

ESCALATE Organizational Self-Assessment: A tool to target stigma reduction efforts in organizations



NATIONAL 2024
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

ESCALATE Organizational Self-Assessment: A tool to target stigma reduction efforts in organizations

**Presented by Christopher Paisano, NMAC, and
John A. Guidry, TRX Development Solutions, LLC**

Project Support

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Disclosures

Christopher J. Paisano has no relevant financial relationships with ineligible companies to disclose.

John A. Guidry has no relevant financial relationships with ineligible companies to disclose.

Learning Objectives

At the conclusion of this activity ...

1. Participants will be able to discuss how the ESCALATE Project has addressed stigma in the Ryan White universe over the last years.
2. Participants will be able to identify the fundamentals of organizational self-assessment, including both the benefits and limitations of self-assessment processes.
3. Participants will be able to identify the difference between organizational, institutional, cultural, and behavioral contexts of HIV stigma and the different approaches that are more appropriate in each context.

The Context

- The ESCALATE Organizational Self-Assessment – EOSA – is a tool developed for the ESCALATE Program.
- ESCALATE (Ending Stigma through Collaboration And Lifting All To Empowerment) trains and builds the capacity of participants to recognize and address HIV stigma within the Ryan White HIV/AIDS Program (RWHAP).
- The purpose of ESCALATE is to reduce stigma for people with HIV on multiple levels throughout the clinics and organizations funded by the Ryan White HIV/AIDS Program (RWHAP), including on the client, organization, and system levels.
- The program also focuses on implementing various stigma-reducing approaches with an emphasis on increasing cultural humility in care and treatment settings for people with HIV within the RWHAP.

The Training

- The EOSA is used in ESCALATE Training and Technical Assistance to help participants identify action steps they can take in their organizations to mitigate or eliminate stigma.
- The EOSA is aimed at uncovering organizational gaps that can be addressed by implementing a new policy or practice in the organization.
- ESCALATE recognizes that any reduction in HIV or other stigmas in RWHAP-funded agencies will require an alignment of staff throughout an agency to champion the process.

The tool: EOSA

The EOSA is split into 4 sections aimed at helping people identify **organizational** gaps and opportunities to address HIV and other kinds of stigma that RWHAP clients face on a regular basis, including racism, sexism, gender and orientation discrimination, and other stigmas.

- A. Organizational Policies, Procedures, Culture, and Environment
- B. Core Competencies for Staff
- C. Support for Clients
- D. Readiness to Change

Identifying Action Steps

The EOSA is used on Day 5 of the ESCALATE Training by “stigma reduction teams” to identify up to three “action steps” that they would like to address in their RWHAP agency.

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We will together use the EOSA to look at our own organizations. If you follow the QR Code on the next slide, you can take a mini-version of the EOSA right now, in real time.

Take the EOSA!

- You can use this QR Code to open the EOSA and take it on any smart phone or mobile device.
- If you have a computer, you can enter this URL into your browser:

<http://bit.ly/3VGJsir>

- You can load up the survey on its starting page, but before your get going, here are some basic instructions ...



Sample EOSA Question Format

Organizational Policies, Procedures, Culture, and Environment

Does your organization have any formal policies or values statements for addressing HIV stigma?

Examples include policies related to eliminating HIV stigma, reducing stigma, supporting clients or community members who experience stigma, or preventing the stigmatization of anyone in the organization whether staff, client or other community members.

No.

No, but some people are aware of HIV stigma in our organization.

No, but our organization is developing HIV stigma policies.

Yes, we have some formal policies to address HIV stigma, but more needs to be done.

Yes, we have formal policies to address HIV stigma in our organization.

I don't know, or I am not sure.

Not applicable

Don't Know,
Unsure, Not
Applicable



Sample EOSA Question Format – Selected

Does your organization have any formal policies or values statements for addressing HIV stigma?

Examples include policies related to eliminating HIV stigma, reducing stigma, supporting clients or community members who experience stigma, or preventing the stigmatization of anyone in the organization whether staff, client or other community members.

No.

No, but some people are aware of HIV stigma in our organization.

No, but our organization is developing HIV stigma policies.

Yes, we have some formal policies to address HIV stigma, but more needs to be done.

Yes, we have formal policies to address HIV stigma in our organization.

I don't know, or I am not sure.

Not applicable

Click the Blue Button



EOSA Completion Page

CONGRATULATIONS! YOU HAVE COMPLETED THE ESCALATE ORGANIZATIONAL SELF-ASSESSMENT! YOUR RESPONSES WILL HELP YOU, THE ESCALATE STAFF, THE RYAN WHITE HIV/AIDS PROGRAM, YOUR COMMUNITY, AND YOUR COLLEAGUES UNDERSTAND YOUR ORGANIZATION AND HOW TO SUPPORT STIGMA REDUCTION IN YOUR COMMUNITY.

Click the Blue Button



EOSA – Download PDF (Survey Results)

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We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

[Download PDF](#)

Click to
Download



Introduction

This assessment is about how your organization contends with issues of HIV stigma and other forms of stigma. Examples include HIV stigma that clients may experience from your organization's staff or due to your organization's policies or organizational structure. It also includes HIV stigma that your staff may experience from other staff or clients at the organization. Examples include both staff who are persons living with HIV and/or staff who are HIV-negative.

We recognize that there are different forms of stigma and oppression in the world—racism, homophobia, transphobia, HIV stigma, sexism, ageism, and ableism—and for many individuals these stigmas are intersectional. However, in this organizational assessment, the main focus is on HIV stigma. When a question seeks your perspective on other forms of stigma, we will state it explicitly. Otherwise, the questions are asking specifically about HIV stigma.

Let's go!

- Now we will stop for 15 minutes while you can complete the EOSA and download your answers to your browser.
- If you have a question, raise your hand and one of us will come to you. We might even have an answer.
- We'll check to see how many are done in a few minutes.

Reporting out



- Facilitators will provide reports from the EOSA generated by the Qualtrics survey platform in real time.
- We will do report-out and Question and Answer on each section of the EOSA, based on session participants' answers to discuss how each section of the EOSA works to surface gaps in organizational capacity for addressing HIV stigma and also identify opportunities for new policies or practices to mitigate stigma in the organization.

Section A. Organizational Policies, Procedures, Culture, and Environment

Reporting out



Section B. Core Competencies for Staff

Reporting out



Section C. Support for Clients

Reporting out



Section D. Readiness to Change

Contact Us



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Creating a stigma-free healthcare system through the use of quality improvement

Daniel Belanger, MSW

Kehmisha Reid, MPH

Mayra Lopez, BA



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Welcome

Funding Statement

“ESCALATE is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) and the Minority HIV/AIDS Fund (MHAF) as part of a financial assistance award totaling \$1,600,906. 100 percentage funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.”





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Introduction



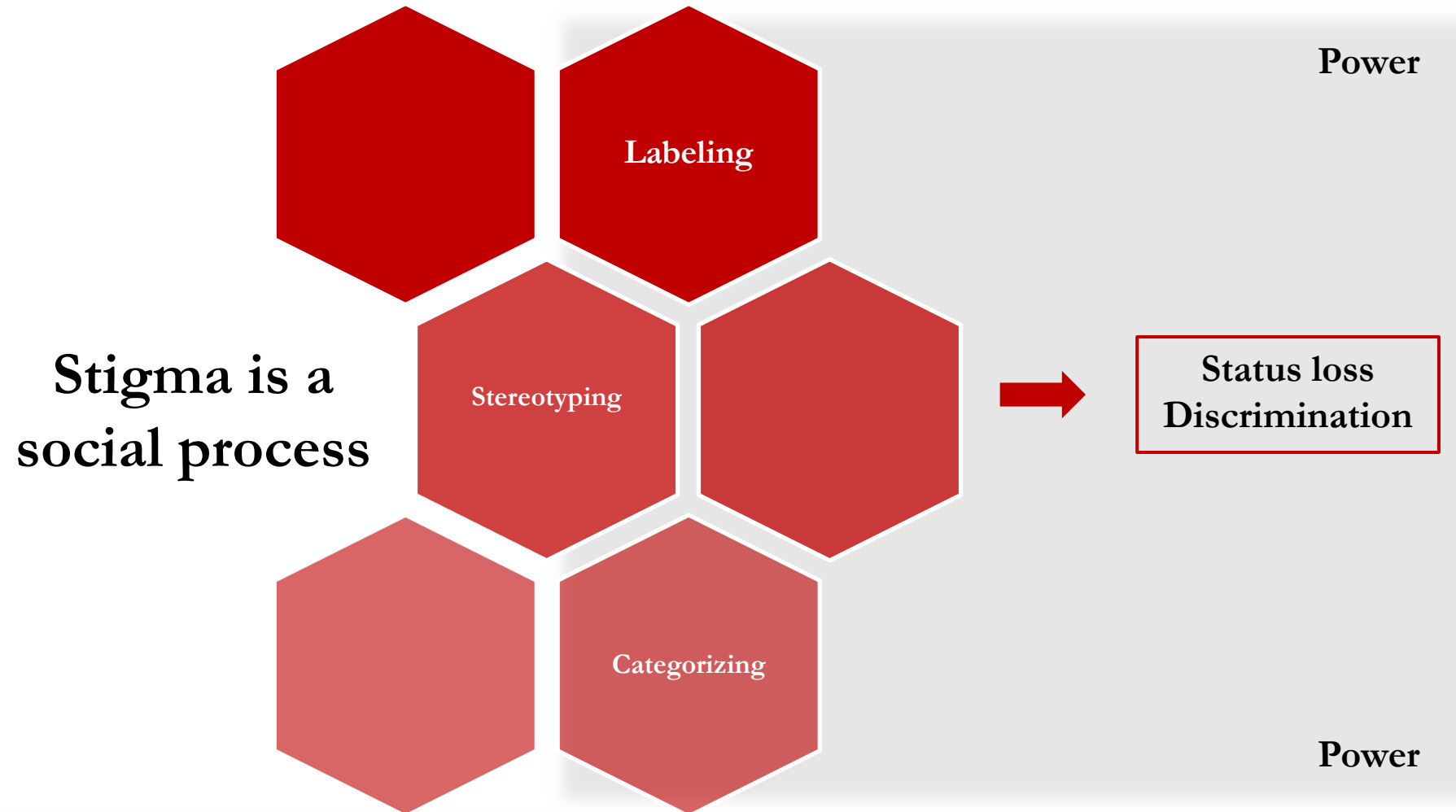
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What is Stigma?



