

Responding to the Complex Characteristics of STIGMA

Presented by:
Tim Vincent





Poll Everywhere

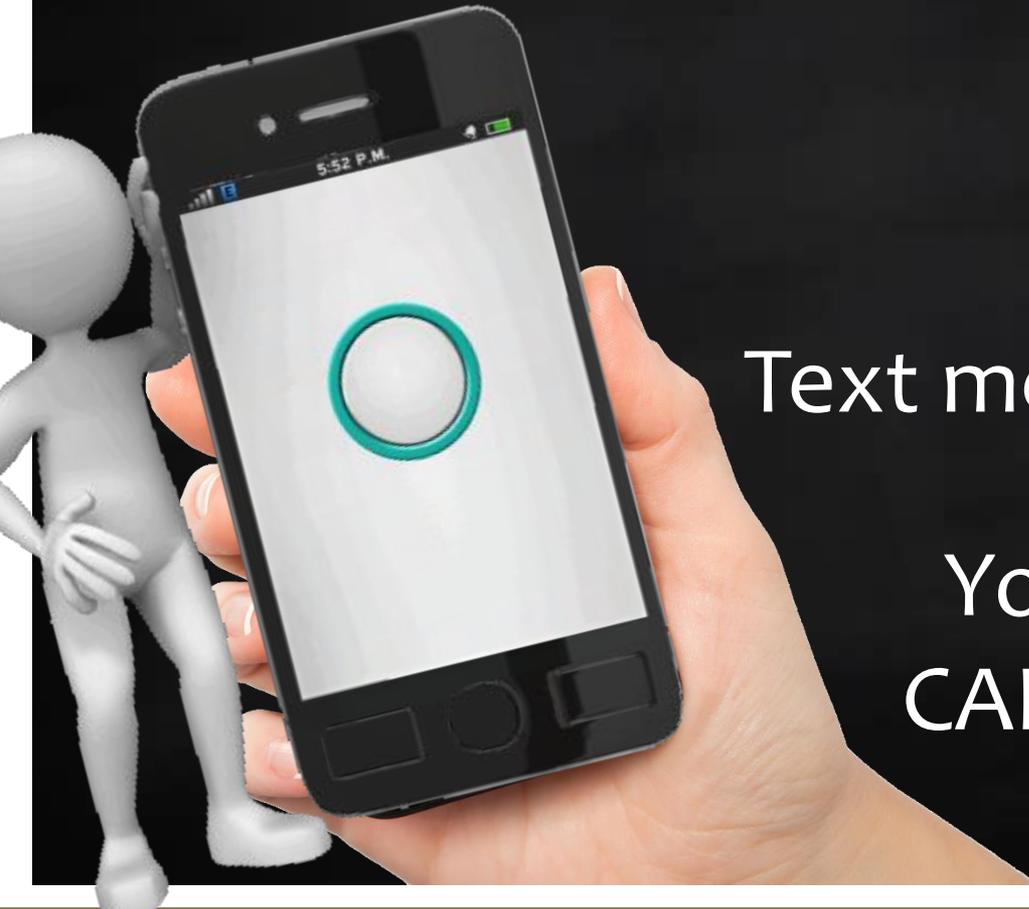
POLLEVERYWHERE

To participate follow the directions below

To: **22333**

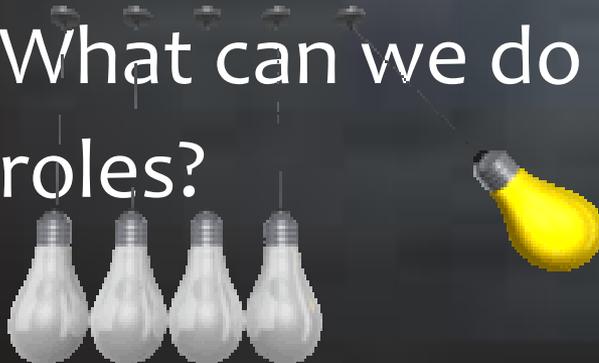
Text message: **CAPTC2**

You've joined
CAPTC2 session



STIGMA

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?



How long have you been working in HIV prevention/care?

