# Impacting attitudes and values: Reducing stigma and discrimination and improving STBBI prevention

Rachel MacLean

Canadian Public Health Association

Sex and Stigma Matters Conference

May 22, 2015

CPHA ACSP

CANADIAN PUBLIC HEALTH ASSOCIATION

ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

# Impacting attitudes and values: Reducing stigma and discrimination and improving STBBI prevention

* Project objective
  * To reduce STBBI-related stigma and discrimination through the development and dissemination of learning products targeted at health care, social service and public health professionals, as well as their organizations.

* April 2014-March 2017

# Rationale for CPHA's current focus on stigma

* Focus groups conducted with 'priority populations' in 6 Canadian cities: Vancouver, Saskatoon, Ottawa, Montreal , Renfrew County, Halifax and Yellowknife
* Explore the factors that impact vulnerability to STBBIs as well as health service access

# Communication

My doctor gave me the HIV diagnosis then gave me a hug and said "this is the worst news that I've ever had to give somebody."

My family doctor knows how to open up discussion by just asking "How was your day?"

I like to be talked to with empathy, as if I'm someone that they care about and want to help. Talking in a very clinical way leaves out the social and emotional parts of having HIV or an STI.

Doctors don`t always explain why they need to do the test they are doing—this makes us uncomfortable.

I would like for medical professionals to not use people's birth names. Rather, they should respect the name that is given by the person and the pronouns that go along with it.

The biggest question is "Why do you do it?" "Live your life that way."

# Making Assumptions

A total lack of sensitivity. Or strong heterosexism like asking gay men "do you have a girlfriend" or telling a lesbian that she should be on birth control cause she's sexually active. These assumptions immediately shut down discussions about sexual activity, number of partners and sexual risks.

Health care professionals also have very strong preconceptions and may dismiss that their patients need an HIV test or a Hep C test. They exert their authority, rather than saying they don't know or going with a patient's instinct that they need a certain test, that there's probably a reason that they think they need a test even if they don't want to disclose the reason.

# Fear of being judged

Discrimination is systemic against African, Caribbean and Black people, even in blood donation. There are lots of pre-existing stereotypes about black people, which may make people reluctant to get tested. They feel pre-judged.

People don't want to go into a health office because they feel they are going to be judged and discriminated against. Don't want to get tested because they are scared. When I go to the [clinic] to get tested, I feel like people imagine all sorts of weird circumstances about me.

# Welcoming environment

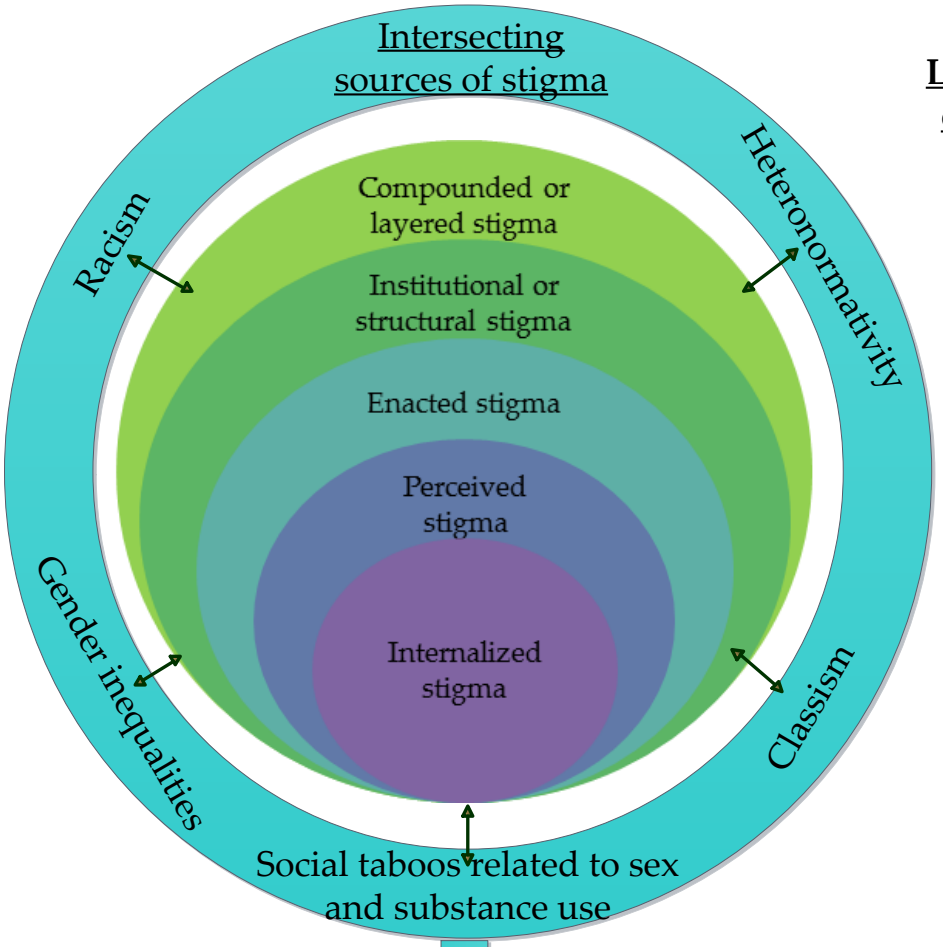
Even when I go into a doctor's office, I look around the waiting room to see if there is anything Aboriginal in there—even a blade of sweet grass. Some sign that the health care provider is aware of Aboriginal culture.

