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Perceptions of Aging Well Study: Exploring How HIV-Positive and HIV-Negative Older Adults Successfully Age

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ABSTRACT

Although persons with HIV are living longer with treatment, they also prematurely experience chronic conditions associated with aging. HIV disproportionately affects older non-Hispanic Blacks, and will likely continue to affect Blacks in projected demographics. This study investigates how Blacks in a large, urban area living with HIV view aging as compared to counterparts without HIV. Through in-depth interviews and grounded theory analysis with 20 participants, we developed a theoretical model for how older adults living with HIV view the behavioural and social factors that promote wellness in the aging process. We compared these perceptions with the views of older Black and White persons who are HIV negative. Both groups mentioned healthy aging involved spirituality, trusted social support system, self-care, access and utilization of healthcare resources, and maintenance of an "aging well" identity. HIV positive participants did not perceive living with HIV as a limitation to healthy aging or as a barrier to accessing health care, but did report challenges associated with stigma. The implications of the theoretical model for practice and research are considered.

INTRODUCTION

As the population of older adults continues to increase, there has been a surge of interest concerning healthy aging and aging well. Many gerontologists conceptualize healthy aging as successful aging, that is, the absence of disease and disability, maintenance of a high degree of physical and cognitive functioning, and meaningful engagement in life [1]. While researchers have investigated the experiences of healthy and successful aging for those living without chronic or co-morbid conditions, less attention has been paid to perceptions of healthy aging for individuals living with disease and related disability, particularly for older adults living with HIV [2]. Advances in technology, healthcare and treatment have changed the epidemiological and clinical climate of HIV in the United States [3,4]. As a result, researchers have become increasingly interested in understanding how HIV infection shapes experiences of aging and perceptions related to healthy aging and aging well [5].

Research has examined associations between changes in quality of life and perceptions about successful aging, and their significance for aging well [6]. Quality of life has been identified as a significant contributor to core dimensions of well-being [7]. Also, selection, optimization, and compensation strategies can contribute to successful aging by helping older people maximize well-being in the context of physical decline, and this may be particularly relevant for older adults living with

comorbidities [2,8]. Consequently, investigating ways in which people age well can offer greater understanding of the linkages between aging well and quality of life for older adults, regardless of HIV status.

Aging well with HIV

Despite advances in prevention, diagnosis, and treatment, HIV (Human Immunodeficiency Virus) remains a serious public health concern in the United States. In 2015, half of all people living with HIV in the United States were estimated to be age 50 and older, a proportion predicted to rise to 70 percent by 2020 [9]. Significant life expectancy changes for HIV-infected individuals have occurred since highly-active antiretroviral therapy was introduced. Increased immune reconstitution [10] has enabled HIV-infected persons to survive into the sixth and seventh decades of life. However, research on HIV and aging has lagged behind demographic trends [11], and is relatively sparse. Researchers need to examine health-related quality of life issues for older adults living into advanced age with HIV [12].

Older adults with HIV now have to consider the interplay between their chronic infection and other age-related conditions in order to apply strategies for healthy aging [2] .For example, some persons with HIV in their 50s are experiencing many of the chronic conditions commonly seen in non-infected persons over the age of 70, creating complex medical challenges [2]. Gerontological conceptualizations for success for older persons living with chronic conditions are limited. Shippy and Karpiak (2005) noted older adults with HIV often have fewer consistent social supports, impacted by stigma, lack of family supports, and bias from formal institutions. Informal supports are key to social support networks; however, friends and others may also be facing their own challenges with HIV [2]. Lack of knowledge about aging with HIV among formal service providers may also inadvertently be affecting planning for these older adults (Stieber Roger et al., 2013) as concrete plans and wishes for aging are associated with life satisfaction [13]

The most commonly desired plans and wishes relate to activities, engagement with life, and health (13). It is plausible that planning, subjective wellbeing and successful aging are related. Existing literature suggests that, despite living with HIV and related health complexities, older adults with HIV can maintain high levels of subjective wellbeing and successful aging albeit they have slightly lower levels than HIV negative older adults [14]. Moore and colleagues [14] found that HIV+ adults scored high on successful aging and subjective wellbeing measures, although their ratings were somewhat lower than HIV− adults. Additionally, their research indicated that self-rated successful aging in HIV+ adults was related to better physical and mental health functioning, increased happiness, greater resilience, optimism, personal mastery, and attitudes toward aging, fewer depressive symptoms, and less perceived stress.

