WELCOME TO

Cultural Humility 101

Cultural Humility in Care Delivery





Cultural Humility

"We see the world, not as it is, but as we are or, as we are conditioned to see it. - Covey"







What Is Cultural Humility?

Cultural Humility:

- Is a lifelong process
- Prioritizes self-awareness and openness
- Is defined as "A practice of ongoing self-reflection on how one's own background and the background of others impact teaching, learning, research, creative activity, engagement, leadership, etc."²
- Allows us to recognize that we do not know everything about a culture and are willing to learn from patients about their diverse backgrounds and lived experiences



What Is The Difference Between Cultural Humility And Cultural Competence?

Cultural humility refers to the ongoing intrapersonal and interpersonal journey that leads to patient-centered care.³

Cultural competence assumes a full understanding of a culture. It's imperative that there is a shift away from using the term "cultural competence," as complete cultural competence is not truly achievable due to the uniqueness of everyone's lived experiences.



Why Is Cultural Humility Important To My Practice?



In 1946, the World Health Organization (WHO) declared that health is a fundamental human right.

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."⁴



Why Is Cultural Humility Important To My Practice?

When people feel seen, safe, and respected, they are more likely to utilize the health resources available to them and to seek out new avenues of care.

Feeling TRUST in, & RESPECT from a clinician is the #2 thing patients look for when choosing a provider; and 6 out of 10 are willing to change providers to find it.5





How Can I Cultivate Trust And Respect As A Health Care Provider?

Cultivating trust and respect involves:

- Recognizing your own limitations and biases
- Actively engaging with patients as individuals in both speaking and listening
- Seeking to understand and accept each patient's unique individual needs, cultural beliefs, values, and practices
- Approaching each patient encounter with an open mind and willingness to learn
- Participating in intrapersonal work to increase your knowledge of other cultures, beliefs, and lifestyles

Valuing People: **Prioritizing Inclusion**

"Of all forms of inequity, injustice in health care is the most shocking and inhuman."

— Martin Luther King, Jr.⁶







Patients have little tolerance for superficial conversations about their health concerns.

Over 80% want their primary care provider to connect with them, ask meaningful questions, and understand their overall well-being.⁷



How Can I Prioritize Inclusion In My Practice?

Promoting inclusion starts with trust and communication.

Ask questions: Genuine inquiry can help promote trusting and safe relationships.
 These questions should increase rapport and gather information necessary to properly treat patients. Avoid asking questions solely out of curiosity that are unrelated to their care.

COPD FOUNDATION®

- Really listen: Focus on hearing what the patient holds relevant and most important.
- Value uniqueness: Avoid making assumptions based on a patient's name, background, assumed gender, or complexion.
- Create collaboration: Through open communication, create care plans that align with your patient's culture, values, beliefs, and lifestyle.
- Be flexible: A patient's beliefs may change over time. Remaining adaptable and responsive to these changes helps ensure the patient's care is current, relevant, and effective.
- **Practice patience:** Trust and respect take time to develop. Allow the patient/provider relationship to grow naturally.

Communication styles are often learned within a cultural context. As clinicians, we must remember that not every patient or colleague communicates like we do.





Understand That Everyone Has Different:

- **Health beliefs:** Some cultures believe that talking about poor health outcomes will cause them to happen.
- Spiritual beliefs: Some spiritual practices can impact an individual's interest in seeking out health care and accepting certain treatments.
- **Health customs:** Some individuals prefer to also utilize traditional cultural healers/healing methods.
- Ethnic customs: Societal roles and beliefs can determine who has the authority to make treatment decisions for an individual (e.g., elders, family members, husband).
- **Dietary customs:** Dietary advice may not align with the patient's individual or traditional food preferences or preparation methods.
- Interpersonal needs: Expectations about eye contact and physical touch vary between individuals and among cultures.



Don't Make Assumptions About:



Am I Biased?





