Northwest (HHS Region 10)
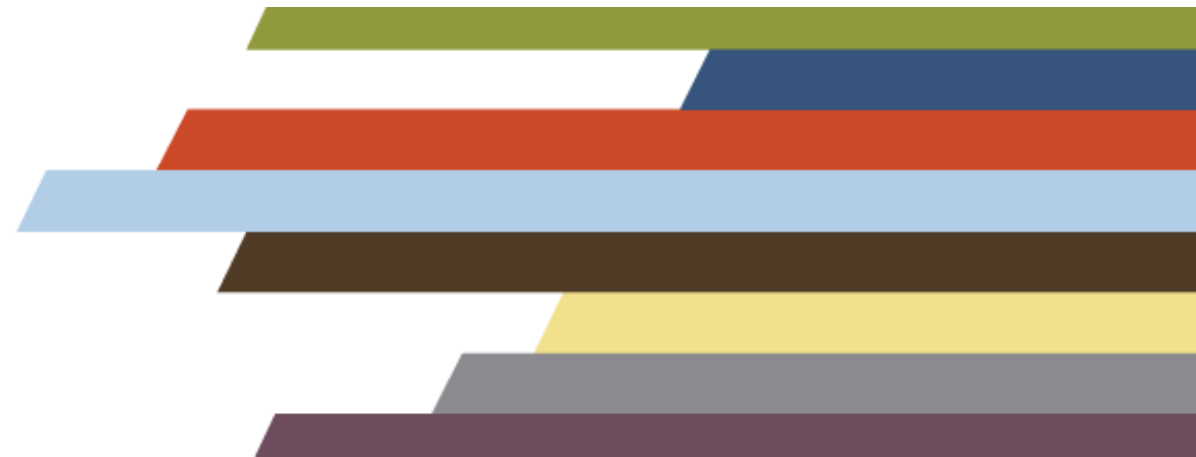
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Stigma Reduction Among People with HIV to Improve Health Outcomes
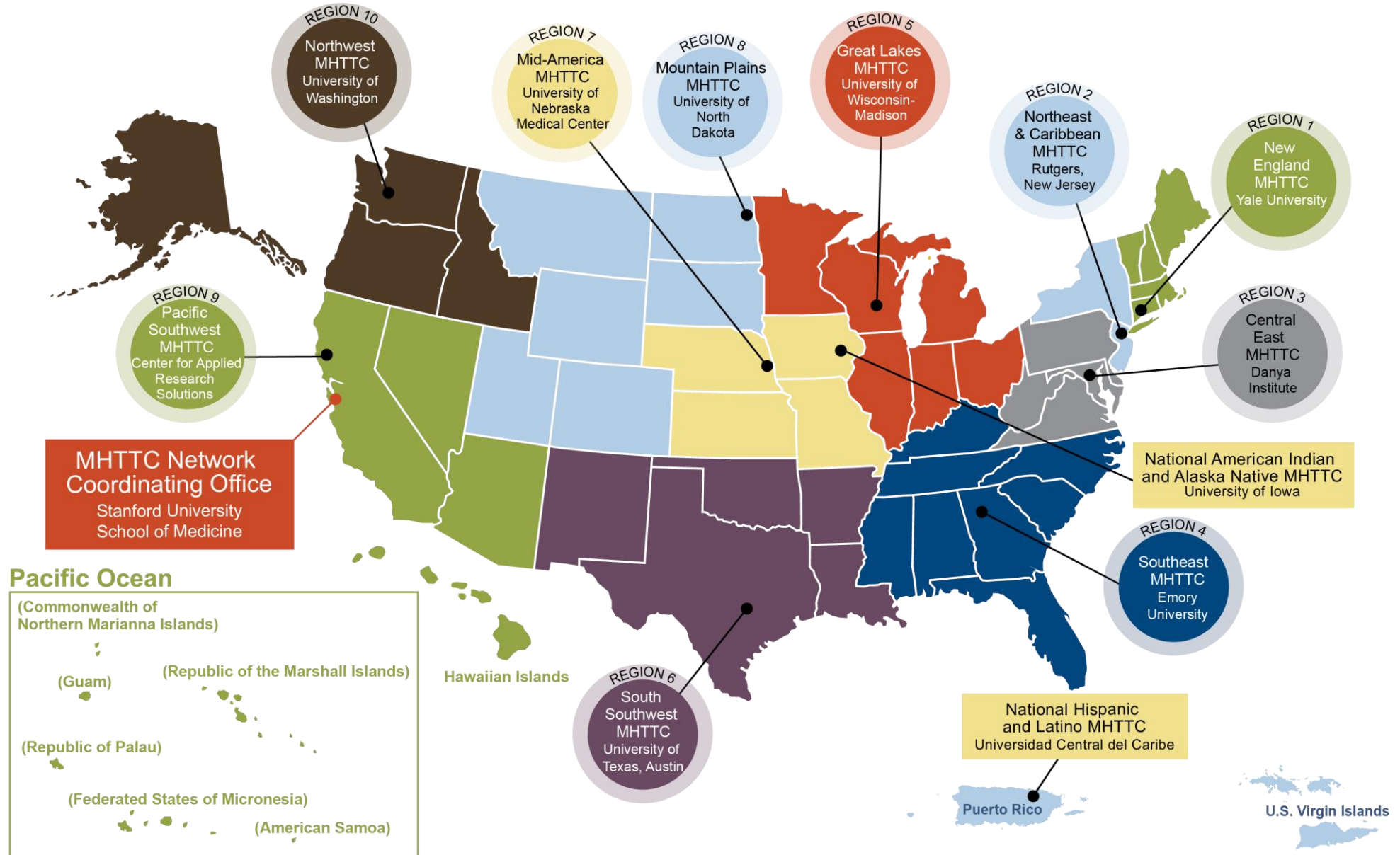
Integrated Care Webinar Series

SAMHSA
Substance Abuse and Mental Health
Services Administration

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

REGION 10
Northwest MHTTC
University of Washington

REGION 7
Mid-America MHTTC
University of Nebraska Medical Center

REGION 8
Mountain Plains MHTTC
University of North Dakota

REGION 5
Great Lakes MHTTC
University of Wisconsin-Madison

REGION 2
Northeast & Caribbean MHTTC
Rutgers, New Jersey

REGION 1
New England MHTTC
Yale University

REGION 3
Central East MHTTC
Danya Institute

REGION 9
Pacific Southwest MHTTC
Center for Applied Research Solutions

MHTTC Network Coordinating Office
Stanford University School of Medicine

National American Indian and Alaska Native MHTTC
University of Iowa

REGION 4
Southeast MHTTC
Emory University

National Hispanic and Latino MHTTC
Universidad Central del Caribe

REGION 6
South Southwest MHTTC
University of Texas, Austin

Pacific Ocean

(Commonwealth of Northern Marianna Islands)

(Guam)

(Republic of the Marshall Islands)

(Republic of Palau)

(Federated States of Micronesia)

(American Samoa)

Hawaiian Islands

Puerto Rico

U.S. Virgin Islands

Northwest Mental Health Technology Transfer Center

Our Role

Provide training and technical assistance (TA) in evidence-based practices (EBP) to behavioral health and primary care providers, and school and social service staff whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

Our Goals

- Heighten awareness, knowledge, and skills of the workforce addressing the needs of individuals with mental illness.

