

Expert: Racism's influence has not 'gone away' when it comes to health care disparities. Here's what needs to be done.

Dr. Fayshonda Cooks knows the issues connecting a person's race and health access are much greater than treating their medical condition.

The chief of clinical services for Lake Mary-based WeCare tlc said racism still plays a role in the health outcomes and access to care that many non-white patients experience daily. While doctors can treat a person's health conditions, there is still work to be done to address the factors that cause that inequity, she said.



Cooks, who is also the founder and CEO of the nonprofit Healthcare Access Alliance Inc., said the issues include lack of physical access to doctors due to transportation, lack of insurance and other issues outside of the clinical setting such as the wage gap between white and Black people or access to opportunities.

"It's kind of difficult to solve those disparities because it starts at the root," she said. That includes "seeing the patient before seeing the patient," which means you look at who a patient is for physical features like race before looking at them to determine their medical conditions.

Those issues should matter to employers, as well. The Centers for Disease Control and Prevention confirms chronic illness leads to more sick days and lower productivity. Chronic illness can be affected negatively if people do not have equal access to care, as some will wait to treat a condition until it gets worse and potentially more expensive to treat.

Here, Cooks spoke with *Orlando Business Journal* on how some of those challenges may be addressed, along with where barriers might exist:

How has health care improved or declined for Black people during your career in the industry? There was one point where I thought it was improving in some areas. I was seeing more programs that were targeted to populations in need and more opportunities for assistance to minority or indigent populations that they typically may not have had access to. I believe the Affordable Care Act was helpful

in many ways, as well. There then came a point where it was more stagnant. In some ways, I saw [it] shift backwards, which is when I decided to pursue my doctorate degree. There just seemed to be an acceptance of, "This is how it is for certain populations in America," and I felt like someone has to try and make a difference.

What successful strategies have you seen in addressing minority access to medical care? I started Healthcare Access Alliance, focused on providing or improving access to health care, other services and social assistance to indigent populations. I found that because there are so many limitations in neighborhoods — in health literacy, access to transportation, limited access to transportation, provider shortages and uninsured people who don't have the resources to seek out services — it helped to have events in communities to bring services to those communities and allow access. We had health and wellness days in various indigent communities and I had surveys on how many people had insurance or had seen a provider. It was really a high percentage of people who didn't have insurance or a job. Having an opportunity to provide people access to care and resources in their community is helpful in many ways.

What do you think could be helpful for training medical professionals when it comes to health gaps for Black people and others? One of the things we don't see enough in health care is internships in underserved communities so we can give the experience of dealing with persons at a level of need before the providers are practicing on their own outside of their internships. It's been proven to help in many communities for some of that training to be part of the health and medical school experience.

What's not being addressed as it relates to race and health care? We know socioeconomic status impacts health care status, access and outcomes, but we don't necessarily have serious plans in place to even or lessen the gap between minority and white income. Having a more diverse workforce has potential to improve the health care experience, but we still see challenges with non-white or minority professionals having less opportunities than white professionals. We know these things, and we acknowledge them, but what can we do to address them in order to make them no longer a factor in our society, health care or community? That is where we begin to make a difference. I don't know how close we are to that, but these are not new issues.

What advice do you have for someone entering the health care field? Remember to say, "The only role I can play in this person's life or outcome is to treat them with the utmost respect and ensure I tried to imagine them as the person that I love most in the world. That's the part that I will contribute to making sure they have the best I can offer." I would suggest that to anyone in any sector — look beyond what you see and try to see a person as a person first and in need of a service second.

How optimistic are you for there to be change in the health care industry? I'm optimistic because I choose to be. I choose to rely on something greater than what I see. We are seeing more institutions and colleges create diversity programs. We are seeing more emphasis on reducing the impact of racism and discrimination, not just in health care but in other areas of our country as well. We also are seeing more minorities leading efforts to push for change, lead and be a voice. What we need now is just more opportunities.

To read the full feature, click [here](#).