The association of internalized HIV stigma with retention in HIV care

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Internalized HIV stigma should be an important construct in terms of explaining poor retention in HIV care given that it already plays a detrimental role in several components of the HIV medical care process such as negatively impacting access to HIV care and HIV medication adherence, and contributing to comorbid conditions that may complicate the HIV disease process. Yet, there is paucity on the research that explores the association of internalized HIV stigma with retention in HIV care.

We conducted secondary data analysis of interview and medical record abstraction data collected from a total of 188 HIV positive men and women receiving care at the University of Miami/Jackson Memorial Hospital (UM/JHM) Special Immunology (SI) Clinics, located in Miami, Florida. Demographic characteristics, HIV risk behaviors, HIV care related factors, as well as psychosocial constructs were analyzed to explore the association of internalized HIV stigma with two retention in HIV care measures: 1- number of missed clinical visits (via a Poisson regression analysis), and 2- the proportion of appointment adherence (via a multiple regression analysis.

Results from the analysis indicate that gender and age were significantly associated with both retention in HIV care measures. Additionally, the Poisson regression analysis indicated that the level of engagement with an HIV care provider moderated the relationship between internalized HIV stigma and missed visits such that in participants with low and medium internalized HIV stigma, better engagement with provider had a significant effect in reducing the missed visits rate. However, for individuals experiencing high internalized HIV stigma, engagement with provider did not have a significant effect in reducing missed visits.

Our plan for change to improve HIV retention in care rates at the UM/JHM clinics is modelled after John Kotter’s 8 Steps Leading to Organizational Change. The plan involves lobbying the leadership of the UM/JHM clinics to implement interventions that improve engagement with providers for patients with low and medium internalized HIV stigma, as well as implementing interventions that reduce internalized HIV stigma, followed by intervention to improve engagement with providers directed to patient with high internalized HIV stigma.