



# **BILINGUAL/BICULTURAL CARE TEAM INTERVENTION**



Center for  
Innovation and  
Engagement

## Background

The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. RWHAP funds states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

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## Acknowledgements

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## Intervention Snapshot

	<b>Priority Population</b>	Adults with HIV who identify as Hispanic/Latinx and speak Spanish as their primary language
	<b>Setting</b>	HIV Specialty Clinic
	<b>Pilot and Trial Sites</b>	Truman Medical Center (TMC) in Kansas City, MO
	<b>Model</b>	The BBCT intervention’s coordinated approach leverages existing community resources, expertise, and resilience to support organizations in addressing unique barriers faced by Hispanic/Latinx people with HIV. The adaptable model enables clinics and other service-delivery settings to better serve the Hispanic/Latinx community.
	<b>RWHAP Ending the Epidemic (EHE) Opportunity</b>	Black and Latinx populations continue to disproportionately face challenges in accessing HIV care. Intervention outcomes indicate that clinics that implemented the intervention experienced a significant increase in clients scheduling and keeping appointments, from a mean of 2.81 to 5.30 visits per year, while the viral suppression rate among clients who met the criteria for ARV therapy increased by 31.5 percent.
	<b>Intervention Funding</b>	RWHAP Part A funds were used to support direct care and treatment services. The funds were also used to provide core medical and support services for people with HIV.
	<b>Staffing</b>	Staff positions in the original intervention included a Peer Educator, RWHAP Case Manager, and HIV Primary Care Provider.
	<b>Infrastructure Needed</b>	Space for bidirectional training sessions to facilitate knowledge exchange Spanish-Language systems and resources Consistent data collection and evaluation systems



# Intervention Overview & Replication Tips

## Why This Intervention?

The Bilingual/Bicultural Care Team intervention increased retention in care and viral suppression for people with HIV who identify as Hispanic/Latinx and speak Spanish as their primary language.<sup>1</sup> These outcomes resulted from the provision of comprehensive culturally and linguistically appropriate HIV primary care services, which included leveraging a relationship with a Hispanic/Latinx-focused community-based organization (CBO).

The HIV specialty clinic that originally implemented the intervention experienced a significant increase in clients scheduling and keeping appointments, from a pre-implementation mean of 2.81 visits per year to a

post-implementation mean of 5.30 visits per year (N=43). Additionally, clients who met treatment-guideline criteria for antiretroviral (ARV) therapy experienced a 31.5 percent increase in viral suppression after implementation. Although the sample size was small, these are impressive achievements considering that all clients who received the intervention were Hispanic/Latinx adults with low incomes and that 84 percent of clients had at least one comorbid medical condition, including mental health disorders.<sup>1</sup> This site is also representative of other RWHAP-funded sites throughout the United States, making these findings generalizable to a wide audience.

## Intervention at a Glance

This section provides an overview of the Bilingual/Bicultural Care Team intervention conducted in the HIV specialty clinic at the Truman Medical Center (TMC) in Kansas City, Missouri, to help readers assess the necessary steps for replication. The HIV specialty clinic at TMC is funded through RWHAP Part A funding. The intervention aims to reach adult Hispanic/Latinx people with HIV and retain them in care using a culturally and linguistically appropriate care team. The intervention was funded and evaluated under the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part A grant.

 <p><b>Step 1</b></p>	<p><b>Assess Staff Resources and Gaps:</b></p> <p>To provide comprehensive services to Hispanic/Latinx people with HIV in the communities you serve, develop an inventory of linguistic and cultural competencies among your staff (HIV outreach workers, case managers, peer educators, and medical personnel). Gauge the type of cultural competency gaps that exist within your existing team.</p>
 <p><b>Step 2</b></p>	<p><b>Secure Stakeholder Buy-In:</b></p> <p>Engage with relevant stakeholders such as staff and leadership personnel to gauge their agreement with the need to add new bilingual/bicultural staff and the availability of resources to hire these new staff to fill the gaps you have identified. Use this opportunity to define parameters for the type of experience and expertise that new staff should have, as well as any limitations that may hinder you from hiring staff who are representative of your communities.</p>
 <p><b>Step 3</b></p>	<p><b>Engage and Work with Community/Service Partners:</b></p> <p>Assess synergies and create partnerships and linkage opportunities with local agencies that work with Hispanic/Latinx people with HIV or offer the necessary ancillary services to address the community's needs. These may include specialty pharmacies, CBOs, AIDS Service Organizations (ASOs), or other agencies that provide supportive services to this specific population.</p>
 <p><b>Step 4</b></p>	<p><b>Recruit Bilingual and Bicultural Staff:</b></p> <p>Recruit providers, case managers, and peer educators who have the cultural or linguistic experience that fills the gaps you identified in your initial assessment. It is helpful for these staff to have lived experiences similar to those of the clients with whom they will engage.</p>
 <p><b>Step 5</b></p>	<p><b>Train Staff and Facilitate Knowledge Exchange:</b></p> <p>“Knowledge exchange” implies that training sessions are bidirectional. New staff are trained on the service-delivery infrastructure, policies, and other relevant content related to HIV care in your setting. Similarly, existing staff learn from the newly hired bilingual/bicultural staff's lived experiences and cultural knowledge.</p>
 <p><b>Step 6</b></p>	<p><b>Engage and Retain Hispanic/Latinx People with HIV:</b></p> <p>Using an integrated medical and social support network, begin more tailored outreach and engagement of Hispanic/Latinx people with HIV who require bilingual/bicultural support.</p>

## Cost Analysis

The HRSA RWHAP Part A grant sustained the Bilingual/Bicultural Care Team intervention. The federal program supports direct care and treatment services, and Part A is used to provide core medical and support services for people with HIV. Support services that enhance HIV care for people with HIV can also be funded through this category. HRSA's RWHAP's Fact Sheet provides more context on the different parts. Additionally, RWHAP's Policy Clarification Notice 16-02 provides more details on allowable costs. (See [Additional Resources Box](#)).

