

# Addressing Pain Management Disparities in Black Americans

Tuesday, August 25, 2020 at 2:00 pm ET



### 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



Ivy Clark
Patient Representative
National Nurse-Led Care Consortium

### Objectives

 Learn theoretical and practical strategies to enhance care and reduce pain disparities

 Explore the concept of racism and pain management in Black Americans



### Panel Discussion



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



Shukriyyah Mitchell
Nurse Supervisor
National Nurse-Led Care Consortium

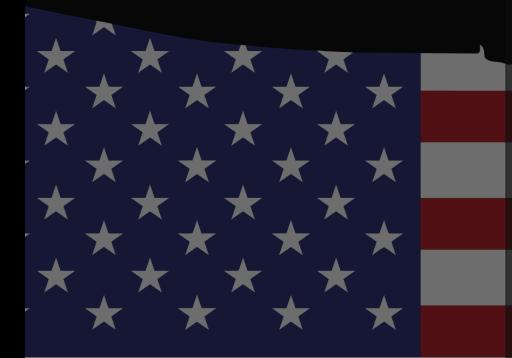


Ivy Clark
Patient Representative
National Nurse-Led Care Consortium

## Pop Up Question

Why do you think there are disparities in the treatment of pain in Black Americans?





"One Nation Under Pain":
Recognizing and Resolving
Pain Management
Disparities in Black
Americans

August 25, 2020
National Nurse-Led Consortium
Racism in Healthcare Spaces Webinar
Series

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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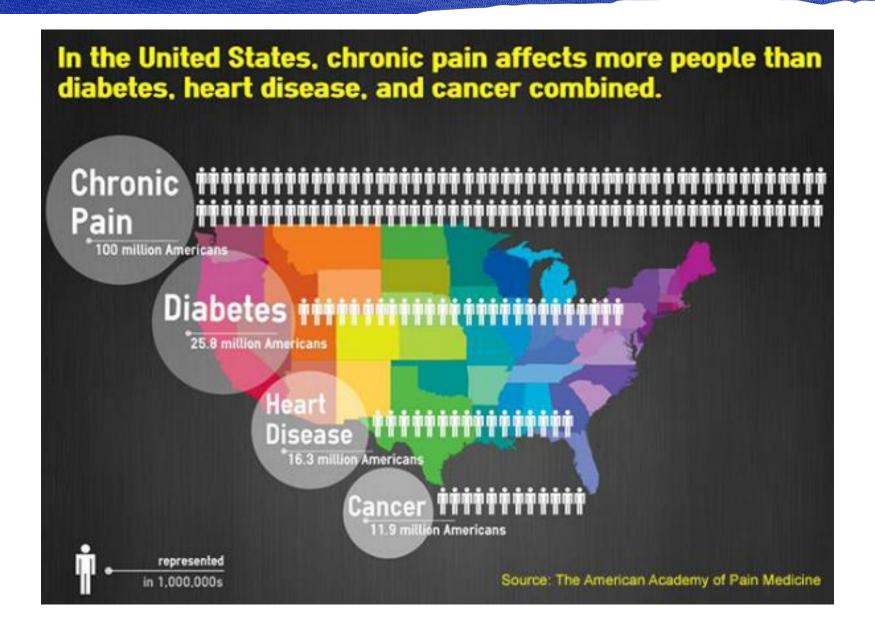
#### **OBJECTIVES**

Briefly describe the historical view of pain in Black Americans.

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

Offer theoretical, research, and practical strategies to enhance pain care and reduce disparities.





# Baggage and Bias



Pain and Prejudice: Understanding Black Pain | The Rundown With Robin Thede

Disclaimer: Provocative and inaccurate opinions may revealed. I rate this as M for mature audiences only.



