HIV in the Circle of Life

June 2, 2009

Sponsored by the New York / New Jersey AIDS Education & Training Center, Erie County Medical Center,and Albany Medical College

Welcome

National Minority AIDS Education & Training Center

BESAFE Cultural Competency Model Training

BESAFE

A Model for Providing Culturally Appropriate Care for American Indian/Alaska Native/Native Hawaiian Patients and Clients

Culture

A way of life
developed and shared
by a
group of people
and
passed down through generations

Culture

Things:

Culture consists of complex elements including tangibles like: tools, clothing, buildings, and works of art.

Behaviors:

Integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

HIV/AIDS and Culture

- ***Negative stigma that society often associates with HIV and AIDS***
- ***Emotional Distress***
- ***Societal Discrimination***
- ***Economic Hardship on Individual/ Communities***

Cultural Fluency

- ***Cultural identities influence our thoughts, behaviors and ways of life.***

  It is not enough for HIV/AIDS education, training materials, and programs to just visit another culture.

- ***Culturally appropriate training materials and capacity building programs for HIV/AIDS minority and minority serving clinicians should include an expanded view of cross-cultural competence and issues which apply within a culture and across multiple cultures.***

- ***Competencies, skills, and tools of cultural analysis are needed for***
- ***health literacy***
- ***linguistic competency***
- ***inter-cultural***
- ***intra-cultural understanding***

- ***By utilizing tools that expand on ways to achieve cultural fluency health, care providers will gain a better understanding of general cultural starting points for approaching, learning about, and interacting within different cultures.***

- ***Providing education, training tools, and technical assistance to clinicians to develop skills for cultural fluency will increase their capacity to provide the best culturally appropriate health care to their patients with HIV/AIDS.***

BESAFE: Responding to a Need

Assessment is the ability of providers to collect relevant data regarding patient's health history and presenting problem. (Campinha-Bacote 1998)

Basic Premise of Culturally Competent Care:

Patients have a right to cultural beliefs, values, and practices, and these factors should be respected, understood and considered when rendering culturally competent care. (Leininger 1978)

The Value of Culturally Competent Care:

Understanding and negotiating with patients about the many social and cultural factors that influence their care can improve treatment outcomes and foster greater patient satisfaction.

BESAFE

NMAETC addressed the following questions when developing the model:

- ***Available literature***
- ***Current comprehensive models***
- ***Affect of HIV on the culture of an individual***
- ***Targets for training***

BESAFE

- ***Model Chosen as Template:***

  Josepha Campinha-Bacota model: "The Process of Cultural Competence in the Delivery of Healthcare Services," 1998

- ***NMAETC MODEL Development***

  Panel PARTICIPANTS

  Physicians, advanced practice nurses, dentists, physician assistants, clinical pharmacists, HIV/AIDS educators

- ***Workshop on Campinha-Bacote Model***
- ***Presentations that reviewed terminologies, standards, guidelines, definitions of culture, cultural competency levels, theories & models***
- ***Assessment of available knowledge***
- ***Breakout groups that looked at strengths & weaknesses of the models and discern how they applied to a culture that included HIV/AIDS in anminority community.***
- ***Development of a plan to create model constructs***
- ***Literature Review***

BESAFE

Framework that uses culturally pluralistic content & perspectives based on 6 core elements:

I. Barriers to Care
II. Ethics
III. Sensitivity of the Provider
IV. Assessment
V. Facts
VI. Encounters

I. Barriers to Care

Real or perceived gaps
to providing quality care
that are compounded by the
relationship of HIV/AIDS to ethnicity

Barriers to Care (con't)

- ***Mistrust of the medical community***
- ***Clinical trial participation (Byrd & Clayton 2000)***

– ***Access to care issues***
  - ***Uninsured rate***
  - ***Substandard care as proven by HIV Cost Services Utilization Study which showed that American Indians were 1.5x less likely to receive prophylaxis care for PCP than whites***

– ***Stigmas surrounding HIV***
– ***Support systems***
– ***Bias in medical decision-making***

Barriers to Care (con't)

Education literacy and its association to HIV treatment adherence

- ***Subjects with lower education/literacy levels are less likely to be given opportunity to take advantage of appropriate treatment protocols.***
- ***Subjects with lower education/literacy levels more likely to miss medication schedules because of confusion about dosage amounts.***

II. Ethics

Science of the human condition as it applies to the morality of beliefs, values, and behavior. Sources include:

- ***Reason***
- ***Individual experiences***
- ***Societal experiences***

II. Ethics (con't)

- ***Professional duty: do no harm and to do the best for the patient (Principals of beneficence and benevolence)***
- ***Components of natural law***
- ***Principles support the valuing of different cultures.***

II. Ethics (con't)

- ***HIV-related Issues***
  - ***Honesty***
  - ***Confidentiality***
  - ***HIV research***
  - ***Dealing with patients who are dying***
- ***Professional responsibility***

