

# Strategies to reduce Stigma and Discrimination In Health Care Settings

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PANCAP-IAS Presentation

Nov 2024

# Overview

- Discuss Evidence Based Strategies.
- Review Best Practices.
- How do we move forward?

What we  
all know

**Stigma**

**Discrimination**

**Poor Health Outcome**

# What are the Immediately actionable drivers of Stigma In Healthcare Facilities?

- 1) Negative attitudes and beliefs**
- 2) Fear-** Can I catch it?- Should I double glove?
- 3) Lack of awareness/Knowledge** about both the condition and stigma.
- 4) Health facility environment.**

Nyblade et al. BMC Medicine (2019) 17:25 <https://doi.org/10.1186/s12916-019-1256-2> Collection on:  
Stigma Research and Global Health  
Nyblade L, et al. A total facility approach to reducing HIV stigma in health facilities: implementation process and lessons learned. AIDS. 2020

# Key Strategies to Reduce Stigma in Healthcare Settings

## **1. Provide Information:**

What is the condition/s?

What is stigma and its impact?

## **2. Build Skills:**

Provide opportunities for specialized training of healthcare providers and staff to increase their engagement and knowledge.

## **3. Practice Participatory Learning :**

With health facility staff ( multidisciplinary) and patients to actively engage in the intervention.

# Key Strategies to Reduce Stigma in Healthcare Settings

## 4. Put Stigmatized Group at the Center:

Empower the stigmatized group by teaching them coping mechanisms, providing feedback and involving them in delivery of information.

## 5. Use technology

To deliver information to staff, to connect patients to peer support, or healthcare staff to reduce opportunities for stigma or status disclosure.

## 6. Don't forget the importance of “**Structural**” or “**policy change**”.

## 7. **Multilevel approach** (Individual- Environment- Policy)needed.

# Best Practices- FRESH Workshop-Alabama

The feasibility and acceptability of the Finding Respect and Ending Stigma around HIV (FRESH) Workshop.

This intervention was originally developed and tested in Africa.

The main framework was the inclusion of all staff members, use of participatory methods, and inclusion of PLWH in stigma-reducing activities.

# Pre-Workshop Work

HCW  
Survey

Patient  
Survey

Focus  
Groups

# Health Care Worker Survey

- Questions Focused on 4 areas
  - 1- Fear of HIV among health facility staff.
  - 2- Stereotypes and prejudice related to people living with or thought to be living with HIV.
  - 3- Observed and secondary stigma and discrimination.
  - 4- Policy and work environment.

# Results of Survey in- Alabama and Mississippi

Suggested that stigmatizing attitudes toward PLWH persist among Health Care Workers from a wide range of job types and healthcare settings.

# Patient Survey needs to be culturally adapted

- Four dimensions:

- 1) Personalized stigma

- 2) Disclosure concerns

- 3) Negative self-image

- 4) Concerns with public attitudes

Berger B, Ferrans CE, Lashley F. Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing & Health*. 2001

Jimenez JC, Et. Al “Measuring HIV felt stigma: a culturally adapted scale targeting PLWHA in Puerto Rico”. *AIDS Care*. 2010 Nov;22(11):1314-22.

# Patient Survey Results in FRESH

- The results suggested that patients continue to experience stigma in healthcare facilities, manifested through denial of care, being given poorer quality of care, or having one's HIV status disclosed to others without permission.
- It also stressed the importance of intersecting stigma.

# Focus groups with PLWH

- To further explore PLWH experiences of stigma in healthcare settings and obtain feedback on relevance, organization and feasibility of the planned workshop.
- Focus group was also encouraged to share their personal experiences on the topic.

# FRESH Workshop- 1.5 Days

- The intervention elements:

- (1) Sharing of information and contact between HW and PLWH designed to sensitize participants to HIV-related stigma
- (2) Encourage collaborative development of strategies for increasing awareness of and reducing HIV-related stigma and discrimination among HW.
- (3) Utilizing empowerment strategies to improve coping with HIV-related stigma.
- (4) Included a module on intersecting stigmas and discrimination (e.g., sexism, racism, homophobia) .

