

Sharon: Hi, I'm Sharon LaSure-Roy, thank you for joining our Health Disparities Podcast. Today, I'm joined by Rolf Taylor, who is our producer extraordinaire for this podcast series. And today, I get to turn the tables on him. He is usually doing the questions, but this time since we are celebrating our 100th episode of this podcast. I literally cannot believe it, but it's so fantastic! We decided we're going to talk with the creator, the producer, and the director extraordinaire about some of the most memorable podcasts this year.

Rolf: It's wonderful to be here Sharon, thank you for inviting me and turning the tables.

Sharon: Exactly. So, let's talk a little bit about the Health Disparities Podcast and Movement is Life. Rolf, can you give us an overview of Movement is Life and why. You know, we're both a part of the caucus. Can you give me the elevator pitch?

Rolf: Oh sure! Yes, let me see if I can get that down to elevator size. Well, you know Movement is Life is actually a, it's almost like a brain trust and it's been around for 10 years. So, it's 10 years since the first kind of group meeting where people came together thinking about health equity, and particularly health equity in the musculoskeletal space. But I think what we've found with health equity is that it's really, it's not contained in one therapeutic category, it covers all categories and health equity, and health disparities is all about the differences from

population to population. I see health disparities as being the symptom of problems with health equity. And it's the data points that tell you where you have an inequitable distribution of healthcare basically. So, I think, you know, Movement is Life is an organization that has come together to talk about this problem to try and tackle this problem, to kind of unravel the issues that are around it and I was fortunate enough to be invited to join the group probably three years ago now. And you know, initially we were talking about how do we take this conversation about health equity and take it to more people. And as our leader says we have to broaden the audience and elevate the message.

Sharon: Elevate the message. I so agree. You know, I've been on the steering committee for about five years. I came a couple of years before you did. And you know coming from a large and sure, you have a lot of community partners and there's surgeons and there're so many different people with different perspectives but coming together for one thing and it's just so fascinating to me. Sometimes, when you're sitting in the room and you're planning the caucus or the different events, you feel like, "Oh my goodness! All these people have all these degrees!" But then you realize that there's insight from everyone and everybody brings their own level of experience and knowledge to help fight these disparities and to help broaden the message like, our leader says so, which is pretty, exciting. I think as we get into this conversation Rolf, what excites me about the Health Disparities Podcasts are the different perspectives. I've got a couple of my favorites that I hope we can talk

about today, but can you share with us, like what was your most impactful one? Like, how did it make you feel? Do you recall?

Rolf: I love that question because I really had some quite emotional moments participating in the podcast. I've been there you know at the controls. I've been there setting up the microphones. I've been there, writing scripts, writing out questions. I remember one moment, in particular, when we had Father Greg from Homeboy Industries.

Sharon: Yes, yes, yes.

Rolf: Right.

Sharon: Yes, I remember that one.

Rolf: Now, he's talked at our Caucus.

Sharon: Jesuit Priest.

Rolf: He had agreed when he came to our conference, and he was giving a talk about the great work that Homeboy Industries has done, and in a nutshell for people who are not familiar, he's based in Los Angeles and he was appalled at how many young men he was putting in the ground, burying young men because of gang violence. And so, he had set up a framework for engaging with people. Part of it was kind of funny

because he basically said, yes, we wanted to get all of these gang kids into support groups. So, I had this picture of like these gang kids, you know sat in a circle, talking about their problems. And in fact, that's what he managed to do, and I think that was what was so incredible about his gift, his ability to actually be a convener of these kids who had been. You know they joined gangs when they're, before they're 10 years old.

Sharon: Yes.

Rolf: They're already groomed for that life. So, they're on a conveyor belt, they don't really have much choice about it. Then, of course, like we all do, you know get a little bit older, you start getting a little bit more enlightened and you start to think, hey hang on a second. And his great gift was that he was able to convene those groups. He took the drive and the ambition of those kids, and he focused it on Homeboy Industries and found legitimate jobs and was part of the movement to significantly reduce gang violence. But when he was telling us about this and the trauma in those communities and there were three of us in there. It was Dr. Simpson Mason was interviewing him and she's an extremely empathetic individual. So, as she was asking him questions and he was giving the answers, she started tearing up and so then that's very contagious, so I started tearing up as well and I think.

