HIV/AIDS and Cultural Competency

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Learning Objectives

- Basics of cultural competency
- Impact of health disparities and delivery of culturally competent services
- Delivering services to diverse populations living with HIV/AIDS
- Organizational culture and HIV/AIDS
- Improving communication with providers
Icebreaker

- What was your first experience with feeling different?
- What do you like about your ethnic identity?
- What are your earliest memories about people from cultural backgrounds, socioeconomic classes, and religions other than your own?
Culture

Culture is defined as a way of life developed and shared by a group of people and passed down through generations. It consists of complex elements, including tangibles such as tools, clothing, buildings, and works of art. Culture also may refer to integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
Health is an important component of culture. Therefore, an HIV diagnosis will contribute to that component of an individual’s culture. One reason is because of the negative stigma that society often associates with AIDS. However, AIDS’ cultural impact is further influenced by its resulting emotional distress and societal discrimination, and the economic hardship it creates individually and in communities that are disproportionately affected by HIV/AIDS.
Culture Matters

When culture is ignored, families are at risk of not getting the support they need, or worse yet, receiving assistance that is more harmful than helpful.
Culture Gives Context and Meaning

- It is a filter through which people process their experiences and events of their lives.
- It influences people’s values, actions, and expectations of themselves.
- It impacts people’s perceptions and expectations of others.
ETHNIC/ETHNICITY

- Groups of people believed to be biologically related
  - “Peoplehood”
- Members of group share unique social and cultural heritage
DIVERSITY

- Condition of being different

- Pertains to ways individuals, communities, culture may differ from each other
Cultural Competence vs. Cultural Awareness

- Cultural competence:
  The ability to effectively operate within different cultural contexts

- Cultural awareness:
  Sensitivity and understanding toward members of other ethnic groups

Source: National Association of School Psychologists
Why is cultural competence important?

- Help close the disparities gap in health care
- Doctors and patients communicate more effectively
- Stigma
- Cultural Insensitivity
Health Disparities

“Racial and ethnic minorities tend to receive a lower quality of health care than non-minorities.”

_Institute of Medicine, 2012_
Intersection of Oppression

Multiple Oppression Layers: Minority Stress

- Gender Identity
- Race
- Ethnicity
- Class
- Sexual Orientation
- HIV Status
- Age
- Physical Abilities
Cascade of HIV Care


Four Components of Cultural Competence

- Awareness of one's own cultural worldview
- Attitude towards cultural differences
- Knowledge of different cultural practices and worldviews
- Cross Cultural skills

A Cultural Competency Model for African Americans - National Minority AIDS Education and Training Center
Cultural Competence

- Cultural competence also involves total awareness of a person’s own views and culture.
- A person also has to fully understand what his/her views and practices are in order to fully understand the views or culture of other people.
- Persons also need to have the right kind of attitude when it comes to cultural differences.
Cultural Competence

- A certain degree of understanding and tolerance of other cultures is essential in order for one to achieve cultural competence.
- Acquiring knowledge about other people’s cultures and ways helps a person to get the big picture and really understands what cultural competence is all about.
Culture Influences

- How people receive HIV health education messages
- Perceptions about HIV risk
- Acceptability of reduction strategies
- Negotiation of safer sex practices
- Health seeking behavior
Linguistic Competency

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.
Ethics

- Confidentiality
- Personal morality
- Societal morality
- Institutional morality

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Cultural Competence Continuum

- Cultural Destructiveness
- Cultural Incapacity
- Cultural Blindness
- Cultural Pre-Competence
- Cultural Competence
- Cultural Proficiency

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Cultural Destructiveness

- Is characterized by attitudes, policies, structures, and practices within a system or organization that are destructive to a cultural group
- Purposeful destruction
- Assumes one race is superior
Cultural Incapacity

- Is the lack of capacity of systems and organizations to respond to the needs, interests and preferences of culturally and linguistically diverse groups

- Intent not to be intentionally culturally destructive
Cultural Blindness

- Is an expressed philosophy of viewing and treating all people the same
- Belief that color or culture make no difference
- Belief that dominant culture approaches are universally applicable

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Cultural Pre-competence

- Is a level of awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally and linguistically diverse populations
- Implies movement
Cultural Competence

- Systems and organizations that exemplify cultural competence demonstrate and accept cultural differences.
- Continuing self-assessment regarding culture.
- Continuous expansion of cultural knowledge and resources.

