

# Understanding & Addressing Multiple Dimensions of Stigma to Promote Engagement in Care

*Serena Rajabiun, Senior Evaluator, Boston University  
School of Public Health, Boston, MA*

*Manisha Maskay, Chief Program Officer,  
AIDS Arms Inc., Dallas, TX*

*Lisa McKeithan, SPNS Program Manager, CommWell  
Health, Newton Grove, NC*

# Disclosures

**Serena Rajabiun**, Boston University School of Public Health, Boston, MA

**Manisha Maskay**, AIDS Arms Inc., Dallas, TX

**Lisa McKeithan**, CommWell Health, Newton Grove, NC

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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

- Identify the various dimensions of stigma
- Describe strategies to measure stigma
- Create strategies that can be used to address stigma at the individual, community, and systems level in order to promote linkage and engagement in HIV care

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## HRSA/SPNS Initiative: Building a Medical Home for HIV Homeless Populations



**Goal:** To engage homeless/unstably housed persons living with HIV who have mental illness and/or substance use disorders in HIV and behavioral health care and obtain stable housing



# Priority Population

- 1. Persons living with HIV/AIDS who are 18 years of age or older**
- 2. Persons who are homeless or unstably housed**
  - Literally homeless
    - Lacks a fixed, regular, and adequate nighttime residence
  - Unstably housed
    - No lease, ownership interest or occupancy agreement in permanent and stable housing in the last 60 days; or
    - Persistent housing instability as measured by two moves or more in the preceding 60 days; and
    - Expected to continue as such for an extended period of time.
  - Fleeing domestic violence
    - Fleeing or attempting to flee domestic violence, has no other residence and lacks the resources to obtain permanent housing.
- 3. Persons with one or more co-occurring mental health or substance use disorders**

# Stigma Defined

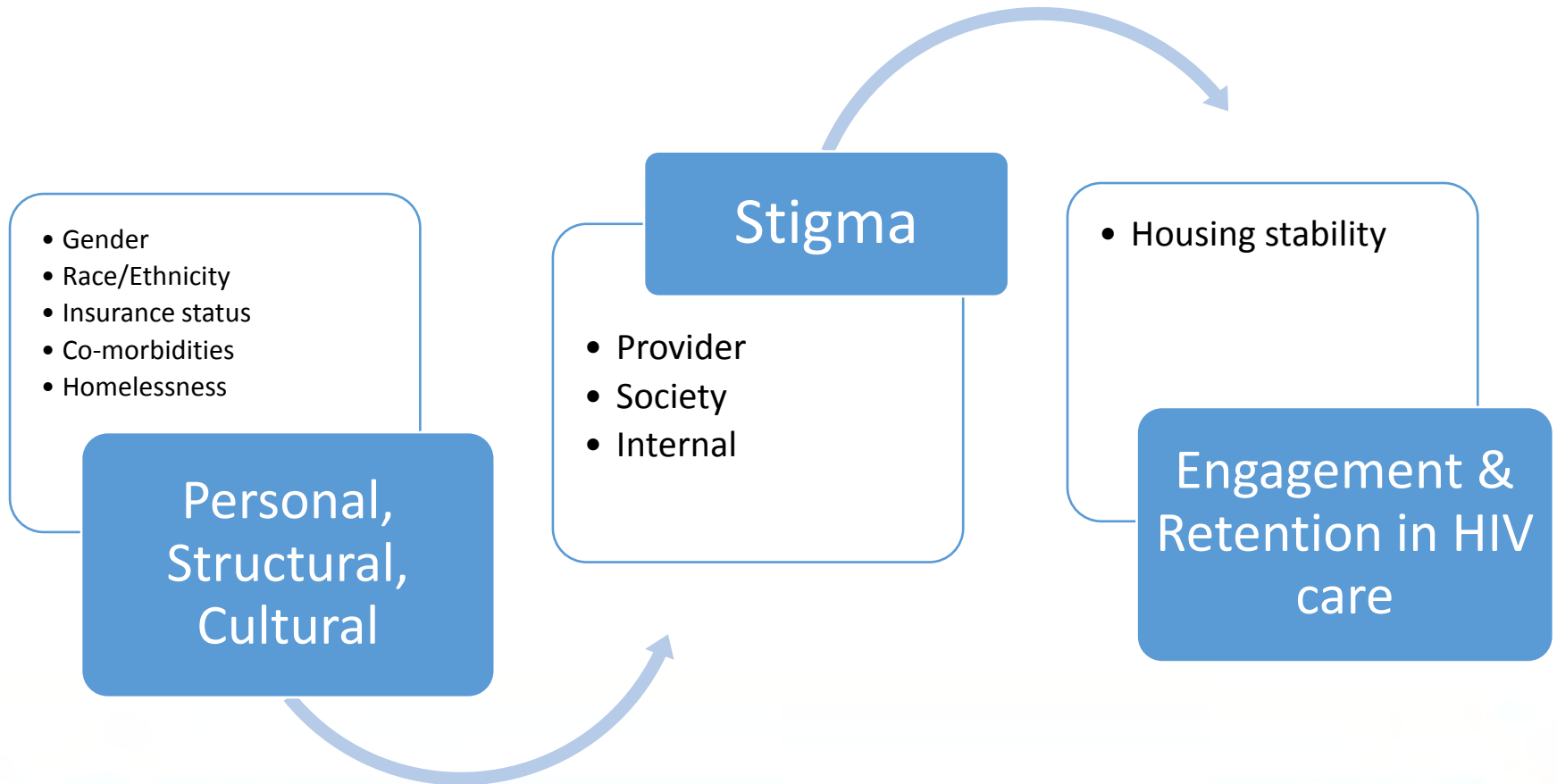
- “Stigma is an attribute that is deeply discrediting and results in the reduction of a person or group from a whole and usual person to a tainted, discounted one”.  
Goffman 1963
- “...elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them”.  
Link, BG. and Phelan, JC. Conceptualizing Stigma. Ann Rev Socio. 2001
- Stigma may be related to:
  - HIV
  - Substance use disorders
  - Mental illness
  - Housing status
  - Immigration status
  - Incarceration history
  - Gender identification
  - Race or ethnicity
  - Sexual orientation
  - Other?
- Significant intersection exists between types of stigma and the causes

# Impact

- Internalized
  - Negative self-esteem
  - Depression/Anxiety
  - Fear
  - Stress
  - Social isolation
- Perceived enacted/experience (perceptions of other's opinions)
  - Discrimination
  - Delay in care-seeking
  - Poor health outcomes



# Stigma & HIV Care



# Goals of the stigma study

- Understand and describe how stigma is manifested in individual's experience
- Develop approaches and coping skills for clients who experience stigma
- Create a medical home to reduce stigma and enhance access and quality of care

