

Patterns of Social Isolation and Engagement among Older Adults with HIV

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Presenter Disclosures:

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Background

- Adults aging with HIV face ongoing challenges, such as the early onset of comorbid physical and mental health problems (Chesney, et al, 2003; Emlet, 2006b).
- This forebodes an impending crisis in informal caregiving for this population.
- If informal caregivers are not available, this aging HIV population will need to access costly formal long-term care services.

Social Isolation vs. Loneliness

- **SOCIAL ISOLATION**: the objective absence of family and friends, which contributes to feelings of marginalization and rejection (Weiss, 1974).
- **LONELINESS** is a psychological state characterized by feelings of lack of intimacy/social interaction.
- Research finds that **social isolation** does not always translate into feelings of **loneliness**, supporting the independence of these two constructs

Social Isolation among Older Adults with HIV

- Thirty-nine percent of adults over 50 with HIV are socially isolated as compared with 25% of younger adults (Emlet, 2006).
- Social isolation may be even more prominent due to **HIV stigma** among certain subgroups (Emlet, 2006; Lichtenstein et al., 2002):
 - African Americans
 - heterosexual women



Life Experience Factors and Social Isolation

- Social isolation seen in the older adult with HIV also finds its roots in life experiences that are independent of but related to HIV-infection:
 - Incarceration
 - Homosexuality
 - Intravenous drug use
- Others are socially isolated because they have lost partners, family or friends to HIV/AIDS

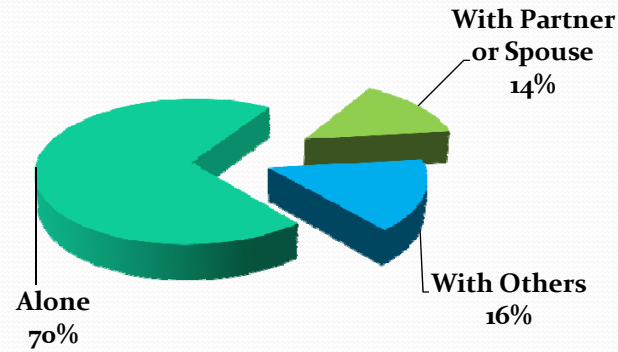
Purpose

- To examine the social isolation among older people with HIV
- To examine how social isolation affects loneliness, the availability of support and psychological health of this growing cohort of older adults.

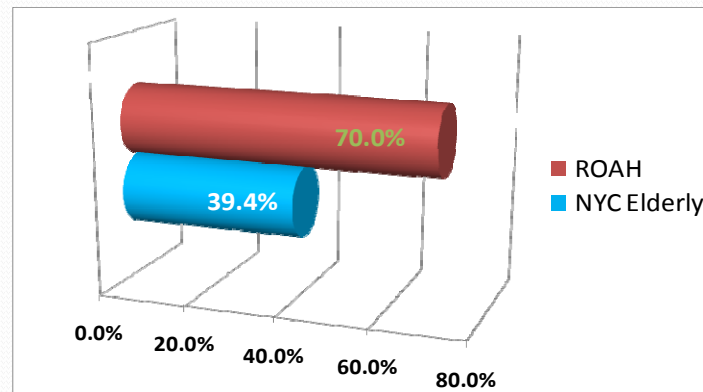
Method

- Data were obtained from “Research on Older Adults with HIV” (Karpiak et al., 2006).
- Cluster analysis of social network characteristics (e.g., persons in network, frequency of contact) was used to develop a typology of social isolation for this group.
- The second stage of analysis employed a quasi-experimental design of social isolation clusters.
- Differences in social network resources and psychological distress based on social isolation group were examined using Chi-square analysis and Multivariate Analysis of Variance (MANOVA), respectively.

