



*new nickels*  
discussion guide

a film by the  
INSTITUTE OF WOMEN & ETHNIC STUDIES

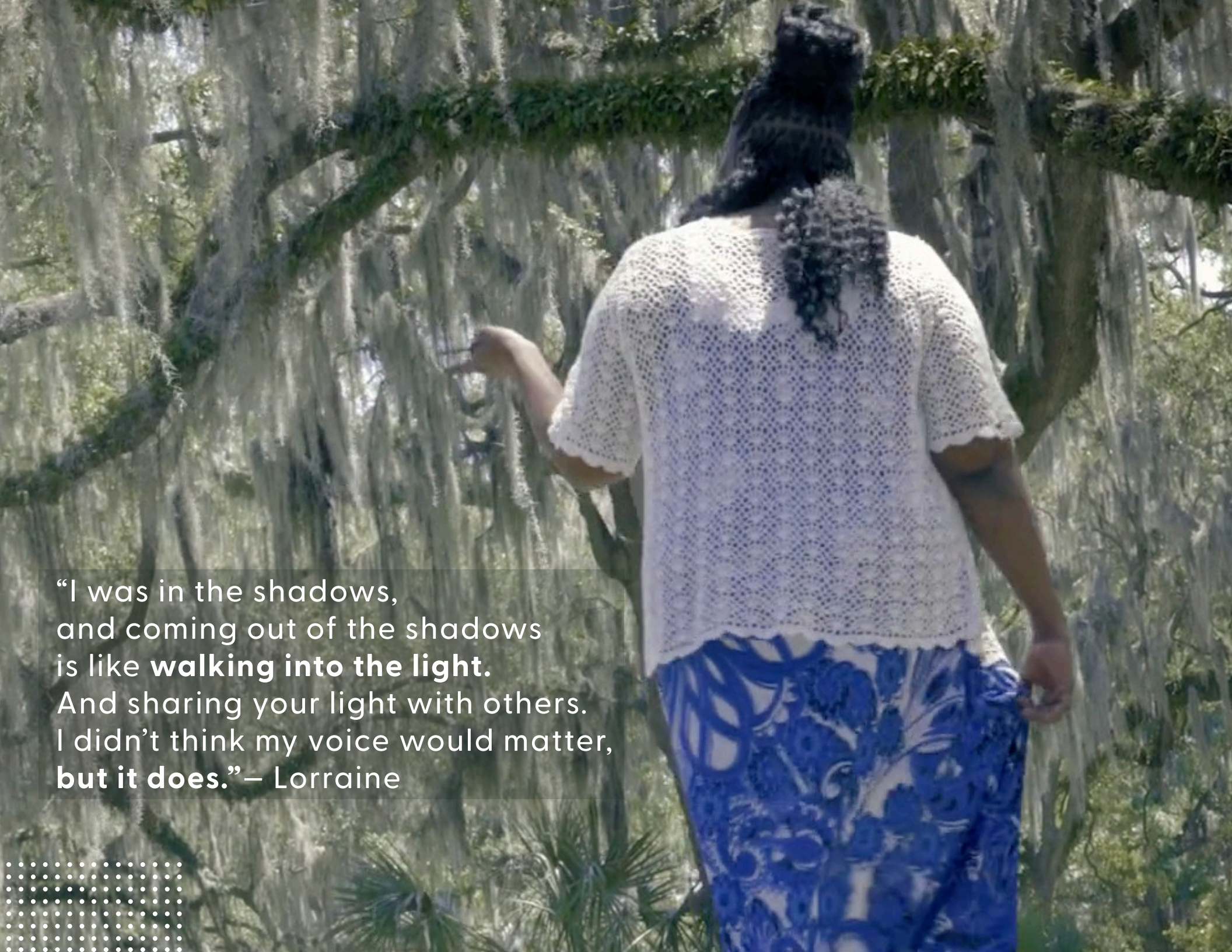




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“I was in the shadows,  
and coming out of the shadows  
is like **walking into the light**.  
And sharing your light with others.  
I didn’t think my voice would matter,  
**but it does.**” – Lorraine





# Using this Discussion Guide

This discussion guide was developed to deepen your use of the film *New Nickels*. To watch the documentary go to [mosaic-ives.com/new-nickels](https://mosaic-ives.com/new-nickels). The facilitator tips, discussion topics and questions are designed to engage attendees at screening events in thoughtful, respectful, and well-informed conversations about the themes, memorable moments, and points of reflection that the women featured in this documentary provide. Through their stories, audiences will explore the environments and circumstances that led them to find community, self-acceptance, and love. **The women have also shared key messages that they want all audiences to take away from this film, and those are shared throughout in special sections highlighting their reflections.**

The guide may be used with a wide variety of audiences such as:

- **people living with HIV;**
- **people that work within the field of HIV/AIDS prevention, advocacy or healthcare; and**
- **people that are not very familiar with HIV/AIDS or that have not worked in this field.**

*Facilitators can use their discretion to select and use discussion questions that best fit their unique site and audience needs.*

If you have further questions about the film or would like to know more, feel free to reach out to the Institute of Women & Ethnic Studies at [info@ivesnola.org](mailto:info@ivesnola.org).



## About the Film

*New Nickels* explores the healing journeys of five Black women living with HIV in the Southern United States that participated in the Institute of Women & Ethnic Studies' (IWES) "Out of the Shadows" program. Out of the Shadows (OOS) is dedicated to promoting better health outcomes and addressing issues of isolation, stigma, and trauma experienced by Black women living with HIV (BWLH). OOS works with participants to take charge of their health and advocate for improved systems of HIV care. OOS has provided a supportive environment for BWLH in the South to meet regularly to enhance their resiliency, self-efficacy, and well-being; develop skills necessary to achieve viral suppression; explore life-enhancing goals and build leadership; and ultimately, emerge from isolation.

In 2020, IWES was asked by the New Orleans Film Society to create a film focusing on the experiences of Black women living with HIV in the South, through funding from Gilead Sciences. The ensuing film, *New Nickels*, was created in partnership with OOS participants, who provided the direction, purpose and inspiration for the film, and through the direct involvement of some OOS members in the film itself. *New Nickels* provides a brief glimpse into these beautiful women's lives and shows how they cope with the everyday stressors of living in the South, from working to raising kids to dealing with family issues to advocating for a better society for themselves and others.

