

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

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# Disclosures

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Peer Linkage and Re-engagement  
For Women of Color

<http://ryanwhite.cds.pesgce.com>



# 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

## 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

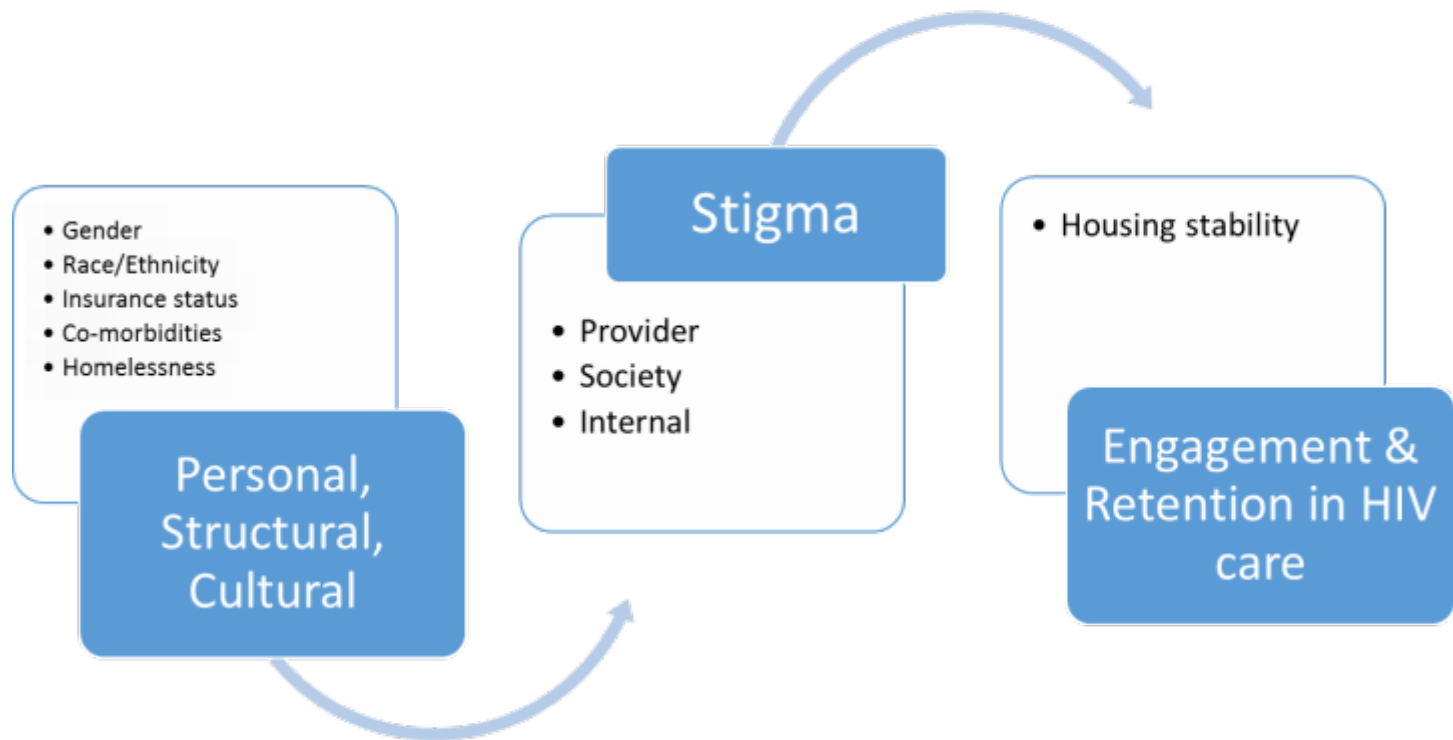
- “Stigma is an attribute that is deeply discrediting and results in the reduction of a person or group from a whole and usual person to a tainted, discounted one”.  
Goffman 1963
- “...elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation 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

