



Accessing Community Resources for People Aging with HIV

2020 National Ryan White Conference on HIV Care and Treatment

August 13, 2020

Marlene Matosky, MPH, RN
Chief, Clinical and Quality Branch
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Disclosures

Marlene Matosky has no relevant financial or non-financial interests to disclose.



Learning Objectives

By the end of this session, participants will be able to:

- Learn about the community aging resources and partnerships that RWHAP recipients and providers need to identify and cultivate.
- Explain how to identify and develop partnerships with community aging resources.
- Understand the experience of RWHAP recipients, providers, and people aging with HIV in identifying and utilizing community aging resources.

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 vulnerable 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/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
 - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
 - Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



How To Claim CE Credit

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

ryanwhite.cds.pesgce.com



Aging Institute

Session 1: Understanding the medical and psychosocial needs of people aging with HIV in the Ryan White HIV/AIDS Program and the community response (16793)

- Tuesday, August 11th from 3:15 p.m.-4:45 p.m. ET

Session 2: Integrating Geriatric Services into the RWHAP Clinic (16794)

- Wednesday, August 12th from 2:30 p.m.- 4:00 p.m. ET

Session 3: Accessing Community Resources for People Aging with HIV (16795)

- Thursday, August 13th from 2:30 p.m.-4:00 p.m. ET



Aging Poster

Title: Older adults served by HRSA's Ryan White HIV/AIDS Program: Present and future

Poster number: 15750

Authors: Dr. Laura Cheever, Stacy Cohen, Antigone Dempsey, Pamela Klein, Marlene Matosky, Robert Mills, and Chris Redwood



Presenters



Autumn
Campbell



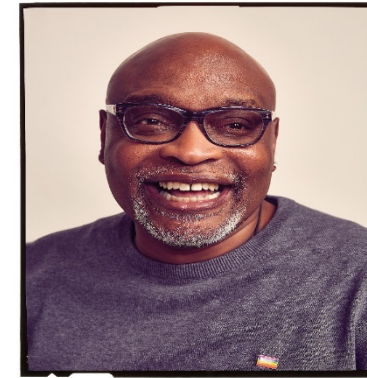
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Durand



Amy
Gotwals



Shauna
Jarrett



Carlton Ray
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Aaron
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Area Agencies on Aging: *Local Leaders in Aging and Community Living*

**Accessing Community Resources for People Aging with HIV
August 2020**

Autumn Campbell, Senior Director, Public Policy and Advocacy
Amy Gotwals, Chief, Public Policy & External Affairs

Disclosures

- Amy Gotwals does not have any disclosures to report.

Learning Objective

- Learn about the community aging resources and partnerships that RWHAP recipients and providers need to identify and cultivate.
- Explain how to identify and develop partnerships with community aging resources.



Connecting You to Community Services



NATIONAL AGING AND DISABILITY
TRANSPORTATION CENTER



The National Resource Center
for Engaging Older Adults

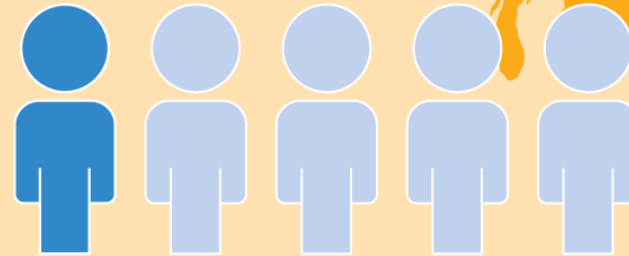


Aging and Disability
BUSINESS INSTITUTE
Connecting Communities and Health Care

An Aging Nation

Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone. By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000.¹

By 2030, **1 in 5** Americans will be 65 or older.





90%
of adults age
65 and older say
they hope to stay
in their homes
for as long as
possible.²

But to do so, many people will eventually need some level of service or support to live safely and successfully in their home or community.

Older Americans Act of 1965, P.L. 89-73, July 14, 1965

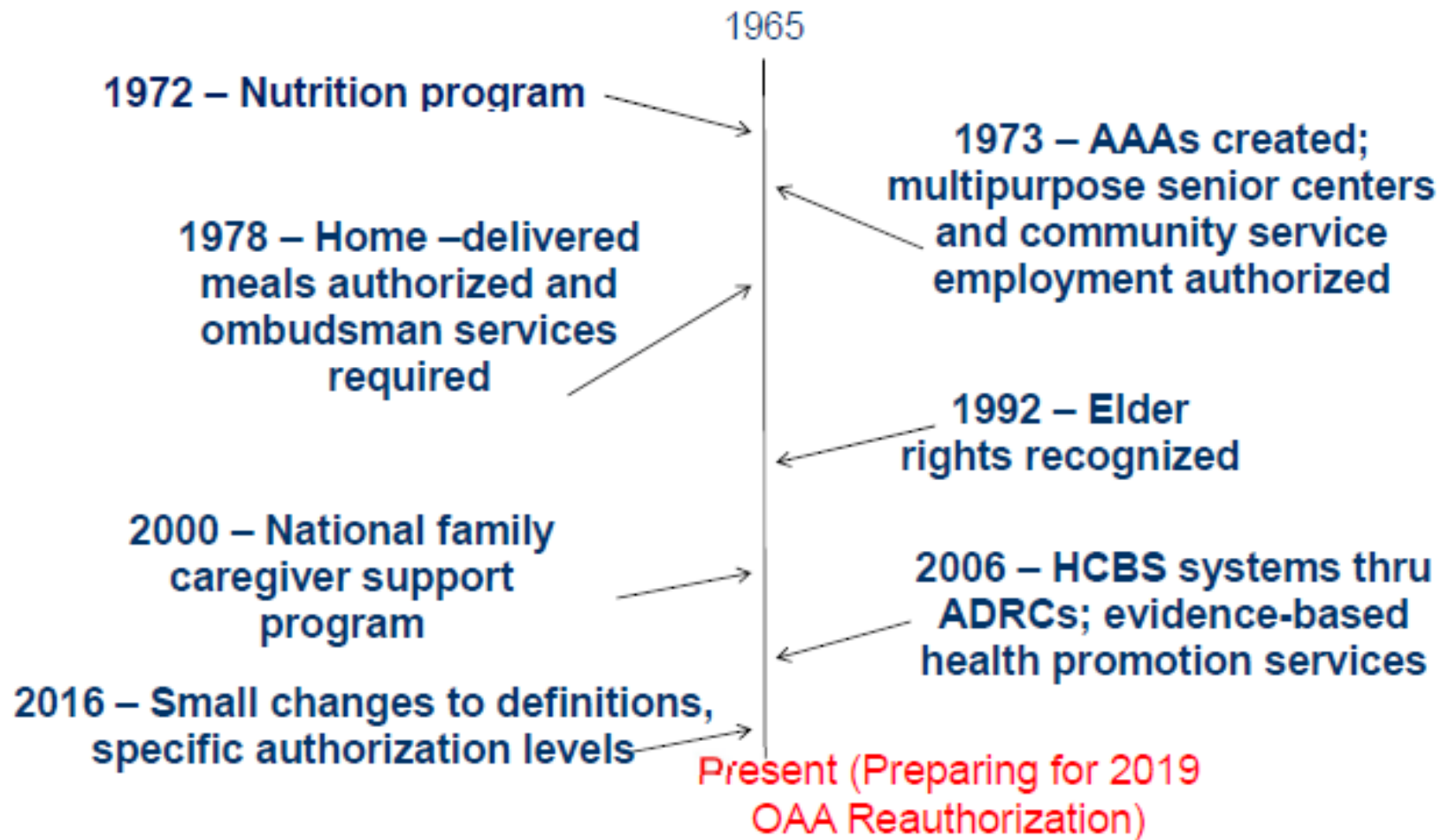


Lyndon Johnson signing the OAA, July 14, 1965.

