



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

ASSOCIATION  
CANADIENNE DE  
SANTÉ PUBLIQUE

Centre  
for Sexuality



2026

# Organizational Stigma Assessment Tool

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Creating more supportive services  
and environments for sexual health,  
harm reduction and sexually transmitted  
and blood-borne infections

# CONTENTS

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<b>Introduction</b>	<b>3</b>
<b>Tool Development</b>	<b>4</b>
<b>Key Areas Assessed</b>	<b>5</b>
<b>Rating Scale</b>	<b>6</b>
<b>Section 1: Policies And Procedures</b>	<b>7</b>
<b>Section 2: People And Culture</b>	<b>11</b>
<b>Section 3: Organizational Spaces</b>	<b>20</b>
<b>Section 4: Programs And Services</b>	<b>26</b>
<b>Section 5: Ongoing Evaluation, Improvement And Accountability</b>	<b>37</b>
<b>Appendix A: Key Terms</b>	<b>43</b>
<b>Appendix B: References</b>	<b>46</b>

# ORGANIZATIONAL STIGMA ASSESSMENT TOOL

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## INTRODUCTION

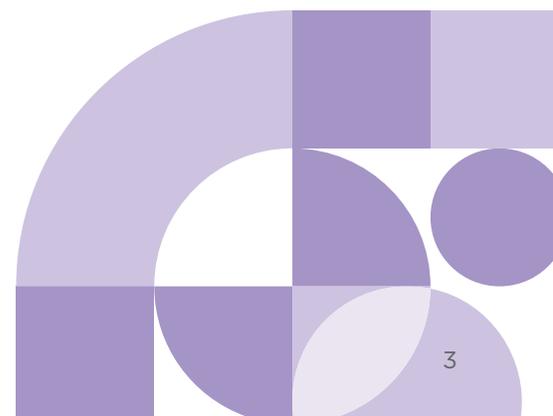
The prevention, diagnosis, treatment, and management of sexually transmitted and blood-borne infections (STBBIs), such as HIV, hepatitis, chlamydia, gonorrhea, syphilis, and human papillomavirus, are important public health issues. However, stigma and discrimination within health and social service settings presents a major barrier for many individuals and communities in terms of accessing STBBI-related services and promoting sexual and substance use health.

The Organizational Stigma Assessment Tool (the Tool) can help identify and ultimately reduce this type of organizational stigma. Use of the Tool can also foster an environment where service users feel welcomed and respected when seeking care and where staff are supported in providing that care.

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## THE TOOL WILL HELP YOUR ORGANIZATION:

- Inform staff, volunteers and board members of your organization's policies/statements (e.g., during onboarding and training) and ensure they have the knowledge and skills to support implementation.
- Inform staff, volunteers and board members of procedures to promote action and accountability (e.g., disciplinary action) if policies are not respected (e.g., if staff exhibit discriminatory behaviours).
- Develop strategies to decrease STBBI stigma and discrimination and create safer and more supportive environments.



# ORGANIZATIONAL STIGMA ASSESSMENT TOOL

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## USING THE TOOL

The organizational assessment process consists of three key interconnected phases:



The Tool is designed to support your organization in Phase 2 of the process, completing the assessment. The accompanying [Implementation Guide](#) and [Implementation Guide Online Course](#) provides guidance to plan and prepare the assessment (Phase 1) and to identify priority areas to develop an action plan based on your results (Phase 3). The Implementation Guide also provides an [Action Plan Template](#) that can be used to keep track of progress on short-, medium- and long-term goals to reduce STBBI stigma.

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## A NOTE ABOUT LANGUAGE

A Glossary of Terms used throughout this Tool is provided in **Appendix A**. Although we have been intentional in our use of language, the terms we use may not resonate with everyone. We encourage careful and critical thinking about language and the unintended meanings certain words may convey. We also recognize that our understanding of respectful and inclusive language continuously evolves as societal views change and as individuals and communities redefine their identities. It's important to be aware that respectful and inclusive language is a matter of self-determination.

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## TOOL DEVELOPMENT

The Tool was originally developed by the Canadian Public Health Association (CPHA) in 2017. In 2025, the Tool was updated and re-released in partnership with Centre for Sexuality based on promising practices found in peer-reviewed and grey literature and based on conversations and engagement with health and social service professionals in Canada as well as people with lived experience (PWLE) of stigma related to sexuality, substance use and STBBI. Refer to the [Implementation Guide](#) for more details about Tool development and to **Appendix B** for a list of resources consulted and/or adapted during this process.

The Tool is a living document. If you would like to recommend additions, alert us to omissions or suggest other changes, you are welcome to share your comments with CPHA via email to: [STBBI@cpha.ca](mailto:STBBI@cpha.ca)

# ORGANIZATIONAL STIGMA ASSESSMENT TOOL

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## KEY AREAS ASSESSED

The Tool is divided into five sections that outline key areas of stigma reduction within health and social service organizations:

**Policies and procedures**

**People and culture**

**Organizational spaces**

**Programs and services**

**Ongoing evaluation, improvement and accountability**

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Each section offers a series of indicators to consider and rate using a scale of 1-5 as well as several examples of potential actions that could help address each indicator.

**The indicators and potential actions suggested by the Tool are not exhaustive and do not represent an objective or complete set of standards for your organization to follow.** These indicators and actions may not apply to all organizations—they are suggestions that can provide a starting point for discussion on current strengths and possible areas of improvement and can help your organization decide on a score for each indicator. They are, however, grounded in insights from lived/living experience, professional experience and published literature/research. References are provided for indicators derived from published research or existing tools/resources.

While completing the Tool, **you may decide that other specific indicators or actions are needed** based on discussions among your organization's staff, volunteers, board members, service users and community members. We encourage you to tailor your assessment and action plan to the unique context of your organization, the services and programs you provide and the communities you work with.



# ORGANIZATIONAL STIGMA ASSESSMENT TOOL

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## RATING SCALE

Individuals completing the Tool are asked to review the indicators and related potential actions and to rate their organization using the scale provided. **When using the rating scale, please assign a rating for indicators (which are more general and open to interpretation) rather than actions (which are quite specific).** When completing the assessment, rate your organization's achievement of the indicator based on the following scale:

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- 1** **NO RECOGNITION:** We have not been aware of the indicator and no specific steps or discussion have taken place.
  - 2** **RECOGNITION:** We have not yet addressed this indicator directly but have acknowledged it.
  - 3** **PARTIAL INTEGRATION:** We have recognized this indicator and are starting to work on it (planning, discussion phases).
  - 4** **SUBSTANTIAL INTEGRATION:** We are actively addressing this indicator and establishing processes.
  - 5** **COMPLETE INTEGRATION:** We have addressed this indicator and processes are in place.
  - ?** **UNSURE:** We are not aware of our organization's stance, readiness, or practices in relation to the indicator (clarification may be needed).
  - N/A** **NOT APPLICABLE:** The indicator is not relevant to our organization, context, community and/or scope of services.
- 

Each indicator is accompanied with a text box labelled *Next Steps* to add reflections about organizational challenges and opportunities in addressing the indicator. It may also be helpful to prioritize and plan next steps by noting whether the indicator seems achievable in the immediate, short-term, or long-term.

**Note:** It is unlikely that any one organization will score highly in all areas of the assessment. If the results are not what you expected, don't get discouraged! Instead, focus on opportunities for growth.

