

STIGMA REDUCTION INTERVENTIONS DELIBERATIVE DIALOGUE

Report on Meeting Events: November 21, 2019

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THE BC PEOPLE LIVING
WITH HIV STIGMA INDEX

Introduction

The Stigma Reduction Intervention Deliberative Dialogue, held on November 21, 2019 was organized by the Pacific AIDS Network in partnership with the Afro-Canadian Positive Network (ACPNet). Before the Deliberative Dialogue, the team:

- Engaged an outside consultant, Marla Steinberg, to develop a [stigma reduction intervention planning guide](#), as well as prepare a presentation to discuss what is known about stigma reduction interventions;
- Struck a committee to help develop the invitee list for the Deliberative Dialogue, as well as ask the *BC People Living with HIV Stigma Index* team to review the proposed agenda for the day; and
- Developed a pre-work package to orient participants. The package included an [agenda](#), [summary slide deck](#) for the day and recorded a [short audio presentation](#) to walk participants through the summary slide deck.

Thirty-five (35) people who have been engaged with stigma reduction work from across BC were brought together with the following goals:

1. To provide space for key stakeholders and experts from across BC – people who have lived experience of or are working with people who use drugs; people with lived HIV or hepatitis C experiences; Indigenous people; gay, bisexual or other men who have sex with men; and people from the African, Caribbean and Black (ACB) communities – to talk about stigma reduction interventions and to provide space and time for networking, building partnerships, and identifying areas of new work;
2. To identify existing stigma reduction interventions across the province and country and gain a clear sense of what work is currently being done, where other organizations and individuals may connect and support, and where further work is needed.
3. To use creativity and innovation to move beyond stories of stigmas towards doable action and interventions, programs and services that will make a difference in people's lives; PAN will have a clear direction of next steps in terms of developing a stigma reduction intervention and understanding the need for supports or resources in BC for organizations or people doing stigma reduction work; and
4. Afro-Canadian Positive Network of BC (ACPNet) will begin a process of stigma reduction intervention planning for the African, Caribbean and Black communities in BC.

This impetus for this project came out of the first phase of the [BC People Living with HIV Stigma Index](#). The *BC People Living with HIV Stigma Index* is a community-based research project that interviewed 176 people from across BC about their experience with HIV-related stigma. The *BC People Living with HIV Stigma Index* was not meant to be solely a research project but a tool for moving findings into action and for supporting planning for interventions, initiatives, programs and services. The Deliberative Dialogue was an important first step to ground the next phase of work in community consultation. It will take a

collaborative, multi-partnered approach supported by multiple stakeholders, and driven by community feedback and response, to make a positive impact on people's experience of stigmas in BC.

PAN gratefully acknowledges that the project is funded by the [Provincial Health Services Authority \(PHSA\)](#) and the [Community Action Initiative](#) (CAI).

Background

Stigma

What is stigma? Weiss and Ramakrishna (2006) define health-related stigma as the following: “a social process or related personal experience characterised by exclusion, rejection, blame, or devaluation that results from experience or reasonable anticipation of an adverse social judgement about a person or group identified with a particular health problem”.¹

Broadly, stigma is harm or anticipation of harm that results from negative attitudes or beliefs about a person or a group they belong to – in this case, in relation to a health condition that a person(s) may have. We know, also, that stigma crosses sectoral siloes. Van Brakel et al. (2019) describe this in the following way: “Many health conditions perceived to be contagious, dangerous or incurable, to result in clearly visible signs, or to be caused by breaking taboos or immoral behaviour share a common attribute – an association with stigma and discrimination”.² Health-related stigma, therefore, is not tied to a particular condition, but rather is connected to and experienced in relation to many conditions – for example, HIV, hepatitis C, or substance use disorders. We developed the following definition of stigma to guide the Deliberative Dialogue:

Stigma: any unfair and unjust attitude, treatment or interaction experienced based on lived experiences with HIV, hepatitis C and marginalized positions in relation to social determinants of health (e.g. homelessness, poverty) and various identities (e.g. people who use drugs, do sex work, identify as LGBTQ+ and/or Indigenous). Stigma can be internalized, perceived, or experienced/enacted and can happen across many areas of a person's life - for example, at the personal level; at the systemic level, including accessing services (e.g. accessing health care); and at the governmental/policy level (e.g. laws).

BC People Living with HIV Stigma Index

We know that stigmas impact how people interact with each other, with health and social services, and other policies, structures or institutions – often with negative impacts for individuals and groups. Data from the *BC People Living with HIV Stigma Index* showed that stigma is impacting people's access to health and social services. Twenty-eight percent (28%) of participants in the *BC People Living with HIV Stigma*

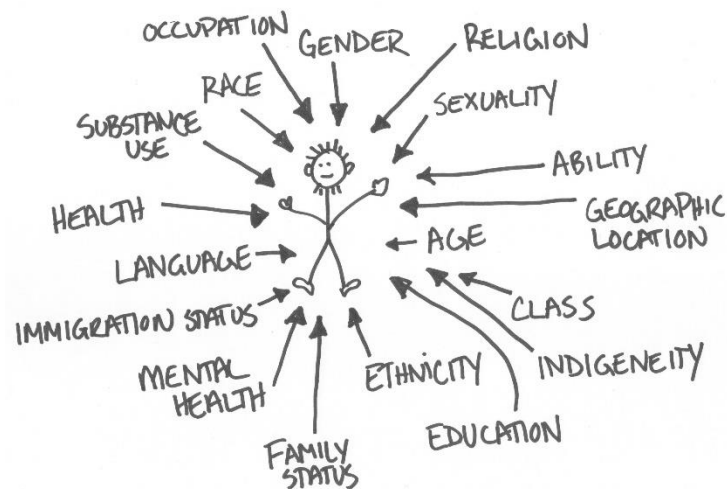
¹ M. G. Weiss & J. Ramakrishna. (2006). Stigma interventions and research for international health. *The Lancet*, 367(9509), 536-538. doi:10.1016/S0140-6736(06)68189-0

² W. H. van Brakel, J. Cataldo, S. Grover, B. A. Kohrt, L. Nyblade, M. Stockton, . . . L. H Yang. (2019). Out of the silos: Identifying cross-cutting features of health-related stigma to advance measurement and intervention. *BMC Medicine*, 17(1), 13-17. doi:10.1186/s12916-018-1245-x

Index reported that, in the last 12 months, they had avoided healthcare as a result of stigma or discrimination. As well, 63% of participants who had experienced stigma and/or discrimination had experienced stigma and/or discrimination other than HIV-related stigma, including stigma related to drug use, sexual orientation or identity, being a member of an Indigenous group, or related to aging. This was a major point of discussion for the *BC People Living with HIV Index* Study Team, who decided that it was important to support stigma reduction intervention planning that did not focus on HIV-related stigma exclusively, but looked to engage people holistically and to discuss how we can impact the multiple stigmas that people regularly face.

