



Cultural Humility in Pharmacy Practice

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Learning Objectives

Identify and differentiate	Identify and differentiate cultural competence, cultural humility, and their relevance to safe, patient-centered pharmacy practice.
Analyze	Analyze how cultural humility influences medication adherence, communication, and health outcomes within diverse patient populations served by pharmacy teams.
Apply	Apply evidence-based cultural humility strategies during pharmacy workflows—such as patient counseling, medication reviews, and compounding—to reduce disparities in care.
Design	Design a sustainable, pharmacy-led process for integrating cultural humility into departmental procedures to advance organizational health equity goals.

Background: Demographic Comparison NYS vs. NYC

Category 	New York State (NYS)	New York City (NYC)
Total Population	~19.6 Million	~8.48 Million
White (Non-Hispanic)	52.8% – 53.2%	31.0% – 31.9%
Hispanic or Latino	19.5% – 20.2%	28.3% – 28.9%
Black (Non-Hispanic)	13.4% – 17.8%	20.2% – 23.8%
Asian (Non-Hispanic)	9.0% – 10.1%	14.3% – 15.6%
Foreign-Born	22.5% – 22.8%	36.1% – 38.0%
Non-English at Home	~30.9%	~48.0% – 50.0%
Median Household Income	~\$85,800	~\$81,000

Key Diversity Indicators NYC

- **Immigrant Population:** NYC is home to roughly **3.1 million immigrants**. The largest groups of foreign-born residents originate from the **Dominican Republic, China, Jamaica, Mexico, and Ecuador**.
- **Linguistic Diversity:** Approximately **48% to 50%** of New Yorkers speak a language other than English at home. While hundreds of languages are spoken, the most common include:
 - Spanish (approx. 1.86 million speakers)
 - Chinese dialects (approx. 498,000 speakers)
 - Russian (approx. 193,000 speakers)
 - Bengali, Yiddish, Haitian Creole, and French.
- **Religious Diversity:** The city contains the largest Jewish community outside of Israel (approx. 960,000 people) and significant Muslim, Hindu, and Christian populations.

Healthcare Workforce Diversity

- **Gender/Race/Ethnicity**
 - **National ACS data** show 60-62% of U.S. pharmacists are women (2018-2023)
 - White = approximately 61%
 - Asian pharmacist = approximately 23%
 - Black pharmacists = approximately 6-9%
 - Hispanic/Latino pharmacists= 4-6%
- **Overall healthcare workforce diversity, including pharmacy and related disciplines, still lags behind the diversity of the communities served**
- **Racial and ethnic minority providers remain underrepresented** in the health professions when compared with the general population, limiting representation within the healthcare system.

Healthcare Workforce Diversity

- This underrepresentation creates **barriers to culturally congruent care**, including:
 - Reduced trust between patients and providers
 - Communication challenges
 - Lower patient comfort and engagement
- These demographic and workforce trends highlight a **critical need to strengthen cultural humility and cultural competence in pharmacy practice**
- Enhancing these competencies is essential to improving:
 - Patient experience
 - Medication Adherence
 - Patient Safety
 - Health equity across diverse populations

Pharmacist Duty

Oath of a

Pharmacist

I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

I will consider the welfare of humanity and relief of suffering my primary concerns.

I will promote inclusion and belonging, respect differences in all individuals, and address health disparities to advance health equity for all people.

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.



Building An Inclusive Culture Without a Formal DEI Program

- Shifting from "programs" to "processes"
- **Avoids Backlash:** Replaces polarizing labels with focus on “fairness” and “high performance”.
- **Organic Inclusion:** Integrates DEI naturally into business operations, not as an after thought.
- **Sustainability:** Focuses on behaviors and skills, not just compliance conversations.
- **Key Insight:** Valuing all employees improves engagement and business outcomes, which naturally leads to diversity.

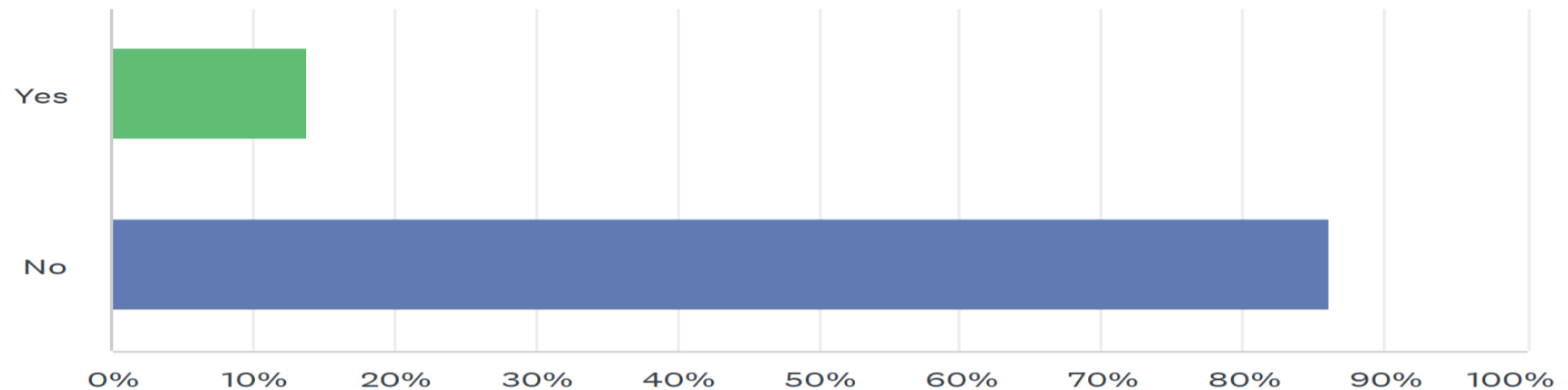
High Performing Management is Organic DEI

- **Recruitment:** Standardized hiring via structured interviews, skill sets, and blind resume reviews to reduce bias.
- **Mentorship & Growth:** Implement formal mentoring and skill up-grading opportunities for all staff to boost internal promotion.
- **Retention:** Implement objective, performance-based retention rather than relying on tenure, and provide flexible work schedules.
- **Culture:** Focus on psychological safety, where employees feel safe speaking up and being authentic.

NYSCHP DEI Survey Results

Recruitment: Have current administration policies negatively impacted job applicants in your department?

Answered: 36 Skipped: 0

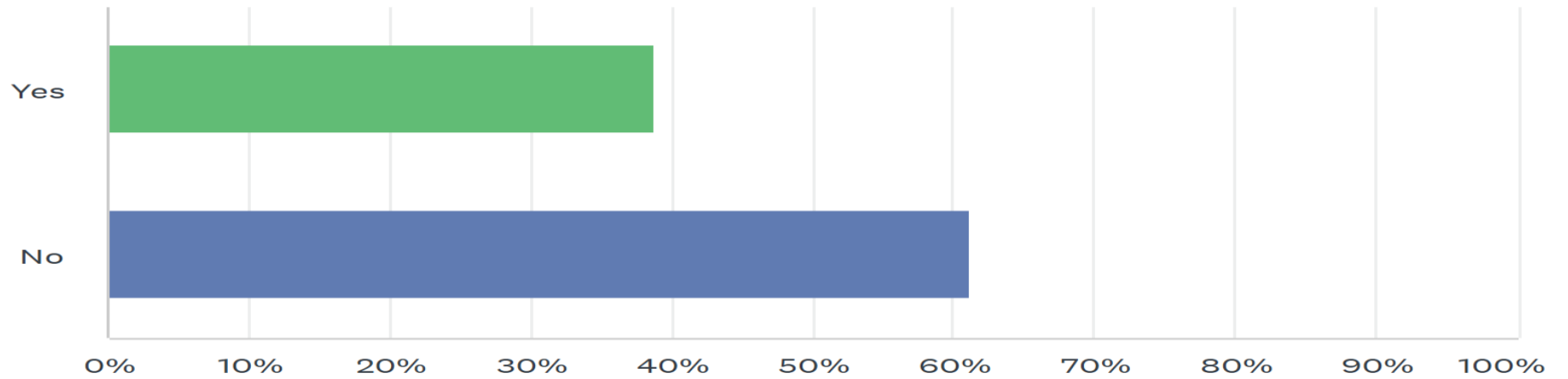


ANSWER CHOICES	RESPONSES	
Yes	13.89%	5
No	86.11%	31
TOTAL		36

NYSCHP DEI Survey Results

Equity: Does your organization support remote work to accommodate religious or cultural observances?

Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	38.89%	14
No	61.11%	22
TOTAL		36

NYSCHP DEI Survey Results

- What **particular skill sets** need to be included in **pharmacy training and competency (professional development)** to promote workforce diversity and care for a culturally diverse patient population? Select all that apply.

ANSWER CHOICES	RESPONSES
Effective communication skills with cultural competence	88.24% 30
Recruitment skills for a diverse workforce	50.00% 17
Health disparities	64.71% 22
Mentorship	50.00% 17
Implicit bias	58.82% 20
Microaggression	52.94% 18
Total Respondents: 34	



Current State

- Training often limited to one-time cultural competence sessions lacking practical application.
 - Competence focuses on checklists
 - Humility focuses on patient, empathy, life-long learning
- Inconsistent implementation of DEI frameworks.
- Clinical education prioritizes biomedical knowledge over cultural/social context, resulting in gaps in preparedness and patient trust.

Cultural Competence Training

State	Type of Requirement	Details
California	Cultural Competency CE	1 hour minimum per renewal
District of Columbia	LGBTQ+ Cultural Competency CE	1–2 hours
Illinois	DEI-related CE	Required (details vary by cycle)
Maryland	DEI-related CE	Required
Michigan	Implicit bias / DEI CE	Required statewide for health professionals
Oregon	DEI-related CE	Required
Washington	DEI-related CE	Required

Cultural Competence Training Resources

APhA (American Pharmacists Association) Providing Culturally Competent Care Communication Assessment and Planning Tools

CPHA (California Pharmacists Association) Culturally Appropriate Pharmaceutical Care

CSHP (California Society of Health System Pharmacists) Cultural Competency training On-Demand

CE/Training Commercial Sites: Traliant, Free CE, Trainingnow

Cultural Humility Versus Cultural Competence: Key Differences for Pharmacists

Cultural Competence Overview

Cultural competence focuses on learning specific cultural knowledge and skills to serve diverse populations effectively without stereotyping.

Cultural Humility Approach

Cultural humility embraces ongoing learning and recognizes culture as dynamic and individualized in patient care.

Power Sharing in Healthcare

Cultural humility encourages pharmacists to share decision-making power, fostering trust and addressing healthcare barriers.

Advocacy and Accountability

Pharmacists must advocate for equitable systems, supporting interpreter services and culturally appropriate education materials.



Understanding Cultural Humility in the Context of Pharmacy Practice

Core Concept of Cultural Humility

Cultural humility involves lifelong self-reflection and recognizing patients' unique social and cultural experiences.

Patient-Centered Interaction

Pharmacists approach patients with openness and respect, viewing them as experts in their own lives.

Addressing Bias and Assumptions

Pharmacists examine their biases and avoid misinterpreting patients' cultural concerns as noncompliance.

Enhancing Medication Outcomes

Cultural humility builds trust and supports safer, effective medication use through shared decision-making.

Core Components of Cultural Humility in Daily Pharmacy Practice

Self-Awareness in Practice

Pharmacists reflect on personal values and biases to improve patient interactions and acknowledge knowledge gaps.

Respectful Communication

Using inclusive language and open-ended questions helps pharmacists understand patient perspectives without assumptions.

Power Imbalance Recognition

Sharing decision-making and validating patient experiences promotes culturally humble care and safety.

Lifelong Learning and Advocacy

Ongoing education and awareness of systemic barriers support equitable care for marginalized populations.



Why Cultural Humility Matters: Impact on Patient Safety and Health Equity

Enhancing Patient Safety

Cultural humility improves patient safety by reducing medication errors through better communication and trust.

Advancing Health Equity

Recognizing social determinants of health helps pharmacists tailor care to support equitable medication use.

Reducing Implicit Bias

Practicing cultural humility reduces implicit bias, leading to more equitable clinical decisions and recommendations.

Building Therapeutic Relationships

Cultural humility strengthens trust and openness, fostering effective medication use and improved health outcomes.



Practical Strategies for Applying Cultural Humility in Pharmacy Practice

Use Open-Ended Questions

Open-ended questions encourage patients to share their perspectives and reduce assumptions in medication discussions.

Practice Active Listening

Listening without interruption and validating patient perspectives fosters trust and understanding.

Avoid Judgments and Explore Factors

Avoid judging adherence; collaboratively explore underlying beliefs and barriers with patients.

Use Professional Interpreters

Utilizing professional interpreters ensures accurate communication and respects patient dignity.



Case-Based Example: Cultural Humility in a Real-World Pharmacy Encounter

Respecting Patient Beliefs

Pharmacists acknowledge and respect patients' cultural and religious beliefs during medication discussions.

Collaborative Decision-Making

Pharmacists partner with patients to explore alternative treatments that align with their values.

Building Trust and Adherence

Cultural humility strengthens trust and improves patient adherence to treatment plans.



Assessment and Reflection Questions for Pharmacists

Cultural Humility Assessment

Pharmacists evaluate their understanding of cultural humility versus competence through structured questions to foster growth.

Personal Reflection Impact

Reflecting on personal values and experiences helps pharmacists improve patient counseling with cultural awareness.

Strategies for Cultural Humility

Identifying strategies to demonstrate cultural humility enhances communication and patient-centered care during counseling.

Ongoing Professional Development

Continuous reflection and assessment reinforce cultural humility as a professional responsibility improving health outcomes.

Assessment Questions

1. **What demographic trends in NYC highlight the need for cultural humility?**
2. **How does cultural humility differ from cultural competence?**
3. **What factors contribute to communication gaps between patients and pharmacists?**
4. Describe two limitations of current cultural competence training.
5. List three components of the ideal educational approach for cultural humility.
6. Provide an example of applying cultural humility in a pharmacy encounter.

Assessment Questions

1. What demographic trends in NYC highlight the need for cultural humility?

- Diverse population, multi-lingual, multiple religions, persistent disparities exist for blacks/hispanics, low diversity health care workers

2. How does cultural humility differ from cultural competence?

Cultural competence – acquired knowledge, skill set, limited

Cultural Humility – professional framework with individualized approach to patients with curiosity and empathy, advocates

3. What factors contribute to communication gaps between patients and pharmacists?

Language gaps, assumptions, power imbalances

Thank You!

