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

August 2012
Volume: 2 Issue: 4

AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

AETC-NMC APPROACH TO CULTURAL COMPETENCE: A Key Factor to the Reduction of HIV Disparities

An ever increasingly diverse population continues to challenge the American health care system as it struggles to deliver quality health care to all. One consequence of this is increased health disparities and inequities, particularly within racial and ethnic minority communities. Research shows a disproportionate incidence of illness and death across multiple diseases within these groups (Srivastava, 2007). Health care providers' attitudes can impact the ability of minorities who are living with HIV to seek or use health care services.

Cultural competence has gained attention as one possible strategy to improve quality and ultimately eliminate racial/ethnic and other cultural disparities in health care. The clinician who understands that beliefs about disease, health, and perceived causes of sickness stem, in part, from an individual's culture will understand that effective health care service providers are responsive to, and respectful of, cultural and linguistic needs. This understanding is critical to the practice of cultural competence.

Nationwide, HIV/AIDS occurs disproportionately across racial/ethnic, gender, and sexual orientation groups. Factors contributing to these disparities include socioeconomic differences, structural factors, insurance status, the relationships between patients and care providers, and cultural factors affecting access to care. Successful HIV/AIDS medical treatment depends upon patients' trust in their clinicians, ability of patients and clinicians to communicate effectively about treatment options, patients' willingness to follow recommended protocols, and their ability to understand clinical recommendations. Clinicians cultural competency skills are critical for eliciting these responses from patients. Culturally competent care has been associated with increased trust in clinicians, increased patient satisfaction, and increased treatment adherence (Betancourt et al., 2005). In the case of HIV/AIDS, these factors are related to reduction of new infections, increased access to care, improved health outcomes for people living with HIV, and reduction of HIV-related health disparities and inequities. Examples of culturally competent approaches include awareness of common health or illness jargons used within different cultures served by a care organization, expanding clinic hours to increase access and accommodation of cultural expectations for longer clinical visits and discussions, providing language interpreters, understanding and respecting patients' cultural traditions regarding medicine and healing (AETC-NMC, 2012).

Howard University's AETC-NMC applies Cross et al.'s model of cultural and linguistic competence: *a set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations*. Culturally competent

TABLE OF CONTENTS


Regional HIV Focus / 2


VOICES FROM THE FIELD / 4

Tune-in or Join-in (Webinars/ Webcasts) / 6


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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clinical care involves creating an environment that offers the best medical practices as well as affirmation of patients' perspectives and priorities. Key values include: inclusivity, respect, valuing differences, equity, and commitment. AETC-NMC offers a wide range of resources such as online educational curricula, webinars, and an e-library that offer information about increasing cultural competence with the aim of reducing HIV/AIDS disparities.

The culturally competent clinician who works to develop the interpersonal capacity and skills needed to better respond to a diverse patient population is likely to improve clinical outcomes as well as patient satisfaction. In regards to HIV/AIDS, it is critical to deepen our understanding of cultural competency so that we can continue to increase quality of care and health outcomes for persons living with HIV/AIDS, reduce HIV/AIDS incidence, and acknowledge the critical role and impact of culture on prevention and care efforts.



Emerging Regional HIV Trends:

AETC-National Multicultural Center's Innovative Approach to Addressing HIV Nationwide

As the premier national resource for training, education, and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care, part of the AETC-NMC's mission is to inform the nation of the latest cultural competency needs in the field of HIV as well as be aware of their geographic correlation within the AETC Regions. To this end, the AETC-National Multicultural Center launched the Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment during the 2011-2012 funding cycle. The purpose of the project was to gather information about the specific cultural competency HIV needs of each AETC region and determine how the AETC-NMC may best provide resources to address those needs.

