Retention in Care 1: Best Practices of Cultural Competency for Persons Living with HIV/AIDS, Persons in Recovery and People at Risk

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Disclaimer:

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Disclosure

The faculty:
Cindy Crusto, Ph.D., and David Salinas M.P.H, have no financial interests to disclose.
Learning Objectives

At the end of this session, grantees will be able to:

• Understand the impact of differences in retention in HIV care by race/ethnicity

• Identify best practices in cultural and linguistic competence enhancement

• Discuss frameworks for training agency staff across all levels to serve diverse groups

• Discuss strategies and interventions to reduce multiple barriers faced by PLWH in culturally diverse communities
IMPACT OF DIFFERENCES IN RETENTION IN HIV CARE BY RACE/ETHNICITY

Racial and Ethnic Disparities in Health and Health Care

- Racial or ethnic differences in the quality of healthcare exist even when insurance status, income, age, and severity of conditions are comparable

What Accounts for Racial/Ethnic Disparities in Health Care?

- Patient level factors
- Health systems
- Clinical encounter
  - Provider interactions
  - Respect
  - Racism
  - Patient perspectives

HIV/AIDS Specific Data
BEST PRACTICES IN CULTURAL AND LINGUISTIC COMPETENCE ENHANCEMENT

Cultural Competence Defined

• “Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or professional and enable that system, agency or professional to work effectively in cross-cultural situations.” (Cross et al., 1989)

• Cross et al. (1989) emphasized three critical elements in this model of cultural competence: 1) self awareness; 2) culture-specific knowledge; and 3) skills promoting effective socio-cultural interactions by an individual

Culturally and Linguistically Appropriate Services (CLAS) Defined

- Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact.
Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Purpose: To provide a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.
CULTURAL COMPETENCY TRAINING FRAMEWORKS
TABLE 1: Components of Cultural Competence

<table>
<thead>
<tr>
<th>Belief/Attitude</th>
<th>Knowledge</th>
<th>Skill</th>
</tr>
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<tbody>
<tr>
<td>1. Aware and sensitive to own heritage and valuing/respecting differences.</td>
<td>1. Has knowledge of one's racial/cultural heritage and how it affects perceptions.</td>
<td>1. Seeks out educational, consultative, and multicultural training experiences.</td>
</tr>
<tr>
<td>2. Aware of own background/experiences and biases and how they influence psychological processes.</td>
<td>2. Possesses knowledge about racial identity development.</td>
<td>2. Seeks to understand self as racial/cultural being.</td>
</tr>
<tr>
<td>3. Recognizes limits of competencies and expertise.</td>
<td>Able to acknowledge one's racial attitudes, beliefs, and feelings.</td>
<td>3. Familiarizes self with relevant research on racial/ethnic groups.</td>
</tr>
<tr>
<td>4. Comfortable with differences that exist between themselves and others.</td>
<td>3. Knowledgeable about one's social impact and communication styles.</td>
<td>4. Involved with minority groups outside of work role: community events, celebrations, neighbors, and so forth.</td>
</tr>
<tr>
<td>5. In touch with negative emotional reactions toward racial/ethnic groups and can be nonjudgmental.</td>
<td>4. Knowledgeable about groups one works or interacts with.</td>
<td>5. Able to engage in a variety of verbal/nonverbal helping styles.</td>
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<tr>
<td>6. Aware of stereotypes and preconceived notions.</td>
<td>5. Understands how race/ethnicity affects personality formation, vocational choices, psychological disorders, and so forth.</td>
<td>6. Can exercise institutional intervention skills on behalf of clients.</td>
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<td>7. Respects religious and/or spiritual beliefs of others.</td>
<td>6. Knows about sociopolitical influences, immigration, poverty, powerlessness, and so forth.</td>
<td>7. Can seek consultation with traditional healers.</td>
</tr>
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NOTE: Adapted from D. W. Sue, Arredondo, & McDavis (1992).

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Examples of Cultural Competency Training

- **Awareness/Belief/Attitude**
  - Learn about your own culture (lens through which you see world)
  - Implicit bias
  - Examining, understanding, and recognizing personal biases, stereotypes
  - Cultural beliefs in the clinical encounter

- **Knowledge**
  - What are health and health care disparities?
  - Cultural and Linguistic Competence 101
  - Diversity 101
  - Knowledge of people from different cultures
  - How to locate and work with interpreters and translators
Examples of Cultural Competency Training (cont’d)

• Skills
  • Negotiating differences
  • Cross-cultural communication
  • Conducting the Cultural Formulation Interview

Diversity Officer Magazine. What is Cultural Competence & How is it Measured?
http://diversityofficermagazine.com/cultural-competence/what-is-cultural-competence-how-is-it-measured-2/

Cultural and Linguistic Competence at Different Levels

• Individual

• Organizational

• Structural
HIV-RELATED STIGMA (AND DISCRIMINATION)

HIV-related Stigma and Discrimination

• What is HIV-related stigma?

