INTRODUCTION TO APPALACHIAN HEALTH

Developing Cultural Competency and Humility

A Resource Guide

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2022

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PURPOSE AND BEST USE OF THE TRAINING MODULES

Purpose of the training modules

This series of training modules focuses on understanding the challenges practitioners and other community members who provide health services, may face when working with rural and Appalachian residents. The recorded presentations emphasize the historical context of the region, and how it contributes to the Appalachian culture, as well as methods for understanding practitioners' own bias towards rural and Appalachian cultures. The goal is for those working in the community to see how their own background may contribute to barriers to service. The resource guide provides a way for the user to read and watch content on your own according to what you feel is most relevant to you at the time.

How to use the videos and resource guide

This series of training modules is intended to be used together for the best experience. Each video will contain information to help guide the discussion on rural regions and specifically Appalachia. From each video you should gain new knowledge about the region and those who live within it. Additionally, from the resource guide you will receive suggested resources that may help to broaden your understanding of the topics after watching the video. Each section will contain a brief discussion and citations or links of additional materials that you can view at your leisure should you be interested in learning more on the topic. There are hyperlinks included where possible to aid in your accessing the content. The suggested materials referenced in this section may not be available for public consumption and may require you to obtain them through purchasing them or from your local library.

For the best experience in this training series, please refer to the resource guide during or after viewing each video for more information on the topic you most recently learned.

MODULE 1: OVERVIEW AND DEFINING APPALACHIA

Module 1 Objectives

At the end of module 1, audience members will be able to:

- Describe why the Appalachian region is difficult to define
- State the Appalachian Regional Commission definition of Appalachia
- Discuss health disparities in rural areas
- Identify the reasons for increased strategies to reduce HCV/HIV rates

Defining Appalachia

Defining Appalachia has not always been an easy task. Many would argue about the appropriate definition of the region and the reasoning for making it so. Some would argue that there is no clear definition of the region and that using any of the conventional means is underselling the complexity of such a large region.

Types of definitions

Appalachia is often defined in three distinct ways: Culturally, Politically, and Geographically. It is often easier, culturally speaking to say what Appalachia is not rather than say what it is. Author, Richard Couto (1994) stated that Appalachia is "A distinct cultural region of contradictory and incorrect popular conceptions focusing on quilts, dulcimers, and images of universal poverty and hardship". The region has been defined politically in order to obtain something from or for the region. Examples of this include the government (Appalachian Regional Commission), authors (Harry Caudill, J.D. Vance), politicians (LBJ, JFK, Donald Trump). Geographic definitions are the most widely accepted and the primary definition that is used today is that of the Appalachian Regional Commission.

> Appalachia is often defined by its problems (poverty, health disparities, environmental issues), rather than its assets (resilience, innovation, arts).

Resources

Couto, Richard (1994). An American Challenge: A report on economic trends and social issues in Appalachia

Cooper, C., Knotts, H.G. & Elders, K.L. A Geography of Appalachian Identity. *Southeastern Geographer. Vol. 51.* (3)

Scales, S., Satterwhite, E. & August, A. (2018). Mapping Appalachia's Boundaries: Historiographic Overview and Digital Collection. *Journal of Appalachian Studies, Vol. 21*(1) 89-100

Appalachian Regional Commission

The Appalachian Regional Commission (ARC) was a precursor to the War on Poverty legislation. It was specifically created by the 1965 Appalachian Regional Development Act and has the mission to "Innovate, partner, and invest to build community capacity and strengthen economic growth in Appalachia" (ARC website).

The ARC defines Appalachia as "420 counties across 13 states [spanning] 205,000 square miles, from southern New York to northern Mississippi. The region's 25 million residents live in parts of Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia, and all of West Virginia."
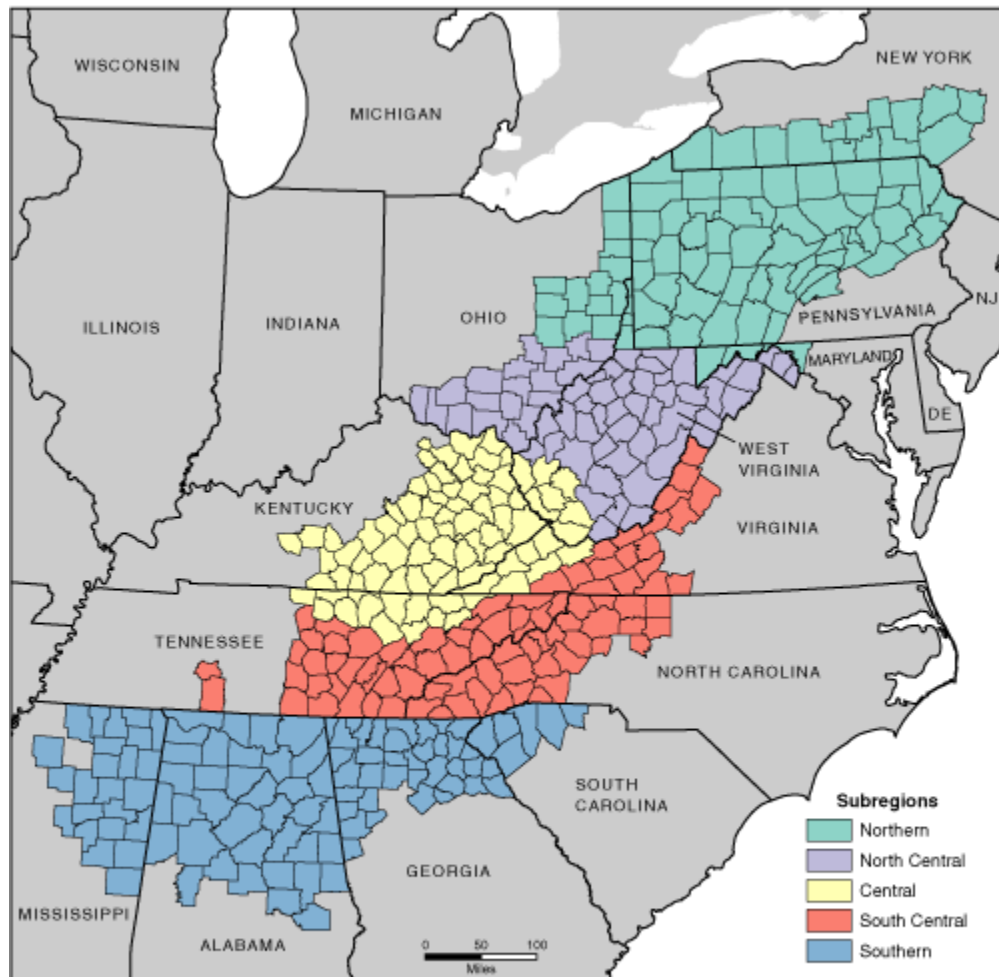
Map by: Appalachian Regional Commission, November 2009.