0- 2 years

2- 5 years

5-10 years

10-20 years

Over 20 years

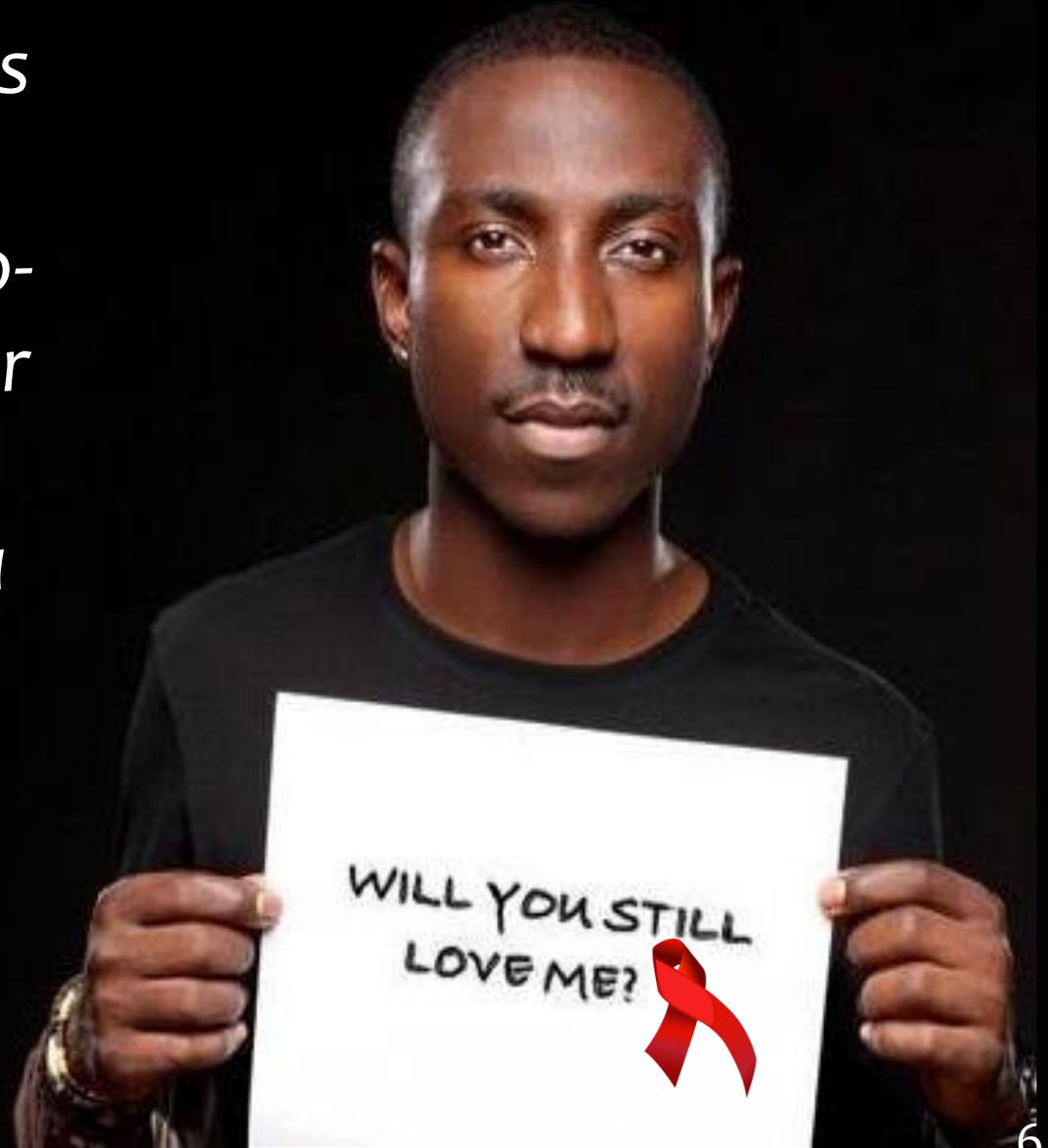
I don't work
in HIV

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



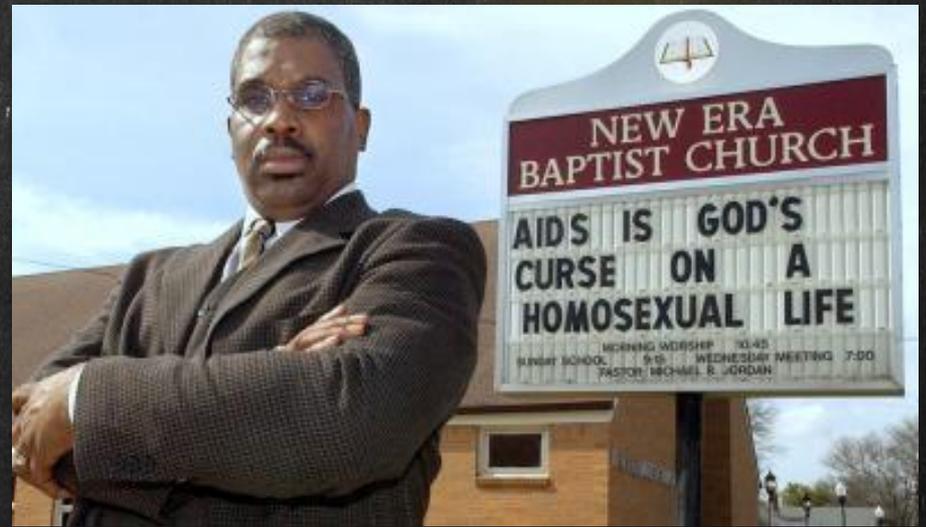
“**STIGMA** exists when the following interrelated components converge:

- * 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

Stigma



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 to)?**
- **What helped or would have helped?**

Stigma



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

Race

Ethnicity

Gender Identity

Sexual
Orientation

HIV status

Something else

Internalized Stigma

MEDICAL MONITORING PROJECT

February 2018

Internalized HIV-Related 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:



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



Roughly 1 out of 3 report feeling guilty or ashamed of their HIV status.



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

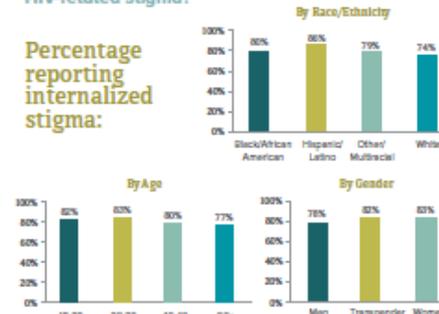


National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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

Percentage reporting internalized stigma:



Learn more about the Medical Monitoring Project: www.cdc.gov/hiv/statistics/systems/mmp

SOURCE: Baugher, AR et al. Prevalence of internalized HIV-related stigma among HIV-infected adults in care, United States, 2011–2013. *AIDS Behav* 2017;21(9):2600–2608.

ADDITIONAL RESOURCES FOR REDUCING STIGMA:

Let's Stop HIV Together Campaign
www.cdc.gov/together

National Prevention Information Network (NPIN)
<http://npih.cdc.gov/search/stigma>

How can people living with HIV reduce internalized stigma?

- Think about the negative beliefs you may have about yourself. Ask yourself if they are really true.
- Find a counselor who can help you deal with any negative thoughts and feelings about your HIV status.
- Take HIV medicine as prescribed to keep an undetectable viral load—that means the level of HIV in your body is so low that a test can't detect it. Getting and keeping an undetectable viral load can reduce internalized stigma by keeping you healthy and protecting your partner.
- Join support groups and organizations that help people living with HIV. These groups offer a safe environment and can help you overcome the challenges of living with HIV.



Live Well With HIV

- Take HIV medicine as prescribed
- Stay in HIV care
- Share your status
- Protect your partner



