weitzman institute

Symposium

Representation Matters

SPEAKERS:

Sonja Diaz
Esq.
Co-founder of Latina Futures, 2050 Lab

Christopher King
PhD, MHSC, FACHE
Inaugural Dean of Georgetown University's School of Health

Annita Hetoevehotohke'e Lucchesi
PhD, MA
Founder and Director of Research & Outreach, Sovereign Bodies Institute

Carlos Smith
DDS, MDiv
Associate Dean for Inclusive Excellence, Ethics, and Community Engagement, VCU

MODERATOR:

Deann Butler
DHA, MHA, MBA
CEO, Connected Consultants

PANEL PRESENTATION #1

SYMPOSIUM BRIEF

Rebuilding the Trustworthiness of Our Institutions

In the aftermath of COVID-19, **disproportionately high rates** of vaccine hesitancy and under-vaccination among marginalized populations has increasingly steered the attention of health care leaders towards the issue of institutional trust. While medicine's history of targeted experimentation and exclusion may be the root cause of medical mistrust, long preceding the 21st century pandemic, institutional mistrust is still perpetuated by **structural inequalities** today.

On May 15, 2024, the first panel of the third annual **Weitzman Virtual Symposium** brought together four social service and health care professionals to explore the theme "Representation Matters," through the lens of institutional trust in health care. The panel included **Sonja Diaz**, co-founder of Latina Futures, 2050 Lab; **Christopher King**, the Dean of Georgetown University's School of Health; **Annita Hetoevehotohke'e Lucchesi**, Founder and Director of Research & Outreach for the Sovereign Bodies Institute; and **Carlos Smith**, Associate Dean for Inclusive Excellence, Ethics, and Community Engagement at Virginia Commonwealth University. **Deann Butler**, health equity advocate and CEO of **Connected Consultants**, moderated the panel.

Throughout the discussion, the panelists underscored the way their unique experiences as diverse leaders, advocates, and medical/social service professionals have shaped their perspective on trust in health care.

Dr. Christopher King, the inaugural Dean of **Georgetown University's School of Health** and an associate professor, teaches and researches at the intersection of health care, public health, and racial justice. Throughout the panel, Dr. King referenced lessons he learned during his previous 20 years of work in the health care sector, including serving as the first Black Assistant Vice President of Community Health for **Medstar Health**. At Medstar, he witnessed firsthand how the institutional status quo in health care bureaucracy works against Black and Brown people and incites mistrust.

Dr. Carlos Smith, the inaugural Associate Dean of Inclusive Excellence, Ethics, and Community Engagement at **Virginia Commonwealth University School of Dentistry**, drew on his scholarly work throughout the panel, focusing on the history of racism in health care and its structural contributions to dentistry as a medical profession. From his perspective as a Black dentist and medical scholar, he believes all providers must acknowledge how their collective professions have been complicit in perpetuating harm and mistrust.

Sonja Diaz, Esq., a practicing civil rights attorney and policy advisor, co-founded the **Latina Futures, 2050 Lab**, an initiative fighting to provide leadership opportunities for Latinas in policy and academia and for their voice to be heard by a government that has systematically overlooked them. As a staunch advocate of voter protection and other instruments of democracy reform, Ms. Diaz emphasizes civic engagement as an effective way to empower marginalized folks and rebuild trust in governance. During the panel,

she highlighted the relationship between expanding democracy and achieving health equity, citing examples like community clinics working to increase voter participation.

Dr. Annita Hetoevehotohke'e Lucchesi, an advocate and community based researcher of Cheyenne descent, resides on her ancestral homelands in southeast Montana, where she founded and currently directs outreach for the **Sovereign Bodies Institute**, a nonprofit organization dedicated to Indigenous survivors of gender/sexual violence. Dr. Hetoevehotohke'e Lucchesi deepened the panel discussion by sharing first-hand accounts of the violence crisis taking lives across Tribal lands, perpetuated first and foremost by a government that has failed to prioritize Indigenous voices since its inception.

The Exclusionary Design of Public Institutions

Dr. King kicked off the panel, describing how the *"institution of medicine was not built from an inclusive lens."* He cited the traditional biomedical framework as an example, which ignores social determinants of health, and as a result, overlooks marginalized communities where health status is by and large determined by one's ZIP Code. Dr. King explained, *"We have been trained to do our work in a biomedically postured setting,"* prompting doctors to prescribe medications before they even ask "are you concerned about where your next meal is coming from?" **When a patient feels misunderstood, they may mistrust and question the motives of their providers.**

Ms. Diaz added that all government institutions utilize exclusive frameworks, not just medicine. She argued that the government's failure to effectively communicate to all people places marginalized populations within "information deserts." Citing COVID-19 vaccine roll-outs as an example of the deliberately narrow scope of government communication, Ms. Diaz explained, *"our government expected people to sign up for the vaccine without messaging…that's a false assumption, that's not knowing your audience."*

Echoing both Dr. King and Ms. Diaz, Dr. Smith agreed, stating, *"these [medical] systems were not created benignly,"* and **mistrust is the direct outcome of communities being ignored or even explicitly harmed by the medical institution**. He added that historical perspectives on the relationship between medicine, conquest, power, and imperialism are essential for providers to understand. Dr. Smith reminded the audience that hospitals were never designed to help the needs of the formerly enslaved. He explained, ***"our collective professions are complicit"* in this history**, and that *"even clinicians of color, we still stand in a line representing not the best interests of our patients."*

Mistrust is the direct outcome of communities being ignored or even explicitly harmed by the medical institution.

Dr. Hetoevehotohke'e Lucchesi steered the conversation back to the present, emphasizing how systemic injustice is not a distant memory for her Tribal community, but rather, reflects the everyday experience of living on a reservation. The legacy of government-sponsored violence *"remains fresh"* and defines her community's difficult relationship with public institutions today. She argued that **"mixed messaging" contributes to the poor dynamic between Tribal communities and public health**, explaining, *"We got really pressured to get the vaccine while the government was simultaneously not going to fix our water."* Furthermore, health care remains inaccessible on many reservations because of systemic barriers, including poorly designed infrastructure. She gave the example of the government failing to install street signs on her reservation, resulting in delayed ambulance arrivals and tragically avoidable deaths.

Increasing Representation at the Decision-Making Table

Expanding on her previous anecdote, Dr. Hetoevehotohke'e Lucchesi illustrated how **increased representation in the field might improve health outcomes and rebuild trust.** As an example, she discussed how accelerated nursing programs have increased the presence of Tribal nurses on reservation clinics and transformed the community's feelings of trust around health care. Dr. Hetoevehotohke'e Lucchesi shared that her clients always feel more supported by Indigenous nurses because they share lived experiences with their patients, including growing up on a reservation surrounded by the crisis of missing and murdered Indigenous women.

Regarding policy making, Ms. Diaz added that **increasing representation of those who have experienced *"working class American life"* at decision-making tables increases not only trust, but efficacy**. If the majority of policymakers are not *"intimately familiar with working class American life"* then policies, ideations, and program implementation will be *"missing an imagination and a lived*

experience to increase the efficacy of whatever you're doing." Ms. Diaz cited the California vaccination policy as an example of inefficacy. By prioritizing those over the age of 65, the state disregarded California's working class Latino population—many of whom are essential workers living in multi-generational households. Dr. Smith agreed, stating that *"politics are a determinant of health"*—especially in the context of Medicaid which relies on state legislators for support and implementation. He summarized by asserting, ***"if folks that have the most need are also locked out of the political system, then those needs are never rising to the top."***

Dr. King concurred with both Ms. Diaz and Dr. Hetoevehotohke'e Lucchesi, pointing out that increasing representation in public institutions as a comprehensive strategy to rebuild trust "*supports emergent payment models*" and needs stronger support from health care industry leaders—whom he characterizes as experiencing "DEI fatigue."

Dr. King and Dr. Smith both suggested **expanding individual-level representation to include broader, meaningful community engagement to inform public policy and health care**. Dr. King suggested using a "cultural humility" framework for this work, which recognizes how "*we [medical professionals] don't know all the answers*" but *"we are here to listen."* Dr. Smith built upon this idea, emphasizing that communities are rich in resources and must be accordingly recognized as the true experts on their own strengths, weaknesses, and needs. According to Dr. Smith, opening doors for communities to steer policy initiatives and create health interventions is about sharing power. He strongly believes, ***"to be a health care professional is part and parcel with being a disruptor."*** Disrupting traditional hierarchies in medicine helps return agency and voice to marginalized folks, who will only trust institutions once they are given the power to make decisions about their own care.

Increasing representation of those who have experienced "working class American life" at decision-making tables increases not only trust, but efficacy.

Interdisciplinary Partnerships Amplify Unheard Voices and Subvert the Status Quo

Building on the sentiment that *"our communities are rich with all sorts of resources,"* Dr. Hetoevehotohke'e Lucchesi proposed **interdisciplinary partnerships across sectors as a method to build upon community resources and gain trust**. She explained, for example, how creating a partnership between the reservation health clinic and her advocacy nonprofit resulted in improved health outcomes and innovation, including the discovery of a community correlation between cancer incidence and the loss of family members to homicide or abduction. Dr. Hetoevehotohke'e Lucchesi suggested that when community based organizations are *"brought into these kinds of public spaces and given opportunities to partner with health care and public health institutions,"* it makes a *"quality of life difference for our clients" by "shifting institutional culture."*

Dr. King concurred, discussing how hospitals are "anchor institutions" and thus, must acknowledge the community as a full partner. Dr. King described with frustration just how difficult it was to get his previous employer, a hospital system, to fully support community-led initiatives, including the outfitting of barbershops with HIV prevention care. **Hospitals and large health care institutions must hold themselves to higher standards for participating in and embracing community developed interventions.**

Ms. Diaz echoed the importance of partnering across sectors to build wider-reaching movements, specifically emphasizing collaboration between civic engagement and public health. She highlighted the historical connection between the Civil Rights Movement and the

Get Out the Vote (GOTV). Source: www.Altamed.org

Partnerships between health care and civic engagement can rebuild trust around citizen participation.

Increased civic engagement results in "more voices that are contesting power."

emergence of the Community Health Center Movement—both of which target *"complex systems that are structurally disadvantageous to us [minorities]."* Ms. Diaz suggested that **partnerships between health care and civic engagement can rebuild trust around citizen participation**—citing examples of community health clinics in California leading Get Out the Vote (GOTV) initiatives to increase patient voting participation, many of whom were unlikely voters. **Ultimately, increased civic engagement results in *"more voices that are contesting power."***

As a different approach, Dr. Smith suggested incorporating different disciplines into medical research, training, and education to subvert the status quo and further amplify unheard stories of marginalized communities. For example, as a professor and dean at Virginia Commonwealth University, Dr. Smith requires new dental students and employees to learn the institution's history of slavery and medical experimentation. As one of the founding faculty members of VCU's "Health and History" program, he recommended **all institutions engage with the history of medicine in order to grapple with its legacies and more meaningfully build trust moving forward**.

While all panelists acknowledged the importance of acknowledging medicine's past atrocities, they pinpointed the strong need to create and safeguard spaces for imagining a better future. Whether by increasing representation, deepening community engagement, building interdisciplinary partnerships across sectors, or empowering communities through civic engagement, Ms. Diaz pronounced to the audience: *"Be creative, be subversive and recognize that we all have a role to play"* in rebuilding the trustworthiness of our institutions.

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For More Information

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