AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

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AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

The New AIDS Education and Training Center National Multicultural Center (AETC-NMC) at Howard University

On September 1, 2010, Howard University College of Medicine was awarded a $550,000 annual cooperative agreement from HRSA totaling $1,650,000 over three years. The purpose of the award is to design and establish the AIDS Education and Training Center National Multicultural Center (AETC-NMC). By serving as a National Resource for the training of healthcare providers in multicultural HIV/AIDS care, the AETC-NMC at Howard will support President Obama's National HIV/AIDS Strategy to reduce the number of people who become infected with HIV, increase access to care, and decrease HIV-related health disparities.

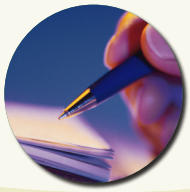
To intensify HIV prevention and management efforts among communities where the disease is most heavily concentrated, we must understand the culture of these communities. For over a decade, Howard University College of Medicine has been a leader in the delivery of training and Technical Assistance in clinical cultural competence to healthcare providers nationwide. This effort has served to strengthen the clinical encounters of HIV providers with clients of diverse backgrounds and reduce HIV disparity.

The Center will be supported with the combined collective skill of HIV clinicians and Cultural Competency expertise of Georgetown University National Center for Cultural Competence (NCCC)-Center for Child and Human Development; Meharry Medical College-College of Medicine; Charles Drew University of Medicine and Science-College of Medicine; Colorado State University-Ethnic Studies Department; Morgan State University-National Center for Health Behavioral Change (NCHBC); and the National Minority Quality Forum (NMQF).

Please visit our website (**www.aetcnmc.org**) for more information about our work and to register for upcoming Cultural Competency Training in HIV Management.

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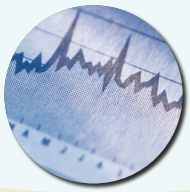
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VOICES FROM THE FIELD
Tawara D. Goode, MA

Tune-in or Join-in (Webinars/ Webcasts)





HIV Hotspots

Regional HIV Focus



The AETC-NMC Conducts National Study to Determine the Cultural Competency Education Needs of HIV Providers



As part of the nation's HIV/AIDS policy, one of the priorities of President Obama's National HIV/AIDS Policy is the development and implementation of a National HIV/AIDS Strategy (NHAS). The AIDS Education and Training Center - National Multicultural Center (AETC-NMC) in the College of Medicine at Howard University serves as the National Training Center for Multicultural HIV/AIDS care. Our purpose is to assist the nation in achieving an HIV/AIDS national strategy. Our key step in this regard is to develop a training curricula aimed at increasing cross-cultural awareness and competency among HIV/AIDS health care professionals.

In order to assess the current cultural competency training and education needs of these professionals, the AETC-NMC conducted a national needs assessment in December, 2010.

Approximately 300 clinicians completed our survey. They were asked to rank the level of importance of a variety of cultural competency curricula to be offered by the AETC-NMC. The following topics will be included:

- The fundamentals of cultural competency;
- Drug-drug interactions in minority populations;
- Co-morbidities and challenges affecting minorities living with HIV;
- Culture, HIV and nutrition;
- Health literacy;
- Promoting HIV testing among diverse populations.

The 'Promotion of HIV Testing' module received the highest ranking by the responding physicians and nurses. Seventy (70%) of clinicians felt this curriculum was "very important". It is an accepted fact within the medical community that a lack of physician knowledge and training is a barrier to HIV testing. This can be addressed with continued education of the medical community[1].

As a result of the high proportion of undiagnosed and late diagnosed HIV cases, due to a lack of testing, in 2006 the CDC broadened its HIV testing guidelines to include routine HIV screenings for all adults. Further, National Minority AIDS Education and Training Center studies (2008, 2009) confirms that most clinicians would like to be trained on how to perform an HIV test and not leave this important function to a specialist. In response to this finding the AETC-NMC will develop a series of modules and provide a training to focus on the promotion of HIV testing to clinicians nationwide. The goal will be to improve their knowledge and skills in an effort to reduce HIV/AIDS disparity in communities hardest hit by this disease.

Surprisingly, the survey also reveled that participants had the least interest in learning about or being updated on the 'Drug-Drug Interactions' module. Only 23% felt this curriculum was "very important". While the advent of highly active antiretroviral therapy (HAART) has decreased mortality and improved the quality of life for many people living with HIV, the treatment of HIV and its associated conditions remains highly complex. According to The Health Central Network Inc. in New York City, NY, with 20 antiretroviral agents, dozens of drugs for opportunistic illnesses and additional therapies to manage associated conditions, the potential for drug interactions is a pressing concern. Clinicians must remain up to date and aware of this occurrence. Consequently, the AETC-NMC will implement marketing strategies to ensure proper attendance and interest in future trainings on this topic.