HIV TREATMENT CAN KEEP YOU HEALTHY AND PROTECT OTHERS

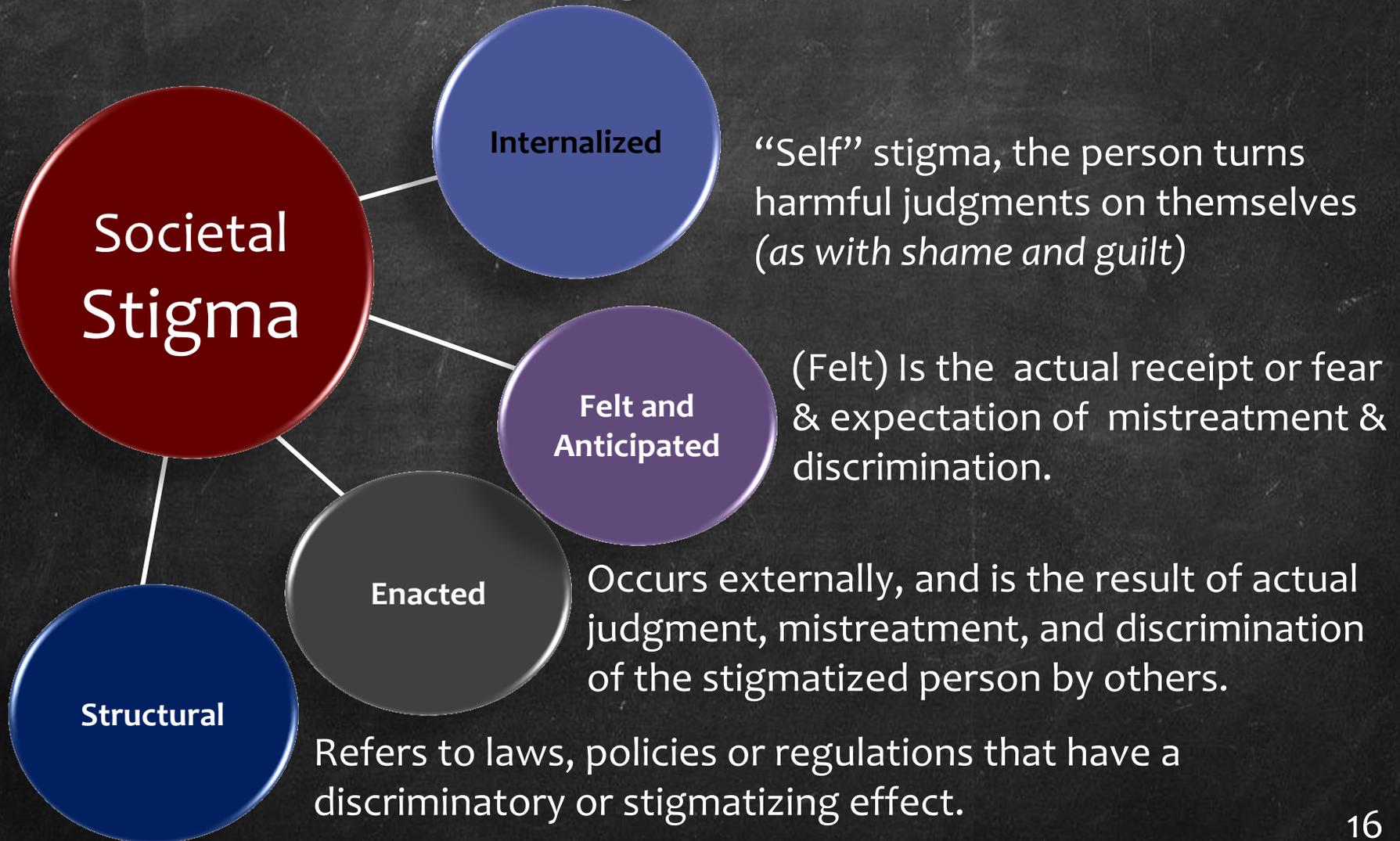
If you are living with HIV, get in care and start treatment as soon as possible. The sooner you start treatment, the more you benefit. Taking HIV medicine as prescribed can make the level of HIV in your blood very low (called viral suppression) or even undetectable. Getting and keeping an undetectable 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/hiv/treatmentnetworks.

For More Information Call 1-800-CDC-INFO (232-4636) Visit www.cdc.gov/hiv

The Medical Monitoring Project's Community Advisory Board provided substantial assistance in preparing this fact sheet.

All content is based on the most recent data available in February 2018.

