

Reducing HIV-related stigma in healthcare settings: from Africa to Alabama



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Why Addressing Stigma and Discrimination in Healthcare Settings is Important

- Persons living with stigmatized conditions may have frequent contact with healthcare providers
- Fears of stigma, discrimination, and lack of confidentiality in health facilities can discourage people from:
 - Accepting testing and diagnosis
 - linking to services
 - adhering to health visits and treatment
 - Getting other kinds of healthcare that they need



Address Immediately Actionable Drivers

Raise awareness

Discuss and challenge the shame and blame
Address HIV transmission fears and misconceptions

Create partnerships between affected groups and opinion leaders

“Contact strategies”
Model desirable behaviors
Recognize and reward role models

Affected groups at the center of the response

Develop and strengthen networks
Empower and strengthen capacity
Address self-stigma

A Health Setting-Based Stigma Reduction Intervention in Five African Countries

(PI: Holzemer; Uys et al., 2009)



- **Sharing information**
 - sharing the results of local data collection on HIV-related stigma and giving general information about the impact of stigma on persons living with HIV (PLHIV)
- **Increasing contact with the affected group**
 - bringing together a group of health workers and PLHIV to plan stigma-reduction activities together
- **Improving coping through empowerment**
 - engaging PLHIV in an activity in which they can address stigma directly, not just accept or live with it

Intervention Adaptation for AL



- Data collected and analyzed from at-risk populations, public health and primary health care workers, and persons living with HIV (PLHIV) in Alabama and Mississippi
- **Main Modifications:**
 - making the workshop shorter
 - addition of a module on other intersecting stigmas and discrimination (e.g., racism)
 - targeting group projects to focus on reaching the larger population of health workers in the region

FRESH Workshop Intervention

- ~10 health workers
- ~10 consumers (persons living with HIV)
- Facilitated by one health worker (social worker) and one consumer (PLHIV)
- 1.5 days (full day followed by half day 1-2 weeks later)
- In a neutral location (UAB School of PH)

FRESH Workshop Topics

- Understanding stigma
- Intersecting stigmas
- Outcomes of stigma
- HIV knowledge update
- Coping with stigma
- Why stigma is hard to change
- Stigma reduction strategies
- Designing a tool to reach PH and PHC workers



