

The Skin You're In Podcast
Dr. Melody Goodman: An unconventional path to biostatistics and health equity

INTRO THE SKIN YOU'RE IN PODCAST

00:03-00:26

Welcome to the Skin Your End podcast, where we create a space to learn about help and social injustices rooted in racism. Through in-depth conversations with experts and everyday people, we explore the issues, potential solutions, and the effects those injustices have on individuals, families, and communities. Hello, and welcome to The Skin You're In podcast.

00:27-01:15

Dr. Thomas LaVeist

I'm your host, Thomas LaVeist, Dean and Weatherhead Presidential Chair in Health Equity at the Tulane University School of Public Health and Tropical Medicine, and principal investigator for Partners for Advancing Health Equity.

I'm also executive producer and writer for the documentary, The Skin You're In. I'm excited to introduce today's guest, Dr. Melody Goodman. Dr. Goodman is a biostatistician and research methodologist.

She's the interim dean and professor of biostatistics and director of the Center for Anti-Racism, Social Justice, and Public Health at the New York University School of Global Public Health. Her research interest is identifying the origins of health inequities and developing evidence-informed primary prevention strategies to reduce those health inequalities. We're honored to have you here today.

01:16-01:17

Dr. Melody Goodman

Melody. Thank you for having me. Glad to be here.

01:18-01:28

Dr. Thomas LaVeist

So, Melody, I want to start by asking you to talk about our common origins as New Yorkers. And ask you kind of, what is your story? Where did you grow up? How did that life experience inform and influence the work that you're doing today?

01:29-06:22

Dr. Melody Goodman

I was born and raised in South Jamaica Queens.

I grew up in Basley Housing Projects. I lived there from when I was probably six months old until I was 14 years old. And then we moved within zip code, but into a house with a backyard. I think in my formative years, we were growing up in New York City, there was hip hop, there was sports, there was drugs, there weren't any professors. So this wasn't like what I thought I would become. for me and protective.

I went to school every day and, like, was told to go upstairs and do my homework and be a good girl and wasn't really allowed to hang out and get into too much trouble. I got into enough trouble, but not nothing, not anything serious. And I think that it shaped me in a lot of ways. It made me really think about how one's environment sort of predicts their life circumstance, especially when you realize you're the one who got out. You're the one who was sort of And for a lot of my peers, that was the goal was to grow up and get a good city job. I always knew I was going to go to college. My mom was a teacher that was like a no-brainer. But I graduated high school when I was 16.

And so going to college was different for me because I wanted to go to HBCUs, but there were no HVCUs in New York, really. And my mom was clear that I was going to go to school in New York State.

I thought that meant I was going upstate, like far away. But in the end, she said I can go to any college I wanted to as long as on Long Island. So I went to Stony Brook because that was the furthest out I knew at the time.

I didn't know South Hampton existed because I probably would have ended up there just trying to get away from home. But the deal was that I could go there and live on campus and have a college experience the way I wanted to. And now that I'm old, I realize, you know, I was 16. I probably did not belong much further than Long Island. It was nice to be able to come home by train and like be able to get home whenever I sort of needed to, but to have the full college environment.

And I think the nice thing about Stony Brook is a big university, but I was in the honors college. So they only accepted 40 students each year. We lived in the same dorm. It was like a real small community inside this big university.

And when I got there, people said, you're smart, you become a doctor or lawyer. And so I chose doctor because I didn't want to do all that reading and writing. So look where I ended up now. But when I was there, I realized that being a doctor did not excite me. I wasn't interested in people, blood, urine, you know, any of those things, really. And I really developed a love for math and a desire to be wealthy because I had been poor and I didn't really like that lifestyle.

So I settled on applied math and statistics major undergrad and then realized I was taking a lot of courses that were sort of at the intersection of statistics and like economics. And it was only going to be a few more courses for me to pick up a double major.

So I picked up a double major in economics. One of my mom's friends heard about that and told me to do this internship program where you work on Wall Street for a summer.

So I did that for a summer between my junior and my senior year. I knew I didn't like it, but they gave me a great job offer in September my senior year.

And I was looking around at my friend struggling a fine job. So I took this two -year job offer, making more money than I thought I would probably ever make and went to Wall Street as sort of my first job.

And I think it was there that I realized I wanted to be rich, but that wasn't just going to be money, that I wanted a lifestyle and other things to go with it.

And I found bios statistics at my desk one day, angry, and I googled math and health, and that's how I found biostatistics, just trying to get out of what I was currently doing.

06:23-07:55

Dr. Thomas LaVeist

So, yeah, I want to go back to something you said.

You mentioned that you grew up in Jamaica which I didn't realize you grew up in Jamaica, which for non -New Yorkers, Jamaica Queens is on the western edge of Queens, and Ocean Hill Brownsville, which is where I grew up, is on the eastern edge of Brooklyn so basically Brownsville and Jamaica queens well but each other um so a lot of very similar issues so we grew up in a very similar kind of environment and um so my question is where do you think it was uh well you made a statement that that I've made many times that you know i was the one that was able to use academics and athletics to kind of move out of the neighborhood and get more opportunity. challenges in that neighborhood.

Talk a bit about what do you see as the factors that made it possible for you to be as successful as you become, but others that were growing up at that same environment at the same time or some of the same advantages, and at least from your assessment, seem to be as talented or even more talented. What are the differentiators that you see.

07:56-10:14

Dr. Melody Goodman

I didn't have a lot of free time.

My mom kept me busy. So it was dance, Girl Scouts, piano lessons. And like, whatever it was, I was busy after school every day of the week. So I didn't have a lot of time to hang out in the neighborhood and get in trouble. And it was a lot of figuring out the things you like.

So it was try this for a year. take swimming lessons, take, you know, just do this. And my mom was good at finding free activities for kids in New York City, free opportunities to get involved in different things.

And so we just didn't have a lot of time. And then when we were in the neighborhood, it's interesting. Like, I didn't get teased for being in, like I never got any of that like stuff as a kid like teased for being in art.

I actually felt like my community protected it. The times that I was trying to misbehave and do things that my parents did. My community just weren't, like, go inside. Like, this is not for you to be hanging out here.

So they just didn't really let me hang around when trouble was sort of happening or sort of do things. It was a different time, like, you know, even trying to sneak out, like, where was, I lived in an apartment building. There was nowhere to go because somebody was going to see me, right, and tell me to go home. And that's the kind of community that I grew up in, right? Like, other people could tell you to go home.

And then you also knew that they were going to tell your parents. And so you better do what they told you to do. Otherwise, it was going to be worse. And I think, you know, for communities that are perceived unsafe, I, you know, I was a kid. I read about my community in the paper. I knew sort of what was going on even in my own building. I wasn't naive, but there is a real sort of protecting their own. And so a place that was probably unsafe for other people was really sort of safe and secure.

For once I was in my apartment, like, you know, was safe and secure. And there were people in the community that made sure that I was able to get in there and sort of do the things I wanted to do.

And so I think my mom kept me really active. Like I had a lot of things things to do after school. So you just don't have a lot of time to, like, get in trouble when you're busy doing other things, whereas I think some of my peers weren't as involved in sort of extracurricular activities and then just had more time to do things in the neighborhood and get in trouble.

10:15-11:41

Dr. Thomas LaVeist

So good parenting, clearly, it was a big part of it. But also, I think this, the other aspect, which is the community, the world, you know, this whole, it takes a village that, you know, I think people don't certainly see that side of these communities, that the communities, as you see, the challenge is, if you Google, Routier of Brooklyn, I mean, the news reports would just be letting me of horror stories that you hear. And I'm not saying those things didn't really happen. They did.

But the other side of the community, the nurturing aspect to it, that doesn't really come out and translate to people. So, you know, I'm glad I had an opportunity to have you talk about that, because I think that's an important aspect of these communities that people don't really, don't get. Okay, so you were talking about the street, you concluded that when was this? What decade?

This would be like the 2000? So this was like pets .com and stuff like, anything .com I can sell you right now. And so you walked away from that being part of that, which I think would be pretty unique, you know, not many females in that area, so not many black people in that area, but to be black and female working in that space at that time was quite unique. What was that experience like?

11:42-13:22

Dr. Melody Goodman

You know, I was lucky I had great mentorship.

I joined this program, like I said, this internship program that was designed to get more minorities into that business. And then I landed in a group that had a black male as a leader and some other sort of black men in other seats, like leader senior positions to what I was in because I was basically a nobody, a financial analyst. And so I got great mentorship. I think what I realized for me is that it just wasn't that hard.

It wasn't that challenging for me. And it wasn't enough math. I know people think like banking is going to be a lot of math. And it just wasn't enough of that for me on a challenging, I think, enough level. And so I was in this sort of thing where you work two years and you're supposed to go back to business school and get an MBA.

And I pretended like I was going to do that. And instead of applying to MBA programs, I applied to PhD programs. So when I told my boss, I got into Harvard, he thought I was going to Harvard Business School, not the Harvard School of Public Health. Okay. And you got to the Harvard School of Public Health after Googling a statistician.

Yeah, so I didn't, I mean, I wouldn't recommend this to anyone, but I didn't really know what public health was, and I definitely didn't really know what biostatistics was when I went to go get a PhD in biostatistics. I just knew that I wanted to be able to use math, and I wanted to be able to help people in sort of the health field, and that seemed like the route to go do that. But I didn't know what Epi was. So it wasn't like I was making an informed decision, so to speak.

13:25-13:47

Dr. Thomas LaVeist

Yeah. Okay. So you were kind of walking us through your journey. So then you went off to get your PhD and this new thing you just discovered in Google, well, biostatistics. So talk about those experiences and how did that go?

