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AETC Staff

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AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

A HEIGHTENED SENSE OF AWARENESS: Homelessness and Culturally Competent HIV Care

Despite the availability of medical treatment nationwide, many homeless individuals living with HIV are not receiving regular HIV primary care or antiretroviral medications. They can be hard-to-reach, and as a group, are often overlooked.

The homeless are more likely than others to be HIV positive. For example, while 0.4% of the U.S. general population lives with HIV/AIDS, 3.4% of those who are homeless do so. This is a ratio of 8.5 to 1 (CDC: 2008). The National Alliance to End Homelessness (2006) estimates that between one-third and one-half of people living with HIV/AIDS are at risk for becoming homeless. The U.S. Health Resources and Services Administration (HRSA) emphasizes that critical to the definition of homelessness, is recognition of the instability of an individual's living arrangement.

The U.S. Department of Housing and Urban Development (2012) defines homelessness as meeting at least one of the following criteria: i) living in a place not suitable for human habitation, ii) being uncertain of maintaining night-time housing for more than 14 days, iii) families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment, iv) people who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. Several homeless sub-populations have special and critical needs for support in providing basic health, including HIV/AIDS and safety requirements. These populations include:

- People suffering from severe mental or physical illness or chronic substance abuse.
- Households experiencing domestic violence.
- Ex-offenders or people released from institutions with no place to go.
- Youth who have been thrown out of their houses because they are lesbian/gay/bisexual/transgender or are pregnant, or have left because there is abuse.
- Immigrants/undocumented individuals who cannot find work or housing because of lack of documentation, language and cultural barriers.

Disparities in access to care, quality of care and outcomes are commonly observed among minority patients and vulnerable populations, such as the homeless. While various national initiatives have improved service gaps, it has fallen short of equalizing these services across various demographic categories.

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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.

REFERENCES

Centers for Disease Control and Prevention. "HIV/AIDS in the United States." Aug. 2008. Available from <http://www.cdc.gov>.

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US Department of Housing and Urban Development. "Changes in the HUD Definition of 'Homeless.'" January 18, 2012. Available Online: <http://www.endhomelessness.org/content/article/detail/3006/>

Health Resources and Services Administration, Bureau of Primary Health Care. (2012). *Principles of Practice: A Clinical Resource Guide for Health Care for the Homeless Programs, Program Assistance Letter 1999-12.*

Healthcare providers' assumptions and stereotypes concerning homeless people and their lifestyles need to be confronted and re-examined. If not, they may negatively impact the healthcare provider's efforts when engaging with homeless populations with regards to HIV prevention and care. Consequently, it is critical that clinicians who serve patients with HIV/AIDS understand issues related to cultural competency and homelessness.

To effectively address this challenge, the AIDS Education Training Center, National Multicultural Center (AETC-NMC) conducted a nationwide needs assessment among clinicians and other health providers serving patients with HIV/AIDS. Findings reveal that over half (51.7%) of participating clinicians indicated a need for training on how to provide culturally appropriate care to homeless individuals living with HIV. These results further illustrate the importance of ensuring that the issue of homeless and HIV is addressed, and that clinicians are armed with the necessary resources and tools to provide culturally appropriate care to this population.

The challenges that homeless people with HIV face are unique and should be given serious consideration when addressing service provision for this group. In addressing this issue, a major outcome should be to strengthen the clinicians' role with respect to providing care that is of a high quality and culturally competent. This should help to reduce HIV/AIDS disparity by increasing healthcare professionals' cross-cultural awareness and competency, while facilitating the needs of homeless people living with HIV/AIDS. From a public health perspective, it is imperative for healthcare providers to realize that if HIV prevention messages are to reach the entire population, then the homeless population must be given extraordinary consideration.

The AETC-NMC recommends the following Cultural Competency resources to providing quality care to homeless populations living with HIV/AIDS.

1. The National Health Care for the Homeless Council recommends addressing needs of the homeless with a multidisciplinary team. The team should be prepared to address patients' complex needs for physical and mental health care as well as their basic needs, such as housing and food. The Council offers information and training tools at <http://www.nhchc.org/practiceadaptations.html>.
2. Effective care includes understanding patients' cultural values and perspectives. Several cultural factors may influence the perceptions of patients who are homeless. For example, some may be refugees experiencing trauma; some may be homeless due to rejection by their families. As with any vulnerable, underserved population, effective care involves the provider's understanding of patients' perspectives, priorities, and needs. These factors vary among homeless sub-populations. The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration provides resources designed to support cultural competence in providing services to homeless patients. This website links to SAMHSA resources: <http://homeless.samhsa.gov/Channel/View.aspx?id=632&AspxAutoDetectCookieSupport=1>
3. The AETC-NMC will offer a webinar on serving homeless patients who are HIV-positive on Thursday, December 13, 2012. The speaker will describe the population and factors that present challenges to accessing and providing care. Recommended strategies for clinical care management will be presented. www.aetcnmc.org



