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Center for HIV and Mental Health
Stigma Elimination Strategies

CHIMES

HIV Stigma Research in the U.S.

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HIV Stigma Remains a Priority



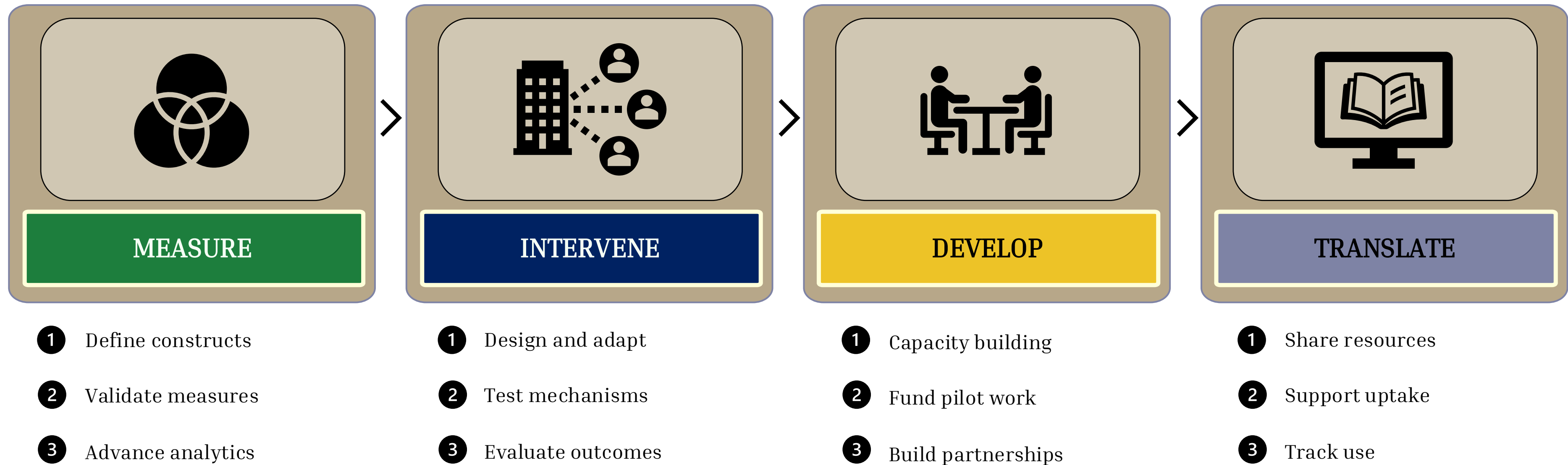
Stigma is embedded in the conditions that shape prevention, care, and well-being

Internalized	Negative beliefs applied to oneself
Anticipated	Expectation of future prejudice or discrimination
Enacted	Experienced mistreatment or discrimination
Structural	Institutional practices, policies, and social conditions



Intersectional stigma cuts across every level

CHIMES: Advancing Stigma Research



Community expertise and lived experience influence every stage

Stigma Measurement: Rigor

 A measure is useful when it fits the construct, population, and context

Define	Specify the construct and mechanism
Match	Population, language, setting/context
Test	Validity, reliability, responsiveness
Position	Exposure, mediator, target, outcome
Interpret	Use mixed methods when needed

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<https://doi.org/10.1007/s10508-025-03184-5>

ORIGINAL PAPER



Measurement of Sexual Behavior Stigma in Cisgender Mexican Sexual Minority Men: Contextual Considerations of Living in Mexico or the United States

