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Texas Collaborative for HIV Education and Prevention (TCHEP) Learning Series

Updates and Recommendations for Primary and Emergency Care Services



Fighting HIV Stigma to End the Epidemic: Evidence-Based Solutions for Healthcare in Texas



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Texas Collaborative for HIV Education & Prevention Learning Activities:

“Fighting HIV Stigma to End the Epidemic: Evidence-Based Solutions for Healthcare in Texas”

June 10, 2021



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- Complete the participant evaluation



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For more information on CE credits, please contact Isabel Clark Isabel.Clark@dshs.texas.gov or email us at tcchep@uthct.edu

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**Fighting HIV Stigma
to End the Epidemic**

**Evidence-Based Solutions
for Healthcare in Texas**

Learning Objectives

- **Define HIV stigma** and describe prevalence and drivers of HIV stigma in healthcare settings.
- **Identify internal and external stigma** as a major barrier in HIV care, as it correlates to delivering diagnosis, linkage to care, and referral opportunities.
- **Differentiate between stigmatizing and person-first languages** and identify effective methods for fostering positive client-provider communications in healthcare settings.
- **Discuss stigma reduction strategies** in health care settings.



What is HIV Stigma?



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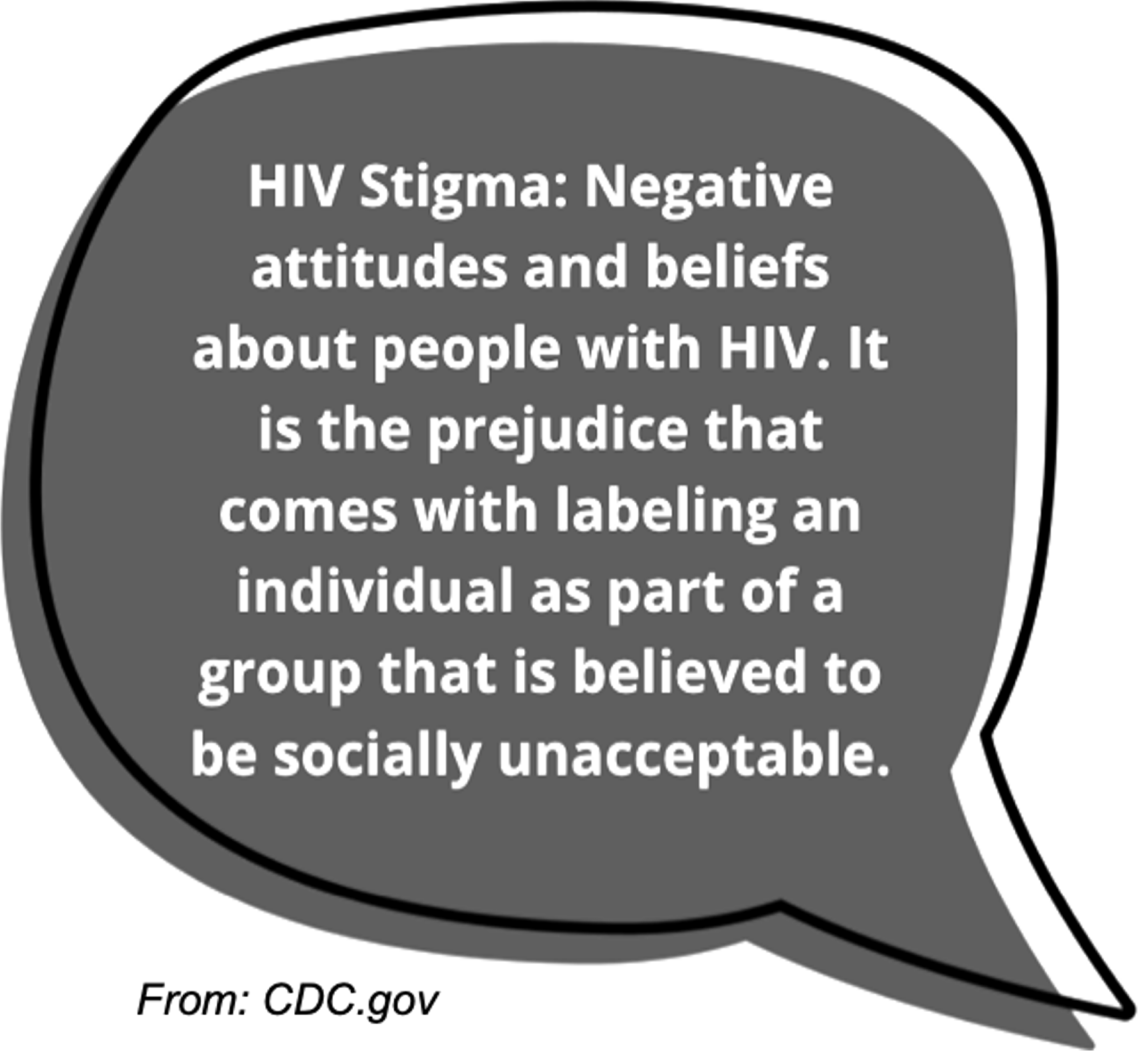
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What is HIV Stigma?



