CULTURAL COMPETENCE FOR LATINOS LIVING WITH HIV/AIDS

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UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM

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NSU
AETC AIDS Education & Training Center Program
Southeast

OBJECTIVES

AFTER COMPLETING THIS ACTIVITY, PARTICIPANTS SHOULD BE BETTER ABLE TO:

Define cultural Competence?

Cultural factors inherent to Latino culture

Explore issues commonly faced by patients living with HIV/AIDS in a cultural context.

Using Cultural Competence To Improve the Quality of Health Care for Latinos infected or affected by HIV/AIDS

Although the trajectory of the HIV/AIDS epidemic has changed dramatically over the past 25 years, addressing the psychosocial needs of patients living with HIV/AIDS remains vital.

There is no one definition of cultural competence.

National Alliance for Hispanic Health, 2001
Cultural proficiency is when providers and systems seek to do more than provide unbiased care as they value the positive role culture can play in a person's health and well-being.

National Medical Association
Cultural Competency (Health) is the application of cultural knowledge, behaviors, and interpersonal and clinical skills that enhances a provider's effectiveness in managing patient care.

Cultural competence definition

. The United States Department of Health and Human Services Office of Minority Health defines cultural competence as "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" .

"Healthy People 2010: Understanding and Improving Health defines cultural competence as "The design, implementation, and evaluation process that accounts for special issues for select population groups (ethnic and racial, linguistics) as well as differing educational levels and physical abilities" Because of the increasing diversification of our country, cultural competence is a necessary skill to help improve public health and eliminate ethnic and racial health disparities.

Why is Cultural Competency important?

Cultural competency is essential to help reduce health disparities between ethnic groups. There are continuing racial health disparities in the U.S. in the incidences of some illnesses.

Cultural competency has also been named as a core competency for public health professionals. Core competencies are defined as skills necessary to be proficient at the practice of public health. In addition, one of the Essential Services of Public Health is to "assure a competent public health and personal health care workforce."

Cultural competency is also mandated by law in some situations. Title VI of the Civil Rights Act of 1964 states, "No person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance". Both the Surgeon General and the Joint Commission on the Accreditation of Healthcare Organizations maintain that cultural competency is essential to provide adequate care.

Why Latinos?

The largest and fastest growing minority population in the United States today is commonly referred to as "Hispanic" or "Latino.“

The term "Latino" has become more commonly used in recent years to describe those whose primary ethnic heritage stems from Latin America.
Hispanic and Latino clients can come from as many as 26 different nations.
Among them there are significant differences in language, socio-economic status, customs, and values. Within individual countries there is quite often ethnic diversity (Castex,1996).
Latin American homelands share Hispanic values and lifestyles that are intermingled with indigenous languages and cultures (Falicov, 98).
Within most Latin American countries one will find groups that continue to speak their own language and maintain their own traditions and rituals.
Guatemala has 24 official languages.


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The question of how to refer to ethnic groups is often controversial.

Among Latin Americans the question is: Is it Hispanic? Latino? Chicano?
Or perhaps identification by nationality? Puerto Rican, Mexican, Cuban

“Hispanic” became the designation of the United States Census Bureau in 1980. The term was used to designate people born in any of the Spanish-speaking countries of the Americas and those from Spain and/or Spanish territories.

In order to successfully work with clients, practitioners must first understand how clients self-identify. It is important to avoid labeling individuals or making generalizations about characteristics and traits based on cultural stereotypes.

The Hispanic population of the United States as of July 1, 2015, making people of Hispanic origin the nation's largest ethnic or racial minority. Hispanics constituted 17.6 percent of the nation's total population.

This tremendous population growth unfortunately has been paralleled by a rise in HIV disease among Latinos, who are disproportionately affected by HIV/AIDS more than any other racial or ethnic group, with the exception of African-Americans:

Nearly 1 in 4 Ryan White HIV/AIDS Program clients is Latino.

HIV/AIDS AND THE LATINO POPULATION

• At the end of 2012, 202,890 Hispanics/Latinos of any race were living with diagnosed HIV infection in the US and 6 dependent areas including Puerto Rico.

• In 2013, there were 10,876 estimated cases of HIV diagnosed among Hispanics/Latinos in the US.

• Approximately 85% (9,266) were male while 15% (1,610) were female among the adults and adolescent Hispanics/Latinos diagnosed with HIV in 2013.

• Diagnosed HIV cases among Hispanics/Latinos in the US by place of birth are predominately from the US (40%; 4,385), then Mexico (14%; 4,385), Puerto Rico (10%; 1,058), Central America (6%; 670), and South America (4%; 472).

