

Sharon: Welcome to the latest installment in the health disparities podcast series from Movement Is Life featuring movers and shakers, playmakers, and innovators for advancing health equity and sharing their varied perspectives. I'm Sharon LaSure-Roy, your host for this episode. All views expressed here are the participants own.

Sheena Franklin worked as a health care government affairs specialist for 20 years, which gave her a framework for how the business of healthcare works nationally. While working as a lobbyist at Walgreens, she worked closely with their innovation team where she was able to observe day-to-day healthcare delivery up close. Her experience as a dermatology patient led to a desire to make things better. After struggling to find a dermatologist she was comfortable with, she realized this was partially due to her beautiful melanin rich skin and systemic gaps in dermatology training. So, fast forward to today, and Sheena is a CEO of K'ept Health, a startup that understands all skin tones, a first of its kind modern digital dermatology and skincare clinic for all women, no matter skin tone or skin condition. Let's welcome Sheena Franklin to the podcast.

Sheena: Hi. How are you? I'm glad to be here.

Sharon: I'm glad to have you. I mean, this is going to be a pretty phenomenal conversation because especially we're talking about skin color and how

things look and AI. This is going to be a great connection on how to even tackle disparities in the field. You know, you said in the past that dermatology education has a skin color problem, which is already intriguing. Textbooks have an over-representation of white skin resulted in subpar care for people of color. You are changing that equation with the holistic culturally competent AI driven skin health platform. Let's talk about that and first off, let's talk about what Tele-Derm really means.

Sheena: So, it's a combination of telemedicine and dermatology. Essentially, the combined way of being creative.

Sharon: That's so interesting. As you know, people are getting more comfortable with telehealth. Last year alone, 2020 has taught us that there are ways of delivering care in a different way, in a more innovative way. You know, why do you think that Tele-Derm is it the future? Is it a better way for people to address cultural competency in dealing with skincare issues?

Sheena: I definitely think that over the last year, everyone has gotten to know telemedicine in a more intimate way. I think a lot of folks already knew what telemedicine was, but there was still some hesitancy around it, and it wasn't really something that everyone thought was readily available for them. Do I think telemedicine is the future? I do. I don't think telemedicine will completely replace in person care, but it's definitely going to help a

large percentage of the population receive the care that they need. Then it's also going to serve as some type of triage, right? Someone can go there and then if something needs to be taken to the clinic, there's already some type of relationship. Also, the patient is going to be more knowledgeable about what's going on with themselves, or even just be more confident in what they know. So, when they do see the doctor, they're going to have a better conversation.

Sharon: Can you tell us a little more about that triage opportunity? Because you mentioned in your comments that it's the future. It gives people an opportunity to triage care before they have a relationship or to further their relationship with their provider. Can you tell me a little more about that?

Sheena: Absolutely. And I'll use our platform as an example in dermatology and the skincare industry as an example. So, what happens is a lot of times when it comes to our skin, we have so many questions, but we also feel as though we can self-diagnose at home because we see all the commercials telling us that we could treat this, we could treat that, you could do it on your own, but we still have this desire of seeking professional care. So, in skincare, there's your dermatologist and then there's the esthetician that's gaining more popularity. So, what we've found on our platform is that a lot of women will come to the platform, and they'll say, I don't really know if I need to go to dermatologist. I'm hesitant to go to the dermatologist

because it's expensive, or I had a really bad experience, or I just know they don't know much about skin of color or whatever it is. So, they'll come on the platform, and they'll say, I'll have a chat session. So, this is where we incorporate clinical estheticians, folks who have worked with dermatologists and they're able to answer questions. Sometimes, it's something as simple as here's a routine, here's some products, or we think this may be happening to your skin, now we're going to refer you to a dermatologist. So, now our patient is a little bit more comfortable, right? So, that's how we think about triaging care that way. Sometimes, folks are just like, can you treat this? Tell us everything and we're like, whoa, well, you know, you need to go see someone in person or after the initial visit, you know, they may not need a full follow-up visit, but they'll come back, and we'll also follow up with them. How was your visit? Have you been sticking to your routine? Things like that. Or they may say, I don't know if I need to go into a follow-up visit, but this is what's happening. So, we kind of triage before, during and after and that allows the physician, the dermatologist to have all this information readily available to them so they can make a better diagnosis or if they feel something is getting worse over time, then they can say, hey, we need to move this off of the telemedicine platform. You need to come in and we need to treat it with A, B and C, and it's going to cost you X amount of money.