Older Americans Act (OAA)

- Summer of 1965, alongside Medicare and Medicaid
- Created the National Aging Network (AAAs designated in 1973)
- Remains the foundational core of the Network's work today
- Most of Act applies to those age 60 and older; also targets services to most frail and vulnerable, as well as special populations: veterans, minority, low-income, limited English proficiency

Timeline of Major Amendments



Older Americans Act, Title I

Declaration of Objectives, to assist older adults to secure:

- An **adequate income**
- Best possible physical and mental **health**
- Suitable **housing**
- Comprehensive long-term care **services**
- **Employment** opportunities
- Retirement in health, honor and **dignity**
- Opportunity for meaningful **participation** in community life
- Continuum of care, especially for **vulnerable** elderly
- Benefits from **research**
- **Freedom**, independence and individual initiative in planning and managing one's own life; **protection** from abuse.

Older Americans Act

- Seven titles in the Act, added over time, reauthorizations every ~5 years (currently 3 yr.)
- **Title II** established U.S. Administration on Aging
- **Title III (Grants for State and Community Programs)** is largest section of OAA (71%) and funds the bulk of services, including....
 - III B Supportive Services: catch-all, flexible, 25 services authorized
 - III C Nutrition: most well-known, congregate meals (C1) and home-delivered (C2)
 - III D: Preventative Health & Wellness
 - III E: National Family Caregiver Support Program

The Older Americans Act on Advocacy

The Older Americans Act of 1965 (as amended in 2016) states that area agencies on aging shall:

"Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals."

Supersedes any other federal or state law or regulations

OAA Title III B: Supportive Services (HCBS)

- In-home help with ADLs
- Chore services
- Home modification
- Transportation (rides to meal sites, doctor's offices, etc.)
- Legal services
- Adult Day Care
- Any other services necessary for the general welfare of older individuals



OAA Title III: Information, Referral & Assistance



- Local hotlines to connect callers to HCBS and related services.
- Case management for HCBS
- Benefits and eligibility counselors
- Health insurance benefits counselors
- Care Transitions coaches
- Identification and prevention of elder abuse

OAA Title III: Everything Else

- **C: Nutrition Services**
 - Home Delivered
 - Congregate
 - Commodities
- **E: National Family Caregiver Support Program**
 - Respite
 - Support
 - Training
- **D: Disease Prevention and Health Promotion Services**
 - Wellness and socialization programming at local senior/community centers
 - Chronic Disease Self-Management classes
 - Falls Prevention programs



Older Americans Act

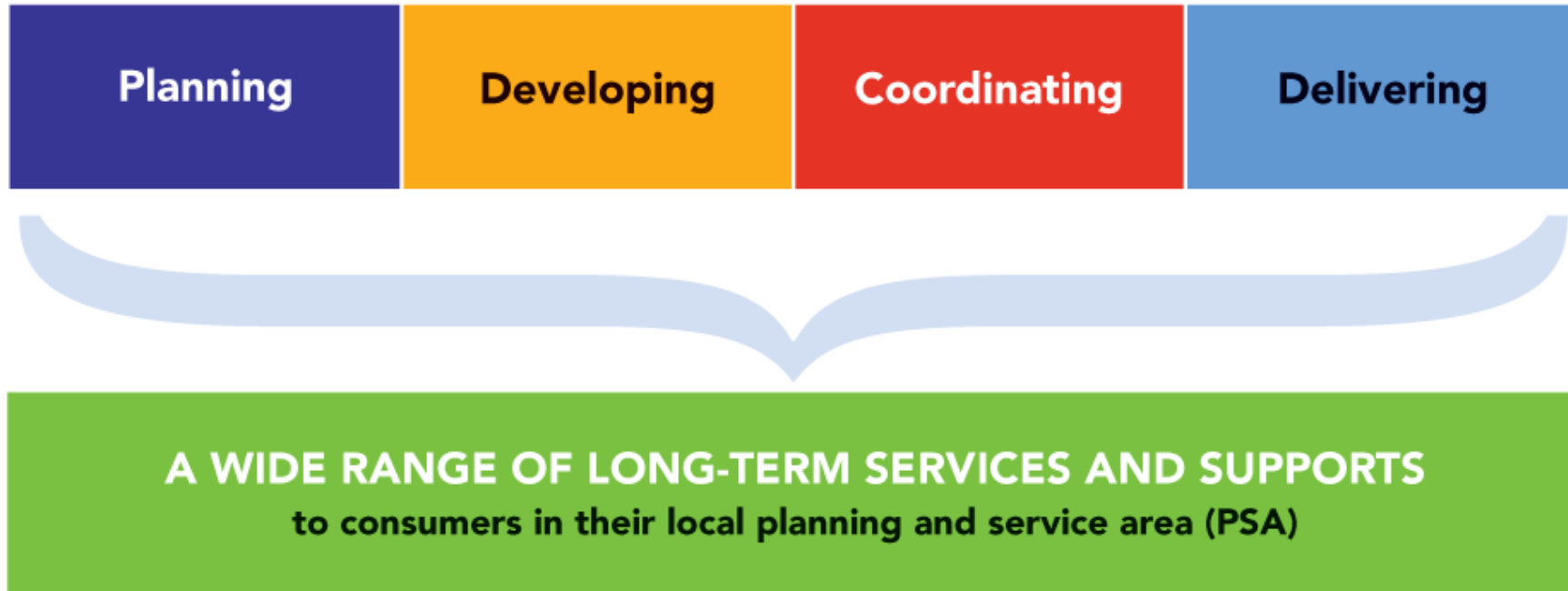
- **Title V Senior Community Service Employment Program** is a low-income community service/employment program run by Dept. of Labor (~60,000 participants 2016)
- **Title VI: Native American Aging** provides competitive grants to tribes for supportive services and meals (Part A), caregiver program (Part C)
- **Title VII: Elder Rights** provides funding for LTC ombudsman, elder abuse prevention, some legal services



