UC San Diego UC San Diego Previously Published Works

Title

Perceptions of Social Determinants of Successful Aging Among Older Men Living With HIV

Permalink https://escholarship.org/uc/item/9np24288

Journal Innovation in Aging, 5(Suppl 1)

ISSN 2399-5300

Authors

Rubtsova, Anna Moore, David Jeste, Dilip <u>et al.</u>

Publication Date

2021-12-17

DOI

10.1093/geroni/igab046.1637

Peer reviewed

Antiretroviral therapy, higher education, and HIV disclosure have been linked to improved quality of life (QoL) among people living with HIV. However, research examining psychosocial risk factors of QoL among older adults living with HIV (OALH) is lacking. Therefore, the main aim of this study was to examine the psychosocial risk factors of QoL among OALH. Data were obtained from 156 adults aged 50 and older living with HIV in South Carolina. Multivariable regression models adjusting for sociodemographic characteristics were used to determine the association between psychosocial risk factors and QoL domains among OALH. Stigma was associated with the physical (β =0.058, p=0.023), social (β=-0.149, p=0.006), and spiritual (β=0.124, p=<0.001) domains. Resilience was associated with the psychological $(\beta=0.206, p=<0.001)$, independence $(\beta=0.100, p=0.010)$, social $(\beta=0.166, p=0.004)$, and environmental $(\beta=0.312 p=<0.001)$ domains. Depression and experiencing trauma were also associated with varying QoL domains. Findings may inform interventions geared towards improving QoL among OALH.

EXPLORING LIFE INSTABILITY'S RELATIONSHIP TO THE MENTAL HEALTH OF OLDER ADULTS WITH HIV

Audrey Harkness,¹ Gail Ironson,² Cho-Hee Shrader,¹ Dustin Duncan,³ Steven Safren,² and Elliott Weinstein,⁴, 1. Department of Public Health Sciences, University of Miami, Florida, United States, 2. Department of Psychology, University of Miami, Florida, United States, 3. Mailman School of Public Health, Columbia University, New York, United States, 4. Psychology, Miami, Florida, United States

The study is one of the first to examine both the prevalence of life instability among older adults with HIV (OAWH) in a community clinic and its relationship to their mental health. OAWH (N=623) from a community medical clinic completed an interviewer-administered assessment (English/ Spanish) which included an additive Life Instability Index (LII) composed of indicators at the individual (e.g. education, housing instability, employment status) and community (e.g. poverty, transportation) levels. Participants were a mean age of 60 years (SD = 5.90) with the majority identifying as Black-non-Hispanic (65.9%), cisgender male (60.8%), and heterosexual (80.6%). Participants reported an average of 6.08 destabilizing factors (SD = 1.44). In multiple linear regression analyses LII was significantly related to increased substance use among participants (b= 0.08, p < 0.01), but not with anxiety or depression. An LII is an innovative approach to assess the relationship between OAWH's mental health and social determinants of health.

PERCEPTIONS OF SOCIAL DETERMINANTS OF SUCCESSFUL AGING AMONG OLDER MEN LIVING WITH HIV

David Moore,¹ Dilip Jeste,² Marcia Holstad,³ and Anna Rubtsova,⁴, 1. University of California, San Diego, San Diego, California, United States, 2. University of California San Diego, La Jolla, California, United States, 3. Emory University, Atlanta, Georgia, United States, 4. Emory University Rollins School of Public Health, Emory University, Georgia, United States

The overall purpose of this qualitative study was to examine barriers and facilitators of successful aging among

older men living with HIV (OMLH). Participants were recruited through HIV Neurobehavioral Research Program at the University of California, San Diego. Our sample included 14 OMLH: average age - 62 years old (range: 53 to 72), 79% white, 43% living alone, 79% men who have sex with men, 57% having college education or higher. Semi-structured interviews lasted from 43 to 114 minutes and were fully transcribed. Several themes emerged related to perceived barriers to successful aging stemming from social institutions: i.e., age discrimination and ageism, sexual and HIV-related stigma, social isolation, lack of resources, and food insecurity. Perceived institutional solutions promoting successful aging included mixed-age/inter-generational support groups, computer literacy training, health education, information and resources related to healthy lifestyle on a limited budget, and increased transparency of resources available to older adults.

BARRIERS AND FACILITATORS TO ADVANCE CARE PANNING AMONG VETERANS AGING WITH HIV

Sean Halpin,¹ Vincent Marconi,² Amy Justice,³ Theodore Johnson II,⁴ D. Keith McInnes,⁵ Molly Perkins,⁶ and Emily Pinto Taylor,⁴, 1. University of Georgia, Decatur, Georgia, United States, 2. Division of Infectious Diseases, Emory University School of Medicine, Atlanta, Georgia, United States, 3. West Haven VA Medical Center, West Haven, Connecticut, United States, 4. Emory University School of Medicine, Atlanta, Georgia, United States, 5. Boston University School of Public Health, Boston, Massachusetts, United States, 6. Emory University of Medicine, Atlanta, Georgia, United States

Advance care planning (ACP) and hospice services are underutilized by patients living with HIV (PWH). Little is known about how older PWH approach ACP; the purpose of this qualitative study was to understand barriers and facilitators to ACP within the context of the patient-clinician relationship. Data are from a larger multimethod study designed to understand social determinants of health (SDH) that shape the lives and healthcare experiences of veterans aging with HIV. The sample includes 25 veterans from the Veterans Aging Cohort Study (VACS) recruited from an urban VA medical center. Semi-structured interviews were performed and analyzed using thematic analysis. Less than half of participants reported engaging in ACP. Key barriers to ACP include: fragile social ties, distrust of the healthcare system, and fear of disclosure and discrimination. We offer several recommendations for clinicians to engage in these conversations successfully and highlight the importance of considering SDH when designing interventions.

SOCIAL DETERMINANTS OF HEALTH AMONG THOSE WITH AND WITHOUT HIV INFECTION IN NYC, THE EPICENTER OF THE U.S. CRISIS

Tonya Taylor, SUNY Downstate Health Sciences University, Brooklyn, New York, United States

The COVID-19 pandemic in NYC, the epicenter of the US crisis, revealed indisputable evidence that social determinants of health (SDoH, e.g., racism, crowded housing, employment risks) and disparities in comorbid health risk factors produce higher burdens of disease and death among racial and ethnic populations. We conducted a needs assessment of SDoH