

# Health Disparities, Culture and Race: Conversations at the Heart of the Matter

Working in partnership with  
individuals and communities

Melanie Tervalon

Associate Director, PolicyLink

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# Ground rules

- Be open; listen with big elephant ears
- No blaming
- Confidentiality after this workshop
- Practice “I” statements when speaking
- No pressure to speak
- Take risks
- Enjoy learning together



# Expectations



# Three parts

- Historical Content and Context
- The words we use: Let's talk
- Principles and Practice



# Historical context

- Roots in the civil rights and ethnic health advocacy movements of the 60's
- Shaped initially by the fields of sociology and anthropology in late 70's and early 80's
- Original definition from field of mental health in 1989
- Racial and ethnic health disparities movement of the 90's and 2000



# Title VI of the Civil Rights Act: 1964

“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”



# Cultural competence

 Who conceptualized and published the term “cultural competency” and in what year?



Terri Cross, 1989

*“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”*



# Competence

“Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”(Cross, Brazon & Isaacs 1989)

National Standards for Culturally and Linguistically Appropriate Services (CLAS)  
Federal Register 65 (247)



# 21<sup>st</sup> century themes

- Culture broadly defined
- Culture and language: intimate and independent
- Rationale for cultural competence education described in the context of health policy and practice, specifically: eliminating racial and ethnic health disparities



# Health Disparities

■ *Which Surgeon General gave us the phrase racial and ethnic health disparities, and under which administration ?*

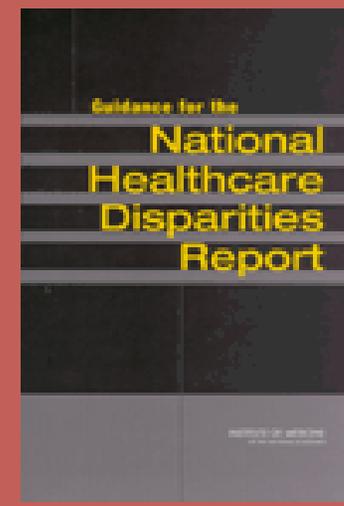
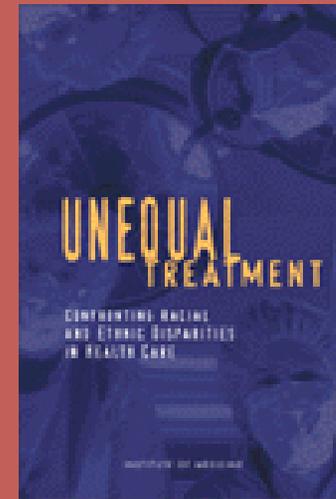
■ **Dr. David Satcher**

■ **Clinton 1993-2001**



# Focus on Health Disparities

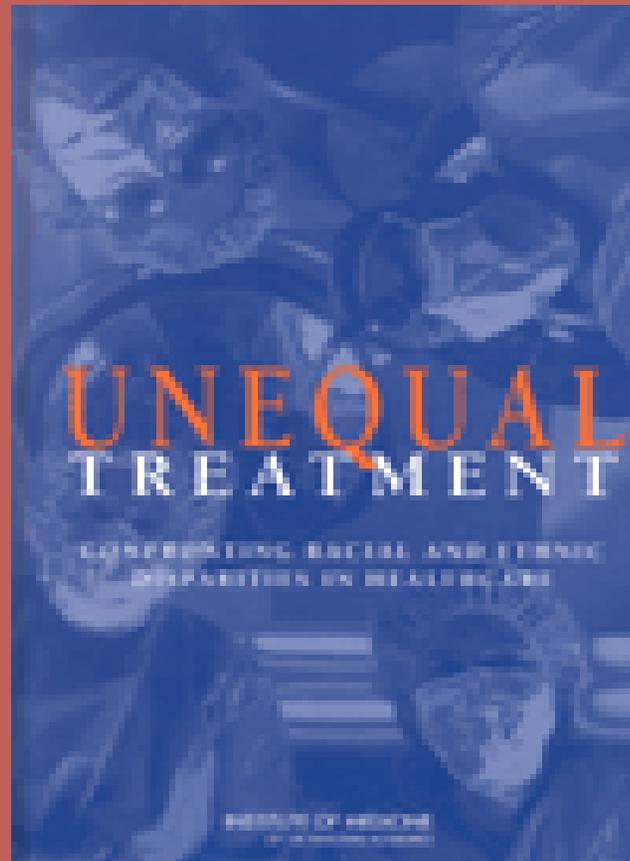
- **NIH** National Center on Minority Health and Health Disparities
- *Healthy People 2010*
- IOM Report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*



# Unequal Treatment

*Confronting Racial and Ethnic Disparities in Health Care*

Institute of Medicine, 2002



BD Smedley, AY Stith, and AR Nelson, Editors,  
Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Board on Health  
Science Policy



# Disparities

## ■ What is a health disparity?

Chain of events that lead to a difference in:

- Health Status
- Health outcome
- Access to, utilization of, and quality of care or services
- Community environment



# Disparities

## *Disparities* in healthcare:

### Located at two levels

- 1) Operation of healthcare systems
- 2) Discrimination at the individual, patient-provider level



# For example

- Cardiovascular disease
- HIV-AIDS
- Infant mortality
- Diabetes
- ....



