NCDHHS Division of Public Health • Communicable Disease Branch

HIV/STD/HEPATITIS UNIT

HIV STIGMA REDUCTION TOOLKIT

For Ryan White Regional Networks of Prevention and Care

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ACKNOWLEDGEMENTS

This toolkit was initiated from participation with a national project called Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE). The project was an effort between the National Minority AIDS Council's (NMAC) Minority HIV/AIDS Fund (MHAF) Initiative and NORC at the University of Chicago - NORC, previously the National Opinion Research Center, is an objective, nonpartisan research organization that delivers insights and analysis that decision-makers trust. NORC partners with government, corporate, and nonprofit clients around the world to inform the critical decisions facing society.

ESCALATE was a 15-month project (Nov 2021- Jan 2023), and a first-of-its-kind training and capacity building initiative specifically designed to address internalized and externalized HIV-related stigma within the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP). The ESCALATE Learning Collaborative (LC) worked directly with RWHAP Parts A, B, C and D organizations interested in implementing a stigma reduction initiative to address stigma by helping them apply a quality assurance/quality improvement (QA/QI) approach to their stigma reduction activities.

ESCALATE aligns with the Ending the HIV Epidemic Plan (EtE) for North Carolina to assist regional networks of care and prevention in North Carolina. Efforts to reduce stigma were indicated in the NC EtE Plan that identified stigma as the main barrier to ending HIV in North Carolina. An emphasis was placed to reduce stigma among marginalized populations who have not achieved viral load suppression in North Carolina and the communities where they live, work, play, and worship.

The toolkit was created during the project by the NCDHHS stigma reduction team (SRT), staff Caressa Harding, MA, CHC (Data to Action); Esther Ross, MA, BSW (Data to Action); Luke Keeler, MPH (Data to Action); Beth Rhodes, BS (Medical Monitoring Project); Matt Hojatzadeh, MPH (HIV Care Program); Joanna Martinez, BS (State Bridge Counseling): and headed by Chris La Rose, ESCALATE Learning Collaborative (LC) for State Health Departments. The stigma reduction tool kit provides resources to compliment and work hand-in-hand with the ETE Plan for NC. The work done in the ESCALATE Learning Collaborative by the NCDHHS stigma reduction team (SRT) was very much appreciated.

To all our funded partners, our NC HIV/AIDS Prevention and Care Advisory Committee (HPCAC) and Regional Quality Council (RQC), and CDB staff, we thank you for all contributions to make this stigma reduction toolkit possible.

We also would like to extend a special recognition to Zack Moore, MD, MPH, State Epidemiologist, and Epidemiology Section Chief, Evelyn Foust, MPH the NCDHHS, DPH, Communicable Disease Branch Head, and Jacquelyn Clymore, HIV/STI/Hepatitis Director leadership for their ongoing support and guidance.

Notice to Readers:

This document was created to serve as a collection of resources from various sources for assessment and educational purposes, to increase awareness and promote action to reduce HIV related stigma in clinic and community-based agencies funded by the state that make up the Regional Network of Care and Prevention (RNCP). For each topic area, the stigma reduction team worked to provide key points, resources, and examples of activities that the RNCP can use to address stigma across the pillars and strategies of the North Carolina Ending HIV Epidemic (ETE) Plan. Many of the examples listed in this document were conducted by organizations outside of NCDHHS. These examples are provided for illustrative purposes and therefore do not constitute a NCDHHS government activity or endorsement.

Links to non-state government organizations found in this document are provided solely as a service to the reader. These links do not constitute an endorsement of these organizations or their programs by NCDHHS, and none should be inferred. NCDHHS is not responsible for the content of the individual organization sites listed in this document.

INTRODUCTION

Introduction to Ending HIV Stigma in North Carolina

There is no question that we touch, we hug, and we support our brothers and sisters living with HIV. We don't even talk about –AIDS – we talk about HIV, and how to live well with HIV. While many of our loved ones and friends did not survive to see this day, many did and became long-term survivors and thrivers. Now we begin the exciting new chapter of Ending the HIV Epidemic. We have the tools we need – even though there is not yet a cure – to identify those living with HIV and assure they have the care they need, while also assuring that more people do not contract HIV. But there is significant work to be done. It is vital that we continue to battle stigma, shine a strong light on health inequities, and act to reverse them. It's important for all individuals that provide services work to overcome barriers to care and prevention. This holds especially true for people from racial and ethnic minority groups and sexual/gender minority groups than by others, and we must have the will and the courage to change some old ways of doing business to wisely use our resources to implement the knowledge, skills, abilities, and resources we now have.

