

Our Changed and Changing Society

3/24/17

Rachel Hardeman
Saida Mohamed
Abdullahi Sheik

Mod: Dave Golden

Moderator Remarks: Looking at things that have changed in the last 30 years. How did we get by without Netflix? Cell phones? I've been sick and watching a lot of television and I'm shocked at the number of people I've seen killed in the last 5 days! The violence is disturbing. We are talking about gun violence, racism, today and this is relatively new that we are talking about this in the public health field. Public health is the constant redefinition of the unacceptable. It's remarkable I'm standing here on the day when they vote on replacing the Affordable Care Act. I didn't think we'd be looking on Tuesday when Ken and Nancy Bence got a group together at the Rotunda (Cure Violence Day at the Capitol) that we would be facing a bill that would allow people to openly carry weapons on campus!

I'm going to introduce the panelists, let them do some opening remarks, then open for questions.

Abdullahi Sheikh – (see bio) – If you have been in the public health setting as long as I've been you have a lot of stories to say. I've been in public health a long time, I won't say how long. I was trained as a nurse and physician's assistant. You treat people, and that's the end of it. In a clinic I worked in I liked the challenge in finding why children would be crying. I would find out by talking to the mothers that they didn't have enough food to eat. Treatment in the clinic won't cure that. I worked in nomadic health. Right now I work in Cedar Riverside. Right now you may see it as some kind of ghetto for the Somalis but it used to be the Swedes, Jewish, then hippies, then Koreans, students, Ethiopians, and now Somalis. There is a lot of poverty there. The population is dense, 10,000 people in less than 1 mile square. We've been working closely with WellShare international. How do you conduct public health there? You want to do chronic disease management there and you find the mother has leaking pipes and a slumlord. How can she address her health when living in squalor? Redefine public health from the textbook. The biggest determinant of health is poverty. Stress and hunger, bring abuse, vulnerability, powerlessness, lack of rights, money. You live to survive the next day. We are healthy when we walk, laugh, talk with neighbors. My advice is to leave the textbook, go to the community with a clear mind. Must have faith in yourself and your accountability to human beings. Go to the community, forget about what Trump is saying. The same holds true throughout the world.

Rachel Hardeman (see bio) – When I think about this theme: *Why is this Public Health?* I immediately think of structural racism and its impact on public health. Structural racism is a public health issue, and Camara Jones has done a great job promoting this as president of APHA. Health disparities, discrimination, housing discrimination are common topics in public health, but often not connected to structural racism. Public health at its core is anti-racism work. I encourage you all to embrace that. In a recent review of peer reviewed public health articles only 25 of thousands actually mentioned structural racism. Racism must be addressed directly by all public health professionals, researchers, direct care roles. One of the key areas is police brutality and thinking about social media and how it's exposing us to issues that have been around for centuries. In the past few years we have just started to see how police brutality is impacting communities and how it impacts health. My colleagues just published in the AJPH police brutality and health outcomes and how it impacts health in black communities. When I first started in public health I've seen a shift away from the focus on just education to dismantling systems. We live in a society where people are more activated on these topics and were seeing a new commitment to social justice and I'm happy that public health has gotten on board and is along for the ride.

Saida Mohamed (see bio) – I've been working at Wellshare for the last 4 years. Everything Abdullahi said I've seen in our patients at Smiley's clinic. We first started to be the care navigator and to make sure they get their preventive services

done and get medication, but they are always asking about housing or help with children in school. They have other issues that are more important to them. They need help with food, housing, homework help for their kids. We decided to do a focus group for our patients in the clinic and found that their priorities are related to poverty, housing, food, lack of education. Back in Africa you did not have screenings available to you so people don't know. There is also a fear of the diagnosis and associating the diagnosis with death because often their family and friends wait too long so cancer is advanced by the time they get screened. If you go to Cedar Riverside you will see a lot of good things happening.

D: Do you think that any of the outreach and empowerment work done by public health has worked?

SM: Yes, at the clinic, the child spacing programs and East African smoke free program. The child spacing program brought imams, doctors, and community together to talk about this together and this is a great thing that would never happen in Somalia. The CHWs all speak Somali, we know the culture, and I think that's a great start and good way to educate the community. We are making a difference.

RH: I think of things more on a structural level and have concerns there. Empowerment looks like having more people at the table and having marginalized communities lead the discussion. This panel is a good representation, but unfortunately that's rare. I'm only one of two black professors at the U of M SPH. Why do we not have the positions of power? The medical school students and faculty are also similarly white. We have a long way to go and its part of the bigger more complex issue.

AS: Powerlessness comes in many forms. You are powerless when your boss mistreats you. You are powerless when you're in a marriage and your husband abuses you. How do we reduce the health information gaps? How do you get the information out to people? How do you build coalitions in communities? Can we translate some of this information on health into scripture, make it approachable in the same way scripture is and weave into that type of narrative. Discrimination and racism is pervasive everywhere. Empowerment can only come when those in power can come down to the level we are.

D: Has intolerance increased as of late or are people more willing to call it out? In the last election/Brexit?

AS: Pres Trump has good intentions for the country but our approach is different. But this creates quite a panic because people in the immigrant community are worried "who is next"? I was listening to Hubert Humphrey speeches on civil rights and I feel that we are going back half a century. I am reminded of the Jewish holocaust and the quote "when they came for the Jews I was quiet, when they came for all the others I was quiet, now they come for me". All of the supports are going away, food stamps, safety net is going away. If you are white you may think that this doesn't impact you but it does. They are coming for your rights as well.

RH: I will start by saying these are my own views, and not those of my employer. It is not a coincidence that we are now seeing the threats to Jewish community centers right now. Intolerance has always been there but our current political climate has allowed it to be more public than it used to be. On one hand it's important to remind us of how far we have to go on the journey to social justice; but on a personal level is really devastating. I'm raising a family and this society doesn't necessarily feel safe anymore. Although safety was always something of an illusion. There is so much history we need to recognize to move forward.

SM: We came from war torn Somalia and get to America and think you are safe. But this election changed things and instilled panic and fear. Are we going to have to move again? People think they are going to be sent to jail just for being Somalian. But if we come together and show unity that will make a lot of difference for people. I think the election made people come together. You see a lot of people that are not Somalian coming to get to know the community and to work. Sometimes that happens when there is fear you see people come together with love.

Qs from the audience:

D: What do you think are the next steps in addressing structural racism?

RH: Our goal in the NE Journal of Medicine article we talk about how we are not helpless, understand the roots of how we got here, need to be able to name racism in our work. We put race in our models and named race as a social construct. Think about big P Policy, that's harder to get our hands into, but even at our own organizations something we can all do is look at our hiring practices and our strategic plans.

D: How do we foster our kids reaching their full potential without experiencing some of the backlash people experience as they succeed and grow?

AS: How do we have a safe and healthy community? Public health is all about the political environment. It might be a bit tough to have an environment where everyone is reaching their potential, but we are far from there right now. A lot of women have not enough money to be able to be self-sufficient.

RH: This question is the perfect example of why we need health in all policies. Looking at child care and birth outcomes: if a mother is experiencing stress, poverty and racism throughout her pregnancy that baby is more likely to be low birth weight. Already at birth they are starting life at a disadvantage. Then they are on the way to having toxic stress throughout their life. If we don't tackle it from all sides we won't get far.

D: How do we get more people of color in public health professions and in positions of power in general?

AS: How can we complain of our rights when we are not giving women rights? Rights are an essential component of life. If we don't recognize dignity of all people we can't get to health.

Q: How can we leverage faith communities?

SM: Most of the Somali community goes to Friday prayers, and have lectures. Talk to imams, meet with the imams and they can bring the community together. We can make a difference, come to us and be present, be there consistently and you'll start to build trust. Somali people are very welcoming.