

CULTURAL
HUMILITY

BESAFE

A MODEL FOR DRIVING LINKAGE AND RETENTION
ACROSS THE HIV CARE CONTINUUM

Actor Portrayal



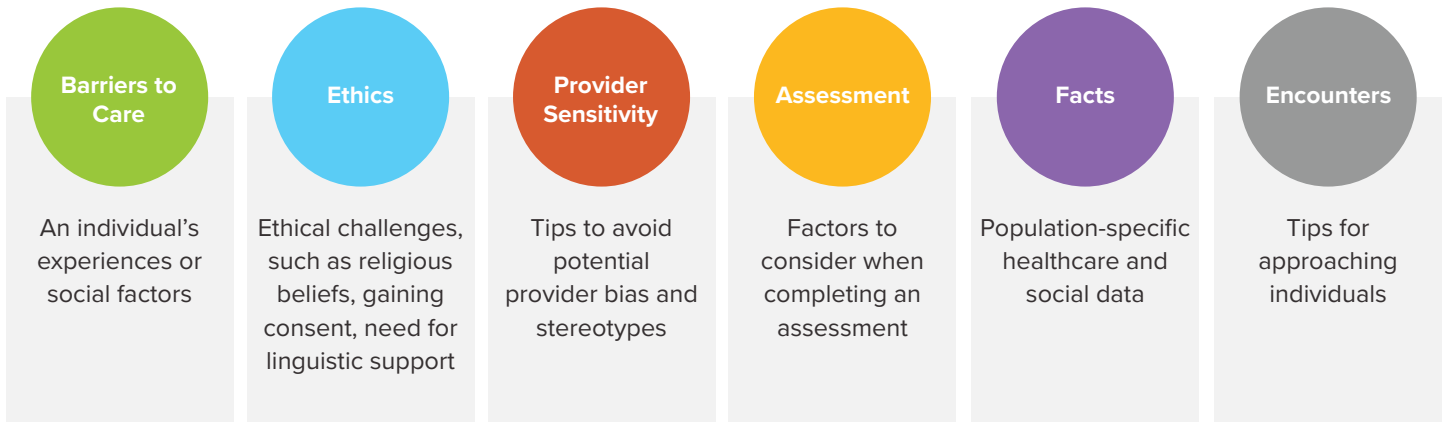
STOP THE VIRUS.
Working together to help stop the virus.

BESAFE: PERSPECTIVE AND GUIDANCE FOR PRACTICING CULTURAL HUMILITY

The goal of the BESAFE model is to create an inclusive environment in order to^{1,2}:

- Improve the quality of care for individuals in marginalized communities
- Help to prevent the spread of HIV in these populations

The BESAFE model provides a framework based on the understanding of 6 core elements¹:



By following BESAFE, we can better **engage and retain** individuals in HIV care from a variety of communities:



Latino/a/x



Native American, Alaska Native, and Native Hawaiian



Youth



Black



Asian and Pacific Islander



50 years and older

This is not an exhaustive list.



BESAFE MODEL

LATINO/A/X

When working with this community, keep in mind that the Latino/a/x population in the United States is different depending on the region of the country and the ethnic and cultural backgrounds of each community. Immigration issues, poverty, linguistic and cultural barriers, and lack of health insurance can make this population vulnerable to HIV.³

Actor Portrayal
This example is for illustration purposes only.

Barriers to Care³

- Language
- Immigration status and fear of deportation
- Lack of trust in healthcare professionals
- Stigma associated with breaking traditional gender roles or religious beliefs

Ethics³

Enable informed decision-making by providing:

- Language services
- Translated materials and resources
- Accurate, complete information
- A survey of the landscape of new clinical treatments and therapies they are eligible to participate in

Provider Sensitivity³

- Explore personal cultural beliefs
- Avoid assumptions about others' cultural beliefs, values, and languages
- Understand that the experience of visiting a healthcare professional differs in some Latin American countries

Assessment³

- Collect information in a systematic way
- Respect spiritual beliefs and traditional healer treatments that won't negatively affect the person

Facts³

- Some Latino/a/x believe they have little control over their health ("fatalismo")
- Family participation increases adherence and engagement
- Prayers and use of traditional healers are considered complementary to modern healthcare

Encounters³

- Assess linguistic abilities and provide support if needed, ideally by a trained professional vs a family member or friend
- Make eye contact, demonstrate humility, and avoid arrogance
- Ask how individuals would prefer to be addressed
- Avoid questions about immigration status



BESAFE MODEL

| BLACK

In the United States, Black men who have sex with men (MSM) and Black women are disproportionately impacted by HIV. Social disenfranchisement, poverty, and lack of access to health and wellness programs are just some of the factors that make the Black community vulnerable to HIV.²

Actor Portrayal
This example is for illustration purposes only.