• In the US, the leading transmission category for HIV diagnosis among adult and adolescent Hispanics/Latinos in 2013 was male to-male sexual contact, accounting for 72% (7,812) including male-to-male sexual contact and injection drug use (3%; 285).

o The second highest transmission category was attributed to heterosexual contact among adult and adolescent Hispanic/Latino males and females (21%; 2,238).
• The rate (per 100,000) of HIV infections among Hispanic/Latino males (41.8) was three times greater for Hispanic/Latino males than for, non-Hispanic white males (13.8) and almost four times greater for Hispanic/Latino females (7.0) than for nonHispanic white females (1.8) in 2013.

• Differences among regions in the US exist.

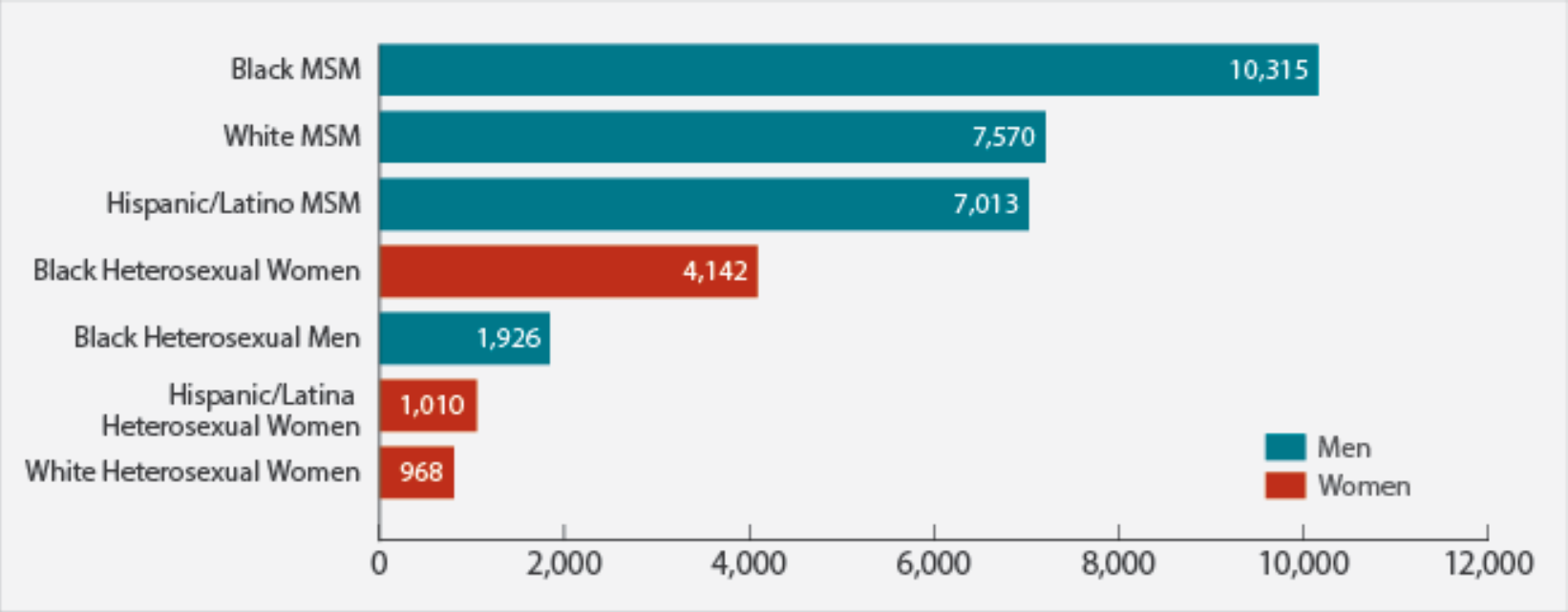
oFor example, the HIV diagnosis rate (per 100,000) for Hispanics/Latinos is highest in the Northeast (40.8), with the South (27.2), Midwest (19.3), and West (17.8) following.

• An analysis in 2014 found that many Hispanics/Latinos diagnosed with HIV are not receiving needed care:
o About 80% are linked to care;
o A little more than half (54%) are retained in care;
o Only 44% were prescribed anti-retroviral therapy;
o Just about 37% had achieved “viral suppression” – a very low level of HIV in the blood that can help a person stay healthy, live longer and reduce the chance of passing HIV on to others.

