Adopting a Cultural Humility Approach in Clinical Practice with Older Adults

University of Rochester Medical Center
Geriatric Medicine Grand Rounds
May 27, 2020

Debra Fromm Faria, LCSW, ACSW
Clinical Associate Professor
Department of Social Work
The College at Brockport, State University of NY

In Recognition of the Contributions of my Colleagues

Beth Russell, Ph.D, LCSW

Pam Viggiani, Ph.D, LMSW

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

Session Objectives

"To be culturally humble means that I am willing to learn,"
- Joe Gallagher

- Describe the tenets of cultural humility
- Discuss the use of cultural humility in clinical settings to enhance cultural responsive practice
- Identify how culturally humility can assist in addressing power imbalances between the health care provider and patient.

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

Melanie Tervalon, MD, MPH and Jann Murray Garcia, MD, MPH

https://www.thequalitativescientist.com/2019/06/on-cultural-humility/
https://youtu.be/_Mbu8bvKb_U

Cultural humility versus cultural competence: A critical distinction in defi...
Melanie Tervalon; Jann Murray-Garcia
Journal of Health Care for the Poor and Underserved; May 1998; 9, 2; Research Library
pg. 117

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

MELANIE TERVALON, MD, MPH
Children's Hospital Oakland
JANN MURRAY-GARCÍA, MD, MPH
University of California, San Francisco

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

Cultural Humility: 3 Basic Tenets

Push away from a competency model toward a life-long learning and critically self-reflective approach

Lifelong commitment to self-reflection, critique and questioning our assumptions.

Recognizing power imbalances and working to remedy them through collaboration and respect.

Institutional accountability

Video: https://melanietervalon.com/resources/

(Tervalon & Garcia, 1998)

The College at Brockport
State University of New York

Cultural Humility

- Recognizes that knowledge of different cultural backgrounds is not sufficient
- Shifts the focus from the accumulation of knowledge to **clinician self-understanding**
- Includes a professional stance that is characterized by openness to learning and a lack of superiority

(Hook, Davis, Owen, Worthington & Utsey, 2013)

To practice cultural humility is to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather, what you learn about your clients' culture stems from being open to *what they themselves have determined is their personal expression of their heritage and culture.*

(Moncho, 2013)

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

Applying Cultural Humility to Health Care Teams

Self-evaluation and continual learning

- Awareness of personal limits of knowledge
- Reflection on self
- Acknowledgment of transferences and countertransference
- Using Supervision to explore biases, oppressive practices

Power differentials

- Pt and the health system
- Pt and the Clinician
- Preceptor/ Student
- Family systems

Institutional Accountability

- Challenging the business model of health care and behavioral health
- Colleges and universities/ training programs
- Challenging hierarchical structures that impose barriers

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

Institutional Accountability is a key component of Cultural Humility

- Individuals within institutions first must learn and then utilize cultural humility within their work (and lives)
- Understand how societal privilege and oppression impact individuals, communities, and organizations
- Individuals then must hold the institutions in which they work accountable to operating in a culturally humble away
- Problem solve power imbalances and unjust practices
- Individuals must also then hold broader sociopolitical institutions accountable

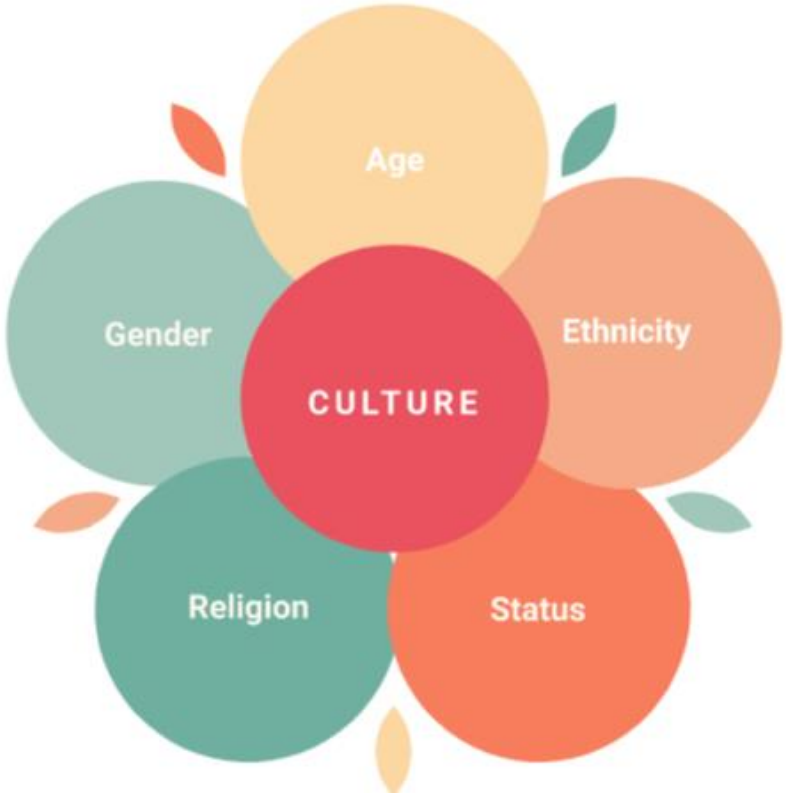
Comparison of Cultural Competence & Cultural Humility

