Organizing to Reduce HIV Stigma in Arkansas

UAMS

UALR Master of Public Administration

University of Arkansas at Little Rock
Master of Public Administration Program
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Executive Summary

The Arkansas Anti-Stigma Initiative (AASI) and the University of Arkansas for Medical Sciences (UAMS) have a symbiotic relationship. AASI provides capacity building for specific marginalized populations while UAMS provides medical and policy oversight any scientific and medical services while providing models of best practices.

The Arkansas Anti-Stigma Initiative (AASI) currently operates six different programs related to the prevention of HIV in Arkansas. The goals of AASI are "to increase access to HIV screening and care across Arkansas, reduce stigma regarding HIV, and provide medical, fact-based advocacy for HIV-related criminal law reform."

The prevalence of HIV-related stigma and discrimination, particularly in healthcare settings, often acts as a significant barrier to those seeking HIV testing and treatment, and experts recognize the need for greater education and advocacy efforts geared towards healthcare professionals and staff members working in public health departments and other primary healthcare settings (Li et al., 2007). Though there is clearly a need for professional education geared toward reducing stigma, it is not clear where these gaps are in Arkansas.

Thus, UA Little Rock graduate students have agreed to work with Ms. Sockwell and her team, not only to help figure out how AASI can fill these gaps, but also to provide them with recommendations for potentially starting a new nonprofit organization dedicated to providing professional education regarding HIV-related stigma in the state. We believe that with the professional education model, AASI could also do consulting and/or provide clinical care as well. The recommendations given at the end of this report are intended to be used as a guide to help AASI structure itself as a nonprofit organization under 26 U.S.C. § 501(c)(3).

For this report, the MPA capstone research team seeks to assist the AASI steering group in the planning and development of a new organization by answering the following four research questions:

1. What type of professional education regarding HIV is currently being delivered by other organizations and programs in the state of Arkansas?
2. What opportunities exist for collaboration between this nonprofit and related organizations?
3. What are models and best practices for setting up and organizing a professional education organization?
4. What opportunities exist for integrating different HIV programming functions like advocacy, prevention, and testing?

The research helped us to identify the following findings as they relate to these questions:

- For the most part, professional and continuing education that focuses on reducing HIV-stigma and working with PLWH in Arkansas focuses on selected medical professionals

and is administered through ARCare or the Arkansas Department of Health. Additional training is available in an online format through organizations such as the Denver Prevention Training Center, also targeted to medical professionals. However, we found almost no professional education programming in Arkansas that serves non-medical professionals on HIV-stigma or working with PLWHs. Certain medical professionals, such as mental health specialists and community health professionals, are also underserved. This represents a significant gap in the availability of professional education on HIV stigma and serving PLWHs in Arkansas.

- Achieving the Arkansas Anti-Stigma Initiative's goal of reducing HIV-stigma and improving health and social services for PLWH in Arkansas will require collaboration among multiple organizations in the state's HIV community. The capstone research team suggests a collaborative framework known as Collective Impact to work towards these goals (Kania and Kramer 2011). Under Collective Impact, collaborating organizations agree on a broad but measurable and achievable goal that is outside the scope of work of any single organization. Collaborating organizations adjust their organization's activities to support that goal. A "backbone" organization catalyzes the collaboration by acting as a convener and host for the effort and by facilitating communication and assessment. The research team recommends conceptualizing the Arkansas Anti-Stigma Initiative as a Collective Impact-style collaboration, with perhaps a new non-profit that more widely provides professional education on serving PLWHs as a convening agent. The research team identified a number of collaborative partners in this effort, such as the Research and Evaluation Division of the UAMS Department of Family and Preventative Medicine.

- An advantage of launching an organization providing professional and continuing HIV-relevant education is the possibility it will generate a revenue stream from fees paid by client organizations. Our research found, however, that organizations providing such education rarely rely strictly on fee revenue to sustain themselves. We recommend that a founding board of directors for this organization organize it as a 501(c)(3) nonprofit to ease fundraising and to enhance the range of grant funding opportunities available to it.

- Organizing as a 501(c)(3) limits the scope of this organization to charitable activities. This will prevent the organization from engaging in political advocacy. But 501(c)(3) status permits organizations to engage in advocacy related to the organization's charitable mission, including public education and advocacy and policy advocacy on HIV-related matters. In addition, our research found that organizations engaging in HIV-related education also commonly carried out non-education functions, such as HIV testing or clinical services. These may represent opportunities for the organization to extend its scope in the future.

Introduction

Despite the progress that has been made in changing the American public's attitudes, awareness, and experiences related to HIV and AIDS in the more than 30 years since the epidemic started, many people living with HIV/AIDS (PLWH) still encounter stigma due to the public's misconceptions about the disease and how it is transmitted (The Washington Post/Kaiser Family Foundation 2012 Survey of Americans on HIV/AIDS, 2012). "For example, in 2012 roughly a quarter of Americans [did] not know that HIV cannot be transmitted by sharing a drinking glass, almost exactly the same share as in 1987" (The Washington Post/Kaiser Family Foundation 2012 Survey of Americans on HIV/AIDS, 2012, p. 1).

While other factors such as corruption could explain the high rate of HIV in the South, researchers acknowledge that education is perhaps the most effective way of reducing stigma (Darlington, 2017). According to one Little Rock HIV prevention program manager, for instance, "Stigma is the result of people not being educated". Existing research describes two types of stigma: (1) perceived and (2) experienced (Darlington, 2017). Perceived stigma is the negative expectation of perception, whereas experienced stigma is something that the individual has actually gone through (Darlington, 2017). The Southern region of the country is also notable for its religious impact, with Huston et al finding that negative connotations associated with the transmission of HIV could be due to the South's conservative religious views (2018). Thus, a virus like HIV carries a heavier weight of stigma (Darlington, 2017).

HIV-related stigma has particularly important consequences for women. Society often deems women with HIV/AIDS as morally deviant (Darlington, 2017). Because of this, Darlington (2017) finds that women are less like to disclose their status to their sexual partners, which only furthers the spread of HIV. Gender-based stigma can have other damaging effects on the women who endure the virus, including self-isolation, depression, decreased access to healthcare services, and lack of medication adherence (Darlington, 2017). Unfortunately, many women in the Southern United States who are HIV positive find that their status defines them to others, including health care professionals (Darlington, 2017). One patient describes her experience this way: "When I was diagnosed, the doctor basically accused me of being a whore... He accused me of trying to give it to everyone else... of knowing I had it and giving it to other people." (Shah, Sockwell, Faulkner, & Forsman 2018)

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A particularly important arena for anti-stigma education, then, is in programming targeted to professionals who work with PLWH. People living with HIV routinely interact with

professionals who are in a position to affect significantly their quality of care, including doctors, nurses, pharmacists, and other medical professionals; social workers; and law enforcement and other criminal justice professionals. Stigma or misinformation among these professionals, then, can threaten the health and significantly reduce quality of life for PLWH. Though ARCare provides a well-developed set of HIV education programs for medical professionals in Arkansas, the MPA capstone research team found a significant gap in HIV programs targeted to other professionals who affect the lives of PLWH, such as criminal justice and law enforcement professionals. Moreover, professional and continuing education organizations provide services that can generate a revenue stream independent of grant funding, thus supporting the financial viability of a new organization. Such organizations could also have a consulting and a clinical aspect. Our research found that stigma reduction efforts are often combined with prevention efforts, especially in the Southern United States, where people are disproportionately affected by HIV/AIDS (Hutson et al., 2018). We organize our research into the viability of an Arkansas-centered nonprofit organization offering professional and continuing education on working with and addressing the needs of PLWH around four major questions:

1. What type of professional education regarding HIV is currently being delivered by other organizations and programs in the state of Arkansas?
2. What opportunities exist for collaboration between this nonprofit and related organizations?
3. What are models and best practices for setting up and organizing a professional education organization?
4. What opportunities exist for integrating different HIV programming functions like advocacy, prevention, and testing?

The research helped us to identify the following findings as they relate to these questions:

- For the most part, professional and continuing education that focuses on reducing HIV-stigma and working with PLWH in Arkansas focuses on selected medical professionals and is administered through ARCare or the Arkansas Department of Health. Additional training is available in an online format through organizations such as the Denver Prevention Training Center, also targeted to medical professionals. However, we found almost no professional education programming in Arkansas that serves non-medical professionals on HIV-stigma or working with PLWHs. Certain medical professionals, such as mental health specialists and community health professionals, are

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also underserved. This represents a significant gap in the availability of professional education on HIV stigma and serving PLWHs in Arkansas.

