



Methods: Mind the Gap Webinar Series

Methods for Understanding and Addressing Stigma to Prevent Common Risk Factors for Disease

Presented by

Valerie A. Earnshaw, Ph.D.

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Methods for Understanding and Addressing Stigma to Prevent Common Risk Factors for Disease

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Mind the Gap Webinar Series

NIH Office of Disease Prevention

December 11, 2019

Acknowledgments and Conflicts

2017-2021

**Understanding and Addressing
Disclosure to Members of Social
Networks among People Recovering
from Substance Use Disorders
(K01DA042881; PI Earnshaw)**

No conflicts of interest
to disclose.

2016-2020

**Novel Stigma/Structural
Interventions for Increasing
HIV/STI Testing from BMSM
(R01MH109409; PI Eaton)**

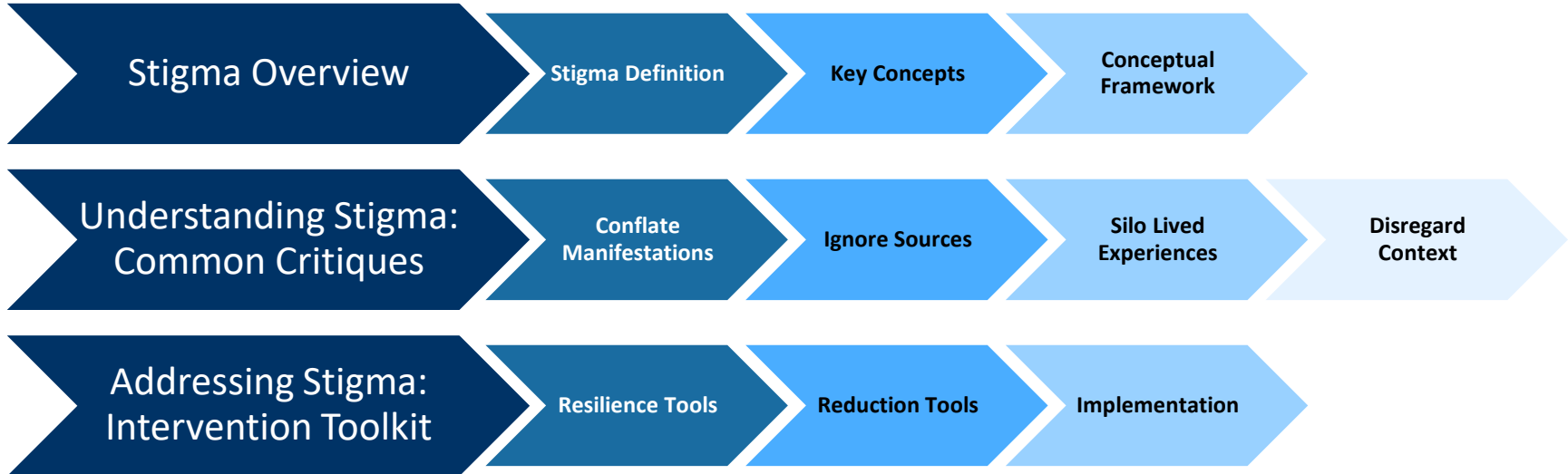
2017-2021

**The Role of Resilience in Addressing
Racial Disparities in Adverse
HIV-Related Outcomes
(R01MH112386; PIs Howe + Keita)**

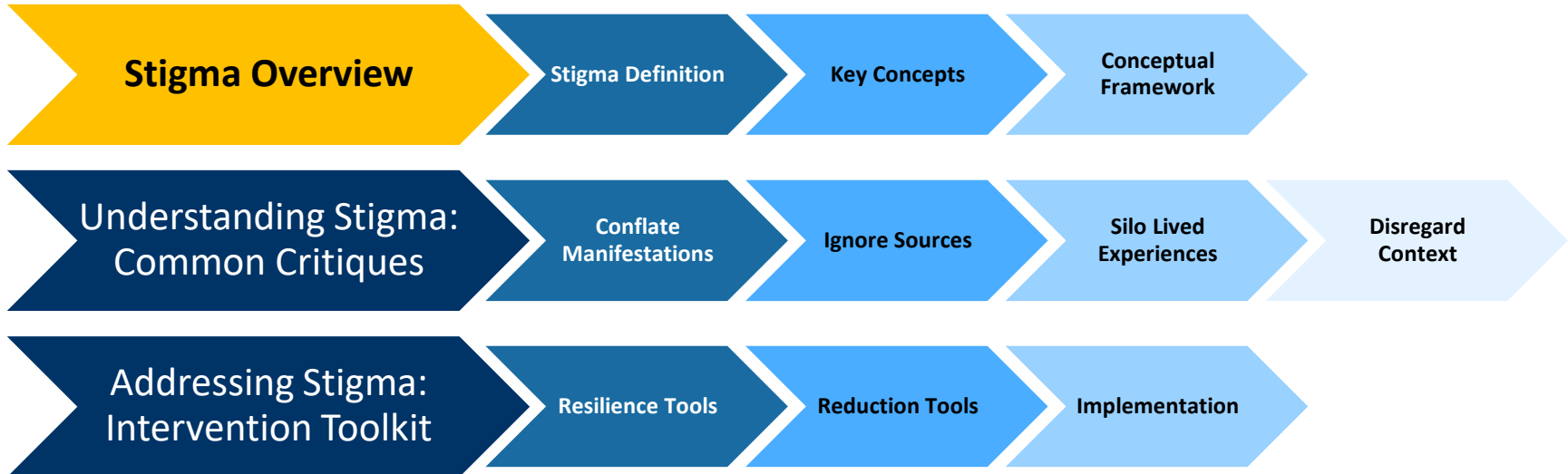
2018-2021

**IMPART: A Provider-Assisted
HIV Partner Notification & Testing
Intervention for Prisoners in
Indonesia
(R34MH115779; PI Culbert)**

Presentations Aims



Presentations Aims

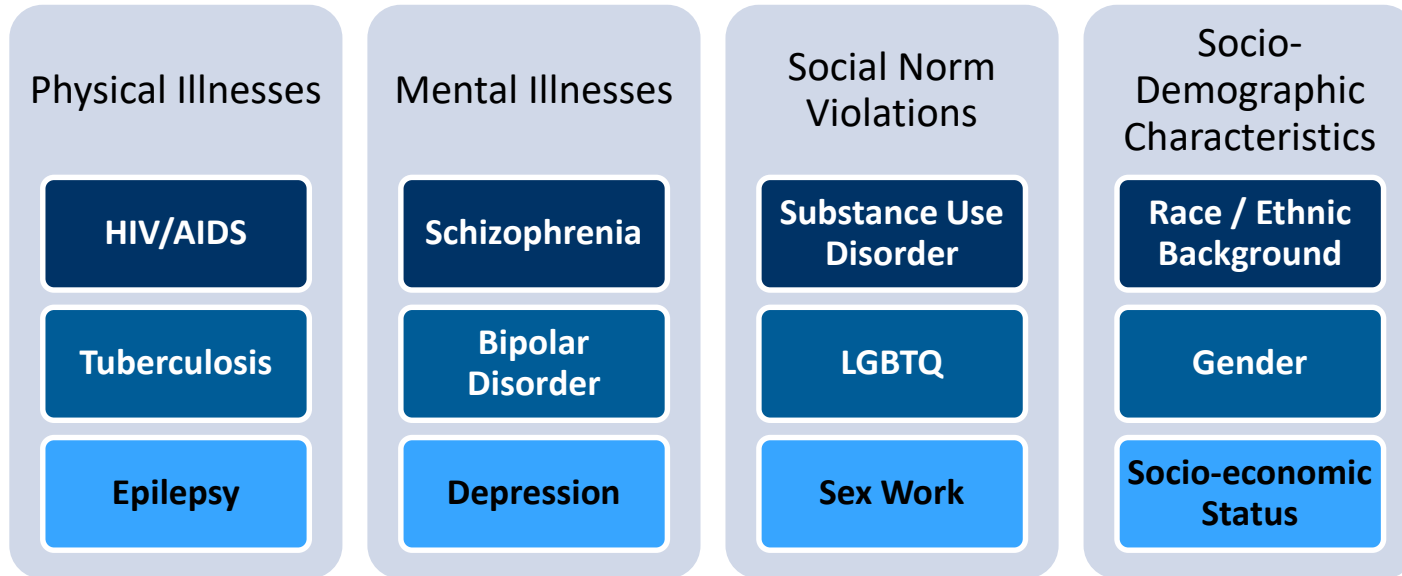


Stigma Defined

- **Social** devaluation and discrediting associated with a mark or characteristic¹