Funding and Coordination of the Aging Network



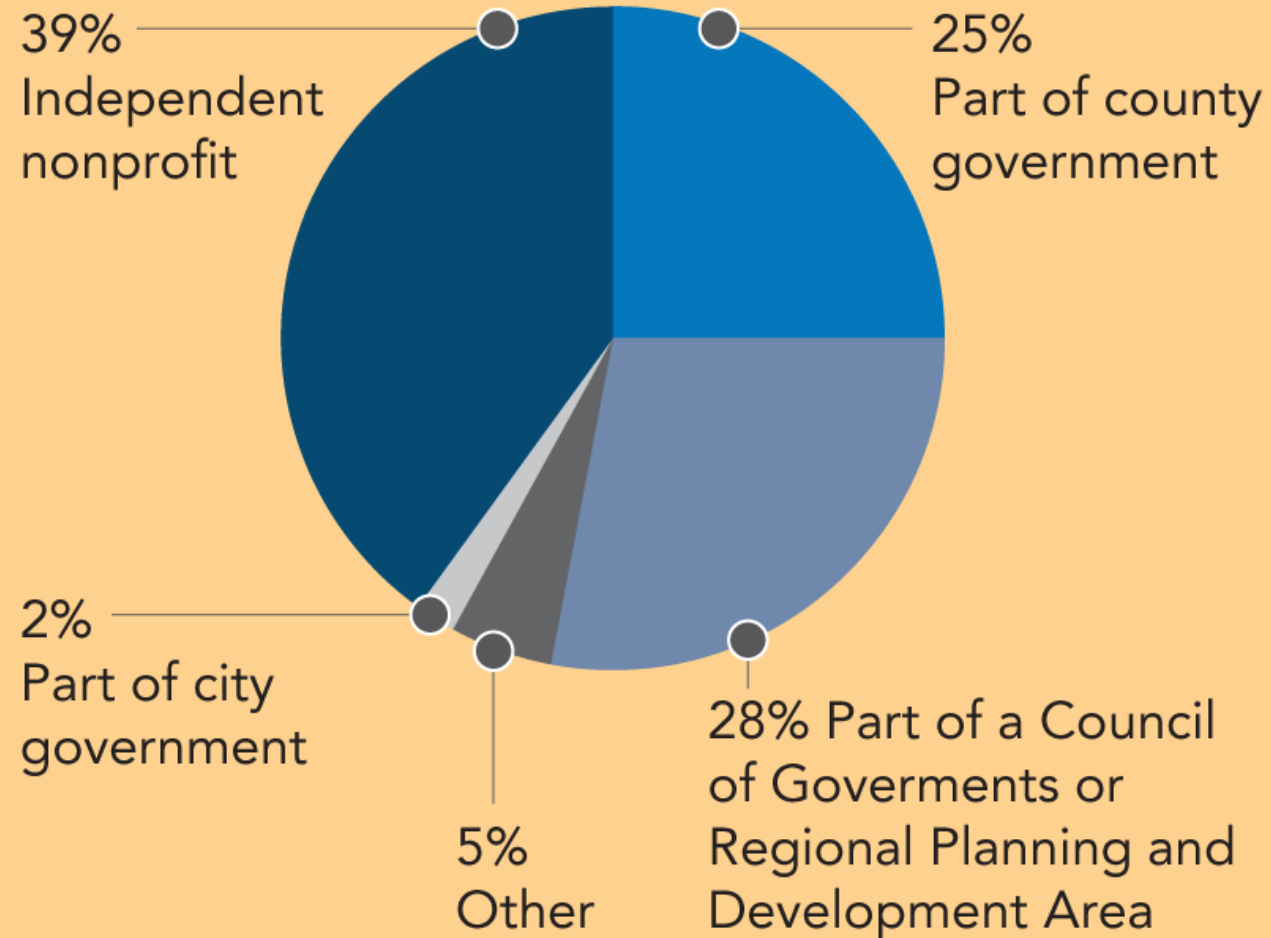
All AAAs play a key role in:



Nationwide Network with a Local Flavor

- There are 622 AAAs serving older adults in virtually every community in the nation.
- In a few small or sparsely populated states, the state serves the AAA function (NH, DE, RI, ND, SD, WY, NV).
- The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults.

AAA Structure

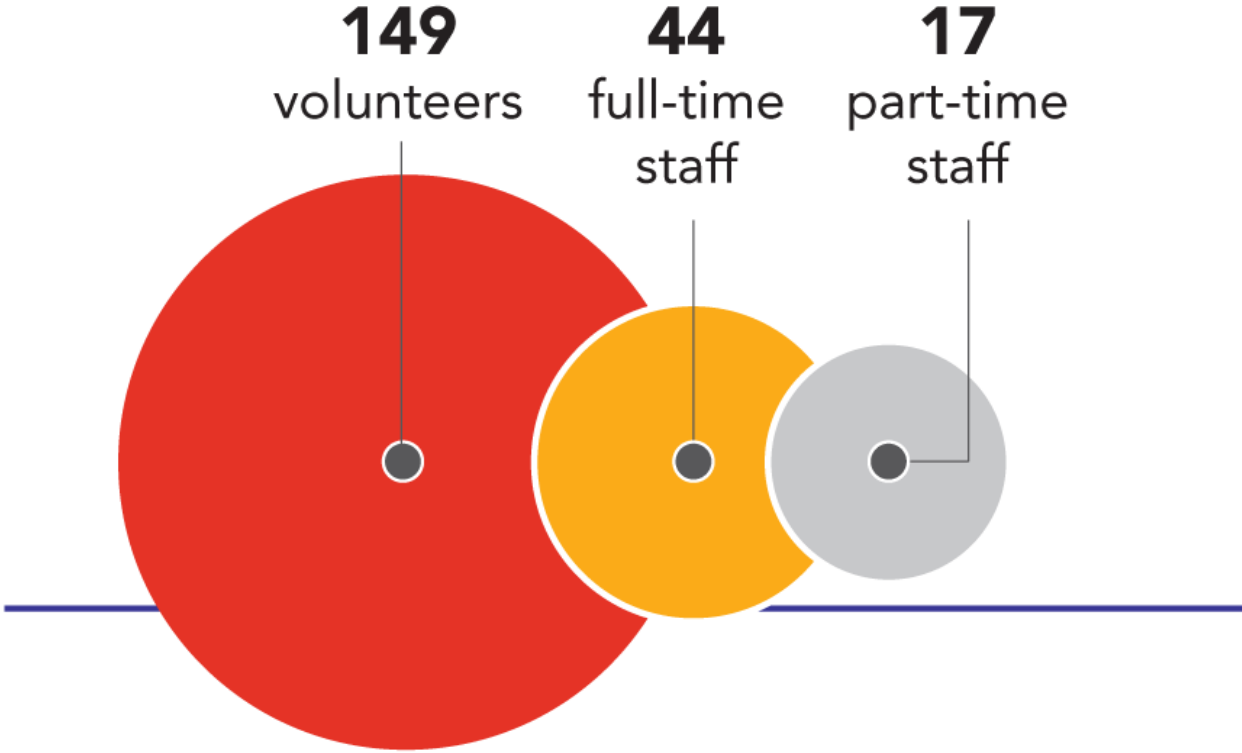


Totals may not equal 100% because of rounding

AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs. For example, Wisconsin has 3 AAAs, but New York has 59.



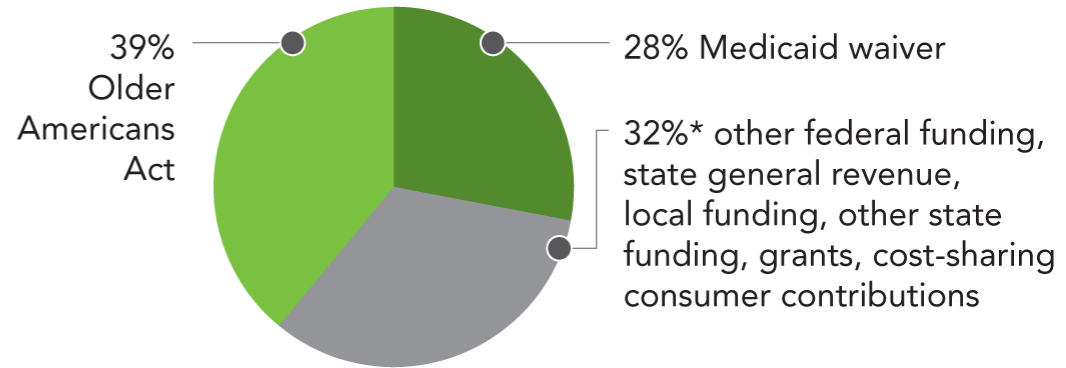
Average AAA Workforce



Average AAA Budget By funding proportion, 2016

**\$10.1
million**

(Ranges from \$200,000 to \$284 million)



*Ranked by most frequently cited

All AAAs offer five core services under the OAA:



The average AAA offers more than a dozen additional services.

The most common non-core services offered by AAAs are:

- Insurance Counseling (85%)
- Case Management (82%)
- Senior Medicare Patrol (44%)



Outreach

A core role of AAAs is to create local information and referral/assistance (I&R/A) hotlines to help consumers find aging and other HCBS programs.

With these resources and a portfolio of other outreach tools including public education, staff and volunteers, ADRCs and SHIPs, AAAs are able to assist clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.

