

EXPLORING CULTURAL COMPETENCE AND HUMILITY IN THE CARE OF HIV PATIENTS

SESSION 1

February 10, 2020



NCHPA

National Center for Health in Public Housing
a project of North American Management

 **SAC**
SOUTHERN AIDS COALITION

NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



DISCLAIMER:

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



MUTE



CHAT



RAISE HAND



Q&A

Public Housing Demographics

2.2 million residents

2.2 persons/household

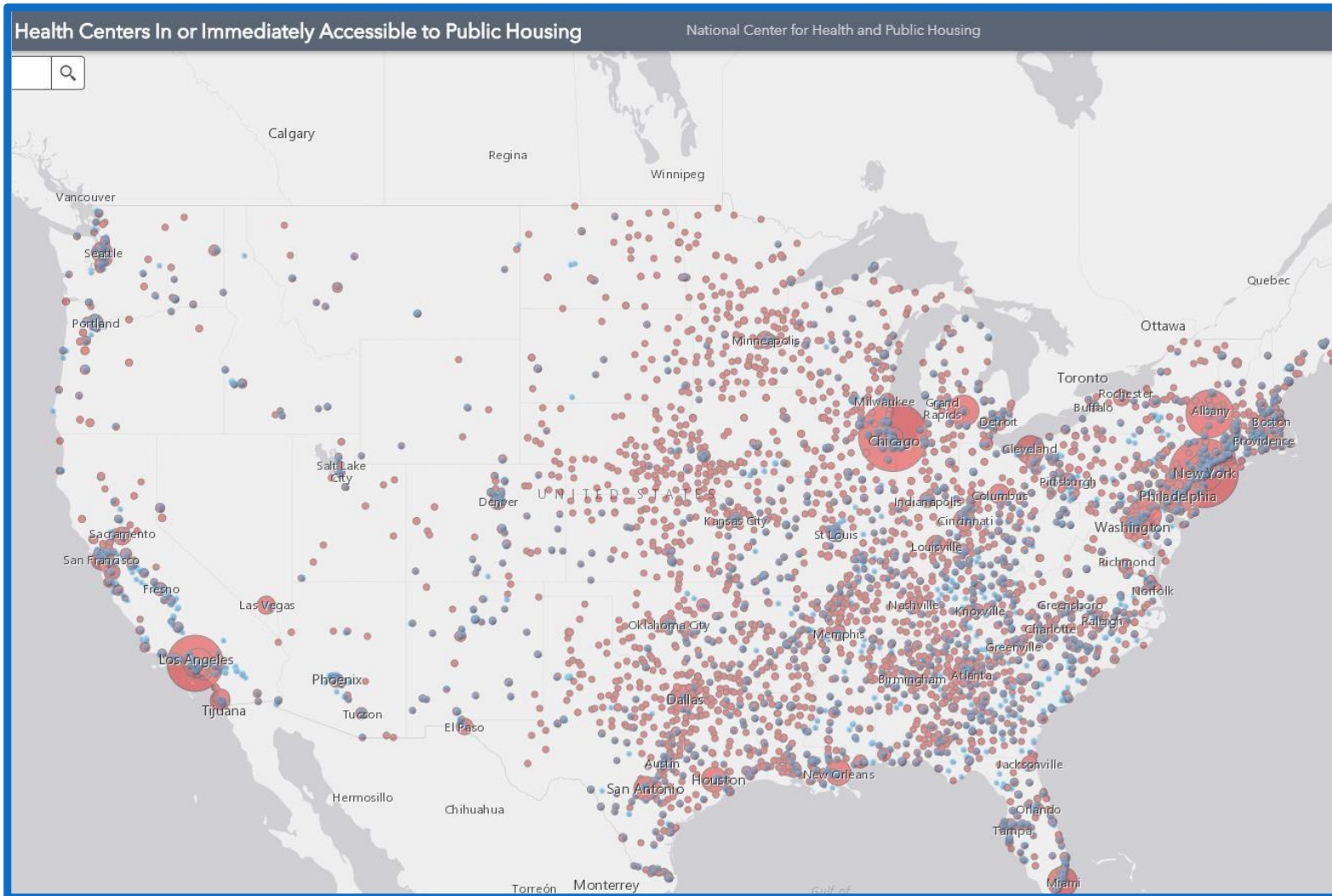
38% children

59% female

55% less than high school diploma

83.2% below federal poverty



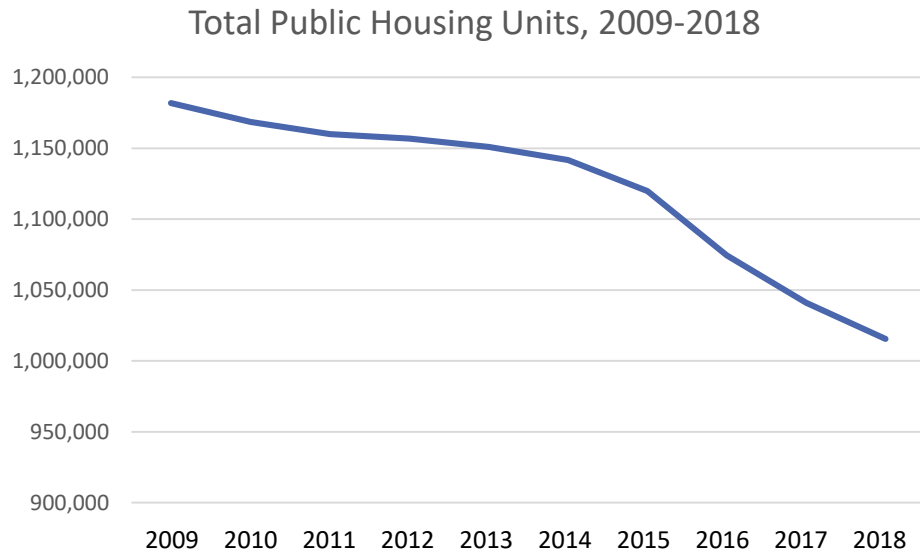


Health Centers Close to Public Housing

- 1,300 Federally Qualified Health Centers (FQHC)=28.4 million
- 356 FQHCs In or Accessible to Public Housing= 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123 patients

Source: www.nchph.org

Traditional public housing is diminishing...



Source: HUD, <https://www.huduser.gov/portal/datasets/assthsg.html>

METRO

Housing the poor in poor housing for so long leaves Wellston in the lurch

By Jesse Bogan St. Louis Post-Dispatch Apr 29, 2019

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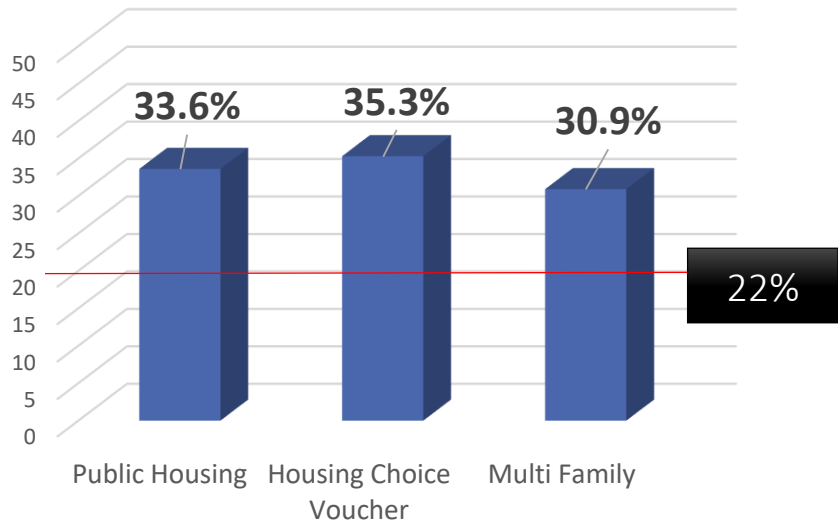
Trinity Staten, 22, plays with her neighbor's daughter, Raven Harris, 9 months, while Raven's mother, Marnay Harris, 20, and daughter Rylie Vickers, 3, stand behind them outside their apartment complex on Isabella Avenue in Wellston on Friday, April 26, 2019. Housing officials are considering getting rid of 201 public housing units in Wellston, including the one pictured here. Photo by Cristina M. Fcflentes@post-dispatch.com.



