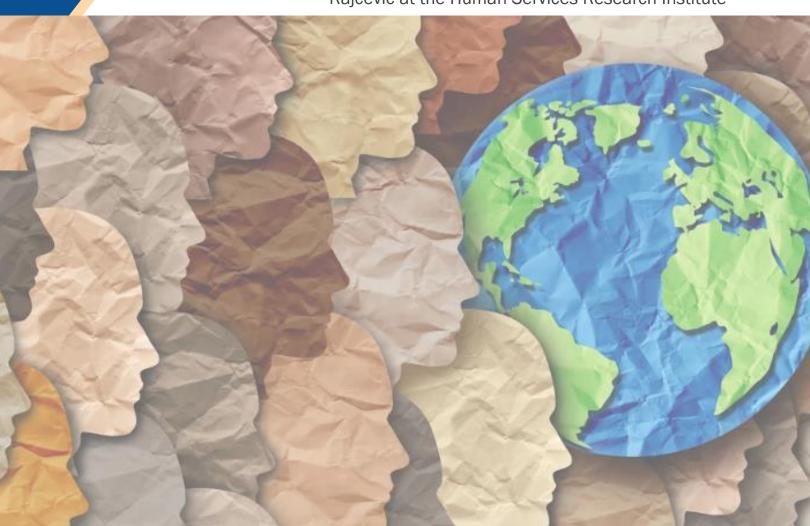# NCAPPS

Cultural Humility: A National Environmental Scan for the Office of Healthcare Information and Counseling

September 2024

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Table of Contents

NCAPPS

Introduction

Person-centered thinking focuses language, values, and actions toward respecting the views of a person and their loved ones. Acknowledging and understanding the racial and cultural identities of ourselves and those we serve is essential for providing person-centered supports. Culture encompasses every identity, including skin color, race, ethnicity, religion, body size, socioeconomic status, sexual identity, gender identity, age, family constellation, caregiver status, citizenship status, addiction history, trauma survivorship, ability, and beyond.[1] Like person-centered thinking, cultural humility requires a focus on self-reflection with the application of specific tools to assist in how to recognize and mitigate the impacts of one's own biases. While efforts are being made to deepen the connection between cultural humility and person-centered thinking, there is significant work to be done to infuse these concepts into general practice.

The Senior Medicare Patrol (SMP), State Health Insurance Assistance Program (SHIP), and Medicare Improvements for Patients and Providers Act (MIPPA) are tasked with "providing unbiased, objective information to Medicare-eligible individuals on their health insurance options."[2] In 2022, the Office of Healthcare Information and Counseling (OHIC) released a Cultural Competency Resource Guide for Beneficiary Counseling and Ombudsman Programs which provided resources and tools for organizations seeking to pursue or evolve processes and procedures related to cultural and linguistic competency. That same year, the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) worked to strengthen person-centered thinking amongst SMP, SHIP, and MIPPA team members by developing foundational trainings and resources focused on building and applying person-centered skills in team members' day-to-day work. As part of that process, a workgroup of SMP, SHIP, and MIPPA team members identified the need to examine how principles of cultural humility could be incorporated into their practices and organizations. To identify approaches for addressing gaps in cultural humility among SMP, SHIP, and MIPPA programs, staff from Human Services Research Institute who administer NCAPPS conducted a review of grey- and peer-reviewed literature on how cultural humility is defined, its importance, how it shows up in person-centered practices, and its application. NCAPPS also obtained feedback from SMP, SHIP, and MIPPA team members who attended a series of three training webinars on cultural humility.

During these webinars, team members shared their experiences of how cultural humility impacts personal experiences for themselves and the beneficiaries they support. They acknowledged that the communities we belong to shape our experiences. Feeling like you are the "only" person in the group from your background, being viewed as the "odd person out," or being regarded as invisible can negatively impact your experience with services. This environmental scan developed through funding by the Administration for Community Living (ACL) offers strategies for practicing cultural humility to support positive experiences for all.

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[1] Gottlieb, M. (2021). What Is Cultural Humility? 3 Principles for Social Workers. The New Social Worker. https://bit.ly/3principlesforSWs

[2] Managing conflicts of interest in SHIP, SMP, and MIPPA programs. Administration for Community Living. (2020, July 23). https://acl.gov/programs/senior-medicare-patrol/managing-conflicts-interest-ship-smp-and-mippa-programs

Executive Summary of the Scan

What is culture? Culture is any identity or characteristic that is important to a person. Culture can include race, ethnicity, religion, body size, socioeconomic status, sexual identity, gender identity, age, family constellation, caregiver status, citizenship status, addiction history, trauma survivorship, disability identity, and more.

What is cultural humility? It is an active, self-reflective, lifelong process involving:

1. Continuous exploration of cultural identities and beliefs, and an awareness of one's own biases.
2. Treating others with respect, openness, and empathy.
3. Reducing power imbalances within relationships and communities.