- Accelerate adoption and implementation of mental health-related EBPs across Region 10.

- Foster alliances among culturally diverse mental health providers, policy makers, family members, and clients.
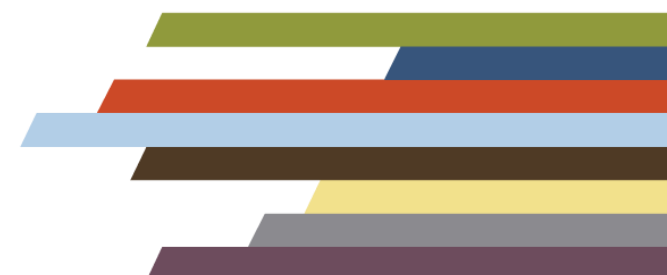
The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The MHTTC uses affirming language to promote the promises of recovery
by advancing evidence-based and culturally informed practices.

Who do we have with us today?

Hello
my name is

Today's Trainer: Deepa Rao

- Professor in the Departments of Global Health and Psychiatry and Behavioral Sciences at the University of Washington
- Licensed Clinical Psychologist
- Associate Director of the Center for AIDS Research Behavioral Science Core
- Associate Director of Global Mental Health
- Associate Director of the MPH program in Global Health at the University of Washington
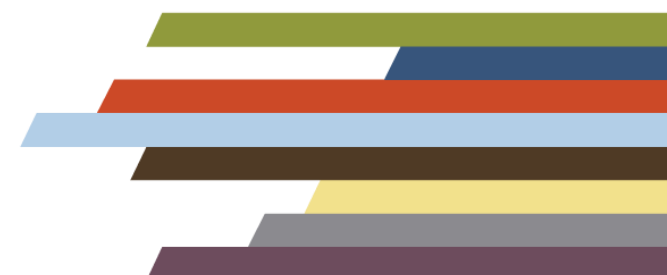
Stigma Reduction Among African American Women with HIV

Deepa Rao, PhD, MA

Professor

Department of Global Health

Department of Psychiatry and Behavioral Sciences

University of Washington

UW Medicine
SCHOOL OF MEDICINE

W
DEPARTMENT OF GLOBAL HEALTH
UNIVERSITY *of* WASHINGTON

SCHOOL OF PUBLIC HEALTH
UNIVERSITY *of* WASHINGTON

What Is Stigma?

How familiar are you with the concept of stigma?

- 1 – Not at all familiar
- 2 – Slightly familiar
- 3 – Somewhat familiar
- 4 – Moderately familiar
- 5 – Extremely familiar

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Have you have experienced stigma in some way or another?
- Yes
- No

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Stigma

- A label given based on perceptions of behavior, associations, or the presence of an undesirable condition[1]

- An attitude with cognitive, affective, and behavioral forms[2]

Prejudicial Affect
Fear

Stereotyped Belief
"People with depression are dangerous"

Discriminatory Behaviors
Keeping distance from people with depression
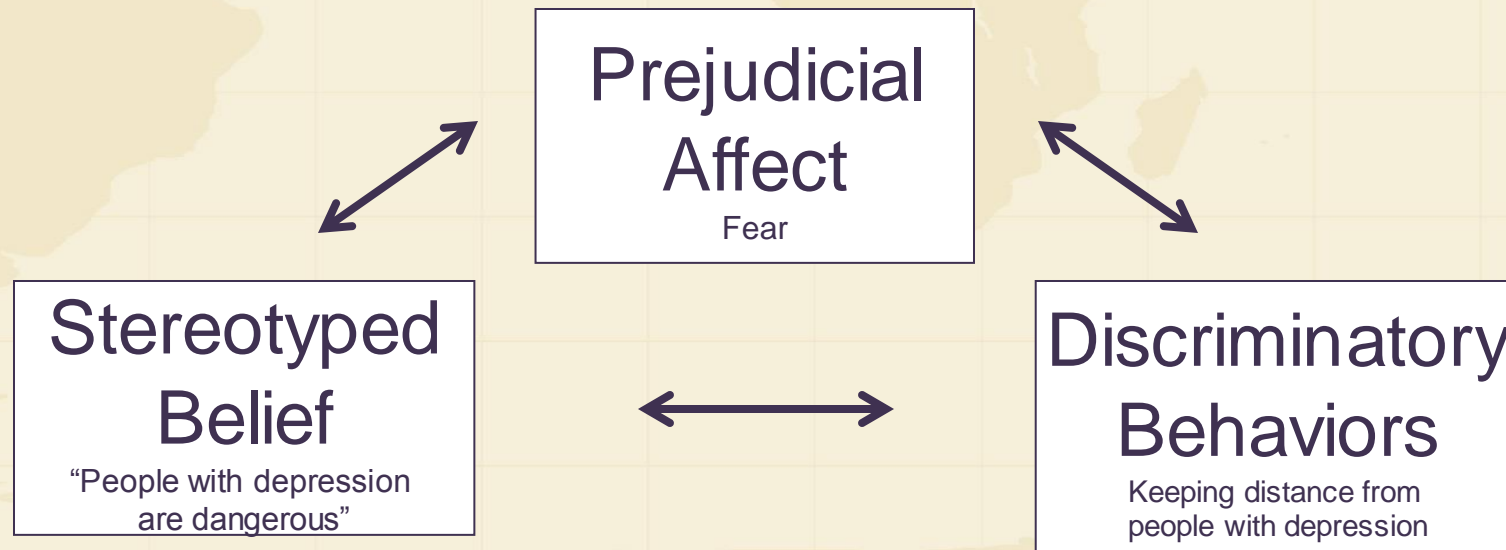
1. National Minority AIDS Council; 2. Corrigan and Watson, 2002

