

“That’s Understandable” Season 2 - Episode 10
“Holistic Health Equity” Transcript
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Brendan (00:08)

Hello everyone and welcome to That's Understandable. I'm your host, Brendan McEvoy, US head of external communications at AstraZeneca. If this podcast has been enjoyable and informative for you, take a moment to like and follow on your favorite streaming service. And if you know anyone else interested in today's topic, be sure to share because our goal is to help make everyone, because our goal is to help everyone to better understand what science can do when we all work together.

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Have you ever paid attention to those surveys doctors offices have you fill out when you're visiting for the first time? You know, the ones that ask about your medical history or family medical history, whether you're a great aunt on your mom's side or was it your dad's had high blood pressure or a history of asthma attacks. If you have, you might have noticed that many of these questionnaires have in the past several years, started asking things you wouldn't typically associate with physical ailments. Things like, are you unemployed? Are you struggling to feed your family? How often do you feel overwhelmed? Do you mediate or do you meditate or how much time do you spend with friends?

If you ever wondered why they ask these questions, then this episode is for you. Because today we're going to discuss holistic health. No, we're not talking about healing crystals or trying to balance your humors, though no judgment if that's your thing. We're discussing a scientific approach that connects mental, emotional, social, and physical health to paint a clearer picture of your overall wellbeing. Holistic health, or whole person health, involves looking at the entire not just separate organs or body systems, and considering all the factors that impact either health or disease. Why? Because studies show that there's more to human health than genes and physical activity. For example, according to the World Health Organization, social determinants of health account for anywhere between 30 and 55%. These factors include socioeconomic status, education, access and quality, healthcare access and quality, neighborhood and built environment, as well as social and community context. Research from 2019 published in the American Journal of Health Promotion shows that when individuals receive whole person healthcare, they experience a myriad of benefits, such as reduced stress in 77 % of today's participants.

Another study by the New York Albany Medical College showed 24 % lower healthcare costs excluding prescriptions for participants. As you can tell, the whole of your health is greater than the sum of your individual body parts. So let's dive in with the help of our expert guest. First, I'd like to introduce Darryl Wright, Senior Vice President of Community Outreach with the organization So Others Might Eat, or SUM as it's called. Darryl joined SUM in 2015 to help further its mission of breaking the cycle of poverty and homelessness in the Washington DC area through a comprehensive approach to health and wellness that not only addresses the physical needs of participants, but the emotional and mental health needs as well. Thank you for joining us today, Daryl.

Daryl Wright (03:19)

Thank you for having me today, Brendan. Happy to be here to talk about my views on holistic approaches with whole person care. And some has been serving in this area since 1970 and breaking the cycle of poverty and homelessness by providing whole person care, not just direct services, but making sure people address their housing needs, their mental needs, their workforce development needs, as well as their substance abuse needs.

Brendan (03:44)

Great. Yeah, I'm looking forward to diving in and learning more about. And joining Darryl is Kate Wickersham, Director of Development at LCH Health and Community Services, a bilingual health and social services agency. Kate joined LCH in November, 2021, following her longstanding career serving communities through profit and nonprofit organizations. Kate utilizes her skills in storytelling, strategic development and marketing, philanthropy and more to connect communities and centers of care.

Welcome, Kate.

Kate Wickersham (04:15)

Thanks, Brendan. I agree with Daryl. It's wonderful to be here. And LCH has also been serving the community for more than 50 years. We started in 1973. So we're thrilled to be able to bring what we do for the community to you and your listeners.

Brendan (04:29)

Fantastic. A lot of great expertise with this conversation then. So let me start off with, I guess, a bit of a scene setting question here. And that is, what does whole person health mean to you, and how does it differ from traditional health approaches? Kate, if it's OK, I'll start with

Kate Wickersham (04:50)

Well, for us, whole person healthcare really looks at the individual and all of their needs. So LCH provides integrated behavioral and social services, as well as our physical services in healthcare. When we look at the whole person, it means that you really have to look at what brought them to you there today and what their situation is. So that means that you're addressing things like barriers to care. Is the person who's there in that healthcare appointment

facing other challenges in their life that you can address them and dare with them, almost as a safety net. That's how we like to look at LCH and organizations that are like ours. When you look at the whole person, you ask questions about their mental health, you're asking them about their transportation needs, language barriers, poverty, housing, and more.

Brendan (05:40)

Great, thank you, Kate. And Daryl, from your perspective, what does whole person health mean to you and how does it differ from traditional health approaches?

Daryl Wright (05:48)

I think to back up what Kate said is whole person health is addressing the root causes of what is ailing someone and not just the band -aid to address the ailing. And I guess with some, this was an evolution for us. Our foundation over five decades ago was as a soup kitchen. We provided essential needs to the marginalized population, the people who were the most vulnerable in dealing with hunger on daily basis. So starting off as a soup kitchen, we slowly realized feeding people every day does not address why they are hungry and providing clothing and showers do not address why people are homeless. So we started to realize a lot of it was rooted in medical and mental health services. So we added to our continuum of emergency medical and mental health services. And we realized providing people healthcare does not change the trajectory of their life. So we added social services, workforce development. We added substance abuse disorder so we can start removing the barriers that prevent people from being independently prosperous. And that's how we backdoored into Whole Person Care. So when you come to get a meal in our soup kitchen, we are starting you on the journey to say, why are you getting a meal here?

