



SPNS Aging with HIV Initiative



Demonstration Site Overview – August 2022- July 2025: The Emerging Strategies to Improve Health Outcomes for People Aging with HIV (Aging with HIV Initiative) Supports and Evaluates Evidence-Informed Interventions to Improve the Well-Being of People with HIV Ages 50 and Older served by the Ryan White HIV/AIDS Program. For additional information, please contact Fedie McKenzie at AgingwithHIV@health.ny.gov.



Yale University: 4F Intervention for Collaborative Care to Assess Risk and Eliminate Polypharmacy, Falls, and Frailty Fractures for Patients Aging with HIV (I-CARE-4-PAH)

Goal: Develop a collaborative care model at Yale HIV clinics to train providers in managing age-related conditions and health disparities in HIV patients, with a focus on geriatric syndromes like falls, fragility fractures, and polypharmacy.

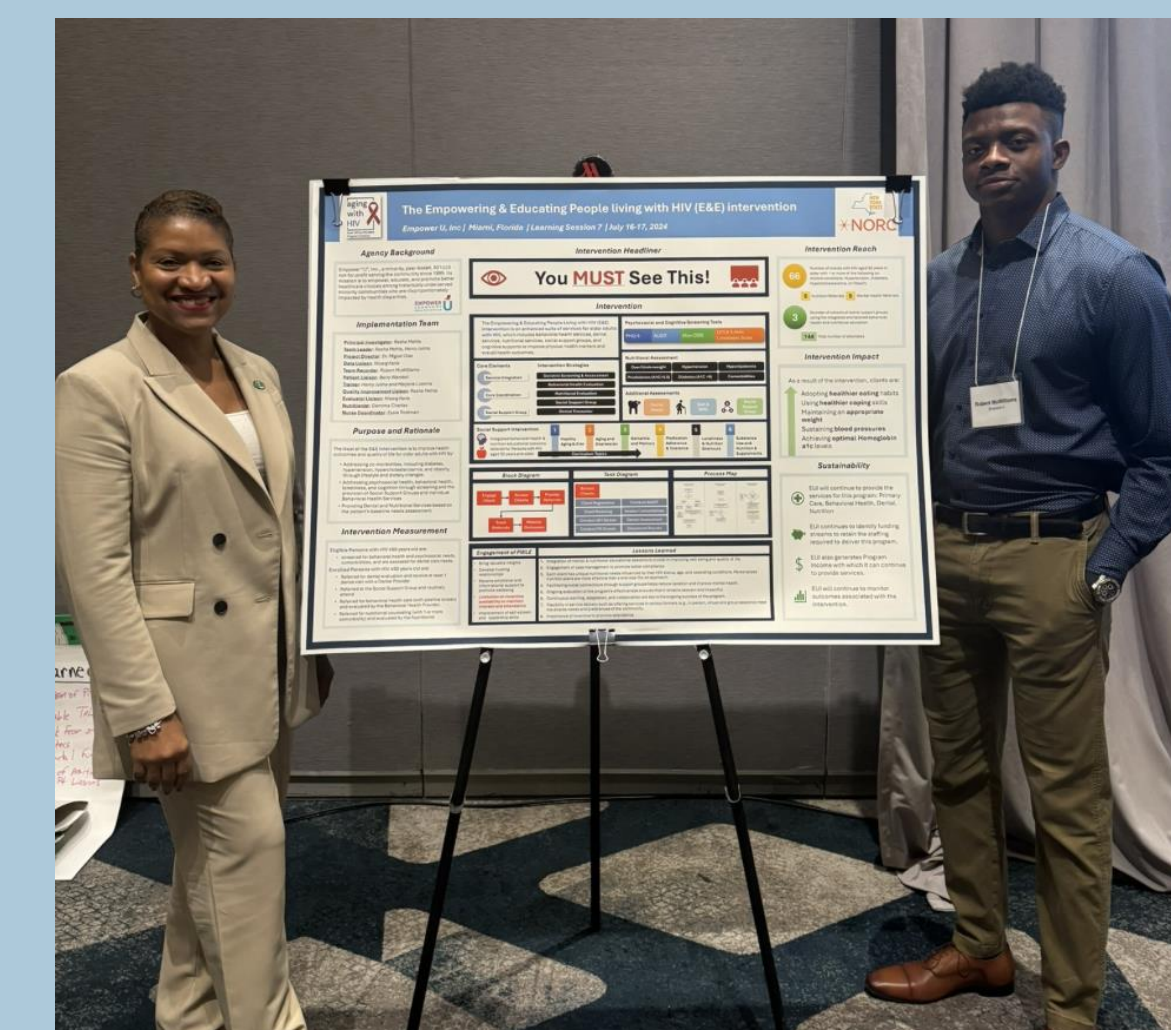
PI: Lydia Aoun-Barakat, MD & Julie Womack, MD
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Empower U, Inc: Educating and Empowering People Aging with HIV (E&E Program)

