

**Nurses have always understood the social determinants of health. Now the world is catching up. Featuring Deborah Coplin-Hall.**

***Published: September 27, 2019***

Deborah Coplin-Hall, MS, RN and Carla Harwell, MD discuss how nurses have been at the forefront of screening patients for social determinants for decades, only now are social determinants and cultural competency being taught, structured and systematized. Deborah describes some important progress being made with health disparities, such as increasing the minimum wage in her city of Buffalo, NY, and she explores the impact of gentrification on communities of color. Deborah has successfully married her work as a nurse with an active role in the church, where strong emphasis on engagement in personal health has been integrated with faith-based activities. She also discusses countering “the brush off” by asking physicians the right questions and making sure care providers fully listen and respond to patient concerns.

Dr. Harwell: You are listening to the Health Disparities Podcast from Movement is Life, a series of conversations about health disparities with people who are working to eliminate them. Today, I'm discussing health disparities with Deborah Coplin-Hall. Deborah is a highly skilled career professional with 42 years of practical experience in hospital, home health, the nursing education arena and military environments. She is a direct member of National Black Nurses Association and a member of the Western New York Black Nurses Association. Welcome, Deborah. Let me start by

asking you what progress in eliminating health disparities have you seen made in the last year and how about any backward steps?

Deborah Coplin-Hall: Well, in my community, the Buffalo Common Council recently voted to increase the minimum wage rate known as the living wage. And the rate will be changed to reflect an hourly rate the total is 150% of the federal poverty guideline to ensure workers earn well above the Federal Poverty Guideline. Currently, the wage is \$13.62 and the new wage, will be slated at \$15.38. That includes health insurance, and that is effective July 1st, 2020. Now, as far as any backward steps, well the housing issues, we have plenty of gentrification and an analysis done by the Clever Real Estate, a St. Louis-based online agency found that African American applicants are twice as likely to be denied mortgage as white applicants. In Buffalo/Niagara area, the gap is similar to the national figure. Sixteen percent of blacks here were turned down from a key part of the American dream compared to 8% of whites.

Dr. Harwell: Wow. You mentioned that raise in the minimum wage, and that's very important because that is one of the social determinants of health that keeps people back. There are wage gaps in many communities and so that is a very positive forward push by that city to help maybe decrease that gap.

Deborah Coplin-Hall: That's exciting. Yes.

Dr. Harwell: And you also mentioned the term gentrification where you have people of color and people with lower incomes being pushed out of neighborhoods for, what many cities consider bigger and brighter things. And you mentioned that Buffalo has seen a lot of that. And again, that's yet another social determinant of health that keeps people from progressing forward in terms of trying to eliminate and decrease some of these health and healthcare disparities that this nation is facing. So, that's definitely a wonderful thing about the wage increase and the whole thing with this gentrification is happening in many neighborhoods across this city. So, Deborah, nurses are on the front lines when it comes to understanding the social determinants of health as it impacts patients. How are we getting better at understanding and actually mitigating some of these social determinants?

Deborah Coplin-Hall: Yes. Nurses have practice or impacted or been part of the screening process for various social determinants for many, many years. They do that at the admission process. They do it during the patient's stay and they do it at the point of discharge. We've provided in addition to all of that a call back to the patient and family two to three days after discharge to ascertain whether any concerns or problems have occurred and we in

turn will provide them resources and information as necessary. So, we've always been a part of this process.

Dr. Harwell: So, you yourself have been in this field for, like I mentioned earlier over 42 years. And, I've been in the healthcare arena for half that time, but nonetheless, it's also interesting to me that some of the things that affect patients and patient care have now been given these new terms. New terms like, health and healthcare disparities, those are new terms, cultural competency and cultural sensitivity, those are new terms. The social determinants of health. It sounds like you've been doing some of this all of your career. Nurses have been doing a lot of this, all of their careers, and it's just now really coming to the forefront. It's like that peak of the iceberg out there. And so, it's great to hear that you feel that this is something that as nurses, you all have probably been doing for decades, probably unnoticed and probably just didn't get the attention that it now garners. Deborah, tell me, how do you feel we can get patients more involved in the process of eliminating disparities?

Deborah Coplin-Hall: We can encourage the patients to ask three questions when visiting their primary. What is my main problem? What do I do? What do I need to do? And why is it important for me to do this? We can also have patients take someone with them as an advocate who takes notes, asks additional questions, get clarification. Me, as a faith community nurse, I

have supportive members of my congregation as an advocate. We need to refer family members to the neighborhood tool on [familydoctor.org](http://familydoctor.org), to enable them to seek services on their own, to meet their social needs and finding those programs that serve them in their zip code. We also can encourage people to voice those issues from a policy perspective and make things happen at a local level, I.e., write a letter to the editor or testify about something, a health concern in their particular community.

Dr. Harwell: We always tell patients to take control of their own healthcare, to become advocates for themselves as they try to maneuver in this healthcare arena. So, as a nurse with decades of experience, do you see patients being more in control of their healthcare these days, or at least trying to take control of their healthcare? Or do you find that patients fall more into that paternalistic view of patient care, which is more whatever the doctor or that healthcare professional says, then that's what I do? When patients don't really question, what the doctor says.

Deborah Coplin-Hall: I still see both. I see the older patient relying on the white coat syndrome, where the doctor knows everything and I'm going to go with whatever he or she says. And then you have the younger group who are internet savvy, and they will be able to look up anything that they need to look up and get an understanding. So, you see both, but in my church, we have an older community. And I've seen that they do rely on myself

and their physician to give them direction. So, what we've done in our church is that we've brought seminars to our church regarding mental health issues. That's up and coming, that'd be in November, we've got a husband and wife team who will be presenting that information. The husband is a physician. The wife is a nurse practitioner. They'll be presenting that issue as in November. We've had Alzheimer's Walk that we participate in for the past three years. The upcoming one is September 14th. We participate in purple Sunday, which we recently did, I believe on the 30th of June. We currently have the Witness Project, which is out of Roswell Park Cancer Institute. The witness projects are volunteers who have been impacted by cancer be it breasts, prostate cancer, colon cancer, who come to our church to provide education and sign the community personnel up for the various, colon cancer, breast cancer and prostate cancer screening.

So those are the things that we try to have on a yearly basis throughout the year, so, we can keep people abreast of what's happening and answer any questions that they might have. In addition to that, every third Sunday, we have a Medical Moment. We have people that participate in talking about the various illnesses that have impacted them or their family members or whatever topic that they like to talk about. Every third Sunday for just a few minutes. So, the church has been supportive as it pertains to that.

Dr. Harwell: That's great because actually you and I met at one of National Black Nurses Associations, National Convention, where you heard me give a presentation on health disparities. And you later approached me about bringing that message to your congregation. Because you strongly felt that the church should be a beacon of light and a place where the parishioners, who are all patients of somebody can be educated and empowered to take control of their healthcare and to understand the health and healthcare disparities that exist and the social determinants of health that play a role in how effective a patient is receiving their healthcare. And so, I know that your work as a nurse and then your, involvement in your church, you've sort of married the two of those to move that message forward and to try to push the needle forward in the elimination of health disparities.

Deborah, as a woman of color and as a nurse, when you walk into a doctor's office, you bring to the table, maybe a little more savviness on how to maneuver through the healthcare system but have you personally ever faced any difficulties or saw yourself as saying, "Hmm, this isn't quite the way I think that this encounter should be going," and where maybe you didn't receive what you felt was culturally sensitive care?

Deborah Coplin-Hall: Absolutely. As a matter of fact, it happened last year. This physician I had been going to for a while. Briefly I am an ex-smoker, I smoked for a number of years and as a result of that smoking, I have been taking low dose CAT scans for the past three to five years. So, the one CAT scan that I took, there was a nodule of something found on my kidney. And so, when he received that information, he said, "Oh, don't worry about it." So, I felt like I was being brushed off that's one instance. And the other instance was when I had an injury to my arm, exercising, and he kind of blew that off. Well, of course that's not anything I was going to deal with. I was going to just make sure he was aware that I felt like we need to investigate this a little bit more. So, I did push the issue. And as a result of that, he's paying closer attention to me now.

Dr. Harwell: What advice would you give to patients in terms of being in a dilemma or being in situations such as you found yourself?

Deborah Coplin-Hall: Continue to ask questions and push the issue and let that physician know that you are aware of what your rights are.

Dr. Harwell: Well, we have a few minutes remaining. One last question that I wanted to ask you is how can we get professionals more involved in the process of eliminating disparities?



Deborah Coplin-Hall: The American Academy of Family Physicians has in every one project and a neighborhood navigator. This has a team-based approach in identifying social determinants of health. At the point of intake, nurses and receptionists will help gather that information and provide the MD with info that they can address during the primary visit. The neighborhood navigator gives the patient the power to find resources in his/her zip code area to support the health concerns. Now, the American Academy of Family Physician plans to address ways also to improve the overall physician workforce diversity. So, that's out there. They're a national group, but they are pushing it down to the local areas. And I went online myself, and to this particular website and put my zip code in and up popped various social determinants of health and the resources available. So, it does work.

Dr. Harwell: So, again, the use of the internet, is one way, we can continue to try to get patients to understand the need, to empower themselves and understand, that health and healthcare disparities do exist and that these social determinants of health are other factors that play a role in just how patients are able to maneuver through the system and receive the equitable and culturally sensitive care that we all deserve.

Thank you, Deborah. And thank you for listening to The Health Disparities Podcast from Movement is Life. Please join us for new installments every

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