Place and Space

Mediating Geography, Culture, and Health Inequity

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Objectives

- Describe geographic inequities contributing to disparate health outcomes across the US
- Consider regional and cultural differences influencing client awareness, access, and acceptability of health care services
- Discuss geographic and cultural implications for research and practice
- Plan for geographically and culturally responsive services in your own communities and work

Framework: Social Justice and Power

- Social justice = centering egalitarianism, activism
- Consideration of identity markers and experiences:
  - Race
  - Gender
  - Sexuality
  - Class/SES
  - Geography/region

Who has power?
Where do they live?

Framework: Cultural Humility

- How is this different from cultural competency?

Framework: Cultural Humility

"The traditional notion of competence in clinical training as a **detached mastery of a theoretically finite body of knowledge** may not be appropriate…

Cultural humility incorporates a lifelong commitment to **self-evaluation** and **self-critique**, to **redressing the power imbalances** in the patient-[provider] dynamic, and to developing **mutually beneficial** and **nonpaternalistic** clinical[/health care professional] and advocacy partnerships with communities on behalf of individuals and defined populations."

J Health Care Poor Underserved. 1998 May;9(2):117-25. **Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education.** Tervalon M, Murray-García J.

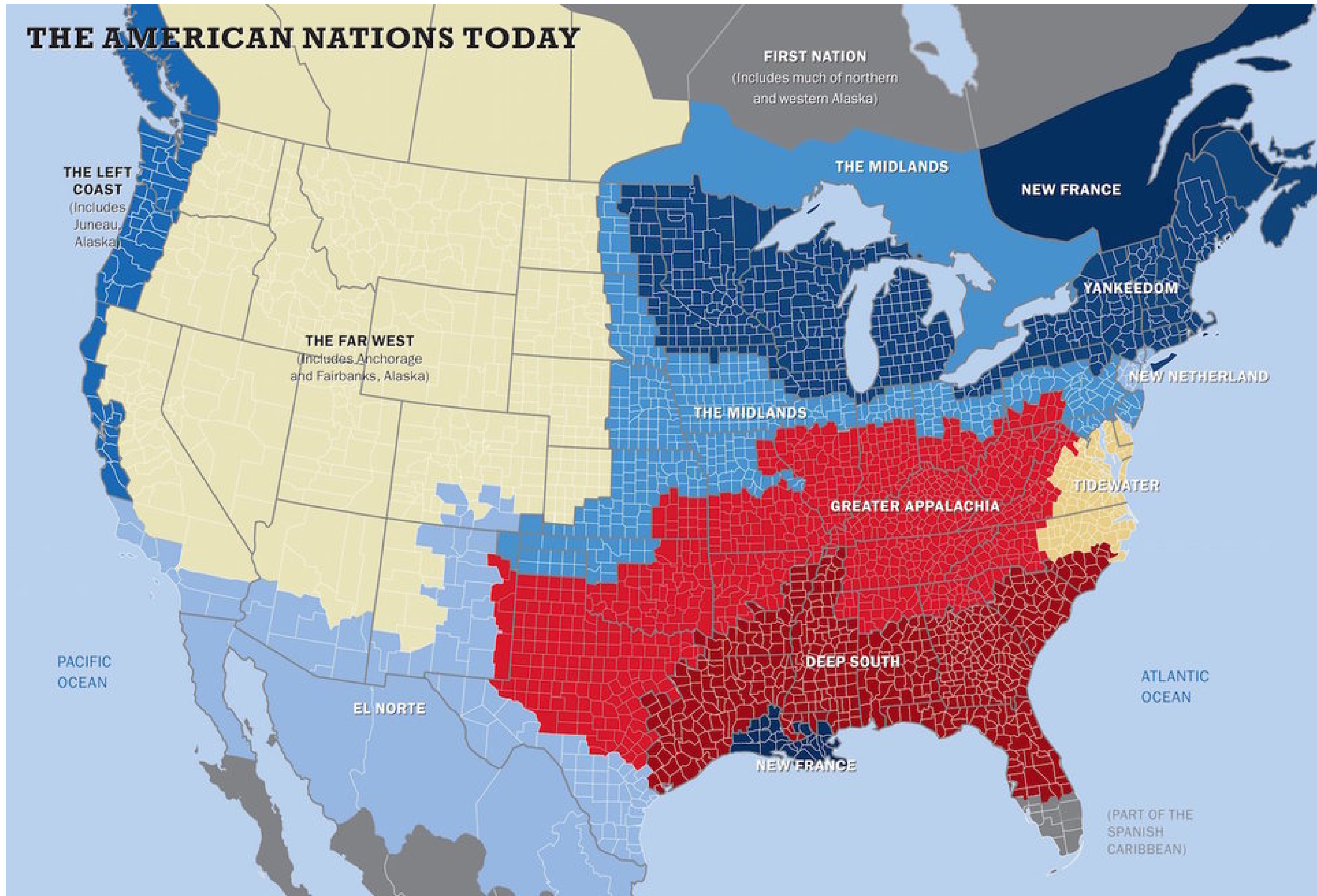
Thinking About Geographic Disparities: International and Domestic

