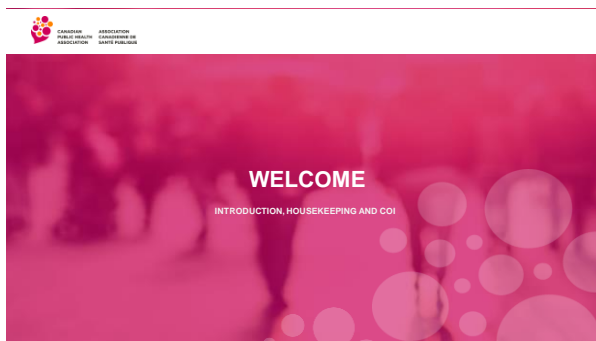
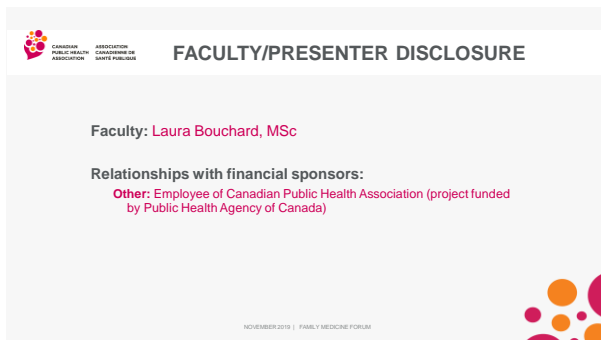


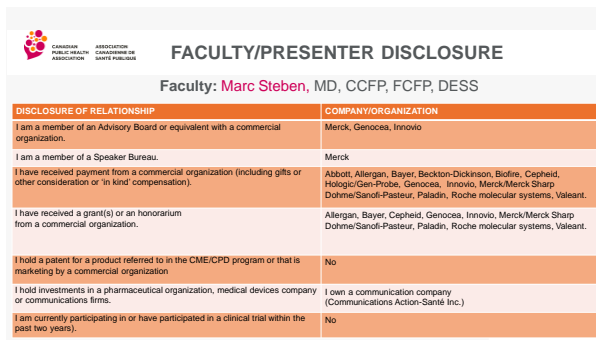
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DISCLOSURE OF FINANCIAL SUPPORT

This program has received financial support from the Public Health Agency of Canada in the form of contribution agreement through the HIV Hep C Community Action Fund

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada

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ABOUT CPHA'S STBBI WORK

THE
PROJECT

Addressing Sexually Transmitted and Blood-Borne Infections and Related Stigma through Partnerships, Capacity Building and Community Engagement

OUR
MISSION


Increasing knowledge, skills, and capacity of health and social service providers to reduce stigma at the individual and organizational level

CURRENT
WORK

Developing online CME course targeted to family physicians

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WHY FOCUS ON PREVENTING STIGMA IN A FAMILY PHYSICIAN CONTEXT?

- Preventing stigma has been recognized by the World Health Organization as a means for achieving health equity and providing universal access to sexual and reproductive health (SRH)¹
- Primary care is a preferred setting to seek care and treatment for sexual health and sexually transmitted and blood-borne infection (STBBI) related concerns²

Evidence suggests that stigma within primary care settings can impact patient engagement and uptake of prevention and support services, and in turn impact patient health and well-being³

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WHY FOCUS ON STIGMA?

QUOTES FROM FOCUS GROUPS AND INTERVIEWS CONDUCTED 2014 - 2019

"[They] gave me the HIV diagnosis then gave me a hug and said 'this is the worst news that I've ever had to give somebody.'"

"I like to be talked to with empathy, as if I'm someone that they care about and want to help, talking in a very clinical way leaves out the social and emotional parts of having HIV or an STI."

"It's hard to be a girl and growing up with HIV and then, you don't know how to explain to your doctor that you know, 'I think I should get a pap smear now, because I've had sex', and you just feel like you're gonna be judged."

"A total lack of sensitivity. Or strong heterosexism like asking gay men 'do you have a girlfriend' or telling a lesbian that she should be on birth control cause she's sexually active. These assumptions immediately shut down discussions about sexual activity, number of partners and sexual risks."

"Even when I go into a doctor's office, I look around the waiting room to see if there is anything Aboriginal in there—even a blade of sweet grass. Some sign that the health care provider is aware of Aboriginal culture."

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WHY FOCUS ON STIGMA?

In a study that asked women to imagine they tested positive for HPV, those who knew HPV is sexually transmitted expected to experience greater stigma and shame if diagnosed than those unaware of how HPV is transmitted ⁴

Greater stigma the more a condition is perceived to be within the control of the individual (e.g., substance use disorders are more stigmatized than PTSD or intellectual disability) ⁷

23% of people surveyed who use illegal drugs reported that they have been prevented from obtaining medical care because of their substance use ⁸

Misinformation and fear still exists within Canada's general population: ⁸

- Only 56% correctly identified that HIV treatment is highly effective at helping people with HIV live long, healthy lives
- Only 33% stated they would be comfortable working around or having casual contact with someone with Hep C

Blame is directed toward a person's character and behaviour for contracting an STI ⁶

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STIGMA...

