

A publication of the Affected Communities Committee of the HIV Health Services Planning Council  
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## Advance Health Care Directives

There may come a time when you are unable to speak for yourself regarding your own health care. If so, who do you want making the decisions for you? To ensure your wishes regarding *your* healthcare are heard, you can execute an Advance Health Care Directive in the event you become incapacitated.

Advance Health Care Directives (AHCD) allows *you* to appoint a health care agent and prepare instructions for *your* healthcare. Appointing a health care agent gives the legal authority to the individual whom you select, to make *decisions for you regarding your healthcare* should you be no longer able to speak for yourself. Likewise, instructions for health care are written instructions specifically for your future health care needs.

When selecting someone to be your health care agent, choose someone you trust. The person selected should understand your healthcare wishes and the responsibility of being a healthcare agent. Choosing someone who lives geographically close to you can be beneficial if your treatment continues for an extended period of time.



The individual whom you select for your health care agent does not have power over your finances. Should you wish to have someone handle your finances in the event you become unable to do so, you can prepare documents regarding your financial matters as well.

Remember to review your Advance Health Care Directives periodically as well. You want to ensure that correct record is on file and potentially make changes.

## HIV and Aging

This year is the 40<sup>th</sup> anniversary of the beginning of the HIV epidemic. Treatment has come a long way, and the number of people aging with HIV is expected to quickly grow due to increasingly accessible antiretroviral therapy (ART) (Ahmad et al., 2020). The global proportion of people with HIV who are 50 years of age or older is expected to increase to over 70% of the total number of people with HIV before 2030 (Shiau et al., 2020). The gap between the life expectancy for adults with HIV, treated with ART, and without HIV in the United States is closing, and as of 2019, 50% of the population of people with HIV in the United States was over 50 years old (Sundermann et al., 2019). As of 2018 in Sacramento County, 37.3% of people with HIV were aged 55 or older (AIDSvu, 2020). Morbidity and mortality for people with HIV are now determined by complications of conditions related to aging (Sundermann et al., 2019).

People with HIV over 50 years old tend to report being unhappier, with more stress and negative life events than younger people with HIV as well as poorer attitudes regarding aging. The rates of depressive disorders and symptomatology are similar for people with HIV, regardless of age (Heckman & Halkitis, 2014). There is an increased rate among people with HIV of age-related chronic comorbidities such as cardiovascular disease, kidney and liver disease, osteoporosis, frailty, and neurocognitive impairment (Shiau et al., 2020). People with HIV over 50 years of age often have more than three comorbidities (Heckman & Halkitis, 2014). According to Sundermann et al. (2019), people with HIV tend to display some age-related comorbidities approximately 5-10 years earlier than comparable populations without HIV, which may imply premature aging. There are currently no conclusive findings, partially due to several confounding variables like the suboptimal ART during the early HIV epidemic, lack of consistent viral suppression over time, and higher biopsychosocial risk factors than demographically similar groups.

The *WHO Model of Healthy Ageing* described by Ahmad et al. (2020) approaches the aging process as multifaceted, with interactions between the external environment and five domains of intrinsic capacity: cognition, mobility, psychological health, vitality, and sensory. In this model, losses of intrinsic capacity can be mitigated by the external environment to maintain function. Additionally, it suggests analyzing the impact of living with HIV on the external environment in clinical practice and may provide a better alternative to current disease-centered approaches. As we enter the 2020s, let us be mindful of the historical journey that many of our HIV friends, colleagues, clients, and patients have endured as they have aged.

### References

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- AIDSvu. (2020, April 14). Local data: Sacramento County, CA. Retrieved September 2, 2021, from <https://aidsvu.org/local-data/united-states/west/california/sacramento-county/>
- Heckman, T. G., & Halkitis, P. N. (2014). Biopsychosocial aspects of HIV and aging. *Behavioral Medicine*, 40(3), 81-84. doi:10.1080/08964289.2014.937630
- Shiau, S., Bender, A. A., O'Halloran, J. A., Sundermann, E., Aggarwal, J., Althoff, K. N., . . . Moore, D. J. (2020). The current state of HIV and aging: Findings presented at the 10th International Workshop on HIV and Aging. *AIDS Research and Human Retroviruses*, 36(12), 973-981. doi:10.1089/aid.2020.0128
- Sundermann, E. E., Erlandson, K. M., Pope, C. N., Rubtsova, A., Montoya, J., Moore, A. A., . . . Moore, D. J. (2019). Current challenges and solutions in research and clinical care of older persons living with HIV: Findings presented at the 9th International Workshop on HIV and Aging. *AIDS Research and Human Retroviruses*, 35(11-12), 985-998. doi:10.1089/aid.2019.0100

One Community Health offers low cost & confidential walk-in and appointments for HIV, Hepatitis C & STD testing at its Midtown Campus.  
Call 916-443-3299 to make an appointment or for more information.  
No one will be turned away if they are unable to pay.

