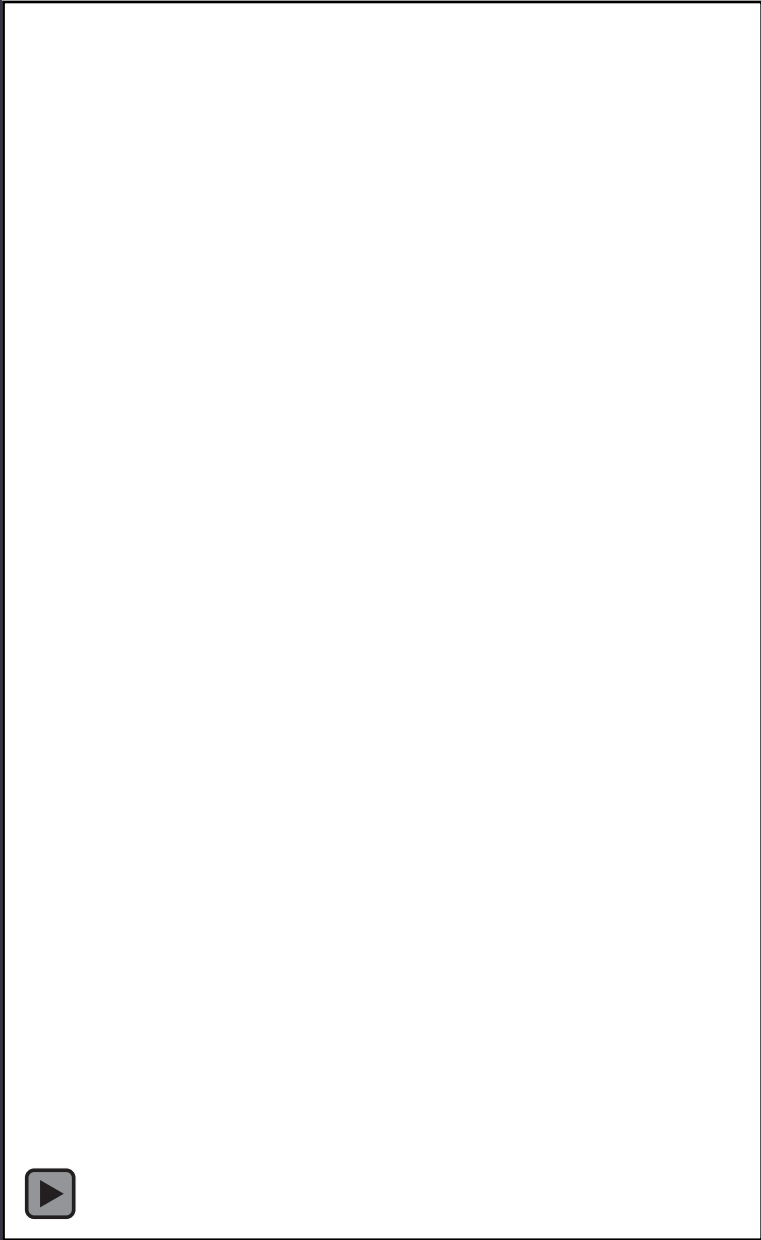# CULTURAL HUMILITY

An Evidence-Based Approach to Enhance Care
for People Living with HIV

Idia B. Thurston, PhD

Assistant Professor, University of Memphis

October 13th, 2018

Objectives

Audience members will be able to:

- ✓ Distinguish between diversity, equity, and inclusion

- ✓ Explain how discrimination and stigma contribute to poor health outcomes in PLWHA

- ✓ Define cultural humility and apply its principles to clinical care

- ✓ Describe systemic solutions to promote cultural humility and reduce disparities

Dialogue

Dialogue: *is a discussion between two or more people or groups, especially one directed toward exploration of a particular subject or resolution of a problem*

Dialogue regarding issues of diversity, equity, and inclusion is an important component in **fostering an environment of learning, respect, and effective action** - an environment where the value of engaging, embracing, and including diversity is put to action

