IAS International AIDS Society iasociety.org

SAC SOUTHERN AIDS COALITION

Community Education Group 30 YEARS

Day 2: Monday 7 April

Person-Centred Care Advocacy Academy

Southern US edition, 2025

In partnership with

GILEAD Creating Possible

The Person-Centred Care programme of IAS – the International AIDS Society – is implemented with financial support from, and in collaboration with, Gilead Sciences. The IAS has full control over all the activities and decisions relating to, and forming part of, the Person-Centred Care programme.

Today's programme

Time	Session
8:30am – 8:50am	**Keynote address – Healthcare provider advocate**
	Leandro Antonio Mena, Emory University
8:50am – 10:00am	**Session 3 – Cultural humility, awareness & navigating political realities**
10:00am – 10:30am	Refreshments break
10:30am – 10:50am	**Keynote address – Healthcare implementer advocate**
	A. Toni Young, CHAMPS, Community Education Group
10:50am – 11:10am	**Keynote address – Researcher advocate**
	Samira Ali, University of Houston
11:10am – 12:00pm	**Session 4 - PCC design in action (breakout group discussions)**
	• Client and healthcare provider experience measures • Motivational interviewing • Supporting effective communication • Empowering community healthcare workers (task-shifting) • Creating inclusive and safe spaces • Role of upstanders
12:00pm – 1:00pm	Lunch
1:00pm – 2:00pm	**Session 5 – Advocacy in action & storytelling workshop**
	Facilitated by **Maxx Boykin**. Includes "Ask me anything" Q and A on medic engagement strategies with journalist **Rebecca Grapevine**, Healthbeat
2:00pm – 2:30pm	Free time
2:30pm – 5:00pm	**Depart for site visits in Atlanta**
	• SisterLove • AID Atlanta • Status: Home • Grady Ponce de Leon Center

US Person-Centred Care Advocacy Academy

Cultural Competence: an Integral Component of Patient Centered Care

A healthcare provider perspective

Leandro A. Mena, MD, MPH, FIDSA
CMO, Fulton County Board of Health
Professor, Emory School of Medicine
April 7, 2025

Disclosure

The views and opinions expressed in this presentation are those of the presenter and do not necessarily reflect the official policy or position of the Fulton County Board of Health or the Georgia Department of Health

Leandro A. Mena, MD, MPH, FIDSA

- Universidad Nacional Pedro Henriquez Urena, MD, 1992
- *Instituto Dominicano del Seguro Social*, Dominican Republic, Staff physician , 1992 - 1996
- Cook County Hospital, Chicago, IL, IM Residency, 1996 - 1999
- Tulane University School of Public Health & Tropical Medicine, MPH, 2001
- LSU Health Science Center, New Orleans, LA, ID Fellowship,1999 - 2002
- Professor of Medicine, University of Mississippi School of Medicine, Jackson, MS, 2003 - 2001
- STD/HIV Medical Director, Mississippi State Department of Health, Jackson, MS, 2003 - 2021
- Chair and Professor of Population Health Science, John D. Bower School of Population Health, Jackson, MS, 2016 - 2021
- CDC – Division of STD Prevention, Director, 2021 - 2023
- All-In Health Solutions, LLC, Owner and Senior Consultant, 2024 – present.
- Chief Medical Officer, FCBOH, Atlanta, GA, 4/2025 - present
- Professor of Medicine, Emory School of Medicine, Atlanta, GA, 4/2025 – present

lamena@emory.edu

My Journey:

How Did I Begin?

Cook County Hospital, Chicago, IL

Charity Hospital, New Orleans, LA

My Journey:

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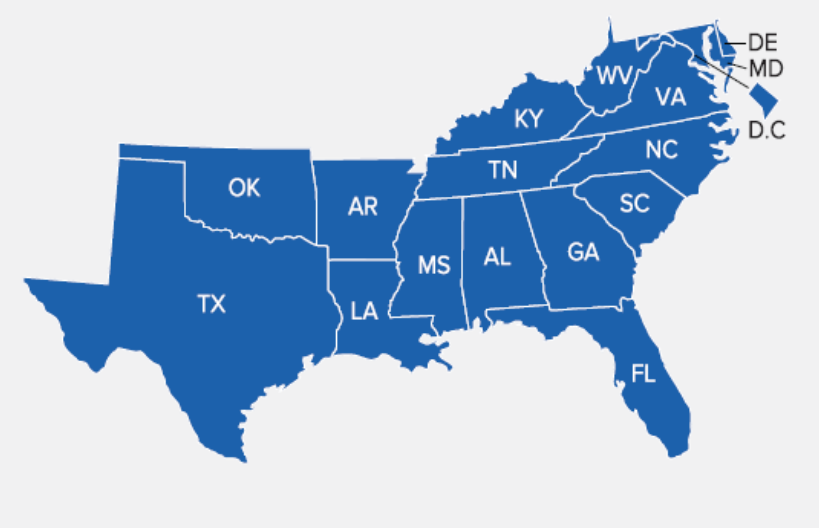
Charity Hospital, New Orleans, LA

What renew my passion?

