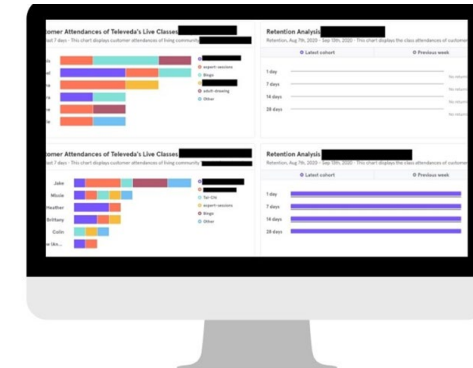
White-labeled & fully-managed community network to easily deliver and match mental well-being programs with community members, and track outcomes.



**Digitize and Distribute**



**Accessible Participation**



**Track Outcomes**

# Small-Scale Testing

**Televeda conducted qualitative research to gain a deeper understanding of the target population.**

- Arizona Department of Health
  - Arizona Health Improvement Plan (connectivity & wellbeing)
  - Chief of Office of HIV Services
- Former Bureau Chief of Dept of Health Services (including HIV prevention)
- Executive Director, Bay Area American Indian Two Spirit (BAAITS)
- The Joy Bus (serves food to people with terminal illness)
- Facilitator of Native Veteran Storytelling Group, Member of Navajo Nation, Veteran, and Storyteller
- Navajo tribal member and Executive Director of Black Hills Center for American Indian Health in Rapid City, SD

# Research Findings

- **The stigma of HIV leads to long-distance travel (or complete relocation) for medical treatment.** The HIV clinics on or near reservations are not seen as an option.
- The greatest challenge for **case managers supporting clients with HIV is *reaching them*** - whether driving long distances or lack of internet connectivity.
- **The issues are complex.** The intersectionality of aging, living with HIV, living on a reservation, and potentially being Two Spirited (LGBTQ+) and/or a history of drug use.
- **Conversations and testing may not happen when it should because risk is misunderstood.** For example, a heterosexual woman with some mild symptoms (or none) may not think to get tested, and it isn't offered.
- Trust and trusted messengers are key; **doctors or experts are often less trusted than key community members who share information.**

# Aligned Opportunities

Leveraging Televeda's existing platform and current Tribal engagement, outreach and broadband efforts, we see opportunity to:

Offer digital literacy training and paths to connectivity

Create micro-communities to encourage healthy habits

Provide access to resources and training for telehealth

Provide a virtual safe space for LGBTQTS+

Educate on HIV prevention & treatment

Provide Storytelling and Talking Circles to process trauma, shame, grief

# LGBTQ2S+ Safe Circles

We offer LGBTQ2S+ Safe Space Circles, a virtual “talking circle” to share conversation on tough subjects and meet others in the community.

Safe circles are hosted by Malia Burgess, an indigenous clinician who provides supportive and inclusive programs and sessions to the LGBTQ2S+ community.

For anyone identifying as LGBTQ+, Two Spirit, or Indigiqueer, of all races, backgrounds, and ages.

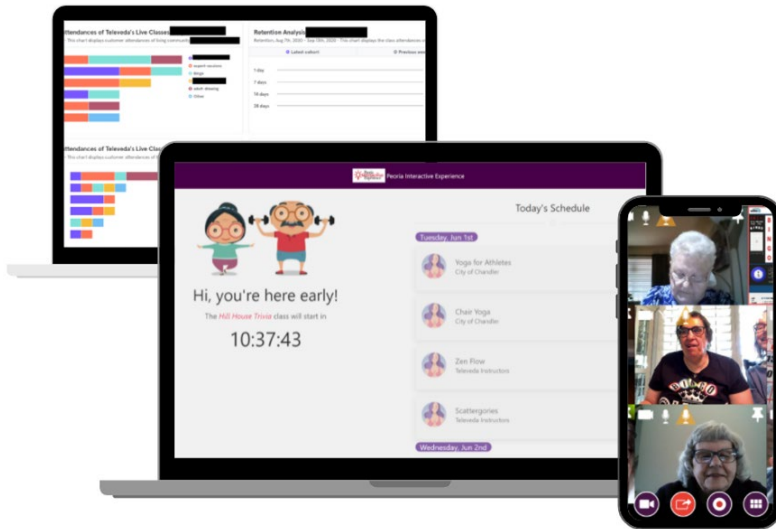
Held online via the Televeda Platform.