The total cost for implementing the Bilingual/Bicultural Care Team intervention at TMC's specialty clinic was estimated at roughly \$330,000 annually (including indirect rate). The estimated average cost per client for this intervention based on TMC's implementation is about \$3,800. Eight staff members carried out the intervention through its implementation. It is important to note that the cost data from developers at TMC's specialty clinic is still being analyzed. This high-level overview provides a snapshot of general costs based on available data. Organizations interested in estimating the cost of implementing this intervention in their jurisdiction are encouraged to utilize the CIE Cost Calculator Tool. (See [Additional Resources Box](#)).



## Resources Assessment Checklist

Before implementing the Bilingual/Bicultural Care Team intervention, your organization should walk through the following Resources Assessment (or Readiness) Checklist to assess your ability to do this work. If you do not have these components in place, you are encouraged to develop this capacity to conduct this intervention successfully. Questions to consider include the following:

- Does your staff understand HIV trends for Hispanic/Latinx people in your community?
- Does your staff understand the intersecting identities of the Hispanic/Latinx population and how these identities relate to social and structural barriers to accessing healthcare?
- Does your agency or existing community partner employ HIV outreach workers, case managers, and HIV primary care physicians? If not, can you obtain these staff either directly or via partnerships?
- Can your organizational structure accommodate Hispanic/Latinx people with HIV by offering flexible appointment times and linkages to ancillary services (e.g., housing, transportation, legal, and mental health services)?
- Do you have an existing relationship with a CBO, ASO, or other community partners that work closely with the Hispanic/Latinx community?
- Are representatives of these partner organizations willing to work with you to plan and implement this intervention, including the recruitment of linguistically and culturally competent staff?
- Does your organizational policy structure allow for flexibility in credentials or work style for staff who may be recruited as peer educators to accommodate diversity and community representation on your care team?
- Does your organization know where to recruit case managers or clinical providers who have the appropriate linguistic and cultural competency to serve the Hispanic/Latinx community?
- Does your organization have an in-house pharmacy service or a relationship with a specialty pharmacy? If not, can you establish a relationship with a specialty pharmacy?
- Do you have educational materials on HIV care and ancillary resources in English and Spanish? If not, do you have the capacity to develop or translate these resources?

## Setting the Stage

According to the U.S. Centers for Disease Control and Prevention (CDC), there are an estimated 1.2 million people with HIV in the United States.<sup>2</sup> During 2018, approximately 75.7 percent of people with HIV received HIV medical care, 57.9 percent were retained in care, and 64.7 percent were virally suppressed.<sup>3</sup> CDC's estimates indicate that some populations, including Black and Latinx communities, continue to disproportionately face challenges in accessing care and achieving improved health outcomes. At each stage of the HIV care continuum, from diagnosis to viral suppression, some individuals are not entering care or are falling out of care. Improving client engagement and re-engagement in care is a national priority, with targeted retention measures established by the HIV National Strategic Plan ([see Additional Resources Box](#)), HRSA, and the Ending the HIV Epidemic (EHE) initiative, among others.

The Bilingual/Bicultural Care Team intervention is an innovative care model designed to re-engage and retain adult Hispanic/Latinx people with HIV in care. Hispanics and Latinx people in the United States experience a rate of HIV infection that is three times that of non-Hispanic whites. Hispanics have the second-highest rate of HIV infection among racial/ethnic minority groups in the United States and face disparities in HIV-related health outcomes.<sup>4</sup> This population tends to enter care later in the course of HIV disease and have a lower survival rate compared with non-Hispanic whites. Evidence for these disparities includes lack of access to quality care, nonadherence to HIV treatment, scarcity of ethnic minority clinicians, and an inability to navigate the healthcare system.<sup>4,5,6</sup>

TMC conducted a retrospective study to examine the impact of a Bilingual/Bicultural Care Team on select HIV-related health outcomes in adults with HIV. The HIV specialty clinic at TMC provides primary care to adults with HIV, many of who are Hispanic/Latinx first-generation immigrants with limited English language proficiency. In 2007, when about 14 percent of its client population comprised Hispanic/Latinx individuals, most clinic staff did not speak Spanish, which required Spanish-speaking clients to use an interpreter when receiving health services. Additionally,



clients were randomly assigned to a primary care provider or case manager, which diminished the social support available to them throughout their care. The clinic's HIV program manager coordinated a novel care team approach to better serve the clinic's Hispanic/Latinx clients to address these barriers to care.<sup>1</sup>

To facilitate the care team approach, the HIV program manager worked closely with a local community partner, The Guadalupe Center, to recruit three bilingual/bicultural care providers to engage with Hispanic/Latinx clients one day per week—a nurse practitioner, RWHAP case manager, and peer educator. This bilingual/bicultural care team provided HIV education, adult HIV primary care, social and psychological assessments, peer support to assist with health services navigation, referrals to subspecialty care and community resources, support to address barriers to care and adherence, and home visits to assess care needs. Additionally, the HIV program manager had all client education and case management materials adapted to make them culturally appropriate for Spanish-speaking clients.