The film was directed, produced and edited by Iman Shervington, IWES' Director of Media & Communications. This discussion guide is made possible by IWES with support from the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) and their Special Projects of National Significance (SPNS) Black Women First (BWF) Initiative. Please see <https://targethiv.org/BlackWomen> for more information.





## About the Institute of Women and Ethnic Studies

Founded in 1993, IWES is a national, non-profit health organization that creates initiatives to heal communities, especially those facing adversity. Through community-driven research programs, training, advocacy and partnerships, IWES helps to build emotional and physical well-being, resilience and capacity among women, their families and communities of color, especially those which are disadvantaged. IWES uses a Social Ecological Model (SEM), which recognizes that individual behavior is shaped by the intersection of multiple influences occurring at the interpersonal, community and societal levels. Through this in-depth, multi-dimensional approach, IWES creates culturally proficient programs, activities and research to address and advocate for the emotional and physical well-being, resilience, and capacity of women of color, their families and communities to heal and create sustainable change. IWES works in the following areas: Resilience, Well-Being, and Mental Health; Adolescent Health; Maternal and Child Health; and STI/HIV Prevention & Care.



### Letter from Filmmaker, Iman Shervington

*As a filmmaker working for over 10 years in-house at a public health organization, I've had a rather unique career path which ultimately has provided me with the one thing I find most important to storytelling: **authenticity**. By working with youth and adults in the Greater New Orleans area as a health educator, mentor, focus group facilitator, curriculum developer, and, hopefully, as a friend and listening ear, I have been able to gain a huge amount of insight into the **authentic experiences** of the people I write and create films with, about, and for. This is particularly the case in the field of HIV/AIDS prevention and care, as I began my journey at IWES as a filmmaker in 2008 working on youth created HIV-prevention short films. Since then, I have worked with folks living with or impacted by HIV of all ages and backgrounds, and specifically, most of my work has been with Black women living with HIV in the South. For that reason, I was extremely honored to be invited to create *New Nickels* and have the opportunity to bring a compassionate and respectful lens to stories that are not often heard, as they are not often told. My aim with this piece was only to let the voices of the powerful women featured speak louder than my own, as we cannot begin to reduce stigma until we hear honestly and boldly from the people that are impacted the most. I invite you to sit with the wisdom shared in this film before diving into the discussion guide and see what shows up for you, so that you can adapt this experience in the most helpful way possible for the audiences you share it with. Thank you for taking the time to watch the film and utilize this discussion guide; through each viewing, each conversation, and each encounter we are actively taking part in reducing stigma and improving quality of life for people living with and impacted by HIV (which by the way, according to Gina Brown, is all of us!).*



# BEFORE SCREENING



“

**Educate yourself further about issues facing Black women living with HIV to become more aware of their experiences and reduce stigma and judgment.**

- Quote from an *Out Of The Shadows* participant



## II. Before Screening

### Understanding Stigma

#### What is stigma?

*noun:* a mark of disgrace associated with a particular circumstance, quality, or person

*noun:* a visible sign or characteristic of a disease

*noun:* a strong feeling of disapproval that most people in a society have about something, especially when this is unfair

Stigma, in the context of HIV, is defined as negative attitudes and beliefs about people living with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

Here are a few examples:

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices

“Internalized stigma” or “self-stigma” happens when a person takes in the negative ideas and stereotypes about people living with HIV and starts to apply them to themselves. HIV internalized stigma can lead to feelings of shame, fear of disclosure, isolation, and despair. These feelings can keep people from getting tested and treated for HIV.

**Stigma can lead to discrimination.** Discrimination is the behavior that results from those negative attitudes or beliefs. HIV discrimination is the act of treating people living with HIV differently than those who are not living with HIV.

Here are a few examples of HIV discrimination:

- A health care professional refusing to provide care or services to a person living with HIV
- Refusing casual contact, such as holding hands or touching the shoulder of someone living with HIV
- Socially isolating a member of a community because they are living with HIV
- Referring to people living with HIV as HIVers or Positives

### How does stigma affect the lives of Black women living with HIV?



# Understanding Stigma *(continued)*

HIV continues to be a major global public health issue, having claimed almost 36.3 million [27.2–47.8 million] lives around the world to date<sup>1</sup>. In the United States, 1.2 million people are living with HIV<sup>2</sup>, with Black women (or Women of African Descent) accounting for 60% of new HIV diagnoses among women<sup>3</sup>. The stigma experienced by Black women living with HIV has huge impacts on their mental and physical health,<sup>4-6</sup> and it negatively impacts their overall wellness and quality of life. For the sake of this discussion guide, HIV stigma can be defined as the negative attitudes and beliefs about people living with HIV (PLWH). It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable. HIV stigma and discrimination affect the emotional well-being and mental health of BWLH, who often internalize the stigma they experience and begin to develop a negative self-image. BWLH may fear they will be discriminated against or judged negatively for their status. Through continuous education and creative media like *New Nickels*, we can work to eliminate the stigma that exists as a response to HIV.

## Citations:

1. World Health Organization. (2020). Key Facts HIV. Retrieved September 6, 2022, from [https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/key-facts-hiv-2020.pdf?sfvrsn=582c3f6e\\_13](https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/key-facts-hiv-2020.pdf?sfvrsn=582c3f6e_13)
2. Centers for Disease Control and Prevention. (2019). HIV Statistics Overview. CDC. Retrieved September 6, 2022, from <https://www.cdc.gov/hiv/statistics/overview/index.html>
3. Ojikutu BO, Mayer K. HIV Prevention Among Black Women in the US—Time for Multimodal Integrated Strategies. *JAMA Netw Open*. 2021;4(4):e215356. doi:10.1001/jamanetworkopen.2021.5356
4. Rao, D., Andrasik, M. P., & Lipira, L. (2018). HIV Stigma Among Black Women in the United States: Intersectionality, Support, Resilience. *American journal of public health*, 108(4), 446–448. <https://doi.org/10.2105/AJPH.2018.304310>





# Terms to Learn and Explore

## **Behavioral Health**

Behavioral health describes the connection between behaviors and the health and well-being of the body, mind and spirit. This would include how behaviors like eating habits, drinking, or exercising impact physical or mental health.