Barriers to Care⁴

- Mistrust of the medical community
- Substandard care
- Stigma associated with breaking religious beliefs

Ethics⁴

Enable informed decision-making by providing:

- Language services
- Accurate, complete information
- A survey of the landscape of new clinical treatments and therapies they are eligible to participate in

Provider Sensitivity⁴

- Explore personal cultural beliefs
- Avoid assumptions about others' cultural beliefs and values
- Understand the basis of health concerns related to treatment plans and clinical trials

Assessment⁴

- Collect information in a systematic way
- Respect spiritual beliefs and traditional healer treatments that won't negatively affect the person
- Develop alternative styles of inquiry by adopting a less direct and more conversational approach to assessing someone's background

Facts⁴

- Spirituality plays an integral role in many Black lives
- Confronting disease means dealing with spiritual issues, such as guilt, loss, and a search for meaning
- Family, friends, and other relatives play a significant role in the healing process

Encounters⁴

- Consider their perspective on sexual orientation and homosexuality
- Address formally, being mindful of age and title (Dr., Mr., Mrs., Pastor, etc.)
- Respect personal physical space; many Black people prefer to sit at a closer distance when being addressed



BESAFE MODEL

NATIVE AMERICAN,
ALASKA NATIVE, AND
NATIVE HAWAIIAN

Native American, Alaska Native, and Native Hawaiian cultures are especially vulnerable to HIV due to substance use and high rates of sexually transmitted illness. Both of these are compounded by poverty and distrust of the medical system.⁵

Actor Portrayal
This example is for illustration purposes only.

Barriers to Care⁵

- Mistrust of government healthcare systems brought on by ethical violations
- Lack of acceptance or understanding of traditional healing practices or culture
- Insufficient federal funding
- Language
- Transportation

Ethics⁵

Enable informed decision-making by providing:

- Language services
- Translated materials and resources
- Accurate, complete information

Ensure accurate data reporting for community health by avoiding:

- Racial misclassifications
- Underreporting disease cases

Provider Sensitivity⁵

Become comfortable with Native culture and community by:

- Studying their history
- Participating in cultural activities
- Learning ceremonies and customs
- Understanding the value of relationships to the Native community

Assessment⁵

- Understand that the Native worldview and quality of life is holistic in orientation, which makes it necessary for the healthcare professional to obtain assessment data that go beyond the individual's physical well-being

Facts⁵

- Many beliefs are rooted in connection to the physical environment
- Access to healthcare can be limited when living on reservations or in small villages
- The living environment can be minimal for some, with no telephone lines or access to the internet

Encounters⁵

- Be mindful of local Native cultures and behaviors, as these can substantially vary among groups
- Avoid hand gestures and making direct eye contact, as these can be viewed as disrespectful
- Greet visitors in your facility in their tribal language



BESAFE MODEL

ASIAN AND
PACIFIC ISLANDER

The rate of HIV acquisition is rising in Asian communities across the United States. Cultural practices, language barriers, stigma, and discrimination are just some of the barriers to care faced by this population.⁶

Actor Portrayal
This example is for illustration purposes only.

Barriers to Care⁶

- Lack of familiarity with Western medicine and traditional healthcare systems
- Immigration status
- Language
- Gender roles impacting who receives care
- Work priorities

Ethics⁶

Enable informed decision-making by providing:

- Language services
- Accurate, complete information
- Access to family members and supporters in the decision-making process
- A survey of the landscape of new clinical treatments and therapies they are eligible to participate in

Provider Sensitivity⁶

- Value collectivism and the role of the family in individual identity
- Avoid assumptions that individuals comprehend their diagnosis and treatment plans, as these are less likely to be questioned by Asians and Pacific Islanders

Assessment⁶

- Be aware that individuals with psychiatric disorders may exhibit “stoicism,” denying sadness, depressed mood, or other symptoms
- Inquire about use of traditional treatments and herbal medications while taking the history of the present illness

Facts⁶

- Embrace hard work. Place particular value on family, elders, privacy, and respect
- Linking the mind, body, and soul are integral to medical treatments
- Can believe in fatalism, which says that one must accept the unfortunate events in one’s life and that one has little control over negative health outcomes

Encounters⁶

- Be mindful that Asians and Pacific Islanders may completely defer when given medical advice
- Focus attention on nonverbal cues for communication of personal needs
- Reassure confidentiality, as Asians and Pacific Islanders may feel concerns about medical condition and reaching out to family and community members



BESAFE MODEL

| YOUTH

In 2018, youth aged 13 to 24 years made up 21% of new HIV diagnoses in the United States and dependent areas.⁷ Many of the risk factors for this population are the same as for those who are older, including condomless sex and substance use.²

Actor Portrayal
This example is for illustration purposes only.

