

Harold “Woody” Neighbors The Skin You’re In Podcast

0:00:00 INTRO

Welcome to the Skin You’re In Podcast, where we create a space to learn about health 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. 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. And I'm also Executive Producer and Writer of the docuseries, The Skin You’re In.

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Dr. LaVeist

I'm excited to introduce today's guest, Dr. Harold Woody Neighbors. Woody serves as Senior Advisor for Public Health Research and Training and Research Professor in the Department of Social, Behavioral, and Population Sciences at Tulane University School of Public Health. He writes about the intersection of sociopolitical determinants and behavioral responses in producing racial disparities in disease. Well, honored to have you here today, Woody, and thank you for joining us.

Dr. Neighbors

Yeah, well, thanks for the invitation. It's a real honor to speak with you today. I look forward to the conversation.

Dr. LaVeist

So, Woody, I've known you many years. I know that you are from Harrisburg, Pennsylvania. But why don't you fill in a bit more of that story. Talk to us about your childhood back there in Pennsylvania growing up and how those influences led you to become the man you are today and do the work that you do.

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Dr. Neighbors

Yeah, well, the first thing you need to know about me is that I was actually born in Topeka, Kansas. Oh, okay. I grew up, see, I've been withholding that information because people usually start to make jokes about the Wizard of Oz and all that kind of stuff. So I was born in Topeka, Kansas, and this will be interesting, on March the 18th, 1953. So you can think of me as an aging baby boomer who was born in the 50s. I'm sure we'll talk a little bit more about the significance of that later. Topeka, Kansas in the early 50s. So you're already thinking Brown versus the Board of Education.

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Dr. Neighbors

And so as we go through this, you're going to hear me talk about what it was like for me to

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be what I call one of the early guinea pigs in this grand experiment called racial integration. You know, imagine being one of the first who was told, you've got to go to school with white kids. So you can look at that as either racial integration or racial desegregation. The desegregation part hasn't worked so well. But for some of us, the integration part has had a profound impact on our lives. And so that's certainly the case for me. So I was born in Topeka, Kansas. And I did live right down the street from the Brown family, so I was told by my parents. But we did move to central Pennsylvania. I think I was about five years old, five, six years old when we moved.

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Dr. Neighbors

My mother and father's jobs got transferred because they were both civil servants for the government. And so the other thing that's significant about being born in 1953 is that I think two weeks ago, I think that made me 70 years old. And so that feels like a big number to me. And I'm sure we'll talk a little bit about life expectancy among black men and how I feel about, and how I'm able to say to you today that I'm not only 70, but I waited to the very last minute to ask Uncle Sam for my money back, all the money that I've been giving to the government so that they could invest it and make money from it.

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Dr. Neighbors

And then make me feel grateful that they were going to give some of it back to me at 70. And so I kind of rolled the dice.

Dr. LaVeist

Well wait a minute, let me interject here. Let me first congratulate you on surviving the 70. We know many of you didn't make it.

Dr. Neighbors

Yeah I mean, yeah I've seen many of your presentations and I've done a few of my own and it's significant to me that you would know, I mean be sensitive enough to what I'm saying that you would actually congratulate me for accomplishing something that many of my friends and colleagues view as no big deal. 70 is not a big number to my white friend down the street. He doesn't relate to it at all in the way that I do.

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Dr. Neighbors

You know, so yeah, that's what we're here to talk about today. But yeah, born in Topeka, grew up in central Pennsylvania, and I've been working in one way or another on racial differences in life expectancy and the impact of racial integration on, you know, I would say emotional well-being and, of course, social mobility. So those are some of the things that are on my mind these days.

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Dr. LaVeist

And mental health. So in your early work, you worked on mental health and particularly racial disparities affecting mental health. Talk about that work. What drove you to be interested in that topic? It's not a topic, certainly at that time, that was getting a lot of attention.

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Dr. LaVeist

I don't know that it's getting a lot of attention now either, but certainly then it wasn't. What made you interested in that?

Dr. Neighbors

Yeah, so it's an interesting story. I'll try not to tell you every little detail, but I University of Michigan, Ann Arbor to get a PhD in social psychology, and at the time I was very interested in racial group identity. And so I was wanting to study under, you know, our mutual mentor, Dr. James Jackson, around racial identity, again tied to my growing up as a black boy and then a young black man who had to integrate the school system and figure out how to coexist with a group of people I was always told did not want me around, but that I still had to go to school with them. And so, you know, in some ways that kind of marginalized me with respect to the larger black community who were all in urban settings, in predominantly black settings, because I was like on the first wave of moving out of the city into the suburbs.

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Dr. Neighbors

But in those days, the desegregation wasn't really working. So I moved from, I had, the only place we could live was in an all-black suburb. But, being in an all-black suburb did put me in the interesting position of going to school, going to a predominantly white school. So I became very interested in racial identity, went to Michigan to study that, but then started my family and realized that the financial aid that I was being provided by the University of Michigan did not include health benefits. It was a stipend to go to school.

