

Person-Centered Approaches for Addressing the Syndemics

Friday, October 14



Agenda

- NASTAD
 - Person-Centered Approaches for Addressing the Syndemics
- Tennessee Department of Health
 - End the Syndemic Initiative
- Chicago Department of Public Health
 - Syndemic Infectious Diseases Bureau



Person-Centered Approaches

- Put people before their condition, illness or disability
- Acknowledge people as individuals
- Acknowledge intersectionality of individuals and syndemics
- Status-neutral – no wrong door



Impact of Person-Centered Approaches on Public Health

- Stigma
- Discrimination
- Mistrust
- Access to care
- Community engagement
- Perception of role of public health
- Health equity



Person-Centered Approaches for Addressing the Syndemics

- Programs
- Policies
- Funding
- Communication
- Leadership





Language Matters

Shifting Words & Shrinking Stigma

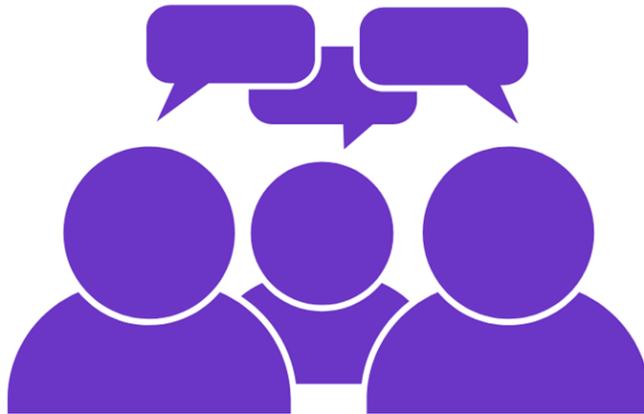
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What is End the Syndemic Tennessee?



A community-informed strategic planning process to jointly address

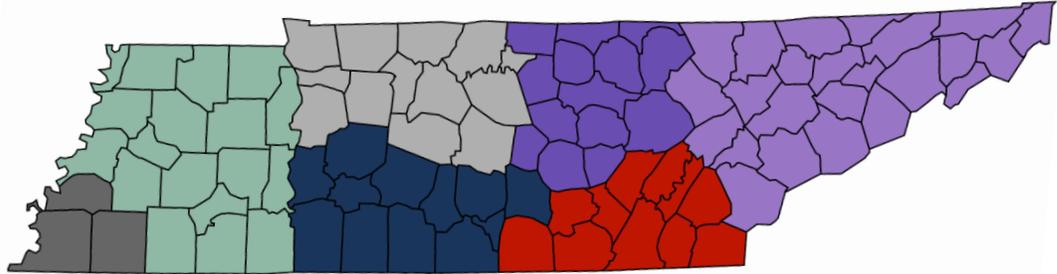
- HIV
- Sexually transmitted infections
- Substance use disorder
- Viral hepatitis



End the Syndemic TN Plan will be used as the Integrated HIV Prevention & Care Plan and Hepatitis C Elimination Plan



Bringing Together Diverse Partners

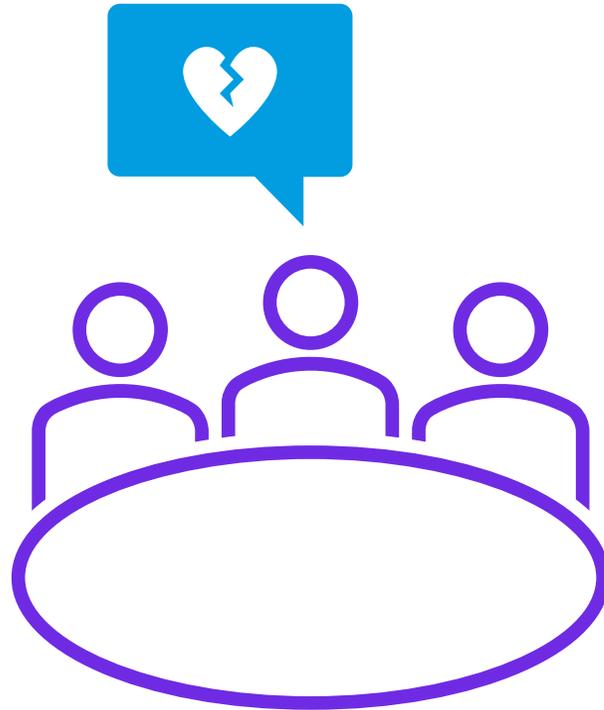


More than 400+ community partners representing over 190 organizations registered

- HIV Planning Groups
- Ryan White Providers
- Funded Prevention Partners
- Drug Prevention Coalitions
- County Health Councils
- Navigators
- Academics
- Students
- Advocacy Groups
- LGBT Organizations
- Housing Services
- Public Education
- And More...



