Redefining Cultural Competence for MSM of Color Through System Transformation

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

1. Describe how cultural competence within healthcare organizations impacts the health of MSM of Color.
2. Identify barriers exacerbated by an organization's lack of cultural competence.
3. Recite culturally appropriate mechanisms and procedures that are responsive and accepting of MSM of Color.
4. Identify strategies that address system transformation within health departments, ASOs and CBOs by redefining cultural competence.
5. Recognize the importance of ongoing professional development to enhance cultural competence within healthcare organizations.

Defining Cultural Competence

Cultural Competence

- Cultural competence is not an end goal, but a commitment to an ongoing engagement with welcoming and affirming behaviors, knowledge, attitudes and policies.

- Cultural competence presentations and trainings are understood to be a beginning and an important step in learning to work more effectively with clients/patients, but they are not the only required step. Profound change also requires **time, practice** and **self-reflection.**

Cultural Competence

- Cultural competence is a set of behaviors, attitudes, and policies that creates effective work in **cross-cultural situations.**

- Implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by patients/consumers and their communities.
- In summary, cultural and linguistic competence IS A SKILL!!

Group Brainstorm

- What are the benefits of becoming a culturally competent health care organization?
- How can cultural competence impact health outcomes?

Benefits of Becoming a Culturally Competent Health Care Organization

Social Benefits	Health Benefits	Business Benefits
• Increases mutual respect and understanding between patient and organization • Increases trust • Promotes inclusion of all community members • Increases community participation and involvement in health issues • Assists patients and families in their care • Promotes patient and family responsibilities for health	• Improves patient data collection • Increases preventive care by patients • Reduces care disparities in the patient population • Increases cost savings from a reduction in medical errors, number of treatments and legal costs • Reduces the number of missed medical visits	• Incorporates different perspectives, ideas and strategies into the decision-making process • Decreases barriers that slow progress • Moves toward meeting legal and regulatory guidelines • Improves efficiency of care services • Increases the market share of the organization

Source: American Hospital Association, 2013.

Health Research & Educational Trust. (2013, June). Becoming a culturally competent health care organization. Chicago, IL: Illinois. Health Research & Educational Trust Accessed at www.hpoe.org.

MSM of Color and Negative Experiences with Health Care System

- 24% of Black MSM report they have been mistreated by health care provider because of race
- 29% of Black MSM report they have been mistreated by health care provider because of sexual orientation
- 78% of Black MSM report they have felt deceived or misled by health care provider
- 34% of Black MSM indicate that people of their race don't receive the same level of quality care as people of other races
- Less than half of Hispanics/Latinos with HIV are receiving medicines to treat their infection

Eaton, L. A., Driffin, D. D., Kegler, C., Smith, H., Conway-Washington, C., White, D., & Cherry, C. (2015). Acknowledging the role of stigma and medical mistrust in engagement in routine health care among Black men who have sex with men. *American Journal of Public Health*, *105*(2), e75–e82. http://doi.org/10.2105/AJPH.2014.302322
Centers for Disease Control and Prevention; (2016); HIV and AIDS Among Latino. https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-hiv-latinos-508.pdf.

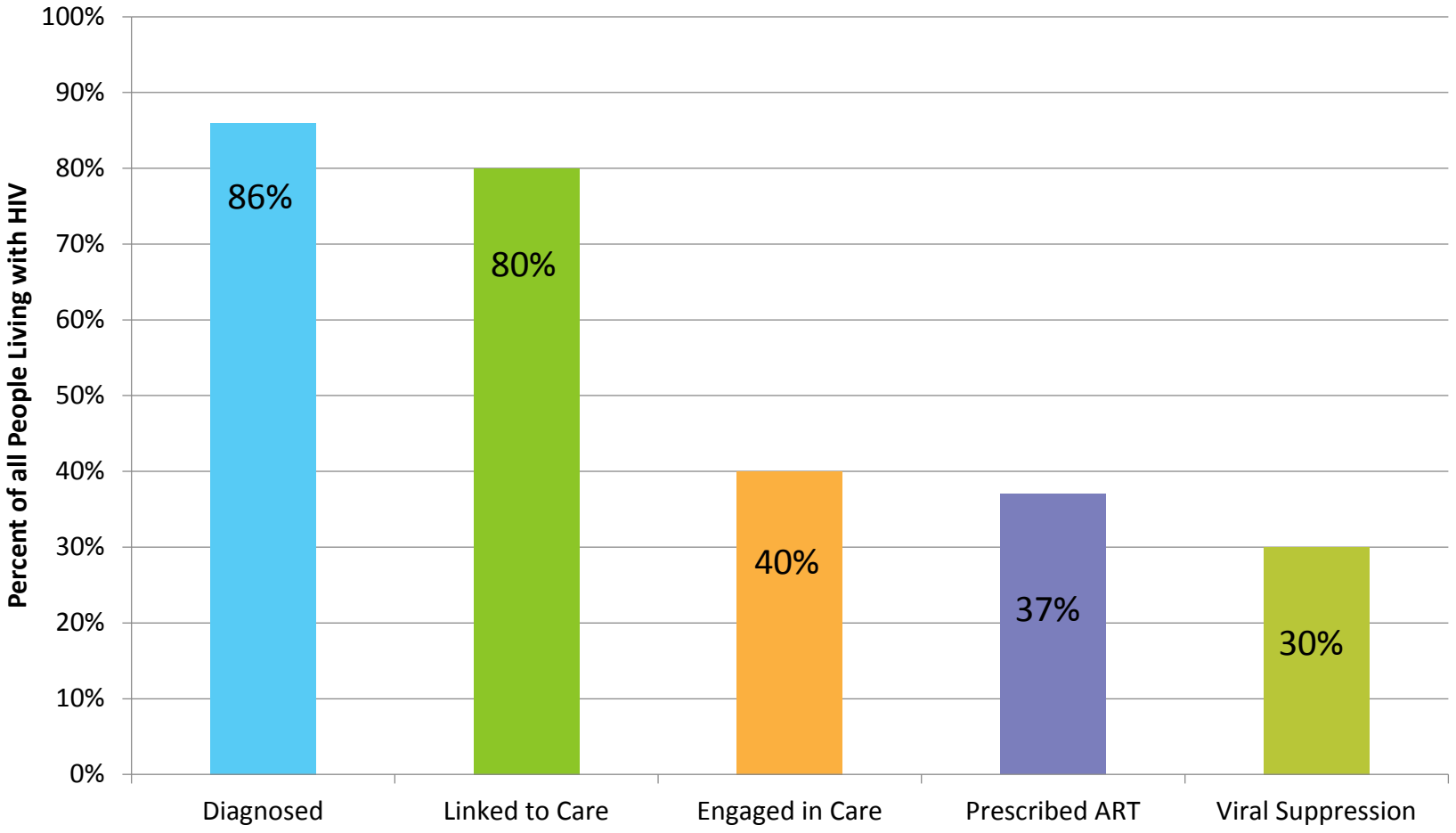
The HIV Epidemic in the US

The HIV Epidemic Today

- Approximately 1.2 million people in U.S. living with HIV[1]
- 50,000 new HIV infections annually, two decades[1]
- 14% of those infected with HIV do not know their status[2]
- 30.2% of new infections attributed to 14% with unknown HIV status[3]
- 32% of people with HIV are diagnosed late into their illness[2], with 24% of those people being diagnosed with AIDS[1]
- 50% of individuals who are aware of their HIV status are not adequately engaged in care, account for 61.5% of new infections[3]