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Dr. Neighbors

So my new child, my daughter Camila, the birth was not going to be covered in any way. So I got a job. And the job I got happened to be in the Ann Arbor, Washtenaw County Community Mental Health Center. And so that was the beginning of my interest in mental health, which is really, you know, mental disorder, mental illness. And as luck would have it, James Jackson was beginning the National Survey of Black Americans right about the same time, and the funding was coming from National Institute of Mental Health. And so they knew I was working out at the Mental Health Center, so they said, hey, why don't you come in and

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help us put together the instrument for the National Survey of Black Americans, and we're going to assign you to the mental health section of that instrument.

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Dr. Neighbors

And that's how I started to work closely with Gerald Gorin, Jerry Gorin, who had written the book, *Americans View Their Mental Health*.

Dr. LaVeist

So what I find really interesting about that story is that really what you're saying is you became the mental health disparities guy basically because of health insurance. And I think that we say in this country, we talk about this without any sense of irony, the fact that you took a job so that you can get health care. And this is the only country on the planet, at least the only economically advanced country on the planet, where such an outrageously ridiculous story would be viewed as normal. Right. You can get access to health care by having a job. I mean, that's insane. But we accept that in this country. And we act as if that's a normal thing. That fascinates me.

Dr. Neighbors

Well, that always fascinates me as well, you know, because in this country, the USA, as I tried to imply with my social security story, is that, you know, our values in this country say we aren't going to give you any assistance unless you meet certain conditions.

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Dr. Neighbors

Yeah. Yeah. So the USA is about giving conditional help, which means you better qualify in some way. You better meet some kind of standard, which essentially communicates what I think both of us are saying, that in this country, access to health care is not a right. No, not at all. You better have a job.

Dr. LaVeist

Of those who are worthy to get it, and those who are probably going to get it have jobs.

Dr. Neighbors

That's right, so it's about conditional worthiness and if you're working, our country considers you to be worthy. If you're my age, you know, I can now get Medicare because our country considers those of us who've reached a certain age to be worthy, and then, of course, if we keep living, we finally get some of our, some of the hard-earned dollars that we invested, what we gave to the government, we're going to get some of that back.

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Dr. Neighbors

And so the issue for black folks, black men, is like, do I take it at 62 or do I roll the dice and wait until the last possible minute, 70, you know, because there are minuscule incremental increases, you know. So, yeah, all of these things are tied to the values of the USA. And, you know, I think that the work that I've been doing over the years, not only with mental health, but also the goal-striving stress, which maybe we'll have time to talk about that later. But all of that work, for me, tries to put together the intersection of what we now call social determinants, or what I like to call political determinants, and personal resilience or individual coping. So those two things, in my opinion, are always confronting each other, battling in with each other. And my conclusion is that, that confrontation between the structural and the personal is not a fair fight.

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Dr. LaVeist

Explain what you mean when you say structural and personal? What does structural mean? Yeah.

Dr. Neighbors

So the way I think about sometimes, you know, we'll say systemic, but, you know, things that are structured, sometimes you hear the term baked in, but all the things that you and I are talking about with respect to the rules and regs of different things we want to, that we need in order to live a quality of life, you know, means testing, you know, being at a certain level of poverty before someone else is going to say, oh, we'll actually giving you some safety net resources, the clearest example is, if you're not working we're not sure how much health insurance you deserve. Now, if you're low-income, then maybe we can see a way to get you some Medicaid.

Dr. LaVeist

Well, not really. It's pretty hard to get Medicaid if you're not caring for a child.

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Dr. LaVeist

You know what I mean? If you're not an adult who's also a caregiver.

Dr. Neighbors

Right, but I mean, I think you're just elaborating on my point. Yeah, I am. That there are multiple conditions for low-income folks. Yeah. Whereas, you know, Medicare is a different animal, but you still have to qualify by living a certain length of – but anyway, the point I'm trying to make is that when we look for structure, I think we're looking within organizational settings for rules, regs, norms that have been in place for quite some time. We're up against as individuals, we often, particularly as black people, we're often coming

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up against those kinds of things in order to live a life that's of a certain quality, which includes mental health and mental illness.

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Dr. Neighbors

Just to break it down, I mean, you and I both know that the eight-mile wall in Detroit is still up. That eight-mile wall, when they put it up, was a very explicit statement about how they were going to structure residential racial segregation into the housing policies, you know, that's structure, that's systemic.

Dr. LaVeist

For people who are, for people unlike you and I who used to live in Michigan, explain the eight-mile wall, what is that?

Dr. Neighbors

Yeah, the eight-mile wall was put up around eight-mile road. Yeah, it's Eight Mile Road.

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Dr. LaVeist

It's a road, a street called Eight Mile Road.

Dr. Neighbors

Yeah, I mean, when I talk about this to my students, they always go, oh, are you talking about... Who's the rap artist? Eminem. Eminem, yeah. That's the only way they can connect with Eight Mile. Because they always say, oh, I thought that was a movie. I was like, yeah, it is a movie, but it's also a street that was the line of demarcation across which, you know, black folks were not supposed to go. And so if you're putting up houses...

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Dr. LaVeist

The northern border of Detroit.

Dr. Neighbors

The northern border of Detroit.

Dr. LaVeist

From Wayne County. The west of Wayne County. Detroit is in Wayne County. It's the border of Detroit. And a wall was built along that road that said, and the idea was that African-Americans could not live north of the eight-mile road. Had to live in Detroit City and not in Southville, which is the other side of the wall.