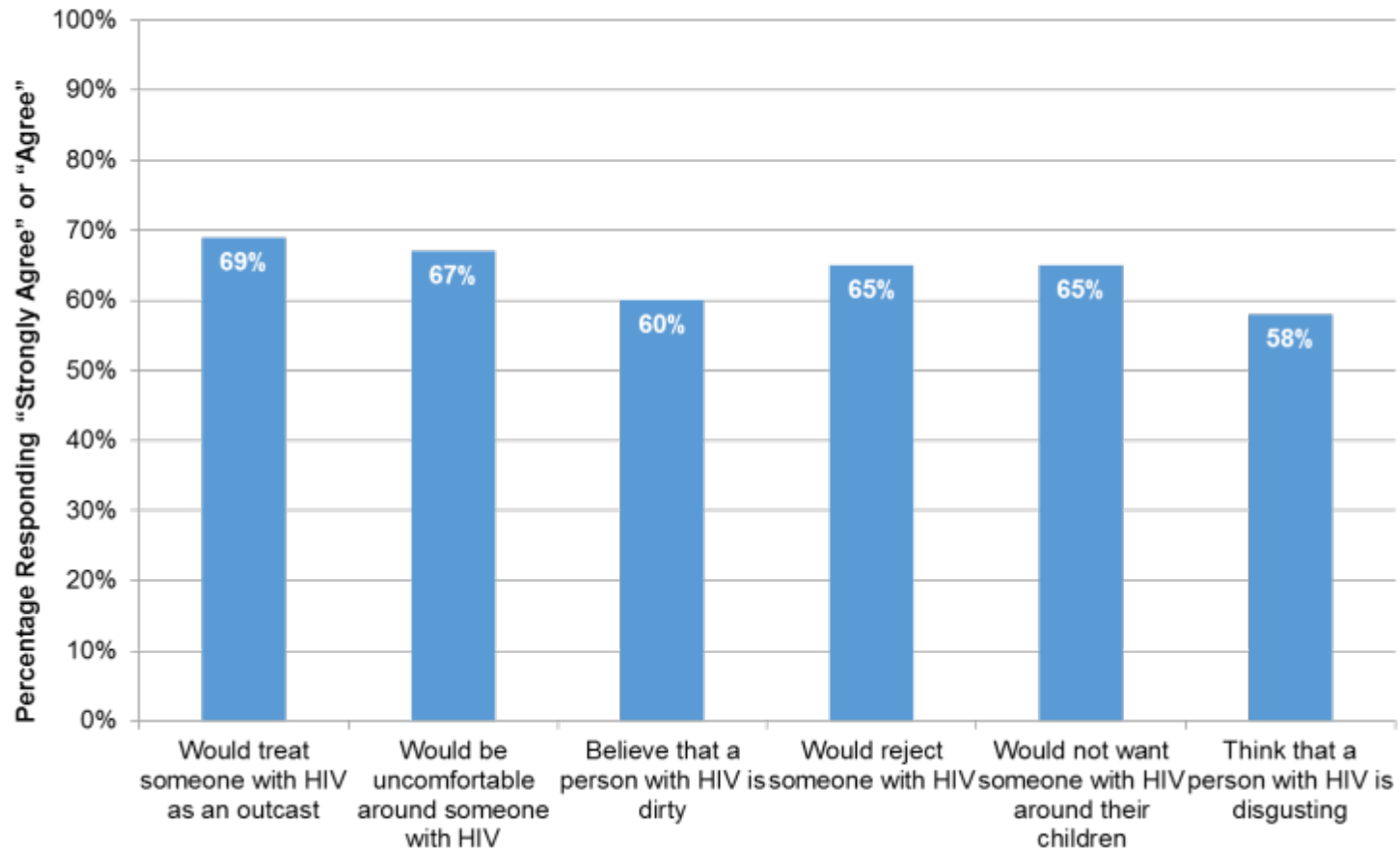
- Longitudinal study (0, 6, 12, 18 months)
- Stigma on 4 dimensions: 16 items
  - HIV (Berger scale)
    - Perceived external stigma
    - Provider-related stigma
  - Housing status/homeless (adapted from BRFSS)
  - Mental illness
  - Substance use disorders

# 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

# Charting Stigma

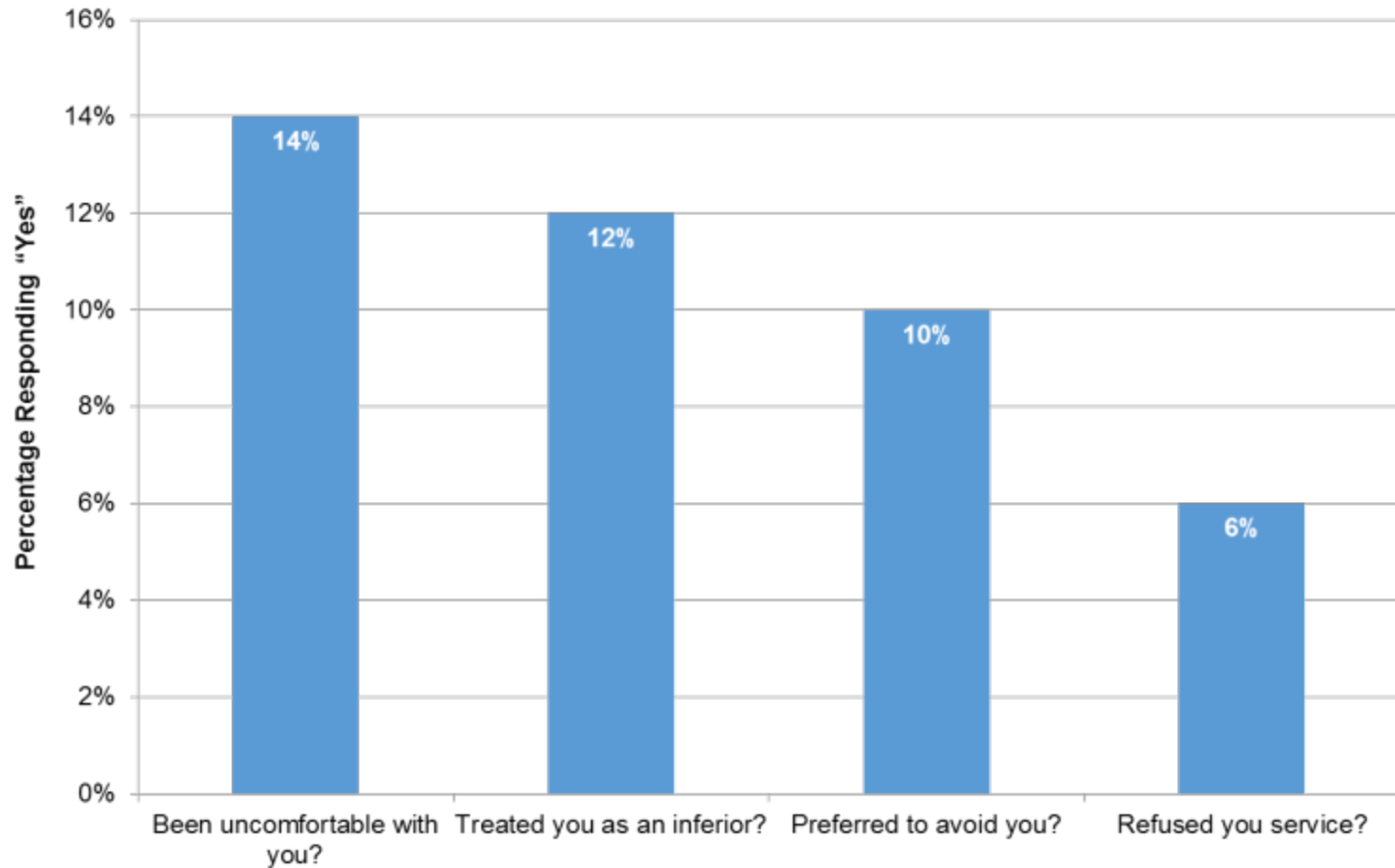
General HIV Stigma Among All Participants (n = 546)  
*"People I know..."*



