

WEBINAR

Interrupting Stigma at the Intersection of HIV and Opioid Use Disorder

COMPANION GUIDE

JULY 14, 2021

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Introduction

This webinar, **Interrupting Stigma at the Intersection of HIV and Opioid Use Disorder** describes the underlying factors that contribute to stigma, how they manifest, and the actions that can be taken to interrupt various stigma pathways. Speakers from **Prism Health North Texas** and the **Iowa Department of Public Health** share on-the-ground examples of actions their agencies have taken to mitigate the role of stigma on health outcomes. Presenters will also walk through a new SSC tool called [Interrupting Stigma: A Conceptual Map Depicting Stigma Pathways & Intervening Strategies at the Intersection of HIV & Opioid Use Disorder](#). This tool focuses on the role of stigma at the intersection of HIV and OUD systems, and introduces opportunities for intervention at the systems level.

By the end of this webinar, participants will be able to:

- **Define** stigma in the context of HIV and OUD
- **Describe** the pathway of stigma from drivers to outcomes
- **Identify** strategies for interrupting stigma at the organizational and systems levels

The HRSA-funded initiative Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD) project provides technical assistance (TA) to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive.

JSI Research & Training Institute, Inc. (JSI) is working with the following nine states participating in the initiative: Arizona, Iowa, Louisiana, Massachusetts, New Jersey, Rhode Island, Utah, Virginia, and Washington. JSI is partnering with NASTAD to implement this initiative, with subject matter expertise from Boston Medical Center. All state partners are invited to attend quarterly cross-state webinars.

Presenters

Holly Hanson, MA is the Ryan White Part B Program Manager for the state of Iowa. The Iowa Ryan White Part B program provides life-saving HIV drugs and support services for low-income Iowans living with HIV. She is responsible for ensuring program compliance with the RWHAP, including strategic planning, reporting requirements, grant and budget management, program implementation, and communication. She has been in this position for over twenty years.

Ms. Hanson received her Bachelor of Arts in Social Work from the University of Iowa and her Master of Arts in Counseling Psychology and Counselor Education from the University of Colorado at Denver. Previously, she was a therapist and outreach worker at Columbine Connections in Littleton, CO. The agency was created after the April 1999 shootings at Columbine High School. Consequently, she has a particular passion for bringing trauma informed care to the HIV field in a meaningful way.

Nicole Chisolm, MPH - a South Carolina native - holds a master of public health degree in epidemiology and biostatistics from Drexel University and has applied her passion for public health and her belief in servant leadership in the non-profit sector for over 14 years. Her experience includes serving as an advocate, researcher, evaluator, and grant writer for programs focused on examining and addressing infectious diseases, social determinants of health, and health disparities. Nicole oversees evaluation of grant funded programs and provides data-driven program consultation at Prism Health North Texas (PHNTX). In her time with PHNTX, she has conducted and published research on multi-dimensional stigma among people with HIV/AIDS and has served as the local evaluator for two HRSA/SPNS initiatives and the PHNTX South Central AIDS Education and Training Center (AETC) local performance site.

Slides



Interrupting Stigma at the Intersection of HIV and OUD

July 14, 2021
3:00 – 4:15pm (ET)



Can you hear us?



The audio is being shared via your computer or telephone.
Please mute your line.



Please do not place the call on hold.
Many phones have hold music.



If you're having audio problems, please chat the host.
Call-in number: +1 312 626 6799
Meeting ID: 920 4444 2231 Password: 307397

Please note this call will be recorded.



SLIDES 3-4

How to ask a question or share a comment

- Please use the chat box on the Right-hand side of your screen to chat a question or comment to us.
- You can also unmute your zoom computer audio or phone line to ask a question.
- If you dialed in by phone, please be sure to enter your participant ID.



SPEAKERS



Arman Lorz
JSI Research & Training
Institute, Inc.



Hannabah Blue
JSI Research & Training
Institute, Inc.



SLIDES 5-6

LEARNING OBJECTIVES

By the end of the webinar, participants will be able to:

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- **Describe** the pathway of stigma from drivers to outcomes
- **Identify** strategies for interrupting stigma at the organizational and systems levels



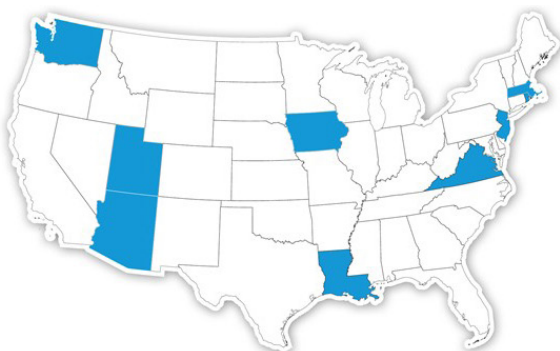
AGENDA

- Introductions
- Project and Content Background
 - What does stigma look like, and how does it play out at the organization and systems?
- Nicole Chisolm, Prism Health North Texas
- Holly Hanson, Iowa Department of Public Health
- Interrupting Stigma at the Intersection of HIV and OUD Tool Review
- Questions and Discussions



SLIDES 7-8

STRENGTHENING SYSTEMS OF CARE INITIATIVE



- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- HRSA HIV/AIDS Bureau Special Projects of National Significance (SPNS)
- Nine state partners
- Three-year project (2019-2022)



