



2021

Breaking barriers to equity: A conversation with Dr. Julia Iyasere

Jason A. Wolf PhD

The Beryl Institute / Patient Experience Journal, jason@pxjournal.org

Follow this and additional works at: <https://pxjournal.org/journal>



Part of the [Medicine and Health Sciences Commons](#), and the [Social Justice Commons](#)

Recommended Citation

Wolf, Jason A. PhD (2021) "Breaking barriers to equity: A conversation with Dr. Julia Iyasere," *Patient Experience Journal*: Vol. 8 : Iss. 2 , Article 4.

DOI: [10.35680/2372-0247.1627](https://doi.org/10.35680/2372-0247.1627)

This Commentary is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

Breaking barriers to equity: A conversation with Dr. Julia Iyasere

Cover Page Footnote

This article is associated with the Policy & Measurement lens of The Beryl Institute Experience Framework (<https://www.theberylinstitute.org/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_PolicyMeasure

Breaking barriers to equity: A conversation with Dr. Julia Iyasere

Jason A. Wolf, PhD, CPXP, *The Beryl Institute/Patient Experience Journal*, jason@pxjournal.org

Abstract

I was honored to have the opportunity to talk to someone I've been fortunate to meet in the past few months and who has taught me incredible things about the topic of equity in healthcare and even more so the idea of health justice, Dr. Julia Iyasere, Executive Director of the NewYork-Presbyterian Dalio Center for Health Justice. As a physician, an educator, a researcher, and I suggest an evidence-based social activist, Dr. Iyasere has led the establishment and growth of the Dalio Center in just the over 9 months since its launch. But the ideas she champions in her work come from deep in her personal story, inspired by the path she has chosen and catalyzed by the moment in which we found ourselves over the last year and a half. Dr. Iyasere underlines how the realities of a world faced with COVID unearthed long established and deeply rooted issues not only in healthcare, but in society in general.

Keywords

Health justice, health equity, social determinants of health, health disparities, leadership, evidence, compassion, human experience

A Voice of Leadership for Health Justice

I was honored to have the opportunity to talk to someone I've been fortunate to meet in the past few months and who has taught me incredible things about the topic of equity in healthcare and even more so the idea of health justice, Dr. Julia Iyasere, Executive Director of the Dalio Center for Health Justice at NewYork-Presbyterian. We had a chance to meet for an upcoming episode of The Beryl Institute podcast series *To Care is Human* (<https://www.theberylinstitute.org/page/PXPodcast>) to accompany this special issue of PXJ. As a physician, an educator, a researcher, and I suggest an evidence-based social activist, Dr. Iyasere has led the establishment and growth of the Dalio Center in just the over 9 months since its launch. But the ideas she champions in her work come from deep in her personal story, inspired by the path she has chosen and catalyzed by the moment in which we found ourselves over the last year and a half.

Dr. Iyasere underlines how the realities of a world faced with COVID unearthed long established and deeply rooted issues not only in healthcare, but in society in general. The pandemic revealed the measurable impact of inequity seen in hospitalizations and death rates far worse for people of color. The tears at our societal fabric were frayed further by the murder of George Floyd. We are now called on to take a stand. We can no longer disregard the systemic racism that feeds actions and drives disparities. We must challenge the sense of helplessness we carry or inaction we have seen in trying to overcome these challenges. We must magnify the hope we raised with voices and actions to say we can and must do more.

That is the story Dr. Iyasere is working to help us all see. But more so is working to help us all address with research and evidence, practice and programs. In seeking to achieve a system of true health justice, we acknowledge that the imbalances we have perpetuated through inaction can truly be dismantled in a commitment to action. I hope you hear these words as a spark for hope and catalyst for moving forward and an opportunity to think more deeply about what each one of us can do. Dr. Iyasere helps us all see we can each have a voice of leadership for health justice. And we must!

I love to start these conversations with my guests in a way that allows the audience to get to know you better, to hear your story. Can you share a little bit about your path to leadership as executive director of the Dalio Center for Health Justice at NewYork-Presbyterian. And what about this role called you to lead?

Sure, I'd love to share that. It really allows me to go back to the beginning and highlight where I came from, which is from an immigrant from Nigeria. My father immigrated to the United States in the late '60s, met my mother in upstate New York, and they decided to move out to California together. They were both English professors, so the idea of academics has always been instilled in me, as well as the idea of leadership. So I think a lot about what it must have been like for a multi-racial family in the '60s, '70s, '80s, and the challenges that my parents faced at the time, both in exposing us to the world and really engaging

us in conversations around diversity and inclusion and around race and racism.

