Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
832 927-7926 telephone; 713 572-3740 fax
http://rwpchouston.org

Memorandum

To: Members, Affected Community Committee
        Members, Project LEAP/Proyecto VIDA Committee

Cc: Crystal R. Starr   Reachelian Ellis
         Mauricia Chatman
         Sha'Terra Johnson

From: Tori Williams, Director, Ryan White Office of Support

Date: Tuesday, July 18, 2023

Re: Meeting Notice

Please join us for a meeting of the Affected Community and Project LEAP/Proyecto VIDA Committees. Meeting details are as follows:

Affected Community Committee and
Project LEAP/Proyecto VIDA Joint Meeting
12 noon, Monday, July 24, 2023

Click on the following link to join the meeting:
https://us02web.zoom.us/j/81032740414?pwd=V1hTMnltaklDanBDNU9XYkVkdllTZz9
Meeting ID: 810 3274 0414
Passcode: 125162
Or, use your telephone to dial in: 346 248 7799

In-person location: Bering Church 1440 Harold Street, Houston, Texas 77006
(Meeting room on 2nd floor and parking lot is located behind the church facing Hawthorn street)

Please be sure to contact Rod to RSVP, even if you cannot attend. She can be reached at:
Rodriga.Avila@harriscountytx.gov or by telephone at 832 927-7926.   We look forward to seeing you next Monday!

Houston Area HIV Services Ryan White Planning Council

**Affected Community and
Project LEAP Advisory Committee Joint Meeting**
12 noon, Monday, July 24, 2023

Join us on Zoom on the following link:
https://us02web.zoom.us/j/81032740414?pwd=V1hTMnltaklDanBDNU9XYkVkdllTZz09
Meeting ID: 810 3274 0414
Passcode: 125162
Or, use your telephone to dial in: 346 248 7799

In-person location: Bering Church at 1440 Harold Street, Houston, Texas 77006

AGENDA
* = handout will be available at the meeting

I.   Call to Order   Rodney Mills and
       A.   Welcome and Introductions   Diana Morgan, Co-Chairs
       B.   Announce who will be chairing the meeting
       C.   Moment of Reflection
       D.   Adoption of the Agenda
       E.   Approve the Minutes
       F.   Food form

II.   Public Comment
       (NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a living person with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

III.   Updates on Council Activities
       A.   2023 Project LEAP and Proyecto VIDA Recruitment   Kenia & Robert
       B.   Youth Group & Project LEAP   Ronnie, Allen & Tori
       C.   Youth Council   Ronnie & Tori
       D.   HIV and Aging Workgroup   Allen & Tori
       E.   Houston HIV Education Council   Tori
              1.   Many workgroups for special populations (Youth Council, Colleges++)
              2.   The Woodlands Pride Festival

VI.   Announcements

IV.   Optional: Members meet with committee mentor   Johnny Deal

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting
12:00 pm, Monday, May 22, 2023
Meeting Location: Zoom teleconference

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Skeet Boyle	Rodney Mills, Co-Chair	Mauricia Chatman, RWGA
Ronnie Galley	Diana Morgan, Co-Chair	
Cecilia Ligons	Servando Arellano	
Josh Mica	Rosalind Belcher	**OFFICE OF SUPPORT**
Allen Murray	Kenia Gallardo	Tori Williams
Tana Pradia	Caleb Brown, excused	Diane Beck
Ryan Rose	*Deborah Hurd*	Rod Avila
Robert Sliepka	*Akia McPhaul*	
Johnny Deal	*Tony Williams*	
Mary Lewis Guidry	Tony Crawford	

Call to Order: Ardry "Skeet" Boyle called the meeting to order at 12:10 p.m., and asked for a moment of reflection. Boyle invited everyone present to introduce themselves.

Adoption of the Agenda: *Motion #1: it was moved and seconded (Deal, Galley) to adopt the agenda.* **Motion carried unanimously.**

Approval of the Minutes: *Motion #2: it was moved and seconded (Deal, Galley) to approve the March 20, 2023 minutes.* **Motion carried.** Abstentions: Sliepka and Guidry**.**

Public Comment: None.

2023 Project LEAP and Proyecto VIDA
Evaluations: Williams stated that Project LEAP had 20 graduates, and approximately 50% of the graduates applied for either Council or Affiliate membership. Proyecto VIDA had 12 graduates, which is 100% of the students in the class; about half applied for Council and Affiliate membership.

Budgets: Williams summarized the attached report and budget information.

Role of the Advisory Committee: Williams introduced Kenia Gallardo & Robert Sliepka as the 2023 Project LEAP/Proyecto VIDA Advisory Committee Co-Chairs. The Committee members reviewed the committee's description.

2023 Class Timeline for both classes: Williams stated that due to uncertainty on the exact date of the office move, this year's classes would have a start date that is later than in previous years. It is more likely that both classes will start in the month of August.

2023 Project LEAP Service Definition: Williams walked the Committee through the attached service definition and stated that the staff sees no need to make changes to the document. *Motion #3: it was moved and seconded (Deal, Sliepka) to accept the service definition as presented*. **Motion carried unanimously.**

Student Selection Criteria: After the committee reviewed the criteria, *Motion #4: it was moved and seconded (Sliepka, Tana) to use the 2022 student selection criteria again in 2023*. **Motion carried unanimously**

Application Forms and Recruitment Contests: Beck announced that the applications are available online in English for Project LEAP and in Spanish for Proyecto VIDA. The office of support also has these forms available for those meeting in person. The forms will also be readily available for anyone helping with recruitment. Williams shared that there will be a contest this year- the person who refers the most applicants that are interviewed will receive a $50 gift card.

2023 Project LEAP Student Recruitment: See attached recruitment list. Committee members reviewed and updated the recruitment chart and added a few new sites. Packets of applications and flyers will be mailed to committee members who volunteer to distribute them. Williams said that she will need to find out which agencies will allow us to have a table to distribute LEAP and VIDA information at Ryan White funded agencies.

Announcements: None.

Adjourn: <u>*Motion #5*</u>**:** *it was moved and seconded (Deal, Galley) to adjourn the meeting at 12:58 p.m.* **Motion carried unanimously**.

Submitted by: Approved by:

_____   _____
Tori Williams, Director   Date   Committee Chair   Date

PUBLIC COMMENT

From Bruce Turner – dictated to Tori Williams

April 24, 2023

Geriatric Case Managers

Using unallocated funds recently awarded as part of the FY 2023 Notice of Grant Award, I recommend creating 5 new medical case manager positions so that each Ryan White funded agency providing primary medical care will have 1 medical geriatric case managers on staff for patients who are living with HIV and are beginning to feel the effects of aging. The role of the geriatric case manager will be to link consumers with medical and social service resources that are appropriate for individuals living with HIV who reach a point where they can be described as pre-frailty.

