

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

## SESSION 3

*RECOGNIZING IMPLICIT AND EXPLICIT BIAS TO MOVE PAST CULTURAL STEREOTYPES ASSOCIATED WITH GAY/BI/SGL MEN OF COLOR TO OFFER CLIENT-CENTERED SERVICES*



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

 **SAC**  
SOUTHERN AIDS COALITION

March 09, 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

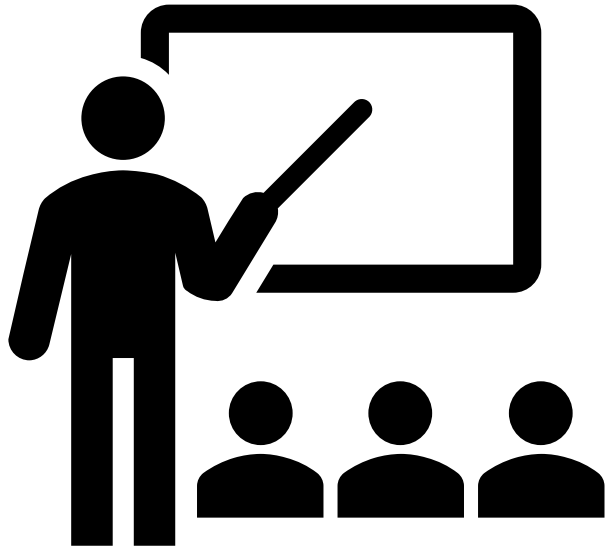


RAISE HAND



Q&A

# Learning Objectives



- Introduce and name factors that shape individual identity.
- Explore cultural concepts including harmful impacts of toxic masculinity, DL culture, interpersonal relationships, and intersectionality.
- Examine and acknowledge where interpersonal dynamics of identity continues to impact health care for gay/bi/SGL men of color living with HIV.
- Define cultural competence and humility.
- Describe the intersectional impact of social determinants of health, identity, and cultural competence on access, use, and trust in health care services.
- Develop tactical strategies for engaging gay/bi/SGL men of color using culturally responsive communication strategies, and a culturally informed base of knowledge.

# Public Housing Demographics

2.2 million residents

2.2 persons/household

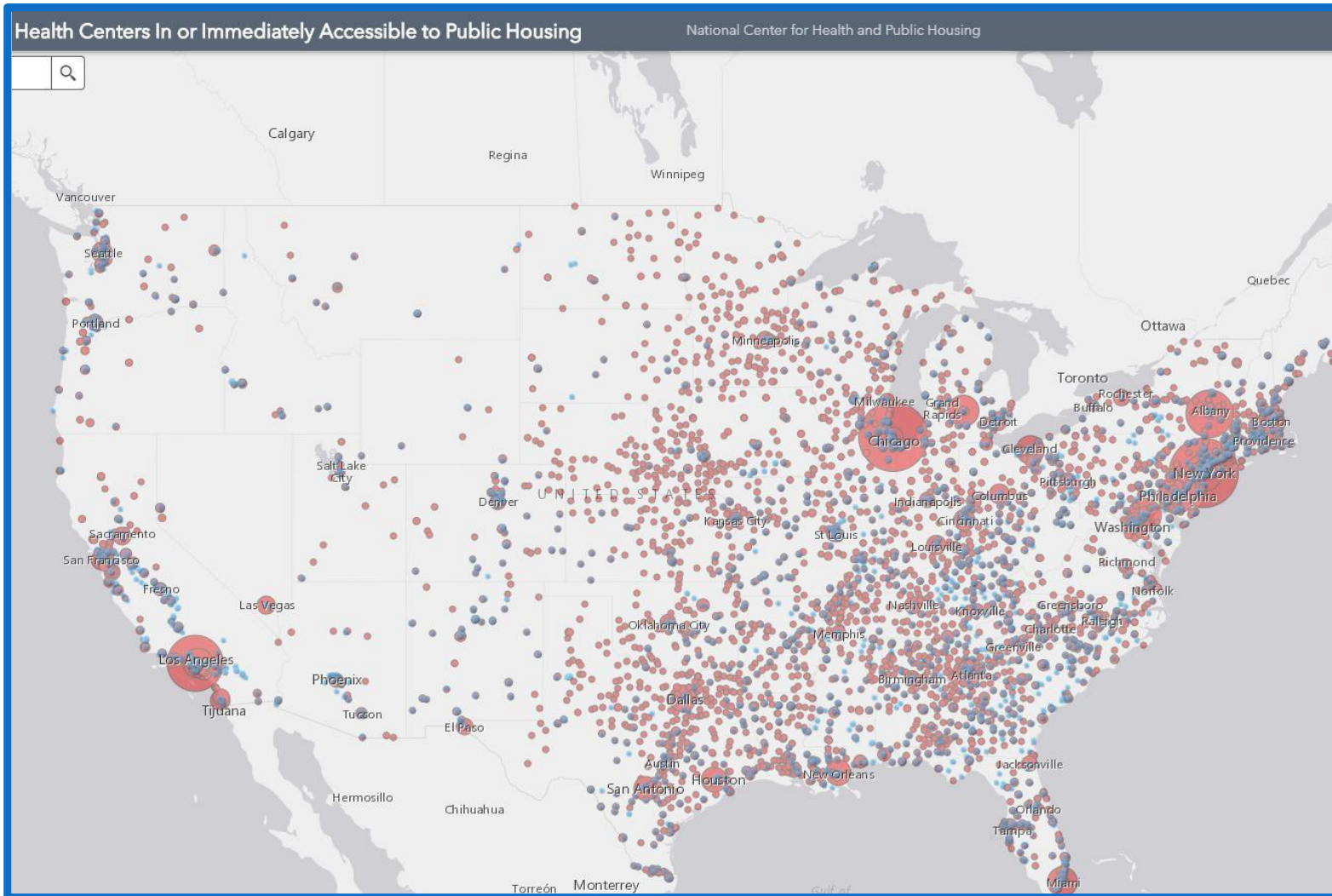
38% children

59% female

55% less than high school diploma

83.2% below federal poverty





# Health Centers Close to Public Housing

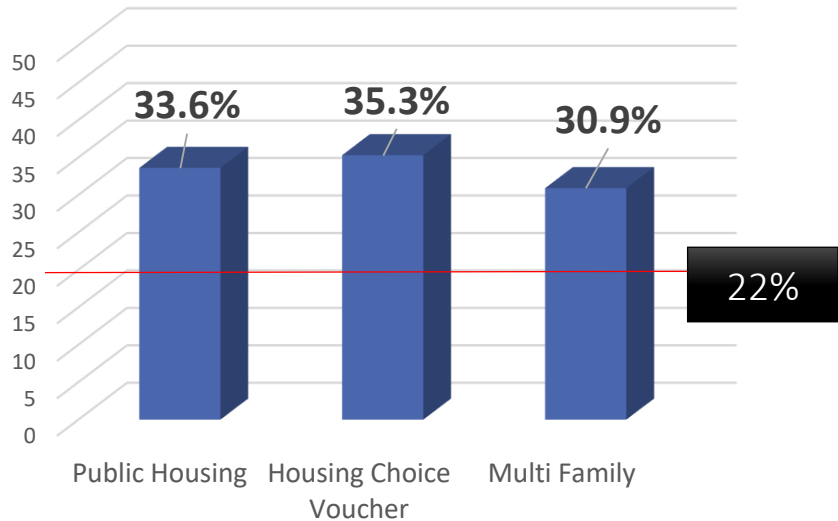
- 1,300 Federally Qualified Health Centers (FQHC)=28.4 million
- 356 FQHCs In or Accessible to Public Housing= 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123 patients