During Spring & Summer 2024, the program is covered by funding from HHS (free to attendees).

# Impact on Rural Communities

**Honoring Indigenous Values:** Traditional healing, culturally appropriate solutions, delivered by tribal members.

**Realistic to Achieve:** Televeda's existing process, infrastructure, and relationships paired with commitment to learning, listening and building trust.



Comparing pre- and post-session surveys for one of Televeda's programs revealed:

- **35.1% improvement in mood**
- **37.5% improvement in physical health**
- **29.2% increase in cognition**
- **13.6% improvement in social connectivity**
- **26.2% increase in overall well-being**
- **100% of members agreed that Televeda would be beneficial to their overall health and well-being in the long term**

# Rededication Day



- On Saturday, May 25th, the NNVA hosted Rededication Day.
- Held in Window Rock Memorial Park, this event honored veterans over Memorial Day weekend and introduced various mental health initiatives.
- Navajo Nation VA and federal VA leaders were in attendance to pay tribute and commemorate the day.
- The NNVA and Televeda came together to plant 4 types of native flowers along each quadrant of the park. The color of each plant symbolized a respective quarter of the medicine wheel (black, white, red, and yellow), a traditional Indigenous symbol for healing.



# Rededication-Veterans Garden

NATIONAL 2024  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT



# Rededication Day

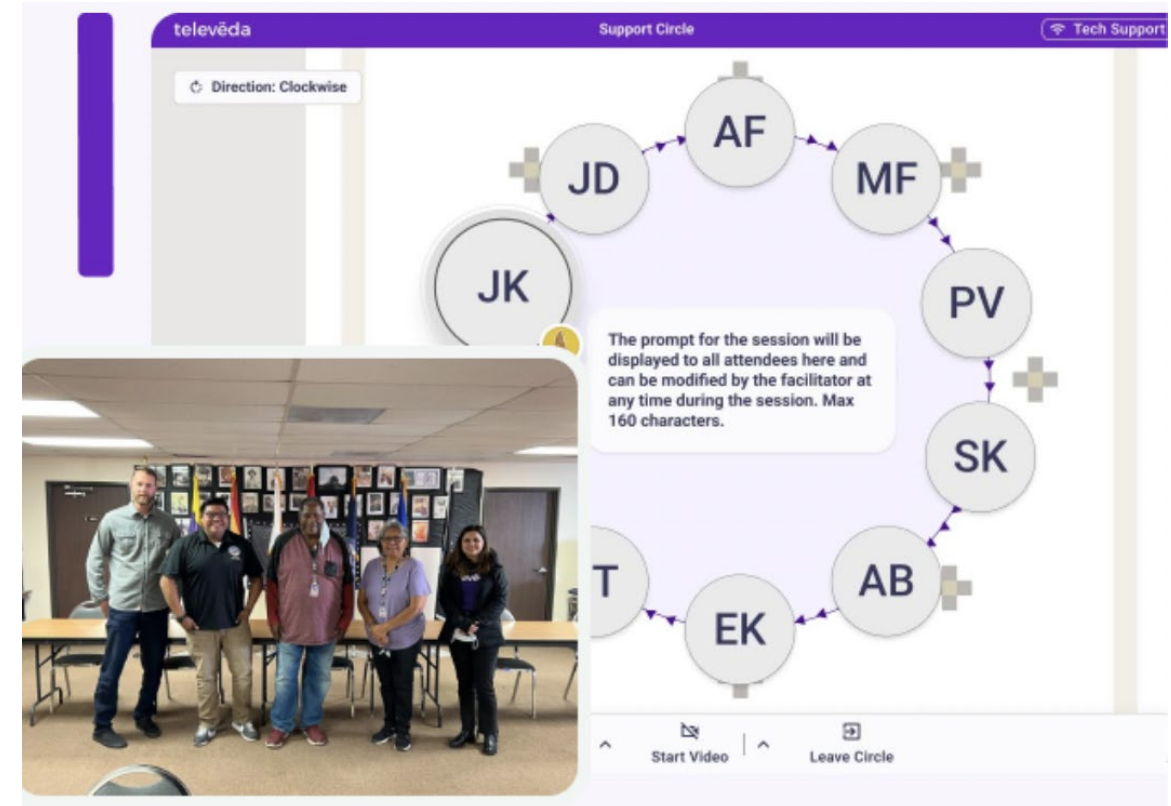
NATIONAL 2024  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT





# Virtual Talking Circles

- **Virtual Talking Circles** are more accessible and safely improves access to care, provides a safe-space & shares specific resources for care for individuals with low tech literacy.
- **Trauma-Informed & Human** Centered Design
- Connects participants with VA resources (e.g. VCL Phone-line with Navajo Support, Online benefits enrollment).
- Utilization of these resources can be measured and Facilitators are trained on evidence-based interventions.



## **Televeda's solution has a chance to work when others have not:**

- Investment in infrastructure and relationship & trust building from other projects
- Experience with tribal communities, aging communities and the steps to effectively engage
- Investment in building an evidence base and collaborating with Medicare and other programs for traditional healing reimbursement

**A combination of technology and tradition - leveraging the best of both digital and human connection.**

- Leverages the most powerful elements of traditional healing that have centuries of efficacy in indigenous cultures
- Uses just enough technology by offering a digital platform for distanced connection, and anonymity when needed
- Unlocks access to many online resources and social connection

# Contact Information



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**Director of Sustainability**  
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# The HIV Supportive Service Program at the Alzheimer's Association- Michigan Chapter

Kate Pierce, LMSW



# Project Support



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# Disclosures



Kate Pierce has no relevant financial relationships with ineligible companies to disclose.

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# Who We Are

**The Alzheimer's Association leads the way to end Alzheimer's and all other dementia** — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.



**Care  
& Support**



**Advocacy**



**Education  
& Awareness**



**Research**



**Diversity, Equity  
& Inclusion**

# Local Care and Support

- 24/7 Helpline 1.800.272.3900
- Support Groups
- Education Programs
- Care Counseling
- Social Engagement
- Early-Stage Programming
- Clinical Trial Matching Service
- Online Resource Finder and Message Boards
- Respite Scholarships



# HIV Supportive Services Program

- Education programs for People Living with HIV (PLWH), HIV professionals, and aging professionals
- Community Outreach
- Dedicated HIV-competent staff to provide resources, referrals, short-term care counseling, etc.
- Technical Assistance



# Presentation Topics

## Non-Clinician Presentations

- Protecting Your Brain While Living with HIV
- Understanding HAND (HIV Associated Neurocognitive Disorder)
- Aging and Cognitive Decline in Older Adults Living with HIV (For non-HIV Professionals)

## Clinician Presentations

- Cognitive Dysfunction in HIV and Alzheimer's: Similarities and Differences
- Interplay of Vascular, Metabolic, and Mental Health Risks for Cognitive Decline in the cART Era
- In Clinic Screening for Cognitive Impairment in Older Persons Living without and with HIV.
- Trauma and Cognitive Decline

# Risk of Cognitive Decline in PLWH

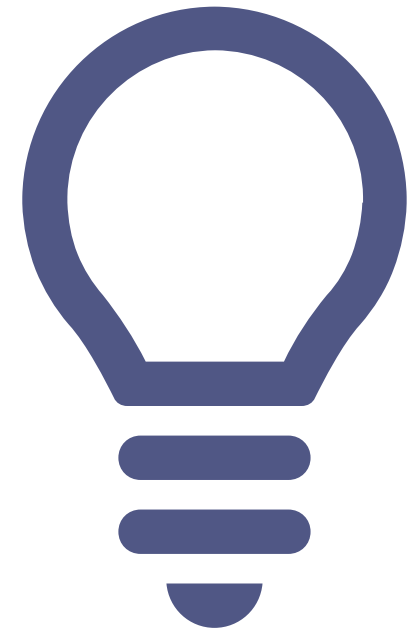
- PLWH are 5x more likely to experience cognitive (thinking and memory) problems than those without HIV.
- 60% of people living with HIV over the age of 50 and/or living with HIV for 15+ years experience memory loss
  - 36% have NOT discussed this issue with a medical provider.



