

Inspiring Women

Episode 3: Dr. Aletha Maybank

Laurie McGraw:

Welcome to Inspiring Women with Laurie McGraw. I am your host, Laurie McGraw. I have spent the past 30 years in leadership and over the years I've come to learn one thing. Women need women and not just any women, but inspiring women. Tune in every week to hear from women the pinnacle of their careers and from others who are just starting out. Episodes can be found at inspiringwomen.show or subscribe on your favorite podcast app. Thanks for listening and I hope you will be inspired.

Laurie McGraw:

Welcome to another episode of Inspiring Women. And I am absolutely thrilled to today be talking to Dr. Aletha Maybank. And Dr. Aletha Maybank, just to give you a sense of her incredible background, she today is the Chief Health Equity Officer at the American Medical Association. She is the first Chief Health Equity Officer, being the founding person to stand up the Center of Health Equity from the AMA. And she comes from a tremendous background in public health. She's a very well-recognized expert in public health, a sought after speaker, writer, leader. She previously was the founding deputy commissioner for the Center of Health Equity at the New York City Department of Health. That was incredibly well-recognized by the CDC, by the WHO, as a model of success. Now, Dr. Maybank has taught medical and public health students on public health topics and health equity topics for quite some time.

Laurie McGraw:

She, during the time of particularly last year, 2020, a year of incredible national unrest in the areas where structural racism and social injustice was really laid bare for the nation, Dr. Maybank, who has been able to speak and write and really comment and help shape the conversation on things that are very important for us to understand in these areas. As someone, myself, who has the opportunity to work with Dr. Maybank, I am just absolutely thrilled to have her on Inspiring Women because she is herself, an incredibly inspirational leader. Her background in public health, as a physician, a pediatrician, a preventative medicine, public health physician. She went to Johns Hopkins, Temple, Columbia. I mean, it's just goes on and on. Aletha, Dr. Maybank, welcome. And thank you for joining us on Inspiring Women.

Dr. Aletha Maybank:

Thanks, Laurie, for having me. Awesome to be here.

Laurie McGraw:

Yeah, this is just great. So let's just start this conversation. I have a lot of things I want to talk about and this amazing career that you have and that you have had. You started off as a

physician and then you went into public health and you've done all of these other things. So how did you make some of those choices? Why don't you tell us how. I mean, being a physician is a tremendous career, huge impact. You chose a different path. What led you there?

Dr. Aletha Maybank:

Thanks for the question. So it's interesting how you frame it, because my mom would frame it the same exact way in terms of, I was supposed to be a physician, but I wasn't. She announced that at an Easter dinner one year to the whole family. And the way I look at it though, I still am a physician. I still am an MD. I'm still in the capacity of operating as a physician. I am a preventive medicine, public health physician, and their careers are very expansive. And because I don't see patients, it doesn't mean that I'm still not a physician. So I consider myself, I've always kind of considered myself, and Laurie, you've experienced this in the workspace, slightly of a rebel in the space of medicine and public health overall.

Dr. Aletha Maybank:

I started out as wanting to be a pediatrician. I finished residency. I love kids. I really do, but I knew I didn't want to practice medicine day in and day out. And it was more the environment and who I am. I like meeting different people. And the idea of being in one hospital potentially, or one doctor's office working day in and day out just did not kind of spark my desire and interest. And then in addition, there are parts of the medical culture that I wasn't a fan of. I found it very ethnocentric. And I also just didn't really like aspects of culture that felt kind of oppressive at times. When people talk to you any way there's this strong hierarchy in the medical profession. And oftentimes I joke around to some of the attendings when I was a resident and say, my mom doesn't even talk to me that way. So I don't know why I would allow you to talk to me that way?

Dr. Aletha Maybank:

And all these things together really pushed me to the point where I said, I have to figure out what am I going to do in this context of being a physician? And I took time off for two years, not from medicine. I did practice actually, during those two years at a neonatal intensive care unit in New York City. And then I was exposed to this residency program that I had never heard of, and that's preventive medicine, public health. And this is where physicians have the opportunity to do more public health things. So whether it's in governmental public health, people work in pharma. People work in media who have these. People who work in NASA who have these backgrounds or occupational health.