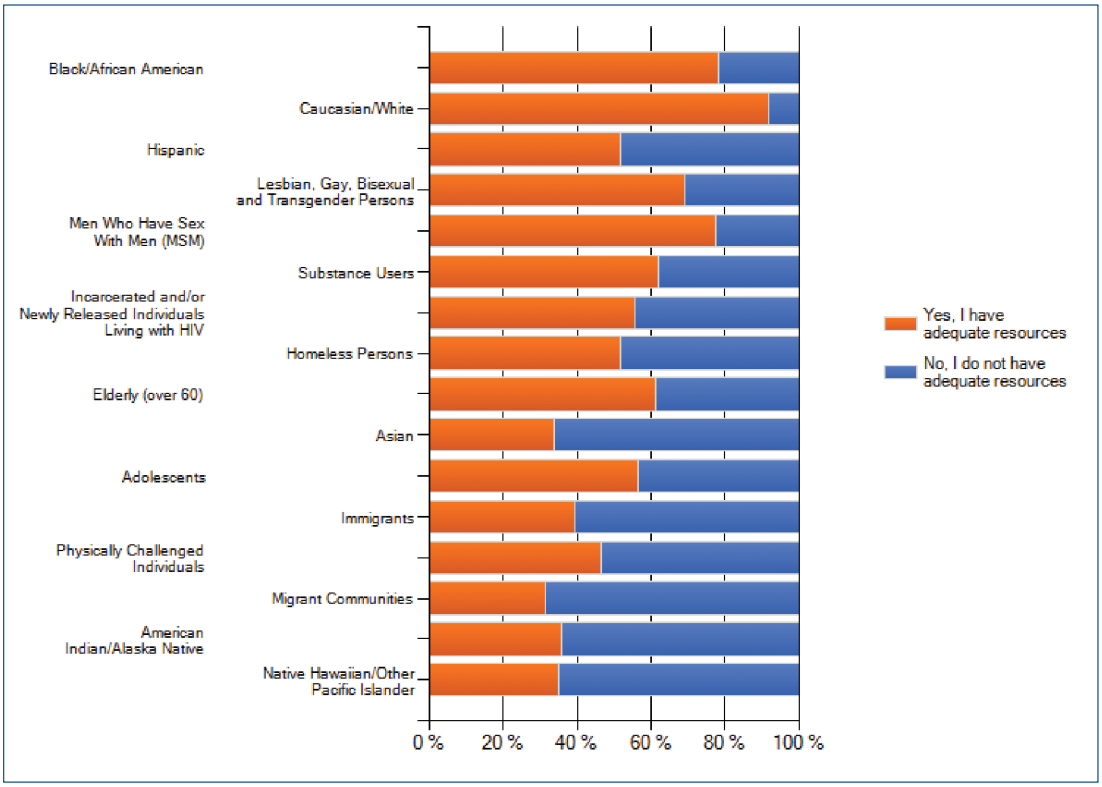
This effort, innovative in its concept and approach, was given credence by the recently updated National HIV/AIDS Strategy (NHAS). The NHAS highlights the importance of identifying "geographic hot spots" that exist across the U.S., thus making it imperative to consider a regional approach to the fight against HIV/AIDS. By focusing on which populations and communities have emerging HIV demands and then addressing the unique training needs of clinicians to adequately respond to those current trends, we can collectively have the most impact in lowering the risk of acquiring HIV nationwide. A summary depicting the cultural competency resource needs and the AETC-NMC's response to address them for all 11 AETC regions follows.

A convenience sample was generated and an assessment sent to each AETC Director via email, asking that the tool to HIV clinicians be distributed in each respective region. All eleven AETC regions participated in the initial survey. After reviewing preliminary results, several AETCs (Southeast, Northwest and New York/New Jersey) constructed tailored follow-up tools and chose to redistribute the survey to further investigate additional multicultural HIV needs of their respective regions. The AETC-NMC worked with each region individually to analyze data and construct lists of relevant multicultural HIV resources available from our Center.

The total sample of 510 clinicians spanned 42 states and US territories representing coverage in all eleven AETC geographic regions. The sample comprised a majority of nurses (20.7%), physicians (13.4%), and social workers (12.4%); however dentists, pharmacists, dieticians, health educators and others were also identified. As patients living with HIV face a complex array of not only medical but psychological and social challenges, the AETC-NMC understands the significance of training clinicians of all disciplines, thereby employing a multidisciplinary approach to HIV prevention and control. In addition, over one quarter of respondents were employed in the Southeast AETC Region (25.3%) which is among the geographic hot spots identified in the US with the highest concentration of HIV and AIDS cases. The literature also differentiates the unique training needs of low versus high volume HIV providers. For example, low volume HIV providers may have limited knowledge of newer HIV management strategies and demonstrate less use of protease inhibitors and viral load tests than high volume providers.[12] These differences in training need are critical to comprehend in order to provide the most appropriate resources to clinicians. In this study the largest proportion of respondents in the Midwest Region (43.3%) reported treating a low volume of patients with HIV (i.e., under 50 patients living with HIV annually), while the majority of respondents from the Texas/Oklahoma Region (38.9%) reported treating a high volume of patients (i.e., over 500 patient living 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.