For more information on the Appalachian Regional Commission and its definition of Appalachia, please visit the Appalachian Regional Commission Website at: www.arc.gov

Health Disparities in Appalachia

While certainly not an exhaustive list, the following are some of the major health issues in Appalachia that contribute to the region being less healthy as a whole than the rest of the nation.

Access to Health Care

Many health disparities in the region can be linked back to issues with access to care. Central Appalachia has 33% lower and Southern Appalachia has a 21% lower supply of primary care physicians than the national average (Health Care Systems, 2021). This disparity only grows worse with specialists. The rash of rural hospital closures in recent times has lead to increased distances to healthcare services. Financial issues in terms of lack public and personal resources lead those who need care to delay it until situations become dire. Cultural aspects (that will be discussed in greater detail later) can play a part in rural people choosing not to seek healthcare.

Food Insecurity

Rural areas face higher rates of food insecurity than urban areas. This can lead to increased rates of obesity, diabetes, and heart disease in rural areas. Food insecurity is defined by Healthy People 2020 "as the disruption of food intake or eating patterns because of lack of money and other resources". This can occur through a simple lack of money to buy food or through the lack of access to healthy food choices within a 10-mile radius, known as a food desert.

Mental Health

Mental health is a significant problem in rural and Appalachian areas. According to the ARC, the Appalachian region has 35% fewer mental health care providers than the national average, with the supply of mental health providers in the region's distressed counties being six percent lower than even the rest of the Appalachian region. This is problematic when "the prevalence of depression among fee-for-service Medicare beneficiaries in the Appalachian Region is 16.7% compared to 15.4% for the United States as a whole" (Behavioral Health, 2021). In addition to a lack of mental health care providers, the region often suffers from increased stigma towards mental health issues. In a study by Nell-Rood, Luiekefeld, Marcum, et al (2017) Appalachian women often feel that mental health providers don't know the appropriate course of treatment for them. They also get the message from their communities that mental health issues are something that emerges from a failure of self-control, rather than a legitimate health issue.

Substance Use Disorder

Although a lower percentage of Appalachian adults report lower rates of excessive drinking than the nation as a whole, opioid prescription rates and poisoning deaths (includes overdose) are higher than the national average. Because self- poisoning is a common method of suicide, this is also linked to behavioral and mental health. The opioid epidemic in this country and especially in Appalachia has been well documented by the media, the ARC, and other outlets. An increase in people who inject drugs has led to an increase in both HIV and HCV infection in Appalachia (Baker,

