



HIV Stigma, Racism, Discrimination and Adherence to HIV Care among African Americans in Los Angeles County

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Background

- HIV/AIDS epidemic is a health crisis for Black/African American communities.
- Black/African Americans face structural, social and psychosocial challenges involving racial discrimination and stigma (racial and HIV- related).
- Studies show that Black/African Americans have lower adherence compared to other racial/ethnic groups.
- Prior studies have investigated how structural racism can influence health disparities and that race & ethnicity, and racism may be the underlying cause for inequality.

Background

In Los Angeles County, the majority of PLWH are from communities of color.

- Black/African Americans represent:
20.2% all PLWH
22.8% of recently diagnosed
- Black/African American men PLWH represent 18.3% and Black/African American women PLWH represent 35.4%.



Objective

Limited data on how structural and socio-cultural factors and patient-level characteristics affect the health of AALWH.

Purpose of this study:

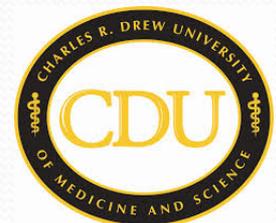
To explore perceptions and experiences of African Americans living with HIV (AALWH) in Los Angeles County and their adherence to HIV Care.



Data collected from 57 AALWH (aged 29-72):

- a. 2 FGDs (15 women; 12 men)
- b. 30 face-to-face in-depth interviews (IDIs)
(18 women; 11 men; 1 transgender)

ART adherence was assessed with self-report: visual analogue scale, self-recall of missed doses (past 7-days), missed appointments (past-6 months), and chart abstracted viral load from participants in IDIs.

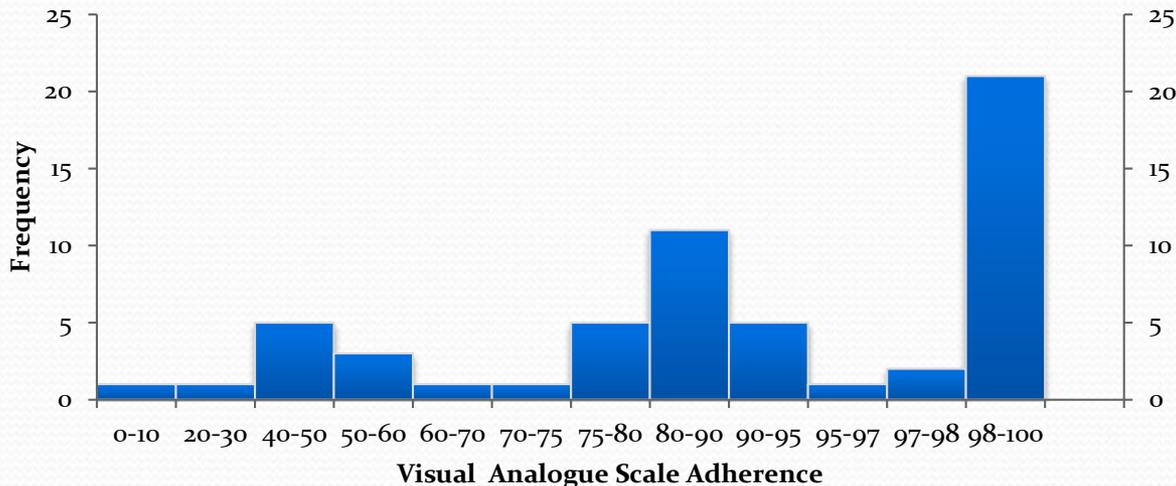


Results

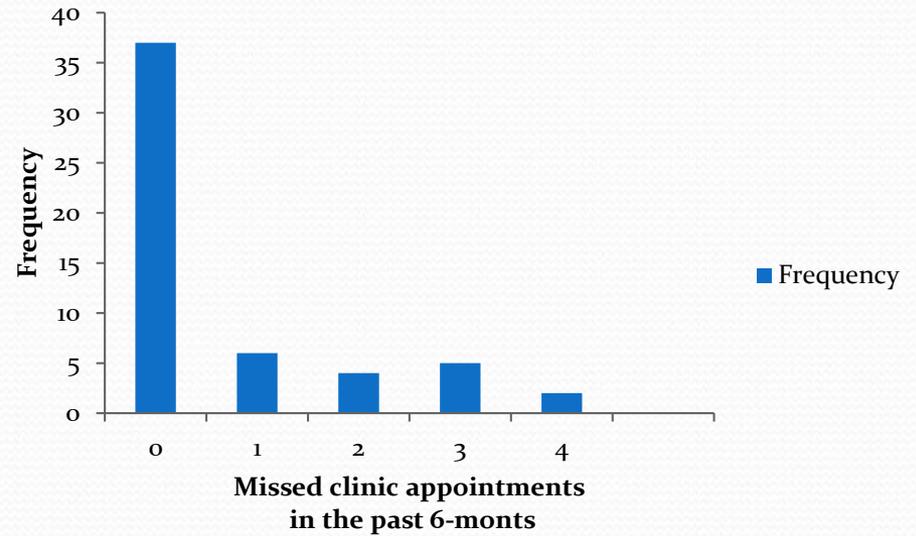


- 43.4% of participants missed one or more doses in the last 7-days
- 20.4% missed ≥ 2 appts in the past 6-months
- Mean adherence using the VAS was 87.4% (FGD) and 83.4% (IDI) in the last month