STIGMA

“an attitude of disapproval and discontent toward a person or group because of the presence of an attribute perceived as undesirable”

*HIV National Strategic Plan for the United States:
A Roadmap to End the Epidemic 2021–2025*



SLIDES 9-10

UNDERLYING FACTORS

- Stereotypes and labels
- Fear
- Harmful norms
- Unequal power dynamics
- Lack of awareness
- Misconceptions and lack of knowledge
- Attitudes and beliefs
- Internalized shame



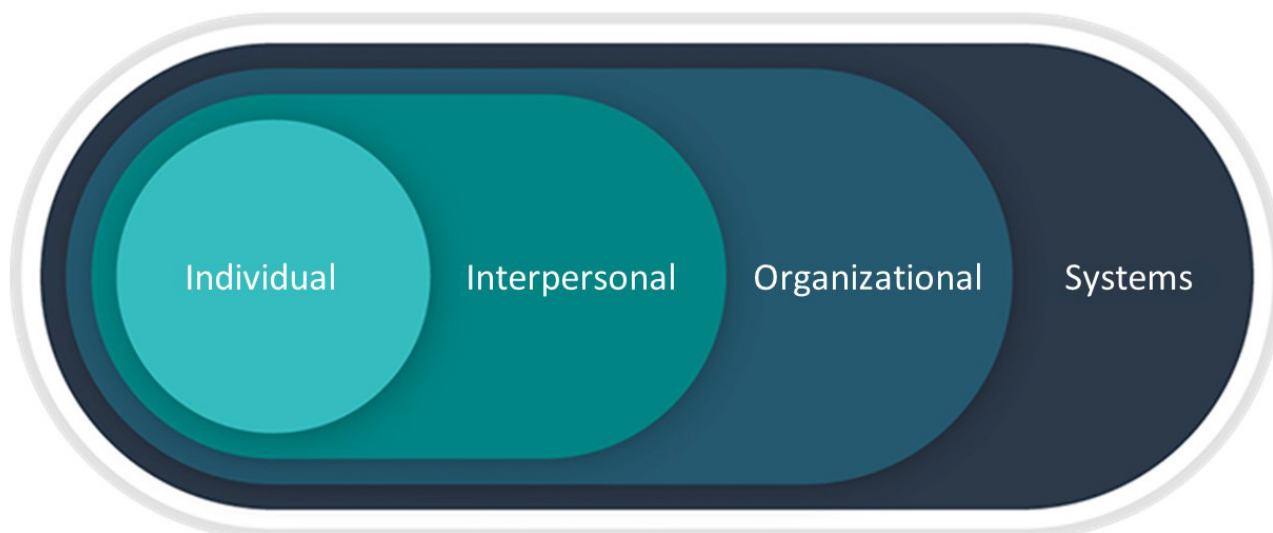
STIGMA IN ORGANIZATIONS AND SYSTEMS

- Stereotyping, demeaning, and dehumanizing language and portrayals
- Social exclusion
- Discriminatory policies, norms, and behaviors
- Criminalizing laws and policies
- Hate crimes and assaults



SLIDES 11-12

PATHWAYS IN THE SOCIOECOLOGICAL MODEL



STIGMA AT THE INDIVIDUAL LEVEL

UNDERLYING FACTORS:

- Lack of knowledge/awareness
- Misconceptions
- Internalizations of stigma and shame

INTERVENING STRATEGIES:

- Support clients to identify and use their power



SLIDES 13-14

STIGMA AT THE INTER-PERSONAL LEVEL

UNDERLYING FACTORS:

- Stereotypes/labeling
- Fear
- Lack of awareness
- Lack of knowledge/misconceptions
- Negative attitudes/beliefs

INTERVENING STRATEGIES:

- Provide information
- Use appropriate and respectful language
- Create skills-building opportunities
- Cultivate relationships



STIGMA AT THE ORGANIZATIONAL LEVEL

UNDERLYING FACTORS:

- Labeling/Stereotypes
- Unequal power dynamics
- Harmful norms
- Institutionalized procedures, practices, and policies

INTERVENING STRATEGIES:

- Integrate inclusive, appropriate, and respectful language and communication
- Conduct collaborative and inclusive assessments and evaluations
- Identify priorities and develop programs and services through community engagement and client advocacy



SLIDES 15-16

STIGMA AT THE ORGANIZATIONAL LEVEL (con't)

INTERVENING STRATEGIES:

- Develop and implement organizational policies for protection against discrimination and access to justice
- Implement trauma-informed practices
- Offer integrated, comprehensive, and coordinated services
- Deliver client centered, equitable, accessible, informed, and respectful services



STIGMA AT THE SYSTEMS LEVEL

UNDERLYING FACTORS:

- Labeling/stereotypes
- Unequal power dynamics
- Harmful norms
- Institutionalized procedures, practices, and policies

INTERVENING STRATEGIES:

- Assess stigma and discrimination in health systems and develop actions plans in response
- Assess and develop statewide policies that prevent and mitigate discrimination
- Develop inclusive and equitable partnerships



SLIDES 17-18

STIGMA AT THE SYSTEMS LEVEL (cont.)

