HIV Stigma Reduction in Florida
AGENDA

- Mission
- Stigma Working Group and State Stigma Reduction Planning Group
  - Structure
  - Community Stakeholder Identification – Stigma Taskforce
- Stigma Community Survey
- Stigma Task Force Calls
- Preliminary MMP Results
- Discussion
Mission

Engage community members, researchers, and Department of Health representatives to identify sources of HIV related stigma and create strategies to decrease stigma in Florida.
State of Florida Stigma Reduction

State Stigma Reduction Planning Committee

- Subgroup of Stigma Task Force
- Quarterly meetings in Tallahassee
- Makes Stigma Taskforce suggestions actionable in FL DOH framework
- Develop final stigma reduction plan

State Stigma Task Force

- People living with HIV, community members, researchers, public health, organizations
- Quarterly calls/focus groups
- Helps contextualize MMP analysis results
- Suggests plans to reduce stigma in Florida

Contracted by FL DOH
- Analyze MMP data and provide FL DOH with actionable stigma recommendations
- SHARC stigma survey data collection and analysis
- Community input

MMP data
- Regulatory and contractual oversight
- Implements actionable goals to reduce stigma in Florida

SHARC
FIU
UF
UCF

HIV/AIDS SECTION
FLORIDA DEPARTMENT OF HEALTH

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Stigma Reduction Framework

Assessment
- Stigma Taskforce
- Survey
- MMP Analysis

Prioritization
- Populations
- Level of intervention (Individual, Community, Policy)

Specific interventions to reduce stigma in Florida
State Stigma Taskforce

- Invited 39
- 20 accepted
- 18 participated in initial phone calls
- Priority populations represented – MSM, Hispanic, Hetero, ?IDU
- Providers – physicians, nurses, peer navigators
- Policy and advocacy representatives
- Social media expert
Purpose: Develop a partnership with the community to understand stigma from multiple perspectives and develop recommendations to reduce stigma in Florida.

Questions:
- Provide examples of HIV related stigma
- Please tell us specific recommendations to reduce HIV related stigma in Florida
- What do you think is important for us to know in this project?
Stigma Task Force Calls: Preliminary Findings

- Provide examples of HIV related stigma
  - Social Networking- “negative for negative”
    - Self Stigma
  - Healthcare
  - Location of services
  - Rural Areas
  - Criminalization laws
  - Intersectional stigma
Stigma Task Force Calls: Preliminary Findings

- Specific recommendations to reduce HIV related stigma in Florida
  - Education
    - Peers
    - Medical professionals
    - Churches
    - Children
    - Lawyers/Judicial
  - Media
    - Inclusivity
  - Language is stigmatizing
  - U=U
  - Stronger messaging from above (i.e. FL Department of Health)
Planned data analyses

- Several PhD students engaged for this project
- Next slides will describe some of the projects and preliminary findings
- Will have more detailed data in next 3 months
Stigma Survey

- Veronica Richards, MPH, PhD student epidemiology UF
- Andrew Fiore, Bachelor of Public Health student UF
- Purpose: Gather broad community and stakeholder input
- Open-ended survey questions
- Recruitment locations:
  - Rural HIV Conference - GA
  - Stigma taskforce members
  - Gainesville PRIDE event
  - FCPN
Stigma Survey Research Project

- Define HIV related stigma
- Give an example of HIV stigma
- Give an example of what you have seen or heard to reduce HIV stigma
- What do you think is the most important strategy to reduce stigma in the state?
What word(s) comes to mind when you hear the phrase HIV stigma?
In your own words, define HIV-related stigma:
Give one example of HIV-related stigma that you have seen or heard about
What do you think we can do to reduce HIV related stigma?
Give one example of what you have seen or heard about to help reduce HIV-related stigma
What would you recommend to be the most important strategy to reduce HIV-related stigma in your state?
Planned Analysis: Florida MMP

Renessa Williams, BSN, PhD Student, College of Nursing

- **Aim 1**: Determine the prevalence of stigma among adults living with HIV in Florida
- **Aim 2**: Compare the prevalence of community, anticipated, enacted, and internalized stigma among PLWH in Florida
- **Aim 3**: Describe which socio-demographic groups have the greatest burden of stigma
Examples of items in Florida 2015 MMP survey (n=299)

- Just got the dataset last month
- Show a few example items today
- Detailed results over next few months
I Worry People Will Tell Others (anticipated stigma)

- Strongly Disagree: 24.88%
- Somewhat Disagree: 6.8%
- Neutral: 5.64%
- Somewhat Agree: 8.79%
- Strongly Agree: 52.4%
- Refused: 0.33%
Most People with HIV are Rejected

- Strongly Disagree: 17.41
- Somewhat Disagree: 9.29
- Neutral: 8.62
- Somewhat Agree: 26.53
- Strongly Agree: 35.82
- Refused: 0.17
- Doesn't know: 1
I have to be Careful Who I Tell I Have HIV

- Strongly Disagree: 7.46
- Somewhat Disagree: 2.49
- Neutral: 2.99
- Somewhat Agree: 6.14
- Strongly Agree: 79.6
- Refused: 0.17
Experiences of Discrimination among PLWHA

- Describe experiences of health care provider discrimination from people living with HIV
- Identify sociodemographic factors associated with discriminatory experiences
- Determine whether experiences of provider discrimination have changed over time.
- Florida MMP Data 2011-2014
Discrimination Experiences
MMP 2011-2014 (n=1720)

Any type of discrimination: 20.60%
Refused service: 6.00%
Gave you less attention: 13.40%
Exhibited Hostility/Lack of Respect: 18.20%
Discrimination over time:
MMP 2011 – 2014
Perceived Reasons for Discrimination (n=353)

- **HIV Infection**: 80.90%
- **Race/Ethnicity**: 12.00%
- **Sexual Orientation/Practices**: 27.80%
- **Gender**: 6.70%
- **Drug Injecting Habit**: 2.40%
What is associated with discrimination from providers?

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<th>Factor</th>
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<td>Age</td>
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<td><strong>Race/Ethnicity</strong></td>
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<td><strong>Education</strong></td>
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<td>Years living with HIV</td>
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<td>Hazardous Drinking</td>
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<td><strong>Drug Use</strong></td>
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Additional planned analysis

Angel Algarin, MPH, PhD Student at FIU
► Use Florida NHBS data
► Analysis related to HIV-stigma and gay-related stigma

Alinka Földesi-Freeman, ARNP-C, PhD Student, College of Nursing, UF
► Compare HIV stigma in urban and rural areas in Florida
Interventions

- Types of Interventions
  - Information-based approaches (e.g. written information in brochure)
  - Skills building (e.g., participatory learning sessions to reduce negative attitudes)
  - Counselling/support (e.g., support groups for PLHIV)
  - Contact with affected groups (e.g., interactions between PLHIV and the general public, and/or Healthcare providers (Dr. Turan))
Interventions

- Challenges
  - Intervention of only a single domain
    - Interventions must focus on the individual, environment, policy (Nyblade)
  - Lack of interventions that address intersectional stigma
Key Principles for HIV Stigma-Reduction Interventions*

Address immediately actionable drivers
- Raise awareness
- Discuss and challenge the shame and blame
- Address HIV transmission fears and misconceptions

Create partnerships between affected groups and opinion leaders
- Contact strategies
  - Build empathy
  - Model desirable behaviors
  - Recognize and reward role models

Affected groups at the center of the response
- Develop and strengthen networks
- Empower and strengthen capacity
- Address self-stigma

*Nyblade et al., JIAS, 2009. Slide courtesy of Dr. Jante Turan
What has worked in your area?
Next Steps

- Analyze MMP Data!
- Continue to collect and analyze community stigma survey
- Prioritization of populations and interventions
  - Stigma task force calls
  - Continued input from community stakeholders
Thank you

- Southern HIV Alcohol Research Consortium (Dr. Robert Cook)
- Department of Health HIV/AIDS section
- State Stigma Planning Committee
- State Stigma Taskforce
- Community
Discussion

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