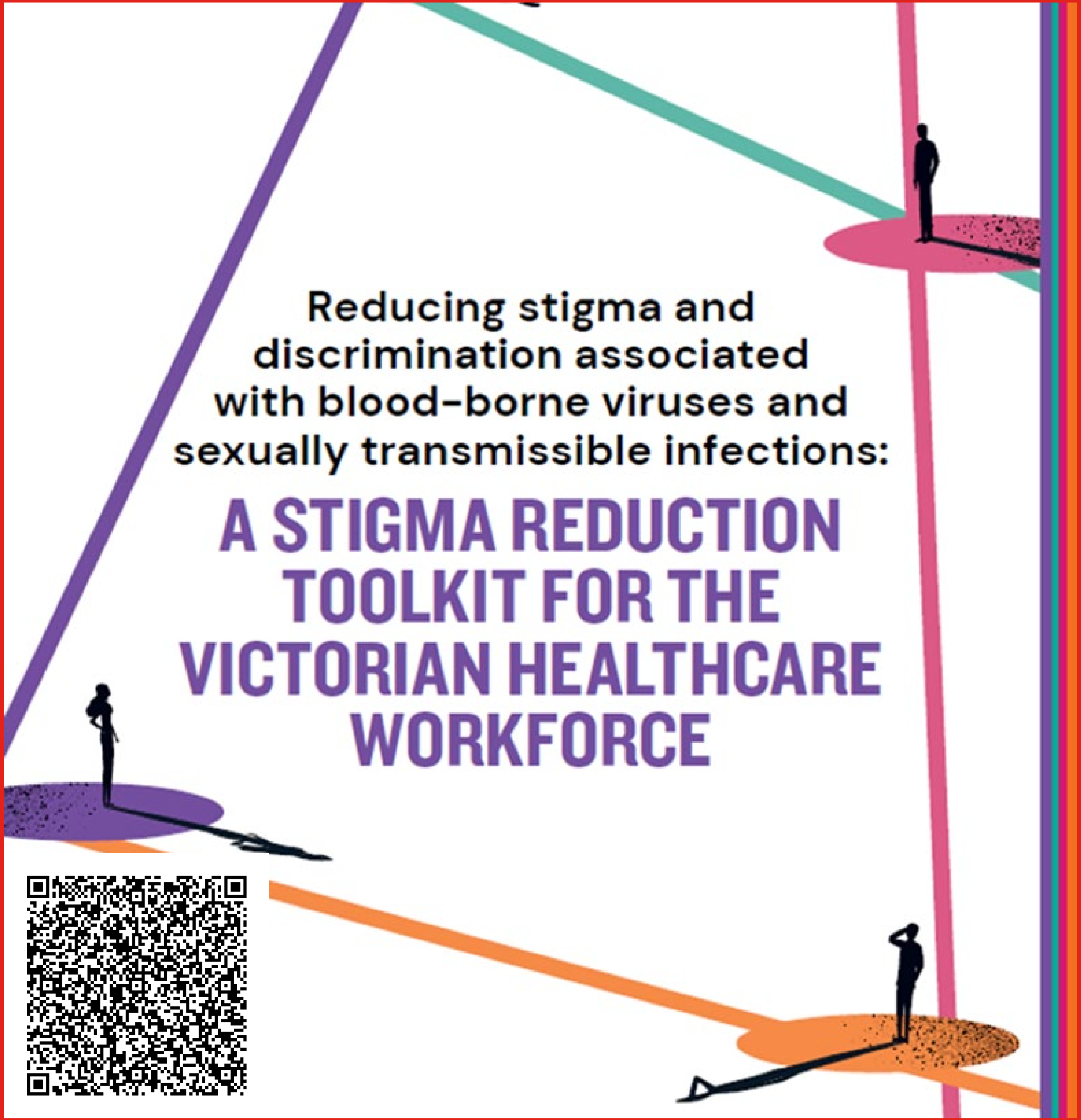
A STIGMA REDUCTION TOOLKIT FOR THE VICTORIAN HEALTHCARE WORKFORCE

IMPLEMENTATION WORKSHOP

10AM – 12PM, THURSDAY 14TH MARCH 2024



Reducing stigma and discrimination associated with blood-borne viruses and sexually transmissible infections:

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past and present.

