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

November 2011
Volume: 2 Issue: 1

AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

U.S. Emerging Population: AETC- NMC Cultural Competency Needs Assessment Findings on Aging with HIV

Reports indicate that the number of older persons living with HIV/AIDS is increasing. At the end of 2005, persons older than 50 years made up 24.3% of the total population of persons living with AIDS; up from 19.9% in 2001[1, 2, 3, 4]. The United States Senate Special Committee on Aging predicts that by the year 2015, nearly 50% of persons living with HIV/AIDS will be over 50 years of age[5]. Currently in the United States, the two emerging groups of patients diagnosed with HIV/AIDS are 1) people who already contracted HIV and are living longer and 2) older people who are newly diagnosed.

The aging of the AIDS population has presented new challenges to clinicians and public health officials alike. And, while the aging of patients with HIV represents an unparalleled milestone in the diagnosis, treatment, support and care of older Americans living with this disease, the corollary is that not nearly enough is known about the long-term effects of the highly active antiretroviral (HAART) medications that allow people with AIDS to live for decades or longer. Similarly, the physical and social effects of aging on people with AIDS are not well understood.

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[1] Myers JD. Growing Old with HIV: The AIDS Epidemic and an Aging Population. Journal of the American Academy of Physician Assistants. 2009; 22 (1).
[2] Emlet, C. "HIV-Infected and HIV-Affected Midlife and Older Persons," in Poindexter, C.C. ed., *Handbook of HIV and Social work: Principles, Practice and Populations*. Hoboken, New Jersey: 2010.
[3] Brennan, M., Karpiak, S.E., Cantor, M.H. & Shippy, R.A., eds., *Older Adults with HIV: An In-Depth Examination of an Emerging Population*. Happauge, New York: Nova Science Publishers, 2009.
[4] Bhavan, K.P. "The Aging of the HIV Epidemic.: *Current HIV/AIDS Reports*, 2008, 150-158.
[5] HIV Over Fifty: Exploring the New Threat. [Web cast]. United States Senate Special Committee on Aging. May 12, 2005. http://aging.senate.gov/hearing_detail.cfm?id=270655&. Accessed December 9, 2008.

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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HIV In Communities of Color: The Compendium of Culturally Competent Promising Practices: The Role of Traditional Healing in HIV Clinical Management

