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Evaluating the Impact of Culturally Informed Interventions on Nebraska's Refugees: A Pilot Study with Healthcare Workers

Falah Nayif Rashoka
University of Nebraska Medical Center

Evaluating the Impact of Culturally Informed Interventions on Nebraska's Refugees: A Pilot Study with Healthcare Workers

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by

Falah Nayif Rashoka, MS, CPH

Health Promotion & Behavioral Health

Supervisory committee:

Dr. Dejun Su, chair

Dr. Megan S Kelley

Dr. Michelle Howell Smith

University of Nebraska Medical Center

College of Public Health

Omaha, Nebraska

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Abstract

Background: Refugees in the US are at increased risk of poor health outcomes, spanning mental health and general well-being, compared with American-born individuals. With the rapid growth of the refugee population in Nebraska, the need to train healthcare providers to provide culturally competent care has never been greater. A common point of access to healthcare for the refugee population after resettlement is via local health departments and the primary healthcare network. Recent estimates show close to five thousand Yazidi refugees living in Nebraska, most of whom moved after 2009 based on federal legislation admitting those who served in the US Army in Iraq. Building on findings from previous work (Rashoka et al., 2022), this study examines a Yazidi-focused cultural competence training for healthcare providers in Nebraska.

Methods: A convenience sample of 45 healthcare providers were selected, with 32 completing pre- and post-survey tests and open-ended questionnaires developed based on 3 focus group meetings. Due to COVID-19, online materials were used instead of in-person sessions. A pre-intervention survey on Yazidi culture, language, dialect, and trauma experiences was administered, followed by an educational video. A post-test survey was conducted and McNemar tests and descriptive tests were used to compare the pretest and post-test scores.

Results: The intervention led to significant improvements in knowledge about the number of Yazidi refugees in Nebraska ($p < 0.001$) and their language and dialect ($p < 0.004$). The majority of healthcare providers were satisfied with the training (69% very satisfied, 23% somewhat satisfied) and found the Information helpful (68.6% very helpful, 22.9% somewhat helpful). Most participants felt they would be able to use the Information in the training (40% right away, 53.2% eventually) and found it understandable (74.3% very understandable, 17.1% somewhat). Almost all (96.9%) approved of the training's design.

Conclusion: This pilot study demonstrates that the culturally informed intervention effectively improved healthcare providers' knowledge of working with Yazidi refugee patients. Implementing educational workshops on working with specific refugee groups, particularly those who have experienced trauma, may help improve health outcomes and reduce disparities.

Keywords: Refugee health; educational training; Cultural competence; Health equity

Chapter 1: Introduction

The United States has long been recognized as a melting pot of diverse cultures and ethnicities, which presents unique challenges to healthcare providers (Beagly, 2011). Understanding and addressing the healthcare needs of diverse populations is crucial to ensure equitable healthcare access and reducing health disparities. One such group that requires specialized attention is the Yazidi refugee community. The Yazidi, an ethnoreligious minority from northern Iraq, have faced persecution and displacement in recent years, with many resettling in the Midwest region of the United States, particularly in Nebraska (Tippens et al., 2021; Rashoka et al., 2022).

Cultural competence and awareness among healthcare providers significantly improve the quality of care for these refugee communities (Handtke et al., 2019; Su & Wang, 2012). Inadequate understanding of cultural differences and beliefs can lead to miscommunication, mistrust, and suboptimal healthcare outcomes. Furthermore, the trauma and persecution experienced by Yazidi refugees add an extra layer of complexity to their healthcare needs, necessitating trauma-informed care approaches (Govere & Govere, 2016; Im & Swan, 2020). This research article aims to evaluate the effectiveness of a cultural awareness intervention program among healthcare providers who work with Yazidi refugees in the Midwest US, with a particular emphasis on Nebraska. The intervention is designed to increase healthcare providers' knowledge of Yazidi culture, enhance their communication skills, and promote culturally sensitive and trauma-informed care practices. By analyzing the impact of this intervention on patient-provider interactions and healthcare outcomes, this study seeks to contribute valuable insights to the broader discourse on cultural competency in healthcare and inform future efforts to improve care for refugee and minority populations.

