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NCPF
Cancer Treatment, Palliative Care and Survivorship care in Low-Resource Areas

Culture, Class, and Caste ~ Explanatory Forces in Cancer Care

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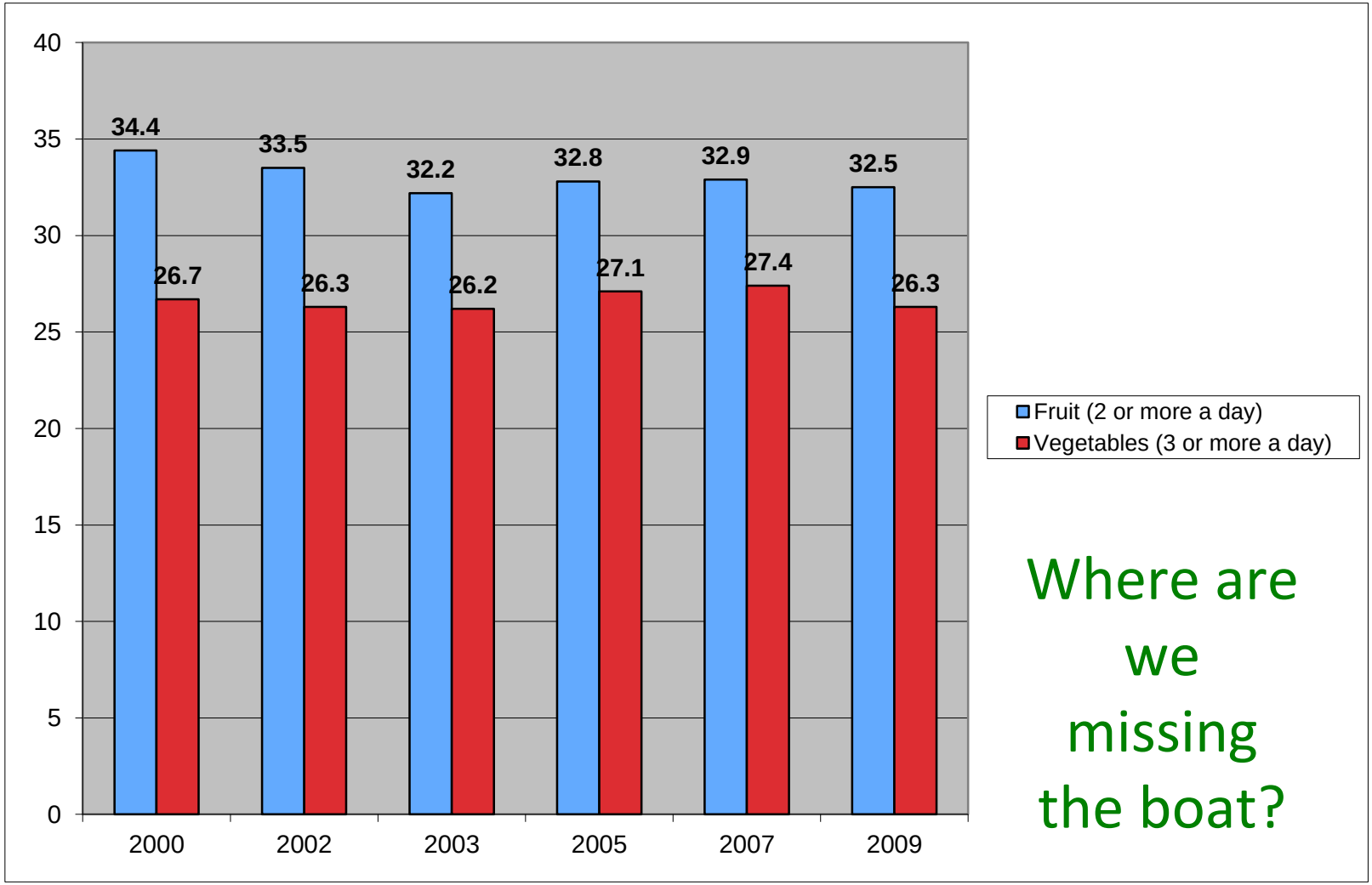
Culture is Fundamental to Human Existence

"There is no such thing as human nature independent from culture"

(Geertz, 1973:79)

Then why does it keep "falling out" in the statistical analyses?

Trends in Consumption of Five or More Recommended Vegetable and Fruit Servings for Cancer Prevention, Adults 18 and Older, US, 2000-2009



Where are we missing the boat?

Source: Centers for Disease Control and Prevention (2010), State-Specific *Trends in Fruit and Vegetable Consumption Among Adults* —. United States, 2000–2009

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So #1: *Which Group is the Comparison Group? and Why?*

- WEIRD people do most of the research
- 96% of the researchers in health psychology and 98% of the subjects tested in theory development are from WEIRD countries, and represent only 12% of the world's population

Henrich, Heine and Norenzayan, We Aren't all WEIRD, Nature 2010

Ethan Watters, http://www.psmag.com/magaz ines/pacific- standard-cover- story/joe- henrich- weird- ultimatum- game- shaking- up-psychologyeconomics-53135/

U.S. "WHITE" POPULATION

Scotland	Italy	Finland
Ireland	Greece	Spain
Iraq	Egypt	"Yugoslavian"
Israel	Iran	Afghanistan


1.
2.
3.
4.
MINERALS

- Culture is the "way of life and thought that we construct, negotiate, ***institutionalize***, and finally end up calling '***reality***' (Bruner, 1996:87)

- Yet, despite its central role in explaining behavior:

> ***"No other variable used in health research is so poorly defined and untested as "culture".***
>
> **Dressler, Gravlee, Ots , 2005, Hruska 2009**

