

# Measuring Stigma among Healthcare Workers and Engaging Consumers to Reduce Stigma in HIV Care

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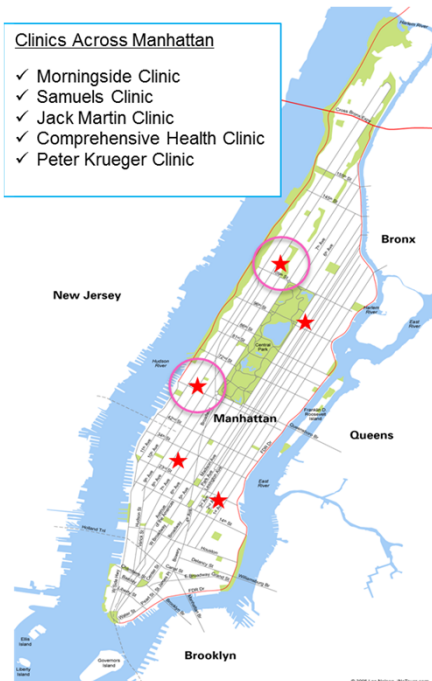
## Background

## Organizational Background

- ▶ The Institute for Advanced Medicine (IAM) is comprised of five HIV practices across Manhattan
- ▶ Represents the largest HIV primary care practice in New York and provides HIV primary care to over 10,000 people with HIV (PWH)
- ▶ IAM's Quality Management (QM) Program establishes annual goals and uniform measures in order to standardize QI initiatives
- ▶ Each clinic develops and implements individualized QI projects tailored to their site

### Clinics Across Manhattan

- ✓ Morningside Clinic
- ✓ Samuels Clinic
- ✓ Jack Martin Clinic
- ✓ Comprehensive Health Clinic
- ✓ Peter Krueger Clinic



## Project Background and Goals

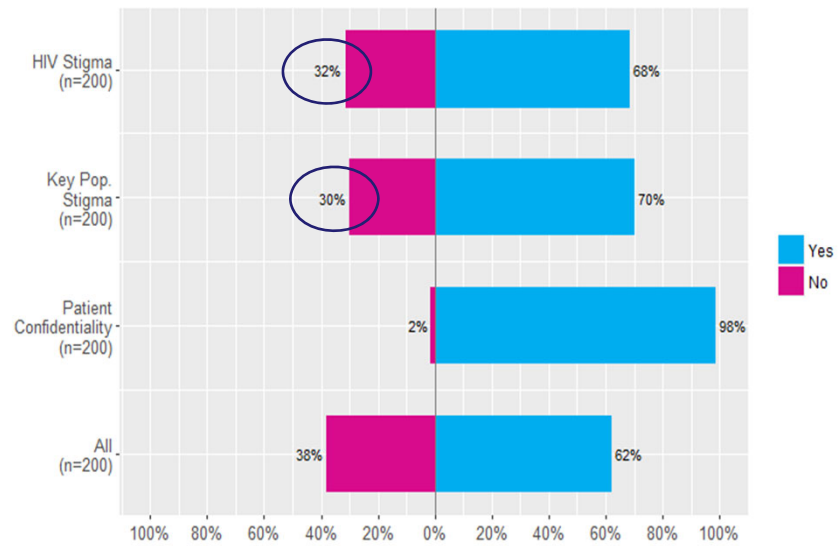
- ▶ Stigma leads to disparities in HIV care and negative health outcomes
- ▶ As a part of the AIDS Institute's 2017 HIV Quality of Care Program Review, IAM participated in a statewide initiative to assess stigma including
  - Survey of healthcare workers at IAM clinics regarding stigma
  - Consumer feedback on their stigmatizing experiences at the IAM or in general
  - Action plan with strategies to help lower stigma
- ▶ **Goal:** Reduce HIV-related stigma across IAM clinics in order to provide inclusive and accessible quality care