Potential barriers to healthy aging for older adults with HIV

Despite having a chronic disease, several malleable factors may contribute to successful aging, including maintaining physical and mental functioning and active engagement with life [1]. Leading a healthier lifestyle (e.g., not smoking), despite chronic illness, may improve quality of life [15]. Improvements in lifestyle and health behaviours include exercise, adjustments to diet, reduced smoking, use of alcoholic beverages and elimination of abuse of other substances (Fries 2002; Hubert et al., 2002). Older adults may also face unique social challenges such as stigma, ageism, and strained social ties [16]. Due to these pervasive barriers to healthy aging, successful aging with HIV must be considered [17]. Persons with HIV must maintain awareness of the unique interplay between multiple domains of functioning, health perception, and well-being [18]. With medical advances, older adults living with HIV can increasingly find meaning in life and resilience in their later years [19]. Kahana and Kahana [17] indicate that older adults living with HIV experience successful aging as they maintain meaning in their lives [17]. In order to explore the issues of perceptions of healthy aging for HIV-infected and non-infected older adults, we developed and conducted a qualitative study in a subset of the CEDHA Research Core Cohort. The overarching aim of the study is to help understand what drives healthy aging for this population as compared to those living without HIV. Using the theoretical framework developed through qualitative exploration, interventions that will bolster aging well for older adults can be designed along with tools to educate health care providers regarding the unique experiences of healthy aging for all older adults, including those living with HIV.

DESIGN AND METHODS

In this qualitative study, we employed a grounded theory approach [20] to understand and theorize how older adults living with and without HIV perceived healthy aging and conceptualized aging well.

Data collection

Data were collected using an in-depth interview format. Older adults were selected to participate in this study based on the first hand experience with the phenomenon of interest and also through an existing Rush Center of Excellence on Disparities in HIV and Aging (CEDHA) study. We used a purposeful sampling, commonly used in qualitative research, to identify and select participants with experience of the phenomenon of interest, more specifically, criterion sampling [20,21]. Specifically, we recruited community-dwelling participants from the CEDHA study. CEDHA participants resided in predominantly African American communities on Chicago's South and West Sides, and from communities with a substantial White population on the city's North Side. Participants in CEDHA were informed about our study and, if interested, invited to participate. Aside from ensuring the both HIV-infected and non-infected subjects were recruited to discern possible differences in their experiences and perception in aging, there were no other sampling criteria. After participants identified themselves as being interested in participating in the project, we contacted each participant by email or telephone. The date, time and location for the first meeting was agreed upon. The sample size was 20 (10 participants living with HIV and 10 without; all 10 participants living with HIV were Black).

It was important to achieve contextual validity and ensure that each finding is accurate [22]. To ensure the study's trustworthiness and credibility, an a priori approach based on existing research and theory was used. For example, the selection, optimization, and theory [2,8] helped situate and validate emerging themes pertaining to strategies that contributed to successful aging by older people adults living with HIV and their experiences related to maximizing well-being, while other themes arose organically from the data. Each participant was considered a different source for the purposes of triangulation as recommended by Creswell [22]. Themes that did not appear to be consistent among multiple participants was considered less credible unless they were validated through a member checking process [22,23].

Procedures

Interviews were conducted in person and lasted from 45 minutes to one hour. Participants were asked a series of questions about how they defined aging well, what were recent and earlier experiences with navigating health related challenges associated with aging, and what were the internal and external resources used in the experience of growing older. The findings we present here come from the interview connected to perceptions of healthy aging, focusing on how the participants experienced growing older in relation to challenges in their lives.

Data analysis strategies

A grounded theory approach was then employed to analyze the narrative data from interviews. This approach examines the contents of the data for the common themes or patterns, which evolve from the narrative [21,24]. The themes and patterns were either observations or a concept that are repeatedly reported by informants. Grounded theory is an appropriate qualitative method for this project. Strauss and Corbin [20] explain that grounded theory is an approach that uses a systematic set of procedures to develop an inductively derived emergent theory about a phenomenon, or to refine concepts in order to construct theory. In this case, we were expanding on the phenomenon of aging well, and the connections between growing older and navigating challenges related to health and aging in later life. We arrived at an emergent theory, conceptualizing the relationship between perceptions of healthy aging and growing older in the face of living with chronic conditions for the participants. This theory is discussed below in the findings section.

After performing an initial, manual open-code on the interviews, salient concepts were identified, and created codes allowed the research team to move from the general to the particular, encouraging a deeper reflection and more engaged analysis of the text [25]. Strauss and Corbin [20] state "the first step in theory building is conceptualizing," indicating that open coding is that part of the analysis describing the phenomenon found within the text (p. 2). Essentially, we coded each line, sentence, and paragraph in search of the answer to the repeated questions, what is this

about, what is being referenced here? Key words, concepts, or codes emerged from the data. We then performed axial coding to relate the codes (categories and their properties) to each other. To maintain a level of clarity and organization, we looked for causal references and attempted to fit things into a basic frame of generic relationships [20]. Once the categories were related, we then began to group the related categories together into larger themes. This process is known as selective coding, where codes from the axial stage are refined and further developed.