# SECTION 1: POLICIES AND PROCEDURES

An important first step in assessing organizational stigma about STBBIs is to determine if your organizational policies, procedures and statements of values encourage and support a safe and respectful environment for service users, staff, volunteers, board members and partner organizations. Policies and statements that support stigma reduction may focus on equity, diversity and inclusion; promote privacy and confidentiality; commit to Truth and Reconciliation; ensure the workplace is free of discrimination, harassment and violence; and facilitate meaningful engagement of PWLE including greater/ meaningful involvement of people living with HIV (GIPA/MIPA). Both policies and appropriate procedures to support implementation must be in place, and staff, volunteers, board members and service users should be provided opportunities to review and update them as needed.<sup>1,2</sup>

# SECTION 1: POLICIES AND PROCEDURES

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## INDICATOR 1.1

Your organization has formal policies and related documents (e.g., core values statement, organizational declaration) to ensure a safer, more inclusive and equitable environment for all staff, volunteers, board members and service users.

YOUR RATING:

1      2      3      4      5      ?      N/A

---

## POTENTIAL ACTIONS

- Consider the need for various policies/statements, e.g.;
    - Statement on diversity, equity and inclusion
    - Commitment to Truth and Reconciliation
    - Policy on safe workplaces that are free of discrimination, harassment and violence
    - Policy related to the protection of the privacy and confidentiality of all staff, volunteers, board members and service users
    - Policy to guide the meaningful engagement, capacity building/training and compensation of PWLE (such as people living with HIV and/or Hepatitis C and people who use drugs) in employment, volunteer and advisory roles
  - Ensure policies cover all components of the organization that play a role in creating and fostering a safe, inclusive and equitable environment, such as human resource practices, staff recruitment, staff professional and education development, communications, physical spaces, etc.
  - Ensure opportunities for service users, staff from all sectors of the organization, volunteers and board members to collaborate in the development and/or review of relevant policies.
  - Consider equity-deserving groups and ensure policies/statements/values promote inclusivity of all communities.
- 

## NEXT STEPS:

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<sup>1</sup> Tamtik, M., & Guenter, M. (2019). Policy analysis of equity, diversity and inclusion strategies in Canadian universities—How far have we come? *Canadian Journal of Higher Education*, 49(3), 41-56. <https://doi.org/10.47678/cjhe.v49i3.188529>

<sup>2</sup> Johnson, H. & Sutherland, J. (2022). *A conceptual framework for Indigenous cultural safety measurement*. National Collaborating Centre for Indigenous Health. [https://www.nccih.ca/495/A\\_conceptual\\_framework\\_for\\_Indigenous\\_cultural\\_safety\\_measurement.nccih?id=10375](https://www.nccih.ca/495/A_conceptual_framework_for_Indigenous_cultural_safety_measurement.nccih?id=10375)

# SECTION 1: POLICIES AND PROCEDURES

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## INDICATOR 1.2

Your organization has formal protocols to ensure ongoing implementation of existing policies for safer, more inclusive and equitable environments for all staff, volunteers, board members and service users.

YOUR RATING:

1      2      3      4      5      ?      N/A

---

## POTENTIAL ACTIONS

- Inform service users about their rights and potential limitations to their rights when interacting with your organization (e.g., ensure policies/statements are available on your website and/or publicly displayed in your reception/waiting area, ensure these policies are reviewed with those accessing services).

### Examples of statements of rights and responsibilities:

Access Alliance (Multicultural Health and Community Services organization in ON).  
*Client rights and responsibilities.*

Saskatchewan Health Authority. *Client rights and responsibilities.*

- Inform staff, volunteers and board members of your organization's policies/statements (e.g., during onboarding and training) and ensure they have the knowledge and skills to support implementation.
- Inform staff, volunteers and board members of procedures to promote action and accountability (e.g., disciplinary action) if policies are not respected (e.g., if staff exhibit discriminatory behaviours).
- Develop and/or improve formal and informal channels for raising questions, concerns and experiences about stigma and discrimination within the organization.<sup>3</sup>

**Tip:** Consider when and how it may be appropriate to provide anonymous channels for service users, staff volunteers and/or board members to share their views and experiences. These options can allow for individuals to share more openly without fear of repercussion, but also limits ability for follow-through where action or investigation may be needed.<sup>4</sup>

- Provide staff, volunteers and board members with opportunities to consider how policies/statements can be reflected in organizational programs and/or services (e.g., as part of formal staff training, during staff/volunteer meetings).
- 

## NEXT STEPS:

<sup>3</sup> Amodu, M., Ansah, E.W. & Sarfo, J.O. (2024). *Preventing workplace mistreatment and improving workers' mental health: a scoping review of the impact of psychosocial safety climate.* BMC Psychology, 12, 195 (2024).

<sup>4</sup> Locock, L., Skea, Z., Alexander, G., Hiscox, C., Laidlaw, L., & Shepherd, J. (2020). *Anonymity, veracity and power in online patient feedback: A quantitative and qualitative analysis of staff responses to patient comments on the 'Care Opinion' platform in Scotland.* Digital health, 6, 2055207619899520.

# SECTION 1: POLICIES AND PROCEDURES

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## INDICATOR 1.3

Your organization reviews its policies and protocols regularly and revises/amends as needed.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Review policy implementation regularly and revise/amend when needed (e.g., if the policy no longer reflects organizational or community needs or a new problem or need arises).
- Establish a formal process for gathering and incorporating PWLE voices/experiences into policy and protocol review.

**Tip:** Consider forming a policy review advisory council that includes PWLE.

- Review policies regularly to ensure language is inclusive, non-stigmatizing, and reflects the communities served by your organization.

### Recommended resources:

CPHA. (2019). *Language matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma*.

Links to additional guidelines on respectful language in relation to sexual health, substance use, STBBIs, health equity and communities impacted by stigma can be found in the Recommended Resources section of the [Implementation Guide](#).

**Note:** Given the evolving and personal nature of language, check in regularly about how the language you use is experienced by the people and communities your organization serves.

- Create mechanisms for staff, volunteers, board members and service users to submit concerns/complaints about organizational policies and protocols.
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## NEXT STEPS:

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# SECTION 2: PEOPLE AND CULTURE

Your organizational culture is reflected in the way leadership, staff and volunteers and board members behave and in the attitudes, values and beliefs that underly their behaviours. Your organizational culture will influence how service users and partner organizations feel supported and respected when interacting with your organization and how staff, volunteers and board members interact.<sup>5,6</sup> To create an organizational culture that values stigma reduction, consider the important role of leadership in setting the tone via their communications and adherence to supportive policies and procedures. Also, consider staff/volunteer recruitment and retention practices, professional development and other supports/resources.

# SECTION 2: PEOPLE AND CULTURE

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## INDICATOR 2.1

Your organization is committed to reducing stigma and has a culture of ongoing improvement and accountability.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Foster a safe and respectful, private and confidential space for staff, volunteers, board members, service users and community partners to voice concerns about stigma and discrimination without fear of backlash. Make time and space for reflection and dialogue (e.g., personal reflection, discussions about what is happening within the organization to identify areas for growth and reflection).

### Recommended resource:

BC Patient Safety & Quality Council. (2018). *Culture change toolkit*.

