

HIV related stigma among patients in two South-Los Angeles clinics implementing routine HIV testing

Saloniki James, Anish P. Mahajan, Jacqueline Rurangirwa, Janni Kinsler, Rishi Manchanda, Lakshmi Makam, Jennifer N. Sayles

National HIV Prevention Conference
Atlanta, Georgia
August 16, 2011



Background

- **Change in Testing Policy:**

CDC Revised Recommendations for HIV Testing of Adults in Health-Care Settings (9/06)

- 'Opt-out' HIV screening of all patients
- Informed consent should not be required
- Counseling should not be required

- **Patient Level Barriers to Testing**

- Low self-perceived risk
- Anxiety regarding results
- Fear of social stigmatization



HIV Testing Sites in Los Angeles County



- 95% African-American or Latino
- 1/3 live at or below poverty line
- Epidemic growing fastest here

Source: HIV Testing Services, 2009

Legend

Program Goals

- Build the capacity of 2 South Los Angeles safety net clinics serving vulnerable minority populations to provide HIV screening with rapid tests
- Design and pilot test opt-in and opt-out HIV screening models
- Compare patient acceptance rates among the different screening models, and factors associated with screening uptake



Study Objectives

- Examine how demographics, HIV test acceptance, and other factors are associated with HIV stigma in a sample of patients seeking care in South LA



Screening Models

Baseline	Intervention		
<i>Phase I</i>	<i>Phase II</i>	<i>Phase III</i>	<i>Phase IV</i>
Physician Risk-based	Physician Opt-Out	Nurse Opt-In	Nurse Opt-Out

- Opt-**In** Screening
 - Patient is asked, “Would you like to have an HIV test today?”
 - Involves a verbal consent checklist
- Opt-**Out** Screening
 - Patient is told, “We plan to do an HIV test today, unless you do not want to have the test. You have the right to decline the test. Do you have any questions?”



Screening Results

- Between October 2009 and July of 2010, 4,280 patients were offered HIV testing of whom 2,598 accepted (60.7%)
- Of the 2,598 patients that agreed to test, three positive individuals were identified



Methods

- A total of 695 patients over the age of 18 were randomly approached and asked to participate in the 30-minute survey, 595 agreed to participate
 - Attitudes toward testing
 - Socio-demographic Information
 - Patient Acceptability/Test History
 - HIV related Stigma



Methods, Continued

- HIV related stigma was measured using a 12-item scale that was subdivided into the following four domains/subscales: Blame, Isolation, Abandonment and Fear of Contagion
- Analysis of Variance (ANOVA) to examine associations between stigma domains, patient demographics and test acceptance
- Multivariate Logistic Regression to determine associations between test acceptance (dependent variable) and stigma controlling for demographics



Frequencies and Percentages of those that endorsed each item (N=347) Endorsement=Somewhat or Strongly Agree

Characteristic	No.	%
Blame Stigma Subscale	283	81.6
Most people don't care if they infect others	217	62.5
Most are responsible for having their illness	207	59.7
If infected through sex or drug use have gotten what they deserve	88	25.4
Isolation Stigma Subscale	156	45.0
Should be legally separated to protect public health	73	21.0
Names should be public so others can avoid them	99	27.1
PLWHA in this community should be treated differently by medical professionals	59	28.5
Abandonment Stigma Subscale	275	79.3
PLWHA in this community face neglect from their family	207	59.7
PLWHA in this community face neglect from their friends	247	71.2
PLWHA in this community are abandoned by their spouse or partner	240	69.2
Contagion Stigma Subscale	152	43.8
HIV/AIDS can be spread by kissing	30	8.7
HIV/AIDS can be spread by sharing a drink out of a glass	125	36.0
HIV/AIDS can be spread by being coughed/sneezed on	109	31.4

Data Source: Survey Data as of 03/24/2011



Frequencies: Blame Stigma Subscale (N=347)

Characteristic	Low		Moderate		High		None	
	No.	%	No.	%	No.	%	No.	%
Race/Ethnicity*								
African Americans	50	37.6	46	34.6	11	8.3	26	19.6
Latinos	52	24.3	87	40.7	37	17.3	38	17.8
Acceptance*								
Agreed	80	30.1	94	35.3	34	12.8	58	21.8
Declined	22	27.2	39	48.2	14	17.3	6	7.4

Non-significant variables:

Insurance Status
 Level of Education
 Gender
 Age

Data Source: Survey Data as of 03/24/2011

*ANOVA Significance <.05



Frequencies: Isolation Stigma Subscale (N=347)

Characteristic	Low		Moderate		High		None	
	No.	%	No.	%	No.	%	No.	%
Acceptance *								
Agreed	61	22.9	38	14.3	7	2.6	160	60.2
Declined	30	37.0	17	21.0	3	3.7	31	38.3

Non-significant variables:

Insurance Status
 Race/Ethnicity
 Level of Education
 Gender
 Age

Data Source: Survey Data as of 03/24/2011

*ANOVA Significance <.05



Frequencies: Contagion Stigma Subscale (N=347)