A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

HIV in PHPC Patients

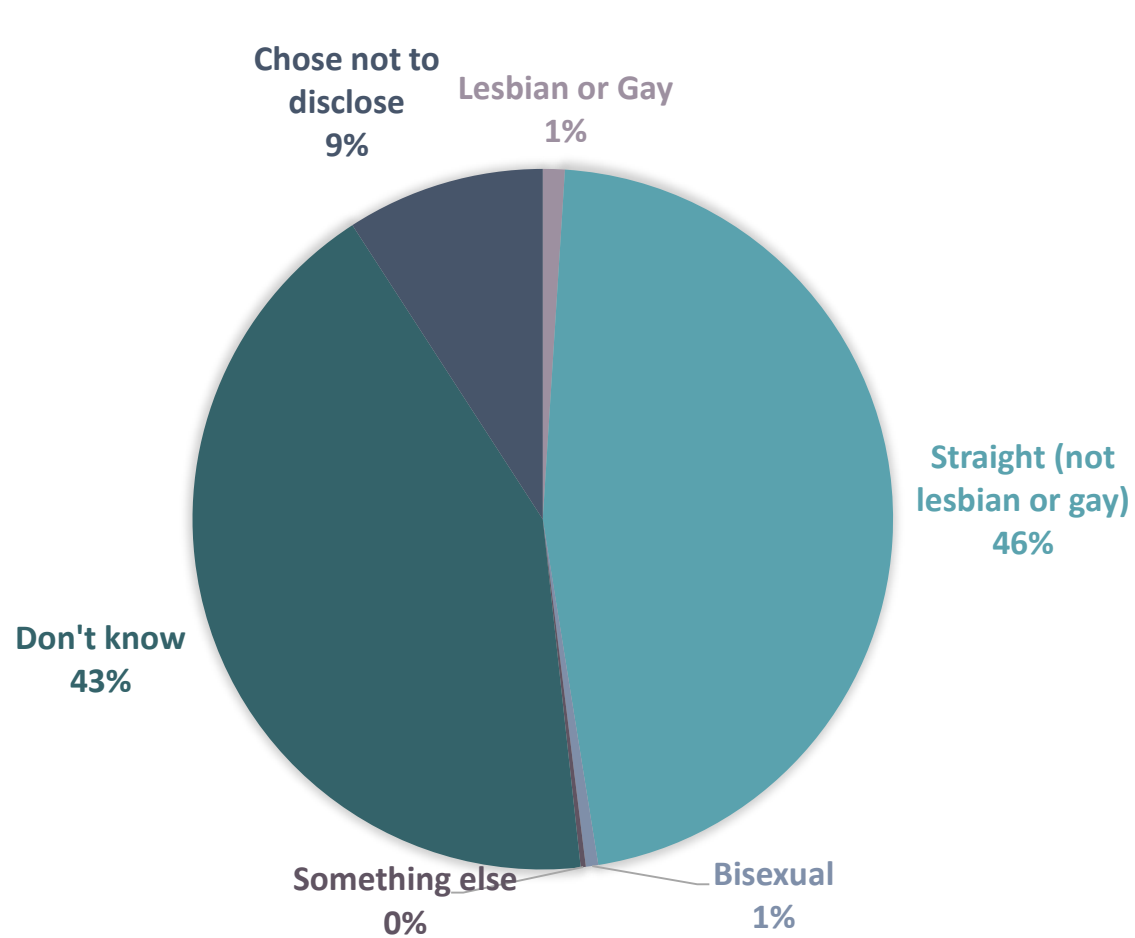
Infectious Diseases		
	Number of Visits by Diagnosis Regardless of Primacy	Number of Patients with Diagnosis
Symptomatic/ Asymptomatic HIV	13,085	4,347
Sexually Transmitted Infections	13,409	9,442
Hepatitis C	14,886	6,743

Diagnostic Tests/Screening/Preventive Services		
	Number of Visits	Number of Patients
HIV test	103,844	89,432
Hepatitis C	55,398	46,224

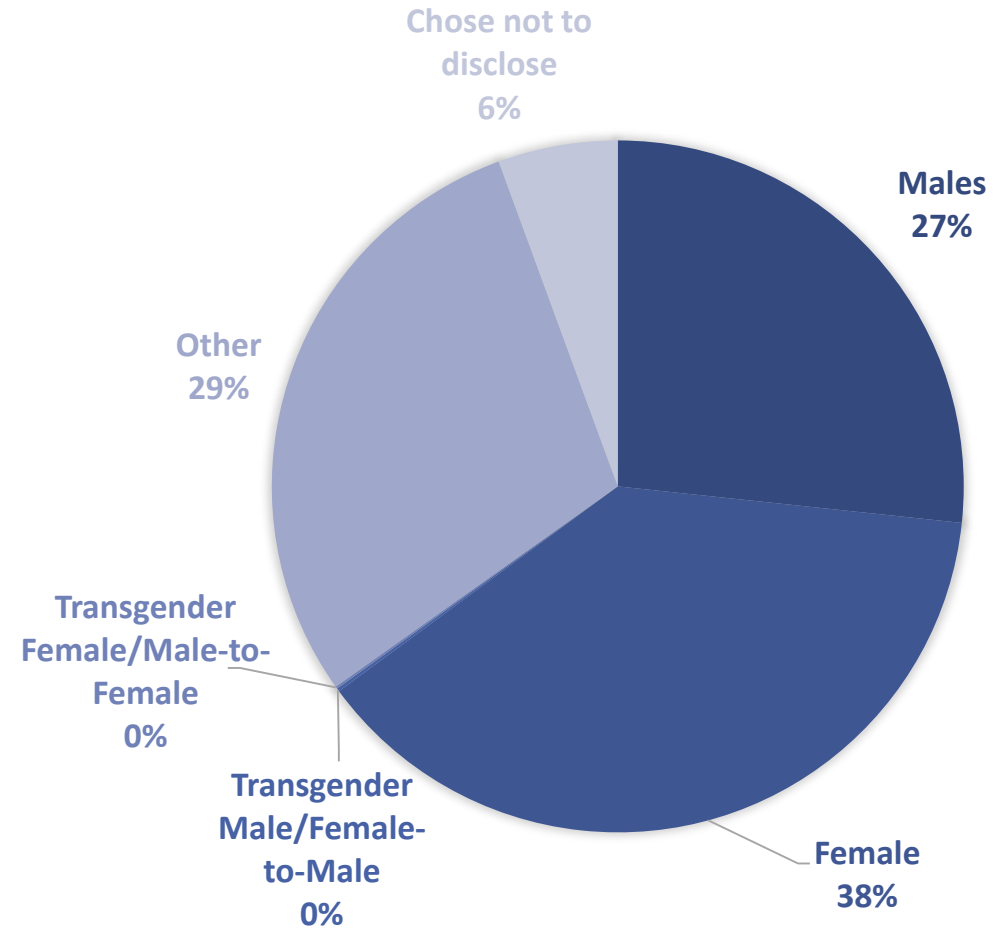
Source: <https://bphc.hrsa.gov/uds/datacenter.aspx>

LGBTQIA+ patients in FQHCs

PATIENTS BY SEXUAL ORIENTATION



PATIENTS BY GENDER IDENTITY



Source: <https://bphc.hrsa.gov/datareporting/reporting/index.html>



**Mardrequs Harris, Senior Manager for
Capacity Building Assistance**



CULTURAL HUMILITY IDENTITY, DYNAMICS, AND STRATEGIES



SOUTHERN AIDS COALITION

Instructional Design by toynton llc

W e l c o m e



Hello
Hola
Bonjour
こんにちは
Hallo
привет
مرحبا
Hallå



In partnership with





OUR VISION

We envision a South where **every person has access to high-quality health care** and essential support services, free from stigma and discrimination.