AETC-NMC Launches New Cultural Competency Provider Self-Assessment Tool

The AIDS Education and Training Center-National Multicultural Center (AETC-NMC) in Howard University's College of Medicine, formally announces the launch of our Cultural Competency Provider Self-Assessment (CCPSA) tool. The purpose of this innovative nationwide tool is to link clinicians and other health care providers directly to the appropriate AETC-NMC HIV cultural competency and training curriculum and resources, based on their reported needs. In so doing, clinicians and other health care providers can take the first step in assessing their awareness and understanding of multicultural HIV care and its impact on their own cultural health beliefs and practices. The outcome of this effort is aimed at strengthening the provider's cultural competency skills by making them more responsive to their patients' cultural health beliefs. This, in turn, can lead to

self-awareness and over time, changed beliefs and attitudes that will translate into higher quality health care provided to diverse populations.

Based on ongoing needs assessment data collected by the AETC-NMC for this activity, clinicians nationwide consistently reported a need for culturally appropriate HIV training and resources to effectively treat persons living with HIV/AIDS among numerous vulnerable or minority populations. This includes racial and ethnic minorities, Lesbian, Gay, Bisexual, Transgender (LGBT) people, the homeless, immigrants, physically challenged and others. In response to this need, the AETC-NMC has continued to develop training tools and resources designed to address high-priority training needs identified by health care providers.

As part of these efforts, AETC-NMC developed the CCPSA (<http://aetnec.virtualforum.com/nmc/>) by incorporating pre and post evaluation components directly from each AETC-NMC training module to ensure a tight correlation between HIV provider knowledge and AETC-NMC training curriculum. The tool also assesses:

- Provider awareness of HIV/AIDS epidemiology among priority patient populations;
- Provider understanding of priority patient populations' cultures; and,
- Provider knowledge about high priority topics in culturally competent care.

As part of the tool, respondents are asked to rate their level of knowledge for up to six training areas and then asked a series of questions to test the accuracy of their self-reported knowledge. Preliminary results showed that while clinicians and other care providers were most likely to report that they well-informed in

certain topic areas such as HIV Promotion/Testing as well as HIV and Mental Health, actual knowledge scores revealed an urgent need for training in these areas. These results show that clinicians are in need of, and will benefit from resources such as (CCPSA) that direct them to information designed to address their individual and distinct knowledge gaps.

Results of the CCPSA will also be used to inform AETC-NMC efforts to develop and disseminate future training and educational materials. Findings from this focused, innovative effort will likewise help meet the vision of the National HIV/AIDS Strategy (NAS). Specifically for the NAS, these data can be used to inform government agencies in their task of increasing the coordination of HIV programs across the Federal government and between federal agencies and state, ter-ritorial, tribal, and local governments in their effort ensure a culturally competent clinical workforce able to provide quality multicultural HIV care.



Voices from the Field Interview

Sharon W. Brammer, CRNP



1. Briefly describe your current work in the field of cultural competency and HIV. (Whom do you serve? What services do you provide? What impact do you perceive? Length of service.)

My current work is with the H.E. Savage Health Care for the Homeless Family Practice Clinic, located in Mobile, Alabama. Beginning in 1985 I was the founding Health Services Director for Birmingham Health Care for the Homeless. In 2001 I became the Program Director for the Mobile clinic. The clinic provides adult and family medicine, including preventive medical care, acute and chronic care, and referrals for dental, vision, social services, mental health and substance abuse treatment. HIV services include pre and post-test counseling, testing, and referral of patients who test positive for HIV for HIV treatment. HIV-positive patients continue to receive all other services with the exception of HIV treatment through the Health Care for the Homeless clinic.

2. What cultural factors affect clinical care management for your client population?

Homeless people are disenfranchised; they are without the tools of daily living that most people enjoy. Clinical case management involves helping clients to address lack of transportation, a permanent address, telephone, ability to pay copays, and so forth. Within the homeless service provider network, many shelters and other providers are reluctant or refuse to help HIV-positive patients, especially if they are gay, lesbian, or transgender. This results in the patients being in an even more unstable environment than most homeless people.

