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Texas Collaborative for HIV Education and Prevention (TCHEP) Learning Series

Updates and Recommendations for Primary and Emergency Care Services



Cultural Humility: Improving Patient Trust and Health Outcomes



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Disclosure to Learners

Texas Collaborative for HIV Education & Prevention Learning Activities:

“Cultural Humility: Improving Patient Trust and Health Outcomes Care”

June 30, 2021



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Successful Completion

Successful completion of this continuing education event requires that you:

- Complete registration and sign in
- Attend the entire event
- Participate in education activities, and
- Complete the participant evaluation



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The speakers and Planning Committee for this event have disclosed no financial interests.



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Expiration for awarding contact hours/credits

Complete and submit the evaluation survey by **July 14th**, 2021.



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The Texas Department of State Health Services, Continuing Education Service designates this live event for a maximum of 1.00 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course has been designated by The Texas Department of State Health Services, Continuing Education Service for 1.00 credits of education in medical ethics and/or professional responsibility.

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Continuing Education

Other professions:

- Certified Health Education Specialists
- Certified in Public Health
- Social Workers



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- For more information on CE credits, please contact Isabel Clark Isabel.Clark@dshs.texas.gov or email us at tcchep@uthct.edu
 - For any other question on TCHEP, including materials from this learning series, please visit: <http://tcchep.org>



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Cultural Humility:

Improving Patient Trust and Health Outcomes

Shannon Guillot-Wright, PhD

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Director of Health Policy Research
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Disclaimers

- I recognize the limitations of my individual experiences and the privileges I have been afforded
- I am presenting potential paths towards action without assuming these are comprehensive suggestions or the only ways to move forward
- I am discussing cultural humility in healthcare but recognize the intersectional nature of identity and these approaches can and should be applied to other issues.
- Research and views expressed in this presentation are mine alone and do not represent the official policies or opinions of TCHEP or the sponsors of today's lecture.



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Presuppositions

- We recognize the goal is to improve health outcomes, which means we are truly committed to anti-racism
- We realize that we all have work to do and are willing to do it
- We think critically and reflectively about privilege, power, and how to make the spaces we occupy more inclusive
- We know we will make mistakes but are willing to keep working on it
- We value diversity, inclusion, and equity a priori
- We start within the sphere of influences in which we operate
- We commit to action, not just words



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Learning Objectives:

- Identify intrinsic and explicit biases in clinical care and explain the impact on health outcomes.
- Describe behaviors clinicians need to adopt to improve patient trust in healthcare to ensure patients will be treated equitably and receive the healthcare services they seek.
- Apply an equity lens when providing care to all patients seeking healthcare services.

Definitions

Structural Violence

The ways that our system is structured to produce differential outcomes among different populations.

Definitions

Racialized Imaginations

We are racialized, which informs how we view each other, include each other, exclude each other, and our social arrangements.

Definitions

Microaggressions

A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group, such as a racial or ethnic minority.

Definitions

Health Equity

The absence of avoidable differences that can be changed among groups of people.

Definitions

Cultural Humility (& why not Cultural Competency?)

A culturally humble approach “incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations”

-Tervalon and Murray-Garcia, *Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education*, 1998

“Aspirations of 'competence' over and about the cultural 'difference' of minority populations maintain those same populations both conceptually and in practice in positions of subjugation.”

-Hester, *The Promise and Paradox of Cultural Competence*, 2012

Definitions

Anti-Racism

- Fighting against racism individually and through policy
- Committing to action
- ‘Not being racist’ is neutral. Neutrality does not answer to our responsibility as clinicians.

“The only way to undo racism is to consistently identify and describe it — and then dismantle it.”

-Ibram X. Kendi

“How then can US society come to terms with its past? How can it acknowledge responsibility? The late Native historian Jack Forbes always stressed that while living persons are not responsible for what their ancestors did, they are responsible for the society they live in, which is a product of that past.”

-An Indigenous Peoples History of the United States, Roxanne Dunbar-Ortiz

Cultural Humility & Anti-Racism in the Individual

“I can breathe because you can’t.”



Cultural Humility & Anti-Racism in the Clinic

Community Story

“I was told that I could not see [the Dr. I requested and] that I had to go to the seventh floor... Now, this person not having checked their records, they would have seen I had private insurance, but it shouldn't have mattered... I was then told, ‘Well, they don't see Medicaid patients.’ I looked at her and said, ‘I am not a Medicaid patient.’...By the time [the Dr.] saw me, I was preeclampsia.”



Cultural Humility & Anti-Racism in Education

“Remember that it is a privilege to educate yourself about systemic and BIPOC racism, when the alternative is to experience it.”

