



Facilitator's Guide

HIV/AIDS Stigma and Access to Care

AIDS is a war against humanity. We need to break the silence, banish the stigma and discrimination and ensure total inclusiveness within the struggle against AIDS. If we discard the people living with HIV/AIDS, we can no longer call ourselves human.

~Nelson Mandela

National Minority AIDS Council
Sponsored under a Cooperative Agreement Grant
With HRSA's HIV/AIDS Bureau

March 2007

Table of Contents

Facilitator Introduction	Introduction-1
Module I: Overview of HIV/AIDS Stigma	
Introduction	I-2
Module I Overview	I-8
Stigma of HIV/AIDS	I-20
Common HIV/AIDS Myths	I-29
HIV/AIDS Stigma Theoretical Origin	I-35
Module I Summary	I-48
Module II: HIV/AIDS Stigma’s Manifestation in Society	
Module II Overview	II-2
Types of Stigma Manifestation	II-6
The MODE Model	II-25
Module II Summary	II-30
Module III: Impact of HIV/AIDS Stigma on Access to Care	
Module III Overview	III-2
HIV/AIDS Stigma as a Barrier to Care & Services	III-4
Health Disparities Faced by Minority Populations in Accessing HIV/AIDS Services	III-23
Module III Summary (and Day One Wrap-up Activity)	III-27
Day One Lunch Activity: Data Walkabout	Lunch Activity-1
Module IV: Strategies for Reducing HIV/AIDS Stigma	
Module IV Overview	IV-2
HIV/AIDS Stigma Reduction Intervention	IV-13
Interventions Addressing Various Populations	IV-34
Module IV Summary	IV-44
Module V: Action Planning	
Module V Overview	V-2
Case Studies	V-4
Goal Setting	V-17
Action Planning	V-26
Module V Summary and Workshop Wrap-up	V-36

Facilitator Information

Overview

The National Minority AIDS Council (NMAC) provides technical assistance, capacity building assistance, and HIV/AIDS education and resources to organizations serving minorities in an effort to build the capacity of these organizations to deliver the highest quality programs to persons at risk for HIV infection or living with HIV/AIDS. This workshop – *HIV/AIDS Stigma and Access to Care* – is an important part of NMAC’s educational efforts.

In 2004, the Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) began funding the HIV/AIDS Stigma Program through a cooperative agreement. The goal of this agreement was to provide HIV/AIDS Stigma trainings to Ryan White CARE Act grantee agencies across the country.

Workshop Goal

This two-day session is designed to educate service providers about the strategies needed to address HIV/AIDS-related stigma in their communities, explore the impact of HIV/AIDS and offer solutions to overcome challenges. Through this program, NMAC provides organizations with the knowledge and skills necessary to improve organizational capacity to deliver HIV/AIDS education, care and support services.

Target Audience

- ◆ The workshop is designed for any and all staff in Ryan White CARE Act funded agencies across the country, territories, and US jurisdictions.
- ◆ The workshop size should be limited to a maximum of 30 participants.

Workshop Length

This workshop was designed to include five modules to be delivered in a two-day session. While the modules build upon each other, they could easily be delivered as stand-alone modules. Agencies may choose to shorten the length of a session by not including all five modules in one workshop session. The time estimated for each module should not be shortened since they have been designed specifically for the allotted time.

Facilitators

This session was designed to be offered by two facilitators. It is suggested that the two facilitators be from different ethnic/racial groups, so to better represent the target audience. It would also be helpful to have facilitators with different experiences and/or skill sets.

Workshop Schedule

The following is a proposed workshop schedule, although adjustments may be required to account for various knowledge levels or the amount of discussion generated by certain topics.

In some cases, the breaks have been added within the modules, rather than listed on the agenda at a set time. Since it would be hard to predict when exactly you might start and finish a module, you should make a note to yourself to remember to provide breaks. Note: we have added two 10-minute breaks each afternoon – versus one 15-minute break – in order to keep the participants energized.

Day One

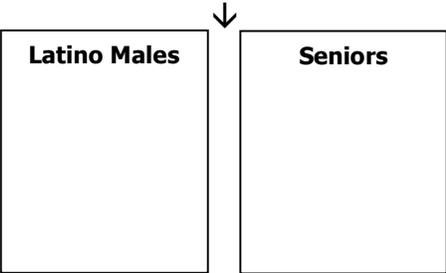
TIME	MODULE TOPICS	DURATION
8:30 – 11:00 (including a 15 min. break)	Introduction 30	2 hr 30 min
	Module 1: Overview of HIV/AIDS Stigma	
	♦ Module 1 Overview 45	
	♦ Stigma of HIV/AIDS 20	
	♦ (Break) 15	
	♦ Common HIV/AIDS Myths 15	
	♦ HIV/AIDS Stigma Theoretical Origins 35	
♦ Module 1 Summary 5		
11:00 – 12:00	Module 2: HIV/AIDS Stigma’s Manifestation in Society	1 hr
	♦ Module 2 Overview 8	
	♦ Types of Stigma Manifestation 52	
12:00 – 1:15	Lunch and Data “Walkabout” Activity	1 hr 15 min
1:15 – 1:55	Module 2 (continued)	40 min
	♦ Types of Stigma Manifestation (continued) 23	
	♦ The MODE Model 15	
	♦ Module 2 Summary 2	
1:55 – 2:05	Break	10 min
2:05 – 4:30 (including a 10 min. break)	Module 3: Impact of HIV/AIDS Stigma on Access to Care	1 hr 25 min
	♦ Module 3 Overview 2	
	♦ HIV/AIDS Stigma as a Barrier to Care & Services 35	
	♦ (Break) 10	
	♦ Health Disparities Faced by Minority Populations in Accessing HIV/AIDS Services 15	
	♦ Module 3 Summary (& Day One Wrap-up Activity) 23	

Day Two

TIME	MODULE TOPICS	DURATION
8:30 – 11:45 (including a 15 min. break) [8:30 – 12:20 with optional activity and break]	Module 4: Strategies for Reducing HIV/AIDS Stigma <ul style="list-style-type: none"> ♦ Module 4 Overview 40 ♦ HIV/AIDS Stigma Reduction Intervention 100 ♦ (Break) 15 ♦ Interventions Addressing Various Populations (Optional Activity) 35 (35) ♦ Module 4 Summary 5 	3 hrs 15 min [3 hrs 50 min]
12:20 – 1:20*	Lunch	1 hr
1:20 – 4:30* (including two 10 min. breaks)	Module 5: Action Planning <ul style="list-style-type: none"> ♦ Module 5 Overview 2 ♦ Case Studies 75 ♦ (Break) 10 ♦ Goal Setting 28 ♦ Action Planning 40 ♦ (Break) 10 ♦ Module 5 Summary and Workshop Wrap-up 25 	3 hrs 10 min
<p>* These time estimates are based on completing the Optional Activity in Module 4. If you choose not to do this activity, then these start times will be 35 minutes earlier.</p>		

Summary of Workshop Preparation

For some of the activities, you will need to prepare materials in advance or simply review and select specific materials. The following table describes these activities and lists the necessary prep work. We recommend that you complete this work during the week prior to the start of the workshop.

Activity/Description	Prep Work/Set up/Materials Needed
DAY ONE	
Day One Set Up	Prepare the following newsprints: <ul style="list-style-type: none"> • Parking Lot • Ground rules (see Slide I-6 for text and formatting) • Problem tree picture (for Mod I – Activity 4)
Mod II – Activity 2 Activity 2 is a rotational brainstorm to look at how stigma affects different groups in your community. You should select 5-6 populations that are found in your local community. You may choose to use any of the populations listed in the right-hand column.	Once you have selected the 5-6 groups/populations, add each group’s name as the title of a newsprint sheet. See samples. <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="flex: 1;"> <ul style="list-style-type: none"> • MSM • Gays/Lesbians • Sex workers • Latina females • Latino males • African American males • African American females • Substance abusers • Seniors (50+) • Transgender • Migrant workers • Other racial minorities (Native American, Asian, etc.) </div> <div style="flex: 1; text-align: center;">  </div> </div>
Mod II – MODE Model	Preprint the MODE model onto newsprint to display as you introduce and discuss the model.
Day One Lunch Activity This activity is a way for the participants to view a good deal of data in an interactive way and based on their own needs. It is a	Print full-page slides (in color, if possible) and post each slide on the wall throughout the room. Since there will already be a number of newsprint sheets on the walls, you may want to designate one or two areas and post several of the slides together. Warning: You should consider the fact that all of your participants will be viewing this information at approximately the same time, so be careful not to post the slides so close together

Activity/Description	Prep Work/Set up/Materials Needed
<p>15-minute activity to be conducted during the lunch break (note: time has been added to lunch on the first day, so that the participants still have a full hour for lunch).</p>	<p>that participants would not be able to view the data slides without stepping over one another.</p> <p>In terms of <u>when</u> to post these slides, you have a few choices:</p> <ul style="list-style-type: none"> • Post them during the break before Module III • Have your co-facilitator post them as you facilitate the first part of Module III • Post them before the start of the workshop session (this choice will allow you to refer to them when facilitating Modules I through III, if appropriate) <p>Note: This activity is not facilitated within a specific module; the worksheet can be found on page D1L-1 of the PG and page D1L-1 of the IG. You may choose to print the worksheet on colored paper, so it is easier to locate in the PG.</p>
<p>Day One Wrap-up</p> <p>In the Wrap-up Activity you will be asking the participants to plan and present a review of a module of information that was presented that day.</p> <p>What you are ‘really doing,’ however, is asking them to do this while they are treating each other in different ways based on the written labels that they wear on their foreheads (headbands).</p> <p>The goal is to remind participants how it feels to be treated in a certain way because of labeling or prejudices. They will experience how this hampers communication. In fact, you will most likely find that the groups will not be able to complete the assignment based on the labels.</p>	<p>You will need to have a set of headbands for each of the 3 groups in Wrap-up Activity. These ‘headbands’ can simple be sticky-backed notes or something else that a person can wear on their forehead or at their shirt collar. Each headband (or label) should be large enough so that participants in the small group can read them from across the table (or several feet away).</p> <p>The goal is for the other people to see the ‘label’ on each person, but the person wearing it will not be able to see what is written.</p> <p>You should create THREE sets of the following labels (Note: you will need to have one headband/label for each participant.):</p> <ul style="list-style-type: none"> • Ignore me • Laugh at me • Disagree with me • Respect my opinions • Interrupt me • Argue with me • Agree with me • Treat me like a 6 year old • Treat me like an idol • Treat me like I’m contagious

Activity/Description	Prep Work/Set up/Materials Needed
	<p>Headband Tips:</p> <p>To make it easy on you to create these labels, there is a file titled: “Headband LABELS” on your disk. Print this file onto heavy white paper stock. Cut out each label and ask the participants to tape it to their forehead or just below their neck.</p> <p>Optional Set-up:</p> <p>Instead of having everyone participate in the review discussion (wearing headbands), you may choose to ask some participants to act as observers. With this option, you would still have 3 groups, but you would ask a few people to sit outside of the group and watch (and take notes on) what takes place. During the debrief, you can also ask the observers for their comments. Note: you will need to tell the observers what to look for, what to take notes on, etc. <u>before</u> you formally begin the activity.</p>
<p>End of Day One</p> <p>Before leaving for the day, you should remove some of the posted newsprints, and rearrange others as needed:</p> <p>Remove:</p> <ul style="list-style-type: none"> • Introductory newsprint of participant selected adjectives (from the Introductions) • Myths (Mod I) • Problem Tree (Mod I) • MODE Model (Mod I) • Data charts from the Walkabout Activity (Lunch activity) <p>Keep posted:</p> <ul style="list-style-type: none"> • Parking Lot • Ground rules • Where Does Stigma Occur (Mod II Slide 14) • Rotational Brainstorming sheets (Mod II) – they will be used in Module IV. • Outcomes – 3 Lists (Mod III) 	

Activity/Description	Prep Work/Set up/Materials Needed
DAY TWO	
<p>Module IV – Marketing Messages</p>	<p>The file titled “Marketing Messages FINAL.doc” must be stored in the same directory as the PowerPoint file you are using for this module. Otherwise the embedded marketing slides will not work.</p>
<p>Module V – Case Studies</p> <p>There are seven case studies that have been developed. You will not want to use all seven since that will take a lot of time to debrief.</p>	<p>Review these cases and select which ones would be most appropriate for your participants. Be sure to renumber the cases as needed (see Word file titled: “Case Studies FINAL.doc”).</p> <p>We recommend you choose no more than 4 or 5 case studies.</p>
<p>Workshop Wrap-up</p> <p>In this fun and high-energy activity, you will ask each group to complete a sentence based on what they have learned (or discovered) over the past two days.</p>	<p>This is a simple activity where you only need 4 newsprints (one for each group), so you can decide to set it up in advance or not:</p> <ul style="list-style-type: none"> • Pre-write the ‘titles’ on newsprint before Module 5 (this should only take a few minutes) and hand each group their newsprint <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • Show Slide V-17 and assign a number to each of the four groups. Then, tell each group to add their assigned statement as the title of their newsprint sheet.

About The Workshop Materials

Support materials needed to facilitate this workshop include:

- ◆ The HIV/AIDS Stigma Facilitator Guide.
- ◆ The HIV/AIDS Stigma Participant Guide.
- ◆ The HIV/AIDS Stigma slides.

Before conducting the workshop, take time to become familiar with all workshop materials. A brief description of each type of workshop material is included below.

Facilitator Guide

The Facilitator Guide provides all of the materials needed to conduct this workshop, including:

- ◆ Instructions for using the Facilitator Guide (IG).
- ◆ A sample workshop agenda.
- ◆ Notes to help facilitate each session, including suggested timeframes and required materials.
- ◆ Workshop activities, including directions and a description of possible discussion items resulting from the activities.
- ◆ Copies of all visuals.

Participant Guide

The Participant Guide (PG) is an easy-to-use reference of the primary information that will be presented in this workshop. Participant worksheets for each activity are also included in the PG.

Slides

There is one PowerPoint file for each module. For Module IV, there is a second file of a PowerPoint slideshow that will run automatically when you click on the link on Slide VI-35. In order for this slideshow to run correctly, it must be saved in the same directory as the slides for Module IV.

Flash Drive

The USB Flash Drive that accompanies the Facilitator Guide contains master documents of the Facilitator and Participant Guides, the PowerPoint slides, and the printing directions. These files are read-only; you will need to save edited files under a new name.

Preparing to Teach the Workshop

Become Familiar with the Facilitator Guide

As you read through this Facilitator Guide, you will notice that each page is divided into two columns. The left-hand column includes notes, slides and scripts for you, the facilitator, to follow as you are delivering the workshop information. The right-hand column includes the text that makes up the Participant Guide. There are different fonts used within the facilitator notes in the left-hand column. First, there is text about what you should do (e.g., Post the newsprint) – where the key words are **bolded** so that they are easier to see. Second, there is language that you should say (e.g., *Now that we've looked at Topic A, let's focus on Topic B*) – which is formatted in *italics*. You do not have to read this language exactly as written, in fact, you are encouraged to modify these words (or write your own scripts/transitions) to reflect your own natural style.

To provide for easy use of the Facilitator Guide, these icons are used throughout the guide.

ICON



MEANING

Use (or provide) newsprint.



Run an activity.



Ask a question.

Before Teaching This Workshop

While this workshop has been designed to encourage participant interaction, you must be fully prepared to give short lectures, lead discussions, facilitate activities, answer questions, and interact effectively with participants. Thorough preparation to teach this workshop is essential.

The following should be done approximately two weeks before facilitating the workshop:

- ◆ Read all the workshop materials: Facilitator Guide and Participant Guide (including the activity worksheets). Be sure you are familiar with all the content you will need to cover. You may choose to add your own notes to the IG to make it easier for you to facilitate this session. The more effort you take to personalize and add examples from your experiences (or community or organization), the more effective your delivery will be.

- ◆ Read through the visuals to see how they work with the workshop material. Several slides are animated which means that they have been designed to be shown in segments. Slides were animated when it made sense to display related information gradually as opposed to all at once. When a slide is animated you will see the prompt “Animate slide” in the facilitator notes. Also, you can tell a slide is animated by the presence of a shooting star in the lower left corner of the slide 

Note: In some cases, the slide animation is automatic. Again, this is listed in your notes.

- ◆ Rather than simply review the activities, it is recommended that as part of your preparation, you complete each activity as if you were a participant. That way, you will be better prepared to facilitate the activities for your learners.

Preparation Tips

A few weeks before the workshop begins, you should*:

- ◆ Schedule the room, and reserve the LCD projector and screen (and laptop, if needed).
- ◆ Invite the participants.
- ◆ Print all workshop materials.
- ◆ Copy the Participant Manual and any other materials.
- ◆ Ensure newsprints (and stands) are available.

*If you are facilitating an NMAC-sponsored workshop, NMAC will complete the above preparation steps.

The week before the workshop, you will need to do a few things to get ready.

- ◆ Gather all the materials you need to facilitate the workshop (see the Materials Checklist on the next page).
- ◆ Prepare yourself to facilitate the session (see the Preparing to Teach the Workshop section).
- ◆ Communicate with your co-facilitator about how you will work together.

On the day of the workshop, you should:

- ◆ Arrange tables (if they are not already arranged) and chairs for participants. Place a copy of all the participant materials at each seat.
- ◆ Place a supply of pencils/pens, sticky-back notes, etc. at each participant table.
- ◆ Set up several newsprints around the room. They should be close enough to the table to work from, but not get in the way of traffic flow.

Materials Checklist

- ◆ Participant Guides, one for each participant
- ◆ Other documents (as needed) for the participants
- ◆ Name badges and/or name tents
- ◆ Sign-in sheets or roster (if needed)
- ◆ Newsprint pads and stands, for facilitator and small groups
- ◆ Wide-tipped felt markers for use on newsprint
- ◆ Prepared newsprints (Check the list in the Summary of Workshop Preparation table)
- ◆ Watch or timer
- ◆ Masking tape (several rolls)
- ◆ Sticky-back notes (several packages) in two sizes:
 - ◆ 3” x 3” (for newsprint activities, e.g., Myths in Module I)
 - ◆ 1.5” x 2” or “flags” (so the participants can flag pages in the PG)
- ◆ Headband labels for the Day One Wrap-up Activity (Headband LABELS.doc)
- ◆ Computer with PowerPoint files
- ◆ LCD projector
- ◆ Projection screen

Learning Techniques/Methodologies/Strategies

This workshop includes facilitator presentations, facilitator-led large-group discussions, and individual and small-group activities. Participants will have opportunities throughout the session to apply concepts learned through problem-solving activities, case studies, and other methods.

Training Techniques

Here is a description of the various training methods used in the workshop design:

- ◆ **Discussion** is the one of the primary learning methods in each of the modules. Discussions allow participants to reflect on their own experience, share with others, and analyze issues.
- ◆ **Presentations** are kept to a minimum. Aim to talk for no more than seven to ten minutes. For the most part, use presentations to summarize lengthy reports/surveys or to explain information where participants may be confused.
- ◆ **Small groups** are used to maximize participation. Some participants feel shy in a large group, but will find it easier to talk in a small group. Since each session will include participants with varied learning styles, it is important to vary the activities (e.g., individual, small group, large group), so to appeal to all the learners throughout the workshop.
- ◆ **Report backs** are used to bring ideas together after small groups. Sometimes the “round robin” reporting technique is useful (where each group contributes one point) in ensuring that all the groups get a chance to contribute equally.
- ◆ **Brainstorming** is a quick way of getting ideas and getting everyone involved. If an activity seems too risky, you can elect to do “cardstorming” instead. In **cardstorming**, participants work individually to write their ideas points on cards (or sticky-back notes) and tape them on the wall. This method makes the participants’ input anonymous, and therefore, less risky.
- ◆ **Rotational brainstorming** is another form of brainstorming done in small groups. Participants break into groups and each group records points on its topic on a newsprint and after two to three minutes the group moves to a new topic and adds their ideas. During the activity, groups contribute ideas to all (or most) of the topics.
- ◆ **Case Studies** are presented as a way of describing how stigma occurs in a real situation and providing a focus for discussion.
- ◆ **Team-teaching** is a technique where each group is given a topic to learn and discuss (along with the resources to learn it), and then present it to the rest of the participants. This technique often saves time, allows the facilitator (and the audience) a break from only hearing the facilitator’s voice, and leads to increased retention (since you have to learn the topic and then teach it).
- ◆ **Ice breakers or Climate Setters** are used to help participants get to know one another, to help participants get comfortable with the topic and each other, and to create energy.

Other Instructional Tips

Here are some instructional strategies to help you facilitate the workshop more effectively.

- ◆ Provide clear instructions and visual images
 - Assign an activity with clarity. The participants must know what they need to do, the length of the activity, and the expected outcome. Note: the directions for each activity are included in the facilitator and participant guides, and on the slide.
 - Give oral cues; for example, say, “Let’s go to the newsprint and review...”
- ◆ Summarize frequently
 - Summarize key points at the end of topic. This technique allows a smoother transition to new material. Use the scripted transition statements (or develop your own) to avoid moving abruptly from one topic to another.
 - Keep in mind that you do not always have to do the summary. Have your participants summarize by asking them questions about what they learned or how they will apply what they learned.
- ◆ Encourage participation
 - Make participant reaction and active participation an essential part of the learning process. Provide frequent response opportunities for all participants.
- ◆ Create and maintain a safe learning environment
 - Make it less risky for people to participate by modeling respect for each person’s idea. Do not let any participant criticize another’s input. You should set up some ground rules at the beginning of the class to list items like “Speak for yourself,” “Everyone’s input is valuable,” etc. See Slide I-6 for a copy of the suggested ground rules newsprint.
 - If a participant (or group) incorrectly answers a question or does not complete an activity in the correct manner, be careful not to tell them they are wrong. Try to find part of what they said or did that was correct and then add other information as appropriate. Keep their self-esteem in mind throughout the workshop.

Dealing with Feelings

Many of the activities in this workshop involve working with feelings. Throughout this session, we ask participants to discuss attitudes towards, experiences of and beliefs about ‘taboo’ topics such as sex and illness. Therefore, many activities are designed to help participants to express the feelings which often lie behind these attitudes. For example, in Module I Activity 1, the participants are asked to reflect on their personal experiences of being stigmatized or of stigmatizing. Experiences of being rejected or ridiculed will likely involve strong feelings. As facilitators, it is important to create a safe learning environment where feelings, fears and taboos can be discussed and explored openly.

The following tips may help:

- ◆ Set (and enforce) specific ground rules regarding confidentiality, listening, and respect.
- ◆ Be aware of your own feelings and/or fears about the topics in this workshop.
- ◆ Lead by example. In other words, share your own feelings to build trust.
- ◆ Allow enough time for participants to share their feelings/issues.
- ◆ Remind everyone (including you) that feelings are neither right nor wrong.
- ◆ Use breaks to:
 - allow participants some breathing room,
 - manage a situation that has become difficult, or
 - help change the energy in the room.

Introducing and Debriefing Activities

The facilitator should be aware of the following issues about the workshop design, in order to facilitate the activities appropriately:

- ◆ First, since the outcome of this session is to increase understanding, promote empathy, and reduce stigma, for many of the activities there is not one “right” answer. All participation should be valued and respected, as long as it does not negatively impact other participants in the session.
- ◆ Second, this session is filled with application activities, which ultimately lead the participants to developing their own action plan. As a facilitator, it will be up to you to stress the goal of each activity and to keep the participants motivated to stay engaged in this process. Focus on selling the WIIFM (“What’s In It For Me?”) for each activity. Also, do not introduce an activity by saying, “We’re going to do a little activity,” as this has the potential for negating the activity itself.

- ◆ Finally, we encourage you to use a three-step process to debrief each activity. Again, since there can be many right answers, it is important that you help the participants understand what they learned and how they can use it.

While sample debriefing questions **are** provided in the Facilitator Guide, here is some background on **why** these questions are useful in this debriefing method.

GOAL	QUESTION FOCUS	RATIONALE FOR THIS STEP
Reaction	Ask about the experience: <ul style="list-style-type: none"> ◆ Did they like it? ◆ What surprised them? ◆ Was it easy/hard? 	If you skip this step, it can be difficult (sometimes) for participants to get to what they <i>learned</i> , because they may still be dealing with emotions around the experience. Also, this step gives the facilitator a great deal of information to assess the participants' responses to the next step of debriefing. (In other words, if they hated the activity, you will probably get different responses about what they learned from it than if they had loved the activity.)
Learning	Ask what they learned: <ul style="list-style-type: none"> ◆ What did you learn/relearn? ◆ What seemed to be key? 	This step is crucial, and many facilitators skip it because they think they asked it above. This step is really about what participants got out of the activity. If you skip these questions, generally all your participants will remember is a training workshop with lots of activities but (probably) little learning.
Application	Ask how they can apply this learning: <ul style="list-style-type: none"> ◆ What does this mean to your process? ◆ What will you do differently now that you know this? 	This is the "so what?" step. In this step, the facilitator encourages the participants to look beyond what they learned and move to thinking about how they are going to use what they learned. If this step is skipped, it may be difficult for the participants to transfer their learning back to their work environment.

NMAC Resources

You may also wish to regularly visit our website, where we publish your ideas, plans, lessons learned and success stories as well as a variety of materials on the Stigma Resource Center page. Our website address is: stigma@nmac.org

Thank You!

Thank you for the investment you are making in helping to reduce HIV/AIDS Stigma. We hope that when you facilitate this workshop you will not only be providing a valuable experience for your participants, but that you also experience personal satisfaction in doing so.

Module I: Overview of HIV/AIDS and Stigma

Time: 2 hours and 15 minutes

This module provides an overview of terms associated with stigma development, the relationship between HIV/AIDS and stigma development, and the prevalence of HIV/AIDS stigma in the United States.

*Because of the lack of education on AIDS,
discrimination, fear, panic, and lies surrounded me.*

~ Ryan White

*In the end antiblack, antifemale, and all forms of
discrimination are equivalent to the same thing -
antihumanism.*

~ Shirley Chisholm

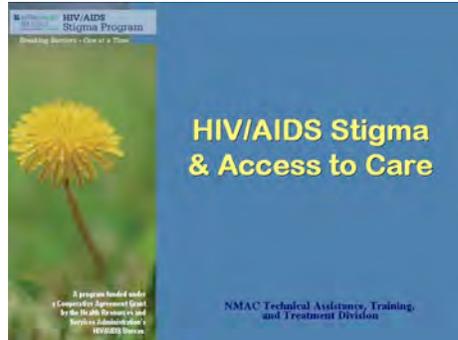
*Small is the number of people who see with their eyes
and think with their minds.*

~ Albert Einstein

Introduction

(Time: 30 minutes)

Show Slide I-1.



Introduce the workshop:

The goal of this workshop is to educate you about strategies to address HIV/AIDS-related stigma in your communities, explore the impact of HIV/AIDS stigma, and offer solutions to overcome these challenges.

We know HIV/AIDS stigma is a problem in our society. We are all here interested in solving it.

In order to formulate effective strategies for overcoming this problem, we need to first ensure we have a full understanding of all the issues. So, let's get started.

The National Minority AIDS Council (NMAC) provides technical assistance, capacity building assistance, and HIV/AIDS education and resources to organizations serving minorities in an effort to build the capacity of these organizations to deliver the highest quality programs to persons at risk for HIV/AIDS infection or living with HIV/AIDS.

This two-day workshop – *HIV/AIDS Stigma & Access to Care* – is designed to educate service providers about the strategies needed to address HIV/AIDS-related stigma in their communities, explore the impact of HIV/AIDS and offer solutions to overcome challenges. Through this program, NMAC provides organizations with the knowledge and skills necessary to improve organizational capacity to deliver HIV/AIDS education, care and support services.

Show Slides I-2 to I-5.
Review the program goals.
Discuss the purpose and history of NMAC.

NMAC Overview

The National Minority AIDS Council (NMAC), which was established in 1987, is a national organization dedicated to developing leadership within communities of color to address the challenges of HIV/AIDS. Since 2000, NMAC has worked with stakeholders to open the doors of prevention, treatment, and care to affected communities of color at high risk of HIV/AIDS.

In 2004, the Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) began funding the HIV/AIDS Stigma Program through a cooperative agreement. The goal of this agreement was to provide HIV/AIDS Stigma trainings to Ryan White CARE Act grantee agencies across the country.

HIV/AIDS Program Goals

- Examine the role HIV/AIDS related stigma plays in HIV testing behavior, the disclosure of positive serostatus, and entry into HIV/AIDS care.
- Examine the impact HIV/AIDS related stigma has on women of color and MSM of color.
- Educate providers who serve minority communities on strategies to address HIV/AIDS related stigma.

NATIONAL MINORITY AIDS COUNCIL I-2

HIV/AIDS Program Goals

- Examine the role HIV/AIDS related stigma plays in HIV testing behavior, the disclosure of positive serostatus, and entry into HIV/AIDS care.
- Examine the impact HIV/AIDS related stigma has on women of color and MSM of color.
- Educate providers who serve minority communities on strategies to address HIV/AIDS related stigma.

Workshop Modules

- Overview of HIV/AIDS and Stigma
- HIV/AIDS Stigma’s Manifestation in Society
- Impact of HIV/AIDS Stigma on Access to Care
- Strategies for Reducing HIV/AIDS Stigma
- Action Planning

NATIONAL MINORITY AIDS COUNCIL I-3

Workshop Modules

• **Module I: Overview of HIV/AIDS and Stigma**

This module provides an overview of terms associated with stigma development, the relationship between HIV/AIDS and stigma development, and the prevalence of HIV/AIDS stigma in the United States.

• **Module II: HIV/AIDS Stigma’s Manifestation in Society**

This module provides information on the different types of stigma, examines how stigma affects different populations and different areas within a community, and identifies a model which may be helpful in reducing HIV/AIDS stigma.

