Resilience and Functional Wellness in HIV/Aging

Perry N Halkitis, PhD, MS, MPH
Dean & Professor School of Public Health
Professor of Medicine, Applied & Professional Psychology, and Program Administration & Policy
Rutgers University
Director, Center for Health, Identity, Behavior and Prevention Studies

Components of Presentation

• The Epidemiological Landscape of Aging with HIV
• The Psychological Health of Older Adults Living With HIV
  – Mental Health, Psychosocial Challenges & Associated Comorbidities
• The Role of Resilience
  – The AIDS Generation book project
  – GOLD III: Resilience Study

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The Epidemiological Landscape of Aging with HIV

Adults 50+ Living with HIV in the United States

Aging and HIV: Africa

HIV prevalence in the populations aged 15-49 years and 50 years or older in sub-Saharan Africa for the years 2011, 2025 and 2040, under continued scale-up of antiretroviral therapy.
Reasons for Aging HIV+ Population

- Aging of the U.S. population in general (Baby Boomers)
- Effective antiretroviral therapy (ART) developed in 1996
  - transformed HIV/AIDS from a rapidly progressing terminal disease to a chronic illness: from living with HIV to aging with HIV
- Large numbers of HIV+ ages 40-49 will enter older age within a decade and 30-39 within two decades (CDC, 2013)
- Seronconversion in older adulthood
  - 17% of newly detected HIV+ age 50+ (CDC, 2017)

Positive News:
- 10% DECREASE IN HIV+ DIAGNOSES AMONG 50+ FROM 2010-2014 (CDC, 2017)

The Complexities of Aging with HIV

- PLWHA are living longer and fuller lives
- However aging with HIV presents additional challenges
  - Age-related comorbidities
  - Heightened health concerns during older adulthood
  - Ongoing HIV-related trauma
  - Long-term effects from ART
  - Potentially fragile and fragmented social networks
  - Stigma due to age, HIV, race, SES, gender, sexual orientation...

For HIV-positive Men, 50 is the New 40 (and the New 60)"

Additional Psychosocial Challenges

- Anger
- Fear
- Anxiety
- Frustration
- Loss of Hope

Graying of AIDS, 2011
**Common Associated Comorbidities**

- **HIV Associated Non AIDS (HANA) Conditions**
  - Vascular
    - Hypertension
    - Diabetes
    - Coronary Heart Disease
  - Bone
  - Renal
  - Liver
  - Cancer
- **HIV-Associated Neurocognitive Disorders (HAND)**
- **Inflammation and Stress**

**Mental Health and Associated Comorbidities**

- National estimates suggest 15.3% of adults over 50 are living with a mental illness (NIHM, 2014)
  - The prevalence is higher for PLWHA (Bing et al., 2001 and Schumacher et al., 2013)
  - Differences in mental health states including depression may be higher among female PLWHA (Evens et al., 2002)
- **Physical and mental health may have an interactive effect**
  - Demonstrated association between depression/dysthymia and coronary heart disease (Herbst et al., 2007)

**Mental Health and Associated Comorbidities**

- **Diminished psychological health may compromise the overall health of PLWHA**
  - Interferes with consistent access to care
  - Many who meet the screening criteria for depression, acute stress disorder, and/or PTSD are not receiving mental health treatment (Israelski et al., 2007)
  - Depression, ongoing trauma, and chronic stress are associated with decreased CD4 counts and an increased viral load (Leserman, 2008)
- **Despite these challenges, ART adherence is stronger among older PLWHA compared to their younger counterparts (Ghidei et al., 2013)**

**Care in older adults living with HIV must attend equally to physical, emotional, and social well being**

**The experiences of older adults living with HIV are not monolithic**

**In the last several years, the community of older adults living with HIV has mobilized to have their voices heard and to help shape the conversation about aging with HIV**
There are many lessons to be learned and approaches to service and care that can be informed from the life experiences of those who survived and thrived.

