

# Microaggressions, Cultural Humility, and Trauma-Informed Communication for Health workforce professionals

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Headquarters

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# Session Objectives

- Define microaggressions
- Recognize how microaggressions impact trust, communication, and health outcomes
- Explore the role of health workforce professionals in advocacy and support
- Examine the role of health workforce professionals in supporting individuals affected by microaggressions and historical trauma
- Understand how cultural humility and health literacy improve patient/client experiences
- Identify trauma-informed and patient-centered communication strategies that promote trust and engagement

# Opening Reflection



- Think about a time when someone felt dismissed, judged, or underestimated (feel less important)
- How might those experiences affect trust across systems?
- Small comments can create lasting impacts on care and communication



# What is Microaggression?



Subtle (sneaky/artful) verbal, behavioral, or environmental messages that communicate bias (prejudice)

- Can be intentional or unintentional
- Often minimize, stereotype, or invalidate experiences
- Repeated experiences can negatively affect mental and physical health

# A few examples



- “American Indians have high rates of diabetes, so that's probably what's going on”
- "Do you really understand these instructions?”
- “You don’t look Native”
- Ignoring cultural beliefs or family involvement in care,“ Those traditional remedies don't really work”
- Expecting one Indigenous staff member or community member to represent the views of all tribes or Native people
- Assuming noncompliance without asking questions

# Why microaggressions matter in care?

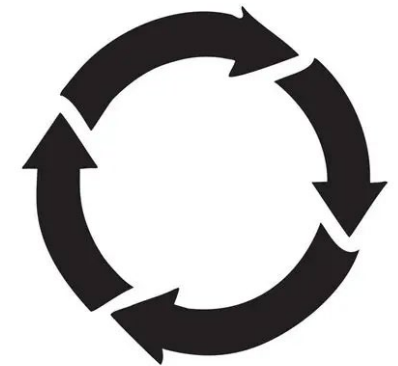


- Patients/clients may feel unsafe, unheard, or judged
- Trust in the health workforce and health care systems declines
- Communication becomes limited
- Patients/clients may avoid asking questions or seeking care
- Care outcomes can worsen over time

