

# Cultural Humility & Awareness: Spotlight on Medical Gaslighting & Disparities

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# About Us

We are a diverse collaboration of DEI (diversity, equity & inclusion\*) consultants and trainers committed to social justice\* with connections in the profession nation wide.

## What to Expect

- What is (the problem) and what could be (solutions). Facts (including statistics) and story (case study).
- Research, frameworks, and best practices.
- Addressing implicit bias\* and stigmatizing\* language.
- Sensitive subjects and discomfort (possibly) for some.
- Goal - a trauma-informed\* discussion and Q&A.

\*Definitions on last three slides.







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# The Problem

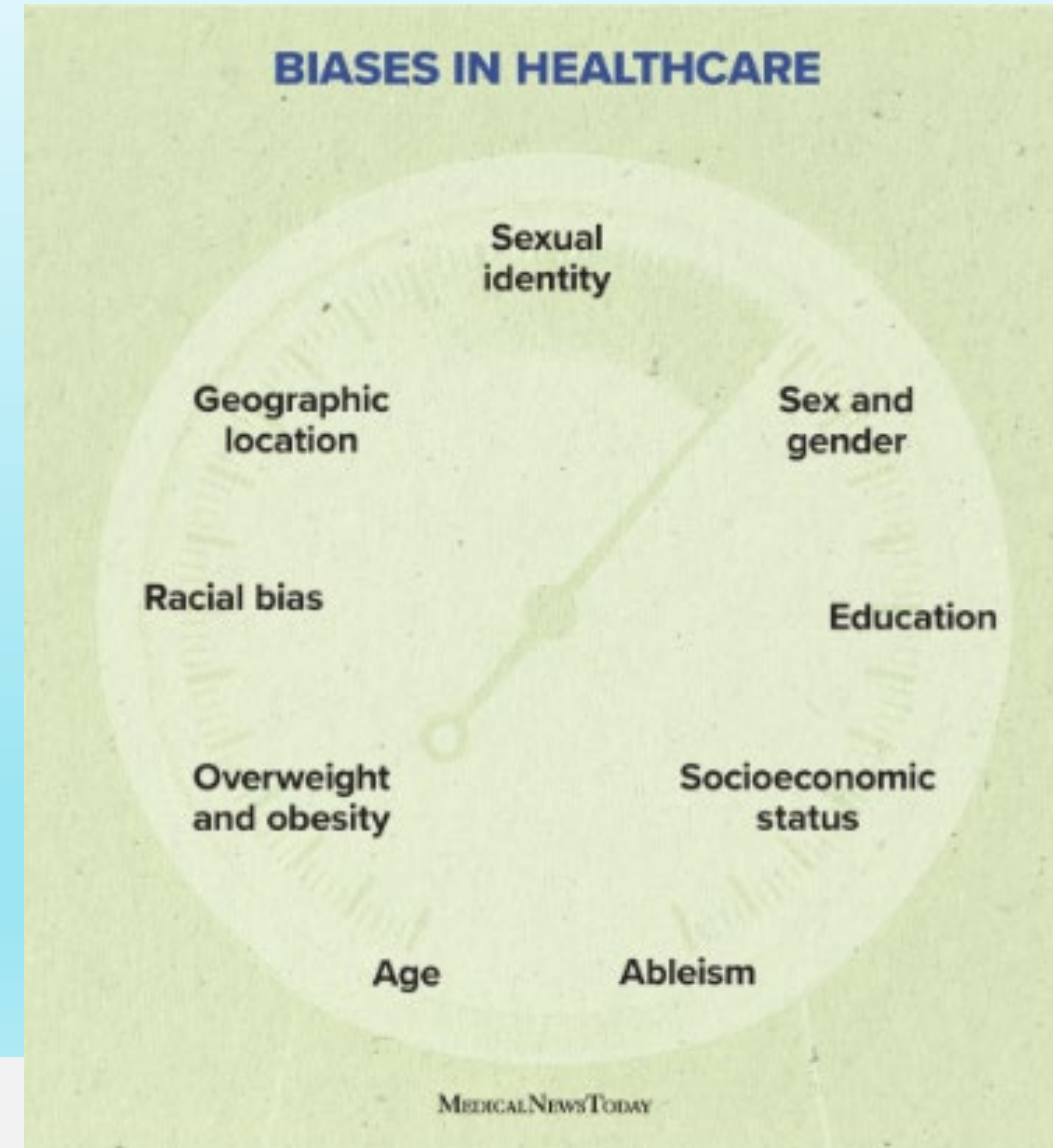
**Biases\* in healthcare are negatively affecting the health of marginalized\* groups in society.**

The 2019 National Healthcare and Disparities Report found that White patients were more likely to receive better quality care than:

- Black (African American) patients
- Native American (American Indian) patients
- Alaska Native patients
- Hispanic (Latinx) patients
- Native Hawaiian/Pacific Islander patients

\*Definitions on last three slides.

