

What do we know about stigma-reduction interventions

Presentation given at the
Stigma Intervention
Deliberative Dialogue

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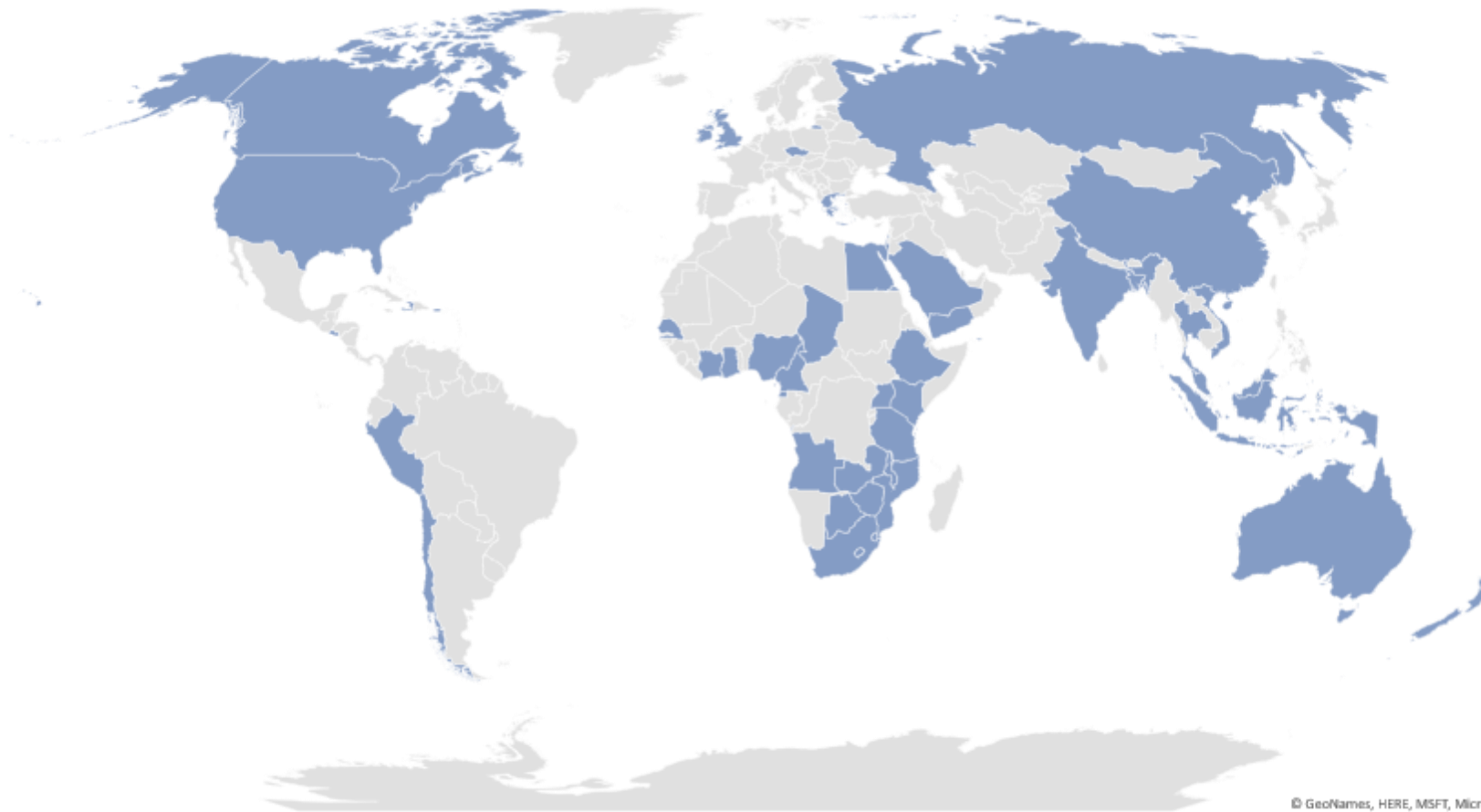
Stigma matters

Stigma is a major social determinant of health that drives morbidity, mortality, and health disparities and has been described by the World Health Organization as a hidden burden of disease.

Kame et al. (2019, p. 17)

“

Stigma-reduction interventions are taking place throughout the world



Several reviews of health-related stigma-reduction interventions have recently been completed



Over 150
interventions

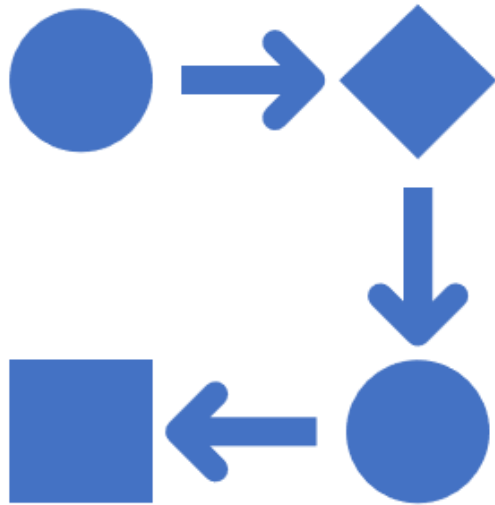
HIV/AIDS,
tuberculosis, mental
illness, substance
use, diabetes,
leprosy, cancer, STIs,
and epilepsy.

