



HPV Vaccinations: A Community Health Worker's Role ECHO Series

Session 3: Cultural Humility & Social Determinants of Health

Wednesday, August 30th, 2023

12-1:15pm PST



ECHO Disclosures



Each ECHO session will be recorded and *may* be posted to a publicly-facing website



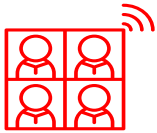
You will be muted with your video turned off when you join the call. Use the buttons in the *black* menu bar to unmute your line and to turn on your video. **If you do not wish to have your image recorded, please turn OFF the video option.**



Today's materials will be made available on the [ACS ECHO website](#)



Please type your full name, the full name of your organization, and e-mail in the chat box



This ECHO session takes place on the Zoom platform. To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal health information (PHI) about any patient. This includes but not limited to patient name, date of birth, address, occupation, name of friends/family, and any other identifiable features (including scars, tattoos, hair/eye color)

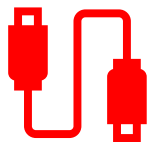


This ECHO is made possible through funding from Merck, for the purpose of Mission: HPV Cancer Free Quality Improvement Initiative.



Need assistance with Zoom? Please directly chat Jenny, Troy, Allison, or Alyssa for assistance

Housekeeping Items:



Show up

Arrive on time, prepared, **camera on** and please unplug from distractions



Respect other ideas, experiences and opinions



Step Up / Step Back

Check your own engagement level



Use the technology

Mute, unmute, camera on, chat, annotate and answer polls



Roll with the IT punches

Enjoy watching us model live IT troubleshooting



Try on new ideas

Give yourself permission to take risks with participating



Have fun!

