

**Perceptions; Patient Vs Provider:
HIV/AIDS Stigma Series**

Earl Nupsius Benjamin, MHA
Delta Region AIDS Training Center /
University of Mississippi Medical Center
Clinical Training Coordinator/
AETC Faculty

Needs Assessment

- Merely educating providers about stigma was insufficient.
- Providers needed a step-by-step approach to addressing HIV Stigma.
- Since the patient's experiences of stigma are multi-dimensional, the providers must administer an effective social marketing campaign to help aid in the patient's ability and desire to access care.

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Learning Objectives:

- Learn the significance of the patient-provider stigma dynamics.
- Examine effective strategies that can help to reduce barriers that affect access to care.
- Examine social marketing as a provider's first line of defense against stigma.

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Patient Vs Provider



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Series Development

- *The series is based significantly on the National Minorities AIDS Council's (NMAC) stigma training modules.*
- *The National Minorities AIDS Education and Training Center's (NMAETC) BESAFE tool is also a component of this training series.*

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Objectives

- Participants will be able to identify the elements of HIV/AIDS stigma
- Organization will develop an on-going Action Plan to reduce the impact of HIV/AIDS stigma on client service delivery

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Outline

1. Examines what Stigma is
2. Examine the role HIV/AIDS related stigma plays in HIV case management and access to care.
3. Identify HIV stigma reduction strategies.
 1. *M.O.D.E*
 2. *B.E.S.A.F.E Model*
4. Examine and develop a stigma *Action Plan*

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What Does One Think!

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Categorizing the Terms

<u>Beliefs</u>	<u>Fears</u>	<u>Actions</u>
Stereotype	Homophobia	Discrimination
Prejudice	Addictophobia	Sexism
	Xenophobia	Racism



STIGMA

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Stigma

Negative feelings, beliefs, and behavior (conscience and/or subconscious) directed toward an individual or group due to a particular label or characteristic.



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Defining Marginalized Populations

- Members of:
- Sexual minority groups
- Intravenous drug users
- Racial/ethnic minorities
- Homeless individuals
- The poor
- **Others????**



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Defining HIV/AIDS Stigma

HIV/AIDS stigma is manifested through **discrimination** and **social ostracism** directed against:

- individuals with HIV/AIDS
- groups of people perceived to be infected
- individuals, groups, and communities with whom these individuals interact

Primary
HIV/AIDS
Stigma

Secondary
HIV/AIDS
Stigma

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Stigma occurs at two levels

Cultural level HIV/AIDS stigma:

- occurs at the societal level and manifested in society through the use of discriminating practices within employment, housing, and services

Individual level HIV/AIDS stigma:

- affects **both** those who are infected with the virus **and** groups/individuals associated with the virus

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Cultural Level Stigma

Factors that shape cultural stigma are:

- values towards sexuality, the disease, and gender;
- perceptions of drug abuse; and
- perceptions towards persons who are members of a minority.

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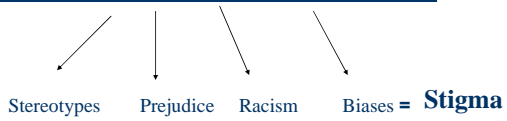
Individual Level Stigma

- Primary
- Secondary
- Instrumental
- Symbolic

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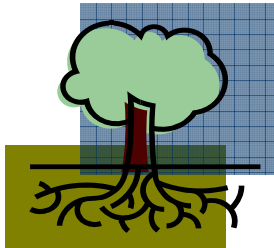
So, Where does Ones Attitude, Beliefs, and Values lay?



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What Causes Stigma?



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Two Factor Theory

The first stage:

- The initial reaction people have towards someone who is HIV positive.
- Reaction is automatic.
- Negatively held beliefs/stereotypes come into play.

The second stage:

- Occurs when individuals work through the three components that influence their feelings and attitudes.

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Three Components Influence Attitudes:

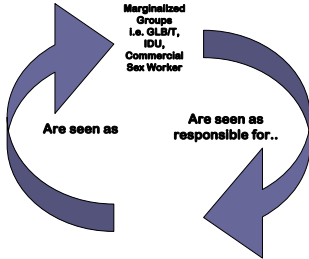
- The time an individual has to react to a stimulus,
- The cognitive capacity, and
- Their motivation to adjust feelings and attitudes towards the stimulus.

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The Vicious Circle of Stigma and Discrimination

HIV/AIDS is associated with marginalized behaviors, and PLWH/A are stigmatized because they are assumed to be from a marginalized group.



Marginalized groups are further marginalized because they are assumed to have HIV/AIDS.

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How is HIV/AIDS Stigma Manifested in Society?

- > Through **overt** and **covert behaviors** directed at individuals who are living with HIV/AIDS or believed to be.
- > Through **Perpetrators of HIV/AIDS Stigma** – People who express negative attitudes or feelings toward PLWH/A, or who discriminate or use other stigmatizing behaviors toward them.

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Expression of HIV/AIDS in Society

- Community setting
- Familial setting
- Individual setting

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Effects of Stigma

- **Stigma can:**
- Lead to social isolation
- Increase the numbers of people getting the virus
- Limit access to services
- Keep people from caring/helping people assumed to be living with HIV/AIDS

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MODE Model & Attitude Formation

- Motivation and Opportunity as DEterminants

- **Automatic process**

Generating an attitude toward an object without much conscious thought (i.e., automatically).

