Developing Cultural Humility

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Objectives

1. Participants will establish an understanding of cultural humility and cultural competency as complementary tools in client engagement.

2. Participants will learn tactics that organizations can use to improve cultural humility within HIV service settings.

3. Participants will build on HIV strategies that engage clients of color.
Terminology

• **Race**: a socially constructed, imposed, and hierarchical system that refers to person’s physical characteristics, such as bone structure and skin, hair, or eye color.¹

• **Oppression**: prolonged cruel or unjust treatment or control.²

• **Privilege**: a right, or immunity granted or available only to a particular person or group of people.³

1. [http://www.diffen.com/difference/Ethnicity_vs_Race](http://www.diffen.com/difference/Ethnicity_vs_Race)
2. Merriam-Webster
3. Merriam-Webster
Terminology (cont.)

• Ethnicity: of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background.

• Culture: the customs, arts, social institutions, and achievements of a particular nation, people, or other social group.
  • This can include:
    • Food
    • Language
    • Religious customs and secular values
      • Ex: “Pulling yourself up by your bootstraps”
    • Ideas about gender and gender roles
Terminology (cont.)

Intersectionality is the idea that people hold many identities and belong to many communities.
Racial HIV Disparities

- No matter how we slice it, there are health disparities in HIV that mirror lines of privilege and oppression.
- Black Americans are 14% of the population but make up almost half of new HIV infections.¹
- About three quarters of men who have filled a PrEP RX are white and just 9% are Black.²

New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015

Racial HIV Disparities

- It is estimated that 1 in 2 Black gay men will acquire HIV in their lifetime.¹
- It is estimated that 1 in 48 Black women will acquire HIV in their lifetime.²
  - Compare this statistic to white women, who only have a 1 in 588 chance.
- CDC found that HIV prevalence rates in urban poverty areas approached that of a general HIV epidemic at 2.1%.
  - The lower the income, the greater the HIV prevalence rate.³

Behavior or biology does not explain the disproportionate impact HIV has on Black people, but systems of oppression faced by different cultures do have an impact.

2. Ibid
Providers Must Understand How Structural Oppressions Intersect to Impact Their Clients

- HIV work interacts with many attributes and behaviors that have been historically viewed as taboos:
  - Sex
  - Homosexuality
  - Perceived hypersexuality
  - Sexual abuse
  - Sex work
  - Poverty
  - Drug use
- This means that HIV work takes place in the context of historical stigma and oppression.
- Providers should also consider cultural dynamics with authority figures, in particular medical personnel.

If providers fail to take this into account, they risk exacerbating these disparities.
What is “Cultural Competency?”

The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.¹

¹. https://hpi.georgetown.edu/agingsoceity/pubhtml/cultural/cultural.html
Applications of Cultural Competency

- Ideas of cultural competency have influenced policy such as:
  - Having translators in hospitals
  - Having patient advocates in medical settings
- Understanding of cultural competency has led to developments in:
  - Mental health practice
  - Education
Cultural Competency Gone Wrong

A young Black man who identifies as gay tells his case manager, also a gay Black man, that he’s been having questions about his gender identity recently. The case manager brushes his concerns aside, saying that “just because he likes to dress in drag” doesn’t mean he is trans or gender non conforming.

What went wrong here?
A young Black man who identifies as gay tells his case manager, also a gay Black man, that he’s been having questions about his gender identity recently. The case manager, who recently received a training on gender identity, gives the client information about hormones and gender affirmation surgery.

What went wrong here?
A young Black man who identified as gay tells his case manager, also a gay Black man, that he’s been having questions about his gender identity recently. The case manager asks him questions to better understand his experience. He asks him if he’s thought about using different pronouns, or dressing differently, and asks him if he’d like to join a peer-mentorship group for gender non-conforming people.

What went well here?
Another Example of Cultural Competency

A young Black patient asks his doctor about PrEP. The doctor looks skeptical and says, “This is expensive, condoms are cheaper.”

What went wrong here?
Another Example of Cultural Competency

A young Black patient asks his doctor about PrEP. The doctor gives the patient the information, and then begins to lecture the patient on the importance of adherence and coming for follow-up appointments. The doctor says “I know you may be wary of medical interventions, but I think this will be great for you if you can remain compliant.”

What went wrong here?
Another Example of Cultural Competency

A young Black patient asks his doctor about PrEP. The doctor gives the patient the information, and then begins to ask the patient about his hopes and concerns for adherence. The doctor and the patient come up with a plan that includes transportation to the next check up.

What went well here?
What is “Cultural Humility?”

• Cultural humility is a commitment to... developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.¹

• Cultural Humility is three dimensional:
  • Lifelong learning and critical self-reflection²
  • Recognizing and challenging power imbalances for respectful partnerships
  • Institutional accountability³

Cultural Humility: Lifelong Learning and Critical Self-reflection

• Culture is an expression of self, and no two individuals are the same.

• Culture is not static or monolithic.

• It is important to remain reflective about making assumptions and generalizations.

