Culturally Appropriate Engagement and Service Delivery with Latino/as

Enhancing Linkage and Retention to HIV Primary Care – including a Transnational Case Study for Puerto Ricans

Webinar 1

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Introduction and Welcome

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Agenda

Webinar 1:
» Curriculum Purpose, Overview, and Target Audience
» Curriculum Module I: Increasing Health Care Utilization Among Latino/a HIV Patients
  ▪ Key Concepts:
    - Cultural Competence
    - Transnationalism
    - The Socioecological Model
    - Understanding Latino/a Culture
  ▪ The Cultural Formulation Framework
  ▪ Transnationalism in HIV Care
  ▪ The DECIDE Model
  ▪ Shared Decision Making
The curriculum serves as a guide for health and social service providers to improve engagement and retention to care among Latino/a individuals living with HIV and a history of criminal justice involvement.

**Overall Learning Goal**

To enhance HIV primary care linkage, retention, and care coordination among justice-involved Latino/a (Puerto Rican) individuals living with HIV.

- To reduce HIV-related morbidity and mortality
- To reduce HIV incidence
The overall curriculum consists of three modules:

» **Module I:** Increasing Health Care Utilization Among Latino/a HIV Patients

» **Module II:** Overview of HIV/AIDS among Latino/As

» **Module III:** Incarceration and HIV Among Latino/As: Interconnected Epidemics

**Module I** addresses issues of cultural competency and introduces four provider-level strategies aimed at improving the cultural appropriateness of care for Latino/as living with HIV.
The curriculum target audience is health and social welfare providers (broadly defined) and is designed to support culturally appropriate engagement and retention in HIV primary care among Latino/a individuals living with HIV with a history of criminal justice involvement.
Self Reflection

Take a moment to consider...

Q: How do you define culturally appropriate care?

Q: How does culture influence how you work with clients/patients?
Module I: Increasing Health Care Utilization among Latino/a HIV Patients
Key Concepts
Cultural Sensitivity:
“Cultural sensitivity begins with a recognition that there are differences between cultures. These differences are reflected in the ways that different groups communicate and relate to one another, and they carry over into interactions with health care providers.”

Cultural Competence:
“Knowledge and understanding of another person’s culture; adapting interventions and approaches to health care to the specific culture of the patient, family, and social group.”
- Stedman’s Medical Dictionary for the Health Professions and Nursing, 2012.
Cultural competence is critical to reducing health disparities and improving access to high-quality health care.

Cultural competence is associated with better patient-provider communication:

- Increased treatment adherence
- Higher patient satisfaction
- Overall improvement in health behaviors and outcomes
Transnationalism

Processes by which immigrants forge and sustain *multi-stranded relations* that link their societies of origin and settlement. Transnationalism impacts *migrants’ cultural reference points* and sources of emotional and practical support, discrimination, social stigma, beliefs about health, access to health care and health care practices.
Puerto Ricans, all of whom hold U.S. citizenship, undergo a unique transnational experience as they travel between Puerto Rico and the Continental U.S., commonly referred to as the “air bridge.”

Cross-border activities between Puerto Rico and the Continental U.S. shape transnational Puerto Ricans’ identity. These influences may carry over to second- and third-generation Continental U.S.-born Puerto Ricans.
Since Hurricanes Maria and Irma in 2017, an estimated 135,000 Puerto Ricans have relocated to the Continental U.S. Estimates predict that Puerto Rico may lose up to 14% of its population as a result of hurricane-related migration.

The significantly accelerated post-hurricane migration from Puerto Rico to the Continental U.S. impacts the long-standing transnational dynamics in the Puerto Rican community.
Self Reflection

Take a moment to consider…

Q: What are some social environmental factors that may challenge Latinos in engaging in primary care?

Q: What may help Latinos to better engage and stay engaged in HIV primary care?
The socioecological model emphasizes multiple levels of influence and the idea that individuals’ behaviors are shaped by the social environment.