See the attached cover sheet from the HIV and Aging Workgroup How To Best Meet the Need meeting packet for supporting information, with particular attention to the study of and the public comment from Steven Vargas dated _____.

Look at how Area Agency on Aging – what are we not thinking about?

Co-Host (CPG & PC) HIV & Aging Workgroup -

Tasks:

1.) See Vel's study & Dr. Patel's comments – use to target certain age group. Pre-frailty
2.) Review materials, especially Evelio's
3.) Define who eligible for Geriatric care – more than 1 co-morbidity; Rx causing frailty; more than 5 medication
4.) Survey agencies

Arc of Aging with HIV 1996-2022: from promise to disappointment & despair
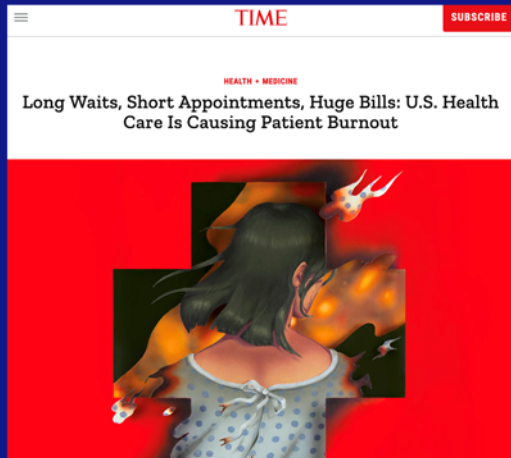
Broken HIV Healthcare System

Jules Levin

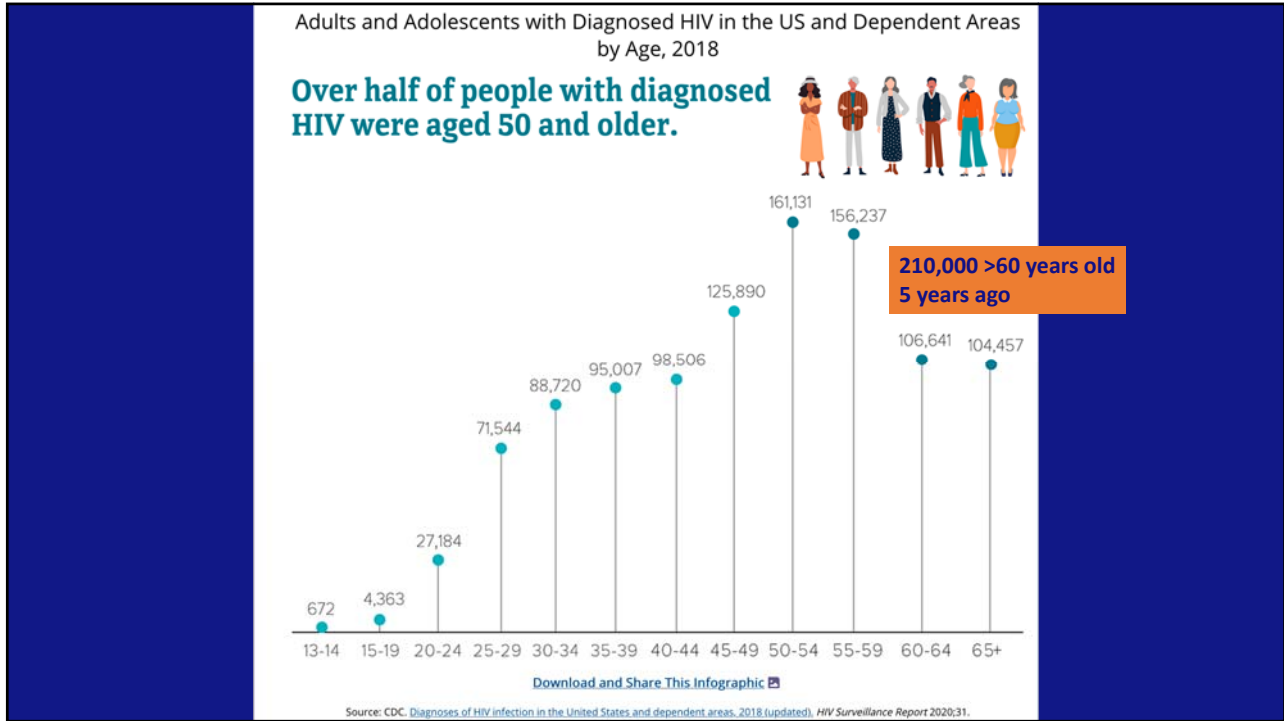NATAP, National AIDS Treatment Advocacy Project

www.natap.org

Website

webinar series

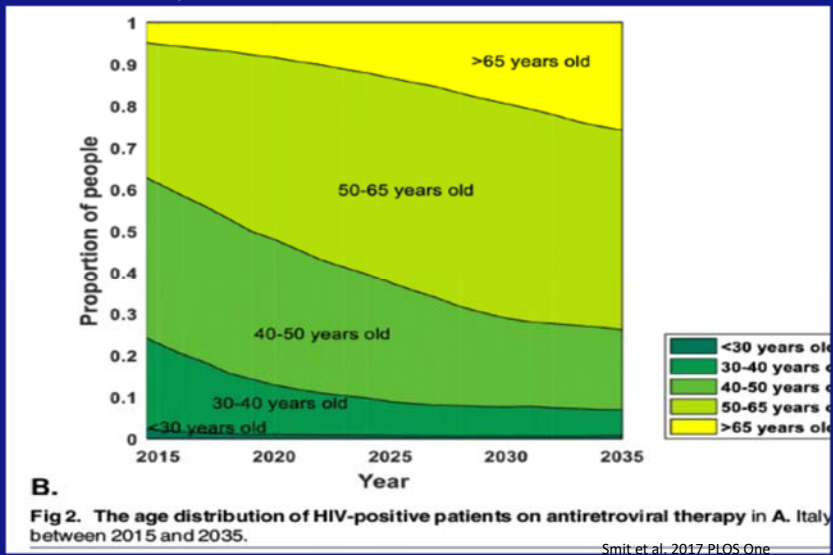**"Currently [the traditional system] isn't meeting the needs of many patients"**

"The traditional experience of getting health care is shifting away from the solo doctor with limited time to spend with each patient and few incentives to promote wellness."

