Exploring Cultural Competence and Humility in the Care of HIV Patients Learning Collaborative
Session 4

National Center for Health in Public Housing

May 1, 2024

Session 4: Cultural Competence Models for African Americans

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.

NCHPH
National Center for Health in Public Housing

Ice Breaker

A genie grants you one wish; what do you wish for?

Speakers

Jose Leon MD
Chief Medical Officer

Fide Pineda Sandoval, CHES
Manager of Training & Technical Assistance

NCHPH
National Center for Health in Public Housing

Guest Speaker

Brenda Huerta
Director of HIV and LGBTQ+ Services

SAN YSIDRO HEALTH

Learning Objectives

Review	• Case studies addressing cultural competence
Revise	• Culturally-Appropriate Strategies to Use in HIV Clinic Settings
Discuss	• The Beliefs and Traditions that Impact the Care of African Americans 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.

Health Support Services:

HIV and LGBTQ+ Services

Brenda Huerta, Director

SAN YSIDRO HEALTH

San Ysidro / Tijuana Border

"From an epidemiological perspective, the border population must be considered as one, rather than different populations on two sides of a border; pathogens do not recognize the geopolitical boundaries established by human beings"
(Weinberg M., et al., 2003)

San Ysidro Health
Humble Beginnings

- Founded 1969 - 55 years
- Local Women's Organization
  - Founding Mothers
- Grant in partnership with
  - The Medical Society of SD and UCSD
- Casita – First Clinic Site

San Ysidro Health Today

- Federally Qualified Health Center (FQHC)
- Comprehensive primary care services and support programs
- More than 145,000 registered patients
- 50 health centers and program sites serving the South, Central, Southeast and Eastern regions of San Diego County

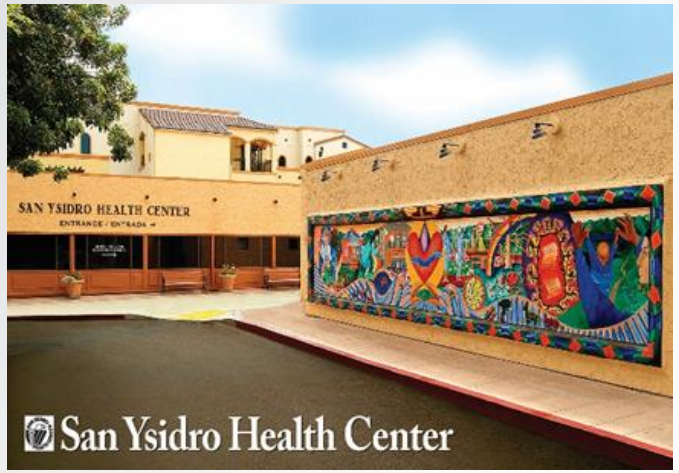
The mission of San Ysidro Health is to improve the health and well-being of the communities we serve with access for all

San Ysidro Health
HIV Services
Humble Beginnings

- SYHealth is among the longest serving and largest community-based HIV providers in San Diego County
- With **25 years** of experience and over 1,100 HIV patients under its care

  - 1996 – HIV prevention services and HIV care in the South Bay
  - 1999 – Ryan White Part A/B EIS and other support services
  - 2000 – HIV outpatient primary care services
  - 2008 – Expanding its service area to include Southeast San Diego
  - 2019 – LGBTQ+ Services: GeMS Health clinic