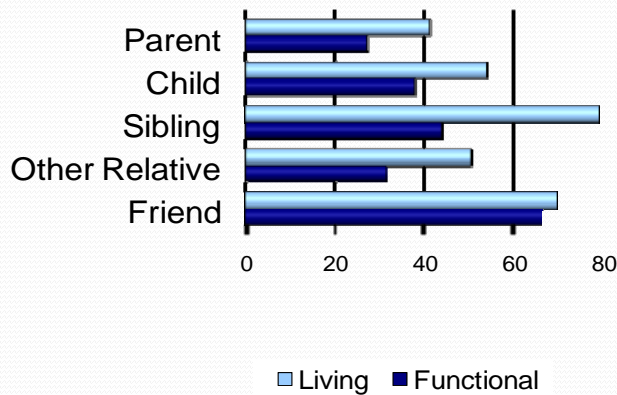
Older Adults with HIV: Living Arrangements



Proportion Living Alone: ROAH (age 56) vs. Community- Dwelling NYC Elderly (65+)



Fragile Social Networks in ROAH



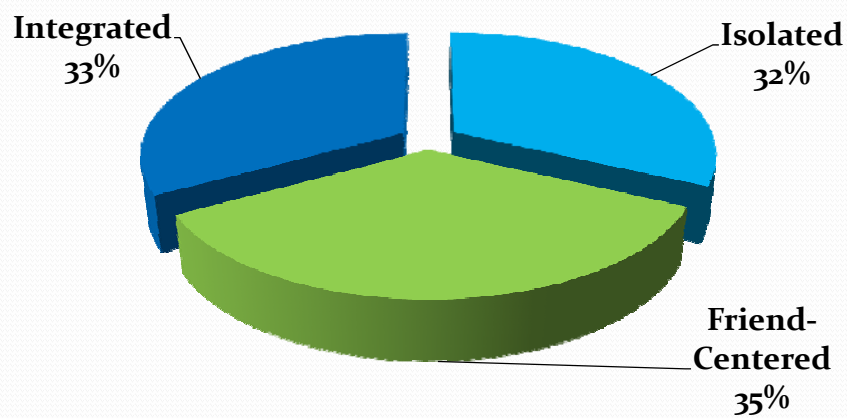
Cluster Analysis

- Cluster analysis was based on sociodemographic and social network characteristics:
 - living arrangements
 - employment
 - language
 - history of incarceration
 - religious participation
 - whether religious participation was affected by HIV
 - time since HIV diagnosis
 - degree of face-to-face and telephone contact with social network members

Cluster Analysis II

- After an initial two-step cluster procedure, a number of variables were dropped from the analysis:
 - employment
 - language
 - incarceration
 - religious participation affected by HIV diagnosis
 - time since HIV diagnosis
- The final cluster analysis identified three groups that were significantly different (Chi-square tests with a Bonferroni adjustment for multiple comparisons)

Social Isolation Groups



Description of Social Isolation Groups

- **Isolated** group had intermediate contact with their children, little contact with other family members or friends, and little interaction with religious groups.
- **Friend-Centered** group had contact with friends but not with children, family or religious groups.
- **Integrated** group had the broadest spectrum of relationships, (children, family, friends), and the highest levels of religious participation.

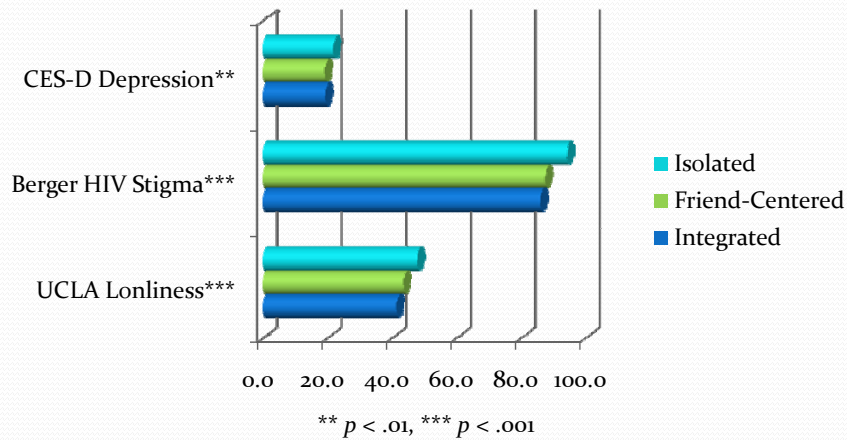
Social Isolation by Cluster Variables

Contact with:	Isolated	Family Isolates	Integrated
Children	Little	None	High
Other family	None	None	High
Friends	None	Moderate	Little
Lives with others	Moderate	Little	None
Lives with friend	None	Moderate	Little
Lives with relative	None	None	High
Religious attendance	None	None	High