- Actively engage with local community groups and organizations to understand and accommodate the needs of various populations, particularly equity-deserving groups.
  - Update language/communications, policies, services, etc. based on an evolving understanding of community needs and preferences.
  - Increase clarity and transparency in organizational communications with service users, staff, volunteers, board members, partners, stakeholders and in public materials.
  - Hold the organization accountable to the communities it serves (see section on Ongoing Evaluation, Improvement and Accountability).
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## NEXT STEPS:

<sup>5</sup>Van Laar, C., Loes, M., Veldman, J., Van Grootel, S., & Catho, J. (2019). Coping with stigma in the workplace: Understanding the role of threat regulation, supportive factors, and potential hidden costs. *Frontiers in Psychology, 26*(10). <https://doi.org/10.3389/fpsyg.2019.01879>

<sup>6</sup>Amoadu, M., Ansah, E.W. & Sarfo, J.O. (2024). Preventing workplace mistreatment and improving workers' mental health: a scoping review of the impact of psychosocial safety climate. *BMC Psychology, 12*, 195 (2024). <https://doi.org/10.1186/s40359-024-01675-z>

# SECTION 2: PEOPLE AND CULTURE

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## INDICATOR 2.2

Staff and volunteers (including leadership) can recognize stigma and its impacts in interpersonal interactions and organizational operations.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Support staff and volunteers (including leadership) to improve their understanding of historic and systemic contributions to stigma, discrimination and health inequities.
- Ensure physical space and resources are provided for staff, volunteers and board members to come to learn about equity, diversity and inclusion and to increase personal awareness of their attitudes, values, beliefs and biases.

**Tip: Provide small group training that allows for safe and facilitated opportunities to discuss learnings.**

- Provide training on issues related to stigma and discrimination when onboarding new staff and on an ongoing basis to all levels of staff and volunteers, including leadership.
- Potential topics:
  - STBBI prevention, testing and treatment options
  - Trauma- and violence-informed care
  - Cultural safety
  - Truth and Reconciliation with Indigenous People
  - Greater/meaningful involvement of people living with HIV (GIPA/MIPA)
  - Anti-racism
  - Harm reduction, overdose prevention and response
  - Gender and sexual diversity
  - Protecting privacy and confidentiality
  - Proper use of personal protective equipment
  - Conflict resolution and crisis intervention

**Tip: Not all topics will be relevant to all roles in your organization. Decide which topics should be mandatory for whom and where more specialized/tailored training is needed.**

- Offer timely training in response to community needs to support staff in addressing and understanding issues affecting the communities/populations they serve.
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## NEXT STEPS:

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# SECTION 2: PEOPLE AND CULTURE

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## INDICATOR 2.3

Leadership actively embodies and reinforces organizational commitments to equity and reducing stigma.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Leadership communicates and demonstrates the importance of stigma-reduction efforts and policies in staff meetings, communication materials, public relations and day-to-day interactions with staff, volunteers, board members, community members and service users.
- Prioritize actions to address stigma and discrimination in the organization's strategic plan. Strategic plan actions must move beyond framing issues in a way that blames individuals to acknowledge and address the structural drivers of stigma and discrimination.
- Develop leadership innovation and creativity around stigma-reduction opportunities (e.g., new partnerships, supporting community-led advocacy initiatives, reflecting on and revising organizational operations and ways of working, finding solutions for funding limitations).
- Support leadership to find ways to meaningfully support service users whose needs fall outside the organization's mandate, services or sphere of influence (e.g., develop partnerships to help service users access legal and advocacy services/supports and build coalitions with supportive community organizations and groups).<sup>7</sup>
- Engage in advocacy for structural change (e.g., new funding opportunities and campaigns for legislative change) that supports broader stigma-reduction efforts/needs in the community.<sup>8</sup>

### Recommended resource:

National Collaborating Centre for Determinants of Health (2015). *Let's talk: Advocacy and health equity*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

## NEXT STEPS:

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<sup>7</sup>Dean, H. D., & Fenton, K. A. (2010). Addressing social determinants of health in the prevention and control of HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis. *Public Health Reports, 125 Suppl 4*(Suppl 4), 1-5. <https://doi.org/10.1177/003335491012505401>

<sup>8</sup>Lavoie, J. G., Varcoe, C., Wathen, C.N., Ford-Gilboe, M. & Browne, A.J. (2018). Sentinels of inequity: Examining policy requirements for equity-oriented primary healthcare. *BMC Health Services Research, 18*, 705 (2018). <https://doi.org/10.1186/s12913-018-3501-3>

# SECTION 2: PEOPLE AND CULTURE

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## INDICATOR 2.4

Your organization commits to stigma reduction and equity by devoting time and resources to:

- Professional development
- Engagement of PWLE
- Supporting staff health and wellness
- Collaboration with other organizations

YOUR RATING:

1      2      3      4      5      ?      N/A

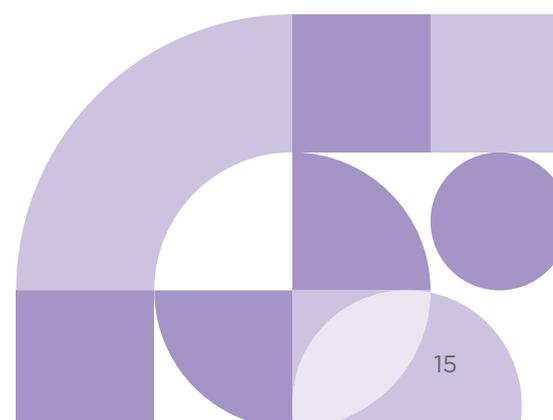
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## POTENTIAL ACTIONS

- Allocate adequate resources for stigma reduction and anti-discrimination work, embedding/advancing anti-racist and decolonizing practice, greater/meaningful involvement of people living with HIV (GIPA/MIPA), 2SLGBTQ+ inclusion, increasing accessibility for people with disabilities.
- Allocate funding for reconciliation efforts with Indigenous communities.
- Allocate funding to support meaningful community engagement/engagement of PWLE with fair and adequate compensation (e.g., all related expenses are considered, including intellectual contributions, parking, childcare, lost wages, Internet and food) throughout all phases of program/policy/service development, implementation and evaluation.

**Tip:** Where participation expenses are likely to be incurred, cash compensation should be offered.

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# SECTION 2: PEOPLE AND CULTURE

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## POTENTIAL ACTIONS (cont.)

- Offer appropriate honoraria and/or salary compensation for PWLE. It is important to consider and account for this in all funding applications.

### Recommended resources:

Becu, A. & Allan, L. (2018). *Peer payment standards for short term engagements*. British Columbia Centre for Disease Control (BCCDC). [Report]. Vancouver, BC.

**Note:** the dollar amounts cited are likely to be outdated at five years post-publication, but this document includes some helpful discussion of general principles for compensation.

Canadian Association of People who use Drugs (CAPUD). (2021). *Hear us, see us, respect us: Respecting the expertise of people who use drugs*. [Community Report].

People with Lived Expertise of Drug Use National Working Group., Austin, T. & Boyd, J. (2021). Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. *Harm Reduction Journal*, 8(1)

**Tip:** Standards may vary based on geography and role. However, recent guidance at the time of writing (2024) suggests payment at a rate of at least \$30/hour.

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## NEXT STEPS:

# SECTION 2: PEOPLE AND CULTURE

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## INDICATOR 2.5

Your organization fosters a supportive environment for all staff and volunteers and intentionally recruits and provides meaningful opportunities for members of equity-deserving communities.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Ensure job opportunities are visible, appeal to a diverse candidate pool and reflect populations served.
- Intentionally promote job opportunities for meaningful positions within the organization via networks associated with equity-deserving groups (e.g., Black Women’s Business Network).
- Ensure representation of PWLE is evident in all roles, particularly for influence and decision-making roles (e.g., management and leadership positions, on hiring panels and on the board of directors).

**Tip:** Some people may not be comfortable disclosing relevant lived experience. Consider this when planning to increase organizational representativeness.

- Provide support and resources for staff, volunteers and board members with lived and living experience to develop leadership skills and grow within the organization.
- Establish flexible work policies and benefits to accommodate staff’s diverse needs (e.g., with respect to holiday schedules, parenting/caregiver responsibilities, health conditions or disability—including visible, invisible and episodic disabilities).

