

Stigma and Bias
Training Institute Toolkit



BLUEPRINTS
FOR SUCCESS

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Introduction: Blueprints for Success

Gilead is hosting several training institutes with a view to stimulating dialogue and discussion, and providing education and educational tools on some of the most current and critical concepts that are impacting and shaping HIV care today. The training institutes aim to equip our broad range of participants – from experts, to healthcare practitioners, to community role players, to people living with and affected by HIV – with knowledge and tools to assist with addressing new challenges around HIV care in today’s fast-moving and unpredictable environment. They also offer an opportunity for HIV advocates, people living with HIV, public health officials, policy leaders, and healthcare providers to connect.

1

Cultural Humility

This institute examines the core tenets of cultural competence and cultural humility. These are vitally important concepts in our increasingly racial and ethnically diverse population, where stigma, bias, and discrimination continue to keep people out of care.

2

Stigma and Bias

This institute takes a close look at the roles that stigma and bias play in engagement and retention in care for people with HIV and those who are at risk for HIV. It investigates strategies to recognize and mitigate biases and stigma in healthcare settings and beyond.

3

Telehealth

This institute educates participants on the potential of telehealth to increase HIV care and prevention services, particularly in a time of COVID-19. The institute explores barriers to care that telehealth can help overcome, and examines potential hurdles to providing telehealth for marginalized populations.

4

Ending the Epidemic (ETE)

Understanding the ETE initiative and the challenges that exist in sustaining urgency and furthering the initiative are the key objectives of this institute. Participants receive education on the status-neutral framework, the importance of a status-neutral approach, and the need for creating and fostering multisector alliances in ETE.

About This Toolkit

This toolkit aims to equip learners with key concepts around stigma and implicit bias and the negative impact that these phenomena have on HIV care. It aims to provide education on:

1

Implicit bias and its unintended consequences

3

How implicit bias and stigma undermine health outcomes for people living with HIV

2

The many levels at which stigma operates

4

Strategies for mitigating implicit bias and stigma in healthcare settings and the wider community

The toolkit helps to create awareness of the many ways in which stigma and implicit bias – less overt than prejudice and discrimination – can in subtle but pervasive ways exist as barriers to HIV care. It also provides an overview of how various interventions involving the family, community, and faith-based organizations have demonstrated success in overcoming stigma.

The toolkit looks at important components to any stigma-reduction program, such as involving community-based organizations and priority groups (including people living with HIV) from the outset, and forging partnerships with allies. The aim is to encourage discussion and reflection on how some of these lessons and ideas can be utilized in stigma-reduction initiatives.

The toolkit offers workshop activities to bring about a greater understanding of implicit bias, the many different forms of microaggressions, and how we can sensitize ourselves and others to the unconscious biases that we all harbor. It also offers brainstorming ideas for group workshops on how interventions involving faith-based organizations, community organizations, healthcare groups, and other partners can help to combat stigma, and normalize attitudes about HIV and toward people living with HIV.

Finally, the toolkit provides a list of downloadable resources for ongoing learning.

The Impact of Implicit Bias and Stigma on HIV Care

Key Concepts

Understanding implicit bias

While explicit bias is rooted in conscious thought, implicit bias resides in the unconscious part of our brains. Because we are not mindful of these rapid and effortless thoughts, they lead us to act without awareness – often contrary to our true intentions. Simply wanting to act without implicit bias does not necessarily mean that we will do so.

Some important facts about implicit bias

Implicit bias can include positive or negative associations about people. We all have these unconscious associations and are not “bad people” for having them. Implicit biases often run counter to our openly held beliefs, yet they are a more accurate predictor of behavior. Research shows implicit pro-White and anti-Black bias in most Americans, which can lead to inequitable healthcare, education, criminal justice treatment, etc. But implicit biases can be “unlearned” and new associations can take their place.

How implicit bias impacts healthcare

Research has shown that provider perceptions and treatment recommendations differ for hypothetically Black versus White patients with the same symptoms. Stigma and bias (both conscious and unconscious) are also exhibited by health professionals against LGBTQ+ patients and can contribute to health disparities. Ethnic minorities report more dissatisfaction with providers, particularly when the patient is of a different ethnicity than the provider. Provider bias may lead to suboptimal patient-provider interaction that can taint provider judgments and decisions about patient care. The result is less follow-up and adherence to treatment plans on the part of patients, which perpetuates health disparities.