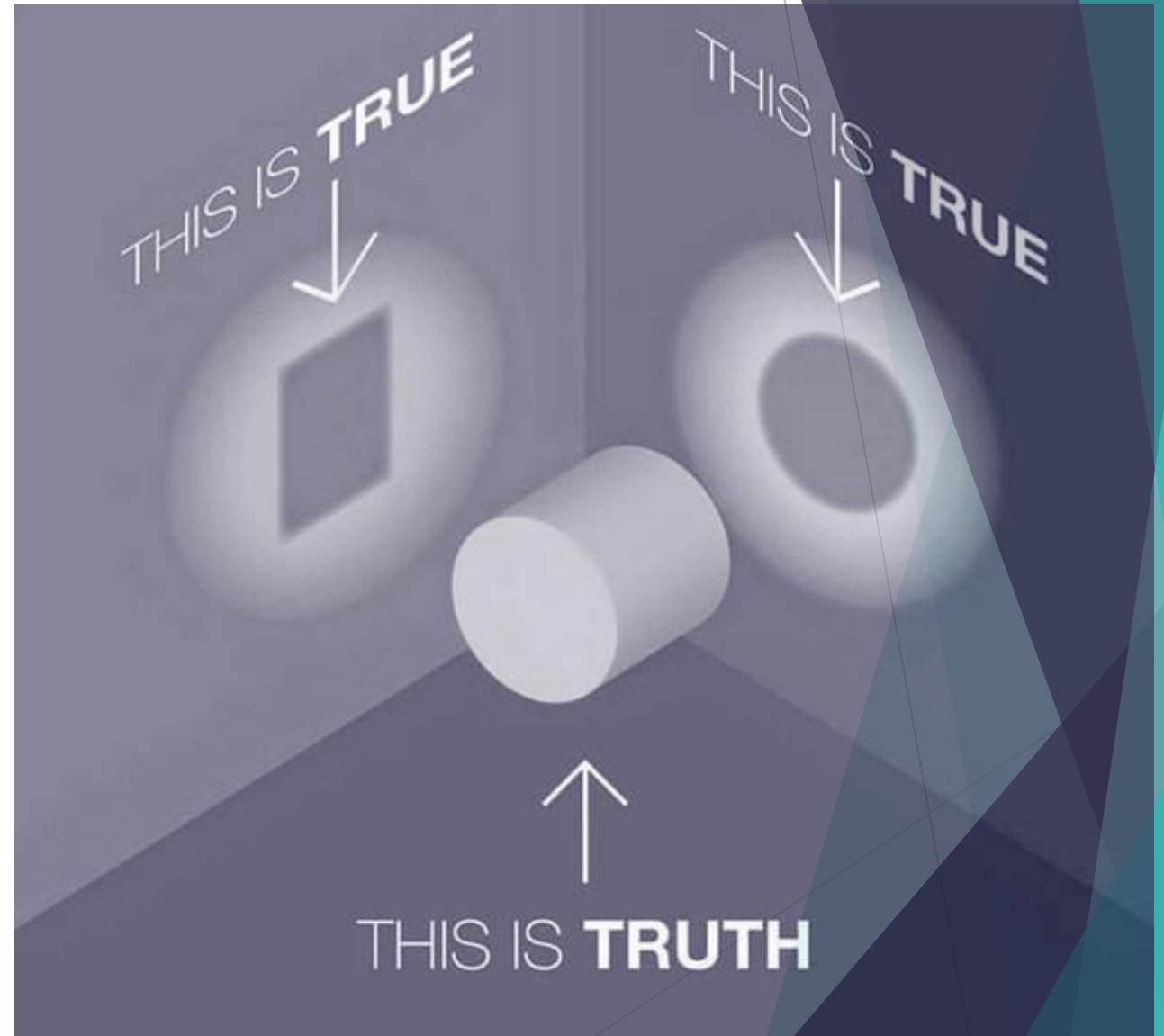
We also envision a South where every person understands his or her risk for HIV transmission, receives routine screening, and has access to a full range of prevention interventions and harm reduction services.

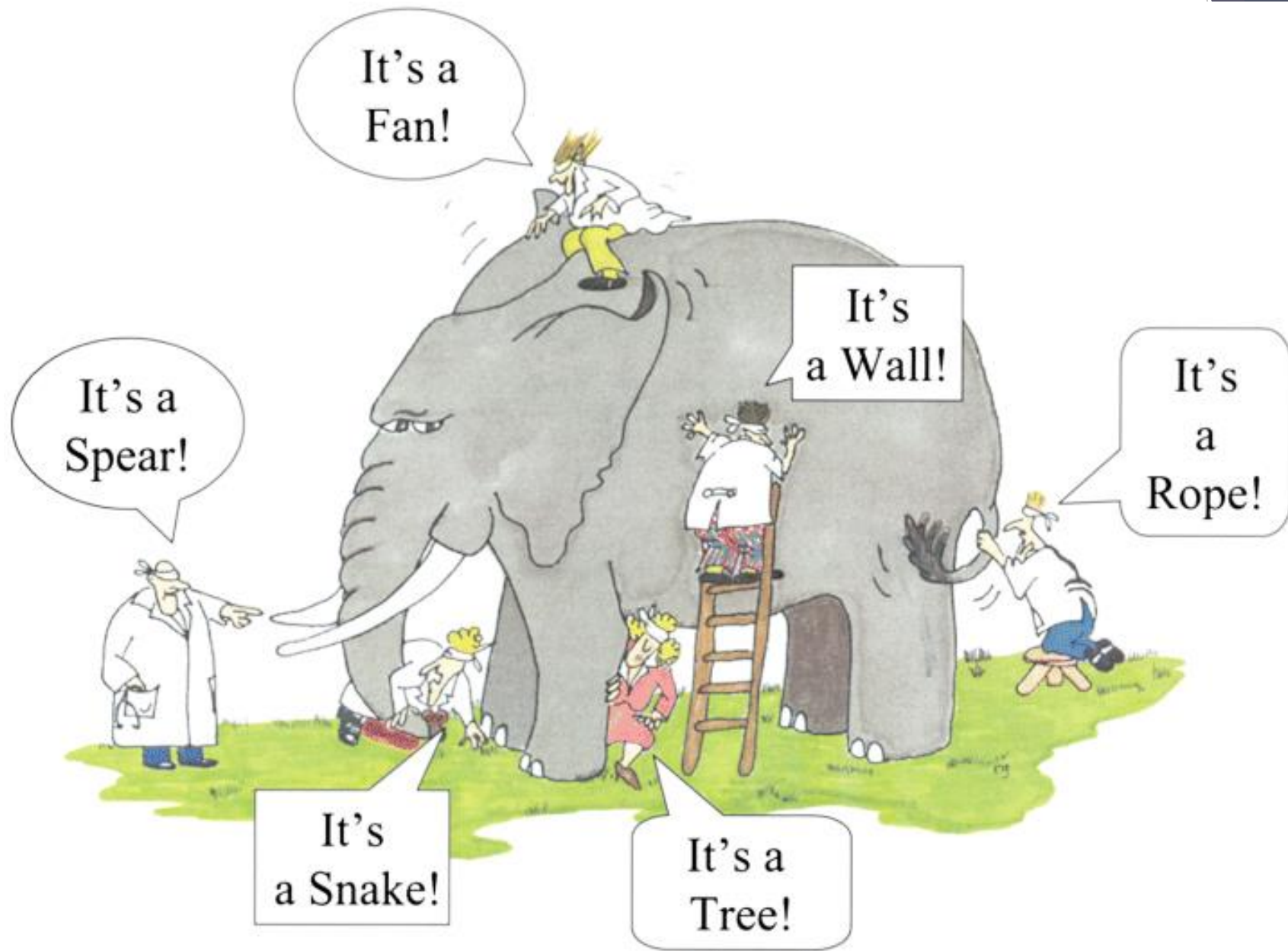


Our Objectives

- ▶ Describe how the dynamics of identity, perception and perspective shape culture
- ▶ Discuss how identity, perception and perspective impact workplace interaction and service delivery

Perspective & Perception





It's a Fan!

It's a Wall!

It's a Rope!

It's a Snake!

It's a Snake!

It's a Tree!

According to research at Cambridge University, it doesn't matter in what order the letters in a word are, the only important thing is that the first and last letter be at the right place. The rest can be a total mess and you can still read it without a problem. This is because the human mind does not read every letter by itself, but the word as a whole.

Can you read these colors comfortably?