The resilience of long-term survivors
The AIDS Generation Book Project

On the Use of The Term “AIDS Generation”

- Strauss & Howe (1991)
  - a generation shares age location in history
    - encounter key historical events and social trends while occupying the same phase of life
  - members of a generation are shaped in lasting ways by the eras they encounter as children and young adults and they share certain common beliefs and behaviors
- The AIDS Generation is all of us in the USA—across gender, sexual orientation, serostatus, hometown—who can of age in the first decade or so of the epidemic and whose life was shaped by HIV/AIDS regardless of how proximal we were to the epidemic epicenters
  - Including gay men who are long term survivors of HIV/AIDS

Purposes of The AIDS Generation Project

- Document the life experiences of HIV+ gay men who are long term survivors
  - Delineate strategies for survival manifested by men prior to HAART in 1996
  - Understand the process and experiences of aging of HIV+ gay who are LTS
  - Decipher resiliencies among HIV+ gay men who are LTS
  - Move away from a deficit model

Study Sample

- N = 15
- Age at time of interview: 51 (40 - 58)
- Age at Diagnosis: 26 (18 - 38)
- City of Birth:
  - 4/15 New York Metropolitan Area
  - 2/15 New York City
- Race/ethnicity:
  - 4 Black Non Hispanic
  - 1 Hispanic
  - 10 White Non Hispanic

Methods

- Individual face-to-face interview ~ 3 hours (April – June, 2012)
- All participant focus group ~ 2 hours (September, 2012)
- Individual and group correspondences for clarifications electronically (October – December, 2012)
Analysis

- Informed by The Listening Guide (Gilligan, 1993)
  - Looking beyond the words

“Rather than simply retelling events and stories and quantifying emerging themes, I attempt instead to share each man’s voice in relation to the topics addressed in this book. For example, while conveying how each man first found out about his HIV status, I of course attend to the circumstances and contexts of this monumental event, but attend equally to how each man tells this story, how he conveys the information, and his emotional state in sharing this event in his life—to his voice.”
(Halkitis, 2013, Ch. 2)

Areas of Exploration

- Diagnosis and Death in the Pre-ART Era (Chapter 3)
  - Initial Diagnosis
  - Reacting and Coping
  - Own mortality
  - Devastation of social circles
- Strategies for Life With HIV (Chapter 4)
  - Managing and Surviving
    - Biological self
    - Psychological self
    - Social self
- Aging With HIV (Chapter 5)
- Resilience (Chapter 6)

Aging for the Gay Men of the AIDS Generation

- The experience of aging is marked
  - Negotiating and making sense of life/memories
  - Understanding Legacy
  - Socio-emotional rollercoaster
  - Physical manifestations (HIV and non HIV related)
  - Confronting on ongoing AIDS epidemic in gay men

Aging: Meaning Making

I realized my life is going to be a struggle between, you know, honoring the fallen soldiers and the memory of the time and ACT UP and what I’m holding in my heart and trying to find some measure of peace within myself so that I can walk away—you know, live my life. You know, and that—but that’s just going to be life.
(Jackson, age 57, diagnosed 1987 age 33)

Aging: Meaning Making

- Experiencing memories
  - part of the normal life cycle
  - emerges for most as they enter the later stages of life
  - fraught with loss and despair
    - may be even more vivid and challenging to negotiate,
    - healthy negotiation of these psychosocial struggles is key as these men understand their past and their legacies

Aging: Legacy

- Middle age is marked by a reexamination of the earlier stage of life (Erikson, Erikson, and Kivinick, 1986)
- Individuals reexamine and rework the life of the past while navigating through the life of the present.
- For men of AIDS Generation
  - the tension between the syntonic and dystonic forces
    - generativity versus stagnation
  - complemented by a reexamination of the life stages of the past
    - renegotiating unresolved previous struggles
    - Interrupted by AIDS
Aging: Legacy

My childhood created wild daydreams of the presidency, multiple Academy Awards, reaching at least the third round at Wimbledon. My adulthood is creating reasonable and no less admirable daydreams of a legacy based more realistically on matters directly in my control: my relationships with family and friends, my passion for my career, and the example John and I can set in our marriage. This puts me squarely in Erickson’s “integrity versus despair” conflict. When I remember who I really am, what gifts I was given that I can use, I explore and celebrate my own integrity. When I regress to dwelling on the fictional me, who was going to graduate from medical school at 19, that’s a foolproof recipe for despair.