Roadblocks to Diversity Dialogue
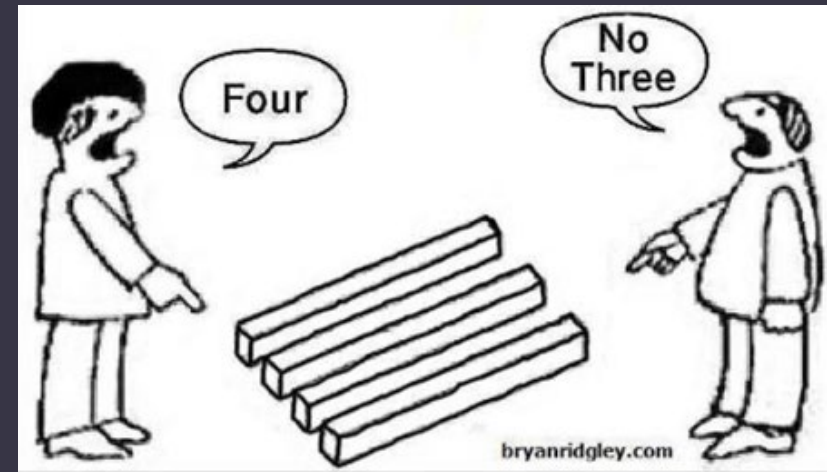
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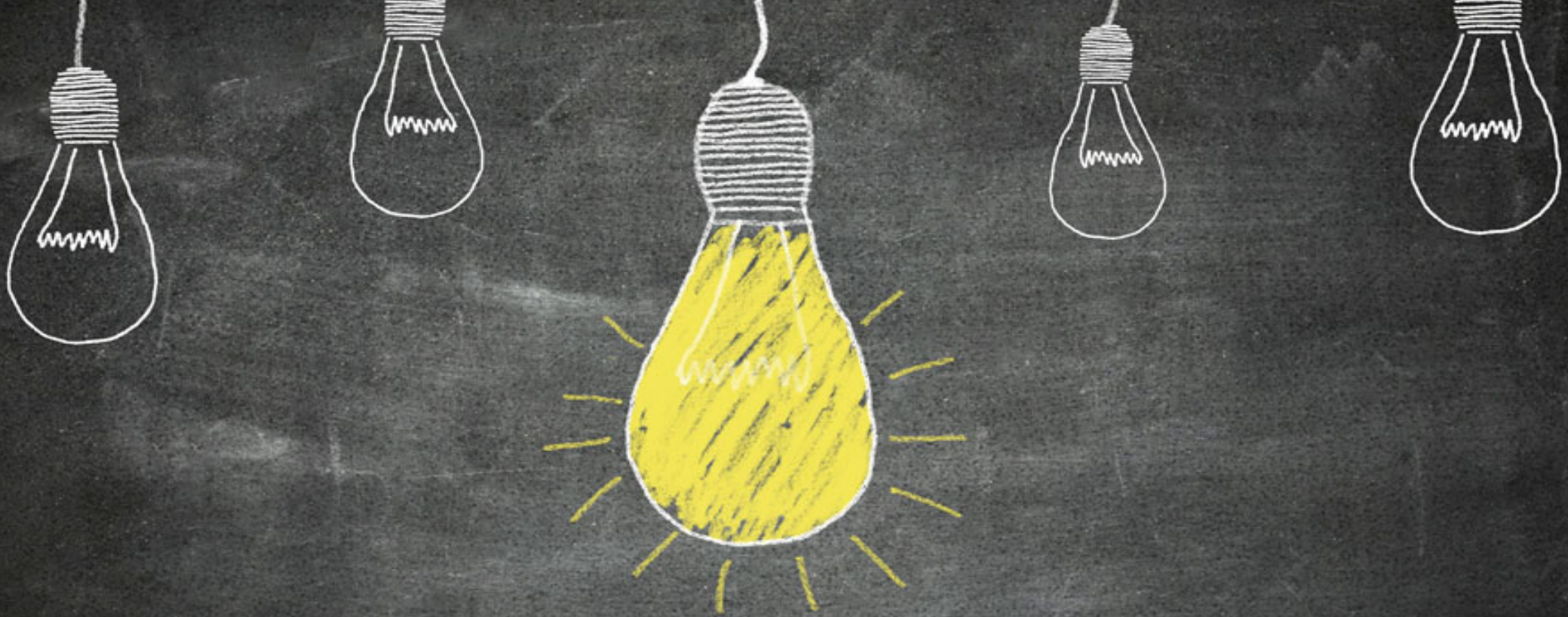
- On a blank piece of paper or electronic device, jot down these three key words
  - Diversity;   Equity;   Inclusion
- Now define them
  - Write buzzwords, bulleted definitions, anything that comes to mind
- What do you notice?
  - Are there clear differences between terms? Any overlap? Could you explain how they are all interrelated?