<p>About NMAC</p> <ul style="list-style-type: none"> • The National Minority AIDS Council (NMAC) was established in 1987. • NMAC is a national organization dedicated to developing leadership within communities of color to address the challenges of HIV/AIDS. • Since 2000, NMAC has worked with stakeholders to open the doors of prevention, treatment, and care to affected communities of color at high risk of HIV/AIDS. <p><small>NATIONAL MINORITY AIDS COUNCIL</small> I-4</p> <p>About HRSA</p> <ul style="list-style-type: none"> • In 2004, the Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) began funding the HIV/AIDS Stigma Program through a cooperative agreement. • The goal of this agreement was to provide HIV/AIDS Stigma trainings to Ryan White CARE Act grantee agencies across the country. <p><small>NATIONAL MINORITY AIDS COUNCIL</small> I-5</p>	<ul style="list-style-type: none"> • Module III: Impact of HIV/AIDS Stigma on Access to Care The focus of Module III is on access to care. In this module, we identify how HIV/AIDS stigma impacts testing, counseling, and disclosure for the different minority populations. • Module IV: Strategies for Reducing HIV/AIDS Stigma This module begins to move the participants to action by identifying ways of reducing HIV/AIDS stigma, as well as evaluating interventions for the different minority groups affected by HIV/AIDS. Obstacles to and solutions for overcoming stigma, and strategies for building support for PLWH/As are also addressed. • Module V: Action Planning In the final module, participants will develop effective goals and a personal action plan that focuses on reducing stigma in their organizations and communities. 		
<p>Show Slide I-6.</p> <p>Setting the Learning Environment</p> <table border="0"> <tr> <td> <p>Non-negotiable</p> <ul style="list-style-type: none"> • Everyone's input is valuable • Speak for yourself • Listen to one another  • Confidentiality • Support each other's learning • Cell phones off/mute • <i>Additions?</i> </td> <td> <p>Negotiable </p> <ul style="list-style-type: none"> • Start and end on time • Take risks • Actively participate • <i>Additions?</i> </td> </tr> </table> <p><small>NATIONAL MINORITY AIDS COUNCIL</small> I-6</p>  <p>Post the prepared 'ground rules' newsprint.</p>	<p>Non-negotiable</p> <ul style="list-style-type: none"> • Everyone's input is valuable • Speak for yourself • Listen to one another  • Confidentiality • Support each other's learning • Cell phones off/mute • <i>Additions?</i> 	<p>Negotiable </p> <ul style="list-style-type: none"> • Start and end on time • Take risks • Actively participate • <i>Additions?</i> 	
<p>Non-negotiable</p> <ul style="list-style-type: none"> • Everyone's input is valuable • Speak for yourself • Listen to one another  • Confidentiality • Support each other's learning • Cell phones off/mute • <i>Additions?</i> 	<p>Negotiable </p> <ul style="list-style-type: none"> • Start and end on time • Take risks • Actively participate • <i>Additions?</i> 		

Discuss how there are two columns: negotiables and non-negotiables.



Ask the participants for additional issues they want to add to the lists.

Add the participants' ideas onto the prepared ground rules newsprint

Post this newsprint so that it can be seen by everyone for the rest of the workshop.

Address administrative issues.

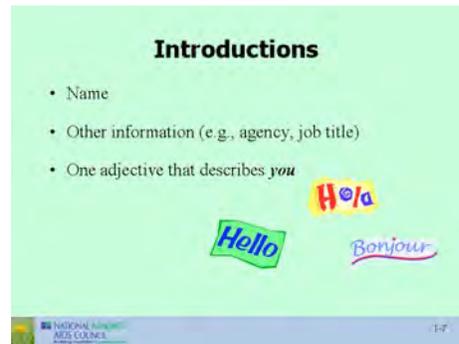
- ◆ Restrooms
- ◆ Breaks
- ◆ Lunch facilities
- ◆ Emergency procedures
- ◆ Cell Phones



Post and state the purpose of the Parking Lot newsprint.

Transition: *Now that we're covered the background and logistics, let's get to know one another before we begin this session.*

Show Slide I-7.



Explain that introductions should include:

- Name
- Other data (as needed)
- One adjective that describes the participant

Notes:

- You may want to model the introduction (“*My name is Pat and the adjective I choose is curious.*”).
- If the class size is 12 or fewer, you can complete the introductions as a large group. If the class has more than 12 people, ask the participants to complete the introductions at their table groups. And then ask each table for their adjectives.



Write the adjectives on a blank sheet of newsprint.

Comment on the adjectives by pointing out things such as:

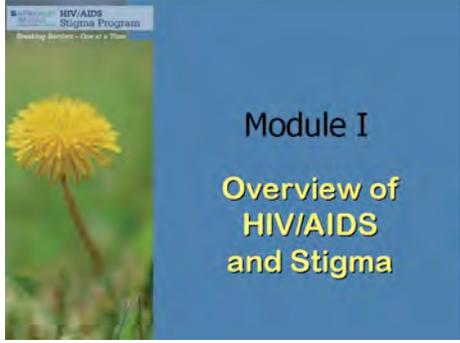
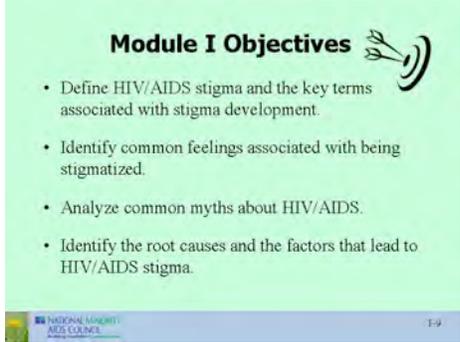
- the diversity in the room
- our need for many different qualities
- that all the characteristics were positive (Note: we are hoping/assuming that people will state positive things about themselves!)

Note: this is a good place to highlight the idea of labeling, which will lead nicely into looking at biases/prejudices.

Post this newsprint so that you can refer to it later if a discussion about of labels (or labeling people) should arise.

Module I Overview

(Time: 45 minutes)

<p>Show Slide I-8.</p> 	
<p>PG I-4. Show Slide I-9.</p>  <p>Review the module objectives.</p>	<p>Module I Objectives</p> <ul style="list-style-type: none"> • Define HIV/AIDS stigma and the key terms associated with stigma development. • Identify common feelings associated with being stigmatized. • Analyze common myths about HIV/AIDS. • Identify the root causes and the factors that lead to HIV/AIDS stigma.
<p>Transition: <i>One of the primary goals of this module is to help you understand how it feels to be stigmatized. Let's begin by doing an activity.</i></p>	

Show Slide I-10.

The slide is titled "Activity 1: What Does Stigma Feel Like?" and features a drawing of a person's face with a sad expression. It is divided into two parts: "Part 1: Individual & pairs activity" and "Part 2: Individual activity". Part 1 includes instructions to recall a time of rejection, answer worksheet questions, and find a partner, with a 12-minute time limit. Part 2 includes instructions to recall a time of rejection and complete the second page of the worksheet, with a 6-minute time limit. The slide footer includes the National Minority AIDS Council logo and the number "I-10".

Activity 1: What Does Stigma Feel Like?

Part 1: Individual & pairs activity

- Recall a time when you felt rejected for seeming different from others
- Answer the questions on the worksheet (1st page)
- Find a partner and share your thoughts
- Time = 12 minutes

Part 2: Individual activity

- Recall a time when YOU rejected another person because they were different
- Complete the 2nd page of the worksheet
- Time = 6 minutes

NATIONAL MINORITY AIDS COUNCIL I-10

Ask the participants to turn to page I-5 in the PG.



State the goal of the activity:

This activity will help us complete the first step towards increasing our understanding and empathy towards people who are stigmatized.

Review the directions on the slide.

Note: you may need to define (and/or give an example) of the word stigma, before they begin the activity.

Activity 1 What Does Stigma Feel Like?

Reflecting on Being Stigmatized

Directions: Take a few minutes on your own and think back to a time when you were or felt you were stigmatized. (Note: you will be asked to share your story and thoughts with a partner.)

- What happened?

- How did it feel?

- What impact did it have on you?

Reflecting on Stigmatizing Someone Else

Directions: Work on your own to answer these questions about when YOU isolated or rejected another person because they were different. (Note: you will **NOT** be asked to share after this reflection.)

- What happened?

- How did you feel?

- What was your attitude?

- How did you behave?

Comparing the Experiences

Reflect on how these situations are different and similar.

Call time for each part of the activity.

Debrief the exercise by asking:

- *What did you discover as you worked through these questions?*
- *What did you learn about being stigmatized? What did you learn about stigmatizing someone else?*
- *How might you apply these thoughts/ideas after this session is over?*

Note: you may want to help wrap up this activity by saying something like “the first step in reducing a bad habit/behavior is to first be aware that we are doing it.”

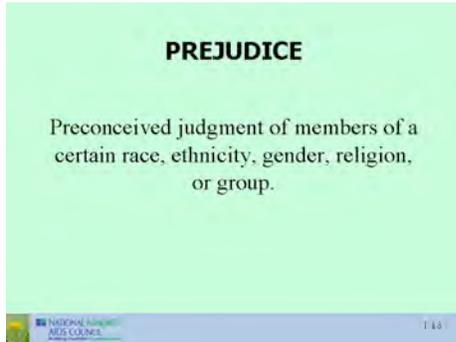
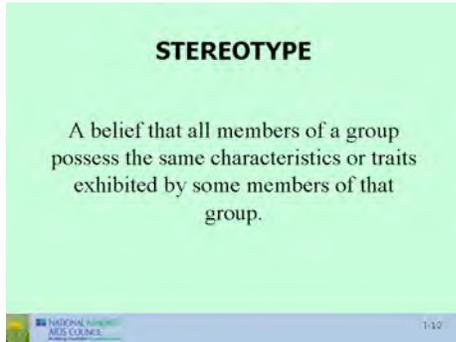
Transition: *Great! Now let’s get do a quick review of some key terms and definitions, to make sure we are all on the same page.*

PG page I-7.

Show Slides I-11 to I-20.



Show each term.



Key Terms

Stereotype

A belief that all members of a group possess the same characteristics or traits exhibited by some members of that group.

Prejudice

Preconceived judgment of members of a certain race, gender, religion or social group.

Discrimination

Unfair treatment of individuals of a particular race, ethnic group, gender, religion, or other social group based upon prejudice or bias.

<p style="text-align: center;">SEXISM</p> <p>Discrimination based on gender. Attitudes, conditions, or behaviors that promote stereotyping of social roles based on gender. This may be in the form of behavior, policy, language, or other actions.</p> <p style="text-align: right;"><small>NATIONAL HIV/AIDS COUNCIL 1-15</small></p>	<p>Sexism</p> <p>Discrimination based on gender. Attitudes, conditions, or behaviors that promote stereotyping of social roles based on gender. This may be in the form of behavior, policy, language, or other actions.</p>
<p style="text-align: center;">RACISM</p> <p>Discrimination or mistreatment of an individual due to their belonging to a particular race or ethnic group.</p> <p style="text-align: right;"><small>NATIONAL HIV/AIDS COUNCIL 1-16</small></p>	<p>Racism</p> <p>Discrimination or mistreatment of individuals due to their belonging to a particular race or ethnic group.</p>
<p style="text-align: center;">HOMOPHOBIA</p> <p>Various degrees of fear, dislike, and hatred of homosexuals or homosexuality. Such feelings may result in prejudice, discrimination, and hostile behavior towards people believed to be homosexual.</p> <p style="text-align: right;"><small>NATIONAL HIV/AIDS COUNCIL 1-17</small></p>	<p>Homophobia</p> <p>Various degrees of fear, dislike, and/or hatred of gays/lesbians/bisexuals or homosexuality. Such feelings may result in prejudice, discrimination, and hostile behavior towards people believed to be homosexual.</p>
<p style="text-align: center;">ADDICTOPHOBIA</p> <p>The fear of persons associated with, or thought to be associated with, substance abuse or illicit drug use.</p> <p style="text-align: right;"><small>NATIONAL HIV/AIDS COUNCIL 1-18</small></p>	<p>Addictophobia</p> <p>The fear of persons associated with, or thought to be associated with, substance abuse or illicit drug use.</p>

XENOPHOBIA

The fear something or someone considered foreign. In this case foreign may refer to someone from another country or culture.



STIGMA

Negative feelings, beliefs, and behavior directed toward an individual or group due to a particular label or characteristic.



Ask: *Can you support this working definition?*

Briefly solicit their input.

Notes:

- Move quickly through these definitions. Take no more 10 minutes to review these terms.
- If the participants disagree with you or others about a definition, tell them to this is the set of definitions that is being used by NMAC, but they are welcome to modify the text in their participant guide's for their own use.
- Use the Parking Lot chart to capture any questions or issues that cannot be addressed at this time.

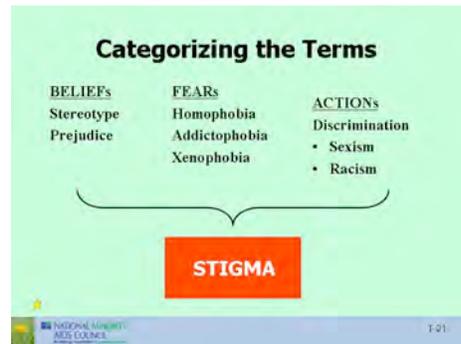
Xenophobia

The fear of something or someone considered foreign. In this case foreign may refer to someone from another country or culture.

Stigma

Negative feelings, beliefs and behavior directed toward an individual or group due to a particular label or characteristic.

Show Slide I-21.



Ask participants how they might categorize these different terms. Build through the slide to show each of the three columns.

Stress the main point: all of these lead to stigmatizing.

Say:

As we've seen in these definitions, sometimes we make assumptions that may cause us to see things that are not there. Let's do a quick activity to focus on this point. Please turn to page I-9 in your manual.

Show Slide I-22.





Ask the participants:

- *What do you see when you look at this image?*

Solicit responses.

- *Do any of you see grey dots in between the white spaces?*

Solicit responses.

- *Are the grey dots really there?*

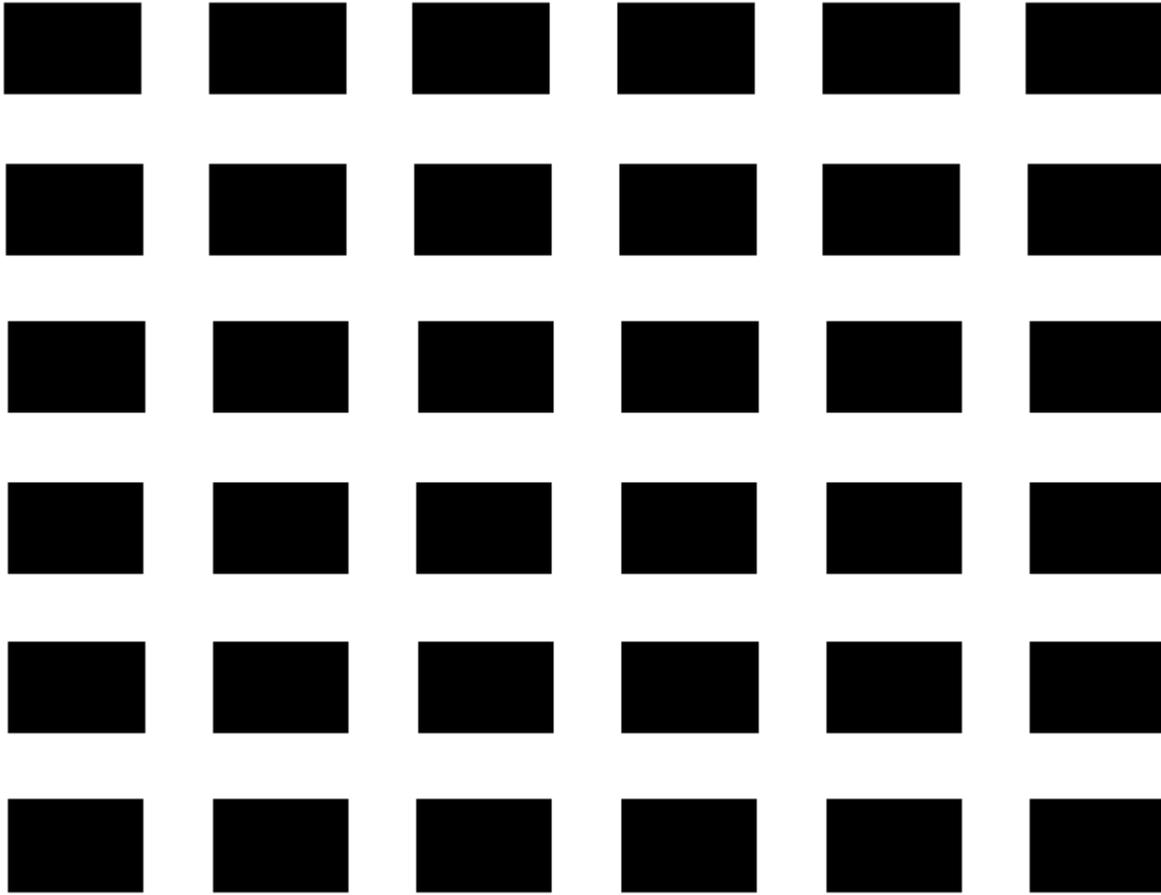
Solicit responses.

Say:

*This is an example of how we sometimes see things that do **not** exist. This can happen when we look at people as well.*

So, if you find yourself judging someone before you know anything about them, think about those grey dots.

The Herman Grid



Show Slide I-23.



Say: Before we leave this topic, let's look at one more term: *marginalized populations.*

Review the groups listed on these slide.

? **Ask:** Are there any other groups you would like to add to this list?

Marginalized Populations

Members of:

- Sexual minority groups
- Intravenous drug users
- Racial/ethnic minorities
- Homeless individuals
- The poor
- *Others????*



Transition: Now let's begin to look specifically at the stigma attached to HIV/AIDS.

Stigma of HIV/AIDS

(Time: 20 minutes)

PG I-11.

Show Slide I-24.

Stigma of HIV/AIDS

- Stigma is the result of existing stereotypes, prejudice, biases, and other forms of oppression in our society directed at individuals and/or groups.
- Discrimination, prejudice and negative attitudes towards those with a stigmatizing health condition have been well documented throughout our history (e.g., misunderstanding of mental health disorders).
- HIV/AIDS is no exception to this stigmatization.

Stereotypes
Prejudice
Racism
+ Biases
= Stigma

FEDERAL BUREAU OF INVESTIGATION
MEXICO CITY

Discuss:

- the origin of stigma
- how stigma and discrimination has a history with other diseases (e.g., leprosy, mental health, etc.)
- effects of stigma on people with the disease
- the formula (in the box)

The Origin of the Word “Stigma”

Stigma (stĭg'mə), n., term believed to be of Greek origin. Refers to “...bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the barer... was a blemished person, ritually polluted, to be avoided, especially in public places” (Goffman, 1963).

Stigma is the result of existing stereotypes, prejudice, biases, and other forms of oppression in our society directed at individuals and/or groups.

Discrimination, prejudice and negative attitudes directed towards those in society with a stigmatizing health condition have been well documented throughout history.

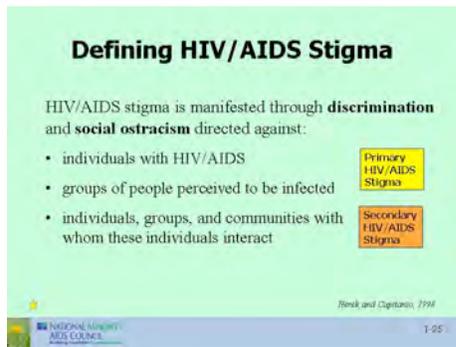
Misunderstanding of the origin of mental health disorders, drug and alcohol abuse and leprosy are just a few examples.

As a disease, HIV/AIDS is no exception to this stigmatization. Stigmatizing attitudes take a psychological toll and directly impact health seeking behavior efforts by PLWH/A. Also, stigma associated with HIV/AIDS has been shown to interfere with public health efforts to decrease the occurrence of new infections.

$$\begin{array}{r}
 \text{Stereotypes} \\
 \text{Prejudice} \\
 \text{Racism} \\
 + \text{ Biases} \\
 \hline
 = \text{Stigma}
 \end{array}$$

PG I-12.

Show Slide I-25.



Discuss the definition of HIV/AIDS stigma.

Animate slide to show which groups are ‘primary targets’ and which are ‘secondary targets.’

State these main points:

- *In order to cope with primary stigma, individuals resort to the concealment of their seropositive status for fear of being shunned by others.*
- *Concealment of seropositive status often leads to social isolation and internalized feelings of self-loathing and a cycle of hopelessness.*
- *Stigma can have an impact regardless of whether an individual is a PLWH/A or not.*

Defining HIV/AIDS Stigma

In 1996, the National Institute of Mental Health brought together a panel of experts to discuss HIV/AIDS-related stigma, with the purpose of acknowledging the need to address stigma and the negative impact it has in fighting the HIV/AIDS epidemic.

The significance of this meeting was twofold. First, it gave us the acknowledgement by a federal agency that HIV/AIDS related stigma has an impact on efforts directed at fighting the epidemic. Second, the panel developed a definition of HIV/AIDS stigma to assist researchers (Herek et al 1996).

HIV/AIDS Stigma is manifested through:

- individuals with HIV/AIDS,
- groups of people perceived to be likely to be infected, and
- individuals, groups, and communities with whom these individuals interact.

Herek and Capitanio, 1998

Targets of Stigma

Primary HIV/AIDS Stigma is defined as the stigma directed at those individuals who are infected and/or those perceived as infected with the virus.

In order to cope with this form of stigma, individuals resort to the concealment of their seropositive status for fear of being shunned by others, including their medical provider. This may prove to be detrimental to issues of health care.

Concealment of seropositive status often leads to social isolation and internalized feelings of self-loathing and a cycle of hopelessness.

Se-ro-pos-i-tive

adj.

Showing a positive reaction to a test on blood serum for a disease. In this case, showing a positive reaction to blood test for antibodies directed against the HIV virus.

Secondary HIV/AIDS Stigma is aimed at those individuals and/or groups associated with those infected.

Partners, family members, friends, professionals, volunteers and agencies that have close proximity with those infected.

Also, secondary stigma is directed towards individuals who are part of a group associated with HIV/AIDS.

As defined, HIV/AIDS stigma impacts people living with HIV, individuals or groups in society perceived to be infected and individuals, groups and communities that interact with individuals who are and/or believed to be infected, including homosexuals, racial/ethnic minorities, and substance abusers. Therefore, stigma can have an impact regardless if an individual is living with HIV/AIDS or not.

Show Slide I-26.



Say: *This graphic is a good summary of the last two slides.*

Quickly walk through the graphic – start at “stigma” at the top.

Ask participants if they have any comments or questions.

<p>PG I-13.</p>	<p>How HIV/AIDS First Became Stigmatized</p>
<p>Transition: <i>Before we wrap up this overview, let’s visit one more piece of history.</i></p> <p> Ask: <i>Can anyone tell us how HIV/AIDS first became stigmatized?</i></p> <p>Solicit and discuss responses.</p> <p>Say: <i>As you’ll see on page I-13 of your manual, HIV/AIDS was initially called GRID (gay-related immune deficiency) since early cases occurred predominantly within gay urban areas. The initial media images of the epidemic often portrayed the face of HIV/AIDS as that of gay men wasting in isolated hospital beds, surrounded by medical staff draped in protective gear.</i></p> <p>Discuss the 3 phases of the epidemic. Point out how the 3rd phase (stigma) is as challenging to treat as the virus itself.</p> <p>Transition: <i>Now let’s spend some time looking at the stigma of HIV/AIDS compared to other diseases or situations.</i></p>	<p>In the early days of the HIV/AIDS epidemic, the medical community classified HIV/AIDS as a “homosexual disease,” and tagged it “gay cancer” or “gay plague”. More specifically, HIV/AIDS was first named “gay-related immune deficiency,” or GRID, by health care providers (Herek & Capitanio, 1999). This classification stemmed from the fact that early cases of the disease were clustered in predominantly gay urban areas and disproportionately affecting gay men, especially white gay men (CDC, 2001 Fact Sheet). At the time, there was little to no information available to the scientific community about the cause of the illness, its transmissibility, testing for the virus, or an effective treatment.</p> <p>Images of the new epidemic began to flood television and paper media, all too often portraying the face of HIV/AIDS as that of gay men wasting in isolated hospital beds, surrounded by medical staff draped in protective gear, and often separated from the general hospital population. These images equated HIV/AIDS with homosexuality, infectiousness and mortality, contributing to the stigmatization of HIV/AIDS in our society and further fueling existing prejudices towards already-marginalized groups in society that were succumbing to the virus. Equally infectious was the public panic and the public perception of the virus. The lack of a known “treatment” coupled with the uncertainty on how the virus was spread only served to exacerbate the matter.</p> <p>Three Phases of the HIV/AIDS Epidemic</p> <ol style="list-style-type: none"> 1. the epidemic of AIDS; 2. the epidemic of HIV; 3. the epidemic of stigma and discrimination

Show Slide I-27.

Activity 2: Comparing Stigma of Various Diseases/Conditions

Individual exercise:

- Activity 2 Worksheet
- Identify two diseases or conditions other than HIV/AIDS and write them in the empty rows
- Compare the differences related to stigma by answering the questions for each disease/condition
- *Time = 5 minutes*

NATIONAL LEADERSHIP AIDS COUNCIL 1-27

Activity 2

Ask the participants to turn to page I-14 in the PG.



State the goal of the activity:

This activity will help us complete the first step towards increasing our understanding and empathy towards people who are stigmatized.

Review the directions on the slide.

Give suggestions for other diseases/conditions for those participants who are struggling:

- Mental health issues
- Cancer
- TB
- STDs
- Alcoholism
- Obesity
- Physical disability

Call time after 5 minutes.

Activity 2

Comparing Stigma of Various Diseases/Conditions

Directions:

Work on your own to:

1. Think of two diseases or conditions other than HIV/AIDS and write them in the first cell of rows 3 and 4 in the table below.
2. Compare the differences related to stigma by answering the questions for each disease/condition.

Disease/Condition	How Does the Person Feel?	How Is the Person Treated?
HIV/AIDS		

Disease/Condition	How Does the Person Feel?	How Is the Person Treated?

Debrief the exercise by asking:

- *Who would like to share their ideas?*
- *What did you notice about HIV/AIDS stigma after you completed this activity?*
- *What key points did you discover?*
- *How will this help you to empathize (or better understand) people living with HIV/AIDS?*

Transition: *Great! Before we can begin to let go of our prejudices (and to help others let go other theirs), it's important to look at the myths that help support the stigma related to HIV/AIDS.*

Common HIV/AIDS Myths

(Time: 15 minutes)

Show Slide I-28. (Note: this slide will animate automatically.)



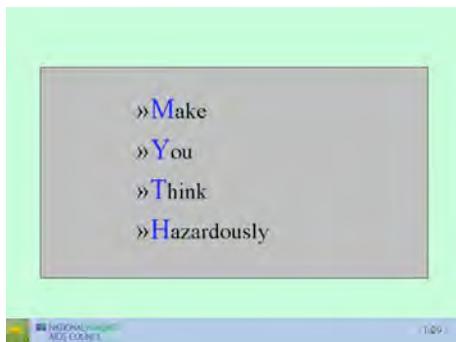
Review the concept of myths:

- There's lot of misconceptions
- Things have gotten better
- Knowledge varies



Ask: *So what is the problem with these myths?*

Show Slide I-29.



Say: They make you think hazardously; you believe misinformation.

Myths

Why are There So Many HIV/AIDS Myths?

When HIV/AIDS first became known, it was a very mysterious disease. It caused the death of many people. There are still many unanswered questions about the disease. Many people reacted with fear and came up with stories to back up their fear. Most of these had to do with how easy it was to become infected with HIV/AIDS.

What are the Most Common Myths?