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Cultural Proficiency

- Systems and organizations hold culture in high esteem, and use this as a foundation to guide all of their endeavors
HIV Treatment and Outcomes of Care

- **Entry into care** - African-Americans and Latinos are likely to be diagnosed at a later disease stage than whites.

- **Starting treatment** - African-Americans in one large national sample study were 59% less likely than whites to be receiving HAART.

- **Success with treatment** - 63% of African-Americans had an undetectable viral load after one year of treatment vs 92% of whites.

BE SAFE A Cultural Competency Model for African Americans - National Minority AIDS Education and Training Center
A 30-year-old physician enters the examination room to see his next patient who is a 50-year-old African American woman; he introduces himself, addresses her by her first name, and asks why she has come to the office today. The patient becomes visually upset and gets up to leave. She tells the office staff as she leaves that she will never return to that doctor.
Case Study Answer

- The clinician is aware that addressing patients by their first names may be perceived as disrespectful, especially for certain minority groups. Every patient can be asked an open-ended question about how she would like to be addressed (Miss, Ms., Mrs., Dr., Professor) by the health care provider.

- The name by which she wishes to be addressed may vary by many factors, including whether the patient resides in a rural or urban setting, whether she knows the health care provider or is a stranger, and what her age is.

- The patient in this example should be addressed by all members of the health care team by her preferred mode of address. This preference can be noted in the medical record to remind everyone how she wishes to be addressed.
Three concepts of cultural sensitivity
Semantic

- Emphasis the importance of conveying HIV/AIDS important messages understandably linguistically and stylistically (understanding how cultures filters messages and information).

Instrumental

Instrumental - The importance of understanding the cultural context of sexual, drug-using, and procreative behavior in order to facilitate the transformations of those behavioral norms that foster the transmission of human immunodeficiency virus (HIV) infection.

Principled

The foundations for this conception are respect for the cultural integrity of those to whom public health efforts are directed and the moral claims of pluralism. It is in this strong sense of cultural sensitivity that a profound clash between the goals of public health and the demand that interventions respect groups cultural integrity becomes clear.

Cultural Sensitivity

- HIV/AIDS prevention efforts that are not culturally sensitive will be ineffective.
- Failure to support behavior modification due to not being able to reach the intended audience.
- Ethics, treating people with dignity and respect
Cultural Sensitivity

- Health care professionals must conduct an in-depth exploration of their own cultural background, and examine their own prejudices and biases towards other cultures.
Cultural Sensitivity

"Just as all must have equal civil rights, and equal voting rights, regardless of race and culture, so all should enjoy the presumption that their traditional culture has value."

- Charles Taylor
How Do We Acquire Cultural Competence?

- Change decision-making processes to include families and the community
- Commit to structural and policy changes that support cultural diversity
- Make policies and practices fluid to accommodate necessary adjustments

Source: Focal Regional Research Institute for Human Services, Portland State University
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Vulnerable Groups

African Americans

African American MSM

Women (especially with children at home)\(^1\),\(^3\),\(^5\)
Uninsured

Immigrants

Less well educated

Injection drug users

Incarcerated persons

Transgendered persons

Aging persons

African Americans

- Sexual risk factors
- Injection drug use
- Lack of awareness of HIV serostatus
- Sexually Transmitted Diseases
- Homophobia and Concealment of Homosexual Behavior/MSM
- Socioeconomic Issues
- Mistrust of medical facility
Hispanic/Latino Americans

- Account for 18% of new HIV/AIDS Cases
- Behavioral risk factors
  - Injection drug use
  - Sexually transmitted diseases
- Cultural beliefs
- Poverty
- Language barrier
Transgender Population

- Insensitivity to population
- Culturally sensitive care
- Limited programs that are transgender specific
- Lack of appropriate transgender education and prevention activities
- Stigma and discrimination, which exacerbates HIV risk
Substance Abusers

