

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Leveraging the Power of Nurses: Promoting Health Equity through a Framework of Cultural Humility

Webinar Summary July 27, 2020

This webinar features Kupiri Ackerman-Barger, PhD, RN, FAAN who addresses the topic of cultural humility and explains its evolution as a framework in healthcare. She describes the main tenants and applies it to nurses and those working to achieve health equity.

Objectives

- Examine the impact nurses can make in promoting health equity.
- Define cultural humility.
- Describe the history of and the evolution of the cultural humility framework in healthcare.
- Cultural humility as a response to cultural competence.
- Discuss what it means to practice cultural humility when caring for patients, families, and communities.
- Explore how nurses can incorporate cultural humility when leading efforts to promote health equity.
- Discuss steps that organizations need to take to institutionalize cultural humility in their practices and policies, community engagement, and approaches to healthcare.
- Highlight organizations in action and strategies that are community based and moving health equity forward.

Presenters



Carmen Alvarez, PhD, RN, FAAN
Assistant Professor, Johns Hopkins School of Nursing; Co-Chair, *Campaign for Action's* Equity, Diversity, and Inclusion Steering Committee

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.



Kupri Ackerman-Barger, PhD, RN, FAAN

Associate Dean for Health Equity, Diversity and Inclusion; Associate Clinical Professor, Director of Faculty Development for Education and Teaching; Researcher for the Center for a Diverse Healthcare Workforce, University of California Davis, Betty Irene Moore School of Nursing; Diversity Consultant and Advisor, *Campaign for Action's* Equity, Diversity, and Inclusion Steering Committee



Winifred V. Quinn, PhD, FAANP (H),

Director, Advocacy & Consumer Affairs, Center to Champion Nursing in America

Introduction

Carmen Alvarez, PhD, RN, FAAN, opens the webinar and shares information on the *Campaign for Action's* Equity, Diversity, and Inclusion Steering Committee. The mission of the of the committee is to ensure that all people, regardless of race, religion, creed, ethnicity, age, gender, sexual orientation, or any aspect of their identity, will experience equity in well-being, health, and healthcare through a more diverse nursing workforce.

Alvarez introduces the presenter: Kupri Ackerman-Barger, PhD, RN, FAAN.

Presentation Summary

Ackerman-Barger begins the presentation by explaining how cultural humility can be a framework that helps move society towards health equity. Unfortunately, healthcare outcomes do not align with healthcare values. According to Paula Braveman, the term health equity means “a state where everyone has a fair and just opportunity to be healthier.”

Inequities can be structural, institutional, and individual, and are linked together. Individual inequities are based on conscious and unconscious prejudices and biases. Racism, homophobia, and other “isms” can also be structural, institutional, and individual.

Evolution of Diversity

The first iteration of diversity is social justice, which is still relevant today. The goal of social justice is to have a just allocation of resources. Over time, diversity began to include cultural competence, which means caring for people across identity groups. Most recently, consists of the idea of “The Power of People.” Marc Nivet, the former chief diversity officer for the American Association of Medical Colleges, wrote an article in 2011 about this idea.

Ackerman-Barger highlights several research studies that show:

- With more diversity comes increased problem-solving and innovation.
- Diverse groups of researchers are published more often and cited more frequently, while being better prepared to handle health disparities.

Diversity and Inclusion

INCLUSION

There are many benefits that come with diversity; however, often times conflict can also be a result. Therefore, it is important to have both diversity and inclusion. Ackerman-Barger then defines inclusion as “the process by which individuals view themselves as active members of a larger community; where their background, insights and contributions are valued as part of the creativity and productivity of the group. Inclusion, then, becomes the binding force for diversity.” This definition is taken from a 2016 article in the *Journal of Best Practices in Health Professions Diversity* by Ackerman-Barger, Valderama-Wallace, Lattimore and Drake.

Ackerman-Barger encourages the audience to read a Washington Post article from May 2018 entitled “America is more diverse than ever – but still segregated.” The authors, Williams and Emamdjomeh, depict through color coded maps where different racial and ethnic groups live in various U.S. cities, illustrating that many neighborhoods are still segregated to this day. By not living and interacting with other groups of people, it makes it harder to know and learn about those groups. [Access the article.](#)

Cultural Competence vs. Cultural Humility

Cultural humility can be a framework that people, specifically nurses, can use to bridge the gap of separateness and strive for health equity.

