Considering the Impact of Stigma on HIV Prevention in Relationship to National HIV AIDS Strategy

Stacey Little, PhD, MPH, MSW
“...Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care.”

World AIDS Campaign on Eliminating Stigma & Discrimination
AED’s Anti-stigma work

• National Anti-stigma Initiative (US) 2003-2008
• Anti-stigma Toolkit
• Proyecto Acción SIDA de Centroamérica
  – Social Marketing Campaign in Central America (5 countries)
• SMARTWork
  – Workplace interventions
• CHIVES Project
Anti-Stigma Initiative Framework

**Goal:** To foster and catalyze innovative, replicable approaches to eliminate HIV/AIDS-related stigma in the United States.

**Approach:** Provide grants to CBOs to support the development of innovative and replicable programmatic approaches (“interventions”) that address HIV/AIDS-related stigma at a national-level. Support the creation of initiatives, models of intervention, tools and instruments, and media that have the potential for replication/national significance in the U.S.
Initiative Components

- Three-pronged approach:
  - Assist CBOs and national organizations in the development of innovative and replicable anti-stigma interventions
  - Provide TA for anti-stigma activities
  - Support research & information dissemination
Phase I (2003-2005)

- Phase 1: Social marketing interventions to increase knowledge and change behavior
- Challenge grants for researchers
- Information dissemination
Phase I Grantees

- African Services Committee
- Asian & Pacific Islander Wellness Center
- Bienestar
- SC African American HIV/AIDS Council
- Us Helping Us
Phase II (2005-2008)

- Three-pronged approach with a focus on community- & national-level interventions

- Focus areas:
  - HIV/AIDS Human Rights
  - Health Disparities
  - Homophobia and Transphobia
  - Racial Discrimination
  - Injection Drug Use
Descriptions of Grantee Programs
AIDS Survival Project

- Reduce perceived HIV/AIDS-related stigma as a barrier to prevention, care, and treatment in two rural areas of Georgia using the THRIVE! Model

- Approach:
  - Conduct four THRIVE! Programs w/ two local ASOs
  - Develop a THRIVE! Toolkit to facilitate replication
  - Establish online TA for THRIVE! Partners
  - Conduct Media Campaign

- THRIVE! Curriculum
  - Provides current information related to living positively and well with HIV/AIDS: HIV treatment strategies & options, oral health, disclosure, conscious sex, legal issues, nutrition and complimentary therapies and much more.
  - Peer-lead support groups
Asian & Pacific Islander Wellness Center

- **TALK AIDS**, a national, bilingual social marketing campaign to encourage English and Cantonese-speaking Chinese Americans between 18-34 to talk about HIV/AIDS, stigma, and "saving face".
- Target core barrier — lack of communication around sex and HIV
- Use highly credible spokesperson
Asian & Pacific Islander Wellness Center

- Target Chinese media (TV and print)
- Form a Steering Committee to develop message
  - PSA and Print Ad with Joan Chen
    - English and Mandarin (Chinese subtitles) versions
- Develop a replication package of campaign materials, processes, and evaluation methods for replication in other limited-English communities
Asian & Pacific Islander Wellness Center

Joan Chen
Actress

愛滋病有沒有聲音？
這個流行性傳染病是有的，
和它時常是無聲的。
請你現在和你的家人和朋友討
論愛滋病這個問題。
我將同個朋友討論這個問題。

如需更多的資料，
請電415-292-3400或
上網到apiwellness.org/talkaids

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coach.aed.org
Gay Men’s Health Crisis

- Anti-Stigma Awareness Program (ASAP)
  - Social Marketing Campaign developed and tested by community members

- Goals:
  - reduce stigma toward individuals at high risk of HIV transmission, and
  - build resilience to stigma in those same individuals
  - Target MSM of color; HIV+ MSM; and Transgender women through three campaigns
Gay Men’s Health Crisis

- Facilitate a 6-session workshop (concept development and distribution strategies for each campaign)
- Facilitate focus groups w/ community members
- Produce campaign materials
- Launch campaign at a community event
- Conduct evaluation surveys
Gay Men’s Health Crisis

I HAVE HIV
and everyone treats me with the same respect
and caring as they would anyone else.

