

# GETTING TO ZERO-SF: Aging among People Living with HIV (PLWH)

---

Brad Hare (Co-Chair), Ramón Matos (Co-Chair), Chip Supanich, Marc Vincent, Courtney Liebi,



# Basic HIV Terminology

**HIV** — Human Immunodeficiency Virus

**PLWH** — People Living With HIV

**T-Cell Count** — Indicator of immune system health

**Viral Load** — Indicator of amount of viral activity

**PrEP (Pre-Exposure Prophylaxis)** — One pill per day to reduce risk of HIV by more than 99%

**ART (Antiretroviral Therapy)** — assortment of meds used in combination

**LTS** — Long term survivors

# Mission & Vision of Getting to Zero San Francisco

## **Mission**

*Zero new HIV infections*

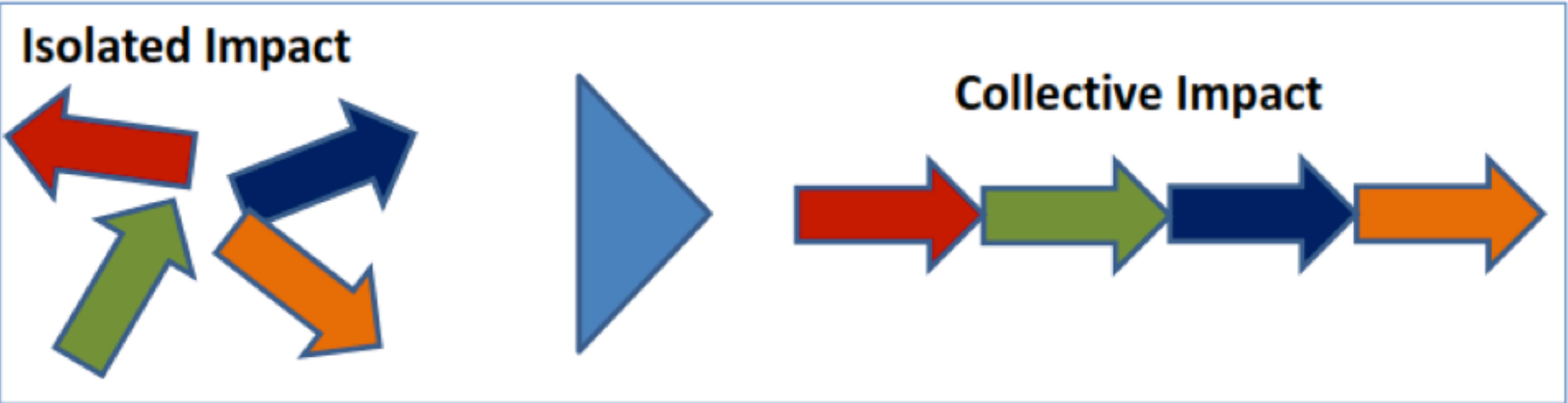
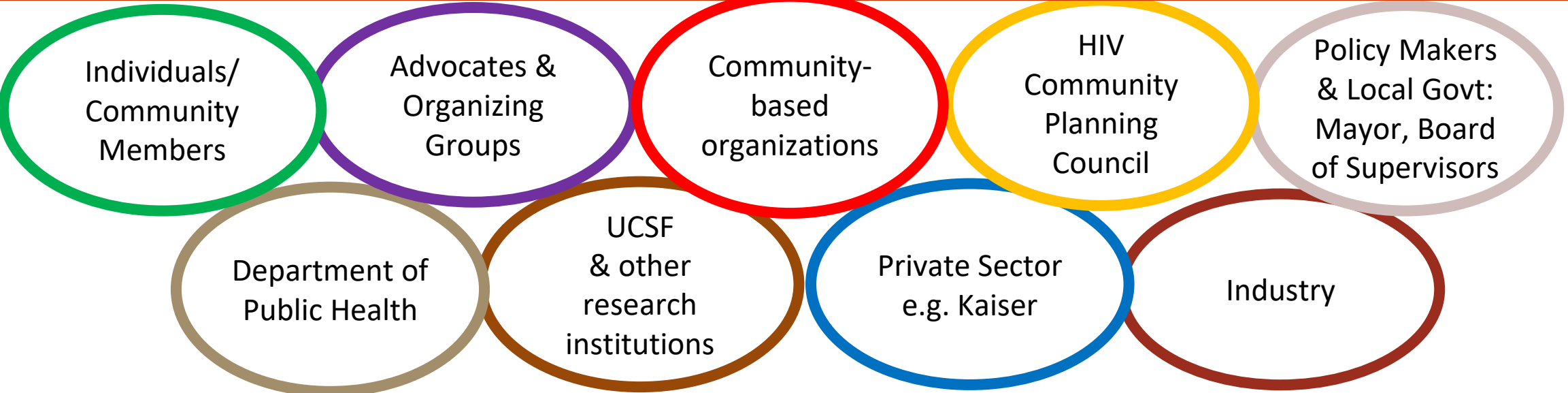
*Zero HIV deaths*