# Charting Stigma

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

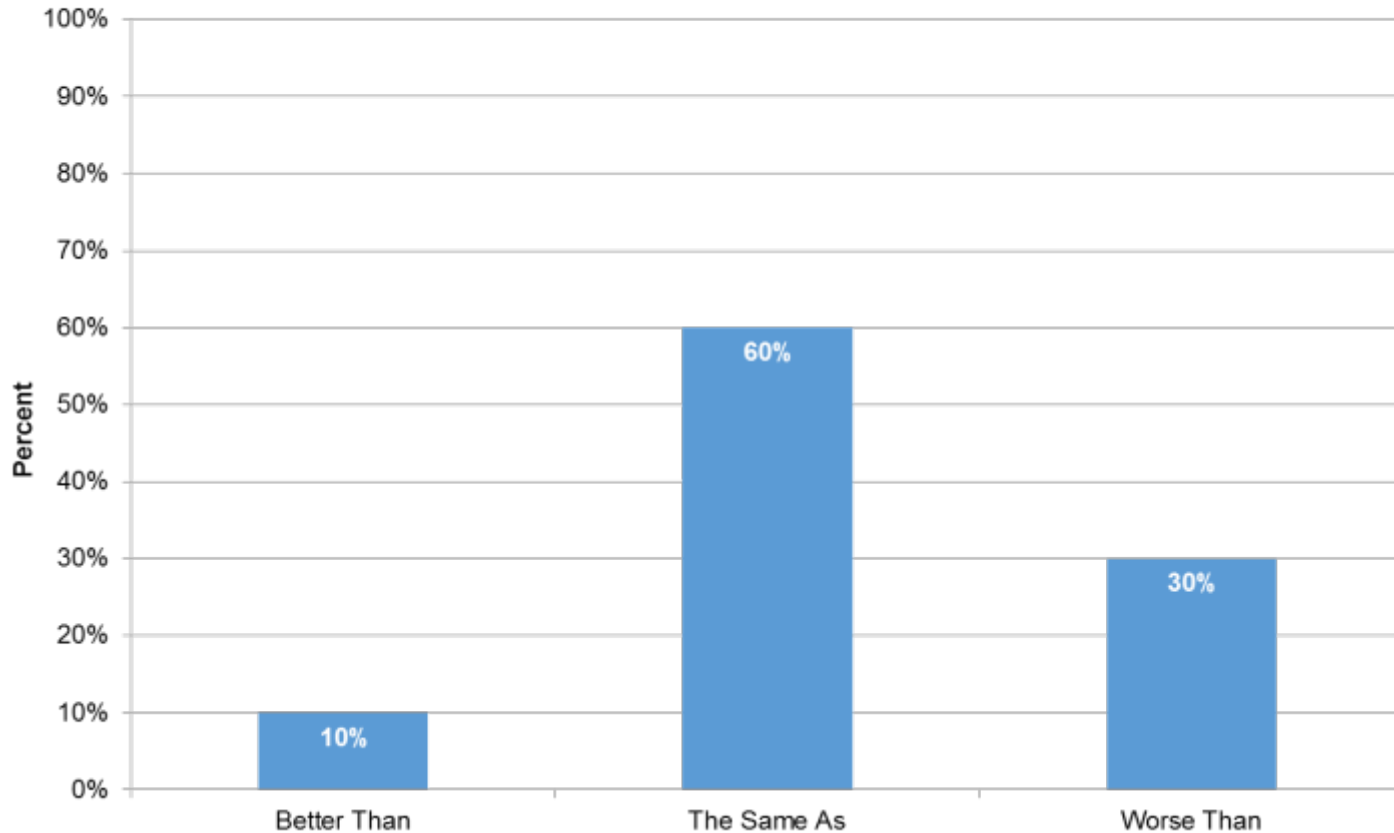
*"Since you have had HIV, has any health care provider ..."*



