

The Ripple Effect of Enhancing Cultural Humility for Faculty: A Public Health View and Practical Tips

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Session Objectives

By the end of this session we will:

- View demographic data for the U.S., Michigan, Grand Rapids, and WMU CHHS
- Discuss key terms and concepts
- Share tools and resources for enhancing cultural humility
- Practice using one tool/activity to promote cultural reflection and sharing



Ground Rules

- Be open
- Honesty: with yourself and others
- Use I statements
- Right to pass
- Take Risks
- Listen deeply
- Have fun
- "Ouch", then educate



Background Data



Demographic Snapshot

	United States, 2015	Michigan, 2015	Grand Rapids, 2011
White alone (not Hispanic or Latino)	61.6%	75%	59%
Foreign born persons	13.2%	6.3%	9.9%
Bachelor's degree or higher for those 25+	29.8%	26.9%	31.6%
% of population 65 and over	14.9%	15.8%	11.1%
Median household income	\$53,889	\$49,576	\$40,335

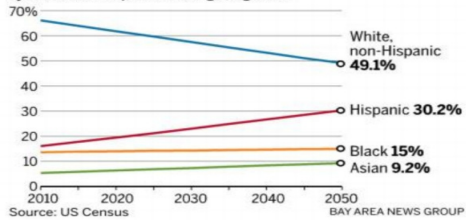
Emerging majorities versus minorities

- 1980-2000: minority populations grew from 20% to 31%
- 2015: 39.4% of the population
- 2020: predicted that >50% of children will be ethnic/racial groups other than white
- 2050: U.S. population as a whole will be >50%

Estimates of changes

Minorities on the rise

Minorities are projected to make up more than half of the U.S. population by 2050, with Hispanics leading the growth.



Demographic Data of Selected Health Professions

Occupational Therapy

- ~92% females

AOTA Members:

- ~85.3% Caucasian

Current Student Population

- Doctoral Level: 88.6% Caucasian
- Masters Level: 72.8% Caucasian
- OT Assistant Level: 74.6% Caucasian

AOTA website, 2016

Physician Assistants

- 66.6% females
- 86.8% white
- 3.5% speak 2 or more languages
 - Of those, 81.5% speak Spanish
- Nccpa, 2014

Nursing

- 90.9 % of RNs are women
- 92.4% of LPNs are women
- Average age of an RN in the US: 44.6
- 75.4% of RNs/LPNs are white
 - 9.9% Black or African American
 - 8.3% Asian
 - 4.8% Hispanic or Latino
 - 1.3% 2 or more
 - .4% American Indian or Alaskan Native
- 14.6% of black or African American nurses have related master's or doctoral degrees compared to 13.4% of white nurses

Minority Nurse, 2015

Public Health

- ~10% of the public health workforce are from underrepresented groups
- African Americans are less than 5% of the public health workforce
- Hispanics are less than 2% of the public health workforce
- 25% of the public health workforce retirement eligible

Dean, H.D. 2016,
CDC Presentation on Achieving Health Equity through Public Health Workforce Diversity

WMU CHHS Students Fall 2016: n=4,732

	#	% of total
American Indian	16	.3%
Asian	90	1.9%
Black	473	9.9%
Hispanic	199	4.3%
Pacific Islander	2	.04%
2 or more	127	2.6%
International	767	16.3%
White	3058	64.6%

Gaps

- Health care workforce does not yet mirror the diversity of the general population
 - Might not ever
- Improving cultural competency is one piece of the puzzle for improving quality of care, reducing health disparities, improving outcomes
- "Identified by policy-makers, health care providers, health insurance companies and more as one critical part of the strategy to eliminate health disparities in the U.S." (Rose, 2013, p. 83)



- Heckler Report (1985)
- IOM Report (2001): Crossing the Quality Chasm...
- Beloncourt
- Mayberry et al. 2013
- Healthy People

Diversity includes...

"acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about ...moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual"



Queensborough Community College, 2016

Health disparities defined

- Differences in health outcomes that are **avoidable and unnecessary** (Whitehead, World Health Organization)



Discussion of Health Disparities in the U.S.

Too surface level, not critical enough

- Media sound-bites
- Usually only "branches and leaves of tree"
- Often hyper-focused on ethnicity/race
- Linked to persistent myth of health as solely an individual's responsibility



Goal and challenge for health professionals and health professions faculty

Dig deeper to understand and address the root causes of health disparities



What do we do about it?