Sharon: I love that whole concept because you talked about triage and one of the things, if they don't feel comfortable talking to someone who may not have dealt with brown skin, I guess. So, let's kind of start talking about defining some of the disparities in that space, because you mentioned people aren't as comfortable. They may not have a dermatologist that is likely to look at black differently. You know, you talk about triage and getting the patient comfortable. How do you think that's going to help the dermatologist, get them more comfortable with brown skin?

Sheena: Yes, that's a great question. And unfortunately, I would have to say it's something that the dermatologist is going to have to do on their own. Like they are going to have to be proactive and say, okay, I went to medical school, I wasn't trained in skin of color. I didn't do a residency in New York, Philadelphia, or Detroit, you know, anywhere where there's a high population that's diverse. So, now, I know I'm in this particular city or I'm starting to have more people of color coming to me, maybe I need to now go out and seek some continuing education courses so I'm able to help them. So, that shouldn't be the burden of me. That's kind of where we are now and so when you have that approach, so, when I come to you, instead of saying I might not be the best doctor for you. I'm referring you to a colleague. It's oh, you can't have that because your skin is problematic. So that creates more issues with us wanting to go to the doctor. Like we don't want to be othered. We don't want to feel as though we're the

problem when actually, kind of the doctor, not because they're not good. They just need a little bit more to help serve this increasing diverse population.

Sharon: You mentioned something interesting about diverse population earlier about patients feeling uncomfortable. Do you think for Black and Hispanic patients that is dermatology a nice to have, like, is it something that they and I mean, it's true? It's all that, that's an expense for other people. Not me. Like I could spend that money on something else, you know. For people, especially brown people who go to the dermatologist later, I think your app and the platform is perfect because it gets people used to talking about dermatology.

Sheena: So, we did some of our own research and our research data, and then looked at other studies. And what we've found is, it's not that we don't want to go or that we may think it's a luxury, it's just like, we don't think it's for us because it hasn't been presented as though it's for us, too, although we do need it. It's not just this cosmetic. You know, I want to get this pimple away so I can look good for my date or my presentation. It's more of what's going on internally. There's studies that say when you have dark skin or brown skin, cancer is less likely to be detected early or diabetes or any internal issue that may be going on. So, I think our platform, one of our missions is just to put it out there and say, this is a platform for you.

Dermatology is for you. You can feel comfortable that we're not going just squander your money away. Like there's a real purpose. And even if you do want to come because you just want more glowing skin and healthier skin, we're going to help you do that, too.

Sharon: Exactly. Because I think that that's one of the things is, I guess in all professions sometimes, not just in dermatology, it's uncovering --- We have Dr. Augustus White who is involved with you some of this work, and it's amazing, just the knowledge. We know the maternal birth rates for Black women and Hispanic women, we know it's so interesting to talk about, you know, just that bias. And it's not always implicit, it's just not knowing. So, when you mentioned earlier about dermatologists not having the experience with brown skin. It's almost like going into a hairdresser and you go into a new hairdresser and it's like, this salon looks great, but there's nobody in here that looks like me. Then everybody, oh, I can do your hair and then you're like, no, maybe not. So, at least the platform helps people, the patient get familiar. Then is there a way to help find some providers or dermatologists through the platform that may look like brown and black people?

