

# Spotlight: Chiang Dao Community Hospital, Thailand

## Integrating Self-Stigma Reduction into Comprehensive Hospital Stigma Reduction Quality Improvement Programs

### Southeast Asia Stigma Reduction QI Learning Network

Healthqual



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### Background

Chiang Dao Hospital is recognized for its leadership in introducing innovative approaches to monitoring patient care and engaging families in HIV stigma-reduction activities, encouraging a holistic approach to stigma-free care. Located in Chiang Mai Province in northern Thailand, it is recognized as a pioneering example of implementing stigma and discrimination (S+D) reduction activities. A 60-bed public community hospital, Chiang Dao manages an average of 300 outpatient visits daily and provides ART services to approximately 600 people living with HIV (PLWH) as of 2024. The ART clinic operates three days a week and serves up to 50 clients per day.

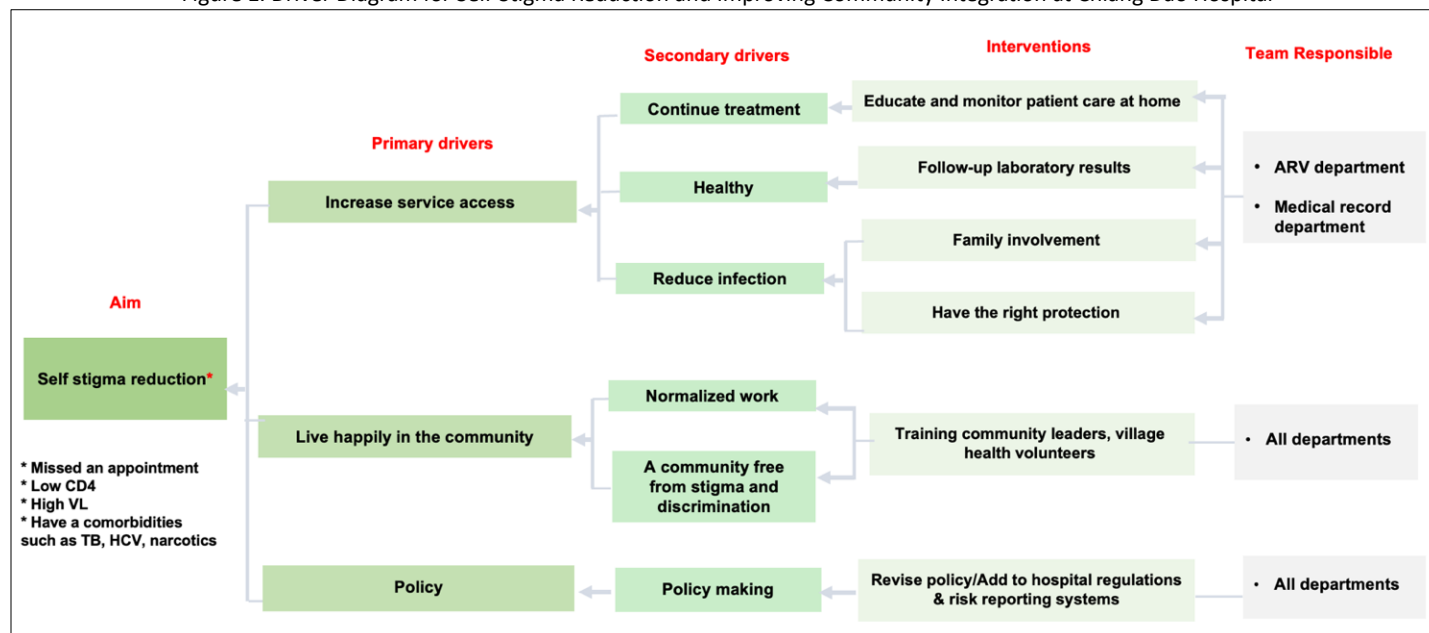
Stigma reduction training was conducted for the hospital staff by a team from Chiang Dao District who had previously attended training in Bangkok, organized by the Ministry of Public Health Division of AIDS Services (DAS) in collaboration with the AIDS Rights Protection Center Foundation. Following this, the hospital began implementing quality improvement activities to reduce stigma (QIS+D) in 2019. Chiang Dao Hospital is now a model hospital for others, having expanded its stigma reduction initiatives in alignment with the National 3x4 Plan<sup>1</sup>, focusing on both patient and community education, and delivering friendly and inclusive services to PLWH and key populations. The hospital has also been instrumental in implementing **programs to address self-stigma**, which began as stand-alone initiatives in 2018 and were later integrated into the stigma reduction QI framework.<sup>2</sup>

