



NATIONAL COUNCIL of
URBAN INDIAN HEALTH



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URBAN INDIAN HEALTH

BUILDING A CULTURE-INCLUSIVE WORKFORCE

Building Trust, Enhancing Care

Cultural Humility in Health Care



March 7, 2024 ♦ 2-3 p.m. EST



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Disclaimer

This event is made possible by the Indian Health Services Cooperative Agreement Funds

Award #H723IHS00007-02-00

FAIN # H723IHS0007

Federal Award Date: 05/08/20223

This event is solely the responsibility of the National Council of Urban Indian Health and does not necessarily represent the views of Indian Health services or the Department of Health and Human Services.



NCUIH

NATIONAL COUNCIL of URBAN INDIAN HEALTH

The National Council of Urban Indian Health, also known as NCUIH, is the national non-profit organization devoted to the support and development of quality, accessible, and culturally competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is a national representative advocating for the 41 Urban Indian Organizations (UIOs) contracting with the Indian Health Services (IHS) under the Indian Health Care Improvement ACT (IHCA). NCUIH strives to improve the health of over 70% of the AI/AN population that lives in urban areas, supported by quality, accessible health care centers.

Disclosures

There are no relevant financial relationships with ineligible companies for those involved with the ability to control the content of this activity.

Disclosures

This activity is jointly provided by National Council of Urban Indian Health and Cardea Services

Cardea Services is approved as a provider of nursing continuing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

This program is Approved by the National Association of Social Workers (Approval # 886874323-6739) for 1 continuing education contact hours.



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Disclosures

COMPLETING THIS ACTIVITY

Upon successful completion of this activity 1 contact hours will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email. If you have any questions about this CE activity, contact Fiona Morrison-Fleming at ffleming@cardeaservices.org.



Audio and Visual Recording

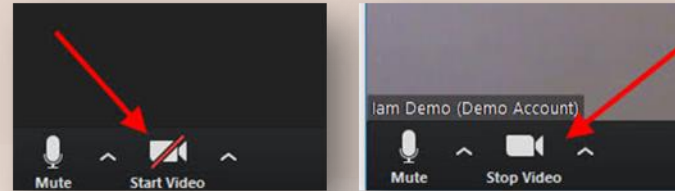
Please note that this session will be recorded for educational and quality improvement purposes.