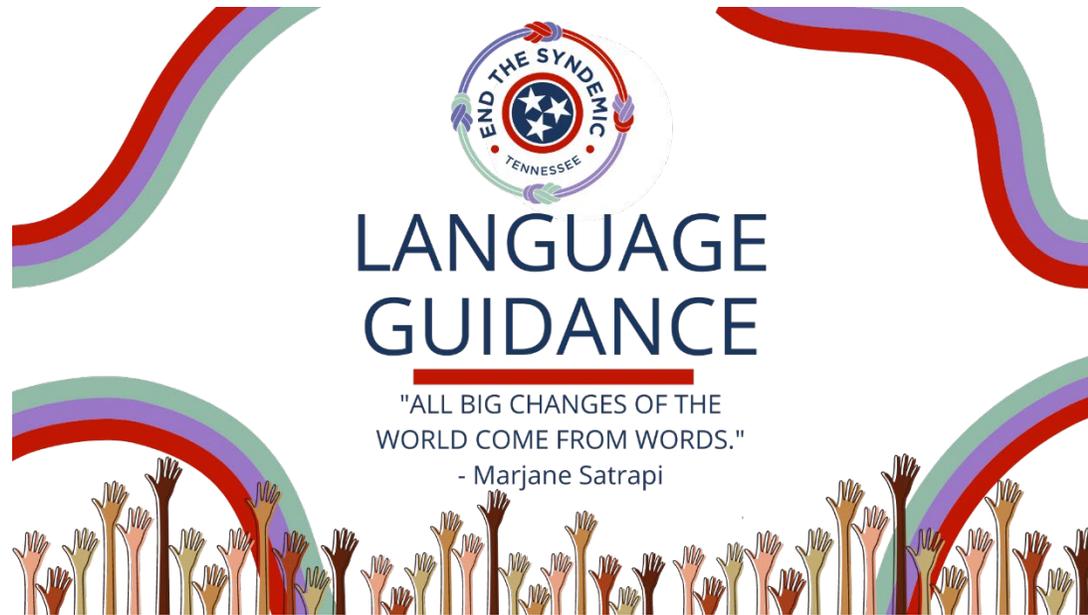
Diversity & Language Tensions



Everyone had good intentions and were united by a common goal to end the syndemic.

However, language used did not always reflect this.

Creating a Syndemic Language Guide



Created a language guide featuring:

- Guiding principles to language justice
- Language recommendations across health areas
- Language recommendations across priority populations



Guiding Principles of Language Equity

PERSON-FIRST LANGUAGE

Person-first language means centering the person before a particular health condition or experience. This sets the tone that you see someone as a complex and complete person before any singular component of their life.

When referencing an individual or group of people think:

Person with _____

People with _____

Person who _____

People who _____

THE PLATINUM RULE

The Platinum Rule takes the Golden Rule one step further to say, "treat others as they wish to be treated." While this guide is based on the favored preferences of people with lived experience, it is important to note language preferences vary among individuals. Always respect and mirror the language an individual uses to describe their identity or experience. When speaking to other individuals or more generally default to the prevailing preferences of people with lived experience reflected in language guidance document.

CULTURAL HUMILITY

Cultural humility differs from cultural competence in that it recognizes creating an environment where all cultures are respected equally is ongoing work. Cultures, like language, change throughout time. Cultural humility is the commitment to sustained learning, self-reflecting, and growing. It is continually seeking to know better so you can do better. Cultural competence is a destination, and cultural humility is the lifelong pursuit.



1) Person-First Language



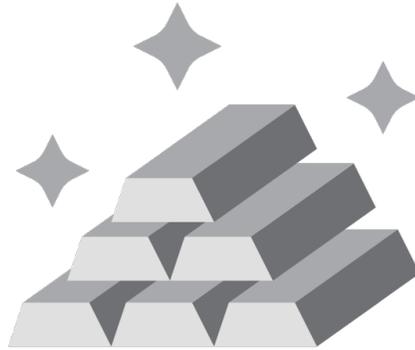
Person-first language means centering the person before a particular health condition or experience.

This sets the tone that you see someone as a complex and complete person before any singular component of their life.

2) The Platinum Rule

It is important to note language preferences vary among individuals. Always respect the language an individual uses to describe their identity or experience.

Some people may prefer "identity-first" language over "person-first" language and that is okay.



**Treat others
as *they*
wish to be treated.**

**Respect preferences
and
reflect them back.**



3) Cultural Humility



Cultural Competence: the ultimate, unwavering ability of individuals and systems to respond to people of all cultures with respect, in a manner that affirms the worth and preserves the dignity of individuals, families and communities.