The sexual health centre`s focus is on high risk which is important, but a lot of time it can give people shame and stigma who do not fit into these groups. You would have to fit into that in order to get treatment, tested, etc.

Sometimes mandates of programs dictate rules that aren`t reasonable in actuality.

I want to go to a place where the people reflect who you are. Like gay, lesbian and bisexual service providers.

# Unpacking stigma




**Levels at which stigma can manifest and can be confronted:**

**Policy/legal** (e.g., laws, administrative procedures)

**Institutional** (e.g., health care, education)

**Community** (e.g., cultural values and norms)

**Interpersonal** (e.g., social support systems)

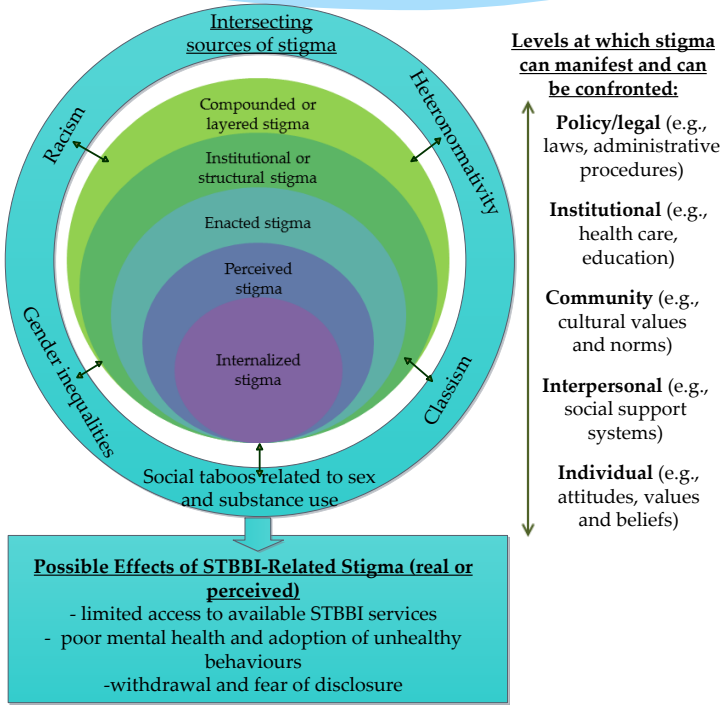
**Individual** (e.g., attitudes, values and beliefs)

**Possible Effects of STBBI-Related Stigma (real or perceived)**

- limited access to available STBBI services
- poor mental health and adoption of unhealthy behaviours
-withdrawal and fear of disclosure

# Unpacking stigma

- *Internalized stigma*: an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself
- *Perceived stigma*: awareness of negative societal attitudes, fear of discrimination and feelings of shame
- *Enacted stigma*: overt acts of discrimination, such as exclusion or acts of physical or emotional abuse
- *Institutional or structural stigma*: stigmatisation of a group of people through the implementation of policy and procedures
- *Layered or compounded stigma*: refers to a person holding more than one stigmatized identity




Adapted from Loutfy et al., 2012; Stangl, Brady, & Fritz, 2012; and Corrigan, Markowitz, & Watson, 2004

# Drivers of stigma: Individual attitudes, values and behaviours

* Lack of knowledge, often resulting in an inappropriate fear of contagion
* Lack of comfort in discussing sexuality and/or substance use
* Biases

# Drivers of stigma: Dominant discourses around sexuality

Think back to when you first learned about sex.