# Charting Stigma

## 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?”*

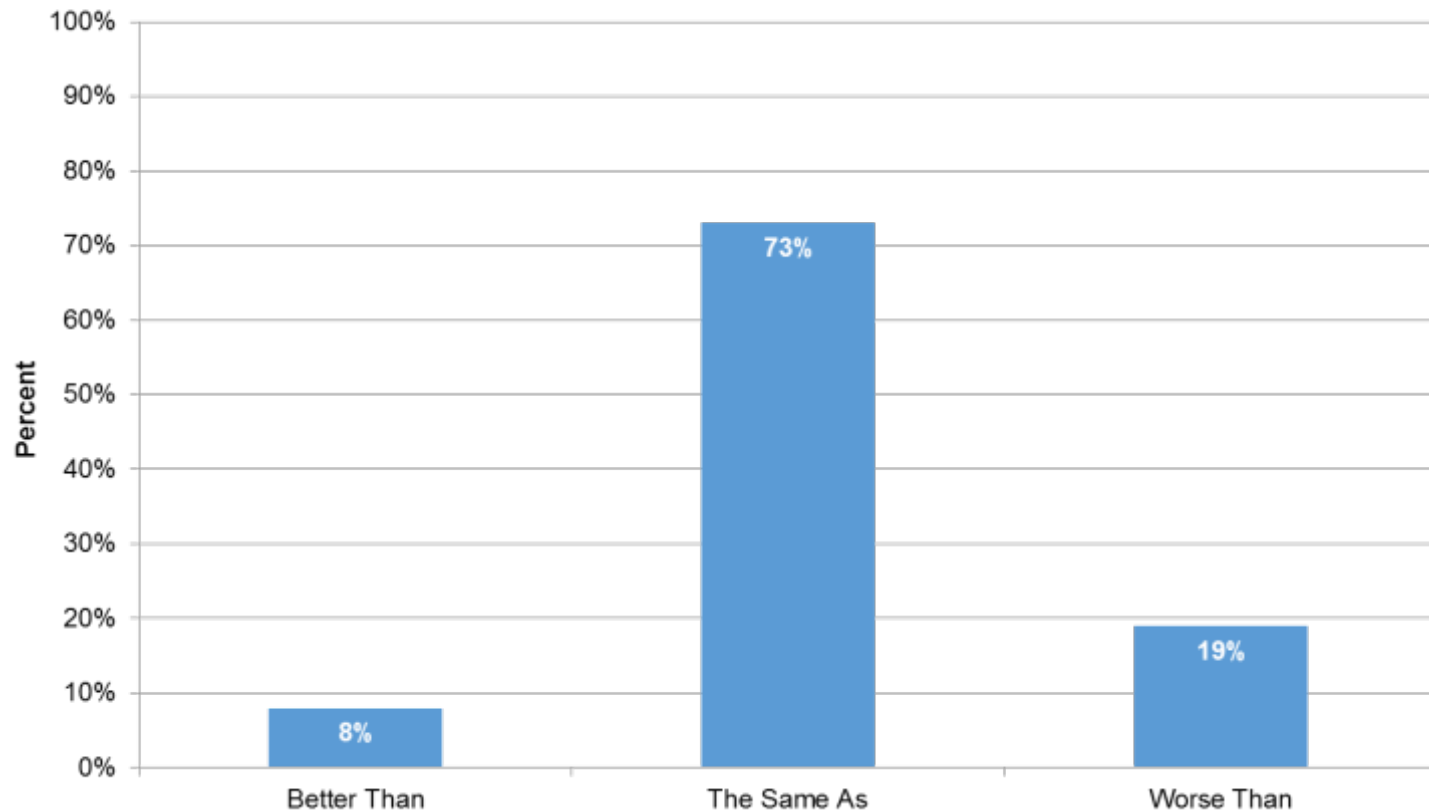




# Charting Stigma

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

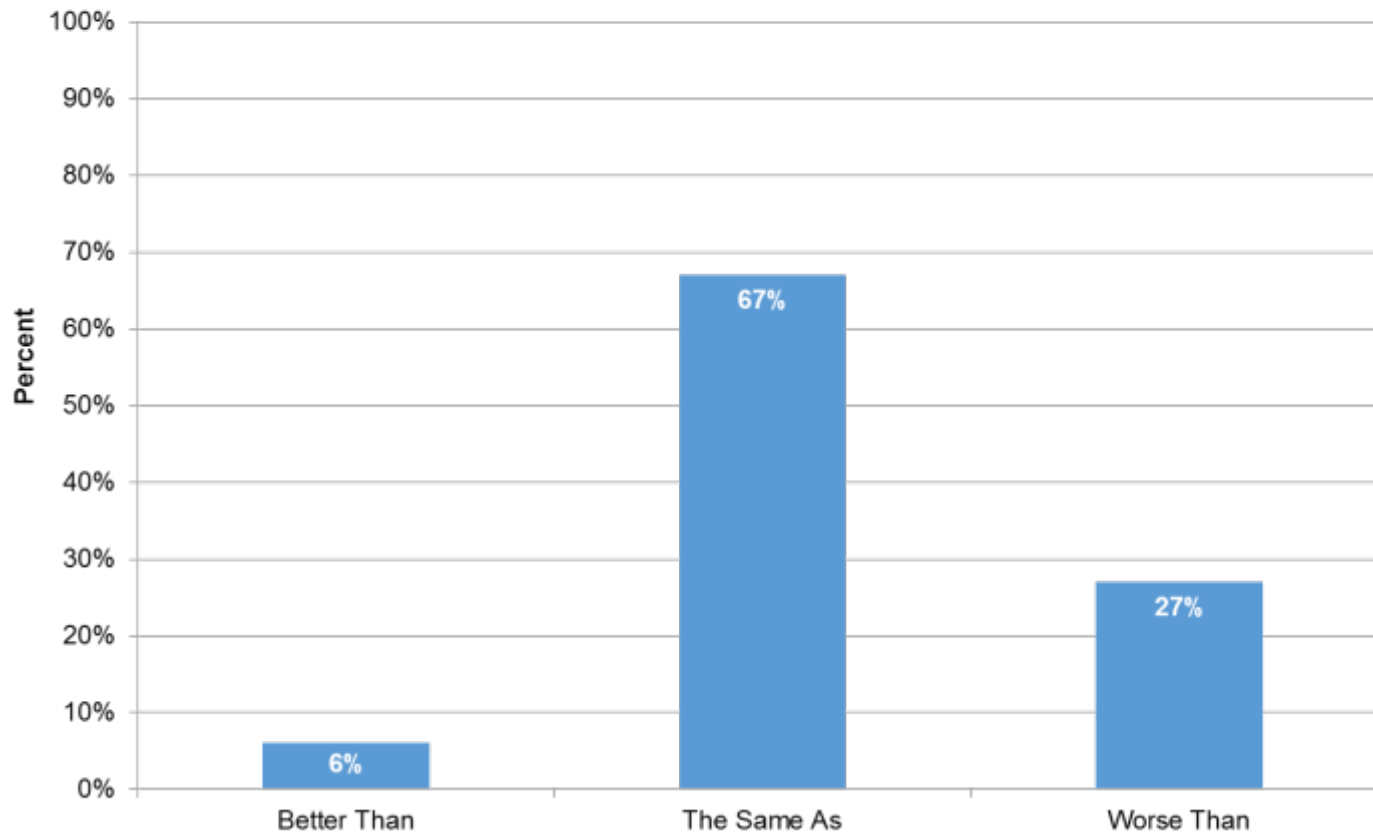
*"Within the past 12 months do you feel that you were treated worse than, the same as, or better than people who don't have a mental health condition or emotional problem?"*



