



HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 954-357-8647 • FAX 954-357-8204

Support Services Network
Tuesday, March 3, 2020 at 9:00 a.m.
Broward Governmental Building Annex
Conference Room A-337
115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT

Marlena Solomon; AHF
Rose Labissiere; BCFHC
Karen Whyte; Broward House
Ivy Pierre; BRHPC
Lindsey Rivas; Care Resource
Kara Schickowski; Legal Aid
Edna Ferguson-Walker; Broward Health
Amy Pont; Memorial
Guerline Verger; Memorial
Olga Garcia; Memorial

GUESTS

Roseline Labissiere

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF

Marcus Guice
Jessica Seitchick

PART A RECIPIENT STAFF

Edith Garcia
Neil Walker
Leonard Jones

PROVIDERS ABSENT

Poverello
Latinos Salud

AGENDA

I. Call to Order

The meeting was called to order at 9:15a.m.

II. Welcome/Introductions

CQM Support Staff welcomed everyone, made a statement of the goal for the meeting, and individual introductions were made.

III. Deconstructing Stigma

Broward County Board of County Commissioners
Mark D. Bogen • Beam Furr • Steve Geller • Dale V.C. Holness • Chip LaMarca • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine
Broward.org



The CQM Support Staff gave a presentation on HIV-related stigma and how various forms of stigma impacts the ability for people living with HIV to attain or sustain positive health outcomes. The presentation addressed the following:

- Defining Stigma
- The Effects of HIV-related Stigma
- Types of Stigma
- Social, Systematic, Communal, and Individual Levels of Stigma

The Deconstructing Stigma presentation can be found in the meeting packet.

IV. Levels of Stigma Activity

The CQM Support Staff gave a presentation that guided providers in identifying factors in sub-recipient agencies' people, processes, and environment that impact stigma. Common factors that agencies agreed that negatively impacted stigma at various levels was:

- Negative cultural perceptions about HIV
- Front desk staff attitudes
- The geographic location of an HIV provider to a person's community
- An agency's name or representation serving populations with HIV/AIDS

As the second part of the activity, providers identified factors that can be changed, are changeable with a serious difficulty, and are not changeable. Some common changeable factors were:

- Having gender-neutral bathrooms
- Putting up flyers demonstrating different cultures
- Asking clients in public settings about HIV services
- Being welcoming to clients upon arrival

After the activity, providers were asked how stigma is addressed in their practices. Providers gave several examples of how services are provided in non-stigmatizing ways and how linkage to appropriate services can help address client needs that arise from problems based on clients' perceived stigma. Additionally, when asked how they account for service-based stigmas such as Mental Health and Substance Abuse, confidentiality was vital. Providers noted that in many cases, they substitute the word mental health for a non-stigmatizing alternative.

V. Resource Corner

The CQM Support Staff provided a section in the meeting packet that will now be known as the "resource corner." This section notes upcoming events and opportunities of interest for providers, community stakeholders, and clients.

Providers were urged to send all upcoming events to the CQM Support Staff for them to be included in future resource corners.