Dr. Aletha Maybank:

And so they are tend to be more administrative doctors for sure, but we still do have some clinical contexts. I did see patients when I went to Haiti twice and this past week and I got the vaccine and I also volunteered giving vaccines in New York City at one of their mega sites. So I still consider myself a physician. I get, I am more administrative. And a lot of it was because I really wanted to shift into this space of public health. And then I've just had this fortunate opportunity to really be more deeply rooted in the space of health equity and health justice.

Laurie McGraw:

Well, I certainly consider you a physician, Aletha. And I don't want to sound more like your mother, but you talked about not liking the hierarchy and yet you went to work in New York City. You were a founding person there for the Health Equity Center that was highly impactful. And then you came and you chose to work at the American Medical Association. So these are brand structures with lots of hierarchy. So how does that reconcile with the desire to make an impact, but also being in organizations of the kind of heft that you've been spending your time at?

Dr. Aletha Maybank:

Yeah, that's a great question. I think part of it is, and I know a large part of it, of what I've had the flexibility. So while in that hierarchical structure, I have also had this opportunity to be entrepreneurial. So the three positions that I've had in organizations, my first was the founding Director of the Office of Minority Health and Suffolk County. The second, the founding Deputy Commissioner and the Center for Health Equity in New York City. And now the founding Chief Equity Officer.

Dr. Aletha Maybank:

Within that structure, I've had the flexibility to be creative and to think of something on my own. I didn't have to follow a path of someone before me, except for myself as I moved through organizations. So that to me was always, and I think it's just been a tremendous opportunity, a tremendous privilege, truthfully, for me to kind of just start something from scratch. And I've been blessed to have bosses and leaders that have given me a lot of space and freedom and I think trust, to really feel I know what I'm doing or to really sense that I know what I'm doing. And the space to put forward the solutions and the ideas that I think are meaningful to advance equity, especially within the context of institutions. And so that's how I reconcile that difference right there.

Laurie McGraw:

Yeah. And, Aletha, when I think about your work and everything that you bring to it, one of the words that comes to mind always is, passion. It exudes from you when you're talking, when you're doing the work, when you're in the various sort of convened groups that you bring together. And so, where's that coming from? Where is that focused passion, nonstop energy, that you put towards this work? Have you always had it, did it just grow with time? Did the events of the past 18 months sort of light a new fire? Give us some sense of that.

Dr. Aletha Maybank:

Sure. I've always had a lot of energy, no matter what. I grew up dancing and I'm very creative. I played piano and flute and always engaged in art enrichment efforts, even in my early twenties and thirties. And I've always had a lot of energy for creating. I always had a lot of interest and energy from connecting with people. I'm not a naturally outgoing person. I've kind of evolved into that role.

Laurie McGraw:

I don't believe that. I don't believe that.

Dr. Aletha Maybank:

Most people don't believe that, but I'm really introvert, but I pay attention to people. And I get a lot of energy from that and trying to understand where other people's energy is coming up. And so as a child, speaking to being an introvert, in the way that I grew up, I was this is not a new story. I was the only Black child in a white space. And so I did pay attention and listened to a lot and paid attention to how I felt, rather. Watched others and how they treated me and how they treated others. And that, I think, gave me a context of patience with people, but it also gave me a context of what it means to experience injustice and firsthand. And watching my mom have to advocate on my behalf almost every single year to the principal or to the teacher, to the superintendent, even, one year that I am smart, I am valuable and I am going to go somewhere, sticks with me.

Dr. Aletha Maybank:

And she is the person that I really get the greatest lessons from and what it means to really stand for people and stand for myself and that rests with me. And so the context of injustice and knowing that systems and structures unfairly treat people, because I've experienced that, really drives my passion. And I'm just really committed to this work ... it's more so out of obligation, I feel. One, because of the work that my mom did, but also all of the other folks before me who opened doors so that I could be where I am. Even as just a Black physician and a Black female physician, to be in a space like AMA, which Black physicians were excluded. I'm not here on my own. This pathway was created by many others. And so I remember that and I sit with that quite often, and that really drives me forward in the work that I do.

Laurie McGraw:

So I wanted to dive into that a little bit more, Aletha, because that is, again, your clarity of focus and purpose. It is inspiring to me, as somebody who has the opportunity to work with you. And it also is inspirational to many others that you interact with. And you and I have talked about this before, and the reason I wanted to do this podcast was to reach other women who I feel it's so important to hear from others who have made it, who have accomplished something. But you and I have also talked about, I really understand the issues of gender and differences around that. And you've been really clear with me, yes, that is true, but race is even harder. So I wish you could comment on that a bit. Because you've been in the work of health equity and public health for some time now. You know this deeply, and then there are folks like myself who are newer to the learning and maybe just give some context around the challenges with race and why that is so much harder than just gender issues.

Dr. Aletha Maybank:

Right. Well, thanks Laurie, for the question. I do want to say, I want to make sure that folks know that I'm not saying, or disqualifying anybody's experience in terms of how they've been treated based on their gender or their gender identity, or even sexual orientation or any other identity. Because I'm not into, what they call, the Oppression Olympics. That's not where this is coming from. Because everybody's experience of injustice or over oppression is valid and needs to be shared, needs to be honored and recognized, and then something needs to be done about it. And it really hit me powerfully today, of all days, we're having this conversation. I was sent by a

colleague, a photo of a med school class from the 1930s. And he was sharing about just talking with one of the women, who's a mother graduated from this med school class of this photo.

Dr. Aletha Maybank:

So it was a photo of a med school class in the thirties. And the woman was talking about all of the horrible things that happened to her as a female, as a woman med student at that time. And when you look at the picture, there are literally, I mean, it was all white at that time in the med school, but there were only two women in the photo. And I just was thinking, how horrifying must it have been for these women during that time and exciting at the same time, but horrifying to be treated in such really bad and negative ways. And so I say that because I don't want to discredit the experience of many people. But what happens in the context of race and racism is that, it is so historically kind of taboo for white people to talk about and not only white people, all people to talk about and very uncomfortable for folks.

Dr. Aletha Maybank:

And it's one of those areas that people will avoid and have avoided talking about. I mean, we all experienced that. We've experienced that maybe even me talking about it right now creates a little bit of anxiety and lack of comfort for people. And it's critical that we elevate that in what we know is that folks will talk about gender equity. They will talk even more about maybe less than gender equity, but more than race and racism. They'll talk about LGBTQ equity, but they rarely will want to really focus on race and racism. And so it's really critical in this work that we make sure that we center race and racism, understanding there and approaches. We still need to talk about gender and LGBTQ issues. We need to talk about disability. Disability is extremely invisibilized.

Dr. Aletha Maybank:

But I lead with race and racism because our data shows in this country that when you look across race and ethnicity, the worst health outcomes, the shorter life expectancies, rather, are amongst Black and brown people in this country. And we see this play out during COVID. We saw the life expectancy data released yesterday, where Blacks, I think 2.7 years now off their lives since COVID, compared to 0.8 of whites. And so we have to talk about not just the race itself, but what are the systems, what is racism and all the other systems that are preventing people in communities from being healthy, based on race.

Laurie McGraw:

So going into that, Aletha, one of the things that also comes across when you speak with this level of clarity of the importance of the work that you do, the urgency of the work that you do and how it actually manifests itself in harm to people. That has become for myself, again, so very clear. And one of the other things that I recognize is just that your clarity, your passion, comes a level of responsibility, accountability. I also imagine exhaustion, just absolute exhaustion. And so as you do this, how do you with your continued passion and energy, how do you give yourself a break? Where do you recharge where you get your energy from too, because you need to stay at a very, very high level to have the kind of movement forward that you are working towards.

Dr. Aletha Maybank:

Yes. I think I have to thank my family genes for the energy that I have. And thankfully I have a high level of it that I'm able to sustain to some level. To be honest and direct about it, it is something that I still struggle with in terms of, how do I give myself the space and time to re-energize. I used to be much better at it because I was very active in many things and still did work and still was in a dance company and still very social in my life here in New York City. But as I've taken on these roles and because they are startups and they have required a lot of time, I think I've gotten very comfortable with working and probably not giving myself space for myself, space sometimes for my family. So it takes a good amount of intentionality for me to give myself breaks, even when it's breaks during the day or breaks to go on vacation.

