

Cultural Humility & Reducing Stigma and Discrimination

Provider Handbook



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**Disclaimer – this document serves only as an informal education tool meant to address gaps in knowledge, to demonstrate the necessity of drawing on these concepts and guidelines to improve patient outcomes and identify resources for further learning and dialogue.*

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What is Cultural Competence & Humility?

Every human being is a member of many cultures. Culture influences an individual's health beliefs, practices, behaviors and even the outcome of medical treatments. **Cultural competence** in health care is defined in this report as the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families and communities. **Cultural humility** refers to the ongoing commitment to self-reflection and cultivation of beneficial, non-paternalistic relationships. These are not final destinations, but instead a continuous process.¹

For example some norms that may be determined by cultural beliefs are:

- ✓ Clothing
- ✓ Beliefs about causes of illness and effects of treatment
- ✓ Eye contact
- ✓ Decision making
- ✓ Touching
- ✓ Being alone
- ✓ Food and diet
- ✓ Religious customs
- ✓ Respect for personal space

¹ *Six Steps Toward Cultural Competence*. Minnesota Public Health Association Immigrant Health Task Force, Sept. 2000, Pdf. 2 Dec 2016.

Basic Terminology

- **Ageism:** the stereotyping or discrimination of a person or group due to their age, particularly experienced by seniors.
- **Allostasis:** refers to the process of achieving homeostasis (or stability) in the body through physiological or behavioral change.
- **Classism:** differential treatment based on social class or perceived social class; the systematic oppression of subordinated class groups to the advantage of dominant class groups.
- **Competence:** The capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.
- **Culture:** The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Cultural issues are central in the delivery of health services treatment and prevention interventions. By understanding, valuing, and incorporating the cultural differences of America's diverse population and examining one's own health-related values and beliefs, health care organizations, practitioners, and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture.
- **Cultural Blindness:** Differences are ignored and one proceeds as though differences do not exist. ("There's no need to worry about a person's culture; if you're sensitive, you'll do OK.")
- **Cultural Humility:** lifelong commitment to self-evaluation and self-critique and developing beneficial and non-paternalistic relationships.
- **Cultural Imposition:** the tendency of a person or group to impose their values and patterns of behavior onto other persons.
- **Culturally and Linguistically Appropriate Services:** Health care services that are respectful of and responsive to cultural and linguistic needs.
- **Discrimination:** Differential treatment of an individual due to minority status, both actual and perceived. ("We just aren't equipped to serve people like that.")
- **Ethnocentrism:** Inability to accept another culture's world view. ("My way is best.")
- **Health Disparities:** health differences that are closely linked with social, economic or environmental disadvantage. Adversely affects groups of people who have systematically experienced greater obstacles to health based on race, ethnicity, gender, sexual orientation, geography,

immigrant status, disability, income or other characteristics historically linked to discrimination.

- **Heterosexism:** the societal and institutional reinforcement of heterosexuality as the privileged and the norm; and the assumption that everyone does or should identify as heterosexual.
- **Homeostasis:** any self-regulating process by which biological systems tend to maintain stability
- **Intersectionality:** the interconnectedness of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. For example, a woman of color may face sexism in the workplace, which is compounded by racism.
- **Racism:** the belief that a particular race is superior or inferior to another and that a person's character or ability is predetermined by their race.
- **Sexism:** prejudice or discrimination based on sex or gender, especially against women and girls.
- **Stereotyping:** generalizing about a person while ignoring the presence of individual differences. ("She's like that because she's Asian; all Asians are nonverbal.")
- **Stigma:** negative attitudes or stereotypes about people or groups of people based on personal characteristics that are devalued, rejected or feared by society. Often leads to significant levels of prejudice, discrimination or even violence.
 - **enacted stigma:** experiencing discrimination because of HIV status
 - **anticipated stigma:** fear of perceived prejudice or discrimination
 - **normative stigma:** perceived social norms of a community
 - **internalized stigma:** feeling shame or blame because of HIV status
- **Structural violence:** refers to systematic ways in which social institutions harm or otherwise disadvantage certain individuals.²

LBGTQI Terminology

- **Agender** (adj.) – describes a person who identifies as having no gender.
- **Ally** (noun) – a person who supports and stands up for the rights of LGBT people.
- **Asexual** (adj.) – describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.

² *Cultural Competence, Spirituality, and the Arts and Community Building*. U.S. Department of Health and Human Services Office of Minority Health, Feb. 17, 2010 Web. 2 Dec. 2016.

- **Binding** – a process used by some transgender people to flatten one's breast tissue in order to create the appearance of a flat chest.
- **Biphobia** (noun) – the fear of, discrimination against, or hatred of bisexual people or those who are perceived as such.
- **Bisexual** (adj.) – a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.
- **Bottom** (adj., noun) – person said to take more submissive role during sexual interactions
- **Bottom surgery** (noun) – medical surgeries that transform and reconstruct a person's genitals
- **Cisgender** (adj.) – a person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).
- **Clocked** (adv.) – “getting read” or detected as person who is cross-dressed or transsexual
- **Down low, D/L** (adj.)– in the closet
- **Getting read or “clocked”** – detected as person who is cross-dressed/transsexual
- **Gaff** (noun) – device used to conceal the penis so that no bulge is visible.
- **Gay** (adj.) – a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.
- **Gender dysphoria** (noun) – distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis.
- **Gender fluid** (adj.) – describes a changing or “fluid” gender identity.
- **Genderqueer** (adj.) – Describes a person whose gender identity falls outside the traditional gender binary. Other terms for people whose gender identity falls outside the traditional gender binary include gender variant, gender expansive, etc.
- **Heteronormativity** (noun) – The assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities.
- **Heterosexual** (straight) (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