After implementing the novel care team approach, clients whose primary language is Spanish transferred to the Bilingual/Bicultural Care Team with ease. The introduction of the culturally appropriate care team prompted a significant



increase in the number of clinical appointments scheduled and kept per client per year, from 2.81 mean visits pre-implementation to 5.30 mean visits after implementation. Before implementation, among the 38 Hispanic/Latinx clients who met treatment-guideline criteria for ARV therapy, only eight had suppressed viral loads, compared with 20 clients after implementation, a 31.5 percent increase in the viral suppression rate in this client population. A limitation to interpreting these data includes the small evaluative sample size (N=43), which restricts statistical power and may influence

how differences between groups were inferred. However, given the clinical relevance of these results and the RHWAP environment in which this intervention was implemented, the results can prove useful to other RHWAP-funded sites.

The nurse practitioner on the original Bilingual/Bicultural Care Team stressed that the improvement in outcomes speaks to the importance of meeting clients “where they’re at”—i.e., that HIV care services should be representative of and sensitive to the complex needs of the communities that are being served.

WHEN DISCUSSING THE PEER EDUCATORS’ ROLE IN CLIENT ENGAGEMENT, THE NURSE EXPLAINED THAT

**“[The peer educators are] the ones with the experience of going through everything. So, it was important at the time we started the program to be able to really hire people who had some real understanding of what was going on and could pull that knowledge themselves.”**



## Description of the Intervention Model

The Bilingual/Bicultural Care Team intervention helps create culturally and linguistically appropriate HIV care services for Hispanic/Latinx adults with HIV. This intervention successfully retained Hispanic/Latinx adults in HIV care and improved their health outcomes, including increasing viral suppression. The components of this intervention were funded through RWHAP Part A funds, which provide support to staff activities used to engage people into care, including core medical services (AIDS Drug Assistance Program, or ADAP, treatments, early intervention services, mental health services, case management, etc.) and supportive services (e.g., medical transportation, linguistic services, food banks, housing, non-medical case management, etc.). The intervention is implemented in three phases:

### 1. Assessing Gaps and Engaging Stakeholders

Establishing a Bilingual/Bicultural Care Team begins with identifying gaps in your service-delivery infrastructure and assessing stakeholder readiness in the areas of recruitment and outreach. Steps toward this goal are:

- a. *Develop an Inventory of Staff Skills and Resources:* Understanding the cultural and linguistic gaps that may exist across your system of care begins with understanding the baseline set of skills and resources that are already available to your staff. The inventory should document language skills, cultural backgrounds, lived experiences, and staff

training sessions, as well as interpretation services that your organization may already be using. It is crucial to identify which, if any, of your existing providers, case managers, and peer educators have the necessary language and cultural skills, and it is useful to identify other staff who may also possess these skills.

- b. *Secure Buy-In from Leadership and Staff:* This step involves engaging your organizational leadership and existing staff to ensure support for additional staffing and cross-cultural learning. This includes ensuring support for additional human resources and identifying roadblocks that may inhibit recruiting the most suitable personnel to address identified gaps. Existing staff should be receptive to cross-cultural learning, willing to aid in training new staff on processes or procedures, and ready to create a welcoming and supportive environment for Hispanic/Latinx community members at all stages of the HIV care continuum.
- c. *Engage External Partners:* Ideal partnerships engage organizations that already work closely with the Hispanic/Latinx community in clinical and non-clinical settings or offer the ancillary services that are needed to holistically address the social and structural barriers experienced by this community. Partner organizations may include specialty pharmacies, CBOs, ASOs, or other organizations that provide supportive services to Hispanic/Latinx people with HIV. This network will be essential for identifying providers with appropriate cultural competency skills and experience to address service gaps. Similarly, establishing a relationship with a community-centered organization will strengthen a sense of trust with community members you may need help to reach.

Partner organizations will be a crucial source of feedback on developing and implementing the intervention from a community-centered perspective. This relationship should be bidirectional—i.e., it will involve an exchange of support and services for clients and clinical and non-clinical staff. An effective partnership will increase the reach of your engagement and retention efforts while building trust within the community you serve.



## 2. Staff Recruitment and Training

Once you have a thorough understanding of your resources and gaps and have engaged stakeholders, staff, and community organizations, take the following steps to build your Bilingual/Bicultural Care Team:

- a. *Recruit Bilingual/Bicultural Staff:* Building an effective Bilingual/Bicultural Care Team requires providers, case managers, and peer educators who have the appropriate linguistic and cultural experiences to appropriately engage with the Hispanic/Latinx community in your setting. Hiring peer educators and case managers who have lived experiences that resemble those of the community members you serve is a crucial component of improving client outcomes through this intervention. Lived experiences may vary based on the social dynamics in your setting. Ideally, the peer educators you recruit will be people with HIV who have an experiential understanding of the structural and social barriers faced by the community you serve. Peer educators should also possess appropriate cultural knowledge and familiarity with community assets, strengths, and resiliency factors. If you are not able to recruit medical providers with the appropriate linguistic and cultural skills, consider having a case manager or peer educator serve as a client-provider liaison to build and maintain a strong foundation of trust.
- b. *Train Staff and Facilitate Knowledge Exchange:* Newly recruited staff should be trained in appropriate organizational processes and procedures. You may need to take some unique steps to ensure that new staff recruits are appropriately integrated into your existing care infrastructure. For example, in cases where peer educators do not have the same level of professional work experience as other staff, you may be required to conduct additional training on expected behavior in your setting about language, client interactions, attire, timeliness, etc.

