Intersectionality and cross-cultural treatment planning: Use of the ASCN model in clinical practice

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Objectives

- Identify personal intersecting identities which impact your clinical practice
- Describe the Ask, Share, Compare, Negotiate Model (ASCN; Kutob, Senf, & Harris, 2009)
- Apply the principle of intersectionality and the ASCN Model to clinical cases

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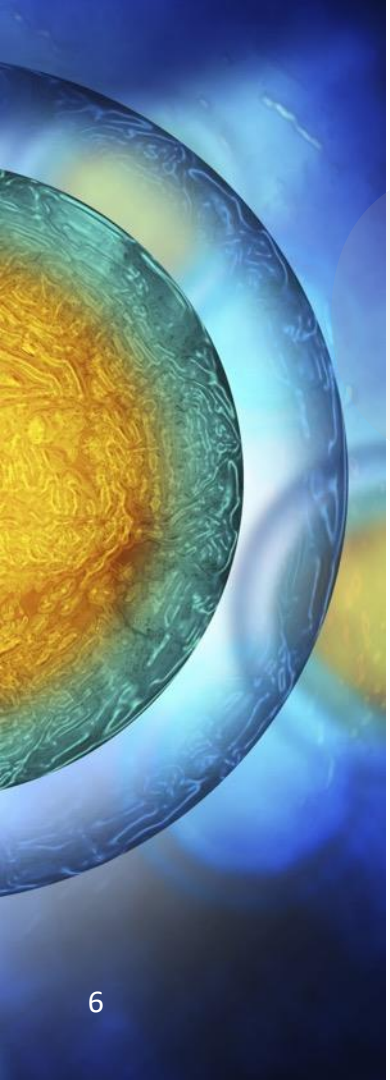
Overview

- Importance of culturally humble care
- Intersectionality and clinical practice
- Visual learning tool: Pair and Share
- Review of the ASCN Model
- Case application
- Questions and further discussion



Culturally Humble Care

- Commitment to self-reflection, mutually beneficial relationships, and awareness of harmful policies, hierarchies, and supremacies (CDC, 2024)

- Consider your childhood and adolescence. How was health discussed? What were some of your formative experiences in healthcare?

- What are some of your existing values around health and wellness?

Brief History

Unequal Treatment Report (Institute of Medicine, 2003)

HCP should receive training in cross-cultural communication to reduce racial and ethnic disparities

Inconsistency with respect to Culturally and Linguistically Appropriate Standards (CLAS) being integrated into care (Mainous et al., 2020)

In a large sample of physicians (N= 290,109), only 35.5% had ever heard of CLAS standards

Only 31.5% of respondents reported that cultural competency training is offered in their practice

Healthcare Disparities: Challenges and opportunities

- Challenges
  - Systematic biases resulting in delayed or erroneous diagnoses (Hoffman, Trawalter, Axt, & Oliver, 2016)
  - Studies assessing cultural competency/humility interventions largely focus on self-report, rather than behavioral/patient outcomes (Jongen, Calman, & Bainbridge, 2018)
  - Time constraints and institutional factors, including inconsistency amongst medical learning curriculi (Barned, Lajoie, & Racine, 2019; Iles, Grace, Niño, & Ring, 2015)

- Opportunities
  - Cultural humility and competence run on a spectrum (Kumar et al., 2019)
  - Visual audits of building and room materials, images, and websites reflective of systemic/institutional messages about power and privilege (Samra & Hankivsky, 2020)