BLUE

GREEN

YELLOW

PINK

RED

ORANGE

GREY

BLACK

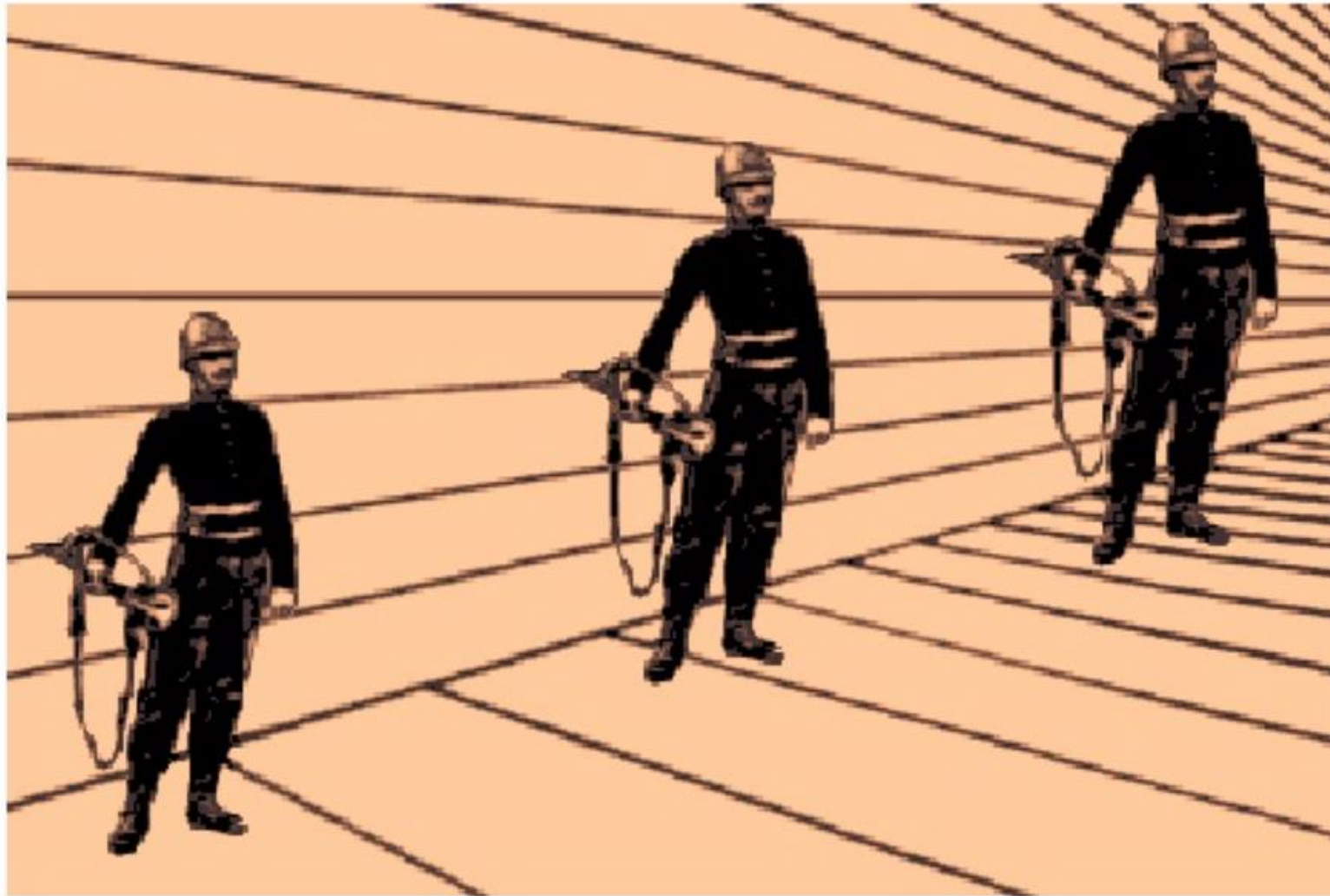
PURPLE

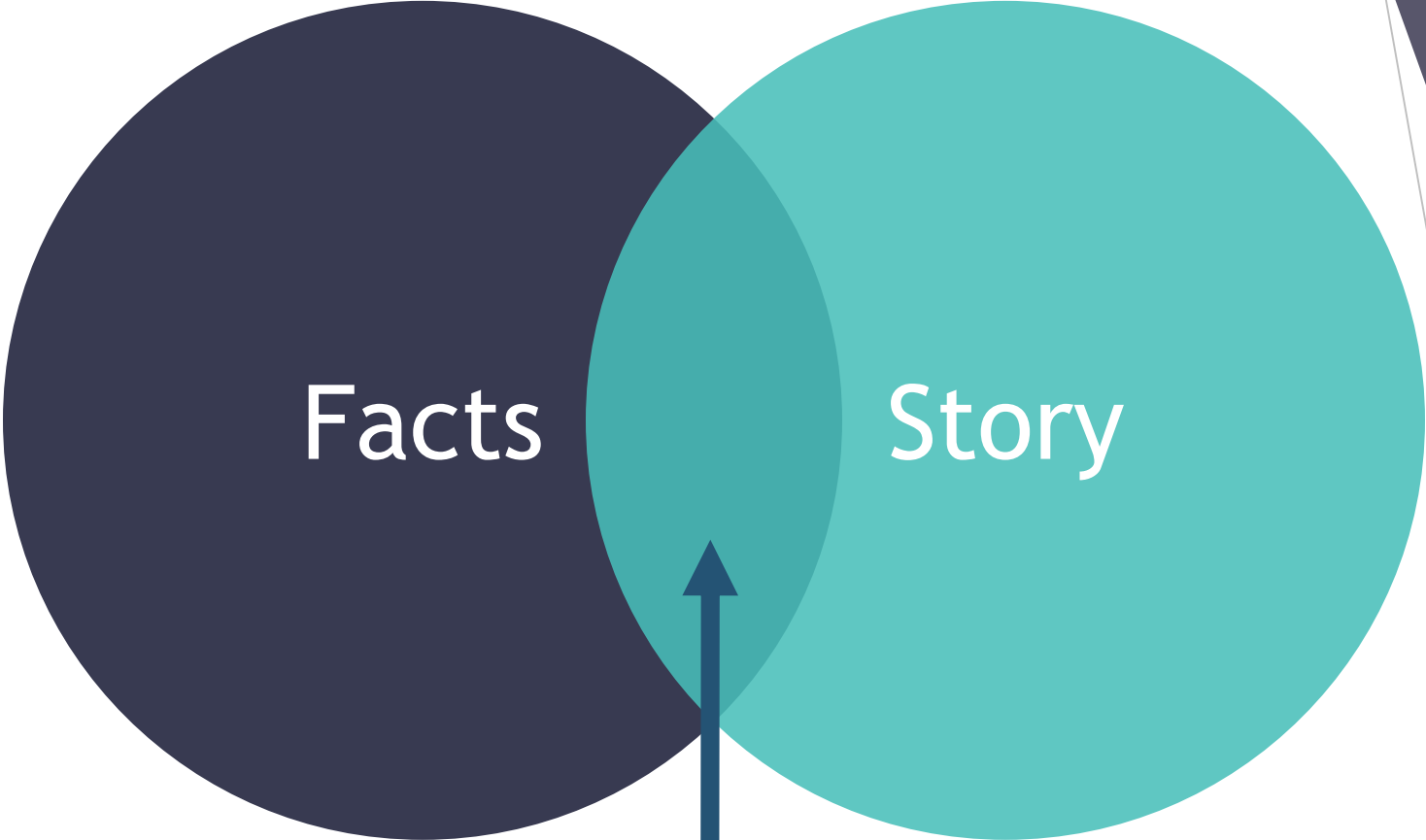
TAN

WHITE

BROWN

Which soldier is taller?



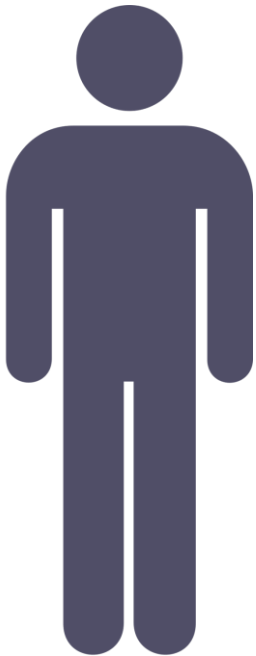


Facts

Story

PERCEPTION

STIGMA



What is **STIGMA**?

STIGMA is a process through which we (society) create a “**spoiled identity**” for an individual or group of individuals. We identify a difference in a person or group – (e.g., physical disfiguration) or a behavioral difference (e.g., people assumed to be promiscuous) – and then **mark that difference as something negative** – as a sign of disgrace.

Identifying and marking differences as “*bad*” allows us to stigmatize the person or group. **Stigmatized people lose status** because of these assigned “*signs of shame,*” which other people regard as showing they have done something wrong or bad (sinful or immoral behavior).

