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

July 2011
Volume: 1 Issue: 2

AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

AETC-National Multicultural Center Conducts Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment

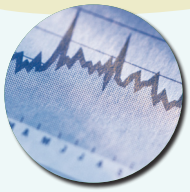
In the United States, it is well known that HIV/AIDS disproportionately affects racial/ethnic minority communities. Ensuring the provision of culturally appropriate care to racial and ethnic minorities living with HIV/AIDS is a critical step to eliminating the disproportionate impact of this disease. According to the literature, health is viewed as a component of an individual's culture and therefore directly contributes to one's cultural frame of reference[1]. The sociocultural nuances of HIV disease, particularly in minority communities, pose challenges for patients and medical care providers alike. Many studies have found that minorities receiving care for HIV/AIDS are less likely to be satisfied with their care and less likely to receive highly active antiretroviral therapy (HAART) than are non-minority patients[2]. The root causes of these disparities in care have not yet been well delineated. However, HIV clinicians can optimize the care they provide for minority patients by using a cultural competence framework, enhancing patient-provider communication, and obtaining the appropriate resources and training to enhance their ability to provide culturally competent clinical HIV care.

As the premier national resource for training, education, and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care, part of the Howard University's AIDS Education and Training Center – National Multicultural Center's (AETC-NMC) mission is to keep the nation, and in particular the Regional AETCs, abreast of the cultural

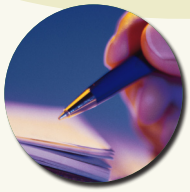
[1] McNeil, J (2003). A Model for Cultural Competency in the HIV Management of African American Patients. *Journal of the National Medical Association*. 95(2)3S-7S.
[2] Stone, V.E. (2004). Optimizing the Care of Minority Patients with HIV/AIDS. *Clinical Infectious Diseases*. 38(3)400-404.

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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Upcoming featured Region:
Southeast AETC (SEAETC)

competency needs of HIV clinicians. The AETC-NMC's ongoing comprehensive needs assessment process assesses clinicians' training needs overall as well as by geographic area corresponding to each AETC region. By understanding the needs of clinicians within each region, the AETC-NMC is able to collaborate with each AETC Regional Director and provide tailored, geographically focused HIV tools, resources and trainings to fulfill emerging Cultural Competency HIV needs within each region.

The AETC-NMC conducted a Cultural Competency and Emerging Populations Training Needs Assessment among the Regional AETCs in May 2011. The purpose of this activity was to identify information about the geographically specific Cultural Competency HIV needs of each AETC region and determine how the AETC-NMC may best support those needs. A convenience sample was generated by sending each AETC Director an assessment via email, and asking him/her to distribute the tool to HIV clinicians within their region. Eight (73%) of the eleven AETC regions participated in the survey.

The total sample (n=41) consisted of mostly physicians (41.5%) who treated between 100-300 HIV patients annually (37.5%). Twenty-six percent of the sample was made up of nurses, nurse practitioners or other advance practice nurses. Public health professionals accounted for 9.3% of the total sample followed by physician assistants (7.0%) and pharmacists (4.7%). In addition, the highest percentage of respondents were employed in the NY/NY Region (29.2%), followed by Mountain Plains and the Florida/Caribbean AETCs, (24.3%) respectively.

