Adaptation and Pre-Post Workshop Results of the FRESH HIV and Intersectional Stigma Reduction Intervention for Sexual and Gender Minorities with HIV and their Providers: Dominican Republic

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CREEV

Construir Respeto y Eliminar el Estigma entorno al VIH

Background

- Eliminating stigmas that harm sexual and gender minorities (SGM) with HIV is critical to ending the epidemic.
- The impact of these stigmas may be exacerbated in healthcare settings. One study in the Dominican Republic (DR) found that over a third of health workers (HWs) had no stigma training; a third of HWs were afraid to draw blood from people with HIV, and 56% of HWs did not want to provide healthcare services to SGM persons, because they felt SGM persons deserved to be living with HIV.[1]
- The Finding Respect and Ending Stigma around HIV (FRESH) intervention, or Construir Respeto y Eliminar el Estigma en torno al VIH (CREEV) when translated to Spanish, was initially developed in sub-Saharan Africa and has been adapted in the DR. After adaptation, it is being tested in the DR via a pilot hybrid type 1 effectiveness-implementation stepped wedge cluster randomized controlled trial.
- FRESH/CREEV is a healthcare setting intersectional stigma-reduction intervention. It applies interpersonal contact between providers and clients to reduce stigma and improve HIV continuum of care outcomes.
- This analysis presents the pre- and post-workshop findings.

Methods

- In-depth interviews and focus groups with HIV providers and SGM clients from Santo Domingo and Santiago, DR were conducted to inform adaptation of FRESH into the Spanish DR-version, CREEV.
- CREEV was initially piloted in a one-day adaptation workshop with SGM with HIV and providers; participant adaptation feedback was used to fine-tune the final intervention for the pilot hybrid type 1 effectiveness-implementation stepped wedge cluster randomized controlled trial.
- Two HIV clinics (N=36: n=20 providers, n=16 clients) participated in CREEV workshops and pre-post data, including validated stigma scales, were collected to evaluate acceptability, feasibility, and preliminary impact using paired t-tests. Providers included healthcare administrators, allied health, and clinical providers. See Table 1.
- Each face-to-face workshop was 2.5 days long and conducted offsite from the clinics in the DR. Workshops were facilitated by members of the SGM community as well as researchers/advocates working in that space. Materials used in the workshop used Intergroup Contact Theory and Social Cognitive Theory.
- The full methods can be found in the study's protocol paper.[2]

Results

- The adaptation process revealed the need to present information on protective laws, explain clients' rights, incorporate a strengths-based approach, and explain stigma in layperson terms to equip SGM and providers with language to express themselves about their experiences.
- Nearly 100% reported that the workshop improved stigma knowledge "a great deal," being highly satisfied, and that they would definitely recommend CREEV to friends or colleagues.
- After participation, providers had reduced negative opinions of men who have sex with men (MSM) and reduced perceptions of their own HIV risk, potentially related to providing care to people with HIV. Among SGM with HIV, healthcare empowerment increased and reported stigma in healthcare settings / from providers decreased. All were significant at the p< .05 level. See Table 2.
- The stained-glass images below (Figures 1 and 2) were adapted by Javier Castillo for the CREEV workshops to depict types of stigma.[3]

Figure 1.

Figure 2.

Results

Table 1. Demographics

	Clients (N=16)		Providers (N=20)	
	n	%	n	%
Age (mean and SD)	32.47	6.78	40.4	10.33
Sex				
Male	14	87.50	4	20.00
Female	0	0.00	16	80.00
Other	2	12.50	0	0.00
Sexual Orientation				
Bisexual	4	25.00	0	0.00
Heterosexual	1	6.25	18	90.00
Homosexual	10	62.50	2	10.00
Race/Ethnicity				
Dominicana White	0	0.00	2	10.00
Dominiciana Black	6	37.50	4	20.00
Mulatto, Mestizo or Multivacial	9	56.25	14	70.00
Other	1	6.25	0	0.00
Education				
Graduate or professional degree	1	6.25	3	15.00
Some university/university graduate	8	50.00	11	55.00
High school/technical schooling	7	43.75	6	30.00
Migrant Background				
No	13	81.25	20	100.00
Yes	3	18.75	0	0.00
Religion				
Buddhist	1	6.25	0	0.00
Catholic	8	50.00	10	50.00
Protestant	5	31.25	5	25.00
None	2	12.50	4	20.00

