

## EVERYDAY AGEISM AND HEALTH: EVIDENCE FROM THE NATIONAL POLL ON HEALTHY AGING

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This study examined the prevalence of everyday ageism, routine types of age-based discrimination, prejudice, and stereotyping that older adults encounter in their daily lives, and its relationships with health in a nationally representative sample age 50-80 (N=2,048, 52% female, 71% White). Nearly all older adults said they sometimes or often experienced everyday ageism (96% age 65-80, 92% age 50-64). The most common types were beliefs that health problems were an inevitable part of getting older (78%), hearing jokes about aging/older people (61%), and seeing material suggesting that older adults were unattractive/undesirable (38%). Those reporting more experiences with everyday ageism (>3 types) were less likely than those reporting fewer types to have excellent/very good physical health (31% vs. 50%); similar results were found for mental health (60% vs. 80%). This poll documented the ubiquity of minor, but not inconsequential, everyday ageism reported by older adults and its potential ramifications for health.

## REFRAMING AGING: A GENERATION'S WORK

Patricia D'Antonio, *The Gerontological Society of America, Washington, District of Columbia, United States*

The Reframing Aging initiative, led by GSA on behalf of the Leaders of Aging Organizations, is a long-term, grant-funded social change endeavor designed to improve – or “re-frame” the public's understanding of what aging means and the many contributions older people bring to society. Using evidence-based research, the initiative seeks to teach advocates how to tell an effective story about aging that will promote positive perceptions of aging and reduce ageism. This session will explore GSA's efforts to address ageism through Reframing Aging and the policy implications of this important initiative and will include lessons learned from experts who are utilizing reframing aging in their teaching and practice.

## SESSION 6280 (SYMPOSIUM)

### THE IMPACT OF INTERSECTIONAL IDENTITIES ON OLDER PEOPLE WITH HIV

Chair: Mark Brennan-Ing

Discussant: Charles Emler

Kimberlé Crenshaw introduced the term “intersectionality” in the late 1980s to highlight the experience discrimination and marginalization of Black and African-American women originating from the confluence of their racial/ethnic and gender identities. Since that time the focus on intersectionality has broadened to consider other communities and individuals who may have multiple stigmatized and discredited identities, including older people with HIV (PWH). For example, Porter and Brennan-Ing described the “Five Corners” model as the intersection of ageism, racism, classism, sexism, and HIV stigma for

older transgender and gender non-conforming PWH. HIV disproportionately affects marginalized communities (e.g., racial/ethnic and sexual minorities). Thus, for older PWH it is important to consider how HIV stigma may intersect with other marginalized identities and impact physical and psychological well-being. The first paper in this session examines how the intersection of HIV serostatus, gay identity, and age complicates identity disclosure, leading to social isolation and interference with care planning. The second paper describes how intersectional identities among older PWH interfere with access to mental health services in a population that is disproportionately affected by depression and PTSD. Our third paper examines the role of race, education, and behavioral health in neurocognitive functioning among a diverse sample of older HIV+ gay and bisexual men. Our last paper examines neurocognitive functioning among older Latinx PWH, finding that sexual and gender minorities were at greater risk for impairment. Implications of these findings for research and programming that accounts for the effects of intersectionality among older PWH will be discussed.

### LOOKING AHEAD: INTERSECTING INFLUENCES ON OLDER GAY MEN LIVING WITH HIV

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Older HIV-positive gay men live at the intersection of multiple inequalities—with cascading effects on their present and future lives. This qualitative study explored how they plan for their future, with a focus on Advance Care Planning—the process of reflecting/communicating preferences and values for future health and end-of-life care. Seven French-speaking gay men aged 55+ in Montreal, Canada participated in a focus group that was audio-recorded, transcribed and thematically analyzed in four steps. Findings suggest the intersection of sexual orientation and HIV-positive status exacerbated self-disclosure issues; the further addition of age led to preoccupation with day-to-day living and rendered these men vulnerable to social isolation. These tensions not only interfered with their capacities to talk about future care, but also created barriers to thinking about future care. These findings describe the multiple layers and compounding consequences of inequality among older gay men living with HIV.

### INTERSECTIONAL STIGMA AND BARRIERS TO MENTAL HEALTH AMONG OLDER ADULTS WITH HIV IN SAN FRANCISCO

Paul Nash,<sup>1</sup> Mark Brennan-Ing,<sup>2</sup> Tonya Taylor,<sup>3</sup> and Stephen Karpiak,<sup>4</sup> 1. *University of Southern California, Los Angeles, California, United States*, 2. *Hunter College, CUNY, New York, New York, United States*, 3. *SUNY Downstate Health Sciences University, Brooklyn, New York, United States*, 4. *ACRIA Center on HIV & Aging at GMHC, New York, New York, United States*

For older adults with HIV, forms of privilege and oppression (racism, poverty, limited access to quality education, and inequalities in criminal justice system) intersect with

stigmatized social identities (immigrant status, non-cisgender identity, sexual orientation, depression, and addiction) that may increase cumulative burden of psychological distress, contribute to poor clinical outcomes, and create disparities in health care utilization. Using survey and focus group data from the San Francisco ROAH 2.0 (Research on Older Adults with HIV) site, we explored how layered intersectional identities (minority affiliation, gender and sexual orientation), life experiences (immigration, trauma) and forms of systemic oppression (poverty, low educational attainment, and incarceration) impact the utilization of mental health supportive services. Immigrants, minority women, and heterosexual men had higher burdens of depression compared to their white counterparts. Similarly, inhabiting multiple stigmatized identities resulted in both low and variable levels of mental health care utilization, suggesting need for targeted intervention efforts.