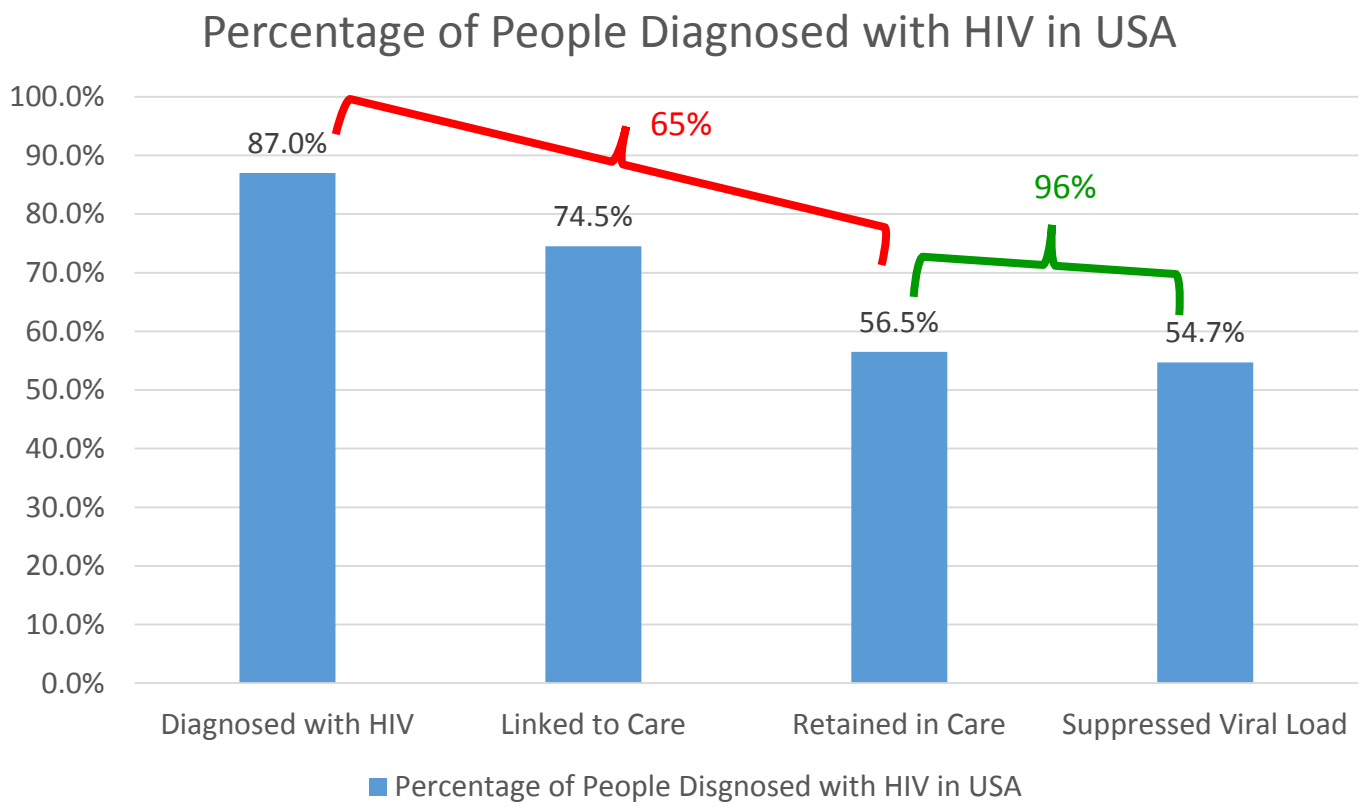
[1] CDC. (2016). *Today's HIV/AIDS Epidemic.* February, 2016.
[2] Kaiser Family Foundation. (2014). *The HIV/AIDS Epidemic in the United States*. 7 April 2014.
[3]Skarbinski, J.; Rosenberg, E.; Paz-Bailey, G; Hall, HI; Rose, D; Viall, A; Fagan, JL; Lansky, A; Mermin, J. (2015). Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States. *JAMA Intern Med*,175(4), 588-596. doi:10.1001/jamainternmed.2014.8180.

HIV Care Continuum



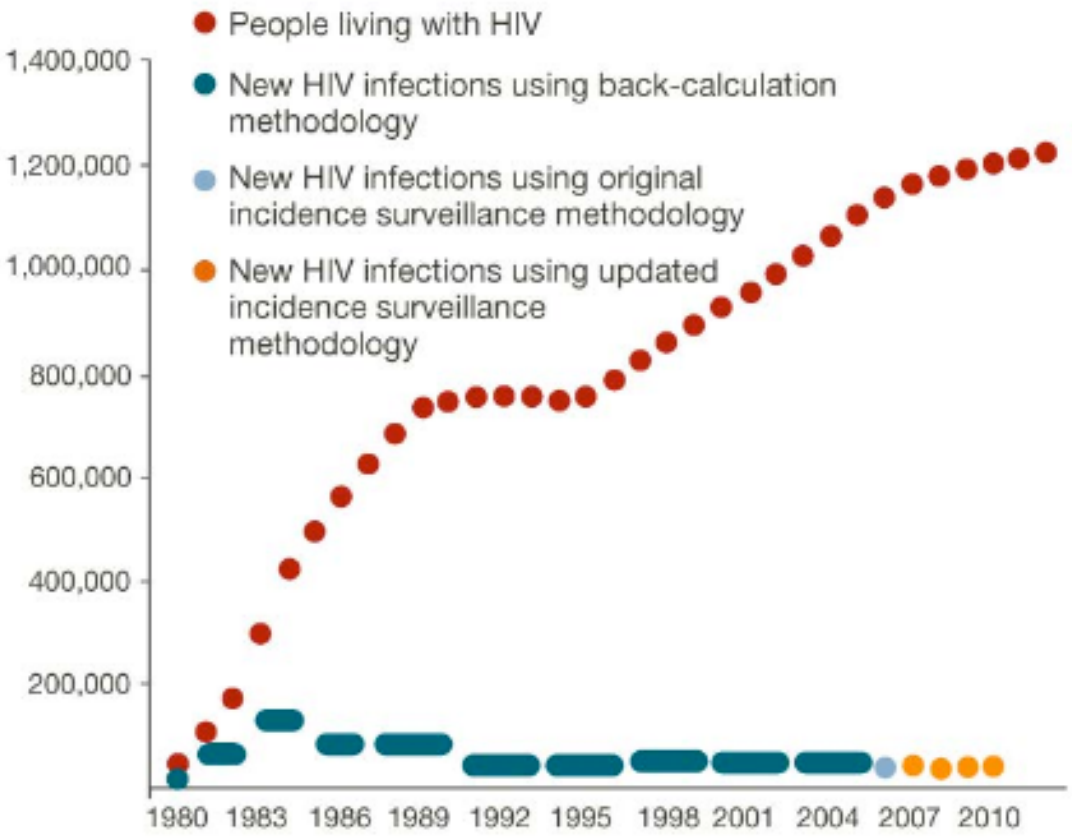
CDC. (2014). Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011. *MMWR,* 63(47), 1113-1117.
CDC. (2016). Care and Prevention for People Living with HIV, in *Today's HIV/AIDS Epidemic.*

