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Proem

In 1960 I discovered that I didn't belong. I was eight. My parents supported Kennedy for President. Everyone else's parents supported Nixon. My eyes opened. My family was different. My parents were active in the Fair Housing Movement. They hosted businesspeople of color from Africa. No one else knew anyone of color who wasn't a maid or landscaper. Boys carried sweaty, folded-up pictures of scantily dressed girls they got from their older brothers and giggled about them in the restroom. My mom had introduced my sister and me to the Invisible Woman, a plastic model of the human body with a removable pregnant abdomen. I didn't get the attraction to those nudie pictures. I remember our Unitarian minister, Russell Bletzer, talking to us kids about belonging. That strange, lonely feeling had a name. My parents were holocaust survivors. They never mentioned belonging. Not until high school did I meet a crew where I felt I belonged—what a relief.

I didn't realize I was a white person of privilege until I was in nursing school. More about that later in the episode. The recognition of my privilege led to my embarrassment of that privilege. I hid it for forty years by saying I grew up in Chicago and Detroit rather than the tony suburbs of Highland Park and Grosse Pointe. Now, diversity, inclusion, and equity form the central question of my work. How do I leverage my privilege to advance belonging, the intersection of diversity, inclusion, and equity? Frankly, my colleagues of color helped me shed my embarrassment and use my privilege to promote belonging in my spheres of influence.

Introducing Duane Reynolds and the Just Health Collective 03:13

I'm grateful to introduce Duane Reynolds, Founder, and CEO of the Just Health Collective, with the mission to guide organizations in creating cultures of belonging, enabling a **fair and just** opportunity for everyone to achieve optimal health.

Health Hats: Dwayne Reynolds, thanks for joining me today. I appreciate this. I became interested in talking to you when I heard you speak at a conference. The person introducing you was a white man, the CEO of a hospital in rural Kansas, who said, "I got a cold call from this guy who wanted me to be on his Board of Directors. And I'm like, does he know I'm white?" And you said, 'yeah, absolutely. You're a healthcare executive from a rural community, and we need all sorts of outlooks and perspectives to help manage this company.' And I thought, okay. It opened my ears even more to the subsequent conversation. And then we spoke afterward and set this up.

Duane Reynolds: Thank you so much, Danny, for having me. I do appreciate the invitation and opportunity to speak with you and your audience. And the person that you're recalling is Benjamin Anderson. He's now a VP of Rural Health Equity for the Colorado Hospital Association. He was the CEO of Kearny County Hospital, and I was the President and CEO of the Institute for Diversity and Health [of the American Hospital Association]. He perhaps didn't quite know how he fit into that picture, but part of my purpose was to help him understand that he did fit into that picture and that his presence was integral to helping solve health equity.

Health Hats: Tell us a bit about your journey to the Just Health Collective?

Duane Reynolds: Certainly. So Just Health Collective is the company that I started in, believe it or not, in March of 2020.

Health Hats: The absolute perfect moment.

Duane Reynolds: Interesting timing. It was one of those things where I had ventured out in January, and I was like, I'm going to start my own company. So, I was working up until the second week of March, and I saw things starting to happen. And then I said, you know what, I've worked as hard. I've always wanted to do this, it's my dream. It's going to take off or it's going to fail miserably. I don't know, but I will jump into it because I owed it to myself and indeed to the work I'm trying to do. So, at Just Health Collective, we are focused on helping health and healthcare organizations advance in their journey and transformation to be more just and more equitable. And what that means is we provide support services from consulting, assessments, implementations, to training and facilitation, e-learning courses. And we also have a digital engagement community called the Just Health Collective Village. So, our goal is to help create a healthcare system free of bias and discrimination that allows everyone to attain their full health potential.

Research into key drivers of health inequity 07:08

Health Hats: As you and I have discussed, I'm on the Board of Governors of PCORI, the Patient-Centered Outcomes Research Institute, and PCORI is committed to increasing research into health equity. From my perspective, the key drivers of equity and health research include routing more research dollars through underrepresented community groups, solving problems in their communities, and building the capacity for community leaders to become Co-PIs (Primary Investigators). So, from your perspective, what research questions could inform your health equity work? We don't need research to say that there are inequities. We know that it's a given. But what do you think? What would help? What would help you? What would help inform your work?

