**Dr. Sarah Nosal Minority Health Interview.mp4**

**Sarah Nosal, MD** [00:00:10] Think about how family doctors are really the full scope and breadth of our care and how we bring those services to the community are really about, addressing the needs and asks of that community. And our minoritized and racialized communities, have so many inequities and unmet needs that family physicians are really the right positions at the right time to provide care in those communities.

[00:00:40] I was reading in the past about colon cancer and trying to understand why there are these disparities in outcomes for black and brown individuals in particular. And when you dig into the data, the studies, there is no genetic reason; as you know, race is a social construct. There's no reason why the outcomes should be different. But actually, when they look at a black or brown individual who's receiving care, a minoritized individual, screening for colon cancer, they're less likely to be offered it by their doctor. They're less likely to be reminded or recommended again, if they haven't sought the screening. If they have the screening and have an abnormal outcome, they are less likely to have their physician or clinician make sure that they're following it up aggressively, that they follow up in the time period that they're supposed to follow up. So as we all know in medicine, that race is a social construct, there's not a genetic reason for this outcome. And that if we simply have the correct intervention; those longitudinal relationships, the family doctor working with their patient to make sure that we are meeting all of the, all of the expectations and needs to address those screenings and prevention, the outcomes actually become the same. And that there's this huge opportunity, particularly in those relationships, particularly in those longitudinal relationships, of family physicians to change, to really change those outcomes to, in the exam room address the inequities, while there are larger inequities we need to address on a more global scale.

[00:02:22] I went to my medical school, which was the, had founded the first student-run-free clinic in New York State. I knew that's where I wanted to volunteer right away and go to school there and learn there. And I started working at that free clinic in 2000, and I now help run that free clinic in the South Bronx, as well as another free clinic in Manhattan. And no experience has shown me inequities that are disproportionately affecting minoritized communities, then seeing the struggle with insurance and people who are uninsured and trying to engage in wellness and health care. And so those: even the idea that I am working at the same free clinic that I started working at in my first year of medical school tells you how deeply profound injustice in medicine is. And our mission and and focus was that health care is a social justice issue. That was in 2000 when that free clinic was founded. And every day now, when we're providing care and community to black and brown communities, to people who speak Spanish and other languages, who are trying to seek wellness in a deeply inequitable system.

[00:03:48] I really think that we need to shift how we think about what it means to provide a community, the resources that they need, and to step back to realize we are not depriving another community of those resources. That. Where I work in the South Bronx, we are 62 of 62 counties in our state for health outcomes. The need is much more profound in my county. There need to be more resources. And that we always are thinking, well, we're going to get by with whatever little amount we can get, but that's not enough and that isn't going to get us to social justice. That isn't going to get us to, you know, resolution of inequities. And that we have to move from that scarcity mindset to really that we have the resources to do this work. We know how to do this work and that that family physicians are ready to do this work in our exam rooms and in our communities.

[00:04:58] The theme of Better Health, Through Better Understanding, for Minority Health Plan. When I'm really. First instinct, when I hear better health through better understanding, I think about like the vast amount of research we've done on health disparities and that the urgent need for intervention is clear and has been persistent. And then when I hear it again as a family physician, and I think about how I imagine being a family doctor in the exam room and the importance of bringing information on disease and understanding your body to my patients, and that that for so much of my early career in our training is thinking that it's so important I'm bringing this information. And then I really think about the last decade of working in the South Bronx and how much my listening and learning from my patients, and having a deeper understanding of all of the impact that their life and community are having on my patients, that that really is when I think of that theme about better health through understanding where I need to be able to get to and we need to be able to get to in health care for our minoritized patients and communities.