

Aging Well with HIV Infection: Lessons from Long-Term Survivors in Ontario Canada

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Emerging Trends

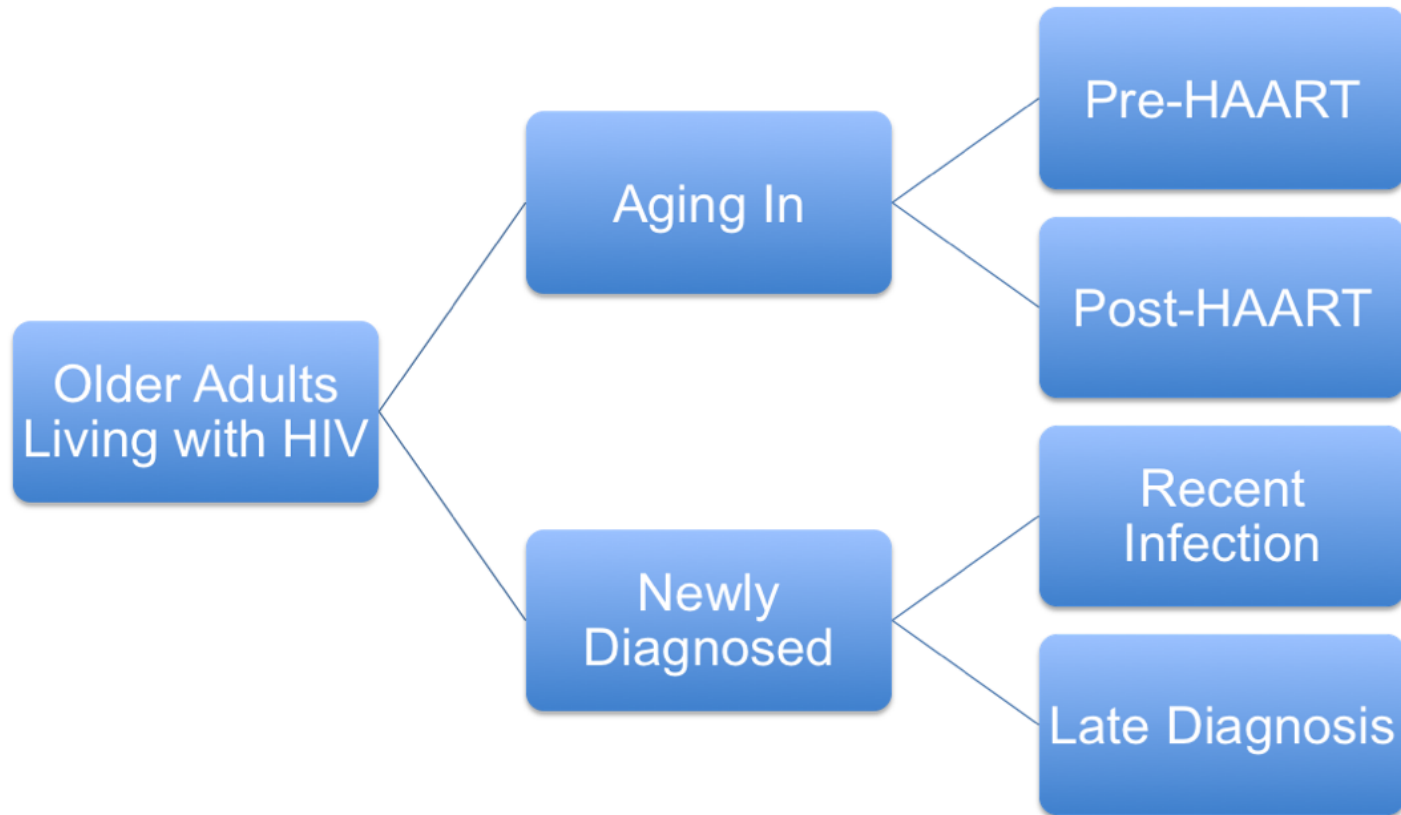
In the past 20 years the number of older adults living with HIV infection in Canada has doubled (OHTN, 2012)

This pattern of growth is a confluence of new infections among older adults and those “aging in” with HIV.