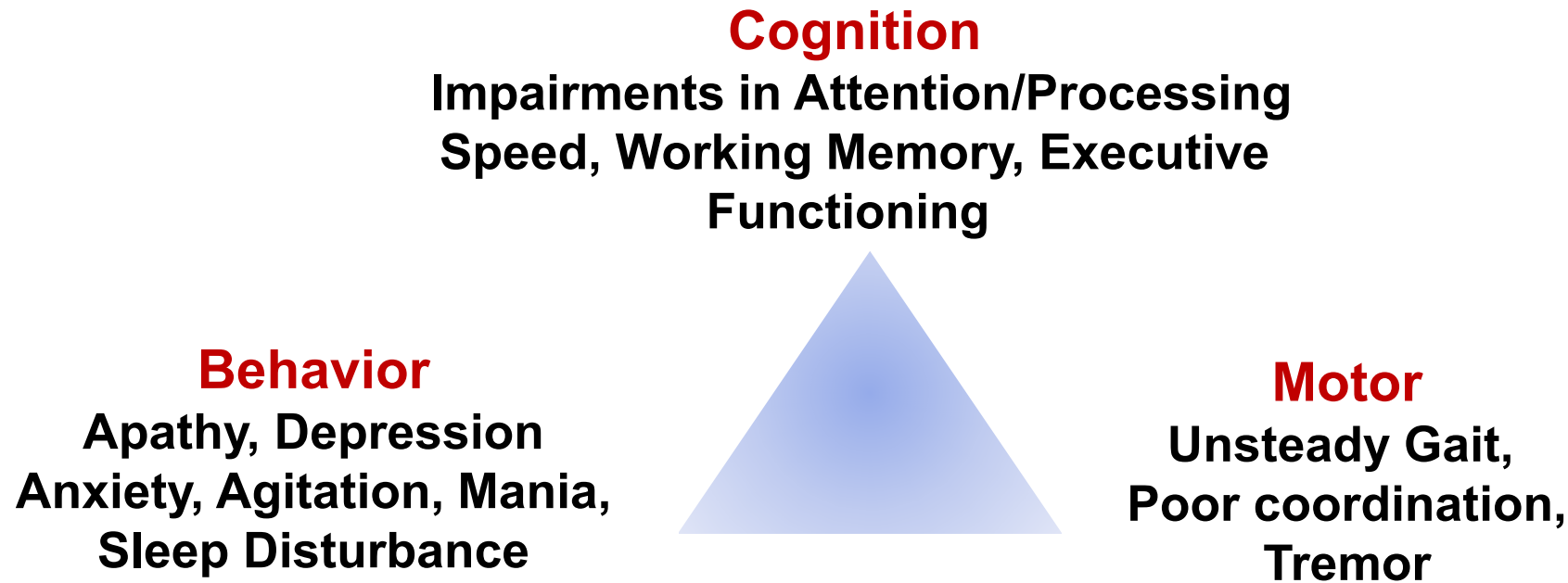


# Why do PLWH ?

- PLWH tend to have a higher-than-average number of risk factors for Alzheimer's and other dementias
- PLWH are also at risk for HAND (HIV-Associated Neurocognitive Disorder)



# Clinical Features of HIV Associated Neurocognitive Disorder (HAND)



## Unlike MCI/ADRD:

- Efficiency in learning and retrieval are reduced, but primary memory disturbances are rare
  - Motor symptoms often present

# Our CHALLENGE.GOV Project

# Problems to Solve

- Screening and diagnosis rates are low despite hundreds of training hours to HIV professionals
  - **Solution: HIV Professionals Summit**
- PLWH don't know about us/don't want to engage with us despite attendance at dozens of outreach events each year.
  - **Solution: Inflatable Brain**

# Summit

Bring HIV providers and agencies together to create pilot plans to increase cognitive decline screening for people living with HIV in the state of Michigan.