TIME — HEALTH • MEDICINE
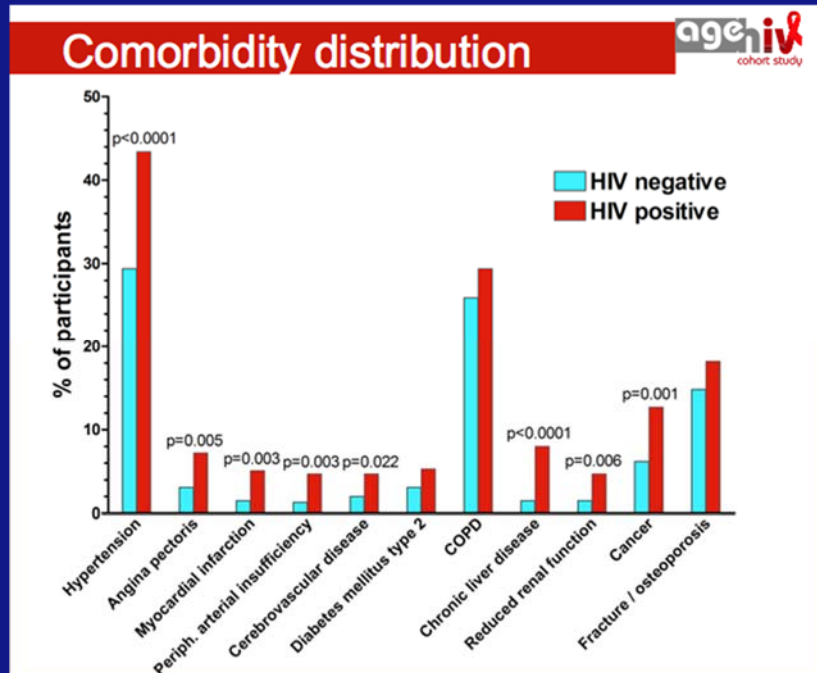
Long Waits, Short Appointments, Huge Bills: U.S. Health Care Is Causing Patient Burnout

THE WALL STREET JOURNAL.

THE FUTURE OF EVERYTHING | HEALTH

The Doctor Won't See You Now

Primary care is moving toward teams of health-care professionals that may not always include a physician

By Laura Landro [Follow]

Sept. 9, 2020 10:38 am ET

Adults and Adolescents with Diagnosed HIV in the US and Dependent Areas by Age, 2018

Over half of people with diagnosed HIV were aged 50 and older.

210,000 >60 years old 5 years ago

Download and Share This Infographic

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

75% Projected to Be Over 50

85% of HIV+ projected to Have Cardiovascular Disease in USA, 30% malignancy, 23% diabetes. Care Costs Increase by 40% due to Comorbidities

B.

Fig 2. The age distribution of HIV-positive patients on antiretroviral therapy in A. Italy between 2015 and 2035.

Smit et al. 2017 PLOS One

Aging & HIV: The Inflammation Double Whammy

Aging

HIV

Inflammation

- Diabetes Mellitus
- Heart Disease
- Cancer
- Cognitive Problems
- Osteoporosis
- Frailty
- The brain, CNS

PWH have more comorbidities than people without HIV

Comorbidity distribution

age hiv cohort study

% of participants

HIV negative
HIV positive

p<0.0001

p=0.005
p=0.003 p=0.003 p=0.022

p<0.0001
p=0.006

p=0.001

Hypertension
Angina pectoris
Myocardial infarction
Periph. arterial insufficiency
Cerebrovascular disease
Diabetes mellitus type 2
COPD
Chronic liver disease
Reduced renal function
Cancer
Fracture / osteoporosis

3

JID 2017.
Gallant et al

comorbidities in patients > 75 in France

Table 5 : Age-associated non communicable comorbidities (AANC)

N(%)	Elderly [50-75[n=12748	Geriatric ≥75 n=430	P. value
Diabetes	1195 (9.4)	96 (22.3)	< 0.001
Hypertension	2685 (21.1)	182 (42.3)	< 0.001
Hyperlipidemia	2700 (21.2)	120 (27.9)	0.001
Cardio-vascular disease	1081 (8.5)	89 (20.7)	< 0.001
Stroke	319 (2.5)	27 (6.3)	< 0.001
Osteoporosis	626 (4.9)	36 (8.4)	0.002
Neoplasia	1526 (12)	97 (22.6)	< 0.001
Renal failure*	594 (4.7)	60 (14)	< 0.001
Depression	2114 (16.6)	65 (15.1)	NS
Liver fibrosis	620 (4.9)	10 (2.3)	0.021
Number of AANC			< 0.001
- 0-1	9058 (71.1)	197 (45.8)	
- 2-3	3147 (24.7)	173 (40.2)	
- ≥4	543 (4.3)	60 (14)	

*eGFR <60 ml/mn/1,73m^2

C. Allavena. France. CROI 2026

Older Women Have More Comorbidities & Worse Physical Function Than Men

Prevalent Comorbidity Burden by HIV Serostatus, Sex, and Age Group
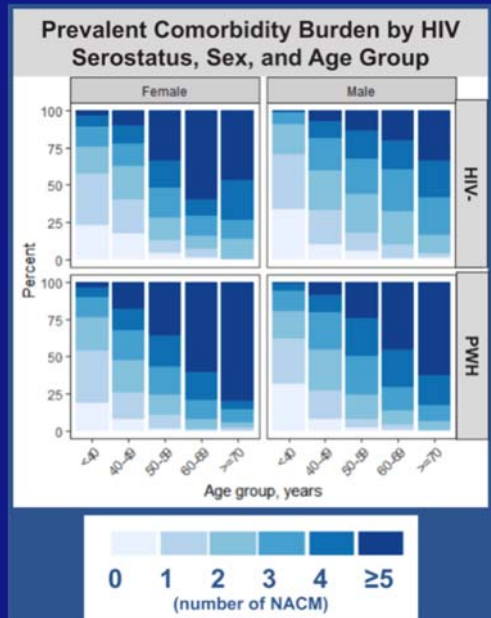
Accelerated Aging - '20 years Difference between HIV + vs HIV-'

"These things are Happening A lot Earlier for PWH than they should be. These syndromes in this chart happen to 80 year olds without HIV but in PWH at 60 or younger"
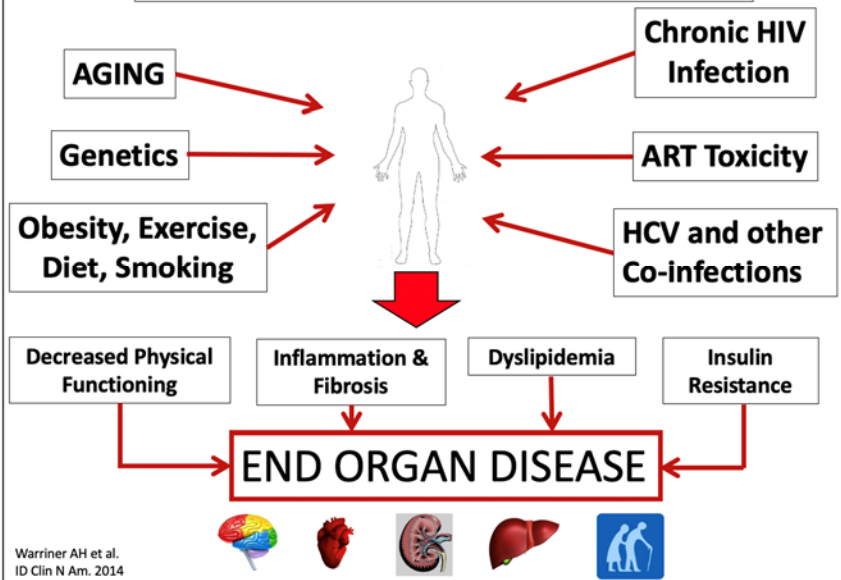George Kuchel at CROI 2023

