

THE AWIMS ADVISOR

NEWS FROM THE ALLIANCE FOR WOMEN IN MEDICINE & SCIENCE

“There is no greater agony than bearing an untold story inside you.” Maya Angelou

Dear Colleagues,

I am delighted to share our first Editors Edition section of the AWIMS Advisor. Ms. Tyra Jones shares an intimate portrait of our impactful community health workers, and Dr. Ayame Takahashi offers food for thought in her compelling article on detoxifying Medicine. You will also hear from several employees about their fantastic experience at the IWIL conference. I hope you find as much joy as I did in reading these thoughtful and inspiring pieces. Much gratitude to our colleagues for their willingness to share their stories.



You will notice that our AWIMS Advisory Board and Executive Committee continue to grow! My ongoing interactions with these phenomenal leaders, coupled with your ongoing engagement and commitment to achieving gender equity in academic medicine add to my sense of hope. We are one.

Vidhya Prakash, MD, Director of SIU AWIMS

The AWIMS Advisor Editorial Board



Dr. Vidhya Prakash, Editor-In-Chief

"Don't think of introversion as something that needs to be cured."

-Susan Cain, author of *Quiet: The Power of Introverts in a World That Can't Stop Talking*



Ms. Tyra Jones, Associate Editor

"Success isn't about how much money you make; it is about the difference you make in people's lives."

-Michelle Obama



Dr. Ayame Takahashi, Associate Editor

"It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences."

-Audre Lorde

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IWIL Symposium Reflections



The Office of Human Resources, Department of Internal Medicine, and AWIMS in the Office of Equity, Diversity and Inclusion sponsored eight employees to attend the Illinois Women in Leadership (IWIL) Symposium. Read reflections from Ms. Jada Lutzke, Ms. Emily Snow, and Ms. Jo Turley below!

The Illinois Women in Leadership Symposium. I met two of the three requirements: I am a woman, I am in Illinois, but a leader? When I learned that I had won one of the tickets to the symposium. I instantly felt guilty for taking the opportunity from a woman that would have been a better fit for the event. I vowed to make my attendance worthwhile.

Even with the deep-seeded imposter syndrome in my gut, the symposium was so welcoming that it was easy to ignore those feelings. Almost 400 women were present and bubbling with excitement. Discussion flowed easier than water. Every single person smiled and encouraged others throughout the day. Especially the keynote speaker Anne Bonney, creator and host of the podcast, *Dancing in the Discomfort Zone*. She had an electric personality that swarmed the giant room and left us buzzing with energy. Every breakout taught me new ways of thinking or encouraged thoughts I have been hanging on to but never acted on.

It was a time to "Punch it Margaret!"

I may not be a leader in title, but I am the leader of my life. I'm grabbing and grasping it tight in my hands by volunteering, donating, and making connections I never would have if not for attending this symposium.

Ms. Jada Lutzke

IWIL Symposium Reflections (cont'd)

This was my first year attending the Illinois Women in Leadership Symposium. I am honored that I was able to attend this wonderful event! The whole day was filled with encouraging and supportive women from our community. The keynote speaker, Anne Bonney, was a delight to listen to as she told us stories of her life and made sure we never forget to “Punch It, Margaret!” The variety of breakout sessions that were available were vast and it was hard to just choose one to attend. I felt that so many of the sessions I attended really resonated with me and will take with me throughout my professional and personal life. It was apparent that a lot of thought, care, and passion went into making this event happen. I found it so beneficial, I signed up to be a member of the Illinois Women in Leadership! I recommend this symposium for any woman that is looking to meet inspirational women throughout our community.

Ms. Emily Snow

PUNCH IT, MARGARET!!