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

# 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

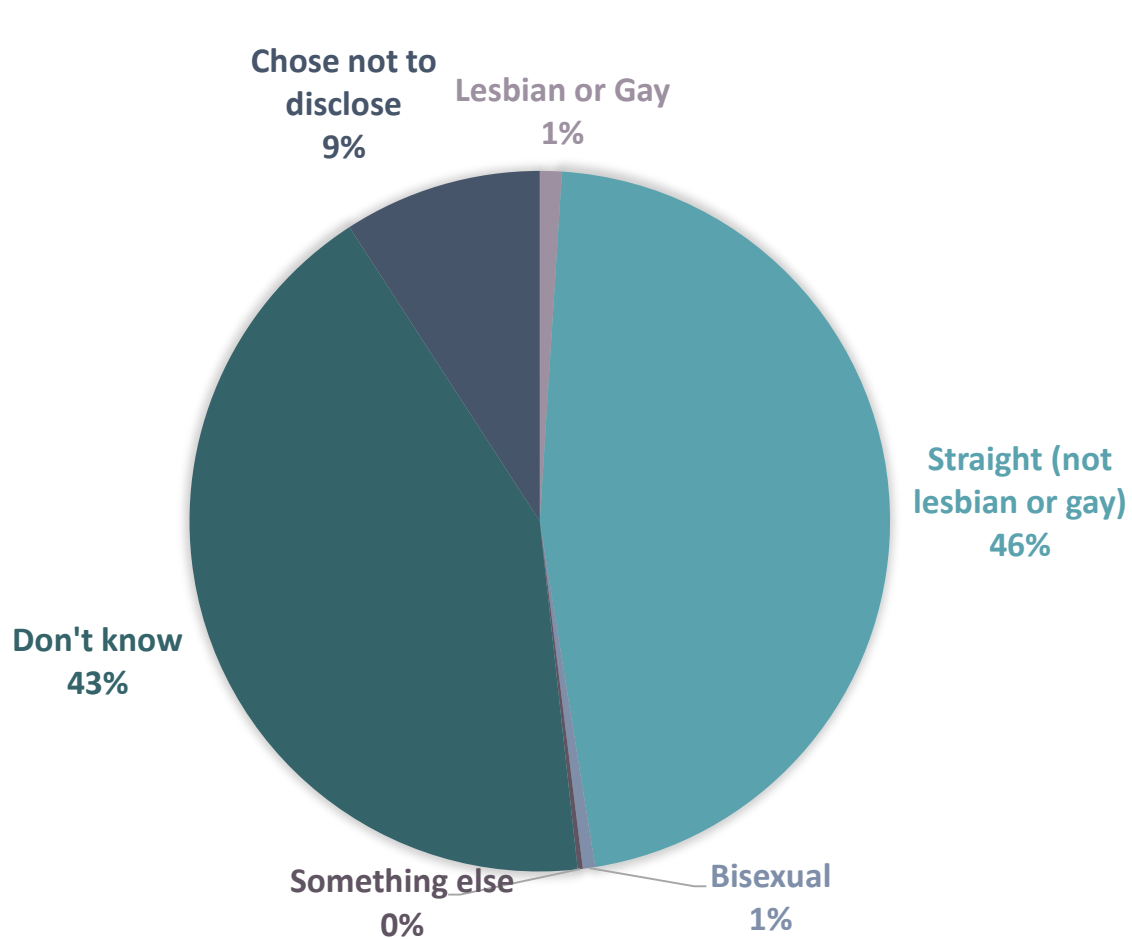
<b>Diagnostic Tests/Screening/Preventive Services</b>		
	Number of Visits	Number of Patients
HIV test	103,844	89,432
Hepatitis C	55,398	46,224

