

Rolf Taylor: Welcome back to the Health Disparities Podcast, a program of Movement is Life. Movement is Life is a not-for-profit organization whose mission is to eliminate health disparities across race, ethnicity, gender and zip code through a range of programs and advocacy for health equity. Google and YouTube have done a pretty good job of organizing the internet in a way that makes it quick and easy to find that one thing or website we need out of literally billions of options, and that is definitely the case for health. Most people will Google their systems as a first step, and Google is probably the way patients first engage with many educational resources.

For this episode of the Health Disparities Podcast, Dr. Millicent Gorham, Executive Director of the National Black Nurses Association, sits down with Dr. Garth Graham, Director and Global Head of Healthcare and Public Health at Google/YouTube. He previously served in two U.S. administrations as U.S. Deputy Assistant Secretary for Minority Health. He was president of the Aetna Foundation as well as vice president and chief community officer at CVS Health. In a wide-ranging discussion, Dr. Graham and Dr. Gorham explore the theme of meeting people where they are, particularly where that place is an individual's phone, and the individual is sharing their front-of-mind concerns about health with either a Google search or searching YouTube via their mobile phone. Dr. Graham believes we're entering a new era of health information, a journey that all of us are on already; and the key challenge is to make science central to

that journey, so that even if we are receiving health information via social media is both factual and helpful. He also explores how this easily accessible information is not only essential to the many individual choices we make every day, but also vital to successful shared decision making where providers and patients are collaborating to choose the best next steps. This discussion was recorded at the Movement is Life Annual Caucus in November of 2021.

Dr. Gorham: Hello, everyone. This is Millicent Gorham, the magnificent, marvelous, magnanimous, Dr. Millicent Gorham, Executive Director of the National Black Nurses Association; and I am delighted to be here with my friend, Dr. Garth Graham. Oh, my goodness, we've known each other through many iterations of your professional, hmm and personal life. US Deputy Assistant Secretary for Health, Director of the U.S. Office of Minority Health, President of Aetna Foundation, Vice President and Chief Community for Health at CVS and now Mr. Google. Can we call you that?

Dr. Graham: No, please don't.

Dr. Gorham: So, we've known each other for a long time.

Dr. Graham: We have. We have. I started to tell you earlier that I was searching for your name to send you my presentation, so I'm searching my old emails

because I was like, “She sent it from my email account,” and I found emails from over 10 years ago between you and I, going back to 2008 and 2009, talking about the Affordable Care Act and all that stuff going on. That’s a long time.

Dr. Gorham: A long time to be talking about minority health and healthcare for underrepresented groups and all the organizations that you’ve brought together.

Dr. Graham: Well and you brought together, too. What’s funny is I found an email exchange between you and I about changing health disparities and having an impact and it just made me think how many of us have been doing this a long time to varying degrees of success. Certainly, I think what you’ve done with the National Black Nurses will go down in history. Your, what’s the word I would say, your eulogy, hopefully that day never comes, but that will be something of about impact and changing lives. So, I heard something once about people who lived their lives, their resumes versus eulogy impact versus achievement and I think yours is definitely an impactful for life.

Dr. Gorham: Thank you so much, and glad to have been on the journey with you.

Dr. Graham: Yes, the journey.

Dr. Gorham: Absolutely. Absolutely.

Dr. Graham: That is so true.

Dr. Gorham: Okay, so we have this new life at Google.

Dr. Graham: Yes, we do.

Dr. Gorham: Tell us all about it.

Dr. Graham: Yeah.

Dr. Gorham: Tell us all about it.

Dr. Graham: So, you know, mostly you and I have been, like I said, on this journey for some time and what I've been tasked with and what I'm really passionate about now is this idea of how we bring health information to people as a part of their daily lives and the vision for our work and what Google Health is doing overall, Google is doing overall, what YouTube is doing, all of these, the different components coming together is really this idea of how do you meet people along their health journey, give them information that can empower them to make the right decision, but also realizing that how

people get information today is really different than they did 30 years ago? You know, I often say, gone are the days of flyers and billboards where you would get a piece of paper from your doctor's office and go home and read that and that is your singular source of health information decision making. So, that's one aspect, and then blending that with the journey that you and I have been on for a long time is what does that mean for minority communities who both disproportionately get their information from social media sources, but also suffer from issues related to the infrastructure of how tech gets to them and lack of broadband access and challenges along those lines. So, it's an interesting double edge sword, but what you know, and I know from just communities that we work with that people are getting information all kinds of different ways and they act on that information. That information is part of their healthcare journey and so what we're doing is thinking through, how do you deliver evidence-based information as part of that journey in a way that brings the science out of textbooks and kind of into people's lives?

Dr. Gorham: That's a big, tall order. So, tell us about your priorities in terms of all that?

Dr. Graham: Yes. Yeah, okay, so our priority is primarily looking globally. How do you bring information to communities, health information that is evidence-based but engaging? How do you tackle the challenges that communities may face where they may be especially in the era of COVID, but even

before and beyond where they may be getting misinformation and bad information and how do you certainly remove that from the areas that we have onus and responsibility over? And then, again, a long individual, and community lives, how do you reach them with engaging information that helps them make the right decision? And we primarily do that through video in my role and we utilize...

Dr. Gorham: So, we're talking about short videos?

Dr. Graham: Ah, a lot of that, so we primarily... So, all kinds of videos. So, YouTube is primarily a video platform and through both different methodologies of reaching communities across the world, we use that to give communities health information. Now, the interesting thing and the kind of scope, specifically going back to my reference to you and your career and impact, but flipping it into this concept of how many people can we impact along this journey? Two billion people go to YouTube every day. I also say, the world only has 7 billion people. That's a third of the world population will be engaging over the course of the next couple days or so with looking for information. We also know that 71 percent of folks around the world will go online looking for health information in general. And if you think about the average journey, we may get a diagnosis, hear something, have a discussion with a colleague or friend about some health topic and then we will research it on our own. That will drive us to our next step, our next

decision or whether we take a medication, take a vaccine, exercise, not exercise, eat differently. All of those things are part of the journey and there are multiple things that go into that journey, but one important part of that is information. So, if you look at underserved communities, again going back to the journey that you've been leading and that I've been on with you, think about what that means in a context of social determinants of health and health literacy as a determinant. And if you can reach folks with science information in a way that is engaging, addresses the concept of how their understanding of information, the concept of health literacy, the concept of cultural competence, you can do that at scale, then you have the ability to change a lot of things along that journey. It is not the end all/be all. There are other factors that go into anybody's kind of overall and health journey or clinical experience, but what I'm focused on is this idea of organizing, delivering information at scale in an engaging way to communities from Little Haiti in Miami to the Bronx to São Paulo, to Kiryū in Japan to any communities across the world. How do we create that concept in the video? So, that's what we're going hopefully talk about and it's what I call kind of the new era of health information, the journey that we're all already on, we just need to kind of accelerate how we get the science as a part of that journey in general.

Dr. Gorham: So, will this go across the spectrum from birth to death?

Dr. Graham: Yeah, really right now, it's already occurring across the spectrum. People are using platforms like ours to find health information from all different walks of life, so we're just trying to meet people where they already are. In fact, the whole idea behind our strategy, kind of the broader Google Health strategy of using kind of search, YouTube, all the different components is this idea of meeting people where they are. And so, from a YouTube idea, there's another component of how do you meet people where they already are as part of their daily lives when they search for information in the palm of their hands on their phones, et cetera? So, that's really the overall goal. Now, conceptually, you then have to think through not just the way, the science behind information, but the engagement and the way in which that again translates into ways people understand, so that's really my goal. Our job is this idea of what we say, "Making public health public," so like public health no longer just a term for public health practitioners, traditional academicians or people in government or state or federal government rules, but my mom.

Dr. Gorham: For everybody.

Dr. Graham: For everybody. To do that, people have to understand the essence of health information, science, and that's what you saw with COVID. It was a crash course for the world in science and pharmacologics, in MRNA, complicated things that normally people would just find, get the tail end of



the information, but now people wanted to find the whole spectrum. Is this vaccine safe for me? Is this vaccine safe for my child? For it to be safe for me and my child, I want to understand how did we get here? And so, this concept of how you deliver that health information is kind of what my team is leading and how we do that through video.

Dr. Gorham: So, with the videos, you talked about science and evidence-based information giving out to everyone, so are you going to be using influencers?

Dr. Graham: Perfect question. Yeah. I think influencers is a very broad term because the whole idea is to definitively use influencers, use creators, influencers, people who have audiences that are making provision, but we have to remember that content influence just means influence, anyone who influences you. It could be somebody from the entertainment industry that you trust their opinion, could be somebody from the - - a physician who you trust their opinion. Physicians are influencers too. Community-based leaders are influencers in different ways. So, the whole idea is to have that influence be this concept of evidence, this concept of how you bring science to scale, but the concept is to always use influence because the idea is how do you create an engaging and influential way in which you reach people and give them health information? So, I would say definitively, yes, understanding the broad context of influence.

Dr. Gorham: And we're hoping that you'll be using those trusted healthcare providers.

Dr. Graham: That's right. Exactly.

Dr. Gorham: The nurses.

Dr. Graham: That's right. I remember more than a decade ago when, my mom's a nurse, as you know, and when I brought her to the Black Nurses, she was a nurse practicing then, but no longer now. She's retired. She's the biggest influencer in my life, right, and that's one context of influence, but nurses are the folks who are the most in contact with patients often. So, they understand the patient experience, the patient journey, so many of those contexts. And particularly when you see a lot of the younger nurses, they understand varied ways of how you get people information. So, a whole spectrum of talent in terms of healthcare information delivery that you see in nurses because they just, again, have so much deep understanding of that whole experience, you know the joy and the pain that patients are experiencing at the bedside, all of those things. So, that's how you kind of bring all of this to life, realizing information is one part of it. But if we can deliver quality information that allows people to make their best next decision, then that already gets us to a better place than where we're at, now.

Dr. Gorham: One of the beauties of the Movement is Life Caucus is that we do have a shared decision-making tool, that tool helping to provide with the providers and patients collaborating together on their healthcare and their healthcare journey to have better outcomes, health outcomes. You were talking about shared decision earlier. Talk a little bit more about that.

Dr. Graham: Yeah, the decision, this is such an interesting part about clinical decision making. And me, as part of what I'm practicing, when I do practice, this idea we try to engage patients by giving them information, risk benefits and talking through in that context is your decision making. And then doesn't think now what happens when the patient leaves the office and wakes up at 2AM in the night and he/she has a question, a thought, and it may not be an emergent question or thought, but it is a relevant to them at that time question or thought? And the first thing they're going to do is they may not call their doctor at 2AM to ask just a generic question about an experience, but they're going to look it up like we all do. The first thing they're going to do is reach for their phone. They're going to Google it. They're going look on YouTube. They're going to look on one of our platforms or any platform. They're going to look at something to try to find information, something that is an adjunct to what they experienced in that clinical setting with shared decision making. And so the real goal over time is: How do you have information that supplements that clinical shared

decision making process, and then how do you engage healthcare leaders across the spectrum to help create that information so that it is available for patients when they wake up and, again, it may be a question that feels trivial, but to that patient at that time is the most important question at 3AM in the morning. And how do you have them understand and be a part of that? So, part of it is understanding, as well. So, I'll talk about today that patient journey. Only a very small portion of that happens in a clinical setting. The rest of it happens in life when they're going to think, you know, I was just thinking this morning as I was thinking bacon or this vegetable. And that's part of the journey, right, so my cholesterol is immediately impacted by those decisions and it's not that I'm going to then go, who should I talk to? But there are things that have driven you to that point and all of that is this concept of kind of in information sharing and it definitely starts with that clinical relationship for patients that you just mentioned that shared decision making, and then extends on into the world as they live their daily lives.

Dr. Gorham: So, how do with all of this information and all of these videos and all the different ways that you're going to put this information out there across the world, how do we get down to the five things that we actually need to know that will help us access the healthcare system in a different way or to make sure that we are comfortable asking the right questions to our healthcare provider?

Dr. Graham: All of those things, Millicent, are so interestingly personnel, so the five things that we may all need to know may be: Some concept around, of course, what we need to decide on around our next step decision around healthy eating, healthy aspect of living, but then there are parts of it, especially when you start getting into mental health, part of it is also the things that people need to know and understand to make decisions that make them more comfortable in who they are, understand way, and again, kind of the whole spectrum of both their own that health is not just the clinical definition of absence of disease, but all these other things that go along with social and mental health, like I was saying earlier. So those five things, there have to be variations of those things to meet the patients needs, both their clinical and emotional needs, and so what we think through is how are the things that match, again, kind of the evidence for what you're searching for, but equally as important is how is it engaging so that those five things are the kinds of things that would resonate with an individual, with a community. There's one thing I would say Google's done a good job of is organizing the world's information. That's why Google is now a verb. You Google it or YouTube something. I was with somebody on the plane a couple of weeks ago and they were talking about the fact that they were YouTubing. I was thinking, YouTube is now a verb because it's how you look up and do something and that is because as the platforms have been able to organize information very well that people

have integrated into their daily life. How amazing is it as we take this further to understand global? Think about all the world, all the challenges people are facing that as healthcare organizations think of being a part of their journey, they integrate with that verb so that when someone does a Google or a YouTube verb of doing something, they're getting the information that the nurses, the doctors, the public health practitioners want them to get and that's the gulf that we're now trying to help bridge is: How do you bring together the science with the community? And certainly, COVID has accelerated that discussion because now people know that information, misinformation, and the underlying word being information is important and so that's the overall mission. And that just translates, again, both in bringing it kind of 360 into the journey. Years ago, when we were always and still continuing to talk about, how do you change communities? This is just one ingredient of that, multiple other ingredients, but certainly empowering people to make the right decisions is a part of that.

Dr. Gorham: So, let's talk a little bit about the technology behind all of this.

Dr. Graham: Yes.

Dr. Gorham: That's the part that gets really exciting. I can't even imagine the kinds of things that you all are conceiving of.

Dr. Graham: Yeah, you know, I will say as someone who came to this from a traditional public health background, the technology part is important, but it's fascinating I'm going to say. One of the things I learned that we don't do a good job of in healthcare is technologies succeed when the technology that's developed is directly meeting a user need. So, this is really very focused kind of user obsession. And then, if the user finds it useful, then all the components kind of come together. In healthcare, we've had a very institution-centric way of delivering healthcare. We think about the hospital. We think about the doctor's office. And even if you think about reimbursement, value-based care, all that happens based on - - or not value-based care, but fee-for-service, that happens based on incidents that occur primarily in a clinical setting. And on that, I've learned the most about being on the tech side of things is once you start to get kind of patient-centered, which is what we talk about, but not typically do or user-centered or community-centered, the tech part of it is really just secondary to how much the actual user is engaging in and you have to change and modify to make sure you're kind of meeting that need. So, I think what I've learned the most in this journey is how to be centered on the person who and that individual who is utilizing the technology as a tool and how does that then, how do you understand, how do you meet their needs globally given this cultural competence takes in a very different concept when you think about it globally and how do you make the technology utilizable in that context?

Dr. Gorham: That's got to be amazing, especially the cultural competency part.

Dr. Graham: Yeah, oh.

Dr. Gorham: Especially from a global standpoint of view.

Dr. Graham: I have to tell you, you know, it has been interesting because it's both a - - there's a lot of similarities, a lot of differences. We did a campaign in Brazil earlier this year around COVID where we were bringing together a lot of the platforms in general in Brazil and influencers and scientists around, again, understanding what people need to do to be safe and then a lot of that translating into information about eventually vaccines being available. And when I learned there was just so many interesting contexts of understanding messaging along the African diaspora, understanding messages in different contexts, understanding, again, just how people are living their daily lives. And what's fascinating for me, particularly in underserved, and third world settings is where people have access to that technology, how that is so singularly influential in their lives. So, and certainly I think as a world, we have to deal with the challenges of technology [inaudible 25:49], where broadband access is not there, but where it is globally. It is just amazing how it powers commerce, health, social connections and it's part of - - the goal is now to have public health



be a very intrinsic part of that across the world. That's a long answer to say, "It's been crazy interesting."

Dr. Gorham: Here's my last question.

Dr. Graham: Sure.

Dr. Gorham: What's been the most fun for you in this journey right now?

Dr. Graham: Yeah, you know, my dad always taught me to consistently learn and the most fun part for me on this part of this journey, it has been learning more about how the actual technology is just secondary to the individual experience. And coming from a traditional healthcare background, again, we always think about medicine or a tool that's created and giving it to the patient, but it's very different when you think through how that person is going to experience this. Are they going to experience this information? What does that lead them to do? And it's just really developing something from the patient user or that individual's eyes. So, I think it's been fascinating for me learning more about how that is done in a scalable way, and I guess the other fascinating thing for me is just the beauty in cultures across the world and cultures within our community and how different parts of even our domestic community really bridges into international community. How information is just shared back and forth in such a

dynamic way, a topic I know you love about learning, but just learning more about cultures has been fascinating to me.

Dr. Gorham: Well, we've been on this journey a minute now.

Dr. Graham: We have been.

Dr. Gorham: And, ladies and gentlemen, I want to thank Dr. Garth Graham for a wonderful journey and one that we will continue on, see what Google has to bring to bear across this globe.

This is the Movement is Life Caucus. Thank you, all, so much for listening.

(End of recording)