Background and materials developed for training

This study is part of a broader program of research aimed at investigating refugees' health in the Midwestern United States. Providing culturally competent health care to increasingly diverse populations is paramount to increasing patient satisfaction, a key determinant of quality of care correlated to patient treatment adherence. Patient satisfaction is also essential to the U.S. Centers for Medicare & Medicaid Services' pay-for-performance metrics ((Morris et al., 2013). It also minimizes the potential for liability, penalty, loss of accreditation, or legal action if someone feels that any of their cultural concerns were not adequately addressed (Govere & Govere, 2016). Building on the results of an initial study that applied the interpretative phenomenological approach to identify common barriers to healthcare access experienced by the Yazidi community (Rashoka et al., 2022), the research team worked together with a Community Advisory Board (CAB) to identify and develop a cultural awareness intervention program among healthcare providers who work with Yazidi refugees in Nebraska.

The research team developed educational materials specifically for the healthcare providers, and these were sent to the CAP which we named focus groups for comments and revision. All statements and suggested changes were considered, and the final copy was approved. The evaluation strategies for this pilot test intervention were discussed in detail with CAB before and throughout the intervention process. The developed video was discussed and approved by CAB before implementation.

A comprehensive healthcare providers-based training video

Yezidi culture, language, and health: The video training begins with a brief overview of the objectives and topics. The purpose of this training video is to provide a comprehensive understanding of the Yezidi culture in Nebraska, the challenges they face in terms of language barriers and healthcare access, and their experience with post-traumatic stress and COVID-19

under the umbrella of how to work with this community. This will be particularly useful for healthcare professionals who are working with the Yazidi community.

Yezidi Culture Highlights in Nebraska

The first section of the training video presents a detailed exploration of Yezidi culture, focusing on the Yezidi community in Nebraska. It begins by discussing the Yezidi people's origins, religious beliefs, and cultural practices. Next, it outlines the history of the Yezidi community in Nebraska, including their migration, settlement, growth, and health issues. The video then proceeds to explore various aspects of the Yezidi culture that are significant for healthcare providers to know, such as traditional customs when its comes to healthcare, rituals, and view of the healthcare system. It also examines the challenges that the Yezidi community faces in preserving their unique culture and identity while adapting to life in the United States and the difficulties of navigating the healthcare system.

Language and Dialects as Health Access Barriers

This section of the video examines the language barriers that the Yezidi community faces in accessing healthcare. It provides an overview of the Yezidi language, its unique dialects, and the level of English proficiency among the five thousand Yezidi population in Nebraska.

The video then delves into the implications of these language barriers on the community's ability to access healthcare services. It explores how language barriers can lead to miscommunication, misdiagnosis, and inadequate treatment, highlighting the need for culturally competent healthcare providers and interpreters. It also highlights differences between medical terms in different Kurdish language dialects.

The training also offers suggestions for improving language access in healthcare settings and how its important to provide the patient with limited English proficiency with the right dialects. Also important of providing multilingual resources, hiring bilingual staff, and developing cultural competency training programs for healthcare professionals.

Post-Traumatic Patients

The third section of the video addresses the issue of post-traumatic stress among the Yazidi community. It begins by discussing the traumatic experiences that many Yazidi individuals faced during the ISIS attack on their city in August 2014 (Rashoka et al., 2022), such as displacement, persecution, and violence. It then explores the impact of these experiences on mental health, focusing on post-traumatic stress disorder (PTSD) and other related conditions.

The video training provides guidance for healthcare providers working with Yezidi post-traumatic patients. This includes Information on culturally sensitive assessment, diagnosis, and treatment approaches, as well as strategies for providing ongoing support and care to this vulnerable population.

Yezidi and COVID-19

The final section of the video training examines the impact of the COVID-19 pandemic on the Yezidi community in Nebraska. Based on the study published which discusses refugees' challenges during the pandemic (Rashoka, Kelley, & Garcia, 2021). The video highlighted unique challenges that the community has faced during the pandemic, such as increased social isolation, economic hardships, and barriers to accessing healthcare services. Finally, it explores the implications of the COVID-19 pandemic on the mental health and well-being of the Yezidi community, emphasizing the importance of continued support and resources for this population.

The training video concludes by summarizing the key points covered in each section and reinforcing the importance of understanding and addressing the unique needs of the Yezidi community in Nebraska. It emphasizes the need for culturally competent healthcare providers to work together to create a more inclusive and equitable healthcare system that meets the diverse needs of all communities, including the Yezidi population.