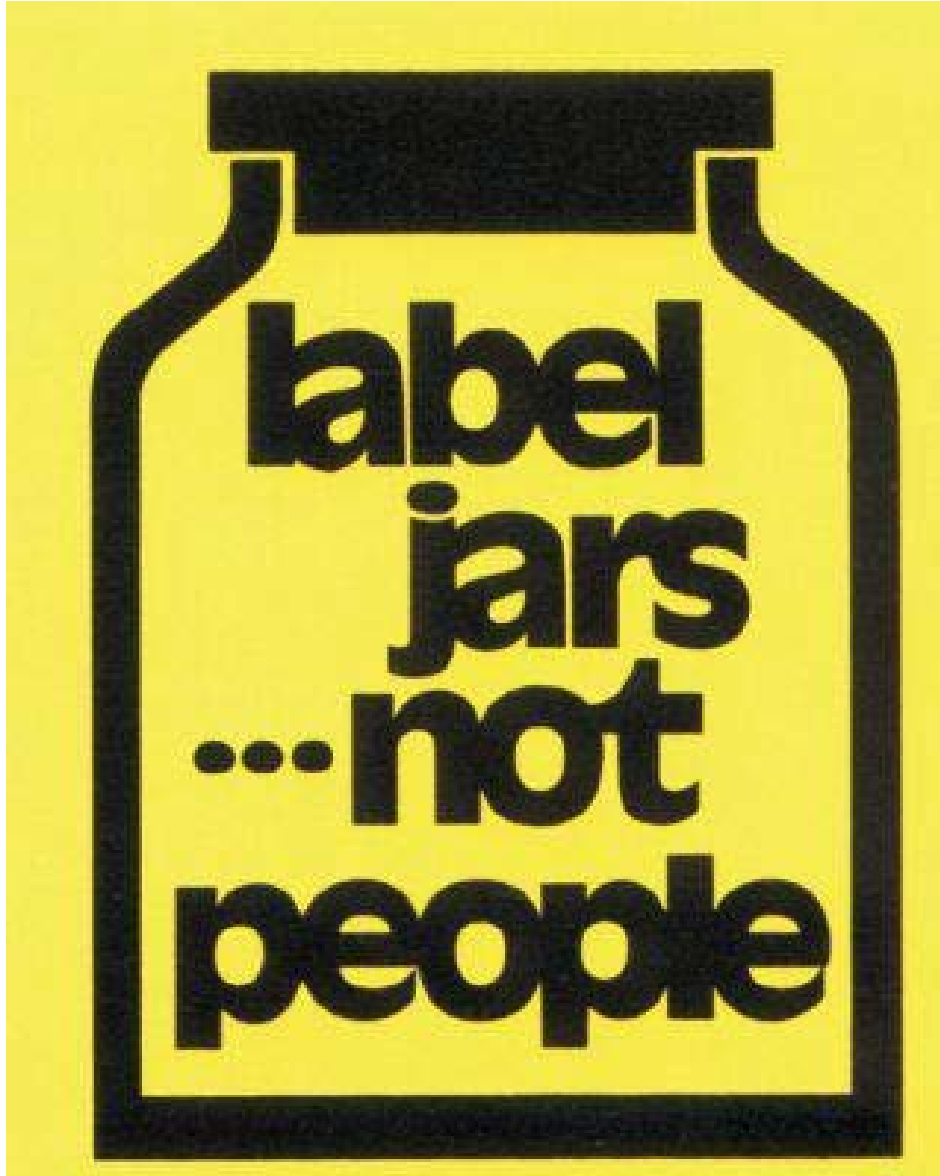
VI. Announcements

VII. Meeting Evaluation

VIII. Adjournment

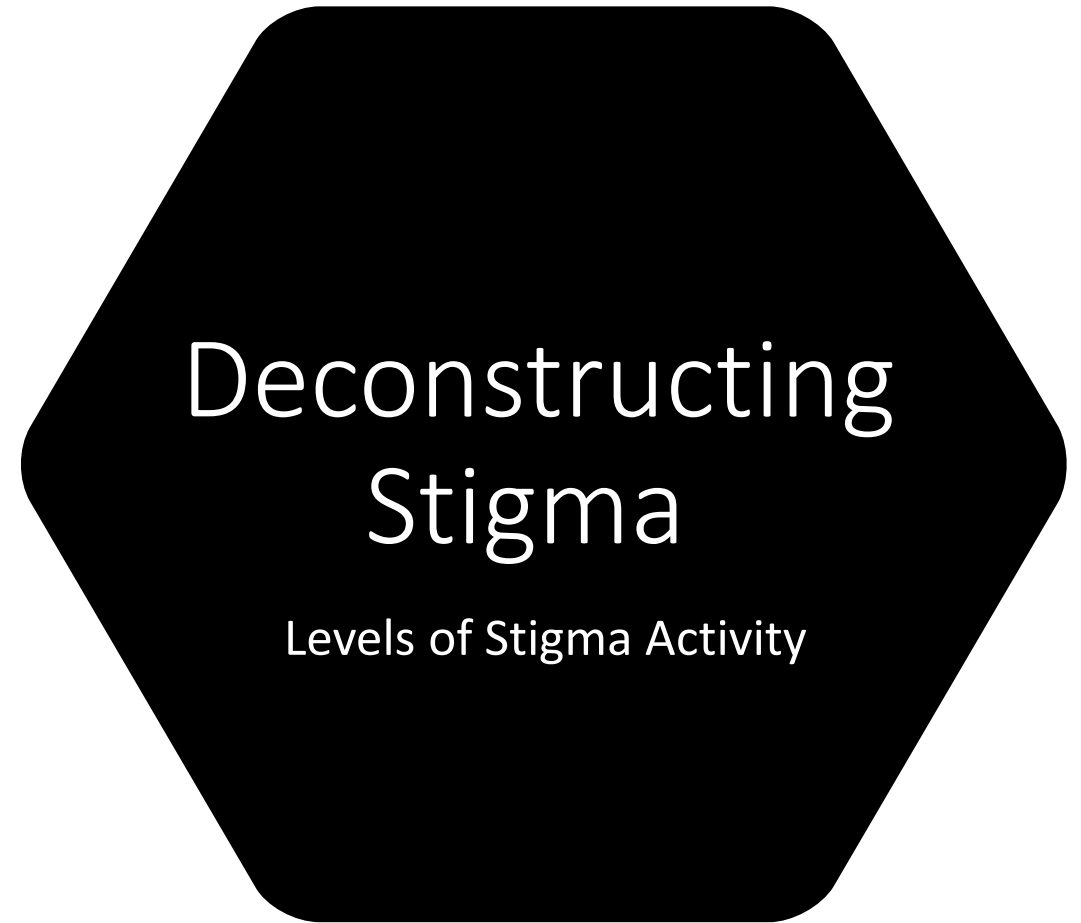
The meeting was adjourned at 3:53 p.m.

**Next Meeting Date: June 2, 2020
Broward Governmental Building
Conference Room A-337 at 9:00a.m.**



[This Photo](#)

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Created by CQM Support Staff

