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**Intro:**

Welcome to Partners for Advancing Health Equity, a podcast bringing together people working on the forefront of addressing issues of health justice. Here, we create a space for in-depth conversations about what it will take to create the conditions that allow all people to live their healthiest life possible.

[00:00:34:05 - 00:02:25:15]

**Caryn Bell:**

Hello and welcome to the Partners for Advancing Health Equity podcast. I'm your host, Caryn Bell, Associate Director for Partners for Advancing Health Equity and Assistant Professor at the Celia Scott Weatherhead School of Public Health and Tropical Medicine at Tulane University. I'm excited to have two guests with us here today. First, we have Dr. Yanica Faustin, Founder and CEO of Impact Health Equity, a health equity consulting and research firm that helps organizations build equity into their work. Through Impact Health Equity, she partners with health tech companies, maternal health initiatives, and public health leaders to develop culturally embedded research and turn lived experience and data into solutions that center marginalized voices, strengthen systems, and support lasting change. She's also a tenured associate professor of public health studies at Elon University, where she teaches research methodology and reproductive justice. Her work explores the intersection of racism and migration and shaping the health outcomes of birthing persons across the Black diaspora. And she's a grantee of the Robert Wood Johnson Foundation's Health Equity Scholars for Action Program. Welcome. Thank you for having me. Of course, I'm happy you're here. And then to introduce our next guest, we have Dr. Tiffany N. Ford, an assistant professor of community health sciences at the University of Illinois Chicago School of Public Health, where she teaches graduate qualitative research methods. Dr. Ford is also a non-resident fellow with a Center on Economic Studies and Opportunity at the Brookings Institution, as well as Yanica's fellow grantee of the Robert Wood Johnson Foundation's Health Equity Scholars for Action Program.

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**Caryn Bell:**

Dr. Ford's work explores how structural racism shapes health and subjective well-being for Black communities across the life course. Through community-engaged research and partnerships with community organizations and coalitions, she focuses on strengths-based and place-based approaches that support well-being, equity, and policies shaped by the people most affected. All right. Hi, Tiffany.

[00:02:52:13 - 00:02:57:00]

**Caryn Bell:**

Hello. Hello. Thank you both for being here.

[00:02:58:14 - 00:04:04:11]

**Caryn Bell:**

I am obviously impressed with your work, and I'm super excited to talk to you all. I really want to talk about how you see yourself in the health equity research space. So we know a lot of health equity research has historically focused on evidence of disparities and harm. In fact, Dr. Ford, in one of my classes that I teach, I actually include your paper called "Racism and Health, Three Core Principles." And just for anybody who's listening, it shows how racism creates disadvantages over a lifetime. And it argues that achieving health equity requires sharing power

and simultaneously addressing the multiple problems that lead to discrimination in health equity. So we know that it is very important to document disparities. We also know that there is a growing movement to shift toward evidence-based solutions to solve those inequities. And so I'm wondering for both of you all, but I think we'll ask Tiffany first, what are the limitations of research that focuses primarily on identifying racial inequities?

[00:04:05:13 - 00:04:51:05]

**Dr. Tiffany N. Ford:**

Yeah. I mean, I think it limits our creativity. Like I think that when we start from a place of focusing on identifying inequities, we kind of are off top kind of putting ourselves into a sort of defensive, responsive position that is just entirely based on the current reality that many of us don't enjoy or appreciate. And I think that just really limits our creativity about what should be, what should things be looking like, and also like what then may be possible. So I think that really is like, to me, the main limitation is just like, we, it puts a major damper on our creative thinking.

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**Caryn Bell:**

Yeah. I really appreciate that response and really that like, way of thinking about it, because I think in the past couple of years, I've been thinking about how public health research can kind of lack that creativity. And that's clearly what's necessary to figure out what we should be doing next. So yeah, much for that. Dr. Faustin, what do you think?

[00:05:17:09 - 00:06:09:09]

**Dr. Yanica Faustin:**

I mean, I agree with that wholeheartedly. I think it really puts a limit on what we allow ourselves to become innovative with. And I think there's also a cost to the people being studied. If the story only ever tells you that you're dying at a faster rate or you have increased rates of this adverse outcome, then that becomes the story that communities internalize, that shape people's decisions and that policymakers act on when there's a lot of like strength and resilience and joy in those places too. So when we always focus primarily on that deficit framing, it almost becomes like a design flaw that we treat as like a neutral fact about whole populations. So yeah, that methodology can really reinforce that story or you can change the approach and break the story.

[00:06:10:18 - 00:06:15:10]

**Caryn Bell:**

I appreciate that response as well. Thinking about it in terms of a design flaw really drives the point home that the way we've been thinking about these things is probably detrimental. Not as probably as definitely detrimental to moving forward. So thank you both. I gave a little description of your work, which, what can I say? I can only say what I can find, but it's probably best to hear from you both

[00:06:39:18 - 00:07:00:08]

**Caryn Bell:**

about your work and thinking about this term or this word that you use, Yanica, the idea of joy. So my overall question, and you can include a description of your work, is if you could share what it means to you to center black joy and healing and strength in the work that you do.