Levels of Stigma

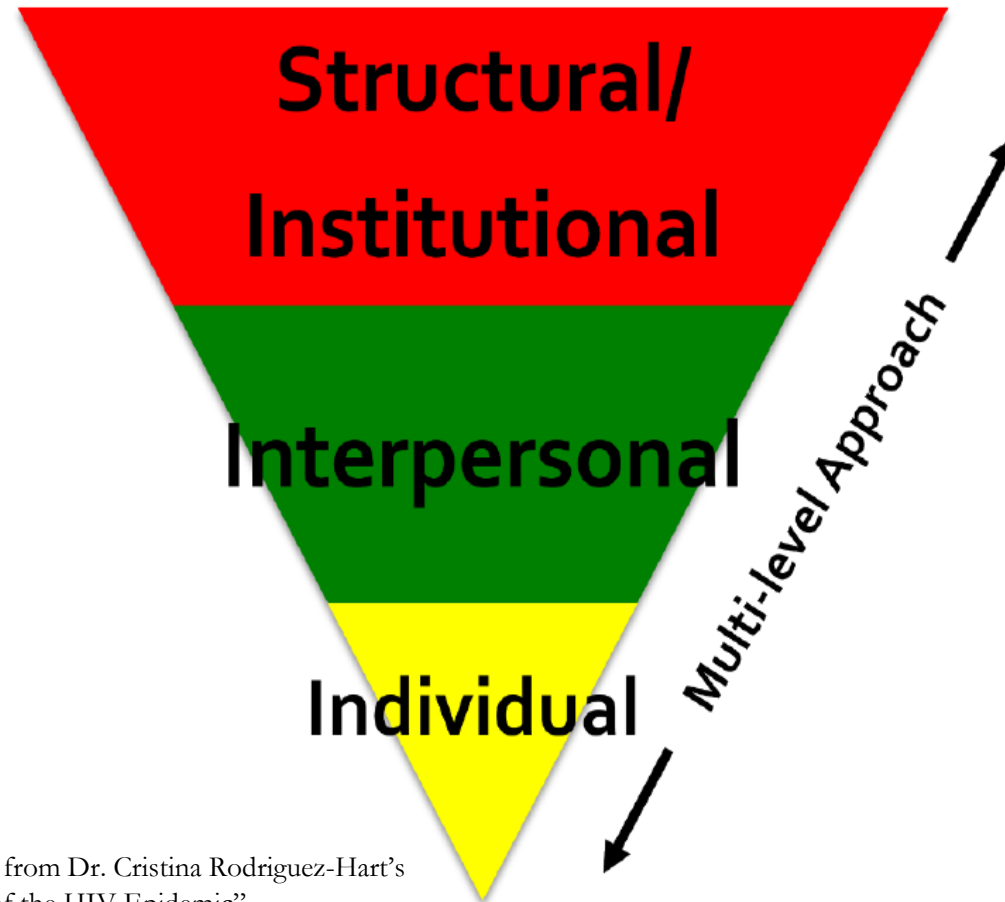


Figure 1. Levels of Stigma. Reprinted from Dr. Cristina Rodriguez-Hart's presentation on "Stigma as a Driver of the HIV Epidemic".

Importance of Stigma Reduction

HIV stigma is characterized by:

- Silence
- Exclusion
- Isolation of people

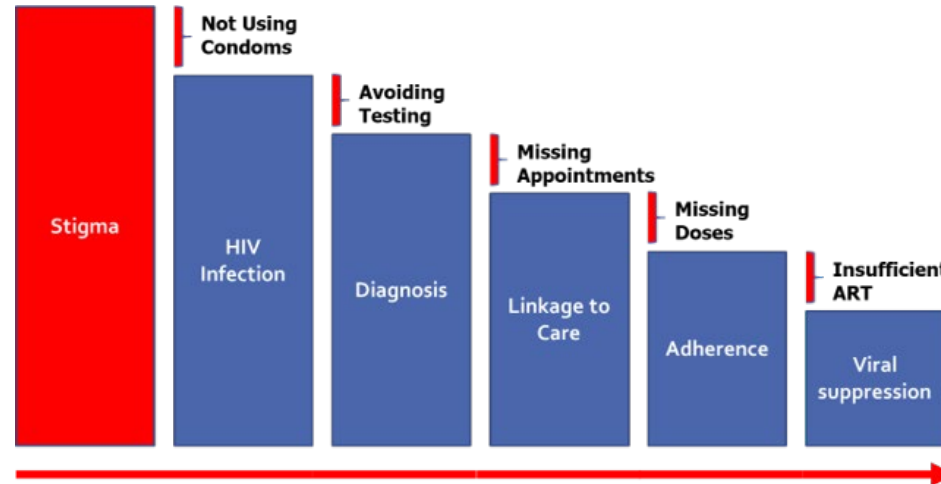
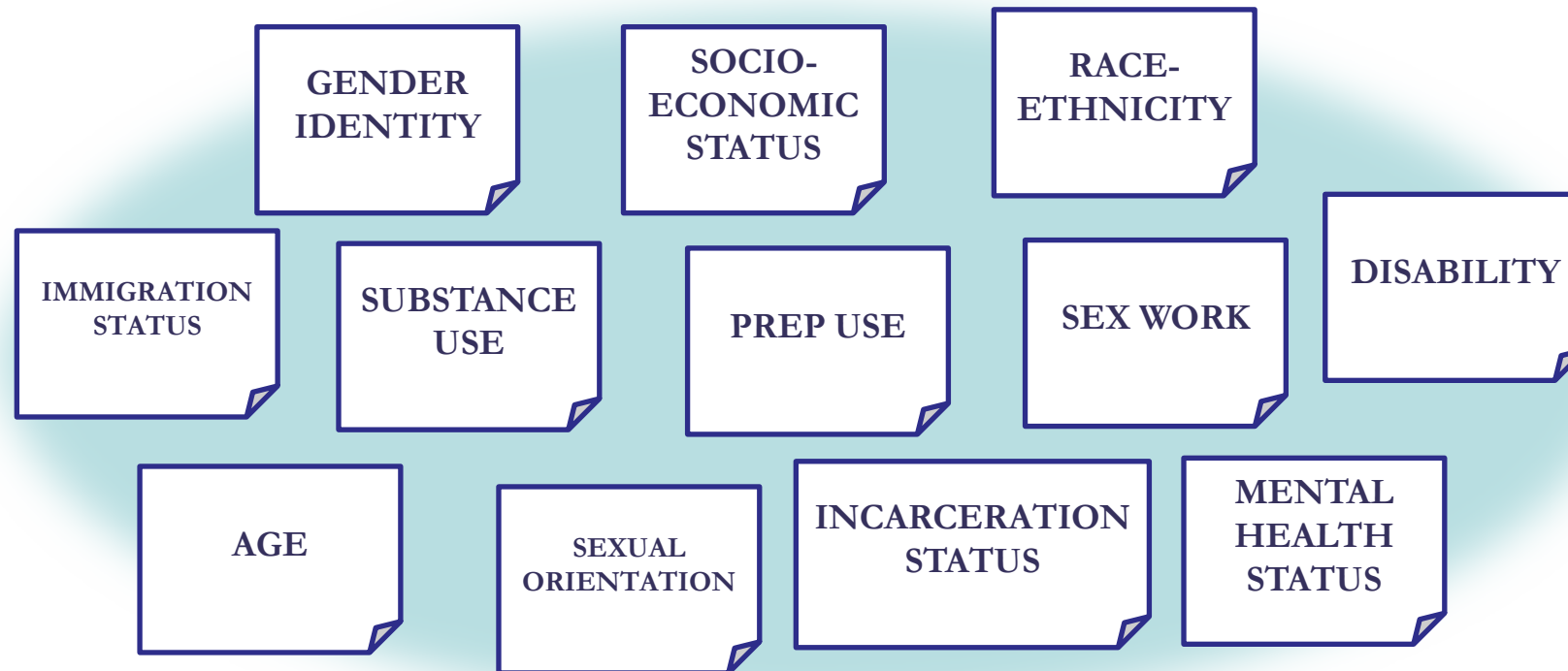