Cultural Humility: the dynamic, ongoing commitment to self-reflection and cultivation of beneficial, non-paternalistic relationships

**Cultural competence
is the destination and
Cultural humility
is the journey.**



GENERAL GUIDANCE

TRY THIS

INSTEAD OF THIS

LEARN WHY

transmit *or*
acquired

infect
became infected

The word "infection" carries stigma and often invokes blame. Acquisition and transmission are simple and accurate substitutions.

people living with _____
person living with _____

_____ infected people
_____ positive(s)
_____ carrier(s)
people infected with _____
_____ case(s)

Person-first language centers the person first rather than the health condition. This simple shift says, "I see you first, before your health condition".

people with _____
person with _____

For health conditions that have a cure, such as hepatitis C, it is also acceptable to say, "people/person with _____"

people without _____
person without _____

_____ uninfected people
_____ negatives
_____ unaffected

The word "infected" carries stigma. The meaning of the word "negative" is unclear. "Unaffected" is inaccurate as we are all directly or indirectly impacted by transmissible health conditions.

new _____ diagnoses
people newly diagnosed
with _____
person newly diagnosed with

new _____ case(s)

"Cases" takes away the humanity of the people impacted by a particular health condition and implies their care/diagnosis is work.



**GENERAL
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LEARN WHY

<p>transmit <i>or</i> acquired</p>	<p>infect became infected</p>	<p>The word "infection" carries stigma and often invokes blame. Acquisition and transmission are simple and accurate substitutions.</p>
<p>people living with _____ person living with _____</p> <p>people with _____ person with _____</p>	<p>_____ infected people _____ positive(s) _____ carrier(s) people infected with _____ _____ case(s)</p>	<p>Person-first language centers the person first rather than the health condition. This simple shift says, "I see you first, before your health condition".</p> <p>For health conditions that have a cure, such as hepatitis C, it is also acceptable to say, "people/person with _____"</p>
<p>people without _____ person without _____</p>	<p>_____ uninfected people _____ negatives _____ unaffected</p>	<p>The word "infected" carries stigma. The meaning of the word "negative" is unclear. "Unaffected" is inaccurate as we are all directly or indirectly impacted by transmissible health conditions.</p>
<p>new _____ diagnoses people newly diagnosed with _____ person newly diagnosed with _____</p>	<p>new _____ case(s)</p>	<p>"Cases" takes away the humanity of the people impacted by a particular health condition and implies their care/diagnosis is work.</p>



Language Guide Topic Areas

- General guidance for all health conditions
- HIV
- Sexual health
- Substance use
- Pregnancy and perinatal
- Public health and health care related
- Priority population
- Gender and sexuality



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GENDER AND SEXUALITY TERMS

All the definitions come from the Fenway Institute's, "[LGBTQIA+ Glossary of Terms for Health Care Teams](#)"

TERM	DEFINITION	CONSIDERATIONS
sex sex assigned at birth	The sex (male or female) assigned to an infant, most often based on the infant's anatomical and other biological characteristics.	Terms as "birth sex", "natal sex", and "biological sex" should be avoided as it perpetuates the idea sex is a natural category rather than a constructed category.
gender	The characteristics and roles of women and men according to social norms. While sex is described as female, male, and intersex, gender can be described as feminine, masculine, androgynous, and much more.	Gender is often thought of and taught as binary with men and women constructed as opposites. However, gender is a full spectrum between characteristics associated with femininity and those associated with masculinity. People of any sex can identify and express their gender anywhere on the spectrum. This identity and expression may or may not be stationary/consistent.
sexual orientation sexuality	How a person characterizes their emotional and sexual attraction to others.	Avoid saying "sexual preference" or "lifestyle" as that gives the impression that sexuality is a choice rather than a natural expression.
pronouns	Words people should use when they are referring to you but not using your name. e.g. she/her/hers he/him/his they/them/theirs	Avoid saying "preferred pronouns". All people have pronouns. "Preferred" gives the impression using the correct pronouns of person is a choice rather than a requirement. The best way know someone's pronouns is to offer your own when introducing yourself and ask for the theirs. Avoid assuming someone's pronouns based on their gender expression.

ADDITIONAL RESOURCES

This language guide was developed through many conversations and in consultation with existing resources, mainly the *NIAD HIV Language Guide*. That guide as well as many other useful resources are linked below for further education.

- The [NIAD HIV Language Guide](#)
- The Fenway Institute's [LGBTQIA+ Glossary of Terms for Health Care Teams](#)
- GLAAD's [An Ally's Guide to Terminology: Talking About LGBT People and Equality](#)
- Underground Scholars' [Language Guide for Communicating About Those Involved In The Carceral System](#)
- HIVE's [HIV #LanguageMatters: Addressing Stigma by Using Preferred Language](#)
- The National Alliance of Advocates for Buprenorphine Treatment's [The Words We Use Matter- Reducing Stigma Through Language](#)



