Exploring Cultural Competence and Humility in the Care of HIV Patients Learning Collaborative
Session 3

April 24, 2024

Session 3: Cultural Competence Models for Hispanics

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH) 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 Partner (NTTAP) for $2,006,400 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.

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Staff Members

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Ice Breaker

- What does your perfect breakfast look like?

Learning Objectives

Review	• Cultural Competence Basics
Revise	• Culturally-Appropriate Strategies to Use in HIV Clinic Settings
Discuss	• The Beliefs and Traditions that Impact the Care of Latinos Living with HIV

Learning Collaborative Expectations

- Make a personal commitment to come prepared and to actively contribute to the group. (all sessions are interactive)
- Be willing to make mistakes
- It's always OK to say "pass" or that you don't know.
- Respect differences in people's background preparation and thinking styles.
- Assume that everybody in the group is doing their best and working to progress. (Peer-to-peer learning)
- Give each other the opportunity to speak and ask questions.
- If you have been speaking a lot, step back and give others a turn.
- Be an active listener: listen fully and ask for clarification if needed.
- Help others clear up confusion productively, focusing on the points of confusion and not the person.
- The participants, SMEs and facilitators all learn from each other.

What do you know about sex workers?

- Sex workers love money and are too lazy to work. They could easily get other jobs.
- Sex work is the quickest way for poor women to make money.
- HIV is the only serious problem sex workers face. Some sex workers use alcohol and/or drugs as a mechanism to cope with the hardship of their job.
- Sex workers hide their work to avoid being stigmatized by their families and the community.
- Sex workers are promiscuous; their relationships never last.
- Sex workers are highly vulnerable to HIV because they find it difficult to negotiate for safe sex with clients and their full-time partners.
- When sex workers come to a clinic, they receive the same treatment as everyone else. In many countries, sex work is illegal.
- Sex workers are afraid to report to the police those cases in which they have been beaten or raped by their clients because their work is illegal, and they think they have no rights.

Stigma: What is the impact?

Lack of access to treatment

Risks of personal safety

Lower quality of care

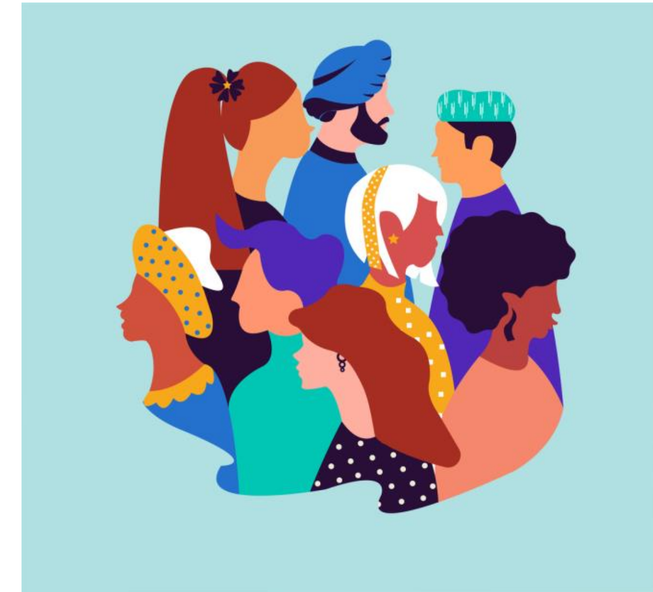
The Patient

- Mrs T was a 58-year-old female admitted to the intensive care unit (ICU) for respiratory distress secondary to pneumonia. On her 10th day of hospitalization, she developed septic shock. Despite escalations in care, it became clear Mrs T would not survive. After a goals-of-care conversation with her husband, her 2 adult children, living outside of the state, were called to come to say their goodbyes. With both children at bedside, a woman wearing scrubs and a long white coat walked into the room and announced, “I’m Dr A, an ICU resident.” She explained the medical data and summarized to the family that “the patient has no chance of survival.” Although this statement was objectively correct, it failed to acknowledge that “the patient” was also a community advocate for equitable education, a wife of 40 years, a mother...a human being

How do we develop cultural competency?

