



Island Health STOP Team Presentation

September 6, 2019

Presented By: Madeline Gallard and Paul Kerber



Pacific AIDS Network

**Over 40 member organizations in BC.
PAN provides members:**

Capacity Building and Leadership

Community-Based Research and Evaluation

Advocacy and Collective Action



STOP THE STIGMA

The People Living with HIV Stigma Index

International

- Over 100 countries have used the Index since 2008.
- The Index is designed **by and for** people living with HIV

Canada

There are several regional teams working with the Stigma Index across Canada – **BC People Living with HIV Stigma Index** was the first use of the Stigma Index in Canada.

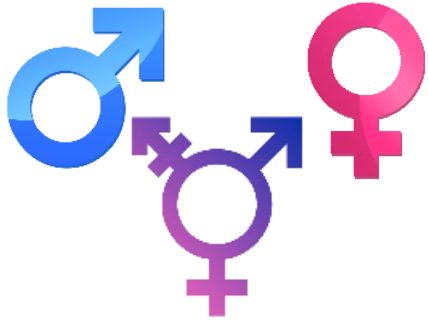
The BC People Living with HIV Stigma Index

Community-based: PAN member community recognized that HIV stigma is an ongoing issue, and asked for research

Peer-driven

- Steering Committee
- Peer Research Associates
- Analysis
- Knowledge Translation

BC Survey Participants



**176 Total
Participants**

MSM = 37%

Gay/Lesbian = 35%



Years living with HIV:

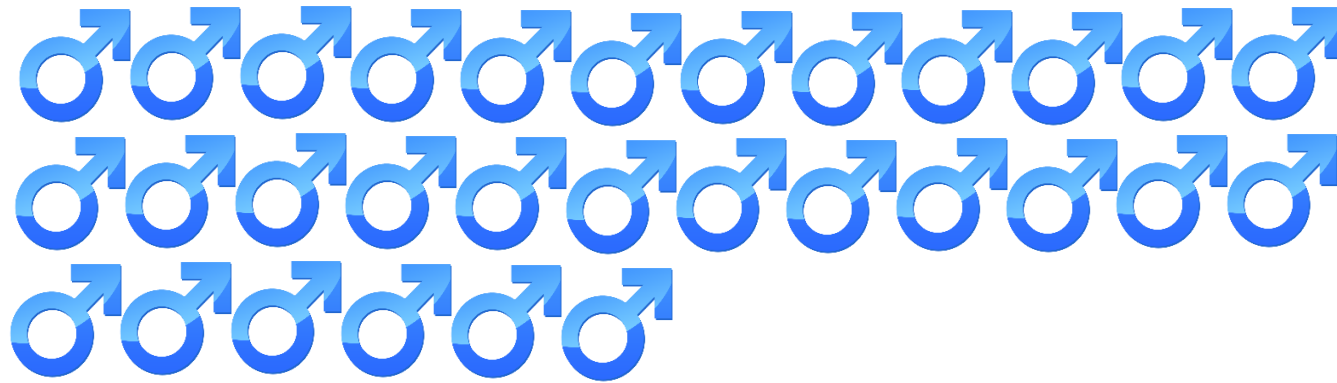
0-4 years = 28%

5-9 years = 22%

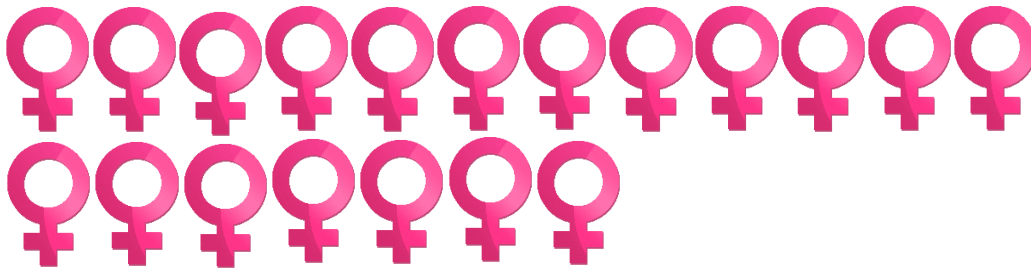
10-14 years = 34%

15+ years = 16%

Gender



60%
Male



38%
Female



2%
Transgender

Indigenous Identity



Idle No More image courtesy Andy Everson, K'ómoks First Nation

23%

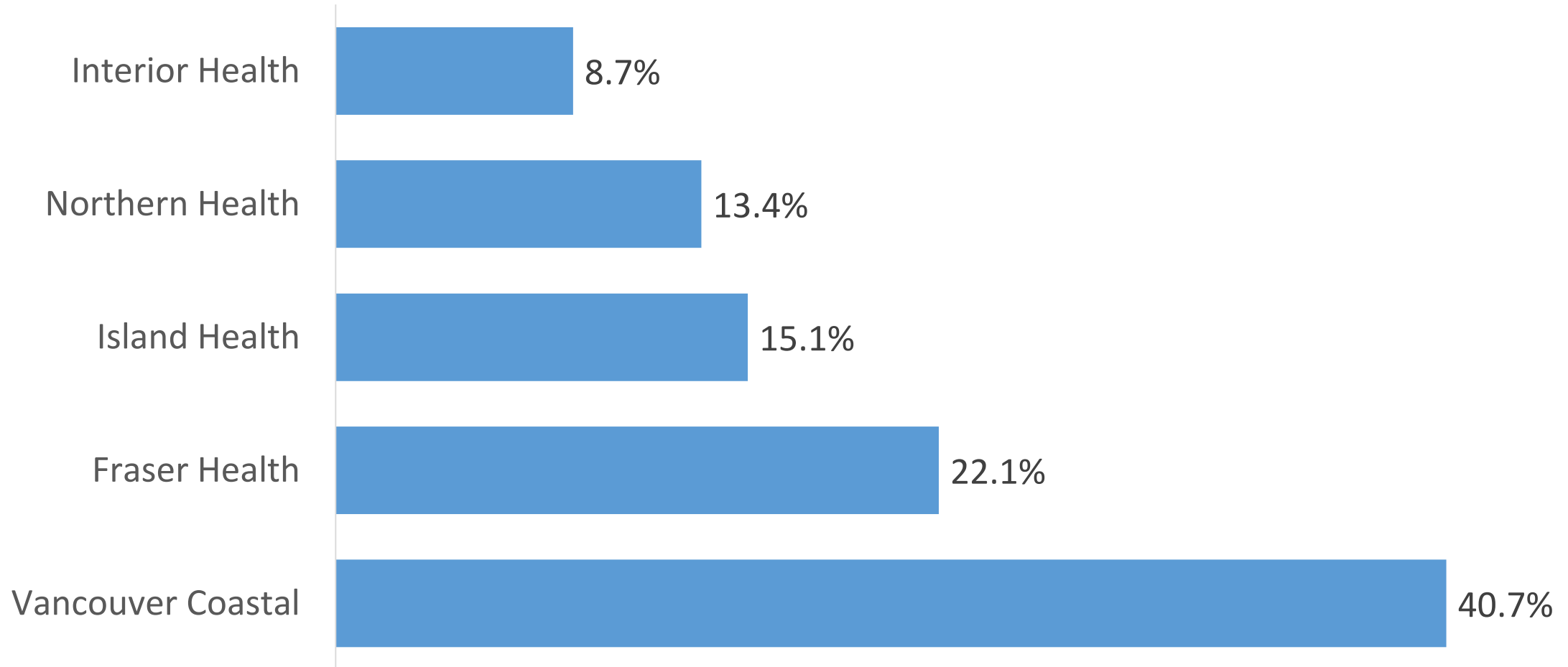
self-identified as Indigenous
(41/176)



