

**Addressing Medical Mistrust in Black Communities**  
**Saturday, August 29, 2020**



**Program**

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**8:30            Welcome and Opening Remarks**

*Nina Harawa, PhD, MPH*

**8:40            How Did We Get Here? – Historical Perspectives**

*Oni Blackstock, MD, MHS*

- Describe the historical context of medical mistrust and the reasons for medical mistrust within the Black community
- Summarize existing research on levels of mistrust in Black communities and its association with health and health-seeking behaviors.
- Discuss the history of the integration of the hospital.
- Discuss racial disparities in clinical care and the way patients are treated.
- Discuss implicit bias, subtle forms of systematic discrimination and bias.
- Discuss data on poor health outcomes related to mistrust.

**9:10            Patient/Provider Panel: Research and personal perspectives on impact of medical mistrust on provider/patient relationships, medication adherence and engagement in care**

**Panel Moderator:** *Charles McWells, BA*

- Discuss lived experiences of medical mistrust-patient perspective.
- Share perspectives on the impact of medical mistrust on patient-provider interactions.
- Provide suggestions on how to address mistrust and improve these interactions.

**9:55            Short Breakout**

- Providers introduce themselves and share personal learning goals.

**10:10          Break**

**10:20          Strategies for Overcoming Mistrust**

*Laura M. Bogart, PhD*

- Explore principles of clinical psychology around health, showing guidance for how health providers can interact with patients.
- Discuss psychoeducation around medical mistrust and discrimination.
- Provide examples of what to say in a doctor-patient conversation.
- Discuss how to recognize mistrust and engage patients to discuss issues with medical mistrust and discrimination.
- Discuss strategies on how to validate patient past mistrust experiences.

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**11:05**

**Mistrust in the Context of COVID**

*Sheldon D. Fields, PhD, RN, FNP-BC, AACRN, FAANP, FNAP, FAAN*

- Discuss patient trust related concerns with medications and experimental treatment related to Covid-19, and how providers could approach these issues with their clients to foster trust.
- Discuss the context of telemedicine and mistrust.
- Discuss impact of medical mistrust on poor health outcomes in Black communities specifically with Covid-19.
- Discuss how medical mistrust affects patient's health care seeking behaviors and health outcomes in the context of Covid-19 in Black communities.

**11:25**

**Breakout – Case Presentations & Role Plays**

- Show scenarios of patient-provider interactions

**11:45**

**Mistrust in the Context of HIV/Hepatitis/STD Prevention and Treatment**

*Gifty-Maria Ntim, MD, MPH*

- Discuss patient trust related concerns with medications and clinical research in HIV, and how providers could approach these issues with their clients to foster trust.
- Discuss the context of telemedicine and mistrust- unique HIV and technology
- Discuss new treatment and why some patients might be reticent to use the new treatment they are unaware of.
- Discuss impact of medical mistrust on poor health outcomes in Black communities specifically with STIs/HIV/Hepatitis.
- Discuss how medical mistrust affects patient's health care seeking behaviors and health outcomes in the context of STIs/HIV/Hepatitis in Black communities.

**12:05**

**Breakout – Case Presentations & Role Plays**

- Show scenarios of patient-provider interactions

**12:25**

**Rapporteur and Question/ Answer**

*Ace Robinson, MPH, MHL*

- Report back to the group and discuss solutions.
- Develop action steps.

**1:10**

**Closing Remarks**

*Nina Harawa, PhD, MPH*

**1:15**

**Adjourn**

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**Course Description**

Addressing Medical Mistrust in Black Communities: Implications for COVID -19, HIV, Hepatitis, STI's and Other Conditions, is a training for clinical providers aimed at highlighting and providing solutions to healthcare issues disproportionately affecting Black communities.

**Target Audience**

This course is open to all clinical providers, including clinicians, physician assistants, nurses, medical and nursing students, residents, fellows, and hospital/clinic administrators.

**Learning Objectives**

At the conclusion of the course, attendees should be able to:

- Describe the historical foundations of medical mistrust in Black communities.
- Describe the effects of medical mistrust on health care behaviors, HIV, COVID-19 and other health outcomes in Black communities.
- Discuss clinic and system level changes that foster patient trust.
- List the skills and resources needed to interact with patients in a manner that encourages healthcare engagement and improves health outcomes.

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**Course Director**

**Nina Harawa, PhD, MPH**  
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CHIPTS Policy Core Director  
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**Faculty**

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Clinical Assistant Professor  
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**Laura M. Bogart, PhD**  
Senior Behavioral Scientist  
RAND Corporation

**Brianna Cowan, MD**  
Assistant Clinical Professor  
Departments of Internal Medicine and  
Pediatrics  
David Geffen School of Medicine at UCLA

**Sheldon D. Fields, PhD, RN, FNP-BC, AACRN,  
FAANP, FNAP, FAAN**  
Founder & CEO  
The S.D.F Group, LLC

**Charles McWells, BA**  
Program Manager (L.A. CADA)  
Instructor, Charles Drew University

**Gifty-Maria Ntim, MD, MPH**  
Assistant Clinical Professor  
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David Geffen School of Medicine at UCLA

**Ace Robinson, MPH, MHL**  
NMAC, Director of the Center to End the  
Epidemics

**Joyce E. Washington, BA**  
Consumer Advocate

**Planning Committee**

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**Disclosure Statement**

The FDA has issued a concept paper which classifies commercial support of scientific and educational programs as promotional unless it can be affirmed that the program is "truly independent" and free of commercial influence. In addition to independence, the FDA requires that non-promotional, commercially supported education be objective, balanced, and scientifically rigorous. The policy further states that all potential conflicts of interest of the CME staff and faculty be fully disclosed to the program's participants. In addition, Accreditation Council for Continuing Medical Education policy now mandates that the sponsor adequately manage all identified potential conflicts of interest prior to the program. We at UCLA, fully endorse the letter and spirit of these concepts.

**DISCLOSURE DECLARATION**

The following speakers have indicated an affiliation with organizations that have interests related to the content of this program and have managed these conflicts. This is pointed out to you so that you may form your own judgments about the presentation with full disclosure of the facts.

The following individuals have indicated that they do not have an affiliation with organizations which have interests related to the content of this program:

**Faculty**

**Darrin Aiken**  
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**Brianna Cowan, MD**  
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**Charles McWells, BA**  
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**Joyce E. Washington, BA**

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**Daniel Chambers**  
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# Cultural Competency Bill

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## STATE OF CALIFORNIA ASSEMBLY BILL 1195: CULTURAL COMPETENCY

Effective July 1, 2006, California State Assembly Bill 1195 requires that all continuing medical education activities include curriculum in the subjects of cultural and linguistic competency in the practice of medicine. In compliance with this mandate, the following information is being provided: (1) a review and explanation of relevant federal and state laws and regulations regarding linguistic access (see paragraphs below) and (2) a list of cultural and linguistic competency resources.

\* \* \*

Brief Review of Federal and State Law Regarding Linguistic Access and Services for Limited English Proficient Persons  
Prepared for the UC CME Consortium  
by the UC Office of General Counsel

### **I. Purpose**

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education and professional development programs. This document and the accompanying attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. The document is not comprehensive and there may be additional federal and state laws governing the manner in which physicians and healthcare providers render services for disabled, hearing impaired, or other protected categories. We recommend that physicians review the CMA California Physician's Legal Handbook for a comprehensive review of laws affecting a physician's medical practice in California.

### **II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance**

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS's summary document titled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination

Affecting Limited English Proficient Persons—Summary" is attached for your review. Additional in-depth guidance is available at HHS's website at <http://www.hhs.gov/ocr/lep/>.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that "reasonable steps" may differ depending on the Recipient's size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the

number or proportion of LEP persons eligible to be served by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient's program; (iii) the nature and importance of the program, activity or service provided by the Recipient; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient's analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient's LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services.

### **III. California Law – Dymally-Alatorre Bilingual Services Act**

The California legislature enacted the California's Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 *et seq.*) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person's English language skills. The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. A copy of this law may be found at the following url: <http://www.spb.ca.gov/bilingual/dymallyact.htm>.