Setting the Scene: Geographic Inequities

- Does where you live affect how long you live? Zip code data from RWJ:
  - National averages
    - 75.6 for men and 80.7 for women
  - 36907: Cuba, AL
    - 70 for men and 77.9 for women
  - 35080: Helena, AL
    - 77.3 for men and 81 for women
  - 37064: Franklin, TN
    - 79.3 for men and 83.4 for women

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

American Nations: A History of the Eleven Rival Regional Cultures of North America by Colin Woodard (2012)



- Yankeedom
- New Netherland
- The Midlands
- Tidewater
- Greater Appalachia
- Deep South
- New France
- El Norte
- The Far West
- The Left Coast
- First Nation

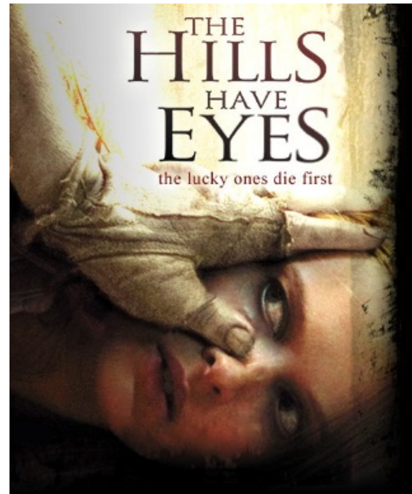
Flattening out difference is erasure and doesn't do us any good

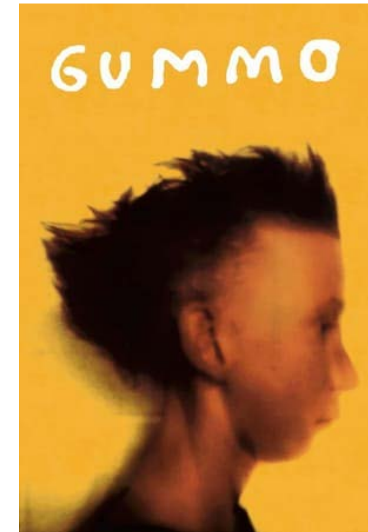
- Greater Appalachia
- Deep South

Reminder about cultural humility:

Stereotypes and reductionism are no good

What does harm our work?





"POVERTY PORN"

Tuberculosis Crisis in Alabama's Black Belt |
https:// crisis-alabama-black-belt
May 15, 2017 - Flyer warning about **TB outbreak** in Marion, **A**
County and its neighbors in **Alabama's** Black Belt as the leas

Setting the Scene: Geographic and Regional Differences + Disparities

- Structural – structural violence → funding disparities by region → low income people of color in rural AL without services
- Cultural – political culture → notions of individualism and liberty → non-expansion of Medicaid → people without care
- Interpersonal – believing untruths about others → bias → inability to meaningfully engage communities and clients in services → people never make it to or drop out of your programs
- Individual – internalized untruths about myself, my region, what I'm capable of → low confidence → low self-efficacy → little to no engagement in care

Communities and People

- ...should not be defined by their poverty
- …should not be defined by HIV incidence
- …are complicated and ever-evolving
- …don’t develop their identities, values, politics in a vacuum
- …are valuable regardless of their identity markers or politics
- …should not be caricatured or stigmatized by us as providers of medical and social services

Practice + Research + Regional and Rural Cultures

- Looking at:
  - Awareness
  - Access
  - Acceptability

Awareness

- You don’t know what you don’t know
- Stigmatizing people for what they don’t know
- Guilting people who aren’t fully aware of or bought into their care
- Complicating health literacy, adherence, etc.

Access

- Health Provider Shortage Areas
- Underserved/marginalized communities – access issues falling along racial, ethnic, class lines
- Insurance
- Transportation

Acceptability

- Rural culture, “country folks”
- Dis/trust
- HIV and sexual health practice in a city or in the Northeast vs. this work in rural areas and the Deep South
  - What serves us and what does not serve us? What best serves our clients?
    - Negotiating this is difficult

What Now?: Responsive Services

- Responsive:
  - Reacting quickly and positively
  - Answering
- What do responsive services look like? Do you have examples?

