



HIV-related stigma in healthcare settings and health outcomes among people living with HIV

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Conflict of Interest Disclosure

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Have no real or apparent
conflicts of interest to report.



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Stigma

- The process by which a group of individuals is labeled as socially undesirable
- These individuals are devalued due to attributes or behaviors that are societally deemed as “deeply discrediting”



White House Meeting on HIV Stigma (March, 2016)

“Working to ensure that HIV prevention, testing, and care can be delivered in a stigma-free manner is vital to achieving better health outcomes for people living with HIV”

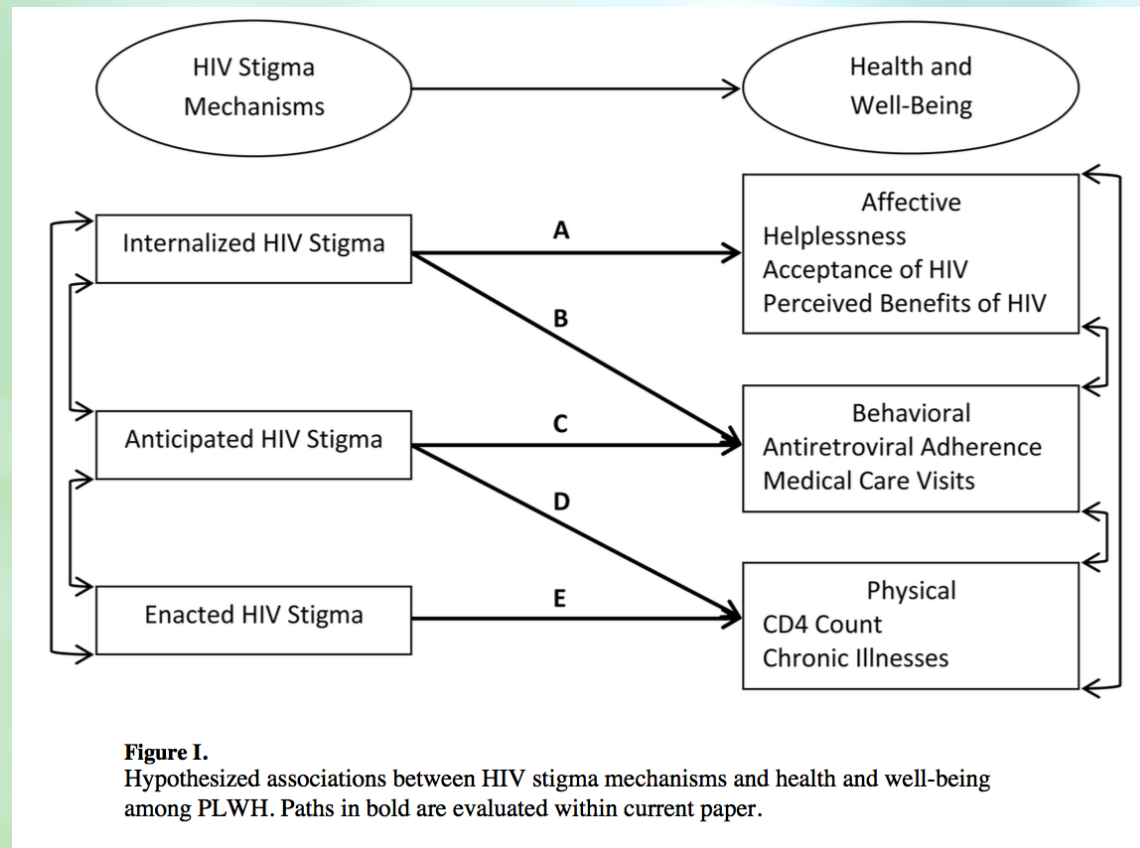


HIV-related Stigma

How does social stigma affect intrapersonal processes and outcomes at an individual level?

