Vanderbilt Health DNA: Discoveries in Action
Season 2, Episode 4
Y'all Means All: Giving Everyone The Chance to Be Healthy

Clark Buckner: Hi there. Clark Buckner here, your host of Vanderbilt Health DNA: Discoveries in Action. Just a quick note: on behalf of the whole team, thank you for the positive ratings and reviews on Apple Podcasts. We're back to climbing the charts in the science category. These stories and perspectives matter more than ever, and so we greatly appreciate you helping us get the word out.

And one more thing, we would love to hear from you. You can find us on Twitter, @VUMC_Insights. And also on all of your favorite platforms @VanderbiltHealth. And be sure you're using that hashtag, #ListenDNA. And now, onto the show.

Dr. Jarod Parrish: I want to be the change in these neighborhoods and the change, not just in Nashville, but in our nation, to help find ways to reach our community so that the future generations and keeping people alive a lot longer. Because a lot of times people don't realize, health is your wealth.

Dr. Consuelo Wilkins: I wake up thinking about: how are we going to make sure that every person knows how to be healthy and that we're not standing in their way? We spend so much time, I think, trying to keep people from being no longer sick that we don't actually focus on the health, the wellness, the opportunity to be healthy. And I think, as part of that, we also paint the picture sometimes that not everyone has the right to be healthy or that you're going to be sick no matter what. And I want people to know that they can be healthy.

Del Ray Zimmerman: I see such a gross misunderstanding of who trans kids uniquely are. Well, let me say it this way. What I'm hopeful for, what I'm extremely hopeful for ... I'm going to focus on the positive ... is that I can be a person who changes hearts and minds, and champions young people and help them live to their fullest potential.

Clark Buckner: Think, for a moment, about the last time you thought about trust. Maybe it was related to another person, or yourself, as you work to accomplish something, or maybe it was something you read. Now, call to mind a time when you wondered if someone found you trustworthy.

Let's meet today's guests.

Dr. Consuelo Wilkins: I'm Dr. Consuelo Wilkins, and I'm the Senior Vice President for Health Equity and Inclusive Excellence. I grew up in this small town that's actually 95% black. And I spent a lot of time thinking about the older people in my life who didn't have a lot of opportunities to access care. There was a small hospital, there was one family doctor in town. And there were really a lot of disparities.

So in the front of my mind, there were these disparities that I knew existed. I'm going to take care of older people, that's what I want to do. And I'm going to hang my shingle and do my best to make sure that all of these older folks have the opportunity to be healthy.
Dr. Consuelo Wilkins:

As I was going through my residency training, I saw two black women who had hip fractures within a week. And I had always learned that black women didn't get osteoporosis. And I was really upset about it because it was the one thing that I learned that black people didn't have more of. In my entire medical education, I'm learning we get more hypertension, more diabetes, more stroke, more dementia. Everything. But not osteoporosis. So, hey, there's that good thing. And then I see these black women who are hospitalized with hip fractures.

And they get their hips repaired. And then we're about to discharge them and I say, "Wait, well, don't we need to start them on calcium and vitamin D? And shouldn't we schedule them for a bone density scan?" because that was the standard of treatment that was ... And people just sort of looked at me like, "Well, no. Black women don't get osteoporosis." Why did they break their hips? What do you mean? How is this possible, that here we are in this world-class institution, and we know how to treat osteoporosis, but somehow we don't see this as the right approach for these women because they're black?

And so that sort of set me down this different path of focusing on research and academia, all these unanswered questions that I felt like needed to be addressed and textbooks that needed to be rewritten. Because there was this unjustness happening right in front of me, and it was not something that I could really ignore.

