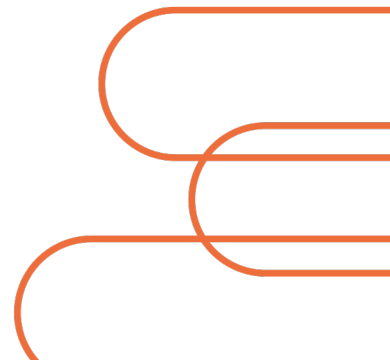




Acknowledgement



Bunjil the creator, Stacey, The Torch



Developing a universal precautions approach to stigma reduction in healthcare

Caitlin Douglass, Sophia Schroeder, Amy Kirwan, Elena Cama, Emily Lenton, Kate Seear, Loren Brener, Gemma Nourse, Kacey Martin, Ana Orozco, Mark Stoove, Carla Treloar

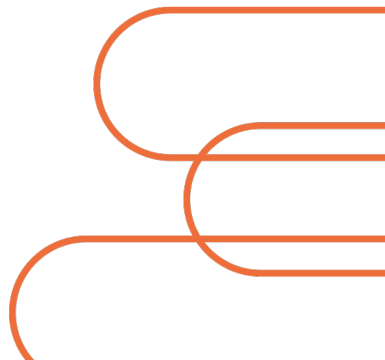


Burnet
reach for the many



This presentation

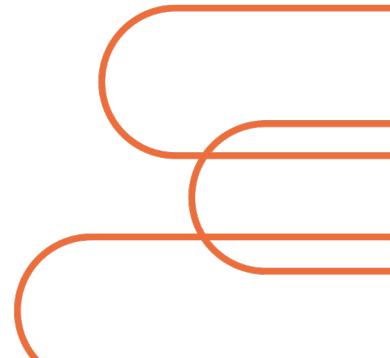
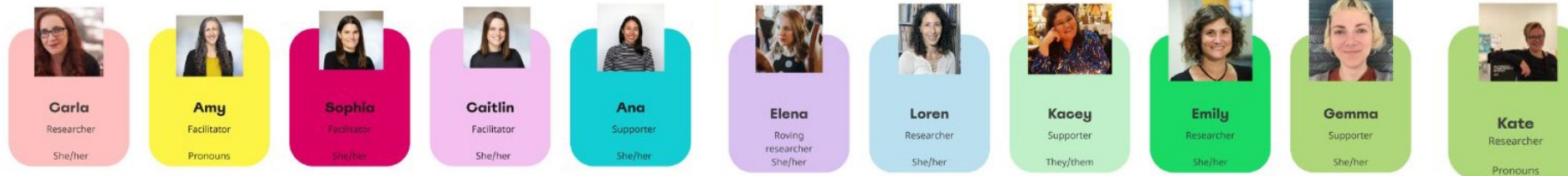
- Co-creation arm
- Working with healthcare providers, consumers and advocates to create the intervention
- Insights from the workshops (what we learnt)
- Interactive activities – participatory approach





We ran 5 workshops

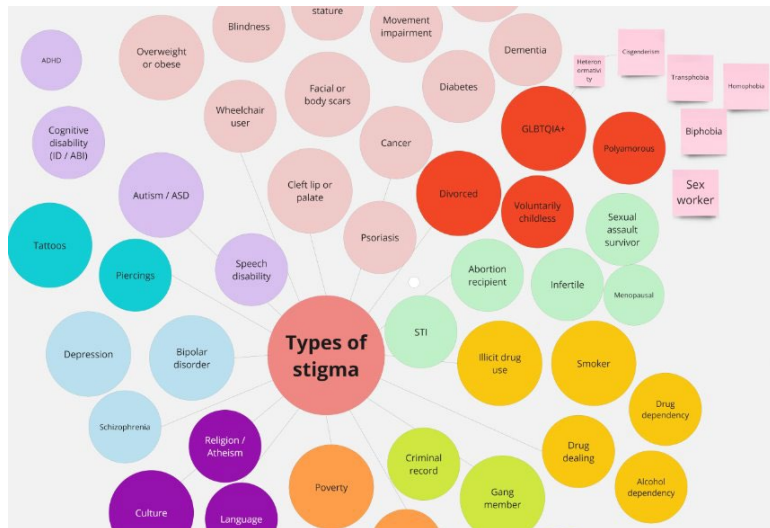
- Workshops involved people taking part in interactive activities to create the intervention
- How to frame a universal precautions approach
- Participant priorities in a universal stigma intervention
- What actions are feasible? Effective?
- Gaps and opportunities





Workshop 1

- How to frame a universal precautions approach
- 13 participants – healthcare workers, health program planners, community advocates
- Online - Zoom and Miro
- Conceptualised stigma as the next pandemic



Media release

Australia records 2231 cases of stigmatisation on Wednesday alone – 93 different variants identified

In an emergency media briefing late on Wednesday, 22 November 2023, Minister for Health announced that stigma had been declared a public health emergency of national concern.

