



National HIV/AIDS Strategy indicators for HIV stigma and quality of life among people living with HIV who inject drugs in the United States, 2017-2021

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Goals

The Strategy focuses on four goals to guide the nation toward realizing this vision:



GOAL 1

Prevent New HIV Infections.



GOAL 2

Improve HIV-Related Health Outcomes of People with HIV.



GOAL 3

Reduce HIV-Related Disparities and Health Inequities.



GOAL 4

Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.

Strategy Vision

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the life span.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstances.

Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs



In 2022, NHAS expanded indicators to include quality of life (QoL) measures

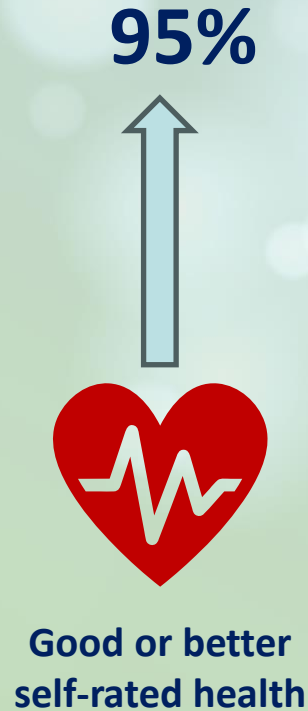
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- Measured by CDC's Medical Monitoring Project (MMP)
- Quality of life
 - Physical health measured by self-rated health
 - Mental or emotional health defined as unmet need for mental health services among persons with a need
 - Structural factors includes subsistence needs such as hunger/food insecurity, unemployment, unstable housing or homelessness
- HIV stigma
 - Multidimensional measure of HIV stigma

NHAS 2025 QoL goals

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**Unmet needs for
mental health
services**



50%
From
2018
baseline*

- **Hunger/food insecurity**
- **Housing instability/homelessness**
 - **Unemployment**



50%
From
2017 or 2018
baseline*

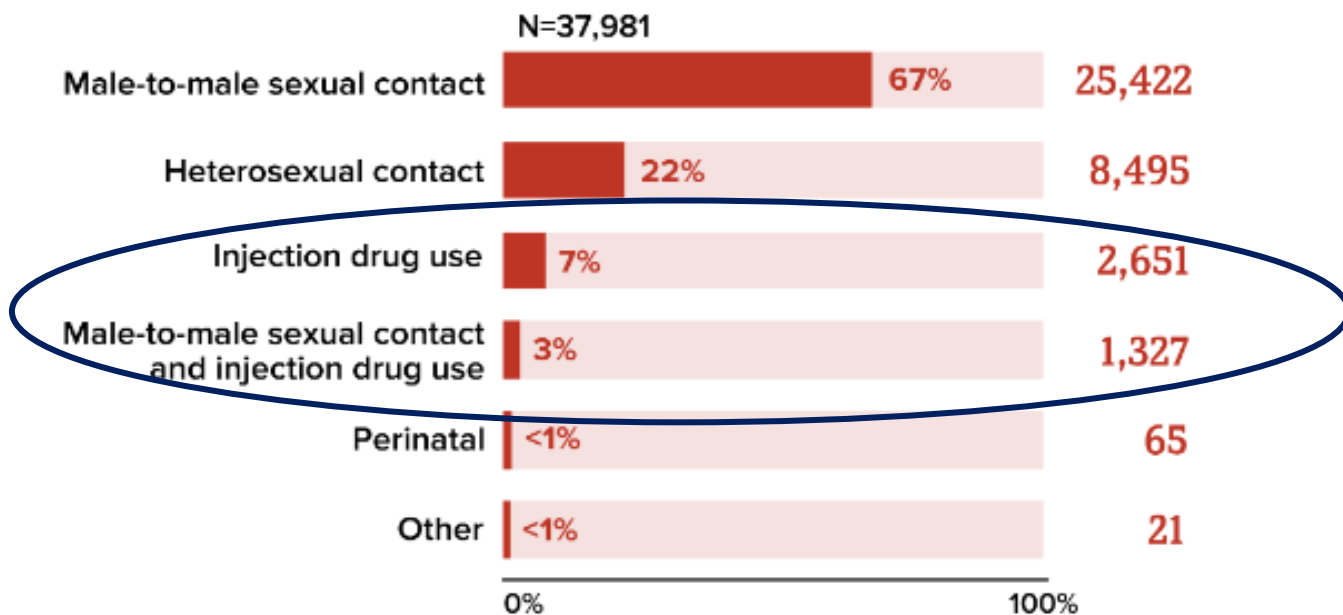
**2017 or 2018, depending on indicator.*

Differences in HIV diagnoses by transmission category, 2022

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Gay, bisexual, and other men who reported male-to-male sexual contact are the population most affected by HIV.



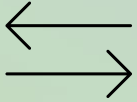
People who inject drugs (PWID) with HIV

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Have poor health outcomes

- 48% had detectable HIV viral load



May engage in practices that can increase HIV transmission

- 11% shared syringes after use



Our objective was to assess NHAS HIV stigma and QoL indicators — and related factors among PWID with HIV



CDC Medical Monitoring Project (MMP)

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- Annual, cross-sectional interview and medical record abstraction
- 2-stage sample design
 - 16 U.S. states, 6 jurisdictions, and Puerto Rico
 - Adults with diagnosed HIV
- Produces nationally representative estimates of behavioral and clinical characteristics among adults with diagnosed HIV
- Data weighted for probabilities of selection, adjusted for non-response, & post-stratified to population totals



**MEDICAL
MONITORING
PROJECT**

Measures and Analysis

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- Used pooled MMP data from 2017-2021 cycles for PWID (n=547)
- Assessed
 - Select demographic characteristics
 - NHAS HIV stigma* and QoL indicators
 - Factors related to NHAS indicators
 - Clinical outcomes, care utilization, other social determinants of health
- Present weighted percentages, accounting for sampling design



*Wright et al, Stigma scale revised: reliability and validity of a brief measure of stigma for HIV + youth. J Adolesc Health. 2007 January; 40(1): 96–98.

NHAS QoL Indicators

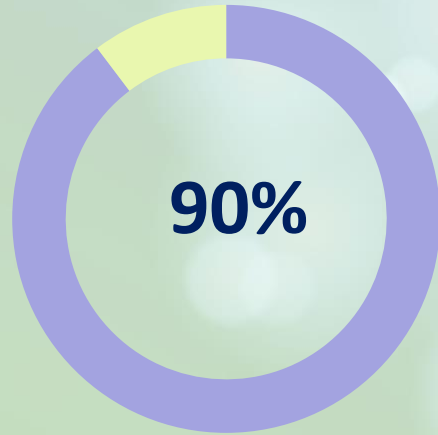
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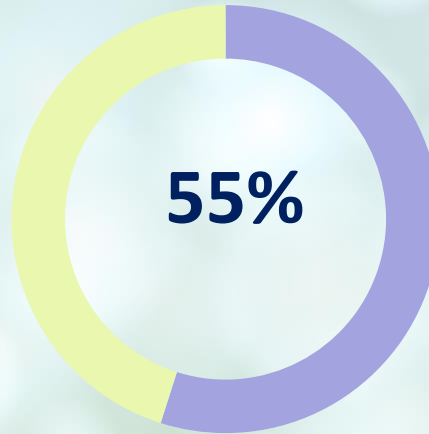
- **Good or better self-rated health:** rating one's health as good, very good, or excellent (as opposed to poor or fair)
- **Unmet needs for mental health services:** not receiving services from a mental health professional among those who indicated a need
- **Hunger/food insecurity:** going without food due to lack of money
- **Unemployed:** being out of work
- **Unstable housing or homelessness:** moving in with others due to financial issues, moving 2 or more times, or being evicted or homelessness (living on the street, in a shelter, in a single-room)



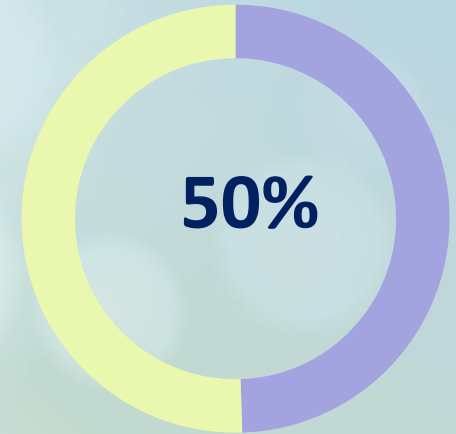
During 2017-2021, 3% of U.S. adults living with HIV injected drugs during the past 12 months



Cisgender men



White

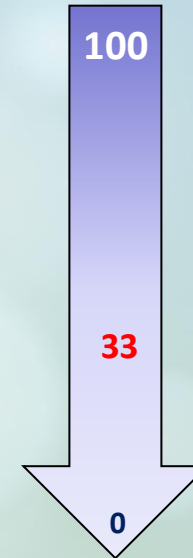


Aged 30-49



While the vision of NHAS is for every person with HIV to live free from stigma and discrimination, the median stigma score was **33** among PWID

High HIV Stigma



Goal No HIV Stigma



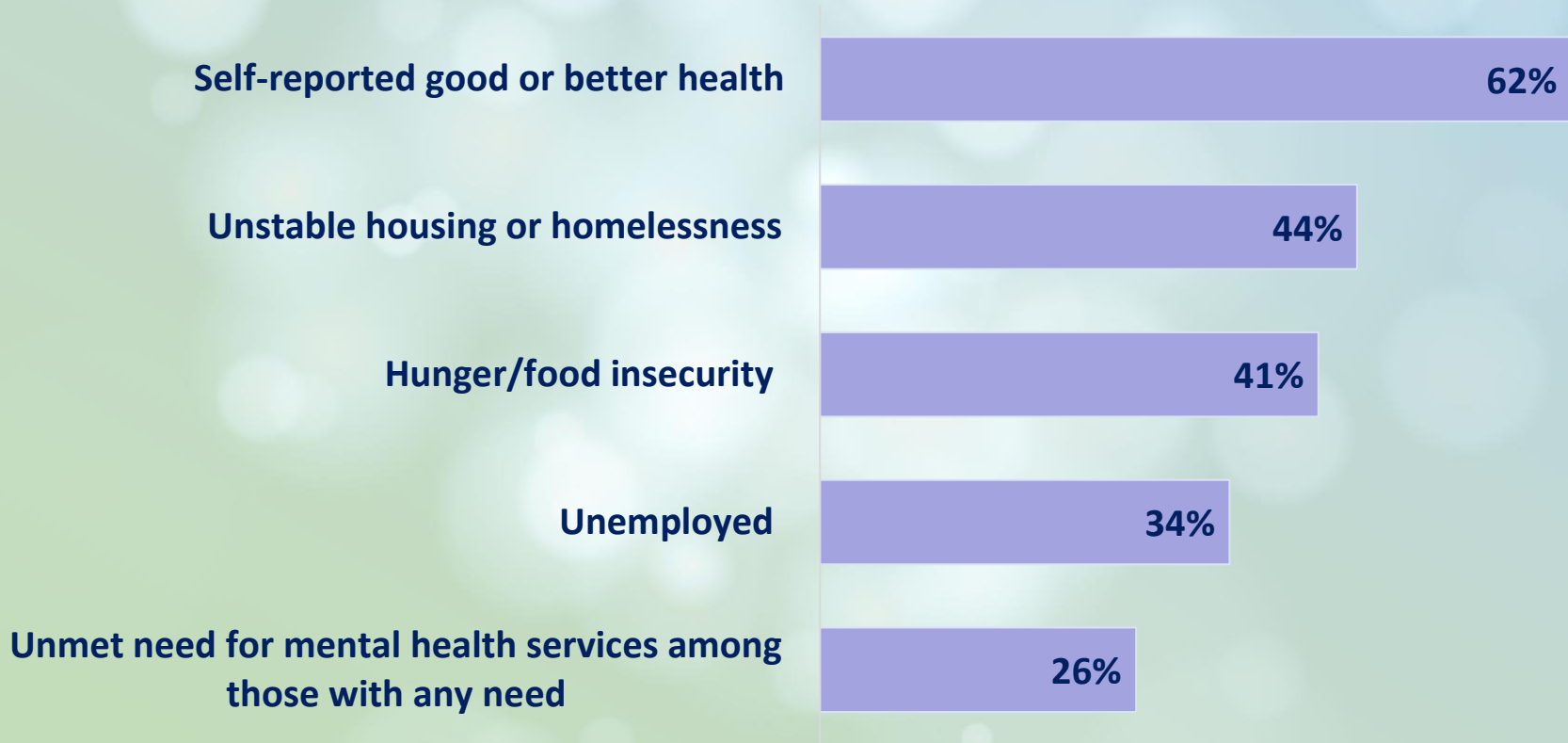
42%

**of PWID with HIV experienced discrimination*
in HIV care settings**

*At least one form of health care discrimination among those receiving care in the last 12 months, including being treated with less courtesy than other persons, treated with less respect, receiving poorer service, having a doctor or nurse act as if he/she believed they were not smart, afraid of them, better than them, or not listening to what they were saying.

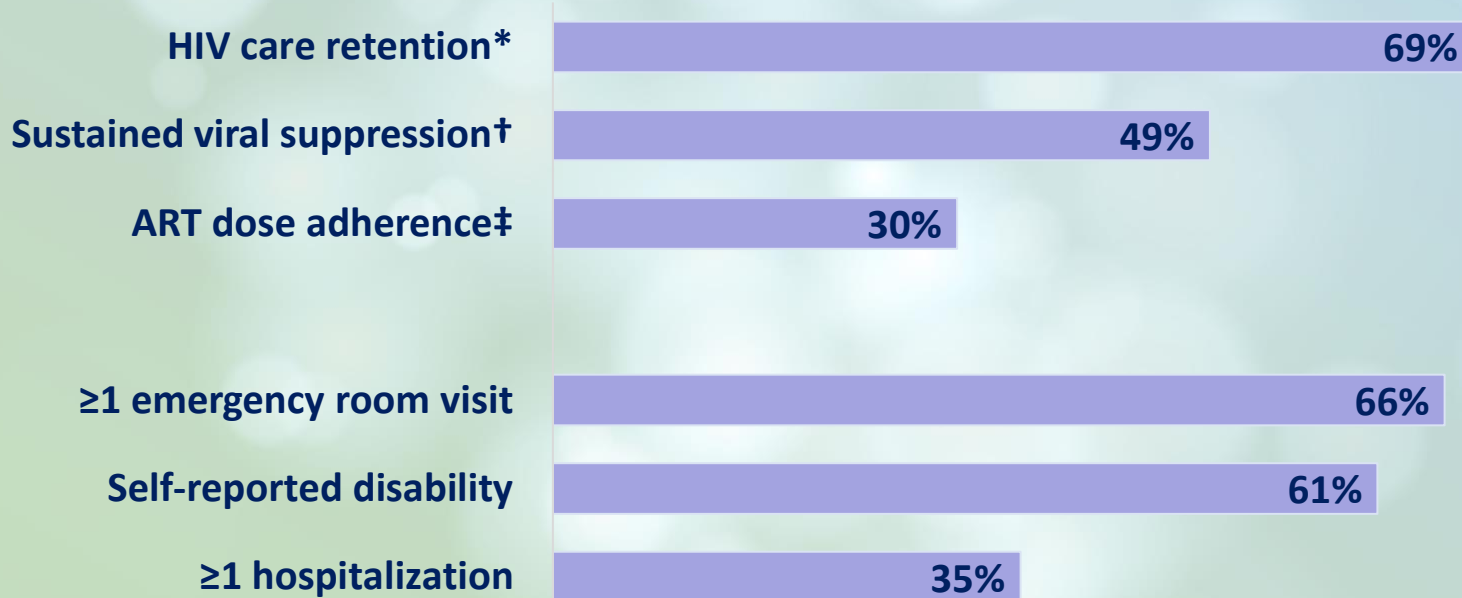
NHAS QoL indicators among PWID with HIV, MMP 2017-2021

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Factors related to self-rated health among PWID with HIV, MMP 2017-2021

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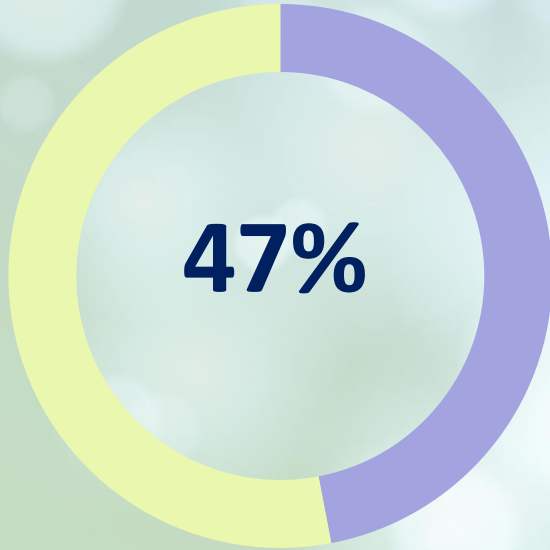
*Two elements of outpatient HIV care at least 90 days apart in each 12-month period.

†All HIV viral loads undetectable or <200 copies/mL, as documented in the medical record in the 12 months before interview.

