People Living with HIV Stigma Index 2.0

Bastrop, Caldwell, Hays, Travis, & Williamson Counties, Texas, 2026

November 16, 2026

Rick Astray-Caneda III, MPA, PhD
President, Friends of the David Powell Clinic

Michelle Osorio, MPH
HIV Funding Specialist, Austin Public Health

Austin Public Health



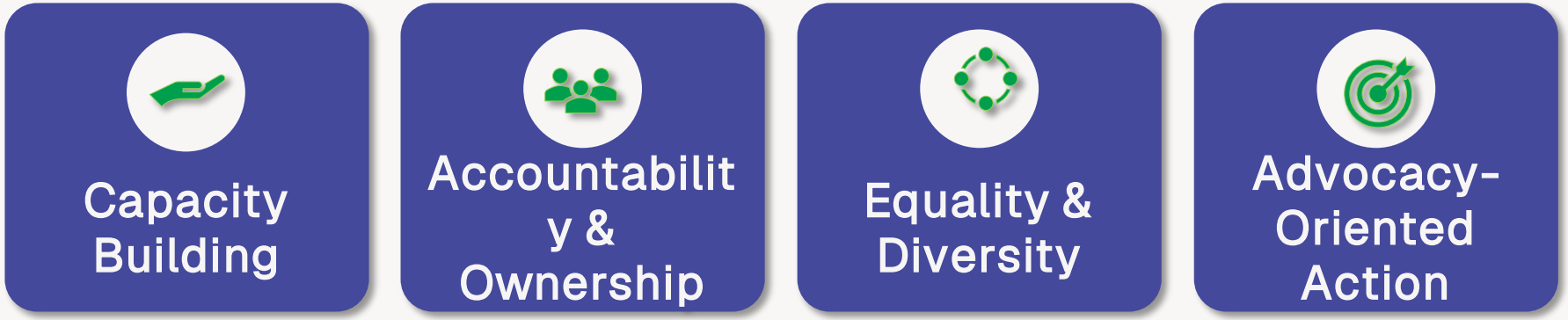
Agenda

01 Report Overview and Approach
02 What We Heard: Key Findings
03 Emerging Opportunities for Action
04 Discussion and next steps

Report Overview and Approach

What is the Stigma Index?

- Global community-led assessment documenting how stigma and discrimination affects the lives of people living with HIV (PLHIV) and how these experiences intersect over time
  - Since 2008, the Stigma Index has been implemented in more than 100 countries, engaging over 100,000 PLHIV worldwide
  - The Stigma Index 2.0 was developed in 2018 to reflect changes in the HIV epidemic and global response
- Grounded in four core principles:



- Community-led approach ensures that the experiences and voices of PLHIV remain at the center of documenting and addressing HIV stigma

LIVE BOLDLY, END HIV STIGMA IN CENTRAL TEXAS

Your experience can make a difference: Be a part of the Central Texas HIV Stigma Index project led by people living with HIV for people living with HIV.





Scan QR code for more information
or reach out to our secure and confidential email to get involved:
austinstigmaindex@cardeaservices.org

linktr.ee/ftcsdohe

WANT TO HELP END HIV STIGMA? GET INVOLVED TODAY!

Are you:

- Living with HIV
- 18 or older
- English or Spanish speaking

You may be able to participate in a confidential 60-90 minute interview about your experiences with HIV stigma to inform policies, improve services and strengthen advocacy efforts for people living with HIV.

You will receive a $100 incentive for your participation.

06/26/2025

Austin Public Health
PREVENT. PROMOTE. PROTECT.

Austin TGA Implementation

- Implemented across the Austin Transitional Grant Area (TGA)* from 2024 – 2026
- Proposal developed by the Social Determinants of Health & Equity Workgroup, Fast-Track Cities
- Partners:
  - PLHIV-led Steering Committee
  - Austin Public Health
  - Cardea Services (research partner)

*Austin TGA includes Travis, Williamson, Hays, Bastrop, and Caldwell counties, eligible for federal funding under Ryan White HIV/AIDS program.