# Charting Stigma

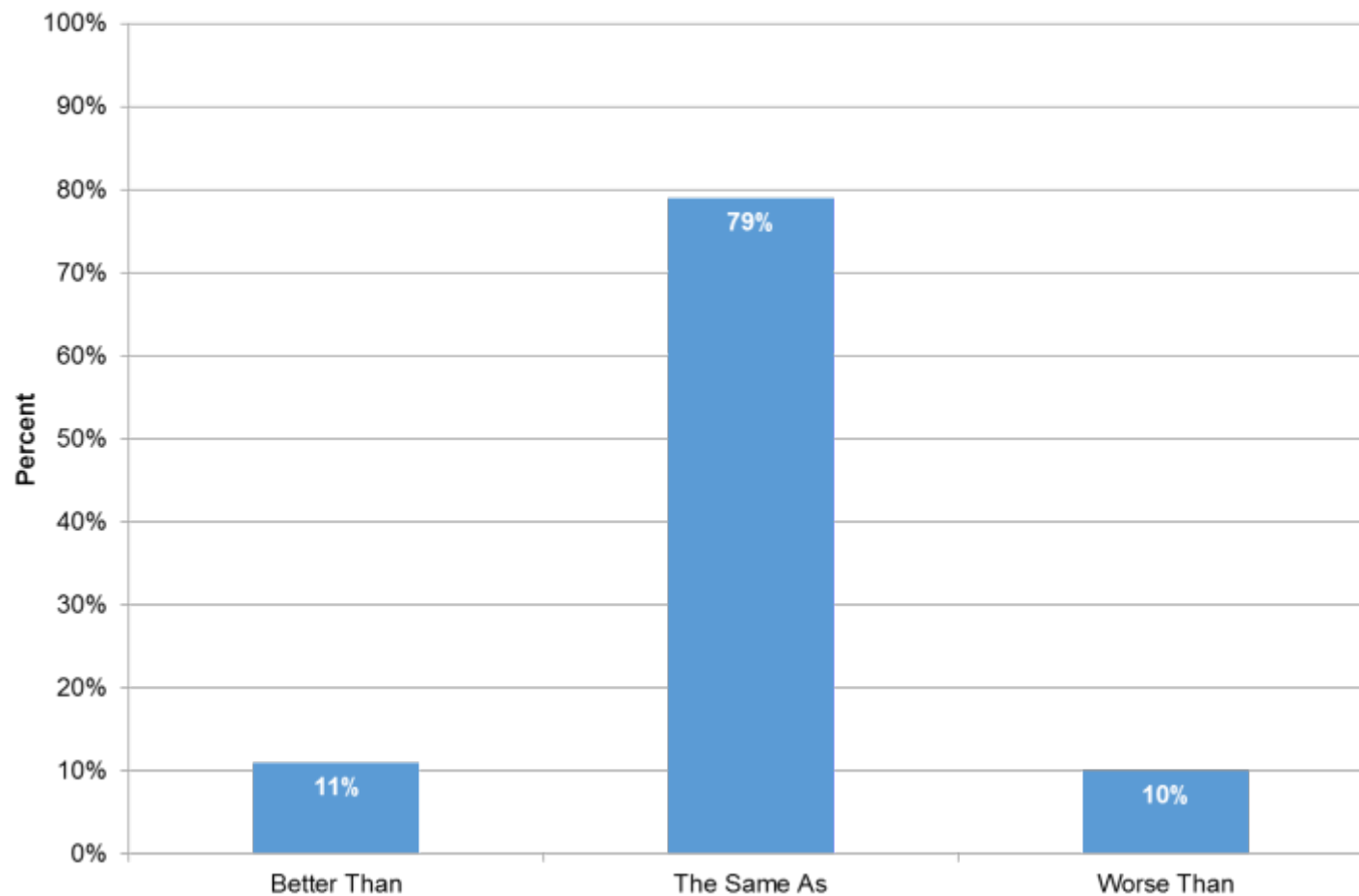
## Substance Use Stigma Among All Participants (n = 546)

