

Building Trust in Our Health Care Systems: Executive Summary



On June 13, 2021, The Big Conversation successfully concluded its three-part webinar series **Building Trust in Our Health Care Systems**. Participants included: physicians, nurses, health administrators, school nurses, representatives of related health care fields, and members of the Southern Maryland community. The series was in response to the community feedback to “learn more” from the September 13, 2020, Big Conversation: **Many Wounds to Heal: Health Care (In)Equity, How Does it Affect Me?** These online sessions were led by Steven K. Ragsdale, an associate faculty member at Johns Hopkins Bloomberg School of Public Health, who has more than 25 years of experience in developing health care innovations and advancing pathways to better, safer, and more equitable care. Over one hundred diverse community members participated over the six hours of sessions. The three sessions were as follows:

Sunday April 25 – A History of Health Care. How were the present systems built? Why they no longer work. In this session, Mr. Ragsdale presented a historical perspective on the treatment of African Americans from slavery to modern times. This included how black health care professionals and recipients were treated.

Sunday, May 23 – Exploring systemic unconscious bias and the importance of understanding its effects on society, healthcare models, patients and staff. Addressing implicit bias, Mr. Ragsdale stated, “It can literally happen anywhere in healthcare from when you call to make an appointment, all throughout care, all the way until you are discharged and, in the pharmacy, or rehab.”

Sunday, June 13 – How we can reimagine future healthcare for Southern Maryland. How we can implement it. In facilitated small groups the participants generated several ideas for positive change and practical methods of implementation.

Key findings to build trust in our health care system included:

Advocacy and better-informed consumers – A key aspect for developing trust in health care is improving how well the recipients understand how the system works and their communication with the provider. Navigating the health care system can be daunting for everyone. Having an advocate to support underserved individuals as they seek and obtain health care and communicate with providers would improve the quality of care. Use community and interfaith groups to adopt and promote both advocacy and providing information for underserved populations about navigating the system. There needs to be more and clearly written information about health care resources and insurance benefits. Provide patient training in the use of patient portals. More computer access for the underserved located near their homes.

Access - The pandemic has taxed health care systems in accommodating large numbers of individuals both in care and vaccinations. New and creative ways of reaching underserved populations have been developed that can continue and expand access in the future. This has included the use of mobile care and the involvement of community non-profits and church groups to reach the “invisible people” and the homeless. Increase and make better use of behavioral and mental health services. Across Southern Maryland, health departments are reaching out to the Black community to increase vaccination rates. These techniques need to be continued in the future to provide improved health services. Improve communication through posters and videos in waiting rooms. Provide a guide for consumers on navigating the health care system. Challenge local media to give more press to consumer needs and views.

Staff Training – Providers and staff need to learn to be more sensitive to consumers and co-workers through bias training and awareness of cultural differences. Increase understanding of the history of how things got to where they are, because this information is deep and has typically been untouched. Encourage People of Color to share their stories so that providers can better understand their experience. Reach out to the medical community to provide training on the history and bias as was provided in these sessions.

Policymaking and leadership – Hospital and health organization boards should reflect community culture and values, and reflect the population that they serve. Hospitals and public health departments should consider creating advisory committees that reflect the “Closing the Gap Coalition” created to advise the educational system. Make more effective use of the Community Health Needs Assessment Survey. Look at who is involved and make sure that all levels of the community are included. Give thought to using different data collectors. Share the assessment results broadly and deeply with the community. Community health and health inequities need to be a priority for county policy officials and legislators. Promote improved health care in the same way that education was promoted through Strong Schools Maryland.

Provider diversity – Health care for People of Color would improve if there were more providers that looked like them. This was highlighted in the “Black Men in White Coats” documentary and follow up, where it was pointed out that only 2% of physicians are Black men. POC children should be encouraged to go into health professions through career guidance, scholarships, and mentoring programs. Create a “STEM” like program for health care occupations, career academies, and advertising that features people of color in health occupations. There are systemic changes as well to address with medical schools failing to enroll a proportionate representation of People of Color, and the past closing of Black medical schools due to the Flexner Report.

Interagency coordination – There needs to be better coordination across local agencies. Schools can be used to provide a broader set of information to students and families and be a point of delivery for health services and food and nutrition education. Full time school nurses are a must. Health care and related issues should be better integrated with law enforcement. There needs to be stronger coordination between public health, health delivery systems, and social services. St. Mary’s County offers good examples of steps toward such systems.

This Big Conversation presentation received significant support from two partner organizations: Calvert Library provided the technical support for the sessions online and the Community Mediation Center of Calvert County provided the facilitators for the small group sessions.

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Brought to you by the founder, Middleham and St. Peter’s Parish with **The Big Conversation Partners in Dismantling Racism and Privilege in Southern MD** including: All Saints Episcopal Church, Calvert County Public Schools, CalvertHealth, Calvert Interfaith Council, Community Mediation Centers of Calvert, Charles and St. Mary’s Counties, College of Southern Maryland, Concerned Black Women of Calvert Co, Emmanuel SDA Church – St. Leonard, Historic Sotterley, Inc., NAACP Branches of Calvert, Charles and St. Mary’s Counties, Patuxent Friends (Quaker) Meeting, Public Libraries of Calvert, Charles, and St. Mary’s Counties, Remnant Center of Excellence, Inc., St. Mary’s Co. Health Department and St. Mary’s Co. Public Schools. **Contact:** bigconmsp@gmail.com



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