"It has always appeared to me that the sensibility of the Negro is much less acute than that of the European, the former enduring pain with less apparent suffering than the latter." ~W.G. Ramsay (1839, p. 412)









"a Negro disease [making them] insensible to pain when subjected to punishment" ~ S. Cartright (1851)







Misconception	Fact
Black Americans are less sensitive to pain.	Black Americans are more sensitive to pain and report higher pain intensities and worse impact on function. Black Americans are also more sensitive and empathetic to others' pain.
Black Americans are emotionally and physically strong and therefore do not feel pain in the same manner as others.	While Black Americans exhibit great strength and perseverance, they have poorer physical health and report greater pain intensities.
Black Americans are likely to misuse and abuse opioid medications.	Black Americans are less likely to use the prescribed amount of pain medication or to misuse or abuse opioid medications when compared with White Americans; however, they are subjected to random urine drug testing at higher rates than White Americans. Often, Black Americans with sickle cell pain are negatively labeled as drug-seeking.
Black Americans are opposed to taking medications to manage pain.	Black Americans are reluctant to take strong pain medications, such as opioids, and are cautious of the amount/dose and adverse reactions associated with medications. Black Americans express concerns about addiction and dependence, but addiction is often confused with tolerance (using larger and larger amounts of opioids to get the same effect to adequately control pain).
Black Americans receive equal and guideline-recommended pain care.	Black Americans experience unequal and lower quality pain care, not based on best practices.
Black Americans' facial expressions can be used to verify the presence of pain.	While Black Americans have dynamic facial expressions, when in pain, they may display stoicism (particularly older Black Americans). Young Black Americans may be more expressive about pain in their verbal and nonverbal actions. Facial expression as a pain indicator has not been well established in Black Americans.
The 0–10 numeric pain rating scale alone is sufficient in reporting/ describing Black Americans' pain.	Black Americans report that numeric pain rating scales are nonspecific and not comprehensive enough to describe their pain. A pain intensity rating for Black Americans encompasses additional concepts, such as: quality of sensations, unpleasantness, distress, fear, mood, and pain impact/interference.

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"African Americans are probably more capable or better able to accept and deal with pain than others... because African Americans have had to deal with so many adverse situations all through life on down through the years."

- Cassandra, 68 y/o with severe OA

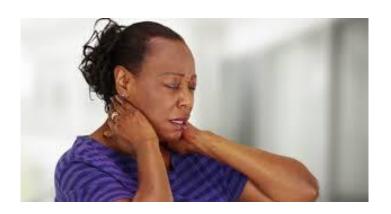
# Keeping It Real...

# #Blacklivesmatter: Leveraging family collaboration in pain management

By Staia Q. Booker, MS, RN

Nursing2016CriticalCare

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The author had a conversation with a nonethnic minority nurse at a conference in which pain
expression and catastrophization in Black Americans was being discussed, and the nurse equated
their expressiveness of pain to being "drama
queens." This statement is not only offensive and
stereotypical of Black women but also reinforces
Black Americans' fears that their pain reports
will not be taken seriously. With that said,
personal views should not contaminate verbal
and nonverbal communication/interactions with
patients and their family nor limit the quality of
care provided.

p. 3



"We have to learn to balance *personal* judgment and clinical judgment or separate them altogether!"





#### **Code of Ethics for Nurses**

**Provision 1:** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

**Provision 8:** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.



Health Psychology 2013, Vol. 32, No. 11, 1117–1126 © 2013 American Psychological Association 0278-6133/13/\$12.00 http://dx.doi.org/10.1037/a0031592

Perceived Racial Discrimination, but Not Mistrust of Medical Researchers, Predicts the Heat Pain Tolerance of African Americans With Symptomatic Knee Osteoarthritis

#### Journal of Pain Research

**Dove**press

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ORIGINAL RESEARCH

Everyday Discrimination in Adults with Knee Pain: The Role of Perceived Stress and Pain Catastrophizing

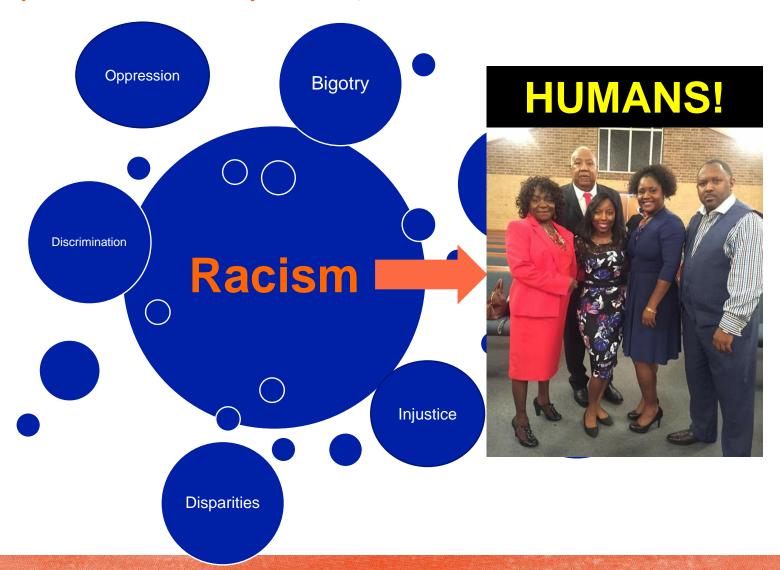




"We've done a good job documenting that these disparities exist. We have not done a good job doing something about them." ~Dr. Salimah Meghani, PhD, MBE, RN, FAAN

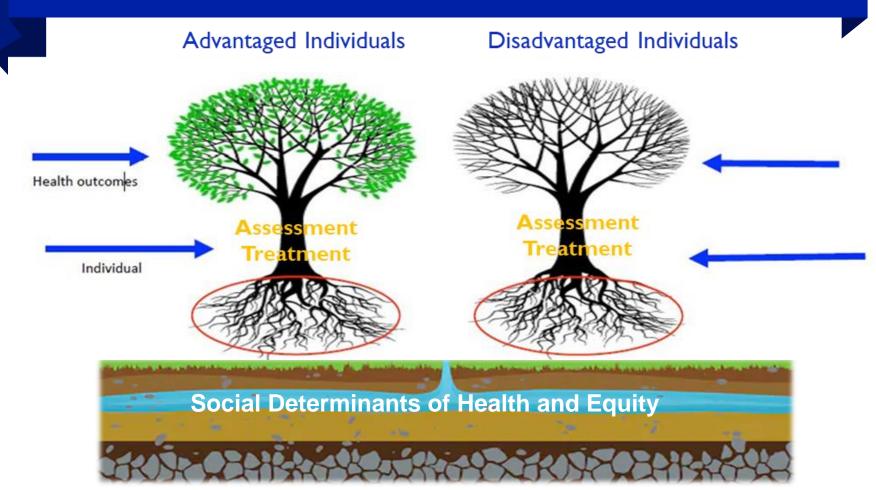


Name racism in a society where many are in denial about its continued existence and impacts. Dr. Camara Phyllis Jones, MD





# The growth and development of disparities and inequities



<u>Visit 1:</u> "Oh, you just got arthritis here and gave me some inflammatory pills and sent me on out the door and said, 'No, you're too young for surgery'...Oh, you be all right...I literally had to go in there the same way. In tears. All that he did was took x-rays and, okay. Here. Take these pain pills and go home. That's it. That's all they [doctors] do."

<u>Visit 2:</u> That's why we as Black people do not go to the doctor, because of the way they get treated when they go. Even if it's in the emergency rooms, they look at you the same way, cuz when I was sick with that pain up under my arm. I went three times! Oh take some ibuprofen and go home. They actually think only Black [people] come in here for pain medicine. They need to get outta that mentality.

Said, "Well, tell her to come into the walk-in clinic." I was like, "Well, I just be dang." [Laughter] Reason why I say that, there was this White lady come in. This white family. Woman was—I don't even know if she had insurance or not. Oh, they got her off. Rushed her off quick! Shoot. I just nodded my head. I said, "Okay." And the other thing about it, if it depends on what kind of insurance you got. A lot of times if we do have insurance, like you said, it's not necessarily the right insurance, or we don't have insurance, whereas White people, they have Medicare plus somethin' else. But they had better resources as far as doctor-wise than we did. Just that, even to this day. Some of 'em still got better resources to doctors than we do. Prejudice is still prejudice.