# Discrimination

- Differences in care that result from biases, prejudices, stereotyping and uncertainty in clinical communication and decision making



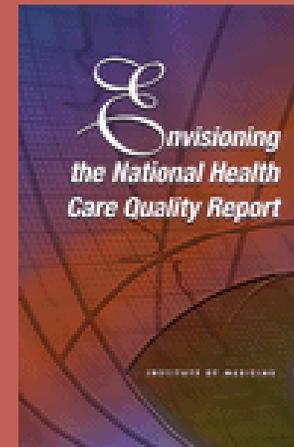
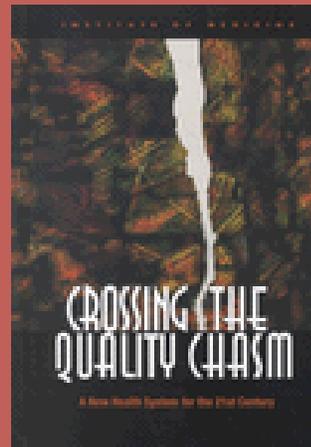
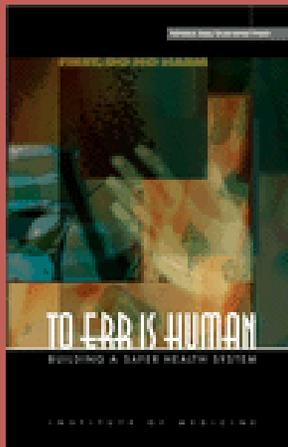
# Rationale for Cultural Competence in Health Care

- **Responding to demographic changes**
- **Eliminating disparities in the health status of people of diverse racial, ethnic, & cultural backgrounds**
- **Improving the quality of services & outcomes**
- **Meeting legislative, regulatory, & accreditation mandates**
- **Gaining a competitive edge in the marketplace**
- **Decreasing the likelihood of liability/malpractice claims**

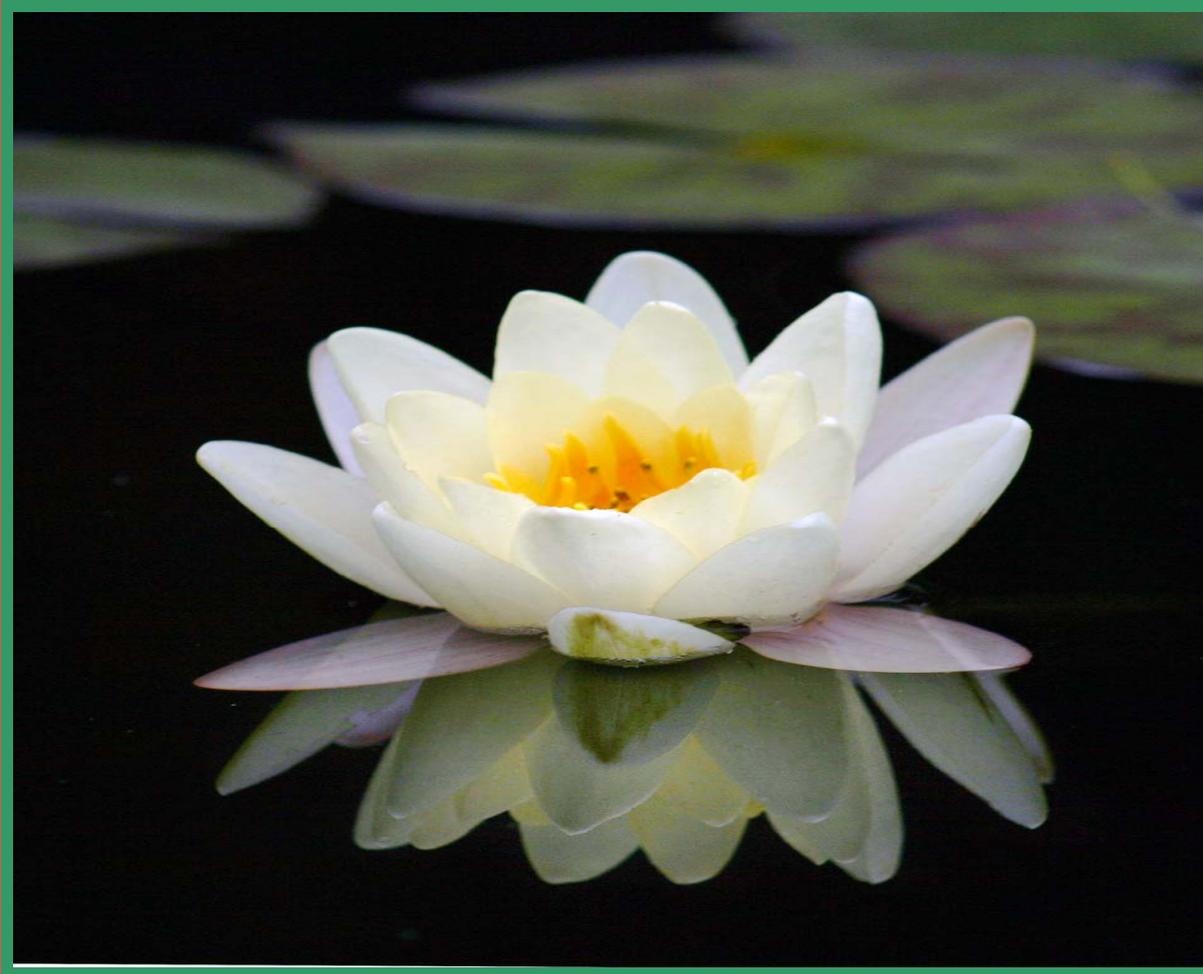
Cohen E, Goode T. Policy Brief 1: Rationale for cultural competence in primary health care. Georgetown University Child Development Center, The National Center for Cultural Competence. Washington, D.C., 1999.



# Institute of Medicine (IOM): Reports on Quality



# Conversation and the Heart



# Common language “let’s talk”

- Culture
- Diversity
- Race
- Racism
- Ethnicity
- Class
- Sexual identity





# Culture

Academics, literature and life



# Culture

“Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups.



# Culture

Culture is a society's style, its way of living and dying.

It embraces the erotic and the culinary arts;  
dancing and burial; courtesy and curses;  
work and leisure; rituals and festival;  
punishments and rewards; dealing with the dead and  
with the ghosts, who people our dreams;  
attitudes toward women, children, old people and  
strangers, enemies and allies;  
eternity and the present; the here and now and the  
beyond.

Octavio Paz



# So what is culture?

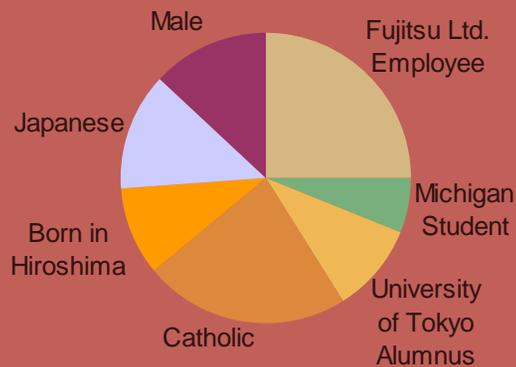
- Shared systems of values, beliefs,
- “World lens”
- **Learned** patterns of behavior
- Ever changing, socially framed
- Expressed in views, attitudes and behaviors
- Sometimes referred to in categories
- Often individually defined



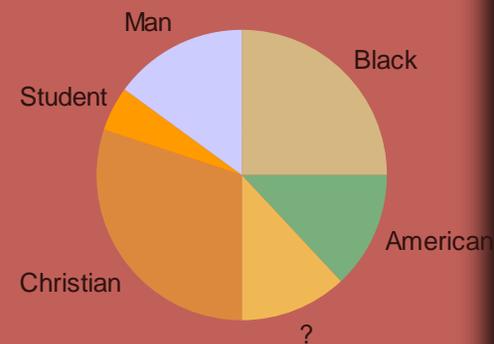
# Culture is Like Genetics: Group Definition, Individual Expression

## Examples of Culture Identity Structure

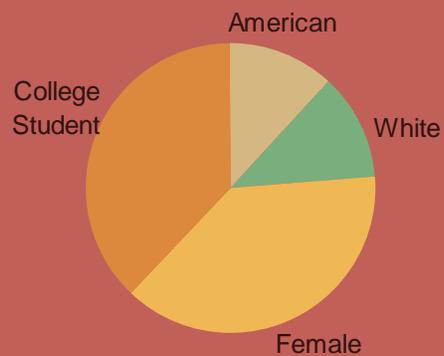
Example 1



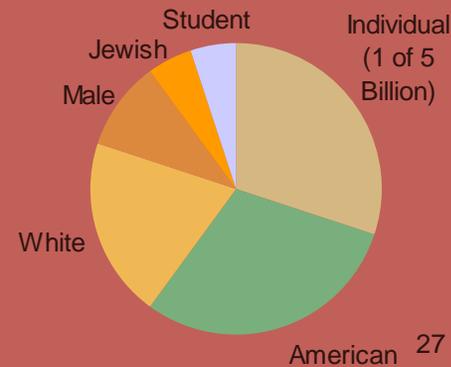
Example 2



Example 3



Example 4



# Listen to this...



From

the Dance House

Stories from Rosebud

by Joseph Marshall III



Let's talk culture....



# Culture in our lives

- In pairs, listen to each other and talk about:
  - When your cultural identity made you feel different: Why? How? When?
  - Name the elements of culture that were at play then: values, beliefs, learned patterns of behavior



# Turn to another person

- Think about a time in the recent past where your cultural identity played a role in a recent encounter, either as a patient, or as a worker in the health care system, or in your job category: Administrator, Executive, Consultant.
- Describe how cultural identity made a difference in that episode.



**RACE**

**Multicultural**

# Diversity

**CULTURAL  
COMPETENCE**

**CULTURE**

**ETHNICITY**

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*Multicultural Affairs*

*Children's Hospital Oakland  
1944-1995 Tervalon*



# Diversity



# Take off the masks

 “...if we have learned anything from the significant evolution in the prevailing societal views and official policies toward members of minority races and toward women over the past half-century, it is that even the most familiar and generally accepted of social practices and traditions often mask an unfairness and inequality that *frequently is not recognized or appreciated by those not directly harmed by those practices or traditions.*”

Chief Justice Ronald M. George  
May15, 2008



# Sources of Difference “diversity”



**Race**



**Religion**



**Ideology**



**Nationality**



**Appearance**



**Body structure**



**Physical ability**

**Gender**

**Age**

**Primary language**

**Immigration status**

**Family constellation**

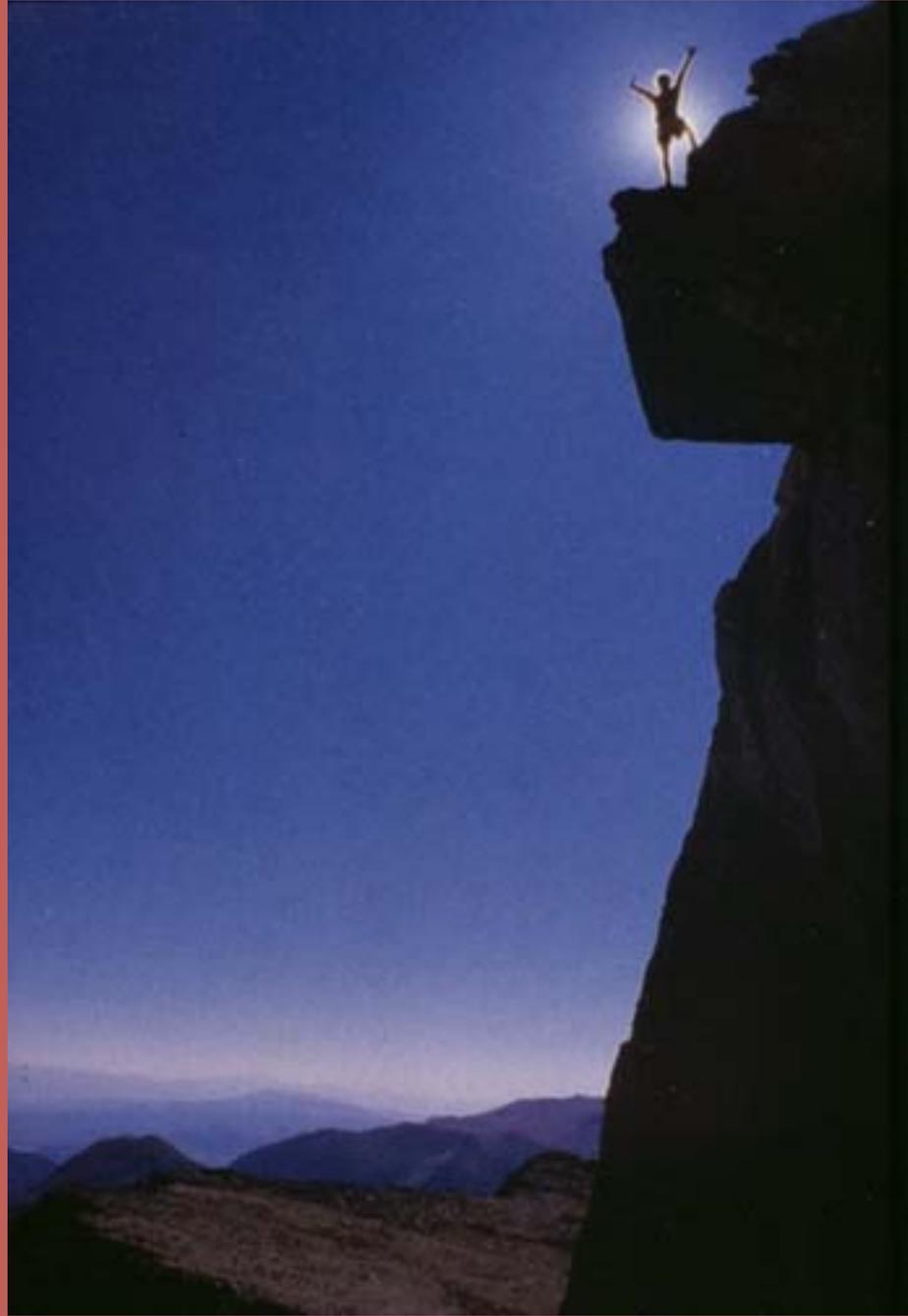
**Occupation**

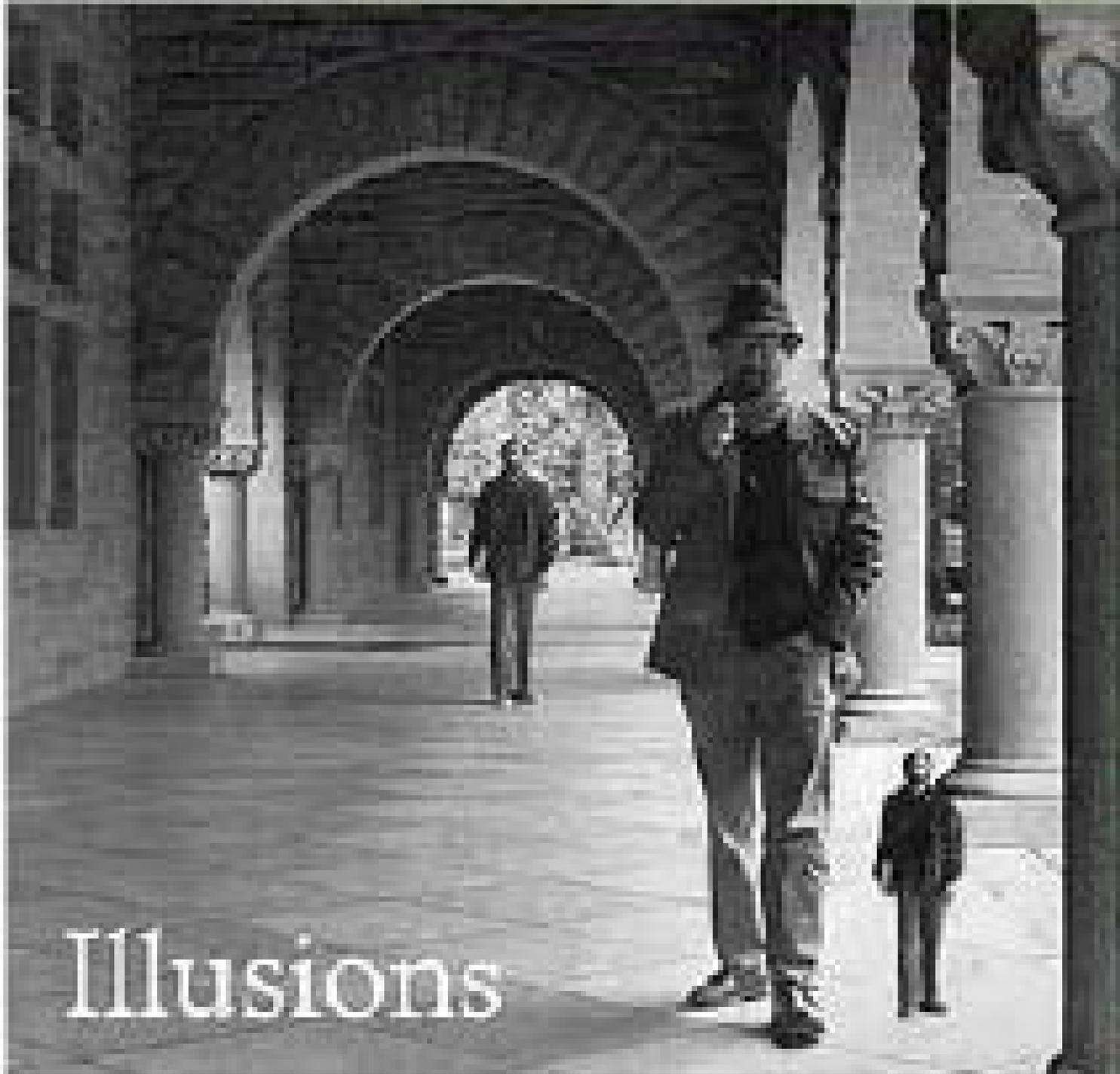
**Social class**

**Sexual definition**

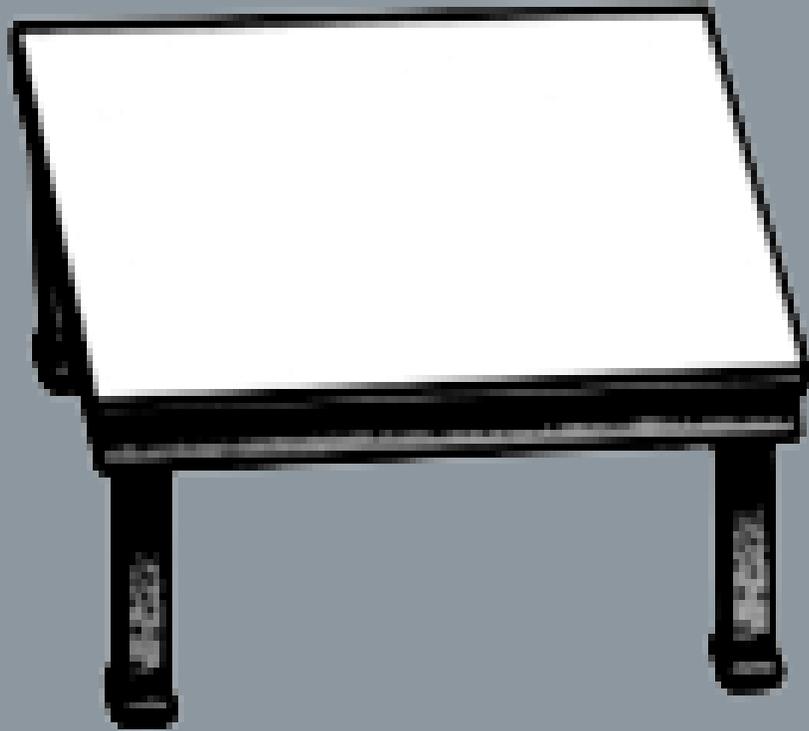
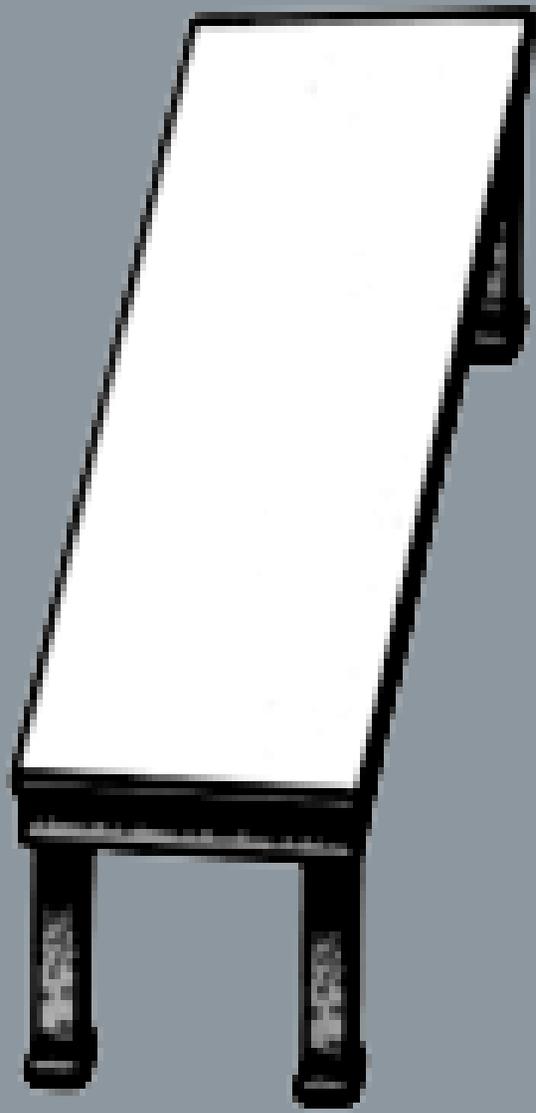
Pinderhughes EB: *Understanding Ethnicity, Race and Power: The Key to Efficacy in Clinical Practice*.  
New York: The Free Press, 1989, p. 25.







# Illusions



What do these unconscious associations do?

Can they affect the way we perceive things?



# Race and Racism



# *The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization*

Schulman, et.al. NEJM 1999

- 720 physicians at ACP, AAFP
- Identical video vignettes of pt w/chest pain randomized by pt characteristics (race, sex, age)
- Asked about perceptions of patient and how they would treat patient
- No difference by race in physician perception of CAD likelihood