13:48-14:34

Dr. Melody Goodman

So one, it is, you know, going to Harvard is an amazingly great place to go learn about public health and biostatistics. It's also a really scary place to be when everyone else sort of knows what's going on. And you're just trying to figure it out. And you're sort of coming from this really

businessy finance background that no one cares about. And you were, you know, selling millions of dollars worth of, you know, stocks and bonds. But no one here cares about any of those things.

and so it was a real transition. It was a financial transition. I went from making, you know, pretty decent salary to being a poor graduate student. So I got audited by the IRS. So that wasn't fun. You know, it was hard to be in classes with students who had already had master's degrees and bio statistics. And I, you know, had Googled to figure out what this thing was, and sitting next to people who have been practicing for 10 years. But I had an amazing class. There were 22 of us I think. I went to school with some of the smartest people I've ever met.

I think I went to school with some of the smartest people I've ever met. And I was happy to be at the bottom of that class. I thought if I could just hang out with those folks that I was smart enough. Like I wasn't trying to be at the top of that class.

I was trying to just hang out with some really, really smart people and really leaned on my classmates to learn the places where I had gaps. Because, you know, it's also hard when you take time off from school to sort of get back into that groove and people are like, do you remember this calculus trick? And I'm like, I haven't used calculus in three years. You know, like, so it was really a great, I wouldn't recommend that people go do what I did, but it was a great way to go learn public health.

I was curious. It was an exciting time, and I had great classmates who sort of supported me through that journey.

15:35-16:07

Dr. Thomas LaVeist

Well, you looked at your classmates, and you were impressed by how smart they were, but I'm sure they were looking at you impressed how smart you were as well.

Melody:

In a different way, I'm sure, yes.

Dr. Thomas LaVeist

Well, given your success, not in a different way. You've been extremely successful here in the highest level of competitive academics and in a field where there are not that many females, not that many black scholars, but you're both. You're a leader in both. So how does that happen?

16:08-21:30

Dr. Melody Goodman

Yeah, definitely wasn't the plan. I mean, I didn't think I was even going to go into academia. My plan cause I come from banking. So my plan was that I get this degree and probably go into like

farmer or go work at like a software like I thought I was gonna go back more into the business side of Biostat.

But one of the things that happened in grad school, and people who know me will know this is absolutely true, is I complained the whole time I was there, so I was really vocal about the things I thought Harvard could do better. I laugh at that now, but, as you know, as a 20 something year old, I felt like I knew something, and one of the things that I was disappointed by was that I'd never had a black professor. I'd never had one in undergrad, and I never had one in grad school.

Now, undergrad, you can kind of say it was my fault. Like, I knew that there were black professors in the Africana Studies Department, but I was a math major, and I did not want to take classes where they were writing 20 -page papers. And I didn't feel like I should have to do that to be able to have someone look like me, teach me things. So when I got to Harvard, I think it was really hard because here I was in this department with over 40 faculty members.

This was the thing I was supposed to learn, and there was no one that looked like me. And it was a mentor of mine when I was finishing up my degree who kind of said, you complained about this problem, are you willing to be part of the solution? And I don't think she meant it to be as profound as it sort of hit me, but it did hit me in that moment of this was a problem I had complained about that I was really vocal about and upset about.

If people like me aren't willing to go into academia, then the problem is going to continue to perpetuate. And so I thought my plan was to go to academia just for a little while, wanted to show people that someone like me could do it, but also so that students like me could see me. So I went to where I went to undergrad as my 1st academic position, and that was really intentional.

Because I wanted students like me to see me. But my goal was to like, do that for a couple of years and then get a real job. It wasn't to like, keep doing this and then go into that wasn't the plan. I'll just say.

Dr. LaVeist

So, okay, best late. Best late plans. So you we went back to Stonybrook for a couple of years and then on to uh Missouri next was that.

Dr. Melody Goodman

Yeah so um I was at Stonybrook I think I was really vocal about. Yeah, so I was at Stony Brook. I think I was really vocal about.

I kind of hit my ceiling here I think I'm going to leave academia, like I think my next step is out of academia, but I was talking to some of my mentors just to figure out sort of how to do that well.

And then I got a call from Graham Colditz, who was a former faculty member at Harvard, who was starting a group at Washington University in St. Louis, due with public health. And he basically said he'd asked three people each to give him three biostatisticians and I was a person, I was on everyone's list. And so he felt like he should hire me. And I was like, oh, that's nice

because I knew who he was. Like I knew he was, you know, epifamous. I didn't really understand why he was in St. Louis. Epi -famous, yeah. I don't think he, you know, I think he's epi -famous.

Dr. LaVeist

I mean, I need to have you to find that form that term, epifamous.