# FRESH Results

- Post intervention surveys were very positive.
- Sample was too small to measure statistically meaningful changes

# Southeast Asia Stigma Reduction QI Learning Network

Launched in 2017 by HEALTHQUAL with support from PEPFAR.



The aim of the Learning Network is to accelerate implementation of national- and facility-level HIV-related S + D reduction activities in Cambodia, Lao PDR, Thailand, and Vietnam through routine measurement, quality improvement (QI) methods, and peer learning and exchange.

# Southeast Asia Stigma Reduction QI Learning Network- Tasks

Measurement of HIV-related S&D among providers and PLWH in HIV treatment sites using validated survey tools

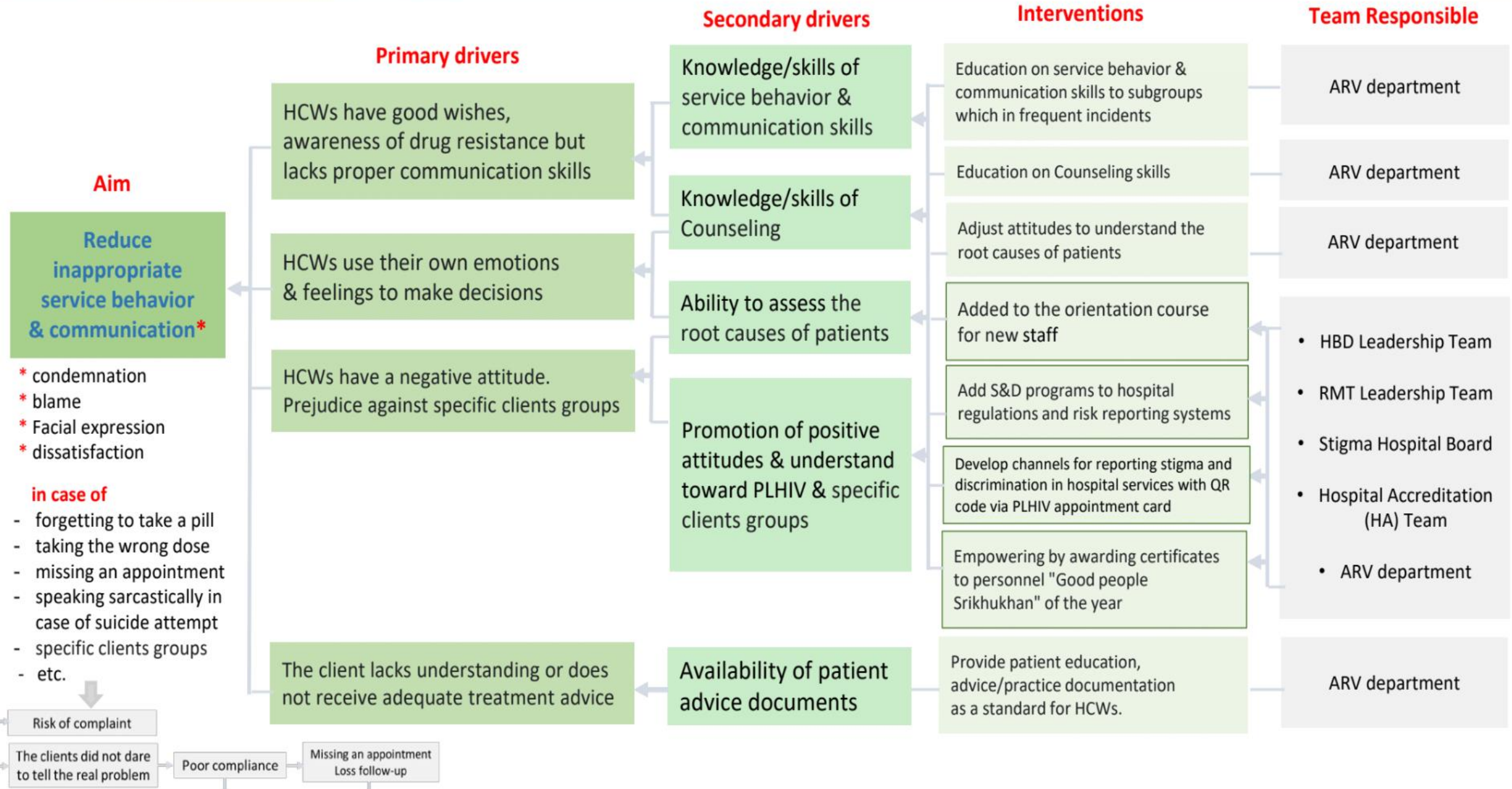
Application of quality improvement methods to the reduction of S&D