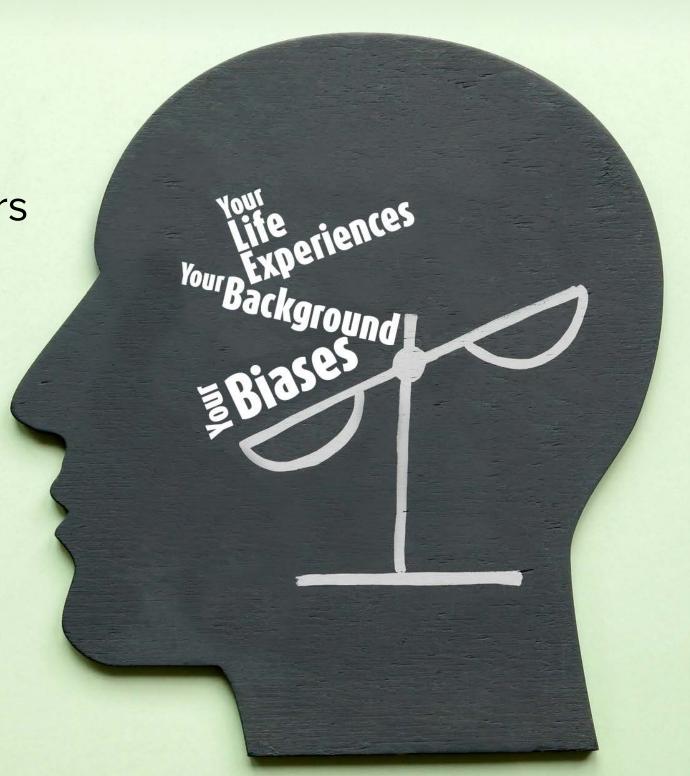


What Is Bias?

 Bias is any thought or action that favors one thing/person/group over another.

 Biases influence our behavior and decision-making.

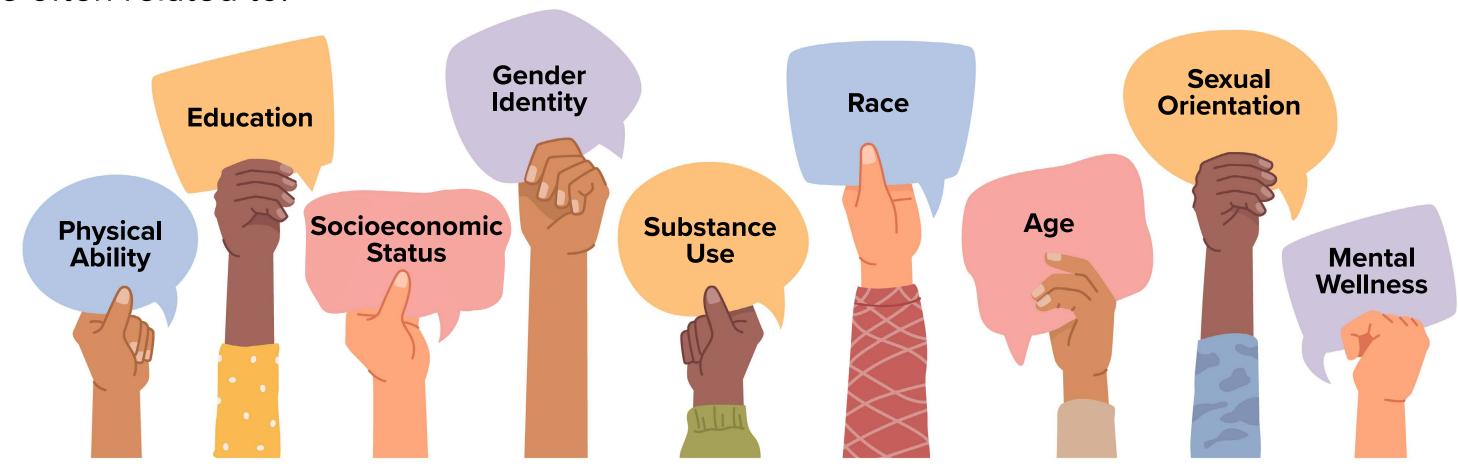
 We all have biases whether we acknowledge and accept them or not.





Biases:

- Are generally formed over time and experience
- Can impact our thinking and care delivery
- Are often related to:



People tend to favor people and things that are similar to themselves but can also have biases towards their own group.





