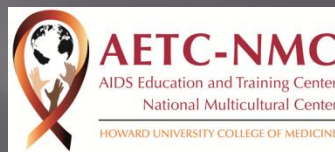


The AETC-NMC Webinar entitled:

“Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care within Homeless Communities”

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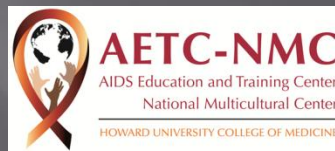


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# Upcoming AETC-NMC Webcasts! Beginning Spring 2013

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

Cultural Competence: Strengthening the Clinicians Role in Delivering Quality HIV Care to *People with Disabilities*

Cultural Competence: Strengthening the Clinician's Role in Delivering Quality HIV Care within *Asian and Pacific Islander (API) Communities (Burmese)*

# Visit the AETC-NMC Website!

[www.aetcnmc.org](http://www.aetcnmc.org)



The screenshot shows the AETC-NMC website interface. At the top is the logo, which features a red ribbon with a globe inside, followed by the text "AETC-NMC AIDS Education and Training Center National Multicultural Center". To the right of the logo, it says "Howard University College of Medicine". Below the header is a banner image showing a group of healthcare professionals in a clinical setting. Under the banner is a navigation bar with links: "Home | A-Z List: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z | Search".

On the left side, there is a red sidebar menu with the following links: "Home", "Center Resources" (with sub-links: "eLibrary", "Newsletter", "Products/Publications", "Technical Assistance", "Training", "Upcoming Events", "Webinars"), "Search", "About Us", and "Contact Us".

The main content area has a heading "Ensuring Cultural Competence in HIV-Focused Healthcare". Below this is a large blue box with the text "Webinars/Webcasts Your Choice: Tune-In or Join-In". Underneath this box is a row of buttons: "Promising Practices", "eNews", "Webinars/Webcasts" (which is highlighted), "Training Resources", and "eLibrary".

Below the buttons, there is a welcome message: "Welcome to the AIDS Education and Training Center National Multicultural Center (AETC-NMC) at Howard University College of Medicine." followed by a paragraph: "The Center is part of the clinical training arm of the Ryan White HIV/AIDS Program as reauthorized in the Ryan White HIV/AIDS Treatment Extension Act of 2009."

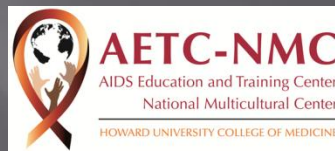
At the bottom right, there is a red and orange box with the heading "What's NEW" and a sub-heading "New Tutorial Feature".

# What Are Your Cultural Competency Training Needs?

Take our online survey and let us know!

Please use the following link at your leisure.  
(<http://aetcnec.virtualforum.com/nmc/>)

Your responses are greatly valued and will be used to help ensure Cultural Competence in HIV/AIDS focused health care delivery nationwide!



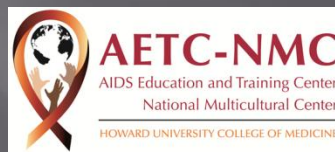


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# View our AETC-NMC Newsletter Series on our website. [www.aetcnmc.org](http://www.aetcnmc.org)



AIDS Education and Training Center  
National Multicultural Center

HOWARD UNIVERSITY COLLEGE OF MEDICINE

August 2012  
Volume: 2 Issue: 4

## AETC-NMC NETWORK e-NEWS

*Your Connection to Ensuring Cultural Competence in HIV Focused Healthcare*

### AETC-NMC APPROACH TO CULTURAL COMPETENCE: A Key Factor to the Reduction of HIV Disparities

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 shows a disproportionate incidence of illness and death across multiple diseases within these groups (Srivastava, 2007). Health care providers' attitudes can impact the ability of minorities who are living with HIV to seek or use health care services.

Cultural competence has gained attention as one possible strategy to improve quality and ultimately eliminate racial/ethnic and other cultural disparities in health care. The clinician who understands that beliefs about disease, health, and perceived causes of sickness stem, in part, from an individual's culture will understand that effective health care service providers are responsive to, and respectful of, cultural and linguistic needs. This understanding is critical to the practice of cultural competence.

