[00:00:26] **Thomas LaVeist:** Welcome everyone. We have a panel of speakers from across a spectrum of sectors shaping health equity. The panel will feature Sinsi Hernández-Cancio, Cara James and Al Richmond who will offer their perspectives on how they think about and address health equity. Sharelle Barber is Director of The Ubuntu Center for Racism, Global Movements and Population Health Equity at Drexel University. Sinsi Hernández-Cancio, Vice President for Health Justice at the National Partnership for Women and Families

[00:00:59] Cara James is president and CEO at Grantmakers in Health, and Al Richmond is Executive Director at the Community-Campus Partnerships for Health. Welcome all to this conversation. I'd like to make this a free-flowing discussion. So please feel free to chime in with your comments and insights. research, and advocacy to promote equity.

[00:01:23] For most of its history has focused on proving what people already know through their lived experience, that their discrimination that services aren't available or affordable, communities are being polluted or schools don't have resources just to name a few. Where do you think research in the past has failed?

[00:01:41] **Cara James:** First of all, thank you, Tom and Tulane for hosting this conversation, I'm excited to be joined by such illustrious panelists for this conversation. And I think, ya know, one, there's been a lot of work on health equity and health inequities, over decades and lots of people have been responsible for this work, including yourself. I think that,

[00:02:06] I don't want to say that the work has failed so much as I think one of the places that we have maybe relied a little too much on is the moral suasion argument. That if we show these inequities that we would get the change that we need. And I think that is clearly not happened. So I think there may be the premise of what it takes to our theory of change is one of the things that we may need to focus on and I would say that where we need to do more work is, some a again, thinking about a paper that you have. 2009, looking at that economic cost, tying this to the money, to the things and the outcomes that people with the money care about, and how we make that business case for health equity or some of the places where I think we need to focus more of our attention and look less maybe for that moral suasion argument.

[00:02:59] **Sinsi Hernández-Cancio:** I would a hundred percent agree with, care the assessment. It's very, when I don't agree with Cara, just to be honest. thank you so much. Dr. LaVeist for inviting me to this panel, and to be in community with, so many excellent, leaders in this field. I think the other place that that, I don't want to say it's a failure, but I think it's, surely an area of growth is, that we have gone from thinking about inequities and disparities, from black, white to black, white, and other. And I think that a lot of the work that people are really leaning into now more is dis-aggregating it out,

right? Like and getting rid of that horrible other category, because in addition to it being dehumanizing, it's simply not helpful, from an analytical perspective. Right? I think that one of the biggest challenges, from the model of healthcare, having to be, a wealth generating activity, as opposed to the health generating activity, is the fact that we just don't have solid data, that will not only allow us to target resources and interventions in ways, that are most needed, but also.

[00:04:26] **Sinsi Hernández-Cancio:** That promote the kind of accountability that we really need to hold. the political and economic systems accountable, one, we have to measure what we treasure, and we don't measure right. Another way of thinking about this as you don't count unless you're counted and that's something that I think we all need to lean into more, and we have an opportunity now with the way that COVID has elevated, how particular communities are doing, to build on that momentum, hopefully, so that we can get to better data systems that are more transparent and equitable.

[00:05:04] **Thomas LaVeist:** Yeah, thank you for that. And since he please just call me Thomas, Al you looked like you wanted to weigh in.

[00:05:09] **Al Richmond:** Yeah, I think there's some consensus among all of us around some of shortcomings of research. And actually, I would just weigh in by saying, I think there's been an over-reliance on research quite frankly. And, what comes to mind is, this whole idea, that knowledge production in and of itself actually validates. inequities when it's really, to me, the lived experiences, people have been saying this for years. How much more research do we really need? and how many more dollars do we need to spend in the area of research at the federal local level to really, bring home the case that there are inequities, they are real, and they are systemic in nature.