Therefore, the purpose of the present study is to:

Objective 1: To assess the level of cultural competence among healthcare providers working with Yazidi refugees in Nebraska before and after the implementation of the culturally informed intervention.

Objective 2: To examine the impact of the culturally informed intervention on healthcare providers' attitudes, practices, and communication skills when working with Yazidi refugees in Nebraska.

Objective 3: To identify the key components of the culturally informed intervention that were most effective in improving the cultural competency among healthcare providers when working with Yazidi refugees in Nebraska, as well as any potential barriers or challenges faced by healthcare providers during its implementation.

Ethical consideration

This study was determined to be exempt by the University of Nebraska-Lincoln IRB (IRB approval appendix A)

Research Question

Research Question: How effectively does a culturally tailored intervention enhance the competency of healthcare workers in Nebraska in understanding and addressing the unique healthcare needs of Yazidi refugees?

Chapter 2

Methods

This study used a quantitative method based on the informed interpretative phenomenological approach, where three focus group meetings with a community advisory board were conducted (Creswell & Poth, 2016). Based on the focus group meetings, the researcher designed a pilot test intervention among healthcare providers as part of a broad study on Yazidi refugees in the Midwest United States (Rashoka et al., 2022). Focus group meetings took place in person and included 9 members representing health centers, cultural centers, refugee resettlement organizations, and Yazidi community members. The first focus group discussion in September 2019 covered barriers and facilitators to healthcare access. In the second and third meetings in October 2019 and January 2020, the identified themes were reviewed and further refined. Discussion guides were sent to participants by email several days before each meeting. They included eight questions regarding barriers to healthcare, experiences with the healthcare system, and recommendations for education.

Quantitative measures before and after the intervention (i.e., pre-and post-tests) are useful for clearly understanding intervention effectiveness (Creswell & Guetterman, 2018; Voorhees & Howell Smith, 2019).

Study Design:

This study employed a pre-post survey design to evaluate the effectiveness of a video-based cultural intervention program to enhance healthcare providers' and workers' cultural competence and understanding of the Yazidi community in Nebraska during the COVID-19 pandemic.

Participant Characteristics

Participants in this section of our study sample were 32 healthcare providers from a healthcare organization that works with refugee communities who live in Lincoln, Nebraska, during the first three months of resettlement. This section of the study is based on focus group meetings that represented members from different settings that work with refugees during the first 8 months of resettlement **(Table 1).** Participants' selection criteria included being 19 years old and above and belonging to one of the healthcare institutions that provide services to the Yazidi refugees in Nebraska. Participants were recruited through direct communication with local healthcare institutions' administration.

Materials

Video-Based Cultural Intervention: The video training program consists of a series of modules addressing the cultural, historical, and social context of the Yazidi community. The modules cover topics such as Yazidi culture and traditions, religious beliefs, communication styles, and strategies for overcoming cultural barriers in healthcare settings.

Pre-Post Survey: A self-administered questionnaire used to assess participants' cultural competence and understanding of the Yazidi community before and after the video intervention. The survey consisted of a combination of Likert-scale, multiple-choice, and open-ended questions.

Procedure

Participants were recruited through direct phone calls and emails with healthcare facilities that provide services to Yazidi refugees in Nebraska. The research team identified potential participants by contacting the healthcare administration and discussing the study objectives and target population.

Initial Contact and Follow-up: The first researcher (FR) followed up with the healthcare administration staff and provided detailed information about the study protocol, including the purpose, procedure, and participant expectations. The healthcare administration staff were encouraged to ask any questions or voice concerns during this conversation. After the initial conversation and follow-up, a link was sent to the healthcare center administration containing the study materials, including the video-based cultural intervention program, consent form, and pre-post evaluation using Qualtrics (online survey tools through the University of Nebraska). The healthcare center administration then forwarded the link to their healthcare providers.

Participants were asked to review the consent form and agree to participate in the study before accessing the video training program and pre-post evaluation. The consent form provided information about the study's purpose, potential benefits, risks, and the participants' rights, including the right to withdraw from the study at any time without penalty. Once participants provided informed consent, they were directed to complete the pre-intervention survey. This survey assessed their baseline cultural competence and understanding of the Yazidi community and took approximately 15-20 minutes to complete.

