

# Measuring and Addressing Stigma In Healthcare Settings: Key Findings from Staff Survey Results and Steps Taken

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## OBJECTIVE

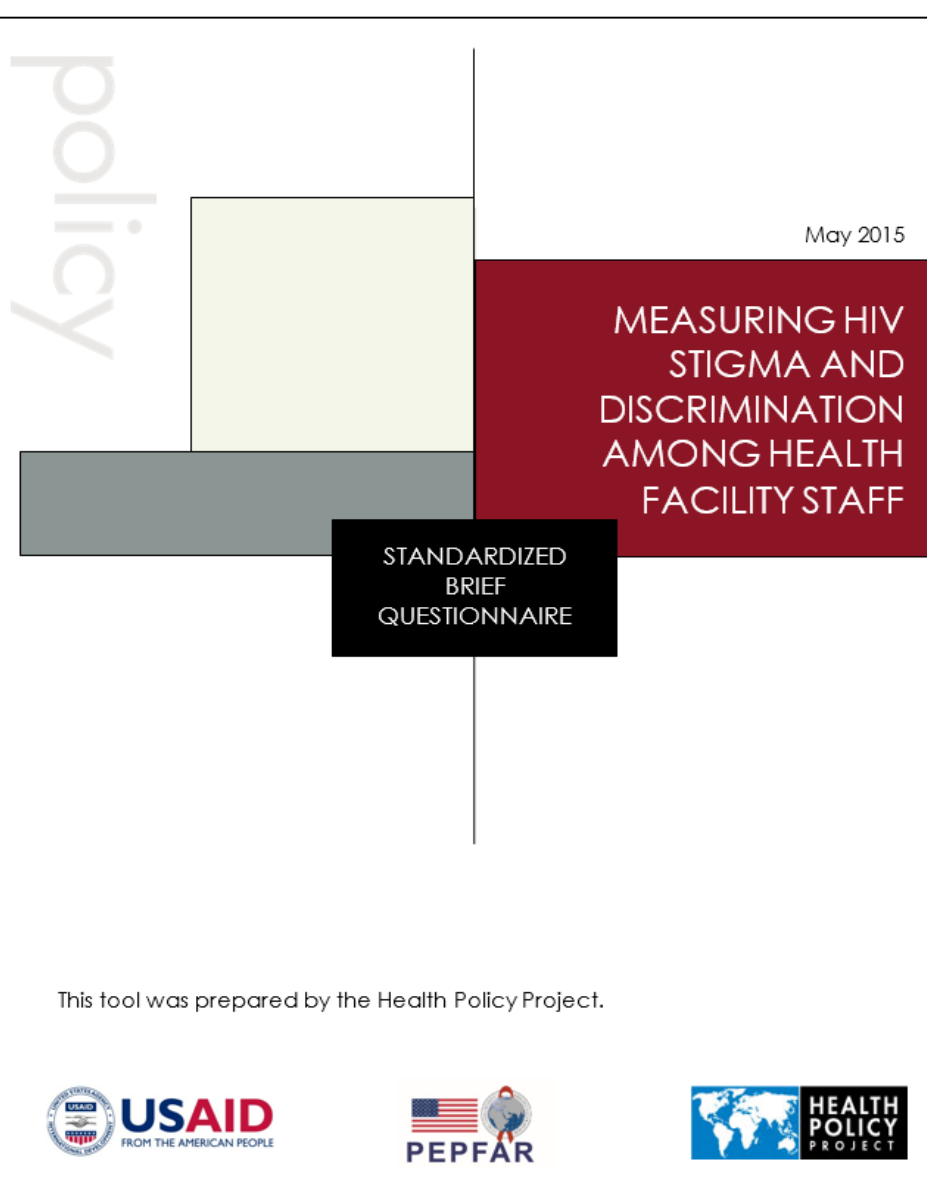
With the aim of reducing health disparities and addressing stigma in the healthcare setting, the New York State Department of Health AIDS Institute used surveys to measure levels of HIV-related and key population-related stigma among healthcare workers (HCW) and drive quality improvement activities. Surveys were distributed to over 80 healthcare sites in NYS, who were expected to administer the survey at their own discretion to all HCWs who may interact with a person living with HIV (PLWH) during their visit to the site. This initiative aligns with New York State's Ending the Epidemic (ETE) Blueprint which states: "Quality indicators should be expanded to include stigma and discrimination. Stigma measures will provide a baseline for providers and health plans to use to improve a patient's health care experience."<sup>1</sup>

## BACKGROUND

In June 2015, Dr. Laura Nyblade introduced Health Policy Project's (HPP) healthcare facility assessment tool, "Measuring HIV Stigma and Discrimination Among Health Facility Staff: A Comprehensive Questionnaire."<sup>2</sup> In response to this presentation and the goals of the ETE blueprint, a stigma subcommittee composed of representatives from both the HIV Quality of Care Advisory Committee (QAC) and the HIV Quality of Care Consumer Advisory Committee (CAC) adapted the survey to the context of HIV care in NYS. The QAC recommended that the survey be integrated into the 2016 Quality of Care Program Review and NY State HIV Quality Management Plan.

