



Lactation Consulting in a Multicultural World: Developing Cultural Humility

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Objectives

- ▶ At the end of the presentation attendees will be able to:
- ▶ 1: Define the concept of cultural humility.
- ▶ 2. Understand the difference between cultural humility and cultural competence.
- ▶ 3. Provide two examples of how to apply the concept of cultural humility in their daily practice of providing lactation support for families.

Culture

- ▶ A culture is a way of life of a group of people--the behaviors, beliefs, values, and symbols that they accept and that are passed along by communication and imitation from one generation to the next.
- ▶ It is dynamic!

Acculturation

- ▶ The process by which individual or group cognitions and behaviors change as a result of contact with other cultural groups (Berry 1997).
- ▶ Focus is on the resulting changes in both cultural groups.
- ▶ Viewing acculturation as multidimensional allows for consideration of not only how an individual or group in a dominant society changes but also what they choose to retain of their culture and also how the dominant culture changes itself.

Cultural Competence

- ▶ Assumes one can learn or know enough and reach a full understanding of a culture that is different from their own.
- ▶ Based on academic knowledge rather than the lived experience. Can we be “certified” in culture?
- ▶ How can we achieve cultural competence if culture is dynamic and changes with time and interactions?

Cultural Humility

- ▶ A lifelong commitment to self-evaluation and self critique, to readdressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations (Tervalon & Murray-Garcia, 1999).
- ▶ Ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person. (Hook, 2013).

Cultural Humility

- ▶ Three main components (Asbill, 2014):
- ▶ Lifelong commitment to self-evaluation and self critique
- ▶ Fix power imbalances
- ▶ Develop partnerships with people and groups who advocate for others

What is the difference?

Cultural Humility	Cultural Competence
To encourage personal reflection and growth around culture in order to increase awareness of service providers	Build an understanding of minority cultures to better and more appropriately provide services
Introspection Co-Learning	Knowledge Training
Challenge for professionals to grasp the ideal of learning with and from their patients	Belief that professionals can be “certified” in culture
Encourages life long learning and an appreciation for the journey of growth and understanding.	Goal oriented

Practice Cultural Humility

- ▶ • Acknowledge your own cultural biases
- ▶ • Recognize assumptions that may be part of a medical culture and examine how they impact patient care
- ▶ • Be aware of the cultural, social, and political context from which your patients approach healthcare
- ▶ • Collaborate with your patients to understand the best treatment option for the specific situation

Cultural Humility

- ▶ How can developing cultural humility help us to improve breastfeeding disparities?



Communication



Communication: Language Barrier

- ▶ Often, there is no right or wrong in translating certain concepts and words
- ▶ Some words and ideas, especially complex or technical ones, may defy simple translation, making comprehension difficult
- ▶ There is great diversity and variation in the language skills and abilities of individuals, including translators and interpreters
- ▶ Context — geographic and cultural, for example — is often the most important component in health communication.

Any Questions?



References

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