

Health Equity Column: Framing the Importance of Health Equity Pertaining to Black, Maternal Health

Jenné Johns, MPH, Duane Reynolds



January marks the annual recognition and celebration of Dr. Martin Luther King Jr., Baptist Minister and Civil Rights Leader. As we pause to reflect on his significant and selfless contributions to humanity, I am reminded of two powerful moments in Dr. King's life that have shaped history, policy, and the Civil Rights Act of 1964:

“While we have yet to see Dr. King’s dream fully realized as a nation, we have tremendous opportunities to continue pushing, advocating, educating, demanding, and influencing healthcare equity for our nation’s most vulnerable populations.”

1. **The 1963 March on Washington for Jobs and Freedom for African Americans** where he delivered the “I Have A Dream Speech,” and
2. **Dr. King’s famous quote regarding injustice in healthcare**, “Of all forms of inequality, injustice in health is the most shocking and inhuman.”

While we have yet to see Dr. King’s dream fully realized as a nation, we have tremendous opportunities to continue pushing, advocating, educating, demanding, and influencing healthcare equity for our nation’s most vulnerable populations.

In this month’s Health Equity Column, I am honored to share highlights of my interview with my colleague, Duane Reynolds, CEO of Just Health Collective. Duane is not only a national health equity champion. He also embodies health equity personally, professionally, and spiritually to hold our healthcare systems and nation accountable to one day living Dr. King’s dream of racial justice for all of humanity, particularly those who have experienced racial discrimination. As you read this column, I encourage you to reflect on your own dream and contributions to achieving Dr. King’s dream of racial justice, equality, and equity within your respective institutions.

What is your definition of health equity?

My definition of health equity is really about removing the barriers that people face—some of them social, some of them in clinical settings, and some of them political—that keep them from obtaining optimal health. We want to remove those barriers that we can identify as unfair, and we should be addressing them to ensure that people have the opportunity to obtain that optimal health.

In your definition of health equity, are you pulling from standardized definitions? Are you sharing this definition based on professional and/or lived experiences? Tell me how you came to this definition of health equity.

I have an amalgamation of shared definitions that have come from some lived experience and a lot of professional reading, experience, and conversations with other subject matter experts in the field. If I were to think about it a little bit more from a purely personal perspective and consider things that my family and friends have faced, it’s about making sure that our voices are heard and considered in both the care process and our daily lives. We know that health equity is not just about care processes but that it’s also about social determinants of health. When I think about the layperson’s understanding of that, it’s all the situations and daily life challenges that we face that are unfair, which ultimately result in poorer health outcomes, particularly for marginalized communities.

“We know that health equity is not just about care processes but that it’s also about social determinants of health. When I think about the layperson’s understanding of that, it’s all the situations and daily life challenges that we face that are unfair, which ultimately result in poorer health outcomes, particularly for marginalized communities.”

What are your organizational priorities for addressing health and racial equity?

At Just Health Collective, we are trying to build an organization that can help others be transformative in their process to achieve health equity and belonging. We consider belonging to be the intersection of diversity, equity, and inclusion. In order to accomplish that mandate, we ourselves, the staff of Just Health Collective, have to be educated in racial/ethnic disparities, not just in health. Overall, we have to be committed and passionate about this work because this work doesn’t get done through mediocrity. It requires

intensity, focus, and passion to sustain yourself as you move through some of these barriers that you inevitably will face when trying to do this work. In terms of priorities for the organization that we support, **if you are a healthcare organization, equity should be synonymous with your mission.** You're not going to achieve your mission without an intentional focus on equity. You may achieve your mission for certain groups that are more powerful and privileged, but if you are trying to achieve a mission around healthcare for all groups, then equity has to be a part of that.

“if you are a healthcare organization, equity should be synonymous with your mission. You're not going to achieve your mission without an intentional focus on equity. You may achieve your mission for certain groups that are more powerful and privileged, but if you are trying to achieve a mission around healthcare for all groups, then equity has to be a part of that.”

You are an African American male leading a powerful national equity-focused organization and community. You indicated that as a part of your organization's own priorities, your staff have to be educated on racial equity globally and not just in healthcare. Tell me why that's important for you as an organizational and a national leader. Why is that important for others to adopt as well?

Health inequity doesn't exist in a vacuum. It is as a result of many social, economic, environmental, political factors coming together to impact health. If we don't have a clear understanding of the historical injustices, laws, regulations, and policies that have led us to where we are not just someone's individual behavior, but the systemic things that have led us to where we are beyond just health, then we won't completely solve the problem. While we may be focused on addressing health equity and belonging as a company, we have to understand how we are a part of a larger wheel. We are a cog in the wheel of a larger system that is at play, and only when we have an understanding of the system at play can we begin to truly impact the small area that we are to impact.

We haven't talked a lot about the aspects of belonging within your organization's priorities. Tell me why that's so important: How do you help encourage organizations that you work with and do strategy work with to ensure that the populations that they are serving are a part of that belonging culture.

Our perspective is that if you can't create a culture inside of an organization or work environment that values the people that are at the table, then you really can't create an outward product or service that is fully inclusive and meets the needs of a diverse demographic. It would be like having a house that is beautiful on the outside, but you have no furniture on the inside, so the people who are in the house are uncomfortable. Yet, you're trying to display this very beautiful house that is a part of

a larger neighborhood without the components that make it a home. It behooves organizations to be thinking to create a space that people can show up as their authentic selves and contribute. Knowledge, expertise, and lived experience then help to define what their product or service that advances health equity will be. It is much better informed and is much more closely aligned if you have an environment that is conducive to creating psychological safety. This can help employees feel that they can speak up, that they can challenge the status quo, and that they can provide insights and ideas that ultimately make your products and services that much more relatable, reliable, and impactful for diverse communities.

What experiences personally and professionally led you to where you currently are and the work that you're leading?

That's a really good question because it just makes me think more so about my lived experience. I can't block out my lived experience or forget it at the door-I can't. That is a facet of who I am, and it is those lived experiences that drive me to want more and better for other people who face some of the same or different challenges that make us, in essence, second-class citizens. And I'm not okay with that. It's that discomfort that drives me to want to make a change that hopefully outlasts my life on this Earth. **It's not about me: it's about bettering society.** Particularly in this health space, because professionally, this is where I work. This is a connection in calling. But at the end of the day, it's about my lived experience and how that translates to what I want for people, for communities- something better than what we have today.

“It's a calling. It's a calling that I can't and have never been able to turn my back on. Years ago, the calling was that I had a gift to give the world. And over the years, it materialized to help me understand what my purpose was. Every time that I might get frustrated by an experience, I know that I'm guided by a deeper, higher power.”

It's a calling. It's a calling that I can't and have never been able to turn my back on. Years ago, the calling was that I had a gift to give the world. And over the years, it materialized to help me understand what my purpose was. Every time that I might get frustrated by an experience, I know that I'm guided by a deeper, higher power. The higher power may look different for different people, but my higher power is the wind in my sail guiding me, sustaining me, encouraging me, and giving me the right messages to keep going. And that's why I can't explain it in any other way. For some people, that might not resonate, but for me, that is exactly why I do this work. And some of the extrinsic, outward things, the things that can impact individuals, get you down sometimes. I feel like I'm protected from that now because I'm fully living in my passion and purpose, and no one can do that better than me. No one can do me better than me. And when you accept that higher power and calling, you're unfathomable, unshakable. You can run into the burning building, and you would be okay.

What is your call to action for the industry as we seek to reduce and eliminate racial and ethnic disparities?

“For the people in these industries, the health industry, in particular, recognize that when it comes to equity, we have failed, and we continue to fail, but we don’t have to stay in this place. First, we have to acknowledge our truth.”

My call to action is industry agnostic—we have a problem to solve, and I think we know we have a problem to solve. What is required is that people of color, indigenous people, LGBTQ+ people, disabled people, and veterans—people of all of these communities that are typically marginalized realize that what people think of as a weakness is actually very much a strength for you. There’s nothing that you can’t do or can’t accomplish that can improve the lives of yourself and others. For the people in these industries, the health industry, in particular, recognize that when it comes to equity, we have failed, and we continue to fail, but we don’t have to stay in this place. First, we have to acknowledge our truth. **Get your ego out of the way, give way to the voices that understand these things, become an ally, and get to work.** If you can remove that ego, nothing is going to stop you, even if you grew up in the most racist part of the United States. You didn’t come through that, but you’ve got to get your ego in check and out of the way. Because if you can, **there’s a contribution that you can make to humanity that is bigger than yourself.**

Disclosure: The authors have no disclosures.

NT



About the Author: Jenné Johns, MPH:



President, Once Upon A Premie www.ouonceuponapremie.com

Founder, Once Upon A Premie Academy www.ouonceuponapremieacademy.com

Jenné Johns, MPH is President of Once Upon A Premie, Founder of Once Upon A Premie Academy, mother of a micropreemie, author, speaker, advocate, and national senior health equity leader. Once Upon A Premie is a non-profit organization with a two-part mission: 1.) to donate Once Upon A Premie books to NICU families in under resourced communities, and 2.) lead virtual health and racial ethnic training programs and solutions to the neonatal and perinatal community through the Once Upon A Premie Academy. Jenné provides speaking, strategic planning and consultation services for fortune 500 companies focused on preemie parent needs from a cultural lens and reading as a tool for growth, development, and bonding. Jenné is also a national senior health equity thought leader and has led solutions-oriented health equity and quality improvement portfolios for the nations’ largest health insurance and managed care companies.

About the Author: Duane Reynolds



Title: Founder and CEO of Just Health Collective

Organization: Just Health Collective

Bio: Duane Reynolds is the founder and CEO of Just Health Collective. Just Health Collective guides organizations in creating cultures of belonging, enabling a fair and just opportunity for everyone to achieve optimal health. Their services include learning collaboratives, consulting, and a digital engagement community called the Just Health Collective Village. The JHC Village brings together cross-industry professionals committed to sharing best practices, lessons learned, and innovative approaches to advancing belonging in health and health care. Previously Reynolds was a healthcare consulting director at The Advisory Board Company, developing the division's first inclusion and diversity department — and serving as its inaugural chief executive. Most recently, he was the president and CEO of the American Hospital Association's Institute for Diversity and Health Equity and has held operational leadership positions at Johns Hopkins Medicine, Emory Healthcare, OhioHealth, and Optum, a UnitedHealth Group company.