

# Ending the HIV Epidemic (EHE) Regional Learning Collaborative

*Alameda, Los Angeles, Orange, Riverside, Sacramento,  
San Bernardino, San Diego, and San Francisco Counties*



## Session 7: Strategies and Approaches to Address HIV Stigma

Tuesday, April 20, 2021  
10-11:30 a.m. PST

# Session Agenda

## ➤ Presentations

- *Gabriel Maldonado, founder and chief executive officer of TruEvolution*
- *Dr. David Gere, professor of arts activism and founding director of the UCLA Art & Global Health Center*
- *Alejandra Aguilar and Karla Morales, health educators and HIV counselors at East Los Angeles Women's Center*

## ➤ Panel Discussion

## ➤ Open Q&A

# LEADING with RESILIENCY

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*Tools for combating stigma in the healthcare system  
& engaging in critical health literacy within vulnerable communities.*

**Gabriel Maldonado, MBA**

Founder & CEO, TruEvolution

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# WHAT IS STIGMA?

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*Stereotypes, Attitudes, and Prejudice*





# WHAT IS STIGMA?

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- **Stereotypes.** Attitudes that are often “generally” assumed about a group of people.
- **Prejudice.** Assumptions and stereotypes seen as valid and confirmed belief about a group.
- **Discrimination.** Actions taken based on stereotypes and prejudices.





# TYPES OF STIGMA

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*Community, Institutional, Self/Internalized*





# TYPES OF STIGMA

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- **Community.** Family, friends, workplace, faith, cultural spaces.
- **Institutional.** Healthcare facilities, clinics, schools, universities, legal system(courts/jails/prisons/prosecuting centers).
- **Internalized.** Sexual-shaming, guilt, depression, re-traumatization, avoidance, unprocessed anger/sadness... ***fatalism***(!!).





# **WHAT IS RESILIENCY?**

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*Healthy thinking, choices, and social support.*





# WHAT IS RESILIENCY?

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- **Myself.** Engaging in health-promoting cognitive processing.
- **My choices.** Enacting healthy behavioral practices, including accountability.
- **My circle.** Enlisting social support from others.
- **My perspective.** Empowering other young gay/bisexual men.\*

Resilience Processes Demonstrated by Young Gay and Bisexual Men  
Living with HIV: Implications for Intervention - University of Michigan

[Gary W. Harper](#), PhD, MPH,

1 [Douglas Bruce](#), PhD, MSW, 2 [Sybil G. Hosek](#), PhD, 3 [M. Isabel Fernandez](#),  
PhD, 4 and [Brian A. Rood](#), MA, MPH 5





# **7 RECOMMENDATIONS FOR COMBATING STIGMA**

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*Practical Steps to  
Implementing Critical Health Literacy*





# CRITICAL HEALTH LITERACY

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**1.Monolingual Materials.** If I can read it then I can engage with it.

**1.Health Literacy.** If I know what it's called then I can tell you.

- **Health systems literacy.** If I can understand it then I can navigate it.

**1.Peer support/navigators.** If they speak my language and know my story, we can move faster.





# CRITICAL HEALTH LITERACY

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**4. Multi-channel communication tools.** If I can reach you then I feel connected and supported.

**5. Integrated behavioral health services.** Everyday my mind needs maintenance and my soul needs healing.

**6. Comprehensive prevention & care services.** If I can go to one place then I can do it all.





# CRITICAL HEALTH LITERACY

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## 7. Non-shame based language, engagement, or policies.

Empathy-driven:

- Case management services
- Protocols
- Response plans

# LEADING with RESILIENCY

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**Questions and Clarifications?**





Through  
Positive  
Eyes



A BROKEN LANDSCAPE HIV & AIDS IN AFRICA









JOSEPH GABRIEL  
Mwanza, Tanzania



## JOSEPH GABRIEL Mwanza, Tanzania

I have been sick for 10 years now.

I wake up in the morning and drink my tea. My brother washes me. When it is warm and dry like today I spend my days sitting outside my house under the shade my brother made. My mother or my brother carry me here in the morning and I stay here until the afternoon. I like listening to the radio—the music, the football and the news I enjoy...

