African American Older Adults with HIV: Exploring Intersectionality and HIV Care Outcomes

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Faculty Disclosure

- No financial relationships to disclose

Objectives

Upon completion of this activity, you will be able to:

1. Define internalized, anticipated, and enacted HIV stigma

2. Describe intersectionality and intersectional stigma as it relates to HIV

3. Recognize the ways in which HIV stigma and discrimination intersect to impact HIV care outcomes among older African Americans

4. Identify strategies to reduce stigma's impact on HIV care outcomes

HIV Stigma

- HIV stigma is defined as prejudice, discounting, discrediting, and discrimination that are directed at people perceived to have HIV or AIDS

HIV Stigma

- Enacted
  - Actual experiences of discrimination by others

- Anticipated
  - Expectations that they will be treated negatively in the future

- Internalized
  - Internal endorsements of negative thoughts about HIV

Stress

Life Stress

Transportation

Financial Instability

HIV- Related Stress

Management of Medication

Management of Health Insurance

Overlap with Stigma/Involuntary Disclosure and Medication

Stigma

Historical Trauma/Mistreatment

Fear of Recognition

Improvements over Time

Engagement in Care

Positive first Impression

Genuine Human Connection

Linkage to Care

Disengagement in Care

Denial

Distrust in Medication and Health Care

$(r = -0.42, p = 0.01)$

$(r = -0.33, p = 0.05)$
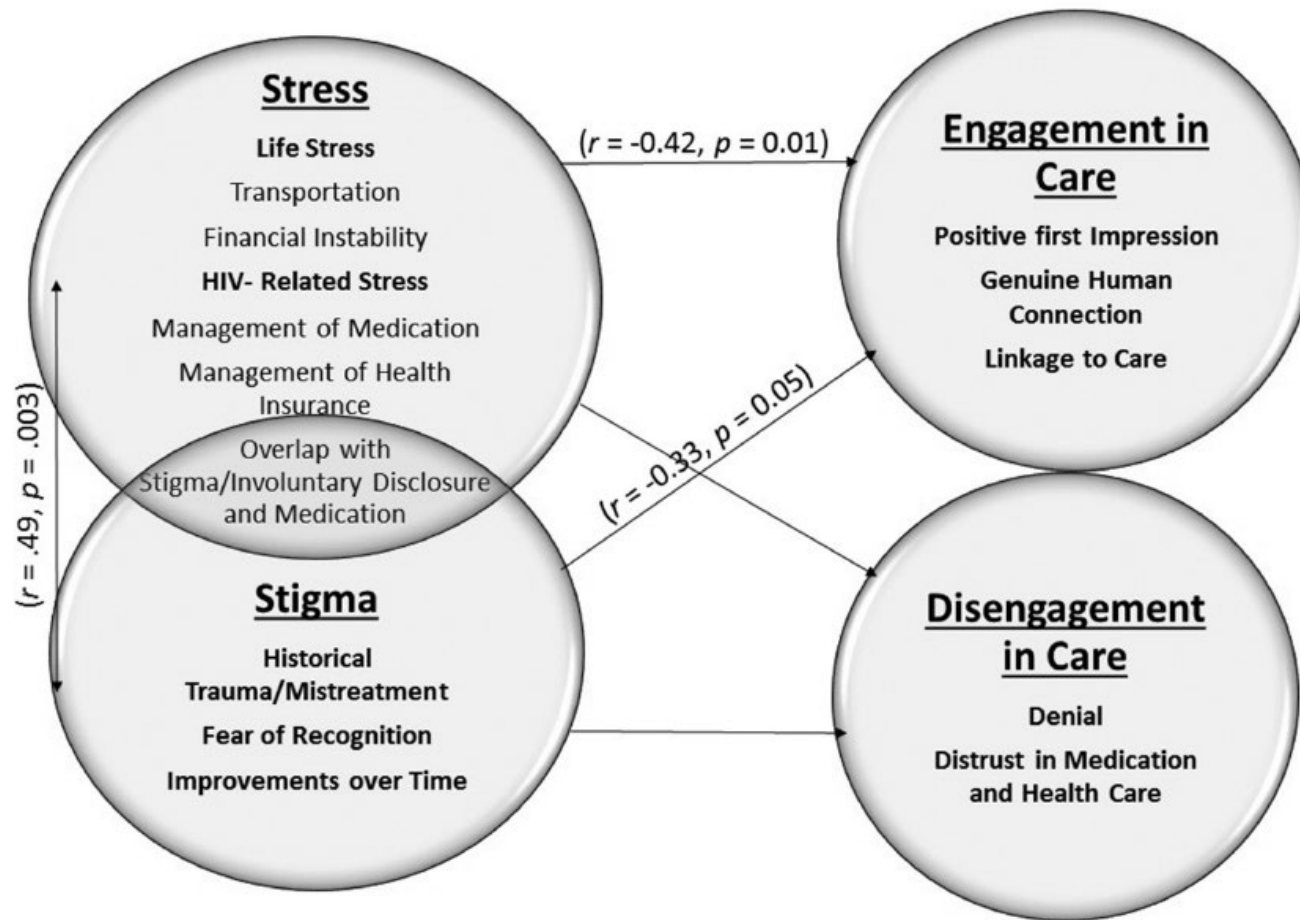
$(r = .49, p = .003)$

Figure 1. Relationships between stress, stigma, and health care engagement among older African Americans living with HIV/AIDS.

Harris, L. M., Crawford, T. N., Kerr, J. C., Thomas, T. A., & Schmidt, V. (2020). African American older adults living with HIV: exploring stress, stigma, and engagement in HIV care. *Journal of health care for the poor and underserved*, *31*(1), 265-286.

Intersectionality

- "a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e., racism, sexism, heterosexism, classism) at the macro social-structural level." (Lisa Bowleg, 2012)

Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—an important theoretical framework for public health. *American journal of public health*, *102*(7), 1267-1273.

Davis K. Intersectionality as buzzword: a sociology of science perspective on what makes a feminist theory successful. Feminist Theory. 2008;9(1):67---85.

Crenshaw KW. The intersection of race and gender. In: Crenshaw KW, Gotanda N, Peller G, Thomas K, eds. Critical Race Theory: The Key Writings That Formed the Movement. New York, NY: The New Press; 1995: 357---383.

Collins PH. Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment. New York, NY: Routledge; 1991.
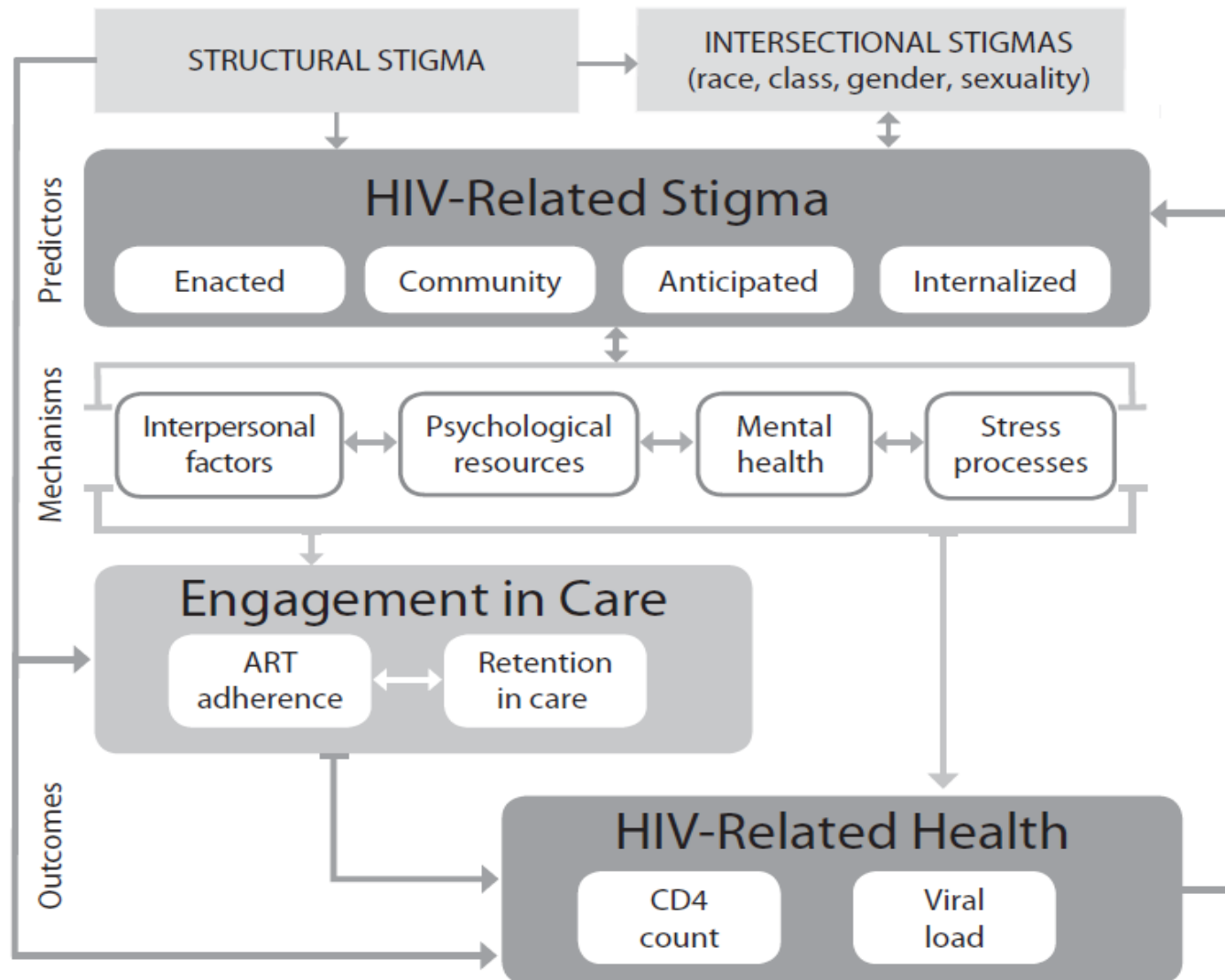
Intersectional Stigma

- A concept that describes the convergence of multiple stigmatized identities within a person or a group.

- Living with multiple stigmatized identities may affect behaviors as well as individual and population health outcomes.

Intersectional Stigma

- Racism

- Ageism

- Heterosexism

- Sexism

Turan, B., Hatcher, A. M., Weiser, S. D., Johnson, M. O., Rice, W. S., & Turan, J. M. (2017). Framing mechanisms linking HIV-related stigma, adherence to treatment, and health outcomes. *American journal of public health*, *107*(6), 863-869.

