



---

# **CULTURAL HUMILITY CONSIDERATIONS FOR WELCOME BABY PARENT COACHES**

- Presented by Carmen Rezak, DNP, MJ, RN,  
WHCNP-BC

Chief Executive Officer

Perinatal Advisory Council (PACLAC)

March 17, 2025

---

# DISCLOSURE

I have nothing to disclose.

Information presented is evidence-based.

In the spirit of humility of I say anything that is misleading or incorrect please forgive me and correct me as I value your feedback, experiences, and practice.

---

---

# OBJECTIVES



Understand the concepts of cultural humility, cultural awareness, cultural sensitivity, cultural competency



Know the differences between cultural humility and cultural competency



Name two theories that provide the framework of Cultural Humility and Cultural Care Diversity



Discuss some of the strategies and interventions that are utilized to develop cultural humility and identify common obstacles to provider cultural sensitivity within home visits



Steps taken to develop cultural humility; Impact of immigration on cultural care and privacy

---

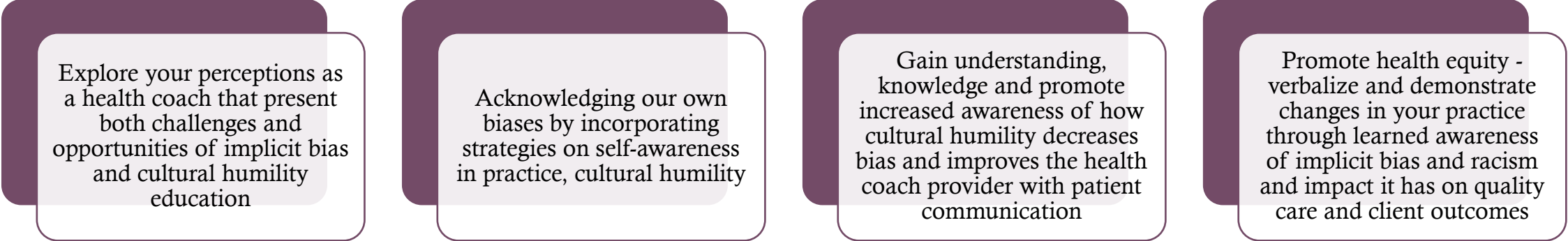
---

# THE EVIDENCE

- Considerable evidence that Implicit Bias (IB) has an impact on interpersonal interaction's and the patient's perception of the encounter with the healthcare provider - in this case you as the health coach
  - Higher implicit racial bias in providers has been associated with lower quality of interaction and communication with patient's of color and especially Black patients
  - Considerable evidence exists indicating widespread IB with a preference for white persons over persons of color
  - Assumptions: True or False -1. Women of color tolerate pain better than their white counterpart. 2. More frequent to exhibit drug seeking behaviors; True or False 3. Women of color do not like to breastfeed as much as white women? White is the default? NO
-

---

# WHERE TO START?



Explore your perceptions as a health coach that present both challenges and opportunities of implicit bias and cultural humility education

Acknowledging our own biases by incorporating strategies on self-awareness in practice, cultural humility

Gain understanding, knowledge and promote increased awareness of how cultural humility decreases bias and improves the health coach provider with patient communication

Promote health equity - verbalize and demonstrate changes in your practice through learned awareness of implicit bias and racism and impact it has on quality care and client outcomes

---

# Introduction

- Inequitable healthcare, especially in pregnancy and postpartum is significant: women are dying from maternal-related causes at a higher rate in the U.S. A. than any other developed country and ranks worse in maternal mortality.

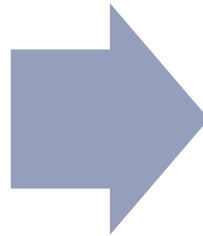
(Tikkanen, Fitzgerald, & Zephyrin, 2020)

- According to the CDC (2019) report on racial and ethnic disparities Black, American Indian, Alaskan Native (AI/AN) women are 2-3 times more likely to die from pregnancy-related causes than white women.



---

As parent coaches need to be aware of your own biases and the influence on cross-cultural communications, especially in high-stress such as clients adjusting to being a new mom and family where reliance on automatic or unconscious processes as a coach click in and when stereotypes and unconscious beliefs are more activated



Important to recognize that Implicit Bias is not overt and intentional discrimination and is **NOT MEANT TO EVOKE GUILT** but spur awareness, increase knowledge, and utilize strategies to decrease

---



---

Awareness, knowledge, understanding, direct action and local policy changes are ways that can contribute to creating a healthier, more racially equitable, culturally sensitive and aware community.

---



---

## QUESTION – WHAT ARE THE IMPACTS FROM CURRENT IMMIGRATION ON PRACTICE, CARE & CULTURAL HUMILITY

- We are not immigration, ICE, police or any other law enforcement entity
  - Always protect your clients and their families
  - Maintain and ensure confidentiality
  - Gov. recession of protection for sensitive locations could impact healthcare organizations by 1. how it **deeply affects the real and perceived safety of communities we serve** at the places where they live, work, study, worship, and seek care, 2. it potentially **opens healthcare institutions to new types of encounters with ICE officials on their property.**
  - May create a broader atmosphere of fear among patients and communities that we serve and make some hesitant to seek care or engage in other health-promoting behaviors
  - We need to reassure our clients that we are here to care for them and provide education to best care for themselves and their baby and seek help with any concerns such as danger signs
-

---

## IMMIGRATION – RESPONDING TO ICE IN HOSPITAL/CLINIC

- lawyers and advocates warn that we as coaches and providers should prepare for an uptick in enforcement on their premises
  - the orders may affect healthcare clients, patients and staff, whether or not ICE encounters occur in your area.
  - Healthcare staff have no obligation to comply with agents' requests for information unless they have a warrant signed by a court (as opposed to an administrative warrant signed by another ICE officer).
  - Compliance with such requests is voluntary. In some cases, HIPAA or other medical privacy rules may bar compliance.
  - It can be helpful to designate an authorized staff person who is well-versed in the law and serves as the point person to respond to ICE information requests.
-

# COLLECTION OF IMMIGRATION- RELATED PERSONAL INFORMATION FOR PUBLIC BENEFITS

- Healthcare facilities have no general affirmative legal obligation to inquire into a patient's immigration status.
- In some circumstances, however, information related to immigration status may be relevant to a determination of a patient's eligibility for public benefits that assist with payment for health care, and HIPAA permits disclosure in this instance
- The ACA and the Medicaid Act of the Social Security Act (SSA) require that individuals seeking coverage under programs like Medicaid, CHIP, and subsidized private insurance through Covered California provide information regarding their immigration status and some information about their household members to determine eligibility for such coverage.
- According to the U.S. Department of Health and Human Services, when an individual applies for coverage through the ACA, information about immigration status is only used to check qualification for marketplace coverage, not immigration enforcement.

---

# WHAT IS CULTURAL HUMILITY

- Ongoing process of practice of self-reflection, self-exploration, self-critique
- Learning about yourself – history, roots, values, beliefs
- Awareness of our own biases
- Combines with an openness to understanding other cultures
- Willingness to learn from others; humbling oneself
- Acknowledging the power imbalances that exist in society
- It is learning about one's own biases and becoming more accepting of others
- Commitment to understanding and respecting different points of view and each patient's own cultural experiences
- It is how one's own background, experiences and expectations impact a situation or interaction
- Adilene Rogers

---

---

## 5 – Rs of Cultural Humility

Reflection

Respect

Regard

Relevance

Resiliency

Goal is to reduce implicit biases and decrease disparities as we interact with culturally diverse patients

Cultural diversity and cultural awareness lay the foundation for cultural humility

---

- 
- By assessing and acknowledging IB with an openness to each patient encounter we can move toward cultural humility
  - We must have in our forefront that we as the health coach practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Incorporating cultural humility leads to civility and requires you to exude an egoless, nonthreatening, approachable demeanor

---

---

# WHAT IS CULTURAL HUMILITY?

[https://www.youtube.com/watch?v=c\\_wOnJJEfxE](https://www.youtube.com/watch?v=c_wOnJJEfxE)

---

---

# CULTURAL DIVERSITY

- Cultural diversity is the quality of diverse or different cultures, as opposed to monoculture. It has a variety of meanings in different contexts, sometimes applying to cultural products like art works
- Cultural diversity is the variety of cultures, beliefs, and practices that exist within a society. It includes the differences among people based on their race, ethnicity, gender, sexual orientation, and more. Examples are:

**Ethnic groups:** People who share a common language, religion, and culture

**Cultural expressions:** The ways in which cultures are expressed through art, production, and distribution

**Cultural norms:** The values and practices that influence a group or community

---



---

## **Challenges of cultural diversity**

- differences can sometimes lead to discrimination and prejudice

## **Benefits of cultural diversity**

- Empathy - Interacting with people from different cultures can help us learn and understand
  - Confidence - Participating with people from different cultures can help build confidence
  - Social cohesion - valuing cultural diversity can help promote respect and inclusion
-