Krys E. Foster, Christina N. Johnson, Diana N. Carvajal, Cleveland Piggott, Kristin Reavis, Jennifer Y. C. Edgoose, Tricia C. Elliott, Marji Gold, José E. Rodríguez and Judy C. Washington, “Dear White People.” *The Annals of Family Medicine* January 2021, 19 (1) 66-69; DOI: <https://doi.org/10.1370/afm.2634>

Cultural Humility & Anti-Racism in Research



Cultural Humility & Anti-Racism in the Community

“Sometimes you feel like you’re not good enough because of your color. Sometimes you hate yourself, not hate yourself, you just don’t think you’re enough.”

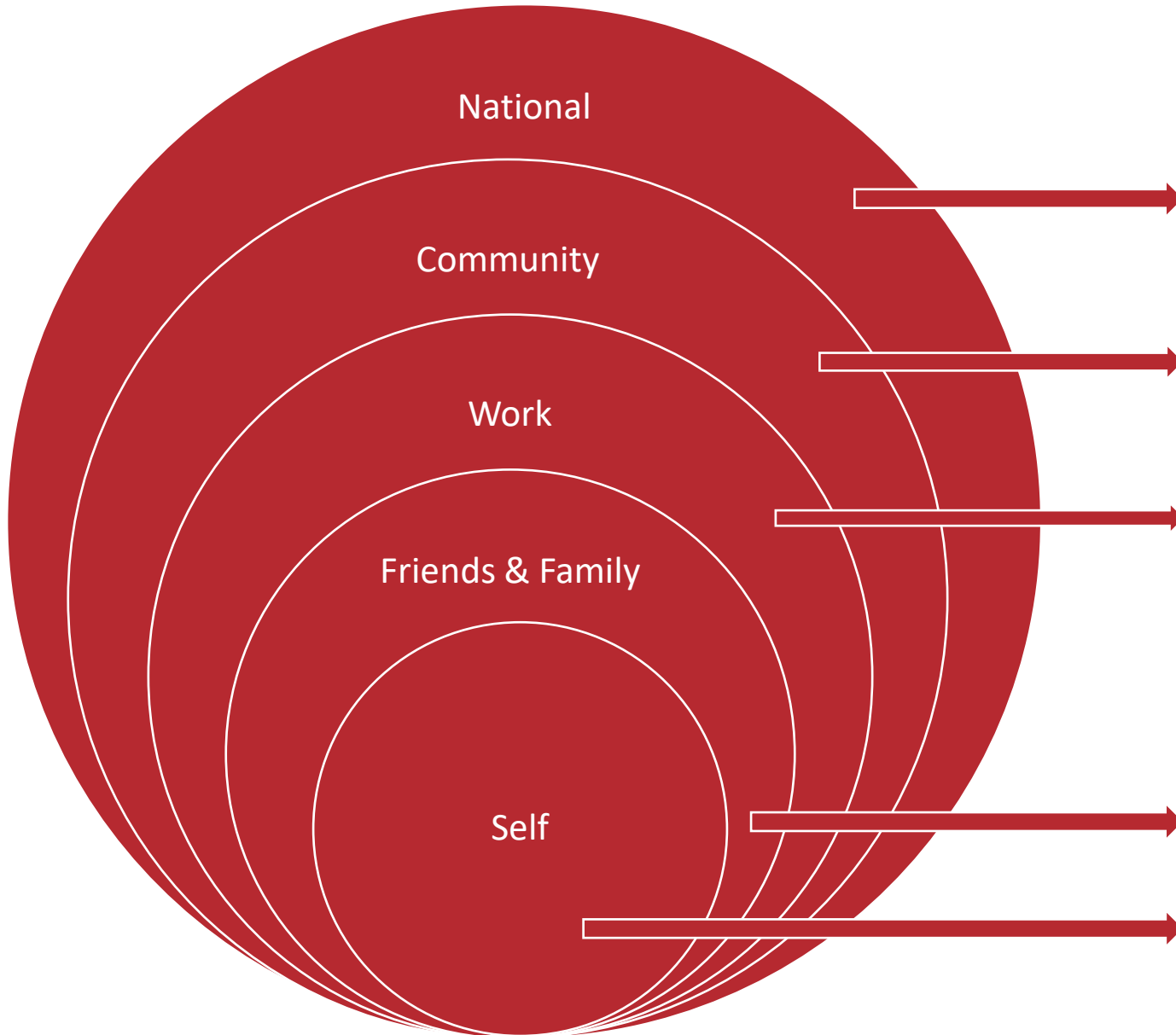
–TX High School Student

Spheres of Influence



1. How did you witness or experience discrimination in each of the “spheres of influence”?
2. What are the areas where you could meaningfully contribute to change?
3. What strategies might be effective to use in each of your spheres of influence?