(Bobby, age 47 diagnosed 1987 at age 22)

Aging: Socio-emotional Rollercoaster

- Making sense of getting older was a process in which all of the men with whom I spoke were actively engaged
- The process of aging and making sense of what it means to be an older man is the one area that was less well formed,
  - perhaps more poorly understood; active and ongoing
  - a set of evolving processes, thoughts, ideas
    - Reevaluation of life choices
    - Living longer as an expectation
    - Exhaustion and Trauma
    - Hope
    - Frustration
    - A new set of deaths

Aging: Physical Deterioration

- Aging process generates physical manifestations that have not been previously experienced in one’s life.
  - This is the natural course of human development
- For the men of the AIDS Generation
  - monitoring their health closely for 30 years
  - confusion and dread
    - unclear if these new and emerging conditions are due to aging or HIV serostatus or the interaction of both

Aging: Physical Deterioration

All I know is that it takes a lot longer to heal. Like my back. When I used to pull it, it’d be fine in a day. Now it’s 5 days—and cuts and colds. That’s the problem of getting older. Or maybe it’s because I’m poz. I dunno.

(Gianni, age 49, diagnosed 1988 at age 25)

Aging: Older in a Young Gay World

- Emotional challenges of socialization in youth oriented gay culture
- Yearning for the past
  - Sentimental view of gay community
  - Perception of no gay center of life or of coming together
- Concern, confusion, and anger at ongoing epidemic
  - Infections in you gay men

You know, I mean we all had thing. I’ll never forget, when the Golden Girls, first Ed, and the last five of us, that was our dream, to get old and live together. And I’m the only one here with Bianca, and it’s like, “Okay, what do you want to do?” And now it’s like I tell people, I go like this, and wherever the wind blows, that’s where I’m going to be.

(Antoine, age 53, Diagnosed 1986 at age 26)
Aging: Older in a Young Gay World

Oh, one of the things that irritates me so much is that young people are being seroconverted... You know, it's like they have no idea. They have no idea the kind of tenacity it takes to, for me, for 14 years to swallow these pills every day and then start to have to swallow Crestor and Lovaza and blood pressure medicine and all sorts of other things because of aging and because of genetics and God knows what else. (Hal, age 51, diagnosed 1984 at age 23)

Look, I didn’t know there even was an HIV. It was 1981. No one knew. What if I was 18 now? These guys know what’s going on. Would I always use condoms? I don’t know. I’m not sure I would. (Gianni, age 49, diagnosed 1988 at age 25)

Disentangling Resilience

• Resilience Defined
  – How the men understood the idea of resilience

• Resilience Demonstrated
  – How the men manifested and continue to manifest their resilient natures

Defining Resilience: Management of HIV

• The men understood their own resilience in relation to personal challenges managing HIV: the steps they enacted to manage the health crises that emerged over the course of their adult lives

Defining Resilience: Managing Physical Health

When I was first diagnosed I never thought I’d live to be 30, let alone 40. My days with HIV, quickly turned into months, and then years and in another 2 years I’ll have lived with having HIV longer than I lived without having HIV...I’ll never say it’s been easy. I’ve dealt with everything from depression to sex addiction, but somehow I’ve managed to get up and move forward. I would never say I’ve returned to the previous state of normal functioning, but I feel like I did find a “new normal.”

(Ryan, age 40, diagnosed 1991 at age 18)

Defining Resilience: Managing Social and Emotional Health

• Definition of resilience also was understood with regard to the management of the social and emotional burdens of the AIDS epidemic
  – Beyond simply confronting the AIDS epidemic
Defining Resilience: Managing Social and Emotional Health

To me it implies hope. For me it means that I know I will feel joy again in a way that is heightened by all the muck. It means getting stuck by needles every other month and still going to my doctor’s appointments. It means checking for HPV every 6 months knowing full well there will be irregular cells and that the procedure will leave me incontinent for at least a month and just wearing the damn diapers anyway. It means having enough respect for those people who didn’t have the option. It’s about respect mingled with hope. (Kerry, age 49, diagnosed in 1992 at age 29)