### Recommended resource:

Palmer I, Egan M, & Popiel M. (2024). *IDEAL Community Consultations: Intersectionality, episodic disability and access to health services, community supports and employment in Canada: Executive summary*. IDEAL Community Consultation Team.

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# SECTION 2: PEOPLE AND CULTURE

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## POTENTIAL ACTIONS (cont.)

- Provide medical leave and sick time entitlements and health benefits that are supportive of needs related to STBBIs, sexual and gender identity and substance use (e.g., drug coverage adequate for treatment and prevention of STBBIs, substance use disorders, gender-affirming medical care; sick/medical leave and short-term disability coverage inclusive of gender-affirming care related needs, substance use disorder recovery/treatment needs).

**Tip: Ensure that full-time, permanent roles are available to PWLE (otherwise, these benefits may not be accessible) and consider how to extend supports to part-time/casual employees and volunteers.**

- Participate in relevant community events, celebrations, National Days of Awareness and other events that foster meaningful and engaged connection to the community and populations served.
- Equip organization staff, including leadership, to demonstrate healthy relationship skills through navigating different values and beliefs, conflict and disagreements.

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## NEXT STEPS:

# SECTION 2: PEOPLE AND CULTURE

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## INDICATOR 2.6

Protocols and processes are in place to support staff, volunteers, board members and service users and to acknowledge and address the impacts of stigma.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Provide staff, volunteers and board members with training and support to foster a supportive and stigma-aware organizational environment (e.g., healthy workplace relationship trainings, staff social events, team building and community-building opportunities).
- Train leadership, management, staff and volunteers to recognize signs of compassion fatigue, vicarious trauma and burnout in themselves and their co-workers.

### Recommended resources:

AIDS Bereavement and Resiliency Program of Ontario. (2016). *Essential tools for support and stability: Worker resource kit*.

AIDS Bereavement and Resiliency Program of Ontario (ABRO). (n.d.) *Grounding: Getting present with yourself and others*.

AIDS Bereavement and Resiliency Program of Ontario (ABRO). (n.d.). *How to support a deeper check-in with colleagues, peers and community members using a holistic model*.

AIDS Bereavement and Resiliency Program of Ontario (ABRO). (n.d.). *How to support a deeper check-in with your staff team using a holistic model*.

- Offer formal processes and support to staff and volunteers for experiences of compassion fatigue, vicarious trauma and burnout (e.g., counselling/mental health supports provided through extended health benefits, flexibility in sick time allocation to support mental/holistic wellness, meaningful opportunities to seek support within the organization from peers, etc.).<sup>9</sup>
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## NEXT STEPS:

<sup>9</sup>Billings, J., Abou Seif, N., Hegarty, S., Ondruskova, T., Soulios E., Bloomfield M., & Greene, T. (2021) What support do frontline workers want? A qualitative study of health and social care workers' experiences and views of psychosocial support during the COVID-19 pandemic. *PLoS ONE*, 16(9): e0256454 <https://doi.org/10.1371/journal.pone.0256454>

# SECTION 3: ORGANIZATIONAL SPACES

Your organization's physical and online spaces are key to establishing your organization and its services as safer, supportive and respectful. Organizational space includes the physical environment where programs and services are accessed, space available to staff and volunteers and your online presence. As you consider this issue, reflect on ways you can ensure privacy, accessibility and inclusivity. Many visible indicators of a welcoming and inclusive environment are easy to implement (e.g., inclusive representation via posters/magazines, culturally-relevant art, visible statements regarding equity and inclusion), however visual signs of inclusion must also be backed by meaningful actions (e.g., increased community engagement, improved policies and processes, expanded programs/services, increased accountability and transparency).

# SECTION 3: ORGANIZATIONAL SPACES

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## INDICATOR 3.1

The environment is comfortable, inviting and accessible.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Strive to create a calming atmosphere (e.g., comfortable places for service users to sit, refreshments such as water, coffee/tea are available).

**Tip: Employing peers or elders as greeters or support persons in common areas is one of many ways they can be invited to support programming and services. When engaging community members, ensure that your organization provides a safe space (i.e., considers local culture and needs of community members) and opportunities for engagement are appropriately compensated, meaningful and responsive to community needs and interests.**

- Consider how service users might react to the sights, smells and sounds of the physical space.

**Tip: Sometimes there is little to no control over the spaces you operate in. Focus on improvements you can make by working with what you have.**

- Address aspects of the physical space that feel alienating, cold and institutional (e.g., presence of security, harsh lighting, lack of colour, glass partitions separating staff from service users).
- Increase accessibility of the physical space (e.g., wheelchair access, reduction of excess noise in reception/intake areas).
- Make harm reduction and personal care supplies available for staff and service users (e.g., condoms, safer injection or inhalation supplies, menstrual products).
- Consider service users' experience and safety with respect to where services are located and the hours of operation (e.g., accessibility by public transit, proximity to other services, how building signage or location may create fear of disclosure).

**Tip: Consider having staff shift their hours on a periodic basis (e.g., once per month) to offer more accessible hours of operation.**

- Consider providing accessibility supports such as bus tickets, childcare, and/or after-hours assistance.
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## NEXT STEPS:

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# SECTION 3: ORGANIZATIONAL SPACES

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## INDICATOR 3.2

Digital (e.g. website, social media platforms, virtual communication platforms) and physical spaces (e.g. reception area, waiting rooms) affirm and represent all service users.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Display posters, pamphlets, signage, artwork and magazines that represent the communities and populations served in a positive way (e.g., depict different types of relationships, sexual orientations, gender identities, ethno-cultural groups).

### Recommended resource:

CATIE's ordering centre provides many including [affirming posters and magazines for download](#).

- Provide information about activities, events or services of interest to members of different population groups (e.g., relevant newsletters, information about events or services in the community, etc.) in your physical (e.g., reception/waiting areas, washrooms, counselling areas) and digital space (e.g., website, social media platforms).
- Consider creating gender-neutral washrooms.

### Recommended resources:

QMUNITY. (n.d.). [\*Going beyond trans visibility: A simple guide for adopting gender neutral, universal washrooms.\*](#)

Public Service Alliance Canada (PSAC). 2018. [\*Gender inclusive washrooms in your workspace: A guide for employees and managers.\*](#)

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# SECTION 3: ORGANIZATIONAL SPACES

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## POTENTIAL ACTIONS (cont.)

- Integrate a harm reduction approach (e.g., in the design and evaluation of digital and physical spaces to ensure the safety and wellbeing of people who use drugs. Depending on the needs of your community, this may involve creating space for safer consumption. Note, however, that abstinence-based spaces and/or services may also be needed to ensure the safety and wellbeing of some people with lived and living experience of drug use. Engaging PWLE of drug use can help ensure harm reduction principles are prioritized and digital and physical spaces promote their safety and well-being.
- Consider culturally specific needs based on the communities your organization provides services to (e.g., creating space for ceremony/traditional healing, for larger group gatherings).<sup>10</sup>
- Display and provide culturally-relevant supports and signage for service users (e.g., places for ceremony, external resources and healing services).

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## NEXT STEPS:

<sup>10</sup>Ambtman-Smith, V. N., Crawford, A., D'Hondt, J., Lindstone, W., Linklater, R., Longboat, D., & Richmond, C. (2024). Incorporating First Nations, Inuit and Métis traditional healing spaces within a hospital context: A place-based study of three unique spaces within Canada's oldest and largest mental health hospital. *International Journal of Environmental Research and Public Health*, 21(3), 282. <https://doi.org/10.3390/ijerph21030282>

# SECTION 3: ORGANIZATIONAL SPACES

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## INDICATOR 3.3

Spaces are designed and used in a way that provides privacy.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Increase privacy and confidentiality in public/reception areas (e.g., provide text/images at reception that service users can point to so they don't need to verbally state their need or the reason for their visit).
  - Provide access to private, personal space where service users can complete intake forms/ provide information and talk with staff one-on-one.
  - Ensure private spaces are available for staff and volunteers (e.g., for debriefing, support, confidential conversations).
  - Provide harm reduction and personal care supplies as well as resources/information about community services in both public (e.g., reception/waiting areas) and more private spaces (e.g., washrooms, counselling areas) so that service users can choose to access them more discreetly.
- 

## NEXT STEPS:

# SECTION 3: ORGANIZATIONAL SPACES

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## INDICATOR 3.4

Service users', staff members' and volunteers' experiences and needs regarding the physical and digital environment are listened to and acted on.