Stigma Manifestations





Stigma and Connection to HIV Prevention & Care

I believe stigma impacts the disparities along the prevention care continuum

Strongly Agree

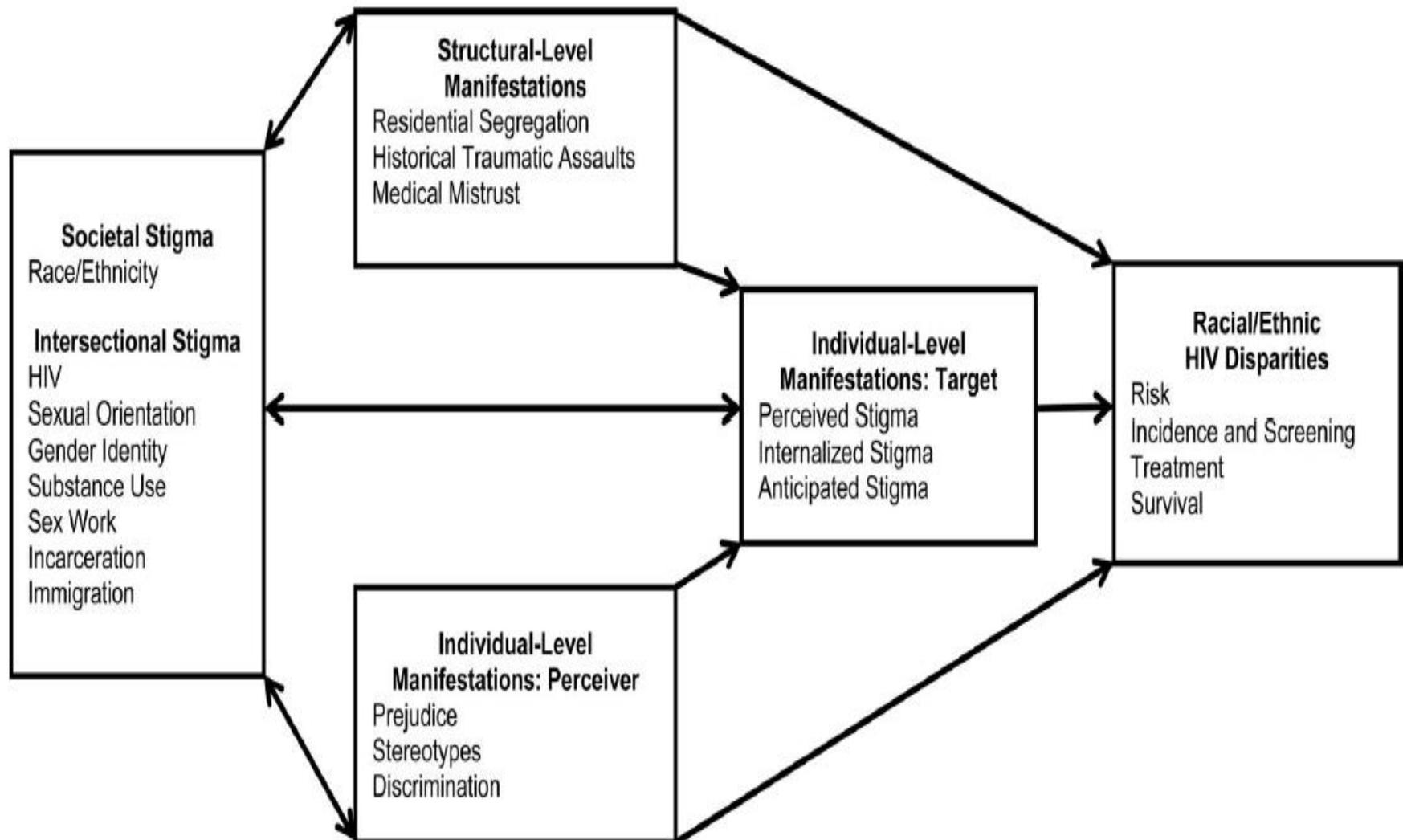
Agree

It is hard to know

Disagree

Strongly Disagree

Figure 1
Stigma and HIV Disparities Model



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.

