NATIONAL COUNCIL *of* 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

ncuih.org/events

Disclaimer

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Award #H723IHS00007-02-00
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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

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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 (IHCIA). 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.

Cardea

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.

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.

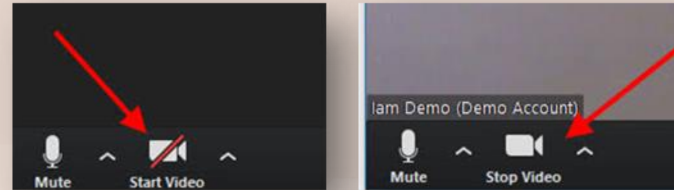
Your certificate will be sent via email. If you have any questions about this CE activity, contact Fiona Morrison-Fleming at ffleming@cardeaservices.org.

Audio and Visual Recording

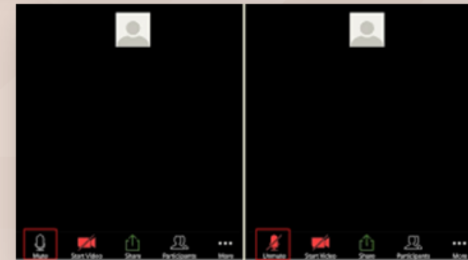
Please note that this session will be recorded for educational and quality improvement purposes.

Housekeeping

- Please, Turn on Video



- Please Mute Your Microphone When Not Speaking



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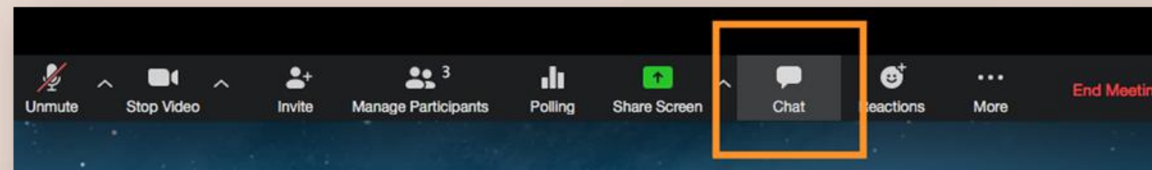

