Achieving Cultural Humility In Medical Care

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Disclosures

- None
Learn the Principles of Cultural Humility
Define Health Disparity
Understand the relationship between Cultural Humility, Disparity and Health Equity
Clearly define the terms culture, cultural competency, and cultural humility
Effectively apply the concepts to your population
Have an improvement plan to enhance your work
Culture
Term coined by Melanie Tervalon and Jann Murray-Garcia in 1998 to describe a way of incorporating **multiculturalism** into their work as health care providers.

**Cultural humility** is a process of self-reflection and discovery in order to **build honest and trustworthy relationships**.

Yeager KA, Bauer-Wu S for Applied nursing research *Cultural humility: Essential foundation for clinical researchers*. Published August 12, 2016. PMID: 23938129
Three Dimensions of Cultural Humility

- Lifelong learning & critical self-reflection
- Recognize and challenge power imbalances
- Institutional accountability
Another Way to Look at Cultural Humility

Curiosity

Compassion

Cultural Humility

Empathy

Respect
Recognize and Challenge Power Imbalances

Provider as expert

Patient/Family as expert

Adapted from Dr. Melanie Tervalon
Compassion

• A feeling of deep sympathy for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering (dictionary.com)
• When we know someone has been hurt, by us or someone/something else, we ask how we might help
• When someone recognizes we are hurt, we try to be open for dialogue
Empathy

• The ability to understand and share the feelings of another (dictionary.com)
• A key skill is making sure we are able to do our best to understand what it might feel like in that person’s shoes
• We can guess, however, we really don’t know without an open conversation
Defined as “A particular type of health difference that is closely linked with social economic, and/or environmental disadvantage.” (Healthy People 2020. accessed October 22, 2018)

Limit continued improvement in population health that results in unnecessary healthcare cost. CDC, Accessed December 2018.
CAUSES

Health Disparity

- Poverty
- Educational Inequality
- Poor Access to Care
- Environmental
- Behavioral Dynamics

Health Disparities Themes

Culture
- How can culture affect effective use of health resources?

Socio-Economic
- How does the impact of socioeconomic level on health?
- How can poverty affect your health?

Literacy
- What does it mean to be health literate?
- How does proficient (or non) health literacy impact personal and community health?

Access
- What does it mean to have access to health care?
- How does your level of access impact your health?
- What differences exist in level of access?

Language
- How is language a barrier to accessing health care?

Gender
- How can gender impact participation in health care?

Geography
- What are the unique characteristics of your geographic area?
- How do those characteristics impact your health?
- Why do community and environmental factors create health inequities in different locales?

Religion
- How can religious communities help mitigate health inequalities?

(T-Score-2018)
Definitions

Health equity - “ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, no one should be disadvantaged from achieving this potential, if it can be avoided”  Whitehead, M. 2006

Health inequity - differences in health outcomes that are systematic, avoidable, and unjust. IHI
Many Fences of Inequity

<table>
<thead>
<tr>
<th>Markers of Inequity</th>
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<tbody>
<tr>
<td>“Race”</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Labor roles and social class markers</td>
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<tr>
<td>Nationality, language, and legal status</td>
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<tr>
<td>Sexual orientation</td>
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<tr>
<td>Disability status</td>
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<tr>
<td>Geography</td>
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<tr>
<td>Religion</td>
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<tr>
<td>Incarceration history</td>
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<tr>
<td>These are independent risk MARKERS</td>
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Adopted from Camara Jones MD
What are the key contributors to observed inequities in health & health care?

• Differential access to resources and opportunity
• Differential application of care practices
• Multi-level – individual, community, state, policy
• -isms that marginalize populations (racism, sexism, heterosexism, ableism, sizeism etc.)
• Implicit Bias
Typical Strategies for Being Culturally Responsive

Building

- Cultural Sensitivity
- The awareness and sensitivity of other's cultures and practices
- Cultural Competence
- Knowledge about diverse cultures
Cultural Competency

- “Set of behaviors, attitudes, and policies that enable effective work in cross-cultural situations”
- Competence = “capacity to function effectively within the context of cultural beliefs, behaviors, and needs presented by consumers and their community”
- Impossible to meet for all cultures
- Policy implications
  - Staff assessment
  - Compliance

