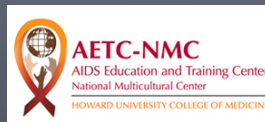


Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within Veteran Communities

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Learning Objectives

At the end of the lesson, learners will be able to:

- 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

Cultural Competence

- A congruent set of workforce *behaviors*, management *practices* and institutional *policies* within a practice setting resulting in an organizational environment that is respectful and inclusive of cultural and other forms of diversity **and that leads to reducing inequities in health care**

Cultural Competence Care

- Culturally competent care is about the creation of an environment in which the best medical practices can be safely accessed and implemented affirming all individuals, alienating none due to various differences, assisting clients to be comfortable with the skin they are in.

Key Values for Cultural Competence

1. Inclusivity
2. Respect
3. Valuing differences
4. Equity
5. Commitment

Military Branches of the United States Uniformed Services

- U.S. Air Force
- U.S. Army
- U.S. Coast Guard
- U.S. Marine Corps
- U.S. Navy

Military Personnel by Numbers

- Active Duty Personnel (2010)
 - Over 1.4 million
- Reserve Duty Personnel (2010)
 - Over 1.1 million

'Active' vs 'Reserve'

- Active – full time service members
 - Generally live on or near base
 - Expected to move every 3-5 years
 - Daily In or Training for combat
- Reserve Component –
 - Branch Reserve -- Serve 'part-time' until mobilized for active duty
 - National Guard – State/territory based, serve both state and federal missions

Military Ranks

- Officers – commissioned by President, confirmed by Senate
 - Ultimate authority and responsibility over unit
- Enlisted – ‘workforce’
 - Keep the military functioning
- Warrant Officers– commissioned
 - Have technical expertise
 - Although officers, do not have command and personnel responsibility

Military Culture

- Operates under strict chain of command
- Bucking the system or “jumping the chain of command” can result in discipline
- “Honor and Integrity” – core values
- “Leave No Man Behind”
- “Discipline and Control”
- Bond of brother/sisterhood

Military and Same Sex Relationships

- Prior to September 20, 2011– ban in U.S. military on openly homosexual service members
- Many service members had to separate their personal and service lives
- Study on military post repeal revealed unchanged military readiness and morale

Who is a Veteran?

Federal definition—

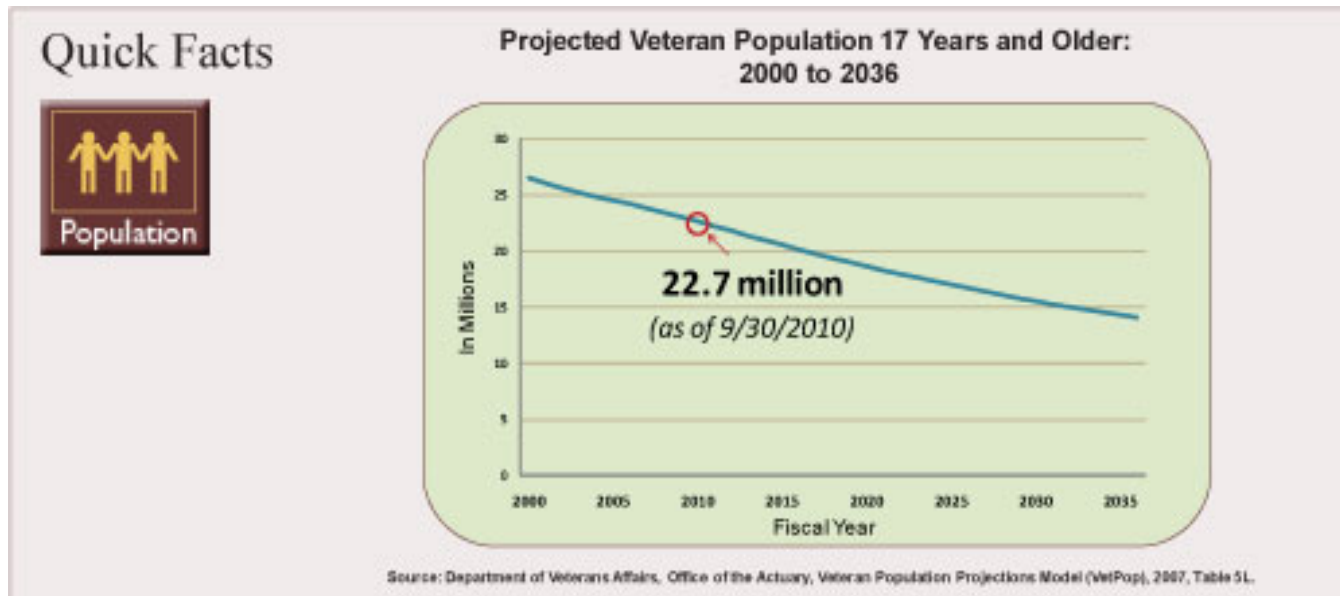
- “under Federal Law a VETERAN is any person, who served honorably on active duty in the armed forces of the United States.”¹

Bit more personal....