Many of the myths focus on transmission, but there are also myths about:

- Cures
- Reasons why the virus affects specific groups
- Medications and treatment

<p>Say:</p> <p><i>On pages I-15 and I-16 of your participant manual, you will see some common misconceptions, as well as some facts about the transmission of this virus. Since the goal of this course is not to teach HIV 101, we will not be reviewing this material at this time.</i></p> <p>Transition: <i>Instead, let's spend a few minutes focusing on the myths that may be prevalent in your community.</i></p>	<p>Propagation of Myths and Concerns about HIV/AIDS Transmission</p> <p>Public health officials drew criticism for not adequately addressing the public's concerns about the new virus and not dispelling myths about how it is transmitted. Here are some of the common questions that people were asking about how the HIV virus could be contracted:</p> <ul style="list-style-type: none"> • Is it safe to donate blood? • Is it safe to receive blood products? • Could I contract it through mosquito bites? • Can I drink from the same cup or eat from the same utensils used by an HIV infected person? • Is it dangerous to hug or kiss on the cheek someone who is infected? • How is the virus transmitted through sexual contact? • Could I get HIV/AIDS from an infected person sneezing on me? • Does standing next to an infected person transmit HIV/AIDS? • Is it safe to keep working alongside a homosexual? <p>Consequently, those infected with HIV/AIDS became the targets of harassment by coworkers and supervisors, suffered discrimination or denial of care from health care providers, and were discriminated against in housing, public accommodations, education, and even immigration policies (Pryor, et al., 1999).</p>
---	---

	<p>The Facts about HIV/AIDS Transmission</p> <p>HIV/AIDS is spread through a few different modes. Specifically, the HIV virus can be transmitted through:</p> <p>Sexual Contact</p> <ul style="list-style-type: none">• Vaginal sex• Anal sex• Oral sex <p>Blood Contact</p> <ul style="list-style-type: none">• Injections/needles (e.g., sharing needles)• Cutting tools (e.g., using contaminated skin piercing tools)• Transfusions/transplants (e.g., receiving infected blood)• Contact with broken skin (e.g., exposure through open cuts) <p>Mother-to-Child</p> <ul style="list-style-type: none">• Pregnancy• Delivery• Breastfeeding <p>Exposure does NOT mean transmission – while any exposure to the HIV virus through one of these modes, not every exposure will result in transmission.</p>
--	---

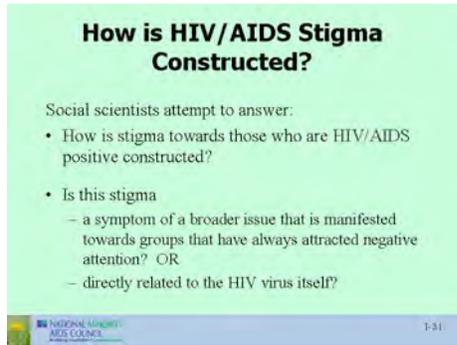
	<p>DID YOU KNOW?</p> <ul style="list-style-type: none"> • HIV/AIDS disproportionately affects minorities: • 63% of those living with HIV/AIDS are members of a racial/ethnic minority group • 74% of the estimated new infections affect both men and women of color. <p><i>(CDC: HIV/AIDS Surveillance Report, 2001)</i></p>
<p>Show Slide I-30.</p> <div data-bbox="186 617 646 957" style="background-color: #e0ffe0; padding: 5px;"> <p>Activity 3: What HIV/AIDS Myths Exist in <u>Your</u> Community?</p> <p>Individual activity:</p> <ul style="list-style-type: none"> • Consider what myths are prevalent in your community (among different groups) • Using 3 to 5 sticky-back notes, write one myth on each sticky note • Post your myths • <i>Time = 5 minutes</i> </div>  <p>Ask the participants to turn to page I-17 in the PG.</p> <div data-bbox="191 1115 334 1266">  </div> <p>State the goal of the activity:</p> <p><i>This activity will help us look at what's going on in your community that may affect stigma.</i></p> <p>Review directions on the slide.</p> <div data-bbox="186 1543 334 1675">  </div> <p>Title a newsprint "HIV/AIDS Myths" and post it newsprint on the wall so that the participants can stick their notes to it.</p>	<p>Activity 3</p>

<p>Call time after 5 minutes.</p> <p>Debrief the exercise by asking:</p> <ul style="list-style-type: none"> • <i>What are some of the common themes here?</i> • <i>What did you learn about your community or other communities?</i> • <i>Briefly, what are some ways you can help dispel myths in your community?</i> <p>Tell them to flag this page (with a post it or dog-ear the corner), so that they can return to it later to work on ways to address these myths.</p> <p>Notes:</p> <ul style="list-style-type: none"> • They can work on this in Module V when they develop their action plan and/or after they leave the workshop. • You may also want to refer back to these myths later in the workshop when you discuss the causes of stigma (e.g., misinformation) or when you discuss strategies for reducing stigma. <p>Transition: <i>Now that we've looked at the myths in our communities, let's look at the causes of HIV/AIDS stigma.</i></p>	
--	--

HIV/AIDS Stigma Theoretical Origin

(Time: 35 minutes)

Show Slide I-31.



How is HIV/AIDS Stigma Constructed?

Social scientists attempt to answer:

- How is stigma towards those who are HIV/AIDS positive constructed?
- Is this stigma
 - a symptom of a broader issue that is manifested towards groups that have always attracted negative attention? OR
 - directly related to the HIV virus itself?

NATIONAL MINORITY AIDS COUNCIL 1-31

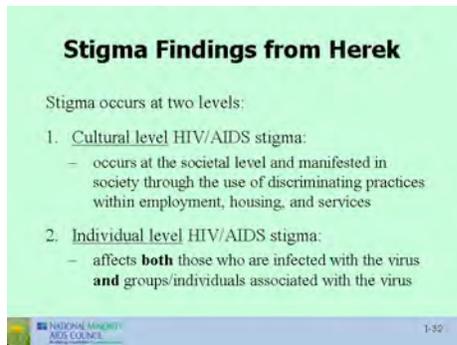
Social scientists have looked at how HIV/AIDS related stigma comes about and how people may express and/or harbor stigma towards a group based on the perceived or actual infection of an individual.

- How is stigma towards those who are HIV positive or groups associated with the HIV virus constructed in society?
- Is HIV/AIDS related stigma a symptom of a broader issue that is manifested towards those groups that have always attracted negative attention based on behaviors believed to be outside of the norm?
- Or is the formation of HIV/AIDS related stigma directly related to the HIV virus itself?

In an attempt to answer the question of how HIV/AIDS related stigma is constructed and formed, not only at the individual but also at the societal level, several theories have emerged throughout the HIV/AIDS epidemic.

Note: Since you have previously discussed individual and cultural stigma, you should move quickly through the next four slides.

Show Slide I-32.



Stigma Findings from Herek

Stigma occurs at two levels:

1. **Cultural level** HIV/AIDS stigma:
 - occurs at the societal level and manifested in society through the use of discriminating practices within employment, housing, and services
2. **Individual level** HIV/AIDS stigma:
 - affects **both** those who are infected with the virus **and** groups/individuals associated with the virus

NATIONAL MINORITY AIDS COUNCIL 1-32

AIDS and Stigma: A Conceptual Framework and Research Agenda

(Final report, research workshop sponsored by the NIMH, Herek et al.)

Included in the final report from the research on HIV/AIDS and stigma, the panel reports that HIV/AIDS stigma occurs at two levels, the cultural and individual.

Show Slide I-33.

Cultural Level Stigma

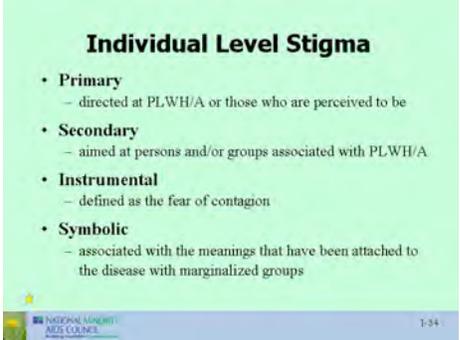
- Factors that shape the cultural stigma are:
 - values towards sexuality, the disease, and gender;
 - perceptions of drug abuse; and
 - perceptions towards persons who are members of a minority.
- HIV/AIDS has been associated with negative perceptions/actions directed at those individuals/groups who are infected or are believed to be infected.
- Stigma is dependent on how much of a burden the disease has been on a given segment of the population.

NATIONAL HUMAN RIGHTS AIDS COUNCIL 1-33

Cultural Level Stigma

Cultural level HIV/AIDS stigma occurs at the societal level and is evident in the manner in which HIV/AIDS related stigma is manifested in society through the use of discriminating practices designed to castigate those infected:

- Loss of employment based on HIV/AIDS infection
 - Loss of housing, and
 - Denial of services.
1. The report emphasizes that HIV/AIDS related stigma is formed by the manner in which the epidemic is perceived in any given area. Among the factors that shape the societal and cultural stigma related to HIV/AIDS are values towards sexuality, the disease, and gender; perceptions of drug abuse; and perceptions towards individuals who are members of a racial/ethnic minority.
 2. In the United States, HIV/AIDS has been associated with negative perceptions and actions directed at those individuals or groups who are infected or are believed to be infected. Negative perceptions are expressed through the support of extreme measures such as mandatory testing, quarantining individuals infected with HIV/AIDS and, most extreme, tattooing for identification.
 3. HIV/AIDS stigma is directed and expressed through the coupling of HIV/AIDS infection and groups that are too often marginalized in society, mainly members of sexual minority groups, intravenous drug users, racial/ethnic minorities and the poor.
 4. How a particular society expresses HIV/AIDS stigma is dependent on how much of a burden the disease has been on any given segment of the population.

	<p>Factors That Drive Stigma in a Group</p> <p>The authors point to several factors that drive stigma in a group:</p> <ul style="list-style-type: none"> • The pattern of disease among group members; • How HIV/AIDS ranks with other needs within the group; • Perception of the group by the dominant culture; and • How the group as a whole perceives HIV/AIDS and those affected by the disease. <p>Furthermore, the authors of the report make a critical emphasis that how HIV/AIDS is viewed culturally may change the manner in which stigma is manifested within that particular group. The authors stipulate that the amount of stigma experienced by an individual is culturally dependant and efforts must be made to take this factor into account when designing interventions that aim at the reduction of stigma in any given community.</p>
<p>Show Slide I-34.</p> 	<p>Individual Level Stigma</p> <p>At the individual level, HIV/AIDS related stigma may affect not only those who are infected with the virus but also those groups and/or individuals associated with the virus. The report defines two terms associated in this regard – Primary and Secondary stigma – to address how stigma is experienced at the individual level.</p> <p>These two forms of stigma jeopardize prevention efforts targeted at those individuals or groups associated with HIV.</p> <p>The report further highlights how “perpetrators of HIV/AIDS stigma”, or those individual who exhibit negative attitudes or feelings towards those infected, may express those feelings through instrumental and/or symbolic stigma. Instrumental HIV/AIDS stigma is defined as the fear of outcomes directly associated with infection or the fear of contagion due to the communicable nature of the disease. Symbolic HIV/AIDS stigma is associated with the meanings and association that have been attached to the disease with marginalized groups, homosexuals, intravenous drug users, and race/ethnic minorities to name a few.</p>

<p>Show Slide I-35.</p>  <p>? Ask the rhetorical question: <i>What causes this stigma?</i></p> <p>Say: <i>we've looked at the types of stigma as well as factors that may drive it, but before we can begin to reduce stigma, we must study what causes it.</i></p>	<p>Causes of HIV/AIDS Stigma</p>
 <p>Draw a tree (like the one in your facilitator guide) to demonstrate how to build a problem tree.</p> <p>Walk the participants through an example (you can use the script below or come up with your own example) before you start them on the activity.</p> <p>Note: you will be adding text to your tree drawing as you move through the script.</p>	<p>Activity 4</p>

Say:

Let's imagine that the problem we are looking at is that kids are overweight. So, we write the problem in the center of our tree.

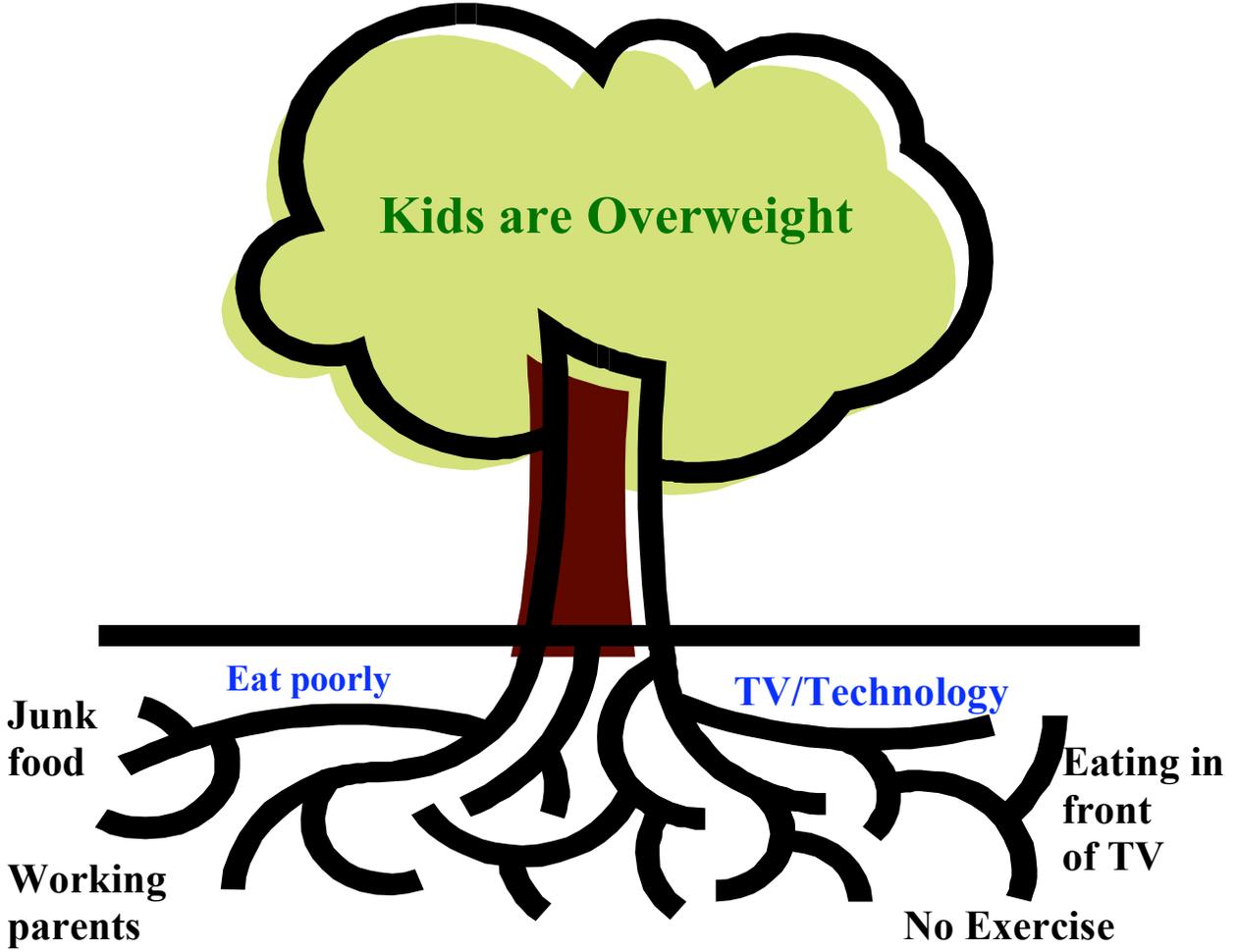
Now we need to come up with some causes – broad reasons why this might be happening. Let's say that because they eat poorly, they have too much time with technology, etc. These main causes are the roots.

Now we take each one of these main causes and ask: WHY? This moves us towards the root causes. Here, the root causes of eating poorly we've decided are bad eating habits, and the fact that with two working parents it's hard to oversee your kids.

And just to save time with this example, we'll add sub-roots to the TV/Technology root – the kids eat in front of the TV and they do too much TV/technology so they are not getting enough exercise.

And that's our tree. If you keep asking "WHY" you keep drilling down to the roots. If you have ever been part of a strategic planning session, this technique probably is not new to you.

Transition: *now that we understand how to develop a problem tree, we are going to use it to look at the root causes of HIV/AIDS stigma.*



Show Slide I-36.

Activity 4: Stigma Problem Tree

Small group activity:

- Activity 4 Worksheet
- Brainstorm to answer these questions:
 1. *Why are these people stigmatized?*
(What are the major causes?)
 2. *Why is this happening?*
(What are the root causes?)
- Time = 10 minutes



NATIONAL ALLIANCE
AIDS COALITION
1-36

Activity 4: Stigma Problem Tree

Ask the participants to turn to page I-20 in the PG.



State the goal of the activity:

The focus of this activity is to help you look at the root causes of HIV/AIDS stigma in your community.

Divide the participants into small groups (of 3 to 5).

Review directions on the slide.

Notes:



- Provide the participants with newsprint if they want to use it.
- Tell them that it's okay if they want to use lists instead of drawing a tree.

Activity 4 Stigma Problem Tree

Purpose:

A problem tree is a graphic representation of a problem at the center and the roots reflect the main causes leading to the problem. This activity stimulates and broadens thinking about potential or actual causes and helps to further examine causes until a chain of causes leading to root causes are identified. This activity will help you address the root causes of stigma.

Problem:

People Who Are (or Are Assumed to Be) Living with HIV/AIDS are Stigmatized

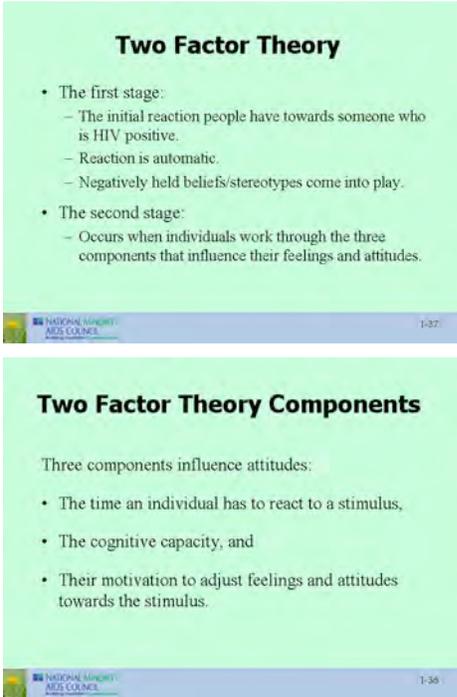
Directions:

Work with your group to:

1. Brainstorm to answer the question: *Why are these people stigmatized? (What are the major causes)?*
 - Draw a tree and write ideas onto the newsprint (or use sticky notes for each ‘root’), or simply write a list onto a newsprint sheet.

2. Brainstorm to answer: *Why is this happening? (What are the root causes)?*
 - Link the reasons together by drawing more roots (in your tree) or by linking ideas together in the list on your newsprint.
 - Tip: one way to dig deeper into the root causes is to ask “*Why? or What Causes That...?*” for every major cause (you listed in Step 1). Example, for each major cause (X) ask, “What are the things (Y) that lead to X?” and then “What leads to Y that then leads to X?” and then “What leads to that?” etc.

Note: the next step in developing a problem tree is to identify the possible solutions. We will not complete this step at this time, but you may choose to address it later in the workshop session.

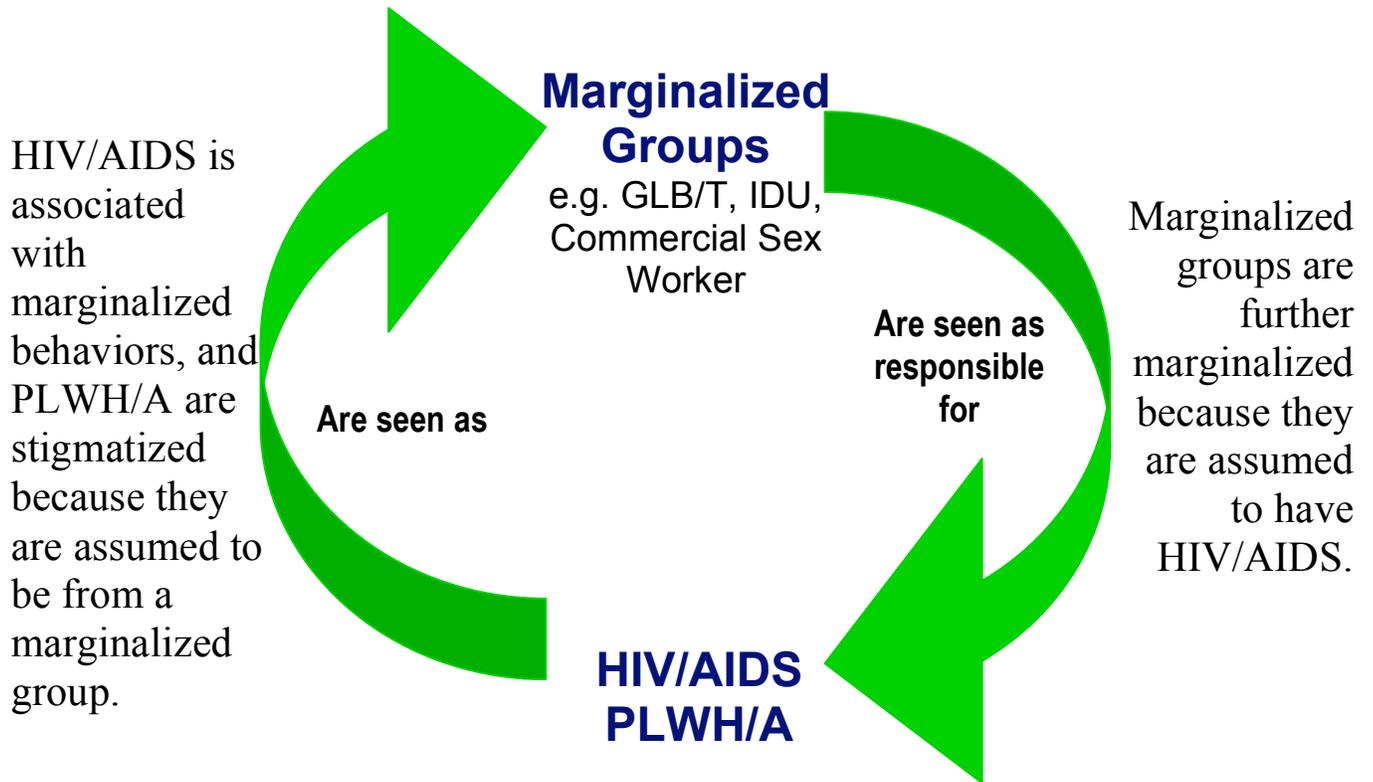
<p>Call time after 10 minutes.</p> <p>Tell each group to quickly state one or two causes.</p> <p>Debrief the exercise by asking:</p> <ul style="list-style-type: none"> • <i>Was it easy or hard to come up with the root causes?</i> • <i>Why do you think it's important to look at stigma in this manner?</i> • <i>How might you apply what you learned from this activity back in your community?</i> <p>Transition: <i>Now let's look at some research about the HIV/AIDS stigma.</i></p>	
<p>Show Slides I-37 and I-38.</p> <p>Briefly review the Two Factor Theory and the components that influence attitudes.</p>  <p>The first slide, titled "Two Factor Theory", lists two stages: the first stage involves an initial reaction to someone who is HIV positive, which is automatic and influenced by negative beliefs/stereotypes; the second stage occurs when individuals work through three components that influence their feelings and attitudes. The second slide, titled "Two Factor Theory Components", lists three components: the time to react to a stimulus, cognitive capacity, and motivation to adjust feelings and attitudes towards the stimulus.</p>	<p>A Social-Psychological Analysis of HIV/AIDS Related Stigma: A Two-Factor Theory</p> <p>(Pryor, Reeder & Landau, 1999)</p> <p>The authors of this paper propose a two-factor theory that is culturally bound in society. The authors suggest that cultural views and perceptions on the transmission of the virus heavily influence how HIV/AIDS related stigma is expressed in society. Those affected by the disease have been the focus of much attention and discrimination: “people with HIV/AIDS infection have received negative treatment in employment, health care, housing, insurance coverage, public accommodations, education and immigration policies” (Pryor, J., Reeder, G., & Landau, S., 1999).</p> <p>In the United States, HIV/AIDS related stigma is associated with sexual activity among homosexuals, as well as with illicit drug use. According to the authors, this association stems from early case findings tying these two groups to the disease and assigning responsibility for the spread of the virus.</p>

	<p>A Two-Factor Theory: An Approach to Identify How HIV/AIDS Related Stigma is Formed</p>
<p>Link the ideas here back to the first activity (how stigma feels).</p>	<p>A two-factor theory stipulates that there are two stages that affect the manner in which persons process information in the environment.</p> <p><u>Three Key Components Influencing Attitudes</u></p> <p>Three key components influence the manner in which individuals form feelings and attitudes, in this case stigmatizing attitudes: the time an individual has to react to a stimulus, the cognitive capacity, and their motivation to adjust feelings and attitudes towards the stimulus.</p> <p>The first stage happens automatically and is the initial reaction people have towards a stimulus-producing individual, in this case a response to an individual who is HIV positive. The initial reaction is automatic, where little time is spent to cognitively process the information, and there is no motivation to adjust these feelings. Negatively held beliefs and stereotypes towards individuals who are HIV positive by the person accessing the stimulus come into play at this time and drive stigmatizing perceptions.</p> <p>However, given the appropriate amount of time, cognitive resources and motivation to change negative perceptions will lead to the adjustment of cognitive beliefs which would ultimately lead to a change in reaction and HIV/AIDS related stigma. This is what the authors term the second stage. In practice, the authors propose that when given adequate time, sufficient cognitive resources (i.e., knowledge about transmission) and the motivation to change those negatively held attitudes and perceptions (i.e., the ability for the individual to analyze their response), there will be a reduction in the amount of stigma directed towards HIV positive individuals.</p>

	<p>Horizon Report: HIV/AIDS-Related Stigma and Discrimination: A Conceptual Framework and an Agenda for Action</p> <p>(Parker & Aggleton, 2002)</p>
<p>PG I-21.</p> <p>Show Slides I-39 and I-40.</p> <p>Quickly review the highlights of the report.</p> <div data-bbox="207 632 662 968"> <p>Horizon Report Highlights</p> <ul style="list-style-type: none"> • There are four main causes of HIV/AIDS stigma: <ul style="list-style-type: none"> – Sexuality – Gender – Race/ethnicity – Class • These form the vicious circle of HIV/AIDS stigma </div> <div data-bbox="207 989 662 1325"> <p>The Vicious Circle of Stigma and Discrimination</p> </div> <p>Link the ideas here back to the problem tree activity (root causes vs. drivers).</p>	<p>In 2002, Horizon published a report on HIV/AIDS-related stigma and discrimination. The purpose of the report was to emphasize the poorly understood and inadequately researched area of HIV/AIDS-related stigma and discrimination. The report highlighted three areas of interest:</p> <ol style="list-style-type: none"> 1. It describes how HIV/AIDS related stigma is expressed; 2. Proposes that HIV/AIDS related stigma is a social rather than an individual phenomenon; and 3. Points to areas where research and intervention efforts must concentrate. <p>Analyzing Stigma and Discrimination</p> <p>The legitimization of HIV/AIDS discrimination has origins in the already existing stigmatization and discrimination of other marginalized groups in society. HIV/AIDS only intensifies these conditions.</p> <p><u>Drivers of HIV/AIDS Stigma</u></p> <p>There are four main drivers of HIV/AIDS related stigma:</p> <ol style="list-style-type: none"> 1. Sexuality 2. Gender 3. Race/ethnicity 4. Class <p>Sexuality is the first component that the report focuses on. In the beginning of the epidemic, HIV/AIDS first affected a segment of the population that society already considered as deviant. The HIV/AIDS epidemic only reinforced societal views and misconceptions about sexual minorities by equating sexual activity, mainly homosexuality, to the transmission of the HIV virus.</p>

	<p>Gender as a conduit of HIV/AIDS stigma is the second area the report explores, more specifically directed towards men and women who became infected through means found to be offensive by society. Men who became infected with the virus drew the blame from society for infecting partners through promiscuous behavior and reinforced negative stereotypes about the inability of men to maintain one sexual partner, for both homosexual and heterosexual behavior. Women who became infected were equally chastised and stigmatized for engaging in sexual activity outside the scope of society’s ‘approval’. Commercial sex workers, the report points out, were too often seen as conduits of disease.</p> <p>Existing stigma and discrimination directed towards race and ethnic minorities were only exacerbated by the outbreak of the HIV/AIDS epidemic among this segment of society. Stigma and discrimination related to HIV/AIDS were a symptom. The report argues that HIV/AIDS stigma and discrimination among racial and ethnic groups served to reinforce negatively held beliefs that minority group members engaged in “immoral behaviors”.</p> <p>The report also includes existing disparities in economic class as a factor that has driven HIV/AIDS stigma and discrimination. The epidemic as it affects those who are economically disadvantaged reduces access to prevention, education efforts, and health care to those infected.</p> <p>The above four factors come together to form what the report calls the vicious circle of HIV/AIDS related stigma and discrimination. The associations of those in society who are marginalized (sexual minorities, marginalized men/women, race/ethnic minorities, and class) with deviant behavior are seen as the cause of the epidemic. In turn, those who cause the epidemic must belong to those marginalized groups and those who belong to the marginalized groups must be deviant.</p>
--	--

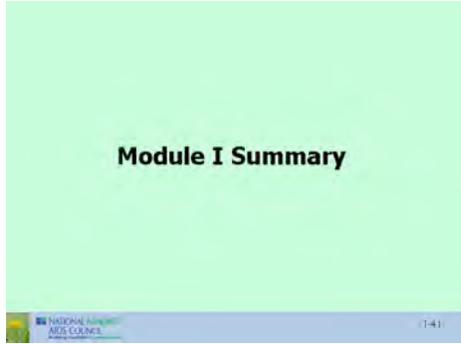
The Vicious Circle of Stigma & Discrimination



Source: Parker, R and Aggleton, P. (2002). HIV/AIDS-related stigma and discrimination: A conceptual framework and an agenda for action.

Module I Summary

(Time: 5 minutes)

<p>Show Slide I-41.</p>  <p>Summarize Module I.</p> <p>Say: <i>Let's take a quick look back at the objectives for this module to make sure we've accomplished them.</i></p> <p>Tell them to turn back to PG p. I-4.</p> <p>Review each objective by asking if it was accomplished and by asking for volunteers to recall/state key points/ideas on that topic.</p>	<p>HIV/AIDS is associated with negative attitudes throughout society, stemming from the portrayal of the disease in its early days and reinforced by continuing misperceptions and misinformation about the causes, transmission, and prevalence of HIV/AIDS.</p> <p>By understanding the origins and prevalence of HIV/AIDS stigma in society, we can begin to understand the problem we face. When we grasp the depth and breadth of the stigmatizing attitudes that impact those infected and others associated with them, we can create better strategies for reducing or reversing them.</p>
<p>Transition: <i>Now that we understand where we've been, we can look at the manifestation of HIV/AIDS Stigma throughout our society.</i></p>	

Module II: HIV/AIDS Stigma's Manifestation in Society

Time: 1 hour and 40 minutes

This module provides information on the different types of stigma, examines how stigma affects different populations and different areas within a community, and identifies a model which may be helpful in reducing HIV/AIDS stigma.