Inclusion of PLWH in implementation of S&D reduction activities

Sharing of implementation successes, effective interventions, and policy innovations among Ministries of Health in Southeast Asia.

# Southeast Asia Stigma Reduction QI Learning Network-Progress

- The interventions have been effective in reducing S&D and plan is to continue with the coordination of routine measurement, capacity building and effecting change from the facility level to the policy level.
- The periodic network meetings and continuous sharing of information contribute to cross-learning among peers which translates into strengthened programs.



# Khukhan Hospital, Srisaket Province



Meeting a working group & team leader



Identify gaps  
Using Root cause analysis




Added to the orientation course for new staff




S&D Participation Training Course Activities



risk management system program

โรงพยาบาลสุโขทัย		ส่วนที่ :
	หน่วยงาน/Unit : SRHACC 01 ชื่อ : (การ/โครงการ/แผน Risk Management)	วันที่ : 27/03/61 หน้า : 3/13
5.12 การสื่อสาร (Signal) หมายถึง ความแตกต่างความเข้าใจในองค์กรที่ต่างหาก เช่น เมื่อคุณไปโรงพยาบาลแล้ว เข้าไปพบคุณหมอที่ห้องฉุกเฉินในยามเย็น เช่น เมื่อคุณไปวัดหรือศูนย์ในหมู่บ้าน การมีผู้รับผลตอบ การขาดบุคลากร หรือการสื่อสารที่ผิดพลาดไปเป็นต้น		
5.13 RCA : Root cause Analysis คือการวิเคราะห์ถึง ที่เป็นสาเหตุของปัญหาหรือสาเหตุของการเกิดเหตุการณ์ที่ไม่ดีหรือผล ไม่ถูกต้องในกระบวนการ เพื่อที่จะหาโอกาสที่จะปรับปรุง ซึ่งนำไปสู่การแก้ไขที่ต้นเหตุของปัญหา		

