



## Cultural Humility for Managers: Tools to Bring your Agency or Program Up to Speed




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## Learner Objectives



1. Develop **clinical guidelines and select cultural assessment tools** based on evidence that incorporate ethnographic knowledge to employ cultural humility in clinical settings.
2. Develop a program of **continuing education** to increase the use of cultural humility in clinical settings.
3. **Assess agencies and programs** for cultural humility.



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## Cultural Competence

(Office of Minority Health, 2005)

vs.





## Cultural Humility

(Tervalon & Murray-García, 1998)




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## Cultural Assessment Tools: Detailed Histories




### Leininger




(Andrews & Boyle, 2009)

### Geiger & Davidhizar




(Geiger & Davidhizar, 2003)

### Purnell & Paulanka

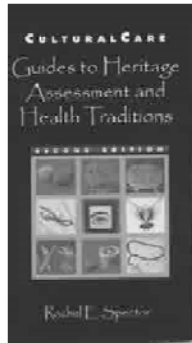


(Purnell & Paulanka, 2005)



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### Cultural Assessment Tools: Spector



(Spector, 2004a, 2004b, 2000)



### Cultural Assessment Tools: Kleinman's Explanatory Models Approach



- What do you call the problem?
- What do you think has caused the problem?
- Why do you think it started when it did?
- What do you think the sickness does? How does it work?
- How severe is the sickness? Will it have a short or long course?
- What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment?

(Kleinman & Benson, 2006)



### Clinical Guidelines: General Attributes



- Systematic review of evidence
- Multidisciplinary panel of
  - Experts
  - **Representatives from key affected groups**
- **With consideration of important patient subgroups and patient preferences, as appropriate**
- Transparent process
- Explanation of alternative care options and health outcomes, strength of recommendations
- Regular revisions

(Graham, Mancher, Wolman, Greenfield & Steinberg, 2011)



### Continuing Education: Staff Assessment



#### Intercultural Development Continuum



(Hammer, n.d.)



## Continuing Education: Principles



- Broad and inclusive definition of cultural groups
- **Incremental**
- Attention to the interaction of attitudes, knowledge, and skills
- Focused on process-oriented tools and concepts
- **Integrated into existing courses**
- **Institutionalized within an educational program**
- Interdisciplinary
- Include analysis of the structure of the health care system
- Evaluated regularly
- Respectful
- Framed in the context of existing policy and educational guidelines
- Include participation of diverse patients, community representatives, consumers, and advocates
- Safe, non-judgmental, supportive environment.

(Gilbert, 2003b)



## Continuing Education: Guidelines: Attitude



- Lifelong learning
- Open mindedness
- Patient centered care
- Social justice
- Awareness of structural barriers

(Gilbert, 2003b)



## Continuing Education: Guidelines: Knowledge



- Self awareness
- Concept of Culture
- Local demographics
- Regulations & policies
- Health disparities
- Frameworks
- Alternative medicine
- Emerging research
- Epidemiology
- Language
- Health beliefs
- Resources

(Gilbert, 2003b)



## Continuing Education: Guidelines: Skills



- Self assessment
- Communication with individuals
- Collaboration with community agencies
- Assessment of language proficiency (patients' and providers')
- Use of interpreters
- Access to resources in other languages

(Gilbert, 2003b)



## Organizational Assessment: Barriers to Care



(Institute of Medicine, 1993)



## Organizational Assessment: Cultural and Linguistic Appropriate Standards



- Standard 4: Free interpreter services
- Standard 5: Preferred language
- Standard 6: Professional interpreters
- Standard 7: Translated written materials



(Office of Minority Health, 2007)




## Lessons Learned:

- New resources and tools for your work
- Cultural humility must permeate the organization, must be part of organizational culture



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**Cultural Humility for Managers:  
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**Resources**

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*Cultural Humility*

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