Multi-faceted strategies that incorporate the proximal through distal influences on engagement and retention in care are warranted and sorely needed.
<table>
<thead>
<tr>
<th>Socioecological Levels of Influence&lt;sup&gt;8&lt;/sup&gt;</th>
<th>Individual (Beliefs, Attitudes, Skills, Individual Resources)</th>
<th>Salience, Intention, Patient Decision-making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal (Networks, Social Support, Group Norms)</td>
<td>HIV Support Groups, Provider-Patient Relationship</td>
<td></td>
</tr>
<tr>
<td>Organizational (Clinic Culture, Policies)</td>
<td>Context of Health Care Delivery System</td>
<td></td>
</tr>
<tr>
<td>Community (Social Norms and Values, Availability of Resources)</td>
<td>Community Stigma, Norms, Health Care Access</td>
<td></td>
</tr>
</tbody>
</table>
Understanding Latino/a Culture
Latino/a Culture

» Core Latino/a Cultural Constructs

» Interpersonal Styles
  - Collectivism and Individualism

» Family Structure and Processes
  - Gender Roles

» Religion/Religiosity

» Communication
  - Verbal
  - Non-Verbal
Self Reflection

Take a moment to consider…

Q: In which areas of your clinical practice could cultural differences represent barriers or lead to miscommunication?

Q: In past interactions with Latino/a patients, did cultural differences have an impact on your care delivery?
Core Latino/a Cultural Constructs

**Familismo**: Latino/a attitudes, beliefs, values, and norms regarding the interdependence, attachment, loyalty, and reciprocity that characterize relationships among members of the nuclear family among extended family members.

**Respeto**: the importance of adherence to authority, be it based on age or social position, such as demonstrating respect and responsibility toward elders.

**Personalismo**: The great value Latino/as place upon personal character. In relationships, warmth, trust, and respect form the foundation for interpersonal connectedness, cooperation, and mutual reciprocity.

**Simpatía**: Latino/a cultural practice of familial emphasis on the maintenance of harmony and avoidance of controversy and conflict.
Collectivism vs Individualism

Latino/a Collectivism:
People are interdependent within their in-group (family, nation, etc.), give priority to the goals of their in-groups, shape their behavior primarily on the basis on in-group norms, and behave in an communal way. They are especially concerned with relationships.

U.S. Dominant Individualism:
People are autonomous and independent; they give priority to their personal goals over the goals of their communities, they behave primarily on the basis of their attitudes rather than the norms of their referent groups.

<table>
<thead>
<tr>
<th>Latino/a Collectivism</th>
<th>Dominant U.S. Individualism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group consensus (&quot;we&quot;)</td>
<td>Personal opinion (&quot;I&quot;)</td>
</tr>
<tr>
<td>Omission of truth equates with harmony</td>
<td>Omission of truth equates with dishonesty</td>
</tr>
<tr>
<td>Confrontation not desirable</td>
<td>Confrontation to voice opinion</td>
</tr>
<tr>
<td>Direct language replaced with broader terms (i.e. &quot;maybe,&quot; &quot;let’s see&quot;)</td>
<td>Direct language preferred</td>
</tr>
<tr>
<td>Group identity highly valued</td>
<td>Individual identity highly valued</td>
</tr>
<tr>
<td>Personal identity largely based on inner qualities, self-respect, and respect from others</td>
<td>Personal identity largely based on individual achievements</td>
</tr>
</tbody>
</table>
» Patriarchal structures are common in Latino/a families.

» When facing challenges, Latino/as tend to first rely on family and extended networks instead of formal health services, reflecting their collectivist culture.

» Latino/a individuals place a high value on warm, personal relationships. Earning the respect of others is highly valued and considered a family honor.

Extended Family Networks

- Those related by blood and marriage
- Compadres (godparents)
- Compadrazgo - compadres & comadres (co-parents)
- Hijos de crianza (informally adopted children)
Gender Roles

Marianismo

- Refers to idealized Latina characteristics, such as **virtue**, **humility**, and **spiritual superiority**.
- **Femininity** is emphasized, but female sexuality and sexual feelings are expected to be repressed.
  - This may hinder Latinas from discussing sexual issues and being informed on safe sex (i.e. birth control).
- Women are expected to maintain proper distance from and be **deferent** to men.

Machismo

- Refers to a constellation of attitudes and behaviors that accompany the **leadership** or **decision-making role** that men individually and collectively assume in the home and community.