Central Texas PLHIV Stigma Index Process

- Formed from Fast Track Cities in July 2023
- Shepherded by core team including one PLHIV
- Steering Committee formed in July 2024 (five PLHIV + five status neutral)
- Interviews started August 2025

Recruitment

- **Recruitment strategies:** In-person recruitment at HIV clinic (David Powell Clinic), flyers, posters, social media, word of mouth, referrals from community organizations, and trusted community networks
- **Incentives:**
  - Participants received $100 (two $50 gift cards) per interview
  - Interviewers received $125 per interview
- **Interviewers:** PLHIV, ages 20 – 70, fluent in English or bilingual English and Spanish
- **Format:** In-person interviews were conducted in private, participant-centered locations and lasted approximately 60 to 90 minutes



Slide courtesy of Austin Public Health

Participant Demographics

- **113 people interviewed**
- **Gender (N=113)**
  - Male (73.5%)
  - Female (20.4%)
  - Transgender (<5%)
  - Do not identify as male, female, or transgender (<5%)
- **Age (N=113)**
  - 18-24 (<5%)
  - 25-34 (20.4%)
  - 35-44 (28.3%)
  - 45-54 (13.3%)
  - 55+ (37.2%)
- **Race and Ethnicity (N=54)**
  - White (33.3%)
  - Black/African American (31.5%)
  - Latino/Hispanic (20.4%)
  - Multiracial (14.8%)
  - Asian (0%)
  - American Indian/Alaska Native (0%)
- **County of Residence (N=102)**
  - Travis County (85.0%)
  - Hays (<5%)
  - Bastrop (<5%)
  - Caldwell (0%)
  - Williamson (<5%)

Participant Demographics

- **Priority Populations**
  - Gay men and men who have sex with men (57.5%)
  - Transgender people (<5%)
  - Sex workers of all genders (46.9%)
  - People who use drugs (58.4%)
  - People who are unhoused (<5%)
- **Length of time knowing HIV status**
  - 0-5 years (26%)
  - 6-9 years (7%)
  - 10+ years (68%)



What We Heard:
Key Results & Discussion



Key Findings

- **Support and stigma coexisted**: many participants found acceptance after disclosure, yet more than half still reported difficulty disclosing or hiding their HIV status.
- **Stigma influenced relationships** and **social participation**, contributing to isolation, reduced intimacy, and avoidance of support networks.
- Participants described **significant emotional impacts**, including shame, guilt, lower self-confidence, and challenges forming close relationships.
- **Stigma affected healthcare decisions**, but participants also highlighted **actionable solutions**, including education, confidentiality protections, U=U awareness, and peer-led support.

Disclosure

- Participants most often disclosed their HIV status to close contacts:
  - Friends (75.2%)
  - Family members (60.2%)
  - Spouses or partners (50.4%)
  - Neighbors (47.8%)
  - Children (20.4%)
- 34 participants told their partners; 2 did not
- Participants disclosed less often to employers, coworkers, and other community contacts
- Disclosure to close contacts was largely positive, with 83.2% calling it a positive experience, and 84.0% reporting support
- Disclosure to acquaintances was more mixed, with responses split between positive (54.9%) and some less positive experiences (28.3%)
- Many participants reported that disclosure became easier over time (78.7%), though some continued to find it difficult (18.6%)

Disclosure

- Some participants reported experiences of HIV status being disclosed without their consent by:
  - Family members (23%)
  - Friends (14.2%)
  - Authority figures such as police, judges, or law enforcement (10.6%)
- Smaller proportions (<10%) of participants reported disclosure without consent by neighbors and local leaders (6.2% each), co-workers (5.3%), employers (3.5%), children (2.7%), partners (1.8%), teachers or school administrators (0.9%)

Disclosure

When seeking care for non-HIV related health needs (N=113)

Variables	Yes	No	N/A
In the past 12 months, when seeking care for non-HIV related health needs, have you experienced any of the following treatment by health facility staff? Specific question: Telling other people about your HIV status without your consent	6 (5.3%)	84 (74.3%)	23 (20.4%)
When you go outside the HIV clinic for general (non-HIV related) health services, do you usually disclose that you are living with HIV?	82 (72.6%)	31 (27.4%)	0 (0.0%)

"I had to disclose about any kind of medical issues I had and...when I disclosed that to the HR person he about jumped out of his chair and he goes, “oh my”, and he backed up from the desk, and we used to be on good talking terms...But from that point on, he never spoke to me again...It was awful. Well, it was just awful. I don't know if he ever disclosed it to anybody else, but he started treating me differently. Yeah, he basically shunned me.”