Intersectionality

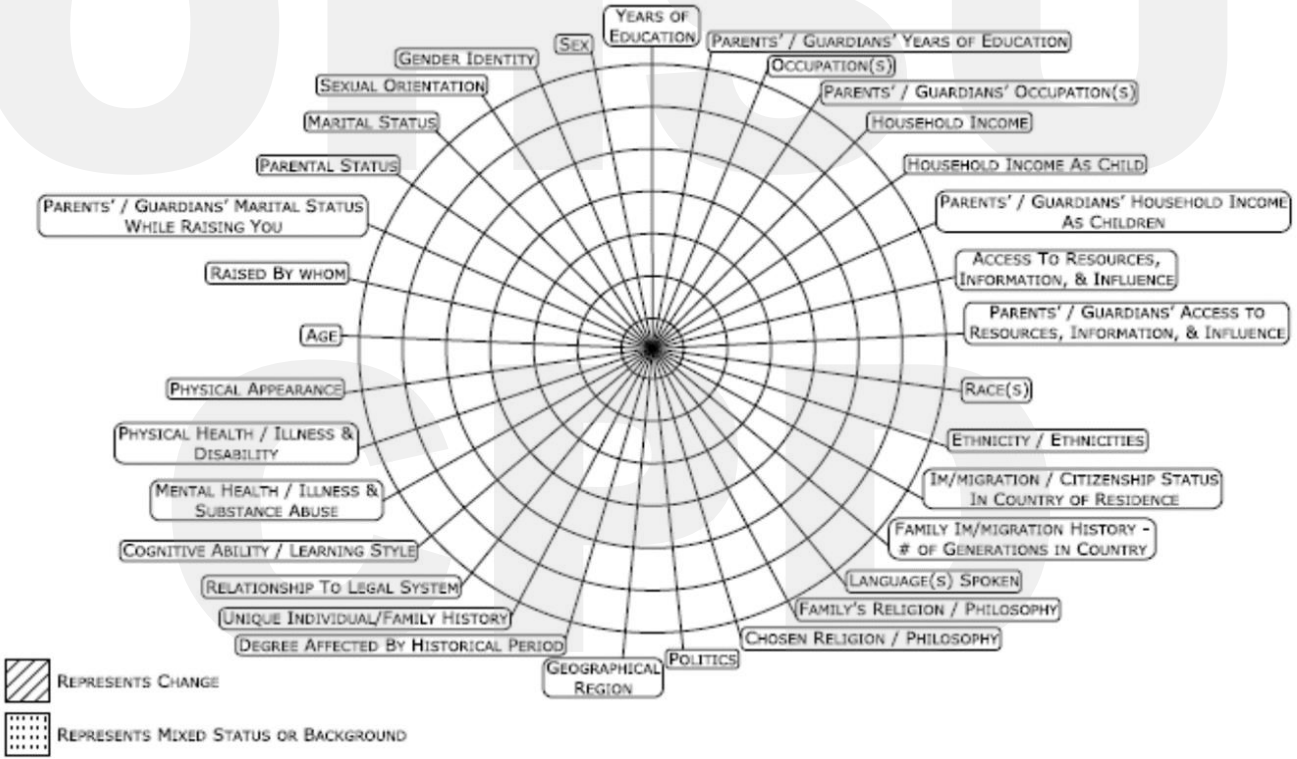
- Kimberlé Crenshaw's work
  - How social identities (e.g., race, gender) relate to one another in systems and institutions and across contexts (Crenshaw, 2017)
- Key components (Rehman, Santhanam, & Sukhera, 2023)
  - Reflexivity- how do my own identities (and the interactions between them) shape my lived experience and behavior?
  - Transformational identity- identity and relationship between identities are dynamic, context-driven; identity is fluid
  - Analysis of power- systems of power; lived experiences of privilege, oppression
- Research
  - Improving clinician-patient communication (Okoniewski et al., 2022)
  - Addressing healthcare inequities by enhancing diagnostic accuracy (Cho, 2019)

Kliman Social Matrix (2010)

- Conceptual and teaching tool for use in self-reflection, supervision/dyads, clinical encounters (BH)
  - Explore relationship between identities, identify sociocultural stressors/changes, identify areas of intervention
  - Identify potential areas of bias, resilience, and institutional/systemic pressure
  - Enhance clinician awareness of and accountability to areas of privilege (Kliman, Winawer, & Trimble, 2019)

Kliman Social Matrix (2010)

Figure 1: Blank Template for the Social Matrix



Kliman Social Matrix (2010)

- Years of education
- Occupation
- Household income
- Access to resources
- Race
- Ethnicity
- Immigration Status
- Religion
- Age
- Sex
- Gender identity
- Language(s)
- Geographical region
- Politics
- Relationship to legal system
- Physical health
- Mental health/substance use
- Parental status
- Marital Status
- Parents' status in the aforementioned variables

Pair and Share

- In reviewing the Kliman Social Matrix (2010), what personal intersections are most salient to you currently?

- How do these intersections interact with each other (e.g., at home, with friends, with supervisees/colleagues, with patients)?


