1
00:00:05.120 --> 00:00:06.679
Dean's Lecture Series: Good morning. Everyone

2
00:00:06.900 --> 00:00:25.740
Dean's Lecture Series: welcome to another installment of the Dean's lecture series. I'm at Emerson, Learning Development Manager for the office of Diversity, equity and inclusion. This session is being recorded, and it will be shared out within 2 days to all who registered for the event. Otherwise the recording can be found out of the education and training tab of the Ode website.

3
00:00:25.940 --> 00:00:44.049
Dean's Lecture Series: Live transcription has been enabled, and please know that the live transcript is not perfect, as this is an auto transcript, we invite you to take care of yourself as necessary during today's session as we will not be taking a break, and any feedback or issues with accessibility. Please email us at Dls ode at human Edu.

4
00:00:45.090 --> 00:00:46.430
Dean's Lecture Series: We ask

5
00:00:46.650 --> 00:00:48.430
Dean's Lecture Series: that participants.

6
00:00:48.660 --> 00:00:51.910
Dean's Lecture Series: Oh, I'm gonna share that in the chat for everyone.

7
00:00:53.280 --> 00:00:54.120
Dean's Lecture Series: Here we go.

8
00:00:54.690 --> 00:01:11.130
Dean's Lecture Series: We ask that participants. Please use the QA. Function instead of the chat, and we will do our best to answer your questions. But please understand that we are working within a set window of time. Should we not get to your question, we will work with the presenter to get unanswered questions posted on the Dean Selection Series, web page

9
00:01:11.160 --> 00:01:23.820
Dean's Lecture Series: and paste in the chat you'll find links to the Dean's lecture series website, the slides to Dr. Jamila's lecture today and the Dean's Lecture Series email address. And with that I'm gonna turn it over to Dr. Nunez to introduce today's guest lecture.

10

00:01:24.470 --> 00:01:48.387
Ana Nunez MD: Good morning, everybody. Happy springtime! I'm assured by important, knowledgeable people, my colleagues here. That I can say that. That there won't be any snow for the rest of the month. And we've really sort of moved on. I think that the the daffodils and the tulips are sort of inspiring me that we've moved into season, although I did say I did hear from somebody that the season after winter is actually construction season

11
00:01:49.011 --> 00:02:04.970
Ana Nunez MD: in terms of sort of how the roads are all turned up, but so far we have sort of a decent window, so it's lovely weather, and we move on to be outside and enjoy each other and sort of our times together. And it's important as we sort of come out

12
00:02:04.970 --> 00:02:20.400
Ana Nunez MD: in terms of sort of exploring things that we're able to explore powerful messages in terms of equity, and to that we are privileged to have a fabulous speaker, Dr. Nathan Chumalow here to talk with us about healing our systems through community and solidarity.

13
00:02:20.400 --> 00:02:34.249
Ana Nunez MD: Dr Chumho's work is centered on the impact of early childhood. Intervention and healthcare access have on long term, long-term progress of how children and physicians and health systems address racial and health equity.

14
00:02:34.570 --> 00:02:56.489
Ana Nunez MD: He is the medical director for the State of Minnesota's Medicaid and Minnesota care programs and practices as a general pediatrician in Park Nicolette health systems, health partners. He also serves as the State's Minnesota COVID-19 vaccine Equity Director, and is a senior advisor on equity to the Minnesota Commissioner of Health.

15
00:02:56.490 --> 00:03:09.689
Ana Nunez MD: He's Executive member of the American Academy of Pediatric Section on minority, health, equity, and inclusion. He serves on the Board of reach out and read, and is an adjunct assistant professor in pediatrics at the University of Minnesota's Medical School.

16
00:03:09.690 --> 00:03:33.520
Ana Nunez MD: He has been recognized by the city of Minneapolis, Department of Civil Rights as a 2019 history maker at home recipient. The Minnesota Medical Association, which awarded him the President's award. In 2021, the Aspen Institute, which selected him to be an aspen. Ascend fellow in 2022, and the University of Minnesota's School of Public Health. His graduating class selected him as a keynote

17
00:03:33.520 --> 00:03:54.190
Ana Nunez MD: invited Speaker for the 2022 Commencement ceremony in 2,023. He was selected for the National Academies of Science, Engineering and Medicines Committee on

Proving Health and Wellbeing of Children and Youth, through Healthcare System Transformation, and named to the Lancet Commission on Anti-racism and Solidarity. He lives in Minneapolis with his wife and sons.

18
00:03:54.455 --> 00:04:04.809
Ana Nunez MD: We have to stop now, because, if I tell you all the wonderful things about him. The whole hour will be done and we won't be able to hear his wonderful message. So please join me in welcoming our fabulous speaker, Dr. Chumma.

19
00:04:09.060 --> 00:04:11.300
TELEPHONE_USER: Thank you, Dr. Nunez.

20
00:04:11.900 --> 00:04:17.530
TELEPHONE_USER: and I. I will note that no guarantees are made about snow in May.

21
00:04:17.600 --> 00:04:40.610
TELEPHONE_USER: I think Minnesotans will attest that spring can sometimes come with snow. So glad to to be here today and share a little bit about healing our systems through community and and solidarity. And a little bit of the kind of work I've been doing in a number of spaces, as I reflect and grow in this journey.

22
00:04:45.773 --> 00:04:58.029
TELEPHONE_USER: So no financial relationships to disclose, and no discussion of off label uses of any medications, or really the uses of any pharmaceutical medications at all in this talk.

23
00:05:00.700 --> 00:05:23.130
TELEPHONE_USER: And I, I've you know, learned that it's important to both personally and professionally. Recognize the trauma, medical abuse and discrimination that have happened to our black, indigenous native and other communities of color, and those who live with disabilities or identify as Lgbtq plus that's led to distress and medicine. And as we talk about things like health, equity.

24
00:05:23.410 --> 00:05:41.530
TELEPHONE_USER: and healing and solidarity to work of equity and anti racism really requires that we acknowledge the many legacies of violence, displacement, migration, and settlement that bring us together here today and and remain actively committed to rebuilding trust with those who've had it violated, or or where it's never existed.

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00:05:45.310 --> 00:05:56.009
TELEPHONE_USER: So my main take home this morning. My hope is that we all leave with an understanding appreciation and hopefully a belief that the past

26

00:05:56.080 --> 00:06:01.070
TELEPHONE_USER: healing our healthcare system lies in community and authentic solidarity.

27
00:06:01.455 --> 00:06:18.879
TELEPHONE_USER: And so to, you know, examine that I'm going to talk about healing. I'm going to talk about community, and I'm going to talk about solidarity, and I'm going to share a little bit about my story, as well as some reflections of what I've seen in the healthcare system, both what's worked and and what isn't.

28
00:06:22.810 --> 00:06:44.640
TELEPHONE_USER: and so, to start off talking about healing. I think it's real important to acknowledge that we can't heal if we ignore the wound or don't realize it's there, I think, as healers as clinicians, as folks who are are scientists trying to solve problems. I think this is pretty obvious, right that if we don't have the right diagnosis

29
00:06:44.912 --> 00:07:01.539
TELEPHONE_USER: if we we miss the diagnosis, we think we're treating something, but it's actually somewhere else where the problem lies. We won't see healing. And this is true. On a personal, individual level. And I I really believe this is true. And we, when we think about what is wrong and not working in our healthcare systems.