Intersectional Stigma and HIV-related Health Outcomes
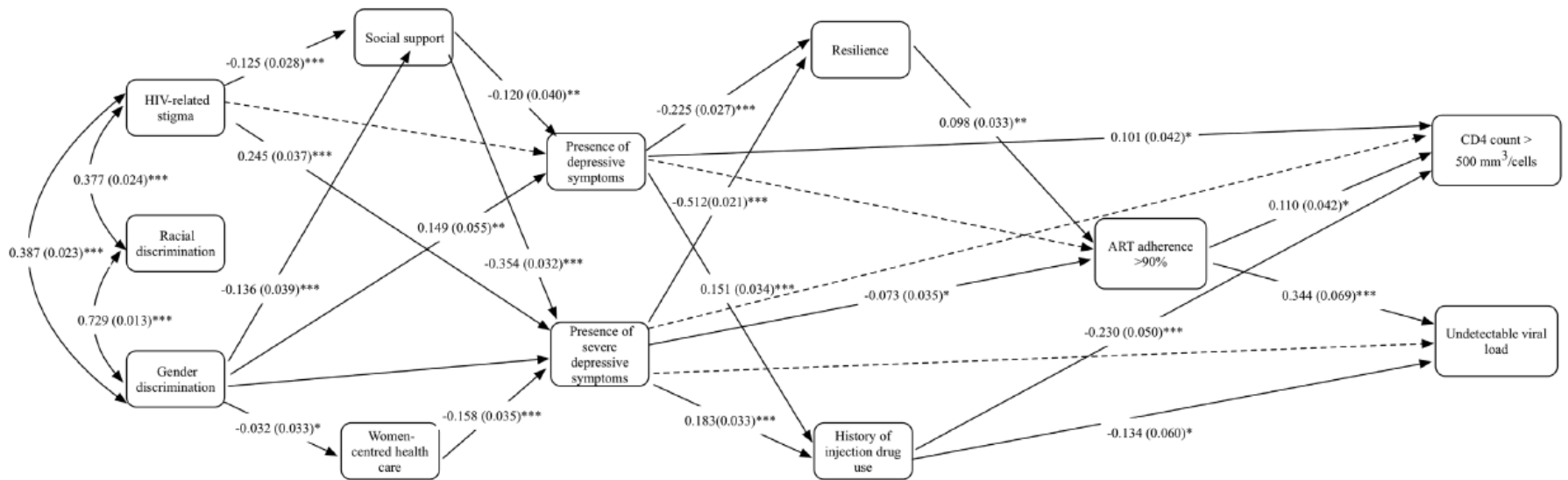

C.H. Logie, et al.

Fig. 1. Final path analysis for intersectional stigma types, depression and HIV-related clinical outcomes for an integrated model of intersectional stigma mechanisms among women living with HIV in Canada ($N = 1367$). *Note.* Standard coefficients are reported with standard errors in parentheses. Covariates include age, ethnicity, immigration status, relationship status, education level and years living with HIV. *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

Logie, C. H., Williams, C. C., Wang, Y., Marcus, N., Kazemi, M., Cioppa, L., ... & Loutfy, M. (2019). Adapting stigma mechanism frameworks to explore complex pathways between intersectional stigma and HIV-related health outcomes among women living with HIV in Canada. *Social Science & Medicine*, *232*(C), 129-138.

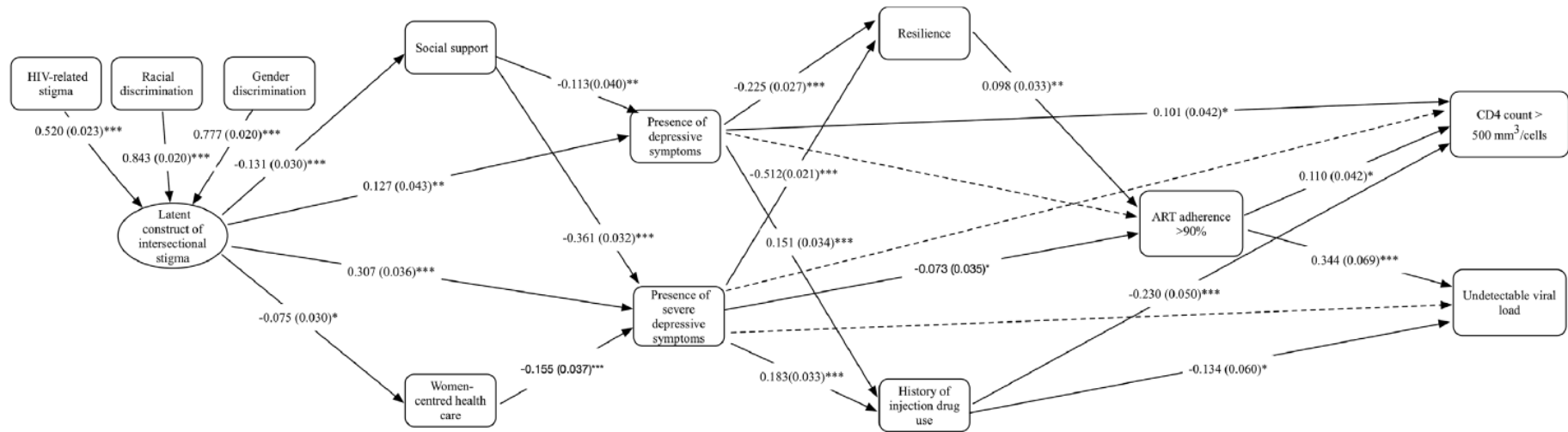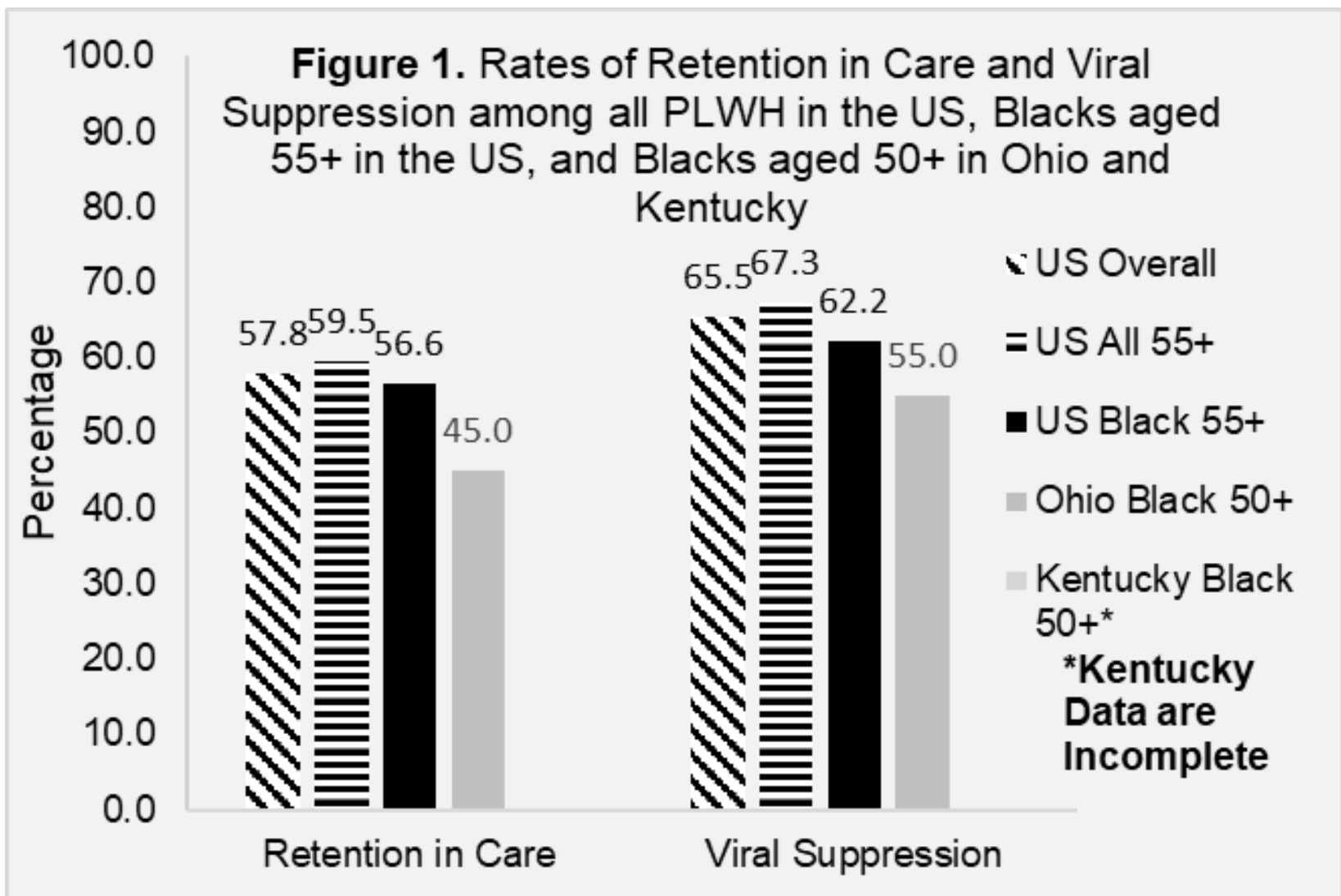# Intersectional Stigma and HIV-related Health Outcomes

Fig. 2. Final structural equation model for a latent construct of intersectional stigma, depression and HIV-related clinical outcomes for an integrated model of intersectional stigma mechanisms among women living with HIV in Canada ($N = 1367$).

Note. Standard coefficients are reported with standard errors in parentheses. Covariates include age, ethnicity, immigration status, relationship status, education level and years living with HIV. *$p < 0.05$, **$p < 0.01$, ***$p < 0.001$.

Logie, C. H., Williams, C. C., Wang, Y., Marcus, N., Kazemi, M., Cioppa, L., ... & Loutfy, M. (2019). Adapting stigma mechanism frameworks to explore complex pathways between intersectional stigma and HIV-related health outcomes among women living with HIV in Canada. *Social Science & Medicine*, *232*(C), 129-138.

AFRICAN AMERICAN OLDER ADULTS LIVING WITH HIV: EXPLORING INTERSECTIONAL STIGMA AND HIV – A PILOT MIXED-METHODS STUDY

Figure 1. Rates of Retention in Care and Viral Suppression among all PLWH in the US, Blacks aged 55+ in the US, and Blacks aged 50+ in Ohio and Kentucky

Lyons SJ, Gant Z, Johnson AS, et al. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data: United States and 6 dependent areas, 2018. 2021

Purpose

- The purpose of this study was to examine the relationships among HIV-related stigma, discrimination, and engagement in HIV care outcomes.

Methods – Study Design

- Pilot Mixed Methods Study
  - Quantitative Phase (N = 53)
    - Online Survey – REDCap

  - Qualitative Phase (n = 20)
    - Semi-structured in-depth interviews
      - In progress

Methods – Study Participants

- Individuals were eligible if:
    1. Diagnosed with HIV
    2. Identified as Black or African American
    3. Age 50+
    4. Currently living in Ohio

- Recruited through Equitas Health

- Analytic Sample
    - N = 53
        - 61 opened the survey; 4 did not consent; 4 did not complete the survey

HIV-related Stigma

- **Stigma Revised Scale (Berger HIV Stigma Scale)**
  - 10 items ("Strongly Disagree" to "Strongly Agree")
    - Overall Stigma Score (Range = 10 to 40)
    - Personalized Stigma (Range = 3 to 12)
    - Disclosure Stigma (Range = 2 to 8)
    - Negative Self-Image Stigma (Range = 3 to 12)
    - Public Attitudes Stigma (Range = 2 to 8)

Wright, K., Naar-King, S., Lam, P., Templin, T., & Frey, M. (2007). Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. *Journal of adolescent health*, *40*(1), 96-98.