Selected National HIV Prevention and Care Outcomes in the United States, 2014



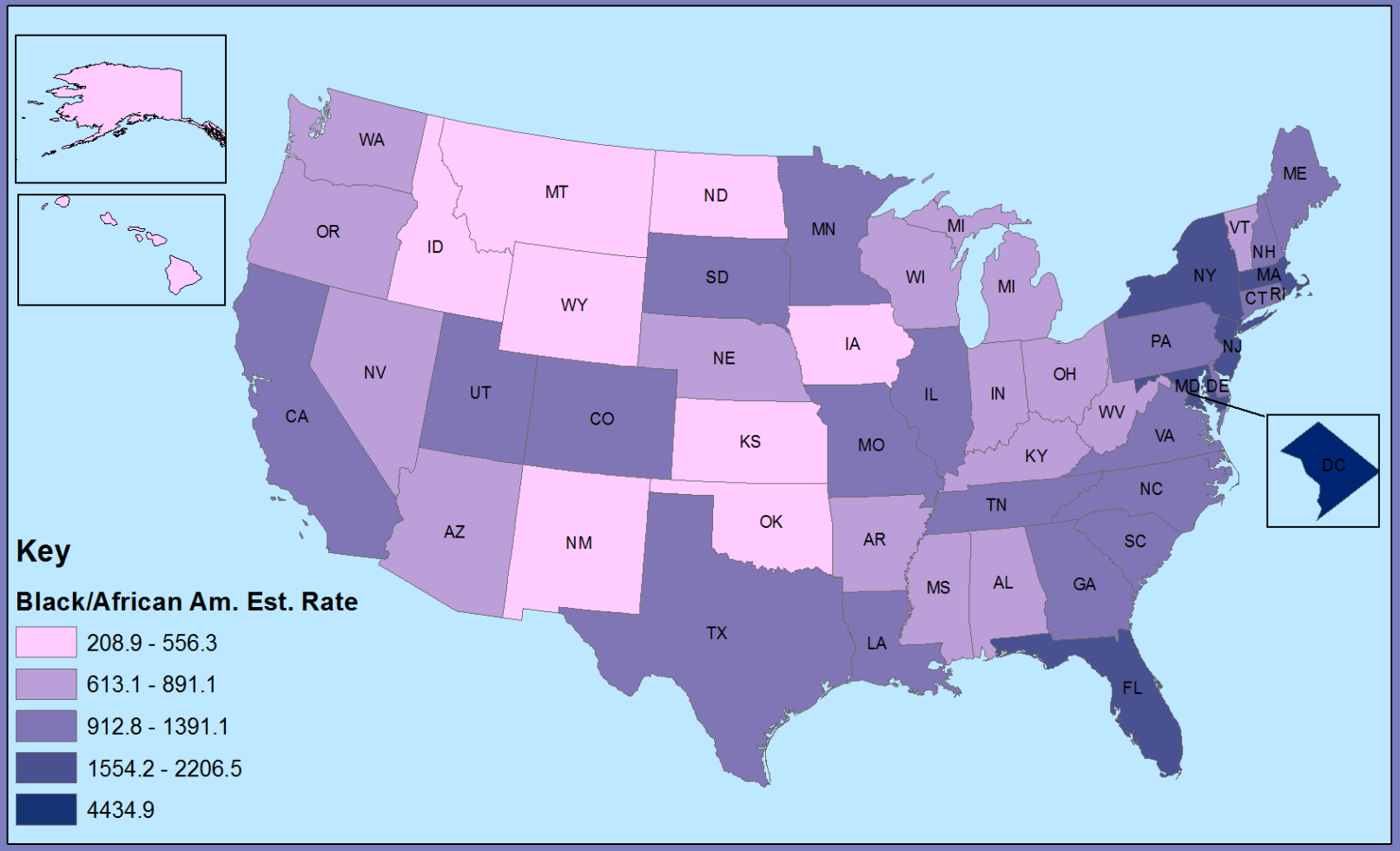
Centers for Disease Control and Prevention. (2016). Selected National HIV Prevention and Care Outcomes in the United States. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention. July 2016. http://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-national-hiv-care-outcomes.pdf.

HIV Prevalence & Incidence, U.S. 1980-2012



Today's HIV/AIDS Epidemic. February 2016. Centers for Disease Control and Prevention. Accessed online at http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf.

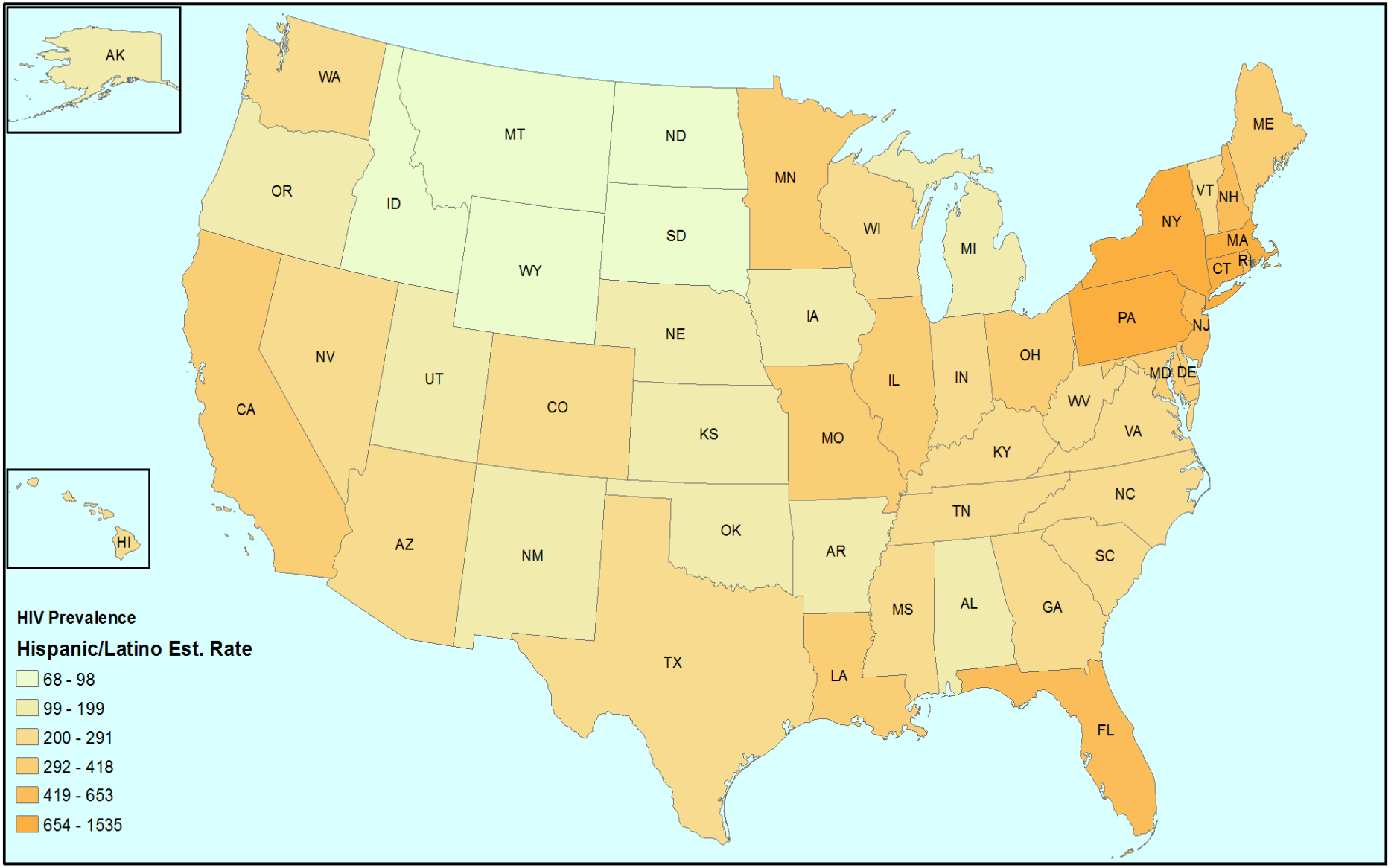
HIV Prevalence among Black/African Americans



Prevalence Rates are per 100,000 population
Data source: CDC HIV Surveillance Report 2013

