



Exploring Cultural Competence and Humility in the Care of HIV Patients Learning Collaborative Session 2



April 17, 2024

Session 2: How to Destigmatize HIV



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.

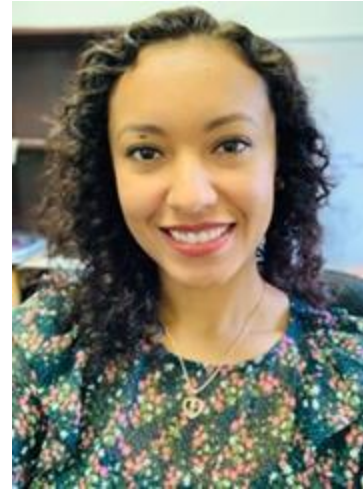


National Center for Health in Public Housing

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Guest Speakers



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Director of Specialties
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Lisa Rowinski, MA, NIC
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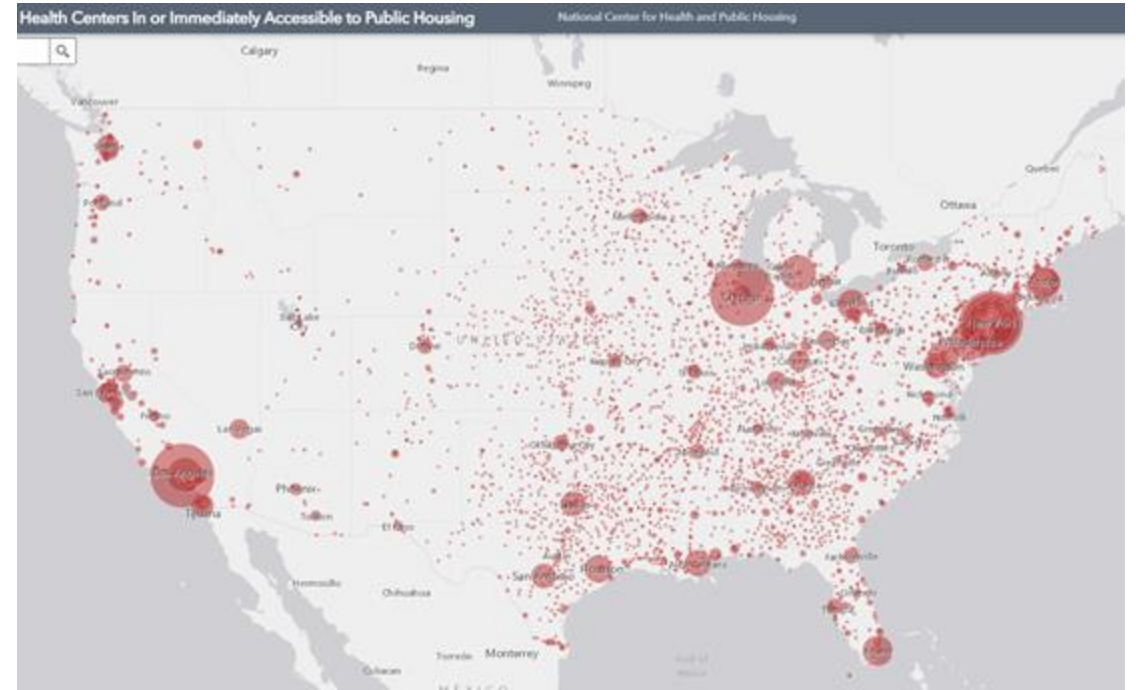
LA MAESTRA
COMMUNITY HEALTH CENTERS
City Heights · El Cajon · National City · Lemon Grove



Health Centers Close to Public Housing

- **1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients**
- **483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients**
- **107 Public Housing Primary Care (PHPC) = 935,823 patients**

Source: [2022 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



36% Children



32% Female Headed
Households with
Children

Source: HUD 2023

Learning Collaborative Expectations

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

Learning Objectives

Apply Culturally Competent Interventions in an HIV Clinic

Describe Culturally-Appropriate Strategies to Use in HIV Clinic Settings

Discuss Strategies to Destigmatize HIV

Ice breaker

If you had to eat one meal for the rest of your life, what would it be?