Austin TGA Stigma Index 2.0 Participant

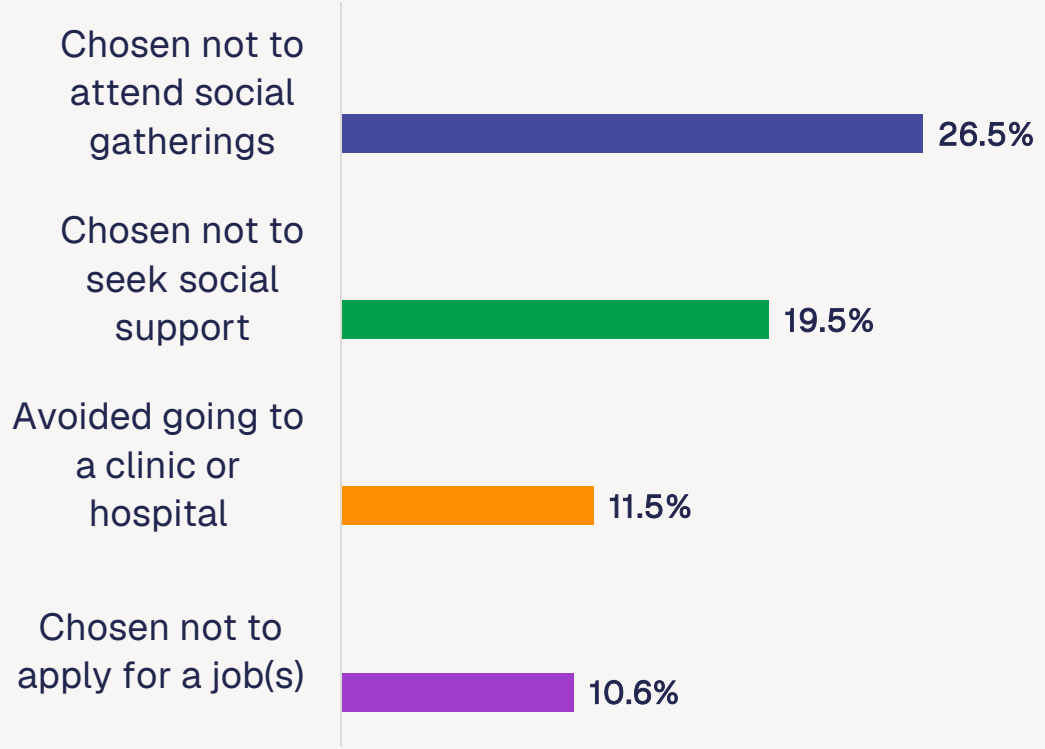
Externalized Stigma

- **Most-reported experiences** of stigma from others:
  - Discriminatory remarks or gossip about HIV status: 29.2% within the past year, 23.9% earlier
  - Family-related gossip or slurs: 13.3% in the past year, 29.2% earlier
  - Others faced verbal harassment; social, family, or religious exclusion; blackmail; physical harm; workplace bias; and discrimination toward partners or children