Breyer, C., Sullivan, P. S., Sanchez, J., Dowdy, D., Altman, D., Trapence, G., ... & Mayer, K. H. (2012). A call to action for comprehensive HIV services for men who have sex with men. *The Lancet*, 380 ”

Addressing Stigma Manifestations at Multiple Levels



Resilience

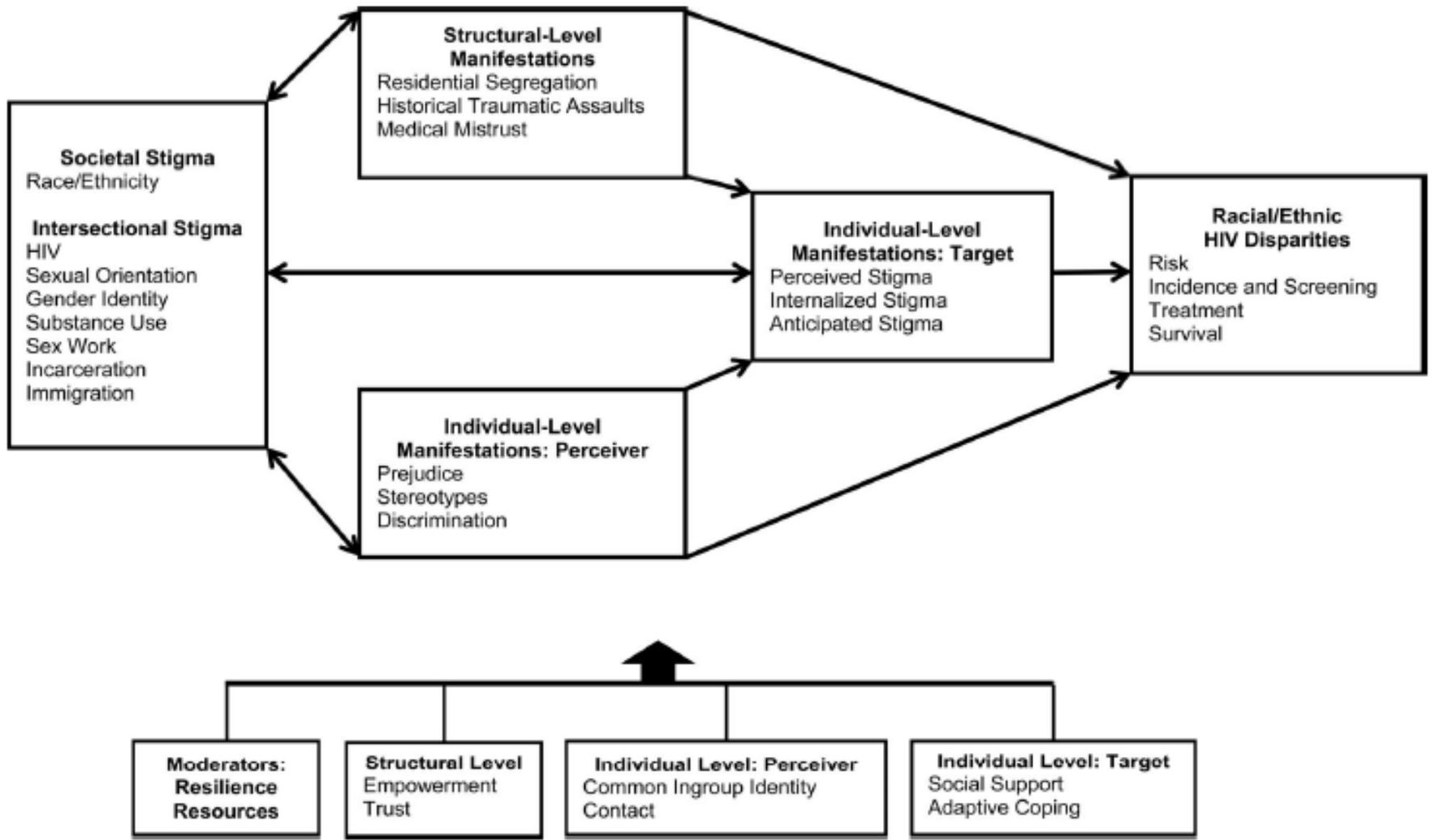
Individual's capacity
combined with families and
community resources to
overcome serious threats to
development and health

Ungar, 2008



What helps you to bounce back from adverse conditions?

Figure 1
Stigma and HIV Disparities Model



Resiliency as a Mediator



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



POP
PROTECTING OUR PATIENTS

**All my patients
deserve affirming care.**

THIS IS MY COMMITMENT:

- I will consider how my words and actions impact your visit.
- I will treat you as a unique individual influenced by cultural experience.
- I will reflect your language when discussing your health.
- I will create a safe space for you to ask questions about your body.
- We will make a health plan together.

