

# THREE CAMPUS COMMUNITY CONVERSATION

## Achieving Health Equity Through Eliminating Health Disparities in a 21st Century Pandemic

January 8, 2021 (Friday at 10 AM)

### Kick-Off Panels:

*Launching a campus-community conversation on COVID-19 MHD in NYS*



### Three Campus Community Conversation Session one: January 8, 2021

#### Panel 2: DIFFERENTIAL IMPACTS OF COVID-19, SOCIAL DETERMINANTS OF HEALTH AND INTERVENTIONS TO ACHIEVE HEALTH EQUITY

*Summary Prepared by Lynn Warner, PhD, University at Albany*

- **Alfredo Medina**, Executive Director, UAlbany Office for Public Engagement (moderator)
- **Diane Nathaniel**, Co-founder Beat Stage 3, Incorporated, New York City Department of Education Elementary School Counselor, and a stage three, colon cancer survivor
- **Derrick L. Murry**, Chief Operating Officer, Syracuse Community Health Center, Inc.
- **Marva Richards**, Director, Community Outreach and Service Learning, RJ Facilitator, Albany Medical College

#### Points Made by Speakers in the Panels

##### Diane Nathaniel

- Shared her personal survival story; as a black woman and a 7-year cancer survivor she provided examples of the harms the medical system perpetuates.
  - For years she felt unheard and marginalized, and complaints not taken seriously
  - Because of her age and physique she didn't fit the profile of someone doctors saw as at risk
  - The role of culture in health behavior and health determinants
  - Lack of information from and lack of clarity about the specialty of her doctor
  - It was only at the point of late stage cancer that the right treatment was provided
- The treatment people of color receive when they go to the doctor is a deterrent to continuity of care.
  - Patients spend more time in the waiting room than they do meeting with the doctor
  - Delays in the waiting room impacts being late to work, creates problems for child care
- Personal experience and story of surviving has inspired advocacy at multiple levels.
- The responsibility of the individuals within the community to educate, encourage and accompany others – especially black males - to medical appointments.
- Examples of activities that support and protect cancer fighters and survivors:
  - Creation of a grass roots advocacy organization that educates people about how important it is to advocate for yourself and your own care; partners with hospitals; produces a talk show with a health empowerment goal and targets a specific health topic that impacts males and females in communities of color (including not letting COVID be a deterrent for primary care); coordinated mobilization events at legislatures

- A lot “tabling”, a lot of “talking,” and a lot of “doing”
- Joining the American Cancer Society to be at the table where decision makers are making policy that affects the community
- To advance a health equity agenda, researchers must ally with “thought partners on the ground” so the community has a voice in the plans.
- COVID did not discover disparity, it just exposed it.
- To move forward, the country has to be honest about how it has handled healthcare, food and education and all the inequities experienced by marginalized populations.

#### **Derrick L. Murray**

- Importance of using a public health perspective to bring macro and micro lenses to the issue of health security.
- Nationally, in communities, and in households, we have a “health security” issue. All of our health security issues were magnified by COVID. Health security is not possible if someone can’t afford care, if they are food insecure, if they are housing insecure.
- In community health care settings where the majority of the population served are minorities, the residents have social determinants of health that lead them NOT to seek care.
- Delivery of care must be provided so individuals feel safe and valued; they are provided care because they are valued.
- Creative approaches, such as public/private partnerships and collaborations with other health systems, can be pursued to improve access and ensure people transition from one area of care to another as appropriate for their need.
- Partnerships and collaborations take a lot of hard work, a lot discussion, and resources must be sufficient; although challenging, they are avenues for optimism.
- It is incumbent on community health organizations to reach out to the population, meet them where they are, and look at non-traditional ways to deliver care.

