



- **Researcher:**
Fernando Ospina, PhD Student, MA
- **Population Health Research Team Project:**
Health Equity Workshop Assessment (Albion IRB F17-04)
- **Suggested Citation:**
Ospina, F, Hill E. Increasing Cultural Competency and Reducing Victim-Blaming Through Antiracism Workshops. Poster Presented at: Western Michigan Homer Stryker M.D. School of Medicine 36th Annual Kalamazoo Community Medical and Health Sciences Research Day; May 2, 2018; Kalamazoo, MI.

Increasing cultural competency and reducing victim-blaming through antiracism workshops

Fernando Ospina, Eric Hill

Introduction

People of Color, as compared to whites, have higher rates of numerous negative mental and physical health outcomes (see Meyer et al., 2013). Social determinants of health must be addressed in order to effectively reduce health disparities (e.g., Novilla et al., 2011). At the individual level, research has demonstrated the effectiveness of cultural competence training in improving skills, attitudes, and knowledge among healthcare professionals, while also increasing patient satisfaction (see Beach et al., 2005). This study explores the effects of a one-day antiracism workshop on the following domains:

- **Race as a social vs. biological construct**
 - Race is a historical means of classification that attempts to politically group people based on physical traits and social practices (Kosek, 2009). Genetic differences do not explain the existence of racial groups (Ossorio et al., 2005). The claim that there is an innate scientific basis to 'race' is still a widespread belief (Kosek, 2009).
- **Victim-blaming**
 - Belief that the world is a fair and just place is associated with harsh and negative social attitudes toward people with illness and people experiencing socioeconomic deprivation.
- **Awareness of obstacles to care faced by people of color in Kalamazoo**
 - Workshop participants received information about health disparities in Kalamazoo.
- **Empathy**
 - This study explored whether the workshop intervention had positive effects perspective-taking with regard to conversations about race.

Method

Participants and Procedures

Participants were recruited from one-day health equity workshops conducted by Eliminating Racism and Creating/Celebrating Equity. The workshop was offered three times over a seven-month period to 84 participants. Participants completed anonymous survey measures before and then immediately after the workshop. Fifty-eight participants completed the pretest while 43 completed both pre- and posttests.

Measures

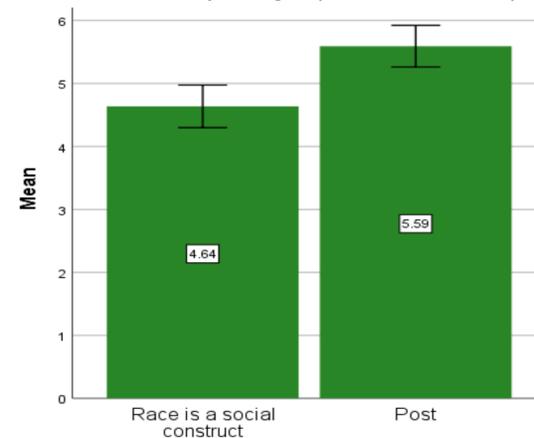
Surveys included multiple items measuring cultural competence, just-world beliefs, empathy, beliefs about the causes of health disparities, and beliefs about the social construction of race. Here, we report only those measures affected by the workshop intervention.

Measures continued

- 'Race exists only as a **social construct**.' 1 = *Strongly disagree* to 7 = *Strongly agree*
- 'How aware are you of the **obstacles** faced by groups of color in seeking access to health care in Kalamazoo County?' 1 = *Not at all* to 7 = *Very*
- 'When having conversations about race, I sometimes find it difficult to see things from a different **point of view** than my own.' 1 = *Strongly disagree* to 7 = *Strongly agree*
- Beliefs about the **causes of health disparities** (Roberts-Dobie et al., 2013). 'Please rate the items below in terms of the extent to which they contribute to health disparities in the U.S.' 1 = *No contribution* to 4 = *A large contribution*
 - **Internal** causes subscale (6 items, $\alpha = .65$) -- 'Lack of initiative to improve one's health'
 - **External** causes subscale (5 items, $\alpha = .46$) -- 'Physicians provide different quality medical treatment to different racial groups'

Results

Thirteen related-samples *t* tests were conducted. Significant effects are reported below *without* adjusting experiment-wise alpha level. Error bars = +/- 1 SE.