What is the difference between cultural humility and cultural competence? Cultural competence is focused on actively learning about other cultures and their practices and traditions to adapt services and supports to be more responsive to people and communities. Cultural humility acknowledges that people experience culture in their own unique ways, and no one can ever become an expert in a specific culture or cultures.

Why is cultural humility important to the work I do as a SMP, SHIP, or MIPPA team member? Cultural humility helps you to build trust and develop relationships with the people you support. This can ultimately lead to better health and life outcomes and reduce disparities.

How can I practice cultural humility?

1. Continuous exploration of cultural identities and beliefs, and an awareness of one's own biases

   - Ask about a person's cultural background, traditions, practices, and preferences before giving support. Look for cultural factors that may influence a person's decisions about nutrition, lifestyle, use of healthcare, wellness activities, and end of life.

   - Whenever possible, make time to hear people's experiences and stories.

   - Avoid stereotypes and don't make assumptions. Acknowledge that people experience and practice culture in their own way.

   - Use language that reflects that kinship may extend to non-nuclear family members (e.g., chosen family, extended family, loved ones).

   - Schedule time for self-reflection in whatever way makes sense for you. This could mean incorporating mindfulness principles and practices to support self-awareness of your own beliefs, values, and implicit biases.

   - Understand how you show up in a space with others and how that may impact your professional judgement. Think about your own cultural identities and practices. Remember that norms are cultural; what you consider "normal" may not be "normal" for the person you are interacting with.

   - Engage in learning about local cultural traditions and customs. This includes exploring culturally specific resources in your community so you can incorporate cultural preferences and needs into service and support recommendations.

- Focus on what you and the person you are interacting with have in common, instead of your differences. Similarities can be identified through conversation or observation.

2. Treating others with respect, openness, and empathy

- Share your pronouns when introducing yourself.

- Clarify the pronunciation of a person's name to ensure you are saying it correctly.

- Ask questions to demonstrate that you are listening.

- Repeating or paraphrasing what you heard to be certain you fully understand.

- Pay attention to verbal and nonverbal communication such as a person's body language, eye contact, vocal intonations, or their level of personal distance.

- Use imagery depicting a variety of cultures in materials that you produce including brochures, documents, or videos. In physical settings such as offices, consider what messages any artwork or decorations can convey to the person.

- When meeting in-person, ask what you can do to make the person more comfortable.

- Keep in mind the ways in which trust/mistrust may impact a person's interactions with you and take every opportunity to build trust. You can build trust by following through on promises and using respectful language.

3. Reducing power imbalances within relationships and communities

- Take time to explain why you are asking questions or why certain policies and procedures are in place.

- Screen for language-access needs and make support linguistically accessible with professional translation and interpretation. Avoid use of family or informal interpreters.

- Develop and use plain language materials. The Self-Advocacy Resource and Technical Assistance Center has created a list of resources for plain language.

- Keep aware of current events (legislation, global conflicts, acts of hate speech or violence in the local community) and think about how they may cause a person stress or concern.

- Engage in learning about historical and structural inequities.

- Engage in learning about bias, discrimination, microaggressions, trauma, and health equity.

- Ask a person who they would like to include in discussions about their supports, and include that person whenever possible (e.g., a person may wish to communicate information about their health through a family member).

- When meeting in-person, consider how rooms can be set up to reduce power dynamics, such as ensuring there is not a barrier between you and the person you are speaking with or making sure chairs and tables are the same height.

- Respecting self-determination by treating people as the experts of their own experience.

Process for Conducting the Scan

This environmental scan is a compilation of published reports, articles, trainings, and interviews focused on the concept of cultural humility in human service systems. Incorporating grey- and peer-reviewed literature, documents included materials foundational to establishing the concept of cultural humility as well as recent works (published within the past five years) that address cultural humility in the context of coordinating services and supports (e.g., care coordination, case management, healthcare, and counseling).

Materials were identified through online searches using key words and search terms such as "cultural humility," "cultural competence," "care coordination," "benefits counseling," and "case management." Each source was reviewed for the following: (1) author's definition of cultural humility, (2) cultural humility applied to person-centered planning/practices, and (3) importance of cultural humility. The definitions of cultural humility provided in this environmental scan are summaries of the cited author's work and are paraphrased from the original source material unless explicitly indicated with direct quotations.

Additionally, from June to September 2024, NCAPPS hosted three training webinars on the principles of cultural humility for SMP, SHIP, and MIPPA team members. During these webinars, attendees were asked to respond to two questions including: "What are some ways you practice or have seen cultural humility practiced in your work?" and "What would help you to practice cultural humility in your work?"