March 13, 2015

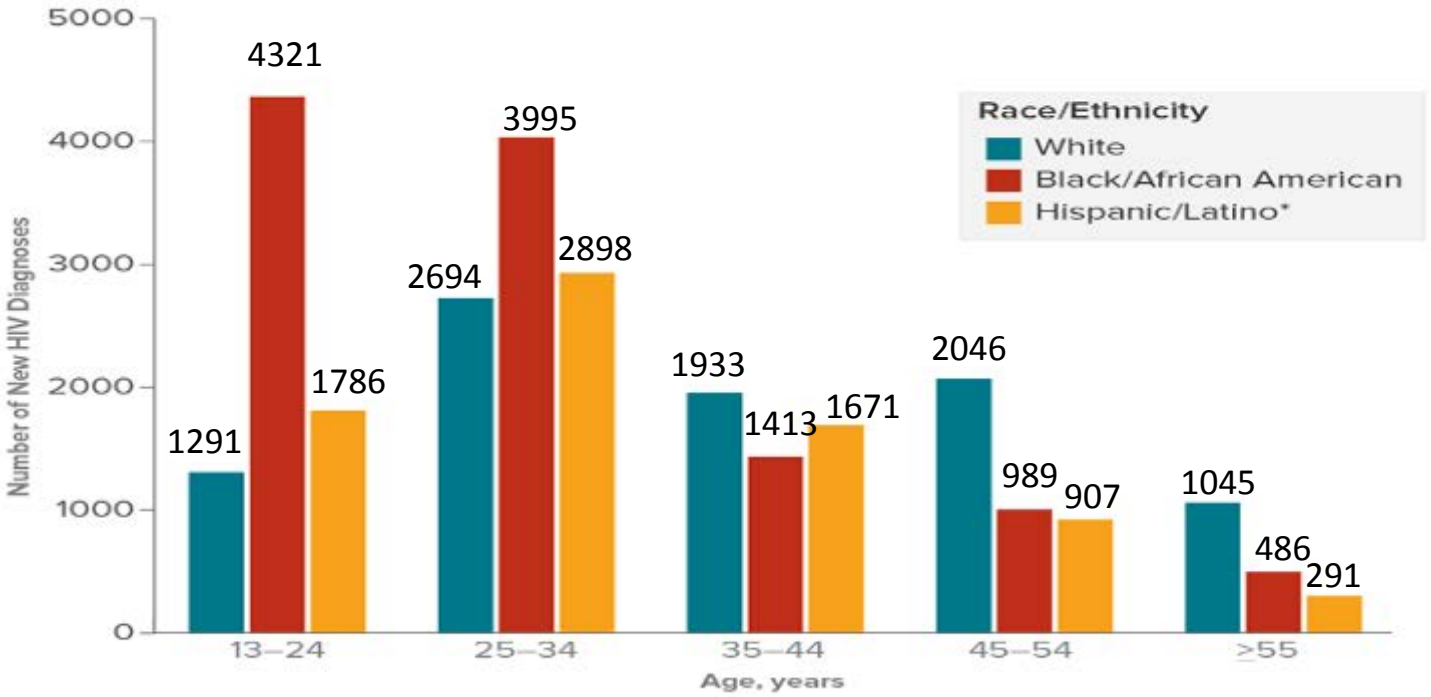
HIV Prevalence among Hispanics/Latinos



State HIV prevalence among Hispanics/Latinos is indicated

MSM of Color and HIV

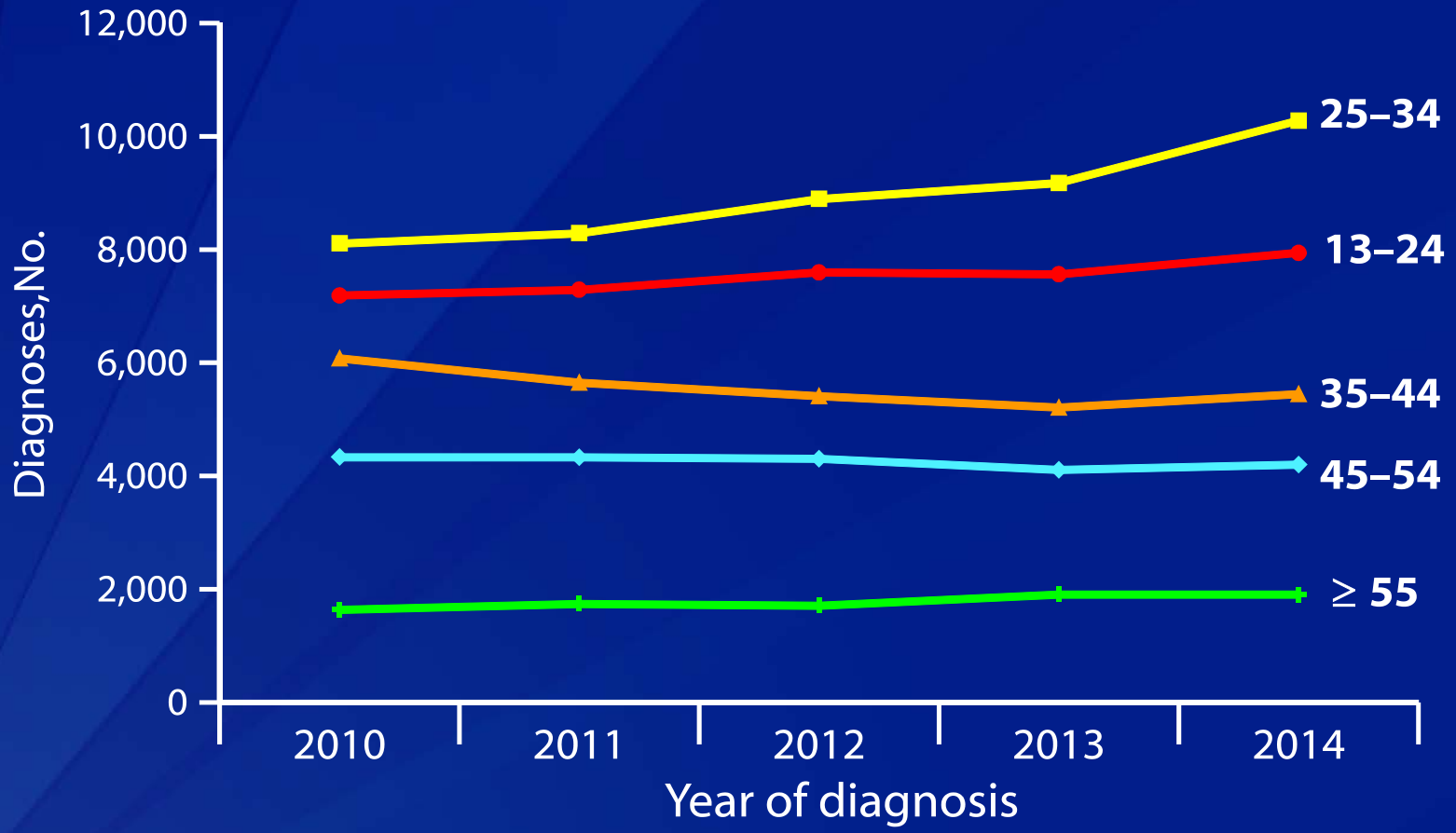
Estimated New HIV Diagnoses Among Men Who Have Sex With Men, by Race/Ethnicity and Age at Diagnosis, 2014—United States



Centers for Disease Control and Prevention. (2015). HIV Surveillance Report, 2014; vol. 26. http://www.cdc.gov/hiv/library/reports/surveillance/. Published November 2015. pp. 36-39.

Graph: Centers for Disease Control and Prevention. (2016). HIV Among African American Gay and Bisexual Men. Page last updated: February 4, 2016. http://www.cdc.gov/hiv/group/msm/bmsm.html

Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group, 2010–2014—United States and 6 Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact *and* injection drug use.

