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>> DEAN GALEA: Welcome to "Ripples of Hope" in the Mississippi Delta; Charting the Health Equity Policy Agenda.

Before we go on with the main event, it's my privilege to welcome David's mother, Debra Bingham. She is the Executive Officer for the Perinatal Quality Improvement, Perinatal Consultant, and a retired Associate Professor of Healthcare Quality and Safety from the University of Maryland, School of Nursing.

>> DEBRA BINGHAM: Thank you.

David spent four years interviewing residents and local leaders in the Mississippi Delta to learn firsthand, the intricate connections between race, place and health in the region.

And based on his research, he wrote the book, "Ripples of Hope" in the Mississippi Delta, charting the health equity policy agenda.

I'm proud to be David's mother.

Next slide.

And to have had the privilege of working with co-editors, along with two co-editors, along with David, who are two of

David's colleagues. And that's Dr. Nicole Huberfeld and Dr. Sarah Gordon. Together we finalized David's book that was under peer review at the time of his death.

And I'm so grateful to Nicole and Sarah for their support and scholarship. As well as to Dean Galea for his kindness and support. Not only when David was alive, but when, also since he passed away.

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David wrote his book because, and I quote "Others have written about the effects of social structures on health. But I do not know of any work that brings together statistics and stories to comprehensively examine how these factors intersect and interact in a single place."

David was emphatic that blaming individuals for poor health choices isn't the remedy.

And his book describes how community-led, goal-oriented approach to creating health equity policies is needed, and that everyone benefits. Everyone benefits when we ensure that all people can pursue a healthy and fulfilling life.

Next slide.

David's untimely and preventable death due to disinvestment in infrastructure, tragically underscores a central message of his book and his life's work.

Individuals should not be blamed

for the conditions that lead to poor health or preventable deaths.

Indeed, even if individuals make optimal choices for health, tragic consequences can occur when social structures and institutions do not provide safe, healthy environments.

David cared deeply for others and believed that how much we care for each other is reflected in how safe and nurturing every community is.

My desire is that David's death will foster renewed commitment to create safe and healthy environments for all people.

David was a hopeful and a practical person. In his book he highlights 14 individuals, structures and/or organizations that are "Ripples of Hope" in the Mississippi Delta.

He reminds us that small steps, ripples of hope, can save lives and improve health.

May each of us create our own ripples of hope.

I will turn it back to Dr. Galea.

>> DEAN GALEA: Thank you, Dr. Bingham, and thank you Dr. Huberfeld and Gordon, who edited the book and made sure that David's vision came to life.

I'm now going to turn the event over to Professor Tim Callaghan, who is a Professor in our Department of Health,

Policy and Management, which was David's department who is going to facilitate today's conversation. Professor Callaghan, welcome.

Thank you.

>> TIMOTHY CALLAGHAN: Thank you, Dean Galea. I'm truly honored to be here today for this public health conversation. David was one of my mentors and a key reason I joined the field of public health.

I appreciate this opportunity to honor David's memory. And to moderate this discussion of his book on health equity in the Mississippi Delta.

I now have the privilege of introducing today's speakers.

First we will hear from Bizu Gelaye, Senior Investigator and Chief of the Epidemiology Branch in the Division of in the Division of Population Health Research at the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Before joining NICHD, Dr. Gelaye was a faculty member in the departments of epidemiology and psychiatry at the Harvard T.H. Chan School of Public Health, Harvard Medical School, and Massachusetts General Hospital. At Harvard, he was the founding director of the Mississippi Delta Partnership in Public Health at the Harvard T. H. Chan School of Public Health. The program seeks to advance health and well-being in the Mississippi Delta through community engagement, collaborative research, and leadership development.

Then, we will turn to John Green. Dr. Green serves as Director of the multistate Southern Rural Development Center and Professor in the Mississippi State University Department of Agricultural Economics. His interests include: regional approaches to development, especially in the Southern Region and sub-regions; connections between development and health; and use of data on population change

in conjunction with community engagement strategies to inform policy and Extension efforts.

Third, we will hear from Jamila Michener. Dr. Michener is an associate professor of Government and Public Policy at Cornell University. In January 2024, she began a new role as the inaugural director of Cornell's new Center for Racial Justice and Equitable Futures. She studies poverty, racism, and public policy, with a particular focus on health and housing and is author of the award-winning book, *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*. She is Associate Dean for Public Engagement at the Brooks School of Public Policy, co-director of the Cornell Center for Health Equity, co-director of the Politics of Race, Immigration, Class and Ethnicity research initiative, and board chair of the Cornell Prison Education Program.

Then we will turn to Philip Rocco. Dr. Rocco is an Associate Professor of Political Science at Marquette University and coeditor of *Publius: The Journal of Federalism*. His research focuses on federalism, public policy, and the political economy of policy knowledge. Rocco is the coauthor of *Obamacare Wars: Federalism, State Politics, and the Affordable Care Act* and coeditor of *American Political Development and the Trump Presidency*. His forthcoming book, *Counting Like a State*, will be published by the University Press of Kansas in early 2025.

Finally, we will hear from Lynn C. Woo. Dr. Woo is the Director of the Minor in Society and Health and associate director for the Center for Population Studies at The University of Mississippi.

As a reminder for our audience, following individual presentations, we will turn to a moderated group discussion. When we have about twenty minutes left in the program, I will turn to audience questions. Please submit questions using Zoom's Q&A function, located in the bottom middle of your screen.

Dr. Gelaye, I will now turn things over to you.

>> BIZU GELAYE: Thank you, Dr. Callaghan. I will share my screen.

All right, good afternoon, everyone. Thank you.

It's an honor and privilege to be here, there's no other place I would be here at this time than honoring the legacy of David and his amazing work that he has done.

We deeply miss him.

In thinking about health equity policy agenda in the book, I thought I would pick one topic that clearly exemplifies so many powerful structural and financial element of health. In the one book that exemplified is maternal health disparities where I had the honor and pleasure to collaborate and work with many people in Mississippi.

I will try to answer the question, how can we better advance health equity in local communities and beyond through data engagement, focused on maternal health disparities.