HIV as accelerated (accentuated) aging

Geriatric Syndromes in Older HIV-Infected Adults

Nearly two-thirds of these individuals were still 60 years or younger

Greene et al., JAIDS 2015

UConn Pepper
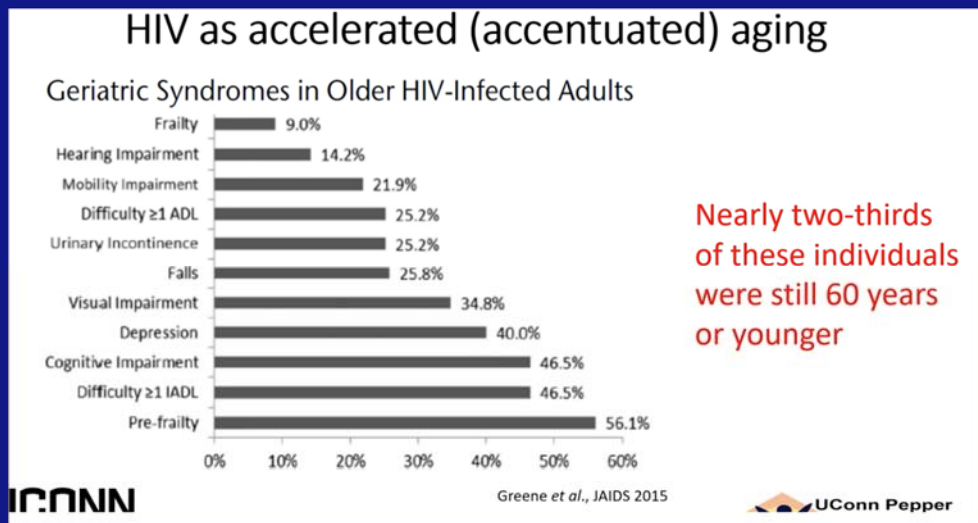
"Aging & HIV Syndrome"
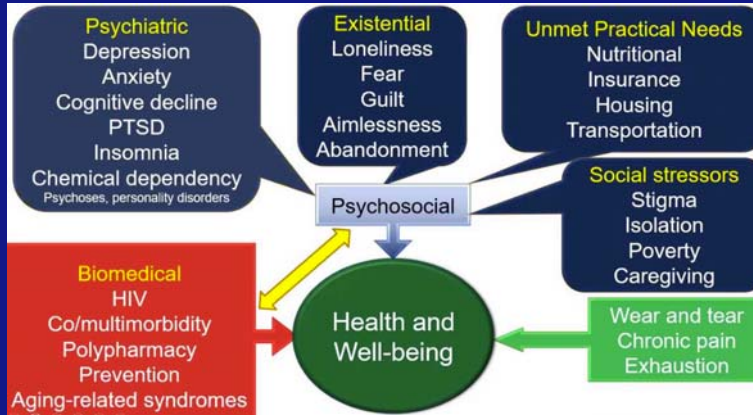
Eugenia Siegler, Cornell.

- **Immune Dysfunction & depletion**
- **Low CD4 nadir**
- **Genetics**
- **lifetime trauma**
- **Discrimination**
- **Stigma**
- **mitochondrial damage**
- **history of IDU, heroin/cocaine use**

Accelerated or Premature aging: 15 Years Earlier Onset of Comorbidities

Figure 2. Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection Stratified by Comorbidity, Kaiser Permanente, 2000-2016

A Free of chronic liver disease — 24 yrs
B Free of chronic kidney disease — 16 yrs
C Free of chronic lung disease — 15 yrs
D Free of diabetes — 7.4 yrs
E Free of cancer — 10 yrs
F Free of cardiovascular disease — 9 yrs
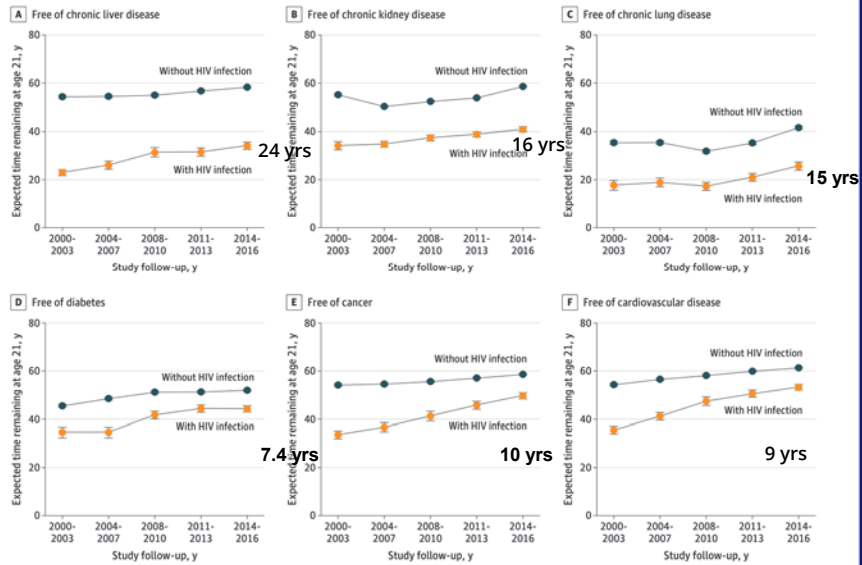
9 Years Less Life Expectancy – 77 for PLWH vs 86

Figure 1. Overall and Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016
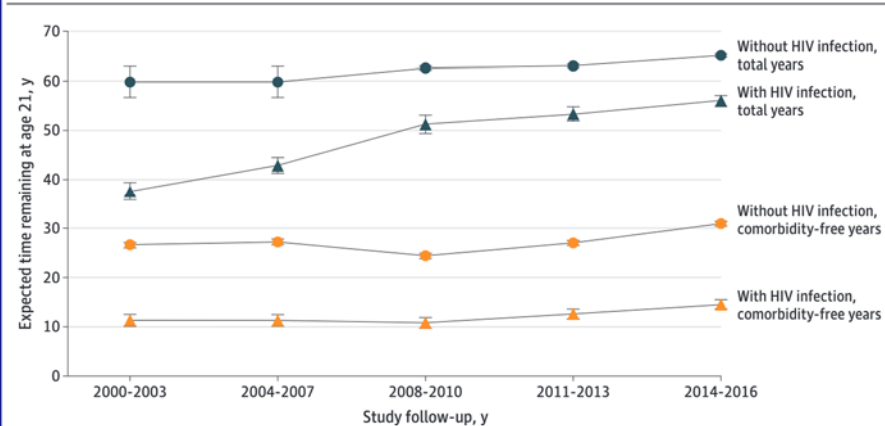
Improved from 22 yrs diff.