Questions to ask when thinking…

DIVERSITY

How can we get more "diverse" people into our pipeline?

How can we incentivize recruiting "diverse candidates"?

Why aren't people of differing identities applying for our jobs?

INCLUSION

What is the experience for individuals who are the minority within the organization?

What barriers stand in the way of people with marginalized identities feeling a sense of welcome and belonging?

What don't we realize we are doing that is negatively impacting our new, more diverse, teams?

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Conceptual Framework of Health Disparities

Detection	Understanding	Reduction/elimination of disparities

Kilbourne, A. M., Switzer, G., Hyman, K., Crowley-Matoka, M., & Fine, M. J. (2006).

Conceptual Framework of Health Disparities

Detection → Understanding → Reduction/elimination of disparities

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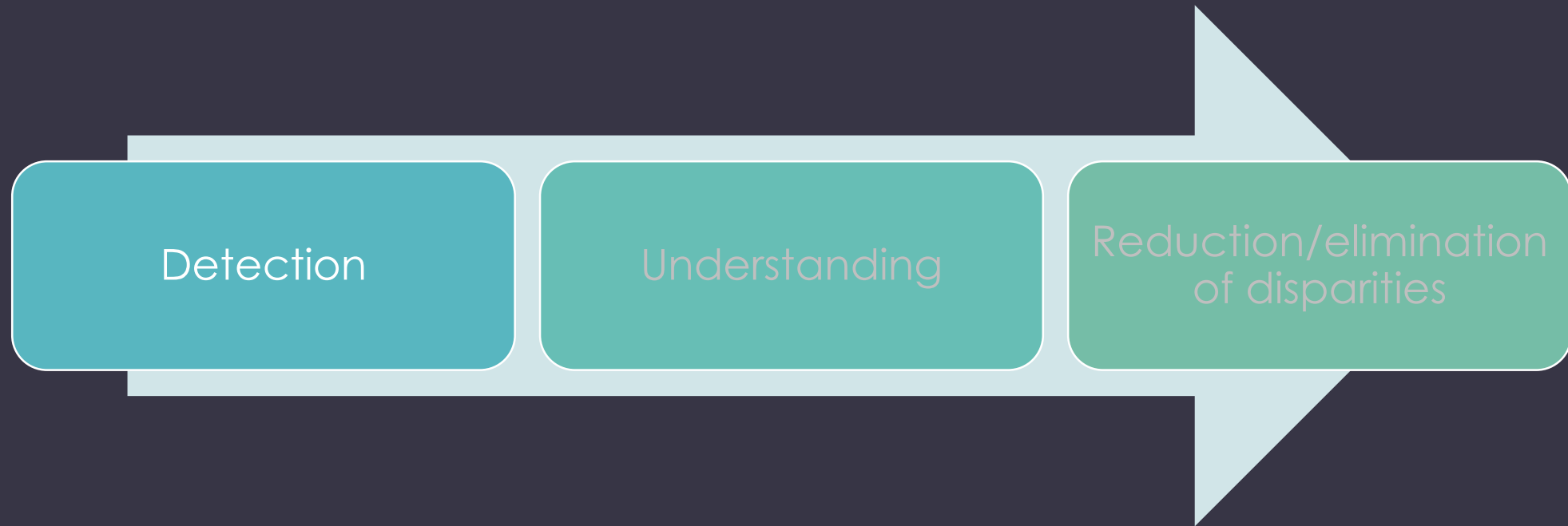
Discrimination

- Associated with many negative health outcomes

- Discrimination in healthcare settings[1]
  - African Americans receive lower quality care and less intensive healthcare than Whites
  - Disparities persist regardless of insurance or disease severity
  - Occur due in healthcare contexts due to implicit bias or "unconscious unthinking discrimination"