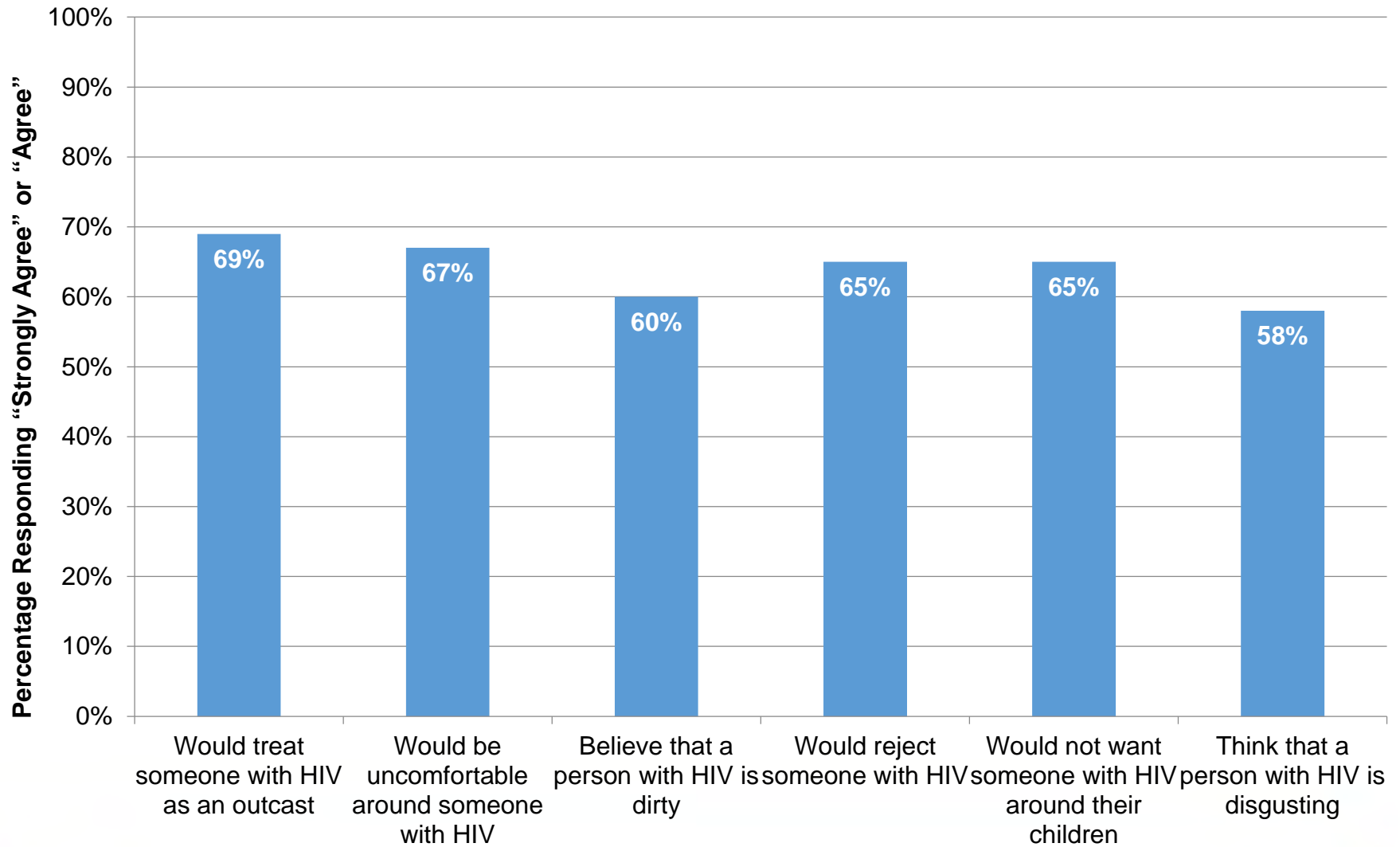
# Approach

- Longitudinal study (0, 6, 12, 18 months)
- Stigma on 4 dimensions: 16 items
  - HIV (Berger scale)
    - Perceived external stigma
    - Provider-related stigma
  - Housing status/homeless (adapted from BRFSS)
  - Mental illness
  - Substance use disorders

# Findings from baseline survey (n=546)

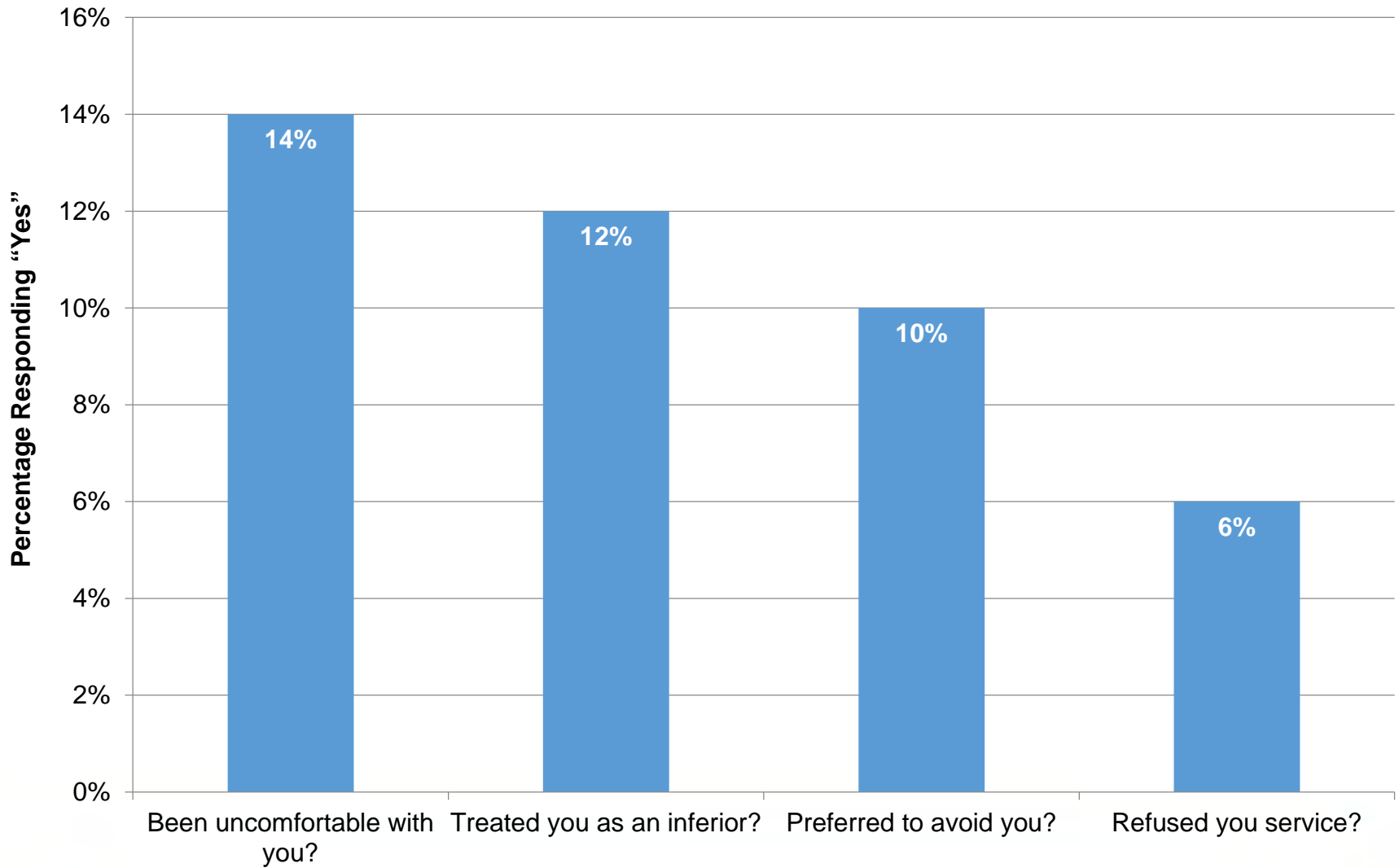
| Characteristic  | % (n)       |
|---|-------------|
| <b>Age (mean, (SD) in years</b>                                 | 42.3 (10.8) |
| ≤30 years   | 20.2% (99)  |
| 31-54 years   | 78.1% (382) |
| ≥55years  | 1.6% (8)    |
| <b>Gender</b>   |             |
| Male  | 76% (416)   |
| Female  | 21% (113)   |
| Transgender   | 2% (13)     |
| Other   | 1% (6)      |
| <b>Sexual Orientation</b>                                       |             |
| Heterosexual  | 52% (283)   |
| Gay/Lesbian   | 31% (172)   |
| Bisexual  | 14% (75)    |
| Other/unsure/refused  | 3% (18)     |
| <b>Race</b>   |             |
| African American/Black  | 49% (266)   |
| White   | 37% (203)   |
| American Indian/Native American                                 | 2% (11)     |
| Asian/Pacific Islander  | .2% (1)     |
| Multiple Races  | 5% (27)     |
| Other/Refused   | 7.3% (40)   |
| <b>Ethnicity</b>  |             |
| Hispanic  | 15% (81)    |
| <b>Length of time homeless/unstably housed, years (mean,SD)</b> | 5.7 (7.7)   |
| <b>Incarceration history (Jail ever)</b>                        | 79% (434)   |
| <b>Time living with HIV (mean (SD)</b>                          | 10.9 (9.1)  |
| <b>Newly HIV diagnosed (within 6 months baseline)</b>           | 11% (59)    |
| <b>Health-related quality of life</b>                           |             |
| Physical function   | 42.5 (15.8) |
| Mental function   | 35.4 (10.0) |
| <b>Number of unmet needs (mean)</b>                             | 4           |