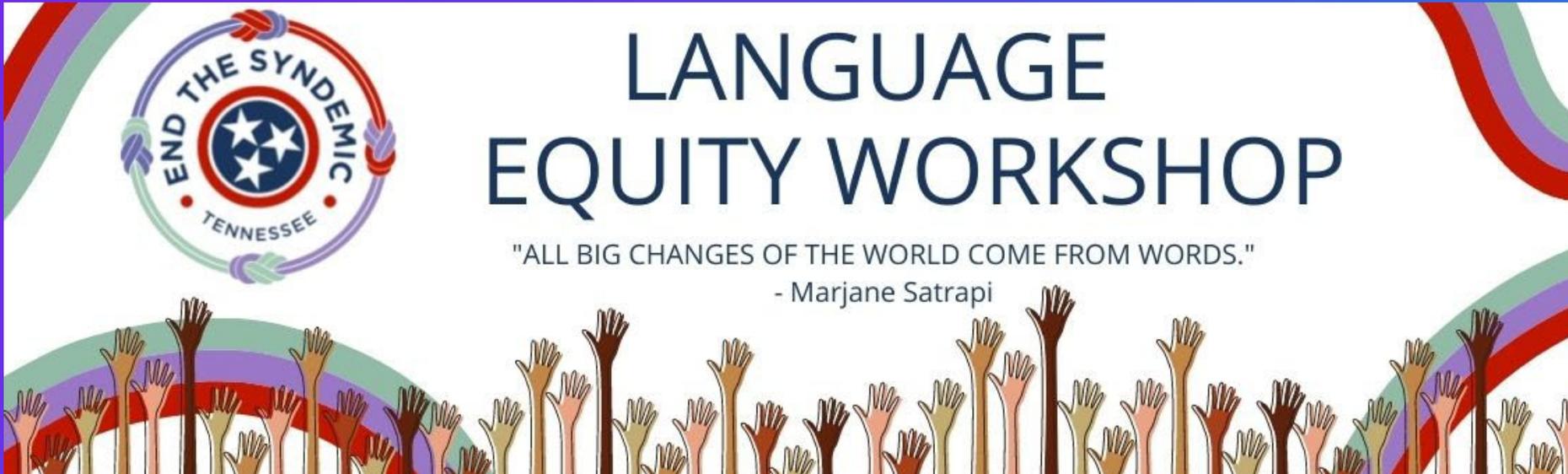
Future Direction of the Language Guide

- Add terms about structural racism and racial equity
- Add language guidance related to disability
- Define Latinx and provide context for use
- Add terms related to return to use/ recurrence of use
- Expand LGBTQIA+ terminology
- Add more context to the beginning of the document about “Health for All” and ways we can reconceptualize health to have infinite meanings and how that relates language equity and autonomy

If you have ideas for useful additions, please email endthesyndemic.tn@tn.gov



Language Equity Workshop



At the request of community partners, an interactive language equity workshop was developed to train individuals on how to use the guide

Over 300 people across the state have been trained





Think of recent interactions you've had with healthcare providers. What were some words or phrases you've heard that felt uncomfortable



What are some words or phrases health care providers often use that are harmful?



Overweight

Get over it

It's all anxiety

Undress Your bill is due

That's not real

I'm sure you're painfully aware you're over weight.

What do you want

It's your anxiety.