Consider the language used to describe sex.

# Drivers of stigma: Dominant discourses around sexuality and substance use

* Negative, fear-based messages overemphasizing adverse sexual health outcomes
  * "If both providers and patients could view sexuality and maintenance of sexual health from a more balanced, positive perspective—as something to be sought and maintained, rather than avoided and stigmatized—misconceptions regarding sexual health might be more easily addressed." (Ford et al., 2013)
* Overemphasis on physical dimensions of sexual health
* Focus on 'at-risk' populations and exclusion of certain groups in discussions of sexuality
* Intersections with other structural inequities, such as racism, classism, heteronormativity, etc.

# Drivers of stigma: Organizational policies and practices

* Physical space and communications material—do they create a welcoming environment?
* Organizational policies:
  * Policies with explicit focus on stigma/the delivery of services to varied clientele
* Organizational practices:
  * Practices that do not account for complexity (e.g., penalties for missed appointments)
  * Accessibility (or inaccessibility) of training and ongoing learning opportunities related to stigma and discrimination

# Drivers of stigma: Structural factors

* Criminalization of HIV non-disclosure
* Bill C-2: Respect for Communities Act
* Bill C-36: Protection of Communities and Exploited Persons Act

# Reflections on providing non-stigmatizing STBBI prevention services

Dr. Ameeta Singh

# Tools under development

# STBBI Stigma Questionnaire

* Adapted from the previously validated Health Care Provider HIV/AIDS Stigma Scale (HPASS)
* To facilitate reflection among health and social service providers of potentially stigmatizing attitudes and values

# STBBI Stigma Questionnaire

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree |

| | **Hepatitis C** | | | | | | **HIV** | | | | | | **Other Viral STIs: e.g., Genital Herpes, HPV** | | | | | | **Bacterial STIs: e.g., Chlamydia, Gonorrhea, Syphilis** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. I believe most clients with ____ acquired the virus through risky behaviour. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I think clients with ____ have engaged in risky activities despite knowing these risks. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I believe I have the right to refuse to work with clients with ____ for the safety of other clients. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I think people would not get ____ if they had sex with fewer people. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Clients with ____ present a threat to my health. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Clients with ____ present a threat to the health of other clients. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree |

| | **Hepatitis C** | | | | | | **HIV** | | | | | | **Other Viral STIs: e.g., Genital Herpes, HPV** | | | | | | **Bacterial STIs: e.g., Chlamydia, Gonorrhea, Syphilis** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. I believe I have the right to refuse to work with clients with ____ if other staff members are concerned about safety. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I would avoid certain tasks with clients with ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I think if people act responsibly they will not contract ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Clients with ____ tend to have numerous sexual partners. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. I believe I have the right to refuse to work with clients with ____ if I feel uncomfortable. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. I would rather not come into physical contact with clients with ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree |

| | **Hepatitis C** | | | | | | **HIV** | | | | | | **Other Viral STIs: e.g., Genital Herpes, HPV** | | | | | | **Bacterial STIs: e.g., Chlamydia, Gonorrhea, Syphilis** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13. I believe I have the right to refuse to work with clients with ____ to protect myself. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I would not be comfortable working alongside another provider who has ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. I think many clients with ____ likely have substance abuse problems. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. I believe I have the right to refuse to work with clients with ____ if I am concerned about legal liability. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. I would rather see a client without ____ than a client with this infection for non-STBBI concerns. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Clients with ____ should accept responsibility for acquiring the infection. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree |

| | **Hepatitis C** | | | | | | **HIV** | | | | | | **Other Viral STIs: e.g., Genital Herpes, HPV** | | | | | | **Bacterial STIs: e.g., Chlamydia, Gonorrhea, Syphilis** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19. I worry about contracting ____ from clients with ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. I often think clients with ____ have caused their own health problems. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. Clients with ____ make me uncomfortable. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. I would feel uncomfortable knowing one of my colleagues has ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. I tend to think that clients with ____ do not share the same values as me. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. It would be hard to react calmly if a client tells me he or she has ____. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |

# STBBI Prevention Organizational Audit Tool

* Objectives:
  * Increase staff awareness of organizational issues (including policies, procedures, physical/social environment) that could create stigmatizing and/or discriminatory experiences
  * Help staff identify strengths and challenges in their own organizations related to stigma and discrimination
  * Help staff to develop organizational strategies to decrease stigma and discrimination
* Set of 26 questions organized according to the following categories:
  * 1. Supportive organizational values, policies and motivation;
  * 2. Providers have developed the core competencies that are relevant to their professional role; and
  * 3. Clients/patients feel comfortable and supported through the whole process of dealing with the organization.