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

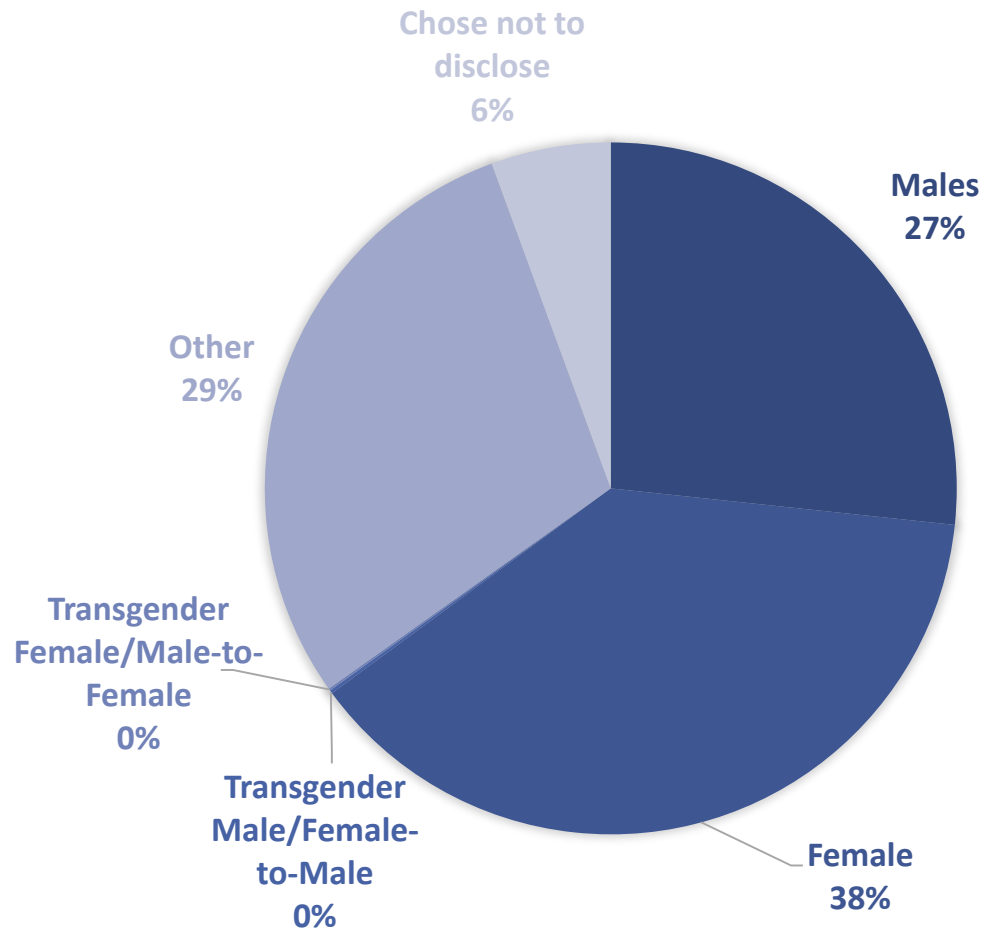


# LGBTQIA+ patients in FQHCs

## PATIENTS BY SEXUAL ORIENTATION



## PATIENTS BY GENDER IDENTITY



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

# PJ Moton, LMSW



# Exploring Cultural Competence and Humility in the Care of

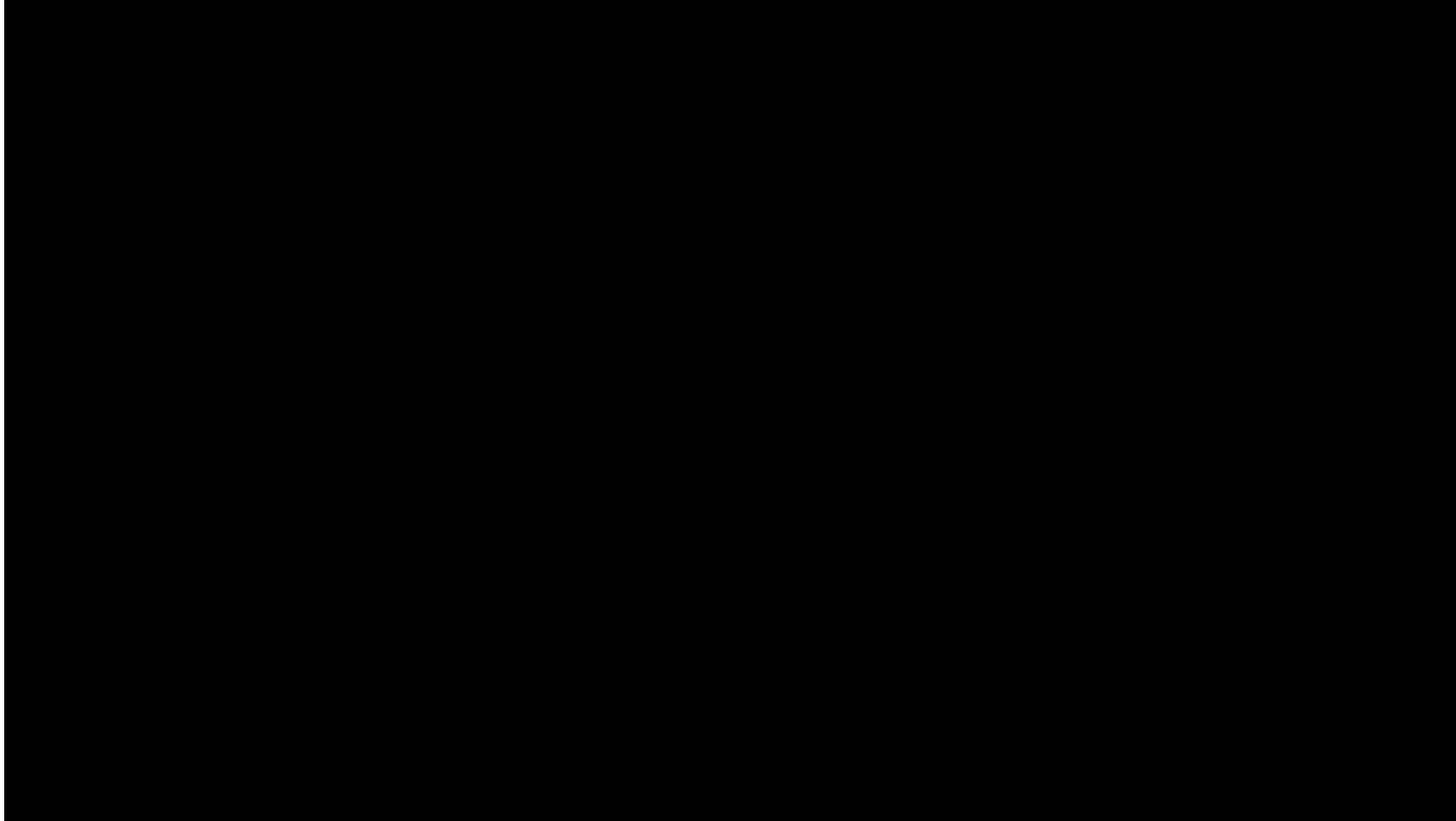
Black gay, bisexual, queer & same gender-loving men



**SOUTHERN AIDS COALITION**

Instructional Design by toynton llc

# THE TALK





Welcome

“The Black homosexual is hard pressed to gain audience among his heterosexual brothers; even if he is more talented, he is inhibited by his silence or his admissions.” - Essex Hemphill



In partnership with



# P.J. Moton-Poole, LMSW

- ▶ Husband
- ▶ Son
- ▶ Brother
- ▶ Father
- ▶ Lover of music
- ▶ Fun Fact about me: I've been nominated for a Grammy.



We wear a mask...





