How Building Community Trust Contributes to Sustainable Healthcare Innovation with Dr. Tyler Evans Transcript

(Transcripts are generated by AI and may contain errors)

Episode Introduction and Guest Overview

Most healthcare founders [music] are Most healthcare founders [music] are working to solve the right problems. working to solve the right problems. But what if they're building inside But what if they're building inside [music] a system people have already [music] a system people have already stopped believing in?

stopped believing in? In this episode, I sit down with Dr. In this episode, I sit down with Dr. Taylor [music] Evans, CEO of Wellness Taylor [music] Evans, CEO of Wellness Equity Alliance, Equity Alliance, an infectious [music] disease physician, an infectious [music] disease physician, associate professor at UCF College of associate professor at UCF College of Medicine, to explore why rebuilding Medicine, to explore why rebuilding trust might be the [music] missing piece trust might be the [music] missing piece behind healthcare innovation that truly behind healthcare innovation that truly lasts.

Healthcare entrepreneurs, are you ready Healthcare entrepreneurs, are you ready to rewrite the rules for your business to rewrite the rules for your business so you can have more time off, a great so you can have more time off, a great team, [music] and more income while team, [music] and more income while creating a positive social impact? Then creating a positive social impact? Then you are in the right place. Welcome to you are in the right place. Welcome to The Provider's Edge. I'm your host, The Provider's Edge. I'm your host, Sabrina Runbeck. [music] Sabrina Runbeck. [music] I'm a provider, an international peak I'm a provider, an international peak performance keynote speaker, and a performance keynote speaker, and a [music] best-selling author. Let's open [music] best-selling author. Let's open the gateway to profitability for you the gateway to profitability for you today. My guests and I help healthcare today. My guests and I help healthcare [music] entrepreneurs and startup [music] entrepreneurs and startup founders like you break through barriers founders like you break through barriers so you can control your business, so you can control your business, [music] control your life, and control [music] control your life, and control your future. This is your defining your future. This is your defining moment to be [music] a disruptor in moment to be [music] a disruptor in healthcare.

We have Dr. Tyler Evans here. He is the We have Dr. Tyler Evans here.

Why the Book Was Written

He is the CEO of Wellness Equity Alliance and CEO of Wellness Equity Alliance and associate professor at UFC School of associate professor at UFC School of Medicine. His recent book, Pandemics, Medicine. His recent book, Pandemics, Poverty, and Politics, he exposes how Poverty, and Politics, he exposes how inequitable inequitable inequitable fuels disease and how we can redesign fuels disease and how we can redesign systems to spread health. His work systems to spread health. His work bridges medicine, justice, and radical bridges medicine, justice, and radical public health reform. Thank you, Dr.

public health reform. Thank you, Dr. Evans, for being here with us. Evans, for being here with us. >> Thanks for having me. >> Thanks for having me. >> So tell us a little bit more about why >> So tell us a little bit more about why this book and why getting out here now.

this book and why getting out here now. >> Sure. So this book was really the >> Sure. So this book was really the culmination of you know, decades of culmination of you know, decades of experience working in the foxholes of experience working in the foxholes of really the inequities of health. I spent really the inequities of health. I spent many years working in the global south many years working in the global south or low and middle-income countries, or low and middle-income countries, places in sub-Saharan Africa, the Middle places in sub-Saharan Africa, the Middle East, Southeast Asia, and you know, my East, Southeast Asia, and you know, my sort of these nascent experiences sort of these nascent experiences started to sort of you know, formulate started to sort of you

know, formulate you know, a very strong opinion in terms you know, a very strong opinion in terms of those inequities, but then I when I of those inequities, but then I when I came back to the US and started came back to the US and started practicing mostly in in HIV or anything practicing mostly in in HIV or anything that sort of intersects with HIV, which that sort of intersects with HIV, which we now sort of refer to as syndemics.

we now sort of refer to as syndemics. You know, other diseases like hepatitis You know, other diseases like hepatitis and STIs, but also mental health and and STIs, but also mental health and substance use. And a lot of that sort of substance use. And a lot of that sort of fueled by the social drivers, fueled by the social drivers, particularly poverty. And so, you know, particularly poverty. And so, you know, I thought that there really wasn't many I thought that there really wasn't many differences. You know, while there at differences. You know, while there at the sort of the scales of the magnitude the sort of the scales of the magnitude of the disease burden were were sort of of the disease burden were were sort of significantly different, you know, the significantly different, you know, the reasons are again the drivers were were reasons are again the drivers were were very much the same. And I think that the very much the same. And I think that the final the tipping point, you know, why final the tipping point, you know, why did I finally sort of you know, get it did I finally sort of you know, get it out was because I had served as the out was because I had served as the chief medical officer for New York City chief medical officer for New York City overseeing the COVID-19 pandemic in overseeing the COVID-19 pandemic in 2020. And you know, I mean with all of 2020. And you know, I mean with all of those resources, with FEMA, New York those resources, with FEMA, New York City, we still had a lot of challenges City, we still had a lot of challenges getting folks into our systems. And that getting folks into our systems. And that was mostly because folks just didn't was mostly because folks just didn't trust us, right? Because we were trust us, right? Because we were government, even though it was government, even though it was a fairly a fairly progressive government, folks didn't progressive government, folks didn't trust us. And the systems were not set trust us. And the systems were not set up for success. So it it doesn't up for success. So it it doesn't matter how much money you throw at a at a how much money you throw at a at a system. We do need more money and we do system. We do need more money and we do need more kind of sustainable funding, need more kind of sustainable funding, but it needs to be very surgical and but it needs to be very surgical and focused on the sort of the underlying focused on the sort of the underlying sort of challenges. So that really sort of challenges. So that really again, that was the sort of that was the again, that was the sort of that was the final influencer in terms of my writing, final influencer in terms of my writing, but I see an opportunity. I'm always an but I see an opportunity.