La Maestra Community Health Centers

*Presented by:
Dr. Tessier*



**LA MAESTRA
COMMUNITY HEALTH CENTERS**

City Heights • El Cajon • National City • Lemon Grove

DR. ADLA D. TESSIER, MD



- 30 years of practice in Family Medicine and Internal Medicine
- 5 years in Specialty with Hepatology, Endocrinology and HIV Clinic
- Director of Specialties Clinic
- Addiction Medicine Program

About La Maestra

Our Mission: “To provide quality healthcare and education, improve the overall well-being of the family, bringing the underserved, ethnically diverse communities into the mainstream of our society, through a caring, effective, culturally and linguistically competent manner, respecting the dignity of all patients.”

History: Clinic formed in 1990 under La Maestra Amnesty Center. The need for culturally competent healthcare was identified by Student Council representing over 12,000 students who participated in legal residency and citizenship programs, ESL, VESL, job training at LMAC.



First Clinic, opened 1990



LEED Certified Gold Health Center, opened 2010

LA MAESTRA CIRCLE of CARE®

La Maestra Circle of Care® is a solution-based model designed to guide each individual and family to self-sufficiency by ensuring that their overall health and well-being needs are fully met through compassionate care. La Maestra Community Health Centers strives to provide quality care to our patients across the entire continuum of health. As a Patient-Centered Medical Home and through our La Maestra Circle of Care® model we do our utmost to enhance health and the patient experience. Keeping you healthy is our ultimate goal.



Promoting Health Lifestyles

Health Education & Coaching
Nutrition & Weight Management
Prevention and Management of Diabetes, Cardiovascular Disease, Hypertension and Asthma Mitigation
Education and Early Detection of Breast, Colon, & Cervical Cancer
Comprehensive Perinatal Services

Food Security & Well-being

Healthy Choices Food Pantry
"Jardin de la Vida" Community Garden

Well-being & Opportunity For All Ages

Generations Center for Youth and Older Adults
Intergenerational Programs
Center for Youth Advancement
Culture & Healing through Art

Economic Empowerment

Financial Literacy Classes
Microcredit Loan Program for Women
Job Training and Placement
Computer Literacy
Job Readiness Training

Safe & Healthy Housing

Affordable Housing Assistance
Therapeutic Transitional Housing
Environmental Health

Legal Advocacy & Social Services

Services for Victims of Crime, Domestic Violence & Human Trafficking
Immigration Application Assistance
Referrals and Counseling
Refugee Resettlement Program
Other Health, Social Services & Support Programs Information

Community Health Access & Support Services

Outreach & Health Fairs
Health Coverage Eligibility & Application Assistance
CalFresh Application Assistance
Medically Trained Cultural Liaisons
Patient Transportation
Translation & Interpretation
Financial Education and SDG&E Care

Additional Health Services

Help with Alcohol and Substance Use Problems

- Addictions treatment
- Case Management
- Support Groups

Re-entry Services
Enhanced Care Management (ECM)
Chronic Care Management (CCM)
Home Health Visits

Onsite Specialty Care

Telehealth
Digital Radiology
Retail Pharmacy & Dispensary
Laboratory Services
Mobile Clinic
Chiropractic Services
Diabetes Clinic
Liver Clinic/FibroScan

Adult Health Care

Health Screening
Immigration Physicals
Minor Procedures
STD Testing and Counseling
Senior Centers of Excellence
Teen Health Care

Children's Health Care

School-based Clinics
Well Child Exams
School Physical Exams
Immunization
Tuberculosis Screening
Allergy Clinic
Safety & First Aid Education
ENT Clinic

Women's Health Care

Gynecological Services
Obstetric/Perinatal Care
Family Planning & Counseling
Mammography & Biopsy
Endometrial Biopsy, Colposcopy, Cryo and LEEP

Mental & Behavioral Health Services

Depression Support Services
Individual and Group Therapy
Psychiatric Evaluation
Medication Management

