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

Reducing HIV Disparity Among Transgender Communities: The Importance of Cultural Competency

Transgender communities in the US are among the groups at highest risk for HIV infection[1]. In fact, researchers have described a state of emergency related to HIV in the transgender community[2]. Transgender is the general term applied to individuals whose physical sex with which they were born differs from culturally conventional gender roles and social expectations.

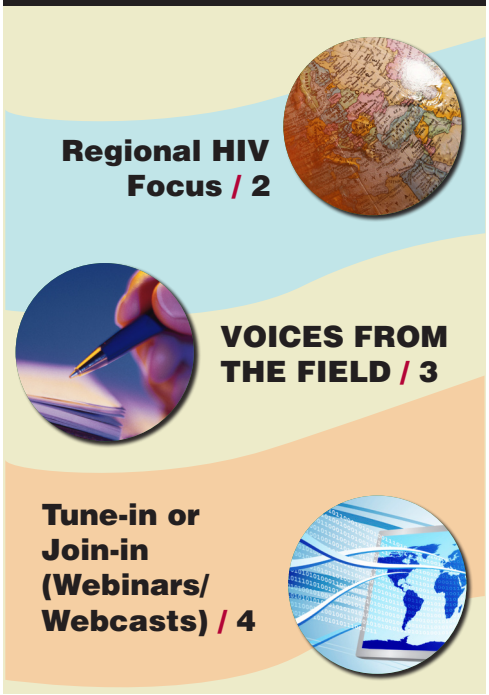
Despite this growing epidemic, there is no national surveillance data currently available on the incidence and prevalence of HIV within the US transgender population. Data collected by local jurisdictions however, suggest disproportionately high rates of HIV infection among transgender persons. For example, rates among the general population are 1%; but for male-to-female (MTF) transgender individuals range from 16 to 47 percent[3]. Data also reveal that African American MTF transgender clients have a substantially higher rate of HIV than all other racial or ethnic groups; in excess of 56 percent[4].

Insensitivity of health care professionals has been cited in the literature as a reason that HIV services are not accessed among transgendered individuals[5]. Specifically, research suggests that services are severely lacking in terms of provision of culturally sensitive interventions and, potentially, provision of HIV-related health care. Thus, an HIV provider's ability to provide culturally competent clinical HIV care to this community is essential in reducing health disparity among transgender persons.

As the premier national resource for training, education, and technical assistance to clinicians in multicultural HIV/AIDS care, the AETC-National Multicultural Center is tasked with reducing HIV/AIDS disparity specifically in numerous marginalized and vulnerable populations such as the transgender community. Leading this effort, the Center has created and housed many tools and other resources focusing on Transgender Health, HIV and Cultural Competency. In addition, the Center has conducted multiple webinars on the topic, offering free CMEs and training to over 300 clinicians nationwide. AETC-NMC Transgender Health webinars have focused on MTF Native American and MTF Asian Pacific Islander transgender communities.

Data gathered from our webinar trainings have revealed that participants significantly increased their knowledge and skills regarding transgender health, HIV and cultural competency as a result of the training ($t(60)=-3.759$, $p=.000$). The increase in provider knowledge in turn increases the likelihood of practicing higher levels of culturally competent quality care and ultimately aid in reducing health disparity.

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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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[1] Center for Disease Control-National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention (2011). HIV Infection among Transgender People. http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf

[2] Operario D, Nemoto T. (2010). HIV in Transgender Communities: Syndemic Dynamics and a Need for Multicomponent Interventions. *Journal of Acquired Immune Deficiencies Syndrome*. Dec. 15; 55 (Suppl 2): S91-S93.

[3] Herbst JH, Jacobs ED, Finlayson TJ, et al; (2008). Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review. *AIDS Behavior*. 12:1–17.

[4] Herbst JH, Jacobs ED, Finlayson TJ, et al; (2008). Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review. *AIDS Behavior*. 12:1–17.

[5] Nelson F, Sanchez JP, Danoff A (2009). Health Care Utilization, Barriers to Care, and Hormone Usage Among Male-to-Female Transgender Persons in New York City. American Journal of Public Health. 99(4):713-719.

New initiatives with support from government agencies such as HRSA and the CDC are being made available to address the critical concern of transgender health, but more such initiatives are needed. Research, policies, and resources need to be culturally relevant and specific. The differences in identities, experiences, and physical form among transgender individuals relative to nontransgender populations create the need for very different culturally sensitive strategies that must be directed towards the actual experiences of transgender people. For example, modifying tools which list male or female to indicate gender and including transgender as well, or asking, "What gender were you assigned at birth?" can help providers increase their awareness about the needs of this population. The AETC-NMC will continue to support this effort by developing specific tools, trainings and other resources to address cultural competency, HIV and transgender health and strengthen the capacity of HIV clinicians to provide culturally competent care to their patients.



