


**CITY AND COUNTY OF SAN FRANCISCO**  
**BOARD OF SUPERVISORS**  
BUDGET AND LEGISLATIVE ANALYST

1390 Market Street, Suite 1150, San Francisco, CA 94102  
(415) 552-9292 FAX (415) 252-0461

**POLICY ANALYSIS REPORT**

**To:** Supervisor Scott Wiener  
**From:** Budget and Legislative Analyst's Office   
**Date:** November 10, 2014  
**Re:** People Living with HIV/AIDS Whose Private Disability Insurance Terminates at Social Security Eligibility

**SUMMARY OF REQUESTED ACTION**

As you requested, the Budget and Legislative Analyst has estimated the number of people living with HIV/AIDS (PLWHA) in San Francisco who rely for part of their income on private disability insurance. We have also estimated the increased demand for housing assistance and other services that may result as private disability insurance plans terminate at retirement age and some of these individuals are forced to depend exclusively on Social Security income.

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**EXECUTIVE SUMMARY**

The population of People Living with HIV/AIDS (PLWHA) in San Francisco is aging. The percentage of PLWHA who are 50 years or older has increased by more than 100% since 2004. They now make up 55% of all PLWHA in San Francisco. 8,837 of the 15,971 San Francisco residents who are HIV positive or have AIDS are 50 years or older.

**Older PLWHA are more likely to be currently relying on private disability insurance than younger PLWHA**

Antiretroviral therapy became available in 1995 and is credited with making HIV infection a manageable illness. 6,668 PLWHA in San Francisco were diagnosed prior to 1995. These people are more likely to have been disabled by HIV due to the unavailability of antiretroviral therapy and unable to work than people more recently infected. The Budget and Legislative Analyst estimates that between 400 and 1,254 PLWHA who were diagnosed before 1995 have private long term disability insurance that may terminate when they reach retirement age.

Moreover, there are important differences in the ethnic, racial and gender composition of the older and younger PLWHA populations. White men have been the largest proportion of PLWHA in San Francisco since the onset of the epidemic in the 1980s. They comprise nearly 70 percent of PLWHA 50 years old and above compared to approximately 56 percent below the age of 50, reflecting the larger proportion of white men in the early years of the epidemic combined with different patterns in more recent infections.

PLWHA who are men and who are white make up a smaller percentage of participants in the federal Ryan White program, which provides services to PLWHA who do not have sufficient health care coverage or financial resources, than their percentage in the general PLWHA population. The Ryan White program serves a greater number of people of color and women than are in the general PLWHA population as shown in the table below.

**Table: Comparison of Race and Ethnicity between Ryan White Clients and All PLWHA**

	All PLWHA	Ryan White Clients
<b>Gender</b>		
Male	92%	85.4%
Female	6%	11.4%
Transgender	2%	3.2%
<b>Race/Ethnicity</b>		
Black	13%	21.4%
White	62%	44.7%
Latino	17%	22.8%
API	5%	5.4%
Native American	1%	1.6%
Multi Racial or Unknown	2%	4.2%

Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

These demographic differences may have implications for outreach and provision of Ryan White services as individuals who have not relied on public HIV health services “age off” of private disability insurance income and turn to Ryan White and other public support and health services.

**PLWHA who lose their private disability insurance will likely have a significant drop in income and may require housing assistance and other public services that they have not previously accessed.**

Private disability insurance often terminates when an individual turns 65 and becomes eligible for Social Security and Medicare. Because Social Security benefits are often less than private disability insurance, individuals transitioning from private disability insurance to Social Security may have reduced income and need to rely more on public services. A local Ryan White funded HIV case management service provider surveyed 183 PLWHA clients and found seven had private disability insurance. These individuals reported their incomes would drop by an average of 40% and that their rent as a percentage of income would rise from 45% to 74% after expiration of their insurance.

No public or private agency collects comprehensive income or disability insurance data for PLWHA. The Budget and Legislative Analyst reviewed data from several sources to estimate the number of PLWHA who have private disability insurance and will reach retirement age and Social Security eligibility in the next one to 15 years. Two local surveys of PLWHA in San Mateo, Marin and San Francisco

counties (the three county San Francisco Ryan White service area) may provide the best estimates on the number of PLWHA in San Francisco receiving private disability insurance.

- In April 2010, the Joint Workgroup on HIV and Aging, a project of the HIV Health Services Planning Council<sup>1</sup> and the San Francisco Mayor’s Long Term Care Coordinating Council, conducted an on-line survey of PLWHA 50 years of age and older in San Mateo, Marin and San Francisco counties. 18.8% of 117 respondents reported having private disability insurance. Applying this percentage to the 6,668 PLWHA in San Francisco diagnosed before 1995, when antiretroviral therapy became available, results in an estimate of 1,254 PLWHA with private disability insurance
- In 2013, researchers at San Francisco State University assessed service needs of PLWHA over 50 on behalf of the HIV Health Services Planning Council, conducting an in-person survey of PLWHA 50 years of age and older at service agencies in San Mateo, Marin and San Francisco counties. 6% of 160 respondents reported having private disability insurance. 6% of 6,668 PLWHA in San Francisco diagnosed before 1995, results in an estimate of 400 people with private disability insurance.

**Table: Estimated Number of PLWHA in San Francisco on Social Security Disability Insurance Who Also Have Private Disability Insurance**

	2010 Joint Workgroup on HIV and Aging Survey	2013 HIV Health Services Planning Council Survey
PWLHA Who Were Diagnosed Prior to 1995	6,668	6,668
Percent with Private Disability Insurance	<u>X18.8%</u>	<u>X6.0%</u>
PWLH with Private Disability Insurance	1,254	400

The number of PLWHA who have private disability insurance may be closer to 1,254 than 400 because demographic and economic characteristics of PLWHA who are 50 years of age and older in San Francisco more closely resemble those of the population responding to the 2010 survey than those of the 2013 survey.

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<sup>1</sup> The HIV Health Services Planning Council is mandated by Congress to establish priorities for services funded by Ryan White programs.