# Event Agenda



## Thursday, April 18, 2024 9 am - 1 pm

- 9:00 am Welcome, Introduction to the Agency, and Review of MDHHS Environmental Scan
- 9:30 am Concepts Behind Screening for Cognitive Decline in People Living with HIV
- 10:30 am Break
- 10:45 am am Planning session
- 11:45 am Lunch break and gallery walk
- 12:15 pm Planning session, continued
- 12:45 pm Closing remarks/next steps (30, 60, 90 Day check-ins)

# Participating Agencies



- Detroit Health Department
- Grand Rapids Red Project
- Henry Ford Health System
- Midwest AIDS Training and Education Center-Michigan (MATEC Michigan)
- Wayne State University-Tolan Park Clinic
- Wellness AIDS Services
- Matrix Human Services



# Planning Questions

## #1 “How Might We?”

What ideas and concepts impressed you today?  
“How might we apply them in our pilot?”

## #2 Pilot

Considering our organization, what care setting would be most receptive to a pilot?

## #4 Recap

In this section, please provide the following information:

- Care setting for pilot
- Ideas for pilot
- Possible metrics

## #3 Prioritize

We will use dot voting to help us identify our care setting and ideas for implementation early detection practices.

Our Organization: Wayne Health Table Facilitator: \_\_\_\_\_

Team Members: Debbie R. Belverly J. Executive Sponsor: \_\_\_\_\_

## #1

- Target time / <sup>Annual</sup> wellness visit
- Support from AA - <sup>avail</sup> (AA) S.W.
- Look at screening tools review - agreement w/ team
- Staff mtg Standardize care
- include neurologist
- Consider words Dementia vs Al

## #2 & #3

- Screening tools - review -
- Clinic
- Education w/ team
- Communication w/ team

## #4

- Creating a standardize assessment plan
- age  $\geq 50$ , younger if warranted. 50-60%
- Addressing stigma w/ comm. advisory board
- Embed into EMR
- $\geq$  Diagnostic Code
- + screening included
- + save note

Next steps: This document will be submitted to the ALZ Summit team who will transcribe this into an electronic document and project plan for you. If you would like to have a copy, please capture with your mobile phone.



## Wayne State University-Tolan Park Clinic Aim Statement

*Pilot to increase cognitive decline screening of PLWH*

Create and use a standardized assessment plan

Embed assessment into EMR- with diagnostic code, assessments, and SAVE notes..

# #6 Building Our Pilot Plan

Organization: Wayne Health

Table Facilitator: \_\_\_\_\_

Pilot Lead / Point Person: \_\_\_\_\_

Restate your organizational AIM statement:  
*Creating a standardize assessment plan  
+ using  
Embedding assessment into EMR - with diagnostic  
code, assessments, save notes.*

<b>Benefits of this pilot in this care setting?</b> <i>Increase pt's quality of life &amp; health outcomes. Flexibility</i>	<b>Concerns of this pilot in this care setting?</b> <i>Buy-in from patients in stigmas. Comfort level</i>
--	--

**Who would support this pilot?** *All staff*

**Who may require some convincing?** *Patients*

**Process:** At minimum what 4 steps might you initiate immediately in the next 90 days?

- 1. Team mtg & A.A. Support. - including neurologist - establish a screening tool - agree with*
- 2. Mtg & Comm. Advisory Board - meet & A.A. Support group - (stigma, tool issue)*
- 3. Educational of all staff - Dementia 101*
- 4. Initiate 90 days, re-evaluate in 6 months*
- 5. Placement of brochures, flyers - in pt sitting areas, lobs.*

**Metrics:** Knowing your organization and culture, what would be signs of success in 90 days? What ways may you measure the success?

- 1) Agreed upon tool for assessment*
- 2) Included in EMR*
- Ultimate: Are we screening 40% of pt. Utilizing the accepted screening tool.*

The screenshot shows a Google search results page. The search bar at the top contains the text "How to make a good first impression". Below the search bar, there are several search results. The first result is from "The First Impression" and is titled "How to make a good first impression". The second result is from "The First Impression" and is titled "How to make a good first impression". The third result is from "The First Impression" and is titled "How to make a good first impression". The fourth result is from "The First Impression" and is titled "How to make a good first impression". The fifth result is from "The First Impression" and is titled "How to make a good first impression". The sixth result is from "The First Impression" and is titled "How to make a good first impression". The seventh result is from "The First Impression" and is titled "How to make a good first impression". The eighth result is from "The First Impression" and is titled "How to make a good first impression". The ninth result is from "The First Impression" and is titled "How to make a good first impression". The tenth result is from "The First Impression" and is titled "How to make a good first impression".