HIV Stigma: Negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

From: CDC.gov

Stigmatizing behaviors can take on many forms, for example:

- **Discrimination:** For example, refusing to take a person living with HIV as a patient
- **Stigmatizing language and behavior:** Calling a patient an "HIV-er" instead of a "person living with HIV."
- **Stereotypes**
- **Prejudice**

What is HIV Stigma?

In many cases, a health-care worker **may not even realize that what they are doing or saying is harmful**—or that a short interaction at the reception desk or in an exam room may have psychological consequences for the patient and public-health ramifications for the community.

HIV Stigma Can Also Be Internalized

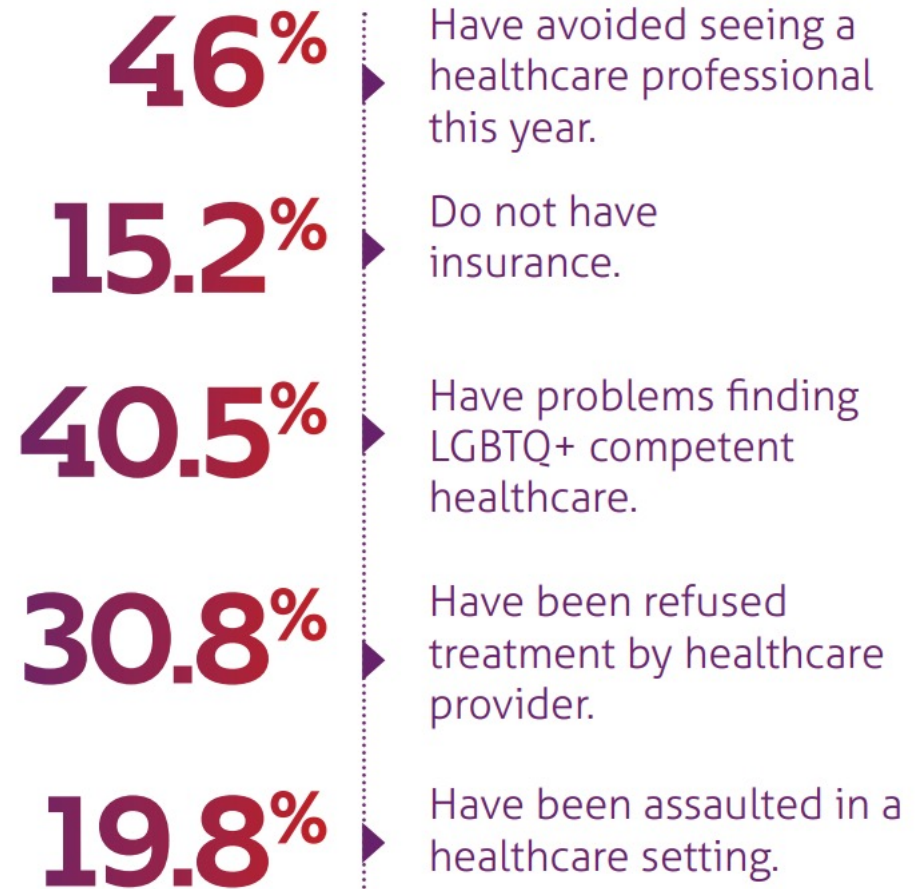
- In annual surveys between 2011 and 2014 in Texas, **71%** of people living with HIV said it is difficult to tell other people about their status
- **66%** said they hide HIV from others

