Promoting Social Connection Among Older Adults Living with HIV/AIDS

February 27, 2024
Housekeeping

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• **Chat Feature**
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Accessibility and Support

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Commit to Connect Overview

Katie Clark
Administration for Community Living
Commit to Connect

• Aim is to connect people living with isolation and loneliness with programs and resources to build the social connections they need to thrive.
• Commit to Connect is funded primarily by the U.S. Administration for Community Living
• USAging serves as the Coordinating Center
• Visit www.committoconnect.org
Strategy

• Increase awareness and availability of programs and strategies that address social isolation and loneliness and grow social connections

• Build and strengthen collaboration with current and potential partners to leverage our collective efforts, resources, innovations and activities to increase social connection in the U.S.
Key efforts include:

• Increase adoption of social connection programs throughout the United States

• Cultivate a Nationwide Network of Champions, an online networking platform, for passionate leaders and innovators dedicated to ending social isolation and loneliness

• Hold specialized events, such as the National Summit to Increase Social Connections

• Strengthen partnerships across national, state and local agencies addressing social isolation

• Develop and provide technical assistance resources that promote greater social connection and reduce social isolation and loneliness
Welcome to a Nationwide Network of Champions

Dedicated to Ending Social Isolation and Loneliness

Become a champion!

Connect
Connect with peers, expand your network, and make a difference.

Collaborate
Join in discussions, voice your opinion, and further your knowledge.

Explore
Explore, share resources, and inspire the work in your community.

Learn
Learn more about the work Champions are doing to address S.I.L.

Visit the Member Directory
Visit the Discussions Page
Visit the Resources Library
Visit the Blog Page
Commit to Connect Resources

• Visit the website and sign up for the newsletter at: https://committoconnect.org/

• Learn about upcoming events and resources:
  • Webinars
  • Office Hours
  • Communities of Practice
  • Topical Guides
  • And more!
Overview of engAGED

• National effort that provides training and technical assistance aimed for Aging Network organizations (and partners of the Aging Network) to promote social engagement and reduce social isolation and loneliness among consumers

• Administered by USAging

• Learn more at www.engagingolderadults.org
Presenters

Dr. Paul Nash, CPsychol AFBPsS FHEA
Instructional Professor, Leonard Davis School of Gerontology, University of Southern California and Commissioner, Los Angeles County Commission on HIV

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Project Manager, Detroit Area Agency on Aging

Paul Aguilar
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Promoting Social Connection Among Older Adults Living with HIV / AIDS

ACL Commit to Connect & engAGED
Online Webinar
February 27th 2024

Dr Paul Nash CPsychol, AFBPsS, FHEA
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A New Ageing Population

The vast majority of the population living with HIV will be older adults.

By 2030, >70% Americans living with HIV are estimated to be aged ≥50 years\(^1\)

What about the majority of the research?

Accelerated & accentuated ageing but what about non-biological specific challenges?
Older HIV-positive adults often experience a “triple stigma” associated with ageism, public misconceptions about HIV/AIDS, and antigay prejudice, which can affect even heterosexuals living with HIV.

➢ Social Stigma pulls of stereotypes leading to direct & indirect prejudice

➢ Many experience “social avoidance”

➢ 96% reported experiencing HIV stigma itself
71% reported experiencing both ageism and HIV stigma
56% reported experiencing rejection from service providers, family, friends, church members, etc

(Emlet, 2006)
Consequences of Stigma

Shame; Guilt; Fear; Self-loathing

Older adults face this in terms of:

- Loneliness
- Physical Decline
- Cognitive Decline

Resulting in:

- Reduced Social Networks
- Increased Social Isolation
- Decreased Self-esteem, Image & Efficacy
- Decreased Functioning (Cog & Physical)
- Decreased Likelihood of Status Disclosure

People who experience HIV-related stigma are more likely to experience depressive symptoms, report receiving recent psychiatric care, and report greater HIV-related symptoms.

Internalized HIV stigma contributes to depression, anxiety, and hopelessness.
Loneliness

“Loneliness is a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realised.” (De Jong Gierveld . 1998)

Social isolation

Social isolation is broadly defined as the absence of contact with other people (Wenger et al., 2004)

Independent but not mutually exclusive
Pathways to Loneliness

Cognitive Discrepancy Theory

Needed or desired social relations

Precipitating events
- (mediators)
- Urban vs. rural
- Level of deprivation

Environmental context

Actual social relations

Mismatch of needed vs. actual social relations

Predisposing factors
- Age
- Marital status
- Gender
- Education
- Housing status
- Area Deprivation

Health: Incl. HIV Status

Cognitions Attributions

Experience of loneliness

(Moderators)

Envirornmental context
Loneliness as a Social Contagion

- Lonely people act in ways that discourage others from engaging and socializing with them

- Solitary older adults push people away and lack effort to engage with others

- People who engage with lonely adults are more likely to become lonely themselves and transgress to the outskirts of their own social networks

- Serious implication on health and social care wider than the lonely older person

- In 2016 the US Surgeon General warned that America is "facing an epidemic of loneliness and social isolation." with approx. 28% of older adults feeling chronically lonely
Is Loneliness Really Something to Worry About?

People who report routinely feeling isolated or lonely:

- Increased incidence of cardiovascular issues
- Increased dementia risk
- Higher levels of inflammation – more susceptible to disease
- Steeper decline is physical functioning and IADLs/ADLs
- Are 50% more likely to die prematurely
- More likely to require long term care
- Likely to engage in ‘risky behaviours’ – poor diet / exercise

- Regarding mortality, loneliness’ impact is comparable to smoking 15 cigarettes a day and GREATER than the risk of obesity
Cyclical Issues

People who are living with loneliness:

➢ Greater risk of depression
➢ Less likely to engage in self-care and hygiene
   Reduced desire and acceptance for social engagement
➢ Experience physiological brain changes that make it difficult to form new social connections
➢ More likely to view others faces as threatening; making new connections becomes harder
Other Issues

➢ Social isolation increases risk of abuse
  - Cause or effect?
  - All forms of abuse

➢ LGBT community more at risk
  - Twice as likely to live alone
  - More likely to be single
  - Less likely to have children
  - More likely to be estranged from biological family

Projective pessimism
  - Isolated individuals predict QoL will only decrease over 5-10 years
  - Concerned about community support and ageing in place
Unmet Needs – ROAH (2.0), Oakland

Less than half of any identified needs were met with adequate resources.

77% required support regarding socialization and community engagement but only 28% received any help.

With the identified consequences of loneliness, is it surprising the unmet health needs are so high?

(Nguyen, Nash, Brennan-Ing & Karpiak, 2019)
What Needs to be Done?

➢ Provide opportunities for flexible work to leverage the knowledge and expertise of the growing aging population.

➢ Connect individuals to lifelong learning experiences and opportunities, enabling them to be intellectually engaged and to remain integral.

➢ Establish volunteer opportunities that benefit both retirees/older adults and society as a whole.

➢ Extend alumni outreach to allow individuals to maintain connections once they have left the organization.

➢ Work together to incorporate loneliness criteria into routine medical screenings and social outreach programs.
HIVE is designed to improve the health and well-being of 50+ MSM by addressing stigma, social isolation & social support through connection and empowerment.

**Discussion Groups**
Providing spaces for safe conversation, building friendships, and emotional support.

**Life Skills Support**
Skills for daily living to enhance quality of life, like taking care of one’s healthcare needs while managing Medicare and personal finances.

**Health Education**
Reflecting the issues that affect older men the most, like managing chronic medical conditions and the multiple medications used to treat them.

**Community Building**
Fostering community helping them become flexible, resilient, and confident in their abilities. This also increases their visibility in other communities and spreads awareness.
The Elizabeth Taylor 50-Plus Network is a social support network for gay, bisexual, and trans men age 50 and older, inclusive of people who are HIV-negative and living with HIV. 50-Plus offers a number of activities designed to foster connection that build community through social and civic engagement.

**Social Activities and Events**
Social, cultural and activity based scheduling to engage members with what interests them.

**50-Plus Monthly Meetups**
Meet-ups to catch-up, grow and meet new people, expanding the network and the support provided.

**50-Plus Planning Meetings**
Community led and planned events ensuring no stereotyped unwanted activity.

**Giving Back**
Opportunities to connect & give back to the community.
What We SHOULD be Asking

➢ What is HIV doing to the self-esteem and efficacy of the older person?

➢ Is there access to appropriate person-centered medical support?

➢ What are the intersectional experiences and their impact on the older person?

➢ What impact is policy having on allowing the older person from living their desired lifecourse trajectory?
Many thanks for your time and concentration

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FREDRICK THOMAS
EXECUTIVE PROJECT MANAGER
OUR VISION
TO CREATE A COMMUNITY THAT CARES FOR THE VULNERABLE
AND ADVOCATES FOR THE WELL-BEING OF OUR CONSTITUENTS.
FOOD & FRIENDSHIP Connections

2023 US Aging Innovations Awardee

Serving Older Detroiters Living with HIV

Commit to Connect Webinar
February 27, 2024
PROGRAM OVERVIEW

- Background/Context
- Key Outcomes & Outputs
- Program Barriers
- Lessons Learned
Adults and Adolescents with Diagnosed HIV in the US and Dependent Areas by Age, 2018

Over half of people with diagnosed HIV were aged 50 and older.

GOALS

CREATE A SAFETY NET FOR OLDER ADULTS LIVING WITH HIV

Target 75 – 150 individuals needing assistance

Combat isolation, stigmatization and diminished health status
OBJECTIVES

- Use affinity group to plan & implement services
- Offer hot and frozen meals plus liquid nutrition
- Engage participants in peer support groups
- Provide transportation to medical appointments
- Perform assessments & wellness checks
PARTICIPANT PROFILE

- African American: 95%
- Male: 73%
- Single: 99%
- Income Under $12K/Year: 73%

Social Security: 53%
Health Insurance: 97%
3 or more prescriptions: 88%
ER Visits Last 12 months: 37%
PEER SUPPORT BENEFITS

Wellness Checks

Provide Peer Support

Nutrition & Transportation
Bringing in the Spring Event

Dinner with Friends Event

Early Fall Sprawl

Candle Making & Conversation

Charles H. Wright Museum

Starters Bar & Grille

Milliken Park

Wicks Up Candle Co.

PEER SUPPORT EVENTS
PROGRAM STRATEGIES

- Collaborate with local grassroot organizations focused on HIV/AIDS services
- Offer programming that is compelling, relevant, and unique
- Seek feedback
PEER SUPPORT STRATEGIES

- Engage participants through active listening
- Cultivate a safe space that encourages relationship building
- Foster a community of resource sharing and accessibility
- Be available
OUTCOMES & LESSONS LEARNED

PEER SUPPORT
OUTCOMES

PROGRAM BARRIERS

LESSONS LEARNED
TESTIMONIAL

“I’ve gotten to know my peers, the same demographic of people which I really didn’t know existed,” Bridges says. “It’s helped me a lot and I found all of the information that I was seeking. And the peer support group was more relaxed, not so regimented as other groups I’ve been in.”

Participant
TESTIMONIALS

My grocery budget was very tight and the program helped maintain costs.

Home Delivered Meals is a great service and the delivery guy is consistent, funny and friendly.

Coming together as a group, always lifted my spirits.

- Participant
FOOD & FRIENDSHIP Connections

2023 USAging Innovations Award

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MDHHS & Bureau of ACLS

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Paul Aguilar

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Questions and Discussion

Please submit your questions or comments through the Q&A.
Thank you!

• Please complete the survey which will be displayed in your browser after Zoom closes.

• The recording will be available on www.committoconnect.org

• For further questions, contact us at: info@committoconnect.org

Join us for more discussion in the Office Hours!