After completing the pre-intervention survey, participants gained access to the video training program. They were encouraged to complete the modules at their own pace within a specified time frame (e.g., two weeks). The video training program aimed to enhance their cultural competence and understanding of the Yazidi community in Nebraska.

Upon completing the video training program, participants were asked to complete the post-intervention survey, which assessed their cultural competence and understanding of the Yazidi community after the intervention. This survey was similar in format to the pre-

intervention survey and took approximately 15-20 minutes to complete and recorded in Qualtrics were research team following up.

Instrument &Analysis

Instrument

Participants' knowledge of Yazidi culture, the number of Yazidi refugees in Lincoln, their language and dialects, and trauma-informed practice were measured with a pre-and post-test. The video also includes information about the impact of COVID-19 on the refugees and how to work with them during the pandemic.

Cultural Knowledge

Participants shared their perspectives on hypothetical healthcare experiences. Items included:

a. Different cultural and religious groups in Iraq: "How many different cultural and religious groups are there in Iraq?"

b. Language and dialect preferences of Yazidi clients: "What language do Yazidi clients with limited English proficiency prefer their interpreters to speak?"

c. Number of Yazidi refugees in Lincoln: "About how many Yazidis live in Lincoln, Nebraska?"

d. Trauma-informed care practice: "It is important to practice what kind of care with Yazidi patients?"

Response options for each question were measured on a 4-point scale.

Satisfaction with Training:

Healthcare providers shared their perspectives on satisfaction with the materials provided. Items included:

a. Training satisfaction: "How satisfied were you with this presentation?"

b. Helpfulness of the information provided: "How helpful was the information provided in this presentation?"

c. Possibility of using materials provided: "Will you be able to use the information provided in this presentation?"

d. Understandability of the training information: "How understandable was the information provided in this presentation?"

e. Presentation design for healthcare providers: "Do you feel that this presentation was designed well for a care provider audience?"

Response answers for the first four questions were based on a 3-point Likert scale, and the last question's response was Yes/No.

Analysis

Non-parametric statistical tests were used due to the small size of this sample, and there were no missing data in this dataset. Responses to scale questions were coded to numbers from 1 to 4 and for each of these questions a lower value indicates a more desirable response. Particpants responses were analyzed using McNemar's test for paired dichotomous data. The test significance was set at $a = .05$. All analyses were conducted using SPSS (IBM SPSS Statistics, version 28).

While in the data analysis using descriptive frequency statistics, the data collected from the survey were summarized and organized to identify patterns and trends among the respondents. Frequencies and percentages were calculated for each response option across the survey questions, providing a clear overview of the distribution of responses. This analysis helps to understand the participants' overall satisfaction levels, preferences, and opinions on various aspects of the study.

A rating of "optimal" means the response was either correct, displayed knowledge of the answer

to a question, or was the most desirable response (such as selecting "Kurmanji dialect" instead of "Arabic" in response to the question, "What language and dialects Yazidi prefer?"). The University of Nebraska-Lincoln IRB approved this study.

Table 1: Focus Groups participants and HCPs Characteristics

Participant Characteristics	
Focus Group memebers N	9
Age	39.44 ± 3.91 Year
Gender	
Male	5 (56%)
Female	4 (44%)
Education	
Less than high school	2 (22%)
High school graduate	2 (22%)
College graduate	5 (55%)
Language	
English	7 (78%)
Kurdish Kurmanji	5 (55%)
Arabic	5 (55%)
Number of children	
None	4 (44%)
1-2	1 (11%)
3-4	2 (22%)
≥ 5	2 (22%)
Occupation	
Refuge agency/culture center staff	2 (22%)
Healthcare provider	2 (22%)
Community member with LEP	2 (22%)
Interpreter	1 (11%)
Social worker	1 (11%)
Social worker/Interpreter	1 (11%)
Agency of participants	
Refugee Resettlement Agency	2 (22%)
Federally Qualified Health Center	1 (11%)
Public Health Department	1 (11%)
Refugee Community Cultural Center	2 (22%)
Refugee Community Cultural Center with Women refugees project	1 (11%)
Refugee community members (unaffiliated)	2 (22%)

Healthcare practitioner N Physcian, Nurse practioners, RN, LPN, community health works	32 (100%)