Dr. Jarod Parrish: Hi. My name is Jarrod Parrish, and I'm a clinical research pharmacist with Vanderbilt University Medical Center. My job currently, I am working with a research program where we go into African-American barbershops and we screen patients for hypertension. It's a hypertension project. Before I started this project I'm working on, I was a community pharmacist. I was a pharmacy manager for Target and CVS for over six, seven years. And my passion was just helping patients at the pharmacy counter. Their medications, help make them more affordable for patients. And we see tons of patients every day. They have to get their medication. They're not going to feel well when they're coming in, so they want to see a friendly face that they know that they can trust.

What I'm trying to solve is health inequity in the black community, because I have seen that my whole life. I grew up in a town that doesn't have very many resources, small kind of country town, rural town. And I go to a predominantly black church there as well. And I've seen a lot of parishioners at the church pass away from heart disease or having heart attacks, and having limbs amputated due to diabetes.

And it mostly, I think, is due to diet and lifestyle. And they're not getting the proper care or treatment early enough, the preventative measures, to help prevent those things. And I want to be the change in

these neighborhoods and the change, not just in Nashville, but in our nation, to help find ways to reach our community so that the future generations and keeping people alive a lot longer. Because a lot of times people don't realize, health is your wealth. Because if you get sick, you have a stroke, not only does that cause problems for you, you got to go to the hospital, it's going to have these huge medical bills. But that's going to affect your family, your wife, or your significant other; may come back and they have to miss work to come look after you. You have to find daycare or you got to find childcare for your children.

Del Ray Zimmerman: Hi. My name is Del Ray Zimmerman, and I'm the director of the Office for Diversity Affairs and LGBTQ Health at Vanderbilt University Medical Center. I came out in 1991. Transgender wasn't a word that was in the lexicon. That's not a word we were using at the time. We didn't uniquely understand the differences between sexual orientation and gender identity. And fast forward to today, and what we understand now is that young people have the language to consider their gender as early as age three or four.

Now, I think that, thankfully, we're seeing more and more parents who, when their young people are declaring who they are, they're actually paying attention now instead of ignoring it and trying to steward young people based on their own wishes and hopes and dreams and whatnot. They're getting their children appropriate resources to help them align with exactly who they are.

It's hilarious to me, it's absolutely hilarious. I did not set out for a career in healthcare. Growing up, I was the touchy feely one. My sister was the science guru. My sister's actually a pharmacist today. And so the fact that I work in healthcare, is indeed hilarious. The fact that I'm here every day is just hilarious.

But now, what got me here. I was carving out a career in nonprofit management. And at some point in my late 20s, early 30s, I really felt a need to give back to my own community. I saw so much need around me. And when this position opened up, it was an opportunity for me to, professionally, do something that really benefited my community. So I joke all the time and say, "I'm a professional homosexual." Which I think is a great line. It doesn't always get the laughs that it deserves.

Clark Buckner: As a society, we're wrestling with heavy questions right now. Getting people vaccinated, understanding how COVID-19 is moving and how it's etched itself into our lives. Those quakes exposed the deep fault lines around race and acceptance in the US. It's clear that distrust and mistrust aren't fossils of a bygone era, but shallowly concealed foundations across our society and healthcare. The repercussions are profound.

Dr. Jarod Parrish: The one thing I want to let all your listeners know is that the biggest thing I think that the healthcare community can do, in black and brown communities, is be consistent. We did a meeting with Consuelo Wilkins on the Nashville Scene. And one thing she has said that really spoke to me was talking about the worthiness of healthcare. And, not so many words, that the community has earned

some mistrust from the black community from things that has happened in the past. So it's up to the healthcare community to earn that trust back.

And those means of earning that trust may look like it's too much at times, but we really need to go there and be consistently earning the trust of that community. Because you think about any relationship you're in, when that trust is gone it takes a lot more to get that trust back than what you did to lose that trust. So I think consistency, in life, is very important. And consistency in healthcare, delivering for African-American health.

I talk about black female maternity death rates. It's very high. And I don't think it's on purpose. But if you have a system that's producing those outcomes, you need to find ways to change that system.