- **Practice openness** by demonstrating acceptance of difference.
- **Be flexible** by demonstrating acceptance of ambiguity.
- **Demonstrate humility** through suspension of judgment and the ability to learn.
- **Be sensitive to others** by appreciating cultural differences.
- **Show a spirit of adventure** by showing curiosity and seeing opportunities in different situations.
- **Use a sense of humor** through the ability to laugh at ourselves.
- **Practice positive change or action** by demonstrating a successful interaction with the identified culture.

Source: Penn State University



Source: Penn State University

Cultural Competence Strategies

- Learn the terminology and pronouns
- Understand the unique factors and challenges your patients face in health and healthcare
- Understand how discrimination and prejudices create unfair obstacles
- Create welcoming environments
- Implement meaningful changes to overcome barriers

Source: Penn State University

Cultural Competence Basics

- Listen to how patients refer to themselves or loved ones (names, pronouns) and use the same language they use; ask if unsure.
- Display in common areas policies indicating non-discrimination for sexual orientation/identity and display LGBT-friendly symbols such as rainbow flag, pink triangle etc.
- Include verbiage on signage or intake forms that is safe, judgement free and non-discriminatory, including gender neutral language.
- Waiting rooms or common areas should reflect reading materials relevant to LGBT patients; include local resources for LGBT resources.
- Remember that not all patients are heterosexual or monogamous; use "partner" instead of "spouse" or "boy/girlfriend," and replace marital status with "relationship status" on forms , which allows persons to indicate their relationship status.
- Create and designate unisex or single stall restrooms.
- Refrain from making assumptions about a person's sexual orientation or gender identity based on their appearance or voice (even via phone).
- Recognize that self-identification may not align with behavior: a man may identify as heterosexual but engages in sex with other men.
- Ask the patient if you are uncertain about the terminology, they use to describe sexual behavior – but only ask when there is a need to know; it is not the patient's job to educate you.
- Always affirm gender identity by using preferred name and pronouns, even when they are not in the room.9
- Check in with patients periodically – identities and behaviors can change just as relationship status and living arrangements may vary.
- Be consistent with language to and about the patient, especially among colleagues.

Source: Penn State University

What do you know about MSM?

- Becoming gay does not just happen. Rather, men decide or learn that they want to be gay.
- MSM are mentally ill but they can be cured.
- Sex between two men is against religion.
- MSM have been too influenced by Western values.
- MSM are all the same. You can identify them by the way they dress and behave.
- In many countries, it is illegal for men to have sex with men.
- MSM have an increased risk of getting HIV and other STIs because of having unprotected anal sex.
- MSM engage in the same sexual practices as other couples.
- MSM do not want long-term partners; they want only casual sex.
- MSM may also have sex with women.

Case Study 1

Alex is a 26-year-old Latino who has been married for eight years. He has a wife and three young children. He is returning to the clinic for his first follow-up visit after receiving an HIV diagnosis the previous week. Upon interviewing Alex, the provider asks him if he has shared his diagnosis with his family and if his wife has been tested.

Alex responds that he has not shared the information about his HIV status yet because he is afraid that his family will reject him. Further discussion about how Alex contracted HIV reveals that he has been engaging in unprotected anal intercourse with other men in the evenings when he gets off work.

He does not want his wife to know about his diagnosis. His wife has never been tested for HIV. He self-identifies as heterosexual and says that he only has sex with men because it is something new and different, not because he is attracted to men. He says that he loves his wife and his children very much, and that he does not want to hurt them.

Discussion Questions

1. What are some Latino cultural values that the provider could address in order to persuade Alex to share his diagnosis with his wife and family?
2. What is a Latino cultural value that may attribute to Alex’s refusal to self-identify a bisexual person?
3. How can the provider respond to Alex’s confessions of homosexual behavior in a culturally competent manner?
4. Discuss other Cultural Competence issues that may impact retention into care and treatment.