PH&MC

POP is a program of PH&MC, funded by the Illinois Department of Public Health, in partnership with the University of Illinois at Chicago and Northwestern University. © 2013 PH&MC.

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?



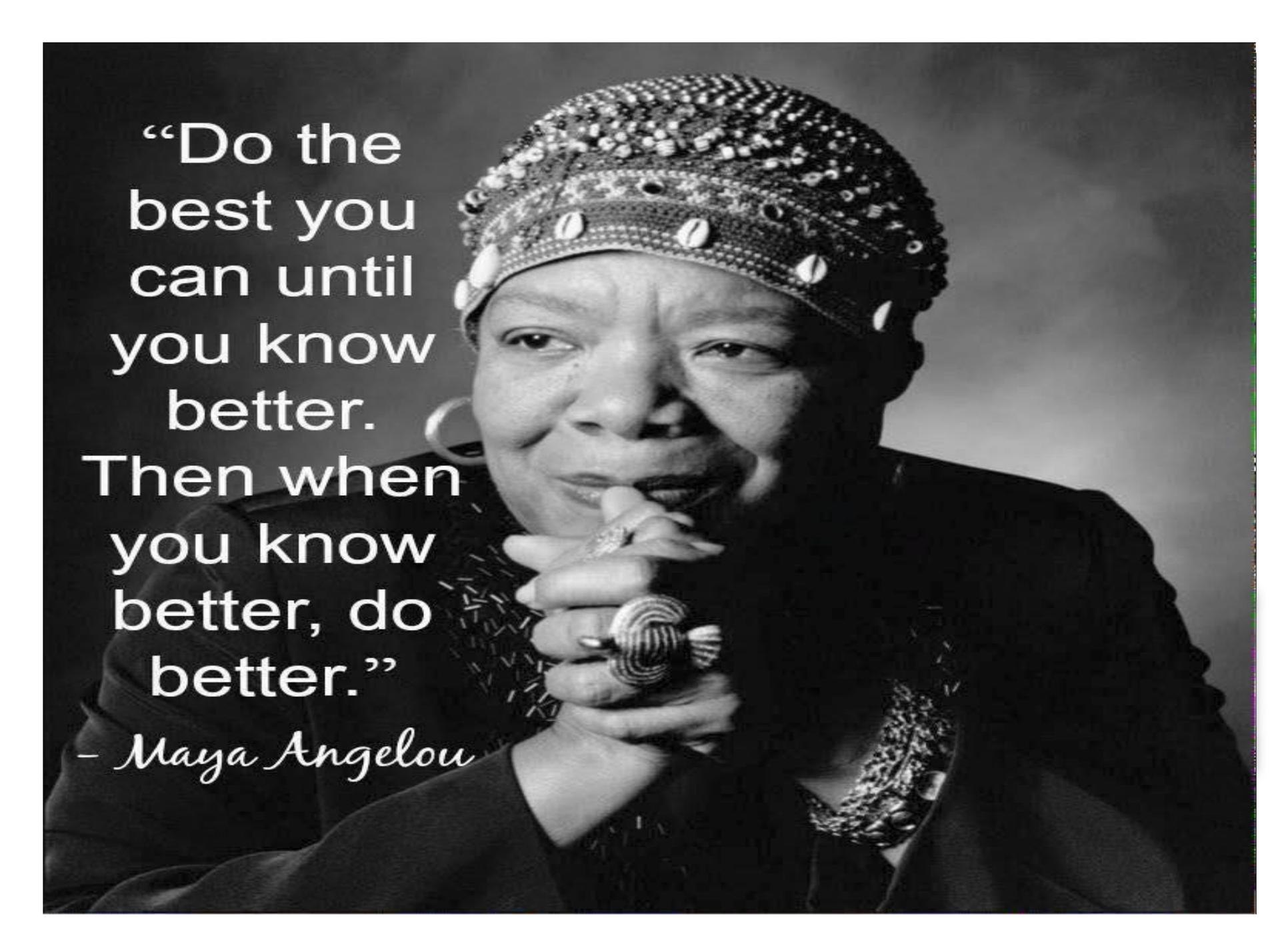
What is one thing you can do to reduce stigma?



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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Health Equity Matters

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