

Cultural Safety and Trauma-Informed Care

What is cultural humility, cultural safety, and trauma-informed care?

Cultural humility is a perspective involving lifelong learning and self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.¹ It involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.¹ Providing culturally and linguistically appropriate services means practicing cultural humility.²

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Cultural safety is defined by each individual's health service experiences.¹

Cultural humility builds mutual trust and respect, and enables cultural safety.¹



Trauma-informed care seeks to: (1) realize the widespread impact of trauma on health and understand paths for recovery; (2) recognize the signs and symptoms of trauma in patients, families, and staff; (3) integrate knowledge about trauma into policies, procedures, and practices; and (4) actively avoid re-traumatization.³

Ethno-racial determinants alongside the stigma of dementia can lead to two-fold delayed diagnosis.⁴ **Cultural safety and trauma-informed care can enable early screening, managing modifiable risk factors and access to care.**

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Practical tips for cultural safety and trauma-informed care with respect to dementia care

Principle	Practical examples
<p>Practice person-centered care⁵: Be sensitive and adaptive to individual cultural differences—do not make assumptions. Enable a collaborative approach to care with respectful and supportive clinician interactions with the individual and family, which mitigates power differences.⁶</p>	<p>Prior to or at the start of an appointment, ask individuals and care partners “is there anything you would like to share that is of importance to you, so that your preferences can be respected?”</p> <p>“What are your goals and how can I help you achieve them?”⁷</p>
<p>Direct individuals and care partners to local support or community-based organizations that meet the needs of diverse populations, thus preventing individuals from discriminatory situations⁴</p>	<p>“Are peer support or local support organizations of interest/importance to you?”</p> <p>“What is your ideal scenario for care?”⁷</p>
<p>Educate and improve individual and community-wide dementia health literacy to reduce harmful language, misperceptions and stigma, as well as prevent social withdrawal of persons living with dementia and care partners.⁴</p>	<p>“Here [provide source] is a good source for dementia health and community resource information. We can discuss any questions you may have.”</p>
<p>Use preferred, simple and respectful language.⁵ Note direct translation does not account for cultural nuances.</p>	<p>“Would you prefer a patient advocate/family member/translator be present to support you?”</p> <p>Use culturally relevant cognitive assessments for more accurate results.⁶</p>
<p>Foster physical and psychological safety.³</p>	<p>“Is there something that I can do to help you feel comfortable here?”⁸</p> <p>Give individuals choices whenever possible.⁹</p>

<p>Build trustworthiness through transparency and authenticity.³</p>	<p>If an interaction is obviously uncomfortable, ask “what would make the process easier?”⁸</p> <p>“This is a very important conversation, and I am wondering what, if anything, you would like me to write in your file?” (if appropriate)¹⁰</p> <p>When recording information is ethically or medically required, consider asking, “I’m wondering how you would like me to note what you have told me on your health record.”¹⁰</p>
<p>Empower patients and team members through belief in resilience and healing.³</p>	<p>“How do you feel about your ability to follow care plans? What will help you feel confident?”</p>
<p>Recognize and address biases and historical trauma through humility and responsiveness.³</p>	<p>“Is there anything that you would like me or the team to know when we are working together?”⁷</p>
<p>Consider and, when relevant, ask about factors such as:^{11,12}</p> <ul style="list-style-type: none"> • Language and distressing words • Reading, language-comprehension and listening skills • Health literacy and the individual’s comfort level in the health setting • Cultural and social influence • Education level and numeracy skills • Emotional and physical factors • Culturally adept caregiving • Reliance on faith • Family hierarchy and social dynamics • Culturally-relevant health risks and their effect on dementia (such as diet) 	<p>“Do you feel comfortable in your understanding?”⁸</p> <p>“Is spiritual comfort or faith important to you?”</p> <p>“Is there anything else you want to tell me that I haven’t asked about?”⁷</p>

While time pressure is a major challenge in providing care, asking what matters, listening to what matters, and doing what matters by embedding preferences into care planning establishes a foundation for trust and a strong provider-patient relationship, which can make care more efficient.⁷

Where to go for additional resources

[A Guide to Having Conversations About What Matters](#)

[Culturally Connected \(including Tools for Health Care Providers\)](#)

[What Is Trauma-Informed Care? Center for Health Care Strategies](#)

[Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in BC Booklet](#)

[Cultural Sensitivity for South Asian Community](#)

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