Everyday Discrimination

- **Everyday Discrimination Scale**
  - Measures chronic and routine unfair treatment in everyday life.
  - In your day-to-day life, how often do any of the following things happen to you? (e.g., You are threatened or harassed)
  - 9 items
    - "Never" to "Almost everyday"
    - Range = 0 to 45
    - Follow-up questions ask about reason for discrimination

Williams, D.R., Yu, Y., Jackson, J.S., and Anderson, N.B. "Racial Differences in Physical and Mental Health: Socioeconomic Status, Stress, and Discrimination." Journal of Health Psychology. 1997; 2(3):335-351.

Major Discrimination

- **Major Experiences of Discrimination Scale**
  - Assesses lifetime experiences of discrimination
  - 9 items
    - e.g., For unfair reasons, have you ever not been hired for a job
    - Follow-up questions (What do you think was the main reason for this experience?)

Williams, D.R., González, H.M., Williams, S., Mohammed, S.A., Moomal, H, Stein, D.J. "Perceived Discrimination, Race and Health in South Africa: Findings from the South Africa Stress and Health Study." Social Science and Medicine, 2008; 67: 441-452.

Engagement with Health Care Providers

- **Engagement with Health Care Provider Scale**
  - Assesses the perception of engagement with health care providers
  - 13 items
    - "Please rate the degree to which each statement reflects your provider's behavior toward you…"
      - "listens to me"; "involves me in decisions"
    - "Always to Never"
    - Range = 13 to 65 (higher scores denote <u>poor</u> engagement)

Bakken, S., Holzemer, W. L., Brown, M. A., Powell-Cope, G. M., Turner, J. G., Inouye, J., … & Corless, I. B. (2000). Relationships between perception of engagement with health care provider and demographic characteristics, health status, and adherence to therapeutic regimen in persons with HIV/AIDS. *AIDS patient care and STDs*, *14*(4), 189-197.

Engagement in Care

- **Medication Adherence**

  1. Thing about the past 4 weeks, on average how would you rate your ability to take all of your HIV antiretroviral medications as your doctor prescribed? (Very Poor to Excellent)

  2. Thinking back over the past 3 months, has there ever been a time where you missed taking all of your antiretrovirals for 4 days or more? (yes/no)

Engagement in Care

- **Missed Clinic Visits**
  1. In the past 12 months, did you miss any HIV clinic appointments (does not include appointments canceled and rescheduled)
  2. In the past 6 months, did you miss any HIV clinic appointments

- **Knowledge of CD4 cell counts and Viral Loads**
  1. Do you know your current CD4 cell count?
  2. Do you know your current viral load?

Analysis

- Exploratory Analysis
  - Pearson's Product Moment Correlations among the study variables

  - Standardized Mean Differences (SMD)
    - T-tests

Participants Characteristics

- Mean age - 53.6 ± 2.1(range = 50 to 58)

- Median years living with HIV – 2 years (0 – 7 years)

- Majority identified as men (94.3%)

- Approximately 36% identified as bisexual or gay

- Approximately 60% had a college degree or higher

- 49.1% had a history of injection drug use

Means of Study Variables among Older African American Adults Living with HIV (N = 53)		
	Mean (SD)	95% CI
HIV-Related Stigma Scale		
Overall Stigma	29.5 (2.7)	28.8 – 30.3
Personalized Stigma	9.2 (0.9)	8.9 – 9.4
Disclosure Stigma	5.8 (0.7)	5.6 – 6.0
Negative Self Image Stigma	8.5 (1.5)	8.1 – 8.9
Public Attitudes Stigma	6.1 (1.1)	5.8 – 6.3
Engagement with Health Care Providers	32.2 (8.7)	29.8 – 34.6

HIV-Related Stigma Items

Item	Percentage Agree to Strongly Agree
I have lost friends by telling them I have HIV	96.1
I have stopped socializing with some people because of their reactions to my having HIV	79.3
I worry that people who know I have HIV will tell others	75.4
I have been hurt by how people reacted to learning I have HIV	94.3
I am very careful who I tell that I have HIV	83
Most people with HIV are rejected when others find out	86.7
Having HIV makes me feel that I am a bad person	75.4
Most people think that a person with HIV is disgusting	84.8
Having HIV makes me feel unclean	75.4
I feel I am not as good a person as others because I have HIV	84.9

Percentage Agree to Strongly Agree

Everyday and Major Discrimination

- **Everyday Discrimination**
  - **Mean = 24.9 ± 8.14**
  - **95% CI = 22.6 – 27.1**

- **Major Discrimination**
  - **Mean = 6.6 ± 2.1**
  - **95% CI = 6.0 – 7.2**

What do you think is the MAIN reason for these experiences?

Everyday Discrimination

Category	Percentage
Gender	15.1
Race	96.2
Age	20.8
Sexual Orientation	13.2
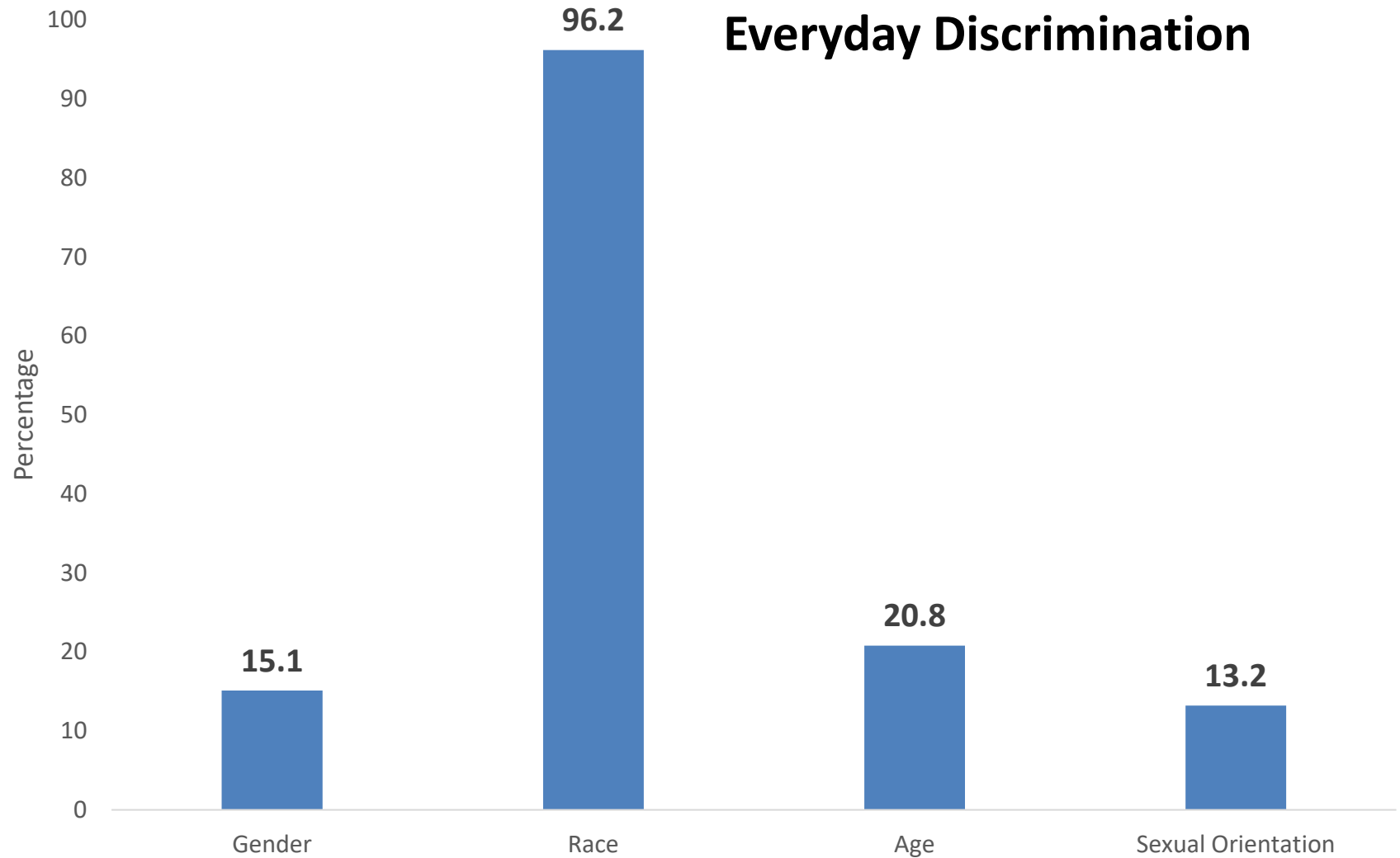
Everyday Discrimination

- Approximately 33.0% (n = 18) of participants selected more than one reason for discrimination.
  - 13.2% (n = 7) selected race and age

What do you think is the MAIN reason for these experiences?

Major Discrimination
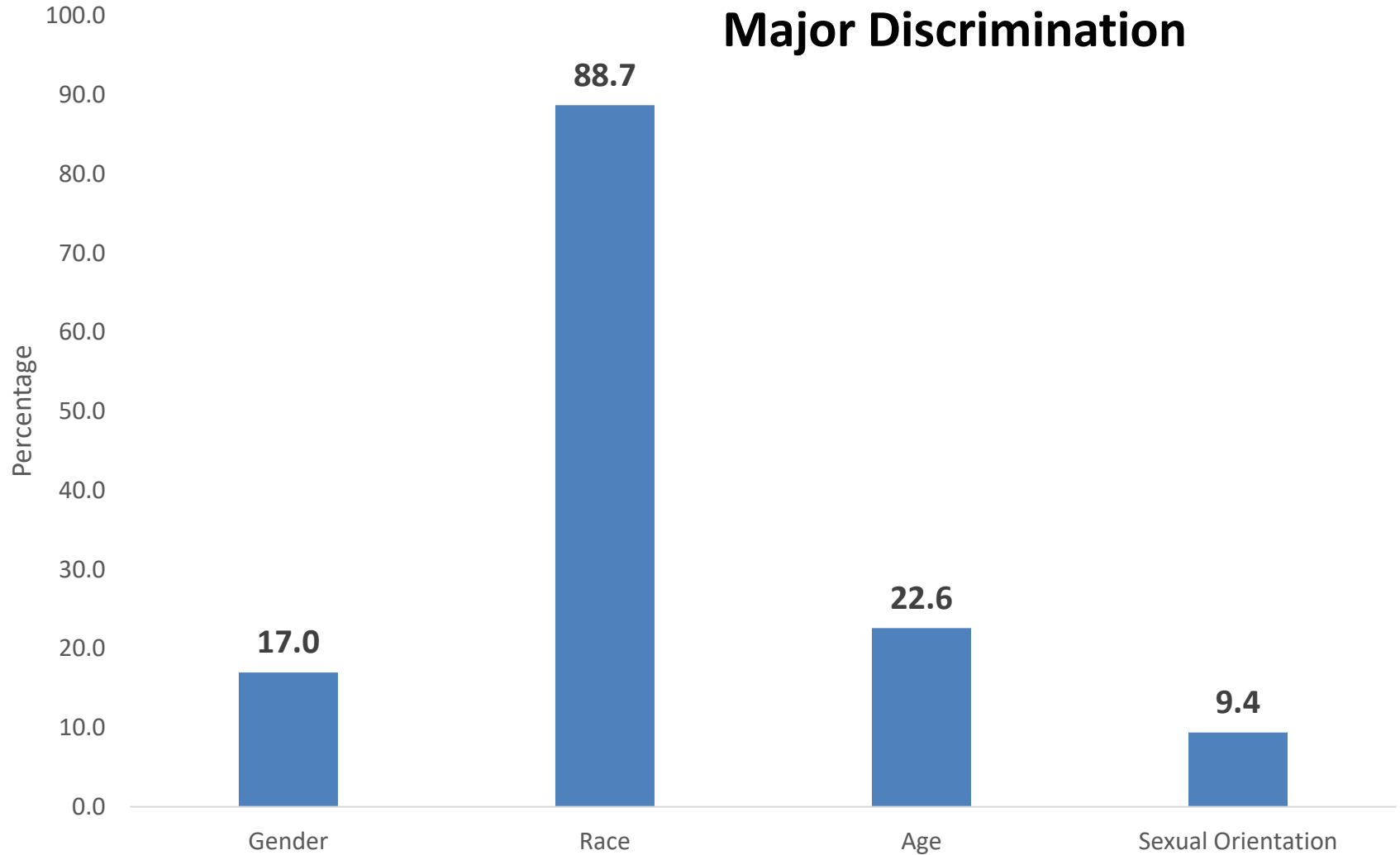
Major Discrimination

- Approximately 32.0% (n = 17) selected more than one reason.