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Dr. Neighbors

Yeah, so I always like that story because looking at the wall gives very concrete, no pun intended, concrete tangible evidence of residential racial segregation.

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Dr. Neighbors

And of course, you know, they were making a statement that we will not allow black people to cross over this boundary in the northern part because we know you want to develop new subdivisions and you do not want your property values to decrease by integrating this new property. So we're going to put a symbolic but real indicator that, hey, we're serious about this. We will not let black people cross over into the northern part, and now you can develop your property, and you will have white customers who will purchase these houses, and you will not see a drop in property value because the black people are coming. That's just another example of systemic structural racism, which is still having a profound impact on all of us today.

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Dr. Neighbors

In fact, I think you were the one who first showed me the aerial dot matrix map of racial density above and below 8-mile road presently. And you can see it very clearly. Even today. Yep, even today. So, when people say to us, why are you all still, excuse my language, pissing and moaning about racism? I mean, you're all black folk. You know? It's like, isn't that over?

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Dr. Neighbors

Like, Barack Obama was elected. You know, why are you all talking about this? The answer is because it's still a visible, tangible reality, not only structurally, but also being carried around emotionally by many of us who are still alive. So the long reach and impact of structural racism, which is just a nice way of saying white supremacy, is still, you know, working its evil effects.

Dr. LaVeist

And that's what makes it structural, right? That it doesn't require anybody to actually do anything. The system's in place, the system operates, and there's no one who has to actually physically go out and enact racist – commit racist acts because the system is already in place that would produce basically differential outcomes.

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Dr. LaVeist

I would also just kind of observe that you said Barack Obama was elected, but the very next president after Barack Obama got campaigned and won the election on the basis of building

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a wall to yet again separate us from the hordes of black and brown people who were trying to enter the country.

Dr. Neighbors

Yeah, I mean, that is a very good point. I don't want to belabor it, you know, but as soon as Barack Obama was elected, you know, because I believe the world is adversarial, I knew there was somebody coming. I didn't know it was going to be Donald Trump, but, you know, there was somebody that was going to come and like, oh, we need to move this needle back in the other direction because this is never.

Dr. LaVeist

That's the other side.

Dr. Neighbors

Yeah, this is never supposed to happen.

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Dr. Neighbors

A couple other things about that, you know, growing up black. And again, you know, we'll get back to the structural versus the personal because that's what we're talking about, but growing up black in the 50s, you know, to middle-class parents, you know, their message was probably the same message you got. You can be anything you want to be as long as you work hard enough. Now, the message I got, I don't know if you got this, but the message I got was you can be anything you want to be except president because you're black, you know, and there's never going to be a black president.

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Dr. Neighbors

So I crossed that off my to-do list, you know, early, very early in life, you know. And so this is about diminishing of dreams, diminishing of personal aspirations to be whatever you want to be just because in this country, the system was built upon a false hierarchy attached to skin pigmentation. And it was done so well that even my progressive black parents could only be so progressive. Like, you're not going to be president. But you know, you could actually get a really good job at the post office. You know, because it's about stability, you know. And both my parents lived through the Depression.

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All right, sorry, I see you want to say something. Go ahead.

Dr. LaVeist

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I want to say something that, well, let me point. You know, so I didn't get the you can't be president part. But what I got was, you have to work twice as hard to get half as far as a white person.

Dr. Neighbors

Right so you and I are the same.

Dr. LaVeist

Yeah it was the same thing but think about how and then people still say that think about how harmful that is how damaging that is.

Dr. Neighbors

I say that every day.

Dr. LaVeist

Well you need to stop saying that.

Dr. Neighbors

No I'm not going to stop saying it because it's the truth.

Dr. LaVeist

You need to be as good as you can be. You need to work as hard as you can and be as good as you can be.

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Dr. LaVeist

You don't have to...

Dr. Neighbors

Yeah, no, I say that. I say that all the time.

Dr. LaVeist

That is all you got to do.

Dr. Neighbors

No, that's not. No, see, this is what I mean by saying it's not a fair fight. It's not a fair fight. So the reality is that you and I both know, that we have to work twice to get half as much, I was told the same thing, because you and I both know as hard by virtue of our embrace of the idea that structural racism is alive and well, that guarantees that you and I, and anyone who looks like us, has to work twice as hard for half as much, because the system is not fair. So

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yeah, go ahead and try to be all that you can be. Which is an individualistic, aspirational strategy. Do that.

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Dr. Neighbors

But if you look right and left to your friends who are different colors, don't be surprised if they're not working as hard and reaping way more benefits than you. Don't be surprised about that.

Dr. LaVeist

I'm fine with that. But my point is that we shouldn't accept that. We shouldn't accept the performance rights of solving that you have this far. And you don't own that. What you own is you need to work as hard as you can, you need to be as good as you can be. That is the part you can do.

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Dr. LaVeist

And then we need to be thinking about how do we eliminate these structures to create more equity and more fairness. Don't accept the system is rigged so that you cannot get ahead. But rather, dismantle the system.