Racial and ethnic disparities in HIV treatment and care overlap with experiences of stigma

Racial and ethnic disparities in health-related outcomes among people living with HIV are well-documented. Black people with HIV are less likely to begin care, receive antiretroviral therapy (ART), or remain in care due in part to discriminatory treatment and a mistrust of the healthcare system. Latinx people with HIV are more likely to be diagnosed later in the HIV disease continuum, resulting in delays in care and treatment. Uptake in HIV prevention services is far higher among White people than Black people.

The Impact of Implicit Bias and Stigma on HIV Care

Key Concepts

How certain groups experience more HIV-related stigma

Research shows that stigma around HIV continues to be prevalent in the United States, and that attempts to increase viral suppression rates and decrease the number of new HIV infections must be accompanied by stigma-reduction initiatives. Besides racial/ethnic minorities and LGBTQ+ people who report more stigma, women also experience more HIV-related stigma than men. Also, people experiencing poverty or homelessness and those who are not on treatment report high stigma.

The roots of HIV stigma

Stigma emanates from the fear and myths that arose around the HIV epidemic in the 1980s that persist today, including the notions that HIV correlates with death; that HIV is associated with behaviors that some people disapprove of, such as homosexuality, infidelity, sex work, drug use; that HIV is only transmitted through sex, which is a taboo subject in some cultures; and that HIV is a result of moral weakness.

The many layers where stigma exists

People experience many layers of stigma, beginning with their own, internalized stigma, which often stops them from seeking medical care. Stigma can be experienced within the family or wider community, and even among LGBTQ+ groups. Stigma from healthcare providers can have a profoundly negative impact on treatment and can take many forms, including mandatory testing without counseling or consent, denial of treatment, isolation of people with HIV from other patients, and minimizing contact by providers. People with HIV also experience stigma in the workplace and in wider society, where restrictive government policies often exist.

The cyclical relationship between stigma and HIV

People who experience stigma and discrimination are marginalized and become more vulnerable to HIV, while people living with HIV are more vulnerable to stigma and discrimination, creating a reinforcing cycle. Some of the consequences of stigma include loss of income or livelihood, poor healthcare, loss of marriage or childbearing options, loss of family support, feeling worthless, loss of reputation.

Posters/Handouts

Stigma, Bias, and Prejudice: Some Definitions

Stigma – a mark of shame or disgrace associated with a particular person, quality, or circumstance

MICRO

A **Implicit bias** – favoring one group over another in an unconscious or unintentional way

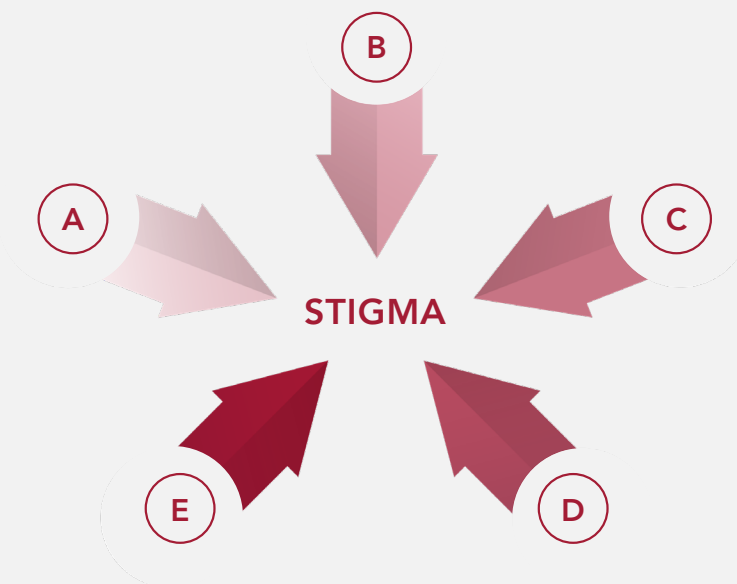
B **Explicit bias** – favoring one group over another in a conscious or intentional way

C **Microaggression** – brief, commonplace daily verbal or nonverbal slights or insults

D **Stereotype** – an oversimplified, fixed, and widely held belief about a whole group of people

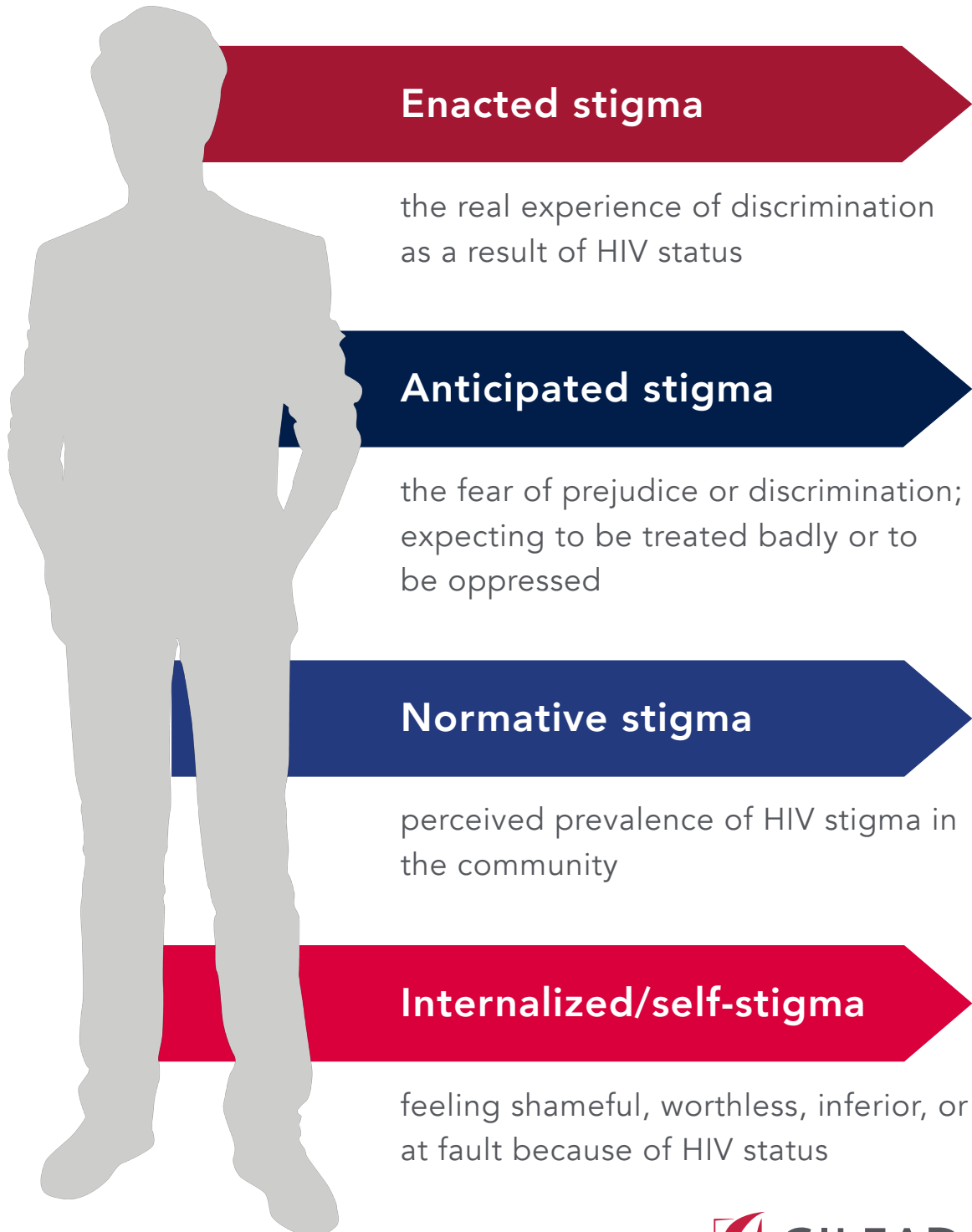
E **Prejudice** – outwardly expressing negative attitudes toward a different social group

MACRO



Posters/Handouts

Layers of Stigma That Can Devalue and Traumatize a Person With HIV



Posters/Handouts



Implicit bias causes unintended discrimination that can lead to **racial, ethnic, socioeconomic, and other inequalities**



Healthcare provider bias leads to **poor patient/provider interaction**, resulting in **less follow-up** and **less adherence to treatment plans**



Research shows that **individuals with HIV from marginalized groups** experience **high levels of stigma**



Implicit bias and stigma may undermine health outcomes for people living with HIV



There is a **cyclical relationship** between HIV and stigma

Tackling Stigma in the Community

Key Concepts

The many impacts of stigma on people living with HIV

Studies show that internalized and anticipated stigma can worsen mental health conditions like depression and PTSD. People living with greater stigma are more likely to engage in negative coping strategies such as denial, risky sexual behavior, substance use, and self-blame, which can increase stress. Stigma may be worse in rural areas where there is less anonymity, less acceptance of diversity and homosexuality, and the absence of supportive communities to counteract it.

How people experience layers of stigma

HIV stigma often intersects with other layers of stigma related to factors such as sexual orientation, gender identity, and race/ethnicity. Other people who may experience stigma include those with low income, sex workers, and drug users. These overlapping layers of stigma must be considered in efforts to develop and evaluate stigma-combating programs.

How stigma impacts the family

HIV-related stigma can impact on the family's identity and relationships within the family and broader community. But outside pressure can bring the family together and families can show resilience and strength in the face of stigma. Emotional and practical support from family members can help buffer the effects of stigma. Because HIV stigma can extend to whole communities, anti-stigma activities should be community-wide initiatives.

What works? Community-wide initiatives

Research on global programs shows that stigma must be addressed within HIV programs themselves. The following interventions were shown to be effective: engaging the community, helping institutions and providers recognize stigma, expanding ART programs, responding to the needs of stigmatized groups, showing the human face of HIV through diverse media platforms, and involving people living with HIV in service delivery.

Tackling Stigma in the Community

Key Concepts

What works? Forming multi-partner alliances

Health departments, schools, businesses, detention facilities, churches, and other organizations can all work together to reduce stigma. Expanding testing, treatment, and prevention services by bringing people into care regardless of their HIV status helps to reduce stigma. Staff training on cultural competency and cultural humility, and involving community members in all stages of the stigma-reduction program is crucial, as is involving people who themselves are living with HIV. Digital media and social marketing campaigns are effective ways to increase education and awareness about HIV, stigma, and bias.

What faith-based organizations can do

Faith-based organizations can intervene at the family level, where stigma often begins. They can shape public opinion and raise awareness to decrease stigma. Those that embrace a human-rights-based approach are well-positioned to educate people living with HIV about their rights. Some faith-based organizations find a strong biblical rationale for reducing stigma and discrimination against people living with HIV.

Posters/Handouts

What Might Be the Impact of Reduced Stigma?



What Might Be the Impact of Reduced Stigma?



Greater willingness to get tested



More disclosure



More inclined to enter into and stay in care



Motivation to start ART immediately and adhere to it



More social support for people living with HIV



Improved quality of life

Posters/Handouts

Community-Wide Interventions Shown to Be Effective



Challenging **negative media messaging** and using relationships with the media to **encourage accurate reporting**



Using **mixed media** to develop a relatable narrative to **encourage empathy with people living with HIV**, or with groups affected by HIV



Providing opportunities to discuss stigma and what contributes to it with peers



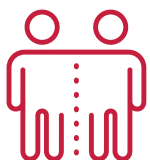
Exposing people to different messaging that addresses **various aspects of stigma**



Increasing **access to accurate information** on HIV and HIV transmission



Creating opportunities for people to **engage with campaigns** at local or community levels



Involving people living with HIV in the **delivery and facilitation of interventions**



Offering information on HIV stigma and its effects

Posters/Handouts

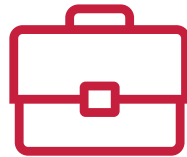
Faith-Based Organizations Are Poised to Address the Root Causes of HIV Vulnerability

Faith-based organizations can help to address health inequities and disparities in the Black community by **addressing HIV as a social justice issue**

Social interventions, many of which already are offered by churches, can help address the root causes of HIV vulnerability



Education



Employment and job security



Health services



Housing



Income



Social exclusion

Increasing the number and frequency of these social interventions can help improve the lives of people living with HIV and those at greatest risk for infection



Stigma impacts negatively in many ways on **people living with and those at risk for HIV**



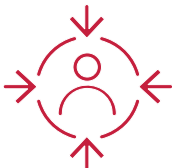
Stigma can impact **individuals living with HIV** and **their families**



Community-based campaigns that normalize and show the human face of HIV are key



Faith-based organizations continue to play a critical role in helping reduce stigma



Stigma is a **complex phenomenon** that requires a **multi-pronged approach**



People with HIV and at risk of HIV often experience other forms of stigma too



Alliances between **community-based organizations, health departments, and the private sector** to combat stigma have been shown to be effective



Families can play a critical role in **helping to combat stigma** and supporting people living with HIV

Additional Resources

1. Kirwan Institute for the Study of Race and Ethnicity. Ohio State University. State of the science: implicit bias review 2016. <http://kirwaninstitute.osu.edu/wp-content/uploads/2016/07/implicit-bias-2016.pdf>
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