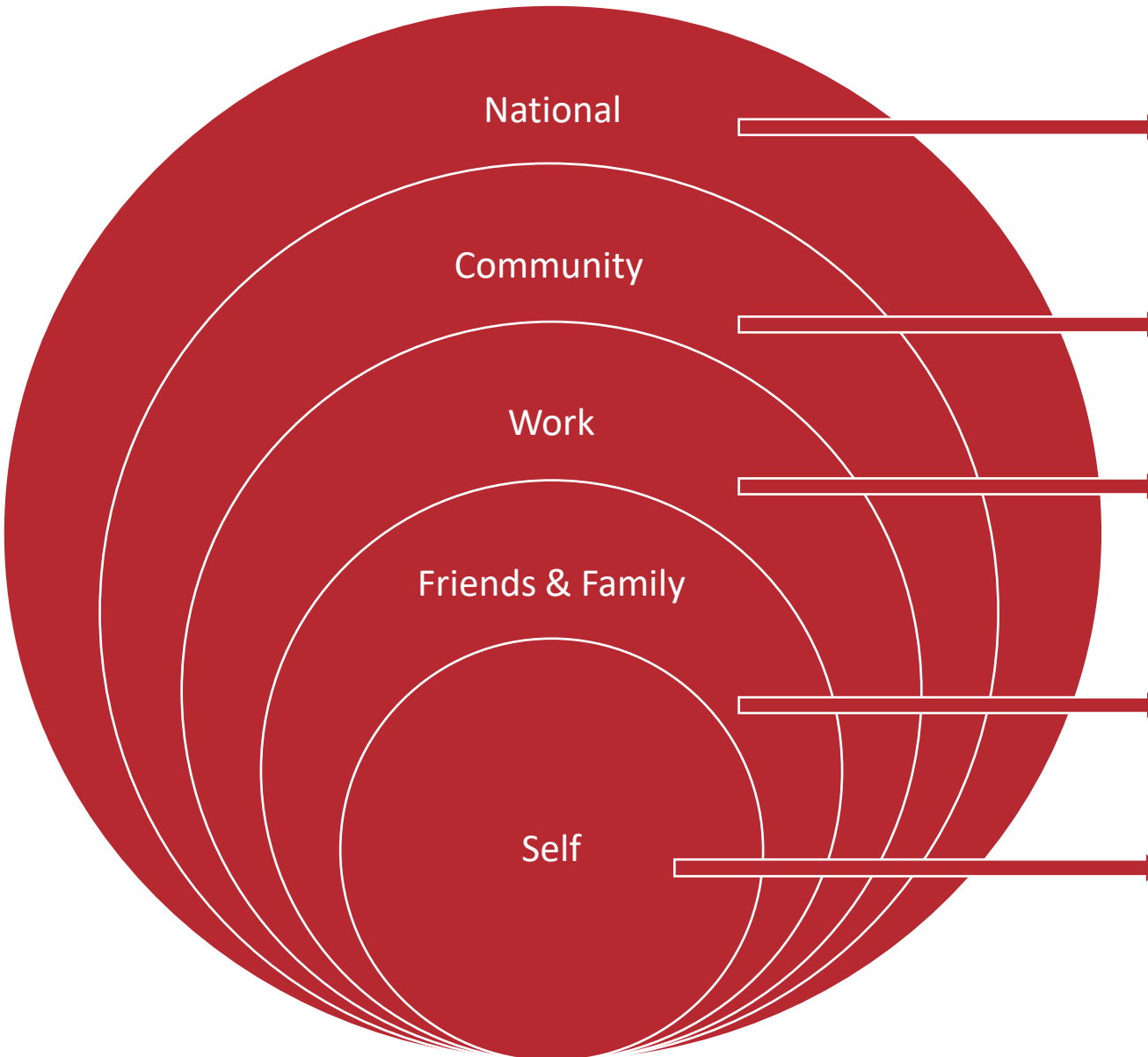
Spheres of Influence



1. How did you witness or experience discrimination in each of the “spheres of influence”?

- COVID outcomes in communities of color
- De-investment in communities of color
- Coded language (non-compliant, drug-seeking)
- Race as a “biologic construct”
- Differential outcomes for POC
- Differential opportunities for friends of color
- Benefitted from white privilege