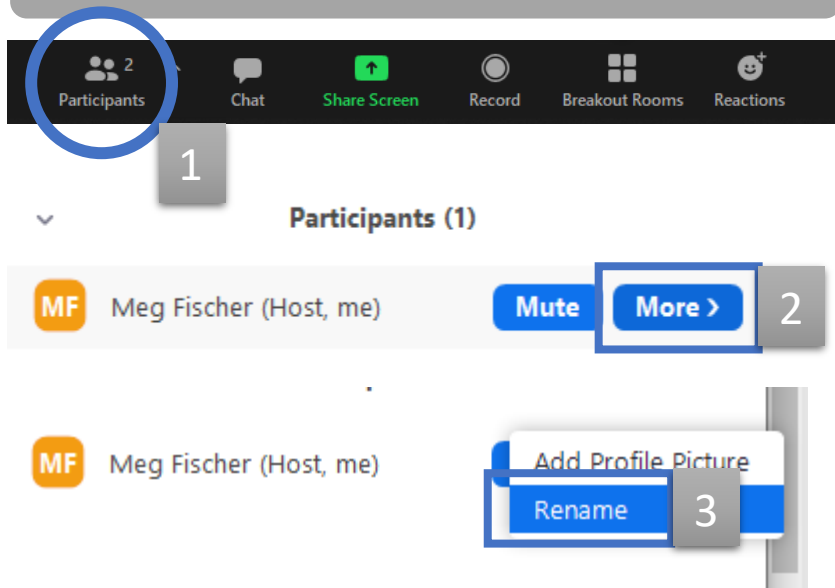
Zoom Essentials for Training

Please Rename Yourself

- First, Last Name, Organization

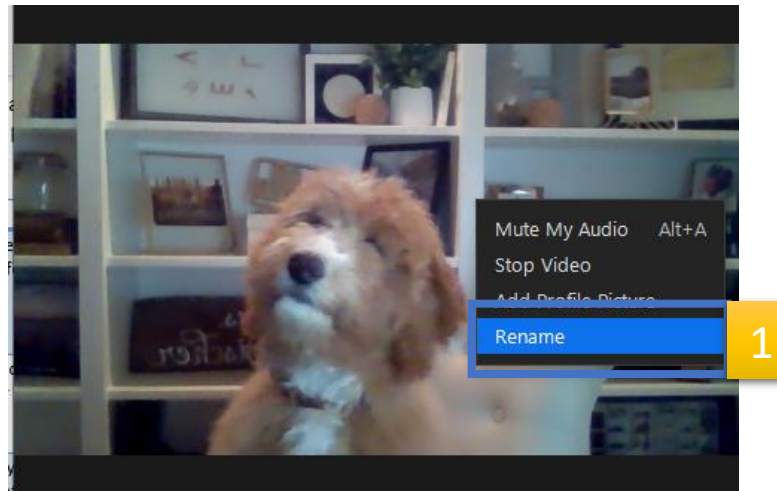


Option 1



Option 2

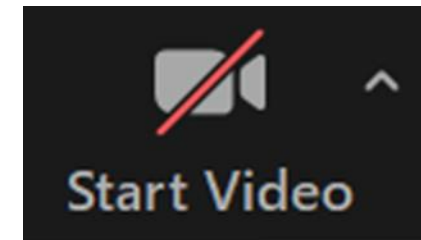
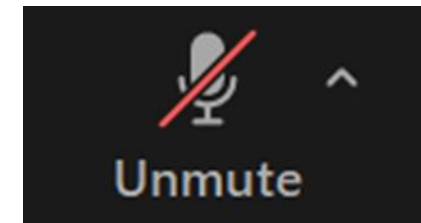
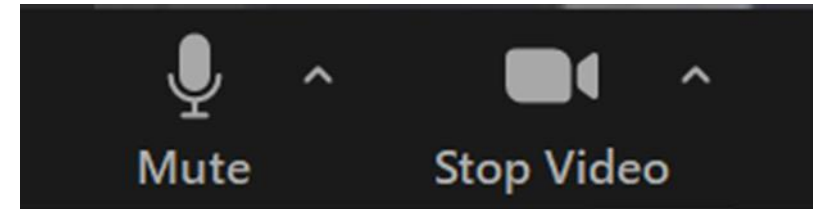
Right-click on your video tile



Zoom Essentials for Training

How to Access Your Camera & Microphone

- If you move your mouse around on your screen you should see two options appear **in the bottom left corner: Mute and Video**
- By clicking on the **microphone, you can mute and unmute your audio**
- By clicking on **start video or stop video you can turn your camera on and off**



Disclosure Policy

As an accredited provider of continuing medical education through the Accreditation Council for Continuing Medical Education (ACCME) the University of Nevada, Reno School of Medicine must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. In order to assure that information is presented in a scientific and objective manner, The University of Nevada, Reno School of Medicine requires that anyone in a position to control or influence the content of an accredited activity disclose all financial relationships within the prior 24 months with any commercial or proprietary entity producing health care goods or services relevant to the content being planned or presented. All relevant financial relationships have been mitigated. Following are those disclosures. Following are those disclosures.

The following presenter has/have disclosed the following relationship with an ineligible entity:

- Ashley Lach, MHA, CPHQ
 - *Grant/Research Support: Merck*
- Allison Rosen, MS
 - *Consultant: Bayer Oncology*
- Sean O'Leary, MD
 - *Merck*

All other presenters, planners, or anyone in a position to control the content of this continuing medical education activity have indicated that neither they nor their spouse/legally recognized domestic partner has any financial relationships with commercial interests related to the content of this activity.



In the chat, please share the following:

- Name
- Organization
- Share with us what you have enjoyed so far about this ECHO series?

Introductions



Breakout check-in: what have you enjoyed about this ECHO series?



Group photo!

Today's Agenda

- 1 Introductions**
2 minutes
- 2 Housekeeping & Session Overview**
5 minutes
- 3 Didactic Presentation**
20 minutes
- 4 Didactic Q&A**
5 minutes
- 5 Case Presentations**
40 minutes
- 6 Closing remarks, Wrap-Up & Post-Session Survey Poll**
3 minutes

Learning Objectives



1

Participants will understand cultural competent healthcare

2

Participants will learn about cultural humility and how to achieve it

3

Participants will review social determinants of health and how CHW's can help patients overcome those barriers



Session 3:

Cultural Humility & Social Determinants of Health

Dr. Talee Vang
Licensed Psychologist
Vice President, Health Equity
Hennepin Healthcare



What is cultural competence in healthcare?

