
HIV AGE POSITIVELY: A SOCIAL RESPONSE INITIATIVE

FUNDED BY GILEAD'S HIV AGE
POSITIVELY INITIATIVE



ABOUT THE INITIATIVE

Funded through Gilead's HIV Age Positively initiative, PASHWA has launched the HIV Age Positively: A Social Work Response Initiative with the vision of expanding and enhancing care among aging persons living with HIV/AIDS. Through the initiative, PASHWA will: 1) identify social work best practices, 2) develop a social work practice guide, 3) disseminate these educational tools through a variety of avenues, and 4) create a conference track to expanding social work training.

SOCIAL WORK PERSPECTIVES ON HIV AND AGING

Only a few studies provide specific guidance for social work practice, policy and research around the intersectionality among Social Work, HIV, and Aging. These studies explore the role of social work in aging related matters such as cognitive impairment, spirituality, and hardiness. Some themes that emerged from the studies include:

- **Is it Aging or is it HIV?** There are specific implications for social work practice as it relates to cognitive and other aging related needs for older adults living with HIV. Social Workers are in a favorable position to recognize a cognitive decline in clients and provide solutions to address such problems [i],[ii].
- **Social Workers are the meat and potatoes.** Social workers take on a variety of roles in the field of HIV including counselors, housing workers, disability support workers, case managers, system navigators, resource and referral providers, generalists, and specialists. They are positioned to ease the stress and anxiety that clients face as they age with HIV.
- **Aging with HIV is a spiritual journey.** Interventions fostering resilience and strengths in HIV-positive older adults using spirituality should be considered, including the promotion of person-centered spirituality and interventions that include mindfulness and skill building[iii].
- **The concept of hardiness may be used by clinicians, researchers, and clients on how to age successfully with HIV.** Similar to the term protective factors, Vance, Struzick & Masten (2008) describe hardiness to explain how people age successfully, despite traumatic life events and chronic diseases. There are clinical implications and specific interventions for social work that are suggested for enhancing hardiness in people aging with HIV [iv].

GET INVOLVED

To guide the work for this initiative, PASWHA will form a Social Work in Aging and HIV Task Force bringing together social work practitioners, researchers, policy experts, people with lived experience, and allied professionals that will identify the needs of aging persons living with HIV and determine the best way the field of social work can address those needs. If you are interested in participating on the Task Force, email us at rachel@collaborative-solutions.net.

Social Work is an established profession within the HIV sector. *“I think there’s a role for social workers because of the study of especially the family dynamics and interpersonal dynamics. And also they’ve been working in ASOs [AIDS Service Organizations] alongside other people since the beginning of this disease...the social worker that I had came to deal with my illness and help me deal with my family or help them come to terms with it, you know, was of great benefit, and also helped my partner and I kind of work together.”* (I18, 50–59 years old, male).

The person-in-environment perspective sets Social Worker apart from other helping professions. *“And I worked with psychiatrists, psychologists, social workers. The most effective people working with the patients were always the social workers. . .because they look at life from the point of view of the person living it. How they live in a society, rather than as a person who’s got an illness or an ailment or something. They look at the whole person. A more holistic point of view. So just generally, better generalists and specialists in what they do. (70–79 years old, male).”*

Client-centered, non-judgmental service is especially important. *“. . .and that’s why I originally didn’t even want to come to the table to talk about my brain health because I figured okay they’re going to... say somebody’s got a cognitive brain issue okay there’s somehow less of a person. And I didn’t want to do that to myself...I have to learn to deal with it better, yeah. And I think the social workers have to do that too.”* (I15, 60–69 years old, male). *Source: Eaton, Craig & Wallace (2017)*

CITATIONS

- i. Eaton, A. D., Craig, S. L., & Wallace, R. (2017). The intersecting cognitive and aging needs of HIV-positive older adults: Implications for social work practice. *Social Work in Health Care*, 56(8), 733-747. doi:10.1080/00981389.2017.1339759
- ii. David E. Vance PhD, MGS & Thomas C. Struzick MSW/ACSW, LCSW, Med (2007) Addressing Risk Factors of Cognitive Impairment in Adults Aging with HIV, *Journal of Gerontological Social Work*, 49:4, 51-77, DOI: 10.1300/J083v49n04_04
- iii. Emler, Harris, Pierpaoli, & Furlotte. (2018). The journey I have been through: The role of religion and spirituality in aging well among HIV-Positive older adults. *Research on Aging*, 40(3), 257-280. DOI: 10.1177/0164027517697115
- iv. David E. Vance PhD MGS , Thomas C. Struzick MSW/ACSW LCSW MEd & James Masten PhD LCSW (2008) Hardiness, Successful Aging, and HIV: Implications for Social Work, *Journal of Gerontological Social Work*, 51:3-4, 260-283, DOI: 10.1080/01634370802039544