It is essential to establish ongoing “knowledge exchange” between newly recruited bilingual/bicultural staff and your existing team. This not only involves traditional training on service-delivery infrastructure, policies, and other relevant content in your setting but also requires learning from the lived experiences and cultural knowledge of the newly hired bicultural staff. Knowledge exchange can help to refine staff roles and ensure that the services you provide are culturally appropriate. It is important to engage all staff in the knowledge exchange to ensure that those involved in every HIV care continuum stage are welcoming to the Hispanic/Latinx community you serve.

**“... to be honest, I tell every single peer [educator] at every meeting, they continue to teach me. I learn from all of them. I’ve learned about how bad our transportation system is. I’ve learned about how difficult it is to get anywhere on time because of that. I’ve also learned that sometimes we just don’t ask the right questions, or we don’t go deep enough when we talk to patients.”**

– HIV SPECIALTY CLINIC MANAGER

### 3. Engaging and Retaining People with HIV in Care

After establishing a Bilingual/Bicultural Care Team and a support network of community partners, you are ready to engage Hispanic/Latinx individuals with a medical and social support network that will effectively retain them in HIV care. Although the precise flow of care will depend on the unique setup of your service-delivery infrastructure and each client's insurance status, a template for utilizing the care team should:

- a. *Link Newly Diagnosed and Reengaged People with HIV to a Bilingual/Bicultural Case Manager and Schedule a Medical Appointment:* Engagement or re-engagement of clients is typically done by an outreach worker, who will establish contact and create space for the client to meet with a bilingual/bicultural case manager. The outreach worker must have the linguistic and cultural skills necessary to negotiate the initial encounter tactfully or will be aided by the case manager in doing so. Case managers must review and sign confidentiality agreements with clients regarding the use of their information for service delivery purposes, including discussions with other clinical or non-clinical staff about diagnoses, medical appointments, and retention efforts.
- b. *Meet with a Bilingual/Bicultural Provider (doctor, nurse, or other practitioners):* It is essential that providers are flexible with clients about appointment times and coordinate with the case manager or peer educator to do an immediate follow-up after no-shows or tardiness. The important aspect is consistency in the cultural competency of both the clinical and non-clinical staff with whom the client engages throughout their visit. Where possible, avoid using third-party interpreter services or staff who do not possess relevant cultural experiences.
- c. *Meet with a Bilingual/Bicultural Peer Educator for HIV Care Education and Assessment of Social or Structural Barriers:* Where possible, the day before a client's scheduled medical appointment, a peer educator should be involved in reviewing the client's medical chart along with the case manager and provider. When clients do not speak English, peer educators should be directly involved in the clients' first and second medical appointments. The peer educator is also responsible for establishing a written agreement with the client that details the client's roles and responsibilities and ensures that the client understands their HIV care requirements.
- d. *Revisit the Bilingual/Bicultural Provider After Lab Results Are Finalized (may not be the same day):* When lab tests have been requested, the client will need to meet with the provider, case manager, or peer educator to discuss their lab results and coordinate ongoing care.
- e. *Revisit the Bilingual/Bicultural Case Manager for Coordination of Ongoing HIV Care and Other Supportive Services:* This must include "meeting clients where they are," which involves assessing the social and structural barriers that may hinder the client's adherence to care and impede linking the client with appropriate supportive services (e.g., housing, transportation, mental health services, social support networks, neutral meeting spaces). It may be helpful for case managers to organize recurring meetings with peer educators and other relevant staff to discuss clients' new diagnoses and upcoming medical appointments, as well as clients who have been lost to care.
- f. *Meet with a Pharmacist with the Support of a Bilingual/Bicultural Staff Member:* Peer educators or case managers are responsible for linking clients to a specialty pharmacy, which may be in-house or off-site. This will ensure that the client understands where and how to acquire their prescriptions and how to take their medication. Case managers or peer educators should routinely check in with pharmacy staff to gauge clients' adherence to prescription refills, which may help identify whether clients may benefit from additional support and outreach.