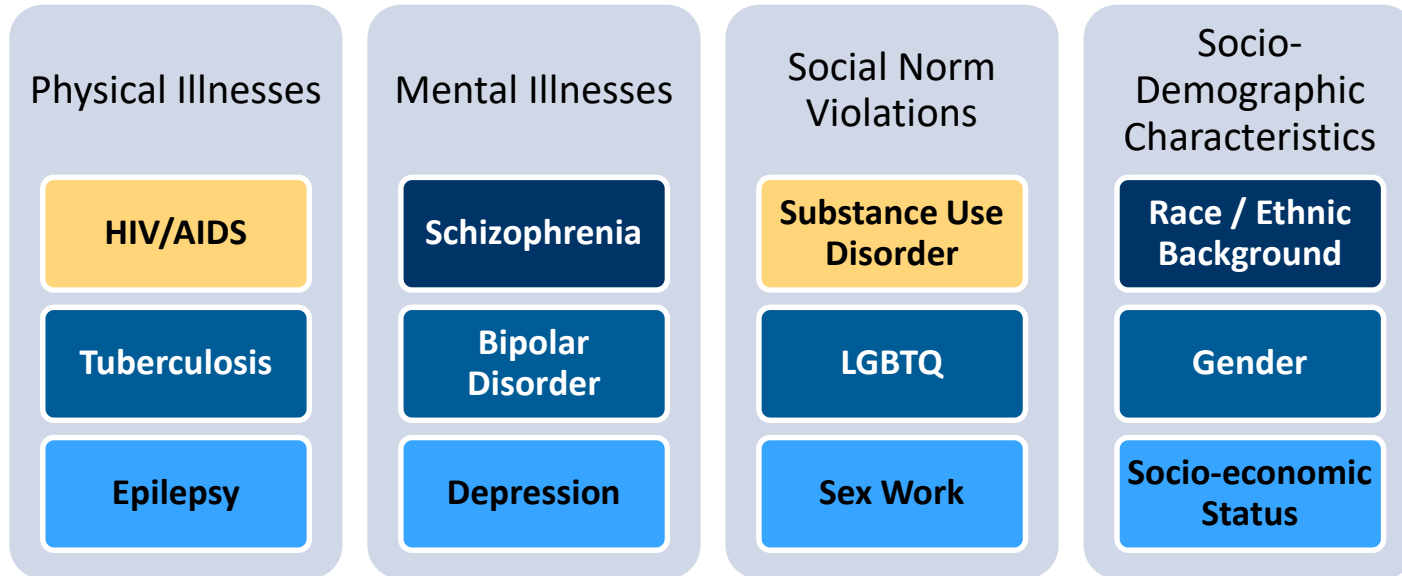
¹Goffman, 1963; ²Link & Phelan, 2001

Stigma Defined



¹Goffman, 1963; ²Link & Phelan, 2001

Stigma Defined



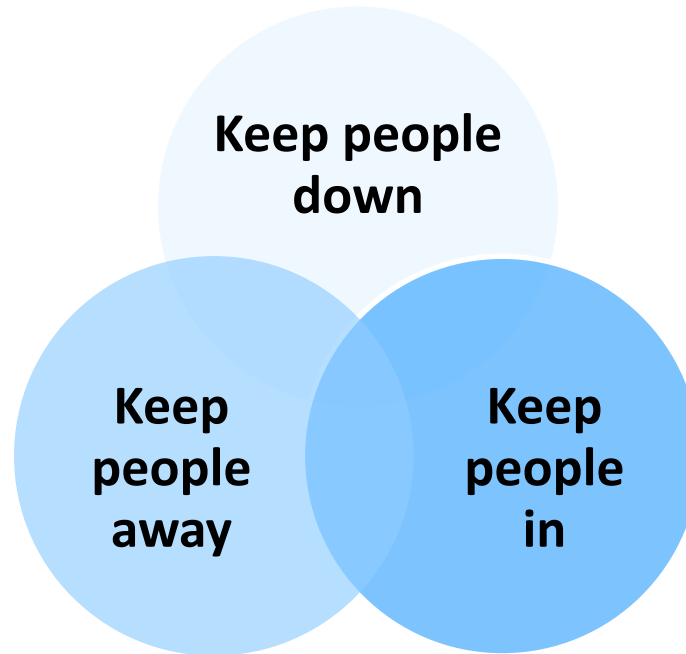
¹Goffman, 1963; ²Link & Phelan, 2001

Stigma Defined

- **Social** devaluation and discrediting associated with a mark or characteristic¹
- Stigma results from a **social** process^{2,3}
 - Co-occurrence of labeling, stereotyping, separation, status loss + discrimination within a context wherein power is exercised
 - Marks constructed as indicators of tarnished character
 - Used to justify discrimination toward and power loss of people with mark

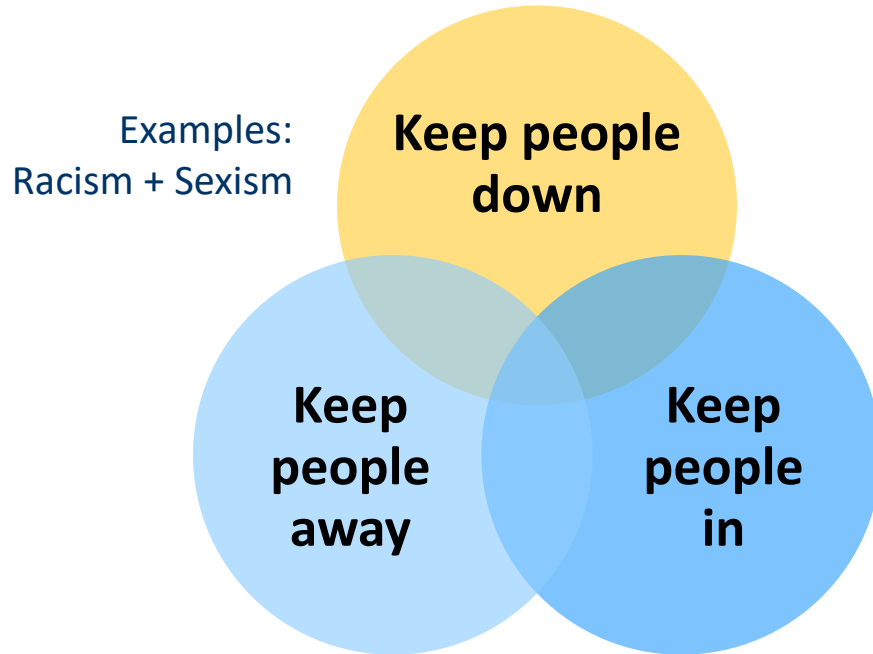
¹Goffman, 1963; ²Link & Phelan, 2001

Three Fundamental Functions of Stigma



Phelan, Link, & Dovidio (2008)

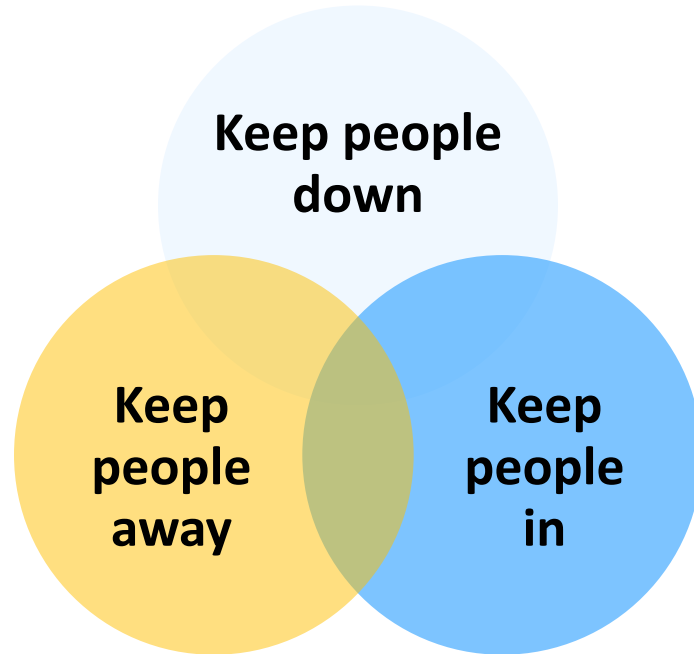
Three Fundamental Functions of Stigma



Phelan, Link, & Dovidio (2008)

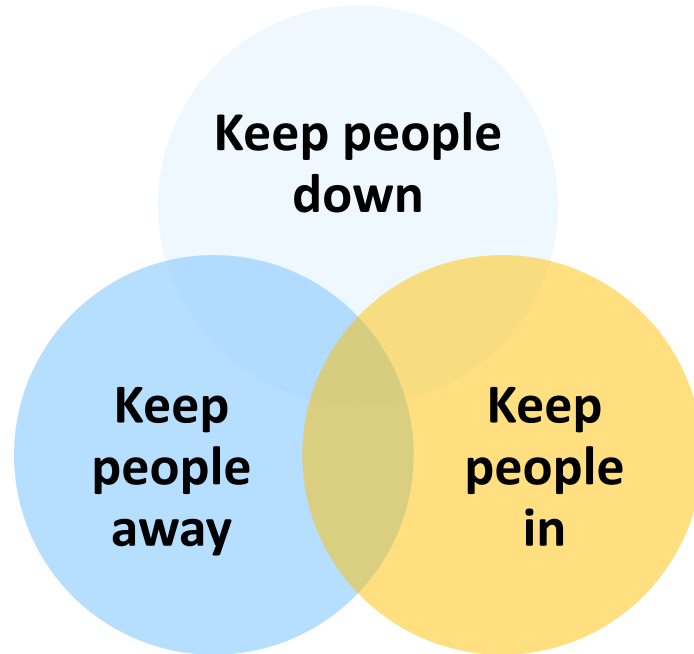
Three Fundamental Functions of Stigma

Examples:
HIV + Ebola Stigma



Phelan, Link, & Dovidio (2008)

Three Fundamental Functions of Stigma



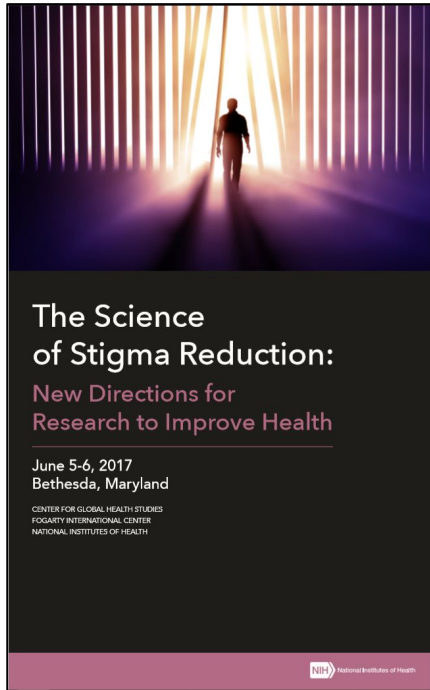
Examples:
SUD + LGBTQ Stigma

Phelan, Link, & Dovidio (2008)

Cross-Cutting Approach



Cross-Cutting Approach



Birbeck et al. *BMC Medicine* (2019) 17:40
<https://doi.org/10.1186/s12916-019-1282-0>

BMC Medicine



Collection on: *Stigma Research and Global Health*

EDITORIAL

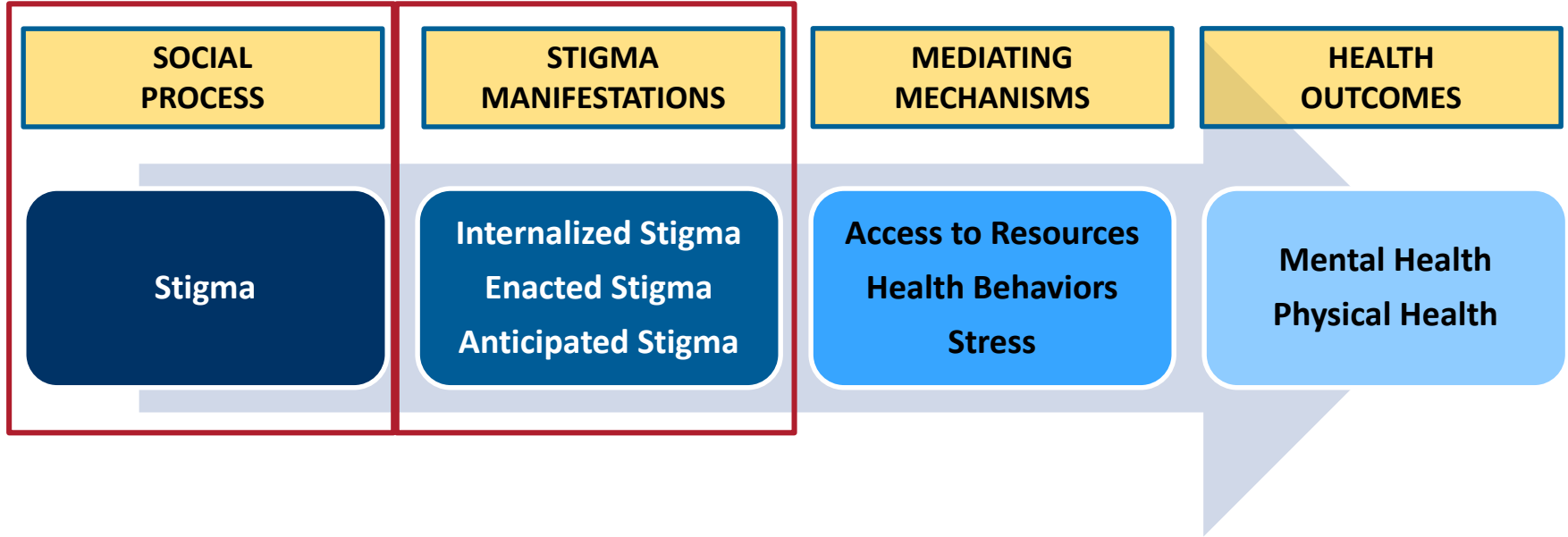
Open Access



Advancing health equity through cross-cutting approaches to health-related stigma

Gretchen L. Birbeck^{1,2}, Virginia Bond^{3,4*}, Valerie Earnshaw⁵ and Musah Lumumba El-Nasoor⁶