    - 15.1% (n = 8) selected race and age

Overall HIV Stigma and Everyday Discrimination

r = .493; p = .0002
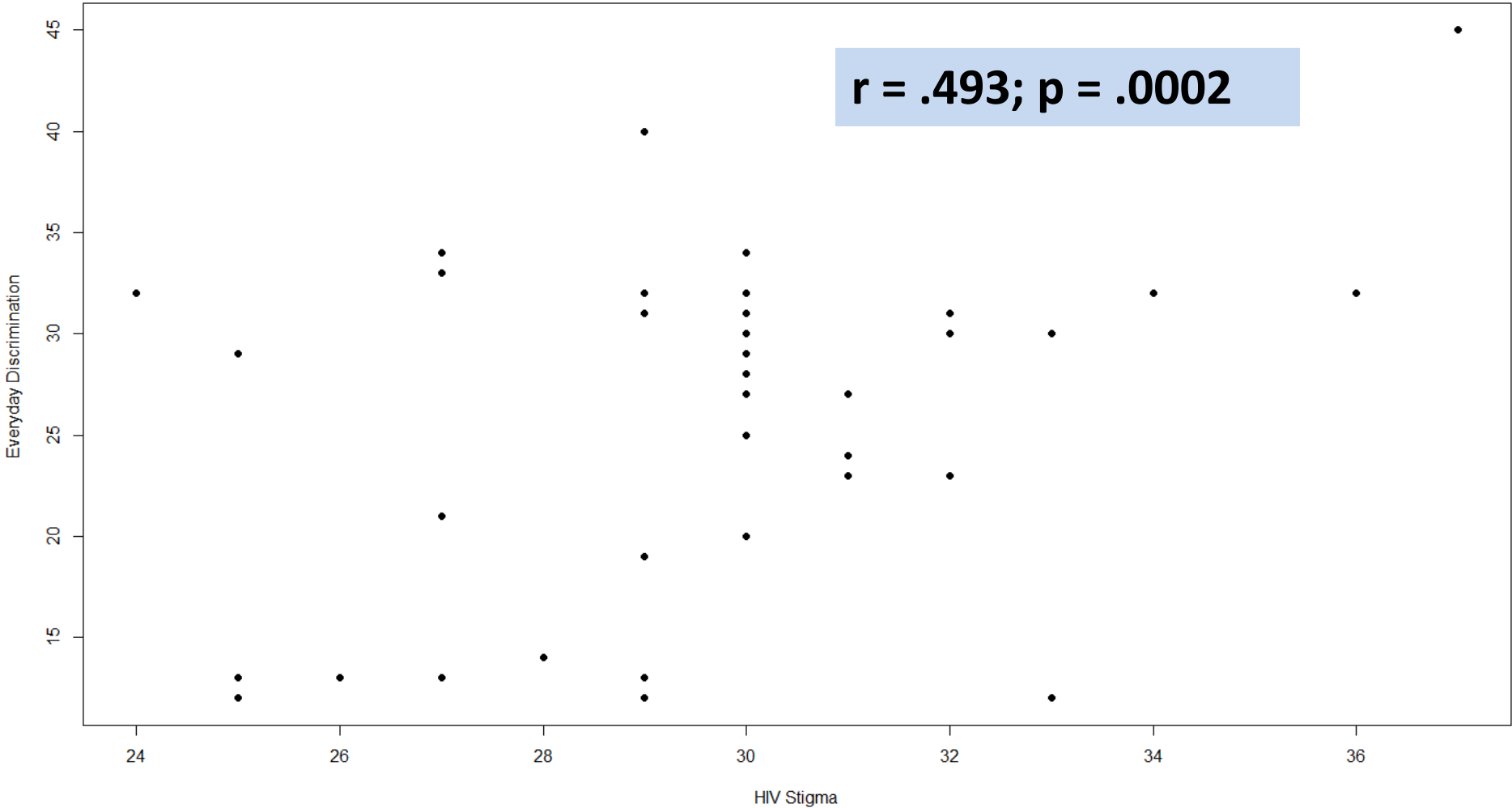
Personalized Stigma and Everyday Discrimination

r = .617; p <.0001
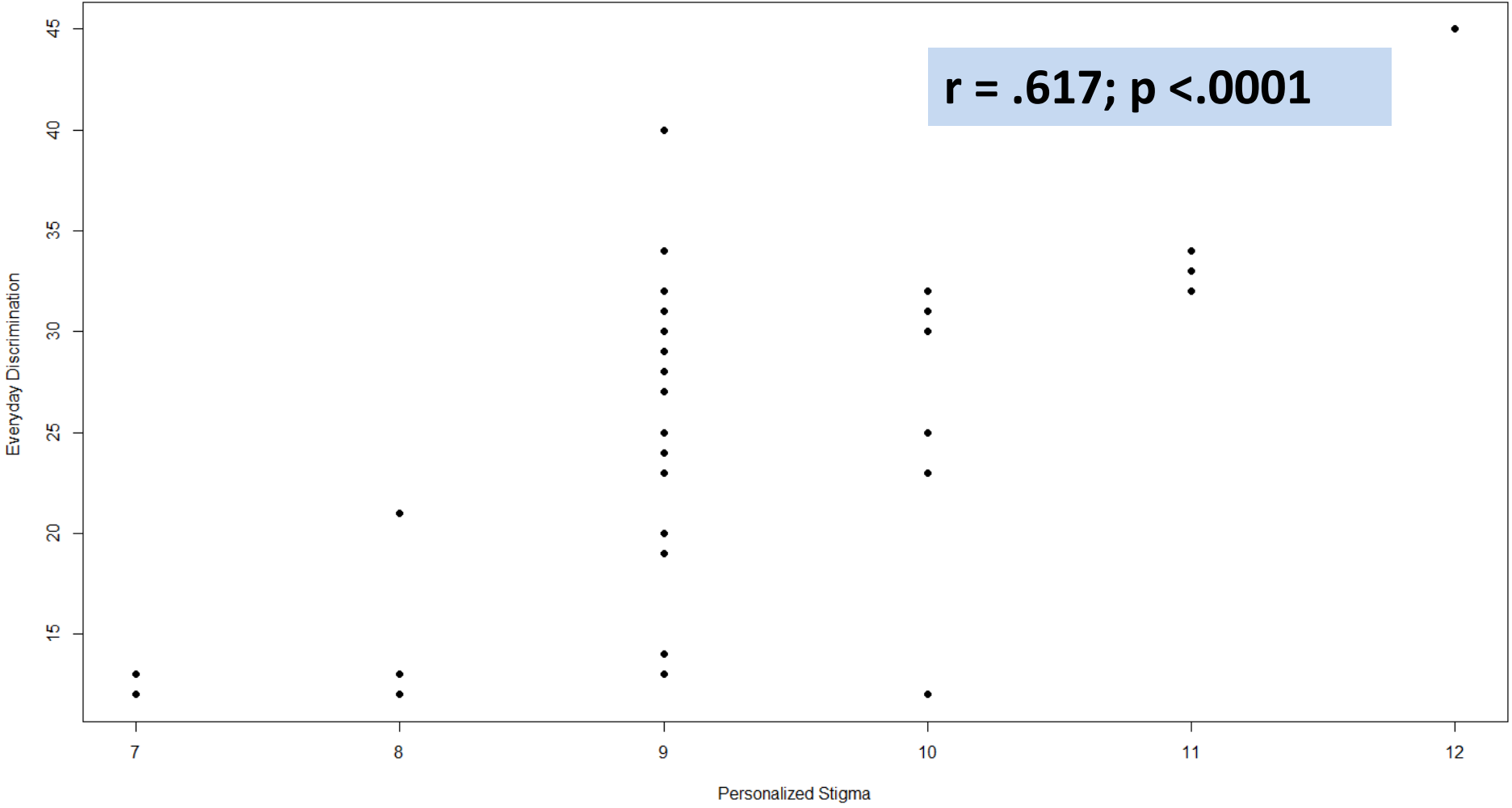
Public Attitudes and Everyday Discrimination

r = .536; p <.0001
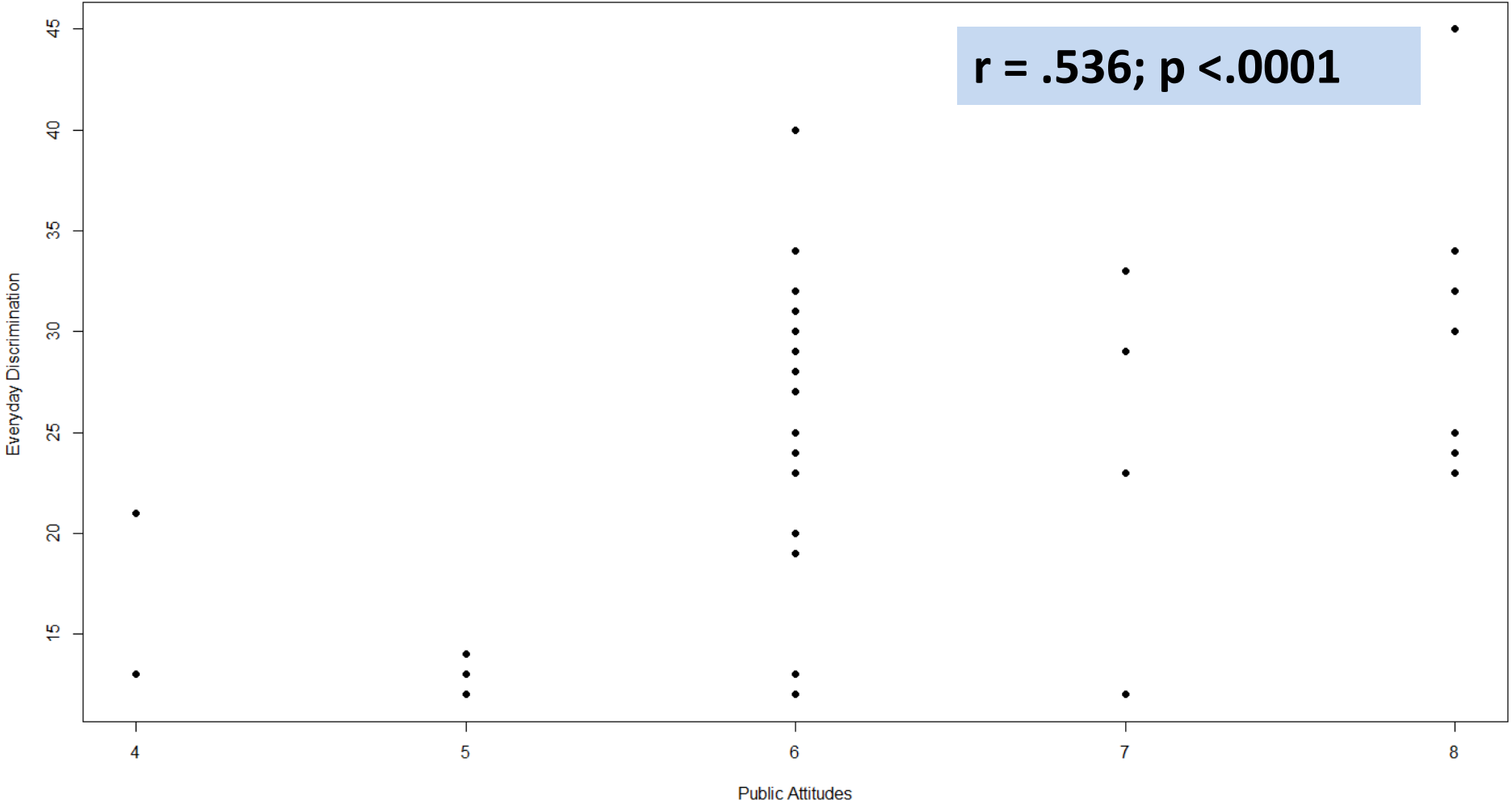
Engagement with HCP and Everyday Discrimination

