

Adverse Childhood Experiences in People Living With HIV

Kimberly Han, MPH Candidate¹ | Preceptor: Jeffrey Jacobson, MD²

1. Case Western Reserve University 2. University Hospitals, Special Immunology Unit

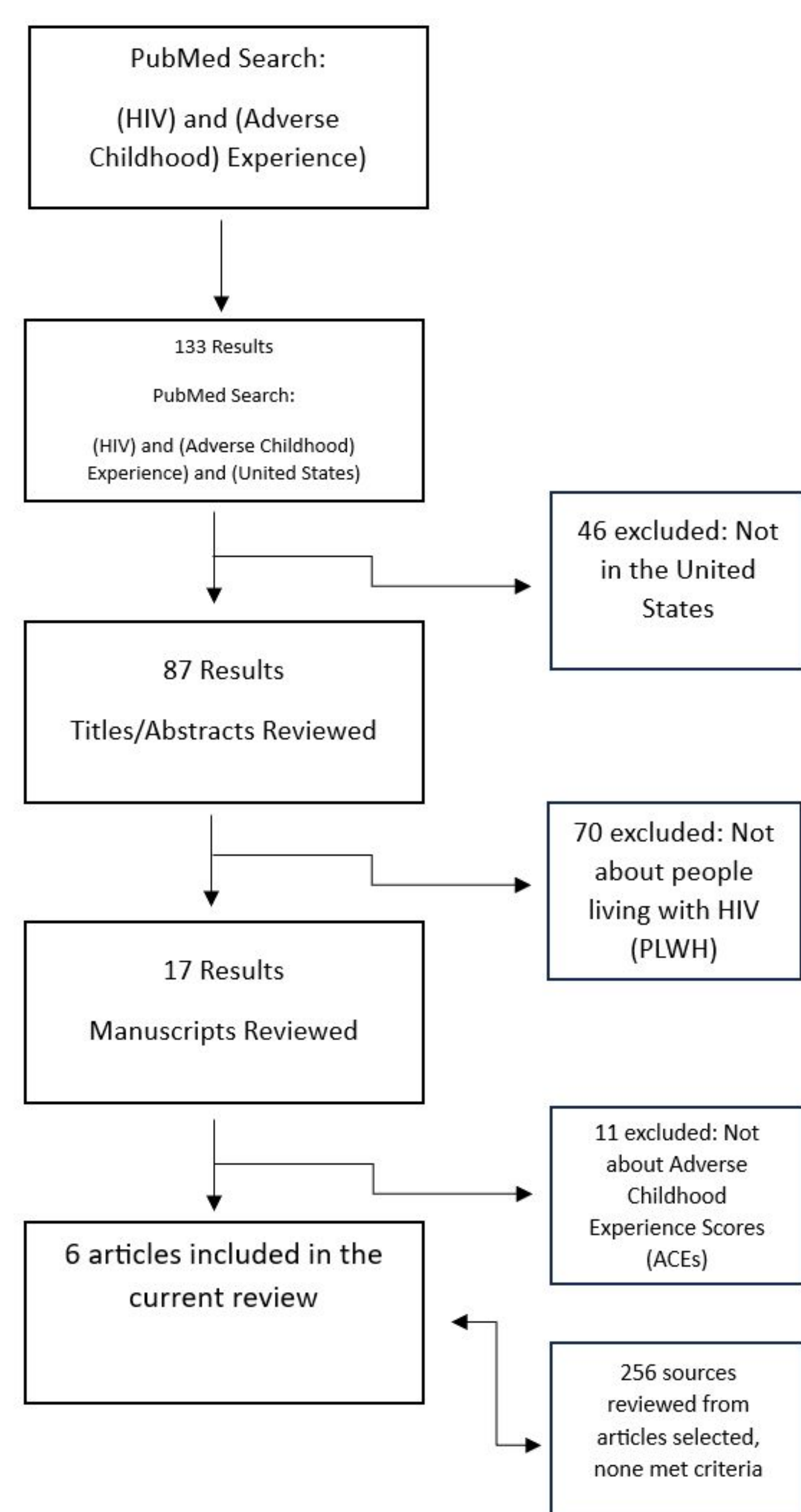
Background

Though the HIV epidemic has existed for almost half a century and there has been many advances in treatment over this time period, there is still 1.2 million people living with HIV in the United States and about 13 percent of this population is unaware and in need of testing (*HIV & AIDS Trends and U.S. Statistics Overview*, n.d.). Viral suppression is possible for many people living with HIV (PLWH) in the United States but according to a CDC report from 2021 only 66% of PLWH were virally suppressed (Volume 28 Number 4 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC, 2023).

Adverse Childhood Experiences Scores were first studied from 1995 to 1996 utilizing the information from 13,494 people on the Kaiser Health Plan (Felitti, V. J. et al., 1998). This study showed that childhood neglect, abuse, and household problems could potentially play a role in one's health later in life (About the CDC-Kaiser ACE Study, 2022).