Service Sites



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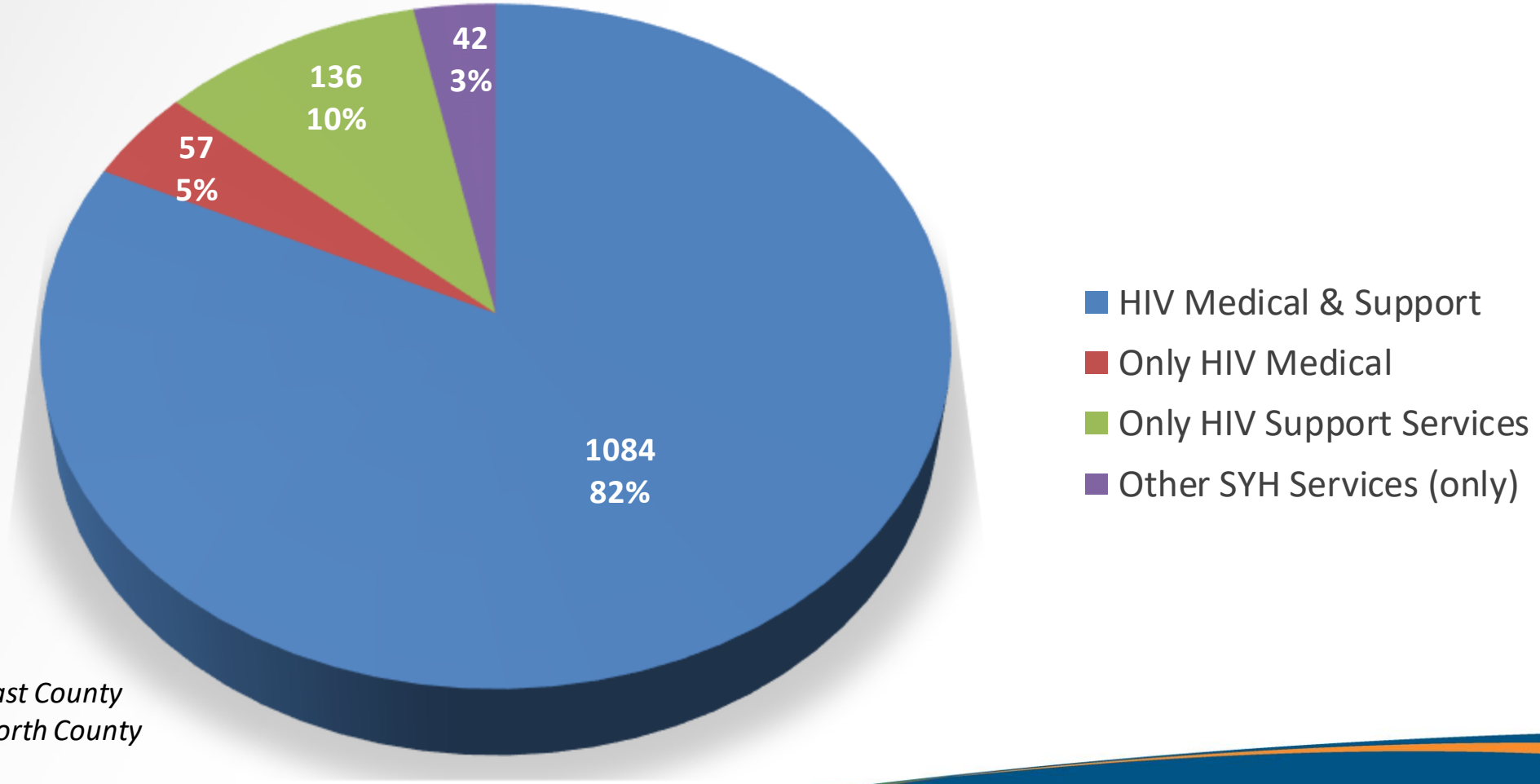
www.syhealth.org

Support Services Drop-in Areas

Clinical and Support Services Provided to SYHealth Patients living with HIV in 2022



