

# Cultural and Self-Humility with Nationalities Services Center - Populations at Risk for HepB

Thursday, March 4, 2021 at 12:00 pm ET



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate



Department of  
**Public Health**  
CITY OF PHILADELPHIA



**Nationalities**  
SERVICE CENTER

# National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a nonprofit member-supported organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Direct, nurse-led healthcare services
- Policy research and advocacy
- Training and technical assistance support



# Zoom Housekeeping Items

## Question & Answer

- Click the Q&A field and type your questions in the throughout the webinar today.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.
- Slides will be sent out after the webinar today.

## Continuing Education Credits

- Please take the Survey evaluation emailed within 2 days after the webinar to receive your CME/CNE.
- Certificate will arrive within 1 week of completing the survey.

The screenshot displays a Zoom meeting interface. At the top, it shows 'Zoom Participant ID: 42 Meeting ID: 752-948-988' and a 'Recording...' indicator. Below this, a 'Talking:' bar is visible. The main area shows meeting details: 'Meeting Topic: test1', 'Host: National Nurse Led Care Consortium (NNCC)', 'Password: 905316', 'Invitation URL: https://zoom.us/webinar/register/WN\_ESfDeS5gQw-p\_M4h...' (with a 'Copy URL' link), and 'Participant ID: 42'. Below the details are three icons: 'Join Audio' (headphones), 'Share' (screen), and 'Invite Others' (person with plus). At the bottom, a control bar contains icons for 'Join Audio', 'Start Video', 'Participants' (1), 'Q&A' (circled in red), 'Polls', 'Share', 'Chat', 'Pause/Stop Recording', and 'More'.



# Nationalities Service Center Speaker Introductions

Bianca Taipe, BA

Case Manager, Anti-Human Trafficking Program

Ariel Ressler MacNeill, MPH

Senior Manager, Health Access and Specialized Supports



# CULTURAL HUMILITY IN PATIENT CARE

Bianca Taipe, BA

Case Manager, Anti-Human Trafficking Program

Ariel Ressler MacNeill, MPH

Senior Manager, Health Access and Specialized Supports



**Nationalities**  
SERVICE CENTER

# Nationalities Service Center



**Nationalities**  
SERVICE CENTER

# Session Overview

---

- Different Immigrant Groups and Populations
- Cultural Humility
- Trauma-Informed Practice
- Providing Accessible Care
  - ▣ Health-Related Challenges Faced by Immigrants and Refugees

# What is the Difference between

## Immigrants, Refugees, Asylees and Survivors of Human Trafficking?

### Refugee



- Fear persecution in country of origin
- Flees to second country; granted refugee status
- 1% resettled to third country

### Asylee



- Fear persecution in country of origin
- Flees to second country on temporary basis
- Granted status after they arrive in the US

### Trafficking Survivors



- Brought with promises or coercion
- Forced into sex and/or labor trafficking
- Granted status after they cooperate with investigation

### Immigrant



- Voluntary migration
- Seeking a better life: education, employment
- Temporary or permanent



