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HOWARD UNIVERSITY COLLEGE OF MEDICINE

CULTURAL COMPETENCY: Clinicians Role in HIV/AIDS Care

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BACKGROUND

An ever increasingly diverse population continues to challenge the American health care system as it struggles to deliver quality health care to all. One consequence of this is increased health disparities and inequities, particularly within racial and ethnic minority communities. Research show a disproportionate incidence of illness and death evidenced across multiple diseases are seen within these groups. Furthermore, the attitudes of health care providers can directly impact the ability of minorities who are HIV-infected to seek or use health care services. Health care providers themselves may hold biases that can become barriers to care.

The care provider who understands that beliefs about disease, health, and perceived causes of sickness stem, in part, from an individual's culture and to be effective, health care services should be responsive to, and respectful of, cultural and linguistic needs is on the path of cultural awareness. To help clinicians better understand how Cultural Competency (CC) can improve quality of care and health outcomes while simultaneously eliminating health disparity for persons living with HIV, Howard University College of Medicine's National Minority AIDS Education and Training Center (NMAETC) developed the BESAFE Cultural Competency (CC) HIV Care model. This model, the only one of its kind to date developed in the United States, is aimed at helping care providers gain a greater understanding and awareness of how culture may influence their attitudes, behaviors, and policies on HIV health care. A key outcome from this training will be that the culturally competent health care provider will develop the needed skills and interpersonal capacity to better respond to a diverse patient population and in effect, help to reduce HIV disparity.

METHODS

During a ten year period (2001-2010), over 19,300 HIV clinicians and other HIV providers received CC training specifically dealing with how to care for specific ethnic and racially diverse persons living with HIV/AIDS. Highlights of the Cultural Competency evaluations were summarized annually. Longitudinal responses were also summarized. In addition to this summary, frequency and cross tab analysis were obtained for both the evaluation feedback of cultural competency and BESAFE events.

The BESAFE model is based on a framework of six core elements and specifically address HIV related concerns that African Americans, Asians and Pacific Islanders (APIs), Latinos/Hispanics, and Native Americans face in accessing and utilizing HIV health care services. Specific barriers related to cultural practices and the health care system are discussed. Additionally, cultural factors that can impact the physician-patient interaction are introduced. These elements are:

Barriers to Care address real and perceived gaps to providing quality care and the impact of race and ethnicity on each of them. Barriers to Care include:

- Mistrust of medical systems, HIV programs
- Lack of access, no insurance
- Stigmas, lack of awareness about HIV transmission
- Lack of support systems; poverty, crime, violence
- Drug abuse; risk behaviors
- Clinician bias, lack of objectivity
- Stereotyping, racism, homophobia

Ethics address the morality of beliefs, values, and behavior. Providers must give priority to professional duty; valuing of different cultures; and issues relevant to honesty, confidentiality, research, death and dying as they relate to HIV/AIDS. Ethics cover:

- Morality, values
- Belief systems
- Behaviors driven by individual experiences and social influences
- Professionals ethic is "to do no harm"
- Truth telling; honoring patient's perspective and autonomy
- Confidentiality

Sensitivity of the Provider addresses the need for providers to examine their own prejudices and biases toward other cultures and determine where they are along a continuum that ranges from unconscious to conscious competence. Sensitivity covers:

- Examination of ones own biases and prejudices: race, ethnicity, sexual orientation, language, gender, etc,
- Exploration of ones cultures
- Avoidance of cultural imposition
- Creation of shared understandings and shared context

Assessment addresses the need to be able to collect relevant data regarding patient's health history and problems in the context of the patient's cultural background and understanding that patients have a right to have their specific cultural beliefs, values, and practices. Assessment covers:

- Collection of relevant patient information
- Use of systemic appraisal approach
- Presentation of the patient in the context of the patients own cultural background

Facts acknowledge that full assessment requires the understanding of physiology, behavior, and the patient's perception or his/her illness. Facts cover:

- Biologic variations based on ethnicity, worldviews (metaphorical explanations), and culturally specific behavioral patterns; variations in virologic and immunologic interpretations, HIV sub types
- Variations in drug interactions and efficacy
- Influence of spirituality, discrimination and stigmas, support systems

Encounters address the fact that providers have a duty to achieve effective encounters with all of their patients. When providers are unsure how to proceed, factors such as language, cultural norms, the role of spirituality and concepts of personal space should be discussed during patients' first visit. Encounters are characterized by:

- Face to face, personal space, eye to eye contact, touch
- Norms, language

RESULTS

Approximately 39% of providers who completed longitudinal assessments reported that they had successfully incorporated the cultural competency skills acquired during Howard University trainings daily, in their practice settings. In addition, 30% said they planned to apply the skills obtained in the training.

Organizational support for cultural competency was reported as a significant factor for all clinicians in their ability to apply their cultural competency skills.