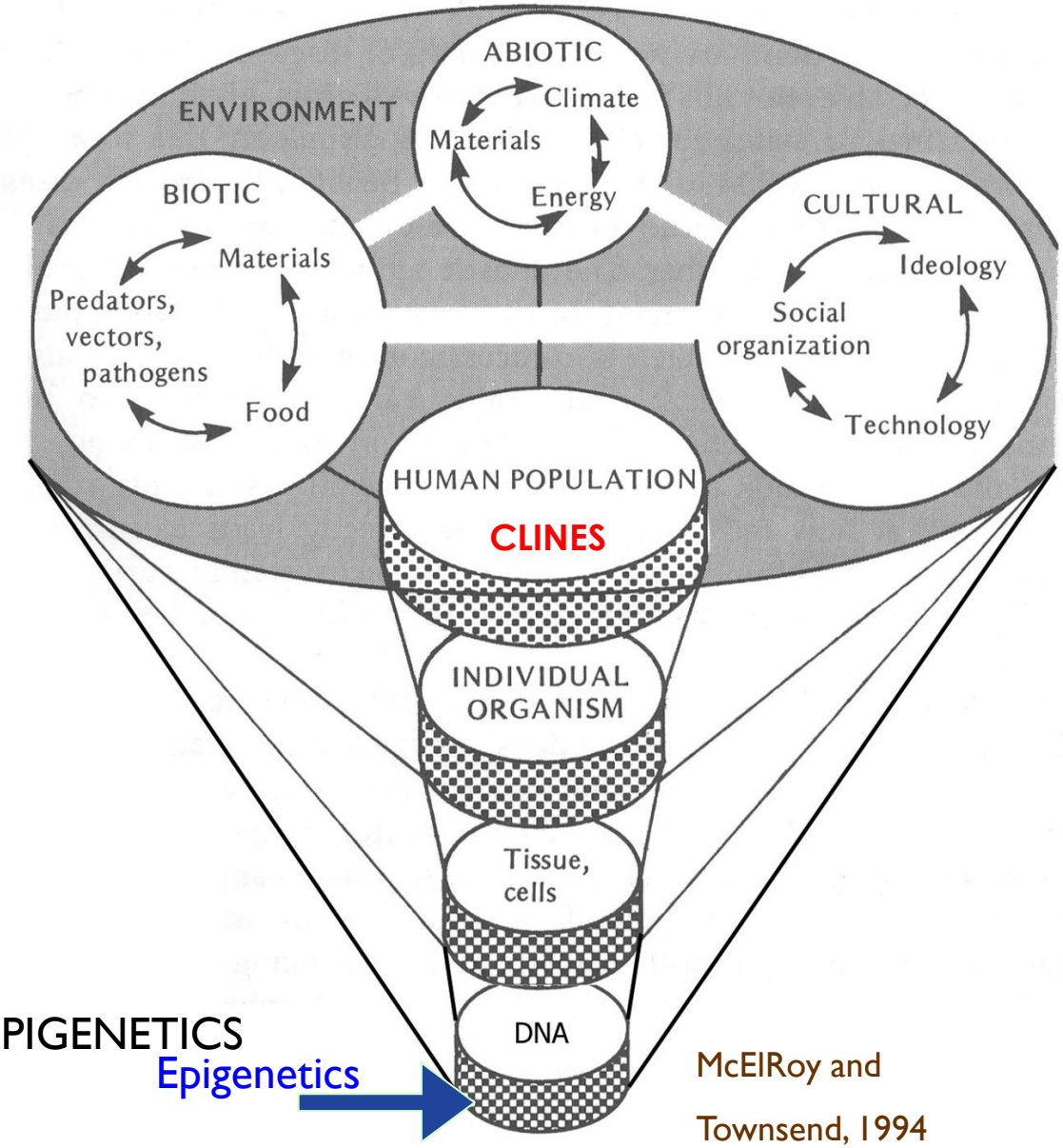
MEASURING CULTURE REQUIRES ELEMENTS OF 7 NESTED LAYERS

1. Environment
2. Economy
3. Technology
4. Religion/World View and beliefs about life ways and how health is defined
5. Social Structure of the community
6. Language and Health Literacy
7. Beliefs and Values

Context and Social/Political/ Historical Circumstances Matter

Culture =

adaptive system within a social, biological, and political environment that is multi-layered, multi-dimensional. and dynamic. Culture MUST be understood within its *STRUCTURED* historical, social and political context.