To 9 yrs diff.

CD4 nadir >500: 6-year gap

Julia Marcus et al. JAMA Network Open 2020

Increased Mortality for Blacks with HIV

ADJUSTED YEARS OF POTENTIAL LIFE LOST BY SEX/RACE AND HIV RISK FACTOR

Premature Mortality Higher in Women and Blacks in US HIV Group
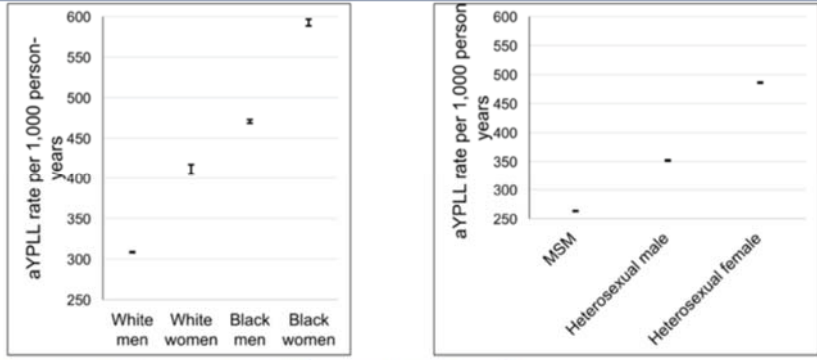
https://www.natap.org/2021/IDWeek/IDWeek_36.htm

Pellegrino et al. Vanderbilt U. Sex and race disparities in premature mortality among people with HIV: a 21-year observational cohort study. IDWeek, 2021. Abstract 53

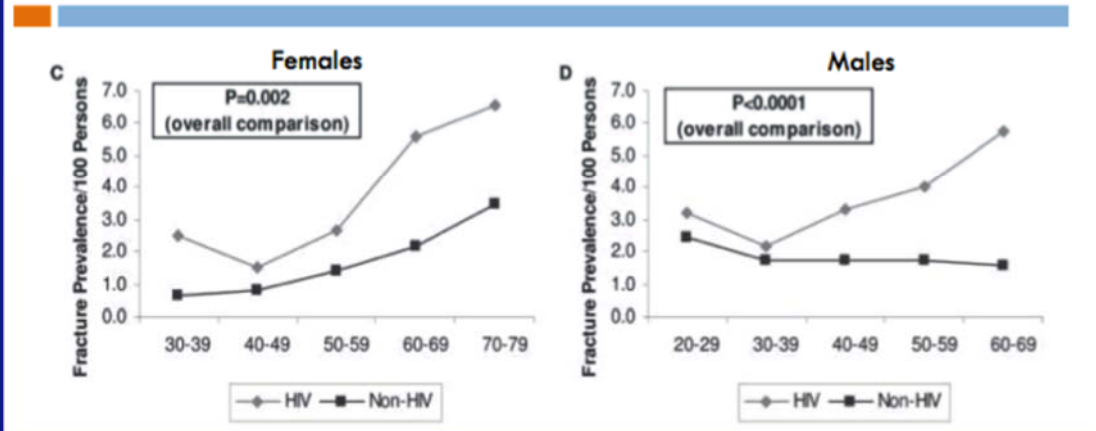## Myocardial Infarction in HIV-infected and uninfected Patients: MGH Study

Overall RR 1.8 (1.5-2.0), p<0.001*

■ HIV-infected
◆ HIV-negative
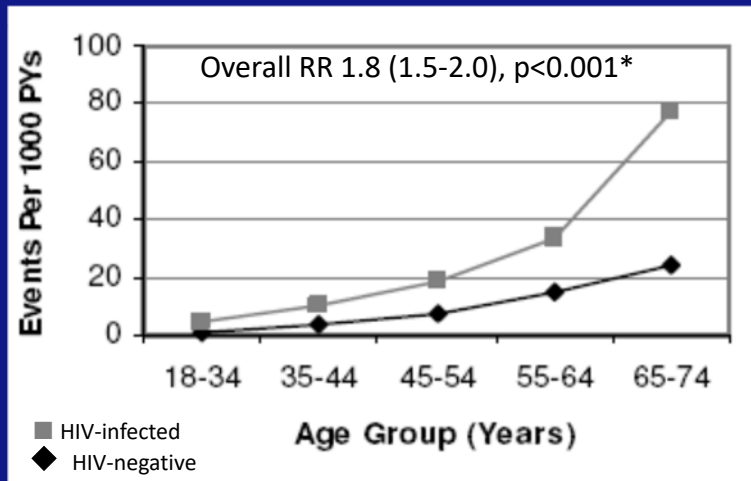
*adjusted for age, gender, race, HTN, DM, dyslipidemia

Triant, JCEM, 2007

Double the Fracture Rates, Slope Sharply Increases with Age for PWH

Fracture prevalence is higher in HIV+ patients

Triant, VA, et al. J Clin Endocrinol Metab. 2008;93:3499-3504

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African-Americans. & Latinos have 3-4 higher rates.

"Chronic health conditions in Medicare beneficiaries .."65 years and older with HIV infection" HIV+ beneficiaries were more likely to be Hispanic, African-American, male"

Table 4. Adjusted odds ratios for the number of chronic conditions as an index among Medicare beneficiaries at least 65 years old with HIV infection[a].

| HIV+ vs. HIV– (N = 29 060 402)	aOR (95% CI)	Wald χ^2 Pvalue
Number of chronic conditions[b]		
0	Reference	Reference
1	2.38 (2.21, 2.57)	<0.0001
2	2.63 (2.46, 2.83)	<0.0001
3	2.98 (2.46, 2.83)	<0.0001
4	4.13 (3.87,4.41)	<0.0001
5	7.07 (6.61, 7.56)	<0.0001
Sex		
Male	2.11 (2.06, 2.17)	<0.0001
Female	Reference	Reference
Age (for each year younger)	0.94 (0.93, 0.94)	<0.0001
Race/ethnicity		
Unknown race	0.77 (0.40, 1.48)	0.43
Non-Hispanic white	Reference	Reference
African-American	3.86 (3.75, 4.00)	<0.0001
Other race	1.16 (0.98, 1.37)	0.09
Asian/Pacific Islander	0.62 (0.60, 0.70)	0.18
Hispanic	3.41 (3.29, 3.54)	<0.0001
Native American	0.70 (0.54, 0.91)	0.007
Had dual coverage	2.31 (2.24, 2.38)	<0.0001
ESRD	1.44 (1.23, 1.68)	<0.0001

CI, confidence interval; ESRD, end stage renal disease; aOR, adjusted odds ratio.
[a]HIV+ beneficiaries were those with ICD-9-CM, or DRG codes with a diagnosis of HIV, HIV– were beneficiaries without these codes.
[b]Chronic health conditions were defined by ICD-9-CM, diagnosis or procedure codes, or HCPCS codes.