Dialogue with your patients

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Source: nastad.org

TABLE 2

Sexual History Taking Examples for Men Who Have Sex With Men

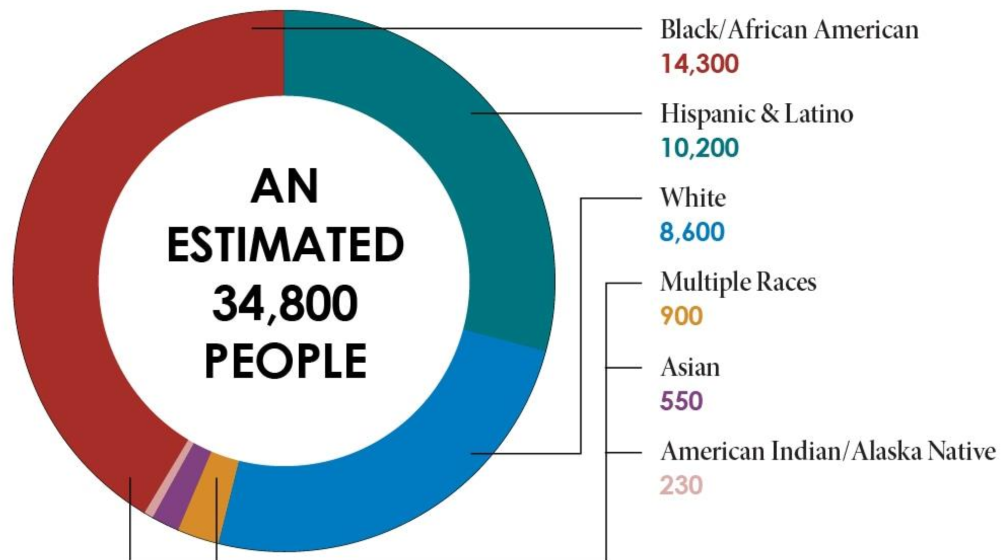
Topic	Examples
Introduction of questions	"I ask questions about sexual history of all my patients at least once a year; are you ok if we begin?" "It is common for people to change their sexual behavior over time." "This conversation may help guide recommendations to help you stay healthy, including the prevention of sexually transmitted infections."
Sexual orientation	"What are the typical genders of your preferred sex partners?" "Who do you find yourself sexually attracted to?"
Sex partners	"Is your sex partner a long-term partner? Are you both monogamous?" "Do you know if your sex partners are having sex with other people?"
Sexual activity	"Have you been sexually active in the past year?" "How many different sex partners have you had in the past 2 months? The past 12 months?"
Sexual risk	"Have you ever had a sexually transmitted infection like HIV, gonorrhea, syphilis, herpes, or chlamydia? If so, did you receive treatment?" "Have you ever been exposed to any of those diseases that you knew about?" "Do you use condoms when you have sex? How often?" "Do you use alcohol or drugs when you have sex? How often?" "Do you have any concerns about staying safe sexually?"
Counseling	"Are you interested in discussing strategies to reduce your risk of sexually transmitted infections?" "Would you like more education about sexually transmitted infections and how to prevent them?"

Information from references 12, 14, and 15.