If you were at the IWIL (Illinois Women in Leadership) Symposium on September 22nd, you know what that means. Keynote speaker Anne Bonney did a great job of educating and amusing the crowd, all at the same time. Her point was this – problem, solution, punch it! It was an excellent message for those of us who may be feeling some burnout. Find a solution and go after it! It was an inspirational way to start the day, which was filled with breakout sessions on topics ranging from “Joyous Leadership” to “The Journey of Turning Dreams into Reality.” I attended the Joyous Leadership break out session, led by Mark Watson – his message was also inspirational. Joyous Leadership isn’t a short term investment, it’s a long term endeavor that can enrich our lives and strengthen our communities. The “Motivating/Managing Talent in a Hybrid Community” session was full of timely advice for managers who have staff working remotely, either some or all of the time. Debbie Thompson presented this information with some real time scenarios that sounded very familiar to many of us in the room. How to transition back to the office, the pros and cons of remote work, how to achieve a good balance and other really practical advice for managers in this new work life we find ourselves in. The Symposium left me with new motivation and joy, ready to come to work and PUNCH IT! Here’s hoping more of us can attend this event next year, it was sure worth the time!

Ms. Jo Turley

The Impact of Today's Community Health Worker

By: Ms. Tyra D. Jones

What is a Community Health Worker (CHW)? There are many people in and out of the health care field that may not know what the CHW profession actually entails. The Health Resources and Services Administration (HRSA) describes a CHW as “lay members of the community who work either for pay or as volunteers in association with the local health care system in both urban and rural environments. CHWs usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve.” They have been identified by many titles, such as community health advisors, lay health advocates, outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, help people get the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as helping a patient obtain housing, benefits such as food stamps and Medicaid services, employment and disability, just to name a few. Most importantly, they advocate for the patient. CHWs are frontline agents of change, helping to reduce health disparities in underserved communities. CHWs take a holistic approach to each patient they serve.

CHWs also provide preventative measures such as establishing primary care providers (PCP's), getting patients to appointments, education, and follow up services. Those measures, keep the Emergency Department (ED) utilization down.

I'm hoping that this article, which will feature brief interviews with some of the SIU School of Medicine Office of Community Care (OCC) CHWs, will serve as an introduction to not only some of the CHWs but also the programs that they champion.

So, picture it: Springfield 2022. Now, some of you might get that reference and some of you may not. In case you didn't, it came from “Golden Girl” Sofia Petrillo as she speaks about her beloved Sicily.

So, take a minute and imagine that the current climate of health care is drastically changed due to unforeseen issues such as COVID-19 and the hospital beds are filling up, the ED is over-utilized, there's an increase in homelessness, shortage of food supply for some, unemployment, and the mental health crisis increases.

Now, here enters a CHW that helps turn all those issues around just by creating relationships with the people and connecting them with the resources. Let's be truthful, if you are homeless

and haven't eaten for two weeks the last thing you are worried about is your health. That's where CHWs come in: they take care of the patient holistically. They intervene and try to ease some of the other worries while simultaneously addressing the patient's health care needs.



Pictured (L to R) back row: Hannah Turley, Lindsay Sleade, Tami Langford, Tyra Jones (ECHO Leader), Kaye Barnes

Front Row (L to R): Molly Williams (Office Manager), Areli Calderon

I'm hoping to give you some insight into the world of Community Health Work, straight from the OCC's CHWs themselves. I am a firm believer that if you want to know the heart of this work, you must hear it from someone that is engaging in it every day. I often call CHW the hands and feet of the providers. CHWs are in the patient's world. CHWs see a lot of complex issues that the provider may not. CHWs have special access into the lives of the patient that is often left out at a health care professional's appointment. That is why CHWs are vital.

In my interviews I asked the following questions:

1. Why did you become a CHW?
2. What program are you in?
3. How has CHW work impacted you personally?

I'm hoping that you will see the importance of this work as they tell their stories.



Pictured (L to R): Bobby McKinney, Nicol Moore, Tanya Bakamba, Nicholas Banning, Kaye Barnes

BOBBY~

My name is Bobby McKinney, and I'm employed with SIU School of Medicine in the Office of External Relations. I am currently on the Access to Care grant.

I first heard about the program from a fellow employee at SIU, who encouraged me to apply for the job due to my experience in dealing with clients from the community. I've worked as a

Shelter Aid at Helping Hands, Substance Abuse Counselor, and in various outreach programs assisting clients with their personal needs.

