CULTURAL HUMILITY: WORKING WITH BLACK PATIENTS

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CONTEXTUAL FACTORS

Privilege

SDOH

Racism

Microaggressions

UNEARNED PRIVILEGE

- When a group of people are entitled to get special things just based on the group they belong to, even though they have done nothing to deserve it

- **People who are right-handed** can use a computer, open a can, or cut with scissors, & it is easy for them. **Left-handed people,** on the other hand, must adapt to using things that are not designed for them.

- **Right-handed people often don't realize that they have this privilege.** But anyone who does not have this unearned privilege is very aware of it.

SOCIAL DETERMINANTS OF HEALTH: CORE DOMAINS

Economic Stability

Education

Social and community context

Health and health care

Neighborhood and built environment

What roots have you supplied?

Healthy People, 2020

The leaves are the result of the things supplied to the tree via the roots.

Affordable, safe, quality housing

Quality education

Access to health and human services

Healthy built and natural environments

Access to parks and natural resources

Equity in County practices

Family wage jobs and job training

Access to affordable, healthy, local food

Early childhood development

Equitable law and justice system

Community and public safety

Strong, vibrant neighborhoods

Economic development

Access to safe and efficient transportation

These are the root causes.

RACISM

A Gardener's Tale

- A system of structuring opportunity & assigning value based on the social interpretation of how one looks ("race")

  - Unfairly disadvantages some individuals & communities

  - Unfairly advantages other individuals & communities

  - Saps the strength of the whole society through the waste of human resources

Jones (2003)

TYPES OF RACISM

- **Individual**
  - individual or interpersonal interactions designed to injure, denigrate, or deny services/goods to individuals from racial groups as defined as inferior

- **Institutional**
  - policies, practices, & norms that incidentally, but inevitably, perpetuate inequality by restricting opportunities of people of color

- **Cultural**
  - symbols or practices used to reinforce a belief in the racial superiority of Whites & the inferiority of non-dominant racial groups

IMPACT OF RACISM

- Maternal mortality rates
- Breast cancer
- Legal involvement
- Delays in medical care—seeking and receiving
- Undertreatment
- Misdiagnosis
- Psychological diagnoses
- Health behaviors
- Mortality
- Sleep disturbances
- Reduced performance
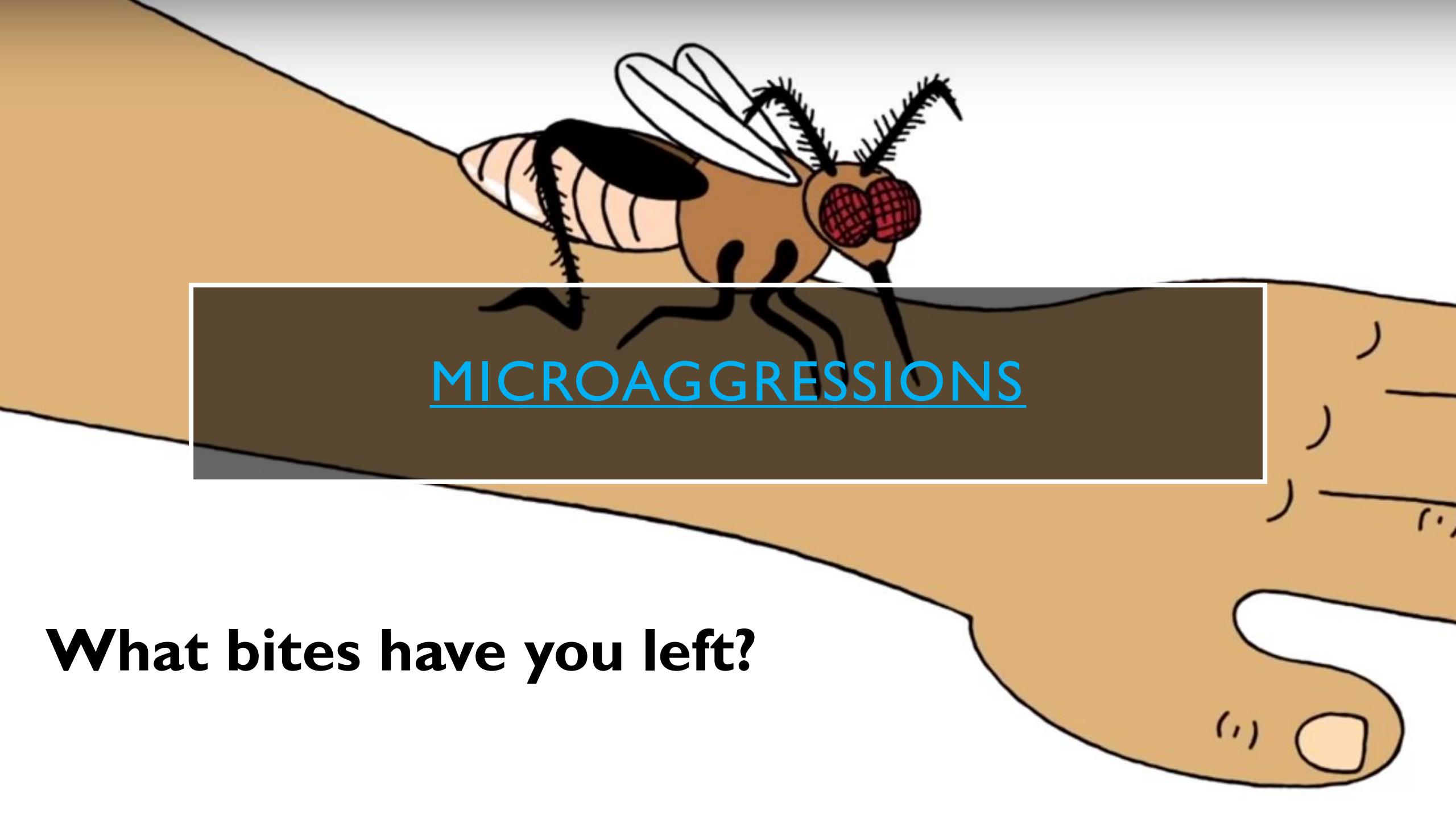
MICROAGGRESSIONS

What bites have you left?

IMPACT OF MICROAGGRESSIONS

- Psychological distress—anger, anxiety, confusion, contempt

- Perception of forced compliance, humiliation, loss of integrity, need to engage in code switching

- Altered therapeutic interaction

  - Many Black patients experience microaggressions from their providers—dismissive, negative statements, culturally inappropriate interventions (up to 53% surveyed in one study)

  - Providers' discomfort with addressing race/ethnicity/marginalization

  - Weaker clinical relationship

- It is possible to overcome microaggressions in the same way it is possible to repair therapeutic ruptures and other relationship snags

RESPONDING TO MICROAGGRESSIONS

- "To speak or how to speak? That is the question" (Sue, 2015)
- Common reactions when someone speaks up
  - "I'm not racist!"
  - "I don't see color"
  - "We're all the same under the skin"
  - "Oh, I didn't mean it like that!"
  - "I can't believe you would think I would say/do something so mean." (AKA gaslighting)

Impact is always more important than intent.

RESPONDING TO MICROAGGRESSIONS

- Recommended steps (note that one must be in a position of power when addressing a microaggression with a member of the majority group)
  - Be clear that it isn't about calling someone racist or sexist—it's about the words or the actions
  - Share that it isn't about shaming/blaming; rather it's about conveying your feelings about being hurt
  - Ask about how they feel about what you've shared
  - Wait and listen
  - Accept the outcome (or not) and move on recognizing that we can't force anyone to change **or go above them**

STRATEGIES FOR TREATMENT

BARRIERS TO TREATMENT

- **Structural**

  - Later referrals to treatment

  - Higher rates of involuntary commitment

  - Fewer specialty services in AA communities

- **Provider**

  - More frequent misdiagnosis

  - Bias

  - Lack of cultural humility

  - Fewer providers with similar racial/cultural backgrounds

BARRIERS TO TREATMENT

- **Individual/cultural**

  - Delayed problem recognition

  - Delayed entry into treatment

  - Fear of stigma/discrimination

  - Historical abuse of power by medical providers

- **Historical racism & bias**

  - Medical racism

  - Mislabeling act of running away from slavery as a disease
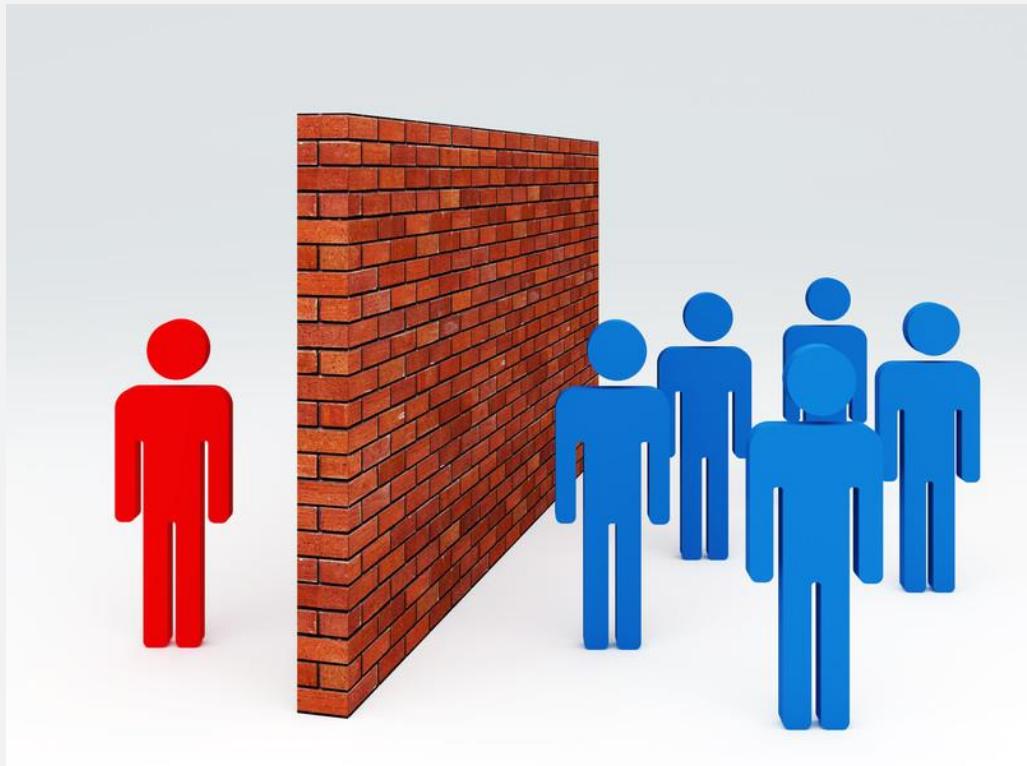
CULTURAL MISTRUST

- "Healthy paranoia"

- Black individuals harbor a generalized suspicion of White people stemming from a long history of oppression & race-related injustices

- Black individuals often perceive White counselors as less culturally competent than Black or Latino counselors

- "Don't air out the dirty laundry"

- "Keep family business at home"

ENGAGING AFRICAN AMERICANS IN CARE

- **Structural characteristics of the provider**
  - Culturally welcoming environment
  - Ethnic compatibility of staff
  - Flexible hours
  - Childcare arrangements

- **Interpersonal characteristics of the provider**
  - Engaging in collaborative & active problem solving
    (reduce mistrust)
  - Taking time to build trust & rapport
  - Use multiple treatment modalities
  - Addressing racial/cultural differences

read, read, read.

HOW TO ADDRESS RACIAL/ETHNIC DIFFERENCES

- It may be helpful to
  - Ask, "How do you feel about working with a white therapist?"
  - Avoid bringing up racial difference/similarity all the time—this may cause anxiety/suspiciousness for patient
  - Avoid "trying too hard"
  - Avoid assumption that racial similarities will enhance therapeutic relationship or outcome

CONSIDER THE FOLLOWING

- Spirituality/religion
- Communalism/interconnectedness
- Family support
- External locus of control
- Sources of stigma including non-binary SSOGI
- Address protective factors

CONSIDER PROTECTIVE FACTORS

- Positive identity development can buffer the effects of oppression

- The extended family/kinship bonds is a source of strength & support & can include blood kin & those unrelated by blood (e.g., members of a church family)

- Religious institutions & spiritual beliefs are sources of strength; greater levels within the Black community as compared to other groups

Protective Factors

Risk Factors
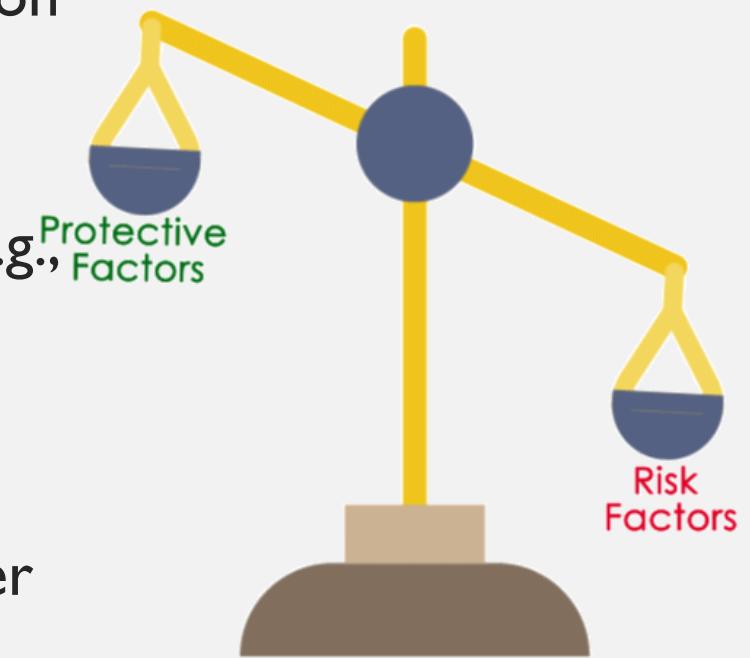
DON'T GENERALIZE; INDIVIDUALIZE!

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