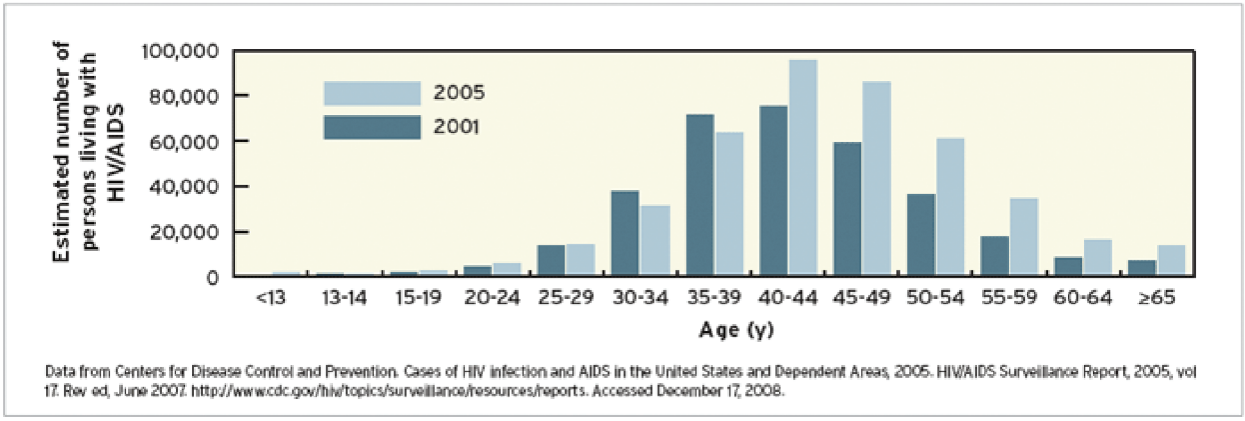


The rapidly changing dynamic of the epidemic due to the aging of the AIDS population requires an equally forceful change in the need for clinicians to educate patients and to also provide culturally appropriate HIV care. This is because some older adults underestimate their risk for contracting HIV. The National Institutes of Health recommends that everyone, regardless of age, get tested at least once in their lifetime. The Institute also recommends that people who have multiple partners or engage in risky behaviors, even older Americans, should get tested every year. This is because a late diagnosis of HIV at any age is associated with rapid disease progression and poorer health outcomes.

Until recently, people in their 50s and 60s believed they were at little risk of contracting the virus. But that is not a safe assumption because two-thirds of older adults over 50 do not use condoms[6], many feeling that condom use is primarily to prevent pregnancy and they are past their child-bearing age. Also, clinicians and other HIV providers are often reluctant to discuss sexual risks, offer an HIV test, or provide prevention information[7]. As one younger clinician explained in a Howard University-led focus group session, "it's like asking my grandfather about his sexual practice. I don't feel comfortable doing that!" Failure to ask, though, can result in unintentional delays in diagnosis and treatment in this population. Prevention messages likewise, may be delayed. These statements are corroborated by Landau et. al. who reported that only 38% of men and 22% of women in a study of older Americans reported that they discussed their sex life with their health care provider after reaching the age of 50[8]. As a consequence of these barriers, older adults are the least likely of all patient groups to get tested and to know their HIV status. Moreover, 42% of those over age 50 who test positive for HIV also receive an AIDS diagnosis, compared with 23% of those under 50[9].

As new drug therapies have allowed people with HIV to live much longer and health officials continue to study how HIV/AIDS affects the aging body and work to identify why long-term survivors seem to have increased chances of developing inflammation-induced conditions like kidney, bone, liver, and lung disease or are more prone to certain cancers, strategies to reduce the growing racial and class disparities among older patients must be addressed. African-American women for example, who make up a mere 11 percent of women over 50, comprise 65 percent of HIV infections and half of all AIDS cases among older women.

Clinicians are, however aware of the need to heighten prevention efforts



Data from Centers for Disease Control and Prevention. Cases of HIV infection and AIDS in the United States and Dependent Areas, 2005. HIV/AIDS Surveillance Report, 2005, vol 17. Rev ed, June 2007. http://www.cdc.gov/hiv/topics/surveillance/resources/reports. Accessed December 17, 2008.

FIGURE 1. The most recent data show that the largest groups of persons living with HIV/AIDS are aged 40 to 44 years and 45 to 49 years. Although most age groups show an increase in the number of persons living with HIV/AIDS, the number of those who are older than 50 years has nearly doubled.

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[6] Schick, V., Herbenick, D., Reece, M., Sanders, S. A., Dodge, B., Middlestadt, S. E. & Fortenberry, J. D. "Sexual Behaviors, Condom Use, and Sexual Health of Americans Over 50: Implications for Sexual Health Promotion for Older Adults." *The Journal of Sexual Medicine*, 7 (2010) 315-329.

[7] Golub, S.A., Parsons, J., Grov, C., Brennan, M. & Karpiak, S.E. "Prevalence and Correlates of Sexual Behavior and Risk Management Among HIV-Positive Adults Over 50." *Sexually Transmitted Diseases*. 37(10), 2010, 615-620.

[8] Lindau ST, Schumm LP, Laumann EO, et al. A study of sexuality and health among older adults in the United States. N Engl J Med. 2007;357(8):762-774.

[9] M., Karpiak, S.E., Cantor, M.H. & Shippy, R.A., eds., *Older Adults with HIV: An In-Depth Examination of an Emerging Population*. New York: Nova Publishers, 2009, 38-47.

among this population in order to reduce the numbers of new infections. This is evidenced by the Howard University's AETC-NMC nationwide needs assessment finding which reveal that 59.1% of HIV clinicians identified '***HIV and Older Adults***' as a training need.