*It is often easier to become outraged by injustice
half a world away than by oppression and discrimination
half a block from home.*

~ Carl T. Rowan

*My family and I held no hatred for those people because
we realized they were victims of their own ignorance.*

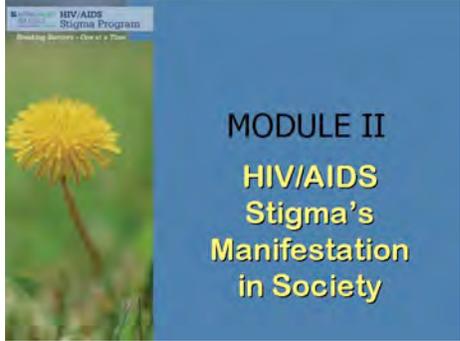
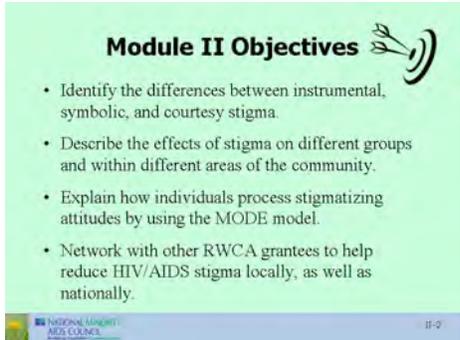
~ Ryan White

*Stigmatization, at its essence, is a challenge to
one's humanity – for both the stigmatized and the
stigmatizer... Thus stigmatization is personally,
interpersonally, and socially costly.*

~ "The Social Psychology of Stigma"

Module II Overview

(Time: 8 minutes)

<p>Show Slide II-1.</p>  <p>Welcome participants back from break.</p> <p>Introduce Module II:</p> <p><i>Now that we understand the definition and origins of the HIV/AIDS stigma problem, we can delve deeper into how it manifests itself in society.</i></p> <p><i>We'll take a closer look at three types of stigma manifestation and a model that can work to explain it and even guide us to reverse it.</i></p>	
<p>PG II-2.</p> <p>Show Slide II-2.</p>  <p>Review the module objectives.</p>	<p>Module II Objectives</p> <ul style="list-style-type: none"> • Identify the differences between instrumental, symbolic, and courtesy stigma. • Describe the effects of stigma on different groups and within different areas of the community. • Explain how individuals process stigmatizing attitudes by using the MODE model. • Network with other RWCA grantees to help reduce HIV/AIDS stigma locally, as well as nationally.

Show Slide II-3.



Ask: *How is HIV/AIDS stigma manifested in society?*

Animate slide to show answer: *Through overt and covert behaviors directed at individuals who are PLWH/A, or believed to be.*

Note: ask for (or provide) a brief example of both overt and covert behaviors.

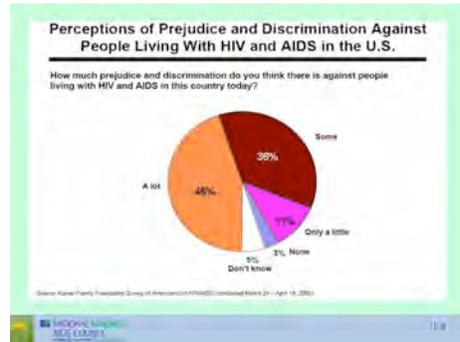


Ask: *Have you ever heard of the concept: 'the Perpetrators of AIDS Stigma?'*

Animate slide to show answer: *Herek, one of the main researchers in the field of HIV/AIDS stigma, said that this is a term we can use to describe those people who express negative attitudes or feelings toward PLWH/A, or who discriminate or use other stigmatizing behaviors toward them.*

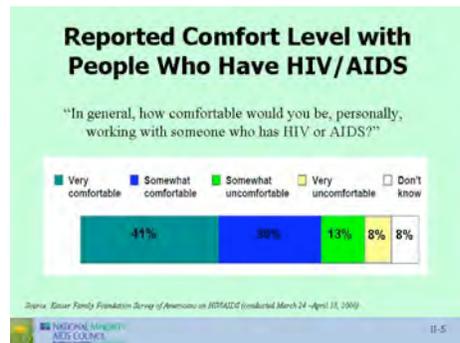
Note: Move quickly through Slides II-3 through II-6; make broad or high level remarks.

Show Slide II-4.



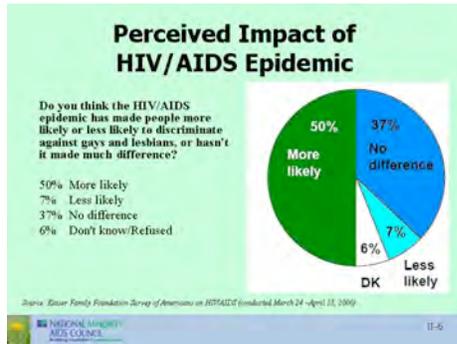
Say: *Studies have found that most Americans recognize there is a lot of ‘perpetration’ of discrimination and stigma against PLWH/A.*

Show Slide II-5.



Say: *In addition, while more people are very comfortable working alongside PLWH/A, many people also report either mild comfort or some level discomfort in working with PLWH/A.*

Show Slide II-6.



Say: *Finally, when asked specifically about their perception of the effects of HIV/AIDS on the discrimination against gays and lesbians, half of the people surveyed thought there was a significant increase in the likelihood of this discrimination – attesting to the existence of societal stigma.*

Types of Stigma Manifestation

(Time: 75 minutes)

<p>PG p. II-4. Show Slide II-7.</p>  <p>Types of HIV/AIDS Stigma</p> <ul style="list-style-type: none"> • Instrumental Stigma • Symbolic Stigma • Courtesy Stigma <p>Provide a summary of the three types of stigma manifestation (using the bullets in the PG page II-4).</p>	<p>Stigma Manifestation</p> <p>In 1996, the National Institute of Mental Health sponsored a Research Workshop on AIDS and Stigma, co-chaired by Gregory Herek and Leonard Mitnick. In their final report from that workshop, the participants described “perpetrators of [HIV/]AIDS stigma” as people who “express negative attitudes or feelings toward PWHIVs, or who engage in discrimination or other stigmatizing behavior.” These perpetrators derive their negative reactions from three fundamental sources:</p> <ol style="list-style-type: none"> 1. Instrumental Stigma – they fear certain outcomes directly related to HIV; 2. Symbolic Stigma – they react to the accumulated social meanings associated with HIV/AIDS; and 3. Courtesy Stigma – they target people who are closely associated with HIV/AIDS and/or with those infected, as well as uninfected people or groups who are perceived to be sympathetic to HIV/AIDS issues and communities.
<p>Show Slide II-8.</p>  <p>Activity 1: Three Types of Stigma Manifestation</p> <p>Small group team teach:</p> <ul style="list-style-type: none"> • Activity 1 Worksheet • Work on your assigned stigma type by: <ul style="list-style-type: none"> – Reviewing the information on pages # & # – Discussing and sharing examples of this type of stigma – Preparing to teach (in 3-5 minutes) the rest of the participants about this stigma type • Time = 10 minutes <p>Ask the participants to turn to page II-8 in the PG.</p>  <p>State the goal of the activity:</p>	<p>Instrumental Stigma</p> <p>Instrumental Stigma is associated with fear of contagion. Similar to many other stigmatized diseases, instrumental HIV/AIDS stigma results from the fear that HIV/AIDS is a communicable disease, and leads to avoidance of PLWH/A (or of objects associated with them).</p> <p>Some of the key factors promoting instrumental HIV/AIDS stigma:</p> <ul style="list-style-type: none"> • Many people have perceived HIV/AIDS to be an unalterable, degenerative, and fatal condition. • HIV/AIDS is widely understood to be transmissible; when a disease is contagious the person with the disease is often regarded as dangerous – and is avoided. • In the more advanced stages of the disease, when

<p><i>Rather than have me lecture on this topic, you will work in groups to become familiar with <u>one</u> type of HIV/AIDS stigma manifestation, and then teach it to the other groups.</i></p> <p>Divide the participants into 3 groups, and assign one stigma type to each group. (Note: have them get into their groups before you give the directions for the activity.)</p> <p>Review the directions on the slide.</p> <ul style="list-style-type: none"> • Read the information in your PG on your assigned stigma type. • Explain that each participant should share examples they can think of that fit this type of stigma manifestation. Examples can be real experiences of your own, someone you know, or someone you've heard/read about. • Then create a 3-5 minute presentation about their assigned stigma manifestation type that is meant to teach the other groups what you've learned about your stigma type. • Tell the participants that they have: <ul style="list-style-type: none"> ○ 10 minutes to review, discuss, and prepare ○ 3-5 minutes to present <p>Tell the participants that you are available for questions</p>	<p>HIV/AIDS symptoms are more apparent visually, these symptoms are perceived to be repellent, ugly, or upsetting.</p> <ul style="list-style-type: none"> • These reactions are compounded by the tendency by many to blame PLWH/A for their illness since they view the primary transmission routes (sexual intercourse and sharing infected needles) as immoral and voluntary. <p>Examples of instrumental HIV/AIDS stigma:</p> <hr/> <hr/> <hr/> <p>Why is instrumental HIV/AIDS stigma significant?</p> <hr/> <hr/> <hr/> <p>Symbolic Stigma</p> <p>Symbolic HIV/AIDS stigma is the association of HIV/AIDS with negatively viewed groups in society. This stigma type results from the social meaning attached to HIV/AIDS, and using the disease to express attitudes toward the groups associated with it and the behaviors that transmit it.</p> <p>Typically symbolic stigma is focused on male homosexuality, but has also been applied towards injecting drug users.</p> <p>Symbolic HIV/AIDS stigma also interacts with cultural prejudices (e.g., sexism, racism) to exacerbate the disadvantages experienced by double-stigmatized groups, such as women and ethnic/racial minorities with HIV/AIDS.</p> <p>Stigma leads to stereotypes – people who are ‘marked’ or perceived different from the norm are assumed to have unwelcome characteristics. For example, according to Herek (1991), gay people are seen as inherently sick and spreading disease. Stereotypes provide a rationale for ostracizing those in the ‘outgroup’ (the group that is associated with the stereotype) from the rest of the population. People in the ‘ingroup’ (for example, uninfected heterosexuals) can exaggerate the differences and minimize similarities between themselves and the stigmatized outgroup.</p> <p>Some key factors promoting symbolic HIV/AIDS stigma:</p>
---	---

during this activity, but otherwise you will leave them to work on their own.

Ask if there are any questions before they begin the activity.



Note: have markers and newsprint available for each group.

Give the groups a two-minute warning, and then **call time** when 10 minutes have passed.

Run the presentations:

- **Ask** each group to present their stigma type
- **Remind** the other groups to take notes in their PGs as desired.

Add any key information that the teams may have missed or *carefully correct* misrepresentations, if any.

Say: *What we know is that stigma leads to stereotypes, and stereotypes give people the rationale for ostracizing the ‘outgroup’ – those belonging to the group associated with the stereotype.*

Note: Be sure to thoroughly familiarize yourself with the information on the three types

- Negative perceptions, stereotypes, or attitudes towards PLWH/A or groups associated with the virus.
- The representation and judgment directed at the behaviors associated with the transmission of the disease.

Examples of symbolic HIV/AIDS stigma:

Why is symbolic HIV/AIDS stigma significant?

Source: Herek, G.M., et al. (1998). AIDS and stigma: A conceptual framework and research agenda. AIDS and Public Policy Journal, 13 (1), 36-47.

Courtesy Stigma

Goffman (*Stigma: Notes on the Management of Spoiled Identity*, 1963) is widely credited for conceptualizing and creating a framework for the study of stigma. Goffman described stigma as “an attribute that is deeply discrediting within a particular social interaction.” Courtesy stigma refers to the negative attitudes people harbor toward the partners, family members, loved ones, and caregivers of those infected by HIV, perceived to be infected, or perceived to be at risk of infection. Because these individuals’ close association with HIV/AIDS and stigmatized groups associated with the disease, they can suffer negative consequences and may not be prepared to deal with them.

This kind of stigma may become burdensome on loved ones and those who work with PLWH/A, and may even deter professional and volunteer caregivers and advocates from working with PLWH/A. At minimum, it can make their work more difficult and stressful and less satisfying.

<p>of stigma manifestation before this activity so you will be able to intelligently comment on the presentations' content.</p>	<p>Examples of courtesy HIV/AIDS stigma:</p> <hr/> <hr/> <hr/> <p>Why is courtesy HIV/AIDS stigma significant?</p> <hr/> <hr/> <hr/> <p><i>Source: Snyder, M. et al. (1999) Punished for their good deeds: Stigmatization for AIDS volunteers. American Behavioral Scientist. 42(7), 1175-92.</i></p>
---	---

Activity 1 Team Teach Types of Stigma Manifestation

Directions: Work with your group on your assigned stigma type:

1. Review the information on these pages:
 - Instrumental stigma – page II-4
 - Symbolic stigma – page II-4&5
 - Courtesy stigma – page II-6
2. Discuss and share examples of this type of stigma.
3. Prepare to teach (a 3-5 minute presentation) the rest of the participants about this stigma type.

Tip: You may use newsprint for your presentation, but it is not required.

- Summary or definition of _____ stigma.
[Fill in: instrumental, symbolic, or courtesy]

- What are some examples of this type of HIV/AIDS stigma that you have seen or experienced?

- What makes this type of stigma significant or important?

<p>Transition: <i>Now that we have learned about the three ways in which HIV/AIDS stigma is manifested, let's look this manifestation from another point of view.</i></p>	
<p>PG p. II-9. Show Slide II-9.</p>  <p>Say: <i>Stigma is expressed on several different levels and in different settings.</i></p> <ul style="list-style-type: none"> • <i>Under the community setting context, public perceptions and beliefs, and cultural norms, shape the way stigma and discrimination get expressed.</i> • <i>In the family setting, those in close family ties often form a stigmatizing element that reflects the bigger community attitudes but expresses it in terms of lack of support for the family member who is infected.</i> 	<p><i>The Expression of HIV/AIDS Stigma in Society</i></p> <p>HIV/AIDS stigma and discrimination occur at three interrelated system levels in society, which affect those who are infected:</p> <ul style="list-style-type: none"> • Community setting; • Familial setting; and • Individual setting. <p>Community Setting</p> <p>Under the community context, stigma and discrimination are often a reflection of cultural attitudes, public perceptions and beliefs directed at those infected with HIV. The members of a community may view HIV/AIDS infection as a personal responsibility, which results from behavior not condoned in the community.</p> <p>Familial Setting</p> <p>The familial construct of stigma and discrimination results from the lack of support for those infected members in a family system. A familial system is defined as not only direct blood relatives but also those members that have close ties with one another. The familial system often reflects the views expressed at the community level that are carried out within the family system.</p>

<ul style="list-style-type: none"> • <i>And at the individual level, people suffering from stigma can become isolated, marginalized and fearful – this is called internalized stigma. This stigma often results in people not feeling safe about disclosing their HIV/AIDS status.</i> 	<p>Individual Setting</p> <p>At the individual level, stigma and discrimination may manifest through isolation by those infected fearing for their safety and emotional well-being, also known as internalized stigma. This stigma is often the result of infected people not feeling safe about disclosing their HIV/AIDS status, and is particularly evident within marginalized groups in society.</p>
<p>Show Slides II-10 and II-11.</p> <div data-bbox="186 695 639 1031"> <p>Examples of Stigma</p> <p>In health care</p> <ul style="list-style-type: none"> – Refusing care or providing poor quality of care – Violating confidentiality – Using infection-control procedures only with PLWH/A <p>At work</p> <ul style="list-style-type: none"> – Requiring testing before employment – Being dismissed because of HIV/AIDS status – Violating confidentiality </div> <div data-bbox="186 1045 639 1381"> <p>Examples of Stigma (cont.)</p> <p>In the community</p> <ul style="list-style-type: none"> – Isolating people who are believed to be living with HIV/AIDS – Restricting participation in local events – Refusing to allow children who are living with HIV/AIDS in local schools – Ostracising the partners and/or children of people living with HIV/AIDS </div> <p>Review the different examples.</p> <p>Ask the participants for other examples and/or comments.</p>	<p>Examples of Stigma and Discrimination</p> <p>In Health Care</p> <ul style="list-style-type: none"> • Refusing to provide care and treatment to PLWH/A • Providing poor quality of care for PLWH/A • Violating confidentiality • Only providing care in settings that further stigmatise PLWH/A (e.g., clinics for sexually transmitted infections) • Using infection-control procedures (e.g., gloves) only with PLWH/A, rather than with all patients <p>In the Workplace</p> <ul style="list-style-type: none"> • Requiring testing before employment • Rejecting potential employees based on their HIV/AIDS status • Being dismissed because of HIV/AIDS status • Violating confidentiality • Refusing to work with colleagues who are PLWH/A <p>In the Family and Community</p> <ul style="list-style-type: none"> • Isolating PLWH/A • Restricting participation of PLWH/A in local events • Refusing to let children who are PLWH/A attend schools • Ostracising of partners and children of PLWH/A • Failing to support bereaved family members

Show Slide II-12.

Activity 2: How Does Stigma Affect Different People?

Small group rotational brainstorming:

- At your newsprint answer the question: "How does stigma affect our target group (e.g., Latina females)?"
- Brainstorm and record your ideas on the newsprint
- List both immediate effects (e.g., isolation, depression) and long-term or larger effects (e.g., loss of job)
- When you hear "Rotate!" your whole groups should move to the next target group and add more ideas

NATIONAL ALLIANCE FOR HIV/AIDS CARE AND TREATMENT II-12

Activity 2



State the goal of the activity:

In this activity we will identify the effects of stigma on different people.



Post the newsprints you developed for each of the populations on the wall throughout the room.

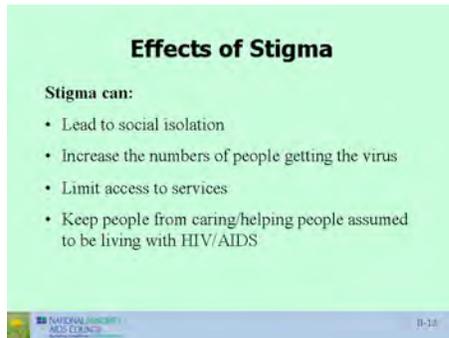
Ask the participants to get into groups at different posted newsprints. Trying to keep the group size somewhat even.

Review the directions on the slide.

- Answer the question: "How does stigma affect our target group?"
- Brainstorm/record ideas
- List both immediate effects and long-term
- When you hear "Rotate!" your whole groups should move to the next target group and add more ideas.

<p>After 2 minutes, say: Rotate!</p> <p>Note: the groups should move clockwise to the next newsprint and answer the question about <u>that</u> group. Continue this process until each group has been to 4 or 5 newsprints or until 10 minutes has passed.</p> <p>Ask the participants to return to their seat and give a round of applause to all their hard work.</p> <p>Review their work by:</p> <ul style="list-style-type: none"> • Tell them to turn to page II-11 if they want to capture any of this information in their manuals. • Stand at each newsprint and quickly highlight the list. • Ask if there are any questions/comments. • Point out any common or unusual points. <p>Note: Allow time for the participants to take notes.</p>	
<p>Debrief the learning by asking:</p> <ul style="list-style-type: none"> • <i>What did you find interesting about this activity?</i> • <i>What did you learn or relearn about stigma among different populations?</i> • <i>How will this help you in dealing with people living with HIV/AIDS?</i> 	

Show Slide II-13.



Use the bullets to **summarize** the effects of stigmatization.

Say: *As we have seen, stigma affects different people in different ways. In the next module, we will spend more time looking specifically at how it affects access to health care. But, it's important to look at how it affects people's lives in general.*

Activity 2

How Does Stigma Affect Different People?

You may choose to use this sheet to capture ideas from the newsprint lists after the rotational brainstorming is completed.

Transition: *You all did a fantastic job! Thanks for all the energy you put into that activity. It's important to know who stigma affects, as well as where it occurs.*

Show Slide II-14.



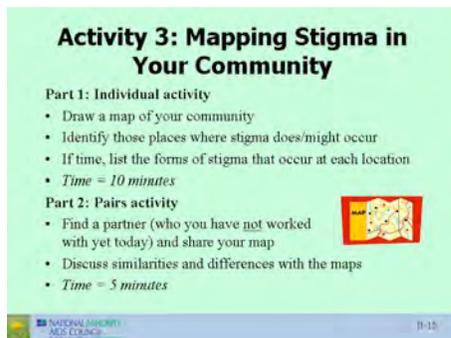
Title a blank newsprint sheet: "Where does stigma occur?"

Conduct a brief large group brainstorm to answer the question.

Note: keep this newsprint posted so that the participants can refer to it during Activity 3.

Where Does Stigma Occur?

Show Slide II-15.



Activity 3



State the goal of the activity:

In the last activity, we looked at how stigma affects different people, in this activity you'll focus on where stigma occurs in your community.

Ask the participants to turn to page II-13 in their manuals.

Review the directions on the slide.

Say: *Be sure to remember the different populations/cultures in your community.*

Call time for each part of the activity (individual = 10 minutes; pairs = 5 minutes).

Activity 3

Mapping Stigma in Your Community

Directions:

Part 1: Individual activity

- Draw a map of your community using the blank space on the next page
- Identify those places where stigma does/might occur

Part 2: Pairs activity

- Find a partner and share your map
- Discuss similarities and differences with the maps

Your Map

<p>Debrief the learning by asking:</p> <ul style="list-style-type: none">• <i>Was it easy/ difficult to develop a map? Why?</i>• <i>What did you find significant about your map and your partner's map?</i>• <i>How can this help you make things better in your community?</i>	
<p>Transition: <i>Great! In the final topic of this module, we will look at the MODE model, which examines <u>how stigma is formed</u> and <u>how</u> we can perhaps <u>change it</u>.</i></p>	

The MODE Model

(Time: 15 minutes)

PG p. II-15.

Show Slide II-16.

MODE Model & Attitude Formation

- Developed by Russell Fazio (1990)
- Attitudes drive the manner in which we behave
- Some social behavior is spontaneous and some is deliberative

Motivation and Opportunity as DEterminants

Source: Fazio, R.H. (1990). Multiple processes by which attitudes guide behavior: the MODE Model as an integrative framework. *Advances in experimental and social psychology*, 22(73-109).

NATIONAL MINORITY AIDS CENTER II-16



Write out the MODE acronym on blank newsprint and then **link** the letters to their corresponding word: Motivation and Oppportunity as DEterminants.

Say: *According to Fazio, this model describes a way to integrate the multiple processes by which attitudes shape behavior.*

Note to Facilitator: See full page text of original PG (below) on MODE model

Show Slide II-17. (**Note:** animate slide as you say each bullet below.)

MODE Model: Two Processes

- **Automatic process**
 - Generating an attitude toward an object without much conscious thought (i.e., automatically).
- **Cost/benefits process**
 - Weighing the costs and benefits of a particular attitude-relevant behavior.

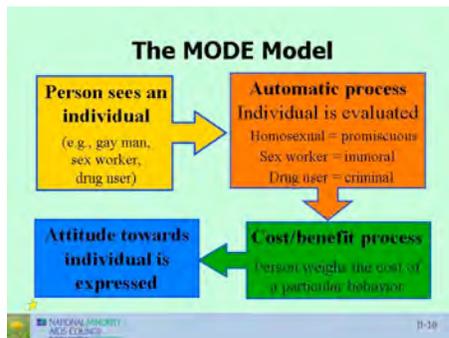
NATIONAL MINORITY AIDS CENTER II-17

Say: *This model describes how we have two processes going on when it comes to our attitudes and behaviors:*

- *we can either react automatically – or unconsciously – to our attitudes, or*
- *we can react deliberately to them. That is, we can weigh the consequences of our options and make a conscious decision.*

Let's take a closer look at what this implies.

Show Slide II-18.



Explain the model by: animating the slide, describing each component, and providing examples.

Note: you can use the script below, or come up with your own language.

Say: *A person sees someone (from an outgroup – maybe a sex worker).*

An automatic process occurs

that brings about a judgment or an attitude about that person (e.g, sex workers are immoral; their work is illegal).

Remember the Two Factor theory in Module I which also stated that the first reaction is automatic.

If the observer didn't have any time to deliberate, or didn't choose to, they may take some negative action toward the person being judged.

The MODE model shows that they could, however, think through a cost/benefit analysis about their attitude and any actions they are considering.

They may, for example, think: "I can just walk away or I can say something derogatory. What would be the costs and benefits of each of these?"

Then the observer makes a choice and acts on it.

Again, the Two Factor theory stated that if the person has the time, knowledge, and motivation to change, then they can change their attitude.

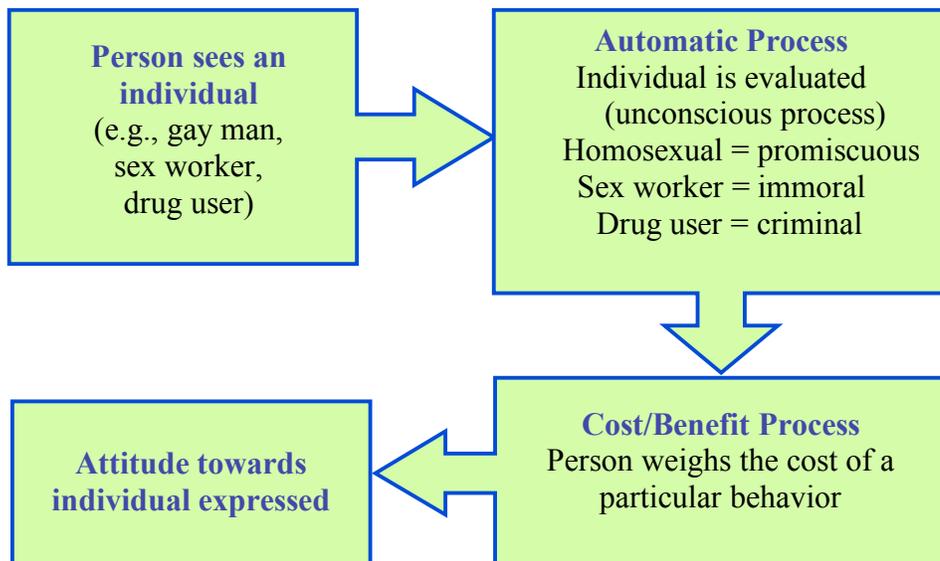
The MODE Model

The MODE model (**M**otivation and **O**pportunity as **D**eterminants), developed by Russell Fazio in 1990, describes a way to integrate the multiple processes by which attitudes shape behavior. According to this model, some social behavior is spontaneous and some is deliberative. Assuming that the most desired outcome for any given situation is the one achieved after a reasoned analysis of the situation, Fazio’s model suggests that deliberative behavior occurs in situations where there are both motivation for deliberation and the opportunity to deliberate.

The MODE Model: Integrates two models for how attitudes influence behavior

- **Automatic processing**
 - Some social behavior is spontaneous
 - An individual’s social behavior is largely a function of their perceptions in the immediate situation.
 - By influencing such perceptions, attitudes may have an impact on eventual behavior
 - Cues that are used to interpret an event can stem from the activation of relevant constructs from memory
- **Deliberative processing**
 - Some social behavior is deliberative or reasoned
 - Attitude toward behavior is a function of the person’s beliefs concerning likely outcomes from performing the behavior
 - Individuals are assumed to weigh available information, including the likely consequences and the expectations of others before engaging in a behavior

Source: Fazio, R.H., "Multiple processes by which attitudes guide behavior: The MODE Model as an integrative framework," *Advances in Experimental and Social Psychology*, 23 (1990):75-109.



Show Slide II-19.



Say: *Let's do a quick activity to look at automatic reactions. I want you to write down the first word or words that come to mind when I say a particular word. Don't filter or screen – just write down the first thing that comes to your mind.*

Reveal and **say** the first word on the slide: *BOSS*.

Allow participants to jot down their thoughts.

Say: *Now what comes to mind with this word?*

Reveal and **say** the second word: *MOTHER* and **let** participants write down their reactions.

Reveal and **say:** *And the final word: AMERICA.*

Ask participants for some of their thoughts for each of the three words (starting with “boss”).



Ask: *What insight does this give you about what we've discussed so far?*

Target answer: *everyone had different words, some positive and some negative, we could express the first thought that comes to our mind in some cases but we had better think twice in others or else we'd get into trouble, etc.*

Note: Run this activity very quickly (3 minutes).

PG p. II-16.

Show Slide II-20.

What Creates More Deliberate Behavior?

- Doubt about one's attitudes can be a motive to deliberate one's behavior.
- Situations that provide the opportunity to deliberate (and avoid spontaneous/automatic response to underlying attitudes).

Motivation + Opportunity = Deliberate Response

NATIONAL ALLIANCE FOR HIV/AIDS CARE

Review the bullets on the slide.



Encourage a group discussion by **asking**:

- *So what makes us have more deliberate, thoughtful behaviors?*
- *How can we encourage ourselves and others to think about the costs and benefits before acting?*

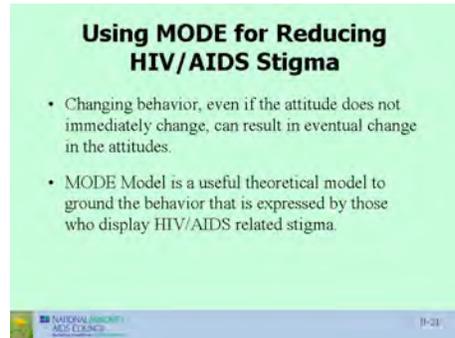
Note: Again, link this back to the three components of the Two Factor theory discussed in Module I.

What Helps Bring About More Deliberate Behavior?

If an individual is unsure of his or her own attitudes—or is concerned that they could lead to the wrong behavior, then this creates a motivation for deliberation. Motivation to deliberate, however, is insufficient; there must also be the opportunity to do so. Therefore, situations in which an individual must respond quickly, or which do not provide a chance to deliberate, may lead a person to behave based on a spontaneous (or automatic) response to underlying attitudes.



Show Slide II-21.



Say: *According to Fazio, if we are to be successful in changing behaviors and their underlying attitudes about HIV/AIDS, we have to ensure that the interventions we create are tailored both to creating the motivation to deliberate and the opportunity to do so.*



Ask: *Can you think of an example?*

(Note: Provide your own example, if necessary.)

Conduct a quick activity (IF you are running on time) to highlight behavior change (e.g., ask them to clasp their fingers together – like in prayer – and then ask them to do it again but lead with the opposite index finger; ask them to write their name with their non-dominant hand).

Ask: How did that feel? We're you able to do it?

Solicit responses.