Chapter 3

Results

The primary objective of this research was to assess the efficacy of culturally specific interventions in improving the skill set and understanding of Nebraska's healthcare workers based on the focus group meetings. The study focused on the unique healthcare requirements when working with Yazidi refugees. A pilot quantitative approach was employed for this research. This intervention was developed based on the findings of preliminary focus group discussions that have been reported in the previously published study (Rashoka et al., 2022) and participants' characteristics table (1). The study involved healthcare providers who are directly or indirectly involved in serving Yazidi refugees. The participants ranged from primary healthcare providers, nurses to community healthcare workers. The primary goal of the intervention was to equip healthcare providers with a nuanced understanding of the cultural norms, values, and health practices of the Yazidi community. The ultimate aim was to enhance the cultural competency of healthcare providers, thus promoting effective and respectful care for Yazidi refugees. The expectation of this intervention was to improve the cultural knowledge of healthcare workers about the Yazidi refugees. By doing so, the study aimed to optimize healthcare services provided to this diverse group, thus improving overall healthcare outcomes.

Given the limited number of healthcare centers serving refugees in Lincoln, identifying details could potentially compromise participant anonymity. Therefore, the demographic information of the participants was not incorporated into this study to respect privacy concerns and only focus group participants' characteristics were included (table 1). Despite the exclusion

of specific demographic details, it's important to note that the study participants included healthcare professionals who work directly or indirectly with refugees in Lincoln.

HCPs Cultural Knowledge (table 2):

Refugee Population Awareness

The healthcare participants' awareness of the Yazidi refugee population in Nebraska significantly increased after the intervention. Statistical analysis revealed a substantial improvement with a p-value of .004, suggesting that the increase in knowledge was unlikely due to chance.

Language and Dialects Understanding

Post-intervention, the knowledge of healthcare provider participants regarding the specific languages and dialects spoken by Yazidi refugees showed a significant increase. This enhancement in understanding was statistically significant with a p-value of .001, indicating a substantial effect of the intervention on improving language and dialect awareness.

Understanding Refugee Culture

Although the participants' understanding of the varied cultures and religious groups among refugees from Iraq did not significantly improve post-intervention (p=.549), it is worth noting that the healthcare institutions involved have a long history of working with refugees. This existing cultural competency may have influenced the outcome, and the results might differ among healthcare providers from other backgrounds or with less experience with refugee populations.

Knowledge of Trauma-Informed Care

Despite the intervention, there was not a significant enhancement in the participants' knowledge about implementing trauma-informed care when working with Yazidi refugees

(p=.180). This lack of significant improvement may be due to the healthcare institutions' extensive experience dealing with trauma among refugees, suggesting that the participants might already possess substantial knowledge in this area. As with cultural understanding, these results may differ among healthcare providers without such an extensive background in trauma-informed care of work with refugees. This might be different with another group of healthcare providers.

Table 2: McNemar's test Results (N=32) Healthcare professionals

Items	Optimal (%)	Other (%)	p-value
HCPs knowledge			
Refugee culture	11 (55%).	32(100%	.549
Language and dialects	11 (55%)	32 (95%)	.004*
How many Yazidi	12 (60%).	32 (100%)	001**
Trauma-informed	6 (30%)	32 (95%)	.180

Note: All 32 participants completed all questions on both the pre-and post-test.

Successful of health intervention (table 3)

Participant Satisfaction with the Cultural Intervention

Among the 32 participants who completed both pre- and post-intervention surveys, a significant majority found the culturally tailored intervention materials to be well-developed. Specifically, 69% of participants reported being very satisfied, and an additional 23% were somewhat satisfied.

Perceived Helpfulness of the Intervention

The majority of healthcare providers viewed the intervention information as beneficial. Detailed feedback indicated that 68.6% of participants found the information to be very helpful, while 22.9% deemed it somewhat helpful.

Clarity of Training and Materials

The intervention materials were rated highly in terms of understandability, with 74.3% of participants finding them very understandable and an additional 17.1% finding them somewhat understandable. In terms of the overall design of the training, it was nearly unanimously approved, with 96.9% of participants endorsing its structure and content.

Potential for Practical Application of Intervention Materials

When questioned about the potential use of intervention materials in their daily practice, approximately half of the participants affirmed their usefulness. 40% of participants reported immediate utilization, and a further 53.2% projected eventual use when working with Yazidi refugees.