“The practice of cultural humility involves viewing every encounter, be it with a patient or colleague, as a negotiation between two worldviews- yours and theirs.”
—Jaya Aysola, M.D., M.P.H. (Schuster, 2021)

Ask, Share, Compare, Negotiate (ASCN)

- Developed by Kutob, Senf, and Harris (2009) as a teaching tool for physicians, particularly in regard to reducing healthcare disparities (e.g., T2D)

- Patients *as well as* providers have cultural backgrounds and values/beliefs which will impact both the clinical encounter and treatment outcome

Ask, Share, Compare, Negotiate (ASCN; Kutob, Senf, & Harris, 2009)

Ask	Share	Compare	Negotiate
Ask about health beliefs and behaviors • Patient view of the problem and its prevention and treatment • Attention to context (e.g., mistrust of healthcare system) • Within-group differences	Share your medical knowledge and view • Understanding of own health beliefs, behaviors, cultures, and explanatory models	Compare views of patient, provider • Emphasis is on building relationship • Benefits and drawbacks of each view	Negotiate treatment plan • Attention to barriers patients may experience (e.g., language, cost, time, transportation, insurance coverage)

Clinician Variables

- Personal identities and beliefs about health
- Cultural and family experiences within the healthcare system, including personal interactions within own institution
- Awareness of own biases and how they may shape diagnostic considerations
- Assumptions both from and about patients (e.g., of commonality, difference; Wilson, White, Jefferson, & Danis, 2019)

Case Example 1

- You are working with a 70-year-old white female with a history of Bipolar II Disorder, obesity, hypothyroidism, and chronic pain. You learn that she has discontinued lamotrigine and levothyroxine. She discloses that she has been taking a ‘natural lithium’ supplement and started a ketogenic diet at a friend’s recommendation. This is your first visit, and she has arrived complaining of increased irritability in addition to weight gain.

Case Example 1

- Before initiating conversation
  - Consideration of role, values, areas of shared/differing identity, context and history of healthcare system
- Ask
  - Patient reported fear of being judged based on her weight
  - Patient reported mistrust of medical providers and that medication/treatment plans previously offered did not alleviate pain, mood lability, and weight fluctuations
- Share
  - Provider expressed positive regard, empathy, and desire to collaborate
  - Provider expressed trust in receiving PCP's ability to treat patient with respect
  - Provider described explanatory models relating to treatment of mood disorders
- Compare
  - Patient-identified drawbacks and barriers to proposed treatment plan, particularly time urgency
- Negotiate

Case Example 2: Small Group Practice

- Your patient is a 2-month-old Black male who has no known medical problems and has been developing as expected. He has not received any immunizations to date, and his mother expresses concern about the safety of vaccines. This child's older sister has been diagnosed with autism spectrum disorder.

Case Example 2- Small Group Practice

- Before initiating conversation
  - Consideration of role, values, areas of shared/differing identity, context and history of healthcare system
- Ask
  - Patient identified trusted resources/people regarding medical decisions
  - Patient expressed fear regarding being at fault for sibling's diagnosis
  - Patient disclosed negative experiences in the medical system throughout lifetime
- Share
  - Health-related knowledge
- Compare
  - Patient-identified drawbacks and barriers to proposed treatment plan
- Negotiate

Clinical Practice Pearls

- Clinicians' intersecting identities impact their health-related beliefs and values and can shape the clinical encounter.
- Use of a visual tool (Kliman, 2010) can strengthen awareness of possible areas of bias as well as strategies to mitigate power imbalances that lead to health inequities.
- The Ask-Share-Compare-Negotiate model (Kutob, Senf, & Harris, 2009) can be utilized to:
  - elicit patients' health-related beliefs and values,
  - create an opportunity for clinicians to collaborate with patients on goals
  - improve patient adherence to treatment recommendations.