Black MSM Cascade

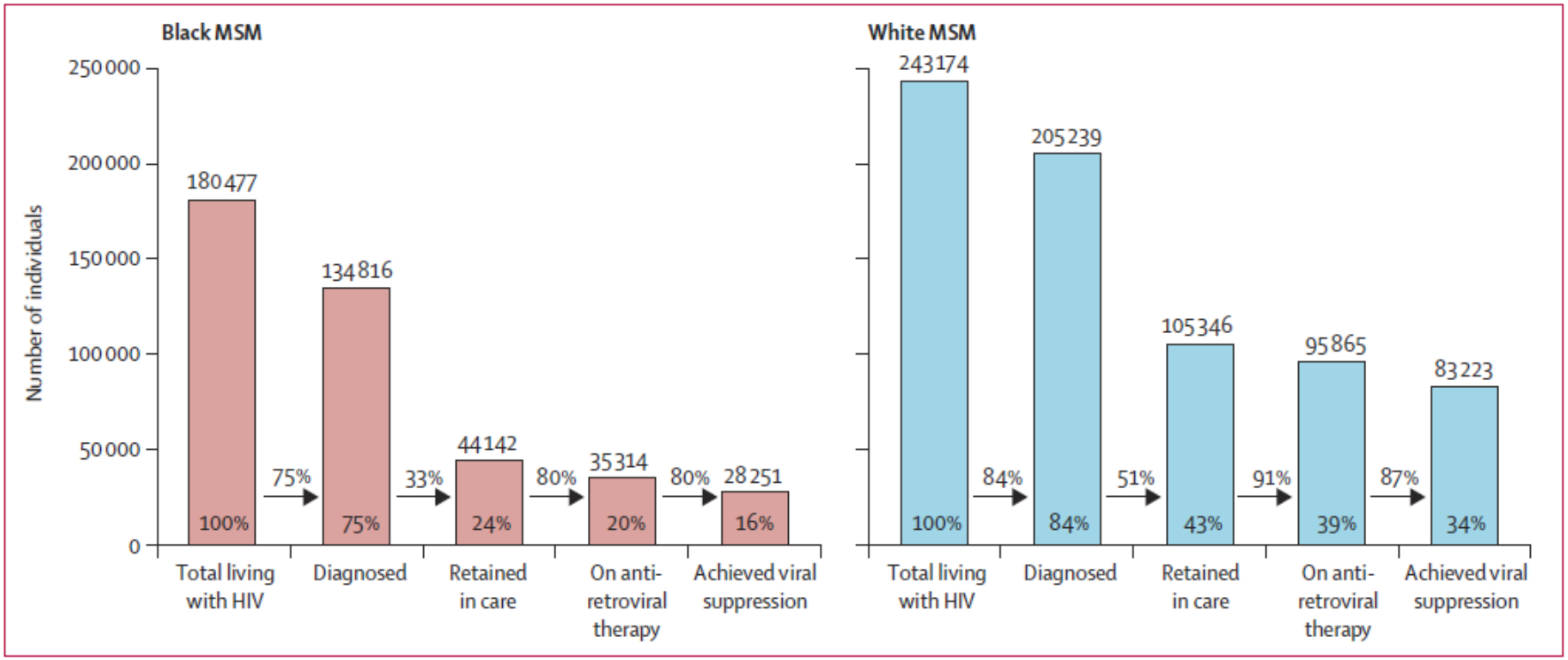
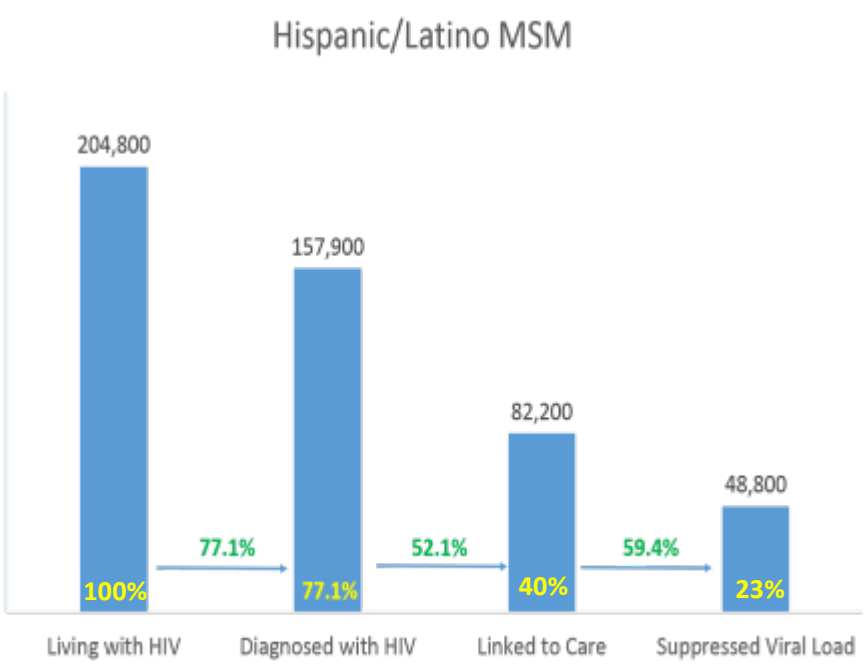
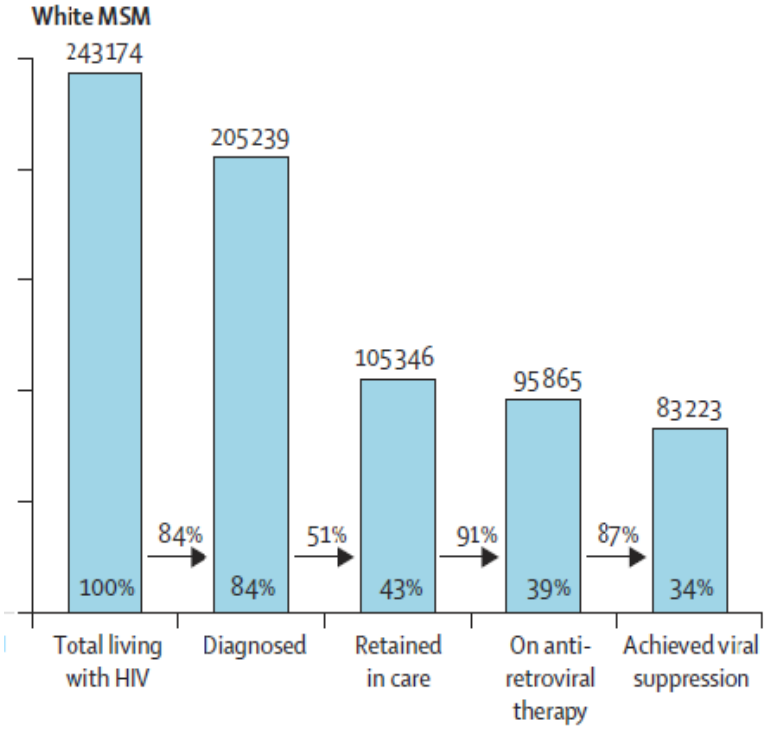


Figure 2: **Estimated HIV care continuum for black and white MSM in the USA during 2009–10**
Numbers above the bars are the estimated total MSM at that step in the HIV care continuum. Percentages within bars are the estimates of MSM at that step in the HIV care continuum. Percentages within arrows are the MSM at that step in the HIV care continuum, conditional on attaining the previous step. MSM=men who have sex with men.

Rosenberg, E. S., Millett, G. A., Sullivan, P. S., del Rio, C., & Curran, J. W. (2014). Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. *The Lancet HIV*, *1*(3), e112-e118.