HIV and Hispanic/Latino People in the US

OVER 25% OF NEW HIV INFECTIONS IN THE U.S. OCCUR AMONG HISPANIC & LATINO PEOPLE

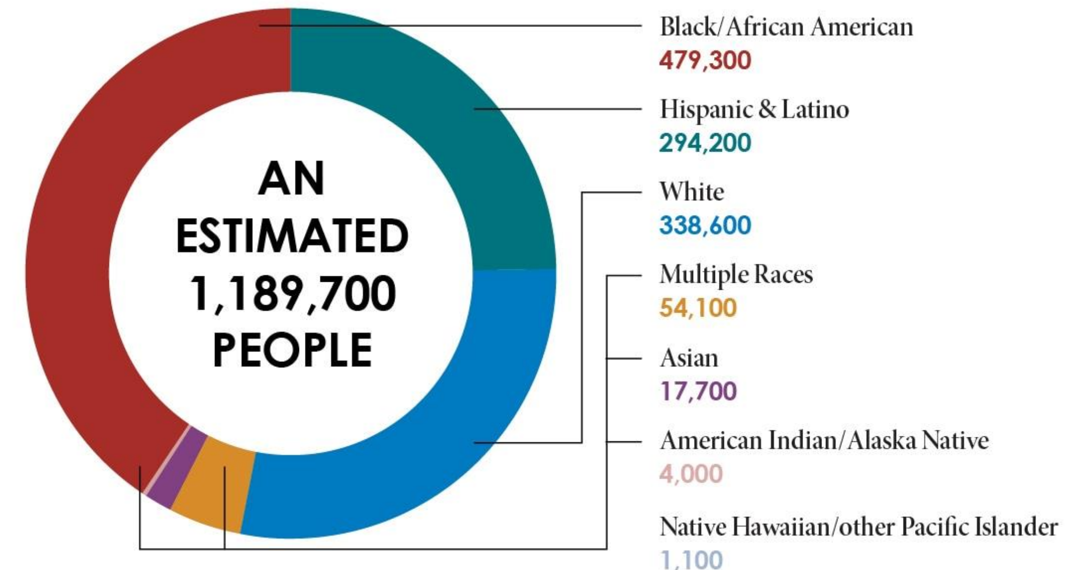
NEW HIV INFECTIONS IN THE U.S., BY RACE/ETHNICITY, 2019



*The HIV incidence estimate for Native Hawaiian/other Pacific Islanders was statistically unreliable, and therefore not included

25% OF ALL PEOPLE WITH HIV IN THE U.S. ARE HISPANIC & LATINO

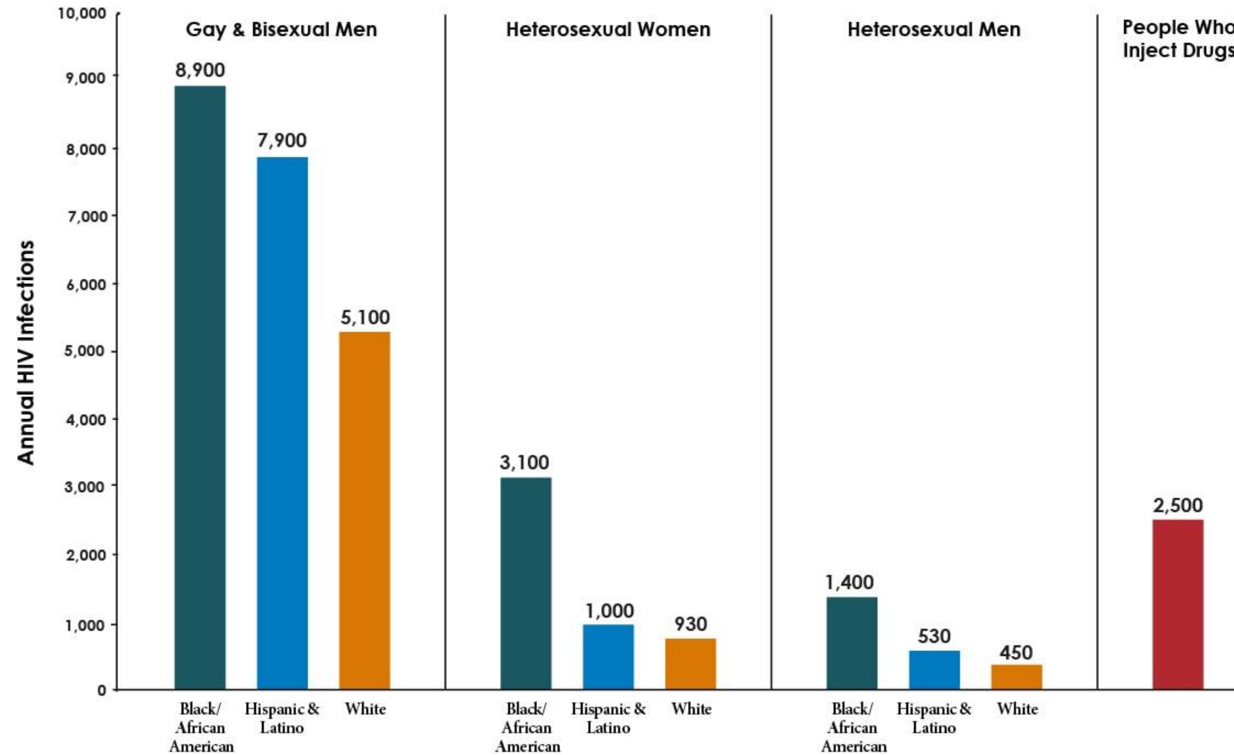
PEOPLE WITH HIV IN THE U.S. BY RACE/ETHNICITY, 2019



