

# EXPLORING CULTURAL COMPETENCE AND HUMILITY IN THE CARE OF HIV PATIENTS

## SESSION 2

*CULTURALLY APPROPRIATE CARE STRATEGIES FOR WOMEN OF COLOR LIVING WITH HIV*



# NCHPA

National Center for Health in Public Housing  
*a project of North American Management*

 **SAC**  
SOUTHERN AIDS COALITION

February 24, 2020

# NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



## DISCLAIMER:

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



MUTE



CHAT



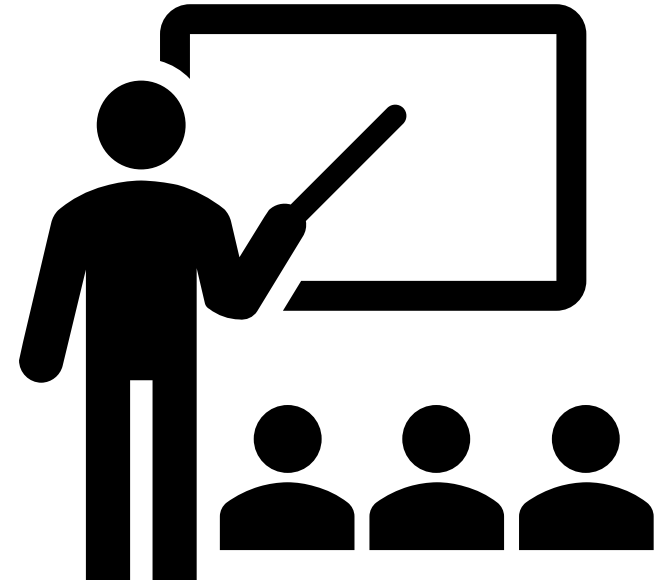
RAISE HAND



Q&A

# Learning Objectives

- Establish the relevance of cultural humility as a key strategy in response to HIV stigma among women of color.
- Identify the impact of stigma in healthcare among women
- Describe the impact of cultural humility on patient access, use and trust in HIV healthcare services
- Discuss why and how culturally humble, client-centered services support access to and the continuous engagement in HIV prevention and care services.