The AETC-NMC's overall data driven approach to our work has led to the development of national culturally competent clinical care curricula and trainings. The purpose is to improve the proficiency of clinicians who treat patients living with HIV and thus reduce health disparities. These actions should effectively improve the quality of life and clinical care received by the growing number of people living with HIV/AIDS in the United States. Please visit our website (**www.aetcnmc.org**) for more information and training opportunities in your area.

[1]Burke RC, Sepkowitz KA, Bernstein KT, Karpati AM, Myers JE, Tsoi B, Begier EM. (2007). Why Don't Physicians Test for HIV? A Review of the US Literature. AIDS, 21:1617-1624.



VOICES FROM THE FIELD

Tawara D. Goode, MA

How long have you been working in the field of CC?

Since 1995 when the National Center for Cultural Competence (NCCC) was originally funded. However, my work in cultural competence (CC) predates the NCCC. I was involved with a group that advocated for and successfully drafted language that defined cultural competence and mandated its implementation in the Developmental Disabilities Bill of Rights and Assistance Act in the1990's, the language and requirement remain in its current iteration. The language can be accessed at **http://www.acf.hhs.gov/programs/add/ddact/DDACT2.html**

What major changes have evolved since you began in the field of CC during this time?

The most significant changes in cultural competence can be attributed to a constellation of events dating back to 2000. The last decade, there was a growing national recognition and political will to confront and set a goal for eliminating health care disparities. Cultural competence and linguistic competence were inextricably linked to this national agenda.

The events included the emergence of clear and compelling evidence, enactment of legislation, and activism. Specifically:

- The promulgation of the National Standards for Culturally and Linguistically Appropriate Services **(CLAS)** in Health Care, in 2001, which provided a framework for the implementation of services and organizational structures to meet the needs of diverse patient populations.
- 2001, Mental Health: Culture, Race, and Ethnicity Supplement: A report of the Surgeon General, was issued and which documented the extensive disparities in mental health status and treatment among the four most recognized minority racial and ethnic groups in the US and which proposed a number of public health policy initiatives including culturally competent care.
- In 2002, Public Law 106-525, the Minority Health and Health Disparities Research Act, was enacted which established the National Center on Minority Health and Health Disparities within the National Institutes of Health; and
- In 2002, the Institute of Medicine (IOM) published its landmark report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, which provided a conclusive body of evidence that racial and ethnic disparities do exist and result in deleterious consequences for these populations and that inequities are entrenched in the US health care system. The IOM described the essential role of cultural competence in addressing disparities in health care.

With the ever growing diverse community what do you see as the foremost challenge for clinicians to provide culturally appropriate quality care?

It is up to the clinician to:

- Become educated about and respond to the importance of cultural and linguistic competence in the provision of care to the diverse patient populations in the U.S.
- Engage in self-reflection and assessment to determine areas of personal growth and interest
- Set personal goals to increase knowledge and skills over time
- Advocate within their professional organizations to advance cultural competence and linguistic competence as essential approaches to address disparities health and mental health status and care
- Contribute to the evidence based on cultural and linguistic competence. However, clinicians cannot do this alone. The health and mental health organizations and practices in which they are employed bear considerable responsibility to ensure:
  - A practice model that values cultural and linguistic competence in the provision of care
  - That policies, structures, practices, procedures, and that fiscal and personnel resources are in place to support cultural and linguistic competency at all levels of the organization (including supporting practitioners to acquire cultural knowledge and skills via in-service training, professional development, coaching, mentoring, conducting research etc.)
  - Continuous advocacy within the public policy arena (national, state, regional, local) to address racial and ethnic disparities in health/mental health care
  - A commitment to contribute to the evidence

How can this be successfully addressed?

This will require systemic approaches across all components of health and mental care spanning public policy, academic training, accreditation and licensing requirements for health practitioners, fundamental changes within organizations, and attitudinal change, including the willingness to examine bias, stereotyping, discrimination, racism and other "isms" within the contexts of our health and mental health care institutions and among many within the health and mental health care professions. It will require focused attention, dedicated resources, and political will to address inequities.

The NCCC is a partner with the AETC NMC at Howard University* (www.aetcnmc.org) *working to ensure Cultural Competence in HIV Focused Healthcare.