Since working as a CHW, I've gained so much knowledge, valuable information, and resources to assist my clients with their social needs and health care. The most rewarding fact about my job is waking up every morning going to work to serve my community, by making a difference in someone's life. This type of work will never get old, because a lot of people in the Springfield community need our services.

It is always rewarding graduating a client from the program, when they become self-sufficient to handle their health care, finances, and social needs. To make a long story short, I worked with this particular client for 2 yrs. and successfully graduated him from the program. This client's Supplemental Security Income (SSI) got cut off, and we worked diligently applying for employment so he could pay his rent. I advocated for the client by speaking with the property manager to work with him, while I filed for rental assistance to cover 3 months back rent. My client did, in fact, find a job, making \$14.00 per hour. I worked with him a few more months until our last meeting, and he felt very confident providing for himself without a payee, and managing his health care/social needs. (Success Story)!!

The Access to Health Initiative is the ability to assess a patient health status and living condition, after the completion of intake and self-sufficiency forms. Upon completion of the form, I am able to navigate and advocate for individual care services as needed. I am then able to assist with the patient's health care/social needs, locating a PCP, coordinate visits with health care professional appointments, medication management, until the patient is self-sufficient enough to take the initiative to manage their health care without the needs of others. (This is the primary goal of a CHW)! I'm hoping that this article, which will feature brief interviews from some of the OCC CHWs, will serve as an introduction to not only some of the CHWS but also the programs that they serve under.

ARELI~

I became a CHW because of my interest in serving the immigrant community in Springfield, IL! As a Hispanic woman, it is my duty to serve my community in any way I am capable of and it feels great to do just that. Prior to my role at SIU SOM, I was not aware of CHW work, though it is greatly aligned with my passion for advocacy, and I am thankful I was recruited. Currently, I serve under the Access to Care program servicing the immigrant community and doing things such as registering them for health insurance, or setting up health care appointments. My greatest accomplishment so far has been enrolling two clients for the health benefits for immigrant seniors through the Illinois Department of Healthcare and Family Services (HFS), a new program in Illinois. I hope HFS continues to expand the program to cover other age groups so that I am able to register more of the immigrant community in Sangamon County. Overall, I love the work that I do as a CHW, and will continue to encourage others to look into the role as a potential career opportunity.



Pictured (L to R): Bobby McKinney, Nicholas Banning, Areli Caldron

CHANTEL~

My name is Chantel Bowen I became a CHW after one of my relatives had a high-risk pregnancy and needed continued care. One day, I was at her home and a woman was there that was very knowledgeable about my relative's health. It intrigued me so I asked her about her profession. I did my research and knew this was the career path I wanted to take.

Being a CHW has opened my eyes to awareness in our community of healthy lifestyle choices, community resources, and identifying the social economic impact that hits our communities' most vulnerable populations. During my time I have had much success with finding resources, affordable housing, and helping individuals navigate their health care concerns. I have also helped provide food for those who are without. The possibilities of CHW work is endless. CHWs offer the opportunity to change, help, and deliver access to health care at the community level. CHWs promote, navigate, and engage in the community, breaking barriers to health services. The future is bright!!

The most current program I am working in is the Juvenile Redeploy Illinois Program, which is funded by Sangamon County Court Services and the Illinois Department of Human Services. This program provides community-based treatment alternatives and resources to qualified juvenile offenders and their families in order to reduce incarceration.

DIAMOND~

My name is Diamond Dodson. Being an CHW worker impacted me in many ways. You learn so much and there is lot to cover. Being an CHW worker, there's an opportunity to meet a lot of new people, , see different environments, and learn ways how to make situations better. You learn how to set appointments, and you also attend appointments. Most of all, I realized you're becoming a family member to these clients and just being the one who helps them stay on top of their health like they are supposed to.

I am currently working in the Juvenile Redeploy Program. I believe this is a good fit due to my law enforcement background. The Juvenile Redeploy Program has helped our clients realize that they are great and it's great to change things around to better themselves, which could be hard for teenagers to do. Our success story is that we have had 4 successful discharges!



