


# Addressing Issues Relating to Cultural Competence in Youth

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# Today's Objectives....

- Definition of culture and cultural competence
- Issues facing minorities and the LGBTQ community
- Discuss the relationship between culture and health in the context of adolescents
- Utilize the framework of cultural humility to minimize bias and optimize health outcomes

# Southern Culture...



# But for many this is also culture..



# What is Culture????

- Culture is the characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music and arts
  - Can be transferred to succeeding generations

# What is My Culture???

- Sharing Food (family thing)
- Sunday dinner
- Facebook
- Natural Hair
- Weaved Hair
- Girl's Night
- Southern



# NOW...WHAT IS YOUR CULTURE???

# Self Assessment 1st

- Begins with understanding who you are
- Understanding what you believe, why you believe it
- Your personal biases and limitations
- Owning all of the ABOVE...good, bad and ugly...it's yours own it...

# Youth Culture...

- ways that teenagers conduct their lives.
  - interests, styles, behaviors, music, beliefs, vocabulary, clothes, sports and dating.





# Oh how times have changed...then!!!





# Cultural Effects....

## View of the World

- Values
- Humor
- Hopes
- Loyalties
- Fears
- Worries

## Determinants of Health

- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviors

# Social Determinants of Health

- **Income and social status** - higher income is linked to better health.
- **Education** - low education levels are linked with poor health, more stress and lower self-confidence.
- **Physical environment** - safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions - people in employment are healthier, particularly those who have more control over their working conditions.

# Social Determinants of Health

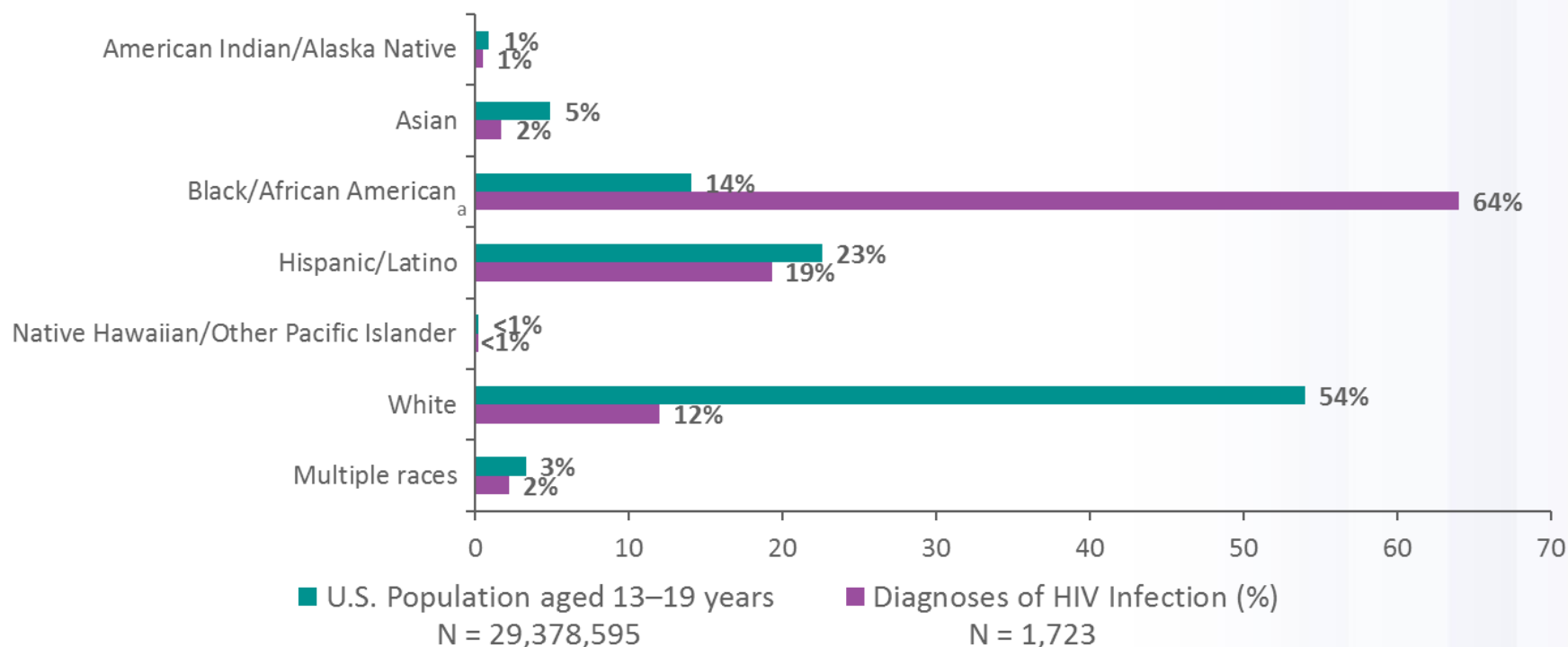
- **Social support networks** - greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behavior and coping skills - balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages

# Culture Affects Health Outcomes



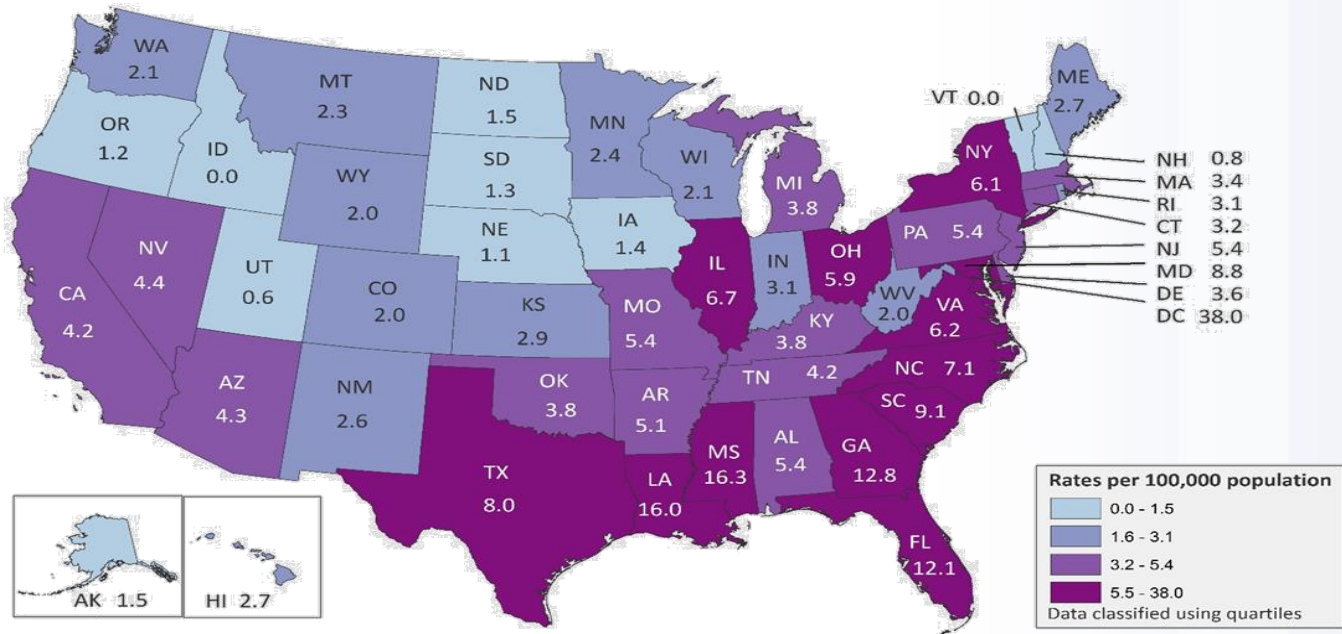
# Diagnoses of HIV Infection and Population Among Adolescents

## Aged 13-19 Years, by Race/Ethnicity 2015—United States



# Rates of Diagnoses of HIV Infection among Adolescents Aged 13-19 Years 2015—United States and 6 Dependent Areas

Mississippi -  
16.3





# Why is HIV incidence highest among Blacks?

- Sexual risk behaviors and substance use **do not** explain the differences in HIV infection between Blacks and Whites
- The most likely causes of disproportionate HIV infection rates are:
  - Barriers to access health care
  - Less awareness of HIV status
  - Delayed treatment of STI's which facilitate HIV transmission
  - High HIV prevalence in Black MSM networks especially among those who identify as gay