One glaring trend identified in the results was the high percentage of respondents who indicated treating various populations and simultaneously reporting not having adequate resources to provide quality care to them. Our data do not permit us to describe the interplay between quality of care provided and HIV clinical outcome brought on by the lack of these resources. However, cumulatively not consistently having adequate resources to provide quality

Figure 1



care to the populations identified with HIV might serve to compromise our efforts in preventing the spread of HIV, the idea of ***no new infections*** and the HIV health care system as a whole. Thus, the urgent need to ensure clinicians are armed with the needed resources to provide high quality culturally competent clinical care to their current patient loads cannot be over emphasized.

Respondents identified the greatest need to provide culturally competent care to Migrant communities (68.4%), followed by the Asian population (66.3 %) and Immigrant communities (60.6 %), in general. For example, nearly half (49.6%) of clinicians who currently treat Asian patients also reported not having adequate resources to provide culturally competent care to this population. These findings are significant and consistent with findings that the epidemic is having a major 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[3]. 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[4]. Similar findings, in which clinicians provided care to populations they did not have adequate resources to treat, emerged among the Hispanic population (85.3 %), homeless persons (67.6%) and the immigrant community (45.5%). Respondents also identified other emerging populations living with HIV in their respective regions for whom specific resources were needed. These included African, Caribbean and Haitian communities in the Delta Region, and Burmese and Middle Eastern communities in the Midwest Region.

Overall our findings suggest that HIV clinicians continue to need geographically targeted training in delivering culturally competent clinical care to specific populations living with HIV/AIDS. A lack of these resources may account for the underlying source of the growing rates within these groups. A/PIs, migrants and immigrants are the populations whose care pose the greatest challenge for clinicians practicing in 100% of the AETC regions who participated in this survey.

A leader in the field of HIV and multicultural care, the AETC-NMC understands the importance of proactively identifying trends in the epidemic so that we can provide clinicians with resources including tailored training and support needed to provide quality multicultural HIV care. The AETC-NMC will continue to conduct additional research and work with the Regional AETCs to further strengthen the capacity of clinicians nationwide to provide culturally competent clinical care to patients living with HIV/AIDS.

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Voices from the Field Interview

Damber Gurung, PhD



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

I have been interested and worked in the field of health disparities for about seven years.

What led you to this field?

I was motivated to study health disparities issues after I became familiar with the Institute of Medicine (IOM) study "Unequal Treatment 2003". The study states that the vast majority of published research indicates that minorities are less likely than whites to receive needed services, including clinically necessary procedures. This is true even after correcting for access-related factors, such as insurance status. Additionally, the IOM study found that disparities in health care are associated with higher mortality among minorities who do not receive the same services as whites (e.g., surgical treatment for small-cell lung cancer). For me, these findings were shocking.

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

My health disparities work has focused on bringing awareness in Asian Pacific Islander communities. As a team, we have designed, developed and presented health disparities educational activities, including – conference plenary sessions and workshops. Since 2008, we have engaged over 30 highly motivated and dedicated health care professionals from community-based organizations, universities, think tanks and government agencies – CDC, DHHS, SAMHSA, Kaiser, DOD, AHRQ and CMS.

A sample of topics covered so far includes:

- Asian Pacific Americans' Mental Health Disparities
- Achieving Behavioral Equity for Asian Pacific Islander populations
- Type 2 Diabetes Risk, Prevention and Control in Asian Americans and Pacific Islanders
- Challenges of Hepatitis: Asian Pacific Islander Population
- National Behavioral Health Disparities Challenges in Asian Pacific Islander American population
- Needs and Challenges of Health in Asian American Pacific Islander Communities: What can we do?
- The Evolution of the National Minority AIDS Education and Training Center Cultural Competency– Asian Pacific Islander BESAFE Model Development
- Health Disparities among APIA: National Statistics

At the plenary presentation of the Federal Asian Pacific American Council 2012 National Leadership Conference recently held in Atlanta, we collaborated with groups responsible for implementing White House Initiatives on Asian American and Pacific Islander (WHIAAPI).

