



# Navigating Sensitive Health Conversations with Clients

## Guidance for non-clinical service providers

Having sensitive health conversations can be a difficult but important part of assisting newcomer clients with accessing needed services. This information guide, created by Switchboard in partnership with the Society of Refugee Healthcare Providers, shares practical tips for service providers working with refugee and newcomer populations. It also incorporates considerations for the Afghan community.

### What do we mean by sensitive health conversations?

**Sensitive health conversations** are conversations on topics that may make people feel uncomfortable, vulnerable, emotional, or unsafe. In certain contexts, these topics may also be considered inappropriate, taboo, or even forbidden to discuss.

Sensitive health topics can vary by culture, by an individual's experiences, and by factors like the gender, profession, or identity of the service provider. For example, a client might feel sensitive about a seemingly neutral health topic (e.g., nutrition) because they feel uninformed about the topic, feel very strongly about it, or received criticism on it in the past.



### By appropriately navigating sensitive health conversations, service providers can:

- Support clients' agency (ability to make their own decisions)
- Protect health confidentiality and privacy
- Promote optimum health care outcomes
- Maintain appropriate boundaries that help protect clients' health

## Examples of Sensitive Health Topics

**Chronic conditions:** obesity, Type II diabetes, cancers

**Expectations of U.S. health care system:** treatments, access, cost, coverage, treatment availability

**Gender-based violence:** female and male

**Mental health:** depression, anxiety, post-traumatic stress disorder (PTSD), suicide

### Physical anomalies

**Physical and mental conditions arising from torture and/or abuse**

**Prenatal genetic screening tests**

**Reproductive health/gendered care:** family planning, contraceptive use, birth planning

**Sexual health:** Sexually transmitted infections (STIs), HIV, sexual identity, sexual orientation, gender identity, female genital mutilation/cutting (FGM/C), fertility issues (male and female)

**Tobacco, alcohol, and drug use**

**Vaccines**

**Use a client-centered approach to avoid making assumptions or generalizations about a client,** their health, and their comfort level based on their gender, ethnicity, or sexual identity. Clients, case managers, health navigators, interpreters, and others with lived experience should always be asked first if they are comfortable discussing certain topics before starting a conversation. This step is important because sensitive health conversations may be triggering or cause emotional distress.

**Sensitive health conversations may relate to conditions that are:**

- A result of trauma or torture
- A result of illegal or forbidden activities
- Related to a history of oppression, mistreatment, or mistrust (e.g., vaccines in certain communities)

- Stigmatized within a community
- Considered to go against cultural or religious norms
- A result of cultural or religious norms (e.g., using kohl or *surma* containing lead on children)
- Believed to be a result of a personal failing or justified punishment
- Impacting the individual's physical appearance, mental health, personal identity, employment options, and/or immigration status
- Associated or perceived to be associated with a marginalized group within a community
- Expected to result in death

Alternatively, a health topic can feel sensitive because of the **interpreter's or service provider's feelings** about the topic. More details about examining personal biases are provided in the next section.

Supervisors should ensure both that direct service staff are comfortable discussing a given topic and that it falls within their scope of work. If any staff members (direct service providers, health navigators, etc.) are uncomfortable with the topic, they should not participate and instead a different, appropriate staff member should be engaged.

## Practical Tips for Sensitive Health Conversations

### Understand Roles

**Work within the scope of your role.** Service providers have limitations on their scope of practice. Questions that service providers ask must fit within their role, training, and capacity to refer for appropriate services.

Always keep in mind that your role is not to provide medical care, diagnose or treat clients, or deliver sensitive medical results or information. But as a service provider, you can:

- Provide a safe space for listening
- Build rapport and trust
- Coach on health care navigation and self-advocacy
- Conduct certain screenings after receiving appropriate training. For example, the Refugee Health Screener-15 (RHS-15) is a common mental health screening tool. However, it requires training to implement, and organizations must have proper protocols

and referral networks in place to refer clients to services.