The Eldercare Locator National Call Center

Connecting Older Adults
and Their Caregivers
to Local Resources

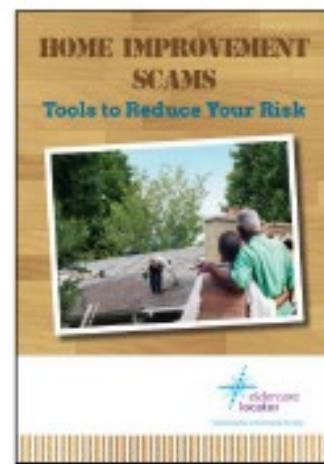
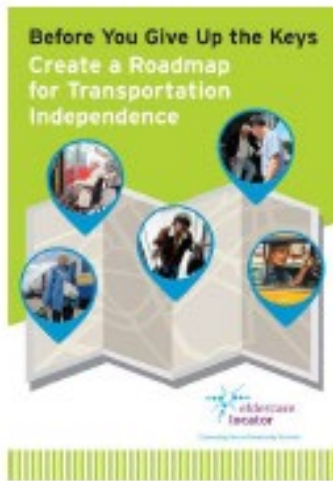
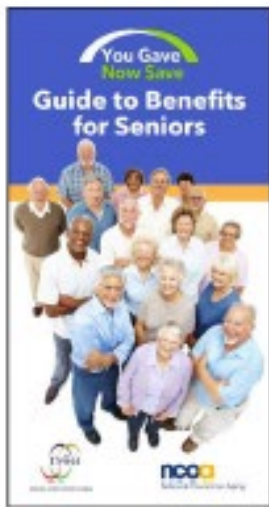
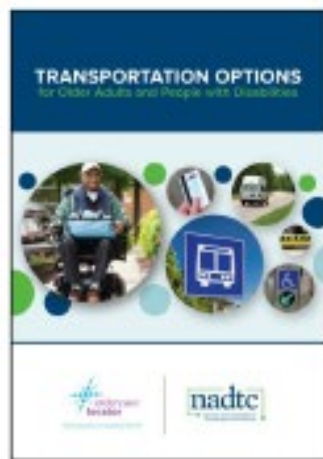
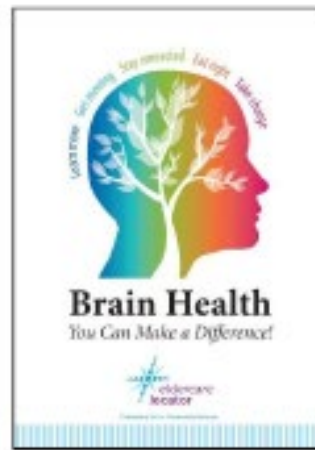
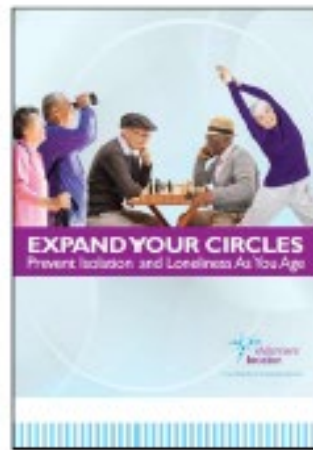
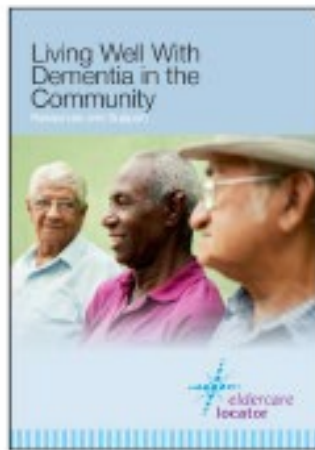
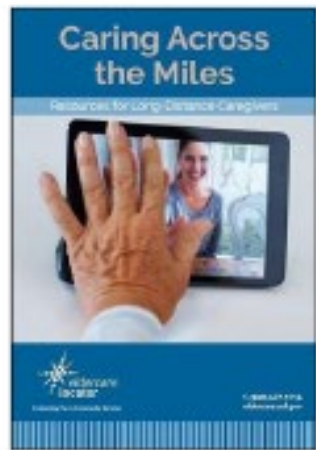


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800.877.1116

Monday-Friday,
9:00 am ET to 8:00
pm ET

eldercare.acl.gov



Many Names, Many Partners: One Mission

While only designated AAAs can use the Area Agency on Aging title, not all AAAs include “Area Agency on Aging” in their operating name.

For example, a nonprofit AAA may be called “Senior Resources Alliance” or a county-based AAA may use “ABC County Office on Aging.”

Many Names, Many Partners: One Mission

There are many other well-known programs and services that are administered by AAAs directly or in partnership with other agencies and entities.

But no matter what program or service a AAA offers—such as serving as a State Health Insurance Assistance Program (SHIP) or an Aging and Disability Resource Center (ADRC)—it remains a AAA.

Many Names, Many Partners: One Mission

Other AAA Roles

Percent of AAAs	Designated as ...	Their role ...
77%	Aging and Disability Resource Centers (ADRCs)	Help all consumers connect to services regardless of age or disability.
68%	State Health Insurance Assistance Programs (SHIPs)	Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).
Percent of AAAs	Serve as ...	Their role ...
59%	Local Long-Term Care Ombudsman	Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.

Many Names, Many Partners: One Mission

Partnerships

AAAs, on average, have 11 informal and 5 formal partnerships with other entities. These are some of the most common. By percentage of AAAs:

Adult Protective Services	85%	Disability service organizations	75%
Transportation agencies	84%	Public Housing Authority	75%
Medicaid agencies	83%	Faith-based organizations	66%
Advocacy organizations	82%	Community health care providers	60%
Emergency preparedness agencies	79%	Businesses	46%
Hospitals	79%	Managed Care/HMO networks	42%
Mental health organizations	77%		

The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

69%
State General Revenue

65%
Medicaid

56%
Local Funding

45%
Other State Funding

Emerging Sources

20%
Transportation

16%
Veterans

15%
Health care payer

Non-OAA Sources of Federal Funds

- Medicaid Waivers
- State Health Insurance Assistance Program (SHIP)
- Federal Block Grants: Community Services Block Grant, Social Services Block Grant, Community Development BG
- Low Income Home Energy Assistance Program (LIHEAP)
- Demonstration/other \$ from ACL (falls prevention, CDSMP, ADRCs)
- Veteran-Directed HCBS programs
- Senior Corps programs (Corp. for National & Community Service)
- Demos under Centers for Medicare and Medicaid Services (CMS)

A Network on the Move

93% **Evidence-Based Health and Wellness:** Ninety-three percent of AAAs now offer these tested and proven approaches to supporting older adults' health. (That's an 85 percent increase since 2007.) Starting in October 2016, all Older Americans Act Title III D funds must be used for evidence-based programs, so that number will rise.

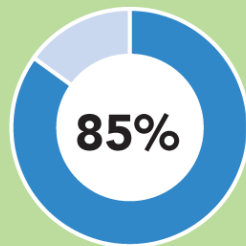
70% **Livable Communities:** Livable Communities are good places to grow up and grow old. Seventy percent of AAAs are involved in efforts to make their communities more livable and/or dementia-friendly.

AAAs Serve a Broad Range of Consumers

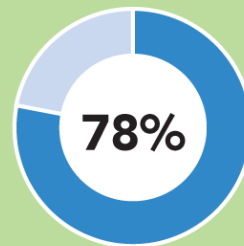
While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, including...