3. What do you believe are the key cultural health issues in the population(s) you serve?

Homelessness brings about multiple health issues, such as peripheral vascular disease, diabetes, hypertension, and other illnesses, all aggravated by mental illness and substance abuse issues. Homeless people suffer many of the same illnesses as the general population; however the inability to regulate diet, nutrition, sleep patterns, and other wellness activities results in much more serious and often life-threatening results.

4. Which culturally competent practices facilitate providing quality HIV care to your clients?

Culturally competent practices include: Clinic hours that are conducive to the homeless lifestyle; provision of transportation; provision of case management services and advocates to accomplish successful referrals; dedicated clinic hours for HIV patients.

5. What are some of the most important lessons you have learned about what alienates or pushes your client population away from care? Can you describe some situations that taught you these lessons?

Homeless HIV patients may be inappropriately dressed, unkempt, or unbathed. This makes the patients feel alienated and uncomfortable when they have to be in an area where others are more socially accepted. It is important to set aside dedicated hours and to create an environment where HIV patients feel welcomed and accepted. Many years ago, I had a patient who was HIV-positive, and he was reluctant to go to the HIV clinic. After significant counseling, he agreed to go to his appointment. He was transported by our clinic van, and coached by clinic outreach workers about what to expect at his appointment.



When he arrived at the clinic, the staff and other patients at the HIV clinic were not accepting of him. In fact, patients moved to other parts of the waiting room to avoid sitting by him. As a result, he never returned to the clinic.

6. How do we, as HIV providers continue to learn and be open to the cultural group(s) you serve while responding quickly and appropriately should a situation arise?

By continuing to educate ourselves regarding the medical complexities of homeless HIV patients, and to respond respectfully to their needs, we continue to provide the best possible care.

7. How do you propose to build bridges between various cultures in your community to further the HIV prevention efforts outlined in the National HIV/AIDS Strategy?

We have worked to develop strong relationships with the African-American churches in our area, and will continue to do so to strengthen efforts to locate and engage HIV patients. It is also important to work closely with all HIV service providers assuring that we have a continuum of care that holistically addresses their needs.

8. If you could give a new clinician who wants to serve your client population one piece of advice, what would it be?

My best advice is to realize that the work is extremely challenging, and unique within

the medical profession. People working in this field must be internally motivated and personally satisfied by the knowledge that they have put forth their best efforts to provide quality care.

Sharon W. Brammer, CRNP, is currently the Director of the H.E. Savage Health Care for the Homeless Family Practice Clinic, located in Mobile, Alabama. She directs the clinical and administrative aspects of the Health Care for the Homeless (HCH) program, and integrates the HCH program within the Franklin Primary Health Center (CHC) corporate infrastructure. Ms Brammer also provides leadership in HCH community networking and integration of HCH with other community services.



AETC-NMC Calendar of Events

NOVEMBER 27-29, 2012

AETC-NMC Abstract Poster for Ryan White 2012 Grantee Meeting, Washington, DC
<http://www.ryanwhite2012.com/>

ABSTRACT TITLE: Cultural Competency: AETC National Multicultural Center Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment Study (Track 6)

Goulda Downer, PhD, RD, LN, CNS; Keisha Watson, PhD
AIDS Education and Training Center-National Multicultural Center at Howard University (AETC-NMC)
Washington DC

Introduction: Ensuring the provision of culturally appropriate care to racial and ethnic minorities living with HIV/AIDS is critical to eliminating HIV disparity within communities of color. As the premier national resource center tasked with increasing cross-cultural awareness and competency among health care professionals, while facilitating the needs of people living with HIV/AIDS, the AETC-NMC provides training, education, and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care. One of the AETC-NMC's innovative approaches in tackling this task is to highlight the geographic impact of HIV. This approach addresses the regional aspect of the severity of the epidemic burden nationwide. By understanding the needs of clinicians within each AETC region, the AETC-NMC is then able to provide tailored and geographically-focused culturally appropriate HIV trainings, tools and other resources to the areas of greatest need thereby reducing HIV/AIDS disparity and making the National HIV AIDS Strategy truly effective.

Methods: The AETC-NMC conducted the 'Regional AETC Cultural Competency and Emerging Populations Training Needs Assessment' to gather information about the geographically specific cultural competency needs of each AETC region and determine how the NMC may best support those needs. A convenience sample was generated by each AETC Director who distributed the tool electronically to

HIV clinicians in their respective regions. All eleven AETCs participated in the study (n=574).