**PLWHA who lose their private disability insurance may require housing assistance and other services not previously provided by the City**

An estimated 59% of Lesbian, Gay, Bisexual and Transgender (LGBT) seniors in San Francisco rent.<sup>2</sup> As PLWHA lose their private disability insurance at retirement age, the housing assistance most suitable for this population will likely be rental subsidies that will allow people to stay in their apartments. The annual costs to the City to provide these services will depend on the number of PLWHA who lose private disability insurance each year. Only a portion of the estimated population of PLWHA with private disability insurance will reach retirement age each year, as shown in the table below.

**Table: Estimated Number of PLWHA with Private Disability Insurance Reaching Retirement Age Each Year**

Years		% in Age Group	Estimated Number of PLWHA With Private Disability Insurance Reaching Retirement Age	
			2010 Survey	2013 Survey
Years 1 to 5	61 Years and Older	27.5%	345	110
Years 6 to 10	56 Years to 60 Years	27.5%	345	110
Years 11 to 15	50 Years to 55 Years	<u>45.0%</u>	<u>564</u>	<u>180</u>
	Total	100.0%	1,254	400

Source: Budget and Legislative Analyst estimates based on (1) age group percentages from “HIV and Aging – A Survey in Three San Francisco Area Counties”; (2) 2010 population estimates based on “An Emerging Issue, HIV/AIDS and Aging”; (3) 2013 population estimates based on “HIV and Aging – A Survey in Three San Francisco Area Counties”.

Based on the maximum rental subsidy currently provided by the federal Housing Opportunities for People with AIDS (HOPWA) of \$1,551 per month or \$18,612 per year, estimated housing subsidies for PLWHA moving from private disability insurance to social security will range from \$0.4 million to \$1.3 million in the first year, increasing to \$2.0 million to \$6.4 million in the fifth year, depending on the number of PLWHA who actually require housing assistance and the amount of the individual subsidies.

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<sup>2</sup> Report prepared by the San Francisco Human Services Agency Planning Unit; Diana Jensen; November 2012

**Table: Estimated Additional Rental Subsidies and General Fund Expenditures for PLWHA Losing Private Disability Insurance in Year One through Year Five**

Year	High Estimate				Low Estimate			
	Recipients		Annual Rent Subsidy <sup>2</sup>	Total Cost	Recipients		Annual Rent Subsidy <sup>2</sup>	Total Cost
	New <sup>1</sup>	Total			New <sup>1</sup>	Total		
One	69	69	\$18,612	\$1,283,244	22	22	\$18,612	\$409,546
Two	69	138	\$18,612	2,566,488	22	44	\$18,612	819,092
Three	69	207	\$18,612	3,849,731	22	66	\$18,612	1,228,638
Four	69	276	\$18,612	5,132,975	22	88	\$18,612	1,638,184
Five	69	345	\$18,612	6,416,219	22	110	\$18,612	2,047,729
<b>Total</b>				<b>\$19,248,657</b>				<b>\$6,143,188</b>

Source: Budget and Legislative Analyst Estimates

<sup>1</sup> Assumes 20% of PWLH ages 50 to 64 will reach retirement age each year

<sup>2</sup> Assumes all new recipients qualify for the maximum subsidy.

Because federal HOPWA and other grants to the City are not likely to increase in the future, new rental subsidies for PLWHA reaching retirement age will be General Fund costs.

PLWHA who reach retirement age are eligible for Medicare and Medicaid to pay health expenses. The City may incur other General Fund costs for services to PLWHA at retirement age, ranging from \$35,784 to \$112,233 in the first year.

Therefore, the City's estimated General Fund costs for PLWHA who lose their private disability insurance when they reach retirement age ranges from a low estimated of \$445,330 to a high estimate of \$1,395,477 in the first year, as shown below. These costs will increase each year as more PLWHA reach retirement age and lose their private disability insurance.

**Estimated General Fund Costs to Provide Services in the First Year to PLWHA who Lose their Private Disability Insurance**

2015 Costs		
	High Estimate	Low Estimate
Rental Subsidies	\$1,283,244	\$409,546
Other Service Costs	112,233	35,784
<b>Total</b>	<b>\$1,395,477</b>	<b>\$445,330</b>

## METHODOLOGY

No City of San Francisco department collects both health-related surveillance and comprehensive income data for PLWHA. The San Francisco Department of Public Health's HIV Epidemiology Section collects and analyzes data related to HIV prevalence and incidence including demographic and risk behavior data for the entire population of PLWHA as well as data on PLWHA who are homeless, but the collection of comprehensive income and poverty information is generally not a part of HIV surveillance. The Department of Public Health's HIV Health Services unit administers the City's Ryan White grant-funded activities and collects income data for Ryan White clients, but not for PLWHA who do not use Ryan White services.<sup>3</sup>

The Budget and Legislative Analyst asked the State of California's largest life insurance companies for the number of San Franciscans with HIV and private disability insurance among their policy holders. All either declined to provide the information or did not respond to repeated requests.

We also contacted the California Insurance Commission, insurance trade organizations, academic researchers, local health service and other Ryan White providers, national disability advocacy and information organizations, the Centers for Disease Control, the Social Security Administration, the San Francisco AIDS Foundation, and AIDS Project Los Angeles. Some of these organizations provided methods useful in estimating a broad range for the number of PLWHA with private disability insurance; none was able to state conclusively the number of PLWHA either nationally or locally who have private disability insurance.

### **Estimates for the Range of PLWHA with Long Term Disability Insurance**

Private disability insurance often terminates when an individual turns 65 years of age and becomes eligible for Social Security and Medicare. Because Social Security benefits are often less than private disability insurance, individuals transitioning from private disability insurance to Social Security may have reduced income and need to rely more on public services.

Local studies<sup>4</sup> as well as studies conducted in other urban areas have estimated the number of PLWHA with private disability insurance based on small convenience samples of PLWHA or as a proportion of Social Security Disability Insurance (SSDI) recipients. The Budget and Legislative Analyst has used these methods to estimate a range in the number of PLWHA in San Francisco with private disability insurance from 400 to 1,245 individuals.

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<sup>3</sup> The federal Department of Health and Human Services Health Resources and Services Administration administers the Ryan White Care Act (Comprehensive AIDS Resources Emergency Act) which provides HIV-related services to those without adequate health care coverage or financial resources.