Go to www.menti.com and enter code **58 52 77**

- What is stigma?
- Where does stigma come from?
- Where do we find stigma?
- What are the impacts of stigma?



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DEFINING CATEGORIES OF STIGMA

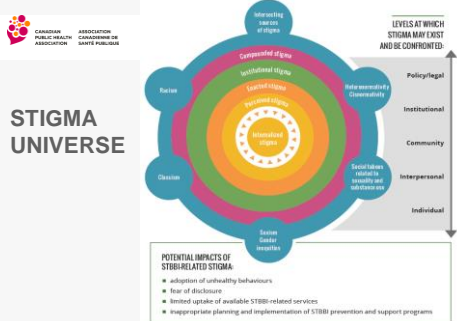
- **Perceived stigma:** an individual's awareness of negative societal attitudes, fear of discrimination and feelings of shame.
- **Internalized stigma:** an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself.
- **Enacted stigma:** encompasses overt acts of discrimination, such as exclusion or acts of physical or emotional abuse; acts may be within or beyond the purview of the law and may be attributable to an individual's real or perceived identity or membership to a stigmatized group.
- **Layered or compounded stigma:** the stigma experienced by a person holding more than one stigmatized identity (e.g., HIV positive serostatus, sexual orientation, ethnicity) may be exacerbated.
- **Institutional or structural stigma:** stigmatisation of a group of people through the implementation of policy and procedures.

Adapted from:
 Singh A, Baskin L, Fritz K. Measuring HIV stigma and discrimination: STREVE Technical Brief. STREVE, July 2022.
 Loufy MR, Logie CH, Zhang Y, Bilo S, Margolis SL, Thruno WE, et al. Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada. *PLoS ONE* 2017;12(12):e181888.
 Corrigan PW, Markowitz FE, Watson AC. Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin*. 2006;32(3):481-493.

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STIGMA UNIVERSE



POTENTIAL IMPACTS OF STBI-RELATED STIGMA:

- adoption of unhealthy behaviours
- fear of disclosure
- limited uptake of available STBI-related services
- inappropriate planning and implementation of STBI prevention and support programs

LEVELS AT WHICH STIGMA MAY EXIST AND BE CONFRONTED:

- Policy/Legal
- Institutional
- Community
- Interpersonal
- Individual

Adapted from:
 Churruarín S. Stigma related to HIV and AIDS as a barrier to accessing health care in Thailand: A review of recent literature. *WHO South-East Asia J Public Health* 2013;3:12-22.
 Loufy MR, Logie CH, Zhang Y et al. Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada. *PLoS ONE* 2017;12(12):e181888.
 Singh A, Baskin L, Fritz K. Measuring HIV stigma and discrimination. *STREVE*. 2012.

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ADDRESSING STBBI-RELATED STIGMA

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ADDRESSING STBBI-RELATED STIGMA

- OUR ROLE AS FAMILY PHYSICIANS -

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VALUES ACTIVITY

Go to www.menti.com and enter code **77 31 99**

As each statement is read aloud, respond based on your level of agreement

| | | | | | |
|-------------------|----------|-------------------|----------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Strongly disagree | Disagree | Somewhat disagree | Somewhat agree | Agree | Strongly Agree |

There are no right or wrong answers. Consider your immediate response and reflect on how your body feels as you hear the statement read aloud.

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SMALL GROUP DISCUSSION

- What are some things that you are currently doing to reduce stigma when discussing STBBIs, sexual health, or substance use with patients?
- In the spaces where you work, what organizational policies, procedures or practices do you see as currently addressing stigma and making services feel safer and more inclusive?

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RESOURCES
AVAILABLE FROM CPHA
IN ENGLISH AND FRENCH

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RESOURCES AVAILABLE FROM CPHA



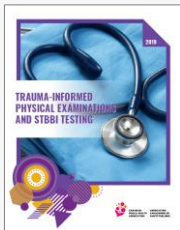
- General principles for respectful language (e.g., person first language, gender neutral language, checking what language people are most comfortable with you using)
- Living document, providing recommendations for language to use and language to avoid or use with caution when discussing sexual health, substance use, STBBIs, and key populations affected by STBBI

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RESOURCES AVAILABLE FROM CPHA



- Considering how past experiences of trauma and violence can impact the experience of physical exams and specimen collection, with the aim of avoiding (re)traumatization
- Gives strategies for increasing feelings of safety, trust, autonomy and comfort before, during and after performing physical exams/specimen collection, including sample dialogue

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RESOURCES AVAILABLE FROM CPHA




- Strategies and sample dialogue to facilitate safer and more respectful discussions about sexual health, substance use and STBBIs
- Based on the 5 Ps:
 - Practices
 - Partners
 - Protection from STBBIs
 - Past history of STBBIs
 - Pregnancy