Through constant-comparison analysis, interpretations, and syntheses of our emergent themes, as well as taking into consideration the existing literature on perceptions of healthy aging, several key findings emerged. These are presented below. Emergent findings were then categorized into larger concepts or major themes from the data, reflecting the substantive nature of aging well, the key factors that drive healthy aging, and the implication it has for older adults living with chronic conditions. These analyses incorporated how participants in this study experienced aging well and perceived healthy aging in a manner that allowed us as the researchers to arrive at an emergent theory regarding the various mechanisms at play when considering healthy aging and aging well for both HIV/AIDS infected and non-infected participants. Our research questions examined perceptions of older adults on aging well. We explored the behavioural and social factors that promote and/or hamper wellness as one ages. Additionally, we wanted to understand what it means to age well with and without chronic or co-morbid conditions.

RESULTS

Participants

The characteristics of the participants by HIV status are shown in (Table 1).

When asked about perceptions of healthy aging, participants in the study indicated that there were several key factors that were important aspects of their ability to age well in the face of health declines associated with age. Specifically, the participants discussed how several sets of internal and external factors served them well in their ability to age in what they determined to be a health manner. After analysis of emergent themes, we arrived at a conceptual framework that allowed us to theorize the key factors that drive the process of healthy aging and aging well for participants in this study. Factors that drive healthy aging for older adults in this study for both HIV and non-HIV infected participants emerged in key areas: 1) self-care, choice and intentionality concerning health management; 2) the absence of health shocks/declines and related limitations; 3) external resources related to social supports; and 4) internal resources such as spirituality and cognitive reappraisal. These key factors are presented in our conceptual model (Figure 1). Emergent findings indicated that these themes were salient for all the participants, regardless of HIV status or race/ethnicity.

Table 1: Characteristics of Participants by HIV Status.

Characteristic	HIV Positive	HIV Negative
Number Interviewed	10	10
Age at interview years (mean, SD)	56.5 (3.2)	61.9 (8.2)
Education, years (mean, SD)	12.3 (1.9)	13.1 (2.0)
Gender		
Male, number (percent)	6 (60)	5(50)
Female, number (percent)	4 (40)	5 (50)
Race		
White, number (percent)	0 (0)	5 (50)
African-American, number (percent)	10 (100)	5 (50)
Depressive Symptoms, 1 to 10 (mean, SD)	2.2 (2.9)	1.7 (1.6)
Mini-Mental State Examination, 0 to 30 (mean, SD)	28.0 (1.3)	27.7 (1.3)
Instrumental Activities of Daily Living Impairment Score, 0 to 8 (mean, SD)	1.3 (2.2)	0.2 (0.6)
Basic Activities of Daily Living Impairment Score, 0 to 6 (mean, SD)	0.2 (0.6)	0.0 (0.0)
Purpose in Life Total Score, 0 to 5 (mean, SD)	3.9 (0.7)	3.7 (0.2)

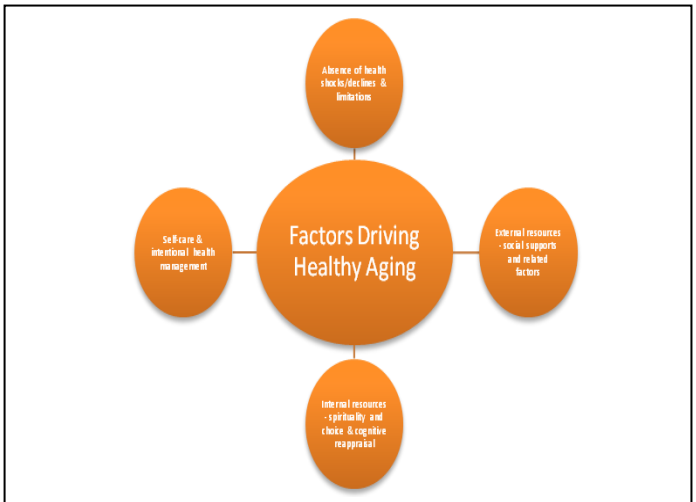

Figure 1: Conceptual Framework for Factors Driving Healthy Aging for HIV Positive and Negative Older Adults.

Participants described the role choice played in health management and self-care, reflecting their understanding that healthy aging and aging well were rarely accidental occurrences. Narratives reflect a belief that healthy aging and aging well are processes that embody self-care and the intention to engage in proactive, healthy behaviours such as routine doctor's visits, physical activity, healthy diet, socialization and engagement, and medication compliance, regardless of HIV status. Moreover, participants discussed how the absence of health shocks, declines, and physical limitations were key to healthy aging and aging well. Again, participants discussed the role self-care and a commitment to wellness play in helping to prevent health declines often associated with aging.

Additionally, narratives reflected participants' understanding of the external resources in their lives that bolstered healthy aging. Many discussed the appreciation of the role relationships with others in the form of social supports have in promoting aging well. Human connection was perceived as vitally important to healthy aging and aging well. Lastly, participants indicated the significance that internal resources such as spirituality and the ability to engage in cognitive reappraisal had in their experiences of aging well. Spirituality, albeit not asked about during the interviews, surfaced as important to the process of aging well for many participants. Individuals indicated that their spirituality and related spiritual experiences were tools for aging well and provided them with ability to cope with various aspects related to aging and living with chronic conditions. Furthermore, some participants explained that the ability to engage in the cognitive reappraisal and reframing for the positive also promoted healthy aging.