Using MODE for Reducing HIV/AIDS Stigma

Changing behavior, therefore, even if the attitude does not immediately change, can result in eventual change in the attitudes. This model is relevant to efforts to address HIV/AIDS stigma because it highlights two processes by which attitudes influence behavior. It also suggests that to appropriately respond to HIV/AIDS stigma, it is necessary to understand that both processes occur. If stigma interventions are predicated on **achieving a reasoned response to underlying attitudes**, then interventions must be tailored both to creating the motivation and to providing an opportunity for deliberation.

For example, if a stigma intervention is seeking to respond to the fear of some health care workers of treating people with HIV, then the intervention must create the motivation for deliberation (such as challenging preconceived notions about the risks associated with treating people with HIV), and it must create the opportunity (both by creating a setting where health care workers can deliberate before taking action, as well as by providing new information to assist with the deliberation).

Similarly, the model suggests that if the goal of a stigma intervention is to change spontaneous responses then interventions must focus on changing how people perceive a situation. In other research, Fazio and others found that subjects who have been induced to express their attitudes repeatedly are capable of responding relatively quickly about direct inquiries about their attitudes. This suggests that stigma interventions that lead individuals to repeatedly interact with people living with HIV/AIDS in a positive way, for example, may lead them to automatically respond positively to unexpected interactions with people with HIV.

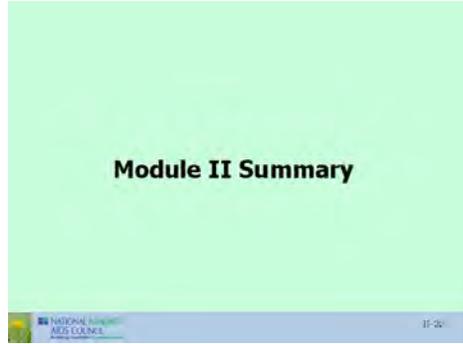
Therefore, the MODE model highlights the need for stigma interventions to focus both on addressing behaviors based on automatic (or spontaneous) reactions to situations, as well as behavior based on more deliberative processes.

Say: *That's just a quick example to show you that you can change. If I had asked you to do it 5 more times, it would more likely become easier for you as you practice.*

Transition: We will be spending more time in Module IV discussing how to reduce stigma.

Module II Summary

(Time: 2 minutes)

<p>Show Slide II-22.</p>  <p>Summarize Module II</p> <p>Say: <i>Let's take a quick look back at the objectives for this module to make sure we've accomplished them.</i></p> <p>Tell the participants to turn back to PG p. II-2.</p> <p>Review each objective by asking if it was accomplished and by asking for volunteers to recall/state key points/ideas on that topic.</p>	<p>HIV/AIDS is associated with negative attitudes throughout society, stemming from the portrayal of the disease in its early days and reinforced by continuing misperceptions and misinformation about the causes, transmission, and prevalence of HIV/AIDS. By understanding the origins and prevalence of HIV/AIDS stigma in society, we can begin to understand the problem we face. When we grasp the depth and breadth of the stigmatizing attitudes that impact those infected and others associated with them, we can better create better strategies for reducing or reversing them.</p> <p>Social scientists have identified the three key ways in which HIV/AIDS related stigma is displayed in society:</p> <ul style="list-style-type: none"> ▪ Instrumental, ▪ Symbolic, and ▪ Courtesy stigma. <p>Stigma is expressed on several levels –</p> <ul style="list-style-type: none"> ▪ In the community, ▪ On a familial level, and ▪ On an individual level. <p>One particular model, the MODE Model, may provide a clue into on how individuals process stigmatizing attitudes. This can be useful as we explore specific strategies to reverse these stigmatizing attitudes by attacking behaviors first and understanding that attitudes may then change to follow the changed behaviors.</p>
<p>Transition: <i>Let's take a lunch break – you have 1 hour to get lunch on your own. When you return, we'll begin Module III and discuss HIV/AIDS stigma's impact on access to care.</i></p>	

Module III: Impact of HIV/AIDS Stigma on Access to Care

Time: 1 hour and 15 minutes

The focus of Module III is on access to care. In this module, we identify how HIV/AIDS stigma impacts testing, counseling, and disclosure for the different minority populations.

Discrimination is a disease.

~ Roger Staubach

*Most recently my battle has been against AIDS
and the discrimination surrounding it.*

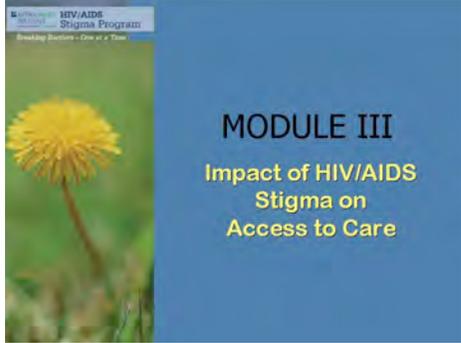
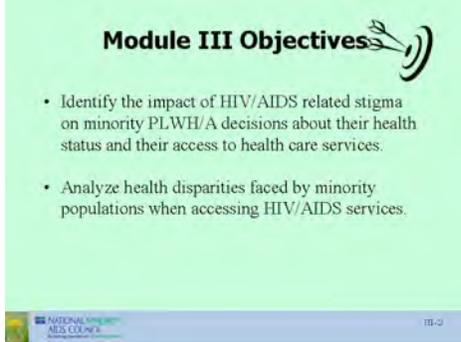
~ Ryan White

*Being infected with, and living with, HIV should be
no different from living with any other long term,
life threatening medical condition... Any chronic health
problems can contribute to social exclusion, but HIV can
cause particular difficulties due to the prejudice and,
frequently ignorance with which those of us
who have the virus are too often treated.*

~ Nick Partridge

Module III Overview

(Time: 2 minutes)

<p>Show Slide III-1.</p>  <p>Introduce Module III:</p> <p><i>So far today, we have learned to define HIV/AIDS stigma, to recognize the problem’s origins, and looked at how it manifests itself in society.</i></p> <p><i>We are now ready to study the impact that HIV/AIDS stigma has on the access to care for PLWH/A.</i></p>	
<p>PG III-2.</p> <p>Show Slide III-2.</p>  <p>Review the module objectives.</p>	<p>Module III Objectives</p> <ul style="list-style-type: none"> • Identify the impact of HIV/AIDS related stigma on minority PLWH/A decisions about their health status and their access to health care services. • Analyze health disparities faced by minority populations when accessing HIV/AIDS services.

Show Slide III-3.



Say: We often talk about stigma as something that others do to the stigmatized individuals. However, stigma can also be internal – self-stigmatization.

Animate slide.

Say: Think about a time when you’ve done negative self-talk – like “I’m going to fail this test” or “I’m having a bad hair day” or “I can never do anything right” – most people engage in this type of talk on a daily or weekly basis. AND, it may affect the outcome of their actions and/or day. But when PLWH/A engages in self-stigmatization – the impact can be more severe.

Animate slide.

Self-Stigmatization

Self-stigmatization is the shame that PLWH/A experience when they internalize negative reactions of others.

This type of internal stigma, may lead to:

- depression
- withdrawal
- feelings of worthlessness
- isolation of the person
- negatively impact his/her ability to access critical services

(Parker and Aggleton, 2002)

HIV/AIDS Stigma as a Barrier to Care and Services

(Time: 35 minutes)

Show Slide III-4.



Say: Let's look at the three key ways that HIV/AIDS stigma acts as a barrier to care and services:

1. *It hinders people from seeking testing and counseling (in a timely manner or at all);*
2. *It hampers PLWH/A from sharing their status with loved ones and others around them, and*
3. *It impedes their ability or willingness to seek and access care once they are diagnosed.*

Say: We are going to look at each of these situations by asking "So What" questions, such as:

- *Why is it a problem?*
- *What are the outcomes?*

HIV/AIDS Stigma as a Barrier to Services

According to the Institute of Medicine (IOM), HIV/AIDS stigma and discrimination present serious implications for prevention efforts for those most at risk. These implications include the inhibition of testing and counseling efforts, delay in health care seeking behavior by PLWH/A, and their unwillingness to disclose their **seropositive status** to loved ones.

Individuals at risk and/or those living with the HIV virus often may not benefit from preventive or supportive efforts because they are afraid of being ostracized and rejected (Herek et. al., 1998).

<p>PG p. III-3.</p> <p>Say: <i>Before we look at each of these situations, let's make sure we all understand what the term "seropositive" means. See page III-3 in your manual. Seropositive is showing a positive reaction to a test on blood serum for a disease. In this case, showing a positive reaction to blood test for antibodies directed against the HIV virus.</i></p>	<p>Se·ro·pos·i·tive</p> <p><i>adj.</i> Showing a positive reaction to a test on blood serum for a disease. In this case, showing a positive reaction to blood test for antibodies directed against the HIV virus.</p> <p><i>Also see:</i></p> <p>Se·ro·sta·tus</p> <p><i>n.</i> The condition of having or not having detectable antibodies to a microbe in the blood as a result of infection. One may have either a positive or negative serostatus.</p>
<p>Show Slide III-5.</p> <div data-bbox="207 951 664 1293" style="background-color: #e0ffe0; padding: 10px;"> <p>Activity 1: What are the Outcomes of HIV/AIDS Stigma?</p> <p>Individual brainstorm:</p> <ul style="list-style-type: none"> • Consider the three areas that HIV/AIDS stigma impacts: <ul style="list-style-type: none"> ✓ Testing and counseling seeking behavior ✓ Disclosure of seropositive status ✓ Access to care • Answer: "What are the outcomes/results of each of the above situations?" • Record ideas on the Outcomes Worksheet (page #) • <i>Time = 6 minutes</i> <p><small>NATIONAL INSTITUTE ON DRUG ABUSE NIDA NATIONAL HIV/AIDS COORDINATING CENTER NACCC III-5</small></p> </div> <p>Ask the participants to turn to page III-4 in the PG.</p> <div data-bbox="199 1451 339 1598" style="float: left; margin-right: 10px;"> </div> <p>State the goal of the activity:</p> <p><i>Before we begin to look at the impact of HIV/AIDS stigma on use of and access to health care, I want to give you some time on your own to consider the impact of the issues we just mentioned in the previous slide.</i></p>	<p><i>Activity 1</i></p>

Review the directions on the slide.

Walk through one example before you have them complete the activity on their own. You may use this example, or one of your own:

- *Testing/counseling outcome
-> Do not get tested ->
if/when they finally do test,
they have less treatment
options.*

Ask if there are any questions before they begin the activity.

Give them a one-minute warning, and then **call time** when 6 minutes have passed.

Activity 1

What are the Outcomes of HIV/AIDS Stigma on Accessing Health Care Services?

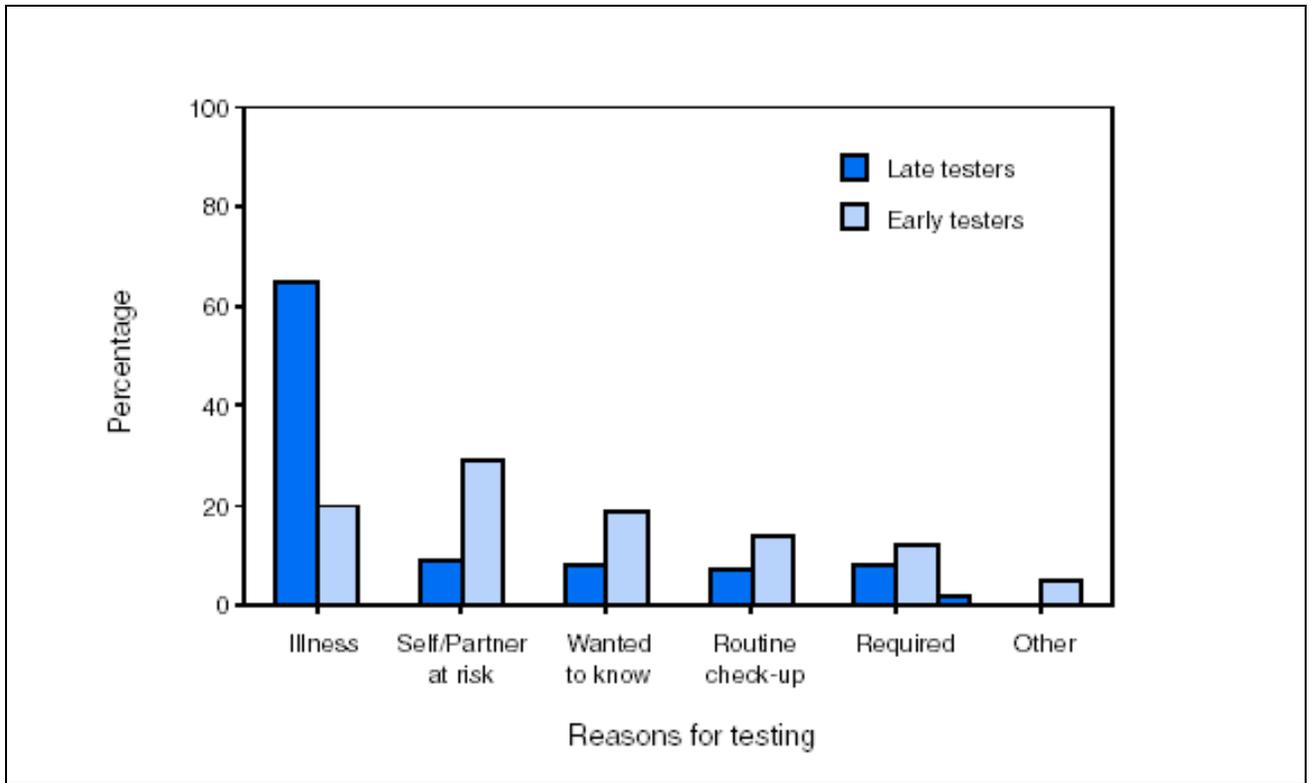
Directions: Work on your own to brainstorm the outcomes (results) for each health care situation (listed below) that is impacted by HIV/AIDS stigma.

- Testing and counseling behavior outcomes:

- Disclosure of seropositive status outcomes:

- Access to care outcomes:

<p>Tell the participants that we will debrief their ideas as we discuss each of the situations that impact care and services.</p>	
<p>PG p. III-5.</p> <p> Ask: <i>who can define what we mean by late testers vs. early testers.</i></p> <p>Show Slide III-6.</p> <div data-bbox="185 758 646 1104" style="background-color: #e0ffe0; padding: 10px;"> <p>Demographics of 'Late Testers'</p> <ul style="list-style-type: none"> • Black or Hispanic • Between the ages of 18-29 • Exposed through heterosexual contact • Have attained high school education or less • Seek testing and counseling due to illness related to HIV <p style="font-size: small; margin-top: 5px;">MEDICAL ADVISORY AIDS COUNCIL III-6</p> </div> <p>Explain that the studies show that late testers were more likely to be:</p> <ul style="list-style-type: none"> • young (so less aware of their own mortality), • not engaging in high-risk activities (so didn't perceive themselves at risk), and • motivated to get tested because they had symptoms (so it was already in motion). <p>Say: <i>On the other hand, early testers were different in that they DID perceive themselves as at-risk or they were more proactive and wanted to know their status.</i></p>	<p><i>HIV/AIDS Stigma as a Barrier to Testing and Counseling</i></p> <p>In 1985, a test was developed to detect the presence of HIV antibodies. However, at the time the test became available, treatment for HIV was not available and negative societal sentiments towards those living with the HIV virus decreased the significance of testing (Kaiser Family Foundation Report: Americans' Knowledge and Information, 2001). Today, HIV testing serves as an excellent opportunity for individuals to benefit not only from the test results but also as a form of preventive effort.</p> <p>Reasons for Delaying Testing</p> <p>In June 2003, the CDC's Morbidity and Mortality Weekly Report described a study conducted in 16 metropolitan areas in the United States to compare the characteristics between 'early HIV testers' versus 'late HIV testers'. Early HIV testers were defined as those individuals who tested five years or more before being diagnosed with AIDS (advanced HIV). Late HIV testers were defined as those individuals who received an AIDS diagnosis less than one year after testing positive for the virus.</p> <p>Early testers were much more likely than late testers to get tested because of self-perceived risk or because they wanted to know their HIV status. (MMWR, 2003; see figure.)</p> <p>Demographics of 'Late Testers':</p> <ul style="list-style-type: none"> • Black or Hispanic • Between the ages of 18-29 • Exposed through heterosexual contact • Have attained high school education or less, • Seek testing and counseling due to illness related to HIV.



Show Slide III-7.

1. Impact on Testing & Counseling

The decision to test is impacted by:

- Stigma (concerns that others may think less of us)
- The manner in which HIV/AIDS testing and counseling is perceived by others

Say: *The decision to get tested is impacted by stigma and by the manner in which HIV/AIDS testing and counseling is perceived by others. Let's quickly look at some data on this.*

Show Slide III-8.

Concern about HIV/AIDS Stigma

"If you were tested for HIV/AIDS, how concerned would you be that people would think less of you if they found out you had been tested?"

> 46% expressed some level of concern

Level of Concern	Percentage
Not concerned	53%
Very concerned	10%
Somewhat concerned	14%
Concerned	13%
Refused	15%

Say: *In terms of the concern that people will think less of them if they discovered they'd been tested – the study illustrated **46%** of the respondents had some level of concern.*

Report Depicts Stigma Concerns' Effect on Testing Decisions

The Kaiser Health Report November/December 2002 edition reported that HIV/AIDS stigma was a concern that directly impacted the decision to get tested for the virus, whether the result was negative or positive. In a representative survey in August 2000, individuals were asked:

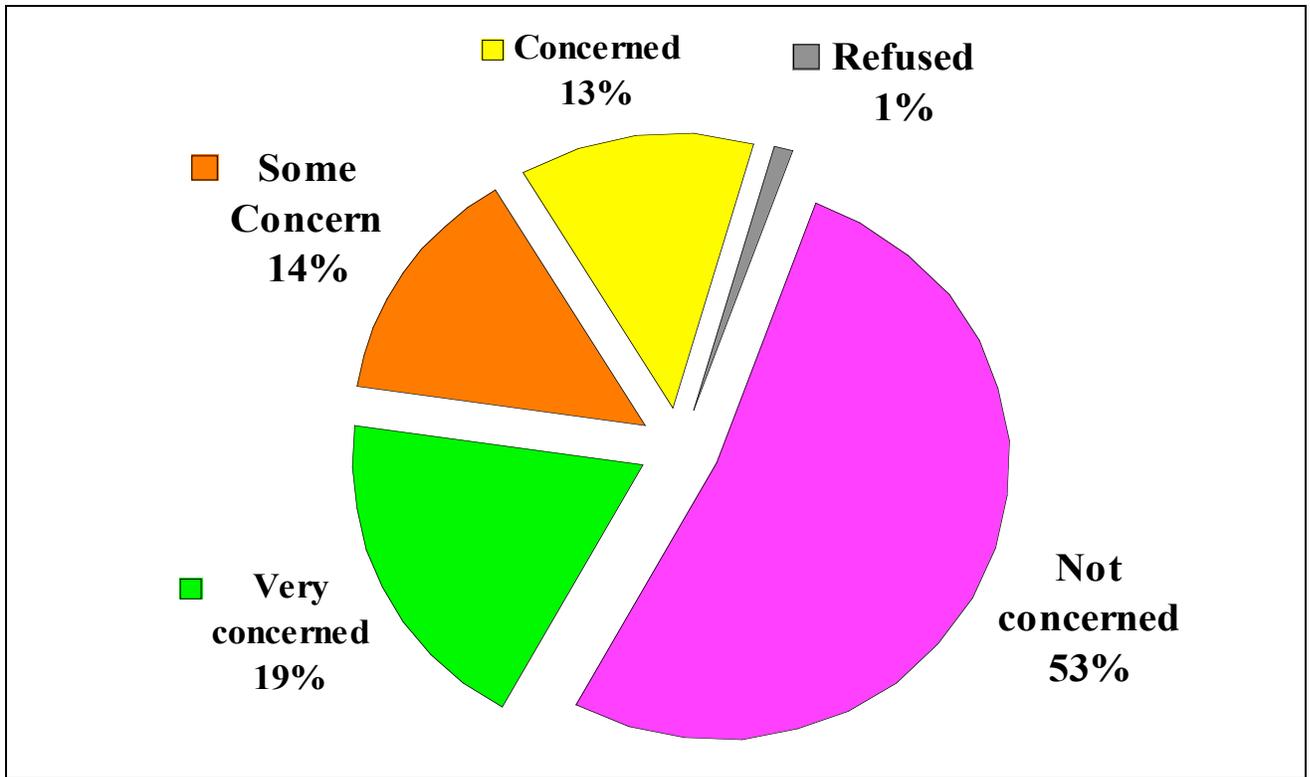
“How concerned would you be if someone close to you found out you were tested for the HIV virus?”

- 33% of respondents reported feeling either “somewhat” or “very concerned”
- 13% reported feeling “not too concerned” but registered a concern related to others close to them knowing they had been tested for the virus

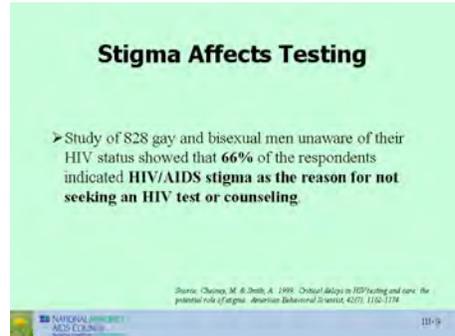
(KFF, report 2002).

“If you were tested for HIV, how concerned would you be that people would think less of you if they found out you had been tested?”

- 46% of respondents expressed some level of concern
- 13% concerned;
- 14% somewhat concerned, and
- 19% very concerned.



Show Slide III-9.



Say: *Individuals who perceive greater amounts of HIV/AIDS stigma are less likely to get tested. This study showed 66% of the respondents indicated HIV/AIDS stigma as the reason for not seeking an HIV/AIDS test or counseling.*

Explain that all of these studies build the strong case that people do perceive stigma, and that the stigma definitely impacts their decision to delay or avoid getting tested so they can avoid being ‘branded.’

Say: *so now let’s ask our “So What” question:*



Ask: *Why is it a problem that stigma delays testing?*

Show Slide III-10 for answer.

Stigma a Factor in Testing Delays, Test Choices, and Test Refusal

HIV/AIDS related stigma has been shown to delay testing and counseling seeking behavior by individuals who perceive a high level of stigma directed at those who are positive or are perceived to be positive in our society. If these people belong to a group deemed as “high-risk” by society, and perceive the societal stigma, they may delay or altogether avoid HIV testing and counseling services (Chesney and Smith, 1999).

- In a study that surveyed 828 men, self-identified as either homosexual or bisexual from two cities in the United States, two-thirds reported **HIV related stigma as the reason for the delay in testing and counseling for HIV.**
- **Stigmatization also influences the type of HIV test an individual chooses.** Those individuals who report engaging in risk behavior activities report opting for **an anonymous test rather than a confidential test.** This was directly related to their concern that their names would be associated with the test results when released to public health authorities and their fear of being branded as a result.
- **People who refused an HIV test** when one was offered were five to eight times **more likely to test positive** than those who agreed to test.
- **Fear of stigmatization was the primary reason for not seeking HIV testing** and counseling among 512 gay and bisexual men who participated in a study. Their belief that HIV testing is associated with at-risk populations and their perception of the negative beliefs and attitudes that are directed at those who are living with the HIV virus were driving their concerns.

<p>Delayed Testing is Dangerous</p> <p>Study shows link between stigma-driven delayed/refused testing and positive serostatus.</p> <p>➤ Individuals who refused an HIV test when one was offered were 5 to 8 times more likely to test positive than those who agreed to testing.</p> <p><small>Source: Charney, M. & Smith, A. 1999. Critical delays in HIV testing and care: the potential role of stigma. <i>American Behavioral Scientist</i>, 42(7), 1150-1174.</small></p> <p><small>NATIONAL INSTITUTE ON DRUG ABUSE NIDA National Institutes of Health</small></p>	<p>More Knowledge and a Supportive Testing Environment Improve Testing Choices</p> <p>Infected people are less likely to seek HIV testing in environments where they perceive workers to be judgmental about their sexual and drug use behaviors (Valdiserri, 2002). In order to seek testing and counseling services, Valdiserri found, infected individuals must first:</p> <ul style="list-style-type: none"> • Be knowledgeable about HIV/AIDS and how the virus is transmitted; • Feel they are at risk for contracting the virus; • Have some knowledge of what the testing and counseling procedure entails; • Have knowledge about where to get tested; and • Not perceive stigma.
<p>Say: <i>one of the reasons is that delayed testing is dangerous.</i></p> <p>Notes:</p> <ul style="list-style-type: none"> • At the end of presenting the information on each item that stigma impact, you want to ask the participants to help look at the outcomes of the issue. They can use their ideas from Activity 1 and other ideas as you are gathering information here. • You will want to use newsprint to capture this information (you can use a linear approach – a list – or a graphical approach – a bubble map. Both options are shown below. • The list of ‘outcomes’ below should not be considered the ‘right’ answer. You should refer to these if participants get stuck or they miss some of these key points. 	
<p> Ask: <i>Why else could this be a problem? What are some of the potential outcomes?</i></p>	

Tell the participants to turn back to their Activity 1 Worksheets.



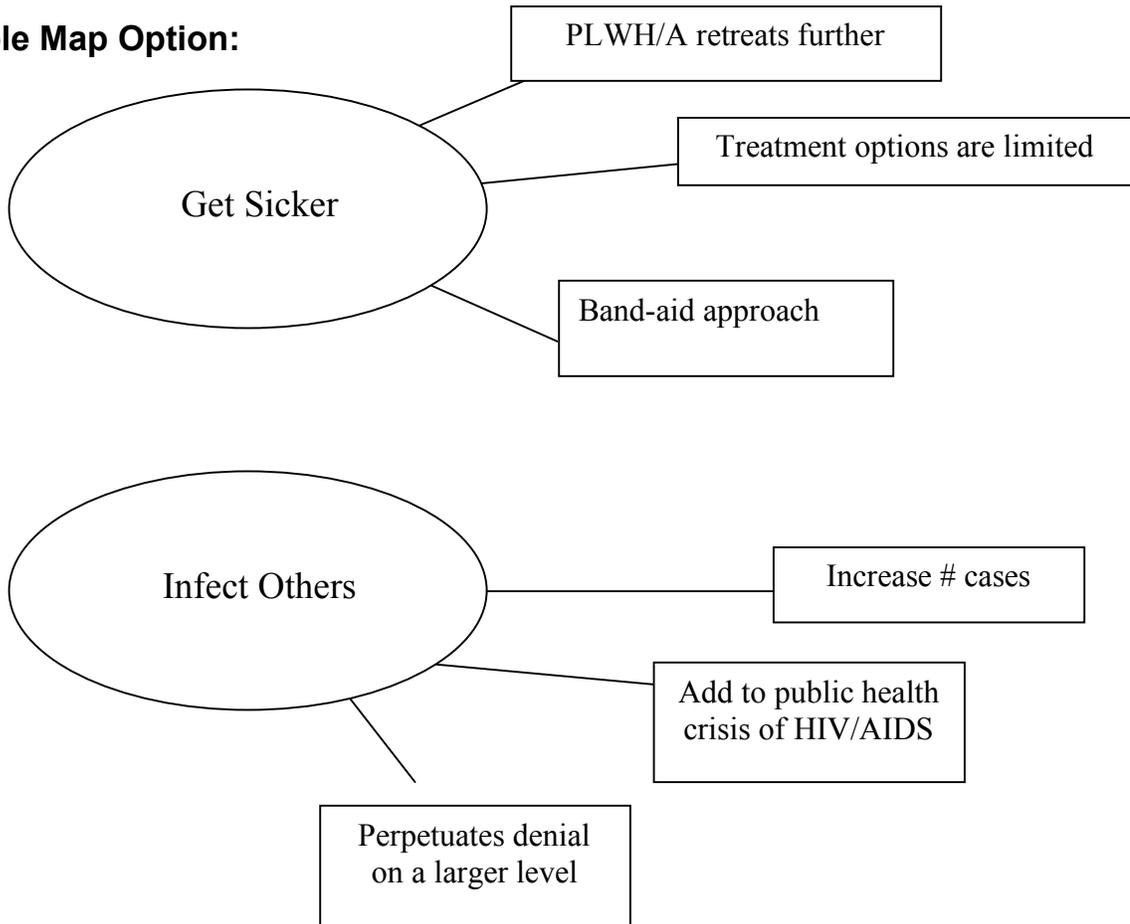
Capture the outcomes and issues on newsprint as a bubble map or listing (see examples below).

Avoiding or Delaying Testing/Counseling Outcomes:

List Option:

Options	➔	Outcomes
Get sicker <i>(or by the time you test, you have AIDS)</i>	➔	PLWH/A retreats further (doesn't seek help) Treatment options become limited Causes a band-aid approach; increases # of deaths
Infect others	➔	Increases the number of cases Adds to the public health crisis of HIV/AIDS Perpetuates denial on a larger level

Bubble Map Option:



Say: *There are ideas in your manual about how to encourage folks to get tested. You might want to flag this page to go back to later when you work on your action plan in Module V.*

Transition: *The second area that stigma impedes is disclosure of serostatus.*

Show Slide III-11.

2. Impact on Disclosure of Serostatus

- Disclosure of HIV positive status is associated with level of comfort within one's environment.
- Disclosure tied to perceptions of the risks associated with the disclosure.
- The more accepting, caring, and nonjudgmental a social network is towards HIV, the more likely it is for individuals to disclose their status.

NATIONAL ACADEMY OF SCIENCES III-11

Say: *For PLWH/A to decide to disclose to those around them, they must feel comfortable doing so. The more accepting, caring, and nonjudgmental their environment is, the more likely they are to tell others about their status.*

? **Ask:** *What do you think are some of the main reasons for choosing NOT to disclose positive serostatus?*

Solicit responses, and then **show** Slide III-12 for answer.

Common Reasons for Not Disclosing HIV-Positive Status

- Fear of rejection
- Fear of being ostracized by family/friends
- Fear of loss of employment
- Fear of physical violence

Source: Chesney M, & Smith A, 1999. Critical delays in HIV testing and care: The potential role of stigma. *American Behavioral Scientist*, 42(2), 116-119.