Definitions of Cultural Humility

Summary

Cultural humility is an active, self-reflective, lifelong practice involving:

1. Continuous exploration of cultural identities and beliefs, and an awareness of one's own biases
2. Treating others with respect, openness, and empathy
3. Reducing power imbalances within relationships and communities

CLAS, Cultural Competency, and Cultural Humility

Think Cultural Health

"Cultural humility is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them. Strategies for practicing cultural humility include:

- Practicing self-reflection, including awareness of your beliefs, values, and implicit biases

- Recognizing what you don't know and being open to learning as much as you can.

- Being open to other people's identities and empathizing with their life experiences

- Acknowledging that the patient is their own best authority, not you.

- Learning and growing from people whose beliefs, values, and worldviews differ from yours."

Source: https://bit.ly/CLAScultural

Cultural Humility and LGBTQ Communities in the HealthCare Environment

Julia Applegate, 2018

Addressing power imbalances between provider and person, through a dedication to self-awareness, self-critique, learning, reflection, and engaging with people from other cultures.
Source: https://bit.ly/CulturalHumilityLGBTQ

Cultural Humility in Healthcare

Jarrod Bullard, 2022

Building relationships between providers and people who use services, practicing respect and curiosity, without stereotypes or biases.
Source: http://healthcare.rti.org/insights/health-equity-cultural-humility-improves-health-outcomes

Cultural Humility: A Proposed Model for a Continuing Professional Development Program

Jennifer L. Cox and Maree Donna Simpson, 2020

In contrast to the pursuit of an end goal or result, cultural humility is a life-long, ongoing and active, reflective process, that acknowledges power imbalances within the healthcare system.
Source: https://doi.org/10.3390/pharmacy8040214

What is Cultural Humility? 3 Principles for Social Workers

Mara Gottlieb, 2021
1. Commitment to ongoing and compassionate self-awareness with support from cognitively diverse colleagues
2. Remaining open and teachable
3. Acknowledgement that social structures shape reality

Practitioners are not "blank slates." Our first thought about a person is spontaneous, unconscious, and involuntary. "Unconscious incompetence" is our bias and why we should practice cultural humility. Cultural humility offers a guide for how to transform relationships.
Source: https://bit.ly/3principlesforSWs

Beginning the Journey to Cultural Humility and Cultural Competence

Linda J. Keilman and Fatima Sheikh, 2022
Reflect upon and rethink one's ideas and attitudes about different cultural groups. Acknowledging the diversity of humanity. Learning about your own culture, identifying your biases about others, and engaging in this learning and reflection as a lifelong process.
Source: https://doi.org/10.1016/j.carage.2022.09.015

Practising Cultural Humility to Promote Person and Family-Centred Care

Lucille Kelsall-Knight, 2022
An everyday practice of self-reflection. Self-reflexivity and understanding influences on feelings, motives and reactions. Striving to be aware of internal processes, reflecting on one's attitudes, and awareness of unconscious biases.
Source: https://bit.ly/KelsallKnight2022

Approaching Clients with Cultural Humility

National Council on Aging, 2019
Learning from oneself and others through open-mindedness and reconsidering viewpoints. Respecting beliefs, customs, and values helps to build partnerships. Accept and embrace people from different cultures. Equity is characterized as just and fair inclusion.
Source: http://vimeo.com/333321853

The 5 Rs of Cultural Humility: A Conceptual Model for Health Care Leaders

Dea Robinson et al., 2021
5Rs of cultural humility: Reflection, respect, regard, relevance, resiliency. Cultural humility does not claim expertise on cultural groups. Cultural humility is learned through experience and can be transformative.
Source: https://doi.org/10.1016/j.amjmed.2020.09.029

Caring for Native American Patients: The Native American Medicine Wheel, the Practice of Case Management and a Case for Cultural Humility

Carole Gascheidle, Teena Manning, and Julia Mayer, 2022
Understanding culture is personal and dynamic among people with similar or different backgrounds. Having interest and respect for members of the Native community.
Source: https://bit.ly/GascheidleManningMayer2022

Person-Centered Practice and Cultural Humility
Tanya Richmond and Danyetta Najoli, 2023
A lifelong self-evaluation of leader-member power imbalances. Create mutually beneficial partnerships.
Source: http://www.youtube.com/watch?v=AqXw1z_6310

Embracing Cultural Humility in Clinical and Public Health Settings: A Prescription to Bridge Inequities
Renata Schiavo, 2023
The goal of cultural humility is to understand and value other people's experiences rather than to become an expert in cultural values. The purpose of cultural humility is to respect others and to avoid making harmful assumptions. It represents a lifetime engagement in self-evaluation and critique. Cultural humility is the key component to cultural competence and cultural safety.
Source: https://doi.org/10.1080/17538068.2023.2221556

Honing Cultural Humility Skills Can Improve Health Care as a Whole
Dinah Schuster, 2021
Eliminating healthcare power imbalances through respect and self-reflection practiced over the course of one's lifetime.
Source: https://bit.ly/Schuster2021