## General HIV Stigma Among All Participants (n = 546) *“People I know...”*



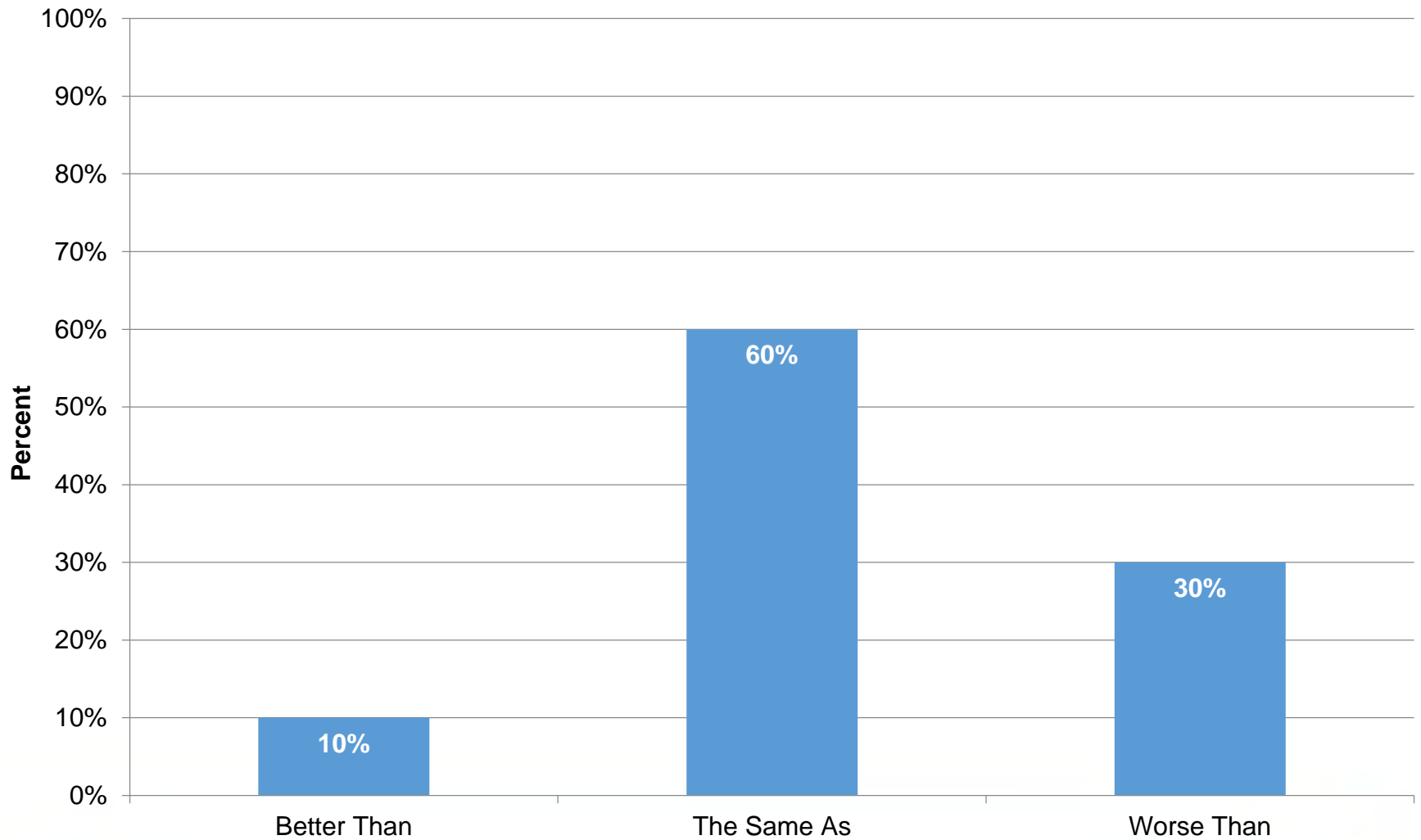
## Health Care HIV Stigma Among All Participants (n=546)