[00:05:56] And some of my concerns as a project out of Chicago, I'm going to paraphrase a title as a, why am I always being researched where, African Americans in particular, Chicago are saying, why are you always researching me? what good does this research do? we know that there are problems I think it's the shortcoming of over-reliance on research. Sharelle what do you think we've talked a lot about these issues. I would love to know what you're thinking there.

[00:06:24] **Sharrelle Barber:** Yeah, no, I think that's a actually right on, and I think that it's also been on a lot of research on the problems and not on the solutions.

So we have focused, and it was necessary, right. I guess to document the inequities. But I think that one. Almost over relied on looking at the pain and that appreciating the power of communities that have been harmed by these systems and structures of oppression. and also, not recognize the ways in which communities who have been most harmed have come up with solutions, pretty powerful ones in the face of this great

harm. And the pandemic is a prime example of that. You saw at the very onset of the pandemic when local state and national government failed communities. It was communities who came to the aid, to help with food and here in Philadelphia, we had the black doctors COVID consortium who was testing and, providing vaccinations, and off of little funding, but they saw a need they developed a solution. They executed that solution, and ya know, it is a story of how you can look at the inequities, but then act not just sit on the data, sit on the quote, unquote knowledge production. So, I do agree out that this idea of, communities are tired of being researched. They're ready to get to the solutions. And I think in fact, those who have been most harmed by these systems and structures. Our prime to be some of those solution generators

[00:08:18] **Al Richmond:** I was just going to say, I think that, as I listen to Sharelle, it's like there's almost a paternalistic, uh, attitude around research, right? It's like we know best, and we're going to tell you what's best and our research is going to document it. And we're going to tell you the way forward. And so, for me, I just been thinking about how much more research do we need around. I remember some of these projects that have gotten funded around, increasing physical activity among African American women without even looking at what are some of the challenges and barriers that women may face every day. They may not be exercising simply because they're working from 8:00 AM to 11:00 PM at night. and so, what are they going to exercise? yeah, again, it's this paternalistic attitude around research and it's not real until the research says that it's real.

[00:09:10] **Cara James:** And what I want to tease out a little of a dichotomy that I think we're talking about, there's the, how we do the research and there's the actual research. One of the things, so for eight years, I sat at the director of the office of minority health at the centers for Medicare and Medicaid services, the research is critical because we can't make policy on antidote. And even though we know there are problems we still have, and I would say health equity research in particular has a higher bar for action in part because people use that as a way to not do things. So we need the evidence and as much as it's, in a frustrating, in terms of documenting, we still need that national health care disparities report to show that 20 years later, 95% of the disparities have largely remained unchanged because without that evidence, we can't move forward.

But I think what Sharelle and Al you guys are talking about really is the, how we do the research, what we're focusing on and what's needed to move it because the evidence alone doesn't make for action. But I think there's still that kind of conversation of there are some who still are not believing that there are disparities or believe that they are the result of, whatever over there, and that's not what we need, but to your point, as well as thinking about this from an asset driven perspective, rather than a deficit model is really important, but we need the research focusing on the solution so we can see how to expand those, to move forward.

[00:10:42] **Sinsi Hernández-Cancio:** Yeah. And I want to add to that because. It's not a question I believe we need the research, on solutions like people have said, we need to hold, those, that fund research in general, especially health systems research and just medical research, straight up, more accountable for actually, focusing on equity right in my opinion, there should be no program out of the federal government or out of any university that is allowed to report without desegregated data, right? Because we don't care just about the average outcomes, the distribution of outcomes matters. And as long as we don't hone in on that, we're not going to make progress. But the other thing is. I think that it's true that for many things that are completely inappropriate, we're tired of being researched, but there's also things that we are not researching.

Like I as a Puerto Rican woman who almost died giving birth, am really frustrated the last time, maternal health outcomes, where research in any particular way, knowing that these inequities exist, what's 15 years ago. lumping us in with the rest of the Latinas doesn't work because. Our experiences of the community, which we know exist when you look at Boston or when you look at New York city or, some specific areas get completely diluted out when you lump us into everyone else.