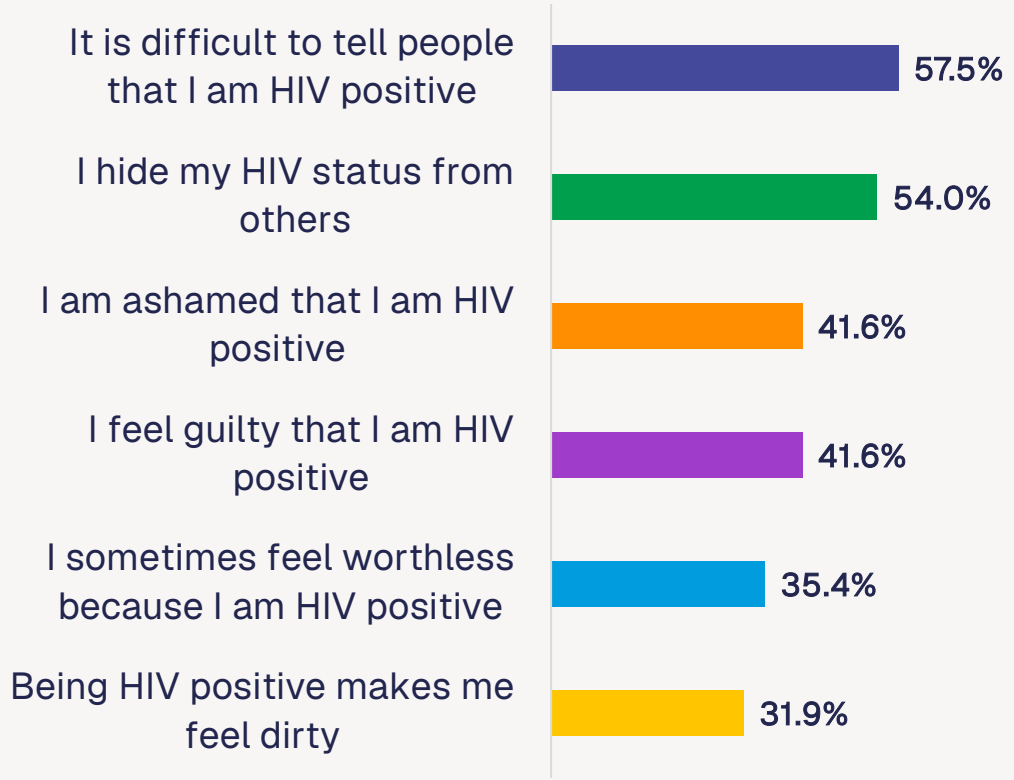


Internalized Stigma

Internalized stigma over the last 12 months (n=113)



Feelings of shame and guilt due to HIV status (n=113)

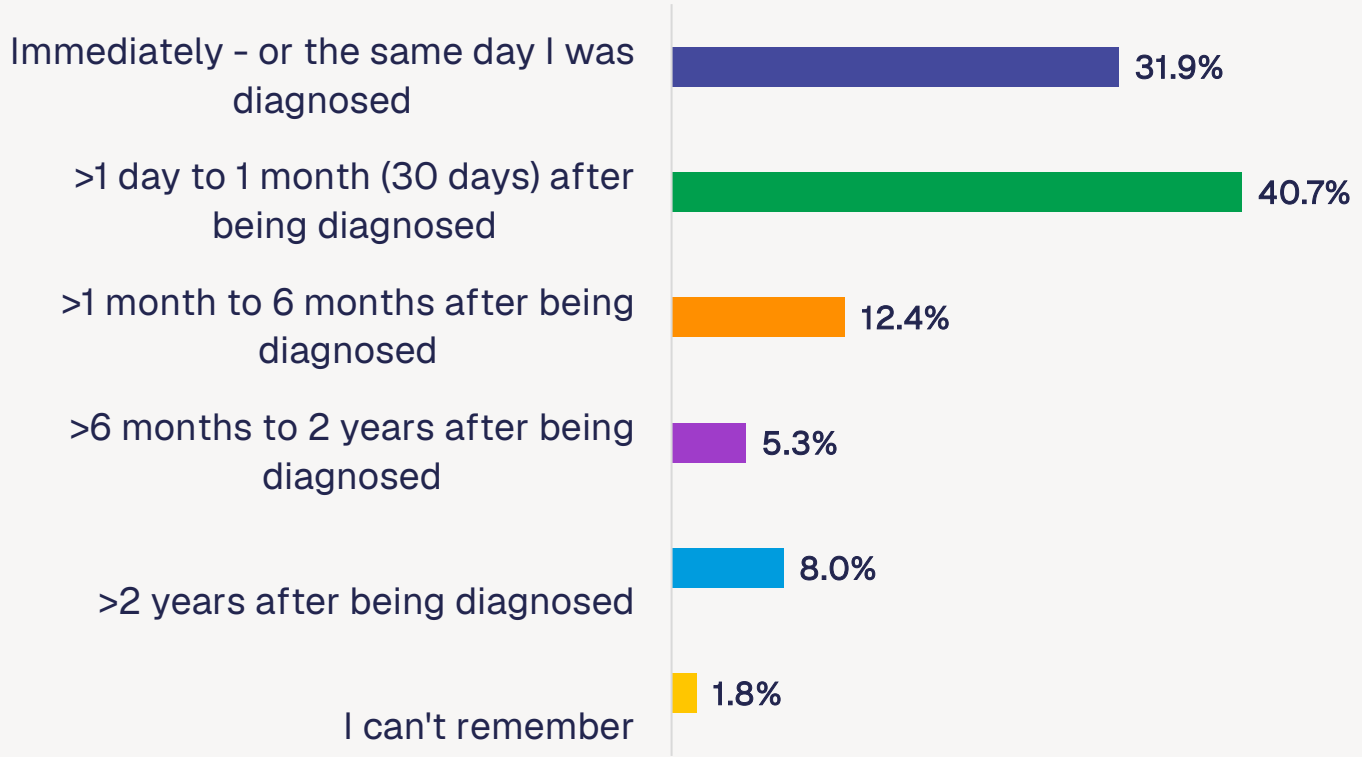


Note: All 113 participants responded to this question, with some participants having multiple internalized stigmas



