

Social Isolation among Older Adults with HIV: Implications for the COVID-19 Pandemic

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Social Supports in Later Life

Social networks are crucial to both physical and mental well-being for people of all ages, especially as one grows older and encounters the challenges of managing multiple chronic illnesses (Cantor & Brennan, 2000)

If the informal caregiving provided by family, friends, and neighbors were replaced by formal caregivers (i.e., paid), the cost would exceed \$470 billion annually (AARP, 2020)

Thus, social networks are a **critical** health-care resource

Social Support Issues among Older PWH

Older people with HIV (PWH) have fragile social networks characterized by a reliance on friends, rather than family. (Shippy & Karpiak 2005a; 2005b)

Older PWH do not receive adequate support from their social networks (Nichols et al., 2002): Older PLWHA:

- report feelings of isolation, stigmatization
- have trouble coping with the demands of illness management (i.e., keeping medical appointments, adhering to treatment)

When social supports are available for older PWH, they report **lower levels of psychological distress** and **higher levels of well-being** (Chesney et al., 2003)

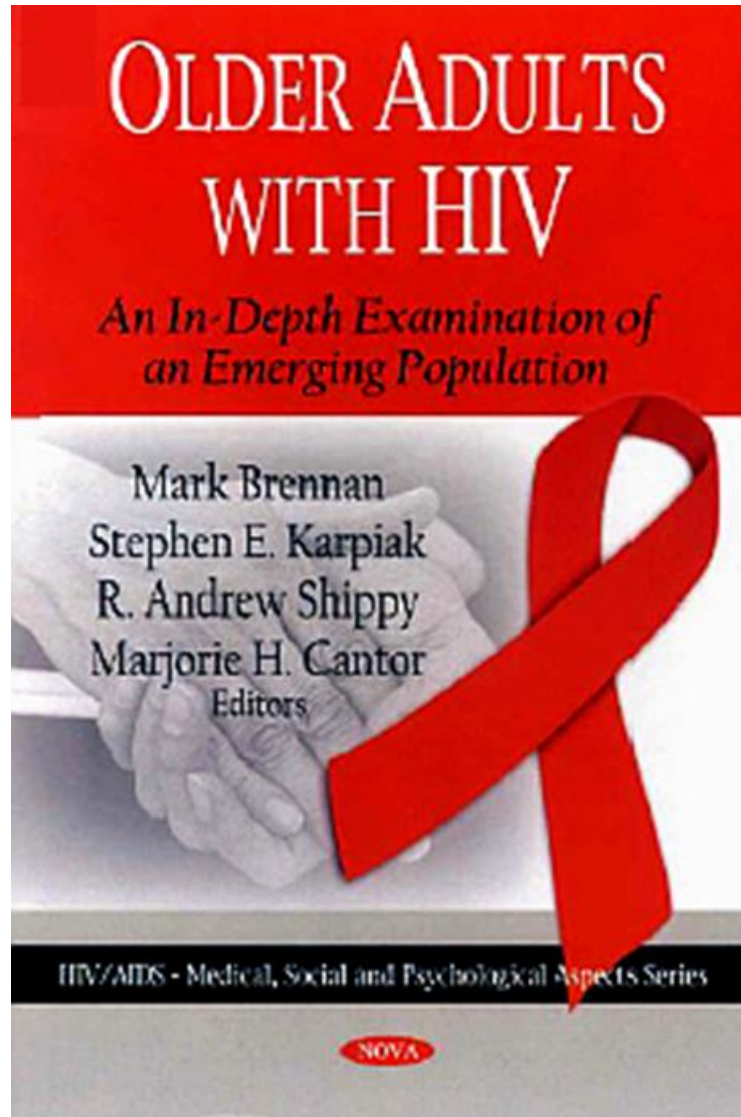
Why Social Supports among PWH are Important

Older PWH have high levels of comorbid physical and mental health conditions that require care and assistance now and in the future.

Government and community-based services are being stretched due to:

- The aging of the population in general
- Decreased funding and program cutbacks due to budget shortfalls
- Recalibrating health and social services due to the COVID-19 pandemic (remote vs. in-person)

AIDS Service Organizations (ASOs) lack experience in serving an older population whose needs may differ from those of younger PWH.