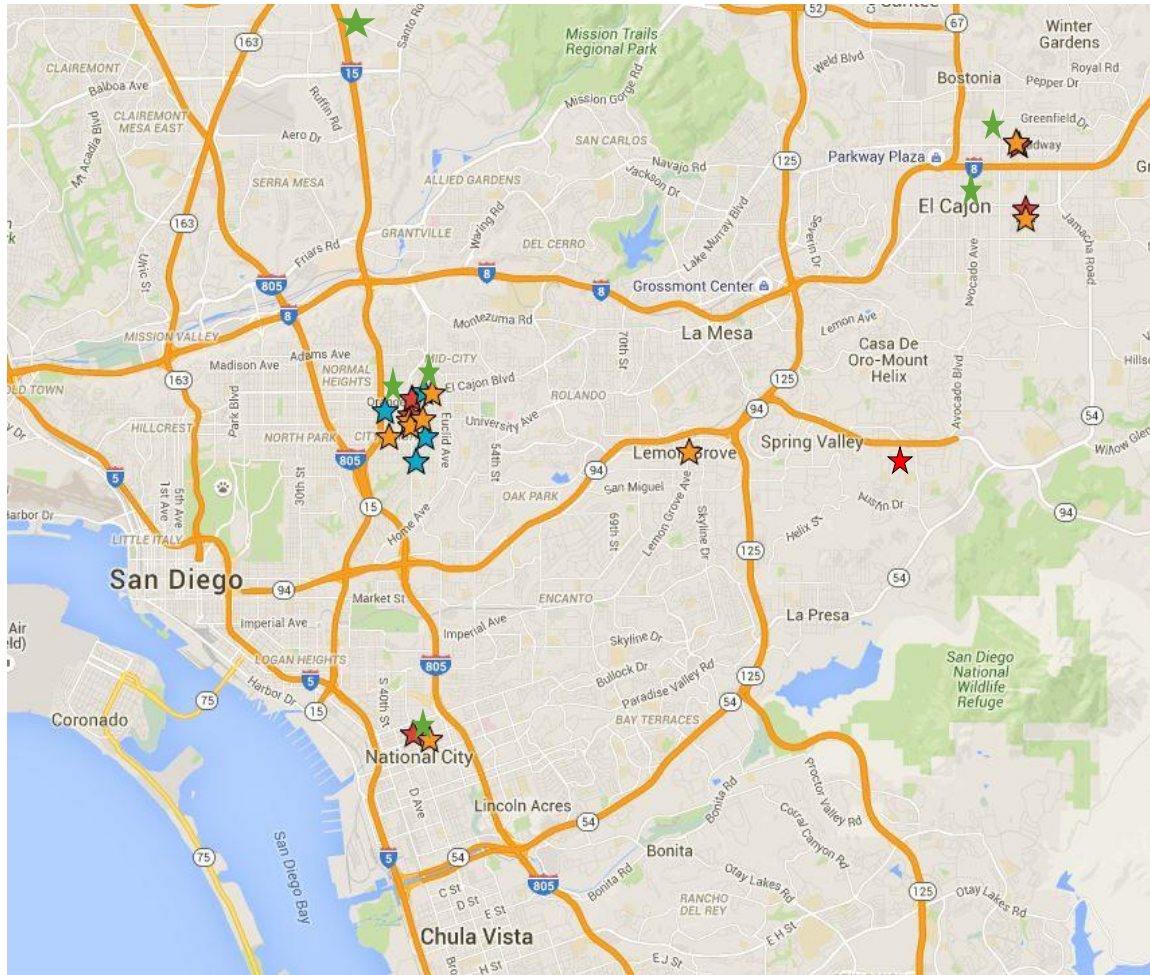
Oral Health Care

General & Pediatric Dentistry
Oral Hygiene Education
Teeth Cleaning/Whitening
Crowns, Amalgam & Resin Fillings
Fluoridation and Sealants
Pulpotomy & Root Canal Therapy
Partial & Complete Dentures
Mobile Dental Services
Extraction & Oral Surgery

Vision Care

Eye Exams for Children & Adults
Screenings for Eye Disease
Glaucoma & Retinopathy Testing
Glasses and Contact Lens Fitting
Mobile Vision Services
Optometry

Locations



- 22 licensed clinic sites (medical, dental, school-based clinics; Hope Clinic (Access Point for Homeless)) in San Diego communities:
 - City Heights
 - El Cajon
 - National City
 - Lemon Grove
- Behavioral & Mental Health services onsite & via telehealth (OTTO, WebEx, ZOOM)
- Digital Imaging – Mammo, Full-Field X-Ray, Ultrasound
- Mobile Clinics – medical, dental, optometry, telehealth
- Mobile Mammo Coach - first in San Diego



Serving Culturally Diverse Communities

- One of the most culturally diverse health centers – sites are in refugee resettlement areas and along US-Mexican border.
- Staff represent cultures served, ensuring cultural and linguistic competency in all programs and services, through cultural alignment and shared lived experiences.
- 60 languages and dialects spoken by 45,000 patients and 840+ employees
- *Medically Trained Cultural Liaisons* provide medical interpretation, patient navigation, health education, case management, referrals.
– **communication conduit**