Interaction with Health Services

Time between diagnosis and starting treatment (N=113)



Interaction with Health Services

Reason for hesitating, delaying, or avoiding HIV care or treatment

- Stigma shaped participants' choices around HIV testing, care, and treatment
  - Over a quarter delayed testing, wary of how others might react to a positive result
- For some participants, stigma hindered engagement with HIV testing, care, and treatment
  - Fearing reactions to a positive result, over a quarter hesitated to test (28.3%)
- Why participants delayed or avoided HIV care:
  - Feeling unready to face HIV infection (37.2%)
  - Worry that outsiders would learn their status (32.7%)
  - Fear of mistreatment or unauthorized disclosure by health workers (30.1%)
  - Disclosure to partners, family, or friends (21.2%); past bad experiences with health workers (19.5%)
- Fear of mistreatment or disclosure (30.1%) and prior negative encounters with health workers (19.5%) drove hesitation or delay in starting HIV care

Qualitative Responses

Themes reflected both the persistence of stigma and the resilience of individuals and communities working to create more informed, respectful, and supportive environments.

Top Coded Theme	Number of Responses
Expanding public education about HIV	45
Directly challenging HIV-related stigma	22
Addressing stigma in healthcare settings	19
Navigating stigma within families	15
Increasing awareness of U=U	15



Emerging Opportunities for Action

Emerging Opportunities

- Provide stigma-free, trauma-informed, culturally responsive community training
- Expand peer-led support, education, and community connection
- Increase awareness of legal protections and advocacy pathways
- Launch community-wide HIV education and anti-stigma campaigns
- Form PLHIV-led community advisory board
- Conduct additional research to deepen understanding of stigma experiences
- Improve data systems for tracking stigma and discrimination

Discussion and Next Steps

"Stand up for somebody. Stop it. Shut them down and tell them that's not the appropriate way to behave with people. Even if you do not understand their sickness, don't mishandle them."

Austin TGA Stigma Index 2.0 Participant



Summary

- Stigma remains a central barrier to safety, dignity, disclosure, and care engagement for PLHIV
- Disclosure is more supportive within trusted relationships, but riskier outside close circles
- Internalized stigma continues to affect relationships, social participation, and well-being
- Treatment access is shaped by more than care availability, including trust, mental health, housing, insurance, medication access, and fear of disclosure
- Stigma reduction must be integrated into the broader HIV prevention and care system, not treated as a separate effort
- Future advocacy, policy, and programmatic action must be led and informed by PLHIV

Next Steps & Discussion

- Next Steps
  - Community engagement to co-create an anti-stigma action plan – starting with four community presentations to define the dimensions of the plan
  - Seeking publication and presentation outlets in the TGA, state, and country – wherever this information can help
  - Potential expansion to full 320 interviews
- What questions does this leave you with? What more should we cover if we do a Phase II?
- What partnerships are needed to move these findings into action?

Stay Connected

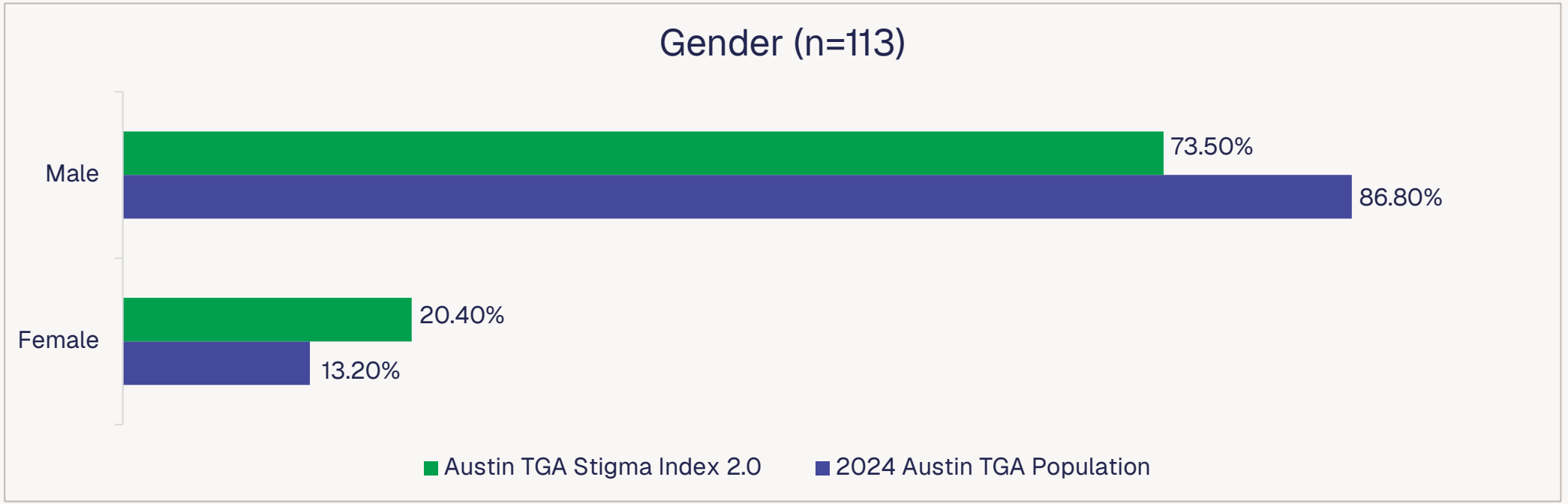
Michelle Osorio, MPH
Social Services Funding Specialist
HIV Resources Administration
Austin Public Health
Michelle.Osorio@austintexas.gov

