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AFC Case Manager Training:
Working with Older Adults Living with HIV/AIDS (OALWHA)

Session 2: Cultural Competence

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Session Goals

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Participants will be able to independently use their learning to…

- Understand continuum of culturally competent case management and the need for ongoing work to develop competence
- Appreciate differences in experiences/needs of newly diagnosed older adults and long-term survivors of HIV
- Engage in respectful communication and interactions with OALWHA

After this module, you will…

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Know	Do:
Cultural competence exists on a continuum and requires on-going learning and practice	Engage in periodic self-reflection in order to examine your own bias and assess your learning needs in order to effectively modify care management approach
Older adults newly diagnosed may have differing needs than those who are long-term survivors.	Effectively listen and ask question to understand client needs and help client discern their wants/needs
Growing older varies for every person	Build trust with clients
Generational and cultural differences may impact case management, care coordination, and client outcomes	Demonstrate responsive and respectful interpersonal/professional communication and listening (in role play scenarios) (i.e., aligned with expectations of client/reflective of generational differences, etc.)
How to identify and access available resources and services in the service area	Provide clients with resources in a form appropriate to client needs (i.e., large print, translated into other languages, etc.)
	Modify case management approach as needed to meet client needs (how + when)

Key Terms/Definitions

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- Culture
- Cultural identity
- Cultural Competence
- Ageism
- Gerontophobia

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"Our goal is to establish language that is gender-neutral, ethnic-neutral, and age-neutral, while celebrating our spirit of diversity."

Overview of Cultural Competence

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- While cultural competence is often used to refer to effectively functioning in the midst of diversity, we often forget to note the influence of the era in which you grew up and lived as an aspect of culture.
- The era has strong influence over your viewpoint and expectations and can create notable differences between people

ONE AIDS DEATH EVERY 8 MINUTES

HIV/AIDS has nearly a 40-year history in the US

Those who lived during the early years, have a different perspective and different lived experiences with HIV.

PILLS COST PENNIES GREED COSTS LIVES

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To learn more about the history of HIV/AIDS in the US that was filled with illness, fear, and death and the activism and political shifts that created treatment, legal protection and a sense of hope, go to: https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline

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Barriers to Culturally Competent Case Management

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- There are 4 common barriers in delivering culturally competent case management:
  - *Lack of diversity in case management workforce*
  - *Case management systems (policies and practices) are not well-designed to serve diverse client needs*
  - **Case managers' personal belief systems when they include biases and stereotypes about older people**
  - **Poor cross-cultural communication between case manager and client**

How Ageism and Stereotyping effect Case Management Decision-Making

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Cross cultural misunderstandings between case managers and clients can lead to mistrust and frustration and are likely to have a negative impact on client health, livelihood, and safety outcomes.

Common Myths about Older People
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- Old people are bad/slow drivers
- Old people watch television all the time.
- If old people are still working, they are clueless and slow.
- Old people have diseases that make their life miserable.
- Old people don't have sex.
- Old people don't work out.

- Getting old is depressing.
- Old people all have dementia.
- Old people are less creative.
- Old people can't adapt to new situations, trends, or ideas.
- Old people are all the same.
- You can't teach an old dog new tricks.
- Old people are helpless.

Recognize the Assets of Aging
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- Older people often have broader experiences, sharper skills, and wisdom gained from these experiences.
- Older people are living with different motives and life purpose.
- Older people's brains are different than a younger person's brain.
- Older people often express greater individuality.

Learning Activity: Self-Assessment
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- Complete the self-assessment and reflect on your views about culture, assumptions, stereotypes, and biases.
- Record your reflection to this question: Where have you had the greatest challenges working effectively with clients? How might age and other aspects of culture contributed to that difficulty?
- Based on what you learned from the self-assessment, identify one thing you can do to reduce or prevent this challenge in the future.

  - *Return responses to:*
    - Email: trainings@aidschicago.org

Please submit only your answer to the reflection question, not your self-assessment. Copy and paste the reflection questions above into an email with your response.