- Black patients referred less often for cardiac cath (85% vs. 91%, OR 0.6,  $p=0.02$ )



# Goal today

- To encourage public, transparent and sustained dialogue in the health care setting about race and racism, about how these ideas operate in our interactions with each other and with the people we serve.



# Race

From the work of  
Vanessa Gamble, MD, PhD.



# What is Race?

“When we talk about the concept of race, most people believe that they know it when they see it but arrive at nothing short of confusion when pressed to define it.”

*-- Evelyn Brooks Higginbotham*

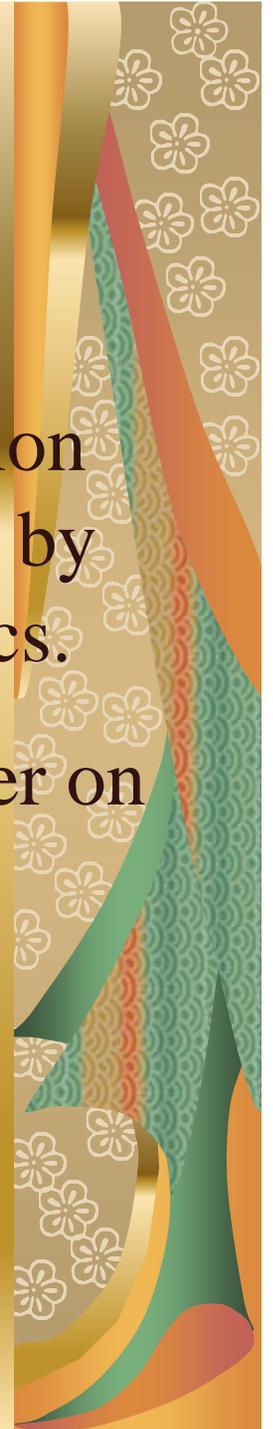


# Definitions of Race

- 1) A local, geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics.
- 2) A group of people united or classified together on the basis of common history, nationality, or geographic distribution...
- 3) Human beings considered as a group.

