

Patient Engagement Learning Series

Addressing Racism in Pain Management Amid COVID-19

Tuesday, September 29, 2020 at 2:00 pm ET



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Policy research and advocacy
- Program development and management
- Technical assistance and support
- Direct, nurse-led healthcare services

Speakers



Dr. Staja "Star" Booker
Assistant Professor
University of Florida



Shukriyyah Mitchell
Nurse Supervisor
National Nurse-Led Care Consortium



Shawana Mitchell
Community Health Navigator
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Objectives

- Explore racism and pain management disparities in Black Americans amid COVID-19
- Learn six “now” actions to enhance care and reduce pain disparities

Panel Discussion



Dr. Staja "Star" Booker
Assistant Professor
University of Florida



Shawana Mitchell
Community Health Navigator
National Nurse-Led Care Consortium



Shukriyyah Mitchell
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Pop Up Question

How has COVID highlighted disparities in pain management in Black Americans?



More than we can Bear?: Racism, Pain Management Disparities, and now COVID-19 in Black Americans

September 29, 2020

National Nurse-Led Consortium
Racism in Healthcare Spaces Webinar
Series

Presenter: Staja “Star” Booker, PhD, RN

Assistant Professor
University of Florida
College of Nursing



Disclosure Statement

No actual or potential financial or commitment conflicts of interests associated with this presentation. Further, the opinions, findings, and conclusions expressed by the speaker during this presentation are strictly their own and do not necessarily represent the opinion, views, or policies of the University of Florida (UF) or National Institutes of Health; nor does mention of any drug trade names, commercial practices, or organizations imply endorsement or partnership. References to publications, news sources, and videos are provided solely for educational purposes and do not imply endorsement. *UF assumes no responsibility for the factual accuracy of the content provided during this presentation.*



Disclaimers

- Millennial
- Black Woman
- Raised in the deep south
- I may use the terms African American as well as Black/Black American interchangeably.

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OBJECTIVES

Discuss relationship COVID-19 and Pain and effect of racism

Discuss the influence of racism (structural and systemic racism) on pain and COVID-19 disparities.

Introduce 6 actions to enhance care and reduce disparities.

Separate but equal??



Granny survived the flu pandemic
of 1918 (ten years old)

Hospitalizations were **6** times higher
and deaths **12** times higher for COVID-19 patients
with reported underlying conditions*

MOST FREQUENTLY REPORTED UNDERLYING CONDITIONS

CARDIOVASCULAR
DISEASE



DIABETES



CHRONIC LUNG
DISEASE



*compared to those with no reported underlying health conditions

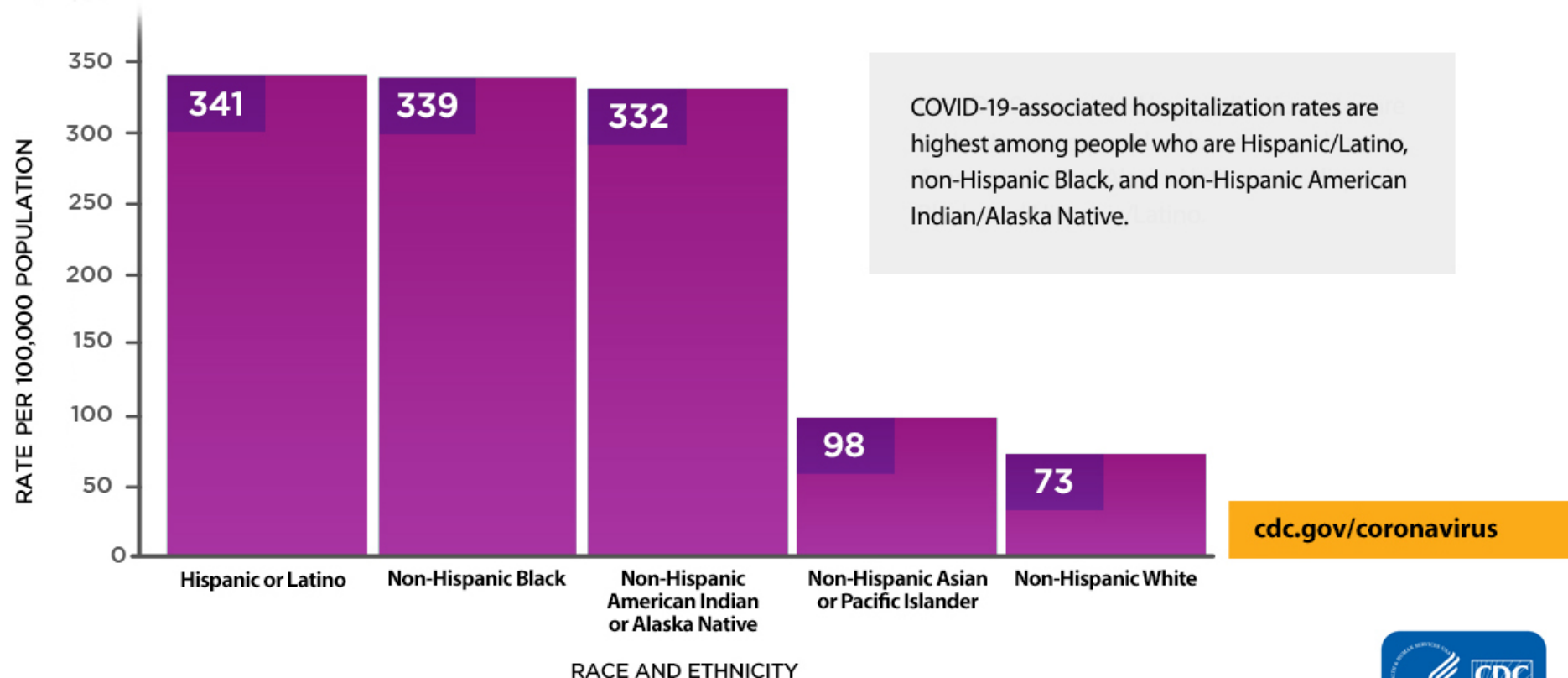
CDC.GOV

bit.ly/MMWR61520

MMWR

Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity

COVID-NET, MARCH 1 - SEPTEMBER 5, 2020



Rates are statistically adjusted to account for differences in age distributions within race/ethnicity strata in the COVID-NET catchment area. Rates are based on available race and ethnicity data which is now complete in 94.2% of cases from COVID-NET sites. COVID-19-associated hospitalization rates for American Indian and Alaska Natives may be impacted by recent outbreaks among specific communities within this population and the small numbers of American Indian and Alaska Natives cases included in COVID-NET.



CS320260

“Digging Up Dirt”

- COVID-19 has been like an “uncovering” of systematic healthcare issues and inequities that have gone neglected too long

Right to life/triaging

Who lives and who dies?

Economic/job
disparities

Ageism, racism

Individual >>> families >>> communities
>>> populations >>> global humanity

system

Mental Health
Difficulties

Telehealth access
disparities

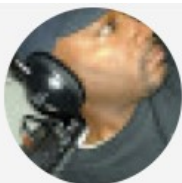
Testing and
treatment inequities

Experimentation

COVID-19 and Disparities

- "There seems to be no sensitivity to—or even awareness of— those marginalized and low-income people who do not even have a primary doctor to call. The ER is their primary source of care. The affluent find it much easier to be tested; among other things, they are more likely to own cars to do drive-by testing, while the people with fewer resources rely on public transportation (another petri dish) and go untested and spread the virus." (Braitwaithe & Warren, 2020, pg. 8)
- Although these factors are beyond the ability of any one health care provider to alter, as a group, nurses have the power to bring social inequities and injustices to the foreground and to advocate for change.

- Systems and powers...



Demetrois M • 1 day ago

If they did not want to give us any pain medication, because of their theory of black people not feeling pain! So why do they want to push this vaccine on us black people!



Surviving Multiple Pandemics— COVID-19 and Racism for African American Older Adults: A Call to Gerontological Nursing for Social Justice

Booker, S., Cousin, L., & Buck, H. (2020); J Geron Nurs.

TABLE 1

Recommendations for Practice

Dos	Don'ts
Expand contact tracing questions beyond the family to church or social gatherings (e.g., When was the last time you've been to church? Did you interact closely with anyone who appeared sick?).	Discredit patients' symptoms and reports of changes in health status. Take seriously their concerns of "high fevers," "not feeling well," and "I can't breathe."
Stress physical distancing rather than social distancing. Encourage social interactions and gatherings by phone, web conference, drive-by celebrations, and letters/cards.	Limit care based on race, socioeconomic status, older age, and cognitive status. Provide evidence-based nursing care equally to all patients.
Eradicate common misconceptions of contracting COVID-19 through evidence-based education. Ask older adults what they know about transmission routes, listen respectfully and then provide information that might be missing or dispel any misinformation.	Assume that culturally concordant patient assignments promote equality. Rather, it perpetuates systems of "separate but equal" with nursing patient assignments.
Gather more culturally tailored information in a history and physical. Identify and understand the cultural and socioeconomic barriers that are unique to African American individuals. Also identify what their biggest concern is, answer it, create an effective plan around this topic, and share additional Centers for Disease Control and Prevention guidance.	Ignore the importance of emotional intelligence and caring competence in the nursing profession.
Conduct regular mental health checks. The chronic stress of dealing with generational trauma, rapid deaths, racism, violence, discrimination, and injustice can negatively impact mental and cognitive health. Depression, suicide, and substance use may be prompted by a tsunami of adverse life events.	Disrespect older Black American individuals by referring to them with nicknames or other derogatory terms such as "sweetie," "honey," or "girl/boy." Refer to them as Mr./Ms. or Sir/Madam.

6 Steps to Improving Pain Care and Response/Treatment to Pandemic

Step 01: BELIEVE PATIENTS!!!!!!!

*Gain patients' trust
and include them as key
stakeholders*

Step 02: Revamp nursing education

Anti-racist curriculum

Step 03: Conduct more
research and quality
improvement projects



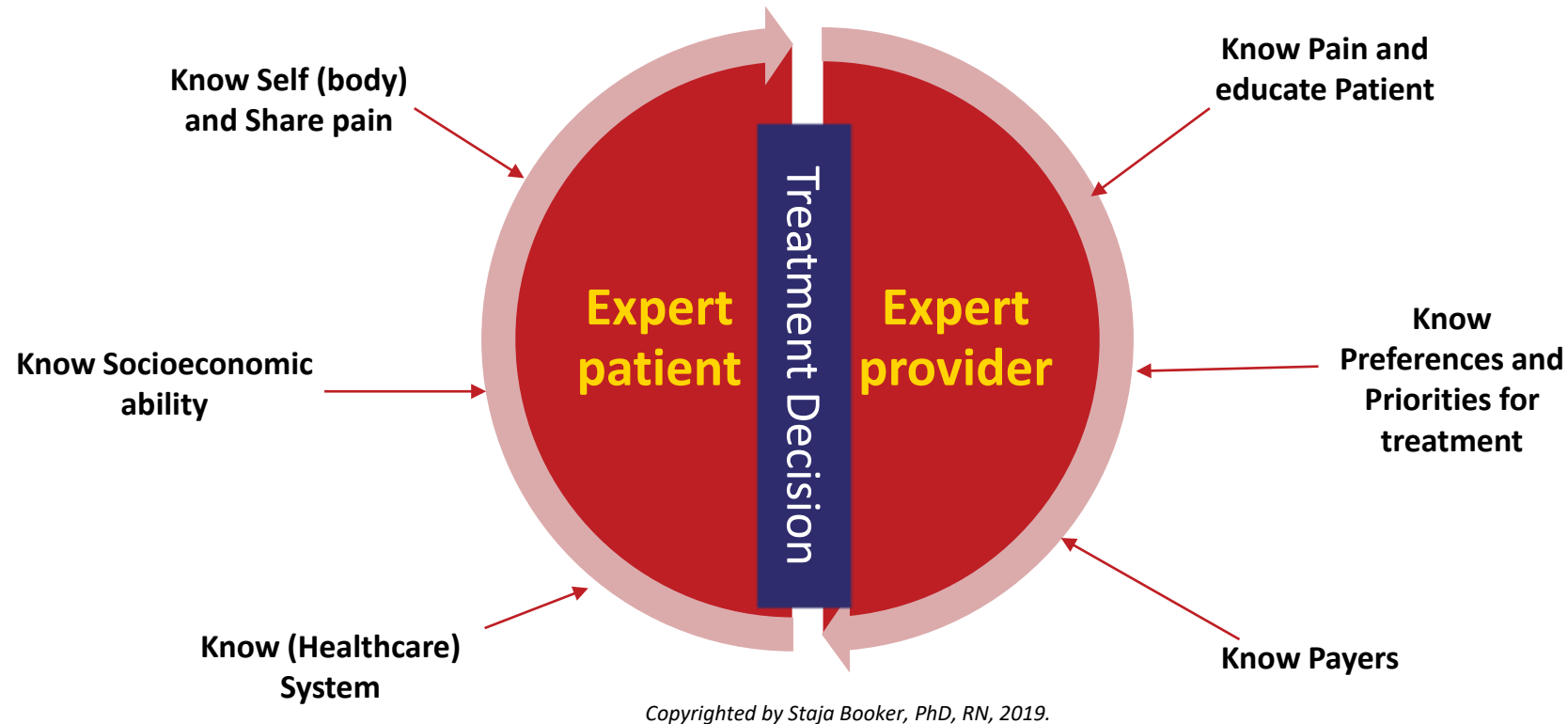
Step 04: Develop and
use EBP guidelines

Step 05: Enhance
Cultural Knowledge

Step 06: Engage in
Nursing and Healthcare
Policy

Step 1: Believe patients and engage them in care

African American Pain Care Shared Decision-Making Model



Step 2: Revamp Nursing Education

The imperative for pain education in nursing

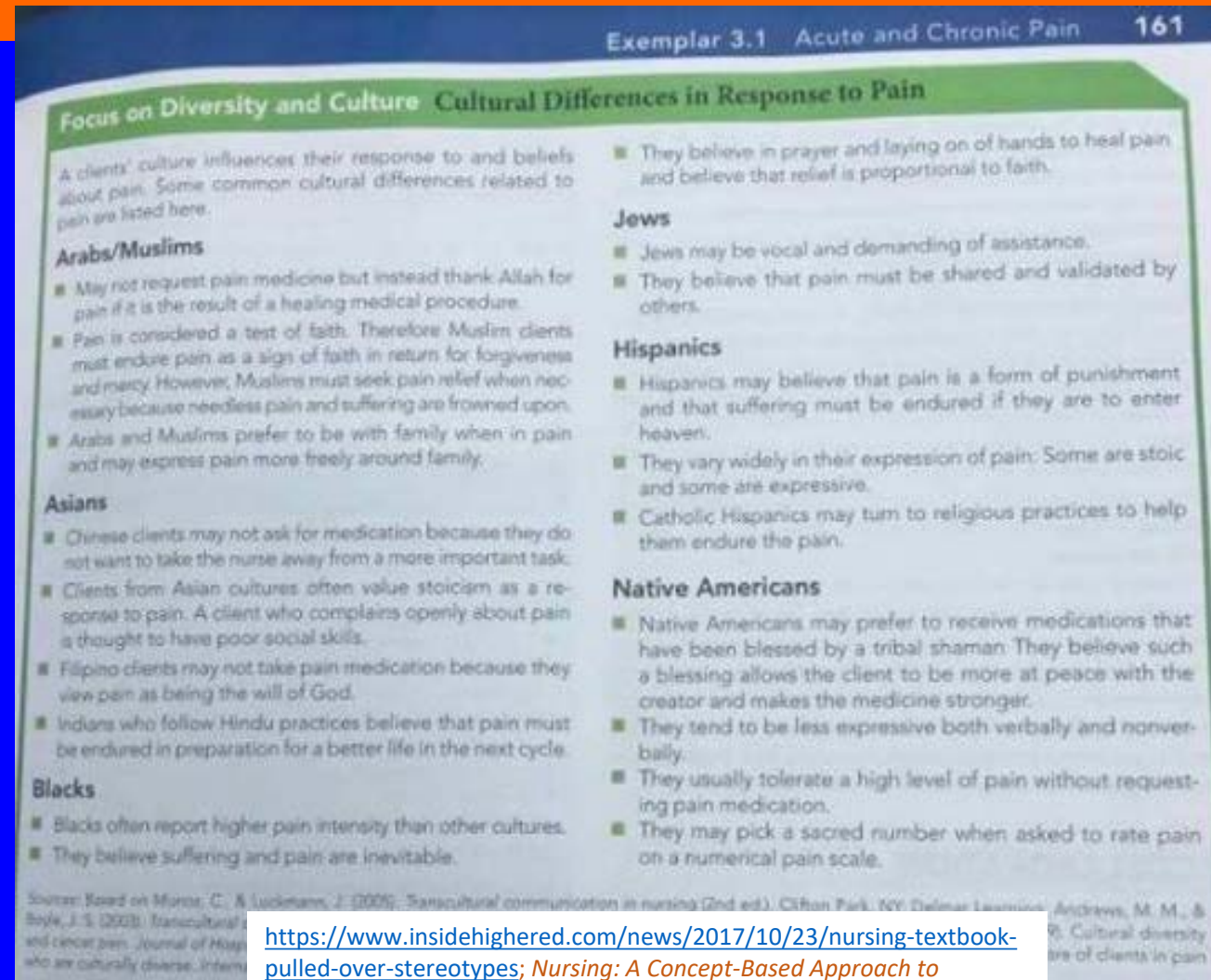
IOM Recommendation 3-3: Provide educational opportunities in pain assessment and treatment in primary care for health professions programs

An Interprofessional Consensus of Core Competencies for Prelicensure Education in Pain Management: Curriculum Application for Nursing

Keela Herr, PhD, RN, AGSF, FAAN; Barbara St. Marie, PhD, ANP, GNP, ACHPN;
Debra B. Gordon, DNP, RN-BC, ACNS-BC, FAAN; Judith A. Paice, PhD, RN, FAAN;
Judy Watt-Watson, PhD, RN; Bonnie J. Stevens, PhD, RN;
Debra Bakerjian, PhD, RN, FNP, FAANP; and Heather M. Young, PhD, RN, FAAN

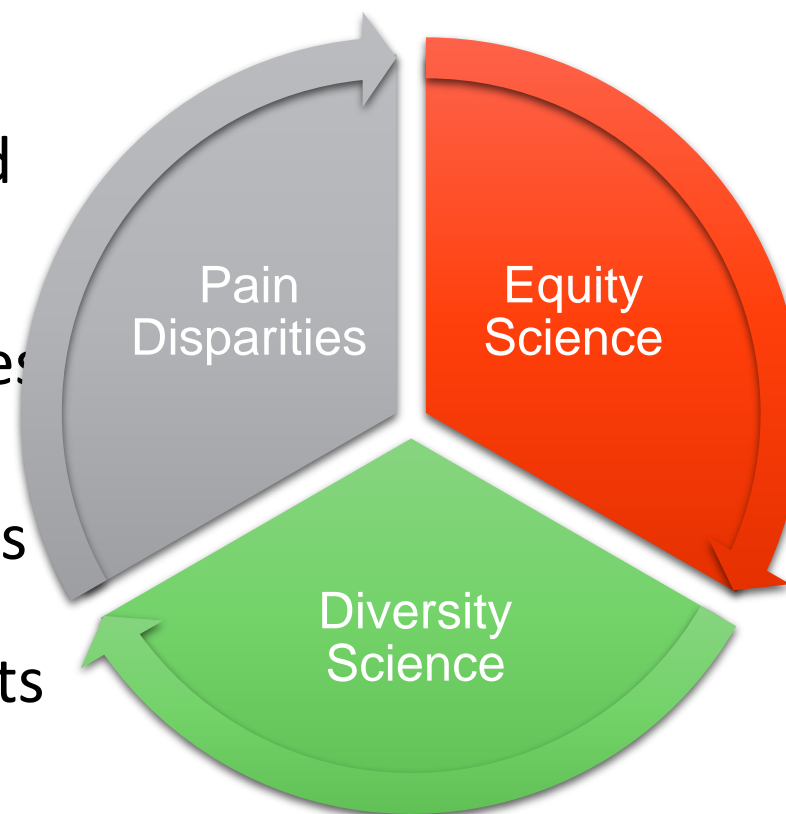
Journal of Nursing Education • Vol. 54, No. 6, 2015

Nursing Textbooks



Step 3: Conduct Research and QI Projects

- Study pain issues of concern to patients and communities
- Intentionally recruit, retain, and engage understudied populations
- Research must avoid stereotypes or positioning certain groups as the “bad” or “deficient”, especially in implicit bias studies that use racial vignettes.
- Validate pain scales/ instruments in racial groups
- Refrain from using labels (e.g., “minority,” “poor”) that further marginalize groups.

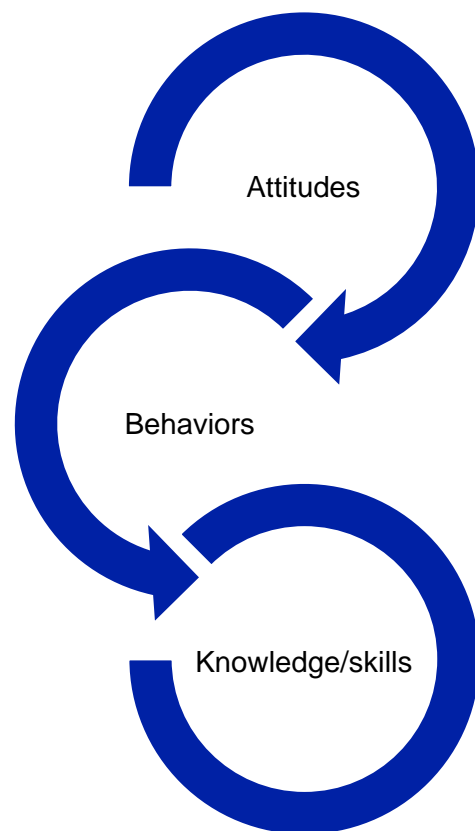


Step 4: Develop and Use Guides to Inform Care of Pain during COVID-19 Pandemic



Step 5: Enhance Cultural Knowledge

Bias check



Resources

- PBS's [The African Americans: Many Rivers to Cross](#)
- PBS's [Unnatural Causes... is inequality making us sick?](#)
- [Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites](#) (Hoffman et al., 2016)
- [Race, Ethnicity, and Pain among the U.S. Adult Population](#) (Shavers, Bakos, & Sheppard, 2010)

I "ASKED MYSELF"

Use the following mnemonic to assess your cultural competence to care for Black Americans experiencing pain.

- **A**wareness.
- **S**kill.
- **K**nowledge.
- **E**ncounters.
- **D**esire and documentation.

- **M**ultidimensional.
- **Y**ounger or older age.
- **S**cales.
- **E**levated pain intensity.
- **L**ow tolerance and threshold.
- **F**amily.

Source: Adapted from Campinha-Bacote J. A culturally competent model of care for African Americans. *Urol Nurs*. 2009;29(1):49-54.

CONTROLLING PAIN

Are nurses prepared to care for Black American patients in pain?

By Staja Q. Booker, MS, RN

Nursing2015 | January

Pain Priorities

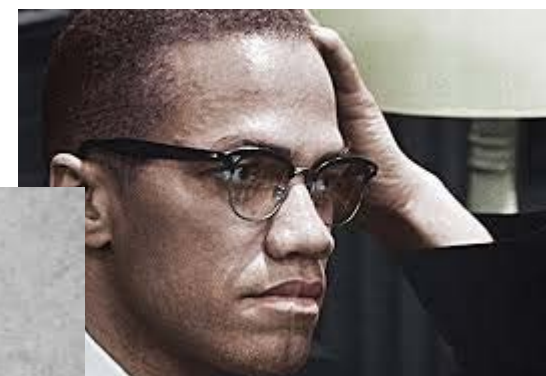
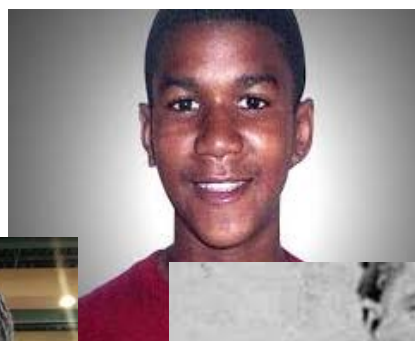


Step 6: Engage in Nursing and Healthcare Policy



Voices of African American Older Adults on the Implications of Social and Healthcare-related Policies for Osteoarthritis Pain Care

Booker & Herr (in press). *Pain Manage Nurs.*



“...He [God] wouldn’t put more on us than we could bear.” – Ada

Save the Date

United States Association for the Study of Pain (US-ASP) Inaugural Scientific (Virtual) Meeting

**“Transforming Pain Care and Science in Challenging
Times (COVID-19, Opioid Epidemic, and Racial
Injustice/Disparities)”**

December 9-11, 2020

<https://www.usasp.org/meeting>

Registration to open soon.

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The University of Florida

#6 Public University in the US

#1 Large Public University in Innovation

Go Gators!

Pop Up Question

In your role, how can you “plant the seeds” to address racism in health care?

Discussion



Opportunity to Participate in Research Study

Investigator: Theresa Grimes, PhDc, FNP-BC, RN-BC, College of Nursing and Public Health, Adelphi University

Behavioral Intent to Employ Empathy in Pain Management Nursing Practice

- Nurses (RN or APRN) who currently work in the continental United States in the acute care setting with adults who experience pain.
- 30-minute online survey
- Your participation is voluntary and anonymous; You may share this link with colleagues.

Please review the [Consent Form](#) which will take you to the survey.





#YearOfTheNurse



Nurse-Led Care



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