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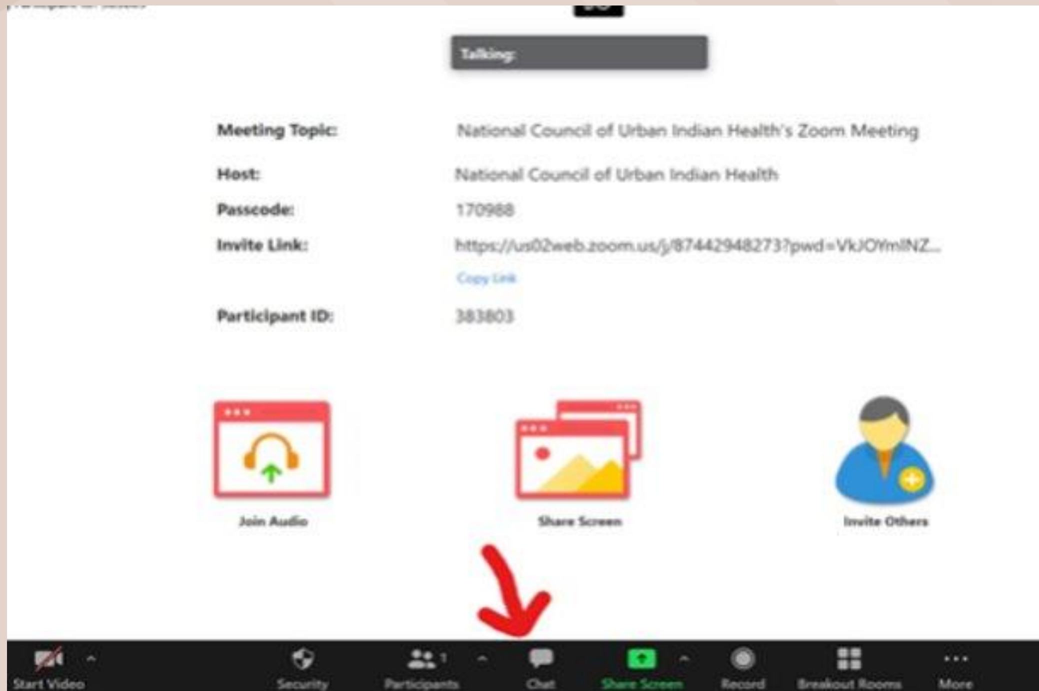
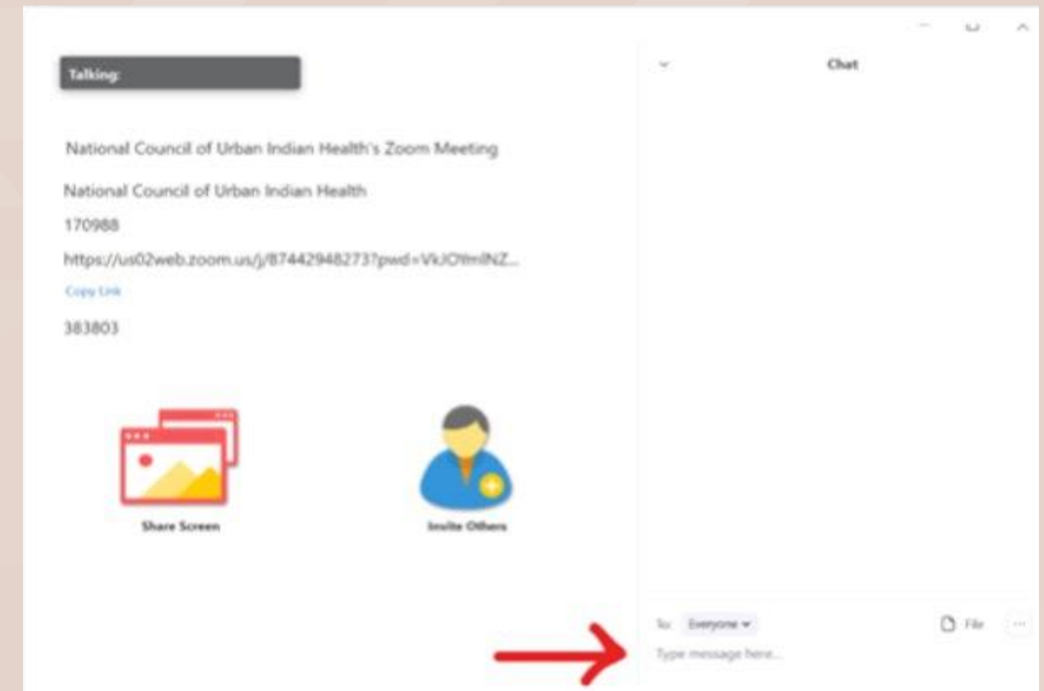
ASK A QUESTION OR COMMENT

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.

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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.

The iceberg concept of culture

Surface Culture
Above sea level
Emotional level: relatively low

food • dress • music
visual arts • drama • crafts
dance • literature • language
celebrations • games

Deep Culture

Unspoken Rules
Partially below sea level
Emotional level: very high

Unconscious Rules
Completely below sea level
Emotional level: intense

courtesy • contextual conversational patterns • concept of time
personal space • rules of conduct • facial expressions
nonverbal communication • body language • touching • eye contact
patterns of handling emotions • notions of modesty • concept of beauty
courtship practices • relationships to animals • notions of leadership
tempo of work • concepts of food • ideals of childrearing
theory of disease • social interaction rate • nature of friendships
tone of voice • attitudes toward elders • concept of cleanliness
notions of adolescence • patterns of group decision-making
definition of insanity • preference for competition or cooperation
tolerance of physical pain • concept of "self" • concept of past and future
definition of obscenity • attitudes toward dependents • problem-solving
roles in relation to age, sex, class, occupation, kinship, and so forth