# Public Housing Demographics

2.2 million residents

2.2 persons/household

38% children

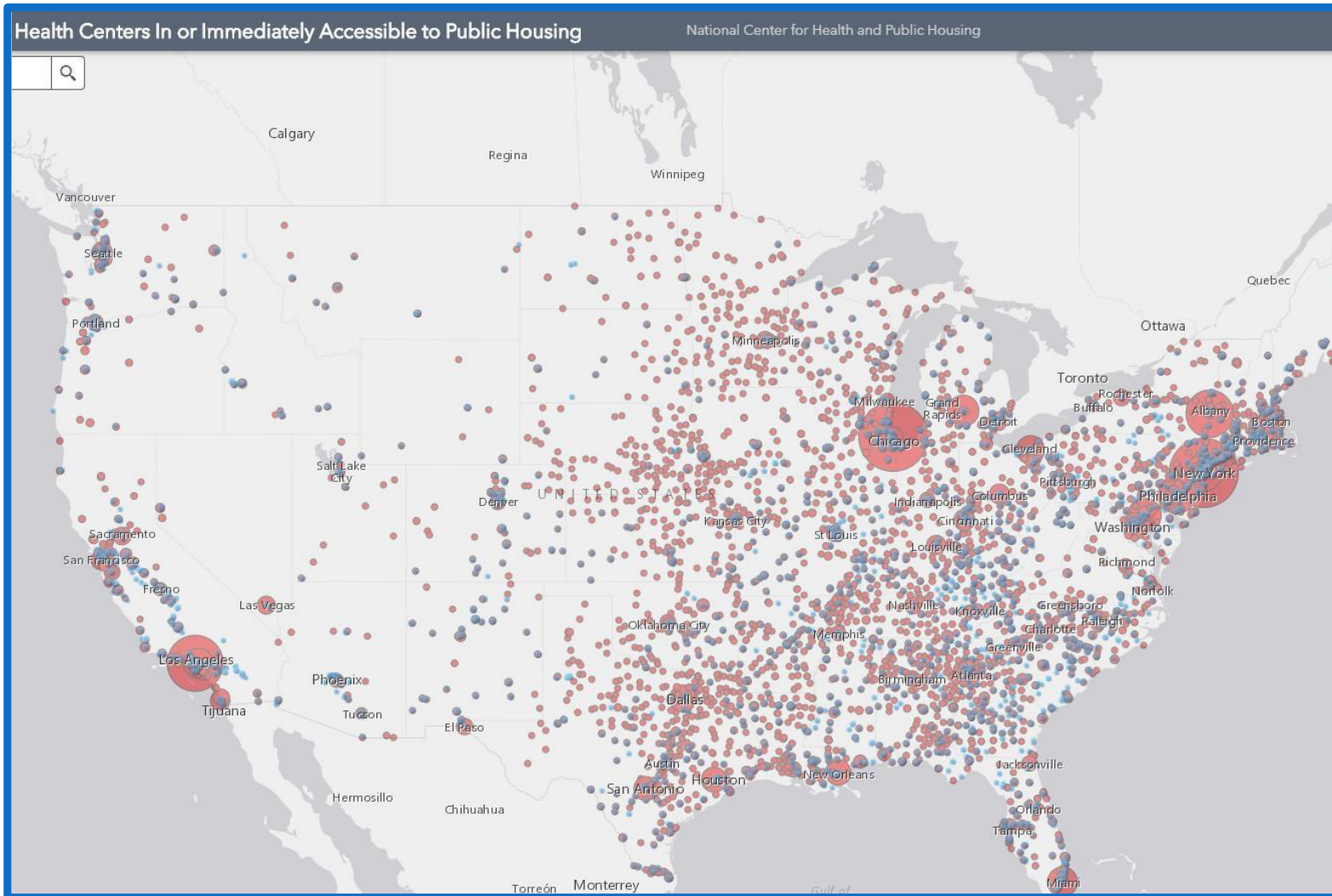
59% female

55% less than high school diploma

83.2% below federal poverty





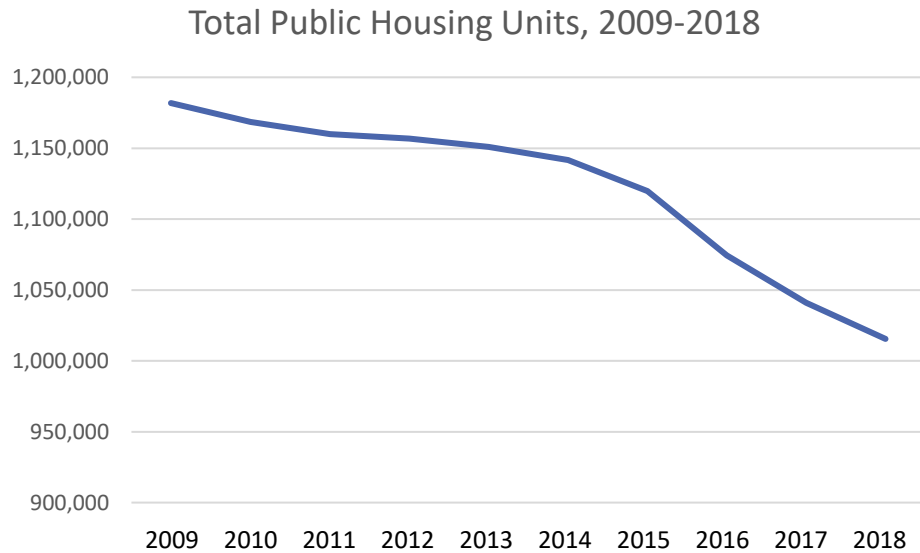


# Health Centers Close to Public Housing

- 1,300 Federally Qualified Health Centers (FQHC)=28.4 million
- 356 FQHCs In or Accessible to Public Housing= 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123patients

Source: [www.nchph.org](http://www.nchph.org)

# Traditional public housing is diminishing...



Source: HUD, <https://www.huduser.gov/portal/datasets/assthsg.html>

METRO

## Housing the poor in poor housing for so long leaves Wellston in the lurch

By Jesse Bogan St. Louis Post-Dispatch Apr 29, 2019

SUBSCRIBE FOR 99¢



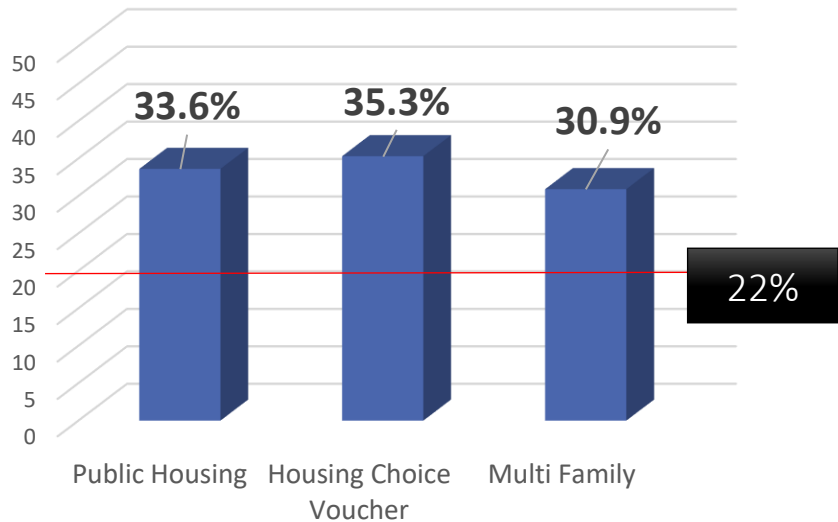
Trinity Staten, 22, plays with her neighbor's daughter, Raven Harris, 9 months, while Raven's mother, Marnay Harris, 20, and daughter Rylie Vickers, 3, stand behind them outside their apartment complex on Isabella Avenue in Wellston on Friday, April 26, 2019. Housing officials are considering getting rid of 201 public housing units in Wellston, including the one pictured here. Photo by Cristina M. Fcflates@post-dispatch.com.