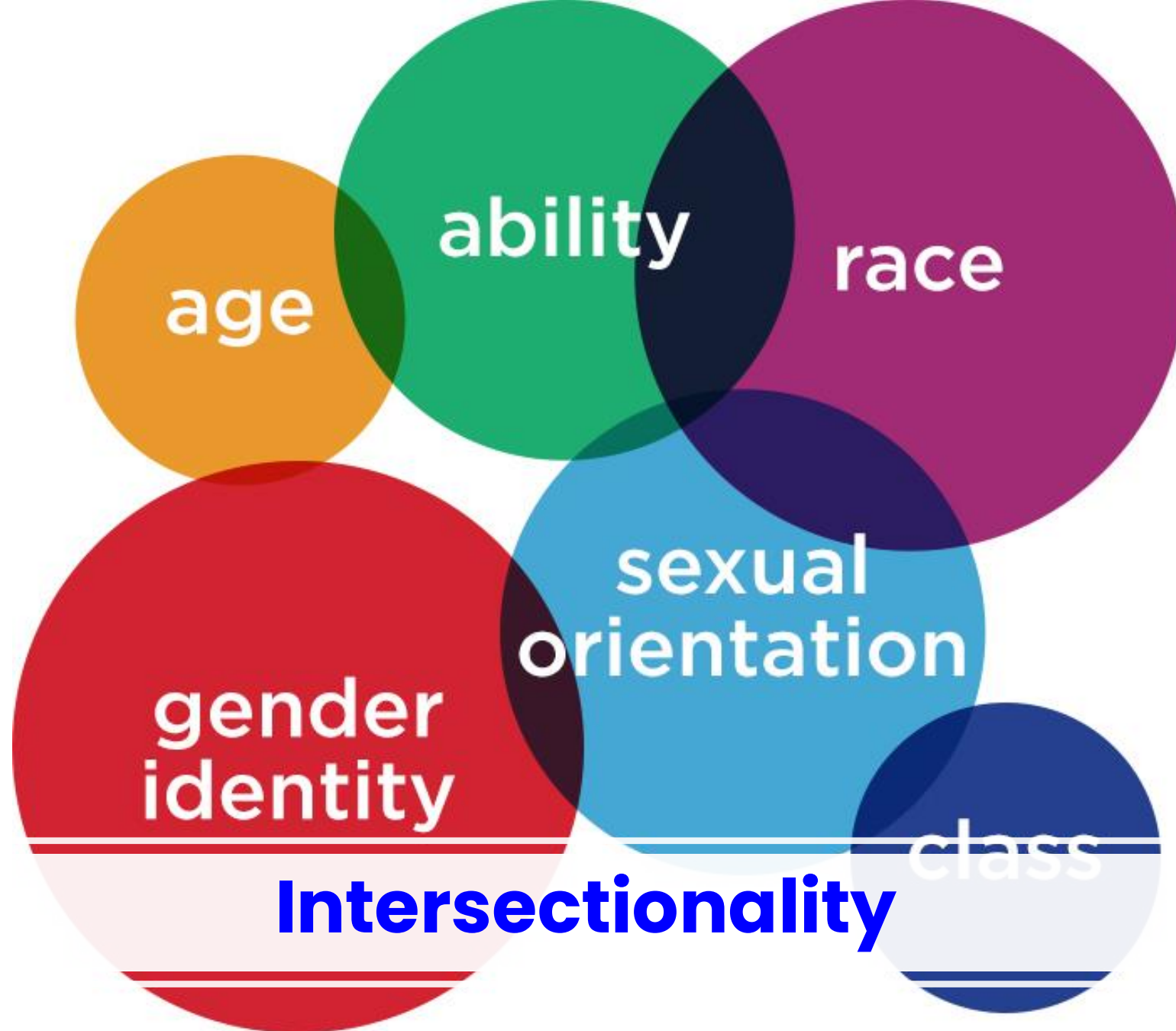


Cultural Competency

“Delivering effective, quality care to patients who have diverse beliefs, attitudes, values, and behaviors.”

Factors that can influence the way we deliver healthcare:

- Race
- Ethnicity
- Gender
- Socioeconomic
- Health literacy
- Disabilities





Participation Poll

When you consider factors that influence culture, which of these have led to the experience of discrimination or stigma in your own life?