r = .411; p = .002
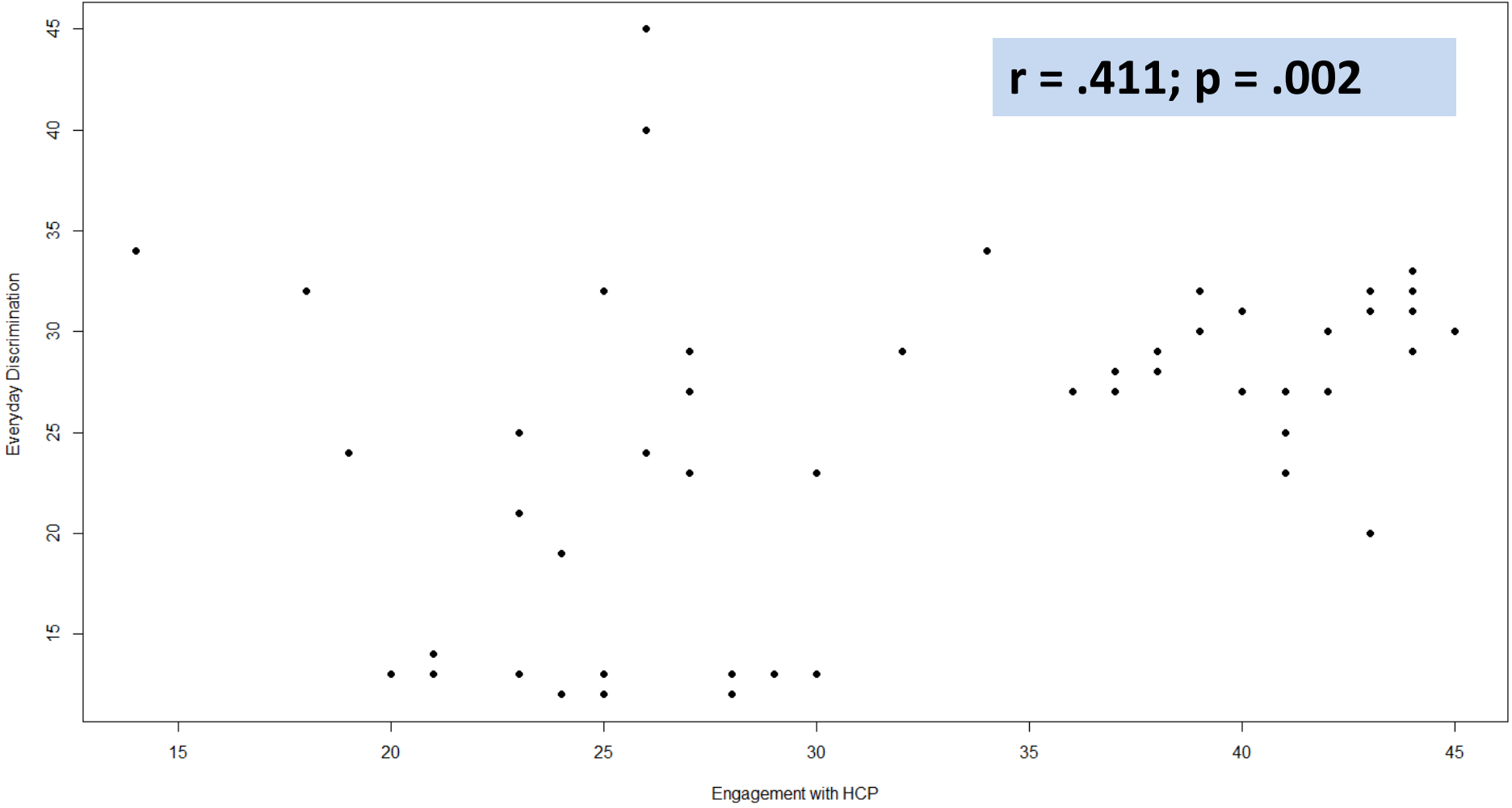
Thinking about the past 4 weeks, on average how would you rate your ability to take all of your HIV antiretroviral medications as your doctor prescribed?
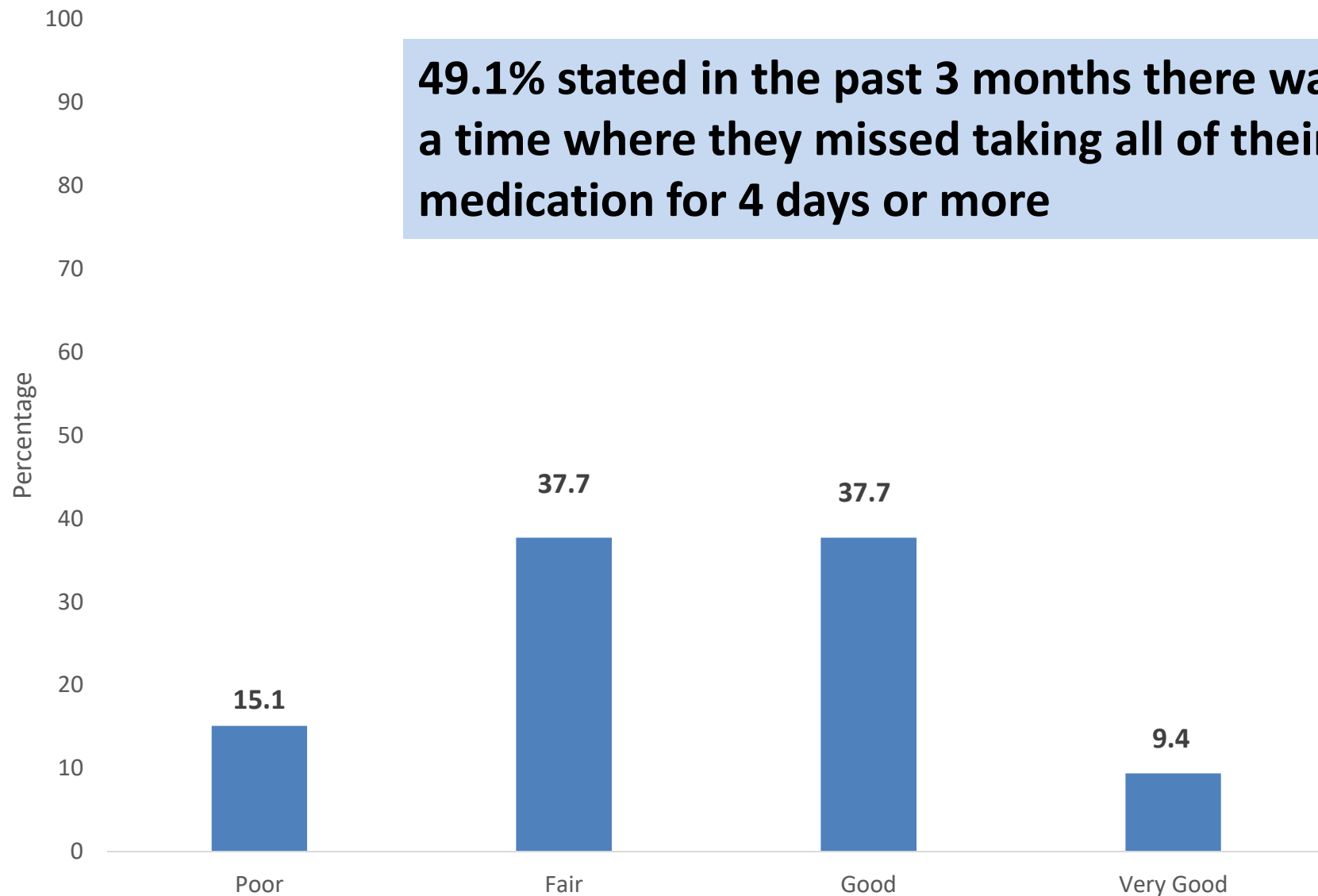
49.1% stated in the past 3 months there was a time where they missed taking all of their medication for 4 days or more