Smith, Gully, & Tomann, 2020). The CDC shows that of the top 220 vulnerable counties at risk for HIV/HCV outbreaks, most of them are in central Appalachia ("Vulnerable Counties, 2021).
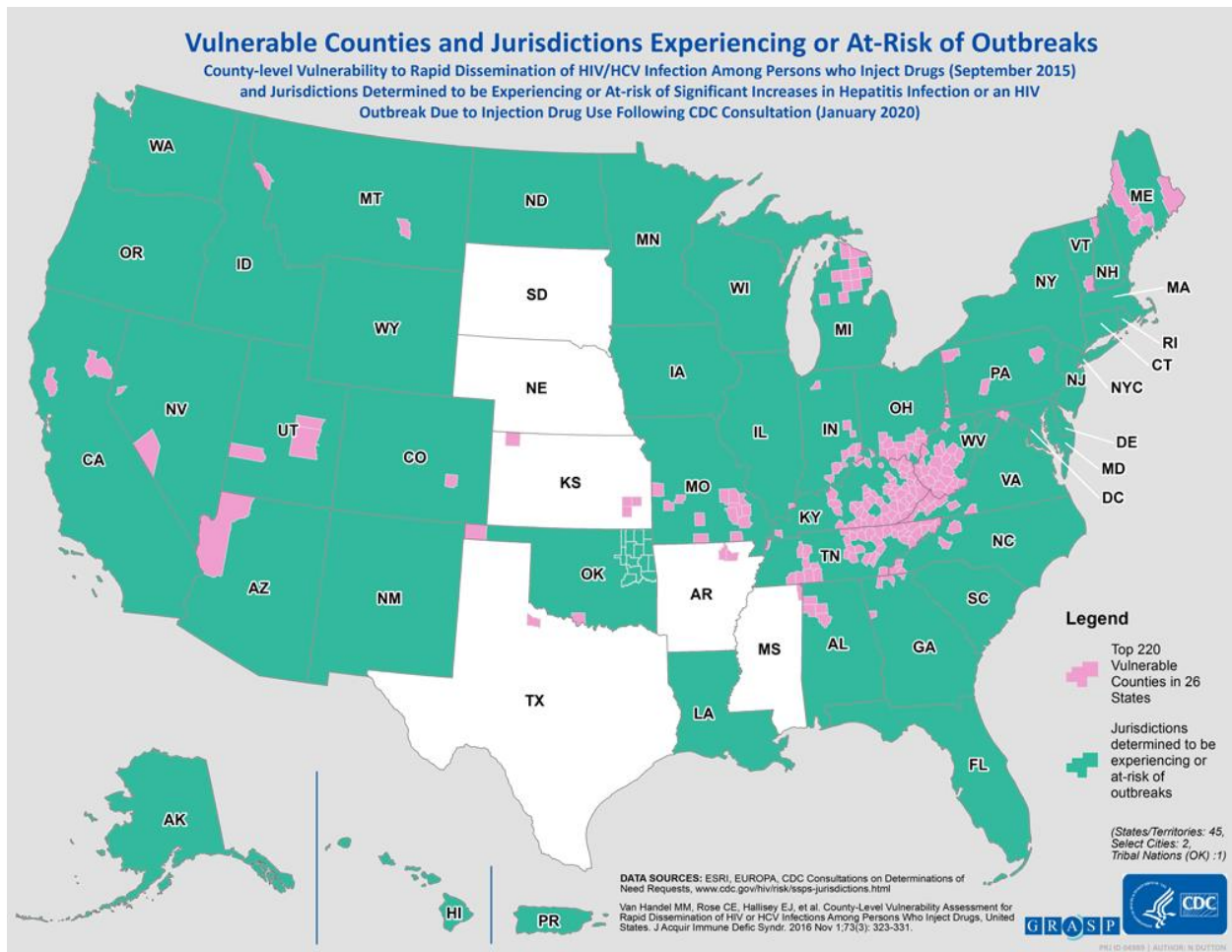
HIV & Hepatitis C in Appalachia

According to a study done for the Ohio Alliance for Innovation in Population Health (Linked below), five southern Appalachian counties in Ohio exhibited the highest five-year Hepatitis C rates. These counties included Pike, Scioto, Gallia, Lawrence, and Meigs. Even though the Centers for Disease control advocates HCV testing for anyone who requests it, there are factors that are preventing rural Appalachian people from being tested and seeking care.

Barriers to HIV & HCV Testing and treatment (These will be discussed in more detail in Module 3)

- Rural areas in general, but the Appalachian region specifically, suffers from a serious lack of access to medical care and a lack of access to medical and other resources.
- A long history of exploitation in the Appalachian region has led to the concentration of many cultural traits that lead to residents being unwilling to seek medical care in general, but it is even more severe for those who suffer from Substance Use Disorder (SUD).

- Cultural traits and beliefs such as strong independence, fatalism, and general mistrust of authority have contributed to those who suffer from SUD experiencing issues with Stereotype Threat, stigma, and prior trauma, that may be causing an additional layer of resistance to seeking care. "Rural PWID are vulnerable to episodes of stigma and discrimination in healthcare settings, which contributes to lack of routine care and continued engagement in high risk injection behaviors for HIV and HCV" (Surratt, et al., 2021, p.6).

Resources

For more information about Appalachian health disparities, please see Appalachian Regional Commission reports and other resources below regarding rural health disparities:

Appalachian Diseases of Despair

Exploring Bright Spots in Appalachian Health: Case Studies

Health Disparities in Appalachia

Creating a culture of Health in Appalachia: Health Care Systems

Rural Health Information Hub

DeWitt, E., Gillespie, R., Norman-Burgdolf, H., Cardelli, K.M., Slone, S., & Gustafson, A. (2020) Rural SNAP participants and food insecurity: How can communities leverage resources to meet the growing food insecurity status of rural and low-income residents? *International Journal of Environmental Research and Public Health 17*(17)

Center for Disease Control. (2021, October 29). *Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks*. https://www.cdc.gov/pwid/vulnerable-counties-data.html

Hepatitis C: 2014-2018

Suratt, H.L., Otachi, J.K., McLouth, C.J., & Vundi, N. (2021). Healthcare stigma and HIV risk among rural people who inject drugs. *Drug and Alcohol Dependence,* 223, 1-7.https://doi.org//10.1016/j.drugalcdep.2021.108878

MODULE 2: HISTORY, CULTURE, AND STEREOTYPES

Module 2 Objectives

At the end of this module you will be able to:

- Explain how past historical events may contribute to current cultural characteristics
- Identify Appalachian stereotypes and understand why they are harmful
- Examine how cultural traits may impact interaction with Appalachian people

Historical Context

Appalachia has a long and varied history that cannot be recounted in full detail in this resource guide. However, it is important that those seeking to understand Appalachian people have some understanding of Appalachian history.