Cultural Competency Continuum

Humility



Competence

Sensitivity

Awareness

Knowledge

Defining the Continuum

- **Cultural knowledge** – Familiar with selected cultural characteristics, history, values, belief systems, and behaviors.
- **Cultural awareness** – Developing sensitivity and understanding. Involves internal changes in terms of attitudes and values. Openness and flexibility of how people develop relationships. Cultural awareness must be supplemented with cultural knowledge.
- **Cultural sensitivity** – Knowing cultural differences & similarities exist, without assigning values, without judgement.
- **Cultural competence** – A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. Cultural competence emphasizes the idea of effectively operating in different cultural contexts..

Ultimate goal: Cultural Humility

A lifelong commitment to self-evaluation and self-critique, to redress power imbalances, develop and maintain mutually respectful dynamic partnerships based on mutual trust. It means **entering a relationship with another person with the intention of honoring their beliefs, customs, and values. As well as acknowledging differences and accepting them** for who they are.

Understanding cultural competence and cultural humility

Becoming culturally competent and practicing cultural humility are ongoing processes that change in response to new situations, experiences, and relationships. Cultural competence is a necessary foundation for cultural humility.

CULTURAL COMPETENCE

Gaining cultural knowledge

- What are other cultures like, and what strengths do they have?

Developing cultural self-awareness

- What is my culture, and how does it influence the ways I view and interact with others?

CULTURAL HUMILITY

Holding systems accountable

- How can I work on an institutional level to ensure that the systems I'm part of move toward greater inclusion and equity?

Understanding and addressing power imbalances

- How can I use my understanding of my own and others' cultures to identify and work to disrupt inequitable systems?

Benefits to culturally competent healthcare:

Results in more patient participation and engagement, fostering respect and improved understanding, which can lead to:

- Personalized care
- Increased patient safety
- Reduced inefficiencies
- Reduced care disparities
- Decreased costs
- Improved outcomes
- Improved experiences

Health Inequities

- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
- Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)
- Unequal employment opportunities and pay/income
- Discrimination based upon social status/other factors

Health Disparities

Differences in the incidence and prevalence of health conditions and health status between groups, based on:

- Race/ethnicity
- Socioeconomic status
- Sexual orientation
- Gender
- Disability status
- Geographic location
- Combination of these