Fisher-Borne, Cain, & Martin (2015)

	COMPETENCE	HUMILITY
Perspective on Culture	Acknowledges the layers of cultural identity Challenges stereotypes Difference is seen in the context of system discrimination	Acknowledges the layers of cultural identity Recognizes that working with cultural differences is a lifelong and ongoing process Emphasizes not only understanding the 'other' but understanding ourselves as well
Assumptions	Assumes the problem is a lack of knowledge, awareness and skills to work across lines of difference Individuals and organizations develop the values, knowledge, and skills to work across lines of difference	Assumes that in order to understand clients, we must also understand our communities, colleagues, and ourselves Requires humility and recognition of power imbalances that exist in client-provider relationships and in society
Components	Knowledge Skills Behaviors	Challenging power imbalances Institutional accountability Ongoing critical self-reflection
Stakeholders	Practitioner (primarily)	Practitioner Client Community Institution/Organization
Critiques	Focus on knowledge acquisition Issues of social justice not inherent Regarded as a 'cookbook' approach Leads to stereotyping the 'other' Suggests an endpoint	Lack of empirical data Lack of conceptual framework Lack of buy-in

The Intersection of Culture and Lived Experiences

- Culture is our way of living. It is complex, dynamic, continually evolving, and constantly influenced by our experiences.
- The concept of culture includes many different aspects
  - age
  - ethnicity
  - gender, and gender expression
  - religion,
  - socio-economic status, etc.