INTERVENING STRATEGIES (cont.):

- Implementing standardized requirements and priorities that promote stigma reduction in jurisdictional/organizational contracts
- Incorporate community engagement and advocacy in policy and systems
- Integrate and coordinate services across HIV and OUD systems



EXPERIENCES FROM THE FIELD...



SLIDES 19-20

INTRODUCTION



Nicole Chisolm,
Prism Health North Texas



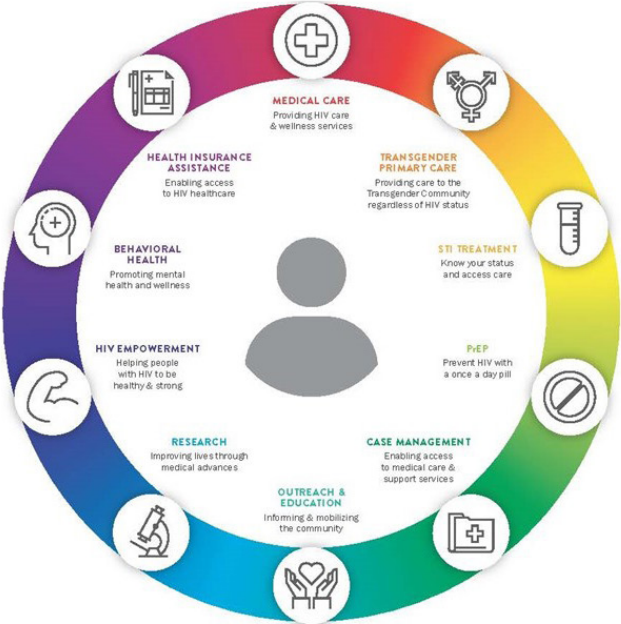

Nicole S. Chisolm, MPH Prism Health North Texas



Acknowledgments:

- Raymond Castilleja Jr., LCSW-S, MBA, MHSM | Behavioral Health Director
- Rochelle Turner, LMSW, LCDC | Project STEP Program Manager
- Martha A. Guerrero, BA | Health Equity Promotion Director
- Prism Health North Texas Team
- PHNTX Patients



SLIDES 21-22





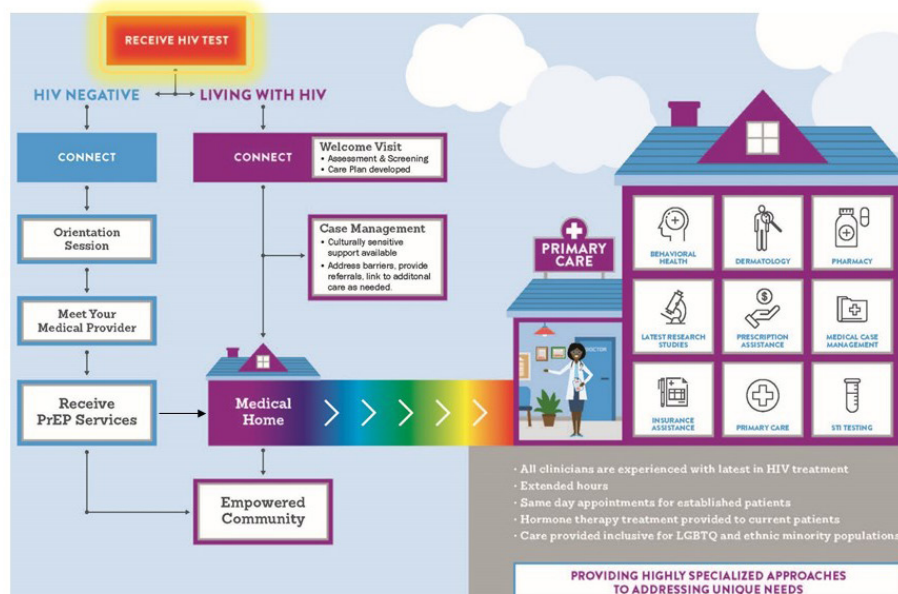
Advancing the Health of North Texas through education, research, prevention, and personalized integrated HIV care.





SLIDES 23-24

INTEGRATED CARE AND HIV MEDICAL HOME



WHAT IS STIGMA?

Social stigma is the disapproval of or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society. Stigma can be

- ✓ **Perceived:** awareness of societal attitudes and discriminatory and prejudicial actions
- ✓ **Internalized:** negative views become incorporated into self-concept
- ✓ **Experienced:** actual experiences of stigmatization by others



SLIDES 25-26

PRESENCE OF STIGMA



Stigma can relate to various health or social conditions



Self-blame
Ostracism
Delay

**For those impacted, the
experience of stigma may be
worse than the diagnosis.**

Treatment
Adherence
Self-esteem
Discrimination

Depression
Isolation
Support
Fear

Loss
Shame
Violence
Disclosure
Stigma



SLIDES 27-28

PROMOTING EQUITY TO COUNTER STIGMA

Social Stigma Promotes:

- Judgmental interpersonal interactions
- Discrimination
- Isolation
- Disparate Outcomes

Equitable Healthcare Promotes:

- Respect for difference
- Recognition of healthcare as a human right not a privilege
- Responding to known disparities by creating safe spaces and trauma informed care practice



Operationalize Anti-Stigma Culture to Inform Service Delivery Practice

STRATEGIES AND PHILOSOPHIES



SLIDES 29-30

ANTI-STIGMA AS AN ORGANIZATIONAL PRIORITY

- Examine agency Mission, Vision, and Values.
- Consider the nature of equitable service delivery in your agency.
- Does your agency have a statement of intent around equitable care?
- If so, how often are these statements and plans reviewed?



