Responding to the Complex Characteristics of STIGMA

Presented by:
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You’ve joined CAPTC2 session
1. Where does stigma come from?
2. How does it relate to HIV-related disparities?
3. How do resiliency factors mitigate stigma?
4. What can we do as providers in our roles?
What is one word you would use to describe stigma?
Stigma is an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.”

Erving Goffman
Stigma: Notes on the Management of Spoiled Identity
STIGMA exists when the following interrelated components converge:

* people distinguish and label human differences.
* dominant cultural beliefs link labeled persons to undesirable characteristics—to negative stereotypes.
* labeled persons are placed in distinct categories so as to accomplish some degree of separation of “us” from “them.
* labeled persons experience status loss and discrimination that lead to unequal outcomes.
“Stigma plays a key role in producing and reproducing relations of power and control.”

R. Parker and P. Aggleton
Stigma Can Happen Due To:

- **Identity** - Who you are
- **Behavior** – What you have done
- **Perception** – Something that may not be accurate or current
Intersectionality
The interdependence among multiple co-occurring devalued social identities

- Race/Ethnicity
- Sexual Orientation
- Gender Identity
- Age
- Drug Use

- Immigrant Status
- Economic Status
- Mental Health Status
- Incarceration
- Religion
- Disease (HIV)
The Stigma Experience:

- What happened?
- How did it feel?
- What did you do (or were able)?
- What helped or would have helped?
HIV Stigma Definition

Unfavorable attitudes and beliefs directed toward people living with HIV, their family, friends, social groups and communities.
Stigma is intensified if someone has a disease or condition which is:

- Life-threatening
- Contagious
- Associated with behavior
- Associated with moral fault
- Visible
I have been the recipient of stigma mainly as a result of

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<thead>
<tr>
<th>Race</th>
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<td>Ethnicity</td>
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<td>Gender Identity</td>
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<td>Sexual Orientation</td>
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<td>HIV status</td>
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Internalized Stigma

Almost 8 in 10 HIV patients in the United States report feeling internalized HIV-related stigma.

What is internalized HIV-related stigma?
It is when a person living with HIV experiences negative feelings or thoughts about their HIV status. Here, it is defined as someone agreeing with one or more of the following statements:

- I hide my HIV status from others.
- It is difficult to tell people about my HIV status.
- My HIV makes me feel dirty.
- I feel guilty about my HIV status.
- My HIV makes me a bad person.
- My HIV makes me feel dirty.

Nearly 2 out of 3 say that it is difficult to tell others about their HIV infection.

Roughly 1 in 4 say that being HIV-positive makes them feel dirty or worthless.

Which groups are most affected by internalized HIV-related stigma?
Percentage reporting internalized stigma:

- By Race/Ethnicity:
- Black/African American: 80%
- Hispanic/Latino: 75%
- Other/Multicultural: 65%
- White: 70%

- By Gender:
- Men: 80%
- Transgender: 70%
- Women: 65%

How can people living with HIV reduce internalized stigma?

Live Well With HIV

HIV treatment can keep you healthy and protect others

If you are living with HIV, get in care and start treatment as soon as possible. This sooner you start treatment, the more you benefit. Taking HIV medication as prescribed can make the level of HIV in your blood very low (called viral suppression) or even undetectable. Getting and keeping an undetectable viral load is the best thing you can do to stay healthy. Also, if you stay undetectable, you have effectively no risk of transmitting HIV to an HIV-negative partner through sex. Learn more about living with HIV at www.cdc.gov/hivtreatmentresources.

For More Information

Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv
Stigma Manifestations

**Societal Stigma**

- **Internalized**
  - “Self” stigma, the person turns harmful judgments on themselves (as with shame and guilt)
  - (Felt) Is the actual receipt or fear & expectation of mistreatment & discrimination.
- **Enacted**
  - Occurs externally, and is the result of actual judgment, mistreatment, and discrimination of the stigmatized person by others.