Hispanic/Latino MSM Cascade



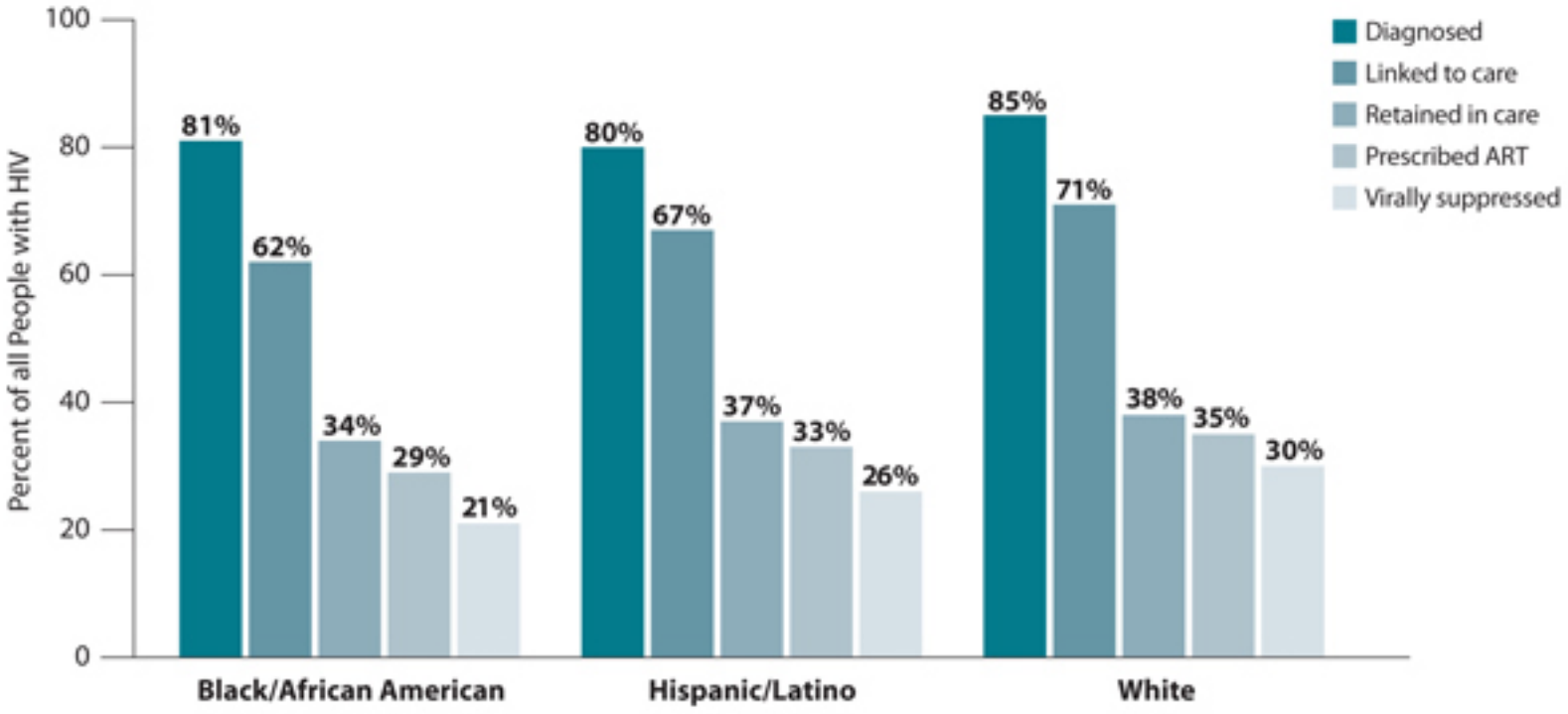


Rosenberg, E. S., Millett, G. A., Sullivan, P. S., del Rio, C., & Curran, J. W. (2014). Understanding the HIV disparities between black and white men who have sex with men in the USA using the HIV care continuum: a modelling study. *The Lancet HIV*, *1*(3), e112-e118.

Graph created from: Bonacci, R. A., & Holtgrave, D. R. (2016). Unmet HIV service needs among hispanic men who have sex with men in the United States. *AIDS and Behavior*, 1-8.

Race/Ethnicity Chart:

BY RACE/ETHNICITY: African Americans are least likely to be in ongoing care or to have their virus under control.



Source – CDC, 2014

CROI 2016

- Estimated lifetime risk of HIV infection:
  - 1 in 2 Black MSM
  - 1 in 4 Latino MSM
  - 1 in 11 White MSM
  - Highest risks for HIV infection in the South

- Scaling up current efforts to reach national goals for HIV testing and treatment can prevent 185,000 infections

- Millions of individuals are not being tested for HIV at routine doctor visits; at current testing rates, less than half of all black men and less than a third of Hispanic and white men will be tested for HIV before the age of 39

Group Discussion

- What are some of the drivers of HIV in the MSM Of Color (Black and Latino) Community?

Contributing Factors for Increased HIV Infection and MSM Of Color

- Increased chance of being exposed
  - MSM of Color do not show greater frequency of HIV risk behaviors compared to white MSM
  - More likely to have sex with partners of the same race/ethnicity
  - High prevalence of HIV infection among MSM of Color
  - Less likely to be engaged in care; thus virally suppressed
- Lack of awareness of HIV status can affect HIV rates in communities
- Disproportionately impacted by sexually transmitted infections
- Higher rates of morbidity and mortality

Source – CDC, Feb 2014

Contributing Factors for Increased HIV Infection and MSM Of Color

- The poverty rate is higher among African American and Latino communities
- Stigma, fear, discrimination, homophobia, transphobia and negative perceptions about HIV testing

Source – CDC, Feb 2014

Social Determinants of Health

- The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

- Circumstances are shaped by
  - Economics
  - Social policies
  - Politics

http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

National Black Justice Coalition
NBJC.org

Prominent Social and Cultural Drivers of Health Disparities for Black and Latino MSM

Socio-

- Racism
- Sexism
- Heterosexism

Cultural

- Homophobia
- Implicit Bias
- Institutional & Structural Racism

Inequity

- Produces Health Disparities for Black and Latino MSM

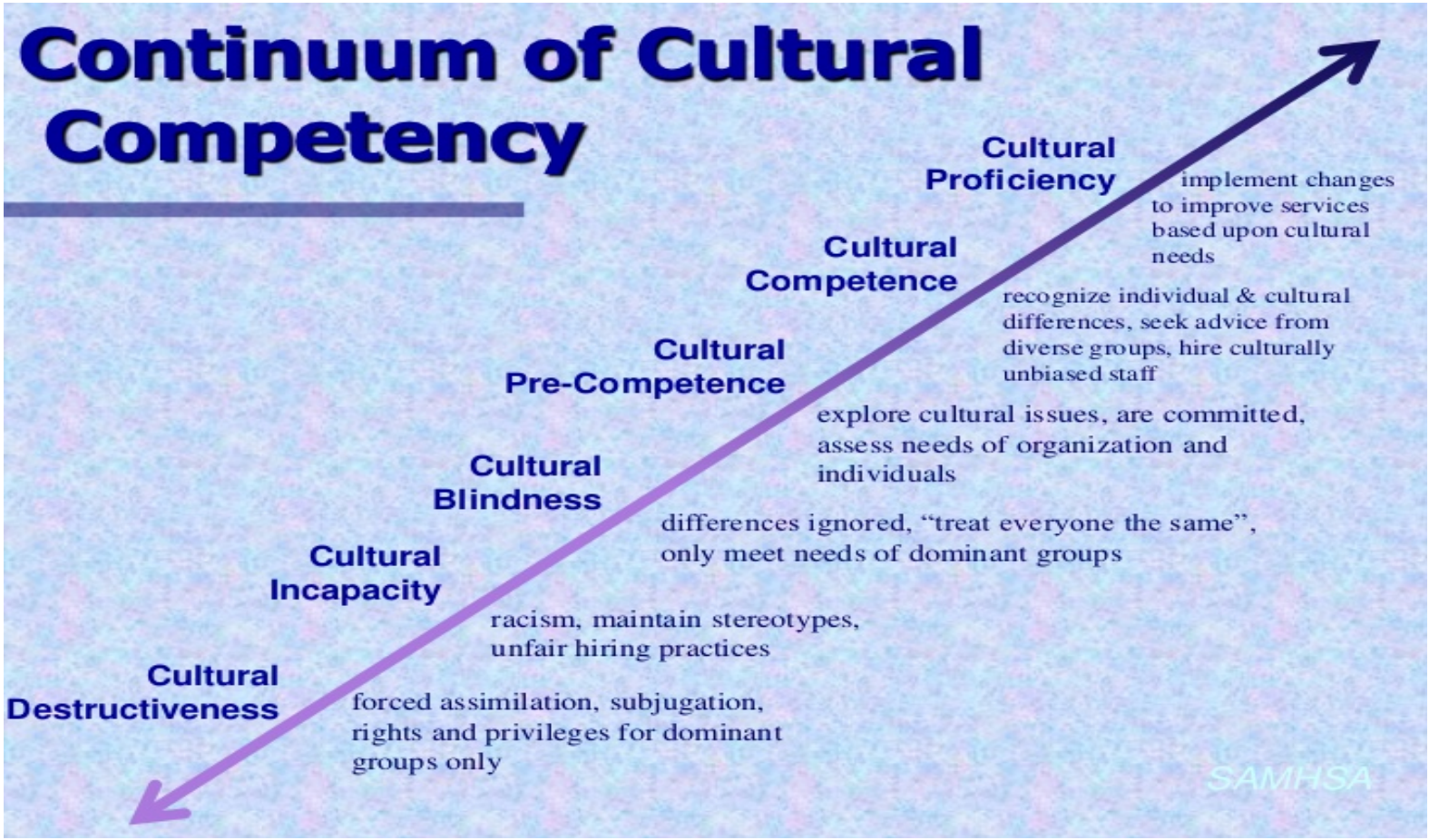
Barriers to Culturally Competent Care

- Lack of diversity in health care leadership and workforce
- Systems of care poorly designed for diverse patient populations
- Poor cross-cultural communication between providers and patients, lack of training
- Patient fears and distrust
- Cultural and individual stigma
- Lack of awareness

