Cultural Humility and Transforming Scripts of Inequality:
Connecting with Individuals and Communities

9th Annual California Breastfeeding Summit
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“Thank YOU” … up front...

<table>
<thead>
<tr>
<th>Percentage of U.S. Children Who Were Breastfed, by Birth Year, National Immunization Survey, United States (Percentage ± half 95% Confidence Interval)$^{1,2}$</th>
<th>Birth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Breastfed</td>
<td>76.1±1.0</td>
</tr>
<tr>
<td>At 6 months</td>
<td>46.6±1.2</td>
</tr>
<tr>
<td>At 12 months</td>
<td>24.6±1.0</td>
</tr>
<tr>
<td>Exclusively through 3 months</td>
<td>35.9±1.1</td>
</tr>
<tr>
<td>Exclusively through 6 months</td>
<td>15.6±0.9</td>
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Cultural Humility and Transforming Scripts of Inequality

Objectives

• Discuss how issues of race, power, and identity can affect the work we do with one another and in delivering health care

• Make visible often unspoken social scripts we hold for “The Other” *and for ourselves* that may impact our encounters. (If we can see it, we can confront it, interrupt it, and potentially transform it.)

• Outline key components of Cultural Humility as an approach to equitable health care.
What Is A Script?
Name the following Community:

*Members of this minority community were brought to this country as slaves. Many remain at the bottom of the social and economic ladder today. “They do the dirty work, when they have work.” The other members of this community think members of this minority are intellectually inferior, if not stupid, and discrimination against them in the areas of housing, employment, and education is not unusual. “Over the years, tensions between minority and majority have broken out in deadly riots.” In the past, minority children in this community were forced to attend segregated, underfunded schools, and many did poorly in school. Today, schools with a high concentration of this minority’s children have high drop-out rates. Many majority parents move out of the school district or send their own children to private schools. Children from this minority community are disproportionately in trouble with the law. And, not unexpectedly, “children from this community do worse on standardized tests than majority children do.”* Name this community. (Fischer et al, *Inequality By Design*)
Answer:

Koreans in Japan
As silly as it sounds, pronouns matter. Whenever possible, women should substitute “we” for “I.” A women’s request will be better received if she asserts, “We had a great year,” as opposed to “I had a great year.”

Men don’t have to legitimize their negotiations; they are expected to look out for themselves. Women, however, have to justify their requests. One way of doing this is to suggest that someone more senior encouraged the negotiation (“My manager suggested I talk with you about my compensation”) or to cite industry standards (“My understanding is that jobs that involve this level of responsibility are compensated in this range.”)
What I Mean By “Race”...here...today...


Race is something we think about often.....

- **How often do you think about your race?**

  - Once a month or less (5)
    - White: 88
    - Hisp: 54
    - Black: 59
  
  - Once a week (%)
    - White: 6
    - Hisp: 11
    - Black: 8
  
  - Once a day or more (%)
    - White: 5
    - Hisp: 36
    - Black: 34
Race is DYNAMIC.
Race is about superficial characteristics that we subconsciously believe tell us something about the essence of a person.
When do we learn these scripts?

(VIDEO. #1: 20/20 ABC News)

https://www.youtube.com/watch?v=MTYn1WRcuoU
Race is not something our chromosomes do to us.

Race is something we do to each other.

(paraphrased, UC Berekeley Geneticist)
Race is not something our chromosomes do to us.

Race is something we do to each other.

(paraphrased, University of California Berkeley Geneticist)

Native Americans killed by police, per 1,000,000, 1995-2015

- Native American*: 2.5
- Black or African-American*: 2.6
- Hispanic or Latino: 1.7
- White*: 0.9
- Asian or Pacific Islander*: 0.6

*non-Hispanic

Source: Centers for Disease Control and Prevention
SCRIPT: which people GIVE or which people TAKE...
“Scripts” we hold for African Americans:

• A Criminal
• A threat to public safety...
• Inferior intelligence
• Normal behavior is pathologized
• Less sentient and reflective
Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

*Original Investigation*

Importance: Racial disparities in care of patients in emergency departments have been previously documented. Further work to understand the causes of these disparities must be undertaken, which can then help inform the development of interventions to reduce and eliminate racial disparities in healthcare providers.
Come join us for an ice cream social to welcome our friends to our neighborhood!

When: Sunday, August 9th 6-7:30 pm
Where: the greenbelt across from 2208 Anza Ave.

Hosted by the Baumeister Fenton Family (2709 Anza Ave.)
lisabau2010@gmail.com

The Murray-Garcia Family
Canela, Jann, Jorge, and Gabriel

Canela
Louie
Gabriel

Hosted by the Baumeister Fenton Family (2709 Anza Ave.)
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Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

Monika K. Goyal, MD, MSCE; Nathan Kuppermann, MD, MPH; Sean D. Cleary, PhD, MPH; Stephen J. Teach, MD, MPH; James M. Chamberlain, MD

Abstract

Importance Racial disparities in use of analgesia in emergency departments have been previously documented. Further work to understand the causes of these disparities must be undertaken, which can then help inform the development of interventions to reduce and eradicate racial disparities in health care provision.

Objective To evaluate racial differences in analgesia administration, and particularly opioid administration, among children diagnosed as having appendicitis.

Design, Setting, and Participants Repeated cross-sectional study of patients aged 21 years or younger evaluated in the emergency department who had an International Classification of Diseases, Ninth Revision diagnosis of appendicitis, using the National Hospital Ambulatory Medical Care Survey from 2003 to 2010. We calculated the frequency of both opioid and nonopioid analgesia administration using complex survey weighting. We then performed multivariable logistic regression to examine racial differences in overall administration of analgesia, and specifically opioid analgesia, after adjusting for important demographic and visit covariates, including ethnicity and pain score.

Main Outcomes and Measures Receipt of analgesia administration (any and opioid) by race.

Results An estimated 0.94 (95% CI, 0.78-1.10) million children were diagnosed as having appendicitis. Of those, 36.8% (95% CI, 31.4%-42.5%) received analgesia of any type; 20.7% (95% CI, 15.3%-26.6%) of black patients vs 43.1% (95% CI, 34.6%-51.4%) of white patients. When stratified by pain score and adjusted for ethnicity, black patients with moderate pain were less likely to receive any analgesia than white patients (adjusted odds ratio = 0.4 [95% CI, 0.02-0.8]). Among those with severe pain, black patients were less likely to receive opioids than white patients (adjusted odds ratio = 0.2 [95% CI, 0.08-0.9]). In a multivariable model, there were no significant differences in overall administration of analgesia, and specifically opioid analgesia, after adjusting for demographic and visit covariates.

Discussion Racial disparities in use of analgesia in emergency departments have been previously documented. Further work to understand the causes of these disparities must be undertaken, which can then help inform the development of interventions to reduce and eradicate racial disparities in health care provision.

Conclusion To evaluate racial differences in analgesia administration, and particularly opioid administration, among children diagnosed as having appendicitis.

References


Drwecki B. Education to identify and combat racial bias in pain treatment. AMA J Ethics. 2015;17(3):221-228.


• Blacks feel less pain and have less sensitive nerve endings [sic]

• By 10 year old, for the same injury, White children feel more pain than Black children [sic]

• Blacks feel less distress over life hardships [sic]


Hoffman KM, Trawalter S, Axt J, Oliver N. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. PNAS. 206;113(6):4296-4301.


Thomas Jefferson wrote of Blacks:

*Their griefs are transient. Those numberless afflictions...are less felt, and sooner forgotten with them.*

Where are you? What are you feeling?

What scripts have you projected onto others, or what scripts have been projected on to you in your life or clinical practice?

If you’re ready:
How does identifying these scripts help you in your personal development, your relationships with colleagues, students, family members, or in your clinical practice?
A Little Comic Relief with Trevor Noah

(VIDEO #2: Daily Show Samsung)
Cultural Humility (vs. Cultural Competence)

- **Nurturing** a lifelong commitment to self-evaluation and self-critique.
- **Redressing** power imbalances in the patient-clinician, educator-student, colleague-colleague, academic center-community dynamic.
- **Developing** mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities.
- **Stewarding** an organizational-level developmental process that is also ongoing, and that parallels the three tenants of Cultural Humility.
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Nurturing a lifelong commitment to self-evaluation and self-critique.

**Implicit Bias**

Neurologic Scripts (“Prejudice and the Brain,” Fiske)
Nurturing a lifelong commitment to self-evaluation and self-critique.