Dr. Melody Goodman

I think like someone that epidemiologists would know and think are famous, but may not be famous to the general audience, so to speak. Like, if you know the Framingham Heart Study, you know, there's something that if you know, you would know Graham Calditz. But if you're just a general member of the public, you may not know how famous and amazing he's known to me.

Dr. Thomas LaVeist

I think it's added to Urban Dictionary.

Dr. Melody Goodman

And there were a couple of people I knew from grad school who were working there in St. Louis. So, you know, when someone who's epi famous asked you to go for a visit, you go for the visit, and then you tell them, no, that was the sort of plan. So I went for the visit. I remember one of my friends from grad school driving me back to the airport saying, you know, I think he really wants to make you an offer. And I was like, there's no way I'm moving to say, like, there's no way that I'm moving here. This is literally in the middle of nowhere. Like, if you draw a circle and put a dot and put, like, this is literally the middle of nowhere.

And I'm from me, like, there's no way this is ever going to happen. And my friend said, well, I think he's going to make an offer you can't refuse. And I said, okay, well, there's that, right? And so I left. And I remember telling my dad, like, oh, you know, I'm going to have this opportunity in St. Louis. Isn't that crazy? Like, who would move to St. Louis? That visit was in October. I moved In January,

My dad called me in February and asked me if I was going to take the job, and I said, oh, I forgot to tell you, I have moved. Like, I had already moved it until my, like, it all happened that quick because he literally made me an offer I couldn't refuse.

If someone offers to invest in your career in that way, you move to the middle nowhere. You just, you know, and to give you good mentorship. And it's something that I think sort of changed the directory in my career.

I think that was an important step for me as a researcher to be in that environment to have good mentorship, to have being a place of good resources, to kind of see what I could do.

21:32-24:12

Dr. Thomas LaVeist

So I've noticed that you have used the word mentor, I don't know, probably 300 times in this concept, right? mentor, mentorship, or some variation on that term. Talk about mentoring, mentorship. Obviously, you benefited a great deal from having good mentorship in your career. How do you get good mentorship?

How do you be an effective mentee and utilize the opportunity to access, you know, people who can make to you? And talk to me about what mentorship is meant from you in your career.

Dr. Melody Goodman

I think, you know, my version of mentorship has changed over time. In the beginning, in this field. I think I was looking for a black female mentor. And so I was unwilling to take great mentorship because of the package that it was wrapped in. And so I really had to change my view. I think some of my best mentors have been white men, and behind them have been white women. And that's just because who's been ahead of me. I think in this field?

And so I would say first, I had to change my own perception of what I thought a good mentor for me was going to be. And it wasn't that I just wanted someone who looked like me.

I wanted someone who was gonna understand what it meant to be from south, like I wanted someone who's gonna understand what it meant to be from South Jamaica queens and sort of grow up and have the trajectory that I did. But I learned early on that. There's very few of those types of people in academia and they're usually great mentors, but they usually stretch thin and often, if people are open enough.

They can provide you good mentorship without having had the experience. If they're open enough to admitting that their experience has been different, and what you will go through will be different from them.

And so I will say when I change my view on what a mentor would look like, at least, or what package they would come in. I think I was open to really good mentorship advice.

The other thing I will say is you hear me say mentor a lot, but I'm talking about a lot of different people. I don't think one person can give you everything you need.

And oftentimes, when I was trying to make a decision, I was just going to talk to other people about sort of where I was like I, you know, at the Stony Brook moment I was like, I think I've done what I could do here. Maybe it's time for me to leave. I could even I was just, kinda you know, bouncing my ideas off of other people.

And I think for me what's been great about my careers because I didn't have a plan. I was open to all of the options that were presented to me, and I think I've made some good choices about navigating career steps because I didn't have this rigid idea of what a successful academic career would look like.

24:13- 26:36

Dr. Thomas LaVeist

So, okay. So now we heard about you as mentee. Tell me about, you know, Melody the mentor. Who were you mentoring? Bring black female bio statisticians, are you mentoring bio statisticians? Kind of what's kind of in your involvement in mentoring.

Dr. Melody Goodman

Yeah, I think I'm passionate about diversity of our field in general. And so I think I mentor broadly, even beyond my institution. I participate a lot in my professional organization. And we do a lot of things around diversity in our field in general. So I think I try to Mentor broadly, and I think because my path has been different, not planned.

And I was just kind of, you know, still my version of successful.

I think in terms of mentoring, I'm open to people walking their own path and not doing it the traditional or the conventional way and also defining their own version of success. And so I think my mentees will tell them that I made them work really hard because I think I still come from an old black tradition of you got to work harder, you've got to be better. And I don't know how true that is, but that's just what was ingrained in me. And so when I'm mentoring minority scholars, I want to make sure that they are strong, technical scientists.

But I also think you have to have passion. So you have to be working on things that you care about. And when you marry the two, I think you build sort of really great future researchers.

