Episode Transcription

Community Interventions: The Ward Infinity Initiative in SE DC, & Operation Change in five other cities.
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The community health design and innovation team at Sibley Memorial Hospital, a member of Johns Hopkins Medicine, invited communities in DC's Wards 7 & 8 to help define their own solutions to health disparities and inequities. The resulting Ward Infinity social innovation program is now a model for community intervention. Likewise, Operation Change from Movement is Life has developed a participatory model that connects communities with local resources and amplifies health knowledge. In this episode, leaders from both programs discuss their strategies, the importance of consultation, and enabling historical concerns to be voiced. With Marissa McKeever, Dr. Veronica X. Vela, Steven Ragsdale, Dr. Yashika Watkins, and host Dr. Mary O'Connor. For more information on Ward Infinity: https://www.hopkinsmedicine.org/about/community_health/sibley-memorial-hospital/ward-infinity.html

Dr. O'Connor: Welcome to the latest in our Health Disparities Podcast series from the Movement is Life Caucus, working for health equity across race, ethnicity, gender, and zip code. Today, we are shining a light on two very, successful community interventions that are working at the grassroots level to improve health overall and reduce disparities. Hi, I'm Dr. Mary O'Connor Chair of Movement is Life. I'm also the Chief Medical Officer with Voya Health, a healthcare startup on a mission to empower humanity to lead their healthiest life. Prior to co-founding Voya Health, my career was in academic medicine as Professor of Orthopedic Surgery at Mayo Clinic and at Yale School of Medicine. Today, we have an incredible panel of four experts who I'm going to invite to introduce themselves. First, Marissa McKeever is Director of Government and Community Affairs at Sibley Memorial Hospital in Washington, DC, a part of Johns Hopkins Medicine. Welcome Marissa, tell us a bit about yourself and your responsibilities.

Marissa McKeever: Thank you so much. I appreciate you having me here. My name is Marissa McKeever. I'm the Director of Government

and Community Affairs for Sibley Memorial Hospital, Johns Hopkins Medicine. As director of our government and community affairs, I manage our legislative and regulatory agenda in DC, as well as managing our community investment strategy. So that means a lot of things, I've been here for about six years now, and it's been exciting to work with a team that is focused on advancing our community health strategies, our community engagement, and really rebranding who we are across communities in DC.

Dr. O'Connor: That's just fantastic. Next, we'll go to Dr. Veronica Vella, who's one of the members of the team currently the Director of Community Health Designs plus Innovation at Sibley Memorial Hospital. Dr. Vela, tell us a bit about yourself and your role.

Dr. Vela: Thank you so much for having me. So, at Sibley, my role is twofold: I work number one to run Ward Infiniti, which is a social innovation program that invests in change agents who are working to improve the health of their community. It's a six-month accelerator type program, where we allow them to bring their ideas and dreams and give them seed funding and training to make them come alive. The second part of my job is helping build capacity at safety net clinics and health centers within Washington DC. So, right now, we have a really unique partnership with Unity Healthcare, which is the largest federally qualified health center in the city. We're helping them look at how patients and healthcare teams experience telemedicine care, particularly during the pandemic and then among senior patients who may have digital divide issues. And so, we do that work not only to help shine a light on the challenges that their healthcare system is having, but also to help bring to the forefront, the challenges that patients in vulnerable communities have with accessing new healthcare services.

Dr. O'Connor: Veronica. Thank you. That was fabulous. Dr. Yashika Watkins is an Associate Professor of Health Policy and Administration in the Health Science Department at Chicago State University, and a longstanding member of the Movement is Life Caucus Steering Committee. Welcome Yashika, you've been on these podcasts in the past, but please tell our audience a little bit about yourself.

Dr. Watkins: Hi, and thank you for having me. So, I'm Yashika Watkins, I've been a part of Movement is Life now for nine years. I was just thinking about that the other day, and I started Movement is Life when Operation Change, the community-based program our arm oof Movement is Life was initiated. Operation Change is a grassroots movement to, and it uses women in the community, African American and Latino women experiencing osteoarthritis, empowering them to become their own change agents or a catalyst of change. We've been very successful since 2012 and we started in Chicago and we are now in five cities. So, I look forward to talking later about our successes.

Dr. O'Connor: And I'm excited to have you share those with the audience. And finally, a warm welcome to author historian and diversity expert, Steven Ragsdale, who is also Associate Faculty with Johns Hopkins Bloomberg School of Public Health, and a longstanding friend of the Movement is Life Caucus. Welcome Steven, always good to see you, tell the audience a bit about yourself.

Steven Ragsdale: Thank you doctor for inviting us all. I'm not going to belabor the point. I tell folks that I'm a hospital administrator in recovery. I am currently consulting. I'm a historian as you noted, but I have a special focus in history. I focus on the social systems dynamic that have occurred in medicine over time and that draws me to current day projects, which is extraordinarily exciting to me as we move towards a pathway of mitigating the potential adverse effects of health disparities. So thank you for inviting me.

Dr. O'Connor: Thank you, Steven. This is an incredible panel. We have a lot to talk about, there is some phenomenal work that is happening in Anacostia, Southeast DC, as a result of the work of the Sibley Hospital Innovation Hub. This work is the community led Ward Infinity Initiative and it's exactly the kind of initiative we love to feature in our annual Movement is Life caucus. Marissa, could you give us a quick history of Ward Infinity and the philosophy of human-centered design that's so integral to its success.

Marissa McKeever: Sure, happy to do that. As I stated previously, I've been with Johns Hopkins and Sibley Hospital for about six years. And as an institution, Sibley Memorial Hospital has been integrated with

the Johns Hopkins Medicine System for about 10 years, now. We've been on this journey of transitioning from a small community hospital to that really serves a specific geographic location in DC and also Maryland that is from a geographic perspective on the other side of town from Southeast DC. And so, in transitioning from being a small community hospital, to being a hospital that provides care for all residents across DC, and as a hospital that engages with all communities across DC. We've been on this journey to rebrand who we are to build new relationships, to build new strategic partnerships and a new direction, as a healthcare institution, but also as an anchor institution. And what that has meant is us going into communities that we have traditionally excluded, excluded in a number of ways and a lot of an unintentional exclusion, but exclusion, nonetheless. And so, as part of our approach to developing those relationships and new partnerships with the underserved communities in, in DC, we started with a listening tour. We wanted to go out and actually have conversations to understand and hear from residents, the residents in Ward Seven and Ward Eight in Southeast DC, and really ask them about their community experience, their health experience and understand their needs, their hopes and desires. What are they looking for from institutions like Sibley and Johns Hopkins? What are they looking for from the broader ecosystem in DC? And so, we started this journey in 2017 and we heard a lot from residents. A lot of it in conversations Dr. O'Connor that you have had through this podcast, a lot of what we already know. What was so important for Sibley as we listen to community, is that it gave us some intentionality behind how we might invest more in communities, particularly medically underserved communities and historically marginalized neighborhoods. So, through that process of hosting this listening tour, where we had over 100 one-on-one conversations with residents, we came back internally and we took an approach, which Veronica can dig more into. An approach called human centered design methodology, which we have been deploying through our Sibley Innovation Hub. We took that approach and married it with what we had heard from community that they wanted to be a part of a solution, a part of the process and a part of change for Ward Seven and Eight. And that's where we created Ward Infinity, which is essentially a partnership between us as a healthcare system and residents who are from Ward 7 and 8 to

partner together, use human centered design to develop solutions around the social determinants of health. And in the past nine months, we've now hired on and recruited the amazing Dr. Veronica Vela, who is taking this program to the next level. And so, I'd love for Veronica to get more into the human-centered design methodology that we deployed through the program and the importance of that community-centered approach, to Ward Infinity.

Dr. O'Connor: Well, that is just a perfect segue into Dr. Vela and Dr. Vela, I would like you for our listeners to give them just a little bit more background on Ward Seven and Eight. You know, can you paint a little more of a picture for them of what those areas are like?

Dr. Vela: Yes, absolutely happy to do that. So, Ward Seven and Eight in Washington, DC, one of the first things that is interesting about them, so if you know, Washington DC, it's made up of eight different wards. Sibley Memorial Hospital is located in Ward Three, which is the most northwest quadrant of the city. Wards Seven and Eight are in the very most southeast portions of the city. Wards Seven and Eight are actually geographically separated from the main body of the District of Columbia by the Anacostia River. This geographic separation is not only a spatial separation, but there is an economic, there is a power separation between communities that exists in an area that we call east of the river relative to the other parts. So, these communities have been under-invested in for many years. When we look at the community, the residents who live there spend about 50% of their income on housing. The unemployment rate is at 20% and upwards to 30% in certain neighborhoods. The income that they're making is an eighth less than the income in some of the more affluent neighborhoods of Washington DC. The infant mortality rate is three times higher there, a quarter of the children have asthma. And there are only three grocery stores that service 160,000 people. When we compare what the other parts of the city, I will tell you that there are wards west of the Anacostia river, if you will, where there are ten, eleven, twelve grocery stores for about 60 to 80,000 people. So, you can just see the food disparity, like literally people in Wards Seven and Eight are starving for nutritious food. And that is just, let's just talk about food. The disparities exist across all the other social determinants of health. When we're talking about transportation, when

we're talking about education, and so, generally, the communities east of the river in Ward Seven and Eight, they are not only underinvested in, but they're also going to be facing more challenges as we move towards the need to adapt to climate change. So, there was a recent study that was done by the government that found that communities in Wards Seven and Eight are more likely to experience flooding and particularly with some of the really important infrastructure like housing, where their medical centers are. And so, you know, as we can see, we can expect that these disparities, if we don't intervene now that they will continue to grow.

Dr. O'Connor: Steven, give us a little bit of your perspective about the historical impact of this geographic kind of separation or isolation of Ward Seven and Eight.

Steven Ragsdale: We have popular notions of history around Washington DC, but we really don't understand Washington DC from a racial context. The first debates in Congress moving to Washington were, in the late 1700s, and they were public health debates about moving the capital towards in the area that was the slave district. They thought it was popular belief that when you live near slaves, that they're bad for your public health. I mean, so it's not any mystery why one of the first policy agenda items is to take an emerging population and to geographically separate them as a public health initiative, right. And I mean, so like Ward Seven and Eight is actually the remnants of an escaped slave colony. And it was just for a lot of political and geographic reasons. And I think from what I ascertained, even from the African American perspective, it was their own isolated community. But as you can imagine, when you are geographically separated by a body of water from the main body politic the remnants of that history continue to evolve and to devastate that community. And so, that's where you see kind of like these cultural habits take form that are systematized right. You know that it's not just one actor, it is our policy agenda of looking over, we have to have a policy for over here and then we have to have a policy for those people right. I mean, and so that's the short story of Washington DC's history was geographic separation of folks who had originally escaped from slavery or were escaping during the civil war or a population of people who were newly free. So, it's a historically African American neighborhood. A lot of folks

don't know that Frederick Douglas lived over there right. I mean so like this is by all practical purposes, this was DC's black remedy if you will, and healthcare has never really reconciled that remedy. And so, one of the really interesting constructs around what Sibley was doing was they literally wanted to kind of like fly into a hurricane if you will right. They really wanted to kind of fly into the face of the storm and understand like, okay, how is it that we not only do better work but how can we reverse historical trends through power-sharing arrangements, through development of initiatives that are community-based. Sibley was solving problems from the backseats, if you will, instead of putting their thumbprint on what these initiatives look like and how it was shaped. And they really allowed kind of like the power sharing arrangement to kind of penetrate. I mean, and that I thought was really one of the first instrumental pieces of moving the ball forward and shaping and reshaping trust and having a different conversation. I mean different is not different as in like the last 50 years, I'm talking about different as in probably like the last 150 years, you know.

Dr. O'Connor: Yes. So let's take that thread and go back to the human centered design that Marissa mentioned and have Dr. Vela and Marissa comment. Like you did something fundamentally different with this initiative. And so you described human centered design, tell us more about that.

Marissa: Well, we did something fundamentally different as a direct reaction to what we heard in our listening tour with residents from Ward Seven and Ward Eight. And what we heard, I mean Steven just gave an amazing description of the history of DC., but as you look at DC today, we've been in the middle of an economic boom that this gentrification also creates displacement. And in DC, when you look at Washingtonians, people who are born and raised here, we're talking about black communities who are being pushed out, and they're being pushed out and these are individuals that we heard from, and these individuals told us we want a seat at the table, we want to be a part of the change that is happening in DC. The change is here, the change is coming. There's no doubt about that. So, how do we also be at the table as we develop solutions around what is next for Ward 7 or Ward 8. And so, as we came back internally, we had already been deploying this human-centered design methodology within Sibley, which is a

process where you put the end user at the center of how you develop a product or service or solution and ask the end user, how does this impact you? How do you want to receive X product or service? And so, we have been deploying this methodology as part of how we deliver care, how we assess operations on our campus, whether that might be the patient as the end user or a provider as the end-user. Through Ward Infinity, community residents become the end-user and the product or solutions or services that we are designing are around the social determinants of health. So, as Veronica stated earlier, we focused on food access: we have focused on affordable housing. We have focused on health literacy, nutrition, literacy, small business sustainability. These are important elements of how do we keep black communities in DC grounded whole and create equity across the spectrum. So, I'm going to let Veronica dig into the actual details around human-centered design and the importance of systems and particularly healthcare systems and investing in more of these sorts of inclusive community engagement methodologies.

Dr. O'Connor: Excellent. I don't even know that I need to be on the podcast because you all, you guys got it. This is fantastic. Dr. Vela, tell us some more.

Dr. Vela: So, human-centered design is a process by which we work to understand the need values and belief systems of people that we're hoping to serve. Because, oftentimes, if you think about any kind of service, but it let's talk about healthcare systems, right? So, like if somebody's coming to us for care, if we are delivering care and prioritizing services that are misaligned with a patient's belief system, then what we're delivering is going to be incongruent with what the person is willing to receive. Okay? If we're giving something to them that is prioritizing something that they don't value, again you're not going to be able to make a connection with the patient, where they can then take ownership over their wellbeing and their selves. And I think all too often we have number one over-medicalized health and caring for people. And then, we've also come from a legacy of the provider and the physician being all-knowing, when the person that understands how their body is responding, who knows that the best is the patient. And there was no way that any provider, a provider can look at a thousand vital signs, but we'll never understand the experience of that

person in their own body, and not only that, understand the context in which they live in. So, I can give someone a million pieces of advice, but if that does not compute with their context or their worldview, then it is a waste of resources. And so, human centered design is a process to really understand those needs, those values, those belief systems, so that we're creating things that resonate with the people that we're serving. And so, when we're thinking about how do we address these social determinants of health, it really needs to be community led because again, we can be an outsider coming in and saying, "Oh, you need new houses or you need this or you need that," when really, they know best what it is that they need. And they're the best archeologists of their own needs. And so, we need to allow them to have that role instead of coming in with the resources and the grand ideas that are misaligned with what the community values. And then from that understanding, we then can create. But when we don't have that understanding, we're creating something and spending time and energy on something that may be the wrong thing.

Dr. O'Connor: So, you've done so much work identifying these ideas from the community proper and then supporting them to be actually realized. So, share some of your favorite activities or stories and successes with this, Steven.

Steven Ragsdale: Well, one of my most favorite is not what I call the usual suspects. Like we've had folks in housing, we've had folks to address the food deserts, but one of my most favorite groups is actually one of the groups that we had in our first year, it was called Playback Theater. And they came in with this idea, this is an improv theater group, a lot of folks don't know that I think what I guess, 25%, a good portion of health disparities are related to communication, some big C or little C communications issues. And these guys would come in and do improv around the hurt that has been absorbed by the community and they would do a vignette and then they would have discussions around how we resolve that hurt and meaning. So, it wasn't kind of like this for-profit venture, it was actually a theater group who was unpacking pain, community-based trauma in ways that the medical model would have never, you know at least in my years in the medical model, that was not our framing. And so, going kind of like thinking outside of the box, really thinking outside of the frame about like how

to break open really difficult problems like a sexually transmitted disease, violence in the community, just a whole host of youth issues. I mean and so when you kind of see this exercise, you don't really understand like how special it is and it's not a for-profit venture. This is not something that they make money doing, but it's so inventive and allows for folks from the professional side and the community side to kind of like engage in a conversation around like these small vignettes. They might put on two or three a night, you know, and I mean, it's really, really, really special. I think that was my most surprising things to me.

Dr. O'Connor: Wow! Outstanding.

Dr. Vela: I'd love to add to what Steven said, because not only was their solution so original and so compelling, you know, they came with this idea to create this Playback Theater where members of the audience are sharing their, their traumas and life challenges, and health issues and then the theater group is reflecting it back by acting it, so it's this exchange between the two. Now, when they went through the program, they were doing these, but they weren't necessarily health focused and they weren't necessarily at the volume. So, once they kind of went through this human-centered design process to figure out how to tweak it with the community so that it would resonate more with the community, the number of performances increased in the next year by 500%. And so, you can see how this problem-solving methodology allowed them to come with an idea and figure out how do I do it and how do I grow it and make it more impactful? Not only have they been able to do that, but since the pandemic they've actually transitioned into diversity and inclusion work and started this Playback Theater and are using it in concerts, between conversations with the community and corporations. So, I think this year has been a really, interesting year with lots of challenges with George Floyd's murder and other situations that have come up. And so, there has been a need for this dialogue and this healthy space and Playback Theater has been a process and a method for having those conversations and bringing unlikely groups together.

Dr. O'Connor: And I just want to follow up for a minute on this. So, it's a space where people can have those conversations. Do those

conversations then generate actionable items for implementation? I mean, take our listeners, follow the thread for me a little bit more for our listeners, so they understand what happens after the playback theater event.

Steven Ragsdale: So, one of the more interesting ones that I sat in on, again, they do this in a variety of spaces was with a bunch of high school students and the DC DOH right. Essentially, it was about community-based violence and community-based trauma. Well in that space, I think the way the environment. I mean these guys have a really interesting way of performing what they're hearing literally for the first time and it's a lot of improv. But one of the things that they make you acutely aware of is what they are emoting, what the story presents right. I mean what it did was it really allowed for DC DOH to kind of dive into and kind of like dissect those issues in the way that they'd never heard before right because it was kind of like they were translating the story for DC DOH right for this community. And there were mental health professionals in this space, and they were fascinated. You know they will say this is not, they were not aware that this kind of venue and this kind of space and this kind of activity will produce this kind of like result. With not only, not with sustainable outcomes, but a tangible outcome that you could do something with.

Dr. O'Connor: That's fascinating! That's amazing. I want to pull Dr. Watkins into the conversation about Operation Change and how really engaging with the community and understanding what will resonate with those individuals is so critical. Yashika, would you like to comment?

Dr. Watkins: So, just to give a little background on Operation Change. It was created to address disparities around osteoarthritis as I mentioned earlier. Studies have shown that African American women and Latino women suffer and have a higher prevalence of knee osteoarthritis. And in addition to that, they have a higher prevalence of activity limitations as a result. So, Operation Change was created to address those disparities. Operation Change, you know in listening to this podcast is very similar to Ward Infinity. We aren't using a human-centered design approach, but we are using this community-based participatory approach for our program. Operation Change was originally implemented as a research study and it has since morphed

into a program. So, we are using this community-based participatory approach for the program. And in doing that, we have the community members, or the participants of the program be equal partners. So, they are giving their expertise, their lived experience as members of that community, as, women that are suffering from knee OA and other chronic diseases. And because of that, they are helping us in making the decisions around the curriculum; the curriculum topics, the curriculum content. They've also helped in even guiding us on the type of speakers we should have for the program. The program as I mentioned earlier, was initially implemented in 2012, so it's been going on now for nine years. We implemented initially in Chicago. We're now in five other cities. We have three programs that are African American in urban centers, Chicago Steel, St. Louis and Mount Vernon outside of New York City. We have a rural health program in Hazard, Kentucky and this one is unique in that we have included mostly white women because we saw the need. The data shows the need for addressing disparities for white women, it's just not a minority issue, but it's also an issue just for women in general of any race and ethnicity. And then, our last program is our Latino program in San Diego. But Operation Change has been successful in a number of ways from a programmatic standpoint, when you look at just participant outcomes. Participants have reported a decrease in knee pain. They've reported significant decreases in depressive symptoms, and we all know that as you move more you're more likely to feel better mentally. So, that has been a positive result for the program. We've also seen a decrease in physical functioning limitations, participants reporting more energy and fatigue. But one of the, I feel outside of these outcome measurements for participants, I feel like one of the biggest successes is we have empowered the ladies to become catalysts of change in the program. So, they rely on each other, they've created this bond because they have this shared experience of knee arthritis and they've taken that and now they're trying to mobilize their community to move more. So, it just hasn't stayed inside of the program, it has moved outside of the program into the community. So, to me, that's one of the greatest success stories of Operation Change.

Dr. O'Connor: I sense a lot of similarity in terms of Operation Change and the Ward Infinity initiative, in terms of taking those activities and

then them being magnified and expanded in the community. Marissa. Veronica, can you comment on that?

Marissa McKeever: I hear the same thing, those similarities, that is a thread through Operation Change and through Ward Infinity. And I think that's the beauty of using approaches to engaging with community that keeps community as part of the process, the partnership and then also the solution. Through human-centered design and I've been calling Ward Infinity our community-centered design process, our innovators who work with us, they are also using human-centered design as they test and formulate their solutions. And so, when you do that, when you are working and partnering with residents in communities that you're actually trying to serve, you are developing solutions that you know, will be sustainable, that you know, will have impact and that you know will be received well from communities. And so, that creates a snowball effect, so whether we're talking about Operation Change or one of the solutions that have come out of Ward Infinity related to healing and hope or nutrition literacy, or food access, or small business sustainability, we know that these solutions will work because they were tested with the communities who were going to be receiving these services and products. And they are being tested on a peer-to-peer level. Individuals who are from these communities live in these communities and know the issues, the problems, et cetera. And so, I think that creates a huge snowball factor as you start to invest more in these community-based, community driven and community led methodologies.

Dr. O'Connor: Steven chime in.

Steven Ragsdale: Yes. So, one of the things that's really important to, I mean that's diametrically opposite of the way medicine has traditionally been and community-based health programming right. We typically for time immemorial, for more than a century have gone into these communities and told them what's best right. And so, kind of like getting the community, first off to articulate and when I say articulate, it wasn't that they didn't know what they wanted, but to have the trust in us to say what would work best for them you know was a tall climb because of our history, you know because of our collective history of medicine. So, I really wanted to kind of call that out. The genius in this

is literally being able to kind of step across the aisle and say you know what, I understand that you know we have to feel a little, sorry for the history that has come before us in the hospital and healthcare space and be okay with that right. And so, that was the genius I think in what it was that we did. We really put our history in front of us and say you know what? How do we create a movement in the opposite direction of things that were done intentionally to disenfranchise these communities early on in medicine?

Dr. Watkins: I just want to make a follow-up comment to what Steven said. It just makes me think of kind of the Stages of Change model, the Transtheoretical Model. Those types of approaches really, if you think about the six stages of change, the last one we say in public health, people usually stay in the maintenance space they don't reach termination. So, this idea of maintenance or sustainability, you are only going to achieve that if you have the community members as equal partners. So, I think this approach just supports this idea of sustainability beyond the academics running the program, beyond the researchers, the clinicians, et cetera.

Dr. O'Connor: So I'm hearing some key themes and essential requirements. I'm hearing connection right, connecting the community with other healthcare organizations to partner together and truly be partners right to advance healthy change in those areas and trust. So, I'm hearing connection and trust because if you don't have both of those, you can't achieve what you've done.

Dr. Watkins: Absolutely. I mean, if you look at where our healthcare systems, and I should say systems generally, where are we collectively failing the populations that we are serving and the populations that we hope to serve, it's the lack of connection and the lack of trust. And how do we get there? Partnering with communities that you want to be engaged with is the way to build that.

Dr. O'Connor: And you start that with listening.

Dr. Watkins: And you start it with listening.

Dr. O'Connor: Marissa. I have been so just impressed with Ward Infinity. Have other health systems or hospitals come to you and said, you know show us how you've done it. We want to replicate your model.

Marissa McKeever: That's interesting. Yes. The answer is yes. Folks are beginning to hear and learn more about what we've been doing. We're leading the way in DC, there is no other hospital or healthcare system who is investing in community health, design and innovation, and using human centered design as a way to engage with community and invest in community driven solutions. So, we are out in front in Washington, DC, and particularly now that Dr. Vela is on the team there are absolutely requests to figure out how are we doing this and how are we going to do more? You know and what we know internally it takes a lot, it takes a lot to do this work, the infrastructure has to be developed, but then also the commitment to seeing this through. You know if you want to advance equity, you have to invest in equity.

Dr. O'Connor: I just want to explore that just a little bit deeper. Where have the resources come that gave you the seed money to support this because someone had to come up with some resources.

Marissa McKeever: So, we at Sibley have a number of grateful donors, grateful patients who have become grateful donors and the initial seed monies for Ward Infinity was through a private donor, who really was interested in Sibley's newest commitment to advancing health equity in Ward Seven and Eight. This was before we even determined what Ward Infinity was, before we had engaged in the listening tour. There was a donor who believed in the purpose behind our overall mission. And so once we received that initial seed funding, we were able to launch the Ward Infinity program. And where we are now is we're on a fundraising tour. We are on a roadshow, we're looking, we're calling public and private dollars to the table to help us grow this program and scale it. This program cannot last on seed monies alone, and we absolutely need the public and private investors to come forward and invest in communities in the same way that we have shown our commitment to doing so.

Steven Ragsdale: Yes, so one of the things that's really interesting, I've been involved in this work for some 25 years, and one of the things

that you find is a lot of programming like this, either is partially supported, that really don't get you all the way down the road of where you need to be, or it is grant funded. And you know the program will last as long as the grant lasts. And one of the things that we wanted to be able to do is since these people are you know, we wanted to take that concept of let a thousand flowers bloom right, toss these flowers over in southeast but one of the mechanisms that I think is going to be really important in doing this work is creating a launch pad for these innovations right. And so, like what do you do with an innovation like playback theater right that doesn't fit nicely into a for-profit model right. This is an artistic thing. It doesn't really fit in and so, so what do you do with it? Like how do you get it that kind of, how do you get it to a place of fertility where it's still in like whereas with magnifying good at a thousand times, right. You have like a few different Playback Theater troupes and so we've thought about calling, we have an advisory council. But we thought about expanding our lens to get feedback from others who typically either have been innovators in the space, who've been pioneers in and around developing health and healthcare in disenfranchised community. And so, we really want to kind of take this to the next level, but the only way I think it really goes to the next level is if we have something that we can do with these groups. With this massive will and this massive work, right and we can actually drive some stakes into the ground, study this phenomenon and see how well these variety of assets will do once they've been rolled out for a period of time.

Dr. O'Connor: As we draw to a close, I just want to go around and get closing comments from each of you about how your engagement with these programs has personally impacted you. Marissa let's start with you.

Marissa McKeever: So, this is absolutely a professional commitment of mine and a personal commitment. And I will say in this last years, we have seen the economic impact of the pandemic on black communities. I am continued to be encouraged by the work that our innovators, our alumni are doing to shift and continue to move economic mobility within our communities in DC. So, it is inspiring, I'm excited about this work and it gives me energy that we get to come to work every day and focus on a program like Ward Infinity.

Dr. O'Connor: Fantastic! Dr. Vela, how has this mattered to you?

Dr. Vela: Well, you know, as I've spent my career in health care and looking at healthcare transformation and understanding how to improve quality and access and experience of care, one of the things that I've come to realize as I mentioned earlier, is that we over medicalize health in the United States. And so, I can do, I can spend my entire career looking at improving the healthcare system, but it doesn't necessarily mean that people are going to live healthier lives if we're not looking at the social determinants that are causing them to land in the hospital anyway. And so, I think it's really inspiring to have a program that is thinking at health through the social determinants of health to figure out how can we improve vitality and wellness in communities and do so in a way that one is cost-effective, two, that is driven based on community needs and desires and three that is really taking a preventive stance to making the community well. And that to me is very inspiring because we are going to work till, I'm going to work till my last day improving healthcare and I know I will never get there. But if I can do something to help somebody prevent different health conditions or episodes, then I've already solved part of the problem that I was hoping to solve through my other work. So, that's what keeps me inspired.

Dr. O'Connor: That's inspiring me. You are all you are all inspiring me. Steven.

Steven Ragsdale: The thing that has been most inspiring to me. I mean I guess I'm the old Sage, one of the old sages on the team is that it was really, really refreshing to see the institution literally put its foot forward and address history in a way that was meaningful. Often, we in healthcare, we hide behind that history because it's not pretty. It's not pretty and the fact that folks, the folks around the Sibley table looked at that and said you know what? We got this and began to create something where that didn't look like the ordinary. I've been doing community work for a long time. This did not look ordinary. And you know this was a road less traveled and I am so inspired by the way that it continues to turn out.

Dr. O'Connor: Dr. Watkins, tell us about how Operation Change has impacted you.

Dr. Watkins: I'm inspired by Operation Change because I have in the back of my mind, Shirley Chisholm's quote, "If they don't give you a seat at the table, bring a folding chair." So, trying to teach community members how they can be at the table, even if you sit in on the periphery in your folding chair. So, that's what keeps me going is trying to promote equity and inclusion and impact health disparities.

Dr. O'Connor: I can only say again how inspired I am by all of you and how grateful I am to all of you for the incredible work that you're doing. I want to in closing just thank all of our listeners. Ask everyone to be safe, be well, get vaccinated when you qualify. And thank you again for joining us in advancing health equity. Have a nice day. .