

Announcer:

In this episode of Tim Talk, Tim welcomes Dr. Lisa Fitzpatrick, Founder and CEO of Grapevine Health who talks about taking her message of medical justice right to the streets.

Tim Dentry :

Thank you for joining us for Tim Talk. I'm Tim Dentry, President and CEO of Northern Light Health. With these podcasts, we draw attention to many issues of medical and social justice, and today we're drawing attention to medical justice and equity. On these podcasts, we have talked to people in Northern Light Health whose work shines the light on equity. We have talked to people leading efforts in our state of Maine. Today, we have the pleasure of connecting with a professional doing this work on a national scale. Dr. Lisa Fitzpatrick is an epidemiologist who has also worked at the Centers for Disease Control and Prevention. Her career has included research, clinical medicine, global health, community health education, and patient advocacy. She recently served as a medical director for Washington DC's Medicaid program.

Tim Dentry :

She's also a clinical professor and professorial lecturer for the George Washington University School of Medicine and Milken Institute School of Public Health. Dr. Fitzpatrick is a member of the Aspen Institute, Global Leadership Network. She has a Master's in Public Health from the University of California Berkeley School of Public Health and a Master's in Public Administration from the Harvard Kennedy School of Government. She is also the Founder and CEO of Grapevine Health, which has the mission to improve health literacy through relatable, understandable, trustworthy health communication.

Tim Dentry :

Dr. Fitzpatrick, first, wow. What a deep resume and what a lot of important essential contributions you make to our society? Thank you for being our honored guest today.

Dr. Lisa Fitzpatrick:

I'm so happy to be here and I really appreciate the invitation.

Tim Dentry :

Absolutely. So Dr. Fitzpatrick, I'd like to begin by drawing on your background in public health. We are at a pivotal time in delivering healthcare services as we emerge from this pandemic, how do you think care delivery will or should change to meet the need of special populations? And maybe before I turn it over fully to you, I said as we emerge from the pandemic, well as we're recording this, we're still deeply in the struggle with COVID. This pandemic still has its grip on us. We're still struggling with that.

Tim Dentry :

And also one reason why I want to start with your perspective on public health is because we all in the, we have physician practices, we have home care services, we have hospitals obviously, and ambulatory services. And in all of that, the pandemic, as we know has exposed a lot of the gaps in public healthcare and even societal pushes and pulls on whether there should even be a public health initiative, which we see every day of that. We're screaming for that because we are caring on our end of the healthcare delivery system, we're dealing with the fact that a lot of that wasn't sufficiently done because we

haven't valued it as much in this country. So that's who you're talking with right now, Dr. Fitzpatrick, I'd like to hear your views on that.

Dr. Lisa Fitzpatrick:

Well, it's hard to know where to start. As a country, we don't value prevention and the way we determine how we value prevention or how we value anything in healthcare is linked to, are we willing to pay for it? And are we willing to do what's necessary to ensure we can reach goals that are set? So maybe there are quality measures associated with prevention. We don't have enough of either and now we're seeing why it's so obvious, the need for us to focus on prevention is so obvious, but I'm not sure we're going to learn from these lessons. I think we have short memories and I hate to be a Debbie Downer right out of the gate, but already, if you look at the division we're seeing around even wearing a mask, there's still so many places I go, I was just in Alabama and even in the restaurants, shopping malls and grocery stores, people aren't wearing masks.

Dr. Lisa Fitzpatrick:

So if we're still amidst this pandemic, people still dying, you just said your hospital is full, and we still have this divide, I think once the pandemic subsides, we will probably go back to normal and I hear people saying that, "Oh, I can't wait to get back to normal." I really think we will have a very short memory and it really is discouraging, particularly for those of us working in healthcare. But the work we're doing is really focused because in a situation like this, you have to decide, where are you going to place your energy?

Dr. Lisa Fitzpatrick:

I actually left my clinical practice last month, a bit overwhelmed by the lack of process and systems in place and knowing that I couldn't devote my attention to fixing those things. So I've planted my flag squarely in the health literacy department. So, building trusted messages delivered by trusted messengers to communities that are suffering in our underserved communities. And so we deploy doctors who look like the community, or health and science communicators to answer people's questions about the vaccine, about the pandemic, to listen to people's concerns, because we have a lack of listening right now. And I like to say listening is my superpower. You can learn so much if you just listen.

Dr. Lisa Fitzpatrick:

And so we have learned a lot about why people are still refusing to be vaccinated. And some of their concerns are valid. We have a trust deficit in healthcare and until we fix that, you'll continue to see people pushing back against science and research and we have to own that. We won't get everybody, but I think if we have a concerted effort to address people's concerns and listen to them, you will find people moving toward the vaccine or whatever the action is we need them to take, but we first have to recognize our responsibility and our role to help make that happen.

Tim Dentry :

Dr. Fitzpatrick, listening as a superpower, if you had to pick one superpower, that's a great one to have. Also, as we have had various guests as I said here locally in our own Northern Light Health family within Maine, within the region, nationally, a common theme when we say, "Okay, so this is what your mission is and this is what you're working on and what's really critical," the ones that really have some great success stories, as you are sharing with us, start with, "Well, we listened."

Tim Dentry :

And so first, I thank you for that and sharing with our listeners that as a basic principle. You also said the work we are doing, and so I believe you're referring to Grapevine Health that we mentioned in the introduction. And I quote in the literature that Grapevine Health "provides health information the community trusts and improves health literacy through relatable, understandable, trustworthy health communication," as you summarized in your comments. So, how are you doing this? And why do you feel it's so important? And to your point, what has been the community response? That's what I'd really like to listen to. And what have you learned?

Dr. Lisa Fitzpatrick:

Well, first let me talk about why I started Grapevine Health and it's a labor of love that's been a long time coming. I started thinking about health literacy back when I was at CC because I was conducting a lot of field investigations and talking to community members, and that's when I started to learn and hear about the distrust of government, particularly CDC and how people didn't know what CDC did or its purpose. And just realized we needed to close some of these communication gaps. And that's when the listening really started. So that's around probably 2000, well, maybe 2003 when I went back to CDC.

Dr. Lisa Fitzpatrick:

And so I was at a community event, there were four or five doctors on a panel for the community. This was sponsored by 100 black men and the community was asking very basic questions like, "So what is diabetes? And can you cure diabetes? And what should I eat if I have high blood pressure?" And after this meeting, a gentleman walks up to me, he's maybe 50 or 60, a black man. And he says, "How does someone like me access someone like you on a regular basis?" And the reason I can tell you that story like that right now is because I remember it like it happened yesterday, and that's when I knew my mission had to include making my gifts, my talent somehow accessible or available to people like him, because I suspect there are millions of people who don't understand what their doctors are saying or why they should be taking medication.

Dr. Lisa Fitzpatrick:

So I thought, how can I enable more access to the way I communicate health information? And that's why I created Dr. Lisa On The Street. So I don't know if you have seen any of these little videos, but it was really an experiment. I hired a videographer. We went out into the community and I think our first video was about the flu. And I just asked random people on the street, "Do you know what the flu is? Is it treatable? What are symptoms of the flu and so on?" And we made this video and then we started showing it to people, organizations and community members and got a really positive response. So I thought, "Well, maybe I'll just get information out this way." But then life happens and we didn't really follow through on that and it fell by the wayside.

Dr. Lisa Fitzpatrick:

And then moving forward, 2015 after I finished that program at the Harvard Kennedy School, I got a bee in my bonnet to focus on this because I know, we are spending so much money in healthcare and we don't really have a lot to show for it. And at that time I was obsessed with emergency room overuse because I was working at a safety net hospital and that was one of our biggest issues that people were not keeping primary care visit appointments and they were being seen in the emergency department and it hurt my ego a bit because one of my patients went to the emergency room. And so I called them and I said, "I understand you went to the ER. Why were you in the ER? You were supposed to call me,"

because my patients had my cell phone number. And he said, "Well, I didn't realize I ran out of my medicine." And I said, "But you ran out of your medicine because you didn't come to your appointment. You should call me." And he said, "Well, I didn't really know I could get you on the weekend." He didn't even try.

Dr. Lisa Fitzpatrick:

So in thinking about that experience, I started talking to other doctors to say, "Are you having this problem?" And one of my colleagues said, "Oh, yes. I had a man stand up as he was leaving, he said, "Well, now I'm going to go over to the emergency department to see about my foot."" And she said, "Well, why would you do that? You're right here with me." He said, "But if I go to the ER, if you look at my foot, you can't do an x-ray. And even if you send me for an x-ray, it'll take me a week to get the answer, but if I go to the emergency room, then I'll get the answer right there." And so this information I was gathering that was pointing me into this direction to figure out, how do we better communicate and better help people navigate healthcare so that it's convenient for them on their terms?

Dr. Lisa Fitzpatrick:

And so, as I was thinking about how you create a company around this, I was encouraged to visit the Medicaid programs to ask them to fund this. And that's actually how I got my job at Medicaid as the Medical Director. I learned so much from that experience and that's when Grapevine Health was really born, because after I had the intel from Medicaid, I decided, okay, now it's time to put the digital, the health communication, the health service navigation for the underserved, put it together and create a business that can really focus on the health and the healthcare of underserved community.

Dr. Lisa Fitzpatrick:

So, I've just learned so much. I would say the biggest lesson though is that healthcare is still not convenient enough for underserved communities and it needs to go way upstream. Why don't we have diagnostics? We have so many point of care diagnostics. Why aren't they available in the community where people can access them? Think about how much we ask people to do, come to our visits, keep your appointment, sit there, wait for the doctor, go pick up, there's so many things we ask them to do. And then if we don't ask with compassion and empathy, that makes it worse, right?

Dr. Lisa Fitzpatrick:

So we're just trying to meet people with information that's relatable to them, from a messenger they can relate to, and it's been working with vaccine hesitancy. We're seeing 25% to 35% of people we talk to accept the vaccination after hearing the messages, get their questions answered from a trusted messenger. So it's been a long time building toward this moment, but the pandemic is probably the best opportunity we ever could have had to demonstrate the need and the impact of what we can actually do.

Tim Dentry :

Wow. Well Dr. Fitzpatrick, let me just say that great communicators that I have known in my life, at their heart they're good listeners and they have a joy of learning from what they hear and then doing something about it. You're a great communicator. You're a great listener. You're a great doer. Thank you for sharing all that. That's really fabulous and something that I know I've learned from and I hope our listeners have as well. That's really, really terrific. I'm wondering, you shared a couple of examples on the Dr. Lisa On The Street, and by the way, I've had that idea, I might just borrow that.

Dr. Lisa Fitzpatrick:

Go right ahead. We need more doctors on the street. I had a lady tell me, "I've never seen a doctor in my community." I said, "Well, what do you mean?" She goes, "Well, usually we see doctors in the clinic. I've never seen anybody come into my community and talk to me." So I would love for people to steal the idea. We need to be doing this work.

Tim Dentry :

That's great. And I also know that before we started rolling today, you were describing how much you like Maine in the summertime, so I hope that this summer you'll come to Maine and I have a bunch of folks on my team that would really love getting to spend some time with you. And we are trying to do a lot of the things that you're describing, but you make it sound so natural. You make sound like it's what we should be doing, and that is the latter point is one of our takeaways. So, we have a lot of initiatives along the lines of being more accessible and all the digital side of things and point of care and all of that. I worry sometimes, are we making it too hard?

Tim Dentry :

Because our healthcare delivery system has absolutely been too hard. Most providers will say, I'm sure you've heard this as well, "Well, of course I show health equity, medical equity to everyone. I have no distinction or differentiation of who I serve. I serve everybody." Well, maybe everybody that shows up in your ER if you're an ER doc, or maybe that shows up in your internal medicine practice if that's your practice, but are we going out and listening and finding ways to help? I know we do have many examples where we have done that, and especially the COVID situation with Mercy Hospital, Northern Light Mercy Hospital and Northern Light Home Care and Hospice in Portland, all the outreach that they did. And I can with so many other examples of, we actually have great hearts, great mindset to reach out, but I think we could learn from you, Dr. Fitzpatrick. So, come to Maine. Pack your bags, come to Maine.

Dr. Lisa Fitzpatrick:

Well, I have a few reactions to that. First of all, yes, I would love to come to Maine and do a Dr. Lisa On The Street in the summer. I've been an outdoor person since college, or actually before that, in high school I learned to love the outdoors, but it really escalated during college and residency. So, I love Maine, all the trees, the streams, it's just a beautiful state. So just let me know when you want to me to come, that's fine. But I want to encourage people, this isn't for everybody, and that's fine. We all have a role to play. I chose this role because it's easy for me to talk to strangers. It always has been.

Dr. Lisa Fitzpatrick:

And so, when I first tried this, people say, "Well, isn't it intimidating? How do you feel doing this?" And I've brought other doctors onto the street and they're not all great at it because they feel too self-conscious when people walk past them and they won't engage. And sometimes you have to talk to eight or 10 people before one person will stop and talk to you. It's like those the kids on the street who are asking you to send the donation to the kids in Africa or South America. Most of the time we ignore them.

Dr. Lisa Fitzpatrick:

It's not as bad when I'm on the street, because number one, we have an organ model and that draws in people because they're curious and they want to know, "Oh, what is that?" It's such an odd thing to see. And sometimes I have my white coat on, so if I have on my white coat, standing next to an organ model, then usually I don't have to do any work. They just come up to me. But when I don't have it, not every person will talk to me and I'm used to that. So I don't want people to feel like if they're not doing this work, they're not doing enough because there is a role for all of us to... The problems are so huge.

Dr. Lisa Fitzpatrick:

The second thing I wanted to say, though, is related to how we treat people. There's a huge conversation now around bias. This conversation around racial justice and equity in healthcare, it's so prevalent. And I think it's hard to have real conversations about this because it creates tension and it makes people feel defensive and they are hard topics. I think it's a third real topic to talk about this, but we have to practice and get better at it. And as a black woman working in healthcare, I have biases as well. I can remember times when I was either on call or in my clinic and we used to call people "difficult" patients, hopefully we're not doing that so much anymore, but I'm prone to the same biases and stereotypes as everyone else. "Oh, here they come again." Or, "What are we supposed to do when they don't listen or they don't do this or that?"

Dr. Lisa Fitzpatrick:

And so over time, I've come to change my perspective on this, but it takes work. And so anyone who's interested in improving health equity has to first decide, we have to do the internal work. Because when... And it's human nature to see someone and create a narrative about them. This happened to me just last week. I traveled to Portugal many years ago and I bought this wool sweater and I still have it, but it has a couple of holes in it and I refuse to get rid of it because it's so warm and I love it. When I wear that sweater, people think I'm homeless. Imagine that. And so, how are we bringing our own personal biases and stereotypes into the workplace? And the first step is just to notice that you're doing it and take a step back and say, "Well, why am I doing that?"

Dr. Lisa Fitzpatrick:

And we'll find that the empathy increases the more we ask ourselves and probe and say, "How could I approach this situation differently?" Or, "How could I put myself in that person's shoes in this moment? They don't want to be in the hospital or they don't want to sit in the ER for four hours, but there must be something driving them to do that." And so the more we can practice and approach things with that perspective, I think it makes it easier. And that, to me, is the beginning of getting to health equity, because a lot of it's about the trust, the lack of judgment, the respect people meet when they come into the healthcare system. And if they don't have that, we can have all the fancy diagnostics and all the hospital beds, but people won't come and they won't follow instructions or partner with us on their healthcare if that relationship isn't there. And it just starts with the human element. So we're not talking enough about that, I think, in these health equity conversations because it's hard.

Tim Dentry :

Very, very true. And I'm not sure I've heard anybody explain it as just perfectly, concisely, and something that's actionable. I'm going to be reflecting on that, that's for sure, and I hope all of my colleagues do and all other listeners. Dr. Fitzpatrick, are there any other thoughts that you have in your mind or things that you wanted to share before we start to say farewell?

Dr. Lisa Fitzpatrick:

Well, I want to just thank all the healthcare providers who've been on the front lines and all the frontline workers we don't think about, the people who make sure all the supplies are stocked and the food is delivered to patients and staff. And we take all that for granted. And so I think that's another way we can start to bring our humanism into healthcare is just recognize all the people who are keeping society going and allowing us to do our jobs. And when you can start to approach things like that, you know what? That helps health equity too, because it helps to chip away at the bias and the misconceptions we have about people. Everybody has a story and if you take the time to understand somebody's story, you might find that they are so similar to you had it not been for one or two... A little bit of good fortune can make all the difference, right?

Tim Dentry :

Absolutely.

Dr. Lisa Fitzpatrick:

That's all, just to say thank you and keep working at the empathy.

Tim Dentry :

Terrific. So Dr. Lisa Fitzpatrick, Founder and CEO of Grapevine Health, epidemiologists, and many, many other things. I almost sense that all the incredible academic achievements that you have just prepared you for this kind of, just face to face with people in the community and that's why all of us chose healthcare in the first place. So, I just really deeply thank you. I really, really sincerely mean that. Thank you so much. You get the last word, Dr. Fitzpatrick.

Dr. Lisa Fitzpatrick:

I just want to say thank you and I'll see you in Maine this summer.

Tim Dentry :

Sounds great. Sounds great. And thank you to our listeners for tuning in. Please continue to be kind to one another and embrace our caring culture. Until next time, I'm Tim Dentry, wishing you a wonderful day and I'm going to go out and now plan my Tim On The Streets. Thank you, Dr. Fitzpatrick.

Announcer:

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