- **Homophobia** (noun) – The fear of, discrimination against, or hatred of lesbian or gay people or those who are perceived as such.
- **Intersex** (noun) – a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Some intersex individuals may be raised as a girl or boy but then identify with another gender identity later in life.
- **Lesbian** (adj., noun) – a sexual orientation that describes a woman who is emotionally and sexually attracted to other women.
- **Men who have sex with men/Women who have sex with women (MSM/WSW)** (noun) – categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.
- **Pangender** (adj.) – describes a person whose gender identity is comprised of many genders.
- **Pansexual** (adj.) – a sexual orientation that describes a person who is emotionally and sexually attracted to people regardless of gender.
- **Polyamorous** (adj.) – describes a person who has or is open to having more than one romantic or sexual relationship at a time, with the knowledge and consent of all their partners. Sometimes abbreviated as poly.
- **Queer** (adj.) – an umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.
- **Questioning** (adj.) – describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.
- **Same-gender-loving (SGL)** (adj.)- a term coined for African American use by activist Cleo Manago, is a description for homosexuals and bisexuals in the African American community. It emerged in the early 1990s¹¹¹ as a culturally affirming African American homosexual identity. the term SGL usually has broad, important and positive personal, social, and political purposes and consequences.
- **Sexual orientation** (noun) – how a person characterizes their emotional and sexual attraction to others.
- **Stealth** (adj.) – to not be openly transgender in all or almost all social situations

- **Switch** (noun) – person who is both dominant and submissive in sexual interactions.
- **Top** (adj., noun)– person said to take more dominant role during sexual interactions.
- **Top surgery** (noun) – medical procedure used to create male-contoured chest.
- **Trans man/transgender man/female-to-male (FTM)** (noun) – a transgender person whose gender identity is male, but was assigned female at birth, may use these terms to describe themselves. Some will just use the term man.
- **Trans woman/transgender woman/male-to-female (MTF)** (noun) – a transgender person whose gender identity is female, but was assigned male at birth, may use these terms to describe themselves. Some will just use the term woman.
- **Transgender** (adj.) – describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.
- **Transition** (noun) – A person's process of developing and assuming a gender expression to match their gender identity. Transition can include coming out to one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) some form of surgery. It's best not to assume how one transitions as it is different for everyone.³
- **Transphobia** (noun) – the fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.
- **Transsexual** (adj.) – sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions.⁴
- **Two-Spirit** (adj.) – an umbrella term used by Native Americans to describe an array of gender-variant members of indigenous tribes; two-spirit people were highly respected and often held roles of spiritual significance before European colonization and oppression.⁵

³ *LGBTQ+ Definitions*. Trans Student Educational Resources. Web 15 June 2018.

⁴ *Glossary of LGBT Terms for Health Care Teams*. National LGBT Health Education Center. Fenway Institute, March 2016. Web. 2 Dec. 2016

⁵ *The Path of Two Spirit People in Native American Tribes*. Fractal Enlightenment. Jules Ravenheart, 21 Nov. 2016. Web. 15 June 2018

“People First” Language

People-first describes a way of speaking that tries to avoid perceived and subconscious dehumanization when discussing other people. This can be applied to any group that is defined by a trait or condition rather than being defined first and foremost as a human being.

When it comes to illnesses and health issues, putting the person before the diagnosis describes what the person has rather than what they are. Using a sentence structure where the person comes first allows for this. For example saying “people with disabilities” is more humanizing than saying “disabled people” or “the disabled.”

HIV & AIDS: Say This, Not That

Stigmatizing	Preferred
HIV infected person, HIV/AIDS patient or carrier, Positives, HIVers	Person living with HIV (PLWH). Do not use “infected” when referencing a person.
To die of AIDS	Died of AIDS-related illness, died of AIDS-related complications or end stage HIV
HIV infection, became infected	HIV transmissions, diagnosed with HIV, acquired HIV
Victim, innocent victim, sufferer, contaminated	Person living with HIV, survivor, warrior (Don't use “contaminated” in reference to a person)
To catch, contract, or transmit AIDS; to catch HIV	An AIDS diagnosis, developed AIDS, contract HIV (AIDS is a diagnosis and HIV is the virus)
Compliant	Adherent
Prostitute/Prostitution	Sex worker, transactional sex, selling sexual services
Promiscuous	Use “having multiple partners” instead of this value judgement
“Tainted” blood, “dirty” needles	Shared needles, blood containing HIV
Clean, as in “I'm clean, are you?”	Avoid! Never suggest those living with HIV are dirty.

LGBTQI: Say This, Not That

**Please note: it is always best practice to ASK your patient what terms they use for themselves; the following serves as a general guide.*

Stigmatizing	Preferred
<p>"homosexual" (n. or adj.)</p> <p>Because of the clinical history of the word "homosexual," it is aggressively used by anti-LGBTQ extremists to suggest that people attracted to the same sex are somehow diseased or psychologically/emotionally disordered – notions discredited by the American Psychological Association and the American Psychiatric Association in the 1970s. Please avoid using "homosexual" except in direct quotes. Please also avoid using "homosexual" as a style variation simply to avoid repeated use of the word "gay."</p>	<p>"gay" (adj.); "gay man" or "lesbian" (n.); "gay person/people"</p> <p>Please use gay, lesbian, or when appropriate bisexual or queer to describe people attracted to members of the same sex.</p>
<p>"homosexual relations/relationship," "homosexual couple," "homosexual sex," etc.</p> <p>Identifying a same-sex couple as "a homosexual couple," characterizing their relationship as "a homosexual relationship," or identifying their intimacy as "homosexual sex" is extremely offensive and should be avoided. These constructions are frequently used by anti-LGBTQ extremists to denigrate LGBTQ people, couples, and relationships.</p>	<p>"relationship," "couple" (or, if necessary, "gay/lesbian/same-sex couple"), "sex," etc.</p> <p>As a rule, try to avoid labeling an activity, emotion, or relationship as gay, lesbian, bisexual, or queer unless you would call the same activity, emotion, or relationship "straight" if engaged in by a heterosexual. In most cases people will be able to discern people's sexes and/or orientations through the names of the parties involved, depictions of their relationships, and your use of pronouns.</p>