# A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

**Adult Smokers with Housing Assistance**



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%



# HIV in PHPC Patients

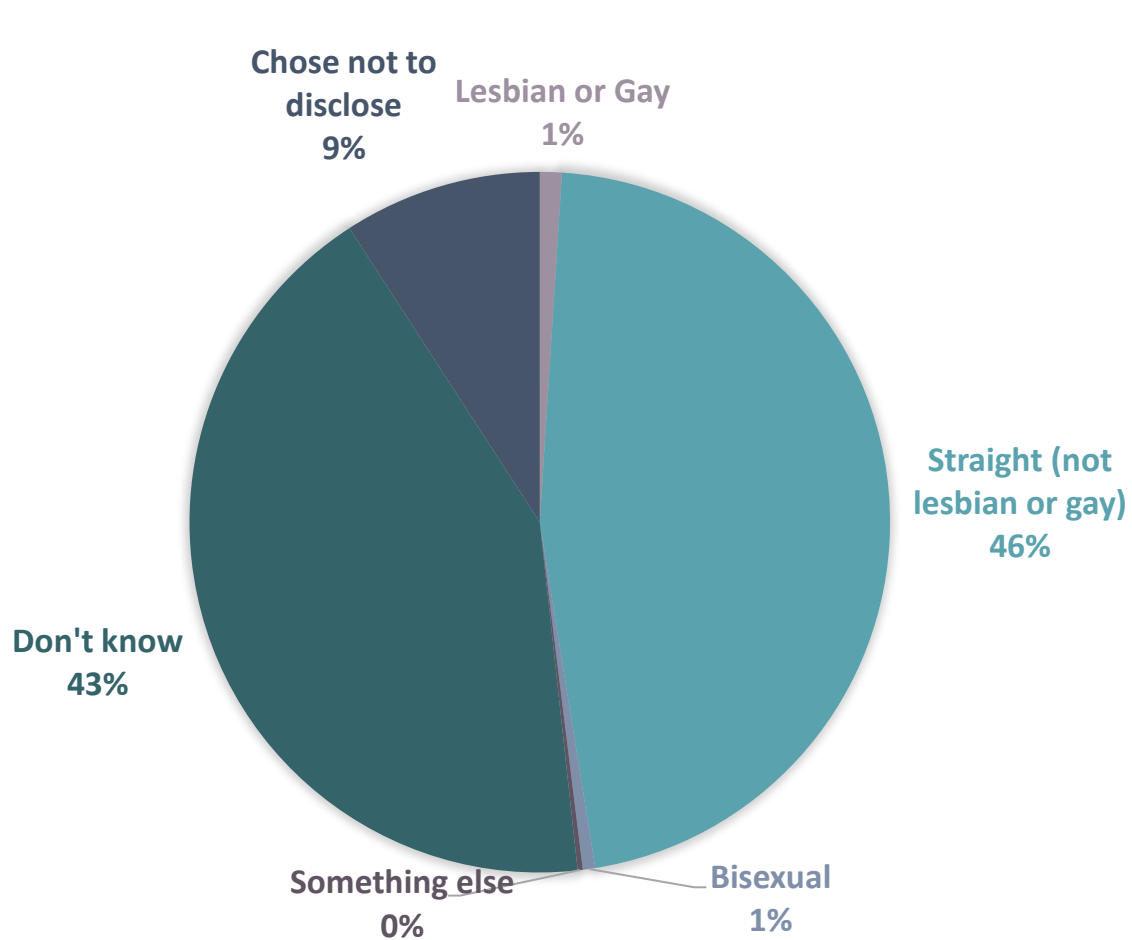
<b>Infectious Diseases</b>		
	Number of Visits by Diagnosis Regardless of Primacy	Number of Patients with Diagnosis
Symptomatic/ Asymptomatic HIV	13,085	4,347
Sexually Transmitted Infections	13,409	9,442
Hepatitis C	14,886	6,743

<b>Diagnostic Tests/Screening/Preventive Services</b>		
	Number of Visits	Number of Patients
HIV test	103,844	89,432
Hepatitis C	55,398	46,224

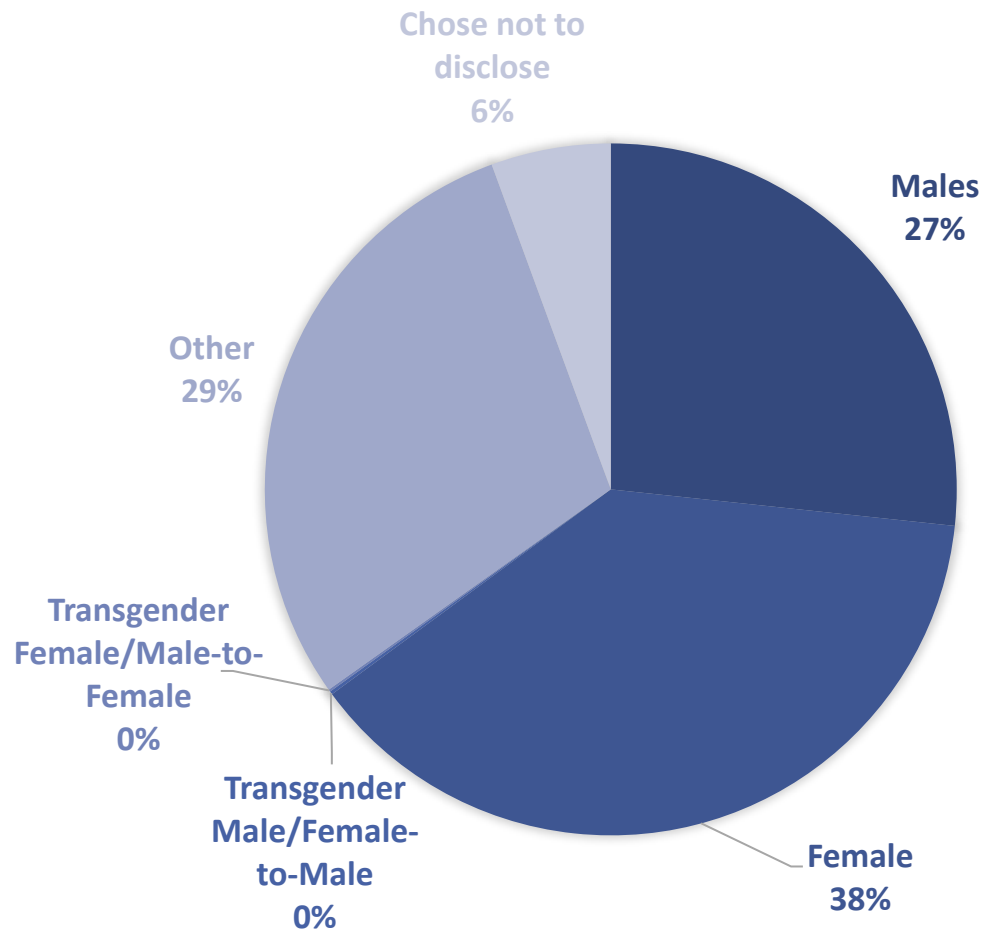
Source: <https://bphc.hrsa.gov/uds/datacenter.aspx>