Debbie Cestaro- Seifer, Jessica Seitchick, Marcus Guice

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

Broward Regional Health Planning Council

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

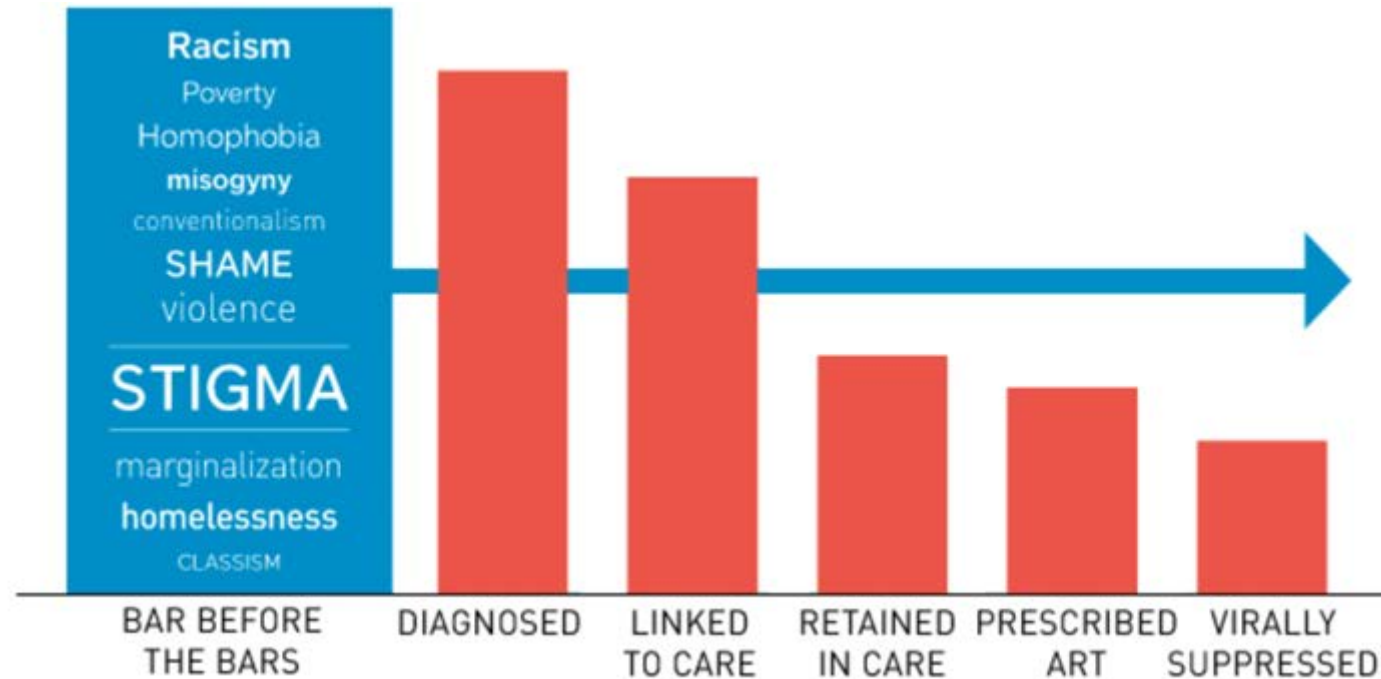
www.brhpc.org

What is HIV Stigma?

- Belief that only certain groups of people get HIV
- Belief that persons with HIV should be treated differently
- Belief that people who make certain choices deserve to get HIV
- Moral judgements made about people who take steps to prevent HIV transmission (use PrEP)



HIV Stigma- A Barrier to Viral Suppression



Accessed on 6.8.2019 at https://www.nastad.org/sites/default/files/styles/featured_area/public/featarea/Equity-HIV-Prevention-Main.png?itok=23Tv4aD5

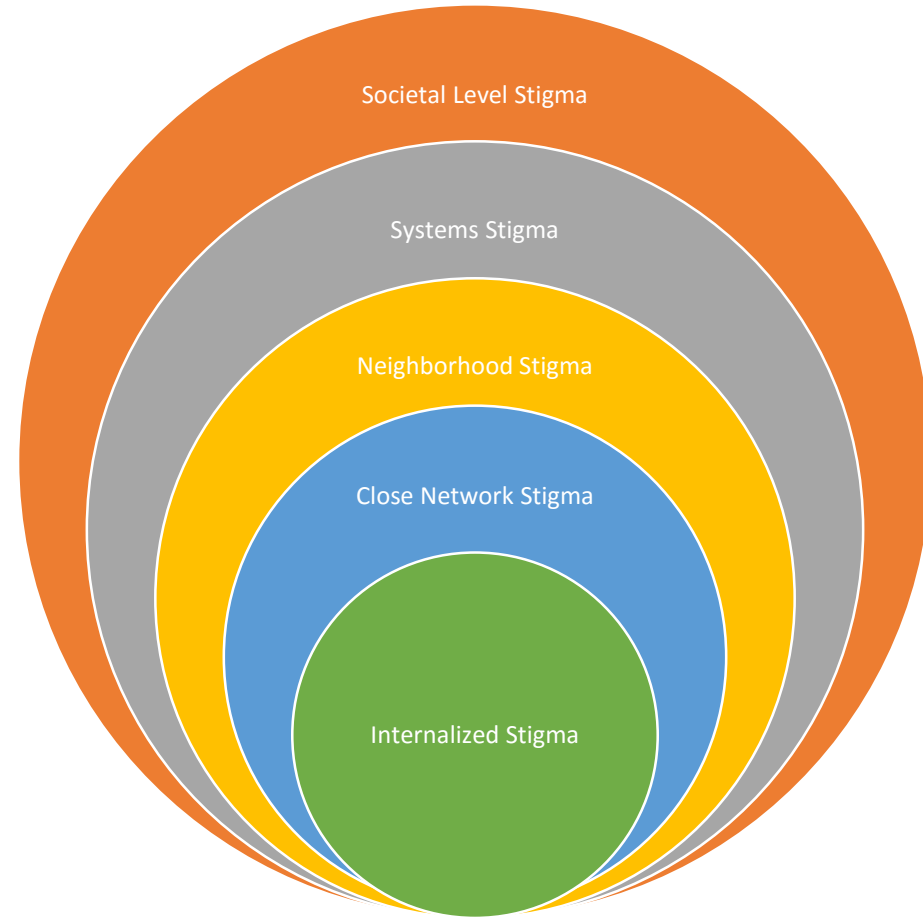
What is Known About the Effects of HIV-related Stigma?