And so I think my mentorship style is a little bit different. And like, I really want to listen to what my mentees are saying they want and trying to help them think through, particularly how do you get the skills? I also think times have changed. Most people don't get one job and stay in that job forever and retire. And so having them think about their careers as the next step, the next step is sort of the way I think about mentoring. You don't have to find your perfect job out of grad school. You have to find the perfect first job out of grad school. And that's, I think, a different way of sort of looking at how someone's going to build their career.

26:37-29:41

Dr. Thomas LaVeist

So in this very, topic of diversifying the public health workforce. You published a paper and public health request in 2020 on this topic. Talk a bit about that paper. What did the paper find for the audience? And then, well, let's start with that. Give me the general upside of the findings there.

Dr. Melody Goodman

I'll say it was a sort of update to a paper that I think was a seminal paper. It was 1999. It was done by the founding dean of our school in global public health.

It was called The Shape of Our River, where they really looked at the racial composition of students, graduates, and faculty in schools of public health associated with the associations of schools and programs of public health.

So 20 years later, and this basically wanted to do an update of the analysis. And interestingly, that was sort of the time period of my academic career.

And so I think I was probably a little bit more optimistic about how diverse things were because when I started off as a junior faculty member, there were, I think, many more scholars of color in public health, particularly when I was in St. Louis. There was like a hiring three, both at WashU and St. Louis University, so I was around a bunch of minority scholars as a junior. So I think I just had this, it wasn't unreal, but it probably wasn't super realistic. It was myopic. It was like my view of public health and how diverse it had become.

And so for me, the update was an eye -opener because it showed me that things, we did improve in terms of diversity, but over 20 years, the improvement was slow.

And also I also feel like in those 20 years, there'd been a lot of efforts. It'd been a lot of programming. They've been like RWJ up new connections. There'd been a lot of things to sort of support. So I think I was optimistic about the impact of some of those things.

And I think looking at the results, what stood out to me at the time when I wrote that paper, I was an associate professor, will sit out to me that there were very few black full professors in public health. So one of my goals became, like, I need to become a full professor. I don't even, you know, it's funny because it's like, when you don't, like, I wasn't even a tenure at NYU at an associate professor. Like, you can be an associate professor here.

I probably shouldn't say that, but he can be an associate professor here for the rest of your life. So that was really my motivation.

Dr. Thomas LaVeist

I'm not sure we want to be in making that statement.

Dr. Melody Goodman

I don't think people should do that, right?

Yeah. But That, to me, was my motivation to say, like, no, there is a reason why scholars of color need to go up to higher levels.

Like, there's just not enough of us in those spaces. And it also means we're not in the room that are probably making some of the key decisions about how schools of public health are working and functioning.

Like, yes, as a faculty member, you have a vote. I can't remember. But often, it's the senior folks who are in these leadership roles and on these sort of leadership committees that are making key decisions. And if we want our field to be more diverse, then we probably should have a more diverse leadership structure. Yeah.

29:51-32:54

Dr. Thomas LaVeist

So the consumers of the work that we do in front of the job are disproportionately black and brown people.

But the producers of that information, of that now, there's disproportionately not black and ground people. How do we fix that?

Dr. Melody Goodman

I think that we have to change the pathways into our field.

So we often talk about the leaky pipeline, that there's not going to be enough graduates at each level. And I actually, not that I don't believe the pipeline is leaky, but I actually think that the pathways are different, that it's really easy for certain types of people to get into certain fields, and it's really challenging for other types of people to get into these fields. And you think about our public education system in New York City, I had a really good public school education growing up here. I don't think that's the case always in every school now, right? I think it's really different in terms of what the level of learning is, especially around math and science and those things.

And so Public health is not a field that many people are introduced at the undergrad level. I think we're doing a better job of that now there's many more undergrad public health programs. But if it's a field that most people don't find out about until later, then we need to think about what are the pathways of entry into our field.

And one of them, I think, is our current workforce. We've been a large workforce who hasn't been formally trained in public health. We often hire people that we think are represented these populations and put them out in the front line, but we don't train them. We don't give them sort of the upskilling they need to be successful in these careers. And so I do think we need to rethink about who we're training and how we're training, because especially when it comes to research, I talked about having passion for the things you work on.

I'm not going to be upset at other people for not being passionate about things that affect my community, right? But I need more people from my community in this space to be working on these types of questions.

And so I do think we have to be more intentional about how we are bringing students into the field and how we're introducing them to the work that we do because when I introduce students in public health, I find that it is so all-encompassing for many students that whatever they like is usually a part of public health in some way and just explaining that to them and how what they do and what they're interested in is connected to public health.

I don't think we do a good enough job of telling that story. And then I don't think we do a good enough job of explaining like why you need biostatisticians and like why we need this technical training to do the type of work that we do and why that is important.

And then I also don't think we create environments to learning this stuff that are welcoming. We wrote another piece that I didn't share with you just about trying to spark students' interest in data science, particularly minority students, and how we created this environment through the pandemic, where we just created an environment where it was cool for minority students to learn statistics. And you'd have to be intentional about creating spaces and opportunities like that for people. It's not going to just happen.

32:56-36:49

Dr. Thomas LaVeist

So another space like that you created is the CARES fellow program. Yeah, explain to the audience, what is the CARES fellow program, you know, what is it do? How did you come to be doing that? How did you get the idea that you knew this program?

Dr. Melody Goodman

So I think unlike most statisticians, early in my career, became clear to me that I was going to have to do community engaged. It became clear to me that I was going to need to work with community members to really figure out how to ask the right questions, how to get the information that I needed. And in doing some of this initial work, we worked with a community organization called the Latino Health Initiative of Suffolk County, and they said that they had partnered with a researcher before from the institution that I was at, and they had had a really bad experience. And part of that poor experience for them was every time they made a suggestion, the investigators would say, that's not research, or that's not how research was done. And so they felt like they were at a disadvantage of not really understanding sort of how research works and what types of questions you could ask with the research.

And how did they partner with someone who had a disadvantage over them, now we're going to just shoot down their ideas. And So we came really obvious to me in that moment, like, we can teach you. We teach NPA students that stuff all the time so we can teach you the basics, right? So the goal isn't to make them researchers.

The goal is to sort of increase their research literacy to help them understand some of the key words, the vocabulary, what things mean, why we do things a certain way, but also to help them figure out points of disruption where they can really give their input to say like, hey, scientists, this is where I actually know more than you because I live in this community or I've lived with diabetes or whatever the case may be, and this is where I have more experience from you.

And we've just found that educating our community partners, one, is a great way to build partnerships. It's a great way for academic institutions to build partnerships with the communities because we're offering something first before we're taking something from them, which is not

our typical protocol. Two, it's something we do. We are designed to educate and train people, so it's not a break from our mission, and it doesn't really require much additional resources from what we sort of already have at hand.

And it goes a long way to building, to building, I think, what are equitable partnerships, when people can sort of say and ask the questions. And I'll also say, I think sometimes we as researchers can be a little biased. I've been in a community advisory board meeting where someone has asked the scientist, like, how are you going to do that? And they get one answer. But another community partner said, what is your study design? And they get a very different answer. And to me, those are the same questions to the community member.

Those are the same questions. But when you speak someone's language, and it's just inherent in who we are, we will just respond differently to that same question. And so giving them that bit of vocabulary, helping them understand some of the key words.

So when these conversations are happening, it's not going completely over their head, but also helping them to figure out how to ask the right questions at the right time, I think really has improved my science.

It's made me a better scientist. It's made me work on questions that people really care about. And I think that's different for a statistician. Sometimes we can work on things that other people may not care about, at least not anytime soon.

36:50-39:50

Dr. Thomas LaVeist

So that part of the, I see what's done while you were still at Stony Brook. So we were still going through your, I'm going to get back to your kind of life and professional progression.

So he moves from Stony Brook directly to NYU, right? to NYU, right? So we took to Washington to NYU. Right. That's where we are.

So let's pick that, let's pick that back up. Are you, so I'm about to move to be to NYU and why that happened and kind of how that all worked out.

But also, I'd like to know if the CARES program continues. Are you still doing programs like that? Did you do that in St. Louis, and all you still join at NYU.

Dr. Melody Goodman

So the program continues. When we got to St. Louis, we were over to Community Advisory Board, and they changed the name. So it's called the Community Research Fellows Training Program. It's run in St. Louis since 2013. So last year, we celebrated the 10th year anniversary, and it still runs there. I've even had a colleague in Mississippi who's adapted into Mississippi, so it's ran in Mississippi since 2014. And then last year in 2023, we ran a cohort here in New York City.

So that program was vibrant and running in multiple cities. And I hope improving science in all those places. I think for me, I'd worked at a medical school in Long Island, which was close enough to home, but not probably the ideal job for me. I moved to St. Louis, and I had a job I loved in a city that I did not want to live in.

And so when I was, and then I had some family members who were becoming ill and just wanted to be closer to home. And so the goal was to find a job I liked in a city I liked.

That was really the goal. And I had a couple of options, but ultimately decided to come to NYU. I think my penalty for doing investment banking as my first job is that I've always gone to a place where they were sort of starting up public health. So that was true when I was at Stony Brook. That was true when I was at WashU.

And that was, when I came to NYU, they were sort of moving from an institute into a college and now a school of global public health. And so that was exciting to me, like, oh, they were starting a new college here. I actually applied to be in the epi department because they didn't even have a biostatistics department when I applied. And it was close to home. So it was like this was sort of perfect.

And so, oddly enough, I was the first hiring to the Biostatistics Department here. Like, my awful letter said biostatistics, but they didn't even have it on their website. And that was in 2017. And so the goal was to find a job I liked in a city I liked.

And I think I did a pretty good job of that. This is the longest I've been at a place. So it's working so far.

39:53-41:21

Dr. Thomas LaVeist

So now you're the interim dean at NYU. Do you see a future career in academic administration or are you looking to get back to your research and being a professor?

Dr. Melody Goodman

I'm right now trying to balance both.

So I think if I can keep both going, I will say I do think it's important to have diversity in our leadership and to have different people in the room with different perspectives.

And so while I'm not sure if this is my passion, I definitely feel like it's my purpose right now, anyway. And I would encourage other people to really think about where their voice could be heard and used and magnified.

And I had some doubts about the Dean's role. I won't lie to you about that, but I do think to have your voice being able to impact a school, like a whole school. I think it's important. And I think as a field, we're going to benefit more from the diverse perspectives of all these schools.

And I also think, for me, it's been nice to see a few biostatisticians and land in Dean's roles as well, encouraging to see some introverted extroverts in leadership roles.

41:22-45:50

Dr. Thomas LaVeist

Yeah, well, I think file statistics have always been in Dean's roles. That's not as of all of them doing that, but it's a pleasure to see you in this role. So you've talked about another word that we've used a lot throughout this conversation is the word passion. Which has always been an interesting concept to me in public health because, you know, people don't go into public health because you don't go into public health because you were watching TV shows about public health professionals and you got influence to do that. You didn't go into that because you're a high school, you know, guidance counselors. Say, hey, you want to go to public health, right? It's usually because something happens and you develop a passion for what public health is allowing.

But on the other hand, the way that we teach science is that we say science is supposed to be dispassionate. So how do you balance this concept of passion in public health with the dispassionate aspects of social science?

Dr. Melody Goodman

I don't know that I think it should be impassioned. I think we have to be objective in our science for sure, but I do think it's important to work on topics that you care about.

Like, who wants to get to the end and find a result and realize you don't even chant? Like, it wasn't even something you wanted to know, right? You want to work on things where the answer,

or sometimes even the lack of an answer is important and meaningful to you. And I think for me, I wanted to work on things that could help communities like the one I grew up in.

So I saw that I was able to get out and I felt like it was my responsibility. I don't know if that's the right word. It's to try to improve the lives of others in that situation because I know everyone can't get out.

And that's the thing I'm passionate about. And so it's not like it's driving me to, you know, answer a specific question. I think maybe my passion is more broad than that.

So it's not like fueling some scientific mission. But it's how do we help, how do we change how we design our cities and communities so that everyone has a chance to be healthy?

Because to be quite honest, I think I'm smart, but I think there's a lot more genius in the neighborhood I grew up in that's untapped. And we're all losing because of that, not just those people. Like, we're all losing as a society when we don't tap into the genius that we have here. We think it only comes on middle-class suburbs that I think we're mistaken.

Dr. Thomas LaVeist

So the themes that have come out a lot in conversation that is kind of really what you're all about is, you know, passion, community engagement. And another study you did that I recently got

about is to create a tool called the research engagement survey tool, which is all about how engaged all the community, or your community partners in the research you're doing. Talk a little bit about that. And kind of how you can't, why did you even develop this tool? How do you see it being used? And what do you share the benefits of using a tool like this?

Dr. Melody Goodman

I think there is a lot of evidence to show that community engagement impacts the quality of science and the process of scientific discovery.

But a lot of that has been anecdotal and or qualitative, which is great because I think it gave us great foundations, but it's hard to scale up for these sort of large-scale NIH-type studies.

And we developed this tool really because I was part of a funded cancer disparity center. We were doing lots of different types of engagement in studies with partners, with libraries, with different types of partners. And we were trying to evaluate the engagement of our center in the work that we were doing. And originally, we thought we would just go find a tool and stick it on an annual survey and be done with it.

But when we started to look for different things and we talked with our community partners, nothing that existed really sort of fit what we were trying to do.

And in the way a good math nerd does, I thought that that was a great problem to work on. So let's create our own measure and we were lucky enough to be funded.

45:52-46:52

Dr. Thomas LaVeist

So tell us about the two. What does the tool measure? How does it work? How do we use it?

Dr. Melody Goodman

So the tool measures how engaged partners feel they are in the research partnership. So this is not about participants, but this is about people that are actually working on the study. So if you have a community engaged in study and you're working with community partners, how engaged do they feel they are in that research study and in that research projects?

From their perspective, well, we ask everyone in the research team to take it to, even the sort of PIs and the research leaders, because what we often want people to see is this is what you think you're doing in terms of engagement, but this is what your community partners, how engaged they feel they are in this process. And for us, it was important for us to have some empirical data because we want to be able to show that different levels of engagement impact our science in an empirical way.

46:53-51:16

Dr. Thomas LaVeist

Well, and how do you use it?

Dr. Melody Goodman

So we've been using it with different research teams and we've been encouraging other research teams to use it.

But you sort of use it when you're working in a research partnership. We encourage them to use it longitudinally. So like an initial assessment of when your partnership started, we you sort of are.

And then really, it's a conversation tool. It's like this is where we are. Where do we want to be? How do we want to get there? And then you're sort of measuring throughout your process. You can measure according to different engagement principles. You can use our brief tool, but to measure different time incentives and check-ins to see how you're doing. And then at the final point, we think people should measure engagement to really look at how it impact their scientific process. Did it change the research questions in any way?

Did it change how you were going to, your study design, like really working through how that level of engagement really impacted the study itself? Because that's what we want to be able to see. We want to be able to see does engagement really impact the science and things that are happening.

Dr. Thomas LaVeist

Very interesting. What kind of feedback have you received since publishing this?

Dr. Melody Goodman

It's the first thing that I was working on that I felt people cared about even before it was published. So many times as a biostatistician, no one cares on the things you're working on unless they actually need to use whatever method you're working on.

This was the first thing that I was working on that people were using previous iteration. People were using it as we were developing it and it's been the most sort of requested thing that I think I've developed.

So it's exciting for me to have worked on something that people are using, they're adapting, they're criticizing, whatever they're doing with it. But it's exciting for me to have worked on a tool where I feel like my colleagues find value in it and they're using it for their research.

I don't think a lot about statisticians get that, at least not at the point in the career where I got learning.

Dr. Thomas LaVeist

Well, I appreciated learning about it. I was not aware of it and I certainly, my plans to find ways as well. So I know it's my experience is certainly consistent with publishing and what others seem to be having when able to see this. So our project here at Tulane University, Partners for Advancing Health Equity, it's a national collaborative that brings together a different sectors such as academia, philanthropy, private sector, government and community organizations to advance health equity.

That being said, how do you feel about other sectors can contribute to advancing health equity outside of academia?

And with your experience, I'm particularly interested in your thoughts on the private sector and, of course, civil society, and community.

Dr. Melody Goodman

I think it's important that we all work on these problems together, and I don't think the answers are going to be found in an academic silo. So I really think that it's up to us as academic, because people often don't come to us. It's often up to us to open ourselves up to collaborating more.

I think business, I think libraries, like I think all of this sort of key partners have to contribute. And so I love what you guys are doing in terms of engaging diverse partnerships and different sort of stakeholders.

And I think that that's going to be the way of science moving forward, particularly in public health. There's going to be very few things that academia can do alone.

If we really want to move the needle and improve health in communities, it's going to require us engaging with people who do design of cities and parks and transportation systems and housing, right? All of these things impact health. And I think it's important for us to start these conversations early and to really be true partners. And I think one of the ways we do that is to show that we're here for the long run, that we care about these issues, that we're not going to just do the academic thing, which is like write the paper, get the grants and move on, but that we're here we're committed to long-term, sustainable work in these partnerships. Because I really feel like that's the only way we're going to make the kind of, like everyone has to agree on some set of things to change in order for us to make it work. And one sector doing something is not going to move the needle enough.

51:17-53:45

Dr. Thomas LaVeist

Right. And so what advice would you give to maybe a young, young Melody Goodman, who was just starting out. What advice would you give to someone, maybe some lesson that you've learned along the way or something maybe you wish you had known 20 years ago or what can you, what can you add that would help the young person to and the steepness of their learning curve.

Dr. Melody Goodman

I wish I would have learned sooner that if you complain, you probably should bring a solution. And it's fine to do things differently, but you should understand how systems work and operate so that you can figure out how to build your success within those systems and structures.

You're probably not going to have a great career if you spend your time battling structures unless you're in a position to do that kind of work, right? But I think oftentimes junior folks spend a lot of time complaining about the system.

And I'm not saying their complaints are not valid, but I think if they understood it and figured out how to work within it. They'd probably have more success and they probably would even challenge a system in ways that they wanted to, but in a different way. So I think my successes came, particularly in terms of challenging things I didn't like, came from me operating within the system and showing others why that wasn't a viable way versus me just yelling at the top of my life saying, I don't think this is a good idea. right? And so it took me a long time and so It took me a long time to really understand how the university works, you know, what the jobs are, what the functions are, what people's priorities are. But I think when you can align your work with the priorities, the whatever, and then you figure out where the parts of the system are that need to be revised, better opportunity if you're inside that system to make that change versus if you're outside of that system to make that change.

Dr. Thomas LaVeist

Dr. Melody Goodman, thank you so much for this conversation. It's always great when I get a chance to talk to you. And of course, thanks to our listeners. We hope you found this engaging and we look forward to having you tune in for our next episode.

And if you have any thoughts to add to the conversation, be sure to comment on our podcast episode page at [speaker .com](https://speaker.com) or on the skin you're in social media channels. Thank you for listening.

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