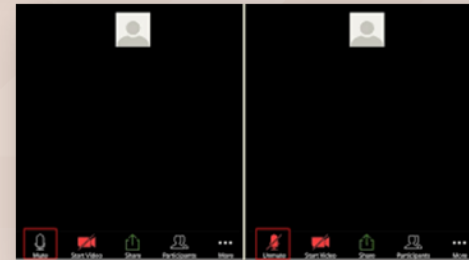


Housekeeping

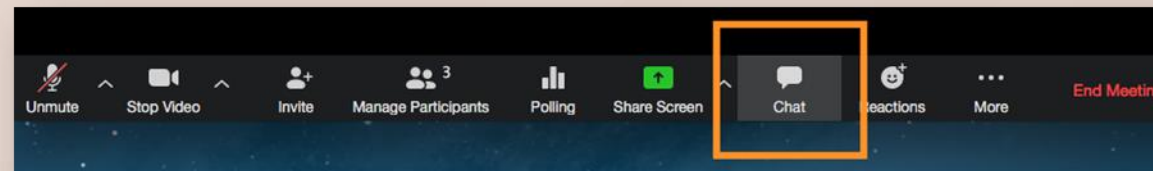
- Please, Turn on Video



- Please Mute Your Microphone When Not Speaking



- Please Enter Your Name and Organization in the Chat Box

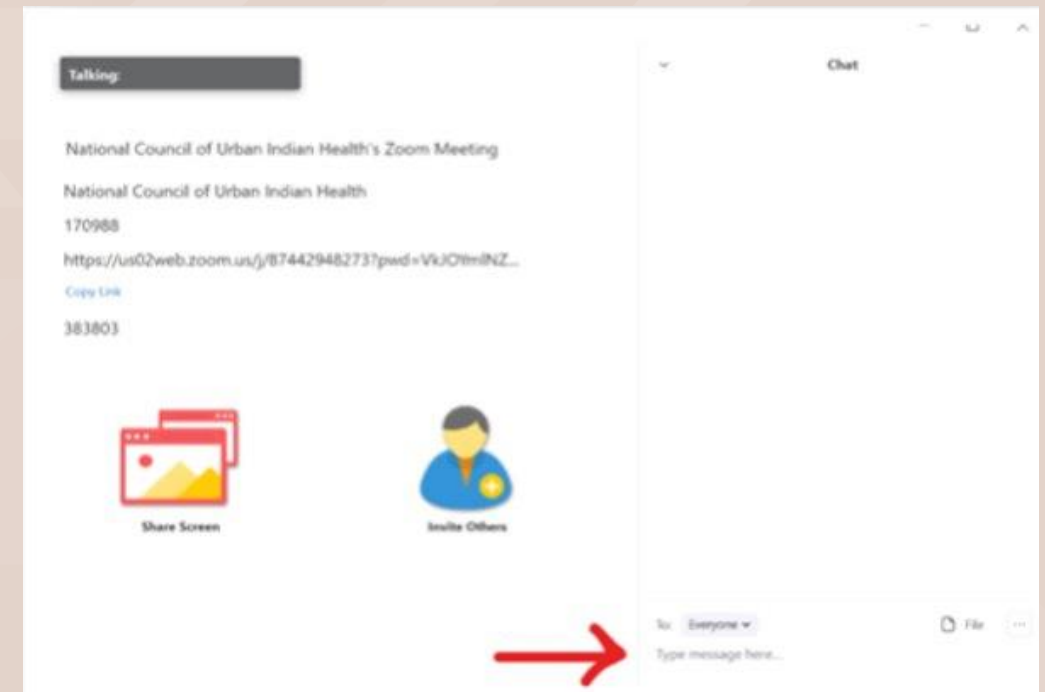
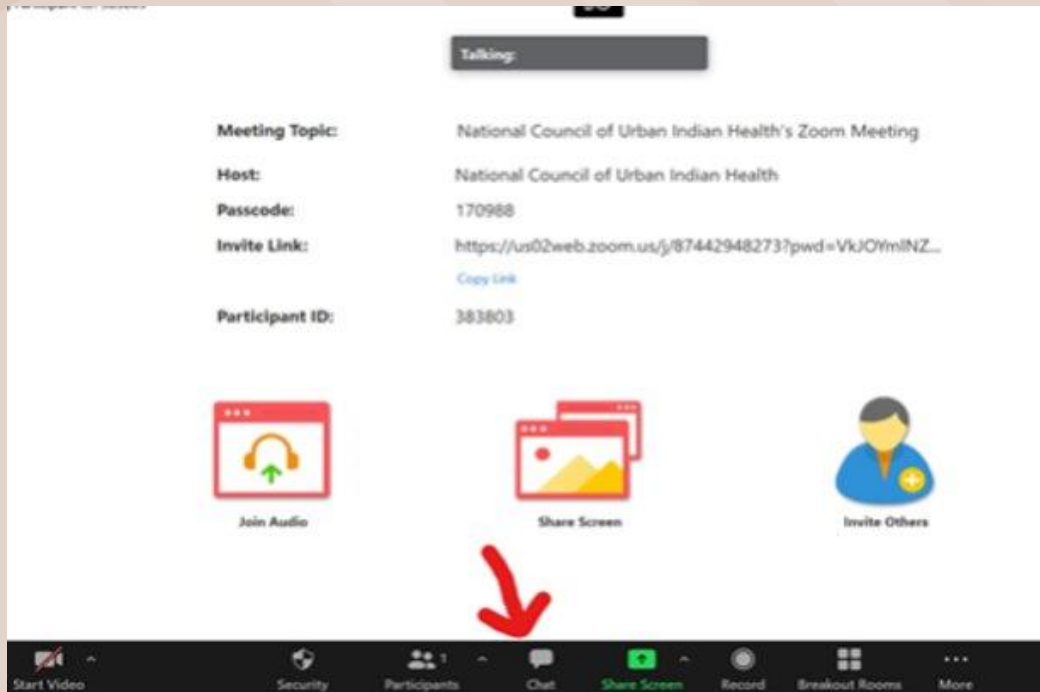




ASK A QUESTION OR COMMENT

First, select “Chat” at the bottom of your ZOOM screen

Then type your question or comment into the chat box that will appear on the right





Speakers



Lyz Best is a Manager of Technical Assistance at NCUIH. She holds her MPH and MA in medical anthropology. She has expertise in curriculum development, public health prevention and health communications.



Molly Siegel has been employed with NCUIH since February 2022 as a Public Health Associate in their Technical Assistance and Research Center department. Prior to employment with NCUIH she worked for the Florida Department of Health as a COVID-19 Epidemiologist, with special focus on K-12 population health.



Learning Objectives

- 1. Recognize Health Care Disparities:** Participants will develop an awareness of the unique health care disparities faced by American Indian and Alaska Native communities, including historical, geographical, and socioeconomic factors.
- 2. Define and Identify Components of Cultural Humility:** Participants will learn the definition of cultural humility and differentiate it from cultural competence, showcasing an understanding of its core principles. Speakers will describe key components of cultural humility, including self-awareness, respectful communication, lifelong learning, and tailored care .
- 3. Apply Cultural Humility Principles:** Participants will actively engage in real-world case studies and interactive discussions with peers to apply cultural humility principles in practical health care scenarios, fostering a deeper understanding of cultural sensitivity.



What is Culture?

Culture is the way of life, especially the general customs and beliefs of a particular group of people at a particular time. (Cambridge Dictionary)

Culture is dynamic, flexible, complex, often individually defined.