Cross-Cutting Conceptual Framework



Chaudoir, Andel, Earnshaw (2013); Hatzenbuehler, Link, & Phelan (2013); Stangl, Earnshaw, Logie, van Brakel, Simbayi, Barre, & Dovidio (2019)

Stigma Manifestations

Internalized Stigma

- Endorsement of negative beliefs/feelings, applying them to the self
- E.g., "I'm a bad person", feelings of shame

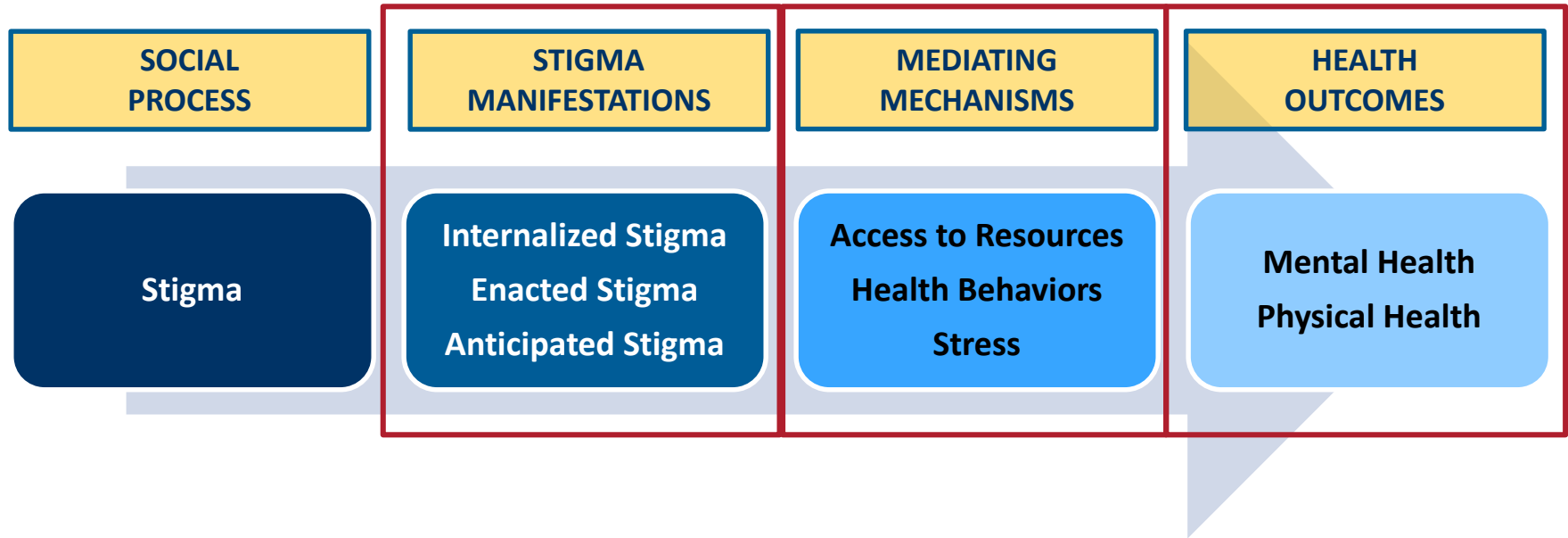
Enacted Stigma

- Experiences of stigma from others in the past or present
- E.g., Job or housing loss, poor or disrespectful treatment

Anticipated Stigma

- Expectations of stigma from others in the future
- E.g., Worry about job loss, housing loss, poor or disrespectful treatment in future

Cross-Cutting Conceptual Framework



Chaudoir, Andel, Earnshaw (2013); Hatzenbuehler, Link, & Phelan (2013); Stangl, Earnshaw, Logie, van Brakel, Simbayi, Barre, & Dovidio (2019)

Presentations Aims

Stigma Overview

Stigma Definition

Key Concepts

Conceptual Framework

Understanding Stigma: Common Critiques

Conflate Manifestations

Ignore Sources

Silo Lived Experiences

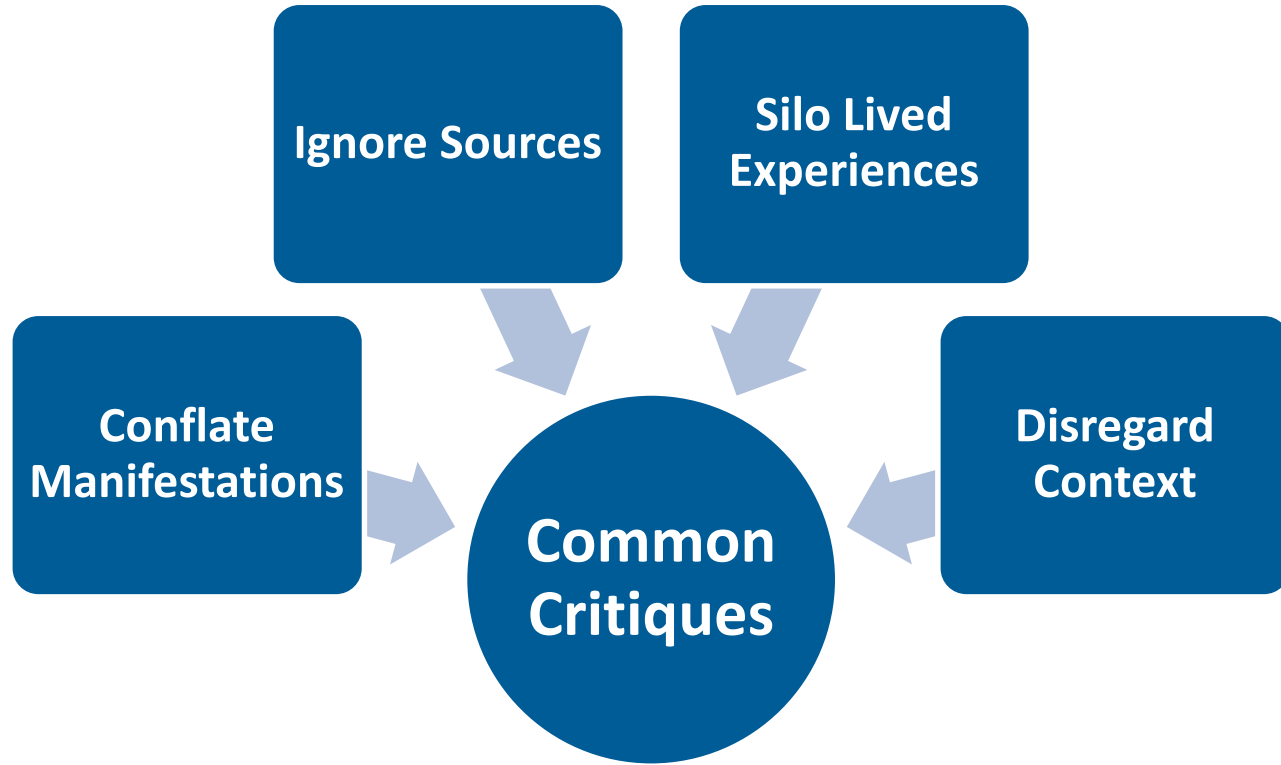
Disregard Context

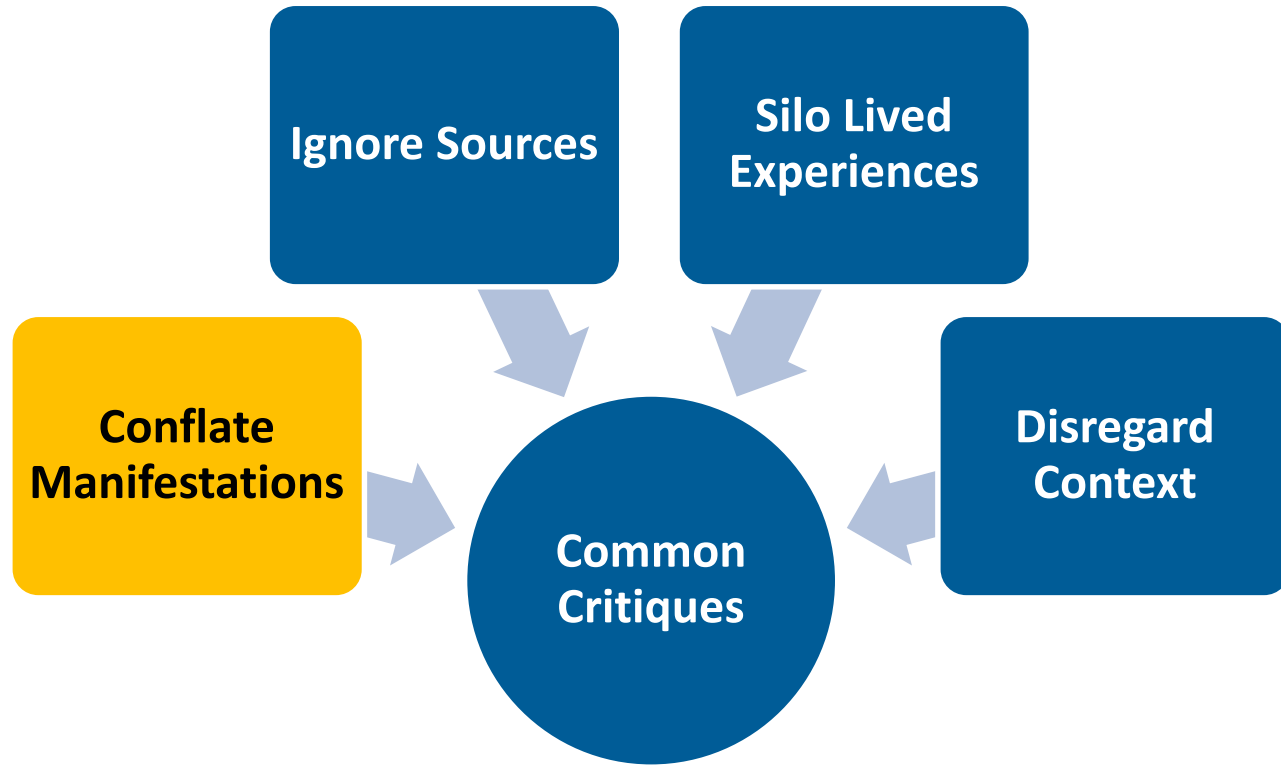
Addressing Stigma: Intervention Toolkit

Resilience Tools

Reduction Tools

Implementation





Critique: Conflate Manifestations

- Stigma scales often mix questions for different stigma manifestations
- Problem because impossible to know which stigma manifestation:
 - Participants are having more of
 - Is leading to bad health outcomes

Earnshaw & Chaudoir (2009); Fox, Earnshaw, Taverna, & Vogt (2018)

Table 3.