Source of Data

Research on Older Adults with HIV (ROAH)
(Brennan, Karpiak, et al., 2009; Karpiak et al., 2006)

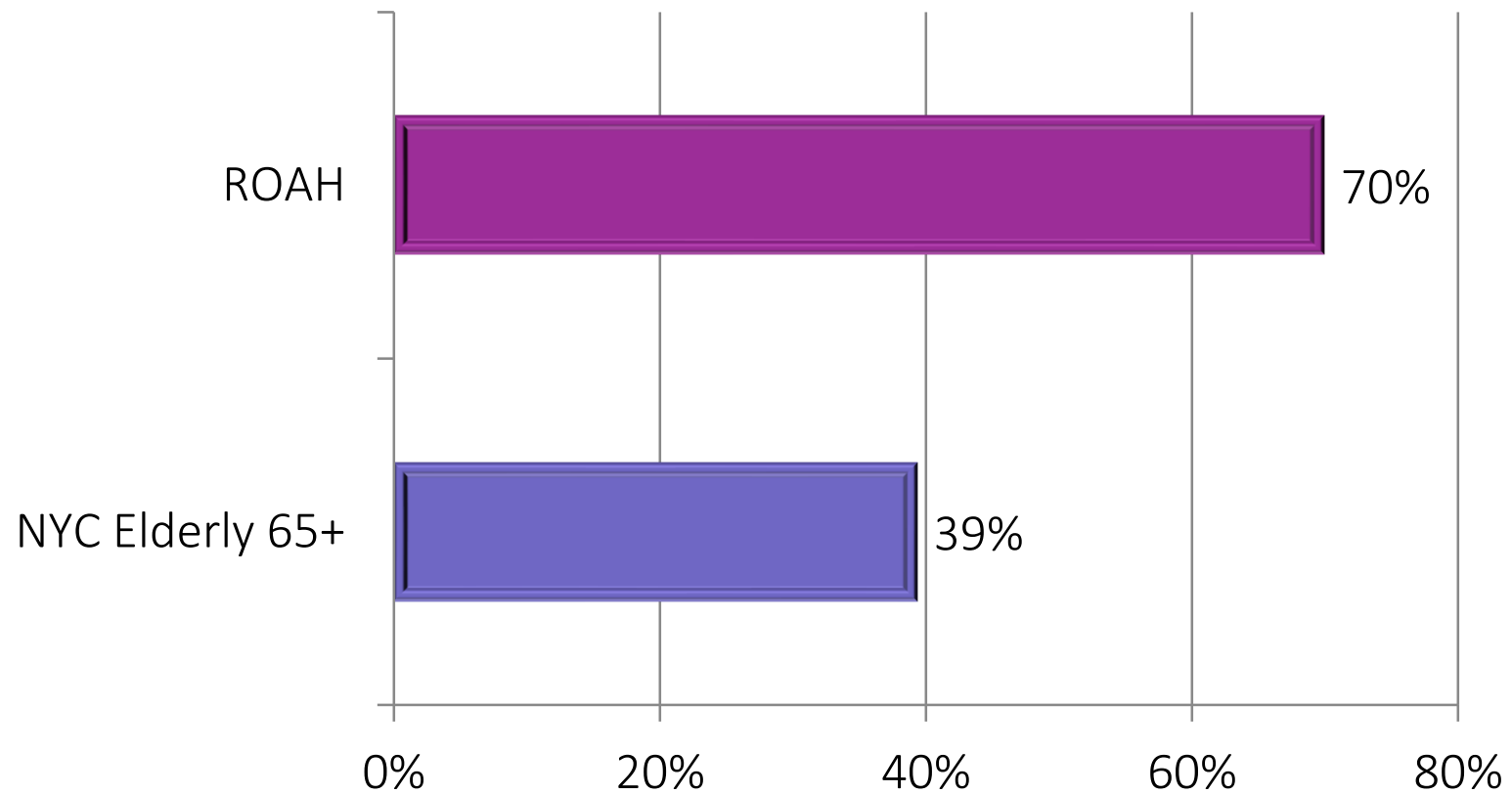
Adults 50+ with HIV living in or receiving services in
New York City

N = 914

Comprehensive survey of health and psychosocial
needs, including psychological well-being and
impact of stigma.

