Practicing Cultural Responsiveness in Health Care Delivery Settings
Webinar Overview

Overview

• Revisiting Stigma and its Impact on Health care Delivery Systems
  • Center for Engaging Black MSM Across the Care Continuum (CEBACC)
    – What We’ve Been Hearing

Emerging

• Moving Cultural Competence Forward
  • Cultural Responsiveness – Contextualization, Core Elements, In Motion

Moving Forward

• Cultural Responsiveness: Recommendations
  • Subsequent Webinar Series – Tying it all together
  • Q&A
Social Determinants of Health

**The Bar Before the Bars**

**Barriers to Achieving Viral Suppression**
- Stigma
  - Racism
  - Homophobia, Marginalization
  - Shame, Poverty

**Health Care Systems/Access Navigation**
- Lack of Insurance
- Lack of knowledge concerning health systems
- Provider bias/discomfort

**Trauma**
- Early childhood sexual abuse
- Cast out from family and social networks
Center for Engaging Black MSM Across the Care Continuum (CEBACC)

Key Goals:

1. Describe health care challenges for Black MSM
2. Address misinformation, knowledge gaps, and ignorance among provider communities
3. Develop skills in offering high quality and nuanced culturally responsive sexual health services
CEBACC Lit. Review – Findings

- Disparities: 65%
- Barriers to Care: 7%
- Prevention: 8%
- Care Access Across the Cascade: 20%
Health Care Barriers – In Motion


PrEP Access Barriers
Center for Engaging Black MSM Across the Care Continuum (CEBACC)

We Know What's Working:

1. Care that is client-driven
   Meets patients where they are/meld reaction and clinical care; is convenient

2. Care is client-centered
   Prioritizes patients' holistic needs; prioritizes patients' immediate concerns, needs and desires. Does not rush patient!

3. Assets based vs. Deficits based
   Black & Latino MSM are more than HIV and sit at the helm of intersectionality

4. Leveraging Partnerships
   Links Black & Latino MSM patients with support services, strong referral networks for partner services: mental health/substance use, employment.

5. Innovative + Refreshes Traditional Strategies
   Creates a safe space first, then engages in a patient-centered dialogue to collaboratively establish course of care

6. Care that promotes sexual health
   Prioritizes care at patient's pace and consistent assessment and re-assessment of tailored course of care
“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

= Cultural Responsiveness
Cultural Responsiveness – In Context

- Cultural Responsiveness
- Life-Long Learner Model
- Cultural Competency

Maximum Desired Outcome
Minimum Set of Standards
The Growing Need for More

Many ethnic minorities:

- Are distrustful of health professionals
- Perceive health care providers to be focused on stereotypes associated with minorities
- See health care providers as disinterested in their needs
Bearing in mind that lived cultural experiences are embodied (visceral), dynamic, and nuanced.

Cultural Responsiveness is a self and process-driven, lifelong commitment to a tailored, dialogue-based approach that responds to the needs being presented by the individual in front of the provider, within a contextual understanding of social/economic/political/linguistic disparities.
# Cultural Responsiveness

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<th><strong>Goals</strong></th>
<th><strong>Values</strong></th>
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| • Create stronger, more collaborative dynamics between Black & Latino Gay men and their providers  
  • Assist providers in offering care that is not rooted in assumptions, but instead informed by each patient – and their specific needs – encountered. | • Knowledge  
  • Training  
  • Introspection  
  • Co-learning  
  • Collaboration  
  • “The work is never done” |

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<th><strong>Outcomes</strong></th>
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| • Successful navigation of Black & Latino gay men/MSM across the care continuum  
  • Recognition, challenging, and responding to active power dynamics between patient and provider that may stand as a barrier to successful navigation of care  
  • Creating a tailored, dialogue-based approach that responds to the needs being presented by the patient to the provider at the time  
  • Empowerment of the patient/provider dynamic to lead to efficacious care for Black and Latino MSM |                                                                           |
Cultural Responsiveness in Motion

Health Care Need

Introspection

Ongoing Input/Output Process

Care Assessment

Expectation Management

Dialogue (dual disclosures)

Patient/Provider Relationship

Course of Care

Re-engagement

Course of Care
Introspection

What's Your Privilege??

Environment
Class
Gender
Age
Appearance
National Origin
Language
Mental Health
Fertility
Race

Sexual Orientation
Immigration Status
Ethnicity
Religion
Biological Sex
Family Support
Education Level
Physical Ability
Learning Ability
Resource Level

Expression
A Note on Institutional Consistency

Cultural Responsiveness

- Diversity? (culture, race, ethnicity)

Staff

- Does institutional ethos support inclusion and respect of differences?
  - What processes/policies currently obstruct lessons learned?

Training

Institutional process

- Use data to inform whether BGM/Latino MSM/IDUs are achieving health outcomes
Expectation Management

Knowledge of mistrust concerning providers

May be previous negative health care experiences

Myth-bust beforehand: there is no monolithic experience

Understand power dynamics at play

Check your privilege at the door
Dialogue (Dual Disclosures)

NASTAD Recommendations

What Does a Collaborative, Dialogue-Based Approach Look Like?

- LISTEN
- ENABLE
  - Learn
  - START
- CREATE
- PARTICIPATE
  - Disclose
  - SHARE
  - Participate, do not dominate!
Course of Care

Process

Tailor care to patient’s needs

Provide patient with multiple (if possible) options for care; weighing pertinent pros and cons

Relay why proposed course of care was deemed best and therefore chosen

Share perceived roadblocks to the specific course of care

Dialogue with patient around present/future barriers to course of care

Ask patient if there are any initial questions or concerns

"Should any problems arise: contact me immediately via__"

Make clear that periodic check-ins are necessary and encouraged
Care Assessment

Stress importance of setting and keeping follow-up visits

During follow-up visits prepare prompt questions to assess gaps in care or treatment non-adherence

Using patient input, evaluate pros/cons, successes/challenges with current course of care

With patient input, make updates (when necessary) to course of care
Flexibility matters!

The ability to recognize what’s not working and push to find something that will is key

Minor changes in patient notification strategies (email, text, etc) can revolutionize patient/provider relations

Get uncomfortable and follow through
RECOMMENDATIONS FOR CULTURAL RESPONSIVENESS

TAILORED CARE ENGAGEMENT
Meet people where they are
One size does not fit all
Listen to understand, not to respond

CREATE ENVIRONMENT OF ACCEPTANCE
"I'm not here to judge, I'm here to address your needs."
"Without your help, I can't provide the best care for you."

SEEK & SHARE
Seek out info on treatment advances and share info with patients
Tips on sexual history taking and sample language

UTILIZE EXISTING RESOURCES
NASTAD Stigma Toolkit
NASTAD/NCSD - OCC Checklist

EVALUATE
Engage in institutional review
Does diversity currently exist?

Promotes
Trust-building
### Subsequent Webinar Series

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<thead>
<tr>
<th>Title</th>
<th>Date &amp; Time</th>
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<tr>
<td>Anti-Stigma Advocacy in HIV Prevention &amp; Care: Lessons from the Black Lives Matter &amp; Queer Dreamers Movement</td>
<td>Monday, Dec. 14th, 2-3 PM EST</td>
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<tr>
<td>Using the Sexual Health Model as a Blueprint for Appropriate Care for Black and Latino Gay Men/MSM</td>
<td>Tuesday, Jan. 12th, 2-3 PM EST</td>
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<td>The Power of Language &amp; The Importance of its Appropriate Use</td>
<td>Tuesday, Feb. 9th, 2-3PM EST</td>
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THANK YOU!

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