- *80 patients from East County*
- *40 patients from North County*

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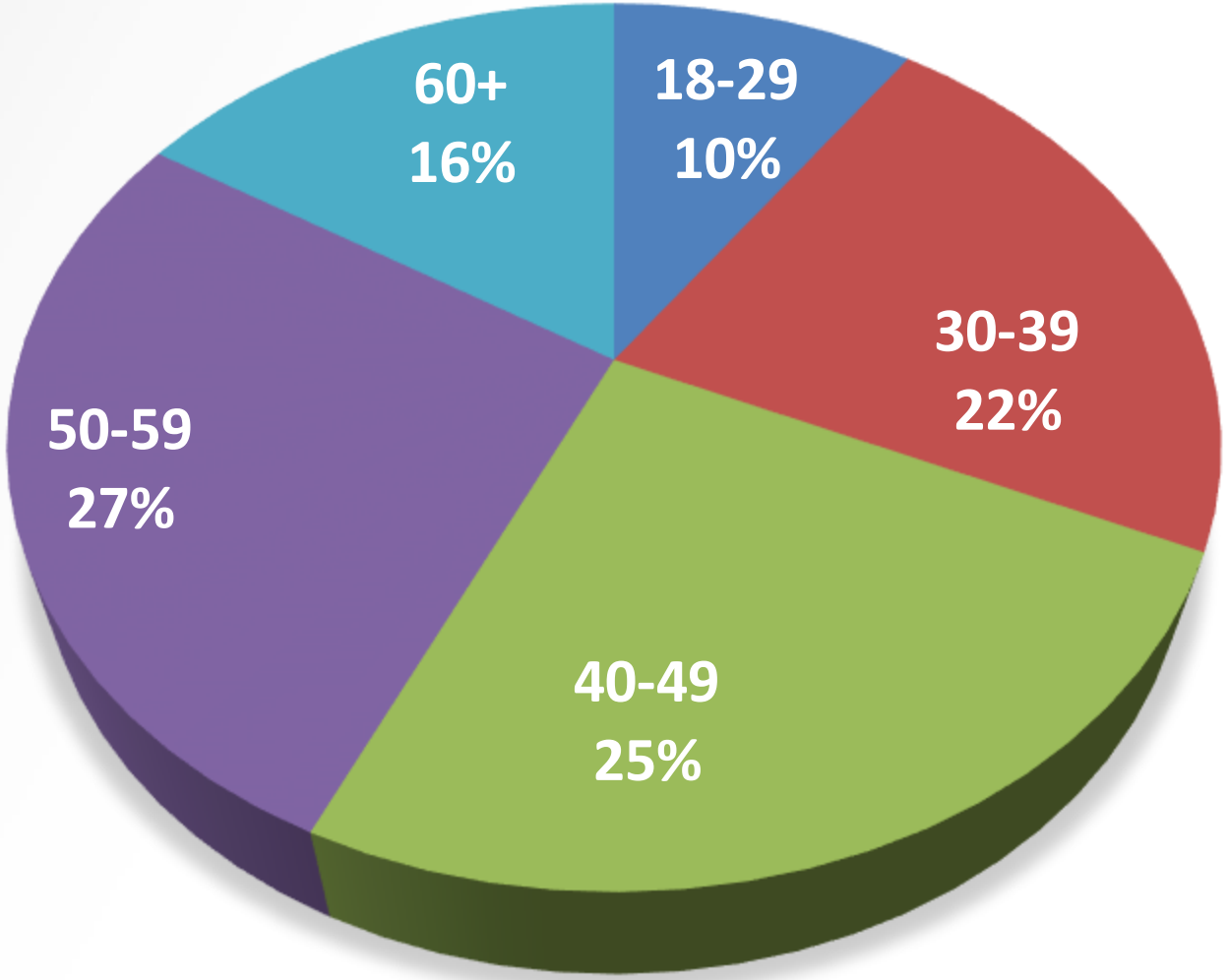
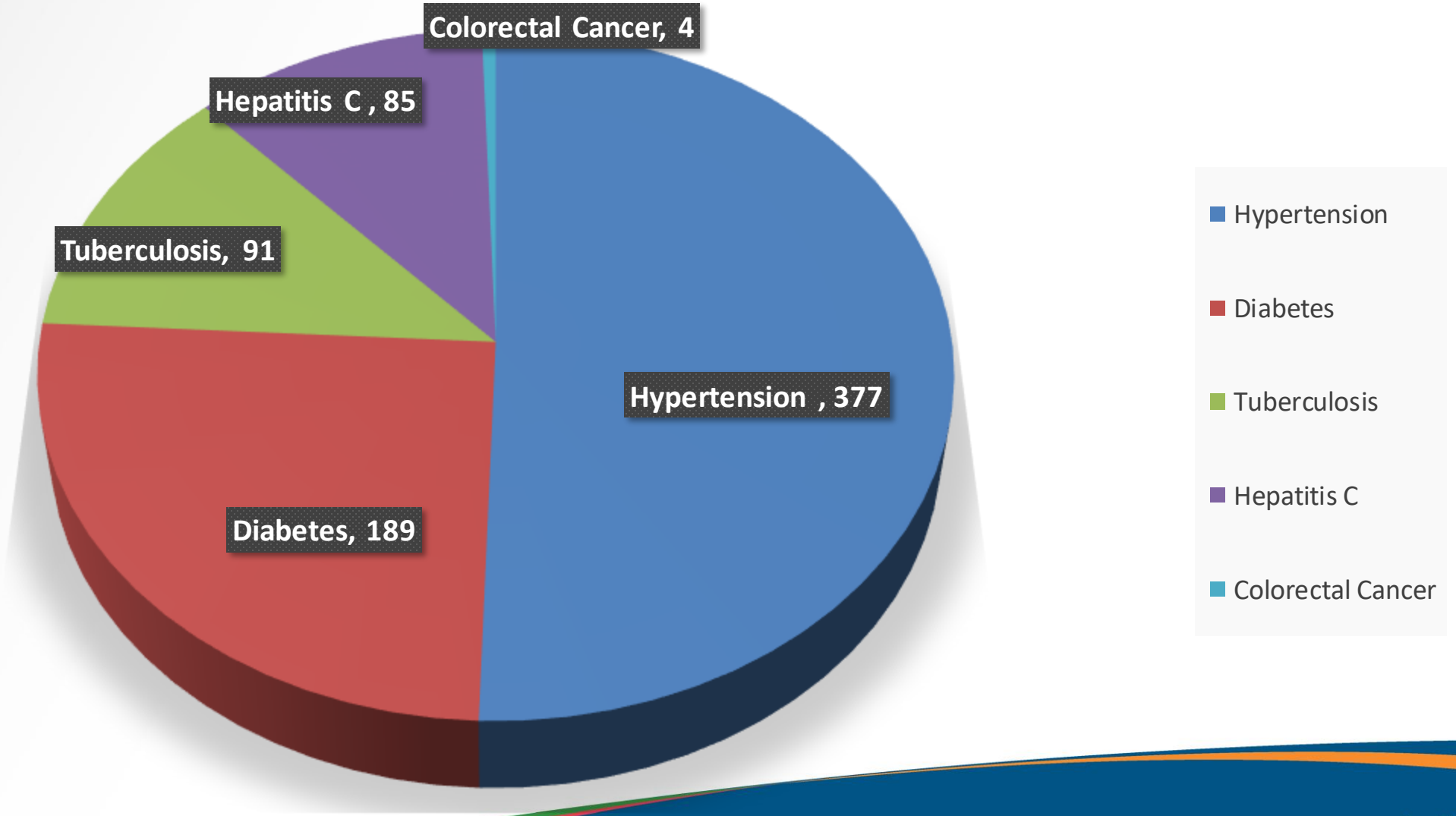
Age



