

CULTURAL COMPETENCY IN REENTRY:

ADDRESSING CULTURAL TRAUMA AND COMMUNITY NEEDS



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INTRODUCTION



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EMBRACE ALL LATINO VOICES

Social Navigation Identity and Recognition Business Development Health Access



PILLARS OF ACTUATION - Reentry



SOCIAL NAVIGATION

- Psycho-Social Assistance from Monday to Friday;
- Telephony Access Program for newcomers (up to 4 months free);
- Distribution of clothes, food and footwear;
- Support program for pregnant mothers;
- Support for women victims of Domestic Violence;
- Assistance with access to banking and legal services;
- Referral for employment;
- Translation for Latin families (police/hospital/crisis);
- Transport for vulnerable individuals;
- Latinos in Action (resource fair).



IDENTITY AND RECOGNITION

- Department of Festivals and Cultural Events;
- Department of Immigration Affairs;
- Department of Educational Actions for the Latina cause;
- Department of Human Rights.



- education professionals);
- Food and Nutrition Education Program;

- Medical and dental referrals.





• Obsity, diabetes, hypertension and tobacco use prevention program; • Health Equity Event (access to health, nutrition, physical and behavioral

• Translation of health and prevention materials into Portuguese and French;

• Access to healthy food for families in economic vulnerability;

barriers faced by Latino individuals in reentry

Have you ever refrained from seeking medical, hospital, police help or from calling emergency services due to a language barrier?



WHY LANGUAGE AND TERMS MATTERS?

Hispanic

Spanish as first language

Latino/a

Individual from Latin America



Oppressive term

Alien Resident

Offensive term

RESPECT FOR THE INDIVIDUAL'S LIVESTORY



CHALLENGES FACED BY THE LATINO COMMUNITY DURING MOMENTS OF CRISIS





Lack of knowledge about rights/services

Fear of Law Enforcement presence





LIMITATIONS OF MASLOW'S FRAMEWORK

Maslow's hierarchy is a useful general framework for understanding human motivation, but **it should not be seen as an absolute truth**. Research shows that people may prioritize needs differently depending on their culture, social context, and personal values. This is especially important for equitable health access, as public policies and health services must consider the diverse motivations and challenges faced by communities such as Latinos in the Carolinas.



Critique of Maslow's Hierarchy and its impact on Rehabilitation planning

Lack of Experimental

- Validation
- Based on personal observations and case studies.
- - Not tested using rigorous scientific methods.
- - Lacks reliable empirical evidence.

Cases That Challenge the Hierarchy

- Artists and activists act despite poverty.
- Survivors of war and tragedy seek purpose amid hardship.
- Asylees and immigrants stablish different structures of hierarchy of needs, sometime in a non-hierarchical design.
- Human motivation is more complex than the pyramid suggests.

- Wahba & Bridwell (1976): no evidence for strict hierarchy.
- Lawler & Porter (1968): people may seek esteem or self-actualization before basic needs.

- Maslow's order of needs doesn't apply to all cultures.
- Collectivist societies prioritize social bonds over material security.
- Community identity can come before individual autonomy.

Contradictory Research

Non-Universal Hierarchy

Alternative

ERG Model by Alderfer

- Existence, Relatedness, Growth.
- Needs can be pursued simultaneously.
- Includes frustration-regression.

Self-Determination Theory (Deci & Ryan)

- Autonomy, Competence, Relatedness.
- Focuses on intrinsic motivation and well-being.



Social Determinants of Health (SDOH) refer to the conditions in which people are born, grow, live, work, and age. These determinants are a complex interplay of various social, economic, and environmental factors that significantly influence individual and community health outcomes.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE MAIN CATEGORIES OF SDOH ARE:



Limitations and Reflections related to the

- Deterministic implications overlook individual agency and resilience.
- •Overemphasis on documenting inequalities rather than solving root causes.
- Potential for policy misapplication if not contextually grounded.
- Challenges in collecting and standardizing data effectively.
- Lack of understanding of mechanisms linking social factors to health outcomes.

How does it impact your organization's framework and outcomes with your served community?



CULTURAL COMPETENCY IS KEY

























