Figure 1

Determinants - 3

ASK: What can influence effective implementation of your stigma reduction intervention?

TIPS: Determinants are *factors* that make implementation easier or harder. Even if the strategies you pick will not address all of them, you want a comprehensive list of determinants. Consider factors both inside and outside your setting, as well as characteristics of the people involved in implementation, what your chosen intervention looks like, and what processes are already in place that can help implementation.

TOOLS:
Review **Table 2** for potential determinants, links to the Organizational Readiness Tool, and further considerations.

Implementation Strategies - 4

ASK: How will you get systems, programs, and/or staff to use the intervention? Are the strategies you chose specific to your determinants?

TIPS: Strategies are *actions* you will take to achieve your implementation outcomes, the "how" of implementation. They address your determinants, leveraging facilitators and addressing barriers. Ideally, they will address multiple levels and approaches (e.g., planning, education, finance, restructuring, quality management, and policy). Being specific about your rationale will improve staff and client engagement and adherence.

TOOLS:
1) Select the determinants to target: Prioritize addressing determinants in the Organizational Readiness Tool that scored below 3.
2) Choose implementation strategies: Different methods can be used, including a determinants-strategies matching tool, reviewing literature on strategies, or consulting evidence syntheses.
3) Strategy specification: Determine the Actor, Action, Temporality, Dose, Outcome, Target, and Justification for each strategy selected.

Mechanisms - 5

ASK: Why do the strategies you picked work to affect your implementation outcomes?

TIPS: A mechanism is the *process* through which your strategies work to achieve your outcomes. They reflect something that will change, often related to determinants, before your outcomes can be achieved. You should consider why your strategies will work before you use them.

TOOLS:
Review examples of how mechanisms fit within three potential stigma implementation scenarios in **Figure 2**. These mechanisms included increasing awareness, motivation, self-efficacy, and buy-in.

Outcomes - 2

ASK: What changes will happen in your setting that will tell you if implementation of a new stigma reduction intervention occurred?

TIPS: Outcomes are the *result* of your strategies. These outcomes are changes that will tell you whether your intervention is being used or is more likely to be used in the future. Identify data sources that can measure outcomes (e.g. EMR, interviews, enrollment and program data, focus groups, client satisfaction and staff surveys, etc.)

TOOLS:
1) Use the HIV Implementation Outcomes Crosswalk to select and operationalize outcomes according to implementation phase. When preparing for implementation, use 3 measures to assess likelihood of adoption of the stigma reduction intervention that can be collected at the level of site leadership, implementing staff, and/or clients (see "AIM,IAM,FIM" tab). During implementation/scale up, assess a broader set of outcomes (e.g. reach).
2) Alternatively, outcomes can be discussed and decided on using questions found in the RE-AIM Planning Tool.

Implementation Outcomes

Stigma Reduction Interventions - 1

ASK: What is the intervention you will implement or scale up to reduce stigma? How did you decide to use it?

TIPS: It may be helpful to describe why you think the intervention will work to reduce stigma and what the key components are. Interventions should be decided on with clients, and stigmas that intersect with HIV stigma (e.g. racism, heterosexism) should be considered.

TOOLS: 1) Complete the **Stigma Reduction Organizational Readiness Tool** in Appendix 2 to assess your preparedness to implement stigma reduction. If you rate low on any areas, implement these first as these are key facilitators. 2) Review **Table 1** for a list of stigma-reduction interventions you can select from.

Service Outcomes

ASK: Are services delivered respectfully?
TIPS: Assess for changes in enacted stigma, if the site is welcoming, and equity in policies and procedures.
TOOLS: Use stigma surveys and qualitative input.

Client Outcomes

ASK: Are clients reporting less stigma?
TIPS: Stigma and HIV data used together to set goals.
TOOLS: Use stigma surveys and qualitative input.

Underlined words refer to external resources in Appendix 1 that may be helpful in developing one's logic model. If a **word is both underlined and bolded** it refers to tools that emerged directly from the STAR Mapping Project in New York City. Red numbers indicate suggested order of completing the model.