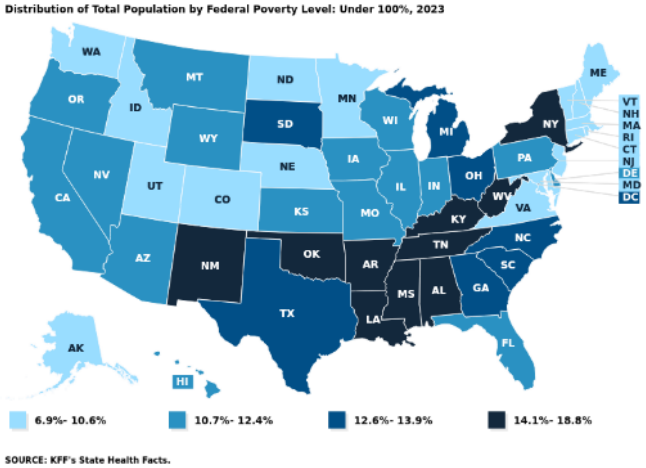
Jackson Medical Mall, Jackson, MS

Portrait of the South



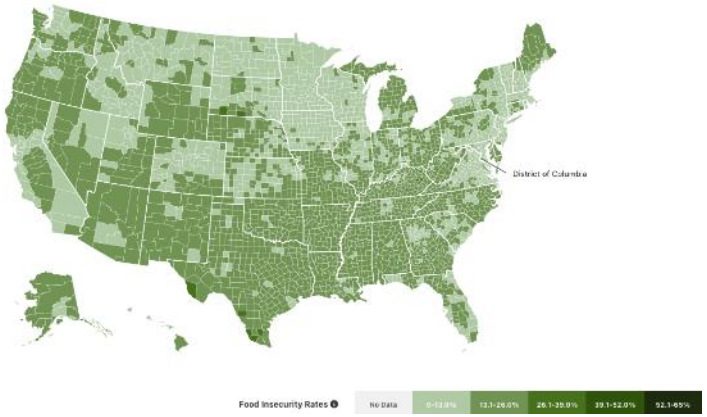
Source:: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf. Accessed: February 2020.

Distribution of Total Population by FPL



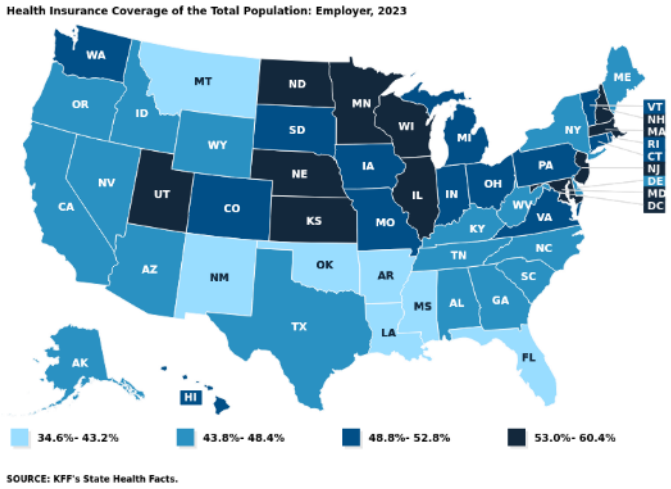
Source: https://www.kff.org./ Accessed: March 2025