What is your meal for tomorrow? What is your plan for the next day? And putting plans together to transition people into case management and Whole Person Care is not dealing with why you came to the organization, but what we can do to prevent you from needing the organization. And that is how we arrived at a Whole Person Care approach to our continuum of services.

Brendan (06:50)

That's great, Darryl. So I'm guessing, or I'm not guessing, I'm coming to the conclusion based on both what you said and Darryl, that there's not necessarily a standard or single goal for whole person healthcare. It sounds like it's more about the individual and assessing what they need. Is that an accurate statement?

Kate Wickersham (07:14)

Yes, this we are relationship based. You're not coming in for a transaction in either of our organizations and those that look like us. You're coming in for service for your whole person and we're trying to build those connections. If we don't offer those services at LCH, what we do is build the connections in our community. We're not duplicating services. We're partnering with other organizations to be able to provide those. But really what we're doing is like you separate and it's really just looking at the

And what do they need in order to, like Darryl said, not need us ever again? How can we be that safety net and lift you

Brendan (08:08)

Yeah, Darryl, anything else you wanted to share on that point?

Daryl Wright (08:12)

do want to add that it's important when you have an individualized approach to people because people's needs are different. When you look at the various social determinants that may impact someone, if someone is a physical ailment, then yes, you need a doctor. But if someone is a cognitive issue, then you're going to need some therapy. But if you have an educational affirmative, you're going to need some additional work skill. So everyone needs the same thing. So you have to have a fluid continuum that addresses the various needs. And I think what sets us apart, again, is because we are multifaceted. If you're just coming to see a doctor, we are full -fledged medical health center. You may not need, you may not be food insecure, you may not be housing vulnerable. You may just need medical attention and I'll continue and provide what you need where somebody else may need the skills to get an affordable job. We have workforce development. If your need is not housing or food or medical, we have what you need and being able to meet people's needs wherever they

is what a true whole person get with a whole person and not everybody needs the same thing at the same time but to be able to grow with the person and evolve with their needs evolve and be able to adjust them and getting to the next

Kate Wickersham (09:14)

And I do think, Darryl, to add on to that, Brendan, is that sometimes folks don't know what they need. And so you need to be an organization that looks at the whole person and asks the question, because not everyone knows what to ask for. So when you have that kind of an approach, you're encouraging folks to tell you what they need so that you can then provide that service.

Brendan (09:35)

It makes me wonder, both of you mentioned the importance of relationship. So I would expect or assume that often a person that is coming to some or LCH is probably in a bit of a vulnerable state, And sort of a situation obviously that they wouldn't want to be in, in terms of needing some sort of support or assistance that they don't have. How do

Each of your organizations essentially has kind of established that quick relationship or standing in order to be able to even have the conversation to understand what is truly driving why one individual is there and how to go beyond, just kind of looking at sort of one facet of the issue, but actually trying to understand more holistically what it is that, what services and assistance they may need.

Daryl Wright (10:35)

I will address that simply and I like how Kate started off the solution is in building the relationship I think what makes it easier for us is because For more than 54 years that we've been serving food the resiliency of our emergency services Every single day for 54 years through war through weather through desert storm through the pandemic since April 1971 We have never not served two meals a day so when people come to trust no matter what is going on, zero degrees outside, but I can still get a meal. Trusted every day whatever happens to me. I'm going to be able to come and get a meal. You built up that relationship. So if I tell you, why don't you talk to the doctor across the street just to make sure everything's okay. Because you've already trusted, I have been able to get what I need every time I come here. I will take that advice and I will go to the doctor and you progressively get people to seek other services. Because the natural thing I have to you after 10 years, if you come here every day to eat, have you

Going to talk to somebody about getting a job that will help you have money to buy food or did you know across the street? We have a food pantry. We don't have to come here to eat You can take food back to your house and just getting people to understand what else we do besides Serve food and I think building up that trust they're gonna trust the person that's helped them and never let them down and Then that way you built a relationship where they I will trust the next suggestion that you make Even if that suggestion is I have a friend named Kate who can help you to get to the next level you go tell Kate that Daryl sent you and that's how you build the trust you warm hand over someone so they can get what they

Kate Wickersham (12:01)

You said it, Daryl, warm handover, right? We build relationships within our service organizations so that folks know if Daryl sent you to me, then they'll come because Daryl is who they have that relationship with. And so it's really, really important for the community to have the trust, like Daryl is saying. And quite honestly, and I know he's feeling it too, our people are our best asset. We have amazing people. We've got the best providers.

the best nurses, the best caseworkers, we absolutely hire the right person. And that person oftentimes is coming from the community. So I'm sure many people have heard of this, the not about me without me, right? Hire from within your community, hire from within the folks who know about your services because, and who maybe have come from need in their own way or have utilized services like your organizations.

because then they're coming from a place within their heart that they can understand the patient or the person who's standing in front of them. So our people are the best and we connect with only the most dedicated organizations to send our clients or our patients to.

Brendan (13:14)

I can see that personal touch and really having the right people there who really care about, know, making, improving lives and making that, you know, that experience to each and every person that comes to you through the doors of each of your organizations, very personal. can see how that makes a huge difference. Kate, in my intro, I shared a finding from the World Health Organization that social determinants of health impact as much as 55 % of all health outcomes.

