



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**

# Race, Ethnicity, Culture, Diversity, Equity and Justice in Health Science

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# Diversity & Inclusion → Equity & Justice

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- Personal introduction
- What determines our “health”
- Observing “race”?
- Race vs Racism
- Cultural humility



# What is “health”?

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YOUR TURN



# Frames of “Health” – which is dominant?

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## Biomedical

- Individual
- Biological
- Body is a machine that can be treated
- Health is absence of disease
- Curative
- Prevention is focused on vaccines, diagnostic screening, etc



## Behavioral

- Illness is consequence of individual, household or community decisions
- Regulates and modifies personal conduct and attitudes through education
- Blame for illness is individualized
- “lifestyle model”



## Political Economy

- Integrates political, social, cultural, historical and economic contexts in which ill health arises
- Health and disease are produced via societal structures
- Thinks about power relationships
- Gender, class and race

# Covid-19 through the frames

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## Biomedical

- Caused by SARS-CoV(2)
- Communicable
- Treatment protocols
- Vaccine



## Behavioral

- Minimize social interaction
- Shelter in place
- Ensure individuals practice hand washing, mask wearing and physical distancing



## Political Economy

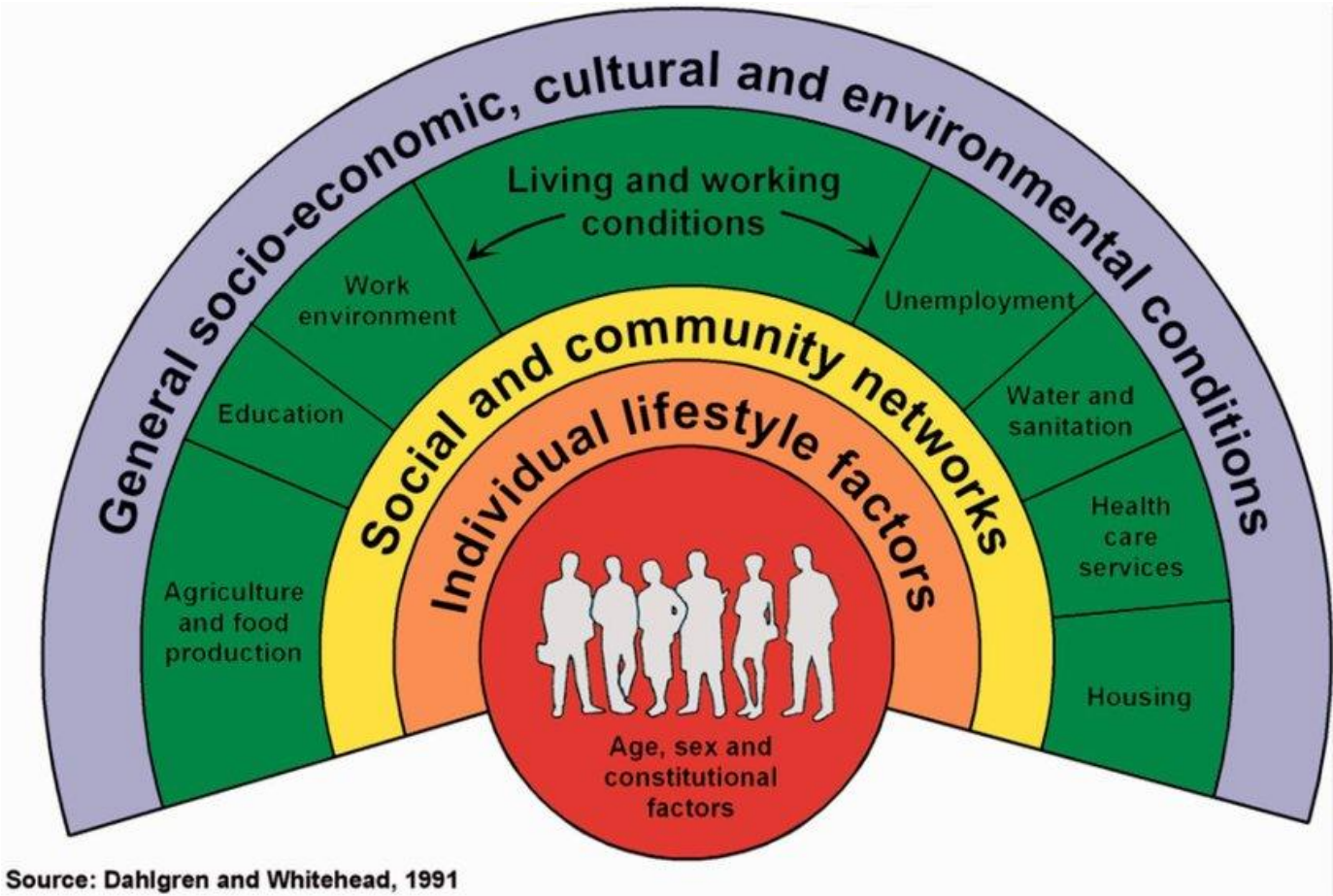
- Universal Healthcare
- Access to healthy food/social assistance
- Housing assistance
- Economic assistance
- Decrease air pollution
- Provision of PPE for all hospitals and doctors and essential workers!
- Protect elders
- Protect the environment