McElRoy and Townsend, 1994 rev. K-S 2000

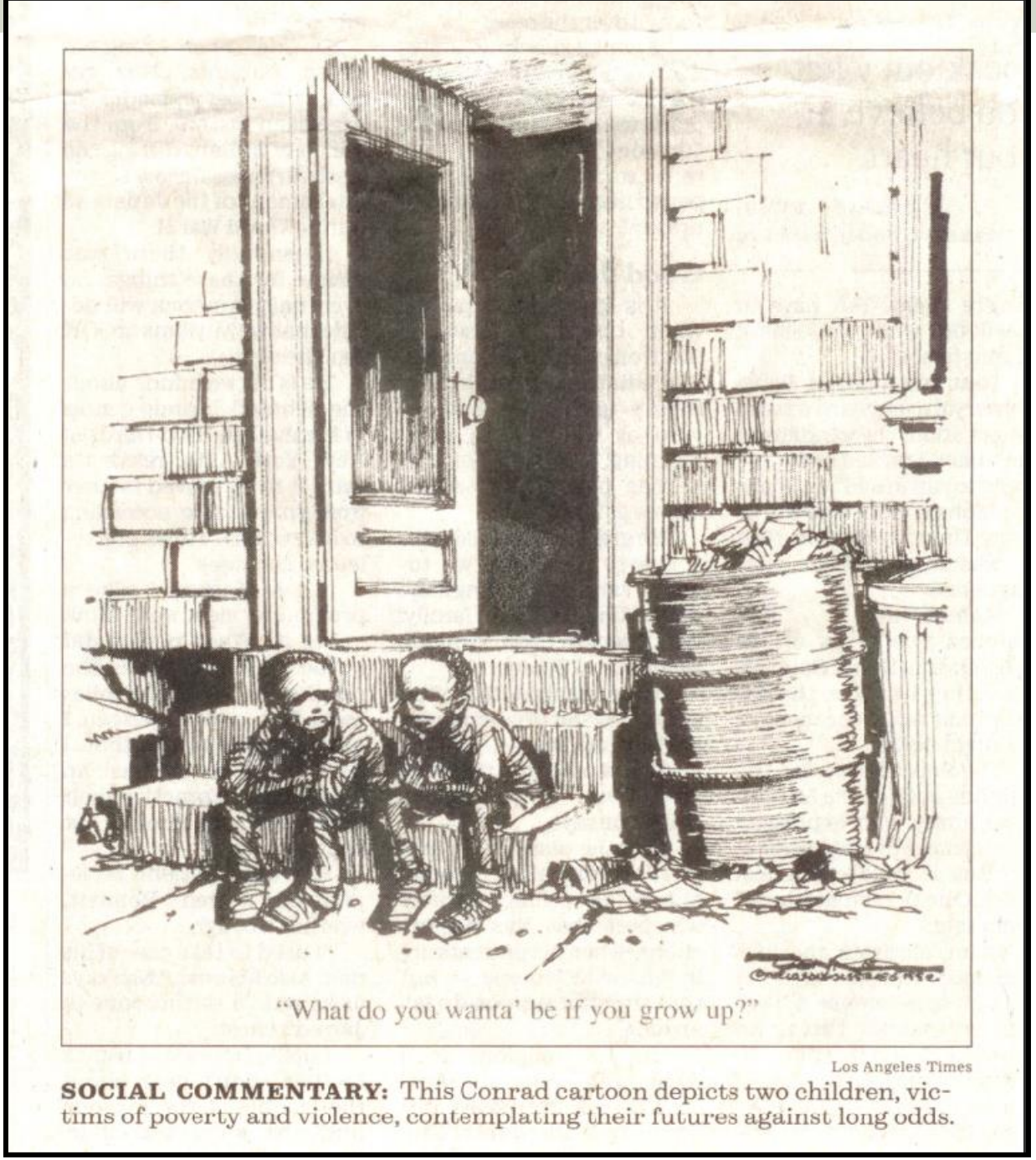
Key Definitions

- **Race**- scientific MYTH – assumed genotype based on phenotype
- **Population Group** – population which has similar adaptive physiologic responses and cultural practices due to ecologic niche create genetic polymorphisms – Il, G6-PD, and new findings in precision medicine
- **Culture** – system of beliefs, values, lifestyles, ecologic and technical resources
- **Ethnicity** – subcultural group within a power structure of a multicultural society & self identified group membership within a **socio-historical context**
- **Racism** – assertion of power; ego fulfillment & racialization status at expense of others by difference: skin color – color coded groups, religion, tribe, etc.


Cherubs, Chattel,
Changelings
Hmong children
in Sapa, Vietnam

In Thai Nguyen, Vietnam ~ the first ever running water to this house: 2016

“what do you wanta’ be if you grow up?”

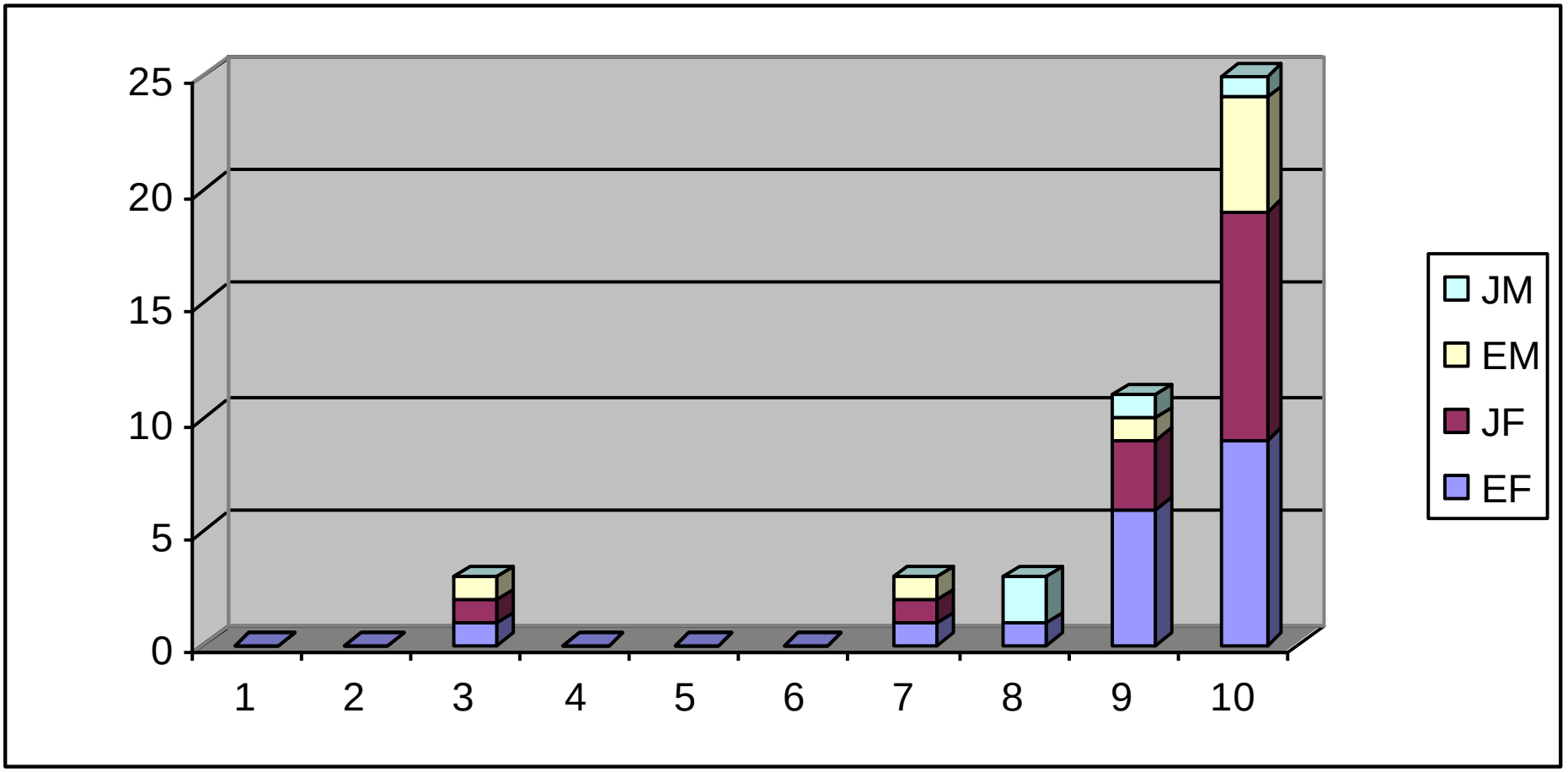


Los Angeles Times

SOCIAL COMMENTARY: This Conrad cartoon depicts two children, victims of poverty and violence, contemplating their futures against long odds.


BAIL BOND
AGENCY
Home of the
KOSHER Style BURRITO
Coca-Cola
Coca-Cola
2.75
'98 7 17

Self-Esteem - Rosenberg by Sex and Ethnicity



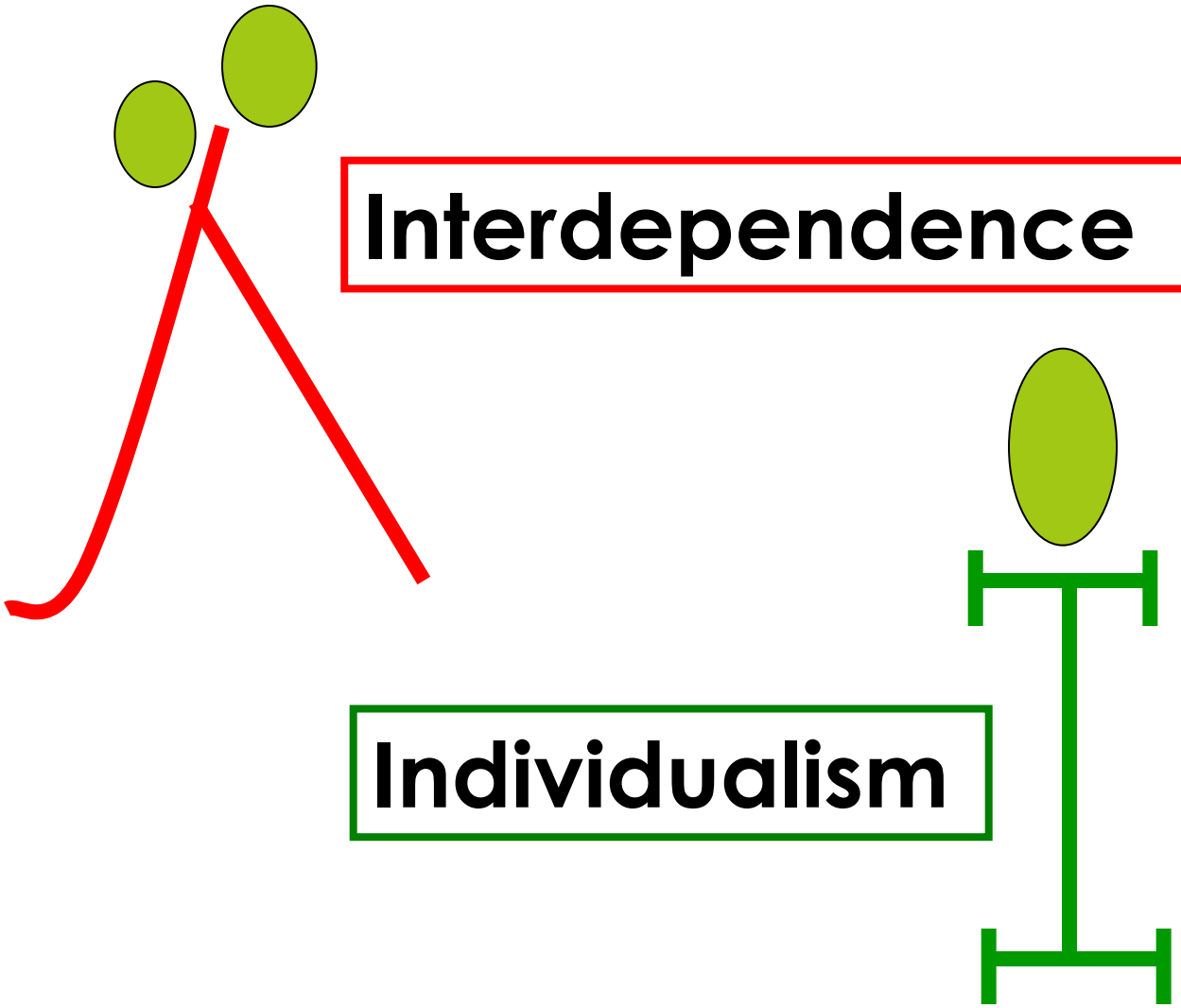
Ideal Qualities

Japanese-Americans

- Good self-esteem
  - **Humble and no ego**
- No complaining/ Patience
- Compassionate
- Personable
- Understanding
- Intelligent

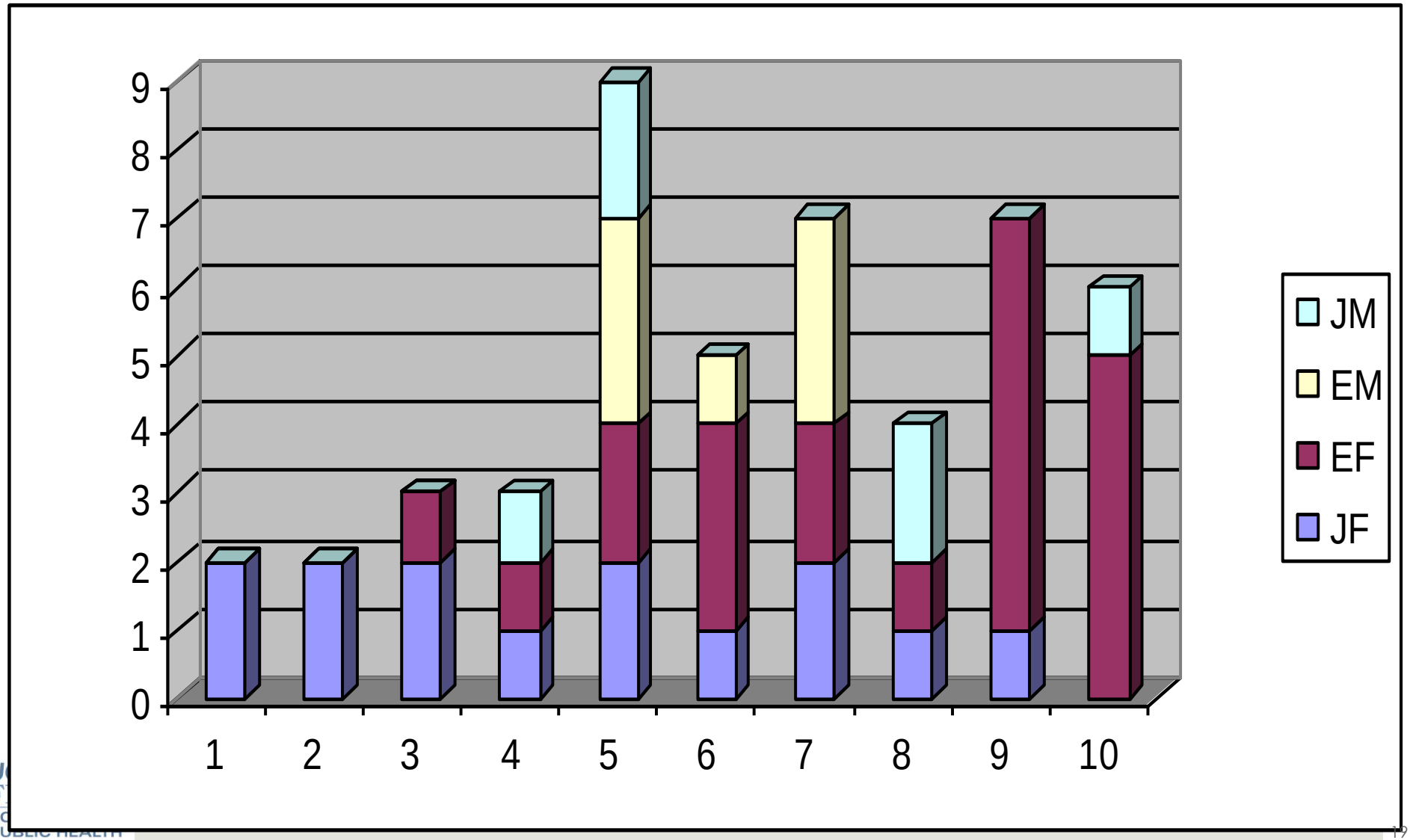
European Americans

- Intelligent
- Kind/ Responsible
- Together
- Happiness
- Independent/ Open-minded

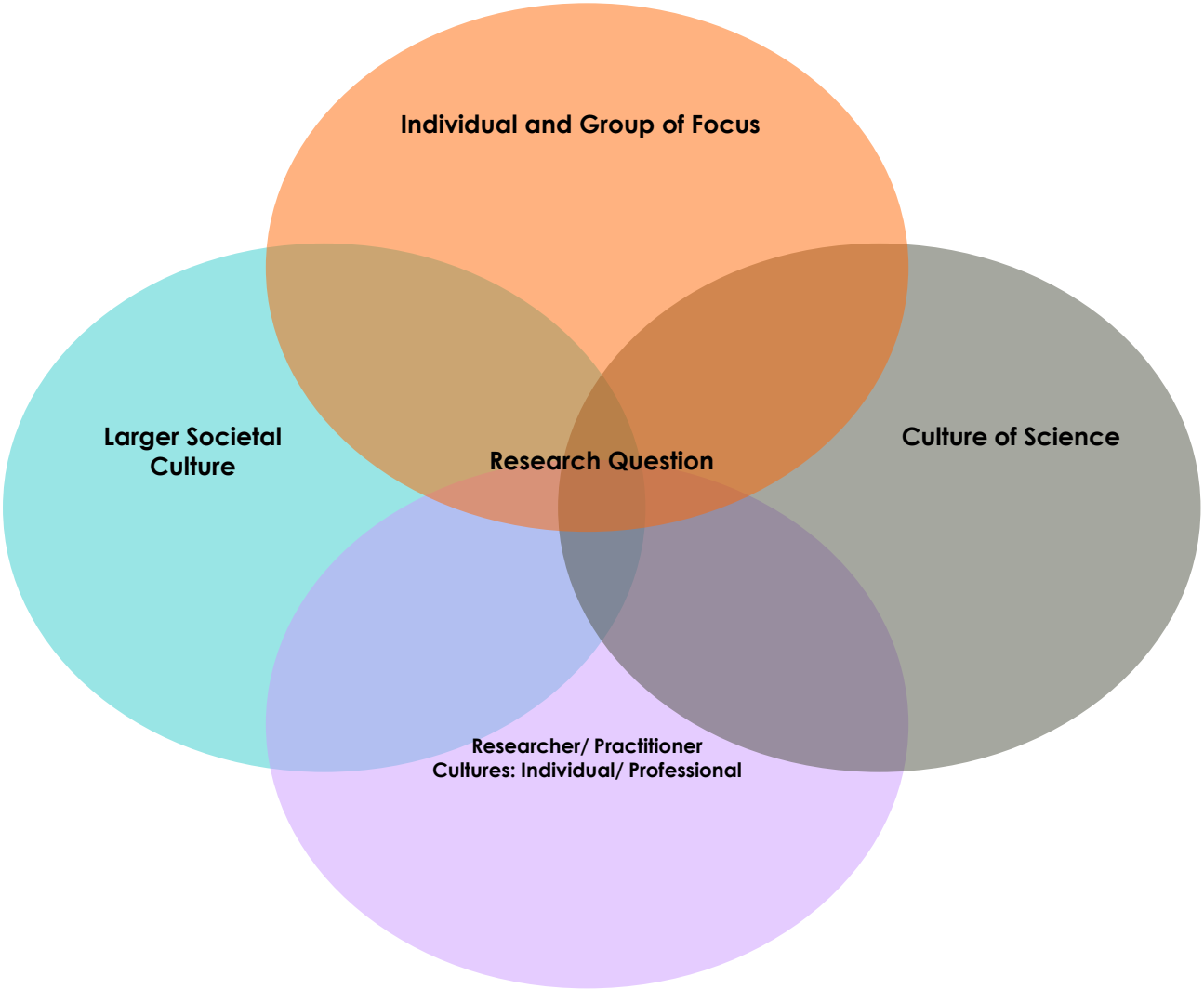


PERSONHOOD

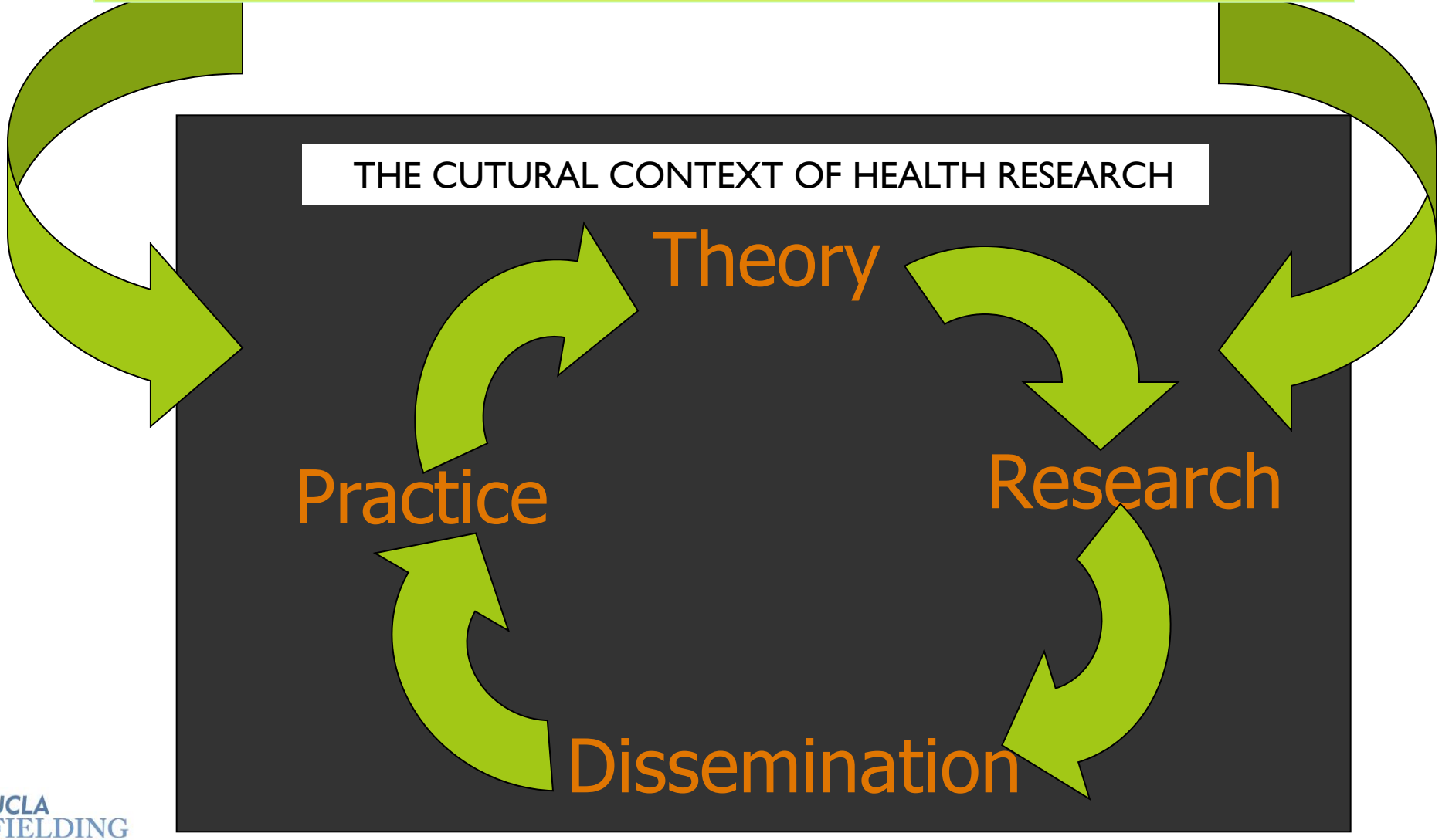
Distribution of Self-Evaluation Scores



Whose culture are we studying?



THEN WHY ARE WE MISSING CULTURE IN HEALTH RESEARCH?

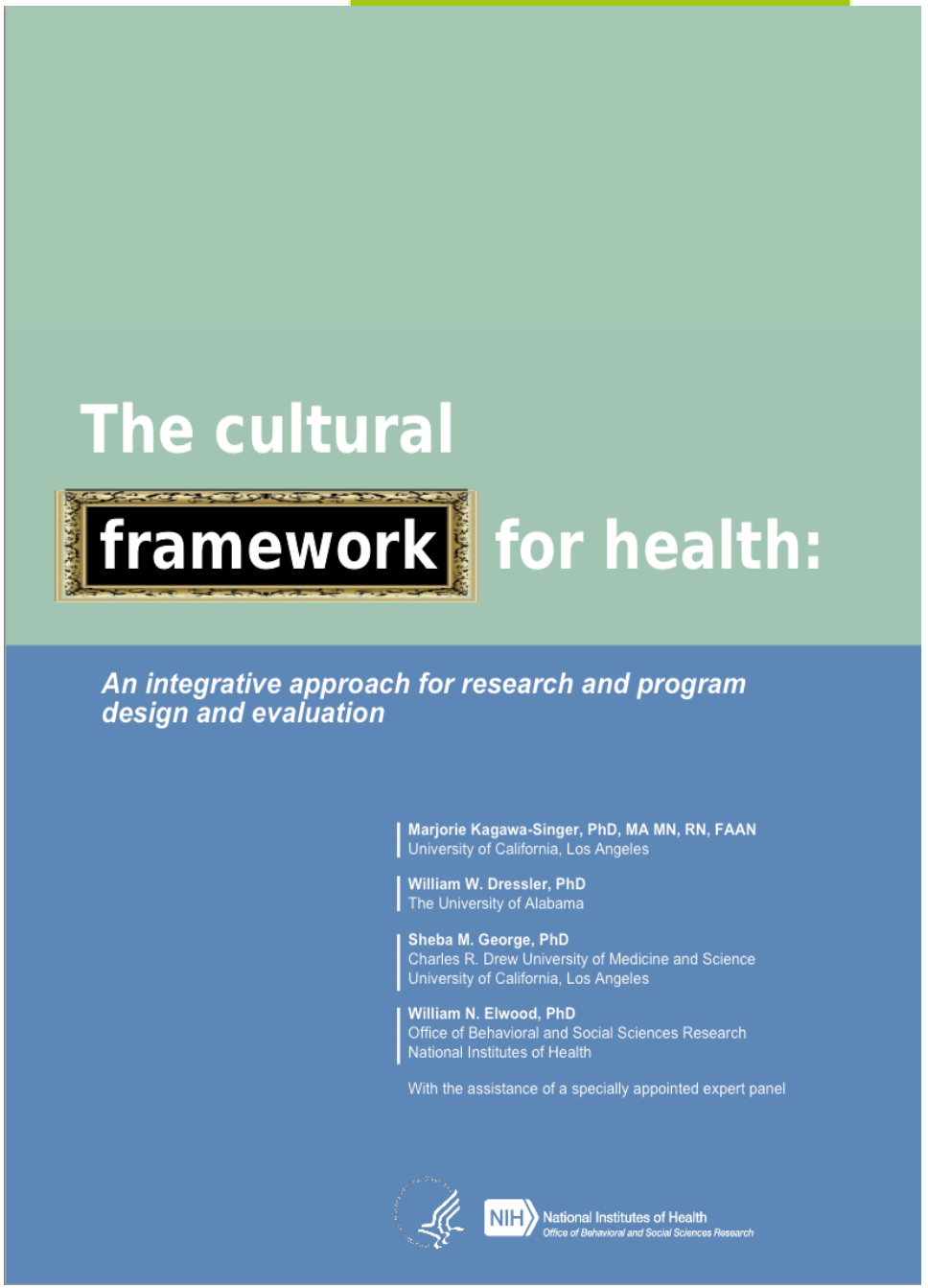


Definitions of culture exist:

- Which one(s) do you use?
- Which one was used in the last paper you read about another cultural group?
- What measures did they use for culture?

In Health Research we do not have a clear application of culture because we do not have a clear definition of culture nor appreciation of its complexity

https://obssr-archive.od.nih.gov/pdf/cultural_framework_for_health.pdf



3 GOALS of CFH

1. To **define** culture for use in **health research**
2. To provide a **roadmap** to guide both researchers, reviewers, and practitioners:
   a) **measurement**
   b) **application**
3. To illuminate the mono-cultural Eurocentric-basis of health behavior science

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Defining Culture

Differentiate between:

- What culture *is*
- What culture *does*
- How the *culture of research* assumes explicitly or implicitly universality of "norms" of thought and behavior: but *YET TO BE* DEMONSTRATED

Culture *IS*:

TOOL which its members use to :

1 – Assure their **SURVIVAL & well-being**

and

2 – Provide the **MEANING** ***of*** **and** ***for*** **life**

Culture *IS*:

- A ***shared framework or lens*** that its members learn to use "see" the world and which informs, consciously and unconsciously, how to live life, why they live life, and how to resolve problems in doing so.
- Created and modified within a multidimensional, multilevel, dynamic and adapting ***ecologic systems*** that confine, inhibit, and disenfranchise diverse population groups
- Is ***socially, morally, and legally integrated*** into the **structures** of a society's institutions.

What Culture DOES:

- Provides the *social structure* that defines and coordinates the numerous *roles* of each of its members in relation to the group, *rules of social interaction* and *distribution of power*

- Expresses and sustains the reality of its members through the *built environment including our institutions (schools and health care system)*

Effect of the Current Culture of Science:

Monocultural view as universal

- **Impacts** ***unreflective use of theories*** developed and validated in European-American, usually educated populations
- **Reflects** study designs based upon ***monocultural norms*** – as in "tailoring" of evidence base practices to new or diverse population groups without evidence of cross cultural validity
- **Application** of tools/methods that have **NOT** been validated for ***cross cultural equivalence***
- All such practices **raise** ***ethical questions*** regarding the imposition of European American-centric definitions of health and ways of managing illness without viewing behavior within the **ecologic, social, historical and political context** of the lives of DIVERSE populations of focus

WHICH FAMILY?

Transcendental Meditation Family

- BIOLOGIC
- RITUAL
- FICTIVE
- SELF-CREATED

Research and Practice Implications

Current GOAL: **Promote the *Universal* "Truths" as optimal outcomes for cancer**

CENTRAL QUESTION:
What is the **External** (CULTURAL) **Validity** of our science along the cancer care continuum?

Which Goals?

- If we are assessing "positive adaptation" to achieve optimal **quality of life** – what are our definitions and measures?

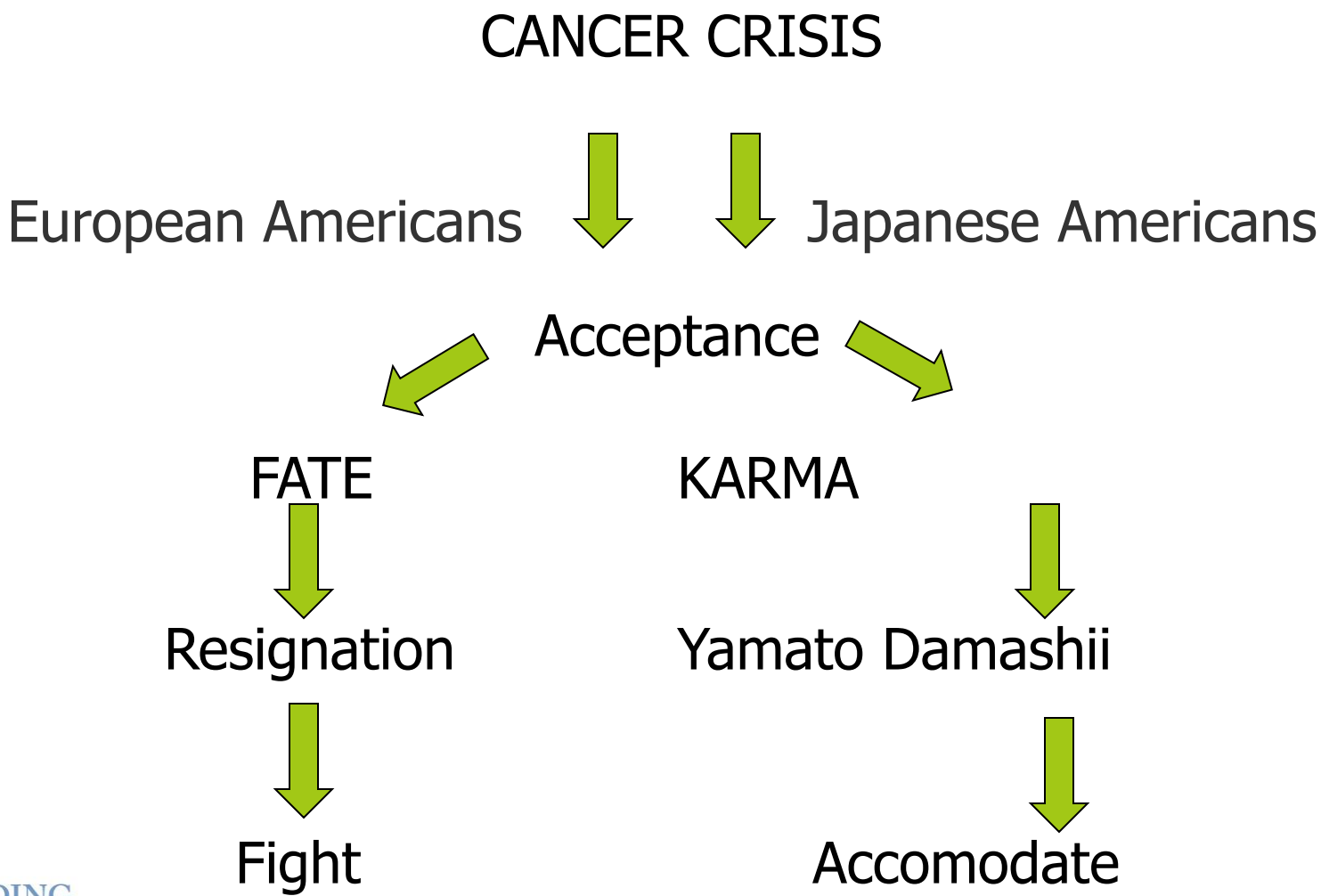
- U.S.A.
  - Independence
  - Individualism
  - Self –reliance
  - Happiness