What are some of these social factors that you see having the biggest impact, either from a positive or a negative

Kate Wickersham (13:49)

Well, I've got both. I can always give you both, okay? But I think one of the challenges, one of our biggest challenges that we are seeing, so LCH is located in Kennet Square, Pennsylvania. We also have two other service organizations or locations that are close to us in Southern Chester County. And we, our patient base is often from an agricultural workforce. And so one of the many things that they're dealing with is a language barrier.

We have transportation barriers. And then the biggest is poverty.

Just think about that. LCHC is almost 9 ,000 folks every single year. One in two are facing poverty. They're uninsured. They're coming for services and they can't find the funding. They're in poverty. They're looking for how am I going to make my next meal? Is the roof going to be over my head tomorrow? I'm working an hourly position. I can't take off work to go to the doctor. It takes me all day because I don't have a car and I have to get a ride.

that each individual who utilizes our services has to think about just to get to us. And so the hardest thing, I'm going to keep saying poverty, poverty is a big one in our area because we are a little bit more rural than the DC area. We are facing a lot of transportation challenges as well. And our patient population do have language barriers. Can I give you a positive?

We've also been talking about this already. We've got fantastic service organizations all over our county and our country. So there are a lot of opportunities for your listeners. I cheated and you have millions of folks who listen, right? So just think of the impact that a million people, just one million people makes when they donate to their service organization of choice.

When that happens, it allows that organization to have the operating funds in order to serve the folks that need to come and utilize their services. So if you just looked at one million of your listeners who gave \$10 to the service organizations that they need, they just donated \$10 million. I mean, come on, that's impact right there. And hopefully they're doing that within their own community to their service organization of choice. That's a real impact that can happen. And I think

Having support of organizations like ours that are nonprofit is really, really important.

Brendan (16:17)

And Daryl, from your perspective, are there similar social factors that you feel have the biggest impact, whether from a positive or negative standpoint?

Daryl Wright (16:30)

Well, I'll give you one example of each. guess in the District of Columbia, I think the biggest barrier that we have is the inequity. Most people on outside looking in, look at the average median salary in Washington, D .C. It's about \$96 ,000. And that challenge is that income and that wealth is not equally distributed within the city. There are severe pockets of poverty,

homelessness and hunger. When you look at what the latest information tells us is that one in three citizens of the District of Columbia is facing food insecurity on a daily basis.

So when you talk about a barrier to health equity, if I don't know where I'm eating today, then health is not even equitable. It's a fantasy that I'm gonna worry about going to a doctor when I'm worried about where I'm gonna sleep tonight. So many people in the District of Columbia are vulnerable and the cost of living is one of the biggest barriers to contribute to homelessness. The point in time counts about 4 ,000 individuals on any given day in the District of Columbia who are unhoused. But in reality, that number is undercounted is

8 to 12 ,000 people a night who do not have a place to live in the District of Columbia. So when you talk about preventative medicine, that is not something that is somebody's realm. Their concern is immediate shelter and what am I going to do to feed myself and to feed my children? And because the income distribution is so inequitable.

We are dealing with people who are extremely vulnerable, who need those daily services, which again is why it is important that the essential services bring people in so that you can start to deal with the other social factors, the financial factors, the mental factors, the spiritual factors to feed the mind and the spirit so that people just don't become overwhelmed with the anxiety and the daily pressures of not having enough money to meet, their ends meet.

Brendan (18:04)

TRANSITION 1

The number of barriers to accessing healthcare Daryl and Kate shared was staggering. It made me wonder: are these issues distinct, or is there an underlying theme connecting them?

And so you, you know, in summarizing some of the factors that you both said, I heard, you know, poverty, transportation, language barriers, homelessness, hunger, is there, would you, would each of you say that there's sort of, if you had to pick, is there one, you know, one factor in particular that really sort of, you know, is the largest contributor and then the rest kind of pile on for or pile onto is does this sort of one stick out or is it kind of this culmination of the variety of factors that kind of, you know, unfortunately land people in sort of in a situation of need.

Daryl Wright (18:58)

Well, Brendan, I will say that for me it is poverty because everything that we've talked about in this conversation derives from poverty. Access to housing is because you cannot afford it because you're living in poverty. Access to emergency needs, health and mental health services is a result of having coverage and benefits that you don't have because of poverty, having an adequate job. If I'm living in poverty, I'm not going to have the resource. I'm not going have the things as simple as a resume or access to a computer to apply for a job. And then when you talk about the cost of living and the economy, when you think in terms of just this one dash board I'm going to give you, if you think of in the District of Columbia where we have a minimum wage of \$17 .50, we are the highest minimum wage in the nation. The District of Columbia has a higher minimum wage than all 50 states.

But a person working full time at minimum wage in DC would need to work 103 hours a week in order to qualify for a one bedroom apartment with the cost of living in DC. So the myth of people living in poverty is not that you're lazy. You're talking about people with two full time jobs working Instacart and doing hair on the side. And still 90 to 95 % of every dollar they get is going to housing. That leaves no money for transportation. Food is a fantasy. Healthcare is distant dream.

because everything I get is going for housing and it's still not enough to make my ends meet. So when you look at poverty and inequity, that is the biggest leading factor to people not being able to be proactive about their health, their wealth, or their financial stability if your immediate needs are never being met.

Brendan (20:29)

That really helps put it into perspective, Daryl. mean, to think about based on that minimum wage, to think about, you know, just that those numbers right there, right? 100 hours and still, I mean, that's just what other time would anyone have to do anything else besides work? even in doing that, that only gets them sort of the bare minimum, right? I appreciate you sharing that because I...

One of the things about this podcast is that it is, have listeners from all different parts of the country and all different living situations. so some of us have a hard time relating or sort of understanding when we're talking about the services that people need or how someone may find themselves in a situation where they need to leverage certain types of services. I mean, you think about, what you shared, because we're kind of talking about very different populations, right? Between those, Darryl, that you serve and Kate, that you serve. And so a misperception might be, okay, Kate, maybe in a more rural agriculture, or maybe there's less access to services than, let's say, you know, DC, given it's, you know, a city, but in reality, there's, it's not that easy, right? There's still, there's very specific barriers or factors that impact each community you unique to that community, right? And so one, one is not better off than the other. It's, it's sort of the, it just is what it is within that community.

Kate Wickersham (22:06)

And, and Brendan, there's something that Daryl said that's really important too, is that look at all of the communities of all of your listeners. I bet you can find a pocket of poverty. I'll bet there is need out there. Just because DC is wealthy, just because Chester County in Pennsylvania is wealthy, does not mean that everyone is.

It means that you maybe just need to look a little harder. And for the folks who are listening, the challenge too, I think with many folks who have need is that there's a stigma involved with that. And I just think it's level setting to think that at any moment, any one of us could have some type of challenge that puts us in a place of need. And so that grace to think I can make a difference or support in some way for my community is really important because we

never know where we will be someday or where our friends may be or our children or our families may be. So it's really important to just take a look, look deeper into our own communities because you will find it and you'll also find with them, you know, those folks who are the heroes who do the helping and so there's always that opportunity to support in some way.

Daryl Wright (23:19)

Brendan, can I add one more thing, please? Two things I like to talk about. I like to talk about what I really think where this conversation is healthy, especially for your listeners, is in doing just what Kate said, removing the cloak of invisibility, because there a lot of people who just are not aware. And I would challenge any listener, when you go to Starbucks to place your order, when you're walking in trying to figure out if you want a half -caf or a double latte, that person holding the door is probably a homeless person who is asking your question. The door is not automatic, but you don't see people who are changing. Can I have the change when you come out? A lot of people walk through the door and think it's a revolving door. But when you talk about removing the cloak of invisibility, that is something you're listening to. Just by listening to what we're talking about today, the next time you see somebody and not think that they're

camping outside, they may be living in an encampment and not just coming to your town to camp out in the middle of the town. It's a lot of times people just don't know what's going on around there. But the good side of it is because we had these conversations, and we talk about whole person care, we're able to study the data. And one of the things that we really appreciate is learning by looking at the data. And one thing I would like people to know is that the social return on investment as a result to evaluating those factors, we realize when I give you a best case scenario.

We had someone explain to them because I'm able to come to some every day and eat, I don't have to buy groceries. And because I come and shop for clothes in the clothing room, free of charge, I don't have to use that money. I would have had to pay for school uniforms for my daughter. I was able to save up enough money to buy a car. And because now I can buy a car, I don't have to wait on public transportation. So I can drive a little bit farther out of town to get a job that pays me a little bit more money and I can get back. And now as a result of that, I have more money coming in and now I can pay rent someplace other than what I used to be able to afford because I can afford more. But it started off on that return of being able to access food with no charge and being able to get cleaning supplies and clothing supplies and being able to see a therapist free of charge. I'm able to use that money to change my financial situation. So now the social return on the investment that volunteers and donors make to our organizations allow people to financially take advantage of financial literacy and structure their finances so they can change the plight of their family, thereby getting rid of the generational trap of poverty by doing something different. That's how this whole thing ties together. The services that Kate and I provide allow people to save in that area and put that money towards something else so they can lift the next generation out of those bondages. And that's because of Whole Person Care not treating the one thing, but they're treating everything. And let's look to see how we can change this and break the cycle. And I think both of our organizations do that very well. We're laying the foundation to change this in the future.

Brendan (25:54)

Very well said. And... it's all about the people, right? That you can, you know, that you need the right people working at organizations, like the both, both organizations that you work to who truly care, right? Who want to make change, who want to see the, you know, see change. And so now I just, I just had to say that I think it's, it's, it's so clear in talking with you about just how passionate and committed you are to this work. So, I hope, you know, that's another thing that people will take away from this episode is that just how, you know, there are great human beings really, who really trying to make a difference here. And like you said, Kate, the impact that anyone of us can do, no matter how small whether it's financial or volunteering or something like that within our communities can have a really big difference. And to Daryl's point, kind of a compounding effect, even it might be a small thing that could lead to something much bigger and really changing a person's life.

Kate Wickersham (26:46)

Absolutely, and I have to add in Darryl, every time you talk, I just want to yell, yes! The whole audience out there is going to go, yes! And you can feel it. You just, you drive that passion in folks and thank you for doing that. For us, for our patients, for all the folks that we serve, you are what we need. And you're what the listeners need too. Absolutely.

Brendan (27:10)

Yeah, couldn't agree more. Yeah. Don't ever lose that, Daryl. That's fantastic. We need more of that. So I mentioned in my upfront that some of the studies have shown the benefits of whole person care. And obviously we talked a lot about it, you know, so far throughout this conversation, but sometimes when we get into the data and numbers, it's a little too clinical,

right? And I think sometimes what really makes it resonate our story is an example of how we're seeing this come to life. So my question to each of you is, can you share some of the benefits that you've personally seen through the result of your organizations and how this works? And if you have any success stories that you can share, I think that would go a long way in helping this become even more real for our listeners.

Daryl Wright (28:01)

I will start and I know I've worked with Kate in past on another panel. So I'm gonna share this story when I talk about the power of how your listeners, your audience and the general public, you need not be in Pennsylvania or District of Columbia to help wherever you're listening from. Just I beg you to give a little bit of your time and attention to a cause that you're passionate about. If it's education, look into tutoring. If it's working with seniors, look into senior service and elderly care. If it's working with sports, look into the Boys and Girls Club because when you give a little bit of your time, you're helping Kate and I with our mission. And my mission is passionate to serve people who come here every day who need. But what I like to talk about is our robust volunteer service, where the way the volunteers have supported us for decades in every aspect of our continuum. And the story that I wanted to share with you is we had a sorority, Delta Sigma Theta Sorority Incorporated came to our soup kitchen for their day of service. And what they did, they had over 80 deltas in their sorority colors. Some were serving food, some were cooking food, some were washing dishes. There was one woman who was explaining what a mammogram was and one of the young ladies in the dining room who was homeless simply asked, well, why do all of you have on red and white? And she said, well, these are sorority colors. And she said, well, what is a sorority? She said, it's a sisterhood we pledged in college. The girl held her mouth in surprise and said, so you want me to believe that all of these women went to college? And she said, why, yes. And she said, I'm an orthodontist. Do you know what that means? And she said, no. She said, that means I help your smile look so beautiful.

And Mysore is an architect. She's going to keep this building safe so you can eat every day. The period was over with and the lady said, can I please have some sandwiches and a hygiene kit to take back to the shelter for later on. My secretary went to get the sandwich and the hygiene kit and the deltas were signing out. And her friend looked at her and said, that's the Langston Terrace crew. We used to beat them up at the roller skating rink. She said, no, it's not. She said, that's Delta Sigma Theta. You need to see the orthodontics because your teeth are crooked.

There is not tell this story about volunteer impact. To this day, that young lady doesn't know whether it was a ham sandwich or a peanut butter and jelly sandwich she took back to the shelter. She doesn't know what type of deodorant was in her hygiene kit. She, and you all say I'm passionate, she doesn't even remember my name, but for the rest of her life, she will tell anybody what an orthodontist does because a volunteer came to some and told her she was beautiful.

That is a success story. When you shed visibility on the invisible, they remember the impact. They're gonna remember what you said, what you shared, how you looked at them and how you made them feel. But people can't be what they can't see. So if you don't volunteer in organizations in your community to give people the hope of what it looks like to be a successful, beautiful podcast announcer or what it means to be a successful, intelligent, proud woman who is working when I live in a shelter and the only women I know are in the shelter with me, I don't know women like Kate exist unless I see them. So that is important for people to get involved.

Volunteer with the organizations in your community and if they don't exist, please email cater I will tell you how you can help our organizations

Kate Wickersham (30:50)

Thank you, Darryl. That was perfect. Yes.

Brendan (30:54)

Yeah, that's, that's wow. mean, yeah.

Kate, any, any builds experiences that you, I'm sure you have a ton, right? But anything come top of

Kate Wickersham (31:04)

Well, I don't know how you can ever beat Darryl, right? So we'll have to have Darryl. You're just gonna be the lead for our storytelling. But I wanna add on to what you're saying is that the time, talent, and treasure of folks is so vital. You can give a few moments of your time to inspire. You can be a volunteer. There are places where you can volunteer if you are in financial services, if you are in healthcare, if you are in human services.

If you're an artist, all of these places, all of these professions, all of these things, there are opportunities for you to donate your time and your talent. And of course, I'm in development, so I'm always going to want your treasure. But donations matter to nonprofit organizations. We're going to hire the right people. We're going to provide the services. But we also need that support as well. And I think no matter where they donate or their time or their talent and that treasure.

Every dollar matters as well. So every single penny supports those organizations that you are passionate about. Daryl and I did have the opportunity to do an organizational presentation together and one of the things that we talked about was advocacy and really standing up for yourself, standing up for what you believe in and telling people about it. You can advocate in so many different ways, but if you are passionate about something, if something has touched you and you have that passion in your heart, you need to reach out and tell folks this is important. Oftentimes what you are going to see is that there are representatives from your state that you can tell your story to and make sure they know what is important to you and what makes a difference in your community reach out and tell them, guess what? They have to listen. You put them in place, they've got to listen to what's important to you. And one person is one voice. But if a thousand folks are passionate about healthcare access, if a thousand folks are passionate about homelessness and food insecurity, and those thousand people reach out to their representative, it puts it on their plate, and they have a thousand reasons to look at it. passionate with Daryl, but I think that your listeners have that passion as well and they need to say it. They need to say this is what's important. That's how we're going to make change. That's how we're going to move that needle because every single one of us has that within us and that costs you nothing. That costs you five minutes at a computer where you shoot off a quick email and say this is really important and I was just listening to Brendan and his podcast and I was inspired by Daryl and Kate told me I had to open up my computer. So that's what I'm going to.... That's how we're gonna make change. And we can all do it together.

Brendan (33:36)

TRANSITION 2

It was clear from Kate and Daryl's responses that many of the people they serve benefit from a holistic approach to healthcare. That's when it hit me: we **all** need whole-person healthcare. I wanted to know what the major challenges were to de-siloing healthcare for all.

That's great. Yes. I love that. I love that call to action. We can all do, there's all so much that we can offer. We can do it. Right. And so sometimes we just need that, that, that extra push. Right. So I appreciate Kate, saying that and I dare, I'll think likewise, you, you know, you, you made that, that point very clear as well. So I want to shift gears a bit, which is, you know, we talked, we've obviously been talking a lot about whole person healthcare and you obviously are both very passionate about it in the work that you do.

But I would think it's fair to say it's not necessarily a mainstream or the predominant perspective on healthcare. And so I think a lot of us are probably thinking about the interactions we might have with the healthcare system and it tends to be sort of siloed or isolated in terms of why you might be interacting there. So do you encounter any sort of challenges in sort advocating for this whole health care or whole person health care, do you face any challenges in terms of interacting with other health systems or service providers who maybe are not sort of seeing the advantages or the benefit of looking at this in a more holistic manner?

Kate Wickersham (35:05)

I think that holistic care is something that every human deserves, all of us. It doesn't matter where you are in your financial standings. We all deserve that. And the way that our health care system is built right now, it is a la carte, right? You go to your primary care doctor and you have a, you don't go for a cold, but you have an ear infection or something like that, right? Let's just say

If you came to LCH, and Daryl, in a moment, I'm sure you'll talk about some, but if you came to LCH and you went in and you said, I'm just not feeling well right now, and then that provider continues the whole care and asks you a few more probing questions, maybe they find out that

good friend had just passed away and you haven't been able to sleep for days and you have a behavioral health need, we can get you that help right then and there. And that's really important because that person then doesn't have to leave the office in order to get that. And the same thing, you're in that same primary care appointment, you're talking to your doctor, they ask you a few extra questions, they find out you're not sleeping because you don't have food. And so you had to choose. I had to get my medication, so I didn't buy groceries this week, so I'm a little hungry and I haven't been sleeping well. Well, we're able to then connect you with those food pantries and some, and our caseworkers will also look to see if you're available for other assistance like SNAP benefits and things like that, because maybe you don't even know about those opportunities. So that's what looking at the whole person is. And I think that other larger organizations do try their best to provide opportunities, but they're not built like we are built.

We're built with the whole person in mind. So we started that way. Other larger organizations or systems are oftentimes built with that a la carte in mind and they're trying to come back because they see to your point you see the data they see how important it is to give to provide whole person health care but we were built that way so now I think you're seeing a pivot maybe in the organizations that weren't built like we are and they're trying to turn that tide a little bit but I have to go back I think it's a right I think being provided care in that holistic of being able to look at those safety nets of food, housing, mental health, connections to other resources is really the way that we should be providing care.

Brendan (37:30)

Thanks, Kate. Daryl, what about you from your perspective?

Daryl Wright (37:34)

I would like to add to that. think I'm going to agree with Kate. is what I'm seeing now, and especially the financial institutions, the insurance companies and the hospitals are understanding the value of the data, which is telling us the marriage between social determinants of health and social return on investment is opening up a new pivot point to people taking an invested interest in the whole person to care approach. What happens with large communities of poverty? There is no primary doctor to go to. A healthy emergency is at the worst chronic issue when I go in my racing and now you have to go to the emergency room and it's a \$200 ,000 bill what they are seeing is if you're coming to get a meal every day and you're checking with the cardiologist and you learn the connection between your lifestyle your poverty your living condition your heart it never gets to that chronic point where you walk in three years later to an emergency room bill that has to be written off this astronomical but preventing people from chronically ill with things that are easily treatable is what we both do in my organization and LCH with whole person care. You're coming into us for one thing, but we're treating everything so you don't evolve to point where it's chronic and it's beyond comprehension and it becomes a stress point and a financial burden on the community because the social determinants of health are being addressed so you don't ever evolve into a chronic situation and the health carriers are realizing there is much more value investing in whole person care treatment to prevent it from becoming a burden on

Hospital and financial institutions later on so I think it's easier to have this conversation because now we both Kate and I have the data to back up that our approach is going to be Beneficial on the entire social return on investment for the community making safer healthier happier people who do not contribute to nefarious activities who do not partake in illegal activities or criminal or violent activities because you're putting their whole life together. So there's not the need to do in greater disproportion. I think more people are starting to come along to the way we've already known because we were set up that way just like LCH, but now people are starting to understand the data shows this creates safer, happier, healthier communities.

Kate Wickersham (39:29)

And it's beneficial, Brendan, to the hospital systems, right? So hospital systems, their emergency rooms are getting clogged up with folks who waited a long time until it became an emergency to get in there. However, if you're able to prevent that from happening by having regular doctor's visits, making sure you're checking up on things like your mental health, checking in to make sure that you are coming when you're ill to your primary care providers, that you you're benefiting from that primary care and avoiding the hospital and emergency room when then those hospital and emergency rooms can be used for true emergencies that happen without that chronic piece. You also have to look at infrastructure for each of us is, you know, we've got ambulances and the EMTs. There's a shortage of folks who are able to provide those services. So as the health systems begin to rely more on primary care, places like ours, community health centers

Daryl Wright (40:11)

Yes.

Kate Wickersham (40:36)

with some and LCH, when folks go to visit us, it prevents them because they're getting the care before it's an emergency from causing the challenge for the community at the emergency room level. And we really need to start looking at that organizationally, yes, for those organizations, but systemically, we need to start looking at how people are provided care and what's our language around it. We need to talk about it. We don't often talk about things like that. Go visit your doctor every year. I'll be honest.

I have not been the best at doing that. But I have all of these great things available to me. I should be doing that, right? We should all be doing that. It's not just for those that we serve, it's for all of us. It's community, it's systemic. So if we can encourage folks to take advantage of our services for our organizations, but also their own primary care, it does benefit all of us to make sure that our hospitals have the room for us when we need them. And then, you know,

The support services are also available to get to us as well.

Brendan (41:28)

Yeah, I was gonna ask whether or not you foresee an appetite from other health centers, hospitals, larger institutions on whether you see them potentially moving towards this holistic or whole person healthcare. And as you both were talking, I think it... a couple of things that stuck out to me, you're talking about like we have data, right? We have data, which a lot of times like the facts, the data really speaks to institutions when they're looking at sort of making decisions. But this other piece too is around, is the sort of the longer term benefits, right? Or the reduced burden hospitals and other health systems by actually looking at the person holistically upfront versus treating each sort of ailment or condition in isolation. So I guess it's clear to me that I think, you know, there's, it sounds like there's definitely more of an appetite now as, as there's more data to, show the benefit of it. I think I also heard that it may require institutions looking or approaching or kind of shifting the way in which they approach healthcare in their settings. Is there any other thoughts on that point around sort of your perspective on whether or not you see maybe if you had a crystal ball, five, 10, 15 years, whether or not you potentially see sort of traditional healthcare providers or health services maybe transitioning to more of this whole person healthcare approach?

Daryl Wright (43:13)

I believe that we are going to see a bigger transition into what is proving to be more successful way to approach health challenges. And one of the unique dynamics is I've experienced in the District of Columbia is what has happened in the last two years with an influx of migrants crossing the border and being transitioned into what they consider traditionally democratic cities. And we had an influx of over 14 ,000 people who were left stranded on our train station that became woven into the infrastructure of the social service agencies in District of Columbia, which presented an immediate language barrier. It created an immediate cultural barrier because there were some things that we have to understand that we do in our organization that would not take place in a traditional hospital and understanding those cultural nuances. When you're at people who English is not your primary language or our faith may not be your and your culture, certain things may not be accepted. And I think with our interfaith approach to whole person care, we take into consideration that some cultures may require a kosher diet and some faith you may only be able to eat in the evening. So our model of giving breakfast and lunch doesn't work for somebody during the holy month of Ramadan.

But because we understand we make nuances for people's belief system, for their religious systems, and we make sure that we can treat the whole person. So if I'm running a food service during the Holy month of Ramadan, I've made an adjustment so that you can honor your customs and still take part of our service, which is food services. But because we serve breakfast and lunch and you can't eat between sunup and sundown, we make a plan to include your culture and your belief in your whole person care. And that goes back to what Kate initially said. We make an individual approach to services so that you don't have to sacrifice your belief, your faith, or your custom to get if I can't do blood transfusion let's find out what is you can do that's going to get the desired result that honors your customs and your beliefs and hospitals have not always had the flexibility to do individualized approach but when they see the outcomes and health are better when you address all of the issues if it's transportation if it's spiritual if it's financial if it's social let's get rid of the anxiety let's remove

the barrier so that we can treat the ailment to make the person whole so it's not just a medical issue it is a social issue, It is a financial issue. It is a spiritual issue and it is a psychological and mental health issue. And when we have always combined those together and creating the whole person is the end result to make the whole person better. Not just your health better if your spirit is still low, not just your finances better if your social is still off. So healthier society is a whole society.

Kate Wickersham (45:37)

And I think you both said capacity, right? So these larger systems, the capacity to move such a large ship, right? That hospital system, it's gonna be difficult. And I think quite honestly, my hope is that there's innovation around that change. So some of us do this really well. The care that some and LCH provide, we do it really well. And I'm hoping that we can have these large organizations really partner with us in order provide the services and really teach them the way to best provide that holistic approach and to do the preventative piece, the preventative piece that when we started, we were talking about those barriers to care. What are those barriers to care and addressing them? I don't want to say that every hospital system is not doing it can't make that broad sweep like that. I do know that there are fantastic places that do have caseworkers that work with them. I'm hoping that through partnership, we're able to connect in a way that allows us to maybe utilize services, not duplicate. I think that's part of it too. Don't duplicate those services. Let's work together through partnerships and through warm handoffs as we make those changes so that we can address things quickly.

Brendan (46:56)

Great. So believe it or not, we're actually coming up on our time together. mean, it's like this is, this has flown by, but, before we close, I wanted to, you know, take the opportunity to give each of you sort of, know, your final thoughts, final words. I know, you know, if there's anything else, I mean, this has been a very passionate conversation. And I think there's, I know for me personally, a ton of takeaways, but I wanted to give you one last opportunity here.

You know any sort of, you know, final thoughts on your mind that you wanted to make sure that you share with our audience today. Kate, maybe I'll go to you for.

Kate Wickersham (47:31)

I was gonna say, Daryl's such a passionate guy, maybe I should go first. I think for me, my personal message is to advocate, to make sure that you're not just one voice, but you're a thousand voices, and you're raising the things that are passionate to you, to the folks who do make a difference. And then also, of course, time, talent, and treasure.

Let's all see folks for who they are. Let's be able to offer our time, our talent, and our treasure to organizations that are doing tough work. really, the benefits are out there. Giving a little bit of your own time makes you feel good. Be selfish.

Give a little bit of your time, go volunteer somewhere, say hi to someone you normally would not say hi to. It's a selfish act for sure. You're the one who benefits because you feel so darn good when you do it. So have a little joy in your life. Do a little something for an organization like some or an organization like LCH. Do it for yourself. And then please, please, please advocate and raise your voice. And then I'm going to, I think we have to leave it with Darryl because I have a feeling this is going to be amazing.

Brendan (48:45)

Yeah. Over to you, Daryl.

Daryl Wright (48:48)

Yeah, so I think what I would like to see my call to action would be, especially with your listeners and your audience, you had the power to share what you've learned in this conversation, just what you've learned from the three of us this evening is more than you came into the podcast knowing and there's somebody in your community and your surrounding in your neighborhood who does not know may have the same stereotypical myths that you had before you heard this conversation, educating people on the inequities that exist on the services that are available and how the best way they can change something is to volunteer. Look in the white pages, yellow pages, ask somebody, where is there a community need in my neighborhood or my block that I can make a difference if it's donating sandwiches to a soup kitchen, if it's volunteering at the schools just one hour a week doing some volunteer tutoring, but making a difference in your community. When you start with that, someone's gonna ask you, why are you doing this? Well, I saw a podcast where I learned X, Z, and now you're sharing information and you're breaking down stereotypes and people are getting to learn. There are ways that we can play a part of the solution by getting involved. So the call to action begins with you and your first act. And then someone asks you, why are you doing this? And challenging them to pick

thing that is your passion your purpose or in some cases maybe what was painful for you that you now have overcome and you can just share the knowledge that an obstacle can be overcome and I always say that when volunteers say well what are you talking about I give the example I am speaking to you on this podcast I've been with some about a decade but since I've been in my job I have suffered three heart attacks two strokes and overcome colorectal cancer so when someone comes to the soup kitchen say Mr. you don't understand what I've been through I've had a stroke and I can't do anything else in my life

I've had two strokes, but when I tell people my medical story, it makes them realize what I thought the stroke was the end of my life. And I said, it's not the end of your story. You get a penny, you write a different ending. I can say this because I've overcome multiple strokes. But if you're dealing in a situation where you're volunteering in an organization where there's domestic violence and you tell someone what I overcame to me, well, my husband left me. Well, I got my doctorate after my divorce or after my bank run. When you find out this life after the infirmity that you thought was the end of your world, but people can't know.

There are things that can be surmounted if they don't know that people have survived them. So find your pain, your passion, your purpose, and put it into action so that somebody can change the narrative. And you may be the catalyst. I know what I do very well, but what I don't know is what your listeners do and what happens when they show up and share their passion. I know how people feel about my passion. I would like to find out from your audience, what happens when you share your passion? What happens to the fire then?

What happens to the flame? Does it become hotter or brighter? Does it shine farther when you get involved and share your story, your transition, your success or your failure? But I challenge you to find your passion and put it into purpose in your community, your neighborhood, your church, your school, your surrounding, and then come back and tell me how that worked out and what happened as a result of you sharing your passion, your pain.

your success and even your failure to just prove that you can overcome failure. I think when people get involved, that starts the ball rolling. And I would like to see what happens when the ball gets to the end of the hill. So I would love to come back a year later and hear from some of the people on the podcast. After that, I did this. Let's have a follow-up call and just talk about what happened as a result of this conversation.

Brendan (52:00)

Wow. I mean, there's no, there's no other point to end on than that, Daryl. I thank you. Thank you both so much. I mean, not only for this conversation, but more importantly, for the work that you're doing and the impact that you're having in the community is where, where you live. So again, thank you so much. Thanks so much for your time and for sharing everything with us. you know, often in healthcare, we focus on solving a single problem or curing a single disease. And at times we may overlook the bigger interconnected picture of human

That our body is connected to our environment and our community just as much as our fingers are connected to our hands. That is affected by our mental and emotional state. That the wellbeing or lack thereof of our community and environment often is reflected in our physical health. Today's episode helped give me a little bit more perspective on what being healthy means. And I hope, and I hope it provided that for you too.

SEASON TWO CREDITS

As this episode concludes Season Two of *That's Understandable*, I wanted to take a moment to reflect on how exciting this season has been – we have had tremendous conversations with outstanding guests – and I know I certainly have learned so much along the way. I can't not mention and express my deep gratitude for those involved who have worked together to bring this season to life, and the two special episodes. Thank you all for your hard work. We're excited about Season Three, where we'll be exploring even more great conversations with fascinating and inspiring guests. Stay tuned, and we'll see you next season! Until then, be well, be healthy, be understanding.

END OF SHOW