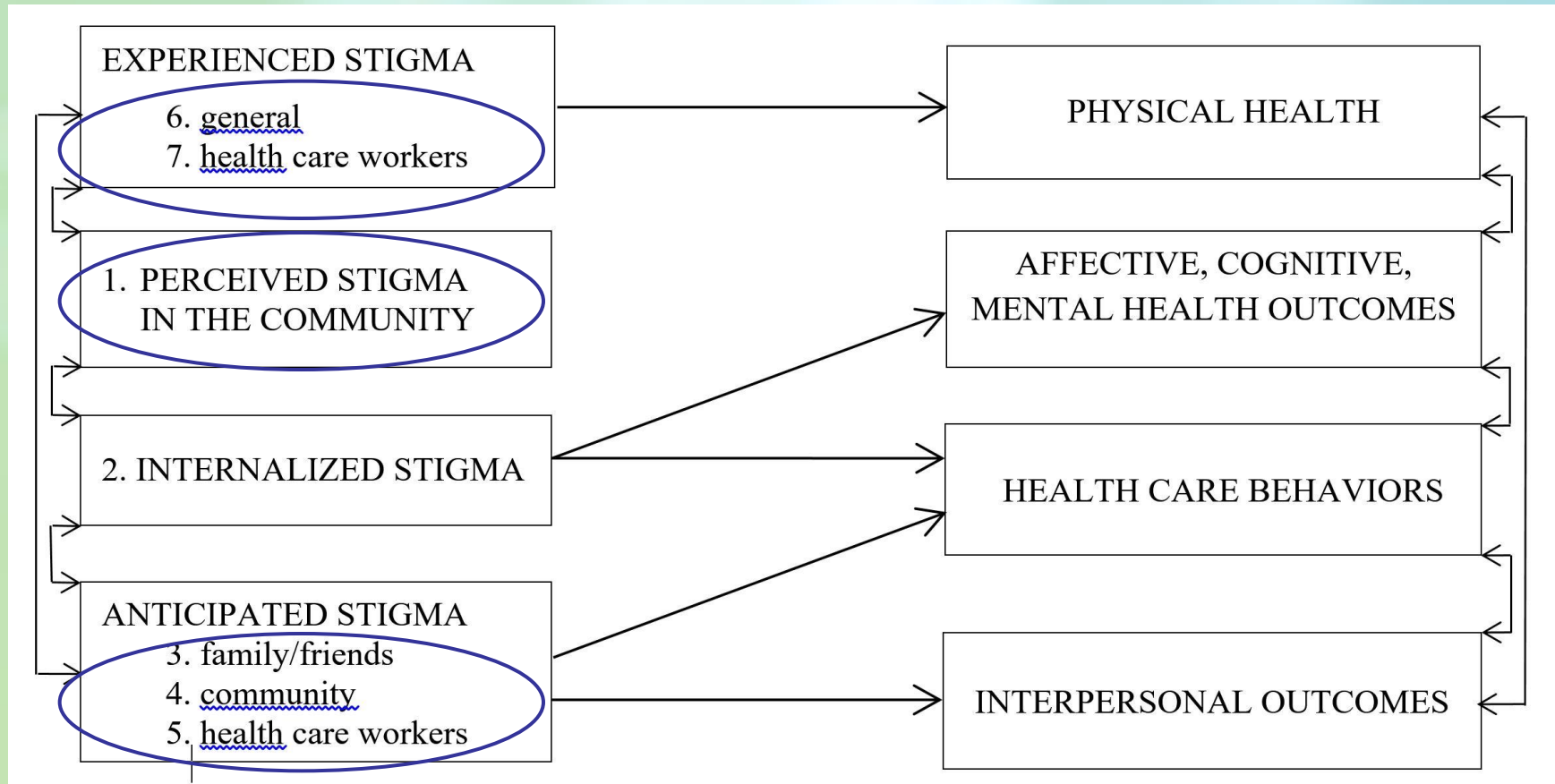


The HIV Stigma Framework (HSF)