- *"Whether active duty, retired, national guard, or reserve - is someone who, at one point in his or her life, wrote a blank check made payable to The 'United States of America', for an amount of 'up to and including my life.'" (Author unknown)²*

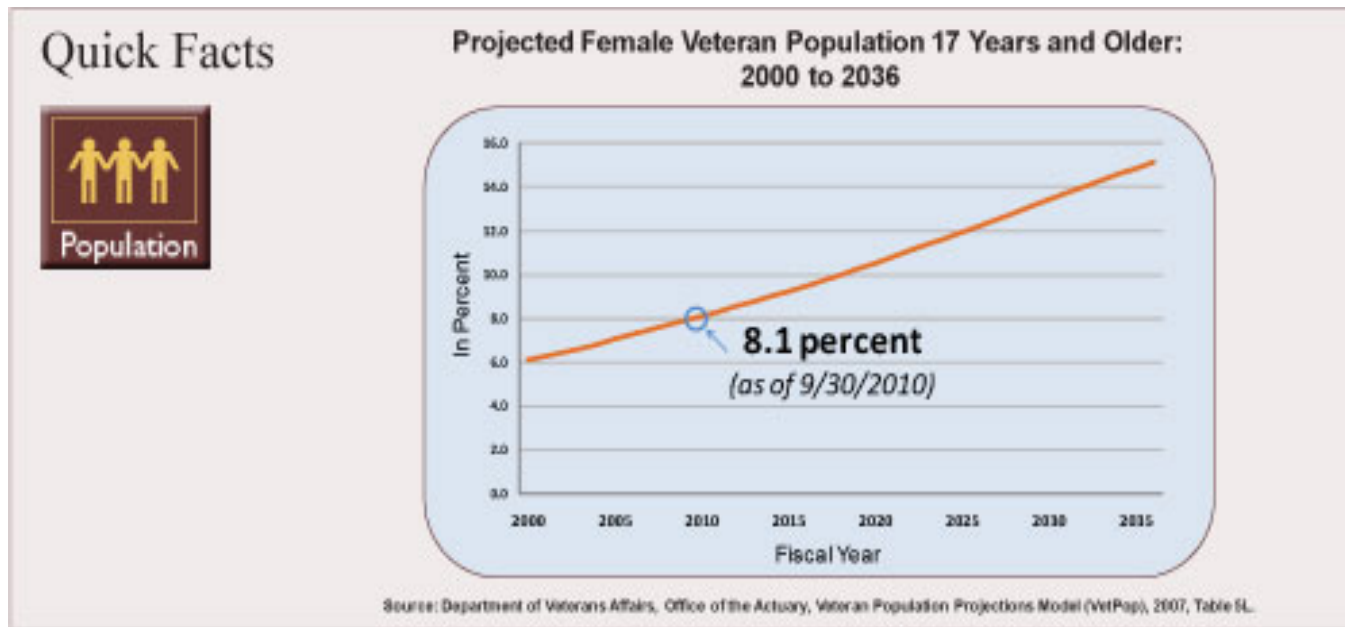
Population of U.S. Veterans

- Veteran Population overall declining



Women Veterans

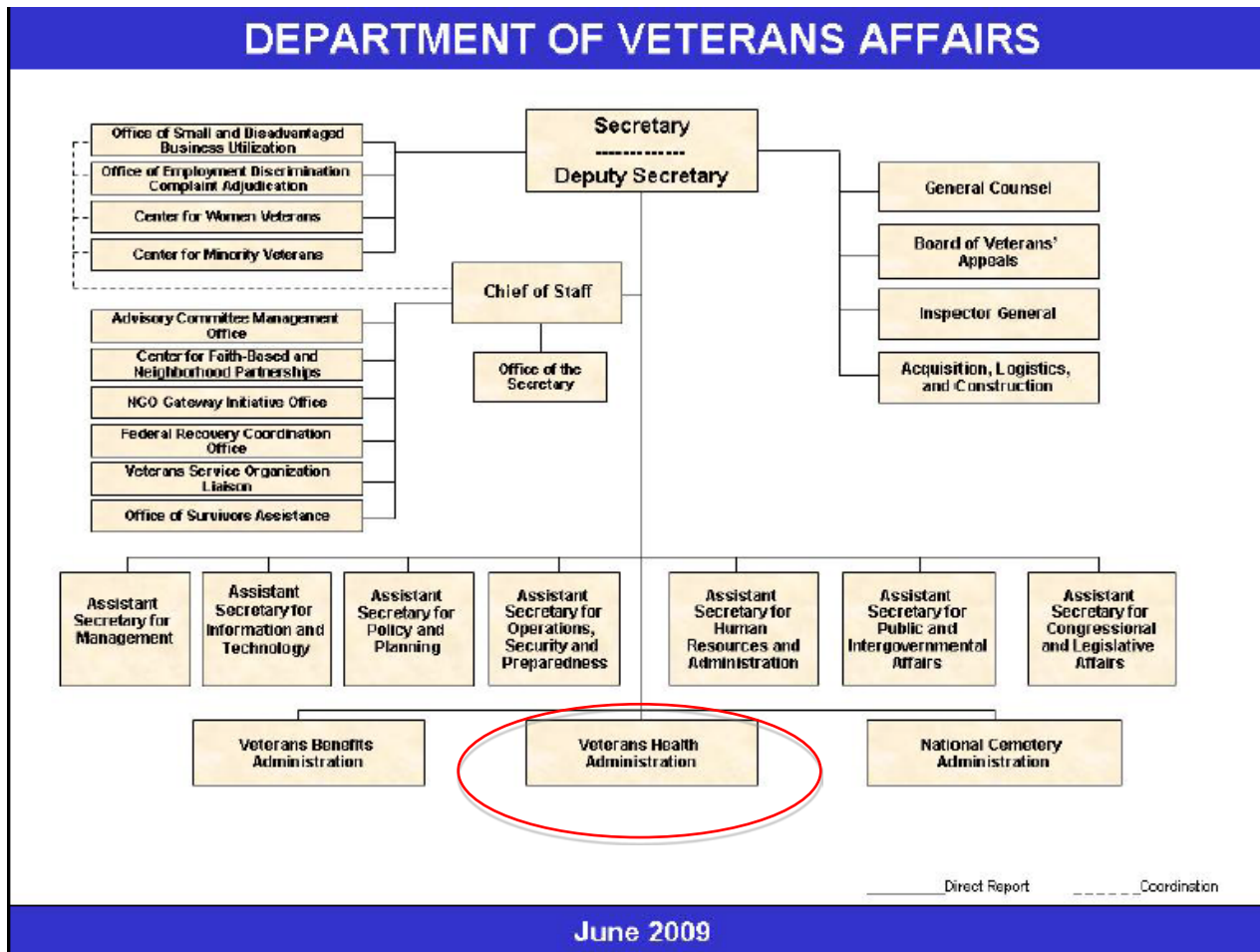
- Percent of Female Veterans is Increasing