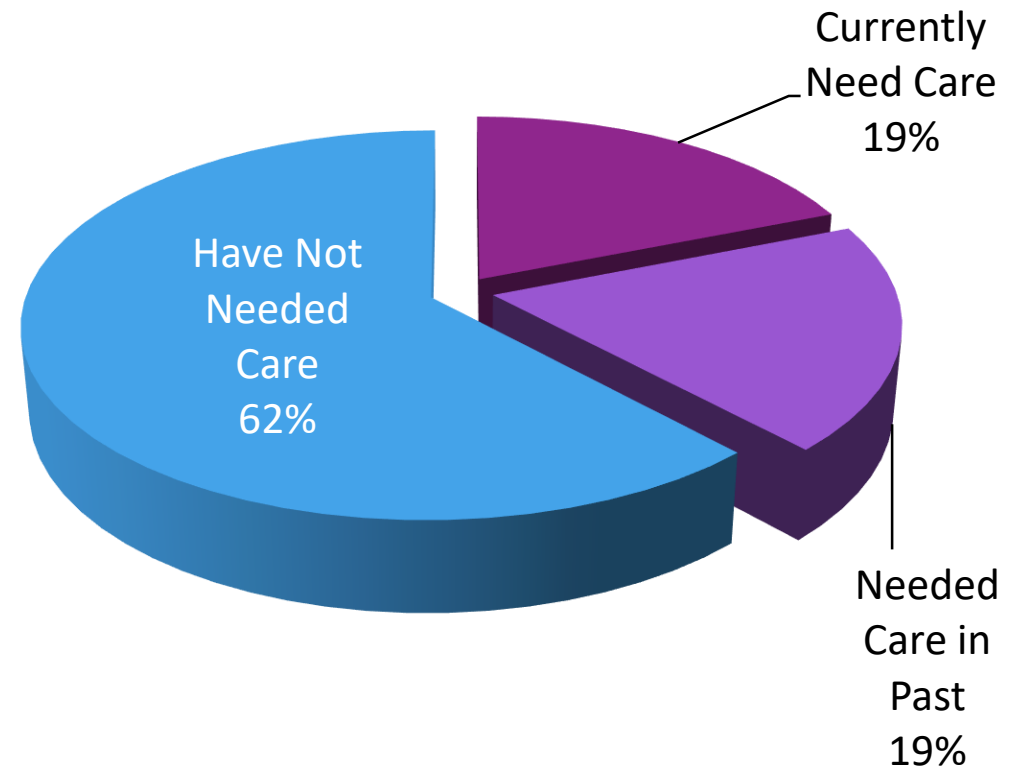
Approved by Copernicus Group IRB

Living Alone: ROAH vs. NYC Adults 65+



Need for Caregiving: PWH 50+

- Average Age = 55.5 Years
- Average Number Comorbid Conditions = 3.4
- 46% reported difficulty with at least one Instrumental ADL
- 22% reported difficulty with at least one Personal ADL



Brennan, M., Karpiak, S. E., London, A. S., & Seidel, L., (2010). *A Needs Assessment of Older GMHC Clients Living with HIV*. <http://www.acria.org/files/GMHCFinal.pdf>

Typology of Social Networks of Older PWH

In order to better understand the social networks of older PWH, we conducted a cluster analysis on a variety of social network and demographic characteristics:

- degree of face-to-face and telephone contact with different social network members (i.e., functionality)
- living arrangements
- religious participation

The final analysis identified three groups that were significantly different (Chi-square tests with Bonferroni adjustment for multiple comparisons)