Sharon: It was a tear fest.

Rolf: And I think Father Greg was looking at us like, what is going on? You know I think we broke his concentration a little bit, but we both was like, we were so moved by what he was talking about. So, that was very memorable.

Sharon: That's powerful that the emotion, even as we do these podcasts or tell those stories, how still the emotion of the work that people are putting into communities has made a difference. Small things, I mean think about making bread, getting gang members to make and sell bread. And like how empowering them to even do better for their own community, to help their own community.

Rolf: I think this, you know when we started the podcast, that wasn't necessarily part of our thinking. What we learned as we went through was that in that kind of situation where you're talking about something as moving and as emotional as that, it really comes out in a conversation so well. You know.

Sharon: Right.

Rolf: The authenticity of the conversation is so clearly communicated. Every nuance of that is coming through, in a way that it doesn't in written text. So, I think we kind of, quite early on we realized that for our space,

when we're talking about equity, we're talking about diversity, we're talking about inclusion, there is no more inclusive medium than audio.

Sharon: It's the modern form of storytelling. When you think about back in, you know historically that's how history was told, through stories people kept that up. So, you felt this connection by hearing the voice of people telling stories. I think when we think about stories, one of the podcasts that's struck with me, and I can be transparent here is because it's a different political side was Governor Musgrave, Rodney Musgrave of Mississippi. Republican. But going, where he was talking about going to help kindergartners, that was the first step in helping to solve health inequities and disparities. Like teaching kids how to read and eat but he literally was getting to the root of the problem. And it wasn't about, I mean yes, we do have to help old, cause when you think about what Father Gregory was doing with older children, you know children, because really, they're all children looking for a place to call home. I just loved that story, I thought that it was fascinating to me. It made me think, I won't say differently. It just opened my eyes to that people may come from a different political spectrum or place, but there are a lot of people doing good things. So, I was moved by that and when we talk about convening and putting, pulling people together that you would not think would be.

Rolf: Right.

Sharon: Working on something, because you understand what's happening in Mississippi, you know the lower education level. For him to step in and know where they needed to address things first, I thought that was pretty powerful. It's like they were really, and he was really tackling those disparities at the onset to where that we could make a difference. And you know we talk about ACEs in a lot of our programming and podcasts and at the events and how those childhood traumas play an impact on how your life, how you end up living or being, or what you wind up doing in creating for other people. I thought that that was pretty powerful, a way to really step in and assist at the moment.

Rolf: Yes, I absolutely agree. He was very compelling, the way he was talking about that investment that was made.

Sharon: Yes.

Rolf: In early, particularly in early education.

Sharon: Early education.

Rolf: Was that you know we often, we've had a number of people come on the podcast and talk about how vital it is that we start pushing investment upstream and that's a very consistent theme. I remember Claire Pomeroy coming and talking about that. In particular, you know her sort of mantra was we have to build the consideration of health into

all policy, no matter what the policy is, we have to think about the health implications, and we have to push our investment upstream so that we are building a foundation for healthy communities and not waiting until everybody gets sick and then having to spend the money then.

Sharon: You said an important part, you said about upstream you know, and the fact that that's a common theme through these podcasts and how we need to really push for it, whether it's policy or you know. What other things do you see? Like now they're saying racism is a public health emergency.

Rolf: Yes.

Sharon: What, you know any impact there or...?

Rolf: No, the podcasts have been running for two years.

Sharon: Oh yes.

Rolf: And in that two-year period, we have gone through, I do believe it's an inflection point. I don't think you can always know an inflection point until many years after. But in the case, you know it was a coincidence for us that we started the podcast, you know a few months before the pandemic started and then as soon as the pandemic started, and we



had never recorded a podcast episode using Zoom or anything virtual, suddenly we had to, and we started talking about the pandemic and then suddenly CNN and everybody else was talking about structural racism. Everyone was talking about health disparities. Everyone was talking about it.

Sharon: Yes.

Rolf: These, the cause and effect in a way that I don't think had been talked about for a long time or if ever has there ever been a point in history, where so many people have been pointing out that certain populations are disproportionately impacted.

Sharon: Well, I don't know Rolf, I think that people have been talking about it, but maybe people weren't really listening. One thing about 2020 is people began to listen. I don't know if it's because they didn't have time to go to their sports thing or a concert or whatever. They had time to listen and then they started to understand, and that's what I think made such an impact and why these podcasts have been, people have been listening to them and engaging with them because it's true. You start to get this understanding and you don't want to believe it, but then when the evidence and the data point to it, you can't help but to stand up and pay attention.

And you think about Movement is Life for 10 years, they've been kind of raising the [13:32 inaudible] from trying to add policy or value-based payments, so everybody gets a fair shot at affordable and equitable healthcare. And now, here we are, you know 2020 caused people to actually sit down and listen and maybe that's why these podcasts have been great because people are listening.

Rolf: Yes, and I think you know during the first months of the pandemic, our listener numbers shot up. Really did, really was a big change and I think you know people must've been looking for obviously for information about COVID, and we were in a great position to actually help with that because we have the brain trust. And you know, we got a lot of doctors, we've got a lot of nurses, we've got incredibly diverse viewpoints and so that came through loud and clear right from, I guess we, I guess the first one we did was in March, you know we moved pretty quickly. I remember Reverend Richardson from Grace Baptist Church in New York state.

Sharon: He's powerful, powerful individual, powerful.

Rolf: And he was saying what you just said, he said we've been talking about this for decades. We've been talking about these disparities. We've been talking about the disproportionate impact. Suddenly, people seem to be getting it.

Sharon: I think one of our Dr. Kelly Wells, who's phenomenal at Florida Blue. She's kind of [inaudible 15:06] me, she says all the time, COVID just ripped the band aid off. It really just.

Rolf: Yes.

Sharon: Really showed where the disparities were, like it couldn't get any more obvious. And then you know what happened with George Floyd. So, the band aid came off across the platforms and people stood up to take notice. And then, when people say you can't do things when our former administration saying you can't teach conscious bias. I mean one of our podcasts from Dr. Augustus White is about unconscious bias in profession, in the medical field. So, I mean he is like a standard bearer and to know that he's been on a podcast and been on several podcasts and interviewed people, he's like a hero. Or we like to, what do we call them, one of the best, one of the best people.

Rolf: Well, I mean he is, he's iconic. He's iconic and he's a professor. I mean his story is amazing.

Sharon: Well, you know what? I want to think about that story for a minute. We do Black History Month facts on Florida Blue in February. He was literally one of our Black History Month facts! Somebody like pulled him up and then I was like, wait a minute, that's Dr. White! I know him! He's like the best human and literally him being like the first student at

Stanford, medical student at Stanford, and I meant black medical student. It was amazing his story. So, before we digress into the number of people that are on this Steering Committee who are amazing, I'll let you finish your story.

Rolf: Yes, well exactly. I mean I think you know it's such an amazing honor. And you know I get a bit starstruck sometimes with some of the people that we have, that we engage with and who give us support. You know Dr. White's one of the great thinkers, in the way that he researched with, I guess with his team at Harvard, but he researched a framework for understanding and even testing and measuring for unconscious bias, which resulted in an app, it resulted in a process.

Sharon: Yes.

Rolf: There's a system there. It's scientific. It's very clever in the way that it works because after all, you can't necessarily just do a Q and A about something which is unconscious.

Sharon: And that is very true. That is very true.

Rolf: So, that you know, when you take the test, you realize that this is probing very deeply. You know it's not about a right or wrong answer, it's about how long it takes you to answer, et cetera, et cetera. You know the questions in the test is just very sophisticated. So, I think,

that's and then to your point about the last administration, you know having a different orientation obviously in terms of public health.

Sharon: Yes.

Rolf: And yet during this time of the pandemic, the spotlight has been shown on our public health leaders. So suddenly, I think a much larger audience of the population has been kind of thinking about, you know you have to look at things from a public health perspective and you know certain things don't work in that scenario. I think that's one of the themes that's come over is, you know at the end of the day, you've got to have a strong public health orientation to fix these problems, which are structural, that have been created over time through policy and could only be addressed really through policy to reverse them and mitigate them. So, I think that's come over really clearly.

Sharon: Yes, and what's so nice about all of the podcasts you've mentioned, you know there's thinkers, there's policymakers that are conversing in the series. And there's doers from Operation Change people going into communities and actually convening a group of people, whether it's peer pressure or like-mindedness to get healthier together, to feel better, to do better. So, it's interesting, it's not just a bunch of policy wonks talking or a bunch of academia, which it's a combination of all that put into action. From apps to action, right? From apps to action.

Rolf: Yes, yes, I like that.

Sharon: So, interesting stories, interesting stories.

Rolf: And you know, we did a long series or a number of episodes about this program, Operation Change, which fundamentally this is about creating community. It's about creating a mini community for 18 weeks and you may have 40 or 50 ladies in that program who are meeting every week, if they come every week and most of them do, which is remarkable in itself because it's a three-hour session every week, and you know we talked about the, there's a theory behind why that is done. You know, how you create a sense of community over that period of time, and as it turns out, it's the most powerful antidepressant available.

Sharon: Yes, it is. Yes, it is.

Rolf: I was actually stunned by the results. You know my background is, I've done a lot of healthcare marketing. I actually launched as a marketing manager. I launched an antidepressant back in a previous life, so I know a lot about psychiatry and how effective antidepressants can be. This was more powerful, and you know I was really amazed by the testimonial that was given by some of the participants from the programs that just said flat out, this program saved my life.

Sharon: I know and that's what amazing whether it's urban or rural. When you have you know, Dr. Huff leading that same kind of program in rural Georgia and people cried when it was over. Like they wanted to stay together. They formed familiar relationships. I remember when we were starting the one up in Watts and how the people came together, you know.

Rolf: Yes.

Sharon: It doesn't matter about their community or what it is because that's their community and they felt a sense of doing things together. So, it's a powerful statement, they made a powerful statement and a really a powerful movement, the Operation Change and then, the ladies that are part of that. I love how they even come to the Caucus in November and they're able to share and gather much more insight and really get them to continue on. It's like [inaudible 21:59] they still are together. Two of the ladies that were in the Operation Change in Chicago, were part of the first group. You know obviously they're doing some community navigating. They came to Florida at an invite for our foundation executive director who spoke at the Caucus one year to come to that event and learn from other nonprofits and other organizations that are trying to do some community change and that's what's, so I think just fantastic about this. How the octopus legs are, they just kind of connect and spread out and really grab on to other things and other people.

Rolf: Absolutely. You know I think the connectivity that you see, and I really hope that people who've subscribed to the podcast and you know now we're into the nineties in terms of episodes. So, those patterns must be apparent to people who are catching every episode, but you know we recently had a gentleman called Bruce Johnson came on the podcast and he'd been a reporter for CBS in Washington, DC area, you know he's met every mayor.

Sharon: It's like, oh, I'm so connected.

Rolf: He also had his own health story to tell, because he had a heart attack, and he wrote a book about it. He was so concerned about the nation's health and the fact that you know particularly for African Americans, that risk of heart disease and a disproportionate number of people who are dying from heart attacks and from heart diseases. He was so concerned about it, but something that he said that was so, that has chimed again and again in other discussions, was he said, you've got to let communities define their own solutions. You've got to give them the space to come up with what works for them, you can't just come and impose a solution on people. So, he was so strong about that.

And then we had the Operation Change discussion where Dr. Watkins, who is on our steering group and was one of the architects of Operation Change and, she said pretty much the same thing. She said



this is a participatory model. We don't go to these communities and say, right, we want you to do this, that, and the other. We go and we sit with them, and we say, what do you think you need?

Sharon: Exactly, exactly.

Rolf: And then our contribution to that is to bring some experience and to bring some facilitation to the table. So, and then we just had another recording, something called Ward Infiniti, which is a health program in Southeast Washington, DC, where exactly the same theme came out again, which was a group from a local hospital, the Sibley Memorial Hospital, which is affiliated with Johns Hopkins had gone in to look at how they could tackle health disparities, and to basically consult with the community about what would work and what would be helpful.

Sharon: Right.

Rolf: And then, the things that came out of that were very much community driven and if they're community driven, then they're sustainable. So, these are, you know I just feel I'm in such a fortunate position, that I have to listen to all this stuff at least five times because I have to edit it, but you know it really helps me, it helps me get it as someone who, you know, I didn't study public health. This is me coming to very public health-oriented podcasts and I've just found it personally so enriching to hear these messages.

Sharon: I love how you said that about it being enriching and I love the themes it seems to about community, which is what the Caucus is about, it's about community. Yes, it's a community of some heavy hitters and some people, but like I said we all put our pants on the same way, one leg at a time, and if we are bringing our best selves all the time and our knowledge and experience, we can help to solve some of these issues. So, I'd love that about enriching and then the community, that from the community navigators, or even meeting people in the community that are making change like the black PA, that podcast was fabulous! To where you know you're talking to some unsung heroes, talk about some, or some people that you don't even know exist. And the fact that they have to have their own community, because there's not that many of them to help support and bring along, I meant ninth dimensions. I mean, Nth dimensions, I should say it the right way. Nth dimensions and how that started.

Rolf: Don't worry we can edit it out, don't worry.

Sharon: I know, a community you know, an organization that tried to bring in more black orthopedic surgeons because there weren't any. I mean recently what is it, Tennessee State? Or they literally had a call out for any black male that wanted to study medicine, free tuition. They had one person that went to the program and was accepted one future doctor. They literally had a call out for any.

Rolf: Wow!

Sharon: Black males that wanted to be doctors. So, to know that organizations like this exists to help and they not only just recruit them, but to help get them through the program, so that their support systems. A lot of the podcasts too focused on the support systems that are needed like community navigators and how they are really going into a community, because hear that word again, community right? You know what's interesting to me, we talk about the healthcare workers, and you know a little bit of those funds for the new infrastructure plan. We're talking about caregivers and then healthcare workers that are going into rural communities, really to support rural communities because what's closing in communities, rural hospitals. My aunt works in rural Alabama, they've had like two hospitals close. My other aunt, diabetic, got to go get insulin. They get on a bus in the morning at 4:00 AM to go three hours over to Birmingham to do their dialysis. Then come back and then do it two, three times a week because there's no hospital system big enough to even support a clinic.

Rolf: You see that to me sounds like that is as demanding as having a job.

Sharon: Yes. It is demanding. How do you keep a job when you got to stay alive?

Rolf: Exactly.

Sharon: Then you wind up going, so that's why public health, that is what to me is what we should be looking at when you talk about future speak or you know people are like, oh, what's going to come in the future? The public health emergency is going to come in the future, if we have no hospitals or clinics for people to go to. We're going to see a record number of either people dying or not even getting the care that they need. I mean the Delta has the highest number of amputations in the country, because there are no clinics there. Nobody's doing those procedures to help even save people and a lot of the people are diabetic.

Rolf: Right.

Sharon: So, they wind up having a lot of amputations, probably avoidable. But if there's no treatment plan or you got to drive four hours to get to a hospital or to someplace where you can get treatment.

Rolf: Yes, and I think you know the kind of situation you're just describing there. It strikes me quite often that, you know we need to be sounding the alarm about some of these tragic, untenable, unconscionable scenarios that we see in health. And you know I kind of see part of the role of the Health Disparities Podcast is to say, hey guys, this isn't normal right. We all got so used to these terrible things happening and

what's happening with amputations, is kind of like it's almost accepted now, or else it isn't talked about, you know, it's kind of brushed under the rug. So, I do think that's an important thing for us to do with the podcast is to say, hey guys this is preventable. Let's not just assume that because it's always happened it has to keep happening, and can't we unravel the root causes of these problems.

And I think the other really striking theme that has come across, as you were saying about Nth Dimensions, you know bringing people of color into the orthopedic profession. So, we have Dr. O'Connor is our chair, she's hosted probably more podcasts than anybody else. She's a white orthopedic surgeon up in New England and she's a unicorn, just.

Sharon: Yes, she is. Yes, she is.

Rolf: For being female, right?

Sharon: Yes, for being female alone and then leading such a huge practice but that cherry picking, like that cherry picking.

Rolf: Yes.

Sharon: No lemon dropping and cherry picking around here.

Rolf: So, you know when we've worked up scripts and we've talked about certain subjects, you know it's been really interesting. And you know again, this is very enriching for anyone who's listening to see this kind of like how this all works. But as she will point out you know, the data is there to show that when you have male surgeons and female surgeons working together in the same clinic, the results for everybody are better, and I think this was kind of like a, you know, again an a-ha moment that has emerged in the podcast, when we had some biomedical engineers come on the podcast. They were giving examples about how diverse teams are much better with innovation. And they gave a couple of examples, you know they gave the example of the big airbag scandal that happened. So, if it had been female engineers, they wouldn't have designed the airbags that way, because they would have thought, "Hey, what about the kids?"

Sharon: Yes!

Rolf: Right.

Sharon: And what about, I'm a little bit shorter. But that was fascinating because, you know diversity of thought in a room.

Rolf: Yes.

Sharon: But you know, not only solving innovation but solving public health issues too. And because people would see, oh well, wait a minute. Oh, that's not, you know I worked for a big hospital chain once and they literally were like we're not going to focus on women's health. And it was like, what! Like we're going to do like brain surgery and heart. And it's like, well if heart disease is the number one killer of women, why aren't we focusing on women's health? Which now they have a big women's hospital now, but it was one of those things that you're like, why are we debating this? Like, what?

Rolf: Getting there.

Sharon: So, when you think about feminism and just diversity of thought in a room can help solve problems like public health issues.

Rolf: Right.

Sharon: You know, diversity of appearance too, people need to look different when you're sitting in the room, because everyone's going to bring their own well, you know sometimes you say your own biases to the room. But then some of those biases will help make good public policy. You know, we think about public policy and the late John Lewis and working on that bill, just to count, to track the data of what people look like who are getting Medicaid and Medicare, how.

Rolf: Right.

Sharon: Like.

Rolf: Yes.

Sharon: You would think that that makes sense to do so we know how sick are people. How much work do we need to put in us, in some areas so that the data will speak for us to know that that wasn't there? Because talk about getting in good trouble, like people here, you know meeting him and having him sponsor that bill and just, you know, it's just an amazing story.

Rolf: Absolutely. And the subsequent discussions we've had with other people related to that bill and the fact that bill is likely to move through.

Sharon: Yes, which is amazing!

Rolf: Right now. And you know, hopefully we can support that process because we've got some great discussions about the importance of the, now I'm trying to remember the name of the bill, Equality in Medicare and Medicaid Treatment Act.

Rolf: EMMT, which is moving through, and I think Cory Booker is sponsoring it now.



Sharon: Yes, he is. He picks up the mantle for the Senate.

Rolf: So, there's, yes, I mean there are just so many insights that, you know generally people don't get any training in thinking about health equity and thinking about inclusion. And there's a lot of, kind of like buzzwords and there's a big glossary around it right?

Sharon: Right. Exactly. Lots of books, lots of papers. Lots of papers, right?

Rolf: Yes, and there's that and you know I think this is one of the things that's been happening over the last however many years, is that there has been a lot of research at the academic level, which is now kind of filtering into the mainstream and everybody's talking about it. But I feel like if you listened to a good number of the episodes of the Health Disparities Podcast, you will get, you will start to grasp those concepts. Some of them are a little bit abstract, some of them less so, but you'll start to get how that all fits together and the kind of cause and effect of why we end up with some zip codes with a life expectancy of 59 years and some zip codes with life expectancy of 92 years.

Sharon: I know a system.

Rolf: A system.

Sharon: Yes. I meant being one of the only, you know being from a payer and on the Caucus, and then obviously, you know Dr. Harper as well, you know, that's one thing that we're not always good at collecting the data what's happening in our own zip codes. But we're realizing with innovation because we've got a great innovation team leading the charge here at least we do that that's what we have to do. We cannot anymore just guess. We cannot assume. We have to literally use the data. And that's why the EEMT bill is so important, is understanding the data because where do we need to approach this? But then to realize that your zip code does, I meant one of the podcasts is how your zip code impacts your lifespan. You know that's a powerful story, that now at least people are hearing and understanding.

Rolf: And I think the other finding or implication from the discussions around the EMMT Act, is that in public health, as in any kind of policy, we see a problem and then we want to fix that problem. And if our people are in power, we're going to try and fix it a certain way.

Sharon: Yes.

Rolf: And if there are people in power, they're going to fix it a certain way, either way, it's going to take expenditure and there's going to be a huge fight about spending that money, and the one thing they're not going to do is spend the extra money on predicting the impact of the policy. But the EMMT Act really nails that and says you have to do an impact

assessment before you roll out a far-reaching policy that could have unforeseen consequences. And as we've seen with things like value-based payment models, and there's been a lot of discussion about that, the unforeseen consequences are the devil in the detail.

Sharon: Oh yes.

Rolf: That have resulted in, in some cases, a widening of disparities. It wasn't intended that way you know that the systems are brought in for maybe sound reasons and they're probably here to stay. But at the same time, you know, the, the unforeseen consequences have hurt people.

Sharon: So that's a powerful thing you say, you think about Daniel Dawes and his book 150 years of Obamacare. He like laid that out. The unforeseen things that happen, even though people were, some people are trying to make good policy, or they think it's policy, but it wasn't equitable, it still wasn't fair. Even though people were making policy.

Rolf: Right. Right. Even though they were making policy which was coming from that orientation of trying to address inequity, it's still managed to be inequitable in some way.

Sharon: Yes.

Rolf: And you can't please all the people all of the time, but I think that's been fair for the idealists out there, that's the kind of chastening message is.

Sharon: Exactly. You're right. What podcasts made you laugh the most when you talk about chasing the message because you kind of chuckled there. So, I thought that that was kind of fun to interject there and see. What podcasts did you think just made you laugh or made you feel even more hopeful?

Rolf: Gosh, I don't know. I can't think, I can't think right now of anything that was really, really funny to do. We had some bloopers in some cases I have to say.

Sharon: That's probably what I should have asked, what was the biggest blooper? Can you share? Tell us the deets. Come on, Rolf.

Rolf: And I have people coming back after a podcast, and they listen it back and they say, oh, I want to add in something. And I'm like, you really can't add it in, it never sounds the same. It always sounds like, you know, it doesn't sound right. So, I'm not going to give anyway, a giveaway anybody's secrets or bloopers.

Sharon: Like you are literally no fun. You're literally no fun. You're supposed to bring that British humor to us.

Rolf: I do think that for me, I think there's been many instances of where I've really felt reverence towards people. It's been a serious business in a way.

Sharon: It is, isn't it? It's almost like there's really no laughing matter, but it's like somehow, like people like to say you have to find joy in order to continue on. And you know, I think of the Operation Change podcasts, where these people have found some joy. Even in these situations that seem so terrible like you know I'm overweight, I can't get my surgery. My neighborhood, I can't walk in my neighborhood or it's too far for me to go. They still seem to have found some joy, haven't they?

Rolf: I think so.

Sharon: Don't you think?

Rolf: Yes, and we've had people that have recovered from things like opiate addiction.

Sharon: Yes.

Rolf: And they, you know they're introduced to opiates because they had joint pain, they had very severe arthritis. And then that became a

struggle on top of everything else and yet they come out of that with such amazing good humor so.

Sharon: Yes.

Rolf: You know it's very, it's just what we do is very, very human. I think the recording we made with Dr. Vivian Penn was very striking to me. You know, there's a hall named after her, the Penn Hall at the University of Virginia, and we basically recorded the podcasts in the library next to Penn Hall. And I remember so vividly that in that library, we were given a secluded, we were given like the private what did they call it, the historical library, which is where they had lots of archives and lots of like displays and it was closed to the public. So, we went in there with Dr. Penn and then we found that there were display cases with photographs of her in the display cases, just, right there you know.

Sharon: That's striking. That's striking.

Rolf: It hadn't been preset up or anything like that. You know it was like all done at short notice and there she was and then she sat down and the first thing she said, I really don't want to talk about myself, I'm tired of talking about myself. And then, she went on to talk about her story for about two hours and told us about some of her experiences and you know I grew up in England. I wasn't familiar with some of the historical aspects of the United States. The things that she shared, you know she

was the first, not only the first female student in the medical school, but the first black student in the medical school.

Sharon: Which is amazing!

Rolf: She said she nearly quit, and she was befriended by some people and she actually after we did the interview, she showed us a photograph that she'd just taken of a reunion with some of her classmates who she said had actually befriended her and supported her and made sure she felt at home and felt comfortable and I think that taught, it certainly taught me something about allyship and you know, how you can find a way to do that. She talked about how she grew up in Lynchburg and or near Lynchburg. Lynchburg was her closest public library when she went home in the summertime and she wanted to study, she wasn't allowed in the library. She wasn't allowed in the library of her hometown and she's a UVA student gone home. You know the stuff we take for granted now. So, you know I felt such a lot of, just reverence in that situation, to say boy, did I have it easy.

Sharon: You know I think about her and her story, too. And I'm like I had it easy, but then I have to think, I stand on her shoulders because of what she was able to do, you know? And, you know I went to college in Western Maryland, I would have never been able to go to college in Western Maryland if people like her weren't fighting the good fight, would have been, you know, I had that opportunity and I love that word that you

said about it, reverence. You know we kind of joked about, is there a humorous one or whatever but it is a lot of reverence. It's power in telling these stories, I mean it's power in sharing these people's stories.

Rolf: Yes.

Sharon: And understanding even the struggle, what like the kids like to say the struggle is real. It's been real and these stories, these podcasts have really shown that. I mean in closing, I think, is there anything else you'd like to add Rolf about, well one, why people should listen to the Health Disparities Podcast. That's like the most important! Don't we need to do a call to action for these things?

Rolf: Well look, you know I think that we are a hundred episodes in, we're still finding our feet. And we're still getting into our stride. I think if there's one call to action, I would say to anybody listening, it is help us find a bigger audience, share the podcast, let people know about it. Encourage people to be part of this community, because if you subscribe, you know we know how many subscribers we have. We know that our community is growing all the time and it helps us have a platform to bring in more higher and higher profile guests and so, we can have more influence potentially. So, I think that's an important call to action, we want to keep growing this platform. We'd love to hear feedback about subjects to cover and it's a little bit strange with a



podcast. It isn't a two-way interaction in the way that the post is on Twitter.

Sharon: Right.

Rolf: But we really welcome people to find us on Twitter and it's @milcaucus and mil stands for Movement is Life. So, @milcaucus, so you can give us feedback and we always announce the podcasts on, on Twitter that way. So, we like that, and you know, I'm so delighted to have you Sharon, you know coming onto the podcast and hosting for the first time.

Sharon: No, I'm very excited! This was my first podcast to host, and I obviously will be taking up some of the mantle from Rolf, I'm very excited. I think too one of the, like my call to action would be listen with an open mind, you never know what you could learn. Like I hear different opinions, different thoughts, and walk away as a, gosh it seems so cliché to say, but as a better person. A better thinker, or maybe have just a better understanding and I think that that's what the Healthcare Disparity Podcast can do for anyone. So, I appreciate your time.

Rolf: Oh, when you put it like that, I think my work is done.

Sharon: Well, that's the best thing ever.

Rolf: But then off course it isn't, the work is never done right.

Sharon: It's never done telling the story, right because you know, we talked about 2020 and what that, what happened and what continued to happen. 2021 is proven to be another doozy of a year, just as much. I meant the impact of continually telling the stories it's like, who'll hear it? Even though they're not in their car driving as much as they were. But they're washing dishes or they're sitting down before dinner or they're getting up in the morning and listening because everybody has an Alexa. So, or, you know your I-home or whatever you call it, and then you can just say, play the podcast or your Apple music.

Rolf: Absolutely.

Sharon: On your television.

Rolf: It works for Google, too. Hey Google, play the Health Disparities Podcast and you just get the latest episodes.

Sharon: Which is awesome.

Rolf: Yes.

Sharon: All right, well, thank you. Rolf. It was a pleasure to talk with you.

## 100 Health Disparities Podcast

Rolf: My pleasure, Sharon, and welcome to hosting and let's make some more great episodes and find some terrific guests. I know you're out hunting for new guests, right?

Sharon: Yes, I am. Yes, I am.

Rolf: You know the drill.

Sharon: So, thank you listeners for joining us. We hope you enjoyed this podcast, and you will be intrigued enough with the next one or all of the other 94 that you've missed. We'll talk soon.

Rolf: Alright.

(End of recording)