# Objectives



# PERSONAL IDENTITY

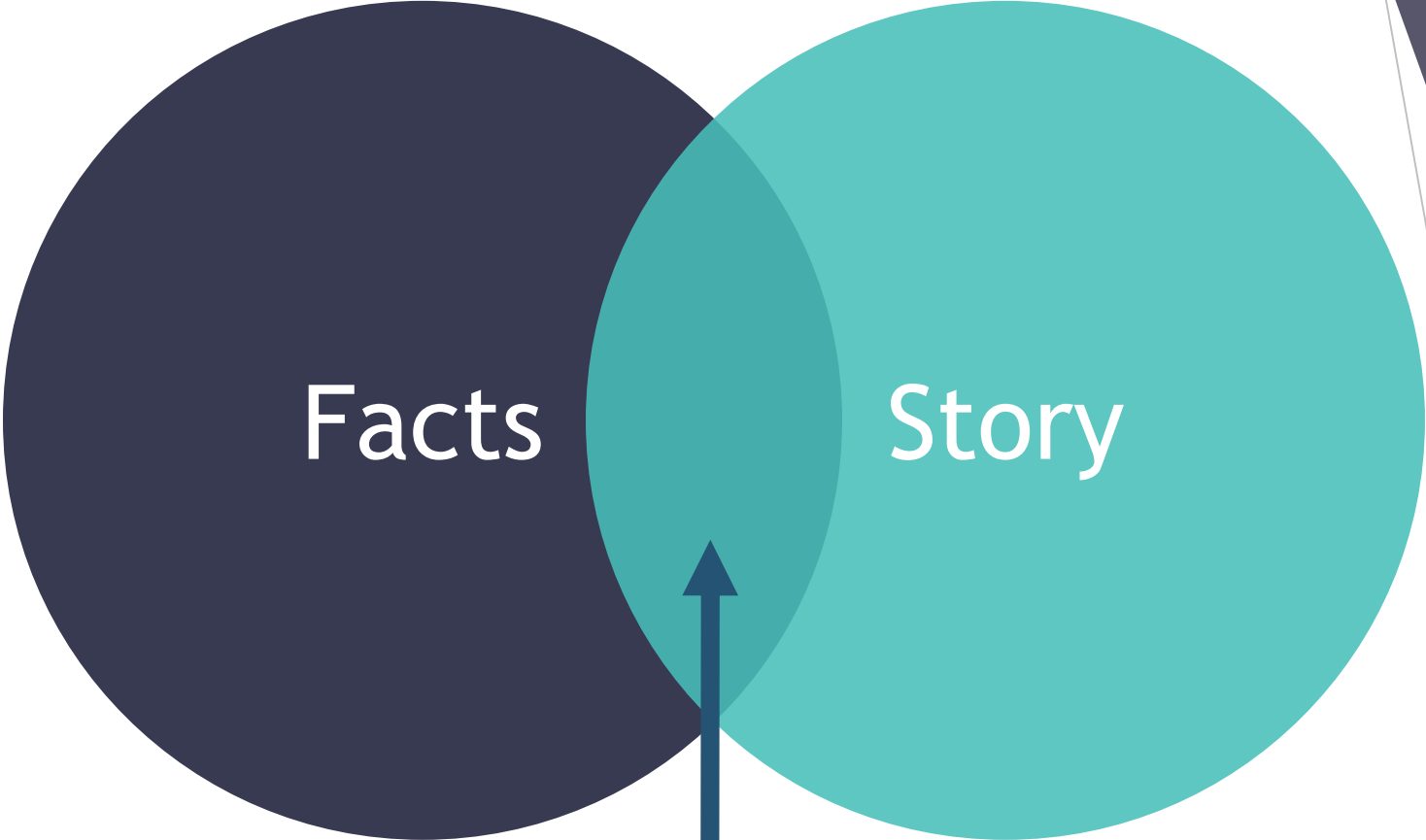


Biology

Culture

Ethnicity

Lived  
Experience

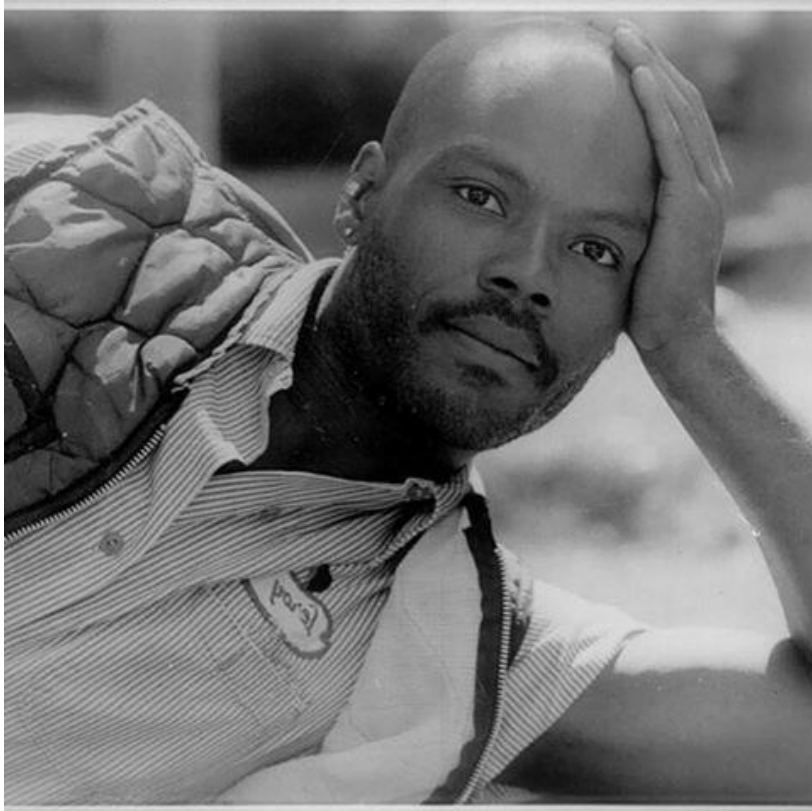


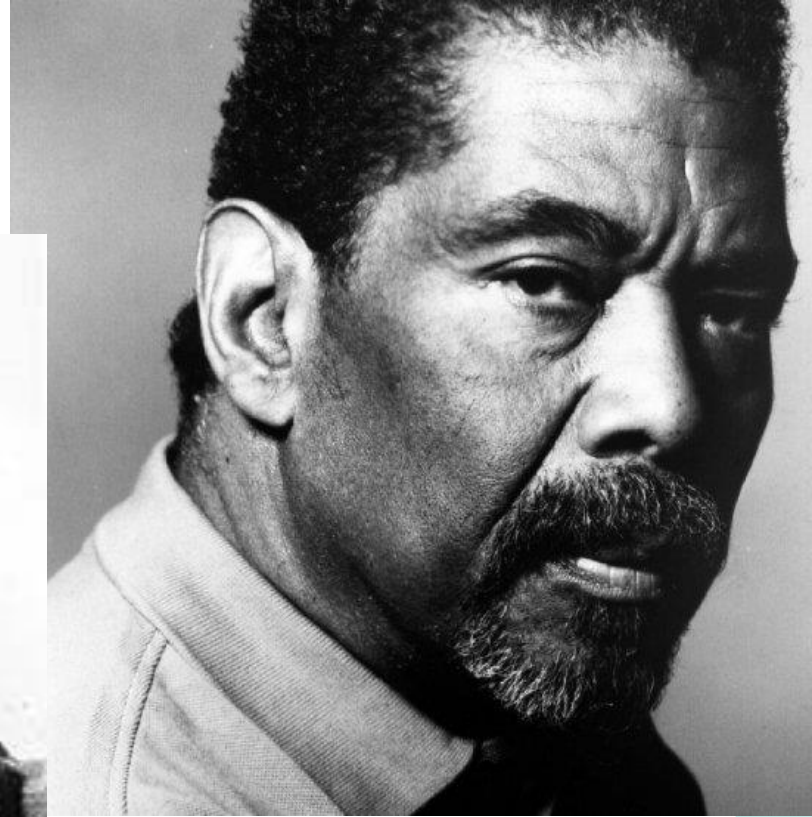
Facts

Story

PERCEPTION

# Historical Figures





# Black gay men are a diverse community





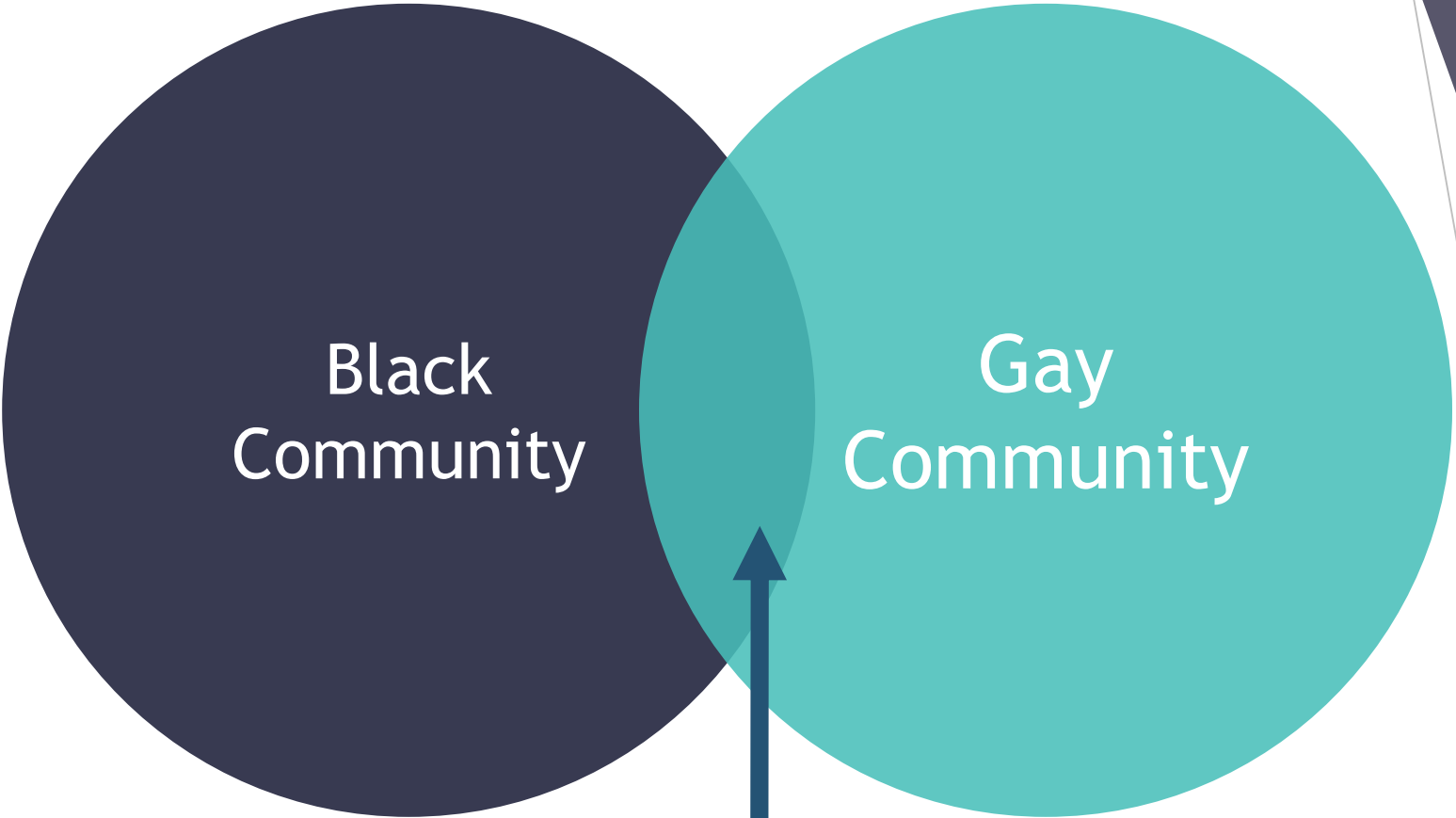
# SHAPING INDIVIDUAL IDENTITY





# STIGMA

- ▶ Stigma has had a persistent impact on the course of the epidemic
- ▶ The challenge of stigma can be addressed through cultural competence and humility
- ▶ The deeper our understanding of the challenge, the better equipped we will be to address it