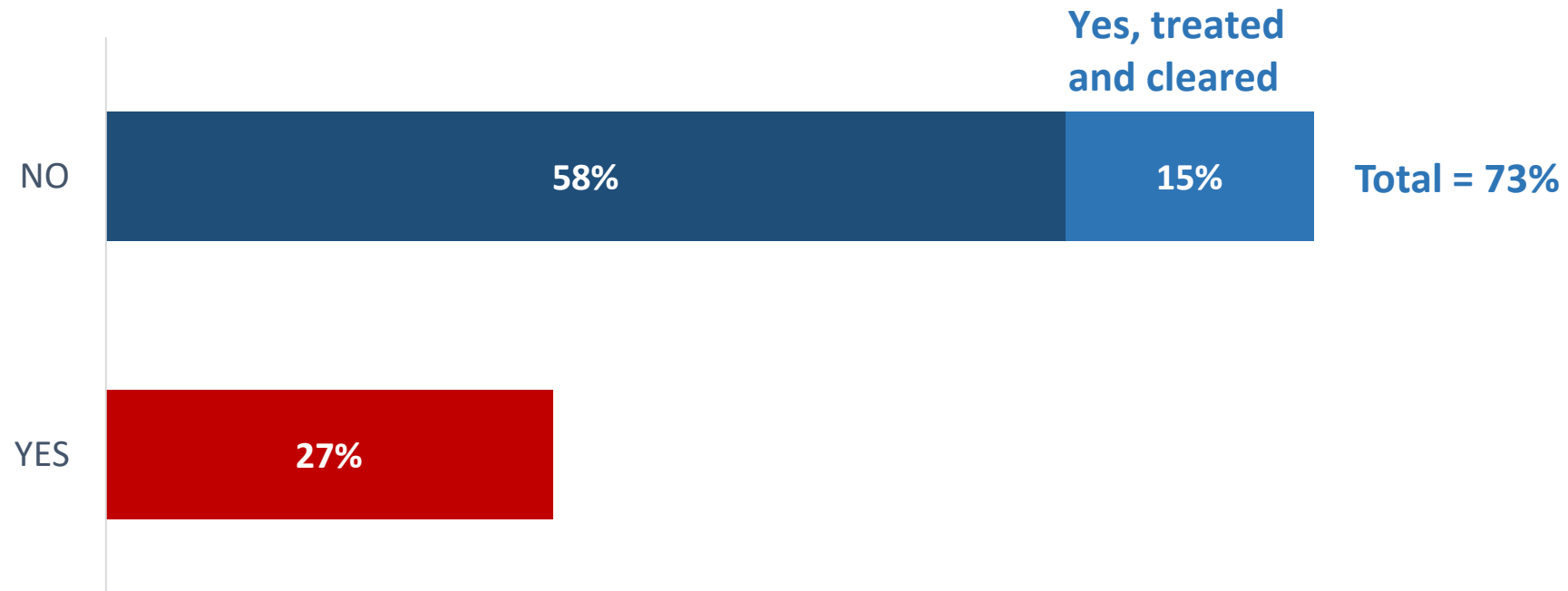
11%

self-identified as Two-Spirit
(19/176)

Regional Breakdown of Stigma Index Participants:

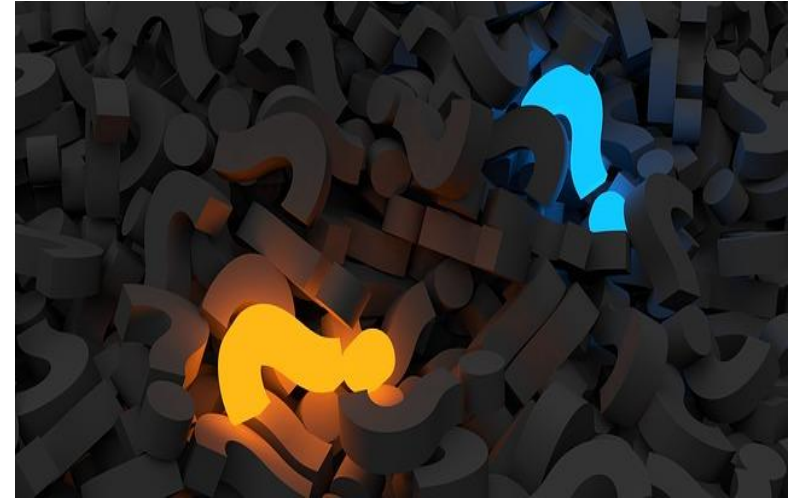


Hepatitis C Co-Infection



First Questions to Analyze:

- Did people avoid healthcare or social services because of stigma?
- Did Indigenous participants' experiences differ from non-Indigenous participants' experiences?



Strengths and Resilience

- **54%** of all Stigma Index participants agreed that, in general, HIV disclosure is an empowering experience
- **>66%** of participants said they have someone to count on to listen to them most or all of the time
- **55%** said that their experience of stigma has gotten better over time and **64%** said their response to stigma has gotten better

Stigma Experiences in Healthcare & Social Services

In the last 12 months, did you...



Avoid going to a local clinic?

YES 25% (44)

Avoid going to a hospital?

YES 22% (38)

N: 175



Avoid social services?

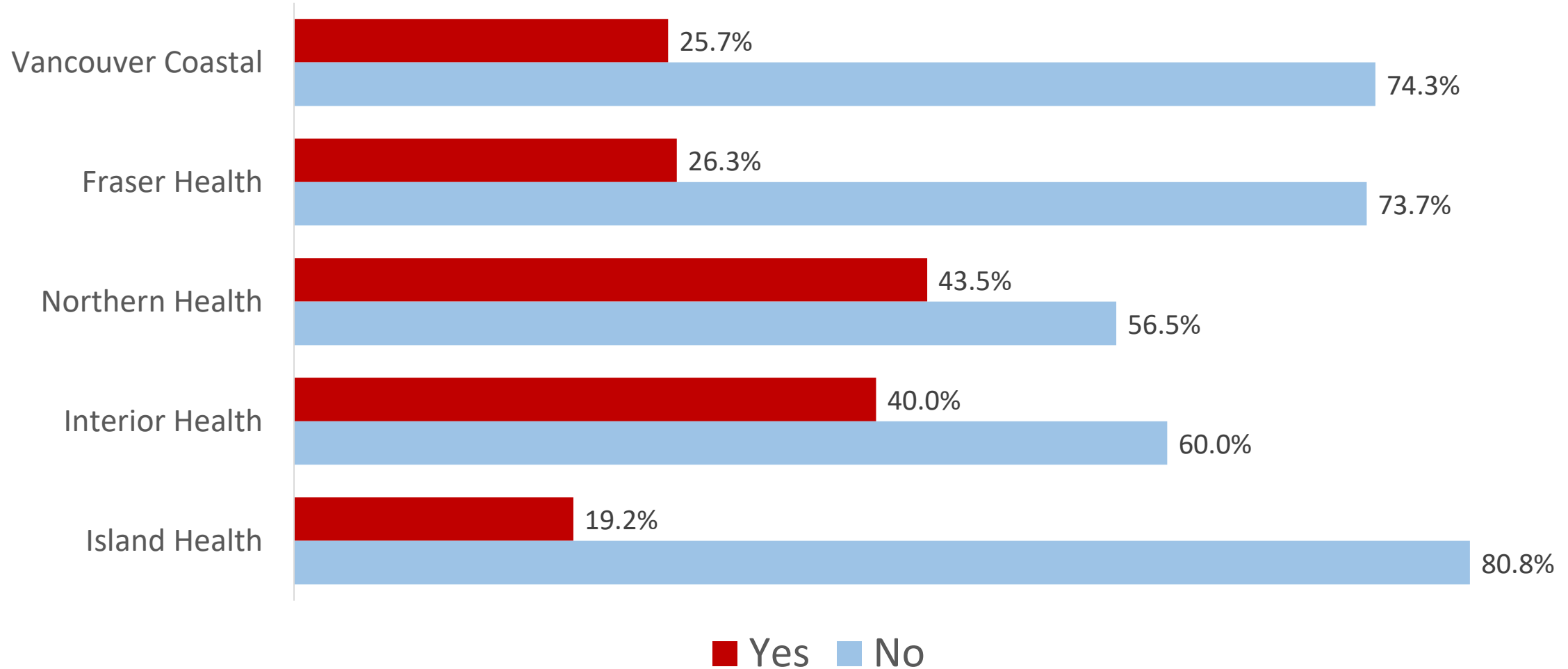
YES 24% (42)

