

**CEC LESSON** *This lesson is designed specifically for Client Experience Contributors (CECs).*

# THE CULTURALLY HUMBLE CLIENT EXPERIENCE CONTRIBUTOR: A PRIMER



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# What Is Culture?

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# Culture Defined

- A social system of meaning and custom that is developed by a group of people to assure its adaptation and survival.
- These groups are typically distinguished by a set of rules (spoken and unspoken) that shape values, beliefs, habits, patterns of thinking, behaviors and styles of communication.

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# What Is Cultural Competence?

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# Cultural Competence Defined

- A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.
- The key element to becoming more culturally competent is respect for the ways that others live in and organize the world and an openness to learn from them.

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# Cultural Competence Observed

1. Verbal and non-verbal communication
2. The structure of our physical space
3. Policies and procedures
4. Forms we use to collect client information
5. Accessibility of our services, referrals, and treatment
6. Types of treatment options we offer
7. Response to conflict and critique

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# What Is Cultural Humility?

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# Cultural Humility Defined

- Cultural humility is an approach to building relationships cross culturally in which privilege and power imbalances are brought to an awareness and suspended in exchange for a posture of humility which invites partnership, respect, reciprocity, and mutual learning and understanding across cultures.



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# Cultural Competence Across Professions

MINORITY & MENTAL HEALTH

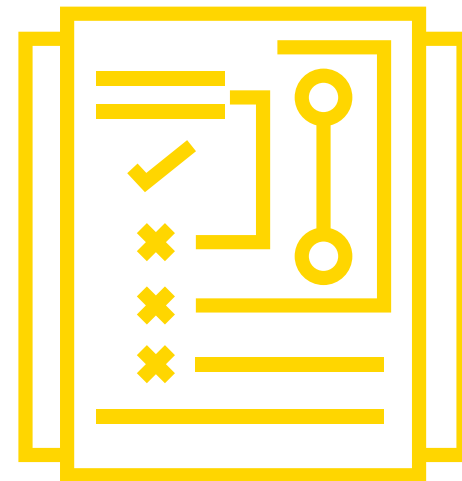
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SOCIAL WORK

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PUBLIC HEALTH & HEALTH EDUCATION

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# Cultural Competence Across Professions

## MINORITY & MENTAL HEALTH

## SOCIAL WORK

## PUBLIC HEALTH & HEALTH EDUCATION

- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. *(Office of Minority Health, 2018)*
- Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. *(American Counseling Association Code of Ethics, 2014)*

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# Cultural Competence Across Professions

MINORITY & MENTAL HEALTH

**SOCIAL WORK**

PUBLIC HEALTH & HEALTH EDUCATION

- Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice.
- Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.
- Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

*(National Association of Social Workers, Code of Ethics, 2017)*

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# Cultural Competence Across Professions