Facts on AIDS AND LATINOS

• Since the beginning of the epidemic, approximately 125,051 Latinos died from AIDS.
•In 2013, there were an estimated 5,773 cases of AIDS diagnosed among Hispanics/Latinos in the US, contributing to an estimated 250,671 cumulative AIDS cases diagnosed since the beginning of the epidemic.
•Hispanics/Latinos are at significantly greater risk for delayed diagnosis of HIV and AIDS than non-Hispanic whites, with Hispanic Latino males and foreign-born Hispanics/Latinos at the greatest risk.
o A study done in 2006 found that late or delayed diagnosis of HIV infection is epidemiologically significant and likely to be a major contributor to the ongoing domestic epidemic.
o Early diagnosis of HIV infection with treatment is linked to better health outcomes and reduced transmission of HIV to other partners

New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015



Health Disparities

- Hispanics/Latinos are also disproportionately affected by HIV. In 2015:
- HIV continues to be a serious threat to the health of the Hispanic/Latino community.

Health Disparities

- According to cross-cultural health care expert Larry Purnell, Latinos are the most underrepresented major minority group in the entire U.S. health care workforce.
- This discrepancy contributes to many different linguistic and cultural hurdles for Latino patients, as well as for their health care providers.
- First among these, of course, is a **language barrier**. Although most Latinos living in the U.S. do speak at least some English, 60 percent of Latino adults speak primarily Spanish at home.
- In the context of a hospital or medical clinic, where medical terminology can be complicated and communication often takes place quickly and amidst elevated emotions, this language barrier can be especially problematic

Health Disparities

- Apart from these language and socioeconomic disparities and variation in the way health care is envisioned and sought out, differences in the way values are ordered and articulated can also strain the clinical health care encounter for Latino patients.
- As with any ethnic group, there is, of course, enormous cultural heterogeneity among Latino patients-to the point where it seems almost ludicrous to try to identify broad cultural tendencies across such diversity.

Cultural Heterogeneity Among Latino

- Health and illnesses can be interpreted and explained in terms of personal experiences and expectations. Individuals learn from their cultural and ethnic background how to feel healthy and how to recognize illness. Still, at the risk of oversimplifying, several trends emerge:
- -**simpatia**-politeness and the avoidance of hostile confrontation
- -**personalismo**-the value of warm personal interaction
- -**respeto**-the importance of showing respect to authority figures, usually including health care providers
- -**familismo**-collective loyalty to extended family and commitment to family obligation;
- -**fatalismo**-the belief that individuals cannot do much to alter fate

VALUES

- Being aware of these larger values may help health care providers to understand a particular patient's behaviors and actions in the context of larger cultural inclinations.
- The value of **familismo** perhaps deserves to be emphasized for the important role it plays for many Latino patients. Generally speaking, Latino cultures include a more family-centered decision making model than the more individualistic or autonomy-based model embraced by modern mainstream biomedical culture in the United States.
- In one survey of Mexican American nurses, family support was identified as one of the most important areas to which health care providers should attend while caring for Latino patients.

VALUES

The family itself can play an enormously important role in supporting and empowering the patient within the medical setting.

Additionally, within this family-centric decision making structure, there may be particular gender-based roles.

Latino mothers may determine when medical care is warranted for a family member, though a male head of household may formally make the decision to send the family member to a medical center.

VALUES

For instance, a doctor could perceive as evasive

- A patient who declines to make direct eye contact, when in fact, that patient may be demonstrating respect for the doctor's position and authority.
- Similarly, a patient's silence when presented with a difficult treatment plan, rather than conveying agreement, may in fact indicate that patient's desire to maintain a polite relationship with the health care provider and avoid difficult or conflictual situations.
- Indeed, such a patient's silence might best be interpreted as an indirect and nonverbal form of disagreement.

Beliefs/Practices That Might Impact HealthCare Decisions

- Some Latinos find their health care in non-clinical places, relying on folk medicine and traditional healers.
- Among some Latino subcultures, folk illnesses such as: empacho (a digestive ailment),mal de ojo (the "evil eye"), mollera caida (fallen fontanelle), susto (fright illness), and nervios (vulnerability to stressful experiences) are commonly described
- traditional healers range from curanderos (Mexican healers) and sobadores (traditional masseuses and bone setters) to yerberos (herbalists) and espiritistas (spiritual healers).