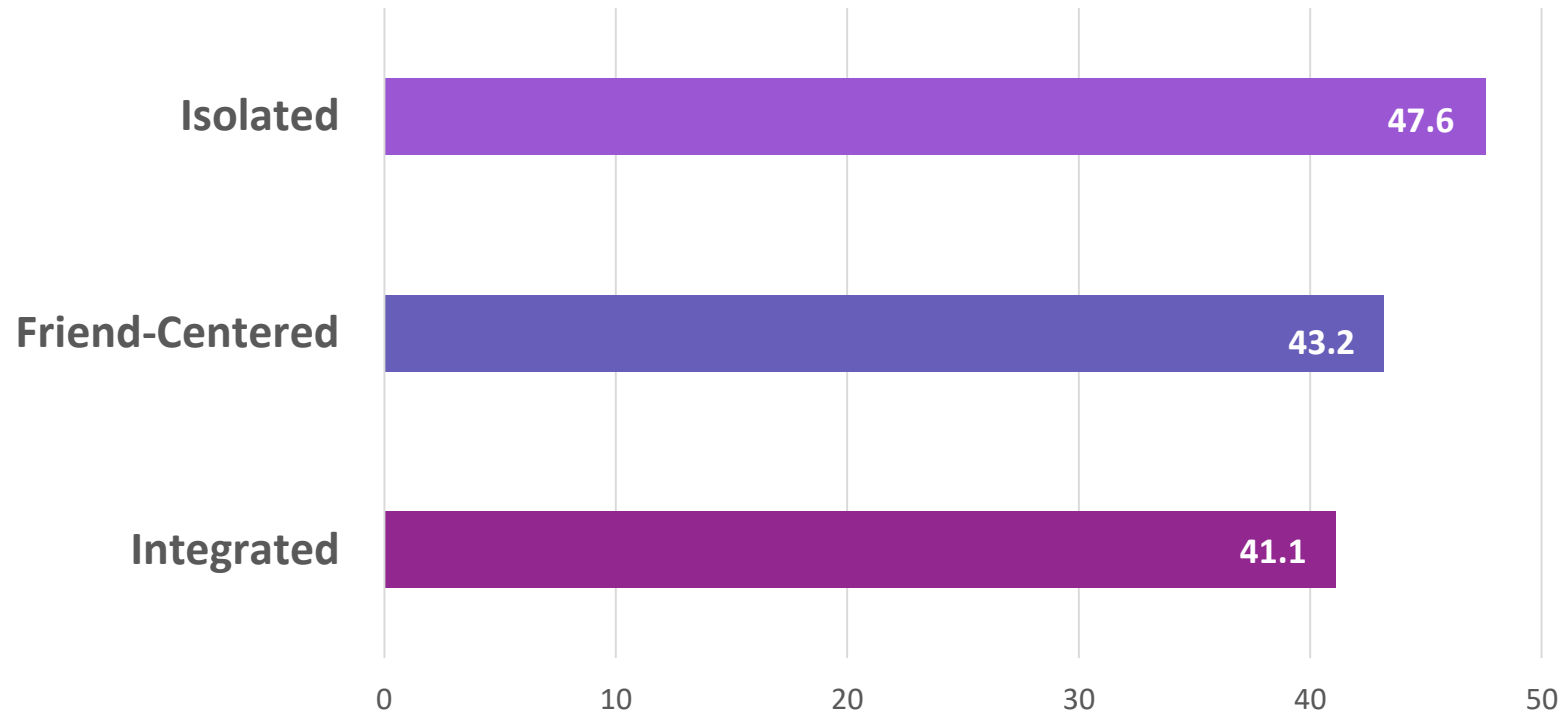
Social Network Types

Isolated (32%), the most socially isolated, had intermediate contact with their children, little contact with other family members or friends, and little interaction with religious groups

Friend-Centered (35%) had contact with friends but not with children, family, or religious groups.

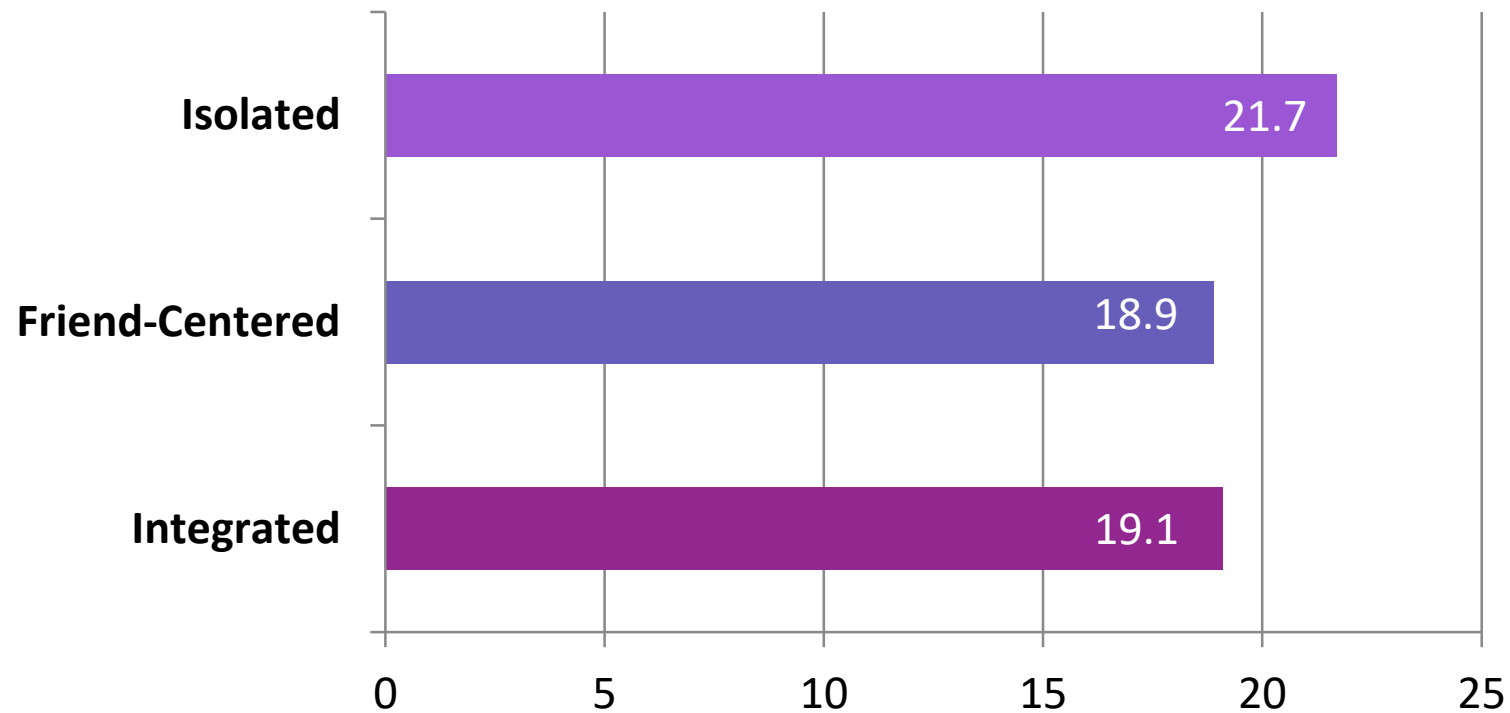
Integrated (33%) had the broadest spectrum of relationships, including children, family, friends, and the highest levels of religious participation