ACKNOWLEDGEMENTS

PROJECT TEAM

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Ms Emily Lenton

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COMMUNITY PARTNER

Your Community Health

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FUNDING

This project was funded by the Victorian Department of Health

VICTORIA State Government

DruGS DRUGS, GENDER & SEXUALITY RESEARCH PROGRAM

WORKSHOP AGENDA

1. Background to the toolkit
2. Panel: Demonstrating allyship and building connections
3. Breakout rooms: Building connections with peer-led organisations
4. The toolkit in practice: Lessons from the pilot site
5. Promoting advocacy and law reform
6. Wrap up

HOUSEKEEPING

- Recording
- Questions
- Implementation planning table
- Workshop follow up

Goal ***What do we want to achieve?***	**Timeline**	**Person or team responsible**	**Toolkit strategy** ***Which toolkit strategy should we try?***	**How will we track our progress and measure our success?**

BACKGROUND

RATIONALE
METHOD
PURPOSE

BACKGROUND


Reducing stigma and discrimination associated with blood-borne viruses and sexually transmissible infections:

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RATIONALE

- The Victorian Department of Health identified the need for publicly available tools that align with strategic goals related to HIV, hepatitis B, hepatitis C and sexually transmissible infections

- The toolkit was developed to contribute to efforts to reduce stigma, racism and discrimination for people living with and affected by BBV, STI and reproductive health conditions and for those seeking testing, treatment and care

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RESEARCH PROGRAM

BACKGROUND

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METHOD

Step 1: Collected and reviewed current stigma and discrimination reduction resources

Step 2: Conducted focus groups with Victorian health professionals working in the BBV and STI sector on their views about and experiences of different approaches used to reduce stigma and discrimination

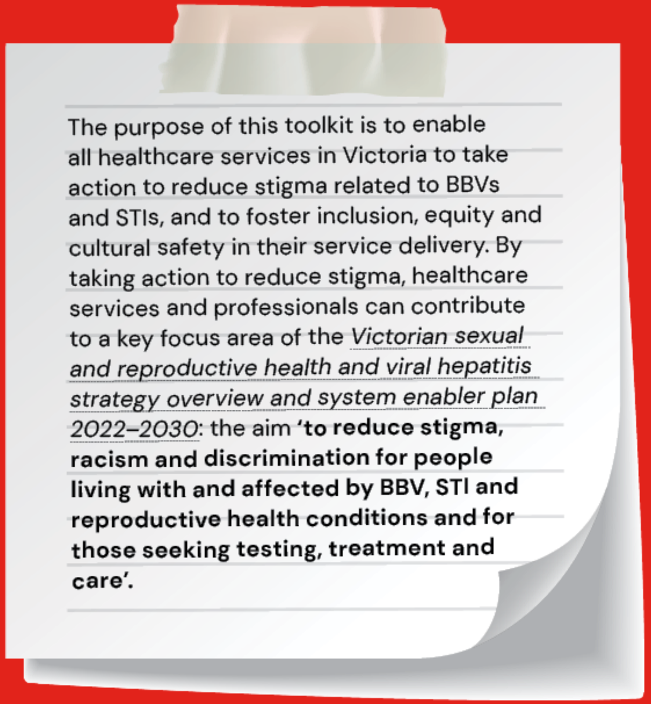
Step 3: Conducted a second round of focus group to revisit the key approaches identified and identify practical strategies to be integrated into the toolkit

Step 4: Developed draft toolkit

Step 5: South review from peer-led and community organisations working with affected communities to provide feedback on the findings from the focus groups and the toolkit

Step 6: Piloted the toolkit in two community health services

BACKGROUND


The purpose of this toolkit is to enable all healthcare services in Victoria to take action to reduce stigma related to BBVs and STIs, and to foster inclusion, equity and cultural safety in their service delivery. By taking action to reduce stigma, healthcare services and professionals can contribute to a key focus area of the *Victorian sexual and reproductive health and viral hepatitis strategy overview and system enabler plan 2022–2030*: the aim **'to reduce stigma, racism and discrimination for people living with and affected by BBV, STI and reproductive health conditions and for those seeking testing, treatment and care'.**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PURPOSE

- The purpose of this toolkit is to assist healthcare services in Victoria to take action to reduce stigma related to BBVs and STIs, and to foster inclusion, equity and cultural safety in their service delivery

<u>The toolkit address</u>

- Individual-level strategies
- Service-level strategies
- Community-level strategies
- Links to other BBV and STI-specific resources