Specialty Clinics

- Hepatology Clinic
- Testing and Treatment For Hepatitis B
- Testing and Treatment of Hepatitis C
- Treatment for AUD complications

- Addiction Clinic
- Alcohol and Addiction Program
- Substance Use Disorders
- Recovery Programs

- Mobile Clinic
- Screening of new participants of CDCR (CDCR – California Department of Corrections and Rehabilitation)
- MCRP – Male Community Reentry Program
- FCRP – Female Community Reentry Program
- Homeless Outreach Events with Alpha Shelters



HIV CLINIC

Staff

Culturally Competent

Promote HIV Testing and Education

Hepatitis and STI testing

Distribution of education information in
Community

Handling out HIV Self-test Kits

Case Management of patient on PrEP
Services

Linkage to Care for All HIV Positive
Patients .

Collaborate with Industry Leaders in HIV
services .

Collaborations

HIV Clinic team has made many esteemed connections and friends in the San Diego HIV Care field:

- **AHF Pharmacy** as a secondary option for Antiretroviral Therapy.
- **VIDA** has participated in several events hosted by LM HIV Clinic .
- **Gilead** Provides pre-exposure prophylaxis starter kits and trainings for staff
- **TransFronteras**
- **AIDS Healthcare Foundation**
- **Christie's Place** (support group organization) who focus on PLWHIV strengthening the health and resilience of women children and families impacted by HIV/AIDS.



HIV/ PrEP CLINIC

The HIV/PrEP clinic was initiated on September of 2020 with the hiring of a case manager.

We began following up with patients that were currently on PrEP.

Team started participating in health fairs, promoting HIV testing and PrEP services.

Recipients of two grants by HRSA and SAMHSA, allowing us to expand services to our community.

Collaboration with UCSD/Owens Clinic on practice transformation and staff training on PrEP, HIV and PEP