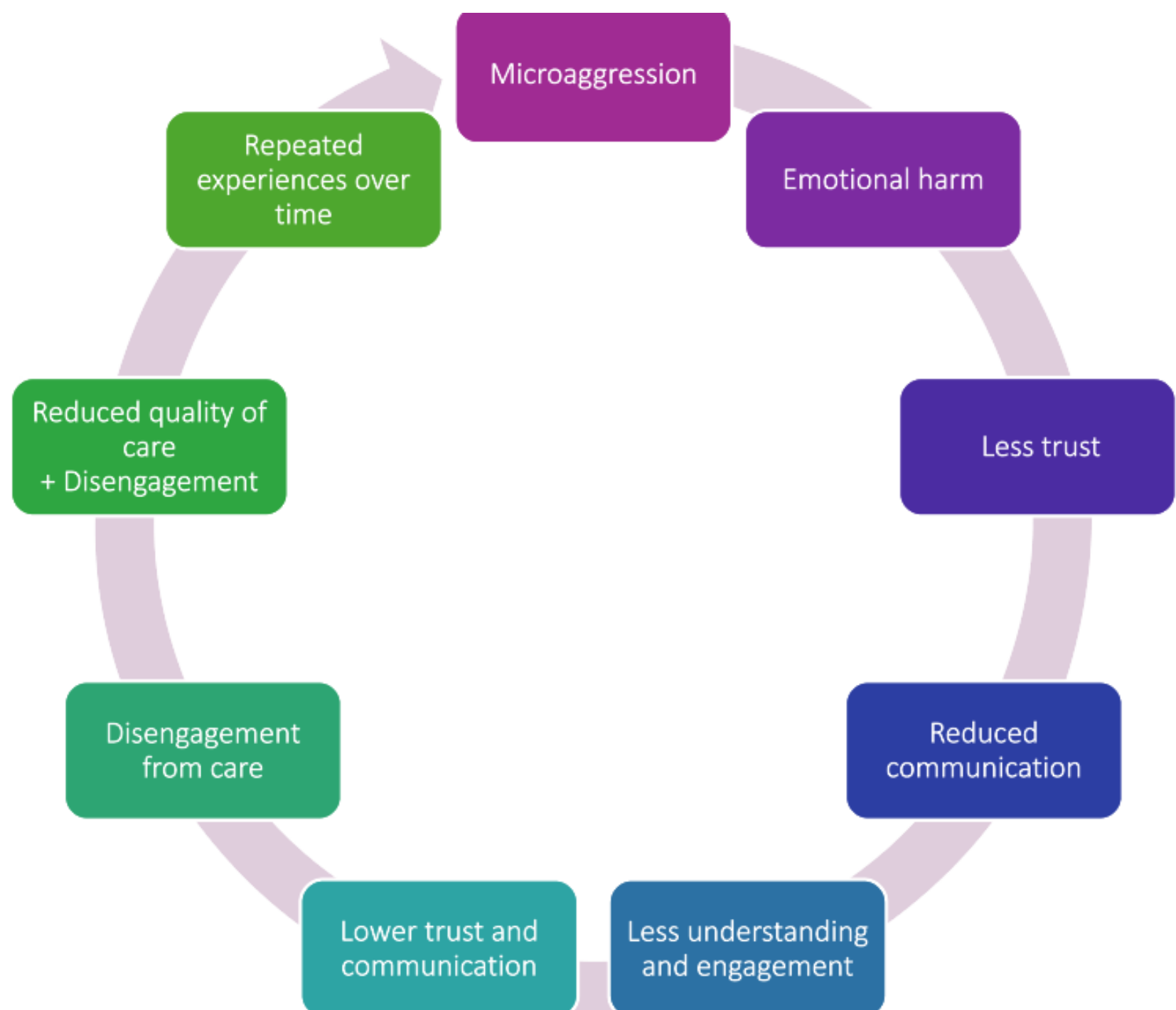
# Impact on Patient Trust



- Trust is essential for effective health care relationships
- Microaggressions can reinforce historical and personal trauma
- Patient/clients may disengage quietly instead of expressing concerns
- Fear of judgment can reduce honesty and communication



# The Pathway of Harm



# Understanding Health Literacy



- Is more than the ability to reading
- It includes understanding, processing, and acting on health information
- Is clear communication to improve patient confidence and participation
- Health literacy is influenced by systems and provider communication



# How Microaggressions Affect Health Literacy



- Patients/clients may stop asking questions
- Medical terminology may feel intimidating
- Patients may nod in agreement without understanding
- Fear of embarrassment can prevent clarification
- Understanding depends on trust and respectful communication

# Historical Trauma and Mistrust



- Many communities carry experiences of discrimination and exclusion
- Negative interactions reinforce mistrust
- Historical trauma affects willingness to engage with systems
- Trauma-informed care helps rebuild safety and connection

# Trauma-Informed Care Principles



## Safety

- emotional and cultural safety matter

## Trustworthiness

- be transparent and consistent

## Collaboration

- include patients in decisions

## Empowerment

- validate strengths and lived experiences

## Cultural Responsiveness

- respect identity, beliefs, and traditions

# What is Cultural Humility?



- An ongoing process of self-reflection and learning
- Recognizing personal biases and assumptions
- Avoiding stereotypes or generalized beliefs
- Respecting patient expertise about their own lives
- Building partnerships rather than exercising authority



# Cultural Humility in Practice



- Ask open-ended questions
- Avoid assumptions about beliefs or behaviors
- Acknowledge lived experiences
- Listen actively and without judgment
- Recognize power differences between health workforce members and the communities they serve

# Communication That Builds Trust



**T** - Use teach-back methods

**A** - Adapt language - use plain language instead of jargon

**P** - Pictures & multimodal communication

**C** - Cultural and trauma-informed care

**V** - Validate barriers and support needs

*Avoid minimizing language or dismissive responses*

# T.A.P.C.V.

## Trust Building Communication Strategies



| Principle                                      | Avoid                                                | Try Instead                                                                                       |
|------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>T – Teach-Back Methods</b>                  | "Do you understand?"                                 | "Can you tell me in your own words what the next step is?"                                        |
| <b>A – Adapt Language</b>                      | "Your hypertension is uncontrolled."                 | "Your blood pressure is still higher than we'd like. Let's talk about ways to help manage it."    |
| <b>P – Pictures &amp; Visual Aids</b>          | "Here's the information. Read it when you get home." | "Would it help if we looked at a picture, diagram, or example together?"                          |
| <b>C – Cultural &amp; Trauma-Informed Care</b> | "You need to follow the treatment plan."             | "What concerns do you have about this plan, and how can we make it work for you and your family?" |
| <b>V – Validate Barriers and Support Needs</b> | "Why didn't you make your appointment?"              | "What got in the way of getting to the appointment? Let's talk about what support might help."    |