UCLA Loneliness Scale by Network Type



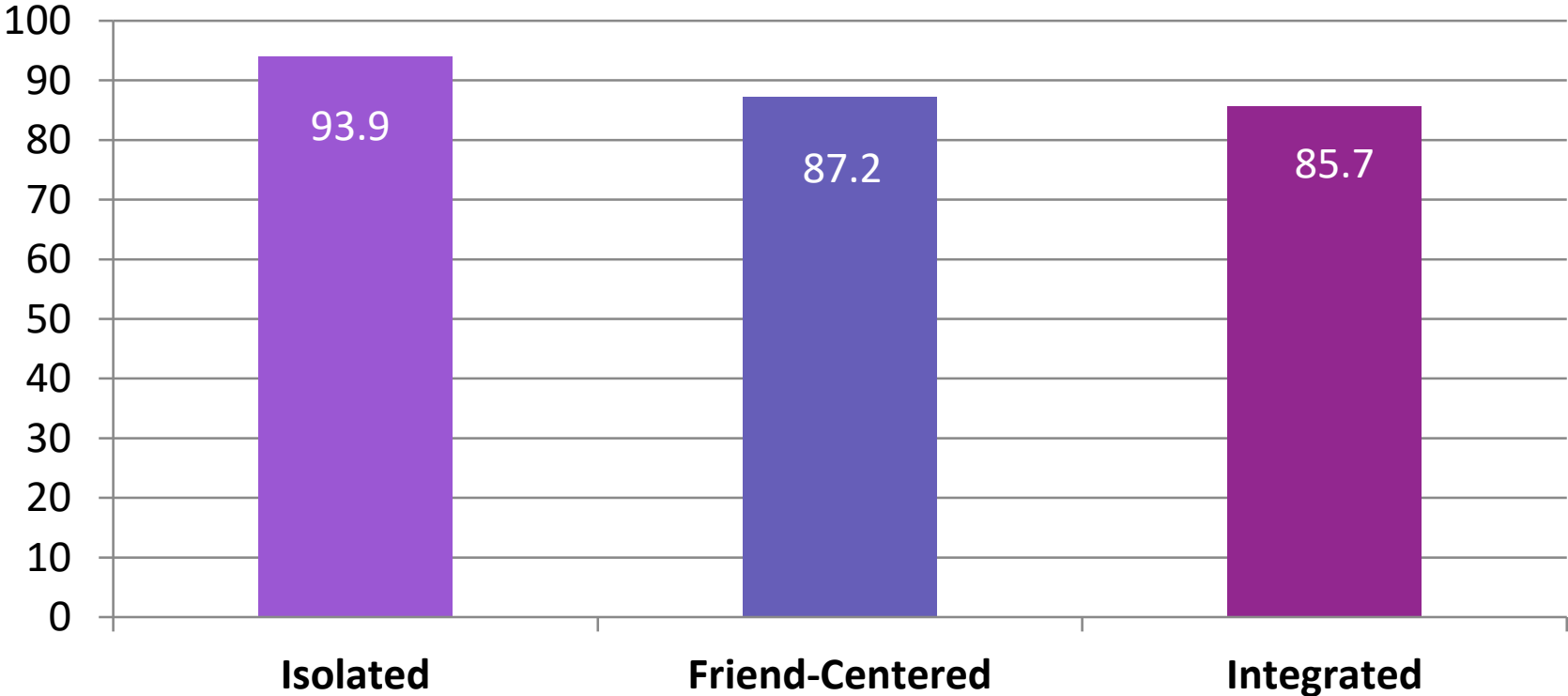
UCLA Loneliness Scale; Russel, 1996