Dr. Aletha Maybank:

And I think in the context, because I don't have children yet, it makes it a little, even more challenging probably, or I use it as an excuse. Because I should still be able to, and we all should still be able to as women and we all deserve to have that time for ourselves and show ourselves that love. So lately what I've done during this pandemic time is, I have a gym in my building. So I go there on the majority of days. So that's kind of my break in space.

Dr. Aletha Maybank:

I have been really interacting with my friends in different ways now. And I think that that's important and I think also my family, but I really can't wait till this winter and snow is over. I'm a warm body person and I would love to be outside a lot more and engaging outside. And I would say what also just keeps me energized in the work itself is, it almost sounds a little cheesy, but I think it's true. You have to maintain a sense of hope in people. Hope in the work and hope that our society has the ability to change and continue to evolve. I think that that is the underpinning of what sustains us in this justice work.

Laurie McGraw:

I also just think, when I talk to women, usually women who are aspiring to do something next, have a large impact. They, like you, are high energy, really putting a lot towards it. And they also need people to cut them some slack and give them a break. So when you talk about friends and things of that nature and how you interact with them, that really resonates with me.

Laurie McGraw:

But I also want to talk about mentors and role models and how they have helped you. Who you look to, to sort of give you that look in the mirror or whether it's a break or something like that. But maybe even before you talk about that, I want to just sort of tell a little story. Part of the reason I'm so happy to have you on Inspiring Women because you are so inspirational, but it's not just to me, it's to so many people.

Laurie McGraw:

And I have this awareness that there was this young girl last Halloween, 2020, who dressed up for Halloween as a superhero. And that superhero was named Dr. Aletha Maybank. That's what her name tag said. And I just felt that that was such a moment of recognition of, this is what superheroes look like. And that's what I think of when I think of mentors or role models, just people who can really be looked to for what you might aspire to. That's incredible impact. But

who do you look to? Who have been your mentors and role models that have helped you shape become what who you are today?

Dr. Aletha Maybank:

Yeah, thanks for sharing that. So I already mentioned, definitely my mother. But in the context of work, I would say Dr. Mary Bassett, who was the Commissioner of Health in New York City. And what she did, I was young when I was going for the assistant commissioner role in New York City. I was in my early thirties and it was much younger than most of the assistant commissioners, but she saw something in me. And I think this is what I've been really blessed with, is that for people to see something that's there that I think is that passion, Laurie, that you mentioned.

Dr. Aletha Maybank:

I think there's the commitment and I think there's a certain level of, I guess, clarity and I think also drive, and that I'm going to figure things out. And she opened the door for me that, quite frankly, not everybody wanted to fully open the door for me to come into the New York City Department of Health because it's considered one of the premier health departments in the world, but she saw something there and she allowed that door to open. And she came back to be commissioner. She wasn't commissioner at that time, but she came back to be commissioner and really just provided that space so that I could do what I want to do. Even if she didn't agree with it, she allowed me to kind of grow into leadership in a very full way.

Dr. Aletha Maybank:

And I would say I've had, I think about, even before her, my program director when I was in my second residency, I was offered this position to start the Office of Minority Health in Long Island. And they were at the same time and she said, we're going to figure it out and we're going to do it. You can finish your residency and you can also start this job of starting this Office of Minority Health. And I just have had a lot of folks who have had a lot of confidence in me. And as I get older, I'm learning we have to take our individual credit for that and how we're able to show up in those ways that it does make it easier for people to truly believe in us, even when others may not.

Laurie McGraw:

Yeah, it's never a gift I mean, so the role models, the mentors they're there to help, but they don't give it to you. You earn it every day.

Dr. Aletha Maybank:

Absolutely. Absolutely. And I think about even in this space of AMA and everybody doesn't know every conversations, but I do give credit to Jim Madera, especially as of late. I think we all have this opportunity to grow and I've seen tremendous growth in him. And through that growth, part of that is him just, I think even sharing with me more than in ways that he hasn't shared with others, I don't know. I don't know, we'll see how he shares with others, but I get the sense that he's been sharing more of his heart. And I think we see it in some of the messages that he sends out to employees and, for me, that's inspiring. That's mentorship in a way that folks, oftentimes,

don't realize. Because what it allows is for me to kind of push forward in that same way and in that same style of leadership. And I appreciate that.

Laurie McGraw:

That's terrific. And for folks listening that Dr. Jim Madara is the CEO of the American Medical Association and a leader as well. So all of these things, Aletha, are progress that you are impacting and you are making, and the work is hard and the work is large, but there is no way that you got to where you are today without hitting a lot of barriers, both large and small. So I want to just spend a minute or two, just talking about some of those. Because women do face barriers in their careers and they break through them, and they're either learning moments, maybe things that they wish they had handled differently. So maybe you could describe either a large barrier and how you broke through it, or wished you had it differently, as well as some of the small stuff. I mean, sometimes the large things are easy to talk about, but it's the small stuff that happens every day and how you handle those things that are also, I think, really helpful from a learning perspective.

Dr. Aletha Maybank:

Yes. Thank you for that. So I'll go first, too. I don't know if it's so much of a barrier, but it's definitely an opportunity of something I learned from that I feel I didn't do well. And when I was at New York City Department of Health and doing this work is our internal kind of organizational change work to advance equity means we have to change culture. When you start to change culture, it definitely can create conflict. And it's really critical, what I've learned more so now is that you have to provide that psychological safety and that safe space and that container to help support people through it, or else you could really retraumatize folks or traumatize folks from the get go.

Dr. Aletha Maybank:

And I would say the work that we led in New York City was great on many levels. It's still there. It's sustained. But because I didn't have that context initially, I really feel that some of the efforts that we led potentially harmed some people and definitely could have been handled a little bit smoother if I was more intentional about having that safety and recognizing that people were going through conflicting moments within their business units or with one another or within themselves internally.

Dr. Aletha Maybank:

And they needed more guidance and support on how to deal with that. And I didn't, I didn't realize that and recognize that early on. And I think a part of me also is just, I didn't know what to do, so I didn't fully jump into that space. And so in leaving the health department, it was something that I feel like I had to personally reckon with, if I was going to do this again. And so I'm really intentional now in this role and making sure that we start to really build our internal capacity at the organization to have that container space and to have the right people on board to do it. We're not fully there, but we're definitely working towards ensuring that happens. I know you can't prevent and avoid everything, but I really don't want people to be further harmed or harmed by these processes of which is supposed to help us as an organization become better.

Laurie McGraw:

Those are big things. And I've heard you say, I am here to move medicine, so you have your sights set on something quite significant. And the types of things that you're talking about are really speak to that. But go a little bit smaller, go to some of the day-to-day things that you come up against. Again, the sort of under your skin, microaggressions is a term that seems to be used a lot these days. And how do you deal with them? Not just recognize them, but how do you actually deal with them?

Dr. Aletha Maybank:

Yes. So the day to day, I mean, you asking earlier how I was doing, it's one of those days. The reality is there's a lot of resistance to this work. And so, as an example we'll be on emails and this is something that comes up when you do equity work, because folks aren't familiar with it. They don't realize it's a set of expertise, there's experience behind doing it. And so I can provide, or my team can provide suggestions and recommendations when we edit documents or putting together programs. And then it will come back to us potentially. And it's just not even valued. It's ignored, it's taken out, or somebody says, no, this is it. And having to deal with that, because then I have to respond to it again and kind of explain via email, because right now with email or via conversation, why, what we put forward the first time is the way that goes along with the expertise.

Dr. Aletha Maybank:

I wouldn't question any other leaders, content expertise. You as example, I wouldn't question your expertise in all the areas of health solution or CPT to be more exact. There's no way. However, I feel oftentimes I get questioned about what I understand and know about equity, or it's just not fully valued and not understood and it's an afterthought. And so the reality, and then having to respond to that and respond to people's feedback, is exhausting over time. That's the exhausting part of the work, is the fighting resistance.

Laurie McGraw:

And so what do you do? That putting forward something and then having it not valued is something many people can relate to. And certainly women experience that in many different ways. And then when have you felt great about dealing with that when it happens?

