



2020 Big Conversation of Southern MD



Program

Many Wounds to Heal: Health Care (In)Equity - *How Does It Affect Me?*

Sunday, September 13, 2020 2-5 pm

Brought to you by the founding organization 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.



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Many Wounds to Heal: Health Care (In)Equity - *How Does It Affect Me?*



The Big Conversation series was originated in 2011 by Middleham and St. Peter's Parish in Lusby to provide opportunities for civil conversation on topics of community concern. This eighth Big Conversation is about dismantling racism in our community with a focus on disparities in healthcare. Our purpose is to increase awareness of longstanding systemic problems of bias/racism in healthcare and to identify opportunities for more equitable delivery of healthcare in our community. We will begin with a panel presentation including a national expert, local health care leaders, a local citizen and a local health practitioner sharing their experiences in encountering and addressing racism in healthcare. Then in small groups, led by trained facilitators, we will listen deeply to each other as we share our experiences and stories. Finally, in a facilitator roundtable, we will reconvene to discuss what was learned in the small groups and suggest next steps. At the end of the event, all attendees will be asked to complete a survey where they can share what they have learned, identify their own experiences, and indicate what they recommend. We will use the group recommendations and the surveys to create an executive summary setting forth what we have learned and what can be done to provide more equitable health care here in Southern Maryland.

The pandemic has required us to change our format for this Big Conversation to an online Zoom design. It has also highlighted our topic through the disparate impact of Covid-19 on black and brown communities across our nation.

AGENDA

2:00-3:00 PANEL WEBINAR VIA ZOOM

Pre-recorded with a panel of experts addressing historical inequities in Southern Maryland healthcare, implicit bias in healthcare delivery, systemic and environmental impact on health outcomes, and lack of trust in healthcare and generational trauma.

- **Dr. Meenakshi Brewster** – Public Health Officer – St. Mary's County
- **Shellnice M. Hudson, RN** – Director of Quality Assurance, Charlotte Hall Veterans Home
- **Dr. Laurence Polsky** – Public Health Officer – Calvert County
- **Cheri C. Wilson, MHS** - Johns Hopkins Medicine, Office of Diversity, Inclusion, and Health Equity
- **Malcolm Funn, JD** – Calvert NAACP
- **Moderator: Laretta Grier, MA** – Concerned Black Women of Calvert Co.

Note: Once you access Zoom and the Big Conversation forum the day of the program, you will automatically move between the large and small groups.

3:00-4:00 – SMALL GROUP, BREAK-OUT SESSIONS VIA ZOOM

Facilitated by the members of the Calvert, Charles and St. Mary's County Mediation Centers. Participants will have the opportunity to reflect on the panel presentation, to share from their own life experiences and suggest ways to address the inequity issues and bias on an individual and the systemic levels.

4:00-5:00 – FACILITATORS ROUNDTABLE DISCUSSION AND PARTICIPANT EXIT SURVEY

Discussion on what was learned in the groups and next steps. Finally, all participants will answer an important exit survey.

THE IMPORTANCE OF THE SURVEY: You will be asked to complete a brief survey at the end of the event. The purpose of the survey is to capture your specific observations, ideas and recommendations. This is a critical part of the event. We will use your input in preparing the executive summary and planning follow up events and activities.

How to participate with Zoom:

You must pre-register for this event at <https://bit.ly/BigConversation91320>. Once you have registered, the Zoom access information will be emailed to you **two hours** before the Big Conversation Forum on September 13. Once you access Zoom and the Big Conversation forum the day of the program, you will automatically move between the large and small groups.

Technical requirements

- We recommend that you download and install the Zoom app (free).
- Have a camera and microphone on your computer or smartphone. Participation without this capability is discouraged.
- A stable internet connection.
- Chromebooks do not support the breakout groups.
- Please mute your microphone for the panel discussion and roundtable and unmute for breakout session.

Technical assistance

- Prior to the event, please practice a Zoom meeting with a friend or family member so you are confident in how to use it.
- For help with this, feel free to contact Calvert Library for coaching and practice. (410-535-0291)
- During the event, call 410-535-0291 if you are having technical issues. The library will be closed so volunteers are staffing the technical line.

SELECTED RESOURCES TO REVIEW IN ADVANCE

How Racism, Segregation Drive Health Disparities – American Medical Association (AMA)

<https://www.ama-assn.org/delivering-care/patient-support-advocacy/how-racism-segregation-drive-health-disparities>

Racial Biases in Health and Health Care: Challenges and Opportunities - JAMA – David W. Williams

<https://jamanetwork.com/journals/jama/article-abstract/2425753>

Historical Roots of the Pandemic’s Racial Disparities – NY Times Webinar

<https://www.youtube.com/watch?v=3OpTw8FZ6D8>

Dr. Fauci on why coronavirus is wreaking havoc on Black communities

<https://www.cbsnews.com/news/dr-fauci-coronavirus-black-communities-havoc-covid-19/>

400 Years of African American History in Maryland – from Johns Hopkins

https://www.hopkinsmedicine.org/diversity/documents/400_Years_of_AfricanAmerican_History_in_Maryland_FINAL.pdf

Find more on <http://dismantleracism.org/>

ABOUT THE PANELISTS



Meenakshi Brewster, MD, MPH – Dr. Brewster is the Health Officer for St. Mary’s County where she has directed the health department since 2012. Prior to her current role, she served as the Medical Director for the Health and Human Services Commission at the Indiana State Department of Health and as the chronic disease director for Indiana, overseeing a variety of public health concerns. Her previous work includes Assistant Professor of Clinical Family Medicine at the Indiana U. of School of Medicine, where she taught medical students, primary care residents, and sports medicine fellows while providing clinical care to patients. Dr. Brewster is trained in both Family and Sports Medicine. Her medical degree and MPH are from the U. of Miami. She has a strong interest in the role of primary care, chronic disease prevention and control, and evidence based public health action.



Malcolm Funn. Malcolm arrived in Calvert County at the age of six months when his dad returned to his position as Principal of William Sampson Brooks High School soon after the end of WWII. After graduating from Brooks High School, Malcolm received his BA degree from Bowie State and his law degree from Catholic University. Upon receiving his law degree, he became a Tax Law Specialist with the Internal Revenue Service and moved up to Senior Attorney in the IRS Office of the Chief Counsel where he served for 18 years. Malcolm served as the Director of the Calvert County Planning Commission for ten years. He is president and member of the W.S. Brooks High School Alumni Association and a member of the “Closing The [Achievement] Gap” coalition. Malcolm is a Life Member of the NAACP, serves on the Strong Schools Maryland campaign and is a member of the State Board of Elections. He is a member of the Big Conversation Steering Committee.



Laretta W. Grier - retired from the Federal government in 2004 after 26 years at the U.S. Department of Housing and Urban Development and ten years the National Institute of Health and the Food and Drug Administration. She served in several management and professional positions in training and employee development, employee assistance and health, and organizational development. She has an AA. in Mental Health, a BA in Social Welfare-Counseling and an MAT in Counseling. After retirement, she worked for a year for the Calvert Co. Health Department-Substance Abuse Program where she taught “Guiding Good Choices” to parents and teens. Her past and present community activities include the S. MD Community Network Board of Directors, the Citizen’s Review Board for Children in PG and Calvert Counties for 19 years, the Calvert Co. Family Network Board of Directors for two terms, Health Chair and VP for Concerned Black Women of Calvert Co., member of the Cancer and Tobacco Coalition-Calvert Health Department, Community Outreach Chair for Delta Sigma Theta Sorority Inc-Tri-County(MD) Alumnae Chapter for two terms, a founding member of Closing the Gap Coalition, former Development Director for the Calvert Co. Library Foundation and a member of the Big Conversation Steering Committee. She has been a member of Mt. Olive United Methodist Church and the United Methodist Women (UMW) there for many years and is also on the church Communications Committee. Currently, she serves as the UMW Washington East District Nominations Committee Chair.



Shellnice M. Hudson, RN – is a graduate of Marymount University, Arlington, Virginia, with a degree in Associate of Applied Science, Nursing, May 2004. She is currently the Director of Quality Assurance at the Charlotte Hall Veterans Home, where she develops and assists with evaluation of programs that increase the work and living quality of staff and residents. As such she establishes and maintains tracking systems for identified problems/indicators. She serves as liaison between facility and community organizations to increase and/or develop quality improvements to benefit the home. Prior to this position she managed a skilled residential unit of 40 beds, supervising nursing staff including LPN's, GNA's, Unit secretary, and restorative aide. Her past experience included serving as an ICC Nurse and Patient Care Supervisor at St. Mary's Hospital Medstar Health, Leonardtown, Maryland September 2006-October 2019. From 2004-6 she served as Radiology Register Nurse at St. Mary's Hospital.



Dr. Laurence Polsky, Health Officer for Calvert County, is an obstetrician/gynecologist, who had practiced in St. Mary's County since 1996. Soon after starting his career, he began to look for ways to expand his reach in the community and joined several committees in St. Mary's County. "Public health has been an interest of mine for many years," Polsky said. "There are a lot of problems that we see in OB/GYN that have to do with social issues and the physical environment. Those are problems that can't be solved very well in a doctor's office. To make more of an impact on my patients and on the public in general, I thought transitioning to public health would be the way to go." The Calvert County Health Department is an agent of both the state of Maryland and county government. As the county health officer, Polsky leads approximately 130 employees to enforce the health laws and regulations of Maryland and the health ordinances of Calvert County.



Cheri C. Wilson received a BA in Russian from Howard University, an MA in Russian Area Studies from the University of Minnesota, was a PhD candidate (ABD) in Finance Russian history at the University of Minnesota, and received an MHS in Health and Management from the Johns Hopkins Bloomberg School of Public Health. She is multilingual—fluent in Russian, speaks French and Spanish with a reading knowledge of German. Ms. Wilson is a nationally recognized diversity and inclusion, cultural and linguistic competence, and health equity subject matter expert. She recently returned to Johns Hopkins to serve as the Education and Training Manager in the Johns Hopkins Medicine Office of Diversity, Inclusion, and Health Equity. Previously, she was a Senior Research Scientist in the Health Determinants & Disparities Practice at General Dynamics Information Technology, the Director, Corporate Office of Diversity & Inclusion at RWJ Barnabas Health in New Jersey, an Assistant Scientist in the Johns Hopkins Center for Health Disparities Solutions (Johns Hopkins Bloomberg School of Public Health), and an Acting Assistant Director of the Quality Improvement Department at The Johns Hopkins Hospital. Ms. Wilson is a Certified Professional in Healthcare Quality (CPHQ), a Past President of the Maryland Association for Healthcare Quality, and a Lean Six Sigma Green Belt.

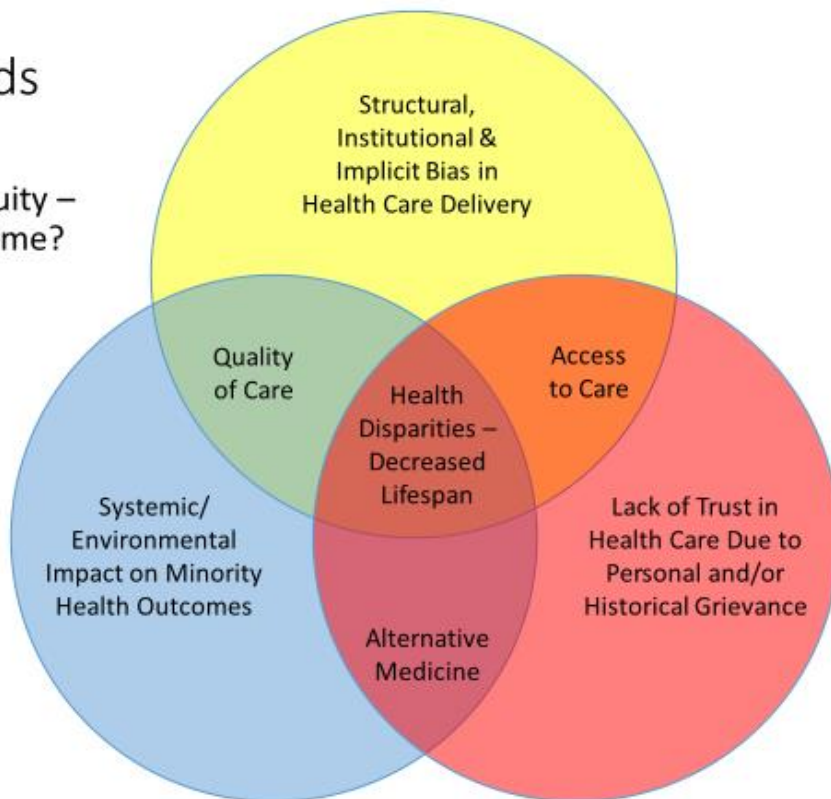
EXAMINING DISPARITIES IN HEALTH AND HEALTH CARE

The Big Conversation steering committee chose this topic in the spring of 2019 as its next area of focus on dismantling racism in Southern Maryland. Since that time, the committee has extensively studied the issue both nationally and here in our community. The committee benefited from our two retired physician members and our African American members. We held over a dozen interviews with local health officials and citizens, including older African Americans who had directly experienced segregated and unequal health care right here in Southern Maryland. The following information is provided to prepare you for meaningful conversations on September 13. We designed the diagram below as a way to represent our approach to the issue.

THE VENN DIAGRAM

Many Wounds to Heal

Health Care (In)Equity –
How does it affect me?



Healthcare (In)Equity Venn Diagram

The above diagram is intended to illustrate the ways in which bias, systemic and environmental factors, and lack of trust in the medical community on the part of African Americans and other racial/ethnic minority groups negatively impact the quality of healthcare delivery to members of those communities. For instance, notice how implicit bias on the part of healthcare professionals, when combined with lack of trust on the part of African American whose family members tell stories about their bad experiences in the past, may understandably lead to reluctance to access healthcare in our community.

The diagram is not intended to be comprehensive or to paint a broader picture of Public Health in the United States. Instead, we hope it will help you understand the way in which multiple forces combine and interact to stand in the way of delivering quality healthcare to many people in our community.

AREAS OF HEALTH DISPARITIES

National data shows disparities in health outcomes for blacks in relation to whites in several areas including:

Heart disease	Cancer	Stroke	Diabetes
Septicemia	Kidney Disease	Homicide	HIV/Aids
Infant mortality	Maternal mortality	Psychiatric illness	Suicide
Asthma	Sickle cell anemia		

Calvert Public Health Officer Dr. Laurence Polsky provided the following for Calvert County:

- Longevity - whites live 1.5 years longer than blacks
- Asthma - children under 18 – white 12%, black 27.69%
- Hypertension – white 31.4%, black 37.3%
- Heart failure – white 33%, black 68%
- Cancer - colon per 100,000 – white 38, black 50
- breast per 100,000 – white 138, black 145
- Low birth weight - white 6.8%, black 12.5%

Covid 19 Data (as of 8-17-2020)

The pandemic and the incidence of Covid-19 serve to highlight the disparities. Data is often not comparable across the three counties, but we know that nearly 4,000 individuals have tested positive and 155 individuals have died. Across Southern Maryland, a significant number of blacks are disproportionately becoming sick and dying.

	Confirmed cases	Percentage of blacks in confirmed cases	Deaths	Percentage of blacks in deaths	Percentage of blacks in population
Calvert	757	26%	12	42%	13.1%
St. Mary's	1091	31%	52	42%	14.7%
Charles	2182	Note: there are nearly double the number of black confirmed cases as white. Total deaths are 91, with blacks 48.4% and whites 44.1%.			

Data from CalvertHealth Health System

CalvertHealth provided the following (as of mid-July):

- 175 individuals tested positive for Covid-19 – 36% black, 58% white, 5% Hispanic, 1% Asian
- Deaths due to Covid-19, total 12 – 7 white, 5 black

We want to thank each of the **Health Departments** for their excellent work during this stressful time, including their website information. We note the following from the Calvert website: *“Each of us should reflect on how we can take action to make our community a more just and equitable place for every child and adult regardless of race or ethnicity. COVID is the latest indicator of a deeper problem that we continue to grapple with as Americans. Perhaps posterity will look back at 2020 as a turning point in U.S. history. We all have an opportunity to make a difference.”*

Asking the “Why?” and “What Can Be Done?”

At this event, we want to go beyond the initial question we might ask about why the disparate impact on who is getting infected and dying from Covid-19 to the questions the steering committee asked well before the pandemic, namely “Why do African Americans have a disproportionately greater incidence of the underlying conditions that allow them to have a more unfavorable outcome, namely more serious disease, hospitalization and even death?” Let us think of these in the context of our Venn Diagram: 1) systemic and environmental reasons, 2) structural, institutional, and implicit bias, and 3) lack of trust. Each of these has a deep basis in racism. A good example for 1) is housing, with a long history of segregation and redlining. An example for 2) might be health providers who are unfamiliar with implicit bias or the culture of the patient they are treating. An example for 3) could be a lack of understanding of the multi-generational experience with racism blacks have been subjected to right here in Southern Maryland, such as knowing about the Tuskegee experiments or the gynecology experiments of Dr. Sims on black women. The “Journey” that follows may help you understand this history. Better still, you may hear more about all of these underlying factors, including lack of trust, in your small group sessions.

A Journey in Time Through Health and Racism in Southern Maryland

1642 - 1700	The first slaves arrive in Southern Maryland when 13 arrive in St. Mary’s City. Disease, violence and depression were present among the slave population. Death by disease and by self-destruction grew at an alarming rate. Planters imported female slaves not only to work on the plantations, but also help breed and expand the slave labor force.
1700 - 1800	Slaves developed immunities to most diseases in this new world. By 1790, there were over 100,000 slaves in Maryland. In Southern Maryland, slaves outnumbered the white settlers.
1800 - 1863	According to Calvert slave Charles Ball, who authored 50 Years In Chains or The Life of An American Slave in 1837, life for a slave in Southern Maryland was extremely harsh - one set of clothes a year, rude shoes if any, course food, and no real healthcare. Sickness and disease were rampant. By 1860, the population of Southern Maryland was 42,000, with the majority black and mostly enslaved. That population level continued to the 1940’s with blacks remaining in the majority.
1864 - 1900	Maryland abolished slavery by constitutional amendment in 1864, but Calvert voted against it by 634 to 57. At the end of the Civil War, liberation for Blacks in Southern Maryland meant no housing or land, no jobs, no food, and no access to healthcare and doctors. The transition from Reconstruction to the Jim Crow era came quickly and reflected continued extreme repression of the black population. At the end of the 19 th century there were lynchings in southern Maryland.
1900 – Mid 1960’s	Segregation was the rule in southern Maryland until the mid-1960s. Schools, housing, libraries, transportation, healthcare, entertainment, and really all aspects of life were segregated. If you are in your 60s or older, you experienced life in that separate and unequal world. Blacks had to be self-reliant when it came to medicine. There was no hospital in Calvert County until 1919. Home remedies included chimney soot or spider webs to stop bleeding cuts, the marrow of a hog’s jawbone was used as a balm for the mumps or measles, homemade wine for colds and various herbs, most of which can no longer be identified. Most health care for blacks in Calvert from 1930-60 came from public health nurse Myrtle Patten, who served as a nurse, EMT, counselor, midwife, and dental assistant. Southern Maryland, until the mid-1960’s, was truly segregated in a manner similar to apartheid South Africa. Consider it apartheid South Maryland.

Steering Committee interviews with healthcare employees and / or patients working during this period of segregation indicated that –

Hospitals were segregated until the mid-1960’s, with a separate wing for blacks, who had to enter through an entrance in the back. At Calvert Hospital, it was known as the “C” wing.

If a bed was not available in the colored wing, the black patient was put in the hall, or even the laundry. No black employee could assist a white patient.

“We weren’t allowed to touch white patients. I was required to clean the white delivery room at night. I wasn’t even allowed to get a glass water for a white patient, even if they asked for it. That was just the way it was.”

---heard one white nurse state, “I’m not going to touch no black baby.” There was no recourse to her position. she was allowed to continue on the floor and not work in the maternity.

Often Blacks who needed emergency or specialized care would be turned away or they would go to Baltimore, John Hopkins or Washington, DC, Freedman’s for care. There was no ambulance for blacks; they were transported by the funeral directors’ hearse.

In St. Mary’s County in the 1950’s there were no black doctors, so the black community banded together to raise funds to bring and pay a black doctor to St. Mary’s County. They also established a health savings plan for the black community.

We very much appreciate the support of:





The facilitators from the Mediation Centers of Calvert, Charles and St. Mary’s Counties

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|---------------|---------------|--------------------|------------------|---------------|-----------------|
| Joan Anderson | Sharon Ball | Christine Bergmark | Mia Bowers | Leslie Coker | Laverne Day |
| Heather Fogg | Ann Frank | Cheryl Jackson | Willetta Love | Tia Myers | Elaine Phillips |
| Dusty Rhoades | Vicki Rhoades | John Roberts | Donzell Robinson | Susan Rork | Joe Sampson |
| Mike Shisler | Louise Phipps | Senft | Sheri Tardio | Robyn Truslow | Fred Tutman |
| Tisha Tyler | Julie Walton | Laura Webb | Antoine White | Carrie Wilson | LaShanna Young |

The Big Conversation Steering Committee

- | | | | | |
|--------------------|-----------------|----------------------|---------------|-----------------|
| Charles Bennett MD | Nancy Briggs MD | Diane Davies – chair | Hugh Davies | David Deaderick |
| Malcolm Funn | Alonzo Gaskin | Lauretta Grier | Dusty Rhoades | Vicki Rhoades |
| Rev. Skip Steiner | John Wilson | | | |

The Big Conversation Partners

			
All Saints Episcopal Church	Calvert County Branch NAACP	Calvert County Library	Calvert County Public Schools

	Calvert Interfaith Council		
CalvertHealth	Calvert Interfaith Council	Charles County Branch NAACP	Charles County Library
			
College of Southern Maryland	Community Mediation Center of Calvert Co.	Community Mediation Center of Charles Co.	Community Mediation Center of St. Mary's Co.
	Emmanuel 7th Day Adventist 		
Concerned Black Women of Calvert County	Emmanuel 7 th Day Adventist St. Leonard	Historic Sotterly, Inc.	Middleham and St. Peter's Parish(founding organization)
			
Patuxent Friends (Quaker) Meeting	Remnant Center	St. Mary's County Library	St. Mary's County Branch NAACP
			
St. Mary's County Health Department	St. Mary's County Public Schools		

A special thank you to the Calvert Library and Robyn Truslow for providing the Zoom system and technical support that enabled us to bring 250 people together for this important Big Conversation.