Implicit Bias

MATH QUIZ.....

PROBLEM 1:

PROBLEM 2:
Nurturing a lifelong commitment to self-evaluation and self-critique...

Sometimes the best you can do is anticipate the SCRIPT......
Aversive Racism:
This combination of being non-prejudiced consciously but possessing bias unconsciously produces subtle, rather than blatant, discrimination.

Aversive racists typically don’t discriminate against a black person in situations where right and wrong are clearly defined. To discriminate in that situation would be obvious to other people and yourself; aversive racists don’t want to appear and don’t want to be racially biased.

However, because of their unconscious negative feelings and beliefs, aversive racists will discriminate, but primarily in situations which right and wrong are not clearly defined or in which they can justify or rationalize a negative response on the basis of some factor other than race.

Thus, discrimination that disadvantages blacks will occur, but in a way that permits the denial of racial motivations. Aversive racists have a good set of values; the problem is they’re not as good as they think they are.

➢ Nurturing a lifelong commitment to self-evaluation and self-critique...
What happens WHEN not if you miss the target?
• Ask forgiveness.
• Don’t give your cultural resume.
• Forgive yourself.
• Check out that Script with your Community of Dialogue.*

➢ Nurturing a lifelong commitment to self-evaluation and self-critique...
Cultural Humility (vs. Cultural Competence)

- **Nurturing** a lifelong commitment to self-evaluation and self-critique.

- **Redressing power imbalances in the patient-clinician, educator-student, colleague-colleague, academic center-community dynamic.**

- **Developing** mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities.

- **Stewarding** an *organizational-level* developmental process that is also ongoing, and that parallels the three tenants of Cultural Humility.
Metzl: As but one example, the title of this book comes from a 1968 article that appeared in the prestigious *Archives of General Psychiatry*, in which psychiatrists Walter Bromberg and Frank Simon described schizophrenia as a “protest psychosis” whereby black men developed “hostile and aggressive feelings” and “delusional anti-whiteness” after listening to the words of Malcolm X, joining the Black Muslims, or aligning with groups that preached militant resistance to white society. According to the authors, the men required psychiatric treatment because their symptoms threatened not only their own sanity, but the social order of white America. Bromberg and Simon argued that black men who “espoused African or Islamic” ideologies, adopted “Islamic names” that were changed in such a way so as to deny “the previous Anglicization of their names” in fact demonstrated a “delusional anti-whiteness” that manifest as “paranoid projections of the Negroes to the Caucasian group.”
Cultural Humility (vs. Cultural Competence)

- **Nurturing** a lifelong commitment to self-evaluation and self-critique.

- **Redressing** power imbalances in the patient-clinician, educator-student, colleague-colleague, academic center-community dynamic.

- **Developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities.**

- **Stewarding** an organizational-level developmental process that is also ongoing, and that parallels the three tenants of Cultural Humility.
Developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities.

“Here in Merced, you might see Hmong men on the street who look like drunks,” Dan Moua says. “They don’t dress up correctly. They don’t walk nicely. But they are not drunks, they are the heroes who saved American lives and got wounded. Sometimes we lost a hundred lives to rescue one downed American pilot, or just get back the carcass. You cannot educate Americans overnight about this. You must do it over and over.”

Fadiman, Anne. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures (FSG Classics) (p. 290).
Let’s Strategize....

**Nurturing a lifelong commitment to self-evaluation and self-critique.**
Who do you have in your professional or personal community who can challenge your scripts?

When is the last time you saw a movie or read/listened to a book about a patient or community group with whom you work and should know more about? How did it impact you?
Let’s Strategize….

CONCEPTUAL ROADMAP OF WHERE TO START....
BY Jann Murray-Garcia, MD, MPH

Historical and Current Challenges and Scripts of Race in America That Lead to Inequities in Health and Health Care

Points of Leverage in Eliminating Racial Disparities in Health Status and Health Care

• You don’t have to work on all levels at once
• "Choose" a point of leverage you can/should focus on now
• Cultivate relationships at levels different than your own immediate sphere of influence

GLOBAL

NATIONAL

STATE

COMMUNITY

NEIGHBORHOOD

INSTITUTIONAL

UNIT/DEPARTMENT

PROFESSION

INTEPERSONAL INTERACTIONS

SELF