BACKGROUND

> Stigma is a value-based problem and discrimination is behaviour, and I don't think you can mandate changing values in terms of training or competencies or whatever. You can require that people behave in certain ways and you can test them on it and you can measure it.
>
> (Infectious disease physician, male, hospital setting)

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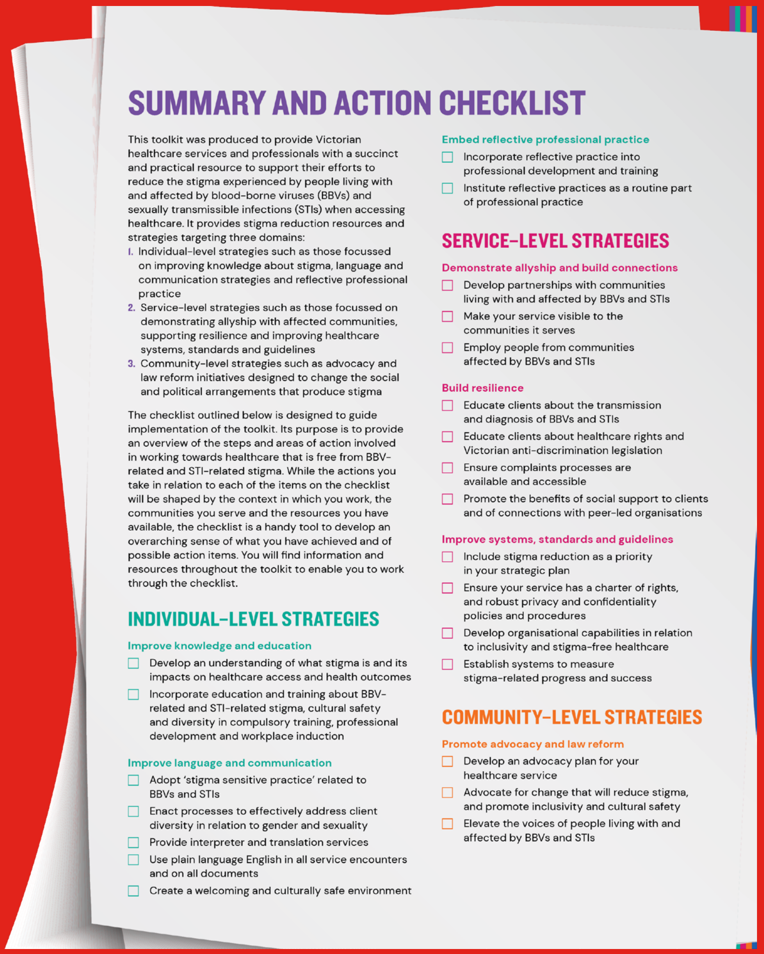
WHAT IS STIGMA?

- Involves negative attitudes about, and actions against, certain individuals or groups of people, based on a distinguishing characteristic such as a health condition, mental illness or disability.
- Is a product of cultural ideas and social processes that label some people as 'normal' and others as 'abnormal'
- Has many negative health implications, such as impacts on mental health, reduced healthcare access and increased social isolation
- Can take many different forms: for example, overt discriminatory actions by individuals or institutions, or subtle forms of exclusion and judgement
- To experience discrimination is to also experience an effect of stigma

THE TOOLKIT

INDIVIDUAL & SERVICE-LEVEL STRATEGIES

ACTION CHECKLIST



SUMMARY AND ACTION CHECKLIST

This toolkit was produced to provide Victorian healthcare services and professionals with a succinct and practical resource to support their efforts to reduce the stigma experienced by people living with and affected by blood-borne viruses (BBVs) and sexually transmissible infections (STIs) when accessing healthcare. It provides stigma reduction resources and strategies targeting three domains:

1. Individual-level strategies such as those focussed on improving knowledge about stigma, language and communication strategies and reflective professional practice
2. Service-level strategies such as those focussed on demonstrating allyship with affected communities, supporting resilience and improving healthcare systems, standards and guidelines
3. Community-level strategies such as advocacy and law reform initiatives designed to change the social and political arrangements that produce stigma

The checklist outlined below is designed to guide implementation of the toolkit. Its purpose is to provide an overview of the steps and areas of action involved in working towards healthcare that is free from BBV-related and STI-related stigma. While the actions you take in relation to each of the items on the checklist will be shaped by the context in which you work, the communities you serve and the resources you have available, the checklist is a handy tool to develop an overarching sense of what you have achieved and of possible action items. You will find information and resources throughout the toolkit to enable you to work through the checklist.