2022
N=1,277

Comorbidities *(n=1,198)*



Mobile Clinic Services

- Community outreach & education
- PrEP and PEP medical services
- Lab services that include:
  - HIV counseling & testing
  - Hepatitis C testing
  - STI testing
- PrEP and PEP navigation
- Starter packs for PEP & PrEP
- Benefit enrollment
- Linkage to care

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LGBTQ Health Services in South Bay
678 3rd Ave, Chula Vista
619-662-4100
For more info, please visit:
www.casasouthbay.com

GeMS Health Clinic

Gender-Affirming Medicine & Sexual Health Clinic

LGBTQ Health Services available by appointment or by walk in
Open every **Thursday** from **12:00pm-7:30pm**

Walk-ins Welcome!

Services Offered

- LGBTQ-Focused Primary Care
- Transgender Services Including Hormone Therapy
- STD Testing
- Free HIV and Hepatitis C Testing
- HIV Prevention Services
- PrEP
- Mental Health
- Health Education

Medi-Cal, Medicare, Sliding Fee Program, and Private Insurances Accepted

Care Model

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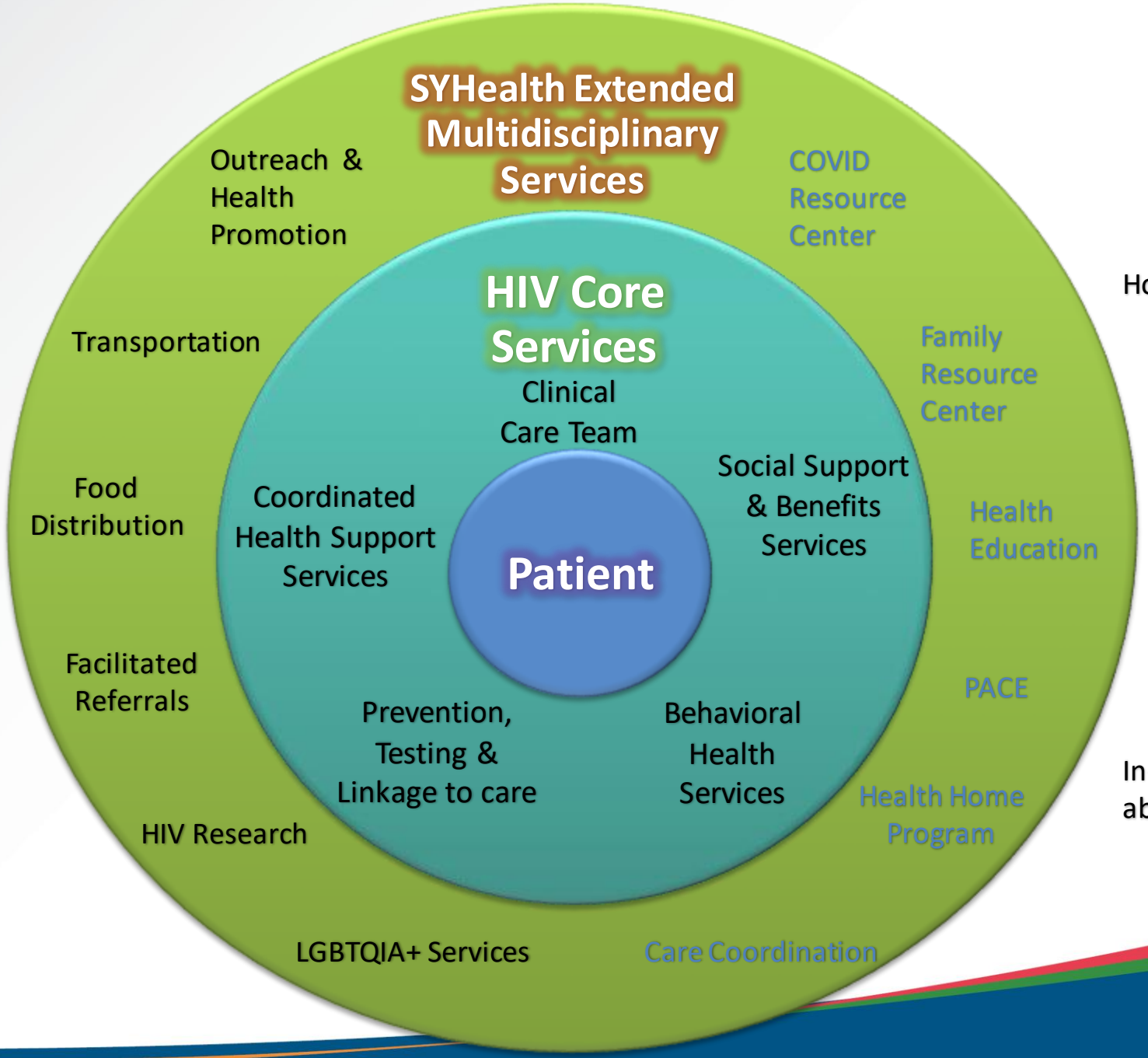
HIV & LGBTQ+ Care and Services