<p>"gay lifestyle," "homosexual lifestyle," or "transgender lifestyle"</p> <p>There is no single LGBTQ lifestyle. LGBTQ people are diverse in the ways they lead their lives. The phrases "gay lifestyle," "homosexual lifestyle," and "transgender lifestyle" are used to denigrate LGBTQ people suggesting that their sexual orientation and/or gender identity is a choice and therefore can and should be "cured."</p>	<p>"LGBTQ people and their lives"</p>
<p>"gay agenda" or "homosexual agenda"</p> <p>Notions of a so-called "homosexual agenda" are rhetorical inventions of anti-LGBTQ extremists seeking to create a climate of fear by portraying the pursuit of equal opportunity for LGBTQ people as sinister.</p>	<p>"Accurate descriptions of the issues (e.g., "inclusion in existing nondiscrimination laws," "securing equal employment protections")"</p> <p>LGBTQ people are motivated by the same hopes, concerns, and desires as other everyday Americans. They seek to be able to earn a living, be safe in their communities, serve their country, and take care of the ones they love. Their commitment to equality and acceptance is one they share with many allies and advocates who are not LGBTQ.</p>
<p>"special rights"</p> <p>Anti-LGBTQ extremists frequently characterize equal protection of the law for LGBTQ people as "special rights" to incite opposition to such things as relationship recognition and inclusive nondiscrimination laws. Avoid term.</p>	<p>"equal rights" or "equal protection"</p>

LGBTQI: Provider Basics

Dimensions of Sexual Orientation

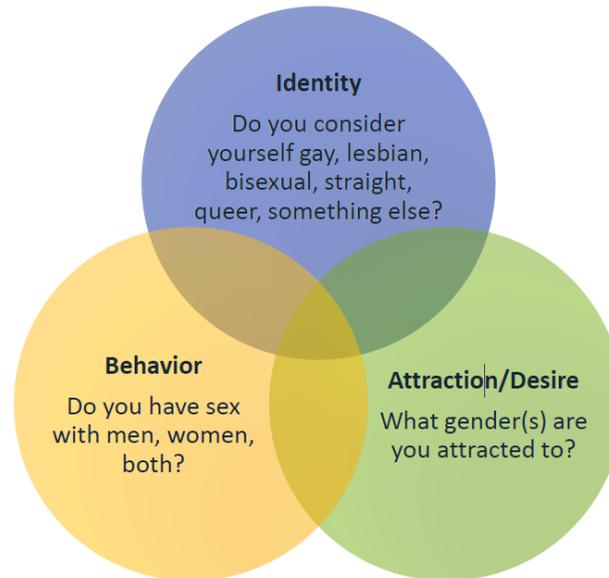


Figure 1: Dimensions of Sexual Orientation⁶

- Listen to how patients refer to themselves or loved ones (names, pronouns) and use the same language they use; ask if unsure.
- Display in common areas policies indicating non-discrimination for sexual orientation/identity and display LGBT-friendly symbols such as rainbow flag, pink triangle etc.
- Include verbiage on signage or intake forms that is safe, judgement free and non-discriminatory, including gender neutral language.
- Waiting rooms or common areas should reflect reading materials relevant to LGBT patients; include local resources for LGBT resources.
- Remember that not all patients are heterosexual or monogamous; use “partner” instead of “spouse” or “boy/girlfriend,” and replace marital

⁶ *Achieving Health Equity for LGBT People*. National LGBT Education Center, Sept. 2016, Pdf. 2 Dec 2017.

status with “relationship status” on forms , which allows persons to indicate their relationship status.

- Demonstrate openness and avoid assumptions.
- Create and designate unisex or single stall restrooms.
- Refrain from making assumptions about a person’s sexual orientation or gender identity based on their appearance or voice (even via phone).
- Recognize that self-identification may not align with behavior: a man may identify as heterosexual but engages in sex with other men.
- Ask the patient if you are uncertain about the terminology they use to describe sexual behavior – but only ask when there is a need to know; it is not the patient's job to educate you.
- Always affirm gender identity by using preferred name and pronouns, even when they are not in the room.⁷
- Check in with patients periodically – identities and behaviors can change just as relationship status and living arrangements may vary.
- Be consistent with language to and about the patient, especially among colleagues.

Taking a Sexual History: Basic Steps

Remember 6 “P”s when taking a sexual history:

1. Partners
2. Practices
3. Past History of STIs and STDs
4. Protection from STIs and STDs
5. Pregnancy
6. Pleasure

Resources

- PDF – A Guide to Taking a Sexual History (Centers for Disease Control, 2014)
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

⁷ *Cultural Competence and the LGBT* Communities*. Emblem Health. Web. 2 Dec. 2016.