Initial FRESH Workshops in Birmingham

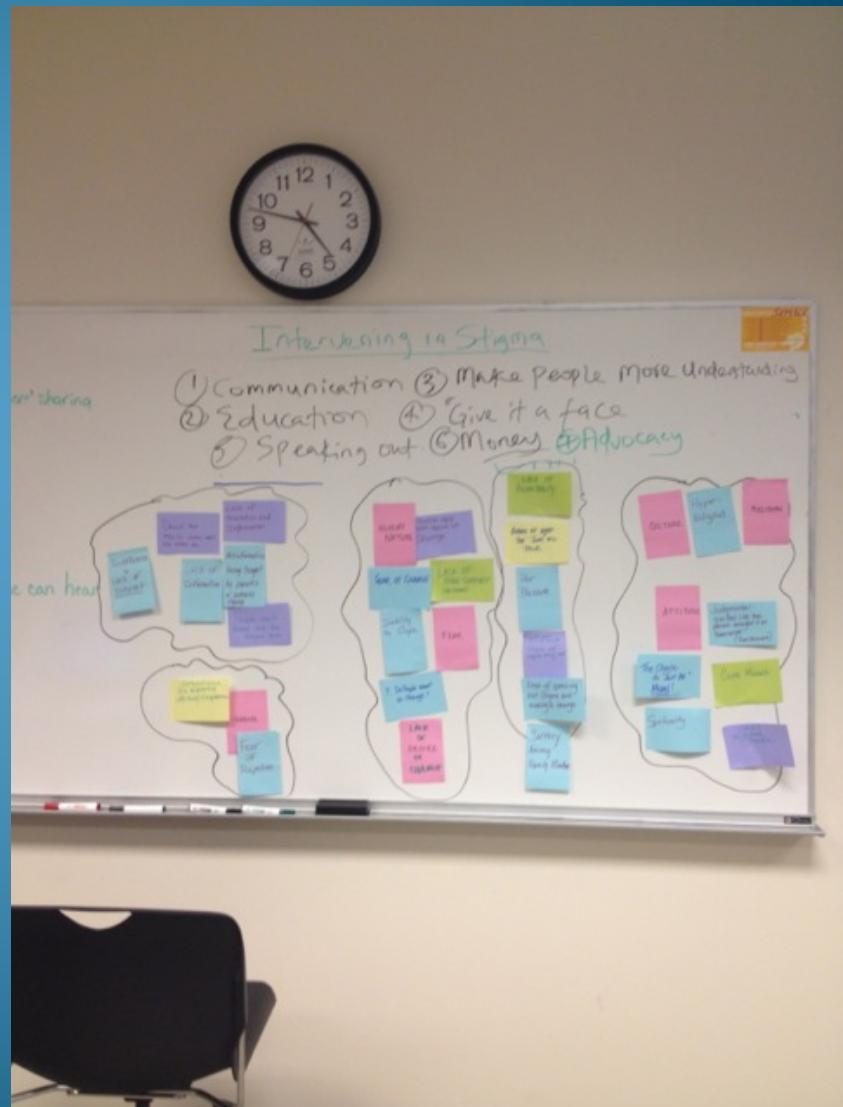
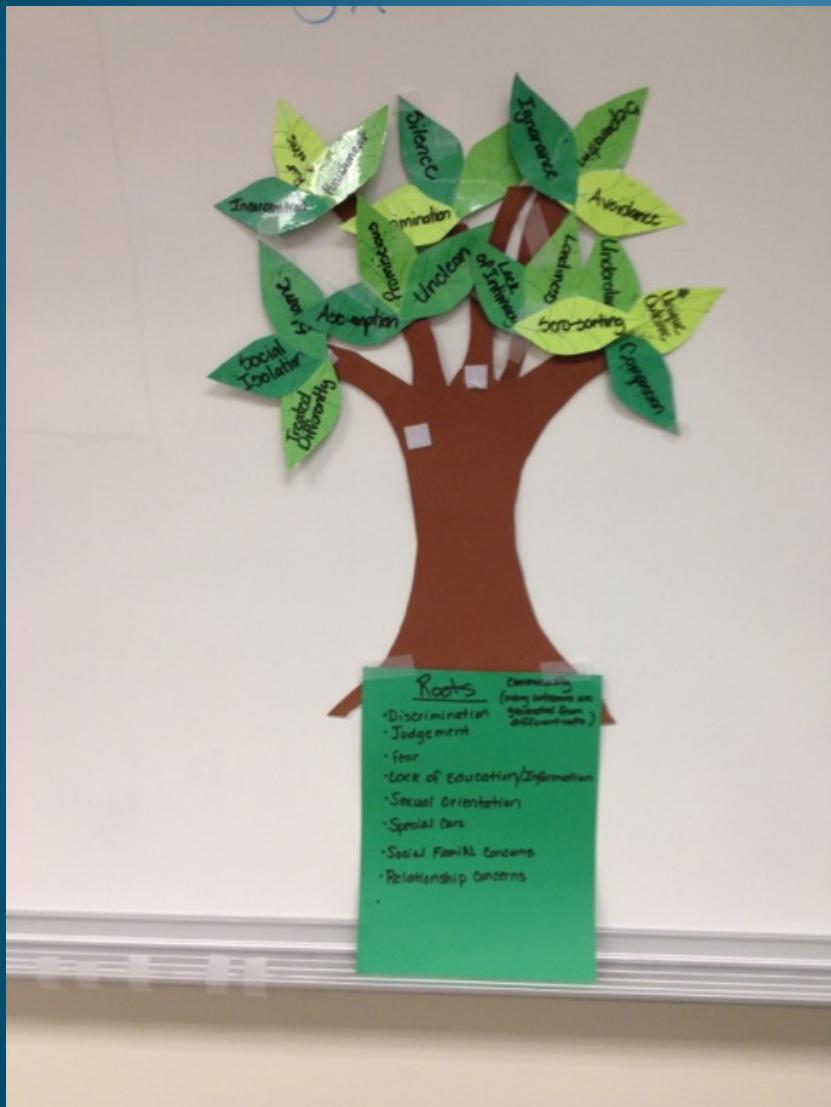
May and September 2014