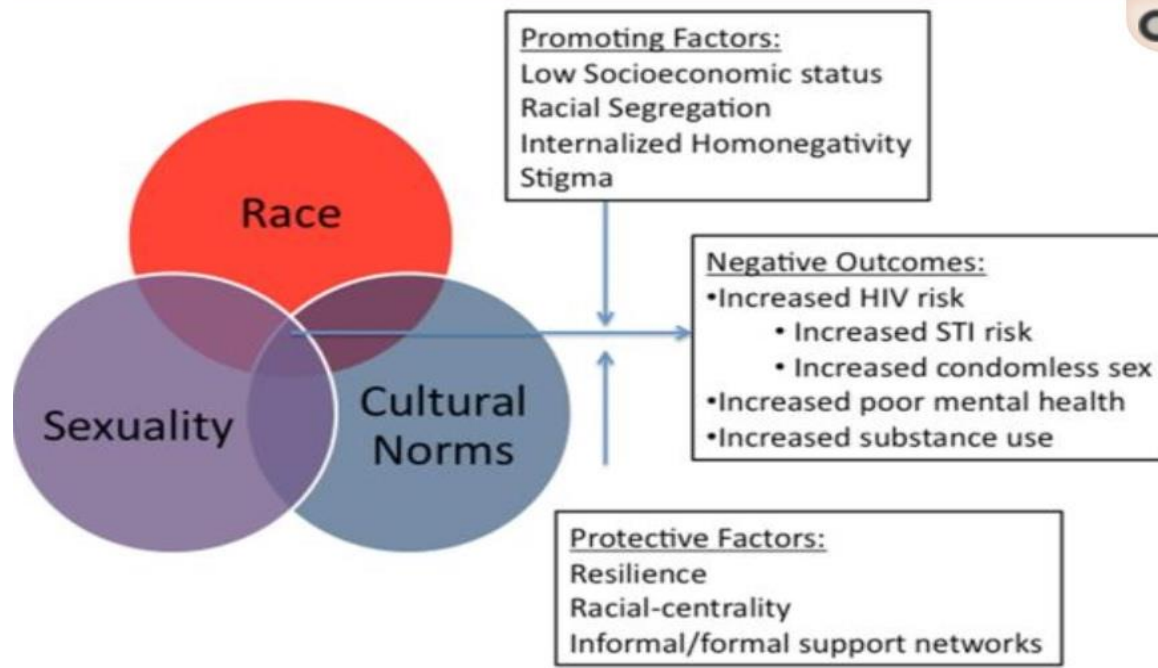


Black  
Community

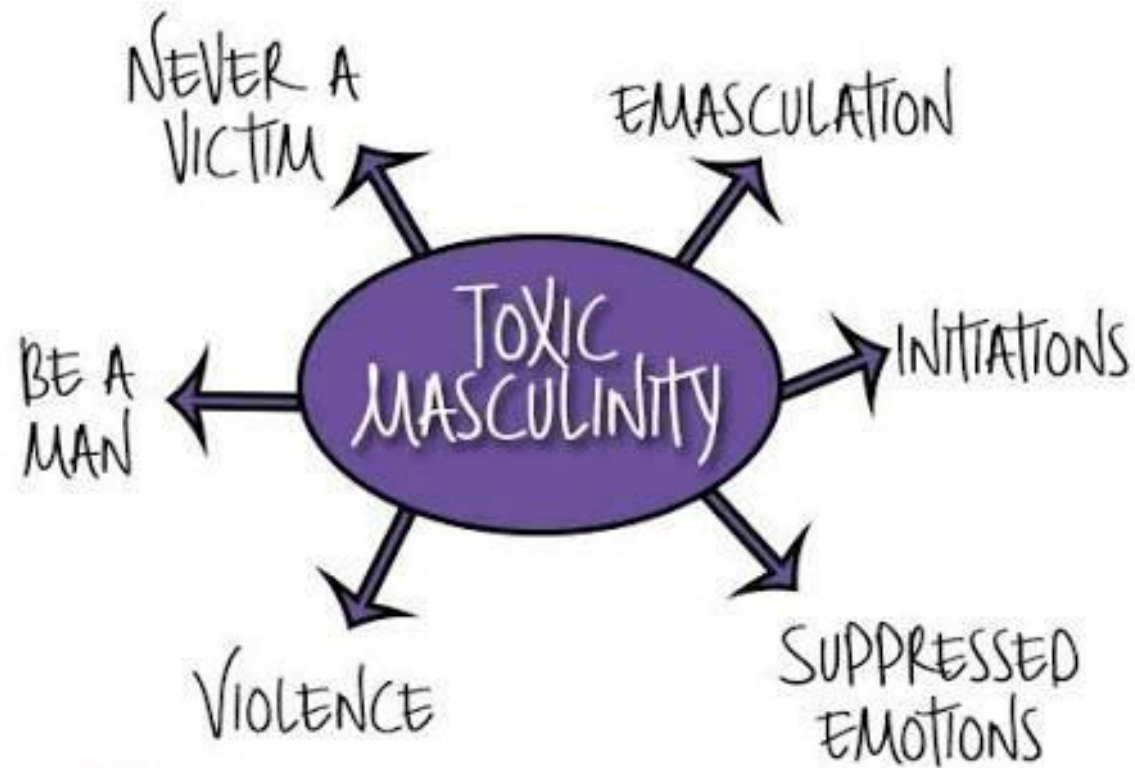
Gay  
Community

Black GBQ/SGL Men

# Understanding risks for BGBQSLG Men



# Dangers of Toxic Masculinity



# Dangers of Toxic Masculinity



Extreme self-reliance/need to do everything on their own (making it less likely for men to seek treatment or reach out for help in times of need)



Shame, disassociation, and avoidance of emotional expression (boys don't cry)



Extreme aspiration for physical, sexual, and intellectual domination (even at the expense of authenticity)



Devaluation of opinions, body's and sense of self of women and feminine-expressive people



Condemning anything feminine within another man, or equating affection for another man as being sexually attracted to other men, resulting in higher self isolation, loneliness/lack of social cohesion.

# Explore and Examine DL Culture

- ▶ Have you ever considered:
  - ▶ Safety
  - ▶ Survival
  - ▶ Security





# Interpersonal Relationships

How Black gay, bi, queer, sgl men relate.

# BIOLOGICAL FAMILY VS. CHOSEN FAMILY





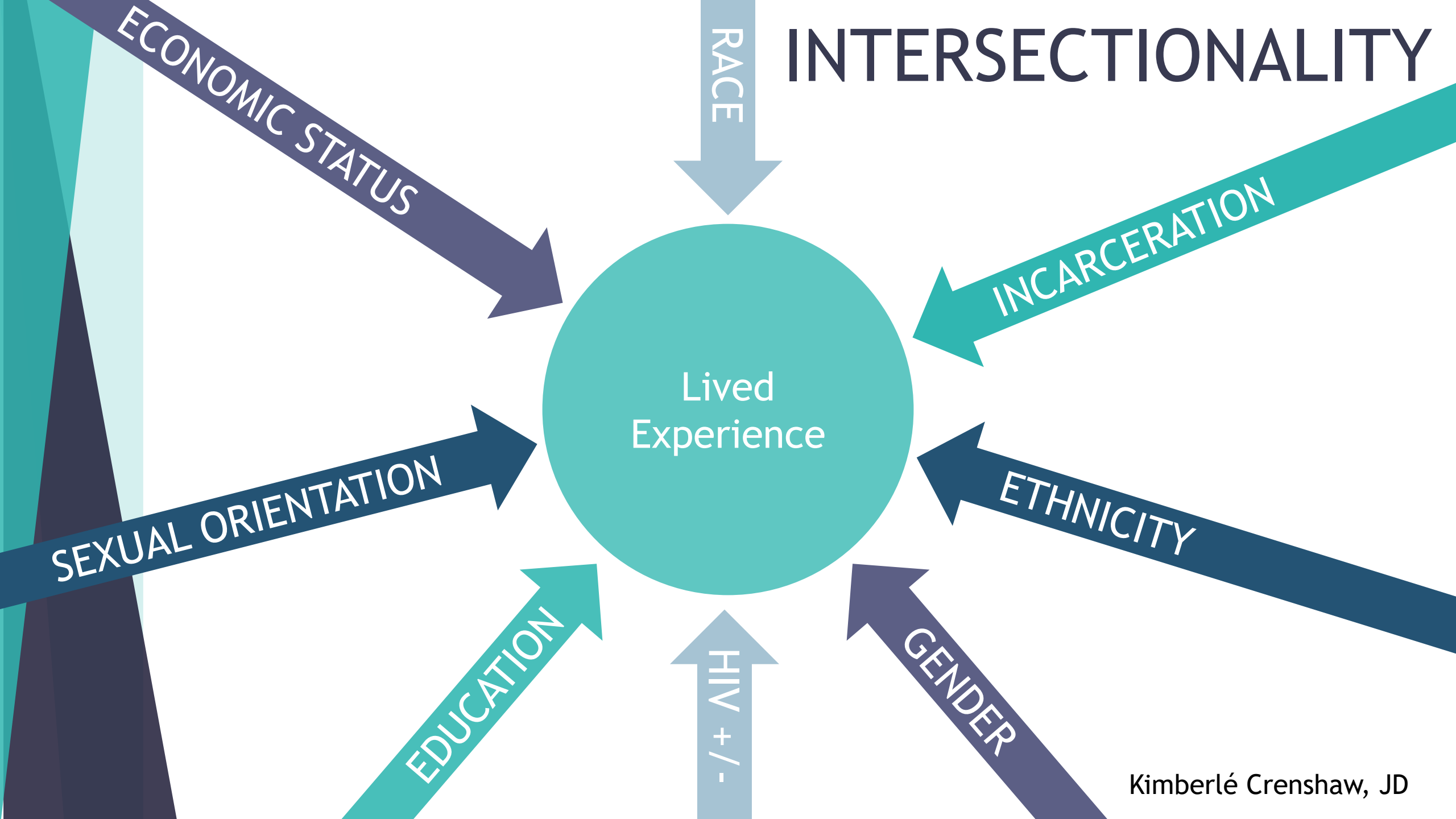
# Navigating Relationship Dynamics



Many men, many faces, many choices,  
many voices...



