



National Council on Aging

CULTURAL HUMILITY

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HOUSEKEEPING NOTES

- All lines are muted
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- Slides available to download at:

<https://www.ncoa.org/event/cultural-humility/>

- Recording will be posted within 48 hours

INTEGRATING CULTURAL HUMILITY



Francisco J. Ronquillo, MA, PA
Community/Public Health Consultant
Albuquerque, New Mexico

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OBJECTIVES

- Introduce a brief overview of Cultural Humility
- Discuss the different models to address cultural differences
- Practice self-awareness when treating people of different cultural and linguistic backgrounds


SOCIAL DETERMINANTS OF HEALTH

- **POVERTY**
- **EDUCATION**
- **HOUSING**
- **FOOD INSECURITY**
- **TRANSPORTATION**
- HEALTH INSURANCE
- EMPLOYMENT
- PUBLIC SAFETY
- SOCIAL SUPPORT
- RESIDENTIAL SEGRAGATION
- LANGUAGE/LITERACY
- CRIME/VIOLENCE

THE IMPACT OF POVERTY



WHAT ARE THE MOST VULNERABLE/UNDERSERVED POPULATIONS?

- Economically disadvantaged
 - Uninsured
 - Older Adults
 - Homeless
 - People with HIV
 - People with Mental illness
 - LGBTQ
 - Racial and ethnic minorities
 - Low-income children
 - Immigrants/Refugees
 - Incarcerated
 - People w/chronic conditions
 - People with disabilities
 - Other
- 

THE THREE GROUPS MOSTLY AFFECTED BY HEALTH INEQUITIES AND DISPARITIES

- **PEOPLE OF COLOR**
- **PEOPLE WITH DISABILITIES**
- **WOMEN**

WHAT IS CULTURE?

“The body of learned beliefs, traditions, principles, and guides for behavior that are commonly shared among members of a particular group. Culture serves as a roadmap for both perceiving and interacting with the world.”

Increasing Multicultural Understanding: A Comprehensive Model. Don Locke, SAGE Publications, 1992

WHAT SHAPES CULTURE?

- Values
- Socioeconomic factors
- Rituals
- Family roles and structure
- Degree of opposition to acculturation
- Response of majority culture
- Beliefs / Practices
- Experience with oppression or discrimination

WHAT IS THE DIFFERENCE BETWEEN CULTURAL COMPETENCE AND CULTURAL HUMILITY?

CULTURAL COMPETENCE

- Ability to interact effectively with people of various racial, ethnic, socioeconomic, religious and social groups.
- An ongoing process of learning about the patterns of behavior, beliefs, language, values, and customs of particular groups.

CULTURAL HUMILITY

- An ongoing process of self-exploration and self-critique
- Openness and willingness to learn from others
- Entering a relationship with another person with the intention of honoring their beliefs, customs, and values.
- Acknowledging differences and accepting people for who they are.

WHAT IS EQUITY?

Equity means just and fair inclusion. An equitable society is one in which all can participate and prosper. The goal of equity must be to create conditions that allow all to reach their full potential.

In short, equity creates a path from hope to change.

Source: PolicyLink



EMPATHY

The ability to understand and share the feelings of another
(dictionary.com)

A key skill is making sure we are able to do our best to understand what it might feel like being in that person's shoes

COMPASSION

A feeling of deep sympathy for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering (dictionary.com)

Consider taking a holistic approach by relating how all these social external forces are affecting an individual, the family, a community and the society as a whole.



WHAT IS ETHNICITY?

Refers to particular social groups in complex societies, groups differentiated not only on the basis on a range of shared cultural content, but also on the bases of social attitudes and economic and political considerations.

Working with Latino Youth: Culture, Development and Context. Joan D. Koss-Chioino and Luis A.Vargas

WHAT IS RACE?

A fairly modern term used to describe the physical characteristics of a person. These characteristics can include everything from skin color to eye color and facial structure to hair color.

Race is a social construct.



WHY IS CULTURE IMPORTANT IN HEALTHCARE ?

- Cultural forces are powerful determinants of health-related behavior
- A lack of knowledge about or sensitivity to health beliefs and practices of different cultures can limit one's ability to provide quality healthcare

CULTURAL VARIABLES

- Ethnicity
- Race
- Gender
- Spirituality/religion
- History of the culture
- Sexual orientation
- Language (Linguistic variants)

CULTURAL HUMILITY

1

A lifelong process of intentional self-reflection and self-critique.

2

Addressing the power dynamics between provider-client.