Peacetime Veterans

- Active duty servicemen and women during a period in which no Congress defined wartime occurred
 - Does not mean no combat duty
- Differential VA benefits are given for wartime vs. peacetime benefits.

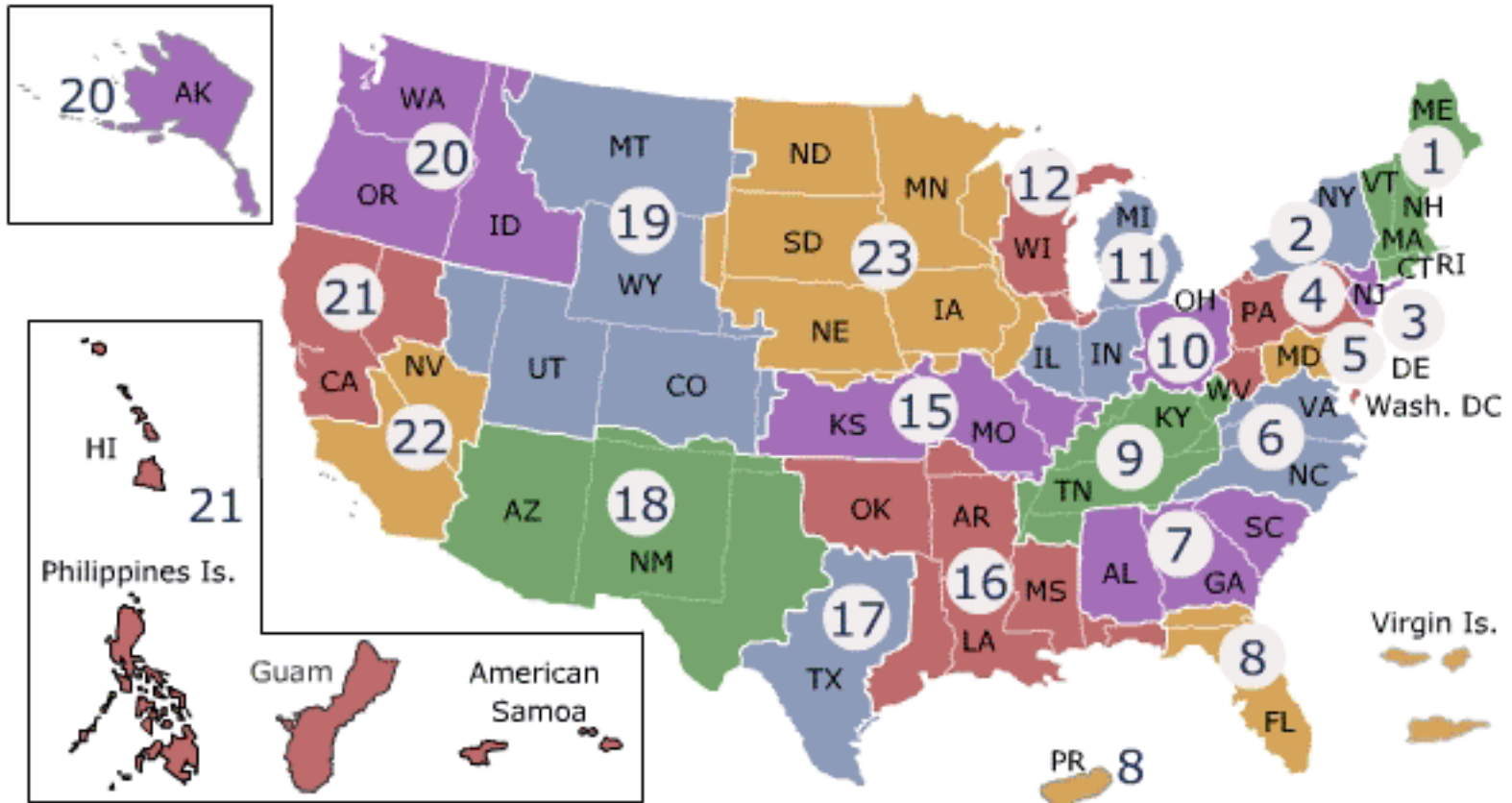
Veterans Affairs Structure



VHA Organization

- Divided into 21 Veterans Integrated Service Networks (VISN)
- Within each are numerous organizations
- For instance in VISN 7 (Southeast)
 - 9 VA Medical Centers
 - 6 Outpatient Clinics
 - 37 Community Based Outpatient Clinics (CBOC)
 - 13 Vet Centers

VISN Locations



2009-16 VHA Transformation Initiatives

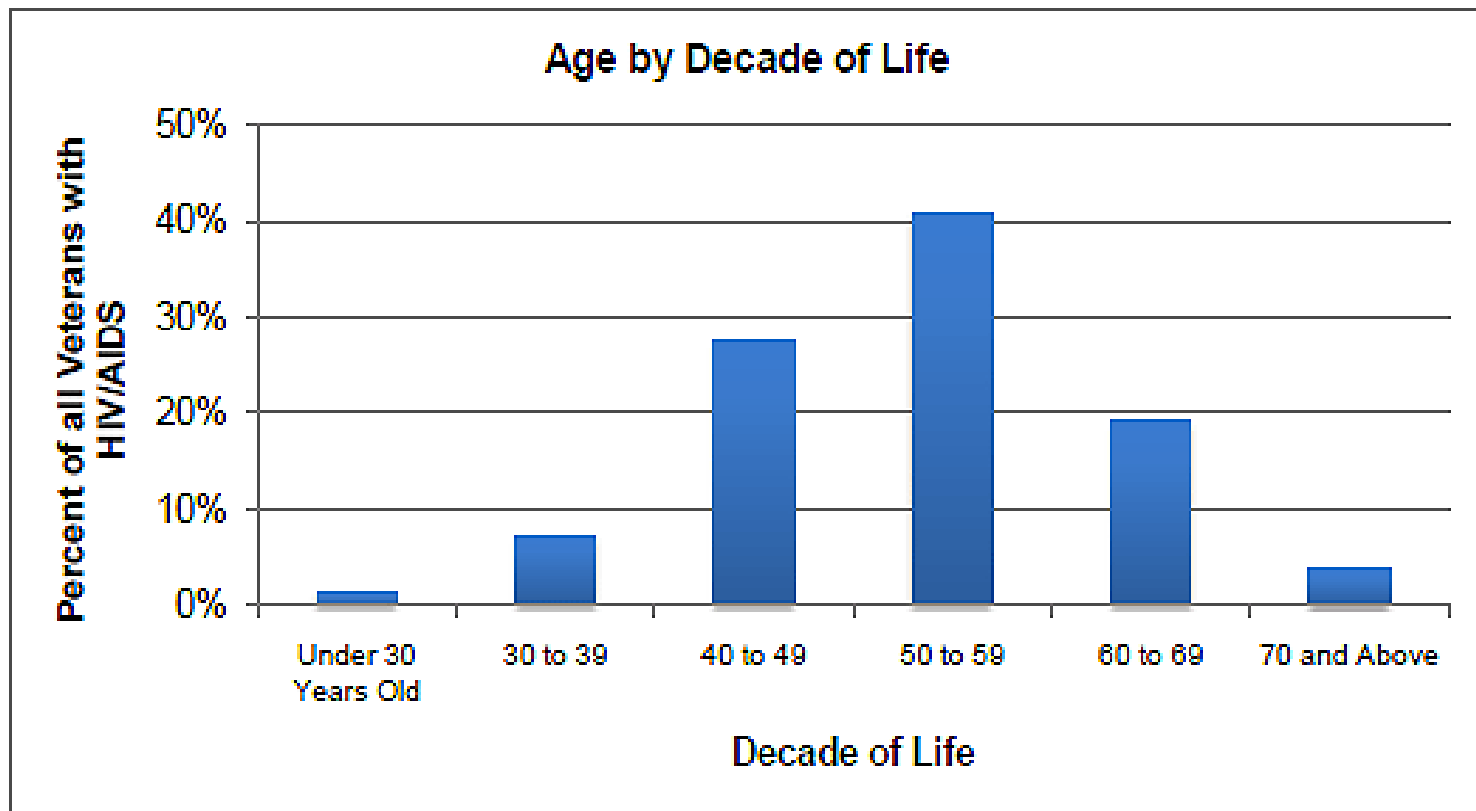
- Eliminating Veteran homelessness
- Enabling 21st century benefits delivery and services
- Automating GI Bill benefits
- Creating Virtual Lifetime Electronic Record
- Improving Veterans' mental health
- Building Veterans Relationship Management capability to enable convenient, seamless interactions
- Designing a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care
- Enhancing the Veteran experience and access to health care
- Ensuring preparedness to meet emergent national needs
- Developing capabilities and enabling systems to drive performance and outcomes.
- Establishing strong VA management infrastructure and integrated operating model
- Transforming human capital management
- Performing research and development to enhance the long-term health and well-being of Veterans
- Optimizing the utilization of VA's Capital portfolio by implementing and executing the Strategic Capital Investment Planning (SCIP) process
- Improving the quality of health care while reducing cost
- Transforming health care delivery through health informatics

