

# Welcome!

*Before we begin...*

**Today's session will be  
recorded**

**Please add your name  
and hospital in the chat**





Monday, August 14, 2023 • 4:00 pm CST/5:00 pm EST

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

**Session 3:**

**Part II: Medical Mistrust – How to Address it in Your Health System**

# Today's Agenda



**1 Housekeeping, Agenda Preview, and Introductions**  
10 minutes

**2 Didactic Lecture: Part II: Medical Mistrust – How to Address it in Your Health System**  
**Olufunke Awosogba, PhD**  
**UT Southwestern Medical Center**  
10 minutes

**3 Didactic Q/A**  
10 minutes

**4 Case Presentation: Sentara Norfolk General Hospital**  
**Elana Campbell, MSW, LCSW, OSW-C**  
5 minutes

**5 Case Presentation Recommendations and Discussion**  
20 minutes

**6 Post Session Poll & Wrap Up**  
5 minutes

Welcome to Session 3

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



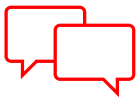
Each ECHO session will be recorded and **may** be posted to a publicly-facing website



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. Click [here](#) to review Zoom's privacy policy.



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

**This project is funded by EMD Serono**



embracing carers

# Introductions

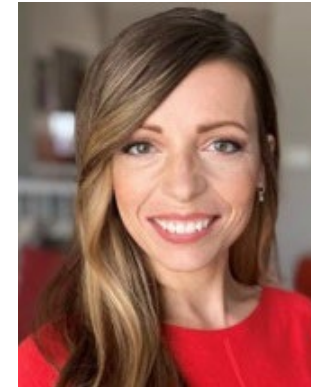
## Meet Our Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO HUB



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



**Siobhan Aaron, PhD, MBA, RN, FNP-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

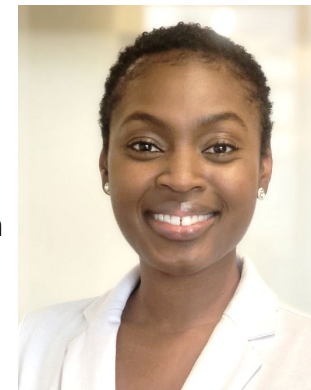
## Meet Our Health Equity & Caregiving: Meeting the Needs of African American/Black Caregivers ECHO HUB Subject Matter Experts (SMEs)



**Robert A. Winn, MD**  
Director 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, Director, 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, Director, 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**



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







## Session 3

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



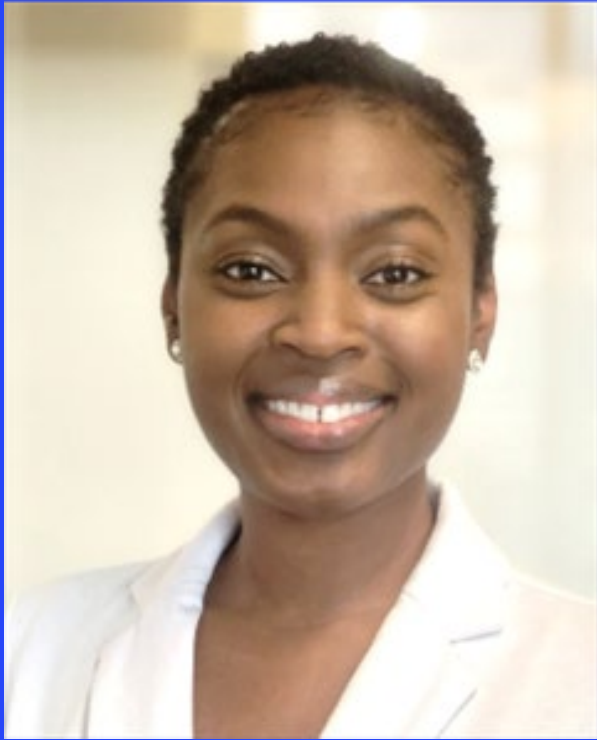
# Welcome to our Participant Learning Sites



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
					



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



# Part II: Medical Mistrust – How to Address it in Your Health System

**Olufunke Awosogba, PhD**

Vice Chair for Diversity, Equity, and Inclusion  
Assistant Professor, Dept of Psychiatry,  
UT Southwestern Medical Center

# Learning Objectives



- 1 Review medical mistrust
- 2 Name and define contributing factors to medical mistrust
- 3 Provide individual and system approaches to address medical mistrust

# Mistrust and Distrust

## Medical Mistrust

- Cultural socialization
- Generalized suspicion
- Based on socio-cultural history of systemic racism in health-related services (clinical and research)
- Relationship starts off with lack of trust
  - Trust must be **earned**

## Medical Distrust

- Personal experience
- Suspicion is specific to offender
- One or more ruptures in the relationship
- Trust was established then broken
  - Trust must be **re-earned**

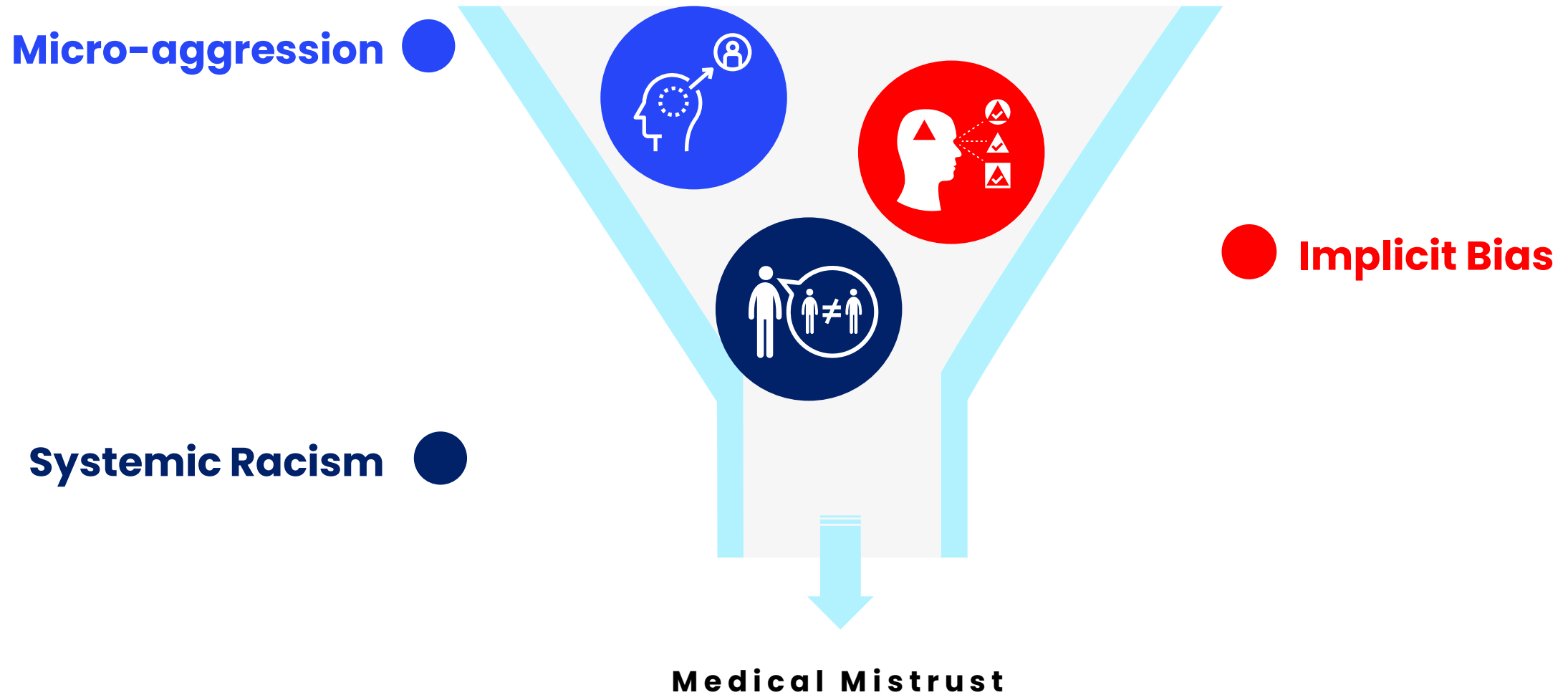


# Impact of Medical Mistrust

- Delay in care seeking, missed appointments, and nonadherence (LaVeist, Isaac, & Williams, 2009)
- Low participation in cancer screenings (Aspiras et al., 2023)
- Low participation in clinical trials (Fracasso et al., 2013; Linden et al., 2007)



# Contributing Factors



# Implicit Bias

- Mental Associations
- Negative and positive
- Unconscious
- Unintentional
- Based on experiences and messages (e.g., stereotypes)

## Implicit Association Test (IAT)

<https://implicit.harvard.edu/implicit/selectatest.html>

# Microaggressions

- Slights and insults
- Brief and commonplace
- Intentional and unintentional

## Common Themes

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Ascription of intelligence</li> </ul>    | <ul style="list-style-type: none"> <li>• Pathologizing cultural values/communication styles</li> </ul>    |
| <ul style="list-style-type: none"> <li>• Second-class citizenship</li> </ul>      | <ul style="list-style-type: none"> <li>• Assumption of inferior status</li> </ul>                         |
| <ul style="list-style-type: none"> <li>• Assumption of criminal status</li> </ul> | <ul style="list-style-type: none"> <li>• Assumed universality of the Black American experience</li> </ul> |

# Systemic Racism

- ♦ Structural ways of operating that negatively impact a population based on race/ethnicity
  - ♦ Policies
  - ♦ Procedures
- ♦ Discrimination (an action/practices) based on implicit bias and explicit bias (prejudice)
- ♦ Intentional and unintentional





# Addressing Medical Mistrust

# Individual-Level Approaches

- **Be transparent** – verbal and written
- **Collaboratively** develop plan of care
- Use **open-ended questions**
- **Seek to understand**
- Use a **non-judgmental** and **non-confrontational** approach
- **Name** and **validate** medical mistrust by **affirming** and **acknowledging** experiences of discrimination
- **Use resources to accommodate** language barriers (e.g., trained language interpreter)

# Systems-Level Approaches

- **Screen for, and incorporate** addressing, Social Determinants of Health in plan of care
- **Attend trainings** on implicit bias, cultural sensitivity, patient-centered care, trust-building behaviors, effective communication
- Use a multidisciplinary team to regularly **re-evaluate care policies and procedures**
- **Normalize the presence** of caregivers and other influential people (e.g., faith leader)
- Use **community stakeholder groups** (such as Patient Family Advisory Councils)
- **Proactively share** resources



**Questions?  
Please come off mute**



## Session 3

### Case Presentation

Sentara Norfolk General Hospital

**Elana Campbell, MSW, LCSW, OSW-C**  
Sentara Norfolk General Hospital



# Session 3 Case Study

**Provided by:** Elana Campbell, MSW, LCSW, OSW-C  
Sentara Norfolk General Hospital  
Focus: Patient/Caregiver Case

## Patient Hx

- Black/AA elderly female
- Diagnosed w/high-grade brain tumor
- Recommendation was concurrent treatment, oral chemo and radiation
- Has a Personal Care Aide
- Son is primary caregiver
- History of a stroke

## Key Elements

- Pt is influenced by caregiver and extended family
- Pt initially agreed to treatment
- The trusted Personal Care Aide was unsuccessful in communicating the recommended treatment
- Caregiver and extended family didn't trust/understand the diagnosis
- Caregiver and extended family members requested natural remedies

## Barriers/Challenges

- Health literacy
- Cultural communication styles
- Healthcare system perceptions—family initially thought to be "noncompliant"
- Distrust in Healthcare providers—The caregivers may have come in not fully trusting the medical system and didn't trust the recommendations
- Time constraints within healthcare system
- Caregiver and family have a lot of influence

# Session 3 Case Study

**Provided by:** Elana Campbell, MSW, LCSW, OSW-C  
Sentara Norfolk General Hospital  
Focus: Patient/Caregiver Case

## Discussion & Questions

- **Caregiver** – One of the most important points in this story is what a strength that it is that the patient's caregivers care so much about her. **How can we, in the medical community, reframe caregiver behaviors to identify strengths and uncover potential miscommunications, rather than turn to the label of “non-compliance”?**
- **Trust** – What are the strategies your teams use to gain the trust of patients who are mistrustful of the medical system/community?

## Barriers/Challenges (reference)

- Health literacy
- Cultural communication styles
- Healthcare system perceptions–family initially thought to be “noncompliant”
- Distrust in Healthcare providers
- Time constraints within healthcare system
- Pt's caregiver and family have a lot of influence



# Wrap up

# ECHO Participation Post-Session Survey

## Health Equity & Caregiving ECHO Session 3 Survey



### How to Use a QR Code



1. **Turn on** your phone camera
2. **Aim** the camera at the code
3. A link will show up
4. **Tap** the link to go to the survey

# Upcoming Sessions



Survey QR Code



Date/Time	Topic	Presenters
<p><b>September 11</b> 11:30–12:30 CST 12:30–1:30 EST</p>	<p><i>Mental Health &amp; Caregiving</i></p>	<p><u>Didactic</u>: Fawn Cothran, PhD, RN, GCNS-BC, FGSA <i>National Alliance for Caregiving</i></p> <p><u>Case Study</u>: Identify presenter <i>Woman's Hospital</i></p>
<p><b>October 12</b> 11:30–12:30 CST 12:30–1:30 EST</p>	<p><i>Integrating the Family Voice in Palliative Care</i></p>	<p><u>Didactic</u>: Cardinale Smith, MD, PhD <i>Icahn School of Medicine, Mount Sinai</i></p> <p><u>Case Study</u>: Jimmie Wells, MSN, RN, OCN <i>St. Dominic Jackson Memorial Hospital</i></p>
<p><b>November 6</b> 11:30–12:30 CST 12:30–1:30 EST</p>	<p><i>Practicing Cultural Humility While Providing Support to African American/Black Caregivers</i></p>	<p><u>Didactic</u>: Katrina Ellis, PhD, MPH, MSW <i>University of Michigan</i></p> <p><u>Case Study</u>: Denise Bradford, MSN, RN <i>Our Lady of the Lake Regional Medical Center</i></p>

# Reminders

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



**Register Today** for **Session 4**

*September 11, 2023*

11:30 am CST/12:30 pm EST



**Topic:** **Mental Health & Caregiving**

**Didactic Presenter:** [Fawn Cothran, PhD, RN, GCNS-BC, FGSA](#)

**Case Presenter:** **Woman's Hospital, Baton Rouge, LA**



# Thank You



Survey QR Code