Never mind

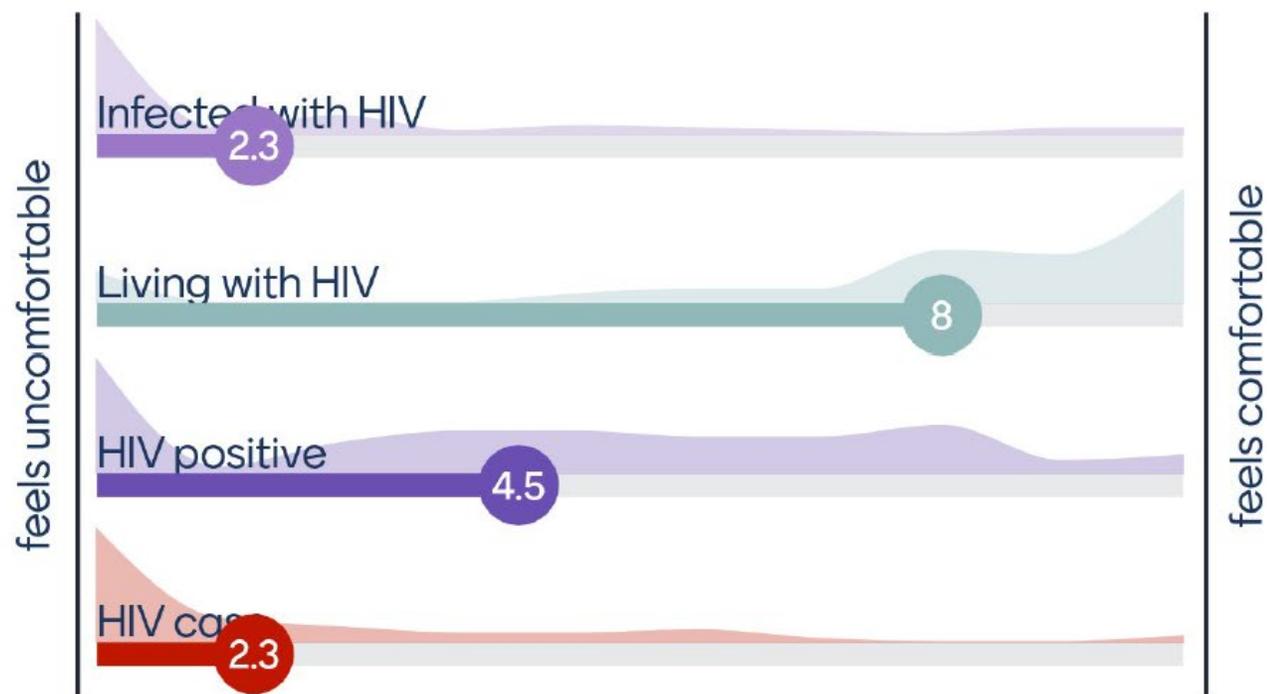




**Imagine you're a person living with
HIV looking for a new health care
provider**



If someone was referring to your HIV status





Let's rewrite history

If you could go back in time and change that interaction you first described with your health care provider, what do you wish they would have said and done instead?



What are some words and phrases you wish your provider would say?



You are not alone.

We can figure this out!

I hear you

Thank you for sharing, your feelings are valid

how can i helpheres how i can help

I'm proud of you

What kind of goals do you have for yourself?

We will figure this out together

I understand

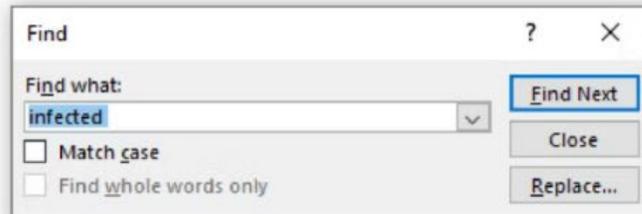


Making a Friend with the “Find All” function



- Press “Ctrl F” on your keyboard and search for an unpreferred term

- In 2019, there were xxx people infected with HIV in Tennessee



4 Phrases to Rethink and Replace



**“clean” and
“dirty”**



Specific terms

**Used or unused, currently using substances or
not using substances, aware of their STI status,
etc**



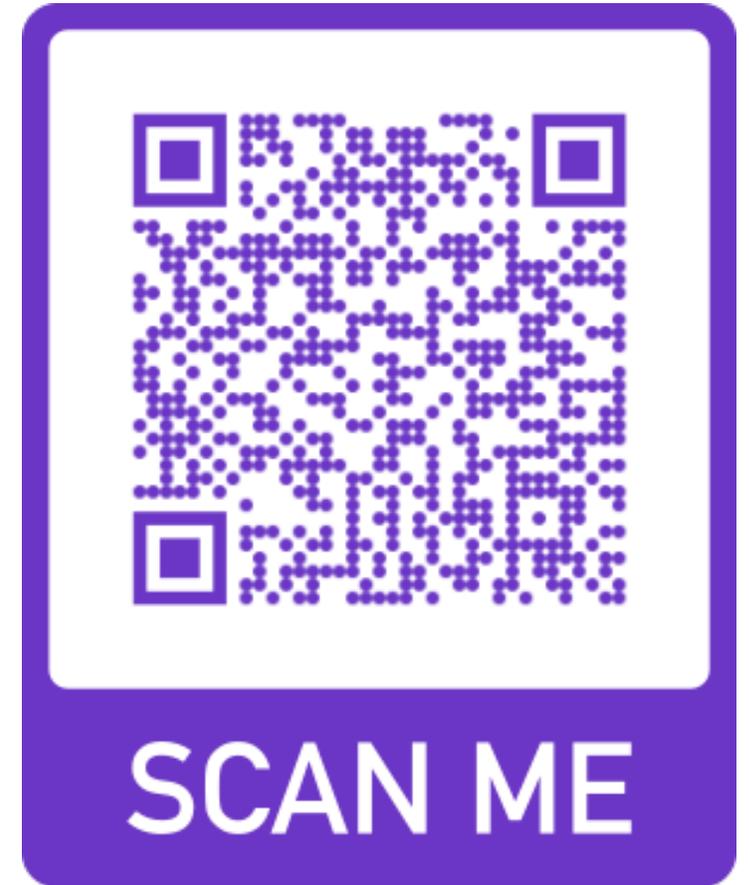
View the Syndemic Language Guide

The Language will continue to be updated and expanded. Most current version will be housed on