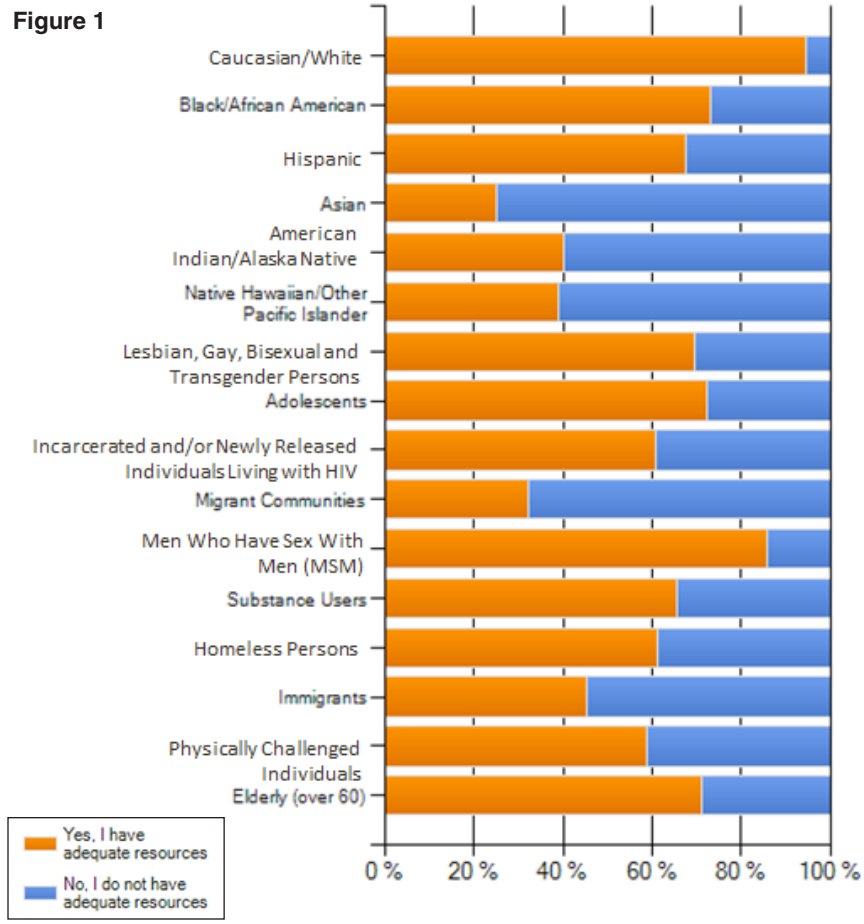
Further, when assessing low volume providers (<100 patients with HIV/AIDS per year) versus high volume providers (>100 patients with HIV/AIDS per year), the majority of respondents in the NY/NJ Region (60.0%) reported being low volume providers while 56.0% of respondents in the Mountain Plains Region reported being high volume providers with treating between 300-500 patients with HIV annually.

Figure 1 below shows various racial/ethnic/cultural population groups and assesses whether clinicians felt they had adequate resources to provide culturally competent HIV care to each population.

Study results indicated that the majority of clinicians surveyed reported not having adequate resources to provide culturally competent HIV care to the Asian population (75.9%). This was followed by Migrant communities (65.6%) and Native Hawaiian/Other Pacific Islanders (62.5%). Interestingly, over half of the sample who reported treating the Asian population (53.0%), and 40% of those treating the Migrant community also reported currently treating a high volume of HIV patients annually.

Further, when examining results by region, 100% of participants in the New York/New Jersey AETC geographic region who reported treating the Asian population also reported not having adequate resources to provide culturally competent HIV care to this community. Other re-

Figure 1



gions reporting similar findings included the Delta AETC in which all of the participants who reported treating the Asian population also reported not having adequate resources to treat that population. The majority (83.3%) of the respondents from the Mountain Plains region reported not having adequate resources to treat the Asian population. These findings are significant and consistent with findings that the epidemic is having a significant impact on Asians (A) and Pacific Islanders (PI) and that clinicians are having difficulty addressing the cultural competency aspects of HIV clinical care for this population. A/PIs are not only the fastest growing racial/ethnic group in the U.S., but also represent the racial/ethnic group with the highest increase in HIV/AIDS diagnosis rates . It is critical that HIV clinicians and other providers are equipped with the appropriate tools and resources to provide culturally competent clinical HIV care to this emerging population.

Respondents also requested training and resources relative to culturally appropriate clinical care of immigrants with HIV. For example, African immigrants with HIV were reported in the New York/New Jersey, Mountain Plains, New England and Texas/Oklahoma AETCs. Haitian and Caribbean immigrants with HIV were reported in the New York/New Jersey, Florida Caribbean and Delta Region AETCs. The Mountain Plains region also reported the need for culturally appropriate training resources for the Southeast Asian immigrants with HIV (i.e., Javanese, Burmese, Vietnamese etc.) whom they serve.

Overall, the results of this exploratory study indicate that HIV clinicians continue to need geographically targeted training in delivering culturally competent clinical care to specific populations living with HIV/AIDS. APIs, migrants and immigrants are the populations whose care poses the greatest challenge for clinicians practicing in 100% of the AETC regions who participated in this survey. Guided by these findings, the AETC-NMC will conduct additional research and work with Regional AETC Directors to develop specialized tools to improve clinician's ability to provide culturally competent clinical care to persons living with HIV/AIDS in that region.

