



Friday, July 7, 2023 • 11:30 am CST/12:30 pm EST

# Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO

**Session 2:**

**Part I: Medical Mistrust – Historical Examples & its Relation to Health Equity**

# Today's Agenda

- 1 Housekeeping, Agenda Preview, and Introductions**  
10 minutes
- 2 Didactic Lecture: Part I: Medical Mistrust – Historical Examples & its Relation to Health Equity**  
**Joseph E. Ravenell, MD**  
*NYU Langone Health*  
10 minutes
- 3 Didactic Q/A**  
10 minutes
- 4 Case Presentation: Northside Hospital Cancer Institute**  
**Demetrice Land, RN, BSN**  
5 minutes
- 5 Case Presentation Recommendations and Discussion**  
15 minutes
- 6 Post Session Poll & Wrap Up**  
5 minutes

Welcome to Session 2

# Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO



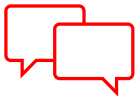
Each ECHO session will be recorded and **may** be posted to a publicly-facing website



You will be muted with your video turned off when you join the call. Use the buttons in the *black* menu bar to unmute your line and to turn on your video. **If you do not wish to have your image recorded, please turn OFF the video option.**



Today's materials will be made available on our ACS ECHO website.



Please type your full name, the full name of your organization, and e-mail in the chat box



This ECHO session takes place on the Zoom platform. To review Zoom's privacy policy, please visit [zoom.us/privacy](https://zoom.us/privacy)



Questions about Zoom? Type in the chat box [@Beth Graham](#)

**This project is funded by EMD Serono**



embracing carers

For documentation purposes:

Please **type** your **full name, title, full name of your organization**, and **e-mail** in the chat box. If you are sharing a computer, please include the information for everyone participating.

**Thank you so much!**

# Introductions

## Meet Our Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO HUB



**Rachel Cannady**  
Strategic Director, Caregiving,  
American Cancer Society  
**ACS ECHO Program Lead**



**Siobhan Aaron,  
PhD, MBA, RNFNP-BC**  
Assistant Professor,  
Frances Payne Bolton  
School of Nursing, Case  
Western Reserve University  
**ECHO Facilitator**



**Mindi Odom**  
American Cancer Society  
**Director, Project ECHO**



**Beth Graham,  
MPH, CHES**  
American Cancer Society  
**Program Manager,  
Project ECHO**



**Allison Rosen, MS**  
American Cancer Society  
**Director, Project ECHO**



**Beth Dickson-Gavney,  
MS, MA**  
American Cancer Society  
**Senior Director, Project ECHO**

# Introductions

## Meet Our Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO HUB Subject Matter Experts (SMEs)



**Robert A. Winn, MD**  
Dir. and Lipman Chair in  
Oncology. Sr. Assoc. Dean  
for Cancer Innovation and  
Prof. of Pulmonary Disease  
and Critical Care Medicine  
**VCU Massey Cancer Center**



**Joseph E. Ravenell, MD**  
Assoc. Dean for Diversity Affairs  
and Inclusion,  
Dir., Diversity in Research,  
Perlmutter Cancer Center,  
Assoc. Prof., Dept. of Pop. Health  
**NYU Langone Health**



**Olufunke Awosogba, PhD**  
Asst. Prof. and Vice Chair  
of Diversity, Equity, and  
Inclusion in Dept. of Psychiatry,  
Dir. Behavioral Health Program  
in Hem/Onc Outpatient Clinic  
Parkland Hospital  
**UT Southwestern Medical Center**



**Fawn Cothran, PhD, RN,  
GCNS-BC, FGSA**  
Hunt Research Director  
**National Alliance for  
Caregiving**



**Cardinale B. Smith,  
MD, PhD**  
Prof. of Medicine (Hem/Onc) and  
Prof. of Geriatrics and Palliative  
Medicine, Chief Medical Officer –  
Tisch Cancer Hospital  
**Icahn School of Medicine at  
Mount Sinai**



**Katrina R. Ellis, PhD, MPH,  
MSW**  
Asst. Prof. Social Work and Faculty  
Assoc., Research Center for Group  
Dynamics, Institute for Social  
Research  
**University of Michigan**



**Have a question?** Don't wait to ask! Feel free to enter it in the Q&A box at any time.











**Siobhan Aaron,**  
**PhD, MBA, RN, FNP-BC**  
Assistant Professor, Frances Payne  
Bolton School of Nursing

## Session 2

# ECHO Subject Matter Expert (SME) & Participant Site Introductions

# Welcome to our Participant Learning Sites

ALABAMA	GEORGIA	LOUISIANA	MISSISSIPPI	SOUTH CAROLINA	VIRGINIA
Infirmity Cancer Care	Northside Hospital Cancer Institute	Our Lady of the Lake Cancer Institute	Singing River Health System Cancer Center	Beaufort Memorial Keyserling Cancer Center	Sentara Healthcare
O'Neal Comprehensive Cancer Center at the University of Alabama at Birmingham – Wallace Tumor Institute	Phoebe Cancer Center	Woman's & Mary Bird Perkins – Our Lady of the Lake Cancer Center Breast & GYN Cancer Pavilion	St. Dominic's Comprehensive Cancer Services	Prisma Health Cancer Institute	VCU Massey Cancer Center
					



**Joseph E. Ravenell, MD**  
*NYU Langone Health*



# Part I: Medical Mistrust – Historical Examples & its Relation to Health Equity



# MEDICAL MISTRUST: HISTORICAL EXAMPLES AND ITS RELATION TO HEALTH EQUITY (PART 1)

Joseph Ravenell, MD, MS

Associate Professor of Population Health and Medicine

Associate Dean for Diversity Affairs

New York University Grossman School of Medicine



# Objectives

- Define health equity and key determinants, including medical mistrust
- Review basic causes for medical mistrust among Black patients and caregivers
- Discuss modern day medical mistrust and its relationship to health equity
- Explore strategies for addressing medical mistrust to improve outcomes for patients and caregivers

# Key Definitions

**Health equity:** *Health equity means that everyone has a fair and just opportunity to be healthier.*

**Health justice:** *Equal access to health information and care, and equal protection under the law to ensure a healthy and safe environment, that gives human dignity to everyone, regardless of who they are or where they come from.*

**Trust:** *a belief that individuals and institutions will act appropriately and perform competently, responsibly, and in a manner considerate of our interests.*

# Key Definitions

**Trustworthiness:** *being deserving of trust*

**Medical Mistrust:** a general sense of suspicion that is predicated on the notion that the provider or healthcare entity may not act in the patient's best interest

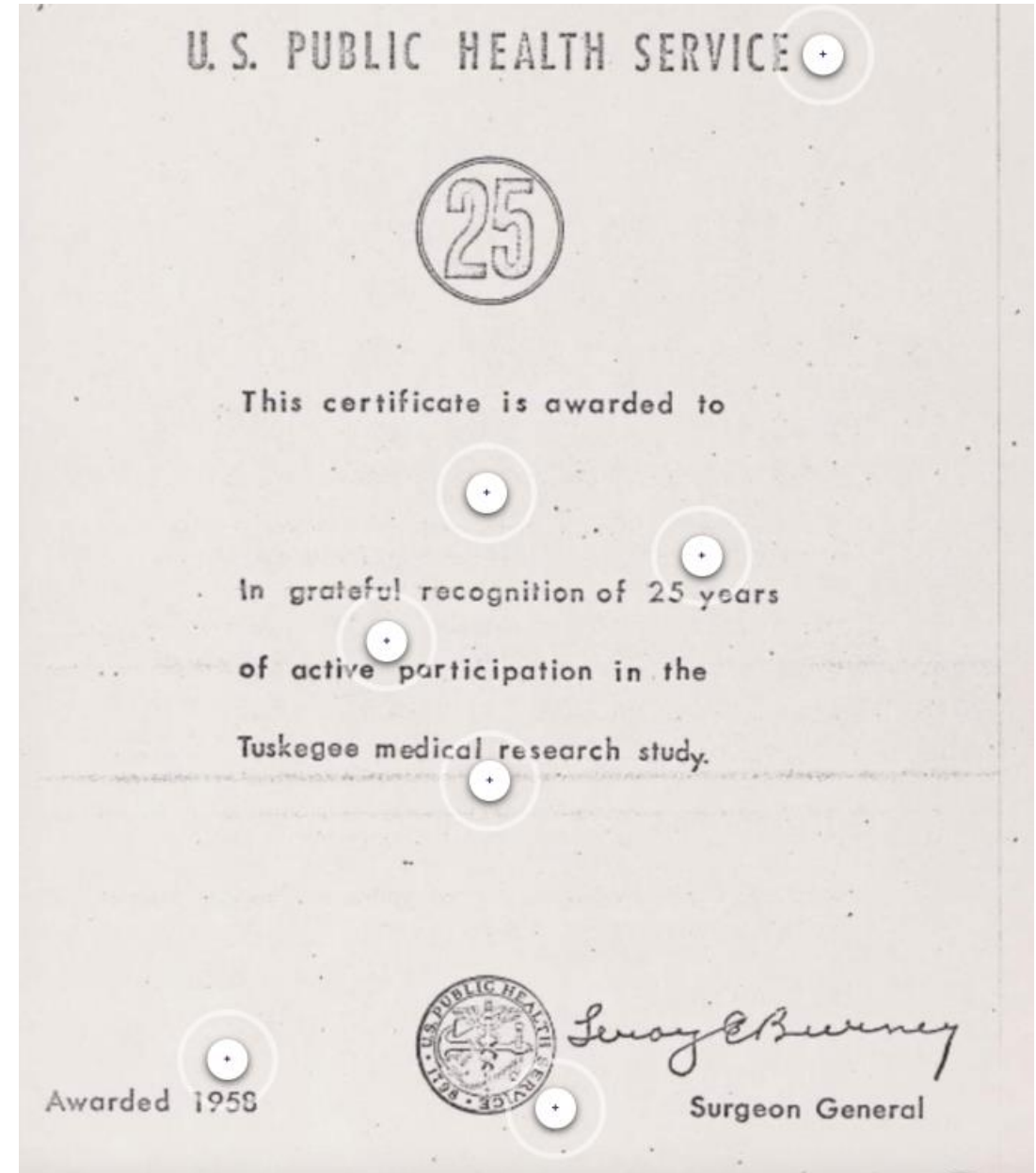
**Medical Distrust:** skepticism based on feeling that one's trust has been diminished or violated, generally based on *personal, first-hand experience* with or knowledge of poor health care services and mistreatment within health care institutions

# Historical causes of medical mistrust



Mothers of Gynecology, a statue honoring enslaved Black women who were unwilling subjects in experiments that resulted in medical advances, was created by Michelle Browder in Montgomery, Ala.

Cristela Guerra





# According to Him: Barriers to Healthcare among African-American Men

Joseph E. Ravenell, MD, MS; Eric E. Whitaker, MD, MPH; Waldo E. Johnson Jr., PhD

Intrinsic Barriers		
Lack of Awareness	A, C, H, HIV, MSM, MS, SA, TS,	"Diseases related to our nationality, to our race ... hypertension and prostate problems ... colon cancer. What is the prevention for that? What are the signs? What are the early symptoms of it?"
Fear	A, MSM, TS	"I never went down to get my AIDS test. I'm scared ... I don't think I could deal with that mentally if they told me "well yes, you have it." My life would end as I know it, right then and there."
Fatalism	A, MSM, TS	"People come up to us talking about that they are 'tired of hearing and talking about it because you gonna die from something anyway, so what difference does it make?'"
Healthcare as Needed	A, C, H, HIV, MSM, MS, SA, TS	"The only time I really go to the doctor is when something is really hurting. When I'm injured or something or have a problem, but otherwise, I don't even know my doctor's name, seriously."
Medical Mistrust	A, MSM, MS	"When I go to the doctor ... I always ask to let me see them take the needles out of the box. 'Cause I don't like them going to the back, like they pulling something out of the garbage, poking me with something that they have already poked somebody else."

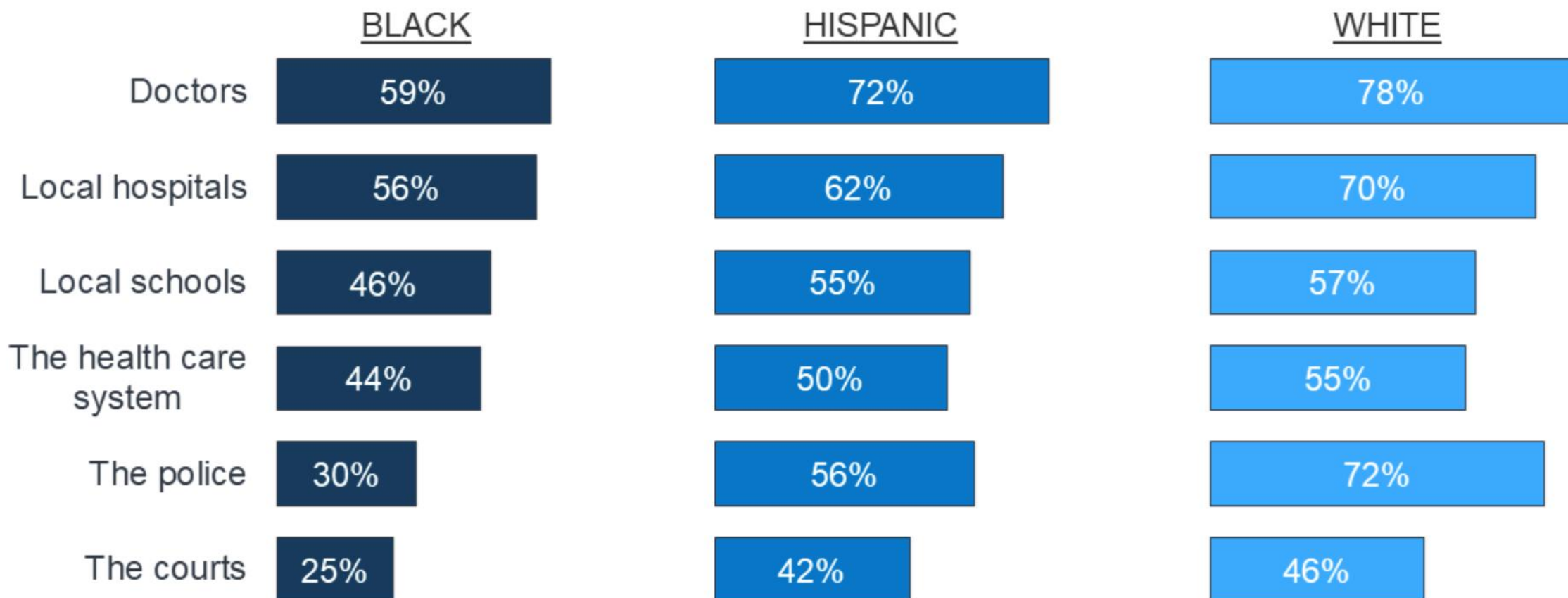
“I don't need a doctor”

fear

# mistrust

# Black Adults Less Likely Than White Adults To Trust A Variety Of Groups And Institutions, Including In Health Care

Percent who say they can **trust each of the following** to do what is right for them or their community **almost all of the time** or **most of the time**:



SOURCE: KFF/The Undeclared Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

# Negative consequences of medical mistrust

Higher levels of mistrust or distrust are associated with:

- Lower participation in breast cancer care across the continuum<sup>1</sup>
- Lower satisfaction with breast cancer-related care<sup>2</sup>
- Lower participation in colorectal cancer screening<sup>3</sup>
- Lower self-rated quality of life for men with prostate cancer<sup>4</sup>

# How can we build connections with our patients and caregivers in the context of medical mistrust?

## Presence. Fostering connection with patients



### Prepare with intention

Familiarize yourself with the patient you are about to meet. Create a ritual to focus your attention before a visit.

Are you prepared for a meaningful interaction?



### Listen intently and completely

Sit down, lean forward, position yourself to listen. Don't interrupt. Your patient is your most valuable source of information.

What does your patient say when uninterrupted?



### Agree on what matters most

Find out what your patient cares about and incorporate these priorities into the visit agenda.

What are your patient's health goals, now and in the future?



### Connect with the patient's story

Consider the circumstances that influence your patient's health. Acknowledge your patient's efforts, celebrate successes.

How can you contribute positively to your patient's journey?



### Explore emotional cues

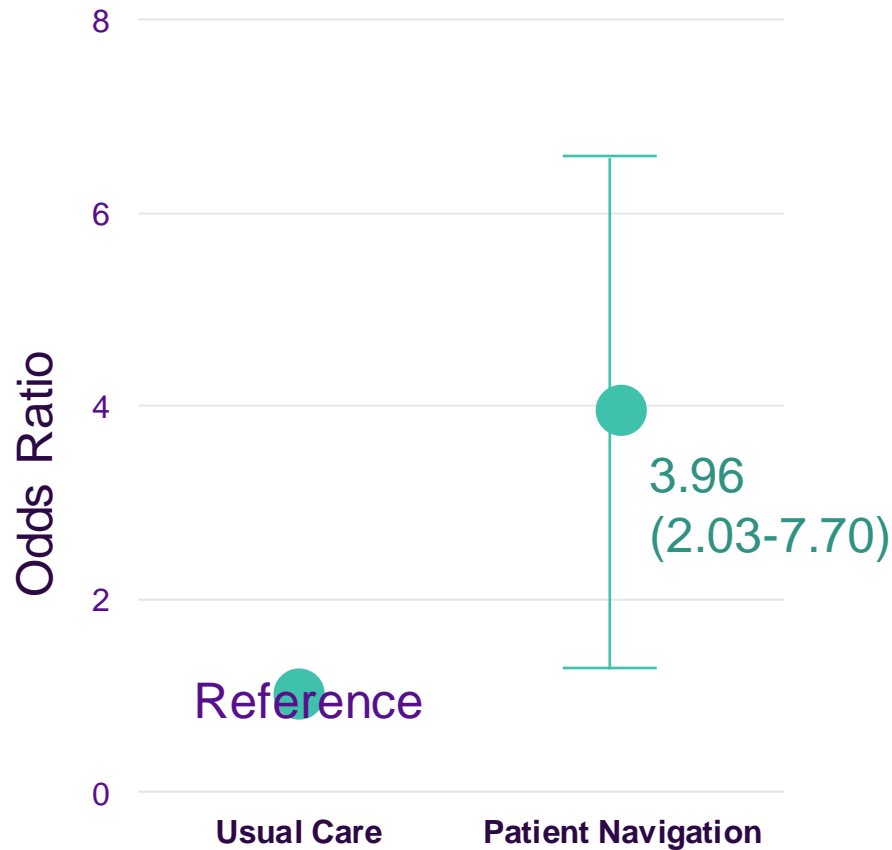
Tune in. Notice, name, and validate your patient's emotions to become a trusted partner.

What can you learn from your patient's emotions?



# Barbershop-based Patient Navigation to Improve Cancer Screening in Black Men

Improved CRC screening in Black men by patient navigation intervention



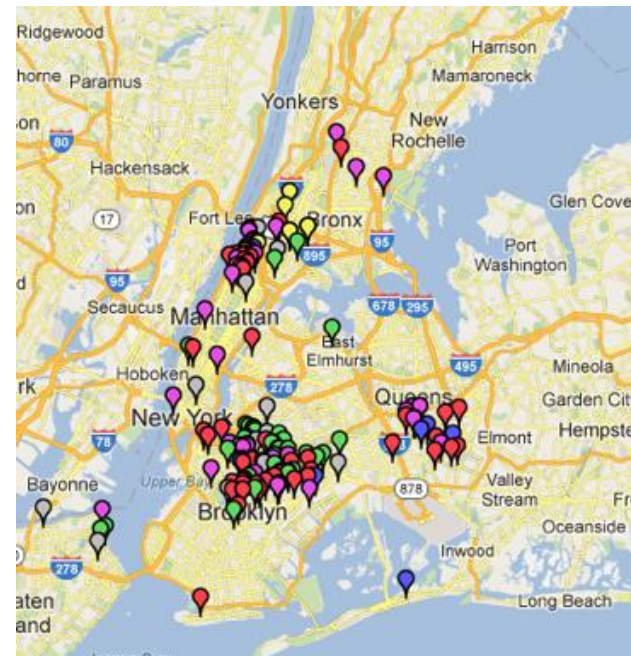
Funded: NIH/NIMHD 5P60MD003421-05; CDC U48DP002671-03

**AJPH**  
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Community-Based, Preclinical Patient Navigation for Colorectal Cancer Screening Among Older Black Men Recruited From Barbershops: The MISTER B Trial, *AJPH, September 2017*



Helen Cole DrPH, Hayley S. Thompson PhD, Marilyn White MD, Ruth Browne PhD, Chau Trinh-Shevrin DrPH, Scott Braithwaite MD, MS, Kevin Fiscella MD, MPH, Carla Boutin-Foster MD, MS, and Joseph Ravenell MD, MS



- Barbershop
- Church Site
- Social Services Org
- Mosque
- Food Pantry/Soup Kitchen
- Community Health Fair/Festival



Reading Time: 3 minutes



**THANK YOU!!**



**Questions?  
Please come off mute**



**Demetrice Land, RN, BSN**

Nurse Navigator – Breast Cancer  
Northside Hospital Cancer Institute



## Session 2

# Case Presentation

## Northside Hospital Cancer Institute

# Session 2 Case Study

**Provided by:** Demetrice Land, BSRN  
Northside Hospital Cancer Institute  
Focus: Patient/Caregiver Case

## Patient Hx

- 55 yr. old black woman
- Uninsured
- Unemployed
- Diagnosed 2/2023 Lt IDC
- ER/PR Negative, Her2 was 3+, KI 67=84
- Surgery 3/15/23
- Chemo started 6/22/23
- **1 adult daughter, MA at the hospital**

## Key Elements

- Truck driver until she felt unsafe due to overwhelming anxiety
- Homeless; living in a shelter since Oct 2022
- **Patient not forthcoming about living condition and daughter's inability to assist with her housing**
- Patient was mistrustful of the medical community and was not sharing her full history at first; also seen as a barrier to care

## Barriers/Challenges

- **Pt unable to live with daughter due to leasing restrictions**
- **Shelter restrictions prevent daughter from caregiving**
- Housing post-surgery and prior to treatment
- Behavioral and Emotional Health Support
- Resources (insurance, transportation, financial, practical, and emotional)
- Lack of information on treatment, procedures, and side effects
- Barriers were not previously assessed prior to her surgery

# Session 2 Case Study

**Provided by:** Demetrice Land, BSRN  
Northside Hospital Cancer Institute  
Focus: Patient/Caregiver Case

## Discussion & Questions

- **Caregiver** – What is the best method to ensure medical providers are assessing the “whole” patient consistently, including their support system, housing, and post-operative care?
- **Trust** – What are the strategies your teams use to gain the trust of patients who are mistrustful of the medical system/community?
- **Behavioral Health** – Do your oncology clinical social workers or therapists collaborate with external behavioral health practices who are providing care to mutual patients? Can you share your best practice?

## Barriers/Challenges (reference)

- **Daughter's ability to provide caregiving is limited due to housing rules/restrictions**
- Behavioral and Emotional Health Support
- Resources (insurance, transportation, financial, practical, and emotional)
- Information on treatment, procedures, and side effects
- These barriers were not previously assessed prior to her surgery



# Open Discussion: Questions & Answers



# Wrap up

# ECHO Participation Post Session Survey

## Health Equity & Caregiving ECHO Session 2 Survey



### How to Use a QR Code



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# SCHEDULE



Survey QR Code



Date	Session	Topic	Didactic Presenter
June 1 11:30-12:30 CT 12:30-1:30 ET	Session 0	Orientation	No didactic presenter
June 9 9:00-10:00 CT 10:00-11:00 ET	Session 1	How Social Drivers of Health Impact Caregiving	<b>Robert A. Winn, MD</b> <i>VCU Massey Cancer Center</i>
July 7 11:30-12:30 CT 12:30-1:30 ET	Session 2	Part I: Medical Mistrust – Historical Examples & its Relation to Health Equity	<b>Joseph E. Ravenell, MD</b> <i>NYU Langone Health</i>
August 14 4:00-5:00 CT 5:00-6:00 ET	Session 3	Part II: Medical Mistrust – How to Address it in Your Health System	<b>Olufunke Awosogba, PhD</b> <i>UT Southwestern Medical Center</i>
September 11 11:30-12:30 CT 12:30-1:30 ET	Session 4	Mental Health & Caregiving	<b>Fawn Cothran, PhD, RN, GCNS-BC, FGSA</b> <i>National Alliance for Caregiving</i>
October 12 11:30-12:30 CT 12:30-1:30 ET	Session 5	Integrating the Family Voice in Palliative Care	<b>Cardinale Smith, MD, PhD</b> <i>Icahn School of Med. – Mount Sinai</i>
November 6 11:30-12:30 CT 12:30-1:30 ET	Session 6	Practicing Cultural Humility While Providing Support to African American/Black Caregivers	<b>Katrina R. Ellis, PhD, MPH, MSW</b> <i>University of Michigan</i>

# A Few Reminders



**Next ECHO Session:** Friday, August 14, 2023, 4:00 pm – 5:00 pm CST/5:00 pm – 6:00 pm EST



**Next Didactic Presenter:** Olufunke Awosogba, PhD, **Topic:** Part II: Medical Mistrust – How to Address it in Your Health System



**Slides, Recordings, & Resources** will be made available within one week. All resources will be available on the [ACS ECHO Website](#).



**Case Presentations – Participants/Participant Sites:** Ready to schedule your Case Presentation? Let us know ASAP, please. **Hub Subject Matter Experts (SMEs):** All future case presentations will be shared with you at 24-hours in advance



Additional Feedback on Today's Session? **Let us know at [echo@cancer.org](mailto:echo@cancer.org)**



**Questions?** Contact Rachel Cannady – [Rachel.Cannady@cancer.org](mailto:Rachel.Cannady@cancer.org) or 404.327.6441



**Register** for Session 3 (8-14-23) [HERE](#) or use this QR Code



# ECHO Participation Post Session Survey

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# Thank You



**Survey QR Code**