To set the stage I thought I would just share brief statistics. This is of no surprise to the audience that the U.S. maternal mortality rate is the highest compared to other industrialized countries.

The U.S. ranks first in many outcomes and particularly, the maternal mortalities are disproportionately affecting minoritized population.

As this graph clearly shows between 2018-2021, the rates of maternal mortality have largely increased. But as often is the case with many of the health outcomes and this was something that was clearly discussed in the book, non-Hispanic Blacks carried disproportionately the burden of maternal mortality.

There's also a geographical divide. Mississippi ranks first in maternal mortality with Black mothers dying at the highest rate.

A report indicates that Black maternal mortality in Mississippi is four times higher than White peers.

This is a statistic that is also shared with other health outcomes but particularly more prominent in maternal mortality.

Often in this space I sometimes hear the numbers of maternal deaths are not as high as other maternal health outcomes. But the reality is maternal death is the tip of the iceberg. Because maternal morbidity exists in a continuum.

There are severe maternal morbidity which are often times much significantly higher in Black mothers compared to others. And this is true in Mississippi, in many of the southern states but also around the country, but particularly the highest in Mississippi.

Let me share one other statistics and outcome that was discussed in the book. Which is pre-term births. In public health we care about pre-term births because it's a risk factor for maternal mortality. But also short-term neonatal outcomes as well as long-term physical and mental health outcomes.

Over the past decade besides fluctuations the rates of pre-term births largely remained the same or increased a little bit.

In this graph discussed in David's book something the March of Dimes gives each state a grade. One can see Mississippi has a grade of F, which is states that have more than 11.5% or higher.

So if you look at the states in the south the rates are quite high, largely driven by African Americans.

To bring this point home, let's look at Massachusetts and Mississippi side-by-side.

We can see the overall rate in Massachusetts is about 8.9. But the disparity of pre-term rate among Black woman is 27% higher than the rate among other ethnicities.

This is much more pronounced in Mississippi.

If we go to the core delta, where the focus of David's book, is, courtesy of my friends on this panel John Green and Lynn Woo this data came from population center on this. When you look at the core Delta states which are the parts we can see here in the graph, they have the highest rates of course of 18.16 of pre-term births. The same is true for other outcomes, including low birth weight as you can see from the rates displayed here.

It's not all doom and gloom. David talks about ripples of hope. I wanted to share ripples of hope that I had the good fortune to get to know in the many is the Mississippi Delta.

This is Sandy Snell, who helped shape this initiative right from the start. Through her work, Ms. Snell is addressing is

addressing maternal health equity by working at these community health centers in two of the places mentioned in the book. One Aaron E. Henry Community Health Center in Clarksdale, and the other is Mount Bayou at Delta Health Center.

By leveraging strategic partnerships, she is expanding care coordination systems and other health conditions that affect pregnant women, particularly those affected by pre-term births.

I had the pleasure of working with Sandy Snell to engage doulas and community health workers funding by W.K. Kellogg Foundation.

Another ripple of hope that I would like to mention is this is new work that is led by Jackson State University. I had the pleasure of contributing to this work as well as Dr. Green on the panel.

Mississippi Delta Center and Mississippi Department of Public Health.

Raising many social determinants of health mentioned in the book.

Social support and connecting them with services that are much needed during the time period.

And what I love about the book, it's less about the negative statistics in Mississippi. It is more about the action present in the most public healthy way. Speaking of ripples of hope, I thought I would end my remarks by talking about two icons in Mississippi.

The first one is Fannie Lou Hamer. And the second one is Medgar Evers.

They clearly exemplify what Fannie Lou Hamer fought for.

She was someone who fought for political, social and economic equality for all African Americans.

In 1969 she helped start the freedom farms incorporated which led to African Americans until they had enough money to buy it. Those are the same types of solutions David advocated in his book.

By the same token, Medgar Evers was one of the most passionate agents for change, he fought against equality and brutality. He launched an investigation against Emmett Till's lynching.

He came back from World War II, trying to cast a ballot but unfortunately was turned down. But that didn't stop him from fighting for equality and making enormous strides in addressing many of the issues that David talks about.

As I think about ripples of hope, I thought I would mention those individuals and I look forward to conversations. Thank you.

>> TIMOTHY CALLAGHAN: Thank you, Dr. Gelaye. I will now turn it over to Dr. Green.

>> JOHN GREEN: Thank you so much. I also will be sharing my screen.

Thank you so much, I appreciate being invited to this panel. I think it's fitting to be speaking after Bizu. He teed this up very well for the comments I wanted to share today.

I will be focusing on some of the community aspects of the work that's featured in Ripples of Hope and put it in a little bit broader context.

The first thing I will note, the really important that David spent time in the Mississippi Delta, as can be clearly seen in the book, the richness of the data that he was able to collect, to go along with the important literature, the extent which literature and statistics about health and other issues affecting the Delta. But he spent time talking with people. Spent time in these communities.

In fact, I first was able to meet David when he came to what we call the Delta Regional Forum in Clarksdale, Mississippi. The forum was an initiative three of us on our panel, focused on University engaged research and the value of bringing together people from a wide array of institutions and communities and philanthropic organizations and agencies to work together.

So I think this book represents that. Really shows us the value of that kind of engagement.

Secondly, I want to emphasize that David's work helps point to the importance of the Delta region of the Mississippi as a place to learn. A place to learn from. And people in this place to learn from.

And although he focused his work in particular on the what we call the Delta Region of Mississippi, he also helps us to think about this as a much broader multi-state region. I want to underscore that point. I think it is so critical for us to think about the Mississippi Delta region as an important place, as a whole.

The chapters within the book address topical issues that are important to health. The types of health concerns that he brings to bear and those examples around maternal and child health that Bizu just mentioned that fits so well with this discussion.

And he also gives attention to what people and organizations are doing. And that is innovative problem solving.

In this case, the Delta is a particularly special place, as was mentioned with the community health centers, as a great example.

The work that has taken place in the Delta region being critical not just for people in communities of the Delta but the nation as a whole.

But this type of innovative problem solving and actually doing clearly comes out in the book.

I would argue if we are answering David's call that he makes in the book for more context-oriented approaches to health, would require that we take the processes of community development seriously.

