**Cultural Humility History**

Dr. Melanie Tervalon and Dr. Jann Murray-Garcia developed cultural humility in the 1990’s to address growing diversity in the United States and their belief that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between a patient and a provider compromise care.1

**Health Disparities**

In 2003, The Institute of Medicine documented lower quality care for racial and ethnic minorities. The report defined other segments of the population receiving disparate care2,3, including:

* Latinos/ Hispanics
* Members of the LGBTQIA community
* Native Americans
* People who are overweight
* Prisoners
* Some religious minorities
* Women
* African Americans
* Appalachian poor
* Asian Americans
* Elders
* Immigrants and refugees
* Individuals with disabilities

**Unconscious Bias**

* Research strongly suggests that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, biases are one of the reasons that disparities in health care persist.4
* It is more likely that unconscious bias will come into play when someone is stressed, tired or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.2,4

**Counteracting Unconscious Bias**

“Counteracting unconscious bias requires awareness, introspection, authenticity, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ compassion, communication, and a willingness to act.”2

Consider: 
What are ways you have seen implicit bias affect health care?


References:

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