*Zero HIV stigma and discrimination*

## **Vision**

*Become the first municipal jurisdiction in the United States  
to achieve the UNAIDS vision of “Getting to Zero”*

# Getting to Zero SF Consortium: A Collective Impact Initiative



# Strategic Priorities for Getting to Zero San Francisco Consortium 2021-2025

Centering Racial Equity To Attain Improved Health Outcomes  
for All San Franciscans

## Overall Aims

Reaching persons  
at risk

Rendering services

Responding rapidly  
and effectively

City-wide  
coordinated  
PrEP program

Rapid ART  
start and  
Restarts

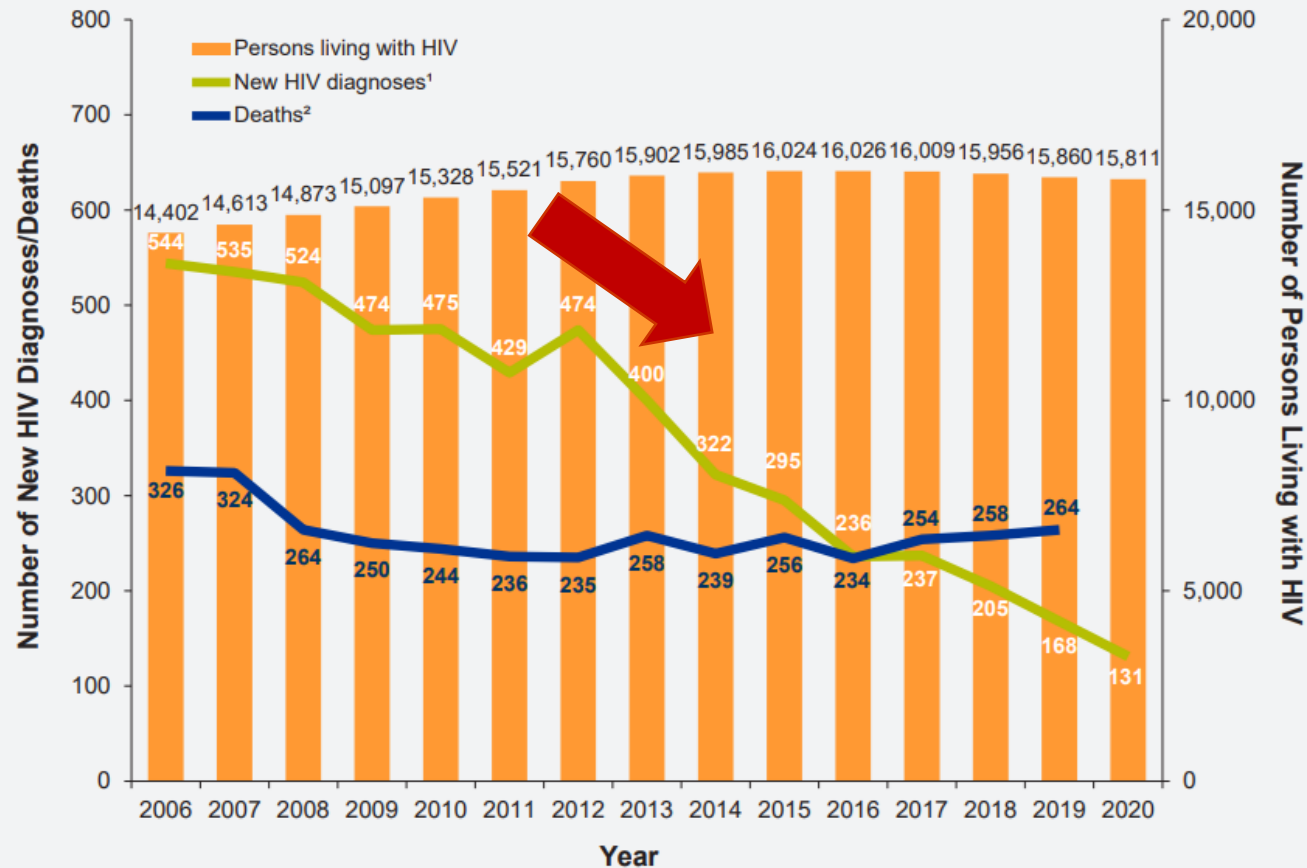
HIV & Aging

People  
Experiencing  
Homelessness

Emerging Issues & Advocacy Areas : HIV & COVID,  
Youth, Housing Policy, Drug Overdose Prevention

# San Francisco Progress, 2013-2020

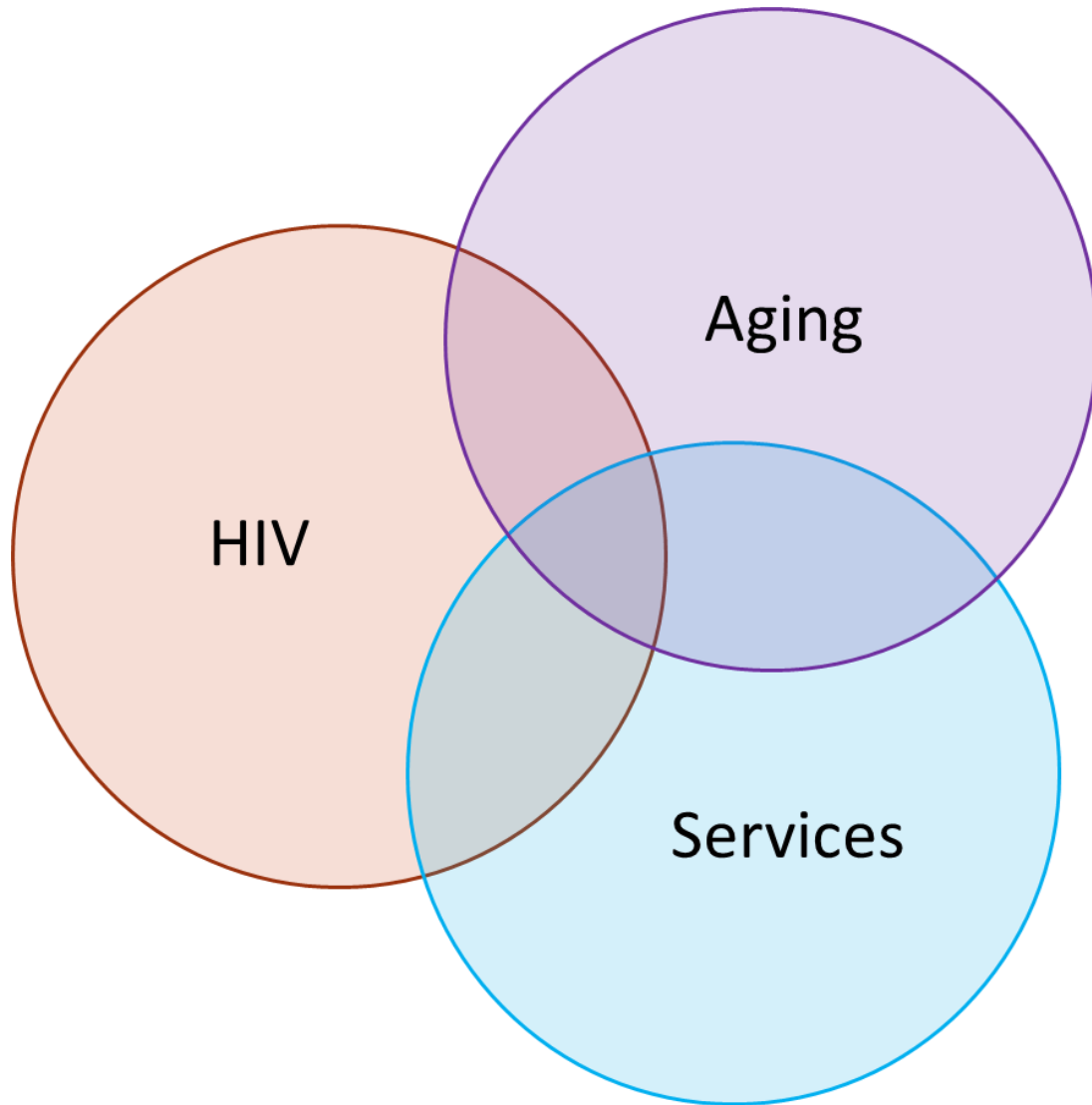
Figure 1.2 HIV diagnoses, deaths, and prevalence, 2006-2020, San Francisco



131 new diagnosis in 2020

>50% new diagnosis among persons of color

~ 16,000 persons living with HIV (11% of all California cases)



# HIV & Aging

---

Formed in Summer 2021

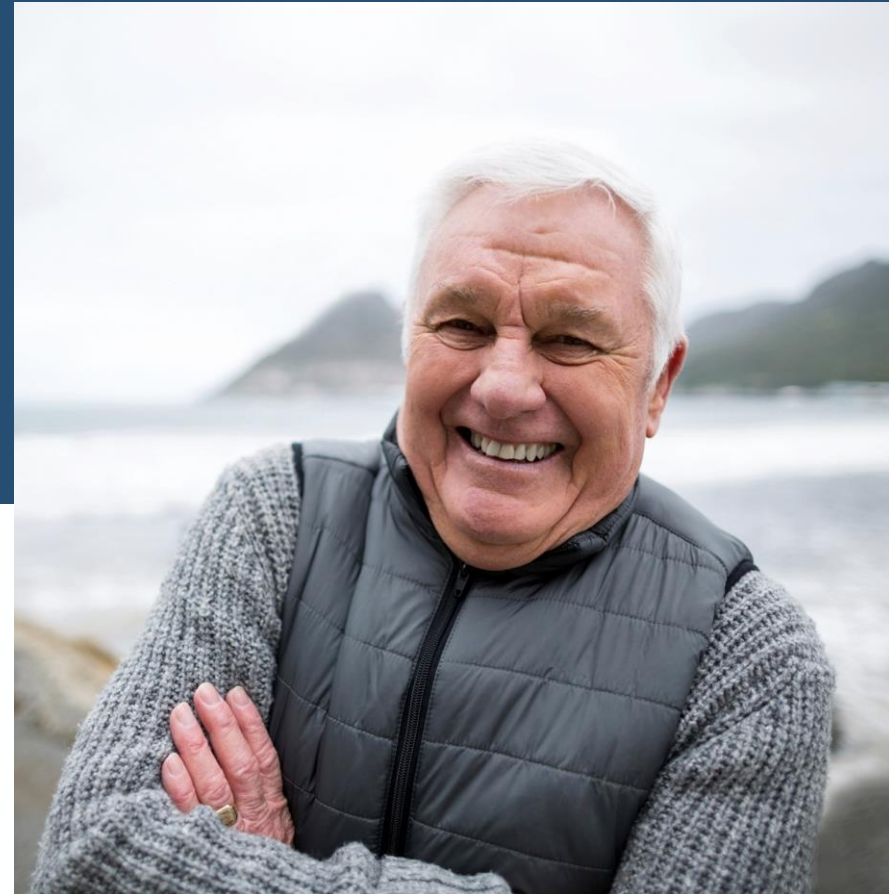
**Goal:** To bring attention to and address needs of Long-Term Survivors (LTS) and PLWH or at-risk for HIV over age 50

- Building on the work done by SF's community leaders in HIV/AIDS epidemic over the last 40 years

# Meet Gary

ONE EXPERIENCE OF AN OLDER  
PERSON LIVING WITH HIV (PLWH)

(Illustrative profile for education only; not an actual patient)







## Gary has many blessings!

He is 70 years old and is a retired, former accountant.

He is fortunate to have retirement savings, a rent-controlled apartment, Medicare, and Social Security.

He loves beaches and Tai Chi.

He has been living with HIV for 30 years



## Gary also has challenges

Many long-term HIV survivors like Gary began treatment at a time when there were none or 1-2 early medications that often had toxic side effects.

Although Gary survived, he lost most of his network of friends to AIDS and has experienced PTSD because of this.

Like 70% of older PLWH, Gary lives alone. He also never had children, and is estranged from his biological family. **Like 62% of older PLWH, Gary has struggled with clinical depression; a leading cause is often social isolation.**

Linking Gary to mental health services, such as, 1-on-1 and/or support groups could help bolster his physical and mental health.





## Supporting and connecting **Gary** with services could help him thrive

Gary was surprised to find he qualified for free counseling, case management services, in-person and online social support groups which may help him feel less isolated.

**Our challenge is connecting clients like **Gary** to appropriate mental health services**

# PLWH over age 50 in SF:

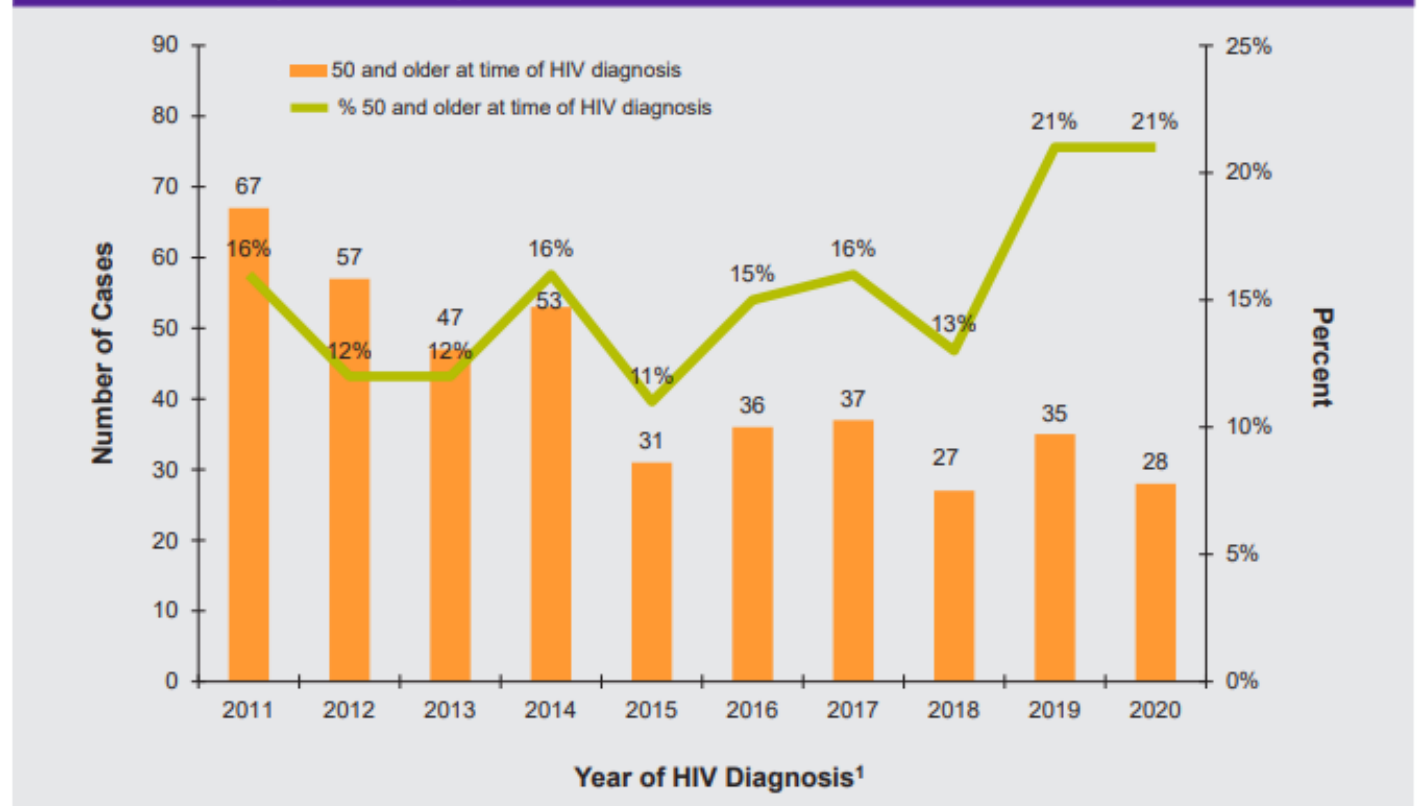
- 71% of all PLWH

- 29% are aged 65+

- 21% of new HIV infections

**71%**  
**OF PLWH WERE AGED**  
**50 YEARS AND OLDER**

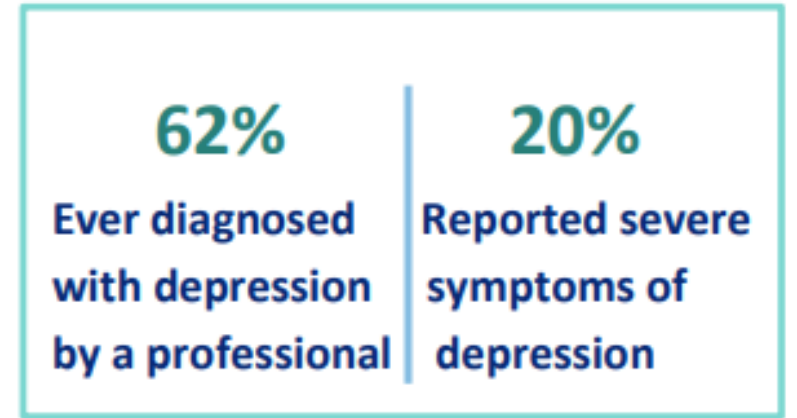
Figure 12.1 Number and percent of persons newly diagnosed with HIV at age 50 years and older, 2011-2020, San Francisco



Source: The SFDPH HIV Epidemiology Annual Report 2020

# PLWH over age 50 in SF:

- ❑ More likely to have undetectable Viral Load (VL)
  - ❑ Latinx PLWH over age 50 are less likely to have VL tested and less likely to have undetectable VL than other racial/ethnic groups
- ❑ Have a significant burden of medical comorbidities
- ❑ Stigma, isolation and mental health challenges

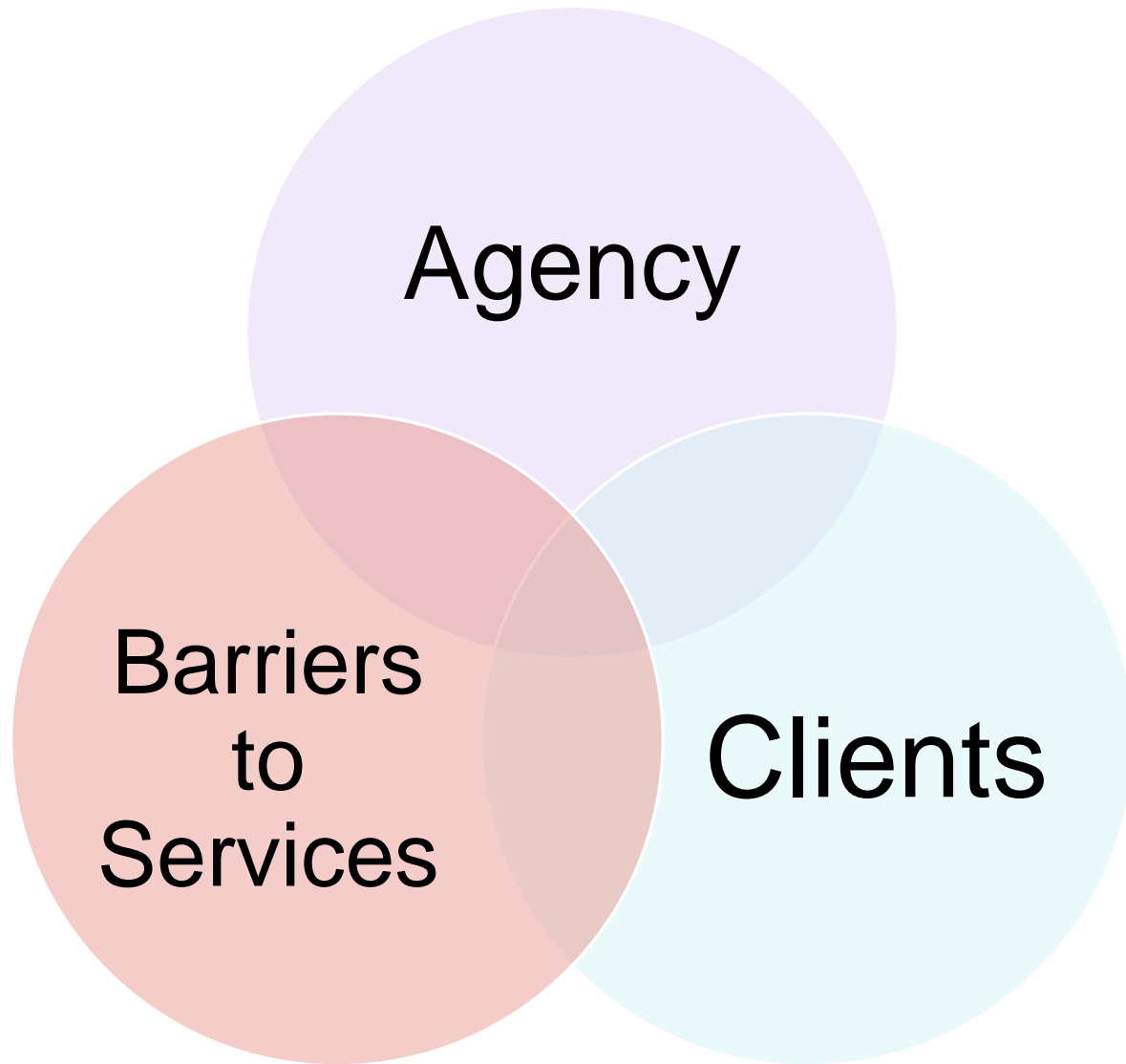


# Current State: Services Needed

Support with Tasks of Daily Living	Emotional Support
Do you have someone you can count on to help?	Do you have someone you can count on to help?
27% Most/all of the time	39% Most/all of the time
21% Some of the time	25% Some of the time
26% Only occasionally	21% Only occasionally
26% Not at all	15% Not at all
How much more support did you need?	How much more support did you need?
41% I got all the help I needed	28% I got all the help I needed
28% A little more	26% A little more
19% Some more	25% Some more
11% A lot more	21% A lot more

72% need more emotional support

Source: *HIV & Aging in San Francisco: Findings from the Research on Older Adults with HIV 2.0 San Francisco Study, Autumn 2018*. The ACRIA Center on HIV and Aging at GMHC.



## **Breakout Group #1: Barriers**

What are 1 or 2  
barriers to services for  
your agency's clients?

# Current State: Barriers to Services

Problem rank	Problem description	Percentage with this problem
1	You don't think you are eligible to get the services for free	41%
2	You would have to wait too long to get the services	39%
3	You don't know where to get the services	36%
4	The process of getting services is too confusing or difficult	33%
5	The services cost too much for you to afford	29%
6	You don't think the services exist around here	22%
7	The people at the agency are not helpful or don't seem motivated to help	19%
8	It's hard for you to get there (transportation)	17%
9	It's hard for you to make or keep appointments	15%
10	The people who run the services don't like people like you	13%
10	You are afraid that you won't be treated if you go there	13%

Source: *HIV & Aging in San Francisco: Findings from the Research on Older Adults with HIV 2.0 San Francisco Study, Autumn 2018*. The ACRIA Center on HIV and Aging at GMHC.



