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Embedding stigma interventions: Existing systems, opportunities and areas for reform and advocacy

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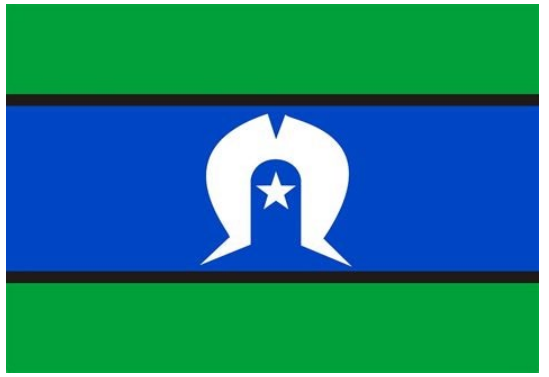
Acknowledgement of Country

I acknowledge Traditional Owners, the Larrakia people and their ongoing ownership of, and connection to lands, waters and culture. I acknowledge this research was conducted across Wurundjeri and the Kulin nations. I pay my respect to elders past and present.

I acknowledge that sovereignty of these lands was never ceded.



Stage &method

Key informants and healthcare workers about their perceptions of quality healthcare, stigma, and stigma reduction in relation to BBVs and STIs

- Twenty semi-structured, in-depth interviews with key stakeholders.
- Extensive experience: 7 – 47 years in the BBV/STI sector, across tertiary, community and primary health, peer management roles, education and training, professional and peak bodies, and policy.
- Identify existing structures, policies, procedures and frameworks that stigma interventions could be embedded within.

Structural stigma

A structural concern embedded in, and reproduced by, institutional policies, frameworks, laws, and regulations (Livingston, 2020).

Embedding stigma into existing systems

I would look at stigma as a public health issue. So if we were to try to look at stigma as we would look at bullying or disrespect in the workplace, it's about okay, it's this whole ecosystem so there are cultural pressures, there are organisational pressures, there are service pressures and then within the service […] what are the role of the supervisors, the managers. […] We need to address the culture you know the social environment everything like that, so up until now we sort of think if we can just establish a few policies and a few protocols then we have addressed it and when *in fact there is just so much work that we need to do*. (P7)

National

Australian Commission on Safety and Quality Health Care

- ‘Best practice is benchmarked’; ‘the bible’, ‘trusted’ have a ‘cascade effect’, part of professional tertiary education, codes of conduct, policies and quality improvement practices. (P1, P7, P13, P18)
- Accreditation ‘a rigorous formal and legal process’, accredited on ‘policies, protocols and processes’. (P6)
- Limitations include: ‘paperwork’; ‘tick & flick’; ‘a burden‘, unable to ‘change attitudes’ or ‘get to the heart of a service’. (P6, P18)
    - Novel accreditation processes, simulations, ‘mystery shopper’; client satisfaction surveys. (P7, P16)
- Charter of Health provides framework to address stigma

National

Stigma and complaints mechanisms

- Health complaints commission, Charter of Health Rights

I was astonished to hear that people didn't know about […] … health complaints commission you know that there were other mechanisms and I thought "well, why don't they? They should really know about that upfront, like that's a problem with the system if you don't know what to do and how to do it. (P18)

Challenge: *So, they understand what will happen when I make a complaint, will it be taken seriously and will I be safe through making a complaint through this mechanism*. (P5)

See: Lenton, E., Kagan, D., Seear, K., Mulcahy, S., Farrugia, A., Valentine, K., ... & Jeffcote, D. (2024). Troubling complaint: Addressing hepatitis C-related stigma and discrimination through complaint mechanisms. Sociology of Health & Illness.

National

Standard: Partnering with Consumers

Opportunities

- ‘One of the more useful ones […] when as part of the evaluation they ask about services and stakeholder engagement and whether or not they do interact with their client groups and with other marginalised communities actually. (P6)
- Example: Committee and working groups for each standard, ‘well respected consumer group’, ‘great voice’ […] that ‘enabled change’ (P6)

Challenges

- Need resourcing and strong leadership
- Usually only capacity for one representative: Which condition, identity, disease is represented

National

We use our standards so both competency standards and our professional practice standards and our code of ethics, those are retrospective tools, so what I mean by that is, a pharmacist can practice as they wish to practice which can include really stigmatizing behaviour and those three documents don't come in and affect them until somebody makes a complaint […]. We also have within our code of ethics people have the right to hold their beliefs and to practice in such a way that doesn't impinge on patient preference and access to care. (P17, professional body)

Peak and professional bodies

- Responsible for codes of conduct, maintaining and setting professional practice standards
- Identified need to develop an evidence-base and quality improvement package for peak professional bodies
- Continuing professional development (CPD), maintain registration, professional practice standards.
- Challenge: Inclusion of affected communities
  - Becoming a registered training organisation
  - Need for strong and equal partnerships

National

If I'm on a methadone program, someone wants to sack me because of it […] we fall under the discrimination legislation anyway. Right? Problem is that we don't utilise those pathways because of stigma and discrimination, and that's why it needs to be spelled out. […] it's more about highlighting the issue and providing a bespoke kind of mechanism where we can say, "Oh, this document says people who use drugs are able to get equitable access to employment" or something, or "Can't be discriminated against in employment based on their drug use." […] So, peer workers, for example. [We don't] employ anybody except people with lived experience of drug and alcohol use. Right? So, it would allow us to recruit properly. (P11)

Legal frameworks

- Drug decriminalisation, human rights and anti-discrimination
- 'Ensuring that it's illegal to discriminate that's your very first step' (P9)
- People who use drugs and sex workers not covered in anti-discrimination laws and regulations (P11, P20)
- Positive discrimination and employment protections:
  - First nations, women, peer workers

See: Seear, K. & Mulcahy, S. (2022). Making Rights and Realities: How Australian Human Rights Make Gender, Alcohol and Other Drugs. *Australian Feminist Studies*, 37(113), 347–364. https://doi.org/10.1080/08164649.2023.2179971

National and state

Strategies

- Very high-level, and in isolation cannot effect change
- Process of their development is important: co-design
- Need to be embedded in ‘the standards’ and have ‘implementation roadmaps’, and funding for implementation, ‘good measurement metrics
- Create enabling environments: i.e.: address stigma that impacts on accessing healthcare

- The Stigma Monitoring Indicators

National and State

Resourcing and funding agreements

- Social and health inequities (a structural stigma indicator)
- Stigma embedded in performance agreements

Chief executives are given performance agreements with health departments which say, you will do these things" and it's amazing what happens when that happens, you get a bit of focus on it. So, I think there are those channels which for not a lot of, in my view, not a lot of effort from you know a top of the tree policy perspective setting the expectation, I don't think that should be that difficult. (P14)

Paper *under review: Nourse, Farrugia, Seear, Lenton, Cama and Treloar. Stigmatising spacetimes: Addressing healthcare stigma beyond interpersonal interactions*

Institutional, organisational

Governance, policies and protocols

- Strong leadership
- Inclusion and diversity visible
- Vision statements, position statements
- Onboarding and employment processes: interview questions, performance appraisals, mandatory training, endorsing codes of conduct and core values
- Reflective practice
- Cultural change
- Bullying and workplace culture
- Addressing power imbalance between staff and clients