Framework for Culturally Competence Care

- Organizational Cultural Competence
  - Leadership
  - Governance
  - Policies
- Systemic Cultural Competence
  - Patients/Clients
  - Family/Caregivers
  - Enhanced services
- Clinical/Provider Cultural Competence
  - Senior management
  - Clinical Providers
  - Staff (All levels)
  - Education and Training

Cultural Competence Road to Success



Cultural Destructiveness

Cultural Destruction

- Individuals view cultural differences as a problem
- Individuals purposely attempt to destroy a culture
- Example: Treatment of Native Americans by immigrants from Europe since 1500
- Assumption that one race is superior and should eradicate "lesser" cultures

Cultural Incapacity

- Organizations lack capacity to help individuals from diverse cultures
- Do not intentionally seek to cause harm
- Believe in superiority of their own racial/ethnic group "Paternalistic Posture"
- Oppress by enforcing racist policies and stereotypes
- Employment practices are discriminatory

Cultural Blindness

- Belief that race makes no difference and that "all people are the same"
- People view themselves as unbiased
- Individuals cannot see, and cannot benefit from, the valuable differences among cultural groups
- Unable or slow to accept that there are important differences between cultural groups
- Services and programs created by these organizations only meet the needs of dominant groups
- Lack of capacity to work with different levels or types of risk, need, services, etc.

Cultural Pre-Competence

Cultural Pre-Competence

- Recognition of weaknesses in their attempt to serve various cultures, lack of training and understanding
- Efforts to improve services to diverse populations, conduct resource and needs assessments
- Hire one staff member from different cultural/racial background to provide all services needed
- Belief that they have accomplished their goals and this fulfills their obligation to the diverse community
- Organization uses the “check the box” method of achieving cultural competence
  - i.e. hosting one listening session, one forum, or hiring one employee with culturally diverse background

Cultural Competence

- Accept and respect differences
- Participate in self-assessment process regarding culture & community
- Conduct constant “Resource and Needs Assessments”
- Continuous expansion of cultural knowledge, training, and education for staff and community
- Adapt service models to better serve the needs of the community
- Strive to hire unbiased employees and support staff
- Still occasionally “check the box” on cultural competence

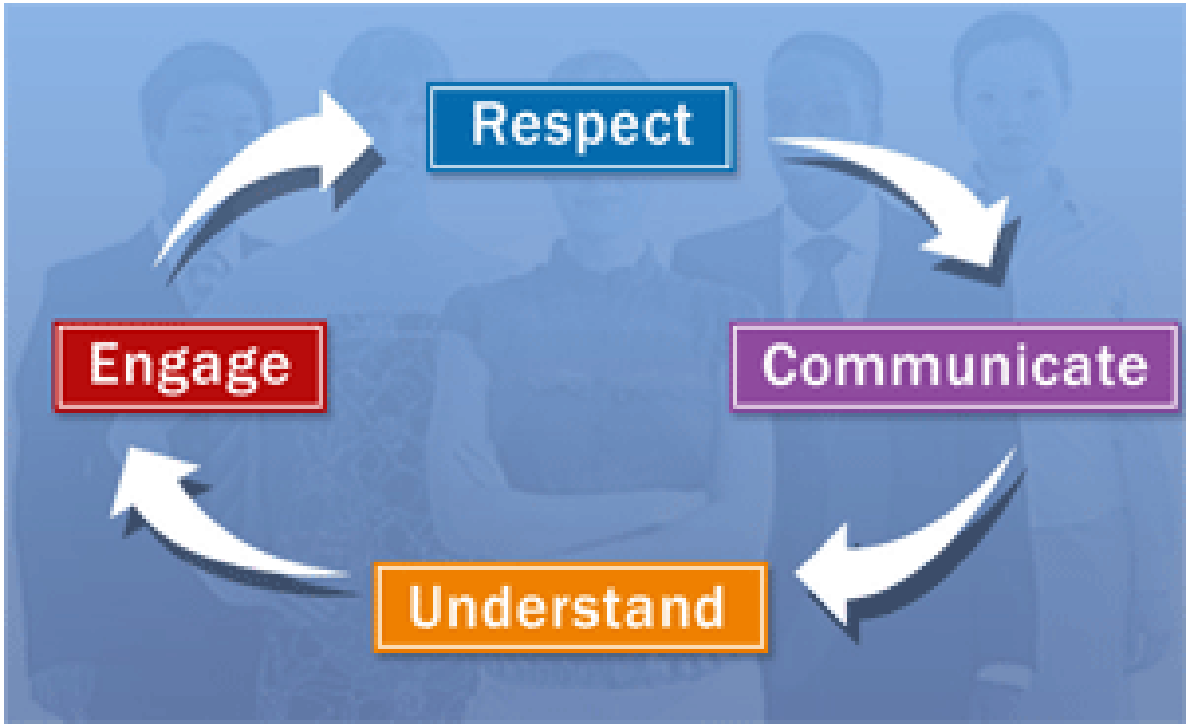
Cultural Proficiency

- Hold diversity of ALL cultures in high esteem
- Conduct research to increase knowledge of culturally competent practices
- Develop new educational and therapeutic approaches based on culture
- Policies, procedures, hiring practices, service delivery, awareness, and education campaigns include principles of cultural competency
- **Note:** No one can learn all there is to know about a cultural group in which they are not a member. Therefore, all volunteers and staff members should adopt an attitude of **cultural humility.**

