



AETC-NMC NETWORK e-NEWS

Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare

CULTURAL COMPETENCE: Caring for Veterans Living with HIV/AIDS

As the largest provider of HIV/AIDS services in the United States, the Veterans Health Administration (VHA) provided care to over 25,000 veterans with HIV in 2011. Providing culturally competent care for veterans includes having some understanding of military culture and the unique stressors faced by military service members. It is also important for clinicians to be aware that some risk factors for HIV/AIDS and some barriers to care are more prevalent among veterans than among the general U.S. population. For example, in the general population, while about 9 percent of all people living with HIV/AIDS reside in rural areas, 18 percent of veterans living with HIV/AIDS reside in rural areas. Furthermore, veterans who reside in rural areas have less access to HIV experts and to substance abuse or mental health services. They also are likely to experience travel burdens and to enter care later in disease progression.

Veterans are exposed to stressors such as combat and military sexual trauma. This can lead to post-traumatic stress disorder, poor health outcomes, and increased risk for substance use and mental health disorders. Veterans represent one in seven people who are homeless, with over 100,000 seeking services in emergency or transitional shelters annually. Homelessness increases the risk of contracting HIV/AIDS and is associated with increases in high-risk behaviors as well as decreased treatment adherence. In general, 33-50% of persons living with HIV/AIDS are homeless or at risk for becoming homeless. Being a veteran can exacerbate these figures. Culturally competent care for veterans involves assessing whether patients need services for potential co-occurring conditions and understanding how military experience and culture may affect patients' perspectives on medical problems and health seeking behaviors.

Clinicians can strengthen their role in delivering culturally competent quality care to veterans by including the following key points during the clinical encounter:

- Build trusting relationships with each veteran encounter. For example, validating each patient's point of view, not judging responses to stressful situations, and familiarizing the use of military terminology and jargon.
- Encourage open communication. For example, emphasize that the patient is not alone in experiencing extreme stress; ask patients about experiences that may have increased their risk for HIV/AIDS in a manner which conveys respect, and by communicating that your goal during the clinical encounter is to provide linkages to optimal care and services.
- Assess each patient's need for services. This may be accomplished through comprehensive screening and clinical interview approaches designed to elicit frank responses about issues that may be associated with issues such as stigma.

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Please visit our website (www.aetcnmc.org) for more information about our work and to register for upcoming Cultural Competency Training in HIV Management.

REFERENCES

"How will we welcome them Home? Addressing the Needs of Returning Soldiers and their Families" (<http://www.attcnetwork.org/learn/topics/veterans/docs/Blueprint%20v3.pdf>), suggests several culturally sensitive approaches to providing care to the Veteran

Also, "Rural Residence Is Associated With Delayed Care Entry and Increased Mortality Among Veterans With Human Immunodeficiency Virus Infection" http://www.ruralhealth.va.gov/docs/ohl_rural_HIV_MC_12_2010.pdf. is helpful.

2010: Understanding the Military: The Institution, the Culture, and the People. http://partnersforrecovery.samhsa.gov/docs/military_white_paper_final.pdf

Green, et al. (2010). Patterns of drug use and abuse among aging adults with and without HIV: A latent class analysis of a U.S. veteran cohort. *Drug and Alcohol Dependence*, **110**, 208-220.

Owens, D.K. et al. (2007). Prevalence of HIV infection among inpatients and outpatients in Department of Veterans Affairs healthcare systems: Implications for screening programs for HIV. *American Journal of Public Health*, **97**, 2173-2178.

Wang, E.A., et al. (2011). Food insecurity is associated with poor virologic response among HIV-infected patients receiving antiviral medications. *Journal General Internal Medicine*, **26**, 1012-1018.

- Identify components that could be included in culturally competent treatment planning and also identify the type of revisions you could make to enhance your clinical interviewing to make it culturally competent. For example, to make your clinical interviewing culturally competent you could include a cultural assessment tool such as Kleinman's (1978) Patient Explanatory Model that includes culturally responsive clinical interviewing questions such as:

- What do you think caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to achieve from this treatment?
- What are the chief problems your sickness has caused?
- What do you fear most about your sickness?

Another resource is the Cultural Competency HIV Training Model, **BESAFE (Barriers, Ethics, Encounters, Sensitivity, Assessment, Facts and Encounters)**

<http://aetcnmc.org/products.html>. BESAFE helps clinicians strengthen their communication and supports patients' health seeking behaviors through a better understanding of how cultures may influence attitudes, behaviors, social dynamics and access to care.