N: 175

30%
avoid healthcare
as a result of
stigma or
discrimination
(52/176)

Icons courtesy FlatIcon.com

Some participants, as a result of HIV-related stigma and discrimination within the 12 months prior to the interview, avoided healthcare:

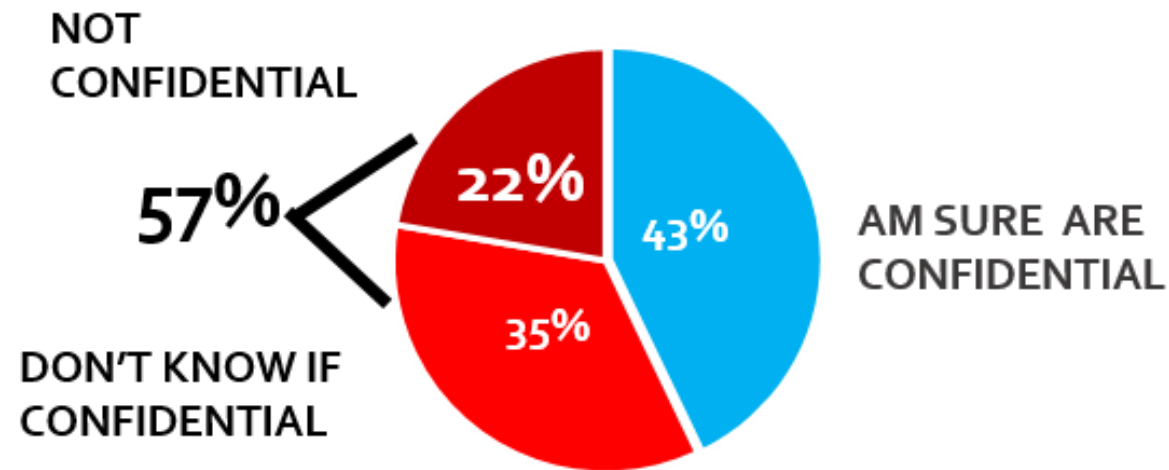


Comparing Indigenous & Non-Indigenous Experiences

	Indigenous	Non-Indigenous
Avoided going to local clinic	37% (15/41)	22% (29/134)
Avoided going to hospital	27% (11/41)	20% (27/134)
Avoided social services	37% (15/41)	20% (27/134)
Avoided services due to lack of confidentiality	15% (6/41)	7% (9/132)
Sought help from an organization to resolve stigma	45% (18/40)	31% (40/131)

Confidentiality of Health Records

Only 43% of participants were sure that their health records relating to HIV were being kept confidential, which means that over half did not know if they were being kept confidential:



Intersectionality of Stigma

Participants were asked, if they had experienced stigma and/or discrimination for reasons other than their HIV status and were asked to select one category that best explained why they felt they were stigmatized or discriminated against.