Patient-Centered Care



Housing assistance

Legal Services

Medical Nutrition Services

Meal Delivery

In-patient substance abuse treatment

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Patient and Community Engagement

"Nothing about us without us"

1. **Consumer Advisory Meetings**
   - Formal: Quarterly
   - Informal: During events and gatherings
2. **Community Engagement**
   - Outreach & Health Fairs
   - Social Media
3. **Peers and Community Representation**
   - Value of lived experience
   - Trauma-informed leadership

Thank you!

Brenda Huerta

Director of HIV & LGBT Services

bhuerta@syhealth.org

What do you know about migrants? (True/False)

- HIV is a problem brought by migrants; therefore, to control HIV, migrants should be denied access to other countries.
- To control HIV, migrants should be tested for HIV before they enter other countries.
- Migrants living with HIV who are from poorer countries only migrate to take advantage of their host country's resources, such as public health benefits.
- Migrants are all criminals.
- Migrants steal jobs from locals.
- Migrants are taking our women from us.
- Migrants fear being reported to police because many are illegal immigrants.
- Host countries should provide services to migrants.

Case Study 1

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.

Case Study 1 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?

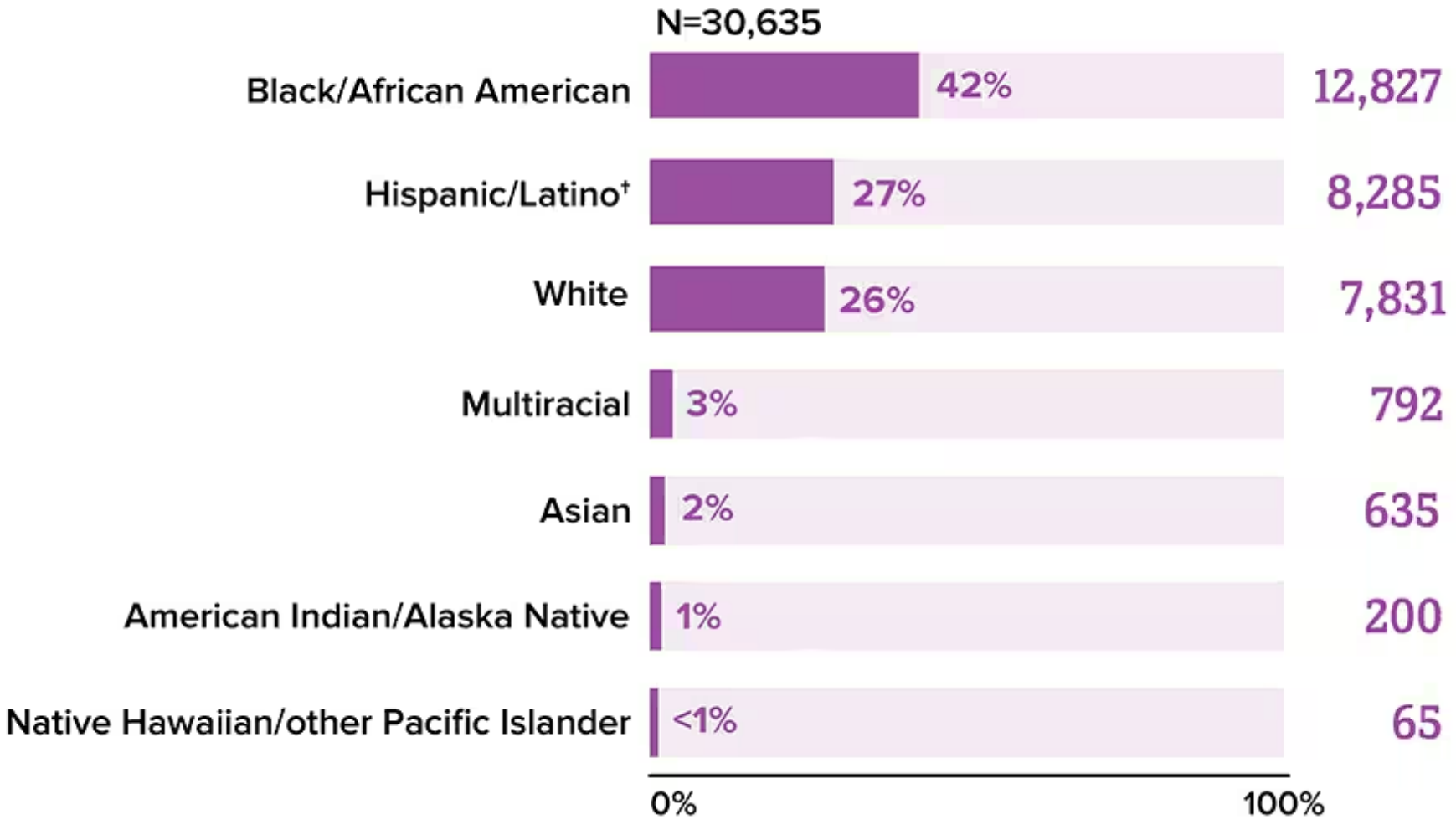
4. Discuss other Cultural Competence issues that may impact retention into care and treatment.