	Poor	Fair	Good	Very Good
Percentage	15.1	37.7	37.7	9.4

Engagement in Care
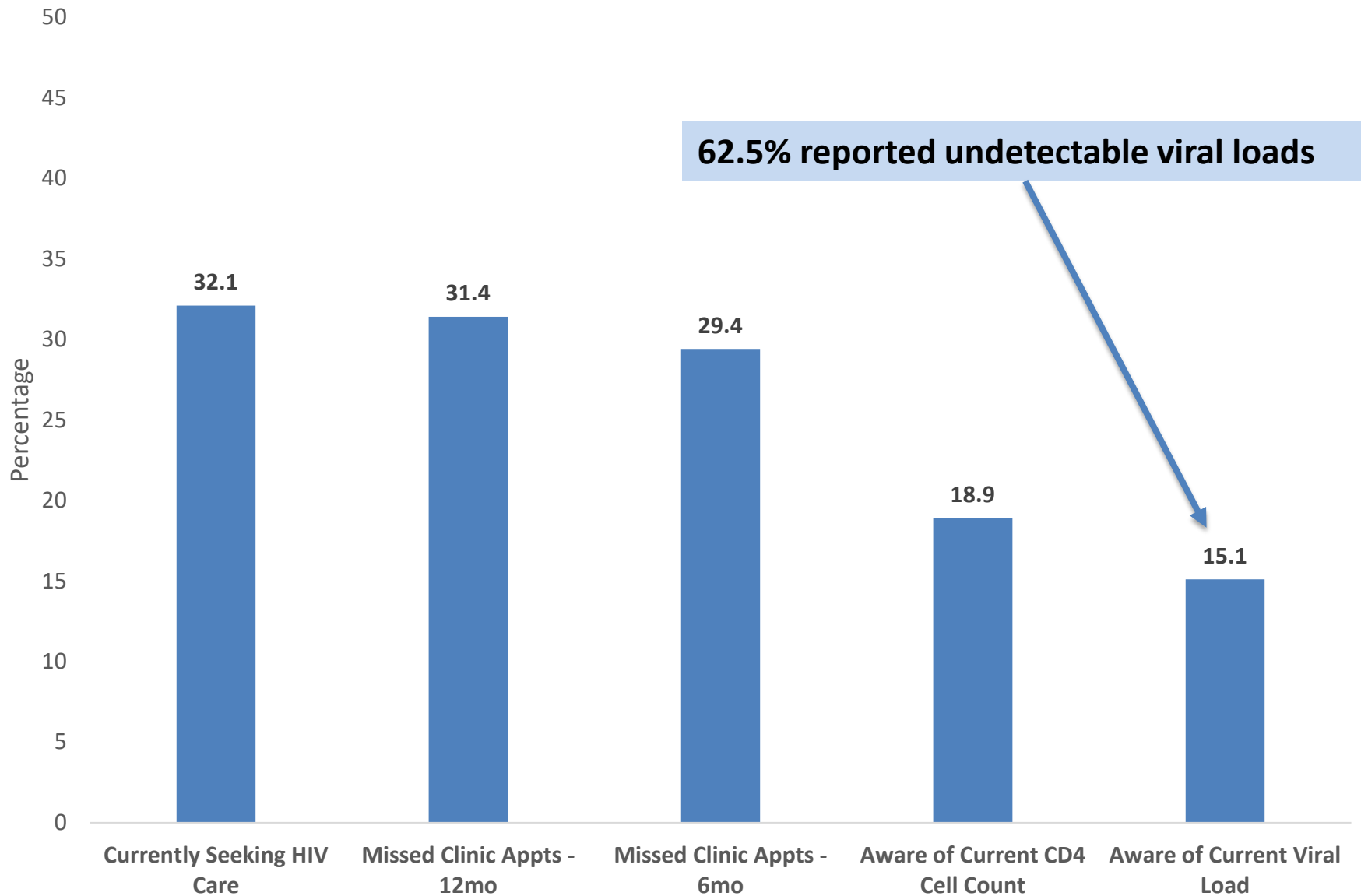
Missed Medications and HIV Stigma
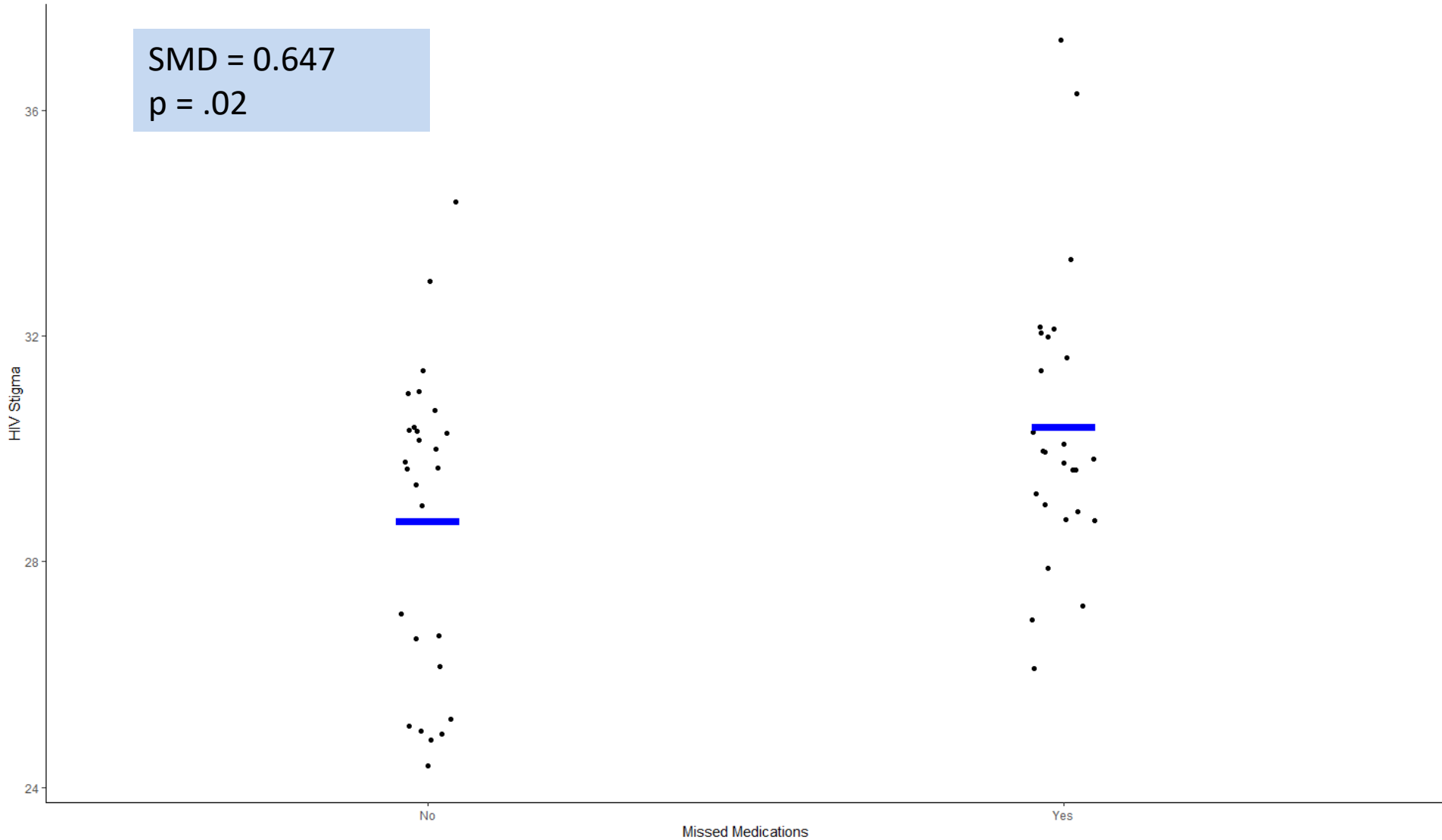
Missed Medications and Negative Self-Image

SMD = 0.710
p = .01
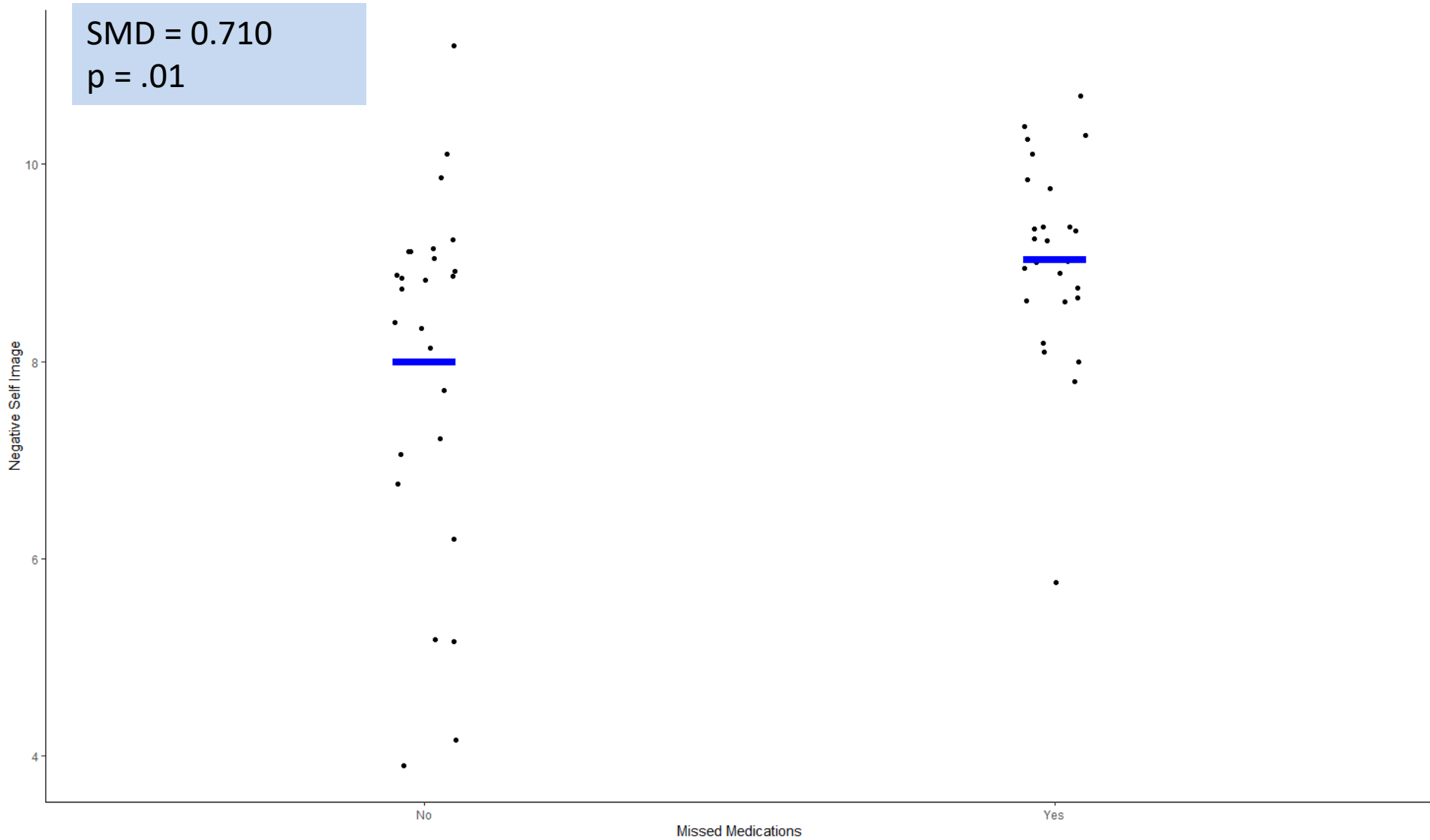
Missed Medications and Disclosure Stigma