AFS Intercultural Programs Inc., Copyright 2010

AFS Intercultural Programs 2010

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

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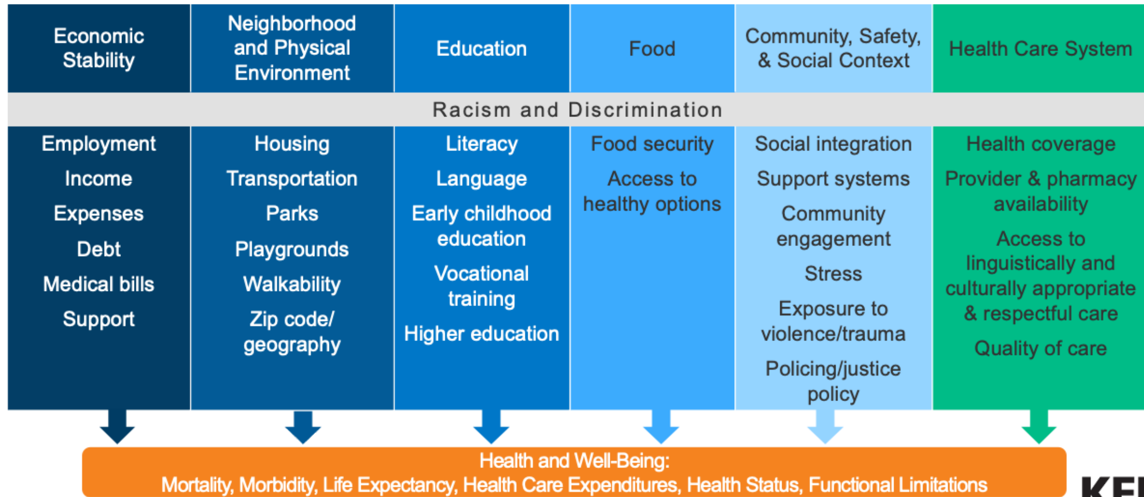
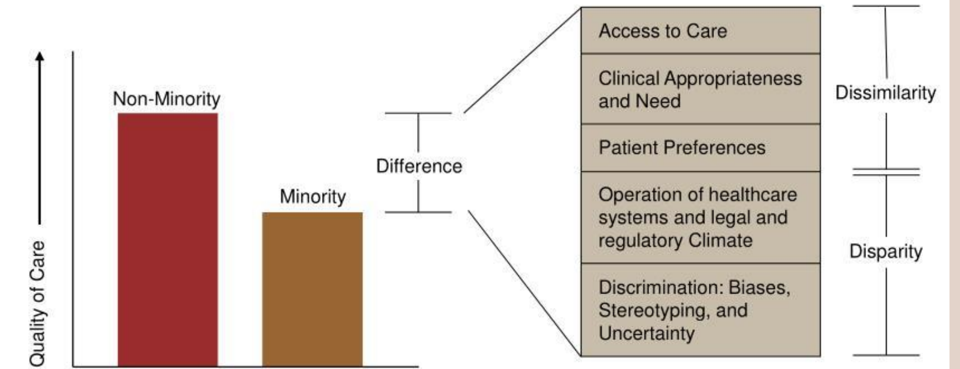
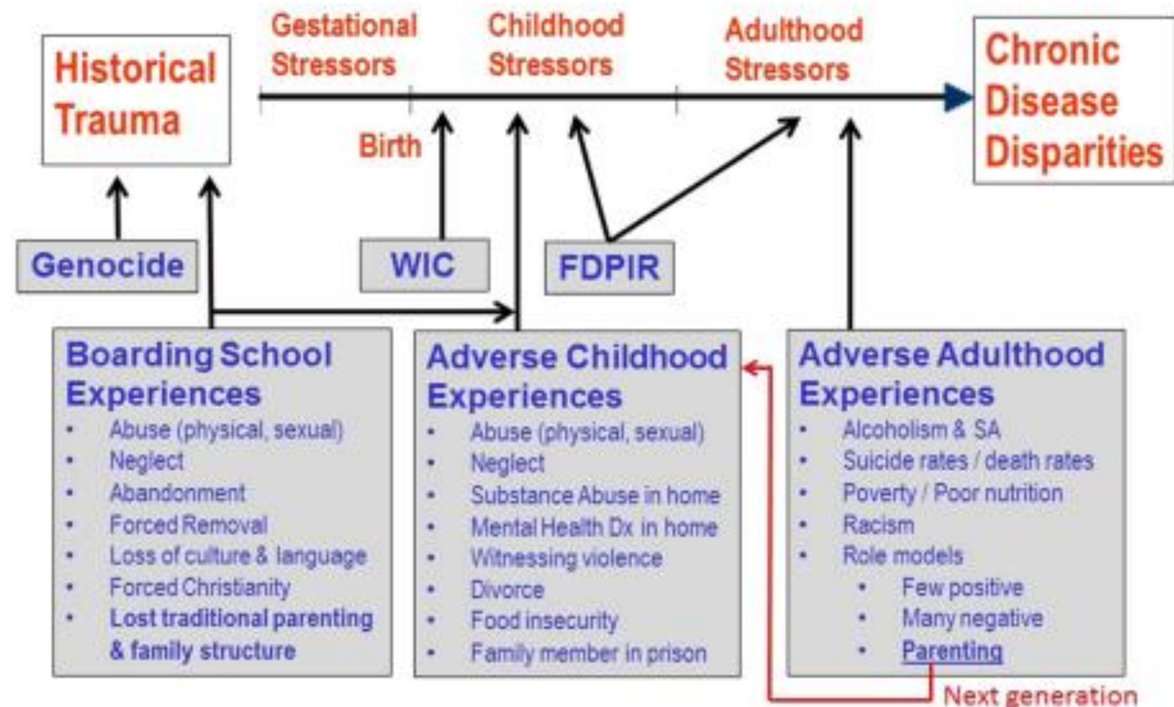
Factors Contributing To Health Care Disparities