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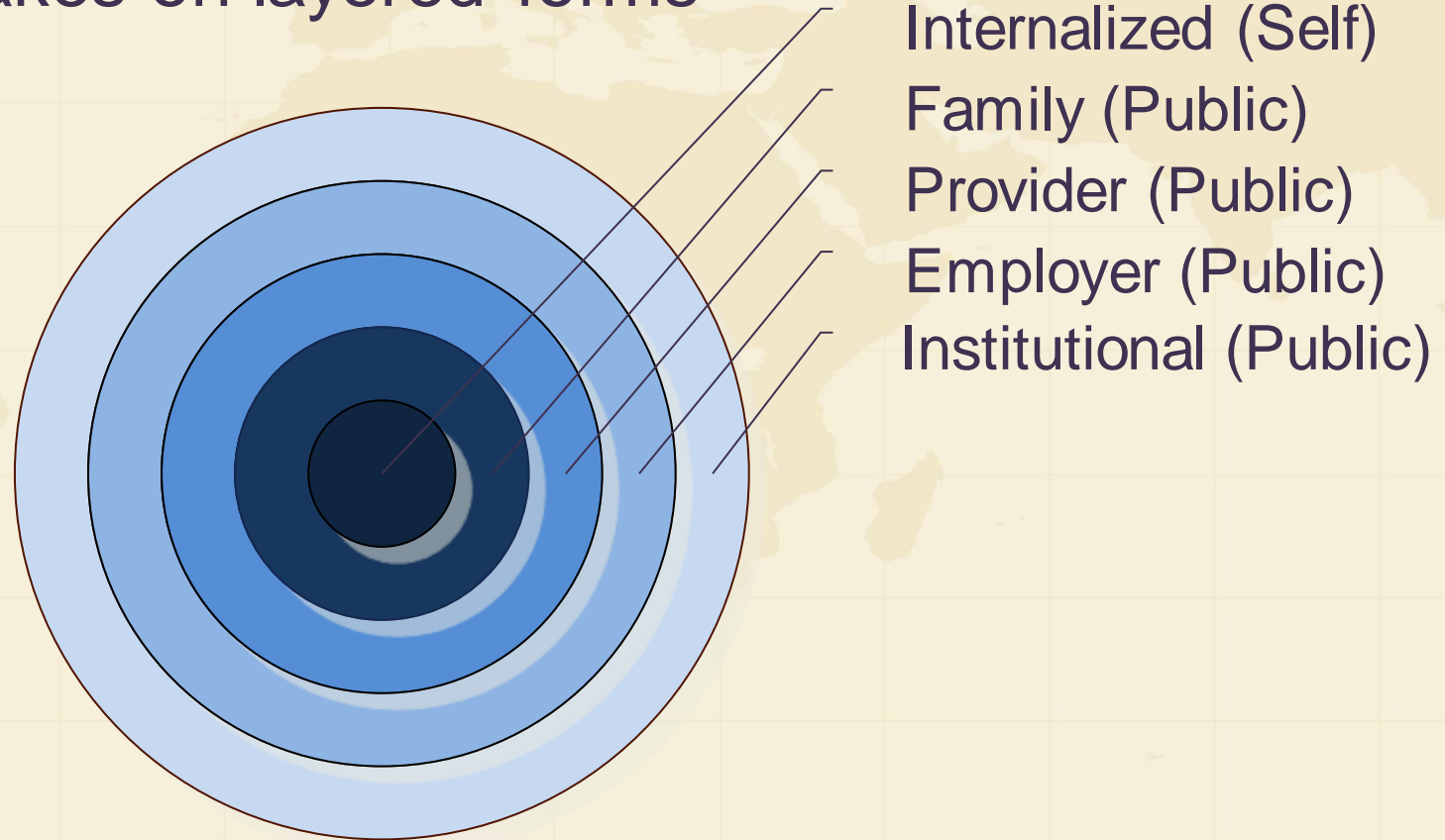
Consequences of Stigma

- Isolation and loss of social support[1]

- Depression, other psychological distress[2]

- Poor quality of life[3]

- Poor medication adherence & service utilization[4] → morbidity & mortality

[1]Galvan et al, 2008; [2]Kang et al., 2005; [3]Buseh et al., 2008; [4]Rao et al., 2007
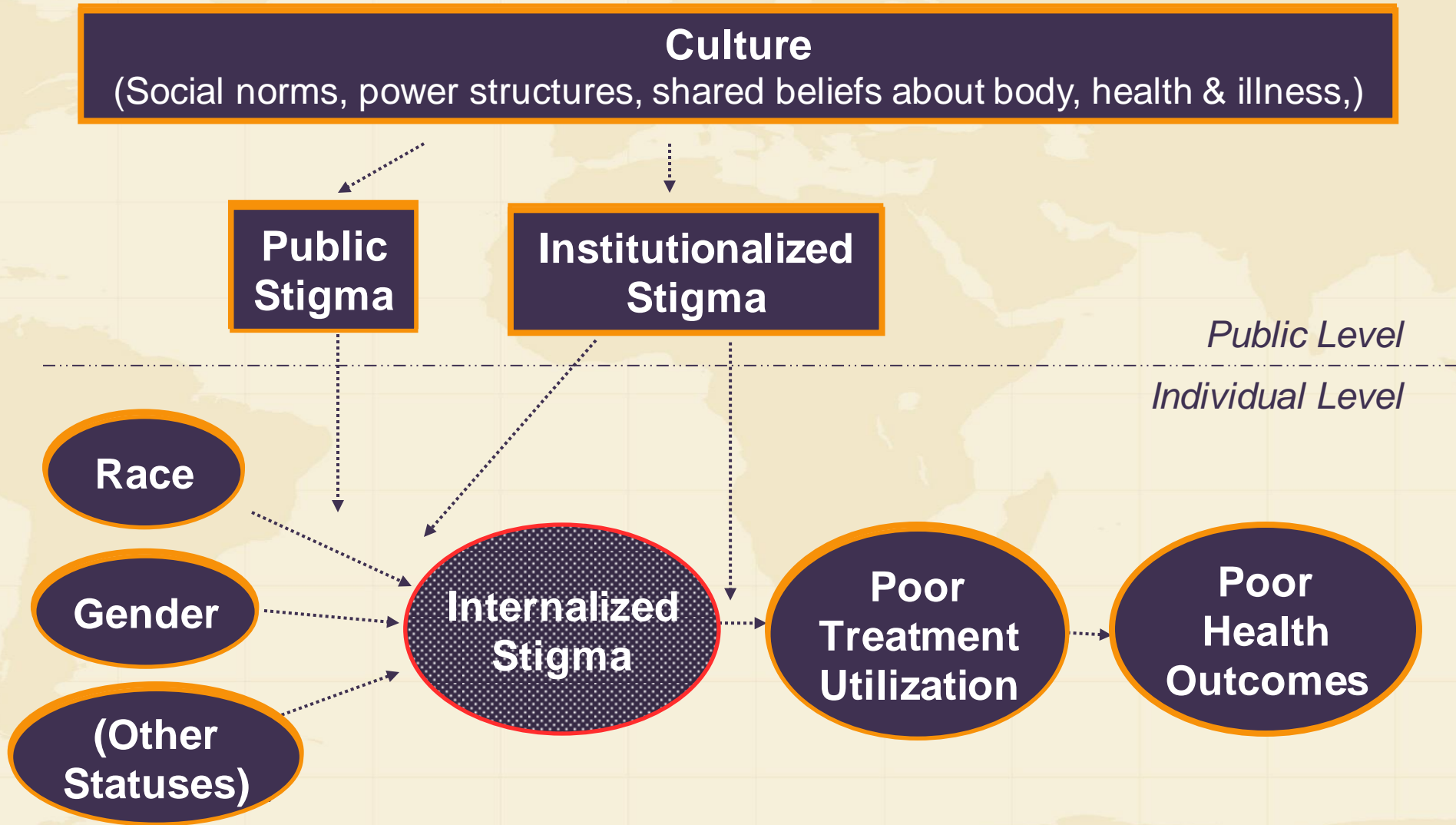
Measurement of Stigma

- ## Public Stigma
  - Corrigan's Attribution Questionnaire (AQ)[1]
    - vignettes
    - Fear, responsibility, pity
  - Link's adaptation of the Bogardus Social Distance Scale[2]

- ## Internalized/Self Stigma
  - Stigma Scale for Chronic Illness
    - experienced and internalized stigma
    - validated with persons with neurological disorders[3]
    - adapted for African Americans with HIV[3]

1. Corrigan, 2002; Pingani 2012; 2. Link, 1983; 3. Rao 2009

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Reducing Stigma

- ## Societal/structural level[1,2]
  - Removal of institutional stigmas (e.g. ADA)
  - Economic independence → microfinance programs
  - Community organizing
  - Contact between stigmatized and potential/actual perpetuators of stigma

- ## Individual level[3,4]
  - Education/Information
  - Coping Skills Acquisition
  - Contact with peers → Social Support

[1]Link & Phelan, 2001; [2]Sen, 1995; [3] Brown, Trujillo, Macintyre, 2001

The Pilot

ORIGINAL ARTICLE

Feasibility, Acceptability, and Preliminary Efficacy of the Unity Workshop: An Internalized Stigma Reduction Intervention for African American Women Living with HIV

Deepa Rao, Ph.D., M.A.,[1] Michelle Desmond, M.S.W., M.P.H.,[1] Michele Andrasik, Ph.D.,[2]
Tonya Rasberry,[3] Nina Lambert, B.S.N.,[4] Susan E. Cohn, M.D., M.P.H.,[2] and Jane Simoni, Ph.D.[5]

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HIV and African-American Women

- 66% of HIV infections in women (~1/4 of all infections), occur in African-American (AA) women[1]

- AIDS leading cause of death for AA women between the ages of 25-34[2]

- Death rate of AA women with HIV 15 times higher than HIV-infected white women[1]

[1]HPTN press release, March 8, 2012; [2]CDC, 2008

Stigma and Health Outcomes

- African Americans have lowest medication adherence rates compared with other US groups[1]

- Studies among African Americans living with HIV: reported efforts to avoid stigma resulted in poor adherence[3]

[1]Kahn et al, 2003 Halkitis et al, 2002; [2]Chesney et al, 2000; [3]Johnson et al, 2009

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Focus Group Results

Themes from women

- family and community support
- health care workers', friends', and family members' moral judgments
- trust within social networks
- misconceptions among members of Black communities, and
- multiple stigmas/racism, particularly within treatment settings

W

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Focus Group Results (continued)

Themes from Men

- A preference for internet based program (more comfort with the anonymity)
- "Make sure you [note the importance of] incentives…We don't want to go to workshops and all that stuff."

Intervention Format

- Two afternoons, 4 hours each afternoon
- Workshops with
  - Video
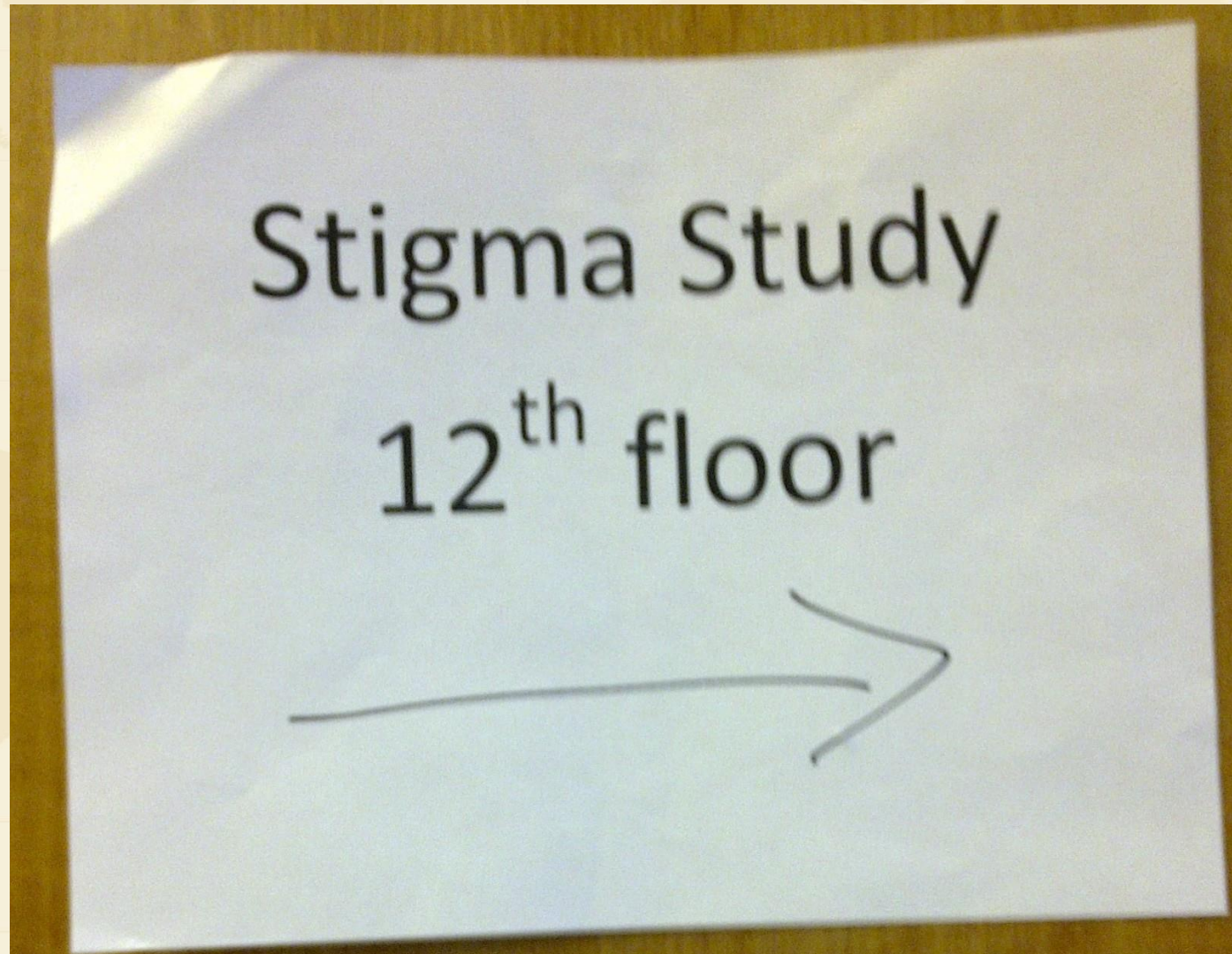 - Discussion in groups
  - Role play in pairs
- Peer facilitated