Health is not a result of  
biomedicine and individual  
behavior alone.

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THE CONTEXT (SOCIAL, ECONOMIC, POLITICAL, ECOLOGICAL)  
MATTERS!

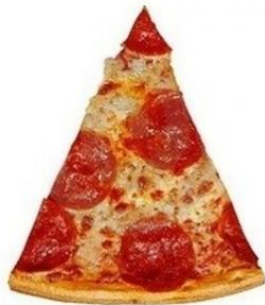
# Social Determinants of Health: Context



Source: Dahlgren and Whitehead, 1991



# Environment/Context & Health



CLOSE ENOUGH





# Level of Intervention?



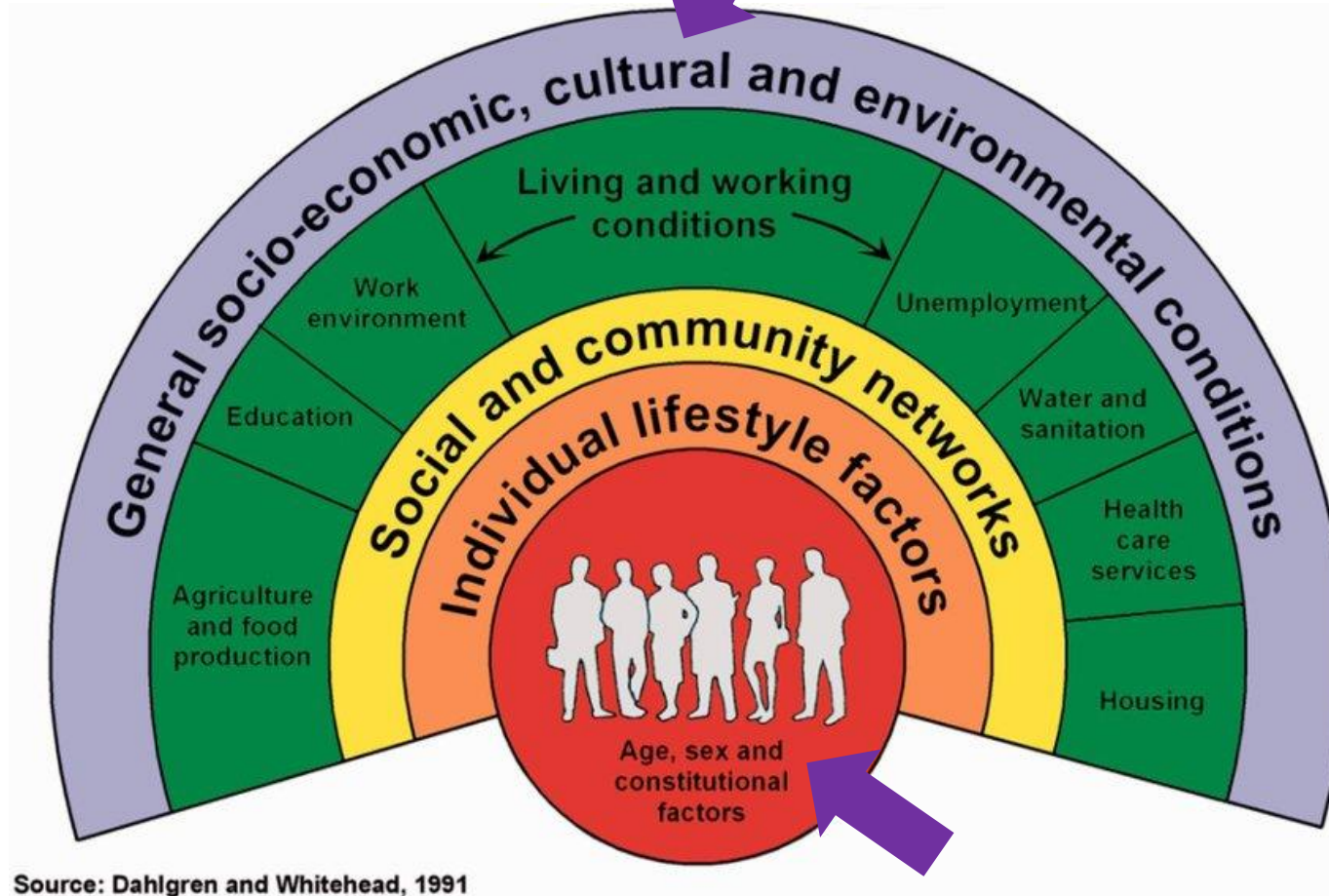
# Questions? Thoughts?

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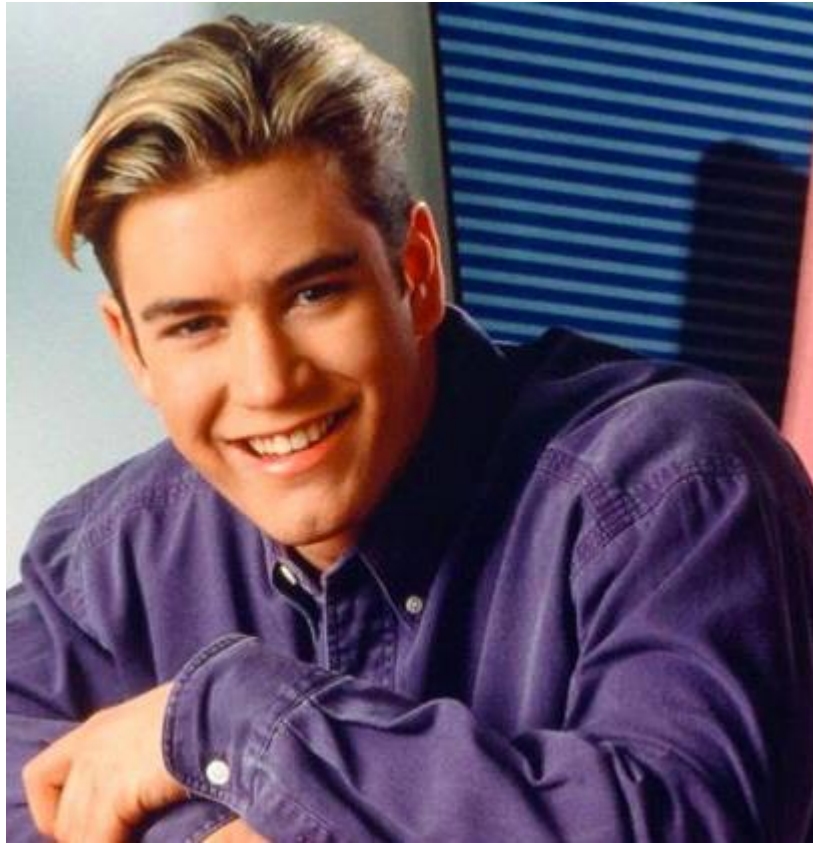
SOCIAL DETERMINANTS OF HEALTH CONTEXT TO CULTURE SLIDE  
NEXT



# Tangible to Intangible Context



Source: Dahlgren and Whitehead, 1991



Can you 'observe' culture?

L-R; Nicky Haley is South Asian/Indian-American; Mark Gosselar is Indonesian/Asian; and Gina Torres is Cuban-American/Latina

*What's the difference...*

*culture*

*race*

*ethnicity*

*nationality*

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VIDEOS NEXT SLIDE...

Let's watch 2 videos...

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Jellybean video

<https://www.youtube.com/watch?v=CqV3CK6QfcU>

Race isn't Real

<https://www.youtube.com/watch?v=VnfKgffCZ7U&feature=youtu.be>



# Videos... thoughts?

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LINK B/W CULTURE AND HEALTH NEXT SLIDE

# What does your skin tone say about culture?

## SKIN TONES



LIGHT PALE



PALE



TANNED



BROWN



DARK BROWN



BLACK

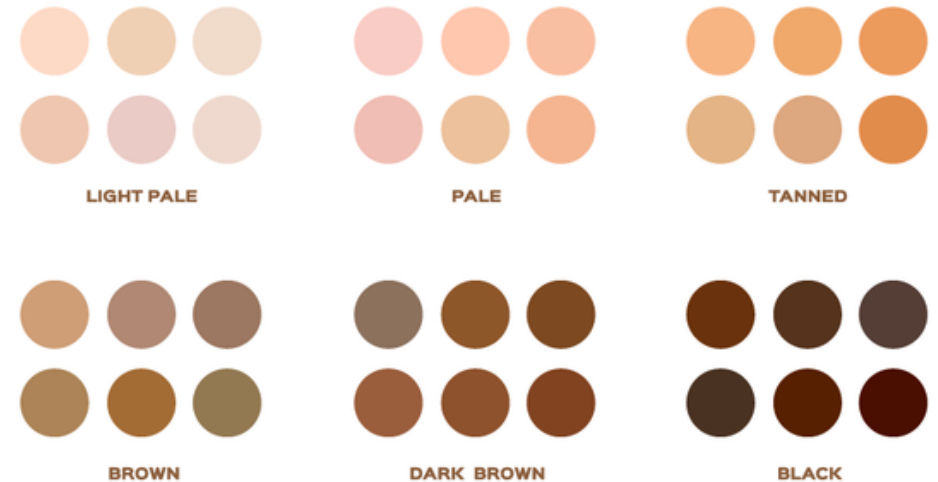


# HUMAN

As a ~~health practitioner~~, never assume you know who someone is by observing physical characteristics!

WHY IS THIS DANGEROUS?

## SKIN TONES



# Link between culture and health?

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- Individual Knowledge, Attitudes and Behaviors are informed by our birth/origin culture(s) and level of acculturation to our current (US) environment.
  - Food, nutrition and eating?
  - Activity levels and movement?
  - Mental health and wellbeing?
  - Relationships?
  - Other?



What  
about  
political  
affiliation?

Is there an  
“American”  
culture?

# Acculturation

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- A term used to describe the degree to which an individual from one culture has given up (willingly or forced) the traits of that culture and adopted the traits of the dominant culture in which they now reside...
- Multicultural (3+ cultural identities) – individual functions equally well in multiple cultures and current adopted culture
- Bi-cultural (assumes only 2 cultures) – individual functions equally well in both culture of origin and adopted culture
- Traditional – individual holds on to most (or all) of their traits from culture of origin
- Marginal – individual who has lost most of the traits of their culture of origin
- Acculturated– individual who has given up all the traits of their culture of origin and adopted the dominant culture

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not race.  
 Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

What is this person's race? Mark  one or more boxes.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — Print name of enrolled or principal tribe.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asian Indian  | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Korean   | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. | <input type="checkbox"/> Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on. |  |

- Some other race — Print race.

2010: Race/Ethnicity questions

Source: U.S. Census Bureau

Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin — Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.

These “categories” confuse race, ethnicity and nationality. As Health scientists/researchers, we have to think critically about the ‘race’ variable in our work.

2020: Planned Race/Ethnicity questions

Source: U.S. Census Bureau

What is this person's race?

Mark  one or more boxes AND print origins.

- White — Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
  - Black or African Am. — Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
  - American Indian or Alaska Native — Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Asian Indian  | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Chamorro        |
| <input type="checkbox"/> Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. | <input type="checkbox"/> Other Pacific Islander — Print, for example, Tongan, Fijian, Marshallese, etc. |  |
- Some other race — Print race or origin.



# Why are researchers “observing” skin color and physical features as “race”?

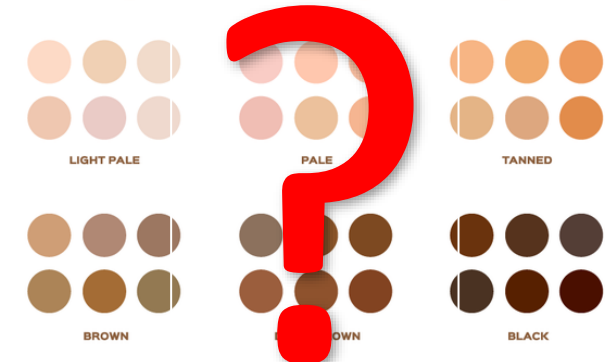
Table 1. Demographic Characteristics of Park Users, Pre- and Post-intervention

Characteristic	Garden Grove Park Target Area 1 <sup>a</sup>		Garden Grove Park Overall		Edison Park Overall	
	Pre	Post	Pre	Post	Pre	Post
<b>Total no. of person-periods</b>	436	419	6,336	5,319	5,628	3,238
<b>Sex</b>						
% Male	64.9	49.6	66.4	64.8	60.5	68.7
% Female	35.1	50.4	33.6	35.2	39.5	31.3
$\chi^2$ (P value)	19.75 (<.001)		3.24 (.072)		59.07 (<.001)	
<b>Age group</b>						
% Child	3.9	19.3	9.8	10.2	31.6	20.2
% Teen	14.0	7.6	18.3	24.8	14.1	16.9
% Adult	64.0	32.2	59.9	45.5	42.8	53.7
% Senior	17.2	40.8	12.1	19.5	6.9	9.2
$\chi^2$ (P value)	118.29 (<.001)		273.76 (<.001)		247.43 (<.001)	
<b>Race/Ethnicity</b>						
% White	19.5	3.6	15.1	11.7	3.2	5.1
% Hispanic	32.3	32.9	27.2	25.9	89.9	88.8
% Black	1.8	0.0	1.9	1.4	0.6	0.2
% Other	46.3	63.5	55.8	61.0	6.3	5.0
$\chi^2$ (P value)	65.47 (<.001)		44.75 (<.001)		27.61 (<.001)	

<sup>a</sup> In Garden Grove Park, all new fitness equipment (fitness center) was located in target area 1.

Sami, M., Smith, M., & Ogunseitan, O. A. (2020). Placement of Outdoor Exercise Equipment and Physical Activity: A Quasi-Experimental Study in Two Parks in Southern California. *International journal of environmental research and public health*, 17(7), 2605.

