Humberto Reynoso-Vallejo on Cultural Competence and Cultural Humility in Evaluation

Humberto Reynoso-Vallejo
University of Massachusetts Medical School

Follow this and additional works at: http://escholarship.umassmed.edu/healthpolicy_pp

Part of the Health Services Research Commons, and the International and Intercultural Communication Commons

Repository Citation
http://escholarship.umassmed.edu/healthpolicy_pp/147

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Center for Health Policy and Research (CHPR) Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Humberto Reynoso-Vallejo on Cultural Competence and Cultural Humility in Evaluation

I am Humberto Reynoso-Vallejo, Director for Program Evaluation with the Center for Health Policy and Research at the University of Massachusetts Medical School. Using culturally appropriate approaches when conducting research and evaluation in multicultural settings, is widely accepted and essential. The cultural competence approach serves as the specific framework when conducting evaluations. This approach alone, may not be sufficient in creating meaningful relationships with people from diverse racial/ethnic backgrounds. Adding a cultural humility approach may provide a more comprehensive and inclusive framework.

Cultural competence implies that professionals become knowledgeable about cultural differences, and aware of their own perspective. AEA defines cultural competence dynamically, as a process of learning, unlearning, and relearning. However, this does not incorporate a political dimension to address power imbalances between professionals and diverse individuals. Tervalon and Murray-Garcia support the idea of cultural humility as opposed to cultural competency. Cultural humility provides a framework that includes this political dimension by recommending professionals to incorporate a lifelong commitment to self-evaluation and self-critique, and develop mutually beneficial and non-paternalistic partnerships with communities from diverse backgrounds. In this sense, cultural humility brings upfront the political aspects of the relationship between the evaluator and individuals/communities from these groups. This is particularly important considering that racial/ethnic groups had been historically excluded and experience differences in terms of life chances and opportunities, compared to the White segment of the population.

I give an example of this in a 2009 article showing the use of this approach in the development of a support group for Latino caregivers with a family member suffering from Alzheimer’s Disease through the local radio station, using a combination of cultural competence and cultural humility.

Hot tip: Cultural humility assumes that individuals’ life experiences (e.g. schools, jobs, family, healthcare, health status, community participation) and multiple affiliations (e.g. racial/ethnic group, gender group, age cohort, region, religion, leadership roles) interact in complex ways to shape their views. This approach assumes that the political and economic position of the group from which an individual comes, their life experiences, as well as the larger national culture shape perspectives and behavior.

Hot tip: A cultural humility perspective makes no assumption about the goals of individuals or persons from traditionally excluded groups and encourages exploration by evaluators. This perspective suggests that evaluators have goals that might include empower for group, advocacy for a cause, personal problem solving, and personal social/lifelong learning opportunities. Instead of assuming that evaluators bring a consumer perspective, cultural humility leads to exploring how evaluators bring varied and multifaceted perspectives.

Hot tip: A cultural humility perspective attempts to shift power from the professionals/evaluators to the people from traditionally excluded groups by engaging them in the decision making process.