## **Body Language**

Body language is a part of nonverbal language. It includes things like stance, gestures, facial expressions, and even small things that are barely perceptible like a brief shrug of the shoulder or nod of the head. We frequently communicate both through our bodies and verbally and an estimated 70% of what we communicate may be nonverbal.

## **Isolation**

Isolation is the condition of being separated.

*Social isolation* occurs when people withdraw and become disconnected from family, friends and community.

## **Mental Health**

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

## **People-First Language**

People-first language is used to communicate appropriately and respectfully with and about an individual with a condition. People-first language emphasizes the person first, not the condition. For example, when referring to a person with a condition, refer to the person first, by using phrases such as, “a person who ...”, “a person with ...” or, “person who has ...”

## **Person of Trans Experience**

“Person of Trans Experience” or “Transgender” are umbrella terms used to capture the experience of identifying with a different gender than the one assigned at birth. Gender identity is the internal sense of being male, female, neither, both, or somewhere in between. Gender expression – often an extension of gender identity – involves the expression of a person’s gender identity through social roles, appearance and behaviors.

## **Stereotypes**

Stereotypes are characteristics imposed upon groups of people because of their race, nationality, and sexual orientation. These characteristics tend to be oversimplifications of the groups involved and, even if they seem “positive,” stereotypes are often harmful.

# Terms to Learn and Explore *(continued)*

## Trauma

Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

## Trauma-Informed Care

Trauma-informed care shifts the focus from “What’s wrong with you?” to “What happened to you?” A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient’s life situation – past and present – in order to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. It can also help reduce avoidable care and excess costs for both the health care and social service sectors.

## Viral Load

The amount of HIV measured in someone’s blood.

## Viral Suppression

Viral suppression refers to people living with HIV who have less than 200 copies of HIV per milliliter of blood.

## Citations:

- “Apa Dictionary of Psychology.” *American Psychological Association*, American Psychological Association, <https://dictionary.apa.org/isolation>.
- “Behavioral Health.” *CMS*, <https://www.cms.gov/outreach-education/american-indianalaska-native/behavioral-health>.
- “HIV Treatment as Prevention.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 21 July 2022, <https://www.cdc.gov/hiv/risk/art/index.html>.
- “Mental Health.” *Home | MentalHealth.gov*, <https://www.mentalhealth.gov/>.
- “Preferred Terms for Select Population Groups & Communities.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 3 Nov. 2022, [https://www.cdc.gov/healthcommunication/Preferred\\_Terms.html](https://www.cdc.gov/healthcommunication/Preferred_Terms.html).
- “Transgender Persons.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 14 Sept. 2022, <https://www.cdc.gov/lgbthealth/transgender.htm>.
- Tricia Christensen Last Modified Date: January 05, et al. “What Is Body Language?” *Language Humanities*, 5 Jan. 2023, <https://www.languagehumanities.org/what-is-body-language.htm>.
- “What Is Trauma? - Trauma-Informed Care Implementation Resource Center.” *Trauma*, 8 July 2022, <https://www.traumainformedcare.chcs.org/what-is-trauma/>.



# Understanding HIV/AIDS Prevention, Progression, and Treatment

The Human Immunodeficiency Virus, or HIV, is a virus that impacts human bodies by attacking the immune system, which helps our bodies fight off disease. Over time and without medication, damage to the immune system can worsen to the degree that a person may not be able to fight off even the most basic of diseases. This condition is called Acquired Immunodeficiency Syndrome, or AIDS.

HIV is primarily transmitted from person to person via four bodily fluids: blood, semen, vaginal fluid, or breastmilk. HIV can also be transmitted by sharing needles. Even without regular medication, there is not enough virus in fluids such as sweat, tears, or saliva to transmit HIV. A person is at risk for HIV transmission based on behaviors only, never by the way a person may identify. The most common method of transmitting HIV from person to person is via unprotected sex, followed by sharing needles. In rare cases, a mother could transmit HIV to a child by breastfeeding.

There are many things a person can do to lower their risk of getting HIV or reduce the likelihood that they could pass HIV to another person if they are living with the virus. Using barrier methods (condoms) during anal, oral and/or vaginal sex, getting regularly tested for HIV and other STIs, talking openly and regularly with sex partners about testing and prevention, and never reusing or sharing needles are just some of these strategies. There is also a medicine called Pre-Exposure Prophylaxis (PrEP) that can help prevent the risk of HIV transmission. For more information about PrEP, talk to your doctor or contact your state health department's infectious disease office.

If a person is living with HIV, there are many options for medication they can take to minimize the effect of the virus on their bodies. Many people are able to achieve viral suppression with just one pill a day. What's more, if a person's viral load is undetectable, meaning it cannot be detected in a blood test, that person cannot pass the virus to another person. Undetectable = Untransmittable, or U=U.

**For more information about transmission, prevention, or living with HIV/AIDS, please visit:**

<https://www.cdc.gov/hiv/basics/index.html>.



**In the United States,  
1.2 million people are living with HIV<sup>2</sup>, with  
Black women accounting for 60% of new  
HIV diagnoses among women<sup>3</sup>.**

**The stigma experienced by Black women  
living with HIV negatively impacts their  
overall wellness and quality of life.<sup>4-6</sup>**

*Citations listed on page 8*



# Facilitating Open Dialogue - here are some tips for conducting a robust conversation

## Get Familiar with the Content

Watch *New Nickels*, read through this guide, and look through the recommended resources to help you plan your event and get familiar with everything so that you'll be able to guide a productive and meaningful conversation.

## Get Familiar with Your Emotions

Certain topics like isolation, stigma, and trauma can bring up really powerful emotions within both you as a facilitator and the people attending your screening. In your preparation before the screening, reflect on these topics by yourself and/or speak with a friend, therapist, or colleague to make sure that you are ready to address them and the potential conversations that could arise during the session. During the screening, please take your time, and as needed, give yourself space to breathe and gather your thoughts before you respond, as even the act of listening may bring unexpected feelings to the surface.

## Encourage Diversity of Thought

Allow different ideas, opinions, viewpoints, and perspectives to be shared during your discussion. New and varying ways of looking at an issue can lead to deeper understanding, so encourage your group to question commonly held assumptions and ways of being, and see differences as invitations to explore and go deeper.