"I don't know what the rest of the world is waiting for, but I am certainly not going to wait around and see this tragedy fester while I am in office. We can act now, and we will act now, and make healthcare safe for all Australians," Ms Vonnegut said to an astonished press club.

Is this an issue of international concern?

Yes

Australia should be leading the world

Little guidance



Workshop 1: Activities

- 3 groups (vaccine team, policy-makers, health professionals)

Your challenge is to create a vaccine that protects against **all** types of stigma. The vaccine will be administered to health services and the community.

Your team will go through **multiple stages** in the race to develop your universal precautions vaccine.

Designing a stigma-free future

A national plan to end stigma in healthcare settings

National plan action years

2023-2027?

Stigma pandemic response questions:

- 1- Where and how can we act to eliminate stigma in healthcare?
- 2- What critical strategic directions can we establish?
- 3- How do we make this strategy live?

4.1 Milestone

- stigma-specific standards in the national standards
- stigma experience of staff has to be dealt with
- stigma and discrimination in healthcare settings
- stigma auditing (IMMS?)
- othering ('me first'/in-group/outgroup)

4.2 Milestone

- make people realise how important stigma is as a measure of healthcare
- people matter employee survey
- stigma and discrimination in healthcare settings
- stigma auditing (IMMS?)

4.3 Milestone

- make sure there is consumer representation within the health service
- diversity & inclusion advocate
- look at recruitment and retention practices

4.4 Milestone

- workforce
- stigma-free triage and stigma-free waiting rooms
- educational programs
- look at recruitment and retention practices

Risks	Description	What are the potential risks?
Quality of care	losing the detail: gender, race, body shape, etc	<ul style="list-style-type: none"> risk being exclusive inadvertently, might miss the nuance of individualised experience might leave behind particular populations, especially marginalised ones there is a chance to miss nuance rather than include there are many ways you could miss the nuance of the things
Safety of staff	lose dedicated organisational support	<ul style="list-style-type: none"> categories of risk: what does intake form ask? what information is gathered, or not? it's the way we do things that matters most might be a barrier to producing good care if it becomes a punitive process
Safety of consumers	tool is punitive to workers	<ul style="list-style-type: none"> how stigma is perceived and enacted some things are criminalised not just stigmatised - so different status it's not a level playing field for stigma



Insights: Opportunities of a universal approach

developing an approach that is person-centred, inclusive

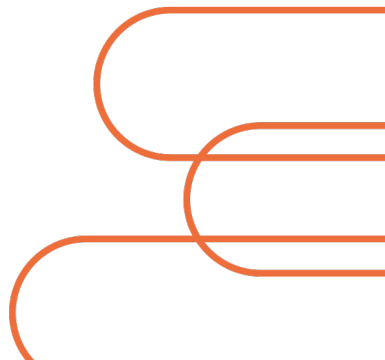
Focus on the common ground and human condition– everyone wants to be treated with kindness and respect in healthcare

Creates benefit for the community

To gain support of healthcare services – promote the benefits of reducing stigma

Centre lived experience

“We also talked about the vital involvement of lived experience and also giving people tools to you know feel confident to be able to participate and take part in this because it is, it's confronting um addressing stigma”





Insights: Questions and Concerns

too ambitious
to have a
universal
approach

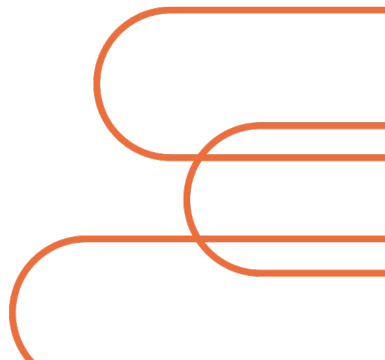
Is universal precautions too ambitious and overwhelming?

it's not a level
playing field
for stigma

Will this approach meet the needs of communities who have experienced high levels of stigma and discrimination in healthcare?

not sure one
size fits all is
gonna meet
everyone's
needs

"I really like where it says "likely not a one-size fits all approach" which for me is around equity and I thought that was quite important particularly given the minister suggested that the approach may be a one-sized fits all and I'm just not sure that that approach is gonna meet everyone's needs"





Workshops 2 and 3: Sydney

- What actions should be included in a universal stigma intervention?
- 16 participants
- Mock healthcare organisations – services, demographics, challenges
- Form a working group to reduce stigma

MURRAY HEALTHCARE

DETAILS

Location:
Rural area with regional town centre.