Content Examples

- Group member expectations
  - Mutual respect
  - No right or wrong answers
- Experiences of stigma
- Sharing coping resources
- Seeking comfort; practicing relaxation
- Understanding assertiveness
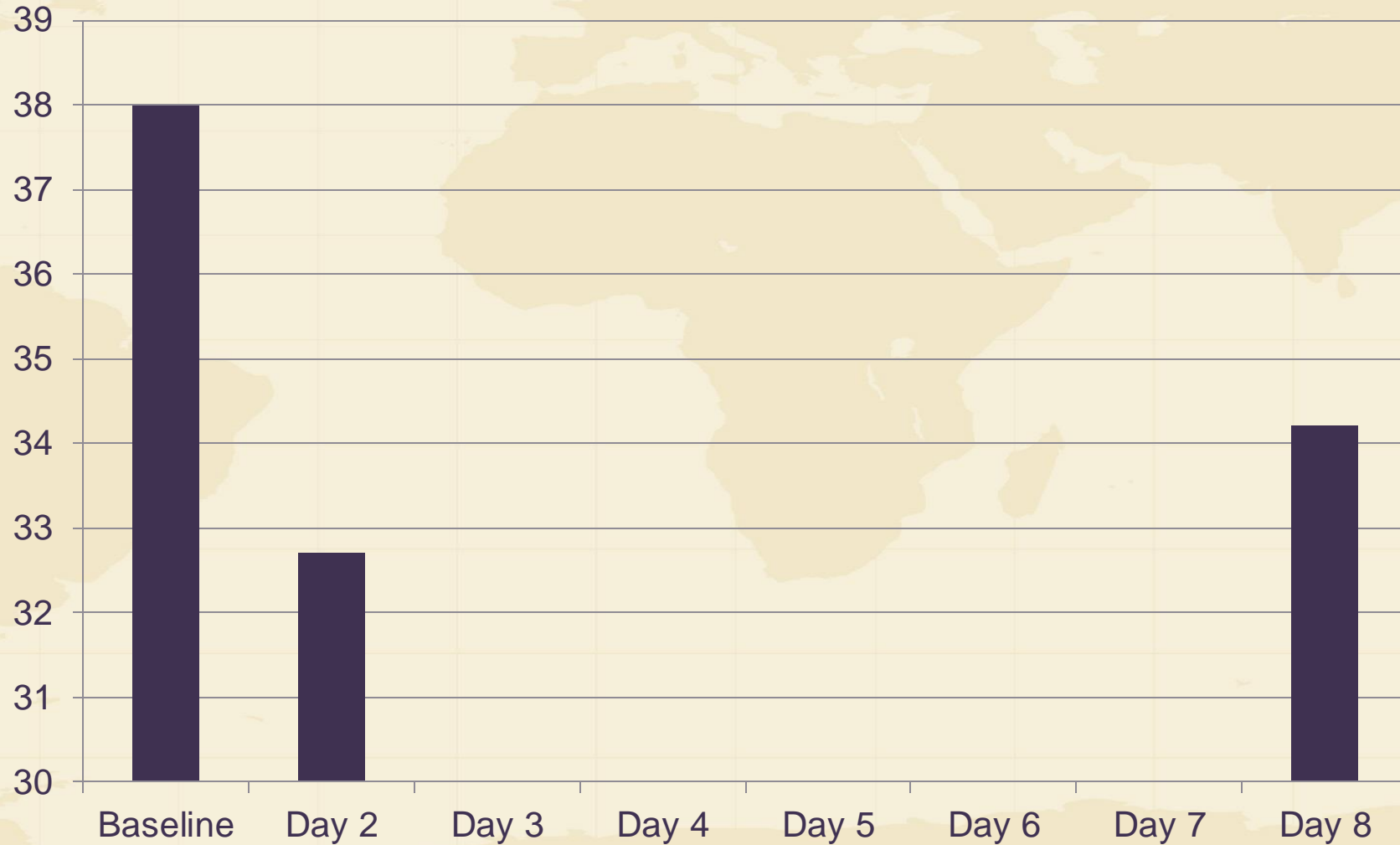- Role playing stigmatizing situations

Web of String
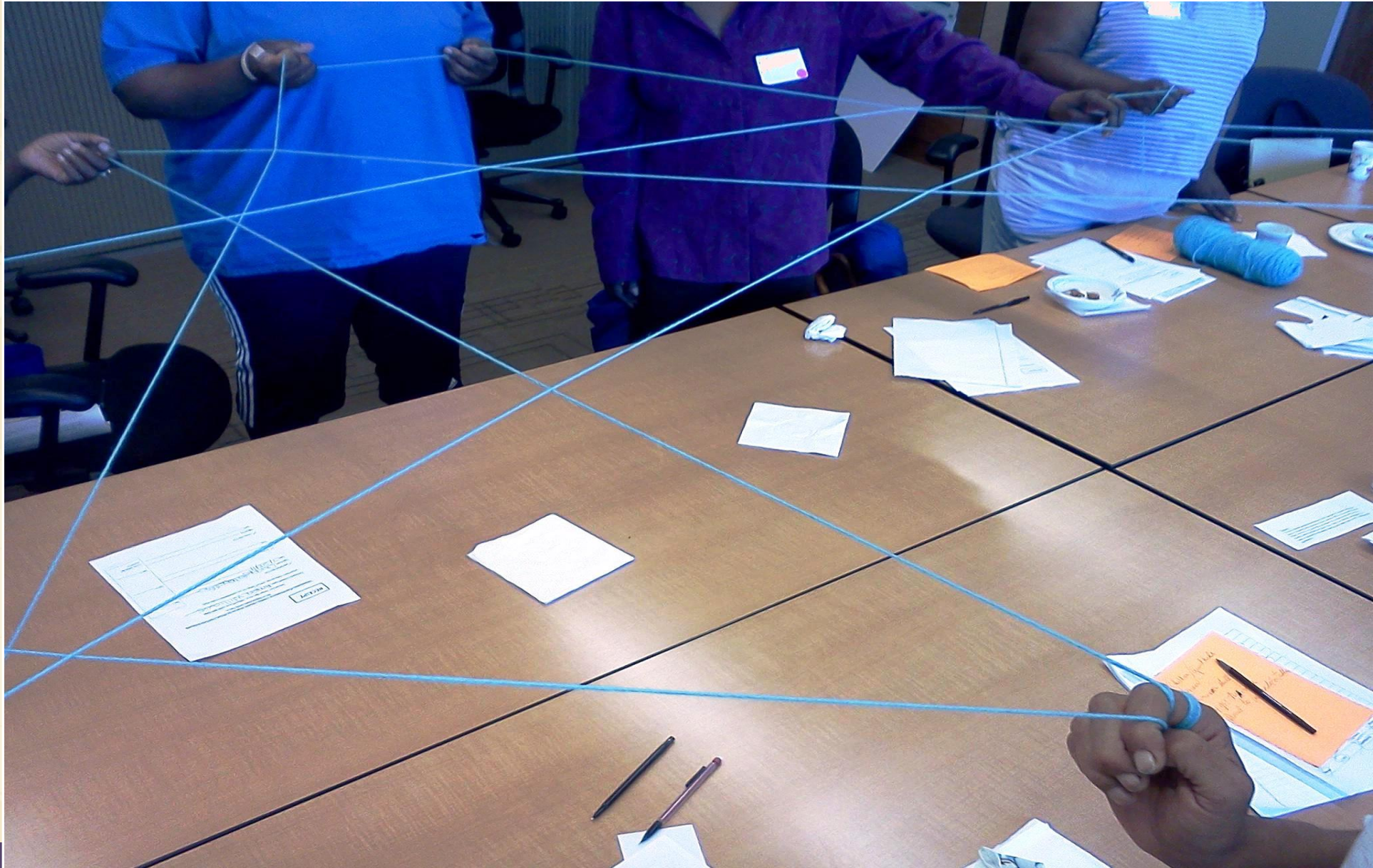
Pilot: Methods

- Pre-test post-test design (no control)
- Paired t-tests
- Primary outcome: 14 items from the Stigma Scale for Chronic Illness, adapted for African-Americans living with HIV[1]

[1]Rao, Choi, et al., 2009; Rao, Molina, et al., under review

The UNITY Health Study

Stigma Reduction Among African American Women With HIV: UNITY Health Study

Deepa Rao, PhD, MA,* Christopher G. Kemp, PhDc, MPH,† David Huh, PhD,‡ Paul E. Nevin, MPH,†
Janet Turan, PhD, MPH,§ Susan E. Cohn, MD, MPH,‖ Jane M. Simoni, PhD,¶ Michele Andrasik, PhD,**
Yamile Molina, PhD,†† Michael J. Mugavero, MD,‡‡ and Audrey L. French, MD§§