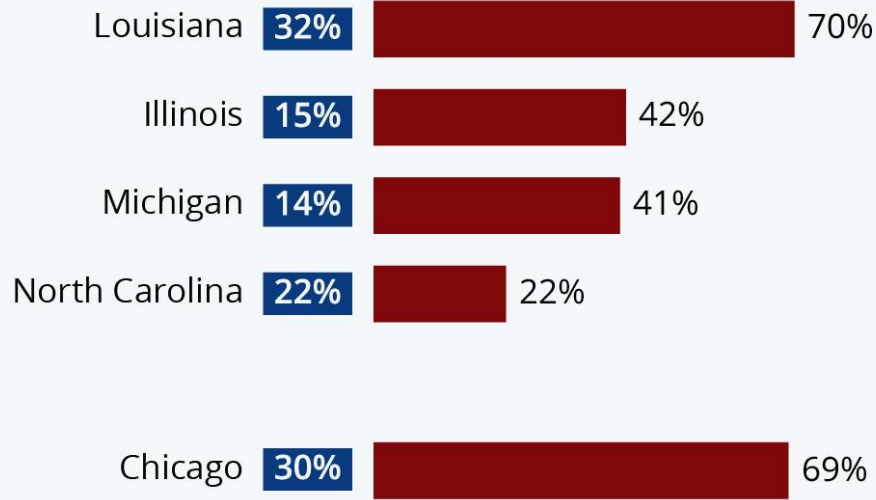
## SKIN TONES



# COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

■ Share of state/city's population ■ Share of COVID-19 deaths

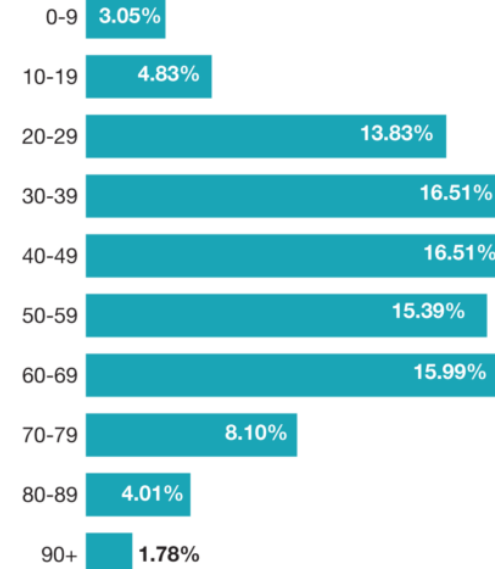


Sources: 2010 Census, respective state/city health departments

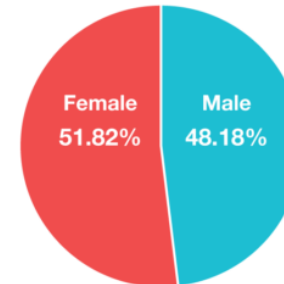


## NEW DATA SHEDS LIGHT ON DISTRIBUTION OF NEW MEXICO COVID-19 CASES

### Statewide age breakdown

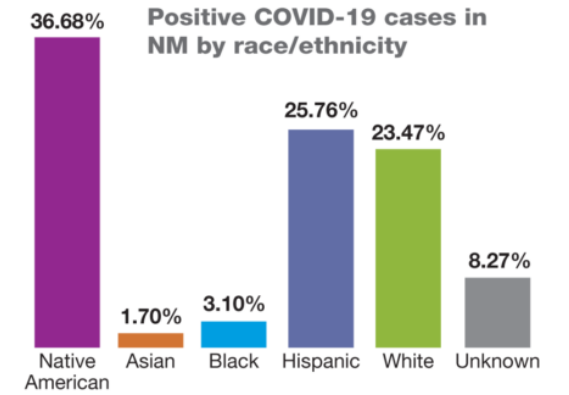


### Positive cases by gender

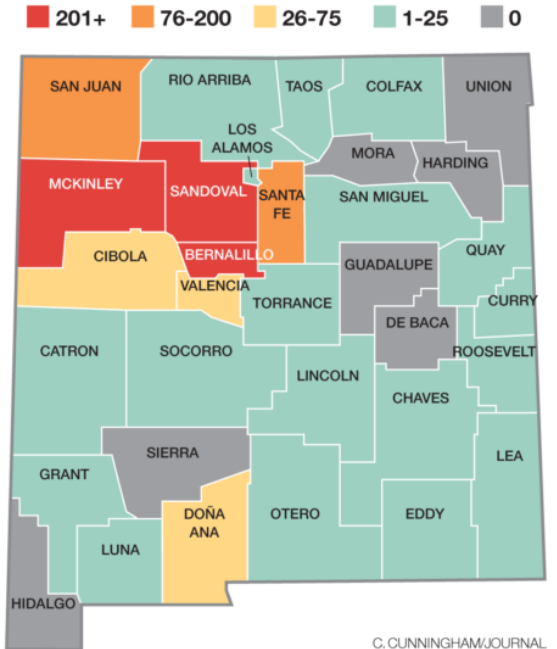


SOURCE: NM Department of Health  
cv.nmhealth.org/dashboard

### Positive COVID-19 cases in NM by race/ethnicity



### Cases by county



C. CUNNINGHAM/JOURNAL

So, what does the  
“race” variable in  
research actually tell us?

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VIDEO CLIP NEXT...

# Power & Health Video CLIP (30:31 – 35:39)

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WATCH THE ENTIRE DOCUMENTARY HERE:

[HTTPS://WWW.KCET.ORG/SHOWS/POWER-HEALTH](https://www.kcet.org/shows/power-health)

Thoughts? Questions?

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Race isn't "real."

Racism is.

#EradicateRacism

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HEALTH PRACTITIONERS MUST BE PART OF THE SOLUTION

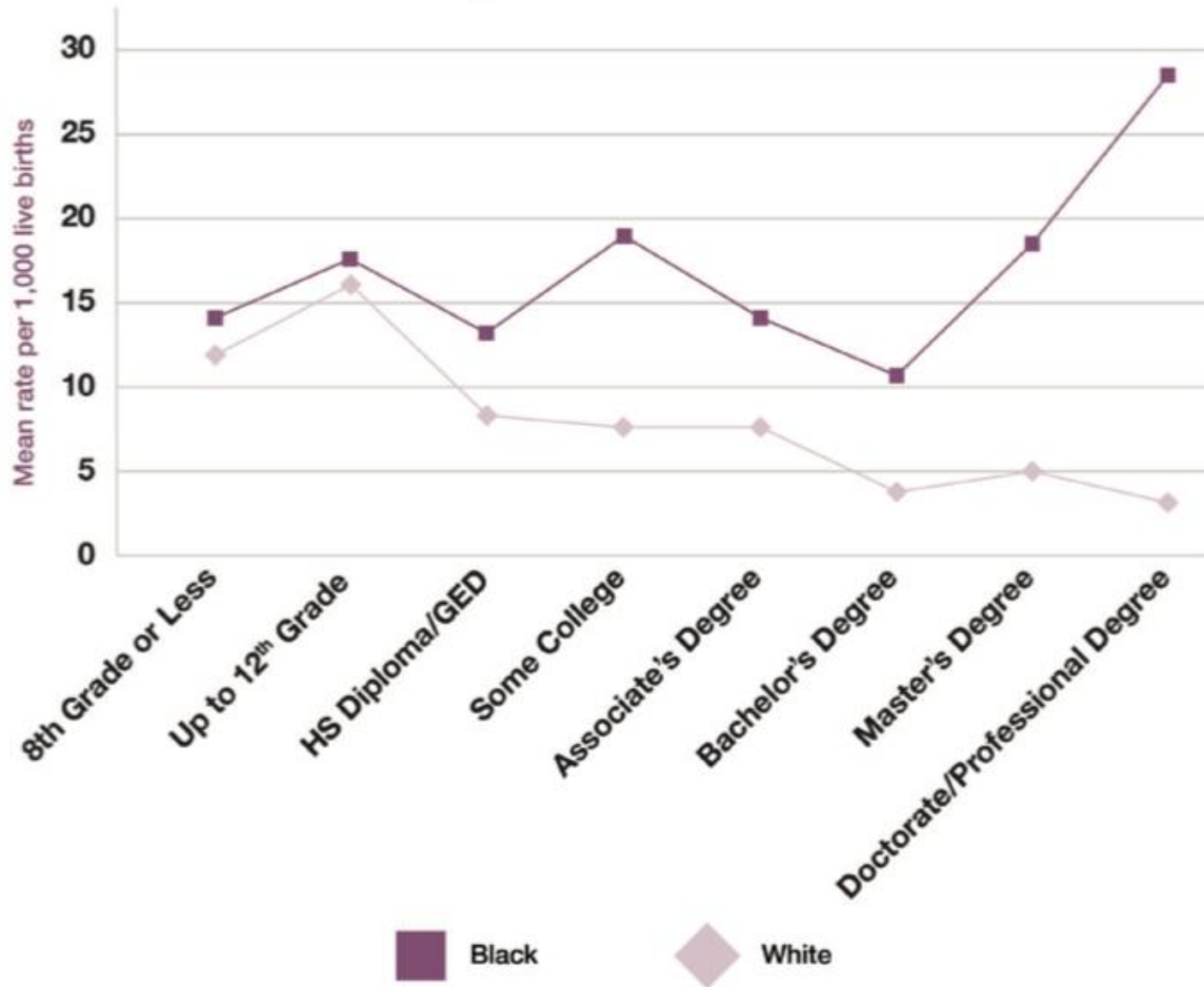


Can't we just increase  
resources & opportunities  
for marginalized  
communities?

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IMPORTANT GRAPH, NEXT SLIDE

## Mean IMR by Mother's Education Level



Smith IZ, Bentley-Edwards KL, El-Ami S, and Darity W. Fighting at Birth: Eradicating the Black-White Infant Mortality Gap. Samuel DuBois Cook Center on Social Equity and Insight Center for Community Economic Development. Duke University. Accessed online 10/15/19 at: <https://socialequity.duke.edu/sites/socialequity.duke.edu/files/sites/socialequity.duke.edu/files/images/EradicatingBlackInfantMortality-March2018-DRAFT4.pdf>

Figure 2. Adapted from source: CDC 2015. Infant Mortality Statistics from the 2013 Period Linked Birth/Infant Death Data Set. National Vital Statistics Reports. Note: This analysis controls for mother's age and marital status. This data was retrieved from the CDC IM Statistics site on August 28, 2017.

# DISAGGREGATE DATA!

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Health outcomes of Blacks in the United States vary between recent immigrants and US-born Black populations who are slave descendants

- Blebu, B. E., Ro, A., Kane, J. B., & Bruckner, T. A. (2018). An examination of preterm birth and residential social context among black immigrant women in California, 2007–2010. *Journal of community health*, 1-9.

Aggregating health outcomes of all “Asian” populations masks sub-population disparities between different ethnic minorities and may mask health risks.

- Holland, A. T., & Palaniappan, L. P. (2012). Problems with the collection and interpretation of Asian-American health data: omission, aggregation, and extrapolation. *Annals of epidemiology*, 22(6), 397-405.

The “white” racial category renders Middle Eastern populations invisible in the research and the data on health disparities

- *Sami, et. al, forthcoming*

Honor complex experience  
of humanity - there is no  
“Asian” or “Hispanic” or  
“Native American” culture.

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REMEMBER THAT CULTURE COMES FROM BOTH ETHNICITY AND  
NATIONALITY, NOT THE AMOUNT OF MELANIN IN THE SKIN.

Reminder: “White” is a category of melanin deficiency. It’s not a culture.

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“WHITE” PEOPLE HAVE CULTURES OF ORIGIN – BRITISH, ITALIAN, SPANISH, DANISH, GERMAN, IRISH... ETC.

# How do you address disparities in health?

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ONE WAY IS TO DEVELOP CULTURAL COMPETENCY!

A BETTER WAY IS TO DEVELOP CULTURAL HUMILITY.

# What is cultural competency (in *healthcare*)?

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Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients (*Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. Cultural competence in health care: Emerging frameworks and practical approaches. New York: The Commonwealth Fund*).

See this [link](#) for more information from Georgetown U.



# How do you develop cultural humility in *healthcare* practice?

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- Take DIM! 😊
- Challenge own biases (implicit & explicit) towards people different than you
- Take a humble posture of learning and communication
- Deepen your own cultural identity – learn your own language(s) fluently!
- Study another language
- Take ethnic studies and learn the history/origin stories
- Do not make any assumptions about someone based on their physical characteristics
- Do not stereotype
- Others?

# Pandemic lessons from Dr. Tedros, WHO: **Science + Solidarity = Health**

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UNTIL WE RECOGNIZE THE ONENESS OF THE HUMAN IDENTITY (ONE RACE, MANY DIFFERENT EXPRESSIONS) AND THE ONENESS OF OUR PLANETARY HOME, WE WILL SUFFER FROM DISEASE AND INJURY.



Questions?

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# Thank you!



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