



Why Radical Health CEO Ivelyse Andino Wants To Reimagine Healthcare

Ivelyse's personal experience of navigating the healthcare system inspired her to build a business that harnesses technology and intimate conversations to give individuals more control over their health. In this episode, Ivelyse shares the power of taking up space and giving yourself permission to figure things out as you go.

Alicia Menendez:

If you have navigated the US health system or advocated for your own health, then you know the frustration of struggling to feel listened to and heard. It was those kinds of experiences that motivated Ivelyse Andino to launch [Radical Health](#), a company that combines meaningful community conversations with AI-enabled technology that helps people understand what is going on with their health.

I found this conversation really inspiring, because unlike so many of our guests who have a five-year plan bulleted out from the jump, Ivelyse really fought her way through becoming a CEO. And while she may not have always been clear about the how of building this business, she is now. She has always held tight to her why. Ivelyse, thank you so much for doing this.

Ivelyse Andino: Thank you so much for having me.

Menendez: I am so into you, because you are just building something that is so desperately needed and does not exist, and it's one of those things where we're like, how does this not exist?

Andino: Yeah, I feel the same way.

Menendez: Now, I want to start at the beginning, which is that growing up, you thought you'd be a doctor. You wanted to be a doctor. What was motivating you down that path?

Andino: This is one of those things that I didn't know what was motivating me until I was a little older, a lot of therapy later, to see it.

Menendez: So often the case.

Andino: Right? When you can look back and say, "Oh, that makes sense." I didn't have all the pressure to be a doctor and pay everyone's bills. That wasn't the motivating factor. In fact, my family was very like low key. They were like just live your life. Love learning. That was one of the priorities that my family instilled. But I grew up in the South Bronx and I grew up with asthma. My mom had asthma.

We grew up just seeing a lot of I don't want to call it chaos, because in many ways it was like community and life, but just seeing a lot of traumatic things from car crashes to like just people struggling. I think in many ways and what I uncovered later on, I'm like, I wanted to be a doctor because I wanted to help people. I wanted to be able to save

people. I also wanted to have the stability and especially the financial stability that I didn't really grow up with. So for me, I've always loved science and I've always loved the magic of the human body.

But being a doctor was a way to take care of my mom, take care of my family, my grandmother, and not have to worry about, do we pay the rent or the light bill this month?

Menendez: What got in the way of you pursuing that?

Andino: When you're younger, it's like, what do you want to be? You could be anything. The reality I think for black Latina women, for Latina women, the reality of what paths are kind of easier ones versus which ones are the harder ones, I think that starts to emerge a lot later. I was the first in my family to go to college, so I didn't really have a plan. No one was like, "Hey, this is what you need to do. Apply here." I just kind of winged it. I enrolled in city college, locally, like Lehman College. And then I showed up there like, "Oh, I'm going to be a doctor."

They were like, "Well, it doesn't really work that way. You don't just get to choose." I didn't know how to even like the logistics or the hoops or just even the path to becoming a doctor, what that looked like.

Menendez: But you still end up working in medicine.

Andino: I did.

Menendez: Or in health.

Andino: In healthcare. In fact, today I work with a ton of doctors. One of my first careers, I was actually training physicians and researchers. I think what's interesting of these conversations is that it sounds so nicely packaged, but the reality was I went to college and I had to switch. I had to move to Florida. I didn't even graduate right away from where I was going. I had to switch. Then I was a waitress for a really long time and a bartender. And my first corporate job was actually in... I worked for Anheuser-Busch.

Menendez: I saw that on your LinkedIn. I was like, "Oh, I haven't heard this part of the story." Because you're right, there is a pressure to package it up so that it all makes sense. Some of it is just life and it happens.

Andino: It's messy. It's messy. And again, if you had asked me, I gave up. I gave up on the idea. I like, "Oh, there's no way I'd be a doctor." In fact, I thought I was going to be a waitress forever. I thought I was going to be a waitress and a bartender forever. I was like, "Well, the tips are great. I can make this happen." I really gave up on that dream on, on even my passions. These are all stories. I'm telling you all my deep dark secrets, but I used to work at a restaurant and I actually took the day shift.