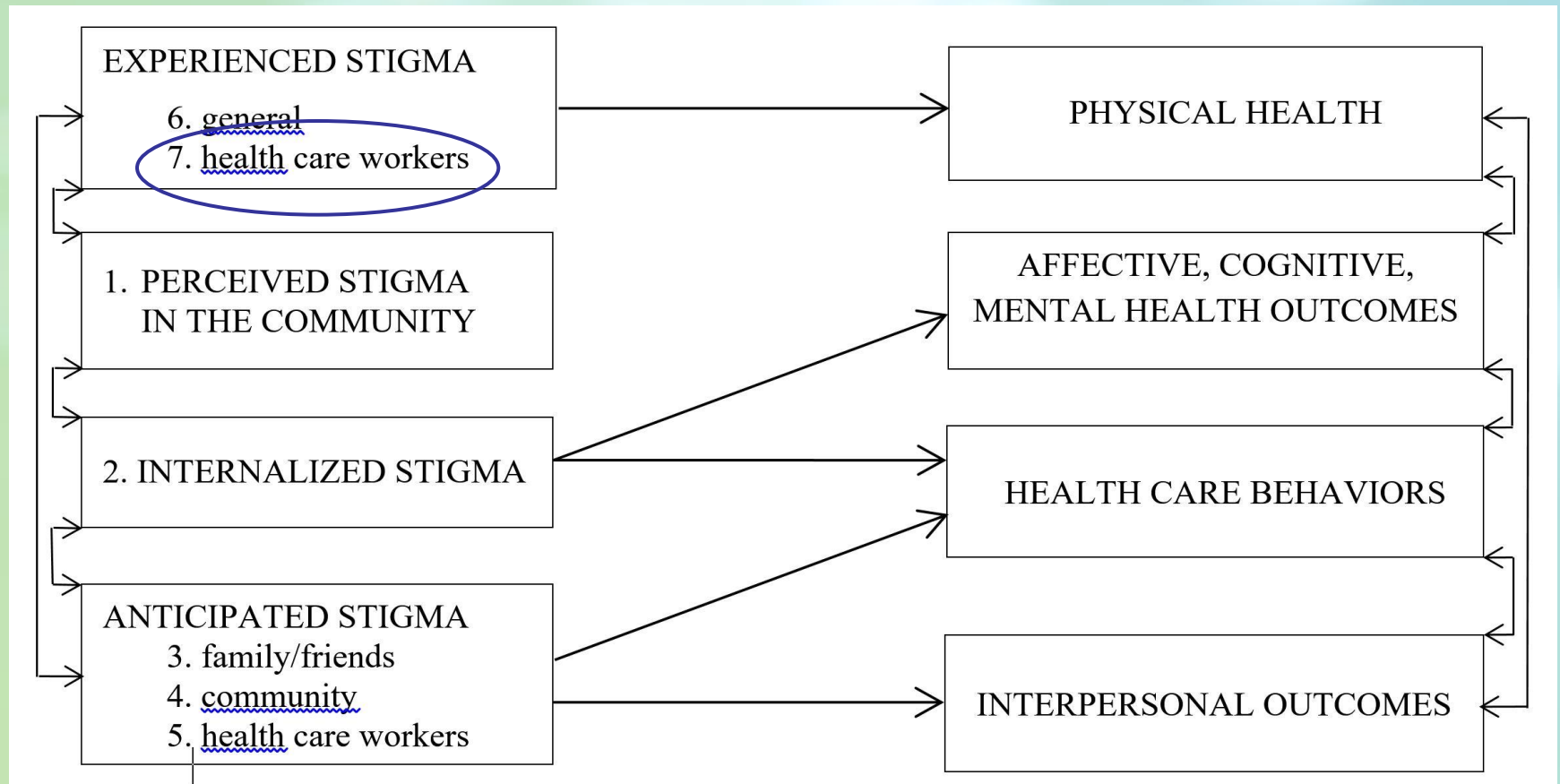


Modified HIV Stigma Framework (HSF)