## METHODS

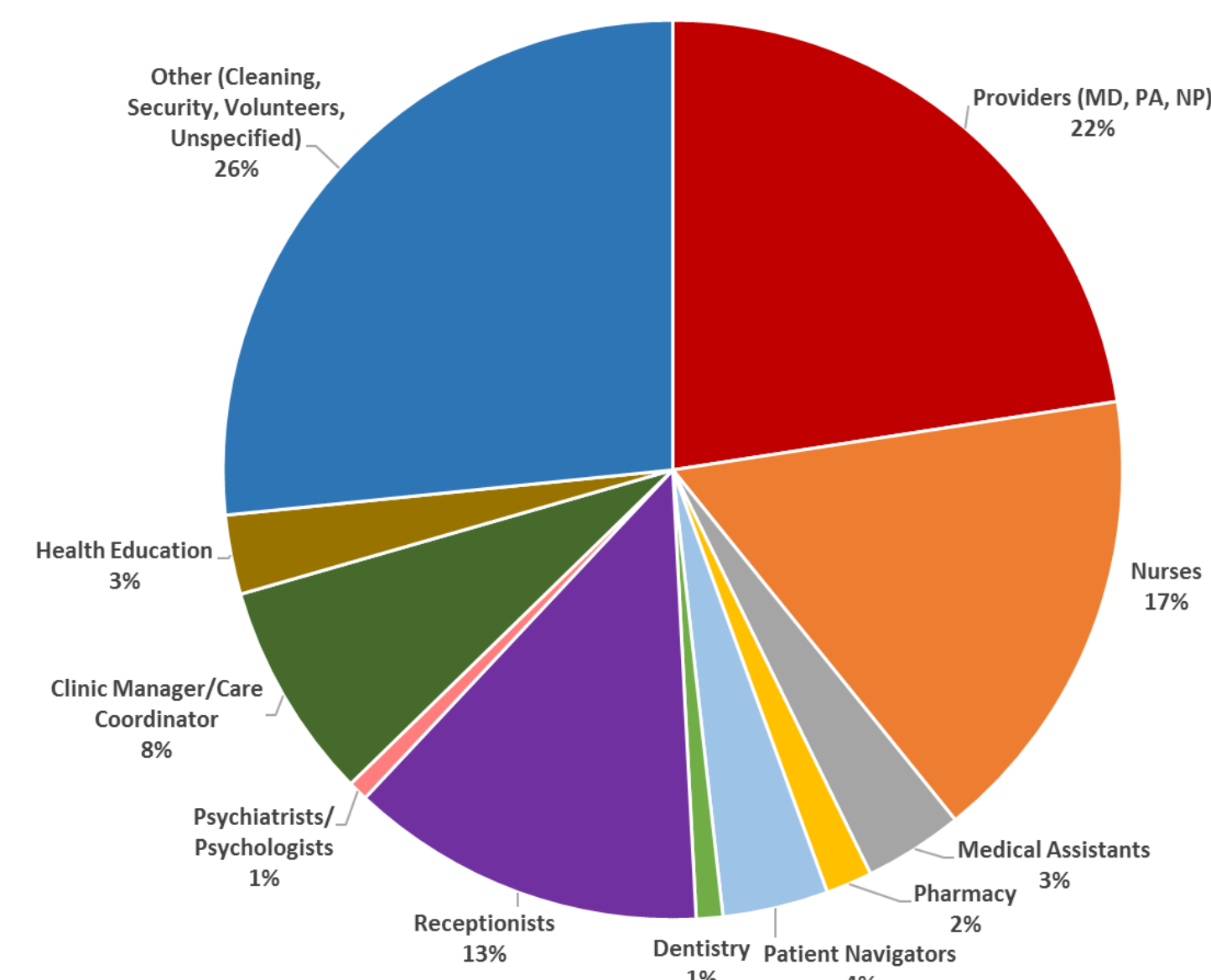
### Stigma Survey Components



Health Policy Project's "Measuring HIV Stigma and Discrimination Among Health Facility Staff" by Dr. Laura Nyblade

### Survey Respondents

50 health care sites across NYS completed the stigma survey and submitted results that were qualitatively reviewed by the QOC Program. 12 out of 50 sites submitted their results in data format and were eligible for quantitative review. The average number of respondents per site was 55 (range: 17-150) and the total number of respondents across 12 sites was 656.