Rick Astray-Caneda III, MPA, PhD
President
Friends of the David Powell Clinic
rickyaciii@gmail.com

Thank you!

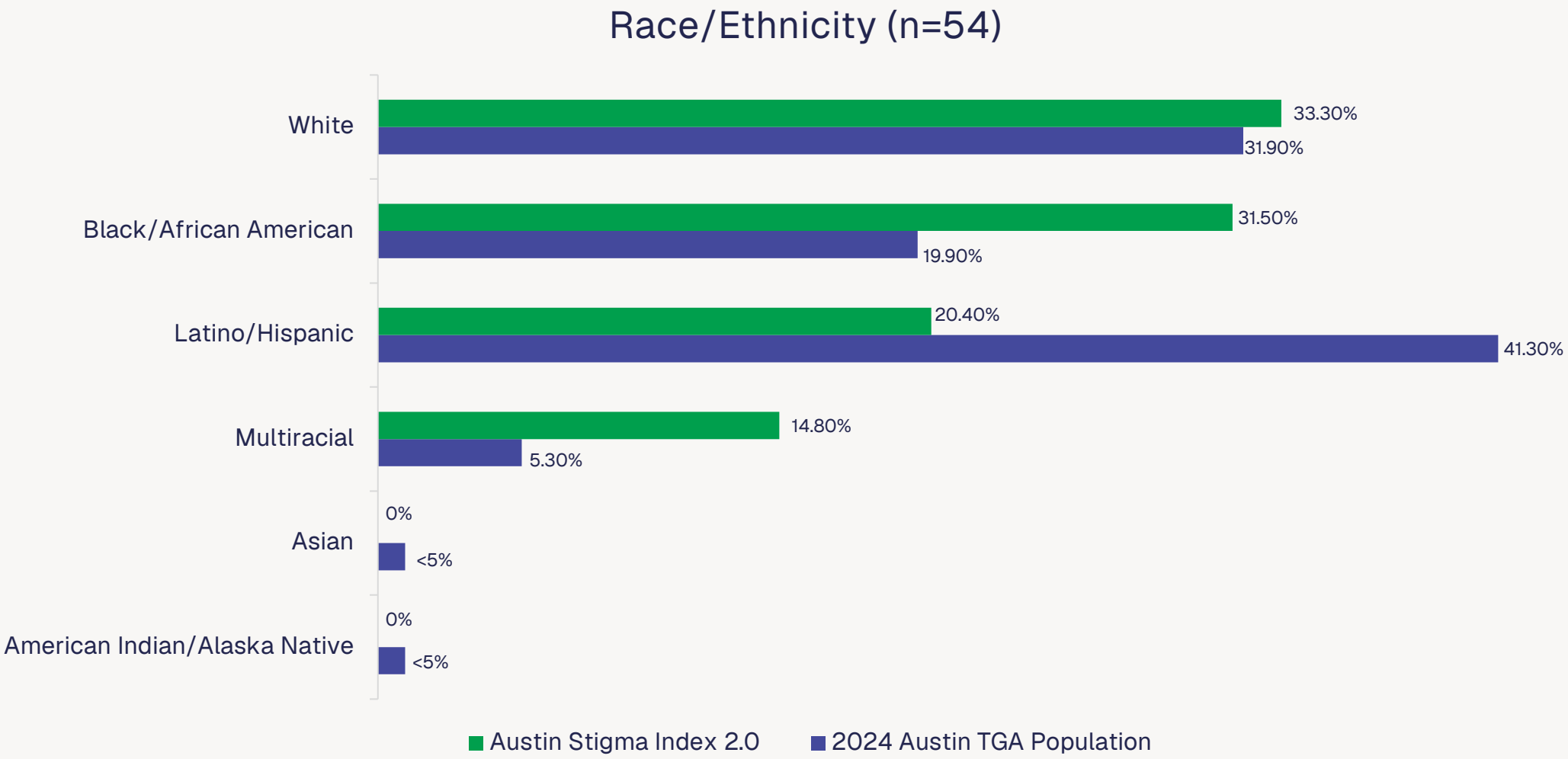