Characteristic	Low		Moderate		High		None	
	No.	%	No.	%	No.	%	No.	%
Race/Ethnicity*								
African Americans	28	21.1	26	19.6	14	10.5	65	48.9
Latinos	33	15.4	44	20.6	7	3.3	130	60.8
Age Category*								
18-34	16	19.5	13	15.9	2	2.4	51	62.2
35-54	34	16.9	37	18.4	11	5.5	119	59.2
55+	11	17.2	20	31.3	8	12.5	25	39.1

Non-significant variables:

- Insurance Status
- Test Acceptance
- Level of Education
- Gender

Data Source: Survey Data as of 03/24/2011

*ANOVA Significance <.05



Frequencies: Abandonment Stigma Subscale (N=347)

Characteristic	Low		Moderate		High		None	
	No.	%	No.	%	No.	%	No.	%
Insurance*								
Insured	17	10.5	29	17.9	64	39.5	52	32.1
Uninsured	16	8.7	36	19.5	113	61.1	20	10.8
Acceptance *								
Agreed	28	10.5	39	14.7	133	50.0	66	24.8
Declined	5	6.2	26	32.1	44	54.3	6	7.4

Non-significant variables:

Race/Ethnicity
 Level of Education
 Gender
 Age

Data Source: Survey Data as of 03/24/2011

*ANOVA Significance <.001



Factors Associated with Acceptance of HIV Test: Multivariate Regression Analysis

Model Variable=Test Acceptance	OR	95% CI
Stigma		
Blame	0.47	(0.18-1.23)
Isolation	0.55*	(0.31-0.97)
Abandonment	0.29*	(0.11-0.75)
Fear of Contagion	1.16	(0.65-2.07)
Age (Reference: < 35)		
35 – 54	0.37*	(0.17-0.82)
> 55	0.55	(0.21-1.44)

Data Source: Survey Data as of 03/24/2011

*Significance <.05 or better



Factors Associated with Acceptance of HIV Test: Multivariate Regression Analysis

Model Variable=Test Acceptance	OR	95 % CI
Sex (Reference: Male)		
Female	0.93	0.52-1.69
Race (Reference: Latino)		
African American	1.09	(0.59-2.04)
Other	3.20	(0.64-15.93)
Screening Model (Reference: Nurse Initiated Opt-In)		
Nurse Initiated Opt-Out	1.18	(0.62-2.27)
Physician Initiated Opt-Out	2.93*	(1.35-6.37)
Insured (Reference: Uninsured)	3.74*	(1.92-7.31)

Data Source: Survey Data as of 03/24/2011

*Significance <.05 or better



Summary of Results

- Overall perceptions and attitudes reflecting HIV stigma were frequent in the sample, and ranged from 43% - 82% depending on domain

- Stigma: Blame Domain

Those who were more likely to believe that PLWHA are to blame for their infection were also more likely to be:

Latino and decline HIV testing

- Stigma: Isolation Domain

Those that were more likely to support isolation of PLWHA were more likely to decline HIV testing



Summary of Results, Continued

- Stigma: Abandonment Stigma

Those who believed that PLWHA experience neglect and abandonment were more likely to be:

- Uninsured individuals and had declined testing

- Fear of Contagion

Those who were more likely to have more fear of contagion were:

- Latinos and individuals over the age of 35



Summary of Results: Multivariate Model

- Those reporting HIV stigma in domains of isolation and abandonment had 0.55 and 0.29 the odds of accepting an HIV test, respectively, controlling for demographic and testing model
- Those aged 35-54 had 0.37 the odds of accepting HIV test compared with those aged 18-34
- When offered testing during PI Opt-Out screening, participants were 2.9 times more likely to accept testing than if offered during NI Opt-In
- The odds of accepting an HIV test were 3.7 times greater in insured participants compared to uninsured



Limitations

- Quasi-experimental rather than randomized design
 - Interventions were fully integrated into clinic care
- Potential variability in fidelity to interventions may have impacted test acceptance
 - Further analysis of survey data will help determine this



Conclusion

- Several significant differences in HIV related stigma were found according to demographics and HIV testing behaviors in our sample of primary care patients in South Los Angeles
- These findings suggest that stigma of HIV may have a negative impact on the acceptance of HIV testing in the healthcare setting, and should inform future development and implementation of routine HIV testing strategies



Collaborators/Acknowledgements

Los Angeles County, DPH

Jennifer Sayles, MD, MPH
Jacqueline Rurangirwa, MPH
Skip Crough, RN
Jan King, MD, MPH

UCLA

Martin Shapiro, MD, PhD
Honghu Liu, PhD
Janni Kinsler, PhD
Billy Cunningham, MD, MPH
Steve Asch, MD
Carol Mangione, MD, MSPH

Grant Support

Gilead Sciences, Inc.
CA HIV/AIDS Research Program
RWJF Clinical Scholars Program
CDC ETI Grant 07768

Humphrey CHC

Laxmi Makam, MD
Rita Ogbo, MD
Beverly Alexander, RN
Ida Carbins, RN
Stephen Puentes, MD

St. John's CHC

Jim Mangia, CEO
Rishi Manchanda, MD, MPH
Ellen Rothman, MD, MPH

T.H.E. Clinic

Derrick Butler, MD



For More Information

Saloniki James, M.A.

Research Analyst

Office of AIDS, Programs and Policy

Los Angeles County, Department of Public Health

E-mail: nikijames@ph.lacounty.gov