# Initial Focus: Mental Health / Isolation

---

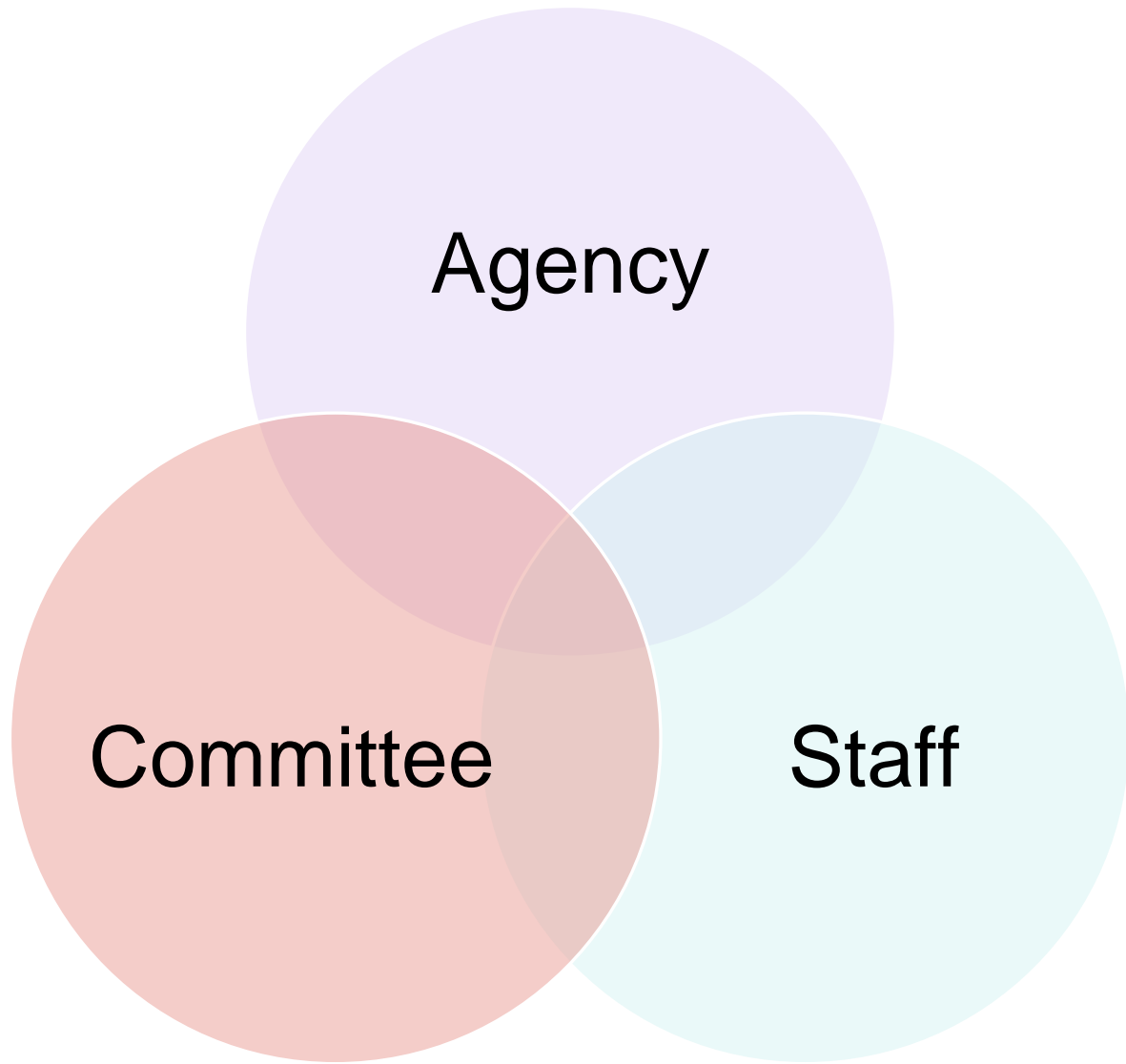
Address impact of  
Racism, Trauma,  
Depression, Anxiety and  
Isolation on service  
access

Disparities in other  
services (i.e., PrEP)

Care Coordination and  
Gaps  
Bring together existing  
services and service  
providers

Define mental health  
service needs

Lens of Equity and  
Disparities



## **Breakout Group #2: Partnership**

Who at your agency helps clients access services?

# Next Steps & Recommendations

---

- ❑ Help Identify and Fill Gaps

- ❑ Education / Awareness

  - ❑ Accessing existing services

  - ❑ Awareness Campaign

## Advocacy

  - ❑ Example – Subsidize copayment for mental health services for PLWH with private insurance

- ❑ Data

  - ❑ Measure the impact of social isolation on health outcomes

  - ❑ Identify differences in services and outcomes based on race/ethnicity

- ❑ GTZ Committee membership – **JOIN US!**

