

Developing a Diverse Research Community
SESSION 1:

Cultural Competence vs. Cultural Humility

What is culture?

Culture can be defined by:

- Group membership, such as racial, ethnic, linguistic or geographical groups
- A collection of beliefs, values, customs, ways of thinking, communicating, and behaving specific to a group

What informs culture?

- Geography, Religion/Spirituality, Race/Ethnicity, Language, Sociology, Biology
- Individuals can be informed by multiple cultures with multiple cultural identities (Gender, age, etc.)



<https://www.bridgestogether.org>

Glossary of Terms

Cultural Awareness: Recognition of the nuances of one's own and other cultures and open to changing.

Cultural Sensitivity: Understanding that there are differences between your own culture and the culture of others.

Culturally Appropriate: Exhibiting sensitivity to cultural differences and similarities and demonstrating effectiveness in translating that sensitivity to action.

Cultural Competence: The ability of individuals to use...interpersonal skills to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. It implies a state of mastery that can be achieved when it comes to understanding culture.

Implicit vs Explicit Bias- Unconscious vs Conscious

Cultural Humility: A life-long process of self-reflection and self-critique.

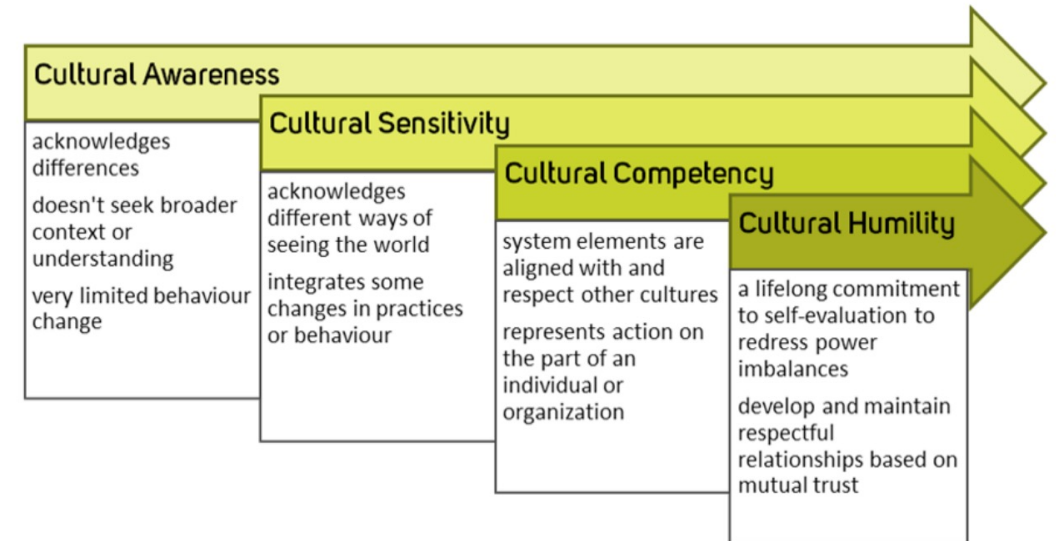


Figure 1 —The above figure includes cultural humility and represents a more “evolved” approach; it is included here for consideration as a goal for individuals and organizations.

Representation Matters

- Whites make up 67% of the U.S. population but are 83% of research participants.
- Black/African Americans make up 13.4% of the U.S. population, but only 5% of trial participants.
- Hispanic/Latinos represent 18.1% of the U.S. population, but less than 1% of trial participants.
- 48% of the adult trials did not meet the target recruitment goal for including underrepresented populations.



Why do we need cultural humility?



- Respondents noted language barriers and other factors that made communication with potential minority clinical trial participants difficult.
- Several respondents stated that they did not perceive potential minority patients to be ideal study candidates after they were screened for cancer clinical trials.
- Some respondents described clinicians' time constraints and negative perceptions of minority study participants as challenges.
- When respondents discussed clinical trials with minority patients, they often addressed misconceptions to build trust.
- For some respondents, race was perceived as irrelevant when screening and recruiting potential minority participants for clinical trials.

The Need to Improve Quality

Black patients with heart disease received older, cheaper, and more conservative treatments than their white counterparts.

Black patients are discharged earlier from the hospital than white patients—at a stage when discharge is inappropriate.

Black women are less likely than white women to receive radiation therapy in conjunction with a mastectomy. In fact, they are less likely to receive mastectomies.

LGBTQ patients have higher risks for cancer, HIV/AIDS, and eating disorders as well as, less use of preventive health services.

Older patients are often disregarded as partners in their care ignored in conversations and not offered the best standard of care despite post-surgical outcomes being favorable.

Implicit Bias and Racial Disparities in Health Care. by Khiara M. Bridges

https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/

Isms and their power

- “To occupy the center of society means that you are in a privileged space, because you are seen as normal and can exercise privileges as a result.”
- White, Cis-Gender, Hetero-sexual, Male (Women)
- Wealthy, educated
- Christian
- Youth, European beauty standards

SELF REFLECTION EXERCISES

Self reflection questions

- *What have you found to be the most difficult or challenging aspect about engaging in dialogue with your peers or supervisors about difference, discrimination, power or privilege?
- What are some specific things that you can do in your professional role to ensure that unconscious bias is a factor that is being addressed in care of patients and or when conducting research?

**Source: Cultural Humility Facilitators Guide, Tervalon, M. and Murray-Garcia, J.; 2019*

NEXT STEPS

Working toward cultural humility

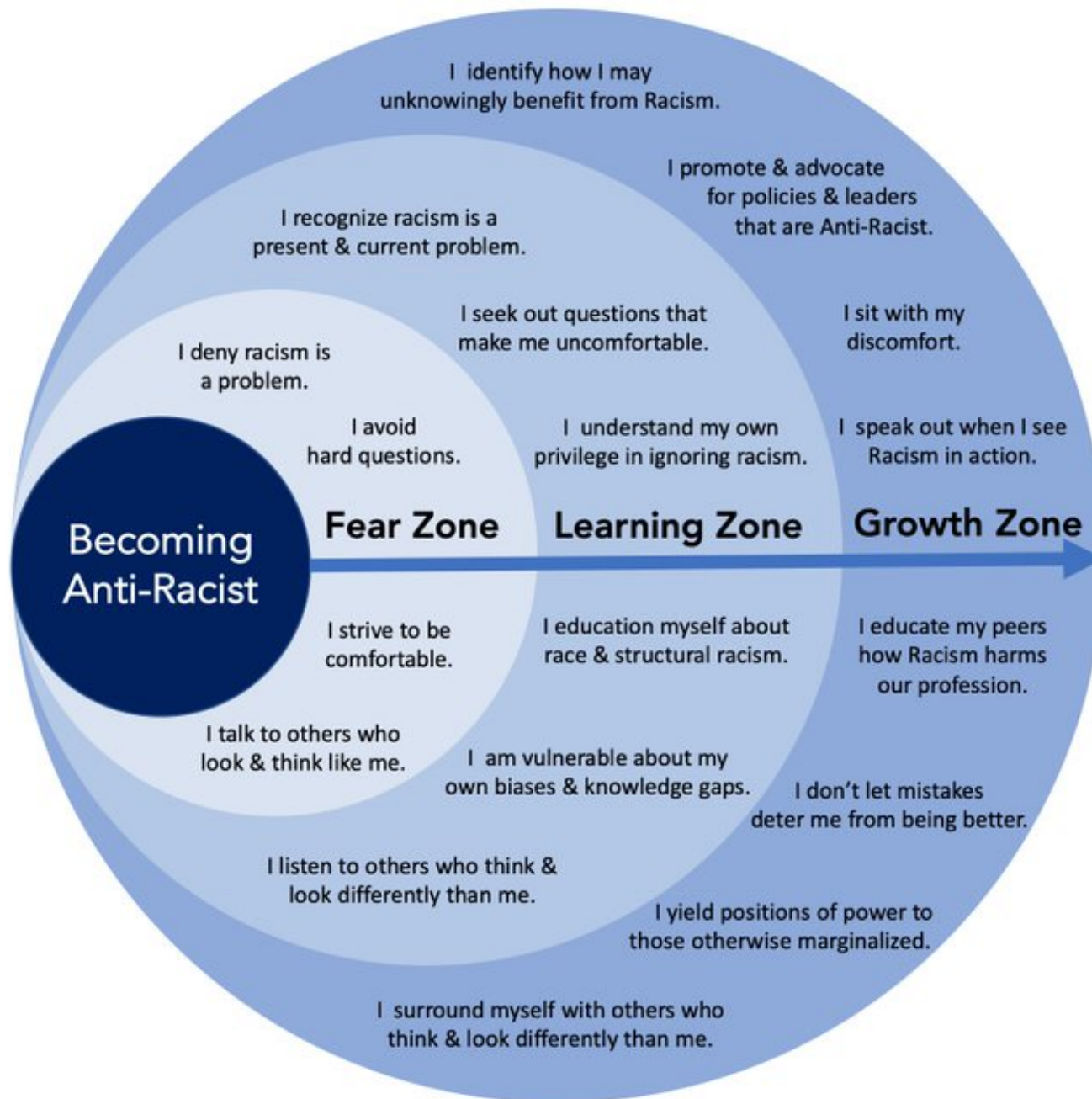
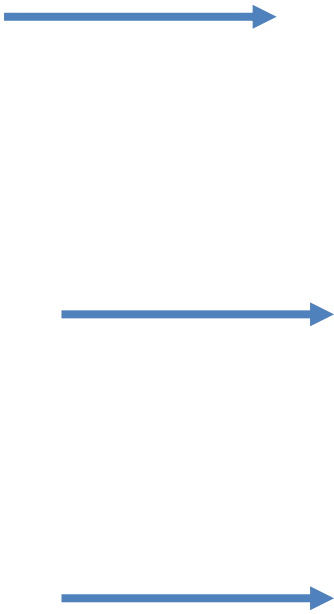