Trust, Data, and Public Health Messaging

I'm always an optimist and I see an opportunity to do optimist and I see an opportunity to do better. So the book essentially better. So the book essentially outlines, it's sort of organized into outlines, it's sort of organized into three different buckets. The first three different buckets. The first bucket is really just describing what bucket is really just describing what the social determinants or drivers of the social determinants or drivers of health are. This book is intended not health are. This book is intended not necessarily for health care audience, necessarily for health care audience, but for a sort of crossover audience but for a sort of crossover audience including, you know, even undergraduate including, you know, even undergraduate students. And then the second section is students. And then the second section is looking at, and I think this is the looking at, and I think this is the unique part, looking at the pandemics unique part, looking at the pandemics starting from the third plague and and starting from the third plague and and moving to COVID-19. So, over the course moving to COVID-19. So, over the course of over 100 years, looking at a number of over 100 years, looking at a number of how I define as pandemics. There's of how I define as pandemics. There's different ways of defining it. And different ways of defining it. And identifying what the sort of, again, the identifying what the sort of, again, the common the common thread for all of common the common thread for all of these are. And I even provide the reader these are. And I even provide the reader with a rubric for them to kind of grade with a rubric for them to kind of grade whether or not the social and political whether or not the social and political sort of determinants contributed to this sort of determinants contributed to this sort of pandemic. And then, you know, sort of pandemic. And then, you know, hopefully I can influence the reader at hopefully I can influence the reader at the end of the second section, and the the end of the second section, and the third section is like, all right, now third section is like, all right, now that we're on the same page, literally, that we're on the same page, literally, how do we respond? What's the solution?

how do we respond? What's the solution? >> Yeah, so definitely seems like I give >> Yeah, so definitely seems like

I give people more of a tangible evaluation people more of a tangible evaluation what it is. And I think as sometimes the what it is. And I think as sometimes the challenge for many people is they are challenge for many people is they are reading, they're absorbing any reading, they're absorbing any information online, social platforms, information online, social platforms, and just opinion piece. And it's hard and just opinion piece. And it's hard for any of us to know what is the for any of us to know what is the ultimate truth, or are we actually ultimate truth, or are we actually discovering ultimate truth, or just discovering ultimate truth, or just simply confirming what we already simply confirming what we already formulate as what we believe in, right?

formulate as what we believe in, right? And so, you're giving people more of a And so, you're giving people more of a rubric, more of a backbone to say, how rubric, more of a backbone to say, how do you even evaluate a situation like do you even evaluate a situation like this that is across the globe, right?

this that is across the globe, right? It's impacting so many life. Doesn't It's impacting so many life. Doesn't matter how severe that is, right? It is matter how severe that is, right? It is still impacting, and it's ongoing.

still impacting, and it's ongoing. You're giving people something to grab You're giving people something to grab onto. And then we also talk about onto. And then we also talk about communication in anybody. There's communication in anybody. There's actually three major thing, right? There actually three major thing, right? There are the physical communicators, so which are the physical communicators, so which means we need facts, we need data, means we need facts, we need data, right? We make judgment on that things.

right? We make judgment on that things. And then we have those emotional And then we have those emotional communicator, they need stories. Right? communicator, they need stories. Right?

They needed to know there is a case They needed to know there is a case study. How did it happen? Right? Like study. How did it happen? Right? Like what's that progression looks like, what's that progression looks like, right? And in marketing we call that a right? And in marketing we call that a whole customer journey, right? Like whole customer journey, right? Like take us to paint that picture for us.

take us to paint that picture for us. And then you have that spiritual And then you have that spiritual communicator. They need to see the communicator. They need to see the possibilities. What is the bigger impact possibilities. What is the bigger impact or how does that feel for them to even or how does that feel for them to even be there? And so I think that's the be there? And so I think that's the challenge is having all different person challenge is having all different person that have these innate languages and that have these innate languages and then you start laying on human nature, then you start laying on human nature, right? Like the sabotaging tendency we right? Like the sabotaging tendency we have or how we perceive the world, have or how we perceive the world, right? And then there are different right? And then there are different measurements. So your book seems like measurements. So your book seems like it's giving people a tool especially it's giving people a tool especially those of us who are very tangible, those of us who are very tangible, right? The physical communicator to say, right? The physical communicator to say, how do we actually judge and have a how do we actually judge and have a reason to create trust, to see reason to create trust, to see situations they are. Do you see the situations they are. Do you see the method that you created more for the method that you created more for the public view or is also for really public view or is also for really everybody across the board?

everybody across the board? >> Great comments. It's responding to some >> Great comments. It's responding to some of your comments there. Yeah, number of your comments there. Yeah, number one, just echoing literally what you one, just echoing literally what you said, pun intended. The echo chambers in said, pun intended. The echo chambers in which we sort of, you know, exist in in which we sort of, you know, exist in in the in today's, you know, modern form of the in today's, you know, modern form of sort of communication is deeply sort of communication is deeply concerning, right? There's always been concerning, right? There's always been sort of tribal way of perceiving the sort of tribal way of perceiving the world or phenomena. And so, you know, world or phenomena. And so, you know, this is and this is evidence in a number this is and this is evidence in a number of different ways. But, you know, and of different ways. But, you know, and that tribalism exists in so many that tribalism exists in so many different ways, whether it's your sort different ways, whether it's your sort of, you know, concentric circles of sort of, you know, concentric circles of sort of sports or politics or, you know, of sports or

politics or, you know, different sort of influencers of sort of different sort of influencers of sort of of culture, whether it's, you know, of culture, whether it's, you know, consumption, etc. But now it's been consumption, etc. But now it's been polarized or sort of, I guess, polarized or sort of, I guess, accelerated and further polarized as the accelerated and further polarized as the result of social media. And we're not result of social media. And we're not able to people don't turn on objective able to people don't turn on objective media sources. People often sort of media sources. People often sort of questioning, you know, the sort of the questioning, you know, the sort of the truth of the journalistic sort of truth of the journalistic sort of integrity, etc., which is deeply integrity, etc., which is deeply concerning. So, yeah, so it's hard to concerning. So, yeah, so it's hard to really kind of be able to distill what really kind of be able to distill what the actual sort of truth is out there.

the actual sort of truth is out there. You know, in addition to that, I think You know, in addition to that, I think the book is demonstrating that this is the book is demonstrating that this is not This issue not This issue you know, social and political sort of you know, social and political sort of determinants impacting health care and determinants impacting health care and that sort of driving infectious disease that sort of driving infectious disease outbreaks to become epidemics to outbreaks to become epidemics to pandemics. And I've you know, evidenced pandemics. And I've you know, evidenced this you know, a number of times this you know, a number of times throughout the book and I framed it throughout the book and I framed it particularly to be a global issue, particularly to be a global issue, right? This is not an American issue.

right? This is not an American issue. This is really a global concern. It is This is really a global concern.

