

# Research and Quality Improvement for PLWH

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Overview

# Origins of Denver Principles



## **Established by HIV/AIDS Community**

The Denver Principles were created by people living with HIV/AIDS in 1983, promoting representation and self-determination in healthcare.



## **Focus on Self-Empowerment**

The principles encouraged individuals to actively participate in their own healthcare and advocacy, shifting attitudes within the medical community.



## **Revolutionized HIV Activism**

Denver Principles transformed activism by making patients active decision-makers rather than passive recipients of care.

# Denver Principles Empowerment

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## **Self-Empowerment and Participation**

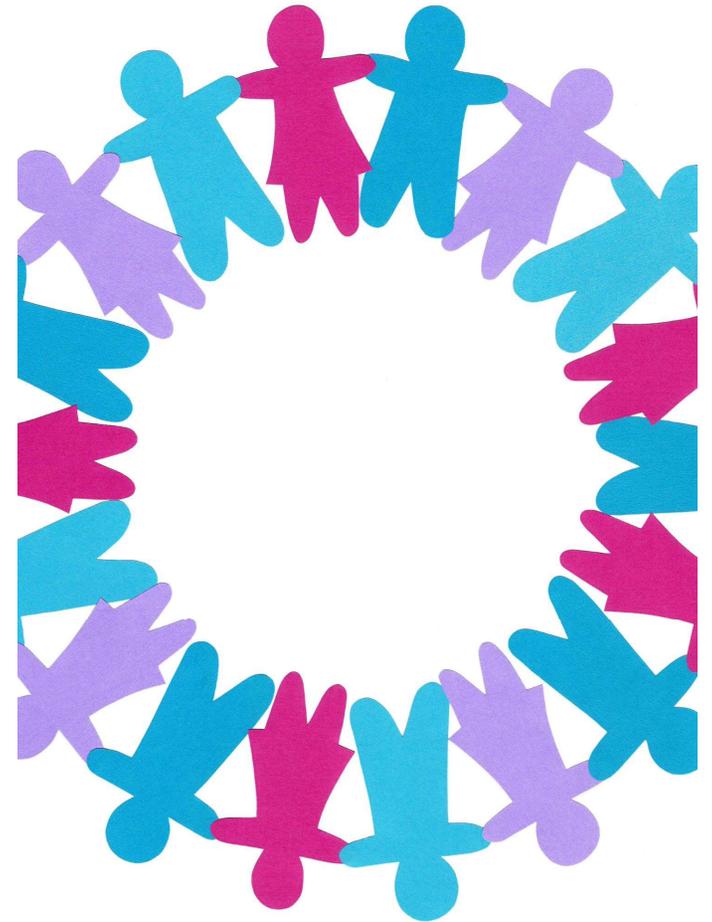
The principles focus on empowering individuals with HIV to actively participate in decisions that affect their lives and health.

## **Dignity and Respect**

Promoting dignity, respect, and non-discrimination for people living with HIV is central to the Denver Principles.

## **Challenging Stigma and Supporting Community**

The principles encourage individuals to speak out against stigma and support one another within their communities.



# Key Areas

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Community-engaged  
research



Quality improvement  
initiatives



Health equity

## Community- engaged research (CER)

Means that people living with HIV (PLWH) are not just study participants—they are partners in shaping research that affects their lives.

This approach has deep roots in the HIV movement, where community leadership has historically driven major scientific and policy advances.

# Community-Engaged Research: What PLWH Should Know



## What It Is

- Research done *with the* community, not *on the* community
- Involves PLWH as partners, advisors, and contributors throughout the research process
- Guided by long-standing principles like Good Participatory Practice and community-based participatory research (CBPR)



## Why It Matters

- Ensures research reflects real-world needs and lived experiences of PLWH
- Builds trust, transparency, and accountability between researchers and communities
- Helps identify barriers to care (stigma, clinic policies, access challenges) and shape better solutions
- Strengthens advocacy and reduces stigma by centering PLWH voices



## How PLWH Participate

- Serve on Community Advisory Boards (CABs)
- Participate in peer-led interviews, focus groups, and listening sessions
- Co-design research questions, study materials, and communication plans



## What PLWH Should Expect

- Clear, understandable information before deciding to participate
- The right to make informed choices and ask questions
- Inclusive research practice that respects diverse identities and needs

# Bottom Line CER

- It is about partnership, empowerment, and equity. For PLWH, it means research is shaped with the community—not on the community—leading to better solutions, better care, and a stronger voice in the HIV response.

# Enhancing HIV Care Quality

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## **Linkage to Care**

Increasing linkage to care ensures people living with HIV are quickly connected to health services for timely treatment.

## **Optimizing Therapy Adherence**

Supporting adherence to antiretroviral therapy leads to better health outcomes and reduced HIV transmission.

## **Strengthening Patient Support**

Comprehensive, patient-centered support improves overall well-being and encourages continued engagement in care.

## **Data-Driven Monitoring**

Continuous data monitoring identifies care gaps and informs targeted quality improvements in HIV services.





# Health Equity for HIV

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## **Fair HIV Care Access**

Health equity means all individuals with HIV can access prevention, treatment, and care without barriers or bias.

## **Addressing Social Determinants**

Reducing stigma, discrimination, and poverty is crucial to narrowing gaps in HIV care and support systems.

## **Inclusive Policies and Engagement**

Effective policies and community involvement lead to tailored interventions for vulnerable groups, improving HIV health outcomes.