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[3] Chin J, Kang E, Jennifer K, Martinez J (2006). Serving Asians and Pacific Islanders with HIV/AIDS: Challenges and Lessons Learned. *Journal of Health Care for the Poor and Underserved*, 17(4) 910-927.

HIV Hotspots



Thirty years into the HIV/AIDS epidemic, one of the key initiatives of the National HIV/AIDS Strategy (NHAS) is the Enhanced Comprehensive HIV Prevention Plan (ECHPP), which spotlights 12 nationwide HIV hotspots. These 12 cities, New York City, Los Angeles, Washington D.C., Chicago, Atlanta, Miami, Philadelphia, Houston, San Francisco, Baltimore, Dallas, and San Juan are the regions with arguably the highest AIDS prevalence rates in the US.

While these targeted cities are mostly urban with a high concentration of African Americans populations, other racial and ethnic minorities who make up the bulk of individuals hardest hit by this disease, also reside there. As a result of these alarming statistics, it is critical that the ECHPP include cultural competency training a major component of this initiative. An increasingly diverse population continues to be a major challenge for the American health care system in the attempt to deliver high-quality health care. For HIV/AIDS, it is critical to deepen our understanding of cultural competency so that together, we can continue to increase quality of care and health outcomes for persons living with this disease. In so doing, we also can help reduce HIV/AIDS incidence, and acknowledge the critical role and impact of culture on prevention, care and support efforts.

Howard University's AIDS Education and Training Center-National Multicultural Center (**www.aetcnmc.org**) is an excellent resource for cultural competency and HIV to the 12 cities and can work with each municipality to help develop or strengthen already existing programs and tools.

Regional HIV Focus

Durrell Fox of the NEAETC



The New England AETC (NEAETC) which has been in existence since 1988 serves, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. To successfully support communities of color and the integration of immigrants into the region, the NEAETC has provided leadership and staff who are knowledgeable about the culture, traditions, and values of these various groups and are well respected and trusted in communities of color. Durrell Fox, the Minority AIDS Initiative Project Director for NEAETC discusses his decade of service to the region and shares some of the strategies that the region employs in addressing cultural competency as it relates to HIV health disparities.

The NEAETC believes that cultural competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers/patients and their communities. The training programs we develop are designed to:

- Assist HIV providers in gaining a better understanding of general cultural starting points for approaching, learning about and interacting within different cultures
- Provide a comprehensive understanding of how cultural and social factors influence the ways specific populations are at risk for HIV & engage in HIV/health care services
- Help HIV providers develop competencies and skills for intercultural understanding and effective cross cultural communication

During the 90's the NEAETC's primary strategy for cultural competency training and education was to utilize a cultural competency expert trainer. This individual assisted in designing curricula and coordinating training for clinical providers across the region. Our program has evolved substantially since then. The curriculum has been modified and our training program now extends from a few hours of multiple/longitudinal onsite sessions to 1-2 days and employs a variety of expert trainers. Approximately 600 clinical providers are reached annually during these sessions with over 20 clinical providers from diverse backgrounds participating in training of trainer's (TOT) sessions.

Over the last decade four of our approx. 20 NEAETC Local Performance Sites (LPS) have developed and coordinated cultural competency skills-building workshops and conference training series. These trainings explore HIV/AIDS needs of specific populations in our region. These populations have included focusing on MSM and Transgender populations of Color, Sub-Saharan Africans, Latinos, Asians, African Americans, Native Americans, adolescents and people over fifty.

Because of our value for community-based partnerships and collaboration we have worked with agencies like the Latin American Health Institute who integrated the Live & Learn-Communication and Essential Cultural Orientation (ECO) Models into our curricula. We also collaborated with LPSs to develop a cross-cultural communication training module. This training is aimed at enhancing the delivery of healthcare services through practical applications in cross-cultural communication skills building exercises and examples. The training incorporates practical application of theory and models through case studies and role-playing vignettes. Similarly, in partnering with the AETC-National Multicultural Center (AETC-NMC) to identify training needs in our area, the top three training needs identified in strengthening our ability to deliver culturally competent quality clinical HIV care in the New England region were identified as:

1. Cross cultural communications
2. Serving People of Color with HIV throughout the lifespan
3. Educating People of Color with HIV to navigate the culture of health and clinical systems

In New England as in many regions of the country, HIV clinical providers are from races, ethnicities and cultures that are different from their clients. This underscores the need to continue our efforts to diversify the HIV clinical provider workforce and to provide cultural competency training and educational programs. Our experience in New England is that enhanced cross cultural communications and cultural competency skills creates a culturally aware workforce and can:

- Improve patient health outcomes
- Increase quality of life (for staff and clients)
- Increase patient satisfaction
- Eliminate racial and ethnic health disparities

VOICES FROM THE FIELD

Mr. Guadalupe Pacheco, Jr., MA



How long have you worked in the field of cultural competency and HIV?

I have worked in the field of cultural competency for approximately 31 years and HIV related work since the 90's.

What led you to this field?

With a Master's in Social Work, the specific work of cultural competency and HIV was an ideal work path to follow. Additionally, since losing many friends to HIV, this work has become a personal crusade for me.

What types of services or programs do the Office of Minority Health (OMH) provide?

At OMH we develop policy and programs that help reduce the disproportion burden of health disparities that affect minority populations. For example, we currently have initiatives addressing LUPUS, a chronic health condition that is increasingly affecting women of color; a national campaign to raise awareness about infant mortality with an emphasis on the African American community; and the Office of Minority Health Resource Center (OMHRC) Capacity Building HIV Program. The latter program offers technical assistance services to HIV organizations to build their capacity to provide better service to their constituencies. Lastly, we operate an OMHRC Knowledge Center that contains a variety of health related published materials on minority health, including a database of minority health organizations which describes the services they offer.

What do you think are the most critical areas of cultural competency in HIV care today?

It's my opinion that we must continue to focus on using prevention strategies in combating the spread of HIV in communities of color. We must work in concert with local communities to develop the right type of culturally appropriate HIV prevention and treatment messages for people of color. Additionally, once these messages are developed, communities and health care practitioners must be trained to apply these preventive and treatment measures. This is where AETC-NMC can play a major role in accomplishing this goal. Again, prevention and treatment are critical steps that must be taken to reduce the spread of HIV.

When thinking about the future of healthcare, how do you see cultural competency evolving in the next ten or even twenty years? Since the Culturally and Linguistically Appropriate Services in Health Care Standards (CLAS) were released, we have witnessed a tremendous growth in the implementation of the CLAS or at least some of the underlying principles of the standards. Kaiser Permanente, a major managed care organization, is recognized as a leader in implementing CLAS in their service delivery network. A number of states have passed cultural competency legislation such as California, Washington State, New Jersey, and Connecticut. These are all major milestones. As for the future, I believe the need for CLAS will continue to be grow, based on the changing ethnic and racial demographics of this country. With the continued shortage of minorities in the health professions, it will be imperative that existing health professionals be trained on using CLAS principles to appropriately serve diverse patients, especially those affected by HIV.

Given that about only 8% of the over 850,000 physicians in the U.S. are minorities (African American, Hispanic/ Latino, Native American Asian & Pacific Islander), which results in the majority of care being provided by someone of a different racial ethnicity as the patient, what are some of the government's efforts to ensure cultural competency is integrated within the realm of health care?

OMH recognizes that it's going to take generations to develop a workforce that is reflective of the landscape of this country. Thus, we have focused on developing web-based cultural competency programs for health professionals. We have developed cultural competency continuing education programs for physicians, registered nurses, and for emergency responders. These programs are accredited for continuing education credits. The overall goal of these specific programs is to

provide an educational platform for health professions to increase their competency skills to better serve the needs of culturally and linguistically diverse patients. Organizations like yours, the AETC-NMC help to strengthen this initiative and are sorely needed.

One of the overarching goals of the AETC Network is to improve health equity by decreasing the number of persons living with HIV. Can you speak to those targeted or focused approaches employed by OMH to decrease health disparity?

On April 8 of this year, HHS launched two strategic plans aimed at reducing health disparities. First, the HHS Action Plan to Reduce Health Disparities outlines goals and actions that agencies within HHS will take to reduce health disparities of racial and ethnic populations. Secondly, the National Stakeholder Strategy for Achieving Health Equity, a common set of goals and objectives for public and private sector initiatives and partnerships to help racial and ethnic minorities reach their full potential. Both of these strategic plans will certainly address the goal of reducing the rates of HIV among minority communities. I would like to note that OMH is taking a major leadership role in implementing these two strategic health disparity plans.