I have to start from the beginning and say I am so honored and feel privileged to have been raised by two people who recognized what I could do and (believed) that I would be able to do anything. And I think that's what's really driven me throughout my career to be able to say, "What are the boundaries and how can I break them?" So I came to New York a number of years ago for medical school and stayed on at Columbia and now at NewYork-Presbyterian.

This has really been my home in many ways. I began as a physician in internal medicine and then stretched my wings in academics. I taught in the medical school for a number of years and love to get to the heart of issues. to teach people about how we can and should think about medicine and healthcare. After a number of years doing that, I started to work in graduate medical education. So, I engaged in the training programs of our residents and fellows, then expanded to include physician training and physician development, and then a program called LEAD Academy, which is an attending-level physician development program.

It was in doing that that I really started to see the other side of the healthcare system and was exposed to the administrative part of the healthcare system. I did get my MBA when I was at Columbia for medical school as I thought about what I wanted to do in the future. The things that really had driven me were my love of academics, my love of people and my love of conversations with people from diverse backgrounds. I think that was what really brought me to where I was about two years ago now, which was when I started to have conversations about what my future would be at NewYork-Presbyterian and what kind of work I enjoyed doing.

During that, COVID happened. And I think that I started to see firsthand the importance of our healthcare system as an anchor institution, as being able to reach out to the most vulnerable. And then we had the murder of George Floyd. And so, it was these two hallmark incidents, the beginning of the COVID pandemic as well as the murder of George Floyd that for me, really crystallized what I wanted to do and what I thought my role should be. I was drawing back on my full life experience, going all the way back to my childhood and understanding I'm from a diverse background.

I've thought about race and racism my entire life. I've loved to teach and educate; I've loved to pick hard problems and see if I can solve them. And now I'm confronted with what do we do next? And it was in the midst of that sort of that questioning of how we could

really make a difference in the healthcare system and in the community in general, that I had a number of phenomenal conversations with our senior leadership team at NewYork-Presbyterian. And we started to ask ourselves, "What are we going to do as an organization that is different?" That was where the Dalio Center for Health Justice was born. The Dalio Center for Health Justice is the result of a \$50 million grant from Dalio Philanthropies, whose founder Ray Dalio is a NewYork-Presbyterian Trustee and an important thought partner behind the center.

We were inaugurated in October of 2020, so we are not yet a year old. Although I can tell you the last nine months have been quite a whirlwind. But I can also say this experience provided the opportunity to explore, "How do I bring together all the things that I love to do and really make a change in this world?" And that has been through the Dalio Center. This truly is the career, the job of a lifetime. I come into work every single day and I get to say, "How can I make things better?" There are not that many people that get to do that. And I always have to go back to how I was raised, to who brought me into the world and who told me at every step of the way that I could do anything, and I love to do hard things.

As you step back and reflect on your short, but rich journey of nine months at the Dalio Center so far, and then link that with the lifetime of experience of thinking about and wrestling with these issues you just shared, what have you seen as some of the most significant challenges revealed during this crisis and the confluence of events we experienced? How are your efforts at the center working to address the challenges that we face today?

I think I could talk about this for days. I think there are so many significant challenges that have been laid bare, but I think ultimately, if we take a step back, the pandemic really forced us to rethink health and healthcare in a lot of ways. It made us rethink how we connect to the healthcare system, how we access the healthcare system, how we provide services, expand the services that we have and how we reach those that are the most vulnerable. I think it also showed us how frayed our social fabric could easily become and it started to highlight the true social determinants of health.

Healthcare is a huge piece of what it means for someone to be healthy and live their optimal life. But when we think about the other social determinants of health, I really love how the World Health Organization (WHO) defines these as the conditions in which people are born, grow, work, live and age. And so optimal health requires more than just an exemplary healthcare system. To impact health and to

think about the well-being of our communities, the pandemic made us start to think about stepping outside the traditional boundaries of healthcare, to recognizing the importance and the interplay of those other social factors both in the healthcare system, on the healthcare system and in overall health.

So, when we started our work at the Dalio Center, and we started with a lot of ideas and a huge vision, we said our mission was to identify gaps in care, to focus on some of the structural and systemic issues that have caused the conditions of poor health. To be able to do that, to identify that, (and this may not sound like the most glamorous thing), we fundamentally believe in a data-driven approach. So this occasionally has meant that we had to take a step back and ask, "How can we improve our data? How can we make sure that the data that we have is self-reported, it's self-identified?"

We spent a lot of our time initially on improving the collection of race, ethnicity and language data for our patients across our 10-hospital system. Now we're working on expanding this to include sexual orientation and gender identity, as well as social determinants of health screening. So going back to that definition of how people are born, grow, work, live and age, we need to know a lot about people to be able to truly provide the care that they need to live the optimal life that they hope for and we hope for them.

And unless we can meaningfully identify the gaps in care, unless we use this data-driven approach, we can't fully address them, we can't develop outcomes measures and look back and say we've solved something unless we start at the beginning. It may not always be as visionary, but I think sometimes you just need to start at the beginning and say, "How do we lay a foundation that is solid? And how do we make sure that what we are doing is something that sets us up for future success?" So that's where we started. We're still in the midst of some of that work, but I believe it will be a long-reaching effort that will allow us to do the truly transformational work that we envision in the future.

If we're truly committed to elevating the human experience that we provide in healthcare, what must we be doing to tackle the issues of inequity, of disparities, of racism head-on if we're going to lead to positive change, to the transformation that you spoke to?

I think you've already said what a lot of this has to be, which is the acknowledgement, the naming of these issues. To be able to not only acknowledge what is the root of the problem, but to name it, is so important. That is not something we really have seen in healthcare across the country in the way that we're seeing now. I think we have

We must recognize racism as the public health crisis that it is.

to be willing to engage in the really difficult conversations. We have to enter into them fully and with open minds and with open hearts. We must recognize racism as the public health crisis that it is. Its effects are absolutely long-lasting and so far-reaching.

But to dismantle the effects, we have to be willing to put in the hard work. There are no easy solutions here; there are no quick fixes. You don't undo 400 years of history overnight. I think it's really understanding that it's going to take time and that we have to do this the right way. And it starts with that conversation, and it starts with being able to name the problem.

I talked about data a lot before. We've been spending a lot of time on the need for self-identified data, for self-reported data. But at the heart of it, it's that we're building trust with our patients and with our communities; we're asking them to give us information because we want to be able to provide for them.

On our end, it's really putting in the sweat equity; it's being able to work at it and work at it until we see improvement. It's looking at long-term goals and saying, "Where do we see ourselves not just in six months, but in two years, in five years?" It's understanding that this is a journey and it's definitely not going to simply change overnight.

I think one thing that's really important and that I have absolutely learned is that you have to be humble, especially in this space. You have to be able to say, "I'm not always going to be right. I may not know everything but what I can do is ask the questions. I can be willing to learn from everyone. I can be willing to learn from my colleagues." I am absolutely open to learning and want to learn from our patients and from our communities.

But I think it's really that first step of naming the problem, being open about what the challenges are that we face and then entering into these conversations. We must be willing to really go there and have what may be hard or difficult conversation for many people. I'll be honest, it's not easy for me and this is what I do every day.

Our conversation has led me back to a nagging question I have held – how do we keep this conversation alive? – because I do have a fear, and I think as I've had conversations with others they do as well, that maybe this focus on equity, on disparities, on racism is just going to be the “thing” of the day? We have to address racism and we need to dismantle disparities but what is going to ensure the sustainability of that discussion so that we get to real change?

Well, I think centers like the Dalio Center for Health Justice are what we need in this space. It's our senior leadership team saying, "This is not just a one-time moment, this is not just a movement, this is part of who we are as an organization." And it's that level of commitment that I think is necessary. It's really putting your money where your mouth is and saying, "We are dedicated to this and we have to do this because it's who we are." And so I think it is (not to pat myself on the back), but I think it's people like me that just wake up and breathe this every day and say, "We are not going to stop until we see improvement, we are not going to stop until we reach the outcomes that we have said we are going to."

And so I think it's empowering those people, it's empowering people for whom this is what they live and breathe, and it's making sure that they are supported to be able to do this work. And it's being really vocal about it, so then it's really hard to take it back. I think we could not have been more vocal than to say we are launching a center for health justice at the heart of our organization. So I think it's really being out there and elevating the conversation and not letting anyone back away from it.

But then it's also holding yourself accountable to demonstrate outcomes. We have to be able to reflect back to people how things are changing and proving what the we are doing is working. We have to be incredibly transparent about what we do, and we also have to be incredibly inclusive. So at all levels, we have to engage people in this conversation so that everyone feels like they're part of this mission.

For us, that's meant that we have ongoing projects in the Dalio Center that have come from some of our bedside staff who identified a gap. And we said, "Let's talk about it, let's see what we can do." We also have identified projects and initiatives that were brought to us at an enterprise level. And we said, "Okay, let's look at what we need to do to change the entire system." So I think it's a commitment to being really vocal about the need for the work and ingraining it into the organization so you can't get away from it. It's now part of who we are and it's what we do. And then it's being really inclusive so that everyone feels

as though they're part and parcel of the work that we're doing.

Your thoughts lead us back to the premise of this podcast series itself. We speak to this idea that “to care is human” is the essence of healthcare itself. I have always said, we are human beings caring for human beings. And for us at The Beryl Institute, we've really put a stake in the ground around an unwavering commitment to transforming that human experience. And we think about human experience being grounded in the perspectives of not just our patients, families, and care partners, but of our healthcare workforce and ultimately the communities we serve. As you think about the ability to impact the human experience, what it is that we must focus on in this time of crisis and as we move beyond it? How would you frame that for yourself and what do you see as the influence and impact the Dalio Center will have in moving that forward?

Actually, as you said, and to bring it back to my own experiences for a moment, when I think about the premise, “to care is human,” the first time I heard that, I really reflected back on experiences that I had in March and April of last year in the really hard days of COVID in New York, during the first wave when I was seeing patients in the hospital. There were days that challenged many of us when we thought we weren't sure we could come back the next day. We were really seeing something we had never experienced before. But what really brought me back every morning and what helped me to get through the hardest days were the relationships. The relationships I developed with my patients, the ones I had with my teammates, with my colleagues, it was that support that I had, that really got me through some of the most challenging times.

And it was that we recognized that we needed to have more compassion, that we needed to think about compassionate care for each other, for our patients, and to really think about what it meant as a healthcare system for us to be more compassionate. I think it's that recognition that we were all going through something unthinkable and that we still are. And I do think that's what we need to recover as a healthcare system, as a country; we need to have that compassion and that respect for one another.

I'll always remember... I don't know if people know how really impactful it was when they were clapping for all of the healthcare and frontline workers at 7:00 each night. There were some evenings walking home where it brought tears to my eyes, and I think it was that feeling of support,

that level of compassion, that respect that we had for each other which to me really is what we need and is the essence of the human experience. That's really what we're trying to build into our healthcare system, into our society, (the focus on) How do we recognize that we're all coming from different places, but we all want the best for ourselves, for each other, for our communities? And how can we just make that a little bit easier?

Making it a little bit easier

I so appreciate that final reflection from Dr. Iyasere. I remember seeing the videos, as a former New Yorker myself, being moved in hearing the cheers, the applause, the music echoing through the caverns of New York City and then seeing that reflected in cities around the world. It was that acknowledgement, that recognition that we were all contributing to something bigger than ourselves that was so moving, so inspiring and a reminder of all that remains possible. That is what Dr. Iyasere and the team at NewYork-Presbyterian's Dalio Center are working to do every day. To help us frame the complex and intricate challenges we face, to honor their significance and yet make it easier for all of us to acknowledge, engage in and address these clear and present challenges.

This idea reflects so much of what Dr. Iyasere has been able to accomplish and more so is integral to the foundations she is laying for a new future overall. So much of this seems grounded in the story Dr. Iyasere shared to start our conversation, that she was taught to believe and was supported in believing that she could do anything, if she were willing to define and find those barriers and break them. I think that is exemplified in everything Dr. Iyasere shared and is doing with a sense of humility. She understands that these issues are a lot bigger than we'll ever be, but our chance to impact them with thoughtfulness and grace, as well as rigor and strength, is all we can and must be working towards every day. This is truly enlivening and inspiring in its own right and a gift Dr. Iyasere left us with.

If we are willing to identify and name the issues, to have the hard conversations, to put in the hard work all with an eye on something bigger, we can and will change our system. We will elevate equity, dismantle disparities, and root out racism. And yes, we will truly transform the human experience in healthcare and beyond, together. Thank you again to Dr. Iyasere for helping lay a path for us to follow.

You can learn more about the work of and resources from the Dalio Center for Health Justice by visiting:
<https://www.nyp.org/daliocenter>