Factors that drive healthy aging

Our findings indicate that aging well was important to all the participants in the study, albeit aging well was defined differently according to participant. Furthermore, participants identified key aspects of aging well that were important in their ability to cultivate and maintain a process of aging that could be characterized as healthy regardless of their HIV status. Analysis of the participants' perceptions of healthy aging, and for some related to aging with HIV, revealed seven major themes: the ability to define aging well, the importance of choice in the aging process, the importance of social supports, systems of support available to those with HIV and substance abuse history that may offer an advantage, potential health declines as perceived barriers to healthy aging, attitudes toward aging, and the importance of spirituality.

Aging well in relation to health declines

Nearly all of the participants in the study articulated a clear understanding of what it means to age well and most were clear in their definitions. They acknowledged that while aging well could have different meanings for different individuals, the process did need to encompass experiences of growing older that were free from obvious health declines that negatively impact function, mobility, and the ability to remain active and cognitively intact. Several participants expressed the importance of being free from cognitively impairment as vital to their perceptions of healthy aging and demonstrated varying levels of anxiety concerning their potential risk for cognitive decline and related impairment. Participants expressed a clear association between aging well and aging free of disability and disease and cognitive decline. This is illustrated by a comment from Bob, age 55 and HIV-infected:

Aging well? What it means to me is being healthy and staying healthy and keeping [your] mind intact. You know, having the ability to socialize and go to physical activities, which is what I do, being active.

Similarly, Victoria, age 68 and HIV non-infected used her older sister as an example of aging well and explained:

I think she has aged well, but is obsessed with aging well. And you know, she eats yogurt and maybe a little bit of fruit and take care of herself – she is beautiful. She hasn't changed in 25 years. Aging well depends on the person. I think for her, you know, I think it's very individual. I think she feels and that means she is aging well.

Collectively, participants concluded that aging well was synonymous with having "good" health and living free from the limitations of disease on mobility, ability, and activity. As participants defined aging well and described that process, they discussed the importance of agency, choice and individual responsibility. Additionally, several participants discussed the importance of implementing and maintaining strategies for healthy aging, such as eating healthy foods, exercise, avoiding

stress, following doctors advice, reflecting an understanding that prevention and planning are important components to healthy aging.

When asked about perceived barriers to aging well, most participants in the study discussed how changes in health status resulting in declines and functional ability threatened their ability to age well as they conceptualized it. This theme reflects how participants closely linked good health and functional ability to the importance of aging well. For example, Maria age 56 and HIV non-infected explained:

For me, right now it means that I'm taking care of myself. I make my doctor appointments. I take care of my health. You know, I have a lot of issues going right now and it's a result of some pretty crazy living in years past . So, to age well for me means eating well and moving - walking. I'm not able to do a lot of strenuous exercising. I can't run or anything. I could do more than I do but it's just about doing healthy things and eating healthy and following doctors instructions. And when I can no longer do those things because my health is getting worse, then maybe that means I won't be aging well.

Another participant, Jill age 54 and HIV-infected illustrated this linkage in the detailing of her sister's experience of health declines and not aging well and explained:

My sister is 70 and she's not aging well. Physically, you know, everything is gone – her back, legs knees, you know, all that, but far as having dementia or Alzheimer's, she doesn't have any of that yet, because when I talk to her on the phone she's all there. She does forget some things, but she can't move or get around as well.

The health declines most commonly discussed by participants were associated with physical health rather than socio-emotional health, although some participants discussed the importance of protecting oneself from isolation and loneliness.

HIV and drug addict stigmas as barriers

A number of participants interviewed identified concern for stigmatization as a dilemma faced in earlier years but that continue to persist as they transition through the aging process. As one participant, Nathan, age 59 and HIV-infected described:

Well, If18 or 20 years ago, that's with the HIV. Back then, man, if you said that word everybody ran from you, they didn't want to be bothered with you. The first thing we know is you had to be gay or an active drug user. And I was neither one, you know. 'Cause that was the stigma they put on it.

This same participant also noted that discrimination against those with HIV has diminished as education about those at risk for infection has broadened, however he remains guarded about who he shared this particular health information with:

Not (just) anyone, but certain people, listen, I do most of my talking at the (HIV clinic) though, because I know everyone around this area.

Several interviewees with a prior drug addiction history shared how they participate in recovery support groups like NA and AA – forums where trust and confidentially engender openness to explore barriers to recovery -- because they are so essential to maintaining their health and sobriety. Nonetheless these participants routinely withheld their HIV status from other support group members out of fear of stigmatization: As one participant pointed out:

Well, that part of my story would not be shared. The only people that know is those I deal with, and the people I know in the program are HIV (positive) and I do it on an as-needed basis.

The main motivation for not sharing their health status with friends, family or even intimate contacts appears to be the fear of rejection as a consequence of HIV stigma:

I wish that it could be groups where we could educate the family, let them know that they're not contagious, that you're not gonna die being around them. It's about the rejection part and the disclosure part. It's kind of tough, I know some people that have been positive for over 20 years and they still have a problem with relationships.

Choice at the heart of self care

The theme of choice encompassed having agency as well as intention in the process of aging well. In other words, participants described the role individual agency and responsibility plays in healthy aging and described the importance of deciding to engage in healthy behaviours such as self-care and disease management (for those living with chronic or co-morbid conditions). The importance of choice and agency are conveyed in Florence's age 68 and HIV positive commented:

I make my doctor appointments. I take care of my health…I, umm, try to eat well. I do a lot of walking.

Additionally, when describing their perceptions of healthy aging, participants explained that aging well involved a practice of aligning healthy behaviours with values that aligned with living in a manner that promotes healthy aging. For some, this process involved having a certain perspective on aging, one where participants conceptualized aging as a state defined by our attitudes concerning growing and being old. As Florence described when reflecting on her friends who are aging well:

They've been married over 60 years. She's 84, he's 87. They travel all the time. She has low vision and she doesn't even let that stop her…they're just very active. They both go to the gym.

Likewise, participant Bill age 55 and HIV positive discussed the importance of choosing health maintenance, saying:

In my younger days, like in my forties and thirties you couldn't hardly take off to go to the doctor. I think the more you go to the doctor [you can] find out if you have anything that might have come up.

Nora age 59 and HIV-positive got a pet dog to maintain her health:

I didn't do a lot of walking. that's why I got the pet. It makes me get up and walk every morning.

Participants exhibited a willingness and intentionality when considering how to engage in a process of aging well, and most articulated the importance of taking a proactive approach to healthy living and the seeking of appropriate care.

External resources, social support and the importance of connections

Participants expressed a significant reliance on external supports in the form of social support and connections as components of their ability to age well. Nearly all of the participants expressed the importance of having people in their lives that provided them with social support. Participants described these relationships with various individuals as important in their ability to age well, many emphasizing the vital role human connection plays in their lives. As individuals in this study reflected on their avenues of social support, they expressed the importance of key people in their lives who promoted and supported their ability to age well. Additionally, the narratives of participants illustrated that social support was important and also strategically activated. In other words, key people contributed to participants' lives in specific and meaningful ways and individuals in the study articulated how and when they activated support from specific members of their social support systems. Bill age 55 and HIV positive credited his therapist with his ability to age well, saying:

I'm in a 12-step program but I have issues that a 12-step program can't help me with. I was able to go see a therapist so that has helped me tremendously.

Alex age 65 described his HIV provider who has helped him age well and manage his health conditions, saying:

've had the same provider for 13 years. She says 'here it is. We're going to attack it right.

Participant Michelle age 62 and HIV positive credited her pastor with helping her age well:

He was a very big inspiration in my life when I learned my status because I was throwing the medicine in the garbage, and he put a pharmacy on the table about his own condition. And he [asked] 'how would you like to take this many pills per day?' So being with my pastor has helped me.

Interestingly, two subgroups of older adults interviewed –those with HIV and those with a history of substance abuse addiction – appeared to have a social support advantage that is a consequence of the assistance they receive due to their HIV or drug use status. For example, several of the HIV-positive interviewees identified peer support groups, therapeutic services that available to HIV-impacted individuals. One participant explained:

Counselling and therapy, they show you how to breathe, what to do, how to take long walks and do something that is relaxing to get the stress out. The encouragement and counselling offered by the doctor is helpful, too.

Participants illustrated the importance of such sources of support routinely available to them. One participant noted the particular importance of an HIV diagnosis in his receiving routine healthcare support that he might not otherwise have been able to access:

So, I can feel fortunate that I was able to go to the doctor more. I think that's only because of my diagnosis. With it we have to go to the doctor, and I think that's the advantage we have as opposed to the people who don't have any kind of illness.

Moreover, participants described the desire and need to not only activate their social support networks but the importance of also maintaining them. Members of social support systems ranged from friends and family to sponsors for addiction and substance abuse programs to health care providers, but most members of social supports systems for participants encompassed close friends and family, all interested in supporting the individuals in their process of aging well with or without health declines and chronic conditions.

Internal resources, perceptions of aging and spirituality

When asked about perceptions of healthy aging, participants expressed their ability to rely on internal resources to navigate the issues and experiences of growing older, and for those with HIV, dealing with the challenges and potentially undesirable experiences of aging with this condition. Important internal resources were participants' abilities to cognitively reappraise issues related to aging. For some participants, there was a general unease with aging, both with the aging of others and their own process of growing older. When asked about what it means to age well, some participants expressed, at times, ageist views and articulated their offense at being considered older or someone who is aging. This phenomenon was less relevant for younger participants (i.e., in their 50s) whereas issues related to health and aging well seemed to be less pronounced and shaped less by the process of growing older. In other words, younger participants did not describe major health declines related to age.

Sue age 61 and HIV non-infected indicated that she was offended that we would ask about her aging and replied:

Aging well? Do you think I'm old [rather offended]? That's news to me. I don't think of myself as being old.