What do you know about people who use drugs? (True/False)

- Not everyone who starts using illegal drugs, such as heroin, becomes addicted.
- Cigarettes and alcohol are as addictive as heroin, but they are legal substances.
- Once people who use drugs become addicted, their main motivation for continuing to take drugs is to get that feeling of pleasure induced by the drug.
- People addicted to drugs just love their drugs and don't want to quit. They could stop at any time.
- For a number of reasons, people who have quit drugs often start using them again.
- Very few women are addicted to drugs.

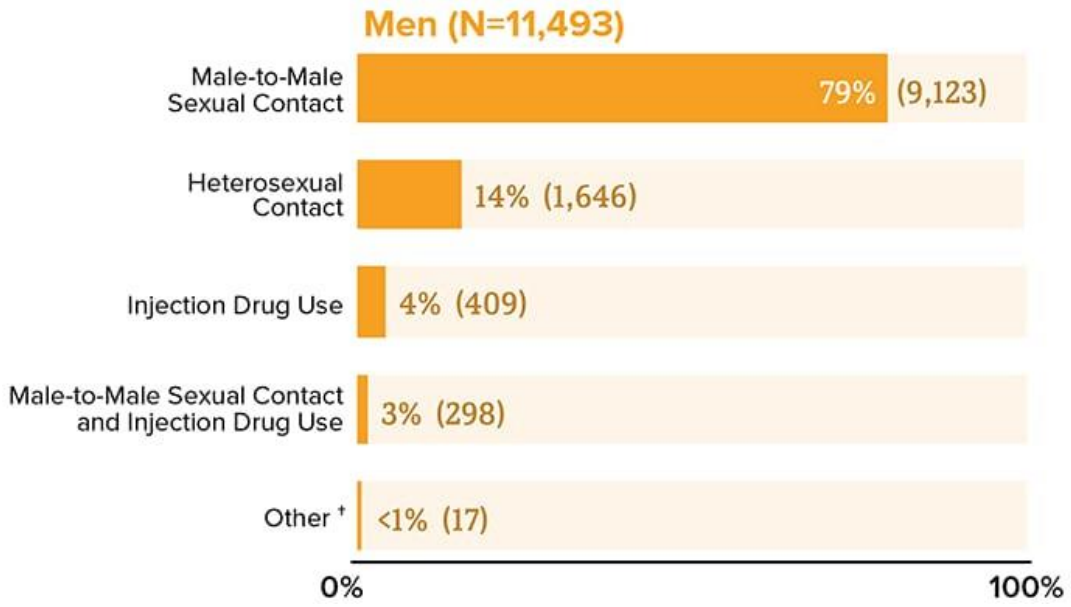
What do you know about prisoners? (True/False)