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Abstract

We used data from the 2018 and 2019 cycles of the American Men's Internet Survey (AMIS) and the *Encuesta de Sexo Entre Hombres* (ESEH) (2017) to investigate measurement invariance of a sexual behavior stigma scale among Mexican gay, bisexual, and other sexual minority men (SMM). Employing both a two- and three-group multiple group confirmatory factor analysis (MGCFA), we established configural invariance of the scale, suggesting a uniform factor pattern structure across Mexican SMM subgroups based on country of origin and country of residence: (1) Mexican SMM in the ESEH dataset ($N = 15,015$), (2) Mexican SMM born in Mexico in the AMIS data ($N = 218$), and (3) Mexicans born in the USA in the AMIS data ($N = 1606$). The three-group MGCFA models, which separated the Mexican SMM in the USA who were born in Mexico from those who were born in the USA, demonstrated greater robustness, suggesting that the experiences of stigma among individuals within each group were more similar than when the two AMIS groups were combined. The nuanced findings underscore the importance of considering both nativity and current residence in studying sexual behavior stigma among Mexican SMM. Variations in factor loadings and prevalence of violence-related items across subgroups highlight the contextually dependent nature of sexual behavior stigma and emphasize the need for context-specific measurement tools to comprehensively understand the multifaceted nature of sexual behavior stigma within diverse populations and settings.

Keywords Stigma · Measurement invariance · Nativity · Sexual orientation · Sexual behavior



A convenient measure is not always the correct measure

Developing Stigma Interventions



Intervention components should map directly to mechanisms and levels of change

Knight et al. *BMC Public Health* (2025) 25:2579
<https://doi.org/10.1186/s12889-025-23775-0>

BMC Public Health

RESEARCH

Open Access



HIV Pre-exposure prophylaxis (PrEP) modalities and service delivery preferences among black cisgender emerging and older adult women in Baltimore, Maryland

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Abstract

Background Black cisgender women are disproportionately affected by HIV across the United States (US). Moreover, emerging adults continue to be significantly affected compared to women in older age groups. Yet in 2024, Black cisgender women and emerging adult women comprise a small fraction of HIV pre-exposure prophylaxis (PrEP) users in the US. This study examined PrEP modality, service delivery, and marketing and communication preferences by age among Black cisgender women in Baltimore, Maryland.

Methods Between October 2021 and April 2023, twelve Black cisgender PrEP-inexperienced emerging (18 to 29 years) and fourteen older (30 to 44 years) adult women were purposively recruited to participate in an in-depth interview. Interview topics included PrEP modality, service delivery, and marketing and communication preferences among the two currently approved modalities (oral and injectable) and the two modalities under investigation (ring and implant). Interviews were audio-recorded, transcribed verbatim, and analyzed using a combination of a deductive and inductive approaches. Six follow-up interviews were also conducted.

Results Emerging adult women preferred oral PrEP, but older adult women preferred long-acting injectable (LAI) forms of PrEP. Oral PrEP was preferred because it was considered the most common modality for other medications, whereas LAI was preferred because it didn't necessitate daily administration. Emerging Black adult women reported their challenges with adhering to the routine PrEP three-month follow-up period, such as transportation, scheduling appointments, conflicts with school engagements, and being in a period of transition into adulthood where they experience structural changes (e.g., health insurance). Transportation was the only reported challenge for older adult women for follow-up. Both age groups preferred longer follow-up periods to refill their PrEP prescriptions and to obtain PrEP from a trusted physician (e.g., OBGYN). Both groups of Black women expressed a preference for PrEP to be advertised through diverse means including social media campaigns, sexual health forums, peer groups on college campuses, and by featuring Black women in PrEP commercials.

- 1 Formative research
- 2 Identify barriers/preferences
- 3 Design or adapt intervention
- 4 Test intervention
- 5 Evaluate stigma mechanism/outcomes
- 6 Implementation

Implementing Stigma Interventions



Effectiveness matters, but so do reach, fit, adaptation, cost, and sustainability

Journal of the International AIDS Society

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EDITORIAL OPEN ACCESS

The State of HIV-Related Implementation Research in 2026: Lessons Learned and Future Directions

