Social distancing and shelter-in-place orders designed to curb the spread of COVID-19 increased isolation among persons with memory concerns (PWMC) and increased the burden on individuals providing their care. Technology, such as smartphones or tablets, has demonstrated potential to improve the social connections and mental health of older adults; however, older adults historically have been reluctant to adopt new technology. We aimed to understand why some PWMC and their caregivers used new technology to adapt to lifestyle changes during the COVID-19 pandemic while others did not. In this study, we used data collected in 20 qualitative interviews from June to August, 2020 with PWMC and their family caregivers to assess changes in and barriers to technology use. Qualitative thematic analysis identified three themes which explained motivations for using new technology during a pandemic: 1) seeking relief from caregiver burden, 2) alleviating boredom, and 3) maintaining social connection. Results further revealed lingering barriers to PWMC and caregiver adoption of technologies, including: 1) PWMC dependence upon caregivers, 2) a lack of familiarity with technology, and 3) difficulties using technology. This in-depth investigation suggests that technology has the ability to provide caregivers relief from caregiving duties and provide PWMC with more independence during periods of pronounced isolation.

Session 2330 (Symposium)

THE SILENT MAJORITY: AGING WITH HIV

Chair: Paul Nash
Discussant: Molly Perkins

Those over the age of 50 represent the majority of people living with HIV (PWH), most of the HIV research, prevention and service retention work is targeted at ‘at-risk’ communities under age 50. Given this diverse and growing population, intersections of age with HIV need to be prioritized. This focus would actively increase quality of care and life experience for older PWH and the growing numbers transitioning into old age. Using local, national, and international data, this symposium will highlight the unmet social needs of older PWH. Presentations will provide evidence of unmet need, decreased self-esteem, enhanced health burden, and the damaging nature of stigma. Given the impact of COVID-19 globally, the data will further demonstrate the need to support immunocompromised older PWH. Older PWH are a marginalized community and the effects of COVID-19 have been disproportionately severe. With the adverse health outcomes experienced because of COVID-19 and intersectional stigma, it is important to understand the support structures that are and are not in place for older PWH. Advance care directives make up an integral part of future planning, especially for those living with chronic health concerns, yet little research has previously evidenced the steps taken by OPWH. Finally, using data from sub-Saharan Africa, emotional and instrumental social support sufficiency will be described to highlight the unmet needs of these older PWH. Our discussion will focus on the need for policies and programs to support this growing segment of the HIV population with increasingly diverse and unmet needs.

FAILING TO PLAN IS PLANNING TO FAIL: UTILIZATION OF ADVANCE CARE DIRECTIVES IN OLDER ADULTS LIVING WITH HIV

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Advance Care Planning (ACP) makes up an integral part of the care continuum, especially for those living with chronic conditions such as HIV. Little research exists to understand how intersections of race, gender, sexuality and gender identity combine to influence the choices made by older adults living with HIV regarding ACP. The Research on Older Adults with HIV (ROAH) 2 study collected data from across the US and investigated the incidence and range of ACP amongst those 50+ living with HIV. Correlational analysis indicated that being White was significantly related to having at least one directive (R=0.070, p=0.035) where being African American correlated negatively with several forms of ACP. Additionally, there were also significant relationships between being Transgender, being gay, and being a woman as to the engagement with ACP options. Further analysis explored the impact of finance, self-rated health and social support networks.

LIVING WITH HIV THROUGH THE COVID-19 PANDEMIC: IMPACTS ON OLDER ADULTS IN NEW YORK CITY

Annie Nguyen,1 and Stephen Karpiak,2 1. University of Southern California, Alhambra, California, United States, 2. GHMC, New York, New York, United States

New York City was among the first to institute physical distancing and shutdowns to curb community spread of COVID-19. The pandemic has amplified issues related to isolation. We investigated the challenges created by the pandemic older adults living with HIV in NYC. 137 participants were recruited Sept-Nov 2020 from the oldest ASO in NYC, to complete surveys. Demographics: mean age=60.4; 58.3% men; 43.1% black/AA, 24.1% white; 48.9% gay, 30.7% straight; mean years living with HIV= 23.0, 92.6% reported undetectable viral loads. About one-third experienced hunger/food insecurity during the pandemic and 48.2% said they were not getting enough financial support from usual sources. Some (43.3%) reported skipping doses of HIV medications and 69.8% felt more isolated compared to before the pandemic. Those who lived alone (77.4% of total) were significantly more likely to report feeling depressed, follow
media coverage on COVID-19, skip HIV medications, and experience changes in sleep patterns.