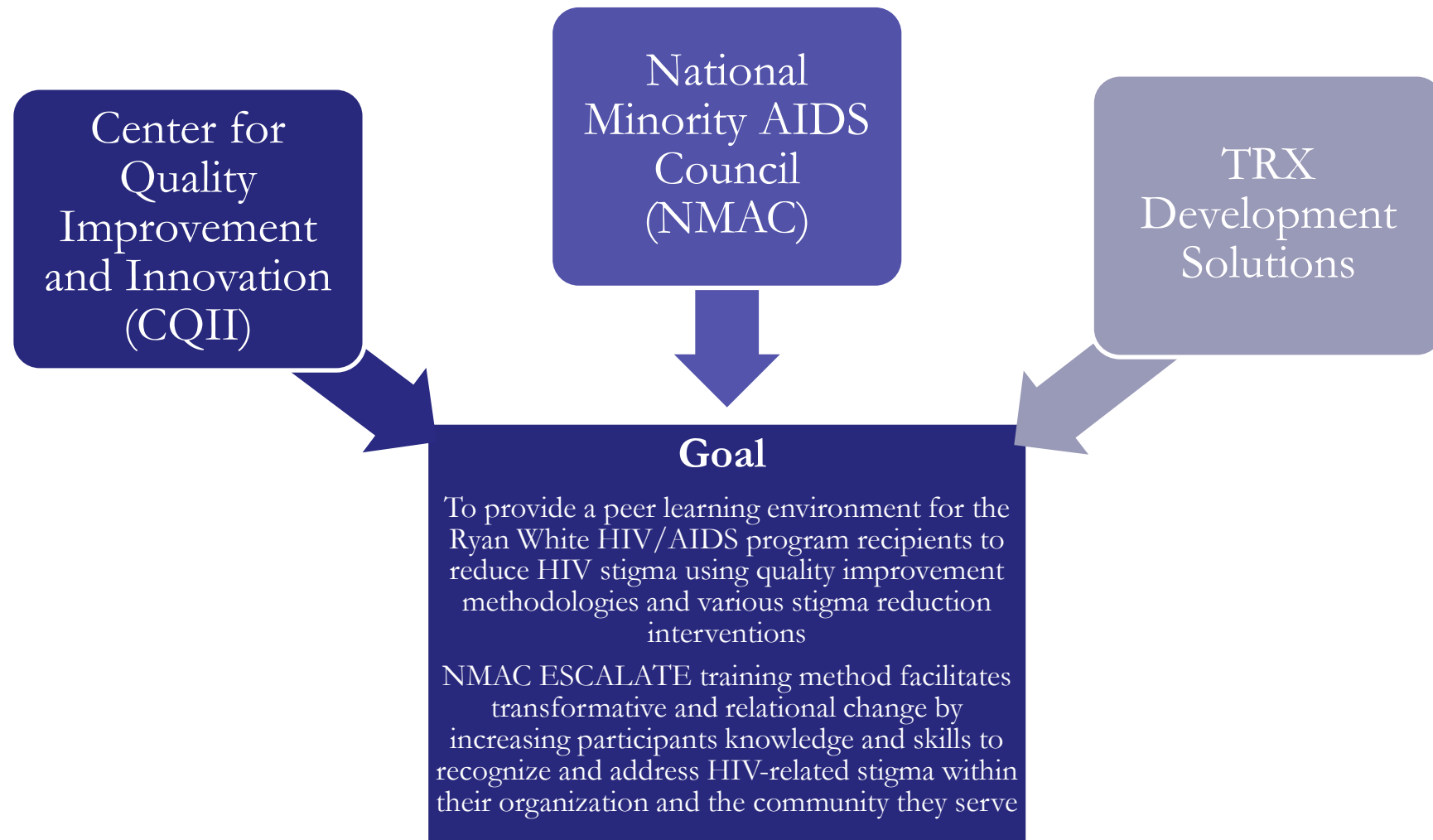
Figure 2 HIV Care Continuum. Reprinted from Dr. Cristina Rodriguez-Hart's presentation on "Stigma as a Driver of the HIV Epidemic."

Intersectional Stigma

Additional identity markers that may be stigmatized:



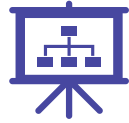
Background of ESCALATE (Ending Stigma through Collaboration And Lifting All To Empowerment)
Learning Collaborative



Core Activities of Learning Collaborative



Stigma Reduction Team Set-up



EOSA (ESCALATE Organizational Self-Assessment)



Conduct a Staff and Consumer stigma survey



Implement and measure Stigma Reduction activity



Utilize Quality Improvement coaching

ESCALATE Organizational Self-Assessment

EOSA Domain	Technical Assistance Domain	Definition of Domain
Organizational Policies, Procedures, Culture, and Environment	Organizational Policy & Procedures	The organizational policy and procedure domain includes the establishment of new policies and procedures to eliminate stigma or evaluation of existing policies and procedures.
	Organizational Culture & Environment	The organizational culture and environment domain includes fostering organizational and leadership support of anti-stigma policies, procedures, and practices.
Core Competencies for Staff	Workforce Development	The workforce development domain includes building staffing competencies, improving interpersonal and supervisory relationships, and increasing access to training and capacity building.
Support for Clients	Cultural Responsiveness	The cultural responsiveness domain includes development or evaluation of marketing and materials, patient- and client-centered services, and utilization of anti-stigma practices.
Readiness to Change	Organizational Change Management	The organizational change management domain includes building momentum for change through readying the organization for anti-stigma interventions.

Stigma Surveys

LC Staff Survey

New York State Department of Health AIDS Institute 2016 HIV Quality of Care Program Review

Stigma and Discrimination Among Healthcare Practice Site Staff (Adapted for New York State)

The Health Policy Project's tool "Measuring HIV Stigma and Discrimination Among Health Facility Staff: Comprehensive Questionnaire" was developed and field tested in China, Dominica, Egypt, Kenya, Puerto Rico, St. Christopher & Nevis. This tool was created to be a brief, globally standardized questionnaire for measuring HIV-related stigma and discrimination in healthcare practice sites as well as a tool to be used in the creation and improvement of stigma reduction programming at the healthcare practice site-level.

The NYSDOH AIDS Institute Stigma Sub-Committee adapted the Health Policy Project "Measuring HIV Stigma and Discrimination Among Health Facility Staff: Comprehensive Questionnaire" for practice sites in NYS to administer to staff. The survey contains questions on healthcare practice site-level and personal-level HIV-related stigma with an additional section on key population-related stigma consisting of people of transgender/gender non-conforming experience, women, men who have sex with men (MSM)/men who identify as gay or bisexual, people of color, and people living with a mental health diagnosis.

This survey will take 10-12 minutes to complete. Your participation in this survey is voluntary and to ensure confidentiality, your name will not be on the survey. Please write or select the answer, as appropriate, that best represents what you think or feel. Your responses will have no adverse effect on your occupational standing.

Section 1: Background Information

First we will ask about your background.

1. How old were you at your last birthday?

2. What sex were you assigned at birth?

- ☐ Male
☐ Female

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LC Client Survey

Measuring Stigma and Discrimination Among People Living with HIV in the Healthcare Practice Site

The NYSDOH AIDS Institute Stigma Sub-Committee in the Office of Quality Initiatives utilized the Health Policy Project "Measuring HIV Stigma and Discrimination Among Health Facility Staff: Comprehensive Questionnaire" to guide the development of this tool for practice sites in NYS to administer to HIV care consumers. This tool was created to be a brief, globally standardized questionnaire for measuring HIV-related stigma and discrimination in healthcare practice sites and to guide the creation and improvement of stigma reduction programming at the healthcare practice site-level. Stigma is defined as the act of labeling, stereotyping, or separation, which results in discrimination and status loss¹. This survey will assess HIV-related stigma along with other intersecting stigmas and stigma reporting behaviors.

This survey will take approximately 15 minutes to complete. Your participation in this survey is voluntary and to ensure confidentiality, your name will not be associated with your survey answers. Please write or select the answer, as appropriate, that best represents what you think or feel. Your responses will have no adverse effect on your care.

¹Link, B., & Phelan, J. (2001). Conceptualizing Stigma. Annual Review of Sociology, 27, 363-385. Retrieved Oct 5, 2021, from <http://www.jstor.org/stable/2678626>

SECTION 1: Healthcare Practice Site Environment

First we will ask about your experiences visiting the clinic where you are receiving HIV healthcare.

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Stigma Reduction Toolkit

- The stigma reduction toolkit is intended for organizations, programs, and providers to use, to organize the implementation process and resources for program staff interested in addressing the various intersections of stigma.
- This toolkit provides guidance on how an HIV service provider might successfully design a stigma reduction intervention.



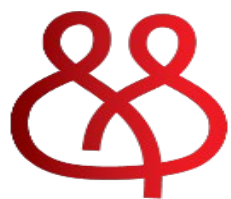
Response to HIV Stigma

Target Areas in Stigma Reduction:

Improving
Staff
Education

Creating a
Welcoming
and Inclusive
Environment

Structural
Changes of
Focus



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Data



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STAFF SURVEY: 133 respondents