At the moment my life is rich. I have no pain. My belief in God makes me happy and I have the love and care of my family.









ThroughPositiveEyes.org

David Gere · [dgere@ucla.edu](mailto:dgere@ucla.edu)



The East Los Angeles Women's Center was founded in 1976 by community volunteers who established the first bilingual sexual assault hotline in the nation. In 1985 ELAWC began operating the Southern California AIDS Hotline.

Today we are recognized as a leading voice for 1000's of survivors.

We provide culturally responsive services specifically for Latinx Communities in the areas of sexual assault, domestic violence, HIV, and an array of services that inter-connect.





# Our purpose is to ignite

*Esperanza – Hope in the lives of women and*

their families impacted by domestic violence.

Using a holistic and family-centered approach,

**ELAWC provides a broad range of personalized**

services built on a foundation of best-practices, trauma informed evidence-based services, grounded in an empowerment model.

**We recognize and honor the cultural strengths of the communities we serve.**

We provide services rooted in positive cultural influences that help families become grounded, centered, and interconnected. We are committed to creating culturally responsive programs that create violence free lives.



Creating an environment that supports trauma informed services helps survivors use skills they already possess, as well as to build new skills.

## Direct Services

Individual Therapy

Case Management Services

Crisis Intervention

Safety Planning

Advocacy

Accompaniment

Healing Groups

HIV Navigation Services

Linkages and Resources to Safety

Community Outreach and Education

HOPE and HEART Housing Services



*Transitioning Survivors  
from Crisis to Stability*





## HIV Services at ELAWC

- *HERR*
- *HIV Navigation Services*
- *HIV Information Line*
- *Building “virtual networks” since 2015*
- *Maintained the vision throughout 2020*
- *Hope and Enthusiasm for HIV prevention and care*



# THANK YOU!

Health Educator

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**Connect with us!**

**@elawc**

**@elawchiv**

Our Voices  
Will Not  
Be Silenced



[www.elawc.org](http://www.elawc.org)



# Measuring Stigma *(information from Dr. Laura Bogart!)*

- Overall the Berger scale (probably the most well used) includes multiple stigma constructs (internalized, anticipated, enacted/perceived): Berger, B.E., Ferrans, C.E. and Lashley, F.R., 2001. Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in nursing & health*, 24(6), pp.518-529. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/nur.10011>. There are some shorter versions/subscales that can be used.
- A very common measure of internalized HIV stigma is: Kalichman, S.C., Simbayi, L.C., Cloete, A., Mthembu, P.P., Mkhonta, R.N. and Ginindza, T., 2009. Measuring AIDS stigmas in people living with HIV/AIDS: the Internalized AIDS-Related Stigma Scale. *AIDS care*, 21(1), pp.87-93. <https://www.tandfonline.com/doi/pdf/10.1080/09540120802032627>
- This measure of anticipated stigma for chronic conditions has been adapted for HIV: Earnshaw, V.A., Quinn, D.M., Kalichman, S.C. and Park, C.L., 2013. Development and psychometric evaluation of the chronic illness anticipated stigma scale. *Journal of behavioral medicine*, 36(3), pp.270-282. <https://link.springer.com/content/pdf/10.1007/s10865-012-9422-4.pdf>; See also Wolfe et al. (Table 1): <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2007.122044>
- For perceived HIV discrimination, there is the Stigma Index, used in multiple countries: <https://www.stigmaindex.org/>
- There is also our Multiple Discrimination Scale: Bogart, L.M., Landrine, H., Galvan, F.H., Wagner, G.J. and Klein, D.J., 2013. Perceived discrimination and physical health among HIV-positive Black and Latino men who have sex with men. *AIDS and Behavior*, 17(4), pp.1431-1441. <https://link.springer.com/article/10.1007/s10461-012-0397-5>
- To assess stigmatizing attitudes about HIV in the general population, one could adapt/update/use items from the UNAIDS surveys: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4942369/> or the Herek scale: <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.92.3.371>