Education Grand Rounds

University of Oklahoma Health Sciences Center

Cultural Humility and Cultural Competence: Conceptualizing Inclusion

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Cell phones and pagers should be turned to silent or off. Thank you!

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The Bed of Procrustes: Antithesis of Cultural Competence

- Host who offered hospitality, a meal, and a bed that “magically” fit the individual who was sleeping
  - In fact he altered the guest to fit the bed (use your imagination!)
  - Theseus wound up “adjusting” Procrustes to fit in his own bed---

Defining Culture

- Cambridge Dictionary
  - "the way of life of a particular people… as shown in their ordinary behavior and habits, their attitudes toward each other, and their moral and religious beliefs"

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

- Culture is inclusive of….
  - Religion and spirituality
  - Individuals who identify as LGBT
  - Deaf and hearing impaired
  - Blind and vision impaired

- Principle standard:
  - Provide effective, equitable, understandable, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

https://www.federalregister.gov/articles/2013/09/24/2013-23164/national-standards-for-culturally-and-linguistically-appropriate-services-clas-in-health-and-health

Cultural Competence

- "The ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients"
  - This is a wonderful aspiration

- Assumptions
  - Individual and institutional developmental processes grow and develop over time
  - Skill and knowledge acquisition can enhance cultural competence
  - Cultural strengths within organizations are often untapped

Cultural Competence and Linguistic Competence Policy Assessment (CLCPA)

- Developed through requests by
  - Bureau of Primary Health Care (BPHC)
  - Health Resources and Services Administration (HRSA)
  - U.S. Department of Health and Human Service (DHHS)
- Designed to
  - improve health care access and utilization
  - enhance the quality of services within culturally diverse and underserved communities
  - promote cultural and linguistic competence as essential approaches in the elimination of health disparities

Principles of Cultural Competence: Organizational Level

- Value diversity
- Conduct self-assessments
- Manage the dynamics of difference
- Institutionalize cultural knowledge
- Adapt to the diversity and cultural contexts of
  - Individuals
  - Families
  - Communities

http://www.clcpa.info/documents/CLCPA.pdf

Cultural Competence

- Goals of cultural competence
  - Improve health outcomes and quality of care
    - Provide training: cultural competence and cross-cultural issues
  - Eliminate racial and ethnic health disparities
    - Reduce administrative and linguistic barriers to care

- BUT…..No one individual can meet the needs of patients from all cultures

Even our Definitions are Inadequate

- Federal Standards 1997 Office of Management and Budget
  - RACE
    - American Indian or Alaska Native (AI/AN)
    - Asian
    - Black or African American
    - Native Hawaiian or Other Pacific Islander
    - White
  - ETHNICITY
    - Hispanic or Latino

Asian Americans..for example

- **Origins in Far East, Southeast Asia, India**
- **Ethnicities are widely disparate----examples**
  - **Central Asia: Mongolia**
  - **East Asia: Japan**
  - **Southeast Asia: Laos, New Guinea, Phillipines**
    - **Hmong are an ethnic group from Laos**
  - **South Asia: Nepal**

Linguistic Competence

- Effective communication
  - Easily understood by diverse individuals including
    - Limited English proficiency
    - Low literacy
    - Disabled
  - What does this mean in practical terms
    - Bilingual/multilingual and bicultural/multicultural staff
    - Interpretation and translation (verbal/written/sign language/media)
      - Educational materials/legal documents/spoken and written language
    - Technology
      - Telecommunication/assistive devices/computer

http://www.clcpa.info/documents/CLCPA.pdf

Case:

- Demographics:
  - 62-year old male, Spanish-dominant male of Mexican descent
- Medical History
  - End stage kidney disease– evaluation for transplant
- Transplant Evaluation
  - Social worker evaluation
    - concerns regarding family support and commitment to post-operative care
  - Reason for referral: Pt. was referred for neuropsychological evaluation by the kidney transplant team to evaluate his cognitive functioning in order to determine his mental capacity and his ability to comply with post-transplant treatment