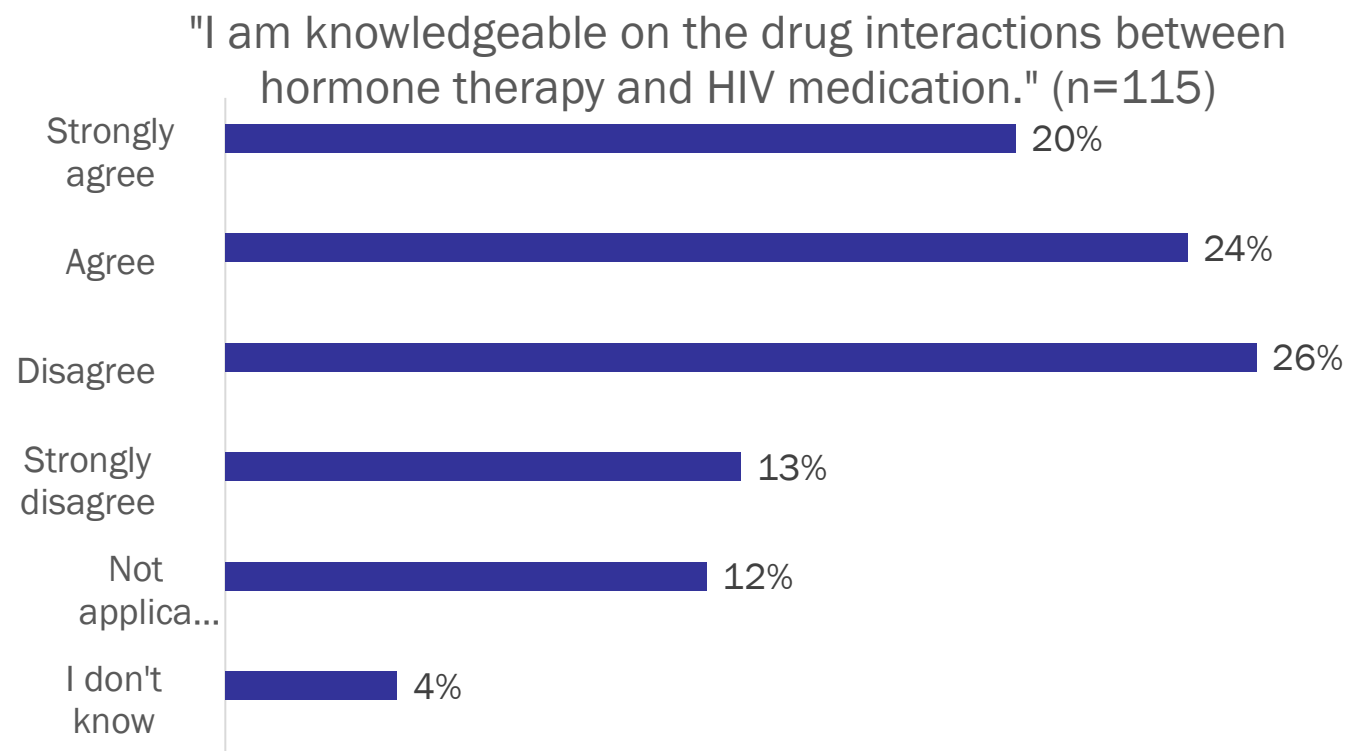
The Staff Survey highlighted the need for further education and training.

1. ESCALATE *On Demand*
2. Cultural humility training

Demographics

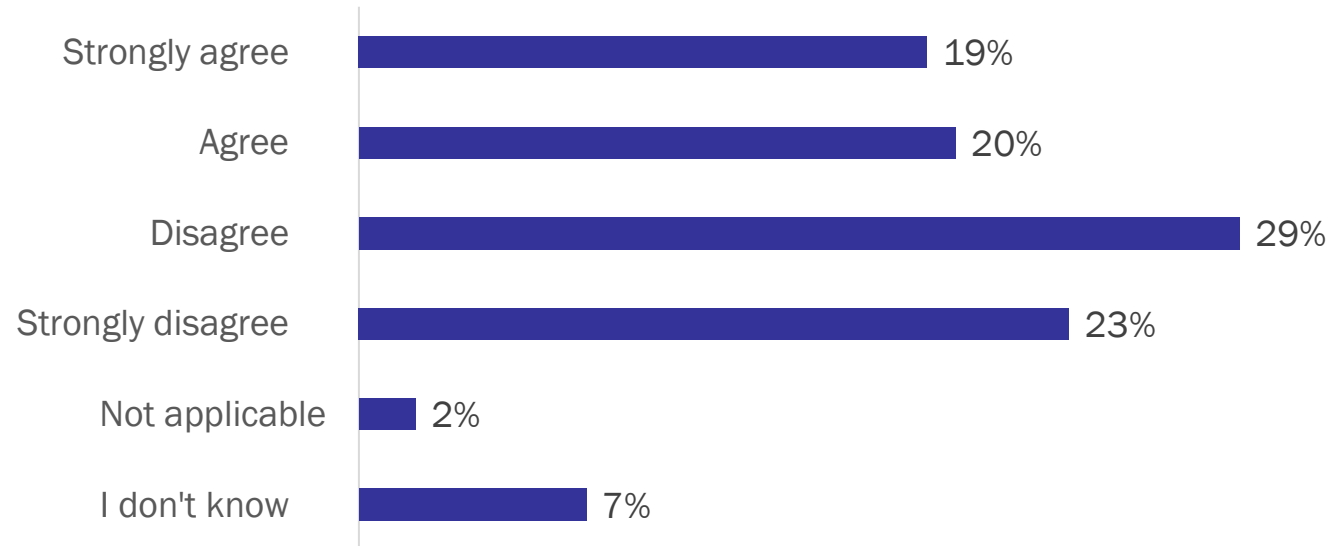
- 71% of all respondents identified as female
- 43% of the staff identify as White and 29% identify as Black / African American
- 21% of staff have worked for 2 years at a healthcare site that provides HIV care
- Most staff (54%) had different jobs and specified below, with 8% of staff being clinic managers and 9% being nurses
 - Of those who indicated other professions, 20% identified as social workers/case manager
 - Other unique titles include: Community Health Specialists, Linkage Specialists, Data Coordinator, Program Manager, Media and Communications, etc.

Key Population: People of transgender and gender non-conforming experience (TGNC)



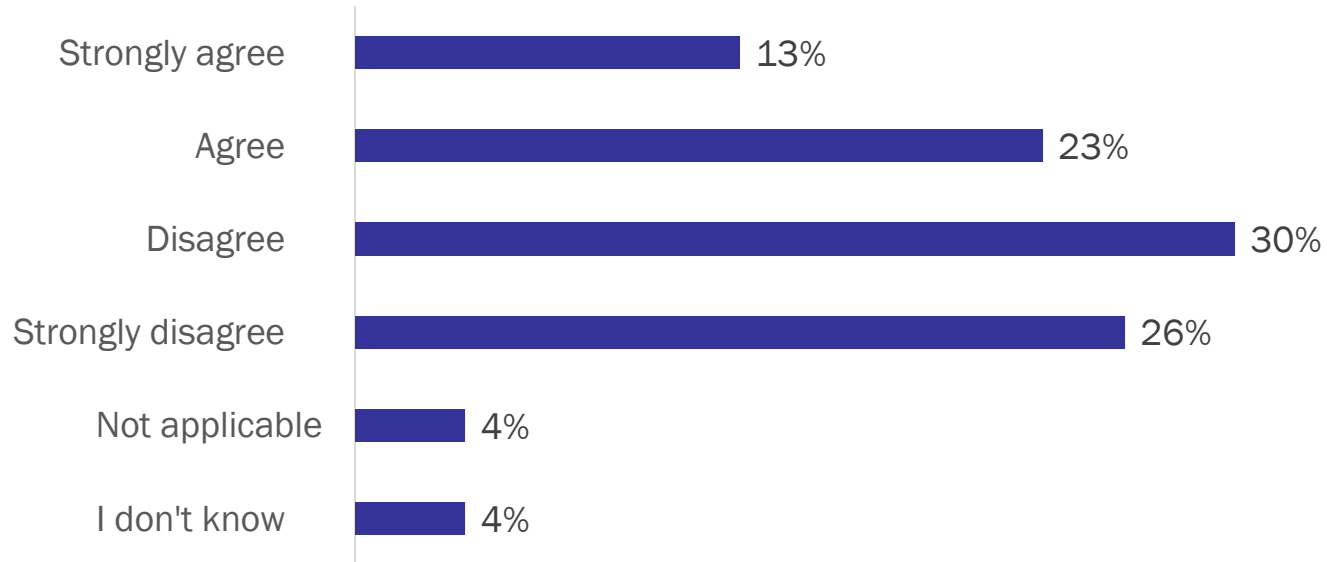
Key Population: People with a mental health diagnosis

In my healthcare practice site, it is obvious which people have a mental health diagnosis. (n=107)



Key Population: People with a mental health diagnosis

"I am more comfortable helping a person who has a physical illness than I am helping a person with a mental health diagnosis." (n=107)



CLIENT SURVEY: 100 respondents

The Client Survey highlighted the need to further staff education and structural changes in sharing policies.

1. Previous trainings mentioned
2. Share all policies and how to report accessibility (e.g., print policies – on stigma and reporting – in spaces like waiting rooms)

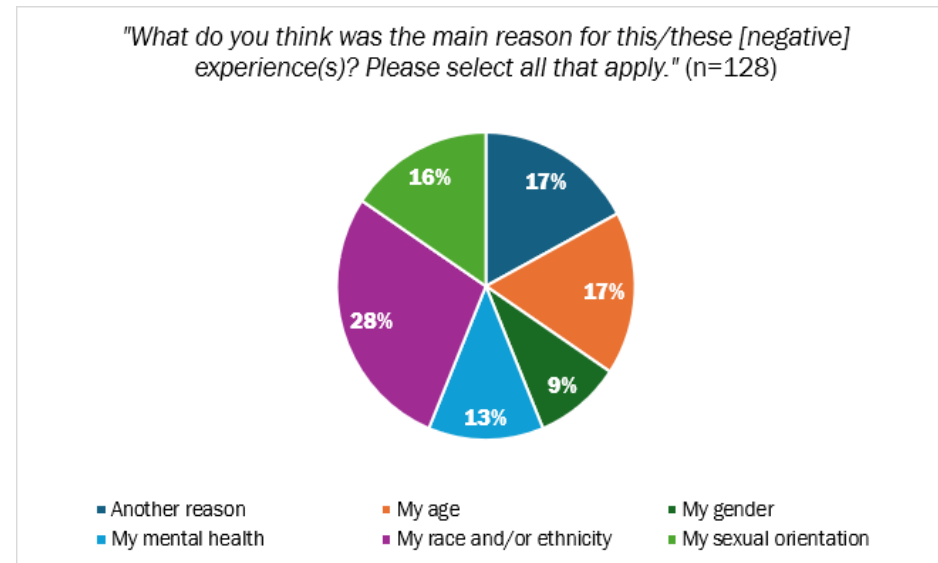
Demographics

- 38% of respondents identified as Female, and 55% identified as male
- 63% of those who responded identified as Straight, and 22% identified as Gay
- 43% of clients identified as Black/African American and 38% identified as Hispanic/Latino(a)
- Most clients (36%) have visited the clinic 4 times where they receive HIV healthcare in the last 12 months
- Clients range in the number of years they have lived with HIV
 - 21% of clients have lived with HIV for 16-20 years
 - 17% have lived with HIV for 26-30 years
 - 16% of clients have lived with HIV for 6-10 years

Reasons why Clients were treated negatively in their healthcare site

In the last 12 months, some clients shared they were treated negatively, such as with less courtesy, less respect, or received poorer services.

