



The Power of Cultural Validation

Immigrants and Refugees

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Why We Need

▶ Cultural Validation

Background: Why is Cultural Validation Needed?

► Dr. Grenardo Health Disparities 2022 Report

- People who reported needing culturally responsive care were disproportionately likely to report being treated with less respect. They may avoid seeking health care when they need it due to their fear of being treated unfairly.
- Having access to culturally responsive care can reduce health disparities and improve patients' trust in the health care system.

Colorado Health Institute – Diverse State, Diverse Needs report – July, 2022

Figure 4: Coloradans Who Needed Culturally Responsive Care Were Nine Times as Likely to Receive Less-Respectful or Lower-Quality Treatment*

Percentage of people treated with less respect by culturally responsive care need, 2021

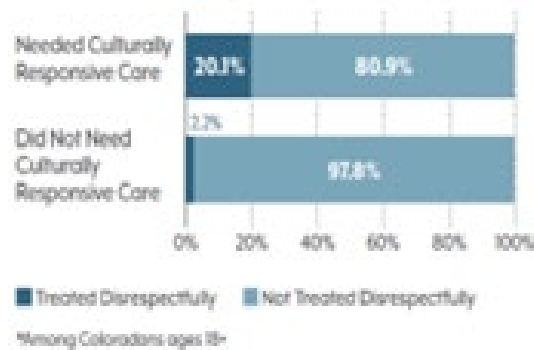
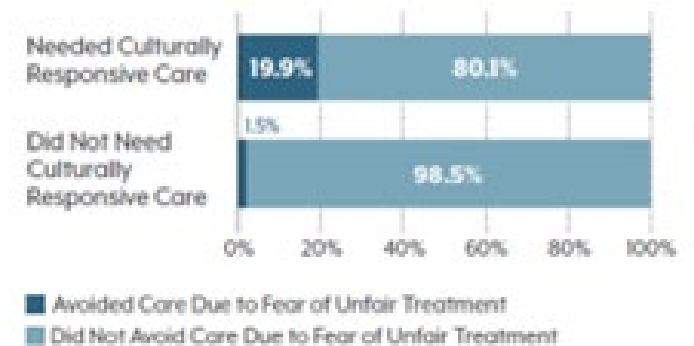


Figure 5: Nearly One in Five Coloradans Who Needed Culturally Responsive Care Skipped Treatment Due to Fear of Being Treated Unfairly

Percentage of people who skipped treatment due to fear of unfair treatment, 2021



Key Recommendations from Dr. Grenardo's Presentation All Point to Cultural Validation

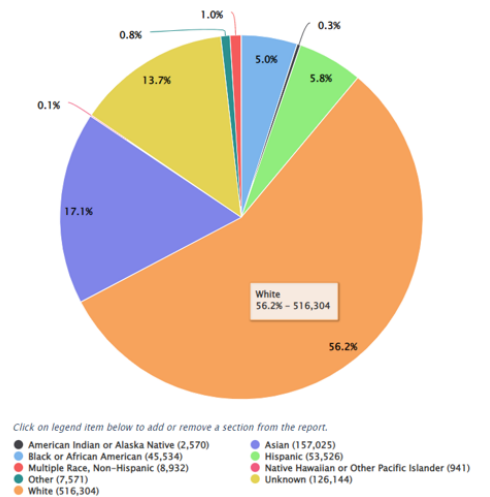
Identifying Root Causes Process Factors: Clinical Encounters (in-person)

- New patient forms that do not capture diversity data and do not feel welcoming
- Lack of signage in clinics in multiple languages
- Clinic built environment that is not inclusive
- Implicit biases
- Lack on training on how to create psychological safety
- Inconsistent SDOH assessment and/or conversation during visit
- Inconsistent use of interpretation services
- AVS or other paperwork not in preferred language
- Inconsistent in-between visit follow up to re-assess barrier to care

Identifying Root Causes: Provider/Staff Factors

- Time limitations
- Implicit bias
- Fixed mindset
- Lack of Cultural Competence
- Inconsistent use of interpreting/translation services
- Unawareness of existing health disparities
- Lack of knowledge about discrimination or racism-related trauma
- Need for training on role of SDOH on health outcomes
- Lack of self-care
- Lack of provider/staff diversity

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.



Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.

Source: Race and ethnicity are obtained from a variety of sources including DBS, ERAS, APP, MCAT, SMDSP, GCL, MDS, PMS, FACULTY, CME, STUDENT with priority given to the most recent self-reported source.

Key Recommendations from Dr. Grenardo's Presentation All Point to Cultural Validation

Minimize and Eliminate Addressing Process Factors: Clinical Encounters (in-person)

- Ensure new patient forms are inclusive (ex. non-traditional families)
- Ensure physical look and function of clinic is welcoming to all
- Use standardized workflow and patient care processes to decrease bias
- Be mindful of implicit biases
- Training on creating psychological safety
- Assess all patients at all visits for SDOH and address during encounter
- Interpretation services in place are required by law and staff that are trained in how to use and aware of communication barriers policy and how to use interpretation
- Handouts/paperwork/discharge instructions that can be modified for different cultures, languages, and literacy levels
- Ensure equitable workflows for follow up and in-between visit outreaches

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Minimize and Eliminate: Addressing Provider/Staff Factors

- Consider how clinic workflow can allow for more time spent with patient addressing issues that impact disparities
- Engage in self-care to reduce activation of implicit biases
- Complete training on implicit bias and use best practices for decreasing bias (found on D&I Sharepoint site)
- Develop a growth mindset
- Learn about culturally competent care for various populations
- Consistently use interpretation and translation services
- Learn about existing health disparities
- Learn about racial trauma and how to offer appropriate resources
- Learn about impact of SDOH on health outcomes
- Learn about the importance of a more diverse workforce
- Hire more diverse staff and providers

Minimize and Eliminate Addressing Process Factors: Quality Improvement Work

- Review new patient forms to ensure they allow for collection of patient diversity data
- Train clinic staff to consistently collect and document patient diversity information
- Establish processes for tracking CHPG work based on patient diversity
- Ensure PDSA processes have a health equity focus and target populations at greater **social risk** of poor health outcomes.
- Establish processes to consistently provide health outcomes data for providers and office staff to enact needed quality improvement

Social risk is defined as something that increases the possibility of neglect, loss, or harm associated with the domains of socioeconomic position. These include race, ethnicity, cultural context; gender; social relationships; and residential and community context (U.S. Department of Health & Human Services, 2021)

Together We Protect: Advice From Practitioners

- ▶ Together We Protect Vaccine Report Identified Key Advice from Practitioners who were able to connect with “8,024,761 people through outreach and education on COVID-19 vaccination information, and vaccinations were administered to 96,960 youth (under 18 years of age) and 308,721 adults.”

Key Advice *Page 5 Together We Protect Report*

Respect. Know and respect your target audience and their needs and preferences, not just about vaccinations but about social issues; listen and talk with them to develop trusting relationships. Refrain from judgment and meet people “where they are at.” Connect in person rather than solely with flyers, and ensure services and information are available and accessible. Ensure the demographic being served is well represented by the people who serve them.

Cultural [Validation]. Engage vulnerable groups through a culturally competent lens; acknowledge the added burden underserved populations experience when accessing health due to systemic oppression.

Connect. Identify community partners, leaders, and champions and establish relationships with them. Additionally, keep partners accountable for their reciprocity of efforts.

Organize. Properly and effectively plan, coordinate, and organize. Be flexible, patient, persistent, and diligent, especially when working with hesitant groups or individuals.

Persevere. Be patient with results, and be prepared for, and steadfast in the face of anti-vaccination adversity and vaccine hesitancy. Do not become discouraged.

Be informed and agile. Stay current on research and information about changing health issues, as well as changing events, people, needs and barriers.

Celebrate. Be celebratory and engage in culturally-appropriate recognitions of individual and community achievements. Make it fun and stay positive.

