

# Mapping Interventions Responses

| Interventions for people who experience stigma |   |
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| Individual                                     | <p><b>INTERVENTIONS:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">CHIR SPOR project, Bernie Pauly, Karen Urbanoski, SOLID, University of Victoria</a></li> <li>• <a href="#">PAN’s PLDI program</a></li> <li>• <a href="#">Help 4 HEP Helpline, phone-based remove barrier, support for referrals</a></li> <li>• <a href="#">Totally outright PIVOT</a></li> <li>• <a href="#">Visioning Health, visioning HIV + Indigenous women</a></li> <li>• <a href="#">PLDI, PAN, OAN, COCQ-SIDA</a></li> <li>• <a href="#">Stigma Index Research</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Language definitions of words that are commonly used in meetings that I don’t understand</li> <li>• Creating supportive space for marginalized people</li> <li>• Hearing stores of Stigma sharing experiences, sometimes results in following through on complaint process but most of time it's about creating spaces and validation</li> <li>• Support workers</li> <li>• Do positive talks, hand out HR kits, counselling, peer advocated, emergency resource card, service provider book</li> <li>• Weekly women's support group for WLWH</li> <li>• Accompanying people on dr visits and appointments that can be challenging/stigma being present</li> <li>• One on one interventions</li> <li>• Reduce Stigma in primary research for PWUS</li> <li>• Work with them one on one and refer them for counselling sessions</li> <li>• Engage them to participate in focus groups</li> <li>• Refer them to peer mentors</li> <li>• Fear not knowing what to do lack of information community and family, they have no trust</li> <li>• PrEP? But would it be good to research?</li> <li>• Anti-oppression counselling</li> </ul> |
| Interpersonal                                  | <ul style="list-style-type: none"> <li>• <a href="#">Quesnel Clean Team: Paid</a></li> <li>• <a href="#">Street college, AVI Health community serves Society Victoria</a></li> </ul>  |

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|                | <ul style="list-style-type: none"> <li>• <a href="#">South Vancouver Island Peer navigation program deliver by VPWAS “system navigations +peer support + education help along the way”</a></li> <li>• <a href="#">YouthCO’s Mpowerment programs (running in Vancouver, Fraser and Prince George)</a></li> <li>• <a href="#">John Kim’s (national Lab) DBST outreach (rural + Indigenous)</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Peer employment opportunities, Peer outreach support</li> <li>• Employees create a different perception</li> <li>• Paying peers to train staff (eg on how to use HR supplies)</li> <li>• Creating a coalition of substance users in north (rural)</li> <li>• Online videos of personal stories (breaks stigma for those who are isolated)</li> </ul>  |
| Organizational | <ul style="list-style-type: none"> <li>• <a href="#">UVIC Bounce project, student mental health resilience</a></li> <li>• <a href="#">Employment equity, disability policies and implementation (REALIZE)</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Our group was meeting in our basement at work. -bad lighting, trash, staff kitchen. We now meet in a busy popular restaurant and face stigma and it can't be removed (arrow to individual)</li> <li>• Peer panel for ¾ year researchers, nurses and ongoing for healthcare professionals</li> <li>• Peer leadership training, peers working with educating service providers and other peers</li> </ul>  |
| Community      | <ul style="list-style-type: none"> <li>• <a href="#">Resist Stigma 2015? CBRC Vancouver office, national work aimed at GBMSMTQ+ and communities</a></li> <li>• <a href="#">Bounce Project UVIC student mental Health resilience</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Eagle Hill supports using their space for drug user meetings</li> <li>• Land based being on the and in the forest, and where there is green space gatherings, bringing people together</li> <li>• Creating a safe place to be open about who they are</li> <li>• Video projects, resiliency stores to be shared online and social media (online videos seem to share worst stories)</li> <li>• Posters in store windows “you are loved” could be orientation, PWUD, HIV/Hepc status</li> <li>• POZ Effect type online conference against HIV Stigma</li> </ul> |

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|            | <ul style="list-style-type: none"> <li>• Intervention those with same condition can be trained and support one another and event talk to the community</li> <li>• CBR + peer led research</li> </ul>   |
| Structural | <ul style="list-style-type: none"> <li>• <a href="#">PRICK, Living positive resource center</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Work plans Goal address stigma Health Equity lens</li> <li>• Walking people through barriers n being with them every step of the way (ie going to doctor)</li> <li>• Transitioning stipended peers into self-employment</li> <li>• Poster awareness campaign (take over public spaces to fight stigmas)</li> <li>• Training on how people can enact Jordan’s principles</li> </ul> |

| Interventions for people who enacted stigma |   |
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| Individual                                  | <ul style="list-style-type: none"> <li>• <a href="#">Stigma Index Research</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Meeting people where they are, emotionally, financially, culturally and safety and geographically</li> <li>• Sharing stories through poster, in-person, videos</li> <li>• Invite them to engage to their respective communities' individuals story sharing is helpful, showing the face of HIV</li> <li>• Stigma can be addressed by knowing how to interact with community</li> <li>• Individual levels by talking to people in making them understand</li> <li>• They suffer due to hiding and need (lack education)</li> <li>• Training for professionals</li> <li>• HIV nursing mentorship programs (has intervention + evaluation information)</li> </ul> |
| Interpersonal                               | <ul style="list-style-type: none"> <li>• <a href="#">Stigma audits in classroom presentations highlight a news/media piece and examine the facets of stigma</a></li> </ul>  |