36.7% reported none

63.3% had selected another reasons for stigma or discrimination

Limitation: people were forced to only select one reason, doesn't truly speak to intersectionality but is a starting place

Other reasons for stigma or discrimination selected:

Reason	% of Participants
Drug Use	30.1%
Sexual orientation or identity	14.5%
Being a member of an Indigenous group	5.4%
Aging	4.2%

Next Steps for the BC Stigma Index:

- Further analysis and knowledge translation. For health care providers, we will look at data relating to testing and treating for HIV. Future products include data summary sheets, and further work to use the Stigma Index as an 'index' – that is, as an indicator or measure of how much stigma participants in our study had experienced
- Moving towards stigma reduction intervention planning. Holding a Deliberative Dialogue focused on intervention planning, and developing harmonized evaluation tools to evaluate the impacts of stigma reduction interventions
- Exploring funding to test and evaluate a stigma reduction intervention

Summary of Findings:

- People who participated in the BC Stigma Index are avoiding health and social services because of HIV stigma
- In Island Health region, approximately 1 in 5 participants had avoided health care in the previous 12 months
- Indigenous people in our sample are avoiding health and social services at a higher rate than non-Indigenous people
- The majority of people in our sample were unclear about whether their health records relating to HIV were kept confidential
- HIV stigma and discrimination is only one kind of many kinds of stigma that people face

What are YOUR experiences and reflections?

Because we are not health care planners and implementers – we are very interested in hearing your thoughts:

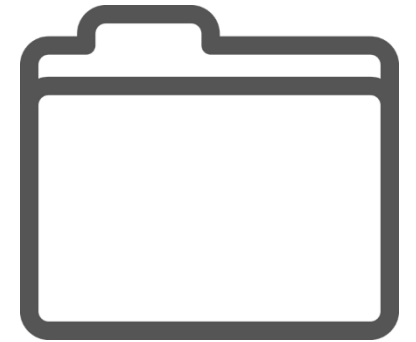
- What do you feel could be done to improve people's experience of HIV stigma and discrimination within Island Health and its services?
- Are there changes that could be made to reduce the number of people avoiding healthcare because of stigma and discrimination?
- What do you think would be the first step in addressing intersectional stigma in healthcare settings?

Potential Actions for Health Authorities:

Consider how confidentiality might play into and impact your work.

Are there ways that you can support patients/clients in feeling more confident about their confidentiality?

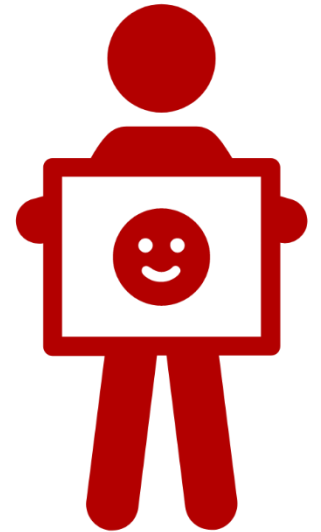
Could you integrate reminders about confidentiality more often into your work?



Potential Actions for Health Authorities:

Are there ways to work from a strengths-based approach in your work- recognizing resilience, strengths, growth alongside challenges and barriers?

Could you use language to re-emphasize the positives/growth/resilience?



Potential Actions for Health Authorities:

A relatively high number of participants (31% of non-Indigenous and 45% of Indigenous participants) stated that they “sought help from an [community-based or non-governmental] organization ... to resolve an issue of stigma or discrimination”.



Work closely with community-based partners to build supports for people living with HIV to resolve stigma and increase access to health and social services.

Resources from the Stigma Index Project

Available now

- Posters
- Blogs
- Slide decks
- [Webinar](#)
- [Peer research associate analysis](#)
- [Whiteboard explainer video](#)

Coming soon

- Summary sheets

Thank you!

Work on the *BC People Living with HIV Stigma Index* is a team effort, engaging the whole BC People Living with HIV Stigma Index team.

We would also like to thank our funders!



University
of Victoria



Questions?



For more information on the Stigma Index Project,
please contact:

Paul Kerber, Evaluation Coordinator
paul@pacificaidnetwork.org

Madeline Gallard, Community-Based Research Coordinator
madeline@pacificaidnetwork.org