Aging Fast & Slow Podcast

Episode 5 - Trust: The Anchor of Health Equity

Dr. Sarah Szanton (00:03):

We're back for Episode 5 of Aging Fast & Slow. On this podcast, we talk to scientists, policy experts, and innovators to better understand aging across the life course with a special emphasis on social justice. We are Dr. Sarah Szanton.

Dr. Deidra Crews (00:19):

and Dr. Deidra Crews, your hosts. Dr. Lisa A. Cooper is a public health physician, MacArthur Genius Fellow, Bloomberg distinguished professor at Johns Hopkins and Director of the Center for Health Equity and the Johns Hopkins School of Medicine. She's also the newly appointed director of the Johns Hopkins Urban Health Institute, which serves as a partner to Baltimore City in its mission to achieve health equity. Dr. Cooper is internationally recognized for her research on the impact of race, ethnicity, and gender on the patient-physician relationship and subsequent health disparities.

Dr. Sarah Szanton (01:01):

We had such a good conversation with our guest for this episode, Sr. Lisa Cooper.

Dr. Deidra Crews (01:05):

I agree. And I think the points that she was making about the importance of building trust is so essential when working with communities, particularly if they have experienced occasions where the trust wasn't warranted.

Dr. Sarah Szanton (01:20):

Everyone talks about trust, but she walks the walk and you can tell it by listening to her.

Dr. Deidra Crews (01:25):

Absolutely. We're excited to share this with you.

Dr. Sarah Szanton (01:32):

Well, thanks so much for joining us Lisa. You've done such tremendous work showing the crucial role that the patient-physician relationship has on health disparities. Could you tell us a little bit about what you've found over the years?

Dr. Lisa Cooper (01:45):

Sure. You know, I started out doing studies where we did surveys of patients and we asked minority patients how they felt about their relationships with physicians. They reported lower levels of trust in their physician and less respectful treatment. They also often reported lower levels of participation in decision making. So after that, we went on to try to understand that a little bit better by recording visits of primary care physicians and their patients with their permission, of course. Through those studies, we actually learned that in fact, there were differences by race, in the quality of communication between doctors and patients. It was a remarkable difference in that African American patients were much less

engaged in conversations and their physician sounded less friendly and less interested. It bore out what patients have reported about feeling like they were less involved in decision making.

Dr. Sarah Szanton (02:43):

Lisa was that true also with African American physicians and African American patients?

Dr. Lisa Cooper (02:49):

A lot of people wanted to know just that. I was interested in that myself. What we did was we had invited physicians of several racial and ethnic backgrounds to be involved in the work. We specifically looked for physicians who were seeing patients of different races and ethnic groups. We were able to look to see whether racial or ethnic concordance, which is the degree to which physicians and patients share a racial or ethnic background. We were able to look at that to see whether that impacted communication and patient experiences. In fact, we found that it did - in race concordant visits, patients and physician spent more time together. They talked more slowly, they sounded more relaxed and had a whole different quality to it even though when we looked at the actual content of what they were talking about, it didn't seem that different from the race discordant visits.

Dr. Sarah Szanton (03:40):

That's so important. I guess you only capture that because you recorded it. If they're just been an observer with a checkbox, for example, about the topics you wouldn't have picked that up.

Dr. Lisa Cooper (03:49):

Right. So we recorded it and we had coders who are trained to categorize the type of conversation that's going on in the visit into different categories. And then they're also trained to rate sort of general overall tone of the physician and the patient. Those are called the global ratings. Then we look to see how patients reported their experiences as well. Patients who were seeing a physician of the same race, reported more involvement in decision making than patients who didn't see a physician of the same race. And so the balance of the conversation was sort of more of a back and forth and less where the patient was being dominated by the doctors conversation and agenda.

Dr. Deidra Crews (04:30):

Wow.

Dr. Sarah Szanton (04:31):

If we were in a world where there were enough physicians of every possible race, maybe that wouldn't be as much of an issue, but what can be done to reduce bias in the current patient-physician relationship where someone doesn't get to choose who they see?

Dr. Lisa Cooper (04:45):

Right. Yeah. We don't go into our fields in our professions because we want to treat people of different groups differently. Like you said, you know, okay, it would be nice if everyone could choose a physician of their same race, but maybe that's not so great because we take oaths to take care of everyone. Ideally all physicians should be able to communicate effectively with people, regardless of whether they have differences in social background or race or culture. We focus a lot of our attention on training physicians in how to be more focused on the patient as an individual, and to learn more about that

patient's personal background and also their community and their social context so that these differences that they might have could be sort of bridged in some way -just finding common ground with people and taking the time to do that. We know that can be challenging in a really busy clinical environment.

Dr. Deidra Crews (05:43):

So Lisa, you've been involved in developing a number of different interventions that have been community-based. Could you tell us a bit about where you've seen community involvement work well and maybe some of the lessons that you've learned?

Dr. Lisa Cooper (06:00):

Sure. You're very familiar with the fact that at the Center for Health Equity here at Johns Hopkins, we 10 years ago formed a community advisory board of people from various community-based organizations and neighborhood groups, and even patients from the health systems that we were working with. Initially when we convened that group, we weren't as accustomed to the community engaged approach. So we thought people just wanted updates or information, and we were a little bit more formal in our approach with them. What we've learned over time is that it really takes relationship building and that requires you to get to know people as people and not to be so focused on whatever the work or the project is, at least at the outset. Once you lay that foundation of trust, then getting to the actual details of the work - it makes it easy to actually come to solutions once you know, who you're working with. So that took a while and it's been 10 years. I think now we're really seeing the benefits of those efforts we put into getting to know people and listening carefully, regardless of whether we thought we had an answer already or not, and we've learned a lot. So I think that has made our research much more relevant and usable.

Dr. Deidra Crews (07:20):

and fun, I would say as well don't you think?

Dr. Lisa Cooper (07:24):

For sure, for sure. And I can tell you that our community partners make it easier for us to do some of the really hard work we do because sometimes that's the only place where we get the encouragement and support, you know?

Dr. Sarah Szanton (07:37):

Yeah. Mm Hmm. Yeah.

Dr. Deidra Crews (07:40):

So Lisa, you added a new role to the many important roles that you play in that you were recently appointed as Director of the Johns Hopkins Urban Health Institute. Can you tell us a bit about what the Institute does and what your vision is for the future?

Dr. Lisa Cooper (07:56):

Sure. So the Institute has done a lot of amazing work in facilitating partnerships between the university and community organizations and residents in Baltimore. What my vision is to expand upon that by enhancing health equity in Baltimore. So really enhancing the quality of life and health for people in

Baltimore, but with a specific focus on people who are struggling the most with their health. So that's the vision - advancing health and health equity in Baltimore, and then through three different strategies. One of them is through facilitating the collaborations, but doing more training of academics and capacity building of community folks so that they are better equipped to work together.

Dr. Lisa Cooper (08:45):

The second goal is more around bringing resources to bear for the city's most challenging issues. Making sure that policy makers and decision makers have access to experts. Then the third piece is around making sure that we engage in dialogue about the most critical issues and building trust among people from different walks of life, within the city, all towards this goal of advancing our common vision of health for everyone, even though we may be coming at it from so many different angles.

Dr. Deidra Crews (09:16):

Yeah. I would imagine that work is going to be useful to a number of different academic centers that are situated in urban settings like ours is.

Dr. Lisa Cooper (09:24):

We certainly hope so and we hope to work in partnership with other academic institutions within the city as well.

Dr. Sarah Szanton (09:31):

Great. So Lisa COVID-19 has brought your expertise in health disparities to the forefront, and we know you're sought after and thank you for joining us today. What principles from your previous research and work have been important as you've raised your voice to this crisis?

Dr. Lisa Cooper (09:50):

A few weeks ago, my colleague Josh Sharfstein and I decided we wanted to write an op-ed about what decision makers could do at this point in time to better address the needs of vulnerable groups during the COVID-19 crisis. We outlined a plan that had five points. One of the points was the importance of having accurate data. The other one was around building trust and communicating clearly with communities using trusted members of communities. We talked about the importance of protecting the most vulnerable, providing social services for them. We also talked about enhancing access to care and access to testing. These are some of the things we talked about, and I say a lot of the principles that have informed my work are found within those same points. Of course, the principle of data, having data - I think we always try to approach our problems with a scientific eye. We're not just coming up with things out of the blue, but we're actually informed by what the real questions and the real issues are. Then the portion that focuses on building trust, of course, that's been critical principle of all my work. You know, first of all, you don't know what the problem is if you haven't gone someplace and actually met people and listened to them. Second of all, why should they listen to you if they've never seen you and you've never told them who you are or, or why you care. Once you've established that, or you've partnered with somebody who is known and trusted in that community, then you can get those messages out and then you can find out what they actually need so you can support them effectively.

Dr. Deidra Crews (11:25):

Lisa, given the work that you've been doing in lifting the voices and the concerns of all the vulnerable populations during this pandemic, what are you hoping that we will learn from this experience as we move forward as a society?

Dr. Lisa Cooper (11:44):

Well, I know there's one thing I just wrote about that I'm a little bit excited about.

Dr. Sarah Szanton (11:49):

Tell us!

Dr. Lisa Cooper (11:49):

It's just the whole concept of the fact that in order for us to recover from this pandemic as a society, that there's a new type of herd immunity that we need to develop. In the biological sense, herd immunity is when certain a percentage of the population actually has immunity against a specific biological agent that's causing an infection. But the type of herd immunity that I'm talking about is actually addressing the whole myriad of factors, not just the biological and the medical, but all of the other social factors that we tend to forget at times how closely they are connected to health. Until we address those factors and address them for everyone, we're all going to be at risk for getting sick. We're not going to become healthier as a society until we address all those factors. And until everybody has access to those basic things that make it possible for them to live a healthy life and then we'll have herd immunity - true herd immunity.

Dr. Sarah Szanton (12:59):

Oh, that's beautiful. Lisa, one question we've been asking everyone on our podcast is - if you could relate a piece of advice that you got, that you carry with you or rely on.

Dr. Lisa Cooper (13:11):

Yeah. One of the things I like to say is always be willing to learn something new. Don't assume that you know everything already, that's always, when I get myself in trouble - when I think I have something all figured out until something happens to me to really like wake me up and open my eyes. I think that's one principle that I try to live by is okay, don't assume that, you know, everything here. What is it that I'm missing or that I don't know about this situation that I could learn?

Dr. Sarah Szanton (13:46):

That goes back to your theme of really listening, right? And also the patient physician relationship too.

Dr. Lisa Cooper (13:52):

Right.

Dr. Sarah Szanton (13:52):

We're learning from our patients.

Dr. Lisa Cooper (13:54):

All the time. All the time.

Dr. Deidra Crews (13:57):

Yeah. That's beautiful. There's an inherent, very deep humility in that. Thank you for that advice.

Dr. Sarah Szanton (14:07):

Thank you, Lisa, for sharing your insights on reducing racial health inequities. Check out our website, nursing.jhu.edu/agingfastandslow for the articles and resources referenced in this episode. We invite you to add to the conversation by tweeting @agingcenter.

Dr. Deidra Crews (14:27):

This episode wraps up Season 1 of Aging Fast & Slow. We've covered a lot - chronic stress, kidney health inequity, leveraging networks for innovation, bias in the patient-physician relationship and drivers of health. We can't wait to be back in the fall with more. Follow @agingcenter for updates.

Dr. Sarah Szanton (14:50):

If you enjoyed this podcast, please share it with a friend, rate it or write us a review. Special thanks go to Jennifer McCord for editing and sound design. Erika Hornstein for production, Raphe Reggie for technical expertise, Tim Carl for web design and Sydnee Logan for marketing. See you in the fall on Aging Fast & Slow.