Depression by Network Type



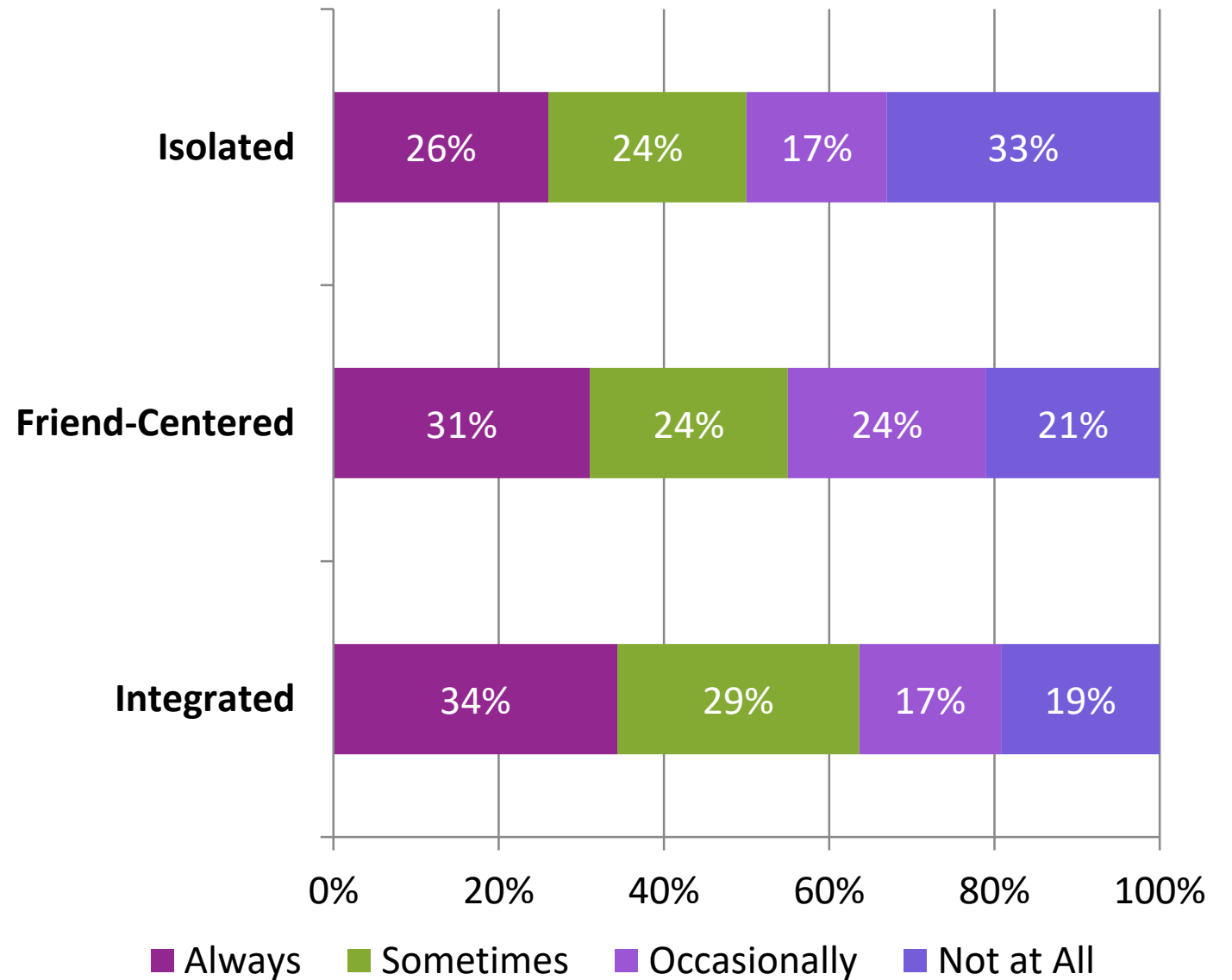
Center for Epidemiological Studies Depression Scale [CES-D]; Radloff, 1977