Taking a military history is an important strategy for learning about an individual patient's experiences and perspective. This assessment asks patients about when, where, and how they served, and their reactions to their military experience. This information helps clinicians to demonstrate understanding and respect for military culture. It also provides a tool for eliciting sensitive information about patients' responses to stressors such as combat or sexual harassment. For example, understanding circumstances that give rise to military sexual trauma or what a veteran may have witnessed during combat exposure can also help clinicians and other health providers to convey the empathy that is necessary for a trusting patient-provider relationship and to assess which services a patient needs.

Additional strategies include understanding the core values that define military culture, such as the strict chain of command, policies regarding discipline, and fraternal bonding among those who serve together in the military. Similarly, convey to veterans that other veterans experience similar problems and that seeking help is not a sign of weakness, but is in fact a sign of strength.

In addition to those references on page 1, please visit our website at www.aetcnmc.org for provider resources to help provide culturally competent quality care to veterans.

Evaluating Our Work

As the premier national resource for training, education and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care, the AETC-NMC hosts a webinar training series each year focusing on providing culturally competent HIV care. Using a data driven approach to our work, each webinar training captures immediate pre and post data from all participants and 30 and 90 follow-up data to measure the long-term impact of our trainings. Our first webinar of the 2012-2013 Project Year entitled "Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Homeless Communities" was conducted on Thursday, December 13, 2012. Over 200 clinicians and other care providers participated. Thirty day follow-up data reveal the following critical and impactful results for participants:

- 84.3% rated the overall quality of the training to be "very good" or "excellent."
- 95.2% agreed the training adequately prepared them to become involved or increase their involvement as a HIV care provider.
- 63.2% reported using strategies learned in the training "once a week" or "almost daily."
- 63.2% reported altering their care setting to be more responsive to the cultural diversity of their patient population based on strategies learned in the training.

Continuing to evaluate the impact of our trainings will assist the AETC-NMC improve and tailor future events as well as strengthen the capacity of HIV providers nationwide to deliver high quality, culturally competent clinical care in an effort to reduce HIV disparity.



Voices from the Field Interview

John W. Hogan, MD



1. Do you have any formal training in Cultural Competency?

My work in cultural competence predates the AIDS Education and Training Center – National Multicultural Center (AETC-NMC). I was trained to be a Trainer in their cultural competency BESAFE module. This module, the only one of its kind in the U.S. was offered by the National Minority AIDS and Education Training Center (NMAETC) at Howard University College of Medicine. BESAFE has helped me to understand the role of cultural competency in HIV care. I also received training from various pharmaceutical companies.

2. How has your training in Cultural Competency influenced your work as a primary care physician and HIV specialist?

Throughout my career, I have provided care to racial and ethnic minorities; as well as immigrants, marginalized individuals which include substance users, incarcerated/ newly released individuals, along with transgender, same gender-loving and vulnerable populations such as the homeless. You know, my first exposure to a person infected with HIV/AIDS was in 1982. At that point in time, there was not much knowledge about the disease or a name for it. The patient was a former drug user who had been incarcerated, and had been released from prison about a year earlier. I noted signs of various infections and PCP pneumonia. He also had a lung infection which developed due to the IV use. We were not able to provide treatment for this disease then, because (AZT), the first medication for HIV/AIDS was not available until 1987.

During my internship and residency at Howard University Hospital, I had patients from diverse cultures. As you may know, Howard University Hospital which is located in heart of Washington, D.C. is a very multicultural hospital which serves people from all over the world.

In addition, when I started working at Unity Health care in 1993, (formerly called Community Health Care), I served patients from Africa, Central America, and the Caribbean, as well as patients from Asia. I have also served insured and uninsured diverse populations as well while at Upper Cardozo, which is in the middle of a multicultural community in Washington, DC.

For the past 15 years, I have served as a Medical Director for Regional Addiction Prevention Inc. (RAP Inc.) which is the oldest residential substance abuse treatment program in Washington, Maryland, and Virginia. RAP is also one of the oldest such facility in the U.S. Beginning October 2006, I started working with incarcerated population in the DC Jail. As you can see addressing the cultural competency needs of patients with varied backgrounds has made me aware of the importance of cultural competence not only in getting patients into care but equally as important; keeping them there.