Regional AETC Focus

SPOTLIGHT: Southeast AETC Emerging Populations Training Needs Assessment Summary

The AETC-NMC at Howard University is tasked with increasing cross-cultural awareness and competency among care professionals and facilities serving the needs of people living with HIV/AIDS. As part of our mission, we launched the 'Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment Study' to gather information about the geographically specific cultural competency needs of each AETC region. We then partnered with each AETC to develop culturally appropriate, regionally specific tools and resources to address those needs. The Midwest AIDS Training and Education Center (MATEC) participated in this activity and their results are described below. The majority of MATEC survey respondents were nurses (17.5%). Combined, other clinicians including physicians, dentists, pharmacists, etc. accounted for 41% whereas; non-clinical providers accounted for the remainder. Over 90 percent of respondents reported serving Black/African American clients; over 85% serve Hispanic/Latino clients; and 80 percent serve lesbian, gay, bisexual, and transgender (LGBT) clients. Approximately half of survey respondents reported serving clients who are at least 60 years old. Similarly, half serve Asian, adolescent, and/or immigrant clients; and 40 percent report that they serve people with physical challenges. Sixty percent reported serving incarcerated or newly released clients. While survey results do not indicate the proportion of the client population represented by each of these groups, results depict the diversity of patient populations among MAETC HIV providers.

More than 60 percent of respondents indicated that they did not have the necessary resources to provide culturally competent clinical care to Asians, American Indians/Alaskan Natives, Native Hawaiian/other Pacific Islanders, immigrants, or migrant communities. And, while over 85% reported serving Hispanic/Latino clients, less than 45% feel that they have adequate resources to offer culturally competent HIV services to this population. The impact of this is significant since the 2010 U.S. Census Bureau reported that the Hispanic population grew by 49 percent in the Midwest. This was more than 12 times the growth of the total population in the Midwest (4 percent). The majority of respondents who reported serving AI/AN clients also reported not having adequate resources to provide culturally competent, quality services. This was also the case for providers serving incarcerated and/or newly released clients. These findings confirm the need to increase geographically focused cultural competency resources among MAETC HIV providers.

When asked to prioritize population need based on cultural competency, migrant communities were identified for over three-quarters of respondents (76.6%). This was followed by American Indian/Alaska Native clients (73%), and Native Hawaiian/other Pacific Islander (69.5%). For highest priority training needs transgender health issues, substance abuse, serving Hispanic/Latino communities, and serving men who have sex with men were listed.

These findings confirm that health care providers in the geographically located Midwestern Region of the US continue to require specific resources to provide culturally competent services to clients living with HIV/AIDS. In response to study results, the AETC-National Multicultural Center provided:

- cultural competency education tools to support serving the marginalized and vulnerable populations MATEC identified as high priority
- webcasts associated with continuing education and continuing medical education credits
- other literature with information relevant to providers' training needs.

MATEC will utilize these resources and continue to coordinate with the AETC-NMC to identify and respond to multicultural resources including education and training needs specific to serving people living with HIV/AIDS in this region.



Voices from the Field Interview

Cathy Kapua



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

I have worked in the field of cultural competency and HIV for approximately 9 years.

What led you to this field?

In 2002, I worked with Hawaii's only Transgender Social Service Organization, Kulia Na Mamo. Their dedicated and compassionate staff helped me to obtain medical insurance and gainful employment. Within 6 months, their support built my confidence and skills enough that I was able to continue with my college studies. I served my transgender community through this agency for 3 years before being offered a position as an HIV outreach worker at the Life Foundation, which is the oldest and largest AIDS Service Organization in the Pacific Islands.

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

The Life Foundation offers HIV/AIDS prevention and harm reduction programs designed to serve the transgender community. We coordinate these programs with our HIV Rapid Testing Program and Care Services. Some of our most popular and successful programs are our drop-in rapid testing site, mobile testing van, meals program, name change and legal services, clothing closet, weekly support groups, outreach services, trainings, workshops, and retreats , and general care and prevention services.