Implicit Bias

Implicit bias is comprised of our unconscious attitudes, thoughts, beliefs, and opinions that influence our actions, interactions, and decisions.

Hidden biases often develop early in life through continual reinforcement of societal stereotypes and operate automatically when we interact with others.8





Our Biases Do Not Necessarily Match Our Stated Beliefs

We can consciously reject a concept such as stereotyping people, but still interact with and evaluate a patient negatively based on unconscious stereotypes or prejudice.

As a health care provider, your implicit biases may unconsciously impact your treatment decisions.8

- Mental health conditions are less likely to be diagnosed in men due to stereotypes and decreased awareness of differing symptom presentations.⁹
- People of Global Majority (PoGM)* tend to be given fewer interventions for cardiovascular conditions and are less likely to be prescribed pain medication.⁸







Failing to recognize how biases affect clinical decisionmaking can lead to inconsistent treatment of patients.

It can also lead to failures in care including:

- Insufficient interpersonal communication, leading patients to feel uncared for, unsafe, and unheard as an individual.
- Decreased trust in the clinician's integrity and competence.
- Inappropriate treatment plans based on assumptions about ethnicity, gender identity, personal values, and/or cultural beliefs.

Recognizing and addressing bias is crucial for health care professionals to provide equitable and patient-centered care.

To help discover your personal biases visit https://www.projectimplicit.net/.



How Do I Overcome Biases?

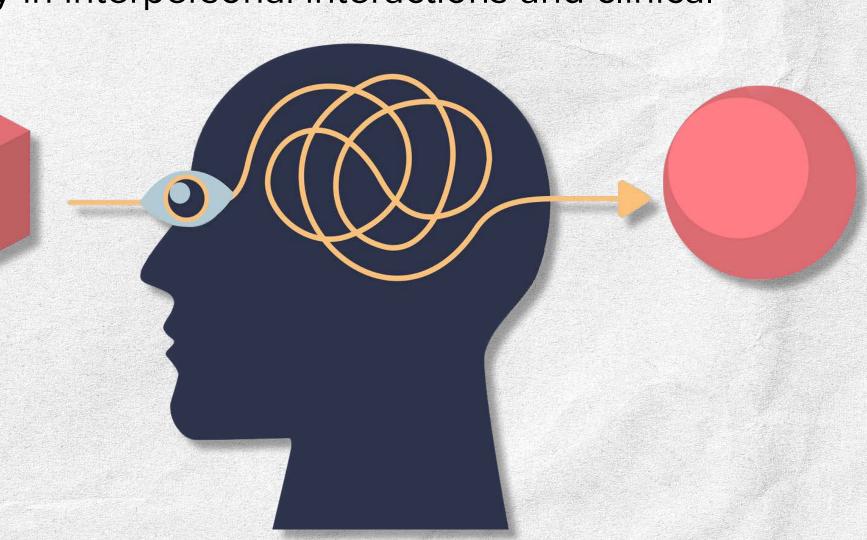
- Work to discover your "blind spots" and biases.
- Actively work to unlearn and avoid stereotypes and negative attitudes.

• Recognize patterns of inconsistency in interpersonal interactions and clinical

decision-making.

 Develop protocols and questions to enable you to treat each patient equitably.

 Engage in continuous personal growth and learn about yourself and others.



Accessibility of Care

"The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances." —Paula Dressel¹¹







Health care is not one size fits all! Equality does not equal equity.

EQUALITY: Everyone gets the same - regardless if its right for them.



EQUITY: Everyone gets what they need - understanding the barriers, circumstances, and conditions.



Copyright 2022 Robert Wood Johnson Foundation







Cultural and language barriers can result

in reduced quality of care, understanding of treatments and diagnosis, and increased medication complications or adverse events. As of 2019, the first language of almost 20% of U.S. residents was not English, and 4 in 10 of those had limited English language skills.¹⁴





Accessibility To Care Continued...