3. Have you found any challenges in working with these medically and socially vulnerable groups?

The challenges I have experienced include learning to meet the patients where they are; that is at their cultural level. Howard University Hospital had a very large number of low income patients, so when we talk about Cultural Competency, we are not just talking about people who are foreign born. Raised in the rural south I had to come to terms with the culture of people living in the city and it was very difficult. A very large portion of our treatment as practitioners, have a direct impact on the patients cultural beliefs. But once I understood that I had to let my patients teach me how to treat them in order to be more effective as a practitioner, I then just went with the program. I began to humble myself and start asking questions. I had to let my patients teach me about their lives and culture in order for me to become effective for other patients with similar lives and similar issues.

4. What recommendations would you offer colleagues on how to include Cultural Competency in their work?

I would encourage my colleagues to let the patients teach him or her about how to treat them. Practitioners need to ask more questions and listen more. It wasn't until I started learning about my patients, who they were, and what was going on in their lives --whether they were going through a successful transition from homelessness, drugs, personality disorder, they have all taught me a lot.

5. When thinking about the future of healthcare, how do you see cultural competency evolving in the next ten or even twenty years?

Associations bring about assimilation. If you look at Culture and immigrants predominantly in the U.S. who have been here for less than 10 years, and if you observe them after another 10 or 20 years, we know that through assimilation, they are going to lose their cultural identity. Understanding that HIV has reached out to all parts of the country and the world, the cultural training will be more in terms of meeting people where they are and their personal and current living situations. We will always have immigrants coming here and that will always be part of the training. So doctors and other healthcare providers need to understand about those diverse groups and be ready to provide culturally and linguistically appropriate healthcare services.

John W. Hogan, MD is a primary care physician with HIV specialty. He is currently employed by Unity Healthcare in Washington, DC and serves a diverse patient population from various cultures around the world. Dr. Hogan is also the Medical Director for RAP Inc, which is the oldest residential substance abuse treatment program in the Washington, D.C. metropolitan area.





Tune-In or Join-In: It's Your Choice: (HIV and Cultural Competency-Focused Webinars/Webcasts/Events)

JANUARY 31, 2013

Upcoming AETC-NMC Training:

Webinar Training Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Veteran Communities

2 pm – 3 pm EST

- Describe the demographics of U.S. veterans living with HIV/AIDS
- List risk factors for HIV/AIDS among U.S. veterans
- Describe clinical strategies for providing culturally competent clinical care to veterans living with HIV/AIDS
- Identify culturally appropriate resources available to veterans with HIV/AIDS and their care providers

<http://www.aetcnmc.org>

Upcoming AETC-NMC Webinars (Spring 2013)

- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care to People with Disabilities – Spring 2013
- Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within API Communities (Burmese) – Spring 2013

The following information is disseminated for informational purposes only and does not constitute an endorsement by the AETC-NMC:

FEBRUARY – AUGUST 2013

Clinician Orientation to Migration Health
A series of 7 webinars

<http://www.migrantclinician.org/orientation>

FEBRUARY 5, 2013

3:00 – 4:30 pm

Scaling up an HIV prevention intervention

Baltimore, MD

<http://hopkinscfar.org/>

FEBRUARY 7, 2013

National Black HIV/AIDS Awareness Day

<http://www.nationalblackaidsday.org/>

FEBRUARY 10-15, 2013

HIV Vaccines Conference

Keystone, CO

<http://www.keystonesymposia.org/index.cfm?e=Web.Meeting.Program&meetingid=1223&subTab=program>

FEBRUARY 11, 2013

HIV Mental Health Update

Free training for primary care and mental health providers working with HIV Patients in New York State

New York State Psychiatric Institute
New York, NY

<http://surveymonkey.com/s/NYC2-11-2013>

FEBRUARY 23-25, 2013

Pediatric AIDS/HIV Training Course
St. Jude Children's Research Hospital
Memphis, TN

<http://www.stjude.org/HIV-AIDS-training-course>

MARCH 3-7, 2013

20th Conference on Retroviruses and Opportunistic Infections (CROI 2013)
Atlanta, GA

www.retroconference.org

MARCH 7-9, 2013

Sixth Health Disparities Conference
"Improving Medical Effectiveness and Health Outcomes to Achieve Health Equity Through Interprofessional Collaborations"

New Orleans, LA

<http://xula.the1joshuagroup.com/>

MARCH 10, 2013

National Women and Girls HIV/AIDS Awareness Day

<http://www.womenshealth.gov/nwghaad/>

MARCH 11-14, 2013

8th National Conference on Quality Health Care for Culturally Diverse Populations: Achieving Equity in an Era of Innovation and Health System Transformation.