HIV Stigma by Network Type

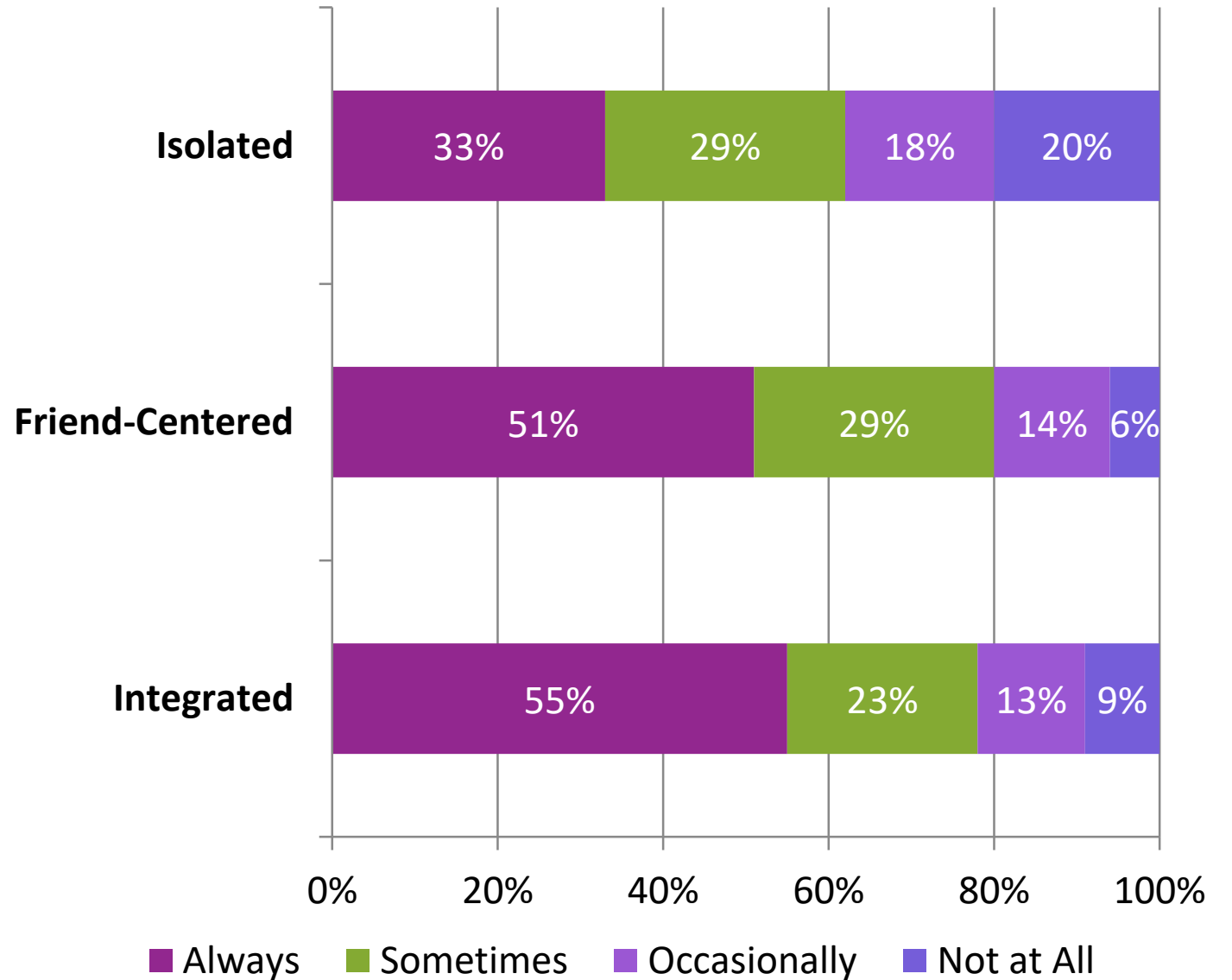


HIV Stigma Scale; Berger, Ferrans, & Lashley, 2001

Instrumental Help Availability



Emotional Support Availability



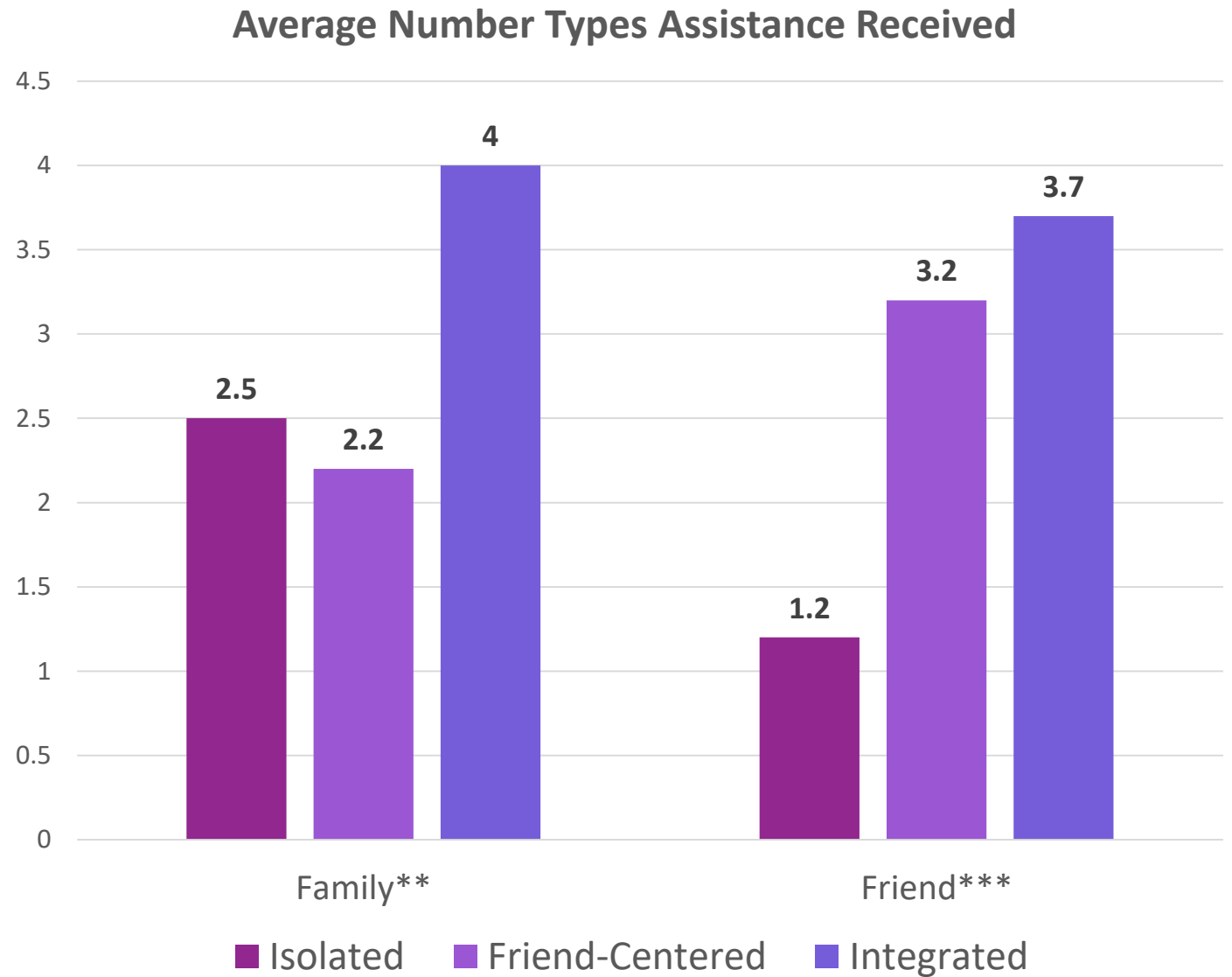
Support from Family

	Isolated %	Friend-Centered %	Integrated %
Shop/Run Errands***	31.9	20.8	51.6
Keep House/Prepare Meals***	27.0	17.3	44.1
Take/Drive Places***	21.8	15.7	44.1
Mail/Correspondence***	24.2	16.6	32.0
Manage Money/Pay Bills***	22.8	13.7	28.8
Give Advice***	35.4	38.0	57.5
Talk When Feeling Down/Low***	48.4	51.1	71.9
Talk About Personal/Family Problem***	42.1	48.2	71.6
* p < .05, ** p < .01, *** p < .001			

Support from Friends

	Isolated %	Friend-Centered %	Integrated %
Shop/Run Errands***	17.9	30.4	48.7
Keep House/Prepare Meals***	11.6	23.0	25.8
Take/Drive Places***	11.9	23.0	46.4
Mail/Correspondence**	10.2	16.9	19.9
Manage Money/Pay Bills*	10.2	15.3	17.0
Give Advice***	16.5	61.7	59.5
Talk When Feeling Down/Low***	26.3	73.8	75.8
Talk About Personal/Family Problem***	17.9	76.0	74.2
* p < .05, ** p < .01, *** p < .001			

Aggregate Help from Network



Summary

Those with *Friend-Centered* network types received most of their assistance from friends, but still less than the *Integrated* group who had reported a greater variety of functional family members.

However, for those with *Friend-Centered* networks, the amount of assistance received from friends did not compensate for the lack of family support.

The *Isolated* reported significantly lower levels of assistance, lower perceptions of support availability and adequacy, greater stigma and psychological distress, and lower well-being compared to their peers.

Conclusions