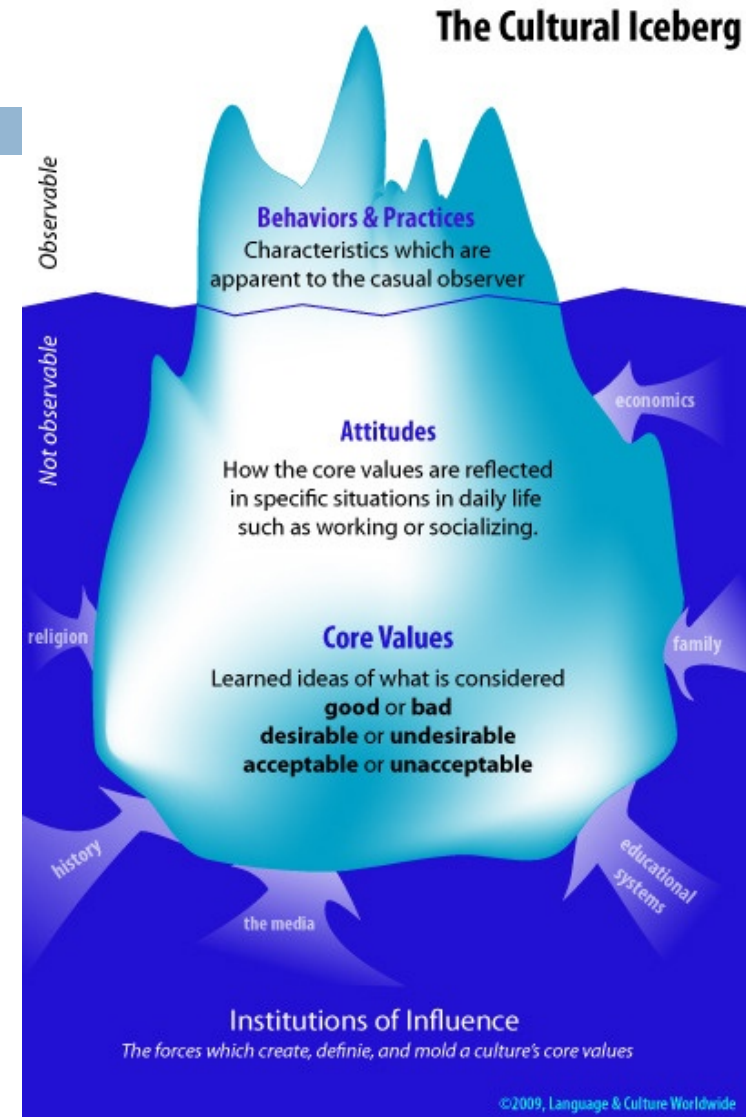


# Cultural Humility



# The Cultural Iceberg

- Gender Roles
- Generational and Family Roles
- English Language proficiency



# A Closer Look: Cultural Humility

## What is Cultural Humility?

The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person. [Hook, Davis, Owen, Worthington and Utsey (2013)]

## How do I gain Cultural Humility?

- Examination: Developing an awareness of one's own thoughts, feelings and judgments
- Value the Other: Recognize that all perspectives have value.
- Exposure: Proactively creating and participating in diverse cultural experiences, which add depth and breadth to our current knowledge base.

# Cultural Humility v Cultural Competency

- Constant learning
- No "one size fits all" approach
- Cultural Competency – about mastering one's culture
- Complexity within a culture
  - ▣ Individuals can come from the same country but exhibit very different cultural backgrounds (languages, religious beliefs, etc.)

# Tips for Developing Cultural Humility

- Identify your own cultural beliefs and values.
  - ▣ **What is a value that you or your family hold?**
- Next, define your own personal culture and/or identity: ethnicity, age, experience, education, socio-economic status, gender, sexual orientation, religion...
- Challenge yourself in not identifying your own values as the “norm.”
- Reflect on a time when you became aware of being different from other people.

# Location of Self

- **What privileges or disadvantages do you identify with?**
- **What might your bias reveal in working with patients?**
- Personally reflect on the following:

Are you aware of your personal biases and assumptions about people with different values than yours?

# Other practical tips

- Educate yourself about your client's culture
  - ▣ Reach out to related organizations
  - ▣ Seek information about the client's group or culture from multiple sources/perspectives
    - From client
    - Through your own research. For example:  
<http://www.culturalorientation.net/learning/backgrounders> for overview information on different refugee groups



# Trauma-Informed Care



# Defining Trauma & Compassion Fatigue

## □ Trauma

- "Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being." (Substance Abuse and Mental Health Services Administration, 2014)
- Secondary Trauma – an individual witnessing the traumatic event without necessarily experiencing the event themselves.
- Vicarious Trauma – Exposure to trauma of others can change the worldview of professionals (Pearlman & Saakvitne, 1995).
- Compassion Fatigue – Physical, emotional, and spiritual depletion associated with caring for others in distress (Fidgley, 1982).

