Ageism and Older Adults with HIV: A Source of Health Disparities?

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What is Ageism?

• Prejudice and discrimination on the part of one age group towards another.

• More specifically - prejudice and discrimination against older people.

• Ageism perpetuates the invisibility of older adults, including older adults with HIV.
Ageism & HIV

• Ageism is perceived by many who are growing older with HIV.

• Enduring perceptions that HIV is a disease of the young only.

• Older adults with HIV feel stigmatized by both HIV infection and age.

• This dual stigmatization may be even more acute for gay and bisexual men due to ageism in the LGBT community.
Ageism Negatively Affects Health

- Ageism related to depression among gay and bisexual men, including those with HIV.
  - Ageism and Accelerated Aging?

- Becca R. Levy proposed negative internalized age stereotypes impact health through psychological, behavioral, and physiological pathways:
  - **Psychological**: Negative age expectations related to poorer cognitive test performance.
  - **Behavioral**: Health practices may be curtailed if believe that age leads to inevitable health problems and decline.
  - **Physiological**: Internalized negative age stereotypes related to heightened stress response.
How can we buffer the impact of Ageism for those with HIV?

• Difficult to address ageism at the macro levels of culture and society

• Opportunities exist for health and human service providers to address ageism for HIV-positive or at-risk individuals:
  • Training of health providers in HIV screening, early diagnosis and initiation of ART in older populations and integration of key services.
  • Prevention, education and outreach targeting older adults.
  • Treatment guidelines for older individuals with HIV.
  • Funding in line with the aging of the epidemic.
  • Engagement of communities, CBOs and social service providers in outreach, mental health and social support.
  • Addressing the needs of special populations.
Conclusions

• With the demographic shift towards older adults in the HIV population globally, and the elusiveness of a cure, addressing the care needs of this aging population are paramount.

• Challenges are exacerbated in LMICs which often lack vital resources to provide clinical and social services for this population.

• The aging of the HIV epidemic will be very challenging, but provides the opportunity to mount a global response that will address the needs of this population across regions and settings.

• This could serve as a model for how we address aging regardless of HIV status.
Thank You!

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