NATIONAL ACADEMY OF SCIENCES III-12

Say: *The Chesney and Smith study found these key reasons.*

Barriers to Disclosure of Seropositive Status

The decision to reveal one's HIV-positive status to others greatly depends on how comfortable the person feels within his or her environment. It depends on the person's perception of the risk associated with such disclosure. The more accepting, caring and nonjudgmental a social network is towards HIV/AIDS, the more likely it is for individuals to

Some of the key reasons that HIV-positive people have given for not disclosing their status were:

- Fear of rejection
- Fear of being ostracized by family and friends
- Fear of loss of employment
- Fear of physical violence

(Chesney and Smith, 1999)

- _____
- _____

disclose his or her HIV/AIDS status.



Ask: *What are some of the potential outcomes of disclosure?*

Tell the participants to turn back to their Activity 1 Worksheets.



Capture the outcomes and issues on newsprint as a bubble map or listing (see below).

Disclosure Outcomes:

<p>Options <i>Don't disclose</i></p>	<p>➔</p>	<p>Outcomes Includes the same outcomes that were a result of not getting testing:</p> <ul style="list-style-type: none"> • Increases the number of cases • PLWH/A retreats further (doesn't seek help) • Treatment options become limited • Causes a band-aid approach; increases # of deaths • Adds to the public health crisis of HIV/AIDS • Perpetuates denial on a larger level <p>Impact on level of support family can give (can't help if they don't know) Decreasing resources available (health care professionals can't provide care if they don't know) Lead dual lives</p>
<p><i>Disclose</i></p>	<p>➔</p>	<p>More isolation Less likely to get care Increased stress Possible domestic violence Possible job loss, health care loss, etc. Adds to the public health crisis of HIV/AIDS</p>

Transition: Now let's look at the final impact of stigma – it affects access to care.

Show Slide III-13.

3. Impact on Access to Care

- Once diagnosed, individuals who are concerned about being stigmatized are more likely to delay care and/or not to adhere to care.
- As the disease progresses, individuals tend to retreat and isolate themselves.
- Denial of serostatus can also cause delayed care.
- Health care providers may exacerbate avoidance of care.

Source: Chesney, M. & Smith, A. 1999. Critical delays in HIV testing and care: the potential role of stigma. *American Behavioral Scientist*, 42(5), 1162-1174.

NATIONAL ADVISORY AIDS PANEL ID-13

Say: *Once people finally DO get tested and are diagnosed as having HIV, it is a whole new barrier to get them to access care and/or to adhere to care because of their concerns about stigma.*



Ask: *Why do you think that this occurs?*

Targeted answers:

- fear of being discriminated against
- fear of being shunned or ostracized
- fear of losing job or losing housing

Animate slide.

Say: *What’s worse, the more symptoms they present, the more likely they are to retreat instead of seeking help.*

Animate slide.

Say: *Avoidance strategies such as denial of serostatus – which we will talk about in one minute*

HIV/AIDS as a Barrier to Health-Care Access and Quality of Care

HIV/AIDS related stigma has also served as a barrier to accessing health care services. Once tested and diagnosed as having HIV, individuals who are concerned about being stigmatized as a consequence of being diagnosed are more likely to delay care and/or not to adhere to care.

In San Francisco, a study concluded that HIV/AIDS related stigma was a factor for individuals who delayed accessing care for HIV/AIDS. This study found an association between the time an individual was diagnosed with HIV/AIDS and delay in care. It concluded that the time lapse between diagnosis and access to care was caused by “avoidant behavior.” That is, the infected person worried about the negative consequences that may result from an HIV/AIDS diagnosis and therefore avoided seeking care.

In addition, this study found that as the disease progressed and its symptoms were experienced, individuals tended to retreat and isolate themselves from the population for fear of rejection (Chesney and Smith, 1999).

Stigmatizing Attitudes Displayed by Health Care Providers May Also Contribute to Avoidance of Care by Those Infected

To exacerbate the conditions that inhibit access to care, health care providers themselves have been found to be reluctant to work with PLWH/A. PLWH/A may sense this reluctance and become reluctant themselves to seek care.

- 87% of physicians and nurses reported experiencing more anxiety when treating an HIV/AIDS patient as opposed to other patients.
- Physicians and nurses viewed HIV/AIDS patients as more responsible for their illness.
- Physicians and nurses reported a preference for treating those who contracted the HIV virus through transfusion.

– can also cause a delay in accessing care.

Animate slide.

Say: Finally, the actions health care providers take may negatively impact PLWH/A in getting care because they are uncertain of how they will be treated. On page # in your manuals you can find more details on why this may occur.

Say: So now let’s ask our “So What” question about this cause.



Ask: Why is it a problem that stigma negatively impacts access to care? What are some of the potential outcomes?

Negative Impact on Access to Care Outcomes:

Options

Don’t seek care



Outcomes

- Affects larger structures: family, community, income, etc.
Includes the same outcomes that were a result of not getting testing:
- Increases the number of cases
 - PLWH/A retreats further (doesn’t seek help)
 - Treatment options become limited
 - Causes a band-aid approach; increases # of deaths
 - Adds to the public health crisis of HIV/AIDS
 - Perpetuates denial on a larger level

Break?	
<p>Show Slide III-14.</p>  <p>Say: <i>We have just discussed the three main ways that stigma impacts access to care. Now we are going to get some of the facts about how it specifically impacts different minority populations.</i></p>	

Health Disparities Faced by Minority Populations in Accessing HIV/AIDS Services

(Time: 30 minutes)

	<p>Impact on Racial and Ethnic Minorities</p> <p>The Center for Disease Control and Prevention reported that approximately one million people are currently estimated to be living with HIV in the United States. As of December 2004, an estimated 944,306 persons in the U.S. had had been diagnosed with AIDS, and of these, 56% had died.</p> <p>The number of AIDS cases increased each year from 1985 through 1993. The 1993 expansion of the AIDS case definition resulted in an increase in the number of AIDS cases reported. In 1996, the introduction and widespread use of antiretroviral therapies, which slow the progression of HIV virus to AIDS, resulted in a decline in AIDS incidence.</p> <p>Among minorities, the proportion of AIDS cases has remained stable for the past several years; but the number of AIDS cases continues to increase. In 2004, an estimated 30,318 AIDS cases were diagnosed among minority racial/ethnic groups. These cases accounted for more than 71% of all AIDS cases diagnosed in 2004 in the United States.</p> <p>By 2002, an estimated 38%-44% of all adults in the United States had been tested for HIV; 16-22 million persons aged 18-64 years are tested annually for HIV. Yet at the end of 2003, an estimated one quarter (252,000-312,000 persons) of the people living with AIDS in the U.S. were unaware of their infection and therefore unable to benefit from clinical care to reduce morbidity and mortality. A number of these persons are likely to have transmitted HIV/AIDS unknowingly.</p> <p>The proportional distribution of AIDS diagnoses among racial/ethnic groups has changed since the beginning of the HIV/AIDS epidemic. The proportion of AIDS diagnoses among non-Hispanic whites has decreased while the proportions among non-Hispanic blacks and Hispanics have increased. The proportion of AIDS diagnoses among Asians/Pacific Islanders and American Indians/Alaska Natives has remained relatively constant, at approximately 1% of all cases.</p>
--	--

Show **Slide III-15.**



Note: if there is specific information that you have about a population in your community, you may want to share that information as part of the debrief.

Debrief the activity by asking the participants to:

- Share their “ah-ha’s,” insights, concerns about the data.
- Share their responses to the questions on Worksheet 2 (IF they chose to answer those questions).

Note: IF participants ask for the data, get their contact information and email them the slides.

Note to Facilitator: There are approximately eight pages of text related to the data on the different minority populations. For a variety of reasons, we chose not to insert it here. If you want to look over this information see pages III-10 through III-18 in the Participant Guide.

PG p. III-19.

Show **Slide III-16.**



Say: *Having access to care does not guarantee quality of care for minority community members.*

Show **Slide III-17.**



Say: *In fact, a Institute of Medicine report – “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” – found that when minorities – who generally have worse access to care – finally do access it, they tend to receive inferior quality care.*

Quality of Care for Minority Populations

Having access to care does not guarantee equal quality of care for minority populations. While minorities access HIV/AIDS care at a lower a rate than their white counterparts, once they are in care, they tend to receive lower quality of care too.

According to Shapiro, et al., (1999) racial and ethnic minorities are:

- Less likely to receive combination therapy
- Less likely to receive drugs to address opportunistic infections
- Less likely to be admitted to the hospital when presented to the emergency department
- Less frequently monitored by a health care provider on a regular basis



Show **Slide III-18**.

Racial/Ethnic Minorities Are Less Likely to...

- Be monitored by a health care provider on a regular basis
- Receive combination therapy
- Receive drugs to address opportunistic infections
- Be admitted to the hospital when presented to the emergency department

Source: Shapiro, et al., 1999. Variations in the Care of HIV-Infected Adults in the US. JAMA, 281:2436-2441

NATIONAL HIV/AIDS AIDS COUNCIL III-18

Say: *Minorities tend to be less likely to receive many forms of treatment that are available to their white counterparts.*



Ask yourself: *Are you providing a lower quality of care to the minority populations in your community?*

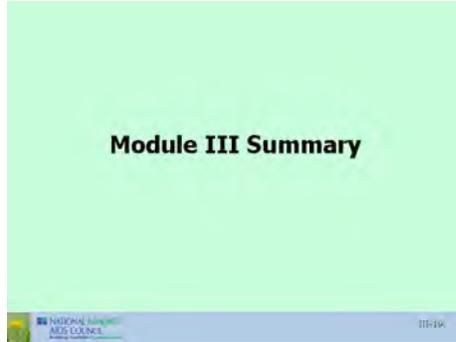
Say: *In Module IV, we will be looking at how we as providers can help reduce the stigma faced by PLWH/A in our communities.*

Transition: *Before we move to Module IV, however, let's summarize this module.*

Module III Summary

(Time: 23 minutes)

Show Slide III-19.



Summarize Module III

Say: *Let's take a quick look back at the objectives for this module to make sure we've accomplished them.*

Tell them to turn back to PG p. III-2.

Review each objective by asking if it was accomplished and by asking for volunteers to recall/state key points/ideas on that topic.

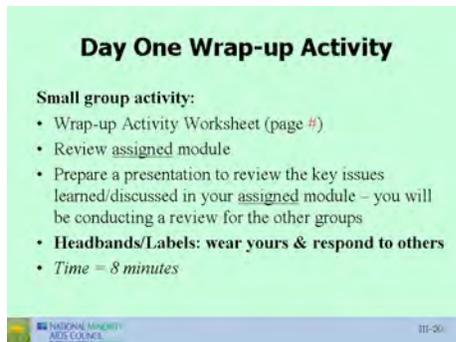
HIV/AIDS stigma negatively impacts:

- testing and counseling seeking behavior,
- disclosure of HIV serostatus to others, and
- access to care

Minority populations are:

- more likely to experience higher incidence of HIV/AIDS,
- less likely to access care, and
- apt to receive lower quality care services.

Show Slide III-20.



Ask the participants to turn to page III-21 in the PG.



Wrap-up Activity

<p>State the goal of the activity:</p> <p>In this final activity, we will look back at what we learned <u>and</u> experienced today.</p> <p>Set up:</p> <p>Divide the participants into <u>three groups</u>, and assign each group <u>one module</u> to review. You will also need to distribute the appropriate number of prepared headbands/labels to each group.</p> <p>Tell the participants to take one headband WITHOUT LOOKING AT WHAT IT SAYS and tape it onto their forehead or just below their neck.</p> <p>Review the directions on the slide.</p> <p>Tell the participants that before they begin the activity, they should read their peers headbands so that they know how to work/interact with their group members as they work on their assignment.</p> <p>Give them a one-minute warning, and then call time when 8 minutes have passed.</p> <p>Note: Call time after 8 minutes, even if the task is not complete. IF you see lots of frustration or other behaviors that concern you, you may choose to run this activity in less time (i.e., 5 min.).</p>	
--	--

Wrap-up Activity Day One Wrap-up

Directions: Work with your group to review your assigned module and prepare a presentation to provide a review of that module for the other groups.

- Key Issues Learned/Discussed in Module I:

- Key Issues Learned/Discussed in Module II:

- Key Issues Learned/Discussed in Module III:

<p>Debrief the activity by asking:</p> <ul style="list-style-type: none">• <i>What happened when you tried to accomplish your task?</i>• <i>How did you feel about treating people with these labels? Did it get easier over time? Why or why not?</i>• <i>What implications does this have for us back in our communities?</i>	
<p>Transition: <i>Thank you for all your hard work, energy, and participation today! We will start promptly at _____ am tomorrow. We will begin our second day with Module IV, where we will focus on strategies we can take to reduce and/or overcome HIV/AIDS stigma. Good night!</i></p>	

Day One Lunch Activity: Data Walkabout

Time: 15 minutes

Note: this activity is scheduled to run for 10 to 15 minutes during the lunch break. You should tell the participants that you will be adding 15 minutes to lunch so that they have time to complete this activity.

Show Slide D1L-1.

Data 'Walkabout' Activity

Part 1: Individual activity

- Grab page D1L-1 and a pen(cil) and get ready to walk!
- Review the data/charts posted throughout the room:
 - Reflect on the implications for your community
 - Talk with others at that chart
 - Consider the questions on the worksheet
- Review/answer the questions on the worksheet
- *Time = 10-15 minutes*

Part 2: Large group discussion

- Share your “ah-ha’s,” insights, concerns about the data

NATIONAL MINORITY AIDS COUNCIL D1L-1

Ask the participants to turn to page D1L-1 in the PG.



State the goal of the activity:

There is a lot of data available on this topic. I'd like to give you a chance to look over the data on your own, and consider what this means within your community.

<p>Review the directions on the slide.</p> <p>Ask what questions there are before they begin the activity.</p> <p>Tell the participants that you will be discussing this activity later in Module III, rather than immediately after lunch.</p>	
--	--

Module IV: Strategies for Reducing HIV/AIDS Stigma

Time: 3 hours (3 hrs and 35 minutes with optional activity)

This module begins to move the participants to action by identifying ways of reducing HIV/AIDS stigma, as well as evaluating interventions for the different minority groups affected by HIV/AIDS. Obstacles to and solutions for overcoming stigma, and strategies for building support for PWLH/A are also addressed.

*From what we get, we can make a living;
what we give, however, makes a life.*

~ Arthur Ashe

*We are each burdened with prejudice; against the
poor or rich, the smart or slow, the gaunt or obese.
It is natural to develop prejudices. It is noble to
rise above them.*

~ Unknown

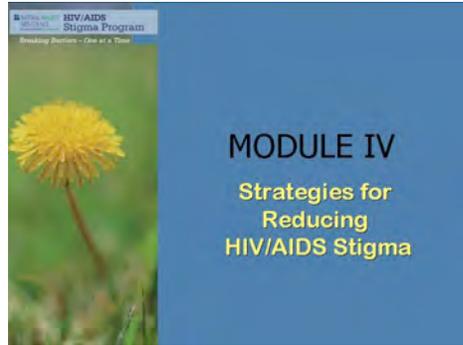
It is never too late to give up our prejudices.

~ Henry David Thoreau

Module IV Overview

(Time: 40 minutes)

Show Slide IV-1.



Welcome participants back

Ask: *Are there any questions (or comments) from yesterday that we should address before we move on to Module IV?*

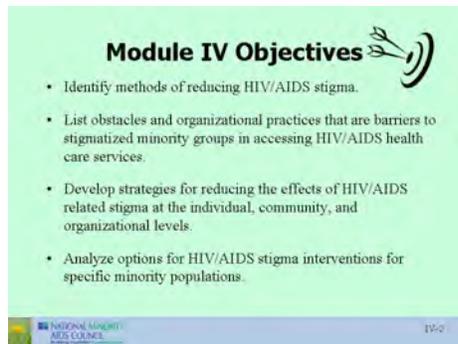
Resolve any issues.

Introduce Module IV:

Yesterday we focused on defining the problem of HIV/AIDS stigma and the scope of the problem. Today we will work on generating strategies and action plans.

PG IV-2.

Show Slide IV-2.



Review the module objectives.

Module IV Objectives

- Identify methods of reducing HIV/AIDS stigma.
- List obstacles and organizational practices that are barriers to stigmatized minority groups in accessing HIV/AIDS health care services.
- Develop strategies for reducing the effects of HIV/AIDS related stigma at the individual, community, and organizational levels.
- Analyze options for HIV/AIDS stigma interventions for specific minority populations.

Show Slide IV-3.



Explain how this flowchart can help simplify the process of reducing stigma by providing a step by step approach. Quickly walk them through each step of the chart.



Ask: *Who has seen a model or flowchart similar to this one?*

State that the model is often used as a problem solving model.



Ask: *What do you think about this model? Can you see how you might apply it in your world?*

Say: *So let's look at Step 1. – Just like in any problem solving approach, you first want to identify the problem.*

Animate slide.

Say: *Our 'problem,' of course, is*

Action Steps for Reducing, Reversing, or Preventing HIV/AIDS Stigma

There is broad agreement that HIV/AIDS stigma is a serious problem that requires more concerted efforts to reduce, reverse or prevent. Since interventions to respond to HIV/AIDS stigma have been insufficiently studied, this challenges efforts to provide clear guidance for organizations that are seeking to develop responses to stigma.

Based on what is known about stigma reduction interventions, using this six step model when developing intervention methods can prove helpful. As mentioned previously, communities and organizations should take into account being culturally aware in order to reach racial and ethnic minorities.

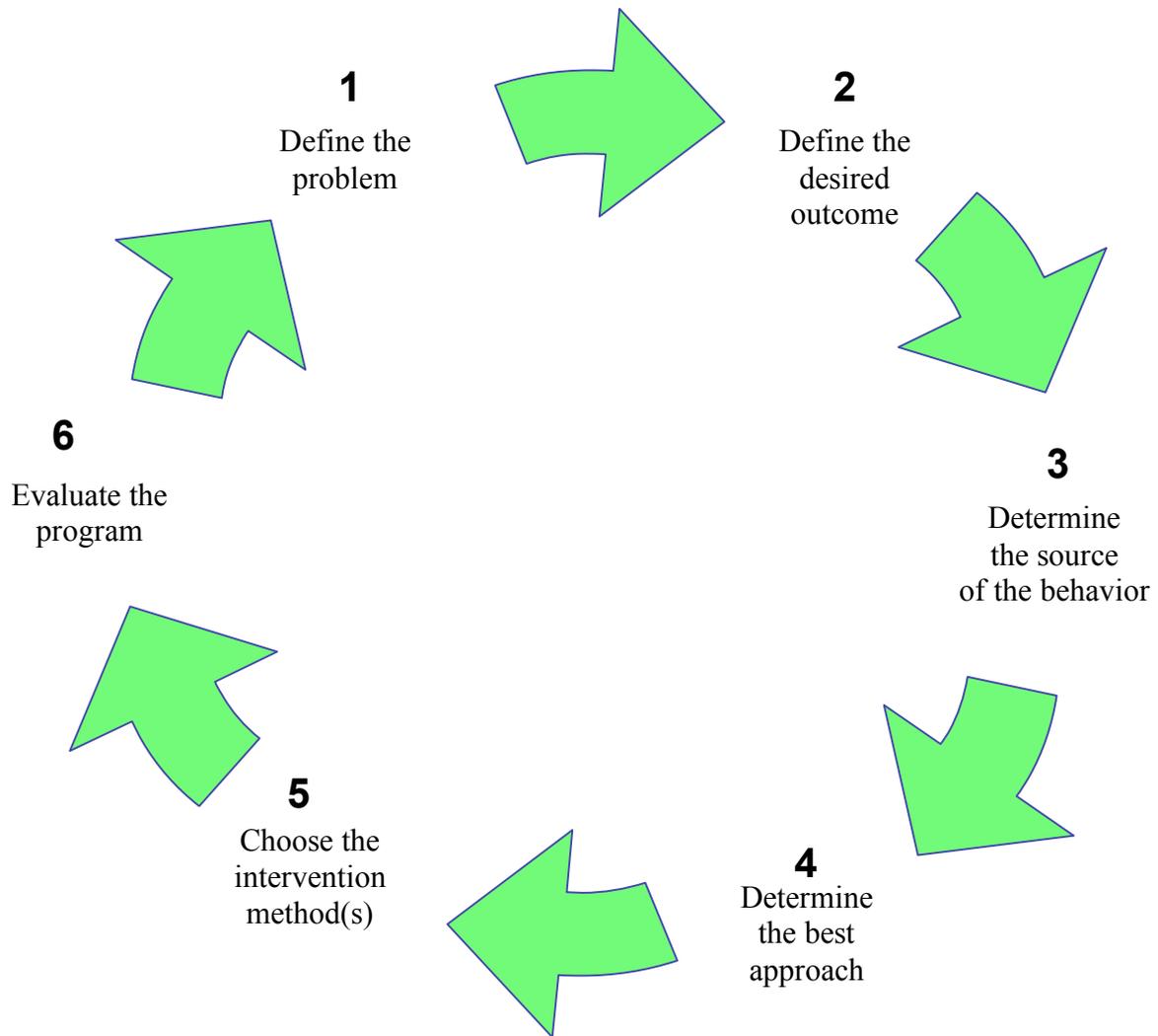
that HIV/AIDS stigma exists (and presents all sorts of issues for PLWH/A, as we have discussed in the first three modules of this workshop).

Animate slide.

Say: *So to complete the second step, we need to identify the desired outcome. We need to ask ourselves a few questions.*

Transition: *Let's look at the first question.*

Six Action Steps to Developing HIV/AIDS Stigma Interventions



Summary of Action Steps

1. **Define the problem.** Identifying the problem is crucial. It is important to not define a problem so broadly that it generates never-ending questions.
2. **Determine the desired outcome.** What are we really seeking? What will success look like? You must be able to define/describe this outcome in order to achieve it.
3. **Determine the source of the stigmatizing behavior.** Assess if the source is an individual person (or group of individuals) or if the organization has set policies that bring about the stigmatizing behavior.
4. **Determine if the best approach is to target individual or group behavior.** Many methods can focus on changing the behavior of individuals on a personal level, or on changing behaviors of groups, communities, or an organization.
5. **Choose the intervention method(s).** The goal in this step is to find the solution that will best solve the problem and address any other issues that may have been a consequence of that problem. During this phase, you should eliminate any solution that does not meet the requirements. To do this, consider these questions:
 - Is the solution workable in relation to the problem?
 - What are the advantages and disadvantages?
 - Are the facts and information gathered consistent with the proposed solution?
6. **Evaluate the solution.** There are several ways to evaluate the chosen solutions, and writing them all down will help you choose the best solution. You may find it helpful to ask the following questions:
 - What are the advantages of each solution?
 - Are there any disadvantages to the solution?
 - Do disadvantages outweigh advantages?
 - What are the long and short-term effects of this solution if adopted?
 - Would the solution really solve the problem?
 - Does the solution conform to the criteria formulated by the group?
 - Should the group modify the criteria?

PG p. IV-5.

Show Slide IV-4.



Tell the participants that according to a report by Horizons – *Interventions to Reduce HIV/AIDS Stigma: What Have We Learned* – there are three primary goals of stigma interventions:

Animate slide to show each bullet.

- To increase **our** tolerance for people living with HIV/AIDS among the general population.
- To increase **our** willingness to treat people living with HIV/AIDS.
- To develop **personal** strategies to address HIV/AIDS stigma.

Stress the main point: These are personal strategies/concerns for everyone in this room.



Ask: So if we achieved all of these goals, what would 'success' look like?

Why Are We Here?

(The Aim of HIV/AIDS Stigma Interventions)

In 2001, Horizons, a program funded through the United States Agency for International Development published a report, *Interventions to Reduce HIV/AIDS Stigma: What Have We Learned?* (Brown, Trujillo & Macintyre, 2001). The document explored interventions designed to lessen HIV/AIDS related stigma at the individual and community levels.

The authors of the study researched the scientific literature for interventions that have been designed to reduce HIV/AIDS related stigma. For the purposes of this stigma workshop, we have developed these ideas into primary goals of stigma interventions:

- To increase **our** tolerance for people living with HIV/AIDS among the general population.
- To increase **our** willingness to treat people living with HIV/AIDS.
- To develop **personal** strategies to address HIV/AIDS stigma.

Transition: *Rather than answer that right now, let's answer it through an activity.*

Show Slide IV-5.

Activity 1: A Stigma-free World

Small group activity:

- Using words, pictures, symbols, etc. create a newsprint that illustrates "a world without stigma"
- Option: Create a 'before & after' scenario if you prefer
- Be prepared to present your creative efforts to your peers
- Time = 10 minutes

NATIONAL INSTITUTE ON MENTAL HEALTH
NIMH
1945

Activity 1



State the goal of the activity:

As we begin the day, let's imagine what we are working towards (or why are here?). I'd like you to consider what a world without HIV/AIDS stigma would look like.

Ask the participants to turn to page IV-6 in their manuals.

Review the directions on the slide.



Provide the participants with newsprint and markers.

<p>Note: After 8 minutes have passed, walk around and check how the groups are doing and whether you need to give them additional time. If so, tell them they have additional time. If not, call time when 10 minutes have passed.</p>	
--	--

Activity 1

A Stigma-free World

Directions:

Work with your group to

- Create a newsprint that illustrates “**a world without stigma**” using words, pictures, symbols, etc.
- Option: Create a ‘before & after’ scenario if you prefer
- Be prepared to present your work to your peers

<p>Call time and ask the groups to keep standing.</p> <p>Select one group to present and explain their work (ideas). Have the participants ‘visit’ each charts.</p> <p> Ask the presenting group:</p> <p><i>How did you come up with your ideas/illustration?</i></p> <p>Keep this process going until all the newsprint images have been reviewed by all the participants (then they can return to their seats).</p>	
<p>Debrief the learning by asking:</p> <ul style="list-style-type: none"> • <i>What did you find significant in this activity?</i> • <i>Did you identify any obstacles that might get in your way? If so, what obstacles did you consider?</i> • <i>Did you consider who can help facilitate this change? If so, whom did you identify?</i> • <i>What steps can we take to move ourselves closer to this ‘stigma-free’ world?</i> 	

Notes:

- If the participants did not consider the 2nd and 3rd bullet points above when they were creating their image, ask them to consider those questions now (do these for each group).
- This debrief may take up to 15 minutes to complete. Since this is such an important issue (and great image to start the day), do not attempt to rush the participants through this experience.



Post the newsprints on the wall to serve as a reminder of what we are working towards.

HIV/AIDS Stigma Reduction Intervention

(Time: 100 minutes)

Show Slide IV-6.



Animate slide.

Explain that we are now at Step 3 of this flowchart.

Say: *In Modules II and III, we looked at examples of stigma, where stigma occurs, and its impact on access to care. In this step, we need look at how we can reduce stigma.*

Say: *So to complete the second step, we need to identify the desired outcome. We need to ask ourselves a few questions.*

Transition: *Let's look at the first question.*

PG p. IV-7.

Show Slide IV-7.



Levels of Intervention for Decreasing HIV/AIDS Stigma

The purpose of any HIV/AIDS stigma intervention is to change behavior. The most appropriate and effective response will depend on the particular way that stigma manifests itself. To determine the intervention, therefore, we must ask:

“What is the appropriate audience level that this intervention should target in order to reduce, reverse, or prevent HIV/AIDS stigma?”

Or, to put it more simply, ask:

“Who owns the problem?”



 <p>Ask: <i>Who owns the problem?</i></p> <p>Say: <i>As we have seen, it can be ‘owned’ by an individual or family or community. It also can be operating within an organization.</i></p> <p>Transition: <i>So let’s look at what this might mean in terms of reducing HIV/AIDS stigma.</i></p>	
<p>Show Slide IV-8.</p>  <p>Say: <i>There are three levels of intervention – individual, community, and organizational.</i></p> <p><i><u>Individual-level</u> interventions are aimed at reaching an individual or a small group of individuals.</i></p> <p><i><u>Community-level</u> interventions reach a larger population in society – a community of people.</i> <i>For example, social marketing campaigns, community-wide events, policy interventions, and community mobilizations.</i></p> <p><i><u>Organizational-level</u> interventions focus on how the organization itself may affect PLWH/A.</i></p>	<p><i>Individual-Level Interventions</i></p> <p>Individual-level interventions are health education and risk-reduction counseling efforts that are provided to one individual at a time, or small groups of individuals. Individual-level interventions help people make plans for behavior change, provide appraisal of their behavior and include skill-building activities.</p> <p>These interventions also facilitate linkages to services in both clinic and community settings (for example, substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and help their recipients make plans to obtain these services. In the context of HIV/AIDS stigma interventions, the intervention could also involve behavior change focused on stopping the perpetuation of HIV/AIDS stigma.</p> <p><i>Community-Level Interventions</i></p> <p>Community-level interventions are interventions that seek to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening only with individuals or small groups. Community-level interventions attempt to alter social norms, policies, and/or characteristics of the environment. Examples include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.</p>

HIV/AIDS educators have often relied on community-level interventions. Early in the course of the HIV/AIDS epidemic in the United States, Surgeon General C. Everett Koop had the US government mail basic HIV/AIDS information to every postal address in the United States. The annual National HIV Testing Day is also an example of an ongoing community-level intervention.

Organizational-Level Interventions

At the organizational level, interventions may focus on the image and policies of the organization, which may, unintentionally, adversely affect PLWH/A. Organizational-level interventions may also attempt to alter social norms within the organization. For example, by increasing the cultural sensitivity of its employees, an organization can help staff better understand the needs of the different populations they may serve. Organizational-level interventions may also include individual-level interventions (such as counseling efforts or skill-building activities) since individual people make up an organization.

PG p. IV-8.

Show Slide IV-9.