**Structural**

Refers to laws, policies or regulations that have a discriminatory or stigmatizing effect.
Stigma and Connection to HIV Prevention & Care
I believe stigma impacts the disparities along the prevention care continuum

Strongly Agree

Agree

It is hard to know

Disagree

Strongly Disagree

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Figure 1
Stigma and HIV Disparities Model

Societal Stigma
Race/Ethnicity
Intersectional Stigma
HIV
Sexual Orientation
Gender Identity
Substance Use
Sex Work
Incarceration
Immigration

Individual-Level Manifestations: Perceiver
Prejudice
Stereotypes
Discrimination

Individual-Level Manifestations: Target
Perceived Stigma
Internalized Stigma
Anticipated Stigma

Structural-Level Manifestations
Residential Segregation
Historical Traumatic Assaults
Medical Mistrust

Racial/Ethnic HIV Disparities
Risk
Incidence and Screening
Treatment
Survival
Disparities Connection

1. Risk
2. Testing
3. Treatment
4. Survival
What area do you believe has the greatest impact on HIV-related disparities?

- Self (Internalized, Anticipated-)
- Enacted (Providers Bias-Family, etc.)
- Structural (Discriminatory Policies)
“Disentangling stigma from HIV risk, infection, and treatment is one of the greatest public health challenges of the 21st century.

Addressing Stigma Manifestations at Multiple Levels

- Structural Policy
- Enacted Community Organization
- Stigma Reduction
- Internalized Client/Provider/Client
Resilience

Individual’s capacity combined with families and community resources to overcome serious threats to development and health

Ungar, 2008
What helps you to bounce back from adverse conditions?
Figure 1: Stigma and HIV Disparities Model

- **Societal Stigma**
  - Race/Ethnicity
- **Intersectional Stigma**
  - HIV
  - Sexual Orientation
  - Gender Identity
  - Substance Use
  - Sex Work
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- **Structural-Level Manifestations**
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- **Individual-Level Manifestations: Target**
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- **Individual-Level Manifestations: Perceiver**
  - Prejudice
  - Stereotypes
  - Discrimination
- **Racial/Ethnic HIV Disparities**
  - Risk
  - Incidence and Screening
  - Treatment
  - Survival

**Moderators:** Resilience Resources
**Structural Level:** Empowerment Trust
**Individual Level: Perceiver**
- Common Ingroup Identity
- Contact
**Individual Level: Target**
- Social Support
- Adaptive Coping
Resiliency as a Mediator

Response
- Societal Stigma
- Structural Response

Internalized
- Social Support, adaptive coping

Enacted
- In-group identity, contact

Felt and Anticipated
- Empowerment, Trust
Changing the Dynamics
Protecting Our Patients (POP) Campaign

- Clinic-based, educational and promotional campaign to address provider bias and the clinic environment that often perpetuates HIV stigma, homophobia and transphobia
- Aim is to improve HIV testing and the provision of affirming care
- 45 health care team members trained across 5 clinics
- Evaluations showed reductions in provider-level stigma and changing perceptions toward LGBT individuals

Public Health Institute of Metropolitan Chicago and Illinois Department of Public Health
Website: http://www.phimc.org/initiatives/pop/
Faith-based Anti-stigma Campaign

- Anti-stigma campaign developed in collaboration with faith-based communities in Kansas City and St. Louis
  - Showcase communities of faith supportive of PLWH
  - Increase awareness and participation in HIV testing, linkage/retention in care and behavioral health

- Multimedia Campaign Expansion – print, billboards, bus ads, palm cards, church fans, ads in African American health magazines, Facebook

- Estimated 3M people reached
Responding to HIV Related Stigma

How would you support or plan a response to stigma in your current role in order to respond to the current disparities in your communities?

How would you support resiliency factors?
What is one thing you can do to reduce stigma?

When poll is active, respond at **PollEv.com/captc2**

Text **CAPTC2** to **22333** once to join.
“Do the best you can until you know better. Then when you know better, do better.”

- Maya Angelou
Contact Information

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