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**THE PERCENTAGE OF PLWHA WHO ARE 50 YEARS OR OLDER HAS INCREASED BY MORE THAN 100% SINCE 2004 AND NOW MAKE UP 55% OF ALL PLWHA IN SAN FRANCISCO**

The San Francisco Department of Public Health’s HIV Epidemiology Section reported 15,971 PLWHA in San Francisco as of June 30, 2014.<sup>5</sup> DPH reports that the infection rate in heterosexuals and communities of color has increased over the course of an epidemic that in San Francisco initially involved mainly white gay and bisexual men.

Despite the growth in the number of people of color and heterosexual PLWHA, as seen in Table 1 below, 92% of PLWHA in San Francisco are men and 87% are MSM (Men who have Sex with Men or gay and bisexual men) including MSM Intravenous Drug Users.

**Table 1: PLWHA in San Francisco by Risk Category and Gender**

Transmission Category	Number	Percent
Male	Number	%
Gay or Bisexual Male	11,591	73%
Gay or Bisexual Male IDU	2232	14%
Heterosexual Male IDU	517	3%
Heterosexual	162	1%
Transfusion/Hemophiliac	14	0%
Perinatal	10	0%
Risk Not Reported Male	192	1%
<b>Subtotal Male</b>	<b>14,718</b>	<b>92%</b>
Female		0%
Injection Drug User	386	2%
Heterosexual	350	2%
Transfusion	11	0%
Lesbian or bisexual IDU	59	0%
Perinatal	18	0%
Risk not reported Female	79	0%
<b>Subtotal Female</b>	<b>903</b>	<b>6%</b>
Transgender	350	2%
<b>Total</b>	<b>15,971</b>	<b>100%</b>

Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

As seen in Table 2, most PLWHA are White men followed by Latin men, African American men, and Asian Pacific Islander men.<sup>6</sup>

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<sup>5</sup> San Francisco Department Of Public Health, Population Health Division Applied Research, Community Health Epidemiology and Surveillance Branch; HIV Semi Annual Surveillance Report

<sup>6</sup> The proportion of nonwhite and heterosexual PLWHA has grown over the course of the epidemic. Latinos and African Americans are disproportionately represented among younger PLWHA, as shown in Exhibits 2 and 3 below.

**Table 2: Race and Gender of PLWHA in San Francisco**

	White	African American	Latin	Asian/ Pacific Islander	Unknown	Total
Male	59%	10%	16%	6%	2%	92%
Female	2%	2%	1%	0%	0%	6%
Transgender	0%	1%	1%	0%	0%	2%
<b>Total</b>	<b>61%</b>	<b>13%</b>	<b>18%</b>	<b>6%</b>	<b>2%</b>	<b>100%</b>

Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

**Aging of the Population of PLWHA Nationally and Locally**

As HIV has become a chronic manageable disease since the mid 1990s when Highly Active Anti Retrovirus (HAART) therapy was introduced, the number of PLWHA living into middle age (and approaching retirement age and Social Security eligibility) has increased.

Studies on the aging HIV population in other cities have begun to identify the population’s special health and social service needs.<sup>7</sup> These studies predict an increase in the health problems associated with the combination of HIV and aging, and an increased demand for support and social services tailored to the particular needs of older people with HIV including Behavioral and Mental Health Services, Housing and HIV Prevention. Researchers have found that prolonged HIV infection is associated with “accelerated aging” which appears to be related to chronic inflammation. Older PLWHA are thus at greater risk than their HIV negative counterparts of frailness and poor health.<sup>8</sup>

The aging of the PLWHA population is a national and local phenomenon. The U.S. Department of Health and Human Services’ Administration on Aging estimates

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<sup>7</sup> Various City departments and task forces have also begun to measure the growth in the senior PLWHA population and assess its service needs: In 2009 the City’s HIV Health Services Planning Council and the Mayor’s Long Term Care Coordinating Council established the Joint Workgroup on HIV and Aging. The Workgroup’s report *Addressing the Service Needs of PLWHA 50+* in June 2010 presented recommendations on social service delivery to PLWHA over 50.

The Board of Supervisors established an LGBT Aging Policy Task Force in 2012 to examine implementation of recommendations made at a January 2012 hearing on the needs of the City’s LGBT seniors. The Human Services Agency Planning Unit produced a report in November 2012 *LGBT Seniors in San Francisco: Current Estimates of Population Size, Service needs and Service Utilization*, which estimated the size of the LGBT population over the age of 60 to be as high as 19,200.

In June 2013, Loren Messner and Brian de Vries at the San Francisco State University surveyed PLWHA 50 + in San Francisco, Marin and San Mateo to determine service use in the three county Eligible Metropolitan Area.

A January 2013 report (*LGBT Older Adults in San Francisco: Health, Risks, and Resilience Findings from Caring and Aging with Pride*) prepared by the institute for Multigenerational Health at the University of Washington for the LGBT Policy Task Force reported on the results of a survey of 295 San Franciscan participants of a national survey of HIV positive seniors measuring their health and service use.

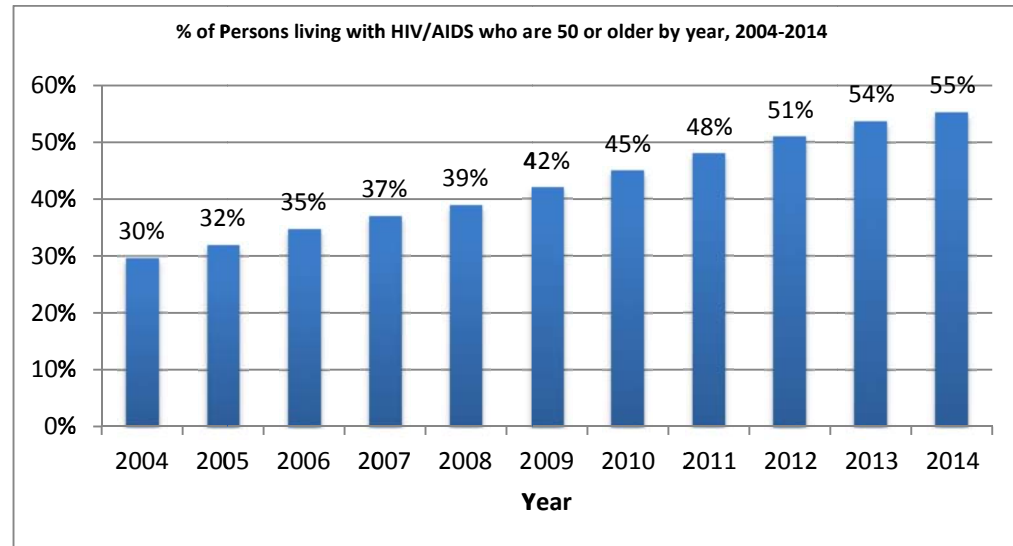
<sup>8</sup> Aging, Inflammation and HIV Infection, Aberg, J.A; 2012



that 31% of people currently living with HIV nationwide are over the age of 50 and that by 2015 half of the people living with HIV in the U.S. will be over 50.<sup>9</sup>

According to the Department of Public Health’s HIV Epidemiology Section, the number of persons living with HIV in San Francisco who are 50 years and older has increased to 55% of PLWHA, as shown in Exhibit 1 below.