Nationwide, HIV/AIDS occurs disproportionately across racial/ethnic, gender, and sexual orientation groups. Factors contributing to these disparities include

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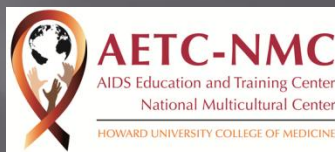


# Do you know the incidence and prevalence of HIV in the county in which you practice?

**Visit our website and access the HIV/AIDS Atlas and find out!**



[www.aetcnmc.org](http://www.aetcnmc.org)



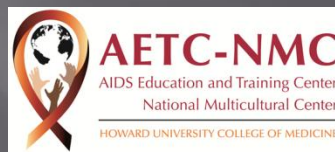


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will begin shortly.

Kindly enjoy the following informative slides while you wait for the presentation to begin.....



# Don't Forget.....

Remember to take your CME post-test evaluation at the end of this webcast to receive your free credits.

....Listen for announcements at the conclusion of the webcast on how to complete your post-test.

# Upcoming AETC-NMC Webcasts!

## Beginning Spring 2013

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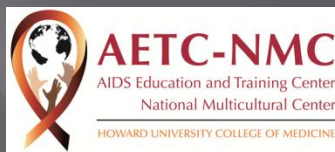
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The AETC-NMC Webinar entitled:

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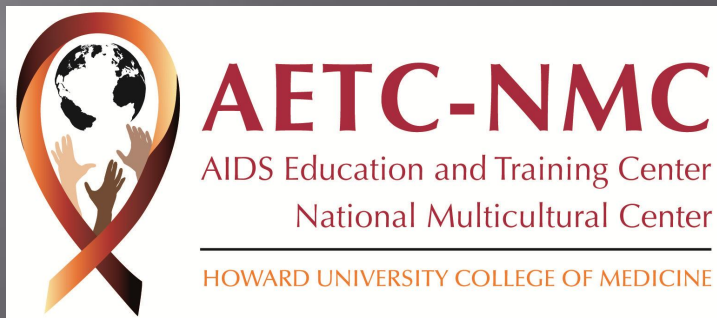
will begin shortly.

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

Presented by:  
Corey Beauford, LICSW  
Inspired Consulting





# Objectives

By the end of this training, participants will be able to:

- Identify factors that contribute to homelessness among people living with HIV/AIDS
- Understand barriers that homeless people living with HIV/AIDS face when attempting to access quality medical care
- Understand strategies for providing quality HIV/AIDS care to persons who are homeless or at risk of becoming homeless.

# Definition of Homelessness

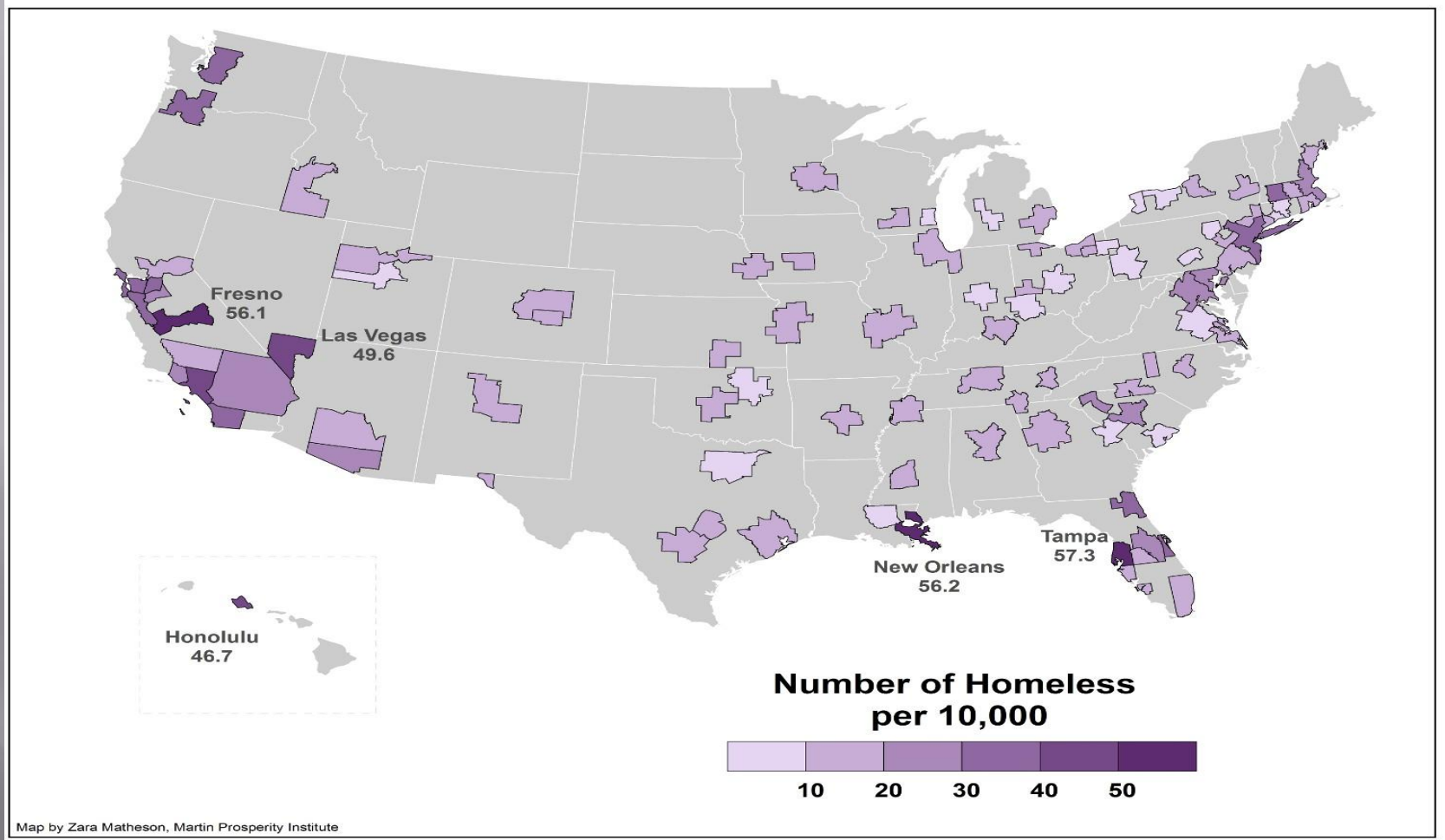
An individual without permanent housing who may:

- live on the streets;
- stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle;
- or in any other unstable or non-permanent situation

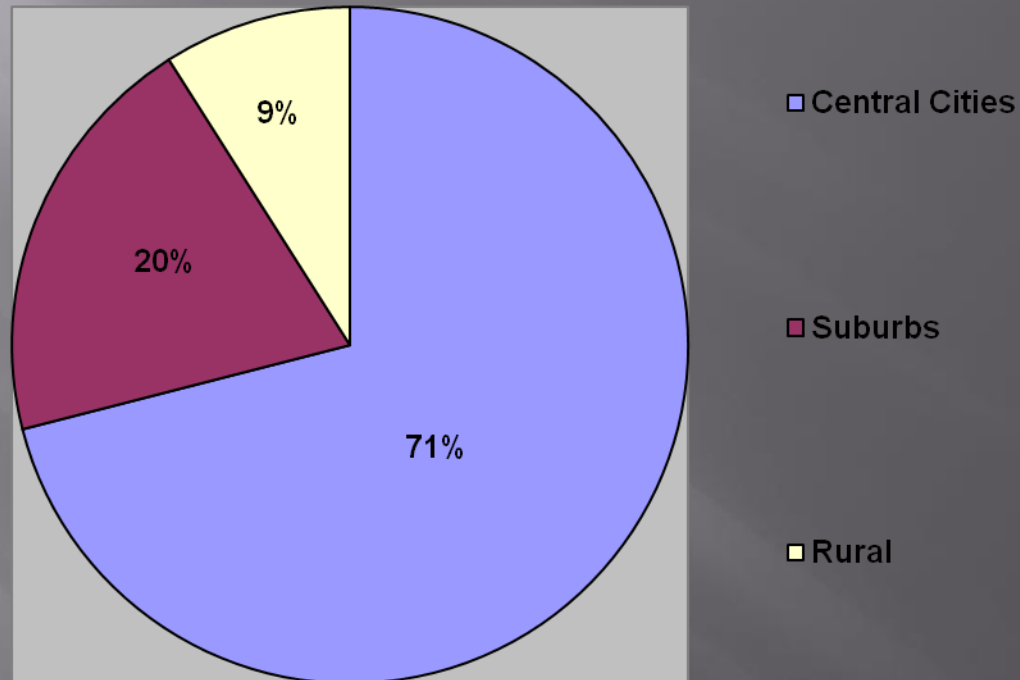
Recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.