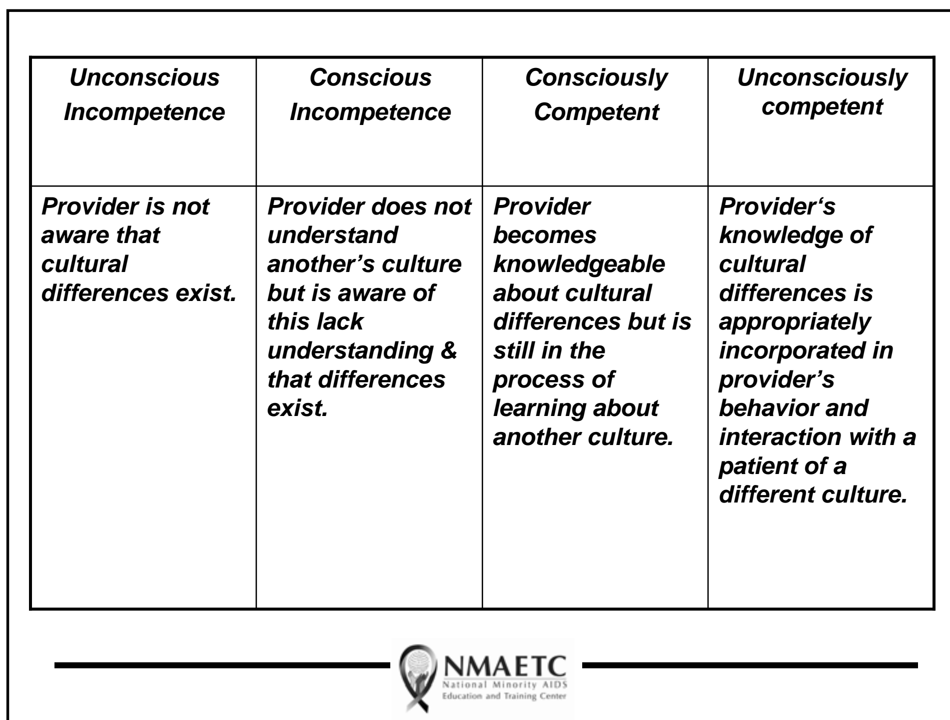
III. Sensitivity of the Provider

- ***Conducting an in-depth exploration of one's own cultural background is vital to one providing excellent care.***
- ***Examining one's prejudices and biases toward other cultures and determining where they are along a continuum that ranges from unconscious to conscious competence is key.***

III. Sensitivity of the Provider (con't)

Working to avoid engaging in the phenomena of cultural imposition—the tendency to impose one's values on another culture—is paramount particularly when treating HIV. (Leninger 1978)

(Based on Campinha-Bacote model)



Unconscious Incompetence	Conscious Incompetence	Consciously Competent	Unconsciously competent
Provider is not aware that cultural differences exist.	*Provider does not understand another's culture but is aware of this lack understanding & that differences exist.*	*Provider becomes knowledgeable about cultural differences but is still in the process of learning about another culture.*	*Provider's knowledge of cultural differences is appropriately incorporated in provider's behavior and interaction with a patient of a different culture.*

IV. Assessment

- ***Ability to collect relevant data regarding patient's health history and problems in the context of the patient's cultural background.***
- ***Patients have a right to have specific cultural beliefs, values, and practices.***

(Campinha-Bacote 1998)

NMAETC
National Minority AIDS
Education and Training Center

V. Facts

- ***Full assessment requires the understanding of physiology, behavior, and the patient's perception or his/her illness.***
- ***Providers must individualize these characteristics to their patients.***

V. Facts (con't)

Understanding must be based on patients' culture including biologic variations based on ethnicity, worldviews, and cultural specific behavioral patterns

V. Facts (con't)

Biological variations can be misleading when treating minorities when based on a Caucasian model.

- ***Variations in clad HIV infectivity often show differences in the virologic and immunologic interpretations***
- ***Different levels of risk associated with hyper-cholesterolemia, hyperglycemia, and other complications of highly active antiretroviral therapy between different ethnic groups***

V. Facts (con't)

- ***Health care professionals must become knowledgeable about differences if they are to effectively treat minority Patients.***
- ***Individuals have different worldviews that affect how they perceive the causes of their health or illness***

VII. Encounters

Achieving effective encounters with patients is a core component of cultural competence in clinical setting. Factors such as:

- *Language*
- *Cultural norms*
- *Concepts of personal space*

Cultural Competence

Is a journey, not a destination;
Is a process, not an event;
Is a process of becoming competent, not being culturally competent

? Questions ?

Case Study: Mary

Mary is a 42-year-old Lakota woman who reports to a rural clinic for her HIV test results. Mary's primary language is Lakota, and she does not speak or read English.

During the initial appointment, Mary met with Melissa, an HIV counselor, and Ann, the only certified interpreter at the clinic.

When Melissa scheduled a follow-up appointment for Mary for this week, she knew that Ann was starting maternity leave and would not be available when Maria returned for her HIV test result.

After much discussion, Mary, Melissa, and Ann decided that Mary would bring her older sister, Cristine, to the follow-up appointment to translate and to help with communication.

Mary identified Cristine as a "safe and supportive" person and stated that "her English is pretty good."

During the follow-up appointment, Melissa shares the HIV test results with both Mary and Cristine. As Melissa informs Cristine that her sister has tested positive for HIV, Cristine begins to cry. She translates the results to Mary, who also begins to cry.

Discussion Questions

- ***What cultural competency issues arise when working with a client who does not speak or read English?***
- ***What are the issues related to having a client's family member serve as an interpreter?***

- ***Is it ever appropriate?***
- ***If so, how should the age, gender, and health literacy of family members be taken into consideration?***
- ***How can Melissa best manage the immediate situation, given the language barrier with Mary?***

- ***If placed in a similar situation and lacking a certified interpreter, what are some options for overcoming language barriers in a culturally sensitive manner? What resources are available in your care setting?***

- ***Based on the case study discussion, what strategies to address health literacy might you include in an action plan for Mary's care?***