2022 Overall County Food Insecurity



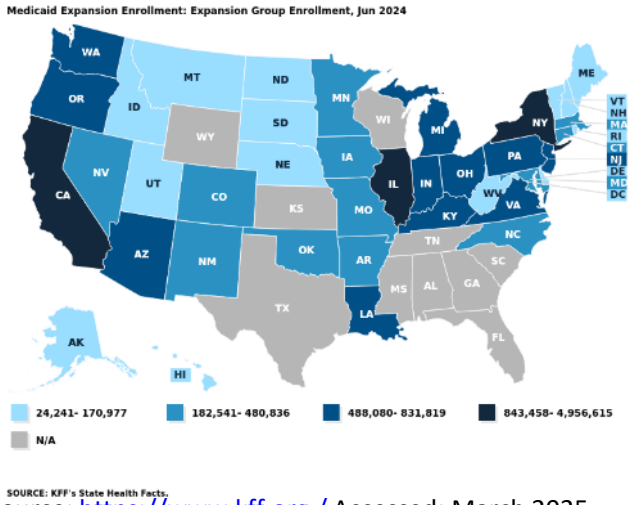
Source: https://map.feedingamerica.org/. Accessed: March 2025

2023 Health Insurance Coverage



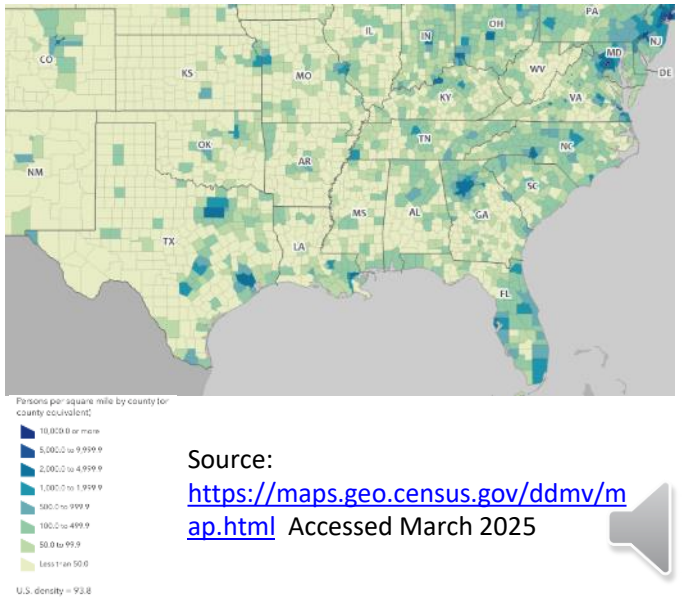
Source: https://www.kff.org./ Accessed: March 2025

FY 2024 Medicaid Expansion Enrollment



Source: https://www.kff.org./ Accessed: March 2025

2020 Population Density



Source: https://maps.geo.census.gov/ddmv/map.html Accessed March 2025

My Journey:

How Did I Begin?

Cook County Hospital, Chicago, IL

Charity Hospital, New Orleans, LA

What renew my passion?

TABLE 3. RESULTS OF MULTIVARIATE ANALYSIS OF FACTORS ASSOCIATED WITH HIV INFECTION AMONG YOUNG AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN, JACKSON, MISSISSIPPI, AREA, 2006–2008

	Adjusted odds ratio	*Confidence interval*
Primary care provider		
Yes	Referent	Referent
No	**4.5**	**1.4–14.7**
Missing	0.3	0.01–5.4
Sexual identity disclosed to a health care provider		
Yes	Referent	Referent
No	**8.6**	**1.8–40.0**
Missing	5.6	0.8–37.6
Unprotected anal intercourse with a male partner		
No	Referent	Referent
Yes	**4.6**	**1.3–16.2**
Missing	7.5	0.2–235.5
Male partners aged ≥26 years		
No	Referent	Referent
Yes	**6.7**	**2.0–22.1**
Missing	2.1	0.05–87.5

Logistic regression performed controlled for age, history of unprotected anal intercourse, and history of older male partners during the recall period.

Jackson Medical Mall, Jackson, MS

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Dorell et al., AIDS Patient Care and STDs 2011

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All-In at CIRCLE
University of Mississippi Medical Center

