

**A presentation by:**

**Fatuma Hussein,  
United Somali Women of Maine**

**[fhussein@uswofmaine.org](mailto:fhussein@uswofmaine.org)**

# Long Term Care Workforce

## *New Mainer Communities*



# CONSIDERING CULTURALLY SENSITIVE LONG TERM CARE



# SPECIFIC DIFFERENCES IN CULTURAL PERCEPTIONS/VALUES/BELIEFS THAT MIGHT IMPACT LONG TERM CARE:

Western medicines' approach to illness and care is scientifically-based and grounded primarily in the physical body

Ideas of independence vs. community

Involvement of family in care and the expectation that family will care for the patient

Position of the patient in the social structure of a community

Appropriateness of cross-gender communication and interaction

# APPROACHING SERVICE DELIVERY

*Offering “culturally responsive Long Term care” could include a consideration of or attention to the following:*

One’s own “cultural” lens

The significant cultural differences that might relate to long term care

Culturally distinct views of health/illness, end of life experience and appropriate care

Where the individual is on the continuum of acculturation

The individual’s experience of coming to or living in the US

## Acculturation:

The process of adapting to a new culture. This involves understanding different systems of thoughts, beliefs, emotions, and communication systems.

Does not mean one gives up his/her native culture

Refers to each individual's unique blend of the two (or more).

# HOW MIGHT ONE ARRIVE TO A NEW COUNTRY?

## Definitions:

Immigrant: A foreign-born individual who has been admitted to reside permanently in the U.S.

Refugee: Any person who is unable to return to his/her country because of a well founded fear of persecution due to  
✓ ethnic, political, religious or other affiliations.

Asylee: An individual who has sought protection for fear of persecution. Protection is generally sought upon arrival in a “third” country.



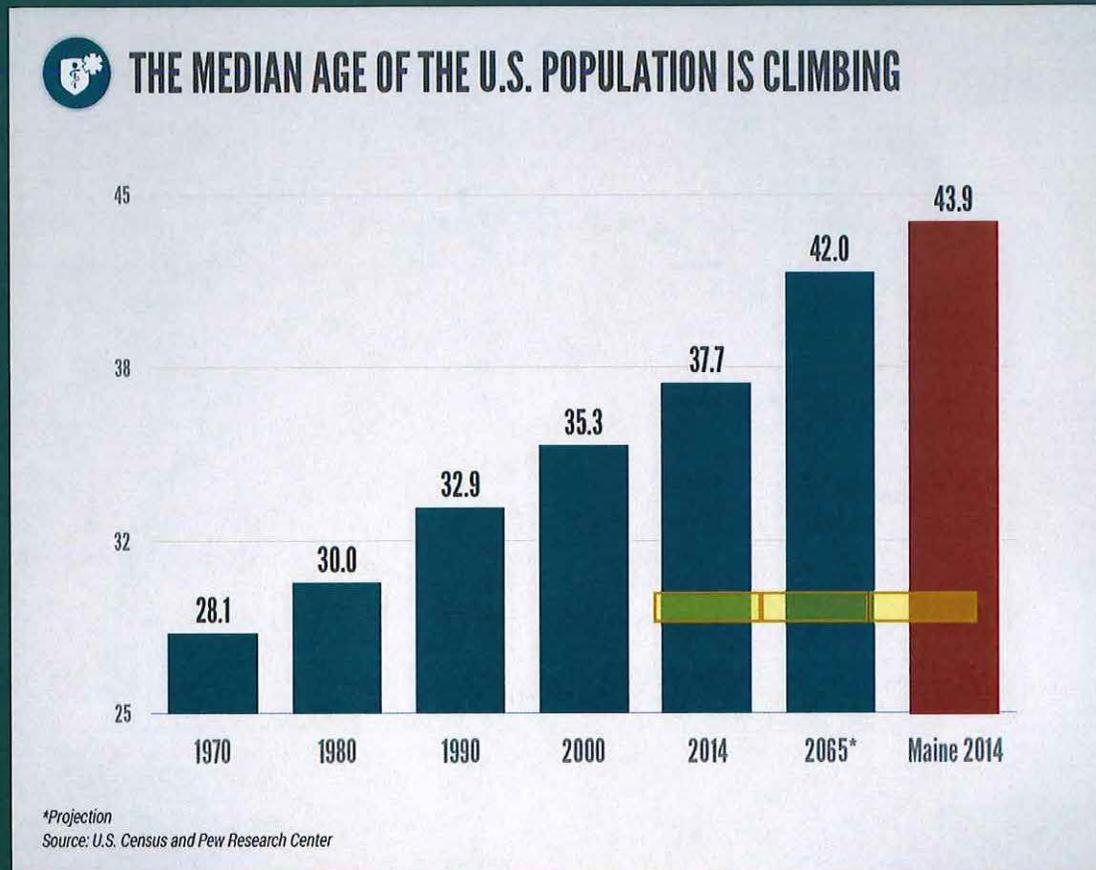
# JOURNEY TO “WELL-BEING”