• What is discrimination?

• What are the different types of stigma and discrimination that PLWA experience?

• What does the research tell us about how stigma and discrimination impact engagement and retention in HIV services and care?

Intersectionality

PLWV and Multiple Health Care Issues

integration.samhsa.gov
Resources/References


Resources/References – cont’d.

Sunrise Community Counseling Center, Inc. (SCCC):

- Is a community-based substance misuse and mental health service provider organization with over 40 years of experience.
- Delivers a multi-faceted range of services including substance use disorder prevention and treatment, domestic violence intervention, treatment for sexual misuse perpetrators and victims, and co-occurring diagnosis and treatment.
- Serves the residents of Service Planning Area (SPA) 4/Metro area of Los Angeles, California.
SPA 4 race/ethnicity profile (2017):
• 51.8% Hispanic or Latino
• 24.8% as White
• 17.9% as Asian
• 5.2% as Black or African American
• 0.2% as American Indian or Alaskan Native, and 0.1% as Pacific Islander
• Families are primarily first generation immigrant families from Central America and Mexico and second- and third-generation Mexican American families

Proyecto Buena Vida / Project Good Life (PBV/PGL)

PBV/PGL is an out-patient program that offers integrated behavioral health services coupled with HIV and viral hepatitis (VH) prevention and treatment services.

Services include:
• HIV/VH screening and treatment; Hepatitis A and B vaccination
• 12 weekly sessions of individual and group CBT sessions
• Followed by 12 weeks of Assertive Continuing Care/Community Reinforcement Approach individual counseling
• Case management
SCCC Staff:

- Are bilingual, trilingual, and bi/tri-cultural professionals
- Are from Brazil, Peru, El Salvador, and Mexico, or second generation immigrants
- Highly culturally sensitive

PBV/PGL participants demographic profile:

- 169 participants
- Gender: 33% male, 66% female, 1% transgender, 1% MSM
- Ethnicity: Hispanic 88%, 12% non Hispanic
- Background: Mexican 57%, Central American 35%
- Age: 18-24 18%, 25-34 32%, 35-44 32% 45-54 16%, 55-64 4%
- Education: <12th grade 62%, 12th/GED 19%, some college/college 12%
PBV/PGL participants presenting issues:

- Family conflicts due to issues with adjustment
- Depression, Postpartum Depression
- Current substance misuse
- PTSD and anxiety
- Complex trauma, including trauma related to experiences with immigration
- Victims of domestic violence
- Victims of sexual and/or physical assault

PBV/PGL Recruitment:

SCCC has multiple referral sources, including:

- LA Department of Child and Family Services – social workers
- Criminal courts – probation officers
- Family Resources Centers
- Local health fairs
- Local schools
- Self-referred
PBV/PGL Retention Strategies:

- Demonstrate cultural sensitivity
  - Speak their language, understanding variation in Hispanic/Latino culture, have culturally diverse staff
- Build rapport and establish trust
- Maintain open and flexible appointment schedule
- Demonstrate cultural empathy
- Validate participant’s experiences
- Leverage social workers and probation officers
- Offer case management

PBV/PGL Retention Challenges:

- Overcoming cultural bias about behavioral health counseling
- Working around participant’s schedule (i.e., multiple jobs, child care needs)
- Transportation issues
- Participants’ challenges in communicating and building trust
- Active substance use, and related risk behaviors
- Level of care needed (i.e., illness severity)
Questions

Contact Us

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Next Webinar

Tuesday, May 23, 2017

Retention in Care 2:
Best practices in trauma informed care for PLWH,
in recovery and people at-risk
1:00-2:00 PM ET

Onsite Trainings for MAI-CoC Grantees

- Motivational Interviewing
- Using GPRA/TRAC Data for Program Sustainability
- Trauma-Informed Care
- Whole Health Action Management
- SBIRT
- Integrated Practice Assessment Tool (IPAT) Consultation and Planning
- Medication Assisted Treatment 101
- Achieving Cultural Competence in Behavioral Health and HIV Service Delivery
- Case Management to Care Management Training
- Mastering Supervision
- Staff Wellness

https://form.jotform.com/63356260032952

Contact: integration@thenationalcouncil.org
For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail integration@thenationalcouncil.org

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