  • Ex: Not everyone practices their religion the same way. It would be a lack of cultural humility to assume you know someone’s views on gender or sexuality for example because they profess to a certain faith. You should let that person explain to you how they interpret their faith on that subject.
Cultural Humility: Recognizing and Challenging Power Imbalances

- Be actively mindful of your privilege as a provider, and work to address any harmful power imbalances it may create.
- Be wary of your implicit biases and how those may affect your interactions.
- Do not dictate to your patients. Rather, create goals and plans for health together.
  - Ex: When clients come in, ask them what they would like to get out of the experience. If they ask for prevention techniques, give them all the information and ask which technique they think would be best for them.
Cultural Humility: Institutional Accountability

• Organizations should encourage and support cultural humility internally
• Consider forming partnerships with other CBOs who can provide services to your clients and vice versa.
  • Ex: Leverage partnerships so that you have materials about other services your clients might need, such as housing, available at your site.
• Organizations should make their processes reflective of cultural humility
  • Ex: Think about how frontline staff have the ability to contribute to making organizational policy. Consider whether intake forms and other processes allow for doctors to ask proper questions of their clients.
Cultural Humility Gone Wrong

A Latinx trans man asks about options for paying for gender affirmation surgery. The receptionist begins to ask him about his genitalia, and what he hopes for the outcome of the surgery. What went wrong here?
A Latinx trans man asks about options for paying for gender affirmation surgery. As he is getting the information, the receptionist responds, “Oh, that’s so cool that you’re doing that! I love Laverne Cox, was your experience like hers?”

What went wrong here?
A Latinx trans man asks about options for paying for gender affirmation surgery. The receptionist gives the client the information, and when he replies positively, the receptionist shares in his excitement, saying “I’m happy that you’re happy about this decision!” The client explains that this is momentous because he is doing it with the full support of his family, and the receptionist replies, “That must be comforting for you!” They continue to speak, and the receptionist asks a few more questions which lead to the client also receiving information about a peer mentor group for trans men at the clinic.

What went well here?
Another Example of Cultural Humility

A married woman is speaking to a nurse at her primary care clinic, and asks if the nurse has any information about PrEP that she can give to her friend. The nurse senses the woman is uncomfortable, and makes the inference that she may want the information for herself. The nurse asks, “Is this because you think your husband is cheating on you?”

What went wrong here?
Another Example of Cultural Humility

A married woman is speaking to a nurse at her primary care clinic, and asks if the nurse has any information about PrEP that she can give to her friend. The nurse senses the woman is uncomfortable, and makes the inference that she may want the information for herself. The nurse says, “As a married woman, I know how it is when you feel like you can’t trust your partner.”

What went wrong here?
Another Example of Cultural Humility

A married woman is speaking to a nurse at her primary care clinic, and asks if the nurse has any information about PrEP that she can give to her friend. The nurse senses that the woman is uncomfortable, gives her information, and makes sure to explain some portions that may be confusing. The nurse also touches on other methods of preventing HIV, such as condoms, and makes sure the woman understands how to access these other methods. The nurse ends by saying, “If you or your friend have any questions, feel free to contact me.”

What went well here?
A young Black woman with children in a rural area tests positive for chlamydia. The intake forms show that her income is unstable. Her linkage specialist asks what tactics she employs to prevent STIs and HIV, and the woman is ambivalent. The intake specialist notes her reluctance to discuss this with her, and asks if she’d prefer to speak to a group of women who share tactics for HIV prevention. Considering that transportation might be an obstacle, the specialist refers a group that the woman can call into. The specialist also gives her information about PrEP and introduces her to a PrEP navigator. Finally, after asking, the specialist gives the client information about a social service agency that is geared toward helping women become financially stable through classes and trainings, and peer mentoring.

How does this show cultural competency?

Where is the example of cultural humility?
Summary: Individual Tactics for Cultural Humility & Cultural Competency

• Do not project ideas onto clients. Cultural humility is not just about what you know, it’s also about not being distracted by what you think you know.
• Do not assume that one person’s experience speaks for an entire group of people who share that identity. All people are a combination of intersectional identities.
• Be verbally humble. Begin sensitive conversations by saying, “If I ask anything that makes you uncomfortable, please let me know.”
• Frame your interactions with your clients as a partnership. Let the clients take the lead on their goals for their health.
• Create space for the client to advocate for themselves by asking, “Is there anything you think I should know?”
Summary: Institutional Tactics for Cultural Humility & Cultural Competency

- Make sure forms that ask questions about identity have write-in options. For example, people should write in their gender, race, and sexual orientation.
- Create a space that is both accessible and comfortable.
  - Consider how power structures are perpetuated through the space design; perhaps clients and providers should sit next to each other rather than on opposite sides of a desk.
- Train all staff, including support staff. For example, if you have gender neutral restrooms, make sure the janitorial staff are aware of what that means.
- Cultivate a learning culture. Staff should feel comfortable asking for trainings when they don’t have the answers to meet a client’s needs.
Summary: HIV Tactics for Cultural Humility & Cultural Competency

• Frame your interactions with clients as partnerships. Do not push people farther than they want to go in talking about sex, for example. The goal should be to get as much information as necessary to help the client.
  • Example: If someone self-identifies their need for PrEP, you do not necessarily need to ask in detail about their sexual habits.
• Do not project ideas onto clients. Only use labels if the client has already used them.
  • Example: Not every woman who has sex with men identifies as heterosexual, and that assumption may adversely impact the patient’s care.
• Create a learning culture, so that you can give clients the best care.
  • Example: Stay up-to-date with new biomedical interventions, as well as their reception in different communities.
Thank you!

Questions?