## TEAM

# Additional 90 Day Pilot Plans



- Increase knowledge and information to advocate for senior cognitive health and PLWH for a yearly review.
  - Train Ryan White Employees on HIV and cognitive decline within 1 year.
  - Increase cognitive screening of people 50+ and/or living with HIV for 15+ years within 1 year.
- Implement cognitive screening into regular client screening.
- Educate and inform all involved parties to the need for cognitive testing.



# 90 Day Pilots, Continued

- Over the next 6 months, we will hold a series of programs that discuss brain health cognitive decline, referrals, and screenings.
- Discuss HAND with V.P. of Community Health in hopes to discuss HAND with individuals.
- Introduce management, staff, and clients to the pilot program.
  - Create screening tool and a needs assessment survey
  - Design the appropriate care setting
  - Develop measurable metrics.



# Inflatable Brain

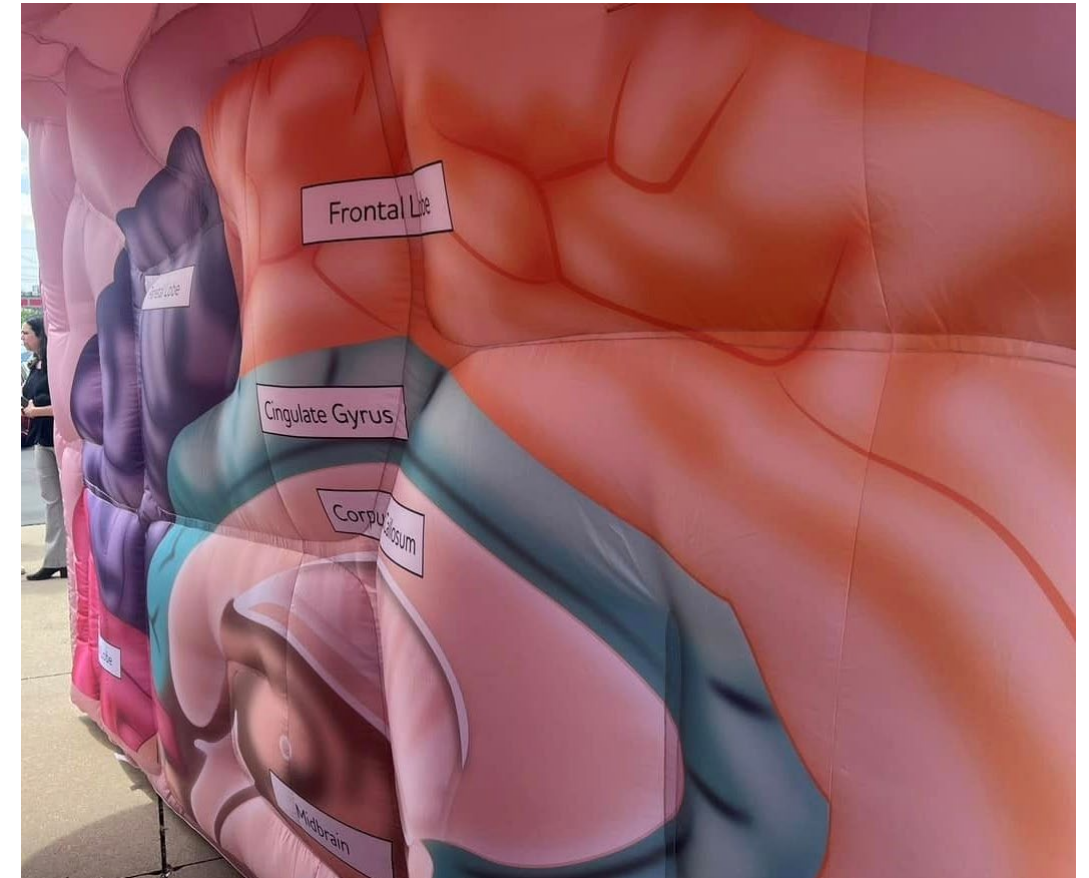
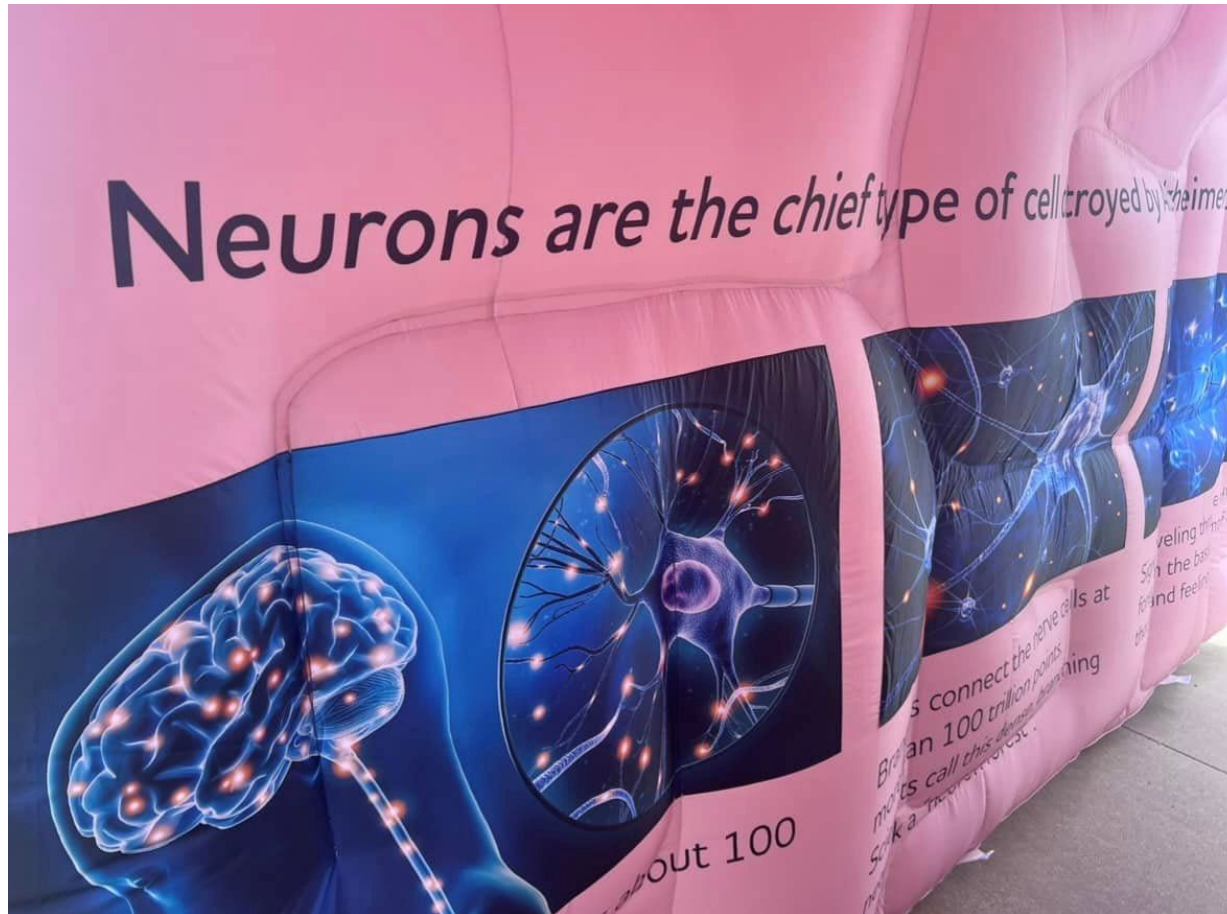
Designed to draw people in/de-stigmatize talking with the  
Alzheimer's Association

# Behold the Giant Brain!





# Inside



# Brain Banners

## Did you know?



**50%** of people living with HIV will experience thinking and memory changes from HIV-Associated Neurocognitive Disorder (HAND).

However, only **25%** will experience day-to-day impairment.