- Everyone else
  - Interdependence
  - Community – group welfare
  - Group consensus
  - All life is suffering

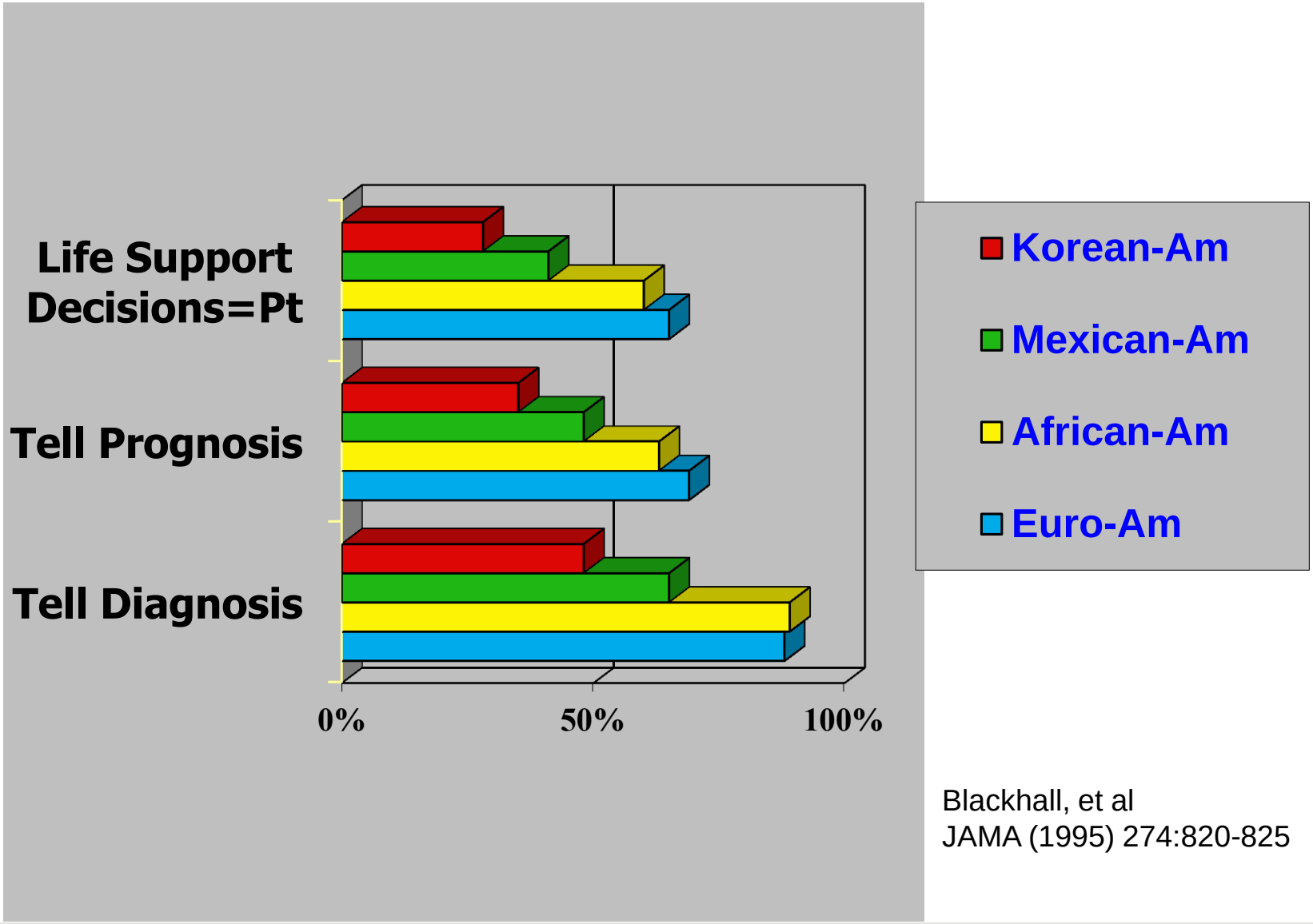
Metaphors of Cultural Responses ~ Modal Responses not Stereotypical

- Oak and Bamboo

Summary of Cultural Responses



Elder's Attitude Towards Patient Autonomy



Blackhall, et al
JAMA (1995) 274:820-825

What is Universal and what is Culturally Defined for Well-Being?

Social resources that provide every individual a sense of:

1. Survival and security
2. Integrity and Meaning
3. Belonging as an integral part of a social network

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