Cultural Humility
And
Interrupting The Scripts We Live

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Session Objectives

Outline key components of Cultural Humility as an approach to equitable health care.

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.)

- WHAT IS A SCRIPT?
What Is A Script?
A Short Quiz:
Answer:

Koreans in Japan
SCRIPTS WE LIVE:

I freed a thousand slaves. I could have freed a thousand more if only they knew they were slaves.

Harriet Tubman
What Do I Mean By “Race”? 
Race is about SUPERFICIAL CHARACTERISTICS that we subconsciously believe tell us something about the essence or potential of a person.
Race is not something our chromosomes do to us.

Race is something we do to each other.

(paraphrased, UC Berekeley Geneticist)
When Do We Learn Race?

Very Very Early

When do we internalize, even passively, this race-making process?
How Jews Became White Folks & What That Says About Race in America

Karen Brodkin

Whiteness of a Different Color

European Immigrants and the Anxieties of Race

Matthew Frye Jacobson

Race is DYNAMIC.
**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.

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

Hosted by the Baumeister Fenton Family (2709 Anza Ave.)  
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The SCRIPT of Native American presumed criminality... AND INVISIBILITY

According to a report by the Lakota People's Law Project, police are killing Native Americans at a higher rate than any race, and nobody is talking about it.
Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

Monika K. Goyal, MD, MSCE1,2,3; Nathan Kuppermann, MD, MPH4; Sean D. Cleary, PhD, MPH5; Stephen J. Teach, MD, MPH2,3; James M. Chamberlain, MD1,2,3

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, 56.8% (95% CI, 49.8%-63.9%) received analgesia of any type; 41.3% (95% CI, 33.7%-48.9%) received opioid analgesia (28.7% [95% CI, 21.3%-36.4%] of black patients vs 43.1% [95% CI, 34.6%-52.4%] 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, 0.2-0.8]). Among those with severe pain, black patients were less likely to receive opioids than white patients (adjusted odds ratio = 0.2 [95% CI, 0.06-0.9]). In a multivariable model, there were no significant
The SCRIPT of presumed criminality...
The SCRIPT of “who feels pain?”

- Blacks feel less pain and have less sensitive nerve endings
- By 10 year old, for the same injury, White children feel less pain than Black children
- Blacks feel less distress over life hardships


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.*
Cultural Humility (vs. Cultural Competence)

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

- **Redressing** power imbalances in our encounters with one another, with students, and with patients.

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