Dr. Consuelo Wilkins: I'll start with trust. I mean, I think that we focus too much on trust sometimes and not enough on being trustworthy. So we, as healthcare providers, a health system researcher, sometimes put the onus of trusting on patients and the community, when we haven't actually determined what is necessary for us to be deemed trustworthy.

That looks very different for different people. But certainly for individuals who've been marginalized or minoritized, we certainly do think it's important for them to feel that they can see themselves but also that they are being seen. So we sometimes focus on the representativeness and workforce diversity. What I think about as diversity and inclusion, we're talking about the workforce. And the workforce needs to look like the people it takes care of. But that can't be used as an excuse for people who don't look like others to not have that empathy and create a welcoming environment and make people feel that they belong.

So I think we have to make sure that, when we prioritize bringing in individuals from different backgrounds, that it's not just so that we can have some concordance and all of the black people can take care of black people, and all of the queer people can take care of queer people. That shouldn't be our excuse for having cultural humility, and understanding that we have a responsibility to be the best physician, nurse, pharmacist, front desk coordinator. We owe that to everyone, it can't just be for people who are like us.

To be trustworthy, I think starts with humility; recognizing your limitations as a person and that you don't know everything. Which is really hard for us physicians, I would say, sometimes, to acknowledge that we don't know everything, and that certainly we don't know everything about a person. And being willing to learn from others. So I think that humility piece is incredibly important.

Transparency. So as part of that humility, being transparent about what you know, what you don't know, what's going to happen. The unknowns also, so getting into that space of being a little uncomfortable and being transparent. I think those are really very important.

And a really important piece of that also is respect. So, "I respect you, I respect your decisions, I respect our differences. And I'm going to communicate that respect even if we disagree, or if I have different ideas about what your goals should be."

So, I would say, those are some of the most important things in our being deemed trustworthy. And I think that trustworthiness, those things also apply to institutions. So as an institution, are we transparent? Are we respecting other groups, programs, partners in the community? Do we have enough humility, to say, when people come to us with an opportunity or decision, and say, "You know? That's not me. We should talk to this group who is really doing important work in this area, or this program that has more expertise than we do." Which, again, those are really challenging, I think, for people and programs and institutions that are used to having so much power.

Clark Buckner: People come in for care as a stop along their path. What they encounter on their journey molds who they are and what they need. So even as patients look to staff and clinicians to help them get back to being them and get back to their life, they may run into bias ... whether intentional or unintentional ... or a series of microaggressions, which definitely accumulate and wear thin on resilience.

Last season we explored this on an episode titled The Lenses We Wear, it's all about how unconscious bias is baked into our thought process. So unless we're consistently trying to adjust how we see the world, we're always looking from the same direction.

Del Ray is going to describe an initiative that displays openness and bolsters trust with just a single glance.

Del Ray Zimmerman: So, a few months ago, we actually started a simple campaign around the usage of pronouns. We know that when we use correct pronouns with our patients, again, it cuts down on some of the mis-gendering. And again, I can't underscore this too much, but mis-gendering a patient can actually be linked to suicidality. We are wanting to decrease the harm that we're providing within the system, to be able to recognize all people.

So in an effort to do that, we started a visible campaign. We put different sets of pronouns on buttons that our clinical providers can wear. And so, uniquely, that actually gives providers an opportunity to declare who they are in the world. And not all of our providers are she, her, hers, he, him, his. We have a growing number of people within our system who identify as non-binary and carry other identities. And so what a wonderful time to live, where, as a health care provider in your workplace, you can actually claim space for who you uniquely are and educate other people.

But now, for patients who are coming in, that also signals welcoming. When I visibly see somebody's pronouns on a white coat or on a lanyard, then that tells me that you're educated enough that you understand the concept of gender diversity. If you're wearing a button, you're going to be more accepting. And so my interaction with you is going to be a lot more pleasant because I can let down my defenses, because I'm not preparing myself to be mis-gendered in your presence. And also, in advance of changing our electronic health records and changing the way we do business, we realized that we needed to get far ahead of that.

So, first of all, I think I want to say that part of the job of our nonclinical program for LGBTQ health is really around training and education. We understand that generations of providers have not had the information they really need to be able to take care of sexual and gender minority patients. And in terms of trans people, we don't expect every clinician to be able to provide gender affirming care. Those are specialties that clinicians may be interested in, and we certainly have those dedicated resources for patients.

But we do need to make all providers aware of the communities that we serve, because trans people are going to be seen for diabetes care, they're going to be seen for cancer care, they're going to be seen for broken arms. All the things that people are seen for. And so when we encounter people in the healthcare system, it's really important that we meet them where they are. And, oftentimes, that can happen as simple as check in and getting some basic data.

Now, our records have historically reflected a patient sex assigned at birth and their legal names. Well, that's not a one size fits all, we understand that today. And so we need to make some accommodations to deeply understand who our patients are. So we're actually moving to a process where we will have the ability to capture patient's sex assigned at birth, their legal sex ... what's on their driver's license or birth certificate. Which is basically a static field, but can be changed over time. Probably that may happen once somebody's on a journey ... and then we're also going to capture a person's unique gender identity. We'll have the ability to toggle that in the patient facing portal, My Health at Vanderbilt, so that if a patient is on a journey, discovering who they are, that their gender marker may change over time. So when a patient checks in, we can actually provide an additional level of respect.

A lot of our problems happen in mis-gendering. And I kid you not, when I say that mis-gendering a patient is directly linked to suicidality. When I look at the mental health concerns of the trans community, and we catch a lot of our discussions around minority stress theory, and, I mentioned earlier, folks who are just simply trying to be who they are. There's nothing endemically mentally wrong with trans people at all, but we see a higher level of mental health issues. And that's because the bias and discrimination that they receive.

And so if I'm out in the world and I'm experiencing constant microaggressions, that's really going to wear me down over time. It's going to create a metabolic condition in my body, I'm going to start releasing

more cortisol. That's going to throw me out of whack in a whole lot of ways. And so, just simply by providing the proper respect to patients is super important.

We're also going to capture the names that a patient uses, as well as their legal names. As you can imagine, when you start messing with some of these basic data fields, all these things have downstream effects. We've been pushing this boulder for quite a while. And this project is taking about a year to execute because we have to make sure that the right systems are talking to one another with the new data captures.

But the great thing is, we have the ability to do this for everybody, it's going to benefit a lot more people. For instance, my name is Del Ray. I prefer Del Ray. And when I check into medical appointments today, people generally call me by my first name, Del. Which is fine, but it also makes me feel five years old. And so if I have the ability to say that the name I actually use is Del Ray, and I can be met with that name, that's more comfortable for me.

And so we're making this change really to benefit gender minorities. And we're actually going to capture some sexual orientation information in here as well. So sexual and gender minorities. However, it's going to be great for everybody.

Clark Buckner: Communities are powered by their people. And the variety of lives, jobs, schedules, and skills, are what keeps cities buzzing along. You need teachers, and first responders, entertainers, and grocers, doctors, and sanitation workers. The list goes on.

Dr. Wilkins' vision is for health to be accessible to anyone and everyone. And part of that means shattering deep-rooted conceptions of where and when people need to be available to talk about their wellbeing.

Let's hear from Dr. Parrish.

Dr. Jarod Parrish: Yeah. I think The decentralization of healthcare would be a great value to the health system. Because we know, coming to health systems, you got to park. I've talked to a lot of physicians at Vanderbilt, and a lot of their patients are late because the parking, they don't know where they're going, you're feeling some type of way about ... you don't know what's going to happen when you go to the doctor's office.

I know a lot of men, especially. Predominantly, in a black community, what has happened, especially in north Nashville, some of the men have records. So the jobs that they can get after that are jobs in moving industry, or working jobs that don't have direct hours, working in the food industry, and then jobs that don't actually give you a consistent work schedule. So scheduling a doctor's appointment six

months out, you don't know what day or time you're going to be able to come in. And we need a flexible place for them to meet, because you don't realize how important access to care is.