- Make connections to appropriate health care services (physical and mental health)
- Schedule appointments as needed with or on behalf of clients (with clients' consent)
- Arrange and/or advocate for proper interpretation at appointments
- Offer trainings and health education
- Provide logistical support
- Act as a client's advocate

Your role will vary depending on your specific job description. Some organizations have case managers specialized in different topics, such as health. The client's general case manager may refer the client to that **health case manager** for sensitive health conversations. Organizations should ensure that health case managers have received in-depth training on conducting these conversations with clients. If your organization does not offer training for health case managers, advocate with your supervisor for training. For more on a health case manager's role, see the Switchboard guide [An Introduction to Refugee Health](#).

On the other hand, smaller organizations may have **generalist case managers** who address all issues, including health. Clients may also feel more comfortable disclosing health information to a particular case manager who may or may not be a health case manager. In these instances, it is important for those service providers to receive support and training on how to navigate such conversations. The goal of those conversations is for the non-health case manager to listen to and validate the client's concerns. They should also explain the role of their health case manager colleague and detail how that colleague is better equipped to assist the client in accessing health services. The case manager may also suggest to the client that a first meeting occur where they are present in the room along with the health case manager, if that makes the client more comfortable.

**Help ensure clients access appropriate environments and experts when receiving sensitive health information.** Only a clinician or medical staff member trained to deliver sensitive health information (for example, an HIV diagnosis) should communicate that information. This includes having a professionally and medically trained interpreter present, if needed, to appropriately frame the conversation and ensure clients can ask and answer questions.

### **Work in collaboration with clients' health care**

**providers.** In sensitive health conversations, the goal is to assess what initial health services the client needs and connect them with a primary care provider (PCP) or urgent or emergency care provider, depending on the situation. In partnership with clients, the medical or mental health provider is the only professional equipped to delve deeper into health issues and fully determine what health services a client needs.

### **Your health conversations with clients should focus on the following:**

- **Clients' current, main health concerns**
- **Whether clients require medication and how much supply they have left**
- **Whether their biodata indicates that they must receive care within a certain timeframe or see a specific specialist**

### **Examine Your Own Biases**

Everyone has biases (often called implicit or hidden biases), whether we are fully aware of them or not.

**Increase your awareness of your own biases related to medical interventions and health conditions.** For example, people often feel strongly about vaccines, dietary restrictions, alcohol use, medical procedures, traditional medicine, and reproductive health.

Interpreters may also have their own biases. These biases can consciously or subconsciously influence a person's tone, approach, and the content of what they say during a sensitive health conversation. While not health-specific, the [Implicit Association Test](#) is a well-known test you can use to explore your own biases.

As a service provider, you are obligated to serve clients' needs. This includes not imposing your personal beliefs on clients and helping them access services even if you personally disagree with clients' decisions. If you are concerned that you cannot set aside your personal beliefs regarding specific health conditions or medical interventions, speak with your supervisor.

## Maintain Safe Physical Spaces

### Be aware of physical space for appointments.

Sensitive health conversations should *never* take place in cubicles, lobbies, waiting rooms, or areas where others (staff, visitors, or clients) have the potential to overhear. If public conversations do start to become very personal, respectfully ask the client if they are open to moving to a confidential area where they can continue the conversation in private.

If you do not have an office with a door that can close, consider using a meeting room or another area. When meeting in private, confirm with the client if they are comfortable with having the door closed.

If clients and/or interpreters are on the phone, confirm that they are in a private location and that the client is comfortable and can respond to sensitive health questions (note: the interpreter should interpret their exchange with you about this so the client can hear it).

### Ask Clients' Preferences about Family Members

Some agencies establish protocols that clients must meet one-on-one to discuss health. This may, however, create discomfort in some cases. One client may find it comforting to have the support of family members, while another may be experiencing complicated family dynamics and need privacy.