- poor engagement in HIV care
- poor utilization of HIV treatment and care services
- poor antiretroviral medication adherence
- lower acceptance of PrEP start offers

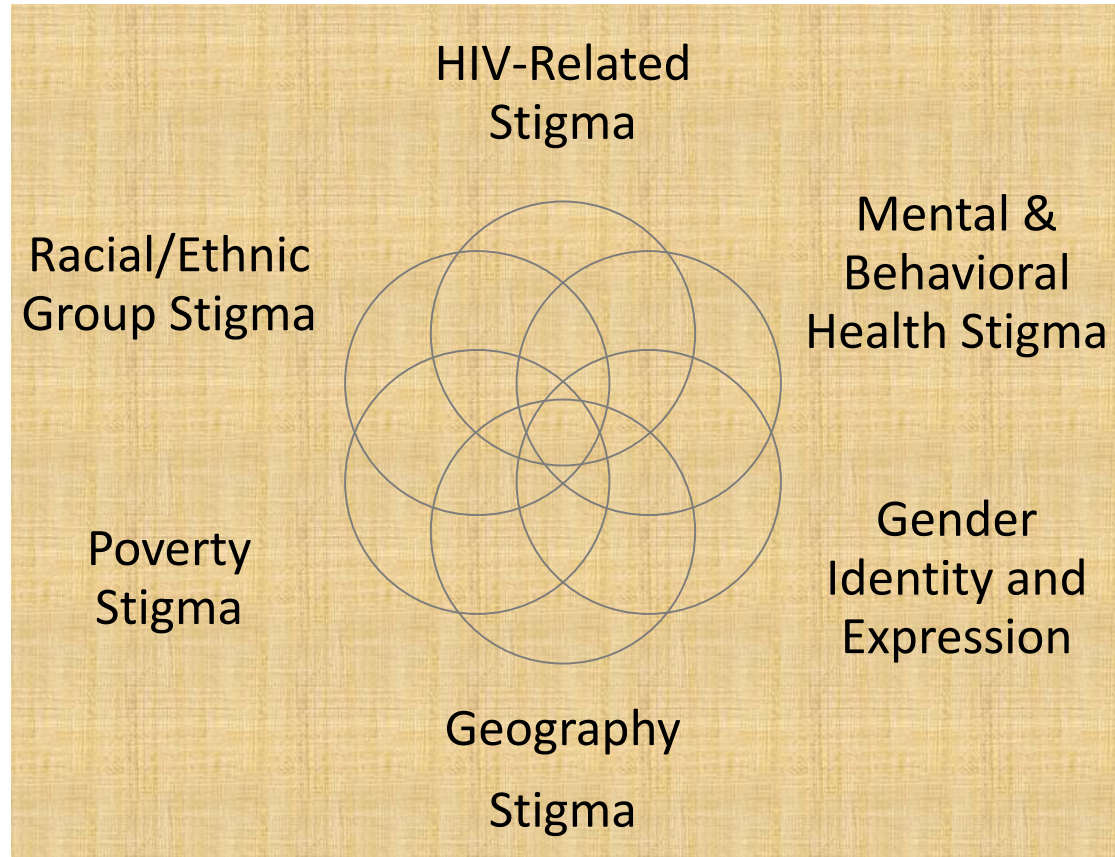
HIV Stigma

- **Enacted/Experienced**
 - Behaviors that express stigma – verbal or physical abuse, shunning, discrimination
- **Anticipated**
 - Awareness that the possibility of stigma exists (fear of stigma)
- **Internalized/“Self-stigma”**
 - Accepting the negative ideas and stereotypes about people with HIV and applying them to themselves
 - Feeling that one does not deserve respect
- **Structural**
 - Institutional and organizational stigma in society and in communities: certain groups have different amounts of power (e.g. the belief that people who are HIV-negative have more “power” than people who are HIV-positive)

Stigma: Society, Systems, Communities, People



Intersectional Stigma



**Overlapping Stigmas
Experienced by
Persons with HIV**