Demonstrations of Resilience

- Resilience evidenced in several ways throughout the life course
  - the manner in which they reacted to their diagnoses
  - how the faced the ongoing death around them
  - the strategies they used to survive and to attend to their physical, emotional, and social well-being
  - evident in their lives today as they manage the process of aging
    - Making meaning
    - Contributing

Demonstrations of Resilience: Reactions to Diagnosis

- Demonstrated in the stories of their diagnoses and their handling of this life-alerting event
  - Fortitude of spirit was evidenced despite the fact that many of the men were informed that their lives would end in 2 or so years after receiving the news (the “myth of two”)
  - What proved to be a proactive response to the diagnosis followed a period of disconnection that (“the pause”)

Demonstrations of Resilience: Facing Death

- Facing the deaths of so many in their social circles including partners, lovers, and close friends
- The decade between 1985 and 1995 was characterized by endless deaths, memorial after memorial, and the loss of loved one.
- No one was spared
- It would have been easy to retreat

Demonstrations of Resilience: Facing Death

There was a real intense surge of death in like ’88, ’89 and my friend Patrick, when he died I was holding his feet. I sort of chose—I had so much fear about death and the dying process that I started choosing to be present at people’s death and had the great fortune of being honored to be there by the families because I wanted to demystify that because the deaths of my childhood… And the way they looked right after they’d died. The stress was gone from their faces. They looked peaceful. They looked—so it removed a lot of fear. It didn’t make the loss any easier. I mean the loss was still horrible and painful but I think it helped me with my survival. (Hal, age 51, diagnosed 1984 at age 23)
Demonstrations of Resilience: Strategies for Survival

- Strategies they enacted to survive the epidemic by attending to
  - Attendance to the whole self
    - physical, social, emotional
  - maintaining health in all aspects in one's life
- Management of aging with HIV

My friend at that time had gotten a job up in Vegas. He invited me to come up to Vegas because he heard there was this secret thing, a cure nobody knew about. It was eight guys... They were these little boxes and the boxes emitted a kind of frequency. It was too high; you couldn't hear it. Because the person that had invented these, he had done research and he figured out that the HIV virus was in a crystalline form... So we said, “Hey, why not.”
(Patrick age 51, diagnosed 1987 at age 26)

I lost it sometimes. I was extremely fearful of every rash, sneeze, scratch, or anything at the beginning. I read a lot—probably too much—about symptoms of OIs [opportunistic infections] and drove myself crazy over what always turned out to be very normal things for someone HIV negative or HIV positive. Also, I went for group therapy at GMHC, which gave me a small community of folks who I knew, understood my issues...At 30, though, I went into depression and began individual therapy
(Ryan, age 40, diagnosed 1991 at age 18)

I had thrown myself into the AIDS crisis as an activist already and I think it bumped it up in terms of reading the treatment and data information and, and, going to as many memorial services. And I got really good at delivering eulogies and I would really throw myself in and, when I joined ACT UP, I thought well I'm just being an altruistic good guy. And I realized in hindsight, I think I was picking up tools and, you know, seeing survival because I remember watching someone take their last breath, demystifying death for me and making me less afraid of it all.
(Jackson, age 57, diagnosed 1987 age 33)

- Renegotiations and redefinition with aging
  - The earlier stage of psychosocial development (young adulthood) was interrupted by a health crisis
    - thrust these men emotionally forward into the last stage of life
    - Unable to negotiate their places in the world
      - they instead were confronted with the possibility of dying.
  - Negotiating and renegotiating these psychosocial conflicts of aging is another example of resilience
  - Trying to understand one's place in the world

I see a man who realized that no matter how bad things got, there was always someone worse off who could use our help and benefit from our experience; you even made a career out of it. I hope to be remembered as a man who turned his biggest obstacles into his greatest assets and was able to proudly share them as well as his experience, strengths, hopes, and most of all his love with his family, friends, and community.
(Bobby, age 47 diagnosed 1987 at age 22)
Demonstrations of Resilience: Contributing