YOUR RATING:

1      2      3      4      5      ?      N/A

---

## POTENTIAL ACTIONS

- Provide opportunities for service users to offer feedback on the organization's spaces; ensure opportunities are available and visible in both physical and digital spaces.
- Actively encourage people to share suggestions (e.g., through designated surveys, focus groups, comment boxes, etc.).
- Incorporate suggestions/feedback when improving and updating spaces.
- Report back to those who provided feedback about process and progress as changes are made.

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NEXT STEPS:

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# SECTION 4: PROGRAMS AND SERVICES

There are many ways your organization's programs and services can contribute to or exacerbate STBBI stigma or conversely create opportunities for belonging and support. As you plan and deliver your programs and services you will need to continually assess whether they are inclusive, accessible, compassionate and based on relevant and timely evidence and promising practices. Your programs and services should meet a diversity of needs in your community and PWLE should be meaningfully and equitably involved in their design and delivery.

**Note:** This section is primarily relevant to organizations that provide direct services or support to service users and the community. You may find that some indicators and potential actions are more or less relevant to your organization depending on whether you provide primarily clinical or non-clinical programming and services, or a combination.

# SECTION 4: PROGRAMS AND SERVICES

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## INDICATOR 4.1

Programs and services have policies and procedures that promote respect, safety, equity and inclusivity.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Respect each service user's definition of family, which may include a variety of relationships (e.g., blood relatives, adult caregivers, same-sex partners or friends).
- Review policies and procedures about time limits for visits/appointments so that service users feel welcomed, valued and not rushed.
- Establish non-punitive policies and procedures for cancelling/rescheduling appointments.
- Ensure policies and procedures for programs and services are inclusive of all communities (e.g., trans people are not excluded from gendered services, service users are not denied access based on substance use or treated differently due to HIV/STBBI status).
- Remove or update paternalistic/distrusting policies and procedures (e.g., requiring service users to leave their bags at the door, honoraria only offered in the form of gift cards rather than cash).

**Tip:** Some participants may prefer to receive gift cards or non-monetary forms of compensation. The key point is to offer choice and not make assumptions/judgements about how cash will be used.<sup>12</sup>

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## NEXT STEPS:

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<sup>12</sup>British Columbia Centre for Disease Control (BCCDC). (2018). *Peer payment standards for short term engagements: Created in collaboration with peers and providers*. [http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer\\_payment-guide\\_2018.pdf](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf)

# SECTION 4: PROGRAMS AND SERVICES

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## INDICATOR 4.2

Programs and services are available and accessible to a wide range of needs and populations.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Base the availability of programs and services on assessment and understanding of community needs.
  - Invest time in developing strategies to connect with diverse population groups in the community.
  - Offer services and programs during hours and at locations that are accessible to service users (e.g., evenings and weekends, after-hours assistance and same-day appointments or walk-in services).
  - Provide as much flexibility and support as possible in service offerings and delivery (e.g., options to connect over the phone or online, childcare and transportation support).
  - Offer programs and services in diverse languages (e.g., prioritize multilingualism when hiring staff to design and deliver programs/services, build relationships with community organizations that support delivery or interpretation of programs in various languages spoken in your region, ensure interpretation is available when needed).
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## NEXT STEPS:

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# SECTION 4: PROGRAMS AND SERVICES

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## INDICATOR 4.3

Programs and services are evidence-based and reflect promising practices in inclusive, destigmatizing and person-centred care.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Guide program planning and delivery on evidence-based approaches such as harm reduction, greater/meaningful involvement of people living with HIV (GIPA/MIPA), cultural safety, trauma- and violence- informed care, gender-affirming care and person-centred care.

### Recommended resources:

A list of tools/guides for implementing evidence-based approaches can be found in the Recommended Resources section of the [Implementation Guide](#).

- Encourage approaches that promote self-determination, empowerment and healing.
- Use affirming, normalizing and inclusive communications to promote programs and services, particularly those that might be stigmatized (e.g., STBBI testing, harm reduction services).
- Normalize participation in these programs and services (e.g., offer STBBI testing or harm-reduction supplies routinely to all service users).<sup>13,14</sup>
- Do not use fear-based or stigmatizing messaging when promoting programs or services.

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<sup>13</sup>Public Health Agency of Canada. (2021). *STBBI Prevention Guide: Screening and Testing*. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/stbbi-prevention-guide/screening-diagnostic-testing.html>

<sup>14</sup>Shang, M., Thiel, B., Liebschutz, J. M., Kraemer, K. L., Freund, A., & Jawa, R. (2023). Implementing harm reduction kits in an office-based addiction treatment program. *Harm Reduction Journal*, 20(1), 163. <https://doi.org/10.1186/s12954-023-00897-5>

# SECTION 4: PROGRAMS AND SERVICES

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## POTENTIAL ACTIONS (cont.)

- Regularly consult and incorporate relevant guidelines and standards of care (clinical or non-clinical) including those specific to equity-deserving populations.

### **Recommended resources:**

A list of tools/guides for implementing evidence-based approaches can be found in the Recommended Resources section of the [Implementation Guide](#).

- Apply an equity lens to program and service delivery to ensure all populations are receiving the best standard of care.
- Identify potential stigmatizing attitudes, values and beliefs (e.g., population-specific attitudes and biases) that may impact service provision.
- Regularly update and revise program and service delivery based on new information, evidence, evaluation data and best and emerging practices. Seek expert advice and guidance (including from PWLE) as needed.

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## NEXT STEPS:

# SECTION 4: PROGRAMS AND SERVICES

## INDICATOR 4.4

Community members, including PWLE of stigma, are involved in the design and delivery of programs and services.

YOUR RATING:

1      2      3      4      5      ?      N/A

## POTENTIAL ACTIONS

- Create opportunities for community members and PWLE to contribute to the design and delivery of programs and services (e.g., community advisory committees, facilitation of programs and services, peer navigation, outreach teams).

### Recommended resources:

Switzer, S., Flicker, S., Caruosone, S.C., McClelland, A., Ferguson, T., Herelle, N., Yee, D., Kennedy, S., Luhlanga, B., Apong, K., Corrdick, A., Grant Stuart, C., DiCenso, A., de Prinse, K., Guta, A., Paddock, S., & Strike, C. (2017). *Picturing participation: Exploring engagement in HIV service provision, programming and care.*

People with Lived Expertise of Drug Use National Working Group., Austin, T. & Boyd, J. (2021). Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. *Harm Reduction Journal, 8*(1).

Canadian Association of People who use Drugs (CAPUD). (2021). *Hear us, see us, respect us: Respecting the expertise of people who use drugs.*

Becu, A. & Allan, L. (2018). *Peer payment standards for short term engagements.* British Columbia Centre for Disease Control (BCCDC).

**Note:** the dollar amounts cited are likely to be outdated at five years post-publication, but this document includes some helpful discussion of general principles for compensation.