- Achieving the Arkansas Anti-Stigma Initiative's goal of reducing HIV-stigma and improving health and social services for PLWH in Arkansas will require collaboration among multiple organizations in the state's HIV community. The capstone research team suggests a collaborative framework known as Collective Impact to work towards these goals (Kania and Kramer 2011). Under Collective Impact, collaborating organizations agree on a broad but measurable and achievable goal that is outside the scope of work of any single organization. Collaborating organizations adjust their organization's activities to support that goal. A "backbone" organization catalyzes the collaboration by acting as a convener and host for the effort and by facilitating communication and assessment. The research team recommends conceptualizing the Arkansas Anti-Stigma Initiative as a Collective Impact-style collaboration, with perhaps a new non-profit that more widely provides professional education on serving PLWHs as a convening agent. The research team identified a number of collaborative partners in this effort, such as the Research and Evaluation Division of the UAMS Department of Family and Preventative Medicine.

- An advantage of launching an organization providing professional and continuing HIV-relevant education is the possibility it will generate a revenue stream from fees paid by client organizations. Our research found, however, that organizations providing such education rarely rely strictly on fee revenue to sustain themselves. We recommend that a founding board of directors for this organization organize it as a 501(c)(3) nonprofit to ease fundraising and to enhance the range of grant funding opportunities available to it.

- Organizing as a 501(c)(3) limits the scope of this organization to charitable activities. This will prevent the organization from engaging in political advocacy. But 501(c)(3) status permits organizations to engage in advocacy related to the organization's charitable mission, including public education and advocacy and policy advocacy on HIV-related matters. In addition, our research found that organizations engaging in HIV-related education also commonly carried out non-education functions, such as HIV testing or clinical services. These may represent opportunities for the organization to extend its scope in the future.

Methodology

To address these questions, the team conducted semi-structured interviews with twenty-five professionals working on HIV-related services. The interviewees represented people who have assisted in launching the Arkansas Anti-Stigma Initiative; organizations in Arkansas providing HIV-related services in some capacity; organizations that include professional education programming in their mission; and organizations in other parts of the United States that serve as potential templates for an Arkansas-centered anti-stigma organization.

The interviews took place over three weeks in March 2019 and lasted anywhere from 15-30 minutes. The semi-structured interview format allowed interviewees to discuss topics important to them as well as answer desired questions developed by the research team. Interviews with those participating in the launch of the AASI focused on their vision for the nonprofit, on their perception of current gaps in HIV-related services in Central Arkansas, and on how stigma affects the risks that go along with infection. Our interviews with organizations addressing HIV-related issues focused on their missions, collaborations and partnerships, funding, methods of providing professional education, and anti-stigma activities. The interview questionnaires are in Appendix A. In order to address the research questions, the research team coded interview responses based on the notes each interviewer took during the interview. Our analysis also draws on the existing literature on nonprofit management where appropriate to help inform our responses.

With Arkansas being a southern state, it faces unique challenges in the fight against stigma for PLWH. As part of our research, we also conducted a legislative review of all Arkansas laws pertaining to PLWH. This review evaluates state laws and policies that affect those individuals who have tested positive for HIV and is included in this report as Appendix B. Among other findings, the research team discovered that Arkansas is one of 19 states that hold individuals criminally responsible for engaging in sexual activities if they fail to disclose their status. The individual must have knowledge of their HIV status to be held criminally liable. Currently, anyone found guilty under A.C.A § 5-14-123(b) may be charged with a Class A felony. ARK. CODE ANN. § 20-15-903(a) (2016) also requires that individuals living with HIV must disclose their status before receiving medical treatment from a physician or dentist. Failing to disclose may result in a Class A misdemeanor that is subject up to one year in jail and a $2,500. Our hope is that this review will help to inform the legislative advocacy mission of the AASI.

Professional and Continuing HIV Education in Arkansas

Based on its needs assessment meeting with Latunja Sockwell, founder of the AASI, the research team concluded that the experiences that people living with HIV or AIDS have with health care, governmental, and nonprofit professionals significantly shape their health and quality of life. Professionals familiar with the particular needs and concerns of PLWHs are in a much better position to improve their health and address their concerns. Stigmatization of HIV among these professionals, on the other hand, can do significant harm to PLWHs. The team also found that this conclusion is well supported in the existing literature. Consequently, the research team assessed the range of professional and continuing education focusing on HIV and working with PLWH in Arkansas. A goal of this assessment is to identify gaps that a new non-profit organization could fill in the availability of professional and continuing HIV training and education. We were interested both in identifying professions that are not well-served with HIV training services in Arkansas, as well as geographic regions in Arkansas that are underserved with HIV educational programming.

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Table 1 summarizes the responses from the research team's interviews with twelve organizations in Arkansas that provide HIV education and training as part of their mission. We categorize each organization according to the target audience for the education and training portion of its mission (community at large, professionals, or both); support the organization provides for capacity-building; and the geographic portions of Arkansas that are served by the organization.

What we learn from Table 1 is that for the most part, HIV training and education in Arkansas focuses on basic awareness of HIV prevention and treatment and is targeted to the community at large rather than meeting the particular needs of professionals who work with PLWH. A smaller number of organizations, particularly the Arkansas Department of Health, ARCare, and The Denver Prevention Training Center (a Colorado-based nonprofit that includes Arkansas in its service area), provide more specialized training aimed at hospital and clinical staff. And we also found a significant number of organizations that target training on HIV matters to Arkansas' LGBT community. But no organizations offer HIV training and education developed for mental and community health professionals or for non-medical professionals.

Organization	Kinds of HIV-related Educational Services			Area Served
	Community Education	Professional Education	Capacity Building	
HIV Arkansas	For affected population, HIV Basics			NWA
ARCare		AETC's federally funded services		Statewide: SE and SW AR less served
Arkansas Department of Health (ADH)	HIV Basics: Volunteer, Counseling, and Training for community	VCT training for testing	Community/Nonprofit Technical assistance and Linkage to Care	Statewide
NWA Equality, Inc.	Works with community, businesses, CBOs, and FBOs			NWA
Community Health Centers of AR		Conferences		Statewide
Ozark AIDS Resources and Services (OARS)	Community talks, HIV Basics			Baxter, Newton, Carroll, Marion, Boone Counties
Linq for Life	HIV Basics		Peer-to-Peer	Little Rock
Better Community Development, Inc.	HIV Basics focused on substance abuse issues			Little Rock
Arkansas RAPPS	Community Education			Central Arkansas and Delta
Jefferson Comprehensive Care System, Inc. (JCCSI) (CHC)	For Affected Population: works with HIV population to provide education and basic needs			Jefferson, Pulaski, Cleveland Counties: Some Delta Region
East Arkansas Family Health Center (CHC)	For Affected Population: works with HIV population to provide education and basic needs			East AR, includes Phillips county
Denver Prevention Training Center (DPTC) & Other online sources		Online courses available through AETC, other CEU's available		Statewide

From the interviews, the team discovered that many of the organizations likeliest to offer HIV training for non-medical professionals, such as the Arkansas Counseling Association, Arkansas Association of Counties, the National Career Development Center, and the Criminal Justice Institute, currently have no offerings related to reducing stigma or working with PLWHs. The National Career Development Center and the Arkansas Counseling Association emphasized that the educational material would have to fit in with career-related subjects. The Criminal Justice Institute indicated that it is not looking into having HIV-related topics being part of their curriculum though the interviewee did believe it was an important subject for the public. The National Alliance on Mental Health, Arkansas Community Health Workers Association (ARCHWA), and Arkansas Board of Social Work all noted the importance of topics related to HIV and believed they were open having those topics become part of their educational resources. The Arkansas Community Health Workers Association had contracted with someone in the past to do a training, but it was a one-time offering. The National Alliance on Mental Illness has been working to reduce mental illness stigma and believes including subjects about reducing HIV-stigma would be of great benefit as part of wrap-around services. The Arkansas Board of Social Workers (ABSW) does not provide education itself but did conclude that having CEUs available to Arkansas Social Workers would be a valuable asset, though it was unclear where social workers would be currently looking for that material. ABSW's website does say that "Seminars, workshops, or mini-courses oriented to the enhancement of social work practice" are acceptable settings for continuing education (Continuing Education, 2019).

The team discovered that many of the organizations likeliest to offer HIV training for non-medical professionals, such as the Arkansas Counseling Association, Arkansas Association of Counties, the National Career Development Center, and the Criminal Justice Institute, currently have no offerings related to reducing stigma or working with PLWHs.