Open Arms
HEALTHCARE CENTER
WWW.OAHCC.ORG

UMMC
Express Personal Health

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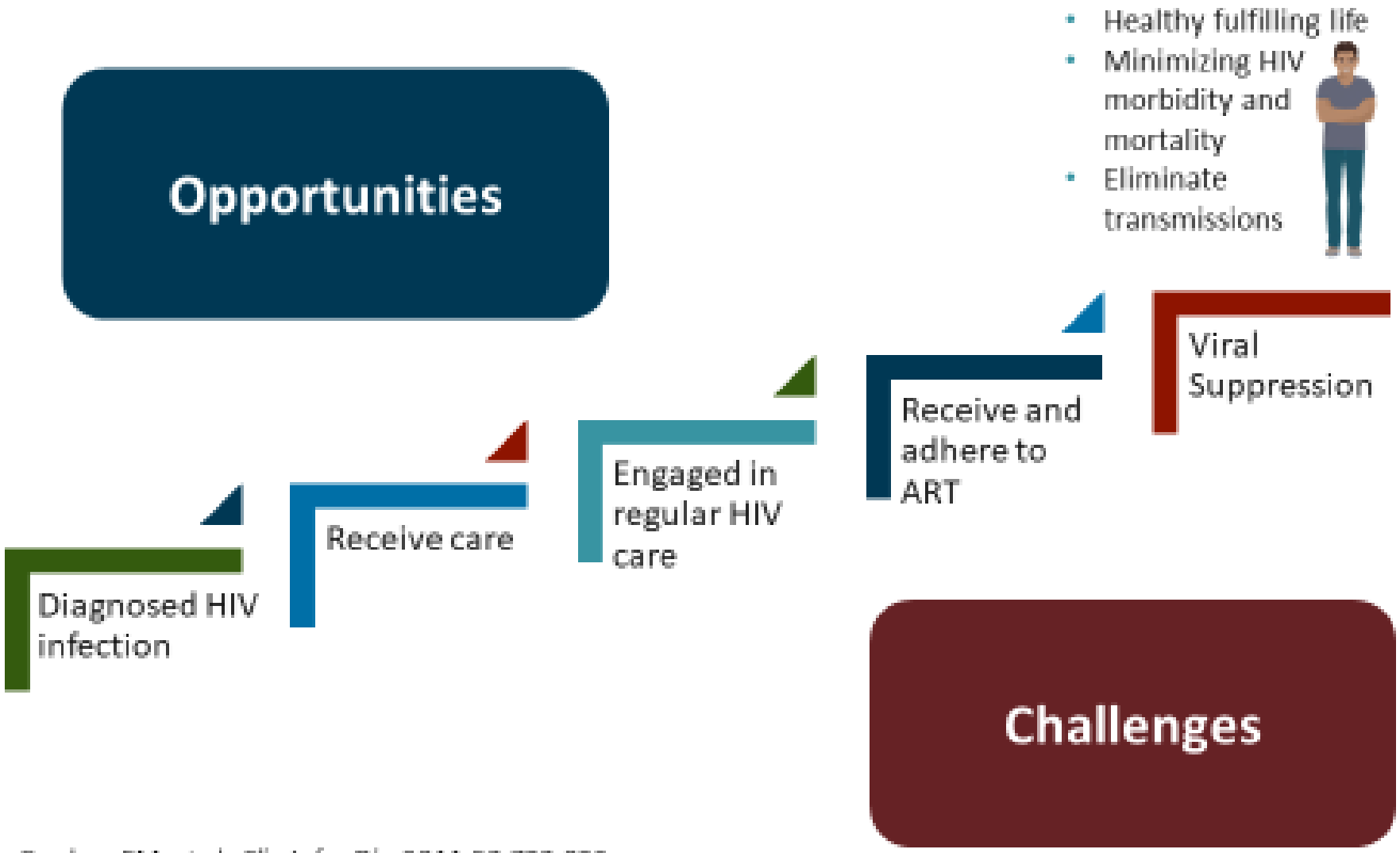
Jackson Medical Mall, Jackson, MS

Reaching Viral Suppression



Gardner EM, et al. *Clin Infec Dis.* 2011;53:793-800.

CHALLENGES TO HIV PREVENTION AND CARE IN THE SOUTH

- **RURALITY:** large distances & shortage of PrEP providers
- **RACE:** Increased proportions of African Americans & racial disparities in health care, unfair criminal justice system
- **POVERTY**
- **POOR HEALTH INFRASTRUCTURE**
- **POOR IT INFRASTRUCTURE**
- **DISTRUST IN HEALTH CARE SYSTEM**
- **INADEQUATE STATE & FEDERAL FUNDING**
- **LACK OF EDUCATION**
- **UNDERESTIMATION OF PERSONAL RISK FACTORS**
- **ANTI-IMMIGRANT POLICIES & HEALTH-RELATED IMMIGRANT BILLS**
- **HIV STIGMA & "AGGRESSIVE HOMOPHOBIA"**

Adapted From Southern States Manifesto 2024 Update: Standing on the Shoulders of the Past

Getting to Know Patients in Clinical Settings

How well do you know those coming for care? How do you find out?

How do clinicians and staff feel and what do they do when learning this?

Cultural Competence

A set of interpersonal skills for understanding, appreciating, and interacting with people from cultures or belief systems different from one's own.