STIGMA

- ▶ Stigma has had a persistent impact on the course of the epidemic
- ▶ The challenge of stigma can be addressed through cultural competence and humility
- ▶ The deeper our understanding of the challenge, the better equipped we will be to address it

Our Objectives

- ▶ Name factors that shape individual identity
- ▶ Define ‘intersectionality’ as it applies to identity
- ▶ List common intra- and inter-personal dynamics of identity
- ▶ Strategize behaviors to mitigate the negative dynamics of identity

PERSONAL IDENTITY



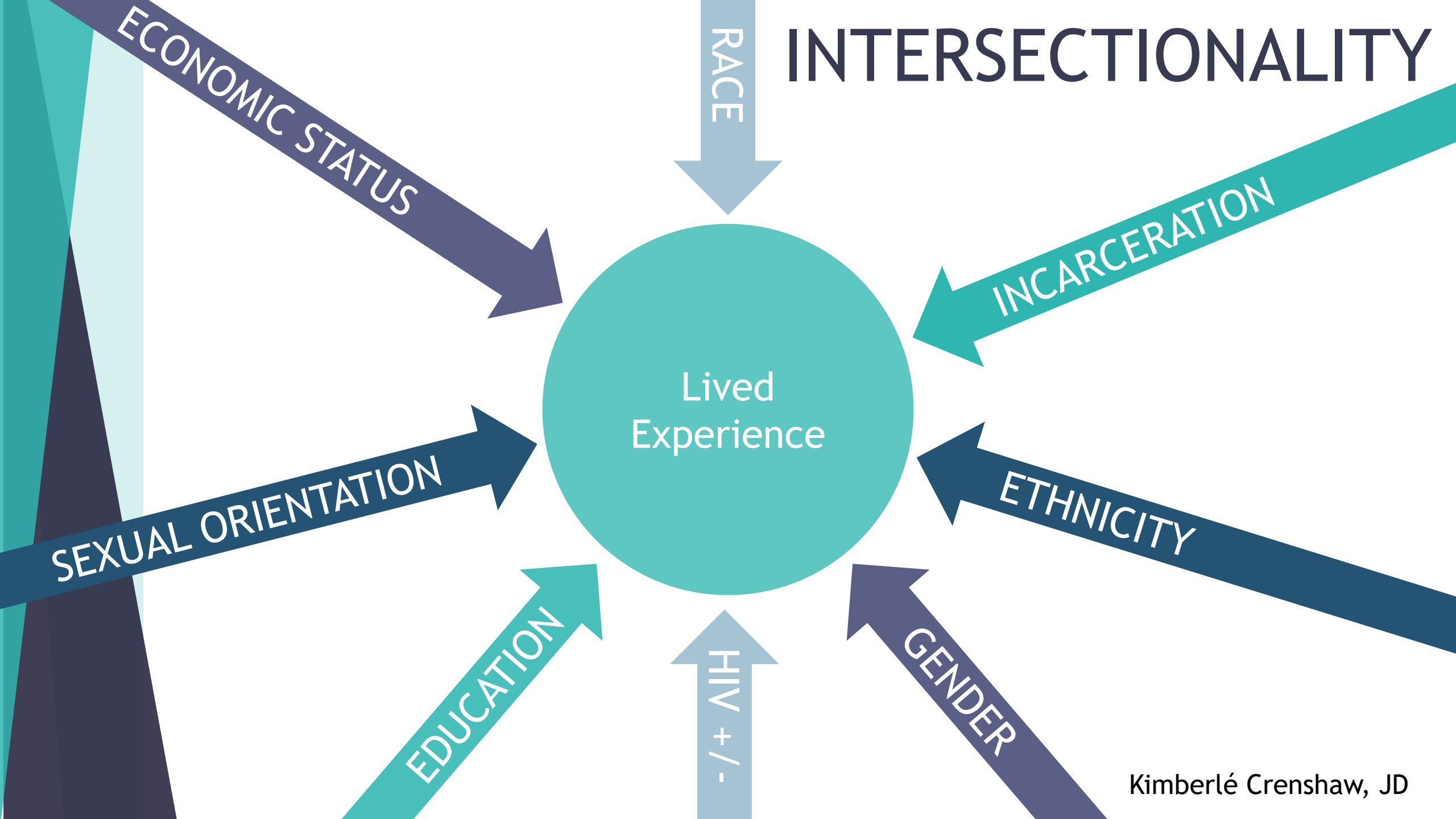
Biology

Culture

Ethnicity

Lived
Experience

INTERSECTIONALITY



Kimberlé Crenshaw, JD

Core Dynamics



Dynamic 1

Seen and Unseen

Dynamic 1: Seen and Unseen

- What we 'see' is only the 'tip of the iceberg' of an individual's sense of identity
- Most of what makes up our sense of identity is unseen cultural, ethnic, and lived experiences
- So, to know and understand who someone is requires that they let us in; it takes rapport
- For people who anticipate a stigmatizing response this is difficult if they think others might be uncomfortable or reject that part of their identity



Dynamic 2

History & Our Story

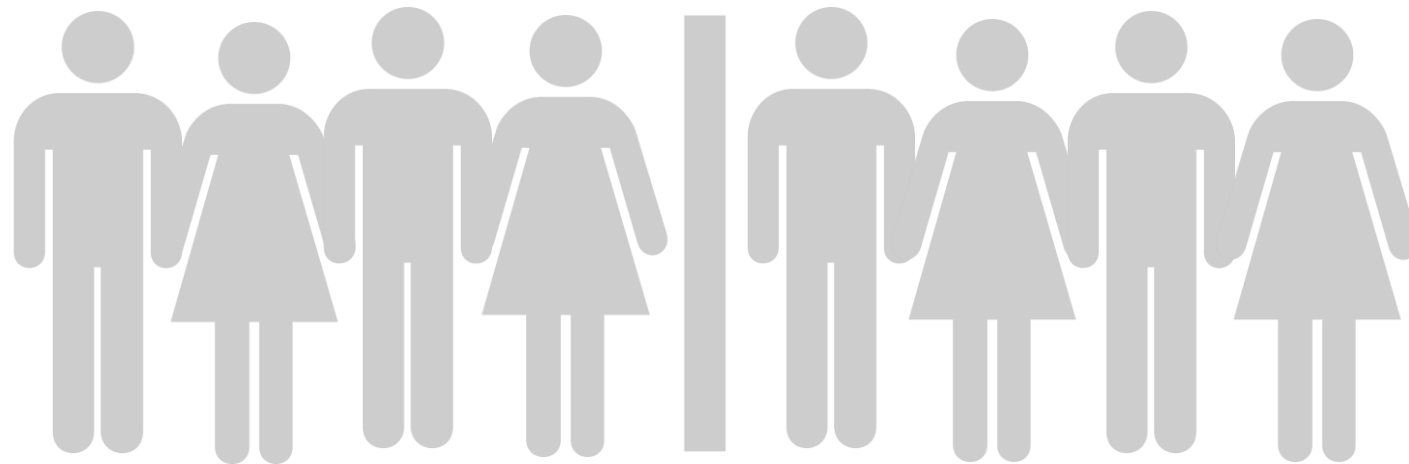
- Our personal, social, and political histories with people can cultivate generalizations about others with that group identity
- Worse, it can support stereotypes and prejudice



Dynamic 3

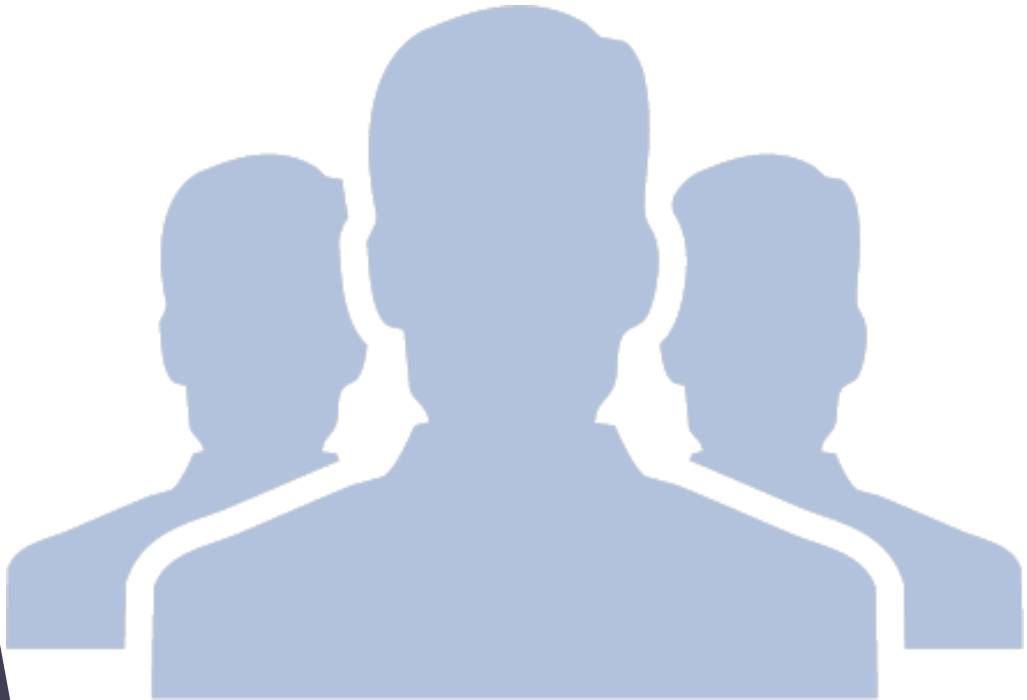
In-group/Out-group

- It is human nature to form social groups
- Social grouping creates lines for inclusion and exclusion
- When threatened by differences, people can resort to in-group and out-group scripts to understand what is going on and to feel comfortable and safe