*"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?"*



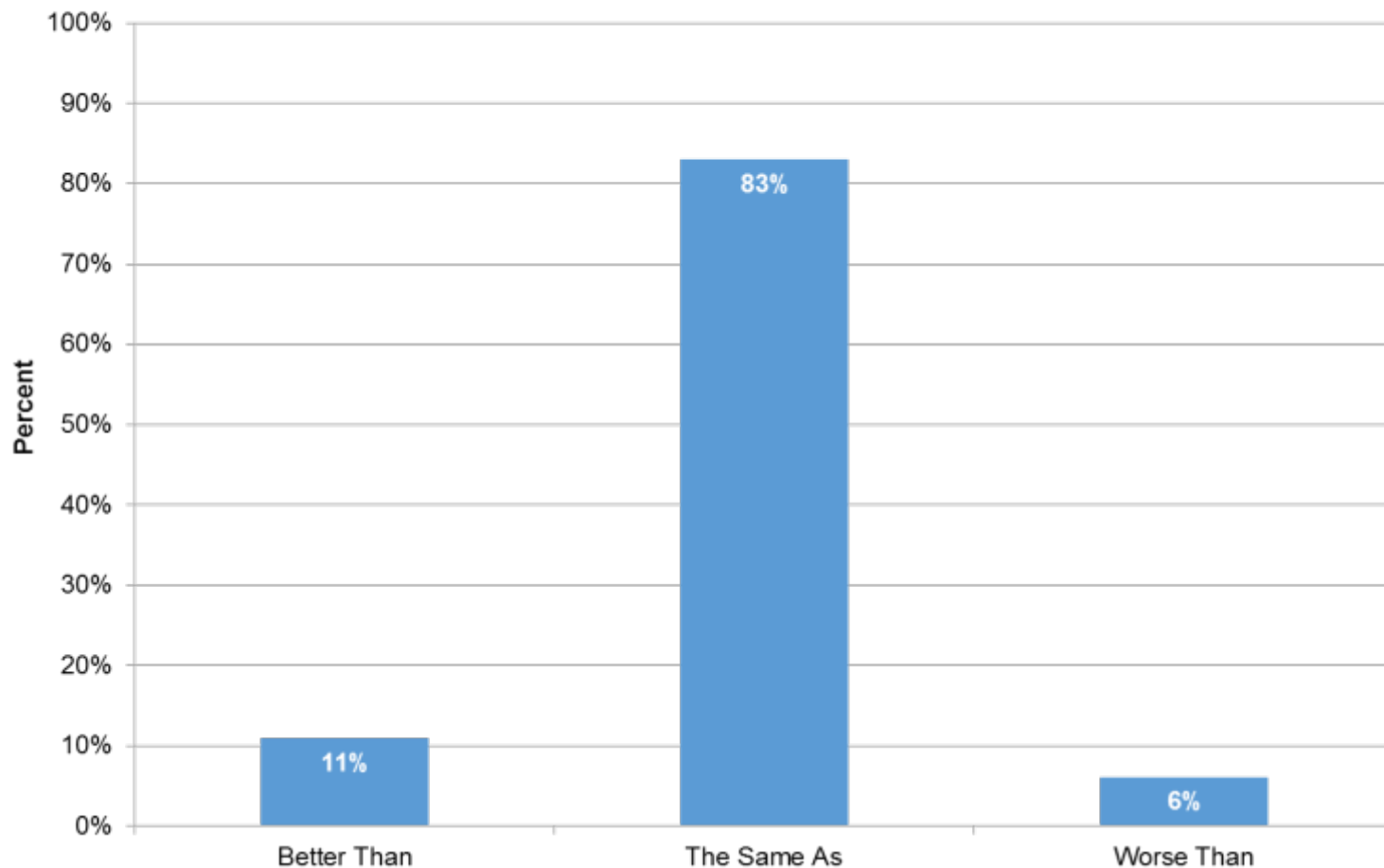
# Charting Stigma

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



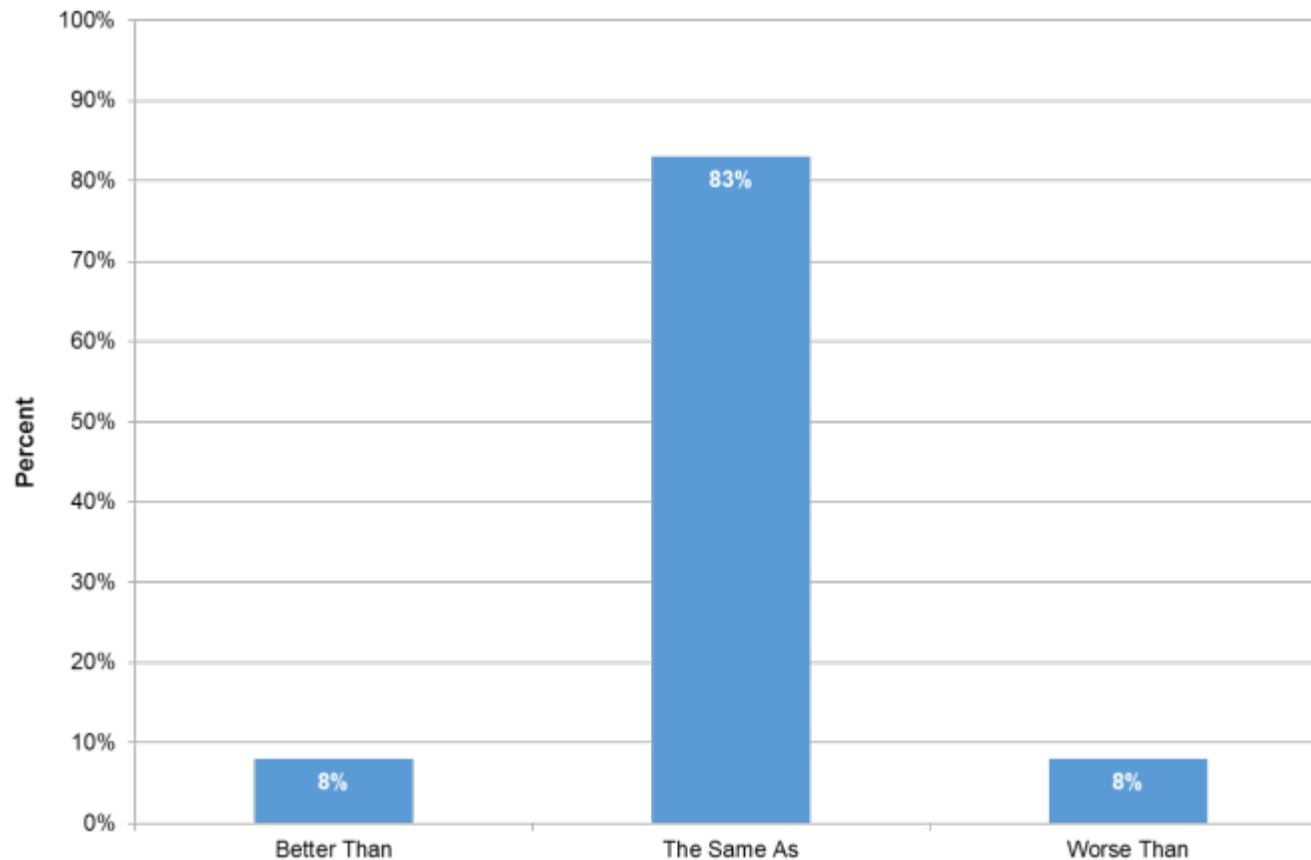
# Charting Stigma

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



# Charting Stigma

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 re-affirmed the internal stigma

