

AFROMEDICA X IOM



ON THE IMPORTANCE OF CULTURALLY
SENSITIVE HEALTHCARE

AFROMEDICA

We recently spoke with Hanane El Kaddouri and Nour El-Houda Mazari, members of AfroMedica, about their roles, motivations, and the organization's mission to address racial disparities in healthcare.

COULD YOU INTRODUCE YOURSELVES AND SHARE HOW YOU BECAME INVOLVED WITH AFROMEDICA?

Hanane: Absolutely! I'm Hanane El Kaddouri, a general practitioner in training. I'm originally from northern Morocco, but was born and raised in West-Flanders. I joined AfroMedica about a year ago and am currently serving as co-president, before that I was in charge of public relations. My motivation for joining AfroMedica stemmed from my observations during my studies and early career, where I recognized that there is still significant work needed to address inclusion and racial disparities in healthcare. I wanted to make a difference in healthcare outcomes in my job as a general practitioner, but also beyond that. AfroMedica was the perfect platform to do just that.

Nour: Hi, I'm Nour El-Houda Mazari. I serve as a Finance Officer, collaborating with other members of AfroMedica on financial matters.

I graduated as a doctor in June 2023 and am currently in my second year of psychiatry training. I'm relatively new to AfroMedica; it was Hanane who invited me to join. I've been aware of AfroMedica for a few years now, and I admire the engagement and initiative they undertake. As a psychiatrist in training, I've noticed a lack of diversity and understanding of the cultural or racial experiences of diverse groups, particularly people of colour in the field of mental health. This realization inspired me to engage myself and join AfroMedica.

CAN YOU DESCRIBE YOUR JOURNEY FROM BEING STUDENTS IN THE HEALTHCARE SECTOR DURING THE PANDEMIC IN 2020 TO FOUNDING AFROMEDICA? WHAT MOTIVATED YOU TO START THIS ORGANIZATION?

Hanane: While we didn't personally start the organization, we are familiar with how it all began. The organization emerged from a combination of factors, primarily the pandemic and the alarming disparities it exposed. We witnessed that people of color, particularly racialized individuals, were disproportionately affected, suffering worse health outcomes and higher mortality rates compared to their white counterparts.

In conjunction with the Black Lives Matter movement, which gained momentum around that time, the founders felt a strong urge to take action. As medical students and racialized individuals in Belgium, they wanted to address the injustices and health disparities they observed and to envision a future of healthcare that is more inclusive. This desire for change also motivated us to join later, as we all share a commitment to making a difference in the healthcare system. AfroMedica is a great platform to facilitate that change.

Nour: As healthcare professionals, we see these disparities happen before us, often feeling powerless to effect change. Being part of AfroMedica provides us with the leverage and support we need to move forward. Our current understanding of medicine largely draws from the experiences and perspectives of a middle aged white male. This bias is clearly inadequate and unacceptable.

WHAT STRATEGIES DOES AFROMEDICA USE TO RAISE AWARENESS ABOUT THE CHALLENGES FACED BY PEOPLE OF COLOR (POC) IN THE HEALTHCARE SYSTEM?

Hanane: We do a lot of things. One of our primary strategies is working with universities. Through this collaboration, we aim to change how medicine and nursing are taught. We engage with educators and those involved in curriculum development, believing that if we can influence the educational framework, we can significantly impact the next generation of medical professionals. Universities and schools are, therefore, a crucial part of our work.

Additionally, we collaborate with healthcare professionals and paramedic organizations. Any organization involved in health that seeks advice related to diversity or racial equity in healthcare can turn to us for support.

We strive to act as facilitators and help them make their work more accessible and fairer.

Nour: We also contribute to studies and papers focused on cultural or ethnic issues. Recently, our team produced a valuable paper on dermatology, specifically addressing skin care and burn risks for individuals with darker skin tones. We highlighted how this affects skin burns, how to detect them, and what the latest studies show. This is important because there is a significant lack of research in this field that includes people of color.

Hanane: There is indeed a substantial gap in research on this topic, and we try to facilitate those conducting research by helping them find participants and brainstorm ideas. Currently, we're working on a project to identify potential study topics that we can offer to others. This way, we don't have to do all the work ourselves; instead, we can provide interesting topics based on the needs we see in the community, which others can explore.