<https://www.sanantonio.gov/Portals/0/Files/health/News/Reports/Fast-TrackCitiesSAResulttoCommunity.pdf>

Alvarez CR, Odem S, Sears S, et al. Assessing internalized stigma among people living with HIV receiving medical care in Texas. Presentation at: American Public Health Association Annual Conference; Nov. 8, 2017; Atlanta, GA.

Many people living with HIV also endure other forms of stigma

LGBTQIA+ people are more likely to avoid seeing a healthcare professional when needed, less likely to have health insurance, & have problems finding LGBTQIA+ competent healthcare in the San Antonio metro area





Why HIV Stigma Is a Barrier to Care



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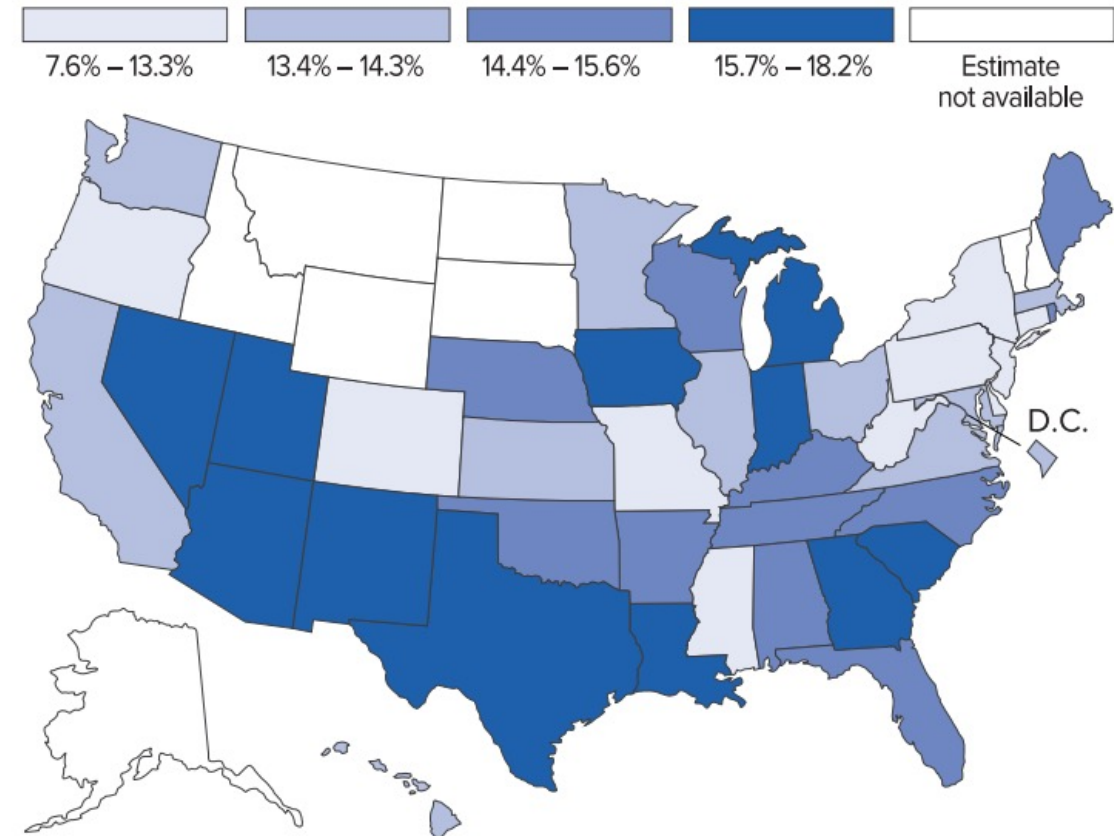
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Ending HIV Stigma in Health Care is a Public-Health Priority

