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REDUCING STBBI STIGMA IN PRIMARY CARE

Lessons learned through the development of an innovative E-learning intervention for family physicians

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RATIONALE

BACKGROUND

The World Health Organization recognizes primary care as a means for achieving health equity and providing universal access to sexual and reproductive healthcare (WHO, 2011). Although primary care is a preferred setting to receive care for sexual health related concerns (Gott, Galena, Hinchcliff, & Elford, 2004), evidence suggests that stigma related to sexually transmitted and blood-borne infections is commonly experienced within primary care settings. This has impacts on engagement and uptake of prevention and support services, and in turn impacts health and well-being of those living with or impacted by STBBI (Kinsler, Wong, Sayles, Davis, & Cunningham, 2007).

Family physicians therefore have a unique opportunity to address stigma and other psychosocial aspects of STBBI. Unfortunately, there is a paucity of formal STBBI education for medical care providers that goes beyond clinical information (Jaworsky et al., 2017).

The Canadian Public Health Association (CPHA) has developed an online continuing professional development (CPD) course targeted to family physicians and other clinical care providers, set to launch later this month (May 2021).

QUOTES FROM FOCUS GROUPS AND INTERVIEWS CONDUCTED BY CPHA (2014 – 2019)

"I like to be talked to with empathy, as if I'm someone that they care about and want to help. Talking in a very clinical way leaves out the social and emotional parts of having HIV or an STI."

"[They] gave me the HIV diagnosis then gave me a hug and said "this is the worst news that I've ever had to give somebody."

"A total lack of sensitivity. Or strong heterosexism like asking gay men "do you have a girlfriend" or telling a lesbian that she should be on birth control cause she's sexually active. These assumptions immediately shut down discussions about sexual activity, number of partners and sexual risks."

"Even when I go into a doctor's office, I look around the waiting room to see if there is anything Aboriginal in there—even a blade of sweet grass. Some sign that the health care provider is aware of Aboriginal culture."

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METHODS

Needs assessment

To identify knowledge gaps, we collected information from several sources: key-informant interviews (n = 21), focus groups with individuals (n = 27) with experience accessing STBBI-related services, and a survey of health and social service professionals (n = 374, including 21 physicians and 379 nurses). A literature scan was completed to identify gaps in physician knowledge/comfort/skills with respect to sexual health, substance use and STBBIs.

Formation of Scientific Planning Committee (SPC)

Using this needs assessment to create buy-in, CPHA convened an interdisciplinary scientific planning committee to oversee development of the course. Members' professional experience includes family medicine, nursing, social work, research and specialized knowledge/training in HIV, harm reduction, and STBBI priority populations.

Partnerships for creation of interactive media

Experts with lived/living, clinical and research experience were engaged to write dialogue for four fictional case scenarios. With support from game design and development experts, these were developed into digital, interactive simulations. Additionally, video interviews featuring the experiences of people living with HIV and service providers discussing their approaches to STBBI, sexual health and harm reduction were developed for the course.

Development/curation of supplementary information & tools

Content for the course's 3 informational modules was based on academic literature as well as several evidence-based knowledge translation tools—developed by CPHA and others. Two knowledge translation tools were developed specifically for inclusion in this online course, including: Language Matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma and Trauma and violence informed physical examinations and STBBI testing

FINDINGS/LESSONS LEARNED

Specific concerns were identified around physicians' and students' comfort:

- Discussing sexual health with patients of diverse gender identities, sexual orientations, and cultures
- Addressing psychosocial concerns around chronic STBBIs such as herpes and HIV
- Addressing the wider social and contextual factors that influence sexual health, substance use, and STBBIs

Self-directed online learning emerged as a preferred method of CPD for physicians.

Establishing an interdisciplinary team to plan/oversee development of the course helped to:

- Develop appropriate content and tools
- Consider effective strategies to promote/market the course.
  For example, the SPC urged not to include the word "stigma" in the course title, since reducing stigma and bias is largely an unperceived learning need

The SPC members' experience in community-based research and/or providing care to various priority populations in different settings helped ensure an intersectional focus throughout the course.

A flexible and iterative approach, involving many different partners and many different rounds of writing, review and revision was required to ensure that content was:

- Clinically accurate and applicable to the target audience(s) and the contexts they work in
- Based on addressing the real challenges faced by people when they access sexual health, harm reduction and STBBI related services.