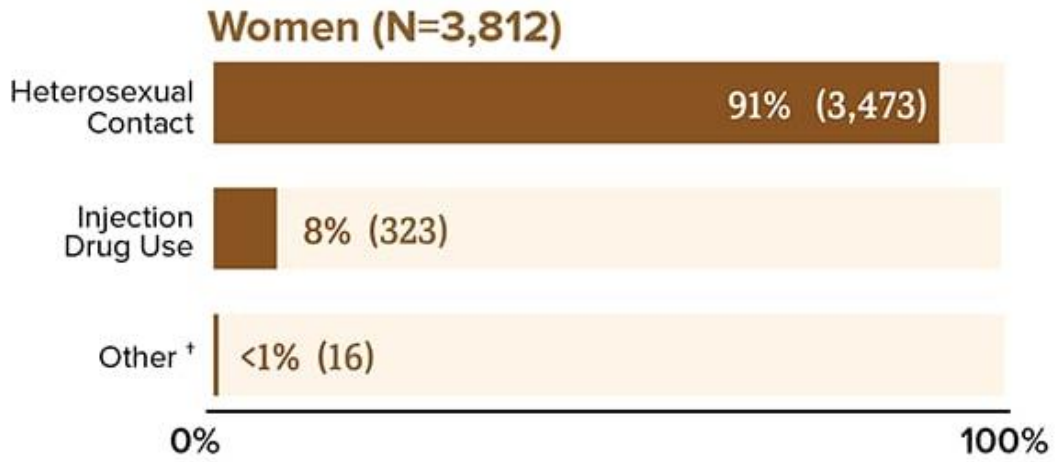
- Prisoners are not at risk of contracting HIV in prison, so they do not need condoms.
- Giving condoms to prisoners is wrong because it encourages homosexual behavior.
- MSM in prison are not a risk to general society since they have sex only with other men like them.
- Prisoners who have HIV do not have rights and should not be treated like other people. If they wanted to be treated properly, they should not have gotten imprisoned in the first place.
- Prisoners with HIV receive adequate HIV-related healthcare because they are being cared for in prison.
- Prisoners are forced to be tested for HIV.
- Prisoners who have sex in prison are gay or lesbian.
- Women in prison have higher HIV infection rates than men in prison.
- The HIV prevalence in prisons is higher than national rates. Some people contract HIV in prison.



New HIV cases by race and ethnicity. Source: CDC.gov

New HIV Diagnoses Among Black/African American People in the US and Dependent Areas by Sex and Transmission Category, 2019*





* Based on sex assigned at birth and includes transgender people. Source: CDC.gov

HIV among African Americans

Racism

HIV stigma

Homophobia

Poverty

Access to care

African Americans felt they were victimized because of stereotypes from health care professionals such as the following:

African Americans and other minorities are not able to pay for medical services.

African Americans over utilize the emergency room for primary care.

Young African-American mothers are unmarried.

FACTS:

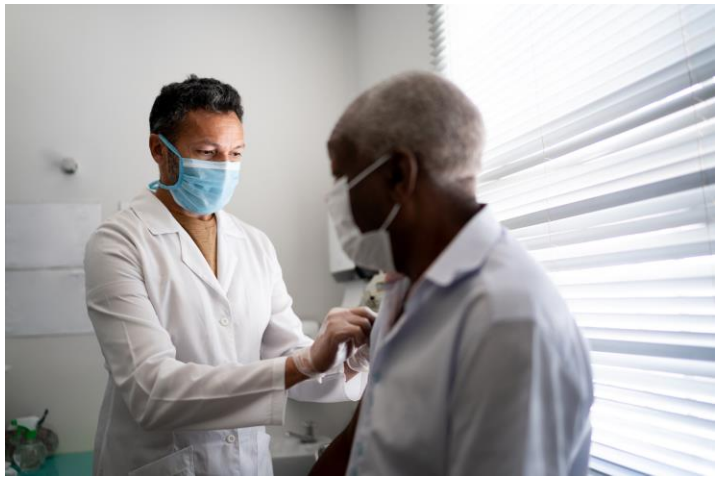
Of the 44% of African Americans who spoke to a health care professional about HIV/AIDS, one-half noted that HIV issues, particularly personal risk factors, were raised by them, not the provider

Most African American patients are suspicious and cautious of health care professionals they have not heard of or do not know.

African American physicians account for only 3% of all physicians practicing medicine in the United States.

Health Care Visits and Encounters

- Health care professionals must refrain from assuming an African-American patient is poorly educated or lacks intelligence if he or she uses dialects.
- The health care professional must address such issues as trust, roles of the interpreter, advocacy for the patient, nonjudgmental attitude, setting, language, accuracy, time, and ethical conflicts.
- Face-to-face interaction with African-American patients is the most effective way to obtain the skills needed for effective cultural encounters.
- Addressing an older African American by his or he first name without using the title of Ms., Mrs., Dr., Pastor, Minister, or Mr. can be considered disrespectful. Use of titles is especially important when one is suffering from a chronic disease since it says to the patient, “In spite of this disease, I validate you, and you are worthy of respect.”



Kleiman's Explanatory Model

- Psychiatrist and anthropologist Arthur Kleinman suggests that care providers ask their clients questions to gain insight into the client's worldview, culture, social context, and spirituality. Exploring what is most important to clients can help build a trusting relationship between clients and care providers.

Kleiman's 8 Questions

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does?
5. How does it work?
6. How severe is the sickness? Will it have a long or a short course? What kind of treatment do you think the patient should receive?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?