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|                | <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Peer navigators</li> </ul>   |
| Organizational | <ul style="list-style-type: none"> <li>• <a href="#">STIGMA Audit</a></li> <li>• <a href="#">HCV informal and indirect conversations on barriers, advocacy, helpline</a></li> <li>• <a href="#">Use CPHA’s organizational audit tool</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Being involved with research p project, part of the community/patient voice</li> <li>• Organizations to come together with one voice to fight Stigma</li> <li>• Othering and being othered in the context of Health Care Services</li> <li>• Black pride, Toronto African Caribbean + Black communities, Faith leaders, Church members</li> <li>• Joy Hohnson, et al, UBC, School of nursing, Vancouver/Richmond Health Board Health and Nursing Policy, Vancouver</li> <li>• advisory committee</li> <li>• Equity walk throughs in health care facilities led by PWLE, service providers cannot bring their fragility into this process (don’t be defensive)</li> <li>• Presentation to encourage pharmacy personnel to be open minded to suspend judgment and give audience a true insight in barriers faced when diagnosed with HIV what changes do you plan to make in your practice?</li> <li>• Working with future professionals in healthcare and social work</li> <li>• Practicum placements, classroom presentations</li> </ul> |
| Community      | <ul style="list-style-type: none"> <li>• Community education forum 2 days organized by community coalition of Service providers and PWLE</li> <li>• Include phot project from PWLE and PWLE panel presentation</li> <li>• <a href="#">Creating culturally safe primary care for PWUS</a></li> <li>• <a href="#">CHIR SPOR (strategies for patient-oriented research, Bernie Pauly, Karen Urbanoski, SOLID peers (Victoria))</a></li> <li>• Use CPHA’s <a href="#">Stigma awareness for discussion guide</a></li> <li>• <a href="#">The unmask stigma campaign by TB proof waring mark on World TB day and porting on social media</a></li> </ul>  |

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|            | <ul style="list-style-type: none"> <li>• HIV healing Inner Voices film (Indigenous people living w HIV and Stigma, telling their stories)</li> <li>• <a href="#">Casey House Janes Place celebrity chef event in HIV + community leader</a></li> <li>• <a href="#">CAI community action teams</a></li> <li>• The treatment action campaign plus the HIV + t shirt to show solidarity with the PLHIV community and raise public awareness</li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• ART, photo voice, Postcard Project</li> <li>• Social median anti stigma campaign Bodices of service providers, PWLE, members, Education outreach</li> <li>• Building a compassionate approach: substance use/HR and the PH Emergency</li> <li>• Community reach out creating relationships to share and learn with other community partners</li> <li>• Mentorship in Educational settings</li> <li>• Social Media (running with observation magic meme)</li> <li>• Reducing Stigma in Primary Care Research</li> <li>• invite communities to speak on Stigma</li> <li>• Bring awareness and engage the community, politicians, healthcare providers Speak to people who can influence the community (faith leaders, teacher, employers) One on one teach them or explain HIV to them and address the dangers of Stigma. Doing this in privacy ad in respectful manner makes a big impact</li> <li>• Routine HIV testing as opposed to risk based, BC testing guidelines know the status of everyone under your care</li> <li>• GBMSM health in FP</li> <li>• Online CME accredited education for health care providers</li> </ul> |
| Structural | <ul style="list-style-type: none"> <li>• <a href="#">SHAWNA photo voice on stigma and criminalization of HIV non-disclosure</a></li> <li>• <a href="#">San'yas Indigenous Cultural safety training</a></li> <li>• <a href="#">BC Stigma Index</a></li> <li>• <a href="#">The scientific backing of U=U Undetectable = Un transmittable</a></li> </ul> <p><b>DISCUSSION:</b></p> <ul style="list-style-type: none"> <li>• Listening Ear, On the spot naloxone training, meet with Mayors, shared story with anyone and everyone, always say I'm HIV +</li> </ul>  |

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|  | <ul style="list-style-type: none"><li>• Ensuring we are sitting at the low- and high-level policy tables</li><li>• Malpractice story</li><li>• Educate HCP or any person providing care/service to stigmatized populations/people</li><li>• S groups diverse ACPNET, Indigenous, Youth, Trans</li><li>• Engage people of LEHN to take a lead Nothing about us without us Respect GIPA/MIPA principles</li><li>• Remove all HIV non-disclosure laws</li><li>• Decriminalization of PWUS</li><li>• Educating government and politician about HCV, policy, alternatives, priority populations</li></ul> |
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