Cultural competency training to clinicians and other HIV providers to offer quality HIV care for aging adults are *vital first steps to addressing the emerging issue of older adults who are HIIV positive. This urgent need will continue since older* Americans with HIV will soon be a majority. As the premier national resource for training, education, and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care, the AETC-NMC is assisting HIV providers address the emerging population of older adults with HIV by developing focused tools, resources and training opportunities. A tool to improve a clinicians cultural competency in discussing sexual practices and HIV with older patients is sorely needed. Among our findings, this was the most cited barrier in diagnosing HIV/AIDS in this population. This tool will be available in the resources section on the AETC-NMC website (www.aetcnmc.org) in February 2012.



Regional AETC Focus

SPOTLIGHT: Southeast AETC Emerging Populations Training Needs Assessment Summary

As part of the Howard University's AETC-NMC's role to increase cross-cultural awareness and competency among care professionals and facilities serving the needs of people living with HIV/AIDS, we launched the, '***Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment***' during project year1. This assessment was aimed at gathering information about the geographically specific cultural competency needs of each AETC region and to then determine how the AETC-NMC would partner with the AETC to develop culturally appropriate, regionally-specific tools and resources to address those needs. A convenience sample was used to collect the data. Eight (73%) of the eleven AETC regions participated in the survey. The following highlights the key findings and results compiled from the Southeast AETC (SEAETC). The South East AETC is comprised of the following states: - Alabama, Kentucky, Georgia, North Carolina, Tennessee and South Carolina.

The majority of the total sample (n=117) consisted of nurses (17.4%) who treated over 500 persons living with HIV annually (26.4%). Social workers and public health professional followed and represented 10.7% of the total sample respectively. In addition, the highest percentage of respondents were employed in the state of Georgia (55.5%), followed by South Carolina (23.9%). The most commonly served populations included Black/African American (95.9%), Caucasian (95.0%), Lesbian, Gay Bisexual and Transgender (90.9%) and the Hispanic community (88.4%). Other populations commonly served included Incarcerated or Newly Released Individuals Living with HIV (72.7%), Men Who Have Sex with Men (87.6%), Substance Users (81.0%) and Homeless persons (74.4%). Clinicians were most likely to cite a need for resources that would aid in delivering culturally competent clinical HIV care to the Migrant Community (66.7%), Native Hawaiian/Other Pacific Islander(58.8%), and the Asian population (57.1%). Additional follow-up research conducted by SEAETC (n=399) found Hispanic and Migrant populations in the region consisted of patients from Mexico (97.6%), Colombia (51.1%), Puerto Rico (58.7%) and Haiti (36.0%).

Overall, these findings indicate that HIV in the South East part of the country continue to need geographically targeted training in delivering culturally competent clinical care to specific populations living with HIV/AIDS. Guided by the findings above, the AETC-NMC provided resources, tools and trainings specific to the needs of clinicians in the Southeast region of the US. Resources included cultural competency education tools written completely in Spanish, webcasts offering free CMEs/CEUs, as well as a host of literature specifically focused on providing culturally competent care to the Migrant Community, the Native Hawaiian population and the traditional healing practices of the Asian and Haitian communities.

VOICES FROM THE FIELD

Josepha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTN-A, FAAN



1. How long have you worked in the field of cultural competency and HIV; and what led you to this field?

I have worked in the area of cultural competency in healthcare delivery for over 25 years with a focus on cultural competency and HIV for the past 10 years. What led me to this field was coming to terms with my own cultural heritage during the early 70's – an era of having to identify as either being Black or White. As a second-generation Cape Verdean raised in an exclusively Cape Verdean community, I found myself not fitting into either racial group, which brought about struggles of self-identification and valuing of my cultural roots. However, it also brought me to a place of passion and interest in the area of culturally and ethnically diverse groups. This is where my journey for cultural competence in health care delivery began.