“Find Resources”

page on our website for the most recent copy

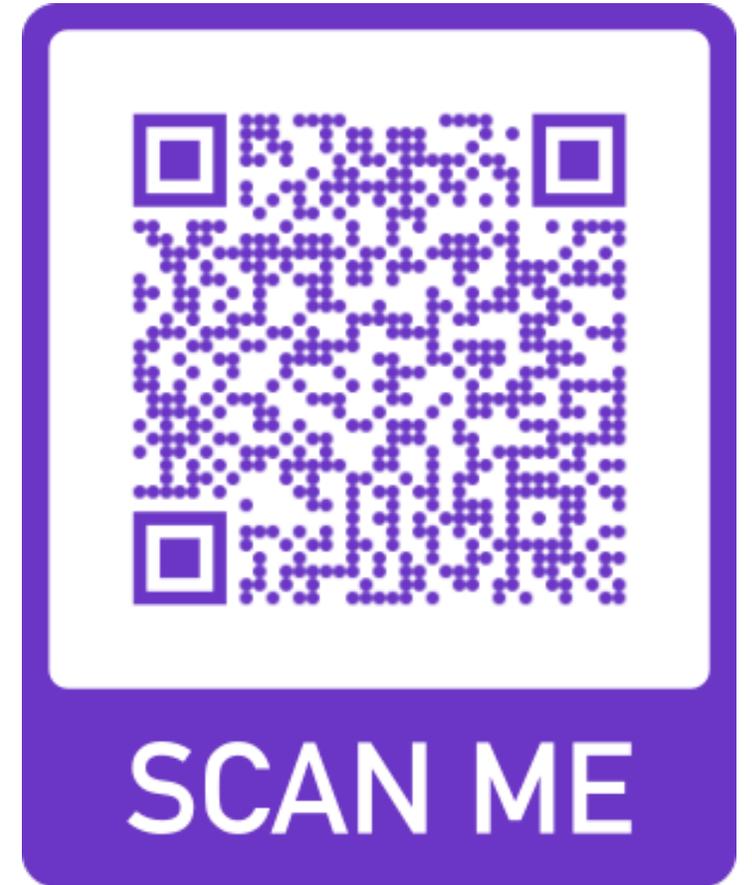
www.endthesyndemictn.org



View the Syndemic Language Guide

Thank you! Questions?

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**Syndemic
Infectious Disease –
Chicago's Approach
to Programs and
Planning**

Syndemic Infectious Disease – Chicago's Approach to Programs and Planning

Ashley M. Becht, MPH, CPH – Director of Disease Investigations,
Chicago Department of Public Health Syndemic ID Bureau

Sylvia Dziemian, Program Director – Tuberculosis Program,
Chicago Department of Public Health Syndemic ID Bureau



Syndemic ID – Definition and Rationale

- **Syndemic:** Synergistically interacting epidemics
- **Syndemic ID:** HIV, STI, HBV, HCV, and TB
- **Rationale:**
 - Similar behaviors/conditions lead to risk for these diseases.
 - Diseases have reciprocal and interdependent factors:
 - HIV, STI, HBV, and HCV share common risks/modes of transmission.
 - STI increase HIV infectiousness/susceptibility.
 - HIV is a risk factor to TB progression.
 - TB is an HIV opportunistic infection.
 - TB accelerates HIV disease progression.
 - HBV/HCV co-infection makes HIV management more challenging.
 - Common risks suggest common solutions.
 - Disease conditions are often managed by the same institutions.

Syndemic ID & Healthy Chicago 2025



Healthy Chicago 2025 Vision: A city where all people and all communities have power, are free from oppression and are strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being.

Themes:

- Transform policies and processes to foster anti-racist, multicultural systems
- Strengthen community capacity and youth leadership
- Improve systems of care for populations most affected by inequities
- Further the health and vibrancy of neighborhoods

HEALTHY CHICAGO 2025

is a plan for the local public health system – including community groups, government agencies, businesses, faith-based organizations, researchers, community development professionals, health and social service providers, and others – to **eliminate the racial life expectancy gap and help all Chicagoans enjoy longer, safer, healthier lives.**

Syndemic ID – Chicago Background

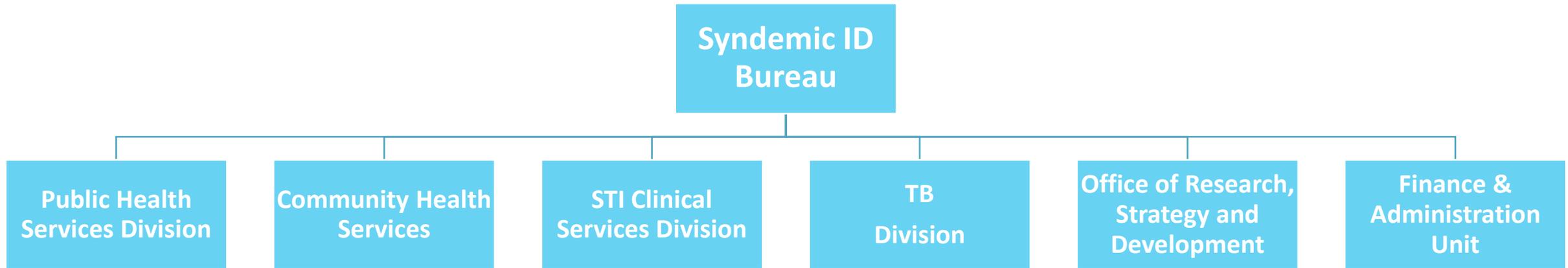
In 2021, the HIV/STI Bureau at CDPH, with the additional of viral hepatitis and tuberculosis disease surveillance and programming, became the Syndemic Infectious Disease Bureau to better address Chicago residents' needs.