Audience, Storytelling, and Expert Credibility

It is particularly concerning in the United particularly concerning in the United States and this is mostly where those States and this is mostly where those sort of readership will will sort of sort of readership will will sort of exist, but it is definitely global. The exist, but it is definitely global. The message of the book really is we need to message of the book really is we need to depoliticize depoliticize depoliticize public health, right? And health care as public health, right? And health care as a sort of intersection of public health.

a sort of intersection of public health. I've never seen this level of I've never seen this level of politicization of public health or politicization of public health or health care. You know, we've seen I health care. You know, we've seen I think historically in the United States, think historically in the United States, we've seen certain three or four we've seen certain three or four different sort of you know, drivers of different sort of you know, drivers of polarity of different sort of you know, polarity of different sort of you know, populations, you know, certainly populations, you know, certainly abortion, borders, you know, religion, abortion, borders, you know, religion, guns. Who knew face masks and vaccines guns. Who knew face masks and vaccines would sort of you know, be sort of add would sort of you know, be sort of add on to that sort of cadre of of different on to that sort of cadre of of different sort of contributors. So, we really have sort of contributors. So, we really have to depoliticize because public health is to depoliticize because public health is literally in the name. It is intended literally in the name. It is intended for all. It is a common good and when for all. It is a common good and when you take it away, everybody is at risk.

you take it away, everybody is at risk. And then health care is is clearly being And then health care is is clearly being impacted as well. And you know, impacted as well. And you know, unfortunately in today's world, January unfortunately in today's world, January 2026 that world, when we even say the 2026 that world, when we even say the the two words public health, right? I the two words public health, right? I feel like it's one of these sort of feel like it's one of these sort of landmines, these political landmines and landmines, these political landmines and it shouldn't be. It's it's odd. So, if it shouldn't be. It's it's odd. So, if the book is very timely cuz the book the book is very timely cuz the book again has been written sort of in my again has been written sort of in my mind for decades, finally got it out, mind for decades, finally got it out, took you know, several years because of took you know, several years because of the sort of publishing process to the sort of publishing process to actually get it out, but it could not be actually get it out, but it could not be more timely because given the fact that more timely because given the fact that we are going so radically in in one we are going so radically in in one particular direction, we really need to particular direction, we really need to Hopefully this is an opportunity for the Hopefully this is an opportunity for the readers to kind of zoom out and really readers to kind of zoom out and really understand, you know, this is based in understand, you know, this is based in evidence. We have to really invest in

evidence. We have to really invest in these drivers. We have to pay attention these drivers. We have to pay attention and start to address these because if and start to address these because if not, we're going to continue to have not, we're going to continue to have these pandemics occur. And I think that, these pandemics occur. And I think that, you know, for somebody like me, an you know, for somebody like me, an infectious disease doctor, who's been in infectious disease doctor, who's been in the foxholes of a lot of these epidemics the foxholes of a lot of these epidemics or pandemics, or pandemics, and seeing all the people, mainly, you and seeing all the people, mainly, you know, historically marginalized folks, know, historically marginalized folks, poor folks in places like sub-Saharan poor folks in places like sub-Saharan Africa that are impacted it by it, maybe Africa that are impacted it by it, maybe people in the streets of, you know, New people in the streets of, you know, New York City or Houston or, you know, Los York City or Houston or, you know, Los Angeles, San Francisco, perhaps they Angeles, San Francisco, perhaps they don't really understand it as much, but don't really understand it as much, but guess what? COVID-19, everybody was guess what? COVID-19, everybody was impacted by it by some degree or impacted by it by some degree or another, right? At least everybody was another, right? At least everybody was one degree of separation away from this one degree of separation away from this pandemic. So, I think it was really the pandemic. So, I think it was really the equalizer of the perception of risk. And equalizer of the perception of risk. And whereas, you know, your HIV, your whereas, you know, your HIV, your malaria, your tuberculosis, etc., could malaria, your tuberculosis, etc., could not necessarily impact the minds of a not necessarily impact the minds of a lot of these folks. And the last piece lot of these folks. And the last piece I'll say is the You mentioned data. Um I'll say is the You mentioned data. Um I'm a physician scientist. I'm often, I'm a physician scientist. I'm often, sort of, you know, backing up my, sort sort of, you know, backing up my, sort of, messages with evidence, with data. I of, messages with evidence, with data. I mean, we're trained to do that. Every mean, we're trained to do that. Every paper that I write, it's all, sort of, paper that I write, it's all, sort of, evidence with data. My book is evidence evidence with data. My book is evidence heavily with with data and references heavily with with data and references and objective information. The problem and objective information. The problem is, in today's world, there is an attack is, in today's world, there is an attack on expert opinion, right? I've never on expert opinion, right? I've never seen this before, but there is this seen this before, but there is this attack on expert opinion. It's not just attack on expert opinion. It's not just science, but it's really on a number of science, but it's really on a number of different, sort of, areas. And, you different, sort of, areas. And, you know, without getting too into the know, without getting too into the politics too much, I think we really politics too much, I think we really need to stand our ground when it comes need to stand our ground when it comes to expert opinion, right? Physicians are to expert opinion, right? Physicians are physicians for a reasons. Medical physicians for a reasons. Medical providers are medical providers for a providers are medical providers for a reasons. Epidemiologists are reasons. Epidemiologists are epidemiologists for a reason, right? It epidemiologists for a reason, right? It takes years, if not decades, to master takes years, if not decades, to master these crafts, right? And we're able to, these crafts, right? And we're able to, sort of, filter through the noise, sort of, filter through the noise, right? Of a lot of the stuff that, sure, right? Of a lot of the stuff that, sure, a lot of intelligent people can pick up, a lot of intelligent people can pick up, um you know, can pick up a study and um you know, can pick up a study and say, "Oh, it says this." But, it really say, "Oh, it says this." But, it really takes a trained eye to really understand takes a trained eye to really understand what this is. So, yeah, I mean, the what this is. So, yeah, I mean, the message, the book, the message, my message, the book, the message, my organization is really intended to be a organization is really intended to be a message that impacts as many people as message that impacts as many people as possible. It's really a crossover possible. It's really a crossover audience. So, we don't really want this audience. So, we don't really want this to just reach the sort of the choirs, to just reach the sort of the choirs, right? Like, we don't want this to just right? Like, we don't want this to just reach, you know, the scientists or the reach, you know, the scientists or the healthcare professionals, right? Because healthcare professionals, right? Because they're already converted. They all they're already converted. They all already pretty much get it. It's really already pretty much get it. It's really intended to get the sort of crossover intended to get the sort of crossover your audience, particularly the your audience, particularly the pipeline, the students that are coming pipeline, the students that are coming in, whose perspectives are still being in, whose perspectives are still being sort of formulated and sort of, you sort of formulated and sort of, you know, are moldable or sculptable.

know, are moldable or sculptable. >> Yeah, definitely I get from a concept of >> Yeah, definitely I get from a concept of education, collaboration, influence education, collaboration, influence perspective, it's really across the perspective, it's really across the board. The earlier that we can get board. The earlier that we can get connected to some of the younger minds connected to some of the younger minds who are still in this limbo of what am I who

are still in this limbo of what am I saying, what am I learning, how is saying, what am I learning, how is everything going to affect how I everything going to affect how I practice, right? As a human being, as a practice, right? As a human being, as a clinician, as a individual to figure out clinician, as a individual to figure out how do I serve my community, and then we how do I serve my community, and then we can layer on the what you're mentioning can layer on the what you're mentioning also, the experts meant to be experts.

also, the experts meant to be experts. Why do we do so much work as our Why do we do so much work as our organization collecting and then making organization collecting and then making sure that all the right experts is in sure that all the right experts is in the forefront of innovation? It's the forefront of innovation? It's because most of the time anything new because most of the time anything new comes out, it seems like the PhD is the comes out, it seems like the PhD is the scientists, the clinicians, scientists, the clinicians, that niche of people found a gap.

that niche of people found a gap. And then that gap need to be fulfilled And then that gap need to be fulfilled somehow. But, if we didn't leverage the somehow. But, if we didn't leverage the bigger community to support, to bigger community to support, to champion, champion, champion, and you just create a solution, then you and you just create a solution, then you go back to them, we're actually missing go back to them, we're actually missing out on a lot of this messaging, how out on a lot of this messaging, how people feel that same pain. How do they people feel that same pain. How do they actually become champion if they haven't actually become champion if they haven't connected to you? And if we're just connected to you? And if we're just bring people a solution on the back bring people a solution on the back end, bring people a solution on the back end, it does feel like these experts are not it does feel like these experts are not being valued for what they actually been being valued for what they actually been trained so many years for.

trained so many years for. Healthcare innovation doesn't happen in Healthcare innovation doesn't happen in a vacuum. Building a great solution is a vacuum. Building a great solution is only the beginning. [music] only the beginning. [music] Dr. Evans challenged us to look beyond Dr. Evans challenged us to look beyond the technology and understand the the technology and understand the environment our innovation is entering.

environment our innovation is entering. Every health system, [music] Every health system, [music] community, and population faces community, and population faces different challenges.

different challenges. So, when founders need to spend just as So, when founders need to spend just as much time much time So, founders need to spend just as much So, founders need to spend just as much [music] time understanding who they are [music] time understanding who they are serving as they do building the product.

serving as they do building the product. Now, before we jump into the next Now, before we jump into the next two-thirds of our conversation, I would two-thirds of our conversation, I would like to take [music] a pause and invite like to take [music] a pause and invite you to be a speaker on our podcast. If you to be a speaker on our podcast. If you are leading a healthcare you are leading a healthcare organization [music] organization [music] and have been running multiple clinics and have been running multiple clinics yourself, whether it's in the [music] yourself, whether it's in the [music] medical, dental, longevity space, medical, dental, longevity space, we would love for you to contribute to we would love for you to contribute to shine and help the rest of [music] us to shine and help the rest of [music] us to connect all the dots. Go to the connect all the dots. Go to the providersedge.com [music] to apply to be providersedge.com [music] to apply to be a speaker.

a speaker. Right? And it's also a differences Right? And it's also a differences between any new solution coming out to between any new solution coming out to say, "Hey, we have a lot of experts on say, "Hey, we have a lot of experts on our board." That's great, but do you our board." That's great, but do you have just everyone from New York, have just everyone from New York, everyone from Florida, right? Do you everyone from Florida, right? Do you have people also across the country, have people also across the country, right? So, I think it's all about that right? So, I think it's all about that collectiveness of the right people in collectiveness of the right people in the right seat, but also we need to the right seat, but also we need to create that ecosystem across the board, create that ecosystem across the board, across different stages. So, then we get across different stages. So, then we get the right buy-in. I am no longer just the right buy-in. I am no longer just like a small niche people saying there like a small niche people saying there is a problem, this is how we're going to is a problem, this is how we're going to

solve it, this is the impact we create.

solve it, this is the impact we create. It become everyone is on the same page. It become everyone is on the same page. So, that I always believe in is that So, that I always believe in is that there's never going to be a circle you there's never going to be a circle you cannot tap into. It's just that we have cannot tap into. It's just that we have to recognize what we believe in and to recognize what we believe in and bring on the right people to continue to bring on the right people to continue to support, to champion, and honor these support, to champion, and honor these experts for what they're already trained experts for what they're already trained on and not constantly on and not constantly in the question mode. But, that's just in the question mode. But, that's just also part of the social psychology, also part of the social psychology, right? We know there are the external right? We know there are the external compliance and internal compliance. And compliance and internal compliance. And some people are completely external some people are completely external compliant and internal compliant. Some compliant and internal compliant. Some people are just always questioning people are just always questioning everything, right? So, be able to see everything, right? So, be able to see where people are are at the stage where where people are are at the stage where they are. Also, be able to notice that they are. Also, be able to notice that some people's question because they're some people's question because they're curious. They want to learn. Whereas, curious. They want to learn. Whereas, other people's question, they're simply other people's question, they're simply just opposition, right? They're just just opposition, right? They're just questioning everything and even their questioning everything and even their own belief system because they start own belief system because they start realizing there's a congruency, they're realizing there's a congruency, they're just going to go to for the opposite just going to go to for the opposite side. And sometimes we just have to say, side. And sometimes we just have to say, "Those are not the people we're ever "Those are not the people we're ever going to help." And that's okay.

going to help." And that's okay. >> [laughter] >> [laughter] >> [laughter] >> And then because at the end of the day, >> And then because at the end of the day, we all only have a finite amount of we all only have a finite amount of resource, time, and money to support the resource, time, and money to support the movement that we have. So, at that being movement that we have.

Current Work at Wellness Equity Alliance

So, at that being said, what is the next big thing, right? said, what is the next big thing, right? After the book's coming out, what is the After the book's coming out, what is the something that you're currently working something that you're currently working on? What is the next big thing that on? What is the next big thing that you're working on that people would you're working on that people would wanted to champion for you?

wanted to champion for you? >> Cool. Well, thanks for that. Just to >> Cool. Well, thanks for that. Just to comment on something that you said cuz comment on something that you said cuz it's really important. I think that the it's really important. I think that the message and and the way that I sort of message and and the way that I sort of channel my message is really through channel my message is really through empathy, right? As physicians, as empathy, right? As physicians, as healers, we are trained to empathize.

healers, we are trained to empathize. And I don't know that I don't know that And I don't know that I don't know that a lot of clinicians actually do. I think a lot of clinicians actually do. I think they try to, but you know, I think that they try to, but you know, I think that empathy is absolutely key. In the book, empathy is absolutely key. In the book, I really and my publishers really sort I really and my publishers really sort of encouraged me to do this, I really of encouraged me to do this, I really try to connect a lot of the messages to try to connect a lot of the messages to personal experiences, right? To almost personal experiences, right? To almost lived experiences. So, I had a lot of lived experiences. So, I had a lot of sort of I had a lot of struggles myself sort of I had a lot of struggles myself growing up. I didn't have I know I I growing up. I didn't have I know I I look like this, right? People, you know, look like this, right? People, you know, just assume, you know, white, cis, just assume, you know, white, cis, hetero, American physician and living in hetero, American physician and living in California, I naturally had, you know, California, I naturally had, you know, sort of silver spoon and sort of sort of silver spoon and sort of privilege. I do clearly have privilege privilege. I do clearly have privilege now, but I worked really hard to get it now, but I worked really hard to get it and I had a lot of challenges that the and I had a lot of challenges that the book really sort of shares. So, that book really sort of shares. So, that lived experience really connects to my lived experience really

connects to my sort of path or my trajectory as a sort of path or my trajectory as a physician and sort of getting there and physician and sort of getting there and it explains why I feel so passionately it explains why I feel so passionately about connecting to people that don't about connecting to people that don't have much and people that are have much and people that are historically marginalized, right?

historically marginalized, right? Because I do understand that in many Because I do understand that in many ways I could have been them, right? And ways I could have been them, right? And then from a professional experience then from a professional experience standpoint, we're trained to be standpoint, we're trained to be empathetic again with our patients. So, empathetic again with our patients. So, I kind of use that sort of tool to again I kind of use that sort of tool to again sort of to connect to the different sort of to connect to the different communities in which I'm sort of communities in which I'm sort of delivering the message. And again, I the delivering the message. And again, I the message of this book, of my general sort message of this book, of my general sort of practice, is not really just to get of practice, is not really just to get to sort of the the liberal left, right?

to sort of the the liberal left, right? It's really to get to all audiences and It's really to get to all audiences and ultimately I really want to get these ultimately I really want to get these messages over to the folks, you know, messages over to the folks, you know, listening to Fox and Friends and and listening to Fox and Friends and and whatnot because again, this is public whatnot because again, this is public health just like the fire service should health just like the fire service should not be politicized, right? We all need not be politicized, right? We all need the fire service. We all know what the fire service. We all know what happens if you don't have the fire happens if you don't have the fire department that's there. What happens?

department that's there. What happens? Your house burns down, right? Like I Your house burns down, right? Like I mean, it's pretty simple, right? So, the mean, it's pretty simple, right? So, the same thing with public health. You may same thing with public health. You may not feel it for years or decades, but at not feel it for years or decades, but at some point it will become relevant. And some point it will become relevant. And then also, you have to read the room, then also, you have to read the room, right? For certain folks, they may not, right? For certain folks, they may not, you know, under talking about the social you know, under talking about the social and political determinants or even and political determinants or even framing it in those words is going to framing it in those words is going to not connect to them. It may even trigger not connect to them. It may even trigger them. So, you have to read the room and them. So, you have to read the room and really understand what's important to really understand what's important to those people. And so, the way that I do those people. And so, the way that I do it, I use almost what we were trained to it, I use almost what we were trained to do in medicine, which is motivational do in medicine, which is motivational interviewing. Right? I'll try to interviewing. Right? I'll try to understand, okay, what's important to understand, okay, what's important to these folks, right? Like, really trying these folks, right? Like, really trying to ask a number of questions from them to ask a number of questions from them to understand what's important to them.

to understand what's important to them. And it may be the economics, right? And And it may be the economics, right? And it's often the economics. And if it is it's often the economics. And if it is that, then I'll connect to the bottom that, then I'll connect to the bottom line. Right? I'll say, "Okay, if you line. Right? I'll say, "Okay, if you don't invest in this, it's actually don't invest in this, it's actually going to cause significantly more, you going to cause significantly more, you know, for your community." And then know, for your community." And then also, perhaps, you know, connected to also, perhaps, you know, connected to from a personal standpoint and, you from a personal standpoint and, you know, demonstrate that during the know, demonstrate that during the COVID-19 pandemic, it wasn't necessarily COVID-19 pandemic, it wasn't necessarily about investing in a certain about investing in a certain communities, but the systems the communities, but the systems the hospital systems, the ICU systems were hospital systems, the ICU systems were so gummed up that if you needed to get so gummed up that if you needed to get into the hospital for just a normal into the hospital for just a normal non-infectious a reason, could be an MI non-infectious a reason, could be an MI or something like that, guess what? The or something like that, guess what? The likelihood of getting in was seriously likelihood of getting in was seriously challenged. So, that, you know, that I challenged. So, that, you know, that I think often sort of gets people's think often sort of gets people's attention. And then the last piece I'll attention. And then the last piece I'll say is like, you have to sometimes say is like, you have to sometimes really suss out what exactly when people really suss out what exactly when people are asking questions, point, are they are asking questions, point, are they genuine questions

or are they genuine questions or are they rhetorical, right? Do they just want to rhetorical, right? Do they just want to hear themselves speak and just sort of hear themselves speak and just sort of like and just argue with you? And then like and just argue with you? And then to your point, like, you just like the to your point, like, you just like the we've got a lot of work to do. I would we've got a lot of work to do. I would love to influence everybody's, you know, love to influence everybody's, you know, opinion. I would love to do that, but opinion. I would love to do that, but there's time is limited. And if folks there's time is limited. And if folks are just there to just fight or argue or are just there to just fight or argue or be pugilists, then we don't have time.

be pugilists, then we don't have time. We just have to pick our battles. That's We just have to pick our battles. That's the reality of sort of where we're at.

the reality of sort of where we're at. But I think the important piece is just But I think the important piece is just connecting to again, the science. And connecting to again, the science. And again, I will continue to be a science again, I will continue to be a science explainer. That's, you know, something explainer. That's, you know, something that I'm passionate about and I think that I'm passionate about and I think I'm reasonable at. But I also need to I'm reasonable at. But I also need to connect that to stories, right? You connect that to stories, right? You mentioned that earlier. The stories are mentioned that earlier. The stories are super important because, super important because, you know, like I was saying in the book, you know, like I was saying in the book, I use some of these lived experiences to I use some of these lived experiences to connect the reader to what I was connect the reader to what I was experiencing, right? But in sort of live experiencing, right? But in sort of live format, I use stories so that people can format, I use stories so that people can really understand it's not just about really understand it's not just about data points, it's about human lives, data points, it's about human lives, right? And I think often if people are right? And I think often if people are able to explain it to connect it in able to explain it to connect it in stories that were people are potentially stories that were people are potentially suffering and hopefully there's like you suffering and hopefully there's like you know in any story there's that sort of know in any story there's that sort of that conflict and hopefully you resolve that conflict and hopefully you resolve that conflict. You know, I think people that conflict. You know, I think people will resonate with that. What's next for will resonate with that. What's next for me is my day-to-day. I mean it's I'm the me is my day-to-day. I mean it's I'm the CEO of an organization called Wellness CEO of an organization called Wellness Equity Alliance. We have five strategic Equity Alliance. We have five strategic priorities. Number one is HIV street priorities. Number one is HIV street medicine. So my groups down in the medicine. So my groups down in the Southern California are operating in Southern California are operating in either the streets or the deserts either the streets or the deserts connecting to people experiencing connecting to people experiencing homelessness unsheltered and unhoused.

homelessness unsheltered and unhoused. We focus not just on primary care but We focus not just on primary care but intersecting elements of infectious intersecting elements of infectious disease prevention and and treatment as disease prevention and and treatment as well as street psychiatry and street well as street psychiatry and street addiction medicine. Number two is is addiction medicine. Number two is is public health. I mean we've always been public health. I mean we've always been a sort of public health extender. So now a sort of public health extender. So now given all of the impacts attacks given all of the impacts attacks assaults dismantling on the US public assaults dismantling on the US public health system, there are other health system, there are other organizations that are going to need to organizations that are going to need to sort of respond and fill the sort of the sort of respond and fill the sort of the void of agencies like the CDC. So that's void of agencies like the CDC. So that's something that we're currently spending something that we're currently spending a lot of time on and our board and our a lot of time on and our board and our senior leadership have you know really senior leadership have you know really really impressive backgrounds including really impressive backgrounds including many former state health officials and many former state health officials and deans of schools of public health and deans of schools of public health and former CDC executives etc. So that's former CDC executives etc. So that's kind of the sort of area in which we are kind of the sort of area in which we are sort of exploring. A lot of work to do sort of exploring. A lot of work to do but we're sort of seeing what that looks but we're sort of seeing what that looks like but hopefully we can become the like but hopefully we can become the sort of the conveners or the sort of the conveners or the collaborators or coordinators of sort of collaborators or coordinators of sort of these aggregating agencies across the these aggregating agencies across the country because we don't want this sort country because we don't want this sort of feudal society of public health where of feudal society of public health where people are like everybody's doing their people are like everybody's doing their own thing. Like we need to sort of own thing. Like we need to

sort of bridge the sort of the science and the bridge the sort of the science and the sort of the ideas together. Number three sort of the ideas together. Number three is tribal health. So we're standing up is tribal health.

Rebuilding Public Health and Closing Thoughts

So we're standing up some tribal health programs in Colorado some tribal health programs in Colorado in 2026 partnering with Native American in 2026 partnering with Native American tribe. And number four is behavioral tribe. And number four is behavioral health. Big focus on mental health and health. Big focus on mental health and substance use. So we're standing up some substance use. So we're standing up some crisis stabilization units and then all crisis stabilization units and then all of our programs have an integrated of our programs have an integrated behavioral health model connected to it.

behavioral health model connected to it. And then finally rural health. We're you And then finally rural health. We're you know operating in a number of different know operating in a number of different rural settings. A lot of the folks, you rural settings. A lot of the folks, you know, we talked mostly about street know, we talked mostly about street medicine and other areas that are mostly medicine and other areas that are mostly in urban settings. But what's happened, in urban settings. But what's happened, you know, as a result of a number of you know, as a result of a number of sort of political decisions as well as sort of political decisions as well as just resources has been that folks that just resources has been that folks that are living in the rural areas are left are living in the rural areas are left behind. And a lot of the sort of like behind. And a lot of the sort of like the critical rural access hospitals and the critical rural access hospitals and other sort of facilities in these spaces other sort of facilities in these spaces have been shut down or closed down. So have been shut down or closed down. So it's getting worse. And the Centers for it's getting worse. And the Centers for Medicare and Medicaid don't agree with a Medicare and Medicaid don't agree with a lot of their decisions recently, but lot of their decisions recently, but they did just invest a significant they did just invest a significant amount of money into rural health. They amount of money into rural health. They put $50 in rural health. So we are going put $50 in rural health. So we are going to be pursuing some of those areas. We to be pursuing some of those areas. We do have some rural health programs both do have some rural health programs both in New Mexico and California. And we're in New Mexico and California. And we're looking to potentially expand that again looking to potentially expand that again into Colorado and other parts of the into Colorado and other parts of the country.

country. country. >> Yes, exciting. A lot of moving parts, a >> Yes, exciting. A lot of moving parts, a lot of initiative for the public side, lot of initiative for the public side, uh street medicine as well as the uh street medicine as well as the education side, and expanding to education side, and expanding to multiple different locations. I always multiple different locations. I always love to end with a fun question. So if love to end with a fun question. So if we give you a magic wand to grant you a we give you a magic wand to grant you a wish to be able to push these initiative wish to be able to push these initiative much faster, what would you use the much faster, what would you use the magic wand for?

magic wand for? >> I would use the magic wand to remove all >> I would use the magic wand to remove all of this political turbulence of, you of this political turbulence of, you know, of of sort of the destructions of know, of of sort of the destructions of public health and health care. I do public health and health care. I do think there's been a lot of destruction think there's been a lot of destruction that's taken place in the last year that's taken place in the last year alone. It's been sort of precipitous, alone. It's been sort of precipitous, but it's been particularly the last year but it's been particularly the last year has been really profound. And so I think has been really profound. And so I think in order to reverse or reverse course on in order to reverse or reverse course on a lot of these pieces, it may take years a lot of these pieces, it may take years to decades to get some of this back if to decades to get some of this back if possible at all. But I do think it is possible at all. But I do think it is possible. I you know, it's been just a possible. I you know, it's been just a year. So I do think it's possible to year. So I do think it's possible to kind of remove some of these sort of kind of remove some of these sort of political impediments. And I do think political impediments. And I do think there's opportunities to rebuild, too.

there's opportunities to rebuild, too. So um I think that there's a lot of our So um I think that there's a lot of our sort of infrastructure was not sort of infrastructure was not necessarily set up for success, necessarily set up for success, particularly for the most historically particularly for the most historically marginalized. We know that at

least a marginalized. We know that at least a third, this is not this is before this third, this is not this is before this year, at least a third of populations in year, at least a third of populations in the United States do not or cannot the United States do not or cannot engage in health care in the way that engage in health care in the way that it's currently set up, right? So, we it's currently set up, right? So, we have this incredible health care system have this incredible health care system with incredible, you know, evolutions or with incredible, you know, evolutions or developments in in biomedicine in the developments in in biomedicine in the US. More so probably than most countries US. More so probably than most countries in the world, no, probably definitely.

in the world, no, probably definitely. Problem is many of the folks, if not 50% Problem is many of the folks, if not 50% of the country, don't have access to it, of the country, don't have access to it, right? So, we need to do better in terms right? So, we need to do better in terms of in terms of that. So, I think these of in terms of that. So, I think these this this this last year of destruction, this this this last year of destruction, I always see a silver lining and so I I always see a silver lining and so I think that there's an opportunity to think that there's an opportunity to again sort of rebuild and make the again sort of rebuild and make the health care and public health systems health care and public health systems stronger than they ever will be. So, stronger than they ever will be. So, that's what I use my magic wand for.

that's what I use my magic wand for. >> Awesome. Thanks, Dr. Evans. >> Awesome. Thanks, Dr. Evans. What idea really stood out in this part What idea really stood out in this part [music] of our conversation is that [music] of our conversation is that don't wait until your solution is don't wait until your solution is finished to involve the people you're finished to involve the people you're building it for. [music] building it for. [music] Dr. Taylor shared why lasting health Dr. Taylor shared why lasting health care innovation starts with listening, care innovation starts with listening, not assuming.

not assuming. The founders who build strong The founders who build strong partnerships [music] partnerships [music] with clinicians, patients, and with clinicians, patients, and communities early are the ones who communities early are the ones who create [music] solutions that fit real create [music] solutions that fit real needs and have a better chance to needs and have a better chance to gaining long-term adoption. For anyone gaining long-term adoption. For anyone out there who has amazing idea that you out there who has amazing idea that you wanted to test, each [music] month at wanted to test, each [music] month at pitch2yes.com, pitch2yes.com, pitch2yes.com, go there to submit your idea and come go there to submit your idea and come join us with other clinicians, join us with other clinicians, operators, and investors to see if your operators, and investors to see if your pitch really is hot or not. Every month pitch really is hot or not. Every month we have a different [music] theme for we have a different [music] theme for longevity, wellness, women's health, longevity, wellness, women's health, men's health, and everything [music] in men's health, and everything [music] in between. We want to make sure that we between. We want to make sure that we support you where your innovation can be support you where your innovation can be heard by the people that you're building heard by the people that you're building for as well as not wasting time going for as well as not wasting time going down the rabbit hole of creating a down the rabbit hole of creating a solution [music] solution [music] that people don't care for. Now, go to that people don't care for. Now, go to pitch to yes.com to register. [music] pitch to yes.com to register. [music] And that's it. Whether you are looking And that's it. Whether you are looking for the next best book to read, go find for the next best book to read, go find Dr. Evans' book. And how else can people Dr. Evans' book. And how else can people find you or connect with you the best find you or connect with you the best way?

way? way? >> Sure. So, the book's on Amazon, Barnes & >> Sure. So, the book's on Amazon, Barnes & Noble, you know, any internet form, Noble, you know, any internet form, digital form that you can look. It's digital form that you can look. It's published by Johns Hopkins University published by Johns Hopkins University Press. You can find us at wellnessat Press. You can find us at wellnessat thealliance.com. Also, I'm at thealliance.com. Also, I'm at tylerevansmd.com.

tylerevansmd.com. tylerevansmd.com. And I'm sure there's a number of other And I'm sure there's a number of other places that you can find me, LinkedIn, places that you can find me, LinkedIn, other various as well. I don't do a other various as well. I don't do a TikTok or anything like that, but you TikTok or anything like that, but you can find me, I'm sure.

can find me, I'm sure. >> Awesome. Yes, LinkedIn is one one of the >> Awesome. Yes, LinkedIn is one one of the first thing that we as say us where our first thing that we as say us where our thought leaders and truly making a thought leaders and truly making a stand, LinkedIn is definitely number one stand, LinkedIn is definitely number one to be.

to be. Until next time. Thank you guys for Until next time. Thank you guys for listening in and we would love to hear listening in and we would love to hear about your insight from what we have about your insight from what we have discussed. What is the something that discussed. What is the something that have trouble you from these have trouble you from these socioeconomic and then public health socioeconomic and then public health effect that has been coming out in the effect that has been coming out in the past few years? How do you truly make it past few years? How do you truly make it the best decision in whenever there are the best decision in whenever there are shifts in the system? Post it wherever shifts in the system? Post it wherever you're listening to this episode or post you're listening to this episode or post it on LinkedIn for us and tag myself and it on LinkedIn for us and tag myself and Dr. Evans. We would love to continue Dr. Evans. We would love to continue this conversation with you. Until next this conversation with you. Until next time.

Today's conversation remind us that Today's conversation remind us that health care innovation is much more than health care innovation is much more than building great technology. Dr. Evans building great technology. Dr. Evans challenged us to look beyond funding, challenged us to look beyond funding, policy, and product [music] development policy, and product [music] development to better understand the people, to better understand the people, communities, and systems [music] communities, and systems [music] our solutions are meant to serve.

our solutions are meant to serve. As founders, operators, and health care As founders, operators, and health care leaders, lasting impact comes from leaders, lasting impact comes from listening first, listening first, understanding the environment we're understanding the environment we're building into, and designing solutions building into, and designing solutions that solve real [music] problems for the that solve real [music] problems for the people who will use them.

people who will use them. Let's dive into the key lessons from Let's dive into the key lessons from [music] today's conversation. [music] today's conversation.

Number one, health care inequity [music] Number one, health care inequity [music] are driven by system, not isolated are driven by system, not isolated failures.

failures. failures. Dr. Evans explained that poverty, mental Dr. Evans explained that poverty, mental health, substance use, and social health, substance use, and social instability [music] instability [music] all compound health care outcomes.

all compound health care outcomes. Founders building point solutions must Founders building point solutions must understand the larger environment understand the larger environment [music] patients live [music] patients live within.

within. within. Number two, trust determines whether Number two, trust determines whether innovation gets adopted. Even innovation gets adopted. Even well-funded public health system [music] well-funded public health system [music] fell during COVID because communities fell during COVID because communities did not trust institutions. Innovation did not trust institutions. Innovation without trust struggles to scale.

without trust struggles to scale. Number three, more money alone does not Number three, more money alone does not fix health [music] care. Dr. Evans fix health [music] care. Dr. Evans emphasized that throwing money into emphasized that throwing money into broken system does not automatically broken system does not automatically improve outcomes because strategic improve outcomes because strategic allocation [music] and structure allocation [music] and structure redesign matters more.

redesign matters more. Number four, public health and health Number four, public health and health care operations are deeply care operations are deeply interconnected. We highlight how interconnected. We highlight

how operational design, [music] operational design, [music] communication, access, and community communication, access, and community engagement directly affect disease engagement directly affect disease [music] outcomes.

[music] outcomes. Number five, optimism must be paired Number five, optimism must be paired with systems redesign. with systems redesign. Despite discussing health care inequity, Despite discussing health care inequity, Dr. Evans maintains a optimistic [music] Dr. Evans maintains a optimistic [music] lens focused on rebuilding health care lens focused on rebuilding health care systems intentionally rather than systems intentionally rather than reactively.

reactively. reactively. >> [music] >> [music] >> [music] >> Now, let me ask you this. >> Now, let me ask you this. Are you designing systems around human Are you designing systems around human behavior behavior behavior >> [music] >> [music] >> [music] >> and what the end users are using or >> and what the end users are using or around what you wish people have been around what you wish people have been adapted?

adapted? adapted? Thank you for listening. Remember, the Thank you for listening. Remember, the [music] positive change we're seeking [music] positive change we're seeking starts right here with me and you. If starts right here with me and you. If you are a fan of the show, or if [music] you are a fan of the show, or if [music] you are just having struggles or success you are just having struggles or success that you're either [music] experienced that you're either [music] experienced in the past or are experiencing now in in the past or are experiencing now in the healthcare industry, these matter to the healthcare industry, these matter to all of us. I want to hear from you.

all of us. I want to hear from you. Visit sabrinarombach.com/connect Visit sabrinarombach.com/connect [music] [music] [music]