



# Stigma-Free Health Care to End the HIV Epidemic

# Conflict of Interest Disclosure Statement

- Junda Woo, MD, MPH, has no commercial conflicts

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# Learning Objectives

- Understand the definition of stigma
- Learn the connection between stigma and adherence to medical care
- Understand current concepts in HIV, including PrEP and Treatment as Prevention (U = U)
- Reflect on stigma that may exist in our own healthcare facilities
- Gain strategies to interact with key populations affected by HIV with respect and without promoting stigma

# What is Stigma?

- CDC: Negative attitudes and beliefs that come with labeling an individual as part of a group that is believed to be socially unacceptable<sup>1</sup>
- Associated with lack of knowledge, fears about disease and death, “us” versus “them” categorization
- Results in status loss, discrimination and unequal outcomes
- Examples: mental health diagnoses, COVID-19, disability, sexually transmitted infections, miscarriage and abortion

[1] CDC. (2020). HIV Stigma and Discrimination.  
<https://www.cdc.gov/hiv/basics/hiv-stigma/index.html>

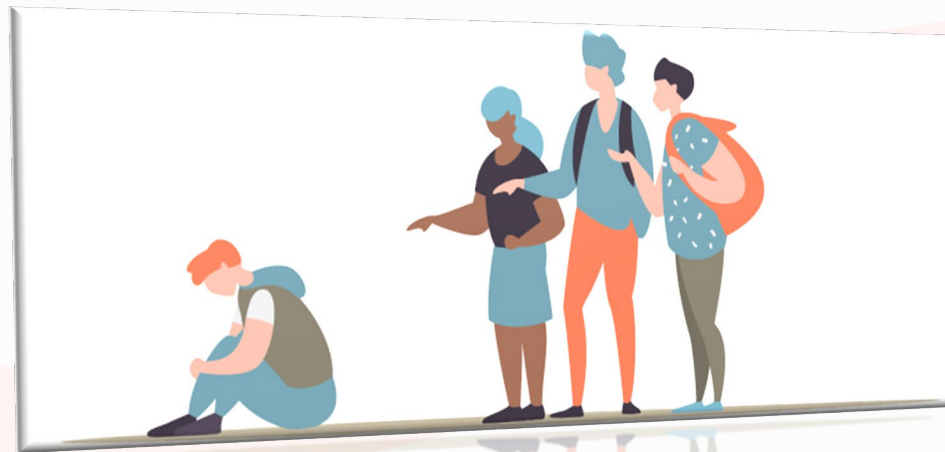
# How Do People Stigmatize?

- Isolation and rejection
- Shaming and blaming
- Discrimination
- Self-stigma
- Stigma by association
- Layered stigma



# What is HIV Stigma?

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices



[CDC. (2020). HIV Stigma and Discrimination.  
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# Examples of Stigma In Health Care

- Making assumptions about client's risk behaviors and income level
- PPE and cleaning beyond what is recommended by OSHA/CDC, ex. gloves when there is no contact with bodily fluids or chemicals
- Unfriendly looks. Gossip. Nicknames
- Keeping clients waiting longer
- Poorly done, rushed examinations, with minimal contact
- Refusing to either treat clients or refer them to other staff. Blaming clients for “immoral” behavior
- Pressuring clients to be tested or undergo procedures without their consent and adequate counseling

# Effects of Stigma

- Not getting tested or screened
- No longer going to the health facility
- Hiding or stopping use of medication
- Worse health outcomes





# Effects of Stigma on HIV Epidemic

- Stigma may deter people from getting tested for HIV
- People experiencing stigma are less likely to stay in care or adhere to therapy<sup>1</sup>
- PLHIV who experience stigma are less likely to disclose their status to partners and healthcare workers<sup>2</sup>
- Stigma deters people from accessing PrEP <sup>3</sup>, currently used by only 13% of people in Bexar County who are eligible<sup>4</sup>

[1] Sweeney SM, Vanable PA. (2016). The Association of HIV-Related Stigma to HIV Medication Adherence: A Systematic Review and Synthesis of the Literature. *AIDS Behav.* 20(1):29–50,

[2] Sayles JN, Ryan GW, Silver JS et al. (2007). Experiences of Social Stigma and Implications For Healthcare Among a Diverse Population of HIV Positive Adults. *J Urban Health* 84(6):814-28

[3] Golub SA. (2018). PrEP stigma: implicit and explicit drivers of disparity. *Curr HIV AIDS Rep.* 15(2): 190–197.