And I've seen that, even with some of our patients. The fact that we have to work on their schedule in order for me to meet them at the barbershop, because they're working two jobs sometimes to make ends meet because one job just isn't doing it. And I think that's one of the things that, a lot of times, people miss, is actual lifestyle of people that they're trying to work with. Not everyone lives the same type of lifestyle.

But getting back to just access to care, I think more and more people are finding value in that. Keeping someone out of the hospital, or from having a heart attack or stroke, can provide a great return on investment for the healthcare community. Because, I mean, you get a heart attack, you're going to spend several days in the hospital, thousands of dollars later. When you could just had someone come a year earlier and get a blood pressure medication, eat healthier, just start that process a lot earlier and keep them out of the hospital. And they could save so much money for the healthcare system.

Clark Buckner: I wanted to know, where does this grassroots care approach start? How does he build rapport? And what does success look like?

Dr. Jarod Parrish: It all starts with the barber, to begin with. So we're in a side of a barbershop, and this person has been going to this barber for a long time. When you go into a barber, you go to the barber for the biggest things in your life; you go for graduations, you go for weddings, you go and see your barber. You're going to go see your barber when someone dies. I mean, you're family. So all these big life things that happen, the barber's there for you. So you trust that person. And they're working close to your face so of course you're going to trust this person, with a razor at that.

So, first of all, the barber tells the person, "I trust this person. Go over there, get your blood pressure checked". So it already starts there. Then we have a conversation, telling them about, "This is what blood pressure mean. If your blood pressure is high, these are the numbers that it's going to be at." And then, after that, we check it once and then they'll come back again.

And if they do come back, usually they trust me enough to know, "Oh, this guy knows what he's talking about." And then, if it's high again, then they join the program. And I will say, at that point, they really want to do something about their health. They really trust me to help them with their health. So probably by that second time, the trust has been developed.

For one instance, one of the greatest moments I've said, with my project so far. I've had a gentleman who, he had a physician already. And he knew he had high blood pressure but he wanted to manage it on his own, not taking any medications, because he didn't want to be on medications the rest of his life.

So what we did was, I talked to him. I said, "Okay, we'll try everything we can to get your blood pressure down naturally." So we worked for several months. We tried exercise. We tried decreasing the amount of alcohol he was drinking. We tried supplements that he wanted to take. Through all of this, we got to probably about a four or five months stare out and worked together.

His blood pressure still wasn't going anywhere. We talked about all the lifestyle things you can do, decreasing the amount of sodium in your diet, we're exercising. So finally he was like, "You know what, doc? I think I'll try this medication. Do you think I should?" He asked me, "Do you think it's time?" And I said, "Yes, I do think we've come to that time where we should try medication."

So at that point we started him on some medications. I would say, probably two weeks to a month later, his blood pressure was normal. He really thanked me for working with him, being patient with him, really extending grace for some of the things that he was doing and not exactly wanting to take it. And so, we worked through it. And he got to the end, then got to our end goal of him having his blood pressure at goal, less than 130/80.

Dr. Consuelo Wilkins: Instead of, "What's your problem?" What problem do you want to solve?" Or, "What's important to you? What made you want to come in to see us today?" is a different framing and really is prioritizing what the individual or family needs, as opposed to the problem that they think we want to talk about.

If we could focus on healthy ... defined by individuals ... and thriving, then there's a lot of illness. It's not going to go away. There are plenty of people who are sick that we need to take care of. But if we are shifting that focus to keeping people healthy, then perhaps the opportunities for us to actually discover cures and prevent disability, and really contribute to a thriving economy, life, wellbeing for people, would actually emerge more fully for us to enjoy.