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



**How can CHW's provide
culturally competent care?**

Ways CHW's can provide culturally competent healthcare

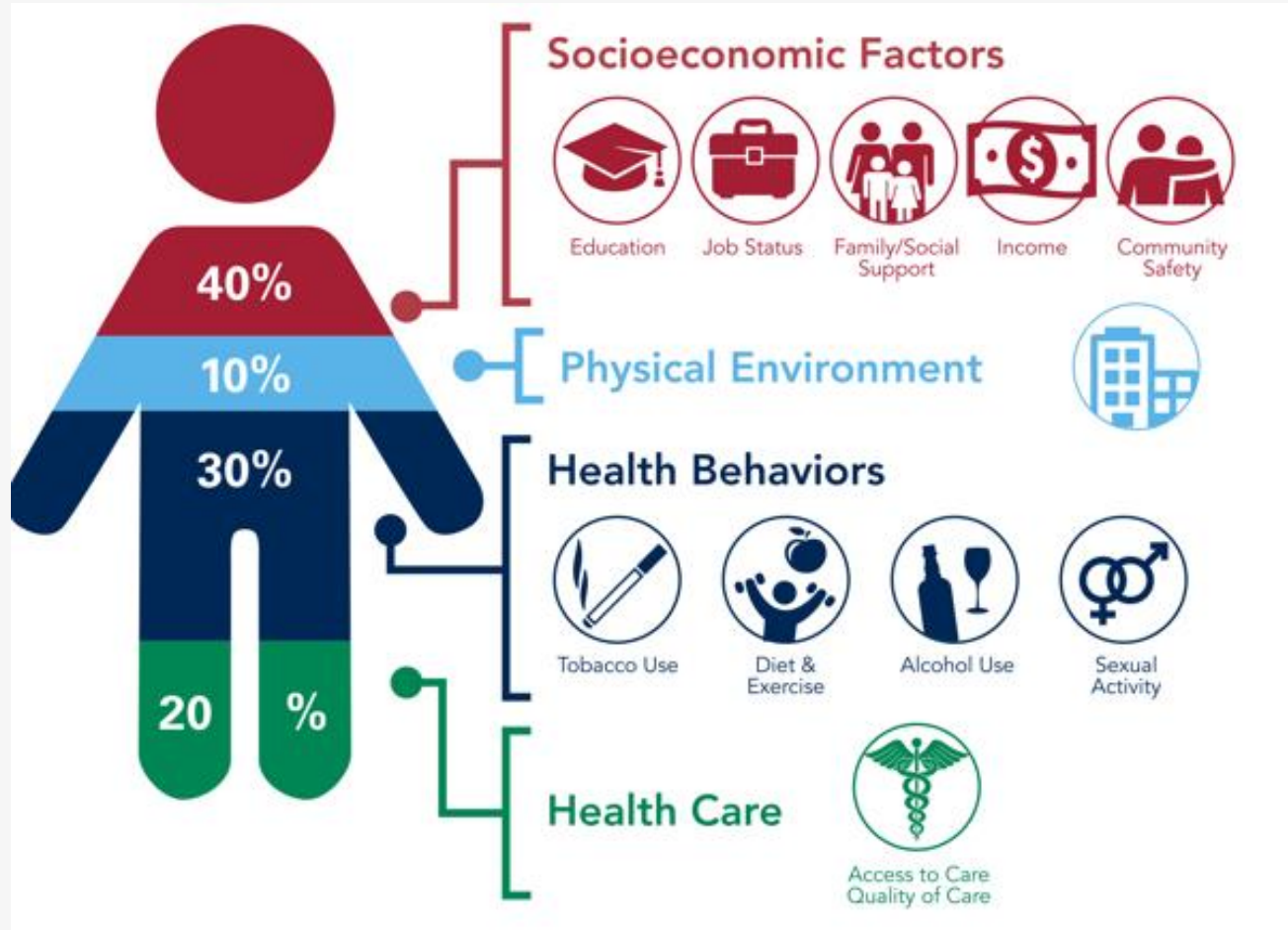
- Create connections between vulnerable populations and healthcare providers
- Help patients navigate healthcare and social service systems
- Manage care and care transitions for vulnerable populations
- Reduce social isolation among patients
- Determine eligibility and enroll individuals in health insurance plans
- Ensure cultural competence among healthcare providers serving vulnerable populations



Ways CHW's can provide culturally competent healthcare

- Educate healthcare providers and stakeholders about community health needs
- Provide culturally appropriate health education on topics related to chronic disease prevention, physical activity, and nutrition
- Advocate for underserved individuals or communities to receive services and resources to address health needs
- Collect data and relay information to stakeholders to inform programs and policies
- Build community capacity to address health issues
- **Address social determinants of health**





Impact from Social Determinants of Health

- 20 percent of an individual's health is tied to clinical care, which includes access to and quality of health care services
- 80 percent of an individual's health is tied to their physical environment and behavioral factors

IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Economic Stability:

- » Employment
- » Income
- » Expenses
- » Debt
- » Medical Bills
- » Support

Neighborhood & Physical Environment:

- » Housing
- » Transportation
- » Safety
- » Parks
- » Playgrounds
- » Walkability

Education:

- » Literacy
- » Language
- » Higher Education
- » Vocational Training
- » Early Childhood Education

Food:

- » Hunger
- » Access to Healthy Options

Community & Social Context:

- » Social Integration
- » Community Engagement
- » Support Systems
- » Discrimination

Health Care Systems:

- » Health Coverage
- » Provider Availability
- » Provider Linguistic & Cultural Competency
- » Quality of Care

Health Outcomes:

- » Mortality
- » Life Expectancy
- » Health Care Expenditures
- » Health Status
- » Functional Limitations

Social Determinants of Health

We need to consider each factor to address patient's social determinants of health