Goal: Enhance suite of services for older adults with HIV to include dental services, nutritional services, social support groups, and cognitive supports to improve physical health markers and overall health outcomes.

PI: Resha Mehta, MD
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Boston Medical Center: HIV-Endurance (HIVE) Clinic

Goal: A referral-based integrated infectious disease-geriatric clinic for patients with HIV to identify, refine, and assess strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people with HIV aged 50 years or older.

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Funding: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) using the HAB implementation science framework
Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States - PubMed ([nih.gov](https://pubmed.ncbi.nlm.nih.gov/))

Deliverables:

- Implement emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV
- Assess the uptake and integration of emerging strategies
- Understand implementation processes, including assessing specific implementation strategies
- Understand and document broader contextual factors affecting implementation
- Evaluate the impact of the emerging strategies
- Document and disseminate the emerging strategies

Interventions will specifically address:

- Creating a holistic, multi-faceted approach to geriatric care for people with HIV
- Leveraging existing geriatric assessments to mitigate falls and diagnose and treat frailty in persons aging with HIV
- Expanding HIV dementia assessment and management among those aging with HIV
- Integrating additional assessments and referral processes into routine clinic workflows for those aging with HIV
- Improving collaborative care to assess risk and manage polypharmacy among people aging with HIV

UPMC Presbyterian Shadyside: Improving the 6Ms at Pittsburgh Area Center for Treatment (IMPACT)

Goal: Implement provider training, patient screening, and workflow adaptations to improve patient age-related outcomes guided by the 6M's model (Mobility, Mind, Medications, Multi-complexity, Matters Most, Modifiable).

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University of Chicago: HIV Dementia Champions Training Program

Goal: Expand dementia assessment and management capacity within HIV specialty care clinics through the training of embedded "Dementia Champions" who will provide screening, support, and referrals to memory care services.

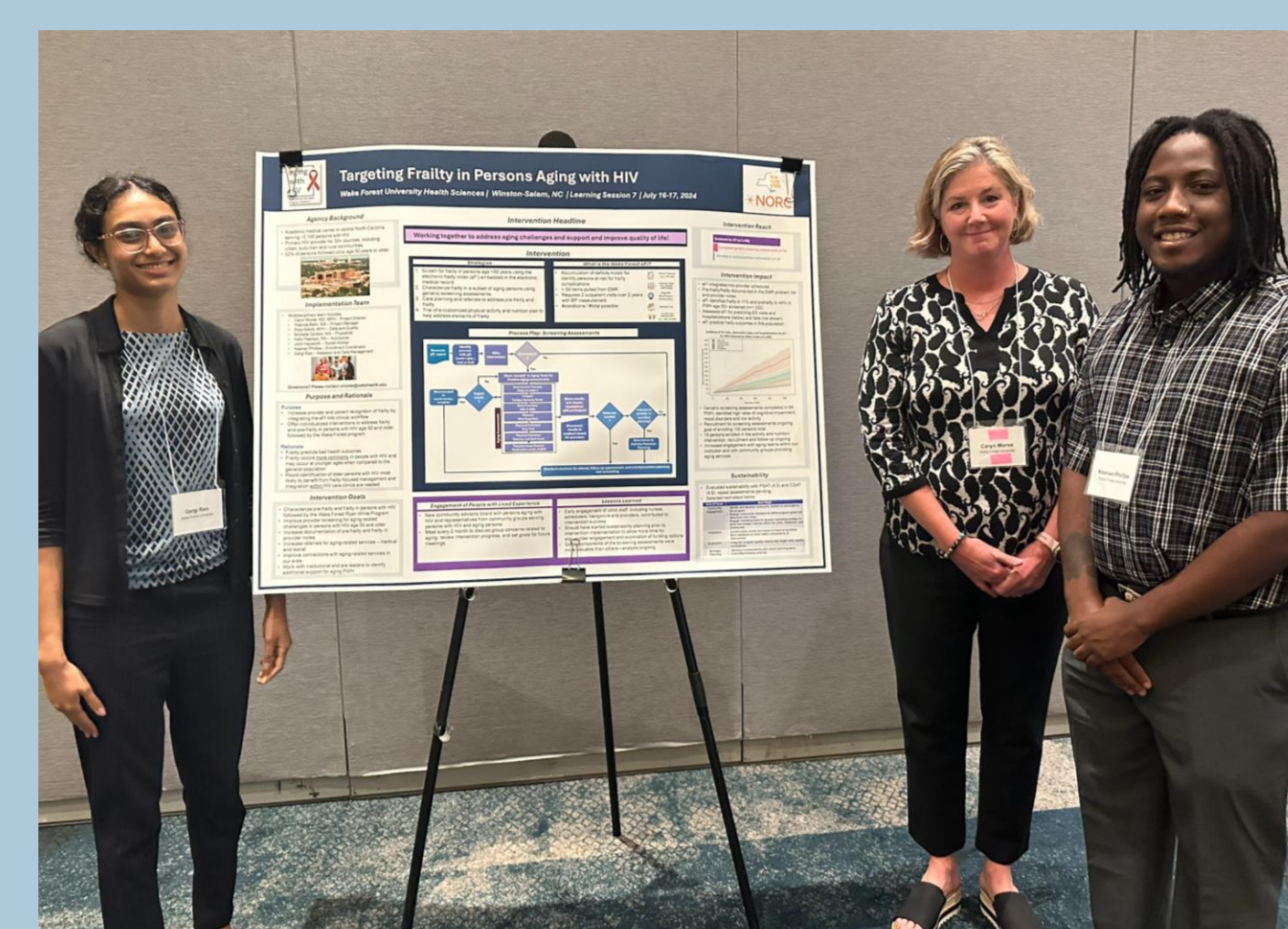
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Centro Ararat, Inc: Premier Platinum Program (PPP)

Goal: Improving patient health outcomes for People with HIV ages 50 and older by fully integrating a sustainable program that provides geriatric, mental, and neuropsychological health services, expanding screening and management of comorbidities, and supportive health services.

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Wake Forest University Health Sciences: Targeting Frailty in Persons Aging with HIV

Goal: Implement frailty assessments for persons with HIV age 50 and older who are patients in the Wake Forest Infectious Diseases Specialty Clinic (IDSC) and tailor interventions to characterize and mitigate frailty and pre-frailty.

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Colorado Health Network, Inc: Integrated Care for Health Aging and Navigation of Geriatric Effects (iCHANGE)

Goal: Expand, refine, and evaluate Colorado Health Network's current model of integrated care for older adults aging with HIV/AIDS to include screening of various geriatric conditions and coordinated supportive care to improve health outcomes of older people living with HIV.

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Family Health Centers of San Diego: Intensive Individualized Care Coordination to Enhance Health and Quality of Life for HIV-Positive Older Adults in San Diego, California (I²C²)

Goal: Comprehensively screen and manage medical and psychosocial comorbidities through bi-directional staff training, improved assessment processes, optimized care coordination, community advisory boards, and social support/educational opportunities.

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Mount Sinai Beth Israel: Incorporating a Community Health Worker (CHW) into a Comprehensive Program of Integrated Care for Older Adults with HIV

Goal: Incorporate the role of Community Health Workers (CHW) to bridge healthcare systems and community resources to support system navigation, ensure the integration of patient needs, and redistribute efforts to optimize each team member's work.

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