# LGBTQIA+ patients in FQHCs

## PATIENTS BY SEXUAL ORIENTATION



## PATIENTS BY GENDER IDENTITY



Source: <https://bphc.hrsa.gov/datareporting/reporting/index.html>

# Leisha Mckinley-Beach, National HIV/AIDS Consultant



**The Impact of Cultural  
Humility and Stigma on  
Health Outcomes for  
Black Women and HIV**

# Objectives

- \* Establish the relevance of cultural humility as a key strategy in response to HIV stigma among women of color
- \* Identify the impact of stigma in healthcare among women
- \* Describe the impact of cultural humility on patient access, use and trust in HIV healthcare services
- \* Discuss why and how culturally humility, client-centered services support access to and the continuous engagement in HIV prevention and care services.





# Who Am I

- 🚫 HIV Prevention Strategist
- 🚫 29 years experience
- 🚫 Advocate for HIV services for Black communities
- 🚫 [Leisha.org](http://Leisha.org)



# Don't Just See Me: HEAR ME







**Culture** is personal and deeply rooted. It includes our environment, thoughts, values, beliefs, feelings and sensations. Culture is dynamic – *changing*.

We perceive things in different ways depending on who we are,  how safe we feel, where we come from and past experiences.



# Layers of Culture





# Cultural Humility



A life-long learning process which incorporates openness, power-balancing, and critical self-reflection when interacting with people for mutually beneficial partnerships & institutional change.

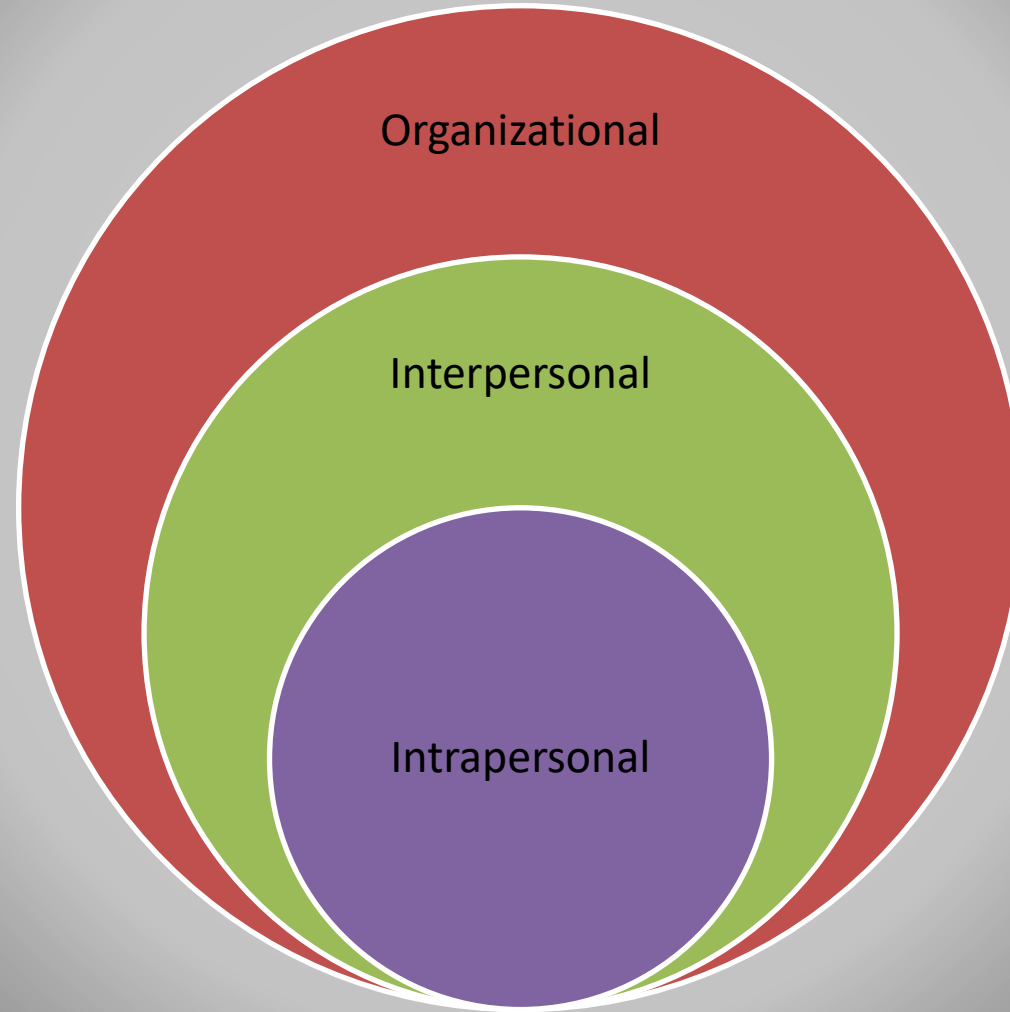
# Cultural Humility Principles

- ✓ Lifelong learning and critical self-reflection
- ✓ Recognize and change power imbalances
- ✓ Develop mutually-beneficial partnerships
- ✓ Institutional accountability