### Quality Improvement and Implementation Steps

Chiang Dao Hospital organized its approach to S+D reduction to identify the key steps involved in **reducing self-stigma** among its clients and to inform action steps to **improve service** and to **identify responsible parties for the implementation** of these steps. Stigma reduction activities have centered on **strengthening staff competencies, embedding policies into daily practice, and engaging the broader community**.

Key drivers of stigma were identified through surveys and discussions with both staff and clients. Root cause analysis revealed that **communication gaps, limited awareness, and unconscious bias** among healthcare workers were significant contributors to S+D. The head of the nursing group led the implementation of strategies based on these findings, in collaboration with the AIDS Rights Protection Center Foundation. The hospital structured these strategies into a **driver diagram** to guide implementation effectively (figure 1). The Primary drivers were identified as increasing service access and enabling PLWH to live happily within their communities. Secondary drivers include fostering continued treatment, promoting healthy behaviors, and normalizing work environments to reduce stigma. Interventions were aligned to these drivers and involved 1) home-based HIV health education and patient care monitoring; 2) ensuring follow-up of laboratory results; and 3) engaging family members in supportive roles. **Family involvement** is promoted through activities such as providing emotional and practical support to assist with access to external resources and facilitating communication with healthcare personnel. Additional interventions focus on individual empowerment, including supporting patient self-management, participation in decision-making and problem-solving, managing stress, integrating self-care into daily life, and engaging with social networks.

Figure 1. Driver Diagram for Self-Stigma Reduction and Improving Community Integration at Chiang Dao Hospital



<sup>1</sup> National AIDS Committee. "Thailand National Strategy to End AIDS 2017-2030." Bangkok: NC Concept Co. Ltd (2017).

<sup>2</sup> <https://www.rejoicecharity.com/news/9-items-for-news/232-education-and-prevention-at-chiang-dao-compassionate-home>

## Quality Improvement and Implementation Steps (cont'd)

The hospital also engages its Infection Prevention and Control Program as a key component of its facility action plan to ensure that staff are managing infection risks through proper prevention practices and that precautions are based on medically driven rather than stigma or discrimination. Training for healthcare workers emphasized **communication, empathy, and inclusive service delivery**. Policy revisions integrated stigma reduction into **hospital regulations and reporting systems**, ensuring that these initiatives become standard operating procedures. **QR code-enabled reporting mechanisms** allow patients to provide anonymous feedback, enabling real-time responses to address stigma-related concerns.

The hospital also **collaborates with community leaders and village health volunteers**, leveraging their influence to promote a stigma-free environment. These community partners play an important role in fostering open discussions about HIV, promoting accurate information on transmission and prevention, and encouraging the adoption of preventive measures such as PrEP and harm reduction strategies for drug use. This partnership has enhanced awareness campaigns and empowered local stakeholders to advocate for acceptance and understanding of PLWH.

The pre-and post-intervention survey data from Chiang Dao Hospital reveal encouraging trends. Among healthcare providers, significant improvements were observed in reduced fear of contracting HIV, lower levels of negative attitudes toward PLWH, and a decrease in overprotective behaviors. However, while observed discrimination showed a smaller decline (around 5%) compared to other improvements, it remains an area for further targeted efforts. For PLWH, the interventions led to reductions in experienced S+D in the hospital and in self-stigma which may result in improving access and engagement in care. Unauthorized disclosure of HIV status and discrimination related to reproductive health also decreased post-intervention, reflecting the hospital's success in fostering a safer and more supportive care environment.

Figure 2. Healthcare Provider S+D Measures (Pre- and Post-Intervention)

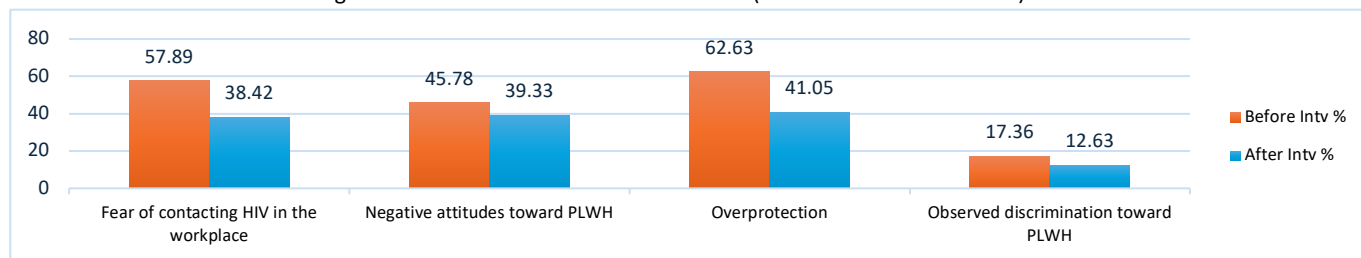
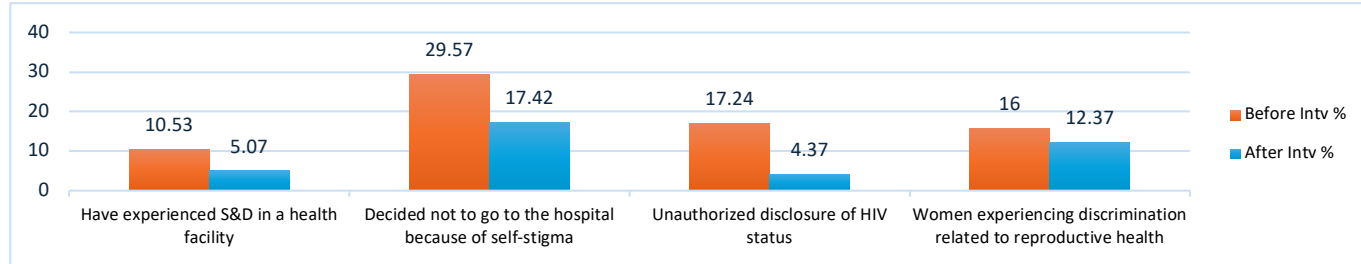


Figure 3. PLWH Experiences and Self-Stigma Measures (Pre- and Post-Intervention)



## Lessons Learned

1. **Integration of self-stigma activities into organization-wide stigma reduction and quality improvement activities is feasible and effective:** Reductions in self-stigma were noted in routinely undertaken client surveys following the implementation of programs at Chiang Dao Hospital.
2. **Action across multiple levels:** Stigma reduction activities occur through family-centered care involving healthcare worker behaviors, patient and family engagement, and community involvement. Chiang Dao Hospital effectively targeted each of these aspects, fostering a holistic, inclusive, and supportive environment.
3. **QI tools such as driver diagrams and root cause analysis lead to solutions:** By analyzing and addressing the underlying causes of stigma, the hospital is able to create specific actions to address gaps in knowledge and problematic behaviors.
4. **Data-driven improvement:** Collecting feedback from both staff and patients allows the hospital to track progress and adjust its strategies to make them more effective.
5. **Retraining is important for staff capacity building:** Regular training for staff reinforces good practices and maintains an ongoing focus on stigma reduction over time.
6. **Embed S+D reduction in policies for sustainability:** Adding stigma-reduction practices into hospital policies and procedures facilitates their sustainability through their incorporation into daily routines.
7. **Community partnerships:** Working with local leaders and volunteers extends stigma-reduction efforts beyond the hospital and into the community, affecting stigma not only in the hospital setting but beyond it.
8. **Empowered families:** Educating families about S+D provides better support and creates a more understanding environment for PLWH.
9. **Strengthening patient self-efficacy:** Supporting patients to develop confidence in the management of their own health facilitates the reduction of self-stigma and enhances engagement in care.