30
00:07:04.840 --> 00:07:25.013
TELEPHONE_USER: So you know, for for me. You know, I I stand before you in a much different place than I was 22 years ago, as you see on that picture on the far left, you know little little less hair, a little less weight back then, and all. I'd been thinking about it had the inklings of wanting to be a healer.

31
00:07:25.310 --> 00:07:52.339
TELEPHONE_USER: I hadn't heard of concepts like, you know, structural racism, or the social determinants of health or or health equity. These were all blind spots I had, even though I had this idea of how I wanted to move to the world as a healer. And so, you know, I had some learning and growth to do and I also had some unrecognized wounds. About who I was who? How I fit into the world?

32
00:07:53.280 --> 00:08:10.309
TELEPHONE_USER: And and and you know what role my identity played in informing my ability to to live out that goal of becoming a healer and so the next pictures of me and my brother when we went to Cameroon, where my family is from originally

33
00:08:10.989 --> 00:08:37.159
TELEPHONE_USER: when I was in med school, and so at that point I was on my path to becoming a healer and but still, really, I hadn't interrogated some of these these wounds, these unrecognized parts of my own identity that I need to address to to really be able to grow into that role as a healer, to understand how to heal myself so I could help heal others.

34
00:08:37.805 --> 00:08:53.094
TELEPHONE_USER: And so I in on that trip, you know, I bring it up because I really begin to connect with my Cameroon identity. I start to recognize some of the pain that existed from challenges to that, from being told I wasn't cameraing enough or black enough

35
00:08:53.560 --> 00:09:09.210
TELEPHONE_USER: And and certainly wasn't wasn't white, or it's sometimes being questioned whether I was even American. And so these are all kind of deep seated issues that needed to be addressed in order for me to kind of reach my my full potential

36
00:09:09.834 --> 00:09:27.799
TELEPHONE_USER: and and to heal myself and and begin starting to find different ways to heal others as well. And so, as I went through medical school, I did learn about the social determinants of health. And so that next picture is of me delivering the reach out and read intervention, which is one of the ways I really

37
00:09:28.130 --> 00:09:50.740
TELEPHONE_USER: found to incorporate addressing social determinants of health in my practice. And and really reach on. Reid also gave me a place to start to reflecting on our systems right? And how our systems can really be engaged to be healers, to be a healing force, but also kind of get in a way of healing as well.

38
00:09:54.280 --> 00:09:55.570
TELEPHONE_USER: So in in.

39
00:09:55.670 --> 00:10:07.019
TELEPHONE_USER: I was, you know, doing my reach out and read work, and in 2016 I've often shared in many spaces that you know. A significant moment for me was the murder of Philando Castile.

40
00:10:07.396 --> 00:10:21.949
TELEPHONE_USER: and part of that was I was asked to share my experiences with racism. Both growing up in the Us. And and going through the medical system. And this led me to really think up more about, you know, where does racism come from?

41
00:10:21.970 --> 00:10:34.328
TELEPHONE_USER: How does any of us develop bias? And and why does it keep showing up? Why, why do we see it even in young children? In in some of their actions, and how they move to the world.

42
00:10:34.850 --> 00:11:02.920

TELEPHONE_USER: Why, why do we see it exist in families and communities? And is. And that led me to understand more about our identity formation. So things I didn't actually learn deeply in medical school, or or even in residency. I learned from meeting books like Dr. Beverly Tatums. Why are all the black kids sitting together in the cafeteria to learn about racial identity formation as a part of social identity formation and how racial socialization plays a role right, both directly, indirectly

43
00:11:03.364 --> 00:11:10.030
TELEPHONE_USER: intentionally through the experiences we are exposed to the books and

44
00:11:10.340 --> 00:11:14.689
TELEPHONE_USER: shows and and games and media that we consume.

45
00:11:14.910 --> 00:11:42.479
TELEPHONE_USER: and unintentionally, in the messages we are pick up from our parents, from our teachers from other kids and other folks in our lives. In in this process, as I was trying to really understand how, as a doctor, I could better try to help prevent racism from rearing its head and children and and and then into adulthood. I really was able to recognize my own in my some of my own internalized racism. How I've been socialized around race

46
00:11:42.480 --> 00:12:07.969
TELEPHONE_USER: in ways that were causing kind of ongoing pain, discomfort, and and getting in the way of of my overall goals. And and then, finding those ways to kill myself, I was able to start talking to parents in my practice about what a healthy racial identity looks like, how they could be more intentional and and avoid unintentional messages or or results of their child's racial identity development.

47
00:12:12.450 --> 00:12:29.259
TELEPHONE_USER: and realizing my own blind spots, you know, helped me reflect on our broader system, and it's unrecognized or unacknowledged wounds. And and last year I I wrote a piece in pediatrics that looked back on how Race has been framed in the pages of the Journal pediatrics

48
00:12:29.959 --> 00:12:53.379
TELEPHONE_USER: as we celebrated its 70 fifth anniversary and in doing so you could really see kind of a long festering. What I would describe wound of unrecognized racism. And it's impact that it's had and how we've practice and the care our communities receive. And so the text on the left is, you know, it's from that piece. You know, reflecting on

49
00:12:53.700 --> 00:13:21.000
TELEPHONE_USER: articles throughout the history pediatrics, you know whether arguing in 1958, about the precursity of African children examining the genetic and environmental determinants of Mexican Americans or incorporating race as a risk factor in clinical algorithms,

you know, for management of hyperbillion 24, or febrile utis, and 2011. The journal didn't acknowledge the effects of racism, you know, rather than looking at race

50
00:13:21.010 --> 00:13:22.790
TELEPHONE_USER: for decades. Right?

51
00:13:23.910 --> 00:13:27.209
TELEPHONE_USER: So that was again an unrecognized wound

52
00:13:28.790 --> 00:13:44.240
TELEPHONE_USER: and one bright spot, one bright takeaway that I I show I focused on in that piece was the kind of positive and sustained movement we've seen the American Academy pediatrics take since they really focused and and looked at that we wouldn't recognize that existed.

53
00:13:44.974 --> 00:14:12.209
TELEPHONE_USER: And you know, I'm really honored to have played a a small part in that. You know, building on the work of the landmark 2019 policy statement on the impact of racism on childhood, Alison health in in 2020, I and some of my Minnesota colleagues, Andrea Westpie in family medicine, and then Iviero Oka, who was actually a resident at the time we Co. Written a resolution and and brought it to the Ap. Leadership.

54
00:14:12.768 --> 00:14:17.540
TELEPHONE_USER: Conference to call on our Ap. To prohibit the use of race based medicine.

55
00:14:17.964 --> 00:14:34.749
TELEPHONE_USER: And this was accepted as a top 10 resolution. It helped the aap board reflect, and ended up publishing their own perspective on race based medicine. In 2021, and then in 2022, the Ap. Published a policy statement limiting race based medicine

56
00:14:34.920 --> 00:14:58.411
TELEPHONE_USER: which acknowledged the wound. It talked about race as a social, not a biological construct, the use of race as a proxy for factors such as genetic ancestry being scientifically flawed. And that pediatricians really must be aware of this, that in large part we aren't taught or or or made to understand some of the flaws of this construct conflation

57
00:14:58.920 --> 00:15:07.350
TELEPHONE_USER: and and that eliminating, race-based medicine and moving toward race. Conscious medicine is an essential step on the journey to equitable healthcare and outcomes.

58
00:15:10.270 --> 00:15:29.009

TELEPHONE_USER: and one concrete example. That was taken was retiring the use of a clinical risk. Calculation for uti and children under 2. That was noted to be flawed as improperly used race as a risk factor in the previous guideline.

59
00:15:29.230 --> 00:15:36.519
TELEPHONE_USER: you know, had stated that white or non black patients had a higher probability of uti

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00:15:36.886 --> 00:15:59.609
TELEPHONE_USER: and again, that was based on a really flawed approach to determining who is white and who wasn't, who's black and who wasn't really unscientific approach of grouping different populations and risk factors together and potentially at the impact of how often black children were tested for uti requiring them to potentially have more risk factors to meet testing and treatment

61
00:15:59.610 --> 00:16:08.230
TELEPHONE_USER: threshold. And so that that guideline has since been retired, and they're working on one that does not improperly use race as a risk factor.

62
00:16:12.390 --> 00:16:22.049
TELEPHONE_USER: And so, as we think about healing, you know we? It's, I think, clear to me that you know failure to realize the wound leads to more suffering. And that

63
00:16:22.050 --> 00:16:43.470
TELEPHONE_USER: we have some work to do in ourselves, in in addition to helping our systems. And this is a a Ca, a graphic from the national equity project that I think does a really great job of tying how the role and the connection of our own implicit bias, and how we've been socialized along the lines of race and racism. And you could really apply this to a number of isms.

64
00:16:44.570 --> 00:16:58.310
TELEPHONE_USER: And how that has then influenced how historically, we've allocated resources through policies. So, you know, could look at things like redlining and access to employment education

65
00:16:58.530 --> 00:17:07.730
TELEPHONE_USER: as as really concrete examples. But that's essentially access to resources that's been influenced by these implicit biases that we have been taught and internalized.

66
00:17:07.990 --> 00:17:14.970
TELEPHONE_USER: that inequitable allocation leads to those inequitable outcomes and racial disparities that we have seen and have long talked about

67
00:17:15.510 --> 00:17:24.240
TELEPHONE_USER: and measured and then those outcomes. They actually then start to influence our own bias. And what we see oh.

68
00:17:24.400 --> 00:17:49.179
TELEPHONE_USER: which community members are always showing up with gaps and disparities and and health, which ones are always being the ones who are being put in the criminal justice system, which ones are the ones that are are successful, and and and that then influences again, how we then determine who is worthy and who's not. And so this connection, both personally, professionally.

69
00:17:49.681 --> 00:17:56.640
TELEPHONE_USER: It needs to be addressed, and we need to work on healing that before we can really truly move forward together.

70
00:18:00.060 --> 00:18:19.480
TELEPHONE_USER: when it comes to our health system. You know, racism isn't the only example, however, of an unrecognized, we really see it in some of our most pressing issues that we face today. And so what we see here is a timeline the CC. Has published about the what has unfolded with the opioid crisis.

71
00:18:19.800 --> 00:18:42.100
TELEPHONE_USER: and on top of that I've added these red lines. And so, you know, the Cdc graph initially looks at different waves of opioid overdose deaths. Wave one really being driven mostly by prescription opioid, overdose deaths that started in the 1990 s. And then, you see, wave 2 arise in heroin opioid deaths, and then the most recent one arise in synthetic opioid, overdose deaths.

72
00:18:43.202 --> 00:18:54.490
TELEPHONE_USER: What those lines denote, though, are major public health and healthcare system interventions and really acknowledgements of this as a crisis. And so, even though we were starting to see the rise of

73
00:18:55.192 --> 00:19:05.820
TELEPHONE_USER: Opioid overdose deaths related to prescription opioids. It wasn't until 2011 that CC. First formally called death from prescription opioids, an epidemic

74
00:19:06.394 --> 00:19:33.189
TELEPHONE_USER: in 2014 is when we first saw some States realizing this, so Massachusetts was one of the first to actually declare the opioid epidemic of public health emergency and start using some of their levers to address it through the Public Health

Emergency Declaration. And then it was 2015 where the Ama American Medical Association issued its first report with guidance for physicians on what to be doing to try to stem

75
00:19:33.330 --> 00:20:02.089
TELEPHONE_USER: the loss of life and suffering caused by prescription opioids and overdose deaths. And so you can see here that this is a wound that was largely unrecognized for a decade by our systems, and that not only caused kind of immediate harm, but has really made us more vulnerable to additional injury, as we are seeing, you know, with the rise in synthetic opioid, use and overdose deaths into our current decade.

76
00:20:06.529 --> 00:20:35.350
TELEPHONE_USER: And so, you know, not just not recognizing the wound, but ignoring it, or trying to distract from it. Leads to delayed healing and you know, ignoring the room wound, refusing to heal as author as therapist res menacing has reminded us. You know it. It, too, results in pain. And so, even though healing involves discomfort. Refusing to heal, is is very also results in discomfort and over time.

77
00:20:35.510 --> 00:20:45.799
TELEPHONE_USER: Refusing to heal is always more painful, resulting in scarring and and a harder time really reaching the healing that we all are committed to

78
00:20:50.310 --> 00:21:02.149
TELEPHONE_USER: and so, in order to fully recover from deep wounds, and and when those scars do appear you know, it's really important to understand we can't heal alone. It requires community

79
00:21:06.156 --> 00:21:32.413
TELEPHONE_USER: so in every step of my journey. You know I've relied on community to help me find myself and my purpose to help me heal and and be a part of helping our communities heal and starting the top left, there is, a a woman that is near and dear to my heart and my story, Mary Tate or Miss Mary, as we've called her. She was really instrumental to me and and so many others, and helping us find a place and confidence while we were in medical school.

80
00:21:33.047 --> 00:21:39.479
TELEPHONE_USER: And and and she did this, not just for for us, but so many others underrepresented medicine.

81
00:21:39.780 --> 00:21:55.479
TELEPHONE_USER: and and one of the organizations. She helped support the Student National Medical Association or Smma. You can see me back in my Med School days with a couple of colleagues. That's where I really first found community in med school and how to connect with folks

82
00:21:55.490 --> 00:22:04.890
TELEPHONE_USER: outside of medical school, and really start to understand the ways that we could show up as physicians and healers, not just within the pulse of the clinic in the hospital, but in our communities.

83
00:22:05.900 --> 00:22:18.469
TELEPHONE_USER: Certainly in residency. The next picture over. I had, you know, my co residence and Medes, and in my categorical medicine peeds program that were really important, and a real poor community as I

84
00:22:19.220 --> 00:22:24.369
TELEPHONE_USER: became went from becoming this MD. Into a pediatrician and an internist

85
00:22:25.063 --> 00:22:51.279
TELEPHONE_USER: and along the way, while I was in Residency, I also started being connected more and more to reach out and read into my next picture over as some of my mentors, and and reach out and read Dr. And Dr. Amy Shriver, who really again helped me find a channel to really take this energy interest in addressing social determinance of help, and and turn that into a part of my story, part of my path and my work.

86
00:22:51.920 --> 00:23:18.310
TELEPHONE_USER: And and then in practice, you know, when that sense of community felt like it was starting to lack. You know, when you leave Residency, you, there is this period transition where you don't have kind of a built in, you know, kind of work community a a all the time. And and for me, particularly as we were looking for community in the wake of philanthropy in the wake of the 2016 Presidential election.

87
00:23:18.500 --> 00:23:29.319
TELEPHONE_USER: and some of the rhetoric that's come up since Minnesota doctors for health. Equity has been a real crucial part in place. Where I have been able to process and actively heal

88
00:23:30.342 --> 00:23:51.267
TELEPHONE_USER: and and more recently that next picture on the bottom row is from my community of leaders to the ask and ascend fellowship. It's really been critical. As I stepped, stepped into leadership roles to have that kind of community of of fellow leaders

89
00:23:51.770 --> 00:24:05.669
TELEPHONE_USER: to understand how we can grow together, heal together as we we navigate the work and the ups and downs, and through it all ha! Has been my family right and close friends. Who, you know, have always been and

90
00:24:06.230 --> 00:24:13.140
TELEPHONE_USER: there for me. I really am, and always have been a product of my community. And the healing they provide.

91
00:24:17.950 --> 00:24:25.529
TELEPHONE_USER: So like us as individuals. You know our healthcare systems need to be a part of their communities to truly heal.

92
00:24:25.990 --> 00:24:40.990
TELEPHONE_USER: And so how can our healthcare systems be in community. Better right? And and so one possible path forward came was was put out there by this group. I I had the fortune of being a part of in 2019

93
00:24:41.668 --> 00:24:54.900
TELEPHONE_USER: and and published the the reports in January of 2020 with, there's really audacious, I think, charge of you know, what would it take to eliminate health and equities in Minnesota in 10 years?

94
00:24:55.382 --> 00:25:15.050
TELEPHONE_USER: And I don't think we quite, you know, got there, obviously, 4 years in we're we're still quite a ways away. But I think there was, you know, 2 big takeaways from our work together that, I think are really informative to thinking about how our health systems can better be better in community and and contribute to healing that way.

95
00:25:15.280 --> 00:25:30.469
TELEPHONE_USER: One is to really understanding that, like the status quo, and just being fine with how things are. That's not neutral. No. So in action is not neutral, and the acceptance of what I think is quite clear to to many of us, and unjust status quo

96
00:25:30.924 --> 00:25:50.295
TELEPHONE_USER: and the and the second is, you know, to be in community. Truly, we can't just look at ourselves as part of the solution. And so we can't just come to the table thinking that the only thing that we do is help. We have to also see how we could potentially be part of the problem and need to address those issues, those longstanding systems

97
00:25:50.680 --> 00:25:56.269
TELEPHONE_USER: and structures that are causing harm, while we're also think seeking to do things differently.

98
00:25:58.770 --> 00:26:17.909
TELEPHONE_USER: So really encourage folks. If you haven't check out this report. If you're interested in thinking about how our health systems could be better in community and

contribute to healing, you know, to check it out. This is a a figure from the the report, the systems transformation framework that describes about 7 key elements to address barriers to broader change

99
00:26:17.910 --> 00:26:29.440
TELEPHONE_USER: that will build the capacity of healthcare and their partners to reduce health inequities through collaborative action. And and so the report's conclusion was that by implementing these elements.

100
00:26:29.818 --> 00:26:45.709
TELEPHONE_USER: Healthcare can more better achieve a vision for having partnerships in place and infrastructure needed to eliminate health inequities through again collective action, thinking about not just what our own students do by ourselves, but how we can be in community

101
00:26:45.890 --> 00:26:53.729
TELEPHONE_USER: with the people. And and we serve the patients we serve with the people in our own healthcare systems and with other healthcare organizations.

102
00:26:57.450 --> 00:27:24.420
TELEPHONE_USER: One strategy we explored in the 2020 report was having healthcare institutions become anchor institutions. And so this is a a perspective that was published in the New England Journal last year that talked about how one University Rush University approached that anchor strategy. If you haven't heard about the anchor strategy. It was first described in Aspen Institute way back in 2,001 actually

103
00:27:24.780 --> 00:27:29.975
TELEPHONE_USER: back when that was the year of that fresh faced picture of me in in college.

104
00:27:30.835 --> 00:27:35.099
TELEPHONE_USER: you know it initially centered on the community building potential of universities

105
00:27:35.250 --> 00:28:04.459
TELEPHONE_USER: right? And thinking about how they could be better community partners. It has since been adapted to create a broader place. Based means to build community health and wealth. And so you know, this piece looked at rush use of Rush University and and Chicago's approach, and they came to this strategy after reflecting on their own data and looking at and and discovering that within the neighborhoods surrounding their institution there was a 16 year gap in life expectancy between the different neighborhoods.

106
00:28:04.720 --> 00:28:17.909

TELEPHONE_USER: and so one of the first steps that they did is they looked at their community health needs assessment, and that really pointed to 2 driving forces for these life, expectancy, gaps, structural racism and economic deprivation.

107
00:28:18.290 --> 00:28:26.979
TELEPHONE_USER: And so they began to really think about from all aspects of their their operations, how they could be better community partners. They

108
00:28:26.990 --> 00:28:36.550
TELEPHONE_USER: started internally, so they identified their own employees who lived in those neighborhoods that are experiencing the largest life expectancy gap identified them as their first community.

109
00:28:36.550 --> 00:28:58.959
TELEPHONE_USER: and then centered them in their development of interventions and their restructuring of resources, and then, in 2,018, they broadened their lens by joining 5 other healthcare systems in a group called West Side United that focused on not just healthcare, but economic education and built environment interventions to try to address these gaps.

110
00:28:58.960 --> 00:29:22.379
TELEPHONE_USER: and and because of that authentic trust that they were building with communities. With this approach, they were, you know, selected to lead Chicago's COVID-19 racial equity response team and overall, they've, you know, been able to really guide millions of new investment or reinvestment directly into the communities they serve into the communities that their first community colleagues live in.

111
00:29:24.870 --> 00:29:38.659
TELEPHONE_USER: And so one example from their anchor strategy is the Sanofa Wellness village, which you can see? It's isn't continues to be in development, but it's in that top left corner. Sanofa is gonna end, for, you know. Go back and get it.

112
00:29:39.092 --> 00:29:54.600
TELEPHONE_USER: And there's 4 current anchor projects. So it's the Simcova Wellness Center, which will be a community health center and access to wellness programs for folks in the neighborhood. There's an arts and activism. Hall in the top, right, the bottom left is

113
00:29:54.840 --> 00:30:14.590
TELEPHONE_USER: social innovation hub to support small business and entrepreneurship, and then the bottom right is a community grocery initiative which expands options for food and helps folks become growers of their own food as well. And so to me. This is a wonderful illustration of how health systems can truly be in community.

114
00:30:14.590 --> 00:30:27.500

TELEPHONE_USER: promote healing for us all. And and as Alhaj Malik Al Shabazz, better known as Malcolm X. Has noted, you know, when I is replaced with we, even illness can become wellness.

115
00:30:31.390 --> 00:30:40.070
TELEPHONE_USER: So for our third point, it's important to think about, how do we create or find more? We how do we find more community?

116
00:30:40.520 --> 00:30:51.879
TELEPHONE_USER: And you know again, in in my own work, in reflection, I think authenticity is key. You know we can't authentically be in community without solidarity. Right?

117
00:30:54.990 --> 00:31:00.999
TELEPHONE_USER: So solidarity is one of those terms that I think is both simple and complex.

118
00:31:01.020 --> 00:31:17.889
TELEPHONE_USER: I've found it to be thrown around a lot much like health equity. Right? You ask 10 different people to define health equity. You'll probably get 10 different answers. If you ask 10 different people to define solidarity, you likely would get 10 different answers. And and so through through my work on the Lancet Commission

119
00:31:18.050 --> 00:31:38.130
TELEPHONE_USER: focused on the anti racism and solidarity. I've been reflecting a lot on what solidarity means, particularly in medicine. In one definition I've appreciated recently. I'm sharing here. It comes from a Mathura Mohendron, who's a storyteller, writer, creator and curator of the website dismantling the mastertool.com

120
00:31:38.473 --> 00:31:53.950
TELEPHONE_USER: and, as you can see, she she describes solidarity, not as needing to share identical stories or identical reasons, but more so, weaving our stories, our lineages, visions for the future together, and as we change, they change, and as the context around us changes

121
00:31:54.301 --> 00:32:15.019
TELEPHONE_USER: and I really like the excerpt she cites from author and activist, Adrian Marie Brown, which describes how solidarity is in invitation to flock, and that, like birds do there. There's an art to flocking, staying separate enough not to crowd each other, aligned enough to maintain a shared direction, and cohesive enough to always move towards each other.

122
00:32:18.440 --> 00:32:22.320

TELEPHONE_USER: Think it's also important to think about. You know what gets in the way of solidarity, that

123
00:32:22.410 --> 00:32:39.059
TELEPHONE_USER: those are words that are are beautiful and and and really resonate. But I think when it comes to the practice, we we find ourselves struggling to truly be in solidarity. And and so one piece that I thought has was really insightful and powerful, and reflecting on that came from Alan. Well.

124
00:32:39.660 --> 00:32:58.729
TELEPHONE_USER: who's the editor of Health Affairs? And for those who aren't maybe as much in the health policy space. The Health Affairs is a journal that's very, very similar in stature to the New England Journal. Medicine for health policy logs and in in 2020, in. In the wake of the murder of George Floyd. He wrote this perspective titled The Social Determinants of Death.

125
00:33:00.140 --> 00:33:06.278
TELEPHONE_USER: and so in it he really notes that a lack of calling out exactly what is causing inequities

126
00:33:06.760 --> 00:33:17.799
TELEPHONE_USER: you could maybe frame that as a a lack of recognizing the wound causes us to more easily deny the humanity of others. It causes us to be able to obfuscate what's really going on.

127
00:33:18.931 --> 00:33:39.159
TELEPHONE_USER: And so then, you know, those in power can adopt laws and policies. You know that perpetuate economic and political determinants of health. And our our failure to translate our nation's wealth into an actual living wage or high quality. Education and healthcare. For everyone, you know reflects policy choices. It reflects the the political, you know, determinants of health.

128
00:33:40.210 --> 00:33:48.000
TELEPHONE_USER: and he notes that you know social connection is crucial, and it's really become under attack through these isms. You know. That

129
00:33:48.000 --> 00:34:11.440
TELEPHONE_USER: you know social, really. And you know, we think about the social determinants of health. It really talks about connection to others in relationship to others, being key to our health and wellbeing. And that racism and many of the other isms, you know are are really an intent to separate our us from each other and as we get separated, our interest and wellbeing somehow are framed as threatening

130

00:34:11.440 --> 00:34:22.329
TELEPHONE_USER: the interest and well being of others. And and so we start seeing each other as threats instead of the solidarity that we know actually leads to health and and wellbeing.

131
00:34:24.508 --> 00:34:46.830
TELEPHONE_USER: And so he noted that you know, particularly in that time in 2020, you you hear a lot of folks talking about racism, but a very few folks talking about power, and how those 2 concepts are really closely intertwined. And that if you speak about one without talking about the other, it there he has real concerns that you won't see the change that's needed.

132
00:34:47.270 --> 00:35:06.938
TELEPHONE_USER: and specifically for the healthcare sector. You know, reflecting on how, if it were a country, the Us. Healthcare sector would have the fifth, highest Gdp in the world. However, it uses much of its power, as he notes, to sustain its power. Not to necessarily recognize the health and wellbeing of its communities.

133
00:35:07.460 --> 00:35:19.780
TELEPHONE_USER: And and you know notes that healthcare, you know, even with our kind of moral standing and calling, is not exempt from this reality. And so it's really important to not just

134
00:35:20.167 --> 00:35:33.750
TELEPHONE_USER: stand against racism or any of the isms. But really, how are we going to how our institutions use their power to fight racism, to fight the other isms and attempts to separate us from each other.

135
00:35:36.900 --> 00:35:55.520
TELEPHONE_USER: One example of where our healthcare system, you know, failed to be in community and show solidarity or exert any of its power really to notably help healing, is examining the juxtaposition of our Society's response to the crack cocaine epidemic of the 1980 s. With that of the opioid epidemic.

136
00:35:56.020 --> 00:36:14.499
TELEPHONE_USER: So there was this really compelling study in 2020, done in the Journal of Health, politics, policy, and Law, that examined how language was used in newspaper articles, comparing the 2 epidemics by looking at the time period from 1988 to 89, and then from 2,016 to 2017

137
00:36:15.210 --> 00:36:26.620
TELEPHONE_USER: and you know, it's probably might not be shocking to many when you stop and think about how our response has been. But if you look at how languages use, and many of the main newspapers.

138
00:36:26.860 --> 00:36:38.519
TELEPHONE_USER: internals, in 88, and 89. The terms that were most frequently seen were criminal justice framed terms like crime, drug dealer, police, drug trafficker.

139
00:36:39.340 --> 00:36:45.160
TELEPHONE_USER: while in 2016 and 2017 they were more health framed public health.

140
00:36:45.380 --> 00:36:54.609
TELEPHONE_USER: healthcare, access, substance, use, disorder, treatment were the terms that were most often used in reference to the opioid epidemic.

141
00:36:55.080 --> 00:37:04.369
TELEPHONE_USER: And so you know, this in part explains, you know, how we've seen and landed at disparate outcomes right that

142
00:37:04.390 --> 00:37:14.650
TELEPHONE_USER: while many studies have shown that the rate of drug uses similar between white and black communities, black community members are 6 times as likely to be incarcerated for drug offenses.

143
00:37:15.100 --> 00:37:25.809
TELEPHONE_USER: And the authors noted that you know this actually type of frame, this connection is relevant to discussions and and policies, even addressing other issues like educational or social welfare reforms.

144
00:37:26.050 --> 00:37:26.880
TELEPHONE_USER: I'm

145
00:37:27.070 --> 00:37:38.749
TELEPHONE_USER: and it really points to a lack or a gap in solidarity that really that again perpetuates inequities prevents us from healing together.

146
00:37:41.730 --> 00:37:54.399
TELEPHONE_USER: I in in my journey. You know one of the places and spaces that I I feel like I first started to flock professionally if you will. Was in helping start Minnesota doctors for Health equity

147
00:37:54.580 --> 00:38:08.280
TELEPHONE_USER: and some of the genesis of our organization was because we saw many physician organizations through their advocacy and their use of power. We're prioritizing physician payments and profit over patients.

148
00:38:08.350 --> 00:38:21.810
TELEPHONE_USER: And and we didn't really start as an effort specifically focused on solidarity. But I think we learned how important and critical that is to the work that we're trying to do and have been striving to be more in solidarity and moving ways

149
00:38:22.090 --> 00:38:28.859
TELEPHONE_USER: that you don't typically see and and really moving, you know, with community, not for

150
00:38:28.870 --> 00:38:29.930
TELEPHONE_USER: community.

151
00:38:30.330 --> 00:38:37.789
TELEPHONE_USER: And and one way that I and others at Mbh. Q. Have looked to demonstrate better. Solidarity is by following the lead of our own students.

152
00:38:37.940 --> 00:39:00.719
TELEPHONE_USER: and so that photo in the middle are photos for members who showed up to support the student led white coats for black lives, protest at the State Capitol after George Floyd's murder, and to me white coats for black lives has been one of the best miles I've seen of healthcare professionals working in solidarity, and and that's really continued for almost a decade of different classes and students.

153
00:39:01.076 --> 00:39:16.039
TELEPHONE_USER: And so this is something that you know Md. Mdhq. Or Minnesota health equity itself is learning. It's trying to incorporate more student and learner leadership which I believe has brought us closer to fulfilling. You know, our potential of solidarity.

154
00:39:17.890 --> 00:39:25.640
TELEPHONE_USER: And I want to also be a shout out to the White House from Black Lives chapter that's having an actual teach and training later today.

155
00:39:29.700 --> 00:39:37.170
TELEPHONE_USER: So you know, a lack of solidarity me. One way to frame that is, you know, we're in the same ocean, but we don't see ourselves in the same boat.

156
00:39:37.590 --> 00:39:49.199
TELEPHONE_USER: And COVID-19, I think, really illustrated that to be both the case on a global scale, you know, and how resources were and continue to be allocated, and then, certainly more locally, you know, within the Us. And even within States themselves.

157
00:39:49.621 --> 00:40:11.810
TELEPHONE_USER: But there were some bright spots, you know, when we saw solidarity leading to greater healing one here in Minnesota. And so folks may be aware that when the COVID-19 vaccine was first released, you know, States had the ability to kind of set some of their own criteria who was prioritized, and when, and tribes our our sovereign tribes tribal nations were able to

158
00:40:12.060 --> 00:40:35.320
TELEPHONE_USER: also set the rules. And you know that led to white Earth nation setting rules that were different than the States, but allowing their met more of their members to get vaccinated as well as the surrounding community members in Minoman County, to to get vaccinated earlier on in the pandemic, and it led to them having one of the highest vaccination rates

159
00:40:35.320 --> 00:40:43.189
TELEPHONE_USER: in Minnesota early and in 2021. And so clearly the tribe could have seen the

160
00:40:43.190 --> 00:40:59.359
TELEPHONE_USER: the access to these kind of lifesaving resources is something they just want to keep themselves. But they really viewed themselves in community. They saw that their fates were tied to those around them. And they found ways to to bring folks in, and I'll also help them really reach their full health potential.

161
00:41:02.550 --> 00:41:21.410
TELEPHONE_USER: you know. Unfortunately, the example from white earth remains a bit of a rarity, and too often at this time we are seeing healthcare institutions, including at times our own. Here in Minnesota. Can retreat into a perceived safety, particularly when you look at efforts to promote the eye coming under attack.

162
00:41:21.410 --> 00:41:38.070
TELEPHONE_USER: and so on the top left there. You see that, you know there was many healthcare institutions in particular that were were very vocal about wanting to sign a commitment to diversity, equity, inclusion in the wake of George Wood's murder, signed commitments to racial justice, particularly for black communities.

163
00:41:38.410 --> 00:41:51.530
TELEPHONE_USER: And but you know, since the Supreme Court's decision in particular affirmative action. There's been this backlash, and we've seen folks kind of retreat as results.

164
00:41:51.946 --> 00:42:05.153

TELEPHONE_USER: And I think you know, that is really instructive and and concerning and one reflection that I think has really resonated meet with me. Is is why I included this picture of ruby bridges.

165
00:42:06.123 --> 00:42:26.820
TELEPHONE_USER: One of the young girls who was first to integrate schools in her community, being escorted by us Federal Marshalls to school right? And and so Professor Laka, year be from Ohio State University, who who studies law and medicine racism. You know she is reflected, in in seeing how institutions are moving in response to affirmative action, ruling in particular.

166
00:42:26.820 --> 00:42:42.620
TELEPHONE_USER: that it, it quite adjusted position. When you see how institutions acted in reaction to Board V. As you board the sorry. Brown, V. Board of Education right? That was a Supreme Court decision as well that really changed dynamics in many communities.

167
00:42:43.335 --> 00:43:00.224
TELEPHONE_USER: But you didn't see folks rushing to desegregate with concerns of how the Supreme Court would act. You saw actually the very opposite, and that they clamped down, and that, you know there was Federal intervention needed to really enforce this this rule.

168
00:43:01.100 --> 00:43:07.490
TELEPHONE_USER: on the flip side, there's kind of a narrow ruling related to you know, higher education.

169
00:43:07.960 --> 00:43:30.820
TELEPHONE_USER: And we see lots of folks from lots of different sectors, not just education, taking that as a signal that they can abandon the Ei when they receive a little bit of pushback. And so I think it's really important for us, as we think about what solidarity means and what looks like to reflecting on what's happening now. And how we can better move forward together.

170
00:43:32.730 --> 00:43:42.179
TELEPHONE_USER: And I think this graph from a recent, it's actually from a research bulletin at the Federal substance abuse and Mental Health Services Administration, published in 2015,

171
00:43:42.993 --> 00:43:57.399
TELEPHONE_USER: you know, to examine the Mental health impact on communities after disasters, you know, I I think it may help explain what we are seeing and experiencing as well as you know, hopefully give us some hope as we attempt to heal from multiple traumas.

172
00:43:57.430 --> 00:44:12.929

TELEPHONE_USER: So you think about a global pandemic confronting structural racism confronting center colonialism, widening inequity as all of these traumas that we are experiencing kind of one top of each other. And I actually saw this graph presented

173
00:44:13.230 --> 00:44:25.240
TELEPHONE_USER: from one of my Medicaid medical director, colleagues from Hawaii, as they were reflecting on the response that they had from the fires in Lahaina and and Maui last year, and and certainly as a

174
00:44:25.520 --> 00:44:45.790
TELEPHONE_USER: a healthcare worker. I think this particularly resonates when we think about how the public support for our work. In the early month of 2020 kind of reached a fever pitch of of, you know, a honeymoon. Folks bang on pots and pans every night. And then, you know, kind of quickly shifted where we are today.

175
00:44:46.429 --> 00:45:05.510
TELEPHONE_USER: And so, you know, we are experiencing a similar phenomenon when it comes to confronting structural racism. And and so you know the hope I find is that you know we can get to that right side of the graph where we are surround, you know, outside of this area right now, where we are surrounded by disillusionment into a place of reconstruction.

176
00:45:06.122 --> 00:45:07.490
TELEPHONE_USER: And and that this

177
00:45:07.540 --> 00:45:14.619
TELEPHONE_USER: kind of backslide that we're experiencing can can be temporary, and it isn't where we'll end up, you know, if we can can stay the course.

178
00:45:17.040 --> 00:45:29.539
TELEPHONE_USER: And so, you know, to recap as we start wrapping up here to to get to that period of reconstruction, we need to be aware of our blind spots that we can't heal if we ignore the wound or don't realize it's there

179
00:45:31.540 --> 00:45:53.840
TELEPHONE_USER: to get to that period of reconstruction. We need community and appreciation. That collaboration takes more time right? I think lots of folks are familiar with the African proverb that if you want to go fast, go alone. If you want to go far, go together. And so, thinking about that success of Rush University. You know they didn't happen overnight, but because they had done groundwork, and they positioned themselves to be a better partner.

180
00:45:55.810 --> 00:46:10.088
TELEPHONE_USER: and then to get that to your reconstruction. We need solidarity and and recognize that that is messy that it feels different than how we are used to moving, and some

of that is due to what we've been socialized to believe about concepts like scarcity and freedom.

181
00:46:10.530 --> 00:46:31.909
TELEPHONE_USER: and really an expanded definition from dismantling the master's tools kind of reveals more that solidarity doesn't bind to that narrative of scarcity, and that we must trust that there is enough space for all of us, if not within the system we are currently existing and trying to dismantle within the worlds we are building towards, and how that can moving together.

182
00:46:33.990 --> 00:46:50.839
TELEPHONE_USER: and that trust is really crucial to the solidarity needed to affect change, and it can't be taken at face value, it must be shown. And so I think we have to ask ourselves hard questions like, will we be able to see wealth and power accumulated over decades? To those who have been excluded?

183
00:46:51.080 --> 00:47:02.259
TELEPHONE_USER: Will we engage in meaningful dialogue designed to break down barriers to a well functioning society, one in which people engage in authentic relationships and learn of their shared humanity.

184
00:47:02.710 --> 00:47:11.729
TELEPHONE_USER: and I think solvay requires that we must use our power to create more just systems that ensure that opportunity is equally distributed.

185
00:47:13.630 --> 00:47:35.300
TELEPHONE_USER: And so I'll finish with a quick example of some of my work at the State where I've tried to put some of these concepts into practice, primarily, initially, through our building racial equity into the walls and Minnesota medicaid work which we now are calling pathways to racial equity. But this has been an iterative process, working with communities most impacted by structural racism, the first one focused on us foreign black Minnesotans.

186
00:47:35.300 --> 00:47:59.549
TELEPHONE_USER: And so in order to heal, we called out structural racism and how that exists across many areas within the State of Minnesota, and specifically how Medicaid has contributed to inequities in the structural racism that's embedded within Medicaid. Then we sought community by seeking guidance, by consistently having conversations with leaders from the Us. Foreign black Minnesota community, as well as an all call community conversation

187
00:47:59.740 --> 00:48:10.280
TELEPHONE_USER: with members to really get experience and understanding of what is working and what isn't. And you can see the lived experience of folks that showed up to those community conversations.

188
00:48:10.290 --> 00:48:29.310
TELEPHONE_USER: And then we saw solidarity, you know, thinking, seeing that our fates are bound, the How Ehs and the Mech Agency will be judged should be connected to what is being asked of us of our communities, and so seeking out some shared metrics of what success will look like, and putting that in writing, in in the report.

189
00:48:31.538 --> 00:48:55.900
TELEPHONE_USER: And so you know, really proud to say that we've seen some significant change relatively quickly, in response that approach we had 3 broad calls to action, simplifying and supporting enrollment and renewal on our Medicaid programs, increasing investment and cultural development care for years born black medicines and Medicaid, and then funding community conversations in an ongoing way. And we're we haven't got all of them. But we have had significant

190
00:48:56.080 --> 00:48:58.650
TELEPHONE_USER: steps forward with policies past

191
00:48:58.950 --> 00:49:16.000
TELEPHONE_USER: last year that will provide continuous coverage for children in the first 6 years of life on Medicaid, that simplified enrollment and renewal processes that increase support for community-based navigators and improved payment and increase decrease barriers for doulas and dual services.

192
00:49:17.120 --> 00:49:39.220
TELEPHONE_USER: And then I'll highlight here the outcome. So you know, wanting to really see population impacts. In one place, we felt, you know, specifically thinking about how we could simplify and support enrollment and renewal was to make sure that there was not the disparity in the number of us born black Minnesotans who maintain coverage at the end of the Federal public Health emergency compared to other Medicaid Enrollees.

193
00:49:40.200 --> 00:49:55.240
TELEPHONE_USER: And so here, you see just some stats about how we were doing initially in that process of re-enrolling 1.5 million minutes funds on Medicaid over the last year, and we had those gaps emerge quite early, as you can see on the right.

194
00:49:55.560 --> 00:50:12.940
TELEPHONE_USER: looking across our members as identified by race. Our black native American, Hispanic and Pacific Islander communities in particular, had higher rates of disenrollment, or losing their Medicaid coverage. If you look on the left from Kff. We were one of the top third States with our rates of disenrollment or folks losing coverage.

195
00:50:13.550 --> 00:50:40.890

TELEPHONE_USER: but by taking feedback by focusing on communities. Being really responsive to what we were hearing. We have seen significant progress. And so in the last quarter, we are now in the bottom third of states as far as the rate of disenrollment. When you look amongst our enrollees over the course of our campaign. So far we have seen those gaps for black and native American communities disappear, and those for Pacific Islander. Hispanic enrollees significantly decrease.

196
00:50:43.590 --> 00:50:54.460
TELEPHONE_USER: So to wrap up the take home is that you know, I truly believe, and I hope you now do, too, are starting to believe that the path to healing our healthcare system lies in community and authentic solidarity.

197
00:50:55.704 --> 00:51:05.999
TELEPHONE_USER: And and I'll conclude by, you know, sharing bell hooks, words that I think ring ever true, that rarely, if ever, are any of us healed in isolation, that healing is an act of communion.

198
00:51:06.263 --> 00:51:29.050
TELEPHONE_USER: And just wanted to end by providing another shout out to our students, who, I think, are showing us how we can push our systems to heal through community and solidarity, and then once more to Miss Mary Kate, who really again lay the foundation for me, and so many to spring from. And I know that there's still a need for that type of community that she created and curated for students, and hope that the healing the Med School continues to pursue is making sure that legacy continues.

199
00:51:31.060 --> 00:51:34.930
TELEPHONE_USER: There's a list of references, and with that I'll kick it back over to Dr. Nunez.

200
00:51:40.080 --> 00:51:49.047
Ana Nunez MD: Thank you so much, and and congratulations so much in terms of successes, both for for children's health and us born black Minnesotans in terms of the

201
00:51:49.510 --> 00:52:13.949
Ana Nunez MD: progress you've made before we get to the questions. Actually, the the one thing I have for you is, how did you, you know, were you in utero a health policy, wonk or like? How did you come to that path? How how did you? How did that appeal to you in terms of both your training, your exposure in terms of sort of that direction which is really important in a very systems oriented thing. But were you exposed at medical school? Or how did you come to it?

202
00:52:15.450 --> 00:52:40.059
TELEPHONE_USER: Yeah, I often can reflect that it has been an iterative process that if you've asked me 5 years ago, do you want to become a medical director, a Medicaid, I would have said no, because the medical directors to me are the ones who are telling me that this

inpatient admission wasn't qualified that I just switch my child who's been on the same Controller inhaler for 4 years to a different one. Right? So that wasn't the type of work I was interested in. But I have always. I've been interested in the role of a physician outside of the wall

203
00:52:40.060 --> 00:53:04.220
TELEPHONE_USER: clinic and hospital. You know I was, you know, informed, influenced by my parents. Who was a pharmacist and a nurse, and we go to community gatherings, and folks would always come and ask them questions about how to navigate the healthcare system. And so I wanted to be able to be that type of resource. And so you know it started with reach out and read as a way to kind of, you know. Have some way of addressing social determinants. I think that exposed me to kind of moving an idea through systems

204
00:53:04.270 --> 00:53:31.779
TELEPHONE_USER: right and and then to the kind of broader issues that if you don't have access to healthcare. You don't have access to reach out and read, or so many other, you know, services and things that are need to keep our children healthy and and safe and and then that then naturally, I think, led to Medicaid as a vehicle to really, you know, advocate both, for health system changes as well as really focusing on structural racism, inequity given how we structured our healthcare resources in this community. And so to me, I I say, don't

205
00:53:31.780 --> 00:53:38.769
TELEPHONE_USER: go after a position, go after kind of work that aligns with your kind of view, and and how you want to kind of move and make change.

206
00:53:39.150 --> 00:53:53.199
Ana Nunez MD: And building on that in terms of solidarity and community. What's what's one piece of what one thing people could do today in terms of sort of that. You can think that sort of moves the needle in terms of solidarity and building community. What's one thing people could do.

207
00:53:54.490 --> 00:54:18.199
TELEPHONE_USER: Yeah, I mean, I often say, and I tried to share that in in this. This talk, too, is that you know that idea, that little announcement you hear every time you jump on a flight. You know it's the mask dropdown. You gotta put on yourself before you put on someone else. You know, I think this work is is really crucial to do some of your own learning and unlearning about what you've been taught about. You know health, equity about racism, about solidarity. And so, you know, there's

208
00:54:18.200 --> 00:54:41.769
TELEPHONE_USER: references, you know, in the talk here that you know that that I put in that that folks should look into. But I really think, you know, really interrogating your own ideas and understanding of what that means. That dismantling the Masters Tools website is a good place to start as well. And and then from there you can kind of, you know, I always talk about

finding, you know an organization that's already doing the work and seeing how you can learn more from them and support them and grow together with them.

209
00:54:42.053 --> 00:55:05.619
TELEPHONE_USER: And you know, certainly listed. You know, a a couple in the talk. That, you know, resonate for learners the white coats for black lives for folks out in profession or in practice, misinox health, equity learners health equity, too. But I I think that kind of iterative response at first, you know, making sure that you understand what is really calling you to the work, and and what you need to learn and unlearn, and then kind of growing from there.

210
00:55:05.870 --> 00:55:30.710
Ana Nunez MD: Right. So learn, grow and join. Huh? And then Dr. Phil has a question or in developing community clinics using university resources. He reports, we have encountered a few issues, lack of system to refer patients to give further care and address medical issues uncovered, having medical students assist, but not getting credit for their work. And since. And they're

211
00:55:31.540 --> 00:55:32.660
Ana Nunez MD: there

212
00:55:33.240 --> 00:55:35.479
Ana Nunez MD: something structures to use

213
00:55:35.530 --> 00:55:44.490
Ana Nunez MD: community clinics as labs for teaching in general or no guidelines to structure community clinics effectively. Where can this be found?

214
00:55:44.670 --> 00:55:49.600
Ana Nunez MD: I guess the question is about structure and guidelines in terms of community clinics.

215
00:55:50.960 --> 00:55:59.790
TELEPHONE_USER: Yeah, I mean, I think, I I don't know if I have like a definitive answer on that. I know that there are. Is our Statewide Association, Minnesota Association of Community Health Clinics.

216
00:56:00.040 --> 00:56:23.610
TELEPHONE_USER: where folks can kind of get some assistance in. You know what are the levers within State and and State government in particular, to advocate for it to better support our community health centers. There's a national one, because some of you know, a lot of community health centers. If they're very qualified health centers, they're getting funding from the Federal Government. And so, you know, understanding the lever thoroughly is really important, too. But I'm a big, you know, Fan. In fact, the National Academy's report

217
00:56:23.870 --> 00:56:48.349
TELEPHONE_USER: that I was a part of helping right? That's coming out later this year. We really lift up community health centers as like a model particularly for thinking about how we deliver care to children and families of, you know, a team centered care way that engages folks where they're at and has a lot of the resources, you know, right there. And so I I do think that there's a lot of opportunity for us to collectively, you know. Think about, you know, as we seek to heal.

218
00:56:48.350 --> 00:57:02.560
TELEPHONE_USER: we seek to, you know, reconstruct how we can learn from community health centers both what's working well, I mean simple things but then, also what you know, the questioner at noted is, you know, what isn't and how? How could we kind of better realize their full, potential.

219
00:57:02.900 --> 00:57:03.640
TELEPHONE_USER: great.

220
00:57:04.050 --> 00:57:32.040
Ana Nunez MD: Alright. Well, thank you so very much. This was fabulous. Again, thank you. In terms of your role, so far as Medicare and medicaid you know, being being the voice of potential reason, not just the the voice of no in terms of sort of limitation, but asking, sort of how do we get to? Yes, in terms of better care and addressing health, equity, and absolutely appreciate your messages in terms of solidarity and community. So thanks so much, and I'll turn it back over to Matt.

221
00:57:33.250 --> 00:57:34.590
Dean's Lecture Series: Alright. Thank you.

222
00:57:35.130 --> 00:58:03.270
Dean's Lecture Series: Thank you. Everyone for attending today. A one question survey will appear on your web browser immediately after the zoom session. Please take the time to complete the survey, to inform us of future presentation topics, and a reminder that this session was recorded, and will be shared within 2 days. To all those who registered for this event, otherwise recording to be found under the education and training Tab of the Odei website, and please save the date. The next things like series session will be in Wednesday, June twelfth, with Dr. Nadia Sammogoodo.

223
00:58:03.270 --> 00:58:05.980
Dean's Lecture Series: Thank you all so much, and thanks again, Dr. Joel.

224
00:58:06.740 --> 00:58:07.229
Ana Nunez MD: Have a great day.

225
00:58:07.230 --> 00:58:08.440
TELEPHONE_USER: Thank you all. Take care!

226
00:58:08.660 --> 00:58:09.240
Dean's Lecture Series: Here.