Small Group Activity

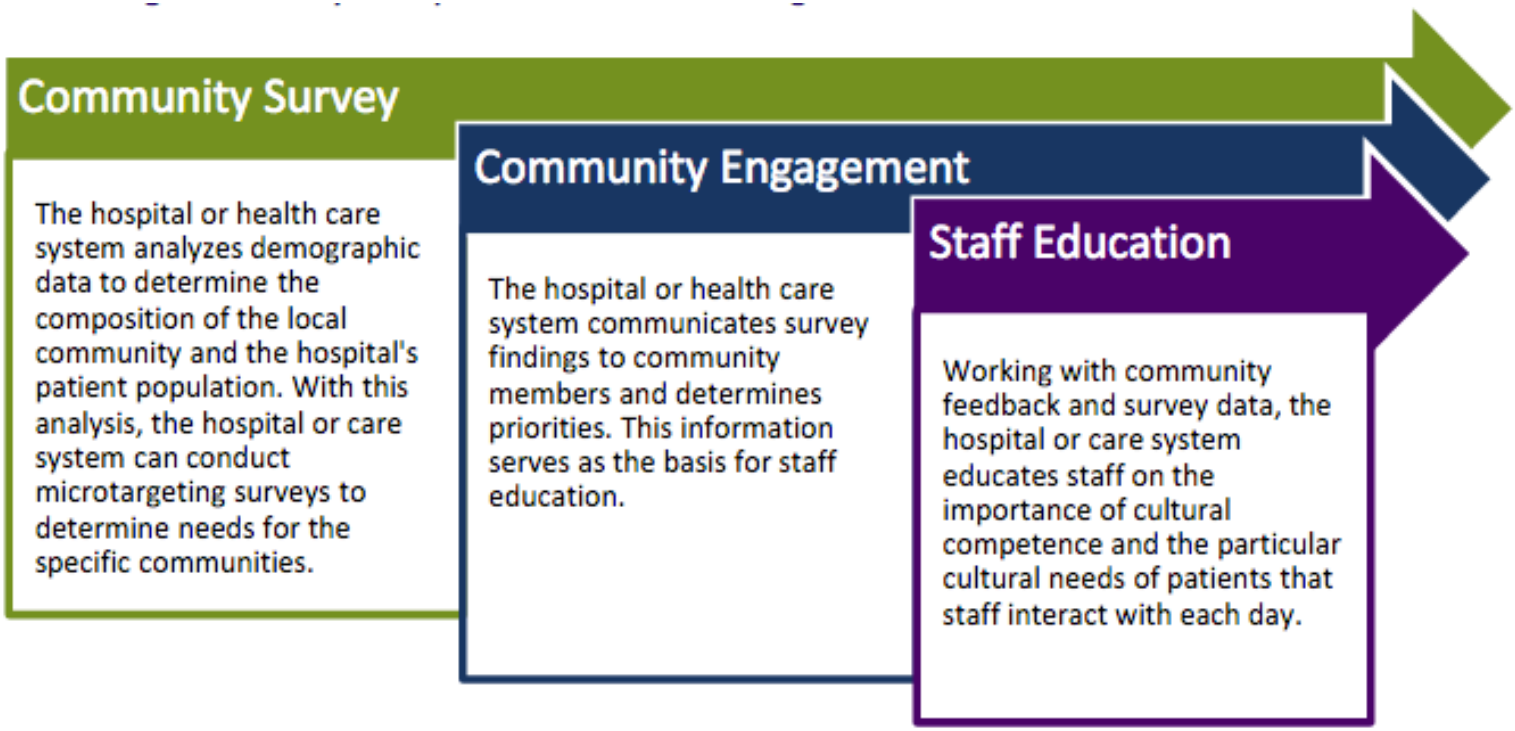
1. Examine the first five steps of the Continuum of Cultural Competency.
2. As a group, identify at least one “real world” example of how the steps of the continuum are demonstrated in an organizational setting.
3. Propose solutions to improve the cultural competence in the health care setting related to the example identified and using the Framework for Cultural Competent in Health Care (organization, systemic, clinical).

Model for Cultural Awareness



The Heart Health Initiative and Research. (n.d.). Retrieved May 11, 2016, from http://missfitness33.blogspot.com/p/cultrual-competency.html

Understand the Local Community



Source: American Hospital Association, 2013.

Health Research & Educational Trust. (2013, June). Becoming a culturally competent health care organization. Chicago, IL: Illinois. Health Research & Educational Trust Accessed at www.hpoe.org.

Strategies to Become Culturally Competent

Cultural Knowledge

- Obtain a sound educational base about culturally diverse groups
- Integrate health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy
- Begin sharing National CLAS Standards with your team

What are the National Culturally and Linguistically Appropriate Services (CLAS) Standards?

National CLAS Standards List

2013 National CLAS Standards

Principal Standard	1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
Governance, Leadership, and the Workforce	2. Advance and sustain organizational governance and leadership that promote CLAS and health equity through policy, practices, and allocated resources 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area 4. Educate and train governance, leadership, and the workforce in culturally and linguistically appropriate policies and practices on an ongoing basis
Communication and Language Assistance	5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services 6. Inform all individuals of the availability of language assistance services, clearly and in their preferred language, both verbally and in writing 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area

Strategies to Become Culturally Competent

Cultural Sensitivity

- Directly engage in face-to-face cultural interactions and other types of encounters
- Become proactive in addressing cultural competence in your department
- Continue Self Assessment to keep consistent in your behaviors, communication styles, and interactions with clients

Difference Between Cultural Competence, Awareness, Sensitivity

- Cultural competence emphasizes the idea of **effectively operating** in different cultural contexts, and altering practices to reach different cultural groups
- Cultural sensitivity and awareness do **not** include this concept
- Although they imply understanding of cultural similarities and differences, they do **not** include action or structural change

Cultural Competence Requires Organizations

- Have a defined set of values, principles, demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally
- Value diversity
- Conduct self-assessments
- Manage the dynamics of difference
- Acquire and operationalize cultural knowledge
- Adapt to diversity and the cultural contexts of the communities they serve

Cultural Competence Requires Organizations

- Incorporate in **all** aspects of policy making, administration, practice, service delivery
- Involve systematically consumers, key stakeholders, and communities
- Conduct a developmental process that evolves over an extended period
- Recognize that individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum

A Culturally Competent Health Care System

- Responds to current and projected demographic changes
- Helps eliminate long standing health disparities
- Provides culturally competent patient health related information/education
- Expands choices and access to high-quality clinicians by the public in general
- Achieves greater patient adherence to medical advice, thereby increasing patient compliance

Why is Cultural Competency Important to You?

- Failing MSM of Color who are contracting HIV at alarming rates
- Individuals most in need are not being effectively engaged in care or lost to care altogether
- Communications matters to build provider/client relationships and increase trust
- Health care system moving to rewarding quality over quantity
- Avoid being sued for civil rights violations

NAESM, Inc.

Wellness Care Continuum

Department of Prevention & Support Services

2140 Martin Luther King Jr. Drive SW, Atlanta, GA 30310

Office: 404.691.8880 | www.naesm.org

Goal

- The **Goal** of NAESM's Department of Prevention & Support Services is to provide a myriad of health and wellness services aimed to enhance access to medical care for eligible people living with HIV/AIDS. Our Client-centered approach supports medical care retention and community linkages.

Objectives & Purpose

- The **Objectives** are to:
  - ✓Decrease barriers to medical & support services
  - ✓Increase client awareness of treatment options
  - ✓Foster client self-sufficiency through targeted advocacy and support services

- The **Purpose** is to support engagement and retention into medical care. This approach emphasizes community linkages to biopsychosocial supports for reducing real or perceived barriers to care.

Client Intake Process

Abbreviated List of Services

- Mental & Substance Abuse Counseling
- Case Management (Non-Medical)
- Housing Resources
- Education & Risk Reduction Counseling
- Food /Essentials Vouchers
- Transportation Assistance (For Medical Visits)
- Low-Cost STI Testing & Treatment
- Support Groups
- Antiretroviral Linkage

Resources

NAESM's continuum of care guides clients through a comprehensive array of services, some of which rely heavily on our community partners to ensure our clients are receiving holistic services.

Housing

Hope Atlanta
34 Peachtree Street
Atlanta, GA 30312

Gerald's House--NAESM, Inc.
2140 M. L. K. Jr. Drive SW
Atlanta, GA 30310

Project C.H.A.R.G.E
(Financial Assistance)
NAESM, Inc HQ

Transportation

NAESM, Inc.
2140 M. L. K. Jr. Drive SW
Atlanta, GA 30310
(MARTA & Gas Card)

Food

Project Open Hand Atlanta
181 Armour Drive NE
Atlanta, GA 30324
404.872.6947

Atlanta Free Store
678.872.6947
Facebook: atlfreestore

Clothing

Cascade Community Services
3144 Cascade Road SW
Atlanta, GA 30311
404.691.8880

The Hangout
NAESM, Inc. HQ

Legal Aid

AIDS Legal Project
54 Ellis Street NE
Atlanta, GA 30303
404.524.5811

Medical

AID Atlanta

Mercy Care

FCDHW

Conclusion

- Achieving a culturally competent health care organization takes time
- Barriers must be eliminated that prevent access to quality health care service for MSM of Color
- Lived experience of the community must be realized and incorporated into programming and services
- Culturally competent organizations demonstrate better health outcomes for patients and clients
- Conduct, comprehensive assessment (organizational, system, and providers) to stage the organization along the cultural competency continuum
- Ensure individual and organizational cultural competence requires ongoing education and training opportunities
- Engage staff and providers in ongoing discussions of cultural competence

Contact Information

For Further information please contact:

Michael Shankle, michael@healthhiv.org, 202-507-4730

Special Thanks to Darwin Thompson!

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com