- Use of injecting and non-injecting drugs
- Crack use and unprotected fellatio
- Disinhibiting effect of alcohol and drug use
- Low self esteem
- Prostitution
Men Who Have Sex with Men (MSM)

- Sexual factors
- Unaware of HIV status
- Substance Use
- Complacency about Risk
- Internet
- Social Discrimination and Cultural Issues
- Differences within the MSM community
Lack of Black Providers

CDC Locks Out Black Providers in New AIDS Technical Assistance Announcement

On March 19, the Centers for Disease Control and Prevention (CDC) awarded $115 million over five years to 21 organizations to provide technical assistance (TA) and capacity building to health departments, AIDS service organizations (ASOs) and community-based organizations (CBOs) implementing high-impact prevention and improving outcomes in the care continuum for people living with HIV/AIDS. Not one of the new CDC grantees is a Black organization. The effect of this decision is that Black organizations have been locked out of leading technical assistance and capacity building in this country for the next five years.
Lack of Black Providers

Many Black AIDS organizations have prioritized cultural competency and resisted retooling themselves in order to respond to the changing HIV/AIDS landscape.

Whatever the reasons, it's imperative that communities, ASOs and government agencies like the CDC work together to make sure that we have a geographically and racially diverse HIV service-delivery system -- including Black providers and those with expertise in other heavily impacted communities.

And that all HIV service providers -- regardless of race, ethnicity or region of the country where they provide services -- have both the cultural and subject-matter competency and the administrative bandwidth to deliver the services that our communities need and deserve.

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Movement Toward Cultural Competence

- **Attitudes must change** to become less ethnocentric and biased.
- **Policies must change** to become more flexible and culturally impartial.
- **Practices must become** more congruent with cultures.

Source: Adapted from National Center for Cultural Competence, Georgetown University
Achieving Cultural Competence

Organizationally

- Value diversity
- Conduct cultural self-assessment
- Identify cross-cultural dynamics
- Institutionalize cultural knowledge
- Adapt service delivery to diversity within and between cultures

Source: Adapted from National Center for Cultural Competence, Georgetown University
Value Diversity

- Create an environment in which people feel safe to express culturally based values, perceptions, and experiences
- Host social events at which music, food, & entertainment reflect cultures represented
- Hire staff and leaders who reflect the community’s cultural diversity
- Partner with cultural organizations and institutions

Source: Adapted from National Center for Cultural Competence, Georgetown University
Conduct Self-Assessment

- Honestly explore values, beliefs, and attitudes about your culture and others’
- Non-defensively engage the entire organization, families, and the larger community in the self-assessment
- Investigate whether recruiting and hiring practices and policies ensure diverse staffing and representative leadership
Cultural Interaction Provider

- Develop skills
- See past stereotypes
- Suspend judgment
- Remember individual are unique
- Adapt an attitude of service
- Explore, understand, and honor cultural definitions
- Accept responsibility as the powerbroker

BE Safe Curriculum
Cultural Interaction

Client

- Share components of his/her culture
- Seek provider from providers who understand his/her culture
Providers can evaluate their own cultural sensitivity by assessing the following:

- Personal values and attitudes—including those practices that promote mutual respect between health care professionals and patients (e.g., screening materials for offensive cultural ethnic or racial stereotypes,
- Being aware and intervening, when appropriate, on behalf of patients when organizations display culturally insensitive behaviors).
- Communication styles—including sensitivity to using alternatives to written communications (particularly for patients who may lack literacy skills).
- Community participation—being aware of issues/concerns in the community of the patients being served and working with appropriate community institutions/organizations to develop and implement programs.

www.csun.edu/~hchsc006/CULTURAL COMPETENCY2.ppt
Providers can evaluate their own cultural sensitivity by assessing the following:

Training and professional development—including requiring cultural competence training opportunities for the health care professional and staff, as well as making colleagues aware of cultural competency.

www.csun.edu/~hchsc006/CULTURAL COMPETENCY2.ppt
“I believe that there will be ultimately be a clash between the oppressed and those who do the oppressing. I believe that there will be a clash between those who want freedom, justice and equality for everyone and those who want to continue the system of exploitation. I believe that there will be that kind of clash, but I don't think it will be based on the color of the skin”

Malcolm X
Contact

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THANK YOU
For Your Participation!