# The Role of Health workforce professionals



- *Support* health care services that reflect community priorities, cultures, and traditions
- *Serve* as trusted community-based health workers and advocates
- *Build connections* between Tribal communities and health care systems
- *Provide* culturally responsive health education and support
- *Help individuals access* health care, community resources, and services
- *Promote* understanding, self-advocacy, and informed decision-making
- *Strengthen* communication among patients, families, providers, and care teams
- *Help identify barriers* to care and connect individuals with appropriate resources

# How to Help After Microaggressions



- Listen, validate experiences, and acknowledge concerns without judgment
- Facilitate communication among patients, families, providers, and care teams
  - ✓ Support individuals and families when health care interactions feel dismissive or disrespectful
  - ✓ Help community members ask questions, voice concerns, and participate in health care decisions
- Connect individuals to health care, community resources, and support services.
- Promote culturally responsive and trauma-informed approaches to care.
- Help rebuild trust between community members and health care systems.
- Recognize how historical trauma and past health care experiences may influence trust, communication, and engagement in care

# Case Scenario #1



A patient shares that they felt unheard and disrespected during a hospital visit. Since then, they have avoided follow-up appointments. The patient responded with short answers when discussing their health care and expressed frustration.

## Discussion Questions

- ☐ What signs suggest trust may have been affected?
- ☐ How can a you create a safe space for the individual to share their concerns?
- ☐ What TAPCV communication strategies could support this conversation?
- ☐ How can cultural humility help the CHR better understand the individual's experience?
- ☐ What steps might help reconnect the individual to care while respecting their concerns?

# Case Scenario #2



A patient shares that a health care professional assumed they would not follow care instructions. The treatment plan was explained quickly, and the individual left feeling judged and misunderstood. Since the visit, the individual has stopped asking questions and missed follow-up appointments.

## Discussion Questions

- ☐ What signs suggest trust may have been affected?
- ☐ How might assumptions or bias contribute to this situation?
- ☐ How could plain language and teach-back improve communication?
- ☐ What role can you play in helping the individual understand their care plan?
- ☐ How can cultural humility and trauma-informed communication support a better outcome?

# Interactive Reflection



- What is one example of a phrase or behavior that could unintentionally communicate bias?
- How can you help create a safe and respectful health care interactions?
- What communication strategies are most effective for building trust in your community?
- How can health care teams better incorporate cultural humility into everyday practice?
- What is one action you can take to promote respectful, patient-centered care after today's session?



# Strategies for Safer Health Care Environments



1. Recognize and address behaviors that may unintentionally communicate bias
2. Promote respectful, culturally responsive, and trauma-informed communication
3. Use health literacy strategies such as plain language, teach-back, and visual aids
4. Create opportunities for individuals and families to participate in health care decisions
5. Listen to and incorporate community perspectives and lived experiences
6. Support advocates, educators, and trusted community partners
7. Foster environments where people feel heard, respected, and safe seeking care

# TAPCV: Communication Strategies That Build Trust



- T** - Use teach-back methods
- A** - Adapt language - use plain language instead of jargon
- P** - Pictures & multimodal communication
- C** - Cultural and trauma-informed care
- V** - Validate barriers and support needs

*Avoid minimizing language or dismissive responses*

# Key Takeaways



- Microaggressions can contribute to mistrust, reduced communication, and disengagement from care
- Cultural humility, health literacy, and trauma-informed communication help build trust and understanding
- You can play a critical role in recognizing barriers, supporting advocacy, and rebuilding trust
- Community-centered approaches help ensure health care reflects community values, strengths, and lived experiences
- Respectful, culturally responsive communication can promote healing and improve health outcomes



# Closing Reflection



What communication strategy from today's session will be most useful in your work?

How can you help rebuild trust when individuals feel unheard, dismissed, or misunderstood?

What role does cultural humility play in supporting respectful and effective care?

# What stood out to you from today's discussion?



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Thank you!