Dr. Neighbors

No, no, no, no. You can't just say that and not let me talk. All right, you go ahead and talk. Now, I'm just going to say it very quickly, that this is what I mean when I say, first of all, it's not a fair fight. So I think you and I agree, it's not a fair fight. But I chose the word fight carefully because you and I both know what a fight is. It's a straight up transparent confrontation, because we've stripped away all the BS.

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Dr. Neighbors

And we said like, we have to fight, but it's not going to be a fair fight because we know there's going to be an underdog. So, I think the big question that you raised is the same question I'm interested in, is when we say we're not going to buy into the structured inequity, you know, we're going to, we're just not going to accept it. What exactly are we going to do to fight? What are we going to bring to the fight? Where is this fight going to take place? Now, that's what we need to talk about, because you and I both know it's not going to be a fair fight.

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Dr. Neighbors

Are you going to fight from the outside or are you going to fight from the inside? So this is all

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the stuff that I know you – it keeps me up at night, keeps you up at night, because you're in a very powerful position. I'm not as powerful as you are. You're a dean, but I am, I mean, I've been a privileged, tenured professor. I can use a lot of words. I can think critically. I mean, I have some weapons to bring to the fight. So that's what we need to resolve.

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Dr. LaVeist

Okay, so actually, this actually is a nice segway into kind of at least the way I'm thinking of it, the next phase of your career, when you're working on goal-striving stress. So talk about what is goal-striving stress? What does it mean? And what did you find in doing that research?

Dr. Neighbors

So the first thing I found was that goal-striving stress, the more of it you have, the worse your life, your emotional life is going to be. So that's rule number one. If you have a high level of goal-striving stress, it doesn't matter whether you're male or female, young or old, black or white, a high rate of goal striving is going to diminish your well-being.

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Dr. Neighbors

The best way to think about goal-striving stress is merely as a cognitive discrepancy between aspirations and achievement. So it links up very nicely with our conversation about when you were a young boy and your parents were saying, what do you want to be? And you're sitting there dreaming about, you know, what you want to be in life. And as you get older, the dream changes. But for many of us, fortunately, the dream never dies. You know, I'm 70 damn years old and I'm still dreaming about what I'm aspiring to be. But my research shows that for many of us who are black or who look black to other people, they don't know what the hell we are, but we look black, you know, or some will say we look not white, or we look like we must be of color, or we look like we are either minority or minoritized, you know, whatever damn word you want to use, for many of us, that discrepancy between, I mean, that dream, the giving up on the dream happens much too early in life.

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Dr. Neighbors

Much too early in life. And so the bottom line with goal striving stress is that the discrepancies between aspiration and achievement are very painful, not only emotionally in terms of mental health, but our good friend and colleague, Dr. Cheryl Sellers, has been moving the goal-striving research into what we quote-unquote call physical health. And we're finding, you know, significant relationships between high-goal striving and physical health problems. You know, originally we thought it was only your mental health. But we

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were operating under a false dichotomy, you know, of the bifurcation of mental and physical health. We all know health is health and the body is one system.

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Dr. Neighbors

But the world is too complicated for many of us to deal with, so we carve things up. We carve things up into different categories. So, once again, we're back to the structural, you know, because the structures that are in place that make it more difficult for you and I to live the B-70, make it more difficult for you and I or people who look like us to have a certain quality of life, those structures are damaging the dreams and in the process, ruining our health. So again, one last thing, if you come to that fight, you've got to figure out what tools or weapons am I bringing to the fight. And in our country, and in our public health system, most people are trained to bring individual, personal fixes to a structural problem. So I might say to you, Tom, you need to toughen up.

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Dr. Neighbors

Yeah, life isn't fair. Why are you complaining about you need to become more resilient? Which is why I don't like that word resilience that much anymore because it's saying, Tom, you need to get your, you know what, together. I think the real problem is why is it so difficult? Why is the structure so race-based and racist that it actually makes it more difficult for Woody to be president than for all of Woody's friends? Why would the structure communicate through Woody's parents to him to say, don't worry about that president thing, you know, because we just don't think that's realistic. I mean, that's where racism is really baked in to the structure. And goal-striving stress is one way of tapping into that. And it begs the question, so what do we do next? And I'm saying we need to change structures next, but I need to work with you to figure out, well, how do I do that exactly?

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Dr. Neighbors

You know, because the structure is so solid. It's been there for so long. And it's probably responsible for the lack of progress in health equity that you and I are, have been obsessed about for a long time.

Dr. LaVeist

So goal-striving stress is really about the individual trying to achieve in the face of a structure that makes their achievements more difficult to attain. And the difference between what they're trying to accomplish and what they're able to accomplish, that delta

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creates a certain level of stress. And the research is showing that that stress actually has implications for health.

Dr. Neighbors

Yes, and I'm going to say this, this is over and above any covariate you can throw into the regression model. And typically, we like to throw some proxy of socioeconomic position.

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Dr. Neighbors

So let's say we get income and education. So it doesn't matter, you know, the impact of goal-striving stress on mental health is over and above your level of socioeconomic position. So that means, you know, you're a dean, but you really aspired to be president of the United States, and you couldn't make it. That's a big delta for you. So you're going to pay an emotional cost for that, even though to the outsider, they're looking at you and going, what in the world could Levis be upset about?