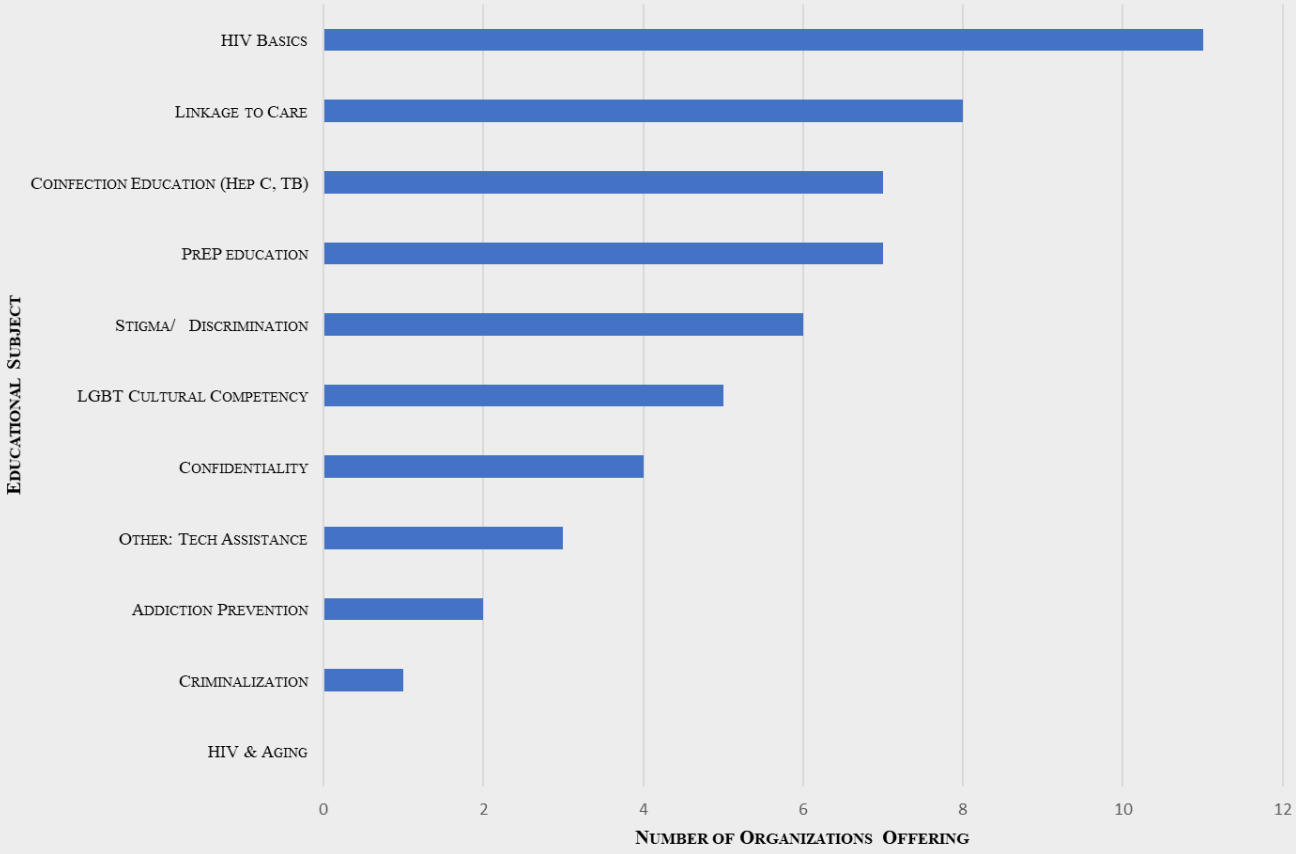
Moreover, our analysis found geographic disparities in the availability of HIV training and education: Central and Northwest Arkansas and the Delta are relatively well-served, but one area that appears to be largely underserved is Southwest Arkansas. After interviewing representatives from the Arkansas Department of Health, we found that its Community Connectors program does not currently have a liaison for this area of the state. Additionally, medical services are also underserved in the area, as ARCare's locations are mostly centered in Northwest, Eastern, and Central Arkansas. Hence, if looking for the greatest gaps currently in geographic service, Southwest Arkansas would be a viable area to provide any type of HIV-related educational service in Arkansas.

That said, one ADH representative we interviewed mentioned that ADH sponsors pop-up HIV testing and education events, such as at the Arkansas State Fair in 2018. ARCare, Arkansas' designated AIDS Education and Training Center (AETC), also plays a lead role in

HIV education for medical professionals in Arkansas. To that end, ARCare has worked collaboratively with hospitals with residency programs throughout the state.

Another consideration in our analysis of HIV and AIDS education and training in Arkansas is the subject matter that HIV organizations in Arkansas provide. Drawing again on our interviews with twelve Arkansas organizations providing HIV and AIDs education, we counted the number of organizations providing each of eleven sorts of education: HIV Basics (sessions covering elementary prevention, testing, and treatment information), education on pre-exposure prophylaxis (PrEP) therapy, HIV stigma and discrimination, cultural competency in working

Figure 1
Educational Subjects Provided by HIV Organizations in Arkansas



with LGBTQ people, coinfection education, confidentiality, aging-related issues to HIV, addiction prevention, HIV criminalization, linkages to care, and other sort of technical training. Figure 1 illustrates the frequencies of each of these types of training offered by Arkansas HIV organizations. HIV Basics are covered the most often, while it seems that issues with HIV and aging are less common; even though a significant portion of the population of people living with HIV are soon to be fifty-plus, (Seidel, Karpiak, & Brennan-Ing, 2017). Additionally, addiction

prevention, criminalization, and technical assistance were uncommon educational topics among these organizations. Though PrEP education was common, the organizations that provide PrEP education are commonly catering to professionals and not necessarily to the public or vulnerable rural communities. Lastly, LGBT cultural competency was a common topic area that also included HIV education, indicating that using a broader area for education may help with getting the information to a larger audience.

Collaborating to Reduce Stigma

As discussed above, the research team identified a significant unmet need in HIV training and education and Arkansas: programs that educate mental and community health and non-medical professionals on how to meet the needs of persons living with HIV or AIDS. While an organization meeting this need would help to fill that gap, the research team also recognizes that it leaves a larger problem of HIV-stigma partly unaddressed. The research team concluded that effectively addressing HIV-stigmatization poses a challenge greater than any one organization can tackle on its own. A collaborative approach known as Collective Impact, however, provides a framework for developing a strategy that can reduce HIV-stigma in Arkansas (Kania and Kramer 2011). The core element of the Collective Impact approach, as highlighted by Dees, Anderson, & Wei-Skillern (2004), is the potential that collaborative arrangements can have in society's attempts to tackle large-scale social problems and make the biggest impact.

The Collective Impact framework for collaboration identifies five key elements in successful collaboration:

- A shared set of goals
- A common plan for measuring outcomes
- Mutually reinforcing activities
- On-going communication
- A coordinating or "backbone" organization

First, the partners in a collaboration develop a common understanding of the problem the collaboration will address and its goals in addressing it. Developing a common agenda such as this is a process that may occur over an initial set of meetings, during which members not only work towards a shared agenda but also learn to emerge from the silos created by each individual organization's distinct mission. Similarly, developing a shared set of metrics requires that the members of a collaboration agree on what and how to measure the outcome the collaboration hopes to influence, such as HIV-stigma. This matters since measures provide a way for the collaborative partnership to monitor its progress toward its goals.

The third element, mutually reinforcing activities, refers to developing a coordinated strategy among the collaborative partners to make progress towards its goals. Typically, this requires that the partnership recognize the contributions each organization can make towards the goal, given each organization's unique mission and on-going programs. Regular communication (including meetings and developing a common vocabulary) among the collaboration partners, then, is necessary in order to implement a coordinated plan. A final key component to success is for one collaborative partner to take on the role of convening or "backbone" organization. This

member of the collaborative partnership acts as a host of sorts for the collaboration. It takes the initiative in calling meetings and may offer whatever staff and office resources needed to support the collaboration's meetings.

Typically, a backbone or convening organization in a Collective Impact initiative should be one that is established enough to have the trust of the collaborative partners and the resources to support meetings of the collaboration. A relatively new nonprofit, then, may face challenges in taking on this role. Based on our interviews, however, the research team feels a new organization led by Ms. Sockwell could act as a convening agent, given her relationships in Arkansas' HIV community and the trust that respondents indicated in her abilities. This, and the possibility that the new organization could draw on the UAMS Research and Evaluation Division to act as host for meetings, could allow this new organization to act as a convener for a Collective Impact effort to reduce HIV stigma in Arkansas.

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Through its interviews, the research team also investigated possible collaborative partners in Arkansas who could complement the mission of an organization providing professional and continuing education on HIV or who could collaborate as part of a broader effort to reduce HIV stigma in Arkansas. When looking at the best opportunities for collaboration among criminal justice professionals, it is obvious that primary stakeholders have an undeniable investment in a community and the influential power to enact a collective development of information, policies, and goals. Generally, partners in collaborative endeavors consist of community organizations and criminal justice agencies. Usually, individuals with power in the criminal justice field can influence transformations within agencies and organizations or become an influential powerhouse within the community (i.e. prosecutors, defense attorneys, parole officers, police officers, judges, and varies training facilities) (Centers for Effective Public Policy, 2015).