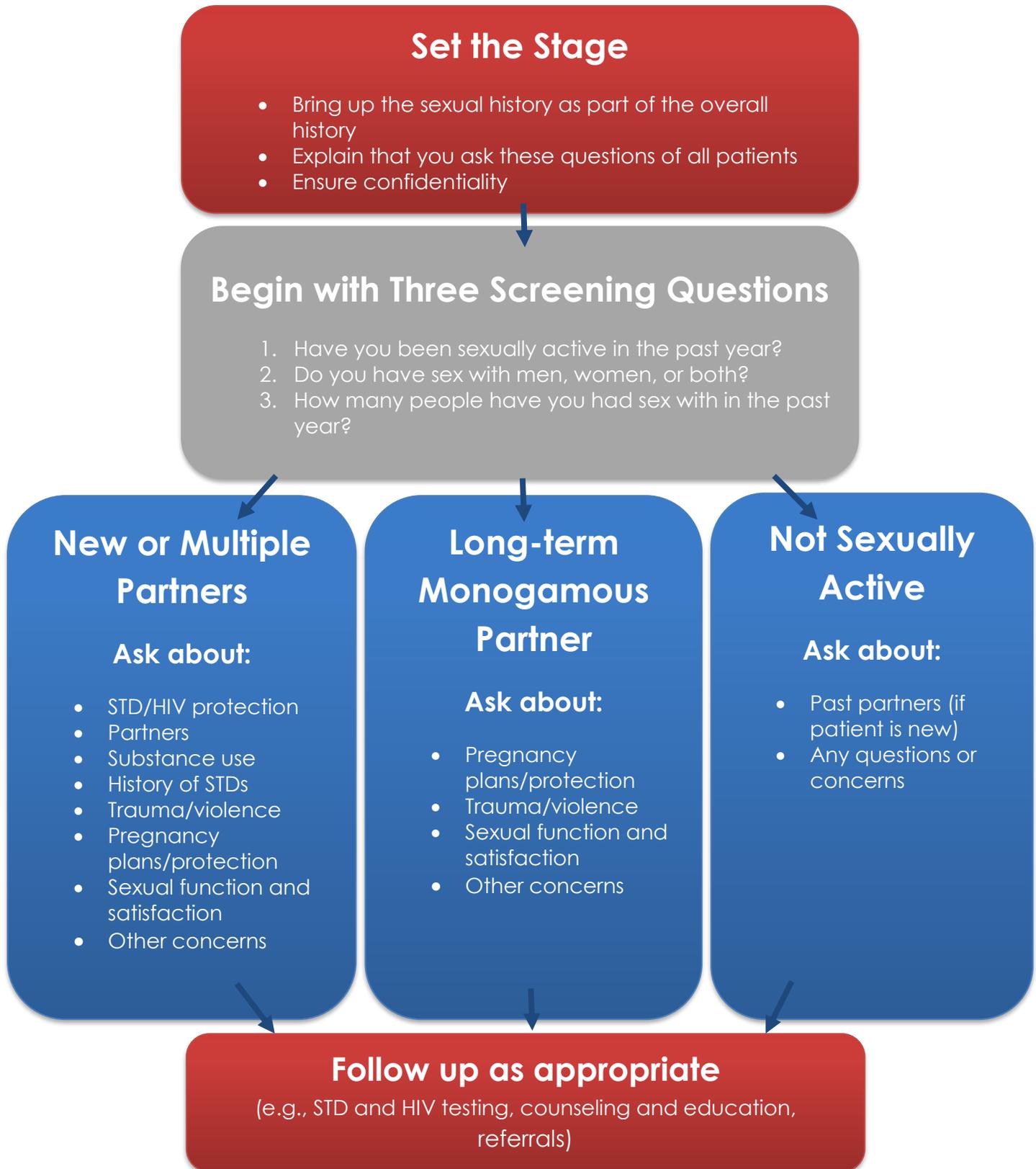


Figure 2: Algorithm for Taking Sexual Histories⁸

⁸ *Sexual History Algorithm*. National Association of Community Health Centers, Dec 2015 PDF. 5 Feb 2018.

Structural Violence and Health Disparities

In the words of Paul Farmer structural violence is the “physical or psychological harm resulting from exploitative and unjust political, social and economic systems.” This type of violence occurs on a large scale via cultural institutions and systematic practices that perpetuate inequity and result in health disparities. Health disparities are differences in health outcomes closely linked to social, economic or environmental disadvantages that create barriers to health based on race, ethnicity, gender, sexual orientation, geography, immigrant status, disability, income or other characteristics.

Examples of structural violence include:

- Decades of an inequitable distribution of wealth (rooted in slavery)
- Lack of political power, such as gerrymandering
- Stigma rooted in particular forms of religiosity
- Lack of transportation and infrastructure
- Poorly funded education systems
- Lack of comprehensive sexual health and relationship education
- Mass incarceration and criminalization of black men
- High rate of uninsured individuals
- Health Provider shortage areas and closing rural hospitals
- Lack of substance use prevention and treatment services

Farmer describes these types of overlapping hardships as a “synergy of plagues” among marginalized groups that results in higher rates of HIV.

For instance, despite having only **37%** of the overall population, the South accounts for about **44%** of all HIV diagnosis in the country and experiences more HIV related illnesses and deaths than any other region.⁹

This disproportionate burden of HIV in the South most adversely affects the African American community.¹⁰ In particular, black men who have sex with men currently face the poorest HIV health outcomes due to this very intersection of discrimination, stigma, poverty and other social/political disadvantages.

⁹ HIV in the Southern United States Fact Sheet, Centers for Disease Control and Prevention, May 2016, Pdf. 5 Dec 2017.

¹⁰ HIV Among African Americans CDC Fact Sheet, Centers for Disease Control and Prevention, Feb. 2017, Pdf. 5 Dec 2017.

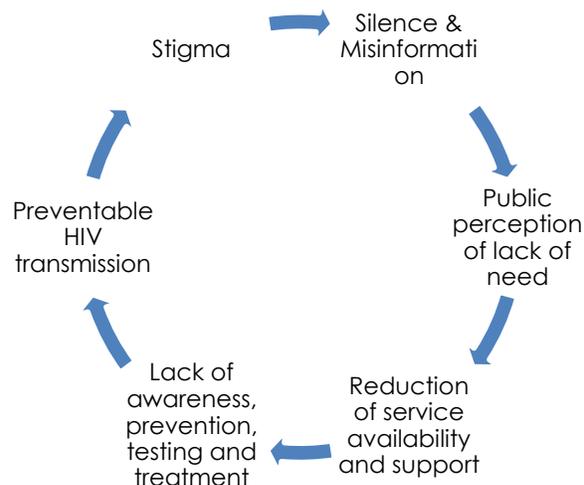
Medical Racism

It is important to recognize the historically traumatic relationship between medical institutions and the African American community. The U.S. Public Health Service Syphilis Study at Tuskegee Institute may be one of the most prominent cases exposed to the public eye, but we must recognize that this study was neither the beginning nor end of medical mistreatment of Black Americans. Surgical experimentation and abuse in the name of medicine was endured by both free and enslaved Black people in Antebellum America, and exploitation of Black bodies persisted even after the Civil War.¹¹

The devaluing of Black people's lives by broader society directly impacts the relationship they have with their providers. This racial bias can consciously or unconsciously shape the very decisions providers make regarding the health of their Black patients.