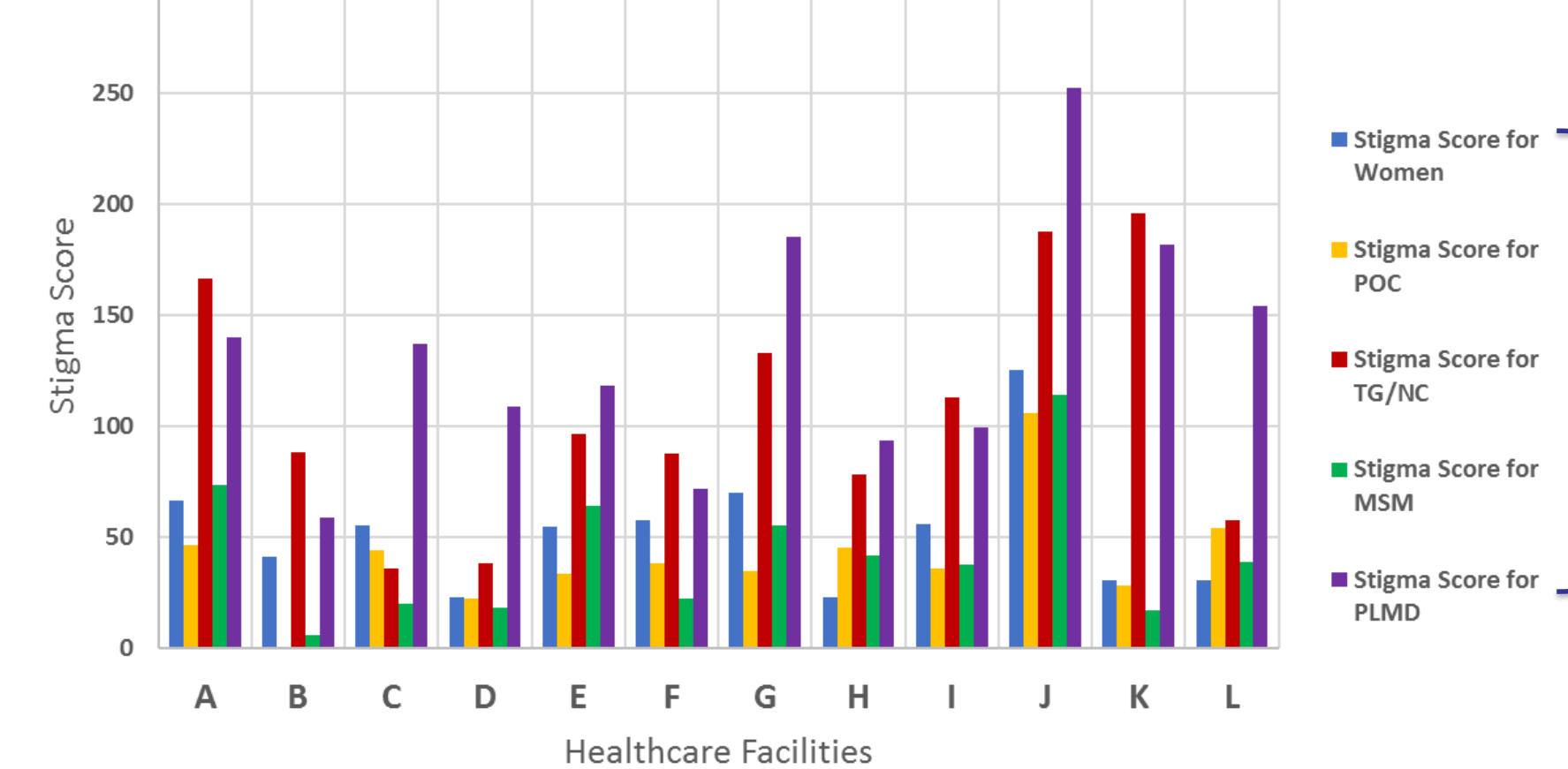
- Staff demographics:
  - Age, race, gender, sexuality, occupation
- Health facility environment and health facility policies:
  - Questions on training background and work experience
  - Questions on facility policy, work environment, and observed stigmatizing behaviors
- Opinions about people living with HIV:
  - Attitudes and willingness to provide care
- Questions on key populations:
  - Men Who Identify as Gay or Bisexual, People of Transgender and Gender Non-Conforming Experience, Women, People with a Mental Health Diagnosis, People of Color