Common Missteps

1. Researchers/practitioners struggle addressing cultural conflicts encountered
2. Culture is often an afterthought or not considered
3. Attending to culture becomes part of the checklist and incorporated to “get the job done”
4. Community members are not included in the process
5. When community is included they are passive participants
6. Assumptions are made about community needs
Honoring History

- Community displacement
- Language policies
- Identity displacement
- Immigrant/transnational experience
- Abuse/misuse of information collected for research or evaluation (with “good intentions”)

- Tuskegee Syphilis Project
- “La Operación”: The Sterilization of Puerto Rican Women
Cultural Humility = Awareness

• Own Values and Beliefs

• Community Values and Beliefs

• Institutional Values and Beliefs
Where the magic happens

your comfort zone
Self-Awareness Exercise

Think about and discuss the first time you were aware of being “different” and what was it like for you.
Cultural Humility – What it’s not

• Producing confident, competent health care providers with a specialized knowledge and skills that can serve the communities of ethnic or racial minority groups

• I’m the cultural expert

• Universal set of cultural experiences

Yeager KA, Bauer-Wu S for Applied nursing research Cultural humility: Essential foundation for clinical researchers. Published August 12, 2016. PMID: 23938129
Cultural Humility is...

“not a discreet endpoint but a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with participants, communities, colleagues and with themselves.”
– Leland Brown 1994
Lifelong Learning and Critical Self-Reflection

- Coming from a place of knowing that we don’t know
- Being able to accept our own limitations
- Encouraged to be curious tied to that place of not knowing
- Openness – we can feel open to those around us who want to learn about us
Address Social Inequities
• Institutional Accountability

Systematically Targeted Interventions
• Redress Power Imbalance
• Meaningful Community Partnerships

Equitable Measurement
• Eliminating disparity for the most vulnerable
• Critical Self Reflection

Practicing Cultural Humility

• People bring their own experiences in dialogue with others
• Practice active & deep listening
• Be aware of body language
• Know and own what you don’t know
• Know your boundaries
• Know when to ask for help practicing cultural humility
Practicing Cultural Humility

**Interpersonal**
- Approaches students and peers with openness
- Promotes mutual empowerment, trust and respect
- Encourages peer-learning
- Promotes culture of collaboration and cooperation

**Institutional**
- Commitment to diversity and equity
- Anti-discrimination policies
- Equitable hiring, training and advancement practices
- Equitable distribution of knowledge and tools
- Supportive learning environment
- Culturally and linguistically appropriate services
- Student-centered vision and mission statements
Practical Application

- Exploring where the patient and family are in their culture/subculture
  - Active listening
  - Flexibility to "negotiate"
  - Acceptance of differences
- Accepting help
  - Support of family
  - Support of community
- Not a panacea
  - A tool
  - Will not solve all cross-cultural or family problems
- Makes you ask questions about what you know and don't know

Adv Health Sci Educ Theory Pract 2012; 17:269-78
Engagement: From a Cultural Humility Perspective

• Stance of informed curiosity
• Ask different questions
• Ask questions differently
Institutional Accountability

- Organizations should model the principles of humility
- Develop partnerships with people and groups who advocate for others
- Cultural humility is larger than individuals—it must be addressed systemically
How do we engage colleagues in change?

• Challenges include fear, lack of buy-in and competing priorities

• Co-produce in authentic relationships

• Clarify the ask

• Tap into motivations and values, co-design with those most impacted, meet people where they are, start small

• Have courage to name issues
Key Improvement Design Elements

• What are we trying to accomplish? Aims for disparity

• What changes can we make that will result in improvement? Theory of change for disparity

• How will we know a change is an improvement? Measurement for disparity

• How do we engage our colleagues in change that addresses disparity?
Measurement

• Assess your data capability and data quality to identify and track equity.
• Stratify your data by relevant sociodemographic factors.
• Do not wait for perfect data to start improvements aimed at narrowing equity gaps.
• Design dashboard with equity data as part of regularly tracked items so it is not a separate ‘add-on’.
Conclusion

• Cultural humility instead of competency
• Education closes ethnic disparity gaps
• Being knowledgeable about “others” requires an ongoing lifelong process of learning (Hunt, 2005)
  ▪ Self-reflection
  ▪ Self-critique
• It’s about RESPECT, RESPECT, RESPECT (Pearce, 2006)
• Continuous process improvement
The Journey