HOWARD UNIVERSITY AIDS EDUCATION & TRAINING CENTER

NATIONAL MINORITY QUALITY FORUM

CBC HEALTH BRAINTRUST

CULTURAL COMPETENCY: KEY TO ELIMINATING HIV DISPARITY

April 20, 2015
CULTURAL COMPETENCY: KEY TO ELIMINATING HIV DIAPARITY

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Monday, April 20th, 2015
Ritz-Carlton Hotel, Washington, DC
Learning Objectives

By the end of this training, participants will be able to:

- Define cultural competence and its impact on people living with HIV/AIDS as they attempt to access quality medical care.

- Identify at least 4 culturally responsive clinical strategies that physicians can employ to increase HIV screening in an effort to reduce HIV/AIDS-related burden in communities of Color.

- Discuss how to apply the strategies of cultural competence in the delivery of quality medical care.
As of July 1, 2011, the U.S. Census Bureau estimated that 50.4% of the population younger than 1 was minority.
Changing Demographics

As of July 1, 2011, the U.S. Census Bureau estimated that 50.4% of the population younger than 1 was minority.
Culture

Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups.
Health Care is Cultural Construct

Culture embraces the thoughts, communication, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Culture defines:

- **how** health care information is received
- **how** rights and protections are exercised
- **what** is considered to be a health problem
- **how** symptoms and concerns are expressed
- **who** should provide treatment for the problem, and
- **what** type of treatment should be given
<table>
<thead>
<tr>
<th>Complaints</th>
<th>Culture</th>
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<tbody>
<tr>
<td>“Nerves” and headaches</td>
<td>Latino</td>
</tr>
<tr>
<td>Weakness, tiredness, “imbalance”</td>
<td>Asian</td>
</tr>
<tr>
<td>“Heartbroken”</td>
<td>Native American</td>
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<tr>
<td>Bad nerves, “evil”</td>
<td>African American</td>
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The Cultural Competence Continuum

Cultural Destructiveness → Cultural Incapacity → Cultural Pre-Competence/fluency → Cultural Competence → Cultural Proficiency
<table>
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<tr>
<th>Cultural Destructiveness</th>
<th>Cultural Incapacity</th>
<th>Pre/Competence Fluency</th>
<th>Cultural Competence</th>
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<tbody>
<tr>
<td>Provider view cultural differences as a problem</td>
<td>Provider is not aware that cultural differences exist. Provider does not intentionally seek to cause harm, oppress by enforcing racist policies and stereotypes</td>
<td>Provider recognize weakness on knowledge of cultural differences, Provider is in the process of learning, but lacks training and understanding</td>
<td>Provider’s knowledge of cultural differences is appropriately incorporated in behavior and interaction with all patient. Accept and respect differences</td>
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A Culturally Competent Health Care System is Able to:

- Respond to current and projected demographic changes
- Help eliminate long standing health disparities
- Provide culturally competent patient health related information/education
- Expand choices and access to high-quality clinicians by the public in general
- Achieve greater patient adherence to medical advice, thereby increasing patient compliance
Barriers to Culturally Competent Care

- Lack of diversity in health care leadership and workforce
- Systems of care poorly designed for diverse patient populations
- Poor Cross-Cultural communication between providers and patients
- Patient fears and distrust
- Cultural Stigma
Characteristics of Culturally Competent Service Delivery

Culturally appropriate service delivery incorporates and understanding of the needs of the target patient populations and **design services** accordingly.

Culturally accessible service delivery in essence “open the doors” to services for **all** patients.
B - Barriers to Care

- Mistrust of the medical community
- Limited English proficiency & low literacy
- Access to care issues, transportation, hours of operation
- Stigma surrounding a disease or condition
- Bias in medical decision-making
B - Barriers to Care

- Education literacy and its association to HIV treatment adherence
- Negative messages that serve to foster feelings of low self-esteem
- Lack of health insurance & support systems
E - Ethics

Science of the human condition as it applies to the morality of beliefs, values, and behavior

- Professional duty: do no harm and to do the best for the patient (Principals of beneficence and benevolence)
- Components of natural law
- Federal Law regarding different cultures and discrimination issues
- Federal mandates LEP, Interpreters, translation of forms, use of waivers
S – Sensitivity of the Provider

- Conducting an in-depth exploration of one’s own cultural background is vital to one providing excellent care

- Examining one’s prejudices and biases toward other cultures

- Working to avoid engaging in the phenomena of cultural imposition
S – Sensitivity of the Provider

- Providers must be sensitive not just to others’ personal cultural beliefs, languages, practices, and values, but also to their own belief systems.

- Providers must conduct an in-depth exploration of their own cultural background, and examine their own prejudices and biases toward other cultures.
A - Assessment

- Ability to collect relevant data regarding patient’s health history and problems in the context of the patient’s cultural background.

- Patients have a right to have specific cultural beliefs, language, religion, values, and practices.
F - Facts

Represents obtaining knowledge and understanding of the patient’s culture, including beliefs, values, world view biological variations, and health disparities.

- The population is very diverse, varying in languages, dialects, cultures, and concerns.
- Have underlying common themes between each culture
  Spirituality – Strength through faith in God – Loss of Favor leading to Guilt, Hope & Full assessment: Providers must individualize these characteristics to their patients
E - Encounters

Achieving effective encounters with patients is a core component of cultural competence in emergency settings, factors such as:

- Cultural norms
- Language
- Literacy and health literacy
- Generation & age
- Concepts of personal space
Key Values for Cultural Competence

1. Inclusivity
2. Respect
3. Valuing differences
4. Equity
5. Commitment
Final thoughts.............

To care for someone I must know who I am.

To care for someone I must know who the other is.

To care for someone I must be able to bridge the gap between myself and the other.

*Watson cited by Anderson Emerson*
Adaptations to Practice

- Expect and acknowledge differences
- Look for systemic barriers
- Remember your culture is personal, professional, reflective of your organization and beliefs
- Avoid judgements... Alter your perspective
- Apply knowledge of cultural factors – barriers & strengths
- Learn the art of apology and humility
- Be open to new ideas, new ways of approaching something
- Use your power and privilege to empower others
- EARN trust
- Create SAFE spaces for SENSITIVE conversations
What is Culturally Competent Care?

Culturally competent care is about the creation of an environment in which the best medical practices can be safely and conscientiously implemented; it affirms all persons and alienates no one for any reason; it assists each person in celebrating and embracing the uniqueness of himself or herself.

Goulda A. Downer, 2010
How do others see You?