**Exhibit 1: PLWHA in San Francisco 50 years or older 2004 through June 2014**



Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

The number of PLWHA who are 50 years or older increased from 4,342 in 2004 to 8,837 in 2014 (an increase of 103%), as shown in Table 3 below.

**Table 3: Annual % Increase in PLWHA in San Francisco 50 Years or Older 2004 Through 2014**

Year	Total	No.	%	% increase
2004	14645	4342	30%	
2005	14956	4780	32%	8%
2006	15099	5237	35%	9%
2007	15187	5623	37%	7%
2008	14886	5892	39%	5%
2009	15089	6385	42%	8%
2010	15273	6888	45%	7%
2011	15469	7452	48%	7%
2012	15705	8063	51%	6%
2013	15867	8529	54%	5%
2014	15971	8837	55%	3%

Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

<sup>9</sup> Administration on Aging U.S. Department of Health and Human Services

As seen in Table 4, the proportion of PLWHA in San Francisco in each five year age group below 50 has decreased while the proportion of PLWHA in each of the five year age groups from 50 up has grown with the largest growth in PLWHA 65 and above.

**Table 4: Percentage Change in Proportion of total PLWHA in 5 Yr. Increments<sup>10</sup>**

Age	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	% change
0-12	17	15	13	10	7	6	5	4	3	1	-94%
13-17	15	13	12	11	16	14	13	12	8	2	-87%
18-24	170	155	170	170	159	172	167	153	153	114	-33%
25-29	445	451	442	466	485	466	443	442	455	401	-10%
30-39	3340	3035	2796	2642	2504	2311	2135	1987	1916	1661	-50%
40-49	5886	5996	5972	5930	5870	5774	5658	5451	5133	4402	-25%
<b>Subtotal</b>											
<b>&lt;50</b>	<b>9873</b>	<b>9665</b>	<b>9405</b>	<b>9229</b>	<b>9041</b>	<b>8743</b>	<b>8421</b>	<b>8049</b>	<b>7668</b>	<b>6581</b>	<b>-22%</b>
50-54	2144	2248	2365	2446	2536	2641	2719	2826	3022	N/A <sup>11</sup>	41%
55-59	1191	1368	1521	1649	1790	1988	2127	2238	2318	N/A	95%
60-64	530	620	744	839	976	1055	1224	1404	1540	1579	198%
65+	339	378	434	513	585	711	835	989	1176	1295	282%
<b>Subtotal</b>											
<b>50 +</b>	<b>4204</b>	<b>4614</b>	<b>5064</b>	<b>5447</b>	<b>5887</b>	<b>6395</b>	<b>6905</b>	<b>7457</b>	<b>8056</b>		<b>92%</b>
<b>Total</b>	<b>14077</b>	<b>14279</b>	<b>14469</b>	<b>14676</b>	<b>14928</b>	<b>15138</b>	<b>15326</b>	<b>15506</b>	<b>15724</b>		<b>12%</b>

Source: San Francisco Department of Public Health Population Health Division  
Applied Research, Community Health Epidemiology, and Surveillance

As of December 2013, there were 6,762 PLWHA in San Francisco aged 50 to 64. These people will reach the retirement age of 65 over the next one to 15 years. Not all of these people will remain in San Francisco, nor will all who have private disability insurance see a significant decline in income. The terms of private disability insurance policies vary and not all terminate at retirement age. However, some who currently rely on the combination of Social Security Disability Insurance (SSDI)<sup>12</sup> and private disability insurance may require help making ends meet, especially help with rent, when their private disability insurance expires.

**PLWHA 50 years and older are less likely to have used City services than younger PLWHA**

White men have been the largest proportion of PLWHA in San Francisco since the onset of the epidemic. They comprise an even greater proportion of PLWHA 50 years old and above, reflecting a combination of the larger proportion of White men in the early years of the epidemic with different patterns in new infections. Exhibit 2 illustrates the concentration of White men among older PLWHA.

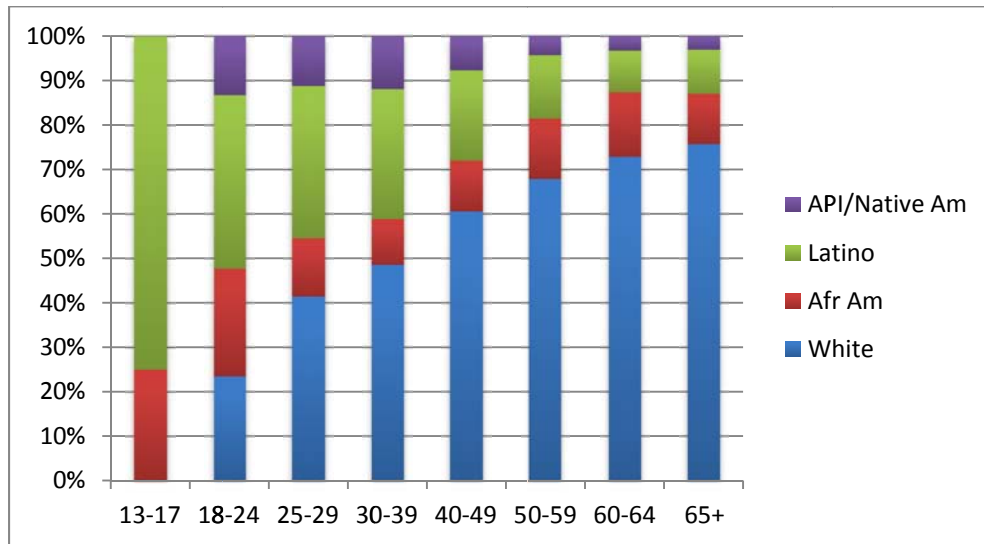
<sup>10</sup> *Trends in Persons Living with HIV 2004-2012; and Characteristics of persons living with HIV as of December 2013*, Department of Public Health, Community Health Epidemiology and Surveillance Branch

<sup>11</sup> Data for these age groups was not available at the time of this report

<sup>12</sup> The Social Security Administration's SSDI program provides insurance payments to the disabled based on prior work history.

