

Cultural Competency: Clinical Strategies to Strengthen Clinicians' Role in Providing Care for Immigrants with HIV/HCV

Part 1

June 3, 2015

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CME Disclosures: Planning Committee and Speaker

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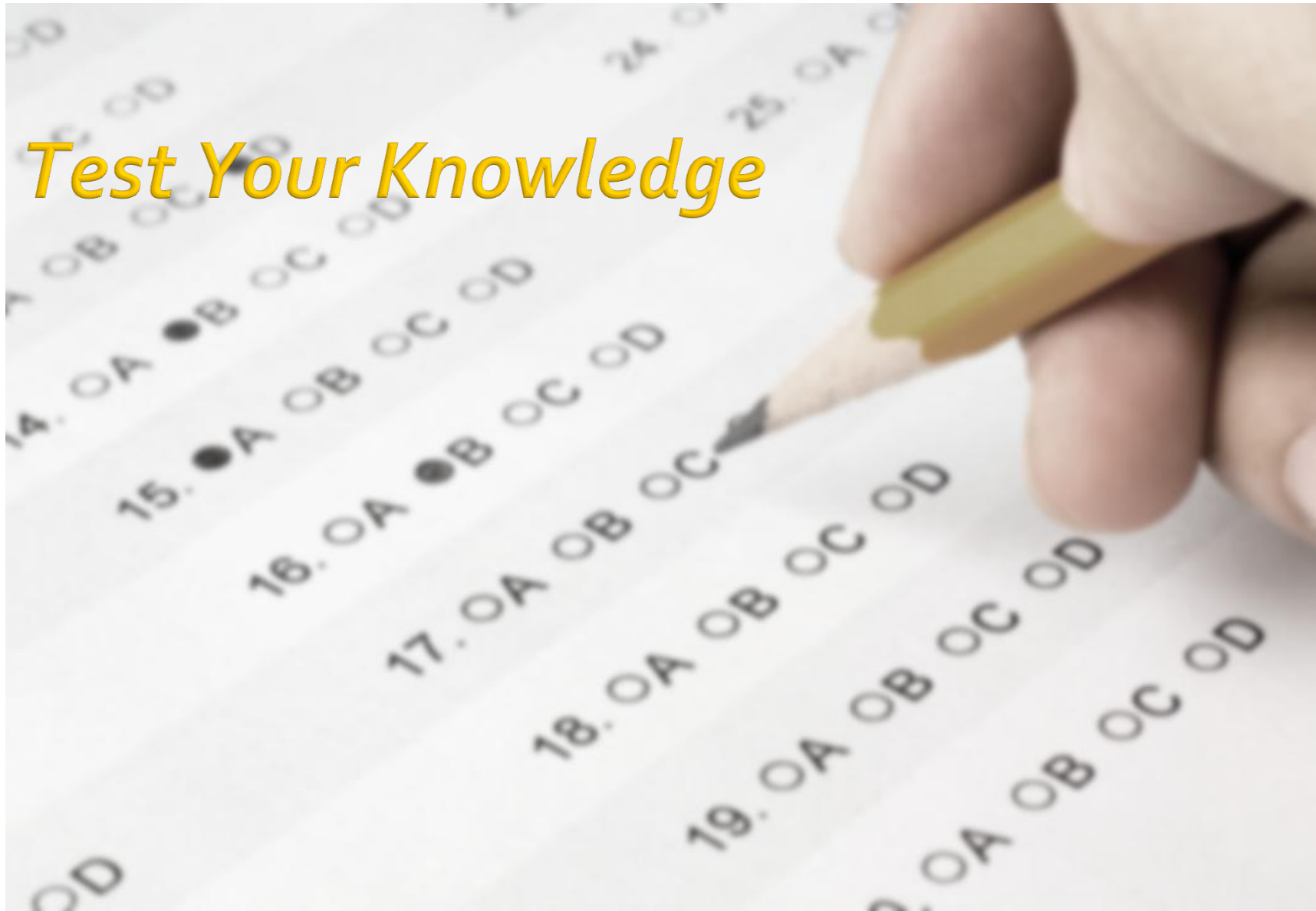
Howard University CME Accreditation Requirements for Internet Viewers

Intended Audience: Low volume clinicians (i.e., those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and other Clinical Personnel.