- Debra (50 year old female with severe OA)



# "They don't believe me"

"Puttin' on":
Expectations Versus
Family Responses, the
Lived Experience of
Older African Americans
With Chronic Pain

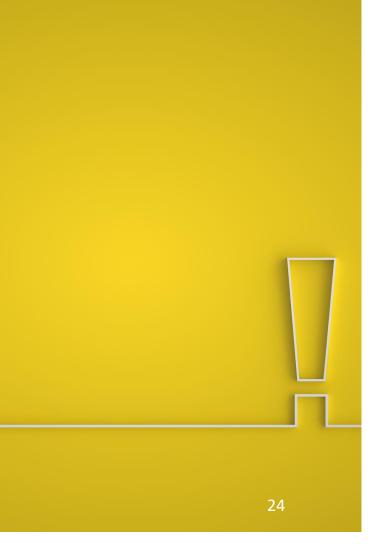
Journal of Family Nursing 2019, Vol. 25(4) 533–556
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Staja Q. Booker, PhD, RN<sup>1</sup>, Lakeshia Cousin, MS, APRN<sup>2</sup>, and Harleah G. Buck, PhD, RN, FAAN<sup>2</sup>

# African Americans' Needs from Providers

Believe	Believe their pain is real
Understand	Understand patient preferences and life circumstances that impact healthcare
Make	Make evidence-based, realistic, compassionate recommendations for pain management
Follow	Follow-up with patients about treatment effectiveness, pain relief, etc.





### **Reducing Disparities**

Reframe our View
of Pain &
Educate Public,
Patients/Families, and
Healthcare Providers

1

Re-shape how we think and conceptualize pain and pain theories.

2

Use innovation to remove the individual and "structured systems of inequity" through multi-level, multi-generational, and multi-disciplinary interventions.

3

Foster health empowerment through integrative, collaborative, and community engaged models of care.

4

Exploring the mechanisms of behavior and precision lifestyle medicine which reverse the imbalances created by societal stigmas.



#### I "ASKED MYSELF"

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

- Awareness.
- · Skill.
- Knowledge.
- · Encounters.
- Desire and documentation.
- Multidimensional.
- Younger or older age.
- Scales.
- Elevated pain intensity.
- Low tolerance and threshold.
- Family.

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

A	Awareness	<ul> <li>Am I aware of existence of discrimination and racism in healthcare &amp; society?</li> <li>Am I aware of my biases, prejudices, or stereotypes toward Black Americans in pain, and how these may contribute to pain disparities or unequal care?</li> </ul>
S	Skill	<ul> <li>Do I have the skill to conduct a culturally sensitive health &amp; pain assessment?</li> <li>Can I recognize pain-related behaviors (e.g., praying, moaning, grimacing, or limiting physical activity), pain-related communication such as pain descriptors or comments such as, "I feel tired" or "I'm hurting," that signal pain?</li> </ul>
K	Knowledge	<ul> <li>Am I knowledgeable about pain-related beliefs, practices, and cultural values, such as the use of spirituality?</li> <li>Am I knowledgeable about pain severity, prevalence, impact, and treatment effectiveness among Black Americans?</li> </ul>
E	Encounters	<ul> <li>During every face-to-face encounter with Black American patients, do I ask about pain given that screening for pain in Black Americans is lower?</li> <li>Do I communicate in a respectful and caring manner, not talking down to Black Americans, particularly those with lower educational and socioeconomic status?</li> </ul>
D	Desire & Documentation	<ul> <li>Do I really want to become culturally competent with Black American patients?</li> <li>Do I document pain assessment, preferences for pain care, and changes to the pain management plan for Black American patients?</li> </ul>
M	Multidimensional	<ul> <li>Do I understand the multidimensionality of pain in Black Americans and the effect of social determinants on their experience of pain?</li> </ul>
Y	Younger or older	<ul> <li>Have I noticed any generational similarities and differences in perception, assessment, expressions, and treatment of pain in Black American patients?</li> </ul>
S	Scales	Am I using an appropriate pain assessment scale when caring for Black Americans?
E	Elevated pain intensity	Do I really believe Black American patients when they report high pain intensity ratings?
L	Low tolerance/threshold	Did I know Black Americans have a lower pain tolerance and threshold
F	Family	<ul> <li>With permission, do I include immediate and extended family members (including fictive kin or considered family socially) in my' pain management)?</li> <li>Do I provide education on pain management for my Black American patients and their families?</li> </ul>