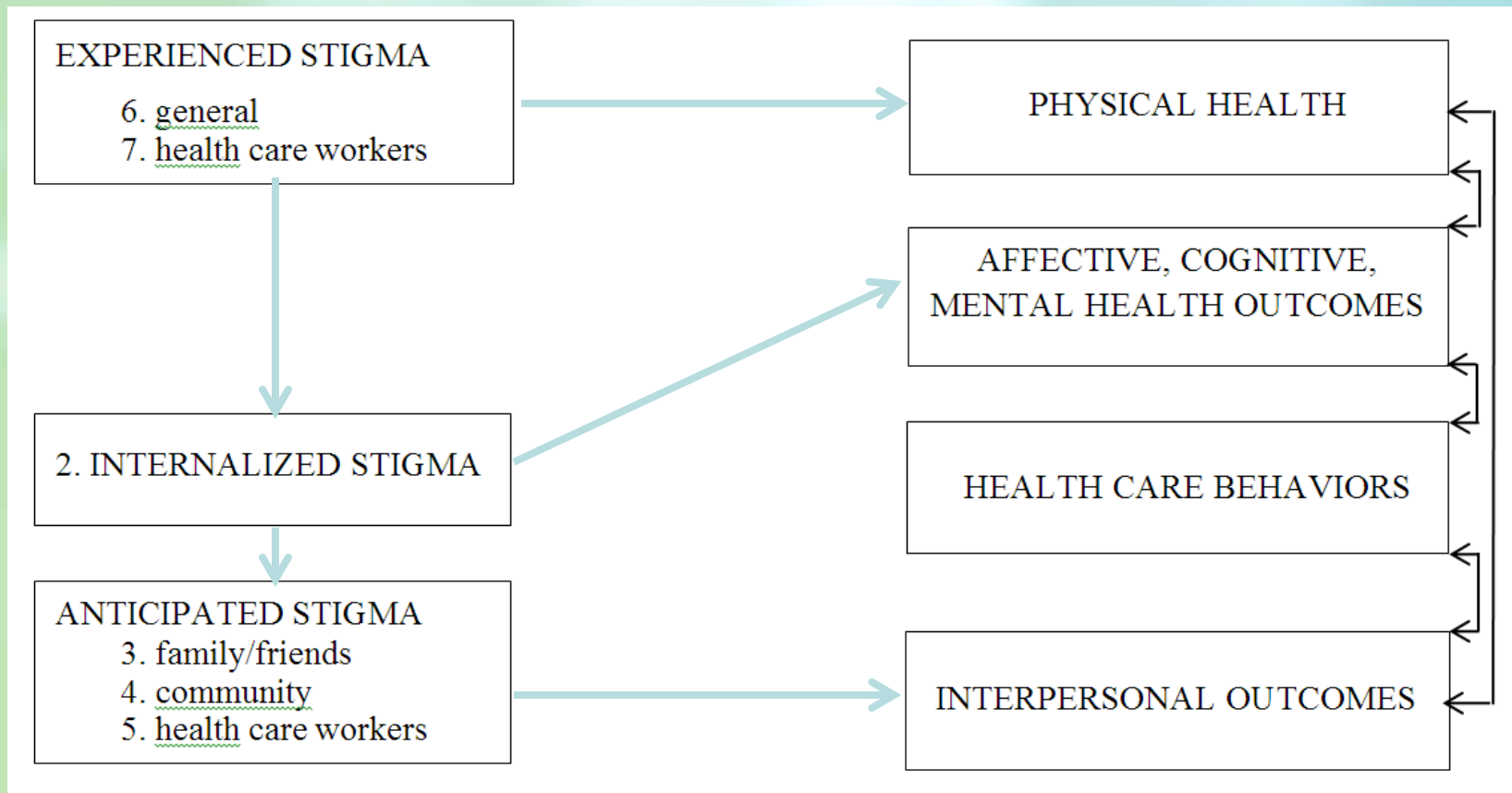


Modified HIV Stigma Framework (HSF)