Resources

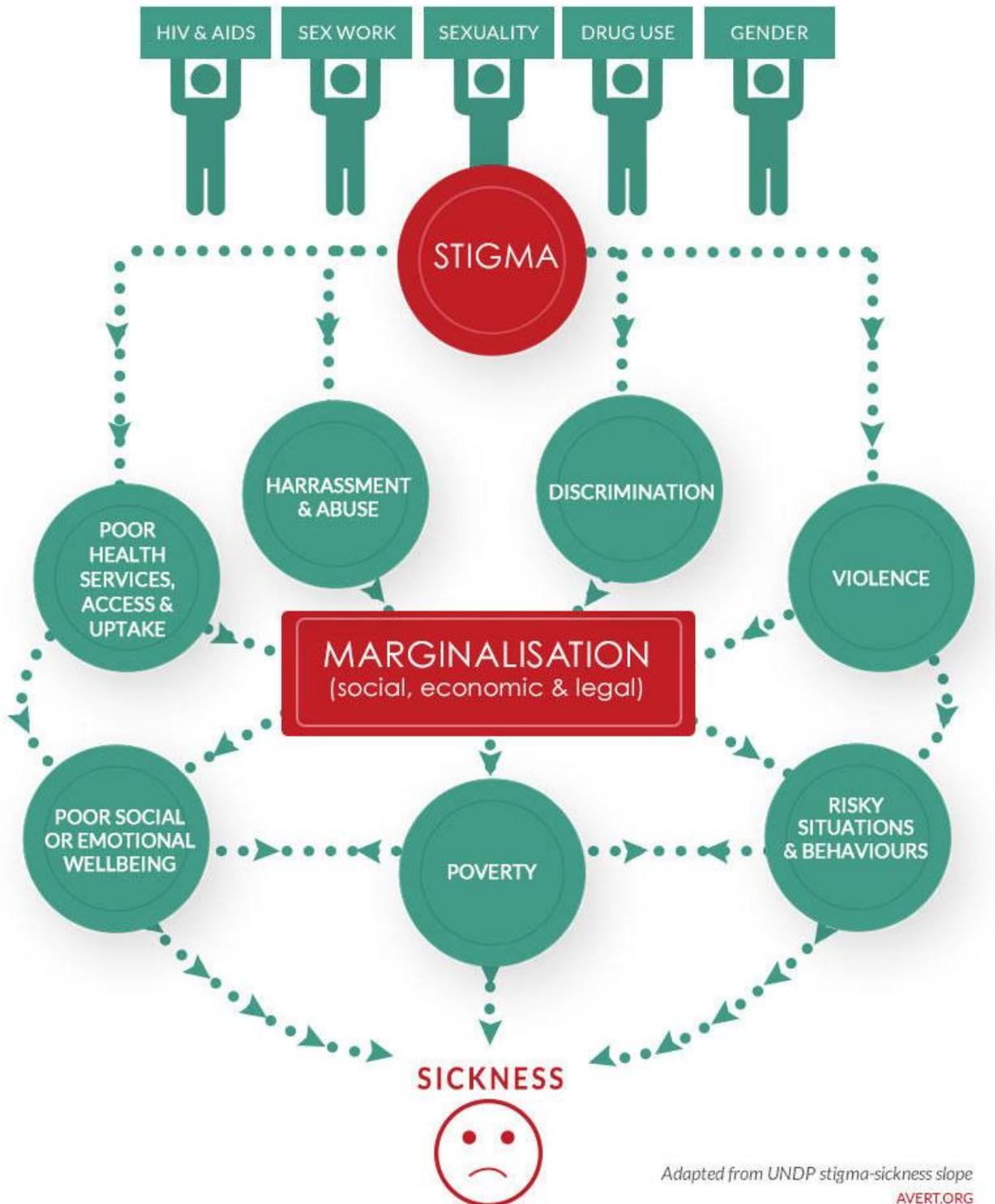
- Under the Shadow of Tuskegee: African Americans and health care (Vanessa Northington-Gamble) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1381160/>
- The Implicit Bias Test (Project Implicit) <https://implicit.harvard.edu/implicit/takeatest.html>
- What is Health Equity and Why Does It Matter? (Institute for Healthcare Improvement) <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioAndVideo/David-Williams-Don-Berwick-What-Is-Health-Equity-And-Why-Does-It-Matter.aspx>



¹¹ *Under the Shadow of Tuskegee: African Americans and Health Care*, American Journal of Public Health, Nov. 1997, PDF. 15 June 2018.

HOW STIGMA LEADS TO SICKNESS

Many of the people most vulnerable to HIV face stigma, prejudice and discrimination in their daily lives. This pushes them to the margins of society, where poverty and fear make accessing healthcare and HIV services difficult.



Adapted from UNDP stigma-sickness slope
 AVERT.ORG

Figure. 3: How HIV stigma leads to sickness¹²

Cultural Humility: Provider Basics

Self-Awareness

- Do I offer all patients the same information, tests, and treatments?
- What assumptions do I make about patients based on appearance?
- What are my personal cultural values or beliefs and how do these influence my practice?
- In what ways have fear, ignorance, and systemic oppression (including, but not limited to, ageism, classism, ethnocentrism, heterosexism, racism, and sexism) influenced my own attitudes and actions?
- What are steps I can take to minimize the effects of this personal bias?
- Use self-awareness to appreciate the multicultural identities of clients/patients and colleagues.