Case---Continued

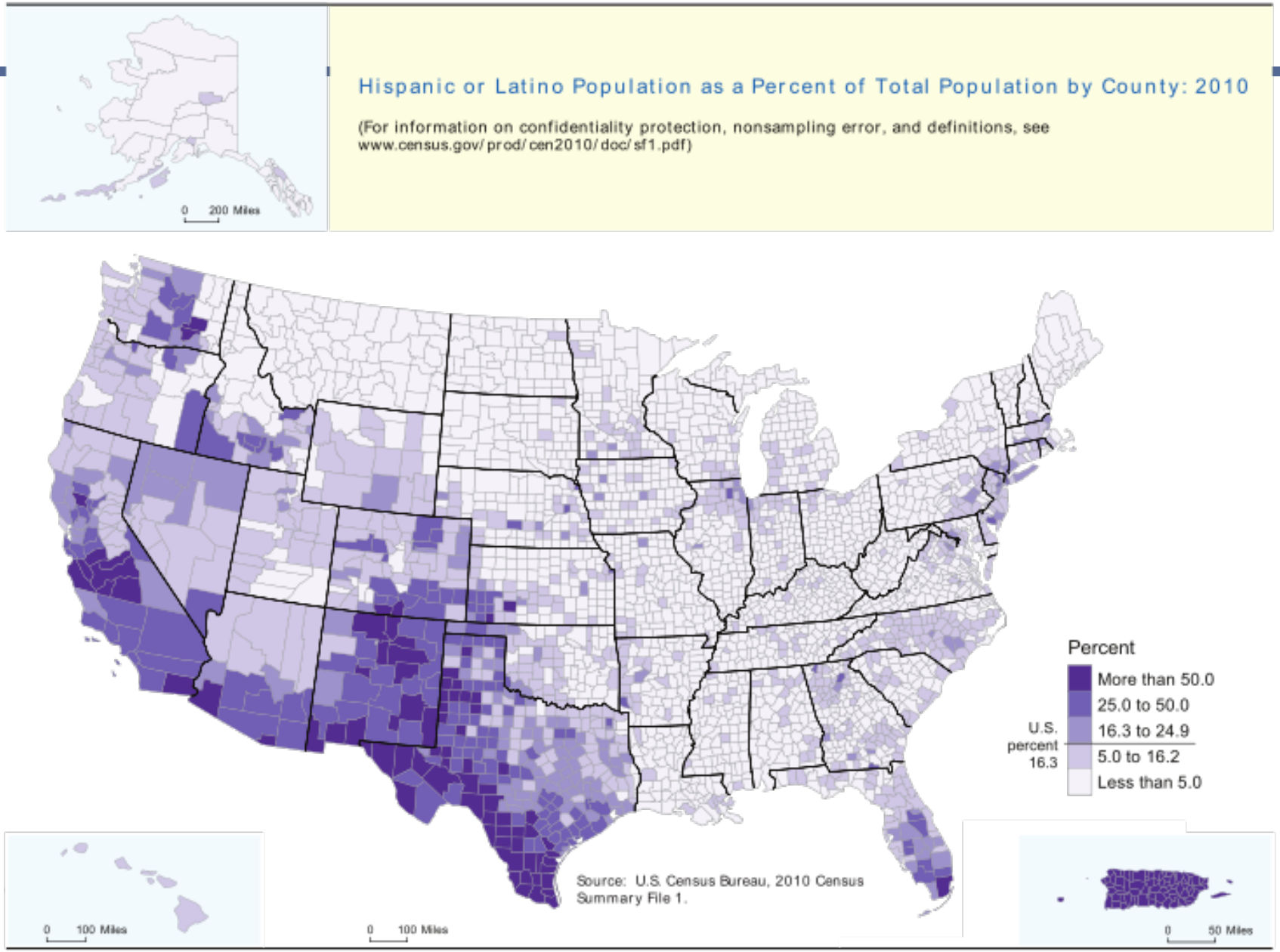
- Referred for neuropsychological evaluation
  - Evaluation of cognitive functioning to determine mental capacity and potential compliance with post-transplant treatment