# INTERSECTIONALITY



Kimberlé Crenshaw, JD

# Black gay men and HIV

Historical and existing barriers to care



Misconceptions and misinformation of HIV education in Black  
gay/bi/queer/sgl communities

**Health Literacy**

# Health Literacy



# What is Cultural Humility?

A lifelong learning process and perspective which incorporates openness, self-awareness, power-balancing, and critical self-reflection to achieve mutually beneficial and respectful partnerships.



M. Tervalon & L. Lewis,  
2018

# Cultural Competence vs. Cultural Humility

- ▶ **HUMILITY is...**
- ▶ *freedom from pride or arrogance as they relate to one's ability to learn, understand and grow.*

## Examples:

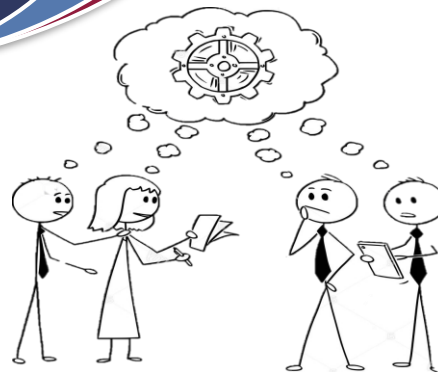
- ❑ Learning how to be situationally aware
- ❑ Learning how to ask for help
- ❑ Learning how to maintain curiosity and ask questions
- ❑ Reinforcing 'soft skills'

- ▶ **COMPETENCE is...**
- ▶ *the possession of sufficient knowledge or skills about a group, task, concept, or process.*

## Examples:

- ❑ Learning appropriate vocabulary/terms
- ❑ Learning history and historical context
- ❑ Acquiring technical skills and learning best practices and theories

# Cultural Humility Principles



A lifelong process of critical self-reflection and self-critique

Redressing the power imbalances in the client-provider dynamic

Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

Advocating for and maintaining institutional accountability



# Intrapersonal

A lifelong process of critical self-reflection and self-critique

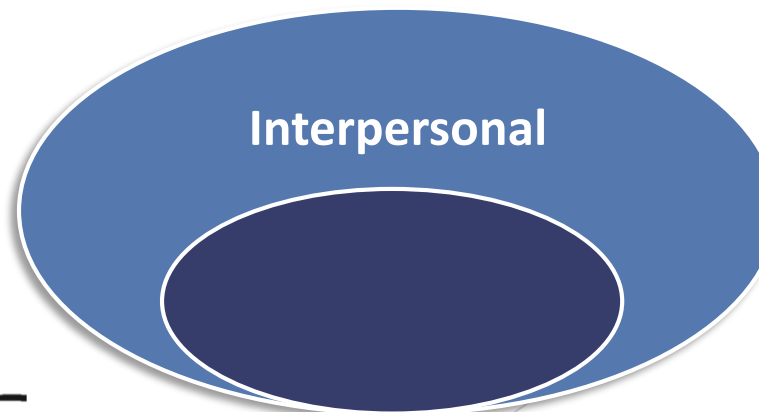
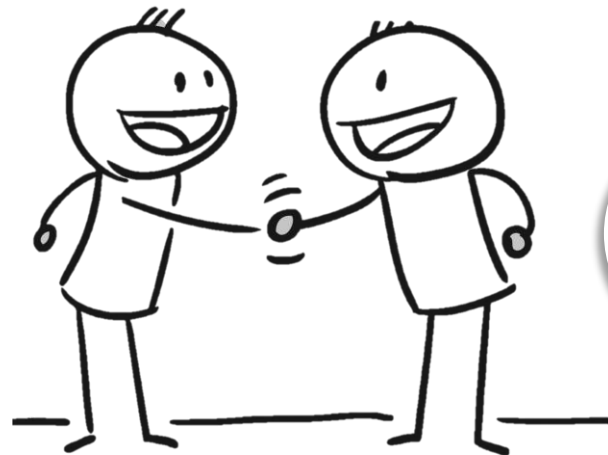


**Intrapersonal**

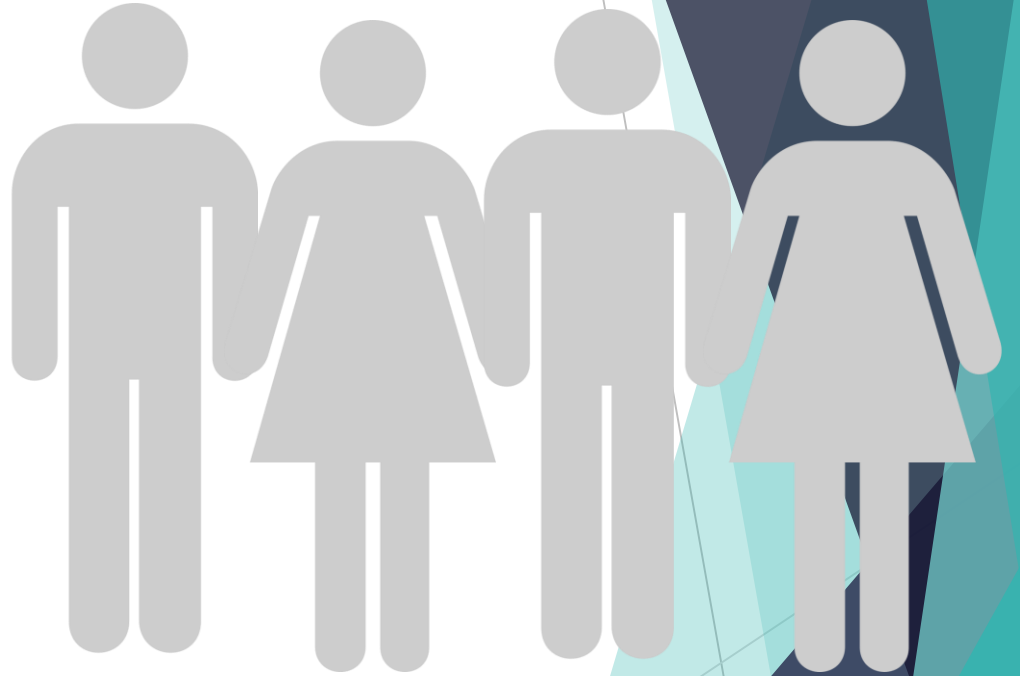
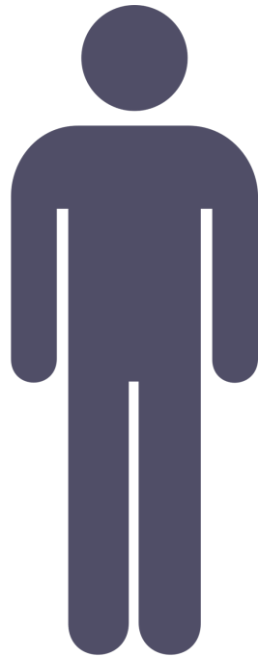
# Interpersonal

Redressing the power imbalances in the client-provider dynamic

Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations



STIGMA



# THE LOOK



# Tactical Strategies



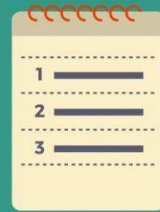
# Teach Back Method

## Making Teach-Back Successful

- Use teach-back on **all** patients.
- Start with the most important message.
- Focus on 2 to 4 key points.
- Use plain language. No medical jargon.