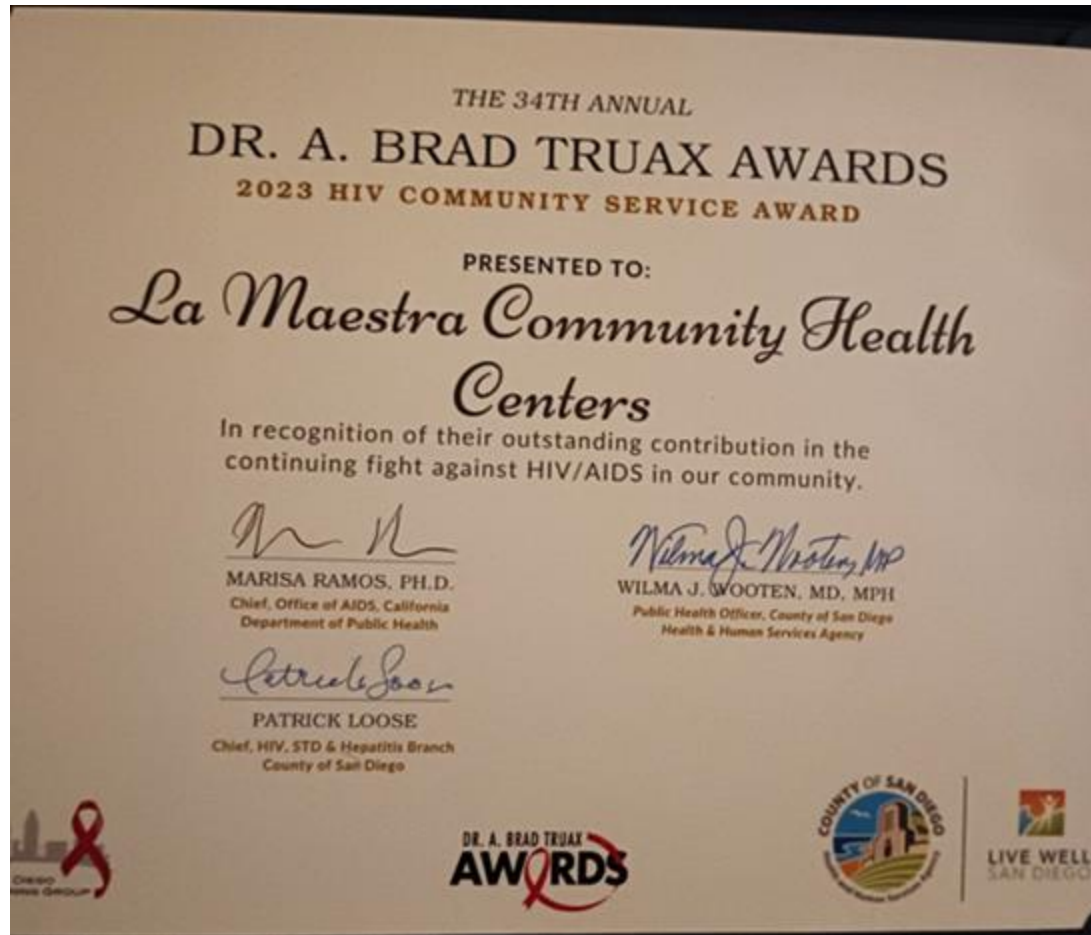
Community Services

Promote HIV, STID's and Hepatitis Testing
& Provide education materials

- Handing out HIV Self-Test Kits
- Case Management
- Linkage to care for all HIV Positive patients



Dr. A Brad Truax Award



In November, La Maestra HIV Clinic was nominated for the Dr. A Brad Truax Award for ‘HIV Education Prevention and/or Counseling Testing’ and we were recognized at the ceremony held at the LGBTQ Center on December 1st on World AIDS Day.

This stepping stone in our HIV Clinic has since opened up more connections with other organizations in San Diego and allowed us to continue spreading awareness for HIV prevention and of our services at La Maestra Community Health Centers.

American Heart Association Recognition

As a valued member of Target: BPTM, the American Heart Association (AHA) and the American Medical Association (AMA) congratulate you for your commitment to measurement accuracy and achieving an exceptional 70% or greater blood pressure (BP) control rate throughout your adult patient population.



American Heart Association Recognition

The American Heart Association (AHA) would like to congratulate your organization for earning Participant level recognition as part of the 2023 Target: Type 2 Diabetes. Recognition Program! The data your organization submitted showed a commitment to improving quality of care through awareness, detection and management of type 2 diabetes and cardiovascular risk factors. The data your organization submitted showed impressive HbA1c control in patients with diabetes and >70% adherence to one of the cardiovascular-focused clinical measures.



CERTIFICATE OF RECOGNITION

AWARDED TO

La Maestra Community Health Centers
San Diego, CA

The American Heart Association's Target: Type 2 DiabetesSM program recognizes this organization for improving quality of care for patients with type 2 diabetes and cardiovascular risk factors by adopting clinical change and using evidence-based strategies and tools.

Nancy Brown
Chief Executive Officer
American Heart Association

Joseph C. Wu, M.D., Ph.D., FAHA
President
American Heart Association

HRSA-COMMUNITY HEALTH QUALITY RECOGNITION(CHQR) BADGES

- HRSA has recognized Health Center Program awardees that have achieved notable improvements in quality for the 2022 UDS reporting period.
- La Maestra Community Health Centers received the following CHQR Badges:
 - Health Center Quality Leader
 - Advancing Health Information Technology (HIT) for Quality
 - Addressing Social Risk Factors
 - Patient Centered Medical Home Recognition (PCMH)





Cultural Humility & Destigmatizing HIV in the Deaf Community



Lisa Rowinski, MA, NIC
Project Coordinator Deaf HIV
Program
Deaf Community Advocacy
Center

(DEAF C.A.N.!) !



What does Deaf culture look like?



Deaf People Living with HIV

According to the 2021 American Community Survey (ACS), about 3.6% of the U.S. population, or about 11 million individuals, consider themselves deaf or have serious difficulty hearing.



How many Deaf people are living with HIV?





The Center for Disease Control does not disaggregate HIV/AIDS prevalence rates on the basis of hearing loss or deafness, and no other statistically reliable epidemiological estimates of the extent of infection in either the Deaf or HOH populations had been published as of 2005 (Y. Bat-Chava et al., 2005, and author were unable to find any figures published between 2005-present.) This lack of reliable information may be telling in its own right. Nevertheless, several studies do suggest that HIV/AIDS prevalence runs higher specifically among persons who are Deaf (Gaskins, 1999; Heuttel & Rothstein, 2001), and a number of authors have contended that persons who are Deaf receive inadequate prevention information and treatment (Peinkofer, 1994; Y. Bat-Chava et al., 2005; Heuttel & Rothstein, 2001).