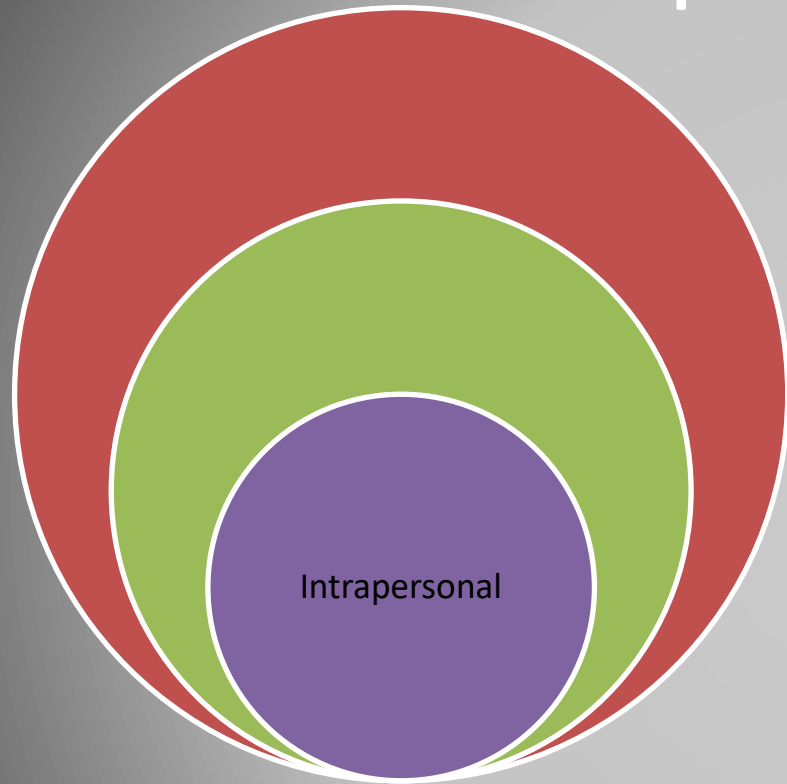
*"It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences." Audre Lorde*



# Cultural Humility Levels



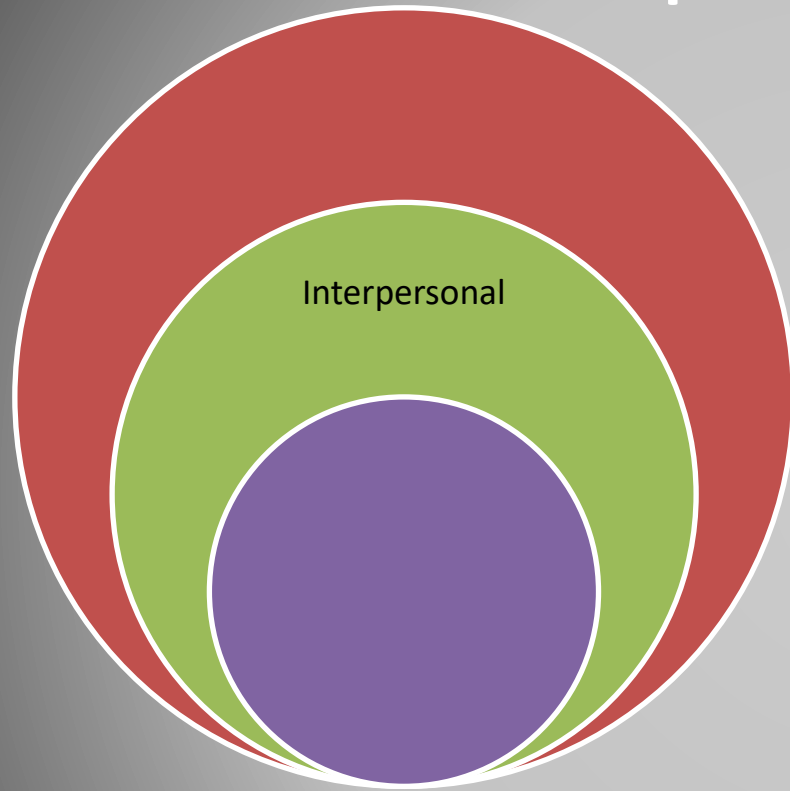
# Intrapersonal Level



- Commits to lifelong learning process
- Engages in critical self-reflection
- Self-awareness of biases and limitations
- Values of humility and compassion

