that are and are not in place for older PWH. Advance care planning 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.

### 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

**Paul Nash,** Annie Nguyen, Anna Egbert, Mark Brennan-Ing, and Stephen Karpiak  
1. **University of Southern California,** Los Angeles, California, United States,  
2. **University of Southern California,** Alhambra, California, United States,  
3. **Ronin Institute,** Montclair, New Jersey, United States,  
4. **Brookdale Center for Healthy Aging:** Hunter College, CUNY, New York, New York, United States,  
5. **GMHC,** National Resource Center on Aging and HIV, New York, New York, United States

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,** and Stephan Karpiak  
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 of 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