- Spanish language clinic evaluation
  - Patient has exceptional, support system with good potential for compliance with care (cognitive understanding/family support)
  - Social worker misinterpretation may have been due to linguistic, socioeconomic and or cultural barriers

USA: Percent of Population Using a Non-English Language at Home

- 1980 11%
- 1990 14%
- 2000 18%
- 2010 21%

http://online.seu.edu/foreign-language-growth-impact-tesol/



U.S. Census Bureau

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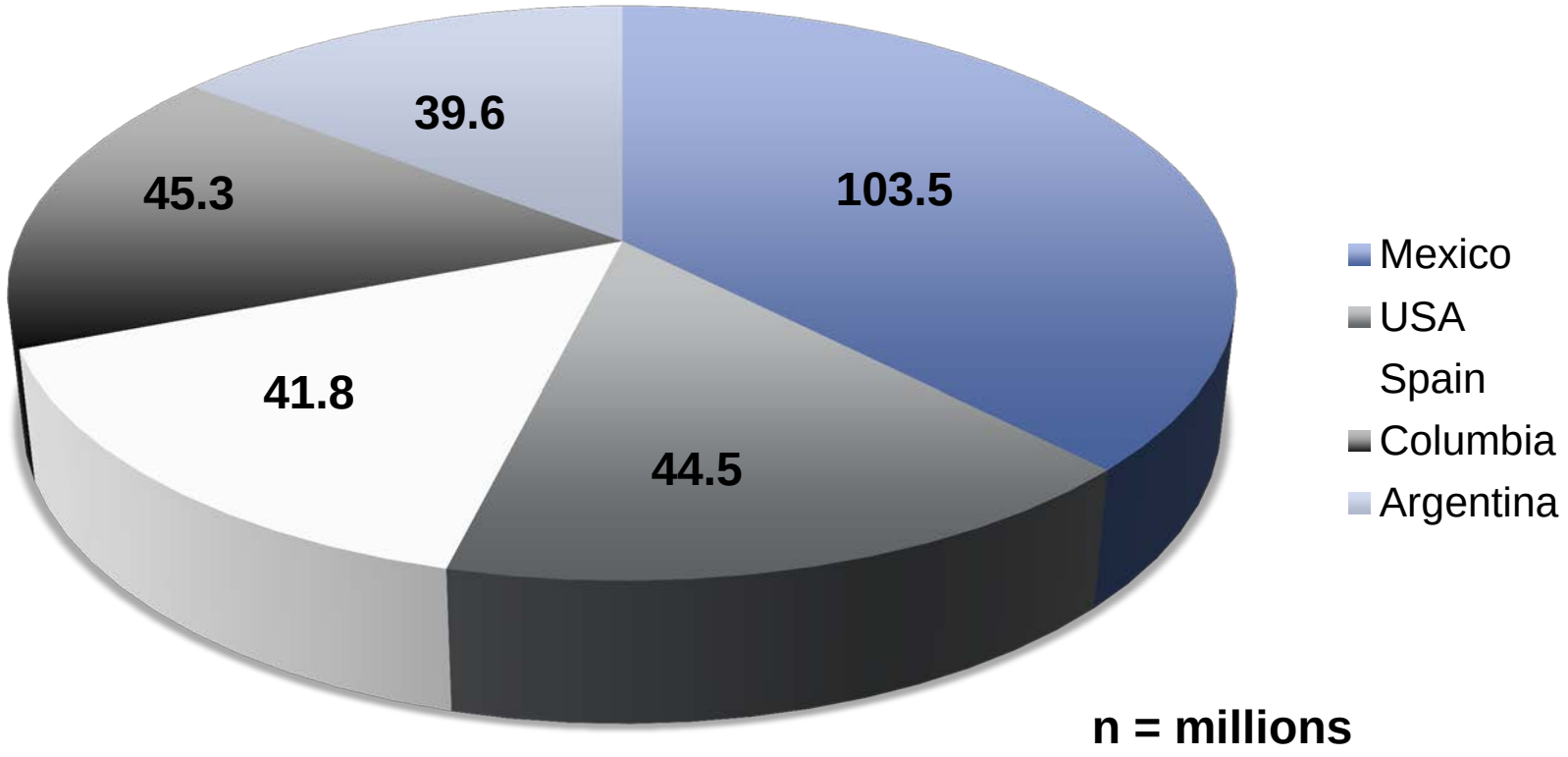
The U.S. has the 3rd largest Spanish speaking population in the world (2014)



