Stigma Assessment Cycle Project

Exploring Interest and Community Capacity

The Stigma Assessment Cycle Project is being developed by [PAN](#) to support community calls for stigma reduction work within organizations in British Columbia (BC). PAN's history on stigma reduction work in BC positions us well to work with and for community. The project will produce tools for frontline community organizations to use in learning where their programs and services may be contributing to stigma and discrimination, identify where changes could be made, and support organizations to make changes that will benefit their clients and service users. The project will address organizations providing services to people with lived and living experiences of HIV, hepatitis C, substance use and mental health with potential for scale-up to other organizations in future phases.

At PAN's [Stigma Reduction Deliberative Dialogue](#), community participants identified the need to develop a process to identify and address stigma in organizations, and an audit type tool was suggested. Further community discussion at [Let's Talk Stigma Reduction](#) emphasized the need look at intersectionality, "the complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect" (Merriam-Webster, n.d.). Given the inequitable social conditions experienced by many people accessing community services, it is not surprising that they may also experience stigma or discrimination based on their intersecting identities. As PAN started to think about how we could build this project, we talked about framing it as a stigma audit as community dialogue suggested, or potentially using an accreditation model- a formal process to see if organizations are meeting a set of defined standards.

After we secured resources for this project, we wanted to explore readiness and reception of organizations to put the plan into action. It was important for us to consider what has happened since the Deliberative Dialogue and added to the strains in work conditions. These include the ongoing harms and deaths from the toxic drug supply, and the increase of deaths during COVID-19's impact. COVID has put increased pressure on service delivery and staff capacity, and organizations are always under duress to do more with less from [funding shortfalls](#). We undertook interviews with six organizations that have been part of community conversations over the years to talk about their interest and capacity to look at stigma accountability. These organizations work in urban and rural settings. The following information presents points from these conversations.

Interest in Stigma Assessment

All of the people we spoke with acknowledged that despite best efforts, there could be gaps in providing stigma-free services in organizations. People working in organizations supporting folks with lived and living experiences of HIV, hepatitis C, substance use, and mental health must have a level of stigma awareness, but no organization is perfect. Interviewees were keen to talk about a tool that could systematically assess points of stigma and discrimination to improve their services. They appreciated that the development would include

community voices in identifying priorities, plans for action, and evaluating as we go along to learn and adapt the process.

Early discussions about the project that considered framing it as a formal accreditation process led us to explore this possibility when we did our interviews. While everyone we interviewed could see the value of formal accreditation through a recognized institution like Accreditation Canada or similar association, they said that small community organizations don't have the financial or human resource capacity to undertake the amount of work required by formal accreditation. One interviewee that works at a large organization that *is* accredited acknowledged the degree of work required, and that it would be very difficult to take on for many organizations. However, everyone expressed that a customized-for-community stigma assessment would be doable within the cycle of work proposed with PAN support in place, and all were on board in support for the project.

Thoughts on process

More than one interviewee suggested a process that builds teams up to do better work and supports positive change. Interviewees talked about the tools being strengths-based and non-shaming, as the organizations providing services to address HIV, hepatitis C, substance use, mental health and related health issues are often stigmatized by the very work that they do. Program delivery can be challenged by other businesses in the form of NIMBY-ism; staff can be hassled for doing their jobs, especially workers who openly identify their lived and living experiences. In smaller communities, stigma can be more concentrated and intense as it's focused on fewer organizations and people. They suggested that the ideal tool doesn't undermine staff, but motivates them.

Organizational Structure Considerations

As interviewees expressed support for the project, they also acknowledged the great degree of variation in organizations doing HIV, hepatitis C and harm reduction work in BC. Organizations are different in longevity and institutional memory, staff size, regional areas served, budgets, union and non-union structure, and more. Developing stigma tools will need to take these elements into account so that organizations may take part to the best of their abilities.

Interviewees talked about anti-stigma work their organizations are doing that is directed outwards to their communities. In looking inwards, people spoke about specifically building anti-stigma work into values and strategic plans, if not already done, as an organizational guide to ensure stigma issues remain a focus.

Moving Forward

Based on the community conversations that prompted the concept of the Stigma Assessment Project and the interviews to gauge interest and readiness, we are encouraged with how the project is starting to take shape. These interviews are part of the developmental narrative of stigma action, and what we hope will contribute to change in BC.

A deeper dive into PAN's work on stigma

One of the guiding values of PAN's mission is to challenge stigma and discrimination, and it is embedded in our capacity building, advocacy, and leadership work. We have undertaken formal research to look at the effects of stigma and use findings to leverage change. The BC People Living with HIV Stigma Index, often referred to as the Stigma Index. PAN was the first organization in Canada to undertake the Stigma Index study based on the international People Living with HIV Stigma Index initiative. This work has led to a number of conference presentations and events, including the Deliberative Dialogue that generated the concept of organizational stigma assessment. We have continued with qualitative research follow up to findings from the Stigma Index and will be sharing these findings soon. Let's Talk Stigma Reduction! was a coming together of diverse individuals, organizations, and communities to discuss stigma from an intersectional perspective as it is experienced/enacted broadly in relation to health and the social determinants of health in June 2021. **To learn more about PAN, visit paninbc.ca**

For more information about resources related to the Stigma Assessment Cycle project, please contact Janet Madsen: janet@paninbc.ca