## RESULTS

### Major Findings at 12 Sites

Healthcare staff...	% of Responses Per Site
Have not received training on HIV-related stigma and discrimination and key populations	Average: 35.5% Range: 13-60%
Did not have knowledge of policy against discrimination of key populations	Average: 17.2% Range: 6-33%
Agreed that infection occurs due to irresponsible behavior	Average: 26.1% Range: 13.3-38.5%
Agreed that PLWH have had many sexual partners	Average: 16.0% Range: 0-34.6%
Expressed lack of comfort working with patients with a mental health diagnosis	Average: 18.4% Range: 5.9-38.8%

### Key Population-Related Stigma at 12 Sites\*



### Observed Stigma at 12 Sites\*

Population	HW Providing Poorer Quality of Care*	HW Talking Badly About Members of Population*
People Living with HIV	13.68	19.35
Men Who Identify as Gay or Bisexual (MSM)	7.16	13.71
Women	5.38	9.89
People Living With Mental Health Diagnosis (PLMHD)	21.57	28.61
Transgender/Non-Conforming Individuals (TG/NC)	7.41	15.92
People of Color (POC)	9.99	11.62

### \*Stigma Score Methodology:

Units are in weighted percentage points. Only 'stigma strikes' are tallied from survey: Disagreeing or strongly disagreeing with a positive statement (ex: *my health clinic creates a welcoming environment for POC*) Agreeing or strongly agreeing with a stigmatizing statement (ex: *I think most people with a mental health diagnosis are unpredictable*) Therefore, higher numbers show higher stigma. Responses are weighted differently according to their perceived intensity, i.e.: 'Strongly disagree' or 'strongly agree' is x2 compared to 'agree' or 'disagree' which is x1. 'Once or twice' is x1, 'several times' is x2, 'most of the time' is x3.



Created by Callen Lorde (top and left)

### Stigma Reduction Action Plan Results

50 healthcare sites across NYS developed a stigma reduction action plan to address the findings from the staff survey.

Theme	Action Plan Theme	Action Item
Structural Changes	Health Facility Policy	Updating facility-level policies on stigma and discrimination
		Communicating policies to staff members
	Participatory Methods with Consumers	Creation of stigma reduction work groups Consumer participation in stigma reduction programming
Increasing Staff Education	Staff Training	Training on HIV-related stigma and discrimination
		Training on key populations and barriers to recovery
Creating a More Welcoming and Inclusive Environment	Clinic Environment	Incorporating signage and posters for all populations

## REFERENCES

1. New York State's Blueprint to End the AIDS Epidemic. (n.d.). Retrieved from [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/docs/blueprint.pdf](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf)
2. Nyblade, L. (2013, April 5). Measuring Stigma and Discrimination Among Health Facility Staff. (n.d.). Retrieved from <http://www.healthpolicyproject.com/index.cfm?ID=publications&get=pubID&pubID=49>

## LESSONS LEARNED

- Results from the staff survey found that some HCWs still hold stigmatizing beliefs about PLWH and key populations, with TG/NC and PLMHD groups showing the most reported stigmatization. Lack of knowledge on facility-level policies and barriers to health for all key populations was also a major finding.
- A validated tool to measure levels of stigma and discrimination can be used to identify areas in which the healthcare experience is lacking that traditional data collection cannot.
- Sites identified innovative ways to improve specific processes within the site and implement them within the quality program with the aim of improving patients' overall healthcare experience.
- Having staff complete a long survey can elicit survey fatigue and result in diminished survey completion rates.

## LIMITATIONS

### Staff Survey

- Noted inconsistency with the level of detail sites reported back survey results (e.g. qualitative data).
- Raw survey response data was provided by 12 out of 50 sites, limiting the sample size eligible for quantitative analysis.
- Intravenous Drug User (IDU)-related stigma was excluded from measurements of key population-related stigma because the dissimilarity of IDU-related survey questions made responses incomparable.
- Respondent-level data were not captured in the survey results, so individual responses were unable to be linked to the respondents' demographics.

### Stigma Reduction Action Plan

- Lack of plans including quality improvement tools.

### Aggregation of Results

- Result aggregation and stigma scoring was completed at the discretion of the Quality of Care Program staff.

## RECOMMENDATIONS

- Stigma and discrimination remain an identifiable problem in NYS healthcare organizations and should be addressed through innovative quality improvement approaches.
- Stigma reduction strategies involving healthcare providers are a vital component for reaching the Ending the Epidemic goals in NYS.
- NYS should continue to explore the realm of stigma and discrimination against PLWH by looking at internalized stigma and stigma experienced in the community.