Below are some considerations for discussing privacy with clients:

- Does the client want this individual to know about their health condition?
- Is the family member a primary caregiver for the client?
- Is the client capable of understanding and managing their own health conditions?
- Are there gender or other dynamics in place?

Referring to your organization's confidentiality policy can help you navigate conflicts (for example, if the client wishes to speak to you alone but a family member desires to be present).

If a client is accompanied by a child(ren), ask the client if they are comfortable with one of your colleagues watching the child(ren) in another room to ensure the conversation is private. If it is a pre-scheduled conversation, encourage the client to make child care arrangements if possible.

Coach clients that primary care providers often want to meet with teenage children alone for a short period of time to give them privacy when asking certain health questions.

## Consider Gender and Interpretation

### If possible, identify female case managers and/or interpreters who are trained and available to have conversations with female clients.

While all individuals vary, female newcomers from many different communities often will not want to discuss female health concerns with male case managers or interpreters. This has been a concern for the Afghan community, where many of the Dari- and Pashto-speaking case managers and interpreters are male.

### Accommodate interpretation preferences, if possible.

Clients may prefer to use a telephonic interpreter who is not local rather than your agency's in-person interpreter who lives in the local community. Conversely, clients may feel more comfortable with an interpreter they know and trust rather than a stranger.

While family members may speak English and interpret for clients, this can impede clients' ability to feel comfortable disclosing sensitive health information. Additionally, it is strongly encouraged that service providers utilize trained interpreters rather than family members for all service provision meetings. This is especially important for meetings discussing health. Without exception, children under 18 years old should never be asked to interpret.

## Prioritize Confidentiality

**Confidentiality** refers to keeping certain information private from others and following restrictions around what can and cannot be shared with others. If information is permitted to be shared, you must follow certain steps to ensure it is shared safely and appropriately. There are particularly strict guidelines in the U.S. around safeguarding **protected health information (PHI)**.

**Ensure that you understand your organization's privacy and confidentiality policies.** There are extensive laws and policies around data protection,



privacy, and health information. It is best to discuss this with your organization's management team to be sure you are following all applicable guidelines.

Below are some additional confidentiality considerations

- Ensure that clients understand your organization's privacy and confidentiality policies, including that certain information must be legally escalated (shared with others, including authorities).
- Remind interpreters during the pre-session that details discussed about clients' health are confidential. During the interpreter's introduction to the client, they should explain their role in maintaining confidentiality.
- Never release sensitive health information without proper consent. Explain to clients that you will keep health information confidential unless they give consent to share it.
- If you have permission to share the client's information and must share it to facilitate service provision, provide the minimal amount of information necessary when discussing or emailing about a case (and always use encryption when emailing).
- Explain what it means to be a **mandated reporter** (see Switchboard's training [Foundations of Mandatory Reporting for Refugee Service Providers](#)). Threats of harm to oneself or someone else, domestic violence, and child abuse or neglect are all examples of conversations that must be escalated. Refer to your agency's policy for escalation procedures. Be aware of both your agency and state-specific reporting requirements as they pertain to your role. Seek advice from your supervisor if you are unsure.

## Frame the Conversation

**Question format and conversation style matter.** When a health case manager or other service provider asks serious and private health questions, it is important that the client understands the service provider's role as a non-clinician. You may say:

*"I am not a health care provider, but my job is to help connect you with the U.S. health care system. I ask every client the same questions to become more familiar with what your health needs may be so I can help connect you to an appropriate health care provider. Some questions can feel quite personal. You*

*do not have to answer a question if it makes you feel uncomfortable, and you can wait to have a conversation with your medical provider if you prefer."*

Alert the client and interpreter to the subjects you are proposing to cover prior to the conversation beginning. This gives them time to form expectations and voice if the topic will be triggering.

**Clients may view you as being in a position of power above them. Work to ensure that clients...**

- **Understand their rights**
- **Never feel forced to reveal sensitive information**
- **Feel safe and supported during health conversations**

**You can also help set expectations** by sharing that it is your organization's policy to meet with adult family members individually to ask health questions. Or you can emphasize that questions need to be answered by each client individually, rather than a spouse answering on behalf of their partner, for example.