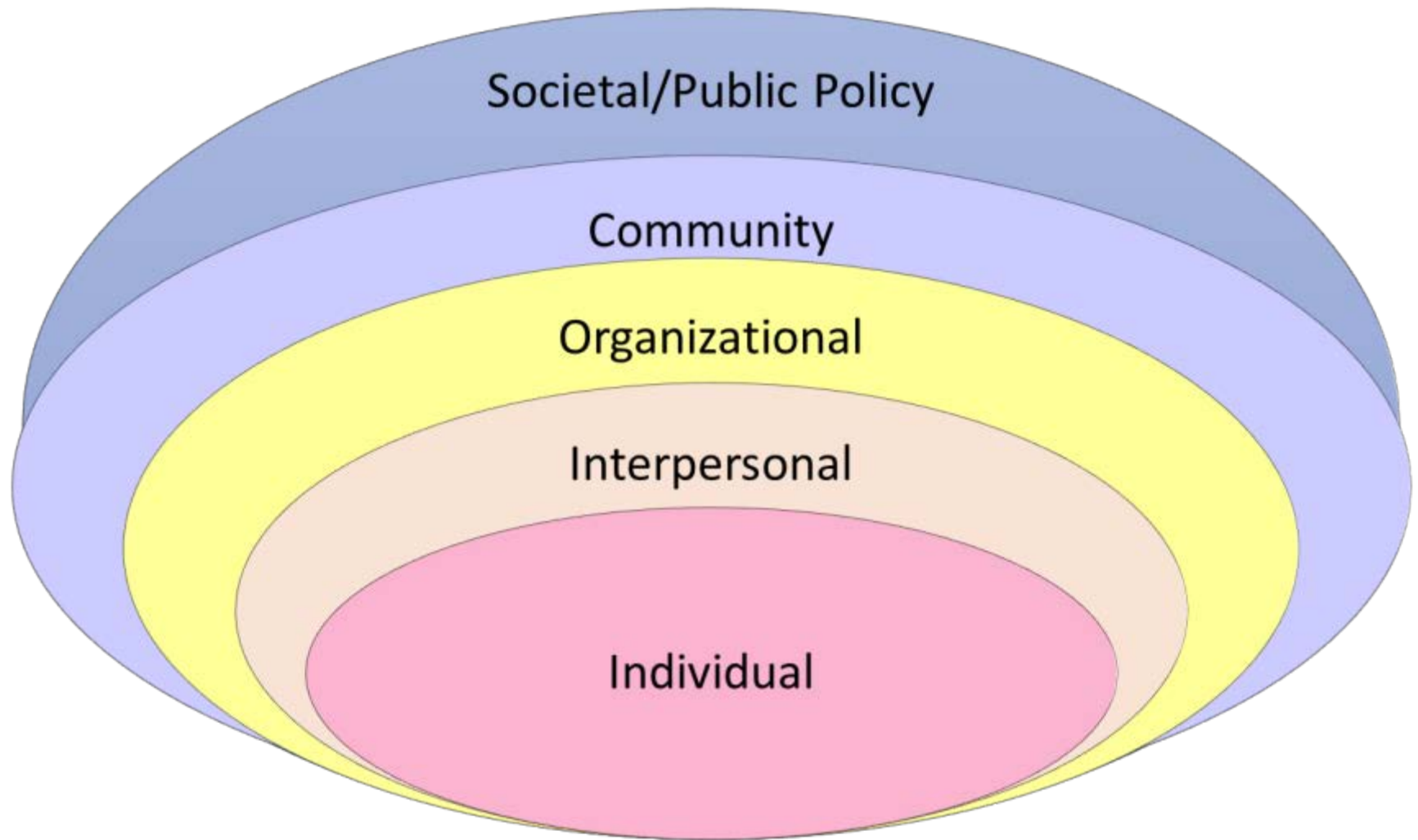
# Case Vignette – AIDS Arms (*contd.*)