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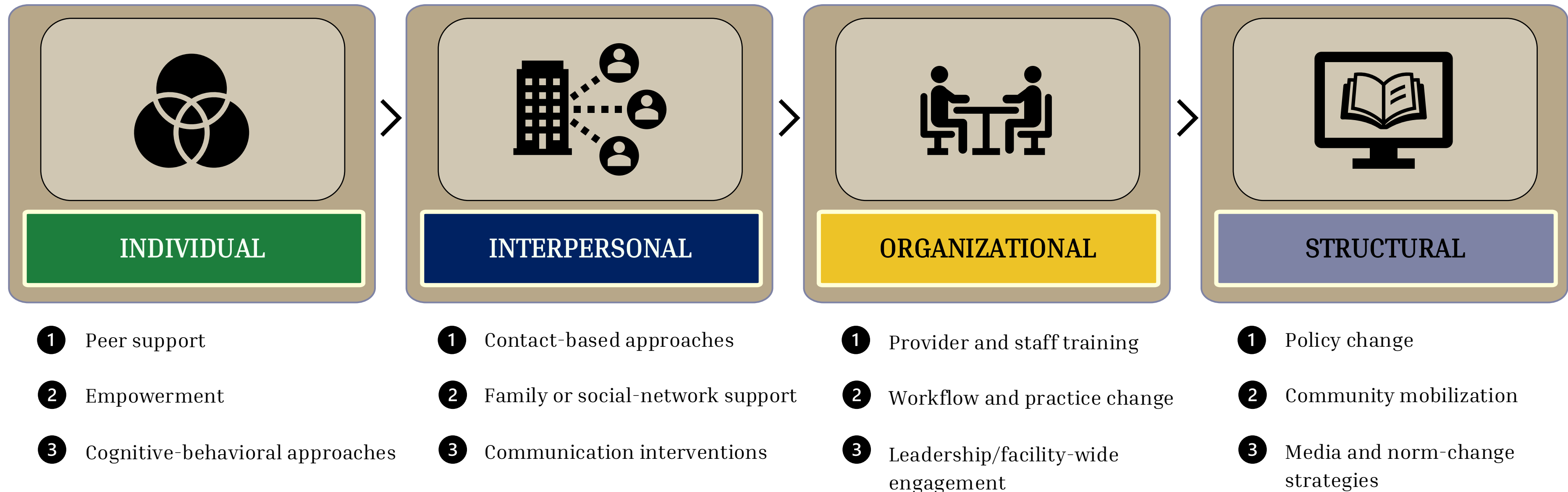
1 | Introduction

The quality and quantity of HIV-related implementation research have continued to accelerate over the past 15 years [1–3]. As a field, we have dramatically increased funding opportunities related to implementation science, while simultaneously increasing academic productivity [2]. During recent years, the rigour of implementation science-related work has also increased, with expectations of use of implementation research theories, models and frameworks, as well as increased reporting of implementation outcomes [2]. Despite these successes, there is also recognition of areas for progress [4]. Reporting implementation outcomes beyond acceptability, appropriateness and feasibility is a critical area for expansion as the field moves down the trans-

a number of which are multi-site studies, provides best practice examples of moving beyond barriers and facilitators to advancing implementation. Together, this work demonstrates opportunities to impact health at scale through increased focus on the behaviour of the health ecosystems and not just the individual patients or clients within those systems. Multiple cross-cutting themes emerge across the collection, including the importance of specifying implementation strategies, defining the mechanisms through which those strategies shape real-world impact and measuring implementation outcomes as predictors of programme effectiveness. The papers also underscore the central role of community engagement and culturally grounded approaches in addressing structural determinants of HIV prevention and care. Finally, the issue highlights HIV-related implementation

- ➊ Move beyond acceptability and feasibility
- ➋ Specify implementation strategies and their mechanisms
- ➌ Treat implementation outcomes as part of the causal pathway
- ➍ Context and adaptation matter
- ➎ Community engagement should influence implementation itself
- ➏ Community engagement also needs rigorous measurement
- ➐ Sustainability and scale need to be built into implementation research

We Know Stigma Is Modifiable



Looking Ahead: Connecting lived experience, intervention mechanisms, implementation, and health impact

HIV STIGMA IN THE U.S.

Ending HIV as a public health threat requires both effective biomedical tools and the social, clinical, and structural conditions that allow people to benefit from them.



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