The Idea of Appalachia

Appalachian scholars often hold the belief that Appalachia began as an idea rather than a place in terms of the way that it was presented to the rest of the nation. That it was a construct of sorts that ultimately shaped what the region is today. It can be argued that this construct began as far back as the mid to late 1800's with color fiction writers who came to the area for a short time and even though they didn't fully understand what they saw, returned home to write about the people of the region as lawless, violent, Godless, alcoholics who were "pure Anglo" because of the assumption they came from purely Scottish and Scotch-Irish settlers. This being merely the first example of the region being used by outsiders in order to gain fame and fortune. The realities of what mountain life actually was were less important than the perception of this region that was created. As Henry Shapiro states in his book, it was the color fiction writers and their editors who made the region in the minds of the rest of the nation "in but not of America" (Shapiro, 1978).

Extraction & Exploitation

When most people think of Appalachia they think of extractive industry. This region has long been a place where natural resources have been extracted to make people wealthy, often leaving the region worse off than it was before, often by those not from the region. The primary extractive industry that is associated with the region is coal mining but it actually began with logging. As the logging industry began to fade in the early 1900s, coal mining came in to take its place. Historically, most coalmine owners and operators were not originally from the Appalachian region and they used the region for its most profitable resource and then took their wealth and left. This meant that many residents of the region were left physically broken and battered, and financially in worse condition than they started, often without even their family farms left to rely on. According to Ron Eller (1982), "During the last two decades of the 19th Century, faith in the industrial potential of the Appalachians was as strong among mountain leaders as it was among the outside businessmen and speculators who sought to exploit the region" (p.63).

Since the Appalachian region has traditionally been a single industry economy because of its reliance on extractive industries, regulation of coal mining was weak. Communities relied on coalmine owners and operators for their livelihood and this led to regulations that were often not strong enough to improve the ethics of the industry. This meant that there was much abuse of miners and the land. People were afraid to speak out against coal.

Due to mechanization and the depletion of resources, coal mining has declined in recent years but has remained as the most or second most dangerous industry even today. It has been the cause of numerous deaths and life changing injuries. In the early years of mining, there were no safety nets for this in terms of workers compensation programs and miners and their families were often left on their own after a miner was badly injured or killed. In addition to isolated injuries, there have been many mine explosions and collapses killing hundreds of miners at a time. These include incidents as recently as 2010, when the Upper Big Branch mine in Raleigh County West Virginia exploded killing 29 miners. This left a community traumatized and its owner Don Blankenship only serving time in prison for one year, after which he launched an unsuccessful campaign for state senate.

Unfortunately, because of its reliance on extractive industry, the region has long suffered from a boom and bust cycle economy. According to Elizabeth Catte (2018), "Coal barons credited their industry with bringing order and harmony to an uncivilized place, but what actually came to the mountains, was a vast system of economic exploitation, facilitated through violence and malice by both outside developers and compliant local elites" (p.43). The decline of deep coal mining meant a transition to surface strip mining and mountain top removal, which has inflicted many additional disasters on the communities below the mountains. The most notable of these is the Buffalo Creek Disaster on February 26th, 1972 in Logan County, West Virginia. This disaster left 125 people dead, 1,100 injured and 4,000 homeless when a dam holding 132 million gallons of black water from mining broke and flooded the town below. In addition to disasters, mining has been responsible for environmental health concerns ranging from Black Lung disease to acid mine drainage, further exploiting those that live and work near mining.

The newest extractive industry to exploit the Appalachian region is natural gas and hydraulic fracturing. Hydraulic fracturing is the forcing open of fissures in subterranean rocks by introducing liquid at high pressure. Although for a period of time, fracking was responsible for a small economic boom in the region it is in an inevitable decline because once the wells are drilled there is little need for the employment of local residents to drive trucks, provide hospitality services, and repair the roads that are often left in disrepair from heavy use to the wells. There has been much concern over the environmental impacts that hydraulic fracturing may cause that impact the health of local residents. This combined with the wealth from this industry once again leaving the region is another example of exploitation of Appalachian people and land.

The Great Migration

After the decline of the coal industry, there was a mass migration out of the Appalachian region known as The Great Migration. During the period between 1940-1960 the region lost millions of its residents of prime working age to cities like Detroit, Cincinnati, and Chicago. Because of the loss of population density, communities in the region were left with even fewer resources and a depleted tax base in order to fund their public programs. This began the decline of small towns in Appalachia that you see continued into today where the region still sees outmigration on a yearly basis. Communities in Appalachia struggle to provide funding to public services such as fire departments, education, and healthcare. This leaves the residents struggling to access the resources they need to survive.

The War on Poverty

The federal government has made efforts to do what it believed was necessary to help regions like Appalachia. One of these times was in the 1960s with the War on Poverty. The War on Poverty began with a focus on Appalachia but soon turned its focus on urban issues and left Appalachia in some ways, worse than it found it. This is largely because of the tactics that were used to gain support for the War on Poverty. The attention drawn to the region often focused on a portrayal of the region that was poor, dirty, and uneducated. It can be argued that the War on Poverty left people with the conclusion that people in this region suffered from a lack of character rather than a lack of resources and that they needed to be saved from themselves. The War on Poverty did however create the Appalachian Regional Commission to attempt to address some of the issues that the war highlighted. The success of the ARC is largely debated in Appalachian Studies circles. Author Allen Batteau, in his book *The Invention of Appalachia: The Anthropology of form and meaning* (1990) stated that the methods of the ARC may have been misguided by saying "If one's measures of success is based on millions of dollars spent or cubic yards of concrete poured, then the most successful Appalachia ever was constructed in the 1960's and 70's by the ARC" (p.176). However much debated, the Appalachian Regional Commission has grown to become a valuable resource in the region and continually invests in the success of its residents.

Examples of Exploitation in Appalachia

From the above it is obvious that the region has been exploited through many different channels. It is important to know the sources of exploitation to really have an understanding of the region historically and currently. To re-cap, here is a list of examples of the sources of exploitation that have contributed to the state of the region today.

- Color fiction
- Benevolence in the form of missionaries coming to aid a "Godless" area but returning with stories that confirm outsiders' views of the region.
- Extractive Industry
- Government intervention through the Weeks Act, Broad Form Deeds, and the War on Poverty.
- Media- both historically and today (presidential poverty tours, parachute journalism, pop culture)

Appalachia Today

Currently Appalachia still has its challenges. The data can be seen in various reports by the Appalachian Regional Commission. Some of these challenges include:

- Continued population loss/ brain drain
- Slower growth than the rest of the nation
- Continued education gap for post-secondary attainment
- Increased Aging population
- Continued Poverty
- Opioid epidemic and other health disparities

However, rather than view it from a purely deficit based perspective, it is important that those who seek to understand the region, also appreciate the many high points and assets of the region. A short list of these includes:

- Increasing diversity
- High School completion rates on par with the rest of the nation.
- Vast natural beauty
- A long history of grassroots organizing and activism that shows the resilience of Appalachian people
- Strong, enduring connection to place
- A distinct, proud culture with many positive characteristics

Appalachian Culture

Although the Appalachian Region is unique, it may not be unique for the reasons that many people believe. There are five myths regarding Appalachian Exceptionalism that must be expelled before one can begin to understand the unique culture of the region.

Expelling the five myths of Appalachian exceptionalism (see Appalachia in the Classroom):

- Appalachia is NOT all poor, NOR is it the poorest place in the U.S.
- Appalachia is NOT all rural, NOR is it the most rural part of the country.
- Appalachia is NOT all white, and is NOT the whitest place in the U.S.
- Appalachia is NOT all mountains
- Appalachia is NOT premodern

Characteristics often ascribed to Appalachian People

Below are some characteristics that people often used to describe Appalachian people. Some of these are based in truth, others form the basis of harmful stereotypes.

- Resilient
- Religious
- Independent, self-reliant, and proud
- Neighborly
- Humble, modest
- Connected to place
- Patriotic
- Private
- Uneducated/unintelligent- Not to be used interchangeably. There is an education gap within the region, however, since the region is on par with the rest of the nation in terms of high school graduation rates, the gap comes from higher education attainment. There are many people in the region who may not have formal education beyond high school but are by no means unintelligent.
- Mistrustful of outsiders and authority- Although this trait can be seen as a negative one by those who are attempting to gain trust, it is a trait that is well earned. As explained in previous sections in this module, a long and varied history of exploitation by outsiders and the

government has led to a general mistrust of those who are not from the region and those who can be seen as authority figures. This can take the form of healthcare providers, teachers, social service workers, and other service providers in the region.

- Fatalistic- The belief that nothing good is going to happen so why should one take it upon oneself to try to fix it. This is a mentality that has also developed after years of seeking help and not receiving it. Living in generational poverty can leave people feeling that things will never be improved.

You may find truth in all of these stereotypes to a certain degree. However, these traits can be found in people from anywhere. All regions have people who are unintelligent, all regions have people who are neighborly. However, it can be argued that many of these characteristics are more concentrated in the Appalachian region, particularly that of being mistrustful of outsiders and authority and being connected to place.

Stereotypes

Stereotypes of Appalachia are known to come from a variety of places, including the government, media, pop culture, and personal experience. Unfortunately, most people enter a region without realizing that they hold these common stereotypes and instead of being open to what is in front of them, they look for confirmation of what they already believe. In most cases, they will find this confirmation because stereotypes are often based in a kernel of reality. However, they are shallow and lack the complexity that those who live in the region possess. Common portrayals of Appalachia in the Media The region has long been portrayed in the media, oftentimes in a negative way. One of the earliest documentaries about Appalachia, "Christmas in Appalachia", appeared on CBS in 1964 during the height of the government push for support of the War on Poverty legislation. This documentary served to further the work done by color fiction writers in the 1800s. Although it shows Charles Kuralt interviewing real people from the region, the questions he asked and the images that were shown were curated in a way that many news stories are to portray the region in a negative way. It served to convince the rest of the nation that the people of Appalachia were in fact the poor, backward hillbillies that they already believed them to be. This became a common theme in the news that has continued with various instances of parachute journalism up into modern times. One of the most recent examples of this is the ESPN news "College Game Day" spot that aired just prior to the Louisiana State National Championship game on January 13, 2020.

"For the most part we do not first see, and then define, we define first and then see. In the great blooming, buzzing confusion of the outer world we pick out what our culture has already defined for us, and we tend to perceive that which we have picked out in the form stereotyped by us in our culture"

(Lippman, 1922, as cited in Kanahara, 2006, p.81)

Joe Burrow, who grew up in The Plains, Ohio, a small community just outside of Athens, won the Heisman trophy in 2019. He used his national spotlight to bring attention to food insecurity he saw while attending high school in South East Ohio. In doing so, he has been responsible for incredible fundraising to support the Athens County Food pantry. This is an amazing accomplishment. However, right after the moment he gave his Heisman speech, the media began to descend on Athens County so that they could be the first to show the area that Joe came from. In doing so, they managed to continue the portrayal of the region as one that is without value. The College Game Day spot showed falling down buildings, mobile home parks, and destitution as the vision of Appalachian Ohio.

In addition to news programming, the region has been portrayed negatively in movies like *Deliverance*, *The Hills Have Eyes*, and *Hillbilly Elegy*, as well as in television programs like *Appalachian Outlaws*, *Buck Wild*, and *Moonshiners*. That is not to say that there are not positive representations of the region in movies and TV. If one were to watch films such as *Matewan, October Sky,* and *Holler*, you would find positive and yet realistic portrayals of Appalachia. The documentary *Hillbilly* (2018) provides a fantastic overview of the region and how harmful the images can be to the people who live here. A strongly recommended resource for good representations of the region would be the Appalshop film cooperative found in Whitesburg Kentucky. Any film produced by this non-profit would provide the viewer with positive and real glimpses of life in the region.

Any Appalachian studies scholar can also point to both positive and negative representation of Appalachia in books and articles. To read more regarding positive yet dynamic representations in fiction, authors like Ron Rash, Robert GIpe, and Denise Giardina would be a few to look towards. In terms of non-fiction, author Ron Eller's books are a great place to start learning about the history of the region in a way that is accurate and unbiased. Additionally, books such as *Back Talk from Appalachia: Confronting Stereotypes* (1999) contain a myriad of essays about the harmful impact of stereotypes on the region.

Common Appalachian Stereotypes

Here are some examples of common Appalachian stereotypes that most people have heard of and some people associate with their first thoughts of the region:

- Redneck
- Unintelligent
- Poor
- Racist
- Proud
- Christian conservative and homophobic
- Backward
- Inbred
- Violent- think Hatfield and McCoys

The origin of these stereotypes can be hard to pin down to one place, but if you simply put the word Appalachia in a search engine, you are likely to find these words represented. Many scholars point towards various forms of exploitation as the root of stereotypes, the goal of which being to make money on the backs of Appalachian people through extractive industry, politics, and media sales.

Another place that stereotypes are perpetuated is through benevolence. There is a long history of groups coming to the region with the good intentions of helping those less fortunate. However, these good intentions in themselves can lead to the perpetuation of stereotypes for those outside the region. Ron Eller, in his book *Uneven Ground: Appalachia since 1945* (2013), details the account of the "Bobbie Sue Letter". This was an effort by the Christian Appalachian Project in the 1950s to raise money in support of helping the poor in Appalachia. They did so by sending a letter out to potential donors that was about a young Appalachian girl named "Bobbie Sue" who lived in poverty and destitution. They included a photo of this girl with the letter. Eller states "The Bobbie Sue letter reflected the compassion and concern that motivated the War on Poverty, but it also mirrored the national misunderstanding of Appalachia's history and problems" (Eller,2013, p.123).

Other sources of stereotypes come from images used to garner support for the War on Poverty, presidential tours of the region like the Clinton Poverty tour in the summer of 1999, and the 2016 presidential election. Elizabeth Catte wrote about the impact of the 2016 presidential election and the media writing about Appalachia by saying "The voices of Appalachians as experts on their own condition are largely absent in the standard 'Trump country' think piece" (Catte, 2018, p.23).

Resources

Appalachian Regional Commission

Billings, D.B. Norman, G., & Ledford, K. (1999) *Balk talk from Appalachia: Confronting Stereotypes*. University Press of Kentucky

Burris, T.L. & Gantt, P.M. (2013). *Appalachia in the classroom: Teaching the Region (race, ethnicity, and gender in Appalachia)*. Ohio University Press.

Catte, E. (2018). *What you are getting wrong about Appalachia*. Belt Publishing

Eller, R.D. (1982). *Miners, millhands, and mountaineers: Industrialization of the Appalachian South, 1880-1930*. University of Tennessee Press

Eller, R.D. (2013). *Uneven Ground: Appalachia since 1945.* University Press of Kentucky

Jones, L. (1994). *Appalachian Values*. Jesse Stuart Foundation

Kanahara, S. (2006). A Review of The Definitions of Stereotype and a proposal for a progressional model. *Individual Differences Research*. 4(5).pp.306-321

Lilly, J. (2021, February 26). "Buffalo Creek showing signs of new life, 49 years after sludge spill". West Virginia Public Broadcasting

Morrone, M. (2020) *Ailing in place: Environmental inequities and health disparities in Appalachia*. Ohio University Press.

Morrone, M. & Buckley, G.L. (Eds.). (2013). *Mountains of injustice: Social and environmental justice in Appalachia*. Ohio University Press

Shapiro, H.D. (1986). *Appalachia on our mind: The southern mountains and mountaineers in the American consciousness, 1870-1920*. The University of North Carolina Press.