Veterans with HIV

- Veterans Health Administration (VHA) is the largest U.S. HIV provider
- Served 25,271 veterans with HIV in 2011
- VISN 8 had highest number of veterans with HIV in care
 - 87% of veterans on ARVs

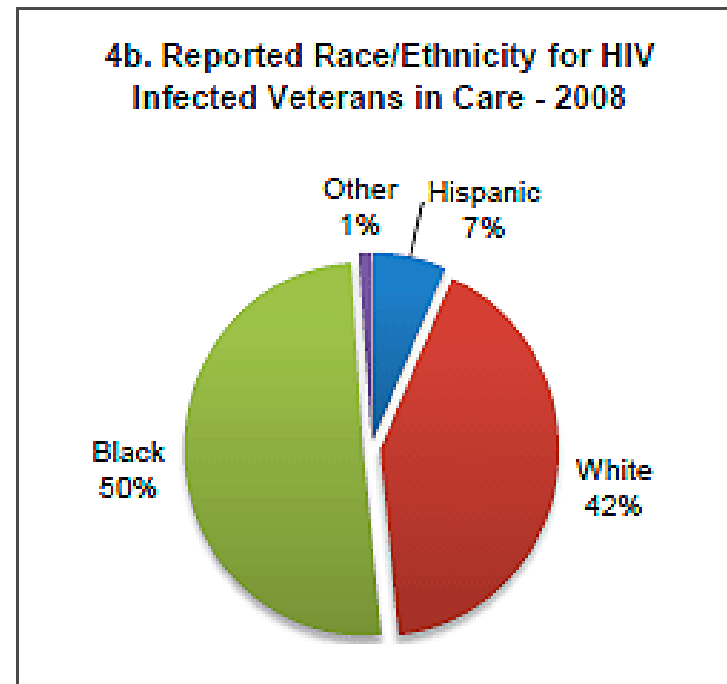
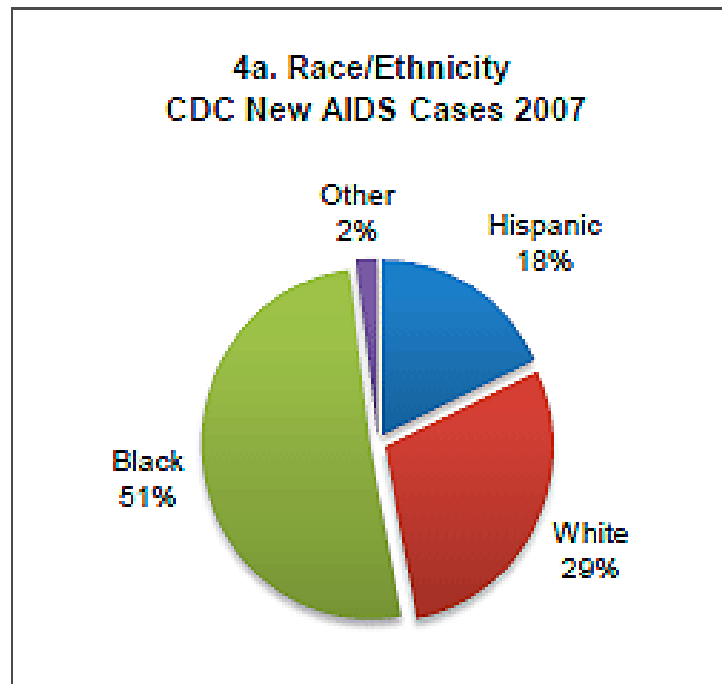
Demographics of Veterans Living with HIV: Age