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Dr. Neighbors

You know, he's got a damn good job, he's making good money, he even plays the bass, you know, like when he's not working. I mean, this guy's got perfect life, but what they don't know is what's going on inside, you know, what you really, what your dream was. And so that's why we find it so powerful.

Dr. LaVeist

Right. Really interesting. So how do you deal with that? Do you just lower your aspirations and say, okay, I'm not going to strive to achieve as much or are there other strategies you can use to mitigate the effects of the stress on health?

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Dr. Neighbors

Well, the first thing I'm going to say is that the research we've done so far, we do not know the answer to that. So this is a new frontier, not new, but I mean, this is a frontier for us. What do we do about that? But, you know, I've been writing and speculating about it. And so one thing that has been written not by me, but other other books who've studied this is that, yeah, you reduce your aspirations. You know, like, grow up and keep it real. So that would be one suggestion. That's not one I like.

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Dr. Neighbors

You know, I don't like that one.

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Dr. LaVeist

I was going to question you on that. I was going to say, what?

Yeah, yeah, no, but if you think about it, somebody put a brick... I just think that would be effective, though. You would have less stress and, you know, maybe fewer health problems.

Dr. Neighbors

Yeah, you would definitely have less stress. I was going to say, if somebody put a brick wall in front of you, and said, all you have to do is run through that brick wall, and then you're going to get your dream, and of course, you and I both are going to try to run through the brick wall, because we were trained and socialized that we have what it takes to break through brick walls.

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Dr. Neighbors

So after about 15 times running through the brick wall, we're all covered in blood. Maybe I turn to you and say, Tom, you know, maybe we should learn to live life on this side of the brick wall, you know, and maybe it's the eight-mile brick wall. So that's one, you know, because if you and I individually are trying to crash through now, you know, we start to collectively organize, there's no doubt in my mind we could break down the brick wall. So there you have the two basic strategies of what we need to do. And this is not new, because this has been the struggle since as long as I was able to look at what the struggle was about.

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Dr. Neighbors

How much individualism are we bringing to the table? How much collective action are we bringing to the table? And how much risk are we willing to take? I mean, just to complicate this a little bit more, because somebody put up the brick wall, right? Yeah. So, you know, they're guarding the wall. And they're like, look, we don't want you to break down the wall. If you break down the wall, you're going to pay a price for that.

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Dr. Neighbors

Now, there's also somebody at the wall said, look, we got a little door here. And every once in a while, we open up the door, and like three or four people can get through. Now, we understand there are thousands of you who want to break through, but, you know, we're only like today we're letting in five. You know, so that complicates the situation, a collective confrontation with racial barriers, but those in control saying, hey, we just want a few role

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models or, you know, I hate to use this word, but maybe they're saying, you know, we just want a few tokens, you know, and then those of you who we allow through, we need to show that you are an example that it can really happen. You know, now you and I both know, well, it's not going to happen for as many people as we need for it to happen to make equity a reality, so it's never gonna happen for that many unless somebody widens that door.

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Dr. Neighbors

And who is that going to be? And I think that's what you and I are trying to figure out right now. Like, how do we get together and widen that door so that enough people from those who have previously been left out are now allowed into whatever elite situation is going on, and then we have something that at least statistically starts to approximate equity. In this case, it would be racial equity.

Dr. LaVeist

So I want to segway now to what I think of as the next phase of your work, which is on blame. You've done a lot of work on how people, or really attribution people make. So this is the way I think about it. Correct me if that's not the way you think about it. But, you know, so people are dealing with this goal-striving issue, right? They have these aspirations.

0:39:24

Dr. LaVeist

They're coming up against the realities of structure and they're not able to achieve those aspirations. But then what's your attribution for why this is happening? Is it because there's something wrong with me? Am I internalizing the reason for my lack of success or lack of as much success as I wanted? Or is it external? Is it something about the system? So you have this concept of self-blame versus system blame. Talk to me about that one and how that all fits into what we're talking about.

0:39:58

Dr. Neighbors

Yeah, yeah. So the last paper I wrote in the title, I put blame and responsibility, you know, is sort of the key, because that's what we're really trying to figure out. What to do about the blame, and then what to do about the responsibility. So what we find is that many black folk – well, first of all, the answer to the question is it's both. You know, it's structures, and it's individual initiative. It's always both. Because you and I both know that no one, black, white, whatever, but particularly black, none of us is a, you know, helpless pawn pushed around by forces that we don't understand. That's just not the way this works. We understand that we are up against forces and we're going to bring something to the table.

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0:40:53

Dr. Neighbors

So that's typically what I label as responsibility. You and I take on the responsibility to try to advance and make progress. The blame, the fault, in my humble opinion, lies squarely on those who set up an unfair system in the first place. So all those folks who way back went and said, hey, I got a plan, we're all gonna get rich. Like they are to blame. And then everybody who came after them and said, we're gonna get even richer, you know, and we're building wealth. Off the exploitation of certain individuals who don't have the same power as we have.