Developing Culturally Competent Case Management Skills

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These are 4 dimensions of individual cultural competence:
1. Awareness of differences among people
2. Knowledge/understanding of people's differences
3. Skills to effectively work with differences
4. Desire to be culturally competent

Expect Differing Viewpoints

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Expect differing viewpoints between you and clients regarding:
- *Trusting others*
- *Making eye contact and touching*
- *Help-seeking behaviors*
- *Caretaking/caregiving*
- *Sexuality/ "outness"*
- *Death and dying*

I'm not grouchy by nature. It takes constant effort.

Culturally Competent Case Management Skills

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1. Culturally competent case managers are knowledgeable of the "culture" of clients and ***consistently show respect for and validate*** differing values and cultural beliefs

"Our goal is to establish language that is gender-neutral, ethnic-neutral, and age-neutral, while celebrating our spirit of diversity."

Culturally Competent Case Management Skills

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2. Culturally Competent Case Managers are *effective dealing with the many ways a client may express themselves when uncomfortable or frustrated* from cultural discord

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Culturally Competent Case Management Skills

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3. Culturally Competent Case Managers are *skilled at using several techniques that can improve and foster positive, respectful communication* with clients

4. And are skillful in using those strategies to *negotiate and problem-solve* with clients.

Strategy 1: Listening to UNDERSTAND

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1. Get rid of distractions
2. Open your mind
3. Piece together the big picture
4. Note non-verbals
5. Don't interrupt or jump to conclusions
6. Respond with respect and honesty

Strategy 2: BATHE

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Background (What is going on in your life?)
Affect (How do you feel about what is going on?)
Trouble (What troubles you most?)
Handling (How are you handling that?)
Empathy (This must be very [exciting or difficult or frustrating] for you.)

Strategy 3: LEARN

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L-Listen with empathy and understanding. Ask the client, "What do you feel may be causing the problem? How does this affect you?"

E-Elicit cultural information, explain your perception of the problem, have a strategy, and convey it to the client.

A-Acknowledge and discuss differences and similarities. Find areas of agreement and point out areas of potential conflicts so they can be discussed, understood, and resolved.

R-Recommend action, treatment, and intervention. Incorporate cultural knowledge to enhance acceptability of the plan.

N-Negotiate agreements and differences. Develop a partnership with the client and their family of choice.

Strategy 4: Use Advocacy Strategies

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1. **Educating** the person/organization where an issue prevents your client from achieving a desired outcome.
2. Fostering positive and trusting relationships that **reduce emotional distance** that prevents people from being of help to your client.
3. **Garnering Power** or using authority of one's role to propel actions.
4. **Applying Pressure…**have you heard the saying 'The squeaky wheel gets the grease?' Keep asking. Ask the gatekeeper who is blocking your client when you can expect their action. Ask to speak directly to a higher authority on a matter. Apply gentle pressure and persist.

Check for understanding:
How would you modify care plans?

Raphael is a 51-year-old man who has been receiving medical care and treatment for HIV for 3 years. Raphael is the only child of hard-working immigrant parents, and his identity revolved around his career.

His brief but regular visits with his physician, along with adverse affects from several drugs used in his treatment have impacted his ability to work full time.

In a routine meeting, he is resistant, agitated and uncooperative.

How can you use one of the communication strategies offered in this module to modify Raphael's case management plans?

Resources for Case Managers to Foster Cultural Competence

Activities that foster cultural competence:

- Attend visual and performing arts that include OPLWHA, artists of color, of different faiths, etc.
  - *The art of Felix Gonzalez-Torres*

- Seek out Meet-ups, events, lectures, book signings, etc. that introduce topics targeting an aging audience, LGBTQ, race and gender politics, etc.

Recommended reading:
- Blogs:
  - *The Body*
  - *TPAN's Positively Aware*
  - *Changingaging.org*
- Books:
  - *The AIDS Generation by Perry Halkitis*
  - *Queer Aging by Jesus Ramirez-Valles*
  - *Companeros by Jesus Ramirez-Valles*
  - *Disrupt Aging by Jo Ann Jenkins*

Recommended viewing:
- How to Survive the Plague
- Desert Migration
- The Quilt
- Milk
- When We Rise