Figure 5. HIV Infected Veterans in VHA Care 2008 - Age by Decade of Life



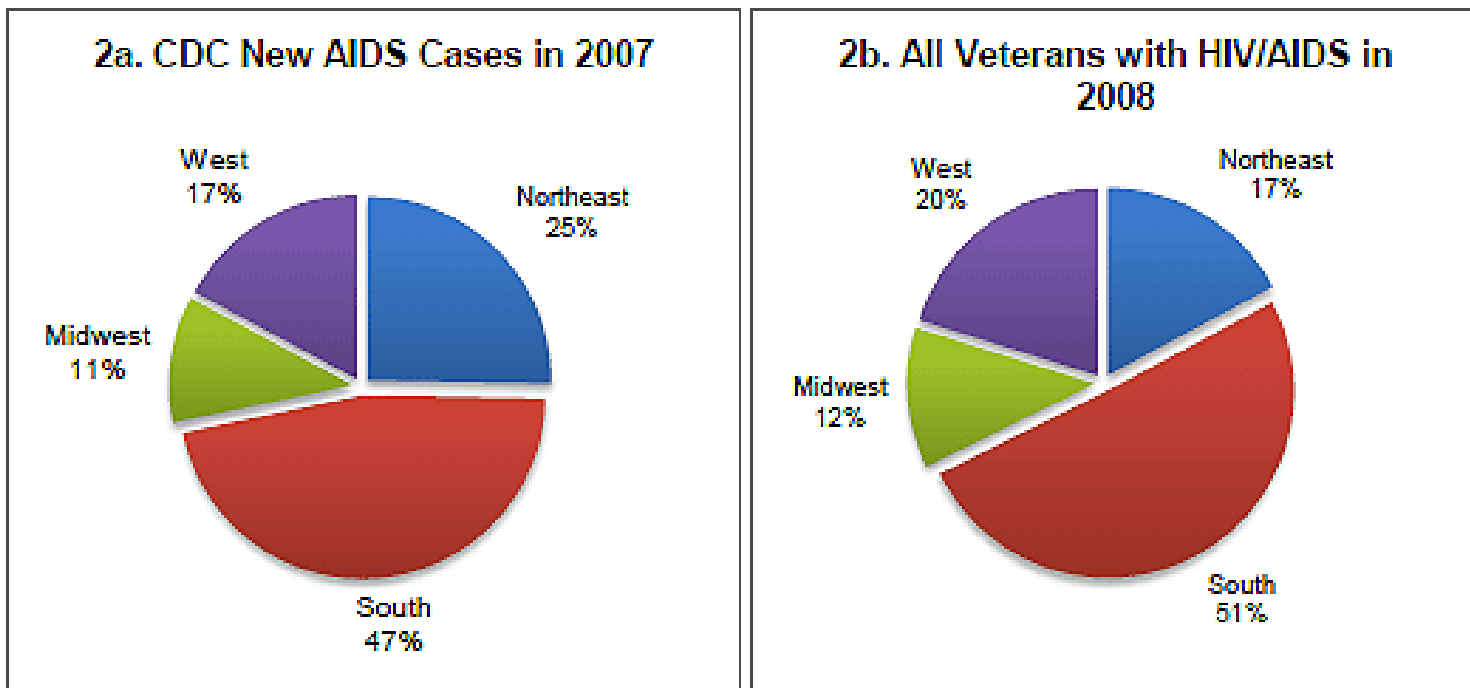
Demographics of Veterans Living with HIV/AIDS: Race/Ethnicity

Figure 4a/b. Comparison of Race/Ethnicity for New AIDS Cases Reported to the CDC in 2007 and All Veterans with HIV/AIDS in Care in 2008.



Demographics of Veterans Living with HIV/AIDS: Region of Residence

Figure 2a/b. Geographic Comparison of New AIDS Case Reported to Centers for Disease Control and Prevention (CDC) in 2007 and All Veterans in Care with HIV/AIDS in 2008



Stage of Veterans' HIV Disease

- Entry to care
 - 31% had CD₄ count <200 or 14%
 - 44% had CD₄ count <350
- Total in care
 - 14.2% with CD₄ count <200 or 14%
 - 83% with HIV RNA <400

HIV Risk Factors Among Veterans: Access to Care

- 8.9% of patients with new HIV diagnoses live in rural areas
- Up to 18% of veterans with HIV live in rural areas
- Rural residence associated with:
 - Later HIV stage at entry to care
 - Less frequent HIV visits
 - Increased mortality

HIV Risk Factors Among Veterans: Access to Care

- Patients with HIV in rural areas—
 - Significant HIV related stigma concerns
 - Limited access to expert HIV providers
 - Travel burdens
 - Limited mental health/substance abuse treatment
 - Increased concern of HIV status discovery
- Strategies for Overcoming Barriers

HIV/AIDS Risk Factors Among Veterans: Homelessness

- On one night-
 - Over 67,000 veterans lived on the streets
- In one year-
 - Over 100,000 veterans stayed in emergency shelters/transitional housing
- Many at risk due to poverty, limited social support, mental health issues, substance use, insecure living conditions

HIV Risk Factors Among Veterans: Homelessness, cont'd.

- Homeless veterans are:
 - Older
 - Unsheltered for longer time
 - Of minority race
 - More education
- Estimated 9X greater risk of contracting HIV in persons who are homeless

HIV Risk Factors Among Veterans: Homelessness, cont'd.

- Homelessness in patients with HIV is associated with:
 - Decreased medication adherence
 - Decreased health care continuity
 - Increased risky sexual behaviors
 - Increased illicit drug use

HIV Risk Factors Among Veterans: Food Insecurity

- 2008– 15% of U.S. general population at risk
- 24% veterans with HIV on ARVs self reported food insecurity
- Increased risk in these patients for a non-suppressed HIV RNA

Culturally Competent Clinical Strategies: Homelessness

- Screening– done yearly at VAMC
- Validate– may discuss how other veterans are experiencing similar issues
- Screen for PTSD, other mental health issues, MST, substance use as can co-occur

Culturally Competent Clinical Strategies: Homelessness

- Linkage to Care
 - 1-888-4AID-VET
 - www.va.gov
- For Patients
 - www.maketheconnection.net/events/homelessness
 - National Coalition for Homeless Veterans—
www.nchv.org