Activity: Levels of Stigma

Purpose: The purpose of this activity is to evaluate client experience at your agency and identify people, processes, or systems that may contribute to HIV stigma.

Background: Client's interactions with people, processes and the environment can both increase and reduce stigma. In this activity, you will evaluate client experience by looking at the people, processes and environment at your agency a client receiving services would interact with.

Clients interact with the following levels while receiving services:

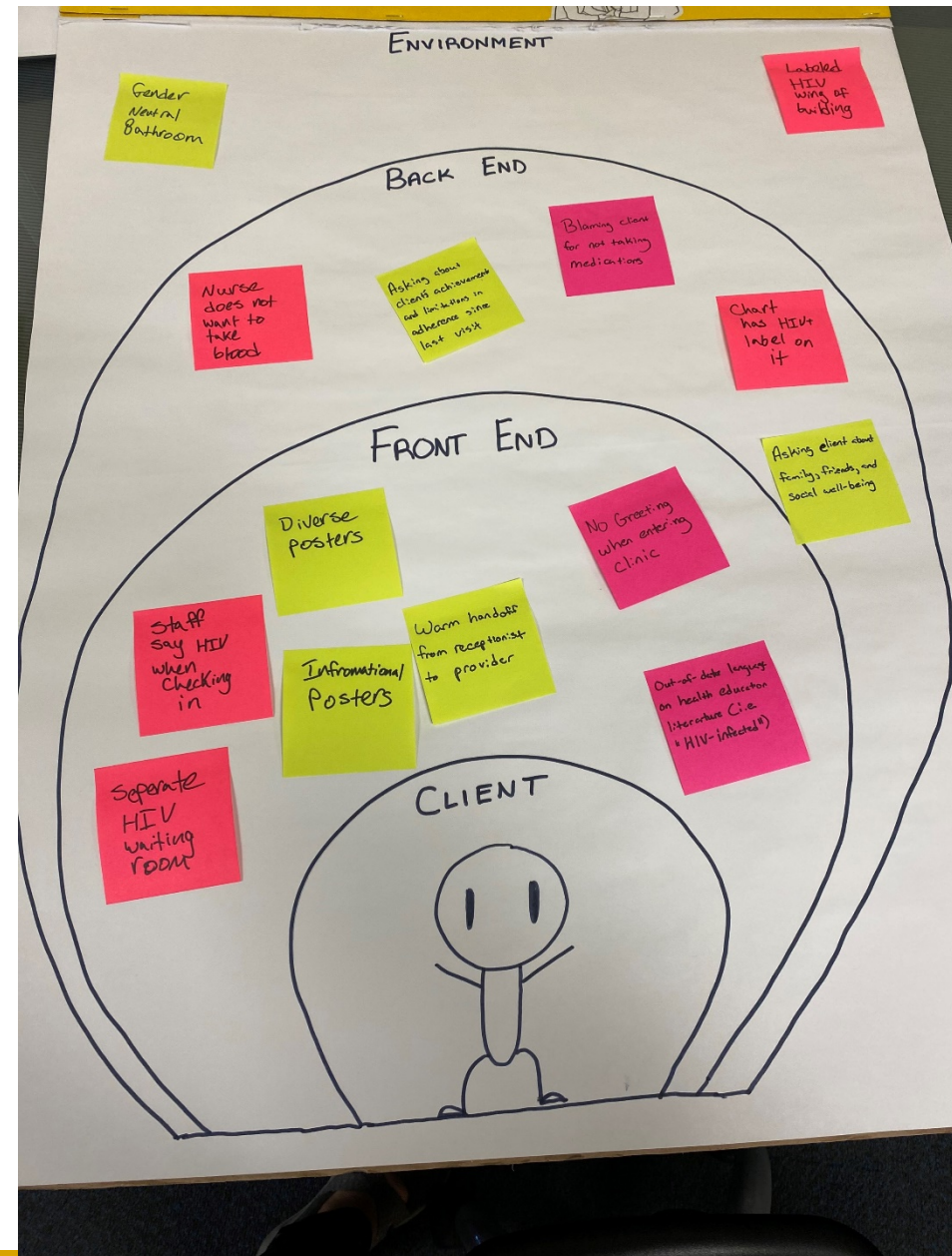
- **Front of House**, including
 - Front Desk Staff/Other Clients
 - Check in/ check-out, and appointment scheduling
 - Waiting room and physical environment
- **Back of House**, including
 - Clinical and other direct service providers
 - Client intake assessments
 - Exam rooms, client meeting rooms
- **Larger built environment**
 - Agency building
 - Agency location/ neighborhood