#### THE INTERSECTION OF MENTAL HEALTH, SELF-REPORTED NEUROCOGNITIVE FUNCTIONING, AND EDUCATION IN OLDER HIV+ GAY MEN

Kristen Krause, *Rutgers University, Piscataway, New Jersey, United States*

Older people living with HIV/AIDS (PLWHA) face different mental and neurocognitive challenges related to their health and well-being. Using data from a cross-sectional study (n=250) on older (age 50-69) gay men living with HIV/AIDS in NYC, this study examined the multi-level associations between self-reported neurocognitive functioning, mental health, and key sociodemographics (age, race/ethnicity, financial situation, and education). Findings suggest those who have higher self-reported neurocognitive functioning have higher levels of education, better self-rated health, and lower levels of PTSD and depression ( $p < 0.01$ ). Differences were not observed based on race/ethnicity, financial situation, and age. The overall findings demonstrate educational differences in self-reported cognitive functioning among older HIV+ gay men and highlight the importance of enhancing interventions and policies to promote better cognitive and mental health outcomes. More research is warranted to understand the intersection of education and cognitive performance among other sub-groups of PLWHA to understand whether these findings are consistent.

#### INTERSECTIONALITY AND COGNITIVE IMPAIRMENT RISK IN OLDER PERSONS WITH HIV: AGE, ETHNICITY, AND LGBT STATUS

Monica Rivera Mindt, Micah Savin, Angela Summers, Jordan Stiver, and Alex Slaughter, *Fordham University, New York, New York, United States*

The Latinx population is disproportionately affected by HIV-infection and older Latinx persons living with HIV (PLWH) are at greater risk for neurocognitive impairment (NCI). However, no studies have examined whether intersectionality (including Lesbian Gay Bisexual Transgender [LGBT] status) increases NCI risk. This study investigated whether LGBT status increases NCI risk in 126 PLWH (Ages 19-73 years; 74% Male; 66% Latinx, 34% NHW) who completed a comprehensive NC battery. Domain average T-scores were based on demographically-corrected norms. Multiple regressions revealed that after

accounting for covariates (cocaine use, premorbid IQ) and other dimensions of intersectionality (age, ethnicity), LGBT status significantly contributed to NCI risk in attention/working memory ( $B = -4.50$ ,  $p = .01$ ) and executive functioning (trend-level;  $B = -3.67$ ,  $p = .06$ ). LGBT status, a key dimension of intersectionality, should be considered in NC assessment of PLWH. Future research is needed to identify factors (e.g., discrimination) that may confer increased NCI risk in this population.

### SESSION 6285 (SYMPOSIUM)

#### THE IN-CARE PROJECT: SOCIOECONOMIC INEQUALITIES IN CARE USE AND PROVISION ACROSS COUNTRIES AND OVER TIME

Chair: Marjolein Broese van Groenou

Ageing societies and recent reforms to long-term care (LTC) in many European countries are likely to make informal care by kin and nonkin increasingly critical for fulfilling the care needs of older people. To date, it is unknown whether informal care falls disproportionately on disadvantaged populations. The IN-CARE project (a collaboration of Dutch, UK and German research teams; <http://in-care.fk12.tu-dortmund.de/>) examines if and how LTC reforms exacerbate existing social disparities in care use and provision in older age. To this end, this project compares the socioeconomic status (SES) gradient in formal and informal care across Europe and over time. A particular effort is made to include macro-level indicators of LTC systems in cross-level analyses across countries. The first paper presented in this symposium by the UK team studied SES-inequality in care receipt across European nations with different care systems; the second paper presented by the German team studied the same question but now among caregivers, the third paper provides the analyses for caregivers in Japan, and the fourth paper by the Dutch team studies SES-inequalities in care use within the Netherlands over time (1995-2015). The symposium will start off with a short description of the IN-CARE project (2019-2022). Tine Rostgaard agreed to be our discussant.

#### SOCIOECONOMIC INEQUALITIES IN CARE RECEIPT AT OLDER AGES: A COMPARATIVE EUROPEAN STUDY

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This study is among the first to investigate whether and how socioeconomic inequalities in the receipt of formal and/or informal care by disabled older adults vary across long-term care (LTC) systems. We link data from the SHARE survey with LTC system indicators for 136 regions in 12 European countries in 2015. Using multinomial multilevel models with cross-level interactions, we test whether and how income and wealth gradients in the receipt of only informal, only formal, and mixed care vary with the number of beds in residential LTC facilities across regions. We find pro-rich inequalities in the receipt of formal and mixed care only in regions with low or intermediate numbers of LTC beds, and no inequalities in regions with greater availability of