CULTURE, HUMILITY, LEADERSHIP

Melanie Tervalon, MD, MPH
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• Context
• Culture and Cultural Humility
• Leadership
• An invitation to dialogue
History and context
HISTORY

- Roots in the civil rights and ethnic health advocacy movements of the 60’s
- Shaped by the fields of sociology and anthropology in late 70’s and early 80’s
- Cultural competence definition is from mental health in 1989
- Anchored in the racial and ethnic health disparities movement of the 90’s- 2000
- Today - social determinants and equity
Title VI of the Civil Rights Act (1964):

“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”
IMMIGRATION, DIVERSITY AND DESTINY
Culture is a society’s style, its way of living and dying. It embraces the erotic and the culinary arts; dancing and burial; courtesy and curses; work and leisure; rituals and festival; punishments and rewards; dealing with the dead and with the ghosts, who people our dreams; attitudes toward women, children, old people and strangers, enemies and allies; eternity and the present; the here and now and the beyond.

Octavio Paz
Cultural Humility:
The story, principles, and practice
"Careful police work"? Rodney King
What do you say to the kids?

Parents find talking about riots and racism more difficult than fires and quakes.

A nation still divided by race.
CHILDREN’S HOSPITAL OAKLAND’S MULTICULTURAL CURRICULUM PROJECT
1994 - 1997
CULTURAL HUMILITY

A lifelong commitment to self-evaluation and self-critique

Redressing the power imbalances in the patient-physician dynamic

Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

“…not a discreet endpoint, but a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.”

(Leland Brown 1994)
CULTURAL HUMILITY

Self reflection and life long learner
Patient focused interviewing and care
Community based care and advocacy
Institutional consistency
SELF REFLECTION

...AND LIFE LONG LEARNING
SELF-REFLECTION AND LIFE LONG LEARNING

• Examine our own multicultural background
• Acknowledge inherent power and privilege
• Assess the determinants of bias, unequal treatment, prejudice
• Describe and interrupt unintentional and intentional discriminatory practices
PATIENT FOCUSED INTERVIEWING AND CARE
HUMILITY – PATIENT AS TEACHER AND EXPERT
COMMUNITY-BASED CARE AND ADVOCACY
INSTITUTIONAL CONSISTENCY
Is one key to improving both staff/clinician and patient satisfaction to focus on internal cultural humility?

What are effective ways to accomplish this?
ADULT EDUCATION

- Cross job descriptions, cross patient population groups, cross power lines
- Real time analysis
- Structured, financially supported
- Trained facilitators
- An institutional practice
CARE FOR THE CAREGIVERS

• All staff, at all levels
• Peer learning and support that is practical
• Bringing ones full self to the endeavor
• Love and humility and compassion - care
What are the organizational-level strategies for the application of the cultural humility principles?
INSTITUTIONS AND CULTURAL HUMILITY

Community representation in every opportunity, and pay people to participate

• Institutional review boards, Ethics Committee, Board of Directors, “special planning committees”, key decision making infrastructure committees in the institution

• Community teaches effectively – at the start of education efforts - the very very very start - have community members at the table to construct content and processes

• Ask and answer the question: are we transparent and inclusive of community members at every point
INSTITUTIONS AND CULTURAL HUMILITY

A public view and review of quality and outcome data:

• Humble and courageous self reflection
• Work with the inherent power imbalance by distributing the knowledge
  ✓ “explain this to me like I am a two year old”
• Create structured, supported, public institutional “learning rooms” for input from all parties, in the interest of best patient outcomes
• Go to the location of community groups to hear their input on the data
INSTITUTIONS AND CULTURAL HUMILITY

Match Human Resources policies and practices to deep and careful review for non-discriminatory hiring and treatment

• Orientation and ongoing training for all employees
  – Reinforce the shared principles and real time examples of service, humility, respect, lifelong learning, patient and community as expert

• Hire from the population groups served; work with pipeline organizations
  – Employees remain untapped partners for learning what non-discriminatory treatment looks like for clients in the health care system; emerging leaders
What can the leaders of public hospitals – with diverse, low income populations do to make their systems more effective through cultural humility?
LEADERS AND CULTURAL HUMILITY

Basics

Model the principles

• I don’t know, I am sorry, I made a mistake
• Who might help us figure that out

No apology about language services and signage

• Just no apologizing allowed; a must element for baseline care
LEADERS AND CULTURAL HUMILITY

Be public about your own viewpoint

- Congratulate members of the hospital staff who are taking risks and are respectfully challenging our most cherished truths in the interest of changing discriminatory past practices

Show up and participate

- Be a participant, not just a presenter, along with all staff members in the institutions adult education sessions, small dialogue groups, partnership work with communities
LEADERS AND CULTURAL HUMILITY

Be bold

Construct current day policies and practices that staff and community agree are accurate, necessary and practical.

- Yes, measure new initiatives
  - Social scientists in health disparities are waiting for your phone call!
- Invest in the easy and the difficult questions
  - Language services, and racial bias
  - Is email really the way to go for patient care?
LEADERS AND CULTURAL HUMILITY

Wonder, every day

• Are we on the right track?
• Are we asking the right questions?
• Are we asking enough questions?
• Who isn’t here with us in this wondering that should be?
• How do we make certain that the invitation is respectfully extended and supported?