Service providers and community leaders also play active roles in the process of collaboration due to the intricate health, social, and behavioral concerns associated with criminal justice (i.e. mental health and substance abuse providers, human rights organizations, offender rights organizations, and victim advocacy centers). Still, local, state, and federal agencies should be considered in the collaborative process because of the vast amount of resources provided to criminal justice professionals such as veteran benefits associations, workforce training, educational assistance programs, and housing resources (Centers for Effective Public Policy, 2015). Table 2 summarizes the main types of collaboration among HIV service provides that the research team identified from its interviews.

Table 2: Forms of Collaboration in HIV Service Delivery

Categories of Collaborating Organization	Goals of Collaboration	Formal/Informal Nature of Partnership	Characteristics	Org.s that Use These Partners in AR	Org.s that Use These Partners Outside AR
Health Department	Community assessments, testing, medical supplies	Informal: education initiatives, supplies Formal: Testing, testing supplies, Grant-related contracts	Usually a necessary partner, shared vision, relies upon agency preferences	ARCare, JCCSI, CHCA	
Various Medical Providers	Testing, Prevention, Reducing Risk and Rate of Infection, Linkage to Care	Informal: public education, non-insurance-related referrals Formal: Treatment, Grant-related contracts	Specific service expertise, geographic coverage, extra caseloada capacity, few availabe partners	OARS, ARCare	Whitman Walker, Thrvie Alabama
Medical Schools/ Residency Programs	Education, Technical Assistance, Project-Based Initiatives	Formal: Legal requirements for training or technical assistnace	Specific service expertise, Necessary partner for work with future doctors	ARCare; BCD, Inc.	Open Arms, MAO
Pharmaceutical Companies/Businesses	Funding, Medical Research	Formal: Grants, contracts for research	Shared vision, funding agency preferences,specific service expertise	Spirit of Peace	The AIDS Institute
Large nonprofits	Education, Advocacy, Technical Assistance	Informal: short-term projects, events Formal: long-term projects, lobbying, contractual needs	Shared vision, can be based on past, successful relationship, extra caseload capacity	Linq for Life	Whitman Walker
Legal Services	Provide legal services for clients in need	Very formal: contractual	specific service expertise, extra caseload capacity	Linq for Life	Whitman Walker (in-house)
AETC	Medical continuing education (in-person and online), Clinical Rotations, PrEP medication	Very formal: contractual	funding agency preferences, necessary partner under Ryan White Part F, shared vision	ARCare	Whiteman Walker, MAO, Thrive Alabama, Open Arms
CBOs	Meet a community-specific need	Mostly informal	Shared vision, can be based on past, successful relationship, extra caseload capacity	Spirit of Peace, HIV Arkansas	

The interview with the Arkansas Department of Health confirmed these aspects of collaboration as their main objectives for increasing awareness to achieve reduced risk and rates of infection. Other organizations in Arkansas mentioned collaborating with ADH as a necessary requirement because of the resources the agency offers. For example, ARCare contracts with DH to provide Ryan White Part B case management for patients. Other community-based organizations (CBOs) collaborate to be Community Connectors, funded by ADH. Interviews with other organizations outside the state had similar relationships with their Departments of Health. Open Arms Clinic described relationships like this one as "leveraging partnerships" meaning that organizations that are already receiving money and looking to contract or provide funding to support community needs should be used effectively. In the case of Open Arms, the organization uses those organizations exclusively.

Another common partner category were large nonprofits, another general "leveraging partner." Examples throughout research and interviews with organizations were the Human Rights Campaign and the National LGBT Coalition. Both of these organizations had mission that aligned with those of the organizations they worked with. The Human Rights Campaign worked with Whitman Walker on an educational campaign while the National LGBT Coalition provided technical assistance for the Open Arms Clinic to help them reach the LGBT population in Jackson, Mississippi. Better Community Development, Inc. in Little Rock collaborates with BTAN, who has succeeded in "buil[ding] a coalition of influential peers who raise HIV science and treatment literacy in communities," (Health & Wellness, 2019). Overall, these relationships can be slightly less formal, not requiring heavy restrictions for education needs while still being powerful in efforts to fight stigma.

Medical schools were very common partners as well. For MAO, the partnership provided access to patients, specifically expectant mothers living with HIV. Besides linkage to care, the most common connections were for various kinds of testing and education for medical students through clinical rotations with organizations' clinics, like Open Arms. At the same time, clinical rotation educating required a relationship with the regional AETC. MAO contracts with the Southeast AETC out of Vanderbilt's Comprehensive Care Clinic in Nashville, Tennessee. ARCare is currently the only contracting entity with the South Central AETC in Arkansas. Alternatively, The Arkansas Passion Project at Better Community Development, Inc. works with UAMS to enhance prevention services for high-risk populations. Hence, there is room for collaborations with medical schools, but those relationships will require a lot of planning and communication for sustainability.

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Interviewees also mentioned medical clinics and pharmaceutical companies as collaborative partners. OARS works with Mercy Clinic in Northwest Arkansas in order to provide testing and treatment. Thrive Alabama tries to fill service gaps with specialty clinics (i.e. dental, vision, cancer) to provide wrap around services making sure patients are provided all of the care they may need. The AIDS Institute works with pharmaceutical companies for funding and HIV medication research, something AASI also does. Another type of partnership we found was between smaller nonprofits/churches and national pharmacy chains like Walgreens. For example, Spirit of Peace, a FBO in Fayetteville, Arkansas, that we interviewed, said that they were approached by Walgreens to provide HIV testing services.

It was uncommon for these organizations to work directly with professional organizations formally. It was common, however, for organizations to mention temporary contracting to build curriculum or provide other educational services. It was additionally common for the organizations to provide educational sessions free if they were invited to do so. MAO also mentioned that it rents out its tech space for organizations and businesses that inquire; an unexpected collaboration, but one that works well for them nonetheless.

Taking into account the previously described process of collaborative justice as well as AASI's desire to create a standalone nonprofit that provides professional education and advocacy, the team began to look for influential public policies that could make the greatest impact on marginalized HIV populations.

An important policy (enacted in 2007) was the Second Chance Act, a piece of legislation that authorized rehabilitation services to increase the success of offenders' reentry into society. The Second Chance Act allocated grant funding to local and state government agencies (as well as nonprofits) that provide services for employment, drug treatment, health, and housing assistance. Elevated incarceration rates illustrate this effect (H. Yamatani and S. Spieldnesa, 2011). In 2007, according to H. Yamatani and S. Spjeldnes (2011), "The United States represented only 5 percent of the world's population, but held 25 percent of the world's inmates located in prisons and jails" (Yamatani, 2011, p. 53).

Yamatani and Spieldnesa conducted a 2011 study in order to see if the comprehensive collaboration-based reintegration programs could reduce the number of inmates that relapsed and returned to prison. The study used data from the Allegheny County Bureau of Corrections because of ACBC's comprehensive collaboration-based reintegration pilot programs as well as the correctional facilities' trends and daily averages of inmate populations that compared to the national trend. The study looked at nine services provided to inmates: vocational training, parenting skills, GED education, employment, computer literacy, work on person relationships, substance abuse rehabilitation, life skills, and substance abuse education (Yamatani & Spjeldnesa, 2011). Substance abuse education had the most collective services received, with 50.2% of the total sample population participating in substance abuse education. Life skills had

the second highest collective services received, with 42.7% of the total sample population receiving this service. Substance abuse rehabilitation had the third highest amount of collective services received, with a total of 37% of the total sample population. From this study, one can determine that more local and state agencies -- as well as nonprofits -- across the nation have begun to offer services in life skills and substance abuse education and rehabilitation. The World Health Organization defined the following abilities as "life skills": decision-making, problem-solving, creative thinking, critical thinking, communication, interpersonal skills, self-awareness, empathy, assertiveness, level-headedness, resilience, and coping (World Health Organization, 1994).

From this research, the team concluded that the most beneficial interviews to conduct would be with the social workers and criminal justice professionals who provide services related to substance abuse education and rehabilitation. Thus, the team conducted interviews with individuals from two different accredited institutions: the University of Arkansas Pine Bluff Addiction Studies program and the University of Arkansas Little Rock MidSOUTH, which is considered the community outreach arm for the school of social work at the University of Arkansas Little Rock.