# Attributes to **LACK** of Culturally Competence

- **Race**
- Ethnicity
- Religion
- **Social Economic Status**
- Historical and social context (drug use)
- Physical or mental ability
- Age
- Gender
- **Sexual orientation**
- Generational and acculturation status



# Lesbian, Gay, Bi-Sexual, Transgender & Questioning

# LBTQ - Health Disparities

- Stigma
  - Leads to a lack of trust with health care organizations
- Late Diagnosis of HIV and STDs
- Availability of culturally sensitive services
- Increased risk of other STDs
- Very little access to other primary health services

# The reality

- Homosexuality is nothing new
  - Ancient Rome
  - Bible stories
  - Holocaust
- According to research, 96% of people have had at least 1 fantasy about a sexual experience outside of their norm
  - a person who identifies as heterosexual (straight) has had at least one fantasy or encounter with someone of the same sex
  - a person who identifies as homosexual (gay) has had at least one fantasy or encounter with someone of the opposite sex

# Oh the days of old...Growing Pains



# Growing Pains...

- Prejudice
- Discrimination
- Violence in society (schools, home, & communities)
- Conversion therapy

# CDC YBS Results...



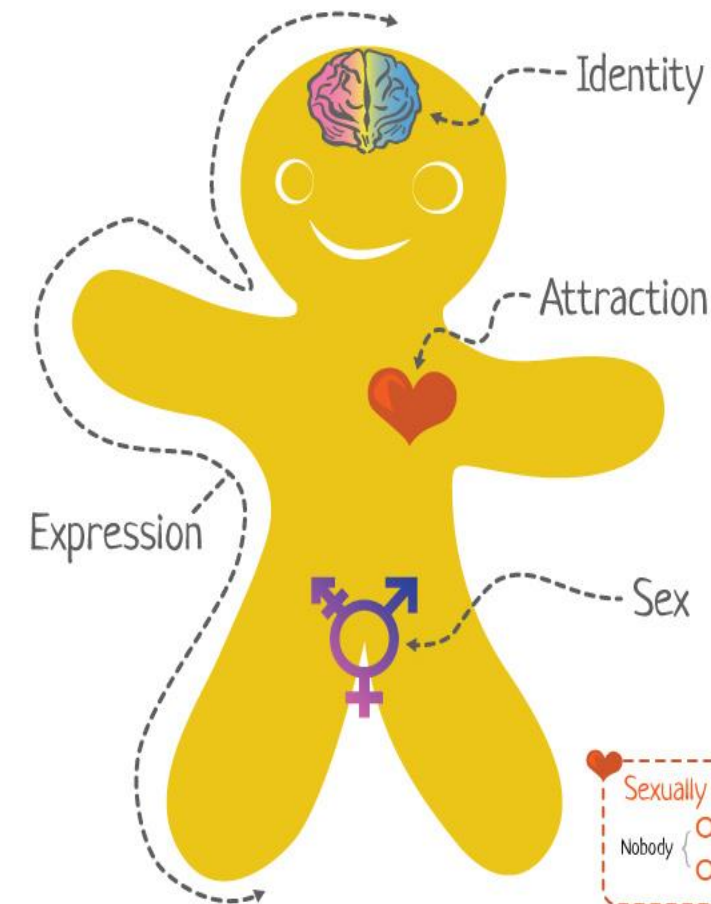
- 10% were threatened/injured with a weapon on school property
- 34% were bullied on school property; 28% online
- 23% experienced sexual dating violence w/i the last 12 months before the survey
- 18% of LGB students had experienced physical dating violence
- 18% of LGB students had been forced to have sexual intercourse at some point in their lives.



# The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity, combine all ingredients to form your Genderbread 4 (of infinite) possible plot and label combos

**Gender Identity**

Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Labels: "woman", "man", "two-spirit", "genderqueer"

**Gender Expression**

Feminine

Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Labels: "butch", "femme", "androgynous", "gender neutral"

**Biological Sex**

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair; hormones, chromosomes, etc.