0:41:40

Dr. Neighbors

So that's where the blame is. But just because I know who to blame doesn't diminish my responsibility for doing what you and I talked about earlier. Let's get together and figure out how to break through either the brick wall or the glass ceiling, whatever metaphor you're using. That's the way I think about the distinction between blame and responsibility. So what I don't like is sometimes when I'm talking about our responsibility for moving forward, people sometimes hear me blaming, you know, and I'm not blaming black people for the raw deal we got, but I'm saying, we all know we got a raw deal. We all know that the raw deal is still happening.

0:42:33

Dr. Neighbors

We do have a responsibility to do whatever it takes to try to balance that scale. When you're talking about individual responsibility for making progress, sometimes people misinterpret that as hearing that, oh, you're blaming black folks for their relative disadvantage. And I say, no, I'm not. I'm not blaming us at all. But everybody I know is trying to get an education, is trying to make good money, is trying to move into a safe. And they're doing it individually, sometimes collectively.

0:43:11

Dr. Neighbors

But even our collective efforts to date, you know, haven't been enough to balance the statistical differences that you and I see. We tend to call those inequities. You know, the quantitative inequities, those are still out of whack. And so until those gaps close, I have to say that our job is not done and we haven't made the progress we wanted to have. Sometimes I say I'm really sick and tired, you probably heard me say that, I'm sick and tired of looking at parallel lines because as a health equity researcher, a parallel line, everybody getting better at the same rate is failure. That's a failure in health equity. So until I see all five of those lines on top of each other, I'm going to be disappointed, if I see crisscrossing

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lines I'm going to be less disappointed. But all I've done is reverse a disparity if the lines are crisscrossing.

0:44:09

Dr. Neighbors
So we need to figure –

Dr. LaVeist

Well, at least that means stuff is moving.

Dr. Neighbors

Something's happening. Yeah. Yeah, no, something good is happening.

Dr. LaVeist

Nothing good is happening, but something's happening.

Dr. Neighbors

Yeah, that's why I say I'm less disappointed. Yeah, yeah. But I'm still disappointed because as a health equity scholar, you and I want the same thing. We want equity. One line. One line.

0:44:30

Dr. LaVeist

All the lines on top of each other.

Dr. Neighbors

All the lines on top of each other. And that's why, given my age, and I feel time pressured to, like, figure this out, because realistically I don't know how much time I have left to work on this, but I do remember 1985 as like the point where I said, I'm going to get serious about what we used to call disparities, because that's when the Heckler Report came out on excess deaths, and a whole generation of us dedicated our intellectual fire power to this problem. But then when we, you know, fast forward and we say, well, we didn't do enough to get the job done. Because we still have the disparities that we now call inequities. They're still very similar to what they were in 1985. So I like to say the more things change, the more they stay the same. And I can show identical histograms side by side from 1985 to today.

0:45:42

Dr. Neighbors

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And the only thing that's changed is black men are living longer. We just don't live as long as black women. And we don't live as long as white men. And that was true in 1985. The good news is that I think from 1985 to 1989, our life expectancy was decreasing, black men. You know, and I don't think I've seen that recently. Maybe you have. I don't know for sure how the pandemic affected, you know, race by gender, life expectancy. But the bottom line is, you and I are going to live longer. We're just not going to live as long as the best group or the healthiest group.

0:46:29

Dr. Neighbors

And I think that's what they're gonna be.

Dr. LaVeist

Asian women, by the way.

Dr. Neighbors

Yeah, it's Asian women, and then it's Latinas. And so, yeah, so every time I put race by gender together, it's very clear to me that men of all race ethnic groups have an issue. We're not going to live as long as the women in our group. So we just have to decide, what is our aspiration? Do I want to live as long as my wife, Benita? Or do I want to live as long as whoever is represented by the Asian woman?

0:47:11

Dr. Neighbors

Do I want to live that long? Because then I say, Benita, you need to, Benita's my wife, by the way, for those listening. She's a black woman. That's what I really need. My wife is a black woman. So she's not going to live as long as the Asian woman. So I'm like, hey, Benita, you're going to do better than I will, but you still, there's still a gap for you, you know. And so whatever you need to do to diminish that gap, like with all your sisters, this is what we need to get the work going.

0:47:38

Dr. LaVeist

So, after many years, you spent many years in Ann Arbor at the University of Michigan. You went there as a student, after that you did a post-doc, and then you joined the faculty and spent most of your career there. Yes. Then you did something that's really both interesting and maybe even partly sacrilegious.

Dr. Neighbors

It's unthinkable. I love the unthinkable.

Dr. LaVeist

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And I should say as a fellow University of Michigan alumnus, as a fellow Wolverine, I would call it sacrilegious. You left the University of Michigan and you went up the road A fine institution. A fine institution. A fine institution.

0:48:25

Dr. Neighbors

I sent my son to a fine institution.

Dr. LaVeist

I was going to mention that as well.

Dr. Neighbors

By the way, we're not speaking to each other anymore, but that's another conversation.

Dr. LaVeist

Well, seeing as Tulane, well, Michigan is blue and Michigan State is green, but Tulane is green and blue. Those are our colors, right? So, which is why I was able to coexist down here in Tulane.

Dr. Neighbors

This is the way you worked out your cognitive dissonance.