Applying Cultural Humility in Geriatric Psychiatry: A Case of Diagnosis and Treatment for an Indian Patient
Steven Sharp and Erica Garcia-Pittman, 2021
A commitment to lifetime learning combined with both institutional accountability for power imbalances and establishing community partners. Invest in culturally competent training and care.
Source: https://doi.org/10.1016/j.jagp.2021.01.069

Practicing Cultural Humility
Sidney Shawn, 2016
Cultural humility for counselors means acknowledging that their own cultural identities and experiences may create barriers to their awareness of grasping the cultural experiences of others. Being interested in the experiences of another person, or an 'other-oriented' approach, is a necessary component of a counselors' cultural humility.
Source: http://ct.counseling.org/2016/12/practicing-cultural-humility

The Case for Cultural Humility
Micha'le Simmons and Darby Sullivan, 2022
Cultural humility practiced by institutions and individuals involves being open to hearing different experiences and rejecting the notion that your culture or behavior is the "norm." Ongoing self-critique of one's lived experience to understand its impact on other people.
Source: https://bit.ly/SimmonsSullivan2022

Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients
Dorothy E. Stubbe, 2020
Respecting beliefs, customs, and values through partnerships.
Source: https://focus.psychiatryonline.org/doi/epdf/10.1176/appi.focus.20190041

Cultural Humility vs. Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education
Melanie Tervalon and Jann Murray-Garcia, 1998
"Cultural humility incorporates a lifelong commitment to self-reflection and critique, redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations" (p. 123).
Source: https://bit.ly/TervalonMurrayGarcia1998

The Impact of Culture in Case Management
Care Excellence, 2018
Understanding a person's past experiences with health, wellness, illness, suffering and death that may influence how to design and carry out their plan of care.
Source: https://careexcellence.org/blog/cultural-awareness/

Cultural Humility and the Practice of Consultation-Liaison Psychiatry
Nhi-Ha Trinh et al., 2020
Healthcare professionals' awareness of how their own cultural background and beliefs affect their outlook and decisions.
Source: https://doi.org/10.1016/j.psym.2020.03.002

Cultural Humility: Essential Foundation for Clinical Researchers
Katherine A. Yeager and Susan Beauer-Wu, 2013
Cultural humility shows how our cultural background shapes experience. It is an active lifelong engagement which requires courage and flexibility.
Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043/

Cultural Humility in Psychotherapy and Clinical Supervision: A Research Review
Hansong Zhang et al., 2021
Listening to others' experiences to better understand their perspectives as well as reflecting on your own.
Source: https://bit.ly/Zhang2021

Cultural Humility and Cultural Competence

Summary
Cultural competency and cultural humility are related but distinct terms. Cultural competence focuses on gaining knowledge of cultures to support communication and relationship building. Some practitioners have moved away from cultural competence as a singular goal as it is increasingly believed that people experience culture in their own unique ways, and no one can ever become an expert in a specific culture or cultures. However, cultural competence and humility are not mutually exclusive, and the terms share many concepts and strategies (for example, self-reflection and awareness of bias). Cultural competence supports actively learning about and adapting services and supports to be more responsive to people and communities, which supports the practice of cultural humility. When practiced together, cultural competence and culturally humility present a holistic and supportive approach to honoring and supporting a person and their community. Therefore, many practitioners are utilizing a "both/and" approach and working towards cultural competence and humility at the same time.

CLAS, Cultural Competency, and Cultural Humility
Think Cultural Health
"Cultural competency is a developmental process in which one achieves increasing levels of awareness, knowledge, and skills along a continuum, improving one's capacity to work and communicate effectively in cross-cultural situations. Strategies for practicing cultural competency include:

- Learning about your own and others' cultural identities

- Combating bias and stereotypes

- Respecting others' beliefs, values, and communication preferences

- Adapting your services to each patient's unique needs

- Gaining new cultural experiences"

Source: https://bit.ly/CLAScultural

Cultural Humility in Healthcare
Jarrod Bullard, 2022
Cultural humility is different than 'cultural competence.' A person practicing cultural humility understands that they will not achieve competence in other cultures.
Source: http://healthcare.rti.org/insights/health-equity-cultural-humility-improves-health-outcomes

Cultural Humility: A Proposed Model for a Continuing Professional Development Program
Jennifer L. Cox and Maree Donna Simpson, 2020
There has been a move from cultural competence to cultural humility, which describes an effort towards health professional mastery of culture (cultural competence) towards one of individual accountability and reflective learning, by eliminating power imbalances within the healthcare system (cultural humility).
Source: https://doi.org/10.3390/pharmacy8040214

Cultural Competence or Cultural Humility? Moving Beyond the Debate

Ella Greene-Moton and Meredith Minkler, 2019

The concept of cultural competence gained attention in public health, social sciences, and medicine in the 1980s and 1990s. The debate about cultural competence vs. cultural humility continues today although cultural competence was defined in the 1980s and 1990s while the seminal 1998 article by Tervalon and Murray-Garcia changed the narrative toward practicing cultural humility rather that cultural competence. Some argue that the original definitions of cultural competence include questioning one's own biases (anti-oppressive) and that it therefore had a component of cultural humility. "Cultural competence" has become controversial and is debated today because some claim it is misleading to claim to be an expert on another culture, because cultural competence uses a top-down approach, it applies a binary model (i.e., culturally competent vs. incompetent), and that there are hierarchical educational issues involved in establishing competence.