Housing



Food



Education



Transportation



Violence



Social Support



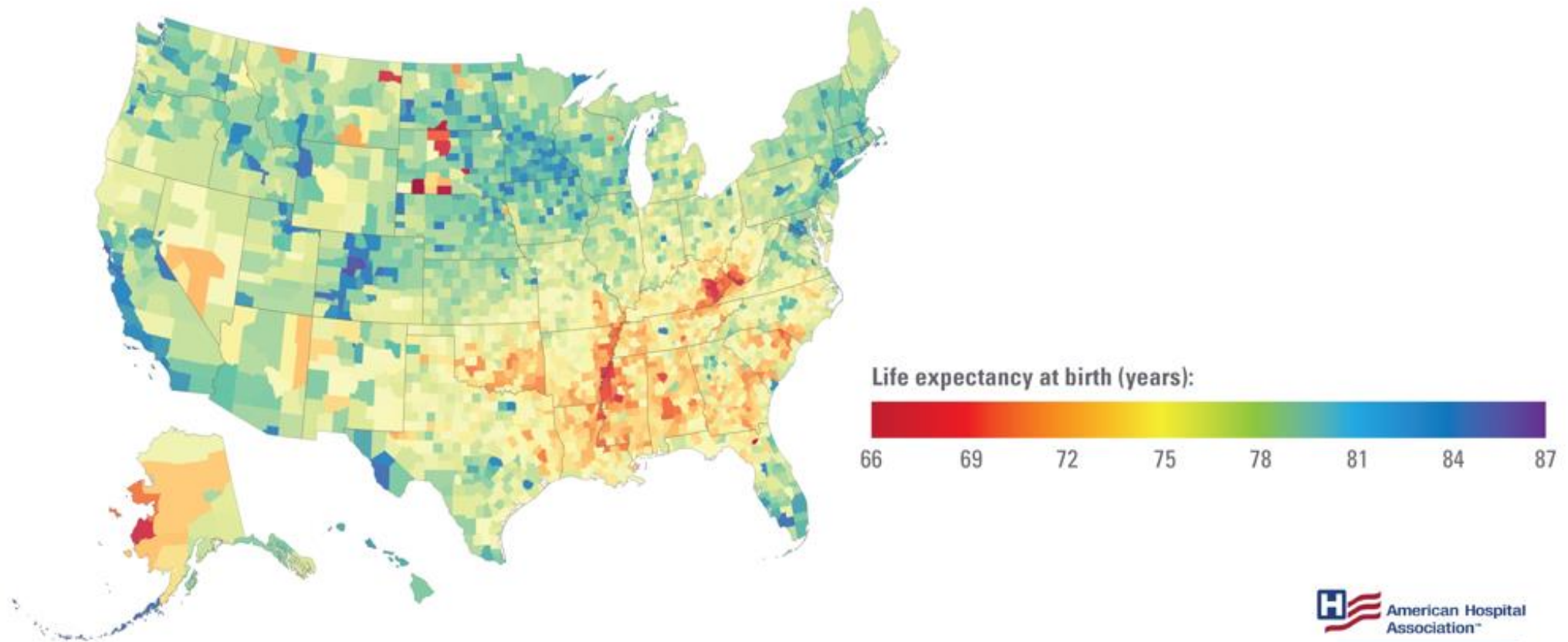
Employment



Health Behaviors

PLACE MATTERS

Where we live can determine how well we live and life expectancy



Source: Institute for Health Metrics and Evaluation, University of Washington, 2014

 American Hospital Association
Advancing Health in America

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FOOD MATTERS

Food insecurity is a risk factor for various health issues including chronic diseases, poverty, unemployment, homelessness, and developmental delays in children.

How can CHW's address social determinants of health?

01

Engage with the community

02

Target specific social determinants of health

03

Partner with peers and other organizations to educate on community and social determinants of health

04

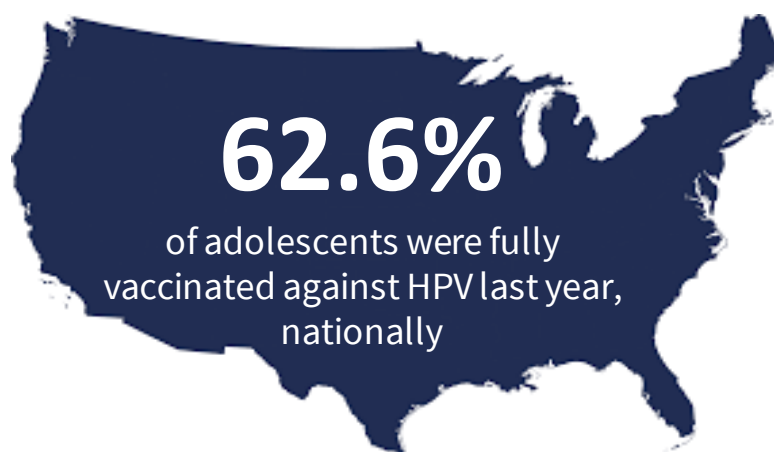
Explore funding options to overcome social determinants of health

05

Work with lawmakers to implement legislation to improve health and wellbeing

Where are there disparities in HPV Vaccinations?