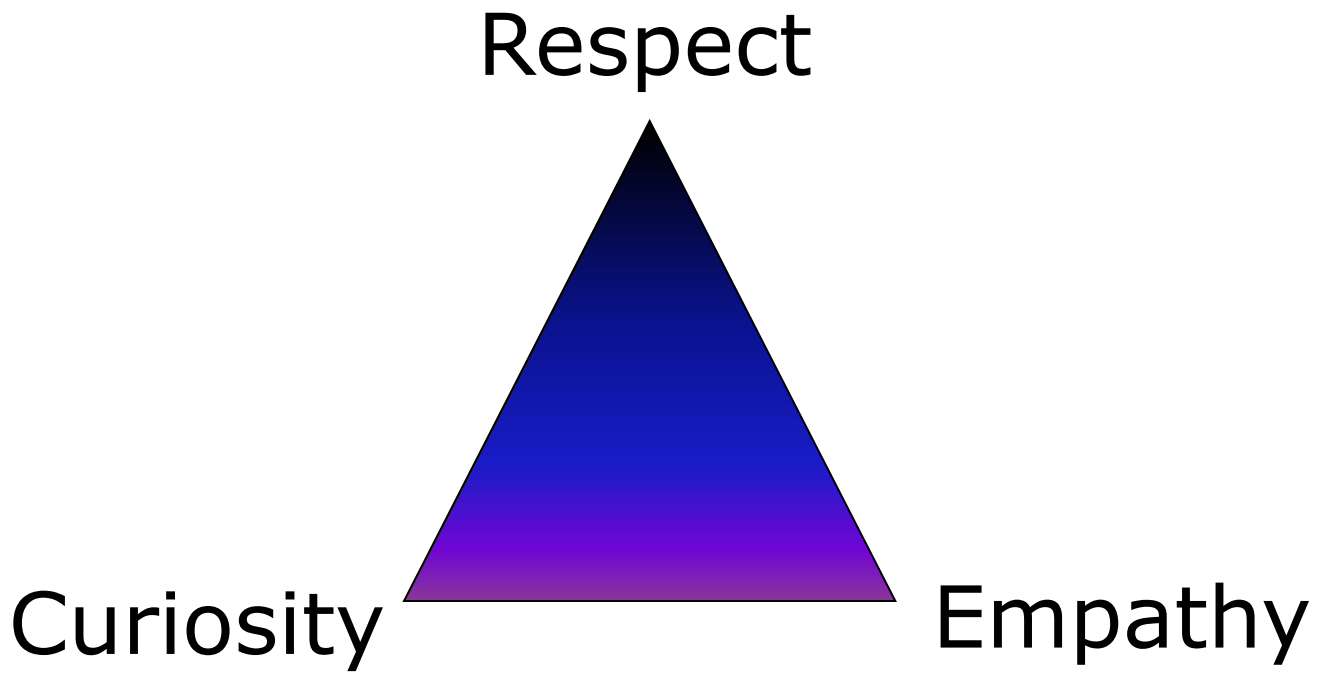
– adapted from the American Psychological Association

Cultural Humility

A lifelong process of self-reflection involving learning about others' cultures; examining one's personal beliefs and cultural identities; and acknowledging the power dynamics one is part of, in order to develop and deepen trusting relationships.

- *adapted from Yeager & Bauer-Wu, 2013*

The Core of the Cross-cultural Interview



Adapted from Betancourt and Green

When We Practice Cultural Competence, We See…

- More client-centered/client-specific services
- Respect for patient beliefs, values, and preferences
- Better client-provider interactions and communication
- Interactions that promote and encourage retention in care and treatment adherence

Saha, S., Beach, M. C., & Cooper, L. A. (2008). Patient centeredness, cultural competence and healthcare quality. *Journal of the National Medical Association*, *100*(11), 1275-1285.