PATIENT CENTERED CARE

"Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

- ✓ Recognize and affirm the whole person
- ✓ Leverage Culturally and Linguistically Appropriate Service (CLAS) standards.
- ✓ Recognize and respond to trends and environmental factors affecting your population.
- ✓ Patient centered care supports and strengthens the use of a trauma informed care approach.



SLIDES 31-32

TRAUMA INFORMED CARE

Strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

- ✓ Realizing the prevalence of trauma.
- ✓ Recognizing how trauma affects all individuals involved with the program, organization, or system, including own workforce.
- ✓ Responding by putting knowledge into practice.



Patient-centered, Trauma-informed Organizational Philosophies



SLIDES 33-34

Community Presence & Partnerships



COMMUNITY PRESENCE



Engage in community advocacy and education that is affirming and inclusive of racial, sexual, and gender diversity.

- ✓ Community Advocacy
- ✓ Public Awareness and Education
- ✓ Community Prevention Services



SLIDES 35-36

INTENTIONAL PARTNERSHIP



Choose partners with inclusive social environments who engage in anti-stigma practices and operate with anti-stigma philosophies.

- ✓ Partner Vetting
- ✓ Community Partnerships
- ✓ Reciprocal Linkage Pathways



INTEGRATING ANTI-STIGMA PRACTICES

Organizational
Philosophy

Cultural
Norms

Community
Advocacy &
Education

Community
Prevention
Services

Community
Partnerships

Reciprocal
Linkage
Pathways

Integrating stigma reduction efforts across organizations and systems.



SLIDES 37-38

CONCLUSIONS

Stigma:

- is multifaceted and complex.
- may be associated with discrimination.
- transverse numerous psychosocial domains.
- must be understood for it to be addressed effectively.
- reduction interventions must occur at multiple levels of service access and delivery to enable equitable care provision and practice .

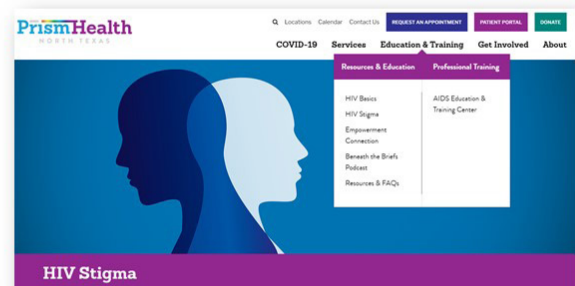


PHNTX HIV STIGMA RESOURCES

<https://phntx.org/hiv-stigma/>

Key Features:

- HIV stigma video series highlights how HIV stigma affects the LGBTQ+, Latino/Latinx, Black, and Transgender community.
- HIV Stigma Podcast
- Articles about HIV Stigma



SLIDES 39-40

INTRODUCTION



Holly Hanson,
Iowa Department of Public Health



Holly Hanson, Iowa Department of Public Health

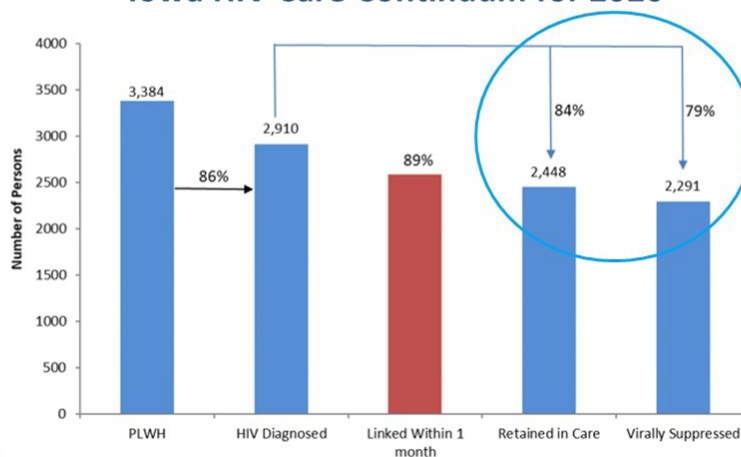
- Ending the HIV epidemic and the intersection of SU/MH
- Brief summary of some causes of stigma
- Measuring stigma among PLWH
- State Health Department Strategies
 - Marketing Campaign
 - Trauma Informed Care



SLIDES 41-42

ENDING THE HIV EPIDEMIC: THE ROLE OF STIGMA

Iowa HIV Care Continuum for 2020



NOVEMBER 2019 CPG MEETING - IDENTIFYING FOCUS AREAS



SLIDES 43-44

ENDING THE HIV EPIDEMIC: THE ROLE OF STIGMA

Stop HIV Iowa Planning - 8 Focus Areas

Primary Prevention & Diagnosing PLWH	Workforce
Medical Care & Support Services for PLWH	Social Determinants of Health
Addressing STIs	Behavioral Health
Viral Hepatitis	Health Equity



Each focus area has a group of at-least 3 co-chairs who are leading the planning process for that area of focus.