The difference in the ethnic and gender composition of the population of PLWHA 50 and older and below 50 may have implications for outreach and service design and delivery as the PLWHA population continues to age and PLWHA with private disability insurance who have not used public services before turn to the Ryan White program and other City services for the first time when their disability insurance expires.

**Exhibit 2: PLWHA by Race/Ethnicity and Age Group as of December, 2013<sup>13</sup>**



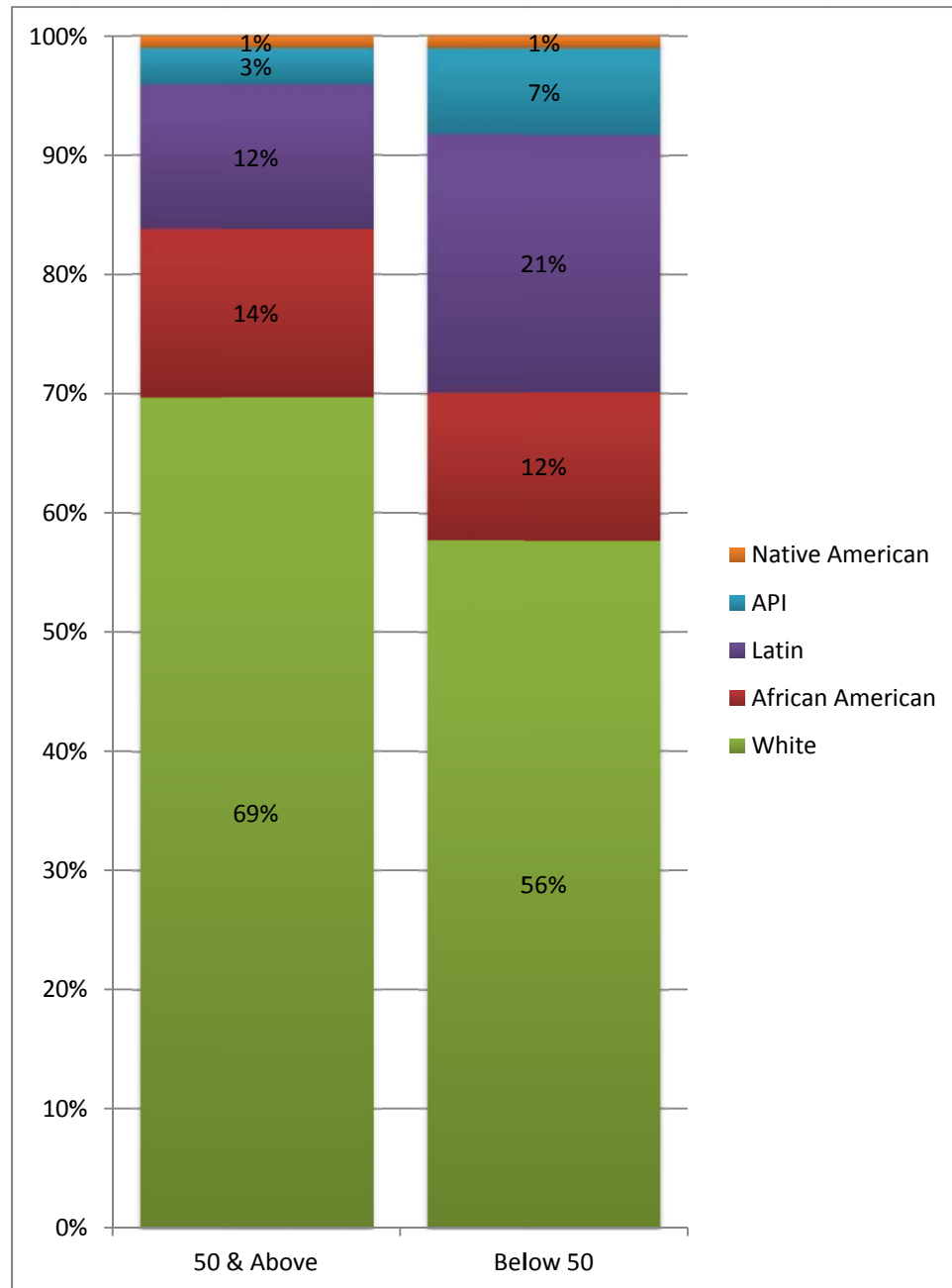
Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

As seen in Exhibit 3 below, the African American and Native American proportion of PLWHA above 50 years old is about the same as their proportion of PLWHA below 50. There is a substantial increase in the Latino and Asian Pacific Islander (API) proportions of PLWHA below 50 years of age compared to 50 years old and above because their proportion of new HIV cases has increased over time.<sup>14</sup>

<sup>13</sup> Does not include 357 transgender individuals because their ages were not broken out into five year age categories, and does not include approximately 325 individuals whose race was not specified or who were multi-race

<sup>14</sup> "While 39.2% of all people living with AIDS as of December 31, 2012 were persons of color, over half (52.2%) of new AIDS cases diagnosed between January 1, 2010 and December 31, 2012 were among persons of color in the three county San Francisco Eligible Metropolitan Area. This represents the second consecutive three-year period in the EMA's history in which persons of color made up the majority of those newly diagnosed with AIDS." San Francisco Metropolitan Area Ryan White Part A Grant Application; page 4

**Exhibit 3: Racial/Ethnic Composition of PLWHA 50 and above and below 50**



Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

*Difference in Demographic Characteristics of the General PLWHA Population and Ryan White Clients*

As seen in Table 5, the Ryan White program serves a greater number of people of color and women than are in the general PLWHA population. These differences may have implications for outreach and provision of Ryan White services as individuals who have thus far not relied on public HIV health services “age off” of

private disability insurance income and turn to Ryan White and other public support and health services.