([www.nhchc.org/practiceadaptations.html](http://www.nhchc.org/practiceadaptations.html))

# Homelessness in the United States



# Where do the Homeless Reside?



(National Resource Center on Homelessness and Mental Illness, 2010)

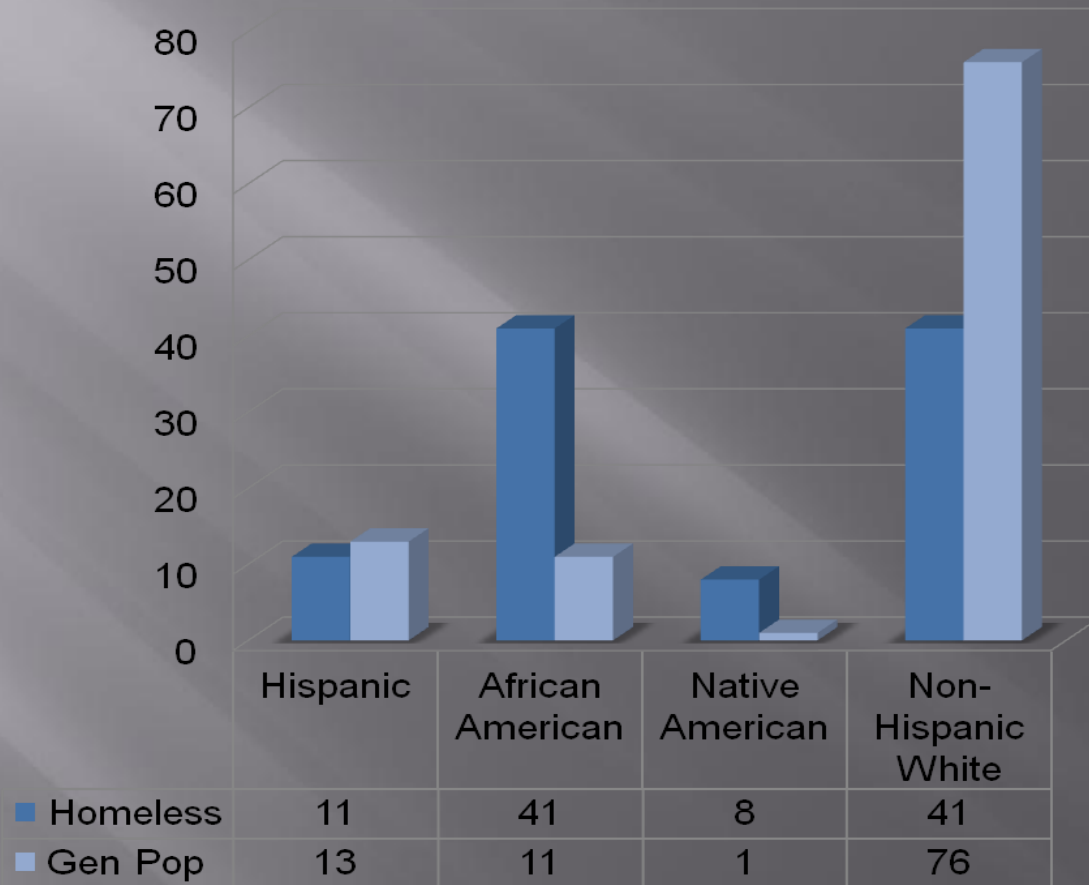
# Who Is Homeless?

- ❑ 66% - single adults
  - 75% of these are men
- ❑ 11% - parents with children
  - 84% of these are single women
- ❑ 23% - children under 18 with a parent
  - 42% of these are under age 5

(National Resource Center on Homelessness and Mental Illness, 2010)



# Who is Homeless?



(National Resource Center on Homelessness and Mental Illness, 2010)

# Epidemiology of HIV and Homelessness in the United States

- ❑ 3.4% of homeless are HIV+ vs. 0.4% of the general population
- ❑ 33-50% of PLWHA are homeless or at-risk of becoming homeless.

(Centers for Disease Control and Prevention, 2008)  
(National Alliance to End Homelessness, 2006)

# Factors That Increase the Risk of Homelessness for Persons Living with HIV/AIDS

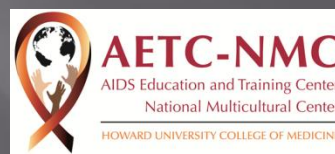
- ❑ Job Loss
- ❑ History of Mental Illness/Substance Abuse
- ❑ Lack of Affordable Housing
- ❑ Domestic Violence

(Housing Works, 2011)

# Factors that can Exacerbate HIV-Related Health Complications for Persons who are Homeless

- ❑ Chronic substance abuse
- ❑ Unsafe sexual practices
- ❑ IV drug use - HCV and TB
- ❑ Psychological distress
- ❑ Depression - medication adherence

(National Alliance to End Homelessness 2006)