Mediation





Participants

- Patients from an HIV clinic (N = 203)
- 74 women/129 men; 73 white/130 black
- Excluded those not on ART and substance users
- HCS stigma, internalized stigma, anticipated stigma (from community; friends/family; health-care workers), trust in physicians were assessed using validated self-report measures
- Data on depressive symptoms, duration of ART, and viral load were extracted from clinic records



Health Care Setting (HCS) Stigma

- Six items adapted from the field-tested version of the enacted stigma section of an international tool for measuring HIV-related stigma among health facility staff¹
- Cronbach's $\alpha = .73$

¹ Nyblade L, Jain A, Benkirane M, et al. A brief, standardized tool for measuring HIV-related stigma among health facility staff: Results of field testing in China, Dominica, Egypt, Kenya, Puerto Rico and St. Christopher & Nevis. *Journal of the International AIDS Society*. 2013;16(Suppl 2)(2):18718.



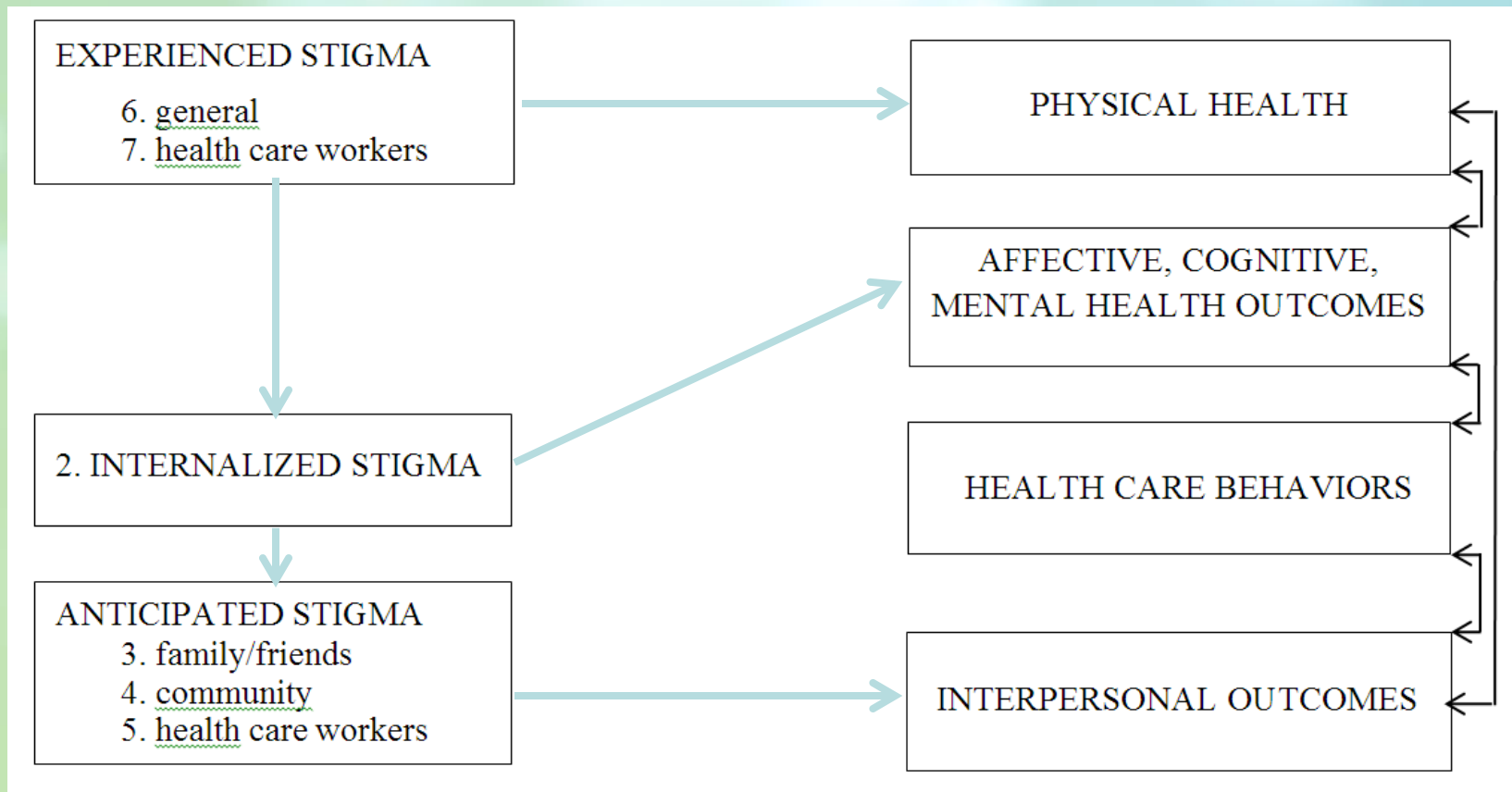
HCS Stigma

Sample items:

1. Healthcare workers were unwilling to care for you because you are living with HIV.
2. Healthcare workers provided poorer quality of care to you than to other patients because you are living with HIV.



Statistical Analyses





Viral load

Experiencing stigma in a HCS was associated with non-suppressed viral load

Adjusted Odds Ratio = 3.23, $p = .03$, 95% CI (1.15, 9.06)
(controlling for sex, race, age, SES, time on ART)

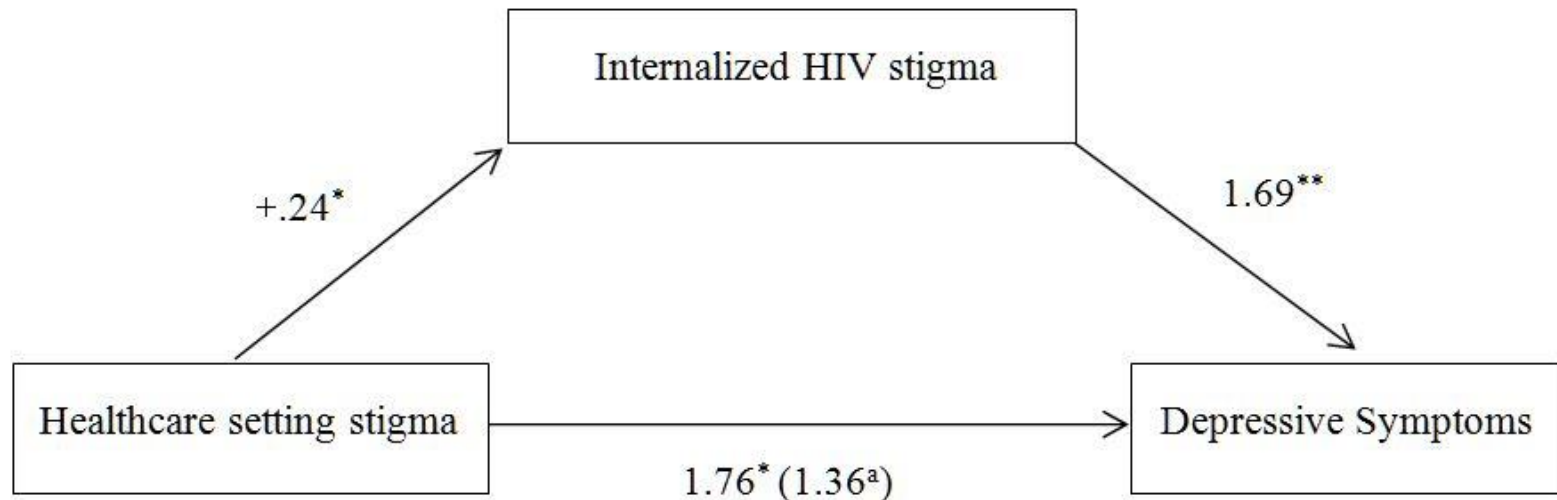
This association remained significant when other stigma mechanisms were added

Adjusted Odds Ratio = 4.60, $p = .046$, 95% CI (1.03, 20.56)