Appendix

Participant Demographics



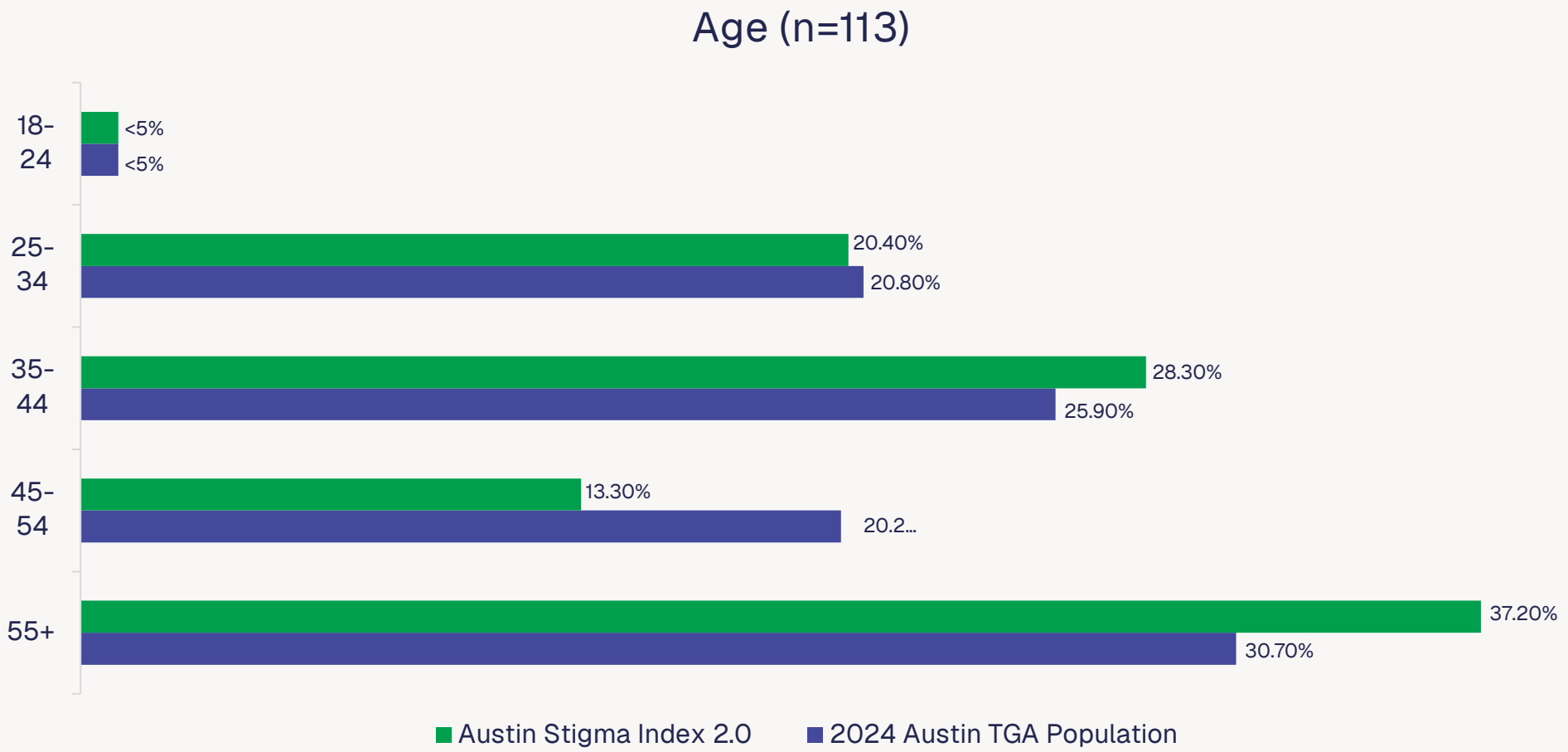
Note: The Austin TGA 2024 PLHIV population size is 8,298.

Participant Demographics



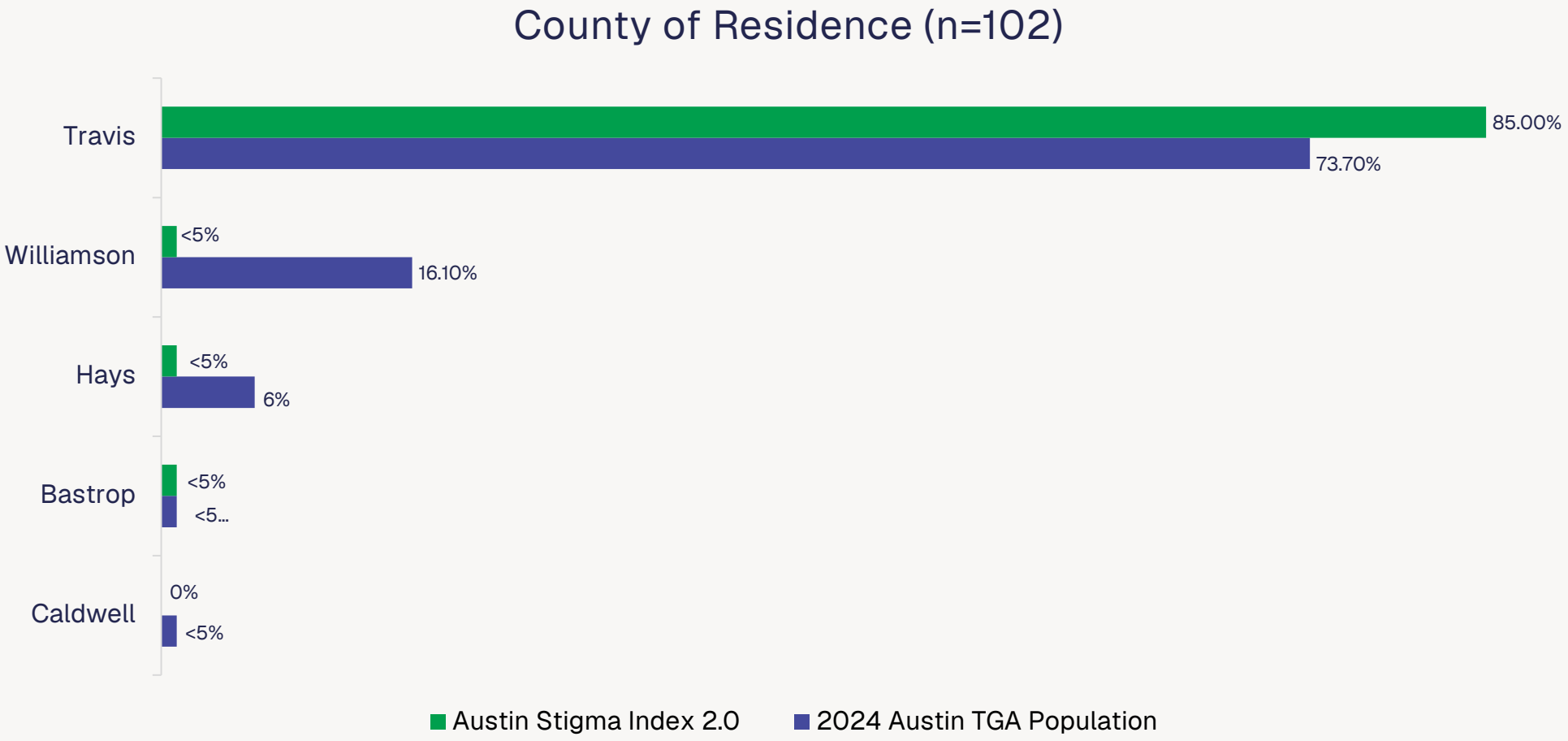
Notes: The total number of responses may not equal 113 because not every participant completed the interest form that included the questions asking for participant race and ethnicity, and county of residence or participants could decline to answer. The Austin TGA 2024 PLHIV population size is 8,298.

Participant Demographics



Note: The Austin TGA 2024 PLHIV population size is 8,298.

Participant Demographics



Notes: The total number of responses may not equal 113 because not every participant completed the interest form that included the questions asking for participant race and ethnicity, and county of residence or participants could decline to answer. The Austin TGA 2024 PLHIV population size is 8,298.