- **Workshop #1:** 13 participants (7 HWs, 6 PLHIV, some overlap)
- **Workshop #2:** 23 participants (10 HWs, 13 PLHIV, some overlap)
- Health worker participants from:
 - local and state departments of health
 - AIDS service organizations
 - university clinics
- Pre- and post-test questionnaires

Participant Demographics

- Age range: 23 – 70 years
- Race
 - 26 African American/Black (72.2%)
 - 10 Caucasian/White (27.8%)
- Gender:
 - 24 women (66.7%)
 - 12 men (33.3%)
- **Types of health workers:** physicians, nurses, health educators, social workers, research coordinators and staff, administrative support personnel, radiology technicians

Workshop Activities

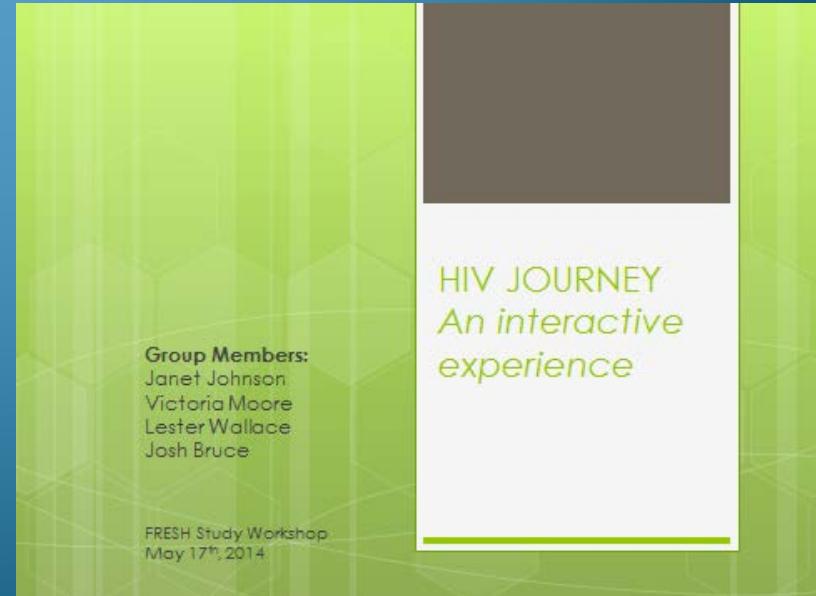


Preliminary Results

- Feasible to recruit and engage both HWs and consumers (persons living with HIV)
- 87% of consumers and 89% of HWs rated the workshop experiences as “excellent”
- Pre-Post Comparisons:
 - For consumers: scores on negative self image, disclosure concerns and enacted stigma tended to be lower post-test than pre-test (concern with public attitudes higher though)
 - For providers: empathy scores tended to be higher post-test than pre-test

Project ideas for reducing stigma in healthcare settings

- Some of the ideas:
 - Interactive workshops with medical students
 - TED Talks
 - Role play experiences with nursing students



Getting to Zero



Combining informational, contact, and empowerment strategies may also be a promising approach for addressing other types of stigma and discrimination that hinder the psychological well-being, healthcare utilization, and health outcomes of people living with stigmatized conditions.

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