- Take care to ensure meaningful, as opposed to tokenistic, engagement (e.g., community members and PWLE are involved from the outset and throughout all phases of program/policy/service development, implementation and/or evaluation and not only in a consultative role).
- Ensure PWLE involved in program and/or service delivery are properly compensated and valued for their contributions.

*continued on next page*

# SECTION 4: PROGRAMS AND SERVICES

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## POTENTIAL ACTIONS (cont.)

- Consider what supports may be needed to honour the physical, spiritual, mental and emotional wellness of PWLE as they engage with your organization.

### **Recommended resources:**

AIDS Bereavement and Resiliency Program of Ontario. (2016).

*Essential tools for support and stability: Worker resource kit.*

AIDS Bereavement and Resiliency Program of Ontario (ABRO). (n.d.)

*Grounding: Getting present with yourself and others* [online course].

ABRO. (n.d.). *How to support a deeper check-in with colleagues, peers and community members using a holistic model.*

ABRO. (n.d.). *How to support a deeper check-in with your staff team using a holistic model.*

- Consider how to maximize the benefits for community members resulting from their involvement with the organization (e.g., opportunities to learn, grow, develop skills, partake in meaningful work).
- Value lived and living experience when hiring staff that will design and deliver programs and services and hire with an equity forward lens (e.g., value diverse personal and professional experience when creating job descriptions and recruiting staff, create diverse hiring committees that include PWLE when possible, ensure that the organization is ready to support staff from a variety of social locations and identities).

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## NEXT STEPS:

# SECTION 4: PROGRAMS AND SERVICES

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## INDICATOR 4.5

Staff and volunteers deliver programs and interact with service users and community in a way that builds trust, rapport, safety, compassion and empathy.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Provide services that are supportive and person-centred (e.g., staff approach conversations in an open-minded way, actively listen to service users and consider their perspectives, avoid making assumptions and understand how stigma and structural violence impact how people show up and interact with programs and services).<sup>15</sup>

**Tip:** In order for these interactions to occur, organizational policies and practices contribute to an enabling environment.

- Encourage staff to use descriptive and neutral language to describe service users (e.g., describing a person as “having a hard time getting their needs met” rather than “attention seeking”).
- Ensure staff are sensitive to the language they use to communicate with and describe service users (e.g., the organization consults with the communities served to get input on language used within group programming/services, staff ask what language service users prefer when working one-on-one and/or reflect language that service users use to describe themselves and their experiences).

### Recommended resource:

CPHA. (2019). *Language matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma.*

Links to additional guidelines on respectful language in relation to sexual health, substance use, STBBIs, health equity and communities impacted by stigma can be found in the Recommended Resources section of the [Implementation Guide](#).

**Note:** Given the evolving and personal nature of language, check in regularly about how the language you use is experienced by the people and communities your organization serves.

*continued on next page*

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<sup>15</sup>Lauwers, E.D.L., Vandecasteele, R., McMahon, M. De Maesschalk, S., & Willems, S. (2024). The patient perspective on diversity-sensitive care: A systematic review. *International Journal of Equity Health*, 23(1): 117. <https://doi.org/10.1186/s12939-024-02189-1>

# SECTION 4: PROGRAMS AND SERVICES

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## POTENTIAL ACTIONS (cont.)

- Consider when programming and/services need to be delivered and/or adapted in a timely fashion to meet urgent community needs (e.g., in response to the opioid crisis).
- Prioritize skills and ability in providing supportive and person-centred services when hiring and promoting staff to deliver programs and services.
- Provide training and capacity-building opportunities to staff, volunteers and board members on core approaches that increase cultural competency and destigmatized practice (e.g., cultural safety, greater/meaningful involvement of people living with HIV, trauma- and violence-informed care, intersectionality, anti-racism and decolonization, harm reduction, gender-affirming practice, etc.).
- Support staff by creating time and opportunities to engage in self-reflection, professional growth and support/mentorship. This includes intentional reflection to understand one's own social location, experiences, power/privilege and biases and how these can impact service provision and delivery of programs.

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## NEXT STEPS:

# SECTION 4: PROGRAMS AND SERVICES

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## INDICATOR 4.6

Service users have choice and control over their participation in programs and services.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Promote service users' understanding and awareness of available programs and services and their rights to access them.<sup>16,17</sup>
- Ensure service users are informed about choices and options they can make within programs and services (e.g., different types of STBBI testing such as HIV rapid testing or anonymous testing, group counselling or individual counselling, different forms of contraception).
- Provide information to support service users in making choices that best fit their needs.<sup>18</sup>

**Tip: Avoid overwhelming service users with too much information at once, particularly in first appointments or following a new diagnosis—check in later with how they are feeling and what information they need next.**

- Equip staff and volunteers to discuss potential limits to confidentiality (e.g., mandatory reporting of some STBBIs, contact tracing, disclosure to prevent harm to self or others) so that service users are informed about the privacy and confidentiality implications of their participation in programs/services.
  - Obtain consent for participation in programs and services. This can occur through formal means such as signing a consent form, but often may include informal means such as verbal consent to a procedure or agreeing to rights and responsibilities while participating in programs.<sup>19</sup>
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## NEXT STEPS:

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<sup>16</sup>Native Women's Association of Canada. (2020). *Knowing your rights toolkit: Sexual and reproductive health*. <https://www.nwac.ca/assets-knowledge-centre/KnowingYourRights-Booklet-EN-Web-1.pdf>

<sup>17</sup>Action Canada. (n.d.). *Your rights when accessing sexual healthcare services*. <https://www.actioncanadashr.org/sexual-health-hub/your-sexual-rights-and-accessing-healthcare>

<sup>18</sup>Lauwers, E.D.L., Vandecasteele, R., McMahon, M. De Maesschalk, S., & Willems, S. (2024). The patient perspective on diversity-sensitive care: A systematic review. *International Journal of Equity Health*, 23(1): 117. <https://doi.org/10.1186/s12939-024-02189-1>

<sup>19</sup>United Nations University: International Institute for Global Health. (2024). *Informed consent in sexual and reproductive health (SRH) services: A global scoping review of qualitative studies*. [https://collections.unu.edu/eserv/UNU:9586/Informed\\_consent\\_in\\_SRH\\_services.pdf](https://collections.unu.edu/eserv/UNU:9586/Informed_consent_in_SRH_services.pdf)

# SECTION 4: PROGRAMS AND SERVICES

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## INDICATOR 4.7

Programs and services are coordinated to promote holistic and continuous care.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Support service users in accessing other relevant programs and services within and outside of your organization (e.g., connect service users to other programs and services offered by your organization that may support them, provide appropriate referrals to other community organizations and services as necessary).
- Ensure staff are aware of all services provided and can make referrals internally and externally.

**Tip:** At times, more staff time and attention might be needed to make a safer referral, such as finding out about community organizations and services (e.g., are they committed to providing competent and welcoming care to 2SLGBTQ+ people) and/or facilitating a warm hand off.

### Recommended resource:

Alberta Health Services. (2020). *Warm handoffs*.

- Improve communication channels and documentation practices to ensure service users do not have to continuously repeat information about themselves and their support needs as they move through accessing services.

**Tip:** Be aware that speaking about one's story may be empowering for some. Honour each individual's preferences to share/not share and create opportunities and time for safe and respectful sharing when desired.

- Develop knowledge of and relationships with other organizations in the community that offer complementary services and/or can support with issues frequently faced by equity-deserving communities (e.g., legal services/support, housing support).
  - Assess where new programs or services can be offered to fill gaps in service provision and program delivery, especially from a population-specific lens.
  - Offer pathways for service users to connect to community and peer support available in their communities.
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## NEXT STEPS:

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# SECTION 5: ONGOING EVALUATION, IMPROVEMENT AND ACCOUNTABILITY

Collecting and responding to feedback from service users, staff, volunteers, board members and community partners plays a key role in reducing STBBI stigma. All those involved in this process should be meaningfully engaged and empowered, and their rights to privacy and confidentiality clearly protected. In order to ensure transparency and accountability, it is important to provide clear information about how feedback will be used (and potential limitations) and to report back about changes made. Your organization may choose to use this Tool and the associated [Action Plan Template](#) to support your ongoing evaluation and improvement efforts.