INDIVIDUAL-LEVEL STRATEGIES

Improve knowledge and education

☐ Develop an understanding of what stigma is and its impacts on healthcare access and health outcomes
☐ Incorporate education and training about BBV-related and STI-related stigma, cultural safety and diversity in compulsory training, professional development and workplace induction

Improve language and communication

☐ Adopt 'stigma sensitive practice' related to BBVs and STIs
☐ Enact processes to effectively address client diversity in relation to gender and sexuality
☐ Provide interpreter and translation services
☐ Use plain language English in all service encounters and on all documents
☐ Create a welcoming and culturally safe environment

Embed reflective professional practice

☐ Incorporate reflective practice into professional development and training
☐ Institute reflective practices as a routine part of professional practice

SERVICE-LEVEL STRATEGIES

Demonstrate allyship and build connections

☐ Develop partnerships with communities living with and affected by BBVs and STIs
☐ Make your service visible to the communities it serves
☐ Employ people from communities affected by BBVs and STIs

Build resilience

☐ Educate clients about the transmission and diagnosis of BBVs and STIs
☐ Educate clients about healthcare rights and Victorian anti-discrimination legislation
☐ Ensure complaints processes are available and accessible
☐ Promote the benefits of social support to clients and of connections with peer-led organisations

Improve systems, standards and guidelines

☐ Include stigma reduction as a priority in your strategic plan
☐ Ensure your service has a charter of rights, and robust privacy and confidentiality policies and procedures
☐ Develop organisational capabilities in relation to inclusivity and stigma-free healthcare
☐ Establish systems to measure stigma-related progress and success

COMMUNITY-LEVEL STRATEGIES

Promote advocacy and law reform

☐ Develop an advocacy plan for your healthcare service
☐ Advocate for change that will reduce stigma, and promote inclusivity and cultural safety
☐ Elevate the voices of people living with and affected by BBVs and STIs

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THREE LEVELS FOR INTERVENTION

1. **Individual-level strategies** such as those focussed on improving knowledge about stigma as well as language and communication strategies and reflective professional practice

2. **Service-level strategies** such as those focussed on demonstrating allyship with affected communities, supporting resilience and improving healthcare systems, standards and guidelines

3. **Community-level strategies** such as advocacy and law reform initiatives designed to change the social and political arrangements that produce stigma

Periodically we have a colleague [...] go in and sit with them [...] and observe them do a testing session in case bad habits have slipped in or stigmatising language has appeared in the person's repertoire. There is a kind of accountability and that reflective practice after [...] is incredibly good at reducing stigma and identifying it when it's happening and nipping it in the bud. We're all human [...] and sometimes we don't know our own biases until they're pointed out.

(Practice Manager, male, community health setting)

We teach people to take a sexual health history, and if the tone of that isn't right, then from a consumer's perspective, it starts to feel like an audit of their life choices.

(Workforce development role, male, education and training setting)

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INDIVIDUAL-LEVEL STRATEGIES

PAGES: 12-23

- Improving knowledge and education
- Embedding reflective practice
- Improving language and communication
    - Adopt 'stigma-sensitive' practice
    - Confidently discuss BBVs and STIs
    - Use plain English and language that is meaningful to people from culturally and linguistically diverse backgrounds
    - Routinely provide interpreter and translation services

> Services can do things that demonstrate at community level that they are allies. Like, you know, sponsoring community awards that recognise [the work of] people participating in community forums [...] Those things I think go a long way to addressing how you show that you're a safe [service].
>
> (Workforce development role, male, education and training setting)

> Interview process [should have] clear questions [about stigma ...] In interview processes, I have seen a lack of questions around [... these issues]. [For example,] 'We are a pro-choice organisation. Can you tell us what that means?' You know, 'If you saw this client with this history [of stigmatised health conditions], how would you approach that?'. 'If you encounter discrimination in the workplace in this scenario, what would you do?'
>
> (Nurse, female, community health setting)

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SERVICE-LEVEL STRATEGIES

PAGES: 24-32

- **Demonstrate allyship and building connections**
  - Acknowledge the healthcare system can be a site of stigma and discrimination
  - Develop allyship by taking up BBV and/or STI education
  - Invite a speaker with lived and/or living experience to present
  - Make your service visible to the communities you service and reside in your area
  - Employ people from communities affected by BBVs and/or STIs
- **Building resilience**
  - Promote the benefits of social supports to clients
  - Educate clients about the transmission and diagnosis of BBVs and/or STIs
  - Educate clients about Victorian anti-discrimination legislation
  - Ensure complaints processes are available and accessible

