

CULTURAL HUMILITY & VULNERABLE POPULATIONS

SUSAN CHILDS
COMMUNITY HEALTH WORKER
DUFFY HEALTH CENTER
HYANNIS, MASSACHUSETTS

COMMONALITIES IN PARTICIPANTS OF THE COMMUNITY HEALTH WORKER INTERVENTION

1. As a CHW, my work has been primarily with women experiencing homelessness. Most of these women also live with chronic health conditions such as end stage liver disease or Hepatitis C, digestive impairments, hypertension and/or brain injuries.

2. Additionally, most of these women are living with mental illness and addictions to substances.
3. Unfortunately, these women have experienced life changing trauma either; prior to being homeless, which may have contributed to their lack of housing, and/or as a direct result of their homeless circumstance.

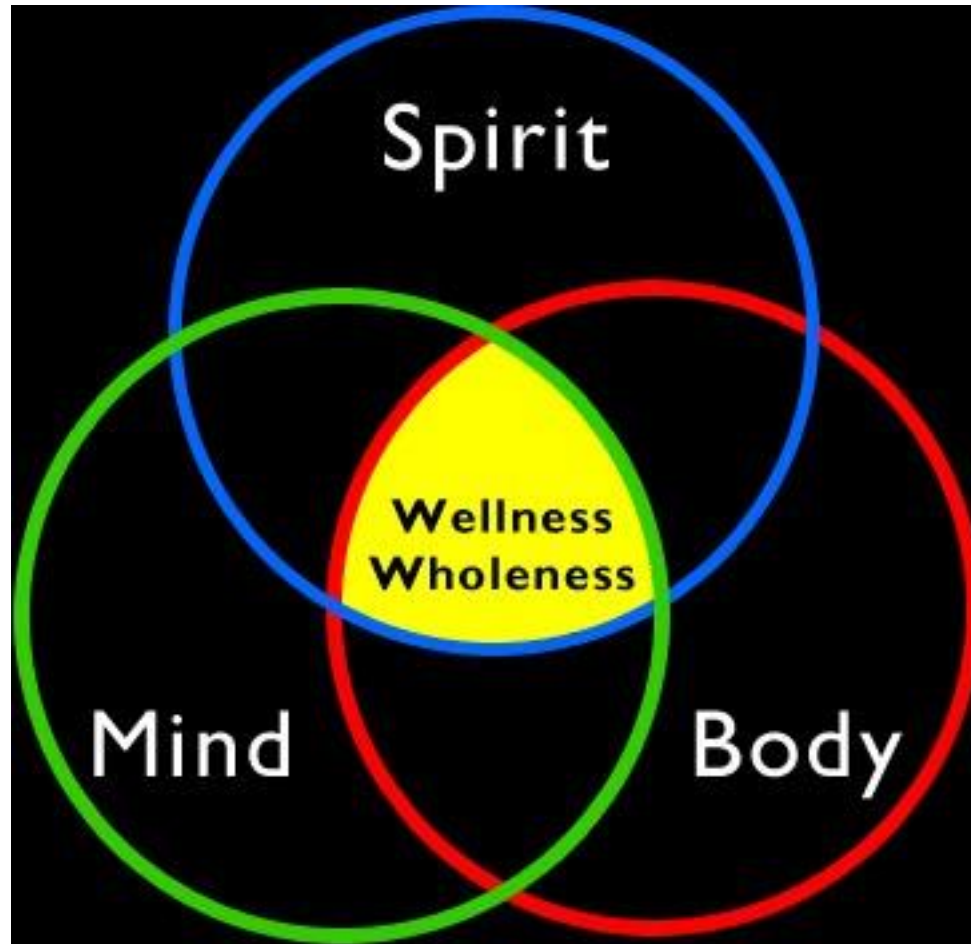
CHALLENGES FACED BY INTERVENTION PARTICIPANTS

1. Prior to obtaining each individual's consent to participate in this project, it became clear that building a connection based on trust was needed to establish an honest relationship.
2. *Water seeks its own level* ~ When in a crisis, individuals revert back to survival mode. In this mode, each individual is attracted to others with familiar qualities. What appears to be another dysfunctional relationship is, in fact meeting some need and allowing the individual to survive.

3. Equally attractive is a person who you can share with. If one party has a need; the other may have resources to satisfy that need for both of them.
4. Having repeatedly been exposed to trauma, these individuals give their trust sparingly. Trust is precious and must be earned and tested.

5. Luckily, peer pressure can work to benefit lives as well. As peers progress in recovery, they can influence positive changes.

6. Nothing stands alone~ As we know our physical health affects and is affected by decisions made, which are determined in part by our mental and spiritual health. Likewise, our faith and physical health have a huge effect on our mental health; as does our mental and physical health on our spiritual well-being.



COMMON MISCONCEPTIONS REGARDING THIS POPULATION

Especially when it affects a person's health care, we must always be conscious of our lenses. Listening openly to each individual is the only way to gather information specific to him or her. Stereotypical lenses include:

1. Individuals are too lazy to work and want a free ride from benefit systems.
2. The Mental Illness experienced by these individuals stems solely from substance use.
3. This population lacks the desire to improve themselves.

4. The lack of response from an individual indicates a lack of caring and/or interest.
5. The only hopes and dreams held by these individual are strictly self-serving.
6. Individuals are apathetic regarding how their behavior affects other.
7. The people who we work with think rules and laws don't apply to them.

COMMON ERRORS IN SERVING THIS POPULATION

1. When we don't listen to everything the individual is communicating and ask questions to gain accurate understanding, we are likely to misinterpret messages.
2. Giving up on an individual's recovery when healing does not occur on our timeline.
3. When we do not offer a sincere apology to individuals for an we offense or for mistakes we make, we are reiterating the person's lack of worth.

CULTURALLY APPROPRIATE PRACTICES - HANDOUT

QUESTIONS & CONVERSATION