Dynamic 4

Anxiety & Triangulation



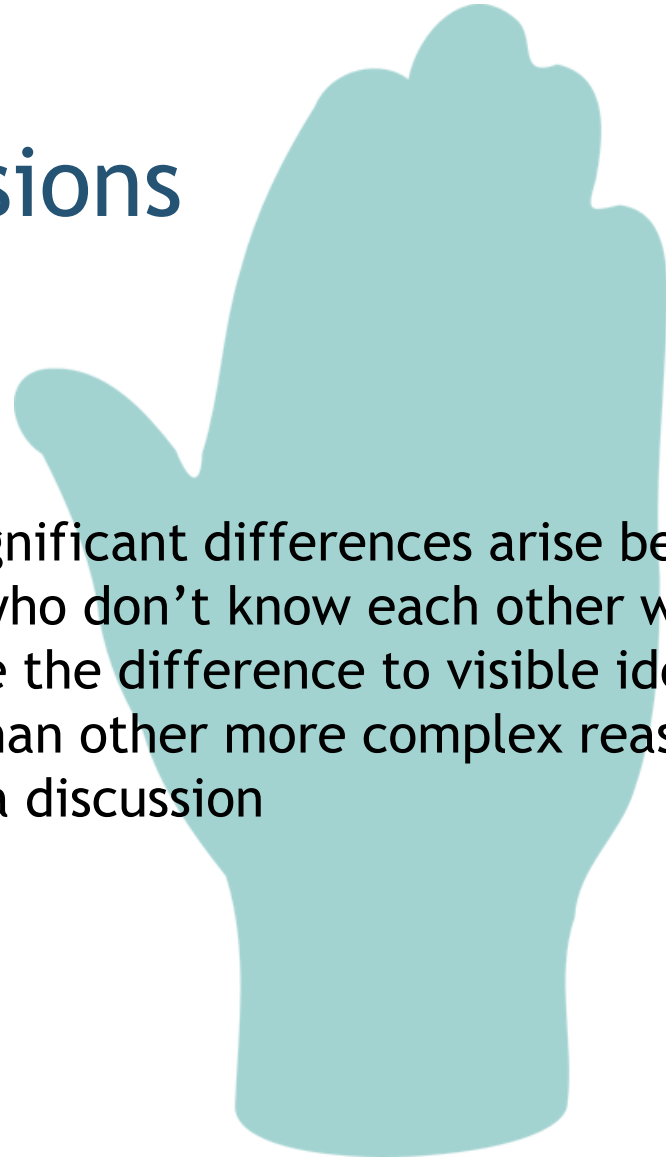
- Social anxiety can be difficult to hold
- It is natural to want to ‘discharge’ that anxiety
- People often do this by talking to a third party about their experience to release anxiety
- It can be helpful and instructive to process with someone outside the anxious relationship

It can also be hurtful, if the intent is not to understand the situation better, but sets out to make the other

Dynamic 5

False Conclusions

- When significant differences arise between people who don't know each other well they can attribute the difference to visible identity traits rather than other more complex reasons that require a discussion



Dynamic 6

Intent & Impact

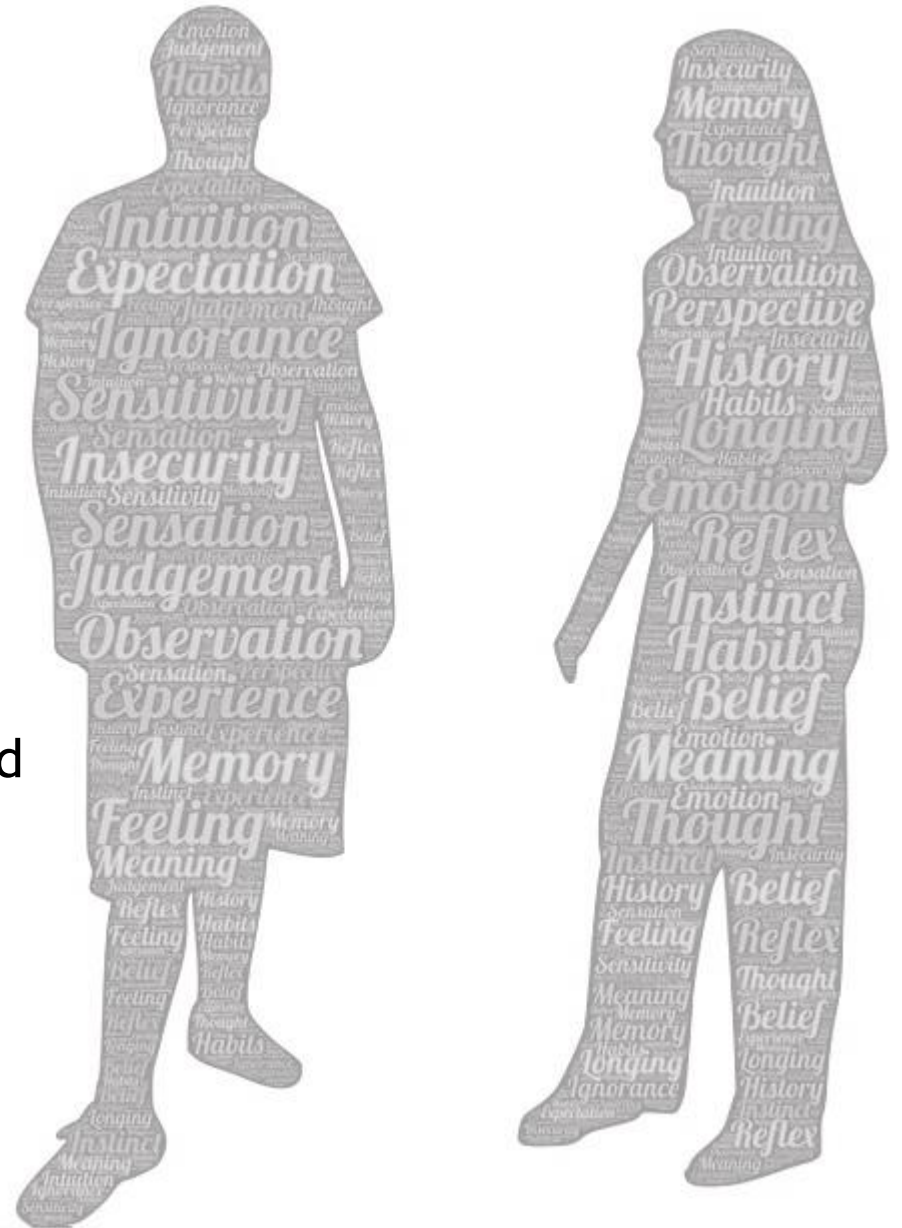
- The intent and impact of our actions are not always one and the same
- When someone says or does something that is hurtful we tend to assume it was on purpose rather than unintended
- Most people act with good intentions, but we all stumble and the impact of our actions don't align with our intent
- “Ouch and oops” social contract
 - Allow people to say they are hurt
 - Allows a response that says it was unintentional and to ask for forgiveness
 - Can also be a teachable moment: “I’m sorry. Please tell me what I should have done or could do next time.”