Webinar Requirements: A computer, phone, etc., with Internet accessibility and a telephone line.

- Your presence on the call must be acknowledged at the start of each session. Please log in for the session then **announce your name loudly and clearly at the beginning of the session.**
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Test Your Knowledge



Test Your Knowledge Question #1

African Immigrants are three times more likely to be infected with hepatitis B virus than Asian Immigrants:

True

False

Test Your Knowledge Question #2

Beginning January 4th, 2010, refugees are no longer tested for HIV-infection prior to arrival in the United States:

True

False

Test Your Knowledge Question #3

All but which of the following is correct about the definition of an immigrant?

- A. An immigrant is a person who lives temporarily in the U.S. and was born in another country
- B. An immigrant is a person who has citizenship in one country but who enters a different country
- C. An immigrant is a person who has citizenship in one country and goes to a different country with the specific intention of living there
- D. An immigrant is a person who because of a lack of citizenship in one country enters another country with plans to live there on a temporary basis

Cultural Competency: Clinical Strategies to Strengthen Clinicians' Role in Providing Care for Immigrants with HIV/HCV

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Objectives

Upon completion of this webinar, participating providers will have the enhanced ability to:

Define cultural competence and its impact on immigrants living with HIV/HCV as they attempt to access quality medical care

Discuss how to apply the strategies of cultural competence in the delivery of quality medical care to immigrant populations

Discuss the epidemiology, testing, and transmission of HIV/HCV Co-infections

Case Study

- A 34-year-old woman from Nigeria who recently relocated to the United States presented to the clinic with fever and fatigue
- After having her vital signs done, she was seen by a 44-year-old African American physician
- The physician interviewed her, examined her, and then asked her to do a blood test
- She refused the test and was surprised that she was not offered chloroquine which was her primary reason for coming to the clinic

Cultural Competence

A congruent set of workforce *behaviors*, management *practices* and institutional *policies* within a practice setting resulting in an organizational environment that is respectful and inclusive of cultural and other forms of diversity **and that leads to reducing inequities in health care**

Adapted from Cross et al

Influence of Culture on Health Disparities

- Culture and ethnicity are products of both personal history and wider situational, social, political, geographic and economic factors.
- Factors related to culture and ethnicity shape:
 - the way people interact with a health care system
 - their participation in programs of prevention and health promotion
 - their access to health information and services
 - their health-related choices and decisions
 - their understanding of and priorities re: health and illness
 - help-seeking behavior and adherence to treatment

Culture Matters: HIV/HCV and Immigrants

Immigrant is a person who lives in the U.S. and was born in another country
Immigrants make up about 13% of the US population:

- 16.2% (30,995) of people diagnosed with HIV/AIDS between 2007-2010 were immigrants
- 39.4 % of HIV diagnoses in immigrants were attributed to heterosexual contact, compared to 27.2% among those born in the U.S.
- 42.2% - Hispanics who are HIV+ are immigrants.
- 64.3% - Asians who are HIV+ are immigrants
- 3.3% - whites who are HIV+ are immigrants
- 10.0% - blacks who are HIV+ are immigrants

Source: doi:10.1001/JAMA.2012.9046. Available pre-embargo to the media at <http://media.jamanetwork.com>

Culture Matters: HIV/HCV and Immigrants

Overall, 70%-85% of HCV-infected persons will develop liver disease. Several factors may accelerate the progression of chronic hepatitis C, particularly moderate to high alcohol intake. Infection at an older age is also associated with faster progression, and co-infection with HIV

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.htm>

Hepatitis

Viral Hepatitis is a major public health problem in Washington, DC

Nation-wide, it is estimated that more than 1.2 million people are living with chronic Hepatitis B and at least 3.2 million people are living with chronic Hepatitis C.

The most recent epidemiological update for the District of Columbia includes the first ever Viral Hepatitis Surveillance Data.

The data shows that from 2004-2008, 11, 624 cases of chronic Hepatitis C infection and 3, 530 cases of chronic Hepatitis B were reported.

Efforts are currently underway to scale up prevention, harm reduction, screening, and training of the providers that serve at risk populations.

[Hepatitis Resources - doh | Department of Health .
doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Hep_Resource_Directory.pdf](https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Hep_Resource_Directory.pdf)

Hepatitis

African-born individuals account for four percent of the total population in the United States.