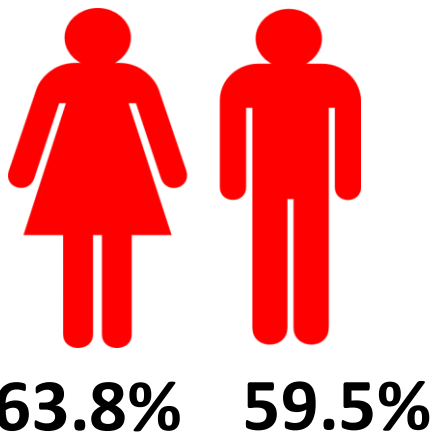
Nevada



Ranked
51/63

States and Local Areas for up-to-date HPV vaccination

Gender Disparity



HPV Vaccination Rates



38%

Up-to-date HPV Vaccination, Males and Females (before 13th birthday)
2018-2020 data

59.5%

Up-to-date HPV Vaccination, Males and Females (13-17 yr.)

Other Adolescent Vaccines

≥ MenACWY
85.9%

≥ Tdap
89.2%

Where are the gaps and opportunities?

- *Renewed focus on HPV vaccinations overall*
- *Emphasis on starting at age 9 and completion by age 13*
- *Focused effort on adolescent females*
- *Opportunity for rural and frontier outreach*



3% from 2021

Geographic Disparity
Survey Years 2018-2022

55.9%



46.0%

Didactic Q&A



Joy Schultz

*Clinical Registered Nurse
Fallon Tribal Health Clinic*

Session 3: Case Presentation



Session 3 Case Study

Provided by: Joy Shultz, RN

Family Tribal Health Clinic

Focus: Patient/Caregiver Case



Patient Hx

- 9 yo 11 mo American Indian Male
- Attended appointment with 46 yo Mother
- Being seen for Well Child Check
- Parent wanted child to receive required school vaccines only and wanted to wait on HPV vaccine

Key Elements

- RN used the announcement approach when recommending the vaccines, the child was due for by giving the mother a list of the Web IZ recommended vaccines
- The mother asked what vaccines were required for school
- The RN felt prepared to recommend that vaccine
- The RN provided educational materials to the parent

Barriers/Challenges

- Parent only wanted to get required school vaccines and wanted to wait to vaccinate for HPV after RN presented it as cancer prevention because it was not required
- Parent was not open to conversation
- Pt did not end up starting vaccine series at age 9

Session 3 Case Study

Provided by: Joy Shultz, RN

Family Tribal Health Clinic

Focus: Patient/Caregiver Case



Discussion & Questions

- Any selling points you would recommend in this case to encourage the mother to get it for her child even though it isn't required by schools?
- Do you use the "Get 2 now or Get 3 Later" as a selling point?

Barriers/Challenges (reference)

- Parent only wanted to get required school vaccines and wanted to wait to vaccinate for HPV after RN presented it as cancer prevention because it was not required
- Parent was not open to conversation
- Pt did not end up starting vaccine series at age 9



Valerie Martinez

*Southern Nevada Cancer Outreach
Coordinator/Patient Navigator
Nevada Cancer Coalition*

Session 3: Case Presentation



Session 3 Case Study

Provided by: Valerie Martinez

Nevada Cancer Coalition

Focus: Patient/Caregiver Case



Patient Hx

- 12 yo Hispanic Female
- Attended provider visit with 52 yo Spanish speaking Mother
- Received 1st does of HPV Vaccine to initiate series at medical appointment though mother had concerns
- Pt and Mother attended back to school outreach event after receiving the first dose and spoke to Outreach Coordinator (OC)

Key Elements

- Parent spoke to OC about the pt receiving the HPV Vaccine and expressed concerns and had questions about it being for STI Prevention
- OC addressed concerns about sexual activity with "light switch" analogy and the vaccine being for Cancer Prevention using MI
- OC provided educational resources in Spanish
- OC verified PT was scheduled for second dose of vaccine