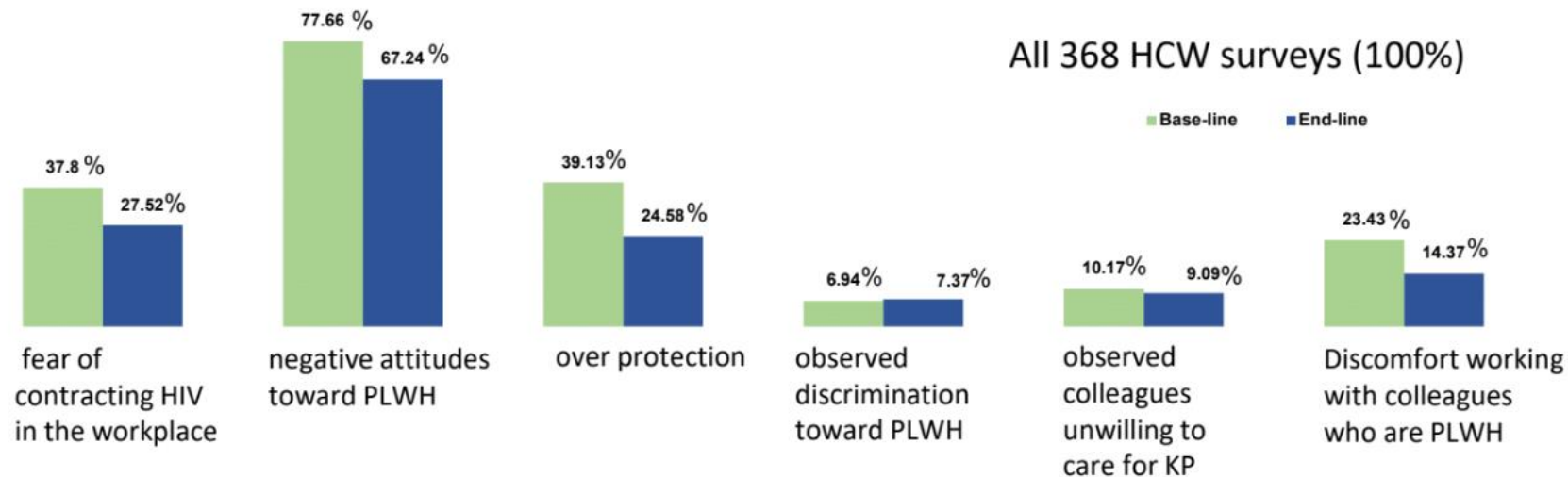


Training Course: The Community Leader

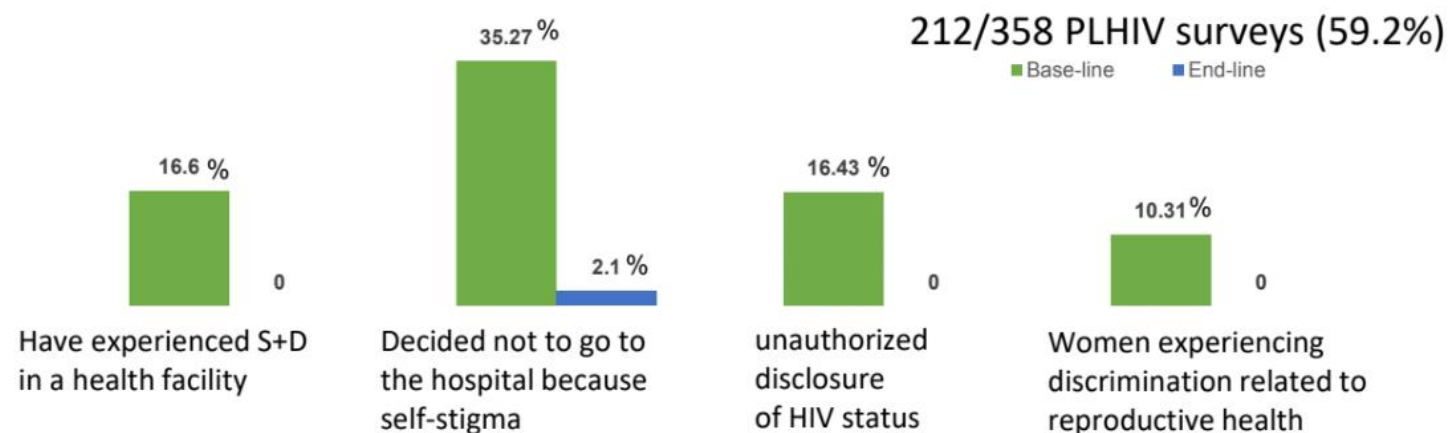




### Health Providers



### PLHIV Composite indicators



# Challenges

- Coordination across all levels of a health system, from Ministries to hospitals.
- Coordination with departments outside of HIV care.
- The challenge of securing and maintaining leadership support.
- Adaptation of national policy changes to local contexts.
- Commitment to engaging communities, but challenges determining “how”.

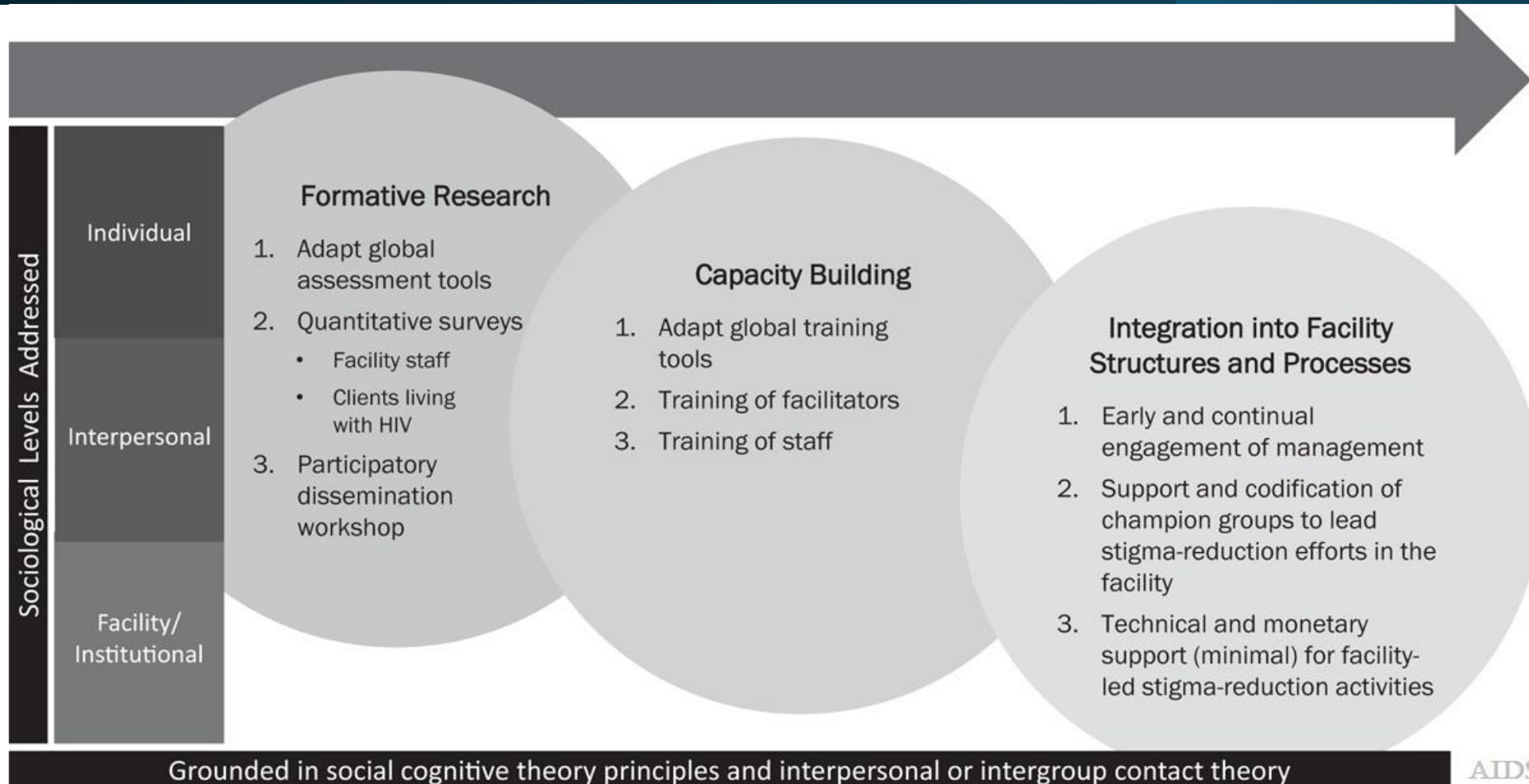
# Southeast Asia Stigma Reduction QI Learning Network-Lessons Learned

- Application of a QI approach to S&D reduction with focus on **routine measurement, root cause analysis, peer learning** and other QI methods represents a novel path to ensure efforts to achieve these aims are scalable, tailored to context, and ingrained in organizational practice and policy.

# Total Facility Approach

- Work by Dr. Nyblade et al. in Ghana and Tanzania.
- Design focuses on multiple socio-ecological levels within a facility and targets all levels of staff (clinical and nonclinical).
- 3 Stage process.

# Total Facility Approach



Nyblade et al. A total facility approach to reducing HIV stigma in health facilities: implementation process and lessons learned. AIDS.

# Total Facility Approach-Key lessons

- 
- . Importance of formative data to shape intervention activities.
- 
- . Using participatory training methods.
- 
- . Involving facility management throughout.
- 
- . Having staff and PLHIV facilitate trainings.
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- . Involving a substantial proportion of staff.
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- . Mixing staff cadres and departments in training groups.
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- . Integrating stigma-reduction into existing structures and processes.

