

Specific Aims

The US Centers for Disease Control and Prevention presented alarming statistics demonstrating that for nearly a decade, AIDS has been the leading cause of death for African American women between the ages of 25 and 34.^{10,11} A growing body of research has shown that the stigma internalized by people living with HIV (PLWH) undermines their adherence to lifesaving antiretroviral medications.^{7,8,9,12-19} In studies among African Americans living with HIV, participants reported that their efforts to avoid HIV-related stigma resulted in poor medication adherence.^{7,16,19-21} Moreover, African Americans have been documented to have the lowest medication adherence rates and lowest utilization of treatment resources when compared with other racial and ethnic groups in the United States.^{16,17,22} The urgent task of reducing inequitable rates of HIV and AIDS morbidity and mortality among African Americans depends upon optimal utilization of treatment resources.^{23,24} **Given the clear link between stigma and medication adherence, it is critical that we provide effective interventions to reduce HIV-related stigma in order to improve health outcomes.**¹⁴ These aims are consistent with the National HIV/AIDS Strategy, which recognizes that stigma is a barrier to accessing health services and identifies stigma reduction as an objective under the larger goal of reducing health disparities.^{25,26}

HIV-related stigma has been heavily studied, and many studies have provided valuable guidance for intervention.²⁷⁻³² Still, little research exists on the effectiveness of internalized HIV stigma reduction interventions. A recent review of the literature on HIV stigma reduction interventions found only 1 intervention trial that was focused on reducing stigma among people with HIV, and *no* studies aimed at testing the effectiveness of *internalized* stigma reduction interventions among people with HIV.³³ Since 2008, our research group has worked with a well-utilized intervention, the International Center for Research on Women's (ICRW) HIV Stigma Toolkit.^{34,35} We have adapted it into a multimedia internalized stigma reduction intervention that can be used in a workshop format held across 2 afternoons. Our approach makes use of Corrigan's best practices for 'Strategic Stigma Change,'³⁶ and helps foster contact among PLWH (through local, credible, peer facilitation and participation), as a primary component of the intervention. We adapted the ICRW intervention for African American women living with HIV based on discussions with ICRW and feedback from African American women living with HIV, who contributed to naming the intervention the "Unity Workshop." **A feasibility pilot test of the intervention produced encouraging results among African American women living with HIV in Seattle, Washington,** reducing internalized stigma after workshop participation.¹ We now propose to conduct a randomized controlled trial of the intervention with these aims:

Aim 1: Determine the long-term effectiveness of the Unity Workshop, along with a booster session, to reduce internalized stigma for African American women living with HIV (total N = 224) in Chicago, Illinois and Birmingham, Alabama in a randomized controlled trial. We will quantitatively examine stigma scores assessed at baseline and every 4 months for 1 year. Booster sessions will be held 6 months after workshop implementation. Control group participants will view and discuss a video about women's health. Qualitative process outcomes will also be examined to determine implementation strengths and challenges.

Aim 2: Examine whether stigma reduction due to the intervention is associated with improved physical health biomarkers (CD4+ T cell count, viral load suppression), mediated by reduced psychological symptoms (depressive, PTSD, substance use), improved engagement in care, and improved medication adherence.

Aim 3: Explore whether stigma reduction due to the intervention is moderated by location (Chicago vs. Birmingham), transmission risk factor, time since diagnosis, and perceived social support.

Our multidisciplinary study team is comprised of experts in stigma reduction, HIV medication adherence intervention and assessment, engagement in care, design and administration of peer-led behavioral interventions, and intervention research. All investigators hail from institutions with extensive resources for HIV-related research. Thus, we are well-equipped to carry out study aims. We expect that the multimedia Unity Workshop will demonstrate effectiveness in reducing internalized stigma through an easily-disseminated method, and that it will have a positive impact on medication adherence and engagement in care for African American women living with HIV. **If our expectations are confirmed, the Unity Workshop will be the first internalized stigma reduction intervention for African American women living with HIV with demonstrated effectiveness in a full scale randomized controlled trial.**