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0:00:06.8 Jennifer: From the California Prevention Training Center in San Francisco, this is Speaking Frankly, the State of Sexual Health. We know good sexual health doesn't just happen, it's created. In this series, we're starting the conversations we should already be having, we'll speak with experts in the field about sex, stigma, and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers. Hi, friends. Today's episode is super exciting for us. On today's show, my colleague, Duran Rutledge will continue his discussion with Dr. Paul Nash of the University of Southern California about aging, and ageism. If you haven't listened to episode one yet, I'd highly recommend it, just so you're in the loop about what Dr. Nash and Duran had talked about last time. In this episode, the two of them will dive deeper into what causes stigma around aging, and how we can each help to change the negative narrative around getting older, something that we will all likely experience fingers crossed, to a narrative that's more positive and healthy. Thanks for joining us, and I hope that you enjoy the episode.

0:01:16.2 Duran: So how do you imagine having those conversations around ageism as it pertains to older adults having sex, and even HIV prevention or even health screenings, which include questions around sexual health? 'Cause I would imagine if the position is, if your general doctor is thinking that it's not age appropriate for you to be having sex or even thinking about you having sex, they may not ask you questions which are appropriate, given the fact that you may be having sex and great sex and have a wonderful sex life. How do we start those conversations?

0:02:02.3 Dr. Paul: Well, you have to be aware as well that relationships are not what they used to be. Not everybody gets married at the age of 20 and then stays together till the day they die. There are open relationships, there are polyandrous relationships, people get divorced and start over... A new relationships, they can have casual relationships. So we have to start to understand and reflect our understanding of sexuality and sexual health based on reality, not a Victorian concept from some Shakespearean novel or something. So we've got to really understand that times are moving, and that we need to reflect that. And so when it comes to discussing this, I think my start point would be within the clinical and the medical field. So we need to start by getting older adults, or getting physicians, sorry, comfortable with talking about sex with older adults. And one of the ways in doing this is by saying, well, actually, hitting them with some of the facts. Show them that nearly 60% of people living with HIV are over the age of 50. We know that sexually transmitted diseases are more prevalent with younger categories, but they are also on the rise with older adults as well.

0:03:14.0 Dr. Paul: There are outreach vans for testing that you often see in a very metropolitan areas. So you might see them around pubs and clubs where they can do instant testing for STIs, and they are also giving out free condoms, etcetera. How many of those vans do you see going around residential cabins? Probably not very many, if any at all, but those are also people that might not be able to go to the store, they... To go and get their own condoms. They might not be able to go to a testing center, so surely it makes just as much sense to be reaching out to those groups as well. So, if we can start to get the doctors asking those questions, rather than making assumptions, then we're on another sure footing. And one other piece of research that I really wanted to do in the UK, which is me now venting a little bit, I wanted to do some research around memory and sexual health. So, we know for example, that if left untreated, HIV can lead to cognitive issues, we also know that if left untreated in the tertiary stage, syphilis presents with very similar symptoms to dementia. How many people who are presenting to memory clinics are screened for either HIV or syphilis? How many are asked questions around their sexual health and around their sexual practices? I'm imagining not that many.

0:04:37.1 Dr. Paul: So my funding application was turned down because "There's no research to show that it's needed." [chuckle] That's exactly my point. And so it just shows that closed mindedness, even within academic fields where we know that there are problems, because there is no evidence for it, we can't collect any evidence for it. [chuckle] But the problems are real, and I think what we need to do is start to educate those people who are working with the older adults around sexual health and educate those people who are working within sexual health, about the needs specifically of older adults, so that we can start to have these conversations even with primary care physicians as well. And it's when we can start to have those kind of conversations, that maybe we can start to engage older adults much more... Even if it's in an abstract way, because again, this is my hypothesis, that the baby boomers are much more open about sex than, for example, my grandmother's generation. So maybe then we can start to have more of an open conversation from the point of the older adult, but only if the commission engages in that conversation to start with.

0:05:45.7 Duran: Once again, I'm just loving the conservation and the information that you're sharing, and plus all of the statistics. I'm also wondering too if, because I think that one of the challenges with physicians is having to develop their comfortable-ness or may having to develop, for some, the comfortable-ness in asking the questions. I'm wondering the other side of the coin, how can we also empower or educate, inform, older adults to be able to be very proactive and active in sexual health screening, 'cause once again, if we're using the whole terminology of age appropriate, they may not think that, I'm a person of a certain age, it's not age-appropriate for me to ask those questions. So I'm sure there's a whole generation of folks who would benefit from these conversations. So have you... Or what have you learned or researched, in the sense of ways in which empowering... And I'm using the word empowering 'cause I can't think of the most appropriate word to have folks be able to advocate for themselves around their sexuality?