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

Transgender clients often perceive health care providers to be insensitive, which can be a barrier to seeking health care. Many of my transgender clients have reported feeling uncomfortable from the moment they sit down in the waiting room. They frequently feel judged when they register with the nurse or receptionist. My transgender sisters have shared that they feel defensive when someone addresses them with an incorrect pronoun or the birth name they no longer use. When transgender women do not feel comfortable and safe, they are less likely to openly share their risk behaviors and other information about healthcare history and needs, such as hormone therapy, prostate examinations, breast examinations, HIV care, regular STD screenings, hepatitis vaccinations, TB clearance, and vision care. Therefore, it is important for a transgender person to receive healthcare from a culturally competent provider.

Life Foundation follows the Hawaii Department of Public Health guidelines by asking two questions about clients' gender identity: "What is your gender assigned at birth?" and "What is your current gender?" Asking these questions as part of our intake procedures was a simple adjustment that changed the way transgender clients feel about accessing our services. If HIV service providers consistently implement this process, they will build a lot of trust and provider-client rapport, which will help transgender clients feel more comfortable discussing important health care issues with their physicians and other care providers.

4. How do you expect cultural competency in providing health care to evolve over the next ten to twenty years?

I believe health care providers, educators, and policy makers have made progress toward cultural competence and providing equal care access and quality regardless of clients' gender, race, ethnicity, cultural beliefs, and religion. But we still have a long way to go. A critical aspect of progress is recognizing transgender people and studying our health needs. In June 2011 the Centers for Disease Control and Prevention (*http://www.hhs.gov/secretary/about/lgbthealth.html* made recommendations for collecting transgender data. This was an important milestone in providing quality culturally competent care.

The Affordable Care Act has made some promising leaps in addressing health disparities for persons with HIV, as well as transgender individuals. The U.S. Department of Health and Human Services announced their "LGBT Data Progression Plan" for collecting sexual orientation and gender identity data through national data collection efforts. This will provide more accurate estimates of the number of transgender persons accessing health care in the U.S., as well as information about our service needs.

5. Only about 8% of the over 850,000 physicians in the U.S. represent race/ethnic minority groups (e.g., African American, Hispanic/Latino etc.), which results in the majority of care being provided by someone with a different racial/ethnic background from the patient, making cultural competence a critical aspect of health care quality . What are some of the government's efforts to ensure cultural competency is integrated within the realm of health care?

There are many national training opportunities on cultural competency for physicians and other medical professionals. The U.S. Office of Minority Health offers cultural competency trainings focused on working with Native Hawaiian, Asian and Pacific Islander communities. Also, the AETC-National Multicultural Center produces webinar series and resources addressing cultural competency for clinicians and healthcare professionals.

The barriers most often reported by our clients involve a sense of being judged for behaviors related to HIV risk. Hawaii's AETC provides education and training to help providers reduce judgment or perception of judgment and to ensure that their services are culturally competent.

Cathy Kiana Keiko Kapua, or "Taffy" as she is known by the transgender community, hails from the leeward side of Oahu, Hawaii. She has worked with the transgender community since 2003, as a Peer Educator; Employment Specialist for the Working Divas Program at Kulia Na Mamo, and an HIV Prevention Specialist at the Life Foundation. Ms Kapua has been successful in advocating for transgender programming and providing culturally competent trainings and materials on sexuality and gender identity.

Your Choice: Tune-In or Join-In (HIV and Cultural Competency-Focused Webinars/Webcasts)

JUNE 21, 2012

Upcoming AETC-NMC Training:

Patient-Provider Communication and the Impact on Medical Outcomes for Patients with HIV-Part II: Strategies to Improve Encounters Based on Patient/Provider Experiences

2:00 pm - 3:00 pm EST

- Identify barriers to effective patient-provider communication
- Gain new techniques and tools to facilitate effective patient-provider communication.
- Increase understanding of patient-provider communication and the impact on medical outcomes for patients with HIV.
- Learn specific strategies to improve encounters based on patient-provider experiences

http://www.aetcnmc.org

JUNE 11 – 12, 2012

Cultural Competency Training (ongoing)

9:00 am – 4:00 pm

Riverton, WY

JUNE 13, 2012

Cultural Competency Training

9:00 am – 4:00 pm

Fort Washakie, WY

http://www.health.wyo.gov/rfhd/multicultural/index.html

JUNE 20 – 21, 2012

International Indigenous Pre-Conference on HIV & AIDS "To See and Be Seen"

Washington, DC

http://thenativecircle.org/2012/01/international-indigenous-pre-conference-on-hiv-aids-pre-conference-planning-committee-call-for-nominations/

JUNE 27 – JULY 1, 2012

12th Symposium on Minorities, the Medically Underserved and Health Equity

"Empowering Communities in the Era of Health Care Reform"

Houston, Texas

http://iccnetwork.org/symposium

JULY 4 – 8, 2012

International Conference on Health in the African Diaspora

Baltimore, MD

http://www.ichad.org/

JULY 13 –16, 2012

Intensive Medical Spanish & Cultural Competency Workshop

Los Angeles , CA , United States

http://www.cmeschedule.com/event/intensive-medical-spanish-cultural-competency-workshop-8/

JULY 17 – 20, 2012

37th National Association of Hispanic Nurses Annual Conference:

Healthcare Reform: Mentoring the Next Generation of Nursing Leaders

San Juan, PR

http://nahnnet.org/NAHNMeetings.html

JULY 20 – 24, 2012

National Dental Association 99th Annual Convention

Boca Raton, FL 33432

Joint Meeting with Hispanic Dental Association and Society of American Indian Dentists

http://www.ndaonline.org/index.php?option=com_content&view=article&id=235&Itemid=41

JULY 22 – 27, 2012

XIX International AIDS Conference 2012

Washington, DC

www.aids2012.org/

JULY 22 – 25, 2012

National Association of Social Workers 2012 Conference

Restoring Hope: The Power of Social Work

Washington, DC

http://www.socialworkers.org/nasw/conferences/hope2012/default.asp

JULY 25 - 29, 2012

National Black Nurses Association Conference 2012

Orlando, FL

http://www.nbna.org/

JULY 28 – AUGUST 1, 2012

National Medical Association Annual Convention & Scientific Assembly

New Orleans, LA

http://www.nmanet.org/index.php?option=com_content&view=article&id=206&Itemid=127

JULY 31 – AUGUST 5, 2012

The Association of American Indian Physicians 41st Annual Meeting
Advancing Native Health and Wellness Conference
Anchorage, AK
http://www.aaip.org/

AUGUST 9, 2012

Webinar: *Cultural Humility: The Next Level of Cultural Competence*
12:00 pm - 1:00 pm PDT
http://sgec.stanford.edu/events.html

SEPTEMBER 13, 2012

Webinar: HIV and Aging: Cultural Implications
12:00 pm - 1:00 pm PDT
http://sgec.stanford.edu/events.html

SEPTEMBER 27 – 28, 2012

MACC Annual Conference 2012 (Multiethnic Advocates for Cultural Competence)
"Riding the Rapids: Integrating Care for Diverse Populations"
Columbus, OH
http://www.maccinc.net/

SEPTEMBER 28, 2012

Statewide Ethics and Cultural Competency Training Series
McAlester, OK
https://ww1.odmhsas.org/regforms/

SEPTEMBER 30 – OCTOBER 3, 2012

2012 U.S. Conference on AIDS
Las Vegas, NV
http://nmac.org/technical-assistance-cba-programs/2012-us-conference-on-aids.html

OCTOBER 13, 2012

Webinar: *Why Culture Matters in Cases of Elder Mistreatment and Self-neglect*
12:00 pm - 1:00 pm PDT
http://sgec.stanford.edu/events.html

OCTOBER 17 – 21, 2012

Infectious Diseases Society of America Conference
ID Week 2012
San Diego, CA
http://idweek.org/media/files/IDWeek%202012%20Preliminary%20Pimer%284%29.pdf

OCTOBER 18 - 19, 2012

2012 National Refugee and Immigrant Conference: Issues and Innovations
Chicago, Illinois
http://ethnomed.org/calendar/2012-national-refugee-and-immigrant-conference-issues-and-innovations

OCTOBER 27 - 31, 2012

American Public Health Association 140th Annual Meeting & Expo
San Francisco, CA
http://www.apha.org/meetings/highlights/

NOVEMBER 27 – 29, 2012

HRSA: Ryan White Grantee Meeting
Washington, DC
http://ryanwhite2012.com/

DECEMBER 5 – 6, 2012

The Rural Multiracial and Multicultural Health Conference Diversity in Rural Healthcare and Leadership: Now is the Time
Asheville, NC
http://www.ruralhealthweb.org/mm

DECEMBER 10 – 13, 2012

13th Research Centers in Minority Institutions Symposium on Health Disparities
San Juan, Puerto Rico
http://www.rcmibiennial.org

MARCH, 2013

MARCH 11 – 14, 2013

Eighth National Conference on Quality Health Care for Culturally Diverse Populations: Achieving Equity in an Era of Innovation and Health System Transformation
Oakland, California
http://www.diversityrx.org/conference/2013-conference

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
- December 1st: World AIDS Day

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