Culture Influences Health

Health Beliefs and
Perceptions

Traditional Healing
Practices

Health Care
Decision-Making

Dietary Habits

Lifestyle

Approach to
Prevention

End of Life Care
Beliefs

Religion/Spirituality

Access to Health
Care

Cultural
Competency in
Healthcare Delivery

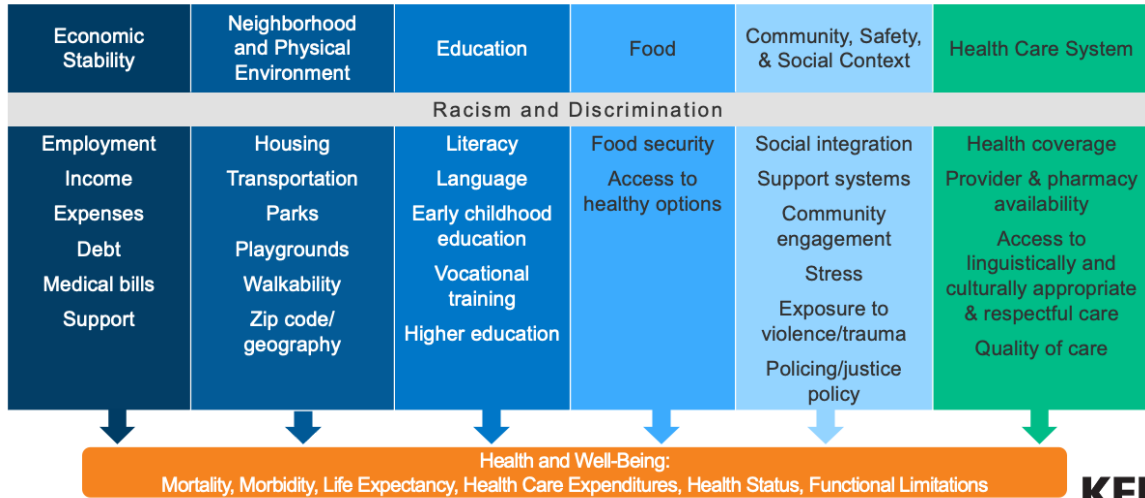
Historical Trauma



Factors Contributing To Health Care Disparities

Figure 1

Health Disparities are Driven by Social and Economic Inequities

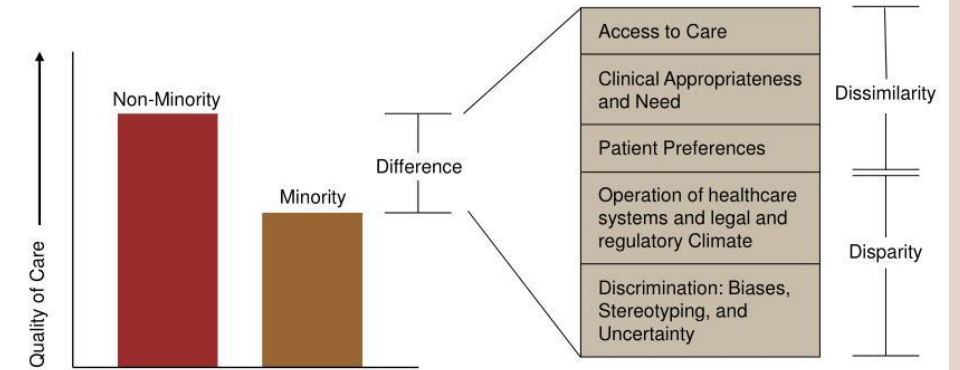


(Ndugga and Artiga, 2023)

Racial Health Care Disparities

Model of Health Care Disparities

The model views health care disparities as resulting from characteristics of the health care system, the society's legal and regulatory climate, discrimination, bias, stereotyping and uncertainty. Not all dissimilarities in care are necessarily a disparity.



Source: Gomes, C. and McGuire T.G. 2001. Identifying the sources of racial and ethnic disparities in health care use. Unpublished manuscript cited in: IOM, 2002. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Smedley, B., A. Stith and A. Nelson, eds. Washington DC: National Academy Press