> Services can do things that demonstrate at community level that they are allies. Like, you know, sponsoring community awards that recognise [the work of] people participating in community forums [...] Those things I think go a long way to addressing how you show that you're a safe [service].
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SERVICE-LEVEL STRATEGIES

PAGES: 24-32

- **Improving systems, standards and guidelines**
  - Include stigma reduction as a priority in strategic plans
  - Develop a charter of rights consistent with the Australian Charter of Healthcare Rights
  - Ensure robust privacy and confidentiality policies and procedures
  - Include stigma reduction into professional development and review
  - Integrate stigma reduction into staff recruitment processes
  - Document incidents of stigma and discrimination in the risk management system
  - Establish systems to measure stigma-related progress and success

PANEL DISCUSSION

DEVELOPING ALLYSHIP
&
BUILDING CONNECTIONS

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PANEL


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VICTORIAN PEER-LED ORGANISATIONS

Aim: To develop allyship and build connections

Facilitator: Adrian Farrugia

Panellists

- Lien Tran, Founding member, Hepatitis B Voices Australia
- Dr Kirsty Machon, CEO, Positive Women
- Sione Crawford, CEO, Harm Reduction Victoria
- Richard Keane, CEO, Living Positive Victoria

THANK YOU TO OUR PANELLISTS

Lien Tran: info@hepbvoices.au

Sione Crawford: Admin@hrvic.org.au

Dr Kirsty Machon: kirsty@positivewomen.org.au

Richard Keane: Info@lpv.org.au

BREAKOUT DISCUSSIONS

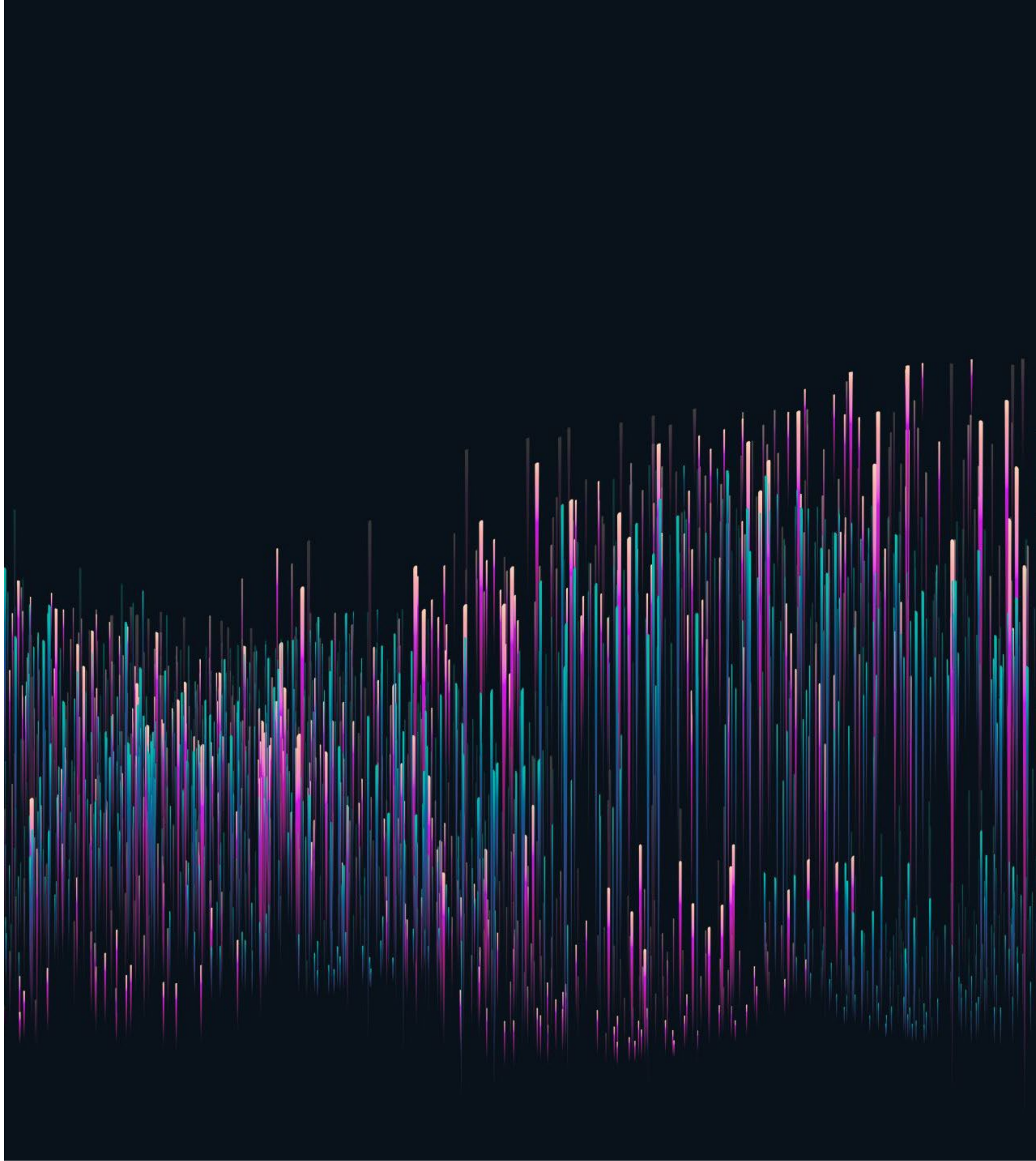
- What do you think is the next step for your service to become an ally?