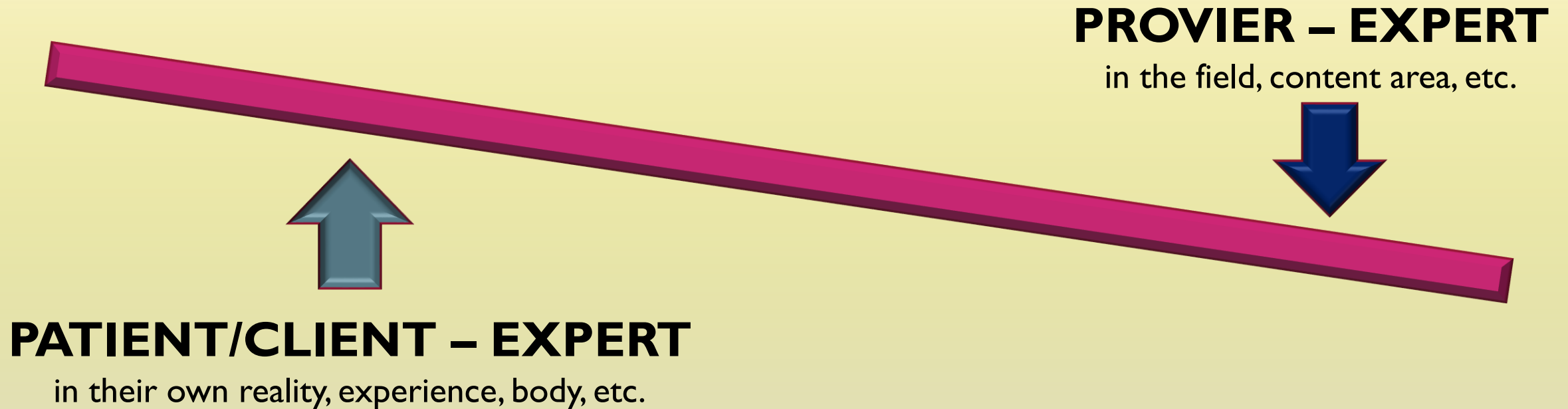
3

Developing mutually beneficial partnerships between communities and defined populations.

4

Advocating and maintaining institutional accountability.

ADDRESSING POWER IMBALANCE DYNAMICS



PATIENT/CLIENT – PROVIDER Encounters and interactions should be
RESPECTFUL, DYNAMIC, RECIPROCAL AND A PARTNERSHIP

INSTITUTIONAL ACCOUNTABILITY

- Are the policies and procedures in alignment with providing services that are sensitive to different cultures?
- Are we hiring people that represent and speak the languages of the populations that are being served?
- Are our institutional practices in accordance to meaningfully serving populations in an impactful manner?
- Are we abiding by the different federal designations our institutions have been given?
- Are we complying with national standards? (i.e. CLAS Standards)

Community Engagement and Collaboration With Culture at the Center

Western

- Individual Focus
- Self-Reliance
- Open & Direct
- Personal Achievement
- Importance of Doing
- Materialism
- Competition
- Cause & Effect Thinking
- Time is Future/Past

Communities of Color

- Group Focus
- Interdependence
- Indirectness
- Interpersonal Relations
- Importance of Being
- Non-materialism
- Cooperation
- Relationship-Oriented Thinking
- Time is Past...ancestral

SERVING THE NATIVE AMERICAN POPULATION



NATIVE AMERICANS AND HEALTH CARE

- New Mexico is home to 22 tribes, including the Navajo Nation, Jicarilla Apache, Mescalero Apache and 19 pueblos. Each tribe is unique and has its own traditional language, customs, values, prayers, songs, ceremonies, attire and way of life.
- A majority of the 19 pueblos are located in northern New Mexico. The Navajo Nation is the largest Native American tribe in North America, and their reservation is located in northwestern New Mexico, northern Arizona and southeastern Utah. The Jicarilla Apaches live in northern New Mexico, and the Mescalero Apaches reside in southern New Mexico.

PROVIDING HEALTHCARE TO NATIVE AMERICAN POPULATIONS

- Shake their hand when first meeting
- Talk softly
- Do not make direct eye contact
- Be humble
- Honor cultural practices

Anglo American	American Indian
Success	Happiness
Ownership	Sharing
"Number One"	Tribe and extended family first, before self
Youth Oriented	Honor your Elders
Learning is found in school	Learning is through legends
Look to the future	Look to traditions
Work for retirement	Work for purpose
Be structured & aware of time	Time is only relative
Oriented to house, job, etc	Oriented to land
Look ahead, not to the past	Cherish the memories of youth
A critic is a good analyst	Don't criticize your people
"What are you – some kind of animal?"	Live like the animals; they are your bothers and sisters
This is America, speak English	Cherish your language
I'll raise my own; you do the same	Children are gift of the Great Spirit to be shared with others
The law is the law!	Consider the relative nature of a crime, the personality of the individual, and the conditions of the offense.
Have a rule for every contingency	Few rules are best – loose and flexible
Religion is for the individual	Religion is the universe

SERVING THE LATINO POPULATION



LATINO CULTURE AND HEALTHCARE

Non-Latino physicians may be perplexed by references to traditional healing and illness in Latino patients.