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Deafness trumps HIV for deaf people living with HIV

UC Riverside-led study participants advocate for collection of more data on deaf individuals



Summary

- The Deaf community has its own culture
- The Deaf community has its own language that is not equivalent to English
- The Deaf community regularly does not have access to culturally and linguistically appropriate materials
- Several studies suggest that the rates of HIV are higher in the Deaf community as compared to the hearing community
- Stigma is deeply rooted in the Deaf community, often as a result of lack of accessibility to information about prevention and treatment
- To reduce stigma about HIV in the Deaf community, information needs to be culturally and linguistically accessible and a great deal of outreach and education needs to be put in place.



Contact Information

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Stigma: What is the impact?

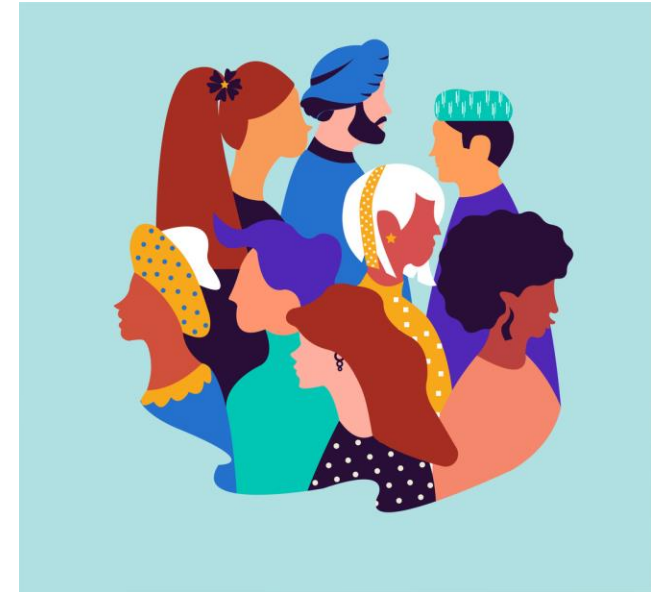
Lack of
access to
treatment

Risks of
personal
safety

Lower
quality of
care

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

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.
 - Demonstrate openness and avoid assumption
- 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.



Case study

Tala is a 26-year-old Filipino woman who got tested at a health center after reading about the multicultural staff in a local newspaper. She reported that her husband has been seeing commercial sex workers for several years, has been in and out of drug treatment programs, and has been physically abusive toward her while intoxicated. Her husband refuses to use condoms when they are sexually active. Tala speaks minimal English and is concerned that she is HIV positive. She says that she feels fine and does not have any symptoms, but she is worried because of her husband's risky behavior. She reports that she has no job, no close friends and all of her family members are in the Philippines. She spends most of her time alone in their small apartment cooking and caring for their two small children. She has not seen a doctor since arriving in the United States sixteen months ago.

What are some suggested approaches for effective, culturally competent initial encounters among your patient population?

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



Case Study

Sara is a 30-year-old sex worker. One day she went to a health facility for an STI check and a supply of condoms. When she arrived at the health facility, she was kept waiting for a long time. Clients who arrived after her were treated before her. When she asked one nurse for help, the nurse said, “You’ll just have to wait. We know you—ladies of the night! You wait all night for men, so why can’t you wait a few more minutes?” The nurse said this in the presence of all of the other clients; Sara felt humiliated.



Dialogue with your patients

May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health.

- At this point in the visit I generally ask some questions regarding your sexual life. Will that be ok?
- I ask these questions to all my patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence unless you or someone else is being hurt or is in danger. Do you have any questions before we get started?
- Do you have any questions or concerns about your sexual health?

Source: nastad.org

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

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**
- **S**can/Survey
 - **P**reemptively determine who can be stigmatized
 - **A**ctivate proactive preventive measures
 - **R**eemphasize the science
 - **E**ngage the communities that may be affected by stigmatization

Source: nastad.org

Q&A Session



Upcoming Sessions Reminder



- **Session 3 (04/24/2024) at 1:00 pm EDT:** Cultural competence models for African Americans
- **Session 4 (05/01/2024) at 1:00 pm EDT:** Cultural competence models for Hispanics



Complete our Post Evaluation Survey



Contact Us

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Thank you!