SMD = 0.565
p = .04
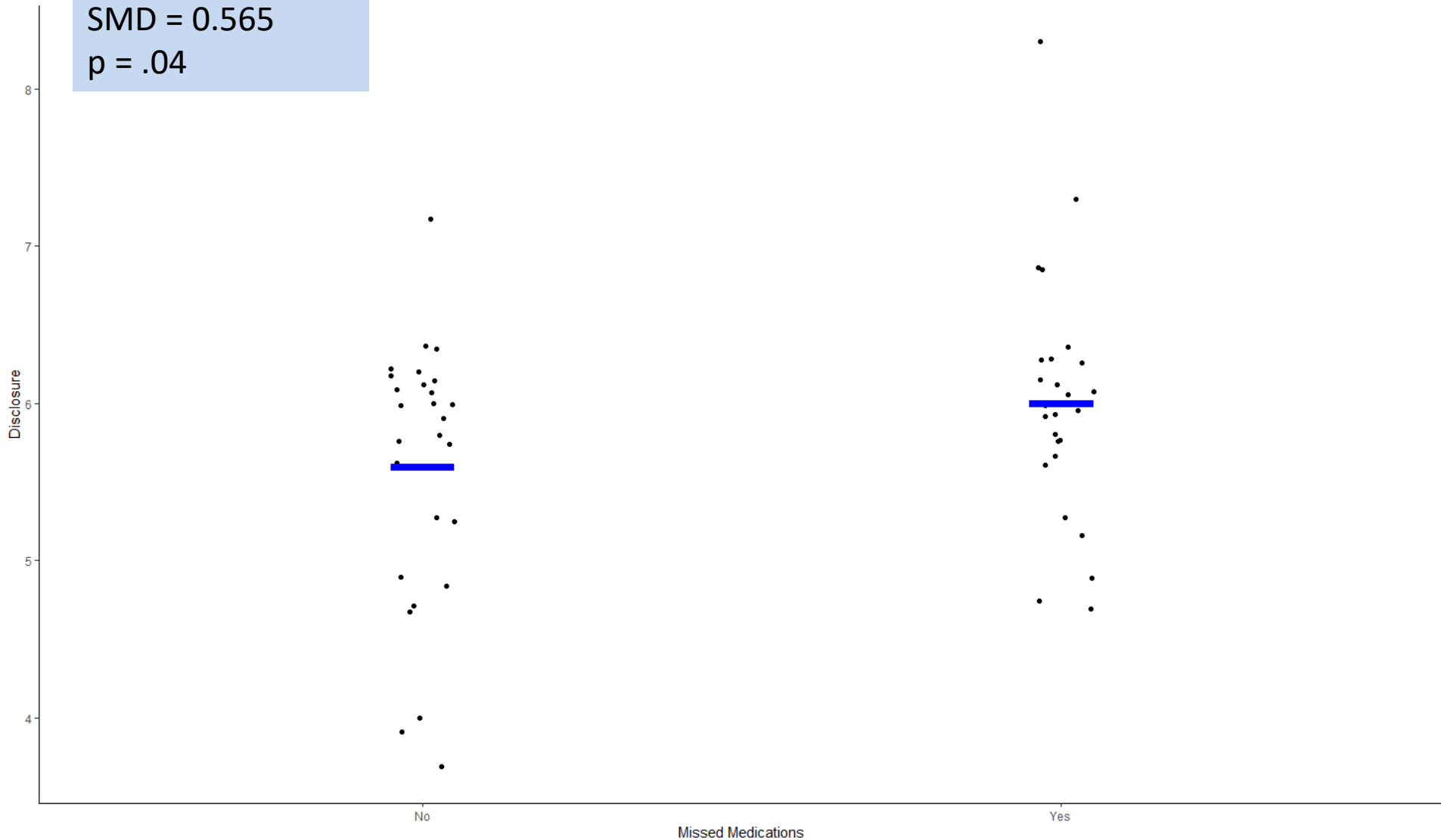
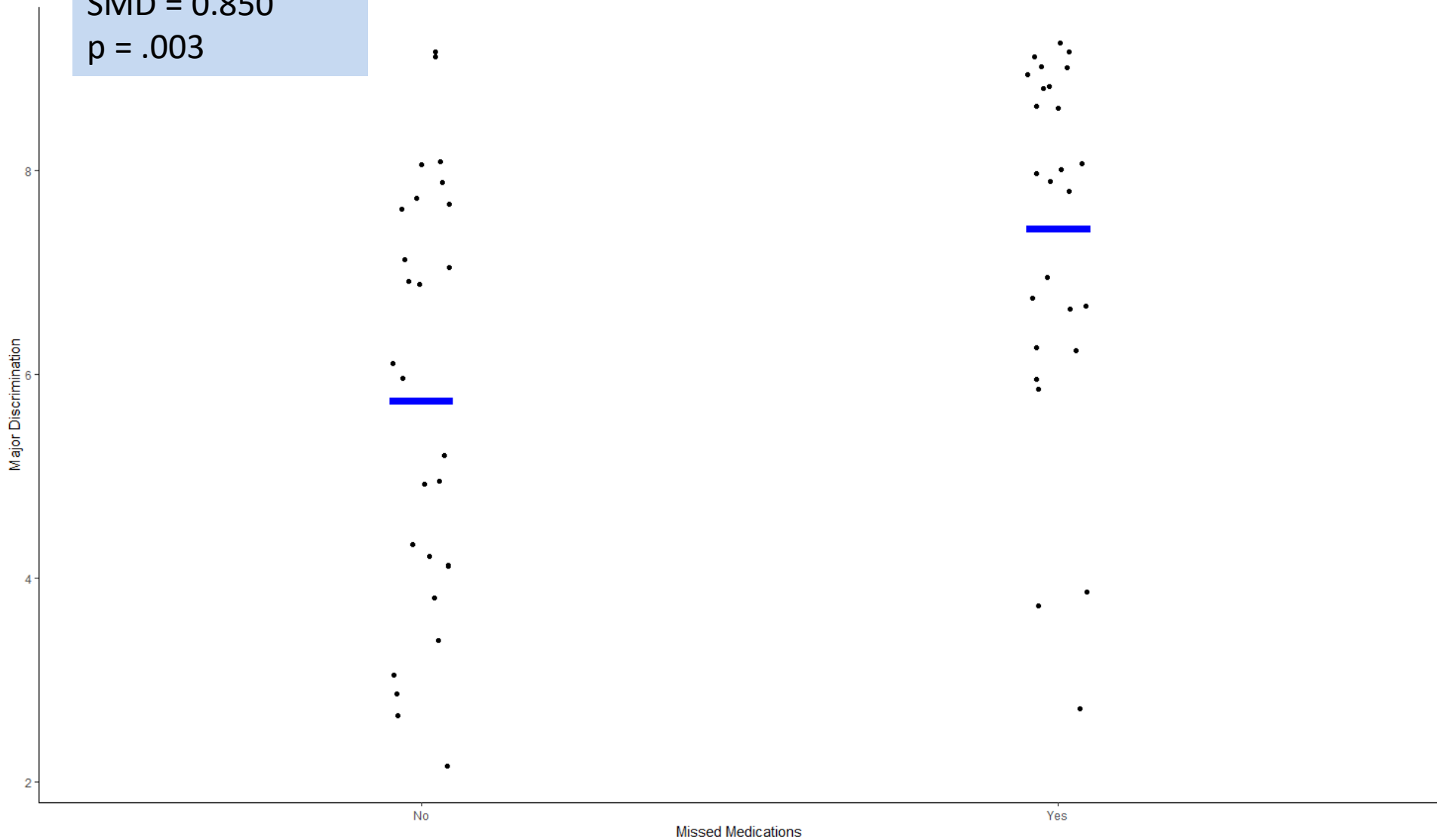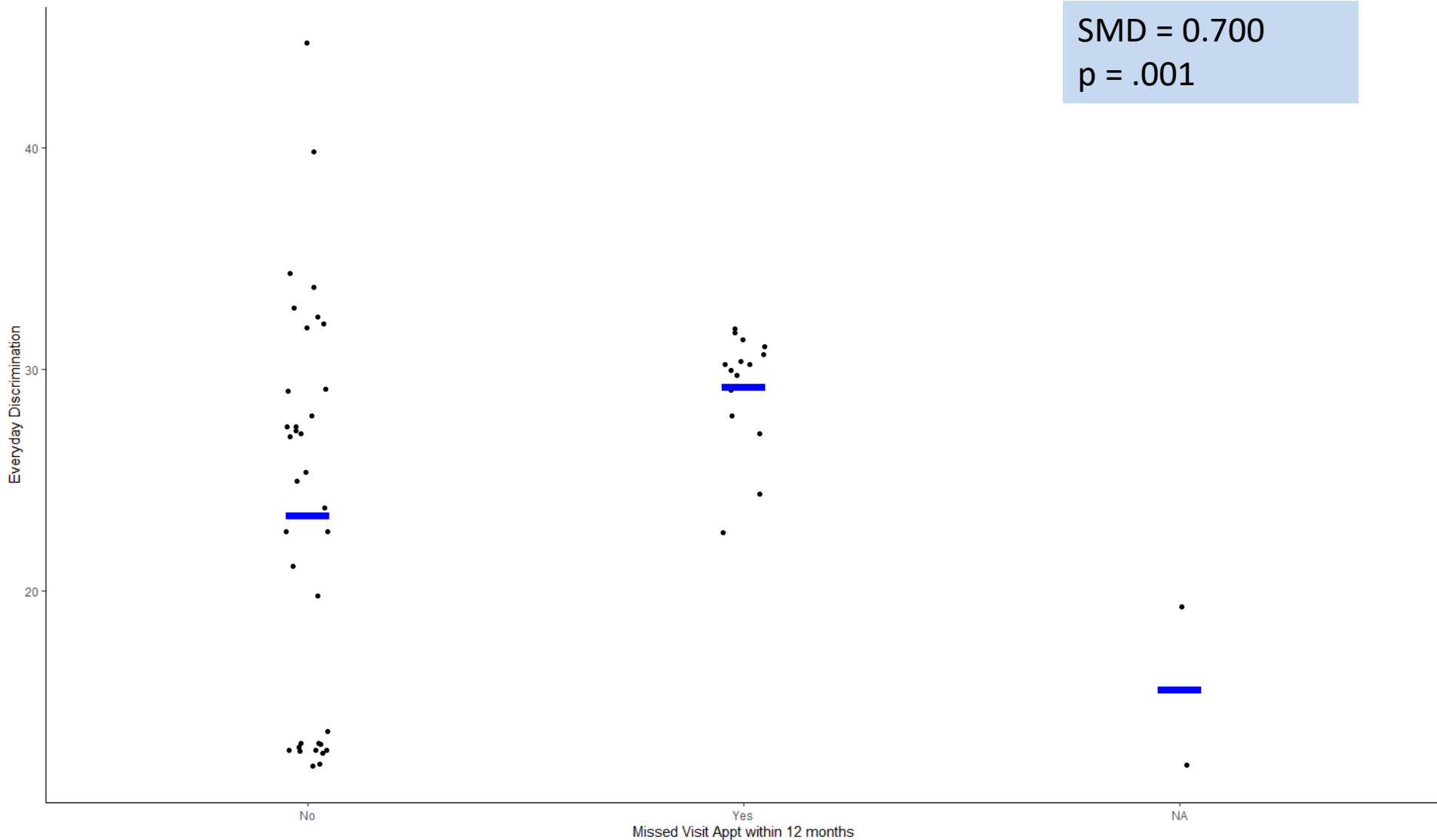# Missed Medications and Everyday Discrimination