## Staff Survey Methodology & Results

### Staff Survey Methods

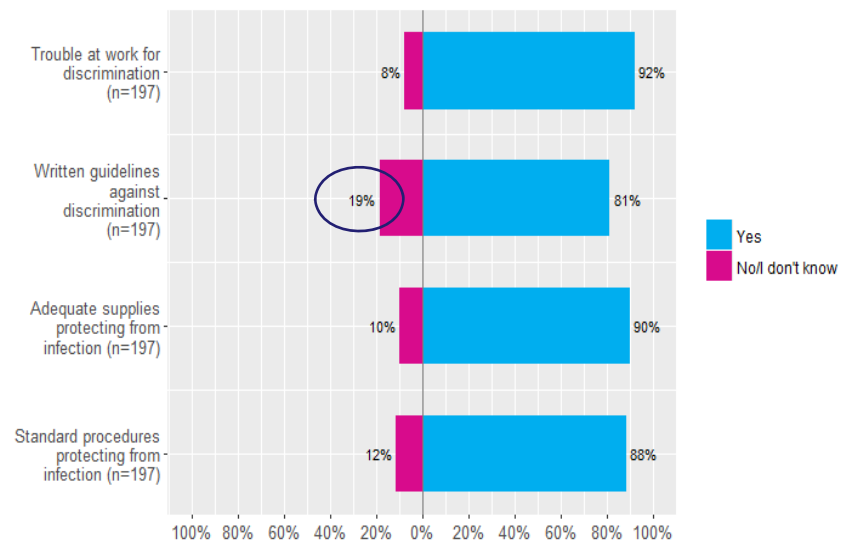
- ▶ Stigma initiative was announced at the IAM CQI Committee
  - Attended by multidisciplinary leadership staff across IAM
  
- ▶ Survey was administered across all five of IAM's HIV practices
  - Utilized Health Policy Project's tool "Measuring HIV Stigma and Discrimination among Health Facility Staff: Comprehensive Questionnaire"
  - Distributed to all IAM staff (300 in total) including medical providers, nursing, behavioral health providers, social work, administration, grant programs, and front desk staff
  - Administered via email through the online survey platform, SurveyMonkey
  - Collected 200 healthcare worker surveys (~66% response rate)
  
- ▶ Survey results were collected and aggregated in SurveyMonkey
  - Aggregate survey results were extracted to Excel/R for analysis
  - Cross-tabulations between types of healthcare workers and practice sites

### Trainings Received in the Past 12 Months by Healthcare Workers



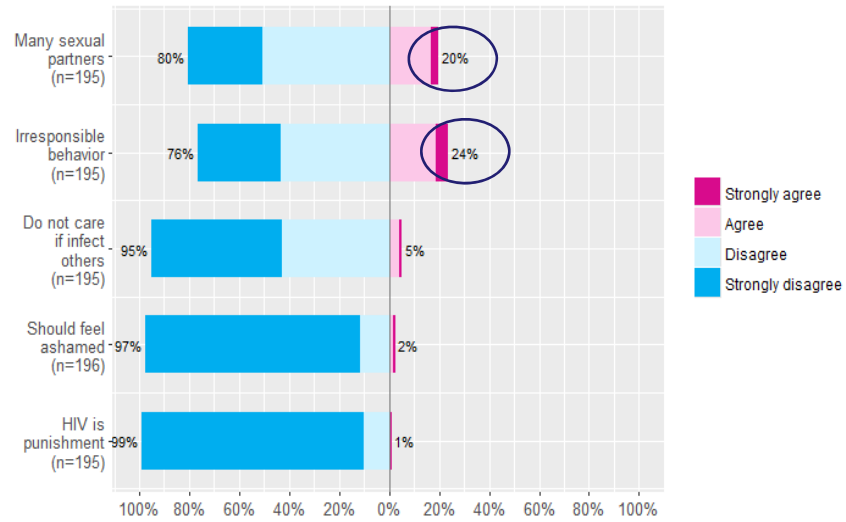
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### Healthcare Practice Site Policies Regarding People with HIV



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### Opinions about People with HIV



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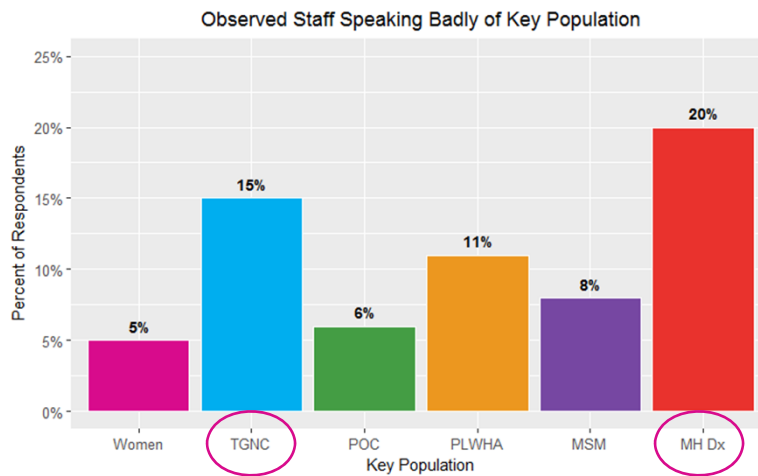
### Observed Stigma in the Past 12 Months at Healthcare Practice Site

Unwilling to Care for a PWH (n=199)		
	#	%
Never	192	96%
Observed Once, Several, or Most of the Time	7	4%
Providing Poorer Quality of Care to PWH (n=199)		
	#	%
Never	182	91%
Observed Once, Several, or Most of the Time	17	9%
Speaking Badly about PWH (n=199)		
	#	%
Never	178	89%
Observed Once, Several, or Most of the Time	21	11%

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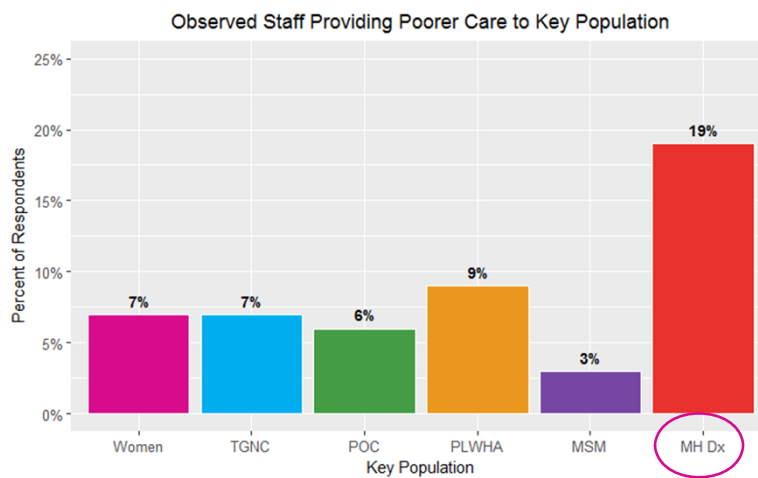
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### Observed Stigma in the Past 12 Months for PLWHA & Key Populations



Grouped survey options (Once or Twice, Several Times, and Most of the time) into "observed stigma"

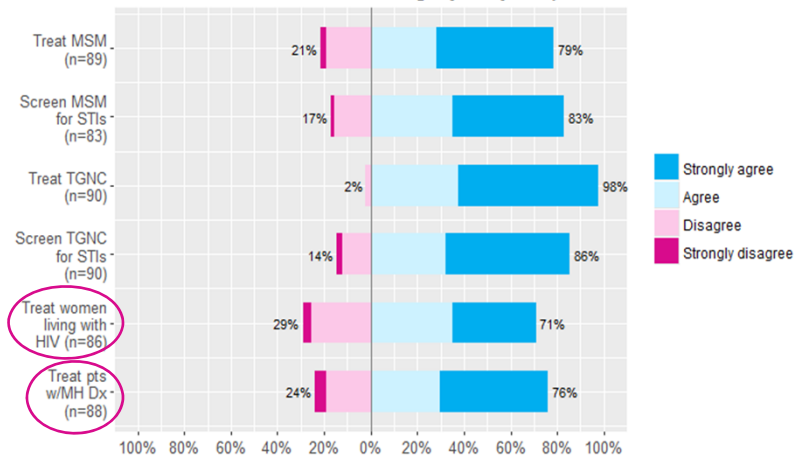
### Observed Stigma in the Past 12 Months for PLWHA & Key Populations



Grouped survey options (Once or Twice, Several Times, and Most of the time) into "Observed Stigma"

## Treatment & STI Screening Trainings for Providers

Trainings Received by Providers in Past 12 Mo. for Treatment and STI Screening by Key Population



## Major Findings about Key Populations

### Lack of education about drug interactions for TGNC patients

- ▶ 56% of providers were not knowledgeable on the drug interactions between hormone therapy and HIV medication for TGNC patients

### Lack of resources and training for women

- ▶ 31% reported disagreeing that their healthcare site has resources to help women who are juggling many responsibilities
- ▶ 28% reported not receiving training the past 12 months to treat women with HIV

