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00:00:03,003 --> 00:00:06,473

I'm Ned Calonge. I'm President
and CEO of the Colorado Trust.

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00:00:07,140 --> 00:00:11,144

Thank you for joining us today.

This is our first health equity learning series

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00:00:11,144 --> 00:00:17,817

event for the 2016 - 2017 season. And we're
really pleased with those of you who've turned out.

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00:00:19,019 --> 00:00:27,127

You know in 1990 the share of Colorado's
population that were immigrants was 4.3%

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00:00:27,127 --> 00:00:31,898

and when we last looked in 2013

it had risen to nearly 10%.

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00:00:32,465 --> 00:00:39,906

We're home now to more than
half a million immigrants

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00:00:40,373 --> 00:00:44,744

which is about the same population
as the entire state of Wyoming

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00:00:44,744 --> 00:00:48,415

and would fill many
of our major cities in the US.

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00:00:49,349 --> 00:00:54,587

How immigrants are integrated into
communities in Colorado and in other settings

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00:00:54,587 --> 00:01:00,393

and how they can do that in a safe, healthy
and equitable manner is at the heart of today's session.

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00:01:01,428 --> 00:01:08,501

In addition to the presentation and the discussion,
there written materials at your places

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00:01:08,501 --> 00:01:14,541

that can help you continue the conversation
as you leave today to your other organizations.

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00:01:14,574 --> 00:01:18,178

We're also going to send
each of you an evaluation via email.

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00:01:18,178 --> 00:01:23,316

We hope you'll take the time to fill it out.

We listen to you, we respond to you

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00:01:23,316 --> 00:01:29,689

both the topics and the speakers that we consider
for the health equity learning series

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00:01:29,689 --> 00:01:33,860

come from our audience
as well as our grantees.

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00:01:34,761 --> 00:01:38,665

The materials will be posted on
our website after the presentation.

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00:01:38,665 --> 00:01:43,303

Our presenter slide deck will be there
and in about a of couple weeks

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00:01:43,303 --> 00:01:50,310

a complete video of the presentation
will also be available for viewing.

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00:01:50,310 --> 00:01:55,915

I need to acknowledge that even though
we have lots of people in the room

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00:01:55,915 --> 00:02:03,356

there are lots of other folks. These are
our 2016 - 2017 HELS grantees.

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00:02:03,356 --> 00:02:11,064

They're scattered across the state and the difference
in this year is that after today's presentation

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00:02:11,064 --> 00:02:18,538

and when the video is available, these grantees
will have events where they view

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00:02:18,538 --> 00:02:23,510

and look at the presentation followed by
professionally facilitated discussions

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00:02:23,510 --> 00:02:27,981

about what they've heard today and how
to make it come alive in their communities.

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00:02:27,981 --> 00:02:33,086

So we're looking forward to really
continuing this work throughout Colorado.

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00:02:33,987 --> 00:02:37,457

Now I want to introduce our speaker today.

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00:02:37,457 --> 00:02:43,930

Deliana Garcia or "Del" is Director of the
International Projects Research and Development

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00:02:43,930 --> 00:02:47,700

at the Migrant Clinicians Network in Austin, Texas.

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00:02:48,801 --> 00:02:52,338

Del has dedicated more than

25 years of her life and career

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00:02:52,338 --> 00:02:56,442

to the health and wellness needs of migrant

and other underserved populations.

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00:02:56,976 --> 00:03:00,680

She's responsible for the development

and expansion of Health Network

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00:03:00,680 --> 00:03:04,884

an international bridge case management

and patient navigation system

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00:03:04,884 --> 00:03:07,720

to make available

across international borders

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00:03:07,720 --> 00:03:12,125

the health records of migrants diagnosed

with infections and chronic diseases.

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00:03:12,125 --> 00:03:15,461

She's performed research

and written on topics such as

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00:03:15,461 --> 00:03:20,833

sexual and intimate partner violence prevention

among Latino migrant and immigrant families

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00:03:20,833 --> 00:03:24,637

trauma in transit for migrants

crossing international borders

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00:03:24,637 --> 00:03:28,641

and emotionally charged dialogues

between patients and healthcare providers.

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00:03:28,641 --> 00:03:34,781

I hope you'll all join me in welcoming Del

to our stage and to Colorado.

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00:03:45,792 --> 00:03:51,798

So I can recall the days when I would be able to do this

without my reading glasses, but those are long gone now.

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00:03:51,798 --> 00:03:55,468

So please forgive me if I stop every now

and again to pull my glasses up

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00:03:55,468 --> 00:03:59,105

to make sure that I haven't
missed a point on my notes.

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00:03:59,105 --> 00:04:04,444

When I was invited to come, and I'm so thrilled
and so grateful for the opportunity to be with you

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00:04:04,444 --> 00:04:08,848

and I was trying to think about what was
the critical issue that I wanted to raise with you

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00:04:08,848 --> 00:04:13,319

it was that I feel like we find
ourselves needing to identify

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00:04:13,319 --> 00:04:18,258

that point in that sphere of health equity
where we want to be doing our work.

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00:04:18,258 --> 00:04:23,696

Because it's just such an enormous idea
to just wrap your head around.

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00:04:23,696 --> 00:04:29,502

And so what I want to speak to is the
intersection of poverty, migration, and health.

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00:04:29,502 --> 00:04:33,106

Because when you think about migration,
it is huge the world over.

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00:04:33,106 --> 00:04:38,611

But it can happen for people who are doing so
under wonderful economic circumstances

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00:04:38,611 --> 00:04:45,151

and where their healthcare is really seen to
by their employer or by nationalized medicine, whatever.

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00:04:45,151 --> 00:04:49,455

So what I really want to do is focus
down then on those populations

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00:04:49,455 --> 00:04:55,328

who migrate for purposes of employment
where there's poverty that is really pushing them

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00:04:55,328 --> 00:04:58,431

and keeping them from being
able to access what they need

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00:04:58,431 --> 00:05:00,933

and then the effect of that migration on health.

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00:05:00,933 --> 00:05:05,938

But when I reflect, and I really need to
upgrade my bio because it's been 30 years.

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00:05:07,674 --> 00:05:14,647

I was trying to think about what best
exemplified my own work and where I saw myself

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00:05:14,647 --> 00:05:19,252

and while I was sitting there reviewing
my slides, this passage came to mind:

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00:05:19,252 --> 00:05:22,789

"Would you tell me please,
which way to go from here?"

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00:05:22,789 --> 00:05:26,859

"That depends a good deal on where
you want to get to," said the Cat.

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00:05:27,660 --> 00:05:31,998

"I don't much care where," said Alice.
"So long as I get somewhere."

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00:05:31,998 --> 00:05:36,769

"Oh, you're sure to do that," said the Cat.
"If you only walk long enough."

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00:05:36,769 --> 00:05:42,675

And I think what's really true for so many of us,
and I have a dear friend who uses this expression,

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00:05:42,675 --> 00:05:48,114

"We've been laboring in the vineyards of peace
for so long, that very often we realize

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00:05:48,147 --> 00:05:52,819

that we walk back around and see our footsteps
again someplace where we've been before."

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00:05:52,819 --> 00:05:57,857

And so I think it's always very important
for us to position ourselves

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00:05:57,857 --> 00:06:02,795

to cite where we're going and to see that point
on the horizon that we're trying to get to.

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00:06:02,795 --> 00:06:08,634

So for me right now then it is to really talk about
the impact of migration on health.

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00:06:09,769 --> 00:06:13,172

And as I was preparing
for this presentation

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00:06:13,172 --> 00:06:18,878

and I was really trying to review
the most current literature on health equity

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00:06:18,878 --> 00:06:23,316

everywhere I read began
with the quotation about,

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00:06:23,316 --> 00:06:27,420

"Health equity is the highest
level of health for all people."

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00:06:27,420 --> 00:06:33,259

And I thought well really, how lofty, how wonderful,
and in so many ways how amorphous.

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00:06:33,259 --> 00:06:35,628

How do we determine that
we've gotten there?

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00:06:35,628 --> 00:06:40,433

And the more I read, the more
that I could see in people's language

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00:06:40,433 --> 00:06:44,704

that they were conflating
equality with equity.

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00:06:44,704 --> 00:06:51,177

And equality is treating everyone the same.
So we have performance measures

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00:06:51,177 --> 00:06:55,415

that everybody needs to meet.

And goals for entry into care.

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00:06:55,415 --> 00:06:59,952

And measures for their diabetes that we
want to make sure everybody achieves.

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00:06:59,952 --> 00:07:05,992

And so we look at how people should be dealt with
and we want to make sure that it is happening for everyone.

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00:07:05,992 --> 00:07:13,099

But when we talk about equity it's really looking
at what the individual needs to be successful.

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00:07:13,099 --> 00:07:17,103

And very often that's different,
one person from another.

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00:07:17,103 --> 00:07:24,177

So one of the definitions of health equity that I came upon as I was reviewing everything was this:

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00:07:24,177 --> 00:07:28,681

"Absence of avoidable or remediable differences."

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00:07:28,681 --> 00:07:34,420

And the more I pondered it, while there are truly very few things that are unavoidable

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00:07:34,420 --> 00:07:41,194

perhaps nature, a flood, whatever those things may not be avoidable.

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00:07:41,194 --> 00:07:46,933

There really isn't any reason that our recovery from that is irremediable.

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00:07:46,933 --> 00:07:51,137

There wasn't anything that

I could think of at that moment

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00:07:51,137 --> 00:07:57,643

where we really could not have come to a way
of remediating the effects of what had occurred.

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00:07:57,643 --> 00:08:00,546

And so when I think

about health equity then,

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00:08:00,546 --> 00:08:05,184

I was trying to look at all of the
elements that come into play.

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00:08:05,184 --> 00:08:10,156

And when we think about what affects health
and we look at things like employment,

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00:08:10,156 --> 00:08:13,993

which is one of the pieces that I focus on
because it is for employment

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00:08:13,993 --> 00:08:19,799

that so many of the people with whom I work
leave their home and move on to the next place.

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00:08:19,799 --> 00:08:24,170

But then I think about racism
and I think about how difficult it is

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00:08:24,170 --> 00:08:30,076

for us to truly have a conversation
about race, the effects of racism,

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00:08:30,076 --> 00:08:34,680

and the long term effect in this
country on poverty that is based

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00:08:34,680 --> 00:08:38,017

on the racism that
has existed for decades.

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00:08:38,017 --> 00:08:45,091

And that that same effect then can be seen in
education, both in terms of access and quality.

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00:08:45,091 --> 00:08:50,263

And that it is individual decisions that get
made about whether or not my child

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00:08:50,263 --> 00:08:53,900

should have the education

that they merit and that they need

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00:08:53,900 --> 00:08:57,970

versus what I see is going to be
important for my entire community.

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00:08:57,970 --> 00:09:03,209

And I had the good fortune of being at dinner
with members of the Trust board last night

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00:09:03,209 --> 00:09:08,948

and some of the staff and some of the grantees,
and this has raised a particularly important issue for me.

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00:09:08,948 --> 00:09:12,985

I have a son who is now 27
and he has Asperger's.

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00:09:12,985 --> 00:09:22,194

and I was so firmly committed to public education
that I absolutely required that he attend public school

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00:09:22,194 --> 00:09:26,766

from kindergarten all the way up to high school,
through his senior year in high school.

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00:09:26,766 --> 00:09:32,338

And on evaluation
I have moments, quietly at night

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00:09:32,338 --> 00:09:36,709

when I believe that I sacrificed
my son on the altar of public education.

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00:09:36,709 --> 00:09:41,981

Because when I look at what he needed
and what might have better served him

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00:09:41,981 --> 00:09:45,918

Would he have thrived more
in a private setting?

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00:09:45,918 --> 00:09:51,424

and I don't truly know that. And so I do have
moments of extreme quiet where I wonder

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00:09:51,424 --> 00:09:56,996

if I would redo the same thing.
And yet, if asked about education

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00:09:56,996 --> 00:10:05,404

my commitment to public education, to the demand of the
citizenry to support education for all children is still true.

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00:10:05,404 --> 00:10:11,277

And so it is at this point that I really understand
what is a challenge for so many people

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00:10:11,277 --> 00:10:18,517

when they try and look at it in the global or the universal
or the large-scale versus the individual and the personal.

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00:10:18,517 --> 00:10:22,221

And I think we see some
of those same things in healthcare.

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00:10:22,221 --> 00:10:26,025

When we say, "Don't you believe people
should have access to quality healthcare?"

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00:10:26,025 --> 00:10:32,264

In general people will say, "Absolutely." And when you say
that it might have some effect on your particular access

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00:10:32,264 --> 00:10:37,803

I think some people stop and they stumble
and they're unable to embrace it completely.

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00:10:37,803 --> 00:10:40,473

And we see it now in
issues of public safety

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00:10:40,473 --> 00:10:46,946

and in terms of, do we see the police force
as an ally? Or do we see them as a challenge.

