

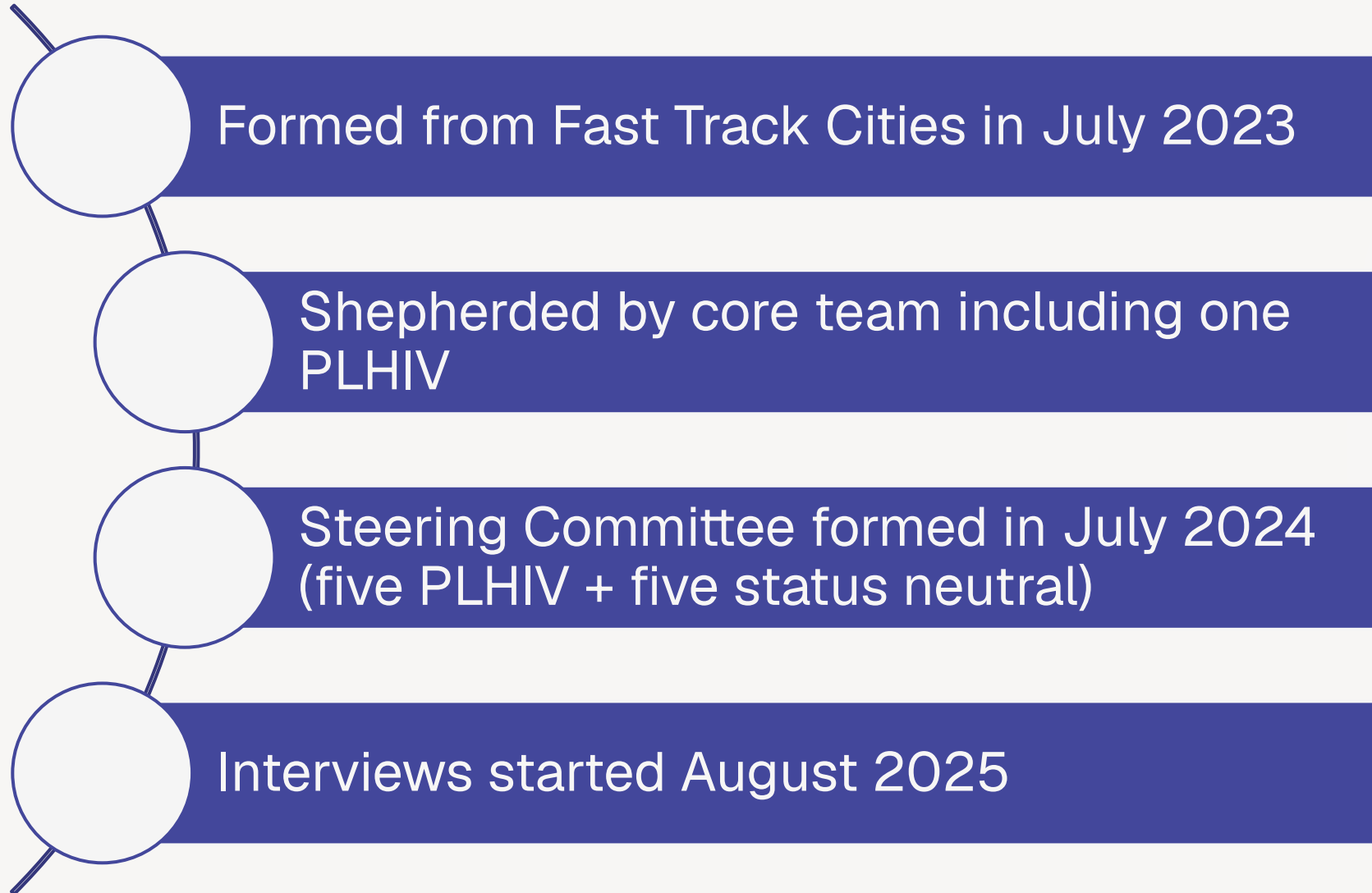


"There should be more information in the public at large about what it means to be HIV positive and undetectable. I don't think the public understands that."

Austin TGA Stigma Index 2.0 Participant



Central Texas PLHIV Stigma Index Process



LIVE BOLDLY, END HIV STIGMA IN CENTRAL TEXAS

Your experience can make a difference: Be a part of the Central Texas HIV Stigma Index project led by people living with HIV for people living with HIV.



Scan QR code for more information
or reach out to our secure and confidential
email to get involved:
austinstigmaindex@cardeaservices.org



linktr.ee/ftcsdohe



WANT TO HELP END HIV STIGMA? GET INVOLVED TODAY!

Are you:

- Living with HIV
- 18 or older
- English or Spanish speaking

You may be able to participate in a confidential 60-90 minute interview about your experiences with HIV stigma to inform policies, improve services and strengthen advocacy efforts for people living with HIV.

You will receive a \$100 incentive
for your participation.