Percentage of AAAs that serve consumers under age 60, by category:

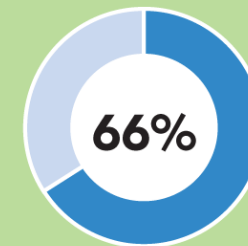
Consumers with a disability or chronic illness



Caregivers of all ages



Veterans of all ages



Most commonly offered services to people under age 60 include:

Assessment for long-term care service eligibility

Information and referral/assistance/outreach

Fiscal intermediary for self-directed services

Options counseling

Care transitions services

Reaching YOUR AAA

- Look it up via n4a.org or eldercare.acl.gov
- Make sure you know all that your local AAA can offer to you and members of your community (e.g., meals, rides, home modification, home health, caregiver respite, etc.)
 - Check their website or just call!
 - Start with the director or perhaps director of programs, community outreach or partnerships
 - Get to know the I&R and case management staff
 - Many programs won't be branded with AAA or OAA, but the AAA should know about all aging programs in their area
 - Advocacy opportunity: Advisory Councils



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advocacy | action | answers on aging

sage

Advocacy &
Services for
LGBT Elders

We refuse to be invisible®

Aaron Tax, Director of Advocacy

Disclosures

- No disclosures

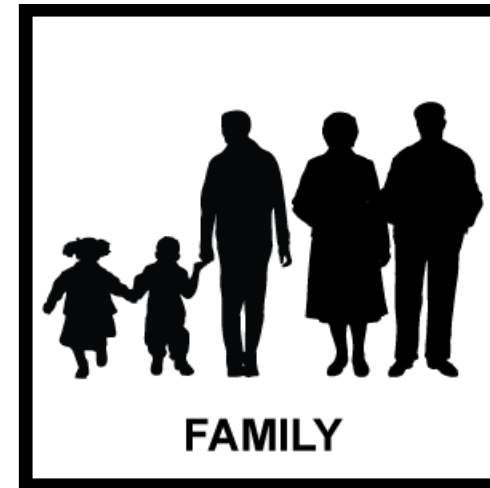
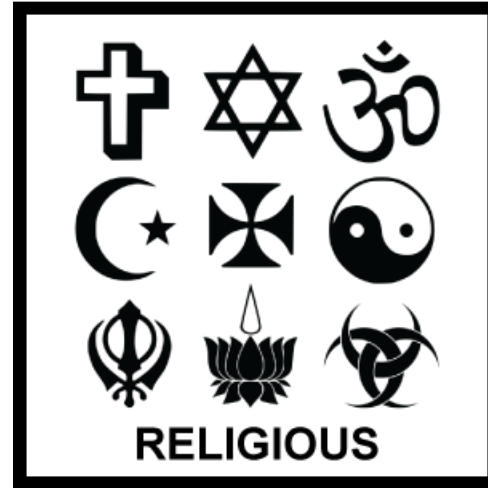
Learning Objectives

- Learn about the community aging resources and partnerships that RWHAP recipients and providers need to identify and cultivate.
- Explain how to identify and develop partnerships with community aging resources.



The nation's largest and oldest organization dedicated to improving the lives of LGBT older people.

Distrust of Mainstream Institutions



The SAGE Centers

The SAGE Centers are full-time centers for lesbian, gay, bisexual and transgender (LGBT) older people in different neighborhoods in New York City



SAGE Center Programs and Services



- Daily Meals & Nutrition
- Benefits Counseling & Legal Assistance
- Health Education & Support
- Fitness
- Arts & Culture

Care Management



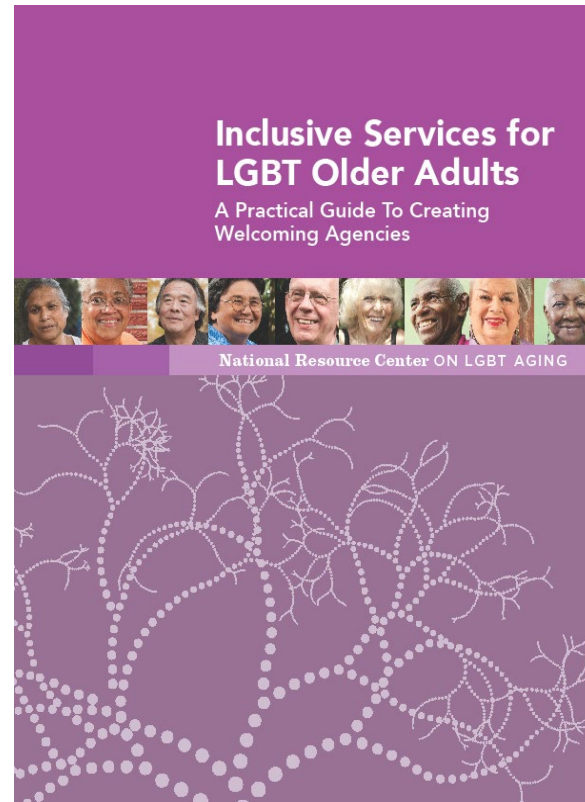
- Case Management
- Caregiving
- Friendly Visiting
- SAGEVets
- SAGEPositive

NYC LGBT-Friendly Elder Housing



Crotona Park, Bronx and Fort Greene, Brooklyn

National Resource Center on LGBT Aging



SAGECare

7/6/2020

LGBT Aging Training and Consulting for a Better Workplace - SAGECare



⚠ Important Update: SAGECare Training and Credentialing

Please watch this important message from Tim Johnston, PhD, Senior Director of National Projects.



Create a More Welcoming Community for LGBT

...our trainers and experts will show you how.

Sign up for a short, free webinar to learn more about our training and

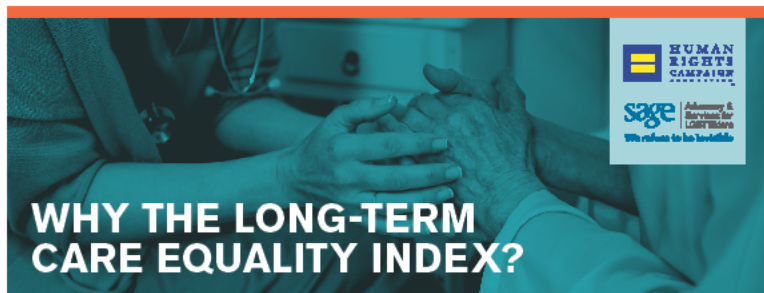
SIGN UP TODAY

OUR STATS

 91500

Staff Trained

LTC Equality Index



DEMOGRAPHICS

There are currently between 1.5 and 3.8 million adults over the age of 65 in the United States who identify as lesbian, gay, or bisexual¹ (LGB) and this number is projected to double by 2030.² According to the 2010 census report, 99.3% of counties in the U.S. are home to LGB individuals, and estimates from The Williams Institute indicate that there are hundreds of thousands of older adults who are transgender.³

While older lesbian, gay, bisexual and transgender (LGBT) adults confront the same issues everyone else does when choosing aging services — where to live, how

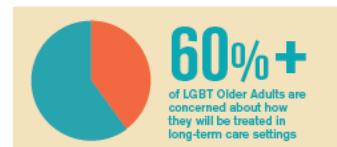
to afford rising costs of housing and healthcare, and how to stay with loved ones — the reality of life in long-term care for LGBT people can be drastically different from their non-LGBT peers. Stigmatization, lack of identity-affirming treatment and experiences of discrimination and violence can lead to avoiding necessary services, chronic stress and increased social isolation among LGBT older adults. Additionally, approximately 20 percent of LGBT older adults are people of color who as a group face increased health disparities, higher levels of stigma and have experienced more LGBT-related discrimination than their white counterparts, leaving them more at risk of not seeking or receiving the services they need.

CONCERNS OF LGBT OLDER ADULTS REGARDING LONG-TERM SERVICES AND SUPPORT

A recent national survey of LGBT older adults by AARP found that more than 60 percent of those surveyed were concerned about how they would be treated in a long-term care setting, including fear that they might be refused or receive limited care; be in danger of neglect or abuse; or face verbal or physical harassment, and being forced to hide or deny their identity once again.⁴ Many of today's LGBT elders, particularly those who have faced severe prejudice in their lives, have chosen to remain closeted to service providers. This in turn often leads to service providers that do not realize that they are serving LGBT individuals, so they don't take measures to make their facilities LGBT inclusive. The AARP survey found that more than 82 percent of respondents would be more comfortable if long-term care communities took actions to intentionally affirm LGBT adults.