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RESOURCES AVAILABLE FROM CPHA




- Developed in partnership with the Canadian HIV/AIDS Legal Network
- Explains the important role of privacy and confidentiality in reducing stigma and discrimination related to STBBIs, and offers strategies to deal with issues related to privacy, confidentiality, the criminalization of HIV non-disclosure and stigma reduction

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RESOURCES AVAILABLE FROM CPHA



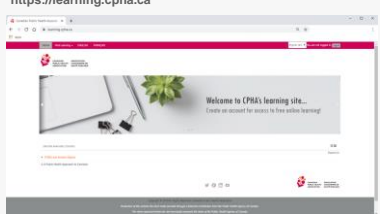
- Organizational audit containing 30 questions/criteria
- Identifies policy, environmental and cultural factors that contribute to stigma and discrimination, and which can affect individuals' access to and uptake of STBBI-related services
- Identify steps that can be taken to create settings where all people feel welcomed and supported in seeking care, and where staff and volunteers are supported in providing care in a safe and respectful environment

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UPCOMING ONLINE CME

<https://learning.cpha.ca>



- Collaboration with physicians, researchers, educators and community based organizations to develop an online course with a target audience of family physicians
- Seeking accreditation from CFPC and Royal College
- Intro modules provide background on stigma and approaches to reduce stigma at practice and organizational level
- Four interactive case scenarios to put skills into practice

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INTERACTIVE CASE SCENARIOS

CASE 1: KEITH



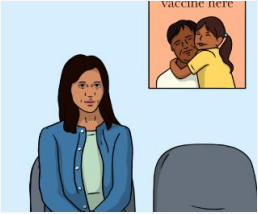
- Access to Hepatitis C treatment for people who actively inject drugs (e.g., addressing myths about re-infection rates among people who use drugs)
- Addressing social determinants of health; connecting people with relevant supports and services; assistance with applying for benefits
- Considering potential links between trauma, substance use, STBBI
- Applying a harm reduction approach—focusing on the patients' goals for health and wellness

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CANADIAN PUBLIC HEALTH ASSOCIATION / ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

INTERACTIVE CASE SCENARIOS



CASE 2: SARAH


- Using correct name and pronouns, inclusive intake forms/process, understanding the diversity of experiences of trans/gender non-binary people, not asking questions about gender identity/transition out of curiosity
- Providing relevant and accurate sexual health information; recognizing that trans people often experience 'education fatigue'
- Not making assumptions about sexual partners, practices, etc.
- Assisting with changing ID gender markers

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CANADIAN PUBLIC HEALTH ASSOCIATION / ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

INTERACTIVE CASE SCENARIOS



CASE 3: JENNY


- Recognizing concerns of privacy and access to services in rural/remote setting, or on reserve
- Validating, rather than dismissing, psychosocial concerns around HSV2 diagnosis
- Providing accurate information; dispelling myths/fears about herpes
- Providing treatment options (i.e., suppressive therapy where indicated)
- Providing culturally safe care; openness toward traditional healing methods

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CANADIAN PUBLIC HEALTH ASSOCIATION / ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

INTERACTIVE CASE SCENARIOS



CASE 4: DEE

- Normalizing HIV testing, simplifying risk assessments, making consideration of HIV test part of routine medical care
- Sexual history taking without making assumptions about sexual partners, practices, relationship styles, vulnerability to STBBI, etc.
- Combating myths/stereotypes about bisexuality
- Addressing gaps in information/resources for STBBI prevention for women who have sex with women

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CHECK OUT & EVALUATION

Short questionnaire for you to complete—tear off section at the bottom if you would like to stay connected:

- Fill in your email and indicate if you would like to be notified when the online course and/or new resources on the STBBI project are released
- Indicate if you are interested to participate in testing the online course prior to its release
- Or leave your business card for us in the box



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Please fill out your session evaluation now!

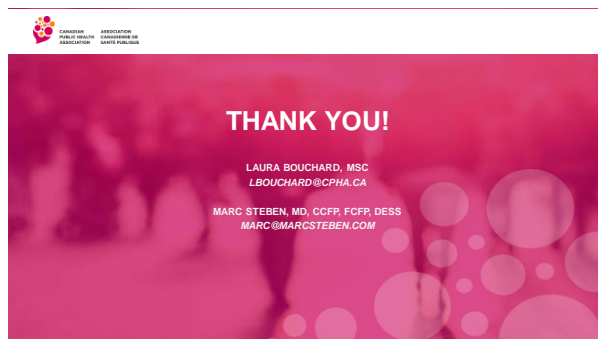


Complete a session evaluation one of two ways:

- ▶ FMF app Session #: S194
- ▶ Fmf.cfpc.ca Session Name: *Providing safer, more inclusive care for STBBIs in your practice*

YOUR FEEDBACK IS IMPORTANT TO US!

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