Pictured (L to R): Tanya Bakamba, Bobby McKinney

NICK~

I began with SIU Medicine as a contact tracer in the middle of the COVID-19 pandemic. It was working alongside the pandemic health workers and seeing the good they were doing for the community when I learned what CHW work was. As the contact tracing program slowed to an end, I decided to continue my service to the community and care for those in it as a CHW.

I currently work with two programs: Whole House Health and Radon Education. Whole House Health is a home visiting program where a client's house is assessed for health-related adversities such as lead, radon gas, mold, and pests. The Radon Education program provides at home radon screening kits. These kits allow clients to test their own homes for radon gas. Radon gas is the second leading cause for lung cancer. It has no smell, taste, or color. The only way to find radon is by testing.

An example of success in these programs would be providing a radon test for an older client who had a level of 14pCi. This is the cancer risk equivalent of smoking 28 cigarettes a day.

After testing, our program was able to provide mitigation services at no cost. A licensed radon mitigation crew came in and installed a permanent system, reducing radon levels.

TANYA~

My name is Tanya Bakamba. I work under the Access to Care grant. I serve the Pillsbury Mills neighborhood. My main services include home visits, linkage to mental health services, and referrals to community resources. I also provide resources for rental assistance, prescription assistance, childcare needs, resume building skills and job searches. The impact I have as a CHW is the ability to listen and respond to clients and communities with compassion and kindness. The fall cookout event was a big highlight for me. It helped bring out the Pillsbury community, which has been very challenging in the past. It helped get the program off the ground and it allowed me to introduce myself while telling them about the Access to Care program.



Pictured (L to R): Kaye Barnes, Tanya Bakamba, Nicholas Banning, Nicol Moore, Mayor Langfelder, Tami Langford, Chantel Bowen

KAYE~

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” I became a community health worker to be a force in the democratization of health care and support clients to attain their personal, highest standard of health. Since becoming a CHW in 2020, I have become convinced of the importance of a healthy lifestyle in attaining and sustaining health. In addition, I have seen how the social determinants of health can aid or inhibit a person in attaining their personal goals.

My focus as a community health worker, diabetes prevention educator, and nutrition coach, is chronic disease prevention and self-management. I use the 6 pillars of lifestyle medicine: whole

food plant-based eating patterns, restorative sleep, avoidance of risky substances, stress-management, healthy movement, and positive social connections, to educate clients to take control of their health.

My time here in the Office of Community Care has been incredibly humbling, enlightening, and rewarding. I am privileged to work with clients who were once pre-diabetic and hypertensive, choose to change their lifestyle, and achieve amazing results. Some of these successes include losing 20 plus pounds of weight loss, A1Cs falling to within normal range, and no detectable hypertension. One client was on three different blood pressure medicines and is now down to one. Directly observing these results has increased my belief in the power of lifestyle medicine. Every single person has the right to the attainment of peace and security, and a high standard of health is fundamental to this pursuit.

NICOL~

After helping the older population for over two decades, I felt drawn to help others in our community. I came to SIU SOM and the Office of Community Care a year and a half ago. I am currently a community healthcare worker with the United Way Impact program. During my time with this program, I have partnered with several agencies to help those living with addiction, persistent mental illness, and poverty to find stability, and empower them to become self-sufficient.

I have felt a great sense of pride in my work as I have helped clients get medical billing rectified and connected others with area agencies to receive stable housing. In one special case, I was able to connect a client with a medical provider who, after countless others, was able to provide answers for their medical diagnosis and finally deliver successful treatment. This, in turn, allowed the client to continue working and be self-sufficient.

I love the work I do and I have a sense of fulfillment knowing I am making a difference in the everyday lives of our community.



Pictured L to R: Tanya Bakamba, Hannah Turley, Tami Langford, Nicol Moore, Kaye Barnes

OCC Programs:

1. AOT
2. Radon/ Home Health
3. Nurse Family Partnership for (1st time moms)
4. CHW ECHO program-providing education for CHWs
Includes (DPP, DSMES services as well as Diabetes, HTN, and Asthma management)
5. Juvenile Redeploy
6. Access to Health/ United Way

If you are interested in any of these services please contact occ@siumed.edu

Tasks List in Touch works:

SIU Ofc Comm Care Referral Tasks

SIU CHW Task List

IRIS

Detoxifying Medicine

By Dr. Ayame Takahashi

It's no secret that physicians often do not treat each other well. I was recently discussing this with a group of trainees and one of them started nodding his head vigorously as we talked about the "hierarchy" of medical specialties. This is something that is implicitly passed on as part of the "hidden curriculum" of Medicine.

Media portrayals of the different medical specialties further certain preconceptions about how each "type" of doctor behaves. These preconceptions may come from other physicians as well from stories about how patients have been treated. Surgeons are typically portrayed as the "cool kids" of Medicine. They save lives! They make the tough decisions in the moment. Remember "Todd" from *Scrubs*? He fit the stereotype of the "dumb jock." His was a more humorous portrayal, perhaps born out of envy of the role the surgeon occupies in the pantheon of medicine. The show, *ER*, during its almost twenty-year run on television did a lot to make emergency medicine a popular specialty. Those doctors did everything! They treated

multiple traumas, but they also delivered babies, treated cancer, made home visits, saved runaway children, you name it. Both the shows *House* and *Scrubs* focused on a form of internal medicine. In *House*, Dr. Gregory House was the curmudgeonly head of the department of “Diagnostic Medicine” - where somehow his team of three other physicians had the luxury of diagnosing one patient per episode. This team was able to examine every aspects of a patient’s life, including breaking into the patient’s home secretly and examining their medicine cabinets and refrigerators. By the end of the episode, Dr. House was able to deliver a “brilliant” diagnosis which frequently saved the day.

A common theme in many of these shows is the “genius” physician who behaves very badly, and is forgiven their abusive actions because of their sheer brilliance. Granted, their personal lives are in shambles, and they may be hated (but secretly envied) by their colleagues but ultimately, they are given a pass for their egregious behaviors because they are just so smart and bring glory to the profession. Another theme is that certain specialties are frequently portrayed in a very negative light, psychiatry being a prime example. I loved the show *ER*, but hated their depiction of psychiatrists. Their psychiatrists never showed up for consults to the *ER*, or were portrayed asking rote questions about suicide, and were never depicted as brilliant. *Scrubs* had a more benign portrayal, Heather Graham, as likeable but not cerebral. In the show *Twin Peaks*, the psychiatrist was portrayed as extremely eccentric (lay word being “crazy”) AND having had a sexual relationship with his teenage patient, Laura Palmer.

I mention these popular shows because media depictions influence opinions and reinforce stereotypes. These views of physicians are also influenced by real life experiences as well. Beyond medical school once physicians start residency, they enter into “silos” where there is little interaction with other specialties. They never truly know what other specialties do on a day-to-day basis. Where we do interact is through consultations and referrals. Being a consultant is at its best when one is treated as a valuable member of the team and we collaboratively work together to do our best for our mutual patient. At worst is when the consultant is more of an afterthought or considered a necessary nuisance to take over the care of a patient who really “shouldn’t be” on the service. These sorts of attitudes are conveyed in the language used to call for the consults, and how and when the consults are called. When making referrals to perceived “lower ranking” specialties, there is a demanding tone for their request that their patients need to be seen (ASAP), even when the patient has been stable for a while on the same medications.

Through all of this are the nurses and the students who are the ones who go from service to service and learn who are the “cool kids” and who are not, through observing these behaviors and interactions. There can also be a bias towards more “competitive” specialties. Grades and test scores need to be higher to be considered, therefore it follows that one is “smarter” if you are part of a more competitive specialty. The fact that different skill sets may be needed for different types of Medicine is frequently not considered.

There is enough toxicity within Medicine right now without us treating each other poorly. Dealing with managed care authorizations, denials, staffing shortages, are universal problems across all specialties. In addition, mistrust of and aggression by patients towards those of us in Medicine has been greatly exacerbated by the pandemic. This is perhaps the subject for a separate essay. How can we start to detoxify our collective environments? The following is a “recipe,” if you will, of ways we can start the process.

1. Brilliance is NEVER an excuse for bad behavior.
2. We are all human! If you lose your temper with someone, apologize when you have cooled down. Medical students are hypervigilant about how they are performing on clerkships. They will remember forever the people who treated them poorly and the people who have treated them with great kindness. Apologies will be remembered and it models human decency, and the ability to admit one’s faults. How do you want to be remembered?
3. The longer you have been out of medical school the more you will not know about how other specialties practice medicine. Never assume you know what the other health care professional’s job is. Ask and learn! You will be a better person for it!
4. We are all in this together! No one knows it all, let alone what the other health care professionals do, or what they are up against on a daily basis. Let’s build each other up! This will be healing for all of us, including our patients. Isn’t this why we went into Medicine to begin with?

Articles

Faculty Experiences Related to Career Advancement and Success in Academic Medicine: Teaching and Learning in Medicine: Vol 0, No 0 (tandfonline.com)

"It's Not Just Burnout:" How Grind Culture Failed Women (getpocket.com)

Promoting Equity for Women in Medicine — Seizing a Disruptive Opportunity | NEJM

Bullying in Academic Medicine: Experiences of Women Physicia... : Academic Medicine (lww.com)

Gender Distribution of Authors of Evaluation Letters for Pro... : Academic Medicine (lww.com)



"You are your best thing." -Toni Morrison

AWIMS Spotlight: Kandace Freeman

I wanted Kandace in the spotlight as she is one of my personal work heroes. She has worked for SIU School of Medicine for 18 years in the Department of Psychiatry, and has been with Child Psychiatry since the beginning of the fellowship 16 years ago. She is one of the most straightforward, efficient, organized and hard-working people I know. She anticipates problems and trouble shoots ahead of time. She really keeps things running smoothly as possible. She is someone whose presence is missed when she is out. She battled breast cancer over the past 2 years and she kept working since it helped keep her spirits up. We are a small division and like family here. I honestly cannot imagine work life without Kandace around!

Ayame Takahashi, MD

Role at SIU Medicine: Medical Office Specialist

Born and raised: Pittsfield, Illinois

Birthday: 4/19/74

Family: Husband and 2 girls

Favorite Books: Romance Novels

Hobbies: reading

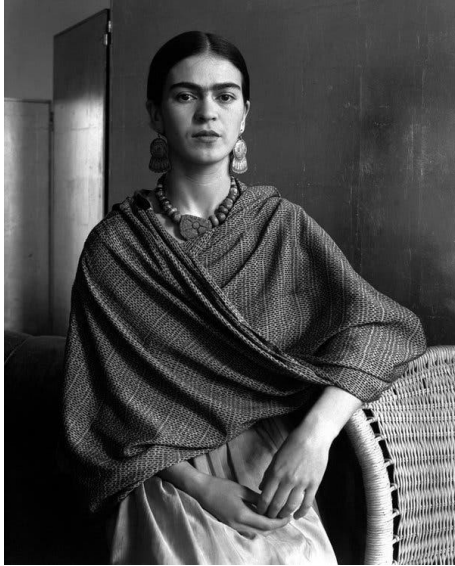
Personal Heroes: My 2 girls

Most Embarrassing moment: "I have no idea" (She has participated in many pranks, but has yet to be pranked herself! She leaves no openings...)

What is your advice for achieving work -life balance: Find somewhere you like working and co-workers that you get along with and enjoy working with.

"Success isn't about the end result, it's about what you learn along the way." -Vera Wang





"I don't paint dreams or nightmares, I paint my own reality." -Frida Kahlo

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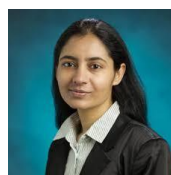
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