

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

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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 “reframe” 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

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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