# Total Facility Approach

## Among Lessons learned:

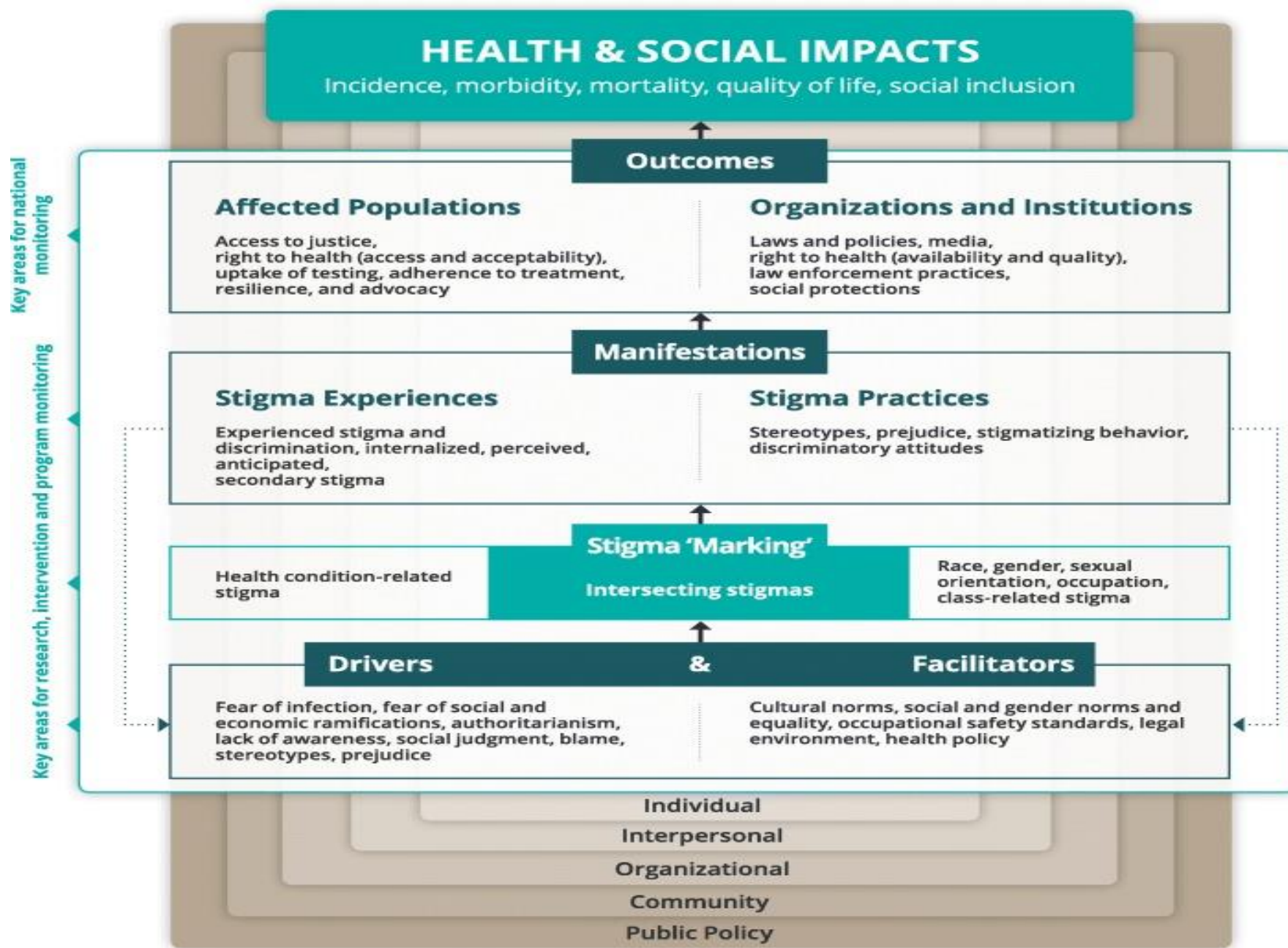
- The facility environment, namely its policies, standard operating procedures and physical space, is a key actionable driver of stigma.
- When provided with knowledge, understanding and skills for stigma-reduction, facility staff voluntarily and enthusiastically used their new skills to design and implement stigma-reduction activities.