### Highest rates of observed stigma for people with a mental health diagnosis

- ▶ Only 24% of patients reported not receiving training in the past 12 months to treat patients with a MH Dx

# Consumer Feedback Methods & Results

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## Consumer Feedback Methods

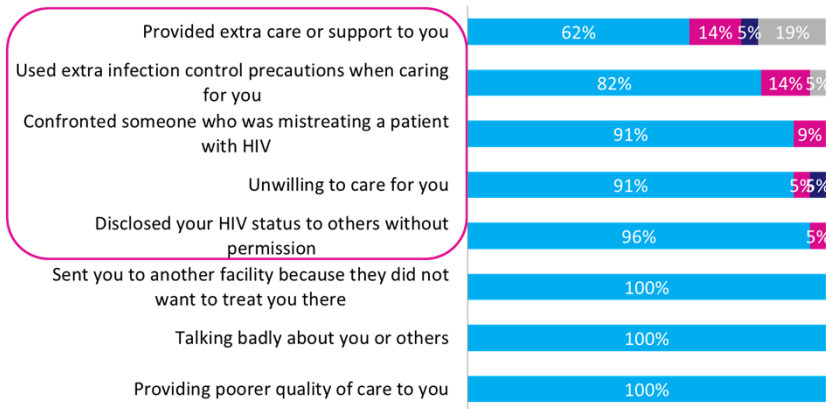
- ▶ Coordinated with leaders of Consumer Advisory Boards (CABs) across IAM
- ▶ Solicited consumer feedback through all four CABs
  - Educated CABs on HIV-related stigma, types of stigma, and impact on health
  - Open-ended questions about stigma experienced or observed and ways to reduce stigma at IAM clinics
  - Administered consumer survey to CAB members (adapted from the NYSDOH AIDS Institute questionnaire as well as the FRESH Study)
- ▶ Met with 4 CABs and collected 23 consumer surveys
- ▶ Survey responses were inputted into SurveyMonkey for analysis



## Consumer Feedback Results

In the past 12 months, how often have you experienced or observed the following at the IAM clinic you attend? (n=23)

■ Never ■ Once or Twice ■ Several Times ■ Most of the time



## Conclusions and Stigma Reduction Action Plan

## Conclusions

- ▶ Gaps in training for healthcare workers
- ▶ Lack of written guidelines & policies against discrimination
- ▶ Negative opinions about people with HIV
- ▶ Gaps in knowledge for screening and treating key populations
- ▶ High levels of observed stigma for patients with a MH Dx
- ▶ Lack of services and training for women of color

## Stigma Reduction Action Plan

### Trainings

- Incorporated online trainings on best practices in LGBT Health Care into IAM new staff manual
- Included relevant trainings into HIV Rounds for providers: HIV/HCV guidelines, HIV-related Stigma

### Patient Experience

- Developed patient experience improvement plans based on feedback from CABs
- Created training plan focused on patient experience and customer service for front desk, clinic managers, nursing staff, and nurse managers
- Trained staff on verbal de-escalation techniques, communicating for leadership success, customer service, and patient experience 101

### Policies

- Identified and disseminated policies addressing stigma and discrimination including the Mount Sinai Code of Conduct
- Mental Health Director developed and disseminated policies and protocols related to mental health services including disruptive patient behavior, psychiatric emergency, and controlled substances

## Next Steps, and Lessons Learned

### Next Steps

- ▶ Participating in the national ECHO end disparities collaborative
- ▶ Implementing QI Project focused on unsuppressed women of color
- ▶ Starting support group for women over the age of 45

## Lessons Learned and Major Takeaways

- ▶ Involve staff and leadership early on in planning phase as well as in development of the action plan to get buy in
- ▶ Don't reinvent the wheel
  - Use and modify NYS Stigma Survey as needed
  - Utilize existing resources (NYS Stigma Reduction Toolkit, Fenway Institute for LGBT Health Care Trainings, Health Policy Project for Stigma Trainings)
- ▶ Utilize existing consumer feedback mechanisms (CABs)
- ▶ Collect additional qualitative data from staff to get the story behind the data

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## Acknowledgements

- ▶ Shruti Ramachandran, Director of Quality Management and Evaluation
- ▶ Rebecca Lindner, Data Analytics Manager
- ▶ QI Leadership Teams and staff across IAM clinics
- ▶ Consumer Advisory Board Members & Leaders

## Questions?

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