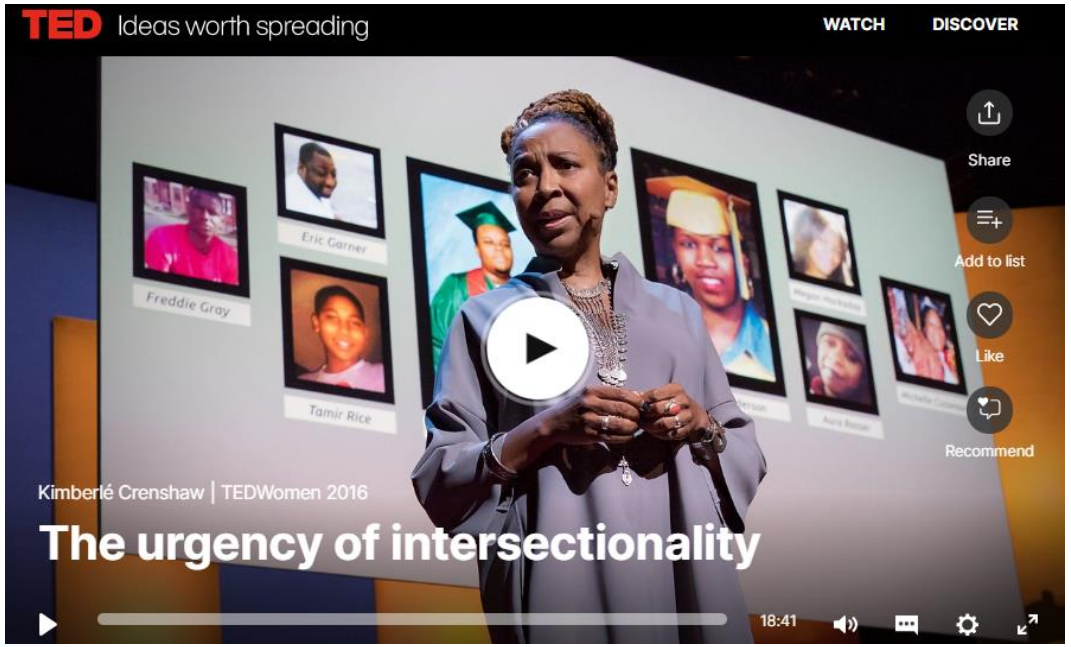


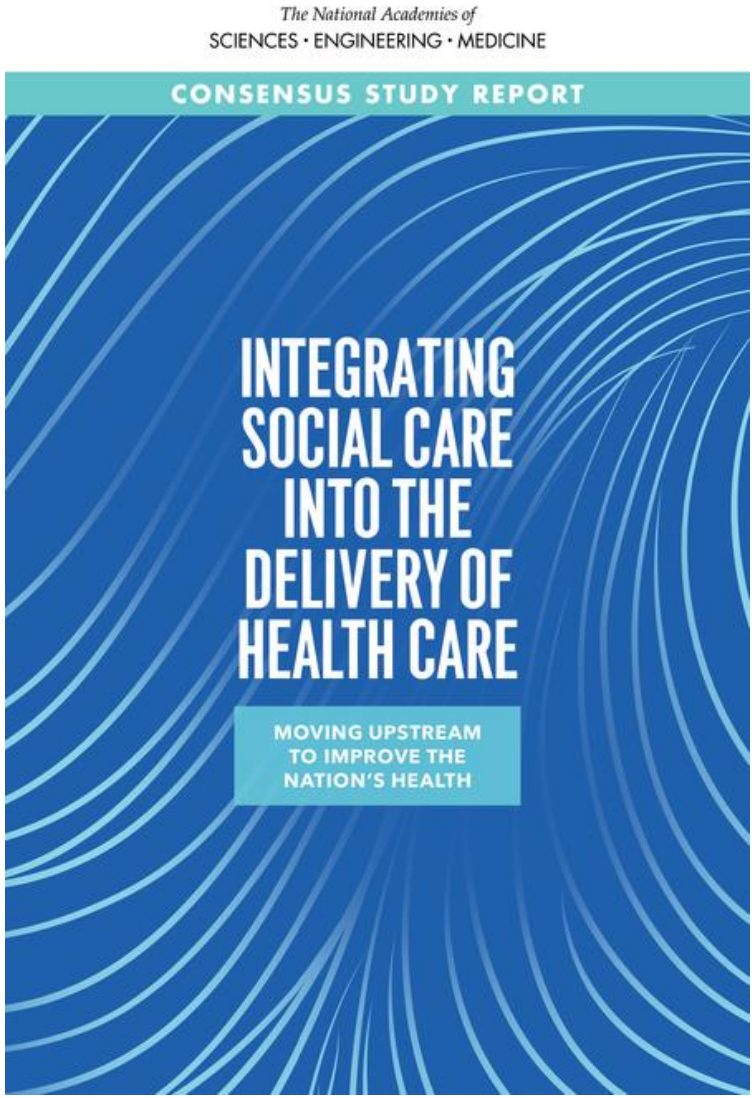
The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

Intersectionality Theory

"The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups"

https://www.merriam-webster.com/dictionary/intersectionality





Source: Integrating Social Care into the Delivery of Health Care, National Academies of Science, Engineering and Medicine Consensus Study Report, Washington, DC, September 26, 2019