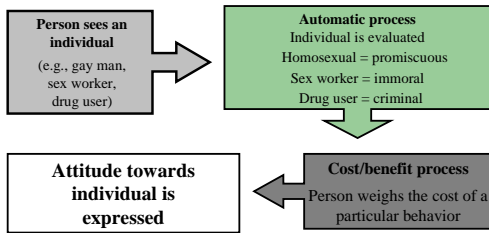
- **Cost/benefits process**

Weighing the costs and benefits of a particular attitude-relevant behavior.

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The MODE Model



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What Creates More Deliberate Behavior?

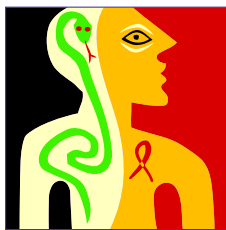
- Doubt about one's attitudes can be a motive to deliberate one's behavior.
- Situations that provide the opportunity to deliberate (and avoid spontaneous/automatic response to underlying attitudes).

Motivation + Opportunity = Deliberate Response

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HIV/AIDS Stigma as a Barrier to Care and Services



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Self-Stigmatization

What is it?

The shame that PLWH/A experience when they internalize negative reactions of others.

What impact does/can it have?

It may lead to:

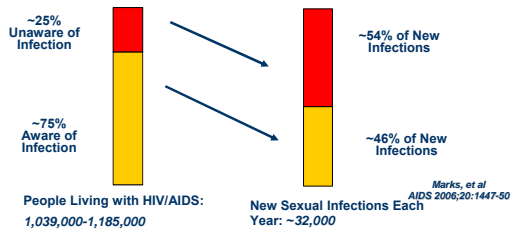
- depression, withdrawal, and feelings of worthlessness.
- isolation of the person
- negatively impact his/her ability to access critical services.

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Awareness of Serostatus Among People with HIV and Estimates of Transmission

Accounting for:



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Impact on Access to Care

- Once diagnosed, individuals who are concerned about being stigmatized are more likely to delay care and/or not to adhere to care.
- As the disease progresses, individuals tend to retreat and isolate themselves.
- Denial of serostatus can also cause delayed care.
- Health care providers may exacerbate avoidance of care.

Source: Cheney, M & Smith, A. 1999. Critical delays in HIV testing and care: the potential role of stigma. American Behavioral Scientist, 42(7), 1162-1176.

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Quality of Care



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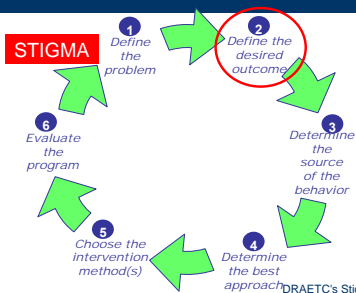
Strategies for Reducing HIV Stigma



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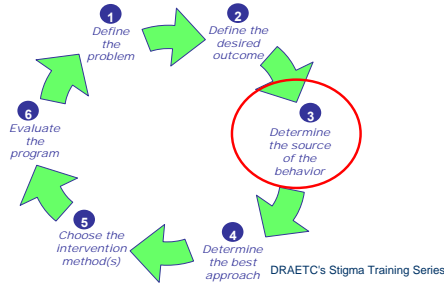
Steps to HIV/AIDS Stigma Interventions



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Steps to HIV/AIDS Stigma Interventions



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Organizational Barriers to Reducing HIV/AIDS Stigma

- Agency name
- Location
- Marketing strategy
- Facilities
- Staff attitudes



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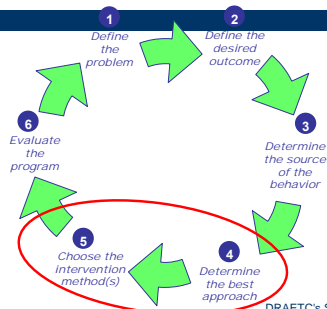
Aim Interventions to Deflect HIV/AIDS Stigma at Each Level

- **Individual-level** interventions:
 - Programs reaching an individual or a small group of individuals
- **Community-level** interventions:
 - Programs reaching a large segment of society
- **Organizational-level** interventions:
 - Programs reaching the staff within an organization

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Steps to HIV/AIDS Stigma Interventions



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Four Types of Stigma Reduction Intervention Methods

1. Information-based Approaches
2. Coping Skills Acquisition
3. Counseling Approaches
4. Contact with Affected People

Source: Brown, L., Trujillo, L., & Macintyre, K. Interventions to Reduce HIV/AIDS Stigma: What Have We Learned? August 2001.

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Organization's Role in Reducing, Reversing, and/or Preventing Stigma

- Provide a range of holistic health services
- Provide case management for an array of services
- Implement self-esteem programs
- Increase cultural competency of staff
- Implement HIV/AIDS stigma reduction programs through the adoption of "zero tolerance" for abusive behavior

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Developed by NMAETC, Cultural Competency Model to help health care providers gain an understanding of how culture may influence their

- attitudes,
- behaviors,
- and policies on health care.

Barriers to Care
Ethics
Sensitivity of the Provider
Assessment
Facts
Encounters

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Intervention Examples

- **MODE Model**
 - Used at the individual-level of intervention
 - Make it more 'costly' to hold stigmatizing attitudes
- **This workshop(!) – DRAETC's HIV/AIDS Stigma Series**
 - Used as an organizational-level intervention approach
 - Encourage increased understanding, knowledge, and skills
- **BESAFE**

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Action Planning

- Examine case scenarios
- Identify SMART goals for reducing stigma
 - Goal setting
- Develop Plan

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Action Plan Worksheet

Goals	Objectives	Task/Action Steps	Resources Needed	Deadlines
Goal # 1	1a		*	
			*	
			*	
			*	
	2a		*	
			*	
			*	
			*	

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Questions

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