Resources for Clients

Aging Services:
- *IL Department on Aging https://www.illinois.gov/aging/Pages/default.aspx*
- *LGBT Aging Resources Clearinghouse http://asaging.org/lgbtch-search*
- *SAGE http://www.sageusa.org/index.cfm*
- *National Association of Area Agencies on Aging https://www.n4a.org/*
- *Illinois Area Agencies on Aging:*
  - Area 12 **Senior Services Area Agency on Aging www.cityofchicago.org/aging**
  - **Area** 2 or 13 AgeOptions, Inc. www.ageoptions.org
- *National Resource Center on LGBT Aging http://lgbtagingcenter.org/*

Legal:
- *Directory of Legal Resources for people living with HIV/AIDS https://www.americanbar.org/content/dam/aba/images/aids_coordinating_project/aids_directory.pdf*
- *Lambda Legal-Illinois http://www.lambdalegal.org/states-regions/illinois*
- *National Immigration Legal Services Directory/Illinois Organizations https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=IL*
- *Justia Lawyers: Chicago, Illinois Immigration Legal Aid & Pro Bono Services https://www.justia.com/lawyers/immigration-naturalization/illinois/chicago/legal-aid-and-pro-bono-services*

Resources for Clients

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- LGBTQ + HIV/AIDS:
  - *SAGE Elder LGBTQ Hotline* http://www.sageusa.org/programs/hotline.cfm
  - *AIDS Foundation Chicago* www.aidschicago.org
  - *The Illinois Community Supportive Services and Referrals Directory for people discharged from Illinois correctional facilities* http://hivcareconnect.com/wp-content/uploads/ILCommunitySupportiveServiceDirectory1.pdf
  - *AIDS Education & Service for Minorities* www.naesmonline.org
  - *AIDS Action Council* www.aidsaction.org
  - *National Minority AIDS Council* www.nmac.org
- Veteran Services: US Veterans Affairs http://www.hiv.va.gov/index.asp

- Additional resources related to Mobility/Transportation, Food/nutrition, Housing/Assisted Living/Residential Care may be facilitated through:
  - *IL HIV Care Connect* http://hivcareconnect.com/
  - *US HUD HOPWA Short-Term Rent, Mortgage, and Utility Assistance Assistance* https://www.hudexchange.info/resources/documents/HOPWA-STRMU-Assistance.pdf
  - *Chicago House* http://www.chicagohouse.org/causes/housing/

Resources for Case Manager

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Resource related to Cultural and Spiritual Diversity in End of Life Care:
http://sgec.stanford.edu/

IL HIV Care Connect http://hivcareconnect.com/

IL Community Supportive Services for people exiting prison/jail systems
http://hivcareconnect.com/wp-content/uploads/ILCommunitySupportiveServiceDirectory1.pdf

Improving communication for clients with limited English proficiency: *American Medical Association Communication: Strengthening the safety net*
http://www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/patient-safety/quality-care-program/making-strides-in-safety.page

Conclusions/Take Aways

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- Cultural competence is not a destination, but a lifelong process.
- Becoming culturally competent is a process that includes clarifying your own values, reflection, and on-going learning.
- Case managers have an important role to play in fostering effective communication despite cultural differences and differing viewpoints that emerge as a part of case management.
- Strategies can be learned to improve communication.

Session Evaluation

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• *Please take a moment to complete our session evaluation…*

Thank You

Session Evaluation Questions

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1. After completing this session, how would you rate your capacity in the following areas working with older adults (ages 50 and older) living with HIV/AIDS?

	Excellent capacity	Good capacity	Limited capacity	No capacity
a. Using strategies to develop a welcoming, affirming environment for older adults like: • Placing intentional symbols or signs in the area where you meet with clients that signal that they will be treated with respect • Updating commonly used client forms to use inclusive language, etc.				
b. Listening to understand				
c. Using advocacy skills to advocate on behalf of your client because he/she is vulnerable or unable to speak up for themselves.				

Session Evaluation Questions

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	Very confident	Somewhat confident	Not very confident	Not at all confident
2. This session highlighted content knowledge and skills useful in working with older adults living with HIV/AIDS. How confident are you that you could apply this knowledge/skill set in your case management practice?				
3. What more do you want to know about fostering cultural competence when working with older adult clients living with HIV/AIDS?				
4. What can we do to make this session better in the future?				

Acknowledgement

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