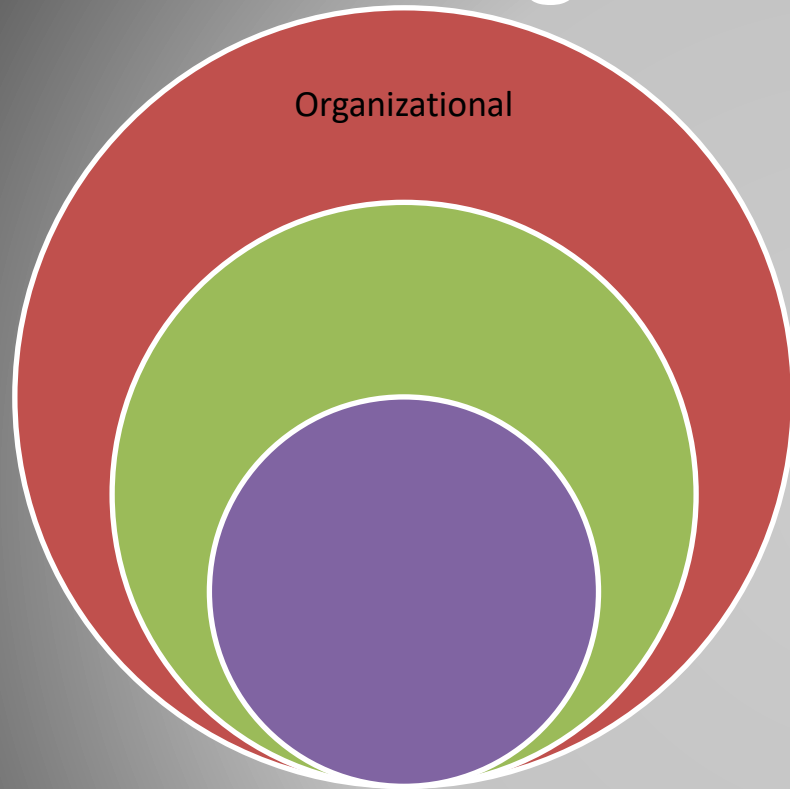


# Interpersonal Level



- Approaches students and peers with openness
- Promotes mutual empowerment, trust, and respect
- Encourages peer-learning
- Promotes culture of collaboration and cooperation

# Organizational Level



- Commitment to diversity and equity
- Anti-discrimination policies
- Equitable hiring, training, and advancement practices
- Equitable distribution of knowledge and tools
- Supportive learning environment
- Culturally and linguistically appropriate services
- Student-centered vision and mission statements

# HIV is the End Product of Social Issues Affecting Black Women

- Much of the HIV prevention and intervention work for Black women has failed to focus on the multifaceted nature of health and wellbeing for women of color.
- Gender and race are often isolated and treated as independent contributors to health outcomes.
- These issues must be addressed as the intersectionality of HIV (Black feminist social justice approach)

# Black Women and Stigma

- Race and ethnicity have an associated stigma
- Other co-occurring devalued identities (incarceration, substance, etc.) can lead to stigma, discrimination, and micro-aggressions
- Stigma may cause Black women to hide HIV status or increase risk of HIV diagnosis



## Black Women Not Prioritized in HIV Prevention

The U.S. Food and Drug Administration approved Descovy for the use of HIV prevention for at-risk adults and adolescents weighing at least 35kg for HIV pre-exposure prophylaxis (PrEP) to reduce the risk of HIV infection from sex, excluding those who have receptive vaginal sex

Black  
lives  
matter.  
Know  
your  
status.  
**PrEP.**





“If You Were A Man I Would Have Asked About Your Sexual History”



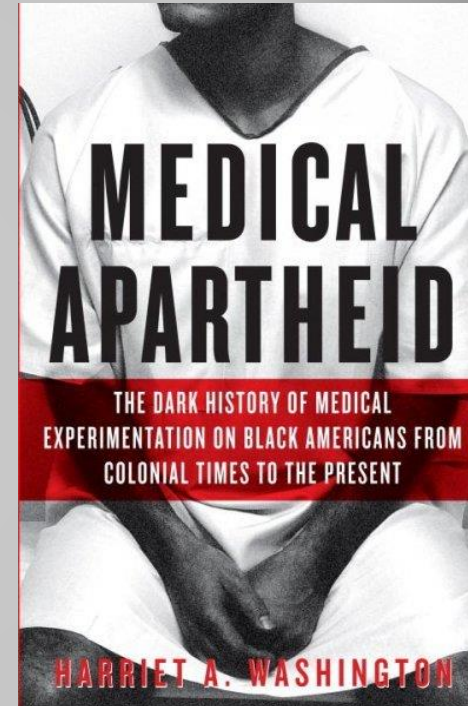


# Reasons Not To Trust The Medical System

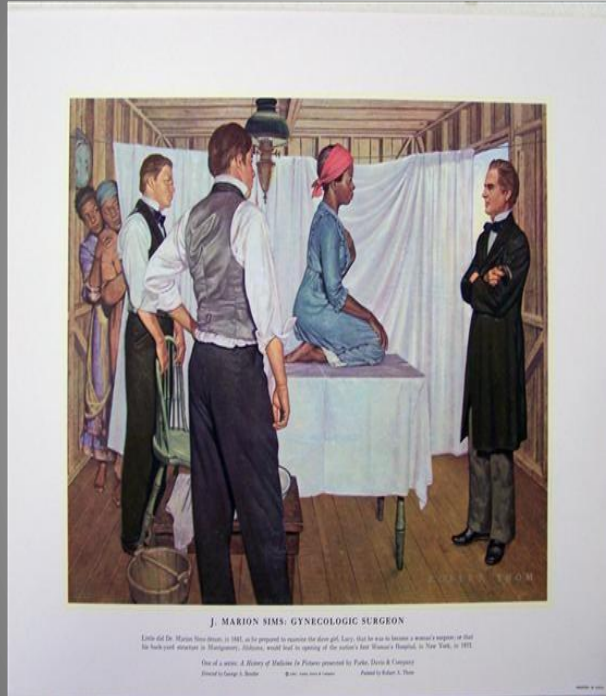


# History of Medical Abuses

- During Antebellum period (1789- Civil War):
  - Medical abuses experienced by slaves were widespread and common
  - Included withholding of care, sub-standard care, and forced medical experimentation