Cultural Competence Training--- Potential Pitfalls

- Training may focus on teaching traditional cultural ideas of specific racial or ethnic groups
  - Older style of training
    - X individuals are stoic; Y individuals share their pain
  - Sometimes produced lists of beliefs or attributes
  - Problem with this is that it stereotyped individuals
    - Individuals started to make assumptions about…….
    - Consider a time that you made an assumption because of how someone looked or because of their cultural heritage

http://www.cahealthadvocates.org/news/disparities/2007/are-you.html

Professor Linda Hunt:

- "Culture does not determine behavior, but rather affords group members a repertoire of ideas and possible actions, providing the framework through which they understand themselves, their environment, and their experiences…Culture is ever changing and always being revised within the dynamic context of its enactment.

- …Individuals choose between various cultural options, and in our multicultural society, many times choose widely between the options offered by a variety of cultural traditions. **It is not possible to predict** the beliefs and behaviors of individuals based on their race, ethnicity, or national origin."

Reflection

- Personal example
- Take a few minutes – think/consider/discuss a time in which you realized an issue with cultural competence

Humility

- Secure and accepting identity
- Accurate view of oneself and one's strengths and weaknesses
- Egalitarian view of all individuals
- High level of other-valuation and other-focus

Cultural Humility

- "Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partner- ships with communities on behalf of individuals and defined populations"

Tervalon and Murray-Garcia. J Health Care Poor Underserved. 1998 May;9(2):117-25

Cultural Humility: 3 principles

- Lifelong learning and critical self-reflection (process-oriented)
- Recognize and challenge power imbalances and affirm contributions (Patient-focused)
- Institutional accountability & respectful partnerships for advocacy

Tervalon and Murray-Garcia. J Health Care Poor Underserved. 1998 May;9(2):117-25

Cultural Humility: Lifelong learning and critical self-reflection

- Increase your own knowledge
  - Health beliefs and practices are important
    - But avoid false sense of security that you know what is happening
    - Avoid stereotypes
- Be aware of your own attitudes
  - Understand how implicit bias MAY affect your perceptions or decisions
  - Identify your own personal explicit (you may or may not have known bias) and implicit (we ALL have hidden bias)
    - Take IATs (implicit association tests)

Tervalon and Murray-Garcia. J Health Care Poor Underserved. 1998 May;9(2):117-25

Cultural Humility: Recognize and challenge power imbalances

- Understand the power differentials between patients and caregivers
  - Use Patient-focused processes
  - Clearly communicate that you value the patient's agenda and perspectives
    - This allows the provider to **LEARN** from the patient and for the patient to become a **PARTNER** in their care

Tervalon and Murray-Garcia. J Health Care Poor Underserved. 1998 May;9(2):117-25

Disease Processes

- Medicine focuses on pathophysiology
- Patients and family members focus on the illness experiences
  - Social determinants of health and illness
  - Psychological effects
  - Cultural norms and beliefs
- Need to elicit the patient' story and beliefs
  - How does the illness impact their life? Their family?
  - What type of care have they had (including non-traditional care)?
  - What is their prediction/fears for the future?
  - How is the patient or their family coping?
- Be respectful of non-verbal expressions

Borkan et al.Medicine and Health Rhode Island 2008. 91: 361

Cultural Humility: A Concept Analysis

- Review of 62 published articles about cultural humility
- Identified attributes:
  - Openness
  - Self-awareness
  - Egoless
  - Supportive interaction
  - Self-reflection and critique
- Consequences
  - Mutual empowerment
  - Partnerships
  - Respect
  - Optimal Care
  - Lifelong learning

Cultural Humility: Institutional accountability and partnerships

- Institutional self reflection is key
  - What is the demographics of the providers
  - Are the providers required to undergo multicultural training
  - Is there a culture of inclusion and respect?
  - Is there adequate access to medically sophisticated translators?
  - What is the relationship with the community?

Tervalon and Murray-Garcia. J Health Care Poor Underserved. 1998 May;9(2):117-25

Competence vs Humility

	Cultural Competence	Cultural Humility
Goals	• Learn and understand minority cultures to better and more appropriately provide services	• To encourage personal reflection and growth around culture in order to increase awareness of service providers
Values	• Knowledge • Education	• Introspection • Co-learning
Shortcomings	• Enforces the idea that there can be 'competence' in a culture other than one's own. • Supports the myth that cultures are monolithic. • Based upon academic knowledge rather than lived experience. • Believes professionals can be "certified" in culture.	• Challenging for professionals to grasp the idea of learning with and from clients. • No end result, which those in academia and medical fields can struggle with.
Strengths	• Allows for people to strive to obtain a goal. • Promotes skill building.	• Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding. • Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics.

Self-Reflection (from Dr. Margie Akin)

- Identify your own cultural and family beliefs and values.
- Define your own personal culture/identity: ethnicity, age, experience, education, socio-economic status, gender, sexual orientation, religion…
- Are you aware of your personal biases and assumptions about people with different values than yours?
- Challenge yourself in identifying your own values as the "norm."
- Describe a time when you became aware of being different from other people

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care: Theme 1

- Theme 1: Governance, Leadership, and Workforce
  - Advance and sustain governance and leadership that promotes CLAS and health equity
  - Recruit, promote, and support a diverse governance, leadership, and workforce
  - Educate and train governance, leadership, and workforce in CLAS

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CLAS Standards: Theme 2

- Theme 2: Communication and Language Assistance
  - Offer communication and language assistance
  - Inform individuals of the availability of language assistance
  - Ensure the competence of individuals providing language assistance
  - Provide easy-to-understand materials and signage

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CLAS Standards Theme 3

- Theme 3: Engagement, Continuous Improvement, and Accountability
  - Infuse CLAS goals, policies, and management accountability throughout the organization's planning and operations
  - Conduct organizational assessments
  - Collect and maintain demographic data
  - Conduct assessments of community health assets and needs
  - Partner with the community
  - Create conflict and grievance resolution processes
  - Communicate the organization's progress in implementing and sustaining CLAS.

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Xenia: A Great Host

- Respect from host to guest
  - Hospitality
  - Provision of food/beverage
  - Identify the needs of the guest
- Respect from guest to host
  - Guest should not be a burden on the host

Cultural Humility (HUMBLE) Model

- **H**: Be **H**umble about the assumptions you make about knowing the world from your patients' shoes
- **U**: **U**nderstand how your own background and culture can impact your care of patients
- **M**: **M**otivate yourself to learn more about the patient's background, culture, health beliefs and practices, as well as the unique points of view of their families and communities
- **B**: **B**egin to incorporate this knowledge into your care
- **L**: **L**ife-long learning
- **E**: **E**mphasize respect and negotiate treatment plans

Borkan et al., MEDICINE & HEALTH/RHODE ISLAND 2008. 91: 361

Resources

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
  - https://www.federalregister.gov/articles/2013/09/24/2013-23164/national-standards-for-culturally-and-linguistically-appropriate-services-clas-in-health-and-health
- Tervalon and Murray-Garcia. J Health Care Poor Underserved. 1998. 9:117-25
- Borkan et al., Medicine and Health Rhode Island. 2008. 91: 361
- https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html
- Cultural Competence and Linguistic Competence Policy Assessment (CLCPA) http://www.clcpa.info/documents/CLCPA.pdf

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