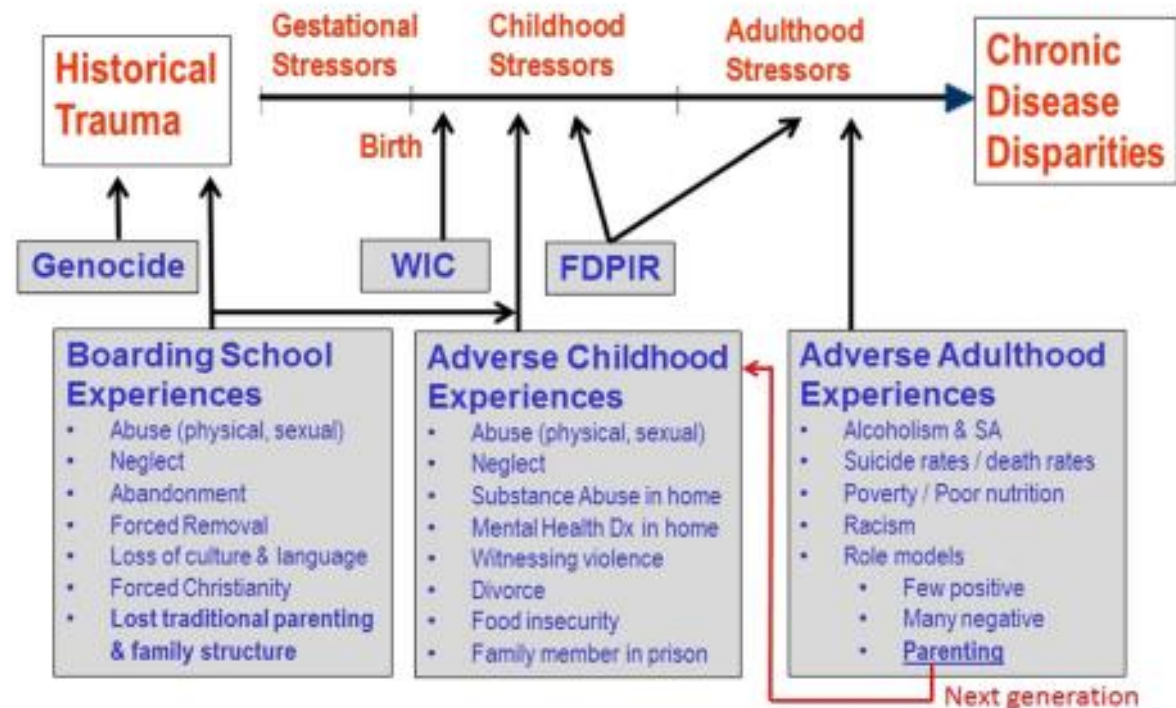




Intergenerational Basis for American Indian Health Disparities

American Indian health disparities 569

Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives

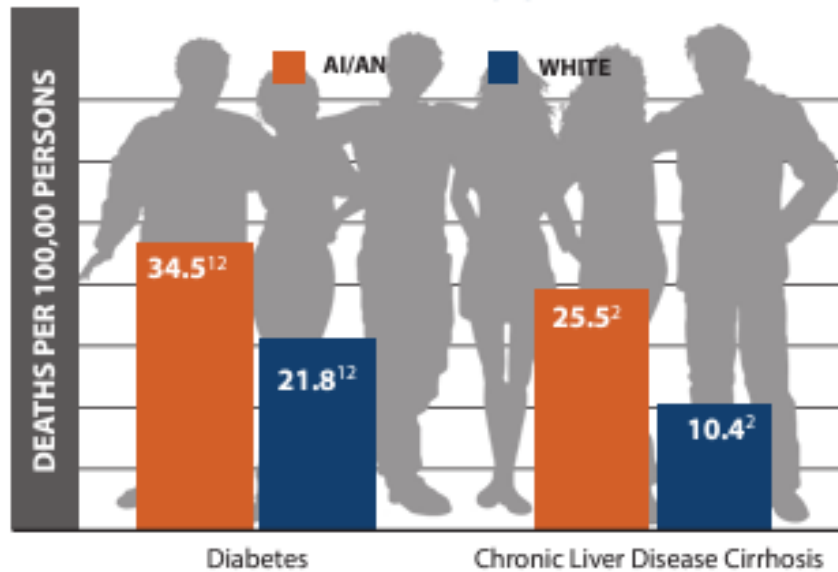


Warne and Lajimodiere
(2015)



AI/AN Health Care Disparities

Mortality Rates from Diabetes, Chronic Liver Disease and Cirrhosis for Urban AI/AN vs. Urban white population



Mental Health and Substance Use

Urban AI/ANs suffer higher rates of depression, which can be attributed to isolation from Tribal lands and identity, lack of adequate mental health care, and poverty.⁵ The most significant mental health concerns facing urban AI/ANs include a high prevalence of depression, substance use disorders, suicide, anxiety, and Post Traumatic Stress Disorder.^{6,7}

| | Urban AI/AN | General Population |
|---------------------------------------|------------------------|-------------------------|
| Frequent Mental Distress ⁸ | 15.1% | 9.9% |
| Cigarette Smoking ⁹ | 23% | 16% |
| Binge Drinking ¹⁰ | 20.0% | 16% |
| Youth Suicide ¹¹ | 13 per 100,000 persons | 9.2 per 100,000 persons |



How Bias Influences Health Outcomes

- **Explicit Bias:** The traditional conceptualization of bias. With explicit bias, individuals are aware of their prejudices and attitudes toward certain groups.
- **Implicit Bias:** Involves all of the subconscious feelings, perceptions, attitudes, and stereotypes that have developed as a result of prior influences and imprints.
- **Importance of Recognizing Bias**
 - Enhances Self Awareness
 - Improves Patient/Provider Interactions

Impact of Bias on Patient/Provider Relationships

- **Explicit Bias:** Can manifest itself in discriminatory actions, affecting trust with patients
- **Implicit Bias:** May influence subtle behaviors and decisions impacting communication and patient outcomes



Examples of Implicit Bias

- Black and Hispanic patients, across treatment settings, are significantly less likely than white patients to be prescribed opioids for similar types of pain (Byun & Gallagher, 2012)
- American Indian/Alaska Native and Black women are two and three times more likely, respectively, to die from pregnancy-related causes than white women nationally. (Petersen, Davis, Goodman., et al, 2019)
- Health care providers spend less time in appointments, provide less education about health, and are more reluctant to perform certain screenings with patients who have obesity, compared to thinner patients (Puhl, Phelan, Nadglowski., et al, 2016).
- Women in same-sex relationships are 25% less likely to receive Pap tests and mammograms than women in different-sex relationships, even after controlling for sociodemographic characteristics, health insurance coverage, smoking status, and self-rated health (Buchmueller, T. & Carpenter, C. S. 2010).



What is Cultural Humility?

- **Cultural humility in health care describes a lifelong commitment to self-evaluation and critique, to redressing power imbalances and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations (Tervaon & Murray Garcia, 1998)**





A Paradigm Shift

... focusing solely on cultural competency can lead to undesired consequences. . . the term implies that one has learned everything they need to learn about a certain culture or group of people, when in fact learning is a never-ending process.”