Dr. LaVeist

Yeah, but you're now also a Tulanian, and you should be able to find common cause with your son, who's wearing green.

Dr. Neighbors

By the way, the common cause was the grandchildren. I said, okay, look, I'm going to start talking to you again. Like, you know, because, you know, two beautiful granddaughters now.

0:49:24

Dr. LaVeist

I definitely can relate to that. But you made this transition. You went out and you worked not in Lansing, Michigan, or East Lansing, but you went to Flint, Michigan. Talk about that. What led you to make that change? And what was the change in your career?

Dr. Neighbors

Yeah, so what led me to make the change was the malaise and distress that I was feeling and doing a look back to 1985 and discovering the lack of progress in the mission of reducing

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and eliminating racial health disparities. So I had been so busy just like doing that work, I never really, I just never looked back until I turned 60.

0:50:19

Dr. Neighbors

I immediately got a bad case of what I used to call description fatigue. So I just grew tired of writing papers describing how bad things were for black people, how relatively bad they were in comparison to other groups. I just labeled that description fatigue and I just decided I was no longer going to describe the situation. I wanted to actually try to do something about it. But because I'm trained as a scientist, the only thing I knew to do about it was to do a different type of research. And so, I had to reinvent myself as an intervention researcher, number one. And number two, stopped doing survey research at a distance and started doing community-based participatory research that was much more grounded in the neighborhoods and communities that were being affected by the structural conditions that we've been talking about up to this point.

0:51:29

Dr. Neighbors

Those were the things that motivated me to do it. What I actually did was move to Flint, which is a predominantly black city with a poverty rate when I got there of 39 percent. I had been living in the lap of luxury for so long, that I had an intellectual vision of social determinants. I didn't have a realistic one because if you're living in actual vision of social determinants. I didn't have a realistic one because if you're living in Ann Arbor as a tenured professor, unless you're really going out of your way, you're not going to be up close and personal with what I call the inevitable casualties of social determinism.

0:52:17

Dr. Neighbors

In Flint, you could see the inevitable casualties of social determinants, and I was seeing them much clearer than I ever had before in my life, because I was walking the streets of Flint trying to do chronic disease self-management with black men with type 2 diabetes. The good news is

Dr. LaVeist

One quick thing. This is right around the same time as the water crisis as well.

Dr. Neighbors

It was exactly at the same time. Yeah. So, you know, and again, we don't have time to go into the water. I mean, that is just such a huge thing. But the point of the water crisis is that health is a political process.

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0:53:00

Dr. Neighbors

You know, the point of all of this is that our health is a political process. I used to write about that, but by living in Flint for five years, I mean, I was so much closer to what that meant. And I was actually closer to the mayor's office. Whereas, you know, so I was trying to figure out, well, how do I get an audience with the mayor? I never got in to see the mayor, but I did get in to see the mayor's deputy director for health. So that's when I said, you know, I have to change my way of thinking as a scientist, because if you're really serious about social determinants, and you understand that social determinants are political determinants, they're political problems, then you've got to figure out your relationship to the political system, because you need to find someone with the power to move the structure in a way that will benefit the health of, you know, the kind of Black folks who are being devastated in Flint not only by the water, or the so-called water crisis, which when I got to Flint, I found out water has been a problem for as long as anybody wants to tell you about how long they've lived in Flint. So I stopped calling it a crisis. I mean, it was more like a natural disaster. Yeah, yeah, a reality. Yeah.

0:54:27

Dr. Neighbors

People would tell you all kinds of crazy stories about the water, you know, in Flint before the water crisis. So, the good news, I was going to say the good news is that I was able to demonstrate by my intervention program that I could reduce the overall A1C in a group of adult black men with type 2 diabetes by a lifestyle intervention program of chronic disease self-management. Again, this is the individual personal side of the whole equation, but I saw very clearly that number one, for every man that was in my study, which was about 45 guys, which took me forever to recruit, by the way.

0:55:15

Dr. Neighbors

That's a whole nother story. But just to get these guys to come into my study, I mean, it was tremendous. And this is what folks don't understand about those of us who actually are out there doing work in the community. You can't just show up like, yeah, I'm Dr. Neighbors and I'm doing a study, you know, and so I need some folks. I mean, that is worn out for decades, especially in Flint. You know, because they're like, we've been ripped off so many times by university people that we don't even want to talk about it.

0:55:53

Dr. Neighbors

So, first thing you do is you hang out. I mean, you just... Because I show up, they're like, oh, you're not from around. Like we don't even know you. You know, and you talk funny, you know, so. So I just have to hang out and hang out. You have to keep going to meetings. And

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then eventually, you know, people start to get to know you. It doesn't mean they trust you. Then eventually you keep coming back.

0:56:23

Dr. Neighbors

They start to trust you. All of that takes a long time before you can even get your study up and running. You know, so I'm off track. That's a whole different conversation. But it's about the way we do science for those of us who have chosen to be scientists. And so those are some of the things I learned by being in Flint. And I sum it up by saying I learned to keep my mouth shut and my ears open. Unlike today where I can't keep my mouth shut. But when I was in Flint, like I just wouldn't say much at all, just be listening, listening.