Dynamic 7

Perception & Reality

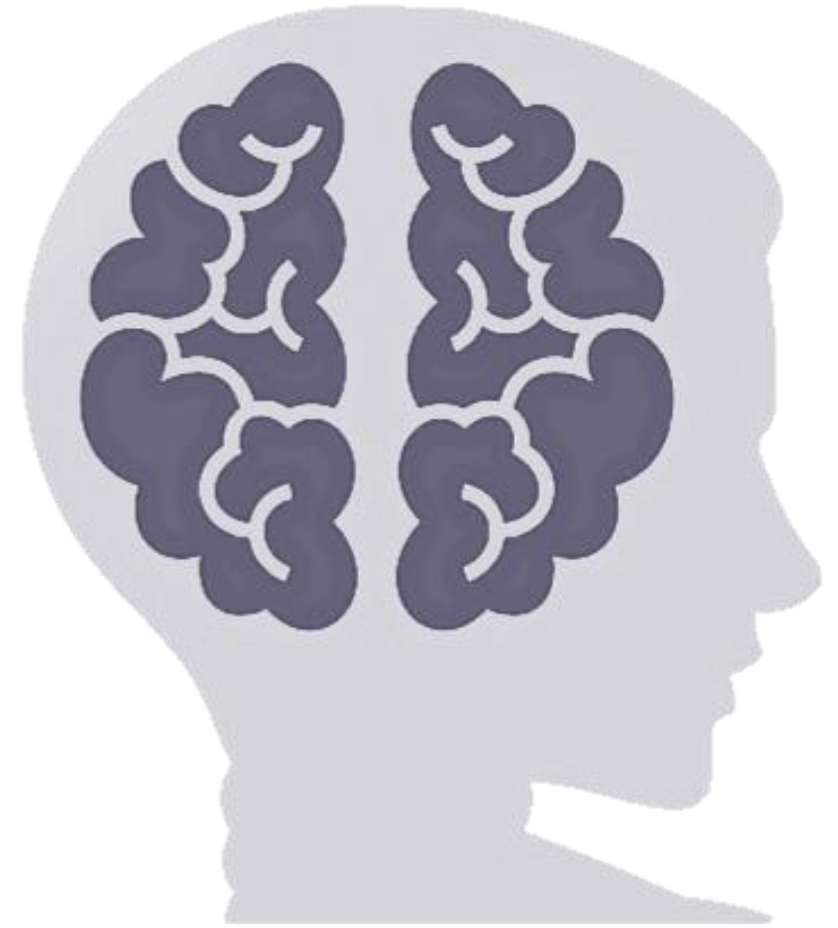
- Perception is a mental impression; a way of regarding, understanding, or interpreting something
- Our mental impression is informed by facts and stories

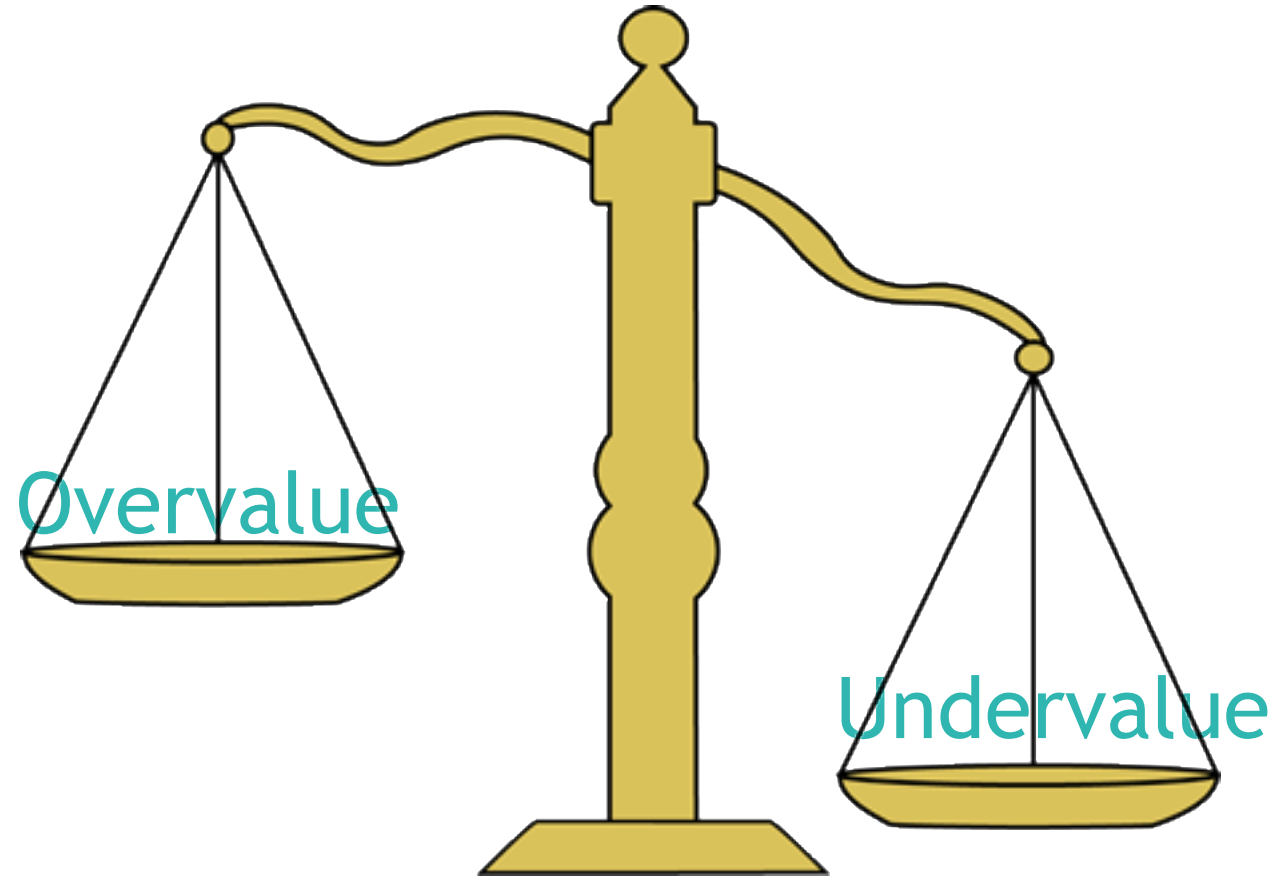


Dynamic 8

Mindset & Bias

- All of the dynamics can create social and unconscious biases
- Our society has a long history of attributing value to groups of people (as 'better than' and 'less than')
- These are often accepted and unchallenged social rules that can shape our thoughts and behavior





In Summary

- ▶ Don't make other people wrong
- ▶ Listen to understand, appreciate, & validate
- ▶ Speak with the intent to be understood; say it more than one way
- ▶ Recognize underlying emotions (yours and theirs)
- ▶ Operate with forgiveness; “ouch” and “oops”
- ▶ Demonstrate inclusion when there are in group and out group dynamics
- ▶ Recognize your ‘better than’ and ‘less than’ biases
- ▶ Learn about people from different cultures and ethnic groups but don't forget to get to know the individual

Our Objectives

- ▶ Define, compare, and contrast cultural competence and humility
- ▶ Describe the impact of cultural competence and humility on working relationships
- ▶ Develop individual and institutional strategies for creating culturally competent and humble environments

Define, Compare and Contrast Cultural Competence and Humility



Operationalizing Cultural Competence & Humility

Cultural competence and humility requires that organizations:

- ▶ Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally
- ▶ Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve and colleagues they work with
- ▶ Incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve clients systematically, key stakeholders, and communities

Developing cultural competence is an evolving, dynamic process that takes time.

Cultural
Destructiveness.

Culture
Incapacity.

Cultural Blindness

Cultural Pre-
competence

Cultural
Competence

Cultural
Proficiency



Cultural
Destructiveness.

- **Cultural destructiveness.** This stage is characterized by attitudes and practices (as well as policies and structures in organizations) that are destructive to a cultural group.

Culture
Incapacity.

- **Culture incapacity.** This stage reflects the lack of capacity systems and organizations necessary to effectively respond to the needs and interests of diverse groups. This can include institutional or systemic bias, practices that may result in discrimination in hiring and promotion, or disproportionate allocation of resources that may benefit one group over another. This can also include subtle messages that certain groups aren't valued or welcomed.



Cultural Blindness

- **Cultural blindness.** This stage describes a philosophy of “fairness” that views and treats all people as the same. This philosophy, however, can be problematic because people are different and have different needs. People deserve approaches that acknowledge and celebrate differences, while addressing these needs. Cultural blindness can in fact, negatively influence system policies by encouraging assimilation, ignoring cultural strengths, fostering institutional attitudes that blame consumers for their circumstances, and failing to hire a diverse workforce.

Cultural Pre-competence

- **Cultural pre-competence.** This stage highlights the growing awareness of strengths (and areas for improvement) to respond effectively to culturally and linguistically diverse populations.