AIDS 2016. Friedman, Duffus

HIV+ Men are More Frail at a Younger Age vs HIV-, Slope increases for PWH
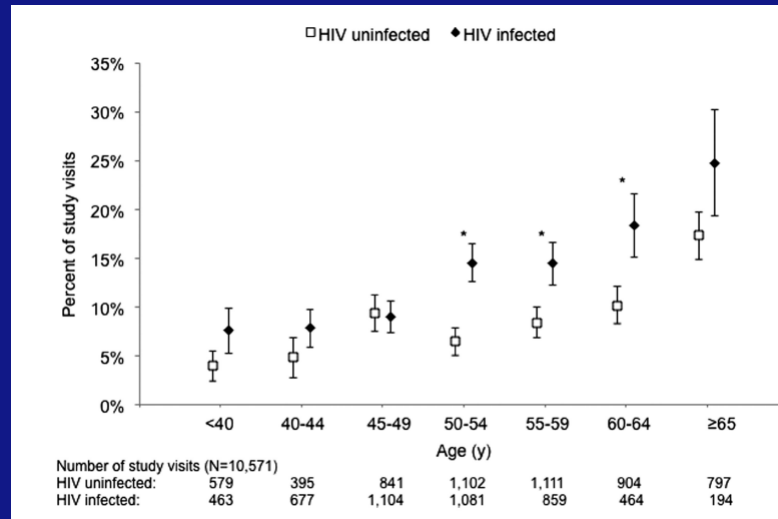
Frailty: A Brief Overview