2. What types of services or programs do you provide?

I provide clinical, administrative, research and educational services/consultation in the areas of transcultural health care and transcultural psychiatry. I have worked with managed healthcare organizations, acute and long term medical centers, outpatient healthcare organizations, academic institutions, community outreach centers, international organizations/institutions, faith-based organizations and the federal government to enhance the level of cultural competence among their employees and healthcare professionals.

For example, as a clinician, I developed a practice model of cultural competence for *becoming* culturally competent. This model requires healthcare professionals to see themselves as becoming culturally competent rather than being culturally competent and involves the integration of cultural desire, cultural awareness, cultural knowledge, cultural skill and cultural encounters. This model has served as a framework for working with culturally and ethnically diverse clients with HIV (BESAFE).

3. What do you think is the most critical area of focus in becoming culturally competent in HIV care today?

I feel the seeking and experiencing of many *cultural encounters* with patients who have HIV is the key to understanding cultural competence in HIV care. It is only through continuous cultural encounters that one acquires cultural awareness, cultural knowledge, cultural skill and cultural desire. From this perspective, cultural competence can be viewed as an ongoing journey of unremitting cultural encounters. The goals of cultural encounters are to continuously interact with patients with HIV in order to validate, refine or modify existing values, beliefs, and practices about clients with HIV, and to develop cultural desire, cultural awareness, cultural skill, and cultural knowledge. This will prevent possible stereotyping of clients with HIV.

4. When thinking about the future of healthcare, how do you see cultural competency evolving in the next ten or even twenty years?

I hope to see cultural competency evolving into a stronger partnership with social justice and equity. We are beginning to see a call for this type of partnership in works by such authors as Jonathan Stacks, who refers to "*socially just cultural competence*." I maintain that cultural competence must be based on a commitment to social justice. Cultural competence mandates that we have an understanding of social inequalities and how they affect individuals and communities. Culturally competent healthcare providers must have the skills necessary to break down systems of practice that perpetuate inequities. Research continues to demonstrate a direct correlation between inequality and negative health outcomes and it is because of this link that healthcare professionals must consciously connect cultural competence with social justice.

5. Given that about only 8% of the over 850,000 physicians in the U.S. are minority (African American, Hispanic, etc), which results in the majority of care being provided by someone of a different racial ethnicity as the patient, what are some efforts to ensure cultural competency

is integrated within the realm of health care?

First, we must see healthcare delivery as being provided by a team of healthcare providers, which includes not only physicians, but also advanced practice nurses (clinical nurse specialists, nurse practitioners), social workers, physician assistants, pharmacists, dentists, nutritionists, registered nurses, license practical nurse, certified nursing assistants, physical and occupational therapists, etc. This list must also include non-traditional providers such as members of the faith-based community and lay healers. This multidisciplinary view of delivering patient care increases the opportunity to have providers who reflect the ethnicity of the patient. However, just having the provider reflect the ethnicity of the patient, does not ensure that the patient is receiving culturally and linguistically appropriate care. Therefore cultural competency training of ***all*** healthcare professionals/providers is critical.

Secondly, is the issue of race concordance (having the provider be of the same ethnicity as their patient). While some studies purport that there is greater patient satisfaction when the provider and the patient are of the same ethnic group, I support the position of others who argue that it is not the ethnicity of the provider that increases patient satisfaction or the assurance that culturally competent care is provided; but rather it is the providers' values, such as respect for differences, caring for their patients, and their ability to "connect" with their patients, that attributes to patient satisfaction and culturally competent care. Again, it is cultural competency training that will teach healthcare providers the skills of how to conduct a cultural assessment, provide culturally and linguistically appropriate services and how to have successful cultural encounters, which is the key to ensuring that cultural competency is integrated within the realm of health care.