Activity: Levels of Stigma

Instructions (Part 1):

- In this activity, you will use these levels to identify what factors in your agency's people, processes, and environment impact stigma. Please use the pink sticky notes to denote things that increase stigma and the green sticky notes to denote things that decrease stigma.
- At the end of the activity we will debrief as a group and identify what factors can be changed.

Activity: Levels of Stigma- Example



Activity: Levels of Stigma

You will have 30 minutes for Part 1

<https://www.online-stopwatch.com/timer/30minutes/>



Activity: Levels of Stigma-Debrief Part 1



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Activity: Levels of Stigma

Prioritizing Change Ideas (Part 2)

- Not all identified factors are able to be changed. Ideally, we want to try change ideas that will be high impact and low effort. For part 2 of this activity, we will be applying this idea to identify what factors should be prioritized for change.
- We will be using the 3 C's of change to do this.
 - Can- Something that can be changed with low effort, such as putting an informational poster up
 - Could- Something that can be changed, but may be challenging to change, such as the appointment scheduling process
 - Can't- Something that can't be changed, such as the size of the waiting room

Activity: Levels of Stigma

- **Instructions (Part 2):**

1. Using a poster, draw a 3-column chart, and label the columns “Can”, “Could”, “Can’t”
2. Using the pink sticky notes from Part 1, move the sticky notes into the column you believe they fit under
3. Once you have moved all the pink sticky notes, review the factors in your “Can” column and decide which factor you would like to prioritize for a quality improvement activity.