In other words, really emphasizing that these things didn't just happen on their own. They took initiative.

So as a field of scholarship and practice, I think we can say that community development is inherently hopeful. That the intentionality is really the key for how we think about the difference between development, just more general change that happens to people or feels as if it is just happening. So the examples that David gives us show this. And there are hundreds, literally hundreds of other examples to draw from in the Delta Region. There are so many efforts of intentionality that we can learn from.

Community development is often discussed in terms of outcomes to be achieved. But if we think about the processes and strategies of community development work, I think there's so much to be gained. We can think about working across traditional boundaries, toward common goals. And this effort, in and of itself helps improve the sense of community and results in even greater momentum, or to put it back in David's words, the rippling effect. We can focus on organizations, communities, thinking about collaboration between rural and urban locations and across sectors. Whether it's government, businesses, nonprofits and even the informal sector. But there's a great deal for us to learn.

Finally, I think by attending to the processes of community development for addressing health in the ways that are illustrated within the book, that we can think about the potential of this ripple effect. And I think it's interesting, given the title of David's book, that within community development work, there's a whole methodology for how we think about this, in terms of evaluation. That's called Ripple Effect Mapping. I think there's a conversation of our various fields and disciplines to advance this work.

If we take community development seriously, then we can think about some broader approaches to thinking about policy and the necessary investments to improve health.

So I've had those listed here. First of all, how can we scale up successful community development efforts. As we said, there's so many examples. Thankfully the idea of community health centers as one of those. It has been scaled up to a level of impact across this country. And internationally. Than what was assumed what would happen at the onset of those grassroots



efforts.

Also how to generate more efforts to processes of community development. What are smart processes we can make to really help this type of innovation to blossom?

And for example, investments in social entrepreneurship.

And then finally, to give attention to how to facilitate and build capacity.

For the kinds of collaboration that I mentioned.

So I think if we learn from those Ripples of Hope that are displayed in the book. And use that as an entree for so many additional efforts that we can study, and learn from, that we can really inform community-based solutions. That will be responsive to health and help drive policy. Thank you very much.

>> TIMOTHY CALLAGHAN: Thank you, Dr. Green. A really important presentation. Let's pass it off to Dr. Jamila Michener.

>> JAMILA MICHENER: All right. I will depart from the two previous speakers. I won't use slides. I am always on the fence about slides. The upset is there is something people have to look at besides your face.

But the down side, at least for me, they can sometimes be distracting.

So I thought, especially given my own familiarity with the book and the author of the book with David Jones, and with so many topics tackled in the book, that the best approach would really be to take a few minutes to speak to you.

Certainly from my head, as a researcher and scholar, but also my heart. I thought it would be useful to do that if I didn't use slides.

I gather many of you are here today for a wide range of different reasons.

But at base, I would presume that a lot of people who are in this Zoom room care about learning. You come to something like this because are interested in learning more. And in particular, you are interested in learning more about the types of topics that are addressed in this book, in "Ripples of Hope". Maybe some of you are in the room who are also teachers, you are faculty members, or you teach in other capacities in your day-to-day life, as you do work in communities. As you interact with people. And interact around the world like the subject matter of Ripples of Hope. One of the things that really stands out to me about David Jones is both that, he had, I think, an incredible ability to learn and to teach.

I want to focus on that in the next few minutes. As I make these comments about "Ripples of Hope". Both through the book and through my observations of David Jones in life, the things that I believe and have seen him learn. I think it's really

important for us to learn from others as they are learning, from their growth and development trajectories.

And for us to benefit and learn from that. I also want to emphasize through things talked directly through the book.

Really thinking about both learning and teaching.

On the learning front, I will say that when I first met David, it was at the University of Michigan. I was doing a postdoctoral fellowship there with the Robert Wood Johnson Foundation and David was still a graduate student.

I brought David onto work with me on a project in part because he had a reputation for being a policy-wonk expert. If there is something you want to know about the Affordable Care Act, or a similarly wonkish policy topic, David was a good person to start with.

One thing that strikes me about "Ripples of Hope". It's clear from reading that book its author traveled intellectually.

So when I first met David, he was not someone who I thought of as doing work that was deeply integrated in specific places in root causes of health inequalities, right? But that's one of the orientations in "Ripples of Hope". It's hopeful for me to see where David started is not where he stayed. That the book itself represents a trajectory of growth and learning. This is a complex difficult only every day more challenging world.

Without an orientation towards learning and growing in our way of thinking and understanding that world, I think, we will be far worse off.

So to see, you know, there's lots of policy in the book. It's not that David stopped being a policy wonk. Or stopped caring about the details or nuances of politics and policy. But that something else got integrated into that. Additional perspectives and additional learnings. One of them is about the importance of place.

And about developing a place-based understanding of what explains some of the health disparities that are part and parcel of our country and in particular part and parcel of our life in certain places and especially acute ways, places like the Mississippi Delta Region.

The other thing that is really clear that David learned is about the importance of social and structural determinants.

So when I first met David, he was very much a kind of healthcare, health system kind of person.

And I can't remember actually having many conversations in those days about education or jobs or neighborhoods or food. The conversations were mostly about access to health insurance and healthcare systems.

And of course access to health insurance and healthcare systems is so important. But one of the things we learn from the

book is there is a much wider and deeper web of factors that are structuring people's access to health.

So to sigh that emphasis, that capacious scope in the book and to know that represented growth for David in his thinking and in his development as a scholar, is again, really inspiring to see that.

To see that reflected in the learnings embedded in the book.

The other thing I'm really struck by is the ways that David clearly learned the importance of a deeply-humane perspective. And I think that anybody who starts to engage communities and we present within them and really listen to the people who are undergoing the experiences, that we care to understand more deeply, can come to have a more, I think, fundamentally humane perspective. But not everybody does, right? I think everyone can, I think many of us have the opportunity to in the right circumstances. But not everybody does.