How to challenge implicit bias...

- Stereotype replacement — recognizing that a response is based on stereotype and consciously adjusting the response
- Counter-stereotypic imaging — Imagining the individual as the opposite of the stereotype
- Individuation — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center)
- Perspective taking — “Putting yourself in the other person's shoes”
- Increasing opportunities for contact with individuals from different groups — Expanding one's network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present
- Partnership building — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person

¹² How HIV stigma leads to sickness, Avert.org, Jan. 2017, Web. Dec 5 2017

Resources

- Reducing Implicit Bias
<http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>
- Implicit Association Tests (Bias)
<https://implicit.harvard.edu/implicit/selectatest.html>
- PDF – Privilege: Unpacking the Invisible Backpack (Peggy McIntosh, 1989)
<http://code.ucsd.edu/pcosman/Backpack.pdf>
- Video - How I Got Over: The Journey to Cultural Competence (California Prevention & Training Center, 2013) <https://www.youtube.com/watch?v=fqB3bpC4czs>
- Unconscious Bias online course (Microsoft eLesson, 2015)
<https://www.mslearning.microsoft.com/course/72169/launch>
- Breaking the Prejudice Habit (AHA, 2016)
<http://breakingprejudice.org/teaching/group-activities/>

Interpersonal

- What are the history, traditions, values, family systems, and communication patterns of major client/patient groups served?
- How might these influence help-seeking behaviors and perceptions of health, illness, health care treatments, disability, caregiving roles, and death/dying among client or patient groups served?
- Demonstrate genuineness, empathy, warmth, openness, and flexibility to facilitate client/patient engagement throughout service delivery.
- Approach information about cultural groups or characteristics in a strengths-based manner.

Resources

- Video - Vanessa Goes to the Doctor (National LGBT Cancer Network, 2015)
<https://www.hrc.org/blog/new-video-emphasizes-need-for-lgbt-cultural-competency-trainings-for-health>
- TED Talk: How to Talk & Listen to Transgender People (Jackson Bird, 2017)
https://www.ted.com/talks/jackson_bird_how_to_talk_and_listen_to_transgender_people/discussion#t-88337
- Video - Welcoming LGBTQ Patients (NYC Health and Hospitals, 2017)
<https://www.youtube.com/watch?v=1EoOmHxexIU>
- Empowering Queer Youth In Healthcare - Q Cards (Q Card Project)
<http://www.qcardproject.com/>
- PDF – LGBT Non-Discrimination Policy Sign (American Medical Association) https://www.ama-assn.org/sites/default/files/media-browser/public/glb/nondiscrimination_0.pdf
- Toolkit to Give Your Own Unbias-ing Workshop (reWork Google, 2015)
<https://rework.withgoogle.com/guides/unbiasing-hold-everyone-accountable/steps/give-your-own-unbiasing-workshop/>
- Physician's Practical Guide to Culturally Competent Care Online Course
<https://cccm.thinkculturalhealth.hhs.gov/>
- Cultural Competency – Migrant Clinicians Network
<https://www.migrantclinician.org/services/education/training/cultural-competency.html>

Institutional

- Create a mission statement articulating the principals, rationale and values for cultural and linguistic competence at all organizational levels.
- Develop strategies to engage patients or community members from various cultural groups in the development and evaluation of your organization's core functions.¹³
- Ensure the non-discrimination policy includes race, religion, gender identity and sexual orientation.
- Provide fiscal support, professional development and incentives for improvement among all levels of the organization.
- Incorporate educational trainings into onboarding protocols or mandatory staff meetings
- Conduct an individual and organizational assessment, on an ongoing basis, of cultural and linguistic competence in order to identify areas for growth.¹⁴

Resources

- Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities (Health Policy Project)
<http://www.healthpolicyproject.com/index.cfm?id=stigmapackage>
- Achieving A Stigma-Free Health Facility and HIV Services: Resources for Administrators (Health Policy Project)
http://www.healthpolicyproject.com/pubs/281_SDAdministratorsGuide.pdf
- Facilitator's Training Guide for a Stigma-Free Health Facility: Training Menus, Facilitation Tips, and Participatory Training Modules (Health Policy Project)
http://www.healthpolicyproject.com/pubs/281_SDTrainingGuide.pdf
- Finding Respect and Ending Stigma around HIV: An Intervention for Change in Public Health Settings (Alabama-Mississippi Public Health Training Center)
<http://alphtc.org/fresh>
- Achieving Health Equity: A Guide for Health Care Organizations (White Paper)
<http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>
- Be More America – Training on Biases
<http://www.bemoreamerica.org/services.html>
- Cultural Competence Organizational Self-Assessment & other Tools – National Center for Cultural Competence
<https://nccc.georgetown.edu/assessments/>

¹³ *Six Steps Toward Cultural Competence*. Minnesota Public Health Association Immigrant Health Task Force, Sept. 2000, Pdf. 2 Dec 2016.

¹⁴ *Six Steps Toward Cultural Competence*. Minnesota Public Health Association Immigrant Health Task Force, Sept. 2000, Pdf. 2 Dec 2016.

Using Client-level Data to Measure Outcomes

RWHAP client-level data, along with other epidemiologic and qualitative data, can be used for...

- **Planning** - Prioritizing, targeting, and monitoring available resources in response to needs
- **Addressing gaps** - Identifying gaps in and barriers to care for PLWH
- **Improving services** - Identifying issues and opportunities to improve delivery of services to PLWH as well as high-risk, uninfected individuals (e.g., HIV testing; linkage to prevention services, behavioral health, social services)
- **Improving outcomes**- Improving engagement and outcomes at each stage of the care continuum

Other Initiatives to address disparities

- Secretary's Minority AIDS Initiative Fund – Innovative Projects
- Minority AIDS Initiative – addresses gaps in care
- Special Projects of National Significance/Ryan White HIV AIDS Program Part F – Demonstration Projects designed focused on implementation of service delivery reforms to create efficiencies, improve effectiveness and improve health outcomes
- Learning Collaboratives – Southern Initiatives to address geographic disparities based on Institute for Health care Improvement
- Increased Collaborations and Partnerships with HUD, SAMSHA and DOL to address the intersectionality of illness, mental and behavioral health, poverty, employment and housing status

How does religion affect patient care?