Source: https://doi.org/10.1177/1524839919884912

Beginning the Journey to Cultural Humility and Cultural Competence

Linda J. Keilman and Fatima Sheikh, 2022

Cultural humility is contemplating and questioning your perceptions and attitudes towards different cultures. Cultural humility is acknowledging diversity among people. Cultural humility includes a personal inward self-reflection of one's own cultural heritage.

Source: https://doi.org/10.1016/j.carage.2022.09.015

Practising Cultural Humility to Promote Person and Family-Centred Care

Lucille Kelsall-Knight, 2022

Cultural humility is rooted in the theory of cultural competence from the perspective that health professionals should learn certain skills to work with different cultures.

Source: https://bit.ly/KelsallKnight2022

Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients

Dorothy E. Stubbe, 2020

The term "Competemility" is the merging of cultural competence and cultural humility. Cultural competemility is defined as "the synergistic process between cultural humility and cultural competence in which cultural humility permeates each of the five components of cultural competence: cultural awareness, cultural knowledge, cultural skill, cultural desire, and cultural encounters."

Source: https://focus.psychiatryonline.org/doi/epdf/10.1176/appi.focus.20190041

Strategies for Practicing Cultural Humility

Summary

There are a variety of barriers to practicing cultural humility. For example, having a judgmental attitude and acting on pre-conceived biases about other people and groups. Judgments and biases (that could be either positive or negative about people and groups) restrict our opportunities for openness to new learning and to new experiences. Holding rigid attitudes with a closed mind without questioning one's biases and assumptions prevents the openness needed for cultural humility and new learning from taking place. Similarly, a person's inability to practice empathy is a particularly inflexible barrier to the practice of cultural humility. Empathy requires a person to consider other people's perspectives and feelings, or in other words, to "walk in another person's shoes." When people cannot or will not take the time to see the world from another point of view, their ability to engage in the kind of reflective learning required of cultural humility is lessened.

To overcome barriers to cultural humility such as a lack of empathy, biases, and judgment, the following strategies are recommended:

1. Continuous exploration of cultural identities and beliefs, and an awareness of one's own biases
   a. Ask about a person's cultural background, traditions, practices, and preferences before giving support. Look for cultural factors that may influence a person's decisions about nutrition, lifestyle, use of healthcare, wellness activities, and end of life.
   b. Whenever possible, make time to hear people's experiences and stories.
   c. Avoid stereotypes and don't make assumptions. Acknowledge that people experience and practice culture in their own way.
   d. Use language that reflects that kinship may extend to non-nuclear family members (e.g., chosen family, extended family, loved ones).
   e. Schedule time for self-reflection in whatever way makes sense for you. This could mean incorporating mindfulness principles and practices to support self-awareness of your own beliefs, values, and implicit biases.
   f. Understand how you show up in a space with others and how that may impact your professional judgement. Think about your own cultural identities and practices. Remember that norms are cultural; what you consider "normal" may not be "normal" for the person you are interacting with.
   g. Engage in learning about local cultural traditions and customs. This includes exploring culturally specific resources in your community so you can incorporate cultural preferences and needs into service and support recommendations.
   h. Focus on what you and the person you are interacting with have in common, instead of your differences. Similarities can be identified through conversation or observation.
2. Treating others with respect, openness, and empathy
   a. Share your pronouns when introducing yourself.
   b. Clarify the pronunciation of a person's name to ensure you are saying it correctly.
   c. Ask questions to demonstrate that you are listening.
   d. Repeating or paraphrasing what you heard to be certain you fully understand.
   e. Pay attention to verbal and nonverbal communication such as a person's body language, eye contact, vocal intonations, or their level of personal distance.

      f.   Use imagery depicting a variety of cultures in materials that you produce including brochures, documents, or videos. In physical settings such as offices, consider what messages any artwork or decorations can convey to the person.

      g.   When meeting in-person, ask what you can do to make the person more comfortable.

      h.   Keep in mind the ways in which trust/mistrust may impact a person's interactions with you and take every opportunity to build trust. You can build trust by following through on promises and using respectful language.