- **Weight loss**

- **Weakness**

- **Exhaustion**

- **Slowness**
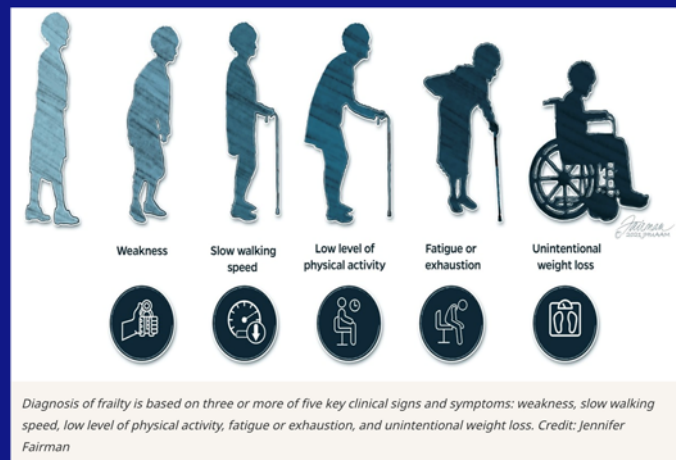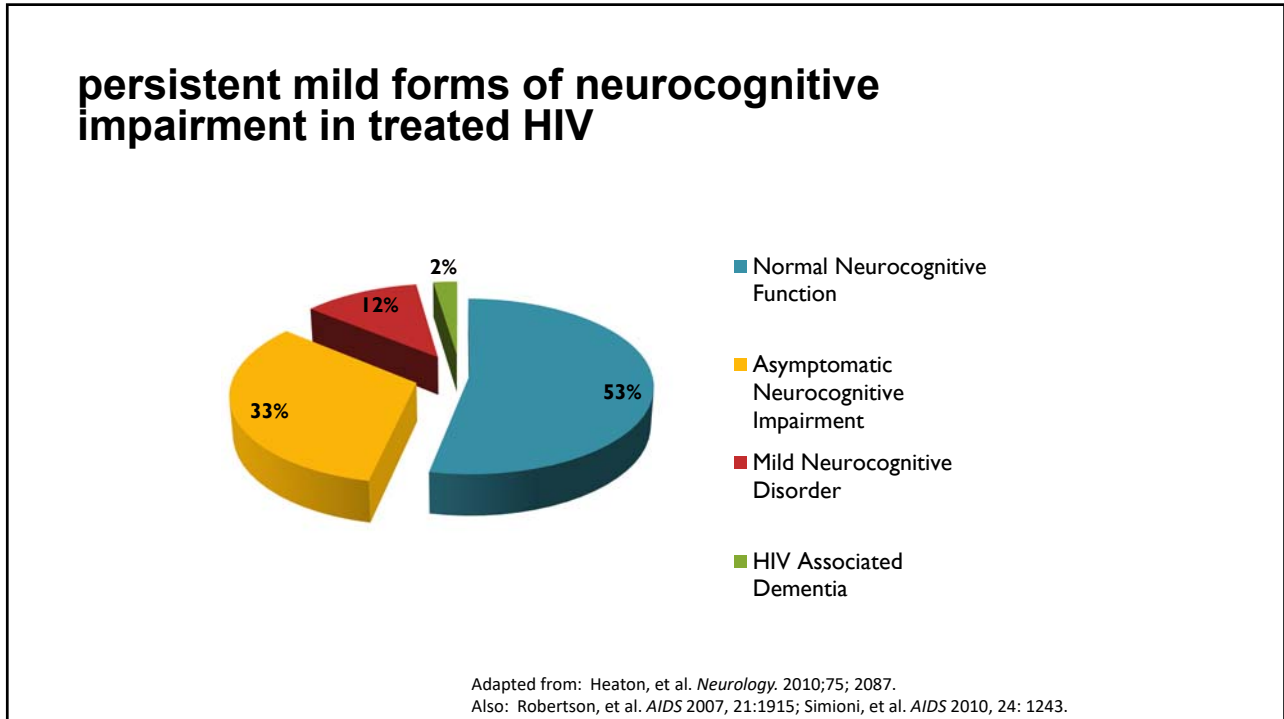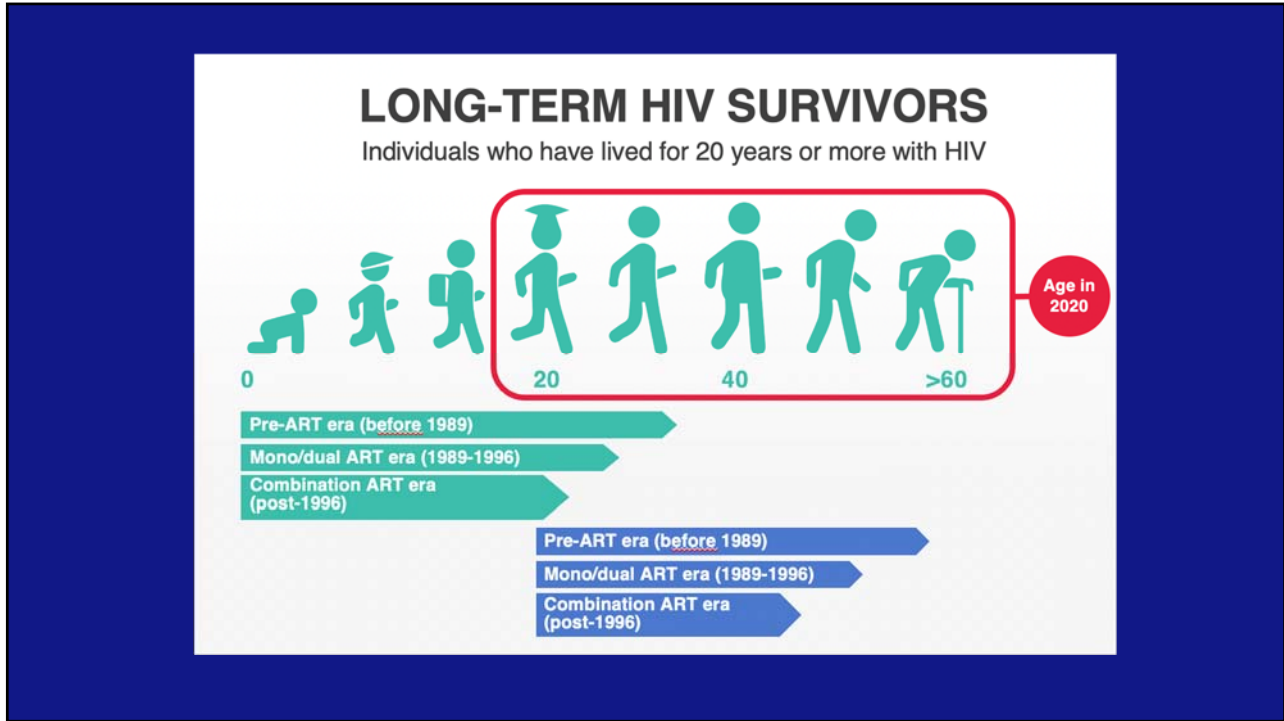
- **↓ Physical Activity**
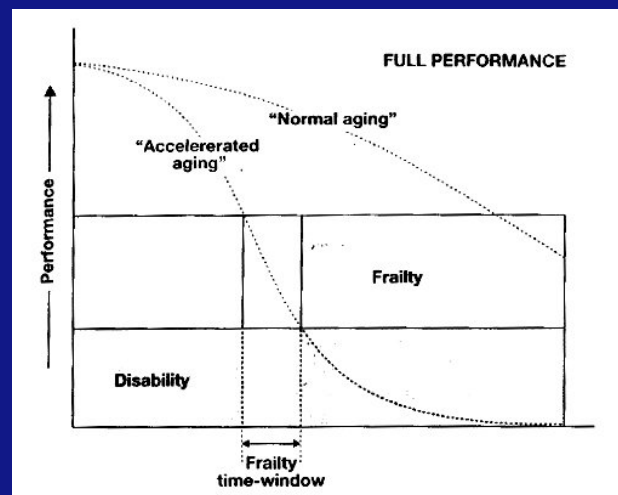
Fried LP, *et al.* 2005
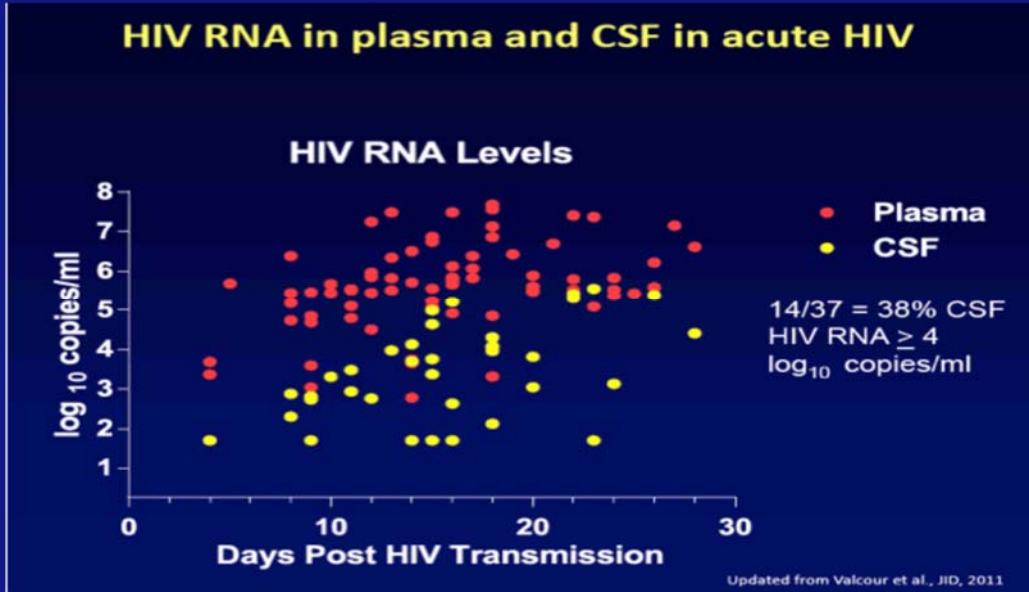
Frailty Risk Factors

- CD4 Nadir
- Viral load, history
- Current CD4
- Mitochondria damage from HIV, ARTs
- Comorbidities: diabetes; hearing dysfunction; fall history (fractures, osteoporosis-bone disease)
- Cognitive impairment
- CVD
- History of smoking, drug use (heroin, cocaine)
- Poor sleep, anxiety, depression, SDOH
- Living alone
- Low exercise, activity
- polypharmacy

Faces of Frailty

Diagnosis of frailty is based on three or more of five key clinical signs and symptoms: weakness, slow walking speed, low level of physical activity, fatigue or exhaustion, and unintentional weight loss. Credit: Jennifer Fairman

LONG-TERM HIV SURVIVORS
Individuals who have lived for 20 years or more with HIV

persistent mild forms of neurocognitive impairment in treated HIV

- Normal Neurocognitive Function — 53%
- Asymptomatic Neurocognitive Impairment — 33%
- Mild Neurocognitive Disorder — 12%
- HIV Associated Dementia — 2%

Adapted from: Heaton, et al. *Neurology.* 2010;75; 2087.
Also: Robertson, et al. *AIDS* 2007, 21:1915; Simioni, et al. *AIDS* 2010, 24: 1243.

HIV Enters Brain, CNS Days After Infection & Never Leaves

HIV RNA in plasma and CSF in acute HIV

HIV RNA Levels

Plasma
CSF

14/37 = 38% CSF HIV RNA $\geq$ 4 $\log_{10}$ copies/ml

Updated from Valcour et al., JID, 2011

Brain-age gap greater in PWH vs Pw/oH BUT there is _high variability_ in brain aging

- Brain-age gap –several years- related to:
 - CVD risk: smoking, CHOL, smoking, blood pressure
  - HCV
  - Detectable VL
  - Early life stress
  - Socioeconomic challenges: (neighborhood) income, education, housing
- Brain regions were affected differently in those with and without HIV
- Structural brain damage occurs. VL may matter.
- Cognitive performance worse for PWH: executive function, psychomotor speed, language impairment (DVL).
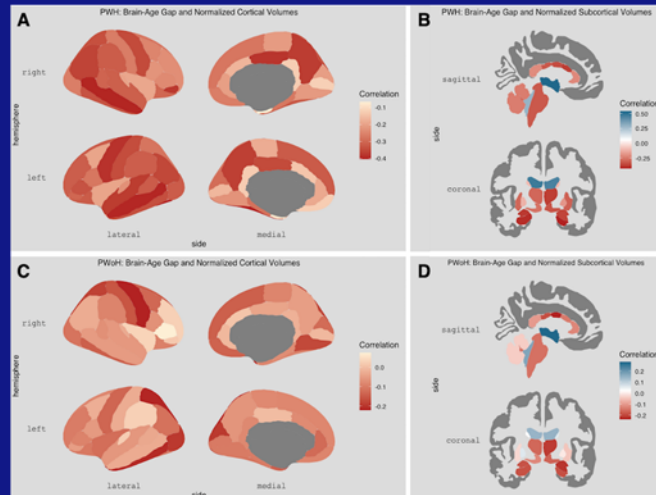
PTSD

Rates of selected psychiatric disorders: United States general population vs PLWHA
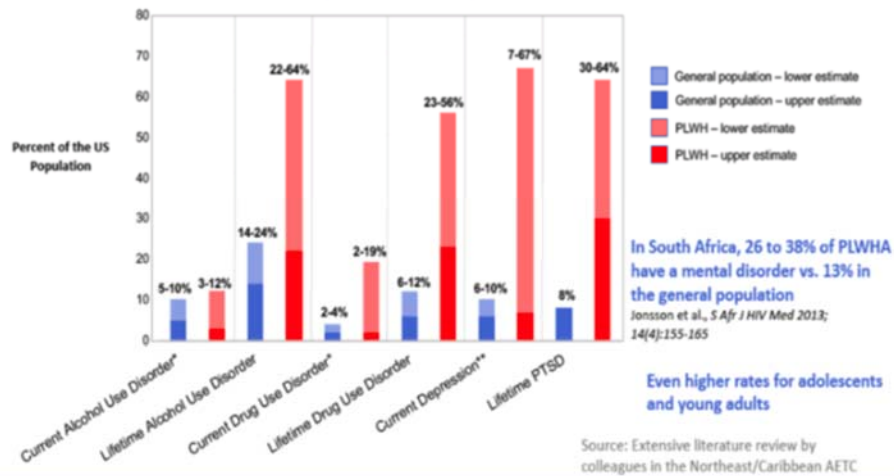
IAS USA Treatment Guidelines Dec 2022 in JAMA

Box 4. Recommendations for Older People With HIV

- Screening for HIV is recommended in older individuals to prevent late diagnosis with advanced disease (evidence rating: AIIa)
- Initiation of ART is recommended as soon as possible after diagnosis, either the same day of diagnosis, first clinic visit, or within 7 days. Assessment of comorbidities, kidney function, and medications will influence the choice of ART (evidence rating: AIa)
- Assessment of polypharmacy and simplification of complex regimens, both ART and comorbidity treatments, is recommended to improve adherence, prevent adverse drug-drug interactions, reduce falls risk, and reduce costs (evidence rating: AIIb)
- Screening for comorbidities, impaired cognitive and function, poor mobility, frailty, and falls risk is recommended for older people with HIV, using validated tools. The frequency of assessment is determined by the baseline assessment (evidence rating: BIII)[1]
- Consideration of integrated care models and Antiretroviral Stewardship models is recommended to improve outcomes and quality of life for people aging with HIV (evidence rating: BIII)

State Initiatives

California

- 2021: SB 258 passed includes older people with HIV "greatest social need"

- $5 million for 5 demonstration projects across the state

New York State – NYC 3 Clinics

- 2022: NYSDOH $20 million People Aging with HIV Pilot– up to 10 clinics, 5 Years

- NYC 3 clinics 2021

- LTS pilot screening tool project

https://www.sfaf.org/collections/beta/california-activists-celebrate-historic-victories-for-older-people-living-with-hiv/

SPNS Aging with HIV

Initiative Participants

https://targethiv.org/aging-initiative

https://www.hivguidelines.org/hiv-care/aging-guidance/#tab_3

Major Challenges for Aging PLWH

- Multimorbidity: What is the best model for care?
- Access to Geriatric Care
- Health care navigation; care coordination; 20-minute visit; overwhelmed clinics
- Access to mental health services
- Access to social services
- Prevention of disability
- Bias in long term care against HIV
- housing & long-term care
- Health disparities by race/sexual minority; Addressing Social determinants of health

New Models of Care Needed - NY Example

- 3 new HIV Geriatric Clinics in **NYC**
- 2 standing HIV Geriatric Clinics: New Mt Sinai, Cornell
- 2 more expected next year
- 'Integration' of Geriatric Care elements, 'personalized care' into Ryan White & HIV Clinics next year – not being done????
- **HRSA $10 Mill Grant for 10 HIV Geriatric Clinics** – 3-yr grants - awards just announced.
- **NYS 10 Aging HIV Clinics** $20 mill, 5 years
- BUT there are >220,000 PWH over 60 in USA, 95% are getting zero.

Updated Care Infrastructure Needed

- RWCA failing us - many are NOT getting needs met.
- Federal & State Local authorities are not meeting our needs.
- HRSA: "Personalized Care & integrated care" needed.
- We need to structure Care in the clinic and community in the USA to meet the changing & modern needs of the HIV patient population in care who are aging, since the HIV/aged population IS the majority Now & more so in future.