Other expectations to align on are those about the U.S. health care system. Clients may have certain expectations regarding access, cost, coverage, and treatment availability based on what they have heard and/or experienced in other countries. Some may be unrealistic, such as surgeries that can help regain sight or state of the art prosthetics.

Managing these expectations can help clients feel less frustrated or disappointed by the U.S. health care systems or their health insurance limits. Aligning expectations can also encourage clients to continue with the treatments that are available to them. Never make promises about what can be done to address a client's health issue. Instead, you can promise to help connect the client with appropriate health care providers who can advise on what is possible.

**It may be useful to have a list of standard, comprehensive health questions** to cover during conversations. These questions may not come up naturally during conversation or may feel awkward to ask, so having scripted questions can help.

**You can also use clients' biodata and overseas health records (if available) as talking points**, especially if a client neglects to mention an issue listed there. They may have forgotten or feel it is not important to bring it up. You can say, for example, *"I see that your overseas health record says you are taking medicine for diabetes. Can you tell me more about that?"*

You can explain that you are bringing up certain topics to help clients access appropriate and timely care. For example, *"I'm wondering how much diabetes medication you have left. That way I'll know how urgently we need to schedule an appointment with your primary care provider."*

**Do not ask for details about health conditions, especially those resulting from trauma or torture.**

This can trigger clients and/or lead to questions and situations that you are not trained to handle in the way that medical professionals are trained. Remember that to facilitate health care access, you need to know enough details to connect clients with an appropriate primary care provider (PCP) and relevant specialists in coordination with the PCP. This is nuanced, which is why training for health case managers is critical.

### **Be Prepared with Referrals**

It is helpful to have an accessible list of providers to whom you can refer clients, especially for needs that are more urgent. This should be in addition to referrals for situations that need to be escalated (for example, calling 988 Suicide and Crisis Lifeline for mental health crises; 911 for life-threatening health emergencies).

During a sensitive health conversation, a client may share details that illustrate that their health situation is urgent but not an emergency. For example, they may be running low on a medication that can only be prescribed by a doctor but have not yet established care with a PCP. Or their PCP has recommended that they see a specialist urgently for a newly diagnosed condition and provided a referral to that specialist. In such instances, be prepared to help clients access services as needed. For example, have contact information for a PCP who can schedule last-minute appointments for clients to receive prescriptions to refill medications.

For many sensitive health conversations, the most relevant action step will be to assist a client with scheduling an appointment with their primary care provider. The PCP can then determine with the client appropriate next steps.

View Switchboard's blog post [Tips for Creating Your Own Local Refugee Health Care Provider Directory](#) for more tips and a downloadable template.

### **Follow Documentation Requirements**

Different organizations, programs, and grant funders have different **requirements around case noting**. Case notes containing health information may have specific guidelines on what is appropriate or not appropriate detail to include, and where and how to store them physically and electronically to protect clients' privacy. Ensure you document sensitive health conversations appropriately, in line with your organization's and grant funder's requirements to maintain confidentiality.

### **Community Highlight: Afghan Newcomers in the U.S.**

To participate successfully in sensitive health conversations with Afghan clients, you should become familiar with Afghans' rich culture and heritage. Understanding ethnocultural practices and boundaries will better prepare you to offer health navigation services that respect clients' heritage while also promoting health. This section shares some initial considerations. The Switchboard training series [Cultural & Practical Considerations for Working with Afghan Clients](#) has more detailed information.

Afghanistan is an ethnically diverse country, with more than 19 separate ethnic groups and 35 languages. Customs and cultural practices vary greatly from cities to the countryside. This [Afghan Backgrounder](#) from the Cultural Orientation Resource Exchange (CORE) provides a deeper look at Afghan history and culture.