(Ndugga and Artiga, 2023)



Intergenerational Basis for American Indian Health Disparities



Warne and Lajimodiere (2015)

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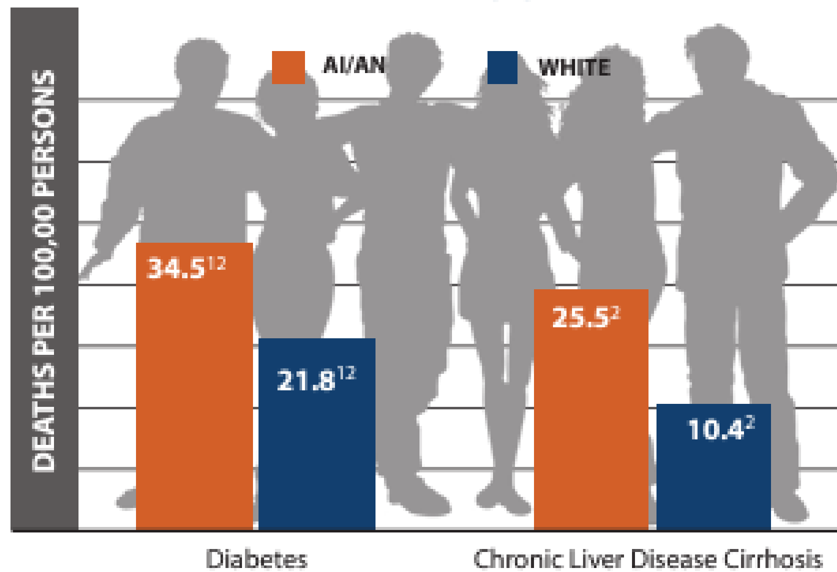
AI/AN Health Care Disparities



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 per100,000 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

Vela MB, Erondu AI, Smith NA, Peek ME, Woodruff JN, Chin MH. Eliminating explicit and implicit biases in health care: Evidence and research needs. *Annual Review of Public Health*. 2022;43(1). doi:https://doi.org/10.1146/annurev-publhealth-052620-103528

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	Cultural Competence
• 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]	• 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%20cultivates%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.

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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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JANN MURRAY-GARCÍA, MD, MPH
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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.