Additionally, we have contributed to the BESAFE cultural competency model for Asian Pacific Islanders, published by NMAETC, 2009. We contributed to update "Asian American, Native Hawaiian and Pacific American health facts" for the *Asian American Fact Book 2011*.

For the District of Columbia, Department of Health, I am involved with program monitoring and evaluation (M&E) services for infectious disease programs, including HIV/AID. M&E services help manage and improve program effectiveness and promote efficient use of public resources. An overwhelming majority of clients are African American and poor (below 200% of the federal poverty level). HIV/AIDS treatment is provided at no cost to eligible district residents.

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

At the community level, Asian Pacific Islander American (APIA) community members need to learn how to deal with compassion and manage patients with HIV in stigmatized environments. In general, providers need to be trained how to motivate or incentivize patients who came for annual or other visits to be tested for HIV.

a. What makes you say that?

In APIA communities, in my opinion, we are still labeling and considering HIV/AIDS a "shameful disease." Consequently, HIV/AIDS is not in our regular community conversations, not even in our conversation with primary physicians. Also, it is not common for primary physicians to ask if we need an HIV test. If physicians cannot introduce HIV tests to patients, it will be extremely difficult to increase testing among Asian and Pacific Islander populations.

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

One can only predict a gradual development of cultural competence among physicians and providers in the U.S. healthcare system. We are in a bio-medical medical treatment environment where in medications and medical procedures are considered vital. Cultural competencies are still not considered to play key roles in treatment decisions.

5. Given that about only 8% of the over 850,000 physicians in the U.S. are from racial/ethnic minority backgrounds (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 of the government's efforts to ensure cultural competency is integrated within the realm of health care?

Federal agencies including HRSA, NIH and AHRQ have initiated research as well as programs in health disparities and cultural competencies. In addition, the Office of Minority Health and the Howard University AETC – National Multicultural Training Center provide links to rich resources. However, it is my view that the realization and practice of cultural competency are not yet in the mainstream of U.S. health care. Unless cultural competence becomes part of mainstream care, it will be extremely difficult to provide consistently high quality health care to the ethically/racially diverse U.S. population. Federal government efforts need to be implemented at State and local levels.

6. 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 to decreasing health disparity?

HIV prevalence rate in Washington, DC is 3%, which is many times higher than the national rate. The rates among Black/African Americans, males, and MSM population are much higher. Public and private sector efforts must facilitate grassroots-level efforts to curb this hyper-epidemic in the district. Government agencies can increase program effectiveness by applying a health systems approach, such as integrating programs targeting substance abuse, mental health and HIV.

Damber Gurung, PhD , is the Program Monitoring and Evaluation (M&E) Specialist with DC's Department of Health, Care, Housing and Support Services Bureau, HIV/AIDS Hepatitis, STD & TB Administration (HAHSTA). He has been engaged in the practice of public health programs for the past 10 years. He was also one of the contributing authors of the BESAFE Book, A Cultural Competency Model for Asians and Pacific Islanders published in 2009 by National Minority AIDS Education and Training Center (NMAETC) at Howard University College of Medicine. Dr. Gurung has years of experience in international development in reducing health disparities and poverty.



AETC-NMC's New Website Redeveloped to More Fully Address Clinicians' HIV Multicultural Information Needs

Studies indicate that 97% of primary care providers, 96% of state health department staff and 81% of patients use the Internet routinely to locate health information (Fox et al., 2009; Turner et al., 2009). These findings corroborate the AETC-NMC's own data which show that electronic media are the preferred source (73%) is the preferred source of information for clinicians and other HIV providers whom we serve. In response to this growing trend, the AETC-NMC at Howard University has redesigned its website so that we may more fully address the needs of healthcare professionals and the communities they serve.

The AETC-NMC website offers the most current resources on multicultural HIV/AIDS care. The redesign of our website was undertaken to improve user navigation, content architecture, search engine optimization, usability, and compliance with Section 508 of the Americans with Disabilities Act. The driving goal of the new AETC-NMC website is very simple: to consistently provide the visitor to our website with accurate, current information. Website traffic has increased more than 62% since the redesign. Our analytics show that visitors are staying on the site to get information (56%) and returning (91%) for multiple visits.

The website was redesigned to:

- serve as a repository and gateway to seminal, current, and emerging resources in the fields of cultural and linguistic competence in HIV/AIDS care.
- act as a filter to the most relevant HIV/AIDS information generated by institutions of higher learning, researchers, clinicians and community-based programs.
- to increase awareness of the latest events and trends in the field and within the community.

In addition to these functions, the site directly addresses the AETC-NMC's three program goals:

- *Serve as a national resource for training clinicians and providers in multicultural HIV/AIDS care:* the new website includes topical resource lists, expanded navigation, and links to accessibility tools. New information is added continually; time-sensitive features are added to a rotating carousel on the home page.
- *Develop and refine curricula and tools that will improve the effectiveness of providing care to HIV patients from various ethnic and cultural backgrounds.* The eRounds section of the site is a resource for professionals to learn about cultural and linguistic competence at their own pace through a series of case studies, live and archived webinars, and a growing series of interactive, online curricula. In the last nine months, AETC-NMC has developed extensive curricula on implementing the CLAS Standards; HIV and mental disorders in African American communities; promoting HIV testing in diverse populations; and pharmacogenomics and ethnopharmacology, all of which are available on the website. Additional curricula are currently under development and will be offered online during the next project year.
- *Provide cultural awareness/competency training and technical assistance to clinicians and other health care professionals. Sections on the website for training and technical assistance have been expanded.* Archived AETC-NMC webinars have been posted to the training and webinars pages. Links to external webinars have been added to the coming events page. And, the training survey has been redeveloped for the new website. In addition, a new page, *Tools from the Field*, highlights online tools for clinicians and providers that have been developed by other organizations.

The new site employs a *no-wrong-door approach* that allows users to locate information by topic or alphabetically. Site visitors can use search filters to find broad categories of information through the site's A-Z list. It also provides specific research articles through the topical and alphabetical eLibrary. "The key to using technology successfully in delivering public health messages is to present information in ways that people will find and use," says our AETC-NMC website manager John Richards. During the next project year, the website will be expanded to include features to automatically aggregate the latest research from the field, a toolkit for addressing language barriers, and a social media presence.

John Richard is the AETC-NMC website manager for Howard University. He has developed over 60 HRSA-funded websites, including websites for the National Center for Cultural Competence and the Institute for Substance Abuse and AIDS Research. Mr. Richards has been recognized with HRSA's Young Professional's Award for "creatively applying innovative technologies, combining IT skills and public health content knowledge."

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

2011-2012 Newly Developed AETC-NMC Cultural Competency Educational Resources

Power Point: Series

- Issues of Ethnopharmacology in HIV Management - Archived Webinar
- Promoting HIV Testing Among Diverse Populations - Archived Webinar
- Implementing the CLAS Standards to Reduce HIV Disparity Part 1 - Archived Webinar
- Implementing the CLAS Standards to Reduce HIV Disparity Part 2 - Archived Webinar
- Triple Whammy for African-Americans: HIV and Psychiatric Illness - Archived Webinar
- HIV and Substance Abuse - Archived Webinar
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within API Transgender Communities - Archived Webinar
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Native American Transgender Communities - Archived Webinar
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within African American Adolescent MSM Communities - Archived Webinar
- Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Hispanic Adolescent MSM Communities - Archived Webinar
- Cultural Competence - Patient-Provider Communication and the Impact on Medical Outcomes for Patients with HIV - Archived Webinar
- Cultural Competence – The Impact of Stigma on Medical Outcomes for Patients with HIV - Archived Webinar

AETC-NMC's new series of curricula! This series is designed to enhance skills and knowledge around how to implement effective cultural and linguistic competence in working with persons dealing with HIV/AIDS. Each module begins with a short series of questions aimed at assessing knowledge, attitude and skills in using the information presented.

Comprehensive Cultural Competency Curricula to support related archived webinars

- Understanding and Implementing the CLAS Standards
- Triple Whammy—HIV, Mental Disorders, African Americans
- Promoting HIV Testing in Diverse Populations
- Pharmacogenomics and Ethnopharmacology in the Management of HIV Disease HIV and Substance Abuse



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

AUGUST 20 – AUGUST 22, 2012
Indigenous Peoples HIV/AIDS & Health Care Summit 2012
Rochester, NY
www.libertyresearchgroup.webs.com/..

AUGUST 22 – 23, 2012
Third Annual PA Ryan White All Parts Summit 2012
Harrisburg, PA
https://docs.google.com/file/d/0BxUj5QwcswxfQUYxcWdvd05JRXM/edit?pli=1

SEPTEMBER 9 – SEPTEMBER 12, 2012
Title: Strengthening Connections
Austin, TX
http://aia.berkeley.edu/strengthening_connections/contact.php

SEPTEMBER 13, 2012
Webinar: HIV and Aging: Cultural Implications
12:00 PM – 1:00 PM (PT)
http://sgec.stanford.edu/events.html

SEPTEMBER 18 – SEPTEMBER 21, 2012
25th Annual National Prevention Network Prevention Research Conference
Pittsburgh, PA
http://swpc.ou.edu/npn/index.htm.

SEPTEMBER 24 – SEPTEMBER 25, 2012
Native Hawaiian and Pacific Islander Health Disparity & Health Equity Conference
http://projects.isr.umich.edu/nhpi/index.html

SEPTEMBER 28 – 30, 2012
Minority Access: 13th National Role Models Conference
Orlando, Florida
http://www.minorityaccess.org/national_conference_04.htm

SEPTEMBER 30 – OCTOBER 3, 2012
2012 United States Conference on AIDS
Las Vegas, NV
www.nmac.org/technical-assistance-cba-programs/2012-us-conference-on-aids.html.

Tune-In or Join-In: It's Your Choice: (HIV and Cultural Competency-Focused Webinars/Webcasts/Events) (continued)

OCTOBER 1 – 5, 2012
Cross Cultural Health Care Program: A Cultural Competency Training Of Trainers Institute
Seattle, WA
http://xculture.org/cultural-competency-programs/cultural-competency-training/cc-tot-course-description/

OCTOBER 9, 2012
DCPCA's 15th Annual Meeting
Washington, D.C.
http://www.dcpca.org

OCTOBER 13, 2012
DiversityDoctor 2012: Remaining Competitive while Reducing Healthcare Disparities and Improving Patient Satisfaction
Baltimore, MD
http://www.hopkinscme.edu/CourseDetail.aspx/80028670

OCTOBER 18- OCTOBER 19, 2012
2012 National Refugee and Immigrant Conference: Issues and Innovations
Chicago, IL
http://www.thecenterweb.org/alrc/refugee.html

OCTOBER 19, 2012
The American Academy of Pediatrics: Pediatrics for the 21st Century - Embracing Every Child: Combating Health Disparities in Your Practice and Community
New Orleans, LA
http://s36.a2zinc.net/clients/aap2012/nce2012/public/Content.aspx?ID=171&sortMenu=105000

OCTOBER 26 – OCTOBER 27, 2012
21st Annual HIV Conference
Lake Buena Vista, FL
http://www.faetc.org/Conference/index.asp

OCTOBER 27 – 31, 2012
American Public Health Association 140th Annual Meeting & Exposition
San Francisco, CA
http://www.apha.org/meetings/AnnualMeeting/

OCTOBER 31 - NOVEMBER 3, 2012
The 2012 Science of Eliminating Health Disparities Summit
National Harbor, Maryland
http://www.nimhd.nih.gov/summit_site/

NOVEMBER 26 – NOVEMBER 28, 2012
2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention and Access to Care
Washington, D.C.
http://www.hivforum.org/index.php?option=com_content&task=view&id=519&Itemid=65

NOVEMBER 27- NOVEMBER 29, 2012
The 2012 Ryan White Grantee Meeting
Marriott Wardman Park Hotel
Washington, DC
http://ryanwhite2012.com/

DECEMBER 5 – DECEMBER 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 – DECEMBER 13, 2012
13th Research Centers in Minority Institutions Symposium on Health Disparities
San Juan, Puerto Rico
http://www.rcmibiennial.org

FEBRUARY 8 – FEBRUARY 9, 2013
3rd Cross-Cultural Health Care Conference: Collaborative and Multidisciplinary Interventions
Honolulu, O`ahu, Hawaii
http://cchc-conference.com/

MARCH 11 – MARCH 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/2013-conference

HIV/AIDS 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
- December 1st: World AIDS Day

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