Structural validity: five-factor SU-stigma Mechanism model standardized estimates ($N = 178$)

Construct	Source	Item	Factor loading	(SE)
Enacted				
Factor 1	FAM	1. Family members have thought that I cannot be trusted	0.914***	(0.017)
	FAM	2. Family members have looked down on me	0.964***	(0.011)
	FAM	3. Family members have treated me differently	0.972***	(0.010)
Factor 2	HCW	4. Healthcare workers have not listened to my concerns	0.884***	(0.026)
	HCW	5. Healthcare workers have thought that I'm pill shopping, or trying to con them into giving me prescription medications to get high or sell	0.925***	(0.019)
	HCW	6. Healthcare workers have given me poor care	0.958***	(0.014)
Anticipated				
Factor 3	FAM	7. Family members will think that I cannot be trusted	0.951***	(0.011)
	FAM	8. Family members will look down on me	0.950***	(0.013)
	FAM	9. Family members will treat me differently	0.953***	(0.012)
Factor 4	HCW	10. Healthcare workers will not listen to my concerns	0.891***	(0.020)
	HCW	11. Healthcare workers will think that I am pill shopping, or trying to con them into giving me prescription medications to get high or sell	0.948***	(0.016)
	HCW	12. Healthcare workers will give me poor care	0.913***	(0.019)
Internalized				
Factor 5	SELF	13. Having used alcohol/drugs makes me feel like I'm a bad person	0.905***	(0.017)
	SELF	14. I feel I'm not as good as others because I use alcohol/drugs	0.942***	(0.011)
	SELF	15. I feel ashamed of having used alcohol/drugs	0.873***	(0.020)
	SELF	16. I think less of myself because I used alcohol/drugs	0.911***	(0.014)
	SELF	17. Having used alcohol/drugs makes me feel unclean	0.848***	(0.023)
	SELF	18. Having used alcohol/drugs is disgusting to me	0.792***	(0.029)

FAM = 'Family members' stigma source. HCW = 'Healthcare Workers' stigma source. Factor loading is significant at 0.001(***), 0.01(**), or 0.05(*) level (2-tailed).

Solution: Measure Manifestations Independently

1. Use different scales
2. Use one scale, with subscales, example:
 - Substance Use Stigma Mechanism Scale¹
 - Subscales:
 - Enacted stigma
 - Anticipated stigma
 - Internalized stigma

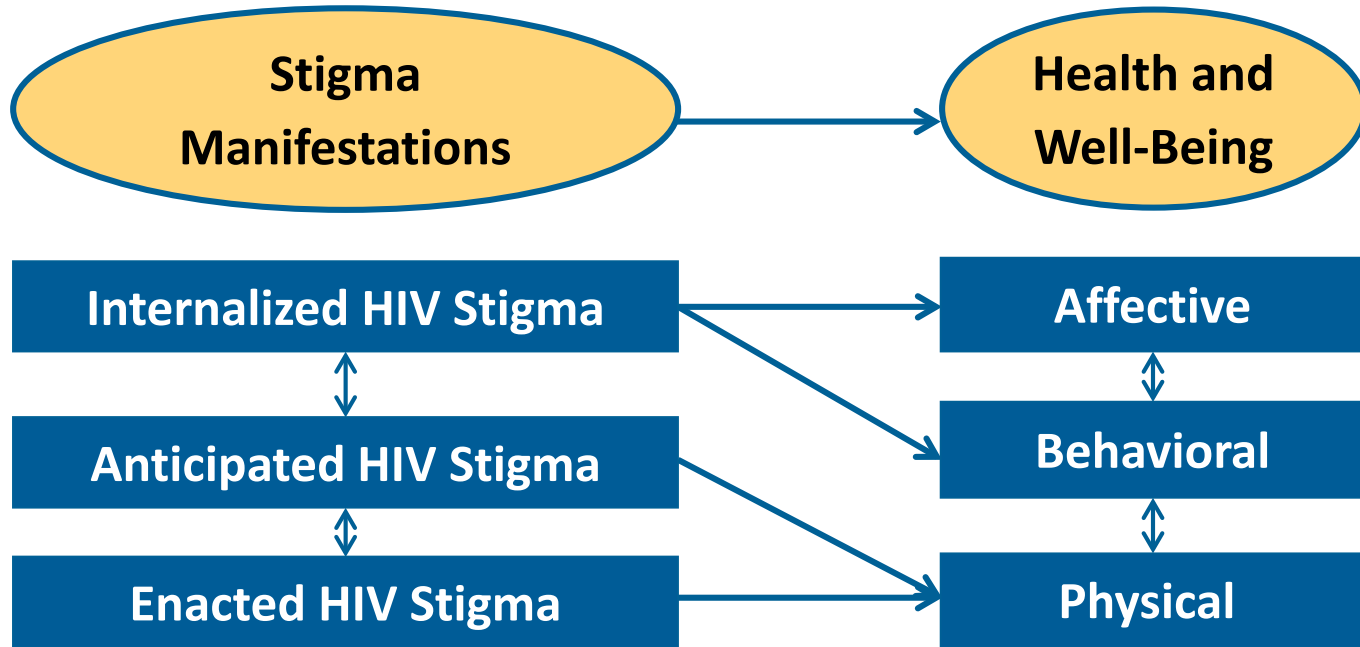
¹Smith, Earnshaw, Copenhaver, & Cunningham (2016)

Table 3.

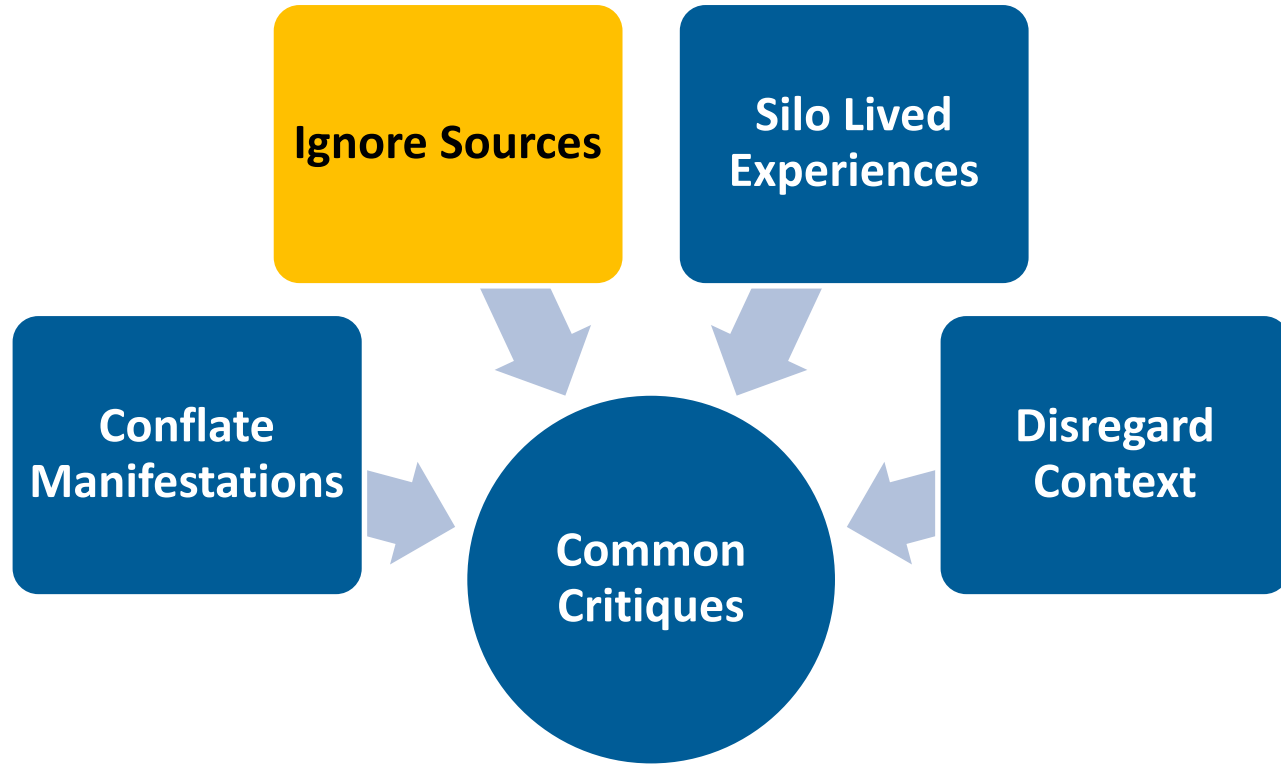
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Earnshaw, Smith, Chaudoir, Amico, & Copenhaver (2013)



Critique: Ignore Sources

- From whom?
 - Stigma scales often don't ask about sources of stigma
 - Sources: family, friend, employer, healthcare provider

Earnshaw, Smith, & Copenhaver (2013)

Critique: Ignore Sources

Family: “They’re like the big people that hurt you.”
“They just didn’t trust me in the house.”

Employers: “I’m sure that if they did find out I might be fired, and that’s what I’m worried about.”

Healthcare Workers: “Any time I need anything for pain, I can tell that they don’t want to give it to me or they think I’m lying to get it.”

Earnshaw, Smith, & Copenhaver (2013)

TABLE 3. *Perceptions of Stigma of HIV-Positive Women*

Perception	Often		Sometimes		Rarely		Not at all	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Felt blamed by others for illness	6	7.3	18	22.0	3	3.6	55	67.1
Felt ashamed of illness	23	28.0	25	30.5	6	7.3	28	34.1
Thought illness was punishment for things done in past	19	23.2	22	26.8	3	3.7	38	46.3
Feared I would lose my job if someone found out ^a	16	28.1	8	14.0	1	1.8	32	56.1
Felt compelled to change my residence because of illness	14	17.1	6	7.3	5	6.1	57	69.5
Avoided getting treatment because someone might find out	6	7.3	6	7.3	3	3.7	67	81.7
Feared people would hurt my family if they learned about my illness	20	24.4	14	17.1	8	9.8	40	48.8
Thought other people were uncomfortable being with me ^b	19	23.5	26	32.1	10	12.3	26	32.1
Felt people avoiding me because of my illness ^c	16	20.3	13	16.5	9	11.4	41	51.9
Feared I would lose my friends if they learned about my illness	26	32.1	18	22.2	4	4.9	33	40.7
Feared my family would reject me if they learned about my illness	16	19.5	12	14.6	4	4.9	50	61.0
Felt I wouldn't get as good health care if people learned about my illness	9	11.0	10	12.2	3	3.7	60	73.2
People who know I am HIV positive treat me with kid gloves ^d	12	15.0	8	10.0	5	6.2	55	68.8

^a Twenty-five respondents responded “not applicable” ($n = 57$). ^b One response missing ($n = 81$). ^c Three responses missing ($n = 79$).

^d Two responses missing ($n = 80$).

Solution: Measure Sources Independently

1. Use subscales to measure enacted + anticipated stigma from different sources

Table 3.

Structural validity: five-factor SU-stigma Mechanism model standardized estimates ($N = 178$)

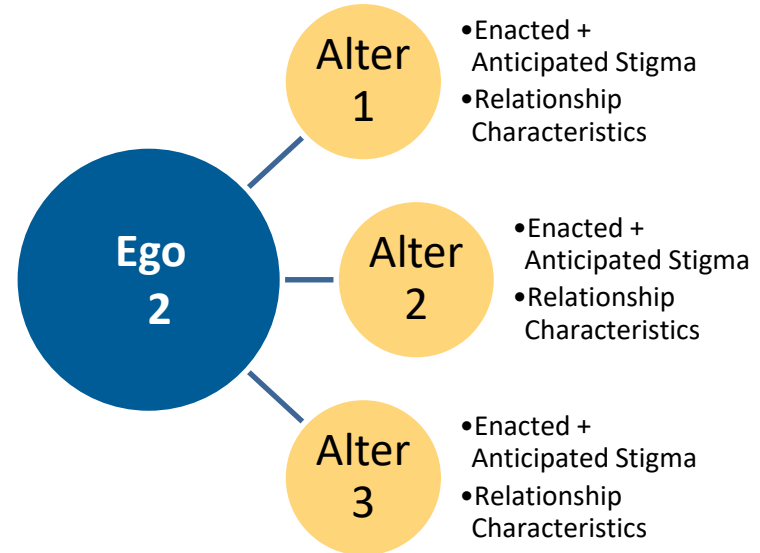
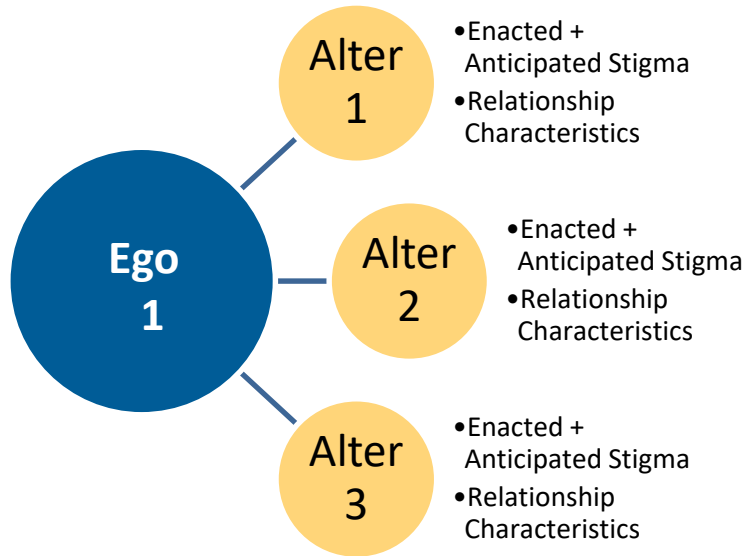
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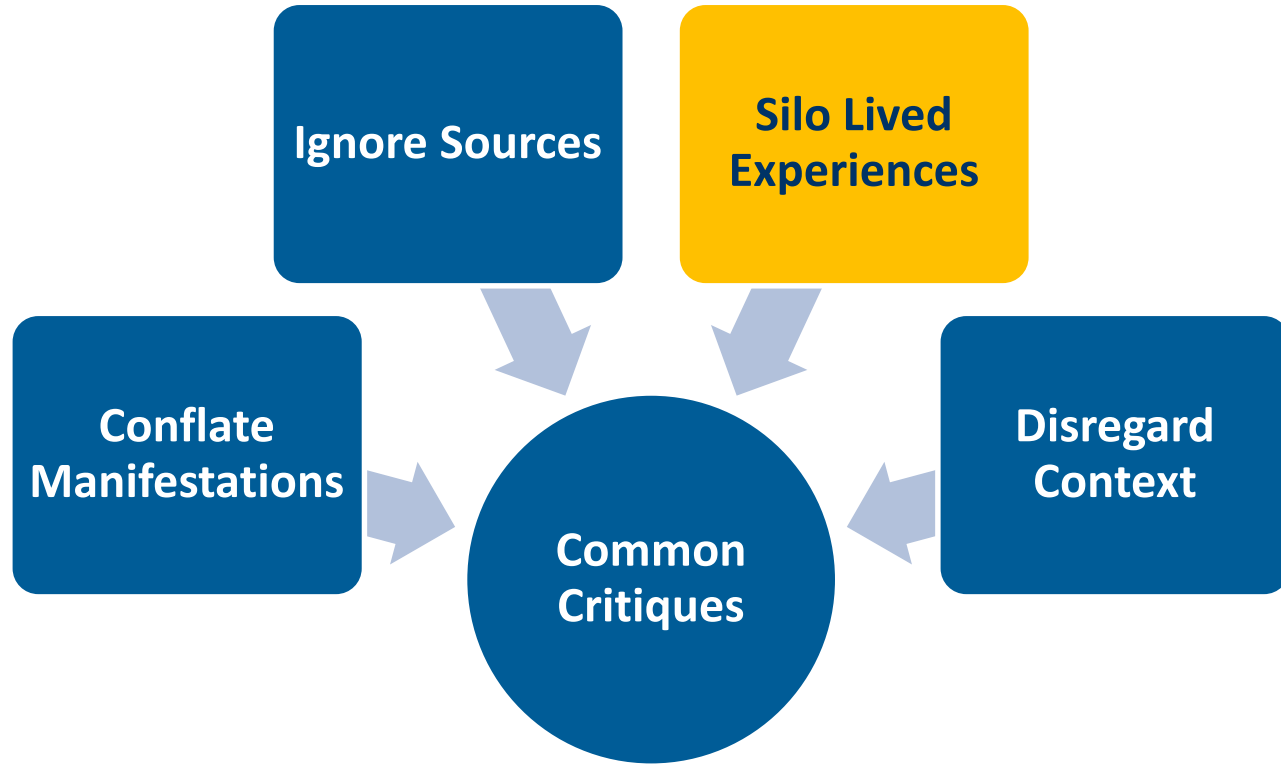
Solution: Measure Sources Independently

1. Use subscales to measure enacted + anticipated stigma from different sources
2. Use methods that better account for relationship factors

Solution: Egocentric Social Network Methods

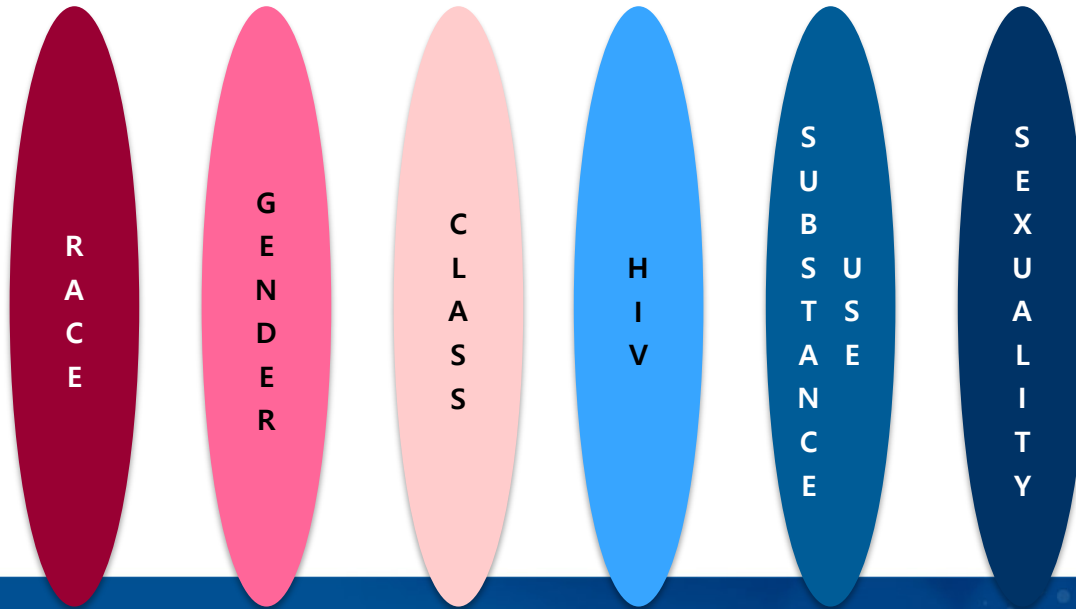


K01DA042881 (PI Earnshaw); Valente (2010)



Critique: Silo Lived Experiences

- Intersecting characteristics and identities lead to unique experiences of stigma...



Collins (1990), Crenshaw (1991),
hooks (1989) Rosenthal (2016);
Slide Credit: Lisa Rosenthal, Ph.D.

Critique: Silo Lived Experiences

- ...that must be studied simultaneously to understand how they are experienced and affect health outcomes



Collins (1990), Crenshaw (1991),
hooks (1989) Rosenthal (2016);
Slide Credit: Lisa Rosenthal, Ph.D.



CORRESPONDENCE

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Challenges and opportunities in examining and addressing intersectional stigma and health

Janet M. Turan^{1*†}, Melissa A. Elafros^{2†}, Carmen H. Logie^{3,4}, Swagata Banik⁵, Bulent Turan⁶, Kaylee B. Crockett⁶, Bernice Pescosolido⁷ and Sarah M. Murray⁸

Solution: Measurement Approaches¹

Generalist

- Measure experiences of stigma in general, participants make attributions
- E.g., Everyday Discrimination Scale²

¹Turan et al. (2019), ²Stucky et al (2011), ³Bogart et al (2013), ⁴Rosenthal & Lobel (2018)

Generalist: Everyday Discrimination Scale

Table 1

Loadings From A Four-Factor Exploratory Factor Analysis With Oblique Oblimin Rotation and WLSMV Estimation In The Educational Diversity Project

Item	Factors			
	1	2	3	4
You are treated with less courtesy than others	1.02	-0.01	-0.04	-0.03
You are treated with less respect than others	0.81	0.03	0.08	0.09
You receive poorer service in restaurants or in stores	0.45	0.23	0.13	0.04
People act like you are not as smart	0.01	0.86	0.00	0.02
Act as if they are afraid of you	0.01	-0.04	0.76	0.04
People act as if they think you are dishonest	0.00	0.02	0.95	-0.02
People act like they think they are better than you	0.28	0.40	0.18	0.05
You are called names or insulted	0.06	0.09	0.03	0.83
You are threatened or harassed	0.06	-0.07	-0.03	0.86

Note. Factor loadings in bold represent locally dependent subsets of items (i.e., method factors) resulting from context effects (e.g., item location, item content, and item wording). Factor intercorrelations ranged from $r = .41$ to $.71$.

Solution: Measurement Approaches¹

Generalist

- Measure experiences of stigma in general, participants make attributions
- E.g., Everyday Discrimination Scale²

Parallel

- Measure experiences of stigma in relation to several attributions
- E.g., Multiple Discrimination Scale³

¹Turan et al. (2019), ²Stucky et al (2011), ³Bogart et al (2013), ⁴Rosenthal & Lobel (2018)

Parallel: Multiple Discrimination Scale

Table 2 Multiple Discrimination Scale (MDS) item endorsement, descriptive statistics, and reliability coefficients for 181 Black and 167 Latino MSM

Item	Blacks			Latinos		
	MOS-Race	MOS-HIV	MOS-Gay	MOS-Race	MDS-HIV	MOS-Gay
In past year:						
Treated with hostility/coldness by strangers	28%	15%	28%	22%	16%	1A%
Ignored/excluded/avoided by people close to you	18%	17%	19%	14%	22%	23%
Rejected by a potential sexual/romantic partner	15%	29%	13%	8%	25%	1%
Someone acted as if you could not be trusted	36%	15%	16%	19%	15%	17%
Denied a place to live/lost a place to live	10%	9%	9%	6%	6%	5%
Treated poorly/made to feel inferior when receiving health care	10%	8%	6%	7%	10%	9%
Denied a job/lost a job	1%	3%	6%	14%	8%	8%
Someone insulted/made fun of you	17%	18%	34%	11%	15%	32%
Personal property damaged/stolen	7%	6%	11%	7%	6%	10%
Physically assaulted/beaten up	6%	5%	6%	6%	3%	4%
Sum (M, SD)	15 (2.2)	1.2 (2.1)	15 (2.2)	1.3 (2.2)	1.2 (2.2)	1.5 (2.3)
Range	0–10	0–10	0–10	0–10	0–10	0–10

Solution: Measurement Approaches¹

Generalist

- Measure experiences of stigma in general, participants make attributions
- E.g., Everyday Discrimination Scale²

Parallel

- Measure experiences of stigma in relation to several attributions
- E.g., Multiple Discrimination Scale³

Tailored

- Measure unique experiences of stigma at the intersection of attributions
- E.g., Gendered Racism Scale⁴

¹Turan et al. (2019), ²Stucky et al (2011), ³Bogart et al (2013), ⁴Rosenthal & Lobel (2018)

Tailored: Gendered Racism Scale

- 15 Likert-type items, anchors reflect frequency [1 (never) – 4 (all the time)]
- Examples
 - “How often do you feel that people make negative assumptions about how many sexual partners you have, based on being a **woman** of your **racial/ethnic background**?”
 - “During your most recent pregnancy, how worried were you that people were making assumptions about whether the father of the child would play a role in raising the child, based on being a **women** of your **racial/ethnic background**?”

Solution: Analytic Approaches

Stratified

- Explore stigma → outcome association among separate samples
- Answer exploratory questions, such as who experiences more stigma?

Turan et al. (2019)

Solution: Analytic Approaches

Stratified

- Explore stigma → outcome association among separate samples
- Answer exploratory questions, such as who experiences more stigma?

Moderation

- Examine main effects + product within analysis
- Examine if effect of 1st stigma experience depends on a 2nd or another identity

Turan et al. (2019)

Moderation: SU Stigma X HIV Stigma

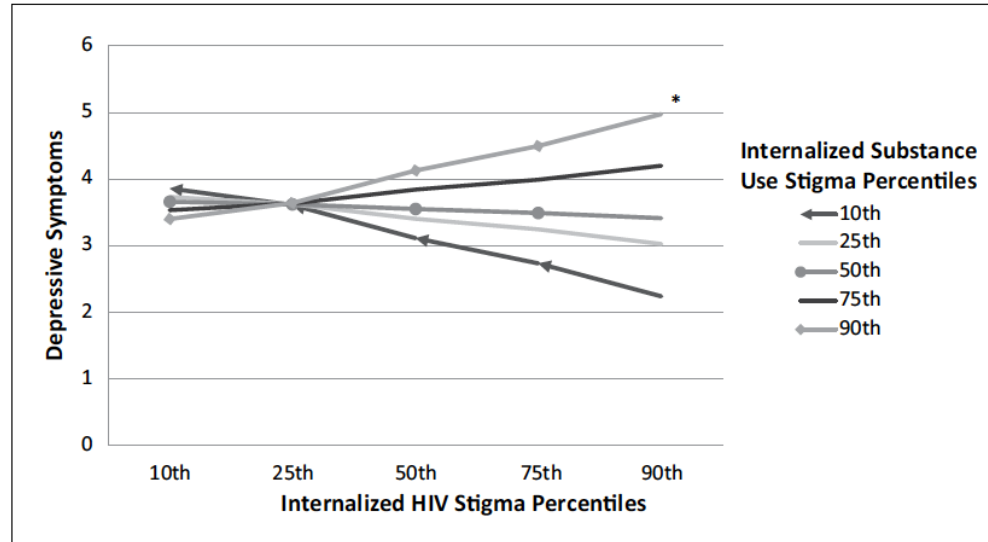


Figure 1. Line graph representing interaction between internalized HIV stigma and internalized substance use stigma on depressive symptoms.

* $p \leq .05$.

Earnshaw, Smith,
Cunningham, &
Copenhaver (2015)

Solution: Analytic Approaches

Stratified

- Explore stigma → outcome association among separate samples
- Answer exploratory questions, such as who experiences more stigma?

Moderation

- Examine main effects + product within analysis
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Latent Class

- Identify subpopulations of individuals based on stigma experiences
- With generalist measures

Turan et al. (2019)

Latent Class Analysis: Everyday Discrimination Scale

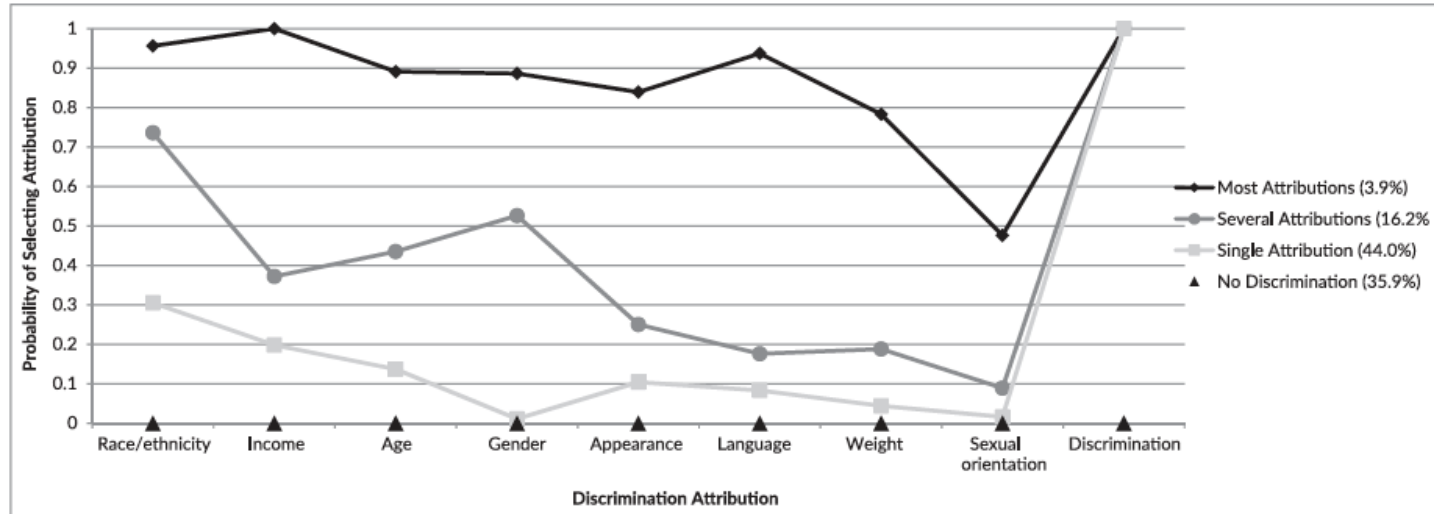


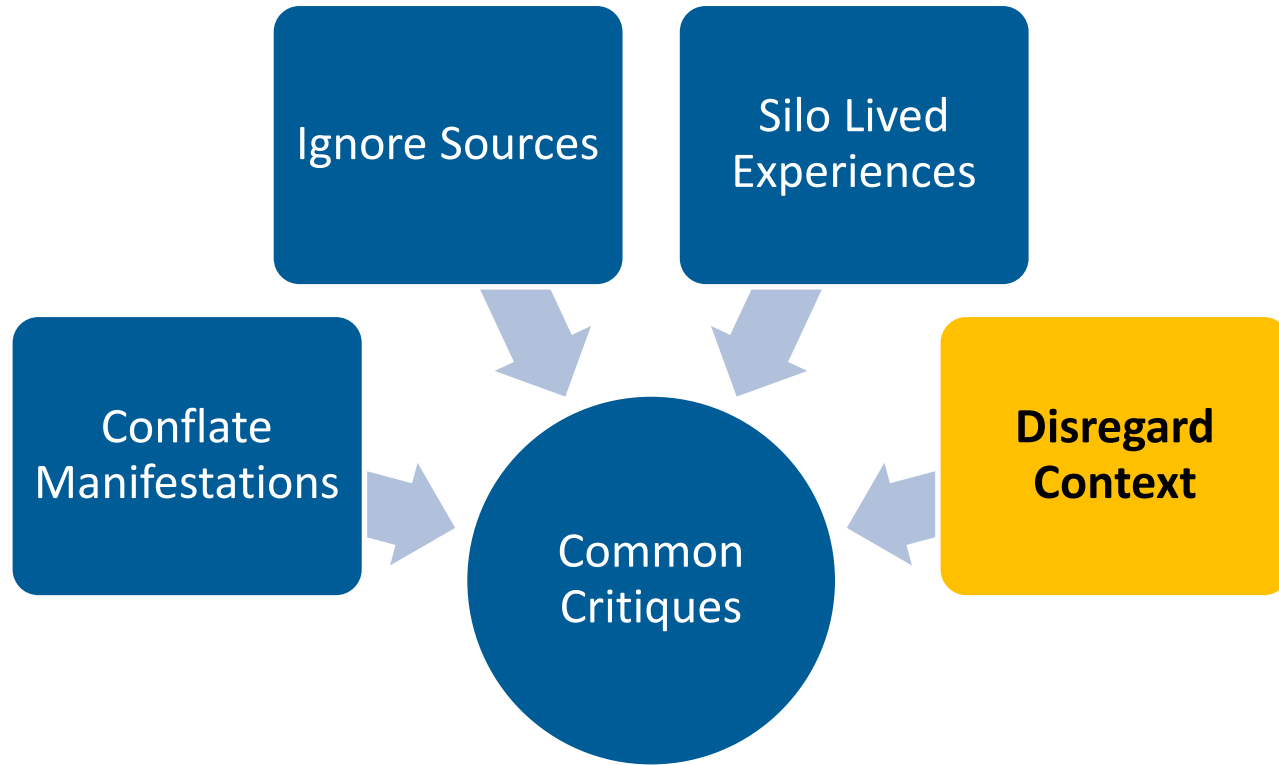
FIGURE 1 Latent class profiles for four-class model

Earnshaw et al. (2017)

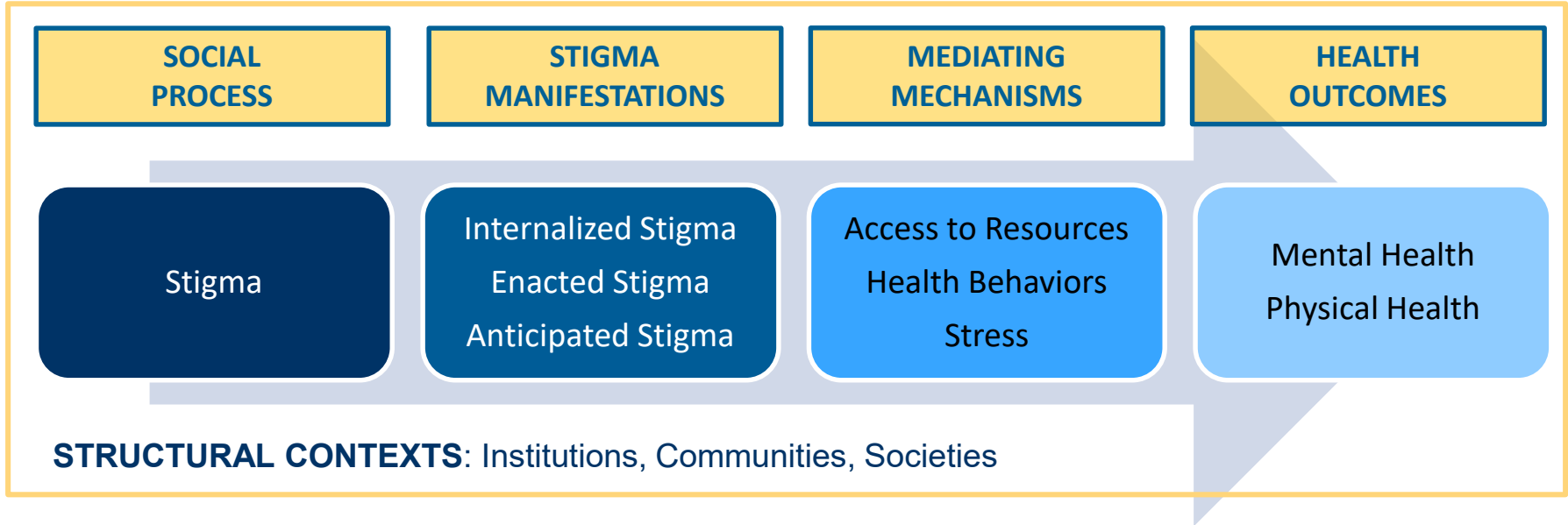
Solutions: Takeaways

- Approaches to studying intersectionality have strengths + weaknesses
- Choose approach based on your research question + study design

Turan et al. (2019)

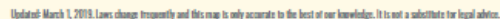


Critique: Disregard Context



Chaudoir, Andel, Earnshaw (2013); Hatzenbuehler, Link, & Phelan (2013); Stangl, Earnshaw, Logie, van Brakel, Simbayi, Barre, & Dovidio (2019)

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Introduction

Introduction to the special issue on structural stigma and health



Solutions: Consider Structural Stigma

- Operationalization: “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized”
- Examples of indicators of structural stigma:
 - Federal, state, local laws
 - Community-level social norms + attitudes
 - Contextual events
 - Area-level hate crimes
 - Disparities in judicial treatment, political participation

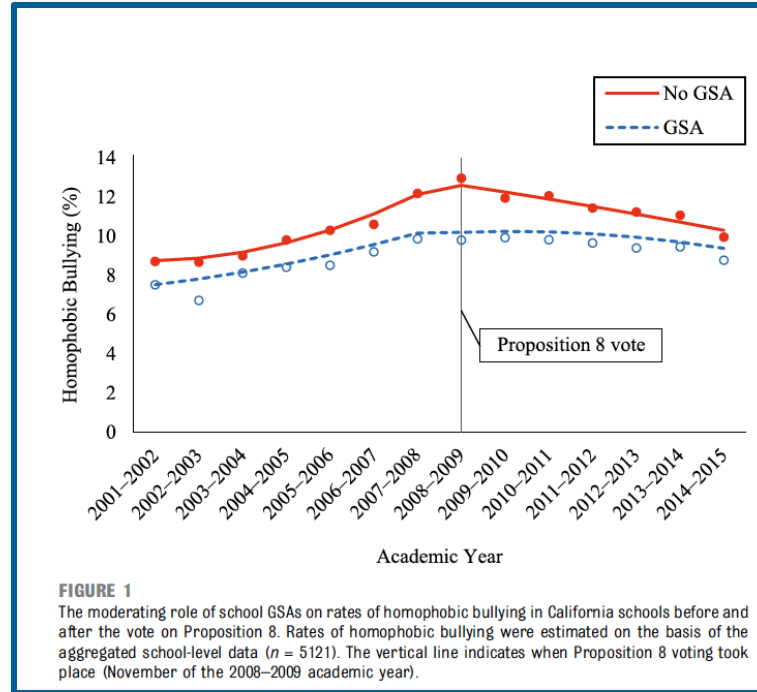
Hatzenbuehler (2017)

Solutions: Consider Structural Stigma



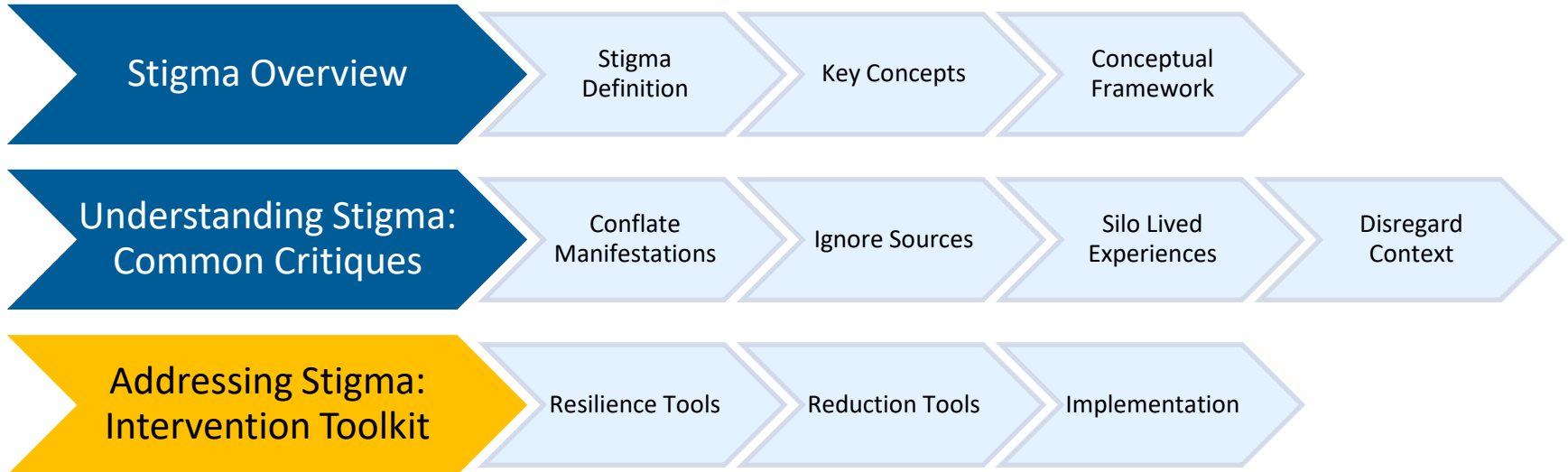
Hatzenbuehler (2017)

Structural Stigma + Enacted Stigma

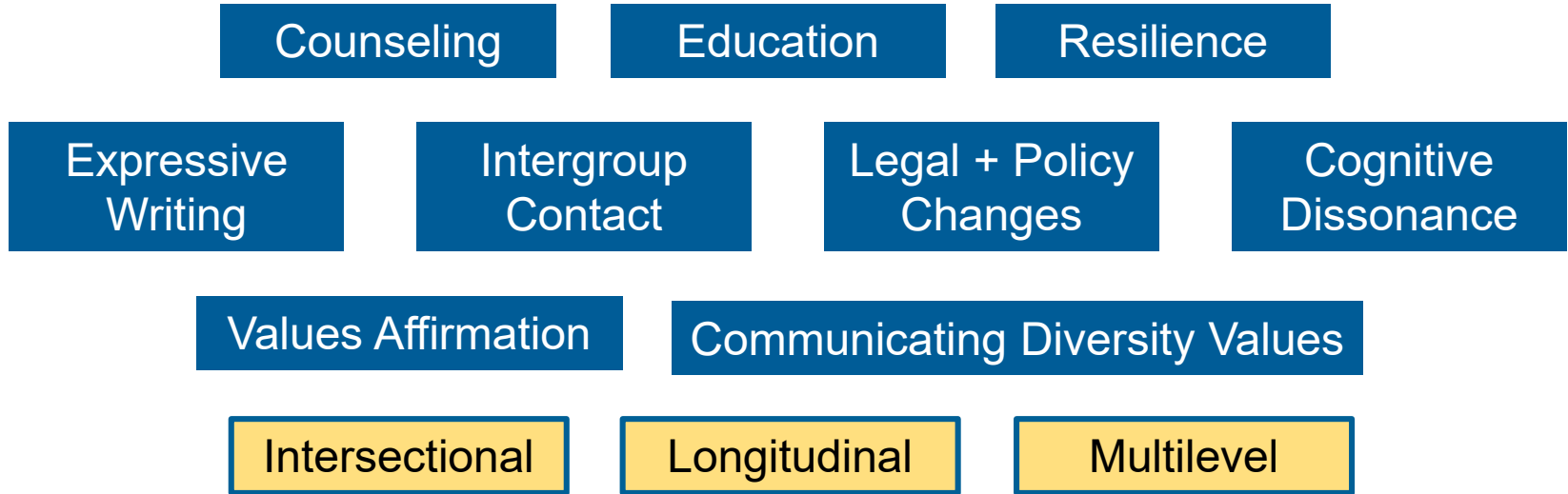


Hatzenbuehler et al. (2019)

Presentations Aims



Stigma Intervention Toolkit



Chaudoir et al. (2017); Cook et al. (2014); Livingston et al. (2013); Rao et al. (2019); Stangl et al (2013)

Stigma Intervention Toolkit: Resilience



- Protect people from stigma
- Resilience resources = Modifiable, strengths-based buffers
- Examples:
 - Empowerment
 - Expressive writing
 - Social support
 - Adaptive coping

Chaudoir et al. (2017); Cook et al. (2014); Earnshaw, Bogart, Dovidio, & Williams (2013)

Stigma Intervention Toolkit: Resilience

- UNITY Trial
 - Population: African American women living with HIV
 - Multicomponent + intersectional stigma-reduction workshop, incorporating:
 - Education
 - Contact with affected persons
 - Counseling strategies
 - Training in coping skills
 - Among women with PTSD or clinically significant depressive symptoms at baseline, UNITY was associated with greater engagement in care

Fabian et al. (2019); Rao et al (2018); Rao et al. (2012)

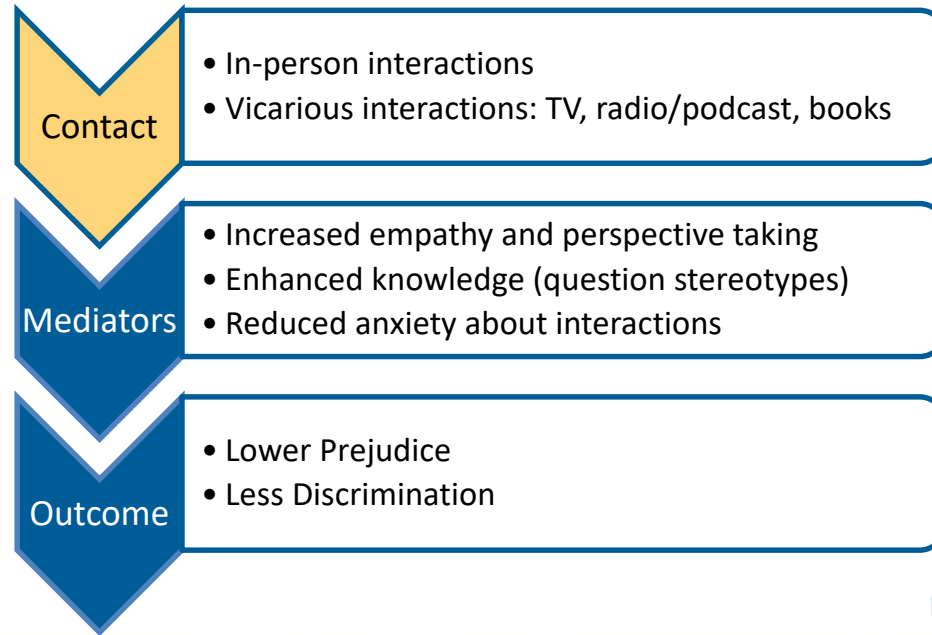
Stigma Intervention Toolkit: **Reduction**



- Reduce stigma among general public + in structures
- Examples:
 - Contact
 - Education
 - Policy change
 - Communicate diversity values

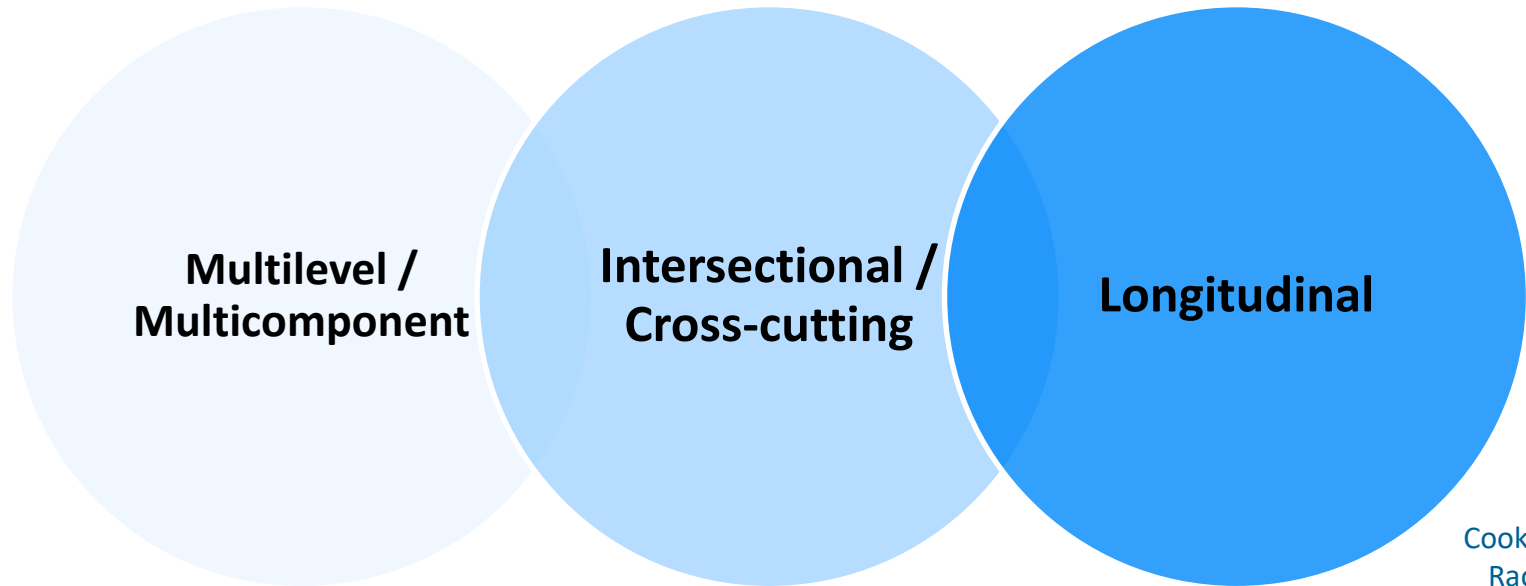
Chaudoir et al. (2017); Cook et al. (2014); Rao et al. (2019); Stangl et al (2013)

Stigma Intervention Toolkit: **Reduction**



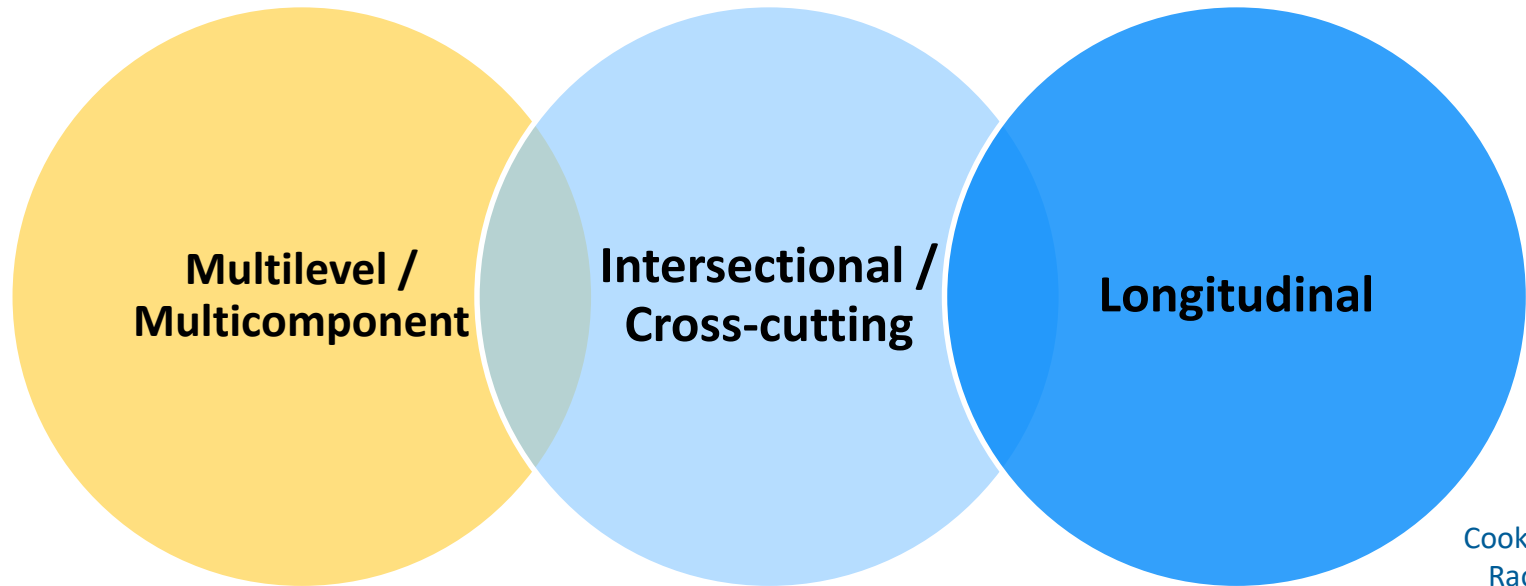
Pettigrew & Tropp (2006, 2008)

Stigma Intervention Toolkit: **Implementation**



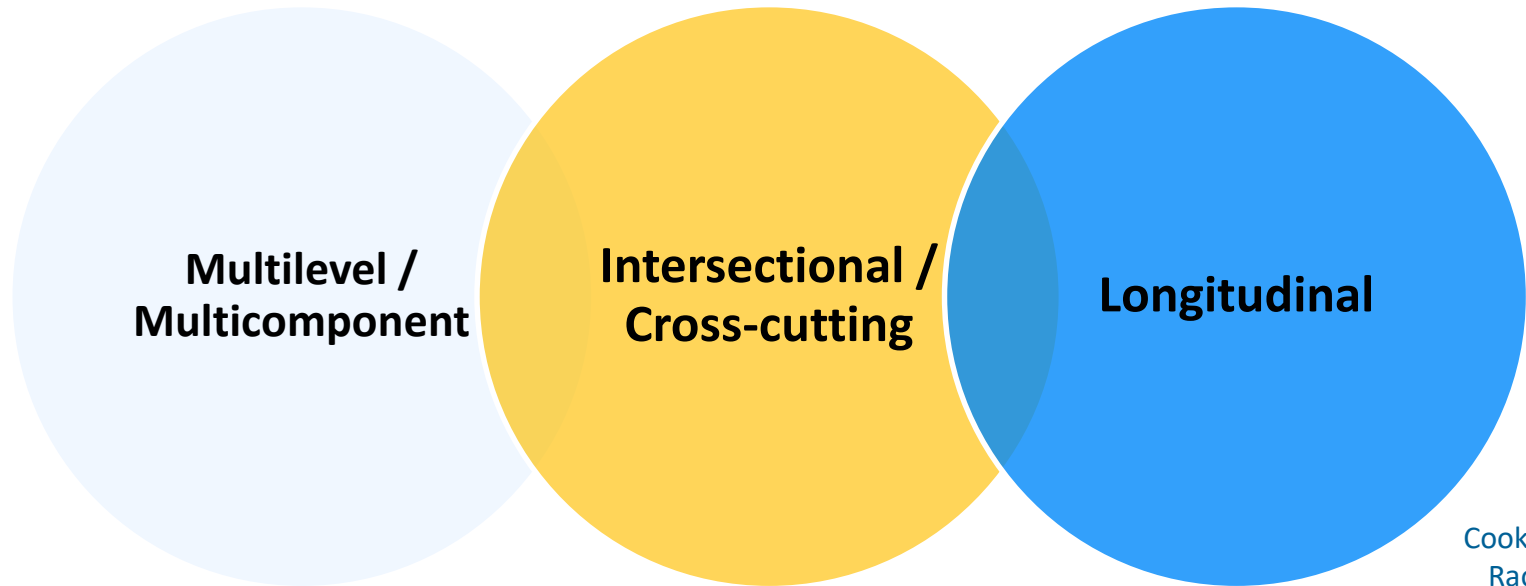
Cook et al (2014);
Rao et al (2019)

Stigma Intervention Toolkit: **Implementation**



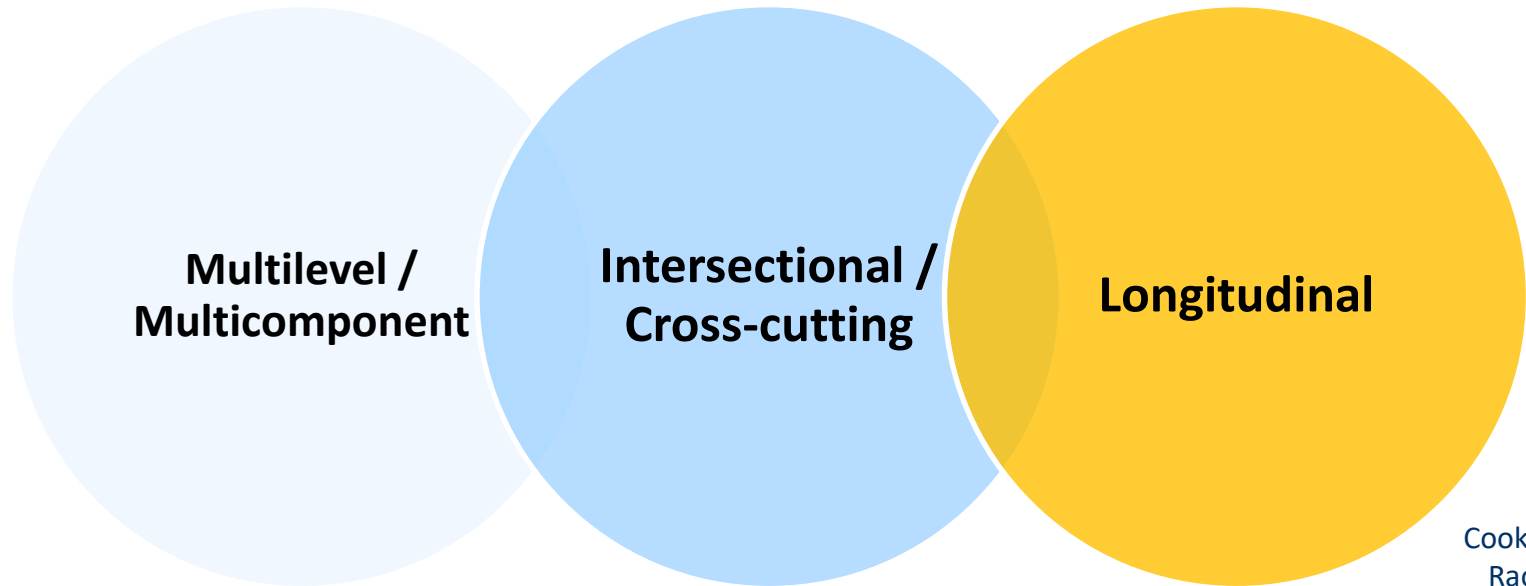
Cook et al (2014);
Rao et al (2019)

Stigma Intervention Toolkit: **Implementation**



Cook et al (2014);
Rao et al (2019)

Stigma Intervention Toolkit: **Implementation**



Cook et al (2014);
Rao et al (2019)

Thank you!

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