*“Since you have had HIV, has any health care provider ...”*



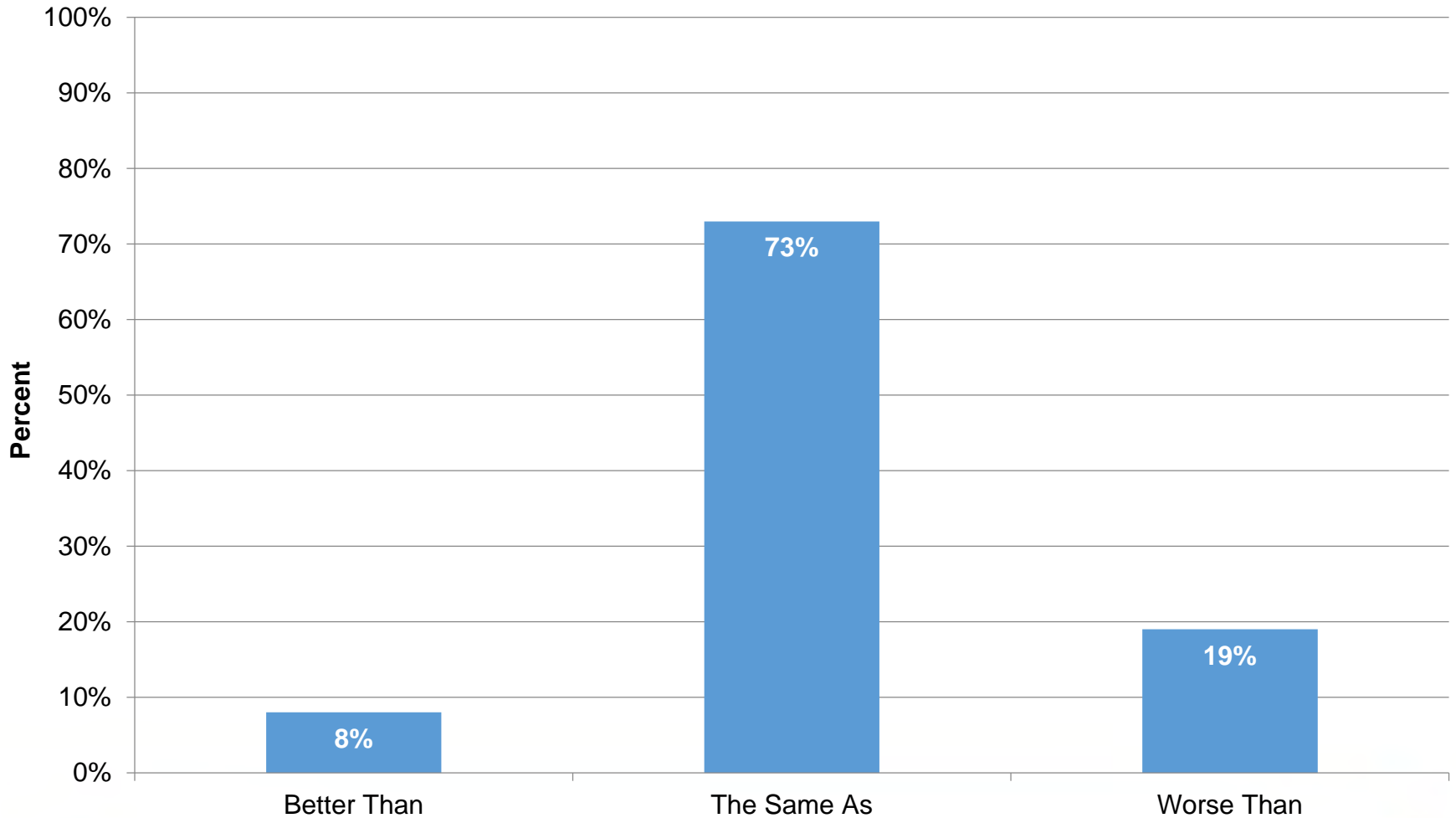
## Homelessness Stigma Among All Participants (n = 546)

*“Within the past 12 months do you feel that you were treated worse than, the same as, or better than people who have a regular and reliable place to live?”*



## Mental Health Stigma Among All Participants (n = 546)

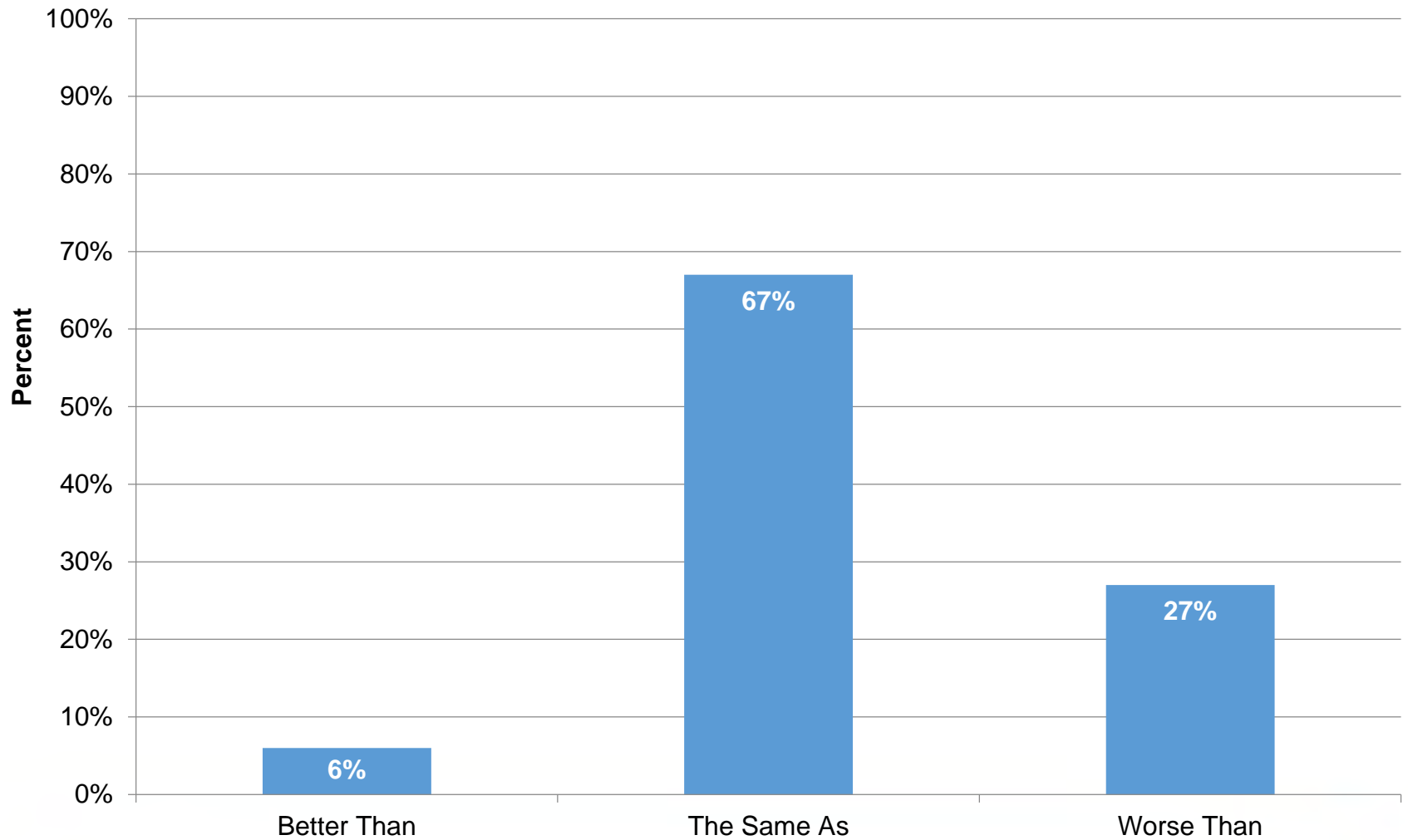
*“Within the past 12 months, do you feel that you were treated worse than, the same as, or better than people who don't have a mental health condition or emotional problem?”*



