

## How to be a health equity influencer

Many envision influencers as social media stars with vast followings. But being an influencer is so much more than that. In today's episode, we redefine the term across various sectors, from health to social justice, and delve into how you can activate your network by using your influence.

One thing influencers do is share information throughout their communities to spread awareness about important issues, says Beth O'Connor, the executive director of the Virginia Rural Health Association,

"People want to know more," O'Connor says. "And people who are often in those mineral age groups are thrilled to be able to share that information with the people in their communities helping to influence health care policy."

This week on the Health Disparities podcast, hosts Sharon LaSure-Roy and Sarah Hohman discuss strategies for being an influencer and making a difference with O'Connor, along with Taelor Bakewell, vice president of influence marketing with Edelman, Jerail Fennell, director of marketing and communications at 904WARD, and Dr. Maria Portela Martinez, chief of family medicine at the department of emergency medicine with George Washington Medical Faculty Associates.

*The transcript from today's episode has been lightly edited for clarity.*

Dr. Maria Portela Martinez: We are all influencers, right? We're all influencers because of the people that we connect with in our daily lives. We're all influencers because of the circles and because we're multifaceted complex human beings where we don't just work in our occupation, and just not interact with anybody else, we actually have influence or can exert influence on multiple groups of people that can benefit others for health equity.

Sharon LaSure-Roy: You are listening to the Health Disparities podcast. This podcast is a program of Movement Is Life, being recorded live and in person at the Movement Is Life annual health equity summit. Our theme this year, and for the next series of episodes, is: Bridging the health equity gap in vulnerable communities. And as always, we are convening with a wonderful community of participants, workshop leaders and speakers. I'm Sharon LaSure-Roy, Vice President of Social Marketing, VyStar Credit Union

Sarah Hohman: And I am Sarah Hohman, senior associate at Capital Associates, Inc. We are excited to put together a workshop for the summit this year called: How to be a health equity influencer to advance your cause. And we're even more excited to be joined by our influencers today on the podcast. Please introduce yourselves starting with Taelor.

Taelor Bakewell: Hi, I am Taelor Bakewell I am Vice President, Influence Marketing with Edelman.

Jerail Fennell: I am Jerail Fennell, Director of Marketing and Communications at 904WARD in Jacksonville, Florida.

Beth O'Connor: Hi everyone, I'm Beth O'Connor, the Executive Director for the Virginia Rural Health Association

Portela Martinez: Hello all, I'm Maria Portela Martinez, I am Chief of Family Medicine at the Department of Emergency Medicine with George Washington Medical Faculty Associates here in D.C.

I'm also the Health Workforce Diversity Initiative co-director and a core member of the social mission alliance.

LaSure-Roy: Okay, so this is a very large group, and we only have so much time. So we're gonna get right to the point and to the heart of the subject quickly, so everyone can share some insights. I want to go around the table and ask each of you the following question. Firstly, how did you get the skill set to be an influencer?

Fennell: Well, I think that just life. As I talked about in the presentation, growing up, I'm the youngest of seven. And my siblings influenced a lot of the decisions I've made. I say that I'm the person I am today, because of the things I saw them do, right? They probably wouldn't agree with this, but I'm the best child. And I think so because I am a combination of them all, I saw the decisions that they made. I saw what made mom happy, what made dad happy, what made them upset, and I chose the path to, you know, pick and choose from. But I think just growing up in that household, and also I'm a '93 baby. So being born in 1993, the first day of school, there was a computer in my classroom, all the way up through high school, college. So technology has always been infused in my life. And I think that that plays a part in that.

Bakewell: Yeah, to piggyback off of that, I would like to say I'm in the business of influence coming from the business side of things, but I am the oldest of four. So I think that's where my influence came from, right from the beginning, right? I have always had an opinion about everything to the probably dismay of my parents and my siblings as well. So yeah, I just always had an opinion about something. And I think that's trickled over and kind of is translated to the work that I do, working on the brand side, working to do deals with brands and influencers.

O'Connor: For me, I've been the executive director of the Virginia Rural Health Association for 18 years. And rural health is a huge, diverse entity and no one person can be an expert in any of it. But I know who the experts are for rural health clinics, I know who to turn to for questions about federally qualified health centers or critical access hospitals, or HRSA grants. So what I do is I make connections between people and knowing who is who just comes through experience.

Portela Martinez: I would say that, in my case, I'm a physician. And even before I finished my physician training, I knew that I probably wouldn't be able to affect change in a community level by only seeing patients, which I love, but one on one in the Office. So I knew I wanted to gather other skills that weren't taught in medical school. And I pursued a couple of fellowships and pursued opportunities that gave me the opportunity to sometimes make mistakes, or sometimes just learn a whole new skill. And I really found the power of community engagement, and of working, as Beth mentioned, just with other other partners within the community, incredibly powerful.

Hohman: And Dr. Martinez, one of the messages that you shared with the workshop participants today was that you didn't see yourself as an influencer, necessarily, from the path that you took, but how you've still been able to reach communities, through your patients, through the work that you do there, but also through the research and your teaching. And I think that's really neat, too, and leads us to our next question, which are, what are your key messages or take home messages for workshop participants? You presented at two workshops, here at the summit, had two different audiences and groups that those brought together? So what would you say are your primary take home messages? Beth, we can start with you.

O'Connor: Well, one is that podcasts are cost-effective, I think people are concerned that there's gonna be a huge upfront cost just to start it. But the first thing I learned is podcasts are relatively cheap. You know, for the Virginia Rural Health Association, we received a \$5,000 grant to launch ours. But that was seriously padding the budget with things like attending a national-level podcast conference, and having a graphic designer create a custom logo. The reality is, you can use your cell phone to record and upload it

on your social media accounts for essentially free, but there is so much more you can do that does add cost but that will also improve the quality.

Portela Martinez: I would share that one of the things that I shared with the workshop audience earlier, is that it's true, I am still surprised that I am sitting at this table. Having said that, after reflecting about it more, I think one of my take home messages is that we are all influencers, right? We're all influencers because of the people that we connect with in our daily lives, that we're all influencers because of the circles and because we're multifaceted complex human beings where we don't just work in our occupation, and, and just not interact with anybody else, we actually have influence or can exert influence on multiple groups of people that can benefit others for health equity.

So in terms of some big tips, one of them would be to consider yourself an influencer, right? If you do consider yourself, you're gonna see a lot more opportunities to be able to share your message and amplify other people's voices to advance your cause. Another one would be to recognize that you are also an expert, right? Not only you are an influencer, you're also an expert at maybe many things. For example, we're all experts at our, at whatever our personal reality is, right? Nobody else can tell the story of us, or your story better than you can. And in addition, you're probably an expert of many things that you're passionate about. So really not being afraid of sharing your opinion with others. And to that respect, I think one of the things that I've seen among some of my medical colleagues and that I see, also, you know, in myself and that I have to reflect on is that sometimes we just expect or want our our comments to be perfect, right? And really, no comment is our perfect, the more that you try to force things to be perfect, the more likely they won't be. And the more likely they won't reflect your authentic self and your true voice. So not being... doing research for sure. And educating yourself and verifying your sources so that you can kind of share a reliable and credible message, but also not being afraid for the message to be a little messy and to and that sometimes even mistakes can be happy mistakes.

Fennell: And I would say, I have a comedy background, I do stand up comedy. And the first time that I did stand up, I was 17 years old, I was nervous, scared all of those emotions, and I'm just gonna talk myself out of it. But a comedian who was at a comedy show that night, a veteran, he came up to me and basically said, What are you, like, what's wrong? And I was like, I'm nervous. I'm scared, but I want to do it. He said, Well do it scared. Go up there and do it scared. And I think that that was one of my messages that I was trying to hone in on. I know a lot of folks today we're talking about you know, I'm not on social but I want to do it but I have this. Everything came with a 'but,' like I want to do it but, I'm thinking about this but, I tried this but, like, do it scared like. It's not gonna be perfect, as you mentioned, but you won't know unless you actually

do it. And my second message and I think is the biggest one for me is: if you're not on social media, you don't exist. There are millions and billions of people on social media every day, every month, and if you're not in that field playing, you don't exist, whether you're a business organization, or an individual trying to grow your brand, you have to be on social media to exist. There's an audience that resides there.

Bakewell: One of my kind of key messages to the group today was, once you take that, that big step and you decide to do it, what makes a good influencer? What kept coming back today during both sessions was being authentic, being your true self and letting that shine no matter how niche you are. Even though you think you may be the only person in the world, you're absolutely not. There's a group and a community of people that are looking for you to speak directly to them. And to build off of that, another one was knowing your audience. Who are you speaking to? Who are you, who is the group that you want to hear what you have to say? Who cares about what you have to say, and then making sure that you're creating those synergies to keep creating content, consistent with creating content in order to be able to push your message and your cause.

Hohman: Speaking of authenticity, Taelor, you mentioned earlier that you feel like you're in the business of influencing on the client side of things. But you also mentioned that you're in the business of people. So if you could talk a little bit about how those kind of play together and how you see that leaning into authenticity and recognizing that influencers are people as well?

Bakewell: Yeah, absolutely. So I also have a community relations background, I come from a family of civil rights activists. And so, being community-focused has always been at the core of who I am as a person and the work that I do. So it's really interesting. We were talking about that earlier, that a lot of brands sometimes forget that they're in the business of people. They're working with actual individuals who have lives outside of just pumping out content. And so that's what I try to do in everything I do is to humanize the influencer to the brand and say, okay, they have to pick their kid up from school tomorrow at four, they can't post at 4 pm. And you have to be okay with that. Because that's what's, that's what you want. You want someone who's authentic, you want someone who's living their life. And just using that as a conduit to make your program or your product or whatever that is come to life.

LaSure-Roy: I like how you said that about come to life. Jerail, you showed some great examples of health equity influencers even on TikTok, and how TikTok is the new Google. Can you elaborate a little bit about that?

Fennell: For sure. So I've mentioned my wife made a bundt cake for Thanksgiving and had no experience or expertise in it. And the first place she went to was Tik Tok, because TikTok does a great job of showing and telling, TikTok uses people often to share their messaging. And she can easily go and find someone that looks like her that may eat the same things that she eats and different recipes and can relate to that person very easily. And say, well, this person posts a lot of food and makes food look good. I want to try to make that food, right? So TikTok is that is that platform for that, folks are going there for information. And folks are going there for their day to day needs, right? Like you don't know that you need something until you see it on TikTok, sometimes. I didn't know I needed to scrub daddy (laughter) until I saw it on TikTok. And I love what they're doing on social and how they use their social to to promote their products. So TikTok has become that medium that folks are going to, it's almost, it's the new search engine.

LaSure-Roy: That's amazing. You know, because back in the day used to say, and you know, I'm old-school marketer, hey, Google your name. And what comes up is what people say about you. Now, when you TikTok your name, let's see what people say about it. But those are authentic connections to people, you know, are, I think, and Taelor, we talk about influencers and aspirational. Isn't that how kind of this whole thing started with influencers? It's an aspirational goal, right?

Bakewell: Yeah, absolutely. It's, it's totally aspirational. And I think what makes, why we follow influencers, right? It's because we see ourselves, that we see them in us. I should be in Paris, taking the private jet going to the five star restaurant, right? And then you start to dream, how can I get there? What does that look like? Is that a brand deal with the hotel? Is that a travel partnership? What does that look like? And how does that come to life? So you can start to see yourself and envision yourself and that's when it starts to see, when you're like, this person is from the same hometown as me, they look the same as me. So why can't I do it? So it's absolutely aspirational.

Portela Martinez: I would just say, just thinking of what Taelor just mentioned in your question. I forgot the official term of psychology, but there is a term in psychology that studies this to an extent, that essentially, you know, one of the most difficult actions is always the first action, right? Like when you're sitting still, I'm not doing an action, the thinking, the planning, the strategizing, the looking for the materials just to take that first step is always the hardest. But, you know, going back to the Jerail's comment, once you decide what your message is and what your audience is and what you care about and what you're willing to speak about, then taking steps after that is always easier. There's something called the 1% rule. And it's all 99% of the effort goes into the first 1% of effort to kind of move the needle.

Hohman: I'd like to move in a little bit to an area where you feel like influencer communications has really moved the needle, be it in health equity, marketing, education, advocacy, we all have such different perspectives and experiences that we come to the table as influencers. A very quick case study for this, and in particular, if that instance reached people that are otherwise maybe harder to reach with the more traditional or old school methods, if any of you have an example of this, Jerail, you want to kick us off for this one?

LaSure-Roy: We need to describe what an old school method is. Is that like print? Or is that like a commercial? What's an old school method? Is it a mailer to my house? Like, all of the above? (laughter). Go ahead Jerry.

Fennell: I will say, and I mentioned this guy's name a lot to my presentation, he does not pay me, I don't know him personally. And to be honest, I was not an early adapter of his content. And his name is Keith Lee. And he's a food critic. And I think that he's moving the needle because he's being authentic in his content, right? But he's also holding businesses and companies accountable. And he's not doing it in a way that's mean or malicious. He's really just sampling their food and giving his opinion. And he has this audience of people who support him and appreciate what he's doing on social media. So he is a person who I look at, and that's that new form of word of mouth marketing, right? They used to say back in the day, word of mouth marketing is the best kind of marketing, because you trust what your friend's telling you, you trust what your family member's telling you. Now on social media, we're now trusting people who we never met in person, and they don't have to have you know, millions of followers, but they are someone that you connect with on social media. And they're always recommending something maybe a travel to Paris, and you may message them, Hey, how was that trip? How was that flight? How was Emirates compared to the other airline, and you're trusting their word. So I think that social media has become the new word of mouth. And although traditional word of mouth is still great, because, you know, Sharon recommended a restaurant last night and we tried it and it was great. But also in that same breath, we were on Tik Tok and social like, what should we eat in DC, right? So word of mouth, whether it be the new way or the traditional way, I think it's great.

Bakewell: There was this really amazing campaign by Vaseline, also done by Edelman in partnership with Edelman called See My Skin. And it is, they actually built a database because skin conditions look different on Black and Brown people. So they spent months just aggregating photos of what different skin conditions look like on different colors. And it's this, you don't know what you need until you look for it, right? Like, what does dermatitis look like on a Black person, what does psoriasis or skin cancer? And

so this database has been able to help so many people, but it all started off as a marketing campaign. See my skin, people don't see their skin when it comes to health disparities. And so that's some work Edelman is extremely proud of, and I'm extremely proud of as well. But a case study of how you can actually do good and do well, at the same time. You can help your community but still, you know, move the needle on business, as well.

Portela Martinez: Those examples were awesome. These examples are gonna be smaller, but they're gonna be more personal examples of how I've tried to utilize media or some of these skill sets through my life as a physician or as a health equity advocate, etc. One of them is one of my current roles as the codirector within the Mullan Institute of the Health Workforce Diversity Initiative. Through that workforce center, which started in 2020, we have conducted several publications, one of the most recent ones was establishing the comparison of the Latino population of the health workforce. And it was the first ever study to desegregate the Latino workforce across around 10 professions. That was important in many ways because we frequently tend to lump minority groups like African American, Latino, etc. Asians, even though there are many times over 25 countries that are conglomerated into that category. So therefore, when we look at the data in the aggregate way, and we use it to pass policy and allocate funding and make policy decisions, we lose the nuances between the groups of some of the groups being from lower socioeconomic status or achieving less higher education status on occasion, disproportionately, and we don't know that those things are occurring, and not to not generalizing individuals, but that some populations are falling behind in the inequity of education, and in other areas, then we don't know how to individualize interventions to help correct those disparities. So we published that paper, and it was in Health Affairs. And pretty quickly, Health Affairs contacted us to do a blog, they also contacted us to do a podcast through Health Affairs, which I now I'm subscribed and follow them. And they're very interesting, we were able to showcase one of the main author's voice, who is a DREAMer, or DACA recipient. And that, to me was an incredible experience, being able to mentor her and seeing her voice elevated at such a, at such a national level. And after that, we have been featured in NPR, 19th News, and radio stations, etc, talking about about that study, and it's been just in the last three to four months. And it's had a pretty good impact factor. So that's a little bit from my role as a researcher, and how we, we don't just conduct the research, and then let it sit there in a drawer for seven to nine years, whatever it is the amount of time that it actually takes to translate the research, but we can be very active and intentional in the way that we disseminate it, and give it to the hands of the people that make the policy decisions, that are the leaders that can actually make the changes right and and help them if there's a need to understand the data owners and the limitations of the data. So that's one example.



Another example, is as a resident physician, when I was doing my residency training in family medicine, I frequently found that sometimes my patients were misunderstood. A lot of my patients were monolingual Spanish-speaking immigrants, and many of them undocumented. And frequently, they would have high rates of diabetes, high rates of high blood pressure, and they would be uncontrolled. So there was a lot of misunderstanding between our department of like, for some colleagues and beyond, of, Why are the patients so uncontrolled, why can't they take their medications? Why are they not showing up to their appointments? So in that case, in that circumstance, I saw an opportunity to apply for a grant, very similarly to one of Beth's stories, to pair with someone that could basically supplement my learning and my knowledge about something that I had no idea how to do, which was to do a documentary. So I took pictures of my patients' shoes, I went to their house, I interviewed them to take lots of pictures, but I focused on their shoes, and the documentary was called 'In Their Shoes.' And I paired it with their voices of how they got here, how they got to the U.S., how is it for them to manage, receive health care in the current health care system? And what kind of challenges do they have too. Why is their diabetes uncontrolled? Why aren't they taking their medicine? And through that, a lot of more information started emerging, like some of my patients lived in a house with another 11 people and some of them have two or three jobs and lots of lots of stories that really came to life thankfully documentary and it helped raise awareness, at least within our community. It was featured on the Stanford policy school for several months as a video and also in the Duke University Hospital, but more importantly, me, without doing that much except doing the documentary, health equity advocates in the community, once they received the documentary, they utilized it in their presentations they utilized it in their pitches, to essentially advocate for that vulnerable population.

LaSure-Roy: That's fantastic and such a powerful story. I know Beth, in rural health care, can you share a little bit more about the stories and then how, you know, it's a case study for talking to the underserved? And our rural communities are underserved as well.

O'Connor: You know, one of the things that, that we've been able to explore with the Rural Health voice podcast is, you know, there's a lot of stereotypes about who lives in rural communities. According to a lot of national media outlets, it's all straight white people. And this is not the reality. And so we've done a number of episodes, you know, on health disparities for the BIPOC population, on the lack of services available for transgendered individuals. And those stories have definitely had a much bigger reach than some of the very pedestrian stories that we've had about the general population. People want to know more. And people who are often in those minoritized groups are

thrilled to be able to share that information with the people in their communities helping to influence health care policy.

LaSure-Roy: That's pretty powerful. Jerail, you work for a wonderful organization doing something similar. How are you using these digital tools, whether podcasts and social media to reach underserved communities, when we're talking about race and the uncomfortable conversation of race?

Fennell: So, our CEO, Dr. Kimberly Allen, when I first got the position, she made it plain. She said, Listen, what we talk about is not sexy. And it's not for everyone, and everyone's not going to enjoy it. So it's a difficult topic for some. We try to make it in a way where we put the candy in the medicine or the sugar in the medicine with our content, right? So we're going to give you the the truth, and the facts, but we're going to do it in a way that's digestible. So we do those through short clips with Kim answering different questions. We do that through the Business of Race podcast hosted by Regina. And we try to create different lanes that people can thrive in, right. So we have the little freestyle verse, My little free diverse library initiative that folks love because they can talk about books, and they don't necessarily have to talk about race and racism. And we see a lot of, quite frankly, white women who are passionate about that project. It's a 904 Project, but they're passionate about it. And it's a way for them to be introduced to 904Ward and not have to talk about those difficult, tough topics, but to put their foot into the water and say, Okay, I'm taking a step towards it, right. And then we have race cards, which are our signature flagship program, which asks some tough questions. It's very, very tough. When did you learn about your racial identity? Do your parents had those conversations with you at home? When you're around folks who don't speak the same way as you do, or your language, do you change the way that you speak? And one of the things that I did was, I found it to be very, very, very helpful, is to go out in the community and ask those race card questions. So I go to the universities, and I ask them questions, then I get their consent to record it. And I share it on social media. And what's good about that is folks are then able to see people who look like them, who may be identified the same way and have the same thoughts and feelings. And then can understand like, okay, maybe I'm not right at my thinking, maybe I am right, and I need to help folks also come this way. And we know that it's not going to change one post one video, but continuing to push the message allows us to make a change.

Hohman: So, each of you were invited to the Movement is Life summit, to share your expertise and your unique perspectives and the pathways that lead you to be influencers. But a big focus of the summit is also the interactive nature of both the workshops and many of the plenary session. So I was wondering if each of you could

touch a little bit on what you've learned from other people, whether in the context of being an influencer, and how to advance your personal brand, or the work that you do in this space, or more broadly in the health equity space. And something that may have surprised you about the summit.

Fennell: So one of the biggest takeaways that I've learned from this conference is that a conversation changes situations. I think that a lot of folks came into the presentation or the session with an idea and a thought. And I had my own ideas and my thoughts about what I was going to present. But then in those breakout sessions where we can sit and talk and have conversations, I took away some views that I was like, Oh, I didn't think about it that way, or I never looked at that that way. So that will be my big takeaway from the conversations changed situations.

Bakewell: Yeah, I definitely, I was really, really impressed by the questions that we were getting from the people in the panels, it was all ages, all races, all genders and they're really interested and kind of confused about what an influencer is and why do we need it? And you know, I was, when you're in the business for so long, it's hard to kind of pick your head up and be like, this is exactly what an influencer is. And this is why it's important. And this is the nature of where the business is going. But I really loved and I took away that people are actually more interested in are leaning into what influencer marketing is and is going to be than I thought. So that was really great. Also, I learned so much from my other colleagues here on the panel with me, and all of your respective fields. I don't work in the health space, as much I have, you know, several clients, but not in the day to day work. And so it's always really amazing to learn what you guys are actually doing on the ground floor and being influencers in your own right as well.

Portela Martinez: I will add to that. And thank you so much. And I just piggybacking on what Taelor just shared, I learned a lot from Taelor and her tips and Jerail and Beth. Beth motivated me to Sunday, maybe try to make my own podcasts, even if I use my my smartphone. So that was something that now I have in the back of my mind for when I have a lot more lives and a lot more time. But maybe next year. Once I sat down with the participants, I was not surprised but very impressed with that expertise that many other participants have, right, and also the interdisciplinary nature, and how passionate may be many of the participants were about advancing their own agendas. One of the the folks that I'm looking at is Alicia, who's at the football players health study at Harvard University. And she was talking to me about how that football study is really revealing and maybe trying to fill in the gaps of what we know about the health of NFL players and, and there are so many gaps and how to address health equity gaps across racial lines that still exist when you have higher socioeconomic background and a high elite social status like an NFL player. And that was a really interesting thing to hear not

only what they're doing in this study, and how it's growing, but also how she's utilizing and expanding her influence to share those results. And like her, there were many participants here that had similar stories. I also learned from from that group, that there's a new master's of health communications, and I guess journalism, but I don't remember the official name, I apologize, from Harvard University, that is meant to address this same topic that we're kind of reaching out today. And it made me kind of reflect on this is so important that now has its own Masters, and the first Masters is at Harvard. So we may see this explode over the next decade or two and a lot more people getting into this space. And I think that's wonderful.

LaSure-Roy: Well, that is fantastic. Talk about future scaping. And remember, I won't say how long ago when I got my master's in integrated comm, and people were like, what, what is that? What did it like? Because I could write a PR release, and I get do a marketing campaign. So it's intriguing how time moves and how, I think, the industry changes. Even if you know, we talk about old school word of mouth, so tell 21 people that I had a good time at a restaurant right now I can tell 21 million people on TikTok with a hashtag. So, I mean, this has been a great conversation. I just, the workshop was fabulous. I did learn a lot myself. And you know, you realize how many influencers were actually in the room. There was somebody named Lex going around to all of the countries in Africa, interviewing on video, young presidential hopefuls, he said, these people will run these countries, and he's going around telling the stories that people are not telling. So I was fascinated with that. And I'm fascinated with each of you. Sarah, and I totally appreciate all the time that you took to prepare for the workshop, and to be a part of it. You know, I just wanted to say this brings an end to another episode of the Health Disparities podcast. Thanks again to the guests today. And thank you to all of our listeners for joining us on America's leading health equity podcast. Until next time, be safe and be well.