Adding:**
- Responsible, confident, personable

Subtracting:**
- Aloof, risk-taking, aggressive
### Religious Holiday Celebrations

<table>
<thead>
<tr>
<th>Dates</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 5</td>
<td>Vispera de los Tres Reyes Magos (Eve of Epiphany)</td>
</tr>
<tr>
<td>January 6</td>
<td>Dia de los Tres Reyes Magos (Three Kings Day)</td>
</tr>
<tr>
<td>Week before Ash Wednesday</td>
<td>Carnaval (Carnival)</td>
</tr>
<tr>
<td>First Day of Lent</td>
<td>Miercoles de Ceniza (Ash Wednesday)</td>
</tr>
<tr>
<td>Sunday Before Easter Sunday</td>
<td>Domingo de Ramas (Palm Sunday)</td>
</tr>
<tr>
<td>Palm Sunday through Easter</td>
<td>Semana Santa (Holy Week)</td>
</tr>
<tr>
<td>Friday before Easter</td>
<td>Viernes Santo (Good Friday)</td>
</tr>
<tr>
<td>Easter</td>
<td>Domingo de Pascuas (Easter)</td>
</tr>
<tr>
<td>June 24</td>
<td>Fiestas de San Juan (Saint John's Day)</td>
</tr>
<tr>
<td>December 24</td>
<td>Nochebuena (Christmas Eve)</td>
</tr>
<tr>
<td>December 28</td>
<td>Dia de las Mascaras en Hatillo (Day of Innocents)</td>
</tr>
</tbody>
</table>

The majority of Latino/as and Puerto Ricans are Roman Catholics. Religious holidays and celebrations **unify the Puerto Rican community** and are often the focus of family gatherings. Religious holidays are important to note as many Puerto Ricans are unlikely to attend clinic appointments on these days.
Communication: Verbal

Percentage of Latino/as who speak English at home or speak English “very well”

- U.S.-born:
  - 1980: 72
  - 1990: 78
  - 2000: 81
  - 2010: 88
  - 2013: 89

- Foreign-born:
  - 1980: 31
  - 1990: 34
  - 2000: 32
  - 2010: 34

Percentage of Latino/as who speak Spanish at home

- Foreign-born:
  - 1980: 67
  - 1990: 66
  - 2000: 66
  - 2010: 61
  - 2013: 60

- U.S.-born:
  - 1980: 93
  - 1990: 94
  - 2000: 94
  - 2010: 95
  - 2013: 95

Image: Pew Research Center, 2015
» Spanglish, a mix of Spanish and English, is commonly spoken in the Continental U.S. and Puerto Rico.

» Puerto Ricans tend to use a higher pitch, giving the perception that conversations are taken with greater volume (high emotional expressiveness).

» Vocal cues (tone and emphasis on spoken words), accompany the delivery of a language.
### Communication: Non-Verbal

<table>
<thead>
<tr>
<th>Latino/a Culture</th>
<th>Dominant U.S. Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxed attitude toward time</td>
<td>Punctuality highly valued</td>
</tr>
<tr>
<td>Physical contact is common</td>
<td>Physical contact is limited</td>
</tr>
<tr>
<td>Big hand gestures while talking</td>
<td>Subtle hand gestures while talking</td>
</tr>
<tr>
<td>Direct eye contact is avoided</td>
<td>Direct eye contact</td>
</tr>
<tr>
<td>Differing views on personal space</td>
<td>Personal space highly valued</td>
</tr>
<tr>
<td>Interrupting during talk is okay</td>
<td>Interrupting during talk is not okay</td>
</tr>
<tr>
<td>Silence during talk is okay</td>
<td>Silence during talk is not okay</td>
</tr>
</tbody>
</table>

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NYC HEALTH+HOSPITALS

Correctional Health Services
Provider-Level Strategies to Improve Latino/a HIV Care

Cultural Formulation Framework

Transnationalism

The DECIDE Model

Shared Decision Making Strategy

Cultural Competence
The Cultural Formulation Framework
The cultural formulation framework analyzes cultural factors that affect clinical encounters.

» Particularly useful when the service provider does not share the patient’s cultural background.

» Examines cultural boundaries between the patient and the provider.

» Assesses the impact of cultural factors on symptom presentation and health-seeking behaviors.
The cultural formulation framework consists of five steps:

**Step 1:** Cultural identity of the individual

**Step 2:** Cultural explanations of the individual’s illness

**Step 3:** Cultural factors related to psychosocial environment and levels of functioning

**Step 4:** Cultural elements of the relationship between the patient and provider

**Step 5:** Overall cultural assessment for diagnosis and care
Step 1: Cultural Identity

» Individual’s ethnic or cultural reference

» Level of identification with both the culture of origin and the host culture

» Language abilities, use, and preference (including multilingualism)
Step 2: Cultural Explanations of Illness

- Meaning and perceived severity of the symptoms in relation to norms of the reference group(s)
- Local illness categories used to identify the condition
- Perceived causes and explanations used by the individual and reference group(s) to explain illness
- Experiences with health care utilization
Step 3: Cultural Factors of Psychosocial Environment and Functioning