Intersectionality

This led us to explore the idea of intersectionality. Kimberlé Crenshaw explains in a National Association of Independent Schools video that “Intersectionality is... a metaphor for understanding ways that multiple forms of inequality or disadvantage sometimes compound themselves... intersectionality isn’t so much a grand theory, it is a prism for understanding certain types of problems”³. We are all complex beings with multiple characteristics. Some come from a place of advantage within our



society and some from a place of disadvantage. The interconnected nature of social characteristics such as race, class, and gender create overlapping and interdependent systems of discrimination or disadvantage. This also impacts how people experience stigma in their daily lives. In planning for the Deliberative Dialogue, the planning team wanted to make sure that this concept was included.

We were also acutely aware of a number of our partners who are actively engaged in conversations about stigma reduction across the province and the country and felt that we would all benefit from sharing what we have learned from each other. We engaged many of these partners and invited them to the meeting – not all of them were able to join but will be engaged during follow-up to this meeting.

Partners Engaged

In total, we had 35 attendees at the Deliberative Dialogue, including people with lived and living experiences (including lived experiences of HIV, hepatitis C, and substance use), staff and service providers at community-based organizations, policymakers (including funders), and academics. Though resources were somewhat limited, we had attendees representing all 5 of British Columbia’s health authorities (and one attendee from Calgary)! More than a third of attendees were people with lived experiences.

³ Kimberlé Crenshaw: What is Intersectionality? National Association of Independent Schools (NAIS). June 22, 2018. <https://www.youtube.com/watch?v=ViDtnfQ9FHc>. Accessed on January 3, 2020

Sample examples of current work related to stigma in BC:

Project Inclusion at Pivot

Pivot Legal Society's [Project Inclusion](#) "looks at law and policy barriers to overdose, Human Immunodeficiency Virus (HIV), and Hepatitis C Virus (HCV) prevention among people across the province who are struggling with the impacts of poverty and homelessness".⁴ *Project Inclusion* examined these experiences of people experiencing homelessness and people who use substances across BC through interviews, as well as surveys with service providers across the province. *Project Inclusion* also explores municipal bylaws that are targeted at and impact people experiencing homelessness and people who use substances. The report concludes with a recommendation for a "stigma auditing" process that would identify "stigma embedded in existing laws, policies, and decision-making practices".⁵

Sex Now at CBRC

[Sex Now](#) is a national survey that examines GBT2Q men's health, and has been conducted since 2002. Sex Now is held online and in-person in alternating years. The 2018 Sex Now survey was conducted in-person at 15 Pride festivals across Canada, and the 2019 Sex Now survey (available online) is recruiting at the time of the writing of this report. "The [2019] survey asks questions about...everyday life, including...sex life, mental health, substance use, attitudes and...opinions on Canadian Blood Services current deferral policies for guys who are into guys."⁶ The 2019 Sex Now survey also involves optional dried blood spot testing for all participants living in BC.

ACPN

[The Afro-Canadian Positive Network of BC \(ACPN\)](#) is an organization that supports people of African background living with HIV in BC. Their work includes work to counter stigma, such as peer education and knowledge sharing, providing education to the community, working with service providers, and raising awareness about issues that impact Canadians of African background living with HIV.

Community Action Initiative and the Overdose Emergency Response Centre

The Community Action Initiative (CAI) has a funding stream called the [Overdose Prevention Education Network \(OPEN\)](#). OPEN's goal is to activate mental health and substance use service providers across British Columbia to respond to opioid overdoses within their communities, equip them with overdose prevention education and response tools, and ultimately reduce harm to people who use opioid drugs. OPEN provides granting, training and capacity-building, knowledge exchanges, and have mandated peer engagement with grantees for OPEN projects. CAI also helps to administer other funding, including administering Community Action Team grants in partnership with the Overdose Emergency Response Centre (OERC). Stigma reduction is a significant focus of both these pieces of work. CAI is involved in other strategic projects, such as the Canadian Drug Policy Project.

⁴ Darcie Bennett and DJ Larkin. *Project Inclusion: Confronting Anti-Homeless and Anti-Substance User Stigma in British Columbia*. Pivot Legal Society. http://www.pivotlegal.org/full_report_project_inclusion_b

⁵ Ibid, 126.

⁶ CBRC. Sex Now 2019, Online Survey – Full questionnaire. https://www.cbrc.net/sex_now_2019_online_survey
Accessed January 6, 2020.

Provincial Health Services Authority (PHSA) - Collective Impact Network (CIN) Stigma Working Group

The [Collective Impact Network](#) (CIN) is a PHSA sponsored initiative, co-led by PAN acting as the backbone organization. It consists of nine PHSA-contracted agencies that are supporting the community-based response to HIV and hepatitis C, alongside the PHSA, and including the BC Centre for Disease Control (BCCDC) and BC Women's Hospital. The overall aim of the CIN is to enhance the response to these diseases by collectively acting in areas of mutual concern. A major focus for the CIN, and the mandate of one of its working groups, is on stigma reduction. Their present focus is to partner with ACPNet to address stigma for ACB communities in the Fraser Health Region.

National HIV Stigma Index Work

The [People Living with HIV Stigma Index](#) is an international tool that explores experiences of stigma and discrimination from the perspective of people living with HIV. It has been implemented in over 100 countries worldwide. In Canada, several regional teams are working with the People Living with HIV Stigma Index, including in Alberta, Manitoba, Ontario, Quebec, and the Atlantic region. BC was the first region to Canada to implement the Index (find out more about the *BC People Living with HIV Stigma Index* [here](#)).