Dr. Aletha Maybank:

When have I felt great, you said?

Laurie McGraw:

Yeah. So how did you solve for it?

Dr. Aletha Maybank:

Well, I solve for it by one, just again, responding back and explaining why this needs to be. If that doesn't work I have to have my strategic way. Strategy, to me, in this work is tremendous. Having the relationships I need to have sometimes it's with you, Laurie, reaching out to different people to think about and think through, how should I do this? What should I do? So I'll call

upon different leaders and colleagues of mine who are more familiar maybe with that person or more familiar with that work and ask them, so what do you think? This situation happened, what's the best way to handle this? And from what you know about this person. And then I think about the other strategy to make sure that, honestly, my point gets across. Folks who know me know, I don't take no very ... it's not that I don't take no well, I just don't fully take no for an answer.

Dr. Aletha Maybank:

And I'm going to find a way oftentimes. And I think, especially if I'm committed to, I'm not going to push something that I realize is just not the right way or not the good way. But if I know this is something that I've been doing for years, it's something I'm getting paid for. It's something that is really important so that we don't cause harm. I mean, we have a tremendous responsibility in our organization that I'm going to continue to advocate and I'm going to advocate and find those pathways that will hopefully open the doors and open the doors for people to listen differently. And then sometimes that means requiring setting up a meeting and talking about it more in depth, about what's happening, what's really happening here. How can we talk through this and move forward? Because sometimes these things don't really translate via email. And then speaking with my own boss and elevating the situation and finding out are there ways that my boss can be supportive to help move this forward?

Laurie McGraw:

It's amazing. Just to hear you talk about this is that, even with the small stuff, that you are a strategic and thoughtful of how you address it because the work matters and because your work matters and you are bringing value and you want to make sure that value is heard, used and drives the programs forward. So really, really great and Aletha. I mean, gosh, I could just be talking to you for a long time. This is really fun.

Laurie McGraw:

So let's wrap this up though. Aletha, you are an amazing, inspiring woman. You certainly are to me. I hope that a lot of people are able to hear this. I hope people like my daughter are able to hear this and learn from you. But as we close out here, what's sort of some lasting advice that you want to give to, I would say, younger, earlier women, earlier in their careers, things that they shouldn't have to learn that you already learned. What would be your closing thoughts there?

Dr. Aletha Maybank:

The number one thing that I always say, because I have to still say it to myself, is really following your gut. I believe, and I don't mean that in a light sense, I believe all of us, especially as women, we're highly intuitive, we're naturally highly intuitive. And oftentimes there is that sense that we feel when something isn't right, when something's not right for us as individuals and that maybe we need to go another direction. And so I think about your top of the show, question about the physician and being a physician per se, and that decision not to practice medicine is a big decision, as you said. I knew that my mom, wasn't going to be in favor of, I knew many people would look at me and say, what are you talking about? All those years in med school.

Dr. Aletha Maybank:

But my gut told me that it wasn't the space for me. It wasn't. And so I really allowed myself to kind of sit with that and go with the path. But I always remembered, and I think this is important, too, is that I've always landed on my feet well. And there's no reason why that wouldn't continue happening. And I might not know what I'm doing five years from now or 10 years from now, but I've always landed on my feet well. And so I would continue having that confidence and trusting my gut, especially when it came to my work. And so that's what I tell women, trust your gut,

Laurie McGraw:

That is great advice. And we'll close out on that great advice. This is Inspiring Women with Laurie McGraw, and I've been talking to Dr. Aletha Maybank, an incredibly inspiring woman. And if people want to follow you Dr. Maybank? Where should they be looking?

Dr. Aletha Maybank:

I am on Twitter. That's about it. And LinkedIn is my social media is not exciting, but I'm @DrAlethaMaybank.

Laurie McGraw:

Thank you so much. This has been Inspiring Women. And this has been an excellent conversation with Dr. Aletha Maybank. Thank you so much.

Laurie McGraw:

This has been an episode of Inspiring Women with Laurie McGraw. Please subscribe, rate, and review. We are produced by Kate Cruz at Executive Podcast Solutions. More episodes can be found on inspiringwomen.show. I am Laurie McGraw and thank you for listening.