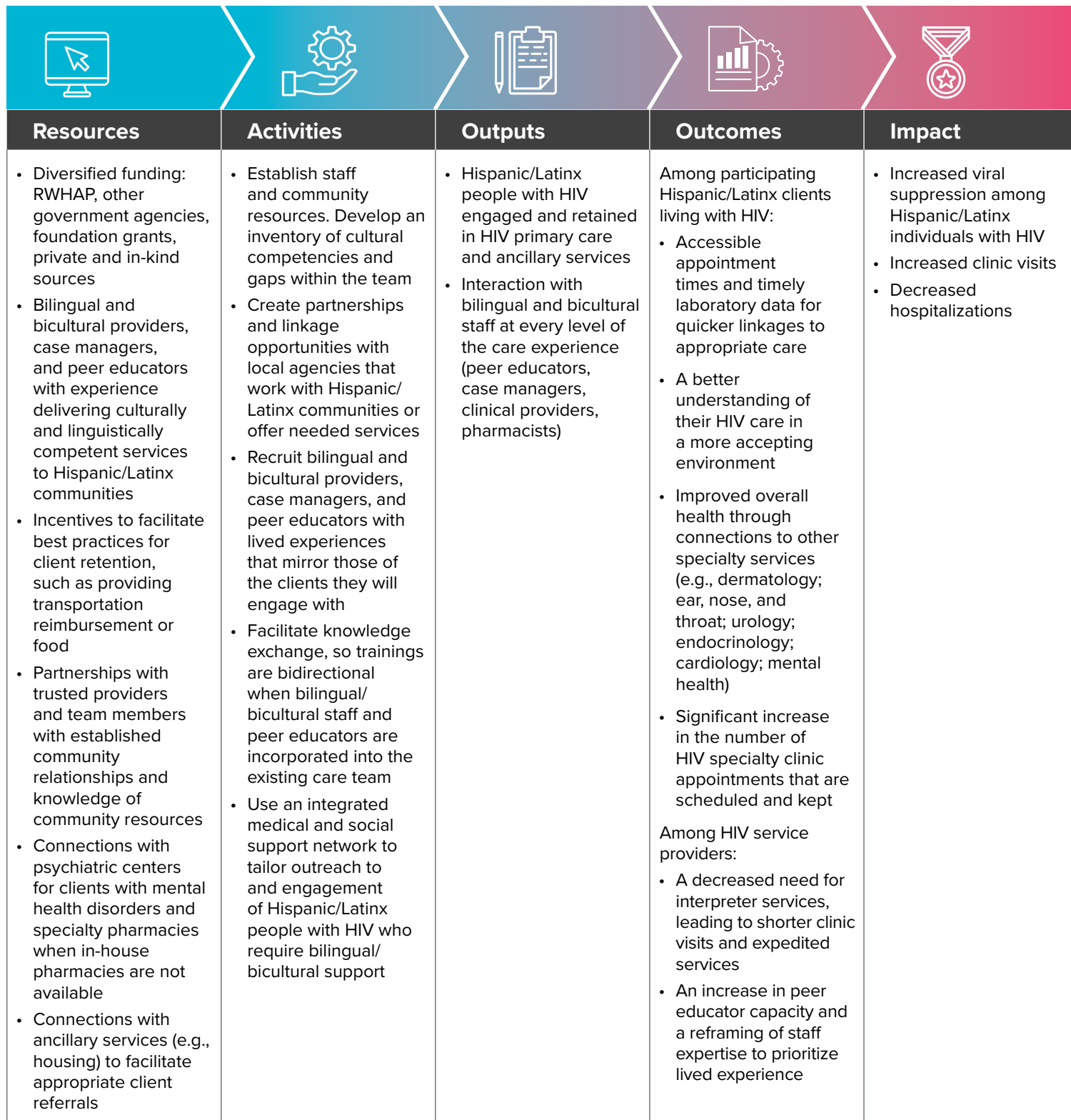


#### Staff Adaptation

If a bilingual/bicultural provider is not available, a case manager or peer educator may serve as a client-provider liaison.

## Logic Model

Logic models are effective tools to assist in planning, implementing, and managing an intervention. Below is a logic model highlighting the resources, activities, outputs, outcomes, and impact of the Bilingual/Bicultural Care Team intervention referenced throughout this guide.



## Staffing Requirements & Considerations

### Staff Capacity

Roles on the Bilingual/Bicultural Care Team may overlap, depending on your setting's existing staff infrastructure and workload. The following staff implemented the intervention at the HIV Specialty Clinic at TCM:

- *Peer Educator:* Having the clients meet with a bilingual/bicultural peer educator is essential in ensuring successful client outcomes. The peer educator's responsibilities include:
  - Conducting an "HIV 101" knowledge assessment;
  - Assessing barriers to adherence;
  - Presenting the HIV treatment curriculum;
  - Walking the client through laboratory and radiology department registration as needed;
  - Meeting with clients monthly or more often as needed; and
  - Working one-on-one with clients who are experiencing challenges with treatment adherence.
- *RWHAP Case Manager:* The bilingual/bicultural case manager is responsible for coordinating ongoing HIV primary care and supporting client retention and adherence to treatment activities. Case managers are an essential component of the Bilingual/Bicultural Care Team's success because they help providers and peer educators with client follow-up, retention, general outreach, and medication acquisition where appropriate. The case manager's responsibilities include:
  - Establishing a baseline assessment of social and psychological needs;
  - Providing information about and referrals to community resources;
  - Conducting home visits as needed to assess care needs and family dynamics;
  - Walking the client through registration for hospital and clinical services as needed; and
  - Serving as a liaison between the client and other healthcare providers.
- *HIV Primary Care Provider (Doctor, Nurse Practitioner, etc.):* It is important that the client meets with a bilingual/bicultural HIV primary care provider during their medical appointment. The health care provider helps promote trust and ensure that the client understands their health status. The provider's responsibilities include:
  - Providing HIV and adult primary care health services;
  - Educating clients about HIV disease progression, treatment, and drug resistance;
  - Assessing adherence to treatment for clients who are prescribed ARVs; and
  - Referring clients to subspecialty care as needed.

### Staff Characteristics

Core competencies of all staff should include:

- Experience with and enthusiasm about working with underserved populations;
- Cultural and linguistic competency in serving vulnerable Hispanic/Latinx adults;
- Knowledge of the social determinants that drive psychological, social, and physical health outcomes for Hispanic/Latinx adults;
- Ability to foster an environment of trust and support for Hispanic/Latinx clients;
- Skill in creating and sustaining dynamic, coordinated partnerships with diverse entities (e.g., CBOs, ASOs, specialty pharmacies, community partners); and
- Excellent organizational and team-building skills.

## Replication Tips for Intervention Procedures and Client Engagement

Successful replication of the Bilingual/Bicultural Care Team intervention involves working with trusted, diverse, bilingual/bicultural team members, creating a welcoming environment, building peer educator capacity, and offering co-located services and programs when possible.

