HIV STIGMA REDUCTION AT THE INSTITUTE FOR FAMILY HEALTH

Rebekah Glushefski, LMSW
Program Director, COMPASS
Retention and Adherence Program (RAP)

Rebecca Green, LMSW
Regional Director, COMPASS

Andrea Cole, PhD, LCSW
Behavioral Health Research Coordinator, IFH

Robert Murayama, MD
HIV Medical Director, IFH

Mary McGrath, BA
Social Work Intern, COMPASS
HIV Services at IFH = COMPASS

Comprehensive Outpatient Medical Practice And Support Services

Integrated, multidisciplinary care teams of providers, nurses, social workers, case managers, patient navigators, peer educators, care coordinators, and mental health clinicians.
Background and Rationale

• Research reveals that the presence of stigma results in greater health disparities.
• The HIV Quality of Care Advisory Committee and Consumer Advisory Committee created a stigma subcommittee to address this head on.
• The End the Epidemic Blueprint of New York State calls on providers to address stigma and discrimination in their healthcare facilities.

Goals

• To identify the presence of stigma in IFH healthcare settings as perceived by patients and staff.
• To develop appropriate action steps according to key findings.
Participating Sites

• Family Health Center of Harlem*
• The Institute for Family Health at 17th St
  (formerly Sydney Hillman/Phillips Family Practice)*
• Urban Horizons Family Health Center*
• Health Care for the Homeless - Ali Forney Center
• Stevenson Family Health Center
• Family Practice Center of Hyde Park

*Indicates health center with COMPASS programming
Methodology

- Patients and staff were surveyed using the following instruments:
  - Annual *COMPASS Patient Satisfaction Survey* conducted via paper surveys at three (3) health centers providing integrated HIV specialty care
  - 2017 *Patient Feedback on Stigma in Healthcare Settings* interviews conducted with patients by COMPASS peer educators
  - New York State Department of Health AIDS Institute 2016 HIV Quality of Care Program Review – *Measuring and Addressing Stigma in Healthcare Settings NYS Survey*
- A two (2) week period was allocated for survey collection.
- Site champions were designated to promote participation.
- Survey responses were collected and/or aggregated for analysis using SurveyMonkey.
- The survey data was exported to Excel for final analysis by the project team.
Patient Survey Results

- Number of survey respondents: 77
- Number of interview respondents: 17
- The responses were generally positive.
- The interviews revealed key themes (comfort with staff, feeling respected, high quality of care).
- The opportunities for improvement centered around PrEP education and disclosure of HIV status.
Key Findings - Patient Survey

- Lack of PrEP discussion with patients living with HIV.

A staff member has talked with me about PrEP (daily pills a person without HIV can take to reduce the chance of getting HIV).
Key Findings - Patient Survey

• Lack of support in disclosing HIV + status.

It is difficult for me to tell people about my HIV status.

A staff member has asked me if I need help telling people that I have HIV.
Staff Survey Results

- Number of survey respondents: 166
- The responses were generally positive.
- The opportunities for improvement centered around staff education and training initiatives.

---

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyde Park Family Health Center</td>
<td>7.83%</td>
</tr>
<tr>
<td>Stevenson Family Health Center</td>
<td>12.05%</td>
</tr>
<tr>
<td>Ali Forney Center</td>
<td>2.41%</td>
</tr>
<tr>
<td>Urban Horizons Family Health Center</td>
<td>5.42%</td>
</tr>
<tr>
<td>Institute for Family Health at 17th St</td>
<td>26.51%</td>
</tr>
<tr>
<td>Family Health Center of Harlem</td>
<td>45.78%</td>
</tr>
</tbody>
</table>
Key Findings - Staff Survey

- 20% say infection happens due to irresponsible behavior.

*Do you strongly agree, agree, disagree, or strongly disagree with the following statement: People get infected with HIV because they engage in irresponsible behavior.*

![Bar chart showing responses to the statement.](chart.png)
Key Findings - Staff Survey

- Negative talk at healthcare practice sites about trans/gender non-conforming and patients with a mental health diagnosis.

13% of staff respondents report this happening

24% of staff respondents report this happening
Implications

• The survey results revealed several important areas for further staff training, including:
  ▫ Stigma reduction training to address myths and misconceptions about HIV.
  ▫ How to properly treat men who have sex with men (MSM)/men who identify as gay or bisexual and trans/gender non-conforming (TGNC) patients.
  ▫ Screening and treatment of STIs for men who have sex with men and trans/gender non-conforming patients.
  ▫ HIV medication interactions with hormone therapy.
Project Outputs

- Reports of survey results were developed for patient Community Advisory Boards and COMPASS administrative leadership.
- A Stigma Reduction Task Force with both patient and staff membership was launched at the Institute.
- A multipoint *Stigma Reduction Action Plan* was written and will be carried about by the Task Force.
- Additional education and training opportunities have been/will be developed for patients and staff.
Project Outputs

• IFH joined organizations around the world with an endorsement of Undetectable=Untransmittable.
  ▫ U=U is groundbreaking HIV research that is expected to further stigma reduction efforts (see: [www.preventionaccess.org](http://www.preventionaccess.org))
  ▫ It brings a more focused attention on treatment as prevention.
  ▫ U=U messaging will now be incorporated in post-test counseling workflow, treatment adherence programming, and health education materials.
  ▫ A U=U campaign featuring IFH patients and staff is in development and will be promoted in a 3-phase campaign: 1) staff-facing across IFH health centers; 2) patient-facing; 3) broader community.

The U.S. Centers for Disease Control and Prevention (CDC) confirms that "people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.” (September, 2017)
Future direction: Mission-driven efforts toward stigma reduction

In collaboration with the CABs, COMPASS program staff, and key stakeholders across the Institute and our surrounding communities, and in line with the mission of IFH, the Stigma Reduction Task Force seeks to:

- Better screen potential staff for discriminatory beliefs and attitudes during the interview process.
- Revise the Cultural Competency training for all new hires to incorporate stigma-related content.
- Develop and incorporate HIV 101 material in the general orientation.
Many thanks to the patients and staff that gave their time to participate in our surveys and for those that are joined in the Task Force and its work to end stigma.

For more information, please contact:

Rebekah Glushefski, LMSW
Program Director, COMPASS
Retention and Adherence Program
rglushefski@institute.org
646 618 3889