We’re all affected by HIV. Through kindness
and support, we can have a greater impact
in reducing the spread of the virus.

Are we ready to be there for each other?
Check out: www.gmhc.org/NoSTIGMA

GMHC
GAY MEN’S HEALTH CRISIS
The Tisch Building
119 West 24th Street
New York, NY 10011

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CENTER ON AIDS & COMMUNITY HEALTH (COACH)
coach.aed.org
Harm Reduction Coalition

- Syringe Exchange Communication Project aims to reframe the debate on syringe exchange in order to reduce stigma toward IDUs and the practice of syringe exchange.

- Develop effective and diverse message(s) for targeted audiences:
  - Message analysis: examination of how the issue is portrayed in media and politics.
  - Communications: developing materials, generating favorable editorials, circulating sign-ons and action alerts.
  - Coalition work: linking HIV, hepatitis C, substance use, and public health with progressive allied groups & movements.
Harm Reduction Coalition

- Coalition work: linking HIV, hepatitis C, substance use, and public health with progressive allied groups & movements
  - Producing materials for education and advocacy based on these messages
National Council of La Raza

- Salud Es Cultura: ¡Protégete!
- Formative data collection revealed
  - “Stigma” (the word itself) is problematic for Latinos
  - Latinos are experiencing stigma due to their ethnicity
  - HIV-positive Latinos experienced rejection and discrimination from their families and felt stigmatized due to the ignorance related to the lack of understanding about risk factors and transmission
National Council of La Raza

- The Kit: *Rotafolio*, bilingual flip chart, to guide community education sessions (*charlas*)
  - Moderators guide- with detailed information on the *charla* and the evaluation process
  - CD containing all materials
  - Bilingual HIV/AIDS brochures and Outreach cards

- *Charlas*
  - Conduct 150/site (450 total)
Documentary Film

- Discussion Guide
- Interviewees include:
  - Rep. Jose Serrano (NY-16)
  - Dr. Shannon Hader, DC HIV/AIDS Administration
  - Marjorie Hill, GMHC
  - Grantee and local CBOs Program Staff
  - Five Personal Stories from Volunteers
HIV-related Stigma and NHAS

- Reduce HIV Incidence
  - Fear and Silence
  - Social Isolation
  - Social Complexity-Religion, Culture, Gender
  - Routine HIV Testing in Primary Care
  - Normalizing Testing

- Increase Access for PLWHA and Optimize Health Outcomes
  - Medical Provider Awareness and Education
  - Increase the number Medical Providers
HIV-related Stigma and NHAS Cont.

- Reduce HIV Related Disparities
  - Increase Access to Culturally Competent Prevention and Care
  - Increase Community Engagement and Awareness
    - Increase Understanding
    - Reduce Discrimination
  - Personal and Structural Barriers
    - Self-stigma and Criminal Laws

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Recommendations

- Create comprehensive anti-stigma interventions/curricula
  - self-actualization, increased dialogue, and promote *behavior change*
- Assess existing research, interventions, and tools to determine best practices that can be promoted and diffused
- Promote diverse approaches that engage, educate, and catalyze community
  - Not all social marketing campaigns
  - Targeted community–level approaches that address specific community needs and level of understanding of HIV
Recommendations Cont.

- Require enhanced HIV care and treatment education CEUs for all licensed medical/clinical providers annually.
- Mobilize national leadership and partnership to change community norms that help eradicate HIV-related stigma in communities.
- Engagement of faith leaders who are already active in HIV prevention to eradicate HIV-related stigma among their communities.
Thank You

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We are committed to helping communities develop and implement creative and evidence-based programs to address and mitigate critical health problems—with a major focus on domestic and international HIV/AIDS and sexually transmitted diseases, tuberculosis, and hepatitis.

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If you have additional questions, please contact us at coach@aed.org or (202) 884-8440

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