Figure 2

Figure 2. Three potential pathways for how a chosen stigma reduction intervention is implemented, with a focus on demonstrating the importance of mechanisms for translating implementation strategies into implementation outcomes.
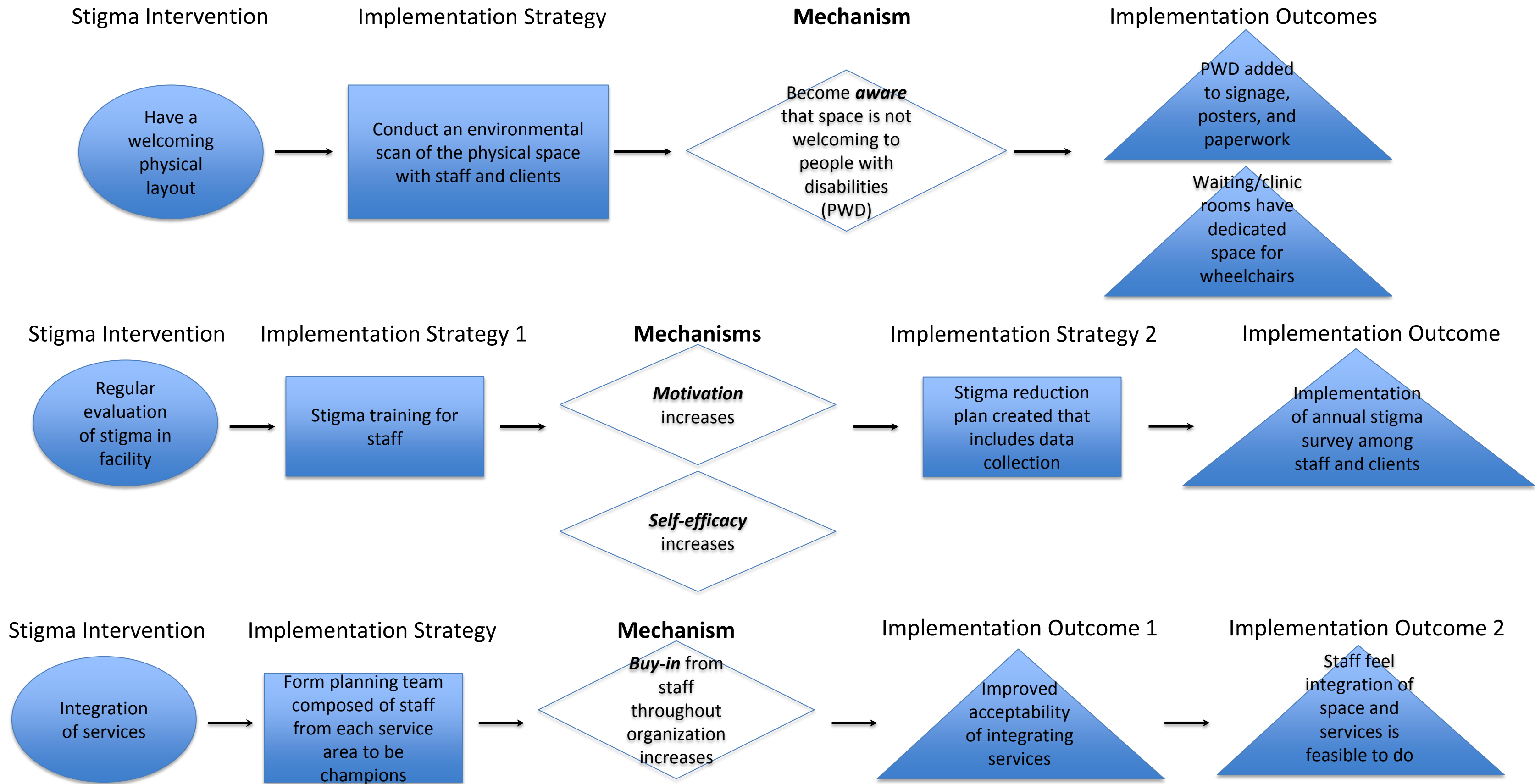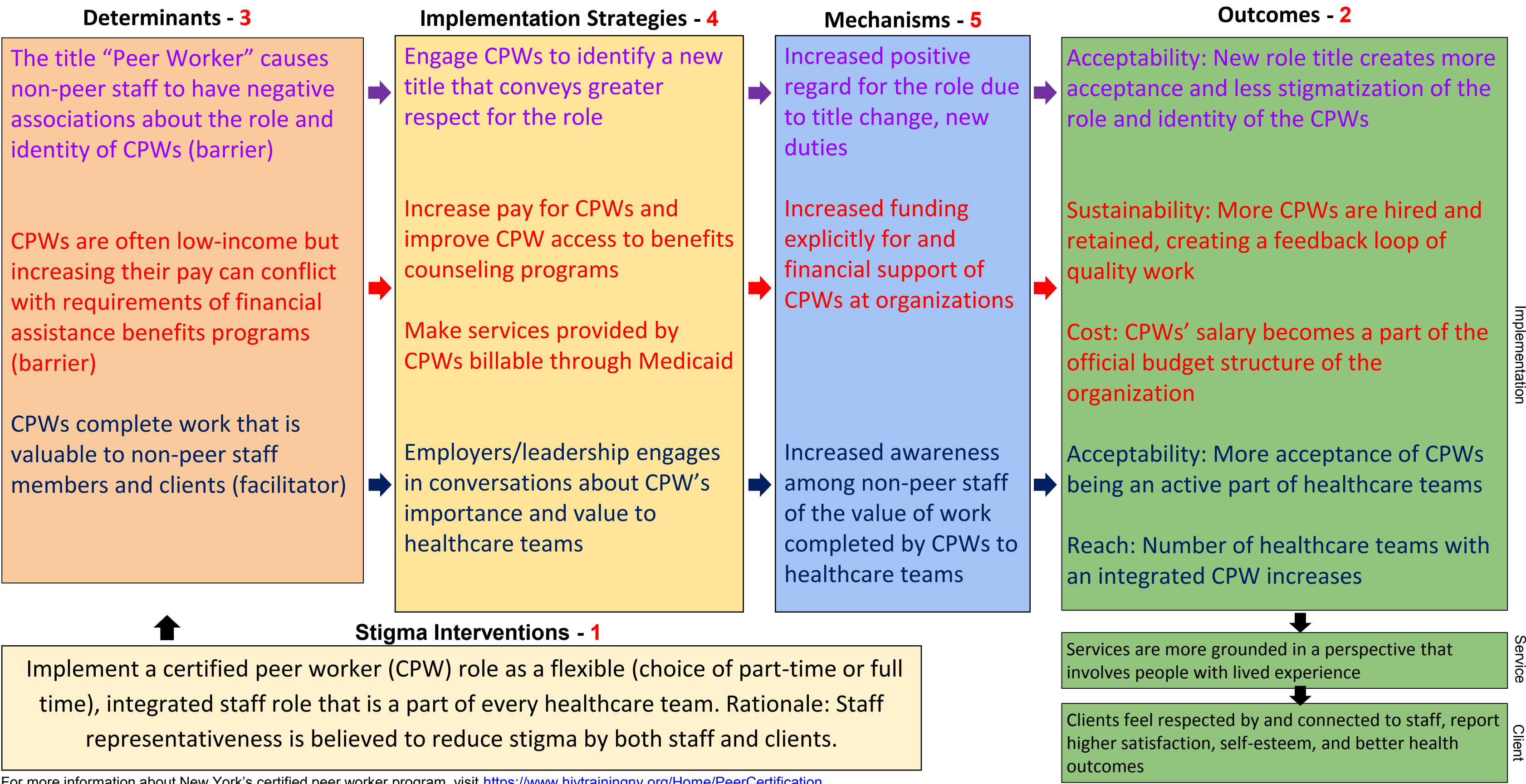
Figure 3

Figure 3. An example of stigma reduction implementation: The Certified Peer Worker (CPW) role

Determinants - 3	Implementation Strategies - 4	Mechanisms - 5	Outcomes - 2
The title "Peer Worker" causes non-peer staff to have negative associations about the role and identity of CPWs (barrier)	Engage CPWs to identify a new title that conveys greater respect for the role	Increased positive regard for the role due to title change, new duties	Acceptability: New role title creates more acceptance and less stigmatization of the role and identity of the CPWs
CPWs are often low-income but increasing their pay can conflict with requirements of financial assistance benefits programs (barrier)	Increase pay for CPWs and improve CPW access to benefits counseling programs

Make services provided by CPWs billable through Medicaid | Increased funding explicitly for and financial support of CPWs at organizations | Sustainability: More CPWs are hired and retained, creating a feedback loop of quality work

Cost: CPWs' salary becomes a part of the official budget structure of the organization |
| CPWs complete work that is valuable to non-peer staff members and clients (facilitator) | Employers/leadership engages in conversations about CPW's importance and value to healthcare teams | Increased awareness among non-peer staff of the value of work completed by CPWs to healthcare teams | Acceptability: More acceptance of CPWs being an active part of healthcare teams

Reach: Number of healthcare teams with an integrated CPW increases |

Implementation

Stigma Interventions - 1

Implement a certified peer worker (CPW) role as a flexible (choice of part-time or full time), integrated staff role that is a part of every healthcare team. Rationale: Staff representativeness is believed to reduce stigma by both staff and clients.

Service

Services are more grounded in a perspective that involves people with lived experience

Client

Clients feel respected by and connected to staff, report higher satisfaction, self-esteem, and better health outcomes

For more information about New York's certified peer worker program, visit https://www.hivtrainingny.org/Home/PeerCertification.