

I'M A BUCKEYE

Family physician Jacqueline Nwando Olayiwola has spent her career fashioning opportunity from disparity. Her GIRLTALK peer education program for ninth- to 11th-grade girls shatters myths about sex and its consequences. And her telemedicine initiative uses technology and innovative communications models to provide access to health care for underserved populations.



What does GIRLTALK involve?

During my last year of medical school, I did the Arthur Ashe Fellowship at Harvard. The fellowship exposed students to complexities with respect to minorities in health care and with AIDS care.

We learned about disproportionate rates of AIDS cases: African Americans and Hispanics accounted for 25 percent of the U.S. population but more than 60 percent of the HIV/AIDS cases. And these groups were diagnosed later than their nonminority counterparts.

I started thinking about how I could target adolescent girls in high-risk areas, because I felt this was the right time to talk to them about their sexual practices.

Columbia, where I did my residency, has adopted the program. They ensure that at least one resident is assigned to the GIRLTALK program in New York City schools. Girls go through the course and are tested on the material, then they co-facilitate sessions with the resident. The peer educator model is especially empowering.

We've done the program in Harlem, Brooklyn, the Bronx, and in Ghana, and I'd like to see it expand even more.

Tell us about GIRLTALK in Ghana.

It was led by Dr. Maame Dankwah-Quansah when she was a medical student at Ohio State, along with two premedical students. They focused on an area where they didn't necessarily have higher HIV rates; we just needed to find out how to teach the girls about safety without condoning sex. That was a challenge. Above all, you have to be highly sensitive and respectful of other cultures. Abstinence was the core principal of what we taught, but we also taught that if they were pressured or taken advantage of, they could engage in a certain type of behavior to stay safe.

Were the girls in Ghana different from those in New York?

The use of the media was a main difference. The girls in New York were much more knowledgeable

because mainstream TV made information available to them.

But there were also misconceptions among them. Almost all the girls knew about Magic Johnson. Because he looks good, they didn't see why we were making such a big deal about HIV. We talked about advances with medicine and medical plans, but we also emphasized the cost and that medications have enormous side effects and intrusions in your life, not to mention the stigma.

What is the greatest health issue facing minorities in general?

One of the biggest struggles is getting accessible health care. You could be in the middle of New York City and have loads of physicians around, but that doesn't mean you have access to them. They may not accept public health insurance or Medicaid, and they may not see you if you're uninsured.

How do you combat lack of accessibility?

I'm going to be heading up the Weitzman Center Institute for Health Policy at Community Health Center. We'll talk to specific doctors to find out if they'll see some of our patients.

But the larger system needs to be transformed. The reimbursing mechanisms aren't aligned. For example, I've developed a diabetic retinopathy program in partnership with ophthalmologists at Yale, which has eliminated the need for certain patients to find a doctor that accepts their insurance. We also have a partnership with cardiologists at the University of Connecticut.

In general, we need to take the telemedicine model and identify incentives that will work for doctors. Maybe they'll be reimbursed a little more for seeing Medicaid patients, for example.

What makes a good doctor?

Part of it is dedication to lifelong learning, because specialties are constantly evolving.

But patients don't necessarily care where you trained; they care about how you connect with them. And you have to do that in some of the most challenging times of their lives. That means being truthful, yet artful, in difficult situations. ■

Interview by **MARISA PROULX**

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TALK TO JACQUELINE

Send comments via talktous@ohiostatealumni.org. Include "Jacqueline Olayiwola" in the subject line.

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