

## **Transcript –Dr. Johnson-Agbakwu Season 7**

A new *Voices of UMass Chan* podcast episode

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### **MUSIC**

#### **Voice over artist**

Thank you for listening to the voices of UMass Chan, featuring the people, ideas and advances of UMass Chan Medical School.

#### **JENNIFER BERRYMAN**

You're listening to the voices of UMass Chan podcast. I'm your host, Jennifer Berryman, you are in for a real treat today. We're hearing from Dr. Crista Johnson-Agbakwu. She is an accomplished physician who has focused her career on narrowing the gap between social determinants of health and the health care system. Dr. Johnson-Agbakwu, thank you so much for making time out of your busy schedule to speak with us.

#### **CRISTA JOHNSON-AGBAKWU**

It's an honor to speak with you today. Thank you for having me.

#### **JENNIFER BERRYMAN**

We want to hear about your work. And you also are the executive director of UMass Chan's Collaborative in Health Equity, also a professor of obstetrics and gynecology, population and quantitative health sciences, really focused on maternal health and health equity and how those come together. How did you choose those specialties, and do they complement each other? How do they complement each other?

#### **CRISTA JOHNSON-AGBAKWU**

Absolutely. I mean, this is literally my origin story.

#### **JENNIFER BERRYMAN**

We have all the time, so please talk.....

#### **CRISTA JOHNSON-AGBAKWU**

So, you know, I guess I have to think back to my early upbringing. So, I'm actually a child of New England. I grew up just an hour south in Bloomfield and Hartford, Connecticut, which is where my parents currently reside. And I would say, during my early years, I was always fascinated by science, and my parents are first generation Caribbean immigrants who immigrated from Jamaica. And you know, I was born here in the U.S., but you know, very much was grounded in service and giving back to the community. And my parents were

exemplars of that, because they were deeply embedded in the local Hartford community, serving newly arrived immigrant families arriving from various islands in the Caribbean who they were supporting through social services, ESL and citizenship classes and ways to just support the children and their journey to not only economic self-sufficiency, but educational advancement. And as a young child growing up, I witnessed that, and it really had a profound impact on me, you know. But I also was very much fascinated with science, and when I first thought about becoming a doctor, you know, I, one, didn't have a lot of examples in my community, because I am the first physician in my family, which I take as, just as a humble appreciation for this journey, and the importance of just the fact that I stand on the shoulders of giants who've come before me, and the importance of mentorship, you know, but I think the knowledge of giving back really part foundational to my own grounding in what I've become and what I've done with my life in medicine, and as a, you know, young black student, where there are often limited examples of women like yourself, who look like you, who have pursued careers in medicine. It's really essential to have strong pathways of mentorship that give us exposure. And I was able to get that by participating in pathway programs in high school and college that exposed me to careers in the health professions. And that was really foundational to me, really being confident that indeed pursuing medicine was my calling. Now, growing up through high school, I say this all the time, that often we weren't considered capable of achieving. You know, in my high school, they were switching out Advanced Placement, chemistry, advanced placement biology, for carpentry, automotive skills, cooking and sewing classes. And, you know, my parents were pounding the pavement, talking to the teachers and the superintendent making sure that I got into every advanced placement class in high school because they were offering it every other year instead of every year, because they didn't think we as majority black students were capable of pursuing college degrees, or, you know, were college bound. And so, you know, my journey has been one of constant, I would say, fighting ,resiliency and just being bolstered by those around me that know there are no limits of what I can achieve, but I do need, we all need mentorship, and those who've come before you to kind of, you know, show you the way, or, you know, provide opportunities for you to for your own career advancement.

And when I was in college, I ended up matriculating to Johns Hopkins University. I had the opportunity to work with a young orthopedic surgeon by the name of Dr. Claudia Thomas, who literally, pretty much planted the seed of what I chose to do with my career, you know, and at the time, I knew I was interested in obstetrics and gynecology, that was clear. But Dr. Thomas really embodied something so powerful for me in that she was the first black female orthopedic surgeon in the entire United States. And she came up into this field during a time during the civil rights movement where, you know, black people, black

women especially, were underrepresented everywhere, especially in appeal to this orthopedic surgery and becoming the first in the country is no small feat. And I just wanted to be in her presence. I just wanted to shadow her. I just wanted to just learn from her, as you know, I watched her and her, her patient centered, empathy, bedside manner, caring for patients, just be in her presence and gain any pearls of wisdom from her. And as I was graduating to go on to medical school, she left some powerful words of advice for me. She said this. She said, Crista, there are countless physicians who are out there doing excellent work, taking care of their patients, serving their communities, and that is tremendous. But I need to set my eyes on something even greater, you know, she said that, as I pursued my medical degree and my career, you know, seek to have a seat at the table where decisions are being made that impact entire communities, and I will never forget that. I mean, I was graduating in the spring of 1996 from college when she left those words with me, and that has been my guide for all that I've done over the next, you know, 30 years of my life. And so I'm just really, really humbled by just the importance of people who pour into you, who believe in you, who know what you're capable of, but also know what you could achieve. And and I really think that's really been my guiding light for all that I've done. And prior to joining UMass Chan and I completed, you know, extra training after OBGYN residency, I did a research fellowship in the Robert Wood Johnson Clinical Scholars Program, because I was very much interested in the intersection of clinical medicine and public health and health policy, but I spent 15 years based in Phoenix, Arizona running refugee women's health programming at our large public safety net hospital, where we were very much serving very underserved, highly vulnerable patient population. But we were able to transform care by leaning in intentionally to supporting newly arriving migrant communities, by embedding community health workers within our health care workforce, and really leading in to provide trauma informed, culturally and linguistically congruent care, and we were able to transform outcomes and bringing over 16,000 patients into our health system and really moving beyond just women's health to include pediatrics, family medicine, internal medicine and behavioral health, in really supporting communities, meeting them where they are, and anchoring trust is foundational to how we increase not only representation of those with lived experience, who they can identify with, but also making sure that we are articulating the community's needs in ways that advocate for their best health. And so, I took that with me to really shape what I've brought to UMass Chan. You know, I joined last spring and moved my family last June from Phoenix, Arizona, essentially my homecoming back to southern New England, which is, you know, my grounding and my roots. And it's, I feel as though stepping into this role as the executive director of the Collaborative in Health Equity truly has been, you know, I feel like I'm truly stepping into my life's purpose.

**JENNIFER BERRYMAN**

I want to ask you about that. I can't stop thinking about that advice that Dr. Thomas had for you about the seat at the table. Is your leadership of the Collaborative in Health Equity your seat at the table?

**CRISTA JOHNSON-AGBAKWU**

It's one of many I feel, right, and it's, it's a level of positionality that is one woefully missing in medicine when you look at someone like myself, right, who is a full professor of obstetrics and gynecology, who is a woman, a black woman, in medicine, You know, we know the statistics, and the statistics are dire, despite over 40 years of work to try to forge and bolster the pipeline of diverse representation in medicine. You know, despite even black communities representing 13% of the US population in medicine, we're less than 5%. Now, when you talk about black women in medicine, where less than 2.8% and someone at my level, as a full professor in my field, you know 24 years in clinical practice, right? I represent only 0.8% of all U.S. physicians in this country. And so, you know that that's stark, right? And those numbers are dire everywhere. There's not a single institution you know that you can turn to that shows that.

**JENNIFER BERRYMAN**

So, all the more important to have somebody with your experience and your background.

**CRISTA JOHNSON-AGBAKWU**

Absolutely.

**JENNIFER BERRYMAN**

Can you tell us, as you said, it's coming up on two years, year and a half, two years since it was established, what's the aspiration of the collaborative and can you give us one or two examples of notable achievements so far?

**CRISTA JOHNSON-AGBAKWU**

Sure. I just got my team in place last spring. The last member of my team just joined in May of this year. So we are literally just getting started, but we really are advancing the mission of UMass Chan Medical School as part of Chancellor Collin's 2025, strategic goals, specific to community and global impact in terms of how do we really advance the health and wellness of the diverse communities that we serve across Central Massachusetts and the region. In terms of how do we lead in the way that we innovate in education, in research, in healthcare, delivery, in public service, in a way that's intentional, centering communities who continue to experience marginalization and have a historic history of

oppression and harm, and that's really taking a lens of equity. And what exactly does equity mean? It's not equality, where all things are the same. You really have to lean in to those populations most vulnerable, those population most experiencing disparate outcomes to make sure that we're bolstering the support, we're bolstering trust where we're innovating in ways that haven't been done before, to make sure that we're reaching communities where they are, we are bolstering our workforce. You know, we are increasing trust in meaningful ways that ensures transparency and accountability and and bidirectional, you know, engagement in meaningful ways as centers of voices of those communities who continue to experience the most disparate outcomes. And how do we then collectively work across the aisle to close the gaps in silos, in supporting the excellent work that UMass Chan and UMass Memorial has a strong track record of amazing teams doing incredible work. But how can we take this to the next level and be a multiplier and an amplifier to truly move the dial forward in advancing health equity for the most vulnerable and underserved and historically marginalized among us, and in so doing, ensure that our teams from the leadership all the way down to the receptionist meeting you when you walk in the door as a patient, better reflect the communities that we serve. That requires a multi-pronged effort that is intentional to making sure that we are supporting the workforce in many ways, not only for medical students and nursing students and graduate students entering our three schools, but how do we ensure that the teams, the clinical and research teams at all levels better reflect our communities, and that's at the foundation of trust. And often, communities move at the speed of trust, which takes time.