0:07:08.0 Dr. Paul: I think that empowering is a great word to use. And a lot of the empowerment comes with education and also with that whole social acceptability angle. And so again, I know I'm pitting generations against each other, and that was obviously the aim not to do. But again, you look at what, or how sexuality is viewed by people who are currently in their say, 80s, 90s, and then you look at the sexual liberation of those people who are in their 50s and 60s now, I think that physician-lead conversations are going to be much more practical for the current level of old adults. And to be honest with you, I don't want to use a contrite term, but doctors and physicians have to just kind of suck it up at this point and say, okay, I'm gonna ask these... These questions, I'm gonna engage in something that might not make me feel comfortable, but it is something that's really important. And if we start to do these conversations, and if we start to talk about older adults having their sexual freedom, let's face it, how many years ago was Golden Girls on.

0:08:17.2 Duran: Oh, my gosh.

0:08:20.7 Dr. Paul: And we were quite happy talking about Blanche Devereaux, and her escapades, so why can't we call that to a wider population, and say well, actually, older people are having sex, and why not. Let's just make it be safe for them, let's discuss these physical changes. So for example, men might need a little bit of assistance, they might need a blue pill here or there. Women might need some extra lubrication. But if we don't talk about this, how do older people know what is normal, what is not normal, what can be done to make things safer. Because as I'm sure you're very right, condoms aren't just there to prevent pregnancy, they're there to help keep sexual health as well. It really is about this education, it's about understanding that prep is great for everybody of all ages, rather than just people who are, say, 18 to 24. So we've got to make the medical advances known to those people who might not necessarily be "In the loop." But it's about demystifying and de-stigmatizing sex.

0:09:20.9 Dr. Paul: Because again, looking at my grandmother's generation, they often wouldn't talk about sex. I can't imagine that my mom would have had a very frank conversation about the birds and the bees, but again, it might be the fact that my mom is a nurse. But I remember distinctly having very, very non graphic conversations, but very open and very honest discussions around sexual health. And that needs to be trickled down. We need to not just interact and having open conversations with older adults about sex, but make it much less taboo, to have that kind of conversation inter-generationally anywhere. 'Cause let's face it, you will talk maybe over brunch with bottomless mimosas, with people of your own age group, about sex and sexual conquests, etcetera. But it's when we look at that inter-generational communication, that's where the stigma really hits and that's what we need to try and break down.

0:10:14.3 Duran: I love the fact that any man that can reference the Golden Girls, so just right off the top of my head, thank you. 'Cause that makes me smile, that takes me back.

0:10:22.9 Dr. Paul: It's one of the reasons, to be honest with you, why I brought up the Golden Girls, I think it's a fantastic end vehicle. So the whole end series is counter-stereotypical. It's about three old women basically living the lives that you might anticipate frat boys living. So I know... In one episode, Blanche over a cheesecake meal, would talk about more people than most people will ever have slept with in their life. And, but then they'll talk about that in a humorous way to try and destigmatize sex. But then they'd also flip in a serious message, so they'll talk about sexual health screening, and there was an episode around HIV/AIDS. So it was about actually, this isn't just sexually transmitted, but there are other ways as well, so around blood donations, etcetera, that this might be happening. And that people who are HIV positive, are not all of those things that we stereotype, so they're not dirty, they're not depraved, etcetera, etcetera. They're like me and you, they're absolutely everybody. And unfortunately, there's a lot of stigma that came around from the narrative of the gay plague, that programs like the Golden Girls actually had a real pivotal role in trying to destigmatize, and that was because of that counter-stereotype, and the way they used humour, to then introduce and disperse some really powerful messages.

0:11:44.7 Duran: And you just did an amazing segue. There's 60% of folks living with HIV over 50. Okay, so how does that... When we talk about ageism and sexism, how have you seen those... That kind of show up in your work? I know that you talked about stigma, and you also hit on the fact of where we are now as far as prep, and that prep should be something that is available to any and everybody who is sexually active and HIV negative. But what, if any, intersectionality, have you had or experience or researched around HIV and ageism?