SMD = 0.615
p = .03
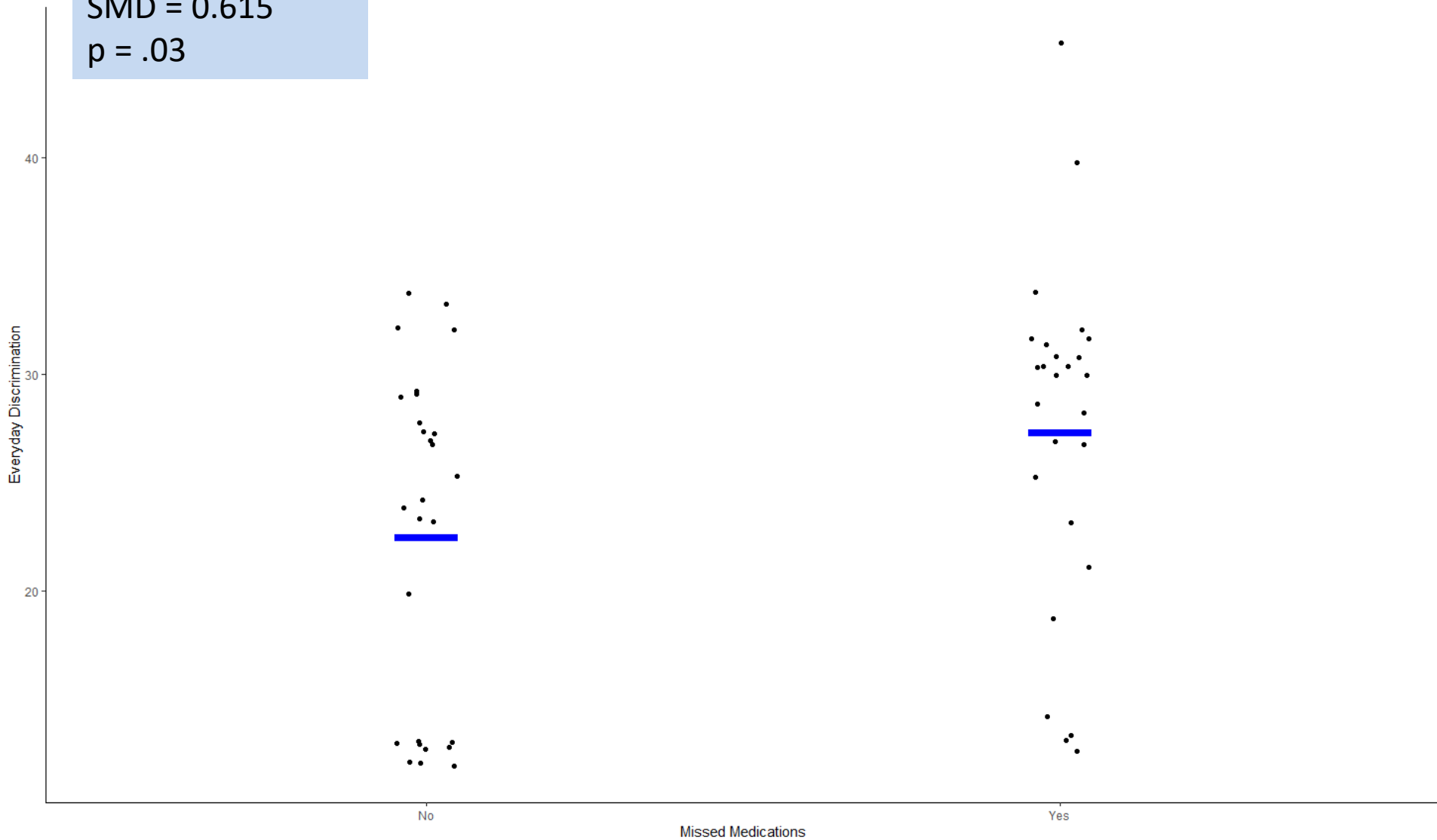
Missed Medications and Major Discrimination

SMD = 0.850
p = .003
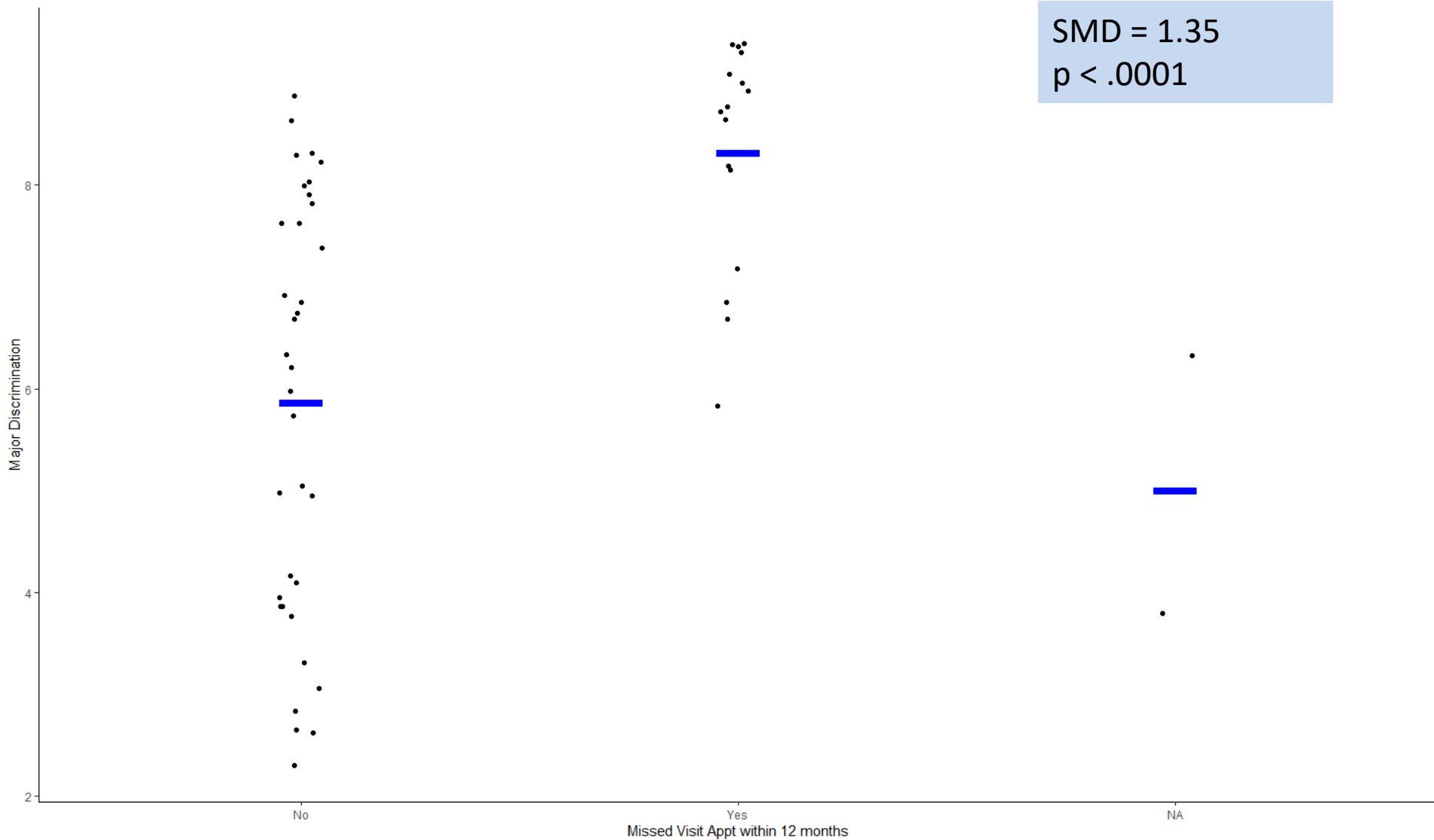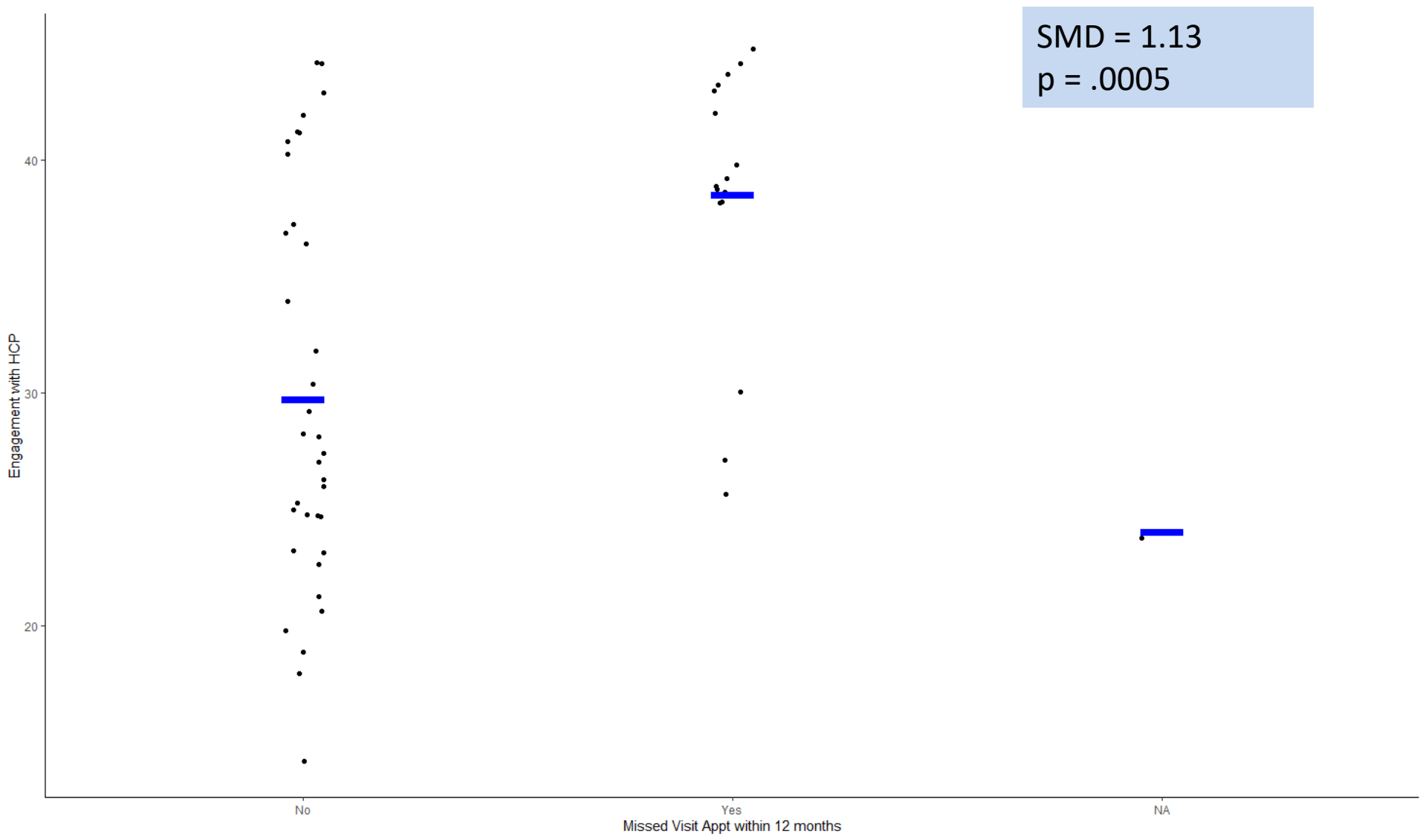
Missed Clinic Visits and Everyday Discrimination

SMD = 0.700
p = .001

Everyday Discrimination

Missed Visit Appt within 12 months

No   Yes   NA

Missed Clinic Visits and Major Discrimination

SMD = 1.35
p < .0001

Missed Clinic Visits and Engagement with Health Care Provider

SMD = 1.13
p = .0005

Discussion

- Almost half of participants stated difficulty taking their medication

- Almost a third of participants missed a clinic visit within the past 12 months

- Participants poorly engaged in HIV care had greater experiences of discrimination and HIV-related stigma

Next Steps

- Complete the qualitative phase of the study
  - Understand qualitatively how these stigmatized identities intersect to impact care engagement

- Examine the longitudinal impacts of intersectional stigma on HIV care outcomes among older African Americans Living with HIV

Acknowledgement

- WSU Boonshoft School of Medicine
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  - Tiffany Spaulding