Questions & Answers

References

- Barned, C., Lajoie, C., & Racine, E. (2019). Addressing the Practical Implications of Intersectionality in Clinical Medicine: Ethical, Embodied and Institutional Dimensions. *The American Journal of Bioethics*, *19*(2), 27–29. https://doi.org/10.1080/15265161.2018.1557278
- Centers for Disease Control and Prevention (2024, May 15). *Embracing Cultural Humility and Community Engagement: Guiding principles for global health communication. https://www.cdc.gov/global-health-equity/php/publications/cultural-humility.html#:~:text=Everyone%20who%20works%20cross%2Dculturally,effective%20global%20public%20health%20efforts.*
- Cho H. L. (2019). Can Intersectionality Help Lead to More Accurate Diagnosis?. *The American journal of bioethics : AJOB*, *19*(2), 37–39. https://doi.org/10.1080/15265161.2018.1557279
- Crenshaw, K. (2017, June 22). *Kimberlé Crenshaw: What is intersectionality?* [Video]. YouTube: https://www.youtube.com/watch?v=ViDtnfQ9FHc
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, *113*(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113
- Illes, R. A., Grace, A. J., Niño, J. R., & Ring, J. M. (2015). Culturally responsive integrated health care: Key issues for medical education. *International journal of psychiatry in medicine*, *50*(1), 92–103. https://doi.org/10.1177/0091217415592368
- Institute of Medicine. 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. https://doi.org/10.17226/12875
- Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: a systematic scoping review. *BMC health services research*, *18*(1), 232. https://doi.org/10.1186/s12913-018-3001-5
- Kliman, J. (2010). Intersections of social privilege and marginalization: A visual teaching tool. AFTA Monograph Series, Winter, 2010. 39-48. Special Issue: Expanding our social justice practices: Advances in theory and training

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References

- Kliman, J. (n.d.) The social matrix diagram: A tool for visualizing intersectional identity. Retrieved from Social Matrix (socialmatrixdiagram.org)
- Kliman, J., Winawer, H., & Trimble, D. (2019). The inevitable whiteness of being (white): Whiteness and intersectionality in family therapy practice and raining. In M. McGoldrick & K.V. Hardy (Eds.). *Re-visioning family therapy: Addressing diversity in clinical practice* (3rd edition) (pp. 236-250). New York: Guilford
- Kumar, R., Bhattacharya, S., Sharma, N., & Thiyagarajan, A. (2019). Cultural competence in family practice and primary care setting. *Journal of family medicine and primary care*, *8*(1), 1–4. https://doi.org/10.4103/jfmpc.jfmpc_393_18
- Kutob, R. M., Senf, J. H., & Harris, J. M., Jr (2009). Teaching culturally effective diabetes care: results of a randomized controlled trial. *Family medicine*, *41*(3), 167–174.
- Mainous, A. G., 3rd, Xie, Z., Yadav, S., Williams, M., Blue, A. V., & Hong, Y. R. (2020). Physician Cultural Competency Training and Impact on Behavior: Evidence From the 2016 National Ambulatory Medical Care Survey. Family Medicine, 52(8), 562–569. https://doi.org/10.22454/FamMed.2020.163135
- Okoniewski, W., Sundaram, M., Chaves-Gnecco, D., McAnany, K., Cowden, J.D., & Ragavan, M. (2022). Culturally sensitive interventions in pediatric primary care settings: A systematic review. *Peditarics, 149*(2). Doi: https://doi.org/10.1542/peds.2021-052162
- Rehman, M., Santhanam, D., & Sukhera, J. (2023). Intersectionality in Medical Education: A Meta-Narrative Review. *Perspectives on medical education*, *12*(1), 517–528. https://doi.org/10.5334/pme.1161
- Samra, R., & Hankivsky, O. (2021). Adopting an intersectionality framework to address power and equity in medicine. *Lancet (London, England)*, *397*(10277), 857–859. https://doi.org/10.1016/S0140-6736(20)32513-7
- Schuster, D. (2021, May 13). *Honing cultural humility skills can improve healthcare as a whole.* Penn Medicine. https://www.pennmedicine.org/news-blog/2021/may/honing-cultural-humility-skills-can-improve-health-care-as-a-whole#:~:text=Cultural%20humility%20focuses%20on%20lifelong%20learning%2C%20self%2Dreflection%2C,for%20different%20beliefs%20and%20points%20of%20view.&text=When%20it%20comes%20to%20cultural%20humility%20in,may%20increase%20patient%20satisfaction%20and%20care%20outcomes.
- Wilson, Y., White, A., Jefferson, A., & Danis, M. (2019). Intersectionality in Clinical Medicine: The Need for a Conceptual Framework. *The American journal of bioethics : AJOB*, *19*(2), 8–19. https://doi.org/10.1080/15265161.2018.1557275

Thank You