Three Campus Community Conversation
Session one: January 8, 2021

Panel 1: UNDERSTANDING THE ROLE OF TRUST IN MITIGATING COVID-19 RELATED HEALTH
DISPARITIES

Summary Prepared by Teresa Harrison, PhD, University at Albany

- **Winsome Foderingham,** Moderator, UAlbany Corporate, Foundation, and University Relations
- **Ladan Alomar**, recently retired from 30 years of leadership at Centro Civico, Albany
- **Rev. Jahmel Robinson**, Albany City Councilman, ordained minister, and NYS Department of Health
- **Victor Jordan**, First Vice Chairperson, Community Board 17 (CB 17), Brooklyn, New York
  - o *Due to unforeseen circumstances Mr. Jordan was not able to participate in the panel but key points from his prepared remarks are included below.*

Points Made by Speakers in Panel # 1

Winsome Foderingham
- Trust rests upon the ability for honest conversation; lack of trust is a factor in disparities experienced in socially vulnerable populations and exacerbated by COVID-19 pandemic
- African-American and Hispanic individuals suffered up to 4x higher rates of fatality from COVID-19 than whites; "We are only as healthy as the most vulnerable"
- World Health Organization: health is a state of complete physical, mental, and social well-being and not merely the absence of disease
- The pandemic caught leaders off-guard in their appreciation of disparities in medical care as we witnessed the tragic consequences of disparities. But the real problem is not race, genetics, comorbidities or behavior – it's racism.
- Practices, policies, and processes are baked into systems of racism
- Trust requires being candid and honest, truth in admitting the real problem, transparency, and time for relationship building because temporary fixes do not engender trust

Ladan Alomar
- We need to talk about racism, which undermines trust in the public health system
- The creation of trust requires acknowledging that black/brown bodies have been used

as guinea pigs as recently as the use by ICE of hysterectomy on detained Spanish-speaking women
- We need to acknowledge the truth of history and apologize
- The Centro Civico experience in the 90s was that sex education was not permitted in the school system but we created a successful AIDS program that was achieved by working with teachers and pastors and understanding the relationship between health, education, and beliefs as well as using linguistically and culturally appropriate messaging.We need to turn conversation into practice and advocacy into action.
- We need to put racism on the agenda: how does it operate here in our own communities?
- When can we discuss differential access to housing, goods, clean environment and information?
- We need to communicate in a way that leaves no one behind.

Rev. Jahmel Robinson
- Acknowledge history of distrust by understanding the roots within the medical community, that American medicine has been built on the backs of slaves who have been subjected unknowingly to experimentation
- Historically, with a federal ban on slavery, there were economic incentives to promote healthy childbirth which gave rise to gynecological examinations of black women; this fueled the development of gynecology as a discipline
- The result of this history is that the medical community must realize that trust must be earned.
- Distrust is generationally cultivated; negative experiences are passed along from old to young by a strong oral tradition in African-American communities. Some don't go to doctors because their friends and family members have had negative experiences.
- Distrust continues to exist because health disparities still exist in Black communities with racism as the root cause; the system is not designed with Black interests in mind
- Black patients with mental health problems are prescribed older medications with side effects; Black patients wait longer in ERs than whites with same complaints
- Myths need to be addressed
- They are generational, but believed, E.g., a current myth is the vaccine can change DNA
- Social media posts predict ads 10 years in the future about problems with vaccines: "If you received the covid-19 vaccine, call this number….."
- Build trust by working with people who are already doing the work, such as the Black Nurses Coalition, which helps seniors, educates, provides PPE and sanitizers

Victor Jordan
- The inequitable founding of safety-net hospitals (a majority of whose patients are on Medicaid or have no medical insurance), in particular Kingsbrook Jewish Medical Center, Brooklyn, New York
- The state currently allocates the majority of funds earmarked for safety net hospitals to influential wealthy hospitals that generally do not serve safety-net patients.
- Bill A.66677-A/S.5546 to correct this inequitable funding formula was introduced in the state legislature in 2013, but has been stymied in committee.
- The failure or inability to correct this inequitable funding arrangement has resulted in a move to consolidate a number of safety-net hospitals as a cost-cutting measure based on a 2016 study, ultimately resulting with the reduction in the 'beds capacity' available to the district.
- The expected surge in COVID-19 cases has placed in sharp relief the need for hospital

beds to treat critically sick patents in this predominately black district, which suffered disproportionately from the last surge in COVID-19 cases last year.

- The beds capacity at Kingsbrook Jewish Medical Center was scheduled to be reduced at the end of December 2020 but because of community outcry, the reduction in the beds capacity and the downgrading of Kingsbrook has been delayed until after the pandemic.
- Members of the East Flatbush community, where Kingsbrook Jewish Medical Center sits, are making the case to rescind the elimination of the beds capacity at Kingsbrook because the 2016 study upon which the downgrading and reduction of the 'beds capacity' is based was done in 2016 way before the arrival of the COVID-19 pandemic in 2020.

Issues Raised in Discussion

How do we communicate to connect with communities and build trust?

- We need to communicate in way that leaves no one behind. Need to get to individuals at the grass roots level, be honest, use accurate information, use appropriate language to communicate since English is not the first language in many communities
- Ask community leaders to create messages, faith-based leaders may be most beneficial
- Collaboration is needed to help with messaging and policy
- Everyone should be at the table because this affects everyone; more participation provides more in-depth knowledge. We need honest and transparent partnerships.
- The information needs to be organized and succinct.
- Use medical staff of all races and classes in communities, so they are recognized and community members interact with them. The more I recognize your face the more I trust you with the information you present to me. A good example is the Black Nurses Coalition.
- Social media plays an important role but one communication medium is not enough; not everyone is on Facebook (seniors might not be). Use TV, radio, Spanish stations.

How can we overcome years of mistrust?

- Acknowledge the truth, acknowledge history, and apologize for the neglect
- Respect everyone's contribution to the solution

Is mistrust related to class differences, especially in lower income communities?

- Yes. Acknowledging social determinants of health is important. Some doctors don't think about how issues such as employment, earlier life experiences contribute to health impacts and they do not ask for this information. How can I trust him when I realize he doesn't care about everyday life? These doctors just want to get you in and get you out.

What should young medical students know about communicating with patients to reduce mistrust?

- Acknowledge patients, be aware of and understand the community and the history, learn how to be their partner instead of talking at them
- The curriculum should prepare professionals for diverse communities; young people tend to understand the importance of community and culture; they want to learn this
- Have a heart and passion for people, experience the humanity of people and their different starting points in life; provide wholesome care

Moderator's Parting Comment: Disparities Paradox -- the goal is not to equalize mortality and morbidity, but to create a system where everyone can be their healthiest without regard to race, ethnicity, gender, religion, and zip code.