A Pan-Canadian Framework for Action: Reducing the Health Impact of Sexually Transmitted and Blood-Borne Infections by 2030

This [framework](#), developed by the Public Health Agency of Canada (PHAC), outlines a multi-pronged approach to address sexually transmitted and blood-borne infections (STBBIs) in an integrated and proactive manner. This includes considerations of the enabling environments (e.g. addressing social determinants of health) and the core pillars of surveillance, research, knowledge mobilization, and research. One of three strategic goals included in the framework is to reduce stigma and discrimination that create vulnerability to STBBIs.

Canadian Public Health Association and the Centre for Sexuality

The Canadian Public Health Association (CPHA), in partnership with the Centre for Sexuality, have been funded to complete a [5-year project focusing on sexually transmitted and blood-borne infections and related stigma](#). This project includes providing knowledge translation resources, a webinar series, and turnkey workshop resources for organizations.

AHA Centre

The Aboriginal HIV/AIDS Community-Based Research Collaborative Centre ([AHA Centre](#)) "supports HIV and AIDS Community-Based research conducted in Aboriginal communities across Canada".⁷ Their work includes supporting research, developing Indigenous methodologies, and providing leadership to ensure

⁷ AHA Centre. <https://www.ahacentre.ca/> Accessed January 10, 2020.

that research is done in a respectful and ethical way. They are actively participating in discussions about stigma reduction for Indigenous people and communities.

Pacific Hepatitis C Network

The [Pacific Hepatitis C Network](#) is a non-profit, community-based organization that supports people with lived experiences and advocates/informs about hepatitis C. Their work includes peer navigation via the Help4Hep BC helpline, as well as broadly strengthening the community response to hepatitis C, including reducing stigma for people with lived and living experience of hepatitis C.

Planning for the Deliberative Dialogue

An organizing committee that included people with lived experience was created to work with the planning of the event and developing a list of community stakeholders to attend. The final invitation list was developed to reflect diverse backgrounds, experiences (e.g. reaching beyond people who primarily work in HIV, engaging people with different kinds of lived experiences and who work with different populations) and geographic diversity.

This project began with an examination of the stigma reduction intervention literature and the development of a [planning guide](#) for doing stigma reduction interventions, with an intention to help organizations determine what kind of interventions are needed, prioritize need, and select/evaluate a given intervention. The planning guide goes beyond a sole focus on HIV stigma, to discuss interventions aimed at reducing stigma at the intersections of identity, such as stigma surrounding people who use drugs; stigma aimed at gay, bisexual, and other MSM; stigma related to race and ethnicity; as well as other social determinants of health.

The next step of the project included engaging community in a Deliberative Dialogue meeting on November 21, 2019 in Vancouver to discuss the approach of intersectionality, present the findings from the planning guide and overview of existing knowledge on stigma reduction interventions, and work to prioritize future Stigma Reduction interventions.

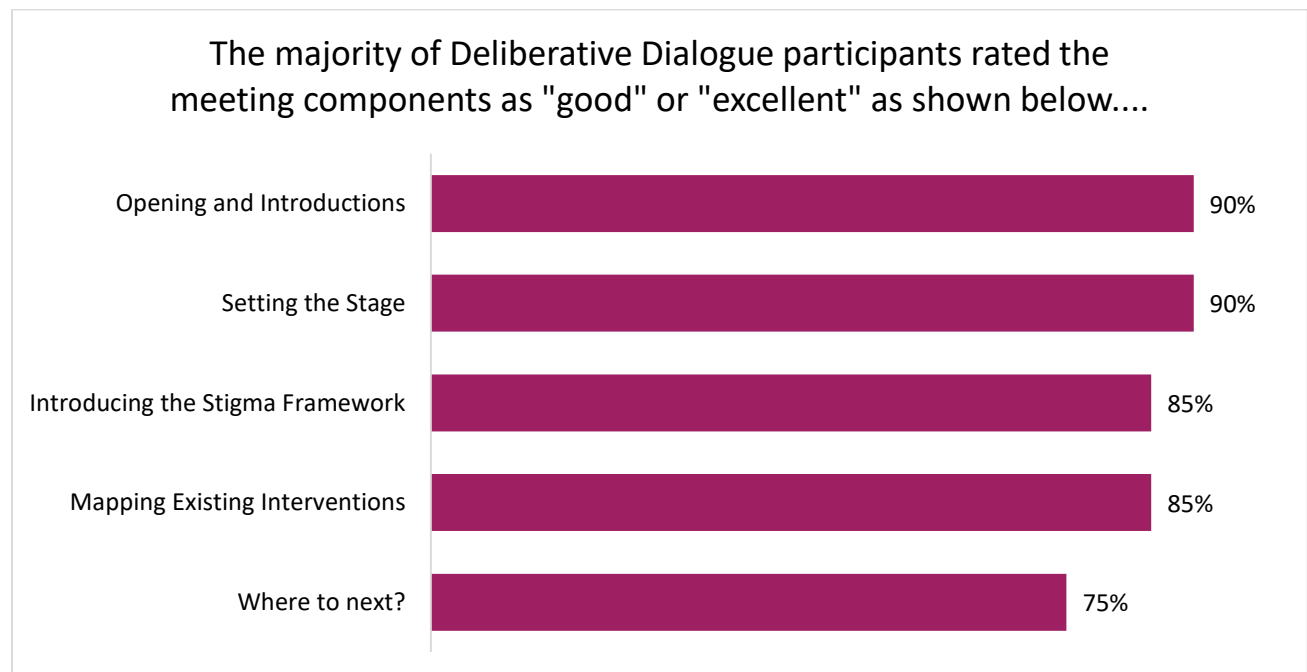
As part of the wider project, PAN and [Afro-Canadian Positive Network of BC \(ACPNet\)](#) are working in partnership to: undertake a search of stigma reduction interventions and best practices for African, Caribbean & Black (ACB) and newcomer communities in the literature; create an ACB report and summary documents from the literature review; and develop an evidence-based intervention plan for stigma reduction in ACB communities as well as discussion opportunities for engaging decision-makers and funders to discuss implementation.