## Establish Group Agreements

Group agreements are a social or community “contract” created by members of a group (whether that be a discussion group, support group, or another group working towards a goal) to create a welcoming and safe space for everyone in the group. Group agreements can encourage deeper listening and help participants support each other through hard conversations.

Allow the group to establish the group agreements they want to follow at the beginning of the discussion session, so that all group members have ownership of the process and can reflect their unique experiences. Here are some common group agreements you can use to help get you started:

- Prioritize confidentiality - What is said in the group should remain private and stay in the group, unless it poses a danger to that person or someone else.
- Be respectful & compassionate - Honor what is said in this group. Be considerate and thoughtful of how you receive what others say *and* how you respond to others.
- Use mindful judgment - It's okay to disagree with something that is discussed. Try to use “I” statements when disagreeing to show that you are expressing *your* opinion. For example: “I disagree. I feel that what he said was stigmatizing because...”
- Protect the right to pass - You have the right to join the group without talking. You also have the right to respond to some questions and respectfully “pass” on others.
- Uphold One Mic, One Voice - Only one person should speak at a time
- Prioritize truth speaking over advice giving - Speak from your personal experience rather than sharing advice with others.

# Facilitating Open Dialogue *(continued)*

## **Get Inclusive**

When planning your screening, think about all of the different people that would benefit from participating in this experience and do not only invite them to attend, yet also include them to the best of your ability in the conceptualization, design, and promotion of the event. Invite people that already work within the HIV/AIDS field, as well as those that could be interested in being a better advocate, ally, or friend. This could include people living with HIV of different races, ethnicities, sexual orientations, and gender identities; families of people living with or impacted by HIV; people that provide services to folks living with HIV, from case managers to social workers to doctors to pharmacists; people whose jobs are not directly related to HIV/AIDS, yet whose work directly impact PLWH such as folks who work in government, criminal or legal services, and education; and community- or faith-based organizations. Make sure that the physical space where the screening is held (if it's in person) can accommodate people with different abilities and is accessible to all attendees, such as people with special physical or dietary needs.

## **Be Prepared**

As mentioned above, the topics contained in this film may be very sensitive and/or triggering for some folks, so it is highly recommended that you include trained mental health professionals in the planning and implementation of the screening, and invite them to attend the session, as well, to provide live support the day of the event. As appropriate, please provide a list of local mental health professionals that address the issues raised in the film, and that reflect the audience you are attempting to reach.

# Now you are ready to screen the film!



To watch the documentary go to [mosaic-iwes.com/new-nickels](https://mosaic-iwes.com/new-nickels) or scan the QR code.



# AFTER SCREENING

“

**Do what is needed to prevent the spread of HIV, not only for yourself, but also for someone you love.**

- Quote from an *Out Of The Shadows* participant





## III. After Screening – Discussion Questions for All Audiences

### **i** Facilitator's note

Now that you have completed screening the film, invite participants to join you in a discussion session to reflect and process the themes of the film. You can break out into smaller groups or lead the discussion with everyone together in one space. You may want to allow folks a brief break before entering into the discussion so that they may have some time to process themes from the film away from the group, get refreshments, and/or use the restroom.

We leave it up to your discretion to pick and choose which discussion questions from this section will best fit the needs of your gathered audience within the time available.

### Initial Reflections

- What was it like to watch the film? What came up for you?
- What was new or surprising?
- What will you take away from the film?





“It doesn’t have to be what you need all the time. An advocate doesn’t just look at what they need, they look at what everybody needs. An advocate looks outside of themselves.

**It ain’t about me, it’s about we.”**  
– Gina





“You know, any  
disease or sickness,  
**we supposed to  
help each other.** Not  
just AIDS and HIV.

**We supposed to  
be there for  
each other.”**  
– Lorraine





# Spotlight on the Women



Gina

**Gina** urges us all to be mindful of what we say around others to promote safe spaces for people living with HIV to seek help. She reminds us that “an advocate does not only look at what *they* need, they look at what everyone needs.”

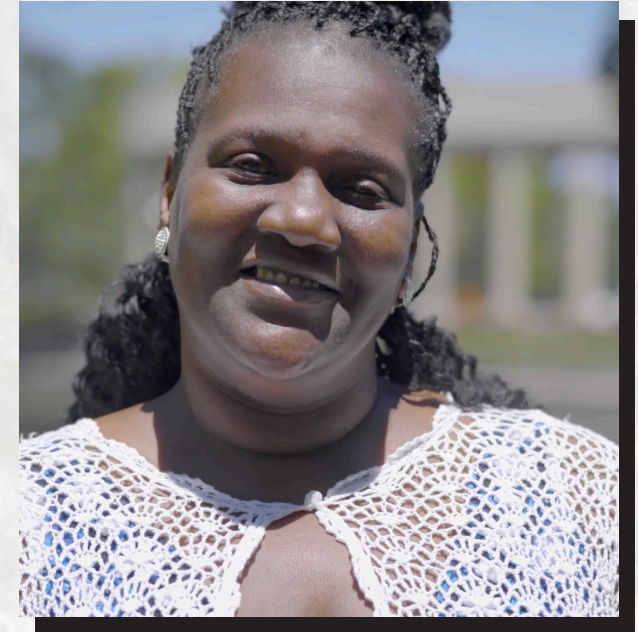
- ***How can you create safe spaces for people living with HIV?***



Imani

**Imani** shares her struggle to overcome the stigma she has experienced from family members. Stigma is being stereotyped based on race, gender, culture, status, orientation, etc. Stigma can take many forms and does not have to be specific to HIV.

- ***How does stigma show up in your daily life?***
- ***How do you cope with it?***



Lorraine

**Lorraine** speaks about walking out of the shadows **into the light** and sharing the light with others.

- ***In what ways have you come out of the shadows?***
- ***How have you shared your light with others?***



# Spotlight on the Women



Penny

**Penny** believes that true advocacy takes place when people living with HIV (PLWH) are included in the decision-making process and are paid as staff members at organizations and companies that serve PLWH.

- ***Why is it important to hire PLWH to work with others who are living with HIV?***



Tatania

Whether it's walking up to a random group of people at a restaurant or at the back of a party bus, **Tatania's** mission is to be an unapologetic advocate for those living with HIV.

- ***How can you advocate, or speak up, for yourself and/or others?***
- ***What opportunities are available in your community to support and empower people living with HIV?***



Sian

**Sian** speaks about her journey of rediscovering herself while coming out of the shadows. Rediscovering oneself can take the form of healing through grief.

- ***In what ways, if any, have you had to heal through pain and uncertainty?***
- ***What wisdom or advice would you offer another person starting on their own healing journey?***





“We don’t want anybody to see us. We don’t want to see anybody. We really isolate. And isolation can kill you.

It can really kill you.”  
– Gina



# Additional Questions and Activities for Reflection

1. How do feelings of isolation and loneliness impact someone's self-esteem?
2. As mentioned in the film, *Out of the Shadows - Into the Light* is a support group for Black Women living with HIV in New Orleans, Louisiana that serves as a safe space for collective processing and healing. In your community, where can people living with HIV seek support from their peers?

3. Footage included in the documentary displays the following quote:

*"Your joy inscribes itself on the sidewalk & it has never been washed away."*

**Take a moment to reflect on this quote.**

**i** **Facilitators**, ask attendees to think of an affirmation or positive thought related to the themes of this quote. Select a participant to share their affirmations aloud with the group, then speak that affirmation to another person in the group. The receiving person will then share a new (or same) affirmation, and then speak it to a new person in the group. Continue to do this until each person receives an affirmation.  
(Ex. **Person 1: I am resilient. Angela is resilient. → Angela: I am worthy. José is worthy. → José: I am brave...and so on).**)

4. ***New Nickels* highlights the stories of Black women living with HIV in the Southern United States.**

How might advocating for Black women living with HIV look different from advocating for other groups of people living with HIV?

What does HIV stigma look like where you live? How is it similar or different from what the women in *New Nickels* describe?

“

**Learn from the women who bravely  
shared their stories.**

**We bond because we have HIV, because we are women,  
and because we are Black women.**

**We are here to speak and teach the masses who do  
and don't walk in our shoes.**

- Quote from an *Out Of The Shadows* participant





## IV. Digging Deeper: Topics for Engagement - Questions and Recommendations for Clinic Leaders, Providers, and Support Staff Regarding Stigma Reduction

In 2022, the Institute of Women & Ethnic Studies (IWES) spent several months learning about the healthcare experiences of Black Women living with HIV (BWLH) in the Greater New Orleans area by speaking directly with them and the HIV healthcare providers that serve them. Through a series of interviews and focus groups, IWES learned more about how BWLH uniquely experience stigma and isolation in the healthcare system and beyond. IWES also gathered feedback about what providers and support staff could do to reduce stigma for BWLH in healthcare settings.

The main takeaways from this research have been broken down into four topics:

1. **Addressing and Reducing Stigma Experienced by Black Women living with HIV (BWLH)** - Systems-level Recommendations for Clinics and other Care Settings
2. **Addressing and Reducing Stigma experienced by Black Women living with HIV (BWLH)** - Interpersonal-level Recommendations for Providers and Support Staff
3. **Establishing a Trauma-Informed Practice** - Questions for Providers and Support Staff
4. **Creating a Stigma and Discrimination-Free Clinic** - Questions for Leadership

**i** **Facilitators note:**

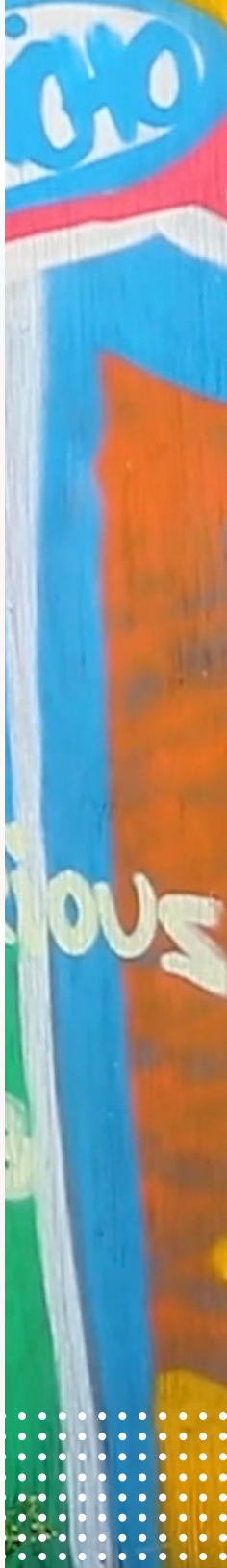
This section is designed for clinic leadership, providers, and support staff as you work to address and reduce stigma at your care setting and practice. You are encouraged to review and discuss these topics among your colleagues and peers, and this section contains questions and recommendations to help you explore further. It is up to your discretion as the facilitator(s) to select which topics from this section best fit the discussion needs of your audience within the time available.

# Topic #1: Addressing and Reducing Stigma Experienced by Black Women Living with HIV (SYSTEMS-LEVEL)

## Recommendations and Questions for Clinics and other Care Settings

*"OUR STORY NEEDS TO BE HEARD. AROUND THE WORLD, YOU KNOW, THEY DON'T KNOW WHAT IT'S LIKE BEING A BLACK WOMAN. WITH OR WITHOUT HIV." - BLACK WOMAN LIVING WITH HIV*

- Ask social services (case management, behavioral health) to meet with newly diagnosed clients *before* they have their first HIV medical provider visit. This sets the client up for success by allowing them time to process their diagnosis and access mental health support before their medical exam, lab work, and treatment plan discussion. This ultimately translates to a more effective use of client-provider time during the first medical visit.
- Establish an **on-call** social services team member that can be available to provide intake and education for those newly diagnosed clients who are *self-referred* and may show up to the clinic without an appointment.
- Hire a diverse team of providers that reflect your patient population (and larger community) and allow clients to select which provider they would like to see long-term.
- Join forces! Have medical and social services health teams establish daily huddles to better understand and respond to all aspects of each client's situation, status, and care plan. This allows all service providers to share their perspectives and wisdom, and ultimately collaborate on challenges together, for the benefit of the client.
- Offer a wide variety of social services at your medical HIV care clinic, including but not limited to childcare-, housing-, utility-, transportation-, legal-, and insurance-assistance.
- Prioritize client privacy. Clients may not want to wait in a general waiting room for fear of being seen at an HIV care facility by people they know. Establish safe options and communicate them to clients (before they arrive at the clinic if possible).
- Provide childcare. Integrate childcare into the clinic space as a way to show women and guardians they are seen, to build relationships with clients, and to make client health care visits more manageable.
- Train the team! Bring in BWLH to speak to healthcare staff about their unique experiences living with the disease. Make this a recurring staff training to increase and sustain staff cultural competency, cultural humility, and awareness. Supplement these trainings with HIV education and best practices in trauma-informed care.





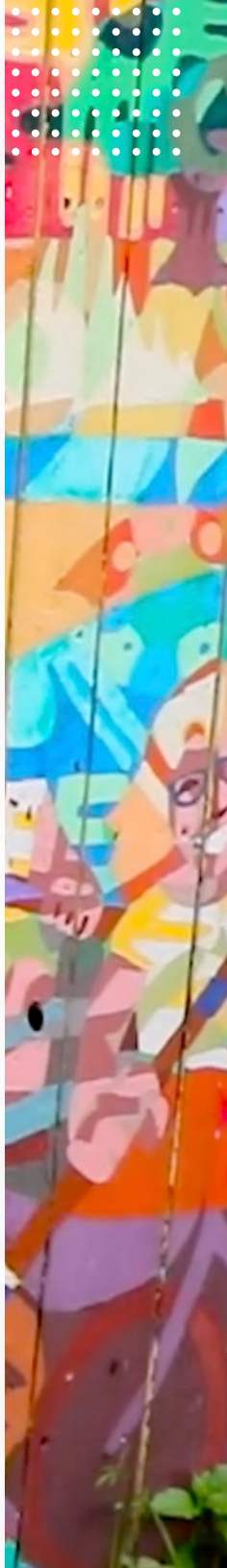
## Discussion Questions for Topic #1:

1. Which, if any, of these recommendations stand out to you as most significant, and why?
2. Which, if any, of these recommendations stand out to you as most surprising, and why?
3. After reviewing these recommendations, how do you understand stigma experienced by BWLH differently?
4. After reviewing these recommendations, what does your clinic/hospital/organization already do to make your clients feel welcome, respected, and seen that you are proud of?
5. After reviewing these recommendations, what could your clinic/hospital/organization do to provide better experiences for Black women living with HIV?

## Topic #2: Addressing and Reducing Stigma Experienced by Black Women Living with HIV (INTERPERSONAL-LEVEL) Recommendations and Questions for Providers and Support Staff

*"WHEN [CLIENTS] HAVE SPECIFIC SITUATIONS GOING ON...ASK THEM - 'IN THE PAST, HOW HAVE YOU TRIED TO WORK THIS OUT?' OR, 'HAVE YOU EVER SEEN SOMEBODY ELSE DO THIS IN A SUCCESSFUL SITUATION?' JUST TRY TO HELP THEM FIND THE ANSWER WITHIN THEMSELVES."  
- HIV CARE PROVIDER, NEW ORLEANS, LA*

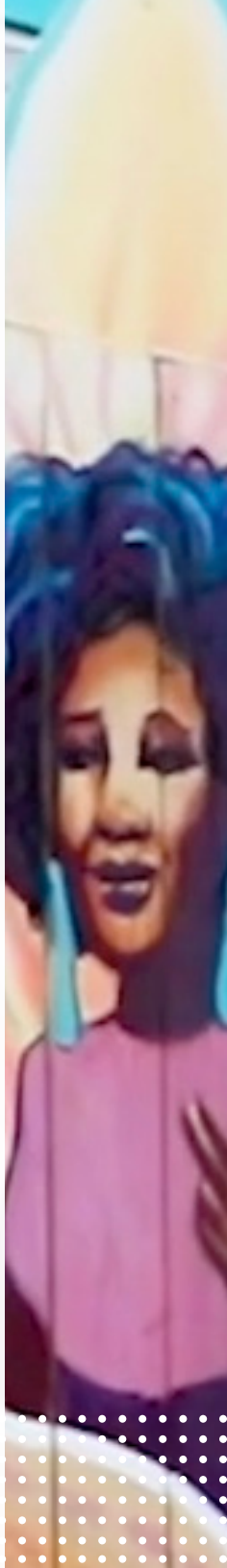
- Acknowledge negative feelings such as stress and grief. Oftentimes, clients have experienced being lied to by a partner and have been victimized and/or traumatized. Please be respectful of how this might impact their care plan and their relationship with you.
- Be flexible with appointment times and understanding of last minute appointment changes. Be flexible with where appointments take place, and if possible offer home visits, telehealth appointments, etc. to meet each client where they are and establish trust.
- During intake, or at the beginning of the provider-client relationship with a newly diagnosed client:
  - Applaud clients for getting tested and taking care of their health. Emphasize that now the focus can be on the future - on finding the right treatment and moving forward with their lives.
  - Spend time helping clients understand why living with HIV is *no longer* a death sentence.
  - Encourage clients to make plans and help them find answers related to their care and treatment goals within themselves.



- Make it known! There are providers who still promote the belief that HIV is not something Black cis-women need to worry about, often because HIV is still perceived as a disease that mostly impacts men who have sex with men – even in medical circles. This is a dangerous myth because it threatens the lives of other folk that are left out of the conversation. Even *inaction*, such as not recommending HIV testing for Black cis women clients on a regular basis, sustains this outdated and harmful belief. Speak up and take action to address it.
- Normalize HIV screening for *all* adult clients if their HIV status is unknown. Normalization reduces stigma.
- Normalize talking about sex and sexuality! Advocate for provider trainings on how to have inclusive and effective conversations with clients about their sexual health. Make sure your clients understand all their risks and options. Do your part to educate the greater community as well. ***We can't make progress if we can't talk about sex. Not talking about it creates the stigma we're trying to reduce.***
- Protect and prioritize time to assess client successes, goals, and growth points throughout the client/provider relationship.

### *Discussion Questions for Topic #2:*

1. Which, if any, of these recommendations stand out to you as most significant, and why?
2. Which, if any, of these recommendations stand out to you as most surprising, and why?
3. After reviewing these recommendations, how do you understand stigma experienced by BWLH differently?
4. After reviewing these recommendations, what do you already do as a provider to make your clients feel welcome, respected, and seen that you are proud of?
5. After reviewing these recommendations, what could you do to provide better experiences for BWLH?





# Topic #3: Establishing a Trauma-Informed Practice

## Questions for Providers and Support Staff

*"I DON'T KNOW WHAT I DON'T KNOW. I NEED TO BE HUMBLE AND OPEN TO BEING TAUGHT BY MY PATIENTS, JUST AS I HOPE THEY'RE OPEN TO BEING TAUGHT BY ME."*

*- HIV CARE PROVIDER*

1. In your role as \_\_\_\_\_, what context, training, and/or additional supports would you need to feel that you can best engage BWLH in a *trauma-informed\** manner? \*refer to "terms to learn and explore" on pg.8 for definition.

Take a moment to reflect—personally or with peers—on a situation where you could have been more effective if you had acted in a more trauma-informed way.

2. Think about your interactions with patients. What would you need to be able to reduce stigma for BWLH at your place of work? How about in your community?

Take a moment to reflect, personally or with peers, on a situation where you could have been more effective if you had these needed supports at hand?

3. From interviews with BWLH we found that ongoing positive connections with family and other trusted individuals help *reduce isolation* and create a *sense of belonging* that is crucial for clients to stay engaged in HIV care and treatment.

- What can you do to engage friends, family, and/or other client-identified support networks to support clients through their treatment journeys?
- How might a *sense of belonging* impact a client's continuity in care, or commitment to their treatment plans?

4. Consider how your team – including leadership and all staff who have direct contact with clients – might apply the recommendations generated from your **Topic #3** discussion in your care setting/clinic (feel free to discuss listed recommendations from **Topic #1** and **Topic #2**, as well).

- What changes would be required to make this work in practice?
- What might you and your peers do to help your care setting/clinic apply what you have learned?

# Topic #4: Creating a Stigma and Discrimination-Free Clinic

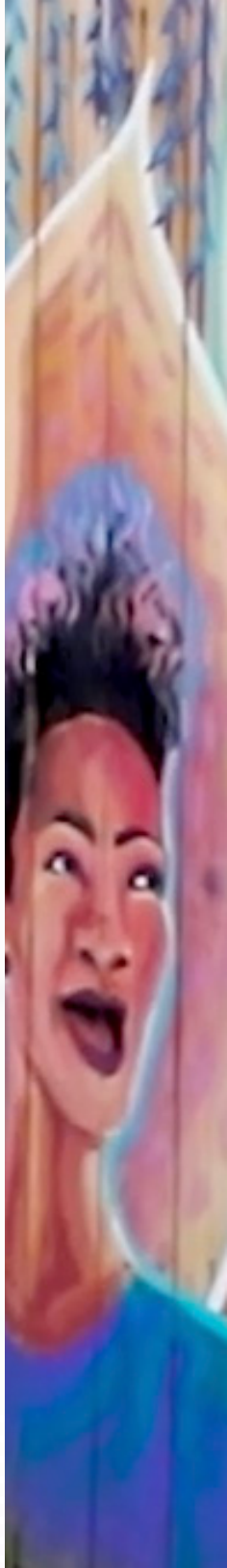
## Questions for Leadership

*"I'VE DEALT WITH A LOT OF PATIENTS WHO HAVE PROBLEMS WITH STIGMA, AND THEY'RE JUST SCARED TO COME IN. THEY DON'T WANT ANYBODY TO FIND OUT, YOU KNOW, THEY'RE SO WORRIED ABOUT SEEING OTHER PEOPLE AT THE FRONT DESK." -HIV CARE PROVIDER*

Leaders at healthcare centers are in unique positions to create healthcare environments free of stigma and discrimination. For example, in 2016, under the USAID Combination Prevention Program for HIV in Central America, the Pan American Social Marketing Organization (PASMO) designed an intervention entitled "stigma and discrimination-free zones" as part of a broader initiative known as *Generation Zero*, which aimed to achieve the goal of getting to "zero discrimination" based on one's HIV status. Below are some of the questions they asked themselves to begin an environmental assessment of their healthcare center. In an organized round table discussion, ask your leadership team the following questions:

1. Do we have an internal action plan and system for anonymously reporting cases of stigma and discrimination?
2. Have we established an internal employee committee responsible for follow-up on reported stigma and discrimination claims?
3. Do we have a stigma and discrimination workplace policy that is regularly reviewed with all staff and posted in public areas that are easily legible and visible for staff and clients?
4. Have we provided regular training to staff in stigma and discrimination, human rights, sexual and reproductive rights, gender-affirming language and care, toxic masculinity, sexual diversity, HIV/AIDS, and gender-based violence?

If you answered "no" to any of the questions above, please consider reviewing [ESCALATE](https://targethiv.org/escalate) ([targethiv.org/escalate](https://targethiv.org/escalate)) - an innovative training and capacity-building initiative specifically designed to address HIV-related stigma that creates barriers at multiple levels of the HIV care continuum.





### National Trainings

**AIDS Education Training Center (AETC)** offer a wide range of training opportunities for health professionals, including lectures, preceptorships, webinars, and conferences. Visit <https://aidsetc.org/training> to view a full list of resources.

**ESCALATE (Ending Stigma through Collaboration and Lifting All To Empowerment)** is an innovative training and capacity-building initiative from the Health Resources and Services Administration (HRSA) specifically designed to address HIV-related stigma that creates barriers at multiple levels of the HIV care continuum. Please visit [targethiv.org/escalate](http://targethiv.org/escalate) for more information.

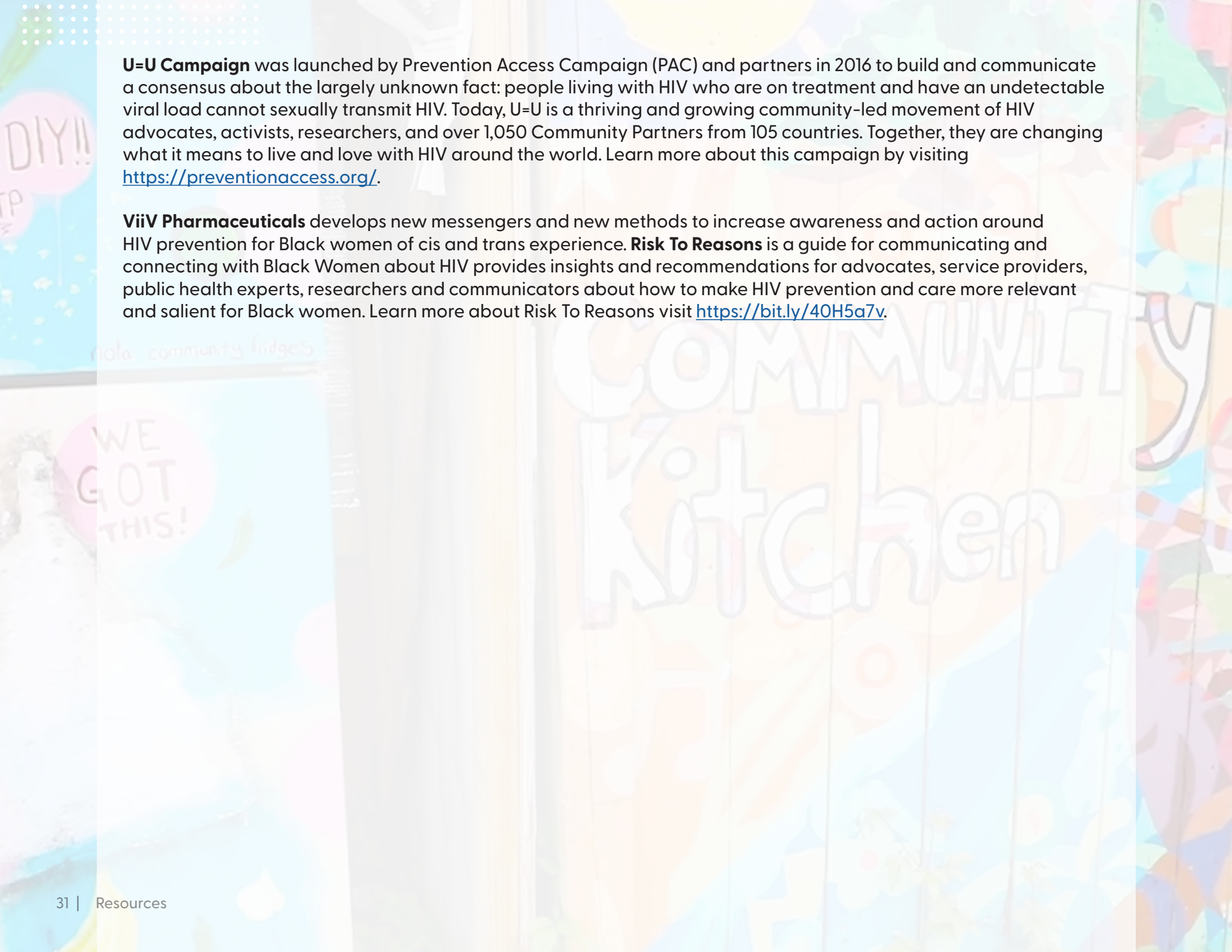
### Campaigns

**Greater Than AIDS** produces and distributes targeted public information campaigns designed to inform and inspire action. View their suite of campaigns at <https://www.greaterthan.org/campaigns/>.

**Let's Stop HIV Together** (Together) campaign is the national campaign of the Ending the HIV Epidemic in the U.S. (EHE) initiative and the National HIV/AIDS Strategy. Together is an evidence-based campaign created in English and Spanish. It aims to empower communities, partners, and health care providers to reduce HIV stigma and promote HIV testing, prevention, and treatment. Learn more by visiting <https://bit.ly/3jyfJta>.

**Positive Womens' Network- USA (PWN)** was founded in 2008 by diverse women leaders living with HIV, PWN-USA develops a leadership pipeline and policy agenda that applies a gender lens to the domestic HIV epidemic grounded in social justice and human rights. The national membership is a body of women living with HIV and their allies, and it exists to strengthen the strategic power of all women living with HIV in the United States. Learn more about how to get involved with PWN by visiting <https://www.pwn-usa.org/>.

**Southern AIDS Coalition** was created to aid in ending the HIV and STI epidemics in the South by promoting accessible and high-quality systems of [HIV and STI] prevention, treatment, care, housing, and essential support services. SAC proudly serves, empowers, and employs people living with HIV. Learn more about SAC's work in ending the HIV epidemic by visiting <https://southernaidscoalition.org/>.

The background is a vibrant collage of community posters and signs. On the left, there's a sign that says "DIY!!" in a pink speech bubble. Below it, another sign says "WE GOT THIS!" in a pink speech bubble. In the center, there's a large, stylized sign that says "COMMUNITY Kitchen" in a bubbly, hand-drawn font. The overall color palette is bright and colorful, with shades of blue, pink, yellow, and green. The text is overlaid on this background.

**U=U Campaign** was launched by Prevention Access Campaign (PAC) and partners in 2016 to build and communicate a consensus about the largely unknown fact: people living with HIV who are on treatment and have an undetectable viral load cannot sexually transmit HIV. Today, U=U is a thriving and growing community-led movement of HIV advocates, activists, researchers, and over 1,050 Community Partners from 105 countries. Together, they are changing what it means to live and love with HIV around the world. Learn more about this campaign by visiting <https://preventionaccess.org/>.

**ViiV Pharmaceuticals** develops new messengers and new methods to increase awareness and action around HIV prevention for Black women of cis and trans experience. **Risk To Reasons** is a guide for communicating and connecting with Black Women about HIV provides insights and recommendations for advocates, service providers, public health experts, researchers and communicators about how to make HIV prevention and care more relevant and salient for Black women. Learn more about Risk To Reasons visit <https://bit.ly/40H5a7v>.



Thank you for reviewing the *New Nickels* Discussion Guide. We hope you found the information presented within this document both useful and informative. Black women living with HIV have been subjected to stigma for far too long for a variety of reasons that are beyond their control; **it's time to change that.** Every interaction, every conversation, and every encounter are opportunities to reduce stigma, so we hope that users of this guide walk away with a new understanding that will foster more compassionate experiences for people living with HIV.

**Just remember that in HIV,  
the H is for Human.**



For questions or comments, please email [info@iwesnola.org](mailto:info@iwesnola.org).





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