

A publication of the Affected Communities Committee of the HIV Health Services Planning Council  
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### National Black HIV/AIDS Awareness Day – February 7

An excerpt from the CDC — “Black communities have made great progress in reducing HIV. Yet, issues such as racism, discrimination, and mistrust in the health care system may affect whether Black people seek or receive HIV prevention services. These issues may also reduce the likelihood of engaging in HIV treatment and care. To continue to reduce the burden of HIV and other health risks, people need adequate housing and transportation, employment, access to culturally competent health services that are free of stigma and discrimination, and more” (CDC, 2023).

“Together, when we work to overcome structural barriers to HIV testing, prevention, and treatment, and stop HIV stigma, we help reduce HIV-related disparities and health inequities in Black communities” (CDC, 2023).

For more information on National Black HIV/AIDS Awareness Day visit : [National Black HIV/AIDS Awareness Day](#) | [Awareness Days](#) | [Resource Library](#) | [HIV/AIDS](#) | [CDC](#)



### National Women and Girls HIV/AIDS Awareness Day—March 10

An excerpt from womenshealth.gov — “Every year on March 10 — and throughout the month of March — local, state, federal, and national organizations come together to shed light on the impact of HIV and AIDS on women and girls and show support for those at risk of and living with HIV. This year marks the 18th annual observance of National Women and Girls HIV/AIDS Awareness Day (NWGHAAD).

We continue to make progress towards eliminating HIV and AIDS in the U.S., but women continue to remain vulnerable to infection — especially Black or African-American and Hispanic women. Black women accounted for the largest share of new HIV diagnoses among women in the U.S. in 2018. Poverty, stigma, medical mistrust, and fear of discrimination remain factors that prevent some women from getting tested, seeking care, or reaching out for support.

An estimated 14% of transgender women have HIV. According to the new National HIV/AIDS Strategy, an estimated 44% of Black transgender women, 26% of Latina transgender women, and 7% of White transgender women have HIV. Transgender women experience stigma and discrimination and often encounter healthcare providers or clinics lacking knowledge of transgender issues or proper inclusive language. These all pose obstacles to HIV testing, prevention, and care that can be addressed among transgender women.

Collectively, we can work to eliminate these statistics.

The theme for NWGHAAD 2022 was: Prevention and Testing at Every Age. Care and Treatment at Every Stage. This year’s theme focuses on prevention of new HIV infections, increased testing, and better care for individuals living with HIV. By working together, we can help eliminate HIV and improve the quality of treatment and care for people currently living with HIV” (Women’s Health, 2022).

What can you do on March 10?

Talk about HIV and AIDS in your community and online using these NWGHAAD materials and resources.

Show your support for women and girls affected by HIV and AIDS on Twitter, Facebook, Instagram, or Tumblr; and use the hashtag #NWGHAAD.

For more information on National Women and Girls HIV/AIDS Awareness Day please visit : [About National Women and Girls HIV/AIDS Awareness Day](#) | [Office on Women’s Health](#) ([womenshealth.gov](#))

## HIV and Aging

This year is the 40th 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 grow quickly due to increasingly accessible antiretroviral therapy (ART) (Ahmad et al., 2020). The global proportion of people with HIV who are 50 years 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).

According to Heckman and Halkitis (2014), 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. 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). 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 (Sundermann et al., 2019). 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 (Sundermann et al., 2019).

The *WHO Model of Healthy Ageing*, described by Ahmad, Neelamegam, and Rajasuriar (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.

For questions or provider education on the prevention, treatment, and care of those at-risk or living with HIV, please contact the Pacific AIDS Education & Training Center – Central Valley & Northern Interior

Website: <https://paetc.org/about/local-partners/central-valley/>

Email: [aetc@ucdavis.edu](mailto:aetc@ucdavis.edu)

Phone: 916-734-3365

## References

- Ahmad, A., Neelamegam, M., & Rajasuriar, R. (2020). Aging with HIV: Health implications and evolving care needs. *Journal of the International AIDS Society*, 23(9), 1-3. doi:10.1002/jia2.25621
- 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
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- 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 916-875-6021 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

Quarterly on the 1st Tuesday of:  
March, June, Sept. and Dec. **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:  
**\*\*\*\* Changes Coming** **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: **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 12/13/2023** **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: Danielle Caravella at 916-875-6021  
[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  
Direct HIV Service Line: (916) 842-5185

**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