From Anti-racism to Z-codes, following the JEDI path to health equity.

Following on from a workshop titled "*JEDI Journey: This is the Way*," our diverse panel discusses the importance of processes such as integrating the social determinants of health (SDOH) into information systems via Z codes to advance *Justice, Equity, Diversity & Inclusion* (JEDI) & anti-racism. The group also explores achieving workforce diversity in general and orthopedic surgery specifically, which is the least diverse specialty of all. With current trends it will take 217 years to reach parity in terms of race and gender representation, and the group shares strategies for accelerating the pace. We hear how part of the challenge is getting diverse students into schools, but once this is achieved the environment must be set up for success. Otherwise, tokenism can lead to isolation and burnout. With pointers towards actionable steps and resources, this episode takes DEI up a notch, acknowledging this is both *hard* work and *heart* work.
With episode host Charla Johnson, DNP, and guests Tonya Jagneaux, MD, Holly Pilson, MD, and Daytheon Sturges, PhD.

Dr. Charla Johnson: You are listening to an episode of the Health Disparities Podcast. We are live and in person, recording at the Movement Is Life annual caucus in Washington DC. Two days of health equity champions sharing their insights and experiences with our diverse audience of healthcare stakeholders. My name is Dr. Charla Johnson. I'm a registered nurse, certified in both informatics and orthopedic nursing. I'm the System Director of Nursing Informatics at the Franciscan Missionaries of our Lady Health System in Baton Rouge, Louisiana. I'm also the immediate past president of the National Association of Orthopedic Nurses, and I'm honored to serve as the secretary of the Board of Directors for Movement Is Life. According to the Society of Human Resource Management, new diversity, equity, and inclusion related job openings leapt by over 50% nationally in the aftermath of the nationwide protest that followed the death of George Floyd. And these numbers continued to climb another 50% during 2021. That was an inflection point, and there has definitely been a paradigm shift within organizations in most sectors, establishing new leadership roles for diversity and inclusion. Our guests today take DEI up a notch with a workshop titled, "*JEDI Journey: It is the Way*", and JEDI, in case stands for justice, equity, diversity and inclusion. And a workshop explores how JEDI principles can be integrated into healthcare provision through progressive discussions and strategic initiatives at the organization and system levels. Let me welcome our guest. We have Dr. Tonya Jagneaux. She is a Chief Medical Information Officer, Our Lady of the Lake and Associate Professor of Clinical Medicine, pulmonary critical care, Louisiana State University Health Sciences Center, Baton Rouge Campus. Welcome, Dr. Jagneaux.

Dr. Tonya Jagneaux: Good morning, Charla. It's good to be here. Thanks for the opportunity.

Dr. Charla Johnson: Dr. Holly Pilson. She's the Associate Professor of Orthopedic Trauma. She's the vice chair of Social Impact, Co-Director of Diversity and Inclusion, Co-Director of Clinical Research at the Department of Orthopedic Surgery and

Rehabilitation. She's an affiliate faculty of Maya Angelou Center of Health Equity, Atrium Health, Wake Forest Baptist, and Wake Forest University School of Medicine in Winston-Salem, North Carolina. Welcome, Dr. Pilson.

Dr. Holly Pilson: Thank you, Dr. Johnson, it's a pleasure to be here.

Dr. Charla Johnson: We have Dr. Daytheon Sturges, Assistant Professor of Family Medicine, Vice Chair for JEDI, Associate Program Director for Regional Affairs and Academic Affairs, JEDI MEDEX, Northwest Physician Assistant Program at the University of Washington School of Medicine and Physician, University of Washington Primary Care in Northgate, Seattle, Washington. Welcome Dr. Sturges.

Dr. Daytheon Sturges: Thank you. It’s a blessing to be here.

Dr. Charla Johnson: So, let's go around the table and I'd like to ask each of our workshop speakers to share with our listeners some of the key points and highlights, some of the take home messages from their talks. And so, let's start with you, Dr. Jagneaux.

Dr. Tonya Jagneaux: Thank you, Charla. It's a pleasure to be to Movement Is Life. It's my first experience and it's been really informative, and you know, my opportunity was to speak about social determinants of health. My primary role in my healthcare system is to essentially manage data so that the right information is in the right hands to help take care of our patients. And believe it or not, something as simple as asking questions about do you have enough food to eat? And putting that in the record and connecting that to the healthcare plan is challenging. So, what we've done at our system is, you know, essentially over four or five years, put that into practice and I went over the steps that it takes to ask some difficult questions. Primarily looking into the social determinants of health that we know impact about 80% of our health outcomes as opposed to the 20% that is what we do in medicine with medical therapy or surgical therapy. And so, getting that information tracked in our patient's database and for each individual patient. And then not only that, but when there is a positive such as I am food insecure, making sure that we have the resources in the hands of our healthcare providers to refer the patients so that we can not only know about it, but tackle it. And then the final part, which is actually, you know, the place where I work, and I think is really cool is capturing the data because it tells the story on a grander scale. It tells the story about our community, about the function of our health system and how we're doing. And I really would like to see that we're treating social determinants in the same priority that we are treating medical conditions. Things like homelessness, food insecurity, social isolation should be categorized and placed in a level of priority as severe diabetes or chronic kidney disease. And interestingly enough, the presence of the first is usually contributing to the latter. And so, you know, I think there's great things on the horizon because we're seeing not only community-based organizations start to partner with hospital systems and excitingly, because the big movement is usually when payers start to recognize the value and incentivize that kind of behavior. And in addition to working with the community. So, there is a holistic approach in that we're not

separated out into, you know, you have insurance, you have, you live here. It's more about when you take care of each other, everyone has a better place to live in a healthy environment. And so, you know, ultimately the outcome is to improve upon equity. And so, it fits right into the JEDI theme. And I'm glad you let this data nerd participate. So, thank you.

Dr. Holly Pilson: Yeah. I really enjoyed hearing Dr. Jagneaux talk about how they have been really strategic at identifying which questions should be asked by whom and in what setting. Because I think when we approach this work, oftentimes we, we sort of put that bird on one person to ask all the questions and then the patient feels like, why are they asking me all these questions in this setting? And so, I think, and maybe she could speak a little bit more to how they decided that, you know, when a patient checks into clinic, the check-in station person may ask one or two questions pertinent to that interaction, and then the nurse back in the clinic room may ask them a couple other questions pertinent to their interactions. And maybe the physician may come behind or the physician assistant or another clinician might come behind and ask other questions. And it sort of just creates that more holistic way that this work, these questions are important. The social determinants of health are important to everyone. It shouldn't just be the task of one person asking these questions. So, I really like that.

Dr. Charla Johnson: Yeah, I would agree. I thought that whole systematic approach to how your health system did that piece around it was almost like a Gemba approach about the right person in the right workflow, asking the right questions. And again, the standardization of the questions and how important it is to align, to be able to even benchmark making sure you had the validated tools and you're not coming up with your homegrown questions. You're using those validated and best practice questions that are aligning with those regulatory bodies like CMS, etcetera.

Dr. Tonya Jagneaux: That's correct. And you know, we gave out the ability to do the questioning in a way that chooses what fits the situation. And you know, Gemba is absolutely right. We actually use engineering students from the LSU main campus to help us do that. They're always teaching us about how we have the ability to improve upon our processes and remove waste. And so, the clinic may not have a social worker or a case manager, maybe a medical assistant and a doctor, especially in, you know, rural areas. So, we wanted to make it possible for just the physician, just the MA, but if you're in a health system, you need to take advantage of the resources that you have. And so, we did break it up by, you know, there's several roles and ideally, I would rather you get the question asked twice than not at all. And it's sometimes better if the person who is really good at answering the problem with the questions such as maybe financial insecurity with case management and addiction problems with social workers, you've already met the person who's going to open the door to the next solution. So, I didn't want this just to be a screening process that you check in with, but that's also maybe the lonely time you may get asked the question. So those folks are in that circle as well. So, thank you.

Dr. Daytheon Sturges: Yeah, and I appreciated how you laid it bear that your zip code is actually more so a determinant of your health than your genetic code. And speaking of codes, I really like that you introduced the Z codes as well because that adds a level of accountability because when you document it, you have to have a plan about it. And so, with that, we can go back to the resources that I know you talked about, they are built into the electronic health record to make sure that we are meeting the needs of the patients. But in the very beginning, in the screening part, and then with the documentation of those Z codes that you have to actually follow up on that, on the social determinants of health.

Dr. Tonya Jagneaux: Yeah, I participate. We have a health leaders' network, and you know, routinely we review how's your hemoglobin A1C is controlled for your panel of patients? Meaning how good is your diabetic therapy for your patients, your blood pressure control. I'd like to see the Z codes be in that space that if they're documented, have we resolved food insecurity? Have we resolved homelessness? And we can report on that. We want to see how are you screening and we want to see the outcomes related to the Z code. So, there's a two-sided thing there. Did you get it in the system? Do we know and are we seeing the improvement with the practice of referring for therapy? And so, I'm, you know, really focused on what I call closing that loop of knowing the patients, getting to the things that we are recommending or prescribing and using the Z codes to communicate across platforms, insurance companies, the joint commission, Medicare because until we put it all together, we're not going to realize the magnitude and that we know it's tremendous because of what we see in health outcomes. So, appreciate that Daytheon and I appreciate a provider wanting to use Z codes and ICD10 codes. Sometimes, that's an uphill battle. Yeah, they're hidden in there. That's the last letter. You know, it's down there.

Dr. Charla Johnson: Well, one of the things you also stress to everyone, and I, because I do the promoting interoperability within the same health system, Dr. Jagneaux works you know, right now, the centers of Medicaid and Medicare are telling us, hey, voluntary calendar year 2023, that you're going to begin screening for these social determinants of health. Which is, you know, it's the carrot and stick approach with how we have to do things, but it's mandatory in 2024. So, you know, people really need to understand the importance and it's not for it to be impactful, it can't be just another check the box, which actually the JEDI thing with that whole move and this many people that are assigned in these positions, in some cases we're just a check the box. And so, what we don't want right, is we integrate these things, is that the social determinants of health side are just another check the box. For our Franciscan missionaries, Our Lady Health System, we have a marketing slogan now that say we listen, we heal, which is perfect alignment with integrating social determinants of health and JEDI principles because understanding the patient's story is what's going to help us get them to their optimal health. So, really your session was impactful. Dr. Jagneaux really appreciated these pieces.

Dr. Tonya Jagneaux: Thank you. Charla. I wanted to say when you mentioned Medicare, we had two great talks from the McClelland family yesterday, Kara and Frank and I'm going to start using that term power of the purse, when you brought up Medicare, I've always used carrot and stick and I think with his term it actually brings a lot more meaning because until you incentivize it, which is what he's saying is essentially payment and it becomes a priority from that aspect, then it's not important. So that switch, I think is flipping and I'm happy to see that because it'll be a lot easier when people see that there's a target and it's this journey that we're taking now as opposed to not focusing on prevention, not focusing on health, but being reactionary medicine, which has been the case for a long time.

Dr. Charla Johnson: Thank you so much. Well, let's hear from you, Dr. Pilson. Let's talk, and let you summarize your kind of session part around that workforce diversity.

Dr. Holly Pilson: Yeah. Thank you. So, my part of the session was around workforce diversity, specifically in orthopedic surgery. And I think you know what better, especially, to talk about workforce diversity than the one that struggles the most with it. So, the session was sort of framed starting with defining the problem, which I took from the vantage point of the good, the bad and the ugly. The good being, you know, if you look at our trends over time regarding workforce diversity and orthopedic surgery, specifically related to gender diversity and racial and ethnic diversity, we have gotten better. There have been improvements over the years. But the bad of the situation is that we can do much better. We still struggle in terms of recruiting women and underrepresented minorities into the field. And not only recruiting but retaining them in the field. We remain consecutively, year after year, the least gender and ethnic, culturally ethnic and racially diverse specialty in all of medicine, which is not a proud thing to say as a gender and a racial ethnic minority in the field. And what we've seen is that recruitment efforts alone have not reversed that trend. And so there has to be something deeper. There has to be a lot of work done in our departments, in our institutions to evaluate why this is happening and continue to work towards it. One of the things we've talked about in the work that we've done at Wake Forest and in other places in this space is to really first taking a look in the mirror, being introspective and evaluating at a personal level, at a departmental level and an institutional level where the blind spots are, where the opportunities are. Who do we not have at the table? Who do we not have in our departments, and who do we need to be more strategic about welcoming in and figuring out why those people aren't there? It takes asking hard questions, having hard conversations. You know, one of the quotes that I mentioned during the session that I heard recently is nothing about us without us. And so, it takes bringing those stakeholders to the table, working alongside them and with them, supporting them to figure out how we get to more equity in this space, but I think it also takes stakeholders from both groups. We talked about how it's so important that the people that lead these efforts in our department, our institutions are leading them alongside and with majority members of our departments and institutions because it takes both together. And then after I, we identify those champions of this work, it's important

to equip them to help them both from a resource standpoint, financially and other resources, administrative support. And also, from an educational standpoint, you know, you mentioned the statistics at the beginning of the podcast, and you know, even as a gender and a racial ethnic minority in my field, I'm not an expert. I didn't have, I don't have a degree in this. I do have my lived experiences, but there are blind spots that I have even in this work. And it's important to continue to educate and provide resources to those of us who are in this work to make sure we're doing it effectively and we're doing it the right way.

Dr. Charla Johnson: You know, one of the things you mentioned in your session was around authority and accountability. So, you know, when you're looking at your program and stuff, how does that get, how do you manifest that piece or how does that work?

Dr. Holly Pilson: Yeah, so, it kind of not to skip ahead, it brings up one of the points that Daytheon mentioned in his talk is that, you know, when a problem is identified and someone asked for help to change it, you kind of have to be upfront with saying, you know, what authority do I have to change this? Are you expecting a recommendation or a suggestion or are you expecting me to give action items that we have to say, these are, this is the expectation, this is the new expectation that we're going to hold you accountable to, and these are the consequences if those expectations aren't met and not in a punitive way. Right. This is not meant to penalize folks for not doing it. This is meant to reach out and educate people on the importance and hopefully they get the importance of it and say, this is why this work is important and this is how we're going to strategize about making sure we do this in an actionable way that we can show on the backside that we're moving the needle and this is how we expect you to help us, and this is how we're going to come back and follow up on that and making sure that we're meeting these metrics.

Dr. Charla Johnson: Dr. Sturges, Dr. Jagneaux, do you have some…?

Dr. Daytheon Sturges: Yeah. So, I appreciate how you use real world examples of the women chairs across America and it was less than a dozen, right?

Dr. Holly Pilson: The Notable Nine.

Dr. Daytheon Sturges: Yeah, the Notable Nine. Exactly. And so, that leads me to, you know, looking at, when you was talking about the progress toward, what would it take to get to parody was 217 years, can you reflect on like what are some of the current barriers that is causing us to wait two centuries in order for us to reach some type of parody?

Dr. Holly Pilson: Oh, I wish I had the magic sauce to answer that question. I think we're all asking ourselves that question. I think in orthopedics it's a lot. I think for one, it's the culture. I think, you know, it's the perception. You know, a few of the studies that I presented talked about the perception of medical students looking at the buffet table of all medical specialties and sort of, you know, commenting on which specialties they feel are more or less welcoming to underrepresented minorities, to women, etcetera and orthopedics has consistently been one of those fields that medical students have said is less welcoming. I don't know if it's

the surgical culture which I, you know, I think some of the other specialties that were mentioned as less welcoming were also surgical procedurally based fields as well. And I think a lot of it gets into the importance of increasing programs in the pathway and the pipeline reaching students early, showing them folks that look like them, showing them a woman or underrepresented person or someone from their community that they can see, wow, this is the possibility for me. I would've never entertained this before because when I see every orthopedic surgeon on TV or you know, and the orthopedic surgeons that I visited as a child, they're all white males. And I just didn't see myself in that role. So, I think some of it is that you know, I think for some the barriers are, you know, related to you know, the, the burden of the, what I what I've heard called oftentimes the citizenship task of that oftentimes minority and women members of our faculty cohorts are asked to bear. And oftentimes it's because we have passions for them and oftentimes it's because they're tokenized to do the work. But sometimes that doesn't leave room for climbing sort of the academic ladder into roles like leadership roles such as chair roles and vice chair roles where all the decisions are made. You know? And so, I think it's multifactorial certainly, but, yeah, the Notable Nine, I think, you know, it's a fantastic group of women who are shattering that glass ceiling in our field.

Dr. Daytheon Sturges: Thank you.

Dr. Tonya Jagneaux: Yeah. I mean, I knew that there was a difference in the specialty itself is clearly at the top of not having diversity because like you said, I don't think I've met an orthopedic surgeon who wasn't a white male practicing until I came here where it was refreshing to see so many orthopedic surgeons who weren't. Not to say that, you know, I want to trash our white male population because I have a lot of good friends who are doctors out there, but I think the main point I learned in connection with your sort of reviewing how this needs to make progress and hopefully not take 217 years to get there, was the questioning that the video we saw of Supreme Court Justice Kagan, should your healthcare practice in the community reflect the diversity of the community. And it all along, yes, I think that, but she said it so eloquently and as I look across our patient base, because I'm a critical care doctor, so I meet folks who are going to ultimately go for amputation the next morning due to the diabetic foot and the sepsis that's now endangering their lives. And that has a huge asymmetric look in the data for African Americans and in the comorbidities that go with that. So, there's that piece of knowing and coming from an understanding of your population. So, you need to have folks who reflect it. And then there was another discussion that you know, you've met some of these orthopedic surgeons and no offense, but they do like to operate. And so, there's not always that I'm coming in to examine you and actually laying hands and having a relationship. There is a bit of sterility to it, which I don't see that whenever there is a connection, And so, I appreciate you highlighting the, the lack of diversity and the challenge because that's, I think is the screening. It's the first step into it needs to be fixed so that we take better care of our patients. And the nothing about me without me, I first heard what Don

Burak and he was, I think his wife was the reason for him doing IHI because she had a condition that he writes about, and it felt like everything was being performed in silos. They were making decisions about her without her. And he was furious, and he was, you know, the pediatrician. And so, he was on faculty where that practice was happening with someone he cared for. And so, it makes perfect sense to put it into this because it's on both sides now. It's about, you know, making sure that the physician's side of it is represented and you're not making decisions not to take folks into that specialty without the clarity of why are you making these decisions and accountability. So, from a provider, it's sort of both sides of the patient should be included, but also the team and their journey to being able to provide healthcare. It's the same transparency that we need to shorten that 217-year timeframe down to what I would like to see in my lifetime, and that's a pretty short timeframe. So, we have a lot of work to do.

Dr. Charla Johnson: You know, you mentioned I heard you say about tokenized and then, you know, I was thinking about the undue burden, like you're, you know, when you want to just practice, but you have to take on so many other strength roles, right? To see the good work, happen, right. So that it doesn't take 217 years. So, there's really a lot that's being asked of both minority and genders to be able to see the next generations moving up at a faster pace to be able to, you know, do the career that they wanted and not have the same obstacles and hurdles. So, I think there's a level of recognition that has to go on right now you all for as being really giants because you're really trying to, you know, break down those barriers. But, you know, you didn't necessarily ask for it either. Like right, you want to maybe go home at the end of the day and or be the, you know, football team orthopod or whatever it, you know, not necessarily have to be the warrior, right, the whole time to fight the good fight. And so, I think there is a recognition about that undue burden that you have to do to see this good work happen. So again, I would like to just applaud that piece for both of you, all of you. So, Dr. Sturges is excited because you led, I think you gave the group so many great tools and a framework from the things that you've done at UW, and I really appreciated that. Could you share some of that framework and the tools?

Dr. Daytheon Sturges: Yeah, exactly. So, I ended the panel by talking about institutional organizational change. And before we even get into that, we have to really do a rebranding and a paradigm shift from where we don't view diversity as a risk, but we view it as a strength, and we view it as beautiful. And so, I always use that term because I mentioned yesterday that this is not only hard work, it's heart work. And so, you know, you just mentioned sometimes with the emotional exhaustion that comes with that, there have been many times that I've gone home, and I just crash on the couch and my partner just understands that it is been a day, it's been a week, it's been a year, but, you know, with that I want to offer some tools. We had so many great discussions that I want people to be able to take this back to their organizations. So, at the policy level is where we have the most sweeping change. So that's in the public health sphere, in the medical sphere, in our government. So, when you affect system level policy then

you are able to see more results. However, when we are looking at these policies, we want to make sure we use what I call a JEDI lens. So, our justice, equity, diversity and inclusion, but I also add in anti-racism. A lot of organizations now have made claims toward becoming anti-racist organizations. However, to become anti-racist, we also have to center and discuss race. So, what we've been doing is looking at our policies through using an equity impact tool. And what the impact tool does is just helps us really break down the policy and look who is it affecting? Who needs to be at the table? What voices are we missing? When we come up with a plan, what actually could be the harm that we do with this plan? So, what are your alternative approaches to this? And then it's measuring it. It's, you know, you have to always have a loop of quality improvement. So, I also offered a DEI toolkit that Physician Assistant Education Association's Diversity Inclusion Mission Advancement Commission had developed. And it's just six steps of a quality improvement loop. You know, starting with your goals and objectives, then coming up with a strategy, implementing it, assessing it, reporting out, and then looking to see what worked and what didn't. And if you can always back up and you can always continue the loop. And then lastly, I offered a framework by Dr. Carl Frazell and his team that looked at how we cultivated our anti-racist environment by offering strategies and solutions. So, with that, it really, again, targeted at the top, the leadership structure. What's the racial composition there? What voices are there? Do you have buy-in because these are the people that are yielding and wielding power. Also, I highlighted the culture and climate of your organization, of your institution. So, it's very important to most likely have a third party come in to do some type of climate screening and then report out so that we can reflect and try to make positive changes in that regard. And then, also, I focused on admissions processes too, because we talked about the disparities when it comes to race discordance or come to gender and sexual and gender minority, all of these different dimensions of diversity and what are we doing to block this representation? And so, how can we kick the door open and look at our applicants holistically, because honestly, this is where the gatekeeping is. And so, we'll never have a diverse medical workforce if the schools are not admitting these students. But then I want to go a step further is when you admit, how do you include, how do you retain? So again, we go back to sometimes there's onlies, and then that leads to tokenism, that leads to social isolation, that leads to academic performance that is not reflective of their strengths. And then, that perpetuates the myth of diversity as a risk. Actually, it's a social thing. It is not inclusive. So, most times it's just not an academic. So, I just wanted to offer all these tools and then actually implement some real-world situations so that our attendees could really view it through the lens of JEDI and then take this back to their organizations and try to implement it.

Dr. Tonya Jagneaux: I mean, we've already brought it up, but I want to highlight what the quote is. Do I have the authority to make change? And I, you know, all of the tools I think were amazing, that is what I took away as the key message because I sit

on the DEI community work group and I participate in it, but I've, you know, listened to some of these other podcasts about you know, the movement, the why of what is this journey we're going on. And I'm always curious about the what and the how. And so, a lot about that was delineated in your talk, which I appreciate, but very specifically DEI work groups, projects, charters really shouldn't just sit out here in DEI. It's an organizational change. So, what is your strategy? Oh, we have a brand new DEI work group. That's not a strategy, that's a club. Right. And so, because I, on the quality side, when I work, it takes effort and commitment, and it takes intentionality to make changes in the right direction and this is no different. There has to be the ability and the support behind the leadership because some of the changes are hard because you're sort of peeling back layers of history and starting over. And so, I really appreciate you saying that. It sounds like, you know, that's the right thing to go into. We would like for you guys to improve equity at our institution. Okay, what authority do I have? Yours? You know, and because when the hiccups come, there has to be some decision making and without that, you're not going to make the progress or I won't make the progress we without that ability to say, no, this is the way we're going in the JEDI way. So, thank you and I appreciate all the tools. I have them screenshotted, and excited to take them back home.

Dr. Holly Pilson: Yeah. I also to piggyback on that and likewise agree that you mentioned during the session, you know, we talked about how oftentimes people will call or email or text or ask you for your help and you know, I think part of that boundary creation about not over-exhausting ourselves in this work is being able to say, here's a framework, here's a toolkit. You take it back and you do the work that I've given you, a roadmap, and now you have it. But I think we have to really you know, it's not that we don't want to help people, but there is a lot of hard work in it. And it's really hard for me to come into your institution or your department and do all the work and just tell you what to do. You have to sort of do some of that work on your own and here's a framework to do it and I really liked the way that you delivered that. And also love this is hard work, but it's also hard work. Absolutely filled up.

Dr. Charla Johnson: Yes. I agree. There were two things that I particularly took away around the climate check. I think so many people are intimidated about that piece. It's like standing in front of a mirror and like, I really don't want anyone to see the bad side. And I think people look at that as it's going to be punitive. Like they're, someone's going to say something about me or the organization and it's not going to be a positive reflection instead of looking at it. And of course, if that's the way it's intended to be, let's look at it as a mirror and let's be reflective and let's be open-minded so that we can peel the onion back and, in the end, walk forward and make a good change. And I think some people don't even start with that check because they don't want to look. And I think that's like one of the biggest things, but really until we peel the onion, we change the way we see things and where your goal is to be reflective. It's not to be perfect. It's like, I know I'm going to mess up. Let me think about what I just did and how I just did it so I can do it

better. You gave several different, you know, lived experiences and you did a great job with that to the audience to help them see that piece. The other thing I took away was around when you talked about the one person that was in the program and you were asking him how was he doing? And he's like, I'm okay. And you're like, no, how are you doing? Right. And it's that really that call to action and again, it's heart work, because this is a call to action. We need to be mentors to others and inclusivity means that that person has a sense of belonging. Dr. Jagneaux you mentioned about, oh no, that's the, it is a club, right? Unless this is the work, it's just a club versus how do we help people feel that they belong? It's not that I have to look like you, but there's something we have in common. Like, you know, Dr. Sturges and I already know we have this in common because we've talked and we both live in Louisiana, you know, we live there. So, we have some similar cultures, but we don't look anything alike. We're not the same race, we're not the same gender, but I can give this guy a big old Louisiana hug, but we took the time to know about each other and wanted each other to belong, right, in our space. So, I think that's where some of that hard work has to go. And people have to understand you have to step up and be a mentor. You know, think about the stem things and the high schoolers. We have to really be able to let them know that there's other people out there that have walked your journey and that you can be part of this. And we, I'm here to help you. It's not just rah rah, it's like really be there to help. It's rare for me to turn someone down that needs a mentor, whether it’s in their academic space because the challenge and the fear and all that, and especially I seek out now opportunities when that person doesn't look like me because I know that their journey has been harder. And so, I think that there's a call to action with that piece.

Dr. Daytheon Sturges: Yeah. And just lastly, I'll say I mentioned yesterday, I always approach my work with what I call a spirit of inquiry or a spirit of curiosity. I think we should always remain curious and ask questions. How does someone belong, if you've never asked them what does it take for them to feel like they belong? You know, it's not that people have to teach you how to do your job, but people do like to teach you about themselves and talk about their culture and talk about their lived experience. So, if you just approach this with a curious spirit, then I think that you will be more successful. I do feel like my work has been successful because I do approach it from a curiosity standpoint. Even in the climate surveys, that's a curious inquiry of what's going on here. And then we talk about it, debrief, and then if we have to have reconciling moments, that allows space and opportunity for that to happen too because if you never knew that it would never happen, and things would continue to brew under the current until there's a tsunami.

Dr. Charla Johnson: Yes. Yes. Does anyone have any additional feedback or any last thoughts?

Dr. Daytheon Sturges: I just really appreciate the Movement Is Life Caucus. I want to echo that this is my first time participating too. Not my last time at all. The

sessions, including ours, our JEDI session have been great. They've been speaking truth to power. I do this work, day in, day out, but I will say this is topnotch at the topics and the transparency that has occurred in one day. So, I would just say I appreciate your Caucus and I am going to spread the word and I will be back as well.

Dr. Charla Johnson: Awesome. Awesome.

Dr. Holly Pilson: Yeah, I agree. This is my second time coming. The first time I knew nothing about it as well and I actually drove the first time I came from North Carolina, five hours. And on the ride back I listened to about 13 podcasts, on my drive home and was just really blown away by the content of the podcasts, the content of the talk. And really, you know, I thanked you for shouting us all out on LinkedIn. And what I reposted was that, you know, this is a conference that really refills you, the work that you do can be depleting but this is a conference that really refills you back up.

Dr. Tonya Jagneaux: Yes. I enjoyed it as well. And you charged us to have a call to action. And so, the thing that I would say is really, I guess ironic or a weird coincidence, but a week ago, I was speaking to a group of business I guess leaders in a community, Lafayette, Louisiana, and then this, these past two days, so, Wednesday before I flew in, I got to speak to high school students about STEM. And I learned more when I do these things than I think I can contribute. But the last question to us was, what do you recommend to the folks who are listening to essentially the same topic? And I would ask that, you know, everyone whether you literally or figuratively have a sidewalk that is your space that you can change. And so, if you have a business and you have folks that work for you, be curious about, you know, the question, how are you doing? And in, you know, my space, healthcare is not the only place to address social determinants. We have workforces that can be healthier if there isn't a plan to make your workforce healthier from the top down. And so, within your church, within your community, just know that the problems are there and if you're curious and you're passionate towards fixing these, you can just pick something and go, I'm going to fix this space, this part of the sidewalk around my house that I control. And I think over and over thousands of times, if that's done, we're going to move the needle. It doesn't take, you know, a major action plan to turn everything over. It takes a bunch of folks to ask a few questions and do a few things in the right direction. So, I really appreciate the opportunity because you know, with the leaders at this table, the impact that we can make is stretched beyond our sidewalk through these channels. And Charla, I really appreciate it.

Dr. Charla Johnson: Absolutely. And I just want to thank you all. And I do know too that the Caucus, what it does is it really allows you to kind of like reload, recharge, reconnect, and you know, as part of being a piece of the puzzle, knowing where you fit to make the difference. So, really excited even thinking about next year. So, this has been a great discussion. We're about the end of our time today. I want to thank you, Dr. Jagneaux, Dr. Pilson, Dr. Sturges for joining us today. And we hope we'll, you know, be able to do this again soon on another podcast. Just

on a quick note to our listeners, you will be able to access all the plenary presentations on our website in the coming weeks at www.movementislifecaucus.com. And if you like the episode today, please let your friends and colleagues know about it. Until next time on the Health Disparities Podcast, I'm Dr. Charla Johnson saying thanks for listening and be safe and be well.