Free or Low-Cost STD/HIV/HCV Testing;  
Contact the agency directly for dates, times and costs of testing  
Golden Rule Services 916-427-4653  
Harm Reduction Services 916-456-4849  
Sacramento Sexual Health Clinic 916-875-1551

**Partner Services:**

County of Sacramento - 916-875-1100  
One Community Health - 916-443-3299  
Yolo County - 530-666-8670  
El Dorado and Placer Counties:  
Sierra Foothills AIDS Foundation 530-889-2437

**The Sacramento TGA's HIV Health Services Planning Council and Committee Meeting Schedules**  
Committees may be canceled if there is no pressing business to conduct. Call 916-876-5548 to verify.  
**Presently, all in-person meetings have been cancelled due to COVID-19 and the meetings are being held by teleconference. The teleconference call-in information is on each committee agenda which can be found on the [www.sacramento-tga.com](http://www.sacramento-tga.com) website.**

1st Monday of Every Month:  
**No meetings in July or Sept.** **Affected Communities Committee:** 3:00—4:00 p.m. at  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

1st Tuesday of Every Month: **Quality Advisory Committee:** 2:00—3:00 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

Quarterly on the 1st Tuesday of  
March, June, Sept. and Dec. **Needs Assessment Committee:** 3:00—4:30 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

2nd Monday of Every Month:  
**Except October 2021 due to a holiday** **Priorities and Allocations Committee:** 10—12:00 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

2nd Thursday of Every Month:  
**Except November 2021 due to a holiday. Date to be determined.** **Executive Committee:** 3:00—5:00 p.m. at the County of Sacramento  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

4th Wednesday of Every Month:  
**Combined Nov/Dec on 12/8/21** **HIV Health Services Planning Council:** 10—12 p.m. at the  
Sacramento County Health Center, 4600 Broadway, Sacramento, CA.  
Community Room 2020

Primary Care Parking: There is free parking on the LOWER LEVEL in the parking structure. Entrance off Broadway only. The Stockton Blvd entrance is closed.



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The **POSITIVE ADVOCATE** Newsletter is a quarterly information and outreach project. We welcome submissions from the affected community. For additional information about the Affected Communities Committee (ACC), HIV Health Services Planning Council (HHSPC), or this newsletter, contact: Paula Gammell at 916-876-5548  
[www.sacramento-tga.com](http://www.sacramento-tga.com)

The **Affected Communities Committee** addresses issues facing the HIV/AIDS community and advises the Planning Council on community affairs. The mission of the committee is to recruit, empower, and involve people living with HIV/AIDS in the strategic planning and advocacy of HIV/AIDS care and services. These goals will be accomplished with the assistance of the Council support staff toward the fulfillment of its mission. The committee encourages an environment of trust and safety in achieving its mission.

The Committee meets the first Monday of the Month, except July and September, from 3—4 p.m., at Sacramento County Health Center  
 4600 Broadway, Community Room 2020, Sacramento, 95820.

## RYAN WHITE CARE ACT SERVICE PROVIDERS

**CommuniCare Health Centers**  
 \*\*\*\* Yolo County Residents only \*\*\*\*  
 916-403-2910 x1077

**Golden Rule Services** 916-427-4653

**Harm Reduction Services** 916-456-4849

**One Community Health** 916-443-3299

**Sacramento LGBT Center** 916-442-0185

**Sierra Foothills AIDS Foundation**  
 \*\*\*\* El Dorado and Placer Counties only \*\*\*\*  
 Main number: 530-889-2437

**Sunburst Projects** 916-440-0889

**Volunteers of America** 916-451-1765

**UC Davis Medical Center Pediatric Infectious Disease** 916-734-1873

In the box to the right, is a list of Ryan White Part A and B funded Services.

Services may vary per provider and additional services may be available through other funding sources.

Please contact a provider above for additional information.

- ⇒ Ambulatory Outpatient Care
- ⇒ Medical Case Management
- ⇒ Child Care
- ⇒ Emergency Financial Assistance
- ⇒ Food Bank/Home Delivered Meals
- ⇒ Health Education/Risk Reduction
- ⇒ Health Insurance Assistance
- ⇒ Housing
- ⇒ Medical Nutritional Therapy
- ⇒ Medical Transportation
- ⇒ Mental Health
- ⇒ Non-Medical Case Management
- ⇒ Oral Health
- ⇒ Outreach Services
- ⇒ Substance Abuse—Outpatient
- ⇒ Substance Abuse—Residential