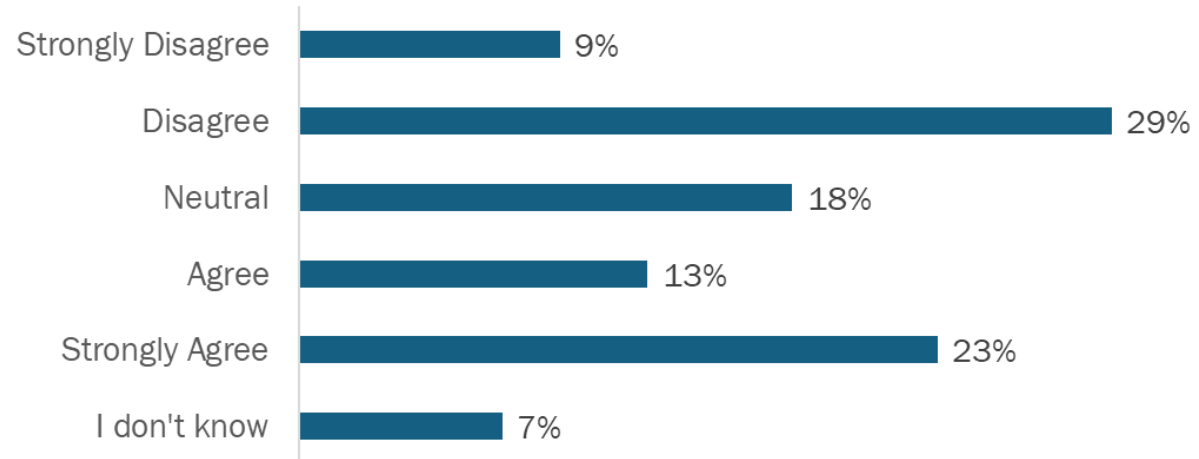
- They were then asked to list all the reasons why they may have been treated like that



Cultural Humility Scale

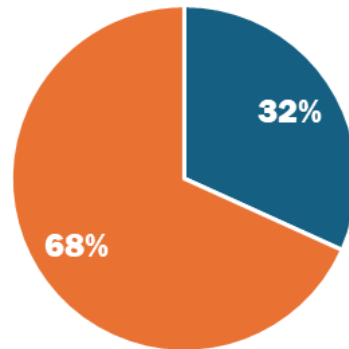
- Clients listed core aspects of their identity and experiences, and were then asked if that impacted how staff and providers at the organization provide treatment:

"Staff and providers at the organization where I receive HIV care and support services assume that they know a lot about me already" (n=95)



Reporting experiences

Would you know where or to whom you could report these experiences to? (n=85)

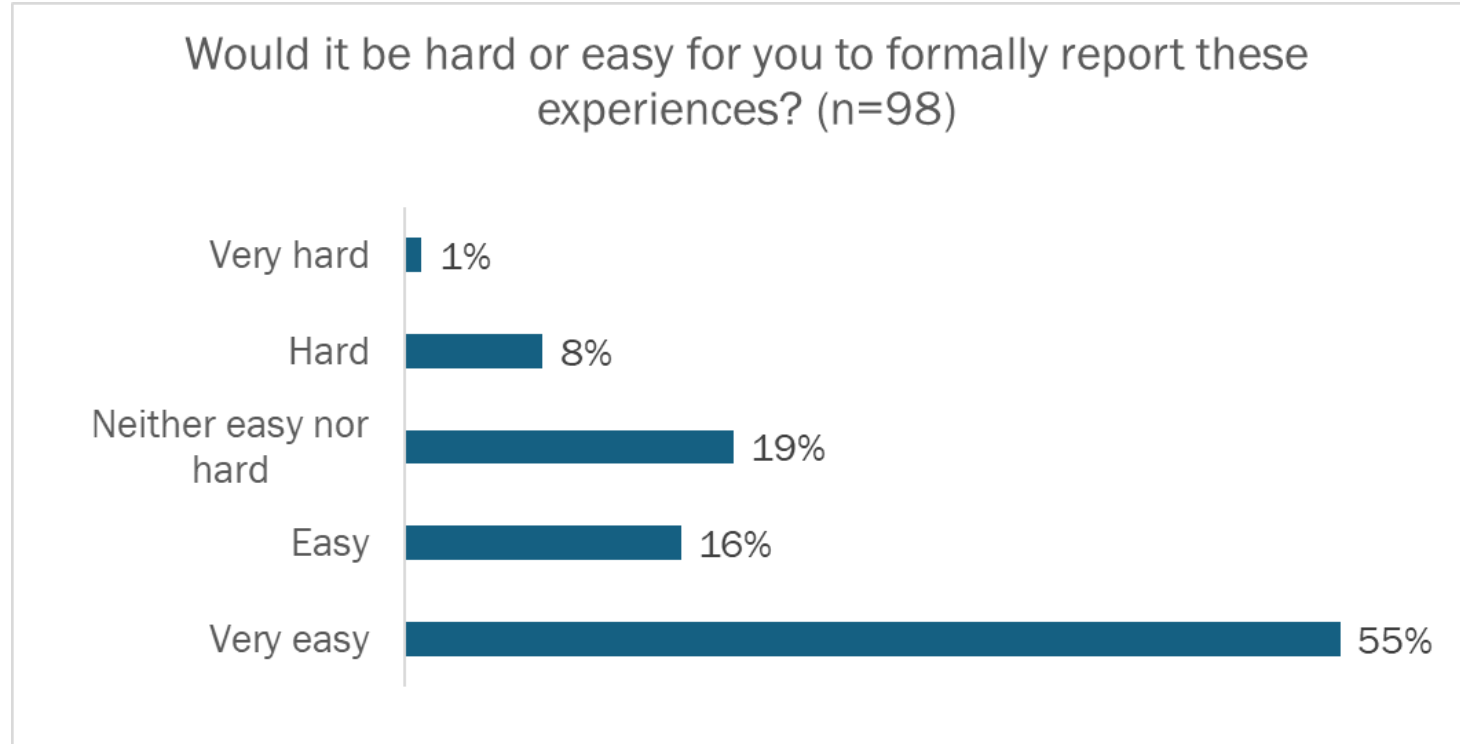


■ No ■ Yes

Clients share many of their experiences, both positive and negative, with staff at their healthcare sites.

- For negative experiences, clients were asked if they knew where or to whom they could report such experiences.