Josepha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTN-A, FAAN *is President and Founder of Transcultural C.A.R.E. Associates, and provides clinical, administrative, research, and educational services related to transcultural health care and mental health issues. She currently serves on the Howard University AETC-NMC Advisory Board; as a consultant to the National Center for Cultural Competence (NCCC) in Washington, DC and on several HRSA grants focusing on cultural competence in the health professions.*

New Resource Compendium:

The National Minority AIDS Education and Training Center (NMAETC) has published its final resource titled, ***HIV in Communities of Color: The Compendium of Culturally Competent Promising Practices: The Role of Traditional Healing in HIV Clinical Management***. This collection of materials speaks to clinicians about the importance of understanding the role of complementary and alternative medicine (CAM) use of patients within Communities of Color who are living with HIV/AIDS. This collection of educational resources include a wide range of CAM approaches-from Santeria to Voodoo to Zen meditation. Our goal is that this compendium will serve as a resource to strengthen clinicians' ability to provide culturally competent clinical care as it relates to the use of conventional medical principles and alternative healing practices and in so doing, support patients in obtaining the best of both. Download this document at www.aetcnmc.org

Upcoming AETC-NMC Trainings:

Series II

- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within API Transgender Communities
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Native American Transgender Communities
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within African American Adolescent MSM Communities
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Hispanic Adolescent MSM Communities

Series III

- Cultural Competence - Patient-Provider Communication and the Impact on Medical Outcomes for Patients with HIV



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

NOVEMBER 7 – NOVEMBER 8, 2011

"New Foundation (Emphasis on Men of Color): Expanding the Framework in Prevention with Gay/ Bi and Other MSM"

Los Angeles, CA

This two-day training is designed for HIV prevention providers working with MSM with a particular emphasis on men of color. The purpose of the training is to build providers' abilities to recognize the impact of social context and its relationship to HIV risk and access to care.

http://www.cdph.ca.gov/programs/aids/Pages/OATrainings.aspx

NOVEMBER 8 – NOVEMBER 9, 2011

Personalized Cognitive Counseling (PCC)

Denver, CO

This Training Program is an individual-level, single session counseling intervention designed to reduce unprotected anal intercourse among men who have sex with men who are repeat testers for HIV. PCC focuses on the person's self-justifications (thoughts, attitudes and beliefs) he uses when deciding whether or not to engage in high risk sexual behavior. The goal of this two-day training is to prepare experienced *HIV test* counselors to implement the intervention successfully.

http://www.effectiveinterventions.org/en/Interventions/PCC.aspx

NOVEMBER 9, 2011

Transgender Medical Wellness Symposium.

Jackson Memorial Hospital, Miami, Florida

The event will offer important information regarding the medical wellness of the transgender community.

http://www.faetc.org/

NOVEMBER 10 – NOVEMBER 13, 2011

15th Annual United States Conference on Aids (Usca)

Sheraton Chicago Hotel & Towers, Chicago, Illinois

The meeting brings together over 3,000 HIV professionals to increase the strength and diversity of the community-based response to the AIDS epidemic through education, training, new partnerships, collaboration and networking.

http://www.nmac.org/index/2011-usca.

NOVEMBER 14, 2011

Bridging the Gap Interpreter Training

Location: Seattle, WA

Bridging the Gap is the leading and most recognized medical interpreter training program in the US today. The quality of health care often depends as much on the interpreter as the provider. This foundation course prepares bilingual individuals to work as medical interpreters in hospital and clinic settings.

http://www.xculture.org/calendar_display.php?id=4503

NOVEMBER 17, 2011

Webinar: Patient Centered Communications, Cultural Competency and You.