# Trauma on the Body

- Emotional – sadness, emotional numbness, anger, mood swings, distrust
- Psychological- depression, anxiety, PTSD, Substance Abuse Disorder
- Physical – insomnia, changes in appetite, chronic pain, fatigue
- Cognitive – flashbacks, memory issues, nightmares, brain fog

# Trauma-Informed Care

- Organizational culture that incorporates understanding of prevalence, pervasiveness and impact of trauma
- Universal approach that actively avoids re-traumatization
- A commitment to creating safe spaces for clients who have experienced trauma

(Fallot & Harris, 2001)

# Building a Safe Space

- Give preface- Do not assume that all patients have "common knowledge"
- Ask permission before touching; "How can I access your arm to give you this vaccine injection?"
- Announce when you close a door – it can avoid re-traumatization
- Be mindful of chaotic environments – it could trigger a traumatic response

# Culturally Sensitive Care

- Listen – What is your understanding about what happened?
- Be Open – Who do you normally turn to for support?
- Respect – Is there anyone else you would like me to talk to?

It is important not to dismiss an individual's experience.

# Trauma-Informed Glasses

- Example: Patient becomes upset at you for waiting an extra 30 minutes for their appointment and demands to only meet with the doctor. The patient refuses to meet with any other type of provider.

"Trauma Glasses Off" - What is the patient doing? What is your impression of this patient?

(Resource: National Center on Safe Supportive Learning Environments)

# Having Your Glasses On

- "Trauma Glasses On"
  - ▣ Now think about the situation from the patient's perspective
- Patient is meeting their needs in ways that have worked in the past. They are doing whatever is necessary to survive.

(Resource: National Center on Safe Supportive Learning Environments)

# Connecting your Patients for Additional Support

- Reach out to organizations providing services to immigrants:
  - Nationalities Service Center
  - HIAS
  - African Family Health Organization
  - Puentes de Salud
  - Bhutanese American Organization
  - SEAMAAC



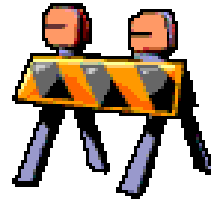


# Providing Accessible Care

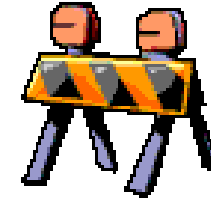
# Barriers Newcomers Face



Language



Potential Trauma  
History



Health Issues

Lack of Context



Health Insurance  
Access



Navigating Systems



# A Closer Look: Language Access

## Title VI of the Civil Rights Act of 1964

"No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."<sup>1</sup>

All agencies receiving federal funding must provide language services to ensure that all clients have equal access to services such as

- Notices for LEP persons ("I speak" cards or posters)
- Culturally competent bilingual staff
- Telephonic interpretation or in-person interpreters
- Translation of written materials (for large minority languages)

For more information, go to [www.lep.gov](http://www.lep.gov)

<sup>1</sup><https://www.dol.gov/agencies/oasam/regulatory/statutes/title-vi-civil-rights-act-of-1964#:~:text=No%20person%20in%20the%20United,activity%20receiving%20Federal%20financial%20assistance.>

# Using an Interpreter

- What services does your practice offer for interpretation and translation?
  - ▣ Bilingual providers
  - ▣ Staff interpreters
  - ▣ Telephonic/video interpretation
  
- Patients refusing interpretation
  - ▣ Inform on options and that interpretation services are their right and free of charge
  - ▣ Provide translated written materials whenever possible to reiterate important information
  - ▣ Think about how your language will translate (complicated medical terminology)

# Tips for Using an Interpreter

- Always speak in first person, just as you would in normal conversation. For example, say, “Do you have a fever?” rather than “Ask her if she has a fever, please.”
- Immediately introduce yourself to the limited-English proficient (LEP) patient and explain introduce the topic of conversation.
- After you speak one-two sentences or finish a thought, pause to give the interpreter enough time to interpret.
- Check for patient (and provider) understanding
  - ▣ Ask the LEP patient questions to ensure they understand what you want to communicate.
    - Teach-Back Method – “Can you please tell me when you will take your medication and how many pills?”
      - Active listening back to patient – learn from patient
  - ▣ Ask the interpreter clarifying questions when needed

