

Dr. Marjory Innocent

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Moderator: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week, Mark and Margaret speak with Dr. Marjorie Innocent, Director of Health Programs at the NAACP in the wake of the dramatic uprising across the country and around the world to the killing of George Floyd by police officers. She talks about the 100 plus years of work being done by the NAACP to address entrenched racism and the need to take immediate action to curtail police brutality, health disparities and economic inequities that are affecting minorities in this country.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives.

If you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program.

Now stay tuned for our interview with Dr. Marjorie Innocent here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Marjorie Innocent, Senior Director of Health Programs at the NAACP, the National Association for the Advancement of Colored People. Dr. Innocent helped launch the NAACP's health department as a resource for influencing health policy, aimed at addressing health disparities for people of color.

Margaret Flinter: Dr. Innocent served as Vice President of Research and Programs for the Congressional Black Caucus Foundation, and she was the Director of the Maryland School Based Health Center Initiative at the governor's office for children, youth and families. She earned her PhD in Health Policy Management at the Johns Hopkins Bloomberg School of Public Health, and Dr. Innocent, we welcome you to Conversations on Health Care.

Dr. Marjory Innocent

Dr. Marjorie Innocent: Thank you so much.

Mark Masselli: Oh, that's great. I think our viewers know that the NAACP is the nation's oldest and largest civil rights organization. You may not know it was founded back in 1909 to address the cultural violence against black people in America. Now here we are 111 years out 2,200 chapters later, violence is still not abated, and it seems that systemic racism is alive and well in America. In spite of so much hard work by so many people to address in mitigated, and as the country and really the entire world has been ignited by the death of George Floyd, at the hands of police brutality, what messages are the NAACP wanting Americans to hear right now.

Dr. Marjorie Innocent: Well, thank you so much for that question, and for your remarks, your very timely remarks. This time has been coming, unfortunately for a long time, and really, now's the time to make some really long overdue changes to the framework through which we really operate in our country and the framework through which we really define our policies. While it's been incredibly disheartening to see yet another case of police brutality, and one leading to the demise of a human being, it's been very heartening to see the level of energy, the level of rebuke, really, and desire to make change happen, and to speak out for change that's been emanating from across the country, and to see it happen, certainly, through the efforts of young people and young people across all racial ethnic groups, all backgrounds, and really around the world, it's been really, really terrific. We really encourage this, this continued energy and ultimately a focus on changing our policies.

Margaret Flinter: Well, Dr. Innocent, to get at the root of so many of these hardships that are entrenched in our communities of color. We want to look at the broader context. We have a policing system that is particularly harsh on minority communities. Certainly, we see this in the levels of incarceration among people of color. But we also know that housing and economic and food insecurity are huge factors in health disparities leading to higher incidences of chronic disease and poor health outcomes, and as if we didn't know that already, certainly, we see this amplified every day by the COVID-19 pandemic, kind of recognizing it and now really seeing in the data, in terms of the disparities of how hard hit communities of color are. How is the NAACP addressing these social determinants of health as drivers of these really tragic statistics?

Dr. Marjorie Innocent: So the NAACP is really uniquely positioned to address the

social factors that affect health by virtue of our large membership base and certainly our large base of state and local leaders. But it's also a function of the issue areas that we cover. Our work is really centered around seven areas that we view as really critical for advancing health and opportunity for African Americans, and they include health, education, economic opportunity, public safety and criminal justice, environmental and climate justice, advancing youth and young adult engagement, and voting rights and political representation, and those for us are really foundational.

Over the past several months in particular, we really have doubled down on our efforts to really examine the policy recommendations that have been proposed to address the pandemic across our issue areas and really to learn from each other and really build on each other's work. And a lot of that is also involved, really bringing to bear the voice of our local leaders and their engagement with their constituents as well to really lift up their voices. So we really recognize that the COVID-19 pandemic was something we certainly were not expecting but really helped to lift up the need to really, really have a very engaged group of people, really at all levels of government and all levels of society, if you will, to really be able to effectuate change, and so that's definitely very much such a core to who we are and really part of what we're doing right now.

Mark Masselli:

Well, that's wonderful. And you know, the NAACP has a great president Derrick Johnson, he held a powerful Town Hall this week, featuring some really key participants are Senator Cory Booker and Congresswoman Val Demings who certainly I think everybody knows Cory, but Val Demings, Former Orlando Police Chief and one of the names being mentioned as a potential running mate for Vice President Biden and Senator Booker, Former Mayor of New York, who lived in his own cities, tenements, to experience really the experience that so many people live in who live in poverty. Congresswoman Demings, who was the Orlando's first black female police chief, you know, both speak truth to power, and what did they share about the specific actions the nation needs to take to really address systemic racism across the country in this particular moment?

Dr. Marjorie Innocent:

Absolutely. We really were grateful for the participation of Representative Demings and Senator Booker in the Town Hall, and they certainly shared our outrage at what happened with George Floyd and the symbol of what really does need to change and is incredibly problematic with law enforcement

and policing really in our country. They really echoed a lot of what we're focusing on at the NAACP. So for us, we're really calling for sweeping police reform at this point in time. It must include federal legislation that really requires a zero tolerance approach in penalizing and prosecuting police officers, who take it upon themselves to kill our non-violent, non-resisting individuals that they're arresting. We also are calling for the Department of Justice to reinstitute consent decrees on police departments and municipal governments that have demonstrated real pattern of racism discrimination and mistreatment to our people of color.

One of the items that we also call for and we're very, very happy to see that Minnesota Governor Tim Walz has named the State's Attorney General Keith Ellison, as a special prosecutor for this case. We thought that that was really something that was necessary and definitely a step in the right direction.

Margaret Flinter:

Dr. Innocent, I wonder if I could go back and do a little more of a dive into the work that you've been doing as the Senior Director of Health Programs, and before that as the VP for the Black Congressional Caucus Foundation. This issue of health disparities just weighs on our mind all the time, and your goal is to promote policies that will get at the causes of inequalities and health disparities. But these are, as you so well know, very complex issues to tackle. Our country is made up of vastly different communities from coast to coast. Maybe you could share with us the policy work that you're doing at the national level with the NAACP that leverages the might of these thousands of local chapters and this best membership that you have to try and effectuate real change at the local levels, where people as we like to say live, work, play and pray.

Dr. Marjorie Innocent:

Absolutely. Historically, we really have focused on a number of issues that impact the health of African Americans, disproportionately. But over the course of the next several years, we really are going to bear down and focus more of our advocacy efforts on some of the more central challenges to the healthcare system that we believe impact African American health and the ability for African Americans and others to be able to get access to quality and timely health. That's really focusing on expanding community based home health care and really ensuring healthcare coverage for everyone. The latter, in particular, as you well know, has been a major topic of conversation that we've been able to make some progress but we definitely are not where we need to be.

From our perspective, really efforts to expand healthcare to where people live and really close to home is something that seems to be losing steam, quite frankly, and that's something that we absolutely recognize as really primordial to not just being able to access health, but really being able to ensure that people are able to have a medical home, to be able to have a medical home that's close to where they are, that certainly makes good use of assets such as community health workers, certainly, that's getting the financial support that it needs as well. Within the kind of an intersection, if you will, of the issue of making sure that community health centers and other sources of local healthcare have the resources that they need and really expanding healthcare coverage.

We definitely are going to be focusing quite a bit on Medicaid expansion but also looking at the reimbursement rates really that are being offered to those that really deliver care to Medicaid recipients. Within the universe of expanding community-based health care, we definitely include school based health centers, which we see as being very, very important for students to be able to ensure that they've got care in a comfortable setting, a familiar setting, that's right where they are for a good chunk of the day. That quite frankly winds up being a big advantage for families right, for their parents and caregivers, but also that doesn't require them to potentially have to break-off from work to be able to get their young person to care, especially for underserved populations might mean having to miss work and having to miss pay, literally not being able to get paid as a result, especially, for those who don't have paid leave yet.

Mark Masselli:

We're speaking today with Dr. Marjorie Innocent, Senior Director of Health Programs at the NAACP. Dr. Innocent previously served as Vice President of Research and Programs for the Congressional Black Caucus Foundation, and was Director of the Maryland School Based Health Center Initiative. Well, first of all, you're preaching to the choir about school based health centers. They are one of our favorite programs that we run here, but we also have been working with a School Based Health Alliance, the National Association. I think part of this was about racism and health inequalities, really just trying to get at how we engage everyone. As you think about the NAACP's very clear strategic game plan, tell us how you want people to be engaged with the NAACP and engaged in their local community. So much of the change happens at local levels. So maybe some of your thoughts on what you see participation levels looking like how do you think they'll be organized.

Dr. Marjory Innocent

Dr. Marjorie Innocent:

I think it's increasingly important for people to really understand the importance of their role in participating in our political process and in shaping policies. More importantly, quite frankly, I think, at the state local levels, because ultimately what resources actually come to communities are ultimately really shaped by what's happening within their local and state landscape. From the standpoint of really recognizing the importance of voting, that's got to be something that people recognize is a must, point blank, really. The folks who really get elected ultimately to key positions really helped to shape, really what it is that folks get, what it is that they don't. It's important for people to remain civically engaged and really remain connected to the process throughout. In terms of looking at, ultimately how – what appropriations are being made, how policies are really being implemented, where they are, that's also very much part of what they need to do.

I think it's also really important for them to share information that they are learning and to seek out information also. I think about what the challenges are in their communities, the solutions that are being proposed, and really to help bring more people into the process. I think without that we're going to continue to see some folks who continue to succeed and others who don't.

Margaret Flinter:

Well, Dr. Innocent, as Mark noted, you're preaching to the choir when he talked about school based health centers a few minutes ago. We think this is possibly the most important upstream prevention work that we do. We have over 100 school based health centers, nurse practitioners, behavioral health therapists, dental hygienists, who visit on a regular basis, right there where the kids are and maintain the thread over the summer and now Telehealth, which we've embraced during this pandemic. It's really made us think about what we can stay in close connection with these kids, even as they change schools, and even as they leave school as young adults. It's such an effective way to teach kids how to use the healthcare system themselves. But we would love to give you a chance to opine on your work with school based health centers and your focus on expanding access to school based clinics as part of the solution where does that fit in the National Health Policy landscape? And really ties back to that question we asked earlier about the local level, because if there's one thing every community has, it's a school.

Dr. Marjorie Innocent:

That's exactly right. First and foremost, we absolutely believe in advancing community based health care, as I mentioned before, to really bring needed care to people where they live.

We certainly believe that building our infrastructure to strengthen primary preventive health care is for all people, right, in the United States is really critical to address the health disparities that we have to really help to bring about a more health equity center lens to the services that are available to the care that's available broadly and really help us to be able to close the gaps that have been persisting in our country for entirely too long.

So advocating for policies and resources that will really help to expand properly equipped centers is certainly part of what we're looking at. As I mentioned before also, we certainly see school-based health centers as part of that universe. We have some very important work that we do around education that really looks at the educational system and the resources that are available to kids. From the health lens, we also recognize that the importance of really looking at how to ensure the health of kids to be able to advance their ability to learn successfully to be successful students and certainly to be able to keep them in school as much as possible, which, again, is really beneficial to their families, ultimately, is definitely a very, very viable model that we need to be looking at.

So the school based health center work obviously is a particular passion of mine. But as we're going to be really working to advance the work that we do, to look at effective models for expanding care within communities, the work of school based health centers, and the role of school based health centers will definitely continue to be part of that. I should say increasingly, so especially within the NAACP.

Margaret Flinter:

Great.

Mark Masselli:

That's great. That's great. So, NAACP, tell us more about how the organization is working in terms of how people might be engaged in the NAACP, you're 2,200 chapters around, but it's so important to have a strong vital organization and I know all organizations go through reinventing themselves in ways that are important to the population that they serve. Tell people about where you are now as an organization, how people might be engaged in that, join the members of the NAACP, tell us what you can about the structure and the engagement.

Dr. Marjorie Innocent:

Absolutely. As you've mentioned, the NAACP is a well established civil rights and social justice organization that focuses on advancing wellbeing and opportunities for African Americans in particular, but what we recognize is that doing so really advances the nation as a whole and what that means is that we are absolutely committed to having anyone who is

interested in advancing the narrower agenda, if you will, toward the goal of advancing the larger agenda is welcome to be part of the association. There are a lot of assumptions that people have which one can certainly understand that only African Americans are welcome as members. That's in fact not the case. We've got a diversity of people really, who are members of the association and we definitely continue to expand the diversity of members throughout the country and really well.

So you can certainly visit us at [www.naacp.org](http://www.naacp.org) for more information about us. We're also on all the major social media platforms, Facebook, Instagram, Twitter, and we welcome you not just as a member, but hopefully, as a member with appointed role. We really do have a very, very diverse group of units. Those are local branches that are generally overseen by a State Conference so those are the state leaders. And then at the national office, we really bring you know everyone together. In terms of the opportunities, they have various roles within the association as chairs for each of our major game changer program areas, to be able to be – really just play a really active role within the branch and really helping to define and shape the work of each branch. That's absolutely something that we are looking for more and more people to become involved to do and overall to just become really active members. So we really, really call on you to come join us. Remember the importance of getting involved, staying involved, and really being a voice for change

Margaret Flinter: We've been speaking today with Dr. Marjorie Innocent, Senior Director of Health Programs at the NAACP. You can learn more about her work by going to [www.naacp.org](http://www.naacp.org), and also follow us on Twitter at NAACP. Dr. Innocent, we want to thank you for all that you've accomplished, thank you for your commitment to advancing health equity, and thank you for taking the time to join us today on Conversations on Health Care.

Dr. Marjorie Innocent: Thank you so much again to both of you.

Mark Masselli: Thank you.

Margaret Flinter: Wonderful.

Mark Masselli: Continued success. We'll continue to follow your work, and look forward to seeing you in person one day.

Margaret Flinter: That's right. We're members of our local chapter.

Dr. Marjorie Innocent: That's adorable. Thank you so much.



Dr. Marjory Innocent

Margaret Flinter: Stay safe.

Mark Masselli: Take care. Bye, bye.

Dr. Marjorie Innocent: Take care. You too, you too.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. Politics. Lori, what have you got for us this week?

Lori Robertson: At a White House meeting in May with fellow republicans President Donald Trump said without evidence that the Coronavirus “is going to go away without a vaccine.” While it's impossible to predict the future, experts say it's unlikely that the virus will simply go away. Marc Lipsitch, an epidemiologist at the Harvard T.H Chan School of Public Health said there was no basis for statement, calling it “completely fanciful and not evidence based.” On Fox News Sunday, Tom Inglesby, Director of the Center for Health Security at the Johns Hopkins Bloomberg School of Public Health also objected to Trump's claim. “No, this virus isn't going to go away,” he said. Hopefully, over time, we'll learn to live with it and we'll be able to reduce the risk of transmission, but it's going to stay as the background problem in the country and around the world until we have a vaccine.

Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, and a prominent member of the Coronavirus Task Force has said that it will take a vaccine to allow society to let up on all of its mitigation efforts. In an April 16 TV interview Fauci said, “It's not going to be over to the point of our being able to not do any mitigation until we have a scientifically sound base and effective vaccine.” Fauci called the novel Coronavirus extraordinarily efficient in being able to transmit from one person to another, “those kinds of viruses don't just disappear,” he said. The World Health Organization too has said that while a vaccine is humanity's best chance of getting rid of the virus, even then there's no guarantee that the virus will go completely away.

Researchers at Harvard and the University of Minnesota have a tempted to model how the virus will spread under different assumptions to understand what the possibilities might be.

That work suggests the virus will be around for the long haul. The Harvard team found that repeated wintertime outbreaks will probably occur and even if the virus might appear to go away, resurgence could occur as late as 2024. That's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at [www.chcradio.com](http://www.chcradio.com), we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Baltimore, Maryland has one of the highest emergency medical call volumes in the country and it results in a significant number of patients being taken to the ER for conditions that could have been treated outside of the ER. The University of Maryland Medical Center and the Baltimore City Fire Department teamed up in the hopes of reducing unnecessary ambulance trips and hospitalizations.

Dr. David Marcozzi: How do we all start to address health issues more comprehensively than simply calling 911 being transported to an emergency department when that is not optimal care for patients nor benefits the system?

Margaret Flinter: They created a new pilot program which pairs doctors and nurses at the hospital level with paramedics in the field, bringing medicine right into the patient's home.

Dr. David Marcozzi: A nurse practitioner or physician is partnered up with a paramedic, and we monitor the 911 system, and it's completely synchronized with that system so that 911 low acuity calls, we augment the Baltimore City EMS system so that we co-dispatch a paramedic and either nurse practitioner or doctor to the scene a low acuity calls, have them logged in at scene through Epic, ask the patient whether or not they could – what they would like to be treated at scene. If they can sent, we then enroll them into our program, register them, they are just like a mobile urgent care center. We then treat them at scene, discharge them with the same exact

paperwork, we discharge them from the hospital, from the emergency department, with prescriptions as needed, and then we follow up with him within 24 hours to make sure they got what they need.

Dr. David Marcozzi:

Dr. David Marcozzi of the University of Maryland Medical Center says that this Mobile Integrated Health Care Community Paramedicine Program has a two prong, goal one, reducing unnecessary trips to the ER by delivering right care at the scene; two, bringing a coordinated paramedicine team including doctors and nurses into the homes of patients being released from the hospital to ensure that their recovery is supported for better outcomes. The pilot also seeks another goal to keep vulnerable patients being released from the hospital healthier with paramedics doing frequent followups over a 30-day period to ensure that patients are compliant with their medicines are getting enough to eat and thus greatly reducing the risk of re-hospitalization.

Dr. David Marcozzi:

It's eye-opening too, once you understand the challenges when we discharge a patient or when patients are seen for low acuity issues. People stay just at home to navigate this short industry, the multiple providers they're supposed to follow up with, the diagnostic testing that they may have to get an MRI, then the follow up back to their primary care. The challenges that individuals face certainly here in Baltimore, and we're exploring, could we do this for longer? Or is there a better way once we hopefully empower folks to transition to maybe a lower resource intensive setting so that we can kind of transition them to potentially another health support infrastructure for THS, is a Transitional Health Support the 30-day follow program.

Our data demonstrates that the patients who are followed in our program utilize and are admitted to the hospital significantly less and utilize their healthcare primary care services significantly more, that translate into lower cost to the system from a physician billings' construct, from a hospital construct, and by the way, from an EMS construct because you know what happens? Those patients typically call 911 to get to the hospital.

Margaret Flinter:

Dr. Marcozzi estimates that the two-year pilot will save the University of Maryland Medical Center, at least \$4 million dollars and the fire department expects to save just under 2 million. But most importantly, he says the patient outcomes are markedly improved. The mobile integrated healthcare community paramedicine program, rethinking how

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paramedicine is deployed in the field, reducing unnecessary emergency room trips, and by the way, making sure that the emergency responders can respond that much more quickly to the true emergencies. Now, that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Margaret Flinter: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [chcradio.com](http://chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at [chcradio@chc1.com](mailto:chcradio@chc1.com), or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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