[00:07:00:08 - 00:07:26:01]

**Dr. Yanica Faustin:**

I focus specifically on maternal health and looking at how racism and migration have shaped the health inequities that black mothers experience or black birthing people experience across the diaspora. So I'm looking at black Americans, African immigrants, Caribbean immigrants. That's because migration is so nuanced as is racism and structural racism, the way we have it here in the US.

[00:07:27:02 - 00:08:01:04]

**Dr. Yanica Faustin:**

And I think that when I first started, I felt like the narrative I often heard was this deficit framing narrative and also framing things in a black-white disparity. And it's always like black, white, black, white. And for me as a Haitian American who grew up in a very diverse neighborhood with all different types of black people, like all black people, but all different types of black people, I was like, okay, the black population is not a monolith. And I keep seeing this literature that's focused so much on deficit and also treating everybody like one big group.

[00:08:02:05 - 00:08:09:04]

**Dr. Yanica Faustin:**

And so I think for most of my career, I've tried to focus on, you know, how can we talk about, you know, the entirety of the black population and not do this masking that we do and this lumping that we do and really look at like the true, like all the different variations in the story, instead of this one thing that we're hearing all the time. So centering joy is like my attempt to try and correct that. And so I specifically try to interview when I do my work interviewing mothers that have also had wonderful birthing experiences and have felt seen and felt heard and, you know, felt held by their communities and partners and whoever. Because we hear the narrative of black birthing in America and all of that's true, not to say it's not true. But we also as, you know, black birthing people don't often get to hear the positive stories as well. And that matters. So I try hard to center that.

[00:09:01:23 - 00:09:04:12]

**Caryn Bell:**

Thank you. What about you, Dr. Ford?

[00:09:04:12 - 00:10:02:06]

**Dr. Tiffany N. Ford:**

Yeah, I love that, Dr. Faustin. And so for me, I study subjective well-being and so like outcomes like, you know, life satisfaction, optimism, happiness, things like that. But actually, when I think about centering black joy, I actually think less about the content of the work and more about like, how we do the work. Like I am a black researcher and I do this work joyfully. I actually so, this weekend, I had the opportunity to go to the Obama presidential center with my family. And it was beautiful, it was wonderful. And I was like sneaking around in the center that like I actually don't think I was supposed to go to. But I did get to come across the Sojourner Truth program room. And there was like this plaque that was labeling the room. And there was a quote on it that I want to read because I was like, Oh, this is perfect for this conversation we're about to have. And so there is a quote that's attributed to Sojourner Truth.

[00:10:03:13 - 00:11:37:15]

**Dr. Tiffany N. Ford:**

Life is a hard battle anyway. If we laugh and sing a little as we fight the good fight of freedom, it makes it all go easier. And I just felt like that I was like, look at me sneaking around and coming across the perfect quote for this conversation. Because ultimately, for me, centering black joy really means like making a commitment to do the work joyfully. I think that that in practice, that

means working together both with like peer colleagues, but also with like student trainees in ways that feel fair and participatory and transparent. It means that it's possible trying to create a situation where everyone can participate in decision making. So like in community partnered research projects, right, like making sure that we all have enough of the same shared information so that we can all equally participate in the decision making for like the next analytic steps of the project. It means, you know, noticing and caring about how things go not just the big splashy end product, right? Like not just the grant that we got, but how do we work together to get the grant? Did people feel heard? Did people feel respected? Did people feel loved and cared for? Not just, you know, we got the manuscript submitted, but did people feel that their words and voices and perspectives were valued in the writing process? Like that. So for me, I think a lot about the process of working together as a way to really center Black joy, not only the like research topic and the content.

[00:11:39:00 - 00:11:39:14]

**Caryn Bell:**

Thank you. First of all, I appreciate you incorporating what you learned in the museum into this conversation because what I am taking from what you both said is that this is sort of like a holistic approach. For sure. And I'm thinking about, you know, other people. You all have come to be able to do this type of work centering Black joy in the work that you do, whether it be the way that you do it or the actual health outcome. This idea of optimal birth is something that, you know, my students are talking about. I'm really, you know, lashing on. I didn't think about that when I was in grad school. So I appreciate that. I'm wondering how you would instruct or advise a future student or even a colleague who is, you know, like, hey, I hear what you're saying. I agree with you, but I don't know how to do this work of centering Black joy. How would you advise researchers, regardless of who they are, how would you advise them in terms of reframing their questions or how they might do the work differently? What might be some things that you would suggest?

[00:13:04:20 - 00:14:04:00]

**Dr. Tiffany N. Ford:**

Well, I feel like what I'm about to say is really going to end up volleying it to you directly because I feel like it's about curiosity. Like, I feel like it's about genuine curiosity and it's about not being willing to accept the first, like, maybe easy, like, answer, like, not just being willing and okay with accepting what might be the sort of, like, dominant narrative and dominant explanation for any given, like, result. And I feel like, you know, Dr. Faustin, what you were describing earlier with your project, your ongoing project right now, feels like a perfect example of that. It feels like for you, you were like, actually, I think there's something else operating here. And I actually think that if I look at this issue in this way, and if I, you know, focus on this aspect of people that I might be able to learn something different about these different birthing experiences, it might be able to tell stories that otherwise maybe wouldn't have been as clearly brought to the light.

