

**Ending the Epidemic Task Force
Committee Recommendation
CR42**

Recommendation Title: Treatment as Prevention Information and Anti-Stigma Media Campaign

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1 and 2**

- 2. Proposed Recommendation:** Collaborate with communities of high HIV prevalence to design a statewide information campaign about the prevention benefits of HIV treatment (“Treatment as Prevention”) and to seek to decrease stigma associated with being HIV-positive and the stigma that patients experience while in care. We highlight the role of social media as a major vehicle to deliver these messages. These messages would portray HIV-positive persons in a positive light and show that, with appropriate treatment, HIV-positive persons can live full, productive and healthy lives. The goals would be to improve treatment adherence for people living with HIV, the sense that they have greater control over their lives and well-being, and to decrease HIV stigma in affected communities that impact the ability to remain in care. A well designed informational campaign targeting men who have sex with men (MSM) of color, recent immigrants (Caribbean and African immigrants in particular), transgender persons and women will result in a significant increase in persons who access HIV testing, are linked to care, retained in care, are adherent to antiretroviral therapy and create a more welcoming, collaborative health care environment for patients, their families and support networks.

For the purposes of this campaign, “affected communities” includes HIV-negative people at risk, HIV-positive people, and health care providers and, to a large extent, the general public.

In addition, stigma measurement of people in care can help identify how patients are experiencing care. Therefore, we further recommend the AIDS Institute (AI) conduct a pilot project to develop a reliable measure of stigma among health care workers, people living with HIV and the general population. As part of AI’s Quality of Care (QOC) initiative, using standard measures, the pilot project will collect baseline data on stigma (e.g. as a QOC measure or as a part of its patient satisfaction survey process in its funded programs). Results of the pilot study on stigma will inform future broader initiatives that measure stigma among patients, healthcare workers and the general population.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- MSM of color
- Women of color
- Transgender persons
- Youth



- Recent immigrants
- Health care providers

List of measures that would assist in monitoring impact

- Proportion of patients with an undetectable viral load
- Proportion of patients retained in care
- Proportion of newly diagnosed patients who keep an appointment within four weeks of diagnosis
- Findings from AIDS Institute pilot study on stigma measurement, to inform future development of a “stigma index”

Footnotes or references

Treatment as Prevention and Prevention for Positives.

HPTN 052: Cohen MS et al. N Engl J Med 2011; 365:493-505.

<http://www.nejm.org/doi/full/10.1056/NEJMoa110524>.

Pulerwitz J et al. Reducing HIV-Related Stigma: Lessons Learned from Horizons Research and Programs. Public Health Rep. 2010 Mar-Apr; 125(2):272-81.

Brown L. Interventions to Reduce HIV/AIDS Stigma: What Have We Learned? AIDS Educ Prev. 2003 Feb; 15(1):49-69.

Bekalu MA et al. Effect of Media Use on HIV-Related Stigma in Sub Saharan Africa: A Cross-Sectional Study. PLoS One. 2014 Jun 19; 9(6):e100467. doi: 10.1371/journal.pone.0100467. eCollection 2014.

Ahumada C et al, CrowdOutAIDS: crowdsourcing youth perspectives for action, Reprod Health Matters. 2013 May; 21(41):57-68. doi: 10.1016/S0968-8080(13)41687-7.

People Living with HIV Stigma Index: www.stigmaindex.org.

Reed Vreeland, Director of Policy, Housing Works, NYC. Report.

(See also CR9: Improving rates of viral suppression among HIV+ New Yorkers, CR4: Use of best practices to achieve linkage, retention, and adherence targets and CR13: Innovative, digital/ electronic care coordination models that improve rates of adherence.)

- 3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law.
- 4. Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?** Within the next year.
- 5. TF numbers of the original recommendations that contributed to this current version:** TF42, TF80, TF198, TF204, TF207, TF215, TF216, TF274, TF281.