# The Health Stigma and Discrimination Framework- Crosscutting Framework

- They argue that stigma frameworks that focus on one health condition in isolation is not conducive to research or intervention.
- They present a global, crosscutting framework based on theory, research, and practice, and demonstrate its application to a range of health conditions, including leprosy, epilepsy, mental health, cancer, HIV, and obesity/overweight.
- They also discuss how stigma related to race, gender, sexual orientation, class, and occupation intersects with health-related stigmas and should be addressed more as a package.

The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas

Ann L.Stangl Et al, 2019 Feb-BMC Medicine



# All Socio-Ecological Levels to be considered

- Stigma-reduction interventions are most effective when they include components directed at a range of actors and socio-ecological levels and skills.
  - Interpersonal level - family, friends, colleagues, social networks.
  - Community level - cultural values and norms in schools, workplace, neighborhood.
  - Organizational level - Policies and Practices within organizations.
  - Societal and Policy levels - Broader policies, laws and social norms, harm reduction strategies.

Heijnders M, Van Der Meij S. The fight against stigma: An overview of stigma-reduction strategies and interventions.  
Psychol Health Med. 2006;11(3):353–63.

The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas

Ann L.Stangl Et al, 2019 Feb-BMC Medicine

# Ensuring quality health care by reducing HIV-related stigma and Discrimination

WHO technical Brief

- **Priority 1** | Ensure that people are at the center of processes and that approaches are framed around enabling a high quality of life
- **Priority 2** | Build stigma reduction into facility-based quality improvement approaches to improve quality of health care services
- **Priority 3** | Ensure that approaches to reducing stigma engage structures and systems

# Gaps in Current Stigma Intervention Research and Practice

- Targeting intervention at all levels- **clinical and non-clinical**.
- Engaging and involving the **stigmatized group** in improvement projects.
- Developing anti-discrimination **policies**.
- Addressing **physical layout and space issues**- inclusive signage and posters, inclusive space - separate clinical settings for stigmatized group – Verticalization?
- Recognizing and addressing stigma experienced by **health workers**.
- Addressing stigma at **multiple ecological levels** within the health facility and community - from personal to societal.

Nyblade et al. BMC Medicine (2019) Collection on: Stigma Research and Global Health

Srithanaviboonchai et al. BMC-Public Health (2017) Building the evidence based for stigma in Thailand

Batey DS, et al. Adaptation and Implementation of an Intervention to Reduce HIV-Related Stigma Among Healthcare Workers 2016

# Non-Structural Actions

- Collect data to assess areas of priority.
- Build inclusive QI projects based on need assessment.
- Deliver educational material in person, use videos or streaming technology, role playing.
- Have regular staff educational meetings, send staff for rotations, clerkship for students, bring in external experts and facilitators.
- Have staff gathering (in person or otherwise) with stigmatized group and share stories.
- Involve the Community- e.g, Build a community Advisory Board.
- Train and use champions or opinion leaders from within.

Nyblade et al. BMC Medicine (2019) 17:25 Collection on: Stigma Research and Global Health

Batey DS, et al. Adaptation and Implementation of an Intervention to Reduce HIV-Related Stigma Among Healthcare Workers in the United States: AIDS Patient Care STDS. 2016

Berner ,et al. Do local opinion leaders augment hospital quality improvement efforts? A randomized trial to promote adherence to unstable angina guidelines. Med Care. 2003

# Structural and Policy Actions

- Consider task-shifting and service integration
  - HIV care integration into primary care and allowing clients to integrate into the general patient pool- Controversial
- Change policies if needed
- Consider space restructuring
- Ensure easy access to universal precautions and infection protection supplies.



# Take Home Points

To Achieve the UNAIDS goals of 95-95-95 we need to actively work on reducing/eliminating Stigma and Discrimination in Healthcare Settings and Communities.

The work is challenging and multi-layered but rewarding.

A global, crosscutting framework to decrease S&D on all health-related stigmas may be more conducive to research and intervention.