This practicum aimed to explore current literature about adverse childhood experiences involving a population of people living with HIV.

Methods



A literature review was conducted utilizing PubMed to focus on literature where the population studied is PLWH in the United States and Adverse Childhood Experience Scores are utilized. Only articles with primary research being conducted were reviewed, there were no literature reviews or other commentaries included. Any non-English articles were excluded, and any articles not published in scholarly journals were also excluded.

Study Characteristics

Author, Date	Title	Publication	Location	Data Type	Sample
Chenneville, et al., 2022	Adverse Childhood Experiences among a Sample of Youth Living with HIV in the Deep South	International Journal of Environmental Research and Public Health	Southeastern Urban clinic in the United States	Archival review of exisiting program evaluation database	41 Youth Living with HIV ages 17- 24 (27 male, 11 female, 3 transgender female)
Wallace et al., 2020	Adverse Childhood Experiences, Smoking and Alcohol Use, and Allostatic Load among People Living with HIV	AIDS and Behavior	New Orleans, Louisiana	Interviews and Surveys	352 PLWH (238 male, 114 female)
Anand et al., 2021	Clinic Screening for Adverse Childhood Experiences in People Living with HIV to Improve Care Delivery	AIDS Care	Philadelphia, Pennsylvania	cross-sectional study	1,000 PLWH, >=18 (approx. 730 male, 271 female)
Campbell et al., 2019	Adverse Childhood Event Scores Associated With Likelihood of Missing Appointments and Unsupressed HIV in a Southeastern U.S. Urban Clinic Sample	Journal of the Association of Nurses in AIDS Care	Southeastern United States	Survey	155 PLWH
Woodward et al., 2021	Results of a Brief, Peer-Led Intervention Pilot on Cognitive Escape Among African American Adults Living with HIV, Comorbid Serious Mental Illness, and a History of Adverse Childhood Experiences	Journal of the Association of Nurses in AIDS Care	Midwestern United States	Secondary analysis of pilot data	16 PLWH
Young-Wolff et al., 2019	Adverse Childhood Experiences, Mental Health, Substance Use, and HIV-Related Outcomes among Persons with HIV	AIDS Care	Northern California, United States	Motivational Interviews or Brief Information Delivered by Secure Message	584 PLWH (approx. 566 male, 18 female)

It is important to note that each of the articles contain participants that currently are or at the time of data collection engaged in healthcare, this may create a bias in the results. Additionally, it is leaving a key group of people within the United States, uninsured and/or people without access to care. As well as access to care, it is important to highlight the small sample size is some of the studies, which may inflate or deflate the results and may not be agreeable to prior research regarding ACES because of the small sample size.

Discussion: Adherence to Care

Understanding how childhood trauma may affect adherence to care, trusting medical professionals, and the ability to take care of oneself is incredibly important to helping patients become successful in their HIV treatment.

Anand and colleagues had the largest cohort and found that more than half of their participants reported a clinically significant amount of adverse childhood experiences, which was twice the prevalence of the general population in that area (Anand, P. et al., 2022). It is known that high exposure to adverse childhood experiences influences adult health outcomes and behaviors. Campbell and colleagues found in their cohort patients with four or more adverse childhood experiences, the high-risk group, were eight times more likely to miss an appointment (Campbell, K., Raffanti, S. P., & Nash, R., 2019). These patients in the high-risk group were also twice as likely to have a viral load greater than 200. Viral loads indicate the effectiveness of the medication the patient is taking and the adherence the patient is having to the medication (Campbell, K. et al.).

Public Health Implications

Adherence to care is fundamental for people living with HIV but the literature reviewed showed high exposure to adverse childhood experiences can be related to poor adherence to care plans. This represents a great need for these scores to be well established in HIV or primary care clinics to give physicians and other care providers the opportunity to give trauma informed care. Trauma informed care would allow providers to take additional steps that they may not need to with patients with low exposure to adverse childhood experiences, these extra steps would ensure high risk patients have their needs met so they can be successful in their treatment. This is essential for helping patients become successful in their ongoing battle with HIV.

Deliverables

My deliverables included a literature review of the studies outlined in this poster and an IRB proposal that will continue into my capstone project.

Lessons Learned & Next Steps

From this practicum I learned how to complete a proper literature review. I acquired a deeper understanding for adverse childhood experiences in many different populations and how high exposure can affect long-term health outcomes. I gained knowledge on how high exposure to adverse childhood experiences can affect populations that have chronic illness, like HIV. Additionally, I learned how to complete an IRB proposal which will be utilized in my capstone.

The next steps are to continue in the IRB proposal process to obtain the approval to use the Adverse Childhood Experiences Survey in the Special Immunology Unit. We will survey a group of patients and then look at the survey scores, along with demographic information, and determine the relationship between high exposure to adverse childhood experiences and clinical outcomes for patients in our clinic.

Acknowledgements

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