12:00 pm - 1:00 pm CT

When it comes to ensuring quality care by health care professionals, diversity can often present new and different challenges. This webinar is designed to provide practical insight into the Joint Commission's new Patient-Centered Communication standards and help comply with related existing standards. For more information, please visit: **http://www.jcrinc.com/Webinars/Patient-Centered-Communications-Cultural-Competency-and-You/4283/**

NOVEMBER 18 – NOVEMBER 21, 2011

2011 Caribbean HIV Conference: Strengthening Evidence to Achieve Sustainable Action

Nassau, Bahamas

The Caribbean HIV Conference will sharpen the focus on HIV in the Caribbean, the region with the world's second highest adult HIV prevalence. The conference will highlight scientific research findings, implementation lessons learned, skills-building tools and networking opportunities.

https://www.2011caribbeanhivconference.org/



DECEMBER 1, 2011

International Conference on Stigma

Howard University, Washington DC

10:00 am–4:00 pm

The Coalition for Elimination of AIDS-related Stigma (CEAS) believes it's time to have an honest conversation about the attitude that spreads HIV & AIDS, Stigma. It is our belief that we need to include stigma into every conversation, prevention method and research about HIV & AIDS.

http://www.whocanyoutell.com/index.html

DECEMBER 6- DECEMBER 9, 2011

Training for Providers: "Healthy Relationships Training of Facilitators (TOF) in Spanish"

Los Angeles, CA

Learn how to conduct a five-session group-level intervention for persons living with HIV. This evidence-based intervention training supports HIV-positive persons in decisions about serostatus disclosure to family and friends as appropriate, sex and needle-sharing partners, and adoption of risk-reduction behaviors to prevent transmission of STD/HIV.

http://www.cdph.ca.gov/programs/aids/Pages/OATrainings.aspx

DECEMBER 7, 2011

Webinar: Using Life Stories to Create the Ultimate Patient Experience

2:00 pm ET

In this session participants will learn how to use detailed stories of a patient's life to deliver patient-centered care to the heart and soul of the PATIENT, not the room number, diagnosis or revenue source. For information about this Webinar, visit: **https://theberylinstitute.site-ym.com/store/view_product.asp?id=881400**

JANUARY 9 – JANUARY 10, 2012

2nd International Workshop on HIV & Women From Adolescence Through Menopause

Hyatt Regency Hotel, Bethesda, Maryland USA

The workshop will gather a cross-disciplinary team of experts and trainees involved in research on HIV and Women, in order to present and discuss the latest developments and strategies for the future, in an interactive and science - focused setting.

http://www.virology-education.com/index.cfm/t/Welcome/vid/24A71756-AB6C-F084-AC868E190E5B66F5

JANUARY 19- JANUARY 22, 2012

National African American MSM Leadership Conference on HIV/AIDS and Other Health Disparities

New Orleans, LA

"Forward Together – Engaging Our Future Leaders" is our charge! During the 2012 conference, there will be a renewed sense of unity and commitment to progress in spite our past challenges. There is strength in our diversity and we have seen that we, as a community, are a powerful force to be reckoned with.

http://www.housingworks.org/events/detail/national-african-american-msm-leadership-conference-on-hiv-aids-and-other-h

FEBRUARY 21, 2012

Webinar: Implementing a Patient and Family Faculty Program to Strengthen a Patient and Family-Centered Culture

4 pm- 5:30 pm EST

Understanding the patient and family experience is critical to advancing a patient- and family-centered culture and ensuring the safest and highest quality of care. Patient and Family Faculty programs provide a professional forum for patients and families to share their perspectives as part of the curriculum for staff training.

http://www.ipfcc.org/events/faculty-program-20120221.pdf

MARCH 26 - MARCH 30, 2012

Cultural Competency Training of Trainers Institute

Location: Seattle, WA

Designed to build the internal training capacity of health and human service organizations, this Training of Trainers Institute provides an intensive 5-day course for organizations to meet mandates and recommendations for culturally and linguistically appropriate services.

Work with our expert trainer and professional colleagues from around the country to develop and deliver quality staff and provider cultural competency education programs focused on patient-centered care and meeting Joint Commission and NCQA standards.

http://www.xculture.org/calendar_display.php?id=4586

Annual HIV/AIDS Awareness Day 2011-2012

- December 1st: World AIDS 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 12th: HIV Vaccine Awareness Day May
- May 19th: National Asian & Pacific Islander HIV/AIDS Awareness Day
- June 8th: Caribbean American HIV/AIDS Awareness Day
- June 27th National HIV Testing 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

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