Sheena: What we try to do is once again, we're all about increasing access and lifting off the barrier, right? So, what we do is we actually provide telemedicine services directly on our platform. And so, I worked with a

great team of dermatologists who are on my advisory board. And what we do is, we go out and source and vet dermatologists who are experienced in skin of color and integrative dermatology. So, we put that out there to everyone who's considering joining our community as we call it. We've done the hard work for you. Like you can trust us. We did the hard work for you, so you don't have to come on our platform, try to figure out who's the best person, play back and forth. We did the work for you and because we use asynchronous technology versus synchronous, so it doesn't have to be live. That again also decreases the cultural barriers of language, socio-economic status, or any personal type of bias that a physician or esthetician or a nurse may have. Not that we think everybody is bad. It's just like, we all have biases and so our platform works to eliminate all those things so that we can concentrate on giving you the best care. And you stay with our community throughout your skincare journey.

Sharon: This platform and the technology, do you think technology has a path in helping in health disparities?

Sheena: I think technology in and of itself, it absolutely does, but what's going to drive that are the founders and the CEOs of the company and how they apply that technology. It cannot be an afterthought. And this is where I think it comes when you have people of color who are founders and CEOs, we're bringing that added element. Even for myself, you know, it

has taken me a little bit longer to get to market because our advisors, our team and myself, we said, we're going to put in the extra work, we're going to take the extra six months to get it done, to do the research. A lot of people don't want to do that, but this technology have that opportunity chance. Can it do that? Absolutely.

Sharon: You know, asking that question makes me think too, it's being in the room because not only are we using technology that helped in disparities or even tackled them, it's people that understand what they are and not just a blanket approach. I wanted to do this interview because when I think of how things look in a magazine or how people look or even, oh, I actually tweeted once, too, when Megan Markle, as she was getting married. The ad said, "You can get Megan Markle's sun-kissed beauty." And I was like, sun kissed? Like, that's her beauty? Why does it have to be sun-kissed? That's not sun-kissed beauty. Her face is her face. She's brown. That's why it looks the way that she looks. It's not something, you know --- And it was for some skincare regimen. So, I'm thinking, what is it about lightening or dark, or why would it need to be sun-kissed to be just beautiful skin? So, I thought it was fascinating and to know that technology can help play a part in making sure that even, I guess, skin health problems are looked at. You know, my husband has a beard, so he'll shave. And then I'll be like, hey, you have these hair bumps or whatever, but I have convinced them that it's okay to go the dermatologist. He will go because he doesn't

want any bumps on his beard. He wants to make sure that it's smooth. But I think that we're talking about disparities in skin tone in dermatology and even health equity. You mentioned about finally or people feeling comfortable enough to finally go to the doctor or dermatologist. Is that why we're seeing such poor survival rates in black and brown people when it comes to melanoma? Like, is it a true misdiagnosis? Are they afraid to go or does the dermatologist not know enough?

Sheena: Yes. And I think it's a little bit of all of that, right? But we're talking from the perspective of the patient. It's a lot of miseducation again of what's been told to our communities that we don't get skin cancer. We do. And so, I think it's all education.

Sharon: My dad was saying, "Hey, we got enough melanin. We don't get coronavirus." So I was like, what? What are you talking about? That's not true. Like there's power in people thinking about melanin, but there's also, well, we don't get, because you know, we were in Africa and you know, we're not going to get skin cancer. We're already out in the sun. It's like no. People in Africa get skin cancer too. It's about exposure. Do you think that the situation is improving with education or into people like you and K'ept Health helping to push the needle there?

Sheena: Yes. Like that's one of our goals is to help push the needle. And one thing, we don't just say skincare, we always say skin health because everything that happens to your skin, people are surprised when we tell them that's a medical condition. Acne you're trying to treat with this cream that you got from the drug store is actually a medical condition. The discoloration is a medical condition, right? So, once you start to reframe what's going on with your skin, I think you're going to be better received. And then people are going to be able to be more proactive in their skin and in their health and determine what's really going on.

Sharon: I love how you said that it's a medical condition because most people think, especially brown people, well, if you eat too many fats or drink too sodas, you're going to have bad skin, you're going to have acne. And it's like, what? Like, okay. Just the myths and things that come back and forth. I love how you said that. It's a medical condition and we should appreciate that it's a medical condition and get help for it. And we do see some poor survival rates for Black and Hispanic patients compared to white patients when it comes to melanoma. Is this due to misdiagnosis? Are there any dermatologists that are tackling this issue about skin tone in diagnosing melanoma early?

Sheena: Yes. Definitely. I think in terms of the diagnosis, I think it's not just all the responsibility of the dermatologist, it's also the patient and what we've

been educated on and what we've been told. There's a great doctor out of the University of Texas at Austin. His name is Dr. Adamson. He's really leading this effort. He wrote many papers, published lots of articles. He's really good on that and painting the picture of what those studies actually mean. And like, I would love to jump into the results, but I probably would not do it justice. You can also just find him on Twitter with his last name and you will learn a wealth of information from him.

Sharon: Well, thank you for that insight. I think people need to see that because we talked about medical education and then dermatologists being trained on all skin tones. He is a great asset and I know that with his help, we talked about how the situation could improve. You know, I want to get back to something really simple. We've talked about AI, how AI can help with health disparities. We've talked about Tele-Derm and why it's important. You know, the one thing we need to talk about is what's the model for K'ept Health. I mean, why the name and why is it different?

Sheena: Yes. So, I think we talked previously about just how the platform is different throughout our conversation, but what really set us apart is, one we offer a complete solution. So, it's not just that one touchpoint in your skin care journey where you're at the dermatologist, where we're helping you maintain that care, triaged care with a medical esthetician. You can just throw out a chat. Somebody will be there to help you. Well, we're also

helping you with at-home skin monitoring tools. Whether those are skin analysis with selfies, monitoring hydration, things of that nature, acne and you can put in your symptoms, you can put in your allergies, prescriptions, your skincare routine, what you like, what you don't like. So, we're following throughout your whole skincare journey and when I say that, I mean, you may come with acne and you're 32. Then you may find out you're pregnant at 35 and then, oh, no guess what, you're 43. We can help you through menopause as well. And there's also some other health issues you may have. You know, maybe unfortunately you experienced cancer or maybe you have lung disease or lupus. We can help you with that as well.

So, that's what really sets us apart. And then we take it another level. What sets us apart is, like I said before, all of our dermatologists are experts. Integrative medicine, skin of color, not just dermatology. So, we're going to ask you those questions about your diet, not that sugar causes acne, but it can cause inflammation. It can cause things to get worse. We want to help you with that. Then, also, what sets us apart again is our AI is different. You know, our AI, we like to call it, is inclusive. So, we're making sure that our AI is not 3%, like some competitors that are out there. It's going to be representative of the whole country. So, that's what we're trying to do. Then to address the question of, did you say access or the cost. The cost of it? So, that's a big part of health equity and disparities is

costs, especially for something like dermatology where insurance is not always taken, or it doesn't cover maybe even a fourth of what the costs would be. So, what we do is we offer affordable membership plans without the need of complicated medical insurance, and this was a solution we came to working with both dermatologists, our advisors, as well as the early users in our research data. And so, for a low monthly fee that's less than \$40 a month, you can have access to an initial visit, a follow-up visit and some chat sessions. You know, we have maybe like a three to six months commitment because we know it's going to take us that long to help you get diagnosed, to help you get used to asking questions, you know, follow up visits, things of that nature. Then, you can, if you don't, some people are like, "No, I just need the doctor. That's it." We give you that option as well. Or some folks that we maybe have helped through that six months, through that eight month saying, well, I don't need this monthly membership anymore, but I do want to come on and get a chat session. So, we offer you once you've gone through like our membership \$20 to have a chat session, but that's also coming with a complete, you know, skincare routine and questions and things of that nature.

Sharon: Presumably, we're using the technology on our phone, right? I'm a phone person. These are things that people can use on their phone or their desktop.

Sheena: Yep. So, the platform is on your phone. We find like that's the best way for us to capture the images of your skin, lighting and things of that nature, because that in turn helps our AI, which there's consistency issues there that we have to be mindful of.