And let's not even talk about the huge differences in the API communities and the fact that ya know, small sample size is constantly gets in the way when we try to look at indigenous communities. So, I'm a believer of research. I do believe that research is not the only thing though. You need to have as an advocate, because more than anything, I'm not a researcher.

[00:12:29] I'm an advocate. We need to have the one, two punch of the facts and the story. The egghead stuff, the wonky stuff, and the heartstrings, what it means to real people stuff. And that's how we win. and the last thing I'll say, because I'm getting a little bit animated here because the things animate me, is that ya know, we already know that, there's been a lot of work in the last several years, trying to get more diverse, people in research, right in medical research, which has been a challenge for very good reasons. we don't have, we like to talk about evidence-based medicine, but you know what medicine, first of all is 50% art and not science. And that's what the national academy of medicine says. I'm not making that up. and number two, it was generated on whose body then whose experiences not on mine. and we take it on faith that whatever works for a white man is going to work the same way for everyone else. sometimes that's true. Sometimes it's not, but we don't know. We are mostly guessing, and we need to do better than that. We need to be transparent about that.

[00:13:36] **Thomas LaVeist:** Let me push you a little bit on that. So doesn't that create a mixed message. On the one hand, we're saying there's enough research. We don't need more research as a group in Chicago saying they don't want to be resourced anymore.

On the other hand, you're pointing out that much of what we do in the health sciences is the result of research done on white males that were extrapolate to everyone else.

[00:13:59] **Sinsi Hernández-Cancio:** So my answer is that it depends again on how the research is constructed and who, and what you're researching. I don't think we need to research anymore as much on identifying problems because we know they are other than what Cara was saying, where we need to continue to document to build the evidence because I'm a lawyer by training. So, I do think about evidence, to building the evidence base, for continued action.

Not that a problem exists, but the why of the problem is what we really need. we need people to understand that it's not because we make crappy choices. I'm sorry. I should not speak with that kind of language that, we make bad choices, but it's about what is out there? What are the choices to be made and research like what happens with weathering and the links that you were telling me, yours, and all of that is really compelling. but at the same time, even though we know, for example, the asthma albuterol does not work very well for black and Puerto Rican people. I want to know where the research is developing drugs that are going to be better for black and Puerto Rican people.

Because we have disparities in death rates. And there's no good reason other than that, we haven't done a good job in creating solutions and for people in this country to be dying of asthma. Right? So that's a lot more nuanced than don't research me or I'm tired of the research. It's who, what, and for what purpose? And are we looking for problems? Are we just that we know already exist, and wasting money and resources that way? Or are we looking for solutions? and what solutions actually work with whom?

[00:15:29] **Thomas LaVeist** So, Sharelle, would you like to respond to that.

[00:15:36] **Sharrelle Barber:** one of the things that I actually really appreciated your point about the, how these inequities came to be, because I do think there's a lack of work that has really, fully engaged the complexity of these issues. so, you all talked about this idea that, health is produced because of these intersecting inequities, these intersecting systems of oppression.

And we have not done. I think the extensive work to think about how this, ya know, historically this plays out. How these, ya know, structures and institutions connect to one another and reproduce and create the inequities that we do. See. That's actually something that I don't think we've done enough of fact, if we can understand how we got here, it may produce evidence that it's helpful for thinking about how we undo these things.

So we've built this system, this nation, this world that we currently live in that has produced the, ya know, staggering inequities on so many different health outcomes. And so how do we rebuild it? We don't know how to rebuild it unless you understand how we got here.

And I think this pandemic has been an inflection point that really showed that interconnectedness, for example, we could have done all the testing, et cetera, early on in a pandemic. But if you didn't think about workers, if you didn't think about essential workers, if you didn't think about what that meant for transportation, especially when folks were staying home.

If we didn't think about, ya know all of these policies, they were disparate policies, but that were coming into focus. During a public health crisis, and so to focus only on one aspect of the problem actually did not solve or didn't, mitigate inequities. And so that's where I think a really a good, nice, sweet spot is, to understand the complexity and really deal seriously with ya know the complexity of these issues.

[00:17:36] **Thomas LaVeist:** So Cara, I want to follow up with something you said earlier that I thought was really interesting. You alluded to the work that, I had done some years ago on the economic burden of health inequities. I should say it, this is a little plug that we are coming out with a new and updated report this, this year. So we'll have new numbers later this year yeah, I'll send you a percentage of my zero that I get for that study. but you made a comment. You said that we need a new theory of change. And I thought that really resonated with me because it was early 1960s when the surgeon general, indicated that smoking was a carcinogen.

And now here we are nearly 60 years later and people are still smoking. So one thing that has been abundantly clear is that simply informing people. of things is not going to lead to change. And you said that we need a new theory of change. Say more about that? what do you think would be the components of this new theory of change if just informing people's is not enough.

[00:18:39] **Cara James:** Yeah, I think it's a great question. So, I think that the theory of change that I think we have had for many years in health equity, is that again, if we showed the inequities. People would work to address them. I think that is false. we are in a space now where more people clearly are committed to addressing these issues, but we do have a lot of folks who are not and are really just what I would say biding their time before we move on to the next bright, shiny object and go back to the way things were.

So, I think that part of what we need in this theory of change is thinking about, and I like to say that we, for all of the things that Sharrelle just said, we need to be looking at the

intersection of all of these issues for too long, we have thought about these in silos. Healthcare is in this silo. Education is in this silo, ya know income is in that silo, they clearly have been linked all along. We all knew, but I will say some others have recently woken up to that and that we need to have more of that intersectionality in our approach. And the way that we're going to address the disparities, no one sector, academia, business, education, healthcare is going to fix these.

So we all have to work together and strengthen the partnerships, many of which are already happening in community. But have these partnerships happen at a higher level, which means when we think about. What moves people? I think about a project that was looking at readmissions and a collaboration between the health system and the community development corporation up in Pennsylvania.

And they showed that they reduced hospital readmissions, ed visits for those. Who had frequent visits, but that wasn't the outcome that the community development corporation needed to be able to show success. So how do we get more bilingual and multilingual to talk to business, to talk to education, to show outcomes in the ways that help them, continue investments or strengthened investments to move forward given this intersection. I think the other piece, and I'm going to the intersectionality. We do have data gaps. we do not have great data for a lot of those root causes that we think about. We don't have great data on a culturation. We don't have great data linking immigration and other pieces.

[00:121:03] And we have, as Sharrelle mentioned, we need to make some of those linkages clear between how do you get from. and the example, I will use Medicaid policy and payment to inequities and access and quality and disparities that we see because, ya know, it's very clear. Medicaid pays a doctor less than Medicare who pays doctors less than commercial for the same thing. I think we all can agree. That is an inequity, a structural inequity that is in our system. And because of the other intersections that we have with income, disproportionately affects people of color. so how do we get better data and linkages to make that conversation more relevant and present to people are some of the things that I think we need.

And I think again, ya know Sinsi says, she shouldn't say crap, I'm going to use the reference, biggie. It's all about the Benjamins baby. You've got to get to the money because that's what people are focusing on and caring about for those who are holding the purse strings for the big programs.

And we need to be thinking about how we build equity into our policy programs for sustainability. So, we don't need a special initiative or a special grant or some charismatic leader at the top. Who's driving it.

[00:22:16] **Thomas LaVeist:** So, some of you have talked about the pandemic and obviously the pandemic has, un earth much maybe too many of us maybe it didn't unearth much of anything, but for a lot of people it has unearthed things that we have been talking about for many years, and as a result, health equity is much more prominent and getting much more attention, just because of the realities of where we are, how do we make the best use of this moment?

How do we ensure that we take this opportunity where there is a focus on health equity among people? Unlike those of us in this conversation, who've been doing this, basically our entire adult lives, people who have not been focused are now paying attention, now that we've got their attention, what do we want to say?

[00:23:00] **Sinsi Hernández-Cancio:** I think this connects very much with the point about what is our theory of change, right? cause this is not about moral outrage. This is not that doesn't move people. it's about their self-interest and when it comes to like individuals, and it's also very much about, creating, the money narrative and so people really finally saw what it means when, the people that provide their services aren't available. Right? What it means when, people in your community, people who go to school with your kids, don't have access to care, don't have access to vaccines. Where there's no infrastructure, needed to be able to address these challenges, what it means to not be able to go to the hospital. Not because you can't afford it, but because there's no space, right? So, I think we have an opportunity to connect, where people are feeling a bit raw. About what's actually needed for the common good for the economy to move forward. I think that there's limitations to that because as long as we are only talking about like It's your own enlightened self-interest, we're still gonna miss a lot of people and at the end of the day, you can all really political decisions. And I think that, my brother, from another mother or Daniel Dawes' work on the political determinants of health or something that it's really important for us to think about that. It is also that There's an opportunity now for people who are a bit outraged to think about, okay, how do I make that more than just. Pearl clutching and being upset, and channel that into something more productive.

[00:24:35] **Thomas LaVeist:** ok, Sharelle, Did you have something?

[00:24:37] **Sharrelle Barber:** I'm still thinking. I want to respond to that but like give me a second. I think that Al might have something or at least he's not on mute.

[00:02:30] **Al Richmond:** just wanted to just pick up. with Cara's has point about, intersectionality. And I was saying that my background and training is in social work, and I would actually envision systems where people are working across, disciplines and if there's anything that, in tying it back to your, recent question is to get people to work together across these disciplines and what that would look like I think it means we're

have to retrain ourselves such that we're not looking At things in the past a great session I went to was by Kimberle Crenshaw when she talked about the intersectionality of disciplines. And I said it critical race theory, and it really brought home the point that every discipline has contributed to inequities in this country. And as long as we see that in kind of siloed approaches, then we'll just think of it just like that. Like, this is an issue of, for social work or medicine or public health. And I'm hoping that going forward, that we'll see less of that, where we'll see people as whole, whole beings made up of different parts of them. And as a result of that, we will begin to develop policies and practices that really acknowledge, them is just being just that and that what their needs are, our collective needs are to be seen. In a way that respects and honors who we are in our totality.

[00:26:17] **Thomas LaVeist:** Yeah. The way I like to talk about that is that there are any really important problem is too complex for any one discipline. I think that the Covid response in the previous administration demonstrated that with their, operation warp speed, which is a. Outrageously unfortunate name for um, an effort to create a vaccine, focusing on the speed rather than the care it's being taken to create a quality vaccine.

But the focus there was on creating the vaccine and of course, vaccines will do nothing for a pandemic. It's the vaccination that matters. And you need much more than virologists to get vaccines. You need virologists to get a vaccine, but you need much more to get a vaccination. And so, the focus on the virology and ignoring the communication science, the sociology, the anthropology, the psychology, all of which has turned out to be, perhaps even more important, is why we didn't really get the progress that we were hoping to get with the creation of the new vaccine. So, you're right. The important problems are too important for anyone discipline.

[00:27:27] **Cara James:** I think you bring up a really important point that is going to be with us. Going forward is narrative information, misinformation and distrust. Those are here to stay, um for the foreseeable future. And we need to be taking those into account. And I think what health equity needs in terms of this moment and making sure we need more time, because people are thinking about this as a 30, 60, 90 day, or, ya know here we are two years later, haven't we solved the equity issues and we're done with it.