(Medical News Today, 2021)





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# Statistics

Of the 90 percent of patients who have visited a healthcare professional in the past five years, 11 percent said they experience some sort of bias\* from their clinicians.

(Heath, 2017)

A 2018 survey of over 1,000 current or past intensive care unit patients showed that very few patients or family members are voicing their concerns during care encounters.

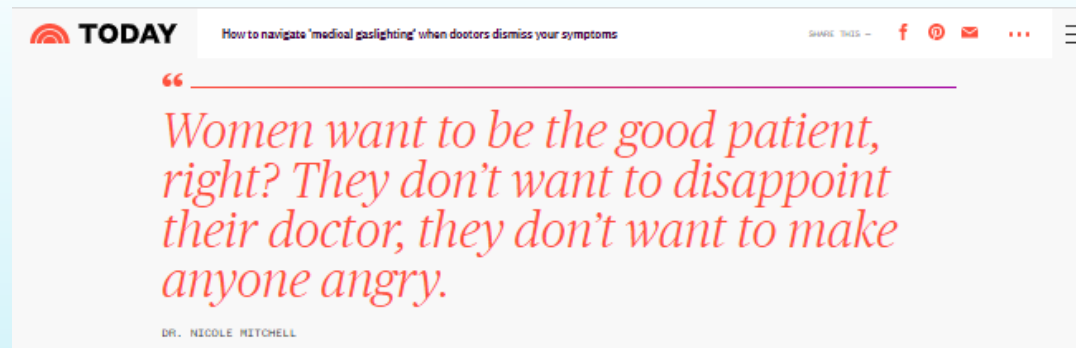
(Heath, 2018)



\*Definitions on last three slides.



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# Case Study

## Medical Gaslighting

If you've gone to the doctor only to be told that your concerns aren't serious or that you're "just stressed," you aren't alone. This unfortunately common behavior, sometimes called **medical gaslighting**, leaves patients — especially women — feeling dismissed. And it can cause them to minimize or ignore what may be very real, painful and even dangerous symptoms.

(Jacoby & Powell, 2022)



# The Story



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# Research, frameworks, and best practices

Frameworks cultural humility and cultural competency.  
Research and best practices. Brief overview.



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# Frameworks Cultural Competency & Cultural Humility

## Cultural Competency

Five essential elements contribute to a system's institution's, or agency's ability to become more culturally competent which include:

- Valuing diversity
- Having the capacity for cultural self-assessment
- Being conscious of the dynamics inherent when cultures interact
- Having institutionalized culture knowledge
- Having developed adaptations to service delivery reflecting an understanding of cultural diversity

{NCCC (Cross, et al,  
1989), 2022}

## Cultural Humility

Cultural humility incorporates a lifelong commitment to:

- self-evaluation and self-critique
- redressing the power imbalances in the patient-physician dynamic
- developing mutually beneficial and nonpaternalistic\* clinical and advocacy partnerships with communities on behalf of individuals and defined populations.