- The South is now the epicenter of the American HIV epidemic.
- It's home to the largest percentage of undiagnosed people living with HIV in the country, along with the highest HIV transmission and mortality rates.
- San Antonio is one of its hot spots: **In 2016, Bexar County had the largest cluster of new HIV cases in the nation.**

Percent of People with Undiagnosed HIV
by State, 2016⁸



<https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>

Ending HIV Stigma in Health Care is a Public-Health Priority

- The **End Stigma End HIV Alliance (ESEHA)** formed as part of a multipronged effort to end HIV by 2030.
- An alliance of HIV/AIDS service organization, the San Antonio People's Caucus of consumers living with HIV, the Ryan White Program Administrative Agency, the San Antonio Metropolitan Health District (Metro Health), and local academic institutions

Everyone in Health Care Has a Role to Play

- Patient relationships with all health-care workers play a crucial role in HIV care engagement.
- Health-care-related stigma reduces testing, treatment, and retention in care, as well as willingness to seek social support.

Reif S, Safley D, McAllaster C, Wilson E, Whetten K. State of HIV in the US Deep South. J Community Health. 2017 Oct;42(5):844-853. doi: 10.1007/s10900-017-0325-8. PMID: 28247067.



How You Can Help End HIV Stigma in Health Care



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Stigma-Free Health Care Guidelines

Created by and for people living with HIV, ESEHA's evidence-based anti-stigma guidelines describe anti-stigma interventions that aim to change behavior and institutional norms on **three** levels