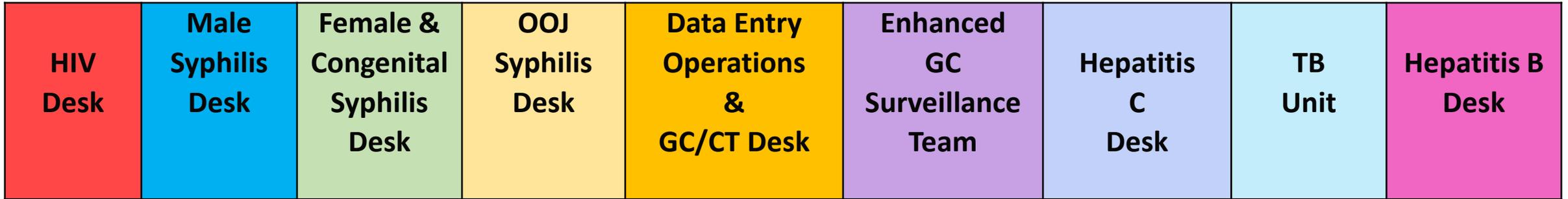
Syndemic ID	Surveillance Year	# of Cases	% co-I with HIV	#co-I with HIV
Chlamydia	2020	25,219	4.97%	1,254
Gonorrhea	2020	13,322	11.26%	1,500
P & S Syphilis	2020	919	33.08%	304
HCV	2017	25,363	9%	2,282
TB	2020	83	2.41%	2

**HIV/HBV co-infection data are not available. Research suggests 5-10% of PLWH are co-infected with HBV.
(<https://www.ncbi.nlm.nih.gov/pubmed/20158604>)*



CDPH Syndemic ID Bureau – Current State

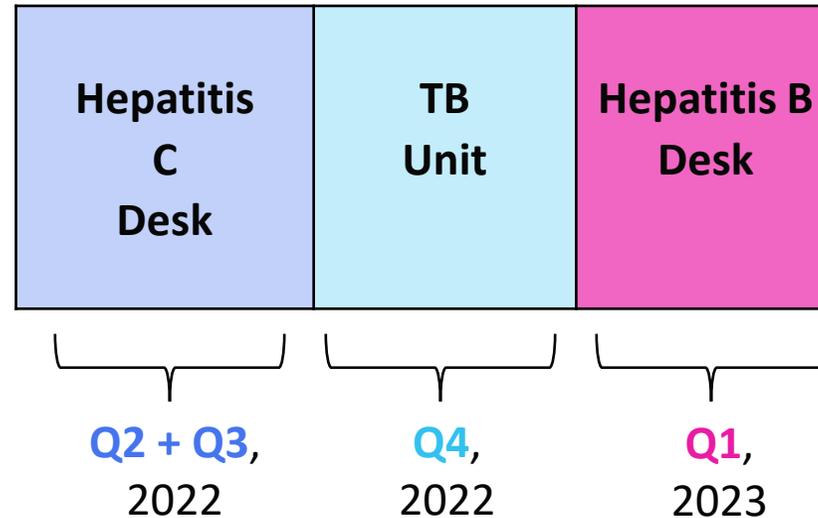




- Our team staffs each desk with Disease Intervention Specialists and all desks are supported by our Data Entry staff as well as Supervisors and Team Leads.
- Our team works together to address co-infection in a syndemic way, making the experience a holistic one for the provider and client, if possible.
- This approach allows for a more focused and accessible model of care and allows our team to be more efficient in disease investigation and mitigation.
- Often, the same Chicago community areas and regions have high rates of one or more syndemic ID diagnoses, and Chicago residents are not all equally affected by various conditions of public health concern.
- Not all Chicago residents can access care and services equitably.