Reliance on folk medicine certainly is not to be found in every, or even most, Latino communities; but it does exist as part of the health care landscape and is found among many patients from Mexico, as well as from various other regions within Latin America. Significantly, some patients appear to experience greater improvement after meeting with folk practitioners than with Western

Beliefs/Practices That Might Impact HealthCare Decisions

- There is a disproportionately high prevalence of acute care in the treatment of Latinos; that is, too often patients delay medical care until their conditions worsen and necessitate immediate attention.
- There are likely many possible reasons for this:
- Poverty and lack of health insurance,
- Irregular access to health care;
- Cultural factors that might cause patients to delay seeing a doctor, for example, the expectation that one should tolerate pain without complaint; and a belief that certain conditions (such as pregnancy) are natural and do not require medical attention.

CULTURAL DIVERSITY

- TO ENSURE ACCESS AND UTILIZATION OF HEALTH CARE SERVICES FOR CULTURALLY DIVERSE COMUNITIES, VARIOUS CONCERNS AND ISSUES SHOULD BE ADDRESSED
- ISSUES RANGE FROM MANAGING AND PREPARING A CULTURALLY AWARE AND DIVERSE WORKFORCE, TO ELIMINATING DISPARITIES IN HEALTH OUTCOMES
- A CULTURALLY SENSITIVE APPLICATION OF A COMPETENT MODEL REQUIRES THAT TRAINING BE LINGUISTICALLY AND CULTURALLY APPROPRIATE, TAKING INTO ACCOUNT THE LITERACY LEVEL OF THE INDIVIDUAL OR SPECIFIC POPULATION.

Cultural Competency Technique

THE MAJOR CULTURAL COMPETENCY TECHNIQUES THAT CAN BE USED TO EXAMINE HOW HEALTH CARE AGENCIES SERVE CULTURALLY DIVERSE CLIENTS INCLUDE:

1. Interpreter Services in order to reduce linguistic barriers.
2. Recruitment & Retention of Minority Staff who reflect the demographic of patient population.
3. Training to enhance self awareness of attitudes toward minority group members.
4. Knowledge of cultural beliefs and traditional health practices.
5. Use of community minority health workers as liaison.
6. Cultural competence health promotion interventions.

Cultural Competent Health Program

Should be characterized by:

1. The acceptance of and respect for differences,
2. Continuing self assessment regarding cultural issues
3. Careful attention to the dynamics of differences
4. Continuous expansion of cultural knowledge and resources
5. Adaptation of service models, in order to better meet the needs of diverse groups

Cultural-Competent Health Education Approach and HIV/AIDS Prevention for Hispanic/Latino

- Practical health education approaches are recommended which attempt to reduce and prevent HIV/AIDS risk among Hispanic/Latino immigrant and non immigrant communities. 3 important factors

1. Behavioral factors: Related to gender role, lifestyles and sexual behaviors, limited knowledge, attitudes (such as misconception that produce fear and shame), and limited self care skills.
2. Structural factors: Associated with socioeconomic status, education, income, immigration status, access to health care, geographic isolation, availability of culturally competent health services.
3. Socio cultural factors related to Familismo, language, acculturation, religious beleifs, health beleifs, cultural norms including machismo.

CONCLUSION

- Health care providers must be cautious not to oversimplify the values, customs, and beliefs that characterize any ethnic group-especially one as heterogeneous as Latinos.
- The identification and explanation of these factors is intended to help social workers and other health care professionals better understand the roots of Latino patients' beliefs and understanding of their HIV/AIDS condition as well as highlight some of the obstacles they cause.

CONCLUSION

- Culturally competent healthcare systems—those that provide culturally and linguistically appropriate services—have the potential to reduce racial and ethnic health disparities
- Providing culturally competent care involves understanding patients' different points of view.
- When clients do not understand what their healthcare providers are telling them, and providers either do not speak the client's language or are insensitive to cultural differences, the quality of health care can be compromised

Yet the call for cultural competence can-at its best-urge practitioners to adopt instead a stance of cultural "humility": one which encourages an open mind, and a recognition that each one of us sees the world through our own very distinctive cultural lenses.

THANK YOU

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The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.

Florida Counties

The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*. Updated April 8, 2015.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*. Updated March 5, 2015.

TRAINING OPPORTUNITIES

Preceptorships

An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation

Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.

FOR MORE INFORMATION, PLEASE VISIT:

http://hivaidsinstitute.med.miami.edu/partners/se-aetc

National HIV/AIDS Clinicians' Consultation Center
UCSF – San Francisco General Hospital

Warmline
National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

PEPline
National Clinicians' Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline
National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu

Need Additional Information?

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