#### Culturally Responsive Pain Management for Black Older Adults



#### ARSTRACT

The management of pain for Black older adults has received inadequate attention by health care professionals despite evidence of greater pain intensity, depressive symptoms, and functional disability compared with White American older adults. Pain management for this population may be significantly improved with more careful attention to the provision of culturally responsive care. As professionals concerned with the optimization of health and reduction of suffering throughout the lifespan, nurses have an ethical, moral, and professional responsibility to provide culturally responsive care to the populations they serve—particularly when clear disparities in health exist. By considering how culture affects important health beliefs, values, preferences, and customs, and integrating this understanding into practice, quality of life is likely to be improved. [Journal of Gerontological Nursing, 43(8), 33-41.]

Sheria G. Robinson-Lane, PhD, RN; and Staja Q. Booker, MS, RN

public health concern and a significant cause of disability, particularly among older adults Older adults with chronic health conditions, such as osteoarthritis, diabetes mellitus, peripheral vascular disease, chronic respiratory disease, sickle cell disease, and cancer, are most likely to have pain. Of particular concern are Black older adults, or Americans older than 65 who are the descendants of U.S. slaves primarily from Africa, as they experience great disparities in pain management and secondary health declines. Although ample research has been completed over the past 10 years that links chronic pain to psychological distress and reductions in overall physical health, adequate pain control remains problematic for Black older adults. This concern sheds light on the importance of mursing engagement and persistence in effective pain management for this population. As first-line health providers, murses are in a unique position to push forward national standards for culturally appropriate services for Black older adults by ensuring that quality care is not only effective, equitable, understandable, and respectful, but also that this care is responsive to the

Geriatric Nursing 36 (2015) 67-34



Contents lists available at ScienceDirect

Geriatric Nursing







NCNA Section

Practice recommendations for pain assessment by self-report with African American older adults



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Methodology Papers

#### Culturally Conscientious Pain Measurement in Older African Americans

Western Journal of Nursing Research 2016, Vol. 38(10) 1354–1373
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DOI: 10.1177/0193945916648952
wjn.sagepub.com



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Journal of Pain Research

Doverress



ORIGINAL RESEARCH

Everyday Discrimination in Adults with Knee Pain: The Role of Perceived Stress and Pain Catastrophizing

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Roland Staud @\*/
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Laurence A Bradley\*
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#### **Black Nurse Scholars in Pain Science**



Dr. Janiece Walker Taylor, PhD, RN, FAAN – pain and disability in Blacks, Hispanics



Dr. Keesha Powell-Roach, PhD, RN – sickle cell disease pain



Dr. Sheria Robinson-Lane, PhD, RN – chronic pain and cognition in older African Americans



Dr. Miriam Ezenwa, PhD, RN, FAAN – sickle cell & cancer pain, healthcare injustice



Dr. Marcia Shade, PhD, RN – medication use and pain self-management in older adults



Dr. Sharon Cobb, PhD, RN, MPH, PHN – health disparities and pain in African American older adults



#### Let's flatten the pain disparities curve!

- #1 Trusted profession
- Encounter patients with pain everyday
  - (W)Holistic framework
    - Ethics
- Advocate for APRN full scope of practice and reimbursement for nurse-led care

"When You're Used To Privilege, Equity (and Equality) Feels Like Oppression"

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#### The University of Florida

#7 Public University in the US
#1 Large Public University in Innovation
Go Gators!

# Pop Up Question

How can you address racism in pain management?



# Discussion





# Up Next: September Webinar





#### Find more information on NNCC's website:

https://www.nurseledcare.phmc.org/resources/webinars.html



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