Alleviating Stigma; Moving Beyond Cultural Competency

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Session Overview

Overview
- Maintaining the importance of cultural competency
- Taking competency a step forward: Cultural Humility & its principles

Emerging
- Proposed Cultural Humility Training – structure and needs addressed
  - Opportunities through 15-1510

Moving Forward
- Moving the Alleviating Stigma toolkit forward
- “Bish, what’s tea?” - a crash course in appropriate language
- Q&A
“Cultural competence” in health care entails:

- Understanding importance of social and cultural influences on patients’ health beliefs and behaviors
- Considering how these factors interact at multiple levels of the health care delivery system (e.g., at the level of structural processes of care or clinical decision-making)
- Devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations
Cultural Competence in HIV Prevention

• Cultural competency is shown to be related to HIV prevention & treatment outcomes
  o Absence and presence of cultural competency represents an important barrier and facilitator to mounting effective outreach and intervention efforts

• “Competence” is needed across multiple sectors (CBOs, health care providers, state & local health department staff, policymakers, advocates, and other stakeholders).
Cultural Competence’s Importance in HIV Prevention?

Many ethnic minorities:

- Are distrustful of health professionals
- Perceive healthcare providers to be focused on stereotypes associated with minorities
- See healthcare providers as disinterested in their needs
## Cultural Competency vs. Cultural Humility

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<tr>
<th>Goals</th>
<th>Cultural Competence</th>
<th>Cultural Humility</th>
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<tbody>
<tr>
<td>To build an understanding of minority cultures to better and more appropriately provide services</td>
<td>To encourage personal reflection and growth around culture in order to increase awareness of service providers</td>
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<th>Values</th>
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<th>Cultural Humility</th>
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<tr>
<td>• Knowledge</td>
<td></td>
<td>• Introspection</td>
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<td>• Training</td>
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<td>• Co-learning</td>
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<tr>
<td>• Enforces the idea that there can be “competence” in a culture other than one’s own</td>
<td>• Challenges professionals to grasp the idea of learning with and from clients</td>
<td>• The burden of learning should not be placed on the “diverse” client—it is not the client’s responsibility to teach the clinical professional about their culture or how to interact with him/her.</td>
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<td>• Supports the myth that cultures are monolithic or static</td>
<td>• Based upon academic knowledge rather than lived experience. Believes professionals can be “certified” in culture</td>
<td>• No end result, which those in academia and medical fields can struggle with</td>
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<td>• Based upon academic knowledge rather than lived experience. Believes professionals can be “certified” in culture</td>
<td>• Allows for people to strive to obtain a goal</td>
<td>• Encourages lifelong learning with no end goal but rather an appreciation of journey of growth and understanding</td>
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<td>• The burden of learning should not be placed on the “diverse” client—it is not the client’s responsibility to teach the clinical professional about their culture or how to interact with him/her.</td>
<td>• Promotes skills-building</td>
<td>• Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics</td>
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<td>• No end result, which those in academia and medical fields can struggle with</td>
<td>• Establishes a minimum performance expectation within clinical practice</td>
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| • Encourages lifelong learning with no end goal but rather an appreciation of journey of growth and understanding |                                                                                  |                                                                                  |
“We can never become truly competent in another’s culture. We can demonstrate a lifelong commitment to self evaluation and self-critique” - Minkler (2005). Journal of Urban Health

Cultural Competence

Lifelong commitment

= Equitable outcomes
Cultural Humility: Core Principles

- Self – reflection and the Lifelong Learner model
- Patient-focused interviewing and care
- Community-based care and advocacy
- Institutional consistency
Cultural Humility – Digging Deeper

Promotes:

• Increasing trainees’ knowledge of health beliefs and practices (self-reflection)
• Avoids a false sense of security in one’s training (self-reflection)
• Pushes trainees to think consciously about their own identities and backgrounds
• Awakens trainees to the incredible position of power healthcare providers potentially hold over all patients

Promotes:

• A less authoritative style that signals to the patient that the practitioner values the patient’s perspective (patient-focused)
• Competency in advocacy – importance of placing trainees in mutually beneficial and respectful relationships with community members and orgs
• Addressing inequities in the institution (evaluate staff demographics, diversity, is inclusion supported?)
A Note on Institutional Consistency

Cultural humility

Self Reflection

Staff
- Demographic profile?
- Diversity? (culture, race, ethnicity)
- Is culture-related training required?
- Does institutional ethos support inclusion and respect of differences?

Training

Institutional process
- What processes/policies currently obstruct lessons learned?
- Use data to inform whether BGM/Latino MSM/IDUs are achieving health outcomes
Cultural Humility – Webinar Series

• By the end of the webinar participants will:
  
  Be able to articulate the principles of cultural humility

  Apply those principles in their communication and care with BGM

  Lead peers through group exercises that enable a better understanding of how to actively and respectfully approach other cultural practices in HIV treatment and care service provision
Training Structure

Provided with a list of action items to promote future investment in cultural humility principals

Initial assessment/eval

Issuance of cultural humility rating/score

Training commences

Final assessment

Results + future learning goals/objectives

Cultural Humility Webinar

Assess cultural knowledge of marginalized populations, use of appropriate language, culture-specific modes of communication

Modules: Guide to appropriate language; addressing institutional inequities, promotes community-based care & advocacy

Provided with a list of action items to promote future investment in cultural humility principals
1.1 Sexual Health Model as a framework for innovative HIV prevention strategies
Sexual Health Model & Innovative HIV Prevention Strategies

Takes into account the historical effects of shared trauma and resulting:

- Adaptive duality – “role flexing” – coping strategy where POC shift their speech, behavior and dress to appear acceptable to the group they’re interacting with.
- External factors that influence personal control (cultural power, gender, religious)
- Traditional indirect communication patterns of POC *insert specific example*
- Mistrust of outsiders
Sexual Health Model – Core Principles

**Interconnectedness** – emphasis on personal health, along with family ties and social networks

**Sexual Ownership** – requires one to make responsible decisions about sex and be responsible for one’s sexual health and articulating one’s needs

**Body Awareness** – can be limited by cultural and religious prohibitions (cultural views on condom usage, sexual practices).

Sexual health model promotes health body image, mental health stability and ability to articulate problems effectively to providers.
“Bish, what’s tea?”

Training module will offer a crash course in culture-specific:
• Modes of expression
• Social norms
• Key cultural dynamics
For Questions:

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