Complementing this work, PAN has been working with the CAI and has initiated a Stigma Intervention Evaluation Working Group to develop evaluation tools for stigma reduction interventions, with a particular eye to whether harmonized or standardized tools would better support evaluation of stigma interventions – i.e. would allow us to compare across interventions.

By March 2020, knowledge translation products and activities on the findings from the literature review and Deliberative Dialogue outcomes will be developed and published for use by all stakeholders. PAN also intends to use the outcomes from the Deliberative Dialogue as a foundation to apply for additional funding to test an agreed upon stigma reduction intervention in BC.

Stigma Reduction Interventions Deliberative Dialogue

Evaluations of the Deliberative Dialogue suggests that participants primarily thought it was a positive and constructive day, with 91% of respondents (20 out of 22) reporting that they were “very satisfied” or “satisfied” with the Deliberative Dialogue.



Presentations and Resources – Pre-Work

Deliberative Dialogue attendees were provided with a pre-work package prior to the Dialogue. Eighty-six percent (86%) of participants who completed the post-event evaluation said the pre-meeting materials were “excellent” or “good”. This package included [an agenda for the day](#), [a PowerPoint presentation](#) (outlining the agenda of the day, goals of the day, and giving a brief overview and introduction to stigma), a [recorded presentation](#) by Paul Kerber and Madeline Gallard working through the PowerPoint and giving additional information about the agenda and goals of the day, and a [six-page document developed by consultant Marla Steinberg](#) on the current state of knowledge surrounding stigma reduction interventions called “An Overview of Health-Related Stigma Reduction Interventions”.

Stigma can be addressed...

Types of interventions that help people who may experience stigma	Interventions at multiple levels	Types of interventions that focus on people who enact stigma
Self-help, counselling, treatment, skills building, empowerment programs	Individual	Training, awareness raising, skills building
Support groups	Interpersonal	Contact, champions
Complaint and reconciliation systems, ombudsmen	Organizational	Education, training, equity-based, culturally-safe or anti-stigma policies and practices, facility restructuring
Advocacy	Community	Education, awareness raising
Anti-discrimination laws, complaint systems, treatment, and access to legal aid	Policy/legal/structural	Universal precautions, naloxone kits, etc.

Setting the Stage and Mapping Existing Interventions

One of the agenda items at the Deliberative Dialogue was a “Setting the Stage” session, in which we asked a number of our partners to share research or evaluation findings about how key populations are experiencing stigma in BC. We had [presentations](#) from:

- the AHA Centre, speaking about Indigenous communities and stigma. This presentation included sharing a poster by [ICAD member Trevor Stratton](#), and opening the floor for discussion on what resonated with Trevor’s poster, as well as how we can use our own stories and knowledge to reduce stigma.
- CBRC on [SexNow](#) data. This presentation gave an overview of the SexNow survey (what is it and where can you find out more?) as well as sharing some findings from the 2018 SexNow survey, including findings around PrEP and experiences of discrimination.
- Pivot speaking about the [Project Inclusion](#) work. This presentation discussed the work of Project Inclusion (a project that “aims to address stigma’s root causes by offering analysis of how laws and policies in BC both are shaped by stigma and serve to perpetuate it”). This presentation included sharing links to read the report that shares analysis from Project Inclusion and offers recommendations for further action.
- [CAI](#), spoke about the evaluation of their [Overdose Prevention and Education Network \(OPEN\)](#) granting stream. 28 peers were interviewed by peer members in this evaluation. This presentation included findings on stigma identified in the evaluation, including identifying negative attitudes towards people who use drugs (PWUD) in community and discussions of stigma experienced on a day to day basis. However, this evaluation also identified a majority of peers reporting positive shifts in people’s attitudes toward PWUD and activities that contribute to this.

- the [Pacific Hepatitis C Network](#), discussing stigma surrounding hepatitis C, including sources of stigma (what is the root of hepatitis C-related stigma?), what levels it occurs at (e.g. self-stigmatization, structural), where stigma exists, and its impacts, and
- the [Afro-Canadian Positive Network](#), discussing the context of their work (for example, working with people who have been in refugee camps), and how they support the African, Caribbean, and Black community with their work, including working to build friendships and new relationships, building connection with care providers, and countering stigma/educating in community.

Consultant Marla Steinberg also gave a [presentation](#) titled “What do we know about stigma-reduction interventions” and noted that there is not currently a wide base of knowledge on which interventions are based, but that there is a lot of evidence to suggest that many interventions *do* work.

Introducing Stigma Frameworks to Support Collective Work

Consultant Marla Steinberg developed a 6-page report used to frame the day, called “[An Overview of Health-Related Stigma Reduction Interventions](#)”. This report draws on several reviews of published articles in the 2019 issue of *BMC Medicine*, as well as a 2013 published systematic review of stigma reduction interventions. This report outlines that though there is much literature on stigma reduction interventions, there is not currently a strong knowledge base to inform understandings of which interventions work, for whom and in what contexts. However, this report also notes that there is evidence to suggest many kinds of interventions are effective at addressing and decreasing stigma. The report also notes that stigma reduction is not routinely included in training for health care and other service providers.

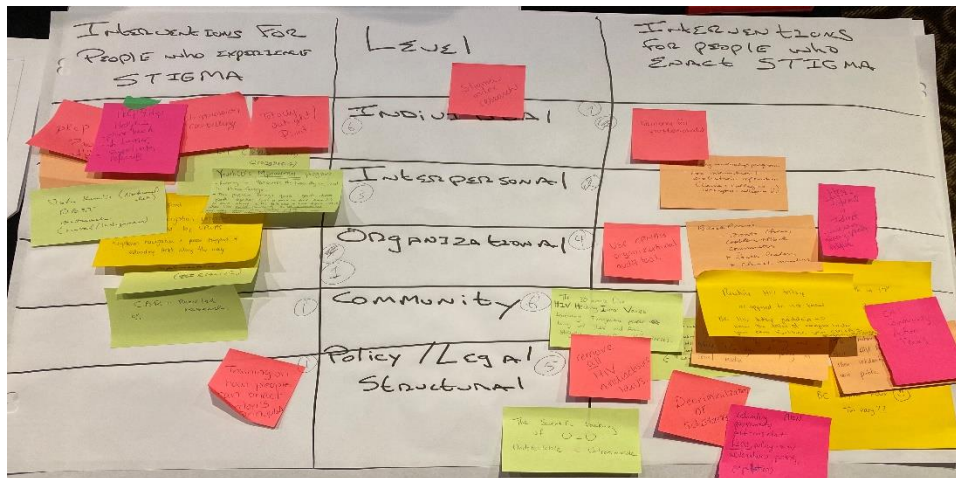
Marla also developed a 30-page guide for planning stigma reduction interventions. This guide provides step-by-step instructions on how to devise, develop, and set out to execute a stigma reduction intervention, including information on how to:

1. Form a working group, committee, or coalition;
2. Determine needs;
3. Set priorities;
4. Select interventions;
5. Develop an evaluation; and
6. Support implementation.