We can move on. That is not the case because these things are things that took decades and centuries to happen, and they're not going to be teared down overnight. So we need to, This is a window of opportunity that we have, and we need to prop that window open so that we can actually get some of the work that's needed done.

And I think narrative change and how we talk about, the inequities, the causes of those is important because ya know, and I'm not going to get into the right or wrong of this.

We've rammed health equity down and racial equity down people's throats for the last couple of years, which means that people who are sitting on the sides, angry feeling like ya know it's costing me to do this. We have to bring more people into the conversation and kind of use that community-based participatory model of meeting people where they are so they can enter that equity continuum and move forward. because we are really polarized as a country. Everything is political. But we need to have that narrative change that we own the narrative, because that's another thing that there are a lot of people who are coming into this space, creating narrative, and getting credit, or, ya know props for narratives and things that they may not be as, expert in and we need to own that narrative and prop that window open so that we can continue the work that needs to be done, because this is going to take us a generation decade.

[00:29:16] **Sharrelle Barber:** I actually really appreciate that idea of time. And in fact, what I was thinking about, in response to, these inequities have been, created over centuries. I think time is important, but it's also, ya know what does it mean to build collective power in this moment as well? we don't move systems and structures or even policies without creating and leveraging power. And so, what does it mean in this moment when we have such I mean, literally we are in an existential crisis of humanity?

Ya know Climate crisis health crises, all of these things. And so we, tip toe around, the tulips or if we ya know don't, really think boldly and audaciously in this moment, what other moment will we have when so much of the veil has been lifted right? And so, in this moment, I think, it's important that we think about power and I would say, we think about politics, but not in the normal partisan, Republican Democrat left. Right? But like that the distribution of resources is fundamentally wrapped up in, issues of power and issues of who gets to control the things that, ya know should be, ya know of common good right?

And so these are very and I think that we you know I think as much as this moment calls for some of the technical kinds of questions around, ya know what we do and what solutions like, what is our imagination for this moment? Like literally what we've experienced and are still experience requires really kind of a bold and a radical imagination about what would be.

And if we lean into that imagination in this moment, what could we create collectively together right? And so, I think there's a power in this open moment. I feel like we need to push the door open because my ancestors, our ancestors didn't, die, give blood, sweat, and tears for us to come to a moment like this, where we have so many resources right?

And we just, we failed to be bold in how we, act in this moment, the last thing I'll say I was on another call earlier today. And ya know in a space of being aspirational, what does it mean to be a good ancestor? Because what we're doing today is actually it may

change some of the things, but it is actually more about future generations. So what is it in this moment in 2022, when we've endured a pandemic? What we've seen so many instances of state sanctioned violence when climate change is, really threatening our future, what does it mean to be good ancestors to generations. down the road? And I think that's where we have to be in this moment if we're going to really push the door open.

[00:32:16] **Thomas LaVeist:** So, you talked about power and, Sharelle I ask that you keep your mic unmute your mic and keep it unmuted because I want to hear more from you um so you talk about power and um so I'm making an assumption based on what you said. At least my thinking of it is that by power, you're talking about, who controls resources, right? Who gets to determine who gets, what is that? What you're referring to

[00:32:39] **Sharrelle Barber:** That is one aspect of power, right? that's asking who controls, who gets to make decisions, et cetera. But there's also this collective power that we've seen throughout history of movements really, of the folks who decide that in a moment in history that we're not going to accept the status quo. And so, the power that I think we can leverage in this moment is the collective power of movements. Some of the work that we're doing within the context of the Ubuntu Center. Really leaning into what movements teach us about how change actually happens, actual transformational change, right? We know that the civil rights movement led to, fundamental changes that shifted how this country operates, right?

We know that there have been movements around the globe have done the same thing. have we gotten everything? Absolutely not. But we are coming into about a decade of movement building through the movement for black lives and other movements that has pushed us to think about these systematically, these structures, these fundamental causes of health in different ways um and I think we need to sit with what ya know we've been taught and what we've learned over this past even decade. So think about how do we leverage that to move us forward right? because the things we need to change are just that. Big. There's just that large. And, and so I think that we have to be thinking about, how do we build power? What does that look like? Um and how do we lean into the insights of social movements to do that work?

