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Increasing cultural competency and reducing victim-blaming through antiracism workshops

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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 health care professionals, while also increasing patient satisfaction (see Beach et al., 2015). 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 you contribute to health disparities in the U.S.’ 1 = No contribution to 4 = A large contribution
- Internal causes subscale (6 items, α = .65) ‘Lack of initiative to improve one’s health’
- External causes subscale (5 items, α = .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.

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.

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

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