Clinicians who understand their patient's cultural values, beliefs and practices are more likely to have positive interactions and provide culturally acceptable care.

Norms that may be determined by patients' religious backgrounds are:

- ✓ Involvement of family in medical decision making
- ✓ Preference for traditional healing practices over or alongside Western medicine
- ✓ Refusal of treatments requiring hair removal (i.e. Sikhism)
- ✓ Preference for a provider of the same sex
- ✓ Discomfort discussing sexual history or behavior
- ✓ Beliefs on condom use or birth control practices
- ✓ Willingness to accept psychiatric diagnosis
- ✓ Fasting practices (Ramadan, Ash Wednesday, etc.)
- ✓ Vegetarian or kosher diet
- ✓ Opposition to medical intervention or medication (i.e. Christian science)
- ✓ Time and privacy needed for daily prayers¹⁵

Religion: Provider Basics

- Obtain a "spiritual history."
- Abide by patient requests to decline some aspects of medical care.
- Acknowledge and respect your patients' interpretations of their illnesses.
- Use open-ended questions (instead of yes/no questions) to make sure you and your patients share a common meaning.
- Tell your patients what you are writing as you take notes. After you are done taking their medical history, give your patients another opportunity to bring up something they may have omitted or did not feel comfortable

¹⁵ Linda I. Davis and Christopher Owens. *The Impact of Religion on Health Practices*. American Association of Colleges of Pharmacy, March 2013. Web. 2 Dec. 2016

talking about at first (especially if this is their first visit with you). They may feel more comfortable discussing something further into the visit.

- Tell your patients what you are doing and what they will feel if you are doing an exam, procedure, or other care that involves physically touching them.¹⁶

Resources

- How Can Patients and Providers See Eye to Eye?
<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/Activities/TrevorTorres-TruePartners.aspx>

Helpful Questions on Patient Beliefs

Provider: *So that I might be aware of and respect your beliefs...*

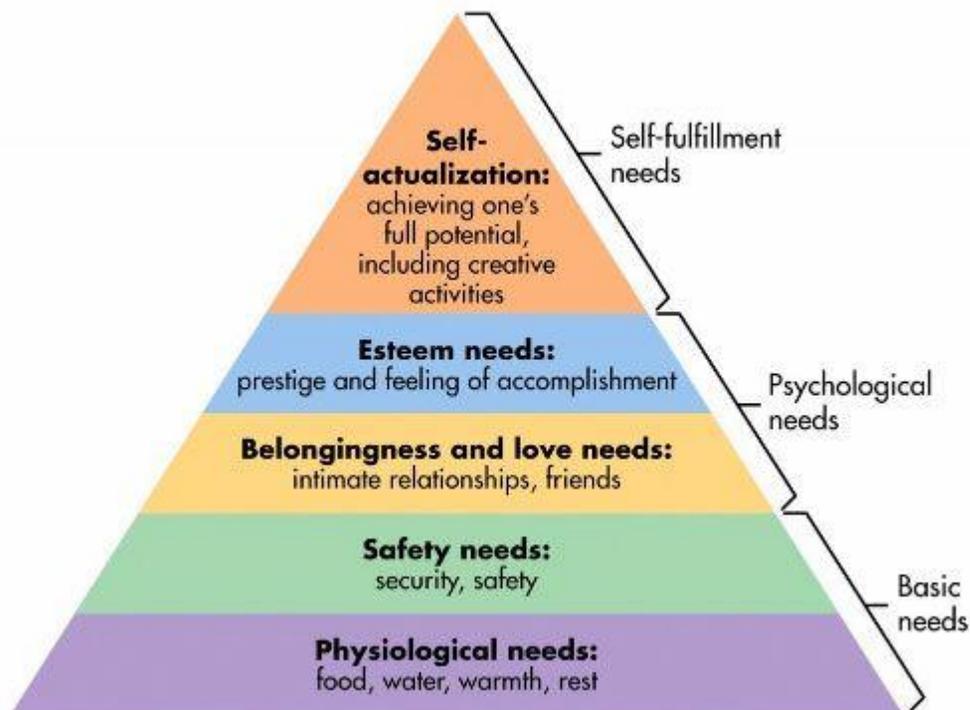
1. What cultural, religious, spiritual or personal beliefs may impact the kind of health care you want to receive?
2. Would you like to receive your test results and diagnosis information, or do you prefer this information be given to someone else?
3. Would you like the information written, in pictures, or both? – Remember to ask the patient to “teach back” the information you give them and then document their understanding.
4. How does the care plan I’m recommending fit with your lifestyle and beliefs? Will you be able to follow this plan?
5. Can a family member, friend, or someone else help you follow your plan of care?
6. Do you use any traditional health remedies such as herbal treatments, homeopathy, Ayurveda, etc.?

¹⁶ *Culture Clue™: Communication Guide*. UWMC Patient and Family Education Committee. University of Washington Medical Center, Oct. 2011. Web. 2 Dec. 2016.

7. Is there someone, in addition to yourself, with whom you want us to consult in making medical decisions about your care?
8. Are there certain health care procedures and tests that your culture prohibits?
9. Do you change your diet in celebration of religious or other holidays that you feel I should know?
10. Is there anything else you would like to know? Do you have any questions for me? (Encourage two-way communication).¹⁷

Maslow's Hierarchy of Needs

Maslow proposed that motivation is the result of a person's attempt at fulfilling five basic needs: physiological, **safety**, social, **esteem** and **self-actualization**. Physiological needs are those needs required for human survival such as air, food, water, shelter, clothing and sleep.