HIV Risk Factors Among Veterans: Alcohol Use

- Cohort of homeless veterans with HIV
 - 36% reported alcohol use
 - 34% hazardous alcohol use
 - 46% met binge drinking criteria
 - 26% diagnosed with alcohol abuse
- Associated with less frequent outpatient visits

HIV Risk Factors Among Veterans: Other Drug Use

- Prevalence of current drug use higher in veterans with HIV
- ~25% of veterans with HIV in one cohort were current multidrug users.
- Veterans with current drug use—
 - Had lowest physical/mental quality of life scores
 - AIDS-associated illness prevalence was highest

Culturally Competent Clinical Strategies: Alcohol and Other Drug Use

- Clinical Interviewing– Non judgmental
 - Many standardized screening tools
 - VAMC uses AUDIT-C¹ for alcohol use screening

- Screen for co-occurring mental health disorders– i.e. PTSD

Culturally Competent Clinical Strategies: Alcohol and Other Drug Use

- Linkage to Care
 - <http://www.mentalhealth.va.gov/substanceabuse.asp>
 - Maketheconnection.net
- Culturally Competent Clinical Care
 - Emphasizing that others in veteran community have and are dealing with similar issues

Military History

- General questions:
 - Tell me about your military service
 - When and where did you serve?
 - What did you do while in the service?
 - How has military service affected you?

Case Study #1

- 64-year-old white male presents for entry into HIV care. He was diagnosed after entering treatment for IV heroin use. He presently has no complaints. On discussion, he states he has relapsed and is using heroin again. He reports he served during the Vietnam War and had multiple combat exposures. He endorses nightmares, depression and hopelessness.

Case Study Questions

- What screenings are appropriate?
- What cultural factors may affect your communication and relationship with this patient?
- What strategies can you use to support effective communication?
- How can you engage him in the treatment planning process?

Culturally Competent Clinical Interviewing

Patient Explanatory Model:

- 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?

HIV Risk Factors Among Veterans: Mental Health Issues

- Up to 63% of veterans with HIV have a mental health disorder
- Cohort of patient on ARVs
 - Injection Drug Use– 50%
 - Alcohol Use disorder– 30%
 - Anxiety disorder– 18%
 - Bipolar disorder– 7%
 - Schizophrenia– 6%
- 53% had >2 diagnoses

HIV Risk Factors Among Veterans: Mental Health Issues

- Any Mental Health disorder
 - Predicted cART switching or stopping
- Increased all cause mortality (hazard ratios)
 - 1.4 – schizophrenia
 - 1.32 – bipolar
 - 1.23 – substance use

HIV Risk Factors Among Veterans: Mental Health Issues, Depression

- Estimated 36% 1 yr prevalence in veterans with HIV
- Associated with
 - Increased risk of HIV transmission
 - Worsened ARV adherence
 - May worsen HIV progression

Depression

- Prevalence estimated at twofold higher
 - Meta-analysis 10 studies
- Risk factor for HIV Infection
- 2.5 fold increase when CD4 cell <200 cells/mm³

Depression-related Complaints

Complaints	Culture
"Nerves" and headaches	Latino
Weakness, tiredness, "imbalance"	Asian
"Heartbroken"	Native American
Bad nerves, "evil"	African American

Culturally Competent Clinical Strategies: Mental Health Issues

- Clinical Interviewing:
 - Inquiring about symptoms and/or using standardized screening tools
- Linkage to care:
 - <http://www.mentalhealth.va.gov>
- For veterans in crisis:
 - Veterans Crisis Line: 1-800-273-8255 (press 1)
- Care coordination

Culturally Competent Clinical Strategies: Mental Health Issues

- Culturally Competent Clinical Interviewing
- Knowledge of military experiences and issues can allow veteran to feel more comfortable discussing concerns

HIV Risks Among Veterans: Post Traumatic Stress Disorder

- Chronic anxiety disorder
- Diagnosis relies on developing characteristic symptoms following exposure to a stressor event
- Stressors can include (but are not limited to): direct trauma, violence, combat, sexual trauma, terrorism, natural disasters

HIV Risks Among Veterans: PTSD, cont'd.

- Prevalence estimates vary from 2-17%, with higher rates for Vietnam War veterans than later conflicts
- Has history of underreporting thought to be due to fear of stigma, shame

PTSD and Co-morbidities

- Often co-occurs with traumatic brain injury
- Associated with increased likelihood of other mental health disorders
 - Self reported increased risk of suicidal ideation
- Associated with poor health/outcomes
- Associated with increased risk of substance use

Culturally Competent Clinical Strategies: PTSD

- Screening—VAMC uses PTSD 4Q

“Have you experienced combat or other traumatic experiences while serving in the military? If yes, then ask: “During the past month, have you:

 1. Had any nightmares about it or thought about it when you did not want to?
 2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
 3. Were constantly on guard, watchful, or easily startled?
 4. Felt numb or detached from others, activities, or your surroundings?