In the Washington, D.C. area, African immigrants make up 11% of the total immigrant population, making it one of the largest U.S. metropolitan areas where African immigrants reside.

Maryland, with 120,000 African-born residents, is one of only four states where their population tops 100,000, after New York, California and Texas.

Both Maryland and Virginia are among the 10 states that have the highest percentages of such populations, with 15 percent and 9 percent, respectively.

<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=38&ID=337>

Hepatitis

Statistics indicate that many of the chronic and infectious diseases that disproportionately affect African Americans (e.g., type 2 diabetes, hepatitis, and HIV/AIDS) are burdensome for African Immigrants as well.

For example, African Immigrants are three times more likely to be infected with Hepatitis B virus than Asian Immigrants, and four times more likely to be infected than European Immigrants.

However, unlike African Americans, African Immigrants also have unique health needs.

Culture Matters: HIV/HCV and Immigrants

Prevalence data of HCV infection in refugees currently arriving in the United States are even more sparse:

- Serum specimens tested from 4,890 Bhutanese, Burmese, Iraqi, and Hmong. The rates varied by population, with all populations below 1% except for Hmong refugees born in Thailand, whose rate was approximately 7%.
- A recent study published by Shire AM et al. found higher than expected rates of hepatocellular carcinoma in Somali refugees compared with the general U.S. population. In this study, beyond the expected association of hepatocellular carcinoma with chronic HBV, there was also an independent association with chronic HCV infection ⁵. Therefore, prevalence rates range widely between specific refugee populations from very low (<1%) to very high (7%-8%). Further research is needed to define hepatitis C infection rates in refugee populations.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>

Transmission of Hepatitis C Virus (HCV)

- Hepatitis C is a chronic, generally asymptomatic, form of viral hepatitis that can lead to cirrhosis and hepatocellular carcinoma.
- The prevalence of hepatitis C virus (HCV) varies between regions and countries, and an estimated 170 million people, or more than 3% of the world's population, are infected.
- HCV is transmitted through exposure to infected blood and/or other body fluids.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>

Transmission of Hepatitis C Virus (HCV)

In industrialized countries, infection primarily results from injection drug use.

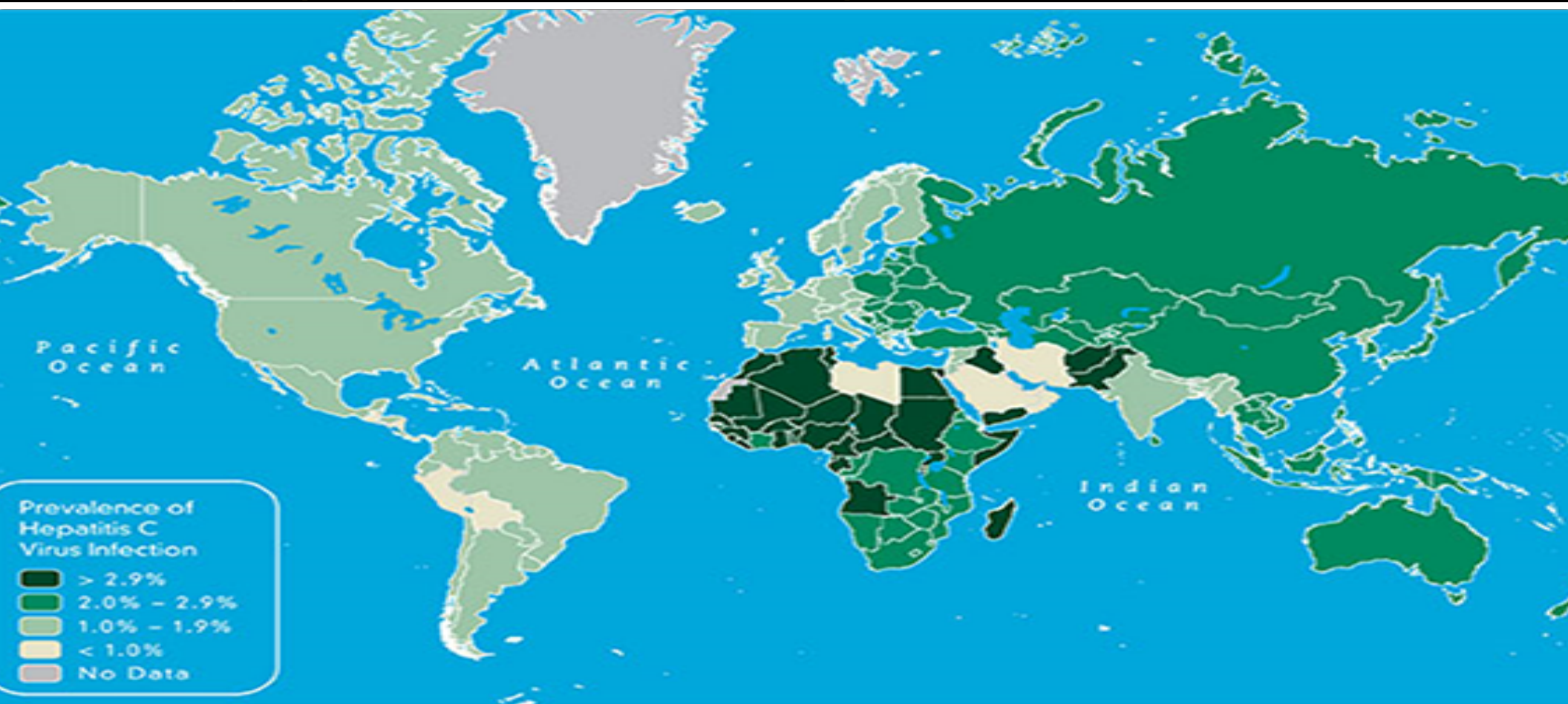
In developing countries, HCV is predominantly transmitted in medical settings where needles may be reused or through transfusions with infected blood products.

Although transmission can occur through sexual contact, in the perinatal period, and through breastfeeding, these modes of transmission are inefficient and uncommon.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.h>

Transmission of Hepatitis C Virus (HCV)

Geographic Prevalence of Hepatitis C Virus Infection



<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>

Transmission of HIV

HIV is spread through certain body fluids, mainly:

Blood

Semen

Vaginal secretions

Breast milk

- HIV is spread by certain behaviors and/or situations:
- Sexual contact (anal, vaginal, oral)
- Sharing injection equipment
- Blood or its components
- Infected mother to infant

Co-Infection of HIV/HCV

- People with HIV infection are often affected by viral hepatitis; about one-third are co-infected with either HBV or HCV, which can cause long-term illness and death.
- More people living with HIV have HCV than HBV.
- Viral hepatitis progresses faster and causes more liver-related health problems among people with HIV than among those who do not have HIV.

http://www.cdc.gov/hiv/pdf/library_factsheets_HIV_and_viral_Hepatitis.pdf

Co-Infection of HIV/HCV

Of people with HIV in the United States, about 25% are co-infected with HCV, and about 10% are co-infected with HBV.

About 80% of people with HIV who inject drugs also have HCV.

HIV co-infection more than triples the risk for liver disease, liver failure, and liver-related death from HCV.

http://www.cdc.gov/hiv/pdf/library_factsheets_HIV_and_viral_Hepatitis.pdf

Screening for Chronic HCV Infection

Routine screening for HCV infection for refugees during the new arrival medical examination is the same as the guidelines for the general U.S. population. This includes routine screening for those born during 1945-1965 and those with risk factors. Identified risk factors or co-infections that should prompt testing in newly arrived refugees include:

- Persons who have ever injected illegal drugs
- Persons who are HIV positive
- Persons who received whole blood or blood components prior to migration
- Persons with other risk factors, such as chronic hemodialysis, persistently abnormal ALT levels, and other risk factors noted in the *Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945-1965*

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>

Screening for Chronic HCV Infection

- Screening tests that can be used are antibody to HCV (anti-HCV), recombinant immunoblot assay (RIBA), or HCV RNA polymerase chain reaction (PCR). Immunocompromised persons, such as those infected with HIV, those who have end-stage renal disease, and those on immunosuppressive therapy, may have false-negative tests and should receive screening by HCV RNA testing

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>

Screening for Chronic HCV Infection

- Individuals who are HCV infected should be managed by a health care professional experienced and knowledgeable in the management of chronic liver disease and Hepatitis C.
- Certain patients with chronic HCV infection (particularly with specific genotypes) will benefit from treatment with antiviral therapy.
- Culturally appropriate patient education should be conducted, and materials should be provided in the refugee's primary language when possible.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>

Screening for HIV Infection

- Beginning January 4th, 2010, refugees are no longer tested for HIV-infection prior to arrival in the U.S..
- Current CDC guidelines for the United States recommend HIV screening in health-care settings for all persons 13-64 years of age. Screening of all refugees 13-64 years of age is recommended in accordance with this policy.
- Screening of all refugees on arrival, including those ≤ 12 years and ≥ 64 years of age, is also encouraged.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>

Screening for HIV Infection

- Specific testing for HIV-2 should be conducted for (immigrants) refugees who screen positive for HIV and are native to or have transited through the following countries: Angola, Benin, Burkina Faso, Cape Verde, Côte d'Ivoire (Ivory Coast), Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Mozambique, Niger, São Tomé, Senegal, Sierra Leone, and Togo
- Screening should be performed on all (immigrants) refugees unless they decline (opt out)
 - When a refugee declines an HIV test, this decision should be documented in the medical record

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>

Screening for HIV Infection

- Patient should be clearly informed orally or in writing that HIV testing will be performed
- Oral or written information should include an explanation of HIV infection and the meanings of positive and negative test results, and the patient should be offered an opportunity to ask questions
- Efforts should be made to understand the context of HIV testing, diagnosis, and care within specific cultural and societal norms
- Information about HIV and HIV testing should be provided in the languages of the commonly encountered populations within the service area
- The competence of interpreters and bilingual staff to provide language assistance to patients with limited English proficiency must be ensured
- All HIV-infected individuals should receive culturally sensitive and appropriate counseling in their primary spoken language

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>

Migration-related Risk Factors for Immigrants with HIV/HCV

Constant mobility

Cultural

Linguistic

Geographic barriers to health
care services

Change in behavioral practices

Limited education

- Psychosocial factors
- Isolation
- Discrimination
- Poverty
- Chronic underemployment
- Substandard housing

Case Study Discussion

Case Study

- A 34-year-old woman from Nigeria who recently relocated to the United States presented to the clinic with fever and fatigue.
- After having her vital signs done, she was seen by a 44-year-old African American physician.
- The physician interviewed her, examined her, and then asked her to do a blood test.
- She refused the test and was surprised that she was not offered chloroquine which was her primary reason for coming to the clinic.

Consider.....

