Many Wounds to Heal:
Health Care (In)Equity -
How Does It Affect Me?
September 13, 2020

A Summary Report

On September 13, over 220 individuals convened by Zoom to hear an expert panel and then meet in small groups to explore inequities in health care in Southern Maryland. This summary is intended to consolidate what attendees learned and shared during thirteen hours of small group conversations and 112 survey responses. This information will serve to guide the 22 Big Conversation Partners in Dismantling Racism and Privilege in Southern Maryland in articulating the issues. The information should prompt the community to begin addressing these health care inequities.

The Big Conversation series was initiated in 2011 by Middleham and St. Peter's Parish in Lusby to provide opportunities for civil conversation on topics of community concern. This eighth Big Conversation focused on inequities in healthcare. The purpose was to increase awareness of individual and systemic bias and discrimination in healthcare and to identify opportunities for more equitable delivery of healthcare in our community. The topic was selected over a year ago, because the community, at the last Big Conversation, indicated a need. The COVID-19 pandemic has heightened the concern with health care inequities.

The format for the event began with a panel presentation that included a national expert, local public health leaders, a local citizen and a local health practitioner. The panelists shared their experiences in encountering and addressing racism in healthcare. Then in small groups, led by trained facilitators, participants listened to each other share their experiences, and propose needed remedies. Finally, in a facilitator roundtable, participants reconvened to hear what was learned in the small groups. Following the event, 112 attendees completed an online survey sharing what they learned, identifying their own experiences, and indicating what they recommend.

The panel during the first hour of the program featured experts addressing historical inequities in Southern Maryland healthcare, implicit bias in healthcare delivery, systemic and environmental impacts on health outcomes, lack of trust in healthcare and generational trauma. The panelists were:

- **Dr. Meenakshi Brewster –** Public Health Officer – St. Mary's County
- **Shellnice M. Hudson, RN** – Director of Quality Assurance, Charlotte Hall Veterans Home
- **Dr. Laurence Polsky** – Public Health Officer – Calvert County
- **Cheri C. Wilson, MHS** - Johns Hopkins Medicine, Office of Diversity, Inclusion, and Health Equity
- **Malcolm Funn, JD –** Calvert NAACP
- **Moderator: Lauretta Grier, MA –** Concerned Black Women of Calvert County

The audience of 220 plus included significant participation by people of color. There were many participants who were from health care, and good representation across the three Southern Maryland counties. According to the survey, 55% were previous Big Conversation participants, 96 % rated the event worthwhile and over 66% rated the event as "extremely worthwhile".

Summary of the Key Findings

Introduction

The facts regarding health care inequalities were presented by the panelists, the information in the event's program and the recent events with the COVID-19 pandemic which underscore the health care inequities.

The following summary represents the personal experiences and thinking on health care inequities of the lay people and all levels of health care providers present at the Big Conversation. These participants live and work in Southern Maryland. The information is divided into three parts: the general issues, addressing local issues and addressing general and systemic issues. While some of the inequity issues are based in systemic problems that must be addressed at all levels of our society, there are specific issues that our Southern Maryland community can work to acknowledge and improve, if not erase.

General Issues

Acknowledgement

The first step to be taken, as a community, is to acknowledge that there are significant inequities in health care here in Southern Maryland. Once that happens, then the steps toward reparation and reconciliation can begin.

History

Know the true history. Presenting a brief history of racism and health in Southern Maryland was eye opening to many of the attendees (55/112 mentioned it in the survey). Having a knowledge and understanding of local African American history in health is essential. It provides insight into the inequities and lack of trust that are experienced by people of color today. Hearing it created a foundation of understanding for the rest of the information for the day. Understanding the history provides a context for most of the issues that follow in this summary. An example, a factor influencing why people of color resist vaccinations is more clearly understood when one knows about the Tuskegee experiments. Many expressed the need to preserve this local history by getting this information into the schools, libraries, and historical societies in Southern Maryland.

Bias and Discrimination

Bias and Discrimination is perceived as existing at all levels of health care. It exists between the patient and the providers and health care worker to health care worker. The personal stories were powerful. For the white population, there is a lack of seeing their privilege in relation to people of color and what they experience. White participants expressed shock at not realizing that these behaviors existed within their own work and community environments. Health care participants reported that people at all levels within health care either overlook it, ignore it or do not see it. Discrimination by physicians is perceived as marginalizing patients based on patient race, economic status, insurance, and substance abuse. Marginalized patients are treated different such as people of color with chronic pain are often regarded as drug seekers instead of having their actual pain level addressed. Sexism compounds the problems leading to lack of treatment, for instance local women of color have a higher childbirth morbidity rate. Medical

training and research are often white focused. A current example is the lack of information identifying the COVID-19 rash for people of color. There is economic bias in health care. Doctors and hospitals often locate offices in areas of affluence. This behavior then limits access for lower income patients. Other illustrations are that doctors limit or do not accept certain types of medical assistance/insurance, and coverage for mental health issues is very limited. Generational trauma needs to be understood and addressed. Some noted that there has been little progress in addressing bias in health care for people of color.

Addressing Local Issues

Access and Time

Lack of access spawns inequity of care. Many limitations on access are systemic issues, such as the need for better insurance, insurance not based on income, not enough practitioners, and lack of resources that then create barriers such as transportation. Limited access to technology and the internet, hospitals, doctors, and pharmacies create inequities. Doctors and health care workers who do not understand the culture of people of color inadvertently serve to limit access. Economic issues are a huge driver of limited access.

What this looks like in Southern Maryland:

1) **Lack of time with the provider**: This was the highest rated issue. Participants cited that the 15-minute allocated time with the doctor does not allow enough time to develop patient/doctor rapport or for the patient to address all their symptoms or concerns. This often complicates proper diagnosis by the provider and the follow-through by patients.

2) **Cultural awareness**: Another frequently cited issue was the lack of doctors of color in the area, and the lack of doctors and health care workers who have cultural awareness (ones who understand the local history and background of the patient). Thus, patients feel they are stereotyped, not listened to, and that myths get in the way of understanding the obstacles patients encounter trying to follow prescribed treatments. For example, it is a myth that people of color are more tolerant of pain, yet it is reported that even children of color receive less pain medication to relieve pain than their white peers.

3) **Communication problems**: Because of the first two listed issues, health care providers often prescribe without understanding the cultural context or the inability or difficulty for the patient to access the treatment due to transportation, insurance, economic, or trust issues. This then results in misdiagnosis or the patient not following-up on prescribed treatments. Patients are reluctant to share personal information due to lack of trust.

4) **Location:** Hospitals, doctors and pharmacies tend to locate in areas of more affluence over ease of access. For people with lower incomes this becomes a transportation and economic hardship - given that it may take all day for a patient to keep an appointment. Western Charles County is an example – it is a health care desert and very difficult to get doctors to practice in the area because it is low income.

5) **Medicaid and health insurance:** Some local doctors put a limit on the number of patients they have with Medicaid. This limits access to and quality of care. In Southern Maryland those with

lower incomes are often people of color and Medicaid is based on income; it affects them the most.

6) **Mental health deficiencies:** Lack of mental health providers and comprehensive insurance coverage for mental health are greater problems for people of color.

7) **Lack of health care in early life:** As a result of living in rural areas, many people of color do not receive health care until they are adults or in the military. People in this situation lack an adequate expectation of proper health care.

8) **Connections:** People of color lack the contacts, within the health care system, that white people have to access quality care.

Trust / Mistrust

Lack of Trust: Generational trauma and historical medical experimentation on people of color have led to distrust in the health care system for many African Americans. Not taking the time to understand the patient's needs or circumstances has led to misdiagnoses or limited treatment. Lack of trust extends to people of color not trusting the qualifications of doctors and nurses that are also people of color. This mistrust results in an unwillingness for people of color to participate in vaccinations for flu or preventative care screenings such as mammograms, colonoscopies and routine wellness checks.

Advocates and Advocacy

Need for Advocacy: Individuals need guidance and support in accessing and navigating their health care. All people can benefit from advocacy. As it is now, if people of color do not know someone with "power" to advocate for them, they have trouble navigating the system and accessing needed care. Lack of advocacy often results in people of color not getting the health care they need. It was expressed that patients need advocates other than physicians. Other health care providers were perceived as tending to understand patients' needs and concerns better than doctors. Two types of advocates are needed: (1) self-advocates - teach people how to advocate for their own health care and that of family members and (2) trained advocate positions within health care. COVID-19 has made this need clear since others cannot accompany family members to medical visits or hospitals.

Addressing General and Systemic Issues

Changes in the Health Care System

Changes in the health care system: Southern Maryland's health care system should reflect all the people. As it exists, it is perceived as being for people with economic means and education both in who the providers are and who is served. The following suggestions were made:

1) The three counties health care systems should assess, name, acknowledge and address its history, bias and discriminatory practices and policies.

2) Health care systems should insist on extensive training of all medical personnel on bias and cultural competencies and monitor behaviors on a regular basis both with patients and between health care workers.
3) Address the lack of trust on the part of African Americans due to historical reasons, generational trauma, and cultural insensitivity. People of color report that they do not seek early health interventions because they do not trust the system.
4) All levels of health care providers should actively listen to the patients and their advocates.
5) Create a system that promotes development of patient/doctor relationships. Create a team approach to patient health where the patient is respectfully listened to and is part of the decision-making team.
6) Create a communication system that can be accessed by all and is varied using multiple methods of communication. Initiatives for improving health are happening in Southern Maryland about which the citizens are unaware.
7) More people of color should be represented at all levels of management.
8) Recruit more doctors/health care workers that are African American.

Diversity at All Levels of the Health Care System

Lack of diversity in representation and cultural competency: There is an inability by patients to find medical personnel at all levels of health care that are African American. Lack of diversity leads to lack of sensitivity to the needs and culture of people of color. Lack of cultural competency is when medical personnel, often not from this area or country, lack the ability to understand the context for how their patients live in order to understand their health problems. Recommendations:

1) Equity in hiring and staffing. Representation of people of color on all levels.
2) Once hired, people of color should be given equal respect and support by their institutions and staffs.
3) Increase diversity (race, ethnicity, gender) in leadership positions in healthcare organizations.
4) Encourage and enable minority students to seek professional careers in healthcare.
5) Push institutions to diversify at all levels, not just at the staff level, and to publish evaluations of their programs and services.
6) Have physicians of color serve as models and advocate for addressing bias and racism.

Assessment and Collaboration

Community assessment and collaboration: Our Southern Maryland community (all three counties) are encouraged to work together to assess the health care needs of the whole community, name the needs, and then work in collaboration with health care providers, public health, business, schools, libraries, churches, community organizations and each other to provide better health care for the entire community. The following ideas were noted:

1) Counties should work in collaboration.
2) Look to St. Mary's Public Health community partnerships as a model

3) Look at CalvertHealth's Parish Nurses program as a model.
4) More CalvertHealth's mobile health vans and for mobile health vans for each county.
5) Establishment of an Equity Coordinator position for each county.
6) Encourage faith organizations to develop health awareness, advocacy training, nutrition programs, parish nurses, support groups for medical personnel, and anti-bias training.
7) Encourage local business to support health programs with training for their workers.
8) Community Health Need Assessments are required by the Affordable Care Act every four years. The results should be widely addressed and the proposed proactive actions should be actively supported by all aspects of health care, businesses, schools, organizations, governments and faith communities.
9) Improve communications with the general public. Encourage local news outlets to pay more attention to health care issues and initiatives in Southern Maryland.
10) Work with the library systems to promote education and information.
11) A working collaboration between public health, hospitals, private practices, emergency health units (EMT's) and the county commissioners or councils should be expected and transparent.

Education

Education and training are keys to addressing many health care inequities.

1) Teach, at all levels of education, accurate history regarding African Americans and people of color in Southern Maryland including how past events have impacted their health and economic situations today. Assure that the history is available in the schools, libraries and the historical societies.
2) Substantial bias and racism training should be provided for all medical providers at all levels with follow-up and monitoring.
3) Hospitals need to assume responsibility for the education and behaviors of their medical staffs in offsite offices.
4) Doctors should receive training in cultural competencies.
5) Providers should educate themselves on how to effectively interact with people of color.
6) Provide advocacy training for individuals for self-advocacy and to support friends and family.
7) Provide trained advocate positions within doctors' offices and health care institutions.
8) Provide education for younger adults and children explaining why older generations have been reluctant to seek health care.
9) Individuals need to understand the process within the system that allows for reporting of incidents.

10) Self-education should be encouraged on the range of issues concerning racism and health. Individuals should be encouraged to have more friends who are people of color and listen to them/share experiences. They should gain awareness of the systemic challenges to healthcare and the structure of the health insurance industry.

Influence Policymakers and Encourage Businesses and Organizations to be Involved

1) Meet with county officials and business organizations to brief them on the findings and encourage their support.

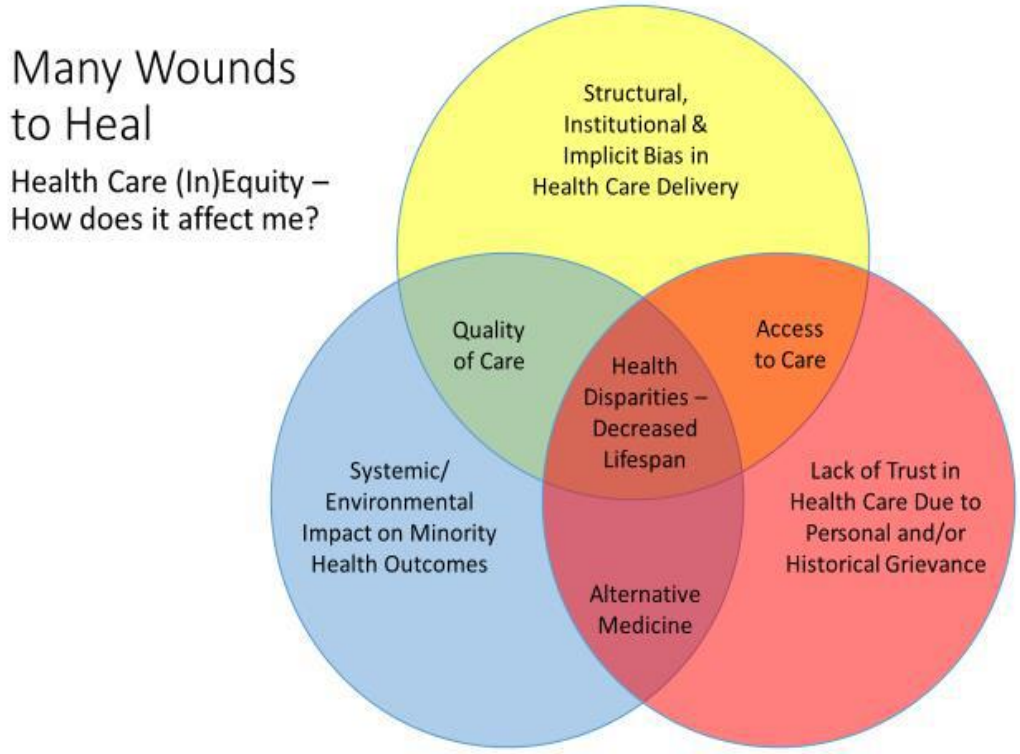
2) Support and encourage churches and other community organizations to be more involved with this issue of health care inequity.

3) Create and support scholarships - encourage businesses to support scholarships for young people to enter training / education for health occupations.

4) Encourage businesses to make health care and health education a priority for their employees.

Healthcare (In)Equity Venn Diagram
(From work of the Big Conversation Steering Committee 2020)

The diagram below illustrates ways in which bias, systemic and environmental factors, and lack of trust in the medical community on the part of African Americans and other people of color negatively impact the quality of healthcare delivery to members of those communities. For instance, notice how implicit bias on the part of healthcare professionals, when combined with lack of trust on the part of African Americans whose family members tell stories about their bad experiences in the past, may lead to reluctance to access healthcare in our community. The diagram is not intended to be comprehensive or to paint a broader picture of health care in the United States. Instead, it illustrates how multiple forces combine and interact to stand in the way of delivering quality healthcare to many people in our community.



Further Information

The Big Conversation Dismantling Racism and Privilege Clearinghouse at www.dismantleracism.org provides additional readings and resources, including:

- The September 13 Big Conversation on Health Care Inequities event program
- The video of the September 13 Panel Presentation on YouTube **"Community Partners, The Big Conversation …"**
- ***The Building Bridges Resource Guide*** listing Southern Maryland resources for dismantling racism
- ***A Brief History of Racism and Health in Southern Maryland*** **document –** a version was included in the panel presentation on September 13.

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This summary was created by the founding organization Middleham and St. Peter's Parish with **The Big Conversation Partners in Dismantling Racism and Privilege in Southern MD** including: All Saints Episcopal Church, Calvert County Public Schools, CalvertHealth, Calvert Interfaith Council, Community Mediation Centers of Calvert, Charles and St. Mary's Counties, College of Southern Maryland, Concerned Black Women of Calvert Co, Emmanuel SDA Church – St. Leonard, Historic Sotterley, Inc., NAACP Branches of Calvert, Charles and St. Mary's Counties, Patuxent Friends (Quaker) Meeting, Public Libraries of Calvert, Charles, and St. Mary's Counties, Remnant Center of Excellence, Inc., St. Mary's County Health Department and St. Mary's Co. Public Schools.

MARYLAND HUMANITIES

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"Of all the forms of inequality, injustice in health care is the most shocking and inhumane"

Martin Luther King, Jr.