And what I would do is I would wear business clothes, like put on slacks and heels to go to my waitressing job. That was like from 10:00 to 6:00, just so I could pretend that I had a real job while I was a waitress. Because I was just like, "Wow, this is it, at least let me just pretend," where all of my other friends had real jobs.

Menendez: Well, to be clear, being a waitress is a real job. It's just not an upwardly mobile job.

Andino: Yes. Thank you for that clarification. And when I think about it in hindsight, I think a lot of the reason I'm so successful today at my real job, like it's a day in my grown-up job really is

all attributed to the skills that I learned as a waitress, the skills that I learned as a bartender. The ability to talk to people, to listen, to hear, to relate to strangers in many ways, to build rapport, to make things happen and the actual labor, the work ethic of being on your feet and doing labor.

I tell everyone now, I'm like, if you don't know what you need to do, please go work in the restaurant industry. That is probably one of the jobs that I think doesn't get enough credit for, one, how brilliant it is, how beautiful, and how it teaches you so much about yourself and about the world around you.

Menendez: You and AOC proving that you can take these skills and parlay them into being a member of Congress or a CEO. Radical Health was born literally at your dining room table.

Andino: At my dining room table. Again, I'm also an extrovert. Maybe I should add, I'm a Scorpio. I'm from the Bronx. I'm Puerto Rican, and I'm an extrovert, which just gives me all this verb. When I got started, I had this idea. I was like, well, healthcare is broken. I don't know what to do. Do you? I would meet people, and I invited my friends and my neighbors. And then at our dining room table, we sat down and we will just have conversations. It was really a space... People came from everywhere. They were doctors. It was tias.

It was like anyone, and we just talked. It's like, "What do you want to see? What's working for you? What's not working in health?" But it allowed us to talk about the things that weren't working, to also think about what was working, and to start creating collaborations and connections that weren't just like in healthcare or just in education, and then really allow for the people to start creating their own solutions. And that's where we got started.

Menendez: There's always sort of this moment where the idea goes from being an idea, I'm a person who has a lot of ideas, to being a thing that is very real, like a thing you can sort of see and touch. What was that moment for Radical Health?

Andino: I tell everyone, one, top of the name. It doesn't matter what it is. Just pick a name. There was a moment where I was like, "Oh, okay. Radical Health sounds great." I tell everyone that to make it tangible is like, one, just say that you are the founder, that you are the CEO, that you are the it, you are doing this. For a long time before I had anything, I would just say, "I'm the CEO of Radical Health," and I would just practice that.

Menendez: Which I also love because that's you showing up at your waitressing job in business attire.

Andino: Exactly. Exactly. And saying it, right? You have to believe it, right? If you're waiting for someone else to believe it, they won't. But if you want to start something and take it from an idea to like a real deal thing, you have to believe first. I started doing these conversations at my table, and then it grew. I couldn't fit anyone in my house anymore, so we had to like rent a space. And that was the first time where I was like, "Oh, this is legit. This is real." I borrowed space, friends who had offices or living...I mean, I just borrowed. I was like, "Just please let me borrow your space. I'll be in and out. I'll clean, and I'll bring you a pastry."

Menendez: I love it. I love it so much. How many pastelitos does it take to rent out a conference room? How did you raise your first set of money?

Andino: The truth is that I couldn't get any funding when I first started. Now I was a corporation. I worked in tech. I had healthcare. I lived this. Nobody can mess with me. I've got this. I went

to go raise money, and I was told crazy things, wild things. I was told, "You should add a white man to your team," I didn't know then that Latinos and Black women get 0.01% of all funding. Did not know that. I thought I could do it. So I bootstrapped.

What that means is basically I went out, used my waitressing skills, and started selling Radical Health and getting clients. Our first money came in from The Obama Foundation and The New York City Department of Education. We managed to snag like... And these are clients. It wasn't a grant. It was like they actually hired us to do this work. And then this year, we were like, all right, we're going to raise some actual investment dollars.

One of our first investors came from Unseen Capital, and they are a health equity tech fund founded by Black first time fund manager who really believes in founders who are changing the healthcare game, especially the health tech game, but doing that from lived experiences and who in many ways are unseen.

Menendez: You've said the hardest part of this journey is convincing the rest of the world that the experience of Black, brown, and indigenous communities in healthcare is one that is unjust. Who is it that you were trying to convince of that? And what does the pushback look like?

Andino: There have been so many times where when I go into meetings and I'll talk about my experience, I'll talk about what we're doing at Radical Health, and the first question I'll get is, "Well, do poor people have cell phones? Will they even use the internet?" I'm taken aback because I'm like most folks who are beneath poverty line, their primary access to the internet is through a cell phone. I'll kind of like cast it as like privilege, but to experience the world as a Black person is so hard, and to do that in healthcare.

I talk a lot Serena Williams. And if you haven't checked out her documentary on HBO and her experiences, she was pregnant and had a blood clot. Serena Williams, the goat, but her doctors did not listen to her. It took a lot of effort on her part to convince folks that she wasn't well. And that part happens every day. I think people are starting to understand that the world is a little bit more complicated. I think what folks and what I do a lot of convincing towards are like there are real barriers in place across the board.

So whether it's pre-approvals from your insurance company before you can get the medication that you might need or before you can get a procedure, whether it's the phone, when you call in to get an appointment and you're on that phone tree, like press one for this, press two for that, that in and of itself is one huge barrier for people. This system that we're all operating in, it doesn't even work for you.

Maybe you might feel a little bit of it, but I need you to see kind of this like Matrix moment, blue pill. It is so complicated and it doesn't really have to be that way.

Menendez: Right. It becomes more complicated the more marginalized identities that you encompass, right? We've talked a little bit about race. You can talk about gender. You often talk about one's veteran status, being LGBTQ, whether or not you are undocumented. The more of these identities that you are walking into a room with, showing up in a room with, the more complicated this all becomes.

Andino: Definitely. I just did like a session, and we were asking, "What do you wish your doctor knew about you?" Someone wrote in and they said, "I'm adopted. When you ask me my family history, that's not applicable and I can't answer that. And in fact, it's triggering for me.

Every time I go to a new doctor or every time I come in, "What's your family history," I don't know it." Those identities, the more you pile on, the more you see just how hard. I don't have a better word for this, but it is...I can't even call it a challenge, honestly.

This is where it comes to like your health, your life, your quality of life, this is the thing that most folks value over everything, right? It is how we are here and the quality of how we're here. And if what we have in place in this country, in the US, doesn't support that, it is unjust. In so many ways, it is a violation of our human rights to be well, to be together, and to be taken care of.

Menendez: And then for you, how does that show for you as a leader, all of the different pieces of your own identity?

Andino: I am constantly growing and evolving. I didn't have a "real job" as a waitress. That was very much probably one of the hardest jobs I've ever had in my life. But I have to challenge a lot of my own beliefs. To show up in this world, being a Black Latina, I don't have the background or the pedigree. I don't have the parents or the family with a lot of money. In fact, I am it for a lot of the folks in my family. I have a kid. I have to make it. I don't really have another choice.

I have to go into a lot of spaces that weren't created for me, that I don't think ever even anticipated I'd be there, and I have to show up. I often say I stand on the shoulders of my ancestors, so all the folks who made it possible for me to even be here on this podcast with you, to be a CEO, I stand on those shoulders. But then I'm also trying to break down all these walls because there's no way that I could be the only Afro-Latina CEO in health tech. We need more folks. All of these things, this intersectionality, who I am, how I am, where I come from.

It really plays a role in how I care for myself, but also how I'm changing things and why I'm doing my best to make this, this can't be as hard for the next person. I don't ever want to be the only person ever again.

Menendez: You said something that really resonated with me, I think it's going to resonate with a lot of our listeners, which is I had to learn to play a game where the rules were never explained to me. How did that show up for you? How does that show up for you?