PERCEPTIONS OF SOCIAL SUPPORT SUFFICIENCY AMONG OLDER ADULTS WITH HIV IN SUB-SAHARAN AFRICA
Mark Brennan-Ing, Jennifer Kaufman, Kristen Porter, Catherine MacPhail, Janet Seeley, and Stephen Karpia,
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Globally, the greatest number of older people with HIV (OPWH) are in sub-Saharan Africa (3.7 million). This population will continue to expand with greater access to anti-retroviral therapy. Compared to OPWH in high income counties, these OPWH have constrained access to government and community-based services and largely rely on assistance from family, friends, and neighbors for their social support needs. We examined factors related to perceptions of instrumental and emotional support sufficiency (availability and adequacy) among OPWH age 50 and older in Uganda (n = 101) and South Africa (n = 108).

Significant covariates of instrumental support sufficiency included not having an AIDS diagnosis, greater support from family, and less support from friends. Significant covariates of emotional support sufficiency were fewer depressive symptoms, greater support from family, and geographic location (Uganda). Explanation of these findings based on social network characteristics and implications for policy and program development will be discussed.

STIGMA IMPACTS HEALTH DISPARITIES AND INEQUITIES IN LGBTQ AND PEOPLE OF COLOR AGING WITH HIV
Anna Egbert, Paul Nash, Mark Brennan-Ing, and Stephen Karpia,
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The impact of stigmatizing attitudes and discriminatory behaviors on health disparities and inequities in non-heterosexual individuals, people of color (PoC), older adults, and persons living with HIV becomes increasingly recognized. This quartette of stigmatized characteristics elevates the risk of barriers to medical services, burden of disease and unfavorable health outcomes in LGBTQ-PoC aging with HIV. Using data from ROAH 2.0 study (N=723), we explored facets of stigma, barriers to medical services and health status in racial/ethnic minorities of older adults with HIV (OAH) living in California, New York, and Illinois. Stigma was evident in >50% of OAH who expressed reservation to self-disclose HIV status. Importantly, 20%-24% of Asian, Black/African-American, Hispanic/Latinx and Multiracial vs. 7% White OAH withheld this information from at least one health care provider. Over 10% of OAH experienced prejudice/discrimination while accessing service. Non-disclosure and prejudice/discrimination were linked to lower self-rated health status, thus, evidencing stigma-related health burden.

Session 2335 (Symposium)

THE WISCONSIN LONGITUDINAL STUDY: NEW COGNITIVE, GENETIC, BIOLOGICAL, AND SOCIAL DATA AND A DIVERSIFYING SAMPLE
Chair: Michal Engelman

The Wisconsin Longitudinal Study (WLS) has followed a sample of one in three Wisconsin high school graduates from the class of 1957 for over 64 years, making it an excellent data source for researchers interested in linking early and midlife characteristics to a wide range of later-life outcomes. The WLS is unique among major studies of aging cohorts for its duration of follow up, the inclusion of siblings, and the combination of rich social and health information. This symposium will provide an overview of the WLS, describe recent data collection and linkages, and introduce ongoing efforts to diversify the educational and racial/ethnic composition of the study sample. WLS data cover nearly every aspect of the participants’ lives from early life socioeconomic background, schooling, family, and work, to physical and mental health, social participation, civic engagement, well-being, and cognition. The study is linked to administrative data including Medicare records, Social Security records, mortality records, and resource data on primary and secondary schools attended by participants as well as characteristics of their employers, industries, and communities of residence. Recent data collection efforts have generated a wealth of new biological and cognitive information, including genetic data collected from saliva and blood samples, measures of the gut microbiome, and derived polygenic scores for educational attainment, cognitive performance, depression, and subjective well-being. The currently-fielding ILIAD effort is implementing rigorous AD diagnostic protocols to track the progression of dementia across cognitive phenotypes. The symposium will conclude with practical information on accessing and using the data.

THE WISCONSIN LONGITUDINAL STUDY: OVERVIEW, DATA LINKAGES, AND FUTURE PLANS
Michal Engelman, University of Wisconsin-Madison, Madison, Wisconsin, United States

The WLS is a study of Wisconsin high school class of 1957 graduates, with follow-ups in 1964, 1975, 1993, 2004, 2011, and 2020. The data reflect the life course of the graduates (and their siblings), initially covering education, switching to family, career, and social participation in midlife, and physical and mental health, cognitive status, caregiving, and social support as respondents age. The WLS is linked to multiple administrative data sources including: parent earnings from state tax records (1957-60) and Social Security earnings and benefits for respondents; 1940 Census