Case Study 2

John, an 18 year-old African American male, presents to his primary care physician (Dr. Beal) for enlarged lymph nodes. He reports swelling in his throat for the past two weeks and believes he is experiencing some continuing effects from a “really bad” case of the flu he had two weeks ago. He reports that he is extremely tired, has frequent headaches, and has also had a rash. The physical exam reveals that John’s inguinal lymph nodes are also swollen. Dr. Beal tells John that his symptoms could be related to a number of things and asks about his last HIV test. He denies a history of ever having an HIV test, adding, “My throat hurts, not my blood, plus I have not lost any weight and I’m not sleeping around.” He shares that he has been with Lesli, the same sexual partner for the past four months. “Lesli and I are faithful so we never use condoms,” he reports when asked. He does recall that Lesli complained of similar symptoms about three months ago but “got better” after one week. He also says that Lesli looks healthy and is not sick.

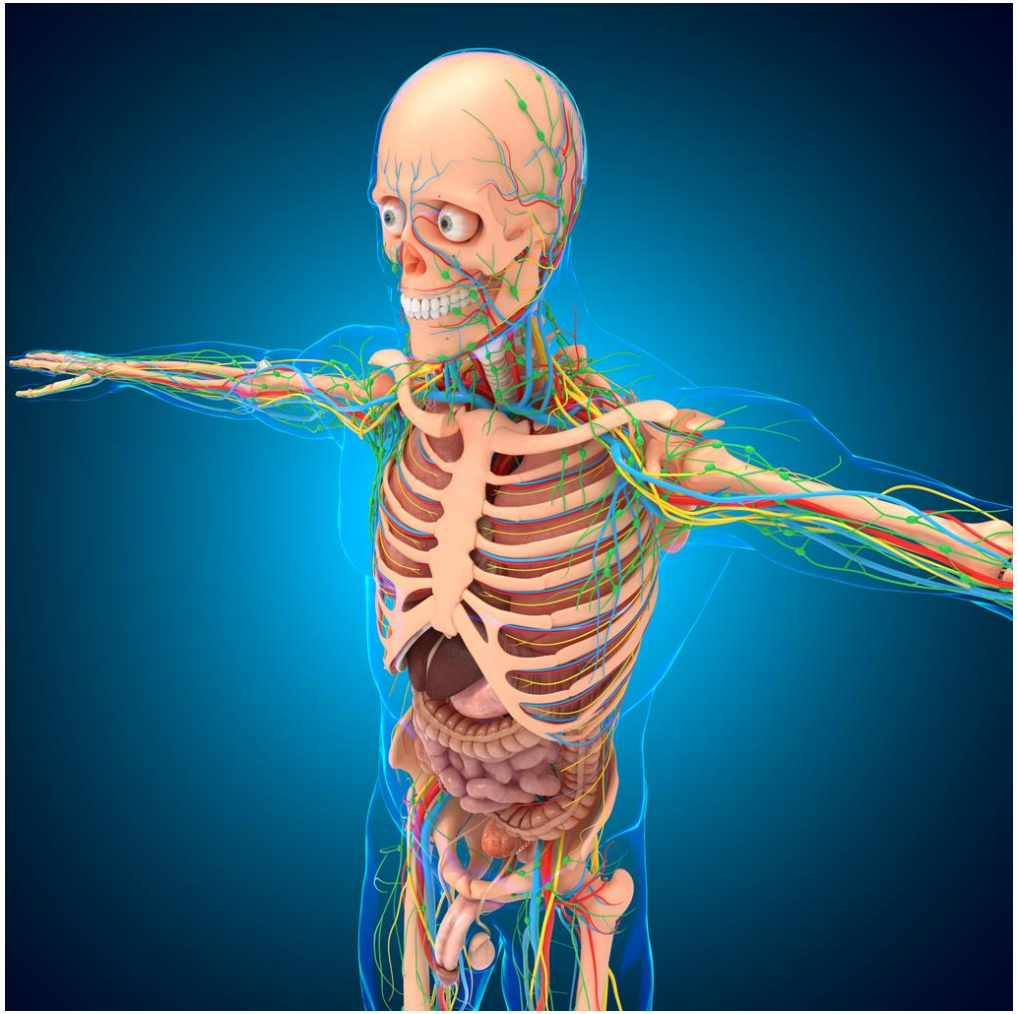
Case Study 2 Discussion Questions

1. What are some health literacy implications of his statement: “My throat hurts, not my blood, plus I have not lost any weight.”

2. Dr. Beal has noticed that John does not refer to Lesli’s gender but always uses Lesli’s name instead. How should he approach John about obtaining Lesli’s gender?

3. Should Dr. Beal encourage John to have an HIV test? Why or Why not? What tactics could be used to initiate the discussion?

This is how we are



Q&A Session

Complete our Post Evaluation Survey

National Center for Health in Public Housing

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Thank you!