- IDPH staff
- Service-provider
- Community member



CONSUMER NEEDS ASSESSMENT QUESTIONS

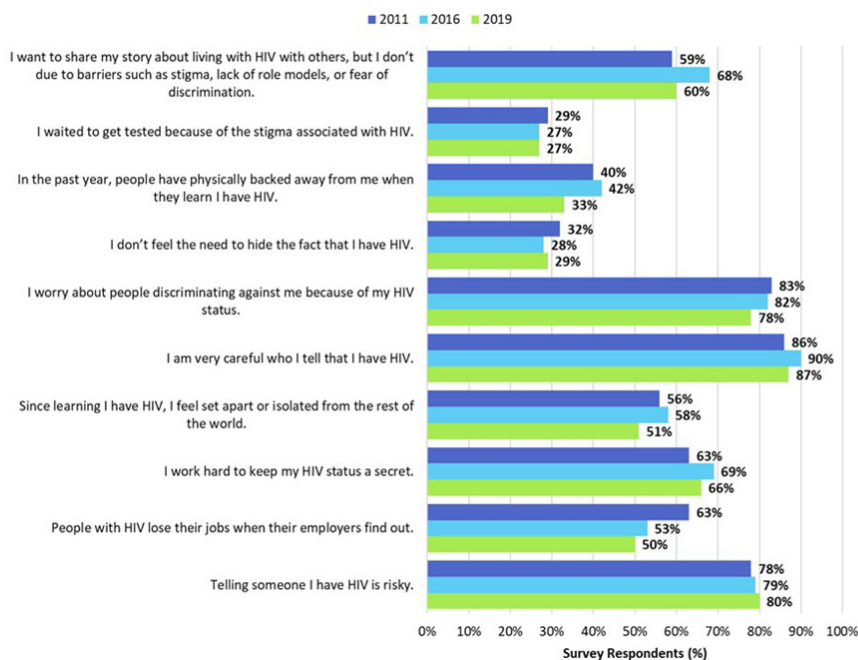
- First Statewide Needs Assessment – 2005 – Added 40 Stigma Questions
 - *HIV Stigma Scale* developed by Barbara Berger
 - Iowa data combined with South Carolina
 - Presented at the XVI International AIDS Conference in 2006
 - Results published in AIDS Behavior Journal in 2008 - *Stigma, Secrecy, and Discrimination: Ethnic/Racial Differences in the Concerns of People Living with HIV/AIDS*
- 2008 – No Stigma Questions
- 2011, 2016, and 2019 – 10 Questions (all the same)



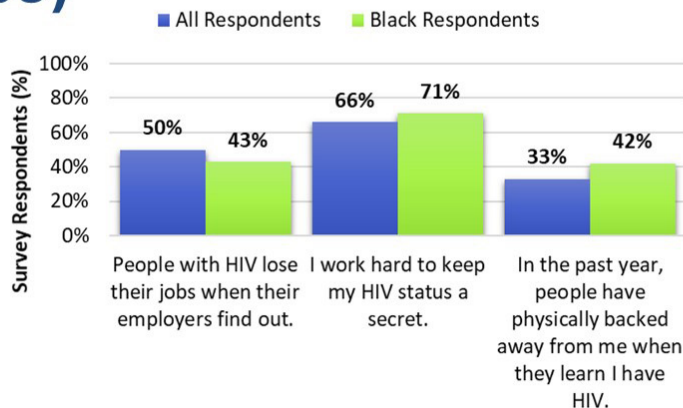
SLIDES 45-46

STIGMA

Levels of HIV stigma among 2011 (n=383), 2016 (n=432,) and 2019 (n=555) survey respondents

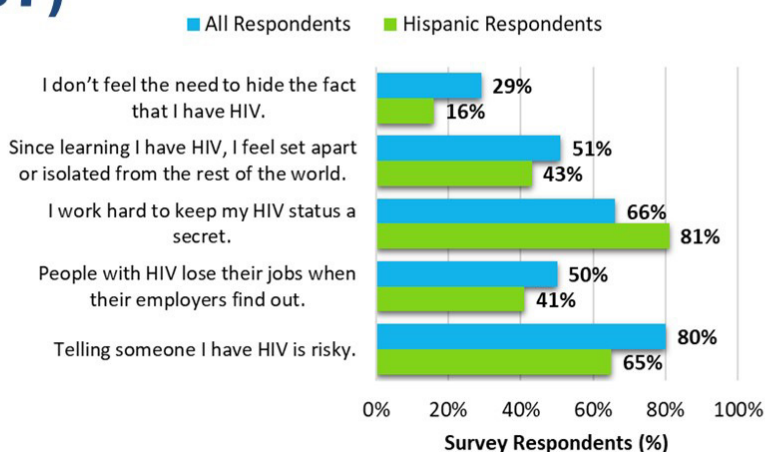


2019 STIGMA EXPERIENCED BY BLACK PLWH (N=108)



SLIDES 47-48

2019 STIGMA EXPERIENCED BY HISPANIC PLWH (N=37)



CAUSES OF STIGMA

- Ignorance/misconceptions
- Cultural factors/belief system
- Media
- Fear
- Lifestyle
- Lack of treatment facilities
- Lack of information systems
- Economic instability
- Previous experience



SLIDES 49-50

MARKETING CAMPAIGN(S)

Began in 2015 – Three Main Goals:

- HIV Case Finding (aka – Testing)
- Retention in Care
- Anti-Stigma



MARKETING CAMPAIGN(S)




Let's Stop HIV Together

HIV is just a virus.
It's the stigma that is the
deadly disease.

Stigma hurts the well-being
of people living with HIV
and prevents some from
getting medical treatment.

Learn More at StopHIViowa.org

STOP HIV IOWA CDC HIV TOGETHER Ending the HIV Epidemic



LET'S STOP HIV TOGETHER

Knowledge is
power. Don't let
HIV stigma stand
in your way.

HIV stigma can stop people from getting
tested. Help stop HIV stigma and encourage
HIV testing in your community.

TAKE CHARGE AND LEARN MORE
ABOUT HIV TESTING OPTIONS.

stopHIViowa.org

STOP HIV IOWA CDC HIV TOGETHER Ending the HIV Epidemic

SLIDES 51-52

MARKETING CAMPAIGN(S)



IMPLEMENTING TRAUMA INFORMED PRINCIPLES

Trauma is defined as an experience or event that is emotionally painful or distressful that overwhelms a person's ability to cope, including Adverse Childhood Experiences(ACE's), interpersonal violence, natural disasters, medical trauma, motor vehicle collisions, traumatic grief, experiences with incarceration, poverty and homelessness, war and refugee experiences, and/or other structural or systemic forms of violence.

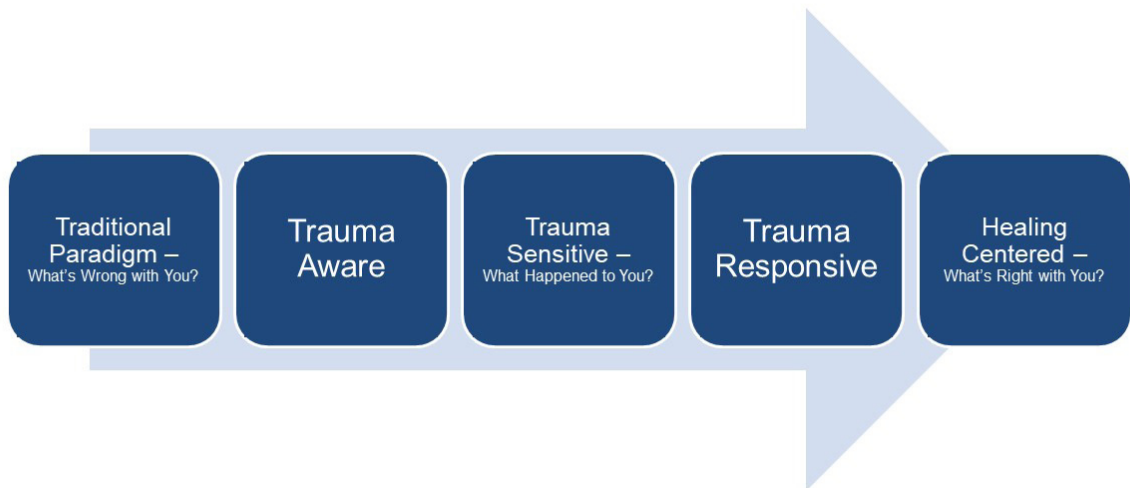
Realizes	Realizes widespread impact of trauma and understands potential paths for recovery
Recognizes	Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	Responds by fully integrating knowledge about trauma, resilience and healing into policies, procedures, and practices
Resists	Re-traumatization by acknowledging organizational practices that may trigger painful memories or retraumatize staff/clients who have traumatic histories
Resilience	Actively works to build resilience and protective factors



[Adapted from: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)].

SLIDES 53-54

THE ORGANIZATIONAL TRAUMA CONTINUUM



10 TRAUMA INFORMED DOMAINS



SLIDES 55-56

ACTIVITY EXAMPLES: BUREAU OF HIV, STD AND HEPATITIS

- Trauma informed Care Training (one-time trainings)
- Trauma Informed Excellence (TIE) - 6-month online training
 - Required all contractors (new cohorts every 6-12 months)
 - Required one-time training for Bureau staff
- Other Trainings (e.g., Motivational Interviewing, Housing/homelessness, Substance abuse, etc. always tie in trauma)
- Trauma informed intake/assessments - Updated intake/assessment for Ryan White case managed clients
- Hiring Practices (contractors and bureau - e.g., questions about knowledge of trauma informed practices)
- Communication - "Clear is Kind" - letter after George Floyd's death, Monday Messages, monitoring calls, capacity building webinars
- Book Club - Bureau staff facilitating book club with contractors with material both directly and indirectly conducive to learning about the impact of trauma.
- Racial Equity Challenge (Bureau level)
 - Individual/interpersonal-focused
- CPG and several affiliated sub-committees, EHE Pillars (e.g., Disrupting Racism, Gay Men's Health, etc.)
- Normalization of discussing SDOH, including the impact of trauma (Both Bureau and Contractor Levels)
- Hiring of SU/HIV Coordinator/Liaison
- Promotion of self-care/Wellness - Prioritized at both bureau and contractor levels, done both formally through trainings, activities, and informally through building of culture. Examples include COVID response, PLWH going bowling, cooking classes, etc. Bureau staff on IDPH wellness committee.
- TILT - Holly and Rhonda on the multi-sector statewide Trauma Informed Leadership Team



ACTIVITY EXAMPLES: BUREAU OF HIV, STD AND HEPATITIS

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SLIDES 57-58

TRAUMA-INFORMED INTAKE/ASSESSMENT

- Time devoted to building rapport critical and emphasized in training
- Prioritize eligibility determination and ensure relationship/rapport before asking/discussing more sensitive topics
- Use a conversational style (vs. checklist)
- Know topics ahead of time –practice with colleague
- Be prepared to actively listen when client's trauma(s) surfaces
- Remember the principles of TIC – safety, trustworthiness/transparency, collaboration/mutuality, empowerment, voice/choice, and historical/cultural considerations.

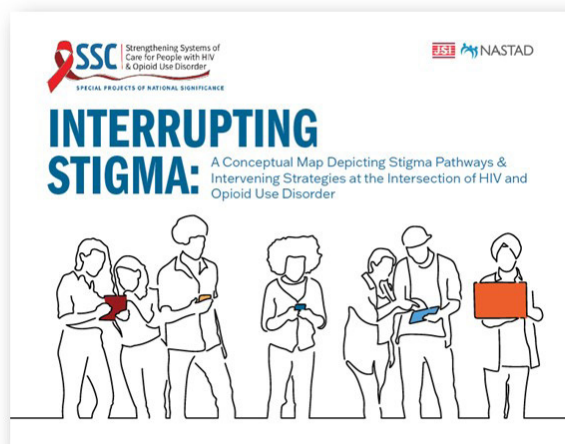


INTERRUPTING STIGMA AT THE INTERSECTION OF HIV AND OUD TOOL



SLIDES 59-60

INTERRUPTING STIGMA AT THE INTERSECTION OF HIV AND OUD TOOL REVIEW



INTERRUPTING STIGMA AT THE INTERSECTION OF HIV AND OUD TOOL REVIEW

STIGMA PATHWAYS

Where Stigma Comes From

- Types of Stigma
- How Stigma Operates in Health Systems
- How Individuals Experience Stigma

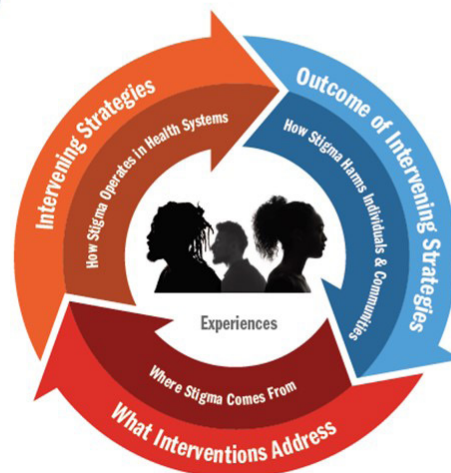
How Stigma Harms Individuals and Communities

INTERVENING STRATEGIES

What Interventions Address

- Intervening Strategies for:
- Individual clients
 - Service Providers
 - Clinics, Organizations and Agencies

Outcomes of Intervening Strategies



SLIDES 61-62

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

Anthony has been to residential treatment to get help for his OUD (injecting heroin). When Anthony entered treatment he tested positive for HIV. He hasn't told anyone because he is afraid of what people might think. He never followed up for support or treatment after his diagnosis and is not in care for HIV.

Following methadone treatment for his heroin use, Anthony went to a halfway house and started using other drugs. He was kicked out of the halfway house and didn't qualify for another one because he was not abstinent. Facing homelessness, Anthony convinced his mom to let him live with her and promised he wouldn't use anymore. She got concerned with how much he was partying and thought he was probably using again, so she told him he was no longer welcome in her house. Since then, he's been staying with different friends, a few of whom use heroin, too.

One night at a party, Anthony overdosed and one of his friends used naloxone to revive him. They called an ambulance and his mother. In the emergency room (ER), Anthony overheard the staff talking about him. One said "I'm tired of spending my nights treating these junkies. They are young and dumb. They know naloxone is available so they just get out of control and expect it to save them." Anthony was furious but didn't say anything because he also thought they might be right. He confided what he had heard to his mother and she filed a complaint with the hospital.



ANTHONY

ANTHONY IS A 22-YEAR-OLD COLLEGE STUDENT
WHO WORKS AS A BARTENDER.



STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

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How is stigma operating in the health system?

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

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How is stigma operating in the health system?

- Stereotyping and dehumanizing language at the ER
- Institutionalized failure to train ER workers to work with patients with behavioral health challenges
- Discriminatory policies that require clients to abstain from substance use to be eligible for housing

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

Anthony has been to residential treatment to get help for his OUD (injecting heroin). When Anthony entered treatment he tested positive for HIV. He hasn't told anyone because he is afraid of what people might think. He never followed up for support or treatment after his diagnosis and is not in care for HIV.

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One night at a party, Anthony overdosed and one of his friends used naloxone to revive him. They called an ambulance and his mother. In the emergency room (ER), Anthony overheard the staff talking about him. One said "I'm tired of spending my nights treating these junkies. They are young and dumb. They know naloxone is available so they just get out of control and expect it to save them." Anthony was furious but didn't say anything because he also thought they might be right. He confided what he had heard to his mother and she filed a complaint with the hospital.