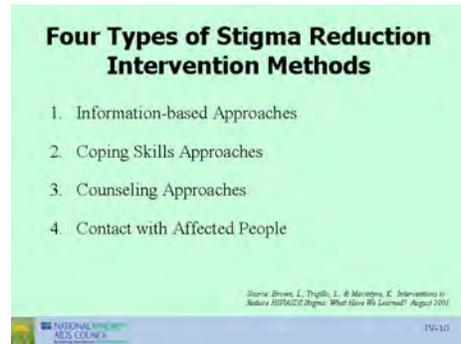
Say: So now we are at Steps 4 and 5 – consider the different approaches you can take and then choose the best approach (or intervention).

Four Types of Stigma Reduction Intervention Methods

The Horizons Report also identified four major types of interventions:

- Information-Based Approaches
- Coping Skills Acquisition
- Counseling Approaches
- Contact with Affected People

Show Slide IV-10.

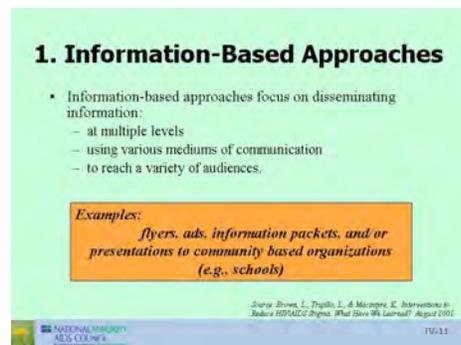


Say: *The Horizons Report, which we discussed earlier, identifies four types of stigma reduction intervention methods:*

- *Information-based approaches;*
- *Coping skills acquisition interventions;*
- *Counseling approaches; and*
- *Contact with affected people*

Say: *What I'd like to do is to quickly review each of these with you. Then, you will work on an activity to generate multiple strategies for using these intervention methods in 'real-life.'*

Show Slide IV-11.



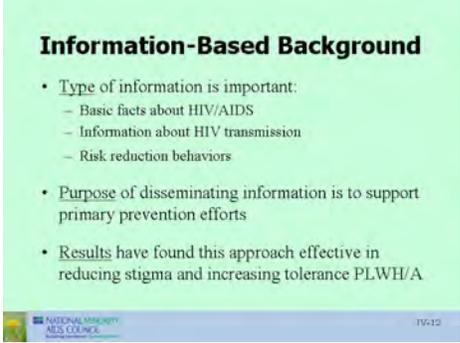
Say: *Let's begin with information-based approaches.*

Information-Based Approaches

Information-based approaches to reducing stigma focus on disseminating information at various levels and using various channels of communication to reach a variety of audiences.

Examples of information-based approaches may include the use of flyers, advertisements, information packets, and/or presentations to other community based organizations. Levels of literacy need to be taken into account with any of the materials.

The information may be delivered to (or posted within) community based organizations, such as churches, health care clinics, state agencies, etc.

<p> Ask: So, in looking at the name of this intervention, what do you think the focus is here?</p> <p>Targeted answer:</p> <ul style="list-style-type: none"> • Information <p>Stress that it focuses on disseminating information at <u>multiple levels</u> using <u>various channels</u> of communication to reach a <u>variety</u> of audiences.</p> <p>Review examples (on slide or your own ideas).</p>	
<p>Show Slide IV-12.</p>  <p>Say: <i>The Horizons report found that the <u>type</u> of information that was being disseminated mattered.</i></p> <p><i>It was educational, giving people basic facts, helping them understand how HIV/AIDS is transmitted (and how it is not), and teaching them how to reduce their own risk.</i></p> <p><i>According to the report, studies using information-based approaches have been found to be effective in reducing stigma and increasing tolerance for individuals who are living with HIV/AIDS.</i></p>	<p>The Horizons Report also found that the type of information is important:</p> <ul style="list-style-type: none"> ▪ Basic facts about HIV/AIDS ▪ Information about HIV/AIDS transmission ▪ Risk reduction behaviors. <p>The purpose of disseminating information in the context of the interventions studied was to support primary prevention efforts. According to the Horizon report, studies using information-based approaches have been found to be effective in reducing stigma and increasing tolerance for individuals who are living with HIV/AIDS.</p>

Show Slide IV-13.



Say: Here is an example of two different ads from an organization called KnowHIV.org that were placed on billboards, bus stops, and other prominent locations.



Ask: Have you seen these? What are your reactions?

Solicit and discuss responses.

Say: Info-dissemination interventions are typically geared to support some other, primary prevention effort. They are not usually used in isolation of other interventions.

Transition: Now let's look at the second intervention approach.

Show Slide IV-14.

Say: *With the coping skill acquisition approach, you are attempting to try to change behavior.*



Ask: *Ask yourself: whose behavior is it that needs to be changed?*

Targeted answer:

- The people who we may call ‘perpetrators of stigma’ – are given tools and techniques to help them cope with PLWH/A in a more constructive manner.

Show Slide IV-15.

Review the two examples.

Say: *These are just two examples. Later you’ll have the chance to come up with more.*

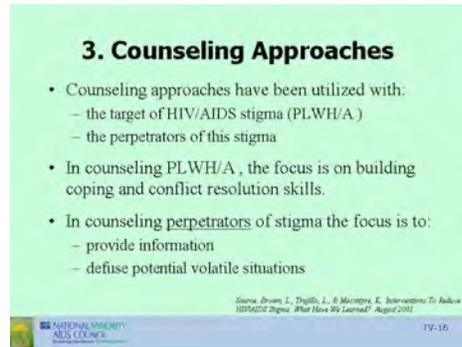
Coping Skill Approaches

Coping skill acquisition refers to efforts designed to reduce negative attitudes directed at people living with HIV/AIDS (or perceived to be living with HIV/AIDS or otherwise associated with such individuals) by members of the public (“the perpetrators of stigma”). Exercises such as role-playing to act out various confrontational situations, group discussions (often with prevention and risk reduction education) have been found to reduce negative perceptions directed at people living with HIV/AIDS. For example:

- **Master Imagery** – Individuals are presented with hypothetical scenarios where they come into contact with PLWH/A, and are taught conflict resolution skills to resolve a given situation.
- **Group Desensitization** – First this program teaches relaxation, then exposes individuals to hypothetical situations to exercise newly learned techniques.

PG p. IV-10.

Show Slide IV-16.



Explain that the third intervention type – counseling – is usually more long-term and can be applied to both the targets of HIV/AIDS stigma (i.e., PLWH/A) and the perpetrators of this stigma.

Discuss the bullets on the slide.

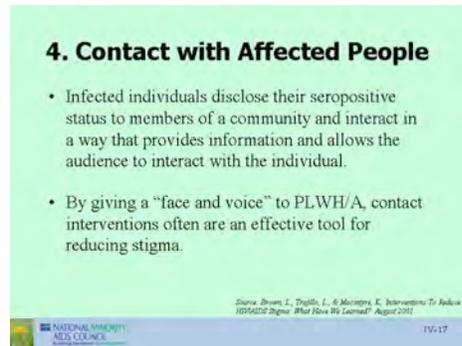
Counseling Approaches

Counseling approaches have been utilized both with groups that are the target of HIV/AIDS stigma and with the perpetrators of this stigma.

Counseling people living with HIV/AIDS (and affected communities) in group settings has been shown to be effective. This type of intervention often provides coping and conflict resolution skills, but group members have also used these types of activities to create a safe environment in which to discuss specific community or other issues as they arise.

Counseling approaches used to work with perpetrators of HIV/AIDS stigma are usually designed to provide information as well as to defuse potential volatile situations through the use of desensitization methods.

Show Slide IV-17.



Introduce the fourth type of intervention method: contact with affected people.

Say: *This intervention type that is usually applied at the group and community levels (and not on an individual basis).*

Contact with Affected Groups

This intervention is most commonly used at the group or community level. The premise of contact interventions is to have PLWH/A disclose their seropositive status to members of a community and interact in a way that provides information and allows the audience to interact with the individual. By giving a “face and voice” to people living with HIV/AIDS, contact interventions are frequently an effective tool for reducing stigma.

Say: *Often, when perpetrators of stigma have a chance to experience positive face-to-face interactions with a PLWH/A, it lets them humanize the victim more, and builds more understanding and empathy.*

Transition: *So those are the four approaches that have been found to be effective at both the individual and community levels. The Horizons analysis found that the most effective method involved all four types of interventions.*

Show Slide IV-18.

To Be Effective Use All 4 Methods

- Information-based approaches:
 - were the most commonly used intervention method
 - often served as a complement to other approaches
- Contact with affected groups was the second most commonly used type of intervention
- Counseling approaches were employed less frequently than the other approaches

NATIONAL MINORITY AIDS COUNCIL IV-18

Discuss the bullets on the slide.

The Most Effective Interventions Involved All Four Types of Interventions

The Horizons analysis showed that effective individual- or group-level interventions involved all four major types of interventions. Information-based approaches were the most commonly employed type of intervention, and even when other types of interventions were developed, information dissemination was frequently a secondary component. Contact with affected groups was the second most commonly employed type of intervention. Of the four major types of interventions, counseling approaches were employed less frequently than the other approaches.

<p>Show Slide IV-19.</p>  <p>What Works Within Organizations?</p> <p>Say: <i>So now we need to look at organizations and what types of interventions are appropriate within the workplace.</i></p>	<p>Organizational-Level Intervention Methods</p> <p>Many of the interventions used at the individual and community levels can be used within an organization. What make organizational-level interventions different is that issues within the organization may actually contribute to the stigma faced by PLWH/A:</p> <ul style="list-style-type: none"> • the image of the organization • the policies of the organization • social norms within the organization • staff demographics and staff attitudes
<p>PG p. IV-11.</p> <p>Show Slide IV-20.</p>  <p>Organizational Barriers to Reducing HIV/AIDS Stigma</p> <ul style="list-style-type: none"> • Agency name • Location • Marketing strategy • Facilities • Staff attitudes <p>Say: <i>Before we look at organizational-level interventions, it might be helpful to first look at the impact an organization can have on stigma. Many common organizational practices can serve as obstacles to care. Barriers include agency name, location, marketing strategy, facilities, and staff attitudes.</i></p> <p>State an example in your community (if possible) and/or ask the participants for an example.</p>	<p>Barriers to Stigma Interventions</p> <p>Common Organizational Practices Can Become Barriers</p> <ul style="list-style-type: none"> • Agency Name. The name of the agency might affect access if the name is associated with HIV/AIDS. For example, if a clinic is called “ABC Women’s Health Clinic,” it may deter men from seeking care at that clinic. Renaming it “ABC Health Clinic” would address this issue. • Location. Where the agency is located within the community can make consumers reluctant to seek it out. For example, if the agency is in an already stigmatized community such as “gay” neighborhood. • Marketing Strategy. If the agency is perceived to serve a particular ethnic group, gender, or sexual orientation, it could cause members of other groups to stay away. • Restroom Facilities. The location, size, number and condition of the restroom facilities can affect the clientele. <ul style="list-style-type: none"> ○ Agencies that have only one bathroom for all clients make it difficult for clients who may be uncomfortable in a unisex environment. ○ Also, if the agency is located in an office building where different agencies share the same restroom on a floor might find that clients, especially transgender individuals, are forced to make a

<p>Stress the importance of the role and attitude of the receptionist:</p> <p>They play a crucial role in getting people into care <u>and</u> keeping them in care.</p> <p> Ask: <i>Think about a time when you had a bad experience with the administrative staff of a doctor's office (or anywhere). Did that experience affect your willingness to visit again?</i></p> <p>Say: <i>This is what can happen to PLWH/A if they encounter a problematic person as they begin to use a clinic.</i></p>	<p>choice that puts them in embarrassing and awkward situations.</p> <ul style="list-style-type: none"> ○ The cleanliness and the appearance of the agency as a whole, and its restroom facilities, can be a determining factor in whether clients feel comfortable or return. <ul style="list-style-type: none"> ▪ Staff Attitudes. The manner in which staff interacts with clients, especially members of other racial/ethnic groups, or sexual minorities, may negatively impact the client and play a role in whether or not the client returns to the agency. It is problematic if the cultural sensitivity of staff is limited.
<p>Tell the participants that there is more information in the participant manual on page IV-12 on organizational barriers in general and for specific populations.</p>	<p>Organizational Barriers for Women of Color</p> <ul style="list-style-type: none"> ▪ Heterosexual- or homosexual-tailored programs or settings ▪ Male-oriented agency ▪ Cultural sensitivity of staff is limited <p>Organizational Barriers for Gay/MSM of Color</p> <ul style="list-style-type: none"> ▪ Assuming that all gay/MSM of color are the same ▪ Sexual history assessment <ul style="list-style-type: none"> ○ Comfort level of staff may be low – may be embarrassed ○ Interview may seem intrusive, especially if interviewer appears unsure or judgmental ▪ Language and cultural barriers may exist for many minority populations

Show Slide IV-21.

**Activity 2:
Reducing Organizational Stigma –
What Barriers Exist?**

Individual activity:

- Consider what barriers exist within your organization that will keep the organization from becoming stigma-free
- Select three ideas and write one idea per sticky note and post them on the newsprint at the front of the room
- Time = 5 minutes

NATIONAL STIGMA AND ACCESS TO CARE IV-21

Ask the participants to turn to page IV-13 in the PG.



State the goal of the activity:

Before we move on, let's list the barriers that we face in reducing stigma within our own organization.

Review the directions on the slide.

Tell the participants that by using the sticky notes, we are trying to reduce the risk level of this activity (i.e., their input is anonymous).

Ask if there are any questions before they begin the activity.



Title a newsprint "Barriers in my Organization" and tell the participants to place their sticky notes on this sheet when they are done.

Call time when 5 minutes have passed.

Activity 2

Activity 2

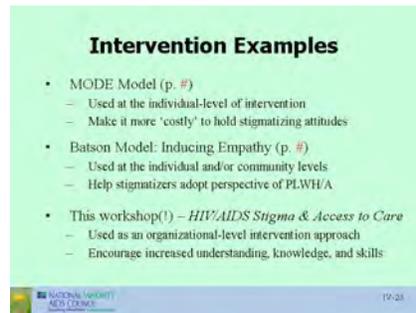
Reducing Organizational Stigma – What Barriers Exist?

Directions: Work on your own to brainstorm the barriers that keep your organization from eliminating HIV/AIDS stigma.

<p>Summarize the activity by reading each sticky note aloud and asking the participants which ideas are similar. Then move those notes closer to each other. Keep this process going until all the ideas are sorted into several categories.</p> <p>Debrief the learning by asking:</p> <ul style="list-style-type: none"> • <i>What does this activity suggest to you about your/the organization?</i> • Now that we've categorized these issues, what can you do with this information? 	
<p>PG p. IV-14. Show Slide IV-22.</p> <div data-bbox="186 1144 600 1459" style="background-color: #e0ffe0; padding: 5px;"> <p>Organization's Role in Reducing, Reversing, and/or Preventing Stigma</p> <ul style="list-style-type: none"> • Provide education, along with incentives to gain more experience/knowledge about HIV/AIDS • Increase cultural competency for all staff • Increase communication among HIV specialist physicians/care givers and agency doctors/care givers • Encourage HIV+ providers and community members to be open about their status • In churches and religious settings: <ul style="list-style-type: none"> - advocate peer to peer education - bring in outside speakers to discuss HIV/AIDS topics </div> <p>Say: <i>Now that we have identified some organizational barriers, let's look at some specific things that can be done at the organizational level to address stigma.</i></p> <p>Review the ways organizations can reduce/reverse/prevent stigma.</p>	<p>Organization's Role in Reducing, Reversing, and/or Preventing HIV/AIDS Stigma</p> <ul style="list-style-type: none"> ▪ Provide physicians/care givers with incentives to gain more experience within the field of HIV and with PLWHA. ▪ Agencies can partner with local universities or colleges to offer CEU's for HIV/AIDS trainings. ▪ Design weekend trainings for pre-med students on HIV/AIDS this way you educate students before they become doctors and when they are more open to learning new concepts. ▪ For clinics offering multiple services, alternate clinic days for HIV services so that the clinic does not become known as an HIV only clinic. ▪ Consider a holistic and culturally competent approach. ▪ Increase cultural competency for doctors, nurses, and all agency staff.

<p>Ask the participants for another other ideas or examples.</p>	<ul style="list-style-type: none">▪ HIV specialist physicians/care givers should dialogue and communicate regularly with other agency doctors/care givers, especially about HIV/AIDS stigma.▪ Hold agency hosting days where your agency holds site visits so that local doctors and care providers can personally visit your agency and/or meet clients.▪ Work with upper management - how can they assist the special needs of HIV/AIDS providers.▪ Assess cultural background of client and match to appropriate provider.▪ Encourage HIV+ providers and community members to be open about their status if possible.▪ In churches and religious settings, advocate peer to peer education.▪ In churches and religious settings, bring in outside preachers, ministers, or religious leaders to discuss HIV/AIDS topics.
---	---

Show Slide IV-23.



Say: *This slide highlights examples of intervention methods. We are not going into detail on these, but let me just give you an overview:*

- *Yesterday we learned about the MODE model (which is on PG p. II-15) which can be used to create a motivation to stop acting on stigmatizing attitudes by making it seem more 'costly' in the cost/benefit analysis to behave negatively or hold negative attitudes. This is an example of an individual-level intervention.*
- *The 3-step empathy-inducing model (which begins on PG p. IV-16) aims at creating new attitudes in perpetrators of stigma by helping them feel more value for a PLWH/A and then hoping their empathy toward one will spill over into empathy for the group. This is an example of both individual and community level*

Note to Facilitator: There are several pages of examples of intervention methods. For a variety of reasons, we chose not to insert that text here. If you want to look over this information see pages IV-15 through IV-18 in the Participant Guide.

<p><i>methods.</i></p> <ul style="list-style-type: none">• <i>Finally, the workshop you are in right now is an example of an organizational-level intervention.</i> <p>Say: <i>Before we move on, let's spend a minute or two looking at the idea of empathy.</i></p> <p>Hold a discussion about the differences between empathy and sympathy.</p> <ul style="list-style-type: none">• Discuss how sympathy can at times be seen as condescending.• Mention how hearing "<i>I know how you feel</i>" may worsen the situation.	
---	--

Show Slide IV-24.

Activity 3: Successful Intervention Strategies

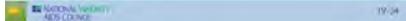
Individual activity:

- Review the different types of stigma reduction intervention methods (pages #-#)
- Reflect on successful stigma reduction methods that you or your organization/community have employed or heard about

Small group activity:

- Take turns sharing your strategies with your group members
- Ask questions, provide feedback, brainstorm options for future interventions

Time = 25 minutes



Ask the participants to turn to page IV-19 in the PG.



State the goal of the activity:

We have just discussed several different types of interventions to help reduce stigma. Now I'd like to give you the opportunity to work with your colleagues to share real strategies and conceive new strategies.

Review the directions on the slide.

Ask if there are any questions before they begin the activity.

Give them a two-minute warning, and then **call time** when 25 minutes have passed.

Activity 3

Debrief the activity by asking each group to discuss one or two of their interventions.

Debrief the learning by asking:

- *What did you notice/observe about the interventions you discussed in your group?*
- *How can you integrate these interventions within your organization and/or community?*

Interventions Addressing Various Populations

(Time: 35 minutes without Optional Activity; 70 minutes with the Optional Activity)

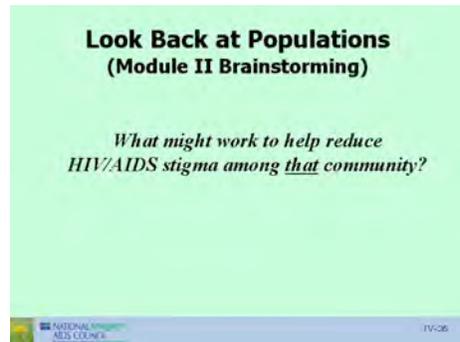
PG p. IV-21.

Show Slide IV-25.



Say: *Now that we've looked at successful interventions in general, let's turn our focus to intervention tips for different populations.*

Show Slide IV-26.



Say: *Let's look back at what we came up with in the rotational brainstorming (in Module II) about the stigma faced by these populations.*



Note: move to each newsprint from the rotational brainstorming activity and ask the following question. **Do not chart the responses**, just discuss them.

Interventions Addressing Minority Populations

(See table below)



Ask: *What might work to help reduce HIV/AIDS stigma among that community?*

Show Slides IV-27-32.

Women of Color (WOC) Intervention Tips

- Encourage development of self-esteem
- Increase knowledge of health risks that actually affect all women
- Stress the importance of knowing one's status, and the status of one's partner in order to protect self and family
- *Other tips?*

NATIONAL MINORITY AIDS COUNCIL IV-27

Gay/MSM of Color Intervention Tips

- Work to counter internalized homophobia and its relationship with HIV/AIDS stigma
- Address issues of sexual orientation with racial minorities
- *Other tips?*

NATIONAL MINORITY AIDS COUNCIL IV-28

Latinos, Asians, and Pacific Islanders Intervention Tips

- Offer dual language access (English/first language) for those that are mono-lingual in a language other than English including written materials and bilingual staff
- Use more image/picture-based educational materials for those that have low literacy levels
- *Other tips?*

NATIONAL MINORITY AIDS COUNCIL IV-29

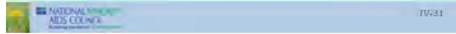
Native Americans Intervention Tips

- Recognize that Native American communities often exist between their own tribal society and the dominant U.S. society and thus must operate within the social confines of both
- Be cognizant of the Two Spirit concept in some Native American MSM cultures as well as added barriers if the MSM populations live in closed tribal communities
- *Other tips?*

NATIONAL MINORITY AIDS COUNCIL IV-30

Transgender People Intervention Tips

- Increase provider awareness of transgender people and issues
- Reinforce provider support for equal access to health services regardless of gender
- *Other tips?*



Seniors (50+) Intervention Tips

- Educate care providers for seniors on HIV/AIDS and sexuality issues with seniors
- Provide HIV/AIDS prevention education to seniors that specify the risks for their population
- Conduct more testing to learn about any adverse reactions between HIV/AIDS medication and common medications for the aging population
- *Other tips?*



Briefly review the bullet points on each of these slides.

Solicit input from the participants about each different group.

Tips for Interventions Addressing Minority Populations

Interventions Addressing Women of Color (WOC)

- Encourage development of self-esteem
- Increase knowledge of health risks that actually affect all women.
- Stress the importance of knowing one's status, and the status of one's partner in order to protect self and family.
-
-
-

Interventions Addressing Gay/MSM of Color

- Work to counter internalized homophobia and its relationship with HIV/AIDS stigma.
- Address issues of sexual orientation with racial minorities.
-
-
-

Interventions Addressing Latinos, Asians, and Pacific Islanders

- Offer dual language access (English/first language) for those that are mono-lingual in a language other than English including written materials and bilingual staff.
- Use more image/picture-based educational materials for those that have low literacy levels.
-
-
-

Tips for Interventions Addressing Minority Populations

Interventions Addressing Native Americans

- Recognize that Native American communities often exist between their own tribal society and the dominant U.S. society and thus must operate within the social confines of both.
- Be cognizant of the Two Spirit concept in some Native American MSM cultures as well as added barriers if the MSM populations live in closed tribal communities.
-
-
-

Interventions Addressing Transgender People

- Increase provider awareness of transgender people and issues.
- Reinforce provider support for equal access to health services regardless of gender.
-
-
-

Interventions Addressing Seniors (Age 50+)

- Educate care providers for seniors on HIV/AIDS and sexuality issues with seniors.
- Provide HIV/AIDS prevention education to seniors that specify the risks for their population.
- Conduct more testing to learn about any adverse reactions between HIV/AIDS medication and common medications for the aging population.
-
-

Show Slides IV-33 and 34.



Ask: *What might work to help reduce HIV/AIDS stigma within my organization?*

Solicit input from the participants.



Note: chart this information if you have time, or just keep it as a large group discussion.

Interventions in My Organization

What Might Work to Help Reduce HIV/AIDS Stigma Within My Organization?

Show Slide IV-35.



Say: *There are all sorts of messages currently available related to HIV/AIDS testing. These types of messages can also be aimed at stigma. Let's look at a few samples of materials currently being used.*

You will notice that many of these are related to mental health (and not HIV/AIDS) – because people living with mental health face a great deal of stigma as well. So let's see what we can learn from them.

Click on the icon in the middle of the slide. (**Note:** This will automatically run the slide show – each image is shown for about 6 seconds).

Press the ESC key to stop the slideshow and return to your Module IV slides.

Solicit input.

Note: The file titled “Marketing Messages FINAL” must be in the same directory as the PowerPoint file you are using for this module. Otherwise the embedded marketing slides will not work.

Note: IF you have time (you will need 35 minutes for the information and activity) to run the Optional Activity – Create Your Own Intervention – then use Slides IV-36 through 38. Otherwise, skip ahead to Slide IV-39.

Here are the facilitator notes for the Optional Activity:

Show Slide IV-36.

Methods of Publicity

- Posters/banners
- Flyers
- Newsletters
- Word-of-mouth
- Presentations/ briefings
- Cards, badges, stickers, or table-tents
- E-mails
- Guest speakers
- Web sites
- Branded items
- Open houses (food!)
- New employee orientation

NATIONAL ALLIANCE OF AIDS COUNCILS IV-36

Review the list of different products or strategies that can be used to “sell” your message.

Show Slide IV-37.

Tips for Promotions

Develop a Strategy:

- Consider: the WIIFM (“What’s In It For Me?”) of your target audience. They need to know there is some benefit to them personally.
- Identify:
 - Whom are you going to target?
 - What methods (products) will you use to reach that target?

Develop your Promotional Products:

- Keep it simple (K.I.S.S.)
- Tailor your message



NATIONAL ALLIANCE OF AIDS COUNCILS IV-37

Say: *Now let's look at some tips on designing different promotional products.*

First you need to develop a strategy, and consider:

- *The WIIFM (“What’s In It For Me?”) of your target audience. People are more likely to accept something if they know the **benefit to them personally**.*
- *Whom are you going to target?*
- *What methods (products) will you use to reach that target?*

Second, develop your promotional products:

- *Keep it simple (K.I.S.S.)*
 - *Not too many colors, fonts, words, etc.*
- *Tailor your message – so that it speaks to the appropriate audience.*

Show Slide IV-38.

**Optional Activity:
Interventions – Get Creative**

Small group activity:

- Work with your group to design a promotional product for your organization:
 - Identify your target audience
 - Choose a promotional product (e.g., flyer, poster, e-mail)
 - Use an easel chart to create/draw/write your product and be prepared to present it to the large group
- *Time = 12 minutes*

NATIONAL MINORITY AIDS COUNCIL
IV-38



State the goal of the activity:

Let's have some fun (and get some energy) by creating a promotional message to address HIV/AIDS stigma.

Review the directions on the slide.

Ask if there are any questions before they begin the activity.



Provide the participants with newsprint and markers.

Give them a two-minute warning, and then **call time** when 12 minutes have passed.

Debrief the activity by asking each group to share their work.

Debrief the learning by asking:

- *How did that go?*
- *What ideas/concepts do you think you can use within your organization and/or community?*

Tell the participants that they may want to use one of the breaks (or lunch) to take notes on some of the products they liked.

Transition: *Great! Thanks for all your energy on that activity! Now let's wrap-up this module.*

Module IV Summary

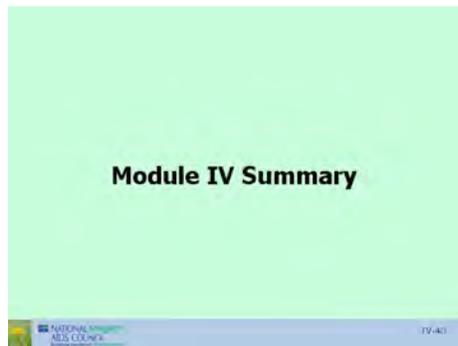
(Time: 5 minutes)

Show Slide IV-39.



Say: Let's go back to our intervention cycle one last time. The last step is evaluation – which we will be looking at in Module V.

Show Slide IV-40.



Summarize Module IV:

Say: Let's take a quick look back at the objectives for this module to make sure we've accomplished them.

Tell them to turn back to PG p. IV-2.

Review each objective by asking if it was accomplished and by asking for volunteers to recall/state key points/ideas on that topic.

There are several strategies we can use reduce, reverse, or prevent HIV/AIDS stigma. We can work on the individual or small-group level to effect change. We can also try to effect behavior changes on a more communal or societal level. Studies show that the most effective interventions have been enacted on multiple levels and using various intervention methods.

The four key methods to address reducing stigma are:

- Information-based approaches;
- Coping skill acquisition approaches;
- Counseling approaches; and
- Contact with affected groups.

There are special considerations when crafting interventions that are targeted at certain minority populations, such as women of color or MSMs and gay men of color.

Transition: *Thanks for all your hard work in that module! Let's get started on the last module of this session – where we will be moving from strategies to action plans.*

Module V: Action Planning

Time: 2 hours and 50 minutes

In the final module, participants will develop effective goals and a personal action plan that focuses on reducing stigma in their organizations and communities.

*To accomplish great things,
we must not only act, but also dream; not only plan,
but also believe.*

~ Anatole France

*We cannot deal with AIDS by making moral judgments
or refusing to face unpleasant facts – and still less by
stigmatizing those who are infected and making out that
it is all their fault.*

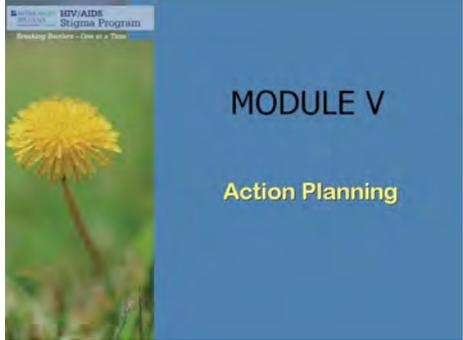
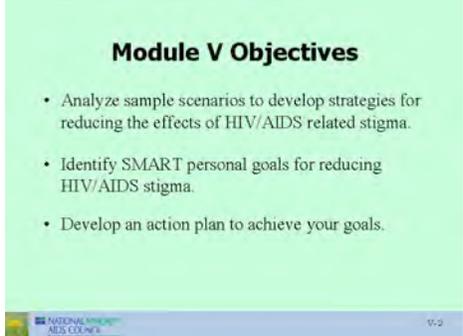
~ Kofi Annan

Action is the antidote to despair.