# Factors that Exacerbate HIV-Related Health Complications For Homeless Persons Living with HIV/AIDS

- ❑ Food insecurity
- ❑ Lack of access to food storage and cooking facilities
- ❑ Inadequate rest

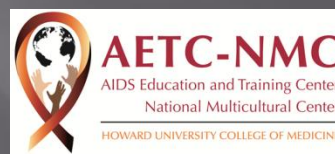
(National Health Care for the Homeless Coalition, 2010)



# Groups vulnerable to becoming homeless and HIV+, or to consequences of being homeless and HIV+

- ❑ Youth
- ❑ LGBT Youth
- ❑ Transgender People
- ❑ Women
- ❑ Immigrants

(National Health Care for the Homeless Coalition, 2010)



# HIV and Youth

In 2010

- ❑ 13-24 YO- 25.7% of all new HIV infections.
    - 82.8% males
    - 57.4% African American
    - 19.6% Latinos
    - 19.5% whites
  - ❑ Males- 87.1% through sexual contact with other males
  - ❑ Females- 85.7% through heterosexual contact
  - ❑ Most youth (59.5%) don't know
- Only 34.5% tested

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm61e1127a1.htm>)

# Strategies for Addressing the Needs of Youth who are HIV+ and Homeless

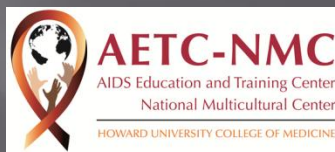
Assist youth by:

- Establishing a healthy support network
- Educating them about safer sex practices
- Case management - medication adherence counseling
- Offering individual and group therapy

Program Highlights:

- ❑ Metro Teen AIDS and Sexual Minority Youth Assistance League (SMYAL)

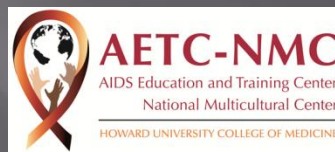
(Healthcare of the Homeless Clinicians Network, National Health Care for the Homeless Council, 2008)



# Why Are So Many LGBT Youth Becoming Homeless?

- ❑ 20% of homeless youth are LGBT
- ❑ Family conflict and rejection
- ❑ Sexual Assault (7.4 times more likely than among heterosexual youth)
- ❑ Domestic Violence

(National Gay and Lesbian Task Force Policy Institute; National Coalition for the Homeless, 2006)



# Impact of Homelessness on LGBT Youth

Homelessness among LGBT youth can lead to:

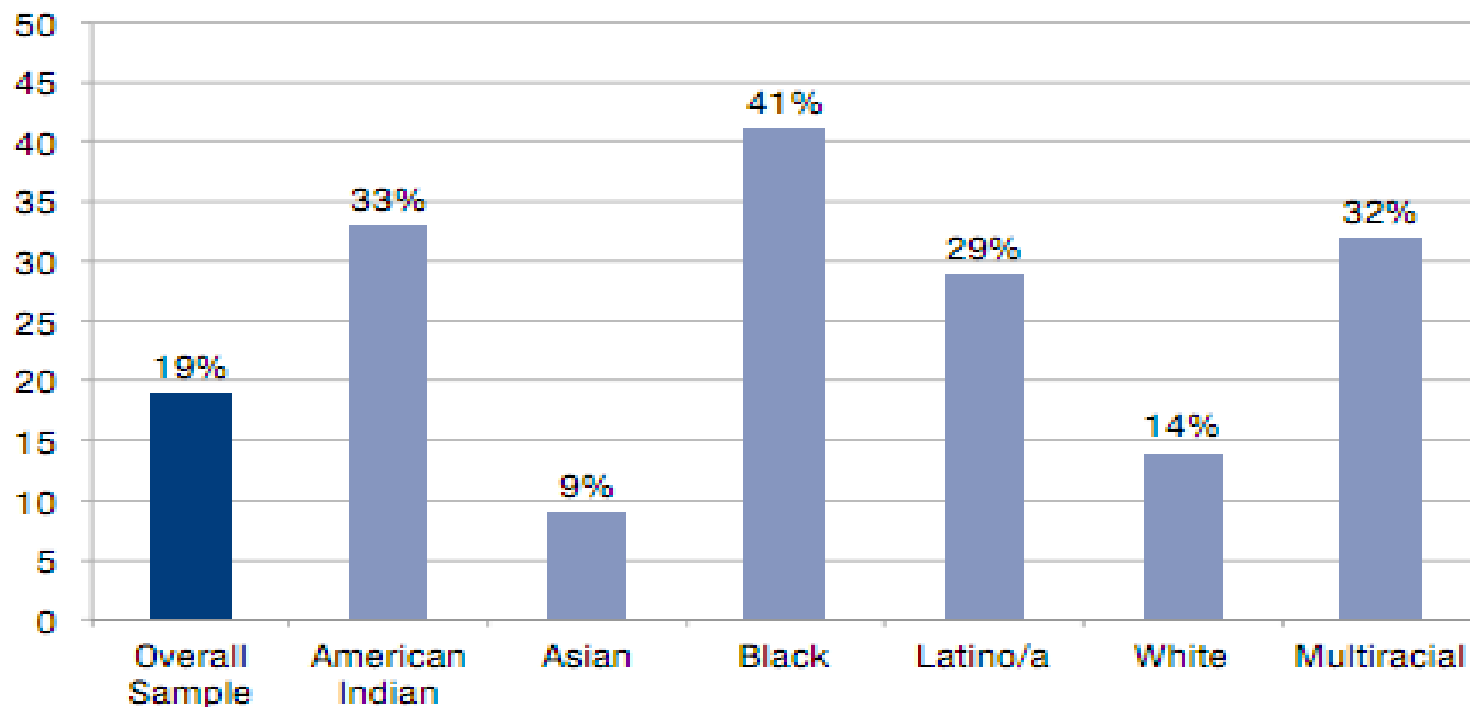
- Mental Health Issues
- Substance Abuse
- High-Risk Sexual Behavior