Communicate. Rely on multi-channel, multi-method communication, such as visual, vocal, and social media communication platforms and messaging.

Incentivize. Use effective and appropriate incentives

The Power of
Cultural Validation:
Overview & Agenda
*This training is
designed to show
how to put that
advice into practice.*



Planning & Preparation



Service Delivery



Authentic Community
Engagement

Key Learning Objectives & Outcomes From Today

1

Understand Strategies for Preparing to Work with Immigrant and Refugee Communities

2

Understand the importance Cultural Validation and Translation Review and Crafting Culturally and linguistically appropriate messaging

3

Identify steps organizations can take to implement their own cultural validation process

Outcomes of Cultural Validation

- ▶ Use of Cultural Validation
 - ▶ Breaks down barriers to accessing health and public health resources
 - ▶ Increases public trust in providers and the health care systems
 - ▶ Increases preventative health practices among vulnerable communities



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1. Planning &

- ▶ Preparation

Clarifying Objectives, Goals, & Outcomes

Be clear
about what
you hope
to achieve

- Number of people reached
- Number of referrals made
- Number of educational materials distributed
- Number of interventions: I.E. Vaccines

Articulate
long-term,
strategic
outcomes

Example: If we're 44th in the nation and we want to move to the top 10 - How are we going to get there?

Measuring Outcomes

- ▶ Track number of people served by outreach materials
- ▶ Track number of people who participate
- ▶ Track number of materials distributed
- ▶ I.E. Track number of vaccines administered
- ▶ Surveys:
 - ▶ Customer satisfaction
 - ▶ Likelihood of continued engagement with public health care
 - ▶ Likelihood of use of resources in the future
 - ▶ Etc.

Research Populations

Where are people from?

What are the common religions?

What foods do people eat?

Hang out - Community centers, clubs, churches, events?

Likes and dislikes?

Events and cultural symbols?

Fears, past traumas common in the community?

Discrimination or barriers to access that are common?

Examples: ICE, language barriers, privacy, data, how that impacts families and decisions

Connect With the Community

- ▶ Visit locations and stores
- ▶ Attend events
- ▶ Attend listening sessions
- ▶ Attend church
- ▶ Commitment to learning and visibility in the community;
Builds trust



Identify Community Leaders & Create Partnerships



Identify organization leaders, influences and leaders within the community



Meet with leaders to explain and articulate goals and outcomes



Ask questions to learn about community needs and outcomes



Create partnerships and ask community leaders to promote events and activities from their personal point of view.

Innovation & Integration

- ▶ Integration at non-health specific events and activities
- ▶ Example: Vaccine Sundays

Join **Julissa Soto** for Vaccine Sundays

Are you worried about your family's health during these uncertain times?
Are you looking for information that can keep your family safe?
Join **Julissa Soto for Vaccine Sundays** and learn more about what you can do.

WHAT ARE VACCINE SUNDAYS?

Vaccine Sundays is a project designed to provide vetted information from trusted resources to the underserved Spanish-speaking community in Colorado. **The goal is to make prevention education and outreach part of the Church's ministry.**

Julissa provides trusted, and vetted information on COVID-19 information that fosters preparedness rather than stoking fear and perpetuating myths. She provides information in Spanish on the signs and symptoms of COVID-19. She educates the congregation on infection prevention habits, like proper handwashing techniques and other common practices frequently taught to combat influenza. She



Identify Additional Providers and Resources



Identify resources that could be helpful to this population in addition to your services: I.E. dental care, food services, etc.




Invite relevant partners, and create partnerships; For example, have health service vendors there.



CAUTION: Can be overwhelming - Make sure not to distract from primary goal. Limit to most necessary and relevant. Can impact meeting targeted goals. Focus on target: Vaccine, dental care, and stay focused.