What is Anthony's experience of the stigma?

SLIDES 65-66

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

Anthony has been to residential treatment to get help for his OUD (injecting heroin). When Anthony entered treatment he tested positive for HIV. He hasn't told anyone because he is afraid of what people might think. He never followed up for support or treatment after his diagnosis and is not in care for HIV.

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What is Anthony's experience of the stigma?

- Discrimination and unfair treatment at the ER
- Internalizes stigma around his HIV status
- Receives poor quality of care
- Avoids HIV health services and resources

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

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What are intervening strategies at the organizational and systems levels?

SLIDES 67-68

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

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What are intervening strategies at the organizational and systems levels?

- Develop and implement organizational policies for protection against discrimination and access to justice
- Conduct community engagement and client advocacy to identify priorities and develop programs and services
- Implement standardized requirements and priorities that promote stigma reduction in jurisdictional/organizational contracts
- Offer integrated, comprehensive, and coordinated services

STIGMA PATHWAYS & INTERVENING STRATEGIES AT THE INTERSECTION OF HIV AND OUD

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What are intervening strategies at the organizational and systems levels?

- Assess stigma and discrimination in health systems and develop action plans in response
- Integrate and coordinate services across HIV and OUD systems

SLIDES 69-70

QUESTIONS AND DISCUSSION



THANK YOU!

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Discussion Questions

As you reflect on the presentations, the following prompts may help facilitate discussions within your programs about the drivers of stigma, how they operate in organizations and systems, and opportunities for interruption. **There is no need to prepare answers to these questions before the webinar.**

- What does stigma look like in your setting?
- When have you seen stigma affect clients in the work you do?
- How does stigma harm individuals and communities?
- What are the drivers of stigma in your settings?
- What types of stigma have you personally experienced or witnessed?
- How is stigma operating at a health systems level? For example, how are individuals experiencing stigma as a result of current policies?
- What strategies could interrupt stigma, and prevent further stigma from happening?
- What additional training does your team need to interrupt stigma and improve health outcomes for the individuals and communities you serve?

Glossary of Terms

Culturally and Linguistically

Responsive Services (CLAS): an approach to health care delivery that emphasizes tailoring services to an individual's culture and language preferences as a way to combat inequities in health care experiences and outcomes.

Status neutral service delivery:

clients can access the care and services they need regardless of their HIV status

Stigma: an attitude of disapproval and discontent toward a person or group because of the presence of an attribute perceived as undesirable (as defined in HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021–2025).

- **Experienced stigma:** actual experiences of stigmatization by others.
- **Internalized stigma:** negative views become incorporated into self-concept.

- **Perceived stigma:** awareness of societal attitudes and discriminatory and prejudicial actions.
- **Social stigma:** the disapproval of or discrimination against a person based on perceivable social characteristics that serve to distinguish them from other members of a society.

Trauma: an experience or event that is emotionally painful or distressful that overwhelms a person's ability to cope.

Trauma informed care: a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”¹

¹Hopper EK, Bassuk EL, Olivet J. Shelter from the storm: Trauma-informed care in homelessness services settings. The Open Health Services and Policy Journal. 2010;3:80–100.

Acronym List

ACEs - Adverse Childhood Experiences

AETC - AIDS Education and Training Center

AIDS - acquired immunodeficiency syndrome

CLAS - Culturally and Linguistically Appropriate Services

HAB - HIV/AIDS Bureau (of HRSA)

HIV - human immunodeficiency virus

HRSA - Health Resources and Services Administration

IDPH - Iowa Department of Public Health

JSI - JSI Research & Training Institute, Inc.

ODU - opioid use disorder

PHNTX - Prism Health North Texas

PLWH - people living with HIV

RWHAP - Ryan White HIV/AIDS Program

SPNS - Special Projects of National Significance

SSC - Strengthening Systems of Care for People with HIV and Opioid Use Disorder

SUD - substance use disorder

SU/MH - substance use/mental health

TA - technical assistance

TIC - trauma informed care

Additional Resources

[Interrupting Stigma: A Conceptual Map Depicting Stigma Pathways & Intervening Strategies at the Intersection of HIV & Opioid Use Disorder \(SSC Project\)](#)

This tool focuses on the role of stigma at the intersection of HIV and OUD systems, and introduces opportunities for intervention at the systems level. The tool also includes three scenarios that explore the ways in which different levels of stigma negatively affect an individual's experience receiving health care.

[Addressing Stigma: A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black & Latino Gay Men \(NASTAD\)](#)

Following a three-year examination of public health stigma and its impact on Black and Latino gay men, NASTAD and the National Coalition of STD Directors (NCSD) released this blueprint and its 17 recommendations for ensuring better health outcomes.

[Stigma: What is it? \(Southeast Addiction Technology Transfer Center Network\)](#)

This one-page fact sheet defines stigma and describes how stigma can negatively affect care and treatment outcomes for people with substance use disorders.

Next steps

Interested in learning even more? Email us at ssc@jsi.com or contact your JSI or NASTAD TA Lead to explore opportunities to discuss this topic with other state partners during in-depth conversations.

Thank you for your participation!