- Contributing and community building in older age
  - Increased visibility
  - Creating grass roots movements
- Combat isolation
- Garner attention to an underserved population
- Enhance empowerment about a life well lived
- Transmit wisdom of “the elders”

A Conceptual Model of Resilience for Older PLWHA

Resilience in Older PLWHA

- Focusing on resilience is a shift from focus on deficit-based models to strength-based models (Richardson, 2002)
- Deciphering the workings of resilience in PLWHA may provide a lens upon which health care providers build their delivery of care
- Resilience may not have been sufficient in preventing morbidity and/or mortality, but it is a characteristic that many older PLWHA embody (Halkitis, 2013)

Resilience: Process vs. Trait

- Resilience is understood as both a dynamic adaptive process and a trait (Zautra et al., 2010, Fletcher & Sarkar, 2014)
  - As a process, it refers to a feedback loop of actions and coping mechanisms
  - As a trait, it refers to grit, hardiness, strength of character, resourcefulness, and determination
- Resilience equips individuals to adapt to stressful situations and maintain a sense of normalcy
- Resilient individuals enact strategies that are protective against challenging life circumstances
  - These strategies stem from an innate trait

Contextualizing Resilience in Older PLWHA

- The AIDS Generation is defined as those who came of age during the darkest part of the epidemic, prior to the implementation of ART in the 90’s (Halkitis, 2013)
- More than any other generation that has followed, PLWHA from the AIDS Generation are the ones who confronted a disease that was associated with high levels of mortality (Halkitis, 2013)
- Resilience in HIV-positive gay men who were members of the AIDS Generation suggests that attending to one’s physical, psychological, and social aspects of health is indicative of determination, grit, and resilience that may have helped these men survive (Halkitis, 2013)

Alex Wong/Getty Images

Healthier outcomes may be the result of management and adaptation of life circumstances afforded by resilience and resilient processes
- Surviving and thriving with HIV and the trauma of the AIDS crisis is evocative of resilience
- For many living with HIV, the disease may have been another in a long series of battles that defined their lives
Conceptualizing Resilience in Older PLWHA

- For long-term survivors, engaging in coping strategies that attend to physical and social-emotional well-being are demonstrative of resilience.
- For PLWHA, resilience helps to counter many challenges including:
  - HIV-related stigma (Syles et al., 2007)
  - Sexual stigma and homophobia (Herek et al., 2009)
  - Racism (Ford et al., 2009)
  - Discrimination due to socioeconomic status or social class (Bird et al., 2009)

Modeling the Role of Resilience on the Health of Older PLWHA

- To understand the buffering effects of resilience on the well-being of older PLWHA, we must:
  - Accept that the health needs of older PLWHA are multidimensional
  - Attend to social and mental health in addition to physical and HIV-related health

HIV Resilience Model (Halkitis et al 2017)

The GOLD III: Resilience Pilot Study
**The GOLD Studies**

- GOLD I: Mixed Methods Study of Health and Well Being in Community Based Sample of MSM (2011)
- GOLD II: Cognitive Functions and Psychological Health in Care-seeking Sample of Male and Female PLWHA (2014)
- GOLD III: Testing a Model of Resilience in Older Gay PLWHA (New York City and Newark, NJ) (2017)

**GOLD III: Recruitment**

- 500 participants will be recruited for this study
  - Community-based outreach (Pride events, CBOs, etc.)
  - Dating and sex websites and mobile apps
  - Word of mouth

- Eligibility criteria:
  - Age 50-69
  - Assigned male at birth and currently identifies as male and gay
  - HIV-positive
  - TBI negative or LOC of <30 minutes

**GOLD III: Physical Health**

- Audio CASI Questions
  - Physical Health
  - Self-rated health
  - Cortisol
  - A biological measure of stress
  - Taken at the beginning and end of assessment
  - ESR & CRP
  - These are both biological measures of inflammation
  - Inflammation can present as either acute or chronic

**GOLD III: Mental Health**

- Depression (CES-D)
- PTSD (PCL)
- Alcohol Use (*AUDIT)
- MINI International Neuropsychiatric Interview (MINI)
  - Major depressive episode
  - Dysthymia
  - Suicidality
  - Social phobia
  - Obsessive-compulsive disorder
  - Non-alcoholic psychoactive substance use disorders
  - Generalized anxiety disorder
  - Antisocial personality disorder