---

# CULTURAL RESILIENCY

Cultural resilience refers to a community or group's ability to maintain and revitalize their cultural traditions, values, traits, belief systems, and practices even when facing significant challenges or disruptions or in a foreign land

Demonstrates the capacity to adapt and thrive despite adversity

It's the power of a culture to bounce back from setbacks and continue to flourish

Key points about cultural resilience: Adaption, Community Strength, Preserving Traditions

- Global Scientific Publishing House

---

---

## DEFINITION CULTURAL COMPETENCY FROM U.S. HHS

Comprises behaviors, attitudes, and policies that will ensure that a system, agency, program, or individuals can function effectively and appropriately in diverse cultural interaction and settings.

---

---

# CULTURAL COMPETENCY

- Respectful healthcare for people of different cultures
  - Aware of beliefs, understanding and communication
  - Important to admit you are not an expert
  - Be careful not to stereotype just because someone is similar in traits or groups such as religion, race, country of origin, or a group such as teens, elderly, homeless
  - Do not rely on generalizations and use knowledge about different groups to decrease bias
  - Treat each person as an individual being respectful and open-minded; ensures appreciation of cultural differences
-

---

# DIFFERENCE BETWEEN CULTURAL COMPETENCE AND CULTURAL HUMILITY

*Cultural competence* - suggests achieving a level of expertise or mastery in understanding different cultures

*Cultural humility* focuses on:

- recognizing the limits of one's own knowledge and understanding
  - the importance of continually striving to expand one's cultural awareness and sensitivity
  - It involves acknowledging power imbalances, challenging stereotypes and biases, and actively listening to others' perspectives without making assumptions.
-

---

# EXAMPLES OF CULTURAL HUMILITY IN PATIENT CARE

- Providing interpreters for those who need them
  - Written materials in the patient language
  - Providing individual care plans that accommodate patient's cultural, race and/or religious beliefs
  - Ongoing/Annual cultural humility and competence training
  - Client/Patient-focused interviewing – less controlling, less authoritative, signals to the client/patient that the you as the health coach value what the patients concerns, agenda and perspectives are
  - We relinquish the role of expert and become the student – that is the humbling part
-

---

# THEORETICAL FOUNDATION

- Theory 1 – Leininger's Cultural Care Diversity and Universality Theory – recognize and understand cultures, diversity, language, perceptions, beliefs, cultural care differences; incorporate into care
  - Theory 2 – Meleis Theory of Transition Nursing Model – transition is central to nursing practice- events of pregnancy, delivery, postpartum, motherhood require many transitions
  - Theory 3 – Faronda's Theory of Cultural Humility – commitment to understanding of developing care practices, clinical advocates for nurse-patient relationship on behalf of diverse populations
-

---

HOW DO I NAVIGATE DIFFICULT CONVERSATIONS AND  
DEMONSTRATE SENSITIVITY AND RESPECT TO THE DIVERSE  
CULTURAL PRACTICES/RACE/LANGUAGE OF MY CLIENTS

---



---

# CULTURAL SPECTRUM



Awareness – acknowledge differences, very limited behavior change



Sensitivity – different ways of awareness, understanding; some changes in your practice and behavior



Competency – ability to do the right thing successfully applying knowledge, skills, behavior, attitudes



Humility – lifelong commitment to self evaluate, develop and maintain respectful relationships based on mutual trust, flexibility, commitment to provide optimal care



Applying learned skills - reflective practice, assessment of skills, advocate, motivational interviewing, manage power imbalances

Malinda Forsythe Carmouche, DNP, MSN, FNP-BC

---

---

# INTERVENTIONS AND STRATEGIES

**Perspective tracking or taking the perspective of others** – listening to your patient's stories, shared experiences and learning from them

**Mindfulness** – personal recognition of the “normal but potentially harmful unconscious cognitive processes” that lead to bias; active commitment, an awareness that comes from paying attention, on purpose, in the moment, non-judgmentally; involves noticing thoughts, emotions, sensations – like observing the data coming through our senses; focused attention; can improve your ability to gain new perspectives; stress reduction, better sleep, improved memory and focus

**Mindfulness exercises** – meditation – guided, focused attention, deep breathing, affirmations/positive mantras i.e. “I am deserving”; exercises, activity, self-compassion; build it into your existing lifestyle slowly