"WITHIN THE NEXT TWO WEEKS I WILL BE GOING INTO ASSISTED LIVING. DUE TO MY FINANCIAL SITUATION, I WILL HAVE TO SHARE A ROOM WITH ANOTHER MAN. THE THOUGHT OF GOING BACK INTO A CLOSET IS MAKING ME ILL. FRANKLY, I'M AFRAID OF TELLING ANYONE THAT I'M GAY."

—Anonymous, 73 years old, Sylmar, CA



(over)

National LGBT Elder Hotline

Older?

LGBT?

Need someone to
talk to?

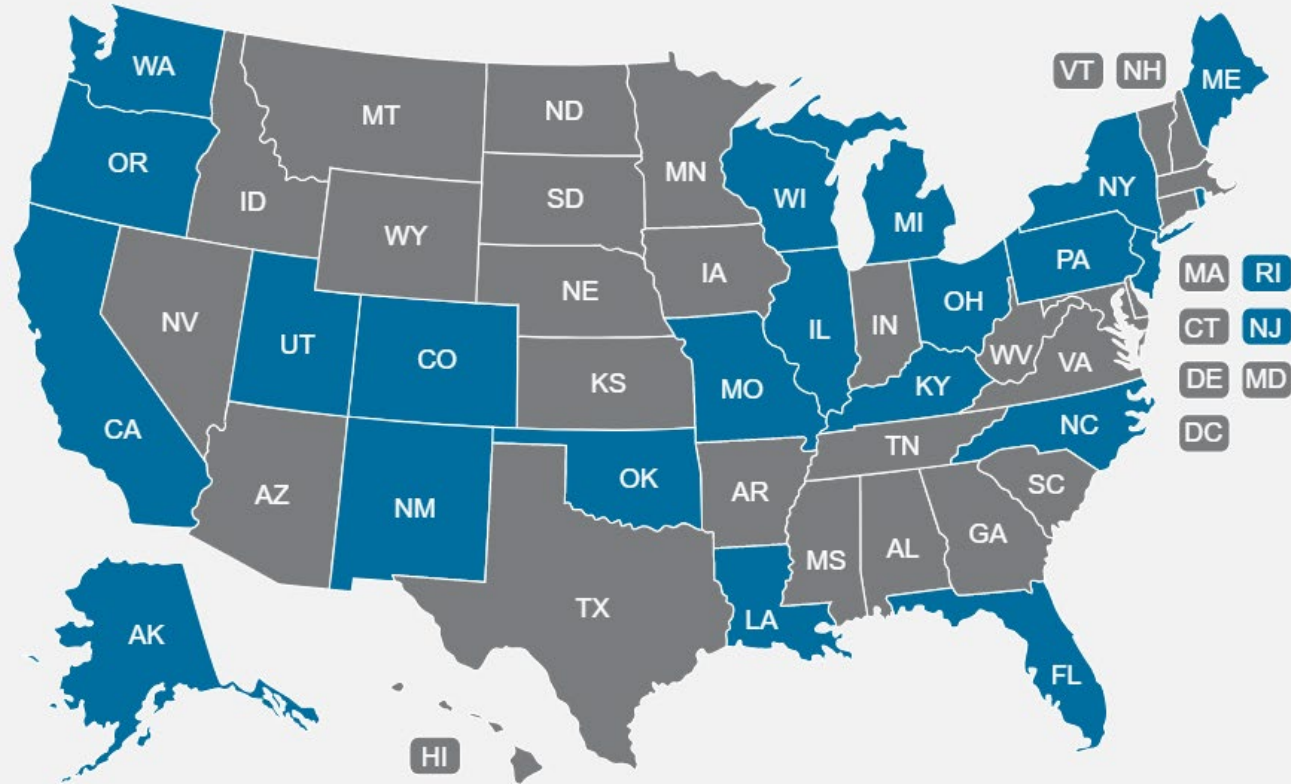
The SAGE Hotline is open 24/7 in English & Spanish:

877-360-LGBT

sage | Advocacy &
Services for
LGBT Elders

We refuse to be invisible

SAGENet



Puerto Rico

National Resources for LGBT Older People & Older People living with HIV



Prepare for COVID-19 - a fact sheet with tips and resources to assist with planning



COVID-19 Resources Listing - a growing list of resources across the aging network



Residents' Rights and the LGBT Community - fact sheet detailing resident rights for LGBT people in long-term care.



My Personal Directions - a form to help ensure wishes are in writing to help ensure quality of care when living in long-term care and health settings.

SAGEConnect

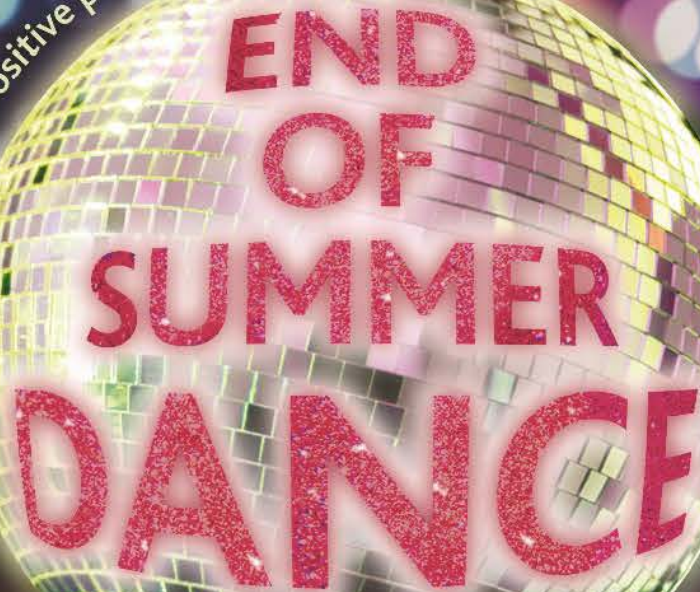


www.sageusa.org/sageconnect/

SAGEPositive

***How SAGE cares for older
long-term survivors of HIV.***

SAGEpositive presents



END OF SUMMER DANCE

SATURDAY, SEPTEMBER 17TH

1–5pm

reservation required

SAGE CENTER MIDTOWN

305 Seventh Avenue, 15th floor (@ West 27th Street)

SAGE (Services and Advocacy for GLBT Elders) invites you to this social event for LGBT individuals over the age of 50 who are living with HIV. Come for the people, the food, the dancing, and for a special exhibit of Lester Blum's photography narrative, I Still Remember.

FREE ADMISSION!

To RSVP, call 646-576-8669, ext 239.

sage
Services & Advocacy
for Gay, Lesbian, Bisexual
& Transgender Elders

Are you LGBT, over the age of 50, and living with HIV for 10+ years?

In recognition of HIV Long-Term Survivors Day,
SAGEPositive presents the 3rd annual

Dinner & Karaoke Party

SATURDAY, JUNE 8TH 5-7:30PM

Reservation required. Call 646-576-8669, ext 239.

THE EDIE WINDSOR SAGE CENTER

305 Seventh Avenue, 15th floor (@ West 27th Street)



SAGEPositive is made possible by generous support from Broadway Cares/Equity Fights AIDS,
DIFFA: Design Industries Foundation Fighting AIDS, Gilead, and Janssen Therapeutics.

sage Advocacy &
Services for
LGBT Elders
We refuse to be invisible

Are you LGBT, over the age of 50, and living with HIV?

SAGEPositive Self-Care Day

Saturday, July 22nd, noon-4pm

Join us for the opportunity to indulge in some pampering and self-care! Attend workshops in **meditation, tai chi,** and **massage,** and enjoy a special **catered lunch.**

SAGE Center Midtown

305 Seventh Avenue, 15th floor
(@ West 27th Street)

Reservation Required

Free Admission

RSVP at

646-576-8669, ext 239





NEW
SAGEPositive
Support Group

SEX AND DATING
FOR HIV+ MEN



SAGEPositive is made possible by generous support from Broadway Cares/Equity Fights AIDS, DIFFA: Design Industries Foundation Fighting AIDS, and Gilead.

Are you a **gay, bi, or trans man over the age of 50, and living with HIV?** Join us for an upcoming 5-week support/discussion group focused on the topics of sex and dating.

Contact Bill Gross at bgross@sageusa.org or **212-741-2247 ext 255** to set up a screening interview.

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Services for
LGBT Elders
We refuse to be invisible

SAGEPositive Presents



SUPER SEX for MEN

Tuesday, May 15th

6:45–7:45pm

The Edie Windsor SAGE Center

305 7th Avenue, 15th floor (@West 27th Street)

Let's talk about sex! Join your peers and a panel of professionals to talk about sex and intimacy as we age.

All gay, bi, and trans men over age 50 are welcome.

SAGEPositive is made possible by generous support from Broadway Cares/
Equity Fights AIDS, DIFFA: Design Industries Foundation Fighting AIDS, Gilead,
and New York State Department of Health AIDS Institute.





SAGEPositive Presents

Super Sex for Women

Monday, March 26th

2:00–3:15pm

SAGE Center Bronx

260 East 188th Street (between Valentine and Tiebout Avenue)

Let's talk about sex! Join your peers and an all-female panel of professionals as we discuss sex and intimacy as we age.

All lesbian, bi, and trans women and their allies over age 50 are welcome.

SAGEPositive is made possible by generous support from Broadway Cares/Equity Fights AIDS, DIFFA: Design Industries Foundation Fighting AIDS, Gilead, and New York State Department of Health AIDS Institute.

sage | Advocacy &
Services for
LGBT Elders
We refuse to be invisible



Thank you!



ACTION WELLNESS

Putting good health into motion

Accessing Community Resources for People Aging with HIV



Shauna Jarrett, Case Management Coordinator
Emily Durand, Older Adults Case Manager
Jeanmarie Zippo, Behavioral Health Specialist

Disclosures

Emily Durand, Shauna Jarrett, and Jeanmarie Zippo have no relevant financial or non-financial interests to disclose.



Learning Objective

- ▶ Learn about the community aging resources and partnerships that RWHAP recipients and providers need to identify and cultivate.
- ▶ Explain how to identify and develop partnerships with community aging resources.

History of Action Wellness:

- In September of 1986, a group of 84 committed volunteers came together to form a community of care to provide services to people affected by AIDS in Philadelphia. In its first year of service, ActionAIDS helped over 100 people diagnosed with AIDS. Since then, thanks to dedicated volunteers, talented staff, generous donors and ongoing support from city, state and federal agencies, ActionAIDS has grown to become one of Pennsylvania's largest AIDS service organization. ActionAIDS services have expanded over the years and the organization has decided to change its name to more accurately reflect the range of services provided.
- We believe that our new name, Action Wellness, more accurately captures the full scope of our services. Action Wellness will continue the legacy of providing *steadfast support to people living with HIV/AIDS, and will expand to also serve LGBTQ Seniors and people living with chronic diseases*. The organization's focus will continue to be on increasing access to primary health care, while providing practical and emotional support to the clients we are privileged to serve.



Mission Statement:

- Action Wellness is a Philadelphia-based organization committed to helping people living with chronic diseases. Its services include:
 - Medical case management
 - A range of health screenings including HIV testing
 - Treatment as prevention, and prevention education
 - Supportive housing
 - Volunteer services
- Continuing its legacy of providing support and myriad services for individuals living with HIV disease, its Board of Directors, staff and volunteers work together to sustain and enhance the quality of life for the diverse community it serves.
- Action Wellness currently serves over 4,000 clients annually through the efforts of over 400 dedicated volunteers and over 100 professional staff. Services are provided at five Action Wellness locations and at more than 30 host sites throughout the city of Philadelphia and in Delaware County.



Building Teams for Comprehensive Client Care:

- ▶ Beginning with thorough intake and assessment of clients needs which is then periodically updated and reevaluated for new and completed goals.
- ▶ Forming of client care team which includes the client's HIV and other medical providers, insurance, home health care, community resource providers. Case managers service as the linkage point and hub for coordination.
- ▶ Client care teams become community partnerships through exchange of resources and services.

In House Experts & Specialists

- ▶ Working interdepartmentally ensures strong relationships with community providers and helps with organization and management of a resource network.
- Behavioral Health Team
- Opioid Use Disorder
- Waiver Program
- Representative Payee
- Deaf & Hard of Hearing—ASL
- Diversity of Spoken Languages— French, Spanish, Mandarin, Amharic
- Housing Specialists
- Pharmacy Program



Out Stationed Relationships

Case managers onsite to meet with clients, facilitate intakes, gather documentation, as well as assist other team members with service delivery.

- ▶ John C Anderson Apartments
- ▶ Area MAT Programs
- ▶ City Health Centers
- ▶ AIDS Care Group
- ▶ Area Jails

Home Visits

Clients aging with HIV can benefit from in home services to alleviate transportation difficulties and other barriers.

- ▶ Allow for more comprehensive assessment of client needs.
- ▶ Allows for assessment of compulsive hoarding.
- ▶ Rapport building for client case manager relationships.
- ▶ Bringing community resources in home (food delivery, telehealth, home health services, mobile mental health units)

Agency Volunteer Department



- ▶ Action Wellness has approximately 400 volunteers, about half of which serve as volunteers in the agency's Buddy program.
- ▶ Volunteers manage the Immediate Seating program which pairs clients with free tickets to community events and entertainment.

Some Challenges & Barriers to Care

- ▶ Changes with remote work during the COVID-19 pandemic.
- ▶ Senior Housing and other subsidized programs.
- ▶ Limitations on in-home services for clients aging with HIV.
- ▶ Limited Literacy & Media Literacy
- ▶ Homelessness, Lack of Access to Phones, etc.

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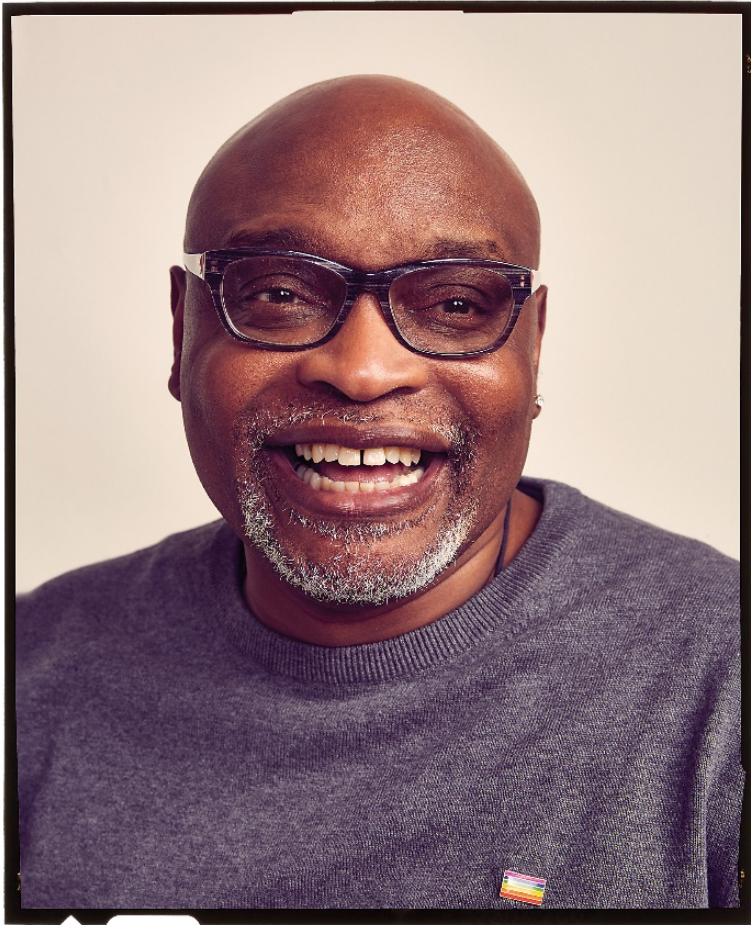
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Thank You!