# STBBI Prevention Organizational Audit Tool

* 1. Supportive Organizational Values, Policies and Motivation
  * *Does your organization have a formal commitment to a non-discriminatory approach (values or policy statement), especially towards working with marginalized groups?*
  * *If so, is the policy/values statement prominently displayed in places where clients/patients are likely to see it (e.g. waiting rooms or reception areas)?*

# STBBI Prevention Organizational Audit Tool

* 2. Providers have developed the core competencies that are relevant to their professional role
  * Training: *Do all staff (clinical and non-clinical) receive appropriate training to support the provision of services that are neither stigmatizing nor discriminatory (e.g., training related to language, communication, inclusivity etc.)?*
  * Support: *Do all staff feel they have easy access to personal and professional support to deal with challenging cases/issues (e.g. from supervisors and co-workers)?*
  * Access to resources and expertise: *Has your organization developed relationships with other groups and organizations in the community that have experience dealing with the issues frequently faced by the populations you serve?*

# STBBI Prevention Organizational Audit Tool

* Clients/patients feel comfortable, welcomed and supported throughout their whole experience of dealing with the organization
  * How people learn about your organization: *Do the images and the language used in key public pieces (e.g. ads, posters, pamphlets, website) include positive images of the populations you serve?*
  * Making services accessible: *Do you provide services at hours and locations that are convenient for clients/patients?*
  * Creating a welcoming and safe environment: *Do you recruit volunteers and staff from different populations to reflect the diversity of your community?*
  * The intake process: *Does your organization adopt each client's definition of "family" which may include, but not be limited to, significant others, relatives by blood, same-sex partners, or spouses?*

# STBBI Prevention Organizational Audit Tool

* Improvement plan:
  * What is/are the issue(s) that needs to be addressed?
  * What is our goal?
  * What are we already doing that we can build on? What are our challenges in moving forward?
  * What is the plan?
  * How will the plan be implemented?
    * Who is responsible?
    * Timeline?
  * When will we evaluate our progress?

# Sexual health and substance use history taking discussion guide

* The Five P's are areas that should be openly discussed with your clients. The Five P's are:
  * Partners
  * Practices
  * Protection from STBBIs
  * Past history of STBBIs
  * Prevention of pregnancy

  Adapted from U.S. CDC document "*A Guide to Taking a Sexual History*": http://www.cdc.gov/std/treatment/sexualhistory.pdf.

# Thank you/Merci!
# Questions?

*"A good [service provider] can make all the difference in the world… [they] never gave up on me" …*

**CONTACT:**

Rachel MacLean
Canadian Public Health Association
rmaclean@cpha.ca

CPHA ACSP
CANADIAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

# References


* Baral, S., Logie, C. H., Grosso, A., Wirtz, A. L., & Beyrer, C. (2013). Modified social ecological model: a tool to guide the assessment of the risks and risk contexts of HIV epidemics. *BMC Public Health, 13*(482).
* Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin, 30*(3), 481-491.
* Earnshaw, V. A., & Chaudoir, S. R. (2009). From Conceptualizing to Measuring HIV Stigma: A Review of HIV Stigma Mechanism Measures. *AIDS Behav, 13*, 1160-1177.
* Ford, J. V., Barnes, R., Rompalo, A., & Hook, E. (2013). Sexual Health Training and Education in the U.S. *Public Health Reports, 128*(Suppl 1), 96-101.
* Logie, C. H., James, L., Tharao, W., & Loutfy, M. R. (2011). HIV, gender, race, sexual orientation, and sex work: a qualitative study of intersectional stigma experienced by HIV-positive women in Ontario, Canada. *PloS Med, 8*(11), e1001124.
* Loutfy, M. R., Logie, C. H., Zhang, Y., Blitz, S. L., Margolese, S. L., Tharao, W. E., . . . Raboud, J. M. (2012). Gender and Ethnicity Differences in HIV-related Stigma Experienced by People Living with HIV in Ontario, Canada. *PloS ONE, 7*(12), e48168.
* Nyblade, L., Stangl , A. L., Weiss, E., & Ashburn, K. (2009). Combating HIV stigma in health care settings: What works? *Journal of International AIDS Society, 12*(15), 1-7.
* Stangl, A. L., Brady, L., & Fritz, K. (2012). *Measuring HIV stigma and discrimination: Technical Brief July 2012.* STRIVE.