**Building healthy communities against a backdrop of declining healthcare infrastructure. With Dr. Alisahah Jackson & Dr. Tamara Huff.**

Dr. Tamara Huff, MD, MBA, sits down with Dr. Alisahah Jackson for a discussion about enhancing the health of every community, and they explore the challenges of building healthier communities against a backdrop of declining health infrastructure, particularly in rural communities. They also discuss the reality of the elephant in the room, that racism exists both in terms of attitudes and bias, and in various structural forms, and how building trust is vital to the displacement of bias.
Dr. Jackson is a proven leader in empowering women to improve their health and the health of their families and communities. She was named the first Chief Community Impact Officer at Atrium Health, where she established strategies for Health Equity and Social Determinants of Health. More recently, she became the System Vice President, Population Health Innovation and Policy, at CommonSpirit Health, and is also CEO of Why Health Matters. Dr. Tamara Huff is a member of Movement is Life Steering Committee & Founder & CEO, Vigeo Orthopedics, LLC.

Dr. Tamara Huff: Welcome to our latest episode of the Health Disparities Podcast. Our twice monthly exploration of health equity brought to you by Movement Is Life. We are recording this episode at our annual caucus, where several hundred health equity advocates have come together to hear from health equity leaders and experts from across the United States. I'm Dr. Tamara Huff, and I'm a member of the Movement Is Life Steering Committee. And for my day job, I'm an orthopedic surgeon and founder and CEO of Visual Orthopedics in Columbus, Georgia. It is great to be with you today. Joining me today, all the way from San Francisco, California is Dr. Alicia Jackson. She is a proven leader in empowering women to improve their health and the health of their families and communities. She was named the first Chief Community Impact Officer at Atrium Health, where she established their health equity and social determinants of health strategy. More recently, she is the inaugural president of the Lloyd Dean Institute of Human Kindness and Health Justice at Common Spirit Health. She's a staunch advocate for health equity. Dr. Jackson is fighting for all people to have the opportunity to be healthy regardless of race, ethnicity, gender, income, or any other attribute. Welcome to the Health Disparities Podcast, Dr. Jackson.

Dr. Alisahah Jackson: Thank you, Dr. Huff. So excited to be here.

Dr. Tamara Huff: Dr. Jackson, your talk today has the description of every community should be valued and deserves to help make its own plans for the health and wellbeing of its residents and enhancing the social determinants of health is critical to improving the health status. These things include transportation, well-lit sidewalks, full-service grocery stores, recreational facilities, full service and urgent healthcare services, and local employment. In our talk, we'll talk about some of those different things, but we'll also dive into your actual presentation itself, which was absolutely phenomenal.

Dr. Alisahah Jackson: Oh, thank you.

Dr. Tamara Huff: The energy and just everything. So, if you could share with our listeners a little bit about your opening and kind of talking about what we as providers need to think about when we're thinking of health equity in the individual and in looking at people as something beyond just a non-compliant patient.

Dr. Alisahah Jackson: Thank you. And again, thank you to Movement Is Life for having me. Thank you for quite frankly, being an accelerator of these conversations. These extremely well needed conversations. So, I just give kudos to you all and honor the work that you're doing. So, you know a little bit about what I talked about today as it relates to what impacts health are these social determinants of health and health behaviors. And again, I think the research, if you look at it, it tells us over and over again that the things that most have the most impact on our health are things that happen outside of clinical care walls. And I think sometimes as a physician that is a little bit hard to hear especially given the training and, you know, sometimes we're doing this work to care for patients, you know, 24 hours, seven days a week. So, I think it's important though, that we acknowledge that the things that happen outside of the walls of where we work are the critical drivers of health outcomes. And a big part of that is health behaviors. So, we talked a little bit earlier about what are those health behaviors, whether that's exercise or healthy eating, or which substances people may choose to indulge in. And really the decisions that we ourselves make individually that impact our health. And, of course, that is critically important and that's one of the things I love about Movement Is Life, is that you all really are providing resources to help with that behavioral change. But I also, as you know, talked about there are decisions that are being made for us outside of our, you know, selves that actually drive health outcomes. And those are the policy things that we have to talk about. Those are the economic investment things. So, you talk about, you know, often people, providers specifically will label patients as non-compliant. And that's something that I encourage everyone to just take that term out their vocabulary. I don't believe that patients are non-compliant. I don't think anyone gets up in the morning and thinks I want to be unhealthy today. Right. So, I think our responsibility as care providers is to help identify what those barriers are that people have to achieving great health. Acknowledge what they are, bring awareness, help patients mitigate, you know, or eliminate those barriers so they can get to their best health. And again, going back to some of those barriers might be things that's happening in their community. So, if they live in a food desert, that's not something that they necessarily had individual input into. Right. If they live in a you know, March of Dimes just released a maternity care desert report, just a few months or a few weeks ago, actually. Again, individuals are not necessarily responsible for making decisions around where OB/GYN providers are located. Right. So, I think we have to start acknowledging these decisions that are happening outside of our own decisions around our health behaviors and, quite frankly, how those outside decisions actually influence the decisions that we do make individually, because I may want to exercise, but if I don't have a park, a safe park to walk in, or there are no rec

facilities nearby and I don't have transportation to get to the closest YMCA, for example, that drives me being able to exercise. So, I think those are the things that we really have to be intentional about, now.

Dr. Tamara Huff: I love what you just said for a variety of reasons, because it really dives into who we are in Movement Is Life. One of our signature programs is Operation Change, and in Operation Change, a core tenant of that is that behavioral change model and meeting people where they are. So, in meeting people where they are, we also understand that you may be in Chicago where it's maybe not safe to go take a brisk walk around the corner, or you are in rural Kentucky where there isn't a YMCA down the street that the only thing you can do to exercise is go walking with your group only during some times of the year because it's so cold. So, understanding and meeting people where they are is pivotal. It is a cornerstone of who we are and who we are with Operation Change, but I love to hear that perspective of it in meeting and going into our communities. So, you have a background in rural health, you had a chance to be out there and experience it firsthand as a family medicine physician, which kudos, we need you, we really need you, and we need to be partners. How are some of the ways that you found to partner with other community members, and especially in rural areas to address some of these social determinants of health to kind of bring awareness to health equity in these communities, in our communities?

Dr. Alisahah Jackson: Yes. No, thank you for that. And thank you for mentioning Operation Change. That is an amazing program. And the one thing I also want to call out about that program, not only are you all leveraging the science around behavioral change, but you're also leveraging the science around race concordances. And that was something that Dr. O'Connor mentioned earlier, and she said that when you all initially launched that there was a little bit of pushback. But again, what the data tells us, what the research tells us is that people who have providers who look like them, who can connect with them, tend to have better health outcomes. And so, the fact that you built that program around and was culturally humble enough, right, to build that program to say, okay, you know, there may be a need for African American women that might be a little bit different from Hispanic women. And one of the things that you all mentioned was, for example, around the dietary component in how, you know, food is very cultural, and we have to acknowledge that, we should acknowledge that. That's one of the things that makes us uniquely different as different ethnicities and different cultural backgrounds. So, changing to make food healthier in the Hispanic culture is going to look different than in the African American culture and the dominant culture. So, I think I just want to again say kudos because that was a bold move. That was a bold move. But that's what we need. We need organizations, we need leaders who are going to be willing to accelerate this conversation, but again, accelerate in a way that acknowledges the science behind equity. And I think that's just critically important. So, I did want to just say that before talking about my experience in rural America from a provider

standpoint. I practiced right out of residency in rural South Carolina, a town called Union. And I don't know if anyone listening out there will know of Union. A lot of people, if you remember the Susan Smith case back in the nineties that's where I ended up practicing. And so, a history of having some racial tension in that community. However, I have to say to this day, that has been one of my favorite, if not my favorite practice environment. You know, I was a young African American female physician coming into a community that had only seen one other black female physician during its time practicing in that community. And fortunately, I was able to join the practice that she was a part of. And I really had to build trust. I mean, there were definitely, I'm not going to sugarcoat it, there were definitely patients who did not want to see me. Now, I often tease that most of them gave me grief about being a Yankee more so than being a black woman. And I, really, clearly had to pick between Clemson or, you know, the University of South Carolina. So, I really tried to stay neutral, but my children won and we're a house divided because both of my children started their lives in Union and I have some of my best friends now who are from Union and from communities that you may not necessarily think, oh, they would be best friends. But I, again, one of the things that I think is critically important for us to think about when we're addressing rural communities is relationships. Relationships are important no matter where you are, but specifically in rural communities, they are so resilient.

Dr. Tamara Huff: Absolutely.

Dr. Alisahah Jackson: And we have to acknowledge that and quite frankly, celebrate it. And part of the reason that they are so resilient is because they truly build community. They truly build relationships. And one of the things that I saw while I was there was just in the faith community how the churches of different denominations, different ethnic backgrounds were really able to come together as it related to health. And so did a lot of work with our faith communities there. Did a lot of work with the students. I was at one point in time the team doc for the one high school in the county. Right. But I loved it. It gave me an opportunity to interact with the younger, you know, generation. And they, you know, I always say, you know, our younger generations, they give me courage because they are just so different. They're so bold, courageous, they don't have a problem calling out an issue. Right, so that was one of the things. So, really leveraging our younger people to drive some of the conversations around health and health outcome, especially as it relates to behavioral health. That's another thing that I think we should be thinking about and how we are addressing behavioral health in this country. So, I think relationships, leveraging faith, community, leveraging our young people is, you know, is definitely important. Operationally, I do have to acknowledge that we need to think about infrastructure. You know, unfortunately what we've seen, we were already prior to COVID, starting to see a decline in critical access hospitals, which are mainly based in rural communities. Since COVID, that trend has only accelerated. So, we're losing a lot of critical healthcare infrastructure in our rural communities. And financially, I understand why and most of these decisions are based off of finances but from a community

standpoint, we really have to be thoughtful about is that the right way to go? Or if we are divesting a hospital, what other than healthcare resources are we putting in its place that could be leveraging technology, and again, we can leverage technology in rural communities. I think there's this misnomer, but the infrastructure needs are different. And so, we have to acknowledge those things, right. Leveraging providers doing rotations through certain rural communities, leveraging mobile medicine. A lot of hospitals and health systems, and quite frankly, community organizations now have mobile units that they can send out to different communities. So, I think there are ways for us, even if we have to divest of a hospital and a community, we should always have a healthcare sustainability plan for those communities, regardless of if it's rural or urban, but definitely from an urban standpoint, the infrastructure needs are often different. And so, we usually have to be more thoughtful about that.

Dr. Tamara Huff: That's excellent. I really, there's so much to unpack with that, and a lot of what you said, of course you were addressing the specific needs of rural communities, but I love how you go into the infrastructure and the importance of infrastructure because really that's something that we can, we deal with in urban communities as well. It is, and again, all this was laid bare with COVID. It's been here the whole time, but COVID unmasked a lot of the things that we were able to paper over during that time. I want to circle back to something that you brought up earlier on, is going into a smaller town where you may be the only person or one of only two people that looks the way you do, it always brings in that infamous word that no one wants to talk about racism and how does that play a role in things? And in your talk, you brought up getting comfortable with the uncomfortable, and we talked about a lot of uncomfortable facts. And then, no growth really happens when you stay in that comfortable zone, specifically with health equity and getting more different stakeholders involved in speaking at the table. How do we as physicians, for example, or even healthcare providers, address that elephant in the room, address the reality that racism does exist and there is structural racism, not so much individual people, but more of the larger system that is a root cause of these inequities. So, how do we share that and how do we bring that message forward?

Dr. Alisahah Jackson: Yes. Well, clearly this is hard work, right?

Dr. Tamara Huff: Yes.

Dr. Alisahah Jackson: We've been doing this for decades. I do, I have hope, and I'm optimistic right now because I definitely, since the pandemic and George Floyd, I think there's been like this dual reckoning, if you will, around health disparities and how racism, sexism, classism, all of those things contribute to the disparities that we continue to see. And there's still so much that needs to be done, and quite frankly, we need to accelerate the conversation. So, I think for providers specifically, whether that you're, to your point, nursing, physicians, physical therapists, occupational therapists, you know, yoga therapists, you know, there's so many different areas now that I would say we are providers of care, we're providers of health and care. And I think there's a couple things that we need to

do. One, we should be informed. And, you know, I think the reality is, you know, and Dr. Huff, you can probably speak to this. I didn't have formalized training during med school, during pre-med, you know, around the history of medicine, the history of racism in medicine, how medicine contributed to eugenics and racism and sexism. Didn't have information around bias. You know, I didn't have training around culturally competent care. And, you know, we've made some strides in that, but definitely, it's not like every medical school is now required to have this in their curriculum. I fortunately went to a residency program in Charlotte, North Carolina that was specifically focused on urban underserved and that's where I had the opportunity to start to learn more detail. Some of the learnings I had taken upon myself, right to learn some of those things. But that program did specifically focus on health disparities, community medicine, to mitigate those disparities in population health efforts. And you know, it was on one hand validating to be like, oh, some of these things that I felt, or that I heard, there's actually evidence and research and literature around it. But also, it was a little depressing to be like, wait, there's evidence research around these things, and yet this is not being taught to everyone. So, I think we do have to take it upon ourselves to really get knowledgeable about why we have the disparities that we have in this country today. And I think if you really are being honest in your pursuit of knowledge, you are going to be uncomfortable because you will start to learn about the Tuskegee syphilis experiment. You will start to learn about Henrietta Lacks. You will start to learn about forced sterilization in this country that was happening into the eighties in some states. You will start to learn about eugenics and who created, they were physicians who created the whole entire eugenics movement that led to the Holocaust, quite frankly. So, you'll have to get uncomfortable, but I think that's where we have unique opportunity as care providers to not only get uncomfortable ourselves, but he helps others get uncomfortable. So, I think that's critically important. I think the other thing is, after you start to learn about these things, right, then you have to do that true in like insightful, introspection, if you will. Are you, I think when we talk about racism, people tend to go to, am I a racist? And you should do that but that's not the main driver of disparities in this country. The main driver from a racism standpoint are the policies, the procedures, the systems that have been designed to systematically exclude people in this country. And so, you know, I'm a quote person. One of my favorite quotes is by Edward Demming who said, “A system is perfectly designed to achieve the results it achieves.” The system is perfectly designed. So, when you look at our systems here in America, whether it's the healthcare system, the education system, the criminal justice system, the housing system, the social service system, every system that has been created in this country was created to exclude historically. And now it works as it was designed to work, right? So, to a certain extent, I'm often like, if you start to do the history, you know, learn the history, it should be of no surprise to you then that we have these disparities. So, I think we have to really start to push back. We're all leading in broken systems, and I do think it's important for there to be

diverse leadership. So, that is critical. But I think we really have to start pushing back and think about how we design new systems to really address some of these disparities. And one of those things to think about from a racism standpoint is you know, being anti-racist, again, there are tools, there are things that individuals, that systems, that organizations can do to specifically be anti-racist. It's not about being non-racist. It's about, okay, if you believe that racism exists based on the data and the research that we have to validate that, then what are you doing to change that, to actively change that, actively, right, actively change it. And I think all of us, from a care provider standpoint need to be thinking that way because that's the only way we're really going to, like I said, create new systems to really make sure everyone achieves their best health. And that's so important because it makes me think back to something you said a little bit earlier, this next generation, they're not afraid. They have a totally different framework. So, people of our generation, when you say racism, as soon as you say that a wall comes up. It doesn't matter whether or not you're talking about structural racism or systemic race, there's a wall and there's a defensiveness. And I think this harkens back to well, addressing this harkens back to what you said earlier of leveraging and reaching out to our youth and how to expand this mission, our young residents, our trainees, to see, okay, let's open up, let's be more broad and be able to reach out to the larger community. Also too, when you build relationships and you do the hard work of building community, it's amazing how much more open people are. I agree with you. My first practice was in Waycross, Georgia, in southeast Georgia, a very small place. And even though I'm born and raised in Georgia, I'd never been there before or really spent time, considerable time down there. But building that trust, building that sense of community involving the faith-based community, reaching out to the kids before you know it, there is a level of support that crosses racial lines.

Dr. Tamara Huff: Yes.

Dr. Alisahah Jackson: It crosses economic lines. And you start seeing that synergy there, because many of the things we talk about in health equity, yes, there's a racial part of it, we cannot deny that, but there's also an economic part of that, a serious socioeconomic component of that. And it's exciting, as we get the courage to name the uncomfortable, to name the elephant in the room, it opens up a way of us collaborating to bring about a better future or a better change. So, it's powerful what you're saying. I love it. I absolutely love it. And honestly, Operation Change is built on that. You know, it's going into those communities, having those different difficult conversations, and then bringing people in that are culturally concordant, they're willing to have to deal with that elephant in the room. And when you deal with that, it's not just beneficial to the organization that's trying to get into the community, it allows the people in the community to be seen.

Dr. Tamara Huff: Yes.

Dr. Alisahah Jackson: And one of the many great workshops that we were both in yesterday was on listening and storytelling. And empowering the community to

tell their story, but also for us as providers, for us as advocates for health equity to really listen in response. So, love it. It was terrific.

Dr. Tamara Huff: Changing subjects, a little bit, now you're moving into a new role and it's so exciting, the idea of an institute of human kindness, of health justice and in the world where civility is in very short supply, it is exciting to me that there is even, such an institute exists. So, could you share a little bit about this role that you're moving into?

Dr. Alisahah Jackson: Yes, yes. Thank you. So, I think day number nine in this brand-new role. So, I'm so excited. You know, one of the things I will say that drew me to Common Spirit Health was its mission, vision, and values. And you know, we are now the largest provider to patients with Medicaid in this country. We are in 21 states, over 140 hospitals and over a thousand ambulatory care sites and we're a full continuum healthcare system. So, we have, you know, rehab centers, we have assistant living, we have home health. I mean, so we really are embedded in our communities longitudinally and across the entire care continuum, but we've always had this focus on serving the vulnerable. And a lot of that comes from the fact that the two legacy organizations that make up common spirits, so Dignity, Health and Catholic Health Initiatives were founded by sisters. And you know, were founded by these amazing women who quite, frankly, recognize the need and said, we're going to do something about it. And so, that took courage. They were innovative. They were anti-racist because they were going into communities of color. You know, before, you know, the established medical industry was doing that. And, you know, they were all about service. And so again, that was one of the things that really drew me to Common Spirit and, of course, at the time that I joined, Lloyd Dean was our CEO. And Lloyd has been such a tremendous force in the healthcare industry over the years. He recently retired and I think, you know, many people probably know that. And as a part of that, you know, our organization was really thoughtful about how can we honor his legacy, and have him be a part of continuing to advance the things that he strongly believed in. And so, one of the things, and again, you know, a quote from Lloyd many years ago he talked about how one of the most innovative things that he's seen in healthcare has been the power of healing through kindness. And actually, at the time they worked with Stanford, and they have a Center for Compassion and Kindness, and really, again, look at the research and there's been way more research now in the last decade around the science of kindness, compassion, empathy, and trust, and how that actually does lead to better outcomes for a lot of different industries, but healthcare specifically, you know, patients have improved blood pressure. You know, you look at things in the hospital, the lowering of the heart rate, just by saying a few kind words. Teaching providers in the art of compassionate care, there are actual models, right, that you can train providers and how that impacts patient care. Establishing trust, I mean, we've talked about trust a lot over the last couple of days. So, you know, I think we can't continue to ignore the fact that building trust leads to improved health outcomes, improved for communities of color, the ability for

them to get preventative exams when they have, when they're receiving that recommendation from a trusted care provider. The medication adherence rate, again, science evidence-based that patients take their medications at a higher rate when they are being prescribed by a trusted care provider. So, you know, because of all of this, the decision was made to create this institute that really focuses on that science around, like I said, kindness, compassion, empathy and trust to accelerate health equity and social justice conversations. And I do think it's extremely needed. It's a time where we've seen social isolation across the world significantly jump up since the pandemic, but even prior to the pandemic, we were seeing a trend of people reporting social isolation, depression, anxiety levels starting to go up and even some of the research around, even though we are the most connected ever from a technology standpoint, we're becoming less and less personally connected. And again, as humans, we need personal connection. Like literally, physiologically, it releases good hormones that improve our health, and it helps lower the hormones like cortisol, for example, that can lead to, you know, worse health outcomes. So, this is a critical time. I feel like this is a critical time and I'm excited to step in and help create something brand new that really is going to hopefully put humanity, put civility, back at the center of these conversations and remind each other of our shared humanity. And, at the same time, you know, recognize that we can, I can honor you in your differences, but also know that at the end of the day, you bleed red, just like I bleed red, and I do believe that health, we have the opportunity for health to be one of the biggest connectors of people because we all want to live our best life. We all want to be healthy.

Dr. Tamara Huff: That is such a powerful way to close out because we all want to be connected, we all want to be seen, we all want to be heard, we want to be valued. The idea of compassion, kindness, that's what everyone wants, that's what every human being wants and the fact that you are bringing evidence to that and bringing research behind that, because it's more than just a warm and fuzzy thing.

Dr. Alisahah Jackson: Yes.

Dr. Tamara Huff: It's clinically proven, it's evidence-based that it helps. It makes you healthier to be valued, to be seen, to be heard.

Dr. Alisahah Jackson: Yes.

Dr. Tamara Huff: And that's powerful. So, I have enjoyed speaking with you so much and it's just been an amazing experience, but unfortunately, sadly, we're almost out of time today. Thank you so much Dr. Jackson for sharing your insights with us here on the Health Disparities Podcast today. It's been a real pleasure. I hope we can continue to collaborate with you, with Movement Is Life and all the wonderful activities you're doing and moving forward in the future. A quick reminder to our listeners, you can access the videos of the plenary session, including Dr. Jackson's amazing talk on our website at www.movementislifecaucus.com. And if you like the episode today, please do let your friends and colleagues know about

the Health Disparities Podcast. Until next time, I'm Dr. Tamara Huff saying thanks for listening. Be safe and be well.

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