Another participant, Jay age 67 and HIV positive explained:

Well, I know I'm aging but I'm not like all those other people I know who are old.

Conversely, some participants indicated that they were fine with their aging and understood it to be part of life. Participants with HIV considered the ability to age as a gift that, without proper treatment and antiretroviral drugs that they may not otherwise have had. When comparing narratives, participants who seemingly accepted their aging had less anxiety around growing older and managing potential health declines than those who expressed uncomfortablity with their age both chronological and functional.

Spirituality also played a significant role, with regards coping/surviving strategies and aging over the life course. There are various ways that older adults think when speaking of spirituality. Many associated their spirituality with organized religion. Some have a personal spirituality, a connection to a higher power on their own without religion. Some may connect through meditation or simply just talking or praying to a higher power. But there are other forms. However all feel that spirituality is an important aspect of coping, surviving, and influences decision-making, the meaning-making and developmental process in later life, and aging well. Aging well was defined as growing older without obvious and limiting health declines. Spiritualty and/or religion are key promoters to aging well.

DISCUSSION

To date, a considerable amount of research investigating HIV and aging has focused on the deleterious impacts of HIV on the experiences and outcomes for older adults. There is comparatively less scholarship examining the potentially positive aspects of living and aging with HIV [26]. The findings of this study offer insight into perceptions of healthy aging for infected as well as non-infected older adults and provides experiences that overall can be characterized as positive rather than negative as participants conceptualize their aging well.

These in-depth, semi-structured interviews focused primarily on perceptions of aging well of both HIV+ and HIV- older adults. The important presence of resilience and personal strengths in these individuals' lives emerged as a serendipitous finding. For those diagnosed with HIV/AIDS, their experiences are consistent with findings from the limited research [14,17] that has been conducted on the positive aspects older adults living with HIV/AIDS exhibit.

Our findings indicated broadly that perceptions of healthy aging, for both HIV positive and negative participants, included the reliance on a trusted social support system, the importance of self-care, access and utilization of healthcare resources, the importance of spirituality and maintaining an identity as someone who is aging well. HIV positive participants did not perceive living with HIV as a barrier to aging well or

as a limitation to healthy aging, but did report challenges associated with stigma. The emergent factors that drive healthy aging for the participants in this study illustrate the importance of perception as people consider what it means to be healthy and age well.

In a comparative analysis, the one difference to emerge from the data reflected issues of stigma as experienced mainly from within the community and related to experiences with friends and family members as opposed to stigma from healthcare providers. Counter to previous literature, those who were HIV+ espoused stronger support networks than the HIV- participants. Some research has demonstrated the importance positive perceptions regarding aging and have found that when people conceptualize aging as a positive and maintain positive attitudes about aging (their own and others)can positively shape their own aging, health outcomes, and general sense of well-being in later life [27,28]. Conversely, researchers have established that negative perceptions of aging can have deleterious impacts on health and well-being later life [27,28]. Additionally, positive and negative attitudes concerning aging can result in a self-fulfilling prophecy phenomenon. In other words, if individuals have positive perceptions about aging they are likely to have experiences related to aging that are positive, healthy and successful and negative views can result in poor outcomes. We found this to be true for many of the participants in this study.

Smith [28] found several positive outcomes related to positive perceptions of aging for older adults. For example, for individuals in this study having positive perceptions of aging when compared to those with negative views of aging had higher rates of longevity, lower rates of illness, higher levels of functional health, better brain health, higher levels of psychological well-being, and engaged in more healthy behaviours. As Smith [28] argued , "older adults who associate aging with ongoing growth and pursuit of meaningful activities are more likely to engage in behaviours and view experiences in adaptive ways."

It is plausible that this phenomenon has relevance for participants in this study as many conceptualized themselves as aging well and had positive attitudes concerning their own aging and demonstrated high levels of psychological well being and were engaged in meaningful activities as well as other healthy behaviours, regardless of HIV status. Blake, Taylor, and Sowell [29] found several key themes related to perceptions and experiences of aging well for older, African-American, HIV-infected men. Participants discussed the importance of managing stigma, feelings of being fine in general, the importance in the ability to cope with age-related diseases and HIV, the need for self-care, the importance of family support, and access to resources as factors that impacted their ability to age well.

Limitations

There are several limitations in our study that need to be recognized. First, participants in this study were recruited from larger population study examining health disparities. The participants have grown accustomed to routinely visiting their healthcare providers and most are compliant with a healthcare protocol. This may have impacted their perceptions on healthy aging and aging well, whereas other older adults in the community with HIV who are harder to reach may not have perceived themselves as aging well. As these results are qualitative, we cannot generalize all findings. Second, nearly all participants came from two targeted geographical areas, thus findings regarding their perceptions may be limited to these community areas. Furthermore, while the pool of existing CEDHA study subjects was stratified by race, the majority of individuals who agreed to participate in a qualitative interview – especially those who are HIV-positive- were African Americans. Hence, the views and experiences of these participants may not be contextually valid for White individuals who participated in the broader CEDHA study or who are HIV-positive.