# Anarcha and Modern Gynecology

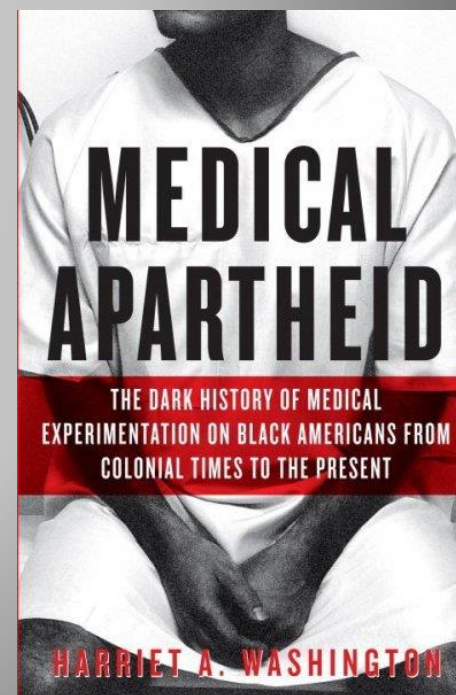


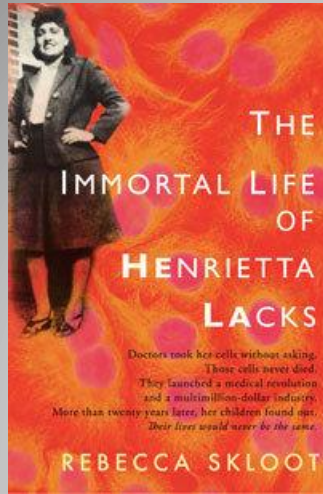
- Anarcha was a woman who had over 30 gynecological surgeries performed on her. She was one of at least 10 enslaved women who went through this
- As an enslaved woman, she was unable to consent to these surgeries
- J. Marion Sims, the doctor who performed these without anesthesia, is honored as the “father of gynecology” (1813-1883)

# History of Medical Abuses

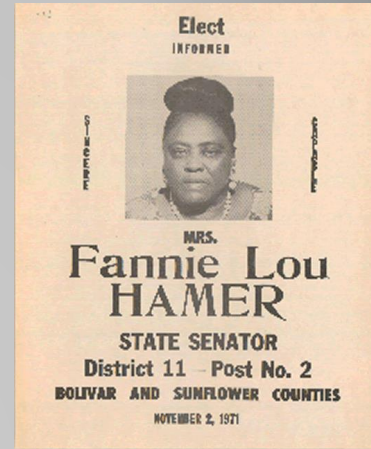
## After Civil War (after 1865)

- Due to systemic racism (Jim Crow) and poverty, Black people continued to receive sub-standard care.
- We have a few examples of outright medical abuses and coercive experimentation
- There are probably more examples that have not yet surfaced.





Henrietta Lacks



Fannie Lou Hamer  
“Mississippi Appendectomies”

## Birth control

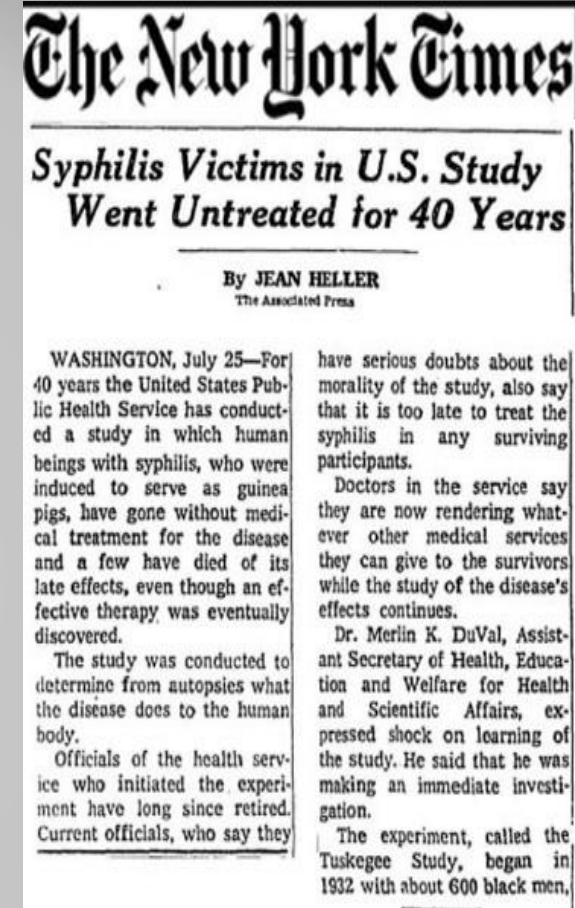
“Negroes don’t want children they can’t take care of, but we are afraid to trust you when your offered help has so often turned out to be exploitation.” –

Urelia Brown, a Black social worker speaking on family planning in 1972



# Tuskegee Syphilis Study

- Hallmark example of medical abuse of Black people in the US
- Men were lied to and told they were receiving treatment for syphilis, but instead they were prevented from receiving treatment
- 1932-1972 US Public Health Service withheld treatment from 399 poor Black men with syphilis in Macon County, Alabama
  - The HIV epidemic as we know it began 9 years later