Services provided:
Acute hospital with small emergency department, outpatient clinics, primary health, residential and community aged care.

TOGETHER PRIMARY HEALTH

DETAILS

Location:
Urban/rural fringe of large city.

Services provided:
Primary and community health, alcohol and other drugs, refugee health, post-acute care and support, home and community care, family support.

EASTERN REGION HEALTH

DETAILS

Location:
Large urban city / state capital.

Services provided:
Acute hospital with emergency department, outpatient clinics, inpatient mental healthcare, rehabilitation.

Take a look at your health service profile and reflect on it here

Key strengths of your health service

Key challenges of your health service

A stigma working group is a group of people at your organisation who are committed to working together to reduce the impacts of stigma for all. Must include consumer representatives with lived experience of stigma. Who's in your stigma working group and why?

ROLE

ROLE


ROLE

CONSUMER

Notes (and add more roles if you need them)




Sydney Workshops: Card sort



Fact sheets

Fact sheets that provide information about stigma, why it is a problem and the impacts on people. Includes text, infographics and references.



Training videos

A suite of videos delivered by healthcare workers and people with lived experience of stigma. Videos will cover information about stigma, how stigma impacts people, the benefits of inclusion and how we might reduce the impacts of stigma in healthcare



Support videos from leadership

Videos of support from organisational and sector leaders that provide an introduction to your stigma initiative and explain why it is important.




Support videos from credible healthcare worker

Videos of support from experienced and credible healthcare workers that provide an introduction to your stigma initiative and explain why it is important.