Difficulty in reporting experiences



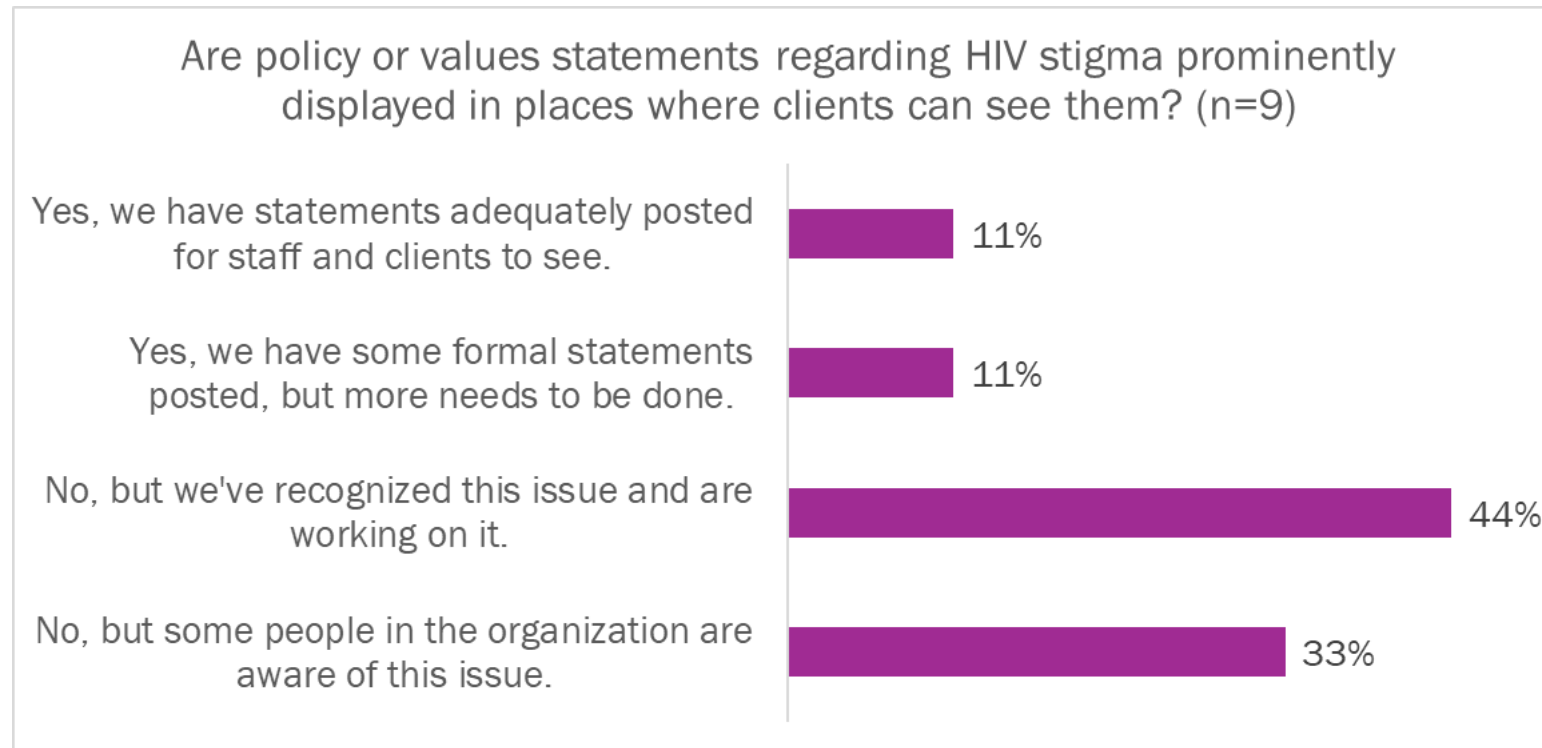
EOSA SURVEY: 11 respondents

EOSA is the ESCALATE Organizational Self-Assessment.

This survey identified the need for policies to be further displayed in places where clients can see them (e.g., waiting rooms, and reception areas)

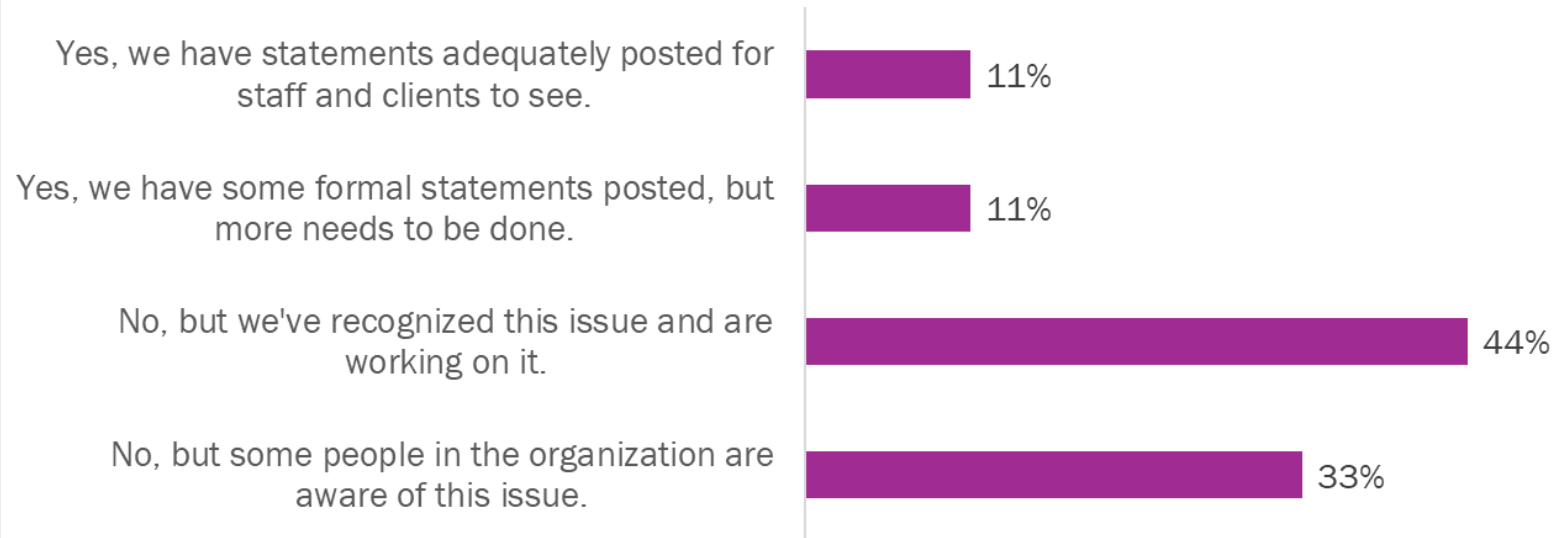
1. Create a welcoming environment (e.g., print policies and welcoming signage in public spaces)

Policies about HIV stigma displayed



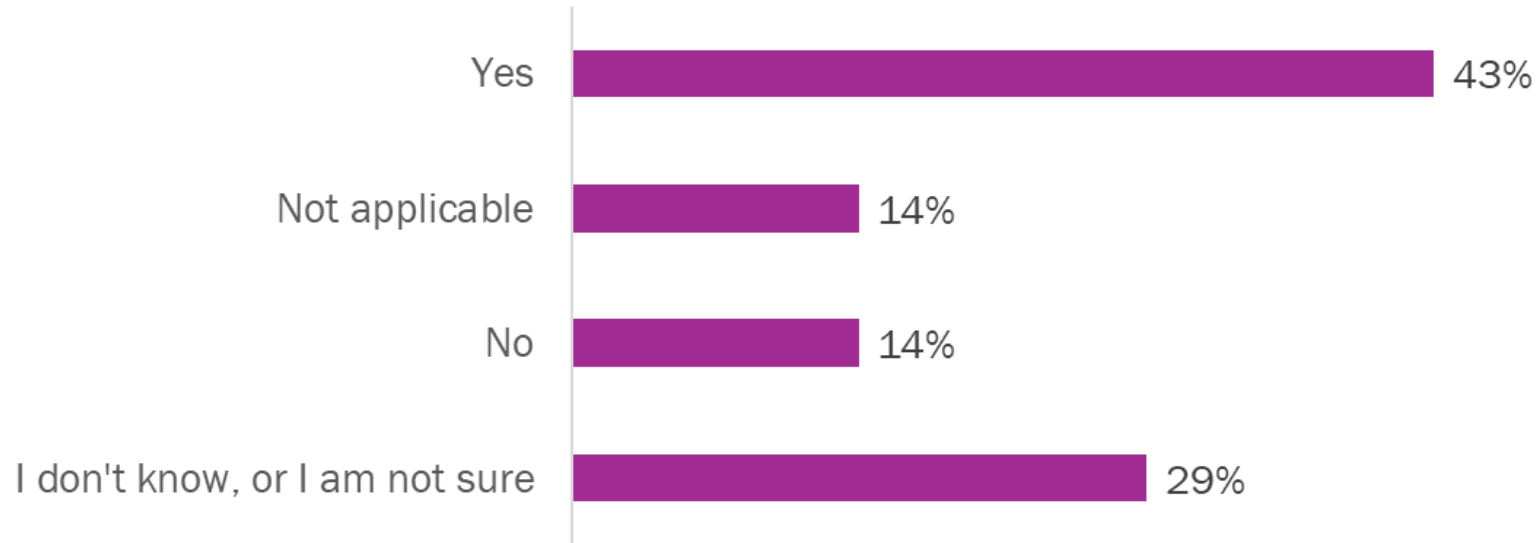
Policies about other stigma displayed

Are policy or values statements regarding other forms of stigma or discrimination prominently displayed in places where clients can see them? (n=9)



Positive Messaging in public spaces

Is there signage in the public spaces that conveys positive messaging (e.g., “This is a welcoming, non-judgmental space. Welcome!”)? (n=7)





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Improvement Activities



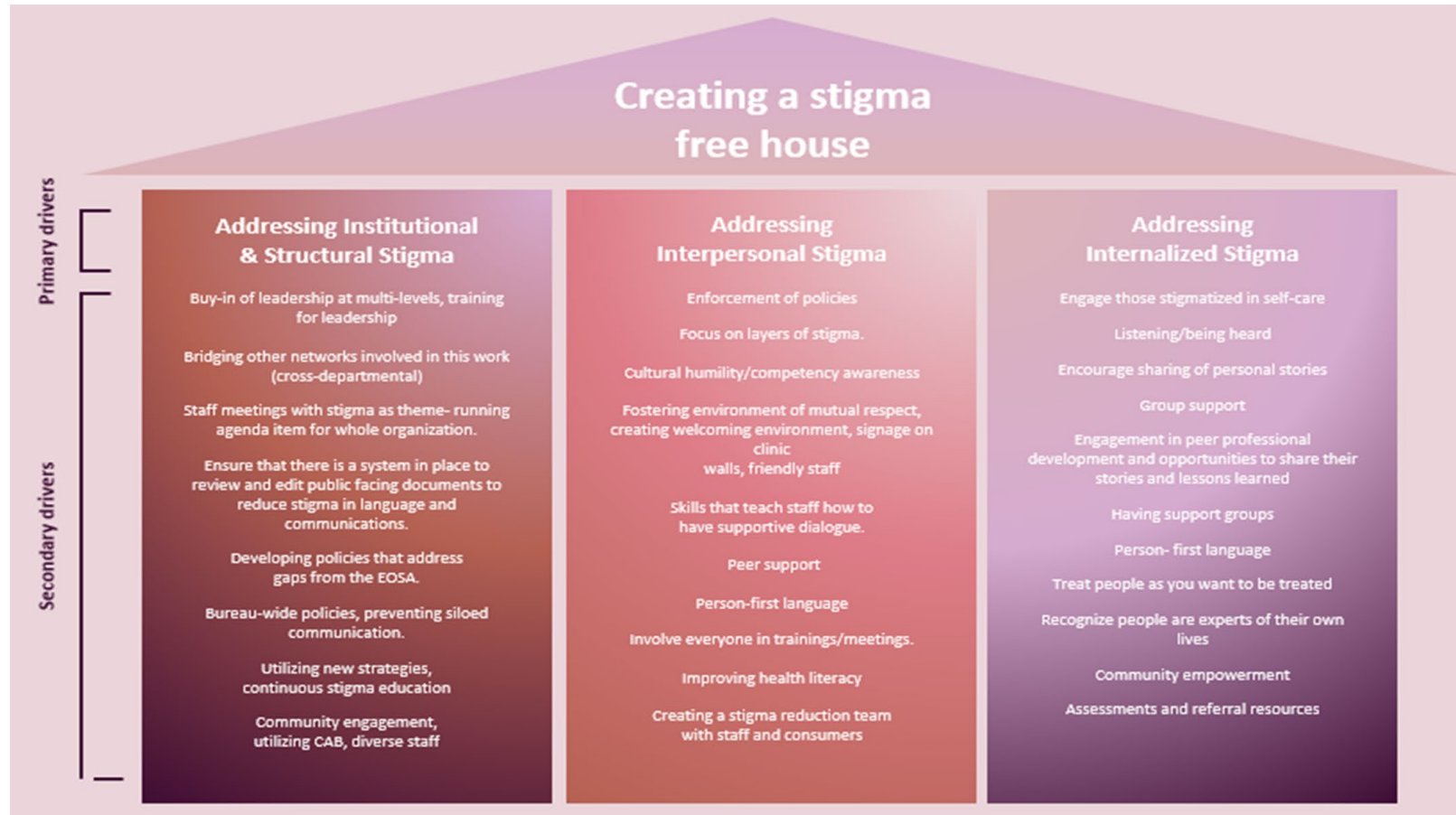
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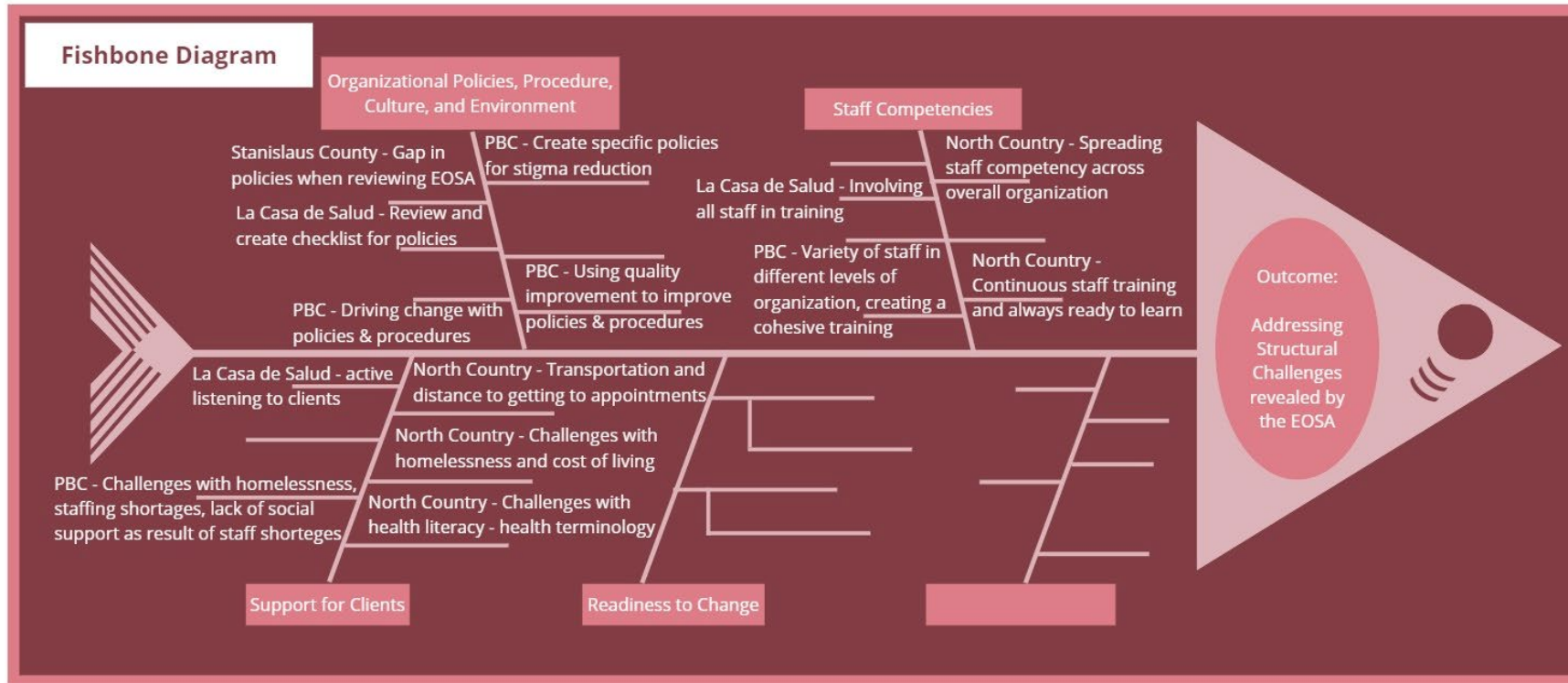
Stigma Free House



6 Hats – Four Corners



Fishbone



Force Field Analysis

Desired Change: Implementation of staff and consumer stigma surveys.

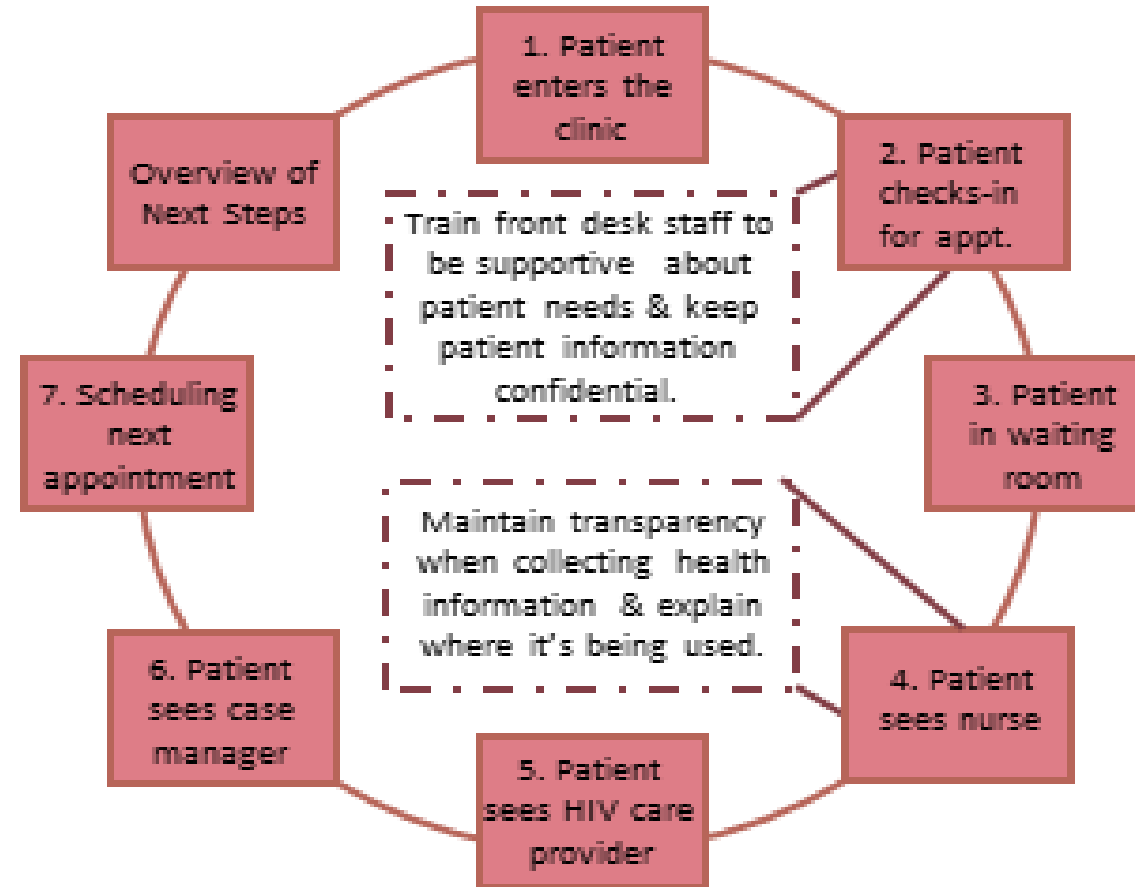
Driving Forces

- Having a champion on site- consumer and staff focused, combination depending on site
- Compensation for consumers and staff
- Case managers can help in survey administration because of the trust built
- Link participants to other projects
- Ability to measure change and desire outcomes using a pre- and post- survey
- Creative use of existing resources to provide compensation for clients such as peer navigation
- Diverse professional development for PLE, such as civic and training programs and give a stipend
- Recognize the importance of reducing stigma
- Opportunity to elevate our voices to create change

Restraining Forces

- Competing and limited time
- Lack of compensation
- Public facing documents/materials must be reviewed by internal communications affairs and leadership, may take a long time.
- Ensure greater involvement of people living with HIV and AIDS (compensation for those working on project)
- Establishing a team for survey implementation, which involves staff training
- Short staffed, staff often have many roles.
- Change in job preferences of staff such as remote work.
- Training new and current employees settle into their positions.