Prepare Materials

- ▶ Prepare materials in the languages and using common lingo the community is most likely to use or understand
 - ▶ Important that translations are relevant and appropriate
 - ▶ **Transcreate!!! Transcreate!!! Transcreate!!!**
 - ▶ Translation is about saying the same thing the English language flyer says without the cultural component; Transcreate is about ensuring the cultural connection through words and pictures.
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Promotions and Outreach



Work with partners to promote events and activities



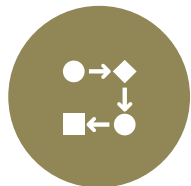
Use free strategies like press releases, and nonprofit radio spots



Use community bulletin board, etc.



Canvassing, knocking on people's doors, schools, trailer parks, churches, events.



Think Pre-2019 (not relying on social media and TikTok)



**KNOW THE AUDIENCE
IN ORDER TO PREPARE**

2. Service

- ▶ Delivery

Delivering Services

- ▶ Be sure to...
 - ▶ Welcoming
 - ▶ Intentionally break down barriers and fear
 - ▶ Have people who speak languages of target audiences
 - ▶ Comfortable and approachable
 - ▶ Authentic interactions
 - ▶ Making people feel valued and heard
 - ▶ Taking the time with time with people to answer questions; No rushing

Getting Prepared



Check any biases, and make sure to leave them at the door.
Avoid making jokes or comments



Be sure to avoid criticisms or telling communities how they should do something better (i.e. assuming leadership)



Ensure it's a non-judgemental, safe, free safe for learning and health and wellness

Bring Your “A” Game

- ▶ Welcoming, approachable
- ▶ Knowledgeable
- ▶ Keep in mind the long-term goals - building trust, increasing access to care, customer service
- ▶ Interactions make a lasting impression - This is your only time with the community, make sure to bring your A game.



Referrals & Evaluations



I.E. Vaccine cards, follow up contact information



Close out service with referrals for follow up, additional information or additional services



Survey/evaluation questions - Needs to be done in person during intervention; Don't ask to send something later (remember privacy concerns)



Following Up

- ▶ If there will be follow up, let people know.
- ▶ Set expectations; Be clear with families
- ▶ Talk about next events or other opportunities
- ▶ Provide assurance that people are not in trouble, particularly if they have encountered “compliance” language; Provide education and guidance



3. Continued

- ▶ Engagement

Visibility



Continue to show up and be present at events, locations and community centers



Get involved in issues that communities care about

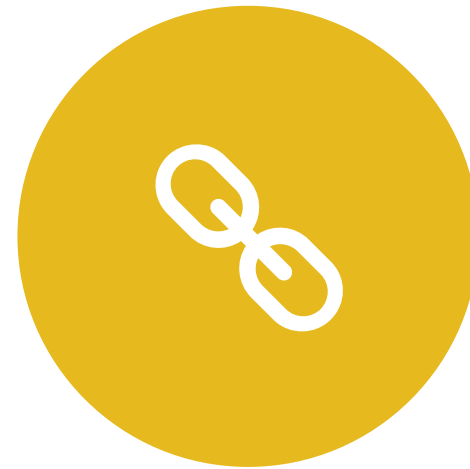


Educate, Educate, Educate - Have heart-to-heart conversations, continue to build trust, and engage authentically.

Keep the Door Open



BECOME AN ALLY



LINKS OR NAVIGATION

Bring leaders and voices into the fold



When new communities are connected, make sure they're represented in decision-making and policies moving forward.



Include community leaders in future planning and decision-making; Listen to the community moving forward



When we're talking about Diversity, Equity and Inclusion, we need to mean what we say.

The background features a solid lime green color on the left side, which transitions into a series of overlapping, semi-transparent geometric shapes in various shades of green (from light to dark) on the right side. These shapes are primarily triangles and quadrilaterals, creating a dynamic, layered effect. A thin white line also runs diagonally across the right side of the image.

▶ Success

What Success Looks Like

“When Cultural Validation is done right you should see more of this when you are in community.”





Questions

A close-up photograph of a hand holding a large, three-dimensional '@' symbol made of light-colored wood. The symbol is resting on a wooden desk. The background is softly blurred, showing a white wall and a wooden chair. The image is partially obscured by a white diagonal shape that serves as a background for the text.

For more information

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