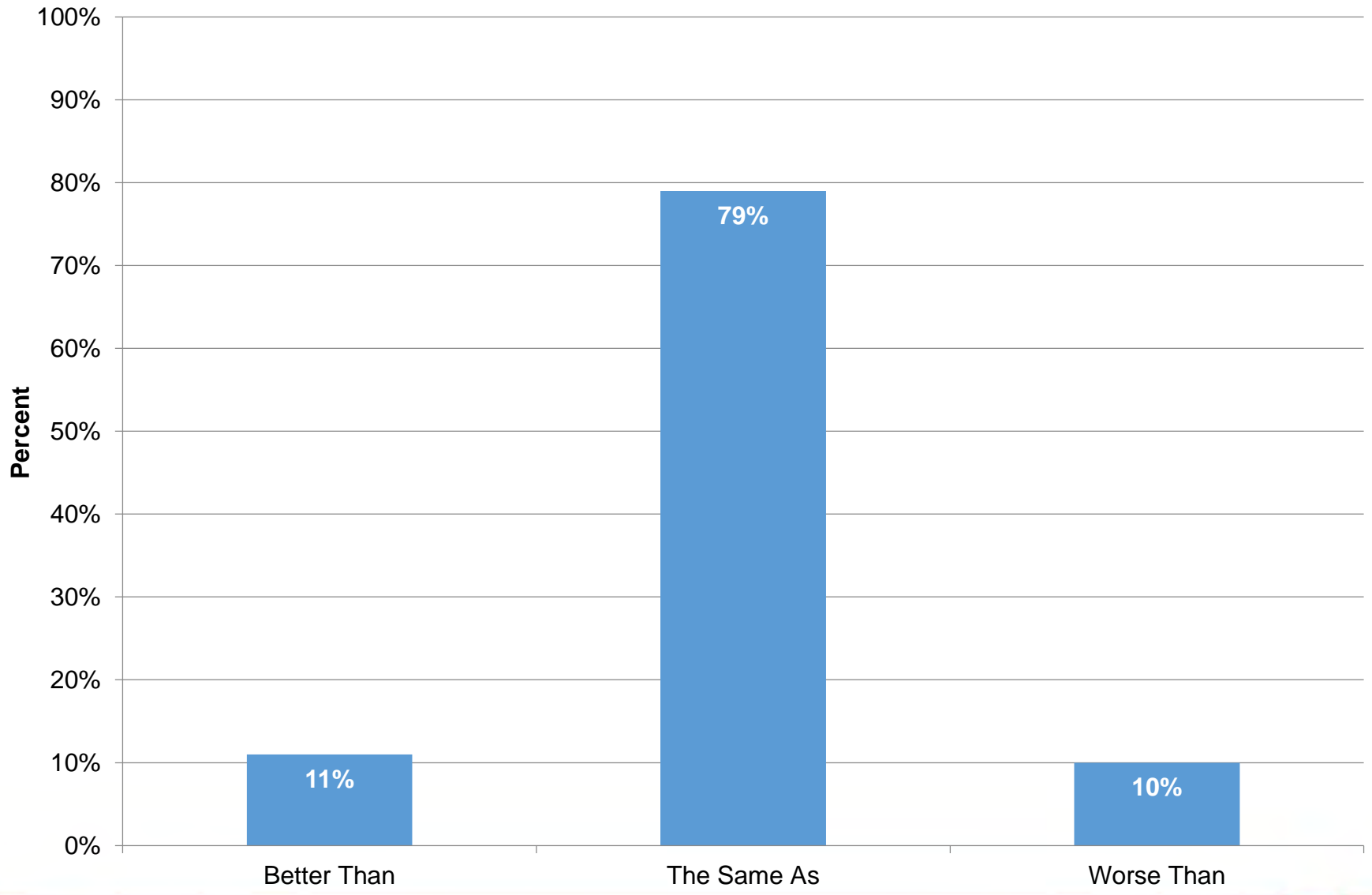


## Substance Use Stigma Among All Participants (n = 546)

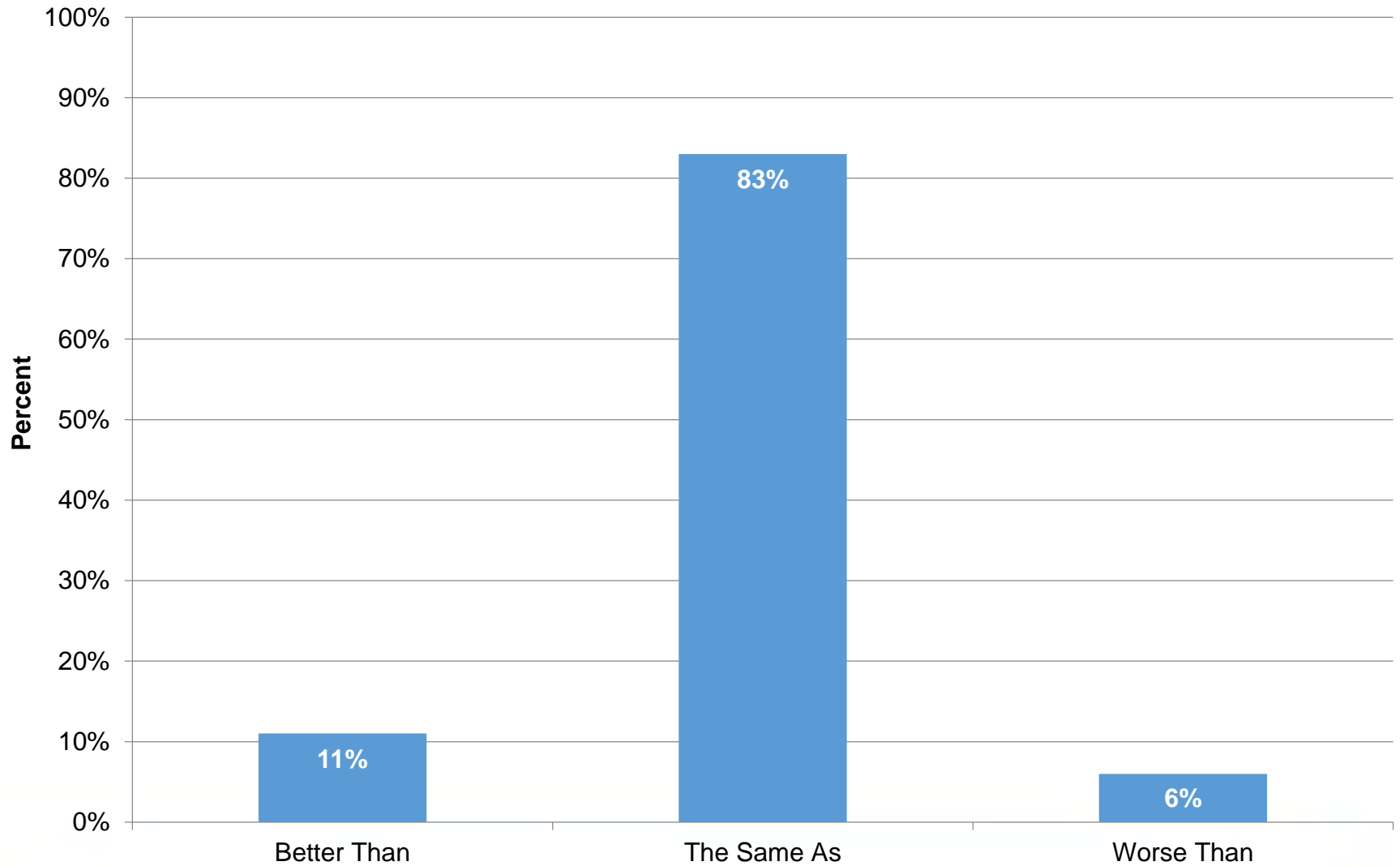
*“Within the past 12 months, do you feel that you were treated worse than, the same as, or better than people who are clean and sober?”*



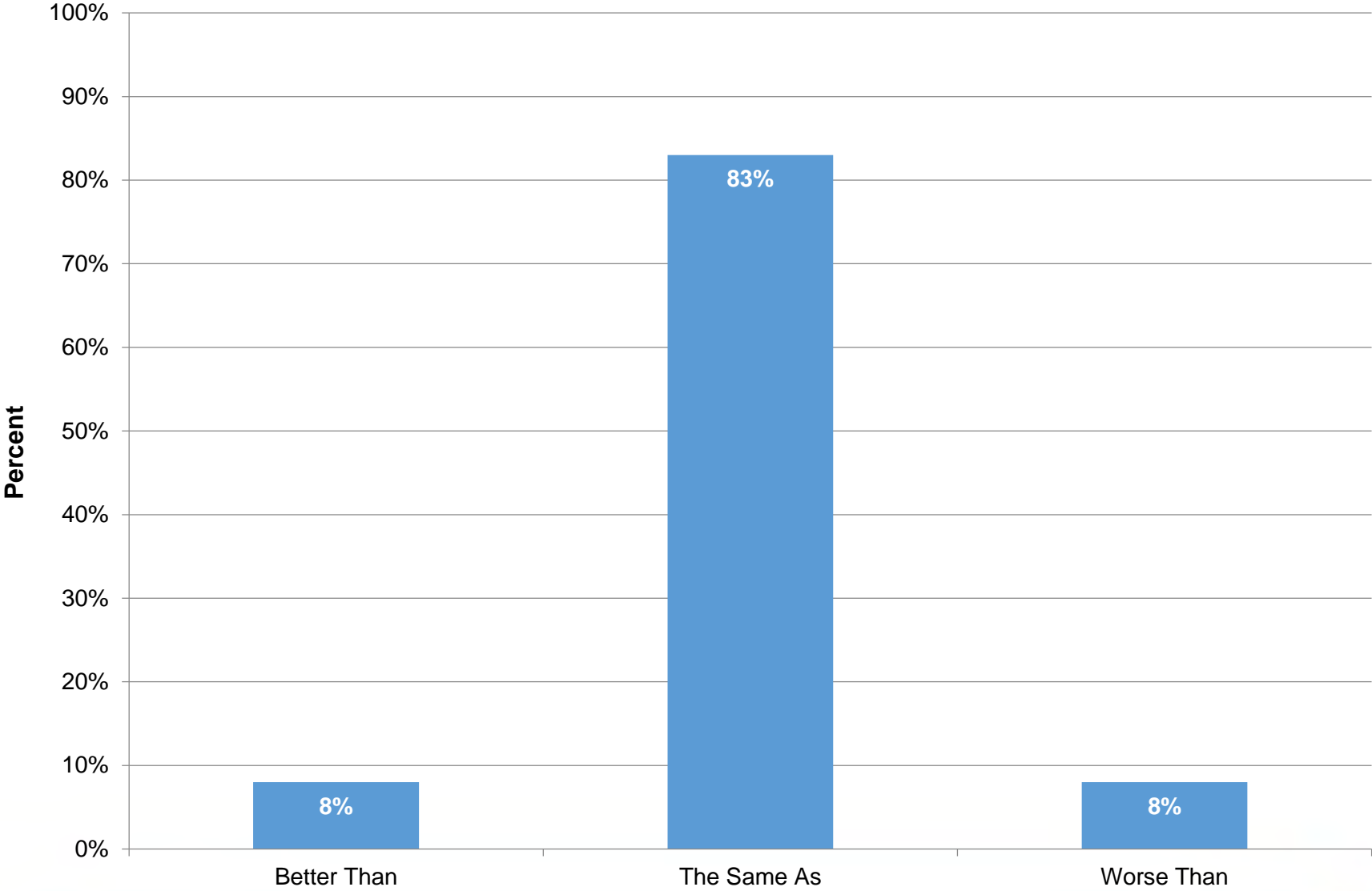
# Health Care Provider Stigma Among All Participants: Homelessness (n = 546)



## Health Care Provider Stigma Among All Participants: Mental Health Stigma (n = 546)



# Health Care Provider Stigma Among All Participants : Substance Use (n =546)



# Community approaches to addressing Stigma

## Discussion



# Stigma

Site: CommWell Health  
Presenter: Lisa McKeithan

# Geographic location

- Rural, southeast North Carolina



# CASE EXAMPLE

- Participant A

- 54 years old
- African American male
- MSM
- Unstably housed

- Medical

- HIV positive with a long history of non-adherent medication use
- History of cancer
- Depression
- Cocaine dependence



# Client Concerns

- Stigma

1. Providers

- Poor treatment by healthcare providers
- Reluctant to attend appointments
- Medication compliance

2. Family

- Shunned by family, peers
- Hiding his medication
- Disclosure

3. Community

- Handshakes
- Mistreatment



# SPNS/ NC REACH

(North Carolina Rurally Engaging and Assisting Clients who are HIV positive and Homeless)

## • Network Navigators

- Enroll the participant in CommWell Health's inpatient substance abuse rehabilitation program for 45 days
- Advocate on participant's behalf
- Make referrals for BH, dental, SA
- Provide transportation to all medical and social services appointments
- Housing

**Participant is living in an apartment and gainfully employed. He hopes to start a non profit organization to help other individuals with HIV.**



# SPNS/NC REACH



- CommWell Health

- Waiting Rooms
  - MH Provider
  - Dental Hygienist
  - Nutritionist
- Patient Centered Medical Home
- Consumer Advisory Board

- Staff

- Code of Behavior/Conduct/Ethics
- Cultural Sensitivity Trainings
- Webinars
- CAPUS C3 Trainings

# Outreach in Community

- ✓ Festivals
- ✓ Health Fairs
- ✓ Faith-Based Community
- ✓ Local Business



# AIDS Arms

- The AIDS Arms Health, Hope and Recovery Program addresses stigma by:
  - Assessing whether and how clients are experiencing stigma
  - Helping clients address internal and external stigma through Motivational Interviewing and Strengths-Based Counseling approaches
  - Providing advocacy on behalf of clients
  - Collaborating with and educating internal and external partners on an ongoing basis

# Case Vignette – AIDS Arms

- Client with a history of AIDS-related health conditions, substance use disorder and chronic homelessness for > 20 years
- Did not believe that he would ever have permanent housing or that he deserved housing because of his substance use
- Further experience of discrimination by housing providers reaffirmed the internal stigma

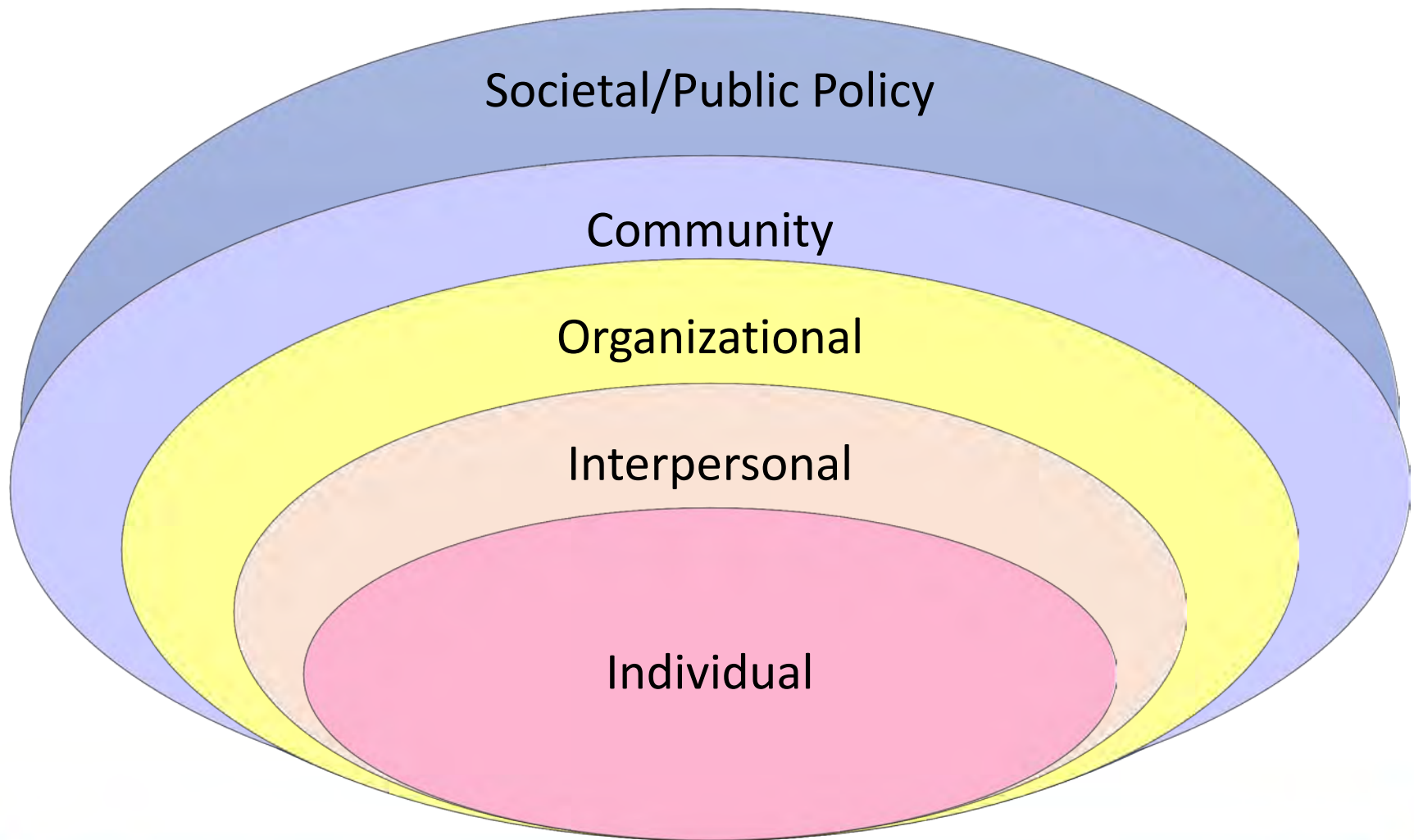
# Case Vignette – AIDS Arms (*contd.*)

- Health, Hope and Recovery Care Coordinator worked with client for 18 months
  - Utilized *Motivational Interviewing* strategies to help client reframe his experiences and follow up on appointments
  - Provided focused advocacy with housing provider on behalf of the client
  - Educated housing provider regarding *Housing First* principles
  - Enabled client to receive permanent housing
- Helping client address internal stigma and reframe his approach promoted stability and decreased acuity level

# Addressing Stigma through a Socio-Ecological Approach



# Socio-Ecological Framework



# Individual

- Help build protective factors
- Use a positive approach - focus on strengths
- Use cognitive-behavioral approaches
- Empower
- Help build resilience, assertiveness skills
- Develop support and social network

# Interpersonal

- Examine your own attitudes, beliefs
- Avoid stigmatizing labels
- Acknowledge concerns
- Strive to understand
- Use teachable moments
- Provide care and support
- Promote acceptance - give more than lip service

# Institutions, Community, Society

- Educate – multiple levels including stakeholders, elected officials, community members, healthcare/other providers
- Leverage teachable moments
- Share stories
- Advocate
- Engage media – print, internet, TV, social media; show examples of how stigma is being perpetuated or decreased
- Leverage stigma reduction resources
- Promote research
- Encourage policy development
- Utilize legal interventions