3. Reducing power imbalances within relationships and communities

      a.   Take time to explain why you are asking questions or why certain policies and procedures are in place.

      b.   Screen for language-access needs and make support linguistically accessible with professional translation and interpretation. Avoid use of family or informal interpreters.

      c.   Develop and use plain language materials. The Self-Advocacy Resource and Technical Assistance Center has created a list of resources for plain language.

      d.   Keep aware of current events (legislation, global conflicts, acts of hate speech or violence in the local community) and think about how they may cause a person stress or concern.

      e.   Engage in learning about historical and structural inequities.

      f.   Engage in learning about bias, discrimination, microaggressions, trauma, and health equity.

      g.   Ask a person who they would like to include in discussions about their supports, and include that person whenever possible (e.g., a person may wish to communicate information about their health through a family member).

      h.   When meeting in-person, consider how rooms can be set up to reduce power dynamics, such as ensuring there is not a barrier between you and the person you are speaking with or making sure chairs and tables are the same height.

      i.   Respecting self-determination by treating people as the experts of their own experience.

Cultural Humility and LGBTQ Communities in the HealthCare Environment

Julia Applegate, 2018

LGBTQ cultural humility can be practiced in three areas (1) provider-patient relations, (2) patient education and empowerment efforts (3) larger organizational policy and employment practices. Treating LGBTQ people with cultural humility includes asking about and honoring pronouns, respecting sexual orientation, proactively providing gender identity choices, and creating a welcoming waiting room experience. Using medical forms that include pronoun options, visual support and allyship with the LGBTQ community (e.g. posters, magazines, stickers, transgender pride flag and rainbow), trauma-informed care, and 'all gender' restrooms. Because one's legal name and the name they use are not always the same, providers will ask for pronouns and name. Healthcare providers state their pronouns upon meeting the person.

Source: https://bit.ly/CulturalHumilityLGBTQ

Cultural Humility in Healthcare

Jarrod Bullard, 2022

Develop an interest in the person's life experiences. Engage in active listening and reflecting on personal biases. Create care plans that attend to a person's cultural dietary, nutrition, and life preferences. Create discharge plans that extend beyond the doctor's office, (e.g., attending to cultural needs such as language options). Building trust improves cross-cultural communication.
Source: http://healthcare.rti.org/insights/health-equity-cultural-humility-improves-health-outcomes

Cultural Humility: A Proposed Model for a Continuing Professional Development Program

Jennifer L. Cox and Maree Donna Simpson, 2020

Use plain language material and written materials at an elementary school reading level, reduce tasks into manageable steps, use pictures and diagrams to clarify concepts.
Source: https://doi.org/10.3390/pharmacy8040214

Embracing Cultural Diversity: Meaningful Engagement for Older Adults with Advanced Dementia in a Residential Care Setting

Sanetta H. J. du Toit and Helen Buchanan, 2018

Active involvement in care reframes dementia as a social and cultural experience. Enriching one's social and cultural environment provides a framework for supportive interactions. Such interactions can include helping people feel appreciated by celebrating special occasions (e.g., birthdays. Other examples include sharing memories and past experiences; sharing a hug; listening to stories; linking the facility to previous home comforts; enjoy experiences such as outings; contact with animals; and connecting through religious beliefs or shared practices/traditions.
Source: https://doi.org/10.5014/ajot.2018.027292

Approaching Clients with Cultural Humility

National Council on Aging, 2019

- Understand the importance of compassion.

- Address the power dynamics present in relationships.

- Create mutually beneficial partnerships.

- Advocate for and maintain institutional accountability. Institutional accountability is the manner in which organizations uphold culturally respectful policies and procedures, including national standards.

- Take the time to explain why you need to ask personal questions.

- Observe and learn from both verbal and non-verbal cues.

- Acknowledge non-traditional living/housing situations.

- Acknowledge stigma and its effects (e.g., clothing and manner of speech).

- Avoid immigration status questions because they create fear and mistrust.

- Avoid use of family or non-medically trained interpreters; have a list of professional interpreters.

- Images on walls should depict groups being served; books and pamphlets should depict a range of gender identities.

- Have a TTY line and staff trained to relay calls from a TTY line service.

- Both direct providers and office staff should be trained in cultural humility practices.

Source: http://vimeo.com/333321853

Caring for Native American Patients: The Native American Medicine Wheel, the Practice of Case Management and a Case for Cultural Humility

Carole Gascheidle, Teena Manning, and Julia Mayer, 2022

Prioritize treatment goals based on what the person feels is most important. Case managers seek to learn from elders, healers, and leaders. Case managers should actively learn about community issues by reaching out to local Native communities. Understand that identifying as Native American is a legal/political determination and not only a racial identity. Acknowledge the historic loss of traditional language, ceremonial practices, culture, and traditions.
Source: https://bit.ly/GascheidleManningMayer2022

Person-Centered Practice and Cultural Humility

Tanya Richmond and Danyetta Najoli, 2023

- Turns the 'expert' into a learner and the person served into an expert on themselves.

- Self-critique (challenge one's own beliefs, values, and ideas, examine one's character to better understand relationships)

   o Schedule time for self-critique.

   o Obtain honest feedback.

   o Engage in mindfulness practices (e.g., meditation)

- Reflect on your preconceived ideas including about intersecting identities

- Focus on individual needs and providing a range of options rather than applying generalities.