Tawara D. Goode, MA *is Assistant Professor and Director, National Center for Cultural Competence & Associate Director, University Center for Excellence in Developmental Disabilities Center for Child and Human Development at Georgetown University Medical Center*

HIV Hotspots



In late 2009, the NMAETC in collaboration with the National Minority Quality Forum (NMQF) engaged in a secondary data analysis project to identify the HIV/AIDS hotspots nationally. **Our analysis identified several counties with high prevalence that are surrounded by counties with very low prevalence. This pattern warrants investigation to ascertain the reason behind the rate disparity between contiguous counties and if you practice in one of these locations we encourage you to access the AETC-NMC services and others offered by the AETC network.**

The counties with high HIV/AIDS prevalence **(593 per 100,000 or greater)** fitting this profile:

- Illinois: Johnson, Livingston and Brown Counties
- Missouri: Saint Louis City
- Oregon: Multnomah County (Portland area)
- Colorado: Denver County

Regional HIV Focus

New England AETC will be featured in the upcoming issue.





Your Choice: Tune-In or Join-In (Webinars/Webcasts)

MARCH 10, 2011- MARCH 11, 2011

Culturally Appropriate HIV Risk Assessment and Case Finding During Women's Routine Medical Visits

A free training to increase the knowledge of cultural barriers and challenges faced by African American, Latino, and Haitian women in perceiving themselves at risk of HIV infection ….
http://www.faetc.org/

The following *one-day* trainings explore the broad definition of culture and its relationship to competent and effective health care and human service delivery **http://www.nyhealth.gov/diseases/aids/training/nonclinical.htm**

MARCH 14, 2011

Building Bridges to Cultural Competency - Poughkeepsie
AIDS Related Community Services (ARCS)
Poughkeepsie, New York USA

MARCH 24, 2011

Building Bridges to Cultural Competency- Johnson City
Southern Tier AIDS Program (STAP)
Johnson City, New York USA

APRIL 5, 2011

Free Webcast: Using CAHPS Item Sets that Address Cultural Competence and Health Literacy

1:00 pm - 2:30 pm ET

A one-day free Webcast to better understand what you can gain from incorporating supplemental items on health literacy and cultural competence into the CAHPS Clinician & Group Survey

For information about this Webcast and to register, visit http://event.on24.com/r.htm?e=284726&s=1&k=D39139A7BBAD10290257D51C2B4ADC9A&partnerref=gvde1

APRIL 6, 2011

Management of HIV/AIDS in the Correctional & Community Setting
Live National Webcast

12:00 pm - 2:00 pm ET

The 37th Program in the Ongoing Series: Management of HIV/AIDS in the Correctional & Community Setting: Antiretroviral Management There is no registration fee to watch this webcast. For more information, please visit: **http://www.amc.edu/patient/services/hiv/hivconf/index.htm**

APRIL 11 – 12, 2011

2011 National Refugee Health Conference: Changing Times, Changing Strategies

Rochester, New York.

This 2-day conference will include a variety of healthcare, culture, and language issues as well as 28 seminars. Innovative programs targeting refugee health will also be presented.

MAY 21 – 24, 2011

National Commission on Correctional Healthcare: Emerging Issues

Phoenix, AZ

New treatment modalities, updated practice recommendations, evolving standards of care…
http://www.ncchc.org/education/updates/index.html

MAY 13, 2011 – MAY 14, 2011

20th Annual HIV Conference of the Florida/Caribbean AETC

Hilton Orlando, Orlando, Florida USA

This conference is designed to increase the knowledge and skills of HIV health care providers. Lectures and interactive case presentations will be supplemented by take-home materials visit their website at: **http://www.faetc.org/**

Annual HIV/AIDS Awareness Day

February 7th:	National Black HIV/AIDS Awareness Day
March 10th:	National Women and Girls HIV/AIDS Awareness Day
March 20th:	National Native HIV/AIDS Awareness Day
May 18th:	HIV Vaccine Awareness Day
May 19th:	National Asian & Pacific Islander HIV/AIDS Awareness Day
June 8th:	Caribbean American HIV/AIDS Awareness Day
June 27th:	National HIV Testing Day
July 21st:	National Clinicians HIV/AIDS Testing and Awareness Day
September 18th:	National HIV/AIDS and Aging Awareness Day
September 27th:	National Gay Men's HIV/AIDS Awareness Day
October 15th:	National Latino AIDS Awareness Day



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Goulda A. Downer, PhD, RD, LN, CNS - Principal Investigator/Project Director