- PLWHA report being treated as inferior, having healthcare providers avoid them, and being refused service[2]

1. Williams, D. R., & Mohammed, S. A. (2009); Martin, M. (Host). (2017, October 28). Racism Is Literally Bad for Your Health [Radio Broadcast Episode]; 2. Schuster et al., 2005
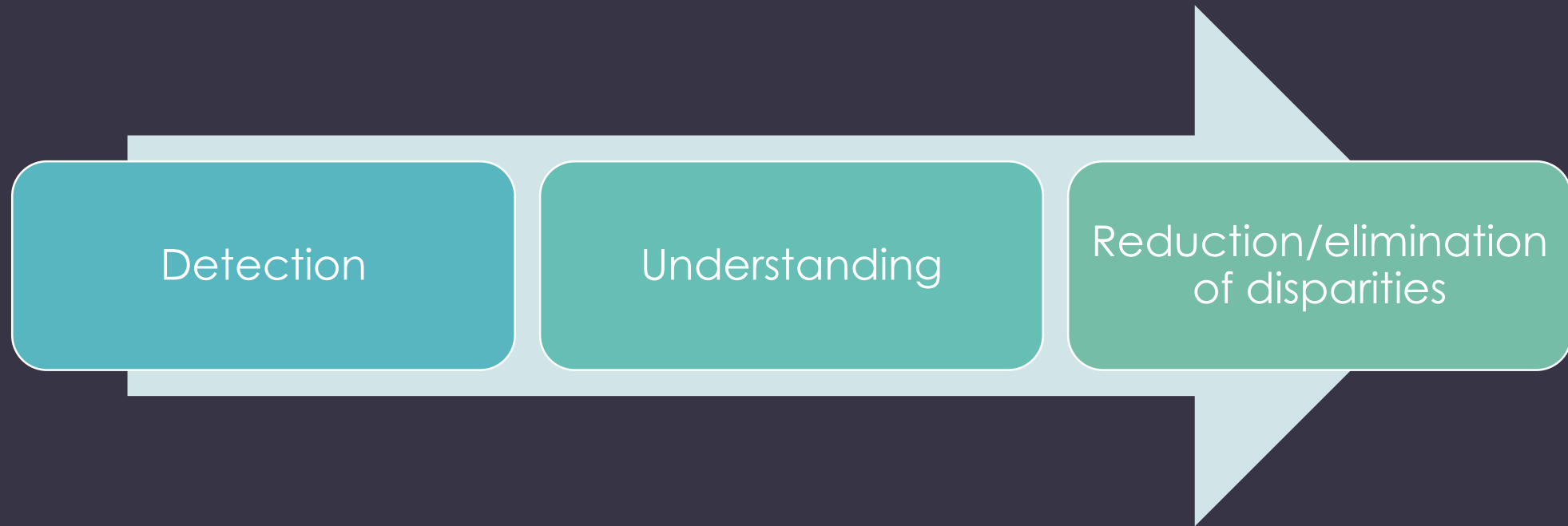
HIV Stigma in Healthcare

- Qualitative study on what stigma looks like:[1]
  - Medical spaces designed for PLWHA are separated from other patients
  - Labelling patients lab work or records with infection control markings
  - Health care providers who are nervous or unnecessarily caution for fear of transmission (e.g., wearing protective covering for casual touch)

- Systematic review of healthcare providers:[2]
  - Stigma shows up through inadvertent behaviors and ideologies
  - Creates discomfort → barriers to HIV prevention, treatment, & care

1. Chambers, Rueda, Baker, Wilson, Deutsch, Raeifar, & Rourke (2015); 2. Geter, Herron, & Sutton (2018)

HIV Stigma Associations

- Perceived stigma associated with:
  - Poorer adherence to ART[1]
  - Lower likelihood of using health and social services[2]
  - Having a CD4 count lower than 200[3]
  - Poorer access to care[4]

- Anticipated stigma associated with:
  - Greater medical comorbidities[3]
  - Avoiding health care settings[5]
  - Avoiding HIV/AIDS specific community resources[5]

1.Sweeney & Vanable (2016); 2. Rueda et al. (2016); 3. Earnshaw, Smith, Chaudoir, Amico, & Copenhaver (2013); 4. Kinsler, Wong, Sayles, Davis, & Cunningham (2007). 5. Chambers, Rueda, Baker, Wilson, Deutsch, Raeifar, & Rourke (2015).

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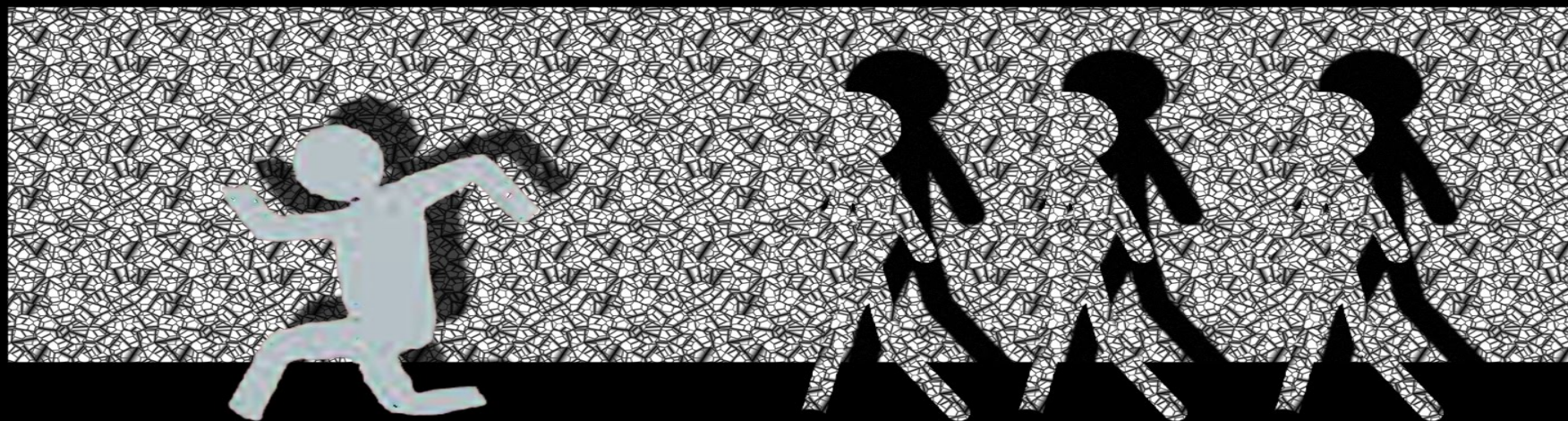
Consider the hardest argument

What is Cultural Humility?

- "In a multicultural world where power imbalances exist, cultural humility is a process of:
  - openness
  - self-awareness
  - being egoless
  - incorporating self-reflection and critique…
  after willingly interacting with diverse individuals."