Dari and Pashto are the most common **languages** spoken in Afghan households. However, due to the large variety of ethnocultural backgrounds in Afghanistan, many families have additional language skills in Urdu, Farsi, English, etc. A client's preferred language to discuss health may be different from the language they use for everyday topics. Ask clients about their preferred language for health discussions.

Preferred formats for information sharing and education may depend on individuals' **literacy levels** and can vary among people in the same family. Determining literacy levels and language skills early on and making the proper considerations will impact the success of health care services. For more on this from a health care perspective, see [Barriers and Facilitators](#)

[to Improving Access to Healthcare for Recently Resettled Afghan Refugees: A Transformative Study.](#)

**Gender roles** can influence comfort with disclosing health information. [Afghan families are typically large and patriarchal.](#) Gender of the clinician, case manager, and interpreter may be important during sensitive conversations. Women may be hesitant to discuss health concerns, particularly sensitive topics, even with female providers and especially with male providers. Formal sexual health education may have been limited. Women may initially also feel less confident in accessing their own health care. It is helpful for service providers to work with women to support independence, e.g., through coaching women on how to take the bus to visit their primary care provider.

**Family structures** can also impact health decision-making. Members of the LGBTQ+ community are not typically visible or accepted in public spaces. Therefore, most family structures will visibly appear as a married man and woman, children, and in-laws. Many Afghans function as one vast family unit. When considering health care, it is common for spouses, children, or in-laws to be present for sensitive conversations. Family members may be involved in medical decisions.

Spouses and mothers-in-law, often known as **gatekeepers** in the literature, can play key roles in the lives of married women. Building rapport and trust within the Afghan family unit and learning how to collaborate with the gatekeepers in a family or community can benefit client health outcomes and service delivery. Research shows that inability to collaborate with these individuals can cause challenges in health outcomes. For example, discuss with the spouse and mother-in-law that U.S. medical care is focused on the individual, and explain about the health care system's emphasis on confidentiality.

When arranging health appointments, consider the role of **religion**, for example, Halal foods, fasting during Ramadan, and availability of prayer times and spaces. The National Resource Center for Refugees, Immigrants & Migrants provides a [toolkit for Ramadan](#), along with resources on [integrating tradition and health for Nowruz](#). Switchboard's information guide [Faith-based Healing among Afghan Muslims](#) describes how faith can support in coping with stress, maintaining mental health, and achieving personal goals.

**Gender-based violence (GBV)** is also a concern cited by Afghan community members. GBV is a sensitive health topic that includes domestic violence, sexual assault, and psychological abuse. Appropriately trained

staff members or health care providers should give families information on what constitutes GBV and its consequences. Two service providers specific to GBV are [Women for Afghan Women](#) and [Alight](#). Switchboard also has a [blog post](#) listing a collection of resources for sexual and gender-based violence.

## Conclusion

Navigating sensitive health conversations is an essential skill. Doing this well requires using a client-centered approach, understanding your role, and examining your biases. During sensitive conversations, provide safe spaces, explore preferences about family members, consider gender and interpretation, prioritize confidentiality, frame the conversation appropriately, and follow documentation requirements. Finally, be aware of your organization's and state's reporting requirements, and have services ready for immediate referral if needed.

## Resources

[Assisting Newcomers with Navigating the U.S. Health Care System: An Introduction for Direct Service Providers](#):

This Switchboard archived webinar and information guide provide an overview of U.S. health care benefits and services available to newcomers.

[Implicit Association Test \(IAT\)](#): This test measures people's implicit biases, attitudes, and beliefs.

[Unconscious Bias Training](#): This training from the UCSF Office of Diversity and Outreach will help you assess and address unconscious bias.

[Collection of Resources on Sexual and Gender-Based Violence](#): This Switchboard blog post provides a list of resources on sexual and gender-based violence that you can use to support both adult and youth clients.

[What is Health Case Management?](#) This blog post from the Society of Refugee Healthcare Providers explores health case management in the resettlement context.

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