*The American Heritage Dictionary of the English*

*Language, 1992*



**Historical Analysis  
Demonstrates That Definitions  
of Race Have Been Fluid,  
Inconsistent, and Often  
Influenced by Social and  
Political Factors**



## Anti-immigration measures:

- Classification of Irish and Italians as races.
- Chinese exclusionary acts.



# Census Definitions of Race

1790 - Free (White or Other), Slave

1860 - White, Black, Mulatto

1890 - White, Black, Mulatto, Chinese,  
Indian, Quadroon, Octoroon,  
Japanese

1900 - White, Black (of Negro Descent),  
Chinese, Indian, Japanese



# Revised Race and Ethnicity Categories

Designates Five Races:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

No Changes in Ethnicity

Persons May Identify More Than One Race



## President's Cancer Panel - 1998

- Race as used in the U.S. is a social and political construct derived from our Nation's history. It has no basis in science or anthropology.
- Biologically distinct races do not exist.
- There is no genetic basis for racial classification.
- Racism has powerful societal effects and continues to influence science.



# Summary

- ◆ Race is a created idea
- ◆ Definitions have been fluid, changing over time, based on history, politics, economics, and societal norms
- ◆ Our ancestral background is in genetic information, which may influence responses to the environment
- ◆ Race operates in the world because racism exists



# EXERCISE

- ◆ Your race
- ◆ Your parents' race
- ◆ Your grandparents' race
- ◆ Is this social or biological?



# Racism

From the work of

Camera Jones, MD, MPH, Ph.D.

“A theoretical framework and gardener’s tale”

CP Jones, American Journal of Public Health

2000: 90(8): 1212-1215

Center for Communicable Disease Control and Prevention



“. . . the variable 'race' is not a biological construct that reflects innate differences, but a social construct that precisely captures the impacts of racism."



# Three Types of Racism

- Institutional and structural
- Personally-mediated
- Internalized



# Racism

- ◆ Belief in the superiority of a group
- ◆ Legitimized by exclusion of some groups from resources and power
- ◆ A negative expression in a race-conscious society



# Manifestations of Racism

## ❏ Differential access to power

Examples: differential access to information, wealth and organizational infrastructures, voice (voting rights, representation in government, control of media).

## ❏ Differential access to material conditions

Examples: differential access to housing, jobs, clean environment.



# Institutional Racism

Differential access to material conditions



- ◆ Housing
- ◆ Jobs
- ◆ Clean environment

# Personally Mediated Racism

- ◆ Prejudice
- ◆ Assumptions: abilities, motives, intentions
- ◆ Suspicion
- ◆ Scapegoating
- ◆ Devaluation



# Personally Mediated Racism

- ◆ Discrimination: differential actions
- ◆ Police brutality
- ◆ Sterilization abuse



# Internalized Racism

- ◆ Negative messages about worth
- ◆ Limitations to ideas and dreams
- ◆ Self-devaluation
  - Ranking skin color
  - Racial slurs
  - Hopelessness



Listen to this...

Dead Above Ground  
Jervy Tervalon



# Racism

- Belief in the superiority of one group over another on the basis of presumed racial differences
- Legitimized by arrangements (legal, social, political) that exclude groups from resources and power
- A negative expression in a race conscious society



 Practice talking with each other about race and racial identity



# EXERCISE

- ◆ Your race
- ◆ Your parents' race
- ◆ Your grandparents' race
- ◆ Is this social or biological?



# Ready to talk about this?

- How do you bring your identity to your work? Think about a recent example that you can talk about.
- Be specific about the positive ways and perhaps, the not so positive ways that your identity impacts your work in the reduction of infant mortality.
- What might you provide or ask for to make the best contribution in this work?



 Practice talking with each other about how race and racism operate in our work



## In groups of two or three

Practice talking with each other about how race and racism operate in our work

- Describe a race based health encounter which happened within the last year that either happened to you, a friend, or a client. Or describe a race based encounter related to your work .
- Identify at least one element of that encounter that your group can talk out loud about that is positive, negative or confusing.



# Reflections and practice

- What did you learn from this experience?
- What will you do differently or the same in the future when a similar circumstance occurs?
- How will you ask for help when you are unsure, uncertain, confused?
- Who will you talk with...and why?
- How will this understanding influence the content of your work when you leave this meeting in your work to decrease African American infant mortality rates?



# As a group

- What needs to change? Think change, think equality, think responsibility, think action...
- Be specific: language, structures, composition of groups,
- Be specific: personal, institutional, political, economic



# Change



# Cultural Humility





**Children's Hospital  
Oakland's  
Multicultural  
Curriculum Project  
1994-1997**



KEVORK DJANSEZIAN



**"Careful police work"?** *Rodney King*





# Cultural Humility

"...not a discreet endpoint, but a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves." (Leland Brown 1994)





# Cultural Humility

- Self reflection and life long learner
- Patient focused interviewing and care
- Community based care and advocacy
- Institutional consistency



# Humility

- Marked by meekness or modesty in behavior, attitude or spirit ; which simply means showing patience, gentleness and moderation about ones own abilities and values
- Not arrogant or prideful, which in the context of the original article meant curbing the physician drive towards being all right and all knowing in all areas of all things!