1. Recognize they are NOT natural or "just the way things are"
2. Be open to digging deeper to understand the multiple "root causes" and how they interact
3. Implement solutions to change the root causes, reduce the disparities
4. **Work toward improving cultural humility and cultural competency in our day to day work, our organizations, our systems**

Cultural Competence Is...

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals to enable effective work in cross-cultural situations.

(US Department of Health and Human Services Office of Minority Health from Cross et al. 1989)

Linguistic Competence

- "The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities"

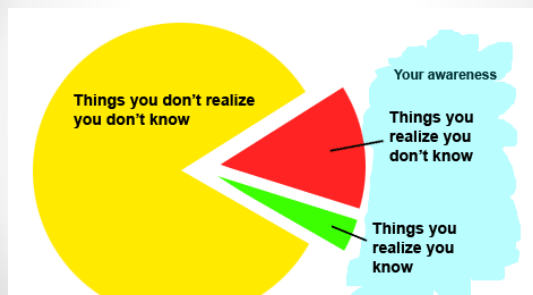
National Center for Cultural Competence at Georgetown University

Cultural Competency Is NOT...

- Just for white people
- Not "just professionalism"
- An end point
- Memorizing a list of attributes of "other" cultures
 - Impossible to master every other culture
 - Can lead to reinforcing stereotypes



We don't know what we don't know



Cultural Humility

"...is a process that requires humility as individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners..."

(Tervalon and Murray-Garcia, 1998, p. 118)

Tools and Resources

Readings

- Books by Patti R. Rose:
 - Cultural Competency for Health Administration and Public Health (2011)
 - Cultural Competency for the Health Professional (2013)
- Our Voices: Essays in Culture, Ethnicity, and Communication by Alberto G. Gonzalez, Marsha Houston and Victoria Chen.



Readings

- Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education by Melanie Tervalon and Jann Murray-Garcia (1998).
- Levels of Racism: A Theoretic Framework and a Gardener's Tale by Dr. Camara Phyllis Jones (2000).
- White Privilege: Unpacking the Invisible Knapsack by Peggy McIntosh
- I Can Fix It! by damali ayo

Self Assessment

To help us dig deeper and address other areas of cultural humility and competency:

- Cultural Competence Checklist: Self Reflection
(American Speech Language Hearing Association)
- Privilege Checklists including
 - White Privilege
 - Social Class privilege
 - Able-bodied privilege
 - Heterosexual privilege

Online Tools and Resources

- Harvard Implicit Project tests
 - <https://implicit.harvard.edu/implicit/takeatest.html>
- National Center for Cultural Competence at Georgetown University
 - <https://nccc.georgetown.edu/>
- Suggestions from audience on discipline specific resources?

Activities (faculty or students)

- Cultural identity name tents and sharing
- Cultural introductions
- Culture maps and discussion
- Get out of your Cultural Comfort Zone assignment
- Cultural Scavenger Hunt*

Cultural Scavenger Hunt: Instructions

- Circulate and get as many signatures as possible
 - Chat about the topic more ☺
 - Can get signature from someone up to 2 times

Cultural Scavenger Hunt Debrief

- What do you think about that exercise?
- Comfort levels? Why?
- Learn anything new?

Summary: Allows us to get to know each other from a cultural vantage point. Helps highlight cultural dynamics and strengths people bring to a group setting. Good to uncover "invisible" diversity.

Cultural Humility

Practicing a lifelong process of self-awareness, self-reflection, and self-critique as opposed to memorizing a never-ending checklist of traits and beliefs.

Tervalon & Murray-Garcia, 1998



What's next?

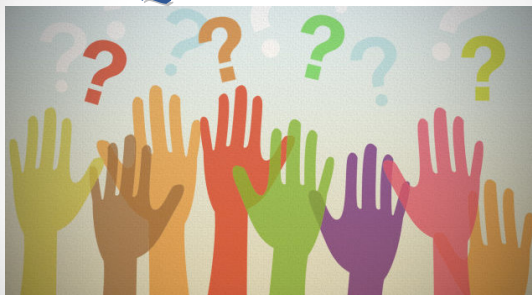
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let's collaborate!

Questions?



감사합니다 Natick
Danke Ευχαριστίες Dalu
Grazie **Thank You** Köszönöm
Спасибо Dank Gracías
谢谢 **Merci** Seé
ありがとう Obrigado



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