# Questions & Comments

**Chip Supanich, Member of GTZ-SF Steering Committee**  
**[chipsupanich@gmail.com](mailto:chipsupanich@gmail.com)**

**Courtney Liebi, GTZ-SF Coordinator**  
**[Courtney.liebi@ucsf.edu](mailto:Courtney.liebi@ucsf.edu)**

**Thank you!**



# Resources on Aging and HIV

- HIV Basics ([Español](#)) by Centers for Disease Control and Prevention
- Golden Compass at Ward 86: Helping People with HIV Navigate their Golden Years - <https://hividgm.ucsf.edu/care/aging>
- Elizabeth Taylor 50-Plus Network at San Francisco AIDS Foundation - <https://www.sfaf.org/programs/50-plus-network/>
- Local Voices (5 videos) : [HIV & Aging Webinar Videos \(June 2021\)](#)
- *The San Francisco Principles 2020:* [https://drive.google.com/file/d/1JyemOXcjkskEOE6Tn1UsYRzkLNVeZ\\_5I/view](https://drive.google.com/file/d/1JyemOXcjkskEOE6Tn1UsYRzkLNVeZ_5I/view)
- Aging & HIV Fact Sheet & Resources created by SF HIV FOG: <https://prcsf.org/wp-content/uploads/2019/02/HIV-Aging-Fact-Sheet-2019-Final.pdf>
- [HIV & Aging in San Francisco: Findings from the Research on Older Adults with HIV 2.0 San Francisco Study, Autumn 2018. The ACRIA Center on HIV and Aging at GMHC](#)