

# ***RACISM IN PUBLIC HEALTH SERIES***

## **PART 1 - ROOT CAUSES**

**Guest: Dr. Virginia Caine, MD**, Health Officer, Marion County Public Health Department

**Moderator: Dave Plough**, IU Richard M. Fairbanks School of Public Health

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**Dave Plough (DP):** This episode is part of a special series on racism in public health, for ideas for practice, a podcast of the Region V Public Health Training Center. As one of 10 public health training centers across the country, the Region V PHTC aims to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health. In this, our first of three special episodes, we are going to jump right into an interview with Dr. Virginia Caine, the Director of the Marion County Department of Public Health.

**DP:** Dr. Caine, we are on here to talk about racism in public health, and the first question I would like to ask you is kind of the big one that encompasses all of this for people that don't understand. Could you tell me why racism is a public health issue?

**Dr. Virginia Caine (VC):** I think the fact is, and we're just now having a better understanding 'cause we're having more of a growing body of research that we now recognize that racism endangers the health and well-being, especially people of color and other marginalized groups and communities. And I think this became so explicit for a lot of us when we saw the incident with George Floyd and the police violence that kinda raised its head, Breonna Taylor. And so what we found was a major cause of health inequity, when you lose a life that impacts someone. But when we look it as a whole, we see that it's impacting a certain body of people based on the color of your skin. Whether this is intentional or unintentional, it has huge consequence on people of color. And if you just look at this racism historically, it takes a toll on us from a stress-related standpoint. And because of those unhealthy stress levels over time, where these feelings of powerlessness, or you get the negative impact of having an experience of someone having an implicit bias against you, that has negative impacts on your mental as well, as your physical health.

**VC:** And if this happens over a period of time, years, it is not surprising that we see higher levels of hypertension, stroke, heart disease, diabetes, obesity. And so it's this structural racism also that's taking place over time, where it's not a level playing field from a health equity standpoint. And so this has huge consequences and a huge implications for us in the public health arena. We have the role and responsibility of improving health outcomes overall, regardless of your race, regardless of your agenda, your color, or socioeconomic bracket. And so we now have to look at our social determinants. So something is wrong when we don't have the same access to healthcare, we don't have the same access to maybe housing, or even food that we put on our table from a food and security standpoint, or my ability, hey, when it's snowing here in Indiana, my ability to have transportation that I may have to go because I don't have a grocery store that's in my area. And so it creates a lot of unintended biases that for us in the healthcare system, that we may not always be competent enough in order to address.

**VC:** Now, my dad, bless his little soul, he was in the army. When he came out, all soldiers were supposed to have the ability to get a scholarship to go to college, but they were also supposed to be able to get a mortgage or a loan for a house. And while we saw all of the

white veteran soldiers having the ability to get a mortgage for that house, he was fortunate enough to get that college education, but he couldn't get the mortgage for a house. And so a lot of times what happens when you own a home, you're building equity in that home, and it helps to bring you to a higher income bracket, 'cause now you have an asset that you may be able to give to generations below you or family members or you can sell it at a future date. So we were squashed in segregated areas, we couldn't get loans from the banks, even in this day and age, we have a lot to look at, and we have to look at our educational levels, we have to look at unemployment levels, and we have to look at disability of housing over our heads. And so we're gonna improve our health outcomes. There are several levels of the social determinants that we have to address.

**DP:** What efforts do we need to see to make the necessary changes?

**VC:** One of the major drivers I think we have to look at is the economic stability. So for example, we have food insecurity, right? And we have had a tremendous amount of outpouring from our community, having food pantries, whether it's from our faith-based folks, our Indy Food Council, our Gleaners, people are really putting those food pantries out there to help for food insecurity. But let me just say from a family standpoint, minimum wage is still \$7.25 an hour. We have not changed minimum wage in over 20 years, 20 years.

**VC:** So a lot of our families are forced to do two jobs just to make ends meet. So if I'm a single mother, I've got children, but if I'm making \$7.25, wow, if I'm doing these two jobs, who's taking care of the kids? Who's giving them the nurturing that they need, the assistance and the help they may need to have to get at the level where they need to go? So economic stability. So I'm a strong proponent of, we have got to raise our wages for a living wage. I much prefer to have enough money so I don't have to do all this navigation for all these services that are currently happening right now but may not continue after this pandemic is over. And so where am I left in terms of my growth to be able to sustain the kind of resources I need, where I'm not stressed out tonight to say, "Wow, where am I gonna get the money for the utilities?" or "Don't let some emergency happen," and, "I can't afford for one thing to happen"? So economic stability is one. I think two, and number two is always critical, we have to have education access and quality.

**VC:** We find that individuals who may have a lower level of education, it can impact their health literacy, and they may generally live less healthy and they may live shorter lives than those who appear to have a higher level of education. And then of course, this is my overall, healthcare access and quality. Healthcare access and quality. What do I mean by that? We have got to be competent as healthcare professionals in all lives and all cultures of the patients we see. We got to be competent. So I have a young lady, she's African-American, she's got diabetes, and maybe she comes in to see her provider, and he's telling her, "Well, your A1C level is not what it should be at, it's high, okay. So you're not eating right from a nutritional standpoint." And she's looking at him and saying to herself, "Wow, the closest food I've got to me is a gas station, and I get my food in the gas station, and definitely no vegetables in there, but they don't always have fruits, so I'm limited in

how I can get access to food sometimes. And yet I have this provider, but he has no clue about my situation, does not educate me if I'm having an issue related to this."

**VC:** So that's the piece from a culture competency that we don't know, and we don't always get an opportunity to have a shared decision-making with our provider. And so all of us at some stage of our life, unfortunately, may experience some implicit biases. A significant percentage is of course, unintentional. They're not aware that they may be insulting sometimes, 'cause this is just how they've been brought up and trained, and they'd be appalled if you tell them, "You're being rude or insulting."

**DP:** What ways do you address inequities and disparities related to race in your role?

**VC:** So I think the key thing that you have to have your pulse on what's happening with these communities that may not always have equal access or resources that other people have, and you've got to try to address those barriers, systemic barriers which people may not be aware of. The other thing is the willing to listen and learn. We had a Latino ex-coalition population who addressed us with a number of issues. We were unaware of what's going on in their communities, that one, we didn't recognize the significant number of people who can't read or write. I'm up here patting ourselves on the back as we get all our materials out in third rate level or higher education, and folks just couldn't read. So how do we have to put up a special call system, people speaking different languages?

**VC:** And we have the Burmese community here, they have 12 different dialects. How are we addressing that? So we try to find out from the individuals here, what are the barriers, what's creating havoc, and how can I put a system in place? And what kind of community education outreach that we need to do? And so I'm pleased to say that Mayor Hogsett, the City of Indianapolis, and one of our consultants, Resolve to Saving Lives out of New York, and the Marion County Public Health Department, we came up with \$1 million in order to give mini-grants and resources out to the very people we need to reach. I can't be better than them in talking among my friends, my relatives, people I work with in my own social network. They can do that better than us, okay? So how do we get resources down to the grassroots levels? And so that's something I constantly try to work on. And we wanna try to increase the infrastructure of a lot of our minority-based organizations so they can sustain themselves over the long run. So what kind of technical assistance can I provide them to help them to get to that level?

**DP:** Someone listening to this that heard what you just said about asking yourself those questions, "How do we provide this? How do we do that?" they might think to themselves, "Well, how can I get involved?" So could you give me maybe a piece of advice you would have for individuals who wanna be actively involved in addressing racism and creating solutions?

**VC:** You start at home first from a diversion and inclusion. And I think even though it can be painful sometimes, I think it's important to have some dialogue related to this where people can understand different perspectives and understand why they're coming from where they are, and can we meet in a middle ground here, so to speak. But there are so

many wonderful opportunities to get involved, especially in the healthcare arena. So we just have to spend more time with the dialogue. Our healthcare systems have to spend more time making sure that it's just not a one-time training for healthcare professional and that's it, and that one-time training is gonna last me for years. It doesn't really work that way. And we may have to do more focus groups trying to figure that out. But from a social connection, how do we bring support to these different communities? How do we improve the built environment?

**VC:** So maybe from a standpoint, I'm in an area that's got a lot of environmental hazards, so maybe there's lead poisoning in these apartments or these homes, so how do I address that? It seems to be more predominant to the lower-income areas as opposed to if you're at a higher education or higher income bracket. Call me, okay? You know the health department, if you don't have an idea, we just have a tremendous amount of opportunities here and just a small amount of your time participating and helping us out make a huge, huge difference to our community. 'Cause I think Indianapolis is unique. We've got some great people here, and they wanna do the right thing, they're public servants, and it's just so wonderful opportunities I think for our younger generation, continue to step up to the plate, hey, and be a warrior related to diversity and inclusion. And people, you'll be able to sleep at night and know you continue to make us stronger and better and a wholesome community.

**DP:** And that was our conversation with Dr. Virginia Caine. We encourage you to check out some great resources in the podcast notes, as well as an evaluation and transcript. This podcast is brought to you by the HRSA Region V Public Health Training Center at the IU Richard M. Fairbanks School of Public Health. And funding for this podcast is provided by the Health Resources and Service Administration. Thank you for listening.

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