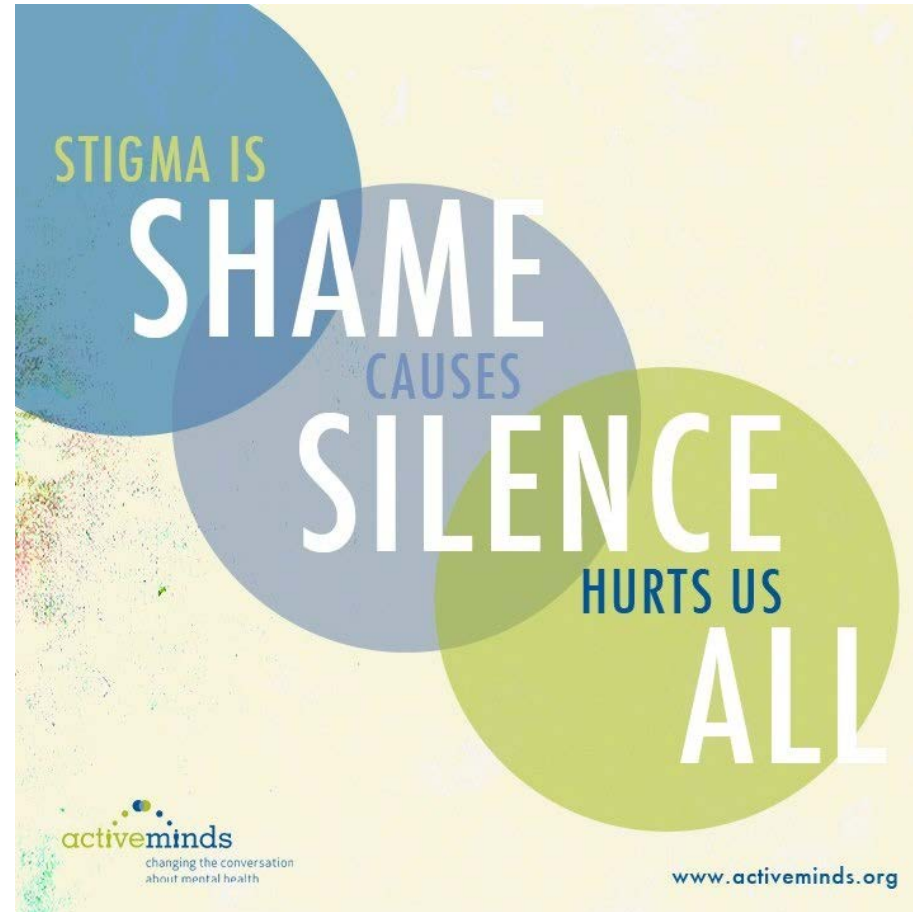
You will have 15 minutes for Part 2

Activity: Levels of Stigma-Debrief Part 2



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Questions?



Deconstructing Stigma: Levels of Stigma Activity

Created by:

Debbie Cestaro- Seifer, MS,RN, NC-BC

Jessica Seitchick, MPH

Marcus Guice, MPH

CQM Support Staff

Broward Regional Health Planning Council

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Levels of HIV Stigma

Purpose: The purpose of this activity is to evaluate client experience at your agency and identify people, processes, or systems that may contribute to HIV stigma.

Supplies: Poster, Markers, Sticky Notes (red and green)

Background: Client's interactions with people, processes and the environment can both increase and reduce stigma. In this activity, you will evaluate client experience by looking at the people, processes and environment at your agency a client receiving services would interact with.

Clients interact with the following levels while receiving services:

- ❖ Front of House, including
 - Front Desk Staff/Other Clients
 - Check in/ check-out, and appointment scheduling
 - Waiting room and physical environment
- ❖ Back of House, including
 - Clinical and other direct service providers
 - Service delivery including client interviews, history taking, etc..
 - Exam rooms, client meeting rooms
- ❖ Larger built environment
 - Agency building
 - Agency location/ neighborhood

Instructions (Part 1):

In this activity, you will use these levels to identify what factors in your agency's people, processes, and environment impact stigma. Please use the pink sticky notes to denote things that increase stigma and the green sticky notes to denote things that decrease stigma.

Prioritizing Change Ideas

Not all identified factors are able to be changed. Ideally, we want to try change ideas that will be high impact and low effort. For part 2 of this activity, we will be applying this idea to identify what factors should be prioritized for change.

We will be using the 3 C's of change to do this.

Can- Something that can be changed with low effort, such as putting an informational poster up

Could- Something that can be changed, but may be challenging to change, such as the appointment scheduling process

Can't- Something that can't be changed, such as the size of the waiting room

Instructions (Part 2):

1. Using a poster, draw a 3-column chart, and label the columns "Can", "Could", "Can't"
2. Using the pink sticky notes from Part 1, move the sticky notes into the column you believe they fit under
3. Once you have moved all the pink sticky notes, review the factors in your "Can" column and decide which factor you would like to prioritize for change.