Methods

- Setting
  - Chicago (Private & Public Hospital Clinic)
  - Birmingham (University Hospital Clinic)
- Randomized Controlled Trial Design
  - UNITY workshop vs. Breast Health workshop
  - Mixed Effects Regression
  - Data collected May 2013 to December 2016
- Participants
  - African American women over the age of 18
- Self-reported data
  - Primary Outcome → 14-Item Stigma Scale for Chronic Illness (SSCI)
  - Baseline, post-intervention, 6, 8, 10, and 14 months

Results: N = 239
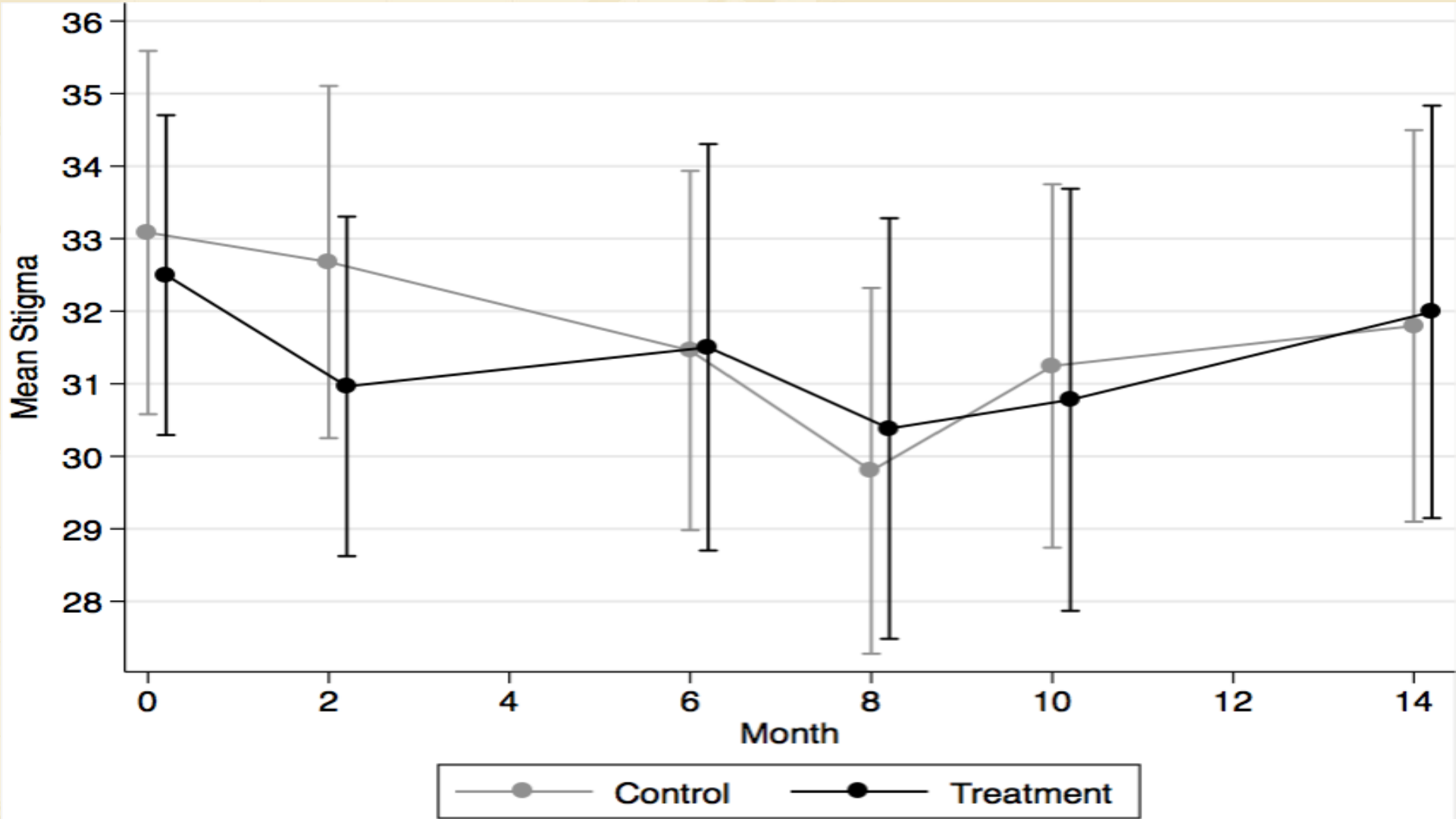
Post-hoc Analysis: Social Support
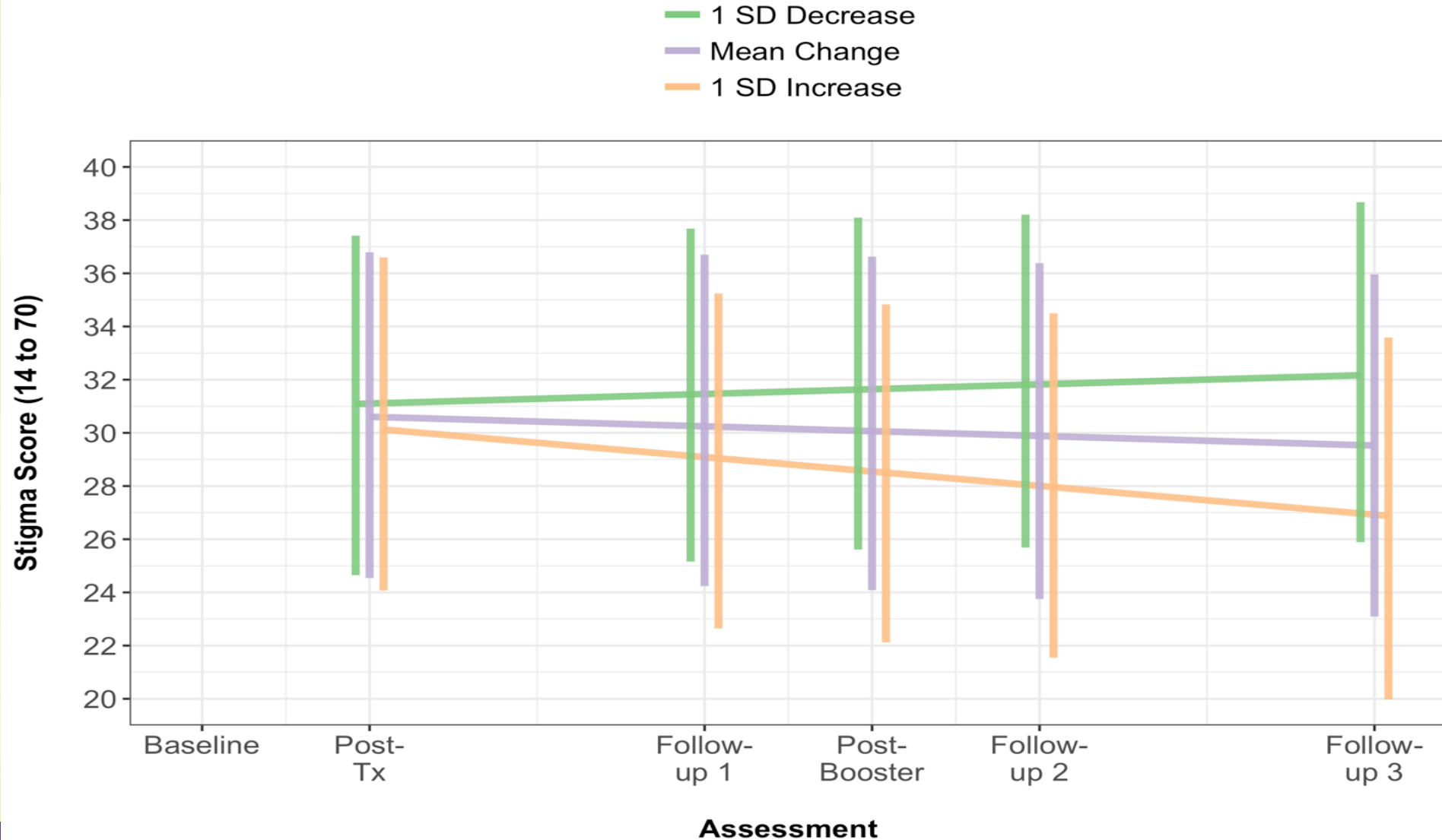
Discussion