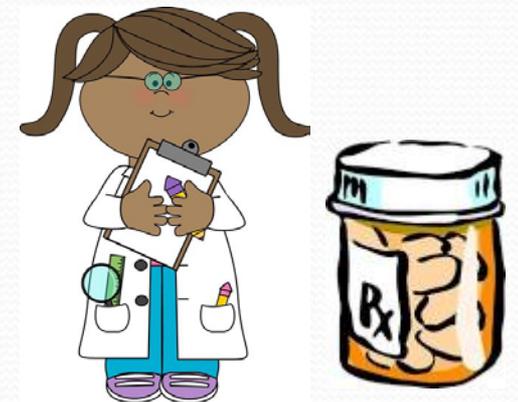
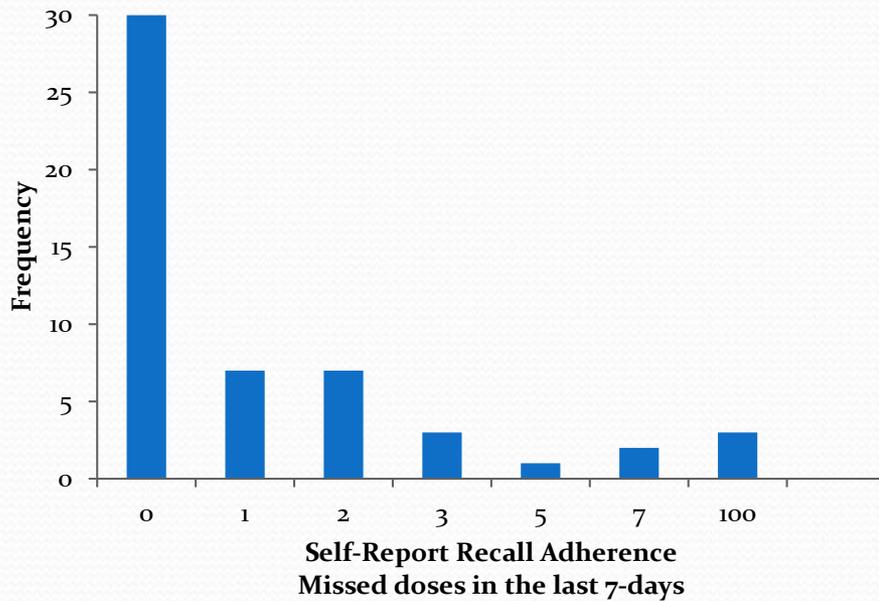
Histogram (IDI/FGD)



Histogram (IDI/FGD)



(IDI/FGD)



Racial discrimination and stigmatizing messages stem from law enforcement, family, healthcare providers, churches and the African American community, and from negative internalized beliefs AALWH have about HIV care.

(Law enforcement): “The police are very homophobic. Transgender get really treated bad in jail. You don’t get your hormones.”

(Family): “It’s more difficult for African Americans and then one thing they don’t want people to know because a lot of people don’t want you around.”

(Family): “I did deal with racism in the family. At first I wasn’t allowed to go in the kitchen. If I used the bathroom it was cleaned afterwards.

(Healthcare): “Well for here, I have to say, I am not going to my appointment because I am getting tired of the staff talking down to me, and treating me bad.”

(Healthcare): “They said they didn’t want to come in my room cause I had HIV. They put me in this room without a buzzer so I couldn’t call them. And then then I asked to speak to the supervisor and she gonna say we need to retrain them on how to wait on a person with HIV.”

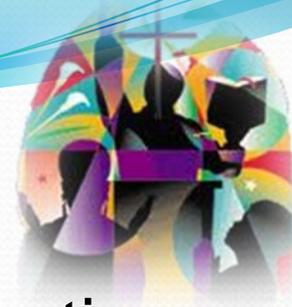
(Healthcare): “I don’t worry about what people think of me at the doctors, but at the hospitals I feel like they have a stereotype in the hospitals the way they treat you in there, the way they look at you. The care in the hospitals is horrible. Ahh man. And you are wondering if they are looking at you like that because they ‘know’ and then you know they know.

(Internalized belief): “I hear people say they use black people for guinea pigs, and people don’t like that. And that scares a lot of people. And then some medication you have a lot of them has a lot of side effects and that also scares people from taking medication.”

(Healthcare): “It’s discrimination because they have a bunch of gays that comes first. All their doctors are white. All of the nurses, receptionist, everybody is white and Mexican, I don’t feel comfortable. So better give the black people the medicine that is going to put them to sleep, send them home. See we’re mis-medicated because we’re black. They don’t care. It doesn’t matter. And they are gonna be nice, you feel me because they gotta make the money. It is what it is.”

(Healthcare): “I had discrimination with doctors that wanted to give me a hysterectomy that I didn’t really need. They told me I should get a hysterectomy because I am African American and that we really don’t need you to have any children no more because you have AIDS. You understand what I’m saying. They discriminate on that.

Discussion



1. Racism plays a critical role in the health status for African Americans. Racial discrimination, racial stigma and HIV- related stigma in society poses a major challenge to the health and well-being of AALWH.
2. Race itself and its social markings on human bodies are significant and undeniably divide racial/ethnic groups.
3. AALWH in LAC are vulnerable to HIV-stigma, racism and discrimination and that these experiences were a result of their interaction at the community and institutional level, and within the family





Limitations

- Small sample size.
- Most participants unemployed, mid-50s, which may result in biases on the types of racism, discrimination and stigma reported.
- Likely underreporting of racial discrimination.

Future Direction

- Examine how power of the state reproduces racial discrimination and HIV stigma (e.g., document how legislation influences health disparities).
- Mapping race in the context of health inequalities (e.g., race is multi-dimensional and a multi-level social construct, which might have implications for the kind of care and treatment received – healthcare delivery research).

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