#### **Marva Richards**

- The health care system itself is a major non-biological determinant of health.
- To end disparities in health care, we have to confront and correct the entrenched attitudes, beliefs, policies and practices of white supremacy. These influences have structured the health care system, and all other systems, and it is hard to break one from another.
- As one example, the program for medical interns at Albany Medical College relies on bringing trainees as proximate as possible to the people in the communities who are experiencing the inequities and the oppression of white supremacy structures. Policy makers and researchers have to go into the communities as well. A program, such as the Albany Med model:
  - Provides opportunities for students to learn from community leaders who are doing the work of dismantling oppressive systems
  - Helps students recognize they are not the experts, and guides them to a point where they know what they don’t know and accept the community members as their teachers alongside the educators within the academic institution
  - Warns students about the perils of “specimenization”; they are learning from and working with community members, not studying people.
- This is a watershed moment in history. Collaborative, multidisciplinary research needs to embrace the reality that all research is political. Otherwise, research and policy will continue to be siloed from the realities of the communities.
- A new approach to education of both children and adults is needed.

- “Jailbreaking education,” “abolitionist education,” “Citizen schools” for people who left the school system or were pushed out, and that takes place after school hours and on weekends.
- The education will teach people in black communities exactly what it is that scientists are doing (“Lift the hood off”) and is cognizant of the harms and destruction that previous emergencies have perpetuated (e.g., Katrina) in all the systems that have been oppressing people: justice system, housing and shelter, banking and finance and healthcare.
- Researchers could invite community members to join in “citizen science.” A process of inclusion with community members joining in labs, in the production of scholarship as co-authors, will help create a sense not just of collaboration but being in it [developing a health equity research agenda] together.

### **Q&A: Issues Raised in Discussion**

#### **What new questions or directions should medical and the health practitioners be pursuing now?**

- What are the values motivating your scholarship? These are really dark times, but we can take this opportunity to be bold and use research to make advances toward social justice and transforming society.
- Policies must be examined and dissected to understand how they created inequity in the first place. New legislation must be passed that will allow change to occur (e.g., Henrietta Lacks Law; more people of color included in clinical trials). Otherwise, advocates will continue to fight for a system that never included communities of color in the first place.
- Members of communities of color have to be included in policy making decisions, and elected officials have to follow through with new laws.
- Now is the time for the United States and each individual state to truly look at its history and if it has embraced the importance of the health of the individual and the health of the community as whole; acknowledge that the system is broken but also elevate and provide light to aspects that are positive.

#### **How do we hold healthcare systems accountable for moving beyond diversity statements to actually implementing clinical practices with a focus on health equity?**

- Change the narrative so marginalized groups are not viewed as and understood to be “the problem”. “We’re always considered the group that’s affected with cancer, we’re never considered the group that was never not with cancer, even if we’re in remission.” The way the medical system treats communities of color is the same way as the rest of the society.
- For progress in the healthcare system to occur, curriculum in schools must change. It is in the education system where history and what we’re teaching about marginalized populations is set. Change has to start within the institutions themselves, and universities have the freedom to change their curriculums.
- A goal of medical school should be to turn medical students into advocates who have a better understanding of their role in health equity when they become part of the medical system. The service requirement for many medical colleges is quite low in terms of credit hours, so it is critical to ensure that the community service is meaningful, and not just perfunctory volunteering. Students are expected to reflect critically on their experiences. Ultimately, the service learning experiences will help doctors advocate for their patients, and even in a short 15-minute encounter they will be able to help patients navigate all of the other systems that have brought them to the office.
- We need to change the way that people learn.

**What are the potential advantages and disadvantages for using celebrities in public education and trust building campaigns directed to minority to minority communities?**

- It depends on the community. Not all celebrities are perceived as role models by all communities. Some individual are unlikely celebrities (Ruth Bader Ginsberg, Anthony Fauci) and some can effectively influence all populations, not exclusively minority populations.
- Celebrities are not just people who are on TV or in Hollywood. There are homegrown celebrities in each community who are trusted messengers.
- Social media can be a good mechanism, as long as the messaging is positive and accurate.

**How can universities and other community institutions play a role in outreach to minority communities with regard to COVID and related challenges like food insecurity?**

- Educational institutions have the responsibility to build partnerships with entities, like federally qualified community health centers who are the grassroots providers of primary care delivery in many communities.
- Students in service learning programs are the “ambassadors” from universities to community organizations. With community leaders and members valued as teachers, the community becomes and extension of the school.
- Students can also help build relationships through a range of volunteer service activities, in addition to service learning programs.