The AETC Network strives to build and sustain a culturally competent health professions workforce. How can the AETCs and OMH partner to make this a sustainable effort?

I believe that continuing to work together in a collaborative manner and by sharing cultural competency training resources and other expertise that can complement our common efforts to train health professionals on cultural competency is important. Moreover, working together to promote workforce initiatives that can develop a pipeline of minority individuals to enter health profession careers is another key area that would benefit both the AETCs and OMH. Furthermore, I applaud the outstanding work of AETC-NMC. Moreover AETC-NMC serves as an outstanding resource to community-based organizations and communities who are striving to develop the right type of culturally and linguistically appropriate prevention and treatment programs to combat HIV. This is key to reducing health diaparity.

How can we access information about cultural competency from OMH?

I would recommend that you visit the following websites to obtain current information on OMH's cultural competency work and other health disparities related work. **www.minorityhealth.hhs.gov**; **www.thinkculturalhealth.hhs.gov** Additionally you can contact our OMHRC at 1-800-444-6472 for further assistance.

Mr. Guadalupe Pacheco, Jr., MA *is Senior Health Advisor to the Director of the U.S. Department of Health and Human Service' Office of Minority Health.*





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

JUNE—JULY 2011

Implementing the CLAS Standard to Reduce HIV Disparity

This two part webinar will highlight the importance of the 14 CLAS Standards as they relate to HIV/AIDS care and treatment and make clinicians aware of at least one implementation strategy relative to HIV/AIDS care and treatment for each of the 14 standards.
Part 1: Wednesday June 29, 2011 at 2:00 PM
Part 2: Wednesday July 6, 2011 at 2:00 PM
www.aetcnmc.org

JULY, 2011 – NOVEMBER, 2011

Relationship-Based Care: Leading Cultural Change Webinar Series

part II of our series on Relationship-Based Care (RBC). This series highlights best practices in leading cultural change. You will have an opportunity to examine specific strategies and tools that have helped so many organizations improve patient satisfaction and employee engagement using RBC. A series of six webinars of one (1) hour each will be offered throughout 2011, each as an Independent session:

- July 15 Self-knowing: Foundation for Effective Change Leadership
- Aug. 19 Self-Care as a Conscious Element of RBC
- Sep. 9 Inspiriting Staff to Engage in Change: Reigniting the Spirit of Caring
- Nov. 30 Work Complexity Assessment to Optimize Every Employee's Contribution
  https://www.signup4.net/Public/ap.aspx?EID=HSTM24E&TID=Qh4m4SAjDlpKwYqhGQCV2g==

AUGUST 2011

Violence Against Women and HIV

AIDS Alliance will raise awareness of emotional and physical violence against women and will examine the intersection of violence and HIV. **http://www.aids-alliance.org/education/webinars/**

SEPTEMBER 21, 2011

Ask the Experts: Using the New Medical Interpretation Quality Improvement Tool

This session will focus on a review of the new Medical Interpretation Quality Improvement Tool including important considerations for interpretation services. The use of the provider assessment in the tool will also be reviewed
http://www.familypact.org/Files/Provider/Provider%20Training/Webcasts%20and%20Trainings/2011-0524_ATEBrochure_MedInterpretationQITool9-21-11_508.pdf

ONGOING 2011

Cultural Competency in Healthcare

This webinar examines the role an organization's leadership plays in addressing title VI, and other Federal regulations targeting health care providers; health literacy; HIV stigma; differences between "medical interpretation" and "medical translation;" cultural competency; and barriers to care.
http://www.accelacast.com/programs/1/40082811/index.html

The following AETC-NMC interactive, HIV and Cultural Competency trainings are archived and available on our website (www.aetcnmc.org):

- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care
- Issues of Ethnopharmacology in HIV Management
- Promoting HIV Testing Among Diverse Populations
- Implementing the CLAS Standards to Reduce HIV Disparity - Part 1
- Implementing the CLAS Standards to Reduce HIV Disparity - Part 2

Funded by Health Resources Services Administration (HRSA) Grant #U2THA19645
Goulda A. Downer, PhD, RD, LN, CNS - Principal Investigator/Project Director