Accessing Community Resources for People Aging with HIV

Carlton Ray Smith

HRSA HAB Aging Institute: Session 3

Disclosures

No disclosures



Learning Objective

- Understand the experience of RWHAP recipients, providers, and people aging with HIV in identifying and utilizing community aging resources.

Carlton Ray Smith - Living 50+

- 35 years Living with HIV/AIDS
- Long-term survivor
- Leader at the local, state and federal levels in areas of HIV Outreach, LGBT community and HIV community building.
- *I CAN DO ALL THINGS*



As an activist, a champion, a fighter, one who dared to care for the community and gave himself to the community, I participate in the AIDS Walk for several reasons. Being stigmatized gradually guided me to my passion to keep myself healthy. It is the love of God that has sustained me and allows me to serve humanity with divine purpose.

Carlton Smith

Accessing Community Resources



Inspirational Quotes Guru

Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them.

~ Dalai Lama

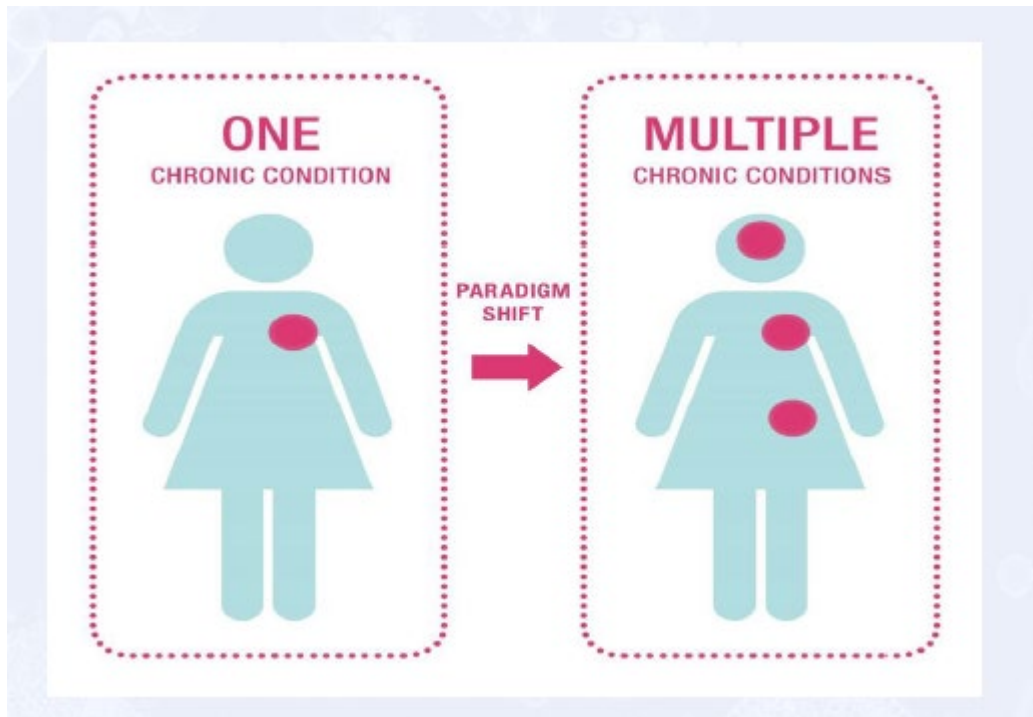
- Strong support system in my Care Team: Social Workers, Doctors, Researchers
- Ryan White services complement my quality of life
- Access to medical appointments, transportation services, and mental health services.
- Being on advisory committees has been a life saver- especially when you see the progress being made for you and others.

Navigating the Resources

Services Needed:

- Housing and Housing Planning for those aging with HIV
- Conveniently co-located services
- Home visits & Wellness checks
- Meal Deliveries
- Compassionate Care
- Pharmacy- Working with people who know me

Utilizing Community Aging Resources



- Experiences vary from place to place.
- Suburban and Rural people have very different experiences than urban
- Transportation can be a problem
- Resources are different from place to place
- Not all clients have access to technology or know how to use it:
 - Like Wi-Fi, smartphones, computers - makes it difficult to find out information.

Meeting the Need

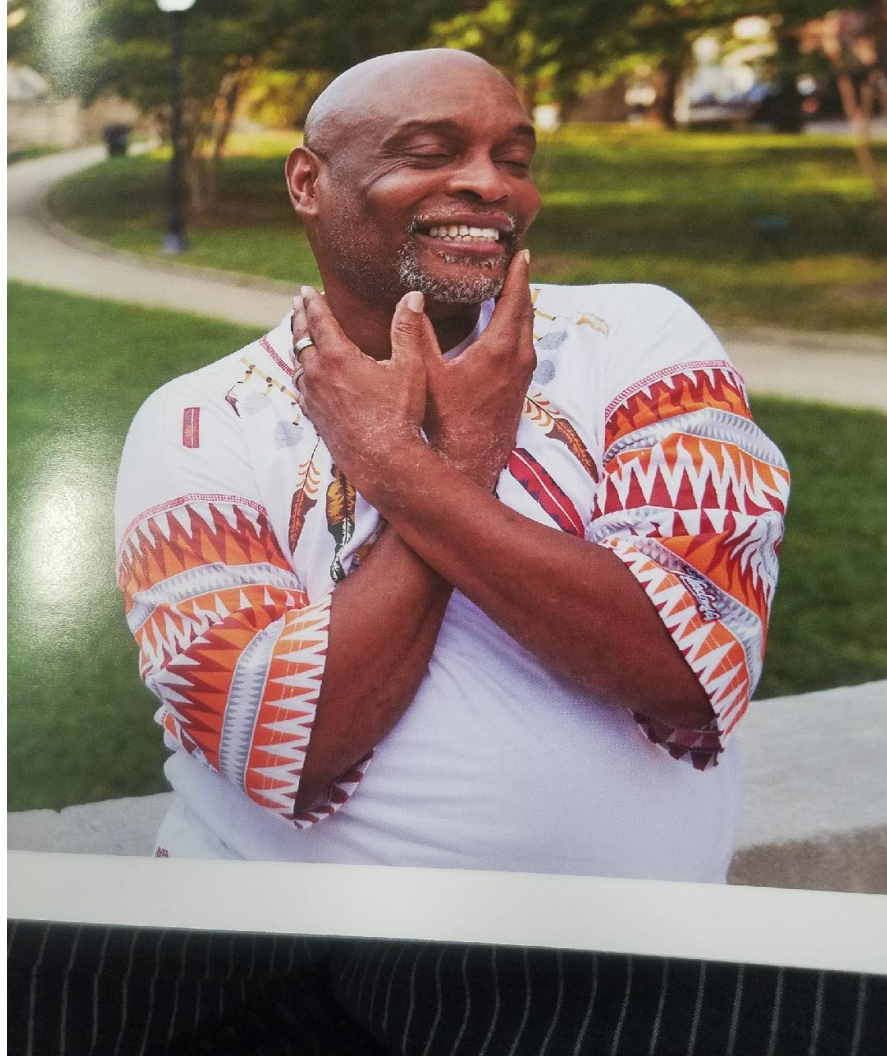
Works Well:

- Consistency of services
- Maintaining Quality of Life they have
- Information sharing
- Opportunities for Involvement- Give & Give Back

What's Missing:

- Dental
- Mental Health, especially after COVID-19
- Increased Social Support
- Specialists-
 - Gerontologists
 - Pharmacists
- Increased Visibility and Opportunities for mentorship

Closing



Be The Change
That You Wish To
See In The World

-Mahatma Gandhi