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
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.
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 healthcare 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 healthcare 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
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**

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

Source: Helms VE, 2017
### HIV in PHPC Patients

#### Infectious Diseases

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of Visits by Diagnosis Regardless of Primacy</th>
<th>Number of Patients with Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic/Asymptomatic HIV</td>
<td>13,085</td>
<td>4,347</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>13,409</td>
<td>9,442</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>14,886</td>
<td>6,743</td>
</tr>
</tbody>
</table>

#### Diagnostic Tests/Screening/Preventive Services

<table>
<thead>
<tr>
<th>Test</th>
<th>Number of Visits</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV test</td>
<td>103,844</td>
<td>89,432</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>55,398</td>
<td>46,224</td>
</tr>
</tbody>
</table>

Source: [https://bphc.hrsa.gov/uds/datacenter.aspx](https://bphc.hrsa.gov/uds/datacenter.aspx)
LGBTQIA+ patients in FQHCs

**PATIENTS BY SEXUAL ORIENTATION**

- Chose not to disclose: 9%
- Lesbian or Gay: 1%
- Straight (not lesbian or gay): 46%
- Bisexual: 1%
- Something else: 0%
- Don't know: 43%

**PATIENTS BY GENDER IDENTITY**

- Chose not to disclose: 6%
- Males: 27%
- Female: 38%
- Transgender Male/Female-to-Male: 0%
- Transgender Female/Male-to-Female: 0%
- Other: 29%
- Don't know: 6%

Source: [https://bphc.hrsa.gov/datareporting/reporting/index.html](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
“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 Hemphil
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

**Introduce and name**
- Introduce and name factors that shape individual identity.

**Explore**
- Explore cultural concepts including harmful impacts of toxic masculinity, DL culture, interpersonal relationships, and intersectionality.

**Examine and acknowledge**
- Examine and acknowledge where interpersonal dynamics of identity continues to impact health care for gay/bi/SGL men of color living with HIV.

**Define**
- Define cultural competence and humility.

**Describe**
- Describe the intersectional impact of social determinants of health, identity, and cultural competence on access, use, and trust in health care services.

**Develop**
- Develop tactical strategies for engaging gay/bi/SGL men of color using culturally responsive communication strategies, and a culturally informed base of knowledge.
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 GBQ/SGL Men
Understanding risks for BGBQSLG Men

Promoting Factors:
- Low Socioeconomic status
- Racial Segregation
- Internalized Homonegativity
- Stigma

Negative Outcomes:
- Increased HIV risk
- Increased STI risk
- Increased condomless sex
- Increased poor mental health
- Increased substance use

Protective Factors:
- Resilience
- Racial-centrality
- Informal/formal support networks
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

Lived Experience

RACE

ECONOMIC STATUS

SEXUAL ORIENTATION

EDUCATION

HIV +/-

INCARCERATION

ETHNICITY

GENDER

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

- Organizational
  - A lifelong process of critical self-reflection and self-critique
- Interpersonal
  - Redressing the power imbalances in the client-provider dynamic
- Intrapersonal
  - 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

- 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.
Equity = Fairness
Access to Same Opportunities

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

M. Tervalon & L. Lewis, 2018
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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