

RACISM IN PUBLIC HEALTH SERIES

PART 2 - RACISM IN HEALTHCARE

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Dave Plough (DP): This episode is part of a special series on racism and 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 episode, we are speaking with Antoniette Holt, the Director for the Office of Minority Health at the Indiana Department of Health, and we're gonna join her as she shares her thoughts on why racism is a public health issue.

Antoniette Holt (AH): The reason it's a factor in healthcare is just because of the toll that it takes on individuals in regards to whom it affects. For example, when you're looking at what we will consider a BIPOC population, are those people that are Black, Indigenous, people of color that experience worst health outcomes, worst social economic things, just historically the things that have happened to all these different populations takes a toll on you; and so it is a part of public health because when you look at public health it's just not health wellbeing physically, but mentally, emotionally, how it affects your environment, people who have experienced red-lining, people who have experienced societal or systemic barriers that exist on their job, that exist in how they get access to healthcare, where they live, how they play, all these different things take part. And so racism incorporates that as far as public health, if you're looking at public health issues or social determinants, that's how we come to a conclusion where racism is definitely a public health issue.

DP: Do some of these determinants affect the doctor-patient relationship?

AH: I think it does. It depends upon the... I'm not gonna say that all doctors who may not be Black or a BIPOC population are a set way because they're not... There's general doctors that care, then you have some doctors that don't. I will say this though, what you have seen is there needs to be a better relationship as far as listening to the patient when they're going to these doctors, they're in a group that I had to talk about cultural humility training, not just so much cultural competency where, "Okay, yes, I know, and you are in a group," but really being vested in making sure that your microaggressions or your biases or different things are checked at the door. If I tell you as a Black woman I'm having pains, you should not go by an assumption because stereotypical, where we perceive that Black people can endure pain a lot longer or a lot more, or different things, or if I'm asking you for help, I'm not trying to get a fix or anything like that. So you have to put aside those stereotypical stigma-type issues that you have in order to best serve the patient. How racism creeps up in there, it makes a difference on... You've seen it historically, you've seen the stories, the accounts, because we can't just look at primary data, we have to look at secondary data, these individual accounts that are happening, people around.

AH: I've even experienced too where I voiced a concern and it was ignored, and then I ended up in a hospital, and these different things. And it could have been avoided simply if you had gave me the right treatment at first. These are the things that we have to consider, we have to listen to patients, doctors have to listen to patients, and then the patient has to

be their best health advocate, because sometimes we can talk a lot in social things and we'll be active in our churches or in our homes or with our friends, and we'll say whatever and we'll do different things, but when we get into a setting of the doctor we won't say anything, we won't ask questions. And then there's some populations that have been so set in regards to you have to prove yourself more so than your White counterpart. And so, it teaches you to go, go, go, go, and not really take care of self. The headache you have for three weeks is not normal, the pain that you had, "I'm just gonna ignore it, I'll be fine," and it gets worse. And so you see a lot of people, especially in the BIPOC population that show up at a stage to where what could have maybe been done in the beginning was not because simply they just had the instructions, "I have to do in order to survive and make it."

DP: Could you give me an idea of some efforts that are necessary to create change?

AH: Collaboration is key. My office has always been traditionally smaller, and so I play Spades, and so sometimes I'll say I have two and a possible as far as staff.

[chuckle]

AH: But now, not so much thanks to the environment, 'cause you gotta take lemons and make lemonade, but because of everything that's going on with COVID, everything that has gone on with social injustices and different things, a lot of light, because it's not new, disparities have been here, it's been in existence, and it's not something that just all of a sudden happened. What happened, the world had to slow down, and take a pause and then actually look at, "Wow, this is really happening in my backyard, this is what's happening to my neighbor, this is what's happening around the world because of a pandemic. Not a lot of us have lived through a pandemic, and so how do we do that?" And now they have resources that they're giving, and so those resources are gonna help different communities and agencies to be able to help those disparate population. Now, it's only a fix for a short time, so then how do we go about building the infrastructure, making sure we have those resources to continue? Because throwing money at a situation is not going to be the solve-all be-all. All this money, short time to do it, how do we do that?

AH: So we have to depend on collaboration and partnership. I'm a true proponent on that. I'm a big proponent of making sure that people are at the table, and not so much that you're gonna be at the table that if you're not at the table you get eat lunch, but when you get to the table, do you have enough to give to everybody? Is everybody gonna eat? When you get to the table, if you don't have enough that everybody's gonna eat, are we gonna share? If you get to the table and originally it was just supposed to be me and you, Dave, and then the table becomes 20 people.

AH: How are we gonna divvy that out and the people that weren't invited to the table, are you gonna be able to take a doggy bag to them? How do you do collaboration and partnership effectively, where you're not just constantly using the community, because it's amazing how we can pay for a lot of different things, but when it comes to supporting community-based organizations or community health workers, we can't find the resources.

We have to scrape for different things like that. That's just not fair. So those are things that we have to look at.

AH: We also have to look at addressing systemic barriers that exist and not being scared to have those tough conversations that we need to have. So if we're going to be effective, if we're going to make those changes, we have to be totally committed, sold out, at whatever cost. Grateful for the martyrs are the people today, grateful for allies that are trying to help in regards to communities that have not had a voice traditionally and just appreciative of the opportunity that they're offering, but that's not the end-all, solve-all of it. You just can't throw money at it. You have to be fully dedicated. So many policies are gonna have to change, you're gonna have to make some policy choices and things that everybody is not gonna like at first. Sometimes you gotta make people do right until they just get on board. So these are things that you're looking at if you're trying to be really effectively and truly gonna make differences in the lives of people. And again, I cannot express enough that involving the people and who you're serving in this process, not making them an after-thought. Yeah that's not going to work, because then you won't be successful, and then you get frustrated at the people when it's not the people's fault.

DP: In what ways in your position are you able to address inequities and disparities related to race.

AH: It makes a difference when you have supportive leadership. So position that I'm in, my office is placed under the commissioner's suite, so we have an opportunity to be able to advise leadership, we have an opportunity to be able to work with internal departments and divisions and offices and to make sure that in their processes that health equity lens is put on that, so our strategic plan has focused on health equity as an agency to different strategic plans for the different divisions, we have a health equity council and internally that is trying to help in our processes of what we do to make sure the policy, programming and things that we do are equitable.

AH: Of course, it's a day-to-day basis and we are not where we'd like to be, but we are slowly but surely getting to points of where we're making effective changes. And then I had the opportunity to have the best partners in the whole wide world, all over the state, and so those partnerships include community-based organizations, local Minority Health coalitions, I get to work with universities and different people in it like you. I get the opportunity to work with businesses outside the average partner, I get to work with different populations, learn of different cultures, different things, and so I'm very humbled in this opportunity that I have to be able to be a servant. I've always been a proponent of the underdog or the person that... And that's just in my family, and so this is what this job affords me an opportunity and so it's great.

DP: This is an evolving process. It never stops. So I would wanna know what kind of advice you have for people that wanna get involved.

AH: First of all, there's not one person for the whole entire race, or different things, so please don't look for a person to be... You be the spokesperson. There's experience and

things that people can share, but they could not answer for a whole particular things, and I think sometimes there's people's problems. I think also align yourself with organizations that exist or people that are working every day to assure the equity and equality of different things, your local NAACP, your local LACA, which is like a Latino version of the NAACP. You have community-based organizations that have a focus on women or men, or a particular race or particular lifestyle. Get involved with them locally, and you don't have to necessarily be on the national front and standing on the steps being like, "I'm here. Hear me roar", or anything like it. But again, it's a process, get involved with your church or your faith organization, get involved with even the volunteer opportunities that you get with hospital systems or universities or different things like that. So that's one way to get involved.

AH: Another way to get involved is arm yourself, I'm always a big proponent of people empowering, so when we have opportunities, like listening to a podcast like this, or there's training opportunities on culture humility or stuff that addresses different things that affect us because when I've talked about or talk about bias. We all have biases. I'm a U of L fan, I'm not a U of K fan. So if you come to my house with U of K, you're in trouble, but we all have our particular biases and different things, and some biases are not necessarily horrible, but we need to check a lot of things at the door. How do you address microaggressions? How do you address correction, because a lot of us don't wanna heed when somebody has to check you on some things.

AH: So be mindful to corrections, be mindful if you're gonna ask people their opinions, or what to do in different things. Like I said, sometimes you have to have tough conversations. So when you have the opportunity to educate, be able to educate. Be a ally. When you do stuff in silent collusion, you're kinda giving credence to what people do. You have someone that is talking egregious or off the wall, or false information, what I try to do is give people facts. I try to let them know the conspiracy theory for the government, I try to let them know that, no, they're there's not putting any type of detection thing in the Covid shot. You're not gonna grow an extra neck. This is not gonna affect you. This is not made with fetal matter. Give people the facts, even if you don't take the vaccine. Give people the options so they can intelligently make that decision for themselves and their families of what they're going to do, not scare tactics or anything that's going to cause them to make rash decisions that eventually affect their lives. I've always been a proponent of being transparent, if you go on in a community and you're promoting mammograms, different things, let them know that you're gonna get squished. Let's just be honest, right? Let's be honest and clear, "I'm taking your blood because of this. We're doing this because of that. Here is this opportunity."

AH: And 'cause when you come to people and you are the truest you, you are the most effective, even if a person that's not black, goes into a black community to work, if you're dedicated and you have the thrive and different things, and you're there to make an effective difference, you're gonna create get that ally-ship. And so that's what we wanna do. We just wanna make sure that we're being out true authentic self. There's just different things that you can do. Trainings that are online, maybe see if they can offer training that's

gonna talk about racism or just gonna talk about bias, or that's gonna talk about different things, so then your staff can become more conscious to what they're doing and be better recipients of your agency to serve the people that you have out there. So there's all these opportunities and chances that people have that they can increase their thing. It's not something that's gonna happen overnight and you solve the world's problems. If that was that we'd all be sitting on beaches and just having a ball, but since we're not like that, you know what they really... People... There should be a world that I don't have this particular job because we're treating everybody right, everybody has equitable thing, different things but we're not there. So I'm grateful for this job. But we would wanna live in the world ideally where you wouldn't have to have all this in America.

DP: And that is all for Antoniette Holt. My thanks to her for taking the time to sit down for this interview. Now we encourage you to check out some great resources in the podcast notes, as well as an evaluation and transcript. This podcast has been brought to you by the HRSA Region V public health training center at the IU Richard M. Fairbank School of Public Health. And funding for this podcast is provided by the Health Resources and Services Administration. I thank you for listening and look forward to joining you for our final episode in this special series.

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