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of health care for the poor and underserved*, *9*(2), 117–125. https://doi.org/10.1353/hpu.2010.0233

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.

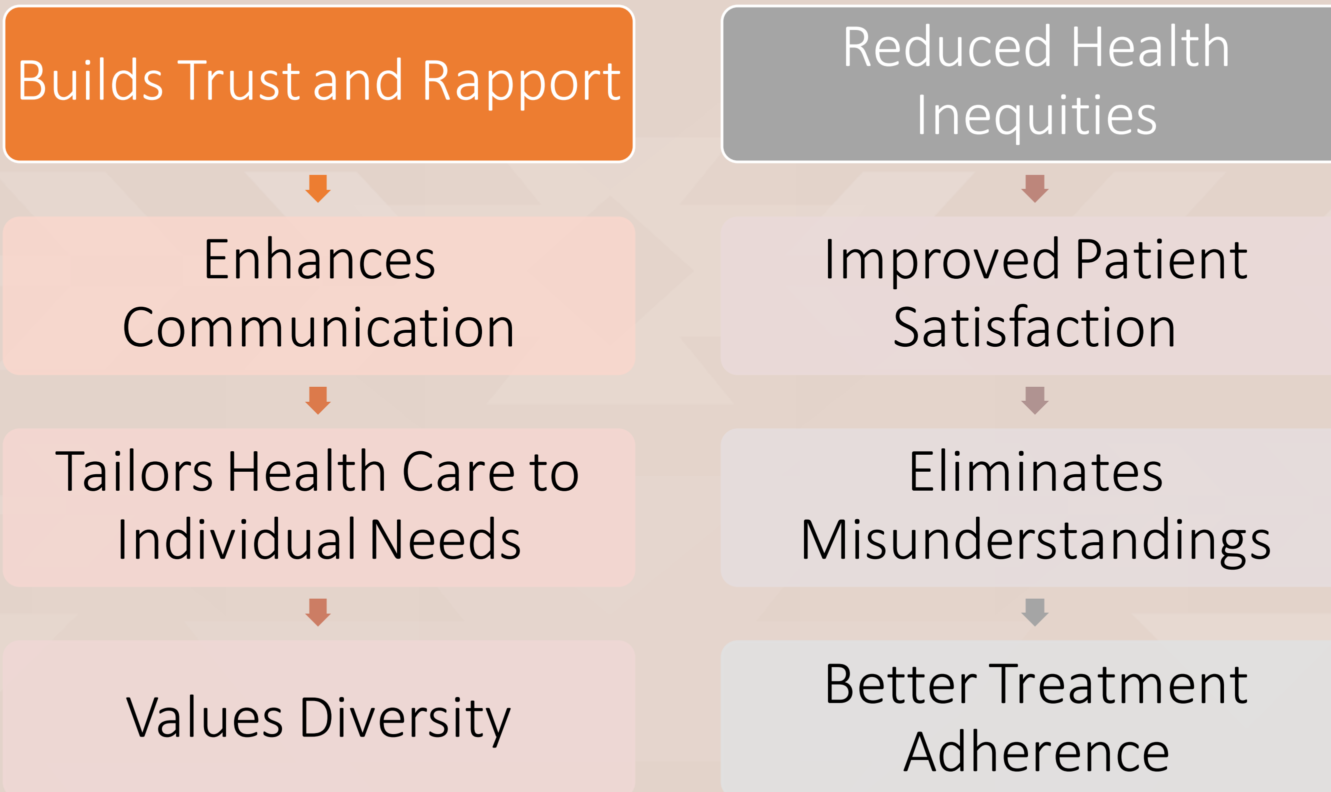
American Indian Patient's Self-Reported Experiences with Microaggressions in Healthcare Settings

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



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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://healthcity.bmc.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 **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, J. M., Culhane-Pera, K. A., & Goldman, R. E. (2008). Towards cultural humility in healthcare for culturally diverse Rhode Island. *Medicine and health, Rhode Island, 91*(12), 361–364.

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

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Questions

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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=ERk0IeQ6ej-MO1PRYJAtjg&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.
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.
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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