# Resilience of Black Women

- Trust and empowerment
- Self-efficacy
- Spirituality
- Self-esteem

# I Need to See Me

- Black AIDS Institute developed Black Women and PrEP toolkit <https://blackaids.org/black-women-and-prep/>



# Moving Forward



# Ineffective Strategies: What Not To Do

- Nothing
- Sidetrack the conversation
- Become defensive



# Effective Strategies

- Understand your identity
- Acknowledge and admit your own bias to yourself (remember it's NOT about you)
- Understand meaning behind emotional expressions
- Validate and facilitate discussion of feelings
- Understand differences in communication styles

# How to Become an Agent of Change

- Commitment to learn about people from all diversities
- Learn from constant vigilance of your biases and fears
- Learn from being committed to personal action against racism, sexism, homophobia, transphobia....

QUESTIONS



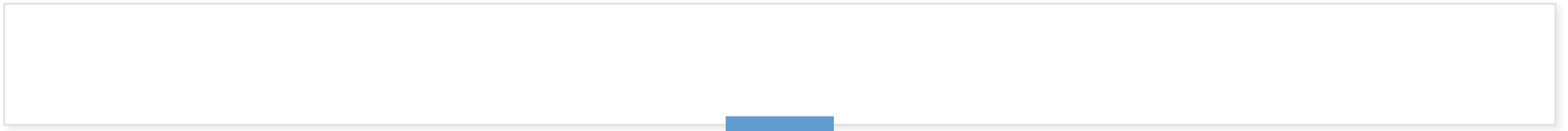


[leishamckinleybeach@gmail.com](mailto:leishamckinleybeach@gmail.com)

[www.leisha.org](http://www.leisha.org)

# Session 3:

March 9, 1:00 pm – 2:15 pm EDT





# Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.



- Symposium Registration, Call for Abstracts and Posters, and sponsorship opportunities are now available for our 2020 Symposium.

- When? June 18 – 19, 2020

- For more information visit:

[2020 Health in Public Housing National Training Symposium](#)

**SIGN  
UP...**

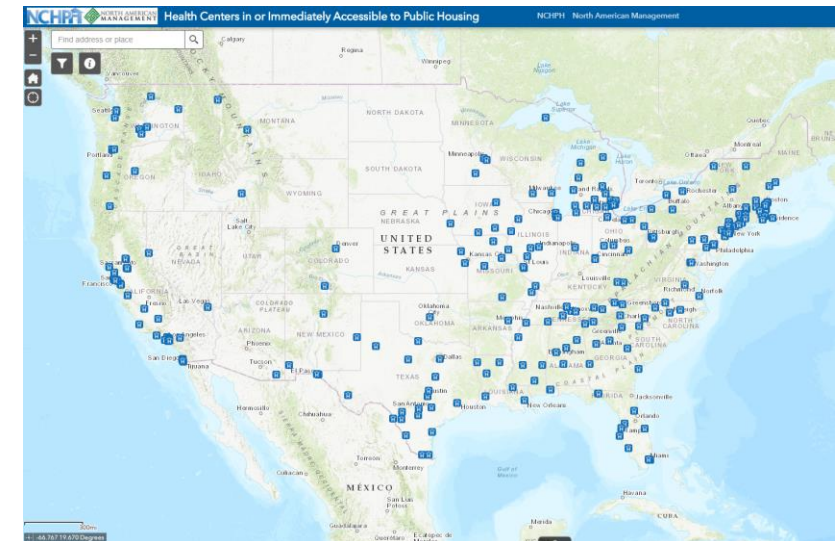
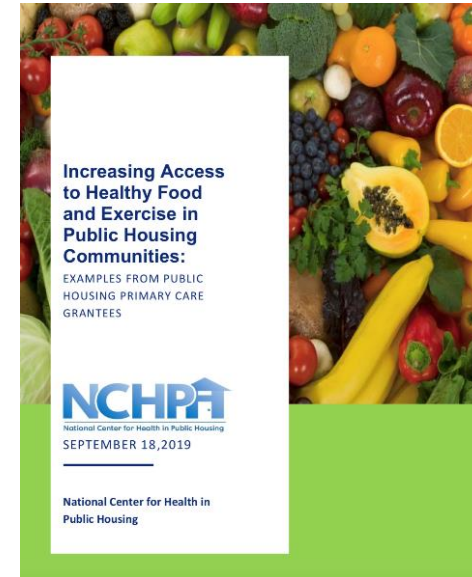


## Join Our Mailing List and Receive:

- HRSA Updates
- Medicare Updates
- Funding Opportunities
- Senior Programs
- Resources and Services
- Webinars

# Visit Our Website: <http://nchph.org>

- Webinars
- Monographs
- Publications
- Interactive Maps
- Provider and Resident-Centered Factsheets
- Training Manuals
- Newsletters
- Annual symposiums
- One-on-One





# Contact Us

Robert Burns  
Director of Health  
Bobburns@namgt.com

Dr. Jose Leon  
Chief Medical Officer  
jose.leon@namgt.com

Saqi Maleque Cho DrPH, MSPH  
Manager of Policy, Research, and  
Health Promotion  
Saqi.cho@namgt.com

Fide Pineda Sandoval  
Health Research Assistant  
Fide@namgt.com

Chantel Moore  
Communications Specialist  
Cmoore@namgt.com

Please contact our team for  
Training and Technical Support  
703-812-8822



# THANK YOU!

---