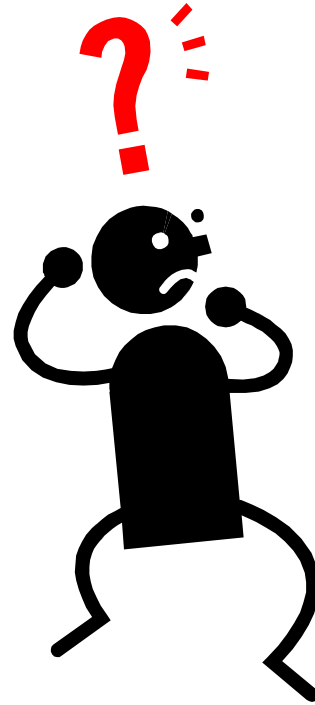
# A Closer Look: Navigating Systems

Employment

Health System  
and Health  
Insurance

Benefits and  
Services

Schools and  
Education  
System



Transportation

# Transportation Challenges

- Navigation
  - ▣ Newcomers learning new systems
  - ▣ Literacy challenges
- Access
  - ▣ Cost
  - ▣ Distance/lack of public transit options
  - ▣ Health challenges
- Special Circumstances
  - ▣ Pregnant, post-partum, childcare

**\*FLEXIBILITY\***

# Tips for Supporting Clients/Patients Navigating Systems

- Explain the big picture
- Manage expectations
  - ▣ How long will this take?
  - ▣ What can the individual expect as an outcome?
  - ▣ Check your own assumptions
  - ▣ Checking for patient's understanding
- Connect with available supportive services
  - ▣ Familiarize yourself with available programs and services
  - ▣ Don't be afraid to ask for help!
    - Use your resources, know where to go
    - Being open to take the time to understand



# Suggested Online Resources

- Medical:
  - Refugee Health Technical Assistance Center: [www.refugeehealthta.org](http://www.refugeehealthta.org)
  - Refugee Health Information Network: [www.rhin.org](http://www.rhin.org)
  - Harvard Program in Refugee Trauma: [www.hpert-cambridge.org](http://www.hpert-cambridge.org)
- Mental Health:
  - Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)
  - National Center for PTSD: [www.ncptsd.va.gov](http://www.ncptsd.va.gov)
  - Harvard Program in Refugee Trauma: [www.hpert-cambridge.org](http://www.hpert-cambridge.org)
- Legal:
  - American Immigration Lawyers Association: [www.aila.org](http://www.aila.org)
  - Catholic Legal Immigration Network (CLINIC): [www.cliniclegal.org](http://www.cliniclegal.org)
- Social Services:
  - Child Welfare: [www.brycs.org](http://www.brycs.org)
  - Mutual Assistance Associations: [www.ised.org](http://www.ised.org)

# Suggested Online Resources (cont.)

- Employment:
  - ▣ Refugee Works: [www.lirs.org/What/RefugeeWorks](http://www.lirs.org/What/RefugeeWorks)
- Advocacy:
  - ▣ Amnesty International: [www.amnesty.org](http://www.amnesty.org)
  - ▣ Human Rights Watch: [www.hrw.org](http://www.hrw.org)
  - ▣ US Department of State Country Reports: [www.state.gov](http://www.state.gov)
  - ▣ United Nations Refugee Agency: [www.unhcr.org](http://www.unhcr.org)
- Torture Treatment:
  - ▣ International Rehabilitation Council for Torture Victims: [www.irct.org](http://www.irct.org)
  - ▣ Center for Victims of Torture: [www.cvt.org](http://www.cvt.org)
  - ▣ National Consortium of Torture Treatment Programs: [www.ncttp.org](http://www.ncttp.org)
  - ▣ REDRESS: [www.redress.org](http://www.redress.org)

# Questions?

Please type your questions into the Q&A box.



Christine Simon  
[csimon@phmc.org](mailto:csimon@phmc.org)



# Next NNCC Webinar

## Managing Hepatitis B Care for High Risk African and Caribbean Populations

Tuesday, March 16, 2021 at 12:00 pm ET



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate

# Thank you!

*Learn about more FREE continuing education opportunities by subscribing to our email newsletter.*

**NurseLedCare.org**



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate