

Assessing Stigma Among Patients and Staff Towards Those with Substance Use Disorders at Codman Square Health Center

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BACKGROUND & OBJECTIVES

Stigma is pervasive for patients with Substance Use Disorder (SUD), which often leads to delays in seeking treatment and problems in accessing care. Our project aims to:

1. Assess stigma among **patients** with SUD and better contextualize their barriers to care at Codman Square Health Center (CSHC)
2. Assess stigma among **health care providers** and **health center staff** regarding patients with SUD to inform provider & staff training, service provision, and quality of care
3. Analyze findings and propose recommendations

METHODOLOGY

Mixed methods study:

- Patients were interviewed at the time of their routine appointments
- Staff were sent the survey via email or were provided a paper copy

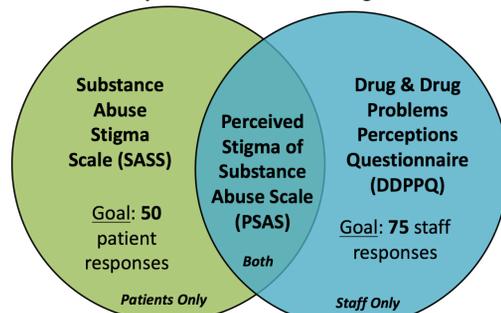
Part 1. Quantitative

- Stigma was assessed using standardized scales

Part 2. Qualitative

- Open-ended responses
- Data were synthesized into common themes using qualitative thematic analysis

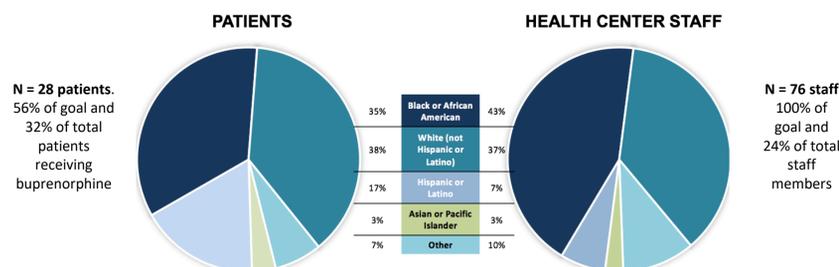
Part 1. Surveys with Standardized Stigma Screens



Part 2. Qualitative open-ended responses

Patients	Staff
1. Thinking about your Suboxone care here at Codman and our staff, share a time when you had a positive experience.	1. What should Codman do for patients with SUD?
2. Share a time when you had a negative experience.	2. What should Codman do to support those with SUD in the Dorchester Community?

RESULTS

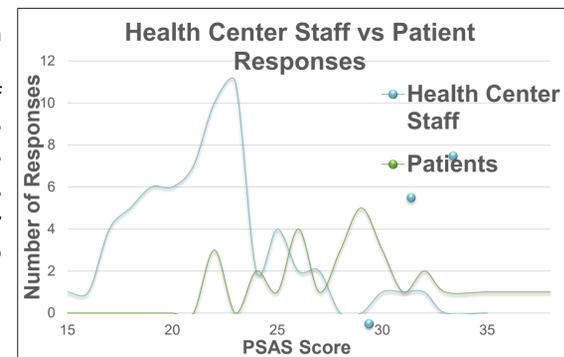


RESULTS, Cont.

Part 1. Surveys with Standardized Stigma Screens

Perceived Community Stigma: PSAS scores from both patients and health center staff. **Patients consistently reported higher perceived stigma than staff members.**

Figure 1. Distribution of PSAS scores.* Health center staff scores appear to be more skewed to the left, indicating less perceived community stigma compared to patients' results.



*Higher scores indicate greater perceived stigma.

Patient Internalized Stigma: SASS scores from patients reflect **moderate internalized stigma.**

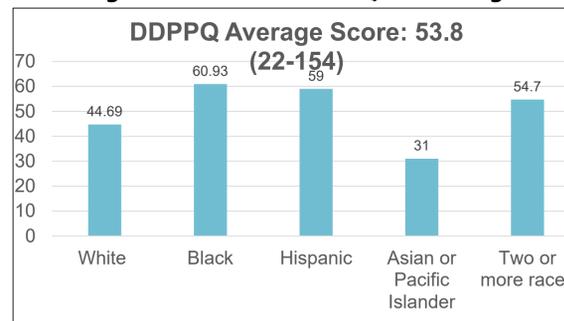
- Hispanic patients had the highest scores, indicating more internalized stigma
- White patients had greater levels of internalized stigma than Black patients (except in the Values Disengagement).

Table. Internalized Stigma. Average SASS scores are listed for each individual section.

SASS Section (Range)	Average	Definition
Self Devaluation (7-35)	19.3	Applying common stereotypes of shame, flawed discredited or broken to one self.
Fear of Enacted Stigma (9-45)	23.6	Fear of being judged or rejected, associated with avoidance of treatment and diminished self-esteem/self efficacy.
Stigma Avoidance (13-65)	31.6	Attempt to control, reduce or eliminate negatively evaluated private experiences.
Values Disengagement (10-50)	27.5	Withdrawing efforts from domains of living that relate to relevant stereotypes where they fear judgement and rejection.

Staff's Attitudes & Perceptions: DDPPQ scores* from staff. **Black/African American staff had a higher average score on the DDPPQ, indicating more negative views.**

Figure 2. Staff's Attitudes & Perceptions.



*Low scores denote positive attitudes, high scores denote negative views.

RESULTS, Cont.

Part 2. Qualitative open-ended responses

"I was in the hospital [and] needed my meds and also paper work... [they got those for me in a] timely manner but also wanted to make sure that everything with me was ok. [They made] me feel like if no one else cared, they did and always do."

"When sometimes they look at me as a junky user. Makes me feel like a loser."

Patients

"Continue current SUD program efforts. Train all staff at the health center how to work with people with SUD."

"Be more proactive in the community about the wonderful services that we have here at Codman to address the community substance use. We need a good community liaison."

Health Center Staff

CONCLUSION & RECOMMENDATIONS

- Provide **staff training** to reduce stigma & microaggressions, as well as educate about Substance Use Disorder as a chronic relapsing condition
- Continue working with the **Dorchester community** to normalize Substance Use Disorder as a treatable condition
- Provide **culturally sensitive care** to patients to reduce internalized & externalized stigma

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