Foronda, C., Baptiste, D., Reinholdt, M.M., & Ousman, K. (2015)
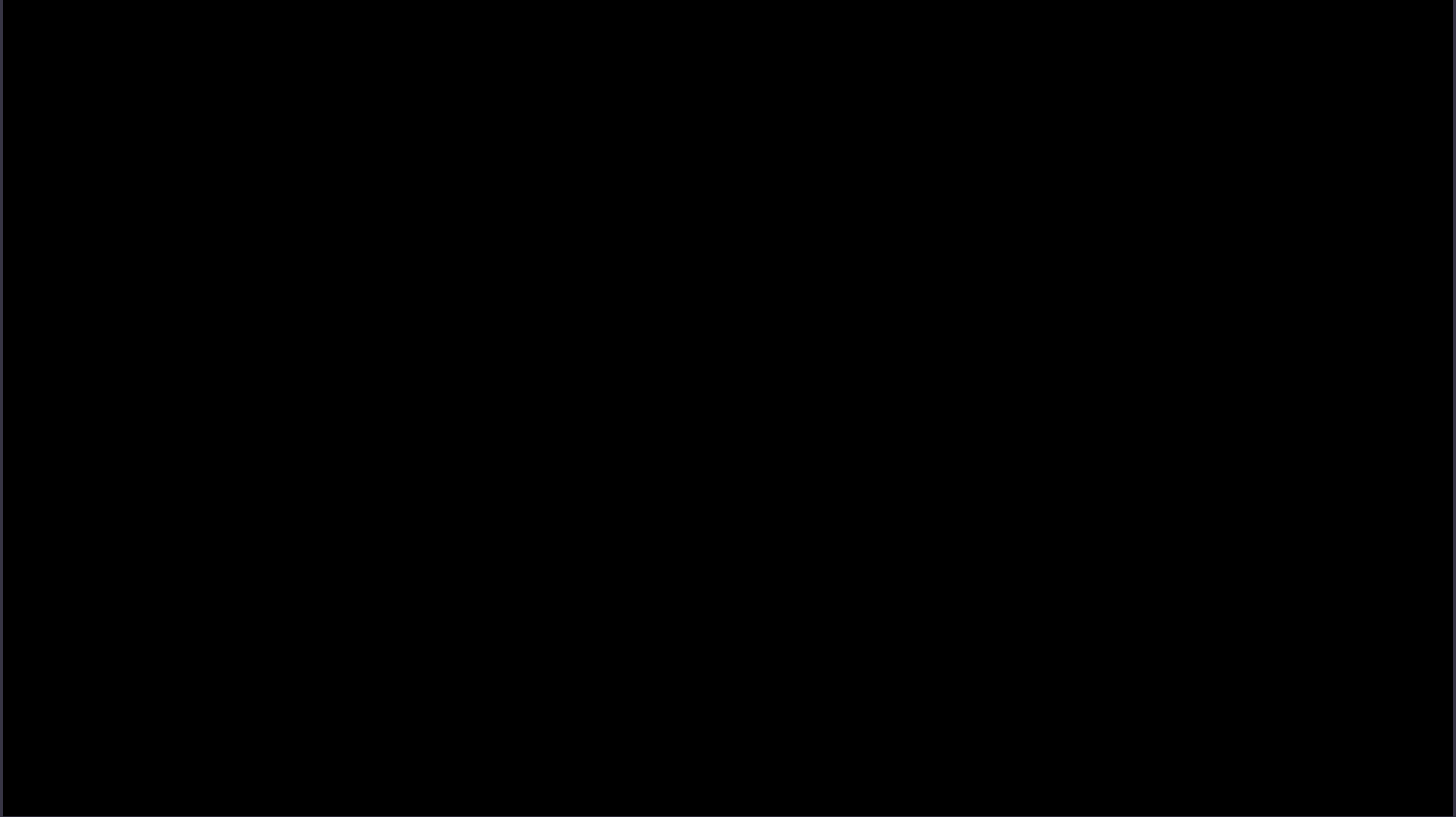
Cultural Competence Vs. Cultural Humility

- Cultural competence implies a discrete endpoint

- Cultural humility is a commitment for active engagement in a process of:

  - ➢ Lifelong learning and critical self-reflection
  - ➢ Recognizing and challenging power imbalances
    - ➢ Patient-focused interviewing and care strategies
    - ➢ Community-based research and advocacy
  - ➢ Pursing institutional accountability

Tervalon & Murray-Garcia (1998)

Cultural Humility in Medical Settings

- Cultural humility can help healthcare providers constructively address stereotypes, biases, power and community inequalities that would otherwise harm the patient-provider relationship.[1]

- Cultural humility can limit the effects that biases and inequalities have on the healthcare provided.[2]

1. Stone, J.R. (2017); 2. White, A. A., & Stubblefield-Tave, B. (2017).

- Are there opportunities to ask patients about what is truly important to them and how this might influence their care?

- How could the imbalance of power and privilege, inherent in patient-provider relationships, be centered more consistently?

- How could social identities and its association with stigma, health beliefs, values, health literacy, trust of medical systems, adherence be actively incorporated into care?