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00:10:46,946 --> 00:10:50,082

And the experience that so many
communities are having now

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00:10:50,082 --> 00:10:55,655

to try and figure out what the relationship

is going to be around issues of public safety.

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00:10:55,655 --> 00:11:02,128

And then food access. And food access is one of the pieces that I think is such an enormous challenge

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00:11:02,128 --> 00:11:10,269

both urban and rural. It isn't just, is there the grocery store, but do they have what you need?

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00:11:10,269 --> 00:11:14,106

Is it affordable? What does it take to get there and get back?

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00:11:14,106 --> 00:11:19,578

An advancement of ideas like community action for agriculture

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00:11:19,578 --> 00:11:25,885

and everything that has the ability to affect
food access is really fairly enormous.

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00:11:25,885 --> 00:11:32,458

And one of the pieces that I like to review regularly
because he is such a wonderful speaker

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00:11:32,458 --> 00:11:38,664

and he makes me think so differently about
food access is the Ted Talk done by Ron Finley.

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00:11:38,664 --> 00:11:43,302

He's the guerilla gardener.

Yes, the guerilla gardener from LA.

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00:11:43,302 --> 00:11:49,375

And he went out and he evaluated how much
public land there was in LA that was unused

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00:11:49,375 --> 00:11:53,946

and tried to talk about the amount
of gardening that could be done

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00:11:53,946 --> 00:11:57,316

on these public lands and the food
that would then be available.

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00:11:57,316 --> 00:12:01,787

He started by using the easements
in front of his house and his front yard

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00:12:01,787 --> 00:12:05,624

and areas in his neighborhood
that were between lanes

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00:12:05,624 --> 00:12:08,194

and he planted food that he
made available to everybody

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00:12:08,194 --> 00:12:11,297

and then the city of Los Angeles
decided that they would ticket him

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00:12:11,297 --> 00:12:18,204

because he was using the land for purposes
that were not subscribed to by the city of Los Angeles.

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00:12:18,204 --> 00:12:24,143

It was only through public outcry and Lopez,
I can't remember what his first name is

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00:12:24,143 --> 00:12:28,848

who is the writer for the LA Times,
that they were finally able to turn the corner on that.

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00:12:28,848 --> 00:12:32,151

And so you have people
who create wonderful solutions

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00:12:32,151 --> 00:12:36,388

it really doesn't require
an enormous dollar investment

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00:12:36,388 --> 00:12:42,094

they can bring people in to learn,
to give them access. And then there are

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00:12:42,094 --> 00:12:47,266

political challenges and legal challenges that
can get raised that don't make any difference

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00:12:47,266 --> 00:12:53,639

that then draw away time and attention that could be devoted elsewhere to try and fight that good fight.

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00:12:53,639 --> 00:13:01,981

And so I really commend to you Ron Finley. I just think he's a wonderful speaker and a wonderful community advocate.

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00:13:01,981 --> 00:13:05,584

And so when we think about equity then

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00:13:05,584 --> 00:13:11,657

in looking at the unequal distribution to and access to these resources.

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00:13:11,657 --> 00:13:15,861

And where I stop and I have to think about my own work

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00:13:15,861 --> 00:13:24,603

is in the second piece of this, which is failure to avoid
or overcome the inequalities that infringe on fairness.

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00:13:24,603 --> 00:13:29,642

And that, once again, puts the onus
on the individual who is challenged

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00:13:29,642 --> 00:13:33,045

by those barriers,
by those inequalities.

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00:13:33,045 --> 00:13:39,785

As if somehow they had the opportunity
to supersede these barriers and were electing not to.

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00:13:39,785 --> 00:13:47,426

So I looked at this more as my inability to help

someone avoid or overcome those infringements.

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00:13:47,426 --> 00:13:52,598

And I see that as my challenge going forward.

That where I see an infringement

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00:13:52,598 --> 00:13:56,302

do I have the ability to

aid someone as an ally

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00:13:56,302 --> 00:14:02,842

so that they no longer have to look at

trying to get past that infringement to fairness.

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00:14:03,876 --> 00:14:08,547

And the unfortunate reality is this is where

most of us get stuck in our arguments.

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00:14:08,547 --> 00:14:14,420

If we work with small not-for-profit organizations
or if we work in state government, if we work anywhere.

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00:14:14,420 --> 00:14:18,624

How many of you have been engaged
in a conversation of we need to do more with less?

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00:14:19,191 --> 00:14:22,695

Or we need to make sure
we get the biggest bang for our buck.

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00:14:22,995 --> 00:14:28,400

Or we need to understand that this is three years
and in three years, the whole project is going to go away

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00:14:28,400 --> 00:14:33,239

so everyone who started needs to think about the fact
that they're likely going to lose their job in three years

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00:14:33,239 --> 00:14:39,612

but for the next three years they're going to
give it a go, hit the gas and do incredible work.

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00:14:39,612 --> 00:14:45,851

And what does that require for someone mentally
to understand that this is the quadrant

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00:14:45,851 --> 00:14:51,156

in which most of the decisions are being made
around their work and their action.

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00:14:51,156 --> 00:14:55,761

I always wonder how people
are able to move forward

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00:14:55,761 --> 00:15:00,466

and I have an example from my youth.

I grew up in El Paso, Texas.

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00:15:02,601 --> 00:15:09,742

There's a convent there and I was sent to school there
by my mother for reasons that we won't go into now

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00:15:09,742 --> 00:15:14,847

but it was a really beautiful place
and I received a wonderful education.

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00:15:14,847 --> 00:15:18,384

And when it was built
at the turn of the last century,

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00:15:18,384 --> 00:15:22,788

the woman who was the head
of the convent was named Mother Praxities.

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00:15:22,788 --> 00:15:29,528

And she wanted to have a convent,
a chapel, a theater, and a full school.

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00:15:29,528 --> 00:15:32,765

And they kept trying to say,
"Mother Praxities, there isn't enough money."

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00:15:32,765 --> 00:15:35,768

And her response then was,
"God will provide."

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00:15:35,768 --> 00:15:39,238

And so they built the school
and they built the convent

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00:15:39,238 --> 00:15:43,509

and then they ran out of money
and so she built half of the chapel.

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00:15:43,509 --> 00:15:48,013

And said, "Well the city hasn't
provided us with what we need."

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00:15:48,013 --> 00:15:53,319

And the embarrassment to the community was such
that the money was immediately raised.

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00:15:53,319 --> 00:15:56,722

And then Mother Praxities
was able to say, "God provided."

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00:15:57,990 --> 00:16:02,494

How we choose to raise what we need
and take the action that we do

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00:16:02,494 --> 00:16:07,633

at times may be uncomfortable and certainly
make people feel that they've been

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00:16:07,633 --> 00:16:12,271

highlighted and marginalized
and narrowed for their position

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00:16:12,271 --> 00:16:15,941

but very often it does take a willingness
to step forward in the spotlight

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00:16:15,941 --> 00:16:18,077

in a way that makes
a lot of people uncomfortable.

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00:16:18,077 --> 00:16:25,384

And so that's the case. Is that
in rare instances, can we go it alone?

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00:16:25,384 --> 00:16:31,190

That it really does require that we look to
our allies, that we look to our partners

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00:16:31,190 --> 00:16:34,626

to really be successful
in what we're doing.

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00:16:34,626 --> 00:16:39,732

But it also means that we need
to be clear about our own work

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00:16:39,732 --> 00:16:46,572

because very often we're moving so hard and so fast
and we're so grateful for any recognition

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00:16:46,572 --> 00:16:51,710

or we're so grateful for any kind of funding
and we really feel like we're on the road

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00:16:51,710 --> 00:16:55,714

and then suddenly we get to that block
where we have a funder who says

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00:16:55,714 --> 00:17:00,252

"I absolutely want to support what you're doing
but I'd like for you to double the numbers of people

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00:17:00,252 --> 00:17:04,223

that you're going to reach and I need for you
to split the money with these six other groups."

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00:17:05,424 --> 00:17:07,192

And then you have to stop.

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00:17:07,593 --> 00:17:11,830

And so I think many people
have had that experience

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00:17:11,830 --> 00:17:15,801

I think of a wonderful group that
I work with out of Oakland

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00:17:15,801 --> 00:17:23,675

where they've been looking at incarceration and kids
and they wanted, 10 years ago, to be thought leaders.

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00:17:23,675 --> 00:17:28,414

And they really push the work and they really got
into community and they did some great stuff.

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00:17:28,414 --> 00:17:32,751

And then they started to receive recognition
and then they started to receive funding

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00:17:32,751 --> 00:17:36,355

and then they were being invited
to all of those conversations

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00:17:36,355 --> 00:17:40,325

where they had not been invited before
to be able to set the agenda.

206

00:17:40,325 --> 00:17:45,230

And then when they got there
they realized that the money was tied

207

00:17:45,230 --> 00:17:51,203

to working with individuals and organizations
that did not share their commitment to community

208

00:17:51,203 --> 00:17:56,375

that didn't hold the same vision
and that felt a good outcome was

209

00:17:56,375 --> 00:17:59,478

a series of meetings
to discuss our issues.

210

00:18:00,212 --> 00:18:07,052

And that left them stopped and having to come back in
and reconsider how they wanted to work organizationally.

211

00:18:07,052 --> 00:18:13,759

So I think that that's one of the pieces is that we need
to understand what our position is going to be

212

00:18:13,759 --> 00:18:16,261

We have to come back

and reevaluate it.

213

00:18:16,261 --> 00:18:20,833

We really do need to look across the horizon
to individuals that are going to be allies.

214

00:18:20,833 --> 00:18:25,938

It needs to be okay to say,
"This is not someone with whom I can ally."

215

00:18:25,938 --> 00:18:31,210

because we do not share the same decisions
of how we want to move forward in community.

216

00:18:31,210 --> 00:18:36,882

It doesn't mean that we need to tear one another down,
but it doesn't mean that we need to tie ourselves

217

00:18:36,882 --> 00:18:42,888

into an ungraceful three-legged race
with a group that really does not support our work,

218

00:18:42,888 --> 00:18:49,528

merely because we feel like somehow we lose potency
for our position when we say, "No, thank you."

219

00:18:49,528 --> 00:18:55,134

I would encourage you all to look at a group
out of Florida. It's the Immokalee's workers

220

00:18:55,134 --> 00:19:01,106

and they're the individuals that pushed
for the penny-a-pound extra for tomatoes.

221

00:19:01,106 --> 00:19:06,445

They held out against farmers in Florida
and they were able eventually

222

00:19:06,445 --> 00:19:11,283

to successfully rally

for an extra penny a pound.

223

00:19:11,283 --> 00:19:17,789

And what that really meant for the pay of the farmworkers

that they represented was really enormous.

224

00:19:17,789 --> 00:19:22,294

But what the Immokalee workers have decided

is that they will not take any money

225

00:19:22,294 --> 00:19:27,032

from a foundation or an organization.

They don't take it from the federal government

226

00:19:27,032 --> 00:19:34,173

because they feel that they are an organization of the workers
and the workers need to decide the work to be done.

227

00:19:34,173 --> 00:19:39,211

And that if they take money then it comes
with a requirement that you see through

228

00:19:39,211 --> 00:19:41,980

to the end whatever the donor
would like for you to do.

229

00:19:41,980 --> 00:19:47,519

And I think that's a really interesting challenge
because they've been incredibly successful in Florida

230

00:19:47,519 --> 00:19:53,859

without the kind of support that we often believe is essential.
So I would recommend that you give them a look.

231

00:19:54,760 --> 00:19:58,764

And I think the other piece
that's also really critical

232

00:19:58,764 --> 00:20:03,635

when we look at the areas that we engage in
because they somehow advance equity

233

00:20:03,635 --> 00:20:09,741

like law reform or economic capacity
or social relationships.

234

00:20:09,741 --> 00:20:15,747

When we are really steeped
in trying to look at those reforms

235

00:20:15,747 --> 00:20:19,318

or trying to push the advancement

of someone's economic capacity

236

00:20:19,318 --> 00:20:24,289

or develop those strong relationships,
that what can also happen

237

00:20:24,289 --> 00:20:31,230

is that we get seduced by that work. And then
the law reform really becomes position power.

238

00:20:31,230 --> 00:20:35,601

And economic capacity really becomes
the wealth of the organization

239

00:20:35,601 --> 00:20:40,606

or the organizations with whom we've worked.
And their ability to stay the course

240

00:20:40,606 --> 00:20:46,745

to be true to the mission gets challenged,
because who wants to have their funding threatened?

241

00:20:46,745 --> 00:20:50,415

And then when you start to
have connections with individuals

242

00:20:50,415 --> 00:20:53,785

it is no longer that you have
this wonderful frame for allies

243

00:20:53,785 --> 00:20:58,490

but that then you have prestige.
And how do you turn loose of that prestige?

244

00:20:58,490 --> 00:21:03,328

And so each element can have
two sides to that same coin

245

00:21:03,328 --> 00:21:08,400

and it's very difficult not to be drawn,

and this is my expression, to the dark side

246

00:21:08,400 --> 00:21:11,737

when you're really trying to advance

all of your good work.

247

00:21:14,873 --> 00:21:19,611

And so, because I'm not

above dropping names

248

00:21:19,611 --> 00:21:24,483

I want to say that my good fortune

has included working with folks like Paul Farmer.

249

00:21:24,483 --> 00:21:29,921

And I was really fortunate to meet the people
at Partners In Health, including Paul

250

00:21:29,921 --> 00:21:32,891

and Jim Kim, who is now
the president of the World Bank,

251

00:21:32,891 --> 00:21:38,697

and Ophelia Dahl, who were the founders
at a time when they were really trying

252

00:21:38,697 --> 00:21:41,600

to get Partners In Health
moving forward.

253

00:21:41,600 --> 00:21:48,106

And their phrase in those early days
was "preferential options the poor."

254

00:21:48,106 --> 00:21:53,412

that everything you did had
to be based in the clear knowledge

255

00:21:53,412 --> 00:21:56,415

that when you were
deciding what action to take

256

00:21:56,415 --> 00:22:00,952

the choice you made had to
make a preference for the poor.

257

00:22:00,952 --> 00:22:06,792

And that was really quite remarkable because
we have many organizations that speak beautifully

258

00:22:06,792 --> 00:22:12,664

about caring for the poor, but what is your

decision-making process? And that was wonderful to watch.

259

00:22:12,664 --> 00:22:17,069

And so I had the opportunity
to visit Haiti with them

260

00:22:17,069 --> 00:22:23,575

and at one point Paul was speaking to a woman
who was receiving treatment for TB disease

261

00:22:23,575 --> 00:22:29,348

and he asked her, what I think is the universally
important question that we ask patients,

262

00:22:29,348 --> 00:22:34,653

"What do you think caused your illness?"

And her response to him was, "The evil eye."

263

00:22:35,954 --> 00:22:39,491

And so he stopped and asked her,
"Well if you believe it was the evil eye,

264

00:22:39,491 --> 00:22:43,462

then why do you take your
medication so consistently?"

265

00:22:43,462 --> 00:22:45,997

And she just looked at him
and she patted him on the arm

266

00:22:45,997 --> 00:22:49,401

and she said, "Oh young man,
you don't understand complexity."

267

00:22:49,401 --> 00:22:57,876

And that's really the issue, is that what people
are faced with is enormously complex.

268

00:22:57,876 --> 00:23:02,013

And so really why don't
we talk about complexity?

269

00:23:02,013 --> 00:23:08,487

What is it that causes us to shy away
from the conversations about complexity

270

00:23:08,487 --> 00:23:10,789

that could take us
so far down the line.

271

00:23:10,789 --> 00:23:16,128

And I'll offer you an example of something that you
might recognize if you're engaged in healthcare.

272

00:23:16,128 --> 00:23:22,534

We can say we have a young man, he comes to a clinic
or he's been brought into care through the outreach

273

00:23:22,534 --> 00:23:26,938

because we're all trying to get out
into community and bring people into care

274

00:23:26,938 --> 00:23:31,743

and we realize that he would be eligible to services
because we can classify him as homeless.

275

00:23:31,743 --> 00:23:37,949

And so he comes in, he hasn't accessed
care in the US. Great, this is a new user!

276

00:23:37,949 --> 00:23:41,286

Another great category
for health care very often.

277

00:23:41,286 --> 00:23:46,625

And he has arrived from Honduras,
although he says he came from Mexico.

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00:23:46,625 --> 00:23:52,864

So we're not quite sure the migration story
because immigration holds a lot

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00:23:52,864 --> 00:23:58,870

not an enormous amount actually, but a lot more
perhaps acceptance for someone fleeing Honduras

280

00:23:58,870 --> 00:24:04,142

than someone who comes from Mexico.
And so we see migrants making all sorts of choices

281

00:24:04,142 --> 00:24:07,112

to decide declaring

where they're coming from.

282

00:24:07,112 --> 00:24:10,615

And the presumption we make
is he is an economic migrant.

283

00:24:10,615 --> 00:24:14,419

He's come to improve his
lot in life, to work differently.

284

00:24:15,387 --> 00:24:19,925

But this needed to be modified
and I had modified it in my slides.

285

00:24:19,925 --> 00:24:24,162

His concern is that
he might have HIV.

286

00:24:24,162 --> 00:24:29,868

But when you look at someone and you make
the presumption that they're coming for economic reasons

287

00:24:29,868 --> 00:24:34,739

the place that you might not get to
is that really he is a sexual migrant.

288

00:24:34,739 --> 00:24:41,913

And he has engaged in some experiences in his own country
where then he's left with questions about whether or not

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00:24:41,913 --> 00:24:47,319

he has put himself at risk and this
might actually be an accurate diagnosis.

290

00:24:47,319 --> 00:24:53,725

But where did he come from? How is it that we pay

for our care to him? What does he qualify for?

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00:24:53,725 --> 00:24:59,764

Where is he eligible? We don't have any
medical records from before so this is all fresh.

292

00:24:59,764 --> 00:25:03,268

How deeply do we go
in evaluating his health?

293

00:25:03,268 --> 00:25:10,108

And then if he is here as an economic migrant,
can we charge the inevitable sliding fee scale?

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00:25:10,108 --> 00:25:13,879

And so there's all of these pieces
that come into play very often

295

00:25:13,879 --> 00:25:17,482

with people of goodwill who
are trying to provide healthcare.

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00:25:17,482 --> 00:25:22,020

But what happens is then it results
in a number of missed opportunities.

297

00:25:22,020 --> 00:25:26,191

Clinicians are not able to speak with one
another because they're moving so fast.

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00:25:26,191 --> 00:25:30,795

We hear from health centers
that clinicians have a panel so large

299

00:25:30,795 --> 00:25:36,201

that they have from seven to eleven minutes
to speak to a patient in their exam room.

300

00:25:36,201 --> 00:25:42,507

That they pass their colleague in the hall and
there really is no opportunity to do a warm handoff

301

00:25:42,507 --> 00:25:47,412

or to have spoken to someone from eligibility
to say this was a question that was raised.

302

00:25:47,412 --> 00:25:54,352

So do we ask all the right questions?
Has this young man been evaluated for other STIs?

303

00:25:54,352 --> 00:25:58,890

Have we contemplated hepatitis C
which is actually so much more likely?

304

00:25:58,890 --> 00:26:05,497

Are we doing a review of what is likeliest
to make this young man sick in the next five years

305

00:26:05,497 --> 00:26:11,570

as opposed to our population calculations
of what it is that we're likely to see among Latinos.

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00:26:11,570 --> 00:26:16,608

And then, are we truly engaged
in a conversation with the patient

307

00:26:16,608 --> 00:26:23,949

about what he needs, what his concerns include,
what it is that he would require from us that would really

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00:26:23,949 --> 00:26:30,055

maybe be much simpler than what we're going to put
him through when we do get him into the exam room

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00:26:30,055 --> 00:26:35,260

because in our seven minutes,
how much do we want to try and do?

310

00:26:35,260 --> 00:26:42,100

Because his eligibility means that he may not
have a huge dollar amount to deal with

311

00:26:42,100 --> 00:26:48,440

do we limit the care that we provide or do we go
for the gold standard and then have to figure out later on

312

00:26:48,440 --> 00:26:53,011

what to do when that pot of money
runs out before the end of the fiscal year.

313

00:26:53,011 --> 00:26:58,817

So there are so many missed opportunities

that people have to come up against

314

00:26:58,817 --> 00:27:01,987

because of the challenges

to the decisions that they make.

315

00:27:03,121 --> 00:27:08,059

And it's everywhere. It's not just

what we face day-to-day

316

00:27:08,059 --> 00:27:12,831

in our work setting. It's what we are

engaged in when we talk about funding.

317

00:27:12,831 --> 00:27:17,602

It's what's going on in our own homes.

It's what we hear on the radio.

318

00:27:17,602 --> 00:27:23,341

It's on a huge scale. There are
so many points of intersection.

319

00:27:23,341 --> 00:27:27,112

And really then, how do
we tease them all out?

320

00:27:27,112 --> 00:27:33,752

And I think that what you get is what many of us
experience, which is that we lower our head

321

00:27:33,752 --> 00:27:38,123

and we hope that whatever tsunami
is approaching will pass over us

322

00:27:38,123 --> 00:27:44,062

and flow away and leave us standing so we that
we can go on marching through our work.

323

00:27:44,062 --> 00:27:48,033

Because if we grapple with every
single thing that comes our way

324

00:27:48,033 --> 00:27:52,470

then we are ineffective,
the fatigue overtakes us

325

00:27:52,470 --> 00:27:56,241

and we have what my friend says, which is
that you should get a job in an industry

326

00:27:56,241 --> 00:27:59,010

that pays a lot of money
and give all your money away.

327

00:27:59,010 --> 00:28:03,048

I think it's really very hard for
those of us who want to stay

328

00:28:03,048 --> 00:28:09,721

and really want to work hard to see our way clear
through a path where we feel that we can be effective.

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00:28:09,721 --> 00:28:12,557

And I think that that's
really the critical piece.

330

00:28:12,557 --> 00:28:17,896

And very often we don't because
it's challenging, what's going on out there.

331

00:28:17,896 --> 00:28:23,068

And I think that we would also
have to be willing to look explicitly

332

00:28:23,068 --> 00:28:25,937

at our own beliefs and experiences.

333

00:28:25,937 --> 00:28:30,842

And what does that mean

in how we interact with somebody?

334

00:28:30,842 --> 00:28:36,414

And if it's an emotionally charged topic,

are we going to be able to stand there

335

00:28:36,414 --> 00:28:40,218

and grapple with our

own individual sense of

336

00:28:40,218 --> 00:28:46,758

discretion about whether or not you should talk

to someone boldly and clearly about what's happening.

337

00:28:46,758 --> 00:28:52,197

I hear the expression

"conflict averse" and certainly

338

00:28:52,197 --> 00:28:57,602

conflict at all its levels

makes people very uncomfortable

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00:28:57,602 --> 00:29:04,442

even small conflicts about office materials,

all the way up to larger conflicts

340

00:29:04,442 --> 00:29:10,849

about pay equity in the same organization that is

trying to do the health equity work that we're describing.

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00:29:10,849 --> 00:29:15,854

And the choices that get made for
how people are able to move up the ranks.

342

00:29:15,854 --> 00:29:21,926

And the way evaluation is conducted
very often requires that we look

343

00:29:21,926 --> 00:29:26,631

at our own personal beliefs and experiences
and then be willing to grapple with it.

344

00:29:26,631 --> 00:29:35,006

When you look at in healthcare, the piece that
I always point to is I was doing an evaluation

345

00:29:35,006 --> 00:29:43,114

of clinicians in their engagement in emotionally
charged conversations with their patients around STIs.

346

00:29:43,114 --> 00:29:49,420

And I'm standing in an exam room partitioned off,
I can see the clinician, I can't see the young man directly

347

00:29:49,420 --> 00:29:55,827

and she is looking down at her clipboard and she is
ticking through everything that she needs to do

348

00:29:55,827 --> 00:29:59,164

and she says to him,

"Do you use condoms?"

349

00:29:59,164 --> 00:30:03,868

"With every act of intercourse?" That's how she phrases it.

"Do you use condoms with every act of intercourse?"

350

00:30:03,868 --> 00:30:11,176

And he says, "With women?" And she never looks up

and she says, "Yes." And he says, "Yes."

351

00:30:11,176 --> 00:30:16,781

And on we go to the next question.

I was a woman with her hair on fire.

352

00:30:16,781 --> 00:30:22,353

I didn't know what to do because at that point,

I couldn't intervene. That was not my role

353

00:30:22,353 --> 00:30:27,625

but we were going to let this man walk out

possibly from the only encounter

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00:30:27,625 --> 00:30:32,096

he would have an STI clinic

and that answer was hanging in the air.

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00:30:32,096 --> 00:30:39,070

We would be confronted with trying
to decide, do we intervene in a situation

356

00:30:39,070 --> 00:30:44,042

where we have not been explicitly
included to try and course correct

357

00:30:44,042 --> 00:30:47,779

something that we see going on.
That's very hard to do.

358

00:30:49,214 --> 00:30:56,421

As we look at out, we really need to understand
that a lot of these values are unconscious.

359

00:30:56,421 --> 00:31:00,091

We walk through our lives believing
ourselves to be good people

360

00:31:00,091 --> 00:31:03,294

and I think that we truly are,
by and large, good people

361

00:31:03,294 --> 00:31:08,733

and want to do right by the folks that we
purport to help and with whom we are engaged

362

00:31:08,733 --> 00:31:14,706

but we also have at our core those
unknown values, those unconscious values,

363

00:31:14,706 --> 00:31:18,743

that can come out
in very unexpected moments.

364

00:31:18,743 --> 00:31:21,379

And what is it

that we do with that?

365

00:31:21,379 --> 00:31:27,118

But as we look at the world and as

we understand that globalization

366

00:31:27,118 --> 00:31:34,058

is going to increase the occasions when we need

to interact with somebody very different than ourselves

367

00:31:34,058 --> 00:31:39,764

that we see we are no longer going to really

have the ability to set some of those things aside

368

00:31:39,764 --> 00:31:45,703

and narrow our focus and channel our efforts

only in the area where we feel comfortable.

369

00:31:45,703 --> 00:31:49,007

Really as the world
becomes one place,

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00:31:49,007 --> 00:31:53,411

we're going to have to think about how
we interact with people different than ourselves,

371

00:31:53,411 --> 00:31:58,349

the other of us, and really grapple
with the emotions that rise up,

372

00:31:58,349 --> 00:32:04,756

our sentiment around what that means and then
what it is that we might need to do for ourselves.

373

00:32:05,657 --> 00:32:11,529

Because this is the reality.

244 million international migrants last year.

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00:32:11,529 --> 00:32:15,867

That's up from 2013

when it was 232 million.

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00:32:15,867 --> 00:32:23,007

So the world is just moving. And just in our
own room, how many of you moved for school?

376

00:32:24,342 --> 00:32:26,377

How many of you
moved for a job?

377

00:32:27,412 --> 00:32:29,514

How many of you
moved in the military?

378

00:32:30,548 --> 00:32:33,351

How many of you moved because
your parents were in the military?

379

00:32:34,686 --> 00:32:41,092

How many moved because economically where you were living
was no longer viable and you needed to go elsewhere?

380

00:32:42,093 --> 00:32:47,398

There are so many categories
that move people away

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00:32:47,398 --> 00:32:51,302

and yet, if we reflect on ourselves,
we don't term ourselves migrants

382

00:32:51,302 --> 00:32:58,810

we want to categorize that as the other.
But the causes of movement of humans

383

00:32:58,810 --> 00:33:03,414

is millennial old and
at the core of health

384

00:33:03,414 --> 00:33:09,454

is the migration of human beings and the movement
of those illnesses from one location to another.

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00:33:09,454 --> 00:33:15,660

So we need to stop seeing migration as an aberration,
as something that only happens elsewhere

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00:33:15,660 --> 00:33:23,368

and really understand that it is the casual or the extreme
movement of humans that we need to be concerned with

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00:33:23,368 --> 00:33:30,908

and that that movement can really have a significant effect on health and the health of our communities.

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00:33:30,908 --> 00:33:35,780

I think it's really true as communities start to change.

389

00:33:35,780 --> 00:33:43,621

I know that in northern Colorado for decades Latino migrants engaged in agriculture was the huge reality.

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00:33:43,621 --> 00:33:51,396

Yet as time has gone on, there's been a challenge by the introduction of Somali migrants

391

00:33:51,396 --> 00:33:56,267

who then were able to engage in agriculture because they had come from a part of the world

392

00:33:56,267 --> 00:34:00,605

where they had been involved in agriculture,
but they came with a green card

393

00:34:00,605 --> 00:34:06,677

and they came with access to Medicaid and it made it
much safer for many of those communities

394

00:34:06,677 --> 00:34:10,415

to then turn to that
population for their workforce

395

00:34:10,415 --> 00:34:14,318

and eliminate the workforce that
had been there historically for decades.

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00:34:14,819 --> 00:34:21,726

So when we start talking about culture

then we really need to think about the broader piece

397

00:34:21,726 --> 00:34:25,663

of how we articulate culture.

The culture of agriculture,

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00:34:25,663 --> 00:34:29,667

the culture of farmworkers,

the culture of migrants,

399

00:34:29,667 --> 00:34:36,541

because we can hold one definition and have held it

for decades and realize in a heartbeat that it's no longer true.

400

00:34:37,041 --> 00:34:40,678

And yet we're not incorrect in believing

that we need to focus there

401

00:34:40,678 --> 00:34:43,681

but that how it needs to look

will really change.

402

00:34:46,884 --> 00:34:53,291

When we talk about migration,

this is the place where I find myself

403

00:34:53,291 --> 00:34:57,962

most focused and where I think

most of us can be putting our energy.

404

00:34:57,962 --> 00:35:04,669

It is with the ability to drive down

vulnerabilities and increase opportunities.

405

00:35:05,103 --> 00:35:08,206

It has to be

a measure of both.

406

00:35:08,206 --> 00:35:14,946

If we can look at those places where the people for whom
we are concerned are challenged with a vulnerability

407

00:35:14,946 --> 00:35:20,618

and also look at a place where there might be
opportunities for them to better their position

408

00:35:20,618 --> 00:35:26,190

and feel stronger in their orientation of taking care
of themselves, that we do a great deal.

409

00:35:26,757 --> 00:35:30,428

This is one of the places
that I think we struggle the most.

410

00:35:30,428 --> 00:35:37,535

So much of our healthcare is provided through
funding from governmental organizations.

411

00:35:37,535 --> 00:35:43,608

If you look at the national level, the same
government that's trying to encourage us

412

00:35:43,608 --> 00:35:47,645

to bring people into care and make sure
that they utilize the services

413

00:35:47,645 --> 00:35:50,948

are the same government
that has immigration policies

414

00:35:50,948 --> 00:35:55,119

that seeks to find people, incarcerate them,
and return them to their country.

415

00:35:55,119 --> 00:35:59,390

We find ourselves in a very difficult place
of trying to speak to individuals

416

00:35:59,390 --> 00:36:04,795

and help them understand the nuance
of what that might mean in their own lives.

417

00:36:04,795 --> 00:36:08,299

We want them to step out of the shadows
and take advantage of healthcare

418

00:36:08,299 --> 00:36:13,471

but we really know that by stepping out of that shadow
they can put themselves at enormous risk.

419

00:36:13,471 --> 00:36:17,074

So that's a very difficult thing

for us to negotiate.

420

00:36:18,843 --> 00:36:23,447

But as were doing that, I want to
offer you just a couple of examples

421

00:36:23,447 --> 00:36:27,618

so that you see also at the personal level
and not just at the large level

422

00:36:27,618 --> 00:36:30,721

when we talk about the
intersection of poverty and health.

423

00:36:30,721 --> 00:36:38,629

This is the case of a man that we worked with in the
Health Network project that Ned was talking about earlier.

424

00:36:38,629 --> 00:36:43,134

He came from Guatemala
and was diagnosed with pulmonary TB.

425

00:36:43,134 --> 00:36:47,104

Young man, but who knows
what the source case had been.

426

00:36:47,104 --> 00:36:52,610

He now needs to move around
because there is no money without work.

427

00:36:52,610 --> 00:36:56,314

If there's no work where he is,
he cannot stay.

428

00:36:56,314 --> 00:37:00,251

But if we know that his treatment
is at least going to take six months

429

00:37:00,251 --> 00:37:05,289

but if there's any kind of break it extends it,
then we need to follow him from place to place.

430

00:37:05,289 --> 00:37:09,627

He kept calling and saying, "Nope, can't stay
in New Jersey. I need to go south."

431

00:37:09,627 --> 00:37:13,297

So then we call Florida and he'd be like,
"I'm not going to stay in Florida any longer

432

00:37:13,297 --> 00:37:16,667

because the work there really didn't pan out.
Now I'm gonna go to North Dakota."

433

00:37:16,667 --> 00:37:19,737

Then we call North Dakota.

"I'm not going to stay there any longer.

434

00:37:19,737 --> 00:37:22,573

I'm going to go back and do

Christmas trees in North Carolina."

435

00:37:23,674 --> 00:37:28,779

Because what forces him is the need

to be able to provide for his family.

436

00:37:28,779 --> 00:37:32,350

That's economic and that's based

on the availability of work.

437

00:37:32,350 --> 00:37:36,921

But the only way we make sure

that he doesn't die from a fully treatable,

438

00:37:36,921 --> 00:37:41,058

curable disease, is to make sure
that we keep track of him.

439

00:37:41,592 --> 00:37:47,064

That is where we through Migrant Clinicians Network
have begun to see our work.

440

00:37:47,465 --> 00:37:52,536

If we can reduce his vulnerability
to illness, which is curable,

441

00:37:52,536 --> 00:37:56,674

by providing him with the opportunity
to access that care

442

00:37:56,674 --> 00:38:01,912

regardless of where he goes,

then we know we've done a good job for him.

443

00:38:03,681 --> 00:38:07,418

Another example would be
the young woman who's 18 years old.

444

00:38:07,418 --> 00:38:14,258

It's always very interesting for me to talk about pregnancy
and the need for prenatal care in terms of healthcare

445

00:38:14,258 --> 00:38:18,496

because by and large women who are pregnant
do not think they're sick. They're just pregnant.

446

00:38:18,496 --> 00:38:24,235

So they're trying to move on with their lives
and get the kind of care that they need.

447

00:38:26,103 --> 00:38:31,742

We worked with this young woman
and she had to move because she neither drove

448

00:38:31,742 --> 00:38:35,913

nor was in charge of the housing,
nor had the money to take care of herself.

449

00:38:35,913 --> 00:38:39,884

So if she didn't leave with the group
that was going to provide her transportation

450

00:38:39,884 --> 00:38:45,990

she was going to be stranded, there wasn't work anywhere,
and she was going to lose her living circumstances.

451

00:38:45,990 --> 00:38:50,394

So what we did was we allowed her to move
and make sure that she caught up.

452

00:38:50,394 --> 00:38:59,003

We had an example of a woman who was going
to leave Michigan for Florida at 39 weeks of pregnancy.

453

00:39:00,137 --> 00:39:05,976

I had a moment and I must honestly admit
where I said, "Can't you stay?"

454

00:39:05,976 --> 00:39:14,251

I no sooner had those words out of my mouth then I thought,
"Well of course she can't stay. If she could, she would."

455

00:39:14,251 --> 00:39:18,489

But she wasn't going to have housing.

There was no more work.

456

00:39:18,489 --> 00:39:22,593

There was work waiting for her in Florida,
there were people who would let her live

457

00:39:22,593 --> 00:39:26,530

and there was someone who was willing to
drive her and make her one of their passengers.

458

00:39:26,530 --> 00:39:31,302

So at 39 weeks, we sent
her medical records to Florida

459

00:39:31,302 --> 00:39:36,407

we found an OB that was willing to take her
at that point and she delivered a healthy baby.

460

00:39:36,407 --> 00:39:40,444

But what it took to convince someone
that she was not a high-risk pregnancy

461

00:39:40,444 --> 00:39:46,117

because we could document her care
throughout the entire period of her pregnancy

462

00:39:46,117 --> 00:39:51,188

was really pretty remarkable and it took the good faith
of a clinician that was willing to work with us.

463

00:39:51,188 --> 00:39:58,195

So these are the cases that we see daily
where it really is that intersection

464

00:39:58,195 --> 00:40:03,100

of the need to migrate
to keep poverty at bay

465

00:40:03,100 --> 00:40:07,505

and the effect that it has on their health

can really be quite enormous.

466

00:40:09,340 --> 00:40:14,879

But the place where I find myself

almost wholly unsuccessful

467

00:40:14,879 --> 00:40:20,951

and I wish I understood better and this is something

that I would love to learn from you and other colleagues

468

00:40:20,951 --> 00:40:24,755

is truly how we

can address stigma.

469

00:40:25,156 --> 00:40:29,927

Stigma of individuals coming

into communities to do important work,

470

00:40:29,927 --> 00:40:35,166

to perhaps do work that no one else wants

to do that's essential for what goes on

471

00:40:35,166 --> 00:40:40,771

that keeps them from coming forward

and requesting services that are not unreasonable

472

00:40:40,771 --> 00:40:43,908

and not even services

that they're not going to pay for

473

00:40:43,908 --> 00:40:47,978

that they are going to be willing to

step forward and pay what they can

474

00:40:47,978 --> 00:40:52,450

and see that they are compliant

with what's being requested of them.

475

00:40:52,450 --> 00:40:56,053

But the stigma that's
out in our communities now,

476

00:40:56,053 --> 00:40:59,890

for me and in my perspective,
is only increasing.

477

00:40:59,890 --> 00:41:08,098

This is the one place where I find myself losing ground
and I'm not quite sure what the answer is.

478

00:41:08,098 --> 00:41:15,840

I would love during our discussion to hear more from you
about what you see going on in your communities.

479

00:41:16,507 --> 00:41:23,314

This is another example of a case where it was
her own sense of feeling stigmatized

480

00:41:23,314 --> 00:41:28,152

and the stigma that she
was experiencing as she sought care.

481

00:41:28,152 --> 00:41:32,690

It was a woman who was enrolled
in a southern site again for prenatal care.

482

00:41:33,290 --> 00:41:37,962

Older than average,
in her late 30s, for prenatal care.

483

00:41:37,962 --> 00:41:43,133

She stated early on when we enrolled her
that she really wasn't eating well,

484

00:41:43,133 --> 00:41:47,137

that she wasn't taking very good care
of herself, but that she needed to move.

485

00:41:47,137 --> 00:41:53,944

We were able to get her into care further north. And when
she showed up there, then we started getting calls:

486

00:41:53,944 --> 00:42:02,253

"Your patient is missing her appointments.
She is been noncompliant."

487

00:42:02,920 --> 00:42:08,826

We really tried to engage with her
and understand what was going on.

488

00:42:08,826 --> 00:42:12,530

We have a wonderful caseworker

who was calling her regularly

489

00:42:12,530 --> 00:42:17,268

and asking what was going on and
the woman declared feeling numb and sad

490

00:42:17,268 --> 00:42:24,141

and being unable to continue. And finally
over time, even as she kept moving,

491

00:42:24,141 --> 00:42:27,845

and our young worker
got her in to see a therapist,

492

00:42:27,845 --> 00:42:32,182

what we finally discovered was this trauma
that's referred to in the second panel.

493

00:42:32,182 --> 00:42:35,920

She had left a 14-year-old daughter
in a Central American country

494

00:42:35,920 --> 00:42:39,423

and the young woman committed
suicide by drinking pesticides.

495

00:42:39,924 --> 00:42:45,563

So here's a woman, newly pregnant,
bringing another life into the world,

496

00:42:45,563 --> 00:42:50,067

having to witness that a life
she left behind ended

497

00:42:50,734 --> 00:42:54,538

when she was not there
to attend to it and perhaps intervene.

498

00:42:55,139 --> 00:42:58,175

So now we have someone
who doesn't want to stay pregnant,

499

00:42:58,175 --> 00:43:00,945

who doesn't even really,
in many cases, want to stay alive.

500

00:43:01,612 --> 00:43:07,952

But we brought her in, she was able to get some
counseling, and eventually the woman declared

501

00:43:07,952 --> 00:43:12,556

that she really didn't see that the therapist was doing
her any good anymore and so she didn't want to see her.

502

00:43:12,556 --> 00:43:14,925

But how wonderful
that she stayed in care.

503

00:43:16,327 --> 00:43:20,397

She was due in February. We did receive
word that she had a normal delivery.

504

00:43:20,397 --> 00:43:23,434

But then we lost her
and we never heard from her again.

505

00:43:24,034 --> 00:43:29,573

So we don't know what the end
result is for this particular woman.

506

00:43:29,573 --> 00:43:34,778

But along the line, and I really want to credit
the young woman from our staff who worked with her

507

00:43:34,778 --> 00:43:39,450

to really at least get her to a point
of a normal healthy delivery.

508

00:43:39,984 --> 00:43:45,289

Because I have to be honest and say my colleagues
along the way wanted to find fault with her

509

00:43:45,289 --> 00:43:49,259

and her behavior without really truly
understanding her motivation.

510

00:43:51,762 --> 00:43:56,233

When we look at vulnerabilities for workers,
it's so many things that we talk about.

511

00:43:56,233 --> 00:44:02,272

It's language, culture, dangerous work,
immigration, lack of regulatory protections,

512

00:44:02,272 --> 00:44:08,779

healthcare access. A number of items that keep
coming up over and over and over again.

513

00:44:08,779 --> 00:44:15,853

I think that we really do need to pick the occasions
where we can try and have some effect.

514

00:44:16,320 --> 00:44:22,426

I have colleagues that are looking at dangerous work.
They look at the lack of regulatory protections.

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00:44:22,426 --> 00:44:27,031

We make small inroads.

We've just now been very successful

516

00:44:27,031 --> 00:44:33,570

in challenging the EPA to translate
the labels on pesticides into Spanish.

517

00:44:33,570 --> 00:44:36,940

You would not think that that
would be such an enormous improvement

518

00:44:36,940 --> 00:44:39,910

or that it would take so much
but that was a 10 year battle.

519

00:44:40,911 --> 00:44:44,882

That one regulatory piece
took a lot of energy.

520

00:44:47,051 --> 00:44:53,457

We go through trying to see,

is there a way to do

521

00:44:53,457 --> 00:44:57,027

an intervention for
workers that are in danger.

522

00:44:57,027 --> 00:45:02,433

You'll call a state and they'll say, "For a state
of millions of people, there are three regulators."

523

00:45:02,433 --> 00:45:07,871

They might get to you once every two years.

And they might find fault with how

524

00:45:07,871 --> 00:45:11,875

a company is protecting their
workers and they might cite them

525

00:45:11,875 --> 00:45:15,679

but the organization really doesn't pay the fine
and then you have to take them to court

526

00:45:15,679 --> 00:45:19,783

to make that challenge stick.

It's this sort of cyclical event

527

00:45:19,783 --> 00:45:25,189

that very often anyone who is not
working to the best interest of workers

528

00:45:25,189 --> 00:45:31,495

can challenge it by not moving and dragging
their feet long enough that very little goes on.

529

00:45:32,463 --> 00:45:41,805

Immigration changes and it becomes a federal issue
that can have state and local implications

530

00:45:41,805 --> 00:45:49,379

as well as access and use of funds. So these vulnerabilities,
no matter how long we've been working on them,

531

00:45:49,379 --> 00:45:55,786

continue to remain in place and then continue
to reemerge as the populations change.

532

00:45:55,786 --> 00:46:03,293

What I ask individuals to do then is to think about examples
where they might be experiencing some of this

533

00:46:03,293 --> 00:46:07,765

and reflect on what that experience
is really saying to them.

534

00:46:08,866 --> 00:46:14,371

If you've worked with someone and you
start to feel impatience rise or you're annoyed

535

00:46:15,305 --> 00:46:20,778

You're engaged with someone and at the moment
it may be that they're not just trying to be obstreperous

536

00:46:20,778 --> 00:46:27,251

and not listen to what you're saying. It's that really,
they're feeling concerned or confused

537

00:46:27,251 --> 00:46:33,724

and when your annoyance rises because you're in a hurry,
then perhaps it requires that we reflect on ourselves.

538

00:46:34,291 --> 00:46:40,130

Or if personal questions get asked
and it reflects to your perception

539

00:46:40,130 --> 00:46:46,470

a cultural need that they're being
a little bit offensive and a little bit invasive

540

00:46:46,470 --> 00:46:50,707

and really what's being expressed is just
a need to say, "I need to trust you.

541

00:46:50,707 --> 00:46:54,578

Tell me a little bit more so that I feel confident
about what you're saying to me."

542

00:46:55,846 --> 00:47:01,552

Or if they repeat your instructions verbatim it could be that
they really did not understand what you're saying

543

00:47:01,552 --> 00:47:06,723

and they're hoping that by just repeating the words

it will somehow make a little bit more sense.

544

00:47:06,723 --> 00:47:10,861

So perhaps rephrasing.

And then hesitation.

545

00:47:10,861 --> 00:47:15,532

And hesitation when you offer
a point and nothing comes back.

546

00:47:15,532 --> 00:47:21,471

You may have hit a wall. I think we just need
to take a second look at those moments.

547

00:47:21,972 --> 00:47:25,642

And this for me
is the new golden rule.

548

00:47:26,310 --> 00:47:30,647

I'm not asking that you treat other people
the way you want to be treated.

549

00:47:30,647 --> 00:47:35,452

I'm asking you to take a moment
to truly learn to treat people

550

00:47:35,452 --> 00:47:40,924

the way they want to be treated
because it can be very, very different.

551

00:47:43,060 --> 00:47:47,965

To highlight what many of you
probably already know,

552

00:47:47,965 --> 00:47:52,236

but is the motivation for my work
and really reminds me why

553

00:47:52,236 --> 00:47:56,607

is that every single day we need to realize
that two Latino workers die.

554

00:47:57,241 --> 00:48:00,677

That one in four
construction workers are Latino

555

00:48:00,677 --> 00:48:04,414

and that that is one of the most
dangerous industries in the country.

556

00:48:04,414 --> 00:48:10,287

Our representation both in that workforce
and in the mortality rate is enormous.

557

00:48:10,287 --> 00:48:16,560

In every group then we can look at,
agriculture is certainly very dangerous,

558

00:48:16,560 --> 00:48:21,665

large penned animals, construction,
being out in the field, gardening.

559

00:48:21,665 --> 00:48:25,802

All of these elements really
do require that we look around us

560

00:48:25,802 --> 00:48:31,842

and see where there is danger to workers
that we might be able to respond to.

561

00:48:31,842 --> 00:48:38,181

These are just examples from
the newspaper in 2015 and early 2016

562

00:48:38,181 --> 00:48:44,354

of individuals. A man who was struck by a truck
while he was mowing grass on a highway.

563

00:48:44,354 --> 00:48:49,393

Or a young man that drowned
in a waste pool at a location.

564

00:48:49,393 --> 00:48:54,865

Or another young man who was working
in construction and a marble slab fell on him.

565

00:48:54,865 --> 00:49:00,537

The variety of dangers
that workers confront are huge.

566

00:49:00,537 --> 00:49:05,375

And the safety of those sites

really is not well monitored

567

00:49:05,375 --> 00:49:08,946

because there are not enough inspectors
to go out there and look at that.

568

00:49:08,946 --> 00:49:13,250

And so allying ourselves with individuals
who are trying to take a hard look

569

00:49:13,250 --> 00:49:17,888

at worker safety I think is one of
the places where we can do a lot for health.

570

00:49:19,690 --> 00:49:23,927

So this is a patient's stroll
through a health center.

571

00:49:24,761 --> 00:49:28,665

And I tried to do this from
the perspective of what the patient sees.

572

00:49:29,132 --> 00:49:34,237

The patient walks in and maybe
the first person they see is at the front desk.

573

00:49:34,771 --> 00:49:39,843

This was an amazing occurrence to me.
I went to a health center in Georgia

574

00:49:39,843 --> 00:49:43,847

and I was doing some training
on family planning for Latinas

575

00:49:43,847 --> 00:49:49,252

and how it is that we might reach out to them and really
make it a more exceptional and acceptable service.

576

00:49:49,252 --> 00:49:55,258

I had a woman raise her hand and say to me,
"I want you to know that in my memory

577

00:49:55,258 --> 00:49:59,262

those services were not available
to me and my family.

578

00:49:59,262 --> 00:50:04,468

And now you're asking me
to extend myself to someone else

579

00:50:04,468 --> 00:50:12,242

who might not even be here legally. You need
to understand how difficult that is." And I stopped.

580

00:50:13,877 --> 00:50:21,752

Because the person greeting you comes to their job
with their own history and their own experience.

581

00:50:21,752 --> 00:50:25,088

The person arriving
may not understand.

582

00:50:25,088 --> 00:50:29,559

And it's certainly not that we can ask the patient
to understand but we should work with our staff.

583

00:50:30,127 --> 00:50:34,231

Because we also have the experience,
and this was at a different health center,

584

00:50:34,231 --> 00:50:38,702

where I spoke to some eligibility workers
and what they said to me was,

585

00:50:38,702 --> 00:50:48,645

"You know no one in my family ever took a benefit.

My family didn't need to take a benefit."

586

00:50:48,645 --> 00:50:54,251

As a point of pride, which I want

to support, absolutely.

587

00:50:54,251 --> 00:50:57,854

If you are proud of your family,

you deserve to be proud of your family.

588

00:50:57,854 --> 00:51:01,892

That you see the need and

the use of benefits as a negative

589

00:51:01,892 --> 00:51:05,796

for the people that you are assessing,

that's a critical challenge.

590

00:51:06,963 --> 00:51:09,433

And then we have members
of our healthcare team

591

00:51:09,433 --> 00:51:12,302

who don't see themselves
as a member of the healthcare team.

592

00:51:12,302 --> 00:51:16,773

They see themselves as a cog in the
wheel often. They're just working along

593

00:51:16,773 --> 00:51:20,777

trying to get through the volume of work
that's required of them in a day.

594

00:51:20,777 --> 00:51:25,982

Yet they can be critically positioned in a place
that can deeply affect our patients.

595

00:51:25,982 --> 00:51:30,454

I was doing hepatitis C project
and I was talking to a lot of lab workers

596

00:51:30,454 --> 00:51:35,525

and they were so fixated on making sure
that the barcode matched the name,

597

00:51:35,525 --> 00:51:42,199

matched the barcode on the wrist, matched what
they were trying to conclude from the tests.

598

00:51:42,199 --> 00:51:49,339

They were not looking at the patient
in the eye and the patient was asked to be there

599

00:51:49,339 --> 00:51:53,643

so that they could give blood
without any explanation of the process,

600

00:51:53,643 --> 00:51:59,282

of what it meant, of any quelling of their fears.
That was a very interesting piece for me to observe.

601

00:51:59,950 --> 00:52:09,826

Then something as simple as the medical
assistant speaking the same language

602

00:52:09,826 --> 00:52:15,765

but idiomatically having some places where
they don't match. Using some terms that are not good.

603

00:52:15,765 --> 00:52:19,536

Truly not being fully
competent in that language.

604

00:52:19,536 --> 00:52:26,643

Then being tasked to report what the patient
is saying to someone who's going then to be making

605

00:52:26,643 --> 00:52:31,381

healthcare decisions. So that was
a difficult piece to look at as well.

606

00:52:32,883 --> 00:52:37,888

Then finally we have the clinician
who's going to try very hard.

607

00:52:37,888 --> 00:52:43,527

I think if you ask the clinician, "Do you want
to give your patient the best healthcare possible?"

608

00:52:43,527 --> 00:52:49,366

The answer would be "Yes." And if you ask the patient,
"Do you want to get the best healthcare you can?"

609

00:52:49,366 --> 00:52:56,006

They would say, "Yes." Does it mean the same thing?
Not always and really frequently, no. Not the same.

610

00:52:56,006 --> 00:53:03,280

So it's that whole understanding of what is
best for your patient and listening to the patient

611

00:53:03,280 --> 00:53:07,684

about what they feel is the problem
and what it is that they could use.

612

00:53:07,684 --> 00:53:10,320

If you've never read,

and it's an old book now,

613

00:53:10,320 --> 00:53:14,491

"The Spirit Catches You and You Fall Down,"

I really recommend that you go back to it.

614

00:53:14,925 --> 00:53:18,361

Because in the face of

trying to provide good care,

615

00:53:18,361 --> 00:53:23,099

we're also looking at different

care structures and pay structures

616

00:53:23,099 --> 00:53:26,636

and we're trying to do the systems

part of it and the mechanics of it

617

00:53:26,636 --> 00:53:29,806

as we're trying to do

the human engagement part of it

618

00:53:29,806 --> 00:53:34,044

and the real addressing about

what our communities might need

619

00:53:34,044 --> 00:53:38,782

and being receptive to changes

and understanding all of the elements.

620

00:53:38,782 --> 00:53:43,386

I think it's at that juncture that we're

asking people to juggle a great deal.

621

00:53:43,386 --> 00:53:48,291

How it is that you decide the right course

of action to take I think is really difficult.

622

00:53:48,291 --> 00:53:55,565

Right now my particular irritation is that
while I am certainly encouraged

623

00:53:55,565 --> 00:54:00,804

at the Affordable Care Act and that it
has done so much to bring so many people into care

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00:54:00,804 --> 00:54:06,509

who were not in care before,
it explicitly excluded undocumented migrants.

625

00:54:07,010 --> 00:54:13,717

So for me it was very difficult to do the great
hallelujah and feel like we were moving forward

626

00:54:13,717 --> 00:54:21,558

if what we want to do is guarantee advances
on the backs of people who deeply need that resource.

627

00:54:22,158 --> 00:54:27,063

So what's our course of action?

I think the very practical piece of it

628

00:54:27,063 --> 00:54:34,638

is that we need to really think long and hard
about what we can do organizationally and individually.

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00:54:34,638 --> 00:54:39,542

And that we want to look
at both what's going on internally

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00:54:39,542 --> 00:54:45,649

and with our partners in the community. So it means
that we really need to have a defined set of values,

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00:54:45,649 --> 00:54:52,656

policies, and practices that we articulate with one another,
and that we agree on and that we revisit.

632

00:54:52,656 --> 00:54:59,262

Once stated is not solid. Once stated is just
once stated and they must be reiterated.

633

00:54:59,262 --> 00:55:07,103

We have to build that capacity to gain cultural knowledge
and values, and understand the strength and the diversity.

634

00:55:07,103 --> 00:55:11,308

I offer this as a simple example.

I been doing this a million years now.

635

00:55:11,308 --> 00:55:19,215

I've been in settings where somebody

says, "Latinos are fatalistic."

636

00:55:20,817 --> 00:55:26,956

And I say, "Okay, well, if you are poor
and you live in rural Mexico

637

00:55:26,956 --> 00:55:32,862

and you're diagnosed with stage IV cancer
and there's no money for transportation

638

00:55:32,862 --> 00:55:40,070

and you don't live near enough to services
and you say out loud, 'I am going to die from my cancer.'"

639

00:55:40,070 --> 00:55:44,107

Is that you being
fatalistic or pragmatic?

640

00:55:45,475 --> 00:55:51,481

And it's pragmatism. So, I ask us all to look
at the values in the culture and really understand.

641

00:55:51,481 --> 00:55:57,187

And trying to navigate those differences
can be very difficult, absolutely.

642

00:55:57,187 --> 00:56:03,226

So we need to challenge one another but we also need
to support one another because it is a hard row.

643

00:56:03,226 --> 00:56:08,531

Then we need to look at our own
organizations and our own interactions

644

00:56:08,531 --> 00:56:13,903

for the biases that are
propagated and remain in place.

645

00:56:13,903 --> 00:56:21,611

Because we are an organization committed to doing good
doesn't mean that everything we do internally is good.

646

00:56:21,611 --> 00:56:25,648

So we need to take a hard
and fast look at our organizations.

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00:56:25,648 --> 00:56:31,154

We're going to value diversity,
look at some self assessment that is ongoing,

648

00:56:31,154 --> 00:56:36,359

and that we look at those dynamic differences
and not try to quell them and make everybody the same

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00:56:36,359 --> 00:56:41,231

but that really the institution understands
that there are cultural differences

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00:56:41,231 --> 00:56:45,502

and that they're present in our organizations
and present in our communities

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00:56:45,502 --> 00:56:49,205

and we really want to address
the imbalance of power.

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00:56:49,205 --> 00:56:54,711

That means inside our own organizations,
as well as outside in our communities.

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00:56:54,711 --> 00:56:59,616

I see this in health centers right now that are putting
a lot of pressure on community health workers

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00:56:59,616 --> 00:57:05,288

to be out there and to be the voice of the
health center and the messenger for health services

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00:57:05,288 --> 00:57:08,458

and the group that's
recruiting patients into care.

656

00:57:08,458 --> 00:57:12,996

Yet they have no power on the clinical team,
no champion in the clinical setting,

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00:57:12,996 --> 00:57:17,767

and no way to change the culture
and the environment of the health center.

658

00:57:17,767 --> 00:57:24,374

So I really ask us to look at those pieces.

And then personally, I ask us all to be present

659

00:57:24,374 --> 00:57:30,880

and take risks and lower your defenses

because if we can be flexible,

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00:57:30,880 --> 00:57:38,354

if we can look at alternative perspectives

and really think that no matter how old we are,

661

00:57:38,354 --> 00:57:43,059

and I have a friend who says to me, "You're as old

as dirt." Okay. We're not too old to learn.

662

00:57:43,059 --> 00:57:47,163

If we can just give ourselves

those opportunities and welcome them

663

00:57:47,163 --> 00:57:51,935

and know that it may be difficult

but we really can do a great job.

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00:57:51,935 --> 00:58:00,009

I always like to leave people with at least one instrument,

one tool that I think can make our work better.

665

00:58:00,009 --> 00:58:05,815

This is specifically for healthcare.

We can do it also in other settings.

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00:58:05,815 --> 00:58:11,254

But where we take a long-standing practice,

the clinical history, the medical history,

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00:58:11,254 --> 00:58:17,994

and we look at deepening it and getting more

information that can give us a better understanding

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00:58:17,994 --> 00:58:21,798

of the person that's in front of us.

So that when we talk about

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00:58:21,798 --> 00:58:27,837

do you live in an apartment, a house,

a trailer, or with other people.

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00:58:27,837 --> 00:58:30,573

And we just get the answer of,

"Yes, I live in apartment."

671

00:58:30,573 --> 00:58:35,478

But we don't follow it up with, "Is that really

where you sleep? Do you feel safe there?"

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00:58:35,478 --> 00:58:39,148

Are you sharing that space with
other people who are engaged in

673

00:58:39,148 --> 00:58:44,420

using drugs, in selling drugs?"

So that you then feel like you are challenged.

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00:58:44,420 --> 00:58:50,627

And going all the way down to this area
at the bottom about presumed worthiness.

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00:58:50,627 --> 00:58:56,099

Ask the person if they consider themselves
to be someone who deserves good care

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00:58:56,099 --> 00:58:59,302

and who understands that
you want them to have that care

677

00:58:59,302 --> 00:59:02,238

and that you all are
in alliance with one another.

678

00:59:02,238 --> 00:59:10,847

It's one of the last slides in your packet. You have
some of the work that I've drawn from there as articles.

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00:59:10,847 --> 00:59:14,984

You have one of the very
early articles from Paul Farmer

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00:59:14,984 --> 00:59:19,389

when he talks about people like ourselves
who want to be out there championing good

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00:59:19,389 --> 00:59:23,826

are often the prophets and prophetic

voices are not always well received.

682

00:59:23,826 --> 00:59:30,567

There's an article there about deservingness and how people make decisions about who deserves what and who doesn't.

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00:59:30,567 --> 00:59:35,672

I really recommend them all to you and hope that you and I can engage in conversation

684

00:59:35,672 --> 00:59:39,442

both here and further in time.

Thank you so much.

685

00:59:51,554 --> 00:59:54,424

NED: That was terrific, Deliana.

DELIANA: Thank you.

686

00:59:55,058 --> 00:59:59,462

NED: I'm going to ask
for questions from the group.

687

01:00:00,797 --> 01:00:08,938

A couple of comments. The microphones, there's one here
and one here. You'll have to move to the microphones.

688

01:00:09,505 --> 01:00:13,443

I want to make sure that our
Spanish speakers feel comfortable

689

01:00:13,443 --> 01:00:18,548

asking a question. Our interpreters
will interpret it, for me anyway.

690

01:00:21,117 --> 01:00:23,252

Everyone should have an opportunity.

691

01:00:24,587 --> 01:00:29,225

I might get started with
a question then. A lot of your work

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01:00:29,225 --> 01:00:34,397

with the Migrant Clinicians Network looks at
ending health disparities or providing healthcare.

693

01:00:34,397 --> 01:00:40,670

I'm wondering if you can talk about an example
in another state or different locale

694

01:00:40,670 --> 01:00:47,443

where you had a success in that area. What did it take?
What were the elements that led to the success?

695

01:00:48,411 --> 01:00:55,718

DELIANA: I offer the individual cases that we went through

in the presentations as some of our examples of success.

696

01:00:55,718 --> 01:01:01,858

I think what it has really meant is that we've understood the systems that were in place,

697

01:01:01,858 --> 01:01:05,361

we asked the patient specifically what it is that they wanted,

698

01:01:05,361 --> 01:01:11,401

we sought those specific steps and replied in a way that then the person could say to us,

699

01:01:11,401 --> 01:01:16,939

"This is what I want to see happen," versus, "This is what we believe you should see done."

700

01:01:16,939 --> 01:01:26,749

We've done this with tuberculosis. We now, through our system which we've been doing for 20 years, have followed close to

701

01:01:26,749 --> 01:01:33,423

we had about 8000 patients come through the system but we've followed about 500 cases of active TB.

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01:01:34,057 --> 01:01:39,562

To 111 countries. From the US to 111 other countries.

703

01:01:39,562 --> 01:01:46,235

And I can say to you that treatment completion has been guaranteed for 84% of those cases.

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01:01:47,403 --> 01:01:51,708

If you look at what the CDC is able to do in the US,

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01:01:51,708 --> 01:01:56,612

it's about 87% for people who stay
in their community and receive treatment.

706

01:01:56,612 --> 01:02:00,016

And we're able to do that for people
who are moving around the globe.

707

01:02:00,016 --> 01:02:04,020

So it's understanding your systems,
seeing good partners,

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01:02:04,020 --> 01:02:06,656

making sure that you understand
the steps that are there,

709

01:02:06,656 --> 01:02:09,992

and engaging with the patient to make sure
that they are getting what they want.

710

01:02:10,927 --> 01:02:16,432

NED: I was thinking about TB
and HIV and a little bit about pregnancy.

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01:02:23,372 --> 01:02:27,009

NED: This isn't supposed to be a cynical question.
Fair enough? DELIANA: Fair enough.

712

01:02:27,009 --> 01:02:32,749

NED: There's a little bit of an additional sense of
urgency, especially around infectious diseases

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01:02:32,749 --> 01:02:36,319

that I think helps garner
interest and resources.

714

01:02:36,319 --> 01:02:41,324

I wonder if there are examples around
other conditions that don't have that

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01:02:42,825 --> 01:02:48,097

transmissibility, such as
an abnormal pap smear.

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01:02:48,097 --> 01:02:54,504

And taking the same person,
who's moving from state to state,

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01:02:54,504 --> 01:02:59,408

who we, in our infinite knowledge,
have provided a lifesaving screening.

718

01:03:01,844 --> 01:03:05,581

The actual condition is a more

of a risk to the person herself

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01:03:05,581 --> 01:03:09,018

so there isn't that sense of,
we need to protect other people.

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01:03:09,018 --> 01:03:17,693

Are there any differences in addressing chronic diseases
or diseases that don't have that sense of risk to others?

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01:03:18,728 --> 01:03:25,468

DELIANA: There is and then there isn't.

I think that we started our work with TB

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01:03:25,468 --> 01:03:31,440

because it was our position that mobility and migration
should never be an impediment to health.

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01:03:32,275 --> 01:03:37,914

The way we wanted to prove that
was to show you that we could take someone

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01:03:37,914 --> 01:03:42,785

with a condition that required treatment
and see it through to the end successfully.

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01:03:42,785 --> 01:03:46,923

Now, we didn't have any money
to do it. TB had a public mandate.

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01:03:46,923 --> 01:03:50,593

That treatment is free of charge
and so that's why we started there.

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01:03:50,593 --> 01:03:55,998

But as soon as we did that somebody said,
"That's because TB is a public health mandate."

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01:03:55,998 --> 01:03:58,568

So then we started
working with cancer.

729

01:03:59,202 --> 01:04:03,372

Because we wanted to say, here was
someone with an urgent need of their own

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01:04:03,372 --> 01:04:07,343

where healthcare is not guaranteed
and the end result could be the same:

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01:04:07,343 --> 01:04:10,646

They could die, in the same way
that someone dies from TB.

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01:04:10,646 --> 01:04:16,452

And so we did and we showed that you could do that.

Then they said, "Well, what if it's not as urgent as cancer?"

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01:04:16,452 --> 01:04:23,025

So then we added diabetes to say we could show
chronic disease that requires a lifetime of management.

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01:04:23,025 --> 01:04:27,630

So yes, the urgency of
something being communicable

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01:04:27,630 --> 01:04:32,702

makes the community and the public health
community a little bit more responsive

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01:04:32,702 --> 01:04:37,673

but our work has always been to say,
the endpoint is the same for us.

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01:04:37,673 --> 01:04:42,545

Migration should never impede health
and we can show you that that can be the case.

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01:04:42,545 --> 01:04:46,249

You can move around and we can
make sure that you can get into care

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01:04:46,249 --> 01:04:51,354

and if we work in partnership, we can keep you
as healthy as possible. So that's what we've been doing.

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01:04:51,354 --> 01:04:53,623

NED: Great. Thank you.

Question here?

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01:04:55,091 --> 01:05:00,329

ANNE: Rev. Dr. Anne Rice-Jones. Together Colorado

Greater Metro Denver Ministerial Alliance.

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01:05:00,329 --> 01:05:06,302

We here in Colorado have
an initiative, a ballot issue,

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01:05:06,302 --> 01:05:13,175

Colorado Care, that is one of the first
single-payer universal health concepts.

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01:05:13,175 --> 01:05:18,814

Can you share with us the potential
for us ever really getting that in place?

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01:05:18,814 --> 01:05:22,652

And are there other places looking at it?
I know it has to have value

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01:05:22,652 --> 01:05:28,224

because the Koch brothers are fighting it and people are looking at the propaganda and accepting it.

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01:05:28,224 --> 01:05:32,295

Tell us a bit about universal and how that would help us all.

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01:05:33,029 --> 01:05:42,038

DELIANA: I think it's a long way off in this country because payment for healthcare services is such a big business.

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01:05:42,038 --> 01:05:48,978

That makes it a real challenge. And I think because so many healthcare services, healthcare delivery systems,

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01:05:48,978 --> 01:05:52,882

are independent businesses, that makes it a challenge as well.

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01:05:52,882 --> 01:05:58,955

But I think that as the world becomes more globalized
and you have individuals coming to this country

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01:05:58,955 --> 01:06:03,626

from other parts of the world where they do have
nationalized health services and single-payer

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01:06:03,626 --> 01:06:10,499

and they are able to see the stark differences between
what they've come from and what they're experiencing here,

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01:06:10,499 --> 01:06:13,803

that greater and greater
momentum is built around it.

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01:06:13,803 --> 01:06:20,076

What it takes, as with so many things,
is a single state rising to the challenge,

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01:06:20,076 --> 01:06:23,446

willing to buy in,
demonstrating its effectiveness,

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01:06:23,446 --> 01:06:30,086

offering other states the template of how they
were able to make it work, that you then can build on it.

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01:06:30,086 --> 01:06:35,958

But I would really be remiss if I didn't say
that the challenge is fairly enormous.

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01:06:35,958 --> 01:06:42,365

The likelihood, and this is my pessimism,
of seeing it in my lifetime is really pretty bleak.

760

01:06:49,772 --> 01:06:53,142

TRACY: I'm Tracy. I work with the
Department of Health and Human Services

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01:06:53,142 --> 01:06:58,080

and I specifically support the Title X
family planning program here in the region.

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01:06:58,080 --> 01:07:03,119

I'm specifically interested in the imbalance
of powers that you talked about towards the end

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01:07:03,119 --> 01:07:08,991

because that's something that we very commonly see
when we go out and we do a review at the health center level.

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01:07:08,991 --> 01:07:16,132

And the idea behind this patient centered approach

where we really want to understand the whole patient

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01:07:16,132 --> 01:07:20,036

and that empowerment at the level
of the providers that are seeing it

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01:07:20,036 --> 01:07:23,939

but the leadership level, whether they're
clinical or not within the health center,

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01:07:23,939 --> 01:07:28,878

not understanding why it may take more
than 9 minutes or 11 minutes or 23 minutes

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01:07:28,878 --> 01:07:31,447

to really understand
why that's important.

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01:07:31,447 --> 01:07:35,418

So I didn't know if you have
any talking points or any experiences

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01:07:35,418 --> 01:07:39,722

that really would lend itself to folks
who are seeing those patients and leading up.

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01:07:39,722 --> 01:07:45,861

Because ultimately we understand that it is a business
and that there are financial repercussions

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01:07:45,861 --> 01:07:49,231

for that extra four minutes that you're
spending getting to know that patient.

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01:07:49,231 --> 01:07:53,836

But the other end of the equation being,
if you take that four extra minutes, what that means

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01:07:53,836 --> 01:07:59,575

for providing additional services for the patient that you might not need to do there in that particular setting.

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01:07:59,575 --> 01:08:05,081

DELIANA: Thank you. I think it's really interesting. Some of the places where I've seen it be successful,

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01:08:05,081 --> 01:08:11,754

they've been able to couch that internal evaluation, the reassessment and the realignment of time,

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01:08:11,754 --> 01:08:16,092

and responsibility under a performance improvement strategy.

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01:08:16,092 --> 01:08:20,663

And that's the kind of language
that seems to make people happy.

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01:08:20,663 --> 01:08:24,433

So if you can couch you
in terms of were going to look

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01:08:24,433 --> 01:08:27,736

at the investment of time
and energy at all levels

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01:08:27,736 --> 01:08:34,310

and recalibrate that energy and our
commitment to seeing that this is important here

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01:08:34,310 --> 01:08:37,146

and the effect to it
is not going to be significant.

783

01:08:37,146 --> 01:08:43,052

In the whole it may just bump it a little bit.

You do have greater patient satisfaction,

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01:08:43,052 --> 01:08:46,956

greater patient adherence

to the treatment protocols,

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01:08:46,956 --> 01:08:51,393

greater positive outcomes

in your performance measures.

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01:08:51,393 --> 01:08:56,165

Then it seems to lead to a

willingness to observe that.

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01:08:56,165 --> 01:08:59,802

So I would really ask you to read

some of the literature right now

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01:08:59,802 --> 01:09:02,771

on some of the performance
improvement efforts that are under way.

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01:09:02,771 --> 01:09:05,975

Because I think it does a lot
to advance the business part of it.

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01:09:09,645 --> 01:09:14,984

AUDIENCE: Hi, I'm here with Voces Unidas
For Justice, based in Colorado Springs.

791

01:09:15,885 --> 01:09:21,624

You touched on it briefly.
I'm a holistic counselor for mental health.

792

01:09:24,393 --> 01:09:31,000

You touched on it briefly with therapists
counseling people who are mobile.

793

01:09:31,000 --> 01:09:34,870

I, once upon a time, was a migrant
farm worker myself for 15 years.

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01:09:34,870 --> 01:09:40,242

There's a lot of need for that as well.
The other part of the question is

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01:09:40,776 --> 01:09:47,750

with sexual abuse and domestic violence
needing counseling and resources going forward,

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01:09:47,750 --> 01:09:53,989

how much of that is tied into
the counseling connection to the network?

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01:09:55,591 --> 01:09:59,595

DELIANA: It's enormous.

The connection is huge.

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01:09:59,595 --> 01:10:05,434

When you think about how sexual violence
has been used to maintain power

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01:10:05,434 --> 01:10:09,605

just starting right there.

So it's in the person's home,

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01:10:09,605 --> 01:10:14,310

it's in their migration process,
it's in their work environment,

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01:10:14,310 --> 01:10:17,112

it could be in their
personal relationships.

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01:10:17,112 --> 01:10:26,956

And so then the cumulative experience of violence,
the person really never gets to posttraumatic stress

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01:10:26,956 --> 01:10:30,092

because it's traumatic
stress ongoing.

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01:10:30,092 --> 01:10:34,196

And so the mechanism
for coping is a strategy

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01:10:34,196 --> 01:10:39,501

that is modified by the person
all the way over the entire arc of their life.

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01:10:39,501 --> 01:10:47,142

What's needed is absolutely for us to look
at violence and the use of sexual violence very deeply.

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01:10:47,142 --> 01:10:51,580

Those conversations need
to be present at all levels.

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01:10:51,580 --> 01:10:55,517

You're starting to see it
more now with efforts in farm labor

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01:10:55,517 --> 01:11:02,591

to say we're going to hold managers,
field supervisors, and farmers accountable.

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01:11:02,591 --> 01:11:06,362

We're starting to see some

wonderful being work being done

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01:11:06,362 --> 01:11:10,232

for individuals who were cleaning
office buildings and who are alone.

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01:11:10,232 --> 01:11:14,970

Those voices are coming forward.
So I think a couple things are happening.

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01:11:14,970 --> 01:11:23,012

The magnitude of the issue is really starting to come to light
and those lights are remaining hard focused on it.

814

01:11:23,012 --> 01:11:26,715

The voices of those affected
are really coming forward

815

01:11:26,715 --> 01:11:29,952

and they're being amplified

and they're being given a platform.

816

01:11:29,952 --> 01:11:37,726

We're really starting to see how general it is

across a lot of industries, particularly for women,

817

01:11:37,726 --> 01:11:42,665

but I do not want to discount men

being affected by sexual violence as well.

818

01:11:42,665 --> 01:11:46,635

I think the conversation

needs to start really

819

01:11:46,635 --> 01:11:51,073

in terms of equity and relationships,

in person to person relationships.

820

01:11:51,073 --> 01:11:58,580

Some of that education is now being done
beautifully by groups that are doing men-to-boys,

821

01:11:58,580 --> 01:12:03,786

where they're really trying to say the
balance of power can be viewed very differently.

822

01:12:03,786 --> 01:12:08,290

But it's all of a piece. So you have people
experiencing it throughout their lives,

823

01:12:08,290 --> 01:12:11,360

you have people trying to affect
it in all of these different ways

824

01:12:11,360 --> 01:12:15,497

by bringing legal assistance
to them and changing the law.

825

01:12:15,497 --> 01:12:20,803

You have people trying to do education.

But in the end the piece that I see as really missing

826

01:12:20,803 --> 01:12:24,606

is mental health, behavioral

health and access to it.

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01:12:24,606 --> 01:12:32,414

That's one of the places where there's

a stranglehold on what's available to people.

828

01:12:32,414 --> 01:12:36,352

I believe that that's one of the places

where Telehealth could do a great deal,

829

01:12:37,653 --> 01:12:40,356

particularly with

non-English speakers.

830

01:12:40,356 --> 01:12:45,260

But the ability to be able to provide

mental health services across state lines

831

01:12:45,260 --> 01:12:49,465

is still a line in the sand

that does not seem to budge.

832

01:12:49,465 --> 01:12:53,769

So I think were doing a lot of great work

but I think that that one piece in response

833

01:12:53,769 --> 01:12:56,071

is a place where

we're really falling short.

834

01:13:00,242 --> 01:13:02,811

JULISSA: Hola, Deliana.

My name is Julissa Soto

835

01:13:02,811 --> 01:13:06,515

and I'm the Director of the American

Diabetes Association Latino Initiatives.

836

01:13:06,515 --> 01:13:08,684

I have been there

for 11 years.

837

01:13:08,684 --> 01:13:15,357

I started three years ago doing some work

in the south area of Colorado. Colorado Springs, Pueblo.

838

01:13:15,357 --> 01:13:21,363

This is a question for you. I have faced
discrimination, Latinos against Latinos, right?

839

01:13:21,363 --> 01:13:26,268

Specifically, when I visit the low-income clinics,
or the federal qualified low-income clinics

840

01:13:26,268 --> 01:13:32,207

I have noticed that Latinos have some resentment
when there are Latinos but they don't speak the language.

841

01:13:32,207 --> 01:13:36,812

Therefore, they discriminate against
new immigrants like myself.

842

01:13:36,812 --> 01:13:41,283

They hear the accent right away
and assume she's a new immigrant.

843

01:13:41,283 --> 01:13:45,788

She's not a part of our community.

Specifically, I'm talking about Pueblo, right?

844

01:13:45,788 --> 01:13:54,263

When I was visiting the clinic, the way Latinos
were treating the new immigrant community

845

01:13:54,263 --> 01:14:01,637

was very different than the way that they were approaching
Latinos who have been here 5 or 6 generations, right?

846

01:14:01,637 --> 01:14:07,609

And I faced them and said, "Hey guys, I really think
you guys are discriminating here."

847

01:14:07,609 --> 01:14:12,314

They looked at me and they're like, "No, we're all Latinos in here." And I said, "Come on. Come on."

848

01:14:12,314 --> 01:14:19,321

How many years have you been in existence and you don't provide any programs in Spanish.

849

01:14:19,321 --> 01:14:24,993

For the new immigrant community that you have on the east side of Pueblo. Right? Number one.

850

01:14:24,993 --> 01:14:32,067

Number two, I just saw at the front desk a Latino speaking English to somebody that keeps saying,

851

01:14:32,067 --> 01:14:37,473

"No hablo Ingles. No hablo Ingles." How many times does that lady need to repeat the same phrase?

852

01:14:37,473 --> 01:14:40,943

That hurt me and killed
my heart because

853

01:14:40,943 --> 01:14:44,546

Being in the United States,
I know people hear my accent

854

01:14:44,546 --> 01:14:48,750

but for me, when we're Latinos,
we're all Latinos, you know?

855

01:14:48,750 --> 01:14:55,858

It's like, if you see us and I don't speak you will
put me with all the Latino community, right?

856

01:14:55,858 --> 01:15:00,796

But if you get to know my story then

yes, I was born and raised in Michoacán, Mexico.

857

01:15:00,796 --> 01:15:03,932

Yes, I will be with
the new immigrant community.

858

01:15:04,500 --> 01:15:09,972

Talking to the Pueblo Community
Health Center and everyone else

859

01:15:09,972 --> 01:15:15,110

me bringing programs to them
while my team operates here in Denver

860

01:15:15,110 --> 01:15:18,747

but now I have migrated
to Colorado Springs and Pueblo.

861

01:15:19,147 --> 01:15:24,453

That has been very challenging for me because
then, I am labeled as the troublemaker

862

01:15:24,453 --> 01:15:28,156

just because I'm like, "Hey, the new
immigrant community exists. Come on guys."

863

01:15:28,557 --> 01:15:31,894

You're telling me that you don't have
any programs in Spanish here?

864

01:15:31,894 --> 01:15:33,896

How long have you
been in existence here?

865

01:15:33,896 --> 01:15:36,798

In Colorado Springs,
30% of the population is Latino.

866

01:15:37,266 --> 01:15:41,236

In Pueblo, when they look at me and I say,

"You don't have programs in Spanish?"

867

01:15:41,236 --> 01:15:45,107

Specifically when it comes to CVD,

cardiovascular disease, diabetes,

868

01:15:45,107 --> 01:15:49,811

you have the highest rates of diabetes and therefore,

you don't have a program in Spanish, right?

869

01:15:49,811 --> 01:15:52,848

DELIANA: Let me stop you in that.

Okay? Let's go there.

870

01:15:52,848 --> 01:15:57,286

So you see it and you can view it.

And I think the challenge here is

871

01:15:57,286 --> 01:16:00,989

is you can either challenge them

that they haven't done it or

872

01:16:01,623 --> 01:16:05,928

you can step in and say, "You know what,

I see this as missing, and I'm going to help you bring it."

873

01:16:06,929 --> 01:16:11,133

Because I think we can challenge and challenge

and challenge and I tell you what,

874

01:16:11,133 --> 01:16:14,736

I don't shy away from a good fight,

so please know that.

875

01:16:14,736 --> 01:16:18,440

But on the other side,

I want to have an effect

876

01:16:18,440 --> 01:16:24,580

and if I bring resources to the table,

if I demonstrate that something can be brought to bear,

877

01:16:25,247 --> 01:16:27,149

then some of the

defenses come down.

878

01:16:27,683 --> 01:16:31,653

But if it's always a challenge of,

you're not doing it and you should be doing it,

879

01:16:31,653 --> 01:16:35,424

then the defenses really

have a very difficult time coming down.

880

01:16:35,424 --> 01:16:41,096

So I offer it to you as perhaps an alternative.

I think you need to call people, always,

881

01:16:41,096 --> 01:16:45,000

but then I think the next thing needs to be,

"But you know what, I can help you make that better."

882

01:16:45,467 --> 01:16:47,402

JULISSA: Certainly and I'm starting

with the classes there.

883

01:16:47,402 --> 01:16:49,871

And I'm speaking in here very differently

than the way I speak there.

884

01:16:49,871 --> 01:16:54,343

In there I was a little bit more humble
because I really wanted to get into that clinic.

885

01:16:54,343 --> 01:16:58,080

And I really want to work with low income clinics
and be part of their electronic medical records

886

01:16:58,080 --> 01:17:02,417

so that when they think about diabetes,
they click that button and they refer to us. Yes.

887

01:17:02,417 --> 01:17:06,154

But in here I'm speaking differently
because I feel we're all professionals here

888

01:17:06,154 --> 01:17:10,826

I'm in a different environment.

I'm not in Pueblo. So I'm like, "Yes."

889

01:17:12,361 --> 01:17:16,665

DELIANA: Just know that people
in Pueblo may see this video.

890

01:17:16,665 --> 01:17:18,900

JULISSA: They'll be like,
"We remember you!"

891

01:17:18,900 --> 01:17:23,739

But hey, I'm like you. I'm not afraid
to challenge but you know

892

01:17:23,739 --> 01:17:29,911

I really would love to see the clinics working
like you were saying in your presentation.

893

01:17:29,911 --> 01:17:36,184

Understanding communities. And one of
the things that will stay with me from now on

894

01:17:36,184 --> 01:17:40,288

I will use your words in my presentations.

You know how everybody says,

895

01:17:40,288 --> 01:17:46,161

"Treat others like you wanted to be treated."

But you say, "Treat others like they want to be treated."

896

01:17:46,161 --> 01:17:50,399

So now, that's going to be my line.

I'm going to steal it from you. Thank you.

897

01:17:53,435 --> 01:17:55,737

NED: I think we have time

for one last question.

898

01:17:57,272 --> 01:18:00,275

AUDIENCE: I kind of wanted to speak to what you talked about in the beginning of your presentation

899

01:18:01,643 --> 01:18:05,580

with having to answer to funders and donors and having your vision compromised

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01:18:06,014 --> 01:18:11,219

versus the model of the Florida workers and how they were autonomous and saying that they wanted to

901

01:18:11,219 --> 01:18:15,991

maintain their vision and not necessarily accept federal dollars.

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01:18:15,991 --> 01:18:21,930

I guess my question is, with the Florida workers,

is this is a new paradigm that we're finding, as a new means

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01:18:21,930 --> 01:18:25,534

by which we can operate autonomously

without having to answer to donors,

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01:18:25,534 --> 01:18:28,770

without running the risk of

not having as many resources?

905

01:18:28,770 --> 01:18:34,042

Or is this something that each organization

will have to question for themselves?

906

01:18:34,776 --> 01:18:39,448

What do you see as the pros and cons

of each side of that coin?

907

01:18:39,448 --> 01:18:44,886

DELIANA: I think it's the decision that each group is going to have to make for themselves, certainly.

908

01:18:44,886 --> 01:18:47,489

I think if you look at worker groups now,

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01:18:47,489 --> 01:18:52,928

Immokalee workers in Florida or the Workers Defense Fund out of Austin and Dallas,

910

01:18:52,928 --> 01:18:57,666

they have committed themselves to helping workers have a voice.

911

01:18:57,666 --> 01:19:02,604

And the workers are then going to decide how those organizations will function,

912

01:19:02,604 --> 01:19:06,508

and the decision-making authority
about from whom they will accept money,

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01:19:06,508 --> 01:19:11,146

and how they will then disseminate
the power internally to their organization.

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01:19:11,747 --> 01:19:15,050

I think every organization
can have that conversation

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01:19:15,584 --> 01:19:20,088

and that we do very often get into a place
of we know we're doing good work

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01:19:20,088 --> 01:19:23,792

and so if we can just pursue some funding
we can keep doing the good work.

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01:19:23,792 --> 01:19:27,729

And I don't mean to say
that that is bad at all.

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01:19:27,729 --> 01:19:33,034

I'm just saying that we need to do it
fully conscious of the choices that we're making

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01:19:33,034 --> 01:19:36,805

and the effect that it can have
and that if there's ever a moment

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01:19:36,805 --> 01:19:42,878

where we want to retrench and say,
"Really this inconsistent with our values and our goals."

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01:19:42,878 --> 01:19:49,151

that we take that position and understand,
come what may, that it may not go the way we want it to.

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01:19:49,151 --> 01:19:52,854

But I'm not trying to make a hard
and fast rule that it's one or the other

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01:19:52,854 --> 01:19:55,524

but only to say that
there can be success

924

01:19:55,524 --> 01:20:02,564

and that mostly I see there being success when people
are truly evaluating what the group is interested in

925

01:20:02,564 --> 01:20:08,637

where there is parity in the volume of the voices

in the room and in the decision-making authority.

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01:20:10,038 --> 01:20:15,010

AUDIENCE: As a follow-up question,
is there a case study or

927

01:20:15,010 --> 01:20:19,881

similar literature in regards to how the farm workers
in Florida were able to accomplish what they did?

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01:20:20,882 --> 01:20:25,754

To your knowledge, anything that you
would refer to the audience as a resource?

929

01:20:25,754 --> 01:20:29,324

DELIANA: I have not read
much about their work.

930

01:20:29,324 --> 01:20:33,428

My information about their work

is having visited with them

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01:20:33,428 --> 01:20:40,402

and having their success put in popular press in terms
of their legal challenges and the outcomes.

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01:20:40,402 --> 01:20:45,574

So, no. It doesn't mean that it's not out there,
it just means that I'm not familiar with it. Sorry.

933

01:20:47,008 --> 01:20:55,784

NED: So we need to wrap up but I hope
you'll all join me in thanking Del for being with us today.

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01:20:56,017 --> 01:20:57,686

DELIANA: Thank you

for having me.

935

01:21:03,024 --> 01:21:06,895

NED: It's important to see a room
full of people around these important topics.

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01:21:06,895 --> 01:21:11,867

We know that no foundation,
including the Colorado Trust,

937

01:21:11,867 --> 01:21:16,238

has the ability or the resources
to address health equity by itself.

938

01:21:17,138 --> 01:21:22,377

We partner with communities and the residents
in communities in working toward solutions

939

01:21:22,377 --> 01:21:28,149

to advance health equity in our state.

Your presence here is another part of that partnership.

940

01:21:29,417 --> 01:21:36,925

We'll post the presentation, the slides, and then in a couple weeks the video of the presentation will be available.

941

01:21:36,925 --> 01:21:42,063

I encourage you, if you found interesting things to think about today,

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01:21:42,063 --> 01:21:46,034

that you sign up and go on our website to find out about our future

943

01:21:46,034 --> 01:21:50,639

health equity learning series events.

The next one is November 10th.

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01:21:50,639 --> 01:21:53,808

And there will be additional
information on the website soon.

945

01:21:54,609 --> 01:22:01,950

Again please fill out the evaluation survey.
We rely on it heavily in our planning for most parts of the event.

946

01:22:01,950 --> 01:22:08,023

And then I can't stop without recognizing
the team effort that these events are.

947

01:22:08,023 --> 01:22:12,227

I want to thank my staff
who are integrally involved in all steps.

948

01:22:12,227 --> 01:22:17,899

And then especially Maggie Frasure, who took responsibility

for most of the things that happened today.

949

01:22:17,899 --> 01:22:22,203

It came off flawlessly,

Maggie. Thank you.

950

01:22:27,108 --> 01:22:29,978

I hope you enjoy

the rest of the day. Thank you.