1. Individual Level



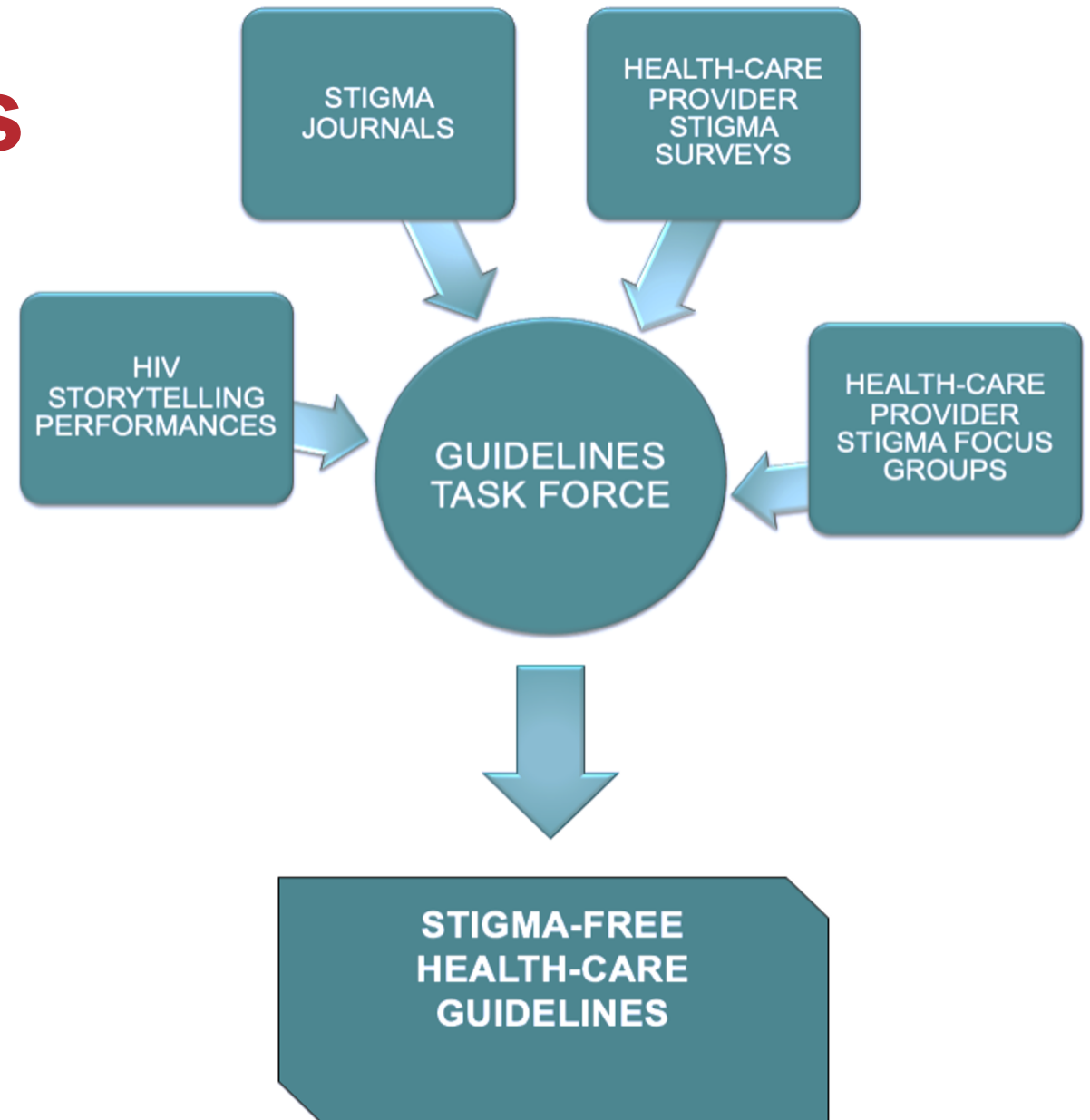
2. Workplace-Culture Level



3. Structural Level

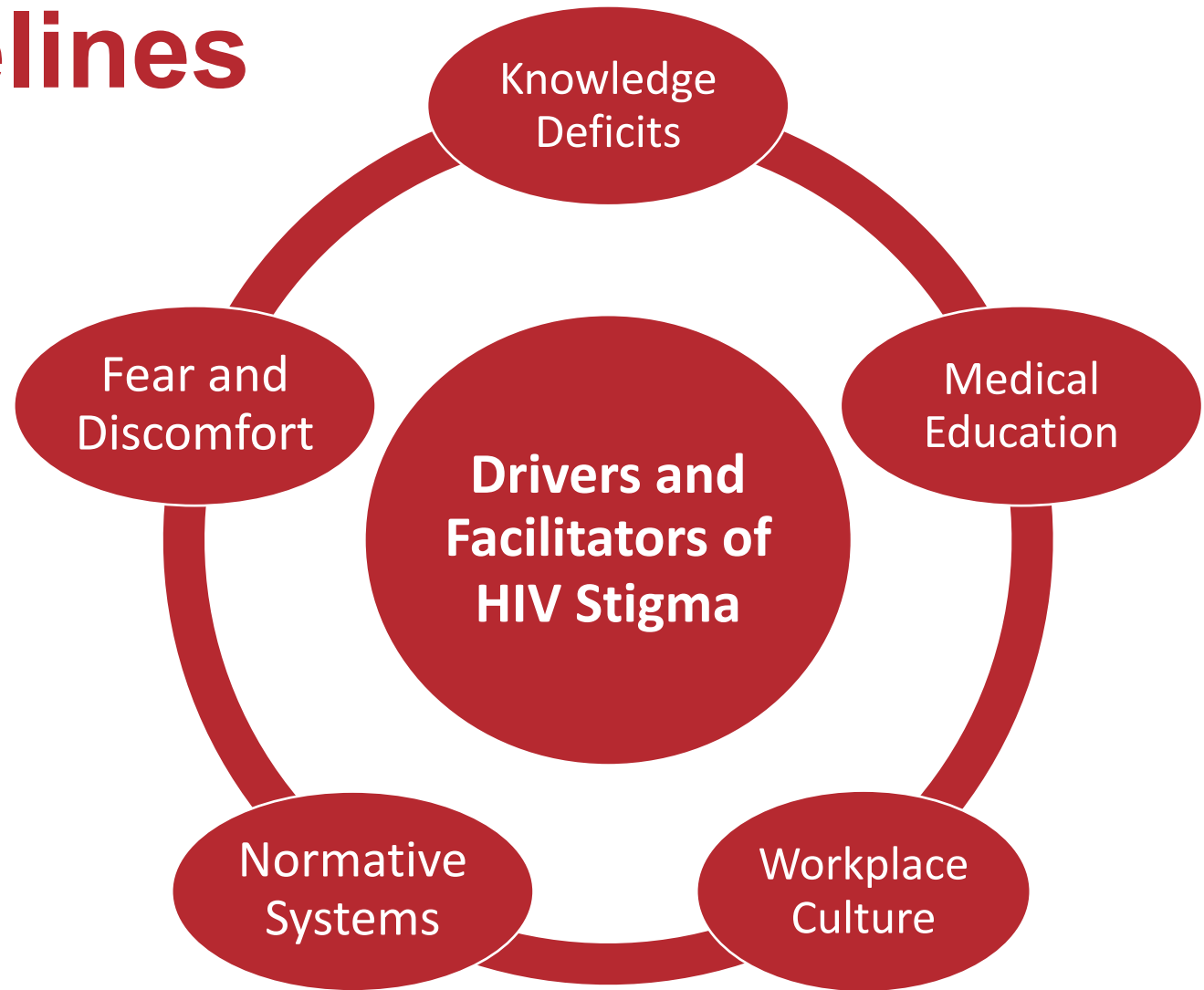
How the Guidelines Were Created

- ESEHA formed a Guidelines Task Force made up of HIV advocates, medical students, and a physician.
- This group met over Zoom to review mixed-methods stigma research previously performed by ESEHA.



How the Guidelines Were Created

The task force identified several stigma drivers, facilitators, and practices to target for intervention





1. Individual Level

Stigma-Free Health Care Guidelines

- People living with HIV carry with them stigmatizing messages from the media, their faiths, and their communities.
- **Any interaction with any individual** in a health care setting that reinforces this stigma can make it less likely that they will return for regular testing or remain engaged in care.

"At some clinics and doctors' offices, the receptionist can be very rude... I always speak up but there are a lot of clients who cannot do this...The receptionist is usually the first person they come in touch with, and if they don't feel respected, they may just walk away and we will lose them."

—HIV educator/person living with HIV



1. Individual Level

GOAL

Counteract stigmatizing messages from patients' families, cultures, and communities

GETTING THERE

Many people internalize the message that an HIV diagnosis makes them tainted or dirty; steer clear of any expressions that reinforce this perception.

DOS AND DON'TS

***Do** tell people when their viral load is undetectable (**remember, U=U!**). And use judgment-free phrasing when taking a sexual history (e.g., ask patients if they are "having condomless sex" rather than if they "always use condoms.")

***Don't** tell patients that they are "clean" if they test negative or are virally suppressed, and refrain from celebrating negative HIV tests or conveying anxiety about positive ones. Inform clients of their results calmly and directly, offering empathy and support however they react.



1. Individual Level

GOAL

Show your patients that you see them as more than their diagnosis

GETTING THERE

Treat patients with respect using "people-first" language. That goes doubly for patients who also belong to other stigmatized groups, such as LGBTQIA people or people who use IV drugs.