Some Benefits to Staff Include…

- Increased sense of belonging in the workplace
- Higher levels of psychological safety
- Greater stakeholder well-being and mental health
- More engaged interactions with other staff
- Improved conflict resolution

Forunda, Batiste, Reinholdt, and Ousman, “Cultural Humility, a Concept Analysis.” *Journal of Transcultural nursing, 2016.*

Examples in Culturally Competent/PCC HIV Care

The MAX Clinic: A Structural Healthcare Systems Intervention Designed to Engage the Hardest-to-Reach Persons Living with HIV/AIDS

Julie Dombrowski, Matt Golden

MAX Clinic ("MAXimum assistance") for patients who do not or can not engage in traditional HIV healthcare despite intensive outreach assistance

Open Arms Healthcare Center, Jackson, MS

Ancillary Services:

Free transportation
Food and clothing pantry
Medication Assistance Program

All-In at CIRCLE
University of Mississippi Medical Center

PATHways Program at Vanderbilt Comprehensive Care Clinic

- Advanced Practice Nurse-led program – interdisciplinary, individualized, intensive care for as long as the patient participates
  - Standard of Care = 15 minutes every 6 mons for HIV + Primary Care
  - PATHways = 1 hour/mon with clinician + 2 sessions/mon with therapist, daily case management and nursing support
  - We have 2 clinics/wk for this program –could see more pts. if we had time
- They developed an instrument (MDPSP) to identify patient strengths and concerns. Patients create individualized Care Plans based on strengths identified with this instrument
- > 80% viral load suppression in this group (~36 pts at any given time)
- Sustained viral suppression over time so long as pts remain engaged

- **Low-barrier treatment model**
- **Intensive case management for marginalized communities**
- **Peer navigation and community engagement**
- **Workforce diversity, community partnerships, implicit bias training**

Engaging PLWH in the South

What can be done?

- Meet people where they are
  - No judgment zone
  - Find a way to make it work for them
- Address multiple barriers with a systemic approach
  - Multidisciplinary teams
  - Front desk staff, nurses, clinicians, SWs, etc.
- Non-traditional engagement
  - 24-hour clinic
  - Telehealth visit
  - Out of clinic engagement (Street Medicine, mobile clinics)
  - Incentives
- Peer support
  - Peer champions
  - CHWs

What can we advocate for?

- Create opportunities to leverage funding
  - Abandon silos and adopt syndemic approach
- Housing security
  - Create shelters
  - Provide transitional housing (sustainable)
- Economic Stability
  - Work development training/job placement
    - Higher quality paying jobs, not entry level positions
- Spaces to educate and empower communities
  - Community-driven events
  - Stigma reduction
- Build partnerships
  - Faith based, DE, MH, Grocery chains, Child-care centers, DOT (Uber & Lift)
- Trainings for community members
  - Employment recruitment, tutorials on cooking healthier food, GED classes

A Call to Action

"The only thing necessary for the triumph of evil is for good men (and women) to do nothing."

Adapted from: Edmund Burke

Thank you!

Leandro Mena

Leandro.mena@dph.ga.gov

Lamena@emory.edu

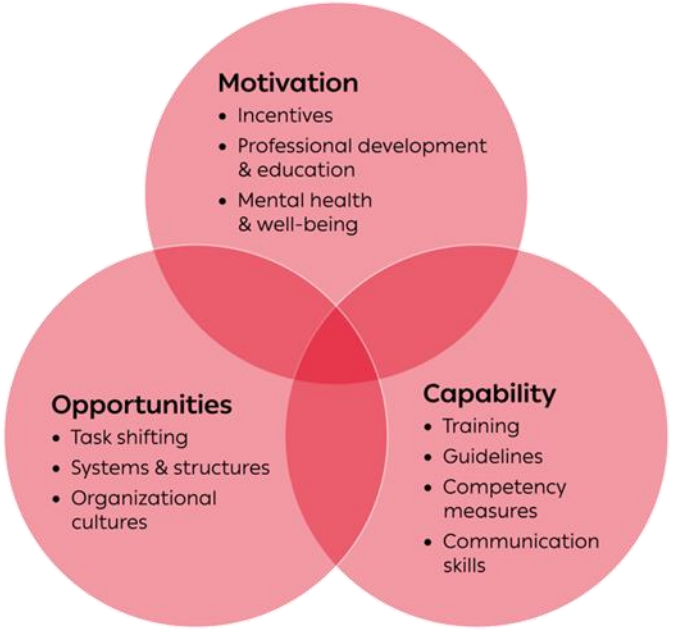
Session 3 – Cultural humility, awareness & navigating political realities

Dafina Ward & Mardrequs Harris
Southern AIDS Coalition

IAS

Breakout groups

Time	Activity
9:00am – 9:40am	**Four breakout groups will tackle a different topic!** **Explore enablers, barriers and good practice examples.** 1. Shared decision making – Elvin 2. Holistic care approach - Toni 3. Respect for cultural preferences – Leandro 4. Respect for gender diversity - Mardrequs
9:40am – 10:00am	**Report backs from breakout groups, facilitated by Dafina**



Tips!!