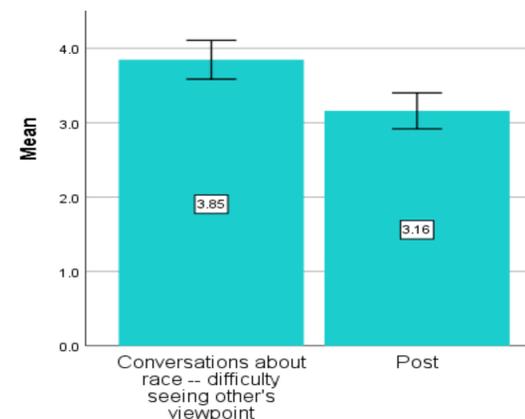


Race as a social construct

Participants were significantly more likely to agree that race is a social construct, $t(42) = -3.01, p = .004$.

Perspective-Taking

Participants reported significantly less difficulty seeing things from a different point of view when having conversations about race, $t(43) = 2.24, p = .03$.



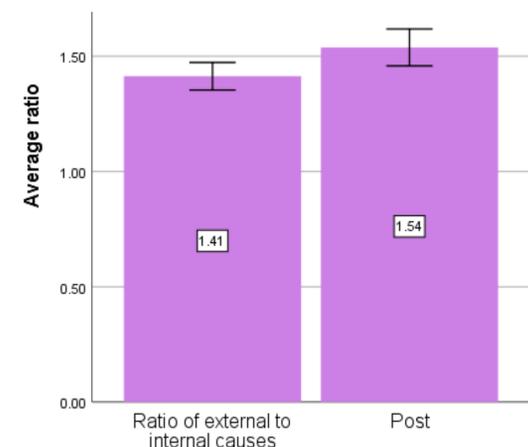
Results continued

Obstacles faced by people of color in Kalamazoo

Participants reported significantly greater awareness of obstacles faced by groups of color in seeking access to care in Kalamazoo County, from $M = 4.95$ to $M = 5.47, t(42) = -2.23, p = .03$.

Victim-Blaming

Effect of the workshop on blaming patients (internal causes subscale) was not significant. However, the ratio of average endorsement of external *over* internal causes increased significantly; people moved away from blaming clients for health disparities and toward understanding the importance of external factors, $t(37) = -2.77, p = .009$



Conclusions

These workshops were effective at increasing beliefs about race as a social, as opposed to a biological, construct. They seemed to increase perspective-taking, increase awareness of obstacles faced by groups of color, and reduce client-blaming while simultaneously increasing understanding of external factors related to health disparities. The sample was limited to self-selecting workshop participants. As such, workshop effects can only be generalized to individuals who have already been primed or are already interested in addressing racial health disparities.

References

- Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., ... & Powe, N. R. (2005). Cultural competency: A systematic review of health care provider educational interventions. *Medical care, 43*(4), 356.
- Kosek, J. (2009). race. In D. Gregory, *The dictionary of human geography* (5th ed.). Oxford, UK: Blackwell Publishers. Retrieved from
- Meyer, P. A., Yoon, P. W., & Kaufmann, R. B. (2013). Introduction: CDC Health Disparities and Inequalities Report-United States, 2013. *MMWR supplements, 62*(3), 3-5.
- Novilla, L. B., Barnes, M. D., Hanson, C., West, J., & Edwards, E. (2011). How can we get the social determinants of health message on the public policy and public health agenda. In *WHO World Conference on social determinants of health*. Rio de Janeiro: Brasil.
- Ossorio, P., & Duster, T. (2005). Race and genetics: Controversies in biomedical, behavioral, and forensic sciences. *American Psychologist, 60*(1), 115-128.
- Roberts-Dobie, S., Joram, E., Devlin, M., Ambrosion, D., & Chen, J. (2013). Differences in beliefs about the causes of health disparities in black and white nurses. *Nursing Forum, 48*(4), 271-278.