



Dr. David Satcher: Make health a part of all policy

AMANDA WALDROUPE
STAFF WRITER

Depending on where a person lives, or if he or she is white, black or another race or ethnicity, or if they are impoverished – their health reflects who they are.

People who spend an hour commuting to work may not have time to eat healthy food or may suffer from stress. People who live near factories may breathe toxins or particulates. People who have fewer opportunities have fewer connections to preventative health care.



Dr. David Satcher

Eliminating disparities in health care is a major focus of policy makers, advocates and health care providers who seek to ensure that all people – regardless of race, ethnicity, gender, socio-economic status, etc. – have access to quality health care.

The only way disparities in health care can be eliminated, Dr. David Satcher said, is for the country's health care system to become committed to the health of every citizen, regardless of their race, ethnicity and socio-economic status.

Satcher, who will be giving the keynote address at the National Healthcare for the Homeless Council's annual conference later this month, served as the country's 16th Surgeon General during the Clinton and George W. Bush administrations. He has also served in high-level positions at the Centers for Disease Control and Prevention, the Kaiser Family

Foundation and the Morehouse School of Medicine.

In 2006, he founded the Satcher Health Leadership Institute at the Morehouse School of Medicine. The Institute's mission is to promote policy and practices that will eliminate disparities in health.

Satcher said the major factors are what are known as the social determinants of health: a person's access to transportation, their education, work and income, where they live, etc. The thing that people within health care can most easily change, he said, is the health care system.

Amanda Waldroupe: *How is changing the health system easy?*

David Satcher: We spend more money than any other country on health care. And we don't have a system that's universal. We invest enough money in it that we can provide access to quality care to everybody, if we did it the right way. That means we're going to be focusing on preventative care, like preventing obesity and diabetes. That means we're going to invest in our schools, and physical education, and good nutrition. It means we're going to provide the kind of environments where every child can be physically active. It's what we as a country must do to eliminate disparities in health.

A.W.: *What do you think that comes down to? Is it the lack of political will at the federal level? The power of insurance companies?*

D.S.: It's a combination of things. Surely, when it comes to the politics, it has not, unfortunately, been supportive enough of everybody being able to access

health care. The Affordable Care Act was passed by one party and not a single Republican voted for it. I often say that we need to declare health and health care a political no-fly zone. The way we deal with health care is too political.

A.W.: *There are more efforts to use Medicaid funding flexibly – like paying for a patient's short-term rent assistance if getting them into stable housing could affect their health, or pay for an air conditioner for a person with congestive heart failure. Do you think that is a part of the solution?*

D.S.: That's one way to look at it. The other way is to make sure that everyone has adequate income and adequate housing. You could argue that health care dollars should be spent for health care. The health care budget is not the only way to get money for those things. Should we invest other monies in seeing everybody has good working conditions and safe housing? The answer is yes. Should there be no children in this country who are exposed to lead in the water? Is that the responsibility of health care? Or the social determinant responsibilities of government? The whole point of the social determinants of health is what we used to call "health in all policy."

I think that when you develop budgets for housing, for example, one thing you've got to consider is how it will impact the health of the person.

So, the answer is not just in the health care budget. You've got to look at health as a component of all policy. Whenever you are making policy, you ought to ask yourself: How will this impact health?

TRANSGENDER, from page 10

their gender identity," Reike said.

Medical forms and electronic health records also do not have places to enter information such as a person's preferred pronoun or a chosen name different from their birth name.

Receptionists at a clinic or hospital's front desk may even yell out the incorrect name, which can cause emotional pain. It can also lead to feeling physically unsafe and to more harassment, violence and prejudice because a person has "been called out as being transgendered," Reike said.

Reike and others acknowledge that using incorrect pronouns and names can result from a simple mistake or oversight.

"I still misgender someone," Reike said. "I say something that's not accurate."

Patients may go to a doctor for routine care and may be given an unnecessary pelvic exam or asked questions about their genitalia or hormones.

"I thought I had strep throat once and the doctor was asking about surgeries and hormones and how it all works," McGinnis said. "That had nothing to do with strep throat."

McGinnis said some interactions

between a transgender person and their health care provider are tainted by "the ick factor."

"Transgender people are seen as a curiosity, an oddity," he said. Health care providers effectively send a message to transgender patients that "we don't want to see you. We don't know how to treat you. And you're kinda weird. I don't really know about you, and it kind of makes me uncomfortable. Can you go somewhere else?"

Training health care workers

The solution to changing the way health care is provided to transgender people starts with language – training providers to ask about people's preferred pronouns and chosen name.

"You don't want to mess it up," Rieke said. "It undergirds everything."

Adding a place for preferred pronouns in electronic health record systems is one of many examples where the health care system can be more sensitive to transgender people, Rieke said.

"We had to find a place to fit it in," Rieke said. "It's one small piece, and it's so complicated to change. But it's so important."

The Old Town Clinic allows people to use bathrooms that match a person's

gender identity. The clinic has also trained front-desk staff, pharmacy staff and other people who may not provide care to transgender people but still interact with them in the clinic on how to appropriately communicate.

The clinic posts transgender-related trainings, workshops and other events "to normalize the existence of those things" for the clinic and Central City Concern's staff, Rieke said. It also shows transgender people that the clinic is accepting and trans-inclusive.

Rieke also said it's important that if clinics and health care providers are unable to provide services, they are able to provide specific information and referrals to other clinicians that do.

Last year, Outside In closed its Trans Clinic and integrated all its services into Outside In's primary care clinic.

Over the course of a year, McGinnis and other staff at the Trans Clinic provide trainings and workshops. Outside In sent its clinic's providers to other trainings and brought in providers from the community to act as consultants.

Ultimately, providing trans-inclusive primary care is easy, McGinnis said. Hormone replacement therapy is just a prescription medication and occasional

blood tests.

"It's not complicated," he said. "The biggest thing in terms of training is building the confidence of providers."

Dr. Suzanne Scopes, a naturopath and former volunteer doctor with Outside In's Trans Clinic, agreed.

"It doesn't take that much," she said. "I teach doctors all the time. It takes a few hours, a few nights reading some basic information."

As hospitals like Oregon Health & Science University begin training all their medical staff on providing trans-inclusive care and being more sensitive to communicating with transgender people, McGinnis said, trans-inclusive care is more than a doctor being able to provide comprehensive medical care to patients.

"We have patients come in and they're suffering from extreme depression and suicidality, who are struggling with anxiety," he said. After starting hormone replacement therapy, "they come back and these folks are no longer suicidal and have their depression lifted because they can finally be able to live in an identity and in their body."

"It's medically necessary care that stops people from killing themselves, straight up."