Figure 1 *illustrates participant knowledge before and after attending Howard University BESAFE Trainings. Participants reported a statistically significant increase in knowledge after attending trainings* $t(159)=4.74$, $p<.001$

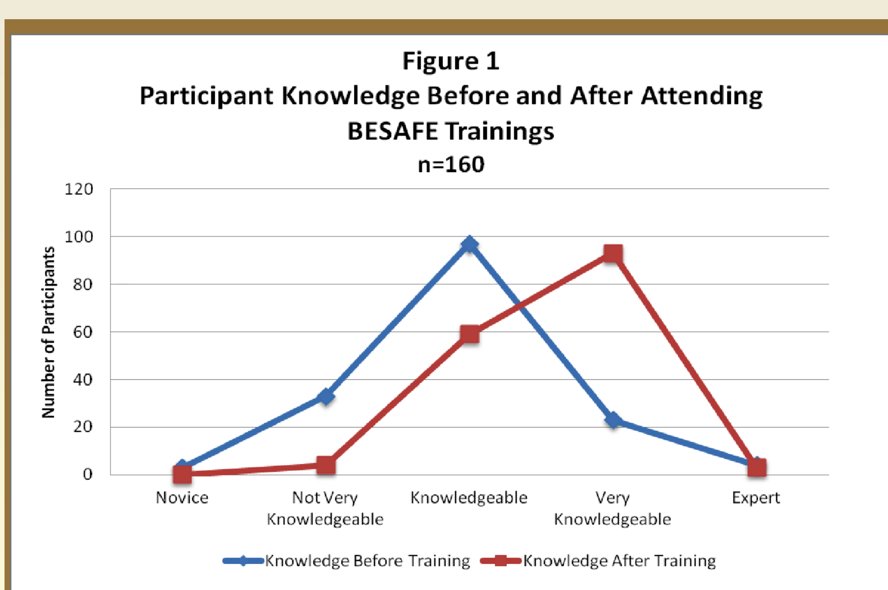
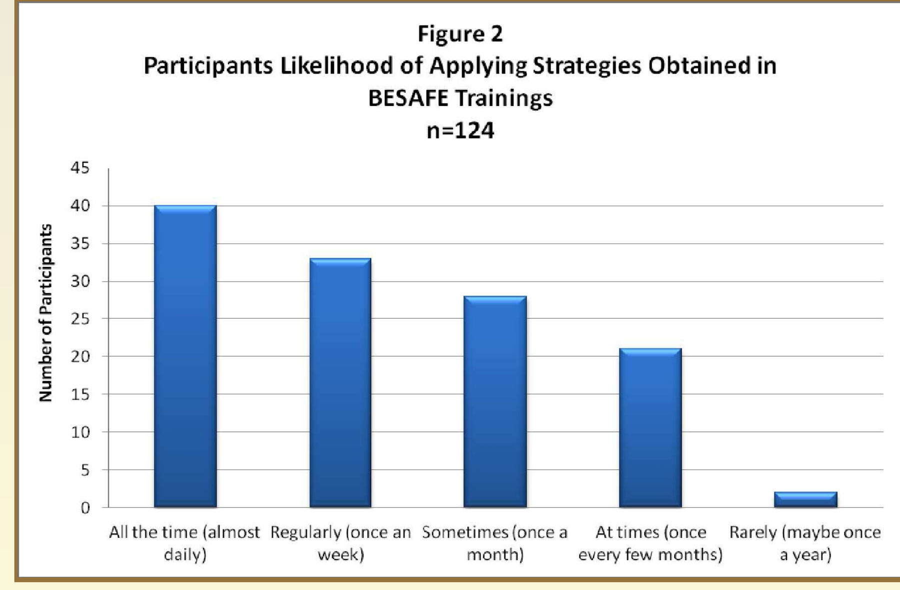


Figure 2 *illustrates how often participants are able to use the strategies and best practices obtained in Howard University BESAFE trainings in their respective practice/care setting. Seventy-three percent of participants reported being able to apply BESAFE strategies in their practice either on a weekly or regular basis (everyday).*



Other findings include 94.9% of participants indicating the trainings adequately prepared them to become more involved as an HIV care provider. The majority of participants (73.3%) also reported the overall quality of the trainings were "very good" or "excellent." Finally, participants reported using the strategies acquired during training to:

- Improve ability to communicate with patients
- Improve overall clinical skills to provide care to patients with HIV/AIDS
- Create a care setting that is more responsive to the cultural diversity of their patient population
- Contribute to their capacity to become HIV specialists
- Improve capacity to care for patients of color with HIV/AIDS

CONCLUSION

Cultural competency aims to eliminate cultural barriers that hamper quality care and to ultimate¬ly eliminate health disparities. The culturally competent health care provider who works to develop the interpersonal capacity and skills needed to better respond to a diverse patient population has the high likelihood of experiencing an increase in improved clinical outcomes as well as provider satisfaction. Most importantly, health providers must understand that cultural competency is the "right" thing to do and then fully commit to this practice.

The *BESAFE Cultural Competency Model* is based on a framework of six core elements which includes: Barriers to care; Ethics; Sensitivity of the provider; Assessment; Facts, and Encounters. Results show that the goal of this training, which was to develop a clinical workforce, capable of delivering the highest-quality care to patients regardless of culture, ethnicity, race, or language proficiency was successful.

The culturally competent health care providers understand the significance of how illness is perceived and the related beliefs and symptoms, who is consulted throughout the process, and the types or remedies sought. This constitutes a patient's beliefs and values and recognizes the fact that health and illness are inextricably linked. Failure of the health care provider to recognize diverse communication styles can lead to miscommunication, misdiagnosis, poor treatment and care and resulting health disparity.

In regards to HIV/AIDS, it is critical to deepen our understanding of cultural competency so that we can continue to increase quality of care and health outcomes for persons living with HIV/AIDS. This heightened sense of awareness and increased understanding of core competencies in delivering quality culturally appropriate HIV care is expected to reduce HIV disparity.

Literature Cited

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