Table 3: Succesful of health intervention among healthcare professionals

Items	**Responses**	**Frequency**	**Percent**	**Valid Percent**
How satisfied were you with this presentation?	-*Very satisfied* -*Somewhat satisfied* -*Not satisfied*	24 8 0	68.6 22.9	75.0 100.0
How helpful was the Information provided in this presentation?	-Very helpful -Somewhat helpful	24 8	68.9 22.9	75.0 25.0
How understandable was the Information provided in this presentation?	-Very understandable -Somewhat understandable	26 6	74.3 17.1	81.3 18.3
Do you feel that this presentation was designed well for a care provider audience?	Yes No	31 1	88.6 2.9	96.9 3.1

Chapter 4

Conclusions and Discussion

The culturally tailored intervention implemented in this study significantly enhanced the understanding and competency of healthcare workers in Nebraska concerning the unique healthcare needs of Yazidi refugees. There was a significant increase in the knowledge of healthcare participants concerning the number of Yazidi refugees in NE, the language they speak, specific dialects, and cultural competency. Incorporating cultural sensitivity and how working with marginalized communities in the US improve delivering high-quality and equitable care (Handtke et al., 2019; Loo et al,. 2023).

As indicated by post-intervention survey results, the majority of participants found the intervention materials to be clear, helpful, and satisfactorily developed and this align with other studies reported satisfication (Griffin et al., 1999; Majumdar et al., 2004). They also expressed their intention to utilize these materials in their daily practice, demonstrating the practicality of the intervention. Previous studies showed that cultural competency training improves the knowledge, attitudes, and skills of health professionals and reduces health disparities (Beach et al., 2005; Butler et al., 2016; Govere & Govere, 2016)). Furthermore, the effectiveness of culturally appropriate services sought to improve health and increase satisfaction with services (Henderson et al., 2011).

However, the intervention had limited success in significantly improving participants' understanding of diverse cultures and religious groups among Iraqi refugees in the US and in their knowledge about implementing trauma-informed care. These aspects may require additional focus in future interventions, particularly for healthcare providers who are less experienced with refugee populations.

Overall, the findings of this study underscore the importance and effectiveness of culturally specific interventions in enhancing the cultural competency of healthcare providers. This, in turn, can lead to improved healthcare outcomes for refugees by fostering a more understanding and respectful healthcare environment. Therefore, integrating such culturally informed training into regular professional development for healthcare workers can be a promising strategy to improve refugee healthcare.

Implications

The findings from this study indicate that a culturally specific intervention can substantially improve healthcare providers' knowledge of Yazidi refugees' unique healthcare needs in Nebraska. This increased cultural competence can contribute to better health outcomes for Yazidi refugees by providing healthcare services that respect and align with their cultural norms, practices, and language. The intervention successfully enhanced the healthcare providers' understanding of the Yazidi refugee population in Nebraska. This awareness can lead to more tailored and effective healthcare programs for Yazidi refugees, based on their specific demographic realities.

Scope for Future Training

Despite the overall effectiveness of the intervention, it had limited impact in improving the participants' knowledge about various cultures and religious groups among Iraqi refugees and the implementation of trauma-informed care. These areas could be focused on in future training, especially for healthcare providers who lack experience with refugee populations.

Promoting Use of Intervention Materials

The participants indicated a willingness to use the intervention materials in their daily practice, suggesting that these resources are practical and beneficial. Future interventions can

learn from the design and implementation of these materials to improve healthcare workers' cultural competence.

Satisfaction with Intervention Design

The high levels of satisfaction and approval for the training design suggest it was effective, clear, and engaging. This positive feedback provides valuable insights for the development of future interventions, advocating for continued investment in culturally informed training for healthcare providers.

Informing Policy and Practice

The results from this study could be instrumental in influencing healthcare policies related to refugee care in Nebraska and possibly in other states. By incorporating cultural training into regular professional development for healthcare workers, culturally competent care can be promoted across the healthcare system.

Limitations

One of the key limitations of this study was its small sample size. The COVID-19 pandemic considerably hindered the research team's ability to include a larger number of healthcare providers, which might have impacted the generalizability of the findings.