Depression

Indirect effect: $B=0.40$, $p < .05$, CI (0.01 to 1.17)



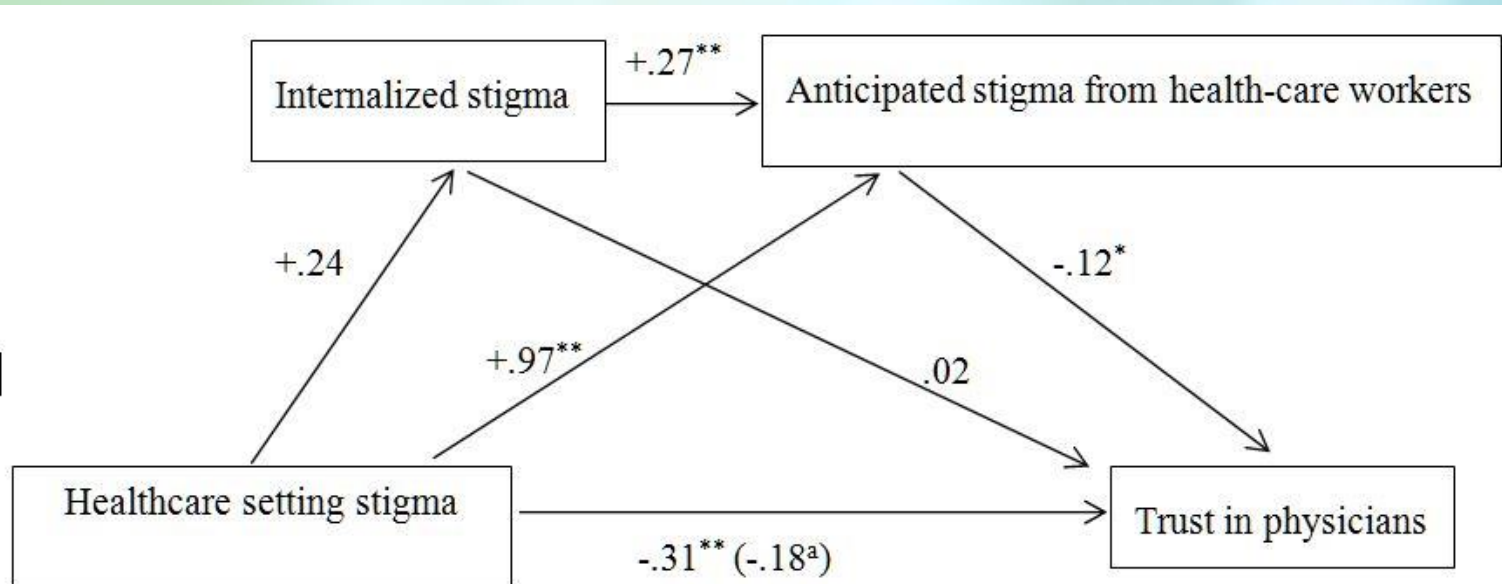
Note. Path coefficients are unstandardized. Sex, race, age, socio-economic status, and time on ART are also controlled.

^a When internalized stigma is in the model.



Trust in Physicians

Indirect serial effect: $B = -0.01$, $p < .05$, CI (-0.04 to -0.0006)



Note. Path coefficients are unstandardized. Sex, race, age, socio-economic status, and time on ART are also controlled.

^a When internalized stigma and anticipated stigma from health-care workers are in the model.



Limitations

- Self-report measures
- Cross-sectional design
- Limited generalizability
- Moderate sample size



Conclusion

Reducing experienced stigma in healthcare settings is critical to improve linkage and retention in care, as well as health outcomes for people living with HIV



Conclusion

A deeper understanding of how different stigma mechanisms affect outcomes – and the mediating pathways involved – is important in designing interventions aimed at reducing the effects of HIV-related stigma.



Intervention strategies

- Targeting stigma in the healthcare system
- Blocking the experienced stigma - internalization of stigma pathway
- Targeting internalized stigma – anticipated stigma pathway



Thank You!

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