{Faronda (Tervalon & Murray-Garcia  
1998), 2021}



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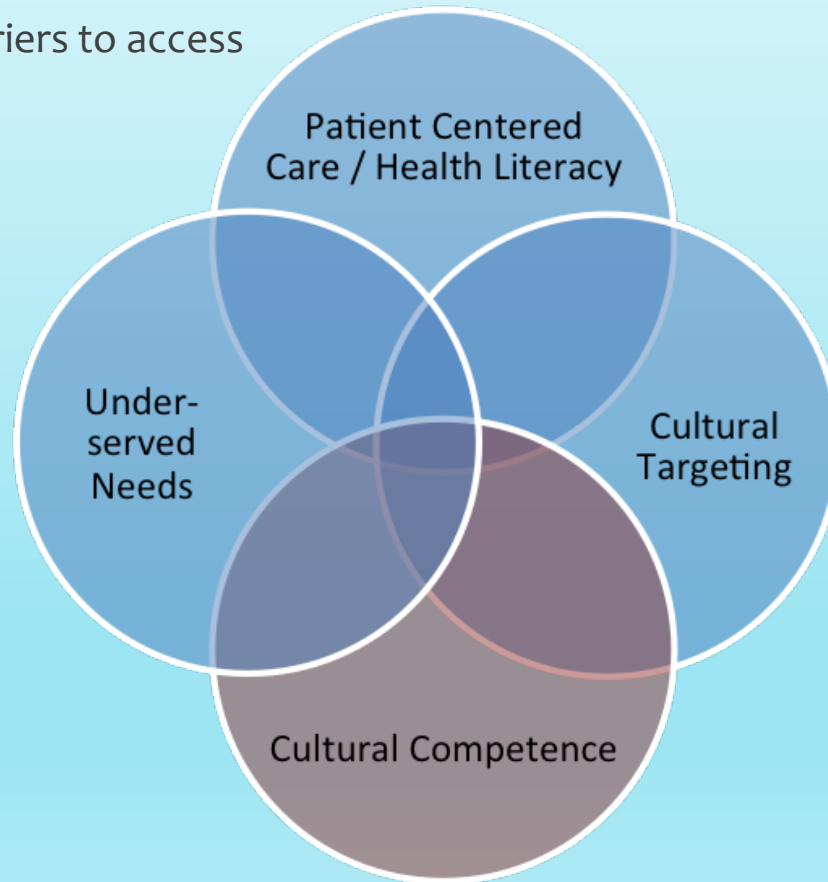
\*Definitions on last three slides.



## Health services research concepts that overlap with cultural competency (and cultural humility):

- "People first" care and individuation
- Improving abilities of providers to provide culturally responsive care
- Assisting patients from marginalized\* groups with provider interactions and the larger health system
- Educating providers on common secondary conditions specific to target populations
- Addressing physical barriers to access

(AHRQ, 2014)



# Solutions

Research & Best Practices



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\*Definitions on last three slides.

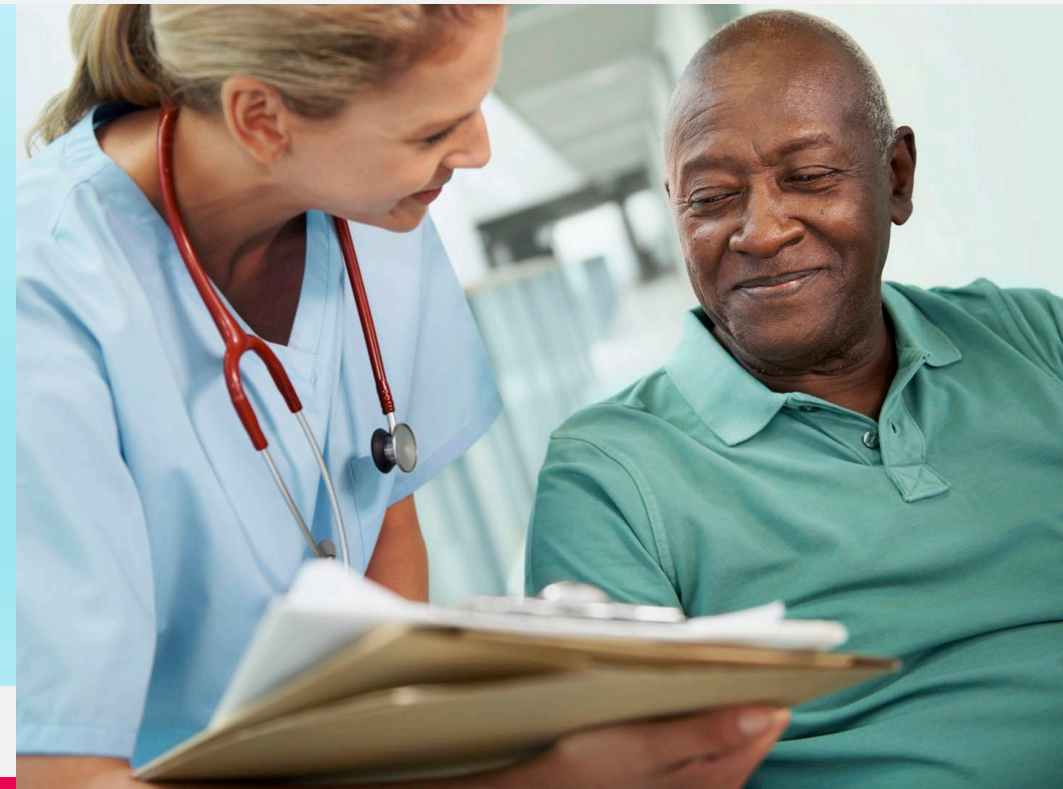


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Improving abilities of providers to provide culturally responsive care through the following:

- Developing awareness of how provider bias\* and stigma\* presents through language and communication
- Educating on how common cultural characteristics (and identities) intersect\* with each other in complex ways
- Advocating for person and value centered care and partnerships with people being provided services
- Encouraging motivational interviewing\* techniques and similar strategies with client care

## Improving Abilities



\*Definitions on last three slides.



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**In conclusion, cultural frameworks require self-work and critique of the following:**

- *Which parts of my identity am I aware of? Which are most salient?*
- *Which parts of my identity are privileged\* and/or marginalized\*?*
- *How does my sense of identity shift based on context and settings?*
- *What are the parts (of my identities) onto which people project\*? And which parts are received well, by whom?*
- *What might be my own blind spots and biases\*?*

(Khan, 2021)

\*Definitions on last three slides.

# Discussion and Q&A







# Thank You! Gracias!

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## Definitions/Common Language:

*Bias* is a tendency, inclination, or prejudice toward or against something or someone. Some biases are positive and helpful—like choosing to only eat foods that are considered healthy or staying away from someone who has knowingly caused harm. But biases are often based on stereotypes, rather than actual knowledge of an individual or circumstance. Whether positive or negative, such cognitive shortcuts can result in prejudgments that lead to rash decisions or discriminatory practices. (Psychology Today, 2022)

*Cultural competency*. The word *culture* is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word *competence* is used because it implies having the capacity to function effectively. (National Center for Cultural Competence - NCCC, 1989)

*Diversity, equity, and inclusion (DEI)* is a conceptual framework that promotes the fair treatment and full participation of all people, especially in the workplace, including populations who have historically been underrepresented or subject to discrimination because of their background, identity, disability, etc. (Dictionary.com, 2022)

*Implicit bias* refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. (Kirwan Institute, 2012)

*Intersectional identity theory* asserts that people are often disadvantaged or privileged by multiple sources: their race, age, class, gender identity, sexual orientation, religion, (disability) and other identity markers (first coined in 1989 by Kimberlé Crenshaw). (Psychology Today, 2022)



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## Definitions/Common Language:

*Marginalized populations* are groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions. (National Collaborating Centre for Determinants of Health, 2022)

*Motivational interviewing* is a counseling approach designed to help people find the motivation to make a positive behavior change. This client-centered approach is particularly effective for people who have mixed feelings about changing their behavior. (Very Well Mind, 2022)

In a healthcare context “*paternalism*” occurs when a physician or other healthcare professional makes decisions for a patient without the explicit consent of the patient. The physician believes the decisions are in the patient’s best interests. But the control in the relationship resides with the physician rather than the patient, much as the control in a family resides with the parents and not the children. (School of Medicine, U. of Missouri, 2022)

*Privilege* operates on personal, interpersonal, cultural, and institutional levels and gives advantages, favors, and benefits to members of dominant groups at the expense of members of target groups. (Vanderbilt University, 2022)

*Projection* refers to unconsciously taking unwanted emotions or traits you don’t like about yourself and attributing them to someone else (Koenig). (Healthline, 2022)

*Social justice* is justice in terms of the distribution of wealth, opportunities, and privileges within a society. (Oxford Languages, 2022)



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## Definitions/Common Language:

*Stigmatizing* is when someone or something unfairly regarded by many people as being bad or having something to be ashamed of. (Collins Dictionary, 2022)

*Trauma-informed* is recognizing: 1) the prevalence of adverse childhood experiences (ACEs) / trauma among all people; 2) recognizing that many behaviors and symptoms are the result of traumatic experiences; 3) recognizing that being treated with respect and kindness – and being empowered with choices – are key in helping people recover from traumatic experiences (adapted from SAMHSA’s Trauma-Informed Care in Behavioral Health Services: Quick Guide for Clinicians). (SMI Advisor, 2022)