Clark Buckner: A series of cultural moments spurred the social movement that's top of mind across the country and VUMC. It's encapsulated by the internet speak of, I see you. As a cue that your experience is real and you're valid. I see you.

Equity, and its counterpart, inclusion, have evaded the prioritized focus that we're seeing now. Powered, in part, by the inequities revealed by the pandemic, and the fault lines and political conversation. Data has long shown the benefit of inclusion and diversity in the workplace and in healthcare. But the cultural flashpoints right now are a reminder that we're building for tomorrow.

Dr. Jarod Parrish: That's one thing that has been on top of my mind, is consistency; in all aspects of your life, like you were saying, like the LGBT community, the black community. If we can consistently make people feel valued, then they'll consistently be able to tell us ways that they can feel valued. And they'll feel open to telling you, "Man, I don't feel that comfortable with you saying those types of things." Opening up to us and not just passing it off as: they're going to look at me some type of way.

But if you truly feel that you're being harmed or you truly feel like this can make your experience in life better, that's what we need to do. If someone wants to be called something, that's what you call them. You don't have to fuss with them about it. You don't have to put your opinions into it.

How I usually measure trust is: will that patient or person come back to me if they have a problem? So if have a problem with their medication, will they come and tell me about that side effect? I want to develop trust in them enough that they know that I'm not going to look at their fears or look at their side-effects and put it to the wayside. Like, "Ah, you shouldn't have this."

I want them to be able to come to me and have a trustworthy relationship and know that I'm not going to look at them any type of way about their healthcare condition. Like, say, if they smoke weed or something, I want them to be able to talk to me about that and not make it a problem. Or if they miss a dose, I want them to be able to come to me like, "Oh yeah, I didn't take it for a week." "If you didn't take it, that's perfectly fine. We just want to make sure that you take it more often than not. And then we'll focus on you taking it daily." So we just want to work on it as a stepwise process.

And then I think that that trust has definitely been developed because a lot of my patients, they'll just talk to me about their daily lives. They'll talk to me about sexual dysfunction, if they have it. They'll talk to me about their children. So just get developing that trust, where they can talk to you about anything throughout their lives.

Del Ray Zimmerman: The one thing that I didn't talk about, and I'm not sure how, when you were asking me about the needs of young people and how important it is to show up for young people, particularly young trans kids. Like I said, I'll never know what it's like to be trans. But I'm a person of great empathy. And when people tell me who they are, I believe them. When people show me who they are, I believe them. And I think that trans kids are so vulnerable, that they need strong adults who are willing to advocate on their behalf.

And over the last few years we have certainly seen, in respective state legislatures around the country, proposed, and in a couple of states now, enacted laws, that would prohibit the healthcare provisions for young trans kids.

When I look at this, I see such a gross misunderstanding of who trans kids uniquely are. Well, let me say it this way. What I'm hopeful for, what I'm extremely hopeful for ... I'm going to focus on the positive ... is that I can be a person who changes hearts and minds, and champions young people and help them live to their fullest potential. And that fuels my fire. That gets me out of bed every single day.

And we have to have more adults who are willing to step into the shoes of people that they don't necessarily understand ... because they don't have the same experience ... and engender enough

empathy to just believe people when they tell them who they are, and to show up and just support them. What does it cost? What does it cost just to be empathetic?

Clark Buckner: Empathy and trust thread all through this season. And we want you to keep thinking about these themes, because next week's episode we're going to dive deeper into how COVID-19 changed how top leaders think about trust with the community and medicine, and what success looks like when it comes to keeping people healthy.

To learn more about the show, check out episode extras, and find more information about Vanderbilt Health and today's experts, visit listendna.com. You can also find us on Twitter, @VUMC_Insights, and all of your favorite platforms @VanderbiltHealth. And, of course, don't forget to follow rate and review the show anywhere and everywhere you get your podcasts, like Apple Podcasts, Google, and Spotify, we're there.

Until next time. Vanderbilt Health, making healthcare personal.