# Communication Strategies

## How to Use Plain Language?



### 1. Active voice:

Identify who is doing what.  
Keep the subject up front.

### 2. Common words:

Use simple, easy-to-understand words. Try not to use medical or insurance jargon.

### 3. Keep it short:

Stick to 1-3 ideas. Remove words you don't need.

### 4. Positive tone:

Write and speak in a friendly tone.

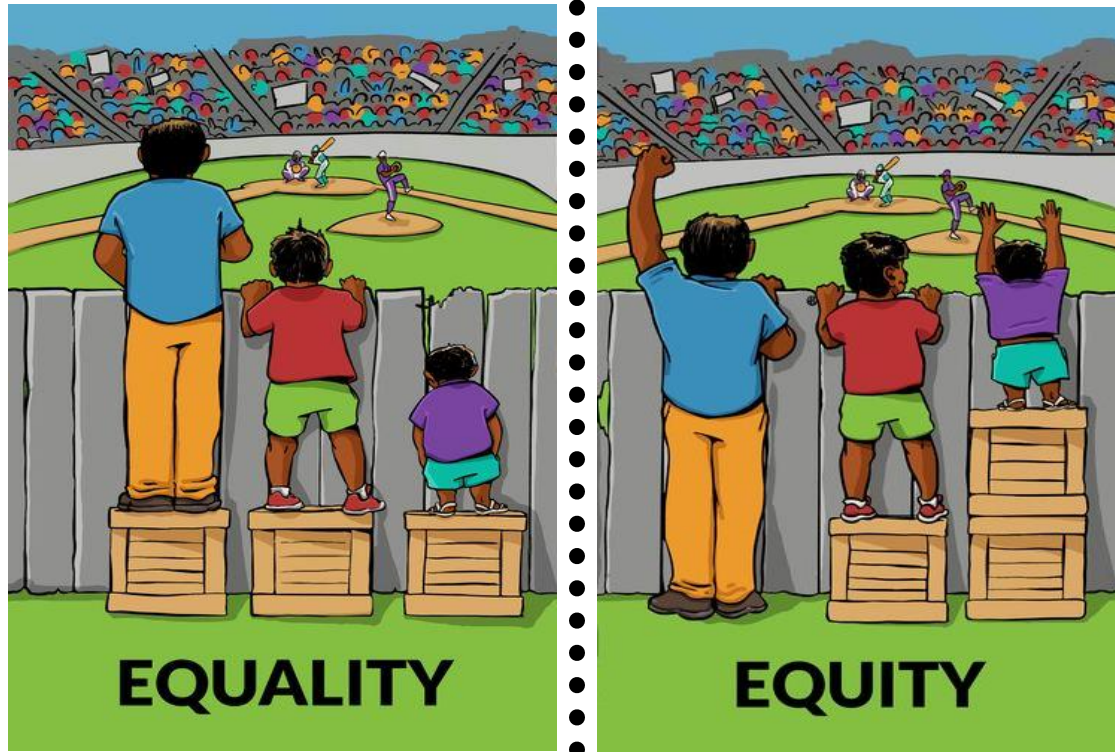
### 5. Logical organization:

Put the most important points first.

### 6. Easy-to-read design features:

Use bulleted lists, headings, subheadings, pictures, and tables.

# Perspective



**Equality = Sameness**  
Giving everyone the same thing -> it only works if everyone starts from the same place

**Equity = Fairness**  
Access to Same Opportunities -> We must first ensure equity before we can enjoy equality



# THE GOAL- LIBERATION



Questions?



# Session 4:

March 23, 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.



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**SIGN  
UP...**

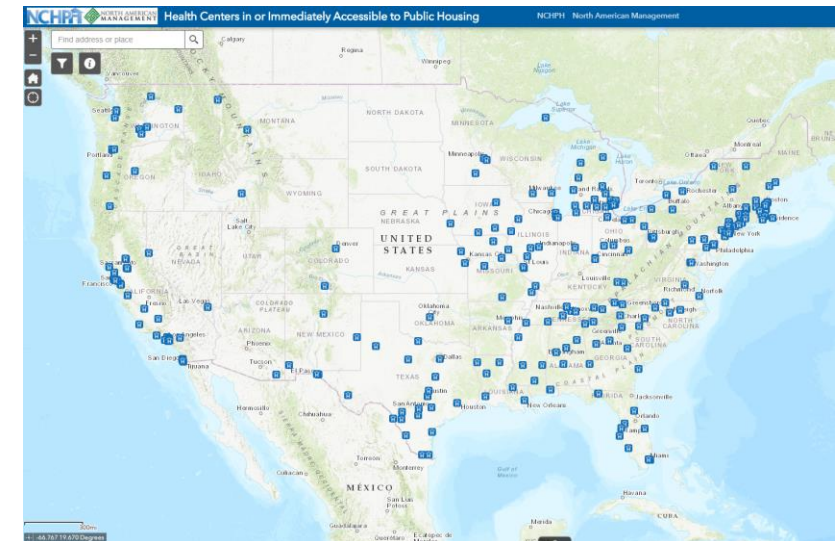
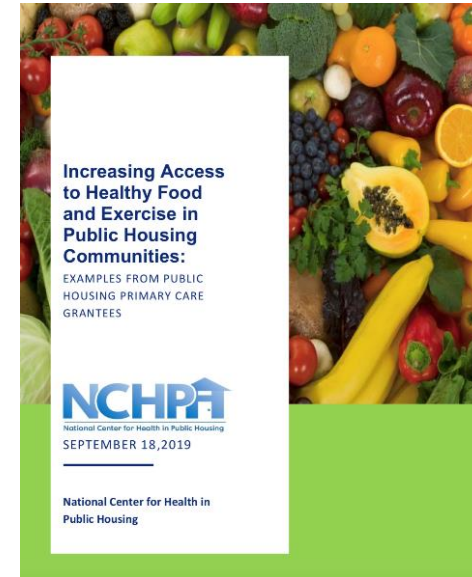


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# Contact Us

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!**

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