» Culturally relevant interpretations of social stressors, social support, and levels of functioning and disability

» Stressors in the local social environment

» Role of religion and kin networks in providing emotional, instrumental, and informational support
Step 4: Cultural Elements of the Patient-Provider Relationship

» Individual differences in culture and “status” between the patient and provider

» Provider-patient differences may cause challenges in diagnosis and treatment, e.g.:
  ▪ difficulties in eliciting symptoms and understanding their cultural significance
  ▪ determining whether a behavior is normal or representative of illness
Step 5: Overall Cultural Assessment

» Consideration of specific ways in which cultural dimensions influence diagnosis and care, including engagement, adherence, and retention.
Transnationalism in HIV Care
Assessing Health via Transnationalism

A Transnational Assessment helps service providers understand the impact of 5 transnational elements in patient care.

These issues include:
1. Patient Background
2. Travel to and from Country of Origin
3. Sending and Receiving Money
4. Ethnic Identification
5. Discharge Planning
## Transnational Profile Assessment

### 1. Background

<table>
<thead>
<tr>
<th>Transnational Element</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where were you born?</td>
<td></td>
</tr>
<tr>
<td><strong>If in Puerto Rico</strong>, how old were you when you moved to New York (or other places in the continental U.S.)?</td>
<td></td>
</tr>
<tr>
<td><strong>If in Puerto Rico</strong>: Why did you leave Puerto Rico?</td>
<td></td>
</tr>
<tr>
<td><strong>If in the continental U.S.</strong>: Have you ever lived in Puerto Rico? For how long?</td>
<td></td>
</tr>
<tr>
<td>Where were your parents born?</td>
<td></td>
</tr>
<tr>
<td><strong>If in Puerto Rico</strong>: What part of Puerto Rico?</td>
<td></td>
</tr>
<tr>
<td><strong>If in the continental U.S.</strong>: What part of the U.S.?</td>
<td></td>
</tr>
<tr>
<td><strong>If alive</strong>, where are your parents now?</td>
<td></td>
</tr>
<tr>
<td>Where are most of your family and friends?</td>
<td></td>
</tr>
</tbody>
</table>
### Transnational Profile Assessment

2. Travel to and from Puerto Rico

<table>
<thead>
<tr>
<th>Transnational Element</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you travel to and from Puerto Rico?</td>
<td></td>
</tr>
<tr>
<td>Would you like to travel to Puerto Rico more often or less often? Please explain.</td>
<td></td>
</tr>
<tr>
<td><strong>If more:</strong> Why don’t you travel to Puerto Rico more?</td>
<td></td>
</tr>
</tbody>
</table>
### 3. Sending And Receiving Money

<table>
<thead>
<tr>
<th>Transnational Element</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you ever <strong>send</strong> money to family members or friends in Puerto Rico?</td>
<td></td>
</tr>
<tr>
<td><strong>If yes:</strong> Does your decision to send money back home interfere or help your health</td>
<td></td>
</tr>
<tr>
<td>or lifestyle?</td>
<td></td>
</tr>
<tr>
<td>Do you ever <strong>receive</strong> money from family members or friends in Puerto Rico?</td>
<td></td>
</tr>
<tr>
<td><strong>If yes:</strong> What do you spend it on? What is it for?</td>
<td></td>
</tr>
<tr>
<td><strong>If yes:</strong> Does the money you receive from family or friends in Puerto Rico interfere or help your health or lifestyle?</td>
<td></td>
</tr>
</tbody>
</table>
Transnational Profile Assessment

4. Ethnic Identification

<table>
<thead>
<tr>
<th>Transnational Element</th>
<th>Response</th>
</tr>
</thead>
</table>
| **Ethnic Identifier:** How do you prefer to identify yourself? It can be in more than one way.  
*Examples: Puerto Rican, Hispanic, Latino, Nuyorican, Boricua, etc. (use this information when completing the following questions)* |          |
| How does being _________(ethnic identifier) affect your HIV medical care and other services? |          |
| Do you think that because you are _________, you receive different HIV care, treatment or other services? |          |
### Transnational Profile Assessment

#### 5. Discharge Planning

<table>
<thead>
<tr>
<th>Transnational Element</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How serious are you in returning to Puerto Rico at this time? Would you rather be connected to services here in New York City or in Puerto Rico?</td>
<td></td>
</tr>
<tr>
<td>If yes, we can actually help you find services in Puerto Rico. There are agencies that can help you with housing, substance abuse treatment, HIV medical care, and other services.</td>
<td></td>
</tr>
</tbody>
</table>

Thank you!
Self Reflection

Take a moment to consider...