Implications

This study has implication for geriatricians and gerontologists and their approaches to practice. A number of participants articulated a lack of support and knowledge from their healthcare providers on issues related to aging well and many discussed the fact that providers did not specifically or adequately address issues relating to age and aging well during routine visits. Participants did not express a lack of support concerning support from physicians regarding their health condition or HIV status. This finding contrast with the viewpoints offered by HIV positive participants regarding the HIV-specific support and education offered by their physicians.

Nearly all praised their doctors for helping them obtain fuller awareness of HIV's impact on their overall physical and mental health.

Geriatric health practitioners should consider adapting a more holistic approach that incorporates inquiry into other health areas (sexual health, substance abuse, emotional needs) and provision of health education that address these salient health concerns. Likewise, social workers may also benefit from these findings regarding barriers to, and effective strategies towards promoting, healthy aging among older adult patient populations. Practitioners should carefully consider the importance of discussing components of healthy age and aging well with individuals they serve.

A key finding of our study found that all participants expressed a significant reliance on external supports in the form of social support and connections as components of their ability to age well. We also found that these support networks were strategically activated by participants when they were needed. These results suggest that health intervention aimed at seniors should consider integrating linkage to other novel programs and support services that may promote healthy aging, such as senior wellness support groups, spirituality-based support services, or senior social groups that may cultivate or strengthen an individual's support network.

Future directions

The findings from this study support previous research indicating that older adults with HIV demonstrate the components of both resilient and successful aging [6,17,19] and as a result report being satisfied and with perceptions of aging and aging well in good health. Our findings encourage support for more research examining perceptions of healthy aging grounded in the experiences of older adults in general. Additionally, researchers need to better understand the mechanisms involved in aging well for HIV-infected as well as non-infected individuals. Finally, although our study was aimed primarily on HIV-negative and HIV-positive older adults, future research should focus on specific racial/ethnic and behavioural or identity subgroups (substance users, LGBT populations) to discern similarities and differences in how group members may perceive and approaches the aging process.

CONCLUSIONS

This study contributes to our understanding of healthy aging and how perceptions of aging influence well-being for older adults. Additionally, our research contributes the knowledge of how older adults with HIV understand and experience aging well. Most importantly, our findings raise the issue that for participants in this study, HIV status as well race/ethnicity did not have a major impact on how people conceptualized their process of aging well. This non-difference is the important point, suggesting that gains have been made in not only this area of scholarly investigation but also suggests that how far living with HIV has come. It is plausible that HIV no longer is viewed as a major factor in driving optimism about healthy aging and has been normalized to the realm of other chronic diseases for people living with the condition. Individuals aged 50 and over are one of the fastest growing populations of people living with HIV. It is estimated that numbers of new diagnoses in older people will increase. The issues that this populations faces need to be addressed, as the challenges related to stigma, potential loneliness and lack of social support grow more acute. It is important to better understand the contributing factors of positive and successful aging for older HIV-infected older adults as well as non-infected older adults as we look to increasing numbers of people living longer, particularly for those living and aging with HIV. Furthermore, there is value in examining the needs and functioning of HIV-infected and non-infected individuals as they age from the perspectives of their health care providers. The results of this study may provide direction for future research and potentially new questions that need to be explored.

REFERENCES

1. Rowe J, Kahn R. (2000). Successful aging and disease prevention...unless otherwise noted, this article is reprinted with permission from the Gerontological Society of America from the authors' earlier article 'Successful Aging', Gerontologist. 37: 433-440, 1997. Advances In Renal Replacement Therapy. 7: 70-77.
2. Karpiak SE, Brennan-Ing M. (2016). Aging with HIV: The Challenges of Providing Care and Social Supports. Generations. 40: 23-25.
3. Emlet C, Harris L, Furlotte C, Brennan D, Pierpaoli C. (2016). "I'm happy in my life now, I'm a positive person":

Approaches to successful aging in older adults living with HIV in Ontario, Canada. Ageing & Society. 37: 2128-2151.