Labels: "male", "female", "intersex", "MtF Female"

**Sexually Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

**Romantically Attracted to**

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

# Homophobia and Heterosexism

Homophobia: the irrational fear of, aversion to or discrimination against LGBT behavior or persons

Heterosexism: resembles racism or sexism and denies, ignores, denigrates, or stigmatizes no heterosexual forms of emotional and affectional expression, sexual behavior or community.

***Both lead ultimately to stigma.***

# Which one do you want to be???

Cultural  
Competence?



Cultural Humility?

# Cultural Competence

- Cultural competence is the **integration and transformation of knowledge** about individuals and groups of people into **specific standards, policies, practices, and attitudes** used in appropriate cultural settings to increase the quality of services; thereby producing **better outcomes**

# Cultural Humility...

- Cultural humility one construct for understanding and developing a process-oriented approach to competency.
  - 3 Factors
    - Lifelong commitment to self-evaluation and self-critique
    - Fix power imbalances
    - Develop partnerships with people and groups who advocate for others

# LGBT Issues



# Coming Out

## Fears

- Rejection
  - Family
  - Church
- Gossip
- Physical Violence
- Kicked out of home
- Discrimination
- Harassment

## What they need

- Support
- Understanding
- Acknowledgement of their feelings
- Comfort
- Love
- Acceptance

# What NOT to say...

- You are confused
- You don't want to be gay, you will get AIDS!
- You can't be gay you are too girly or manly..
- It's just a phase
- You aren't normal
- Are you going to become a woman or a man?
- It's just because you have never been with a man/woman...



# Medically Speaking - Transgender

The medical term for transgender is GD; Gender Dysphoria,

It is the formal diagnosis used by [psychologists](#) and [physicians](#) to describe persons who experience significant gender dysphoria (discontent with the biological [sex](#) they were born with). It is a psychiatric classification and describes the attributes related to [transsexuality](#).

# Transgender Spectrum

**Transsexual:** person with biological characteristics of one sex who identifies himself or herself as the opposite gender

- usually desire to change or alter their bodies to fit their gender identity through hormone treatment and/or gender reassignment surgery

Male → Female or Female → Male

**Transvestite:** person who wears clothing usually worn by people of the opposite sex (also considered crossdressers)

# Thoughts????

Mary Davis has been teaching for 15 years, she is very well liked by her peers, students and administrators. This school year she has her first transgender male student, Matthew. Mrs. Davis is very absolute about her classroom and believes rules are rules, so when Matthew requests to be called Matthew in the class (rather than his name on the role-Mattie) and treated just as the other boys, she has a dilemma.

# Action Steps

- Look at the school policy, have a discussion with the administrators.
- Discuss with Matthew's parents.
- Do some research on transgender children.
- Develop a plan to reduce the potential for bullying.
- Finally, create an atmosphere that is welcoming/inclusive of Matthew...

# Model for Promoting Cultural Humility Communication

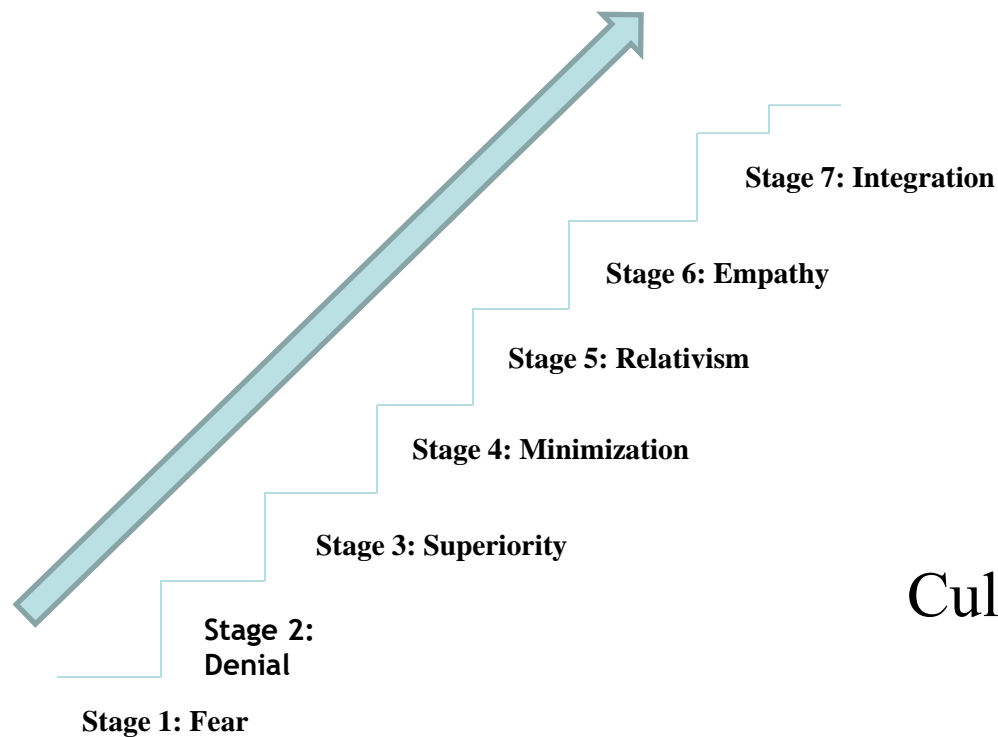
## LEARN Model

- Listen
- Explain
- Acknowledge
- Recommend
- Negotiate

# LEARN MODEL

- *Listen* to the patient's explanation of the problem.
- *Explain* your perspective on the problem.
- *Acknowledge* differences between the provider and the patient perspectives.
- *Recommend* treatment to the patient.
- *Negotiate* treatment by collaborating with the patient to find an intervention that addresses his or her concerns and those of the provider.

# What's the End Game?



Cultural Competence

# The Cultural Competence Journey





# What's your State of Mind?

- What are the main points from today's presentation?
- Are there any changes that you think you will integrate?
- Have you set any cultural competency goals?

# Benefits of Cultural Humility

- Improved Health Communication and Health Outcomes
  - More successful patient education
  - An increase in patients seeking both preliminary health care and follow-up
  - More appropriate testing and screening
  - Fewer diagnostic errors
  - Avoidance of drug complications
  - Patients follow medical advice more closely
  - Expanded choices and access to a variety of providers

# Resources

- <https://www.livescience.com/21478-what-is-culture-definition-of-culture.html>Kim Ann Zimmermann, Live Science Contributor
- <http://www.hrsa.gov/CulturalCompetence/general.html>
- <http://www.who.int/hia/evidence/doh/en/>
- [http://www.tuskegee.edu/about\\_us/centers\\_of\\_excellence/bioethics\\_center/about\\_the\\_usphs\\_syphilis\\_study.aspx](http://www.tuskegee.edu/about_us/centers_of_excellence/bioethics_center/about_the_usphs_syphilis_study.aspx)
- <http://kff.org/disparities-policy/fact-sheet/health-coverage-for-the-black-population-today-and-under-the-affordable-care-act/>
- <https://www.cdc.gov/lgbthealth/youth.htm>
- <http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>
- <http://www.naacp.org/pages/health-care-fact-sheet/>
- <http://www.bjs.gov/content/pub/pdf/p13.pdf>
- <http://www.dsm5.org/Documents/Gender%20Dysphoria%20Fact%20Sheet.pdf>
- <http://www.hivcareforyouth.org/adol?page=md-module&mod=intro-02-03>

# Take Away Points

- Regardless of gender, sexual orientation or identity, these are PEOPLE who deserve respect and quality health care without feeling shame, stigmatized or degraded
- It is our responsibilities as providers to provide a setting that allows any person to be honest and open about their sexual behavior in order to provide the best possible care
- Youth especially are unable to control the culture around them, those the social determinants of their health
- Today begins your education and therefore it is your responsibility to pass this knowledge, tolerance and understanding on to others within your organization

# Audience Survey

- Do you want to be accepted for who you are?
- Are your feelings valid and important?
- Do you want to be treated with dignity and respect?

If you answered **YES** to at least once of these questions..remember that all persons want this same treatment regardless of who they love and how they live. It's a HUMAN FACTOR...

Ask Questions...

Ask QUESTIONS....

ASK QUESTIONS...

**ASK QUESTIONS....**