Mapping Exercise

Participants were asked to engage in a mapping exercise – to identify existing interventions and place them on a blank grid. The grid included two columns (interventions that focus on those being stigmatized, and interventions that focus on interventions that focus on individuals or structures that enact stigma) and a column to identify what level the intervention works at (individual – focused on one person; interpersonal – focused on those surrounding individuals, e.g. friends and family; organizational – focused

on stigma within organizations or institutions; community – interventions that focus on the general public, or structural/policy – interventions that focus on the law, policy, and rights).



Below is a list of key discussion points, which arose during the Setting the Stage presentation and the mapping exercise:

1. Taking a strengths-based approach – thinking about “thriving” as opposed to what isn’t working

Participants discussed the importance of moving away from deficits-based language when planning and discussing how to address social determinants of health (e.g. what isn’t working, where we are falling short) and instead using strengths-based language- focusing on what is working or the ‘thriving’ of people, as opposed to what it isn’t working (e.g. what is working well, what are the strengths/assets).

However, discussion arose around using the term ‘resilience’ or ‘resiliency’ in strengths-based approaches, as some participants noted that focusing on resiliency can have the effect of pushing responsibility back onto the person who is being stigmatized, rather than those who are enacting stigma or the structures that are creating stigmatizing environments.

2. Different platforms and being innovative in how we reach people – e.g. social media, “meme magic”

Significant discussion about how being innovative, nimble, and able to use different platforms can help us reach people and share stories and messages. Examples of this include work around photovoice for storytelling; thinking about how stigma could be included as a module in the [Positive Leadership Development Institute](#) [PLDI, a leadership programme from the Pacific AIDS Network for people living with HIV]; workshops, such as one led by the [AHA Centre](#); and a conference held by the [Western Aboriginal Harm Reduction Society](#) (WAHRS) for peers working on the front-line. Successful interventions included a series of videos (including “[Strong Medicine](#)”, a video “for and with Indigenous people living with HIV”),

developed by the Canadian Aboriginal AIDS Network in partnership with CATIE), the [San'yas Indigenous Cultural Safety training](#), and the impact of the [Truth and Reconciliation Calls to Action](#).

Innovation can also mean face-to-face contact, as ACPNet shared that one major success in their stigma reduction interventions has been having one-to-one meetings with church leadership in community. Having church leaders understand more about HIV flowed down to their congregations.

3. “Nothing About Us, Without Us” – centring lived experience

Participants zeroed in on many topics surrounding the principles of “[Nothing About Us, Without Us](#)” – thinking about how lived experience can be centred. This includes the idea of recognizing lived experience as equal to, or even more important than, academic knowledge, and thinking about the language we apply – e.g. differentiating between “peer researchers” and “researchers”, even though all are researchers. Peer-to-peer engagement was highlighted as valuable in building connections, and something that could be built on in the harm reduction world. Successful interventions that focused on connecting people with lived experiences included the [PLDI](#), the grassroots-led “[Can’t Pass It On](#)” U=U campaign, the Peer Researcher meeting (which happens quarterly alongside the [CBR Quarterly community of practice](#)), and the work of [MPowerment](#) (a program of YouthCO, which engages peers to hold events and discuss sexual health and well-being with queer and trans youth). Participants expressed a desire to have more peer-to-peer space, and perhaps have a peer-led conference in the same vein as CAHR.

4. Thinking about intersectionality – stigma existing in different areas and at intersections of identity

Intersectionality, and thinking about stigma existing in different areas of individuals’ lives and the intersections of identity, arose as a topic and focus in many different iterations throughout the day, as well as in the evaluation (captured in the appendices – some participants commented that PAN still has much work to do and accountability around its approach to intersectionality, and needs to do more work particularly with racialized people and people who use substances moving forward; some participants commented that it was valuable to have the expertise of lived experiences in the room). Pivot’s [Project Inclusion](#) discussed stigma that exists at intersections, including surrounding poverty, drug use, homelessness, and sex work. PHCN noted that stigma exists both internally within the hepatitis C community (e.g. hierarchy around how one was passed hepatitis C) and externally.

Gaps identified in current interventions that reflected this theme included gaps surrounding trauma-informed care; moving past structural/societal barriers (e.g. racism); around racism and assimilation from police, the Ministry of Child and Family Development, pharmacies, and income assistance; and linking stigma and privilege (understanding privilege).

Where are the Gaps and Where to Next?

Following the mapping exercise, participants were asked to examine the grids they had filled in and identify gaps and opportunities for next steps (new interventions or opportunities to support existing interventions).

Below is a summary of key points that arose in this initial discussion:

1. Breaking down siloes – offering opportunities for connection, inviting new people to the table, building peer-to-peer engagement.

A lot of discussion focused on the question “who should be at the table?” Participants discussed again the importance of peer-to-peer connection, including groups of people with lived experiences connecting with other groups (e.g. WAHRS connecting with groups in Saskatchewan). This conversation also involved thinking around how to reach service providers in doing work to reduce stigma, as well as, generally, how to do more work to partner (e.g. with universities, with policymakers).

Significant discussion in this area focused on the idea of developing a CAHR-like conference, specifically for peers and/or supporting more peers involved in research, or a gathering similar to the Poz Gathering that would be provincial in scope. Some ideas around this included PAN coordinating a proposal for such a conference as a partnership with CAHR, and peers leading and organizing the event.

2. Education, with storytelling sitting at the core – example of one-to-one education being an effective intervention with faith leaders for ACPNet. The idea that providing contact and building relationships between people with lived experiences and others creates champions.