**JENNIFER BERRYMAN**

Yeah, you're right. Trust is the foundation, because you can't get through to people without it. How do you apply that mindset of an equity engaged mindset to your work as an OBGYN.

**CRISTA JOHNSON-AGBAKWU**

Oh, yes, one, you know, I feel like it's an amazing opportunity, because maternal health and reproductive health is, you know, not just the bedrock of our entire society, our global society, but also it's a flashpoint our time in our nation's history, where so many protections are under threat for women's health and maternal health. Especially my own positionality as a black Woman, OB/GYN, you know, you know, black women face the greatest risk of of obstetric harm, and that those numbers are only worsening in recent years, especially when we see the impact of the pandemic in terms of the disparate outcomes that we are seeing among black you know, birthing mothers. And sadly, this is not something that, as we think about, is based on socio economic status or class or education, right? It's irrespective, because we have to really understand the structures, and that's racism, systemic racism and the social drivers of inequities that is really the

elephant in the room that are driving a lot of the disparate outcomes, which have strong historical underpinnings in our nation's history and founding from the transatlantic slave trade. It results in intergenerational trauma and harm producing weathering that places black women at a very vulnerable state when they are pregnant and advancing the reproductive health and I have, it's a shame, that I have countless colleagues who've had severe obstetric morbidity. I've lost colleagues who've died due to maternal complications in childbirth, Myself, I have a five-year-old where I had severe maternal complications in my own pregnancy, and it's because of the weathering we all experience, no matter what field, no matter you know, what we pursue. It's the air that we breathe and our lifelong, intergenerational in utero exposure, right? You know, or my parents, my mom, wouldn't do it. I'm in it. I want to stop this from the next generation, as I have two young girls, you know. And what really grounds me in my why is, how do I move the needle forward with the time that I have on this earth to try to advance best practices, respectful care, disrupting racism at its very root and across all the various ways in which it manifests to perpetuate harm. And so, I feel like maternal health, reproductive health is reproductive justice is at the foundation of health equity, not only for our communities, but our entire global society.

#### **JENNIFER BERRYMAN**

Yeah, and I just want to quickly interject and put a finer point on what it is you're talking about, because some people may have forgotten, or may have thought that the maternal mortality issue has improved, but in fact, it's proven quite stubborn in the United States compared to other developed nations. For example, the most recent data, for every 100,000 live births, an average of 19 white people who give birth will die. For African American people giving birth, two and a half times that, so 50 will die. That's CDC 2022 data, and that's actually an improvement over 2021 but compare it to Norway, another developed nation, zero mothers died after giving birth in 2022 smaller, but zero is zero. How do you think about these risks, and how can we continue to move the needle?

#### **CRISTA JOHNSON-AGBAKWU**

Yeah, those risks really boil down to honestly, respectful care, right? I mean, obviously we have to address access to care. We have to ensure that there's paid, you know, maternal leave, you know parental leave, but foundationally, we need to make sure that we are carefully listening to and validating our mothers, you know, and valuing our humanity, right? And when you think about the founding of medicine, right, the founding of even gynecologic and obstetrical care was on the backs of enslaved women. Where, when you think about, how did we even get here in our nation's history, because our pain was not regarded as serious, right? We were operated on. The first cesarean section was perfected on an enslaved woman who had a C section without any anesthesia. I mean when you talk

about, how did we gain the skills of modern obstetrics and gynecology. This was on the backs of enslaved women who were operated on without consent because they were enslaved, and, you know, as a way to ensure that, you know, plantations maintain the commodity of their strongest workers. And so, how did we get here? Is one that we cannot take in a in isolation of the historical legacy that informs how, even if something as simple as pain, how is pain regarded. When we have pain, it's not regarded as real. We're not listened to or responded to or acted upon in terms of getting the necessary test interventions and and ways to ameliorate whatever it is that's a concern, and that translates to everything, in terms of delays in screening, delays in treatment, delays in recognizing that there is a crisis, and by time it's found it's too late, or she's hemorrhaging to death, or, you know, I mean, and we don't have to look at the most famous people, Serena Williams, right? The greatest of all time, tennis athlete, Olympic champion, who nearly died from a pulmonary embolism. Had she not had her husband intervene to demand that the nurses get her a cat skin, because when she was saying, she was short of breath, she wasn't listened to. So I mean, there are countless and countless stories, but I think if we're at the very core, we value our humanity in providing careful listening, validation of our stories. What we say, it's in providing respectful care. It's foundational to transforming the morbidity and mortality statistics that we're seeing in our country today.

#### **JENNIFER BERRYMAN**

Is the increased awareness, Well, first of all, I guess I should ask, are you feeling like the general population is increasingly aware of the effects of weathering and denying the reality of pain and complications for African American or vulnerable women. And isn't that moving the needle? I sit here so frustrated like now that we know about it. How is it being addressed?

#### **CRISTA JOHNSON-AGBAKWU**

Well, yes, awareness is important, but we also need action, and action requires that we transform institutional cultures in terms of transforming the birth experience, increasing midwifery care, increasing the availability of birth centers, increasing the support persons that are supporting birthing mothers throughout pregnancy and postpartum, which is doula care, which is that, where that has really risen in attention. But doulas are not the magic solution, right without also addressing the institutional challenges as well, without addressing the culture. And so we really need to be looking at everything in lockstep, terms of increasing access, increasing the pool of support, persons such as doulas, increasing the community supports, and increasing the diversity of providers, nurses and doctors, right? Who are, you know, able to be leading in these spaces and providing care, and it really requires a multi-pronged focus to make sure that we are truly attacking this and from

all the various lenses and making sure that we are celebrating birth. It's the most natural thing process in the world, but all this media attention, while it is raising awareness, it's also creating fear among black women who suddenly think that, Oh no, I'm pregnant. Am I going to die? Oh no, if I go to the hospital, is something going to happen to me because I am black, because they're reading these mind-numbing statistics and already feeling okay, that's going to be me. And so, I have had so many patients over these years who seek me out because they want to feel safe or feel assurances that okay, I'll be taken care of and I will not have an adverse experience that could lead to my own demise just because I'm pregnant, right? And so we you know, media messaging is important to raise awareness and garner advocacy, but we also have to be wary of the unintended consequences that we're now stigmatizing black birth as a pathology that okay, they're going to die, or at least they didn't die, instead of celebrating the joy and strength and, you know, and power of childbirth all the resiliency and wonderful aspects of of celebrating the joy of this important milestone in women's reproductive lives. And so I really think we need to also change the narrative to, you know, granted, we need to keep the advocacy because we need the funding and the policy changes to improve access and services and and care, but we also need to be mindful of the unintended harm on those communities we're really trying to serve better.

#### **JENNIFER BERRYMAN**

I think that so many people will be reassured to know that somebody with your experience and with your persistence is paying attention to this everyday, in and out. As somebody who's not a professor, who's somebody who's not an OBGYN, as somebody who is, as you pointed out, really just interested in supporting people, supporting people who are giving birth, or supporting people who are in need of care, and interested in supporting the humanity of our fellow citizens. As a final closing thought to this conversation, what would you tell us? How can we support trust and helping people get the care that they need?

#### **CRISTA JOHNSON-AGBAKWU**

That's a really great question. And you know, one thing I would say is that we all need allies right and allies who recognize the issue and create space and create opportunity and sponsor others. Provide, you know, mentorship, provide ways to open doors or even stand in the gap, right? Because this work is, you know, bears a minority tax, right, where the person with the under representation often bears a burden of educating those around you, where we are also experiencing our own weathering of institutional microaggressions and bias and discrimination that we face as we seek to do our work, right? And so, and that's been my lived experience my entire life, right, and it doesn't just end just because you reach a certain level. So, and I feel as though it's so important for those of us who are

looking from the outside and want to do good is to stand in the gap. And we need crucial allies to speak up in spaces where we may not be present, or in circles where you absolutely have influence and often that's a that's spaces where it might be lonely to be that lone voice. But that's what advocacy is. That's what speaking truth to power is speaking up for those that are voiceless and powerless or may not be able to speak for themselves. We need everyone in this work because that's how we will collectively move the dial forward in creating opportunity and forging ways to bring others along and opening doors to diversify our workspace, engaging with the community, building trust, and meeting the community where they are, and centering their voices so that they feel heard and valued and respected. And that's a work that every single person can participate in,

**JENNIFER BERRYMAN**

And it goes back to your mentor, Dr. Thomas's sage advice that is, unfortunately in some ways, still as relevant today, absolutely back in the 90s. This was a real treat. Dr. Crista Johnson-Agbawku, thank you so much for joining us, telling us about your work.

**CRISTA JOHNSON-AGBAKWU**

Thank you. Thank you for having. It was truly a joy. Thank you.

**JENNIFER BERRYMAN**

Thanks for listening. If there is a specific topic you'd like us to cover, email us at [UMassChanCommunications@umassmed.edu](mailto:UMassChanCommunications@umassmed.edu). I'm Jennifer Berryman, we will see you next time.

**Voice over artist**

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**Music**

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