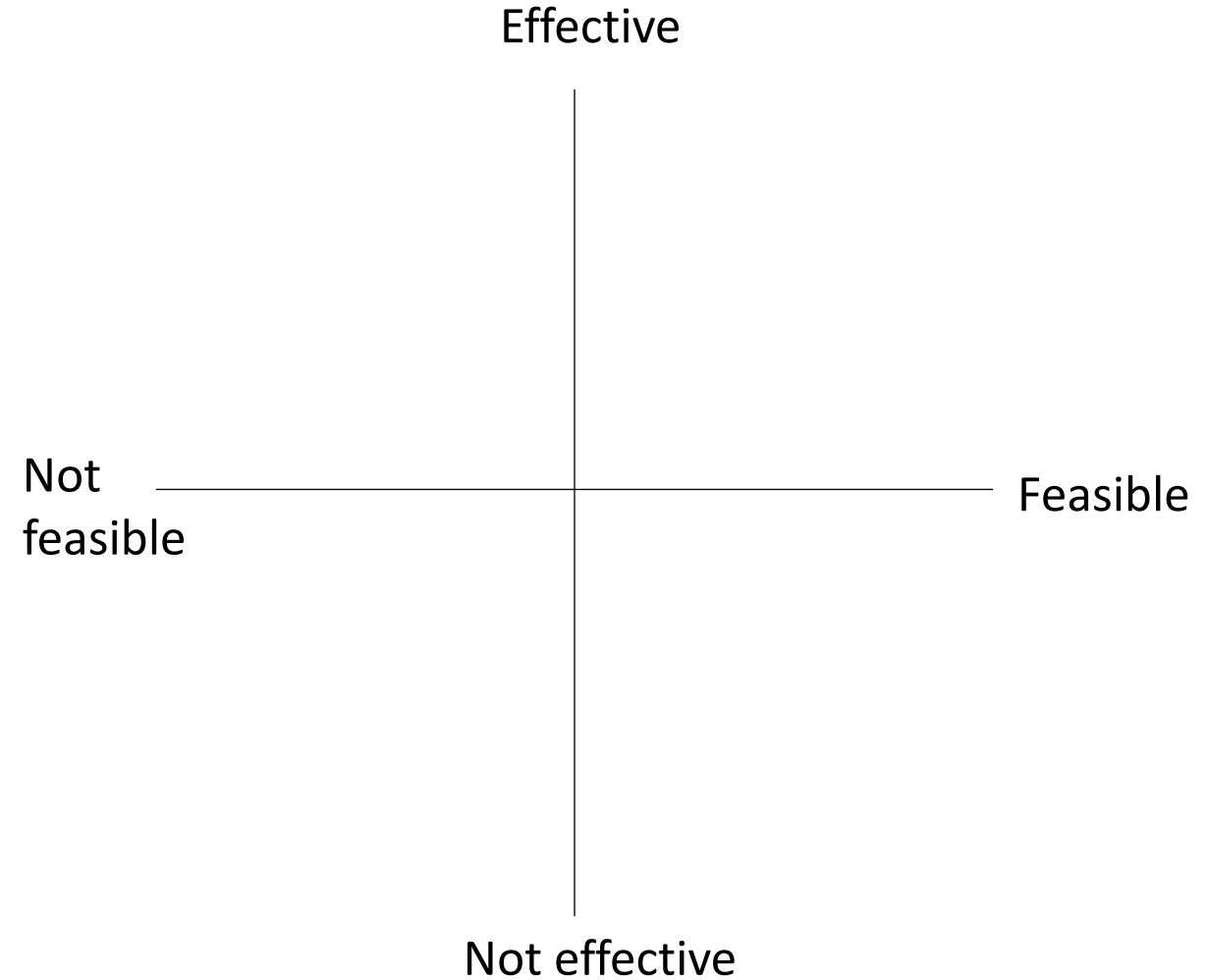
Stigma champions

People who are passionate about reducing the impacts of stigma and can help drive action in your organisation. This includes representatives from senior management of your organisation.



Quality improvement tools

Practical tools that support you to identify areas of your service that could be more welcoming and inclusive and address the negative impacts of stigma. Tools will also outline potential actions to take and how to measure progress over time.



Choose your top 3 actions and build your intervention



Insights: Multi-level actions required

- Support for events to connect with and celebrate community – recognise strengths
- Understanding people's stories, journeys and experiences
- Organisational level - ongoing and genuine commitment from leaders
- Stigma built into organisational policies and strategies – support change
- Intervention implemented by people from across the health service – shared vision and goals
- Reflective practice in regular, team meetings – what could we do to make people feel included and safe?
- Potential for quality improvement to target organisational systems and settings?



Workshops 4 and 5: Melbourne

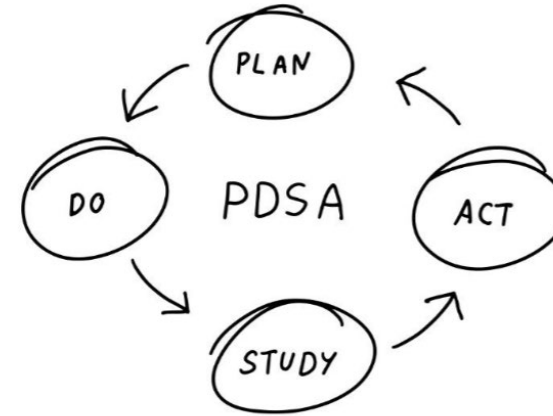
- Gap: Can we use quality improvement to reduce the impacts of stigma in healthcare?
- Quality improvement: Identifying a problem and developing solutions. Solutions tested on a small scale using 'Plan, Do, Study, Act' cycles (1)
- Some work suggests quality improvement may be applicable to stigma (2)

1. Nolan et al Improving the Reliability of Health Care. IHI Innovation Series white paper. 2004; Boston: Institute for Healthcare Improvement
2. Ikeda DJ, Nyblade L, Srithanaviboonchai K, Agins BD. A quality improvement approach to the reduction of HIV-related stigma and discrimination in healthcare settings. *BMJ Glob Health*. 2019;4(3):e001587.