— Snigdha Nandipati, [A Case of Culture: How Cultural Brokers Bridge Divides in Healthcare](#)

Cultural Humility

- Admitting that one does not know and is willing to learn from patients about their experiences, while being aware of one's own embeddedness in culture(s).¹

Cultural Competence

- A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.²

1. Botelho MJ, Lima CA. From cultural competence to cultural respect: a critical review of six models. *J Nurs Educ.* 2020;59:311-318. doi:10.3928/01484834-20200520-03, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7756036/#:~:text=Cultural%20humility%20means%20admitting%20that,that%20cultivate%20person%2Dcentered%20care>

2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Services, retrieved from <http://www.bhpr.hrsa.gov/diversity/cultcomp.htm> on April 2, 2004. [NCCC: Curricula Enhancement Module Series \(georgetown.edu\)](#)



Cultural Humility vs. Cultural Competency

| Cultural Humility | Cultural Competency |
|--|---|
| You're the expert | I'm the expert |
| Cultural Humility is a lifelong process | Cultural competency is an end product |
| Cultural humility is a subjective set of practices | Cultural competency implies an objective set of practices |

Wheeler, Michael. "[Cultural Competence and Cultural Humility A Literature Review for Understanding and Action.](#)" tripartners.com, March 20, 2018.



Why Cultural Humility?

- Recognizes the limitations of cultural competence
- Acknowledgement of Power Dynamics
- Recognizes the Complexity and Diversity of Cultural Identities
- Shift from "EXPERT" to LIFELONG Learner
- Greater emphasis on patient Centered Care
- Continuous Self Reflection

CULTURAL HUMILITY VERSUS CULTURAL COMPETENCE: A CRITICAL DISTINCTION IN DEFINING PHYSICIAN TRAINING OUTCOMES IN MULTICULTURAL EDUCATION

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Abstract: Researchers and program developers in medical education presently face the challenge of implementing and evaluating curricula that teach medical students and house staff how to effectively and respectfully deliver health care to the increasingly diverse populations of the United States. Inherent in this challenge is clearly defining educational and training outcomes consistent with this imperative. The traditional notion of competence in clinical training as a detached mastery of a theoretically finite body of knowledge may not be appropriate for this area of physician education. Cultural humility is proposed as a more suitable goal in multicultural medical education. 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 partnerships with communities on behalf of individuals and defined populations.

Key words: Medical education, minority populations, multicultural, racism, underserved populations.

The increasing cultural, racial, and ethnic diversity of the United States compels medical educators to train physicians who will skillfully and respectfully negotiate the implications of this diversity in their clinical practice. Simultaneously, increasing attention is being paid to nonfinancial barriers that operate at the level of the physician/patient dynamic. This dynamic is often compromised by various sociocultural mismatches between patients and providers, including providers' lack of knowledge regarding patients'

Received December 13, 1996; revised June 26, 1997; accepted June 26, 1997.

Journal of Health Care for the Poor and Underserved • Vol. 9, No. 2 • 1998



The Importance of Cultural Humility

Applying cultural humility to patient charting can have a direct impact on readmissions, pain management, surgical, and general health outcomes.

In the 2015 study "Unconscious Biases: Microaggressions in American Indian Health Care" the study found that microaggression experiences correlated with worse mental and physical health for American Indians living with chronic diseases. This included:

- Self-reported history of heart attack
- Worse Depressive Symptoms
- Increased Hospitalization

Table 3.

American Indian Patient's Self-Reported Experiences with Microaggressions in Healthcare Settings

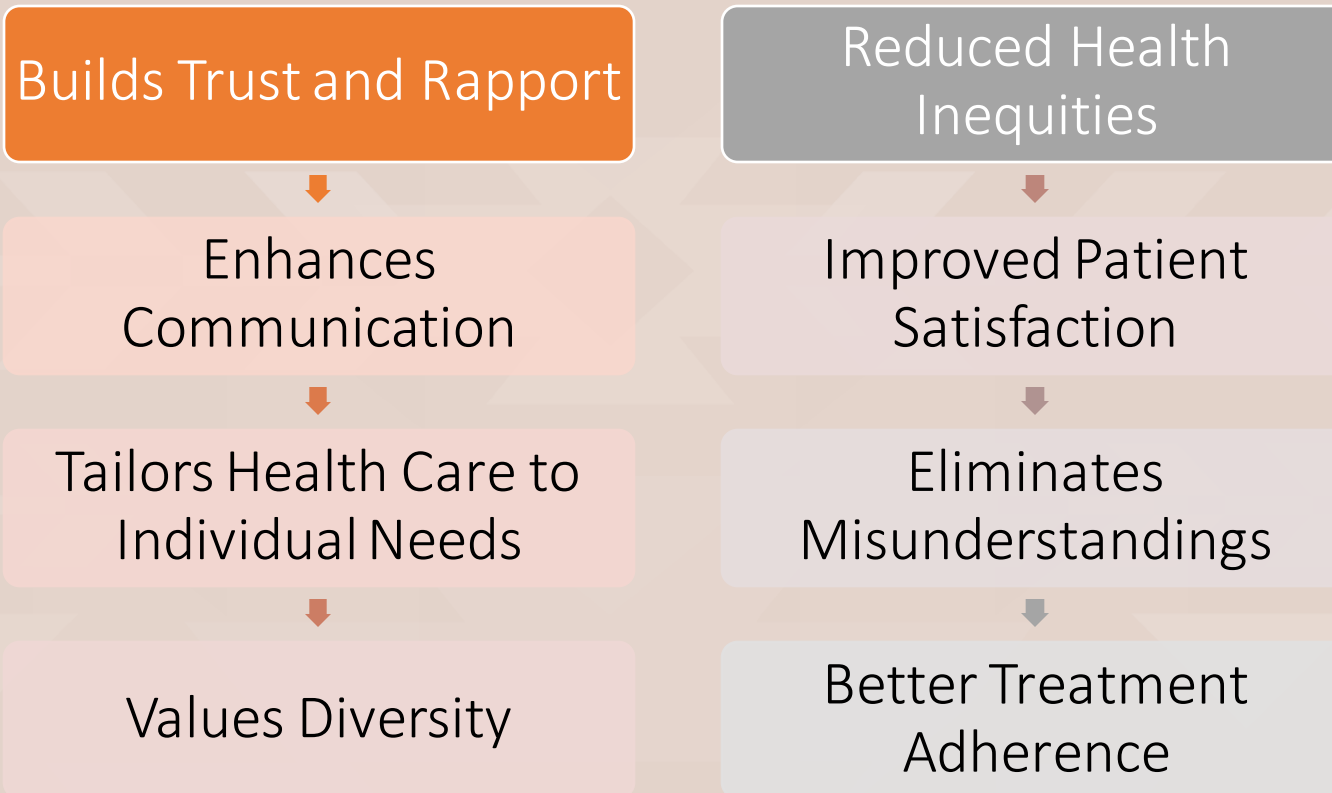
| My healthcare provider... | % Yes |
|--|-------|
| Avoided discussing or addressing cultural issues | 17.1 |
| Sometimes was insensitive about my cultural group when trying to understand or treat my issues | 17.3 |
| Seemed to deny having any cultural biases or stereotypes | 18.0 |
| At times seemed to over-identify with my experiences related to my race or culture | 16.0 |
| At times seemed to have stereotypes about my cultural group, even if he or she did not express them directly | 21.8 |
| Sometimes minimized the importance of cultural issues | 20.2 |