0:12:34.6 Dr. Paul: When we look at what stigma does, stigma has huge impacts. So we see internalization of these negativities. And those people, for example, those older adults that have negative opinions of their own aging, or the aging process, can live on average seven and a half years less than those people that have a positive image of aging. And when we look at that as an intersection with HIV, research has shown that 97% of older adults who are living with HIV, have faced ageism 97% and I think about 75% have experienced both HIV stigma and ageism. So when we take that in terms of the stress that causes on that individual, especially when it's cumulative, when it's experienced again, and again, and again, we know that has impact on blood pressure, we know that has impact on cognitive function, on physical function, as well as your own social network all in a negative way. So that can lead to issues with depression. So when we talk about depression within the general population, we look at about seven to 10% of the general adult population is living with diagnosable depression. When you look at the HIV positive community, you're looking at about 50%. 50% to 60% of people are living with depression.

0:14:00.9 Duran: That's what you said... Five zero to 60... 50 to 60? Wow.

0:14:04.1 Dr. Paul: Yeah, yeah. So we're talking about a huge jump, we know that the people who are living with HIV face more stigma, are more likely to be depressed, they're more likely to be homeless, they're less likely to be in relationships. And so there are big problems that they might be facing around loneliness and social isolation. So what we need to do then is start to look at what the impacts of aging are with that. So when we look at the biomedical model, there's research that suggests the accelerated and accentuated aging, that happens with HIV. So where people are experiencing the declines associated with aging sooner and more intensively than those people who are not HIV positive. But the main thing I'll be honest with you is looking at that intersection. So if we take intersectionality about a little step further, if you are a cisgendered, White heterosexual male who is older, but living with HIV, you are going to experience aging with HIV much differently than if you are a Black transgender woman who is living in a minority enclave within a major city. So we've got to understand that these intersections aren't just around these large categories that we're looking at, aging with HIV covers up a huge, huge part of the population.

0:15:29.2 Dr. Paul: So we have to understand how each one of those intersections is going to impact the quality of life, the physicality, and the psychological impact that that could also have as well. So there are huge things that we need to think about. Because each one of those intersections isn't just additive, but has a multiplier impact, especially when we look at something like ethnicity, because if you're Black, you're Black all of your life, so you're likely to face that discrimination all of your life. Whereas if you're getting discriminated against, because you're 60, that's not what happened all of your life. So what we have to start to do is look and say, well, how do these intersect? So how does that cumulative disadvantage of being discriminated against because you're Black, then add on to that discrimination because you're older and then because you're HIV positive? What happens if you're HIV positive in your 60s, and you're diagnosed, as opposed to somebody who's HIV positive in their 20s and has to live with that stigma throughout their life? So there are huge differences. So I would, I guess I would shy away from saying, well, these are all the problems that older people with HIV face. Because it really does depend on those intersections. And what we need to do is crawl out of our own narrow, compartmentalized view of aging, and actually look at the diversity associated with that aging process.

0:16:52.7 Duran: And how do we do that?

0:16:55.2 Dr. Paul: Well, we need to make sure that people are involved in that conversation. So if we're developing policy for older adults living with HIV, let's bring in, I know, this is gonna be a real shocker, but let's bring in some trans individuals, let's bring in some people of color, let's bring in some non cisgendered individuals. So let's start to reflect the populations that we're working with. So for example, and there was a great phrase that was basically informing all of the research and the policy practice that we were doing when I was in the UK. When we were working with older people, they had the phrase, "There is nothing about us without us." So let's have older people at the heart of this decision making process. Don't get me wrong, I as a cisgendered, White male myself, there are contributions I can make to this discussion about understanding the mechanisms behind this discrimination, about how to include, how I can use my own privilege to push this conversation forwards, because as I said, right at the start, older people often don't have the voice. So it's about us with the voice, with having that privilege, making sure those voices, that those stories, that those narratives are heard.

0:18:10.8 Duran: You know what, I love that because I do think that even as a cisgendered, White male, everyone who is coming to the table as an ally who is coming to the table with an open heart and open mind to facilitate, encourage the conversation, there's value even you sharing and expressing the numbers and the percentages and the research for me is eye opening. And I still agree with you as far as having representatives of a community upon which decisions and conversations are being held and decisions are being made. If folks are not at the table, it just, it's mind boggling.

0:19:05.2 Dr. Paul: One of the best books I read recently was a book called So You Want To Talk About Race. Fantastic book written by a Black female author, which talks very much about the same will. As a White person talking about race, I'm gonna put my foot in it at some point, I know this is going to be the case. And we need to get away from that cancel culture approach, and if I'm coming from a good place and I put my foot in it, tell me, I will learn from that, and we could all move forward. But if we don't, if we are too afraid of being... As a cisgendered White male, if I'm too afraid of being canceled to have these conversations, then that means that only Black people are leading these conversations, only HIV positive people are leading these conversations, and making the assumption then that a cisgendered White male who is HIV negative can't have a valid input, and I think that's a really short-sighted way of looking at it. So we need to be able to create that safe space, to enable White people to have conversations about race, so it's not just on Black people to have those conversations, or to lead those conservations. And it's also about using that position of privilege to enable other people to engage with that story, enable them to engage with those narratives, and to use the words that you used earlier, to empower them.

0:20:30.3 Duran: I love the fact of holding space for individuals and using your privilege to be able to create that safe space for people to come and participate, 'cause I think that that is really important, really important.

0:20:50.3 Dr. Paul: Yeah. And I think when you're talking about what an individual can do, that really is taking it from that implicit to explicit. So we have these implicit assumptions about people based on their age, we have these implicit assumptions based on people because of their HIV status or their race or gender, whatever, but it's only when we start to reflect on those ourselves, and make them no longer implicit assumptions, but explicitly start to question them, that we can say, "Hang on, how accurate is this?" So again, being very aware of not saying, "You look great for your age." It's about saying, "Well, actually I'm... Maybe this is offensive or maybe this isn't... Or maybe this is counter-productive." So it's about being very open about these conversations, but it's about checking yourself every now and again.

0:21:39.7 Dr. Paul: Because we do all use stereotypes, and stereotypes have got a bad rep, we do use them. So for example, if I ask you to imagine a car, you've got a mental image of what a car is, it's probably not gonna be like any car actually looks if you brought together bits of cars that you've had in the past, or ones you've seen on the street, etcetera, and we do that, and they're useful, because they mean that we don't have to think of every part of that puzzle, we can just think of the whole image. But, at times we need to question, if for example, we picture a car that's only got three wheels, well, maybe that's not the average car. If we pictured an older person that's got dementia, well, maybe that's not the average older person. If we're picturing an older person with a walking stick, well, maybe that's not the architype of an older person. We need to start to move away from these implicit images, and have explicit questioning and explicit conversations about them.

0:22:35.8 Duran: Oh, my goodness, Paul, thank you, thank you, thank you. Like I said, I was so fascinated when I heard you speak and I'm still just as equally fascinated with this conversation. But Paul, I'm just kind of curious, for anyone who might want additional information or support around what they can do around ageism, do you have any suggestions? I know you wrote a book, you co-wrote a book, so I'm throwing it out for you to give a shameful plug for yourself or any way in which to support additional learning.

0:23:14.2 Dr. Paul: So there is, as you said, there is a fabulous book that I co-authored with my colleague in Ireland, it's called Critical Questions About Aging Societies. But I'm gonna be brutally honest with you, it's a great book, but it is a text book, so it's not something you'd necessarily just flip through, it's never gonna be the next best seller. But, if you want resources, there is a great independent website, which is called Old School, and it was put together by an advocate for a group of people called Ashton Applewhite, which basically gives resources that you as an individual can use and that companies can use, on identifying and challenging ageism. So Old School is a great resource, she's a champion for older adults, and giving people that voice. But it's a resource that enables you to go on there, look at academic content, and also practical content that you can use on a daily basis. But if you want something a little more formal, the World Health Organization launched their campaign to combat ageism a couple of years ago, and on their website, they have an official tool kit and it's actually really good. And it's not stuffy, it's not academic-y, it's actually really easy to use language about identifying ageism, combating ageism, and using counter-stereotypical narratives. It's really, really good. So, they are the two resources that I would probably sign post most people to. But if you're really desperate, then feel free to buy my book. [chuckle]

0:24:43.8 Duran: Well, I'm sure that if somebody bought your book based upon the conversation that we had, that's not anywhere near desperation, [chuckle] inspiration. Well, I just wanna thank you, thank you, thank you once again for taking this time out to share your knowledge and your expertise and your research around ageism. I still look forward to any opportunity in the future to work with you again.

0:25:10.7 Dr. Paul: Well, thank you, the pleasure has been totally mine. As you know, I can wax lyrical for a long time about this subject.

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0:25:18.3 Jennifer: A special thank you again to our guest host, my colleague at the Prevention Training Center, Duran Rutledge. And to our special guest, Dr. Paul Nash of the University of Southern California. Speaking Frankly, is a production of The California Prevention Training Center, in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Marie Lazar, and is edited by Podcast Prowess.