¹⁷ Culture Clue™: Communication Guide. UWMC Patient and Family Education Committee. University of Washington Medical Center, Oct. 2011. Web. 2 Dec. 2016.

Characteristics of self-actualizers:

1. They perceive reality efficiently and can tolerate uncertainty;
2. Accept themselves and others for what they are;
3. Spontaneous in thought and action;
4. Problem-centered (not self-centered);
5. Unusual sense of humor;
6. Able to look at life objectively;
7. Highly creative;
8. Resistant to enculturation, but not purposely unconventional;
9. Concerned for the welfare of humanity;
10. Capable of deep appreciation of basic life-experience;
11. Establish deep satisfying interpersonal relationships with a few people;
12. Peak experiences;
13. Need for privacy;
14. Democratic attitudes;
15. Strong moral/ethical standards.

Behavior leading to self-actualization:

- (a) Experiencing life like a child, with full absorption and concentration;
- (b) Trying new things instead of sticking to safe paths;
- (c) Listening to your own feelings in evaluating experiences instead of the voice of tradition, authority or the majority;
- (d) Avoiding pretense ('game playing') and instead being honest;
- (e) Being prepared to be unpopular if your views do not coincide with those of the majority;
- (f) Taking responsibility and working hard;
- (g) Trying to identify your defenses and having the courage to give them up.

Other Resources

Audio/Visual Materials

1. Video - Vanessa Goes to the Doctor (National LGBT Cancer Network, 2015)
<https://www.hrc.org/blog/new-video-emphasizes-need-for-lgbt-cultural-competency-trainings-for-health>
2. TED Talk: How to Talk & Listen to Transgender People (Jackson Bird, 2017)
https://www.ted.com/talks/jackson_bird_how_to_talk_and_listen_to_transgender_people/discussion#t-88337
3. Video - Welcoming LGBTQ Patients (NYC Health and Hospitals, 2017)
<https://www.youtube.com/watch?v=1EoOmHxexIU>
4. Video - Faces of HIV (We Make The Change, 2014)
<https://www.youtube.com/user/wemakethechange/videos>
5. Video - Living with HIV: Engagement in Care (California Prevention & Training Center, 2012) <https://www.youtube.com/watch?v=zq8fyns6JvY>
6. Video - How I Got Over: The Journey to Cultural Competence (California Prevention & Training Center, 2013)
<https://www.youtube.com/watch?v=fqB3bpC4czs>
7. Webinar - Religion, Spirituality, Sexual Orientation, Gender Identity and HIV - Southeast AETC Webinar (Dr. Tommie Watkins, Jr. 2017)
<https://www.seaetc.com/webinar-religion-spirituality-sexual-orientation-gender-identity-hiv/>

Helpful Documents

8. PDF – LGBT Non-Discrimination Policy Sign (American Medical Association)
https://www.ama-assn.org/sites/default/files/media-browser/public/glb/nondiscrimination_0.pdf
9. Empowering Queer Youth In Healthcare - Q Cards (Q Card Project)
<http://www.qcardproject.com/>
10. PDF - LGBT Welcoming Toolkit for Primary Care Practices (BWHC LGBT & Allies Employee Resource Group, 2016)

<http://www.brighamandwomensfaulkner.org/about-us/patient-visitor-information/diversity/documents/lgbt-welcoming-toolkit.pdf>

11. PDF – A Guide to Taking a Sexual History (Centers for Disease Control, 2014)
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>
12. PDF – Privilege: Unpacking the Invisible Backpack (Peggy McIntosh, 1989)
<http://code.ucsd.edu/pcosman/Backpack.pdf>
13. PDF –Key Ingredients for Successful Trauma-Informed Care Implementation (Center for Health Care Strategies, 2016)
http://www.chcs.org/media/ATC_whitepaper_040616.pdf

Training Courses & Group Education

14. Toolkit to Give Your Own Unbias-ing Workshop (reWork Google, 2015)
<https://rework.withgoogle.com/guides/unbiasing-hold-everyone-accountable/steps/give-your-own-unbiasing-workshop/>
15. Breaking the Prejudice Habit (AHAA, 2016)
<http://breakingprejudice.org/teaching/group-activities/>
16. Unconscious Bias online course (Microsoft eLesson, 2015)
<https://www.mslearning.microsoft.com/course/72169/launch>

HAB Reports and Other Resources

- **Find the client-level data report and other resources at**
<https://hab.hrsa.gov/data>
- **Ryan White HIV/AIDS Program Annual Client-Level Data Report**
<http://hab.hrsa.gov/data/servicesdelivered.html>
 - National and state-level data on all clients served by RWHAP, including select indicators of the care continuum
- **Ryan White HIV/AIDS Program resources for delivery of HIV care**
<http://hab.hrsa.gov/deliverhivaidscare/index.html>
- **AIDS Education and Training Centers (AETC):** Multidisciplinary education and training programs for health care providers treating PLWH
<http://hab.hrsa.gov/abouthab/parteducation.html>
 - AETC National Resource Center <http://aidsetc.org/>
- **TARGET Center:** Technical Assistance resources for programs to better serve people living with HIV <https://careacttarget.org/>

- National LGBT Health Education Center (Program of Fenway Institute)
<https://www.lgbthealtheducation.org/>
- Project Inform
<https://www.projectinform.org/>
- AIDSinfoNet
<http://www.aidsinfonet.org/categories/>

CDC Info on Demand

- Order or download books, fact sheets, brochures and other educational materials from an extensive library of CDC publications (includes ability to search by language). <https://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx>



**Disclaimer – this document serves only as an informal education tool meant to address gaps in knowledge, to demonstrate the necessity of drawing on these concepts and guidelines to improve patient outcomes and identify resources for further learning and dialogue.*

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