---

# MORE INFORMATION ON THE STRATEGIES

CHOW, K. & STIEMKE, K. H. (2021).  
*CULTURAL HUMILITY TOOLKIT. SIERRA  
COLLEGE.*

**Individuation** - intentionally focusing on individual patients' information apart from their cultural/ethnic/racial group; see your patient as an individual human, not the disease or condition they have; accomplishing individual wholeness; most important is the self; "collective unconscious" representing basic human being; Jung's psychology

**Self-reflection** - ability to recognize or identify our own bias, feelings; acknowledgment, self-awareness; our ability to pause and critically reflect on, becoming aware of - produced transformative growth that mitigates IB and can alleviate negative consequences experienced by patients

**Replace the stereotype** - stop, think, adjust your response to the patient

**Increase opportunities for connection** - sit next to your client, listen to their stories

**Transformative work** through self-assessment and self awareness & having courageous conversations will likely be needed

**Meditation**

---

- 
- Patient-focused interviewing – less controlling, less authoritative, signals to the patient that you value what the patients concerns, agenda and perspectives are
  - **As the parent coach you relinquish the role of having expertise and become the student – it is a humbling experience**
  - Compassion and empathy are keys that make the difference
  - Empathy hurts but compassion heals
  - Trzeciak & Mazzairelli (2024). Compassionomics The Revolutionary scientific evidence that *caring makes a difference*.
-

---

# INTENT AND FOCUSED LISTENING IS KEY

## Listening Modes:

- Active or reflective listening – engaged and show genuine interest; verify that you understand
- Passive or attentive listening – you're interested but not reflecting back and assume you understand what the speaker said

## Improving Listening Skills:

- Face the patient, lean in
  - Meet their eyes – maintain contact if patient is comfortable
  - Focus – pay attention on what is being said not in your response
  - Keep an open mind – avoid making assumptions
  - Pay attention to non-verbal cues – body language
  - Respond appropriately – show you understand with your words and your body, facial expression, nod, etc.
-

---

# CRITERIA TO WORK TOWARDS CULTURAL HUMILITY

Awareness of Bias

Inclusion, Diversity,  
Equity, Anti Racism,  
& Accessibility

Acknowledgement of  
Diverse Perspectives  
of Thinking

Understanding of  
Race Consciousness

Commitment to  
Disrupt  
Microaggressions

Commitment to  
Behavioral & Policy  
Change for IDEAA  
& Antiracist  
Practices

Commitment to  
Relate to Diverse  
Lived Experiences

---

---

# WHAT CAN WE FOCUS ON AND ACCOMPLISH UTILIZING CH

- Build a trusting relationship
  - Opportunity to build a culturally humble relationship with your clients utilizing CH to approach with curiosity and assume positive intent
  - Use teaching to explain, demonstrate and provide a stable foundation
  - Do not assume that because your client and family are of a certain culture or ethnicity they express and practice the same way – many subcultures within the greater culture and must look at the individual
  - Achieve cultural safety where the client feels trust in your presence
-



This Photo by Unknown Author is licensed under [CC BY](#)



TIME TO GO INTO  
BREAKOUT  
GROUPS 1 - 5



---

# STRATEGIES FOR IMPROVEMENT

1

Support/Promote/Respect  
patient autonomy

2

Listen to your  
patients/clients and family  
members when they are  
telling you something about  
themselves, sharing a  
concern, providing  
information

3

Do not make  
assumptions/judgements

4

Promote healthcare  
providers doulas, lactation  
consultants

5

Promote breastfeeding and  
provide postpartum support  
for racial/ethnically diverse  
population needs

---

---

# CULTURAL AWARENESS WITHIN THE LATINX/HISPANIC CULTURE

- Showing respect is most important – respeto/respecto
  - It dominates the parenting style
  - Faith and religion
  - Many stressors within SDOH – harshness of life, fear, lower income, unsafe environment, quality of healthcare and access, IPV, anxiety, mental health
  - Modern families – move away from controlling, strict obedience and stricter parenting style to understanding and empathy, acceptance especially with children that identify as LGBTQ1A+
  - Educate on positive parenting techniques – “You can’t spoil a good thing.”
  - Help parents connect with services and resources and improve skills to care for themselves, their infant and their families while incorporating their cultural norms and practices
-

---

# VARIOUS CULTURAL PRACTICES AFTER BIRTH

In Latin American cultures, the first 40 days after having a baby is traditionally known as *la cuarentena*, a time for new moms to rest, recover, and focus on breastfeeding while the women in their communities provide housekeeping and other support.

