HealthHIV
STATE OF
Aging with HIV™
Fifth Annual National Survey

Discrimination, Chronic Stress, and Quality of Life Among People Aging with HIV: A Mediation Analysis with Income Moderation

Poster 50

Cognition, Mental Health and Trauma

Circe Gray Le Compte, ScD, MS, Senior Director of Research and Evaluation, HealthHIV

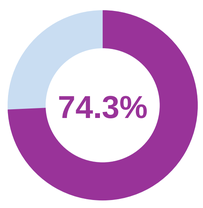
Discrimination predicted stress (path a, b=0.393, p<0.001), and stress in turn predicted cost-related care avoidance (b=0.614, p<0.01) and lower quality of life (b=−1.077, p<0.001).

The indirect effect through stress was +0.242 for cost-related care avoidance, about **52%** of discrimination's total effect, and +0.424 for quality of life, about **61%** of its total harm.

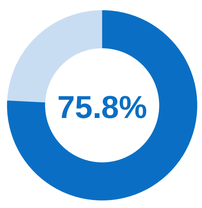
Index of moderated mediation −0.667 (p=0.047): indirect harm to quality of life was **4.3 times** larger among low-income respondents. That points to a smaller material cushion rather than a difference in emotional response.

BACKGROUND AND AIM

People aging with HIV report frequent discrimination, and their reports of stress and quality of life (QOL) do not line up. Stress here is part of daily life and is rarely raised as a complaint; it will not surface in a clinical encounter unless someone screens for it. We asked by what pathway discrimination reaches these outcomes and for whom it is most damaging.



moderate or high mental health stress in the past six months



rate their quality of life good or excellent

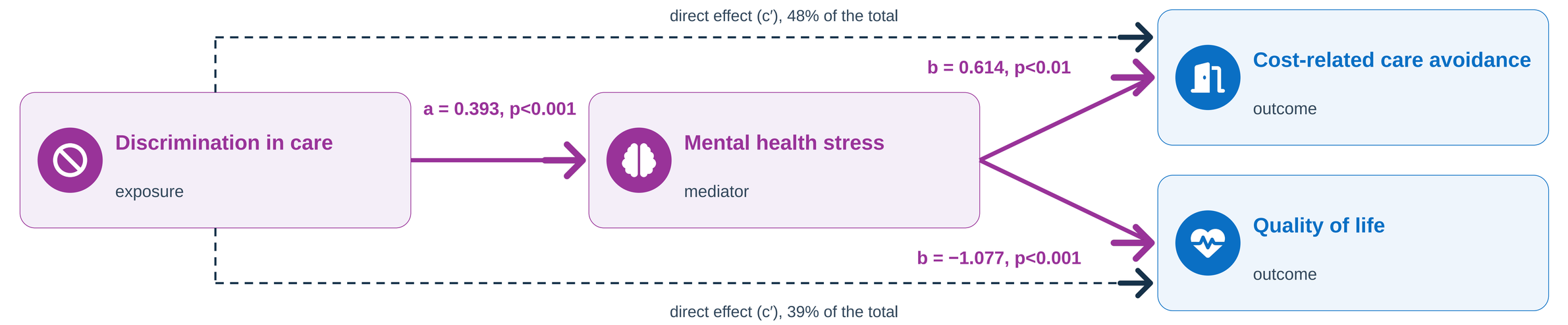
Fewer than 2% named mental health as their most immediate need. The divergence is consistent with survival selection among long-term survivors and a shift in what counts as good QOL.

METHODS

- HealthHIV's State of Aging with HIV National Survey, February to March 2026, REDCap: 365 people with HIV aged 50 and older and/or living with HIV 15 or more years, 37 states and the District of Columbia.
- Baron-Kenny sequential ordinary least squares mediation: discrimination as the exposure, mental health stress as the mediator, and two outcomes, cost-related care avoidance and QOL. Moderation by low income (below 200% of the federal poverty level) with Hayes' index of moderated mediation.
- Mutually adjusted logistic models estimated the per-point association between the Minority Stress Burden Score (MSBS), a count of four stigma-related exposures, and high stress, controlling for the Geriatric Burden Index and Structural Vulnerability Index. Multiple imputation, pooled under Rubin's rules.

BEHAVIORAL HEALTH DOMAIN

Stress is the pathway from discrimination to care access and quality of life



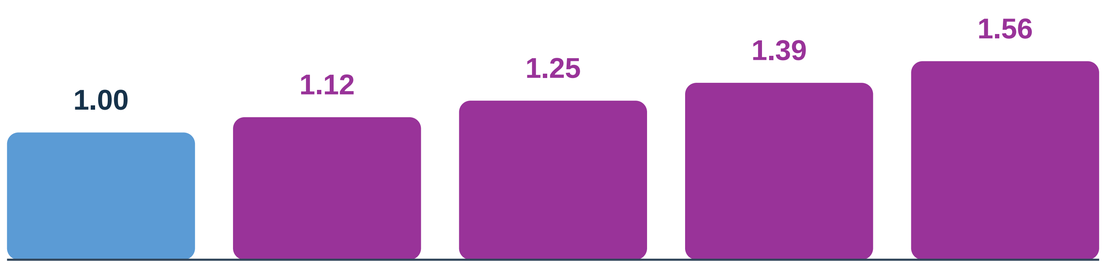
Share of discrimination's total effect that runs through stress (indirect effects +0.242 and +0.424; Baron-Kenny sequential OLS, 2026)



BEHAVIORAL HEALTH DOMAIN

Each minority stress exposure adds to the load

Odds of high stress by number of exposures, relative to none (OR 1.117 per exposure, p<0.001)



Each bar is 1.117 raised to the number of exposures on the MSBS. The MSBS did not directly predict quality of life, so stigma-related exposure reached health outcomes by way of stress.

ACCESS AND PAYMENT DOMAIN

Low income among people aging with HIV is associated with lower QOL

Indirect harm to quality of life through stress, relative to higher-income respondents



Index of moderated mediation −0.667, p=0.047. Low income: below 200% of the federal poverty level. The difference points to a smaller material cushion in that group, not to a difference in emotional response.

CONCLUSIONS: DISCRIMINATION HARMS QUALITY OF LIFE THROUGH STRESS, AND LOW INCOME MAKES THE HARM LARGER

Stress is the pathway from discrimination to care access and quality of life

Low income makes that harm larger, by a factor of 4.3 for quality of life.

Pair efforts to reduce discrimination with material supports

High stress is not inevitable.

High quality of life does not mean unmet need is absent

Stress represents a modifiable factor that mitigates impacts of cost-related care avoidance and lower QOL.

Limitations: the mediation is cross-sectional, so temporal ordering is assumed and not established; measures are self-reported; internalized, proximal minority stress was not measured and is recommended for future surveys; the mechanisms offered for the divergence are interpretive.

HealthHIV's State of Aging with HIV™ Fifth Annual National Survey
Full report, data tables and webinar: HealthHIV.org/stateof/agingwithhiv Contact: research@healthhiv.org

Scan for the full report

HealthHIV
HealthHIV.org