Culturally Competent Clinical Strategies: PTSD

- Culturally Competent Clinical Interviewing
 - Support veteran in disclosure, emphasizing that many veterans have PTSD and that treatment is available
 - Support veteran as s/he may feel “my trauma wasn’t as bad as some”
 - Knowledge of some major military offensives (i.e. Tet Offensive) allows for context

Culturally Competent Clinical Strategies: PTSD

- Linkage to Care:
 - <http://www.ptsd.va.gov/public/where-to-get-help.asp>
 - <http://www.ptsd.va.gov/index.asp>
 - Veterans Crisis Line: 1-800-273-8255 (press 1)
- Support for Patients:
 - <http://www.MakeTheConnection.net>

Case Study #2

- 28-year-old African American male with HIV with CD₄ count 600 and undetectable viral load, in routine care. He reports that last week, he and a friend were “joking around” and his friend pretended to grab his throat. The patient reports he physically “lashed out” at his friend because “I felt like I was back in Afghanistan.” Further inquiry reveals he did two tours of duty, and since that time has been having flashbacks and nightmares.

Case Study Questions

- What screenings are appropriate?
- What cultural factors may affect your communication and relationship with this patient?
- What strategies can you use to support effective communication?
- How can you engage him in the treatment planning process?

HIV Risk Factors Among Veterans: Military Sexual Trauma

- What is Military Sexual Trauma (MST)?
 - “...sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military.”
- Affects men and women veterans

How Often Does MST Occur?

- Annual Incidence reported by active duty members

Type of MST	Women	Men
Sexual Assault	3%	1%
Sexual Coercion	8%	1%
Unwanted Sexual Attention	27%	5%

- Perpetrators usually other military personnel

MST Disclosure

- Concern that rates may under-represent actual occurrence of MST due to lack of disclosure
- Multiple reasons are cited why MST incidents are not disclosed including:
 - Embarrassment
 - Fear of reprisal through evaluations of duty
 - Belief incident was “not important enough” to disclose
 - Fear of “nothing will be done”

Effects of MST on Veterans

- Veterans screening positive for MST had:
 - 2-3X increased odds for all mental health disorders
 - Men—higher association for adjustment disorder than women
 - Women—higher association for PTSD than men
 - Risk for PTSD diagnosis equal risk or perhaps greater than for those with combat exposure

Effects of MST on Veterans

- Associations were not as large for medical conditions as for mental health disorders
- Women veterans reported increased gynecological, urological, neurological, GI, pulmonary and cardiovascular complaints
- Men—most significant association was an increased odds of AIDS in those screening positive for MST (AOR= 3.68)

Culturally Competent Clinical Strategies: MST

- Screening-- establish comfortable/safe space, introduce subject
- Suggested screening questions¹
 - “While you were in the military, did you experience any unwanted sexual attention, such as verbal remarks, touching or pressure for sexual favors?”
 - Did anyone ever use force or threat of force to have sex with you against your will?

Culturally Competent Clinical Strategies: MST

- Validation and empathy—
 - First line of treatment after screening positive
- Linkage to Care
 - Each VA facility has an MST coordinator--
<http://www.mentalhealth.va.gov/msthme.asp>
 - Active duty personnel: DOD Safe Helpline—877-995-5247
- Military Cultural competence:
 - Basic knowledge of military terms and structure can assist a patient in feeling more comfortable

Case Study #3

- Ms. J, a 34-year-old presents after being diagnosed with HIV at a local ER. Her CD4 is 300 her viral load is 500,000. Other basic labs are within normal limits. She has a history of depression, and alcoholism. She reports that she will not take any medications for either HIV or her mental health diagnosis. She reports feelings of sadness and hopelessness. On further exploration, she reports she served in Afghanistan during OEF. On your inquiry, she reveals she was sexually assaulted by a fellow officer during her service.

Case Study Questions

- What screenings are appropriate?
- What cultural factors may affect your communication and relationship with this patient?
- What strategies can you use to support effective communication?
- How can you engage her in the treatment planning process?

Summary

- Military culture has distinct core values, which service members embrace from day one of training
- Military service results in unique stressors both at time of deployment and after
- Veterans with HIV experience similar challenges to other veterans including homelessness, substance use, mental health disorders including PTSD, MST

Facilitating Culturally Competent Care

- Knowledge about cultural values and beliefs of the veteran patient and applying that understanding in a health context.
- Incorporate an understanding of the needs of the veteran patient population and designs services accordingly.
- Culturally accessible service delivery, in essence, “opens the door” to services for all veteran patients.

Final Thoughts.....

- To care for someone I must know who I am
- To care for someone I must know who the other is
- To care for someone I must be able to bridge the gap between myself and the other

Additional Resources- For Patients

- www.va.gov
- Veterans Crisis Line: 1-800-273-8255 (press 1)
- VA Health Care eligibility
 - <http://www.va.gov/healthbenefits/apply/>
 - 1-877-222-VETS (8387)
- MakeTheConnection.net– first hand stories from veterans who have dealt with substance use/mental health

Additional Resources- For Providers

- www.va.gov-- contains information for providers on myriad topics including HIV, HCV, mental health
 - www.hiv.va.gov
- 2010: Understanding the Military: The Institution, the Culture, and the People. Excellent brief review of military basics.
 - http://partnersforrecovery.samhsa.gov/docs/military_white_paper_final.pdf
- Provider pocket card for veteran care (includes screening questions):
 - <http://www.va.gov/oaa/pocketcard/>



AETC-NMC

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National Multicultural Center

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