Additionally, owing to the limited number of healthcare providers engaged with refugees in their initial 8 months of resettlement, demographic information was intentionally not collected from the healthcare professionals to protect their privacy. This lack of demographic data limits the study's ability to analyze outcomes in relation to different demographic factors. Finally, the intervention showed limited success in enhancing participants' understanding of diverse cultures and religious groups among refugees in the US and their knowledge about implementing trauma-informed care. It is possible that since participants were aware that the intervention would cover

refugee-related issues, they may have already had a certain level of understanding in these areas, thereby attenuating the potential impact of the intervention. It is essential to consider these limitations in the interpretation of the study's findings and in planning future related research. The findings from this study should be further validated in larger, more diverse samples, and future interventions should also consider blind or partially blind study designs to avoid potential bias arising from participants' prior knowledge about the intervention's focus

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Appendix A

IRB approval

University of Nebraska Lincoln

Official Approval Letter for IRB project #21104 - New Project Form

May 4, 2021

Megan Kelley
Department of Nutrition and Health Sciences
LEV 119B UNL NE 685830806

Falah Rashoka
Department of Nutrition and Health Sciences
LEV 110 UNL NE 685830806

IRB Number: 20210521104EX
Project ID: 21104
Project Title: CHE Resilience Project Part 1: Identify community health and communication needs

Dear Megan:

This letter is to officially notify you of the certification of exemption of your project for the Protection of Human Subjects. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects at 45 CFR 46 2018 Requirements and has been classified as exempt. Exempt categories are listed within HRPP Policy #4.001: Exempt Research available at: https://research.unl.edu/researchcompliance/policies-procedures/.

o Date of Final Exemption: 5/4/2021
o Certification of Exemption Valid-Until: 5/4/2026
o Review conducted using exempt category 2ii at 45 CFR 46.104
o Funding (Grant congruency, OSP Project/Form ID and Funding Sponsor Award Number, if applicable): Community Health Endowment of Lincoln; OSP Project ID 52884, Form ID 136695; Grant Congruency Review 04/08/2021

1. This certification of exemption is for Part 1 CAB meeting portion. Additional parts of the award may require additional approval.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:
* Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
* Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
* Any protocol violation or protocol deviation
* An incarceration of a research participant in a protocol that was not approved to include prisoners
* Any knowledge of adverse audits or enforcement actions required by Sponsors
* Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
* Any breach in confidentiality or compromise in data privacy related to the subject or others; or
* Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any proposed changes that may affect the exempt status of your research project. You should report any unanticipated problems involving risks to the participants or others to the Board.

If you have any questions, please contact the IRB office at 402-472-6965.

Sincerely,

Becky R. Freeman

Becky R. Freeman, CIP
for the IRB

Full Accreditation

University of Nebraska-Lincoln Office of Research and Economic Development
nugrant.unl.edu

NUgrant

Appendix B

Appendix B

UNMC MPH Program
Capstone Final Approval Form
Due Upon Completion of Capstone Experience

Project Title: Effectiveness of a Culturally Informed Intervention for working with Yazidi Refugees in Nebraska: Insights from a pilot study among healthcare providers

Student Name: **Falah Nayif Rashoka**

Student Signature: Falah Nayif

Capstone Defense (Presentation) Date: 07/19/20219

Final Grade: **X Pass** **Fail** **Incomplete**

Capstone Committee Members (*Digital Signatures are Acceptable*):

Dejun Su, PhD Chair's Name	 Chair's Signature
Megan S Kelley, PhD, CHES Committee Member's Name	Megan S. Kelley Committee Member's Signature
Michelle Howell, PhD Committee Member's Name	Michelle Howell Committee Member's Signature
Committee Member's Name	Committee Member's Signature

Date of Submission to Digital Commons: _____

Please upload this form into Canvas CPH 529 site, along with your final paper, competency evaluation form, and slides.

Appendix c

Demonstrated Competencies

HPROMPH2:

Analyze and address contexts and key factors relevant to the implementation of evidence-informed health promotion strategies.

HPROMPH 3:

Develop rigorous projects to improve public health outcomes, community wellbeing, and reduce health disparities.

HPROMPH 4:

Demonstrate skills needed to coordinate and facilitate community partnerships to prioritize community needs, identify community assets, and create action to improve public health outcomes and reduce health disparities.