Source: CDC.gov

NEW HIV INFECTIONS DISPROPORTIONATELY AFFECT HISPANIC & LATINO/A GAY AND BISEXUAL MEN AND HETEROSEXUAL WOMEN

NEW HIV INFECTIONS BY RACE AND TRANSMISSION GROUP, 2019



For more information, visit
cdc.gov/nchhstp/newsroom

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- Hispanics share a strong heritage that includes family and religion, each subgroup of the Hispanic population has distinct cultural beliefs and customs

Source: Delta AETC.org

- **Within these groups there are characteristics which define:**
  - The use of language,
  - The role of family,
  - Religion/spirituality,
  - The definitions of illness, and
  - The use of healing/treatment practices in health provision and seeking behaviors.

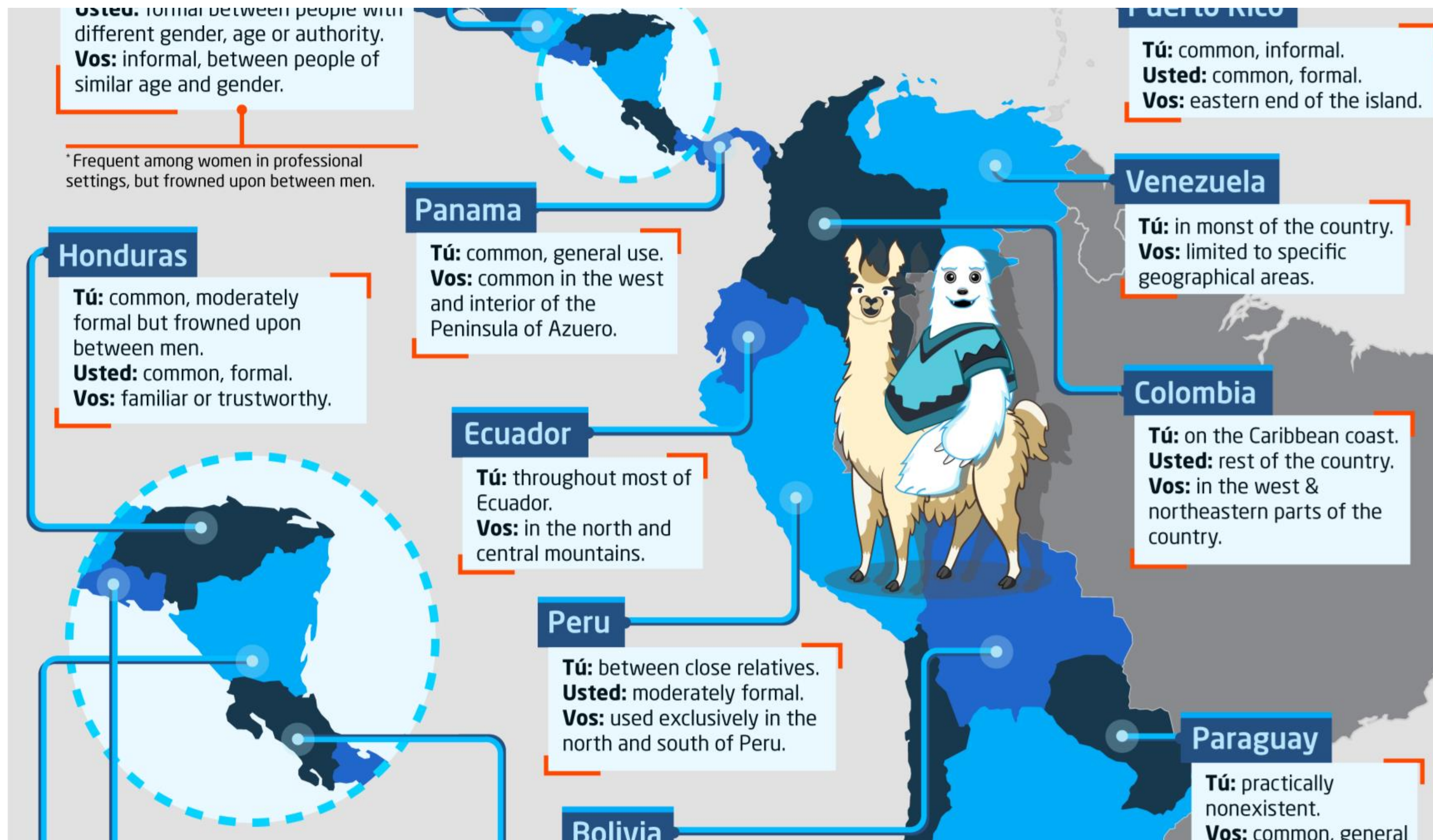
Source: deltaaetc.org

- Verbal and nonverbal communications from Hispanics usually are characterized by respeto (respect) and communications to Hispanics should also be respectful.

Source: deltaaetc.org

- **There is an element of formality in Hispanic interactions, especially when older persons are involved:**
  - Overfamiliarity is NOT appreciated in early relationships.
  - It is uncommon for Hispanics to be aggressive or assertive in health care interactions.
  - Direct eye contact is less.
  - Usually respond is silence and noncompliance.

Source:deltaaetc.org



Source: Altura Interactive

A brusque health care provider may:

- not learn of significant complaints or problems and
- find the patient unlikely to return.

- Communications and the relationship between patient and health care provider are key to providing quality care.