In 2019 we began development of the North Carolina Ending the HIV Epidemic Plan (ETE Plan). We visited 11 towns and cities across the state and sought the input of those most affected by HIV. At every location there was a common, strongly expressed theme: fight HIV stigma so that people can live openly and unafraid, and so that people will not fear getting tested. With that information in hand, we went on to offer (and require for those who contract with the state to provide HIV Care or Prevention services) ongoing Cultural Humility trainings. The ETE Plan was released in 2021, as we were all coming back from the COVID emergency, and anti-stigma efforts are woven throughout the Plan. This Toolkit is a start and important part of that effort.

We believe that every single agency, clinic and HIV-focused community organization can and must take steps to overcome stigma. Some of those steps might be fairly simple and include:

- Requiring all staff to attend the Cultural Humility trainings;
- Assuring that front desk staff fully understand the importance of non-judgment, since they play an important role in assuring that people stay in care;
- Changing all public-facing documents and information to use people-centered language, as outlined in this Toolkit under 'Language Matters'.

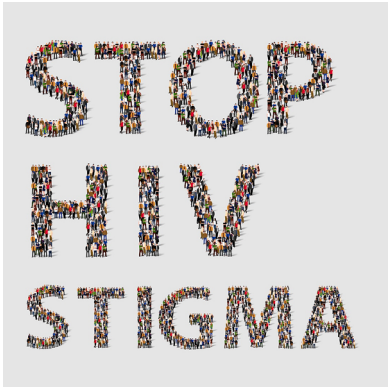
Training is available for NC-DHHS Cultural Humility and Cultural Humility in Sexual Healthcare. For more information, contact caressa.harding@dhhs.nc.gov

PURPOSE AND GOAL

Why Address HIV Related Stigma

- Addressing Stigma is critical to Ending the Epidemic (EtE) Plan for NC
- HIV stigma is a major barrier for HIV prevention, care, and treatment.
- HIV stigma even prevents some people from learning their status that will protect their health and reduce new cases of HIV because they are afraid that others will learn they were tested.
- People continue to view HIV through a stigmatized lens, rather than seeing it as a health condition.
- Research and Evidence-based Programs have shown that HIV related stigma often reinforces existing stigma for groups who are already marginalized (i.e. men who have sex with men, people who perform transactional sex, and people who inject drugs).
- Stigma Reduction efforts must be part of the Regional Network of Care and Prevention work for all aspects of HIV service delivery.
- Incorporate EtE Plan for NC strategies and pillars to guide your work: Engage and Embrace, Test and Treat, and Policy and Promotion.
- Each pillar of the plan has at least one strategy related to stigma.
- Consider how all aspects of your work could help to reduce stigma
- Work to assure that all people who are marginalized by gender, race, socioeconomic status, or sexual orientation have equitable and unbiased access to testing, to care and to services.

If we could end stigma about HIV *today,* we could end HIV *tomorrow.*



Why Use a Stigma Reduction Toolkit?

The utilization of the toolkit provides another resource for reducing stigma and contributing to the overall reduction in new HIV cases and to overall community health.

How clients/consumers benefit: Helps to reduce Internalized stigma, helps to improve interpersonal relationships, helps to improve positive health outcomes; Undetectable = Untransmittable (U=U). How your funded agency benefits: reduction in lost to care/out of care list, another resource to increase access for HIV Testing/(PrEP/PEP)/Linkage to Care and increase agency/region-wide patients' viral load suppression.

We understand that HIV is an issue that affects us all – but not equally; we will not shy away from these inequities or associated stigma, but name them and address them head on. This strategy will be how North Carolina operationalizes its vision to end the HIV epidemic.

We envision a North Carolina that is committed to preventing HIV and providing comprehensive and compassionate care to those living with HIV. North Carolina's response will be bold in purpose and action. We acknowledge our state and regional context, not to limit what we know to be possible, but to ensure that solutions are innovative and appropriate to the lived experiences of North Carolinians.