# SECTION 5: ONGOING EVALUATION, IMPROVEMENT AND ACCOUNTABILITY

## INDICATOR 5.1

Feedback is regularly collected from service users/community members, staff, and volunteers.

YOUR RATING:

1      2      3      4      5      ?      N/A

## POTENTIAL ACTIONS

- Identify opportunities to collect information about how people experience and interact with your organization (eg., ongoing feedback surveys, focus groups, comments/complaints, engaging service in the process of completing the Tool)

**See the following examples of service user experience surveys and complaint forms:**

Alliance for Healthier Communities. (2021). *Primary care patient experience survey*.

Alliance for Healthier Communities. (2021). *Virtual care experience survey*.

Access Alliance (Multicultural Health and Community Services organization, Ontario). *Complaints form*.

- Consider how your organization’s feedback and complaints processes could be improved to increase accessibility, accountability, fairness, efficiency and safety and aim to reduce barriers to service users voicing their feedback or concerns (e.g., off-site focus groups with an external facilitator may encourage more honest sharing).

**Recommended resource:**

Atlantic Policy Congress of First Nations Chiefs Secretariat. (2024). *Anti-Indigenous racism in healthcare complaint processes in Atlantic Canada: Finding a better path*.

- Ensure accessibility of feedback processes to respondents of varying cognitive and language abilities.

**Tip:** Providing flexible options (e.g., different ways of making a complaint, or allowing an advocate to submit a complaint on someone’s behalf) may increase accessibility and approachability.

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# SECTION 5: ONGOING EVALUATION, IMPROVEMENT AND ACCOUNTABILITY

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## POTENTIAL ACTIONS (cont.)

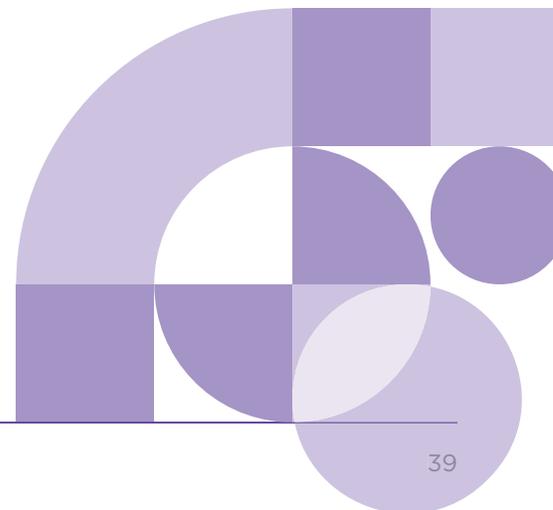
- Invite service users/community members to share their experiences through formal (e.g., post session surveys, comment/complaint boxes or digital forms) and informal channels (e.g., comments to staff about services/experiences, online feedback on organization's social media channels).
- Provide clear and accessible information about how feedback will be used. Create opportunities for service users and staff to control how information they provide is used (e.g., follow up in six months about how the information has been actioned, provide options for feedback to be retracted by respondents).

**Tip:** Offer an honoraria or other incentive to participants (e.g., a meal or snack) when asking for participation during more lengthy feedback processes.

**Tip:** Consider power dynamics that are at play when offering something in exchange for information. Provide the incentive to all participants, whether or not they complete the survey/focus group etc.

---

## NEXT STEPS:



# SECTION 5: ONGOING EVALUATION, IMPROVEMENT AND ACCOUNTABILITY

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## INDICATOR 5.2

Feedback is collected with an awareness and respect for anonymity and confidentiality.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- Consider when and how it may be appropriate to provide anonymous channels for service users, staff volunteers and/or board members to share their views and experiences. These options can allow for individuals to share more openly without fear of repercussion, but also limits ability for follow-through where action or investigation may be needed.<sup>20</sup>
  - Ensure staff and service users are aware of situations when anonymous feedback can and cannot be acted upon.
  - Establish clear protocols to protect confidentiality when collecting feedback (e.g., secure third-party online feedback portal, anonymous feedback box in the organization's physical space, contracting an external organization to gather and aggregate staff feedback, which is reported to leadership).
  - Be selective about the collection of potentially sensitive information and transparent about what information is being collected, why it is being collected and how it will be used. These criteria should be communicated to all respondents in a way that facilitates collaboration (e.g., asking respondents if they have questions or concerns).
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## NEXT STEPS:

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<sup>20</sup>Locock, L., Skea, Z., Alexander, G., Hiscox, C., Laidlaw, L., & Shepherd, J. (2020). Anonymity, veracity and power in online patient feedback: A quantitative and qualitative analysis of staff responses to patient comments on the 'Care Opinion' platform in Scotland. *Digital health*, 6, 2055207619899520. <https://doi.org/10.1177/2055207619899520>

# SECTION 5: ONGOING EVALUATION, IMPROVEMENT AND ACCOUNTABILITY

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## INDICATOR 5.3

Information collected from staff and service users is analyzed, interpreted, and actioned to address stigma and improve the experience of service users and staff.

YOUR RATING:

1      2      3      4      5      ?      N/A

---

## POTENTIAL ACTIONS

- Consider the need for collecting information (e.g., why it is being collected and how the organization plans to use it).
  - Ensure staff understand why the organization is seeking and using information and are able to inform respondents about these reasons.
  - Design feedback forms specifically to request and invite sharing experiences of stigma and/or discrimination in accessing the organization's programs services for both staff and volunteers and people accessing services.
  - Focus on equity in ongoing evaluation, data collection and knowledge generation (e.g., ensure that disaggregated data can be assessed to understand how people with various characteristics engage with or experience services, disaggregate data by gender, race, age, etc.).<sup>21,22,23</sup>
  - Share your successes, challenges and lessons learned (e.g., via presentations, reports, meetings and online) to help support growth and improvement of other local and regional health and social service organizations.
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## NEXT STEPS:

<sup>20</sup>Pinto, A., Glattstein-Young, G., Mohamed, A., Bloch, G., Leung, F. H., & Glazier, R. (2016). Building a foundation to reduce health inequities: Routine collection of sociodemographic data in primary care. *Journal of the American Board of Family Medicine*, 29(3): 348-355. <https://doi.org/10.3122/jabfm.2016.03.150280>

<sup>21</sup>Chin, M. H. (2015). Using patient race, ethnicity, and language data to achieve health equity. *Journal of General Internal Medicine*, 30(6): 703-705. <https://doi.org/10.1007/s11606-015-3245-2>

<sup>22</sup>Wellesly Institute. (2017). *Socio-demographic data and equity in health services in Ontario: building on strong foundations*. <https://www.welleslyinstitute.com/wp-content/uploads/2017/10/Collecting-Socio-demographic-Data.pdf>

# SECTION 5: ONGOING EVALUATION, IMPROVEMENT AND ACCOUNTABILITY

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## INDICATOR 5.4

Feedback is valued and considered when identifying areas for action/improvement and service users are engaged in implementing changes.

YOUR RATING:

1      2      3      4      5      ?      N/A

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## POTENTIAL ACTIONS

- When collecting information, communicate with service users about how their feedback will be addressed (e.g., explain how information they provide will inform future service provision).
  - Share feedback collected and analyzed with service users (e.g., through reports, infographics/posters, presentations).
  - Provide opportunities for follow up comment and collaboration with respondents (e.g., establish process for service users to consent to follow up with the organization regarding their feedback and potential opportunities for further collaboration).
  - Clearly define roles, responsibilities and processes for quality improvement and accountability (e.g., advisory committees, time and space for staff to discuss service user feedback and their own experience[s], allocate time and resources to plan and implement change).
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## NEXT STEPS:

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# APPENDIX A: KEY TERMS

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## People with lived/living experience (PWLE)

Individuals who have direct personal knowledge and firsthand understanding of stigma about sexuality, substance use and sexually transmitted and blood-borne infections (STBBI). This can include a variety of different experiences, such as living with HIV or other STBBIs, experiencing stigma about substance use, or experiencing harmful assumptions about one's sexual practices, relationships or use of substances. Stigma about sexuality, substance use and STBBIs is also impacted by intersecting forms of discrimination based on factors such as a person's race, ethnicity or culture, sexual orientation, gender identity, disability (both visible and invisible), socioeconomic status and others.

**Note:** This Tool emphasizes the importance of community engagement and engagement of PWLE. This may include service users, volunteers and staff as well as members of the wider community who are impacted by STBBI-related stigma and its intersections.

## Greater/meaningful involvement of people living with HIV (GIPA/MIPA)

A principle that aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives.

## Equity-deserving groups

Communities that have been historically marginalized and continue to experience health inequities including disproportionate impacts of STBBI and related stigma (e.g., First Nations, Inuit and Métis communities, people who use drugs, 2SLGBTQIA+ (see below) communities, people experiencing homelessness, racialized and newcomer communities, sex workers and people with intellectual/developmental and physical disabilities).

**Note:** This term has limitations. We recognize that all communities deserve equity, whether or not this is reflective of how they currently experience health and social service systems.

## Health equity

Health equity describes the condition in which all people can reach their full health potential and are not disadvantaged because of race, ethnicity, gender, sexual orientation, social class or other socially-determined circumstance.<sup>24</sup>

## Health inequity

Unfair and avoidable health differences between social, economic or geographic population groups. Health inequities are socially produced—they result from the ways society distributes resources and opportunities, such as money, education, housing, employment and legal status. They are not caused by natural biological differences. Underlying the concept of health (in)equity is a commitment to social justice and basic human rights.<sup>25</sup>

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<sup>24</sup>World Health Organization. (n.d.). *Health Equity*. [https://www.who.int/health-topics/health-equity#tab=tab\\_1](https://www.who.int/health-topics/health-equity#tab=tab_1)

<sup>25</sup>Moffat, H., Ndumbe-Eyoe, S. (2013). *Let's talk health equity*. National Collaborating Centre for Determinants of Health. <https://nccdh.ca/resources/entry/health-equity>

# APPENDIX A: KEY TERMS

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## Service users

People who interact with your organization to access health and/or social services. Your organization may typically use other language such as patients, clients, or consumers. Research shows that preferred terms vary greatly among individuals and within the contexts that people seek care (e.g., mental health organizations, hospitals, primary healthcare groups, social services, inpatient/outpatient services, etc.).<sup>26</sup>

**Note:** This Tool uses the term service user because it applies to both health and social service settings and the range of programs and services they provide. We also recognize that this term has potential limitations. For example, service user defines individuals by one aspect of their life and can negate other important roles and identities they hold (e.g., parent/caregiver, business owner, neighbour). Service user also may not include those who have been refused services or who are unable or unwilling to access services (e.g., due to stigma).<sup>27</sup>

## Stigma

A dynamic social process of devaluing people who possess (or are perceived to possess) certain characteristics or who belong to a particular group (e.g., based on STBBI diagnosis, substance use, race, culture, sexual orientation, gender identity, socioeconomic status, physical, intellectual or cognitive ability). By distinguishing groups of people from others we inadvertently devalue some and perceive others as superior. Stigma creates and maintains social and health inequities in ways that allow those who do not possess the stigmatized attribute to maintain a position of greater power and privilege than those who do. Stigma has the potential to limit positive outcomes and opportunities in multiple life domains (e.g., relationships, health, social, economic status, etc.).<sup>28,29,30</sup>

## Structural violence

Social arrangements which harm individuals and groups of people by preventing them from reaching their full potential (e.g., unequal access to resources, political power, education, health care and legal standing). These arrangements are structural because they are part of the economic, political, legal, religious and cultural organization of societies.<sup>31</sup> Often these arrangements seem so ordinary in the ways we understand the world (i.e., normalized), they are almost invisible.

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<sup>26</sup> Costa, D. S. J., Mercieca-Bebber, R., Tesson, S., Seidler, Z., & Lopez, A. L. (2019). Patient, client, consumer, survivor or other alternatives? A scoping review of preferred terms for labelling individuals who access healthcare across settings. *BMJ open*, 9(3), e025166. <https://doi.org/10.1136/bmjopen-2018-025166>

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<sup>28</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). (2024). UNAIDS Terminology guidelines. [https://www.unaids.org/sites/default/files/media\\_asset/2024-terminology-guidelines\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-terminology-guidelines_en.pdf)

<sup>29</sup> Herek, G.M. (2007). Confronting sexual stigma and prejudice: theory and practice. *Journal of Social Issues*, 63: 905–925.

<sup>30</sup> Parker, R. & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social Science Medicine*; 57: 13-24.

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# APPENDIX A: KEY TERMS

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## 2SLGBTQIA+

An acronym that stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual. The plus sign represents additional sexual orientations, gender expressions and romantic orientations that exist within gender and sexual minority communities.<sup>32</sup>

## Substance use

The consumption of psychoactive substances – including currently illegal drugs, as well as alcohol, tobacco and cannabis for a wide variety of reasons (e.g., medical, religious or ceremonial purposes, personal enjoyment or pleasure, to deal with stress, trauma or pain). Substance use can be viewed on a spectrum, from beneficial to low risk to potentially leading to dependence and substance use disorders that impact overall health and well-being.<sup>33,34</sup>

**Note:** In this document, the terms substances and drugs are used synonymously.

## People who use(d) drugs (PWUD)

People who currently use or have used drugs, for a wide variety of reasons (see “substance use” definition above). Note that in different contexts, individuals or groups may identify with different terms, including PWLE, PWUD, or people who use substances (PWUS).<sup>35</sup>

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<sup>32</sup>Public Service Alliance of Canada (PSAC). (2022). *Gender inclusive language toolkit*. <https://psacunion.ca/psac-kicks-pride-season-launch-gender-inclusive>

<sup>33</sup>Health Canada. (2023). *About substance use*. <https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html>

<sup>34</sup>CPHA. (2024). *Framework for a public health approach to substance use*. <https://www.cpha.ca/framework-public-health-approach-substance-use>

<sup>35</sup>Ibid.

# APPENDIX B: REFERENCES

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# ACKNOWLEDGEMENTS

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The Organizational Stigma Assessment Tool: Creating more supportive services and environments for sexual health, harm reduction and sexually transmitted and blood-borne infections (STBBIs) was developed as part of the project Engaging Community to Scale and Evaluate Stigma Reduction Interventions. This project would not have been possible without the support and involvement of many organizations, community members and professionals who reviewed project resources and provided expert feedback through key informant interviews, focus groups and pilot testing. We thank all of our collaborators for sharing their stories, insights and wisdom during the development of this resource.

**This project was made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.**

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**Recommended citation:**

Canadian Public Health Association & Centre for Sexuality. (2024). *Organizational Stigma Assessment Tool: Creating more supportive services and environments for sexual health, harm reduction and sexually transmitted and blood-borne infections* (STBBIs). (Originally published 2017).

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