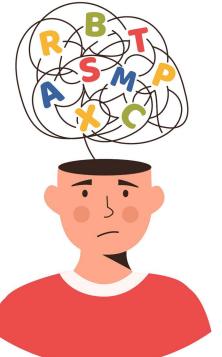
- Nearly 2 in 10 of LGBTQIA+ adults avoid health care settings out of apprehension of prejudicial treatment.^{15,16}
- Due to increased targeted violence, many PoGM transgender women chose to stay home instead of attending appointments with their health care team.¹⁷
- A patient's literacy level impacts their ability to understand and follow directions for taking medications, leading to negative health outcomes.¹⁸
- Social biases present at the point of care affect a patient's willingness to access services. 17





Common Reasons People Do Not Access Health Care:





Low literacy and low health literacy

Financial concerns



Accessibility of service



How Can I Help Break Down The Barriers of Access to Care?

- Connect with a translation service during appointments.
- Provide culturally and linguistically relevant educational materials (translations, pictures).
- Provide alternative forms of appointments such as telehealth visits, where appropriate.
- Use inclusive language on intake forms and in conversations (list multiple pronoun options, "partner" vs "spouse," etc.)¹⁷
- Get to know your community! Gain a basic understanding of the predominant cultures in your area.
- Create physically accessible office space.
- Provide social gender affirmation (use of pronouns, chosen name etc.)¹⁷
- Remember that each patient has individual needs.
- Providing multiple ways to receive the necessary education to cater to several learning style.



Allyship







What is Allyship in Health Care?

- The practice of actively supporting and advocating for historically minoritized and/or excluded people or populations.
- Recognizing and addressing disparities in access to health care treatments and services with the goal of equity and justice.





How can I practice Allyship?



row through recognizing your personal bias and privilege and commit to ongoing self-reflection.



ecognize intersectionality. Individuals may belong to multiple marginalized groups (e.g., gender, race, ability, education, sexual orientation) and can experience many forms of oppression and discrimination simultaneously.



cknowledge the existence of systemic biases, discrimination, and health disparities that impact minoritized individuals and communities.



hallenge bias by seeking to understand and respect the backgrounds, beliefs, lifestyles, and practices of others.



ngage and empower patients to actively participate in their health care decisions through communication and shared decision-making.



WE WELCOME



WE STAND WITH YOU. YOU ARE SAFE HERE!

Psychological Safety







Does the Workplace Environment Really Matter?

- Burnout, increased illness, and mental health issues are prevalent in high-stress work environments.
- Healthy work environments result in better patient outcomes, reduced medical errors, and decreased mortality rates.^{20, 21, 22}

 A psychologically safe workplace can help provide needed support and reduce stress levels.¹⁹





In a psychologically safe environment, people feel included, valued, and safe to contribute without fear.

In a health care setting this leads to:19, 20, 21, 22

- More satisfying patient and inter-office relationships
- Improved patient results
- Increased team collaboration
- Reduced errors and improved safety
- Enhanced provider welfare





Help Create A Psychologically Safe And Inclusive Space For Patients And Colleagues By:

- Encouraging open communication
- Acknowledging your mistakes
- Offering workplace education sessions focused on communication and empathy
- Making regular, honest assessments of the culture and climate within your team
- Prioritizing connection with people
- Valuing uniqueness in presentation, ideas, and expression





Every Interaction is Important!

As you move towards the daily practice of cultural humility you can make a difference in the lives of your patients and colleagues.

Remember, you don't have to be perfect!

Just...

Be willing to suspend what you think you know about someone based on generalizations or stereotypes.

Listen and ask genuine questions.

Realize that the truth about them stems from what they themselves have determined is their personal expression of beliefs, culture, and heritage.

You make a difference!



References:

- 1. Covey SR. The 7 Habits of Highly Effective People. Simon and Schuster; 1992.
- 2. Accreditation Council for Graduate Medical Education Glossary of Terms. ACGME. March 10, 2023. Accessed July 25, 2023. https://www.acgme.org/globalassets/pdfs/ab_acgmeglossary.pdf.
- 3. Lekas H-M, Pahl K, Fuller Lewis C. Rethinking cultural competence: Shifting to cultural humility. *Health Services Insights*. 2020;13:117863292097058. doi:10.1177/1178632920970580
- 4. Constitution of the World Health Organization. World Health Organization. Accessed October 3, 2023. https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1.
- 5. Bengtson N, Rubin L. Healthcare Consumer Market Report. Huron Consulting Group. 2021. Accessed August 29, 2023. https://engage.huronconsultinggroup.com/Healthcare-Consumer-Market-Report-2021.
- 6. Luther King M., Jr Presentation at the Second National Convention of the Medical Committee for Human Rights, Chicago, 25 March 1966
- 7. Health Care Insights Study 2022. CVS Health. Accessed August 29, 2023. https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/ https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/
- 8. Quick safety 23: Implicit bias in health care. The Joint Commission. Accessed September 6, 2023. https://www.jointcommission.org/ resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/.
- 9. Smith DT, Mouzon DM, Elliott M. Reviewing the assumptions about men's mental health: An exploration of the gender binary. *American Journal of Men's Health*. 2016;12(1):78-89. doi:10.1177/1557988316630953.
- 10. Penner LA, Dovidio JF, Gonzalez R, et al. The effects of oncologist implicit racial bias in racially discordant oncology interactions. *Journal of Clinical Oncology*. 2016;34(24):2874-2880. doi:10.1200/jco.2015.66.3658.
- 11. Dressel P. Racial equality or racial equity? the difference it makes. MDC. March 23, 2021. Accessed January 19, 2024. https://www.mdcinc.org/2014/04/02/racial-equality-or-racial-equity-the-difference-it-makes.
- 12. Kullgren JT, McLaughlin CG, Mitra N, Armstrong K. Nonfinancial barriers and access to care for U.S. adults. Health services research. February 2012. Accessed September 10, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3393009/.
- 13. Coughlin SS, Vernon M, Hatzigeorgiou C, George V. Health Literacy, Social Determinants of Health, and Disease Prevention and Control. J Environ Health Sci. 2020;6(1):3061. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7889072/.



References:

- 14. Wasserman J, Palmer RC, Gomez MM, Berzon R, Ibrahim SA, Ayanian JZ. Advancing health services research to eliminate health care disparities. American journal of public health. January 2019. Accessed September 10, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6356134/.
- 15. Powell A. Health care providers need better understanding of LGBTQ patients, Harvard Forum says. Harvard Gazette. March 23, 2018. Accessed September 10, 2023. https://news.harvard.edu/gazette/story/2018/03/health-care-providers-need-better-understanding-of-lgbtq-patients-harvard-forum-says/.
- 16. Bosworth A, Turrini G, Pyda S, et al. Health insurance coverage and access to care for LGBTQ+ ... aspe. https://aspe.hhs.gov/. July 2021. Accessed September 11, 2023. https://aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf.
- 17. Cicero EC, Reisner SL, Silva SG, Merwin El, Humphreys JC. Health care experiences of transgender adults: An integrated mixed research literature review. ANS. Advances in nursing science. 2019. Accessed September 10, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502664/.
- 18. Language and literacy. Language and Literacy Healthy People 2030. Accessed September 26, 2023. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy.
- 19. Izdebski Z, Kozakiewicz A, Białorudzki M, Dec-Pietrowska J, Mazur J. Occupational Burnout in healthcare workers, stress and other symptoms of work overload during the COVID-19 pandemic in Poland. *International Journal of Environmental Research and Public Health*. 2023;20(3):2428. doi:10.3390/ijerph20032428
- 20. Grailey KE, Murray E, Reader T, Brett SJ. The presence and potential impact of psychological saf in the healthcare setting: An evidence synthesis. BMC Health Services Research. August 5, 2021. Accessed September 14, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8344175/#CR13.
- 21. Hunt DF, Bailey J, Lennox BR, Crofts M, Vincent C. Enhancing psychological safety in mental health services. *International Journal Of Mental Health Systems*. April 14, 2021. Accessed September 14, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8045992/.
- 22. Braithwaite J, Herkes J, Ludlow K, Testa L, Lamprell G. Association between organizational and workplace cultures, and patient outcomes: Systematic review. BMJ Open. 2017;7(11). doi:10.1136/bmjopen-2017-01770

These educational materials are part of

COPD Foundation, Inc.'s 2022 Health Equity Program - Health Education & Empowerment Program sponsored by AstraZeneca.