When I say a humane perspective, what I really want to emphasize is the way that David brings humanity to "Ripples of Hope" is first of all by centering it on people in their communities, their perspectives. And second of all, not only focusing on the deficits in those communities or those individuals, but being attentive to their strengths and assets. And not in a hand-waving kind of way, right? But in a real substantive way that not only emphasizes hope, but emphasizes agency, possibility and the ability of the people who are being affected, most acutely and harmed by so many of the systems we do often as social scientists a really good job of cataloging. But to really go beyond cataloging and not just think about the problems but to start to grapple with the possibilities and the solutions requires a level of humanity that we bring to understanding the people, and the subjects that we study.

And that's clearly something that David learned along the way. And what I admire about that is that it's not something that one can take for granted. It's not something that everyone learns. I don't think it's, in fact, the norm. Even in public health fields. And certainly not in Political Science and other disciplines.

I will wrap up in just a few minutes here.

I want to point out just one or two things in addition to the things David shared with us that he learned. I think there are some critical things he teaches us in the book. Many of us have already been raised by the panelists today and I'm sure will be raise by the folks to follow.

I want to point out a few that I think are especially critical. And I want for you to for sure take with you, and hopefully take into the world in really important ways.

One that I think is so important is to get beyond the inclination to think about health as a function of individual choices, right?

And in fact, the book says it's a false dichotomy to see health as individual choices or different factors.

But instead, that both of these things are at play. And David points out that people are more likely to be healthy if they eat well. If they maintain an active lifestyle and they have access to high-quality healthcare.

But those aren't just choices, right? It's harder to make the choice to eat well or to be active or to see a physician when you need to if you don't have access to economic, social and other kinds of supports.

So that emphasis and insistence on not blaming people for the failings of our structures is a really important lesson.

The other thing that comes out in the book, I think is really important. And I actually pulled this line out because when I read the book, it stood out to me as vital. There's this one line in the book that says "The problem is racism, not race". And again, this is taking what can be understood to be a demographic trait, and instead highlighting as a process. A process over which we have some agency. A process that isn't just inevitable, that certain types of people will always be at the bottom. But is based on a series of political choices that can be changed, right? And that way of understanding and thinking about racism and thinking about injustice is really important. And David is able to illuminate that in "Ripples of Hope" in ways that aren't alienating or accusatory or negative, unduly, at least. But in ways that feel productive and generative and important.

And the last thing I will say that I think is really vital is I think this book teaches us to hold two things that can be conflicting at the same time.

One is a real cognizance of and acknowledgment of the deep and abiding problems with our systems and structures. Which produce and reproduce in very consistent and painful ways, inequities, of the kind we see in the Mississippi Delta, and well beyond that.

That is a reality that we have to hold. This book doesn't allow us to run from it. But at the same time, "Ripples of Hope" allows us to hold alongside that harsh reality a sense of hope and optimism about what people can do. And how they might be able to do it. Right?

And there's actually a line in the book that says "Optimism is empty unless we name injustices that need fixing and are specific about their root causes."

So this holding of optimism, but also having a high bar for

the substance of that optimism. Not accepting an empty optimism, but demanding an optimism that comes with hope because it has acknowledged the injustices that need to be corrected.

That's a fine needle to thread and this book thread it's beautiful and allows you to learn a lot about the world that is hard and the Delta but still not walk away feeling defeated.

And I will end my comments there. Thank you.

>> TIMOTHY CALLAGHAN: Thank you, Dr. Michener. I will now pass it off to Dr. Rocco.

>> PHILIP ROCCO: Thank you. It's a real honor to be here to talk about the incredible work of David Jones . I want to talk about this book as a book, as a piece of literature. Because I think it's really beautiful. I also want to talk about it as an innovation in social science. And to talk about this I want to tell a story.

When I first talked to Dave about this project, the project that would become "Ripples of Hope", I had a sense it was going to be something extraordinary, something special, something we would be having lots of conversations about in the future.

I think David and I were in the lobby of some frigid hotel waiting for a panel at a conference to start. I just said something like, what have you been up to recently? What have you been working on? And his eyes just lit up in a way I remember they often would. When talking about conversations with local leaders, with ordinary people. And how those conversations and sort of being in the Delta crystallized his idea of social determinants of health.

In talking to David, I remember something the sociologist Faber said, the changes come not when we expect them and not when we are bruting and searching for them at our desk.

I think when you read this book, you will see it provides a huge proof of that statement. That real ideas emerge when we are enmeshed, when we are passionately involved in the worlds we are studying it. Not removed from it. It makes political or social science vital. Can see it on every page of the book. The former President Jane Mansbridge, I think her presidential address for MABSA (?) if Political Science is for anything, it should be for helping us govern ourselves. That's because it's the one academic discipline that is explicitly organized to study how we make collective decisions on matters great importance. Including, but not limited to, improving the material conditions that affect health outcomes.

So, as I see it, I think this book provides a huge set of lessons. For how social scientists might think about their work. And restructuring their work in ways that serve the common good.

These comments are sort of for academics in the room. To think about what is it we are doing? Dave's book has a lot of

important things to teach us about that.

The first thing is, I think this book realizes the power of something that might seem very simple. But it's very important. Which is combining the synthesis of research with the analysis of new data.

One of the great suppositions that David makes in this book, is there is actually already a great deal of knowledge out there about how social, economic and political conditions shape health inequality.

But rather than using this sort of body of prior knowledge as a statistician light to inform us of a set of prior probabilities David uses this to contextualize his work in the Delta.

As a result of that synthesis, it's easier to trace the link between patterns of behavior and health outcomes, as a configuration. Right? That's one of the big values of what David is doing with that ethnographic work in the data. We see health is the result of configuration of variables and not something that could be reduced through the innovation of statistics to sort of individual data points.

I think that's a necessary complement to a literature that rarely takes stock of itself. Really needs to be interpreted in light of particular social and economic conditions.

David brings together this mass amount of research on the root cause of health inequality. Research that has already been done. But leveraging it to help us make sense of the conditions he observes in the Mississippi.

A second move I think David makes in this book, and something I think we can learn a great deal from, is he emphasizes the value of translational policy research.

Throughout the book, again and again, David returns to ask how his research finds from the Delta and synthesis of research cashes out in policy terms.

In other words, one of the most frustrating parts of reading public policy, I call it the last chapter problem. You get several chapters of magisterial problems, policy problems and the last set evolves a set of policy decisions that can be rushed and perfunctory. The last chapter when writing a book is the least likely to be rushed. David, as a literary matter, worth highlight, he short circuit that ideally by spelling out explicitly the policy implications of each of his findings in each chapter as you go along.

Not only in sort of vague general terms. As many social scientists often do, sometimes myself included. But with specific reference to policy intervention that's individually and collectively, there's evidence to show have been able to make a dent on the policy problems he identifies in each

chapter.

In other words the "Ripples of Hope" not only come from what he observes but says this isn't in many ways a knowledge problem. We know what we have to do in order to deal with this. We don't have to delegate that out. You should be able to trace what policy makers are able to do about the problem, at least provisionally. The clarity, I think to put a different gloss on what Dr. Michener said before, I think David has a pessimism of the intellect but optimism of the will.

There's a sense that pervades the book that human beings can and do take actions to solve the problems he lays out. Actions might be incremental, might be marginal at first and highly localized but they are evidence of action. That's the only way we are going to solve the problems in a larger sense.

So the "Ripples of Hope", it's not just a literary technique in the book's title. They aren't notional. They are actually there in the book.

I think that's a nice anecdote to frankly, I think a trend in social science, I would call it a fan de sect of social science, I think social scientists present problems and contradictions as things that are essentially insoluble.

I think David rejects that premise full stop. That is what makes the book generative.

I think that also sets up potential for a new kind of dialectical relationship between social scientists and people in the policy community and everyday people who live with health inequalities.

The one in which social scientists do not really regard people in the world they study as subjects of the study or downstream audience of the study but partners in what they are doing can refine, as Proverb 27 reminds us "Iron sharpens iron". One intellectual move and one I keep returning to again and again when I pick up this book, and one I think has reshaped the way I think, more than anything else, is the choice to focus on the region. As a unit of study.

I think it's no secret if you live in the United States that place matters.

The governments of the United States. But place features in health policy literature often as a unit of analysis or container for other variables like poverty, race, environmental hazards.

As a result, I think we are left typically with very little to say about why place matters, if it does at all.

I think that contrasts with the experience I certainly have of living in a place where there are high concentrated indices of disease, lower life expectancy, not just a container for series of other variables.

By studying a place in full by immersing oneself in it, it's easier to see how a conjunction of variables that interact with one another over long swaths of time can impose themselves on local residents.

In this book, David rejects, I think, fully, place is container. But regions of the Delta brings together a configuration of variables that make for drastic health inequalities.

David was careful how defines the region making it possible to focus on the economy as opposed to more off-the-shelf study might do, a unit of convenience, like the county or the state.

As a result, I think both structural factors and the choices of agents with authority can co-produce health inequalities in a way that kind of isolates, that goes beyond isolating things like state capacity or revenue, as a variable, detached from other variables simply could not do.

By doing that, I think what we can see , is that what matters is not just variations in the prices people are charged for services. Or the availability of particular providers. But variations in the quality and depth of democratic institutions, participation and the sort of deep legacies of apartheid.

This is a necessary counter weight to the idea there's sort of one or two variables that, if you tweak, can simply reorient the health of a region, or of a population.

I think it forces us to think about the changes that need to happen. To address health inequalities a lot more holistically than we currently do.

There are any number of examples but I think it forced me to think more about the region-level interventions like the Delta Region authority, as something that might not have an effect on health equality. It forces us to think about what are we doing at the level of the region to deal with these problems and is it enough. We need to think more broadly and synthetically what we might do to support regions or federal programs that could unleash policy feedback effects that would result in measurable improvements in health outcomes.

I think David's book also raises another question, anything significant policy-wise in the Delta will require federal support but also high level of politicalization at the local level. It raises the question, how do you unleash that kind of process of activation? The beauty of the book, David doesn't necessarily provide us with all of the answers but because of the clarity of the pros and approach to the analysis, it powerfully guides us to what I think the right questions are. What we should be asking.

Allows us to think about how we could, by solving even small pieces of the challenge, turn the "Ripples of Hope" we see



in the book, something more like a tide.

That is really the gift I think David has given us in the book. And I think it's a gift that will inspire future generations of scholars, policy makers and activists and anyone who thinks a better world is possible.

Thanks.

>> TIMOTHY CALLAGHAN: Thank you, Dr. Rocco. I will now pass it off to Dr. Woo.

>> LYNN WOO: Good afternoon, everybody. There isn't really much more I can say about David's book, as population studies my job is to focus on and native-born Mississippi Delta. I love when people come down and want to be part of our community.

David very much became part of the Mississippi Delta community. And I know this when talk to other people I know throughout the area. They are like, oh yeah, I remember David. I remember talking to him about this and that, and so on and so forth.

So, as a social scientist, as a community development person, community engagement person, I am very much appreciative of how much David invested of himself in the area.

I think that's felt, that goes both ways. The best research, I feel, has always been somebody who can invest in the area because they will invest in you.

I think David understood that. As an academic, sometimes that's hard because we are so pushed by certain timelines. But David was very good at really pushing that, investing himself in it. And he always made sure to do that.

Something, you know, that I think hasn't been spoken about by other panelists yet, but maybe was very apropos for me, this is the last week of classes for the University until finals week and this is the last day I taught to medical Navy's courses and I was talking about this book and how hopeful this book is.

David did a great job of being very critical about issues. Yet, without disintegrating all hope. And I think it was in his conclusion he addressed this issue of not wanting to sound like a Debbie Downer, not wanting to be a grump about things.

But how to be critical about a lot of sensitive topics and issues in an area, while also still instilling, but this can be changed. There's always a way of integrating this.

I think this book is a great example for students to start off. I signed a lot of different readings this semester. A lot of it was quite depressing but we tried to talk through it.

But I think, he was very purposeful in instilling that ripple of hope. Here are some issues, but these can be overcome. We can overcome a lot of this.

I think for students, I think about our future medical professionals, our future political, you know, people, our

researchers, you know. Sometimes that needs to be, our students need that. I think this book would serve as a great example of how to do that kind of work. How to instill yourself in a community, how to do the research, be critical, but yet, insert a lot of that hope that things can change. That we need to invest. And that we can do this work. And that things will become better. Which includes those small wins, right? It takes a lot of small steps. Things will not happen overnight. And that's the investment portion of it.

On a personal note, and having known David through John and Bizu, with the community, with the Delta Regional Forum, David was a great listener. I think that was wonderful, again, as a social scientist and community development person. Be a great listener is what we all want. He was so invested in Mississippi, and so invested in the Delta and we greatly appreciated that.

In his book, I can't wait until I can share this with other -- our students. There's so many things I can see happening. Again, like I said, most of the readings that we have tends to be very depressing, very sad and kind of harps on a lot of the same issues.

But his writing in this book was such a great way of instilling that little bit of glimmer, but there are ways of changing this.

I think that will be, I don't want to hold on too much longer. But I think I will pass this onto Dr. Callaghan.

>> TIMOTHY CALLAGHAN: Thank you so much, Dr. Woo. And thank you to all of our speakers for their presentations. We will now move on to our moderated discussion with all of our speakers.

As a reminder, we will turn to audience questions when there's 20 minutes in the program. Please be sure to submit your questions using the Q&A function at the bottom of screen. I will ask our panelists to turn their videos back on as we start the moderated discussion.

As we start the moderated discussion, I want to focus on the structural barriers so many of talked about.

"Ripples of Hope" points to structural barriers that make it difficult for those who live in the Delta to live healthy lives.

Knowing David, he cared about helping people and making change happen.

So how can we use this book to push forward meaningful policy change for people living in the Delta. I would love to hear from all of you, but maybe we will start with Dr. Green. How can we make change in the Delta using this book?

>> JOHN GREEN: Thank you for that question. A few points come to mind. First of all, the importance of appreciating the complexity and nuance of place-specific issues.

I think this book raises those. I think David does a great job kind of helping us to understand those and provide some ways for thinking about that.

And then secondly, recognizing that, as was pointed out earlier, that policy beyond health, or health-specific, Health Access is important, right? For all of these different social factors that we know matter for health.

And then also, I think giving attention to what I often refer to a small-P policy, if you will. We think about these big federal-level programs and investments we know are so important.

But there's a lot of other ways that policy is developed and plays out. Including at the local and state level. There are kind of other avenues besides what we just read about and hear about as important policy issues.

A final point I will make is just the need for more rural-focused policy discussions. Know, to understand that places are different. And we need to understand first of all, what is the diversity in rural places. Of experiences, challenges and assets. And really respond to what's unique about rural places.

>> TIMOTHY CALLAGHAN: Wonderful. Thank you. Dr. Gelaye or Dr. Woo, do any of these come to mind for you?

>> LYNN WOO: I think students, our future policy decision makers, engaging with them in this way of combining, you know, using mixed methods of combining health statistics data, along with the more pointed regional interviews and the local environment, and what's happening.

Understanding culturally what the area is and how it is. And then mixing that with that data. And being able to critically analyze that.

I think having, equipping our students, or future leaders and giving them the skillsets to do that analysis and critical thinking skills is super important.

>> BIZU GELAYE: If I may add, David highlighted the core tenet, not only Mississippi but other places, which is often lost in the discussion of individual choice or freedom. While individual choices are important, health outcomes are dependent on sets of relationships and structures and systems that we have in place.

I think, you know, that is true for many of the places . There's an author that says the south is the soul of the nation. And Mississippi is the best example for addressing many of the issues that we know are relevant in the country.

It is true that many of the topics that are raised with health shape meaningful policies for Mississippi. But they could also be relevant to other places, because this could be the best example for understanding many of the structural determinants of health, when he is able to juxtapose Milton and (?)

neighborhood, what we learn in the Mississippi Delta could be relevant for issues in places like Boston.

One could make similar comparisons, even if they are in different geographic locations.

>> TIMOTHY CALLAGHAN: Thank, Dr. Gelaye, I think that's a really important point. I would love to build on that. "Ripples of Hope" is first and foremost about experiences of individuals living in the Mississippi Delta. But we are here today talking to a national audience, a global audience. Maybe I can turn this over to Phil or Jamila. What can we this about this book provides for those across the country, not just living in the Delta?

>> PHILIP ROCCO: I would say the most important feature of the book, is by identifying "Ripples of Hope", by which David means, people who are already on the ground, situated in context of deep health inequality, know what the sort of proximal cause of that is. And they have the potential to build political power. They may not have political power. But that's actually where you would begin to build it.

That's a feature of communities I think who experience deep health inequality across the region. It's that kind of disarticulation of structures of power.

I think what this book begins to do, what if we begin to map where those sites of potential are? And what if we begin to kind of consider what was possible through creating a collective power across those sites?

I think that's where the kind of promise embedded in the book is. Somebody should develop a teacher's guide to "Ripples of Hope", because that is actually something that might not even be there sort of fully dressed within the four walls of the page. But it's there throughout the book.

I would leave that, somebody should, in fact, develop the teacher's guide to this. Because I think it would be useful.

>> JAMILA MICHENER: Yeah, I would jump in and say no good deed goes unfinished, Phil. Whenever a sentence begins "Somebody should..." I would expect to be the somebody. I guess I would reinforce what Phil just said and highlight the fact that, you know, I have observed in teaching a course that I teach on campus here at Cornell on health equity that attracts a fair number of students who are in the public health space, who want to get their MPH, what have you. That they come to the course really thinking about public health and health, separate from politics and power.

Kind of intentionally wanting those two to remain separate. And thinking, I'm interested in the public health piece of this, right? And if anything, in the last several years, I've seen students lamenting public health or health being politicized,

right?

Oh look, this non-political thing and it's being politicized. Some of that is legitimate, because we politicize in unhealthy, and I think, harmful ways public health institutions and actors of the last several years.

But also embedded in there is a misunderstanding of the causes of health inequities and the nature of the processes that determine access to health. And healthcare, but health, more broadly, including all of the social determinants that entails.

That underlying assumption that health, health disparities, public health, those things aren't political. I think that assumption gets put to rest in this book. In a way that is really valuable. But it doesn't do it by showing us all the ways folks in the White House or in congress or in our state legislature are sowing the seeds for health inequities, although they are. But that's not the emphasis. The emphasis instead is what is happening in people's lives, in communities. Connecting that very micro-level experiential set of factors to broader macro and meso-level policies and politics. Helping us to see the integration between those. And helping us to understand that the path to change requires activating, mobilizing, organizing communities around advocacy and other activities that are going to allow them to push back against the kind of political barriers to health.

So I think some of that is out there already. But the way that David brings it together, and the way that it becomes impossible to recognize the kind of political and power elements embedded in the public health sphere is, I think, a really major contribution.

>> TIMOTHY CALLAGHAN: Thank you so much for that. That actually leads into my next point.

David was a scholar who focused on the politics of healthcare, like you, Jamila and Phil. I want to dive into something in the conclusion of the book. Pointing to the fact that voting rights could be a keen mechanism for overcoming the structural barriers to good health.

We are at a new political moment it seems like at this moment. How can we improve political participation in the Delta and how can we use voting rights to change our political moment. Anyone have any thoughts on that or the book more broadly?

>> JOHN GREEN: I'll weigh in there, just to emphasize that given the great examples that David mentions doing work on the ground that I mentioned and others have mentioned. It's more than voting in terms of participating in governance.

So being engaged at the local and state level. Being engaged with nonprofit organizations and associations and so forth. I think really just expanding what we think of as taking

advantage and applying political rights. Voting being one of those. But just thinking more expansively. I think part of that also entails us doing a better job at civic education, about how these things work.

How is school funding determined?

How do we go from local organizing to develop a community health center to actually funding one?

That there's a lot of processes that we need to help people to understand better. And then I think also in that, it makes voting seem much more worthwhile than just who they are voting for. But being engaged with the entire governance process.

>> JAMILA MICHENER: Yeah, I want to quickly say, I think that's so important. It's easy to look at a state like Mississippi, for example. Oh, I mean, does it really matter if you vote there if you are voting in a way that doesn't seem it's the kind of prevailing, you know, or dominant successful party, or what have you?

And in general, it's easy to get, I think, a little bit alienated from politics, given the kind of depth of polarization and given toxicity in our political culture at the moment.

The tension for many people at this moment is actually to turn away from electoral politics. While I don't think that's a temptation we should give into, I think one thing that helps is to widen the aperture beyond elections and think of it as one tool in a toolkit. The other tools are really in community and in places where people may not have the same degrees of alienation from, as they do from formal political processes.

I think that more expansive approach is the way to go.

>> PHILIP ROCCO: I would be remiss if I didn't add labor market institutions into the mix. Mississippi is a state whose economy relies on vast low-wage sector. A sector where union density is among the lowest in the country, and has been historically for quite some time, since or the of advent of the labor movement in the United States.

But where there is actually potential through alt labor and other forms of organizing to create counter prevailing power. Power can exist at the ballot box. But I think it actually requires kind of intervention at the site of work.

As we know, so many health risks emerge. And where the sort of health risks that are induced by low wages, you know, perpetuate.

I think, know, you can't look at health inequality in Mississippi or anywhere else in the United States and not talk about the fact that workers lack important control over the conditions of their labor.

>> TIMOTHY CALLAGHAN: Yeah, thank you for this wonderful discussion.

I have a million more questions I could ask all of you. But I want to make sure we could save some time for audience questions as well.

As audience members if you have additional questions please use that Q&A section at the bottom of the screen. But several questions have come in already. I would like to get started on those.

One question that has come in over the course of our presentations today focuses on this idea of community development. But also the idea that a lot of the change we might like to see requires funding. But community development and things like that don't get the best funding.

So how do we pursue some of these changes David suggests and that "Ripples of Hope" points towards in the light of difficulty of funding things like community development?

>> JAMILA MICHENER: I'll chime in quickly. I think two things. One is, we want to try to expand the opportunities for funding. And some of that means not taking for granted the current funding configurations. But instead, pushing funders, challenging funders. Asking them why they are funding certain things and not funding other things. I think those of us who are academics often have opportunities to engage funders and thinking how we can get resources from those funders.

But one thing I have been trying to do recently, when I have an opportunity to engage, in particular, philanthropic funders, to really push them why they are happy to give me a multi-million dollar grant but aren't funding community organizations. How do you make sense of that? What is the theory of change underlying that.

Trying to shift the realities in the funding landscape. And also for us, as researchers, looking for opportunities to embed community-based organizations into the work we are able to get funded. And not in kind of secondary or derivative ways. But in ways that truly allow us to co-produce research with them and help support them.

I think that's really important. The other thing I would say is being on the lookout for changing funding landscapes and opportunities.

I know for sure there are funders right now who are feeling, you know, we aren't sure how much causative change is going to come at the national level right now, so maybe we will fund some community things we haven't been attune to before. I think the funding landscape is always changing. Being a part of the change and being ready to take advantage of opportunities when they emerge, being nimble is really important.

>> BIZU GELAYE: I think, if I may ask, the two examples I shared are examples of funding that came from local foundations,

as well as from NIH. I mean, that's true funding is challenging for community-engaged work. But there's been funding in? Cases there's a requirement for engaging community partners.

I think there are some creative ways engaging. And there's definitely some change. Not to the extent we expect. Other funding agencies outside the U.S.

Funding Trust they make it a requirement that one engages community partners in doing their work. But we still have a long way to go from the U.S. funding model. But there are particularly locally-based foundations that support those types of activities.

I think it's a matter of persistence and continuing to find creative ways of addressing the issues.

>> JOHN GREEN: Yeah, I would underscore those points that have already been made. And just add to that, in terms of the more moderate to long term. We also need to engage in more kind of applied scholarship to inform policy development about what types of community development initiatives and processes. As I mentioned earlier. You know, result in better outcomes. And how do we translate that into the types of investments we want to see. Whether it's through government. Whether it's through philanthropy.

And you know, do a better case of helping to understand the effects of this work. And then informing how we can fund it better.

>> TIMOTHY CALLAGHAN: Thank you so much. Another question that's come in. I think it's an interesting one in the context of this book. The book is called "Ripples of Hope". The point is to look to places of hope. The question is I would love to know how folks are managing their own sense of hope for addressing entrenched disparities. How are you managing your own sense of hope for addressing inequities that exist in our health landscape?

Tough question. But I think a really interesting one.

>> JAMILA MICHENER: I will say, one thing I have found really vital is to be quite disciplined in what I give my attention to. And how much of it I give my attention. And so, just for example, limiting my social media intake. I'm not the sort of person who will completely cut it all off. I'm teaching students and I am doing research and I need to know what is going on in the world and how it's being talked about and I need to be engaged. But I have a much more limited social media diet. And in general, a limited news diet.

I will read the news rather than watch it. I realize watching it gets me more emotional and emotionally invested in strategies like that, for maintaining one's own emotional balance and well-being whether through distance for certain



things or just through limiting.

And what am I actively giving my attention to? I have been, really, investing more in work that is happening in the communities where I live. And in work that is oriented towards positive change in the world. And seeing some of those wins, even if some of them are local or small, but seeing how they build and grow and strategizing how to grow them further. And really focusing my energy on the good many people are interested in doing in the world and what I can contribute to that good, I think has been very important.

Last thing I will say is just finding the things I know give me joy. And giving myself like the leeway to really lean into them.

Audra Lord talks about rest as a form of resistance. I think we sometimes think if we want to change or resist status quo conditions that we have to be fighting all the time. There is fighting that is necessary, but knowing when to step back from the fight is also important. That's a lesson I've been learning more and more the last several years and I think we will need in the ones to come.

>> TIMOTHY CALLAGHAN: Wonderful. Thanks so much.

I want to take this chance to focus on this book as a teaching tool. Something that has been mentioned once or twice already. But I really want to spend a minute on this for a few minutes. Here at Boston University it's never lost on us David was a much beloved teacher, he loved teaching and students loved taking classes with him. As I read this book, I was struck that this book could serve as a wonderful teaching tool.

There's a lot of students on the Zoom right now and a lot of instructors as well. As you think of the book and context which you read it, how could they about used as a teaching tool. Maybe we can start with Dr. Woo, I know it's something you mentioned already.

>> LYNN WOO: Yeah, I think he did a great analysis of bringing together both the quantitative and qualitative. And teaching that skillset of especially looking at very regional areas. And specific areas. I think a lot of our students, especially those in Mississippi, bringing that together. Highlighting those "Ripples of Hope" for them. Because I think for so long, many of our students in Mississippi are, they are still kind of entrenched in the national narrative of their state. And only by doing what David did, by really doing a deep dive in specific communities, he was able to find these "Ripples of Hope". I think, reminding students that we're not our national narrative. But that we should be looking at areas we can improve. What is working in those areas. And how to highlight that. How to expand that. And to pass that along. And

to always use those skillsets they are learn, hopefully in our classes. Maybe they will stay in the regions. And become one of those ripples.

>> PHILIP ROCCO: I would say, just to add to that, I wanted this book. Some years ago I was teaching this interdisciplinary entry level class on health, health equality with a few other colleagues. Mostly to pre-med students and my section was the political economy section and they hated it.

It's a big leap. No doubt. It's a big, big leap. And I think the great thing about this book is it takes seriously kind of the stock of what students might know up front about sort of health outcomes. And does the connective work.

The thing I can envision using this book for is almost as a model. To say here is the way things look in one region. What do they look like where we are in the city of Milwaukee, for example. Build power around some of these problems. What would that look like if you were going to write that book about this city or think about how to attack some of the problems we face here? I think it provides almost like a template instructors could use to guide their students through an analysis of where they are.

>> BIZU GELAYE: I want to echo what has been said by Lynn and Philip. The book makes it quite clear, it's inappropriate to do place-based research without amplifying of the local voices. What is powerful about the book and David's approach, he was acutely aware of the power dynamics.

making sure the proceeds of the book go to the Mississippi Delta communities.

I think that is such an important approach. I also love how he defined what the goal of health equity is. Which is such an important definition. He says it's when we are unable to predict a person's health or life expectancy based on their demographic characteristics or other attributes.

I think that is such a powerful definition that could be useful for teaching any health policy or public health-related topics.

>> TIMOTHY CALLAGHAN: Wonderful. Thank you so much.

As we wrap up, I want to finish with one final question.

Which is, "Ripples of Hope" is ultimately an optimistic book. The first message of the book, and something carried through is that health equity is possible.

As we wrap up here, it would be helpful to walk away with some lessons you would take. Towards how we can approach that more equitable future. As you think of David's book and the lesson it provides, what should we walk away from how to produce that more equitable health future?

>> JOHN GREEN: I'll just jump in and say, as every one of

the examples he demonstrates, it was people collaborating, working together. Engaging with each other to solve problems. We can think about some of those examples as being very kind of small, or community-specific. But it demonstrates the larger value. And I think that's what it takes.

It's that kind of collaboration across different sets that's going to make the biggest difference.

>> TIMOTHY CALLAGHAN: And I see that Dr. Galea has joined us and we are almost at time. I want to wrap up our discussion. Want to thank you for joining us today. And to our esteemed panelists. It was an honor to moderate this discussion and honor to David's memory.

>> DEAN GALEA: Thank you. And thank you to all the panelists and to Debra for being along with us in this journey. I think the best scholarship and best scholars creates opportunity for further scholarship, further discussions, for asking more questions and for billing on the work anyone does. I think David's work is an example of the best scholarship. I think this public health conversation attests to that. It was a privilege and an honor to be David's colleague and a privilege and honor to honor his work in this way.

I want to thank you all for allowing us to do that. And I want to thank our audience for participating in this. And I want to thank Debra and David's family for allowing us to celebrate David. This afternoon at our school we are hosting a reception in honor of the book. Anyone in the audience who would like to come join us at our school who is local, you are welcome to join us at 5:00 today.

Once again to everybody for giving us the opportunity to reflect on and celebrate this work. Thank you for the work you do. Hope everybody has a good afternoon and a good evening. Take good care.

Goodbye.

[ End 2:29 p.m. ET ]