Results: The majority of survey participants (84.6%) reported not having adequate training and other resources to provide culturally competent medical care to the Asian population in general, followed by Homeless Persons (70.6%) and Incarcerated Individuals Living with HIV (68.8%). This finding is consistent with current literature that finds Asians (A) and Pacific Islanders (PI) living with HIV disease to be a large area of concern in this country while simultaneously receiving little attention in the treatment literature¹. Further, recent CDC data found states in the Deep South reporting 35% of all new US infections, although making up just 22% of the country's population² to be among APIs. AETC-NMC data revealed providers working in the Deep South specifically identifying a need for additional culturally competent HIV resources and training for Immigrants, the Elderly, Incarcerated and/or newly Released Individuals Living with HIV, and Adolescents among other groups.

Lessons Learned

The results of this study indicate that HIV clinicians are in need of culturally competent training and other resources to treat culturally diverse, multiethnic populations living with HIV/AIDS nationwide. Specifically, HIV clinicians across AETC regions demonstrated a distinct need for additional resources to treat the API population, Homeless persons, Incarcerated and/or Newly Released Individuals Living with HIV, Migrant and Immigrant populations. By understanding the identified needs, the AETC-NMC will conduct additional research and continue to develop specialized tools to improve clinician's ability to provide culturally competent clinical care to persons living with HIV/AIDS in areas most heavily impacted by this disease.

¹ Chin J, Leung M, Sheth L (2007). Let's Not Ignore a Growing HIV Problem for Asians and Pacific Islanders in the U.S. *The New York Academy of Medicine*, 84(5) 642-646.

² CDC National Prevention Information Network (January 18, 2012). Southerners Have Higher Risk of HIV/AIDS. *CDC HIV/Hepatitis/STD/TB Prevention News Update*.



NOVEMBER 30, 2012

AETC-NMC Abstract Poster for 2012 International Conference on Stigma, Washington, DC

<http://www.whocanyoutell.org/>

ABSTRACT TITLE: **Influence of Stigma on Provider Behavior and Quality of Care for Patients with HIV**

Goulda Downer, PhD, RD, LN, CNS; Keisha Watson, PhD
AIDS Education and Training Center-National Multicultural
Center at Howard University (AETC-NMC)
Washington DC

Background: Stigma has been well documented in the literature among those infected and affected by HIV/AIDS; however, very little is known about the extent to which providers who serve patients living with HIV/AIDS are affected by HIV-related stigma.

Objective: The purpose of this study is to explore HIV-related stigma among clinicians who serve communities of color and examine its influence on provider behavior and quality of care for patients living with HIV/AIDS.

Methods: A survey addressing the following two distinct constructs of HIV-related provider stigma was constructed and distributed across two administrations: 1) a clinician's willingness to provide HIV treatment and 2) a clinician's willingness to offer an HIV test to a patient. Frequency calculations and cross-tabulations constitute the level of analysis of this exploratory study.

Results: The majority of participants were women (60%, n=115) and described their practice setting as private practice (35%, n=59) followed by community health centers (14%, n=25). History of substance abuse, sexual orientation, sexual practices and mental health were consistently found to influence a clinician's willingness to provide treatment and offer an HIV test.

Conclusions: Stigma among clinicians and health care providers remains an obstacle to treatment and quality HIV care. Therefore, it is important for clinicians who treat persons living with HIV/AIDS to be equipped with the proper knowledge, and ensure interventions are given special consideration to address provider attitudes and potential biases regarding HIV/AIDS.



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

Upcoming AETC-NMC Webinars (Fall 2012-Spring 2103)

- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Homeless Communities – Fall 2012
- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Veteran Communities – Spring 2013
- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care to People with Disabilities – Spring 2013
- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within API Communities (Burmese) – Spring 2013

The following information is disseminated for informational purposes only and does not constitute an endorsement by the AETC-NMC:

NOVEMBER 15, 2012 – JUNE 5, 2013

Interesting Cross-Cultural Webinars from Texas/OK AETC
WEBINAR: "Addressing Perinatal Care in HIV Positive Hispanic Women"

(12:00 pm – 1:00 pm CT)

WEBINAR: "Black, African American, or Black American: Is there a difference? Exploring the Role of Cultural Factors on the HIV/AIDS Landscape"

February 5, 2013

(12:00 pm – 1:00 pm CT)