The proportion of annual positive HIV test reports among those age 50 and over continues to increase (PHAC, 2010)



Older Adults Living with HIV



Examining Successful Aging

- Rapid growth in older adults living with HIV
- Potential for normal life expectancy
- Call to enhance our understanding of sociobehavioral influences on aging with HIV to foster positive outcomes (High et al, 2012)
 - Successful aging as a research priority, including:
 - Positive psychology
 - Resilience
 - Mindfulness
 - Social Support



Research Question

- What personal characteristics and resources are seen as contributing to successful aging with HIV disease among adults age 50 and over living in Ontario?



Methods [1]

- Qualitative Methodology (Modified Grounded Theory)
- Framed by Late Life Resilience Model (Smith & Hayslip Jr., 2012)
- In-depth interview conducted with adults 50+ living with HIV infection in Ontario, Canada
- Recruited through AIDS Service Organizations, clinics, HIV service providers in Toronto and Hamilton
- All interviews conducted between February and May of 2013
- Study procedures approved by McMaster University REB



Methods [2]

- Participants – Inclusion Criteria
 - Adults age 50+
 - HIV positive
 - Perceives self as “aging well with HIV”
 - Living in Ontario Canada
 - Incentive included \$25 CAD gift card for participation



Methods [3]

- Procedures
 - Initial phone screening
 - In-depth, face-to face, semi-structured interviews
 - Location of choice for participants (their home, HIV hospital, other
 - Nine semi-structured questions with additional probes
 - Approximately 45-90 minutes each interview
 - Digitally recorded and professionally transcribed using encrypted files



Analysis

- All transcripts read by four researchers
- Open coding used for relevant thoughts and ideas related to aging well with HIV
- Transcripts entered into QDA (NVivo 10)
- Major themes after open coding, and axial codes developed through consensus
- Further refinement and analysis continues