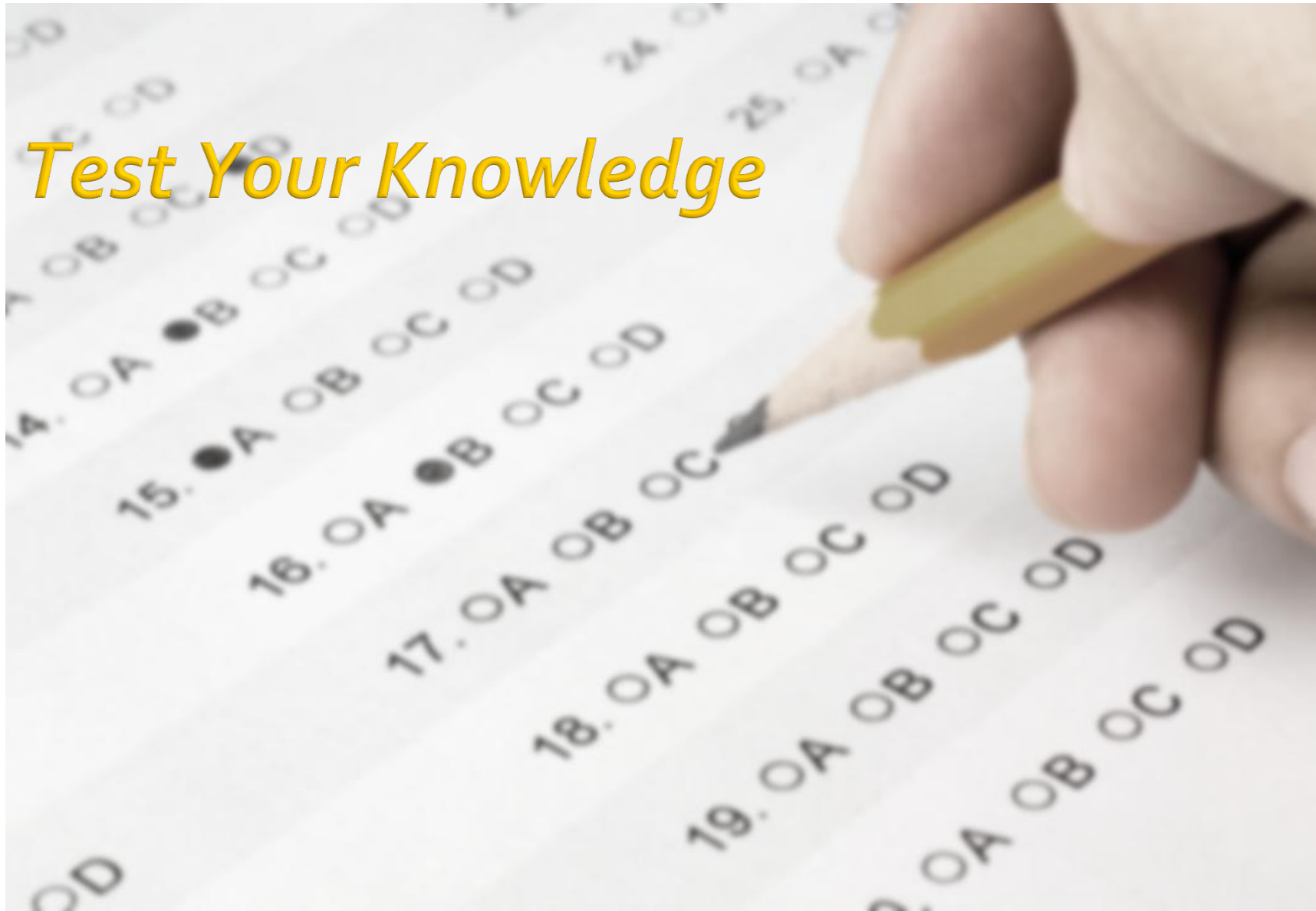
Which of the following apply to this case?

1. The failure in this case is due to the clinician's assumptions and biased.
2. The physician did not take into account the many factors that can shape a patient's beliefs about health and attitudes toward medical care.
3. As this patient is evaluated it is not only important to understand how culture shapes a patient's beliefs, and behaviors but also our own.
4. All of the above.

Resources

- <http://www.cdc.gov/hepatitis/Statistics/2012Surveillance/Table2.1.htm>
- <http://www.cdc.gov/hepatitis/Statistics/index.htm>
- <http://www.cdc.gov/aids2012/diseases/hepatitis/>
- http://www.cdc.gov/hiv/pdf/library_factsheets_HIV_and_viral_Hepatitis.pdf
- <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>
- <http://www.aafp.org/fpm/2000/1000/p58.html>
- <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>
- http://aetcnmc.org/documents/BESAFE_AfrAmr.pdf
- http://aetcnmc.org/documents/BESAFE_latino.pdf
- http://aetcnmc.org/documents/NativeAmr_Bk.pdf
- http://aetcnmc.org/documents/API_BeSafe.pdf
- http://aetcnmc.org/documents/BeSafe_Spanish.pdf
- <http://aetcnmc.org/documents/CompendiumBk.pdf>
- http://www.dhhs.saccounty.net/pub/documents/az-health-info/pub_aidsbrochure.pdf
- http://www.cdc.gov/hiv/pdf/library_factsheets_HIV_and_viral_Hepatitis.pdf

Test Your Knowledge



Test Your Knowledge Question #4

African Immigrants are three times more likely to be infected with hepatitis B virus than Asian Immigrants:

True

False

Test Your Knowledge Question #5

Beginning January 4th, 2010, refugees are no longer tested for HIV-infection prior to arrival in the United States:

True

False

Test Your Knowledge Question #6

All but which of the following is correct about the definition of an immigrant?

- A. An immigrant is a person who lives temporarily in the U.S. and was born in another country
- B. An immigrant is a person who has citizenship in one country but who enters a different country
- C. An immigrant is a person who has citizenship in one country and goes to a different country with the specific intention of living there
- D. An immigrant is a person who because of a lack of citizenship in one country enters another country with plans to live there on a temporary basis



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