Traditional beliefs include avoiding cold showers, drinking hot soups, abstaining from sex, and binding the abdomen with a postpartum *faja*, though many of these practices have faded over time in modern cultures. New moms can still embrace their own version of *cuarentena* by accepting help and prioritizing their own rest.

Asian cultures – *zuo yuezi* “doing the month” rest for 30 days as new moms need to stay on bedrest at home and receive support from elderly female family members, nannies (if have financial means), following strict dietary of hot soups, ginger foods to promote milk production, avoid cold foods and drink, bathing and activity restrictions, family support

---

# EXAMPLES OF CULTURALLY SENSITIVE QUESTIONS

- Have there been any wrong assumptions people have made about you or your family that have caused some concern with your care?
  - Ask questions that demonstrate curiosity, comfort, clarity and confidence
  - Some cultural considerations in your assessment – the family's identity, family members of importance, awareness of the culture and how it impacts care and acceptance of healthcare instructions
  - Focus on beliefs, values and language of the birthing mother, her significant other, senior family members and the family as a whole
  - Ability of the mother and family members to adhere to following healthcare instructions and follow-up
  - As the health coach you want to foster healthy behaviors and practices within the culture and encourage them to engage in behaviors that are safe, legal and ethical
-

---

# SUMMARY

Practice individually and collectively with compassion and respect for the inherent dignity, worth and unique attributes of every person.

Promote, advocate for and protect the rights, health and safety of patients.

Change perspective in seeing your patients as individuals, not a face, not a culture, not a color, not a race, religion, etc.

Recognize others and go beyond ourselves

Caring is grounded in equity, belonging, connectedness

Effective communication is the cornerstone of quality care and patient safety

Focus your communication on being more patient-centered not provider centered

---

- 
- Reflect on your own attitudes and actions
    - fears, myths and how they affect others
  - Create a non-threatening space for sharing by defining ground rules, i.e. no judgmental comments allowed, sharing stories with each other and asking ourselves “How do you think that person felt or affected their health?”
  - Reframing automatic thoughts that may stigmatize or stereotype others
  - Take a closer look – is your thought based on fact or opinion, or gossip



---

- Recognize your own biases and limitations

- Identify other possible explanations based on your cultural understanding of others

Acknowledge & respect diverse perspectives and experiences

- Seek common ground – bridge your differences

- Evolve your practice







---

# DEFINITION OF BIRTH EQUITY

■

**“The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.”**

Joia Adele Crear-Perry, MD

Founder and President of the National Birth Equity Collaborative:

---



Cultural Humility is a commitment to learning and growth



Always be curious, non-judgmental and ask questions



Don't call people out... Call them in!

---

---

# REFERENCES

Carmouche, M, (2024) Reproductive Health Specialist, DNP, MSN, RN, FNP-BC, FAANP, CDC

Crear-Perry, J.A. ( n.d.). Definition of Birth equity. National Birth Equity Collective.

[drjoia@birthequity.org](mailto:drjoia@birthequity.org)

Faronda, C. (2020). A theory of cultural humility. *Journal of Transcultural Nursing*.

Gallardo, M.E. (2021). *Developing cultural humility: Embracing race, privilege & power*. Cogrella Academic Publishing.

Grart-Grounds, C. et al (2020). *A practice beyond cultural humility*. Taylor & Francis Group.

Leininger, M.M. (1988). Leininger's theory of nursing: Cultural care diversity. *Nursing Science Quarterly*, 1,152-160.

Trzeciak, s. and Mazzarelli, A. (2024). *The revolutionary scientific evidence that caring makes a difference*. Studer Group.

---

---

## REFERENCES RELATED TO IMMIGRATION ISSUES

- [Factsheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All](#)—National Immigration Law Center
  - [ICE at Healthcare Facilities: What Should You Do?](#)—Husch Blackwell
  - [Healthcare Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)—National Immigration Law Center
  - [Promoting Safe and Secure Healthcare Access for All](#)—California Attorney General, December 2024
  - [Factsheet: Trump's Rescission of Protected Areas Policies Undermines Safety for All](#)—National Immigration Law Center
  - [Healthcare Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)—National Immigration Law Center
  - [Guide for Employers: What to Do if Immigration Comes to Your Workplace](#)—National Employment Law Center and National Immigration Law Center
  - [Promoting Safe and Secure Healthcare Access for All](#)—California Attorney General
-





[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

---

THANK YOU

CARMEN REZAK

[CREZAK@PACLAC.ORG](mailto:CREZAK@PACLAC.ORG)

626.806.6674