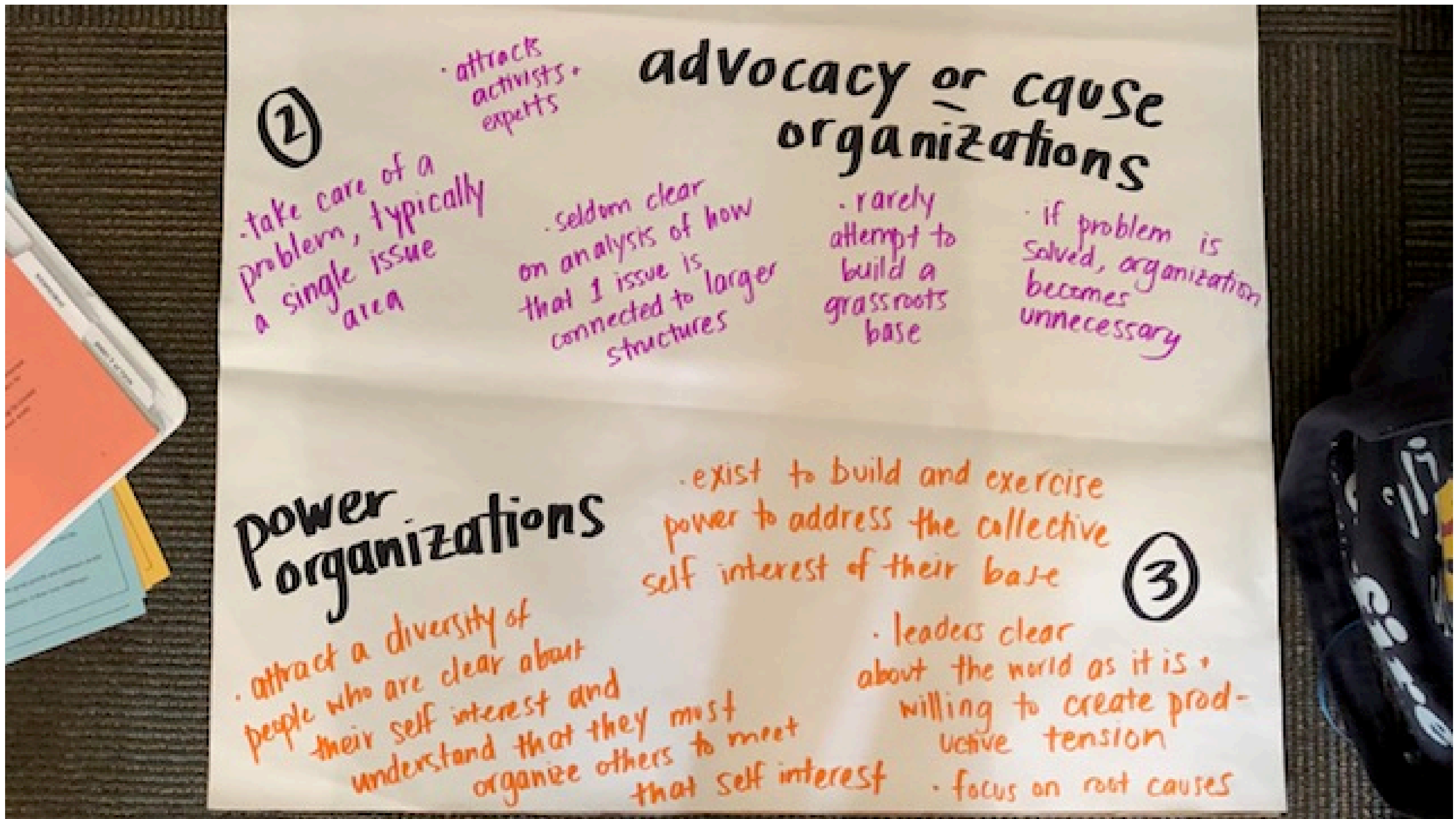
Ex. 1: Telemedicine – Policy and Logistical

- Telemedicine
- MAO’s Alabama eHealth program

Ex. 2: Training "Low Volume" HIV Providers in Rural AL - Organizational

- What works/what doesn't work? What is realistic?

Ex. 3: Advocacy vs. Power-building – Community and Interpersonal



Research and Practice Implications

- What does this mean for practice?
  - Outreach vs. capacity building, advocacy vs. power-building
  - Cultural humility
  - Elevating people from diverse geographic backgrounds
- What does this mean for research?
  - Community-Based Participatory Research
  - Elevating people from diverse geographic backgrounds

Key Takeaways

- Consider geography, region, etc. as you engage with people in your clinical spaces and community
- Develop responsive practices and projects
- Take people seriously, allow individuals and communities the complexity you'd like to be allowed
- Cultural humility

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