~ Joan Baez

Module V Overview

(Time: 2 minutes)

<p>Show Slide V-1.</p>  <p>Introduce Module V:</p> <p><i>Now that we’ve learned about the problem and possible solutions that can help us reduce, reverse, or prevent HIV/AIDS stigma, let’s invest time in ensuring that we take these lessons and apply them effectively back in our communities and lives.</i></p> <p><i>In this module, we are going to move from developing strategies (to reduce HIV/AIDS stigma) to implementing them into a personal action plan.</i></p>	
<p>PG V-2.</p> <p>Show Slide V-2.</p> 	<p>Module V Objectives</p> <p>Analyze sample scenarios to develop strategies for reducing the effects of HIV/AIDS related stigma.</p> <ul style="list-style-type: none"> • Identify SMART personal goals for reducing HIV/AIDS stigma. • Develop an action plan to achieve your goals.

<p>Review the module objectives.</p> <p>Transition: <i>In the last module we looked at strategies for reducing the effects of HIV/AIDS related stigma as a whole. In this module we will look at applying them to specific situations – first using case studies and then applying them to your own personal situations.</i></p>	
--	--

Case Studies

(Time: 75 minutes)

PG V-3.

Show Slide V-3.

Activity 1: Stigma Reduction Case Studies

Small group activity:

- Independently read your assigned case study
- Discuss the case with your group and answer:
 1. What stigma issues is this individual dealing with?
 2. What organizational barriers might exist that act as barriers to this individual receiving/staying in service care?
 3. Develop strategies for this person to overcome issues of stigma.
- Time = 30 minutes



State the goal of the activity:

These case studies will introduce possible scenarios about effects of HIV/AIDS stigma in order for you to create strategies to address the stigma in these simulated-reality situations.

Ask the participants to turn to page V-3 in their manuals.

Divide participants into groups of 3-5 participants and assign each group one case study.

Review the directions on the slide:

- Read the assigned case study on your own. Then discuss the case with your group, using the discussion questions as a guide.

Activity 1

- Each group's case is different, but the discussion questions are the same.
- There is no one right answer. Draw on what you've learned here and each other's background knowledge to develop your solutions.
- At the end of 30 minutes, the groups will present their cases and report on their solutions.

Ask the participants if there are any questions before they begin the activity.

Tell the participants that you are available to them during this activity if they need you.

Walk around and observe the groups, but do not interrupt their work unless they ask or unless they are seriously off-track.

Allow 30 minutes for this activity.

Case Study 1

A 28-year-old HIV-infected man who is new to the area goes to an HIV/AIDS clinic to receive primary care. He thinks he acquired HIV/AIDS three years ago from a sexual partner who used intravenous drugs. He has a new, "serious" relationship, his new boyfriend is HIV-negative, and they use condoms for anal but not oral sex. He also has insertive anal intercourse a few times per month with men at a local bathhouse, and he rarely uses condoms with these men because he assumes they are also HIV-infected. He frequently uses Viagra at the bathhouse to enhance his sexual performance. He injects methamphetamine four to six times per month, but he uses clean syringes obtained through a needle exchange program. He says he very rarely shares syringes.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

Case Study 2

A 23-year-old heterosexual HIV-infected woman shows up at a sexually transmitted diseases (STD) clinic complaining of severe pain in her vulva. A sexual history reveals that she has had a steady HIV-negative sexual partner for eight months, but occasionally exchanges sex for crack cocaine. She rarely uses condoms, explaining that she has heard it is difficult for women to transmit HIV/AIDS to men. Her history and exam are consistent with primary genital herpes, and laboratory studies are sent to confirm this suspected diagnosis. While at the clinic, she also undergoes complete testing for other common STDs.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

Case Study 3

A 43-year-old Latina transgender (male-to-female) woman is referred to your care after testing positive for HIV during a recent visit to the county sexually transmitted diseases (STD) clinic. She has lived as a woman for the last ten years. For financial reasons, she has received only intermittent medical care for the past several years, relying predominantly on underground estrogen injections to maintain female secondary sexual characteristics. She has not undergone gender reassignment surgery. She is otherwise healthy. She reports a history of “no one wants to help me” and she would not be at your clinic had she not been required to take an HIV test for employment.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

Case Study 4

A 68 year old African American male was referred to your agency for HIV case management assignment. During the interview, he is angry and resistant to people “meddling in his business” and in complete denial of his HIV/AIDS status. He just discovered that he is HIV-positive two weeks ago when he went to his primary care doctor because he could not “shake the flu.” He indicates that he is “not queer” and is not happy about being in a clinic with “AIDS” listed on the sign outside the clinic.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

Case Study 5

A 28 year old Latino male, working for a farm produce supplier as a field worker, is sent to your agency for assessment and care. He speaks very little English, lives in a house with a dozen other Latino field workers, and has been ill for several weeks. You do not speak Spanish. From the information you have been given, you know that he is married and that he regularly sends money home to his wife and three children living in Mexico.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

Case Study 6

A 21 year old African American male is brought to your agency for services by his minister. He was diagnosed with HIV/AIDS and has no health insurance. He tells you that he has been providing sexual services to anonymous males for money to support a growing drug habit. He claims that he uses condoms whenever these clients request and provide the condoms.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

Case Study 7

A 40 year old African American female comes to your agency for testing because she recently discovered her husband has been having unprotected sex with men for the last three years. She tests positive for HIV/AIDS. She indicates that she does not know if her spouse has been tested, since she moved in with a friend when she found out about her husband’s other life. She is upset and also reports feeling very uncomfortable being in an AIDS service agency.

Discussion Questions:

What stigma issues is this person facing?

What barriers exist that might prevent this individual from receiving or staying in care?

Design an action plan for this individual to overcome issues of stigma

<p>After 25 minutes, give the groups a 5 minute warning. Call time at 30 minutes.</p> <p>Debrief the activity (Note: Allow 5-8 min. per group report.):</p> <p>Ask the first group to describe their case study scenario (participants can follow along in their PG), and then address their answers to the questions.</p> <p>Note: Use the “suggested discussion points” sheet below to help debrief the cases.</p> <p>Thank the group for their contribution.</p> <p>Allow for brief discussion with (or input from) the other participants.</p> <p>Ask the next group to share, and repeat this process until all groups have shared.</p> <p>Debrief the learning by asking:</p> <ul style="list-style-type: none">• <i>In looking back at all of the case studies, what do you feel are some of the key points/ideas?</i>• <i>What strategies did you develop (or hear about) that may work in your own community or organization?</i>	
---	--

Facilitator Notes: Case Study Suggested Discussion Points

Use these points to assist you with debriefing each case.

Case Study 1

- ◆ Loneliness (new to the area), stigma of being a drug user/addict; stigma with his sexuality and sexual confidence (anonymous sex, use of Viagra).
- ◆ Organizational barriers: Agency does not provide multiple health and substance abuse-related services.
- ◆ Link this individual to Gay/Lesbian Substance abuse treatment services and support group; offer HIV/AIDS awareness education].

Case Study 2

- ◆ Having contracted HIV/AIDS and NOT being gay; stigma of drug addiction; not educated at all about how HIV/AIDS is transmitted; financial stress; fear of rejection by family, peers, and community.
- ◆ Staff cultural competency and awareness of drug addiction issues; community education on HIV/AIDS prevention issues.
- ◆ Provide health education and case management on HIV, substance abuse, and find peer support for her; address risk reduction behaviors.

Case Study 3

- ◆ Loneliness; no supportive health resources; disparity in health care available due to financial restrictions and cultural background; fear of rejection by community.
- ◆ Staff lacks sensitivity and awareness of transgender community.
- ◆ Linkage to support groups for transgender individuals; empowering individual by offering them opportunities to speak at events to community HIV/AIDS Providers about the issues of being a transgender person.

Case Study Suggested Answers (continued)Case Study 4

- ◆ Seniors tend to “deny” illness and dealing with stigma of HIV/AIDS as a gay disease.
- ◆ Primary physician not skilled in identifying and/or treating HIV/AIDS; confusing symptoms of HIV/AIDS with other senior-related disorders.
- ◆ Staff education on HIV/AIDS in senior communities and senior sexuality.

Case Study 5

- ◆ Stigma of losing job and being deported; fear of rejection by community; language barrier.
- ◆ Staff cultural competency; bilingual staff.
- ◆ Education to reduce stigma; linkage to culturally appropriate case management staff.

Case Study 6

- ◆ Issues of sexual identity; stigma of a drug addiction; fear of rejection by community and possibly physical violence.
- ◆ Culturally competent staff; staff with expertise in HIV/AIDS and drug use.
- ◆ Educate client on issues related to maintaining good health practices, prevention, addiction treatment and support services.

Case Study 7

- ◆ Stigma of having HIV/AIDS and being heterosexual; fear of rejection by community and peers.
- ◆ Organization does not provide holistic health services and lacks identity as a health provider for specifically women and women of color.
- ◆ Empowerment through peer interaction with other women of color, education about HIV/AIDS and transmission issues, as well as maintaining positive health practices.

Show Slide V-4.



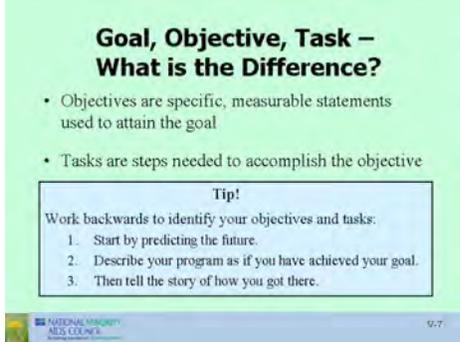
Say: *We now need to shift our focus to YOU – we will:*

- ◆ *Move from strategies to action plans. This will include what we need to implement these plans.*
- ◆ *We'll begin this process by looking at goals.*

Goal Setting

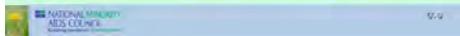
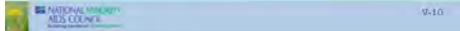
(Time: 28 minutes)

<p>PG p. V-10. Show Slide V-5.</p>  <p>Tell the participants that in order for them to make the most of their investment of time in attending this training; they will need to plan to apply their insights to create positive change.</p> <p>Say: <i>This module is designed to help you learn how to write effective goals. Then we'll look at writing action plans to achieve those goals.</i></p>	<p>Goals are broad statements about desired outcomes. They are a way to define your vision of success and the practical path for reaching your desired outcomes. It is important to distinguish between goals, objectives, and mere activities or tasks. The best way to do this is to keep focusing on the desired outcomes.</p>
<p>Show Slide V-6.</p> 	<p>Why Are Goals Important?</p> <ul style="list-style-type: none"> • Goals provide direction. <ul style="list-style-type: none"> With goals to guide you, you can focus your efforts only on those activities that move you toward your desired outcome. • Goals tell you how far you have traveled. <ul style="list-style-type: none"> Goals provide clear milestones on the road to results.

<p>Review the importance of having goals.</p> <p>Explain that sometimes people have problems with goals because they are too broad, or too general, or simply not on target.</p>	<ul style="list-style-type: none"> Goals help to make your overall vision attainable. <p>Goals help you achieve success by helping you identify small steps that will help you reach the necessary results.</p>
<p>Transition: <i>Sometimes people get confused about the difference between a goal, an objective, and a task. Let's take a look at these differences.</i></p>	<p>Goals are useful in looking forward, as well as looking backward. In looking forward, goals help provide a direction; they can serve as a roadmap. When looking back at your goals (and tasks), you can see what you have accomplished and what is still left undone.</p>
<p>Show Slide V-7.</p>  <p>Explain the difference between a goal, and objective, and a task (or action step).</p> <p>Say: <i>Since goals are the path to your results, they will be broader than the objectives and tasks. In a sense, tasks are the small bites that lead you to accomplish your objectives and reach your desired outcomes (goals).</i></p> <p>Review the example and the</p>	<p><i>What is the Difference Between a Goal, an Objective, and a Task?</i></p> <p>Goals generally give us a “big picture” statement of a clearly defined desired outcome.</p> <p>Objectives are the “big steps” you take to attain a goal. Goals tend to be broader and general, and often do not include a timeframe, while objectives should be specific, time-oriented, etc.</p> <p>Tasks (often also called action steps or activities) are the smaller steps you take to meet the objectives and finally fulfill your goal. To determine which activities would be appropriate to accomplish a given objective consider the following sources:</p> <p>A Non-HIV/AIDS Stigma Example</p> <ul style="list-style-type: none"> Goal: To have a better understanding of investing. (One) Objective: To list the advantages and disadvantages of bonds versus other investment options by next June 15. Tasks: <ul style="list-style-type: none"> Go to the library and get a book on different investment options Visit web sites for bond information Read/research for one hour three days per week Call your friend who’s had success in the bond

<p>tip.</p> <p>Transition: <i>Now let's look at how to make sure you have well-written objectives so that you can reach your goals.</i></p>	<p>market</p> <p>Tip: All tasks should be written down on the same paper as the objective they support and given a set target date.</p>
<p>PG V-12.</p> <p>Show Slide V-8.</p> <div data-bbox="186 632 647 976" style="background-color: #e0ffe0; padding: 10px;"> <p>Objectives: Make Them SMART</p> <ul style="list-style-type: none"> • Specific – Expected outcome is stated concisely and explicitly • Measurable – Outcome can be assessed • Achievable – Outcome is based on the situation, resources, and time available • Relevant – Objective assists you with your mission • Time-oriented – Objective includes realistic timeframes </div> <p>Say: <i>This SMART acronym is very much used, and probably familiar to many of you.</i></p> <div data-bbox="198 1152 298 1276" style="background-color: black; color: white; text-align: center; width: 40px; height: 40px; line-height: 40px; margin-bottom: 5px;">?</div> <p>Ask: <i>Who here is already familiar with how to use the SMART acronym to improve the quality of your objectives (and goals)?</i></p> <p>Explain each letter of the SMART acronym or invite the participants to share what they know about SMART goals.</p> <p>Note: you may use the script below or use your own words to review each letter.</p> <p>Say: <i>The letters in SMART show up a little varied in</i></p>	<p>Objectives: Make Them SMART</p> <ul style="list-style-type: none"> • Specific <p>The expected outcome should be stated concisely and explicitly.</p> <p>A specific objective has a much greater chance of being accomplished than a general one. Specifics help to focus efforts on <u>what</u> we need to do to reach our desired outcomes.</p> <p>Consider answering: What, Why and How.</p> • Measurable <p>The outcome can be assessed: on a numbered scale (1–10) or as a “success” or “failure.”</p> <p>Set concrete criteria for measuring progress toward the attainment of each objective.</p> • Achievable <p>The outcome is based on the situation, resources, and time available.</p> <p>Make sure all the stakeholders have bought into your objectives and goal/s in order to help achieve them.</p> • Relevant <p>The goal (and all related objectives) assists you with your mission.</p> <p>Ensure you keep the desired outcomes in mind and explicitly express them in these statements.</p> • Time-oriented <p>Each objective should include realistic timeframes.</p>

<p><i>different sources, but in general they stand for:</i></p> <p>S = specific: <i>What, Why and How? The more specifically your objective/s answers these questions, the better it is.</i></p> <p>M = measurable: <i>Establish concrete criteria for measuring progress toward the attainment of each objective you set.</i></p> <p>A = achievable: <i>your outcome is realistic given your current situation, resources and time available.</i></p> <p>R = relevant: <i>your goal and all the objectives assist you with your mission.</i></p> <p>T = time-oriented: <i>your objectives should have deadlines and milestones stated in them.</i></p> <p>Note: Do not too spend a lot of time on the acronym (especially if the majority of the participants are familiar with it), so that you can move into the action planning mode.</p> <p>Transition: <i>Let's check your understanding of this acronym before we move on.</i></p>	<p>Set a timeframe: for next quarter, in six months, by year end. Putting an end point on an objective gives you a clear target to work toward.</p>
<p>Show Slide V-9.</p>	<p>Sample “Not So Good” Objectives</p>

<p style="text-align: center;">Are These SMART?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Objective</p> <ul style="list-style-type: none"> • Develop an anti-stigma video to be used by the beginning of next quarter. • Create an organizational chart of all staff by the end of the year. • Improve the understanding of staff on the value of treating all clients with respect. </td> <td style="width: 50%; vertical-align: top;"> <p>Problem</p> <ul style="list-style-type: none"> • Not achievable – its very difficult to develop a video in a short time frame. • Not relevant – a chart may be helpful but is not useful based on your mission. • Not measurable – you cannot measure “improve understanding” </td> </tr> </table>  <p>Animate the slide to show the first objective.</p> <p>Solicit input on the problem with that objective.</p> <p>Animate the slide to show the problem.</p> <p>Note: repeat this process for the next two objectives.</p> <p>Transition: <i>Great. Now let’s get to work and write SMART goals and objectives for your organization.</i></p>	<p>Objective</p> <ul style="list-style-type: none"> • Develop an anti-stigma video to be used by the beginning of next quarter. • Create an organizational chart of all staff by the end of the year. • Improve the understanding of staff on the value of treating all clients with respect. 	<p>Problem</p> <ul style="list-style-type: none"> • Not achievable – its very difficult to develop a video in a short time frame. • Not relevant – a chart may be helpful but is not useful based on your mission. • Not measurable – you cannot measure “improve understanding” 	<p style="text-align: center;"><u>Objective</u></p> <p>Develop an anti-stigma video to be used by the beginning of next quarter.</p> <p style="text-align: center;"><u>Problem</u></p> <p>Create an organizational chart of all staff by the end of the year.</p> <p>Improve the understanding of staff on the value of treating all clients with respect.</p>
<p>Objective</p> <ul style="list-style-type: none"> • Develop an anti-stigma video to be used by the beginning of next quarter. • Create an organizational chart of all staff by the end of the year. • Improve the understanding of staff on the value of treating all clients with respect. 	<p>Problem</p> <ul style="list-style-type: none"> • Not achievable – its very difficult to develop a video in a short time frame. • Not relevant – a chart may be helpful but is not useful based on your mission. • Not measurable – you cannot measure “improve understanding” 		
<p>Show Slide V-10.</p>  <p style="text-align: center;">Activity 2: Writing <u>Your</u> SMART Objectives/Goals</p> <p>Individual activity:</p> <ul style="list-style-type: none"> • Activity 2 Worksheet • Write one goal with two or three objectives for your anti-stigma efforts • Check each objective to see if it is SMART, and rewrite if necessary • <i>Time = 8 minutes</i> 	<p style="text-align: center;">Activity 2</p>		



State the goal of the activity:

The focus of this activity is to allow you time to develop goals and objectives for your organization's HIV/AIDS anti-stigma efforts.

Ask the participants to turn to page V-14 in their manuals.

Review the directions on the slide.

1. Work individually to write one goal with two or three objectives.
2. Check each objective to see if it is SMART, and rewrite if necessary.

Note: you might want to walk them through an example on a newsprint – work together to write one goal and one objective – before having them complete the activity on their own. See the draft work plan on the next page for ideas (note: this draft plan is not included in the PG).

Say: *You might want to review your notes and check any pages you marked in your PG (for further action) before you write your goals/objectives.*

Allow 8 minutes to do this activity.

Draft Work Plan — For Facilitator to use to provide examples (as needed) in Activity 2 and 3

February 16, 2007

Goals	Objectives	Tasks/Action Steps	Resources	Deadline	Outcomes
1. Educate agency staff on strategies to address HIV/AIDS related stigma.	A. To develop essential skills and knowledge to address stigma	1.A.1. Attend NMAC workshop to get learn about training program and options.	Charlie; Lucy	4/07/2007	Copies of guides for NMAC workshop
		1A.2. Schedule meeting with selected to discuss roles and responsibilities in putting together a training workshop.	Linus	4/15/2007	
		1.A.3. Develop additional agency-specific participant materials to be used at the workshop.	Snoopy	6/1/2007	Outlines, documents, samples, etc.
		1.A.4. Schedule workshop session/s and send email invitations to all staff.	Linus	6/1/2007	Training calendar; email invitation.
	B. Produce informational and/or marketing materials to focus on increasing knowledge to reduce stigma	1.B.1. Hold meeting to brainstorm creative ideas.	Sally	4/31/2007	List of ideas for info/marketing materials.
		1B.2 Hire graphic designer (writer, etc.) to develop draft materials.	Sally	7/01/2007	Drafts of materials

Activity 2 Writing Your SMART Goals and Objectives

Directions:

1. Work individually to write one goal with two or three objectives to reduce stigma in your organization (or community).
2. Check each objective to see if it is SMART, and rewrite if necessary.



Specific
Measurable
Achievable
Relevant
Time-oriented

Goal

Objective #1

Objective #2

Objective #3

Call time and ask for input from several volunteers.



Ask: *Who would like to share with us?*

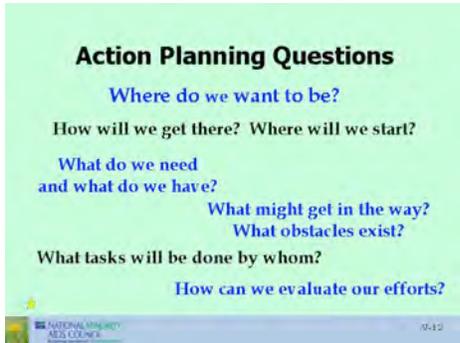
Debrief the learning by asking:

- *Was it easy or hard to write these goals/objectives?*
- *What did you learn or relearn about writing goals/objectives?*
- *How do you see yourself implementing your goals/objectives after this workshop?*

Transition: *Great! So once we've set our goals and objectives, we need to figure out how to successfully implement them. That's where an action plan comes in.*

Action Planning

(Time: 40 minutes)

<p>Show Slide V-11.</p>  <p>Introduce the concept of action planning.</p>	<p>With goals and objectives in place, your organization is now poised to develop a roadmap to reduce HIV/AIDS related stigma.</p> <p>Successful organizations use a detailed action plan to ensure a systematic process to implement performance measures. Clear objectives, an effective decision-making structure, defined roles, prioritized tasks, and consensus on when the action should end are all elements of an effective action plan.</p>
<p>PG p. V-16.</p> <p>Show Slide V-12. (Note: This slide will animate automatically.)</p>  <p>Review the steps on the table.</p> <p>? Ask: <i>Who has developed an action plan before? What did you learn in the process? What tips do you have for us?</i></p> <p>Solicit comments.</p> <p>Transition: <i>Okay, so now let's get started on your action plans.</i></p>	<p>See Ten Steps Table below</p>

Ten Steps for Moving to Action

Step	Questions to Ask
1. Situational Analysis	Where are we now? How have things been in the past? How are they now? Where is the stigma in the community or workplace?
2. Vision	Where do we want to be? How would things look if we could make a difference? What is our 'vision' of the future with reduced stigma?
3. Tasks/Activities	How will we get there? What kind of activities can help reduce stigma? [Brainstorm lots of ideas.]
4. Prioritize	Where will we start? What are the most feasible actions to start doing? What is the most important action?
5. Resources	What resources do we need? What resources are available? What skills and/or training is needed? Where will we find funds?
6. Obstacles	What might get in the way? What, if any, obstacles exist? What might prevent us from meeting our goals? What can we do to overcome these obstacles?
7. Indicators/Signs	How will we know that we are successful? How will we measure our success? What indicators will show us that stigma is reducing?
8. Actions	What tasks can be assigned to whom? How will we hold people accountable?
9. Evaluate	How are we doing? What, if anything, needs to be changed?
10. Start Again/Anew	What do we need to do now , based what we learned from the evaluation?

Show Slide V-13.

Activity 3: Developing an Action Plan

Individual activity:

- Activity 3 Worksheet
- Write goals/objectives for your anti-stigma efforts – use the ones from Activity 2 or write new ones
- Complete the table columns for each goal/objective
- Find a partner and give/get feedback
- Time = 15 minutes

NATIONAL MINORITY AIDS COUNCIL



State the goal of the activity:

The goal of this activity is two-fold:

- *to help you improve upon your goals/objectives, by sharing them with a partner and receiving feedback, and*
- *to draft specific strategies, tasks, and deadlines to support the achievement of your goals.*

Ask the participants to turn to page V-17+ in their manuals.

Review the directions on the slide.

Say: *Don't worry about getting everything perfect on your plan. Just get started so that you can:*

1) get some feedback from a partner, and 2) get your plan started before you leave this workshop.

Allow 15 minutes for the activity.

Activity 3

Activity 3

Developing an Action Plan

Directions:

1. Complete the Action Plan Worksheet on the next page by:
 - writing goals and objectives (you can use the same goal/s from Activity 2, or modify/revise those goals, or write new ones)
 - adding tasks, resources, and deadlines for each goal/objective
2. Find a partner and share your goals and action plans. Give and receive feedback on:
 - ways of making your objectives ‘SMARTer’
 - tasks, deadlines, etc.
3. Revise your plan as necessary.

Action Plan Worksheet

Goal	Objectives	Tasks/Action Steps	Resources Needed	Deadline
Goal #1:	#1	•		
		•		
		•		
		•		
		•		
	#2	•		
		•		
		•		
		•		
		•		

Goal	Objectives	Tasks/Action Steps	Resources Needed	Deadline
	#3	•		
		•		
		•		
		•		
		•		
	#4	•		
		•		
		•		
		•		
		•		
		•		
		•		

Goal	Objectives	Tasks/Action Steps	Resources Needed	Deadline
Goal #2:	#1	•		
		•		
		•		
		•		
		•		
	#2	•		
		•		
		•		
		•		
		•		
		•		

Goal	Objectives	Tasks/Action Steps	Resources Needed	Deadline
	#3	•		
		•		
		•		
		•		
		•		
	#4	•		
		•		
		•		
		•		
		•		

<p>Call time and ask for input from several volunteers.</p> <p> Ask: <i>Who would like to share?</i></p> <p>Debrief the learning by asking:</p> <ul style="list-style-type: none"> • <i>How did that go?</i> • <i>Did you find it helpful to work with a partner – both to get feedback and to see another person’s goals? What did you find important?</i> • <i>How do you see yourself using this action plan?</i> <p>Transition: <i>Great! Let’s talk about some next steps.</i></p>	
<p>PG p. V-22.</p> <p>Show Slide V-14.</p>  <p>Say: <i>We do have a request of you. We conduct this training workshop because we want to make a difference – so we are vitally vested in your ability to achieve the goals you’ve set today!</i></p>	<p>Post-Workshop Assistance</p> <p>We conduct this stigma workshop because we want to make a difference – so we are vitally vested in your ability to achieve the goals you have set today!</p> <p>Therefore, it is in the best interest of <u>all</u> of use, to know how you are doing after you leave this workshop session. You’ve planned to succeed, but how did your plan work?</p> <p>So, here’s what we ask of you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Send us your plans. When you return to your home base, please send National Minority AIDS Council a copy of your action plan – your goals and action steps you will take to achieve them. <input type="checkbox"/> Send us your progress. What progress did you make? Do you have lessons-learned and/or success stories to share?

We want to know how you are doing after you leave this session. You are leaving with the start of an action plan.

When you return to your home base, please send National Minority AIDS Council a copy of your action plan.

Send us your progress, as well. What progress did you make? Do you have lessons-learned and/or success stories to share?

With your permission, we publish your ideas, plans, lessons learned and success stories on our website so they can inspire and assist others.

Our email address is: stigma@nmac.org. Thanks in advance!

Finally, don't hesitate to contact us if you need any assistance. We are more than happy to help!

We will publish your ideas, plans, lessons learned and success stories on our website so they can inspire others and be useful as tools for others to try.

**Send post-workshop materials to:
stigma@nmac.org**

Module V Summary and Workshop Wrap-up

(Time: 25 minutes)

Show Slide V-15.



Summarize Module V:

Say: *Let's take a quick look back at the objectives for this module to make sure we've accomplished them.*

Review each objective by asking if it was accomplished and by asking for volunteers to recall/state key points/ideas on that topic.

Transition: *Great. Now, let's make sure we've covered our parking lot issues as well.*

Goals are broad statements about desired outcomes. They are a way to define your vision of success and the practical path for reaching your desired outcomes. Goals are important because they:

- Provide direction.
- Tell you how far you have traveled.
- Help to make your overall vision attainable.

Your SMART goals and strategic action plans will help you ensure that you can successfully implement your plan and make a change for the better in your efforts to reduce HIV/AIDS related stigma.

Show Slide V-16.



Address issues remaining on the Parking Lot.

Ask if there are any other remaining questions.

Show Slide V-17.

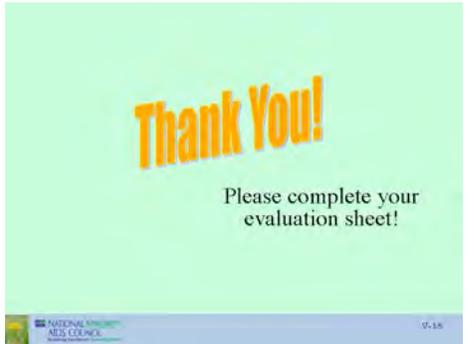


Say: *Okay, I hope you have some energy left for a fun and creative activity to wrap-up the workshop. So, let's stand up and get ready to be creative!*



Ask the participants to get themselves into groups at the four designated newsprints.

Assign one of the following

<p>'statements' to each group:</p> <p>Reducing HIV/AIDS stigma in my community/organization is like:</p> <ol style="list-style-type: none"> 1. Driving in traffic 2. Planting a garden 3. Hosting a party 4. Playing football <p>Tell the groups to write the statement on their newsprint and then work together to complete the sentence – with as many options as possible!</p> <p>Debrief the activity by asking all the participants 'visit' a newsprint for a presentation by that specific group. Give a round of applause for each group.</p>	
<p>Show Slide V-18.</p>  <p>Ask them to complete a course evaluation.</p> <p>Thank the participants.</p>	