While friends dominate many social networks in this population, a more nuanced interpretation is needed; many have no friends and a substantial proportion receive significant family support.

Those with *Isolated* network types will likely need to access a high volume of community-based services as they age as they lack informal support resources.

COVID-19 & HIV

The COVID-19 pandemic may be triggering for older people who came of age during the darkest days of the HIV pandemic:

- “Just like HIV there’s that ‘Who’s next?’ sort of thing. When they said, this affects people with compromised immune systems, I thought, what does that mean to us?” [Larry Pike, 76, Seattle]¹
- “Living in the epicenter of a pandemic as a person in a high-risk group should be a once-in-a-lifetime experience.” [Me, age 61, NYC]

¹ <https://www.statnews.com/2020/06/10/people-with-hiv-confront-covid19/>

Will COVID-19 Increase Social Isolation?

Social distancing, self-isolating, and quarantine are our primary tools to halt the COVID-19 pandemic -- how will this affect older people with HIV?

- Older people with HIV who are socially isolated have higher levels of depressive symptoms, loneliness, and HIV stigma.
- Substance misuse is prevalent among older PWH – will it get worse due to isolation and stress?
- Social support is critical for care engagement and treatment adherence – will engagement/adherence be impacted by greater social isolation due to the pandemic?
- The most prominently expressed service need among older people with HIV is the need for socialization. How can this need be met in the context of COVID-19 mitigation measures?
- How will social distancing and isolation impact the availability of caregivers and other helpers for older PWH in need?

Thank You!

For Further Information Please Contact:

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