NMAETC
National Minority AIDS
Education and Training Center
Howard University College of Medicine

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Howard University's NMAETC:

Successful Impact in Addressing HIV/AIDS in Communities of Color

Foreign-trained clinicians have been an integral part of the American health care workforce delivery system since the late 1940s. Today, international medical graduates (IMGs) account for over 25% of the nation's physician workforce. Similarly, there has also been a significant increase in the number of Foreign-Educated Nurses (FENs) employed by U.S. health care organizations. From 2001 to 2008, 476,000 full-time registered nurses (RNs) were added to the U.S. workforce, one-third of whom (155,000) were foreign trained. In 2008 alone, the number of foreign-trained RNs increased by a record 48,000. According to the National Foundation for American Policy (2007), IGMs and FENs are chiefly concentrated in New York, California, Florida, New Jersey, Texas, and Illinois.

By choosing to pursue specialties less attractive to U.S. medical graduates, IMGs and FENs have filled important gaps that would otherwise seriously compromise the effectiveness of the U.S. health care system. In fact, foreign-trained clinicians have long met the health manpower needs of rural, geographically remote and underserved populations in the United States.

There is an abundance of data that chronicles the disproportionate HIV burden in the United States among People of Color in general, and African Americans and Hispanics, in particular. For, while together both groups make up one-quarter of the US population, they account for about two-thirds of the U.S. population living with HIV/AIDS[1].

Despite the disproportionate burden of HIV in the African American community as well as other health outcome disparities relative to ethnicity, the percentage of physicians who are African American has remained constant at 3.9% over the last thirty years. As they retire, they are being replaced primarily by the increasing numbers of foreign-trained physicians. There is little research which documents what is required for IMGs and FENs to provide culturally competent clinical care while employed in the US. This is particularly problematic with respect to HIV/AIDS care, treatment and support in Communities of Color. For, beyond cultural or linguistic competency, there is also the need to address global differences in attitude towards patients with HIV/AIDS which IMGs and FENs may harbor. For example, a group of foreign trained clinicians informed NMAETC staff that in their countries of origin homosexuality is a capital offence. Thus, once here in the U.S., they balked at the notion that they should provide quality care to men who have sex with men. This expectation not only proved unacceptable to many in the group but was also a hindrance to effective clinical practice.

Over the past 4 years, Howard University's NMAETC has conducted targeted needs assessments of foreign trained clinicians with respect to cultural competency. Our findings [2] revealed that 80% of foreign trained clinicians express an urgent need for training on how to treat patients with HIV/AIDS in a culturally competent manner. Further, 61% report that cultural factors linked to training abroad were major challenges to their ability to provide quality health care to patients in the US. Another disturbing finding is that 83% of respondents currently manage patients infected with HIV; however, nearly half of the sample (44%) report not receiving specific education and training on HIV management as part of their medical training abroad. These findings clearly illustrate the critical and immediate need for cultural competency training and education for foreign-trained clinicians practicing in the field of HIV/AIDS.

In response to these ongoing updated findings, the NMAETC has continued to refine our foreign trained cultural competency training program to be more responsive to the needs of our clientele.

The NMAETC has designed and delivered highly specialized training modules specifically for foreign-trained clinicians. The overarching goal of the trainings is aimed at improving cross-cultural communication between these clinicians and their patients in an effort to ameliorate clinical outcomes. Our innovative cultural competency training module for foreign trained clinicians has been supported by the Office of Minority Health where we have trained foreign trained clinicians from the African Diaspora.

In 2008, the NMAETC conducted 660 training events throughout the US. We trained nearly 2,600 clinicians in - New York, California, Florida, New Jersey, Texas, and Illinois, the states with the highest concentration of IMGs and FENs. Our training and technical assistance was intended to enhance their cultural competency skills. The goal was to increase their ability to provide culturally competent quality HIV care and thereby minimize the disparity of HIV infections within Communities of Color and the general population.

Through ten years of unbroken service to Communities of Color nationwide, the NMAETC has provided leadership in capacity building, education, training and support to assist providers, including foreign-trained clinicians, in delivering excellent care to minorities living with HIV/AIDS. As a result of the NMAETC's efforts, nearly 40,000 clinicians and other HIV providers have been provided the tools to positively impact and improve the clinical outcomes of thousands of persons living with HIV/AIDS

[1]CDC.HIV/AIDS surveillance by race/ethnicity (through 2007). Available at www.cdc.gov/hiv/topics/surveillance/resources/slides/race-ethnicity/.
[2] Downer, GA; McKinney S; Watson K: National Minority AIDS Education and Training Center (2008). Assessment of Barriers for Clinicians Receiving Clinical Training Over Seas Survey