4. Hood JE, Golden MR, Hughes JP, Goodreau SM, Siddiqi AA, et al. (2017). Projected demographic composition of the United States population of people living with diagnosed HIV. AIDS CARE. 29: 1543-1550.
5. Catalan J, Tuffrey V, Ridge D, Rosenfeld D. (2017). What influences quality of life in older people living with HIV? AIDS Research and Therapy. 14: 1-11.
6. Phelan EA, Anderson LA, LaCroix AZ, Larson EB. (2004). Older adults. Journal of the American Geriatrics Society. 52: 211-216.
7. Rejeski WJ, Mihalko SL. (2001). Physical activity and quality of life in older adults. The Journals of Gerontology: Series A. 56: 23-35.
8. Carpentieri JD, Elliott J, Brett CE, Deary IJ. (2016). Adapting to aging: Older people talk About their use of selection, optimization, and compensation to maximize well-being in the context of physical decline. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 72: 351-361.
9. Services and Advocacy for GLBT Seniors. (2016). HIV and Aging.
10. Hasse B, Ledergerber B, Furrer H, Battegay M, Hirschel B, et al. (2011). Morbidity and aging in HIV-infected persons: The Swiss HIV cohort study. Clinical Infectious Diseases. 53: 1130-1139.
11. LeBlanc A. (2011). Aging with HIV/AIDS. InSettersten RA Jr, Angel JL, (Eds) Handbook of Sociology of Aging (495-512). New York: Springer Publishing Company.
12. Emlet C, Fredriksen-Goldsen K, Kim H. (2013). Risk and protective factors associated with health-related quality of life in older gay and bisexual men living with HIV disease. The Gerontologist. 53: 963-972.
13. Huijg JM, van Delden ALE, van der Ouderaa FJ, Westendorp RG, Slaets JP, et al. (2016). Being active, engaged, and healthy: Older persons' plans and wishes to age successfully. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 72: 228-236.
14. Moore RC, Moore DJ, Thompson W, Vahia IV, Grant I, et al. (2013). A case-controlled study of successful aging in older adults with HIV. The Journal of Clinical Psychiatry. 74: e417-e423.
15. Nguyen AL, McNeil CJ, Han SD, Rhodes SD. (2018). Risk and protective factors for health-related quality of life among persons aging with HIV. AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV. 30: 518-522.
16. Brennan DJ, Emlet CA, Eady A. (2011). HIV, Sexual Health, and Psychosocial Issues Among Older Adults Living with HIV in North America. Ageing International. 36: 313-333.
17. Kahana E, Kahana B. (2001). Successful aging among people with HIV/AIDS. Journal of Clinical Epidemiology. 54: S53-S56.
18. Strawbridge WJ, Wallhagen MI, Cohen RD. (2002). Successful aging and well-being: Self-rated compared with Rowe and Kahn. The Gerontologist. 42: 727-733.
19. Fumaz CR, Ayestaran A, Perez-alvarez N, Muñoz-moreno JA, Moltó J. (2015). Resilience , ageing , and quality of life in long-term diagnosed HIV-infected patients. 27: 1396-1403.
20. Strauss AL, Corbin JM. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, Calif: Sage Publications.
21. Lincoln YS, Guba EG. (1985). Naturalistic Inquiry. Newbury Park, CA: Sage Publications.
22. Creswell JW. (2015). Educational research: Planning, conducting, and evaluating quantitative and qualitative research (5th Ed). Pearson Education.
23. Merriam SB, Tisdell EJ. (2016). Qualitative research: A guide to design and implementation. Jossey-Bass.
24. Denzin NK, Lincoln YS (Eds.) (2000). Handbook of qualitative research. Thousand Oaks, 2nd Ed. New York, NY: Sage Publications.
25. LaRossa R. (2005). Grounded theory methods and qualitative family research. Journal of Marriage and Family. 67: 837-857.
26. Emlet CA, Chengshi S, Hyun-Jun K, Fredriksen-Goldsen K. (2017). Bouncing Back: Resilience and Mastery Among HIV-Positive Older Gay and Bisexual Men. The Gerontologist. 57: S40-S49.
27. Levy B. (2009). Stereotype embodiment: A psychosocial approach to aging. Current Directions in Psychological Science. 18: 332-336.

28. Smith J. (2017). Self-Fulfilling Prophecy: How perceptions of aging affect our later years. Mather Life Ways Report. 1-8.
29. Blake B, Taylor J, Sowell D. (2017). Exploring experiences and perceptions of older African American males aging with HIV in the rural southern United States. American Journal of Men's Health. 11: 221-232.
30. Calasanti T. (2016). Combating ageism: How successful is successful aging? The Gerontologist. 56: 1093-1101.
31. Cahill S, Valadéz R. (2013). Growing older with HIV/AIDS: New public health challenges. American Journal of Public Health. 103: e7-e15.
32. Chard S, Harris-Wallace B, Roth EG, Girling LM, Rubinstein R, et al. (2016). Successful aging among African American older adults with Type 2 Diabetes. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences. 72: 319-327.
33. Emlet CA. (2006). "You're awfully old to have this disease": Experiences of stigma and ageism in adults 50 years and older living with HIV/AIDS. The Gerontologist. 46: 781-790.
34. Herdt G. (2001). Stigma and the Ethnographic Study of HIV: Problems and Prospects. AIDS and Behavior. 5: 141-149.
35. Önen NF, Overton ET, Seyfried W, Stumm ER, Snell M, et al. (2010). Aging and HIV infection: a comparison between older HIV-infected persons and the general population. HIV clinical trials. 11: 100-109.
36. Overton ET, Chan ES, Brown TT, Tebas P, McComsey GA, et al. (2015). Vitamin D and calcium attenuate bone loss with antiretroviral therapy initiation: A randomized trial. Ann Intern Med. 162: 815-824.