**Table 5: Comparison of Race and Ethnicity between Ryan White Clients and All PLWHA**

	All PLWHA	Ryan White Clients
<b>Gender</b>		
Male	92%	85.4%
Female	6%	11.4%
Transgender	2%	3.2%
<b>Race/Ethnicity</b>		
Black	13%	21.4%
White	62%	44.7%
Latino	17%	22.8%
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Native American	1%	1.6%
Multi Racial or Unknown	2%	4.2%

Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

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**AS MANY AS 1,254 PLWHA IN SAN FRANCISCO MAY HAVE PRIVATE DISABILITY INSURANCE, WHICH MAY TERMINATE WHEN THEY REACH RETIREMENT AGE**

No public or private agency collects income or private insurance data for PLWHA in San Francisco. The Department of Public Health’s HIV Health Services collects some income data for its Ryan White clients, the great majority of whom have household incomes well below 300% of the federal poverty level. City funded service providers are not required to collect information on private disability insurance although some collect information on the types of medical insurance their clients have. Private insurance companies were unwilling to provide the number of private disability insurance policies held by people with HIV.

The absence of conclusive information on the number of PLWHA with private disability insurance required us to use available small scale research of aging PLWHA to derive estimates of the number of PLWHA with private disability insurance.<sup>15</sup> We arrived at these estimates by treating the studies’ results as if they were based on random samples. However, none of these studies use random sampling, which means that extrapolating from their results to the PLWHA population in San Francisco is done with the understanding that the results are inexact.

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<sup>15</sup> Participants in all of the surveys and studies that we used to estimate the size of the population of PLWHA with private disability insurances were self reporting / self selecting. None of the studies was based on a random sample.

### PLWHA Diagnosed Before Highly Active Antiretroviral Therapy (HAART)

Antiretroviral therapy became available in 1995 and is credited with making HIV infection a manageable illness. As seen in Table 6, 6,668 PLWHA in San Francisco were diagnosed prior to 1995. Assuming that PLWHA who have private disability insurance were diagnosed prior to 1995 and were disabled due to the unavailability of antiretroviral therapy, the maximum size of the pool of PLWHA on which to base estimates of the number of PLWHA with private disability insurance is 6,668.

**Table 6: HIV Diagnosis<sup>16</sup> Pre and Post HAART**

Year Diagnosed	Number	% of All PLWHA
1978 - 1995	6,668	42%
1996 - 2013	9,233	58%
<b>Total</b>	<b>15,901</b>	<b>100%</b>

Source: San Francisco Department of Public Health Population Health Division Applied Research, Community Health Epidemiology, and Surveillance

### Estimates of the Number of PLWHA with Long Term Disability Insurance

The Budget and Legislative Analyst reviewed data from several sources to estimate the number of PLWHA who have private disability insurance and will reach retirement age and Social Security eligibility in the next one to 15 years. Two local surveys of PLWHA in San Mateo, Marin and San Francisco counties (the three county San Francisco Ryan White service area) may provide the best estimates on the number of PLWHA in San Francisco receiving private disability insurance.<sup>17</sup>

#### *Estimate using HIV and Aging Workgroup Report Survey Data*

In April 2010, the Joint Workgroup on HIV and Aging, a project of The San Francisco Ryan White Planning Council and the San Francisco Mayor's Long Term Care Coordinating Council, conducted an on-line survey of PLWHA 50 years of age and older in San Mateo, Marin and San Francisco counties. Of 117 respondents,

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<sup>16</sup> Year of initial HIV diagnosis (earliest of: HIV antibody test, viral load, CD4 test, initiation of ART, patient self report of positive)

<sup>17</sup> Two other sources are as follows: (1) In 2007, America's Health Insurance Plans (an advocacy and trade association that represents health insurance companies) stated that the Social Security Administration received about 2.5 million applications each year while private disability insurers received fewer than 200,000 applications or 8% of the annual Social Security Disability Insurance applications, America's Health Insurance Plans concluded that 8% of SSDI claimants also have private disability insurance. Based on 1,523 PLWHA Social Security Disability Insurance recipients in San Francisco, an estimated 122 would also have private disability insurance. (2) In a study of older LGBT adults in Chicago, The AIDS Community Research Initiative of America (ACRIA) researchers found that 1.4% of HIV positive respondents in a small convenience sample of 200 LGBT adults over 50 had private disability coverage<sup>17</sup>. If applied to San Francisco's PLWHA population this would result in 224 PLWHA with private disability insurance. If applied only to PLWHA diagnosed before 1995, this would result in 92 people with private disability insurance.

18.8% reported having private disability insurance policies.<sup>18</sup> Based on 6,668 PLWHA in San Francisco who were diagnosed before 1995, an estimated 1,254 would have private disability insurance, as shown in Table 7 below.

*Estimate using Three County HIV and Aging Survey<sup>19</sup>*

In 2013, researchers at San Francisco State University assessed service needs of PLWHA over 50, recruiting 160 participants from San Mateo, Marin and San Francisco counties. 6% of respondents reported having private disability insurance. Based on 6,668 PLWHA in San Francisco who were diagnosed before 1995, an estimated 400 would have private disability insurance, as shown in Table 7 below.

**Table 7: Estimated Number of PLWHA in San Francisco on Social Security Disability Insurance Who Also Have Private Disability Insurance**

Age groups	18.8% with Private Disability Insurance	6% with Private Disability Insurance
PWLHA Who Were Diagnosed Prior to 1995	6,668	6,668
Percent with Private Disability Insurance	<u>X18.8%</u>	<u>X6.0%</u>
PWLH with Private Disability Insurance	1,254	400

Respondents to both surveys were 50 years of age and older. Respondents to the 2010 survey were mostly male (91.5%) and white (86.2%). While respondents to the 2013 survey were mostly male and more than one-half were white, the percentages were lower (80% male and 54% white). According to the researchers for the 2013 survey, because the survey was conducted at social service agencies in the three counties, respondents may have been a lower socio-economic status than the overall PLWHA population. The number of PLWHA who have private disability insurance may be closer to 1,254 than 400 because demographically PLWHA in San Francisco who are 50 years of age and older more closely resemble the population responding to the 2010 survey.