Oakland, CA

<http://www.diversityrx.org/conference/2013-conference>

MARCH 14-16, 2013

4th Annual Conference of the Consortium of Universities for Global Health (CUGH): Global Health: Innovation, Implementation, and Impact
Marriott Wardman Park Hotel
Washington, D.C.

<http://2013globalhealth.org/>

MARCH 17-20, 2013

12th Native Women & Men's Wellness Conference "In Balance"

San Diego, CA

website: <http://www.aii.ou.edu/nativewellness2013/>

MARCH 20, 2013

National Native HIV/AIDS Awareness Day

<http://www.nnhaad.org/>

MARCH 25-27, 2013

Caribbean Conference on Domestic Violence and Gender Equality: Protecting Women and Girls

<http://www.cdvg2013.org/>

APRIL 20-23, 2013

NCCHC 2013 Spring Conference on Correctional Health Care
Denver, CO

<http://www.ncchc.org/education/spring2013.html>

APRIL 25-26, 2013

Health Disparities Research at the Intersection of Race, Ethnicity, and Disability: A National Conference
Washington, D.C.

website: www.ohsu.edu/projectintersect

APRIL 25-28, 2013

National Hispanic Medical Association 17th Annual Conference "Strategies to Build Patient-Centered Medical Homes, Curriculum and Research to Improve the Health of Hispanics"

Washington, D.C.

Contact: conference@nhmamd.org

website: <http://www.nhmamd.org/index.php/events/17th-annual-conference>



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MAY 17, 2013

23rd Annual HIV/AIDS Clinical
Conference – Henrietta
RIT Inn & Conference Center
(Save the Date)
Henrietta, NY

MAY 17-18, 2013

National Transgender Health Summit
Oakland, CA
<http://transhealth.ucsf.edu/trans?page=ev-summit2>

MAY 18, 2013

HIV Vaccine Awareness Day
<http://www.niaid.nih.gov/news/events/hvad/Pages/default.aspx>

MAY 19, 2013

National Asian and Pacific Islander HIV/
AIDS Awareness Day
<http://aids.gov/news-and-events/awareness-days/asian-pacific-islander/>

JUNE 8, 2013

Caribbean American HIV/AIDS
Awareness Day
<http://aids.gov/news-and-events/awareness-days/caribbean-american/>

JULY 19-20, 2013

Correctional Health Care Leadership
Institute
Las Vegas, NV
<http://www.ncchc.org/correctional-health-care-leadership-institute>

JULY 26-30, 2013

2013 National Dental Association
100th Annual Convention
National Harbor, MD
<http://www.ndaonline.org/>

JULY 27-31, 2013

2013 National Medical Association
Toronto, Canada
http://www.nmanet.org/index.php?option=com_content&view=article&id=206&Itemid=127

JULY 31-AUGUST 4, 2013

41st National Black Nurses
Association Annual Institute and
Conference
New Orleans, LA
<http://www.nbna.org/>

AUGUST 6-9, 2013

National Association of Hispanic
Nurses
New Orleans, LA
<http://nahnnnet.org/>

SEPTEMBER 8-11, 2013

2013 United States Conference on
AIDS (USCA)
New Orleans, LA
<http://nmac.org/events/2013-u-s-conference-on-aids/>

SEPTEMBER 18, 2013

National HIV/AIDS and Aging
Awareness Day
<http://www.theaidsinstitute.org/programs/education/national-hiv-aids-and-aging-awareness-nhaaa>

SEPTEMBER 27, 2013

National Gay Men's HIV/AIDS
Awareness Day
<http://www.napwa.org/>

OCTOBER 15, 2013

National Latino AIDS Awareness Day
<http://www.nlaad.org/>

OCTOBER 26-30, 2013

National Conference on Correctional
Health Care
Nashville, TN
<http://www.ncchc.org/education/index.html>

DECEMBER 1, 2013

World AIDS Day
worldaidscampaign.org