- Some reduction in stigma scores for both groups

- UNITY and Breast Cancer awareness shared active ingredients (contact)

- A key mechanisms may be social support

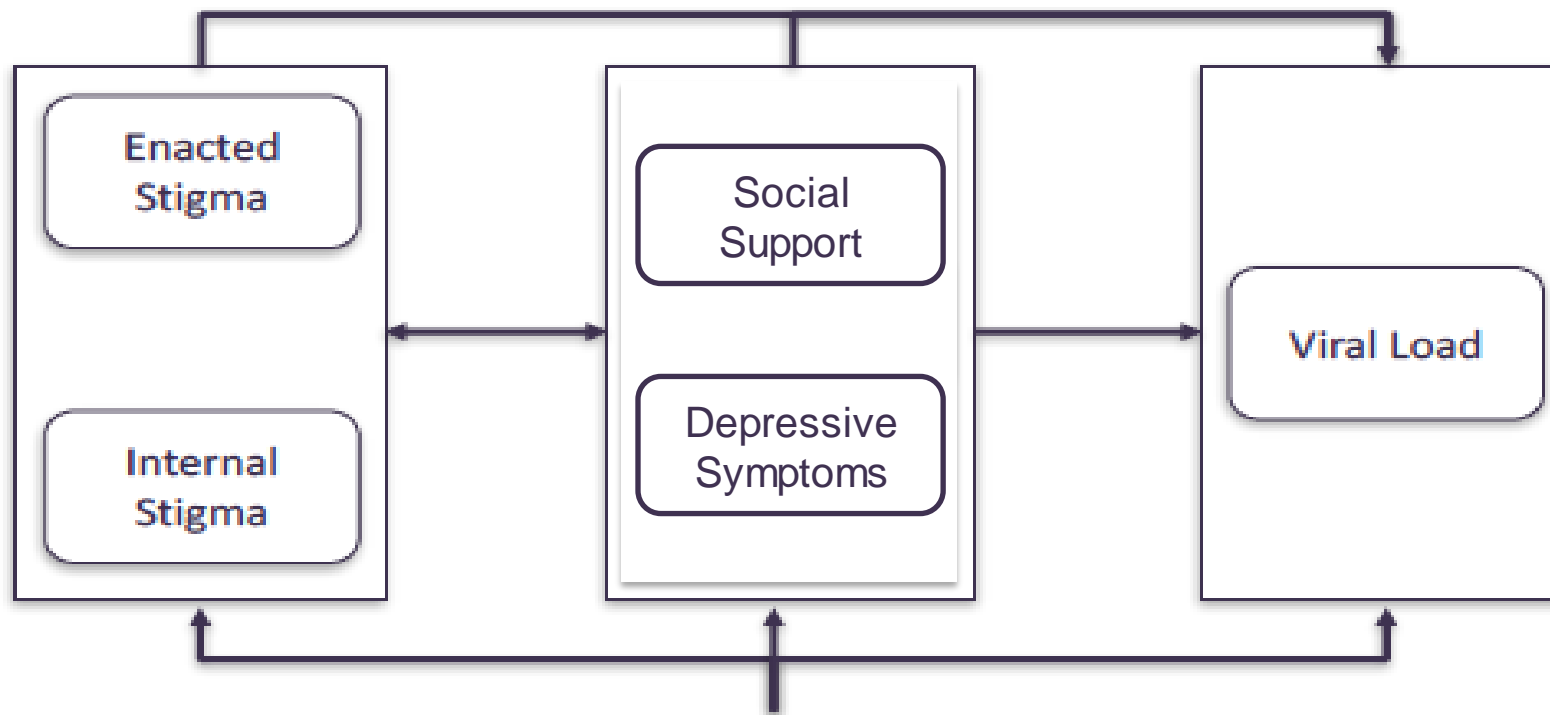- Future studies: use waitlist or other non-comparison arms for control

Study Objectives

- Assess the relationship between multi-dimensional HIV stigma and viral load in this population
- Explore social support and depressive symptoms as potential mediators of this relationship
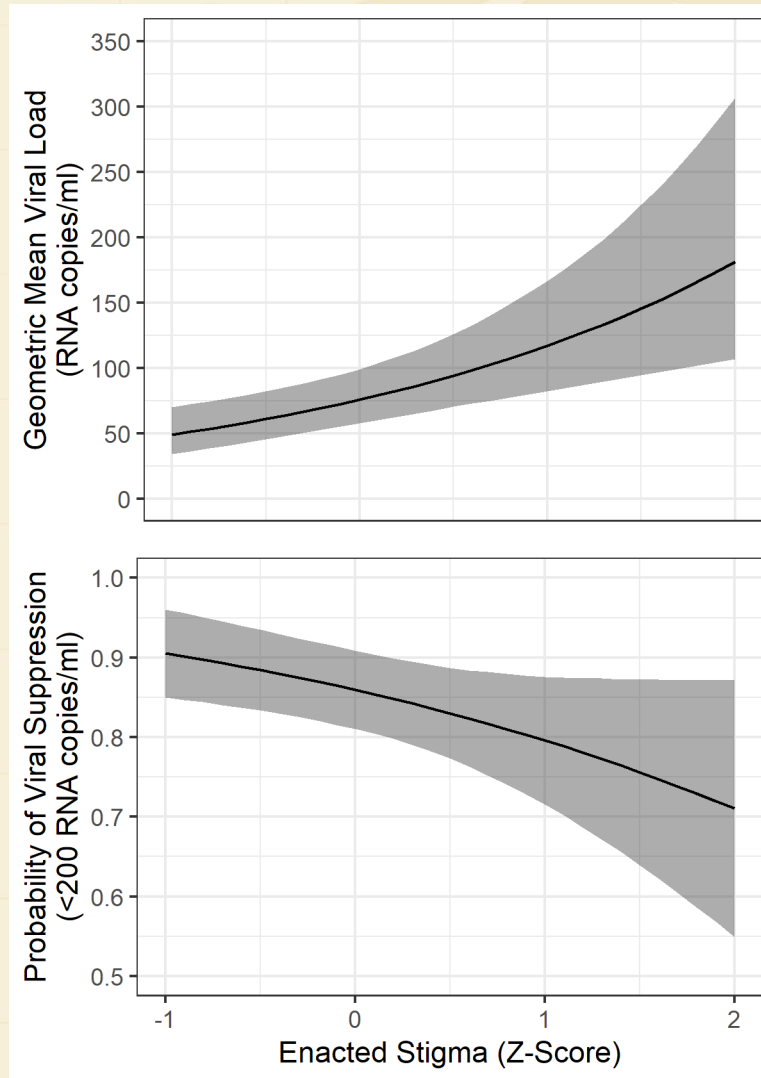
Conceptual Model