- **Work with Trusted Community Providers:** Intervention success relies on working with staff who have established community relationships. Recruiting staff who already have close relationships with clients can also facilitate implementation. Below are examples of how these relationships might look:
  - The healthcare provider may have worked in the community for many years, and developed relationships with clients who know the provider is heartwarming and genuinely cares about them. Working with trusted providers builds trust and contributes to good retention rates because clients will want to meet with and connect with them.
  - The case manager may have pre-established relationships and networks with providers in the area who offer supplemental, hard-to-find resources (e.g., food pantries, free binders, shoes, clothing, gender-affirming items, connections with Syringe Service Programs, etc.).
  - The peer educator may have credibility in the community for their knowledge about HIV and familiarity with culturally specific barriers and resiliency factors that can help facilitate the intervention.
- **Hire Bilingual/Bicultural Providers, Case Managers, and Peer Educators:** While having bilingual staff on a care team is typically more helpful than using interpretation services, in the program at TCM having a Bilingual/Bicultural Care Team staff also improved both retention and viral suppression rates for Hispanic/Latinx clients. Bicultural care teams are more apt to provide culturally specific guidance. For example, a team member could help clients find safe and accessible transportation to medical or support service visits.

For your replication process, consider taking the following steps:

- **Work with bilingual/bicultural peer educators, case managers, and nurses when possible:** Receiving care from people who have similar lived experiences and reflect the diverse intersecting Latinx identities of the client populations helps clients feel that they can relate, share fears and barriers, and address stigma. For example, staff may identify as gay or lesbian, be from a similar cultural background (e.g., Mexican or Dominican), have a history of homelessness, or understand how religion may influence clients' lives.
- **Appoint an in-house, bilingual/bicultural RWHAP case manager:** The case manager can promptly address barriers and enroll clients in services to support their retention in care. Clients do not always know how to access healthcare outside of routine visits, such as going to the emergency room for stitches or a local health department for immunizations. In-house case managers can help clients navigate the complexities of the health care system.
- **Identify additional Spanish-language systems and resources:** Resources such as patient portals, where clients can view lab results, read pamphlets, and learn about auxiliary services offered by external providers, help to increase client retention in care.



- *Create a Welcoming Culture:* Making clients feel welcome and having consistent staffing helps people feel supported and understood, encouraging client retention. Strategies for creating a welcoming environment are to:
  - **Ensure that all staff are actively involved:** All staff, from front-desk greeters to case managers to nurses, are actively involved in creating a welcoming environment.
  - **Make clients feel special:** Roll out the “red carpet” for clients (e.g., make them feel celebrated, welcome, and unique) by introducing them to all staff, decorating your space with affirming and motivational bulletin boards, and asking questions such as “¿De donde eres tu?” (“Where are you from?”). Such humanizing touches help clients to get to know their care team more personally.
  - **Ensure that you are welcoming to clients with intersecting identities:** Include spaces on your forms for preferred names and pronouns, post information and imagery that signal your clinic is a safe space for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and all other individuals (LGBTQIA+) who fall outside of hetero-normative sexual or gender categories, or offer free legal clinics for transgender individuals to aid them in updating gender markers on identity documents (e.g., birth certificates, drivers licenses) or to assist them in seeking retribution for legal issues.
  - **Make your space feel less like a doctor’s office and more like an affirming community:** A smile, a warm greeting, and other personal touches, such as asking about a client’s family or their favorite sporting event, can help to provide culturally competent care to Hispanic/Latinx people with HIV.
- *Support the Successful Integration of Peer Educators into the Care Team and Build their Capacity:* While peer educators offer invaluable lived experiences that help to increase client retention, they may not always have extensive professional work experience. Consider taking the following steps to integrate peer educators into the care team and build their capacity:
  - **Provide opportunities to both teach and learn from peer educators:** Peer educators need to learn your documentation and agency policies and procedures. Also, allow room for staff to learn from peer educators about policies or documentation practices that may need to be reassessed because they unintentionally create barriers for clients.
  - **Work to ensure leadership and staff buy-in:** Buy-in from leadership and existing staff will help peer educators to achieve success and feel supported in their role. Staff who do not have experience working with unlicensed team members may be resistant to incorporating peer educators into the team. Provide opportunities for conversations about privilege and reframe the concept of expertise to prioritize hiring people who have lived experiences similar to those of the clients you serve.
  - **Assess meeting schedules and other processes that may not work for peer educators:** For example, instead of weekly one-hour meetings, consider conducting quarterly one-day meetings that include skill sharing or other team-building activities.
  - **Support peer educators with professional development:** Find opportunities to identify broader career goals and to support peer educators who seek professional development opportunities. Encourage peer educators to present at conferences and community events.

“... I was happy to be in this position because I know our Spanish-speaking patients need it, and I could see how happy it makes them to be able to talk to me for the simplest thing or something really complicated.”

– CLINIC STAFF MEMBER





## Co-located Service Adaptation

If having an in-house pharmacy is not feasible for your organization, develop close working relationships with pharmacies in your community.

- *Where Possible, Offer an In-House Pharmacy and Other Co-located Services:* In-house pharmacies offer clients a “one-stop-shop,” thereby reducing barriers to acquiring medications. Pharmacies can also intervene by calling clinic staff to request follow-up with clients who have not picked up their prescriptions. Some strategies for maximizing relationships with pharmacies to support client care are:
  - **Ensure that pharmacies can fulfill clients’ holistic healthcare needs:** For example, pharmacies should be able to fill prescriptions for hormones, provide condoms, and offer a variety of syringes for hormone replacement therapy (HRT), insulin, or safe injection drug use.
  - **Identify bilingual/bicultural pharmacy staff:** Bilingual and preferably bicultural pharmacy staff are needed to work with your clients to answer their questions, ask about their side effects, and build trusting relationships.