Lastly, we aim to build a community for existing healthcare workers and students from racialized minority groups. We often find ourselves feeling isolated in our fields, so it's essential to create a supportive community where we can share our struggles. Together, we can become stronger and potentially serve as role models — though I hesitate to label myself as such — demonstrating to future generations that it is possible for us to pursue these careers and work towards changing the status quo.

HAVE YOU GUYS FACED ANY KIND OF RESISTANCE IN YOUR MISSION? HOW RECEPTIVE ARE UNIVERSITIES OR OTHER HEALTHCARE INSTITUTIONS TO YOUR SUGGESTIONS?

Hanane: In general, we have had quite a good reception to everything we try to do. However, I think there is a lot of internal pushback or resistance to change, which is normal but also hard to work with.

We always get a place at the table; that's what they do for us now when they invite us to diversity meetings. However, getting actual change to occur sometimes takes a lot longer than it should. There seems to be some kind of resistance force that we don't fully understand, which makes it very difficult for change to happen.

So, there is some resistance, but I really doubt it stems from bad faith. Most people we talk to are genuinely on board and say, "Okay, we need to change this." Yet, when change happens very slowly, we find ourselves having to be content with small victories. As long as we're moving forward, we are doing something, and that's okay, I guess.

YOU'VE ALREADY DELVED INTO THE ROLE OF EDUCATIONAL INSTITUTIONS IN ADDRESSING INCLUSIVITY AND DIVERSITY IN THE HEALTHCARE SECTOR. IN YOUR ADVOCACY FOR GREATER INCLUSIVITY AND DIVERSITY IN THE HEALTHCARE SECTOR, WHAT ROLE DO EDUCATIONAL INSTITUTIONS PLAY IN ADDRESSING THESE SHORTCOMINGS?

Hanane: It would be very beneficial for everyone graduating from these colleges and schools to gain insight in and awareness of the systems that perpetuate these disparities. Many systems are built for a specific group of people, leaving others marginalized. I think it's essential to implement this understanding in our work with universities and schools, but that's a very challenging task.

Nour: I think awareness has improved over the generations, but practical change has not progressed sufficiently. The biggest issue lies in the fact that while people are aware of these problems, they often don't know how to address them, communicate with affected individuals, or understand their experiences better. There's a significant gap in the more practical aspects of these issues.

As one of AfroMedica's goals is to open discussions on sensitive topics in the healthcare of people of color, can you share some examples of taboos or misconceptions you've encountered and explain how you are working to address them? I heard a podcast where you mentioned that when healthcare professionals meet a Somali patient for example, they often assume this person has undergone Female Genital Mutilation (FGM). I'm referring to those kinds of misconceptions.

Hanane: In the healthcare sector, there are different groups of professionals. Some completely ignore racial disparities and act colorblind, treating everyone the same, which is obviously not the right approach. Then there's another group that is aware of systemic issues and believes they are being inclusive, but in their attempt at inclusiveness, they can fall into stereotypical thinking.

FGM is a perfect example. We tend to engage in pattern recognition, as Noor mentioned earlier, thinking, "Okay, here's a Black man who just returned from Nigeria, so he must have hepatitis," or, "Here's a Somali woman; she must have gone through FGM." They try to be sensitive about these assumptions, but it's really misplaced.

Working with this group can be challenging because it's easy for them to believe they are culturally sensitive when, in reality, they're putting people into stereotypical boxes based on assumptions. This creates a taboo because it's difficult to communicate with individuals who believe they are aware of these issues, yet don't realize they don't understand everything. They can become defensive, feeling like you're accusing them of being racist or unprofessional for making these assumptions. This nuanced dynamic is something I often struggle with when working with people in the broader healthcare system and within AfroMedica. There's a clear need for change, but there's often a reluctance to change because many believe they already possess the necessary skills. Another significant misconception is related to mental health.

Nour: There is already a considerable stigma surrounding mental health issues, which is compounded for individuals from different backgrounds or ethnicities, as they are often already extra stigmatized. On top of that, they often face self-stigmatization regarding their mental health struggles, which creates a substantial barrier to accessing mental health services. When they feel a disconnect with mental health professionals and sense stigma from them, it can lead to further isolation and regret over seeking help. I've noticed that when patients see me and recognize that I'm not a white woman, they express gratitude for my presence as their doctor. They feel that their problems are valid and that I understand them. Part of my motivation for this work is to establish that connection.