DOS AND DON'TS

***Do** say "person living with HIV" or "person with a substance-use disorder."

***Don't** use dehumanizing terms like "HIV patient," "HIV infected," "HIV-er," or "drug abuser."



1. Individual Level

GOAL

Make patients feel comfortable and safe in the exam room

GETTING THERE

Alleviate any anxiety you may have about contracting HIV by educating yourself about how the virus is transmitted.

DOS AND DON'TS

***Do** follow standard safety protocols.

***Don't** double-glove, wipe down patients' seats, or avoid patient contact .



1. Individual Level

GOAL

Encourage people to stay or re-engage in care

GETTING THERE

Refrain from shaming patients who miss appointments or don't adhere to medication

DOS AND DON'TS

***Do** welcome patients back to treatment.

***Don't** lecture or fine patients who miss appointments



What Your Workplace Can Do



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2. Workplace-Culture Level

A Stigma-Free Work Culture Begins at the Top

A good team leader or employer leads by example. Treating patients with respect by using people-first, non-stigmatizing language can go a long way toward inspiring the people around you to do the same.



2. Workplace-Culture Level

Create a Shame-Free Zone

- Often with good intentions, we use shame to motivate our patients.
- Unfortunately, shame is an ineffective way to change behavior, and can worsen internalized HIV stigma, reduce adherence to treatment, and discourage engagement in care.
- So instead of asking "Why did you miss your appointment," when a patient calls to reschedule, try "We missed you yesterday. Is everything OK?"



2. Workplace-Culture Level

Keep One Another Accountable

In health care, many stigmatizing behaviors come from lack of awareness. So if you notice a colleague using stigmatizing language, create a culture of accountability by speaking up.

Remember: Shame is an ineffective way to change behavior, so keep it positive and judgment-free.



2. Workplace-Culture Level

Names and Pronouns Matter

- Using patients' correct pronouns and names should become part of your work culture.
- Transgender women who have sex with men are at high risk for HIV.
- When they walk into a testing center or a doctor's office, they face both HIV stigma and trans stigma.
- Asking their pronouns or how they would like to be addressed signals that they will be treated with respect during their care.



2. Workplace-Culture Level

Empower Your Patients

- Make shared decision-making and collaborative patient-centered care the norm.
- Creating partnerships with your patients will help engage them in their own health and help empower them to speak up when they encounter stigma in other health-care settings.



What Your Institution Can Do



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3. Structural Level

What Your Institution Can Do

Making changes on an individual or workplace level is not enough. Procedural and systemic interventions are required for anti-stigma practices to stick.



3. Structural Level

1. Formalize Anti-Stigma Trainings

Many stigmatizing behaviors come from fear or knowledge gaps. Implement judgment-free annual trainings that cover people-first language, safe-space guidance, harm reduction, evidence-based safety protocols, and the public-health ramifications of HIV stigma.



3. Structural Level

2. Prioritize Peer Support & Warm Hand-offs

Make use of patient navigators to guide people living with HIV through the process and ensure that any referrals made outside the organization are to healthcare providers with anti-stigma practices in place.



3. Structural Level

3. Create Processes that Encourage Single-Capture Histories

Customizing EMRs to capture gender and sexual history on the first visit eliminates the need to re-traumatize patients every time they walk in the door.



3. Structural Level

4. Rethink the Rules

Re-examine procedures and regulations that might make people less likely to seek or remain engaged in care.



3. Structural Level

5. Promote Trauma-Informed Care

Along with the trauma of diagnosis, many people from historically marginalized groups—who are often disproportionately affected by HIV—are also dealing with other traumas, including racism, homophobia, sexual assault, and physical abuse. Create a trauma-informed health-care environment that prioritizes patients' safety and comfort, builds trust, and meets patients where they are.



3. Structural Level

6. Build In Accountability

Tracking measurable data and conducting regular evaluations allow organizations to gauge what is and isn't working.

.

We would love to hear from you



If you would like to implement anti-stigma guidelines in your organization, please reach out.

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That's all, folks!

Any Questions?



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