**GOLD III: Social Health**

- Rand Social Health Survey
- Attachment/Close Relationships
GOLD III: Predictors

- HIV Factors
  - Years living with HIV and HIV Treatment and Health History
  - Age and aging processes
  - Psychosocial & Structural
    - Bereavement/Grieving
    - Loneliness
    - Outness
    - Stigma (HIV-, Age-, and Gay-related)

GOLD III: Study Overview

- Resilience Measures
  - Brief Resilience Scale (Smith et al., 2008)
  - Short Grit Scale (Duckworth & Quinn, 2009)
  - CHIBPS HIV and Resilience Scale

CHIBPS HIV and Resilience Scale

- I can bounce back from difficult situations caused by HIV/AIDS.
- I have learned to live my life with HIV/AIDS.
- HIV-related issues are difficult for me to deal with.
- Living with HIV/AIDS is normal to me.
- I can deal with setbacks caused by HIV/AIDS.
- I have hope for the future despite the fact that I am living with HIV/AIDS.
- Surviving HIV/AIDS is important to me.
- I can manage my HIV/AIDS.
- It is difficult for me to live with HIV/AIDS.

GOLD III: Study Progress

- 70 participants seen as of October 2017
  - Recruited from:
    - Websites and dating apps
    - Pride events
    - Other studies
    - Community Organizations (GMHC, the LGBT Center, AIDS Center of Queens County)
    - Word of mouth from other participants
    - 30 participants scheduled as of October 29

Table 1. Basic Demographics (n=70)

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>25 (35.7)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>28 (40.0)</td>
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<tr>
<td>Hispanic</td>
<td>9 (12.9)</td>
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<tr>
<td>Mixed, non-Hispanic</td>
<td>4 (5.7)</td>
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<tr>
<td>Other, non-Hispanic</td>
<td>3 (4.3)</td>
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<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>High School or Less</td>
<td>7 (10.0)</td>
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<tr>
<td>High School Diploma or GED</td>
<td>10 (14.3)</td>
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<tr>
<td>Associate's Degree</td>
<td>16 (22.9)</td>
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<tr>
<td>Bachelor's Degree</td>
<td>22 (31.4)</td>
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<tr>
<td>Graduate Degree</td>
<td>14 (20.0)</td>
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Table 2. Health Indicators (n=70)

<table>
<thead>
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<th>Variable</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Year of HIV diagnosis mean (SD)</td>
<td>1994.49 (8.69)</td>
</tr>
<tr>
<td>AIDS Diagnosis</td>
<td>Yes: 31 (44.3) No: 39 (55.7)</td>
</tr>
<tr>
<td>History of Opportunistic Infection</td>
<td>Yes: 30 (42.9) No: 40 (57.1)</td>
</tr>
<tr>
<td>Most Recent CD4 Count</td>
<td>201 to 400: 24 (34.3) &lt; 200: 7 (10.0) &gt; 500: 36 (51.4) Don't Know: 3 (4.3)</td>
</tr>
<tr>
<td>Most Recent Viral Load</td>
<td>Undetectable: 64 (91.4) Under 500: 4 (5.7) 500 to 5,000: 1 (1.4) Over 5,000: 1 (1.4)</td>
</tr>
<tr>
<td>Self-Rated Health</td>
<td>Excellent: 8 (11.4) Very Good: 23 (32.9) Good: 31 (44.3) Fair: 8 (11.4) Poor: 0</td>
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Table 3. Health Indicators (n=70)

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Table 3: Bivariate Correlation between Resilience, Physical Health, and Mental Health States (n=70)