- In your service (the participants), when do are terms stigma and discrimination useful or not-useful?

- What aspects of your service may be particularly sensitive? What aspects of your service offer the potential for to stigma to emerge?

- How do you imagine your service/workplace could embed reflective practice?

- How do you imagine your service/workplace could demonstrate welcome?



THE TOOLKIT IN PRACTICE

INSIGHTS FROM THE PILOT

THE TOOLKIT IN PRACTICE

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PILOTING THE TOOLKIT IN A HEALTHCARE SERVICE

- Six-month pilot at *Your Community Health*
- Pilot focussed on examining the barriers and enablers that shape use of the toolkit in a busy healthcare service
- Large community healthcare service with a focus on serving people who are marginalised or socioeconomically disadvantaged
- Oral Health program: low-cost dental services
- Community Partnerships program: Needle and Syringe services, counselling services and health promotion
- The project team conducted interviews and made fieldnotes while attending meetings and events related to the toolkit

THE TOOLKIT IN PRACTICE

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PILOT LESSON 1
FLEXIBILITY AND ADAPTABILITY ARE KEY

- The toolkit is designed to be flexibly adapted to specific service settings
- The toolkit is not a ‘one size fits all’ document
- Adapting staff schedules and responsibilities to incorporate toolkit strategies
- Adapting the scope and goals of the project in response to challenges as they emerge

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PILOT LESSON 2
BALANCING SCOPE AND AMBITION

- Addressing stigma and discrimination is an ambitious, long-term project
- Developing smaller-scale, modest and, importantly, tangible goals may be the most effective strategy
- Smaller projects can build and support momentum
- The working group should meet regularly and keep records of their work, progress, enables and barriers to action

THE TOOLKIT IN PRACTICE


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PILOT LESSON 3
ENTHUSIASM AND SUSTAINABILITY

- Many healthcare professionals are extremely enthusiastic about addressing stigma and discrimination
- Demonstrate enthusiasm and commitment at all levels of the organisation
- Develop a mechanism to understand awareness of stigma and discrimination within the organisation
- Make addressing stigma and discrimination a routine part of work rather than an additional add-on

COMMUNITY-LEVEL STRATEGIES

THE WIDER CONTEXT OF STIGMA AND DISCRIMINATION REDUCTION INITIATIVES

LEGAL AND POLICY REFORM

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THE WIDER CONTEXT OF STIGMA AND DISCRIMINATION REDUCTION INITIATIVES

- Stigma and discrimination reduction is an ambitious project but we can all play a part in addressing it
- The wider legal and policy landscape is important, and is both a barrier and enabler to reduction
- Legal and policy reform remain important but are not in and of themselves reasons to avoid meaningful action
- Importantly, we need to recognise that here in Victoria, stigma is increasingly also seen as a human rights issue that confers obligations under the Charter
- Seen this way, we have a human right to be free from stigma, and should promote this message widely

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THANK YOU

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO DISCUSS THE TOOLKIT OR ANY OF THIS RESEARCH FURTHER

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