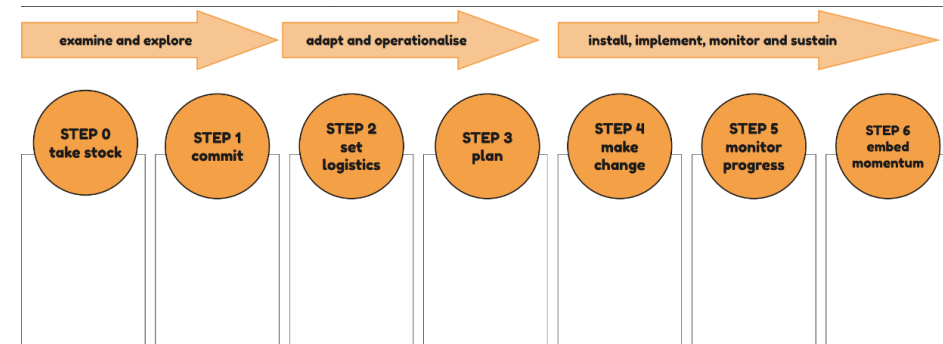
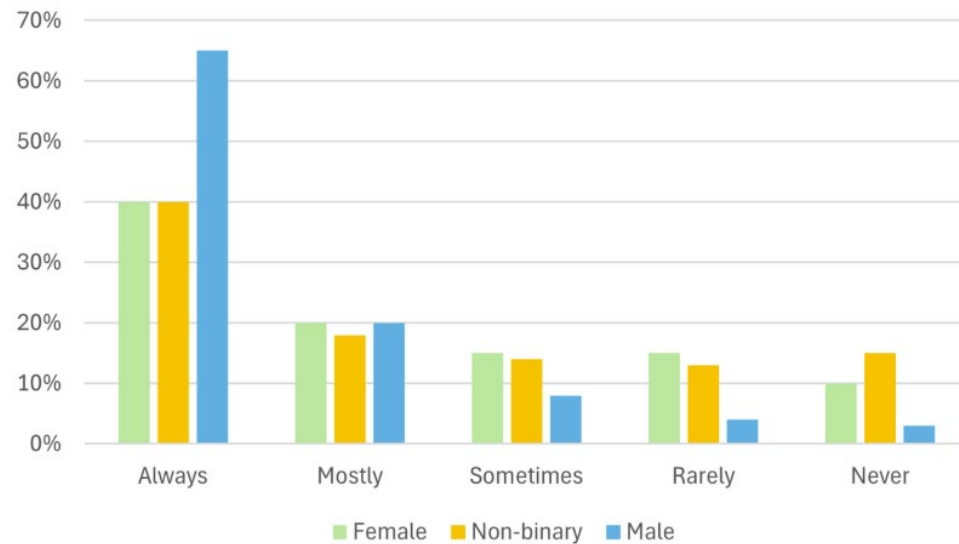


Workshops 4 and 5: Melbourne

- 13 participants
- Small groups – staff and patients
- Data



I received pain relief that met my needs



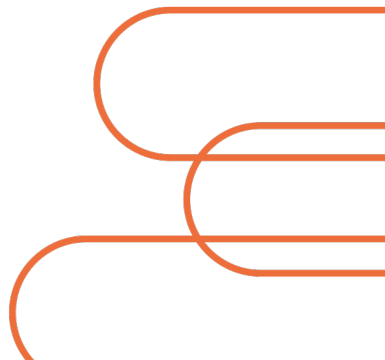
3. Equip Health Care. <https://equiphealthcare.ca/equity-action-kit/>

- Root cause analysis and journey map



Insights: Using quality improvement for stigma reduction

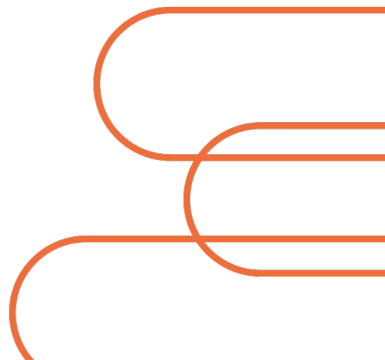
- Useful process for setting a small/achievable goal, identifying actions and measuring progress
- Planning and taking action requires understanding of stigma in local setting and community
- Drawing on existing evidence about stigma at a service
- Existing quality improvement tools need a 'stigma-lens' – practical questions and examples
- Quality improvement solutions should be developed with consumers and people with lived experience of stigma in healthcare
- Requires funding (e.g. seeding grants) to support projects and ongoing implementation





Summary

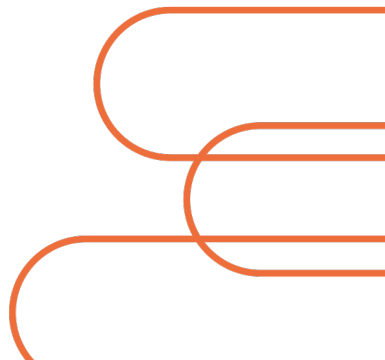
- We used co-creation workshops to develop a universal stigma intervention
- Creative activities allowed participants to work together
- Participants want an intervention that promotes person-centered, inclusive and equitable healthcare
- Actions should be developed with healthcare consumers and people with lived experience of stigma
- Multi-level actions – connecting with community, reflective practice with healthcare workers, organisational change
- Quality improvement: stigma-lens – prompts and examples





Next Steps

- Developing a practical intervention toolkit
- Obtaining feedback from critical friends and people with lived experience of stigma
- Working with a design agency to create branding
- Working with healthcare services to trial the intervention in 2025



Thank you to all the people who
attended our workshops and shared
their ideas and experiences

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