

HIV Stigma in Healthcare

Mohammed (he/him) Khatib of Campbell University School of Osteopathic Medicine
 Victoria (she/her) Antonello of South Alabama College of Medicine
 Cec (she/ella) Hardacker of Howard Brown Health in Chicago, IL

BACKGROUND

Over 40 years have passed since the first diagnosis of HIV in the U.S.

By the end of 2019, Approximately 1.2 million people in the U.S. were living with HIV. ~13 % of them are unaware of it and require HIV testing.

HIV incidence declined 8% from 2015 to 2019. In 2019, the estimated number of HIV infections in the U.S. was 34,800 and the rate was 12.6 (per 100,000 people).

HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay, bisexual, and other men who have sex with men (MSM). HIV-related stigma continues to negatively impact the physical and mental wellbeing of people living with HIV (PLWH)

OBJECTIVES

- Quantify HIV incidence rates within the U.S. population
- Define the term “stigma” and its four components
- Contextualize intersectional HIV stigma among marginalized groups of PLWH in the healthcare setting
- Discuss HIV stigma interventions for healthcare professionals and medical students

METHODOLOGY

- Compiled list of peer-reviewed articles and journals from 2015-2022 via PubMed, Scopus, Sciencedirect, SpringerLink, Google Scholar, ResearchGate, CDC, and AIDS journal
- Sources dating from 1991-2014 were included for the purpose of trend analysis
- Final review of 20 peer reviewed articles

RESULTS

Defining HIV stigma through its four categories and intersectional complexities provided more robust evidence regarding health outcomes.

- Significant correlation between the number of enacted stigmatizing experiences and HIV care disengagement
- In the presence of stigma, decreased Antiretroviral Therapy (ART) and appointment attendance
- Stigma and anticipated stigma within the healthcare field and community affects PrEP adherence
- Lower rate of stigma was observed among healthcare providers who had received HIV stigma training within the past 12 months.

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“The hospital treats you bad. There are attitudes and gestures toward me being black, HIV positive, gay and a recovering drug user.”*

CONCLUSION

- HIV stigma should not be viewed as a standalone phenomenon, but through the lens of HIV stigma intersectionality.
- HIV-positive participants in healthcare environments experienced stigma/discrimination imeshed with other racial and social prejudices
- Identified a significant gap in the literature for stigma related to mode of HIV transmission, possible due to:
 - Mode of transmission is irrelevant when discussing care options.
 - Research still needs to be proposed and initiated

RECOMMENDATIONS

- Prior to discussing HIV biology, mechanisms, and drugs, implement education that fosters an understanding of why the stigma exists and its origin
- Provide students with competencies in understanding specific reforms needed for LGBT patient populations in clinical rotations
- Provide mandatory volunteer/shadowing opportunities to interact with and care for HIV-positive patients. (Hollenbach, Eckstrand & Dreger et al., 2014)

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References

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