**PLWHA who lose their private disability insurance when they reach retirement age will likely have a significant drop in income**

A local Ryan White funded HIV case management service provider surveyed 183 PLWHA clients and found seven had private disability insurance. These individuals reported their incomes would drop by an average of 40% and that their rent as a

<sup>18</sup> An Emerging Issue HIV /AIDS and Aging; June 2010; page 23

<sup>19</sup> HIV and Aging - A Survey in Three San Francisco Area Counties - San Francisco, San Mateo and Marin; SF State; June 2013 in association with the San Francisco Ryan White Planning Council

percentage of income would rise from 45% to 74% after expiration of their insurance.

As of December 2013, there were nearly 3,000 PLWHA 60 years of age and older in San Francisco. 1,300 of these individuals were 65 years old or older. Generally speaking, many PLWHA close to or older than the standard retirement age of 65 were diagnosed in the early part of the epidemic in their twenties and thirties. Individuals in this population may have exhausted their savings in midlife due to the expectation of a shortened life span, and may be more likely than other PLWHA with private disability insurance to be relying exclusively on their disability insurance for their incomes.

**PLWHA who lose their private disability insurance may require housing assistance and other services not previously provided by the City**

The annual costs to the City to provide these services will depend on the number of PLWHA who lose private disability insurance each year. Only a portion of the estimated population of PLWHA with private disability insurance will reach retirement age each year, as shown in Table 8 below.

**Table 8: Estimated Number of PLWHA with Private Disability Insurance Reaching Retirement Age Each Year**

		Estimated Number of PLWHA With Private Disability Insurance Reaching Retirement Age		
Years		Percent in Age Group	2010 Survey	2013 Survey
Years 1 to 5	61 Years and Older	27.5%	345	110
Years 6 to 10	56 Years to 60 Years	27.5%	345	110
Years 11 to 15	50 Years to 55 Years	<u>45.0%</u>	<u>564</u>	<u>180</u>
	Total	100.0%	1,254	400

Source: Budget and Legislative Analyst estimates based on (1) age group percentages from “HIV and Aging – A Survey in Three San Francisco Area Counties”; (2) 2010 population estimates based on “An Emerging Issue, HIV/AIDS and Aging”; (3) 2013 population estimates based on “HIV and Aging – A Survey in Three San Francisco Area Counties”.

*Potential Increase in Need for Affordable Housing Assistance*

An estimated 59% of Lesbian, Gay, Bisexual and Transgender (LGBT) seniors in San Francisco rent.<sup>20</sup> PLWHA living in rent controlled apartments or who own their homes are more stably housed than renters not protected by rent control. Nonetheless, rent control is not a guarantee of housing stability because the Ellis Act allows landlords to remove rental property from the rental market.

As PLWHA with private disability insurance lose their private disability insurance at retirement age, the housing assistance most suitable for this population will likely be rental subsidies that will allow people to stay in their apartments as opposed to

<sup>20</sup> Report prepared by the San Francisco Human Services Agency Planning Unit; Diana Jensen; November 2012



the transitional housing, emergency stabilization or residential care facilities which are intended for people with substance use or mental illness, chronic physical illness or disability, and the chronically homeless.

As seen in Table 8, the City now provides approximately 998 deep and shallow rental subsidies<sup>21</sup> funded through the General Fund and HOPWA, and 444 units of scattered site housing developed with HOPWA funding. Additionally, General Fund monies support transitional housing rooms and stabilization beds.

In addition to housing dedicated to PLWHA, the Veterans Affairs Supporting Housing program (VASH) provides 742 rental assistance vouchers open to individuals and families that meet program criteria. Some of these people may be PLWHA. The Section 8 program provides rental subsidies for 9,500 low-income households in privately owned units. Some of these individuals may also be PLWHA.

**Table 8: Current Housing Inventory for PLWHA**

Type	Funding Source	Number
Deep Subsidies	HOPWA	240
Deep Subsidies	General Fund	296
Shallow Subsidies	General Fund	86
Shallow Subsidies	HOPWA	<b>376</b>
Total Subsidies		<b>998</b>
Scattered Site	HOPWA	444
Transitional Housing	General Fund	11 <sup>22</sup>
Emergency Stabilization	General Fund	21 <sup>23</sup>

Source: Mayor's Office of Housing and Human Services Agency

Because it is not anticipated that federal funding through HOPWA and the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act will increase to support housing needs, any additional rental subsidies for PLWHA will have to come from the General Fund.

According to HSA, HOPWA Housing Assistance Payment (HAP) certificates are now valued at \$1,551 dollars for a one bedroom apartment. This is well below San Francisco's median one bedroom rent of over \$3,000. But rental subsidies are intended to make market rate housing more affordable; they do not guarantee that every subsidy recipient will be able to find affordable market rate housing.

As we have noted, not all PLWHA who lose private disability insurance will need financial assistance. Some will leave San Francisco; others will draw on savings or

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<sup>21</sup> "Deep" rental subsidies cover the difference between 30% of a tenant's income and the market rate of their rental unit, and "shallow" subsidies (or partial rent subsidy) provide a flat rental subsidy per tenant.

<sup>22</sup> beds

<sup>23</sup> rooms

other financial resources and not all private disability insurance policies expire at retirement age.<sup>24</sup>

The estimated cost per year to provide additional deep rental subsidies to support PLWHA who lose their private disability insurance at retirement age ranges from \$400,000 to \$1.3 million in the first year, increasing to \$2.0 million to \$6.4 million in the fifth year, as shown in Table 9 below, based on the current maximum deep rental subsidy of \$1551. This estimate assumes that every PWLH with private disability insurance will lose their insurance at retirement age and will require the maximum rent subsidy. Most likely, some of these individuals will have stable housing situations, either through rent control, home ownership, or shared housing, and will either require no subsidy or a subsidy less than the maximum.