Link between migration & resettlement :

- ✓ Pre-migration:  
exposure to infectious & parasitic diseases, physical & psychic trauma
- ✓ During migration:  
malnutrition, exposure to the elements, physical & psychic trauma
- ✓ Post-migration:  
increasing susceptibility to chronic diseases, problems of resettlement (racism, unemployment, ESL, etc..)

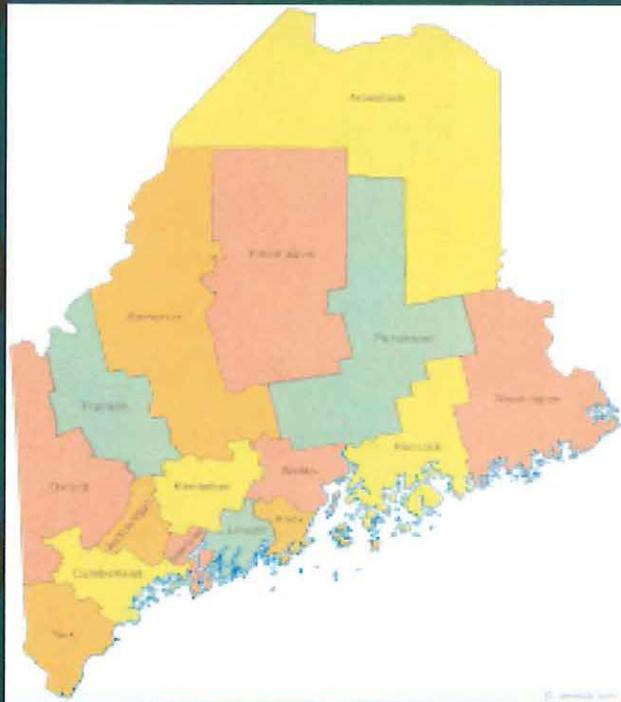


# MAINE IS THE OLDEST STATE IN THE NATION.



**Median Age  
Snapshots**  
2014: 43.9  
2016: 44.5  
2019: 44.6

## THE MULTICULTURAL NEW MAINER POPULATION IS GROWING RAPIDLY IN SOUTHERN MAINE.



89,505 Multicultural Population – if they were a county, it would be the 6<sup>th</sup> most populous county in Maine

Without Immigrants, Maine would have had no population growth in the last 6 years.

Source: US Census 2017 Community Survey

## **MAINE IS EXPERIENCING HISTORIC UNEMPLOYMENT RATES.**

36 straight months of unemployment under 4%

Portland has a 2.2.% unemployment rate

We don't have an unemployment problem:

We have underemployment and demographic problem

Promote and advance the people we have and encourage others to come to Maine.

# IMMIGRANT'S NEEDS AND LONG TERM CARE SYSTEM

Complex refugee-Immigrant history

Moving through cultures

Diverse medical and psychological belief and explanatory systems

Viewed as “low status” patients

Low health literacy

Entry into resource-poor public health system

# CULTURALLY SPECIFIC PROVIDERS AND LONG TERM CARE SYSTEM

Culturally sensitive training for immigrant providers

Certification process and credentials requirements

Foreign trained workers and the system

Disproportionate enforcement and lack of understanding

Lack of culturally sensitive coordinated response and partnership

Need community trainlines and Train the Trainer opportunities

# MOST ESSENTIAL NEED OF PROVIDERS AND CONSUMERS:

*An appreciation of the legal, physical, intellectual, spiritual, and emotional implications of being a refugee, immigrant & Asylum Seekers.*