Table 2. Pre/Post Workshop Paired T-Tests Among Clients

	Pre-Workshoup (N=16)		Post-Workshop (N=16)		
	Mean	Std Dev	Mean	Std Dev	P-value*
Stigma - Personalized	8.17	3.69	8.17	3.51	1.0000
Stigma - Disclosure	8.08	1.68	8.25	1.71	0.7014
Stigma - Negative	5.67	2.50	5.45	3.08	0.4922
Stigma - Public	7.42	2.02	7.83	1.90	0.1753
Healthcare Empowerment Inventory	31.83	3.13	33.92	3.68	0.0248
Stigma in Healthcare Setting	10.25	3.91	8.41	4.03	0.0418
Perceived Discrimination - Race	1.42	2.50	1.73	2.57	0.6250
Perceived Discrimination - Sexual Orientation	0.83	2.29	1.45	2.42	0.0816
Perceived Discrimination - Sexual Serostatus	1.50	2.88	1.83	2.32	0.4382
Days with missed HIV medication in last 30 days	1.67	0.98	1.67	0.98	1.0000
HIV medication frequency in the last 30 days	4.25	1.36	4.92	0.28	0.1201
HIV medication compliance	4.67	0.65	4.83	0.38	0.3388

*p-values were calculated using paired t-tests

Table 3. Pre/Post Workshop Paired T-Tests Among Providers

	Pre-Workshoup (N=20)		Post-Workshop (N=20)		
	Mean	Std Dev	Mean	Std Dev	P-value*
Internalized stigma/fear	10.65	2.78	10.63	2.60	0.2547
Enacted stigma in care	0.24	0.66	0.00	0.00	0.1643
Observed stigma in care	4.42	1.95	4.21	2.07	0.1628
Experiences with secondary stigma in care	4.05	1.43	4.00	1.52	0.8631
Health facility policies	10.63	1.71	10.84	1.12	0.5515
Opinions about PLWH: MSM	8.74	3.12	7.16	2.40	0.0334
Opinions about PLWH: Trans	5.84	2.71	4.89	1.66	0.1226
HIV Knowledge Questionnaire	7.00	0.58	6.63	0.76	0.1298
Empathy for PLWH	37.10	4.64	38.00	5.70	0.5395
Perceived Risk of HIV	16.00	5.12	11.81	7.28	0.0239
Engaging with PLWH	40.74	13.76	40.53	13.53	0.6669
Self Efficacy for Change	38.11	2.47	37.68	3.24	0.4241

*p-values were calculated using paired t-tests

Conclusions

- **For stigma-reducing interventions to be impactful, they must be tailored to local contexts. In this small pilot, CREEV (FRESH) has shown preliminary indication of being a promising intersectional stigma-reducing intervention for SGM with HIV and their providers in the Spanish speaking Caribbean nation of the DR.**
- **Future directions include statistically powered full-scale testing in the DR and scale-up into other Spanish-speaking Caribbean nations.**

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References

1. Valdez C. Estudio diagnóstico de la Situación de Estigma y Discriminación hacia Poblaciones Claves, en 15 Servicios de Atención Integral al VIH (SAI) priorizados, en República Dominicana. Translated to in English: Stigma and Discrimination towards the Key Populations in Health and General Population Services in 15 prioritized HIV Integral Healthcare Services (Hospitals/Clinics). Presented at Consejo Nacional del VIH y el SIDA. 2017.
2. Budhwani H, et al. Adapting and pilot testing an HIV and intersectional stigma reducing intervention for Dominican Republic healthcare contexts: Protocol for translational research. Contemp Clin Trials Commun. 2022 Aug 19. PMCID: PMC9434029.
3. Kidd R, Clay S, Chiiya C: Understanding and challenging HIV stigma: toolkit for action. Second edition. Brighton: International HIV/AIDS Alliance, AED and ICRW; 2007.

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