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Impact of Cultural Competency on Treatment Adherence and Health Literacy for Persons of Color Living with HIV/AIDS

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Abstract

Recently, experts have called for the greater usage of cultural competency in medicine; however, little research has been done to better understand how the degree of cultural competency of a health-care provider impacts the complex disease management for those living with HIV/AIDS. The aim of this research was to better understand how cultural competency can impact the health literacy and treatment adherence for persons of color living with HIV/AIDS (POCLHA). Recognizing the factors that shape patient experience and expectations, the research explores how many socioeconomic and cultural factors lead to low treatment adherence and health literacy. It considers the nuance in the patient-provider relationship and explores tools that may strengthen the relationship. The research suggests that a healthcare provider ought to self-reflect about various complexities in America that necessitate cultural competency. By practicing modernized cultural competency in medicine, healthcare providers can shape patient care and strengthen the patient-provider relationship, leading to higher treatment adherence and health literacy rates for POCLHA. The research urges the medical establishment to take educational and policy-related steps to effectively provide healthcare to historically underserved groups such as POCLHA.

Keywords: cultural competency, treatment adherence, health literacy, cultural humility, cultural safety, HIV/AIDS, community partnerships

Introduction

The United States' health institutions often fail to provide effective healthcare to diverse demographics. The reality is that the nation's demographic composition continues to become more diverse, and the medical establishment must catch up to this change. Not only does the diversification of the nation's demographic composition lead to greater exposure to different ideas and cultures, but it also unfortunately leads to issues the medical establishment may not have been properly equipped to handle in the past. Lack of health literacy is one of these issues, and it has been associated with poor patient outcomes, especially for persons of color, due to poor treatment adherence. For patients living with HIV/AIDS, treatment is highly complex and requires constant monitoring in order to adhere to antiretroviral therapy treatment; thus, poor treatment adherence is also a major issue for people living with HIV/AIDS. People of color living with HIV/AIDS often suffer additional barriers to care that result from stigma and other factors they may endure. In the past decade, the concept of cultural competency in medicine has been pushed to the forefront of discussion and its application has been encouraged in many clinical settings to improve patient outcomes. Exploration into cultural competency can allow for a better understanding of the unique patient narrative and how an individual's narrative impacts his or her health literacy and treatment regimen.

Major Factors Considered

The complete research considers many intricate factors that shape how cultural competency can impact treatment adherence and health literacy for persons of color living with HIV/AIDS.

- The Patient-Provider Relationship
 - Trust
 - Open Communication
 - Patient-Provider Linguistic Patterns
 - Race-Concordance
 - Historical Abuses by the Medical Institution
- Role of Stigma
 - Provider Bias
 - Community Stigma
- Understanding Different Cultural Values in Care
 - Catering Treatment Protocol to Individual
- Barriers to Care
 - Socioeconomic and Cultural Factors that Impact Access to Healthcare and Resources
- Community Partnerships
 - Faith-Based Educational Institutions
 - Adapting Intervention Techniques to Focus Groups

Results

Although experts have already begun to emphasize the importance of cultural competence in medicine, it is vital for a healthcare provider to realize the cultural, linguistic, and socioeconomic complexities that comprise the need for a modernized framework of cultural competence that combats stigma and perceived discrimination people living with HIV/AIDS face.

By practicing a higher degree of cultural competency in medicine and working with community institutions, health care providers can shape patient care and strengthen the patient-provider relationship, therefore increasing rates of treatment adherence and health literacy for persons of color living with HIV/AIDS.

Furthermore, researchers should begin to look into how to more effectively train providers in culturally-competent protocol.

Conclusion

In order to usher in a new age of culturally-aware medicine and increase treatment adherence and literacy rates, the healthcare sector should focus on greater partnerships with local organizations to bolster education efforts to increase the health literacy of the layman, specifically for HIV/AIDS-related knowledge. In addition to this, health professional schools should take a greater role in educating their future health providers about the barriers that may impede care for persons of color living with HIV/AIDS. By recognizing these barriers, health care providers can be more aware of their own potential implicit biases or cultural ignorance, and in conjunction with changes to health policy, greater research can be done to understand exact methods of increasing treatment adherence and health literacy of persons of color living with HIV/AIDS.

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