- Guiding steps: "Learn, unlearn, work through, move out of comfort zones, allow for mistakes, ascribe."

Source: http://www.youtube.com/watch?v=AqXw1z_6310

Embracing Cultural Humility in Clinical and Public Health Settings: A Prescription to Bridge Inequities

Renata Schiavo, 2023

Co-design solutions to problems. Practice social listening. Implement comprehensive trainings and coursework in healthcare and public health settings.
Source: https://doi.org/10.1080/17538068.2023.2221556

Applying Cultural Humility in Geriatric Psychiatry: A Case of Diagnosis and Treatment for an Indian Patient

Steven Sharp and Erica Garcia-Pittman, 2021

Cultural humility is achieved through practicing mindfulness and acknowledging what we do not know. Cultural communication preferences relevant for treatment planning: the patient's preference was to communicate his symptoms through his daughter to his doctor. When a patient has a cognitive impairment, the institution should address the communication barrier through appropriate engagement tools.

Source: https://doi.org/10.1016/j.jagp.2021.01.069

The Case for Cultural Humility

Micha'le Simmons and Darby Sullivan, 2022

- Center the voices of marginalized and vulnerable groups across patients, staff, and the community.

- Ask every person for their name and pronouns, document it, and use the person provided information in discussions with patients and family members.

- Screen everyone for English language proficiency and provide language services to those who need them.

- Use motivational interviewing as a tool to determine what people care about most.

- Healthcare teams should be educated on the history of structural inequities on both a "macro-level (e.g., national policies, cultural norms) and a local level (e.g., the provider agency's role in furthering inequities, social determinants of health)."

- Address paternalism in care settings.

- Organizations should identify a leader responsible for promoting cultural humility at the institution level.

    o Collect and review staff cultural humility scores.

    o Evaluate diversity representation of staff.

- Providers from your community:

    o Evaluate diversity representation of community members on governing and advisory committees.

    o Collect feedback (e.g., satisfaction scores, complaints, input from community and advisory councils).

    o Encourage participation in equity and engagement trainings and cultural events.

- Empower under-represented communities in decision-making.

- Engage in teach backs (to determine understanding) and motivational interviewing (to determine goals)

Source: https://bit.ly/SimmonsSullivan2022

Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients

Dorothy E. Stubbe, 2020

- Are any laws affecting the person and causing them stress (e.g., gender identity, immigration)?

- Reflect on how your race/ethnicity affects your interactions.

- What are office practices (e.g., is it welcoming, is there an interpreter available)?

- Ask for pronouns.

- Write down your biases you notice in practice in a journal for self-reflection.

- Don't assume. Ask background questions.

- Ask the person their goals.

- Ask about experiences of discrimination, bullying, trauma, harassment, including cultural experiences related to these issues.

- Create a family genogram to understand cultural background and traditions.

- Identify strengths, interests, and resiliency factors.

- Discuss patient-centered care directly, explain what it is.

- Ask what specific treatments the person thinks would be helpful to them?

- Ask if the person needs information clarified.

- Follow-up after the appointment.

- Co-create the treatment/care plan.

- Ask if the person would like family to be involved in the planning.

Source: https://focus.psychiatryonline.org/doi/epdf/10.1176/appi.focus.20190041

Why Cultural Humility is Essential for Providing Person-Centered Support

Summary

Because there are limited peer-reviewed research studies examining the effectiveness of cultural humility on service coordination and community-based support, we focused our review on research conducted in healthcare settings that are relevant to community services. These studies assess limitations in cultural practices and offer recommendations for eliminating power imbalances and adverse practices. Studies also examine the value and effectiveness of cultural humility for specific cultural groups in efforts to meet the needs of diverse communities. Cultural humility can lead to better health and life outcomes for people, build trust while dismantling power imbalances, and reduce disparities.

Cultural Humility and LGBTQ Communities in the HealthCare Environment

Julia Applegate, 2018

Cultural humility improves the safety of LGBTQ persons and their overall quality of care. It leads to better health outcomes because they are better engaged in services, and it responds to their individual needs.

Source: https://bit.ly/CulturalHumilityLGBTQ

Cultural Humility in Healthcare

Jarrod Bullard, 2022

According to the Health Policy Institute at Georgetown University, healthcare services that address cultural humility in terms of "the social, cultural and linguistic needs of patients" reduce existing racial and ethnic health disparities and can deliver better outcomes.

Source: http://healthcare.rti.org/insights/health-equity-cultural-humility-improves-health-outcomes

Cultural Humility: A Proposed Model for a Continuing Professional Development Program

Jennifer L. Cox and Maree Donna Simpson, 2020

Learning about and respecting a person's social and cultural background, including their health-related values and healthcare beliefs, results in improved satisfaction and health outcomes.