[00:34:17] **Thomas LaVeist:** Ya I I think that's an excellent segue, to talking about the collaborative that we're trying to form. So, we're forming this collaborative. The idea was. a health equity, as someone pointed out previously in compensation, health equity, we've beat people over the head with it.

And it's kind of right so thing that people at least if nothing else, they know what to thing. I may not agree, but it even exists, but they know there's this thing out there called health equity. And we're putting a lot of resources Into it and people from many different

sectors, I've been doing stuff. and, almost like craps and see, but they doing stuff, So you've got people in the private sector, doing stuff, people in the public sector, community organizations, communities, universities, researchers, all of that. And everyone's off doing their own thing and being driven by their own set of incentives. I guess that's motivating the action. How do we create more synergy across these sectors? How do we get people to come together and work in a more coordinated fashion? Presumably that coordination would lead to more progress. Any thoughts about that?

[00:35:21] **Cara James:** I think a couple of things. So one, and this is something that we've spent some time at, Grant Makers in Health there are to use a radar analogy, a lot of dots coming up on the radar that we're trying to connect in terms of exactly what you're just saying. I think one of the things is a little bit of an ask that I would say for those who may be entering the space a little bit newer is to just stop and sort of ask yourself who's in this space, even in your local area. who's been doing this and try and reach out. I talked a little bit about this and a couple of years ago, entering the space with cultural humility.

and understanding what's already been there, what the landscape looks like. I think the other piece that we need is a common roadmap. and so, what is the roadmap to move us forward in this space? Are there are three to five things that we could all work on that would help to move progress and working at different levels to help us move forward. So I think what that roadmap looks like. That can get us going there. so that we're all swimming in the same direction, if you will. and then lastly, I think that ya know we do need to think big and think about the structural changes that we need to be making and pushing on those at, what we need to have from a policy standpoint to bake this in so it is stainable as we move forward. And the last thing I would say is we need to have a lot more conversation, attention and focus on the pathways that we are, not focused on to create. The future workforce and communities that we need. We have seen ya know People have hired however many diversity officers; equity officers want to diversify their boards.

There just aren't enough, bodies across all of the populations. If we aren't focusing on increasing college graduation rates for communities of color and thinking about how we're developing our healthcare education, government, law, business, science, tech, whatever workforce, so that it looks like our communities and that is not work that's going to be happening overnight again, but we need to have a lot more conversation about pathways and how we're creating more pathways for people to get through. To be living their fullest potential, which obviously has economic income, outcomes and reduces disparities.

[00:37:38] **Sinsi Hernández-Cancio:** Yeah, I want to double down on what Cara saying about the need for a kind of like a roadmap because ya know we're we're past the time when we need, people to stop thinking about these equities, like the weather, like something that just happens right? Although we also know that the weather then just happened, that we actually influenced the weather, but these are decisions, Decisions that have been made. And so part of the roadmap, I think, needs to be giving people, not just people who think that themselves equity experts, but everyone kind of tools to help disrupt the standard operating procedure and asking the right questions, like who is not at this table, ya know and we at the partnership recently put together a tool that actually looks at both in terms of research development and policy development, implementation at different stages. What are questions to ask to stop for a minute, pause and say like, "Am I asking the right question here, or am I asking the wrong question?"

And so much of it has to do with surfacing issues and especially with going to the people who are the actual experts, who are the people with the lived experience right so having a roadmap that is not so much about, this is what you do in healthcare, this is what you do in, Education, but these are the right questions to ask, to interrogate the structures underneath and to design changes to the structures. Those are the kinds of things that, I think will be really useful even you don't have to become a DEI expert to be able to use it. Because that's the other thing, as Cara said, there are just not enough of us to go around right now. so those are kind of my initial thoughts on how we could work together in one direction.