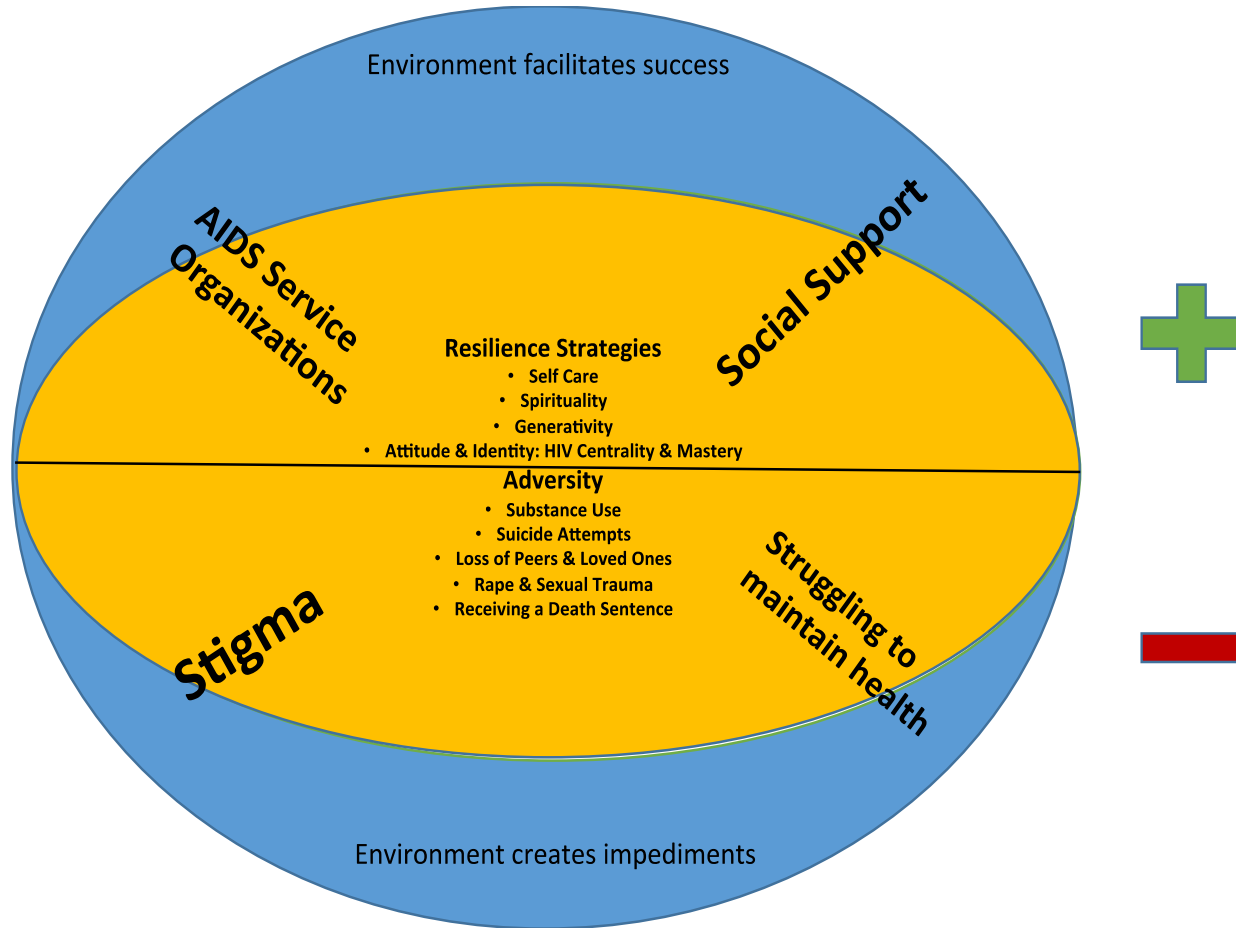


Findings

Characteristic	Percentage or M/SD
Age	50-73 years; M=58, SD=6.1
Male	66.7%
White/Caucasian	66.7%
Gay	60%
Time Since Diagnosis	4-31 years; M=18, SD = 7.6
Diagnosed Pre-HAART	56%
Lives Alone	60%



Findings



Resilience: Challenges and Strategies

Challenges

Substance Use

Sexual Trauma

Suicidal Risk and Attempts

Loss of Peers

Death Sentence

Strategies

Self Care

Spirituality

Identity and Mastery

Generativity



Challenges

“We are so lucky to still be here, be kicking. And especially me because I tried to commit suicide four times over the HIV”

“One day I go into the city to do something and there was four young men who robbed me and beat me all night, who raped me all night, and I think I got it [HIV] from there”

“1988, it was one of the worst. My friends were dying by the dozens. I was still sexually active so it was this menacing situation of, okay, I’m still doing it but I don’t want to. I know it could kill me”



Strategies for Resilience

“Regular exercise, go to therapy with your issues, promote your friendships, be part of a collective, find yourself something you’re passionate about, to do” **[self care]**

“The lipoatrophy caused me tremendous grief, and it was through mindfulness meditation that I was able to find the relief that I was seeking just to be able to be in the world” **[mindfulness]**

“I accept my HIV, I don’t see it as a black mark on me because I consider myself being more than my HIV” **[identity]**

“I would say the positive aspects of living well with HIV is that I can take my experiences, and volunteer in different organizations, and teach other PHAs about my successes in living with HIV.”
[Generativity]



Social Support

Letting In the Positive

“The only people that I have contact with are my friends that are positive.”

“When you get older, it’s now the quality of the friendships, it’s the quality of the people you’re interacting with”

Pruning Social Networks

“Quantity is not high at all. Quality, because I expect a lot, that means choosing the right people that you associate with”

“Some people just suck energy, and I have now been weeding that out”



Environmental Context

Supportive Influences

- HIV Community including ASOs
- Reciprocity
- Government support i.e. benefits, housing etc.

Impediments

- Financial precariousness
- Geographically bound by benefits
- Stigmatizing Society



Environmental Context

Supportive

“I had the food bank for a little while ...Now with the full pension I’ve got enough money to buy food so I’m alright”

“So, how do you give back, how do you say thank you, for the good healthcare? Well, you contribute as much as you can in the social structure”

Impeding

“All my life I was so independent and now I depend on insurance and subsidized housing and everything, you know. ... I’m not free”

“When people know that you have HIV, oh, the whole world, then you feel like people staring at you. That, alone, can keep you up at night”



Discussion

- The study examined experiences of aging well from 30 older adults living with HIV infection
- Results add to the knowledge of what contributes to successful aging
- Major themes that emerged organically paralleled those identified High et al (2012) including:
 - Resilience
 - Social Support
 - Self Efficacy
 - Mastery
 - Spirituality
 - Mindfulness



Implications

- A resolve to fight HIV and live as long and healthy is possible is central to their experience
- Practitioners can work to enhance self care and strategies for self efficacy
- Acknowledge the importance of spirituality in its many forms
- Successful aging includes the intentional formulation of social networks that promote self fortification, resilience and positivity
- Aging well includes intrapersonal, interpersonal and environmental components





Thank You

For more information
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