West Virginia Public Radio (Host). (2015, Sept. 25). Inside Appalachia: Blankenship, Upper Big Branch and mine safety. [Audio podcast episode] *Inside Appalachia*. West Virginia Public Radio https://www.wvpublic.org/podcast/inside-appalachia/2015-09-25/inside-appalachia-blankenship-upper-big-branch-and-mine-safety

MODULE 3: BARRIERS TO SERVICE - CULTURAL COMPETENCE & HUMILITY

Module Objectives

At the end of this module, audience members will be able to:

- List barriers that prevent Appalachian people from seeking healthcare and public services
- Explain what cultural competency and humility are
- Define the importance of developing cultural competency and humility

Barriers to Service

Common reasons why Appalachian people experience barriers to care can essentially be broken down into three main areas: Financial, Logistical, and Cultural.

Financial

- Due to a variety of factors, it is not uncommon for Appalachian people to work at jobs with non-standard work hours that do not provide insurance, sick, or vacation time. This can mean that people may be sleeping at times that service providers' offices are open. It can also mean that they may be turned away due to lack of insurance or that they cannot take time off work to attend appointments that are during the day because they will lose wages.
- Many of the jobs that people may hold are often minimum wage or close to minimum wage. Even if the employer provides insurance, the co-pay may cause undue financial hardship.

Logistical

- Not all of Appalachia is rural, but in comparison to the rest of the nation much of it is. According to the Appalachian Regional Commission, forty-two percent of the region's population is rural in comparison to 20 percent of the national population. This means that there is a greater number of people in Appalachia who struggle with transportation than in much of the rest of the country. Rural areas typically do not provide public transportation and this can be a significant logistical barrier to seeking care. It is quite expensive to own, insure, and maintain a personal vehicle, which makes getting to appointments a hardship for rural people.
- In many rural areas, road conditions are variable and sometimes very poor. Extreme weather in the form of snow, ice, and flooding can prevent rural people from traveling the great distances they may need to go for appointments.
- Due to the rural nature of much of the region and the fact that there are major shortages of healthcare providers in Appalachia, it can take an entire day or more to get to an appointment and back home to family or a job. In order to obtain care for anything requiring a specialist, most rural people will need to go to a city, which can require them to miss work for a period of time resulting in even more financial hardship.

Cultural

- Appalachian cultural characteristics or traits may also act as a barrier to service for residents of the region. This can be as a result of those that are common traits such as fierce independence and pride or those that may be perceived (but not necessarily true) by the healthcare provider such as Appalachian people being unintelligent or fatalistic. A strong sense of independence on the part of those from Appalachia can be a major barrier to those who may need assistance. Appalachia is a culture which prides itself on never needing to ask for help, because of this, people are more likely to attempt to treat their healthcare issues on their own and be unwilling to reach out until the problem is severe. If the healthcare provider sees Appalachian people as being unwilling to accept help, it may create a barrier to communication in the healthcare setting. When it comes to applying this to people from the Appalachian region who use injection drugs, the traits of independence and pride may cause someone to be resistant to testing and treatment for fear of proving themselves to be weak.

- The perceptions of healthcare providers that Appalachian people hold can also be a barrier to care. As previously discussed, this culture is one that has a well-earned mistrust of outsiders and authority. Unfortunately, that extends to healthcare providers and those who work in social services. Oftentimes, doctors and specialists who work in the region are not from Appalachia. This is due to a variety of reasons, but because of this, people are inherently mistrustful. This is also exacerbated when people must travel outside of the region for care. Appalachian people may perceive that the provider is unfamiliar with their culture and way of life and will be unable to help them in a way that is consistent with their daily routines. For more information on this please see the articles by Hill et al, and Nell-Rood et al.

- Another cultural barrier that should be considered is that of Stereotype threat. Stereotype threat is a theory that was posed by Steele and Aronson in 1995 and was originally formulated about African American men and their performance in college. However, it can be applied to any mis/underrepresented group, including Appalachian people. Stereotype threat is the fear of the risk of confirming negative stereotypes about an individual's race, ethnicity, gender, or cultural group. This means that the Appalachian person may be concerned with appearing to be the stereotypes that are used to describe Appalachian people. They may be concerned that when attending an appointment or seeking help, that the healthcare provider already believes these stereotypes and therefore is looking for a way to confirm them. This will create a barrier to communication and honesty between the provider and the patient.

Culture and Stereotype Threat in Healthcare for People Who Inject Drugs

All of the issues described above can be applied specifically to people who are struggling with substance use disorder from Appalachia. A perfect storm of cultural characteristics, stigma, and stereotype threat can cause a cycle of barriers to care for those who may use injection drugs and need healthcare, specifically in the form of testing and treatment for HCV and HIV.

Cultural characteristics that have been reviewed in this document can be a problem for those who need assistance with substance use disorder. The Appalachian culture is known for characteristics like independence and pride which may prevent people from reaching out for help. When combined with the stigma that is found in this region towards those who use injection drugs it can be a terrifying prospect to seek out healthcare. Suratt, Otachi, McLouth, and Vundi (2021) state that "stigma among

people with substance use disorder contributes to loss of self-esteem, low levels of care seeking to avoid rejections, and low trust in healthcare professionals to deliver needed care" (p.2). The stigma that they face from the community, family, and healthcare providers is enough to prevent them from being tested for diseases like Hepatitis C and HIV because they do not want to confirm the stereotypes that people may hold regarding those who use drugs and the stereotypes regarding Appalachian people.