[00:39:25] **Thomas LaVeist:** It seems to me that the gatekeepers of who gets to be a part of these different sectors and disciplines is critical here. So and typically, that's university that's who trains people to be lawyers or physicians or public health researchers or nurses and so forth and so on. what's the role of universities? And how do we change universities to produce people that are thinking more along the lines of what we're talking about in this conversation?

[00:39:52] **Al Richmond:** I think academic institutions have to start early. this whole idea of pipelines, I'm a bit, little kind of annoyed with that term in some ways, because, I remember years ago growing up, ya know black and North Carolina. And there was this one day when we would have this critical mass of African American leaders and to fill all these positions and I've still been waiting on that day to happen. And it just hasn't. And it's unfortunate and not think so. The role of academic institutions for me, community campus partnerships for health is really to forge real partnerships with the community around educating young people, starting even at K, K through 12 work. That's what I'm looking for. Academic institutions to do to me if you wait until.

The freshman year, it's almost too late. Quite frankly. I think it has to be very much upstream. It requires, kind of tearing down the walls and working in incommunities like Tulane really immersing itself in New Orleans and every academic institutions. And I want to bring attention to even the role of historical black colleges and universities, the important role that they must have in other minority serving institutions to start early.

So I've been sitting here thinking about this nationalized approach, and I think that. There has to be an academic approach to some of these issues, but it really requires them to to think, A lot about how they intersect with their own local communities and supporting the education and the development of the bright, smart minds around them every day, the children of the people that work in the basement, the children of the people that are nurses assistants at healthcare systems, all of that, like if they could think about that and approach it from that perspective? I think that would actually, actually served a garner, a lot of good will in the community and address some of the more systemic issues that we see. In fact, the communities where we have some of the largest universities in the world in the U S are some of the poorest most resource limited, communities and that really should not be.

[00:42:17] **Sharrelle Barber:** I can completely agree with Al, ya know academic universities are part of the community. they pull the workforce from the community and it's not just the professors, but the people who are working in the dining halls and all of those places, and it is and it behooves them. as well as others.

And I think it is again, changing our mindset. And I can't remember Thomas if it was you or, Al who sort of talked about our immediate kind of gratification and thinking about ourselves and what's best for us, but we need a less centered approach and a more. Holistic approach to this because it does serve all of us getting earlier into community, developing those relationships, helping kids to see that there is a pathway for them to go to whatever it is that they want to do to fulfill their dreams, and providing some of those resources and those needs. I think that we talk about, ya know income and inequality in this country. And ya know I heard today something about, ya know we're going to do this for those where 600% over the federal poverty level. Most people other than those on this call, maybe have no idea what the federal poverty level is. And we need to talk about it in language that resonates with people to say that if you are an individual who's living on $13,000 or $14,000, you're not considered poor in this country, but you can't you're not going to college given the cost of college today. Any, community college or whatever the training may be afterwards. So thinking about how we do that, the same way that we're putting in together, the focus in hospitals with their, community and health assessment, community needs assessments, and pushing them into community. All of our big institutions, health systems hospitals. Academic universities and colleges are part of the community and need to be thinking about how they're working with community to support it because it benefits everybody.

[00:44:19] **Thomas LaVeist:** Okay. Now on that note, I see we're running low on time, and I wanted to, thank you for this fascinating conversation. We touched on many topics and many issues that are precisely the reason that we've created this learning collaborative. And hopefully as we continue to have these conversations where we able to put some meat on the bones and get down to the brass tax of how we actually enact some of these policies.

So, thank you for sharing your thoughts and wisdom on these topics. And we hope that you found this time productive and that you join us as we continue our collaborative learning through a calendar of activities.

Please become a part of the process. Visit our website for information on P for H, E and upcoming events. How to become a member and follow us on social media.