DEVELOPING A UNIVERSAL PRECAUTIONS APPROACH TO STIGMA REDUCTION IN HEALTHCARE: INSIGHTS FROM A CO-CREATION WORKSHOP WITH KEY STAKEHOLDERS

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Background:

Stigma associated with injecting drug use and bloodborne viruses impedes access to quality healthcare. However, people experience stigma for multiple conditions, practices, and identities. To address stigma in healthcare in a sustainable way, we propose moving beyond siloed approaches to a universal approach to stigma reduction. Our study explored how to apply universal precautions to reduce stigma in healthcare.

Methods:

We conducted an online co-creation workshop with 13 participants including healthcare workers, policy-makers, and community advocates. To underpin the universality of stigma in workshops, we conceptualised stigma as the next pandemic, emphasising to participants that everyone accessing healthcare was at risk of experiencing stigma and individual interventions have limited broad preventive impact. In groups, participants drew on universal precautions to develop a stigma national strategy, vaccine, and risk management plan. We synthesised insights through reviewing, discussing, and sorting workshop content.

Results:

We generated three insights from participants: 1) The common ground: A universal approach to stigma reduction should uphold common principles of equity, inclusion, and respect, with lived experiences essential to building understanding and empathy. Focusing on the benefits of stigma-free environments could generate buy-in from healthcare services. 2) Targeting organisational settings and practices: Organisations need practical tools to apply to all types of stigma in local settings and practices. Including healthcare staff from different levels/positions is crucial to drive organisational change. 3) Broader political, cultural and structural change: Stigma in healthcare reflects socio-cultural norms and power structures. Reducing stigma in healthcare also requires a strong business case, political will, and shifting broader public attitudes.

Conclusion:

We used creative methods to identify practical insights to inform a universal approach to stigma reduction. These methods, principles and ideas will be useful for a multidisciplinary and international audience given the global concerns of stigma reduction for better responses and quality care.

Disclosure of Interest Statement:

None to declare.