Using game design principles to develop interactive scenarios added a very practical and unique component to the online course. It also required heavy involvement in creative decision making (e.g., providing direction and approval of artwork, voice talent).

Adult learners appreciate programs that address relevant challenges in their lives and provide solutions that are immediately useful (UBC Family Practice Residency Program, 2015). Leveraging knowledge translation tools developed by CPHA since the STBBI project's inception in 2014 as well as those developed by other organizations (e.g., Trans Care BC, EQUIP Health Care) has provided learners with tools to catalyze change to their individual practice and organizational policies and procedures beyond their participation in the online course. Anecdotally, response from reviewers/stakeholders has been positive to this aspect of the course.

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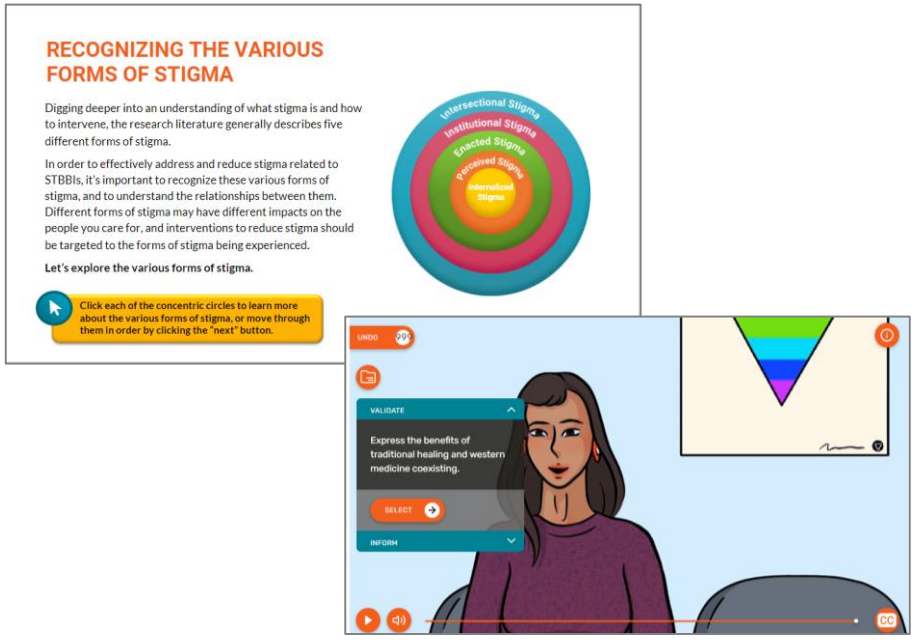
CONCLUSIONS

In response to a paucity of formal STBBI education for medical care providers that addresses social and emotional factors, CPHA developed an interactive, online course for family physicians and other clinical care providers.

Addressing the complex, multi-faceted issue of STBBI stigma through e-learning has required creative approaches and weaving together perspectives from lived/living experience, social science, medicine, adult education and game theory.

This was made possible through collaboration with a wide range of individuals and organizations—acknowledgement and information about our many collaborators and contributors will be available on the course home page.

The result is an evidence-based course that uses immersive case-based learning and practical tools to advance stigma reduction in clinical care settings. The course, *Provide Safer, More Inclusive Care for Sexually Transmitted and Blood-borne Infections,* will be released free of charge in Spring 2021 on CPHA's learning site (https://learning.cpha.ca).



REFERENCES

Gott, M., Galena, E., Hinchliff, S., & Elford, H. (2004). Opening a can of worms: GP and practice nurse barriers to talking about sexual health in primary care. *Family Practice, 21*(5), 528-536.

Jaworsky, D., Gardner, S., Thorne, J. G., Sharma, M., McNaughton, N., Paddock, S., … Rachlis, A. (2017). The role of people living with HIV as patient instructors – reducing stigma and improving interest around HIV care among medical students. AIDS Care, 29(4), 524–531.

Kinsler, J.J., Wong, M.D., Sayles, J.N., Davis, C., & Cunningham, W.E. (2007). The effect of perceived stigma from a health care provider on access to care among low-income HIV-positive population. *AIDS Patient Care and STDs, 21*(8), 584-592.

World Health Organization. (2011). Sexual and reproductive health core competencies in primary care. World Health Organization. https://apps.who.int/iris/handle/10665/44507

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