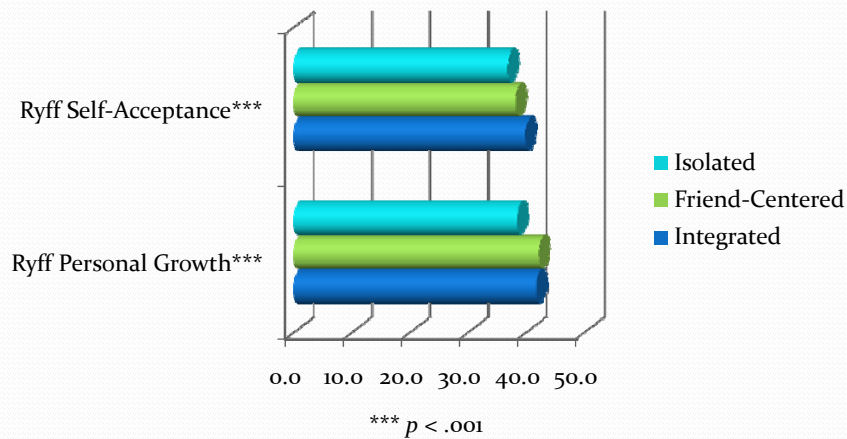
Legend: Degree of interaction

Little	Moderate	High
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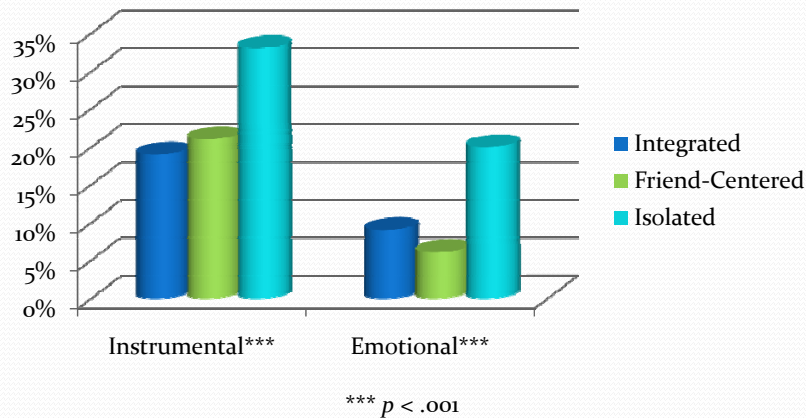
Psychological Distress by Social Isolation Group



Psychological Well-being by Social Isolation Group



Unavailability of Instrumental & Emotional Support



Conclusions

- A substantial proportion of the older adults with HIV experience a lack of fulfilling relationships that might otherwise meet their needs and expectations for social contact.
- One-third of the group is extremely isolated, with little contact with family members or others.
- These **Isolated** older adults with HIV had significantly higher levels of psychological distress, and significantly lower levels of psychological well-being compared with their peers.

Limitations

- Use of a convenience sample [however, the demographic profile of ROAH respondents closely parallels epidemiological data on older adults with HIV living in New York City].
- Data were cross-sectional so that one cannot determine the causal influence of the variables of interest in the current analysis.

Implications

- Socially isolated older adults with HIV were the most likely to report that instrumental and emotional support were not available.
- Social isolation among older adults with HIV will have a negative impact on their ability to secure caregiving and other forms of social support as they age.
- Community-based organizations and aging service providers must assume a larger role and become part of the formal social support system of older persons with HIV.

For more information:

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