## Staff Adaptation

Interpreters can be used when other options are not available, but having bilingual/bicultural staff at every step of the care process has been shown to maximize Hispanic/Latinx clients’ outcomes.

- **Encourage peer educators and case managers to walk clients to the pharmacy.** This easy step helps to bolster medication adherence, support, and advocacy.

- *Develop Consistent Data Collection and Evaluation Procedures:* As with any program, evidence-based intervention, or clinical strategy, it is essential to develop data collection systems to streamline information collection and measure the impact of your services. You can do this by taking these steps:
  - **Explore data collection media:** Identify media available to both clients and providers, and that facilitate data collection and analysis. For example, REDCap offers a HIPAA-compliant app that allows clients to directly enter their data using a link. Password-protected and encrypted Microsoft Excel workbooks can also be used as an option for tracking client outcomes, although additional staff policies will be needed to ensure client confidentiality.
  - **Develop a data management dictionary:** This document can help ensure that staff consistently code data throughout the intervention’s implementation, even when staff turnover occurs.
  - **Assess client outcomes:** Assess outcomes at the beginning of the intervention to establish a baseline. Then, collect data at three months, six months, and 12 months after initiating the intervention. If viral suppression goals are not being met, work with clients to promptly identify and address barriers in a way that meets each client’s individual needs.
- *Offer Events or Activities Outside of Care Coordination:* Supplement care services with programs such as women’s empowerment retreats or chronic disease management courses focused on intersecting health issues. These events can help clients feel more connected to the clinic, reduce stigma, and create opportunities for clients to meet people with whom they can relate.



## Securing Buy-In

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. Highlighting the advantages of implementing a novel intervention is one way to secure support. The following strategies may help to secure buy-in for the Bilingual/Bicultural Care Team intervention:

- **Inform stakeholders that organizations with diverse client populations are organically viable for this intervention:** Using an “in-reach” instead of an outreach approach allows organizations to begin implementing the intervention with clients already engaged in services but need additional support. An in-reach approach minimizes the resources and time needed to recruit new clients.
- **Ensure that your clinic provides client privacy and confidential spaces to receive care:** For example, the clinic and program name should not mention HIV. If the clinic is housed in a broader healthcare setting such as a hospital, use two-way mirrors when possible, to prevent other people from viewing and identifying clients in the waiting room.
- **Highlight the advantages your organization may receive by implementing the intervention:**
  - Your organization can create or maintain a positive reputation in the community by offering Spanish-speaking clients good experiences and affirming services. This can increase word-of-mouth referrals, and the number of clients served.
  - Hispanic/Latinx clients will have better viral suppression and greater retention in care and reduce local health inequities.
  - Working with peer educators offers staff opportunities to learn more about client barriers to care. Peer educators can provide great insights on what questions to ask, how to harness community resiliency factors, and how to talk to clients to identify barriers that may be more difficult for them to disclose to other clinical staff. For example, it could be beneficial to learn how a challenging transportation system makes it more challenging for clients to arrive at appointments on time.



## Overcoming Implementation Challenges

There are always challenges when implementing a program or intervention. Anticipated challenges, as well as possible solutions, include:

- **Provider availability:** Using a care provider whose availability is limited can create barriers for clients. Clients can often be no-shows, and rescheduling appointments can be challenging when providers' schedules quickly fill up. Providers should plan to be at the clinic a minimum of three days a week and make prompt follow-up calls to clients who miss appointments.
- **Provision of behavioral health services:** Clients with mental health needs and concerns benefit from receiving care from a bilingual/bicultural mental health provider or psychiatrist.
- **Client eligibility:** Clients who have private insurance or who earn more than the maximum allowable household income may not be eligible to access all aspects of the intervention, including case management services or specialty pharmacies. Become familiar with copayment assistance programs and assess whether your clinic can offer discounts or sliding-scale fees.
- **Client contact:** It can be difficult to contact clients who do not have consistent phone numbers. Develop contacts and data sharing agreements with your local health department's surveillance team so you can check health department records for your clients' updated phone numbers and addresses or learn whether they have moved to another state.
- **Timely receipt of lab results:** Having an in-house lab and phlebotomist helps ensure the rapid processing of lab results. You will also want to create a reminder system for providers to conduct and analyze client viral-load tests on an ongoing basis.



### Staff Adaptation

If funding allows, include bilingual/bicultural mental health staff on the care team, or develop strong partnerships with providers in your community to ensure warm referrals and coordinated care.

## Promoting Sustainability

Successful replication of the Bilingual/Bicultural Care Team intervention may require exploring a variety of funding sources. This may be particularly true if your organization has a large client population with private insurance or if your client population needs services that are not covered through RWHAP. Finding small pots of money can help implement best practices for client retention, such as providing incentives, transportation reimbursement, or food.

Work with your local university or with foundations to assess available resources to support program services or evaluation.



### Staff Adaptation

If your organization or funder does not allow reimbursement for peer educators, find out whether your state permits reimbursements for community health workers (CHWs) and develop processes to meet these reimbursement guidelines. (See [Additional Resources Box](#)).

## SWOT Analysis

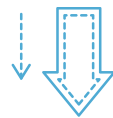
SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a structured planning method that can assess the viability of a project or intervention. By conducting a SWOT analysis before implementing an intervention, organizations can proactively identify challenges before they occur and think through how to best leverage their organizational strengths and opportunities to improve future performance. A SWOT analysis of the Bilingual/Bicultural Care Team intervention at TCM identified the following:



### STRENGTHS

The intervention retains and increases the viral suppression of adult Hispanic/Latinx people with HIV in care by:

- Offering a coordinated and collaborative case management network that provides HIV primary care and ancillary support services in the clients' primary language,
- Providing social support through engagement with culturally competent peer educators and external service partners,
- Providing aligned agencies and organizations with a place to refer Hispanic/Latinx people with HIV, and
- Adapting case management and materials to meet the cultural and linguistic needs of the Hispanic/Latinx population.



### WEAKNESSES

Agencies will find it challenging to implement the intervention without:

- Culturally and linguistically competent staff who possess the skills and credibility to effectively deliver or work with partners to deliver HIV primary care, case management, and ancillary services to Hispanic/Latinx people with HIV,
- Current relationships with, or leads on identifying, community stakeholders and partners who can help to deliver ancillary services and recruit culturally and linguistically competent staff,
- Current relationships with, or leads on identifying, specialty pharmacies with bilingual/bicultural staff,
- Stakeholder buy-in and funding to adequately support the care team and the adaptation of case management and educational materials, and
- Flexible, receptive clinical staff who are open to participating in knowledge exchange.



### OPPORTUNITIES

The intervention offers opportunities to:

- Establish your organization as a leader in HIV resources not only for adult Hispanic/Latinx people with HIV but also for the broader community,
- Create a non-duplicative network of services with stakeholders and service partners who support the Hispanic/Latinx community,
- Build peer educator capacity and reframe the concept of expertise to incorporate lived experiences, and
- Provide ongoing staff knowledge exchange regarding the social and structural barriers unique to Hispanic/Latinx communities.



### THREATS

Threats to the Bilingual/Bicultural Care Team's success include:

- Inability to secure funds to implement the intervention,
- Failure to secure buy-in from key stakeholders,
- Duplication of services provided by other agencies that result in client confusion or undermines relationships with community stakeholders/service providers,
- Organizational barriers to the recruitment of peer educators, and
- Restrictions on resources that can be offered to clients based on their insurance status.



## Conclusion

The Bilingual/Bicultural Care Team intervention provides an opportunity to engage and retain Hispanic/Latinx adults with HIV by offering culturally and linguistically appropriate services. This coordinated approach to service delivery provides supportive and holistic care that encourages client retention and improves their HIV-related health outcomes. Findings from the retrospective study conducted by TMC on the impact of the Bilingual/Bicultural Care Team intervention showed that:

- The clinic experienced a significant increase in appointments that were scheduled and kept (from a mean of 2.81 visits to 5.3 visits per year), keeping in mind a small evaluative sample size (N=43).
- The viral suppression rate among clients who met the criteria for ARV therapy increased by 31.5 percent.

This intervention also leverages existing community resources, expertise, and resilience to support organizations in addressing the unique barriers faced by Hispanic/Latinx people with HIV. Overall, the Bilingual/Bicultural Care Team intervention provides an adaptable model that enables clinics and other service-delivery settings to serve the Hispanic/Latinx community better, ultimately reducing HIV incidence and the risk of HIV-related morbidity and mortality.

## **Additional Resources**

### **Ryan White HIV/AIDS Program Fact Sheet**

[hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/program-factsheet-program-overview.pdf](http://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/program-factsheet-program-overview.pdf)

### **Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice 16-02**

[hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](http://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

### **HIV National Strategic Plan**

[hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2021-2025](http://hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2021-2025)

### **CIE Cost Analysis Calculator**

[CIEhealth.org/innovations](http://CIEhealth.org/innovations)

### **Bilingual/Bicultural Care Team Cost Analysis**

[CIEhealth.org/intervention/bilingual-bicultural-care-team#resources](http://CIEhealth.org/intervention/bilingual-bicultural-care-team#resources) (Click on link under Cost Analysis section)

### **Example Cost Analysis Tool for Users of Bilingual/Bicultural Care Team Intervention**

[CIEhealth.org/intervention/bilingual-bicultural-care-team#resources](http://CIEhealth.org/intervention/bilingual-bicultural-care-team#resources) (Click on Resources)

### **Technical Assistance Guide: States Implementing Community Health Worker Strategies**

[https://www.cdc.gov/dhdsp/programs/spha/docs/1305\\_ta\\_guide\\_chws.pdf](https://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf)

## Endnotes

<sup>1</sup>Enriquez, M., Farnan, R., Cheng, A. L., Almeida, A., Del Valle, D., Pulido-Parra, M., & Flores, G. (2008). Impact of a bilingual/bicultural care team on HIV-related health outcomes. *The Journal of the Association of Nurses in AIDS Care: JANAC*, 19(4), 295–301. <https://doi.org/10.1016/j.jana.2008.04.004>.

<sup>2</sup>Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed November 4, 2020.

<sup>3</sup>Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed November 4, 2020.

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<sup>5</sup>Shapiro, M.F., Morton, S.C., McCaffrey, D.F., Senterfitt, J.W., Fleishman, J.A., Perlman, J.F., Athey, L.A., Keesey, J.W., Goldman, D.P., Berry, S.H., et al. Variations in the care of HIV-infected adults in the United States: results from the HIV Cost and Services Utilization Study. *JAMA*. 1999 Jun 23;281(24):2305–2315.

<sup>6</sup>Cooper, L.A., Beach, M.C., Johnson, R.L., Inui, T.S. Delving below the surface. Understanding how race and ethnicity influence relationships in health care. *J Gen Intern Med*. 2006 Jan;21 (Suppl 1): S21–S27.