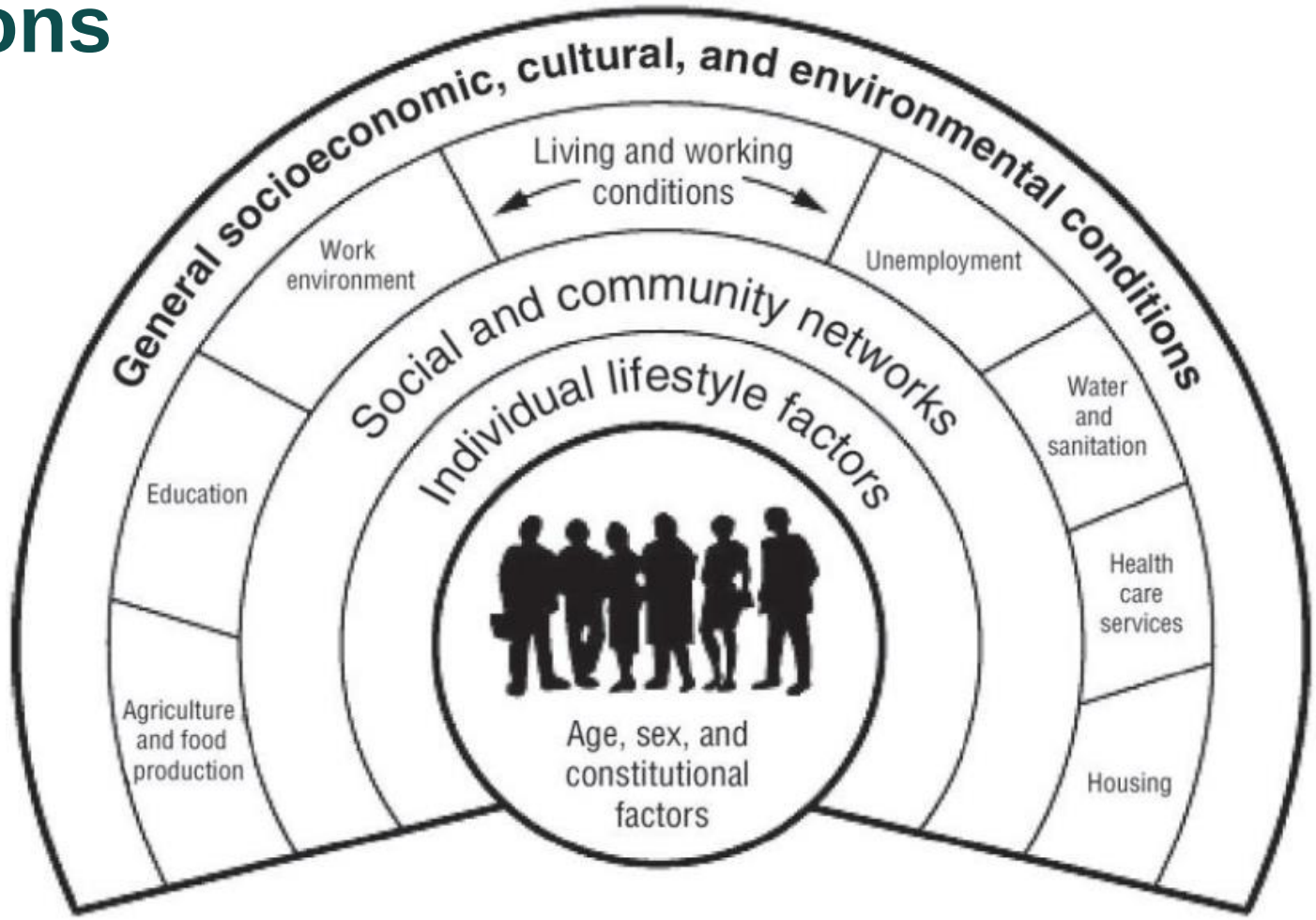
https://www.nap.edu/read/25467/chapter/3#26

Social Care: Activities that address health-related social risk factors and social needs

Social Needs: A patient-centered concept that incorporates a person's perception of his or her own health-related needs

Social Determinant of Health	Examples of Underlying Factors
Economic stability	Employment Food insecurity Housing instability Poverty
Education	Early childhood education and development Enrollment in higher education High school graduation Language and literacy
Social and community context	Civic participation Discrimination Incarcération Social cohésion
Health and health care	Access to health care Access to primary care Health literacy
Neighborhood and built environment	Access to foods that support healthy eating patterns Crime and violence Environmental conditions Quality of housing

General Socioeconomic, Cultural and Environmental Conditions



Source: Integrating Social Care into the Delivery of Health Care, National Academies of Science, Engineering and Medicine Consensus Study Report, Washington, DC, September 26, 2019

Cultural Humility: Promoting a Sense of Cultural Safety

Cultural humility includes being sensitive and responsive to patients/ clients socioeconomic, cultural and environmental conditions, - helping clients feel safe receiving and accessing care

Source: https://www.culturallyconnected.ca/

Culturally Humble Practitioners

- Humble Individuals
  - are other-oriented rather than self-focused in their interpersonal stance
  - characterized by respect for others and a lack of superiority

(Hook, Davis, Owen, Worthington,& Utsey, 2013)

- Take a curious stance
- Don’t assume to know about another’s culture
- Ask for clarification when needed
- Share insights and invite the patient /Client to correct or expand clinician’s view
- Acknowledging power and privilege in the relationships
- Use open ended questions

Enhancing Communication using Cultural Humility and a Health Literacy Approach

"By working from a cultural humility perspective and by supporting health literacy, care providers can develop mutual understanding with their clients" (https://www.culturallyconnected.ca/).