Cultural
Competence

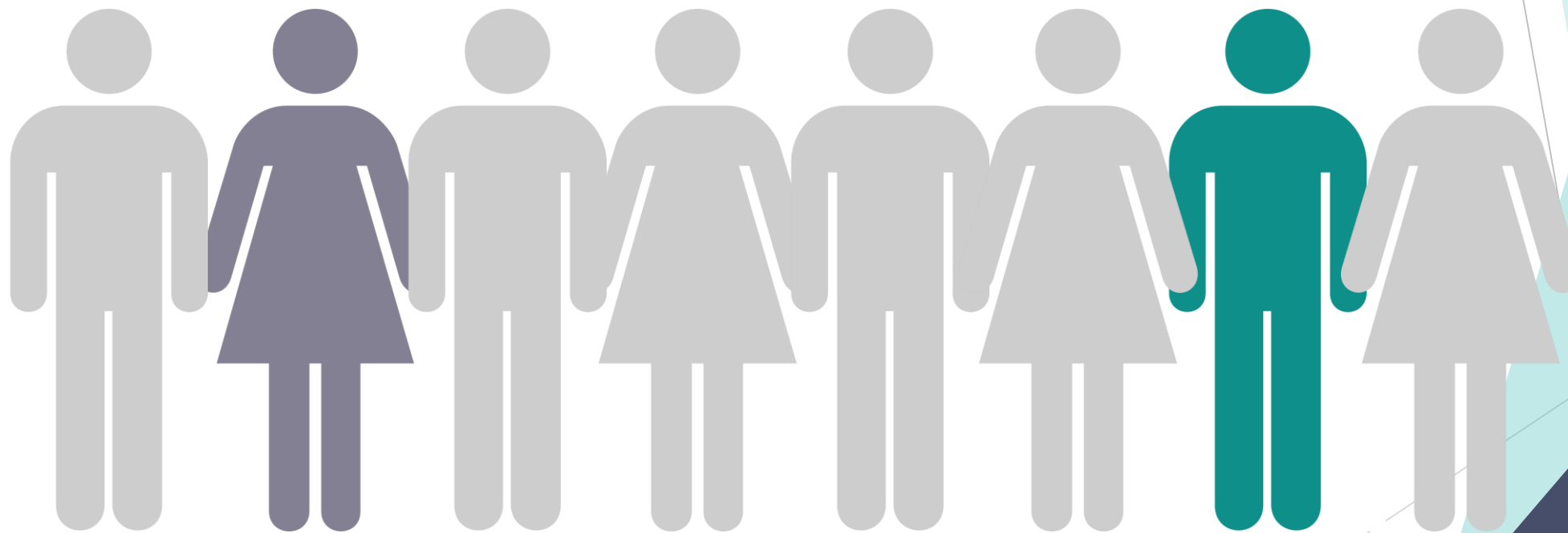
- **Cultural competence.** In this stage, acceptance and respect for culture becomes consistently demonstrated in policies, structures, practices, and attitudes. This can include an organization's commitment to human and civil rights, hiring practices that reflect a diverse workforce, and increased efforts to improve service delivery for racial, ethnic, or cultural groups.

Cultural
Proficiency

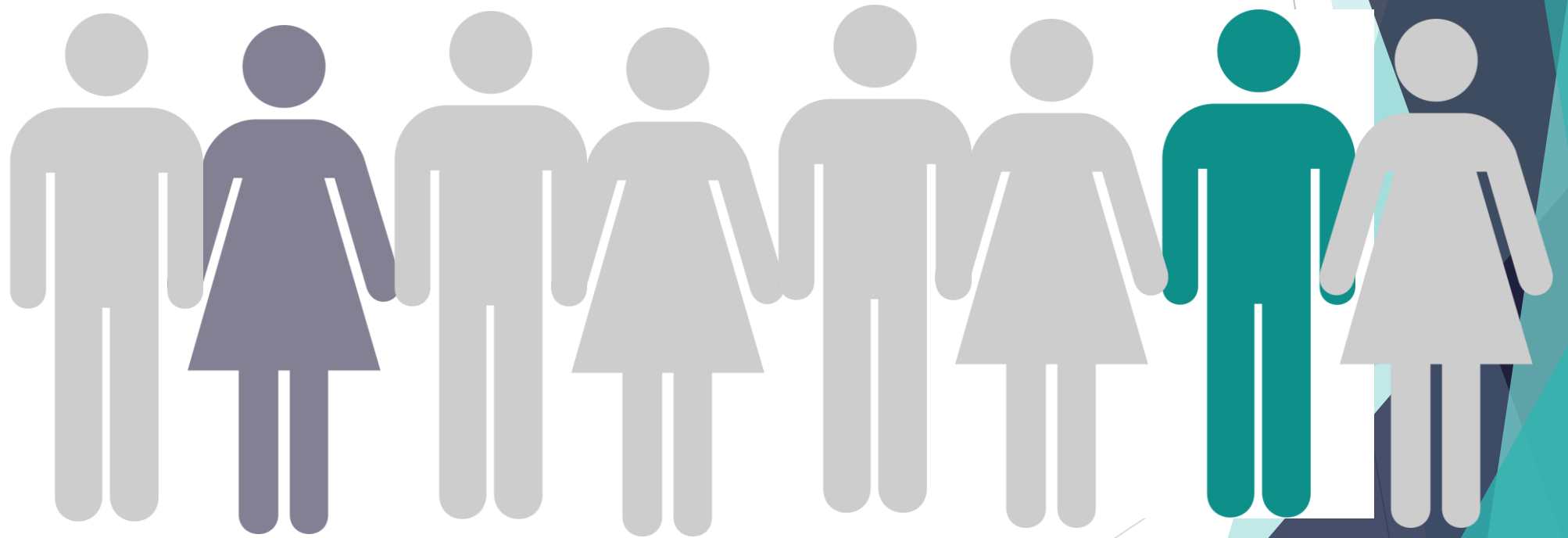
- **Cultural proficiency.** In stage six, culture is held in high esteem and used as a foundation to guide all endeavors. Organizations that do this successfully continue to add to their knowledge base. They support and mentor other organizations seeking to improve their cultural competence and they advocate with and on behalf of populations who are traditionally underserved or not served at all. They also partner with other diverse constituency groups to help reduce and eventually eliminate racial and ethnic disparities.

Cultural Humility

A willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. It focuses on self-humility rather than achieving a state of knowledge or awareness.



Culturally Competent & Humble Care Delivery



Our Action Plan



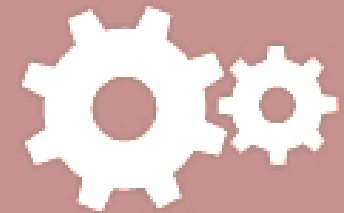
WHO?



WHAT?



WHERE?



HOW?



Questions?
Final
Thoughts!

Session 2:

February 24, 1:00 pm – 2:15 pm
EDT

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.



- Symposium Registration, Call for Abstracts and Posters, and sponsorship opportunities are now available for our 2020 Symposium.

- When? June 18 – 19, 2020

- For more information visit:

[2020 Health in Public Housing National Training Symposium](#)

**SIGN
UP...**

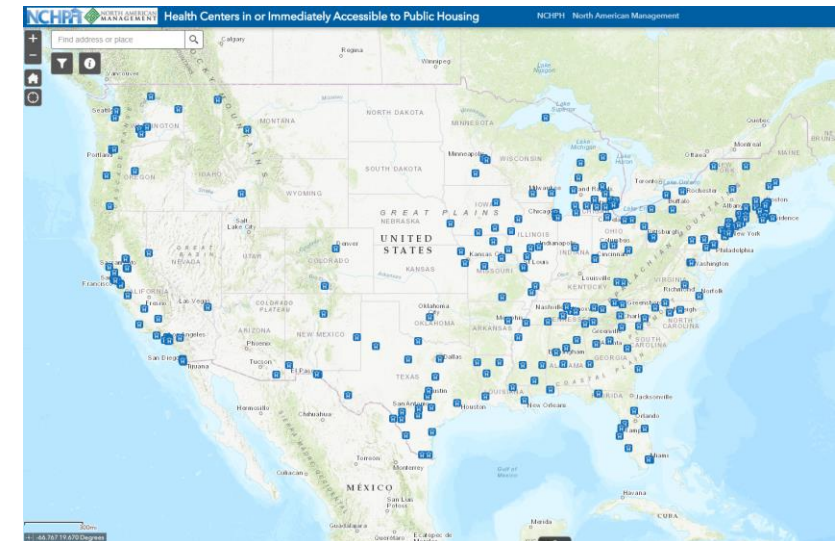
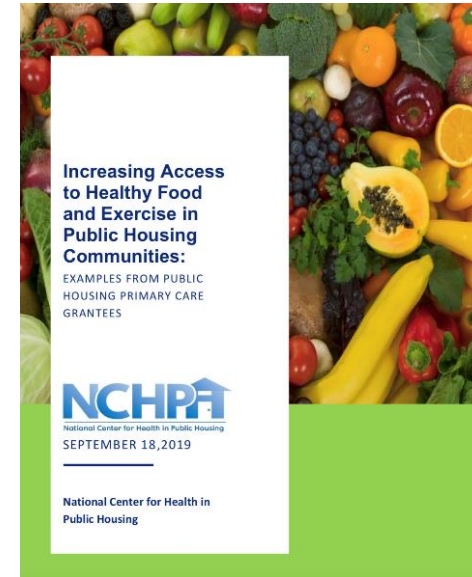


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THANK YOU!