Schuster, D. (2021, May 13). Honing Cultural Humility Skills Can Improve Health Care as a Whole. *Nes Blog*. <https://www.pennmedicine.org/news/news-blog/2021/may/honing-cultural-humility-skills-can-improve-health-care-as-a-whole>

Melissa L. Walls, John Gonzalez, Tanya Gladney, Emily Onello
The Journal of the American Board of Family Medicine Mar 2015, 28 (2) 231-239; DOI: <https://doi.org/10.3122/jabfm.2015.02.140194>



Benefits of Cultural Humility in Health Care





Putting Cultural Humility into Practice





Core Principles of Cultural Humility

- Flexible Judgement
- Curiosity
- Listening
- Empathy
- Self-Awareness
- Attuned

Three Principles for Social Workers

1. Commit ourselves to an ongoing process of compassionate self-awareness and inquiry, supported by a community of trusted and cognitively-diverse colleagues.
2. Be open and teachable
3. Always bear in mind the social structures that have helped shape reality as our clients experience it.

Kolovou T. (2022) Cultural Humility and Agility [Video]. LinkedIn. <https://www.linkedin.com/learning/cultural-humility-and-agility/appreciating-cultural-identity?u=115451948>

Gottlieb, M. (2020). What Is Cultural Humility? 3 Principles for Social Workers. *The New Social Worker*. <https://www.socialworker.com/feature-articles/practice/what-is-cultural-humility-3-principles-for-social-workers/>



Cultural Humility: A Practice of Self Reflection

- Which parts of my identity am I aware of? Which are most salient?
- Which parts of my identity are privileged and/or marginalized?
- How does my sense of identity shift based on context and settings?
- What are the parts onto which people project? And which parts are received well, by whom?
- What might be my own blind spots and biases?

Khan, S. (2021, March 9). Cultural Humility vs. Cultural Competence — and Why Providers Need Both. *Health City Policy And Industry*. <https://healthcitybmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both>



Framing the Discussion : Two Different Approaches

"I imagine you are eating a lot of fried foods and red meat. In our standard dietary recommendations, we suggest reducing the intake of a lot of foods. I advise cutting back on these items to improve your health."

"I understand that food plays a significant role in your cultural practices and preferences. Can you tell me more about the types of foods you enjoy and any cultural or traditional considerations related to your diet? I want to create a plan together, that aligns with your cultural preferences and health goals."



Applying the HUMBLE Approach

H: Be Humble about the assumptions you make about knowing the world from your patients' shoes

U: Understand how your own background and culture can impact your care of patients

M: Motivate 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: Begin to incorporate this knowledge into your care

L: Life-long learning

E: Emphasize respect and negotiate treatment plans



Case Study

Samuel, a 26 year old urban American Indian lives in Salt Lake City. He has decided to visit the clinic today for a well visit and to discuss the COVID-19 Booster vaccine. Samuel stands about 6 feet tall and weighs about 300 pounds. Samuel is wearing casual streetwear and has a hoodie drawn tightly around his head. His shoes are old and untied. His sleeves are rolled up and he has a number of tattoos visible on his forearms and his neck. He sits with his arms crossed and his head down. Samuel is unsure about the vaccine's safety and effectiveness. He has heard varying opinions within his community about the booster vaccine, but he lives with his elderly grandfather who has COPD and diabetes and wants to make an informed decision about whether or not to receive the vaccine at today's visit.