Culturally Connected:
Tools to enhance one's ability to be culturally humble in practice to help care providers and their clients develop shared understanding of values, beliefs, needs, and priorities

- D.I.V.E.R.S.E
- L.E.A.R.N.
- S.H.A.R.E
- Teach-back

https://www.culturallyconnected.ca/

D.I.V.E.R.S.E.

A tool that to be used to develop a personalized care plan incorporating a client's values and beliefs

D- Demographics

- Gather information about the client's background.
  - "Where were you born?
  - " "How long have you lived in _____?"

I- Ideas

- Find out what the client's ideas are about health and illness.
  - "What do you think keeps you healthy/makes you anxious?"
  - "Why do you think the problems started?"

V- Views

- Ask about the client's views on health care treatments, their treatment preferences and the use of home remedies.
  - . "Do you use any traditional or home health remedies to improve your health?"
  - "What kind of treatment do you think will work?"

E- Expectations

- Inquire about what the client expects from you.
  - "What do you hope to achieve from today's visit?"
  - "What do you hope to achieve from treatment?"

D.I.V.E.R.S.E.

R- Religion

- Find out about the client's religious and spiritual traditions.
  - "Will religious or spiritual observations affect your ability to follow treatment?" "How?"

S- Speech

- Identify a client's language needs. Avoid using a family member as interpreter
  - . "What language do you prefer to speak/read?"
  - "Would you prefer printed or spoken instructions?"

E- Environment

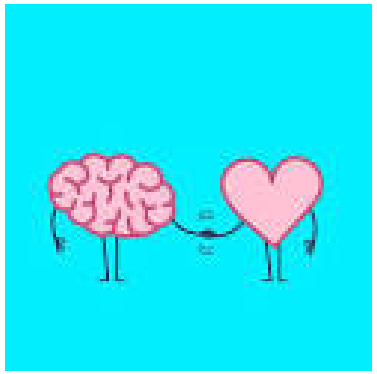
- Learn about the client's home environment and the cultural aspects that are part of the environment. Home environment includes daily schedule, support system and level of independence.
  - "How many people live in your house?"
  - "Who helps you when you are ill or need help?"

L.E.A.R.N.

A communication tool to improve communication, enhance a awareness of personal and cultural beliefs, and help work toward an appropriate care plan for a client.

L- Listen with empathy and understanding to the client's perception of the problem.

- Try questions like: What do you think may be causing your problem?
- How do you think the illness is affecting you?
- What do you think might be beneficial?



E- Explain your thoughts and perceptions about the problem.

A- Acknowledge, discuss, and incorporate the differences and similarities between your client's beliefs and your own professional understanding of treatment options.

R- Recommend treatment. Suggest a treatment plan that is developed with the client's involvement, including culturally appropriate aspects.

N- Negotiate agreement. The final treatment plan should be determined as mutually agreeable by both the care provider and client.

https://www.culturallyconnected.ca/practice/l-e-a-r-n

S.H.A.R.E.

A client-centered approach to explore and compare the benefits, harms, and risks of treatment options through conversation about what matters most to a client.

S- Seek a client's participation.

H- Help a client explore and compare treatment options.

A- Assess a client's values and preferences.

