Good evening. Welcome, welcome. Welcome. It's all right, the wine is nice. It's day two, there's a lot of energy, I feel it, it's a buzz and there's nothing like being back together in person. Brides. inspired every day, every moment, we're here walking down the sidewalk, here in the mountains with pure brilliance of so many generations, what an inspiration. So thank you for joining us tonight. My name is Lola Adedokun. I am the Executive Director of the Aspen Global Innovators group. Thank you, we're gonna prepare yourselves, because there's a lot of brilliance that's about to be happening here on stage. I am thrilled first gratitude, gratitude to our leaders, folks who have been working grinding the last several years, especially these last two years, to serve those who people have forgotten for decades, and to serve and inform communities who just need that connection. So gratitude to our folks who are speaking today. And those in the audience. Also want to give thanks for Aspen for creating the space and the platform for conversations like these. And finally, I want to give thanks to Johnson and Johnson, who has financed and supported this event, who believes in innovation, who believes in frontline care, and the most authentic ways. So I am thrilled to be in the audience with this group. Tonight. I'm thrilled that this VT this event is featuring one of our fellowship programs, the Healthy Communities fellows who are amazing. Who will be sharing their stories with you tonight. So please take heed, they have lessons to share lessons to spread wisdom that we all would benefit from. And with that, I would like to pass it off to Courtney Martin, who is a big supporter leader fan of ours, but also has contributed her wisdom to our fellows. She's an author, speaker, speaker and activist, and has really been a backbone of our work for many years. And she will be the emcee of this amazing event tonight. So over to you, Courtney. Thank you.
been amazing, I learned about my shit. I learned about lawn COVID Thank God, there was a dog near me that I could pet while I was learning about lawn COVID Shout out to that one dog that was walking around the conference. So I'm guessing a lot of you have had a similar experience, some beautiful panels, lots of new information, kind of a fire hose coming out, you have new information, this is going to be very different. This is less about information and more about humanity. Okay, these are stories. And these are beautifully crafted stories by brilliant people. So put yourself in that mindset. Put your phones away. If you give yourself this hour to just be present and listen to these people, I promise it's going to be a gift unlike any you've had at this conference yet. No shade on the lawn COVID and the dog and the shit which I did really appreciate. The conference this event tonight is about point of care, which is actually a phrase I didn't know before I got involved with this crew. And I found incredibly helpful. It's really about that moment when people form relationship, right? In this case, we're talking about a health care provider, a healer, and someone who's suffering someone who needs some kind of support. Right, that point of care. And we've all been on one side of this right? Some of you are care providers, some of you are healers. So you know what that's like, all of us are patients at some point in our lives. We know what that's like. And I feel like the question that threads through all of this is, you know, what makes people feel seen, heard, honored, in that point of care, right, what is what is the secret sauce? What is that about? And in some ways, the answer is very complex, because the folks you're going to hear from have all kinds of real structural constraints that make it hard for them to provide the point of care that they would want to provide. Right? So there's lots of complexities, lots of intersections. In some ways. It's very simple. Does a person feel honored? Do they feel dignified, do they feel seen as worthy just for who they are? That kind of radical hospitality of like you walk through the door of this clinic. And you are seen as a human deserving of anything that any human my mother my daughter deserves, right? So I invite you to sort of try on the paradox of the complexity of these stories and the simplicity of these stories, because both are very present. And I think they're quite beautiful. If we can kind of tune into them. I'm gonna launch right in because this is really not about my framing, this is about their stories, and I want you to just take it all in and really enjoy it. A really cool thing is we're starting with a woman who has a CV basically bursting with impressive qualifications. But in this story, you will hear that it is her ability to listen to her own mother's intuition, this kind of expertise that you don't see on CVS, you can't get a degree on it. Right you there's no sort of status associated with it in our culture. That's what's gonna stand out for you about this story, her ability to trust her inner knowing and it's what I have been so moved by getting to briefly know her and work with her. So please welcome to the stage the Executive Vice President of Global Corporate Affairs at Johnson and Johnson our sponsor this evening. Vanessa Broadhurst?

Vanessa Broadhurst 06:49

Oak Okay, well, this is different for me, because I'm not going to talk to you tonight about Johnson and Johnson. I'm going to talk to you about a mother's intuition and my personal story. So I was pregnant with my first child. I had a very normal pregnancy. When that was considered typical. I was due on February 6, on February 12. I went into labor, or at least I thought it was in labor, it felt like labor to me. And got my husband got the bag, went to the hospital that I had planned to deliver it. And I mean, no offense to any hospitals. But this was the hospital on the north shore of Chicago that you went to get your tonsils out and have babies. You got the steak and lobster dinner after you delivered in the champagne. It was very nice. Everything was very, you know, cozy and normal. So I showed up at 8:30pm on a Friday night with what I thought was labor. So I talked to the nurses. And I said hey, listen, no, I'm in labor. I think I'm getting contractions like every four or five minutes. I'm six days overdue. No,
honey, you're not labor. This is Braxton Hicks. We're gonna send you home. We're gonna give you some water. We're gonna send you home. And I was like, no, no, no. I was supposed to have the baby six days ago, like my ankles are grapefruits. I'm having a lot of pain. I'm in labor. They said, Okay, fine. We'll check you out. We'll check you out. And then we're gonna give you some water and send you home. So they put the monitors on and everything like that. They go back to the nurse's station. I'm pretty sure they're out there talking about me telling me how they were they're gonna give me some water and send me home. And the nurse comes flying back in with an IV bag and says, you're having the baby tonight. We're gonna call your physician and you're having the baby tonight. So me and my husband, you know I work for Johnson and Johnson. I've been in the healthcare space for a long time we look at each other. We're like, Okay, this can't be good. Like something's something's going on. So I won't belabor the point, but to say that it ended up with a crash C section. I almost had general anesthesia. My baby was born and had to be fully resuscitated with an Apgar of zero. Now before anybody panics, my daughter is 19 And she just completed her freshman year at Seton Hall, but this was not the but this unfortunately, wasn't the last time in that calendar year where mother's intuition had to kick in for my child. So she wasn't the healthiest baby And she had a lot of viral infections, respiratory infections, ear infections, kind of normal kids stuff. But a first time mom working for a health care company, I was like, am I being crazy mom and taking her to the doctor a lot. Until one day in August, where I had taken her to the doctor had to be two or three times within a week period. I'm like, she's not getting better, something's wrong. It was one night, where and she wasn't sleeping very well, where she literally wouldn't sleep anymore. The only way that she would sleep is for me to kind of sit semi upright in bed and have her just on my chest. And I just knew there was something really wrong. So I looked at my husband and I said, I don't care what anybody says, I'm going to go to the the office hours tomorrow at the pediatrician. And I'm going to be there when it opens up. And I am not leaving until they figure out what is wrong with this kid because there is something very, very wrong. So the next morning, got up bright and early, got the baby went to the pediatricians office. And I got very lucky. Because when I hit the door, my usual pediatrician wasn't present that day. And I saw another pediatrician in in the practice. And he took a look at her examined her and said, well, there doesn't really seem to be anything terribly wrong with your daughter, but she's very pale. So I'm going to do some blood work. About 15 minutes later, he comes back to the room and said, Okay, Miss Broadhurst? Listen, we don't know exactly what's wrong with your daughter. But we are going to send you to Children's Hospital Chicago, we need you to get in the car, go to the emergency room. They're going to be waiting for you. And I said, Wait a second, I gotta get my husband, I gotta go home and get some stuff and then I'll drive down. They're like, No, no, no. You're gonna get in your car. And you're gonna drive straight to the city. And to the emergency room. I was like, Okay, so my daughter's hemoglobin was 5.2. And so, you know, not knowing a whole lot about bloodwork at that point in time. I didn't know really how dramatic that was. But he said it was pretty bad. And I needed to go. So I went drove down to children's where I met a lot of lovely physicians that didn't quite know what was wrong with my daughter. But they talked to me and they said, Hey, listen, we need to transfuse your daughter. And I was like, Wait a second, I My daughter just had like an ear infection. I don't know what's going on. And although there I know, there's something wrong with her, what will happen to her if we wait like just wait a second, this is very fast. And they said, Well, given her like, you know, hemoglobin, she'll probably survive for another few days. And then she'll go into organ failure, and she'll probably pass away. So I said, Okay, looks like we're going the transfusion route. And listen, I don't tell you this, to make anybody sad. But I tell you this, because I am the Executive Vice President of Corporate Affairs at Johnson and Johnson. I was a general manager at another pharmaceutical company. When this happened to me, I think about all of the education. I know, I see my friend here from University of Michigan, which is my alma mater, but we go blue. But with all of the education, the undergraduate degree, the graduate degree, working in the
healthcare industry. It was the mother's intuition and my persistency. To fight when I thought that something was wrong in a community practice, that really didn't have any patients like me or my daughter that saved her life. And I think about all of the other women who are African American, or minorities in America, they don't have the resources that I do. And listen, I've taught my daughter many things over the years. She listens to some of them. She's 19, you know. But the most important thing that I've taught her is to advocate for herself advocate for her own health. Because if she doesn't, I'm not sure that in the circles that she runs, there will be many people that will. So I've been very inspired by this conference. I know there are a lot of people working very hard to change these dynamics. And I thank you. Thank you very much. If I told

Courtney Martin  15:05
these folks I see the exchange of storytelling and applause as like a spiritual exchange that I make them stay up here and feel your love, because they're pouring something out to you. And I know your applause means like we are with you. We heard you like we are honoring you. So if you see me pushing them back up on the stage, I don't have a cane or anything like in the old school stuff, but I will push them back up so they can receive your gift of beautiful applause. Thank you for your listening. That was beautiful. Thank you so much, Vanessa. Next up, we have a daughter of the Mississippi Delta, and CEO and founder of MedHaul, Erica Plybeah which you're really gonna want to learn about this startup. Erica is a clinical informatics consultant turn tech entrepreneur with over a decade of experience please welcome to the stage Erica.

Erica Plybeah  16:15
So I really miss my grandma, my grandma, Mary Lucille. She was just the most amazing person and growing up with her in the Mississippi Delta was such a cool experience. You can tell that my grandma was literally that girl her whole life. She would literally never leave the house without her makeup done. Not a hair out of place, and dressed like she was ready for dinner with the president. She was straight through Walmart and Piggly Wiggly like it was nobody's business. I miss riding down the two lane back roads with her in her green Pontiac GrandAm. Just the open roads, few trees, marshes just beautiful. Growing up in Mississippi, nothing could beat it. I still believe that Mississippi is one of the most beautiful places on earth. My grandma has always been my hero. I remember always being consumed with her always checking her sugar, you know, her diabetes. She had diabetes my whole life. And I just thought diabetes was something that grandmas had, you know, in my community, everybody's grandma had diabetes. So it was normal, right? But then the number of pills started to grow. And the number of doctor's visits started to pile up. And I remember one day and I was in the ninth grade. And my mom saw that my grandmother had two toes on her left foot that were blue. And of course, my grandma she hid this from us for a pretty long time a couple of months. And like every other strong black woman response, she said it was nothing It didn't hurt. But my mom demanded that she go get it checked out. And reluctantly she eventually did. My grandmother was trying to avoid the clinic because she thought by doing so she could avoid the unmentionable. My grandmother had to have her left foot amputated. My grandma, who was always dressed to impress who liked to strut through Walmart in the grocery store. her heart, her life was crushed. We request everything changed, her confidence changed. She didn't really like to talk to people or spend much time with folks. She didn't like asking for help. Because she had always been able to do everything on our own. And all of that it changed.
Instead of her, you know weekly trip into town or to Bible study, she was working with others to schedule rides. My mom was her primary transporter. My mom was always lifting my grandmother in and out of our family car, which wasn't wheelchair accessible. And on top of all of these challenges, my mom was a full time teacher. So she was constantly juggling all of my grandmother's doctor's appointments. We literally had no idea how exhausting it would be to just figure out something as simple as a ride to the doctor. Like literally nobody talks about this. It's almost like a secret burden of some sort. And of course, we tried to talk to the insurance companies. We tried to talk to the doctor's office, they were extremely busy. When he came to this point of care, the foundational ability to get from one place to another. There was no one to support us. And we had done this for at this point now almost 10 years, and the problem became extremely large and just became too big for our family to manage. And so, unfortunately, we ended up having to admit my grandmother into a local nursing home to her extreme disappointment. And even though I remember my mom and my aunt going to visit her four to five days a week, my grandmother hated she hated, hated not being in her own home. About seven months later, my grandmother passed away after seven months after being admitted into the the nursing facility. And these these types of problems, they're just honestly so ridiculous. There is no reason why families like mine and millions of others have trouble getting very basic resources like transportation to care. There's no reason why my grandmother should have lost all independence. Because of my grandmother's chronic illness, I became obsessed with health care from from a very, very young age. I spent the last decade in clinical and research informatics, passionately building digital health solutions. I founded my company med Hall to help organizations understand and solve transportation barriers for their most vulnerable and overlooked populations. I initially founded my company to help lively souls like my grandmother. But now I'm driven to grow our company to help the millions of people across the country who need our help ensuring that everyone, including those folks in those small beautiful towns and Mississippi have the freedom to participate in their own care, to stay connected to strut their stuff like my grandma, to the very end. Thank you.

Courtney Martin 21:50

So beautiful, so beautiful. I love that Grandma, I want to hang out with her. So beautiful. Thank you, Erica. So Erica made clear one of the structural problems right some of these problems that we're looking at are structural, they're external. Our next speaker is also going to help us think about the cultural and some of the more internal problems that we're facing. Let me get this bio Right. Dr. Jabraan Pasha is an Assistant Dean of Student Affairs and associate professor for the University of Oklahoma School of Community Medicine. And his he has created and leads work educating healthcare professionals, but even more beyond healthcare, on implicit bias. Jabraan take it away.

Jabraan Pasha 22:57

So it was January, and I was walking in to see my very first patient of 2022. And even before the smell of powdered hospital eggs hit my nose. The patient says two words to me. She says you're black. And although I've had many eyeballs say the very same thing. I had never had someone actually verbalize that to me. And I'd love to say I had some, you know, witty response. I didn't. It was an awkward I am. But I wasn't upset. I wasn't even surprised actually. Because I was pretty sure I knew exactly what she said. And I was right. She said, I'm sorry. But I have never had a black doctor before. Imagine being a 47 year old black woman who has
never had a black doctor. And you may think so what? Especially if you've had plenty of doctors that look like you. You may say, Well, what about the Hippocratic Oath, doesn't it say Do no harm and heal no matter someone's race? It does. But the Hippocratic Oath is no match for the racial bias of physicians. The research supports the feelings of many people of color who feel and heard by health care. We know that non black physicians spend less time with their black patients. And they spend less time listening but somehow spend more time talking during encounters with their black patients. And as I think about my patients health care journey, I cannot help but think about my mother Sylvia, who at age 75 has had one black doctor in her entire life. And that was 50 years ago. I think about my dad how James health care journey who is 77 years old, and has never had a black doctor. But this is much more than feeling unheard. This is literally life or death. Studies have shown that little black babies who have non black doctors have higher mortality. And as you all know, black women are three times more likely to die from pregnancy related complications than white women. And I cannot share that statistic without thinking about Chalon Irving, who at age 36, died shortly after the birth of her first child. Despite multiple visits to her OB with complaints of just something is not right. She was reassured and sent home every single time. She died three hours after her last visit, she Cardiac arrest at home. And while hers her story isn't unique, it's not unique. But he's particularly powerful because of who she was. Dr. Chalon Irving was a public health officer who worked at the CDC as an expert on racial health disparities. And if her education and expertise was not enough to advocate for her own life to overcome the bias of her physician, who else could do it. We need to stop referring to this as a problem and call it exactly what it is. The lack of black physicians in our country is a public health crisis. The solution is multifactorial, obviously. But I think there are two things that if we do well can actually make a big impact. The first of which is helping to train our current healthcare workforce, how to take better care of diverse patient populations, by helping them recognize the impact of their own implicit biases, as well as how to mitigate them. If we can do that, I think we are we're on the right track. I believe in that enough, that I spend as much time doing that, as I do seeing patients now. The second is a more upstream. And it is delivering future young black doctors into the physician pipeline. It's getting into high schools, it's getting into middle schools, it's even getting into elementary schools. And helping these young black kids know that even if they didn't even think about it before they too, can become physicians. And sometimes it is as simple as seeing a black man or black woman in a white coat. That is enough for them to realize that they too one day can become a physician. The pipeline issue is obviously a long term solution. And we need immediate action. Our medical schools are in a position to take immediate action. Our medical schools need more progressive and modern admissions policies that admit groups of students whose experiences and color mirror the communities that those medical schools serve. And it is not until they're able to do that, that those schools can actually meet their mission of providing the best care possible for those communities that they serve. So even though my patient was the first person to actually verbally comment on me being a black physician, that continues to be a regular part of my experience, and to be honest, in the past, when it would happen I'd actually and when they mentioned it in reverence I used to have a deep you know, honor, I don't anymore, because it just reminds me of all the work that needs to be done. Because as long as my existence as a black physician is noteworthy black health is going to continue to suffer.

Courtney Martin 29:49

Beautiful All right. So write that name down Dr. Jabraan Pasha and if you run a medical school if you're a medical Well professor, even if you don't work in the healthcare field, you work in another field. He does these trainings all the time. He's ready to help you do a better job. So
grateful for your work Jabraan. Now our next speaker is Ivelyse Andino has a lot to say about collective involvement about community solutions about indigenous practices. She is an afro Latina health equity innovator born and raised in the Bronx, I believe is founded and leads radical health, and is even a commissioner on the New York City Commission on gender equity. You are in for such a treat. Please welcome to the stage, Ivelyse Andino.

Ivelyse Andino 30:59

Growing up most days, the sound of the hairdryer and the faint smell of God fake only he woke me up each morning. My mom Maggie started each day with a fresh blowout and some makeup. And whether she was going to the supermarket or building her career in the health insurance industry, she was ready. She taught me that I could be whatever I wanted. I just had to dress the part. So I did. Even when I worked as a waitress, I would wear business casual clothes, get on the train, go work a full shift change back into some slacks and head back home. When I finally got a job in corporate healthcare, I was ready. I knew exactly what to do. I was just the part even more this Bronx girl. For every client meeting, she would swap out her big curly hair, my big hoop earrings and my heels for a fresh blowout. So sorry. I would swap out my big curly hair, my hoops, my sneakers for a blowout, some pearls. Those pearls, they weren't real. I wore those pearls every day to work where I trained doctors in the industry. I made it. I finally had a great job a great salary, I was learning so much, I could see the future I had imagined finally becoming a reality. Then one day, the work of the one day after work, the click clack of those heels brought me to a Bronx emergency room. Except this time, it wasn't for work. After two days of testing and endless exams, we finally got the news. My mom had cancer. Suddenly, the pearls mattered so much more. I knew that this was the beginning of a journey, one that my mom had prepared me for. And I wasn't going to let her face this alone. And with everything I had seen growing up in the Bronx, everything I learned over time and the work that I was doing in healthcare, I knew that I could figure this out. I was wrong. Despite my high hopes and the sense of security my job brought me I quickly realized that the system did not care who I knew what I wore, or how well I communicated me and my mom would always be Latinas from the Bronx on Medicaid, and no amount of pearls, real or fake, would help me transcend a healthcare system that is not designed to treat people equitably. I was angry, lonely, but also determined. Because where I'm from, everyone knows, when things get hard, you go harder. So I decided to double down to fix this problem, a broken healthcare system, because no one should have to experience that kind of pain and loneliness that I felt. One of the first things they told us when we were desperate for answers was that my mom couldn't have any organic foods, because her immune system would be too vulnerable from the chemotherapy. And if it was organic, it could have bacteria, so it was recommended that she eat only processed foods. Coming from a family from Puerto Rico, where my grandfather Angelo worked on a farm grew vegetables, even when we lived in New York City with a tiny window would still grow tomatoes on that windowsill. Natural Foods were a part of who we are. It was in our culture. That was the first of many moments to come. Were what I knew into audibly would contradict with what I was being told. For many of us, especially if you are black, brown, poor immigrant. When we encounter the health care system, whether it's in an emergency, or just through a routine visit, we're made to feel like we are the problem. They say we don't understand what's happening. We don't follow directions. We can't be trusted. But the reality is there aren't strong enough bootstraps to pick ourselves up by. And there's no amount of knowledge that can trickle down to reach communities that were never listened to, and provided resources in the first place. At this point in my life, I was literate in health care. I knew the difference between co pays and deductibles, the process of navigating prior authorizations. I also had the scientific knowledge to understand my mom's diagnosis and what her options
were for leukemia treatment. But what we came clear over those nine months before my mom ultimately died, was that there was a huge social and cultural disconnect. I was speaking their language, but they weren't speaking mine. It made me realize that I needed to change and realize it made me realize that I needed to change and lead and lead me to build radical health. Angela Davis says radical is simply grasping things at the room. And radical health gets to the root of health care through community. We use conversations to make it easy for you to ask questions, build trust, and develop self agency around your own health. You see, this all started around my kitchen table. I invited people I listened to their stories for hours on ends. And I knew that I wasn't the only one who felt frustrated and alone. In fact, there were many people, like many of you here today, who feel the same way. It wasn't enough to navigate our world individually. We needed to learn from each other, share tips build trusting relationships. Those early conversations were the blueprint for radical health, and I see them as the future of what healthcare in the US could look like. When the healthcare system failed me, my community showed up. And they didn't care how I dressed. In those early days, when I sat listening to my friends and neighbors, I realized that I didn't need to find a seat at someone else's table. I needed to add more of the right chairs to my own. Each and every one of us has been and we still are impacted by the health care system. And we must be the co authors and leaders of this change. So today, I'm asking you to pull up. Have the conversations about your health. Ask the questions, share your stories with one another. Because when we rebuild a system, a health care system for the community, by the community, we're building a better system for everyone. Thank you.

Courtney Martin  38:20
Love that. Let's take a breath together. You're such a beautiful audience. I keep looking over at you and you have these beautiful faces listening to this crew. It means so much to all of us. I know you all are thinking about your own families too, and all that you would do for your families. All you have done for your family. So we're bringing them all in the room. Thank you for your beautiful listening. Up next is Ashlee Wisdom. What a name right? Give a name I asked her Ashlee Wisdom. She is the founder and CEO of Health in Her HUE, a digital health platform that connects black women and women of color to culturally sensitive health care providers, culturally relevant health content, and you know, the patron saint of this evening community. So take it away Ashlee.

Ashlee Wisdom  39:23
My life's work is committed to fighting and combating racism within healthcare. But if I could be completely honest with you all and keep it really real, I'd have to say that while I am deeply passionate about the work that I do, while I love it, while I'm 100% committed to it. I also deeply resent it. And I resent it because there are many times when I sit and I think about what other work I could be doing. If my time wasn't being spent my time and energy wasn't being spent fighting against a system that was designed to oppress women who looked like me. Wouldn't be an author or what I pursue a career in the arts. When I was a little girl, I loved poetry, I love lyricism, and you could not tell me that I was not going to be the second coming of Lauryn Hill. But no, I spend my hours that turned into my days, which adds to my life, fighting for racial justice within healthcare. And one of my favorite writers, Toni Morrison once said that the very serious function of racism is a distraction. It distracts you from your work. It keeps you asking, and keeps you asking over and over, or explaining over and over again,
you're very reason for being and when I first came across this Tony Morrison, quote, I found myself sitting and reflecting around what work is racism distracting me from? And the more that I sat with it as the more that I became resentful about the fact that I'm having to spend my time and energy fighting against racism. And so tonight or this evening, I stand before you all to ask the question, what work is racism distracting us all from? First, I want to share a few facts with you before I just to ground us before I share a story 22% of black women report experiencing some form of discrimination when they go to seek health care. And only 87% of black women of reproductive age have access to or are covered by health insurance and many more experienced gaps in health insurance coverage at some point in their life. Addition, in addition to that more than 25% of black workers have Express needing to take time off from work or wanting to take time off from work to go for a metaphor, medical reason for family reasons or for parental reasons. And they weren't able to. I often think about the many black women who died preventable deaths, avoidable deaths, because they were not able to access the care that they needed and that they deserved. I wonder what their dreams and wishes were for their lives. And I also wonder what we as a society and as a global community are not getting because they're no longer among us. One story that's etched in my mind is the story of this woman who used health interview because she was in dire need of a gastroenterologist, a black gastroenterologist, because the one that she was seeing was not taking her chronic pain seriously. So she had asked her primary care doctor, she asked her gynecologist for referrals for black gastroenterologist locally, and neither one of them were able to find one to make that referral. So she went on health interview, and she was able to find one, three hours away from where she lives. And so when she she decided to go and see this doctor, and the doctor, obviously, you know, saw where her dress was and asked her first of all, how do you find me? And second of all, why do you drive this far to come and see me. And she shared with a doctor that she found her and health and her hue, and that she drove three hours to go and see her with her husband waiting in the car in the parking lot, because she really needed to find a doctor who she felt would see her humanity, who would take the time to listen to her and take her chronic pain seriously. When I think about the undue burden that black women in particular have to carry as they navigate throughout the US healthcare system, I think about how much we as a society have lost and continue to lose. Because black women end up having to use all of their energy, we have to use all of our energy, and all of our brilliance just trying to survive. And if we look at all the things that black people and black women in particular have been able to contribute to the society with, you know, in spite of oppression, what else would we be able to contribute? If oppression didn't exist? Imagine what we would be able to contribute in this world without oppression. Imagine what we as a collective society would benefit from if we could get past our own individual needs, and see what oppression and marginalization is depriving us all from Thank you.

Courtney Martin 44:05

Thank you so much, Ashlee, this is beautiful. Now talking about the health care system can be really overwhelming. I think even those of us who work within it, some of you in the audience feel that right? When we try to get all these intersections and all the work ahead. It's a lot. It's daunting. What I love about these folks is they're asking these like crystal clear questions that I feel like are just like a dart headed straight to the bullseye and like a bunch of noise. And so when I hear Ashlee, I hear what has been lost, right? Not just lives but talent, brilliance, genius. What has been lost and I hear who is the system, right? Who are the people that we should be thinking about our next speak our second class we're wrapping up here. So really lean into this. Our next speaker is asking not Who is this system. But where is the system. Erin Athey is a
family nurse practitioner in Washington DC, she has created a nurse led intervention called Community concierge care. See three cares. And tonight we get to hear about the spark for that exciting innovation. Welcome to the stage Erin.

Erin Athey 45:38

My patient was dying. She showed up to my outpatient clinic and the only safety net hospital in the city, and she could barely stand. You see my patient, Ms. T, had a chronic disease, one that was easy to manage by just taking a few pills every single day. But he or she wasn't my clinic, pail falling over, could barely stand emaciated. When I started to sit down and take her history like I do with every new patient in the clinic, she started to tell me about her past and all of the trauma that she had faced, she told me about how hard it was. And when she got diagnosed with her disease, it was just one more thing, taking the medication for her was a reminder of that disease. And so it made her feel even worse, when she had to take the pills, she would often take those pills and flush them down the toilet, or she'd throw them away. So as I sat there listening to her, I thought, wow, this is not a new scenario for me. But then she went on to say that the healthcare system was impossible for her to navigate as well. She had been from provider to provider all around the city, often waiting months to get an appointment. And sometimes she'd go and sit in lobbies, waiting hours for her appointment. And if she was five minutes late for her appointment, she couldn't be seen. And if she wasn't seen, then she missed her last appointment, she couldn't get a refill, and on and on and on. So I sat there and I was thinking about what can I do for her? What can I do differently. And of course, I thought about case management, which was part of our program. And of course, she needed probably mental health therapy as we all do. But at that moment, I didn't want to give her another appointment on another day with another provider. So I sat there and I thought, Hmm, maybe I can come to your house. And I just blurted it out, and she said, Okay, and then I thought, shit, okay. And then, like, I don't know if we're really supposed to do this, but fuck it. I'm going because I said I was gonna do it. The next day, I went to her house, and she lived in government housing, and I'd never been there before. But I walked right up to our door and knocked on the door. They're very surprised Misty, my patient opened the door, smiled a little bit and let me in her apartment. There I could see her two year old son and his little diaper running around with a runny nose. And in the corner, I could see the teenage daughter on the phone completely oblivious to everything that was going on. Misty and I sat down on her couch, and we just chit chatted for a few minutes. Then I saw her reach for her pills, she opened the bottle and started to put it in her mouth. And I could see cracks in the corner of her mouth forming. I could see white patches on her tongue. And then my mind started to race. And I started to think about T cells that were plummeting and viral loads that were through the roof, and liver enzymes and kidneys failing and how bad was the anemia? And then I thought, oh my god, is she gonna die. And then I looked at the two year old and I thought, Oh, my God is he going to lose his mom. But then I brought it back together. And I just spent a few more minutes on the couch with Miss tea, just chatting, gave her a little pat on the back. And I was out the door. And I came back the next day and the next day and the next day. And for about a week I showed up at ms T's house every day for 10 minutes. And that was it. She took her pills. And then I thought hmm, maybe somebody else at the clinic could take a turn. So we did. So we took turns rotating a few of us every single day for about a month. And it was working. She was taking her pills, she felt encouraged and it was working. However, at our clinic meeting that we had every month, someone said this isn't really fair, like we have a lot of patients in our clinic that could benefit from this level of intervention, right? We don't really have the bandwidth for this. And so we thought about it. And we're like, you're right, it's true. We can't do this for every patient, we really shouldn't be doing it for this patient, Mrs. T. So we called her up and told her
we can't do this anymore. However, I felt really bad. It was my idea. So I thought well, let me call around and see what other people are doing. So I called other clinics in the area. And I said what are you guys doing? Like how do you help these patients that need so much more than we can't provide? And nobody had an answer? So then I thought well, let me write up a case study and I'll submit it to a prominent journal and this you know, in the area, and maybe I'll get some feedback and some, you know, least some outreach in that way. And so I submitted my manuscript, and it was rejected. And the peer reviewer said that This is not a unique situation at all, all of us have difficult to manage patients that are unmotivated to care for themselves. So then I was done. I didn't get three nursing degrees and learn in a care model to practice this way. So from then on out, I thought, how can I move my care out into the community. So I worked with some hospital administrators mobilize some mobile units went out during COVID, we set up clinics, we went partnered with the Housing Authority, which I thought was a really neat partner because they had properties all over the city and working with the same population. And we went from property to property, family property, senior properties, and we, you know, did COVID tests or, and COVID, and vaccinations and all these medical interventions. But what I found to be the most important thing was that connection, and I remember that time with Miss tea on her couch. And I thought, This is what people need, it's that care, we're here for you, you won't be left behind. So So in terms of Ms. T, what happened to her? I actually don't know, like other patients I've had when we stopped providing that care, she slipped through the cracks, and we lost connection with her. But now all of my work is out in the community setting up these place based permanent clinics. And so I'm very hopeful that maybe one day, I'll see Miss tea out in the community, maybe she'll roll into one of my community clinics. I'm also hopeful that it doesn't take COVID In a catastrophe like that, to get continuous, sustainable funding for interventions like this. We need to be setting these things up because in my mind, it makes no sense to fight with a healthcare system that doesn't work. We need new models, new interventions, so that the old ones become obsolete. Thank you

Courtney Martin 51:51

I was awesome. Did you see that five year old ballerina curtsy? Oh, it was beautiful. Thank you, Erin. I'm so deeply grateful for people who do not settle for this is just how it is and you are one of those people. Thank you so much. So we are going to close out with a special burst of energy. Are you all ready for this? Okay. This man is a master of the social determinants of health. He is an owner and founder of Oasis Fresh Market in Tulsa, Oklahoma. Not like any other grocery store owner you've probably ever met before. Aj Johnson, please bring us home.

AJ Johnson 52:42

Man, I'm grateful we're about to say I'm grateful. John Maxwell has a quote that says we cannot be friends unless we know each other's names. So everybody say hi, Aj. And on the count of three, I want you to tell me your names. 123. Now give yourself a hug. Come on. Now. We're friends, friends, friends, friends. Well, it's an honor to stand here before you. And my name is Aj and I'm the first generation business owner, my family coming from a long line of family members that were employees and never the employer, and we almost have 60 staff members. There are many days that go by that I'm afraid I'm not the smartest. I'm not the brightest. I was one of the students. That wasn't the Magnum Coombe law to the Summa Cum Laude. I was one of those things, the law students. And is there anyone else at C's get degrees? I was one of those C's get my man I got one, maybe two. Okay. I was I was that student. And so
to now to be able to own a business and we just crossed one year may 7 Ting Come on. And I'm going to tell you story. But before I do, I'd love to ask a question. How many of you ate yesterday? Raise your hand. How many when you go home we'll have your own bed to sleep in. How many you throughout winter had to use your oven to heat your house that's not the case. That is the case for many residents of North Tulsa. North Tulsa wants called Black Wall Street where there were more black millionaires per capita during the 1921 time than any other state. Thriving banks grocery stores barbershops, cleaners shoe stores. But one day on May 31 1921, a large group of KKR members came together. And they thought that it was an injustice for blacks to have the same rights as they did. And so they marched down a town in Greenwood in Tulsa, Oklahoma, and they began to unfortunately kill and murder and burn down North Tulsa. And even yet, so today, the cycle of generational poverty has not yet been fully broken in North Tulsa. And really not just North Tulsa and many communities across the community across the US. 53 point 6,000,053 point 6 million people live in food deserts in the US. And most of those communities are community members that look like me. And the definition of Oasis is refuge, safe place, shelter, everybody say refuge, safe place, shelter. And we train our staff that we want people to be seen, to feel safe, and to be heard. So every customer that walks through our doors, gets a warm greeting. Welcome to Oasis, everybody said welcome to oasis. But one day, we had a grandma that came in and she had despair in her eyes. You see, we have not only a for profit grocery store, we also have a nonprofit called the Oasis projects. Tip we always going to serve on top baby, let's go. And this grandma was a short, beautiful grandma. She had a short haircut like mine if salt and pepper on it. She actually had an edge that was better than mine. I was a little I was a little salty. And our Director of Security went over to her and we teach our staff to say not can I help you, but how can I serve you? Because we believe one of the most important things you can hear at the end of your lives is well done, good and faithful servant. And so our Director of Security Fran goes over to her she says hi, how can I serve you? And the grandmas sitting on a bench right inside of the entrance of our store? And she looks up and she says I need help. And Mrs. brain says it's our honor to serve you. How can I serve you. We can get you some groceries and many times through our nonprofit we often on a daily basis. I've given I've empowered our staff, our managers to have a daily ratio of food that we will give away. What black owned business in an underserved community gives away free groceries? We do because we believe that we're going to change food deserts across the country with a different model. And so this Grandma says i i shop here all the time, but I don't need groceries today. He has given me free groceries before. But I need gas money and Miss France as well. Yes, ma'am. Well, we can see what we can do but but what's going on? And she looks up and tears running down her face. And she said I just got a phone call from my oldest granddaughter of five. She's less than 10 years old. She said Grandma, can you come get us Human Services is here to take us this sweet little Grandma says what's wrong. She says mom just died. This mother of five the single mother of five lived in a town almost an hour away from North Tulsa. And this grandma had an hour to get there. But she didn't have the gas money to pick up her grandchildren. So she comes to her refuge, a safe place, a shelter and her darkest hour not in need of groceries. In her darkest hour she came to the center of the community and that's our goal is that we will find a way to see a need and meet it and find a hurt and heal it. So our team rallies together and fills up this grandma's car. But just imagine the little girl on the other side of that phone. Loses her mom. Her mom just thought she had a common cold. Being a strong black mom. She tried to just fight it with over the counter medicines. And when her breathing got to where she couldn't breathe, she finally went to the hospital. Within a few hours she died. And so now here's this grandma who's living on fixed income, now has five more mouths to feed. What is she going to do? How will she raise them? Where will she go? And there's stories like that that we hear and see every single day. But that's why being the first grocery store in North Tulsa in over 14 years. I want to encourage you, let's just do this together. Right and everyone, close
your eyes. And think about where you live. Think about the nearest grocery store, in your community. For some of us, it's right around the corner. For some of us, it's right, just a few blocks away. You can open up your eyes, but for many North Tulsa residents before Oasis, the nearest grocery store was almost nine miles away. In an underserved low access community, one in six people have access to transportation. So how will they get there? So the story of Oasis is one that affects 53 point 6 million people, which is 20% of our US population. And in closing, one thing that I learned in coming to Aspen, everywhere I go, every story that I tried to tell is try to learn something. And coming to Aspen I learned about the Aspen tree. And the Aspen tree is a beautiful networking system. their root systems, they're all connected. And when one tree is sick, all of the healthy trees send nutrients to that one sick tree, bringing it back to life. And another fascinating thing that I learned everybody just look out you can see the mountains there somewhere over there because they're the largest mech living mechanism organism. One other fascinating thing about the Aspen tree is that they can withstand fires and repopulate themselves faster. Why do I say that? Because we're aspen trees together, we will rebuild and restore and give hope to food deserts across the country. My name is Aj. It's an honor to serve you. On your way out, we have an oasis sticker for you. Everybody gets an oasis sticker baby.

Courtney Martin 1:03:05
Thank you all so much. If you what you heard today was a gift to you. If you got some wisdom from these folks support their work, they have beautiful companies. You can invest in nonprofits you can donate to. They're looking for collaborators, friends accomplices, come up to them afterwards and talk to them. These are all beautiful humans. I can speak from personal experience having gotten to know them over this last month. Please come meet them all. And thank you all so much for the gift you gave us tonight. Thank you