0:56:55

Dr. Neighbors

And I would only speak if spoken to, usually people wanted to know, who are you and why are you here? And then I learned later, like show up with an escort, like somebody who's from Flint, who can kind of vouch for, yeah, I checked this guy out, he's okay. Then the networking starts to happen. And you can't do this research without community-grounded stakeholders who are gonna get behind you and help you.

0:57:24

Dr. Neighbors

So that's a very long answer to your question about why in the world would anybody in their right mind leave a highly resourced area like Ann Arbor and move to a city where everybody's telling you it's dangerous. Like, don't go. It's dangerous. And what I learned is that, yeah, if you're in the wrong place at the wrong time, it is dangerous. So you have to be careful. But you can't run around like you're a know-it-all professor and just do whatever the hell you think you're supposed to do.

0:58:07

Dr. LaVeist

Well, one thing that really comes through in this conversation is that the health inequity that we're all trying to try to address are very complex and they emanate from a wide variety of issues or places within society. That this is not just something that's going to be addressed by academic researchers. It's not going to just be addressed by physicians and healthcare. It's not going to be just addressed only by community-based organizations and communities. I mean, it's not going to only be addressed by the private sector or by government, but rather it's going to require all of these sectors of society to have an impact and to be kind of working in some sort of coordinated fashion to try to move the needle. And that's the goal of the Partnership for Advancing Health Equity, is to bring together people from all of these sectors that are working on different aspects of health equity. And that's who are the listeners of this podcast. So you have now an opportunity to address

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people from all of these sectors, government, private sector, you know, civil society, academia.

0:59:18

Dr. LaVeist

What message would you bring them? What do you want to say to them about how we can create a more equitable society and a more healthy population?

Dr. Neighbors

Yeah, so that's a good segway from Flint what I'm thinking these days. My experience in Flint radicalized me in a way that said, despite having success at the personal level in teaching black men how to manage chronic disease, you know, we have, I mean, we can show positive results. That's never going to be enough to eliminate the inequity. Realizing what was making so many black men sick were the structural conditions that I could see all around me, like a 39 percent poverty rate, incarceration. I ran folks groups in Ann Arbor and I would never have anyone who was just released from prison. I do that in Flint and there'd be one or two guys in every focus group who had, you know, just been released. You can't stay healthy if you don't have enough money. So I became a big proponent of universal basic income, or basic income guarantee, either way you wanna say it.

1:00:53

Dr. Neighbors

Philosophically, I said, we have to give people money, especially those people who don't have enough money. So the best way to eliminate poverty would give people who are living in poverty enough money that they are no longer living in poverty. So the first place I'm looking these days is to people with a lot of money. Now, given the way I grew up and what I chose to do, I just don't know a lot of people who have a whole lot of money. But, you know, if I teamed up with you and a few of our other colleagues, you know, we could find them, you know, like I knew there was a CS Mott Foundation in Flint and that they had a lot of money, but I was not of the status to actually get in to see the top person so I could tell him, and I knew it was a him.

1:02:01

Dr. Neighbors

So I could tell him, you need to give more people in Flint more money. So what I'm looking at right now is an opportunity to do research on either conditional or unconditional cash transfer to folks. You know, this is above and beyond a safety net approach. You know, cause the safety net approach is always going to be an approach based on deservedness. Like you said at the beginning, hey, you better show up and have at least one kid before I'm even going to consider giving you anything. But if you're a single male who's unemployed and you have no children, you clearly don't deserve anything from me. So I think right now I'm talking to philanthropy or those groups that are representing the people with big

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money, you know, and I'm saying we need more of your money, not necessarily for research, but for the people who don't have enough to live on. So that's number one. Number two, you know, again, I'm now living near Capitol Hill.

1:03:18

Dr. Neighbors

I've been to Capitol Hill like three times to do panel presentations, but clearly that's not good enough because I have yet to figure out how to get into, you know, the office of the political representative who actually has a vote and then convince that person to vote on whatever I think they ought to be voting on, which is health care as a right, not a privilege, or a floor level of income as a right, not a privilege. Don't make it conditional on having a job. And maybe you can call it Medicare for all, but I want something that's actually better than Medicare, because I'm on Medicare. And I can see how Medicare is not, it's not as good as what I had when I was working, but it's better than nothing at all.

1:04:09

Dr. Neighbors

So, you know, these are, this is the next frontier, more money, you know, more advocacy among us, you know, who can get to the people with the power to vote. And all you and I need is just one more vote than the opposition. I mean, that's the beauty of our system. I just need one more vote. But how to get to that point is not really a part of my training, you know. And so, this is what I'm trying to educate myself about.

Dr. LaVeist

Well, except in the Senate where you need 10 more votes.

Yeah. Dr. Harold Nevers.

1:04:43

Dr. Neighbors

Point well taken.

Dr. LaVeist

Dr. Harold Nevers, thank you so much for the conversation. It's always great to have a chance to talk with you and to our listeners. We hope you found this engaging and look forward to bringing in new podcasts in the future. Thanks for joining us.

OUTRO

Thank you for joining us for this episode. Be sure to visit our websites, partnersforhealthequity.org. That's partners, the number four, healthequity.org, and

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Until next time!