- Take notes and suggestions on page 19 -22 of workbook

Refreshments break

- Location: outside Hub 2
- See Loena during break to collect cash reimbursements
- Please be back in Hub 2 by 10:25am

Community Education Group

Community Education Group | 30 YEARS

History

Founded in 1993 as the National Women and HIV/AIDS Project (NWAP)

- Original mission: Stop the spread of HIV among African American women

Renamed to Community Education Group (CEG) in 1996

- Expanded mission to address issues within the larger context of family and community

Early focus on Washington, DC

- Trained and deployed outreach workers in hardest-hit neighborhoods
- Pioneered peer-based Community HIV/AIDS Mobilization Prevention Services (CHAMPS) program
  - Recruited and trained community health workers, including ex-offenders, PLWHA, and individuals with substance abuse histories

CHAMPS: History

CHAMPS DC

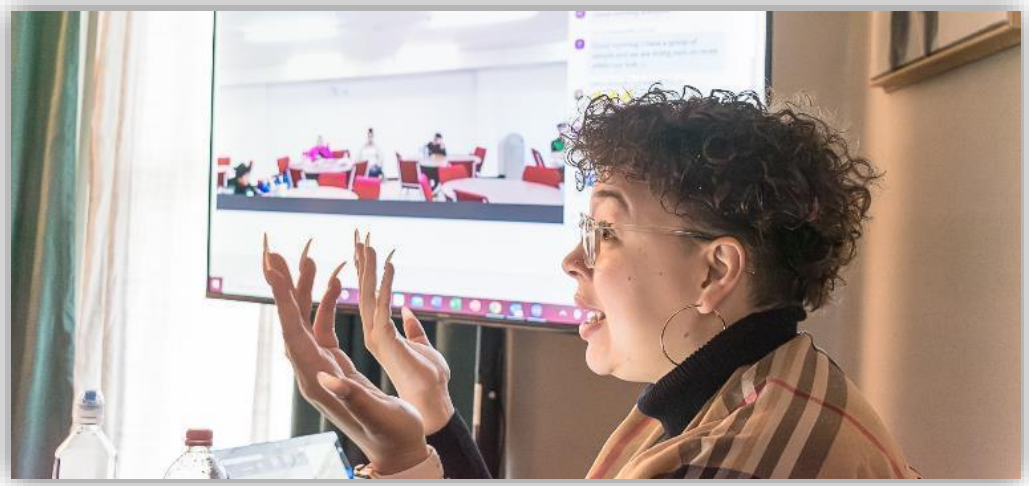
- Trained 150+ CHWs
  - 90% linkage to/retention in care rate among those engaged by CHAMPS grads
  - Screened 10,000+ for HIV
  - Nearly 5000 screened for HCV annually
  - Distributed 1M+ condoms
- Designed for an urban environment
  - In-person training
  - Centralized deployment

Transition to Appalachia

CHAMPS: Transition to Appalachia

Adapted for WV

- **Change in training modality**
  - WV – 3rd most rural state[9]
  - Underserved counties, mainly rural
- **Switched to:**
  - Virtual synchronous (live Zoom training + LMS)
  - Blended synchronous (+ hub sites)



Healing Appalachia

- Brings services to a trusted, community-based setting
- Offers confidential self-testing and informed choice
- Uses peer education to ensure culturally relevant outreach
- Removes barriers to care through low-threshold access
- Connects individuals to real-time follow-up and treatment
- Focuses on the whole person—education, support, and empowerment