Ackerman-Barger explains to the audience the differences between cultural competence and cultural humility, and starts by introducing a 1998 article by Melanie Tervalon and Jann Murray-García, where they explored those differences.

Cultural competence stems from the idea that we should be able to care for each other across cultural identity groups. However, that led to a heavy-handed approach in measuring the idea of cultural competence. For example, a test question asked “which of the following foods are part of the African-American cuisine?” which often leads to stereotyping and loses the qualities that make people individuals with their own personalities.

Following the murder of Rodney King and the subsequent riots, the idea of cultural humility began to develop as a less restrictive approach that emphasizes the individuality of people and relationships while encouraging self-reflection and self-critique. The Oakland Children’s Hospital convened a group of individuals that created the Multicultural Curriculum Program that focused on appreciating strengths of different groups, and emphasized not becoming experts on another group but to also have an inward focus on self.

Cultural Humility Tenants

1. Life-long learning: nurturing a life-long commitment to self-evaluation and self-critique
 - a. Actively look for opportunities to learn more about other groups (i.e. seek out their art, music, poetry, movies, etc.).
 - b. Try to overcome desire to only be with those who are similar and actively seek out authentic relationships with people who are different.
 - c. Be an ally and anti-racist by recognizing your areas of privilege and use that to ensure those who are underrepresented are heard. Call other people out when they do or say something wrong or misinformed. Actively work to enact or change policies to benefit underrepresented groups.
 - d. Listen to feedback and data, and the stories from underrepresented groups.
 - e. Can bring joy when you learn about others, and can stimulate the rewards center of your brain.
2. Redressing power imbalances: in the healthcare provider-family, educator-student, colleague-colleague, academic center-community dynamic. Sometimes healthcare providers, educators, or academic centers may feel that they have more knowledge and impose that upon the other party. Remember that because you share some part of an identity with another person, it does not mean your experiences are always the same.
3. Non-paternalistic community partnerships: can remove paternalistic approaches by using cultural humility as a framework and remembering that different groups of people have different experiences that they can teach and share with healthcare providers and academic institutions. Honor the expertise that resides within the community, and acknowledge the role they can play in teaching.
4. Stewarding organization-level development and progress: parallels the first three tenants but at the institutional level. Organizations can adopt a framework of cultural humility so that their policies and practices include the other three tenants.



Life-long Learning Activity

Ackerman-Barger then asks the audience to type into the chat box a response to the following:

Identify a movie, book, play, etc. that gave you deeper insight into a group you didn't know much about. In case others may be interested in your resource- state who you learned more about.

Her response is “Redefining Realness: My Path to Womanhood, Identity, Love & So Much More” by Janet Mock. The author shares about her experience as a transgender woman of color

Audience Responses:

- Precious – childhood trauma
- Schindler's List
- Lisa Bright and Dark
- Pose – transgender community in the AIDS era
- Do the Right Thing
- The Spirit Catches you and You Fall Down - a Korean family with a child with a seizure disorder
- The Color of Law - housing discrimination
- Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States
- Milk
- There Are No Children Here
- Diary of Anne Frank
- Killers of the Flower Moon
- Dear White People
- Evicted, about the impact of eviction and poverty
- The Hundred-Foot Journey - India, food and relationships
- Americanah by Chimamanda Ngozi Adiche
- Zami: A New Spelling of My Name
- Participating in medical missions to Haiti with Haiti Medical Mission of Wisconsin
- The Color Purple
- Girl in the Tangerine Scarf
- The White Helmets
- 13th
- Evicted
- Tears We Cannot Stop
- The Condemnation of Blackness: Race, Crime, and the Making of Modern Urban America
- Imitation of Life
- TED Talk: Danger of a Single Story - Chimamanda Adichie tells the story of how she found her authentic cultural voice
- White Fragility
- Medical Apartheid
- Hotel at the Corner of Bitter and Sweet
- I'm Still Here: Black Dignity in a World Made for Whiteness
- Where Hands Touch
- Adu - about life in Cameroon Jalma
- The Sun Is the Moon

Reflection Questions

Ackerman-Barger then poses the two questions below to the audience.

Think of one of the roles you have where you are in a perceived or actual position of power. Considering that role describe ways you can mitigate that power imbalance to engage with others using cultural humility.