- Curanderismo
- Parteras
- Sobadores
- Santería in Brazil and Cuba
- Espiritismo in Puerto Rico

COMMON SYMPTOMS AND TRADITIONAL TREATMENT

- Symptoms are often interpreted differently based on cultural presuppositions. Posttraumatic shock or anxiety may be attributed to **susto** (“soul loss”) rather than posttraumatic stress disorder. Abdominal pain may be attributed to **empacho**, or food stuck in the intestine. A child's failure to thrive may be attributed to **mal de ojo** (“evil eye”), a **hex** conveyed by an envious glance.
- Therapies for these conditions may seem odd, but most are harmless, with a few exceptions. Azarcon and greta (lead salts) and azogue (mercury) compounds, which are sometimes given for teething or empacho, are contraindicated. Some injuries have occurred with curandero treatment of **caída de la mollera** (“fallen fontanel”). However, it may be more likely to mistakenly suspect child abuse than to actually encounter it in patients who use traditional treatments.

SEX AND HEALTH

- There are biological differences between men and women that lead to differential health outcomes
- Differences in perinatal mortality – female infants have a lower mortality rate than male infants
- The effect of sex differences is fairly stable across societies
- Our focus is on the impact of how risks/protective factors are different for men and women because of how society is organized

CULTURALLY-SENSITIVE TREATMENT APPROACHES



LEARN MODEL

- L** – listen with sympathy and understanding to the client’s perception of the problem
- E** – explain your perceptions of the problem
- A** – acknowledge and discuss the differences and similarities between the your perceptions and your client’s
- R** – recommend resources
- N** – negotiate agreement

KNOWING THE CULTURAL CHARACTERISTICS OF YOUR POPULATION

- What cultures are predominantly represented in your field?
- What are the values, beliefs, traditional concepts particular to these groups?
- Who are the “gatekeepers” of health within these groups?
- What is the group’s perception of life and their reality?



ACCEPTABLE SOCIAL BEHAVIORS

In some cultures, the following behaviors can be seen as offensive or may not be reciprocated:

- Handshake
- Staring, direct questioning, or direct eye contact
- Getting “down to business” immediately - asking “how are you?” in passing without truly listening for response

HOW TO CONVEY RESPECT - I

- Build rapport and trust
- Explain why you must ask personal or sensitive questions; may require an expression of sympathy for doing so
- Watch for patient's verbal and non-verbal cues; allow patient to ask questions at frequent intervals

HOW TO CONVEY RESPECT - 2

- Acknowledge non-traditional living situations (e.g., joint or extended families, homeless shelter)
- Acknowledge the stigma attributed to certain groups
- Do not ask about immigration status
- Provide appropriate health education

WORKING WITH INTERPRETER SERVICES



WORKING WITH INTERPRETERS - I

- In medical setting, use of a trained, medical interpreter is necessary
- Avoid use of family or non-medically trained staff to interpret
- Keep a list of available interpreters and schedule patients accordingly

WORKING WITH INTERPRETERS - 2

- Introduce yourself to the interpreter and patient; explain ground rules of interpretation and confidentiality
- Address patient directly, in the first person and make eye contact
- Check that interpreter is engaged in working with the patient; make sure pace is appropriate and direct
- Avoid local jargon and phrases

CULTURAL SENSITIVITY IN THE WORK ENVIRONMENT



CULTURAL SENSITIVITY - I

- Do you have posters on the wall that depict people of different racial/ethnic groups?
- Do you have books and pamphlets addressed to people of different genders?
- Is staff trained to take calls from a call relay operator for hearing-impaired patients
- Do you have an appointment line with a TTY line?

CULTURAL SENSITIVITY - 2

- How do you make people of different ethnicities, gender, age, etc. comfortable in your setting?
- Are the front-line office or clinic staff (e.g. receptionists and intake workers) trained in cultural competency?

REMEMBER...

Culture is not defined exclusively by ethnicity, but rather a shared system of values, beliefs, history, and learned patterns of behaviors

This system of values, beliefs, and behaviors may also be influenced by variables such as:

- Gender
- Culture & Language
- Disability
- Sexuality
- Age

QUESTIONS?

THANK YOU!

Source: Rutgers University – “The Importance of Cultural Competency” (modified)