

STUDY FINDINGS: How does stigma and discrimination impact people living with HIV's access to healthcare in BC?

BACKGROUND

The BC People Living with HIV Stigma Index is a dynamic community-based research (CBR) project in British Columbia born out of a community-identified need to turn the tide against persistent HIV stigma and discrimination. Stigma and discrimination has also been identified as an issue of fundamental importance by health authorities and governments, affirmed through strategy frameworks; we need to act to reduce HIV-related and other stigmas in order to improve health and social outcomes for Canadians .

This CBR study is linked to the international <u>People Living with HIV Stigma Index</u> initiative, which is designed by and for people living with HIV, and is used to examine HIV-related stigma experiences to identify advocacy issues, and help develop interventions for stigma reduction. BC was the first region in Canada to use this tool. The Pacific AIDS Network (PAN) hired a team of six Peer Research Associates (PRAs) to conduct 176 interviews from 2016 – 2017 across BC. An important note: this is not a representative sample; the study team can only make statements about the study participants. The majority of participants were recruited through AIDS service organizations or community-based organizations, and mainly lived in urban/small urban settings.

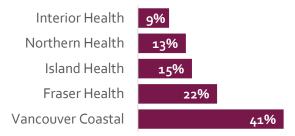
BC Stigma Index Participants:

176 Total Participants
Male = 60%
Female = 38%
Trans = 2%

MSM = 37%

23% Identified as Indigenous

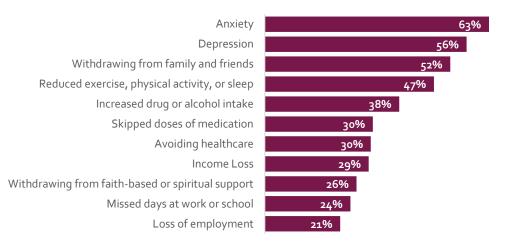
Participant Regional Breakdown:



FINDINGS

These findings suggest that experiences of stigma and discrimination had impacts in multiple areas of participants' lives, including mental health including anxiety (63% of study participants) and depression (56%) and physical health (47% reported reduced exercise or sleep), adherence to medication (30% of participants had skipped meds and 30% had avoided healthcare), social connection (52% had withdrawn from friends and family), and income (29% reported income loss).

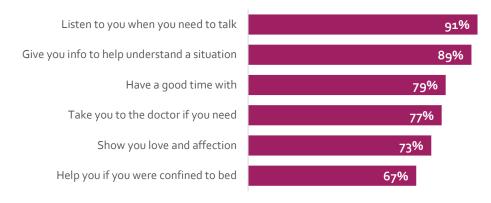
BC Stigma Index Participants had experienced impacts on their lives as a result of stigma or discrimination:



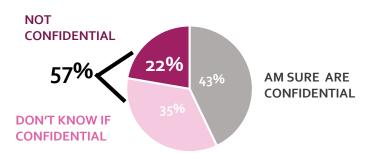


FINDINGS:

Many participants showed resilience and had someone in their life to (some, most or all of the time):



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



On the other hand, Stigma Index findings also suggest that many participants had social supports in their lives that may help their health and wellbeing, such as having someone to provide info to understand a situation (89%) and to take them to the doctor if needed (77% of study participants).

Many of the Index participants demonstrated strengths and resilience, including a majority noting that they had people in their lives to act as supports-including people to listen to them when they needed to talk (91%) and to show them affection (73%).

The majority of participants were not confident that their medical records relating to HIV were being kept confidential. 35% reported not being sure that their records were being kept confidential, and 22% (more than 1/5) of participants reported being sure that their medical records were NOT being kept confidential.

DISCUSSION AND CALLS TO ACTION:

Though these findings are specific to our sample and are not generalizable, they do provide some insight into the impacts and experiences of people living with HIV in respect to stigma and discrimination in British Columbia. The majority of participants reported some negative impacts to their lives as a result of stigma and discrimination. Healthcare providers should consider that stigma can impact many different aspects of life, including concrete aspects such as income and employment, as well as dimensions of health, including physical and mental health, as well as adherence to medication.

These findings suggest that healthcare providers should take time and consider how confidentiality of medical records is managed in their work. Given that more than half of participants in the BC People Living with HIV Stigma Index could not say with certainty that their medical records were being kept confidential, healthcare providers could consider how to ensure confidentiality is maintained and communicated about to clients/patients. Additionally, some positive findings here may show the importance of a strengths-based approach in the discussion of stigma and discrimination – including information that reflects strengths and resilience of people living with HIV alongside barriers and challenges.

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