How Providers Can Practice Cultural Humility

A provider needs to have knowledge and awareness of:

- Health-related beliefs, practices, and cultural values of diverse populations
- Illness and diagnostic incidence and prevalence among culturally and ethnically diverse populations
- Treatment efficacy data (if any) of culturally and ethnically diverse populations

Khan, S. (2021, March 9). Cultural Humility vs. Cultural Competence — and Why Providers Need Both. *Health City Policy And Industry*. <https://healthcity.bmc.org/policy-and-industry/cultural-humility-vs-cultural-competence-providers-need-both>



Best Practices for Infusing Cultural Humility into Every Patient Interaction

- Self-Reflection
- Active Listening
- Ask Open-Ended Questions
- Cultural Sensitivity Training
- Language Accessibility/Interpreter
- Cultural Liaison or Patient Navigator
- Incorporate Traditional Care into care plan
- Trauma Informed Care Practicces
- Patient Centered Approach
- Feedback/Continuous Improvement Loop



Resources

- American Indian and Alaska Native Culture Card:

<https://store.samhsa.gov/sites/default/files/sma08-4354.pdf>

- Linked In Learning Cultural Humility and Agility:

https://www.linkedin.com/learning/cultural-humility-and-agility?trk=learning-serp-learning-search-card-search-card&upsellOrderOrigin=default_guest_learning

- Berkeley Cultural Humility Resources

[Cultural Humility Resources | Berkeley Social Welfare](#)

The infographic is divided into seven columns, each with a title and a corresponding illustration of a traditional Native American symbol.

- Historic Distrust:** Establishing trust with members of an AIAN community may be difficult. Many Tribal communities were destroyed due to the introduction of European infectious diseases. Similarly, many treaties made by the U.S. government with Tribal nations were broken. From the 1830s through the 1950s, government boarding schools and churches were forcibly removed from their families to attend schools far from home where they were forbidden from speaking their language and practicing their religion. Many children died from infectious diseases, and in many cases physical and sexual abuse by the staff was rampant. Boarding school survivors were taught that their traditional cultures were inferior or shameful, which still affects many AIAN communities today.
- Cultural Identity:** When interacting with individuals who identify themselves as AIAN, it is important to understand that each person has experienced their culture connection in a unique way. An individual's own personal and family history and traditions, which may change throughout their lifetime as they are exposed to different experiences. The variation of cultural identity within a population can be viewed as a continuum that ranges between one who views himself or herself as traditional and lives their traditional culture daily, to one who views himself or herself as a member of "mainstream" culture. Many AIAN families are multicultural and adapt to their surrounding culture. From the 1950s to the 1970s, the Federal government, adoption agencies, state DHS welfare programs, and churches adopted and thousands of AIAN children and grandchildren were placed in non-AIAN families. The Indian Child Welfare Act was passed in 1978 to protect and preserve the role of AIAN children, as well as adults, who were placed with non-AIAN families. Many AIAN children, as well as adults, who were placed with non-AIAN families may not be seeking a connection with their traditional, traditional culture, and unknown relatives.
- Role of Veterans and Elders:** Elders play a significant role in Tribal communities. The historical and modern-day AIAN people have gained throughout their lifetime, along with their historical knowledge of the community, are considered valuable in decision-making processes. It is customary in many Tribal communities to have respect for elders and to speak first to them. Elders often offer their teaching or advice in ways that are indirect, such as through storytelling. When in a social setting where food is served, elders are generally seated first, and in some traditional Alaska Native villages, it is the men who are seated first by the women. It is disrespectful to openly argue or disagree with an elder. AIAN communities historically have high rates of enlistment in the military service. Often, both the community and the veteran display pride for military service.
- Strengths in AIAN Communities:** It is easy to be challenged by the conditions in AIAN communities and to not see beyond the impact of the problems or crisis. Recognizing and identifying strengths in the community can provide insight for possible interventions. Once each community is unique, look to the community itself for its own identified strengths, such as:
 - extended family and kinship ties;
 - long-term mutual support systems;
 - shared sense of collective community responsibility;
 - physical resources (e.g., food, plants, animals, water, land);
 - indigenous generational knowledge/ wisdom;
 - historical perspective and strong connection to the past;
 - survival skills and resiliency in the face of multiple challenges;
 - retention and reclamation of traditional language and cultural practices;
 - ability to "walk in two worlds" (mainstream culture and the AIAN culture); and
 - community pride.
- Health and Wellness Challenges:** Concepts of health and wellness are living in a harmonious balance with all elements, as well as balance and harmony of spirit, mind, body, and the environment. Health and wellness may be interconnected, not just one or the other. Many health and wellness issues are not unique to AIAN communities, but are statistically higher than in the general population. It is important to learn about the key health issues in a particular community. Many health and wellness issues are not unique to AIAN communities, but are statistically higher than in the general population. It is important to learn about the key health issues in a particular community. Health disparities exist with limited access to culturally appropriate health care in most AIAN communities. Only 68 percent of AIAN people rely on the Federally funded (HR) or Tribally operated (TR) hospitals for care. Suicide is the second leading cause of death among AIAN people age 10-24. The highest rates of suicide occur between the ages of 24 and 34 and 35 and 44 respectively. Following a death by suicide in the community, concern about suicide, cultural, suicide contagion, and the possibility of suicide pacts may be heightened. A response to a suicide or other traumatic occurrence requires a community-based and culturally competent strategy. Prevention and intervention efforts must include supporting/empowering strengths of the community (e.g., spiritual, traditional, and family/cultural interventions).
- Self-Awareness and Etiquette:** Prior to making contact with a community, examine your own belief system about AIAN people related to social issues, such as mental health, poverty, teen suicide, and drug or alcohol abuse. You are being observed at all times, so avoid making assumptions and be conscious that you are being observed by the community. Adapt your tone of voice, volume, and speed of speech patterns to that of your community members to fit their manner of communication style. Preferred body language, posture, and content of personal space depend on community norms and the nature of the personal relationships. Observe others and allow them to create the space and reduce or ask for any physical contact. You may experience people expressing their mutual frustration or disappointment from other situations that are outside of your control. Learn not to take it personally. If community members leave you, understand that you can indicate rapport-building and try to be of guidance or an indirect way of conveying appropriate behavior. You will be more easily accepted and brought to you if you are seen to be of help to the community. LIVING COMMUNITIES AND SOCIAL ISSUES will vary by each community. Remember that you are a guest. Observe and ask questions humbly when necessary. Report and treat do not come easily to many AIAN communities. Remember that you are a guest. Observe and ask questions humbly when necessary. Report and treat do not come easily to many AIAN communities. Remember that you are a guest. Observe and ask questions humbly when necessary.
- Etiquette - Do's:** Learn how the community refers to itself as a group of people (e.g., "Tribal name"). Be honest and clear about your role and experiences and be willing to adapt to meet the needs of the community or changes by being open to other ways of thinking and behaving. Explain when you are writing when making clinical documentation or chatting in the presence of the individual and family. During formal interviews, it may be best to offer general information to guests, then remain quiet, sit back, and listen. Allow the person to tell their story before engaging in a specific line of questioning. Be open to allow things to proceed according to the pace that "things happen." Respect confidentiality and the right of the tribe to control information, data, and public information about services provided to the tribe. Casual conversation is important to establish rapport, to be genuine and self-disclosure (e.g., where you are from, general information about children or spouse, personal interests). Avoid jargon. An AIAN community member may not read your body posture, but not understand what you are saying. It is acceptable to admit limited knowledge of AIAN culture, and invite people to educate you about specific cultural practices in their community. LIVING COMMUNITIES AND SOCIAL ISSUES will vary by each community. Remember that you are a guest. Observe and ask questions humbly when necessary.
- Etiquette - Don'ts:** Avoid interrupting others during conversation or interrupting others in long silences. Do not stand too close to others and/or talk too loud or fast. Do not touch sacred items, such as medicine bags, other ceremonial items, jewelry, and other personal or cultural items. Do not take pictures without permission. NEVER use any information gathered by working in the community for personal purposes, case studies, research, and so on, without the expressed written consent of the Tribal government or Alaska Native Corporation. Avoid frequently looking at your watch and do not rush time. Avoid interrupting family members to participate in a formal interview. During a formal interview, if the person you are working with begins to cry, support the crying without asking further questions until they express themselves and are ready to speak. Do not touch sacred items, such as medicine bags, other ceremonial items, jewelry, and other personal or cultural items. Do not take pictures without permission. NEVER use any information gathered by working in the community for personal purposes, case studies, research, and so on, without the expressed written consent of the Tribal government or Alaska Native Corporation.