[4] <https://ahead.hiv.gov/locations/bexar-county>

# 5 Stigma-Busting Myths about HIV



<https://www.them.us/story/top-10-stigma-busting-myths-about-hiv>



# We Can Reduce Healthcare Stigma

- Educate patients and colleagues about the manageability of living with HIV
- Promote single-capture sexual and gender histories
- Avoid stigmatizing or coded language for HIV-positive patients
- Avoid unnecessary, excessive PPE for routine tasks
- Speak up and challenge stigma when we see it
- Avoid lecturing, shaming or fining people who miss appointments or otherwise “lapse”
- Vet your referral providers and provide warm handoffs

**ENDSTIGMA**  
**ENDHIV** ALLIANCE  
OF SAN ANTONIO

**YOUR GUIDE TO CREATING A  
STIGMA-FREE HEALTH-CARE ZONE**

**TARGET AUDIENCE:** Health-care providers, staff, and administrators at hospitals, urgent care centers, clinics, testing centers, and other settings that serve people living with HIV.

# Breakout Group Case A

- Alex, a staffer in an Emergency Department, is about to take the vital signs of a patient who tested positive for HIV. The patient tested negative for COVID-19. Before going in, Alex puts on gloves, a gown, a mask and face shield.

# Breakout Group Case B

- Bobby, a 30-year-old gay man, goes to an urgent care center. He's been having painful sores but because of prior experiences in healthcare, tells the nurse only that he has constipation. The nurse tells him that there are a lot of people in front of him with more serious conditions, and that he will have to wait. When the doctor comes, she asks: "What have you been doing? How did you get this STD? When was the last time you had sex? When was the last time you had sex with a woman?" Bobby walks out, embarrassed.

# Breakout Group Case C

- Christina, a 30-year-old woman, shows up at 9:30 a.m. for a 9 a.m. appointment after a long shift that ended at 5 a.m. The front desk clerk tells her, “You were supposed to be here half an hour ago, now you’ll just have to wait.” Later, a nurse asks Christina why she needs an STI test again: “We talked about using condoms last time.” When she sees the healthcare provider, he avoids eye contact and says, “You were just here—why are you here again so soon?” Christina explains that she’s a sex worker. The healthcare provider asks, “Do you like doing that? Isn’t there another job you could do?” Christina gets tested, but feels ashamed.

# Breakout Group Case D

- Drew, a 22-year-old who injects drugs and sometimes shares needles, goes to a health center for an STI check. While drawing blood, the nurse notices track marks. The nurse misses the vein and calls for assistance—"this one's a tough stick." Drew can see pointed looks among staff members, and feels self-conscious. When the doctor comes into the room, the first thing she says is, "So, you're a drug user!" The doctor does a rushed exam. Drew asks about PrEP, but the doctor is skeptical that Drew would adhere to the regimen and does not prescribe it.

# Resources

- Clinical Consultation Center  
<http://nccc.ucsf.edu/>
  - HIV Management
  - Perinatal HIV
  - HIV PrEP
  - HIV PEP line
  - HCV Management
  - Substance Use Management
- AETC National HIV Curriculum  
<https://aidsetc.org/nhc>
- AETC National Coordinating Resource Center  
<https://targethiv.org/library/aetc-national-coordinating-resource-center-0>
- Additional trainings  
[scaetcecho@salud.unm.edu](mailto:scaetcecho@salud.unm.edu)



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