- Trust and interpersonal comfort is a critical component of the relationship between the person who is ill and the healer

Source: deltaaetc.org

Communication & Language Issues

- Early attention to building rapport will go a long way to facilitate communication.
- Rapport begins through exchange of pleasantries or chit-chat before beginning the business of medical history-taking and physical examination.
- Personalismo is an essential quality for providers to have when caring for this population.
- Hispanics expect health care personnel to be warm and personal and express a strong need to be treated with dignity.

Source: deltaaetc.org

Suggestions for respectful communication:

- Older person should be addressed by their last name.
- Avoid gesturing, some may have adverse connotations.
- Evaluate all questions and instructions.
- Encourage the patient to ask questions.

Source: deltaaetc.org

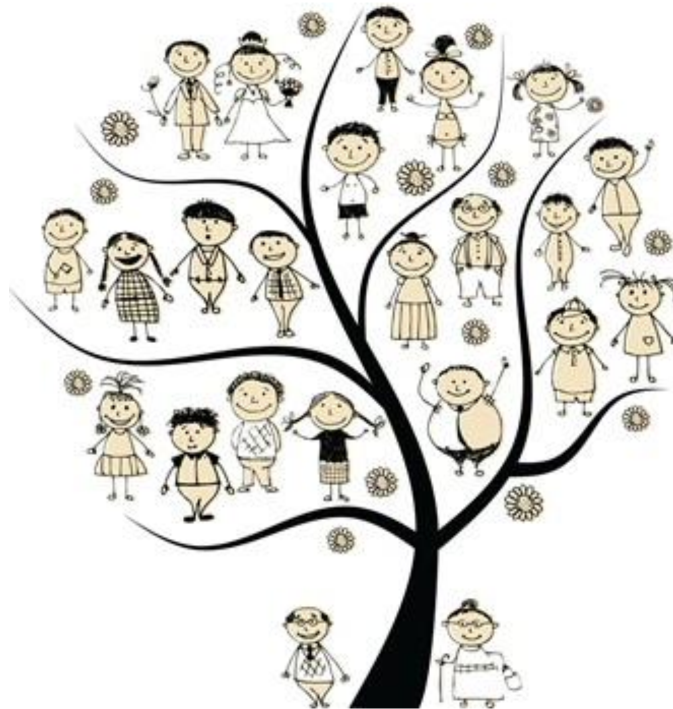
Suggestions for respectful communication:

- Explain to the patients that you realized that some things are not normally discussed, but are necessary so that best care can be planned.
- Using children to translate puts the parent and child in a difficult reversed power and authority position. This is a LAST RESOURCE

Source: deltaaetc.org

The role of family

- The *Hispanic/Latino family structure* tends to be patriarchal and follow a rigid hierarchical structure



Source: deltaaetc.org

Family members provide social, emotional, and even financial support to each other.

The role of family, Two specific gender roles

- Machismo **means that the husband is the protector, provider, and the decision-maker for the family.**
- Unfortunately, the concept has been distorted by many a men who abuse their power within the family.

Source: deltaaetc.org

Religion/Spirituality

- People's relationship with church is changing:
  - Women & oral contraceptives
- Protestant evangelical churches role is increasing:
  - Answer to social changes
  - Gang involvement

Source: deltaaetc.org

- Regardless of the source of care, the patient (and family) are likely to include faith in God as a vital component of understanding of the problem and the cure

Source: deltaaetc.org

Case Study 2

Sofia is a twenty-one-year-old migrant farm worker who has come into the clinic to receive an HIV test. Sofia is worried that Pedro has been unfaithful to her during his time working in North Carolina. She has heard her friends talk about how the "men are" when they travel without their families. It's not uncommon for men to feel lonely while traveling and their separation from loved ones for long periods of time may lead them to be intimate with someone else. Also concerning to Sofia is the fact that Pedro does not like to wear condoms. She questions his use of a condom during a possible indiscretion.

Sofia recently received information from a lay health educator where she learned about her potential risks relative to her relationship with Pedro. The lay health educator strongly urged her to consider being tested for HIV and other STI's. Sofia has never been tested and she is embarrassed and fearful of what people might think. She wonders if people will question her own fidelity and reasons for requesting information and testing. In addition, Sofia thinks it's important that Pedro also get tested, but doesn't know how to broach the subject with him. She is frightened about initiating a general conversation about such a topic, specifically how they can each protect themselves against HIV and other STI's.

Discussion Questions

1. What are some cultural concerns that you should consider when handling Sofia's discomfort with testing?
2. How can you make Sofia feel comfortable about the testing process?
3. What are some ways that you can help Sofia speak to Pedro about getting tested and about negotiating condom use?
4. Discuss other Cultural Competence issues that may impact retention into care and treatment.

Provider basics

- Self-Awareness
- Do I offer all patients the same information, tests, and treatments?
- What assumptions do I make about patients based on appearance?
- What are my personal cultural values or beliefs and how do these influence my practice?
- In what ways have fear, ignorance, and systemic oppression (including, but not limited to, ageism, classism, ethnocentrism, heterosexism, racism, and sexism) influenced my own attitudes and actions?
- What are steps I can take to minimize the effects of this personal bias?
- Use self-awareness to appreciate the multicultural identities of clients/patients and colleagues.

How to challenge implicit bias…

• Stereotype replacement — recognizing that a response is based on stereotype and consciously adjusting the response

• Counter-stereotypic imaging — Imagining the individual as the opposite of the stereotype

• Individuation — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center)

• Perspective taking — "Putting yourself in the other person's shoes"

• Increasing opportunities for contact with individuals from different groups — Expanding one's network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present

• Partnership building — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person

Source: nastad.org

Institutional Basics

- Create a mission statement articulating the principals, rationale and values for cultural and linguistic competence at all organizational levels.
- Develop strategies to engage patients or community members from various cultural groups in the development and evaluation of your organization’s core functions.
- Ensure the non-discrimination policy includes race, religion, gender identity and sexual orientation.
- Provide fiscal support, professional development and incentives for improvement among all levels of the organization. Incorporate educational trainings into onboarding protocols or mandatory staff meetings
- Conduct an individual and organizational assessment, on an ongoing basis, of cultural and linguistic competence in order to identify areas for growth.

Source: nastad.org

Tips to your team

1) Examine your own attitudes, leave any bias or prejudice at home
2) Realize that we serve diverse populations
3) Include people living with HIV or members of key affected populations on your team
4) Be explicit and don't assume your patients feel comfortable with you
5) Use non-verbal communication

Source: NASTAD.org

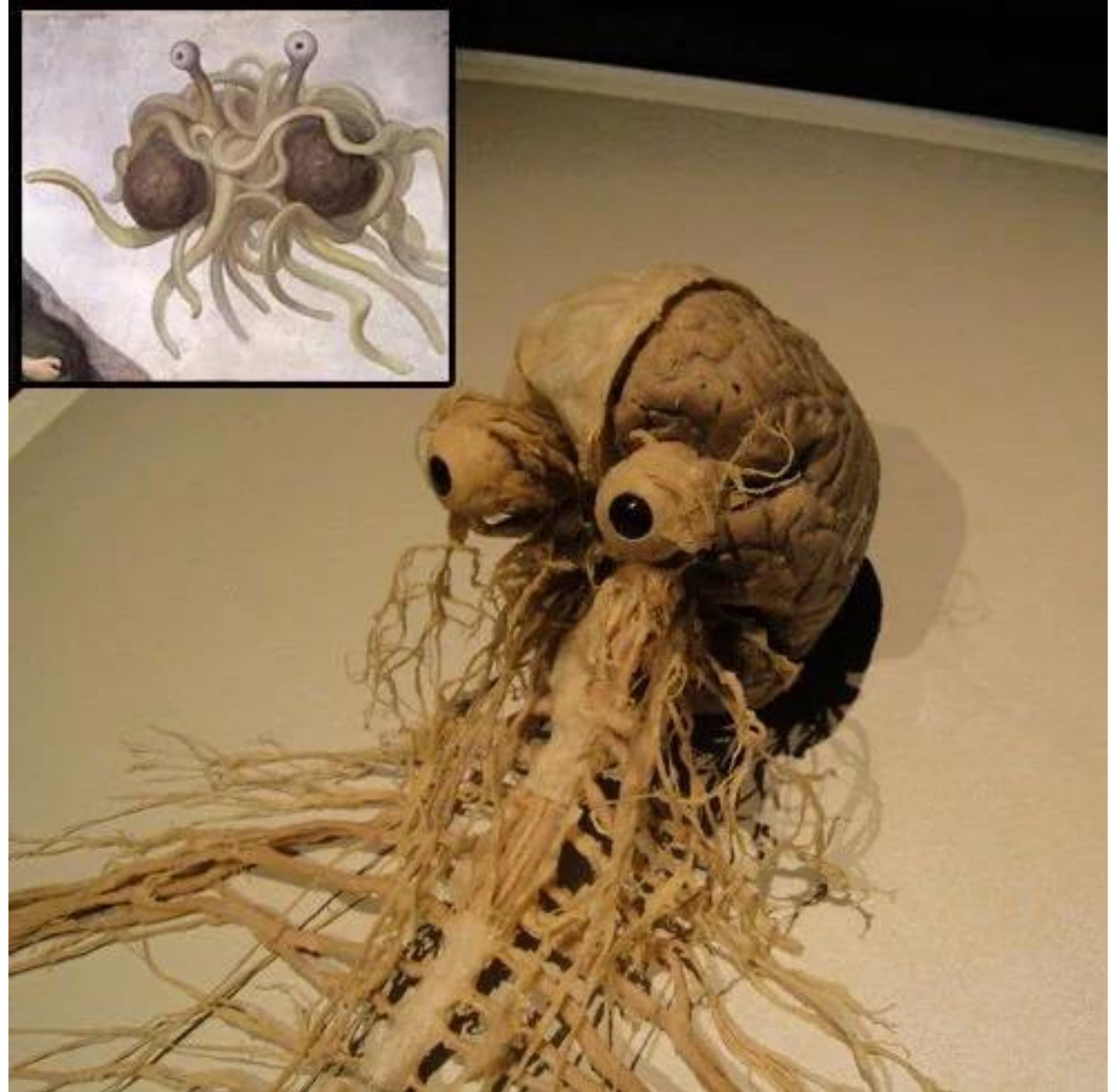
SPARE people of stigma

- S
- P
- A
- R
- E

- Scan/Survey
- Preemptively determine who can be stigmatized
- Activate proactive preventive measures
- Reemphasize the science
- Engage the communities that may be affected by stigmatization

Source: nastad.org

This is how we are



Q&A Session

Upcoming Sessions Reminder

- **Session 4 (05/01/2024) at 1:00 pm EDT:**
  Cultural competence models for Hispanics

Complete our Post Evaluation Survey

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Thank you!