Barriers to Care²

- Education
- Cognitive development
- Distrust of authority figures
- Sexual orientation and identity issues in context of development

Ethics²

- Be mindful of legal age for consent, as this varies state by state
- Understand availability of parental or family support systems to help guide decision-making, even if consent is legally possible

Provider Sensitivity²

- Exercise respect and tolerance for other viewpoints and special needs
- Recognize the level of feedback from the young person and potential false impressions that everything is fully understood

Assessment²

- Adherence to treatment and care may prove difficult in youth; collect thorough documentation of treatments and efforts to assure that adherence is being stressed

Facts²

- Physical and hormonal changes of puberty are important in making decisions about medication doses
- May experiment with “adult behaviors,” including sexual activities and alcohol/substance use
- May not have disclosed sexuality to family or friends, feeling isolated at this stage in life

Encounters²

- Allow for expression of fears and curiosities by creating a safe and welcoming environment
- Youth should be allowed to bring parents, guardians, or partners for education and support
- Information about sexuality and numbers of partners will change as comfort level improves



BESAFE MODEL

| 50 YEARS AND OLDER

More than 50% of all individuals living with HIV in the United States are 50 years of age and older, a percentage that is estimated to rise to 70% by 2020.⁸

Actor Portrayal
This example is for illustration purposes only.

Barriers to Care²

- Feelings of judgment toward sexual behaviors
- Fear of diagnosis
- Misconceptions about risk

Ethics²

- Be mindful to include individuals as active participants and ensure they are made to feel that their contributions are critical to the process

Provider Sensitivity²

- Exercise patience and understanding toward fears and feelings of hopelessness
- Understand stigma and the issues affecting disclosure

Assessment²

- Employ standardized questionnaires
- Practice motivational interviewing skills to gauge the individual's perspective and ascertain treatment goals
- Approach everyone in a manner that puts them at ease

Facts²

- Biological aging makes individuals 50 years of age and older more predisposed to HIV infections
- Many older adults do not exhibit sexual health-seeking behaviors
- Older adults tend to be diagnosed in later stages of HIV; therefore, they have an increased risk of death after diagnosis

Encounters²

- Provide information that is simple and clear, being careful not to overwhelm
- With permission, it is helpful to include family members in discussions of care and disease management

CREATE A BESAFE MODEL FOR YOUR COMMUNITY

Barriers to
Care

Ethics

Provider
Sensitivity

Assessment

Facts

Encounters



Now that you've seen how BESAFE can be applied to a variety of different communities, pick one that you want the BESAFE model to serve.

Draft examples of each core element for that community. When you are finished, compare your examples with some established examples from the BESAFE model.



RESOURCES

Gilead and other organizations have resources available that can help you provide culturally responsive care.

Gilead Resources

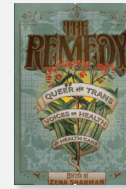


Cultural Humility Workbook



Ethical Violations and Ongoing Discrimination Booklet

Other Resources



The Remedy
Published by Arsenal Pulp Press

AETC
AIDS Education and Training Center

BESAFE Cultural Competency Model

References: **1.** McNeil JJ et al. A model for cultural competency in the HIV management of African American patients. *J Natl Med Assoc.* 2003;95(Suppl):3S-7S. **2.** NMAETC. HIV in communities of color: the compendium of culturally competent promising practices. July 2009. **3.** NMAETC. Be safe: a cultural competency model for Latinos. January 2002. **4.** NMAETC. Be safe: a cultural competency model for African Americans. January 2005. **5.** NMAETC. Be safe: a cultural competency model for American Indians, Alaska Natives, and Native Hawaiians toward the prevention and treatment of HIV/AIDS. January 2006. **6.** NMAETC. A cultural competency model for Asians and Pacific Islanders. https://www.aetcnmc.org/documents/API_BeSafe.pdf. Accessed January 13, 2020. **7.** CDC. HIV and youth. <https://www.cdc.gov/hiv/pdf/group/age/youth/cdc-hiv-youth.pdf>. April 2020. Accessed June 22, 2020. **8.** GMHC. HIV/AIDS and older adults. <http://www.gmhc.org/hiv-info/hivaids-and-older-adults>. Accessed June 22, 2020.

FOR MORE INFORMATION, VISIT THE BESAFE WEBSITE
targethiv.org/library/besafe-cultural-competency-model



GILEAD and the GILEAD Logo are trademarks of Gilead Sciences, Inc., or its related companies.
All other trademarks referenced herein are the property of their respective owners.
© 2020 Gilead Sciences, Inc. All rights reserved. UNBP5763 08/20