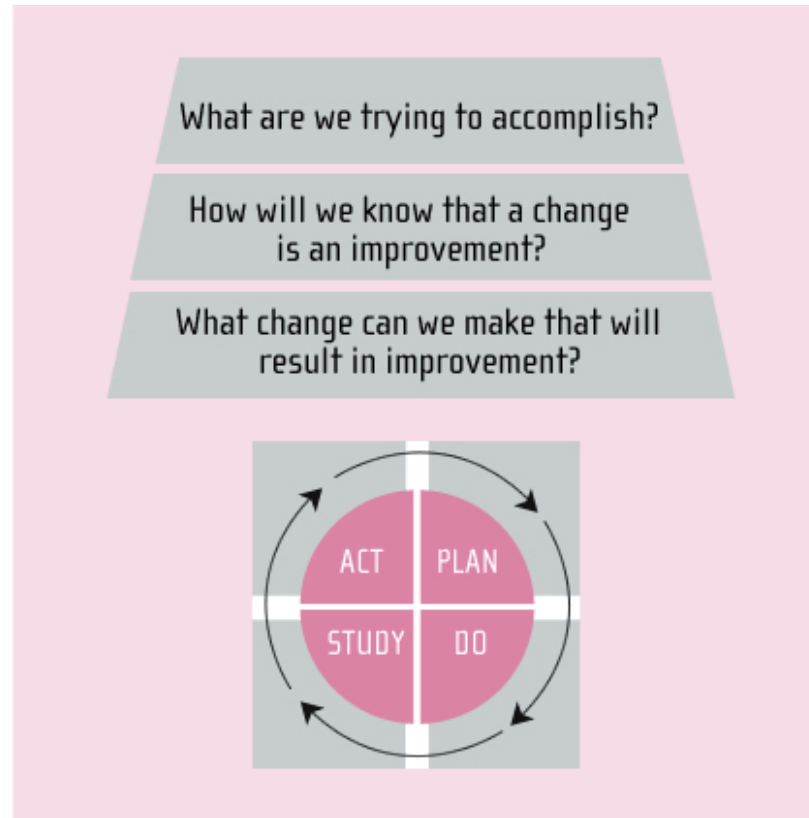
Creating a Welcoming and Inclusive Environment Exercise



Lenses Activity



Model for Healthcare Improvement

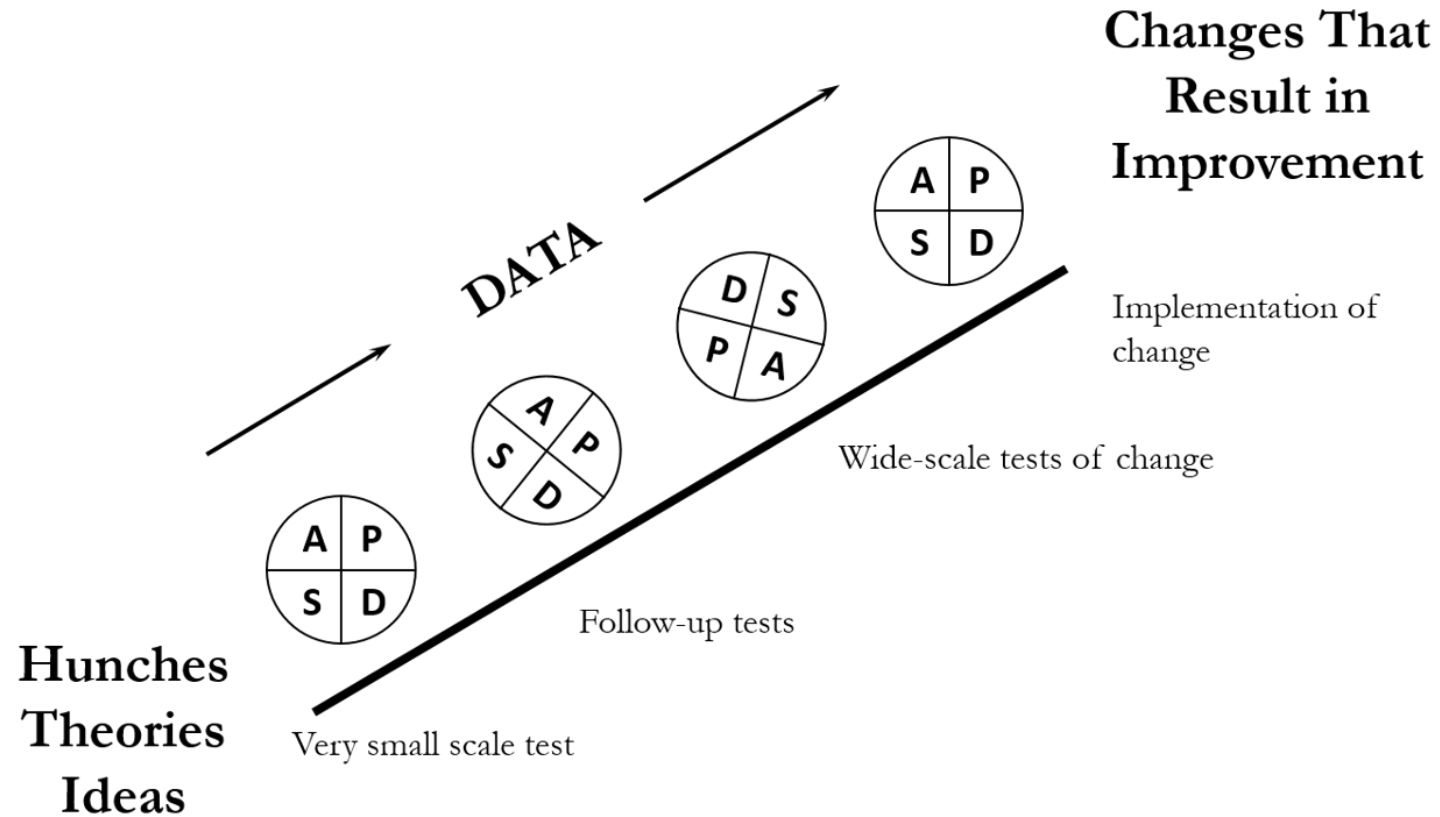


Developed by the Associates in Process Improvement. Building on the work of W.E.Deming and Walter Shewhart

Interventions from Stigma Reduction Teams

NYC Department of Health and Mental Hygiene	Palm Beach County
<ul style="list-style-type: none"> • Presentation of the Love & Empowerment Superhero line-up • Workgroup convened to provide recommendations • Recommendations presented to full group for adoption. 	<ul style="list-style-type: none"> • Implement a formal policy or value statement addressing HIV stigma and a complaints process for clients who have experienced discrimination. • Supported by, implementing a stigma reduction and privilege training activity.
Stanislaus County	Dallas County
<ul style="list-style-type: none"> • Use of NASTAD Addressing Stigma – A Blueprint for Improving HIV/STD Prevention and Care Outcomes for Black & Latino Gay Men. <ul style="list-style-type: none"> ○ Routinize HIV and other STD Testing ○ At-home test kits ○ Examine efforts to breakdown "HIV testing and STD screening" stigma. ○ Added language to MCP MOU ○ PrEP for all sexually active adults 	<ul style="list-style-type: none"> • Created a Stigma Reduction Coordinator as a Permanent Position. Who will sustain the stigma reduction programming. • They will: <ul style="list-style-type: none"> ○ Conduct annual surveys and analysis of Stigma Reduction Initiatives ○ Engage departments in conversations about stigma and plan training sessions to foster improved perceptions in 2024. ○ Share DCHHS' 2024 stakeholder experience evaluation for staff with HR to advocate for workplace stigma awareness and mitigation.

PDSA Cycle



Additional Stigma Reduction Models

- **Stigma Reduction Logic Model - Cristina Rodriguez-Hart**
 - Using an implementation science approach to reduce HIV and intersecting stigma.
- **Words Matter Addressing Bias in Medical Documentation - Adam Thompson**
 - Modifying written language to reduce stigma.
- **Stigma as a Structural Determinant of Health Disparities - Dr. Ann Bagchi**
 - Combating stigma through structural competency.

Limitations & Recommendations

- Getting approval for surveys within public health organizations.
- Lack of staff and resources.



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Conclusion



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Conclusion

- The ESCALATE Stigma Reduction Collaborative has demonstrated that training and education when used with quality improvement can measurably reduce HIV stigma.
- The model, used with peer learning and additional QI approaches, can also reduce stigmas associated with racial, ethnic, sexual, gender orientation and other identities of people with HIV.
- An interactive “Building a Stigma Free House” modified driver diagram approach can help HIV care providers working together with people of lived experience, to address the primary drivers of structural, interpersonal, and internalized stigma, ensuring a comprehensive approach to stigma elimination.
- This wholistic approach to the elimination of stigmatizing aspects of healthcare can be scaled up to build a more stigma- free HIV healthcare system.

This is not the end! Continuing the work of
ESCALATE stigma reduction collaborative, we will
spread stigma reduction activities across the healthcare
system!

Special thanks to our colleagues!

Haseya Kee
Himani Chhetri
Christopher Paisano
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Clemens Steinbock
Toni Newman
John Guidry
Cristina Rodriguez-Hart
Adam Thompson
Dr. Ann Bagchi

Special thanks to our Stigma Reduction Teams!

Affordable Community Residence Association

Aspirations

Dallas County Health and Human Services

Engaging Arkansas Communities & Special Health Resources

La Casa de Salud

New York Department of Health and Mental Hygiene

New York Presbyterian Hospital

North Country Healthcare

Palm Beach County

Stanislaus County Health Services Agency

Continuing Education Credit



If you would like to receive continuing education credit for this activity, please visit:

ryanwhite.cds.affinityced.com