Questions

CHAMPS Graduation

USCHA Scholarship Recipients

PACHA in Charleston

Keynote address: Researcher advocate

Samira Ali,
University of Houston

IAS

Session 4 – Person-centred design in action

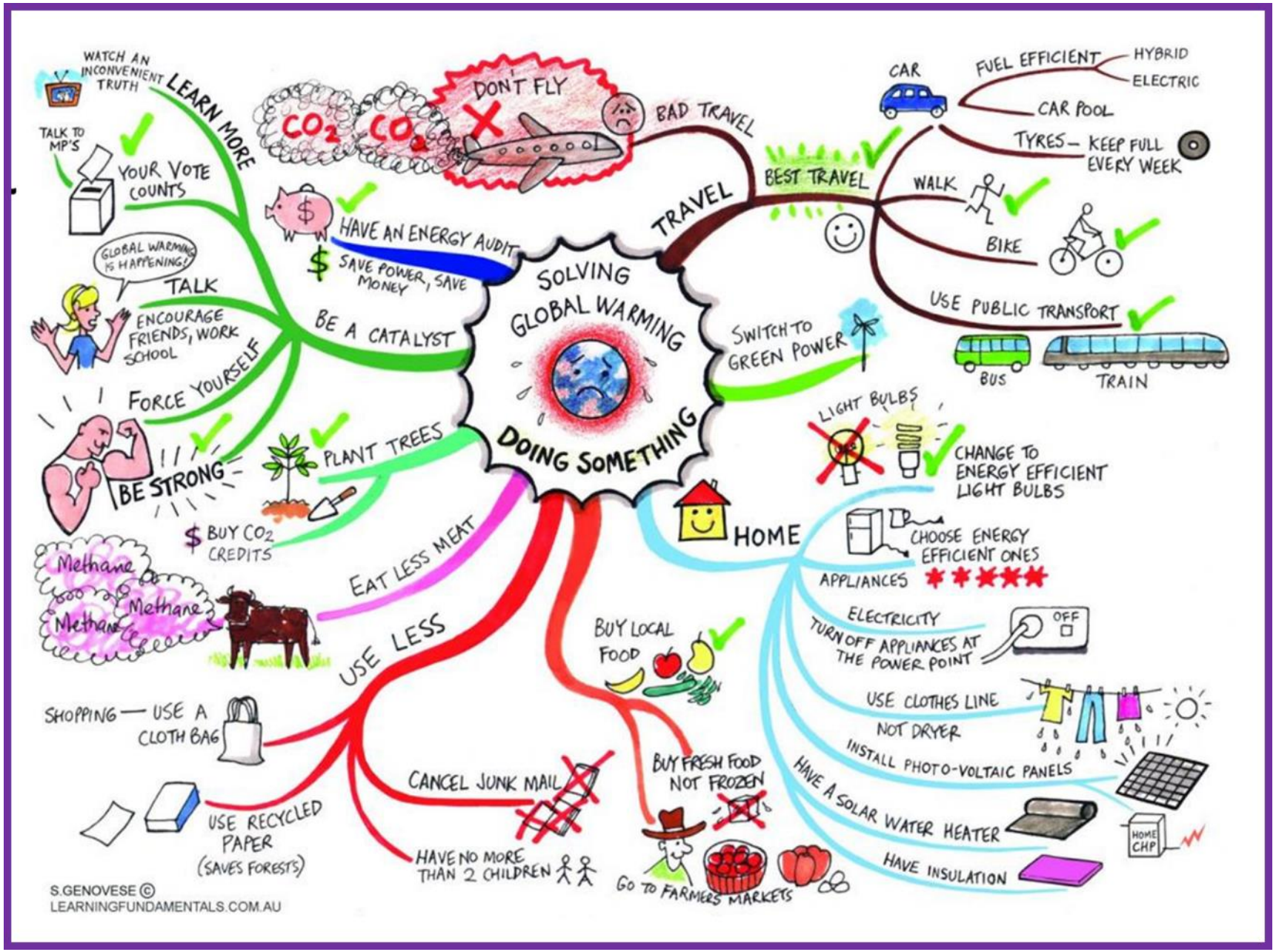
Time	Activity
11:15am – 11:40am	**Six breakout groups will tackle a different topic!** **Create a mindmap illustrating the PCC design tool** 1. Client and healthcare provider experience measures – Elvin 2. Motivational interviewing – Emma 3. Supporting effective communication – Tara 4. Empowering community healthcare workers (task shifting) – Toni 5. Safeguarding of participants, creating inclusive and safe spaces – Dafina 6. Role of "upstanders" who call out stigma and discrimination and take voluntary actions – David
11:40am – 12:00pm	**Gallery walk around mind maps**

Tips!!

- Use the flip charts to make a mind map

IAS

Example mind map



Lunch break

- Location: outside Hub 2 and Hub 1 set up for lunch
- See Loena if you forgot your choice of boxed lunch
- Please be back in Hub 2 by 12:55pm

Session 5 – Advocacy in action & storytelling workshop

Maxx Boykin

with
Rebecca Grapevine, Healthbeat

Site visits

- Meet at 2:25pm for site visit departure in reception

AID Atlanta – April (20 minute / 0.8 mile walk)	Status: Home – Loena (shuttle bus)	Grady Ponce de Leon Center – Emma (shuttle bus)	SisterLove, Inc. – Tara (shuttle bus)
• Names to be added			

- Free night. Be back tomorrow in Hub 2 at 8:25am!