Sharon: Yes. When we talk about our phone technology, most people actually have their phone and they're used to taking selfies, their skin and their face through it. So, I really want to kind of talk about Startup Health. You know, we follow that and it's where we first all your information, and they're an investor. What kind of help has Startup Health given you on this entrepreneur journey and how are you liking sitting in that CEO chair?

Sheena: Okay. So, the last question is a bit loaded. So, I will save that one to the end. You know, Startup Health, they're all about increasing awareness of their companies that they support and also putting them in front of the right individuals. So, I will say being a part of the community, thus far, they actually delivered on that. Through the article that they presented out on K'ept Health that put us in front of a lot of potential investors, that came with a lot of interest from investors, which has been great for us obviously. Then also showcasing us. So, we've been invited to participate in showcases on access to health or women's health, just to say more about who we are. So, that's really important and then, hopefully, down the line, the more we get involved with the community, it's more participating on

panels and other types of discussions where we can just increase the message of K'ept Health.

Then, moving into that last question about being a CEO. You know, some days it's good, some days it's bad, but I think overall it's a blessing for me to be able to help other individuals, but it is challenging. You know it's great to have a team around me. Every day I just get up and try to do the best that I possibly can without burdening myself with lots of expectations.

Sharon: You know what's great about that, you're not a 46 long, because you know, that's the average size jacket of a CEO, somebody that wears a 46 long jacket. So, to see you here and hear you talk about even your challenges being CEO and needing a group of people, is pretty amazing and you should be very proud. Yes, there's some ups and downs, but you still get to get up leading some work so it's pretty, awesome. I think in closing, we have to talk about some calls to action. We want our listeners to understand. How can our listeners help reduce health disparities in skincare? Can we talk a little bit about that?

Sheena: Yes. How can we help? I think just really become educated on melanin and what it is and how it impacts the skin. Then, also, going a bit deeper and understanding how our skin is a key indicator of our eternal health. We've got to start there. And then, just being mindful, whether you are a

policy professional, whether you are a dermatologist or you're a healthcare expert, you know, it's just noticing the signs and speaking more about dermatology. I think dermatology is often just overlooked when it comes to the healthcare conversation and I'm not sure why that is. I think it probably is just the conversions of modern marketing and media. So, it's always painted as a beauty thing when it's really, not. So, I think that's important. Then, also, knowing that you always don't have to go to a dermatologist to ask questions about your skin. You can go to your primary care physician. There may be some challenges that they have, but they can probably point you in the right direction. Then, for the patient, the consumer, it's just being honest about your skin, first loving the skin that you have, knowing that just because you have acne or melasma doesn't mean your skin isn't beautiful, and your skin can still be healthy. It's just going through some different changes. I think it's going to take everybody at key points to move the conversation further.

Sharon: That makes sense because, you know, and talking to you over this time period, it's really made me realize that being a melanin queen is more than just the teacher. It's about protecting my skin and making sure I have the resources and I think your platform does that so people can get more comfortable. For me, it's like, should I go to the dermatologist? Should I? So, this is a platform that I would embrace because I love tele-health. I love to be able to talk to somebody through a platform quickly. So,

knowing that K'ept Health, which, you know, I really wanted to ask you about the K and the apostrophe.

Sheena: Oh yes. Absolutely.

Sharon: Tell us what, you know, as we close and others think about innovation in health equity, what's up with K'ept Health. Why that name?

Sheena: We're all about getting you and keeping you healthy. So we're going to help you get kept and stay kept. And that's all where the name came from and I like to be creative. Sometimes I like to fancy myself as a branding expert. So that's why I put the K in there. Just to give it a little different spice. That's it.

Sharon: No, and that gives a lot of flavor to it and yes, it's about keeping healthy. I love it. I love it. Thank you for talking to me and thank you everyone for listening to the latest episode of The Health Disparities podcasts. I want to thank our most gracious guest, Sheena Franklin. Make sure you log on. Find the K'ept Health app and platform and sign up because this is more than our melanin we're talking about, it's integrative health. So, thank you very much everybody and we'll talk soon.

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