VISION STATEMENT

Pillars and Strategies of the North Carolina Ending HIV Epidemic (EtE) Plan

The plan was created with the expectation that regions will choose which action steps are most appropriate for them; they may also choose to create their steps to address the Strategies and Pillars, but all work done by the state and its funding will be compatible with our new Plan to End the HIV Epidemic.

PILLARS	STRATEGIES
Engage and Embrace	• Improve access to antiretrovirals. • Normalize assessment and offer PrEP in all health settings • Expand cultural humility training for all stakeholders
Test And Treat	• Expand & increase testing for HIV/STD/Viral Hepatitis in traditional & nontraditional settings • Assure HIV/STI education for providers including anti-stigma education • Social media campaign to promote HIV testing and prevention & reduce stigma
Policy And Promotion	• Statewide promotion of U=U campaign • Promote youth-serving sexual health programs • In partnership with NCAAN, raise awareness in the community and key stakeholders on the benefit of closing the coverage gap

Each strategy will include Action Steps that can be selected and acted upon, based upon local needs and priorities of the HIV community. Further details are outlined in each Pillar of the Plan, including Measurable Outcomes.

With the Plan, we will weave stigma reduction messages into every effort to end HIV. We will consider how all our work could help to reduce stigma. Each action step was detailed on how it would explicitly address stigma. Each Pillar of the plan has at least one strategy related to stigma, and we anticipate there will be many micro strategies to come. It is important that we address the needs of people that are underserved by/with limited access to affordable and safe housing, low-cost quality healthcare, mental health and substance use services, and employment with livable wages, where HIV stigma continues to play an unequal role in ensuring healthy lives.

HIV stigma is a *major barrier* for HIV prevention, care, and treatment.

ADDRESSING STIGMA

Across the EtE Plan

PILLARS	RECOMMENDATIONS FOR STIGMA REDUCTION STRATEGIES
Engage and Embrace	• Provides care on the client's terms, without always coming into a specialty clinic, and provides opportunity to address general health needs • Make PrEP discussions part of routine exam and normalize the assessment of need for PrEP. • Provides a needed link between client and care that may not be otherwise provided, whole health focus and positive modeling • Regular updates and required training for staff creates conversation and change of attitudes over time
Test And Treat	• Normalizes HIV/STI/VH testing • Assures that those seeking prevention or care do not encounter stigma or unintended bias from the providers they see • More opportunities to educate and encourage PrEP • Reduces stigma-related barriers to accessing care • Provides education and highlights that anyone can acquire HIV
Policy And Promotion	• Educates people on the science of HIV • Dispels myths, reduces fear, and normalizes HIV • Increase self-esteem of people with HIV, decrease internalized stigma for people with HIV • Focuses on population with a likelihood of acquiring HIV • Creates conversation early in the formative years before stigma can form • Support diverse/inclusive candidates for office, including people with HIV (puts a face on HIV)

LANGUAGE MATTERS

The glossary was created to help users of this guide understand the importance of language. The use of suggested language helps to affirm the experiences of people, helps to reduce HIV-related stigma, helps to achieve better health outcomes and puts people first. People Centered Language avoids dehumanizing language. It describes people as having a condition or circumstance, not being a condition. A case is an instance of disease, not a person. Use patient to refer to someone receiving health care. Humanize those you are referring to by using people or person.

Key Principles to People Centered Language

There are many types of subpopulations. General use of the term minority/minorities should be limited, in general, and should be defined when used. Be as specific as possible about the group you are referring to (e.g., be specific about the type of disability if you are not referring to people with any disability type).

Avoid saying target, tackle, combat or other terms with violent connotation when referring to people, groups or communities. These terms should also be avoided, in general, when communicating about public health activities.

Avoid use of adjectives such as vulnerable, marginalized and high-risk. These terms are vague and imply that the condition is inherent to the group rather than the actual causal factors. Try to use terms and language that explain why and/or how some groups are more affected than others. Also try to use language that explains the effect (i.e., words such as impact and burden are also vague and should be explained). People and communities are not inherently risky. The preferred terms acknowledge societal challenges and accurately reflect disease dynamics.

