**Minority Health Month with Dr. Tochi Iroku-Malize**

**Tochi Iroku-Malize, MD** [00:00:09] So, as a family physician who is also minority, I'm encouraged by the National Minority Health Month. National Minority Health Month is a time to raise awareness about health disparities that continue to affect people for racial and ethnic minority groups and encourages action through health education, early detection and control of disease complications. So these are in alignment with what we do as family physicians. We are trained to care for anyone, anywhere, anytime, and to take into consideration the individual as a whole. This means paying attention to their unique circumstances, the internal and external factors that play a role in their seeking and receiving health care.

[00:00:57] Family physicians are uniquely positioned to combat health disparities by way of training. The U.S. Department of Health and Human Services Office of Minority Health observes the National Minority Health Month to highlight the importance of improving the health of racial and ethnic minorities and American-Indian, Alaska Native communities and reducing health disparities. So this year, their theme is Better Health Through Better Understanding. So through family medicine residency training, and throughout our medical careers, family physicians have been exposed to resources to help us better combat health disparities, such as advocating for, and implementing mechanisms for increased health literacy for patients, providing culturally competent care for diverse populations, and improving access to health care information for patients who have limited English proficiency. You see, family physicians promote health equity by considering the balance of social determinants that impact the health of an individual, family, community, population, and environment. And we are fortunate that the American Academy of Family Physicians provides accessible resources for students, residents, and practicing physicians on mechanisms to combat health disparities: whether live or online, opportunities are available to access these tools, and we continue to educate ourselves to improve the care we provide our communities. This allows us to mitigate health inequity by collaborating with entities including but not limited to government, business, educational systems, and health and social service providers to effect positive change for the populations we serve. Family physicians, we don't just screen, we intervene.

[00:02:48] We know that multicultural communities are expanding with nearly four out of ten Americans identifying with a race or ethnic group other than white. And multicultural communities bear a disproportionate burden of disease, which translates into lower life expectancy, disease, quality of life, loss of opportunities, societal inequities, which I see on a day-to-day basis. However, there is growing awareness of the health equity gaps, and there is a focus on improving the evidence-based information as it relates to providing care for those with inequitable health care. Medical schools such as the one I'm involved in and the residency programs, for example, the ones that I am privileged to be in charge of, are working to incorporate new information into their curriculum. Health care systems and medical organizations are investing in research and providing continuing education on how to better address the situation. So it's important to know that both physicians and patients experience implicit bias in health care based on prior experiences. And I myself, as I alluded to before, have experienced it myself as well. And this bias can affect the way people communicate and interact, which can result in a lack of trust, and commitment, on behalf of both parties, and hinder the achievement of mutual clinical goals. Recognizing and minimizing bias is a conscious and ongoing process that requires awareness, and there are ways for us clinicians to understand and address implicit bias to help mitigate health inequities. And of course, we are all encouraged to advocate through our national organization, the American Academy of Family Physicians. Our state and local chapters and within our communities to help create policies and legislation that will lead to better health equity.

[00:04:32] I had to go to the emergency room for a condition and I was in severe pain. And instead of treating me like you would treat any patient that walks into the emergency room doing the appropriate history, and physical, they assumed that I was a drug seeker and refused to acknowledge anything that was going on with me to do the appropriate studies that were necessary. And eventually, I was discharged without relief. And then unfortunately what happened is that I had a serious condition which they did not know about. And so that was one issue in where the assumption that I was a drug seeker based on their interaction with me, or based on they're saying to me that they were not going to give me any pain medication because that was not what they do. And so that was an experience that I had; and I wrote about it in the AAFP Leadership blog several years ago describing exactly what happened and how we as healthcare providers, health care clinicians, the health systems, government, etc., we need to do a better job in terms of addressing implicit bias, understanding and recognizing and mitigating and taking care of our patients in a better way.

[00:05:50] So we know that the barriers to health care include social, political, economic, and cultural issues. And according to the Office of Minority Health, it's estimated that over 60% of racial and ethnic minority patients over the age of 18 believe it is at least somewhat important to visit a health care provider or clinician who shares or understands their culture. And also, only 14% of the U.S. population is proficient in health literacy, with 20% speaking a language other than English at home. And you compound that with structural and institutional racism and we have a heavy lift with regards to overcoming these barriers. The AAFP recognizes that racism is a system that categorizes people based on race, color, ethnicity, culture to differentiate and allocate societal goods and resources in a way that unfairly disadvantages some, while without merit, rewards others. So left unaddressed, racism can permeate every aspect of society, health care included. Numerous studies have documented disproportionately negative health experiences and outcomes amongst people of color. And worse, medical care exacerbate existing social factors that lead to poor health for these marginalized groups. My story being one of them. Combating systemic racism in health care systems starts with understanding the many forms of racial discrimination and prejudice embedded in them. So I am very optimistic despite it all. Our academy has the Center for Diversity Health Equity, which offers educational resources to help us advocate for health equity, promote workforce diversity, and collaborate with other disciplines and organizations to reduce harmful health disparities. This includes promoting medicine as a legitimate career option for students from disadvantaged communities, advocating for the passage of policies, advancing health equity at the local, state, and federal level, engaging with our communities, and identifying opportunities to improve public health and health equity. And finally, exploring resources to address social determinants of health and promote health equity. So there is hope that one day in the future equity will exist across all health care venues by all of us who care for our disadvantaged communities, and that the social, political, economic, and cultural issues will no longer be a barrier to health equity.

[00:08:16] If you understand the person in front of you, be it the patient or the clinician. If you understand the patient, the person in front of you and you can empathize with them and you can be respectful of the differences or the uniqueness that they may have, then you're better able to have trust and better able to work towards improving the health of the patient.