Q: What first comes to mind when you think about cross-cultural situations?

Q: What do you believe is the most significant challenge in health care engagement for those with cross-cultural involvement?
The DECIDE Model
What is DECIDE?²⁰

DECIDE is a model that patients and providers may follow to increase patient activation and self-management of health care utilization.

» Patient activation refers to patient’s acquisition of knowledge and skills that enable them to actively engage in questioning and decision making about their health and treatment.

» Self-management is when patients manage their own health by increasing awareness of factors that could help or hinder their health outcomes.
What is DECIDE?  

DECIDE Model

- Decide the problem
- Explore the questions
- Closed or open-ended questions
- Identify the who, why, or how of the problem
- Direct questions to your health care provider(s)
- Enjoy a shared solution
### How Can DECIDE be Applied?

<table>
<thead>
<tr>
<th>DECIDE the problem</th>
<th>How does the patient describe his problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLORE the questions</td>
<td>What questions would you ask the patient to better understand the circumstances?</td>
</tr>
<tr>
<td>CLOSED or open-ended questions</td>
<td>Is the patient asking closed or open-ended questions?</td>
</tr>
<tr>
<td>IDENTIFY who, why, how of problem</td>
<td>Did the patient address all aspects of his problem?</td>
</tr>
<tr>
<td>DIRECT questions to your health care service provider</td>
<td>How can you provide direct &amp; indirect assistance to the patient’s questions/concerns?</td>
</tr>
<tr>
<td>ENJOY a shared solution</td>
<td>What are the possible solutions from both the patient and the provider?</td>
</tr>
</tbody>
</table>
Shared Decision Making
“A collaborative process that allows patients and their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

“Shared decision making provides patients with the support they need to make the best care decisions for their specific needs while allowing providers to feel confident in the care they prescribe.”
Self Reflection

Take a moment to consider…

Q: What are some barriers to shared decision making?

Examples:
- Provider’s stigma of patient’s illness
- Different patient-provider expectations for treatment
- Inconsistencies between patient and provider on treatment decision-readiness
Shared Decision Making

1. Invite the patient to participate
2. Present the options
3. Provide information on benefits and risks
4. Help the patient evaluate the options based on their goals and concerns
5. Facilitate deliberation and decision-making
6. Assist with implementation

Key Characteristics

A collaborative process that allows patients and their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.

Culturally Appropriate Engagement and Service Delivery with Puerto Ricans

1. Invite the Patient to Participate

Patients may not realize that there is more than one viable option for treatment.

By offering collaboration on treatment decision, **you are letting patients know that they have choices.**

You convey to the patients that their goals and concerns are an important part of the decision-making process.

**Sample language:**

“Sometimes things in health care aren’t as clear as most people think. Let’s work together so we can come up with the decision that’s right for you.”
Before making an informed decision, patients need to know all options available to them.

**Sample language:**

“Here are some choices we can consider.”

“Let’s take a few minutes to review the options you have.”
Give balanced information.

It is also important to check in with patients to make sure that they correctly understand the potential benefits and risks.

**Sample language:**

“Let’s go over the benefits and the risks of the options you’re considering.”

“I want to be sure that I’ve explained things well. Please tell me what you heard (or wrote down) about _____ (most important benefits and harms).”
Patients may not be comfortable actively raising their personal concerns and goals for treatment. By actively inquiring, you are giving them permission to speak about what is important to them.

Once you’ve elicited this information, you can help them look at their options based on their preferences.

**Sample language:**

“People have different goals and concerns. As you think about your options, what’s important to you? For example, some people.....while other people...”
Patients may not be ready to make a decision immediately. Probing for what else they need to know or do before they make the decision can be helpful. If patients are ready to decide, you can help facilitate a final decision.

Sample language:

“Considering what we’ve discussed, do you have a preference about the direction we take?”

“Is there any more information you need?”

“From what I hear you saying, here’s what I’d suggest...how does that sound?”
Close conversation by laying out the next steps for the patient.

**Sample language:**

“Let’s take a moment to talk about the next steps.”

“What can I do as your provider to support your next steps?”
Shared Decision Making: Do’s and Don’ts

Routinely provide evidence-based care information to patients in a way that is engaging and easy to understand.

Assume that a patient understands their condition or has obtained good information about their choices.

Share useful information of how care options play into a patient’s culture, value system, and lifestyle.

Assume that the provider fully understands a patient’s values and lifestyle.
References