Participants also suggested that next steps may mean more anti-stigma education with non-traditional partners – for example, transit drivers, schoolteachers, pastors and the courts. Storytelling, with an eye to anti-stigma education, should be happening from the cradle to the grave – so that people are constantly learning and deepening their understandings. This engaged the idea of being innovative in how to do storytelling – thinking of ways to share stories that are most impactful in community.

One idea raised was to have panels in each health authority to provide this education – e.g. to health authority staff and to school boards. Overall, participants felt that there were effectively no limits on who could benefit from anti-stigma education – and that doing this education helped to foster positive relationships with community members and create champions for fighting stigma.

3. Funding – need more funding to do things that are innovative and try new things. Challenges when there are limited resources to do stigma reduction work.

Discussion happened during the mapping exercise (and throughout the entire day) on challenges related to funding. Participants noted that there are challenges with organizations taking on new and different areas of work – that this sometimes presented a squeeze on work that had been going on for a long time. As well, gaps in funding impact rural and remote communities by threatening the sustainability of services. Participants noted that any ideas for new or expanding interventions require looking for funding to support this work (some discussion arose around funders who might be a good fit for doing stigma reduction work, including ViiV, the RBC Foundation, the Victoria Foundation, and CISUR at UVic).

Participants suggested that there needed to be more funding to try new interventions and to share ideas – moving away from outcomes but focusing on sharing and cross-pollination. This was reflected in the ‘Big Ideas’ section.

Big Ideas

Participants, following this discussion, were asked to come up with some ‘big ideas’ of next steps for work that PAN and other organizations could undertake surrounding stigma reduction interventions. These ideas were written on flip chart paper – 11 high level ideas were captured. Big ideas in large part reflected both successes and gaps identified in the mapping exercise and operationalized some of the key ideas.

Participants were then given 3 colourful stickers each and asked to engage in what is known as ‘dotmocracy’ - to place a single sticker on the 3 ideas that they liked best. The most popular ideas were as follows (the full table is included as an appendix):

BIG IDEAS:	Votes (n=)
Working with health authorities, nurses unions, physicians to educate about U=U and to have them sign on to U=U and include in their organization’s goals and missions	14
Story-telling, education about stigma from the cradle to the grave – in schools and beyond	14
Indigenizing whole organizations – organizations work to re-write their constitutions, embody decolonization, and to implement initiatives responding to the Calls for Action in the TRC	10
Peer-Led, Peer-Driven gathering or conference (like CAHR, Positive Gathering, or something else) where people can network together and engage in capacity-building on how to address stigma	10
Develop an accountability measure for organizations and institutions (Stigma audit)	8
Access to more unrestricted funding for stigma reduction initiatives (to try new out of the box things, innovation)	8
Education with industry partners we are not reaching	8

Stigma Reduction Intervention – Evaluation Tools

As mentioned previously, CAI and PAN had connected about the various stigma reduction work they have been doing in the last while and discussed how a lack of evaluation tools makes it challenging to compare outcomes across initiatives. There was a desire for both teams to work together to see if there was a way to identify useful evaluation tools that could then be piloted or used by each of our organizations and others. We felt it was important to look across a variety of types of stigma and also to engage key stakeholders supporting this kind of work across the province. PAN is leading a Stigma Reduction Evaluation Working Group that is meeting regularly. to develop a pilot evaluation tool for stigma reduction initiatives that could be used and tested by participants at the Deliberative Dialogue table. We have formed a Stigma Reduction Intervention working group that is meeting regularly to move this work forward.

Development of a harmonized evaluation tool will not only allow us to help address the knowledge gap identified in the literature, but also help multiple sectors to assess and measure the outcomes of our

collective efforts in reducing stigma. This work provides an opportunity for cross-sectoral collaborations and working in a multi-partner model that engages stakeholders of all levels, including funders, health authorities, decision-makers, frontline service providers, and people with lived experiences. Further, the outcome of this work will provide leadership in supporting community-based projects and interventions measure their outcomes and impacts consistently.

Conclusion and Next Steps

Participants engaged throughout the day, and covered a wide variety of topics and areas of focus in their discussions, including centring people with lived experiences, moving out of siloes and looking at stigma as it exists intersectionally for individuals, and thinking about reach – how do we reach people, and who should we be reaching to? The overall most selected ‘big ideas’ reflected similar ideas and proposed interventions across all levels of engagement, including expanding the reach of the U=U message; building a culture of storytelling; working to Indigenize organizations and embody decolonization; developing a peer-led, peer driven gathering or conference; developing an accountability measure (or ‘stigma audit’) for organizations and institutions; accessing funding to try new ideas and innovate; and doing more education with partners we are not currently reaching.

As mentioned at the start, PAN will continue to work with ACPNet, and ACPNet will lead in developing an evidence-based intervention plan for stigma reduction in ACB communities in light of existing literature, as well as the Deliberative Dialogue.

In line with PAN’s objective to use the Deliberative Dialogue’s findings to guide its next steps in terms of developing new interventions, we have begun to consider how these discussions and ‘big ideas’ will influence and impact our work moving forward. Ongoing work includes work with the Stigma Reduction Evaluation Working Group in partnership with the Community Action Initiative, to develop common indicators for evaluating stigma reduction interventions (thereby contributing to the evidence base surrounding interventions, and helping to address the issue of a lack of concrete evidence surrounding which interventions work for who, when, and in what contexts). PAN is also undertaking qualitative interviewing to explore strengths as they relate to individuals confronting stigma and examining ‘what works’ in programs and services to help address and reduce stigma.

PAN is taking time to consider the best ways to move these big ideas forward. It will work in partnership with key stakeholders and groups – including the PHSA’s Collective Impact Network’s Stigma Working Group to determine how best to operationalize the big ideas. For instance, perhaps advocacy surrounding increased sign-on to U=U (e.g. from health authorities, the College of Physicians and Surgeons, and the nurses’ union) could be led by this working group or another partner.

PAN also made a commitment to use the findings from the Deliberative Dialogue to develop a new stigma reduction initiative. In conversation with our staff and other leaders, PAN feels it is well-positioned as a network organization to work on developing accountability measures, such as an organizational stigma audit or assessment tool and is researching potential funding sources for this work. It is challenging for organizations to identify where they are enacting stigma because it can be hidden and embedded. This

tool would build capacity for BC organizations to assess and address intersectional stigmas that exist within organization while identifying systemic barriers. The stigma assessment tool will support a culture of learning within organizations by exploring areas of strength and growth opportunities while actively planning for change.

PAN is very appreciative of the perspectives, ideas, and experiences that were brought to the Deliberative Dialogue, and the engagement of all participants. We would also like to once again thank our funders, the PHSA and CAI. We look forward to moving some of these ideas forward and continuing to engage on how stigma can be addressed and reduced.

Appendix I: List of 'Big Ideas' arising from the DD

BIG IDEAS:	Votes
Working with health authorities, nurses unions, physicians to educate about U=U and to have them sign on to U=U and include in their organization's goals and missions	14
Story-telling, education about stigma from the cradle to the grave – in schools and beyond	14
Indigenizing whole organizations – organizations work to re-write their constitutions, embody decolonization, and to implement initiatives responding to the Calls for Action in the TRC	10
Peer-Led, Peer-Driven gathering or conference (like CAHR, Positive Gathering, or something else) where people can network together and engage in capacity-building on how to address stigma	10
Develop an accountability measure for organizations and institutions (Stigma audit)	8
Access to more unrestricted funding for stigma (to try new things, innovation)	8
Education with industry partners we are not reach	8
Ending the blood deferral process, with Canadian Blood Services	7
Develop a centralized speakers Bureau/common curriculum about stigma that could be used across the province	5
Flatten hierarchies; create equity in power, places and education; value lived experience	3
Develop a cure or vaccine	3

Appendix II: What did Participants Say About the Event?

My key takeaways from this meeting were:

Theme	Number of responses (n=)	Key quotes
More work/unpacking needed	6	<p>“How to face those who enact stigma to others and how to handle victims of stigma”</p> <p>“The reduction priorities that were recommended provided a pathway for future educational opportunities and there was a willingness from the audience to support the work required to put the recommendations into action. . .”</p>
Centring people with lived experiences	5	<p>. . . PAN needs to convene a group of people w/ lived & living experience to inform next steps - and this group must represent a cross-section of folks. . .</p> <p>“Inclusion of people with lived experience must not be tokenized, their insight must be included through the process of project implementation and review to produce effective and meaningful outcomes”</p>
Other people doing this work/opportunities to network	4	<p>“The amazing work already being lead in community in terms of stigma intervention and reduction”</p> <p>“The networking was amazing. . .”</p>
Other/not applicable	4	<p>“n/a”</p> <p>“Community”</p> <p>“We need more health professionals to understand and sign off on U=U”</p>
Intersectionality	3	<p>“The term intersectionality is not being used in a way that upholds where it came from The whiteness in the room, including from PAN representatives, diminished the ability to have deeper conversations about stigma and its impact on racialized communities . . .”</p> <p>“Intersection with stigma, privilege, social and structural determinants of health . . .”</p>

How will your experience at the Deliberative Dialogue inform your work?

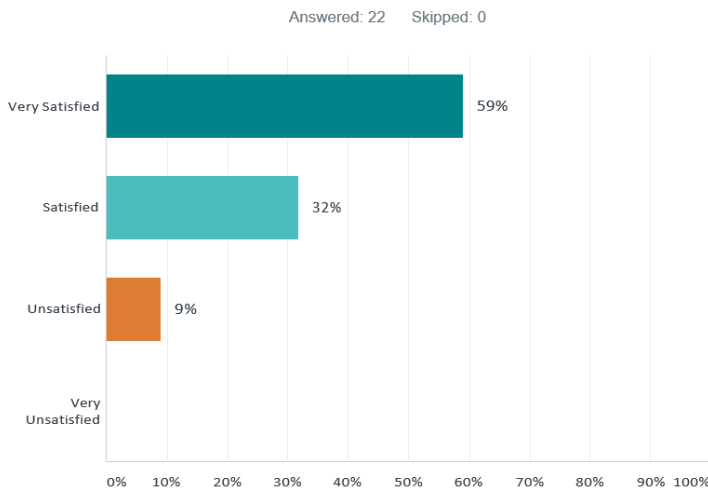
Theme	Number of responses (n =)	Key quotes
Influencing and increasing capacity for future work	9	<p>"I have a better sense of work that is out there we can build on and support."</p> <p>"I have learnt about stigma in a bigger package not only in HIV field, and i am learning how to address it in any angle"</p> <p>"New ideas of ways to combat stigma . . ."</p>
Stigma outside of HIV focus	4	"Increase my mindfulness of my privilege, and improve my understanding of inherent power imbalance that precipitates stigma."
Connecting/networking	3	"the connections and resources that I was made aware of at this dialogue was amazing! . . ."
Other/n/a	3	"Stigma affects sufferers more than the decease"
Language/messaging	2	"It reiterated for me that while we use organizations use phrases like "stigma reduction", for people experiencing stigma, its often phrased in other ways like "building community", and "being shown dignity"

Is there anything else you would like to share with us about your experience or outcomes of the Deliberative Dialogue?

Theme	Number of responses (n=)	Key quotes
Broadly positive/thank you!	7	<p>"All the pressing issues were covered and thank so much for job well done."</p> <p>"The Topic was really suitable in the right time when stigma is spreading like wildfire and goes unaddressed, I wish we could have more of this. otherwise everything was perfectly organised."</p>
Centring people with lived experiences	5	<p>"I think PAN needs to engage with racialized folks & folks who use substances much MUCH more deeply prior to going forth on this initiative. . ."</p> <p>". . .it was really important to have people with lived experience in the room - kudos to pan for inviting and supporting their engaged participation and contributions. . ."</p>
Next steps/new work needed	3	<p>"We need more health professionals to understand and sign off on U=U."</p> <p>"Just wana see a stigma free communities."</p>
N/A/no further comments	3	
Change programming/type of event	2	<p>"I would like to have more opportunities to connect or socialize with other folks from out of town before or after the conference. . . It would be great to further honour or nurture opportunities for social connection."</p> <p>". . . I didn't find the mapping exercise that valuable, however, as it was confusing. The discussion afterwards was valuable, however."</p>
Engaging policymakers	2	<p>"Missing still some of the other Ministries. . . Such as Ministry of Social Development and Poverty Reduction. . ."</p> <p>". . .Also - equally important, having some policy folks in the room from health authorities. I wish all the health authorities had been represented."</p>

Appendix III: How Did Participants Feel about the Event?

Q2 Overall, how would you rate your satisfaction with the Deliberative Dialogue?



Appendix IV: Mapping Interventions Responses

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

	<p>DISCUSSION:</p> <ul style="list-style-type: none"> • Peer employment opportunities, Peer outreach support • Employees create a different perception • Paying peers to train staff (eg on how to use HR supplies) • Creating a coalition of substance users in north (rural) • Online videos of personal stories (breaks stigma for those who are isolated)
Organizational	<ul style="list-style-type: none"> • UVIC Bounce project, student mental health resilience • Employment equity, disability policies and implementation (REALIZE) <p>DISCUSSION:</p> <ul style="list-style-type: none"> • 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) • Peer panel for ¾ year researchers, nurses and ongoing for healthcare professionals • Peer leadership training, peers working with educating service providers and other peers
Community	<ul style="list-style-type: none"> • Resist Stigma 2015? CBRC Vancouver office, national work aimed at GBMSMTQ+ and communities • Bounce Project UVIC student mental Health resilience <p>DISCUSSION:</p> <ul style="list-style-type: none"> • Eagle Hill supports using their space for drug user meetings • Land based being on the and in the forest, and where there is green space gatherings, bringing people together • Creating a safe place to be open about who they are • Video projects, resiliency stores to be shared online and social media (online videos seem to share worst stories) • Posters in store windows “you are loved” could be orientation, PWUD, HIV/Hepc status • POZ Effect type online conference against HIV Stigma • Intervention those with same condition can be trained and support one another and event talk to the community • CBR + peer led research
Structural	<ul style="list-style-type: none"> • PRICK, Living positive resource center <p>DISCUSSION:</p> <ul style="list-style-type: none"> • Work plans Goal address stigma Health Equity lens • Walking people through barriers n being with them every step of the way (ie going to doctor) • Transitioning stipend peers into self-employment • Poster awareness campaign (take over public spaces to fight stigmas)

	<ul style="list-style-type: none"> • Training on how people can enact Jordan's principles
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Interventions for people who enacted stigma	
Individual	<ul style="list-style-type: none"> • Stigma Index Research <p>DISCUSSION:</p> <ul style="list-style-type: none"> • Meeting people where they are, emotionally, financially, culturally and safety and geographically • Sharing stories through poster, in-person, videos • Invite them to engage to their respective communities' individuals story sharing is helpful, showing the face of HIV • Stigma can be addressed by knowing how to interact with community • Individual levels by talking to people in making them understand • They suffer due to hiding and need (lack education) • Training for professionals • HIV nursing mentorship programs (has intervention + evaluation information)
Interpersonal	<ul style="list-style-type: none"> • Stigma audits in classroom presentations highlight a news/media piece and examine the facets of stigma <p>DISCUSSION:</p> <ul style="list-style-type: none"> • Peer navigators
Organizational	<ul style="list-style-type: none"> • STIGMA Audit • HCV informal and indirect conversations on barriers, advocacy, helpline • Use CPHA's organizational audit tool <p>DISCUSSION:</p> <ul style="list-style-type: none"> • Being involved with research p project, part of the community/patient voice • Organizations to come together with one voice to fight Stigma • Othering and being othered in the context of Health Care Services • Black pride, Toronto African Caribbean + Black communities, Faith leaders, Church members • Joy Hohnson, et al, UBC, School of nursing, Vancouver/Richmond Health Board Health and Nursing Policy, Vancouver • advisory committee

	<ul style="list-style-type: none"> • Equity walk throughs in health care facilities led by PWLE, service providers cannot bring their fragility into this process (don't be defensive) • 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? • Working with future professionals in healthcare and social work • Practicum placements, classroom presentations
Community	<ul style="list-style-type: none"> • Community education forum 2 days organized by community coalition of Service providers and PWLE • Include phot project from PWLE and PWLE panel presentation • Creating culturally safe primary care for PWUS • CHIR SPOR (strategies for patient-oriented research, Bernie Pauly, Karen Urbanoski, SOLID peers (Victoria) • Use CPHA's Stigma awareness for discussion guide • The unmask stigma campaign by TB proof waring mark on World TB day and porting on social media • HIV healing Inner Voices film (Indigenous people living w HIV and Stigma, telling their stories) • Casey House Janes Place celebrity chef event in HIV + community leader • CAI community action teams • The treatment action campaign plus the HIV + t shirt to show solidarity with the PLHIV community and raise public awareness <p>DISCUSSION:</p> <ul style="list-style-type: none"> • ART, photo voice, Postcard Project • Social median anti stigma campaign Bodices of service providers, PWLE, members, Education outreach • Building a compassionate approach: substance use/HR and the PH Emergency • Community reach out creating relationships to share and learn with other community partners • Mentorship in Educational settings • Social Media (running with observation magic meme) • Reducing Stigma in Primary Care Research • invite communities to speak on Stigma • 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 • Routine HIV testing as opposed to risk based, BC testing guidelines know the status of everyone under your care

	<ul style="list-style-type: none"> • GBMSM health in FP • Online CME accredited education for health care providers
Structural	<ul style="list-style-type: none"> • SHAWNA photo voice on stigma and criminalization of HIV non-disclosure • San'yas Indigenous Cultural safety training • BC Stigma Index • The scientific backing of U=U Undetectable = Un transmittable <p>DISCUSSION:</p> <ul style="list-style-type: none"> • Listening Ear, On the spot naloxone training, meet with Mayors, shared story with anyone and everyone, always say I'm HIV + • Ensuring we are sitting at the low- and high-level policy tables • Malpractice story • Educate HCP or any person providing care/service to stigmatized populations/people • S groups diverse ACPNET, Indigenous, Youth, Trans • Engage people of LEHN to take a lead Nothing about us without us Respect GIPA/MIPA principles • Remove all HIV non-disclosure laws • Decriminalization of PWUS • Educating government and politician about HCV, policy, alternatives, priority populations