Source: https://doi.org/10.3390/pharmacy8040214

Health Equity Resource Series: Training and the Culture of Learning

American Hospital Association Institute for Diversity and Health Equity, 2021

- Business benefits of cultural humility:

    - Cost-effective healthcare services translate into profit and market gains due to decreasing barriers to service and ongoing compliance with legal and regulatory standards.

- Health benefits of cultural humility:

    - Engagement improves preventive care, healthcare retention, and treatment accuracy (fewer medical errors), and lowers healthcare disparities.

- Social benefits of cultural humility:
    - Respect, trust, and understanding improves the healthcare experience by encouraging community members to fully participate in their healthcare issues, leading to greater responsibility for the person's own healthcare.

Source: [Health Equity Resource Series: Training and the Culture of Learning.](#) American Hospital Association Institute for Diversity and Health Equity, May 2021.

Beginning the Journey to Cultural Humility and Cultural Competence
Linda J. Keilman and Fatima Sheikh, 2022
Practicing cultural competence and cultural humility improves health equity in nursing home communities.
Source: https://doi.org/10.1016/j.carage.2022.09.015

Approaching Clients with Cultural Humility
National Council on Aging, 2019
Cultural forces are powerful determinants of health-related behavior. Failure to understand and demonstrate a sensitivity to health beliefs and practices of different cultures can adversely affect the ability to provide quality care.
Source: http://vimeo.com/333321853

Caring for Native American Patients: The Native American Medicine Wheel, the Practice of Case Management and a Case for Cultural Humility
Carole Gascheidle, Teena Manning, and Julia Mayer, 2022
While healing practices are unique to individual tribes, Native Americans practice holism and the Medicine Wheel by honoring the individual as a whole person and then by identifying the areas in which people experience their needs spiritually, physically, mentally, and emotionally.
Source: https://bit.ly/GascheidleManningMayer2022

Embracing Cultural Humility in Clinical and Public Health Settings: A Prescription to Bridge Inequities
Renata Schiavo, 2023
Culture can moderate and assist caregiving and care-receiving. Cultural humility can also help overcome communication inequities by avoiding language that may be stigmatizing or may be considered offensive. Cultural humility is an important social determinant of health and health equity.
Source: https://doi.org/10.1080/17538068.2023.2221556

Honing Cultural Humility Skills Can Improve Health Care as a Whole
Dinah Schuster
Culturally inclusive practices improve healthcare for both individuals seeking healthcare services as well as those training and working within the healthcare system. Inclusion combined with valuing each other's experiences improves healthcare.
Source: https://bit.ly/Schuster2021

Applying Cultural Humility in Geriatric Psychiatry: A Case of Diagnosis and Treatment for an Indian Patient

Steven Sharp and Erica Garcia-Pittman, 2021

Cultural humility in geriatric psychiatry helps providers gain needed skills for accurately diagnosing and effectively treating diverse groups. Imbalances of power between individuals and providers can cause inferior care.

Source: https://doi.org/10.1016/j.jagp.2021.01.069

Practicing Cultural Humility

Sidney Shawn, 2016

Researcher Jesse Owen and colleagues conducted research on "missed cultural opportunities" in counseling (to examine racial and ethnic perspectives of people on missed opportunities to discuss racial and ethnic cultural issues by counselors); improvement and wellness were strongly negatively correlated with missed cultural opportunities.

Source: http://ct.counseling.org/2016/12/practicing-cultural-humility/

The Case for Cultural Humility

Micha'le Simmons and Darby Sullivan, 2022

When bias prevents a provider from identifying a person's needs, this can escalate to acts of discrimination. These situations involve and lead to miscommunication, distrust, and adverse treatment outcomes.

Source: https://bit.ly/SimmonsSullivan2022

Practicing Cultural Competence and Cultural Humility in the Care of Diverse Patients

Dorothy E. Stubbe, 2020

The concepts of a provider's cultural competence and patient-centered care intersect in important ways. Both patient centeredness and a provider's cultural competence work together in providing quality healthcare. To offer individualized, patient-centered care, a provider uses their understanding of and consideration of a person's unique cultural lifestyles, experiences, and perspectives for shared decision making.

Source: https://focus.psychiatryonline.org/doi/epdf/10.1176/appi.focus.20190041

Cultural Humility and the Practice of Consultation-Liaison Psychiatry

Nhi-Ha Trinh et al., 2020

Research shows that understanding a person's culture increases a clinician's ability to deliver high-quality care. People of color who received medical care from clinicians of another race frequently report lower treatment satisfaction, more communication challenges, and less decision-making power than white people (McGregor et al., 2019).

Source: https://doi.org/10.1016/j.psym.2020.03.002

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) to help States, Tribes, and Territories implement person-centered practices. It is administered by the Human Services Research Institute (HSRI).

You can find us at https://ncapps.acl.gov

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