The findings from the interview with the director of Addiction Studies at the University of Arkansas at Pine Bluff were intriguing. The director described a specific class offered through the university that addresses some stigmas associated with special needs populations. One of the special needs populations were PLWH. The director indicated that seeing the services for this population grow would not be a surprise due to the influx of substance abuse issues that have been on the rise, especially in the state of Arkansas. Though the university does not offer continuing education courses, the director indicated seeing a need for such a course due the high number of rehabilitation facilities located in the central Arkansas area alone.

After assessing the entire [MIdSOUTH] curriculum, gaps were identified in professional education of HIV and AIDS care

The research team also interviewed staff at the University of Arkansas MidSOUTH. The director indicated that MidSOUTH had four different directors over four areas (Title 4E, Substance Abuse, Prevention, and Treatment). Each director was responsible for procuring funding (contracts) for each branch of training in which the directors were responsible. Collectively all the training directors use the expertise of the educational director who is responsible for course development. The educational director through the years has developed a list of topics pertaining to the four areas of continuing education. The educational director accomplished the list of developed topics by contracting out experts within various fields of study who all contain experience in course and lesson-plan development. To continue to remain current of the needs of the educational community needs assessments are given to all new employees who go through new staff training, as well as new contracted individuals. From the assessments, ideas for new topics are submitted in comparison

to current programs offered. After assessing the entire curriculum, gaps were identified in professional education of HIV and AIDS care. The only HIV professional education that is offered is occasionally to special-needs populations such as LGBTQ.

The Denver Prevention Training Center (DPTC) is a nonprofit organization that is housed within the Denver Department of Public Health and both the nonprofit organization and the department of health are located within a larger healthcare system called the Denver Health and Hospital Authority. This unique relationship between these three entities also share an important partnership with the University Of Colorado Denver School Of Public Health. Among all the interview conducted, DPTC has the most extensive offerings of certified continuing educational materials relating to some aspect of HIV stigma reduction. Though DPTC is not actually located in Arkansas, the State of Arkansas is considered to be in DPTC's region as an educational provider.

The DPTC was established over 40 years ago and currently receives extensive funding and support from the NIH and CDC and therefore has a multifaceted approach to clinical education. DPTC follows a holistic, continuum of care model and they are considered one of the leading professional education organizations. Their course offerings lists over 100 specialized topics, but the total number of courses that briefly mentions stigma education is extremely limited. One of the few examples of these is "Social Determinants of Health," a two-day course that is said to examine the effects of social determinants of health (such as economic status, stigma, homophobia, racism) and other social and political issues related to HIV risk, prevalence, and access to services. While fees for these CEU's are documented extensively on their website, the director of DPTC stated that DPTC is a federally grant-funded nonprofit organization and that most other similar organizations apply for grant funding through the federal government to pay for the courses they offer. Therefore, since the AASI nonprofit is going to be charging for services rendered, alignment of the organization to receive federal or local government funding is recommended.

Organizing and Funding an HIV Professional Education Organization

In order to inform the analysis of this question, the team used both case studies and interviews to better understand how professional education regarding HIV is disseminated, what the commonalities of interested professional organizations are, and what model would work best for a new nonprofit catering to professional education with AASI's vision. The case studies emphasized reviewing funding from the National Minority Aids Council (NMAC), a large organization that operates with advocating for policy, and OARS, a small northwest Arkansas organization that collaborates to provide testing as well as provide community groups and community talks. We have also incorporated some information about how Medical Advocacy & Outreach (MAO), a nonprofit in South Alabama, leverages their nonprofit status to solicit donations for its program for mothers with HIV. As a not-for-profit charitable organization, MAO relies on a combination of earned and contributed sources to support the agency's programs and services. Between these three organizations, understanding size, scope, and breadth of funding may help inform AASI of how organizations catering to HIV-related services across the spectrum operate.

Here, we have provided some examples of what other organizations that address professional education geared towards reducing HIV-related stigma look like. We have attempted to highlight nonprofit organizations with diverse funding streams because we feel that this will be the key to building a sustainable business model for AASI. Francois finds that financial sustainability concerning nonprofits is often hard to define (2014). When analyzing businesses in the for-profit sector, financial sustainability can be found at the bottom line -- money (Francois, 2014). Much like the for-profit sector, nonprofits provide their consumers goods and services (Francois, 2014). The difference can be found in the bottom line. For nonprofits, its focus would be on the mission, vision, and values (Francois, 2014). The budget defines what the organization is able to do (Francois, 2014). A strong focus on the budget enables the organization to keep out of financial stress (Francois, 2014). With that said, we have profiled the financial model of three different professional education organizations working to end HIV-related stigma: NMAC, OARS, and MAO.

NMAC Leads with Race

The National Minority AIDS Council (NMAC) Lead with Race is a registered 501 (c) (3) based in Washington, DC that fights for health equity and racial justice to end the HIV epidemic in the US (NMAC Lead with Race, 2018). Formed in 1986, their Executive Director, Paul Kawata, states that their organization has celebrated over 30 years of progress in minority communities, has a healthy revenue stream, and has successfully navigated through the

uncertainty of today's political climate (NMAC Lead with Race). Kawata states that their work is, in part, due to the large coalitions that they have formed to continue providing the services that are desperately needed in the US (NMAC Lead with Race).

Don Edwards, founder of NMAC, saw that in 1986 there were limited resources for minority groups--particularly people of color (NMAC Lead with Race). The organization celebrated its 30th birthday in 2017 and have immensely expanded their programs to policy, capacity building, and leadership (NMAC). Their policy initiatives focus on working with members of the United States Congress to ensure that HIV related issues remain at the top of the nation's agenda and the budget will not be cut (NMAC). Capacity building has several focuses that seek to provide resources in high-HIV affected communities, being updated on HIV sciences and PrEP, and providing continuing education for healthcare providers (NMAC).

NMAC has a large staff dedicated to ending the HIV epidemic in the US (NMAC, 2018). Their research suggests that women of color are 20 times more likely to contract HIV than white women (NMAC). Additionally, gay men of color have higher rates of HIV than white gay men (NMAC). As such, this organization seeks to normalize the discussion of HIV and retain people of color who have HIV to continue medical care (NMAC).

Ozark AIDS Resources and Services (OARS)

Ozark AIDS Resources and Services (OARS) was founded in 1992 (Ozark AIDS Resources and Services, n.d.). The organization's start was truly a grassroots initiative when a group came together to help family and friends who were HIV positive (Ozark AIDS Resources and Services). The group realized that a unified effort housed under one organization would be more likely to serve the individuals they wanted to help (Ozark AIDS Resources and Services). From the start, the organization sought to provide education regarding HIV and assistance to those living with HIV (Ozark AIDS Resources and Services).

Today, OARS operates out of Berryville, Arkansas and provides services to five counties in northwest Arkansas that include Baxter, Boone, Carroll, Marion, and Newton (Ozark AIDS Resources and Services). The services OARS provide are a free clinic to people living with HIV in the previously listed five counties, distribution of free HIV/AIDS medications to their clients, lab work and testing, and community education outreach (Ozark AIDS Resources and Services). OARS does not receive any funding from the counties in which they provide their services (Ozark AIDS Resources and Services).

Medical Advocacy & Outreach (MAO)

Located in southern Alabama, MAO has two separate but complementary divisions -- one providing professional education and one providing community education. One of MAO's community education initiatives is to minimize the risk of mother-to-child transmission of HIV (Support the MOMS of MAO, 2019). According to a report published by the official Journal of the American Academy of Pediatrics, "the availability of effective interventions to prevent mother-to-child HIV transmission and the significant reduction in the number of HIV-infected infants in the United States have led to the concept that elimination of mother-to-child HIV transmission (EMCT) is possible," (Nesheim et al., 2012, p. 1). With these interventions, the complete elimination of EMCT is now seen an ambitious but achievable goal (Yee et al., 2018). MAO's Maternity and Infant Services Division is working to achieve this goal through "strategic medical and social work services, advocating for expectant and new moms to identify and minimize environmental factors that could limit their overall well-being, and empowering them to be the best mothers they can be," (Support the MOMS of MAO, 2019). Anyone can donate to Moms of MAO (MOMs), either by making direct, tax-deductible contributions to the program or by purchasing an item from the MOMs baby registry and selecting to have their gift(s) shipped directly to MAO (Support the MOMS of MAO, 2019). According to what MAO told us during the interview, the MOMs program is good for the organization because it brings in more donations. Unfortunately, they said, most people would rather donate to a cause that supports babies, rather than the "less desirable" groups of people that are most affected by HIV, such as the LGBT community. Of course, one of the advantages of being a tax-exempt nonprofit like MAO is that ASSI would be able to solicit funds from individuals and corporations for programs like this that would further their educational mission, providing endless possibilities for funding diversification.

Serving a Market for Professional and Continuing Education on HIV and PLWHs

A number of organizations we interviewed indicated that they provide continuing education units included the Denver Prevention Training Center, Whitman Walker, and ARCare AETC. Commonalities among these organizations were that they were very centralized, professionally-based, were staff-driven, covered large geographical regions, and still relied heavily on federal grant-funding. In fact, ARCare does not make money from any of its CEUs because it is tied to Ryan White Part F funding. However, as a nonprofit, the Denver Prevention Training Center does charge for its CEUs, which are offered both online and in-person. Whitman Walker's continuing education provision regards LGBT cultural competency training. This means the emphasis is not on HIV, though it could be a topic covered.

In the research team's interviews, a number of organizations also described providing professional education or assistance in providing professional education. MAO described having a few funding areas here, such as consulting or teaching classes. This was also suggested as

something Whitman Walker does. Both organizations do what they can to keep those costs low because the education remains the most important standard. Multiple organizations reported holding conferences and charging marginal fees only to cover costs. Those included MAO, the Community Health Centers of Arkansas (CHCA), and the AIDS Institute. These organizations tend to be more staff-driven, professionally associated, and cover larger geographic regions (Southern Alabama, Arkansas State, and nationwide, respectively.)

Multiple organizations reported holding conferences and charging marginal fees only to cover costs

Overall, the community-focused organizations were staggered in how they provided professional education and were mostly opportunistic in their initial offerings before they became mainstays. MAO's e-Health training center came to fruition due to a grant. Whitman Walker emphasized that it seeks to provide what the community presents as it communicates its needs. Open Arms has continually sought the input of the community in order to solidify its offerings. Alternatively, professionally focused organizations have been routine in their offerings, whether those are conferences, continuing education opportunities, or other programming. Throughout the interviews, it was common for there to be differences in formality of organizations and what kinds of professional education they offered.

As for the professional organizations we interviewed, though it was not common for them to have specific education regarding HIV-related topics, they did have a few important characteristics to consider. The Arkansas Community Health Worker Association (ARCHWA), the National Alliance on Mental Illness (NAMI), and the Social Work Licensing Board (SLWB) for Arkansas indicated that AASI's work would be important to professionals in their respective organizations. Commonalities among these organizations included being volunteer-driven, having limited funding, needing to use outside sources and collaborations to provide continuing education, and working with audiences in health professions.

With the limited funding, ARCHWA collects membership fees and offers sponsorships from supporting organizations. For some of its continuing education it relies on outside funding from grant provisions to the organizations or to individuals that can then provide the education or training. NAMI Arkansas largely gets funding from fundraising from events and donations. It also collects membership fees paid at the national level, how this funding trickles down is not clear. SWLB was created "by Act 791 of 1981 for the purpose of regulating the practice of social work in Arkansas, so their funding is limited by what is provided federally or at the state level. (arkansas.gov/swlb)

Consequently, these organizations rely on collaborations or other organizations for supplying CEUs. For SWLB, because the organization simply oversees the accreditation of CEUs in the state, the interviewee said that as long as CEUs comply with those regulations, they

can be provided. NAMI provides educational talks free, but would rely upon outside organizations to supply CEUs for their members. For ARCHWA, the organization once worked with someone to provide HIV training catered towards Community Health Workers, and the person's funding came from a University grant. Additionally, from ARCHWA's interview, it was mentioned that the organization "recently partnered with Tri County Rural Health, UAMS and Community Health Centers of Arkansas to launch a pilot for a certificate of completion for CHWs in Arkansas. This is an 80-hour classroom curriculum with an additional 40 hours of field experience"

The Criminal Justice Institute (CJI), National Career Development Association, and Arkansas Association of Counties did not indicate a need for professional education regarding HIV/AIDS. They did emphasize that topics that relate to their organizational missions are important: criminal justice, career training, and legislative impact of laws and policies, respectively. These organizations did not have a lot in common about how they are set up as organizations that work with professionals. Hence, the organizational structures would not be part of why they would not be interested in being educated on topics related to HIV. It appears that the subjects in which these organizations fall are the reason why there is considerably less interest. None of these organizations works in strictly health-related areas. CJI has crossover as criminal justice can overlap with providing healthcare in certain circumstances. This may indicate that these organizations do not find reducing HIV stigma to be a priority. Thus, infiltrating these organizations to provide HIV-related education to reduce stigma would likely be much harder and require networking with individuals in these areas to garner interest.

To summarize our findings on funding for HIV organizations, the main sources of funding comes from both grants and fees for services, but the cases illustrate very different funding models, as these organizations offer different types of services. Fees for professional development services and education typically generated very little revenue, so we can categorize these organizations as being primarily grant-oriented. Diversifying funding is common among organizations that provide HIV-related services because the scope is so narrow. Otherwise, they heavily rely on outside partners to assist in providing those services (like OARS).

Advocacy for PLWHs

An important consideration in developing a nonprofit organization that is expected to seek status as a charitable organization (i.e., a 501(c)(3) organization), is the extent to which it can incorporate advocacy into its mission. Status as a 501(c)(3) organization has the advantage of allowing donors to count contributions to the organization as charitable contributions for purposes of personal income taxes. But designation as a 501(c)(3) comes with some limitations on the capacity for the organization to engage in advocacy. As a result, many 501(c)(3) organizations shy away from the advocacy side of the causes that they are working passionately (LeRoux & Goerdel, 2009).

It is important to recognize, however, that 501(c)(3) status does not bar all forms of advocacy. While this status does forbid organizations from supporting the campaigns of political candidates and from lobbying or taking positions on particular legislative proposals, it does allow 501(c)(3) organizations to:

- Seek to make government agencies aware of the impact of policies, rules, or regulations and to persuade them to change them.
- Adopt general policy positions that are not directed to a particular legislative proposal
- Testify before legislative bodies when they have received a written request to testify (Raffa 2000)

In short, 501(c)(3) organizations are typically permitted to educate and inform the public and legislators about issues that fall within the organization's expertise, so long as these activities do not extend to seeking to influence a particular election, candidate, or legislative proposal.

Even so, research suggests that many 501(c)(3) organizations avoid advocacy. Additional barriers to advocacy include, "[a] lack of relevant staff expertise, combined with concerns about violating laws and fears of losing public funds, often keeps nonprofits out of the political arena altogether," (LeRoux & Goerdel, p. 515). Organizations could be doing more in this arena if they had the proper tools in their repertoire (LeRoux & Goerdel). Authors LeRoux and Goerdel (2009) provide examples from their research of almost 120 nonprofit organizations in Michigan completing advocacy work at varying rates. Their focus was on "advocacy performed by nonprofits with the purpose of connecting organizational

In short, 501(c)(3) organizations are typically permitted to educate and inform the public and legislators about issues that fall within the organization's expertise, so long as these activities do not extend to seeking to influence a particular election, candidate, or legislative proposal.

constituencies to political and policymaking processes," (LeRoux & Goerdel, 2009, p. 516). Essentially, one of the goals from this study was to determine why these kinds of groups do not actively participate in advocacy at times.

The research completed by these two authors in 2009 found results similar to what they had originally predicted when going into the study. "Organizational leaders interested in increasing their advocacy activities, but wary of doing so because of perceived funding consequences, might consider seeking out individuals to serve on their board who can bring relevant expertise." (LeRoux & Goerdel, 2009, p. 532).

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Donor interest, overall fundraising, and being able to generate interest in general are all considerably affected by advocacy for these organizations. Many donors will often only give if they are assured that their donations will not be contributing to certain things like hiring a lobbyist for example. Still, the fungibility of money donations rarely make such limitations problematic for an organization. Though hiring lobbyist is not the only qualm that could prevent donors from contributing to organizations; some have issues with the way that outreach is done or because of certain grants that are an organization pursues. As a fundraiser and advocate for any cause, it is important to remember that it is impossible to please everyone.

Another consideration for the future of an organization delivering professional and continuing education on HIV is the extent to which it may branch out into offering other services that support PLWHs. Most often, organizations that provide HIV education also provide services related to HIV prevention; testing is a close second. In the meeting basic needs category, this came in a couple of different forms: referrals, donations, and provisions. Referrals and vouchers are provided by ARCare AETC through Ryan White funding, whereas Spirit of Peace takes donations of clothing and other items to provide assistance. The type of provision offered also depended upon funding types. Each organization also took into account the needs of their clients and the current offerings within the community already in order to develop what was offered and how it was offered. For example, Lucie's Place provides anonymity of their clientele in order to prevent retaliation or other undue harm to those the organization assists. This is one method of preventing stigma from being a barrier to getting help. The lowest area of assistance was in housing and in advocacy. Housing often requires a referral to another agency with the federal funding to help, which makes it difficult to provide in-house. With advocacy, collaborating with

other organizations was more common than providing in-house services, this may be because of the limited funding available for this purpose.

Looking to the organizations that were interviewed outside of Arkansas, many of these organizations have grown to become successful in offering most of the other services the team considered viable options. Thrive Alabama, Whitman Walker, Open Arms, and MAO all have clinics that allow them to receive funding and provide medical education through their respective AETCs. Whitman Walker and Open Arms also cater many of their services to the LGBT community, while the other two do not have such a focus. Providing other services seems to help with funding and providing services to others has been a method of diversifying funding options. Alternatively, the AIDS Institute mostly does research, whether it be medical or policy-related. The makeup of this organization appears to most closely resemble what UAMS' current work revolves around, and their funding is somewhat similar as the AIDS Institute also works with pharmaceutical funding. The conclusion to draw from this would be that integrating all services takes time and the proper leveraging of funding from known resources. It also indicates that providing services through a health clinic that serves more people as a method for diversifying funding and providing a sense of normalcy, possibly reducing stigma-related issues.

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Appendix A: Interview Materials

A. Interview Questions

Questions posed to AASI working group members

1) How did you become involved with the AR HIV ASI?
    a) If the ASI were to become its own NPO, in what ways might you support this type of organization?
2) What do you think is the most important need that this organization can address?
    a) Considering existing HIV prevention services/programs in AR, what are the most important gaps that need to be addressed?
    b) What gaps exist in Prevention? Testing? Professional Education? Advocacy? Any others?
    c) What professional educations programs regarding HIV/AIDs are you aware of in the state overall? Those regarding stigma?
3) In your professional experience, how does stigma affect patient/client outcomes?
4) What are the most common ways in which HIV/AIDs outreach NPOs are funded in Central AR?
    a) What funding opportunities are you aware of that are not currently being utilized?

Questions to HIV/AIDS advocacy organizations

1) Could you describe the purposes and goals of your organization?
    a. To what extent do you focus on Testing? Education? Outreach? Advocacy? Or some other service category? [List your 3 most popular/successful programs.]
    b. How do these service categories work/fit together?
    c. What type of community education/outreach/advocacy do you do?
    d. How do you address professional education needs?
    e. How does your organization address stigma toward persons living with HIV/AIDS?

2) What types of collaborations or partnerships do you currently utilize to provide services for your clients?
    a. How would you assess these? (i.e. partner agencies that you may refer your clients to for testing/programs...or provide medical and social services to for those that tested positive)?
    b. What are some advantages and disadvantages to collaborations/partnerships? Why [why did some work better than others; if they do not address it first]?
    c. Who are you currently collaborating/partnering with?

3) Do any of your programs generate revenue? If so, how?

4) What target population does your organization serve (i.e. race, economic status, insurance, age)? [optional if not addressed in questions 1-3]

Questions posed to organizations providing professional and continuing education

1) What kinds of continuing education do you provide?
    a) Does that include topics covering HIV/AIDs? If no, go to question 2.
    b) Can you describe those?
    c) What class/course? In-person, online?

2) Are you open to implementing new CE/CME regarding HIV/AIDs?
    a) What would you want/need it to cover?
    b) When would your members potentially come into contact with PLWHA?

Let me take a break to tell you a little bit about The Arkansas Anti-Stigma Initiative project I'm working on for UAMS. LaTunja Sockwell started the initiative while working in UAMS' Research & Evaluation division. What started out as a single passion project has now (through the multiple streams of grant funding they've received) evolved into an organization that operates multiple programs that provide HIV testing, education, and outreach services to people throughout Arkansas. The purpose of the Arkansas Anti-Stigma Initiative is to increase access to HIV screening and care across Arkansas, reduce stigma regarding HIV, and provide medical, fact-based advocacy for HIV-related criminal law reform.

a. Would you say that there's a need for The Arkansas Stigma Initiative in your community? If so, why?

B. Interview Request Template

Hello,

My name is _____ and I am a graduate student in Public Administration at the University of Arkansas at Little Rock. I am part of a team of students that is working with staff and faculty at the University of Arkansas for Medical Sciences in planning a nonprofit organization that will

provide education and outreach to professionals who work with people living with HIV. As part of this project, we want to learn more about organizations such as yours that [provide education or training aimed at _____ professionals/provide education and outreach that supports people living with HIV]. Would you be willing and able to speak with me sometime in the next week for about 30 minutes about your organization's mission, programs, and funding? If so, what dates and times would be convenient for you?

If you are interested in learning more about this project, it is called The Arkansas Anti-Stigma Initiative. The project is being headed by LaTunja Sockwell with the UAMS Department of Family and Preventive Medicine and you can learn more about it here: https://familymedicine.uams.edu/research-and-scholarly-activity/red/research-evaluation/

If you have any questions, you can reply to this email, or contact James Andrew Mincy at jamincy@ualr.edu.

Sincerely,

_____

C. Interview Protocol Template

Spring 2019 UAMS Capstone Team

(Purpose) Hello and thank you for taking part in our study. The purpose of the study is to gain insight from organizations and individuals that can help construct a working model that will reduce HIV stigma in professionals. We asked you for an interview because of your past or current experiences and your organizational/professional knowledge. The information you share with us will help us attempt to make the most informed recommendations for a working model.

(Introduction & Roles) First, let me introduce myself. My name is _____. This interview will use a semi-structured format, which means that while I have questions prepared to guide our discussion, we are free to pursue interesting and important lines of discussion that arise as we talk.

(Voluntary & Dissemination) Before we get started, there are a few things I want you to know. First, you do not have to answer any questions that you do not feel comfortable answering. If you want, you can skip any question. Secondly, we plan to use your responses as part of our

report. The final report is intended for limited use by staff with the UAMS Department of Family and Preventive Medicine, and not for general public dissemination. We generally plan to use your responses in aggregation with those of others we are interviewing. We may use selected quotes in our final report, but without attribution to a particular person.

(Recording) Finally, I will be making an audio recording of this interview. The recording will be used to make sure my notes are correct and will not be shared with anyone outside of this project. Do you have any objections to me making an audio recording?

Now, I'll start the recording, and we can begin.

Appendix B: Legislative Review

A.C.A. § 20-15-905 HIV Shield Law.

This law makes it legal for healthcare providers to test for HIV without gaining consent from a patient, but only when providing healthcare services. Services have to include anything that would require the healthcare provider to be involved in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual that is of a nature that may transmit HIV, as determined by a physician in his or her medical judgment.

A.C.A. § 20-15-903 Advising Physician or Dentist

This law requires a HIV positive patient to disclose their status to a physician or dentist prior to receiving any healthcare services of the health care provider. Failure to disclose will result in a class A misdemeanor punishable by up to one year in prison, a $2,500 fine or both.

A.C.A § 20-15-902 Counseling Seminars

This law requires the Department of Education, the University of Arkansas for Medical Sciences, and the Department of Health to provide counseling and conduct public seminars designed to educate the public regarding acquired immune deficiency syndrome (AIDS). According to the Center for HIV Law and Policy (2016):

> People living with HIV may be criminally liable for a wide range of acts. Arkansas considers people living with HIV to be a danger to the public when they engage in sexual conduct without disclosing their status or in parental transfer of blood or blood products. The law is universal and does not account for actual transmission risk. If a PLWH engages in either of these acts with knowledge of their HIV status, they are criminally liable and may be charged with a Class A felony. Sexual conduct includes oral, anal, and vaginal sex, as well as anal penetration by any object. Ejaculation is not required for prosecution. The scope of parenteral transfer of blood or blood products is not defined, but may potentially include blood or organ donation, sharing syringes, spitting or biting. Neither the intent to transmit HIV nor transmission of HIV is required for prosecution. Conviction can result in a sentence of 6 to 30 years of imprisonment and a fine of up to $15,000 (The Center for HIV Law and Policy, 2016, p. 1).

These laws are not only discriminatory towards people living with HIV but continue to perpetuate the stigma associated with HIV. For when a law is antiquated and does not meet the basic standards set by the Center of Disease Control as a viable method of transmission (i.e. the scope of parenteral transfer of blood is not defined and can include spitting or biting), not knowing one's status can protect a person from prosecution but potentially keeps them at risk for exposure to HIV or if HIV-positive exposing others. In October of 2017, the CDC officially

admitted that people living with HIV who were undetectable cannot transmit HIV, which can be seen as “U=U” undetectable equals untransmittable national campaign (Abadsidis, 2017).

Decriminalization of HIV

In the 2014 National HIV Criminalization Survey, ¼ of all respondents acknowledged knowing one person who feared criminal prosecution and therefore refused to be tested (Horvath, Meyer, & Rosser, 2017). In addition, more than half of all transgendered people within the study avoided testing for fear of prosecution (Wallin, 2019). In the state of Arkansas, over the past decade, there has been many cases concerning HIV non-disclosure that led to criminal laws suits and convictions for PLHIV. These lawsuits have been in the news as recently as this year, when Sanjay Johnson, an Arkansan living with HIV, was charged with nondisclosure of his HIV status to a former sexual partner and subsequently given a 5-year probationary sentence and a $750.00 fine (Farrow, 2019). Johnson’s sentence was surprisingly light, considering how under existing law, a conviction of this type (a class A felony) could have resulted in Johnson being required to serve up to 10 to 12 years of prison (Farrow, 2019). "Honestly, I'm grateful, but I still have a burden with probation and its restrictions and financial obligations," said Johnson about the sentence.

Johnson’s defense lawyer, Cheryl K. Maples, still considered it a victory though, saying that “the case largely rested on the fact that Johnson was documented as having an undetectable viral load and could not have transmitted the virus to the accuser” (Farrow, 2019). Since the conclusion of the case, Maples has taken the opportunity to challenge the HIV criminalization law with the United States District Court in Western Arkansas as being unconstitutional (Farrow, 2019). Despite the terrible ordeal that Johnson was made to go through, his story has brought national attention to the issue of HIV criminalization laws. With the amount of attention the issue gotten in the media recently and the legal strides that are being made in challenge of the HIV criminalization law, it could have a definite impact on the individuals unwilling to be tested.

Recommendations & Next Steps for the Arkansas Anti-Stigma Initiative

In our initial meeting with Ms. Sockwell, she expressed interest in turning her passion-project, the Arkansas Anti-Stigma Initiative (AASI), into its own IRS-recognized 501 (c)(3) nonprofit. The following section is to essentially serve as a guide to how to create a nonprofit organization to exist in the state of Arkansas; maintaining that organization is a separate discussion entirely. Setting up an organization like this is a detailed process with steps that need to be followed in a certain order. This section is written using the experience of previously filing to create a nonprofit in Arkansas as well as restoring the forfeited status of a nonprofit organization in the same state. These suggestions are not set-guidelines that the organization or Mrs. Sockwell should solely rely on for the founding process; this is why the following

information is set in a generic-seeming format. It would be best, though not necessary, to find a consultant or an attorney to assist with this process as it can be an intricate process at times.

To create a nonprofit organization, Mrs. Sockwell will need to assemble a group of individuals who are passionate about the project's goals. Particularly those that have a vested interest in accomplishing these goals or mission. For example, the members from her current team as well as having a business-owner that has interest in the cause would be appropriate for this group. While doing this, the founder or group as a whole needs to determine the type of nonprofit they would like to be; the most well-known is a 501(C)(3) as it is the best way to fundraise and would likely be the most appropriate format for being a vessel for AASI's grants. This decision needs to be made carefully. A 501(C)(3) is a great mechanism for fundraising as well as maintaining grants but it has different rules on how they can approach advocating for causes as well as dealing with legislators.

Next, this team needs to decide on a name for their organization, develop a mission statement, and likely a vision statement; a vision statement is not always required but having one can be helpful in the long-term. When writing an organizational mission statement Mrs. Sockwell should likely look to other group's mission statements for inspiration and then just write a draft for her passion; she will be the person who can best convey what the goals of the organization will be so it is best to come from her voice. That being said, it should not be considered final until the rest of the board has had time to discuss and mold it if necessary. Following these decisions, this group will become the board of directors or officers of the organization. (For the sake of brevity this group will be referred to now as the board.) Once the board is assembled and having made these decisions their task is to file the Domestic Non-Profit application for reservation of corporate name with the Arkansas Secretary of State's (SoS) office.

After a name is officially reserved, the board will begin creating their Articles of Incorporation (Articles). Some people use other similar, organization's Articles as an example or guide; however, one can look to the online form "Articles of Incorporation for Domestic Nonprofit Corporation" on the SoS's website to have the format that the state prefers. There is a $50 cost to filing Articles with the state of Arkansas. At the same time or right after, the board will need to create a dissolution statement. This statement goes into the formal version of the Articles but is filed separately. In theory, every nonprofit should be created with solving and/or ending a problem with the project that they are approaching. Even if that is not likely, as it is with the AASI since HIV is a virus that may not go away anytime soon, the organization needs to prepare for how to dissolve the assets if the need ever arises.

Typically, the process of filing these documents with the SoS's office has a quick turn-around and is expedited by completing the e-form versions on the website. Once these are done

and the SoS office has informed the filer of their decision, the filer and board have an even larger task- tackling the IRS.

To approach this the board will need to decide on roles, as well as how long their terms will be, and what it takes to join/maintain the roles for the members of the organization. All of this information will go into the organization's Bylaws, which is the next step of this daunting process. The state of Arkansas allows for filing to become an organization before Bylaws are completed and internally approved by the organization. The IRS asks for them as an attachment in their nonprofit application. During this time, the board needs to decide how and if any positions will be compensated. It is a good idea to look at other 501(C)(3) organization's Bylaws for the structuring of your own; the example does not have to come from a group trying to tackle the same mission as the filing organization, just from a group that functions in a way that they would like their board to be constructed. While writing the Bylaws, the board should also determine when their fiscal year will begin and end. Later steps of the process will require that answer.

Before officially applying for IRS-recognized tax-exempt status, the organization will first apply for a Federal Employer Identification Number (Fed-EIN) from the IRS. This is necessary for all other forms and processes for example, setting up bank accounts for the organization. This form can be completed online at the IRS.Gov website with the determination made quickly. The filer only needs their social security number to file for a Fed-EIN and it typically will be the social security number of whomever will be the registered agent of the organization. Applicants are limited to one Fed-EIN per social security number per day. Once that is complete, the organization can begin to apply for tax-exempt status.

It is important to note that filing with the IRS is more costly than filing for recognition within the state. The cost depends on the type of form used to apply as well as if the proposed organization predicts that it will bring in under or over $10,000.00 of annual revenue in the first year. Due to the cost associated, and the details of applying for IRS-recognized status, many applicants choose to outsource this part of the process to an attorney or consultant to complete the forms. The most common application for the 501(C)(3) status is IRS form 1023; therefore, the following advice will be based upon that form.

This form needs to be completed with an answer within every section on every page, even if that section does not apply to your group. At minimum, mark "Not applicable" for those that do not apply; applications have been sent back to the filer without review for being "incomplete" even with those sections not applying to an organization. To complete this form, many of the answers will come from the organization's Bylaws and Articles. The IRS wants to know the general purpose of the organization i.e. what problem is it addressing and how it intends to do so to determine if the organization will be eligible for tax-exempt status. The 1023

is intimidating but manageable if the filer is open to having continuous conversations with the board and creator of the organization. Once the application is submitted, waiting on a determination letter is the longest part of this process; sometimes a letter can come back within three months, other times it can take around nine months.

After all of this has been completed and a determination letter received, the organization will either have to amend their application and re-submit or proceed with creating bank accounts and operating as an official IRS-recognized tax-exempt organization.

Appendix C: Abbreviations

AAC	Arkansas Association of Counties
AASI	Arkansas Anti-Stigma Initiative
ABSW	Arkansas Board of Social Work
ACA	Arkansas Code Act
ACA	Arkansas Counseling Association
ADH	Arkansas Department of Health
AETC	AIDS Educational Training Center
AIDS	Acquired Immune Deficiency Syndrome
ARCHWA	Arkansas Community Health Workers Association
ASO	Arkansas Service Organization
BTAN	Black Treatment Advocates Network
CBO	Community-Based Organizations
CDC	Centers for Disease Control
CEU	Continuing Education Unit
CHCA	Community Health Centers of Arkansas
CHW	Community Health Workers
CJI	University of Arkansas Criminal Justice Institute

DPTC	Denver Prevention Training Center
EMCT	Elimination of Mother-to-Child HIV Transmission
FBO	Faith Based Organization
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IRS	Internal Revenue Service
JCCSI	Jefferson Comprehensive Care System, Inc.
LGBT	Lesbian Gay Bisexual Transgender
MAO	Medical Advocacy & Outreach
MOM	Mothers of MAO
MPA	Master in Public Administration
MSM	Men who have Sex with Men
NAMI	National Alliance on Mental Illness
NMAC	National Minority Aids Council
OARS	Ozark AIDS Resources and Services
PLWH	People Living With HIV/AIDS
PrEP	Pre-Exposure Prophylaxis
SAMHSA	Substance Abuse and Mental Health Services Administration

SCSN	Statewide Coordinated Statement of Need
SWLB	Social Work Licensing Board
UAMS	University Of Arkansas Medical Sciences
VCT	Voluntary Counseling and Testing