- 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

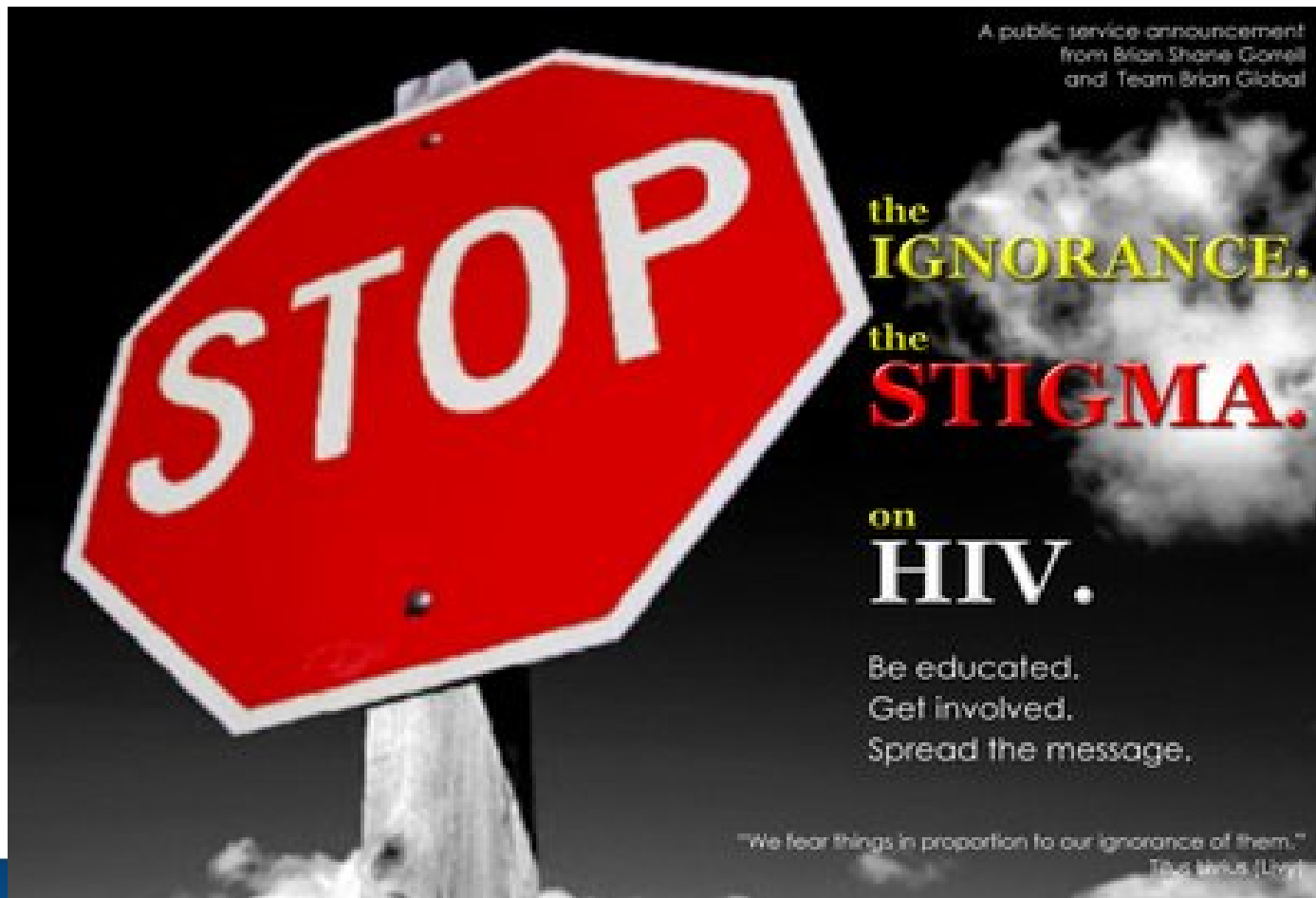
# Group Think

How would you address stigma?

# Conclusions

- Stigma:
  - is multifaceted and complex
  - is associated with discrimination
  - comprises of 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

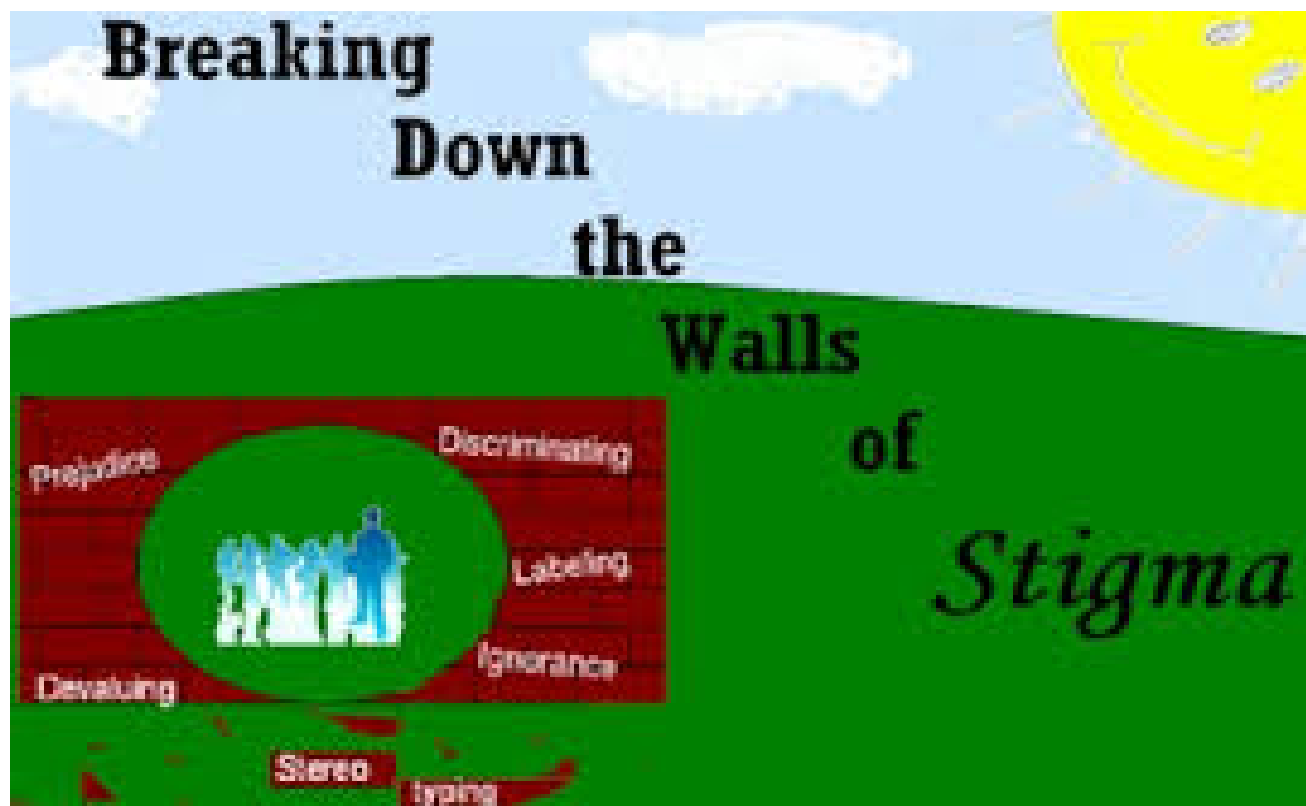
Homelessness, addiction,  
and mental health issues  
do not define me.

I am a  
person first.

Stop stigma. Support recovery. Help someone.

Logos at the bottom include: U.S. Department of Health and Human Services, HIV.gov, and other partner organizations.

# 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 [Vimeo.com](http://Vimeo.com)

# Stigma Elimination

- An ongoing process with many steps

# Carter Quote

*I 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

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