I CAN IMAGINE THAT THIS ISSUE IS EVEN MORE EXACERBATED IN MENTAL HEALTH SPACES. COMMUNITIES ARE NOT ALWAYS RECEPTIVE TO THE IDEA THAT THERE IS A PROBLEM; INDIVIDUALS CAN GET OSTRACIZED OR INTERNALIZE THESE STIGMAS THEMSELVES.

Nour: The largest population we see with mental health issues tends to be those experiencing schizophrenia, particularly when it becomes severe. Research shows that individuals with a migration background are at a higher risk of developing schizophrenia. This is the most prevalent population we encounter, but for conditions like depression or anxiety, I rarely see those cases.

Hanane: It's strange because as a first-line worker, I encounter these individuals suffering with anxiety or depression frequently, but they are less likely to reach the psychiatry ward where Nour works due to the many barriers they face.

HANANE, WHEN YOU ENCOUNTER A CASE LIKE THIS, IS IT EASY FOR YOU TO REFER THE PATIENT TO SOMEONE LIKE NOUR? HOW DO PATIENTS TYPICALLY RECEIVE THAT MESSAGE?

Hanane: For all patients, regardless of their racialized background, there is often a barrier in acknowledging that their complaints might stem from anxiety, stress, or mental health issues. However, it can be particularly difficult for racialized groups to hear this. Additionally, it's challenging for me to refer them to the right professionals. Many of the therapists we have access to may not be well-equipped to address the specific traumas that these patients experience, which can often be related to their racialized status, refugee status, or migration background.

This creates a significant barrier, as I find it hard to send them to practitioners who I believe will truly help them and not make them feel ostracized for their concerns. Often, the therapeutic approach they encounter is very European, which, while effective in general, may not be suitable for addressing these particular issues.

Nour: Yes, when working with patients from different backgrounds, I often face challenges in making referrals to psychologists. Patients sometimes express that they don't feel a strong connection with the available mental health professionals after just one session. This makes it difficult for them to open up and share their experiences. Unfortunately, I'm not yet qualified to provide psychotherapy myself, which puts me in a challenging situation.

Hanane: Exactly. There are many cultural and religious factors at play. For example, religion can be a significant element because there is sometimes a thin line between having religious beliefs and experiencing a mental health disorder. It can be difficult for those who are not religious to understand this distinction. I sometimes encounter situations where a patient expresses something that the patient and I recognize as a religious belief, but others might find strange or a sign of psychosis.

Finding that balance is essential, and I believe the only way to achieve this is by having more diversity among mental health providers. We cannot expect everyone to know everything about every culture or religion, but having more understanding and empathy toward others' experiences would make a significant difference. Increasing diversity among healthcare professionals would also contribute greatly to this change.

THE KEY TAKEAWAY HERE IS THE IMPORTANCE OF HAVING MORE INDIVIDUALS LIKE YOU IN THE FIELD, WHO ARE WILLING TO MAKE A DIFFERENCE. LAST QUESTION: AFROMEDICA HAS RECEIVED NOMINATIONS FOR THE 'HELDEN VAN DE DEMOCRATIE' AWARD BY KNACK BELGIUM AND HAS BEEN FEATURED IN SEVERAL FLEMISH NEWSPAPERS. WHAT ARE AFROMEDICA'S LONG-TERM GOALS FOR TRANSFORMING THE HEALTHCARE SECTOR, AND HOW DO YOU PLAN TO ACHIEVE THEM?

Hanane: To summarize, we've already touched on several important points, such as making the education system more inclusive, relevant, and sensitive to cultural diversity and racial issues. Achieving that would be fantastic [laughs]! In the long term, we aim to increase the representation of racialized groups in healthcare. While this alone won't solve all the issues, it would certainly contribute to positive change. Addressing this is a small but manageable step toward tackling a much larger problem. By building community, creating role models, and openly discussing these issues, we can make progress.

Nour: I think that sums it up quite well (laughs).

