

[00:00:33] **Thomas LaVeist:** Welcome everyone. Thank you for joining us my name is Thomas LaVeist. I'm Dean and Weather head presidential chair in Health Equity at the Tulane University School of Public Health and Tropical Medicine we acknowledge that the land on which New Orleans is cited as Balbancha, a Choctaw word, meaning a place of other languages.

[00:00:55] And we honor generations past and present of the several tribes who live in this region. Today we are presenting many voices, one goal. Next steps, advancing health equity, the inaugural webinar of Partners for Advancing Health Equity led by the Tulane Institute for Innovations and Health Equity at the Tulane School of Public Health and Tropical Medicine and supported by a grant from the Robert Wood Johnson Foundation.

[00:01:22] P4HE is a national learning collaborative of scholars, funders, government, community members, and private sector representatives working together to understand the latest issues related to obtaining health equity. P4HE seeks to foster synergy across sectors and align efforts to create priorities for research, to address obstacles, to health equity today's event marks the start of a series of participant driven initiatives with the goal of bringing health, equity stakeholders of all sectors to the table to build an actionable and sustainable solutions.

[00:02:00] So what's different about this approach. We want to break down silos and bring into conversation. People from academia, philanthropy, government, the private sector, and community leaders to build a national dialogue to advance the way that we conduct research to bring about health equity.

[00:02:19] Our program today includes a section designed to further explain our approach to achieving health equity led by our associate director, Andrew Anderson.

[00:02:29] That will be followed by a panel of speakers from across a spectrum of sectors shaping health equity. The panel will feature Sharelle Barber, Sinsi Hernández-Cancio, Cara James and Al Richmond who will offer their perspectives on how they think about and address health equity.

[00:02:49] Now please welcome Andrew Anderson associate director of Partners for Advancing Health Equity, and assistant professor in the Tulane University School of Public Health and Tropical Medicine.

[00:03:01] **Andrew Anderson:** Thank you everyone. so, we want to first start by painting a picture of where we are and where we hope to go the call to address health inequities.

[00:03:09] Isn't new. This learning collaborative is joining a long tradition of people who aren't satisfied with the status quo. We know health inequities are morally wrong because they represent injustice. They also exist in stark contradiction to our ethical principles. The failure to live up to these principles has been brought to life through activism and documented through lived experiences and scholarship for many decades. Health equity research has been chronically underfunded and has rarely received the attention it deserves, but we're currently living through a time where the attention to health inequity has arguably never been greater.

[00:03:48] And the solutions lay in targeted investment, policies, and programs that go well beyond public health and health care. We as people who are dedicated to this work have come together to advance these solutions. And we know that it will require approaches that recognize the interconnectedness of social issues.

[00:04:09] The pandemic has once again, surfaced the need for access to basic resources for people to live with dignity and thrive in response to the pandemic emergency measures were provided. But when the emergency relief ends millions of people, including millions of children may lose these needed resources.

[00:04:30] Funding for policing is increasing in cities across the U S yet homelessness and food insecurity is on the rise. Wealth inequality is increasing as our depths of despair. We know necessities like access to food and housing and safe places to live directly impact health. But there are many other factors, including non-health policies and programs that can indirectly impact health.

[00:04:55] And some of those are currently under. Over the past decade, the Supreme court through several decision has weakened the voting rights act, which is responsible for ensuring the right to vote, especially for black Americans. And we should spend some time really fitting with this reality because it's so fundamental to the success of health, equity work and democracy, generally

[00:05:16] Gerrymandering is rampant and unchecked. Now the Supreme court will debate the need for affirmative action and many think this practice will end. Reproductive rights are on the chopping block. Our system of immigration and asylum unfairly privileges, some groups over others. These issues may seem distant to some but are in fact tied to many of the solutions that we need for addressing health inequities.

[00:05:43] And it's more than just politics. We too often ignore our shared humanity and faith with people throughout the world. We've seen corporations and many of which have questionable business models and practices stepping in laudably, but inadequately to fill large gaps in our public safety net.

[00:06:03] Yet we see these same companies engaging in exploitative work practices, domestically and abroad all the while overshadowing these issues. It's an imminent climate catastrophe. That will undoubtedly displace the same communities that are already victims of the long history of unremedied injustice.

[00:06:21] For instance, the Isle de Jean Charles community, just outside of New Orleans, where we are presenting to you from today, which is primarily a native American community who escaped the 1830s Indian Removal Act. And the trail of tears is now facing resettlement because of the impacts of climate change for over a century, the native Americans on the island fished hunted trapped and farmed among the banana and pecan trees.

[00:06:45] That was once abundant on the island. But since 1955, more than 90% of the Island's original landmass has washed away. And now they're the first to receive federal tax dollars to relocate many don't want to leave. And given the history, some have expressed distrust in the government. These circumstances are co-determinants of existing inequities that shape the social environment.

[00:07:10] Fortunately, it's not a mystery, how we got to where we are or why we have the power to make real change possible. We have mountains of empirical evidence documenting health disparities over decades. We also have critical theories that reveal and challenge power structures that perpetuate these inequities. But we have a long way to go.

[00:07:30] Our system of laws and policies from the past and today shape the existing distribution of power and resources and create systems and social norms that lead to these differences of outcomes because these root causes of rarely been addressed. We've seen relatively little change over time. So, we need a new approach that actually serves communities and leading the charge for their own liberation.

[00:07:53] We believe this learning collaborative Partners for Advancing Health Equity will foster the co-creation and spread of knowledge by bringing together people and organizations with a shared commitment to achieving health. We will continue to bring attention to health disparities, but we aim for this learning collaborative to sharpen our research tools, harmonize our voices and challenge the status quo to shine light on practices and outcomes that we think are indefensible, irrational, and inconsistent with the moral principles we believe in this learning collaborative will be led and shaped by its members.

[00:08:29] And we aim to disrupt traditional research approaches to make it more effective and useful for communities seeking change. Research is slow. We recognize people don't have time to wait and are frustrated with the rate of progress, but we need

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to come together to create new knowledge and consensus for advocacy, policymaking, and ultimately social change.

[00:08:49] For instance, how do we make grant funding more accessible, transparent, and aligned with the needs of communities and society? How do the incentives at institutions hinder or facilitate health equity research? How do we meaningfully support communities and leading this work? The answers to these questions will require that we have honest conversations about what it's going to take to achieve health equity.

[00:09:14] And to that end. I leave you with this quote from Dr. Martin Luther King. Our goal is to create a beloved community, and this will require a qualitative change in our soul, as well as a quantitative change in our lives.