06/26/2025



Austin TGA Implementation

- Implemented across the Austin Transitional Grant Area (TGA)* from 2024 – 2026
- Proposal developed by the Social Determinants of Health & Equity Workgroup, Fast-Track Cities
- Partners:
 - PLHIV-led Steering Committee
 - Austin Public Health
 - Cardea Services (research partner)

*Austin TGA includes Travis, Williamson, Hays, Bastrop, and Caldwell counties, eligible for federal funding under Ryan White HIV/AIDS program.

Slide courtesy of Austin Public Health

Recruitment

- **Recruitment strategies:** In-person recruitment at HIV clinic (David Powell Clinic), flyers, posters, social media, word of mouth, referrals from community organizations, and trusted community networks
- **Incentives:**
 - Participants received \$100 (two \$50 gift cards) per interview
 - Interviewers received \$125 per interview
- **Interviewers:** PLHIV, ages 20 – 70, fluent in English or bilingual English and Spanish
- **Format:** In-person interviews were conducted in private, participant-centered locations and lasted approximately 60 to 90 minutes



Keys to Our Success – Community Led with Public Health Rigor

- Don't go it alone – our partnership and supporters included
 - Local government
 - Health and human services community
 - PLHIV community
 - Local non-profits that could help us access communities
- Remember, this is community-led research – it is community-owned and you have to facilitate
 - We recruited our steering committee from 180+ organizations and intentionally selected based on demographic diversity, skills, and community connections
 - We brought in people with community connections to help us reach diverse populations
- Budget realistically and find funders for specific things
 - Funding incentives to interviewees directly puts money in the hands of PLHIV

Keys to Our Success – Community Led with Public Health Rigor

- Nurture your interviewers – remember they will hear emotionally taxing stories
- Let interviewers directly contact interviewees (we did not do this)
- Ensure your team is diverse and representative of the community and has the following skillsets:
 - Public health and social science research methods
 - Marketing and communications
 - Community connections / ability to get support in the community
 - Empathy and applied interviewing skills (look for people who work day-to-day with vulnerable populations and/or PLHIV including professional qualitative researchers, social workers, human services professionals, etc.)



Key Findings

- **Support and stigma coexisted:** many participants found acceptance after disclosure, yet more than half still reported difficulty disclosing or hiding their HIV status.
- **Stigma influenced relationships and social participation,** contributing to isolation, reduced intimacy, and avoidance of support networks.
- Participants described **significant emotional impacts**, including shame, guilt, lower self-confidence, and challenges forming close relationships.
- **Stigma affected healthcare decisions**, but participants also highlighted **actionable solutions**, including education, confidentiality protections, U=U awareness, and peer-led support.

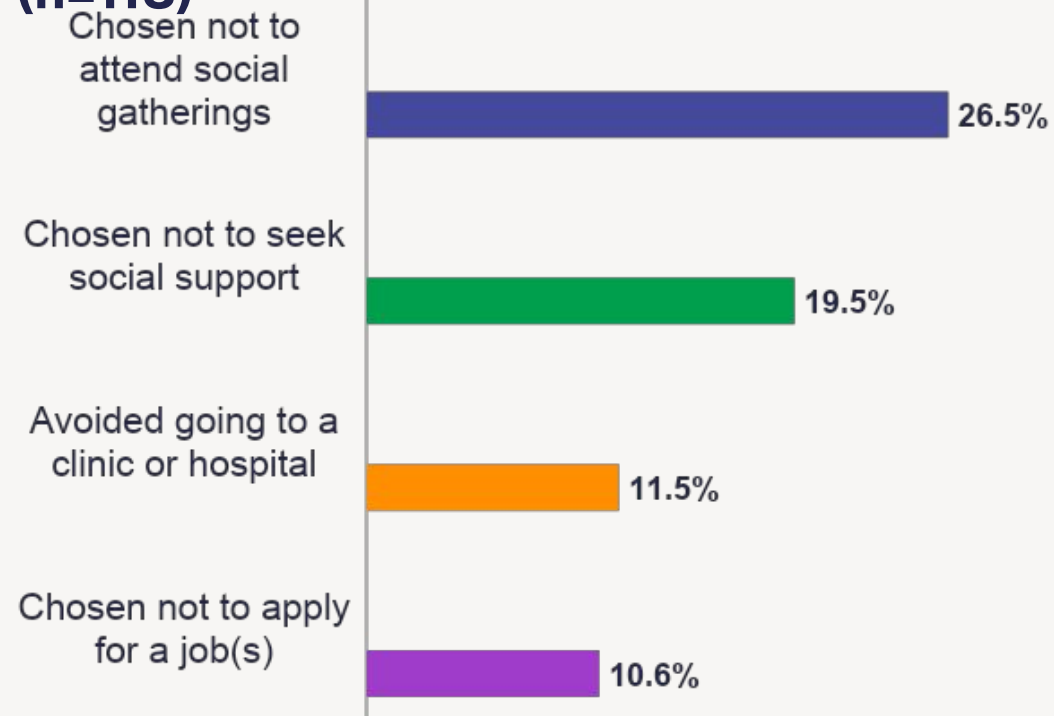


"I had to disclose about any kind of medical issues I had and...when I disclosed that to the HR person he about jumped out of his chair and he goes, "oh my", and he backed up from the desk, and we used to be on good talking terms...But from that point on, he never spoke to me again...It was awful. Well, it was just awful. I don't know if he ever disclosed it to anybody else, but he started treating me differently. Yeah, he basically shunned me."