Chart was adapted by Andrew M. Ibrahim MD, MSc from “Who Do I Want to Be During COVID-19” chart (original author unknown) with some ideas pulled from Ibram X. Kendi’s work.

Policy and Infrastructure Changes

- Provide adequate training for staff to address issues of cultural bias, awareness and humility.
- Create an inclusive and supportive environment that is welcoming to diverse employees, patients, and community.
- Hire more diverse staff BIPOC/LGBTQI including bilingual and bicultural providers, leaders and staff.
- Advocate to address obvious participation/adherence barriers, i.e. limited hours, days, transportation, etc.
- Create materials and messaging that is more cultural nuanced and inclusive.
- Build trust through transparent, open communication.

Cultural Humility as a Tool for Personal Change

- Prioritizing self-reflection and a lifelong learner model in one's personal and professional lives
 - Recognizing and challenging power imbalances for respectful partnerships
 - A movement from the “expert” model to the “student” model
 - Community-based direction and advocacy
 - Institutional accountability
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- Engaging in reflective writing
 - Communication skills tutoring
 - Participating in group discussions with peers after reading a book that explores cultural issues
 - Self-assessment through questionnaires that explore a student's ideas about different cultures
 - Engage leadership in conversations around equitable policies, training for staff, encourage departmental conversations
 - Involve patients in decision-making

Resources

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

<https://thinkculturalhealth.hhs.gov/clas>

Faster Together, Enhancing the Recruitment of Minorities in Clinical Trials

<https://www.coursera.org/learn/recruitment-minorities-clinical-trials>

Cultural Insights: Communicating with Hispanics/Latinos

https://www.cdc.gov/healthcommunication/pdf/audience/audienceinsight_culturalinsights.pdf

BCAC Understanding Latino Culture Training Video

<https://www.youtube.com/watch?v=BqD-B616zF0>

LGBTQI Resources

<https://www.pennmedicine.org/for-patients-and-visitors/find-a-program-or-service/lgbtq-health/lgbtq-resources/for-healthcare-providers>

Ageism Resources

<https://www.geron.org/programs-services/education-center/ageism-first-aid>

Black Lives Matter: Anti-Racism Resources

<https://www.socialwork.career/2020/06/anti-racism-resources-for-social-workers-and-therapists.html>

Cultural Humility and Demographic Specific Resources

<https://www.naadac.org/cultural-humility-resources>

Sources

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4742464/>
- <https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/indigenous-cultural-competency-primer-e.pdf>
- https://www.niehs.nih.gov/news/events/pastmtg/hazmat/assets/2007/wtp_2007ntec_wruc_latino_tips_glossary_508.pdf
- <https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/indigenous-cultural-competency-primer-e.pdf>
- *Culture & Health Literacy | Health Literacy | CDC. (n.d.). Retrieved from <https://www.cdc.gov/healthliteracy/culture.html>*
- Representation in Clinical Trials: A Review on Reaching Underrepresented Populations in Research
- [Clinical Researcher](#) August 10, 2020
- Mak WWS, et al. 2007. Gender and Ethnic Diversity in NIMH-Funded Clinical Trials: Review of a Decade of Published Research. *Administration and Policy in Mental Health and Mental Health Services Research* 34(6):497–503. doi:10.1007/s10488-007-0133-z
- <https://acrpnet.org/2020/08/10/representation-in-clinical-trials-a-review-on-reaching-underrepresented-populations-in-research/>
- Niranjana, S.J., et al. (2020) Bias and stereotyping among research and clinical professionals: Perspectives on minority recruitment for oncology clinical trials. *Cancer*. doi.org/10.1002/cncr.32755.
- Implicit Bias and Racial Disparities in Health Care. by Khiara M. Bridges
https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/
- Pizana, D., & Michigan State University. (2019, March 18). *Cultural humility as a tool for change*. Retrieved from https://www.canr.msu.edu/news/cultural_humility_as_a_tool_for_change
- Prasad, Sunila J et al. “Cultural humility: treating the patient, not the illness.” *Medical education online* vol. 21 30908. 3 Feb. 2016, doi:10.3402/meo.v21.30908