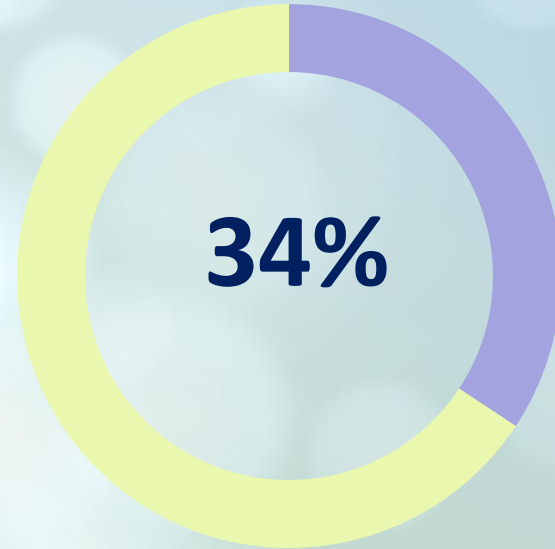
‡100% adherence to ART doses in the past 30 days prior to the interview.

Factors related to unemployment among PWID with HIV, MMP 2017-2021

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Household poverty



High school education or less



U.S. adults with HIV who inject drugs are greatly affected by poor quality of life and HIV stigma



Examination of related factors suggests several areas for possible intervention to improve these indicators...

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Training for HIV care facility staff to reduce stigma and improve HIV care continuum outcomes



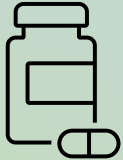
More effective delivery of ancillary services to address unmet needs, which could improve QoL



Ensuring people have access to mental health care and evidence-based treatment for substance use disorder (e.g., colocation of services, access to case managers)

There is a substantial need for treatment and prevention services among people who inject drugs

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25% of PWID had an unmet need for medication for opioid use disorder*



Among PWID with HIV, 80% did not receive substance use treatment**

*HIV Surveillance Special Report: HIV Infection Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs National HIV Behavioral Surveillance, 20 U.S. Cities, 2022. <https://stacks.cdc.gov/view/cdc/150464>

*Dasgupta S, Tie Y, Lemons A, Wu K, Burnett J, Shouse RL. Injection Practices and Sexual Behaviors Among Persons with Diagnosed HIV Infection Who Inject Drugs — United States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:653–657

Receipt of syringes from syringe services programs among people who inject drugs in 20 U.S. cities, 2022

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Syringe services programs (SSPs) are effective at reducing syringe sharing and most provide HIV testing and linkage to care.



of PWID reported getting syringes from SSPs



Our findings are subject to several limitations

- **Lower than optimal response rates (ranged from 40%-46%) at respondent level, though weighted to reduce non-response bias**
- **Interview data are self-reported and subject to recall and social desirability bias**
- **Current or recent experiences of stigma are specific to HIV and may not reflect other forms of stigma or prior experiences on current mental health and well-being**



U.S. adults living with HIV who inject drugs are greatly affected by HIV stigma and poor quality of life. It's important to continue to:

Monitor stigma and quality of life



Evaluate, refine, and implement effective interventions



Ensure access to evidence-based care and ancillary services





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- **Co-authors**
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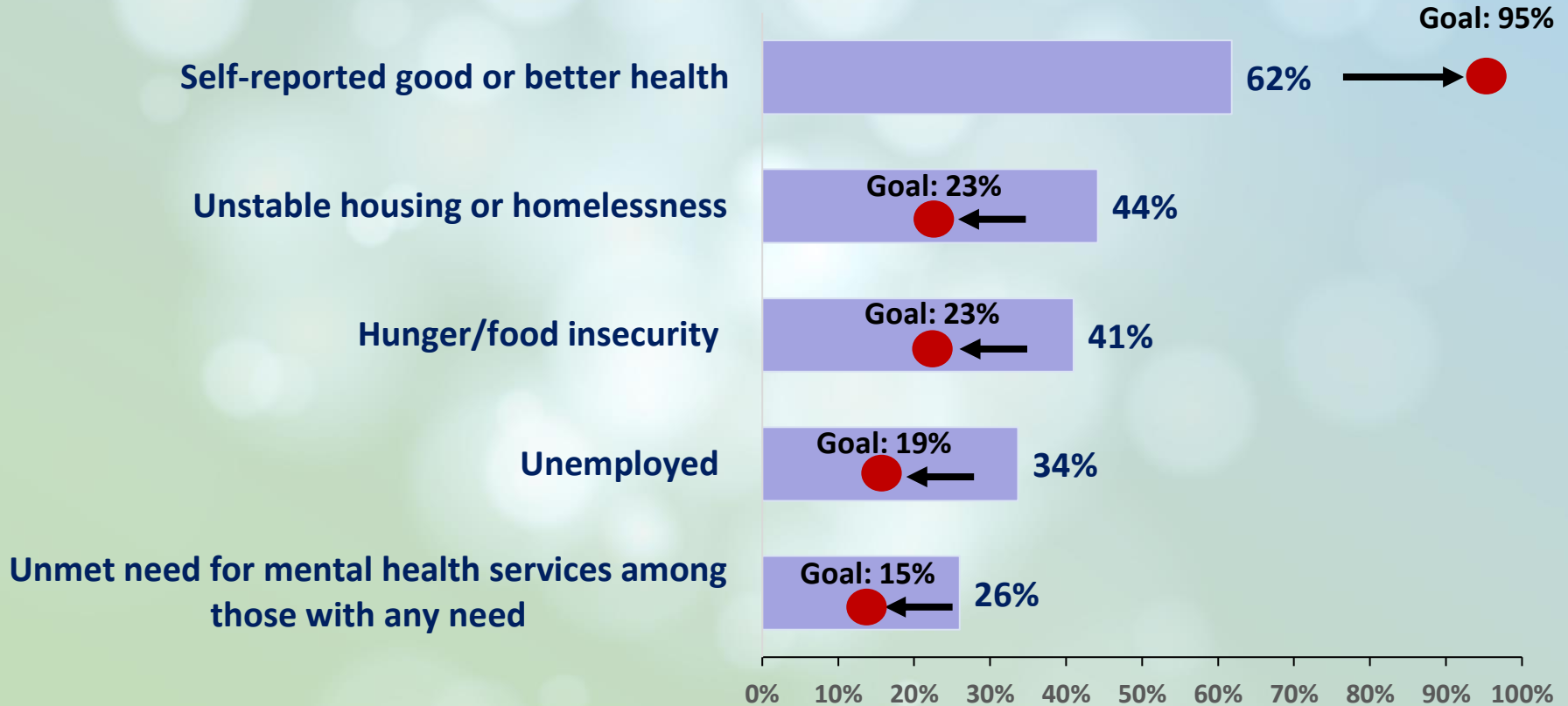


Additional slides

	Self-rated health	Unmet needs for mental health services	Unstable housing or homelessness	Unemployment	Hunger/food insecurity	Median HIV stigma scores
Overall 2025 targets	95%	12%	11%	8%	11%	16
Overall	69%	28%	17%	15%	16%	29
All MSM	76%	29%	16%	15%	14%	27
Black/African American MSM	77%	35%	19%	18%	15%	25
Hispanic/Latino MSM	73%	24%	18%	16%	17%	29
American Indian/Alaska Native MSM	--	--	--	--	--	--
Persons aged 18-24 years	88%	--	26%	--	31%	42
Persons who inject drugs	58%	29%	46%	39%	37%	35
Black/African American cisgender women	59%	29%	19%	14%	14%	31
Transgender women	63%	33%*	28%	25%	40%*	34
<i>Note.</i> Data based on 2021 MMP cycle data. Excluded are estimates with a coefficient of variation ≥ 0.30 and those based on a denominator sample size < 30 . Estimates with an absolute CI width ≥ 30 , estimates with an absolute CI width between 5 and 30 and a relative CI width $> 130\%$, and estimates of 0% or 100% are marked with an asterisk (*) and should be interpreted with caution.						

NHAS QoL indicators among PWID with HIV, MMP 2017-2021

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10-item Stigma Scale

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Item	Subscale
I have been hurt by how people reacted to learning I have HIV	Personalized Stigma
I have stopped socializing with some people because of their reactions of my having HIV	
I have lost friends by telling them I have HIV	
I am very careful who I tell I have HIV	Disclosure
I worry that people who know I have HIV will tell others	
I feel that I am not as good a person as others because I have HIV	Negative Self-Image
Having HIV makes me feel unclean	
Having HIV makes me feel that I'm a bad person	
Most people think that a person with HIV is disgusting	Public Attitudes
Most people with HIV are rejected when other find out	

Factors related to unmet needs among PWID with HIV, MMP 2017-2021

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