Alvarez responds first by sharing that, as a primary healthcare provider, patients often expect her to “tell them what to do.” She will often start by telling them that her goal is to work with them

towards their goals, and she asks them how she can be of service to them. She reminds them that they are the experts in their health and their bodies, and she tries not to make assumptions while using body language and actions that show she is listening to them.

Think of a community relevant to you that you would like to partner with to address a healthcare issue, but haven't yet. Applying the concept of "non-paternalistic, mutually beneficial partnerships" describe some ways that you might engage with this group.

Quinn responds by sharing how she is a former chair of AARP's LGBT Employee Resource Group. She was introduced to a national LGBT rights group and was very excited to work with them. She learned that her enthusiasm came across as too overwhelming to them and had to redirect her excitement. As she reaches out to new groups to partner with, she has learned to use more cultural humility and modesty when she does so.

Audience Responses:

- Not using the "Doctor" title.
- I am a clinical instructor and start my first day off with "we are all students and teachers for each other - wherever we go in life, we are always in that student or teacher role or both."
- I am a faculty member and I never sit across a desk from a student. I sit on the same side of the table.
- Using my influence on our Washington Nursing Action Coalition to develop actionable anti-racist strategies in our upcoming visioning session.
- Sharing with a person how you also may have been in the less powerful role and what you might have thought about in that role before you came to the perceived or actual position of power.
- Mission work in Haiti - spending time with a community as a nurse but enjoying the beach with all and laughing about my "white" feet.
- I try to use statements like, "I work with you or work with my team" as a nurse manager.
- LGBTQIA+ community
- Pay community members for their time.
- Food is a great unifier, maybe meeting volunteers at a community event where there is food (not all that applicable right now) or maybe volunteer to work where the community is, e.g. food bank and that you want to learn how to work in one.
- I like to think of cultural humility as creating a safe space for your client to share their reality - what can I do as a nurse to partner with them to improve health
- Humility brings me and everyone else together. None of us knows each other until we take a step forward toward each other. I think first steps are very difficult. So maybe being aware of that and addressing my own discomfort. Being vulnerable is a strength.
- As a nurse ally I often work with the LGBT Community.

Ackerman-Barger suggests that the audience look out for the book "Cultural Humility: History, Concepts and Practice" by Tervalon and Murray-García to be published in 2021.

Questions & Answers

Q: What cultural humility content should be included in the new Nursing: Scope and Standards of Practice, 4th Edition?

A: Elsevier has reached out to us about writing a book about this topic. I think some of the ways we can share this in a textbook is, first, by defining it. It is important for students to understand that they need to look up from their tasks (i.e. starting an IV and forgetting there is a person at the other end). Cultural humility is teaching folks to understand both the task and also the human interaction part, and to mitigate some of those power imbalances. With a framework of cultural humility, students will learn to interact with patients, be humble, and to listen. I would also recommend helping students to understand each of the four tenants and what their role is; each of us plays a central role at the individual and institutional level.

Q: Where does cultural sensitivity fit into cultural humility?

A: You will hear lots of terms out there. None of them are meant to be exclusive. Cultural sensitivity is similar to cultural humility in that we are being sensitive to the fact that not all people think, feel, and view the world the way we do.

For example, we had a patient that refused to get into the shower after delivering her baby despite repeated attempts by the student nurse. It turns out she was Vietnamese and had learned that it was taboo to take a shower directly after having a baby. We were so focused on the task that we forgot to ask what her thought process was and were not sensitive to the fact that she had a different viewpoint.

Q: Robin DiAngelo defined racism as an individual who CONSCIOUSLY does not like people based on race and is intentionally mean to them. She says this definition protects racism because racism is not always conscious, and it is also not always intentional. She gives an example of a car wreck: if you hit someone in your car, they are hurt and bleeding. It was not intentional, but you hurt them. The injured person is still hurt and needs help. You are still accountable for your behavior.

A: Robin DiAngelo is an important scholar, and I recommend that you look for her books. She gives many examples of the different ways that racism manifests and what you can do to start mitigating racism at both the individual and institutional level.

Conclusion

Quinn wraps-up the webinar and shares that the recording can be found at www.campaignforaction.org/webinars. She thanks the presenters, staff, and audience; and gives a special shout out to every nurse.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

CCNA Contact Information

For more information about this webinar, technical assistance questions, or questions related to the Future of Nursing: *Campaign for Action*, contact wquinn@aarp.org at the Center to Champion Nursing in America.

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