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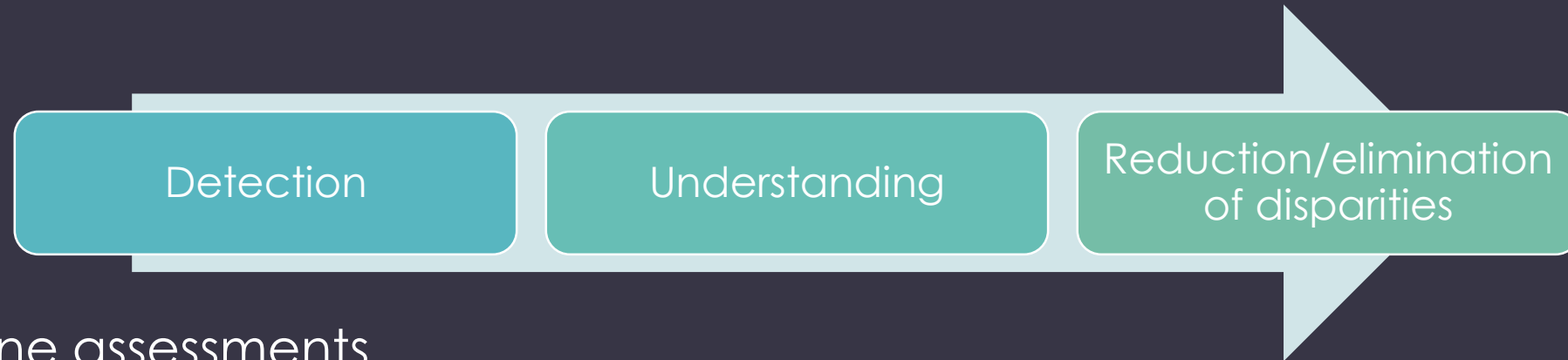
Cultural Difference Model

What if we saw patient differences as resources…
instead of disregarding them or viewing them as deficits to be eliminated

Strategies to bring about CHANGE

Detection	Understanding	Reduction/elimination of disparities

- Dismantle structural oppression and institutional racism
- Ensure minorities are empowered to contribute to their care decisions *(in non pejorative ways)*
- Increase the number of minorities in positions of power in health care
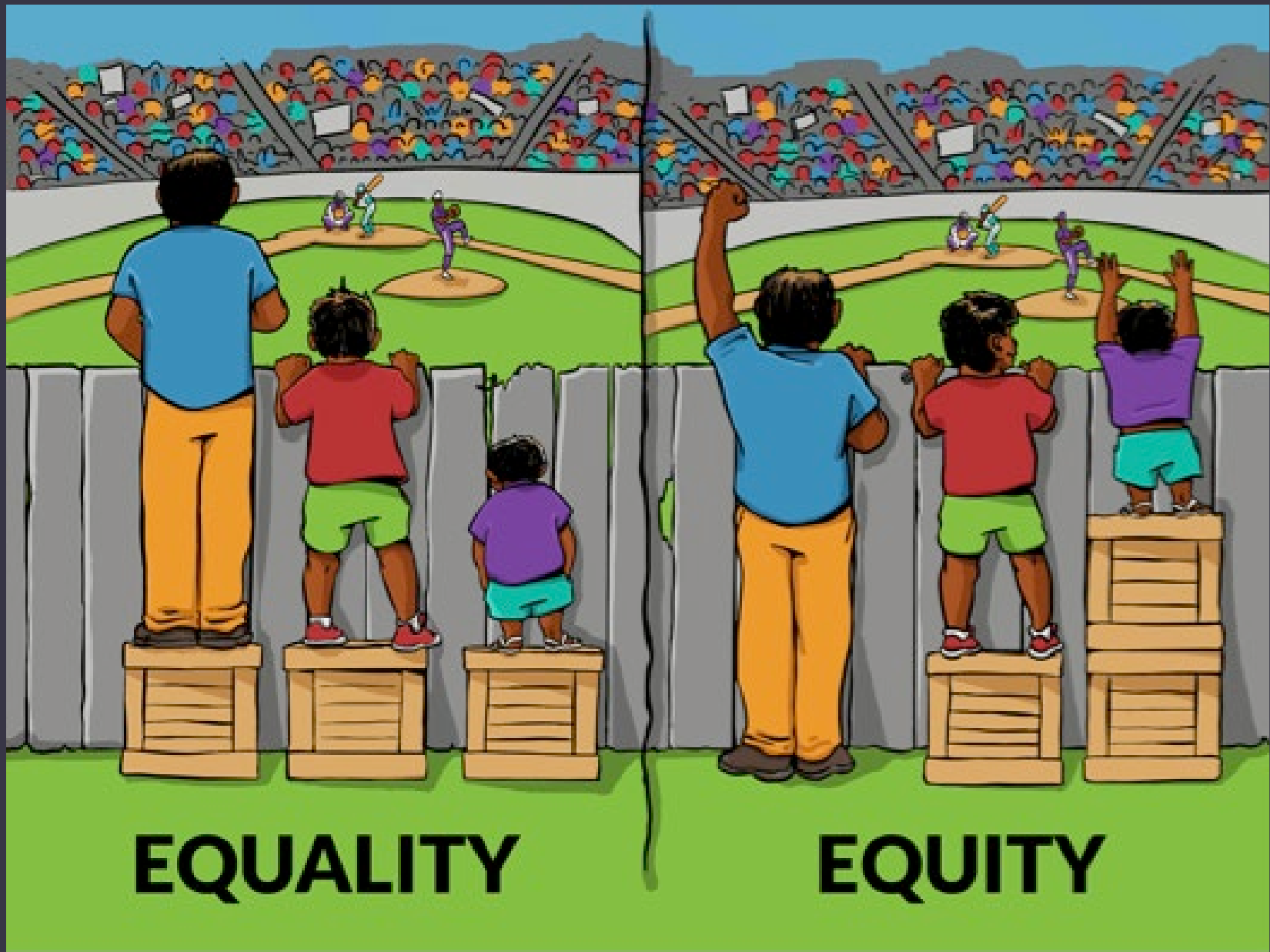- Improve training in stigma reduction and cultural humility…