Duane Reynolds: Thank you for the question. When I think about what would be informative for us, it is what are the key drivers. We now understand that racism is a crucial driver of health inequity, but racism is such a broad term. And it can show up in many ways. And so, we need to isolate, is it interactions with a provider clinician driving this? Is it process interactions meaning that an organization has set up a set of processes that decide whether this treatment or that treatment and how often a person of color gets the recommended treatment versus a white person. Is there a disparity being caused there? I also think it's important to figure out what interventions are going to accelerate change. And when I think about interventions, I'm thinking a bit macro. So how does, for instance, the Centers for Medicaid and Medicare Services think about their payment models and requirements within their payment models that will drive organizations to pay attention and strategically think about solving for health equity because they are now incented to do so and paid to do. We are a capitalist society. People in the business of healthcare make rational decisions based on business information. And if our financing of the system does not consider how we solve for health equity. In that case, it will be that much more challenging to get people to just automatically buy in and produce interventions that may change.

How do root causes and interventions align? 09:53

Health Hats: So, I'm interested in the relationship between root causes and intervention. If I hear you right, if you understand the key drivers - you may have said drivers instead of root causes- but okay drivers, and then what works to ameliorate those drivers? Can you say more, a little more, like flush that out a bit for me, give me some examples?

Duane Reynolds: So, when we think about social determinants of health, which are the conditions in which people live, grow, work, play that ultimately either positively or negatively impact their health. We need to understand, for instance, if a person has food insecurity, meaning they don't have access to healthy foods, they may not afford healthy food. They may not even understand the nutritional value of things that they are eating. That food insecurity ultimately will have a downstream impact on their weight, whether they end up getting diabetes or high blood pressure, or heart disease. And so, we need to understand if we intervene at a food level how much success we might have in mitigating a disparity. That intervention could be a community-level intervention. So, purposefully planning out fresh food markets in areas that traditionally may not have access to that type of market. Right? Thinking about that and planning when we do city development, how do we ensure that certain neighborhoods get the

right things they need to solve for those social determinants of health. And then on the back end, really understanding the downstream impact of those changes. And it's going to be longitudinal, right? Because these aren't overnight changes. But we need to prove that there is value in investing there because we want to, rather than live in a sick care system, we want to envision a healthcare system that is about wellness, and to do we have to connect the dots of what's happening outside of the healthcare system that is impacting health—and showing healthcare leaders who are making decisions that investing in things like housing for homelessness or prescription food pharmacies makes sense to solving for healthcare disparities.

Organizations and communities operate on different time frames 12:55

Health Hats: So, one of the things that I'm hearing or that it's triggering for me, as I'm listening to you now, is that communities have a different timeframe than organizations do. Communities think in terms of generations, and organizations think in terms of months and years. So how does that incongruity, if I could say that, that different frame, how does that affect your work?

Duane Reynolds: That's a very good question and a little challenging to answer, but I'm going to try. So, we do very much work with organizations, typically looking at a yearly basis, particularly if we're doing a very large-scale change management process. And you're right; communities are thinking longitudinally. But the reason that organizations are thinking in months or years has to do with their financial positioning and closing books, et cetera. However, most organizations have a three- to five-year strategic plan. And part of what we do helps organizations understand that health equity needs to be a part of their strategy at a large level. It needs to be connected to your mission and vision and your strategy. And if you can connect it to the longer-term strategy, you can see how things like investing in affordable housing may be a longer-term strategy. But in the meantime, you're also now starting to address, for instance, unconscious bias with your staff members. That could occur within months, right? So, it is multi-modal in terms of timing. There are going to be some activities that are years down the road. But require our thoughtful planning collaboration with community-based organizations, government entities, other corporate organizations. But then there are things that you can be doing to clean up the inside of your house, which help to get you prepared to be able to address some of those external factors.

Health Hats: Thank you.

Individuals drive organizations that live within systems 16:06

Health Hats: On your website, I can see that your work serves healthcare organizations, embracing their role and battling historical and systemic injustice. But it seems like when you work with organizations, the execution of your work involves individuals, whether it's the C-suite or the Board. In my experience, almost everybody has struggled with inequity in their lives at some level, whether it's ableism or homophobia or class or birth order. How do you leverage a self-perception of inequity to meet organizational challenges? Did that make sense?

Duane Reynolds: It absolutely does make sense because I have to think in that vein a lot. So, you're very right. When we think about racism and people's relationship with racism, understanding racism, understanding that it's a system at play, it gets complicated. There are three levels that we've got to be working at. We've got to be working at an individual level. So, how do I understand my contributions, whether intentional or not, whether they're aware or not to systemic racism. Then the next level would be about your interpersonal interactions with individuals' interactions with institutions, laws, regulations, et cetera. And then the last level, which is the macro level, is about systemic racism and understanding that systemic racism is both historical and current. So, things have happened in history that has had a lasting impact on why certain demographic groups experience health disparities, economic instability, or educational disparities. So, I have to be concerned with educating individuals, helping them understand how to relate to one another interpersonally on a different level, and then helping the institution, usually a hospital or health system, think about their role in how they set up systems of belonging for their own employees. But then their responsibility to their patients and the community as well. I've said a mouthful. Down to a nutshell, there are three levels that you've gotta be focused on: individual, interpersonal, and systemic. We address all three.

Eureka! Belonging. 18:45

Health Hats: So, two things. One is, I like your use of the word, belonging. And I think the first time we spoke, you defined belonging as the intersection of equity, diversity, and inclusion. I can relate to belonging. That's like, really, you can get really personal about belonging. When I asked the question about people's self-perception, I think more people can identify with belonging and not belonging in their lives. That's great. I find that opens up a whole brain to me, that concept.

Duane Reynolds: I agree. And it's a newer concept in healthcare. Corporate America has adopted it much as they do, sooner than us. But it is one in which, to your point, everyone can understand. There are moments when we have all felt like we either belonged or didn't belong, and we know how it made us feel in that we can empathize with other people feeling like they didn't belong because we now have a point of relating. But then we all have different circumstances that we were born into or grow into, or what have you, that may put us in a position of not belonging. And we need to be able to talk about those different circumstances, understand one another. And again, express that empathy, which allows us to get in and change things that might have created those situations for people.

Reading the room 20:53

Health Hats: When I think about your work, and I think about how different the settings that you're walking into are, they have something in common, and that is somebody wants to work on it because they're not going to hire somebody if they don't know it, or don't want to work on it. So, that's a commonality. On the other hand, this business of circumstances, both of leadership and organizations, is varied. So, it must be doing the organizational assessment so that what of your bag of tricks, tools, whatever are going to be effective in this particular setting with these particular people that must be crucial and really challenging. Even maybe more challenging than delivering the goods. Because if you don't know what you're walking into and what the flavor is of what you're walking into. Then it just seems I don't know. It's a shotgun approach.

Duane Reynolds: Yeah. It can be daunting at times and complicated all the time. And you're right; some individuals have asked us to come into the organization and are ready, but we always know that we also are walking into an organization where there are individuals who may not be. And our goal is to help the organization understand why it makes sense to create a space of belonging for their own employees. And then in healthcare, understanding the responsibility to patients in the community. But if we go back to why it makes sense to create spaces of belonging for your employees, think about what is now being termed *a great resignation*. People are leaving in droves. Part of this has to do with how they feel about their work environment, whether or not they feel respected, valued, heard, appreciated, compensated, et cetera, et cetera. These are not issues of diversity in the traditional sense that most people think, but from my lens, I see them as diversity, equity, and inclusion issues. So, we are always trying to look for points of recognition when a person has felt a certain way about not belonging and then tie that to another demographic experience to make the connection.

Transformative change for employees 23:46

Duane Reynolds: We always tried to do and aren't successful at all times, but we want to start with the leadership team. I want to be talking to the C-suite, and I want to be talking to the Board.

Health Hats: Yeah, absolutely.

Duane Reynolds: Yeah. They're setting the direction, and if they are not aligned and bought into this, it will be extremely difficult to make transformative change in the organization.

Health Hats: If not impossible.

Duane Reynolds: Yeah, absolutely. What has happened over many years of diversity and inclusion work is that you have ground up, employee-based, sort of push to make change, a women's group, an African American group, et cetera. These are all important. However, sometimes they can yield what we call performative actions of companies, where they say, hey, we love diversity and inclusion. And look at our website. We have gone out and purchased some stock photography of black people and disabled folks, and gay people. But that may not be what their culture is about. And they may say the right things, like many CEOs after our social unrest, in the killing of George Floyd, we're going to take stance. Racism is wrong. We understand and recognize it. But not every organization continues to walk the talk. And at this juncture, I think there are a lot of folks who have said if this company cannot value me and create a space that is safe for me to belong and do my best work, then I need to move out of this because it's affecting my mental health and wellbeing. So, all of this is connected, right?

Health Hats: So now you're back to the drivers and the financing and so interesting. I'm sorry I interrupted you.

Duane Reynolds: No, you're fine. You're fine. It is about alignment first and then figuring out, okay. What are the tools that I can use to get people aligned?

Difficult conversations at home - the learning journey 26:41

Health Hats: What should I have asked you that I haven't.

Duane Reynolds: I get a lot of questions now about how I work on reconciling my understanding of racism and learning about it, and having challenging discussions that typically I've been uncomfortable having with friends, family, certainly coworkers. How do I do that? Because I think many people were in the space where they want to, they just are afraid. And the interesting part is we're afraid because we'd never been taught to do it. It's like doing anything like riding a bike for the first time. When you got on, you were

Health Hats: It's a very weak muscle.

Duane Reynolds: Yeah, absolutely. And so, it is something that has to be exercised repeatedly to gain strength. And so, the first thing that I think people ought to do is seek out as much information on their own as possible in terms of books, videos, training. Start there. And I say start there because, at times, people who are a part of marginalized groups are asked to explain their marginalization, which traumatizes them and remarginalizes them. After all, it shouldn't be the victim's responsibility to get you to where you ought to be. Having said that, there are plenty of people like myself, who I've made a career of this, but not every black person wants to talk about their victimization for someone else's education. So, start the work on your home. Okay. Then find friends, family members, coworkers that you might feel particularly close to, to start the dialogue. Ask them some of the questions that you may not feel comfortable asking others, but because you feel safe with them, they might be willing to discuss and help point out things that perhaps you didn't see because of an unconscious bias that you might have. It's important to have those discussions. Then you move outside of that circle, and you purposefully try to surround yourself with people different from you. So, you can continue your learning journey. At some juncture, the hope is that you have this aha moment, and it is starting to create. And you're beginning to see that the conditioning that we've always had, maybe people were doing what they could do with the capacity and knowledge they had at the time. But now we're starting to understand that there was more to this story that we needed to pay attention to. So, then you move to the point of okay, now I can start to act because I'm seeing it; I've learned more by hearing it. And I have committed to anti-racism, which is certainly, I don't believe in racist philosophy and behavior, but

beyond belief, you're acting. I will work on dismantling this policy, getting it overturned because it has racist implications, right? I will work with the team that I managed to create a space of inclusion because it matters to belonging. And we understand that will make us better. So, it is moving from a place of education, awareness to growth and action, and change.

My education and support systems 30:45

Health Hats: I think what you're bringing up about having a trusting community to try stuff, say stuff, and be ignorant. I was fortunate when I went to nursing school at Wayne County Community College in Detroit, almost all of the students were middle-aged women of color who had other careers. And there were two white boys from the suburbs in the program. I was one of them. And so, it was like my first experience of being a minority. They were very gentle with me. They knew about life. I knew how to study. They knew about life. Over my career and now, even now, I'm almost 70, and I still have go-to-people where, when I'm struggling with something that has to do with racism or homophobia or ableism, I could just be uncensored and say, this is what I'm chewing on. I don't want to think right now about saying it right. I'm struggling. Their coaching is helping me clarify, but also how to express it. And it is. It's a relief to have that that trusting the community too because I don't know, I just feel this can be, this work can be so fraught. There's so much opportunity for feeling out of it, not belonging in the struggle. All this is pretty amazing. This is a lot of food for thought here. I appreciate this. And I just had this feeling we're going to talk again. You're doing such important work. Thank you.

Duane Reynolds: Again, I appreciate you inviting me. It is an honor. The work for me is a work of passion and purpose, and I feel called to do it, and it is truly what I hope to leave behind in the world to put it in a better place than I found it. I always try to keep that top of mind as I have conversations and think about why I'm doing this work. So, it is always very helpful to me. And I'm very appreciative of people like you, who allow me to express this message and hopefully change the healthcare system as we know it.

Health Hats: Thanks. Take care. Thank you. All right, bye.

Reflection 33:34

The last big argument I had with my mom, a month or so before she died was when she said that the Holocaust was the worst genocide, the most racist, in history. I said, 'Ma, what about Native Americans, African Americans, Rwandans, Armenians, and on and on? How can you say it was the Jews?' A pointless argument. She lived that experience. I didn't. Violent not belonging is certainly personal.

Since Duane and I chatted a few weeks ago, I've reflected on my privilege, my purpose in this later stage of my life, and the action steps I can take to further health justice and health equity. We are born into the world with some gifts. The challenge is to recognize and use those gifts in the service of the community. I'm no longer ashamed of the gift of privilege. But although I'm first-generation American, I share responsibility for historic and systemic racism and inequity of my country. I'm grateful for the gift of family, charisma, energy, and positive outlook. I have a platform – my podcast and my connections.

I'm invited to sit at tables of governance, thought, and action. I strive to open more seats at the table for less represented folk. I look for small opportunities to make a significant impact. I take risks because the risk to me is low. I'm privileged. Most importantly, I welcome others and invite them to belong. Belonging, the intersection of diversity, equity, and inclusion. We have so much work to do. Onward!