MINORITY & MENTAL HEALTH

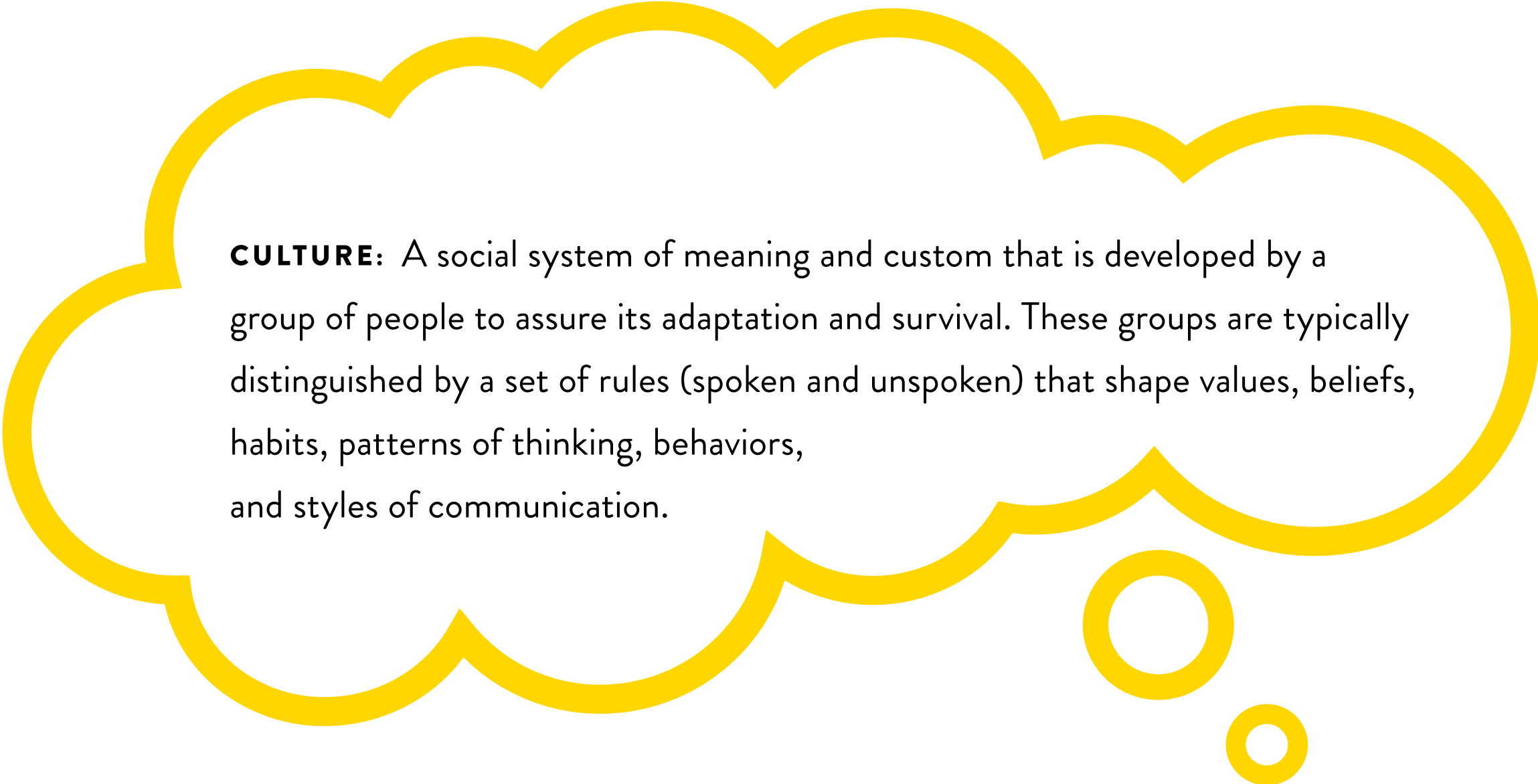
SOCIAL WORK

**PUBLIC HEALTH & HEALTH EDUCATION**

- Public health practitioners and organizations have an ethical obligation to use their knowledge, skills, experience, and influence to promote equitable distribution of burdens, benefits, and opportunities for health regardless of an individual's or group's relative position in social hierarchies.”  
*(American Public Health Association, 2019)*
- Health Educators are sensitive to social and cultural diversity and are in accord with the law, when planning and implementing programs. *(Code of Ethics for Health Education Professionals, 2011)*

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# Black MSM and Sexual Health Culture



**CULTURE:** A social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. These groups are typically distinguished by a set of rules (spoken and unspoken) that shape values, beliefs, habits, patterns of thinking, behaviors, and styles of communication.

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## A Quote

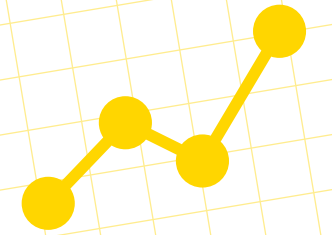


“A lack of cultural competence in clinical care most reflects not lack of knowledge but rather need for change in the practitioner’s self awareness...”

Tervalon & Garcia, 1998

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# The Data



According to the Center for Disease Control and Prevention (CDC) in the United States, as of 2017:

- Black/African American gay and bisexual men made up 37% of HIV diagnoses among all gay and bisexual men.
- Three out of four black/African American gay and bisexual men who received an HIV diagnosis were aged 13–34.
- Limited access to quality health care, lower income and educational levels, and higher rates of unemployment and incarceration may place some African American gay and bisexual men at higher risk for HIV.
- Stigma, homophobia, and discrimination put gay and bisexual men of all races/ethnicities at risk for many health issues and may affect whether they are able to get quality health care.

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# The Issue

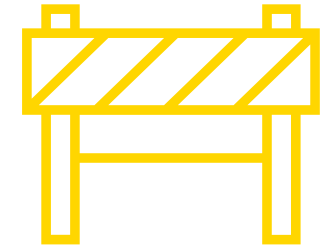


- Mistrust of healthcare organizations and health professionals has been associated with less care satisfaction, treatment adherence, and utilization of healthcare services.
- Most studies indicate higher reports of medical mistrust among African Americans
  - » Tuskegee Study of Untreated Syphilis in the Negro Male (TSUS), which took place between 1932 and 1972
  - » Henrietta Lacks
- Limited previous research has found that Black MSM describe their experiences of engaging in health care as fragmented and their health care services offered as subpar.
- Trust in health care providers has been directly linked to health outcomes such as antiretroviral adherence and good mental health. *(Hammond, 2010)*



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# The Barriers



- **Economic:** Being uninsured or underinsured
- **Accessibility:** Limitations because of physical geographical location and transportation and lack of available qualified health professionals
- **Stigma:** Perceived stigma based on experiences of enacted stigma (discrimination, bias, prejudice) due to having racial and sexual orientation minority status
- **Past experiences:** Lived prior experience of witnessing or receiving care where discrimination was encountered due to one or more of their social identities.

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# Allow Me to Reintroduce Myself

Partner 1  
1 minute



+



Partner 2  
1 minute

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# Allow Me to Reintroduce Myself... Again

Partner 1  
2.5 minutes



+



Partner 2  
2.5 minutes

- What are your social identities?

- » Race
- » Ethnicity
- » Culture

- » Gender identity
- » Religion
- » Ability

- » Sexual orientation
- » Age
- » Socioeconomic class  
(as a child)

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# The Connection

- How often do you or believe that you have to reduce who you are in order to...
  - » curtail stigma or discrimination?
  - » access quality health services?
  - » apply for a job or any services that can increase accessibility to care?
  - » navigate your work environments in order to maintain insurance or financial stability so that you can access health care?
  - » maintain relationships with your family? Faith community? Social networks?

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# The Change

- Client centered care includes:
  - » An awareness of the power imbalance inherent to the CEC
  - » An awareness of your privileges
  - » Client centered intakes and interviews
  - » Asking and not assuming
  - » Shared medical decision-making
  - » Familiarizing patients with the clinic they are attending
  - » Meeting with health educators to create a personalized medical plan