Questions





Earn Continuing Education Credits

Scan the QR code or use the link in the chat to earn CNE/CME credits from Cardea Services for attending today's event!

You must attend the entire event & then complete NCUIH's anonymous event evaluation survey in order to access the Cardea Services link to receive CE credits. This information will also be shared via email.

This presentation will be available on the AMA Education Hub with future events: <https://edhub.ama-assn.org/>





One-On-One Technical Assistance Available

<https://ncuih.org/training/one-on-one/>

The Technical Assistance and Research Center (TARC) provides individualized technical assistance, training, and support to member UIOs. Individual support includes:

- Community and staff training
- Consultation on research/evaluation
- Consultation on program planning and implementation
- Documenting local best practices
- Grant application review
- Local partnership development
- Locating archival data to support community work
- Policies, procedures, and operational needs



Upcoming NCUIH Events

- 3/20/24: Missing and Murdered Indigenous People Prevention: SOAR for Native Communities
- 3/26/24: Sharing Your Experience Through Storytelling: Photovoice Opportunity Informational Session (<https://form.asana.com/?k=ERk0leQ6ej-M01PRYJAtjg&d=530376573046969>)
- 3/28/24: Sustainable Workforce Growth Through Internships
- 4/9/24: Elders Bridging the Workforce Gap
- 4/29/24-5/2/24 Sustaining Traditions NCUIH Annual Conference, Washington, DC (<https://ncuih.org/event/ncuih-2024-annual-conference/>)

CALLING ALL UIO WORKERS!

The National Council of Urban Indian Health (NCUIH) is recruiting all UIO workers to participate in a PhotoVoice project.

LEAD BY EXAMPLE

To apply and learn more, go to <https://ncuih.org/community-health/project-firstline/>

Indigenous staff are strongly encouraged to apply. Participants will be compensated for their participation.

All UIO staff are eligible to participate.

The project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,257,869.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

PROJECT FIRSTLINE

WASHINGTON D.C.
APRIL 29 - MAY 2, 2024

SUSTAINING TRADITIONS

CULTURE + IDENTITY + HEALTH

NATIONAL COUNCIL of
URBAN INDIAN HEALTH

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References

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