# Self-Reflection and Life Long Learner

Courageously ask:

- ❏ What do I think about this cultural group(s)?
- ❏ How do I know this to be true?
- ❏ What are my biases?
- ❏ What are they based on?
- ❏ What are the consequences in my relationship with this person, this community, if I act on these biases?
- ❏ What can I learn here? And how?



# Community-based care and advocacy

- ❏ Listen to, and respect the factors that communities identify as defining health priorities
- ❏ Identify, believe in, and build on the adaptive strengths of communities
- ❏ Act as effective students of and partners with communities.



# Institutional consistency

- Demonstration of commitment to cultural competence
  - Hiring practices
  - Composition of staff
  - Practice inclusion and respect in substantive discussions about difference in work setting and health care
  - Building partnership with surrounding community



# Why cultural humility is useful in health practice

- Knowledge is important but insufficient
- Culture is ever-changing
- Community foci of expertise is essential



# Why cultural humility is useful in health practice

- Introspection to uncover practitioner and institutional bias, discrimination
- Unrealistic to become cultural experts
- Practitioners, all kinds at all levels, are multicultural beings too!



# What do we need?

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- Frequent dialogue conditions that are open, free from retaliation that include staff, trainees, supervisors and community members
- Patience with the hard questions: racism, ethnocentrism, "isms" of all sorts
- Support for emotion-rich topics
- Learn from mistakes and apologize

# Communication Models

Mnemonics for Clinical Interviewing

# NO "COOKBOOK APPROACH" TO CARING FOR PATIENTS



# Clinical Interviewing Mnemonics



- ◆ **ESFT** (Betancourt, Carillo, & Green 1999)
- ◆ **ETHNIC** (Levin, Like, & Gottlieb 2000)
- ◆ **BATHE** (Stuart & Lieberman 1993)
- ◆ **LEARN** (Berlin & Fowkes 1982)

# ESFT

**E** - Explanation

**S** - Social

**F** - Fears

**T** - Therapeutic

Adapted from Betancourt JR, Carrillo JE, Green AR: "Hypertension in Multicultural and Minority Populations: Linking Communication to Compliance," Current Hypertension Reports 1999; 1:482-488.



# ETHNIC

**E** - Explanation

**T** - Treatment

**H** - Healers

**N** - Negotiate

**I** - Intervention

**C** - Collaboration



# BATHE

**B** - Background

**A** - Affect

**T** - Trouble

**H** - Handling

**E** - Empathy

From: Stuart, M.R. & Lieberman, J.R. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician,  
2nd Ed., New York: Praeger , 1993.



# LEARN

**L:** *Listen with sympathy and understanding to the patient's perception of the problem.*

**E:** *Explain your perceptions of the problem.*

**A:** *Acknowledge and discuss the differences and similarities.*

**R:** *Recommend treatment.*

**N:** *Negotiate agreement.*

From: Berlin EA, Fowkes WC Jr: "A Teaching Framework for Cross-Cultural Health Care,"  
Western Journal of Medicine 1983; 139:934-938.



## *Cultural Competence*

*“Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”*

## *Cultural Humility*

- ▲ Self-reflection and life long learner*
- ▲ Patient-focused interviewing and care*
- ▲ Community-based care and advocacy*
- ▲ Institutional consistency*



## **“The Transformation of Silence into Language and Action.”**

We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired. For we have been socialized to respect fear more than our own needs for language and definition, and while we wait for that final luxury of fearlessness, the weight of that silence will choke us.

The fact that we are here and that I speak these words is an attempt to break that silence and bridge some of those differences between us, for it is not difference which immobilizes us but silence. And there are so many silences to be broken.

*-Audre Lorde, (1934-1992)*



# Practice

You are at work in Yes We Can County.

Your assignment is to reduce infant mortality rates in the African American community. You however, live outside of the County and know very little about any of the African American community groups, opinions or practices with regard to this health issue.



# Practice

You are committed to this work and yet, still feel personally and professionally uninformed about the many layers of cultural and racial issues present in the assignment.

You are sitting at your desk, puzzled about what to do, or say, or how to approach the issues of culture, race and racism as a responsible, member of the team.



# Practice

Before tomorrow morning, work in teams and:

- use the **principles of cultural humility**,
- the **elements of cultural competence**,
- and an **exploration of race and racism**

to identify

- five or more actions** you might take
- to **reduce infant mortality rates** in the interest of the African American women, men, children, families, and the communities you serve.



Race:  
The Power of an Illusion



# Tell the story you heard

- Talk with one other person about
  - The impact of historical, structural racism on social equality
  - How this historical circumstance influences current conditions
  - Identify three ways that **you** see these influences on current day health outcomes, and health inequalities.
  - Say what **you** need to interrupt in your work to make certain that this ends.
  - Be ready to talk out loud about this



# Listen, learn, act

- What did you hear?
- What will you do when you return to your workplace?
- Why?
- How?
- With whom?