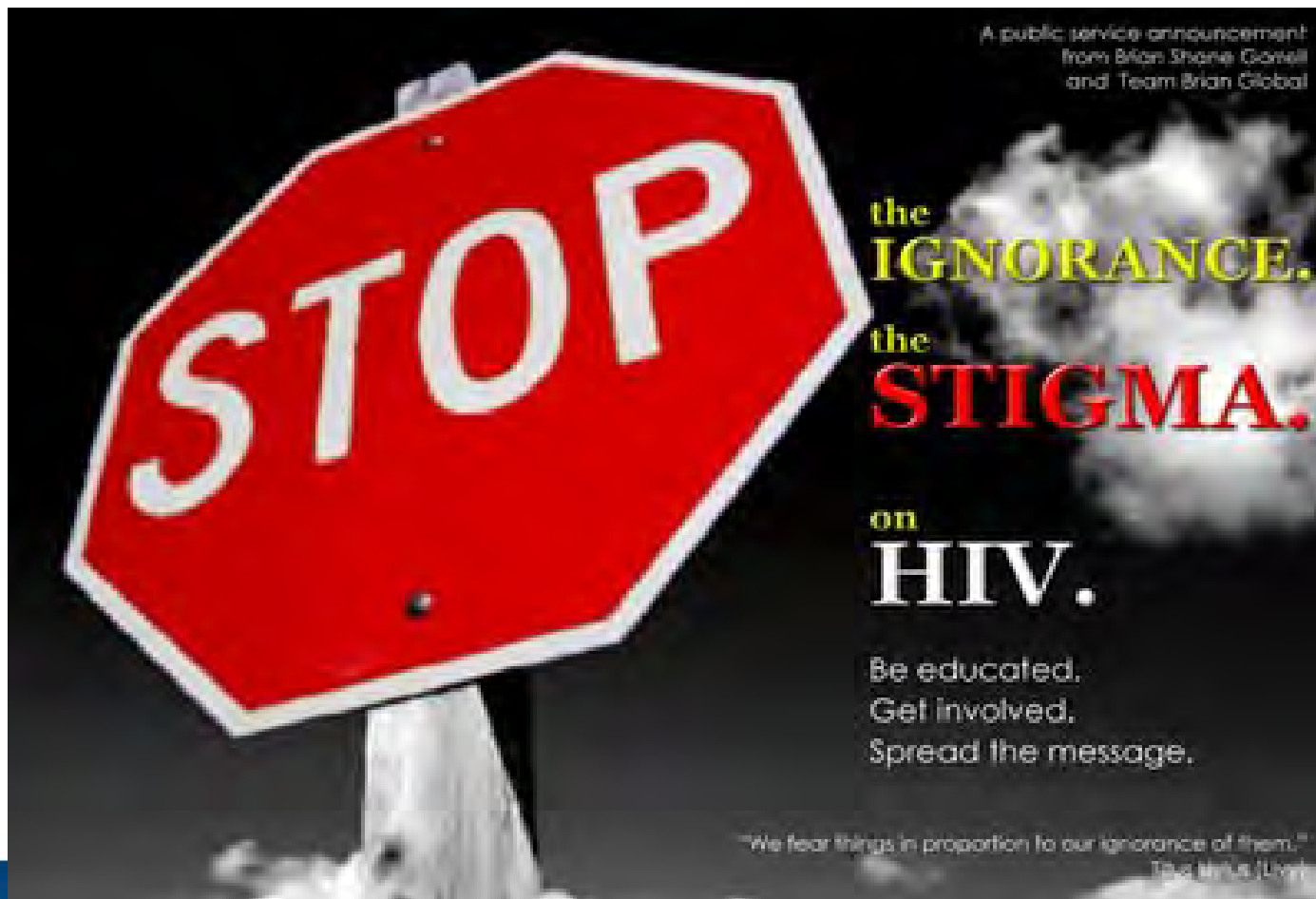
# Group Think

How would you address stigma?

# Conclusions

- Stigma:
  - is multifaceted and complex
  - is associated with discrimination
  - comprises several domains
  - must be understood in order to be addressed effectively
  - interventions must occur at multiple levels in order to achieve elimination
- Prevention and treatment programs must help people develop strategies to help address and cope with internal and external stigma.
- Many resources are available

# Resources



# Resources

Homelessness, addiction,  
and mental health issues  
do not define me.

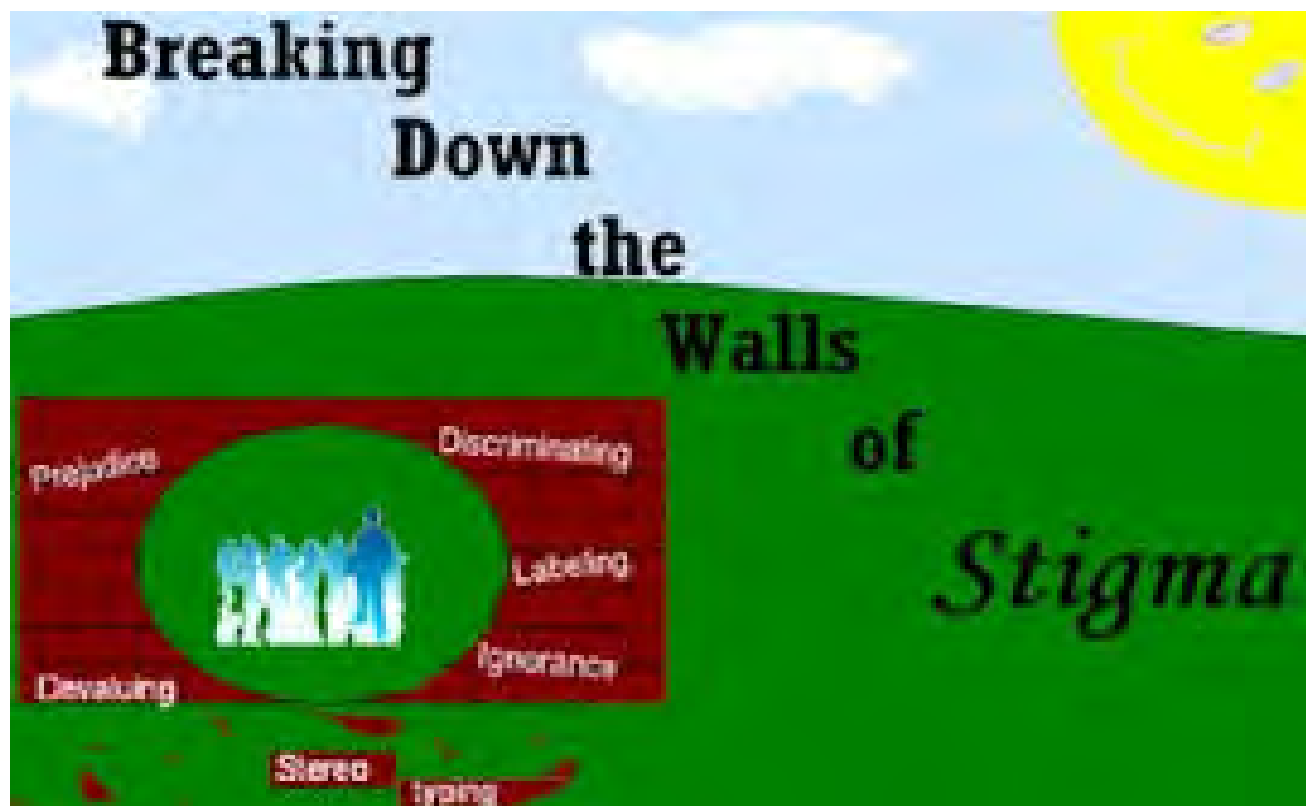
I am a  
person first.

Stop stigma. Support recovery. Help someone.

Logos at the bottom include: U.S. Department of Health and Human Services, CDC, and others.



# Resources



# Resources

- NASTAD: [www.nastad.org/resource/stigma-toolkit-addressing-stigma-blueprint-improving-hivstd-prevention-and-care-outcomes](http://www.nastad.org/resource/stigma-toolkit-addressing-stigma-blueprint-improving-hivstd-prevention-and-care-outcomes)



# Resources

## Selected Websites

- <http://www.eachmindmatters.org/>
- <http://calmhsa.org/programs/stigma-discrimination-reduction-sdr/>
- <http://www.friendshipscount.com/>
- [http://promoteacceptance.samhsa.gov/archTelPDF/ADS Brouchure 508.pdf](http://promoteacceptance.samhsa.gov/archTelPDF/ADS_Brouchure_508.pdf)
- <http://www.whocanyoutell.org/what-is-stigma>
- [http://www.hbo.com/addiction/stigma/52\\_coping\\_with\\_stigma.html](http://www.hbo.com/addiction/stigma/52_coping_with_stigma.html)
- <http://www.cartercenter.org>
- <http://www.AIDSstigma.net>
- <http://www.nami.org> (NAMI StigmaBuster)

## Selected Videos

- Living in the Shadows Documentary; AIDS 2014, Melbourne Australia; [www.youtube.com/watch?v=y10fvLpYZaA](http://www.youtube.com/watch?v=y10fvLpYZaA)
- A New State of Mind: Ending the Stigma of Mental Illness, narrated by Glen Close; created by KVIE-TV, Sacramento, CA. Available for viewing at <http://vimeo.com>

# Stigma Elimination

- An ongoing process with many steps



*Our dream of the day when stigma no longer exists, when services are available to all, and when every individual can look forward to a happy and fulfilling future, is within our reach.”*

*-Rosalynn Carter*

# Questions???

**Thank you!**

# Contact information

Serena Rajabiun ([rajabiun@bu.edu](mailto:rajabiun@bu.edu))

Manisha Maskay ([manisha.maskay@aidsarms.org](mailto:manisha.maskay@aidsarms.org))

Lisa McKeithan ([LMcKeithan@commwellhealth.org](mailto:LMcKeithan@commwellhealth.org))