## Symptoms of HAND include:

### Thinking

- Concentration issues
- Memory changes
- Trouble planning and organizing
- Difficulty with decision-making

### Mood

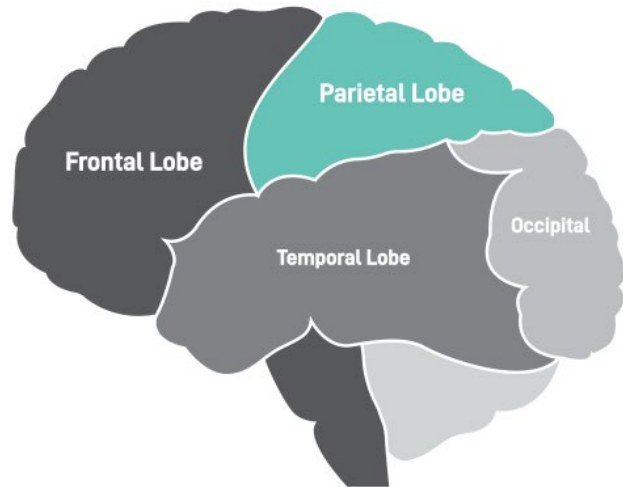
- Loss of motivation
- Irritability
- Anxiety
- Depression

### Physical

- Slowed movements
- Tremors
- Poor coordination



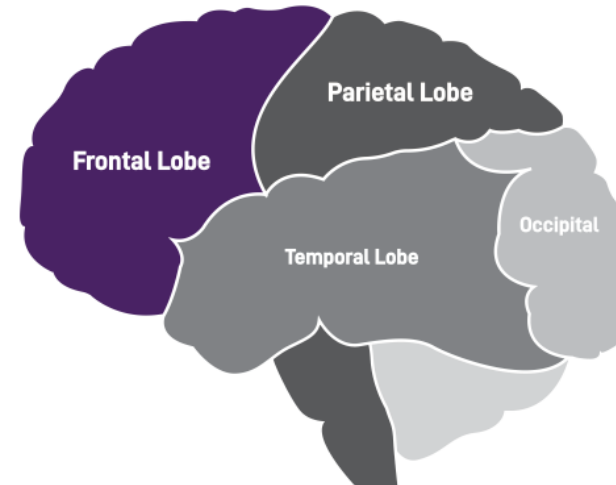
# Brain Banners



## Functions of the parietal lobe:

- Sensory information processing (touch, pressure, pain, position, vibration, temperature)
- Spatial processing and spatial manipulation (the ability to understand where you are in three-dimensional space, such as how to navigate around your home or town)

ALZHEIMER'S  ASSOCIATION®



## Functions of the frontal lobe:

- Decision-making
- Problem-solving
- Conscious thought
- Attention
- Emotional/behavioral control
- Speech production

ALZHEIMER'S  ASSOCIATION®

# Thank you for listening

## Let's keep in touch!

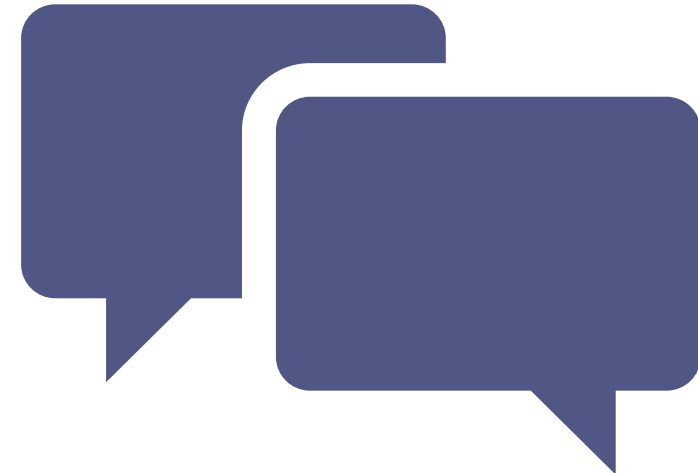
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# Continuing Education Credit



If you would like to receive continuing education credit for this activity, please visit:

[ryanwhite.cds.affinityced.com](https://ryanwhite.cds.affinityced.com)



# Aging Institute Sessions



- **Session ID 27078 (11:15am-12:15pm)** Aging and HIV 101: Accessing Community Resources for People with HIV 50 years and Older
- **Session ID 27088 (2:45-4:15pm)** Aging and HIV 201: National HIV and Aging Challenge Winners – Panel Discussion
- **Session ID 27089 (4:30-6:00pm)** Aging and HIV 301: People with HIV (55+): Clinical Difference and Discussions on Navigating the Aging Process