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Correlations</th>
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</thead>
<tbody>
<tr>
<td>1. HIV Resilience</td>
<td>4.00 (0.50)</td>
<td>1.00</td>
</tr>
<tr>
<td>2. Overall Resilience</td>
<td>3.49 (0.77)</td>
<td>0.410**</td>
</tr>
<tr>
<td>3. Grit</td>
<td>3.61 (0.55)</td>
<td>0.365**</td>
</tr>
<tr>
<td>4. Self-Rated Health</td>
<td>3.75 (0.86)</td>
<td>0.272*</td>
</tr>
<tr>
<td>5. Depression</td>
<td>15.49 (11.13)</td>
<td>-0.493**</td>
</tr>
<tr>
<td>6. PTSD</td>
<td>30.01 (11.31)</td>
<td>-0.359**</td>
</tr>
<tr>
<td>7. Alcohol Use</td>
<td>3.43 (4.30)</td>
<td>-0.271*</td>
</tr>
<tr>
<td>8. Lonliness</td>
<td>39.31 (14.83)</td>
<td>-0.419**</td>
</tr>
<tr>
<td>9. HIV-Related Stigma</td>
<td>81.64 (23.40)</td>
<td>-0.511**</td>
</tr>
</tbody>
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Note: * p < 0.05, ** p < 0.01.

Using Resilience as Framework to Work with Older PLWHA

• In this view:
  – The health of older PLWHA is operationalized as physical and socio-emotional health
  – These health states are mutually reinforcing and synergistic, creating a conception of total health
• Health for older PLWHA is, in turn, directed by three sets of stressors:
  – HIV and HIV treatments
  – Aging and aging processes
  – Psychosocial and structural burdens

Resilience and Health Paradigm for Older PLWHA

• Resilience is manifested in the actions and processes undertaken by the individual to create the buffering effects
• If an older PLWHA is one who possesses this trait, the individual is more empowered to take control of their life circumstances
  – They face adversities “head on,” and enact approaches, which may mitigate the negative effects that life circumstances may have on their health
• The processes are understood as the active and proactive steps one takes to confront these challenges

Resilience and Health Paradigm for Older PLWHA

• Many PLWHA likely experienced numerous psychosocial stressors during their lifetimes which necessitated the enactment of resilient processes
• We propose that the trait of resilience of older PLWHA enables the individual to enact resilient processes to ameliorate the impact of life stressors on overall health
  – Implied in this loop is that as these processes bestow beneficial effects on health, the resilient nature of the individual is further bolstered

Care Must be Holistic

• Holistic/biopsychosocial aspects of well being
• Care for physical self must be coupled with care for social and emotional self
• Build on the experiences and strategies for survival
  – Attend to the whole person
  – Not simply on “HIV vessel”
  – Physical, Emotional, Social
Care Must Attend Physical Conditions Beyond HIV

- Attend to multiple physical morbidities associated with aging, not just HIV
  - CVD
  - Non-AIDS related cancers
  - Mobility
  - Fragility

- Awareness of the burdens of polypharmacy
  - More than just one pill once a day

Care Must Attend to Psychological States/Emotions

- Physical well-being and optimal health behaviors is often directed by emotional well being (Halkitis et al., 2012); Rueda et al. 2014
  - Depression, anxiety, PTSD
  - Proven therapeutic approaches to emotional well being (Emlett et al., 2014; Lovejoy & Heckman, 2014; Heckman et al., 2014)
  - Motivation interviewing (MI)
  - Telephone administered MI
  - Attention to social and psychosocial states (Slater et al., 2013; Starks et al., 2013)
    - Stigma
    - Social support
    - Homonegativity

Care Must Focus on Social Well Being

- Recognize and attend to the importance of community and camaraderie
  - Respect the idea that the aging HIV- are also a part of the AIDS generation
  - Across race/ethnicity, gender, and sexual orientation
- Facilitate the development of social structures

Care Must Focus on Thriving

- Emphasis on thriving
  - More than survival
  - Resilience
  - Build on lifelong strategies
- Focus on the power and strength
  - Emphasis on resilience not on deficit
  - Resilience and survival ➔ Legacy

Make Use of Resilience

- Focus on what older PLWHA have “done right” vs. “done wrong”
- Lifetime of strategies that have built grit and fortitude
- Partner with clients to tap into these traits for delivering care

Resilience Model


Additional Resources


Acknowledgements

perry.halkitis@rutgers.edu
www.perrynhalkitis.com
www.chibp.org
@DrPNHalkitis