Andino: I mean, it happened early on. In high school, I had like a coop job. I went to high school one weekend, I went to work in corporate for another week. I didn't know this, but I showed up and it was like an investment company. After a few weeks, they pulled me aside and they were like, "Hey, you can't show up here dressed the way you're dressed." I was like, "Wait, what?" I mean, and it was not anything... It was like a skirt and a lot of colors. I just couldn't wrap my head around... Wait, I don't know what you're saying.

It was nothing indecent, nothing that was inappropriate, but basically I kind of showed up as my high school self, right? I had these red pants that I loved.

Menendez: Have you ever read Tressie McMillan Cottom? Your interests overlap a lot. She wrote this book *Thick*. Tressie talks about even just the difference of understanding under a blazer, the difference between wearing a cotton tank top and wearing a camisole, and like understanding linguistically that those are different things and made of different materials and they signified different levels of formality. If you don't have someone in your family who's gone into a corporate office, you don't know that.

Andino: Right. I did not know any of those things. I learned along the way. My first business trip, I didn't know that you have to bring your own credit card. Even though your company is paying for everything, you have to have a credit card so that any incidentals at the hotel is covered. I was like, okay, it's my first business trip. Here I am. And they're like, "Well, where's your credit card?" I'm like, "I don't have one." And they're like, "Well, you need one."

I had arrived at midnight, so they had to call the office, call my boss, figure all these things out. I was like, oh my gosh, nobody told me this.

Menendez: Nobody told me, and we're also working within a system where there's a supposition that you would have a credit card.

Andino: Yeah. Yeah. It worked out. I was mortified. You better believe that I got up to my room and got a credit card.

Menendez: Here's my final question which is, this equitable health care system that you imagined, what does it look like?

Andino: I have a really great friend, Natalie Molina Nino.

Menendez: Natalie is one of our all time favorite podcast guests, one of the most practical and useful. Isn't she the best? If you want someone to cut through the BS, like my first call.

Andino: I think Natalie deserves all her flowers for the way that she's guided me and taught me and continues to. But what she says about equity is that, in many ways, it's lazy. And that if we're just looking to be equitable in the US, that's like a subpar standard, right, compared to excellence. Her brilliance has forced me to think about, do we want equity or do we want excellence? And when I think about the future of healthcare, I have to second her and say, "Equity is not enough. We need excellence."

And the way that looks in the communities model is that, one, for people who have often been the cornerstone, the most impacted, the most... I mean, when we look at COVID, who's been impacted the most? We have Black, brown, immigrant... We talked about those intersectionalities, right? These are folks who should be at the forefront and leading the future of care. They really need to be at the center because no one else knows the struggle or the challenges like they do.

And then when we take it a step further, my vision is that, yeah, in a world where also tech and health tech was never created for black, brown, immigrant people that we start to see this analog and tech coming together to meet our people, our communities, our lived experiences, where they are. I'm tired of saying, "You want this? You have to achieve," right? My whole life was like, "You want to make it? You got to do all the things. Work hard, go hard. Meet me over here. Jump into this lane."

I'm imagining the future of healthcare and health where it is grounded and rooted where people are. It's not a feat to get to. It's not a challenge. It's not all the things that make it hard, but it is in our culture. It is in our community.

Menendez: Ivelyse, thank you so much.

Andino: Thank you. This has been incredible.

Menendez: Thanks for listening. Latina to Latina is executive produced and owned by Juleyka Lantigua-Williams and me, Alicia Menendez. Sarah McClure and Paulina Velasco are our senior producers. Our lead producer is Cedrick Wilson. Kojin Tashiro is our associate sound designer. Steven Colon mixed this episode. Manuela Bedoya is our social media editor and ad ops lead. We love hearing from you. Email us at ola@latinatolatina.com. Slide into our DMs on Instagram or tweet us @latinatolatina.

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CITATION:

Menendez, Alicia, host. "Why Radical Health CEO Ivelyse Andino Wants To Reimagine Healthcare ." *Latina to Latina*, Lantigua Williams & Co., August 2, 2021.

Produced by:

