

Nursing inspirations and aspirations in Sacramento, California.

Featuring Carter Todd.

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Carla: 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 am discussing health disparities with Carter Todd. Carter Todd is a recent graduate of the Betty Irene Moore School of Nursing, Clinical Pediatric Nurse at University of California, Davis Medical Center in Sacramento and president of the Black Nurses Association in his city. At last year's conference, he received a 40 & Under Award from the National Black Nurses Association recognizing his community service. Welcome, Carter.

Carter: Thank you for having me.

Carla: Let me start by asking, can you talk a little bit about the things that are contributing to health disparities in Sacramento?

Carter: Yes. So, I think Sacramento, specifically, a lot of the disparities that we find revolve around access, access to care. I think people have an assumption that being in California with such a big state, that we have a lot more access to allocated resources. Where, in a city like Sacramento,

you see them kind of siloed in certain areas. So, our focus of Capital City Black Nurses is to find those hidden spots where the access is not readily available and try to shine some light there.

Carla: Do you think there're are any aspects of health disparities that are unique to Sacramento, or are these things you would see in any US city?

Carter: So, I think California, as a whole, is very special in the fact that we have a lot of undocumented people living there. So, outside of the black community, the Hispanic population is prevalent in Sacramento and those folks deserve and need the access to care under the current political situations and climate it is readily difficult to get them care. So, I think that would be something that is very specific to the Sacramento area.

Carla: You mentioned access. What are your thoughts in terms of health literacy and education? Do those play a role in those communities that you see?

Carter: Definitely. I mean, health literacy, it can span a couple of different ways. It can go, okay, do you literally understand the words, the medications, the vernacular of medicine. But, then, also, do you understand how it really applies to your everyday life. You can know what the word hypertension means, but do you know what it looks like in your body? Do you know the foods that can contribute to that? The mental health that are playing into

that, as well. So, I think the health literacy is something that our group tends to focus on and I think that that's where nursing organizations like ours had the ability to really speak the same language and do a lot of that translating in the middle ground.

Carla: Great. I understand that you are doing some or have done some research in barbershops.

Carter: Yes, ma'am.

Carla: With the view of increasing the number of African American men in nursing. So, tell me how that all came about, and could you share some success stories?

Carter: Sure, so that was a really, organic process. It was really, iterative. Originally, I wanted to do like a commercial type of outreach program and, for me, I used to play ball coming out of high school and played in college, a little football and baseball, and when I became a nurse, it really, changed my outlook on life and, I say, it really changed me for the better. I think that's the motivation for that project is to try to get that type of change to as many other black men, as possible. So, working with my thesis chair, Dr. [Inaudible 3:43] who is an amazing researcher and academic, we came up with the idea to go into three of the local

barbershops in Sacramento in three of the predominately African American communities and to just talk to the men and try to understand and get to know what they thought about nursing, as a career path, even if they understood that nursing is a career path and to, maybe, ask the question and to get an answer as to why there aren't more black men in nursing.

Carla: So, you were one of the founder members, right, of the Capital City Black Nurses Association.

Carter: Yes, ma'am.

Carla: Were you surprised to find that there was no such organization in Sacramento, at that time, and since, then, has that, really, fulfilled an important need for that area.

Carter: You know, the process of starting this chapter and sitting in this room, right now, has been something out of a movie. I came out of nursing school, not too long ago, and during school, we got a talk from a gentleman who was a part of the Bay Area Black Nurses Association, by the name of Greg Woods. He was a past president. He came and spoke and talked about his organization. I thought about joining but it was in Bay Area, which geographically, it's about two and half hours away from

Sacramento. So, I came out of nursing school and I'm working for about a year and I realize, I work on a unit with 120 nurses and there's one black man and that's it. Immediately, I saw the problem and wanted to create a solution. So, within that solution, I joined the National Black Nurses. So, Dr. Eric Williams, who you probably will be speaking with, he, actually, called me, out of the blue, sitting at home and he said, "Hello. I see that you've signed up in Sacramento. We really could use a chapter there. What are your thoughts?" So, from me being a young nursing student, new into the profession for me that absolutely blew me away. So, just him having that phone call and believing in me and taking the time, I felt like it was in my duty to go and make it happen. So, I accumulated about 15, myself and another colleague of mine, accumulated about 15 nurses to sign up within a two-week period, which is pretty hard to do to get people to pay dues into an organization, and we were chartered within the first month. We came to the conference two months later, about a year ago, and fast forward to this moment, now, we've now been very fortunate to have blown up to about 25 members. We've had press releases. We've been in multiple high schools, about five high schools talking about nursing, and the profession and all it can do for people. We take place in a lot of the health fairs around Sacramento and what it's really done is made me believe that we really can change things through nursing because the advocacy part of nursing, it's a different hat than you wear in the clinical, in the bedside, but I think it's just as important of a hat

because healthcare takes place outside of the hospital, and through this organization, we have the ability to do that.

Carla: Do you feel that during your educational journey of becoming a nurse, do you feel that the issues of equitable care, access to care and the social determinants of health that play a factor in a person's overall wellbeing, do you feel that those issues are being adequately addressed during the educational journey of becoming a nurse?

Carter: That's a really, good question. Immediately, I think to say, no, because if they were adequately addressed, we wouldn't still have the issue. Do you know what I'm saying? So, obviously, if there's still a problem, there still needs to be a solution. I think that nursing schools do a good job of making the attempt. Some attempt more than others. Some schools do a lot more as regard to teaching a cultural humility, really, stretching themselves to be outside of their comfort zone. I think there's definitely room to improve and, ultimately, you need more people from the communities and what you're discussing and who truly understand the different cultures that are being discussed. You can say that, typically, these people, usually, do this, but if you don't have any clinical experience or are of that ethnic background yourself, it's always going to be a little bit more eschewed.

Carla: Nurses, oftentimes, get to know the patient a lot better, more intimately, than the physicians or some of the advanced healthcare providers that they're also seeing. So, as a nurse, what do you think that patients can do to help combat some of these health disparities that exist? What can patients do as individuals?

Carter: Yeah, you're right. We get to spend the full 12 hours with them, and I believe it's an honor that nurses are charged with to be there with the patients. During those times of some of the happiest and saddest times of their whole lives. Working in the pediatric ICU, I say, I'm seeing folks during the worst week of their whole life. So, to prevent that from happening, and something else I always tell them is don't come see me. It starts before you come to the hospital. So, it becomes a sense of trying to have a basic understanding of what health is. It revolves around your nutrition, obviously, your exercise, your physical activity, and then, your mental wellbeing, and those are things that you don't have to have a college degree to genuinely have like a general understanding of. Right? You eat green leafy vegetables. Some fruits and veggies. Try to get out and sweat every now and then. And then, whenever you're feeling stressed out take a deep breath. And, if you can start there, I think that people would really not have to come see me as often.

Carla: That's good advice. Prevention, you know, yes, prevention. Prevention is the key. It's going to take a village. It's going to take this whole country to all work together to eliminate these dreaded disparities that exist and, make sure that, as professionals, that we're addressing the social determinants of health that play such a vital role in an individual's overall wellbeing. So, with your chapter, in your city, do you guys have any immediate goals or immediate plans in terms of projects or anything that you all may look to do, as they relate to the social determinants of health?

Carter: Yes. So, actually, we partnered with a local nonprofit, they do a conference every year, the African American Women's Health Legacy, and they have the ability to reach out to the underserved populations and bring those basic resources and educational points that I just spoke to, they bring that in a conference form, and then, also, push the profession of nursing, at the same time. So, partnering and aspects of that. Doing more than just the typical blood sugar and glucose checks and really, trying to get on, like we were talking about, the preventative side, and getting people to understand what it looks like before they have to come to the hospital. I think people understanding the statistics of the disparities will maybe make people open up a little bit more and take it a little bit more serious. When you really, look at the numbers, it's quite frightening and we see it all the time, but I think the common person who healthcare

is not their second language, you just don't think about it and that's normal.

Carla: You know, students, historically, have always been on the forefront of pushing for change throughout the history, and so, I think, as nursing students, and as a graduate of a nursing program that, obviously, is very important that we try to get individuals to be advocates and the mentorship and the push to get our young people involved in this whole healthcare arena and this whole idea of health disparities and get them more involved. What do you think of the other end of the scope here of the healthcare professionals? How do you feel that we can get them more engaged in realizing that some of these social determinants of health that really, needs to be looked at harder instead of just looking at the patient and going, "Oh, Mrs. Jones, you're not doing XYZ," but maybe that healthcare professional isn't looking at all of the other factors that contribute to why, Mrs. Jones isn't doing XYZ. Any thoughts on what we can do to get professionals more involved?

Carter: I think the term professional, you have to remember that we're people, too, and people come from a lot of different backgrounds. So, fortunately and unfortunately, you have to put in a policy, different rules and regulations that focus on those areas and make it a best practice. So, when it comes to using interpreters, when it comes to discussing someone's living

situation at home, and thinking about if they can pickup their medications, those roads need to be traveled, and it's not an option, it should be a necessity. So, I think starting from a policy level, maybe even implementing, I know nursing schools try to have classes on equity and cultural awareness, but making it a recurring theme, as part of your CEUs. We have to keep going to school and staying up to date with different practices. So, maybe, incorporating cultural awareness into those practices so that we never forget, because, like you said, when you're a student you're definitely engulfed and you're ready and you're about the fight. I think 20 years down the road, it would be nice to revisit.

Carla: Right. Yes, you bring up an issue that also is in the forefront and that's cultural sensitivity, cultural competency, cultural awareness that we all are different and we can't bring just our own views to the table when we're taking care of individuals. That we have to make sure that we understand where that individual is coming from. So, we have a few minutes remaining and I'd just like to ask you one last question and that is, you are now or have been a member of the National Black Nurses Association. Where do you see yourself going within that organization?

Carter: Within NBNA, wherever they'll let me go, and I feel like these doors keep opening. This is my second year, here in a row, and it's been even more amazing than it was last year. I didn't think that was possible. I mean, I

was riding a high for two months leaving here last year. They talk about the fraternity and the collectiveness that you have being here, and I truly feel it this time. So, I see myself going wherever they'll let me be. I'm excited to be here and it's a true honor to bring some of the resources and information back to Sacramento.

Carla: I think your 40 & Under Award may be a [inaudible 14:51] for you to move on to even greater things within the organization and, not only for your city, but for this nation.

Carter: Thank you.

Carla: So, thank you, again, Carter.

Carter: Thank you very much.

Carla: And, thank you all for listening to the Health Disparities Podcast from Movement Is Life. Please join us for new installments every two weeks, by subscribing at Apple Podcast, Stitcher, Spotify, and Google. You can also find us at www.movementislifecaucus.com. Thanks, again, and we'll see you next time.

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