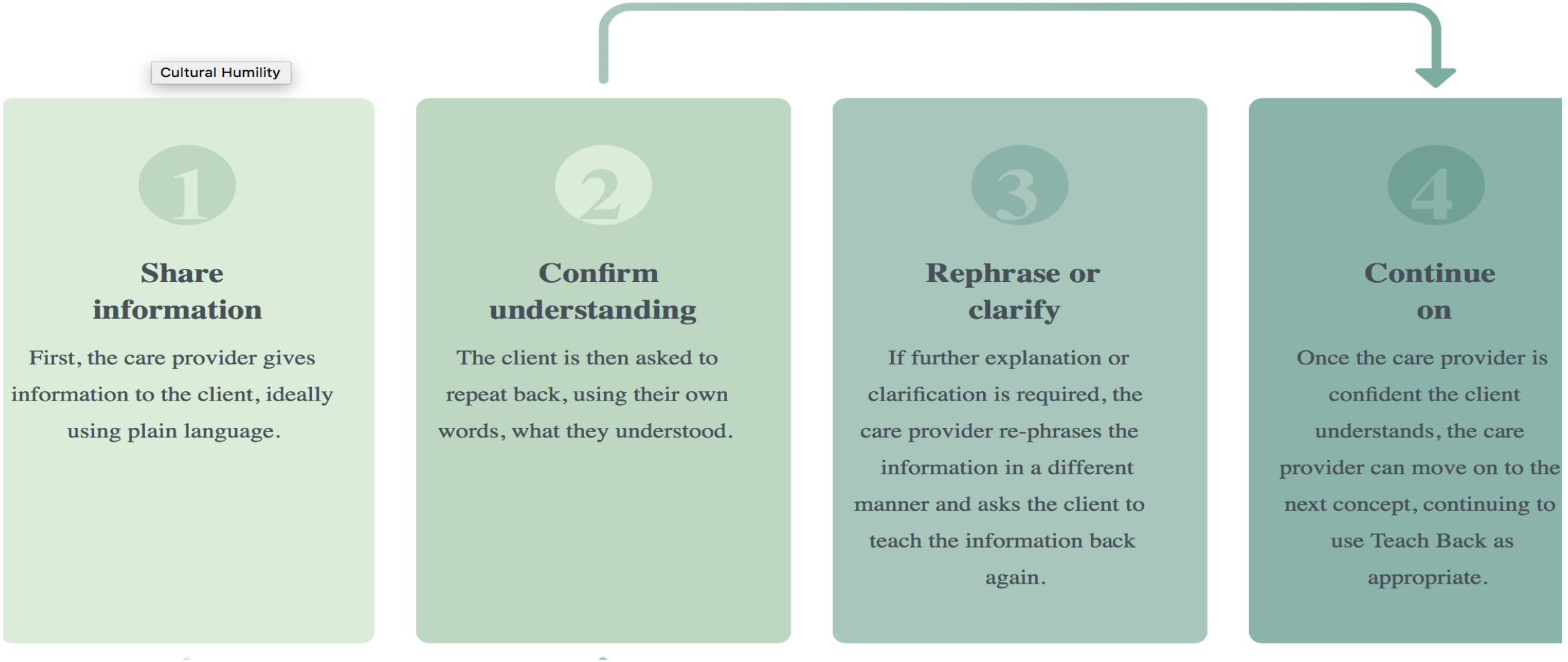
R- Reach a decision with a client.

E- Evaluate a client's decision.

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

Teach-Back:

Giving clients an opportunity to 'teach it back to you' in their own words is a great way to ensure comprehension and understanding.



https://www.culturallyconnected.ca/practice/teach-back

The College at BROCKPORT
State University of New York

Case Example

Ms. L is a 67 year old woman who came to the US as a refugee from Iraq. She and her husband were sponsored by a local church and have been in the US 15 years. Her husband spoke English and worked outside the home until his death two years ago.

Ms. L has moderate English skills and she has limited social support outside of her church. She recently was dx with diabetes She also has hypertension.

Ms. L is in process of applying for Medicaid with the support of the social worker at the clinic. She comes to the health clinic for health care and her PCP is concerned that Ms. L may not understand the importance of taking her medications and following her prescribed diet. The PCP is also concerned, as Ms. L. sometimes misses her follow up appointments at the clinic.

- How might you **approach this situation using a culturally humble approach ?**

References

Culturally Connected. (n.d.). Retrieved from https://www.culturallyconnected.ca/

Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From Mastery to Accountability: Cultural humility as an alternative to cultural competence. *Social Work Education: The International Journal, 34(2)*.

Hook, J.N, Davis, D.E., Owen, J. Worthington, E.L. & Utsey, S.O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology,60 (3)*, 355 – 366. DOI:10.1037/a0032595.

National Academies of Science, Engineering, and Medicine, Consensus Study Report (September 26, 2019). Integrating social care into the delivery of health care : Moving upstream to improve the nation's health. The National Academies Press, Washington D.C Retrieved from https://www.nap.edu/read/25467/chapter/1]

Nielsen, R. and Marrone, J. A. (2018), Humility: Our Current Understanding of the Construct and its Role in Organizations International Journal of Management Reviews, 20: 805-824. doi:10.1111/ijmr.12160

Ptah, Amen (2015). I'm not feeling well. Retrieved from *https://www.youtube.com/watch?v=bT3BKbltCsA*.

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

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK