NATIONAL
2018 RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Three Approaches to Achieving Quality, Culturally Responsive Care: Developing Standards, Quality Improvement, and Addressing Inequities

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Disclosures

Presenter(s) have no financial interest to disclose.

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Commercial Support was not received for this activity.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify and respond to the need to develop culturally responsive standards

2. Discuss the development process and tactics to engage community/consumers as well as providers

3. Review implementation and ongoing monitoring and evaluation efforts

Obtaining CME/CE Credit

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Cultural Responsiveness

"Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities."

Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), 2001

Workgroups

- Three community-lead workgroups formed to engage disproportionately affected communities in the HIV system in Minnesota

  - *Engage, empower, and develop community-based and community-lead recommendations to the Minnesota Council on HIV Prevention and Care as well as to Ryan White grantees*

1. **AA SGL Men**
2. **Native American**
3. **Latino Gay/Bi/MSM & Latina Transgender**

How to address these disparities?

- Continue targeted funding efforts
- Ensure diversity of provider community advisory boards
- More rigorously obtain client feedback
- Develop guidelines or standards around cultural responsiveness

Culturally Responsive Standards of Care

1. Convened a diverse planning committee
2. Engaged stakeholders from the start
   1. Consumers/clients
   2. Providers
3. Obtained community input
4. Drafted standards language
5. Developed a plan for monitoring and evaluation

Community Input

- Community-based participatory approach
- All levels of stakeholders at the table from the start

- Targeted community focus groups
- Provider needs assessment to establish baseline of understanding
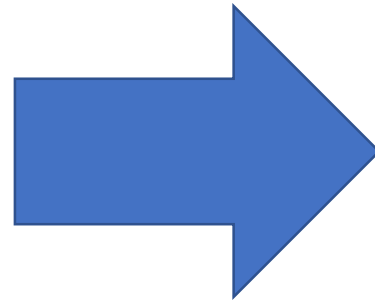
Consumer Focus Groups

- Youth focus group
- Native American focus group
- MCSM focus group
- Black/African American MSM/SGL focus group
- African Born focus group

Provider Needs Assessment

1. Describe client population

2. Five main groups served

3. Any groups you should be serving that you aren't?

4. Method of receiving consumer input

5. What type of input received from community advisory boards?

Needs Assessment Findings

- 14 responses

- Only three respondents primarily serve white consumers

- Seven respondents felt there were populations they should be reaching that they are not

- Seven respondents did not have a community advisory board

- Eight requests for support or training

Consumer Focus Groups

- Where do you go for HIV related services?

- What barriers have you experienced when trying to receive HIV related services?

- Do you seek services from organizations that are representative of your culture?

- What cultural considerations should providers/organizations be aware of?

- What have your experiences been around receiving services that are culturally responsive to your needs?

Focus Group Findings

- **Main themes**
  - Lack of cultural responsiveness from providers

  - Culturally specific barriers to care

  - Desire for increased coordination of care

  - Need for sense of agency

Thematic Findings by Group

Theme	AA SGL Men	MCSM	African Born	Youth	American Native
Lack of CR from Providers	Feelings of White-centric care	Feelings of White-centric care	Asked questions that are culturally too personal (e.g. sexual history, risk-taking behavior etc.)	Stigma around age and circumstance	Cultural ignorance around tribal norms and rituals
Culturally Specific Barriers to Care	Feelings of discrimination from HIV care providers	Feelings of discrimination from HIV care providers	Fears around confidentiality due to small pool of interpreters	Transgender care	Native American clinics do not provide HIV care

Thematic Findings by Group

Theme	AA SGL Men	MCSM	African Born	Youth	American Native
Coordination of Care	Desire for a one-stop-shop for all types of HIV care	Desire for a one-stop-shop for all types of HIV care	Felt that care was coordinated well	Desire for housing program coordinators to coordinate with their HIV care providers	Desire for acceptance of ceremonial rituals in supportive housing
Desire for Sense of Agency	Ability to reach financial stability	Ability to understand the HIV care system and advocate/coordinate for oneself	Ability to choose which questions to answer when asked about culturally taboo information from providers	Ability to make their own choices and be treated as an equal player in their HIV care and treatment	Ability to practice ceremonial rituals in supportive housing and receive natural medicines through programs

Focus Group Findings

"For many individuals, there are not organizations that are representative of their culture"

Focus Group Findings

"This is Minnesota. There is no organization here that represents any other culture except in white. You have to accept this."

Focus Group Findings

"The service I am receiving from my hospital is very good. I am only scared that the doctor might bring an interpreter from my community, someone I knew or someone who knows my family or family members every time I go for my appointment. This is because most of the time when I went for my doctor visits the interpreters were not the same person who interpreted for me the last time and they keep on changing them. That is really scary."

Standards Development

1. Informal consumer focus group results
2. Provider needs assessment results
3. Input from experts
4. Modeled primarily after CLAS Standards
5. Details requirements around operationalization of culturally responsive services

Find the standards here

Monitoring and Evaluation

Sub-Recipient Level

- Bi-annual self assessment of cultural responsiveness
- Annual client input
  - Survey method
- Tracking service utilization by demographic
- Quality improvement plans

Monitoring and Evaluation

Systems Level

- Tracking systems level service utilization by demographic

- Quality improvement plans

- Develop system-wide strategies to increase service delivery (frequency and quality) to DAC

- Developing and offering targeted trainings