(National Gay and Lesbian Task Force Policy Institute: National Coalition for the Homeless, 2006)



# Rates of Homelessness Among Transgender People who are HIV+

"I became homeless" by Race

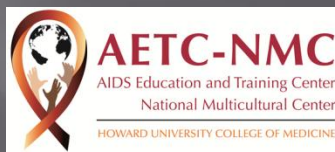


(National Resource Center on Homelessness and Mental Illness, 2010)

# Factors that Contribute to Homelessness for Transgender People who are HIV+

- ❑ Housing and employment discrimination.
- ❑ Challenges with maintaining gainful employment
- ❑ Lack of formal education

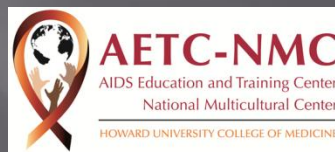
(Transgender Foundation of America, 2011)



# Strategies for Addressing the Needs of Transgender People who are Homeless and HIV+

- ❑ Specialized support services and networks
- ❑ Educate staff about needs of transgender people who are HIV+
- ❑ Culturally sensitive care
- ❑ Peer support and mentoring

(Healthcare of the Homeless Clinicians Network, National Health Care for the Homeless Council, 2008)



# Case Study One

*Ja'net is a 22 year old male to female transgender who is HIV+. Ja'net dropped out of school in the 10<sup>th</sup> grade and moved from her small midwestern hometown to Los Angeles 5 years ago after her family rejected her for her gender identity issues. When Ja'net first arrived in Los Angeles, she found work at a string of diners and fast food restaurants but was not able to earn enough money to adequately support herself. She was subsequently fired from each of her jobs. She think this was due to stigma and discrimination related to her gender identity. Ja'net's support network consists of other transgender people who work as sex workers. Her consumption of alcohol has escalated from use to abuse and she has started drinking more to cope with feelings of depression related to her financial status and being estranged from her family.*

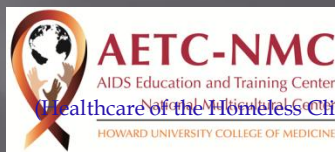
# Women, HIV and Homelessness

- ❑ High prevalence of domestic violence history
- ❑ 26% of homeless women report engaging in survival sex
- ❑ May perceive condoms as a sign of distrust
- ❑ Often subordinate their health care needs to their children's

# Strategies for Addressing the Needs of Women who are Homeless and HIV+

Recommended psychosocial interventions include:

- Support groups
- Assistance with obtaining child care
- Assess for trauma
- Referring to same-sex physicians, shelters and transitional housing programs (family shelters for women with children)



# Case Study Two

*Precious is a 34-year-old African American woman who was diagnosed with HIV seven years ago. Precious is also a single mother and is raising two children, ages 16 and 9. Recently, Precious was hospitalized on three separate occasions for HIV-related complications. Precious has missed numerous days from her job and is in danger of being terminated. Precious often fails to follow up with her doctor or attend regularly scheduled medical appointments due to conflicts with her work schedule and her inability to afford expensive copays. Precious and her children live in Washington, DC, a city that has the 5<sup>th</sup> highest cost of living in the country. It is often difficult for Precious to pay rent and provide food and clothing for her children.*



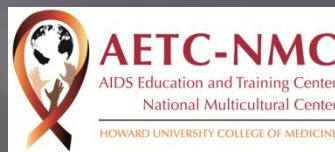
# HIV and Immigrants

An immigrant is a person who lives in the US and was born in another country.