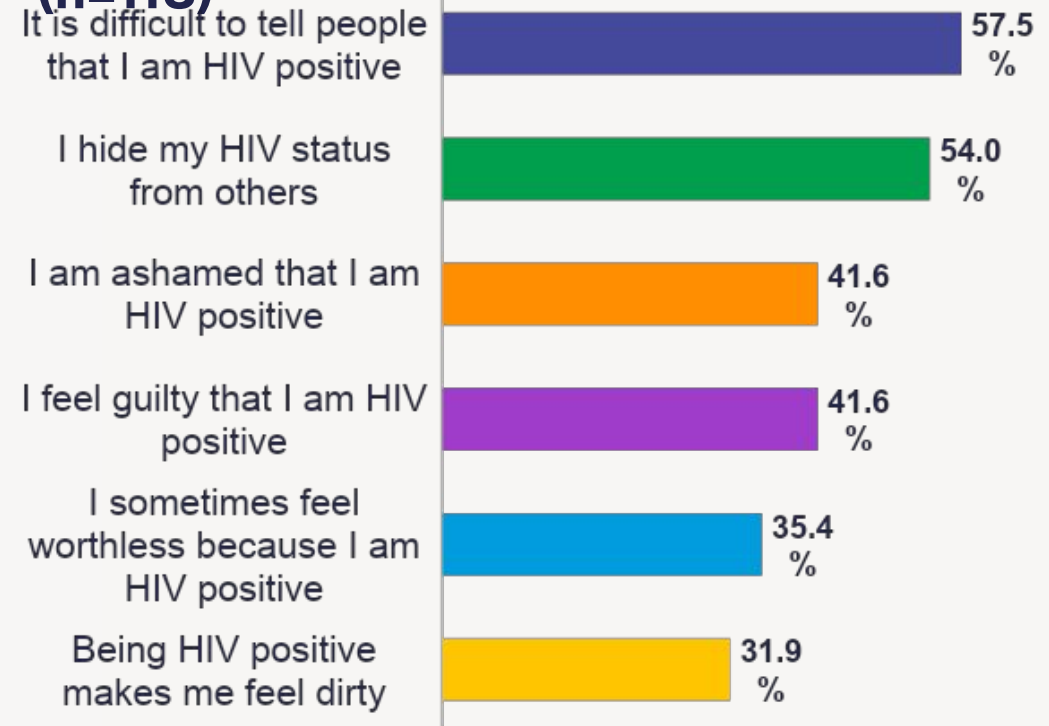
Austin TGA Stigma Index 2.0 Participant

Internalized Stigma

Internalized stigma over the last 12 months (n=113)



Feelings of shame and guilt due to HIV status (n=113)



Note: All 113 participants responded to this question, with some participants having multiple internalized stigmas

Interaction with Health Services

Reason for hesitating, delaying, or avoiding HIV care or treatment

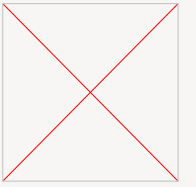
- Stigma shaped participants' choices around HIV testing, care, and treatment
 - Over a quarter delayed testing, wary of how others might react to a positive result
- For some participants, stigma hindered engagement with HIV testing, care, and treatment
 - Fearing reactions to a positive result, over a quarter hesitated to test (28.3%)
- Why participants delayed or avoided HIV care:
 - Feeling unready to face HIV infection (37.2%)
 - Worry that outsiders would learn their status (32.7%)
 - Fear of mistreatment or unauthorized disclosure by health workers (30.1%)
 - Disclosure to partners, family, or friends (21.2%); past bad experiences with health workers (19.5%)
- Fear of mistreatment or disclosure (30.1%) and prior negative encounters with health workers (19.5%) drove hesitation or delay in starting HIV care

Qualitative Responses

Themes reflected both the persistence of stigma and the resilience of individuals and communities working to create more informed, respectful, and supportive environments.

Top Coded Theme	Number of Responses
Expanding public education about HIV	45
Directly challenging HIV-related stigma	22
Addressing stigma in healthcare settings	19
Navigating stigma within families	15
Increasing awareness of U=U	15





Emerging Opportunities

**Provide
stigma-free,
trauma-informed,
culturally
responsive
community training**

**Expand peer-led
support, education,
and community
connection**

**Increase
awareness of legal
protections and
advocacy
pathways**

**Launch
community-wide
HIV education and
anti-stigma
campaigns**

**Form PLHIV-led
community
advisory board**

**Conduct additional
research to deepen
understanding of
stigma
experiences**

**Improve data
systems for
tracking stigma
and discrimination**

Discussion

- Where do you see the greatest opportunity to reduce stigma in your organization or community?
- Which 2-3 actions would have the greatest impact in the next 12-24 months?