Adapted from AMA &AAMC Advancing Health Equity: Guide to Language, Narrative and Concept

Recommendations for
PEOPLE CENTERED LANGUAGE

INSTEAD OF THESE WORDS OR PHRASES	TRY TO SPECIFY THE TYPE OF SUBPOPULATION
Minorities	(People from) racial and ethnic groups
Minority	(People from) racial and ethnic minority groups
MSM/ Transgender/Non-binary	(People from) sexual/gender minority groups
Muslim, Jewish, Atheist, Buddhist, Catholic	(People from) religious minority groups
Handicapped	(People with/living with) mobility/ cognitive/vision/ hearing/independent/ mental, neurological, and intellectual impairments/challenges.
Target communities for interventions/ Target population	Engage/prioritize/collaborate with/serve (population of focus)
Tackle issues within the community	(People from) sexual/gender minority groups
Aimed at communities	Consider the needs of/Tailor to the needs of (population of focus)
Combat (disease)/War against (disease)	Eliminate (issue/disease)
People/population/group	Groups that have been economically/socially marginalized
Vulnerable groups/Marginalized communities	Groups that have been historically marginalized or made vulnerable; historically marginalized
Hard-to-reach communities	Groups that are struggling against economic marginalization

INSTEAD OF THESE WORDS OR PHRASES	TRY TO SPECIFY THE TYPE OF SUBPOPULATION
Underserved communities Underprivileged communities	Communities that are underserved by/with limited access to (specific service/resource) Under-resourced communities
Disadvantaged groups High-risk groups At-risk groups High-burden groups	Groups experiencing disadvantage because of (reason) Groups placed at increased risk/put at increased risk of (outcome) Groups with higher risk of (outcome) High-incidence population * For scientific publications: Disproportionately affected groups or Groups experiencing disproportionate prevalence/rates of (condition)
The homeless	People who are experiencing homelessness or people who are unhoused
Disabled person	People experiencing (health outcome or life circumstance); People with obesity; people with severe obesity; Patients or people with COVID-19

INSTEAD OF THESE WORDS OR PHRASES	TRY TO SPECIFY THE TYPE OF SUBPOPULATION
Cases or subjects (when referring to affected people)	People who are experiencing (condition or disability type); People with HIV, person with co-morbidities
Victims	Survivors
Inmates, felon, incarcerated	People who are justice involved, people who had experience with justice systems

INSTEAD OF THESE WORDS OR PHRASES	TRY TO SPECIFY THE PERSON/GROUP
Disparities (or inequalities)	Inequities
Equality	Equity
Race-based	Race-conscious
Black	Black/ African American
Caucasian	White
Hispanic/Latina/Latino/Latinx	Hispanic/Latina/Latino/Latinx
Indians	Native peoples/Indigenous peoples/American Indian and Alaska Native
Illegal immigrant	Undocumented immigrant/Non- US born
Minority	Historically marginalized or minoritized or BIPOC (Black, Indigenous, People of Color)
Sex/gender/gender/identity	Sex assigned at birth/gender/gender identity

INSTEAD OF THESE WORDS OR PHRASES	TRY TO SPECIFY THE PERSON/GROUP
AIDS virus	Person living with HIV; person with HIV; PLHIV
HIV virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
HIV infection	Simply use the term HIV
Number of infections	HIV case; HIV acquisition; diagnosed with HIV Number diagnosed with HIV; number of HIV acquisitions
Became infected with HIV	Number diagnosed with HIV; number of HIV acquisitions Contracted or acquired HIV; diagnosed with HIV
Serodiscordant couple	Serodifferent, or mixed-status couple
Compliant	Adherent
HIV risk, at risk for HIV	Vulnerable to HIV; chance of acquiring HIV; likelihood of acquiring HIV

NIAID HIV Language Guide

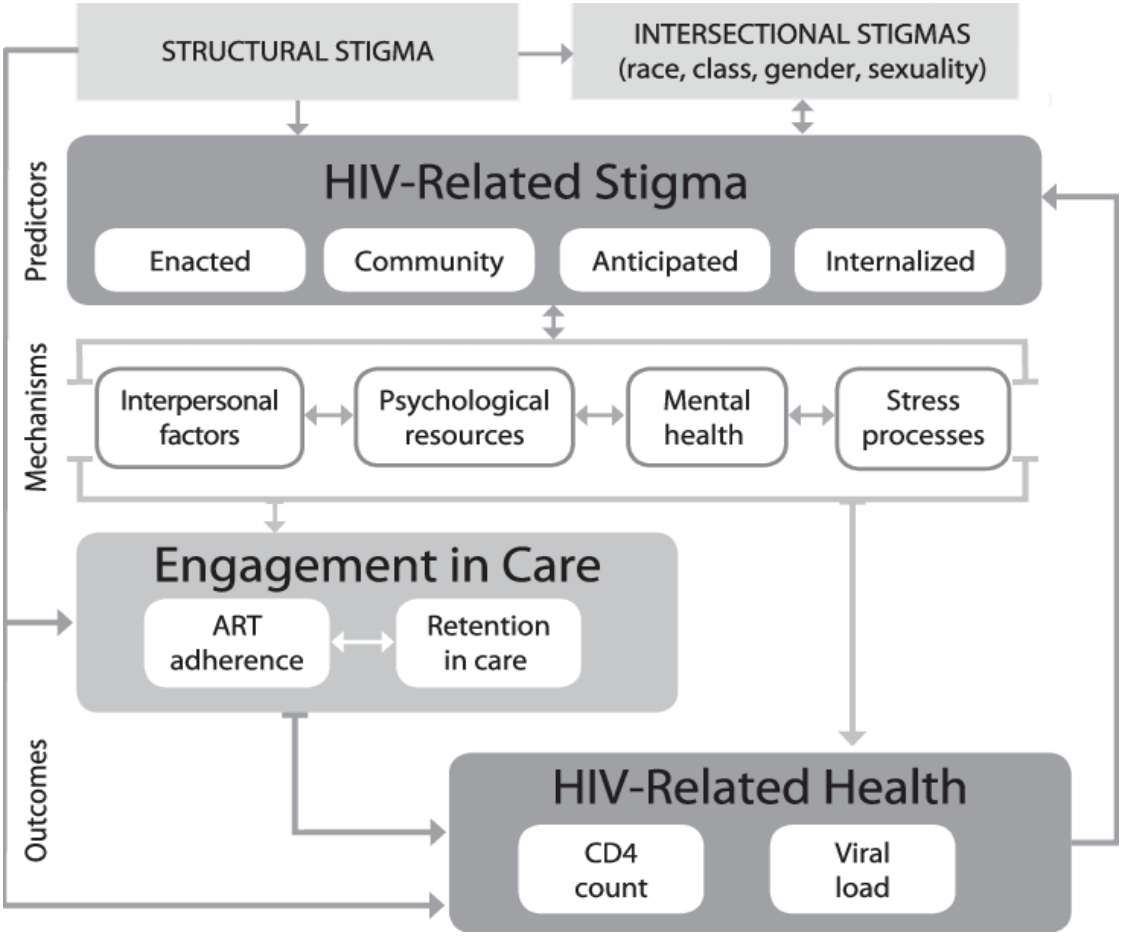
INSTEAD OF THESE WORDS OR PHRASES	TRY TO SPECIFY THE PERSON/GROUP/EXPERIENCE
Prostitute or prostitution	Sex worker; sale of sexual services; transactional sex
Unprotected sex	Sex without barriers or Condomless sex
A drug that prevents HIV infection	A drug that prevents the transmission or acquisition of HIV
Female condom	Internal condom
Male condom	External condom or condom
Extremely unlikely to transmit HIV	People with undetectable viral load do not transmit HIV
Helps prevent HIV	Viral suppression helps to prevent HIV
Hard to reach populations/individuals	Hardly reached or unsuccessfully engaged populations/ individuals
End HIV, End AIDS	End HIV transmission, end HIV-related deaths
Sexual preference	Sexual orientation
Born male/female	Assigned male/female at birth
Biological sex	Sex assigned at birth
Born a woman or female-to-male (FTM)	Transgender man
Born a man or male-to-female (MTF)	Transgender woman
Transgendered	Transgender or trans
Transgenders/a transgender	Transgender people/person or / a person who is transgender
Transman	Trans man
Transwoman	Trans woman
Transgendering	Gender affirmation
Sex change	Gender confirmation
The surgery	Transition

INSTEAD OF THESE WORDS OR PHRASES	TRY THESE WORDS OR PHRASES
Pre-operative/post-operative	Transitioning
Women of childbearing potential	People of childbearing potential
Men with reproductive potential	People with reproductive potential
Men and women	People
Both genders/either gender	Individuals of all genders - cisgender men and cisgender women
Clean syringe	New syringes (and works)
Dirty syringe	Used syringes (and works)
Injection drug user (IDU)	Person who injects drugs
Drug user/abuser	Person who uses drugs
Drug addict/drug-addicted	Person with substance use disorder
Drug addiction/drug dependence/drug habit/drug abuse	Substance use disorder
Alcoholic	Person with alcohol use disorder
Alcoholism/alcohol abuse/alcohol dependence	Alcohol use disorder
Born addicted	Born in withdrawal or born dependent on [drug]
Clean Dirty	Not currently using substances / **negative** [for a toxicology screen] Currently using substances / **positive** [for a toxicology screen]
Opioid replacement/methadone maintenance	Medication for opioid use disorder (MOUD)

NIAID HIV Language Guide

CONCEPTUAL FRAMEWORK

for HIV-Related Stigma, Engagement in Care, and Health Outcomes



Types of HIV- Related Stigma

- Enacted - Directly experience by the individual and can be manifested as discrimination, stereotyping, and or prejudice by others because of one's HIV status
- Anticipated – Concerns an individual has about discrimination or adverse events that might happen, should one's HIV status become known by others.
- Perceived – How much a person with HIV believes that the public stigmatizes someone with HIV
- Internalized – People with HIV endorsement and acceptance of the negative assumptions about their character because of HIV; when the negative attitudes, beliefs, and feelings associated with HIV are assimilated into self, threatening self-concept and self esteem

Bulent Turan, PhD, Abigail M. Hatcher, MPhil, Sheri D. Weiser, MD,MPH,MA, Mallory O. Johnson, PhD, Whitney S. Rice, DrPH, and Janet M. Turan, PhD, MPH. A JPH, June 2017, Vol 107, No. 6, 863-869.

Considerations/Recommendations for MEASURING STIGMA

Despite all the advances in medical treatments and prevention tools for people with HIV and people at increased risk of HIV transmission, stigma continues to serve as a barrier to care, prevention, and testing services. The intersectional relationship between stigma, lived experiences, and health outcomes has been well researched and documented. However, more research is needed to address the gaps between effective strategies and the sustainability of those strategies. Nevertheless, it is important to measure progress in reducing stigma wherever possible. This can be challenging, and these example questions can be used for ongoing sampling of attitude changes.

TYPE OF STIGMA MEASUREMENT SCALE	EXAMPLE QUESTIONS
Health care stigma – drivers of stigma, enacted stigma, attitudes towards PWH+ health care policies for HIV	In the past 12 months, how often have you observed the following in your health care facility? 1. Health care workers are talking badly about people living with or thought to be living with HIV. ☐Never ☐Once or twice ☐Several times ☐Most of the time Do you strongly agree, agree, disagree, or strongly disagree with the following statements? 1. Most people living with HIV do not care if they infect other people. 2. People get infected with HIV because they engage in irresponsible behaviors. 3. If I am concerned that others in my life will think of or treat me differently because I work with PLHA, I am more likely to call them names behind their back that I wouldn't say to their face.
Self stigma – personalized stigma, experienced discrimination + internalized stigma + health care stigma + interpersonal rejection + employment loss	5-point Likert-type scales with higher scores indicating greater stigma. 1 Strongly Disagree 2 Disagree 3 Neither disagree nor agree 4 Agree 5 Strongly agree 1. I feel I'm not as good as others because I have HIV. 2. I feel ashamed of having HIV. 3. I think less of myself because I have HIV. 4. It is difficult to tell people about my HIV infection. 5. I hide my HIV status from others. 6. People's attitudes about HIV make me feel worse about myself. 7. I never feel ashamed of having HIV.

TYPE OF STIGMA MEASUREMENT SCALE	EXAMPLE QUESTIONS
Self stigma – *(continued)*	How likely is it that people will treat you in the following ways in the future because of your HIV status? Very unlikely Unlikely Neither unlikely nor likely Likely Very Likely 1. Family members will avoid me 2. Family members will look down on me. 3. Family members will treat me differently 4. Healthcare workers will not listen to me. 5. Healthcare workers will treat me with less respect. 6. Community/social workers won't take me seriously.
Intersectional Scales	These questions are about experiences related to who you are. Strongly Disagree Disagree Neither disagree nor agree Agree Strongly agree 1. Because of who I am, a doctor, or nurse, or other health care provider might treat me poorly. 2. Because of who I am, I might have trouble getting an apartment or house. 3. I expect to be pointed at, called names, or harassed when in public. 4. I fear that I will have a hard time finding friendship or romance because of who I am. Because of who you are, have you… Never Yes, but not in the past year Yes, once or twice in the past year Yes, many time in the past year 1. Heard, saw, or read others joking or laughing about you (or people like you). 2. Heard that you or people like you don't belong. 3. Been told that you should think, act, or look more like others 4. Asked inappropriate, offensive, or overly personal questions 5. Been stared at or pointed at in public.
Public stigma Public stigma + personal stigma toward HIV	5-point Likert-type scales with higher scores indicating greater stigma. Strongly Disagree Disagree Neither disagree nor agree Agree Strongly agree 1. Getting HIV is a punishment for bad behavior. 2. I would think less of someone if I found out the person has HIV. 3. I feel uncomfortable around someone with HIV. 4. I would be ashamed if someone in my family has HIV. 5. I would not like to be friends with someone with HIV. 6. I would not eat with someone I knew had HIV. 7. I would not want my child to play with a child who has HIV or whose parents have HIV. 8. People with HIV have only themselves to blame for getting HIV.

Stigma Reduction and
SOCIAL MEDIA MESSAGING

Social media has become an important communication mechanism for both HIV prevention and treatment efforts, allowing people from across the country, including remote rural areas, to have access to pertinent HIV/AIDS information while still maintaining their anonymity and eliminating the need for travel.

Undetectable Equals Untransmittable (U=U) campaign	Campaign used by the North Carolina Department of Health and Human Services (NCDHHS) to spread awareness and education about the concept of U=U.
MPOX | NCDHHS	NCDHHS website that provides resources about Mpox in North Carolina
Pride Events and Resources | NCDHHS	NCDHHS website that provides information on Pride Events and Resources
Social Media Toolkit | Partner With Us | Let's Stop HIV Together | CDC	CDC website with content to promote HIV prevention, testing, treatment, and anti-stigma messaging to your social media audiences
ihip-HRSA CARE Action Jun Social Media.pdf (targethiv.org)	Document that highlights social media and HIV
HIV Prevention, Care, and Anti-Stigma Social Media Toolkit - Minnesota Department of Health (state.mn.us)	Toolkit of graphics and resources to promote HIV prevention, care, and anti-stigma in your community

STIGMA AND FAITH

Spiritual and Religious Communities

Research has shown that engagement with Faith based organizations is a way to educate and inform the community about HIV. Effective approaches to work with Faith communities have been identified to increase HIV awareness, dispel myths, provide education and testing, and combat stigma. For this toolkit, the developers elected to highlight the work of The Gilead Compass Initiative. The initiative is working to address the HIV/AIDS epidemic in the Southern United States by collaborating with local community organizations and stakeholders to use evidence-based solutions to meet the needs of people living with and impacted by HIV/AIDS.

The Wake Forest University School of Divinity is one of three Compass Coordinating Centers, which create collaborative partnerships to share knowledge on increasing organizational capacity, building awareness, reducing HIV-related stigma, promoting holistic wellness of individuals through mental health services and trauma-informed care, and building faith-based advocacy and spiritually integrated organizations to end the HIV epidemic. The following are resources from the Wake Forest University School of Divinity Faith Coordinating Center.

Home | Black Faith & HIV	Initiative empowers faith communities to end the HIV epidemic
HIV & Faith Ambassadors | Black Faith & HIV	Collaborative endeavor of faith leaders/ communities and Black health providers
COMPASS Initiative Faith Coordinating Center - Wake Forest University School of Divinity (wfu.edu)	Project that advances the capacity and organizational resiliency of faith communities
Gilead HIV and Stigma Reduction Compass Initiative - COMPASS Initiative® (gileadcompass.com)	COMPASS focuses on providing concentrated investments in southern US.

OTHER NATIONAL FAITH – SPIRITUAL AND RELIGIOUS RESOURCES

HIV and the Faith Community (aidsvu.org)	HIV/AIDS education, prevention, treatment, care, and support.
Deeper Look: HIV in Black Communities (aidsvu.org)	Addressing HIV in Black Communities
Deeper Look: Ending the HIV Epidemic (aidsvu.org)	Outlines the national plan, Ending the HIV Epidemic: A Plan for America
Deeper Look: Health Equity and HIV (aidsvu.org)	Tools and resources to address Health Equity and HIV

Gilead COMPASS Initiative. (n.d.). Retrieved from Gilead COMPASS Initiative: https://www.gileadcompass.com/

Additional Stigma Reduction Resources

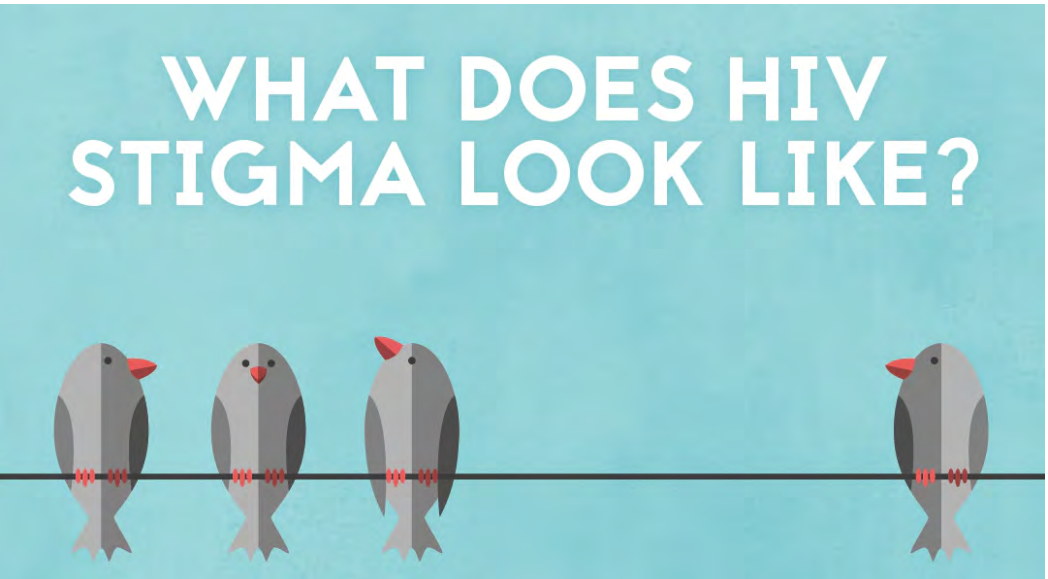
Anti Stigma Guide.FINAL_.2023.1.pdf (pttcnetwork.org)	Toolkit for behavioral health prevention with practical information and tools to enhance capacity to engage in effective stigma reduction efforts
Elton John AIDS Foundation | Ending HIV Stigma	The foundation funds frontline partners to prevent HIV infection, tackle stigma, and provide compassionate care for vulnerable communities worldwide
Interventions to Reduce HIV/AIDS Stigma: What Have We Learned? (usaid.gov)	Research paper that reviewed 21 interventions that have explicitly attempted to decrease AIDS stigma both in the developed and developing countries
NIMH » Stigma and Discrimination Research Toolkit (nih.gov)	Toolkit is a collection of evidence, and resources related to stigma and discrimination research
NMAC-Community-Engagement-Toolkit-Web.pdf	Toolkit with practical information and tools to assist HIV Planning Groups and Health Departments in implementing the Community Engagement process
Rural Health Equity Toolkit - RHIhub (ruralhealthinfo.org)	Toolkit contain information and resources focused on developing, implementing, evaluating, and sustaining rural programs that focus on health equity
Stigma Reduction | Washington State Department of Health	Learn about the work done to reduce HIV Stigma in Washington State
2014unaidsguidancenote_stigma_en.pdf	Provides simple, concise and practical guidance on addressing aspects of HIV-related stigma and discrimination in national AIDS responses
Zero HIV Stigma Day #ZeroHIVStigmaDay | HIV.gov	Zero HIV Stigma Day is a website to raise awareness and act against HIV stigma

DISSEMINATION PLAN

This e-Toolkit will be uploaded to the CDB website and disseminated to the RNCP, HIV/STD/Hep Unit leadership, and staff via email upon completion by DPH communications staff and final approval by Section and Branch leadership.

The Data to Action Team will coordinate and plan an official launch meeting for the toolkit in the Spring of 2025. The launch will take place via a virtual platform to showcase/demonstrate how the examples and resources in the toolkit can be used to work hand-in-hand with the ETE Plan for NC.

All people *WILL* live long and healthy lives free of stigma and judgment in this new era of HIV.



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