Observation #1



The state of knowledge about stigma-reduction interventions is **not yet** at the place where **we know what works for whom in what contexts, and how.**

Observation #2



Stigma reduction is not routine in health care or part of pre-service or in-service training for most health care workers

Nyblade et al., 2019

Observation #3

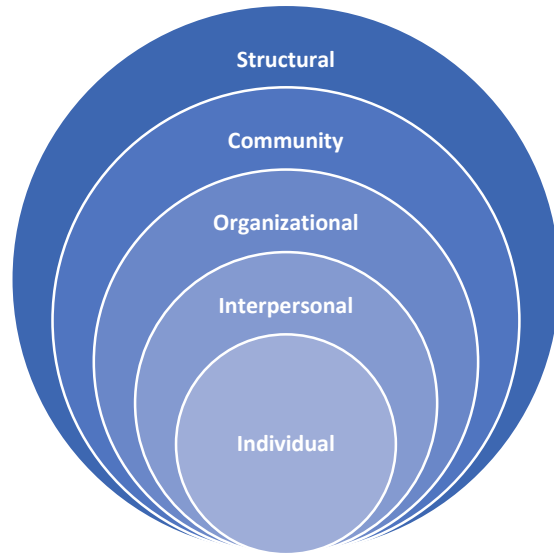


Most stigma interventions **are successful** at **reducing stigma** among health care providers, and people who experience, internalize or anticipate stigma.

But we **don't know their long-term impacts.....**

Observation #4

Interventions can include a range of activities that target individual, social, and structural factors.



Education/Information provision

Skills building

Empowerment

Counselling and support

Contact

Change agents/popular opinion leaders

Biomedical

Policy and legal

Focus and type of intervention

Individual level seek to increase awareness, knowledge, and skills	Here interventions can focus on: (1) people living with stigmatized conditions or identities. Interventions involve self-help, counselling and treatment. (2) Service providers where the focus is on awareness raising and stigma reducing practices.
Interpersonal level seek to provide support	Here the focus of interventions is on support in the stigmatized persons' local environment of family, friends, and networks.
Organizational level seek to create stigma-free organizations and practices	Here interventions focus on reducing stigma within organizations or institutions.
Community level seek to increase awareness and knowledge	Community-level interventions target the general public. Here the focus is on increasing awareness of the harmful effects of stigma and reducing stigmatizing attitudes and behaviours in non-stigmatized groups.
Structural or policy level seek to effect change through policy or laws	Here interventions focus on establishing and enforcing legal, policy and rights-based solutions.

Collective
impact
interventions
can be helpful



Implementation
support systems
can also be
helpful

**The Prevention
Synthesis and
Translation System**

Condenses
information
about
innovations and
translates it into
user-friendly
formats

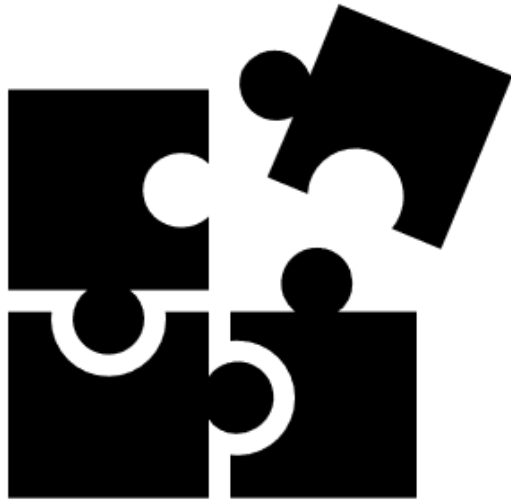
**The Prevention
Support System**

Provides training,
technical
assistance or
other support to
users in the field

**The Prevention
Delivery System**

Implements
innovations in
the world of
practice

<https://press.rebus.community/introductiontocommunitypsychology/chapter/prevention-and-promotion/>



Overall conclusion

A way forward.....

“Available evidence suggests that stigma should be tackled at multiple levels, by using multiple strategies and the interventions must be context specific and continued or repeated to achieve a lasting impact.”

Brakel et al., 2019, p. 18

Key components of intervention planning



Involve people with lived experience



Form a working group or coalition



Use a variety of evidence and information



Evaluate