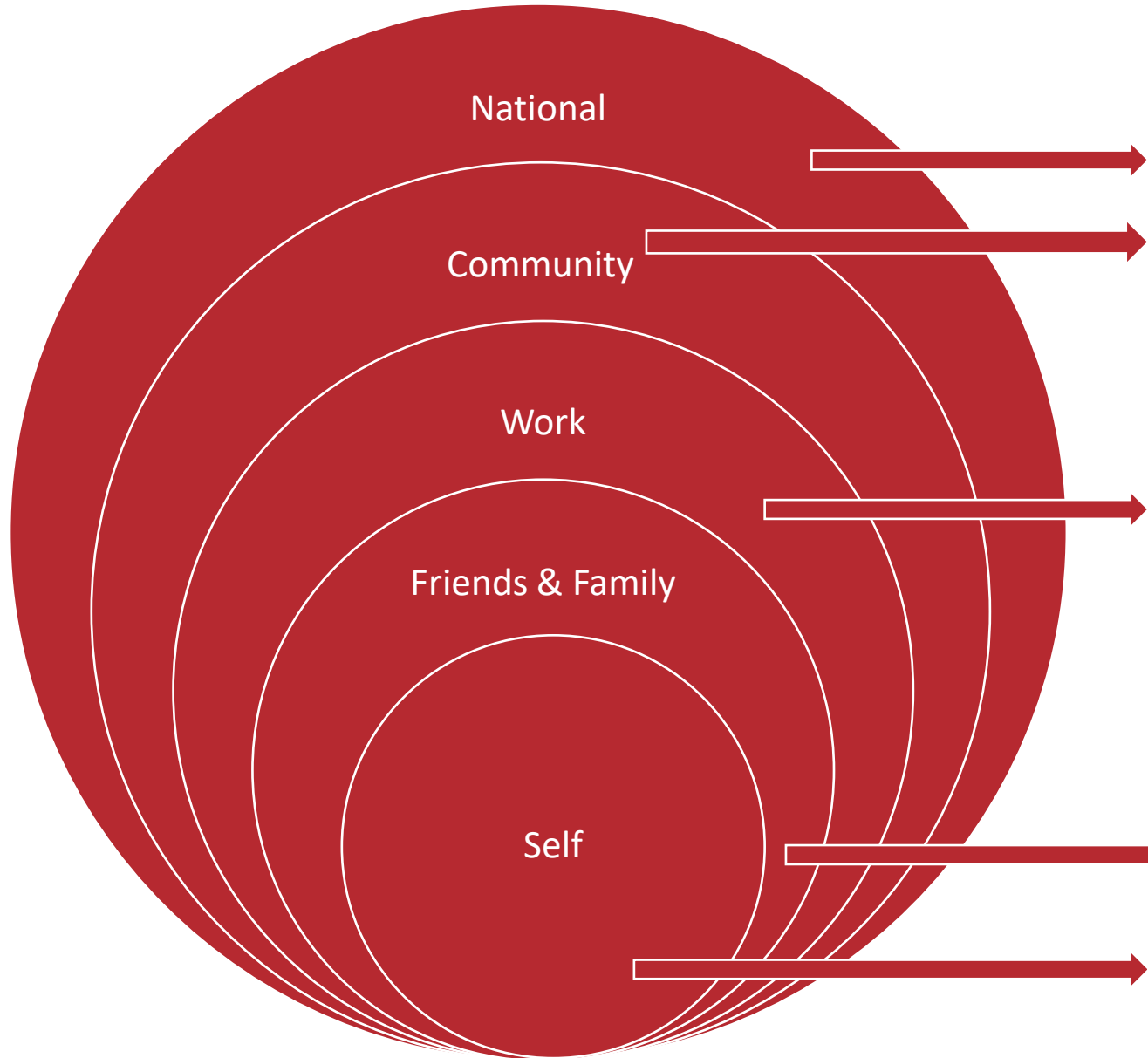
Spheres of Influence



2. What are the areas where you could meaningfully contribute to change?

- Committees, boards, task force, conferences, AAMC
- School, informal networks, local organizations, neighborhood
- Clinical, Education, Administration, Research
- Partner, Children, Extended Family, Friends
- Self

Spheres of Influence



3. What strategies might be effective to use in each of your spheres of influence to improve health equity?

- Create/relinquish opportunities for others
- Honor the voices of POC
- Clinical: eliminate destigmatizing language, systematically look for disparities in care and outcomes
- Education: provide opportunities and mentorship for URM students and junior faculty
- Research: ask who is included/excluded/benefitting
- Administration: Who's here/who isn't?
- Surround self with individuals who can call me out and call me in
- Reflect on my privilege

Future Steps

- **Develop** cultural humility and anti-racism personally & through policies
- **Rearticulate** “cultural” formulations in structural terms
- **Understand** implicit bias and microaggressions
- **Recognize** the social structures that shape clinical interactions
- **Develop** the language to oppose implicit bias and structural violence
- **Provide** skills to intervene against racism and discrimination
- **Promote** the conscious inclusion of diverse faculty, staff, and students



Questions?

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That's all, folks!

Any Questions?



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Thank you!