Barriers/Challenges

- Parent only related HPV vaccine to STI prevention and sexual activity
- Parent was Spanish speaking and had 12 yo daughter translate at medical appointment and did not fully understand what the vaccine was for
- Parent was fearful
- Parent had cultural barrier

Session 3 Case Study

Provided by: Valerie Martinez

Nevada Cancer Coalition

Focus: Patient/Caregiver Case



Discussion & Questions


- Is my story of "the light switch" correct when discussing the vaccine?
- How to approach the conversation about HPV to non-native English speakers?
- How to address myths when your time is limited at Outreach events?

Barriers/Challenges (reference)

- Parent only related HPV vaccine to STI prevention and sexual activity
- Parent was Spanish speaking and had 12 yo daughter translate at medical appointment and did not fully understand what the vaccine was for
- Parent was fearful
- Parent had cultural barrier

Curriculum Schedule



Date	Session	Topic	Didactic Presenter
August 2nd 12-1:15pm PST	Session 1	Role of CHWs in Immunizations	<u>Cody Wagner</u> <i>Nevada Community Health Worker Association</i>
August 16th 12-1:15pm PST	Session 2	HPV 101	<u>Dr. Vanessa Slots</u> <i>M Health Fairview</i>
August 30th 12-1:15on PST	Session 3	Cultural Humility and Social Determinants of Health	<u>Dr. Talee Vang</u> <i>Hennepin Healthcare</i>
September 13th 12-1:15pm PST	Session 4	The Art of Motivational Interviewing and Vaccines 	<u>Aaron Blackham, LCSW</u>
September 27th 12-1:15pm PST	Session 5	Busting HPV Vaccination Myths	<u>Dr. Jose Cucalon</u> <i>University of Nevada, Reno</i>
October 11th 12-1:15pm PST	Session 6	Addressing Parental Hesitancy Around HPV Vaccinations	<u>Dr. Sean O’Leary</u> <i>Children’s Hospital Colorado</i>
October 25 th 12-1:15pm PST	Session 7	Implementation Science: CHW’s as HPV Vaccination Champions	<u>Liz Partida, CHW</u> <i>Community Health Alliance</i>

Case Sign Up Schedule



A member of the support team will confirm your case presentation date and work with you to ensure your experience is easy AND valuable.

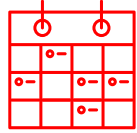


Date	Session	Participant Name #1	Participant Name #2	Alternate Participant
August 2nd 12-1:15pm PST	Session 1	Edgar Zepeda		
August 16th 12-1:15pm PST	Session 2	Nancy Herrera	Savannah Criswell	
August 30th 12-1:15on PST	Session 3	Joy Schultz	Valerie Martinez	
September 13th 12-1:15pm PST	Session 4	Rina Mercadillo 	Eleanor McCastle 	
September 27th 12-1:15pm PST	Session 5	Karina Preciado	Vacant	
October 11th 12-1:15pm PST	Session 6	Dr. Sean O'Leary	Indi Kaufman	
October 25th 12-1:15pm PST	Session 7	Vanessa Sandoval	Denise Davidson	



Post-Session Poll

A Few Reminders



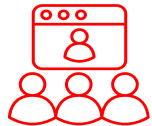
Next ECHO Session: September 13th from 12-1:15pm PST via Zoom



Next Didactic Presenter: The Art of Motivational Interviewing and Vaccines with Aaron Blackham



Materials and Resources will be made available within one week. All resources will be available on the [ACS ECHO Website](#)



Next Case Presenters: Rina Mercadillo & Eleanor McCastle

Case Presentation

Form: <https://forms.office.com/r/WkrwSzSpQZ>



CME/CEU Information:

https://unrmed.formstack.com/forms/echo_evaluation?date=08/30/23&title=HPV (CODE: 10532)



Questions: Contact Ashley Lach, HPV Program Manager, Ashley.Lach@cancer.org OR Jenny Escalera-Guerrero, Program Coordinator-Project ECHO Nevada, jescaleraquerrero@med.unr.edu



FALL THEME NEXT SESSION!

Thank You