Transitions to Better Address Syndemic Conditions

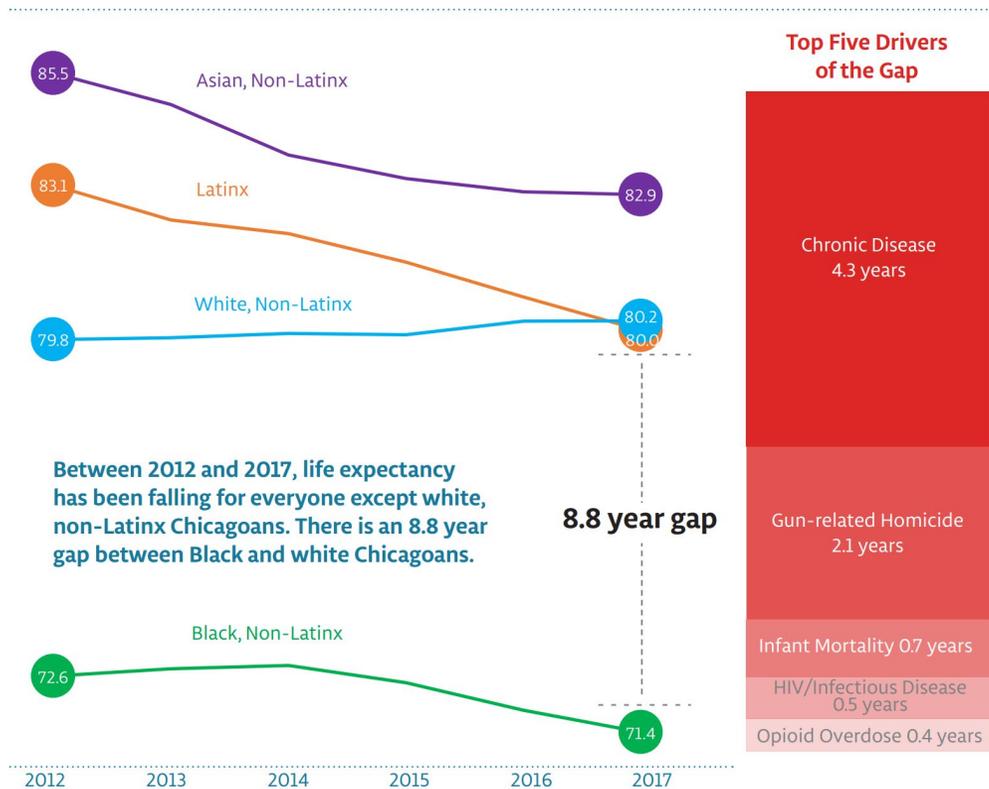


- Our team continues to successfully transition viral hepatitis activities from the Communicable Disease Program in the Health Protection Bureau to the Syndemic Infectious Disease Bureau. The tuberculosis program transitioned from the Bureau of Health Protection to the Syndemic Infectious Disease Bureau in November 2021.
- The integration of all conditions into our Maven surveillance platform, also known as the Chicago Health Information Management System (CHIMS) will allow for our team to better address these conditions for timely public health intervention as outlined in the Healthy Chicago 2025 Plan.
- In Q4 of 2022, the tuberculosis program will be integrated into Maven (CHIMS), and in Q1 of 2023, we anticipate the hepatitis B program will deploy in Maven.
- Current work related to hepatitis and other syndemic conditions includes building coalitions and our upcoming provider conference, creating internal and external reports, and engaging stakeholders to improve reporting.

Closing the Life Expectancy Gap

Healthy Chicago 2025 addresses priority areas and themes utilizing anti-stigma, anti-racist, and people-centered language and SID approaches to programming and care across all conditions.

CHICAGO'S LIFE EXPECTANCY GAP, 2017



Assessment themes	To close the racial life expectancy gap, we will... <ul style="list-style-type: none"> •Improve systems of care for populations most affected by inequities •Further the health and vibrancy of neighborhoods •Strengthen community capacity and youth leadership •Transform policies and processes to foster anti-racist, multicultural systems 							
Assessment priority areas	Address inequities in...	HOUSING	FOOD ACCESS	ENVIRONMENT	PUBLIC SAFETY	NEIGHBORHOOD PLANNING AND DEVELOPMENT	HEALTH AND HUMAN SERVICES	PUBLIC HEALTH SYSTEMS ORGANIZATIONS
Populations experiencing inequities	With a focus on...	Black, Latinx and low-income Chicagoans	Black, Latinx and low-income Chicagoans	Communities disproportionately burdened by pollution	Black Communities	Disinvested and gentrifying communities	Black, Latinx and low-income Chicagoans	Black and Latinx Chicagoans
Ideal states	So within one generation, all Chicagoans...	Have a healthy, affordable home	Have enough nutritious food and local food businesses thrive	Breathe clean air free of harmful pollutants	Are safe across the city and have trusting relationships with law enforcement	Live in vibrant neighborhoods that reflect their identities	Benefit from a full range of health and human services	Have voice and power in the public health system
Healthy Chicago 2025 vision	In a city where...	All people and all communities have power, are free from oppression and are strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being.						



CDPH Syndemic ID – Moving to a Future State

- Finalize implementation of Maven (CHIMS) case surveillance system for all conditions that transitioned in the SID Bureau to better enhance internal and external reporting.
- Continue internal and external collaboration among partners, coalitions and providers.
- Integrate funding across fund sources to create comprehensive programs and services.
- Continue to prioritize health equity and current science.
- Challenge ourselves and our partners to move from silos to systems of care.
- Build on existing HIV/STI surveillance, epidemiology, and public health intervention programs to expand disease monitoring, investigation, notification, and intervention for all syndemic ID.

Contact Information

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Questions?

