



DHC Interviews: Karen Krigger, MD on Understanding Health Equity

Dr. Karen Krigger is a Louisville native, born and raised. She earned a master's in education and taught science in Jefferson County Public Schools for eight years before going to medical school and completing her residency at the University of Louisville. Following her studies, Dr. Krigger joined the UofL faculty in 1992 and became a full-time professor in 2013.

Dr. Krigger currently oversees a family medicine office at the University's Cardinal Station facility, and she is certified in HIV care. We are honored to talk with her about health equity and the challenges facing Kentucky in 2021.

DHC: Dr. Krigger, thank you so much for the interview. Could we start by talking about your role as Director of Health Equity for the Health Sciences Center? What are some of your primary responsibilities there?

Dr. Krigger: That work began in 2016 when I started working to develop opportunities for students of medicine, nursing, dentistry, public health, pharmacy, and audiology to become cognizant of the concepts of health inequity in our local community. One of the most eye-opening things for these young adults was taking them to the West End of Louisville. A great many students don't have a sense of awareness of disparities, be they social, economic or health related. So, I would take them once a month to provide screenings in areas with highly prevalent chronic illnesses.

The students would provide screening, identification, education and surveillance for diabetes, hypertension, asthma, cardiovascular disease, and obesity. Specialty services were offered for HIV, sexually transmitted disease, and cancer screenings, as well as providing health education in all these areas in both individual and group situations. Patients attending Dare to Care food pantry services at a local church were incentivized to participate by a drawing for a \$20.00 Kroger gift card funded by the church each month.

The participating church hosted weekly needle exchange services provided by the local health department. Larger health fairs in these very communities incorporated other services such as exercise demonstrations in Tai Chi, Yoga, opportunities for voter registration and library card obtainment. I believe it had a major impact on both the patients and the students.

In 2020, because of COVID, a virtual "Compassion Clinic" was developed. We have a [YouTube Channel](#) and a website with student produced videos on health education.

Wow, that is really cool. My next question is relates to that. Does it seem to you that public perception has changed in the last few years? Sometimes I feel that the conversations we're having across the nation are shifting to include more compassion for our fellow men and women. Is there truth in that or is it just optimistic?

There's still a long way to go, but COVID has certainly highlighted health disparities. We could have seen the light earlier through HIV or another health crisis, but it took something of this magnitude to paint the picture. We're seeing higher mortality from marginalized communities. Of the top 15 developed countries, the United States is 15th in health care outcomes, life expectancy and mortality. That's because we have a medical system based on capitalism, not service, in a system that does not provide access to health to all. As we have seen, health insurance based on employment fails when the economy is adversely affected during a pandemic. In the best of times, all people cannot afford office visits, medications, and chronic disease screening, identification, and surveillance as the costs of the current medical care system exceeds the ability of employers to sustain adequate coverage.

We're talking about health inequity and access to services. Those things are more pervasive than people know. Jefferson County has food deserts in every area of the county but the Northeast. There is SO much work still to be done.

I like to quiz my students by asking, "What is the highest street number in Louisville?" It's 47th Street. The last YMCA is at the corner of 17th and Broadway, but there are still 30 square blocks of people with limited access to basic resources, exercise, and healthy foods past that point.

What health equity issues are you seeing related to COVID-19?

Most entry points to get the vaccine are computer based, but the most affected populations are living in digital divides. The elderly populations may not have computer equipment, software, or knowledge of how to access these services. That's not even talking about people who mistrust medical systems for historic reasons or personal frames of reference. We've got to help people overcome those ideas.

You may be familiar with the redlining maps. These are areas of Louisville which were denied home loans and investments because of socioeconomic or racial characteristics from 1933 -1951. These residential areas were allowed industrialization by federal mandates. In these areas today, you see food deserts, lack of services, lower life expectancy, and greater incidence of chronic disease. Our structural racism is decades in the making. If you own a home in the West End, you're going to pay more in homeowner's insurance, car insurance, general loans, and frequently not be able to receive services available to other parts of the city such as food delivery.

The median white income in this country is 13 times higher than the median black income. We need institutional change. You must address the issues of diversity, inclusion, culture, and the subconsciousness that we've adopted from our exposure to family and environments such as those revealed in the Harvard Implicit Bias testing. Until that's recognized, we won't get to the peace that says Justice. One day we'll be equal, if we correct the inequities. The outcome will be equality and eventually we'll get to justice.

What positive changes have you seen within the city that we should celebrate?

A lot has happened since COVID. God sent us to our rooms for a year and put us in timeout. We've seen social, medical, educational, and political upheaval. The combination of all of those is what its going to take to move the needle as a society. We saw what was happening in downtown Louisville echoed across the country and the world.

Our country has a great history, but not all of it is great. The most shameful parts are buried. We must give credit where credit is due. We must acknowledge the people who have contributed to the success of our country since its independence.

It seems that Louisville is making progress through grassroots change. There is a growing network of shelters, food pantries and needs based organizations which recognize the needs of the struggling. Are these steppingstones to larger change or simply stop gap measures because government policy is inadequate?

I'll use the needle exchange as an example. My church, Redeemer Lutheran, supported that initiative and wanted to host a needle exchange site. The men who cut the church grass were finding needles in the church yard. We asked 100 homes around the church for

their approval and 95 percent approved of harm reduction needle exchange services in the neighborhood. Needle exchange services have been in place for 2 years. They stopped during the COVID pandemic, but we hope to restart them soon. Neighborhoods and communities recognizing these problems must come forward and provide safe spaces for the problems to be addressed.

Every church in the community could do basic health screenings such as blood pressure checks, weigh -ins, or even diabetes checks but you must have people trained in the congregations with protocols in place and linkages for liability insurances for such actions especially diabetes monitoring, HIV testing, etc. Most community-based organizations, like churches, do not have liability coverage for those services or the trained personnel. There must be a way for our institutions to support congregational medical education services, training, and to support provisions of liability insurance coverage. We can do the best we can, but its going to take a system to support change.

What new hurdles or adversities to positive health equity have you seen recently?

Substance abuse, certainly, and HIV, are adversities that have not gone away with the pandemic and continue to flourish. We're on a pipeline that runs North and South. There aren't enough resources for mental illness which have been stretched even further by the social isolation of the pandemic. We have an education system that is not fulfilling the needs of the community. Things are changing, like the citizen's review board of Louisville to monitor criminal justice concerns, and there's a spotlight on these changes which is a good thing. It will take positive commitment from many people, and our community to overcome these challenges.

Louisville and Lexington are having these conversations while the rest of the state may not be. What hope do we have to take positive change within the Metro and use it as evidence for state legislators to make good policy?

We must get rid of the politics, honestly. We've spent so much energy and time trying to play a game of one-upmanship. We must get back to what our communities need. Kentucky gets 2.5 times more money from the Feds then it generates. We must look outside of the politics and look at policies that help people.

If you have a viewpoint different from someone else's, you must find common ground and positive things you can agree on to progress to the stage of problem solving. You must seek out safe people of differing viewpoints to hold these conversations. That's what we've lost: safe, respectful dialog amongst those of differing viewpoints. It's diversity of thought and approach that makes any project better, that formulates sustainable solutions.

I don't do social media. The barrier for non-verbal communication inspires people to be rude. Diversity is our strength as a country. It always has been. Bringing people outside of their bubbles to hear ideas different from ourselves will make a better country, state city and state of health for all.

How can the Doctors for Healthy Communities audience get involved? Is it as simple as volunteering locally and advocating to state representatives? How else can we feel empowered?

I'm not going to tell people to go out in the street and protest. That is not everyone's strength or capability. People should look at their strengths and connections, making change based on that which is the best way to make change in their sphere of influence. If you're a legislator, you can reach out to communities and not just the ones that come to your door. Answer the phones and mailings of constituents that do not agree with you. If you're a doctor, know the resources in your community. What do your patients have and not have in your communities? If you're a bus driver, what does your system need to make things more equitable? We can make things equal but not everyone's circumstances are the same, hence the concept of equitable resources out ways equal resources.

Whoever you are, whatever you are, and wherever you are, look to see what you can do to make your community equitable for all. Equity will lead to equality, and equality will lead to justice. Use your time, talent, and treasure to make a difference in the world. You can't change everything, but you can change the domain around you.

Doctors for Healthy Communities | 2107 Twin Hill Road, Louisville KY 40207
dhcus.org@gmail.com | www.dhcus.org

STAY CONNECTED