<http://www.healthcarecommunities.org/Events.aspx?id=4294976614>

NOVEMBER 15-17, 2012

ANAC's 25th Annual Conference
Tucson, AZ

<http://www.nursesinaidscare.org/i4a/pages/index.cfm?pageid=1>

NOVEMBER 28-29, 2012

1st Annual Navajo Nation HIV
Prevention Conference

Gallup Inn - Gallup, NM

http://www.nnaapc.org/docs/10152012/save_the_date.pdf

DECEMBER 1, 2012

World AIDS Day

<http://aids.gov/news-and-events/awareness-days/world-aids-day/>



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

JANUARY 14-15, 2013

3rd International Workshop on HIV & Women

Toronto, Canada

http://www.virology-education.com/index.cfm/t/3rd_International_Workshop_on_HIV_and_Women/vid/B2F8FCF8-B0FE-2E00-6638111BF7F58D6A

JANUARY 17- 20, 2013

2013 National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities

Los Angeles, CA

http://www.naesm.org/?page_id=58

JANUARY 21-29, 2013

Health Equity Week of Action

<http://www.amsa.org/amsa/homepage/events/HEWA.aspx>

JANUARY 23-27, 2013

The National Conference on LGBT Equality: Creating Change

Atlanta, GA

<http://www.creatingchange.org/index.php>

FEBRUARY 7, 2013

National Black HIV/AIDS Awareness Day

<http://www.nationalblackaidsday.org/>

MARCH 10, 2013

National Women and Girls HIV/AIDS Awareness Day

<http://www.womenshealth.gov/nwghaad/>

MARCH 13 - 16, 2013

Society of Adolescent Health and Medicine 2013 Annual Conference

Atlanta, GA

http://www.adolescenthealth.org/SAHM_Annual_Meeting_Home.htm

MARCH 12 - 16, 2013

2013 Aging in America Conference

Chicago, IL

<http://www.asaging.org/aia>

MARCH 20, 2013

National Native HIV/AIDS Awareness Day

<http://www.nnhaad.org/>

APRIL 1 - 30, 2013

National Minority Health Month

“Health Equity Can’t Wait. Act Now in Your CommUNITY!”

<http://minorityhealth.hhs.gov/actnow/>

APRIL 25-28, 2013

National Hispanic Medical Association 17th Annual Conference

“Strategies to Develop Patient Center Homes, Curriculum and Research to Improve the Health of Hispanics”

Washington, DC

<http://nhmamd.org/index.php/events/17th-annual-conference>

MAY 7 - 9, 2013

National Council of Urban Indian Health Leadership Conference

Arlington, VA

www.ncuih.org

Save the Date Flyer: <http://www.nnaapc.org/docs/09062012/2013%20Date.pdf>

MAY 8 - 10, 2013

Institute for Healthcare Advancement (IHA) 2013 Annual Health Literacy Conference “Operational Solutions to Low Health Literacy”

Irvine, CA.

http://www.ih4health.org/%28X%281%29S%28k2otolzchpfpo45qItqax3x%29%29/default.aspx?MenuItemID=190&MenuGroup=_Home&&AspxAutoDetectCookieSupport=1

MAY 18, 2013

HIV Vaccine Awareness Day

<http://www.niaid.nih.gov/news/events/hvad/Pages/default.aspx>

MAY 19, 2013

National Asian and Pacific Islander HIV/AIDS Awareness Day

<http://aids.gov/news-and-events/awareness-days/asian-pacific-islander/>

JUNE 6-8, 2013

2013 North American Refugee Health Conference

Toronto, Canada

<http://www.researchraven.com/conference/2013/6/6/2013-north-american-refugee-health-conference.aspx>

JUNE 8, 2013

Caribbean American HIV/AIDS Awareness Day

<http://aids.gov/news-and-events/awareness-days/caribbean-american/>

JULY 10 - 13, 2013

2013 American Association of Naturopathic Physicians Conference

Keystone, Colorado

<http://www.naturopathic.org/content.asp?pl=10&sl=625&contentid=625>

JULY 26 - 30, 2013

2013 National Dental Association 100th Annual Convention

National Harbor, MD

<http://www.ndaonline.org/>

JULY 27 - 31, 2013

2013 National Medical Association

Toronto, Canada

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

JULY 31 - AUGUST 4, 2013

41st National Black Nurses Association Annual Institute and Conference

New Orleans, LA

<http://www.nbna.org/>

AUGUST 6-9, 2013

National Association of Hispanic Nurses

New Orleans, LA

<http://nahnnnet.org/>

SEPTEMBER 8-11, 2013

2013 United States Conference on AIDS (USCA)

New Orleans, LA

<http://nmac.org/events/2013-u-s-conference-on-aids/>