Confidentiality in rural areas may be a concern for anyone seeking healthcare for any reason. When combined with a diagnoses of an often-stigmatized disease like HCV or HIV, that concern grows tenfold. Small towns and rural areas are often described by residents as places where everyone knows everyone else's business (Arnold, 2017). This can lead to concerns among those who need to be tested that the community will find out that they have engaged in behavior that is stigmatized by the community. "In the rural Appalachian context, stigma in small communities is pervasive and may prevent PWID from seeking services due to concerns of confidentiality, judgment, or community backlash" (Surratt, et.al., 2021, p.5).

The risk of confirming these stereotypes, orstereotype threat, further compounds the likelihood that people will be resistant to testing for HCV and HIV. One or more negative experiences with a healthcare provider can prevent people from being receptive to treatment and testing. One experience that leaves a patient feeling like the clinician holds negative bias towards them can prevent them from seeking healthcare in the future. "The experience of stereotype threat has been shown to have direct, negative, effects on physiological, psychological, and self-regulatory process that can contribute to ill health" (Aronson, Burgess, Phelan, & Juarez, 2013, p.51).

The important thing to note in regards to rural HCV and HIV testing and treatment is that "rural PWID are vulnerable to episodes of stigma and discrimination in healthcare settings, which contributes to lack of routine care and continued engagement in high-risk injection behaviors for HIV and HCV" (Surratt, et. al., 2021, p. 6).

Cultural Competency and Humility

One way to combat the issues highlighted above is to develop cultural competency and humility in those who are working with Appalachian and rural people who use injection drugs. Studies show that interventions that address the issues of stigma and stereotype threat are greatly needed to effectively mitigate the increase in HIV and HCV in rural areas (Surratt, et. al., 2021). Not only are PWID in Appalachia dealing with the stigma that comes along with those behaviors, they are also facing the stigma and stereotypes that come with being Appalachian.

- **Cultural Competency**: a way to practice in a profession while being culturally sensitive to others and showing respect towards their values and traditions (de Chesnay, Hart, & Brannan, 2012).
  - In other words, learning about cultural values and traditions of those you work with.
- **Cultural Humility**: the process of self-reflection and self-critique that takes place during multicultural encounters that lead to acceptance and respect of other cultural backgrounds (Hook, Owen, Davis, Worthington Jr., & Utsey, 2013)
  - In other words, look at your own background, biases, and experiences to understand how you relate to cultures other than your own. Your own culture and its impact on the culture you are working with can create barriers to service and communication.

Practitioners who are working with cultures other than their own, and sometimes their own, need to do some work to develop cultural competency and humility. Cultural competence without cultural humility is not going to get to the root of why interaction with a particular group of people is strained. Just because a healthcare provider knows what characteristics may be Appalachian, it does not mean that they know how their own biases are affecting the experience that person is having. An effective healthcare provider MUST develop cultural humility to effectively work with their patients.

According to Sue, Arredondo, and McDavis (1992), there are three main steps or points that can help providers develop cultural competence and humility.

- Awareness- must understand own background and the impact of that background on the culture they are working with
    - Be aware of how clients/patients will view the provider and where they came from.
- Knowledge- Understanding of the background of the culture they are working with
    - Know how the culture views itself and the stereotypes or prejudices associated with it
- Skills- Understanding indigenous skills and practices of people in the culture
    - Understanding and appreciation of dialect
    - Understanding of institutional barriers to seeking help

Resources

For more information on Cultural competency and humility, please see the suggested resources below:

Arnold, T. (2017). *Expectations, choices, and lessons learned: The experience of rural, Appalachian, Upward Bound graduates.* [Unpublished doctoral dissertation]. Ohio University

Aronson, J., Burgess, D., Phelan, S.M., & Juarez, L. (2013) Unhealthy interactions: the role of stereotype threat in health disparities. *American Journal of Public Health*. (103) 1

De Chesnay, M., Hart, P.L., & Brannan, J. (2012) Cultural Competence and Resilience. In Mary de Chesnay and Barbara Anderson (eds.). *Caring for the Vulnerable: Perspectives in nursing theory, practice, and research*. (pp.33-48). Jones and Bartlett Learning

Hill, Cantrell, Edwards, & Dalton. (2015). Factors Influencing mental health screening and treatment among women in a rural south central Appalachian primary care clinic. *The Journal of Rural Health*. 32.82-91

Hook, J.N., Davis, D.E., Owen, J., Worthington, E.L., Jr., & Utsey, S.O. (2013) Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353-366. https://doi.org/10.1037/a0032595

Snell-Rood, Leukfeld, Marcum, Haunenstein, Feltner, & Shoenberg. (2017). Mental health treatment seeking patterns and preferences of Appalachian women with depression. *American Journal of Orthopsychiatry*.87(3). 233-241

Steele, C.M. & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology, 69*, 797-811

Sue, Arredondo, & McDavis. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*. 70.477-486

Surratt, H.L., Otachi, J.K., McLouth, C.J., & Vundi, N. (2021). Healthcare stigma and HIV risk among rural people who inject drugs. *Drug and Alcohol Dependence*