Confounders: age, years with HIV, education, occupation, marital status, children, location

Measures

- ## Outcomes
  - Log of mean viral load
  - Durable viral suppression (<200 copies/ml)

- ## Predictors
  - HIV-related stigma; 14-item Stigma Scale for Chronic Illness (SSCI)

- ## Mediators
  - Social support; MOS-SSS
  - Depressive symptoms; PHQ-8

- ## Other covariates
  - Age, education, occupation, marital status, children, site, years with HIV
 - Treatment, time, and treatment*time interaction

Rao et al, 2009; Sherbourne & Steward, 1991.

Longitudinal Causal Mediation

	β	95% CI	p	β	95% CI	p
		Social Support			Depressive Symptoms	
Overall HIV Stigma → Mediator	-0.32	-0.39, -0.25	<0.001	0.50	0.43, 0.55	<0.001
Mediator → Log Mean Viral Load	-0.14	-0.29, 0.01	0.076	0.00	-0.17, 0.17	1.000
Average causal mediation effect	0.09	-0.02, 0.20	0.111	0.00	-0.19, 0.19	0.998
Direct effect	0.40	-0.01, 0.81	0.059	0.48	0.03, 0.93	0.036
Total effect	0.49	0.07, 0.90	0.022	0.48	0.07, 0.89	0.021
% Mediated	18%	-67%, 104%	0.675	0%	-82%, 82%	0.996
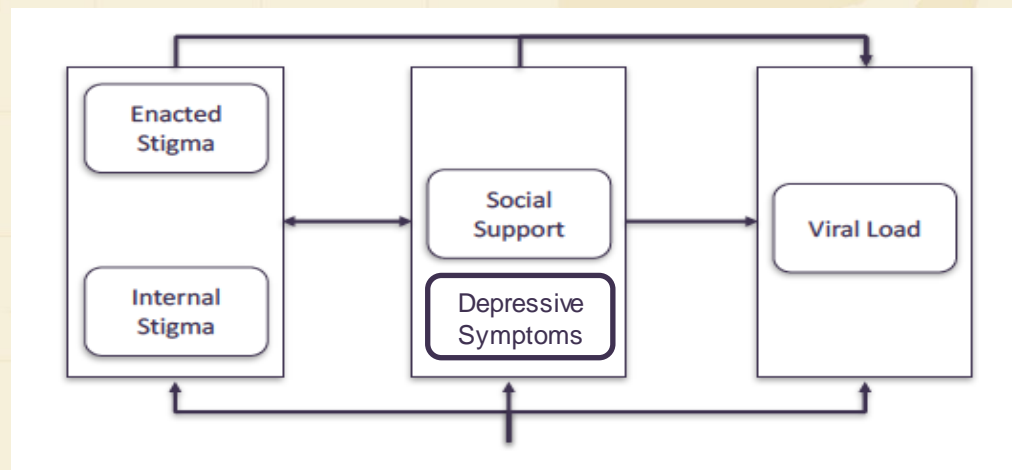
Discussion

- HIV stigma is common in this sample of African American women receiving treatment for HIV
- Enacted stigma appears to be closely tied to viral load
- Social support and depressive symptoms do not appear to mediate the relationship between HIV stigma and viral load in this population.

Implications

- HIV stigma may predict viral load outcomes
- Ongoing experiences of stigma may hinder the transition to viral suppression
- Interventions should aim to mitigate the sources of HIV stigma, in addition to internalized HIV stigma

Future Directions

- COMPASS/Southern Coalition/Duke University
- Stigma Reduction for African American Men and Women in the Deep South
- Gilead Foundation $100 million over 10 years
  - Community Based Organization Capacity Building
  - Anti-Stigma Campaigns
  - Trauma Informed Care

In the South, **433,816** people are living with HIV
▶ View source

49% The South accounts for 49% of all deaths of people diagnosed with HIV in the U.S.
▶ View source

71% In the South, black women accounted for 71% of women with diagnosed HIV
▶ View source

https://www.gilead.com/purpose/partnerships-and-community/compass

Thank You

Our Participants

National Institutes of Health
- Cynthia Grossman
- Greg Greenwood

University of Washington
- Christopher Kemp
- David Huh
- Meheret Endeshaw
- Paul Nevin
- Sarah Frey
- Jane Simoni
- Michele Andrasik
- Lauren Lipira
- Erick Seelbach

University of Alabama
- Michael Mugavero
- Janet Turan
- Stephanie Gaskin

Northwestern University
- Susan Cohn
- Baiba Berzins
- Nina Lambert

**Stroger Hospital of Cook County**
- Audrey French
- Sandra Micci

University of Illinois at Chicago
- Yamile Molina

Let Us Know What You Think...

Post-event surveys are *critical* to our work!

- Please complete the evaluation by following the link in the chat box.

- Evaluation data is necessary for continued funding to offer programs like this!

Every survey we receive helps us to improve and develop our programing. We greatly appreciate your feedback!

Additional Training Opportunities

- Behavioral Health Crisis Response Systems Live Webinar Series
  - March 30 with Dr. Ken Minkoff - "Designing and Implementing Ideal Behavioral Health Crisis Systems"
  - April 15 with Dr. Michael Flaum - "Implementing New Crisis Services: The View from the Ground Up"

- eCourse: The Psychiatrist's Guide to Population Management of Diabetes
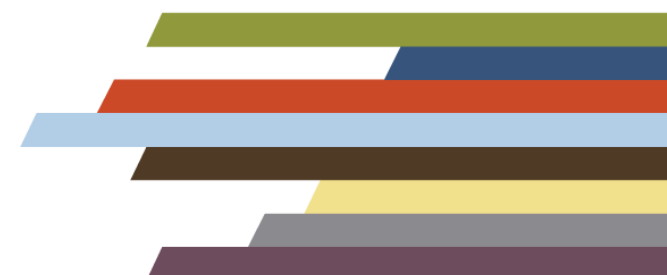
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northwest@mhttcnetwork.org

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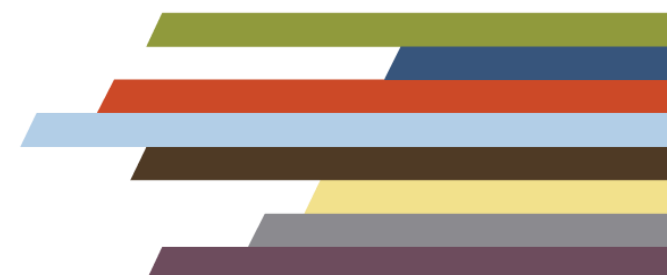
Thank You!

Northwest (HHS Region 10)

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