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Title: The Complex Relationship between Stigma, Health Literacy, and Chronic Disease in People with HIV

Abstract: Stigma and discrimination may result in poorer health literacy, negative health outcomes, and increased morbidity from other chronic diseases in PWH. We created a multidisciplinary team to study stigma, health behaviors, and outcomes in PWH in Louisiana. The team HIV clinics in three cities; New Orleans, Baton Rouge, and Shreveport, forming the Louisiana Translational Collaborative on Health Behaviors [LATCH]. We hypothesized that PWH who report increased stigma would have lower health literacy and more comorbidities.

Methods: PWH aged ≥ 18 were recruited from three HIV clinics during regular appointments. Participants completed standardized surveys that assessed stigma via the HIV stigma scale short form, health literacy using the REALM, and comorbidities with a calculated Charlson comorbidity index.

Results: 110 PWH were enrolled as of Jan 2023. The average age was 51 years, most were African-American (81%), men (55%, women 40%, transgender 5%). The group had been HIV positive for an average of 18 years. The average and median score on the HIV Stigma Scale was 28; high stigma was defined as >28. The average realm score was 5.87, with 7 indicating adequate health literacy. Participants with sufficient heath literacy (realm=7) had an average stigma score of 28.6, those with inadequate health literacy, 28.1 (p=0.68). Participants with a Charlson score of 2 or higher has an average stigma score of 27.8, those with a Charleson score of <2 had an average of 28.5 (p=.66). Participants with a Charlson score of 2 or higher had an average realm score of 5.5 and those with <2 had an average realm of 6 (p=0.2).

Conclusion: Participants with less comorbidities trended towards higher health literacy but the findings were not significant. Stigma and health literacy are multifaceted, and while likely impact each other and health outcomes, that was not found in our cohort.