

[applause]

Odi Akosionu-DeSouza: “Good evening. Can you hear me? Awesome. Good evening, my name is Odi Akosionu-DeSouza, and I'm very proud and honored to be here with you all tonight. As I was preparing for this talk, one question came to mind: What makes me believe that I belong here in public health? Now, let me tell you my story.

“Yes, I am a director at the Minnesota Department of Health, and I am also a black woman, a black Nigerian woman. Are there any Nigerians in the house? No? West African Americans? No I'm just kidding - it's all good. [laughter] I'm also a researcher and a leader. But most importantly, I'm a matcha latte connoisseur. [laughter] Seriously, I make my matcha lattes almost every day. Yes, yes, yes, you've been told that matcha tastes like grass, but, [laughter] hear me out! Matcha latte, iced matcha lattes, I think I just missed a slide, but iced matcha lattes are delicious, especially with summer coming up.

“But so, how did it all begin? How did I end up here in public health? It all started when I moved from Nigeria at the age of 16 to the U.S., and I started community college in San Diego. No, I haven't been surfing, I know we kind of look alike, we have the same physique, [laughter] but surfing is not part of my journey, and I would never be doing that. But, you know, a lot of people think of surfing and beach when you think of San Diego. It was a beautiful place. It is a beautiful place.

“But, as a true Nigerian, my parents sent me to the U.S. and said, ‘See, you only have three, you know, career choices. Either you are a doctor, a lawyer, or engineer.’ If you are an African, you understand what I'm saying. But from community college, I transferred to the University of San Diego, thinking that I was going to be a doctor and, you know, do all these great things and make my parents proud. But after my undergrad, I actually ended up coming to Minnesota and pursuing a master's in public health. And now I'm currently about to wrap up my dissertation, I cannot wait, and get a PhD in health services researches- in health services research, here at the University of Minnesota. My dad is now passed, but I remember when I graduated with my master's, he's like, ‘What? What did you do? What is that?’ But it's all good. [laughter] But why public health? Which is kind of the question he asked me, if you think about it.

“One of the things that profoundly changed my thinking about my career trajectory was when I volunteered at clinics, this was when I was at community college, community clinics specifically, and I also engaged in research at the undergrad level that looked at health disparity. That's what we were calling it back then, right? That's the language that we had. There was always one recurring theme: folks who I would come across either in person in these clinics or within my research data, where people who looked like me and were more likely to be impacted negatively by, fill in the blank here, chronic disease, acute disease, gunshot wounds, you name it. And, I remember having this conversation, I had a lot of doctor mentors, I was pre-med, that was my path, and I was having this conversation, one of my doctor mentors, and she we talked about the pros and cons of individual based care, or maybe going upstream and thinking about population level. And while I was pursuing my master's and now my doctoral degree, I had truly immersed myself in research that focused on understanding how systemic racism causes health inequities and social injustice. Which, as I've mentioned, negatively- most likely negatively impacts racially minoritized and marginalized communities. In fact, as we now know, systemic racism is the fundamental cause of health inequities.

“So I actually like to use examples to think about how systemic racism operates. So if you can just follow along with me here, and imagine Ms. Deborah. This is a 55-year-old woman, a 55-year-old black woman living in Minnesota and in need of long-term nursing home care. Over the course of her life, she would have been less likely to own her own home and more likely to live in a community that is under-resourced and overpoliced. She would have been less likely to access good quality education, which would have implications for the types of jobs and health benefits she would have access to, during her career and post-retirement. In essence, she would be less likely to have access to high quality health services and more likely to receive that long term care services such as nursing home care in under-resourced, low-quality settings. This is just one scenario of how systemic racism operates.

“I knew I was aligned with this conceptual framework of systemic racism, and I came into the realization that to create a society where people like me had the best chance of living well and aging well, I needed to be part of the solution. Because it's one thing to read about statistics, but it's quite another to become one. And in my dealings with the healthcare system over the years, I would be well on my way to becoming statistic.

“And now, this brings me to the Minnesota Department of Health. I started the job as a Director of the Health Equity, Strategy, and Innovation Division about three months now. It feels like a lifetime ago, honestly, but, I get to do this really cool thing where I think about strategies collaboratively and ways to support our agencies to transform systems and shift away from the status quo. Away from policies and practices that exacerbate health inequities and move to a new model, a new way of working together, of thinking and doing things that produce and promote health and social justice, for me, for people who look like me, and you, and all Minnesotans.

“I recognize that this is a heavy lift, and it requires a lot of people. A lot of people who are aligned in thinking, to do this work. But we have a unique opportunity in this, in this current state to make a difference. This is what motivates me, no matter how hard it gets. And it gets really hard. It is not an easy task, but I think that we can all agree that it's important to do this work, and this is what makes me want to wake up every day and drag myself to work, sometimes, let's be real, but to put in that best effort to realize this dream, and this is where that matcha latte comes into play. [laughter] I need it to get going, okay? So shout out to matcha latte for real. [laughter]

“I'll ask my original question again: what makes me believe I belong here? Well, my background and my perspectives gives me a critically unique perspective that public health needs. Our different backgrounds and perspectives create multiple lense from which we can think about issues and create well-rounded solutions that transform and inform our public health systems. That is what I belong here, and that is why you belong here, we're recruiting you to join public health, [laughter] to create equitable systems so that we can all thrive.

“Thank you.”

[applause]