**Table 9: Estimated Additional Rental Subsidies and General Fund Expenditures for PLWHA Losing Private Disability Insurance**

Year	High Estimate				Low Estimate			
	Recipients		Annual Rent Subsidy	Total Cost	Recipients		Annual Rent Subsidy	Total Cost
	New <sup>1</sup>	Total			New <sup>1</sup>	Total		
One	69	69	\$18,612	\$1,283,244	22	22	\$18,612	\$409,546
Two	69	138	\$18,612	2,566,488	22	44	\$18,612	819,092
Three	69	207	\$18,612	3,849,731	22	66	\$18,612	1,228,638
Four	69	276	\$18,612	5,132,975	22	88	\$18,612	1,638,184
Five	69	345	\$18,612	6,416,219	22	110	\$18,612	2,047,729
<b>Total</b>				<b>\$19,248,657</b>				<b>\$6,143,188</b>

Source: Budget and Legislative Analyst Estimates

<sup>1</sup> Assumes 20% of PWLH ages 50 to 64 will reach retirement age each year

**Increased Need for Affordable Housing Assistance**

DPH published an HIV Housing Plan in 2007 that, in addition to recommending expansion of rental subsidies, recommended expansion of emergency eviction prevention efforts such as one-time back rent payment and short-term tenant-based shallow subsidies as well as an increase in the supply of supportive and affordable housing available to PLWHA through a master lease model or by subsidizing operating cost of units in new developments. The Mayor’s Office of Housing is in the process of producing an updated plan The Mayor’s Office of Housing is currently preparing an updated Plan that will in part describe the unmet housing need among PLWHA including the reduction in affordable rental units available to PLWHA and others caused by Ellis Act and Owner/Relative move in evictions.

<sup>24</sup> The Medical Monitoring Project (MMP), a Center for Disease Control population-based surveillance system begun in 2005 in cooperation with local health departments, assesses the clinical and behavioral characteristics of a representative sample of adults with HIV who are in care. Data from the project’s 2009 data collection cycle indicate that the primary source of financial support for 11% of participants was “savings, investments or pensions” and for 15% financial support came from “family, partner or friend”.

**Increased Need for Other Public Services**

We have made two projections for increased services and their costs based on the 6,300 San Francisco clients served in the Ryan White program from October 2012 through September 2013. Our choice of services follows the service priorities established by the Ryan White Planning Council. Because retirees will be eligible for Medicare and, if low income, MediCal, we did not include projections for primary medical care services or Centers of Excellence<sup>25</sup>.

Medicare and MediCal will also provide some reimbursement for the other core services listed in Table 10, but the extent of this reimbursement is unknown, and some City funding may be necessary to “wrap around” Medicare / MediCal when service benefits are exhausted.

For the purposes of this exercise, the estimates assume that all PLWHA with private disability insurance will turn to the Ryan White program when their private disability insurances expire. However the increase in clients and the required additional funding under each scenario will occur gradually and may be offset by people who leave San Francisco.

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<sup>25</sup> The Centers of Excellence (COE) is a multidisciplinary service delivery model focused on severe need populations that provides medical care and links clients to medical case management; mental health assessment, referral and/or brief counseling; substance abuse assessment, counseling, and referral; treatment advocacy; psychiatric consultation and medication monitoring; care coordination; and vouchers for transportation, clothing and household goods. As we have said, PLWHA who have private disability insurance probably have not had much connection to public services and may not be deemed severe need or think of themselves as severe need clients.

**Table 10: Projected Additional Funding Requirements for PLWHA “Aging Off” of Long Term Disability Insurance Policies in the First Year**

	2013 Ryan White Funding	High Estimate		Low Estimate	
		First Year Cost in 2015 (1.1% Incremental Increase in Costs Each Year)		First Year Cost in 2015 (0.3% Incremental Increase in Costs Each Year)	
		Projected Funding Need	Increase in General Fund Expenditures	Projected Funding Need	Increase in General Fund Expenditures
<b>Core Services</b>					
Mental Health	3,091,699	3,125,560	33,861	3,102,495	10,796
Hospice Services	1,077,998	1,089,805	11,807	1,081,762	3,764
Case Management	957,177	967,660	10,483	960,520	3,343
Oral Health	969,937	980,560	10,623	973,324	3,387
Home Health Care	554,144	560,213	6,069	556,079	1,935
Home Care Program	481,434	486,707	5,273	483,115	1,681
Core Services Subtotal	\$7,132,389	\$7,210,505	\$78,116	\$7,157,295	\$24,906
<b>Support Services</b>					
Food	\$644,518	\$651,577	\$7,059	\$646,769	\$2,251
Resid. Mental Health	200,291	202,485	2,194	200,990	699
Facility Based Care	200,292	202,486	2,194	200,991	699
Psychosocial Support	242,236	244,889	2,653	243,082	846
Emerg. Finan. Assist.	955,967	966,437	10,470	959,305	3,338
Benefits Counseling	503,408	508,922	5,514	505,166	1,758
Legal Assistance	368,325	372,359	4,034	369,611	1,286
Support Services Subtotal	\$3,115,037	\$3,149,154	\$34,117	\$3,125,915	\$10,878
<b>Total</b>	<b>\$10,247,426</b>	<b>\$10,359,659</b>	<b>\$112,233</b>	<b>\$10,283,210</b>	<b>\$35,784</b>

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## Conclusion

Because no government entity collects information on PLWHA with private disability insurance, and publicly funded entities do not collect this information routinely, it will be impossible to know the exact number of San Franciscans living with HIV who have private disability insurance without the cooperation of private insurance companies.

People diagnosed prior to HAART therapy are more likely to have been deemed disabled by HIV than people diagnosed after HIV became a manageable disease in the mid nineties. Therefore, we conclude that the base population to which to apply the various estimation methods is approximately 6,600 people. This results in the most plausible estimate of the population size is between several hundred and approximately 1,200 individuals.

Because Ryan White services are intended for very low income people, few PLWHA with private insurance use these services and most PLWHA with private disability insurance have made limited if any use of public services.

The overall effect of the drop in income that will occur as people lose their private disability insurance is difficult to predict conclusively because some people may have other financial resources including home ownership. Nonetheless, what evidence is available indicates that for many PLWHA the lost income will make it impossible to afford San Francisco's current median rent. Housing assistance, most likely through some form of rental subsidies will be the most urgent need result of expiration of private disability insurance plans for PLWHA.

The upcoming HIV Housing Plan will address the range of housing assistance strategies for PLWHA who will lose their private disability insurance and need housing assistance.