Kilbourne, A. M., Switzer, G., Hyman, K., Crowley-Matoka, M., & Fine, M. J. (2006). 2. Geter, Herron, & Sutton (2018)

Stigma reduction for healthcare

Detection → Understanding → Reduction/elimination of disparities

- Online assessments
  - Teach Tolerance survey – https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias
  - Implicit association test - https://implicit.harvard.edu/implicit/
- Use opt-out testing
  - Reduces stigma by normalizing HIV testing and removing risk-based screening practices
- Offer patients opportunities to provide feedback
  - Helps them feel heard & supported; provides feedback to admin for changes needed

Kilbourne, A. M., Switzer, G., Hyman, K., Crowley-Matoka, M., & Fine, M. J. (2006). 2. Geter, Herron, & Sutton (2018)

EQUALITY

EQUITY

Partnering to create solutions

In a city of a million residents, 40% expansion of transit developments has annual health benefit of $216 million

Financial support for habitable homes: After rehabilitating housing, 62% of adults have excellent health vs 33% before

Early childhood education associated with benefit:cost ratio of $5:$1 with reduction in crime rate, child maltreatment, teen pregnancy, and better academic achievement

Boston Medical Center to Invest $6.5 Million in Affordable Housing to Improve Community Health and Patient Outcomes, Reduce Medical Costs

December 07, 2017

For More Information, Contact:
David Kibbe
Office of Communications
617-638-8499
david.kibbe@bmc.org

Boston Medical Center to Invest $6.5 Million in Affordable Housing to Improve Community Health and Patient Outcomes, Reduce Medical Costs

BMC's investment, the first in Boston, joins a growing national trend of hospitals prescribing housing for health

(Boston) – Dec. 7, 2017 – Boston Medical Center is investing $6.5 million over five years to support a wide range of affordable housing initiatives, in an innovation lab approach that will be studied closely to determine the best ways that health care systems can improve both community and patient level health and reduce medical costs by addressing homelessness and housing

- What is one step you can take this week to put one aspect of today's talk into action?

- What skills do I need to ensure my patients (& co-workers) are heard and feel safe?

- What are my roadblocks to practicing cultural humility?

- Who can I partner with to begin to create systemic solutions within my community?

Presentation Summary

- Perception and context matter!

- Think cultural humility & work toward being culture brave to ensure marginalized people are heard and feel safe

- If the water is dirty, interventions won't have the effects we are looking for

Questions & Comments

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