Immigrants make up about 13% of the US population.

- 16.2% (30,995) of people diagnosed with HIV/ AIDS between 2007-2010 were immigrants.
- 39.4 % of HIV diagnoses in immigrants were attributed to heterosexual contact, compared to 27.2% among those born in the U.S.
- 42.2% - Hispanics who are HIV+ are immigrants.
- 64.3% - Asians who are HIV+ are immigrants
- 3.3% - whites who are HIV+ are immigrants
- 10.0% - blacks who are HIV+ are immigrants

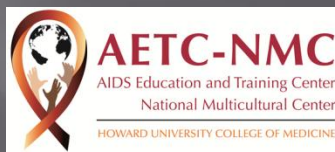
(doi:10.1001/JAMA.2012.9046. Available pre-embargo to the media at <http://media.jamanetwork.com>)



# Strategies for Addressing the Needs of for HIV+ Homeless Immigrants

- Culturally appropriate care
  - BESAFE
- Assistance with legal services
- Ensure confidentiality

(Healthcare of the Homeless Clinicians Network, National Health Care for the Homeless Council, 2008)



# Cultural Competence

## AETC-NMC **BESAFE** Model:

- Barriers to Care
- Ethics
- Sensitivity
- Assessment
- Facts
- Encounters

# Case Study Three

*Mario is a 16-year-old Latino youth who is HIV+. He has been homeless for the last two years. Mario immigrated to the United States in 2010. His boyfriend of one year recently died of HIV/AIDS. Mario is not a legal citizen and speaks very little English. He does not have a stable source of income, does not have insurance, is not taking antiretroviral medications, and has not seen a doctor in over one year. He fears being deported if he reports his status to a doctor or social worker.*

# So Others Might Eat Study

- ❑ Sought to make services more accessible to patients who are homeless and living with HIV/AIDS.
- ❑ Paradigm shift from viewing patients as non-compliant to assessing barriers to care.
- ❑ Adapted services to patients' needs.
- ❑ Move towards engaging patients, retaining patients and establishing a “medical home” for patients who are homeless and HIV+

(American Journal of Public Health, American Public Health Association 2009)

## Case Study One, Part 2

*At the urging of her friends, Ja'net began supporting herself through sex work. She has not seen her primary doctor in over nine months and during that time has not taken her medication. She cites that she does not feel comfortable with her doctor and that, "He does not understand my unique needs as a transgender woman." Ja'net reports that the receptionist at the doctor's office once referred to her a "she-male" and insists on referring to her as "he" or "him".*

*Ja'net is unaware that during the past 3 months her CD4 count has decreased from 1,100 and is now 550 and her viral load has increased from 2,200 to 6,500copies/mL. She missed her last appointment and has currently run out of her medications.*

# Health Impacts

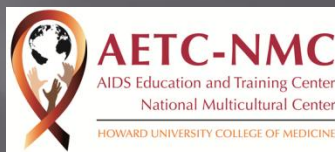
- ❑ People who are homeless have higher rates of illness and chronic diseases than the general population.
- ❑ The impact of HIV/AIDS on a person's immune system makes homelessness a serious health risk.
- ❑ Homelessness makes obtaining and using common HIV/AIDS medications more difficult.



# Adaptations to Practice

- Assess HIV Treatment Readiness
- Histories: - Homelessness, detention/ incarceration, behavioral health, abuse, work, etc
- Treatment Advocates
- Flexible Appointment Times
- Establishing Medical Homes
- Simplify Regimen
- Include HIV Specialist - Clinical Team

(Health Care for the Homeless Clinician's Network 2006)



# The Social Work Response

- Provide care coordination services
- Address possible alcohol/drug use
- Assess literacy level
- Assess for mental health and substance abuse issues

# The Social Work Response

- Update contact information at each visit
- Advocate for increased housing opportunities
- Provide individual and group therapy – peer support
- Provide adherence counseling

# The Role of Case Management

Case managers can assist patients who are HIV+ and homeless by:

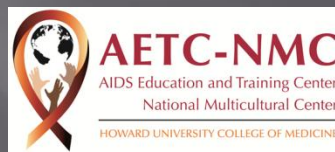
- Applying for Ryan White-funded programs
- Accompanying clients to appointments
- Providing assistance with completing entitlement applications
- Linking clients to short- and long-term housing resources
- Assisting clients with obtaining emergency financial, transportation, and medical resources

# Strategies for Physicians

Physicians should discuss with social workers and case managers about patients':

- Current living situation
- Prior homelessness
- Social history
- Incarceration history
- Assess medication storage options
- Abuse history

(Healthcare of the Homeless Clinicians Network, National Health Care for the Homeless Council, 2008)



# Psycho-educational Treatment

Educating newly and previously diagnosed clients about issues such as:

- Medication adherence
- Medical regimen adherence
- Safer sex practices
- Food security and nutrition
- Mental health coping tools

# Resources

## ❑ AIDS Education and Training Center – National Multicultural Center Howard University, College of Medicine (AETC-NMC)

- The center represents a national network of clinicians, educators and trainers with expertise in Cultural Competency and the management of HIV/AIDS.

## ❑ US Department of Housing and Urban Development, Office of HIV/AIDS Housing

- The Office administers the Housing Opportunities for Persons with HIV/AIDS (HOPWA) program.

## ❑ AIDS Drug Assistance Programs (ADAP)

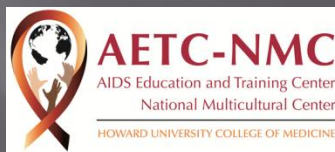
- These are a set of programs in all 50 States in the U.S. that provides FDA-approved treatments drugs to low-income patients in the U.S.

## ❑ National Coalition for the Homeless

- Provides resource and referral list

## ❑ Medicaid Transportation

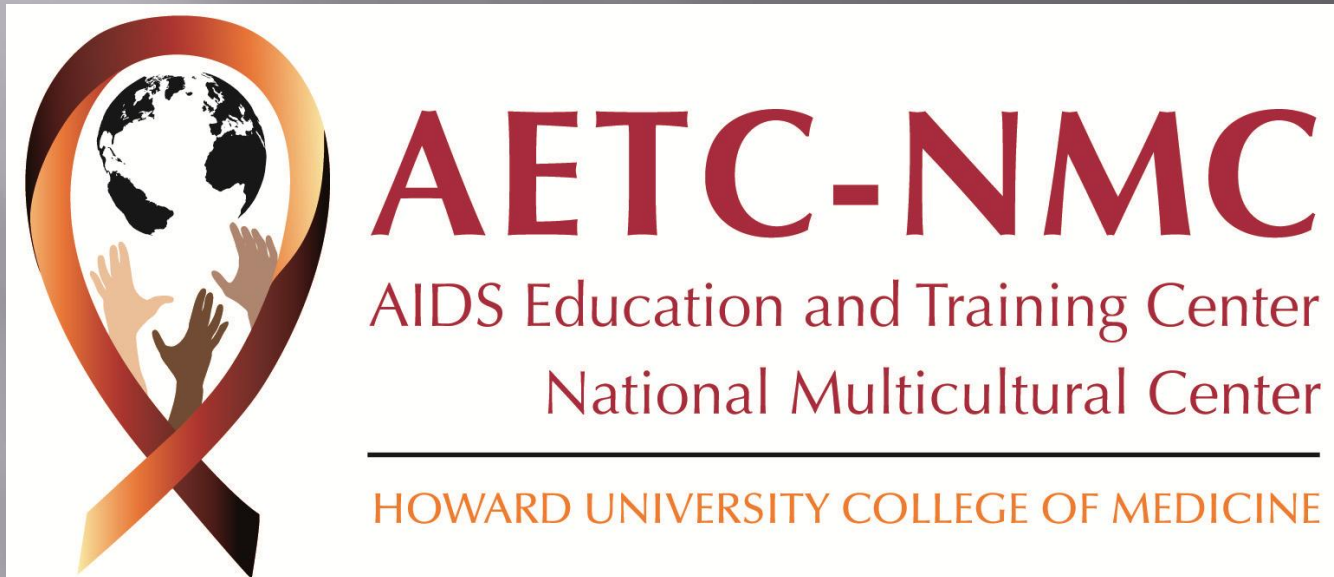
- Medicaid pays for transportation to scheduled medical appointments for people who are insured.





# Works Cited

- ❑ Please go to [www.aetcnmc.org](http://www.aetcnmc.org) for a complete bibliography of works cited.



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