[00:14:05:18 - 00:14:09:03]

**Dr. Yanica Faustin:**

That's so funny, because I was going to volley it to you with what I'm about to say, which is that, I was going to say that I feel like based on what Dr. Ford was sharing, I would suggest truly understanding what Black joy is to begin with, you know, because if you want to reframe questions around that or sit in a space where you're creating solutions centered around Black joy or, you know, figuring out how your project could center that, but you don't know what Black joy is to begin with, which I feel like oftentimes, unless you're in the Black community, you might not know what that looks like, you know, like, so I was thinking more of what Dr. Ford was saying, and I love that too. So I think it also gives us as Black researchers the, like, freedom and

grace to be kind to ourselves as we do this work, because we can often burden ourselves with, like, the task of, you know, representing everybody and doing this the correct way. And that's an invisible labor that you know, you know, get recognized for among our non-Black colleagues. So yeah, I would say on Raleigh-Bapte because I'm like, I, so we got to know what Black joy is to be able to center it and reframe questions around it. And you have to know that it exists. You have to know that when you're reading these deficit narratives, you also know from lived experience that there is joy within all those deficit narratives. You know, there's the cookout and the extra slide, and you know, the talking on the couch with your cousins. And then while yes, maybe people are having,

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**Dr. Yanica Faustin:**

you know, lower levels of well-being subjectively, or they are experiencing negative birth outcomes across the diaspora. But yeah, I'd say understand me first. What do you mean by Black joy?

[00:15:42:11 - 00:15:45:21]

**Caryn Bell:**

To be curious about something, you have to look at it in a different way than what has been to you. And then to fully understand it. I don't know if everybody can, like you were saying, Dr. Faustin. So I wonder how and I think something that can come up is like, who is able to do work around Black joy or work that centers Black joy. And I don't know the answer to that, but I can see someone who is Black having lived or grown up with anti-Blackness, either in society or in their family or their community, or even in academia, right, or public health practice, whatever, you know, spheres that they're in, having experienced or seen anti-Blackness. How do you all think people should go about working against or like changing how they think about Black joy or even acknowledge or understand it, given,

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**Caryn Bell:**

you know, the society that we live in that is anti-Black in so many ways, right? Like what might be your advice to that or colleague or even a boss who knows, but how do you all think about that?

[00:17:15:19 - 00:17:23:22]

**Dr. Tiffany N. Ford:**

I mean, I feel like you hit the nail on the head when you named anti-Black racism. Like I think you can be Black and still not be able to center Black joy in your work, whether it's the content or the process, right? And I think so, then I think that means the work is internal, like the work starts with you inside, right? I mean, I hate to get kind of deep like that, but genuinely, right? Like you have to do that work of unlearning anti-Black racism within yourself in order to like see and feel and appreciate all of the everything that is, you know, Black joy, stories of Black strength and resilience. So that feels like the primary work before you can try to venture into that kind of like research area.

[00:18:14:14 - 00:18:30:10]

**Dr. Yanica Faustin:**

That's literally what I was going to say. I was like the internal and retrain yourself to view who you are in your community. If you are Black as a place of joy, not just like, and not just like strength and resilience because we've overcome, you know, but just joy, just like happiness.

Like what are the things that bring Black people joy and how do we experience that? But yeah, that's exactly what I was going to say. Like that's internal work.

[00:18:45:14 - 00:18:46:21]

**Caryn Bell:**

Yeah. I think another thing that is standing out to me is this definition or I don't know about a definition, but an idea of what is Black healing. And so something Dr. Faustin, you said is experiencing, actually, Dr. Ford, I think you said the same thing too, this idea of experiencing joy and leaning into it while we still are acknowledging the suffering or lower health status and well-being of Black people relative to other groups.

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**Caryn Bell:**

What does Black healing look like to both of you?

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**Dr. Yanica Faustin:**

I think in a large part, it's very related to what we've been talking about this whole time. I think like approaching research with Black people, not from a place of deficit, but more so looking at a strengths-based approach as well. Because I think what gets me down is about the documenting disparities and approaching things from an equity way. Is it all so based in what we're getting wrong? What's not meeting the standard or whatever, how we're falling short?

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**Dr. Yanica Faustin:**

And we're approaching it that way in public health with the notion of healing. Like let's figure out what's wrong so we can figure out where to intervene. But also at the same time, what that does is just builds on what we're mourning or what we're sad about.

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**Dr. Yanica Faustin:**

And I think when we focus on joy, it's not just something that's meant to be happy and sentimental, but it can also be strategic because it's about building the case for what we want to invest in. And so if we're going to focus on Black healing, we have to know what to invest in to heal.

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**Dr. Yanica Faustin:**

And we focus so much on what's going wrong, but we know we don't want to invest in that. So we've got to focus on what are we doing right so that we can invest in that, scale that, and get to a place where we're resourcing the healing. Because let's be real, that takes resources as well as that internal work.

[00:21:12:09 - 00:21:33:03]

**Dr. Tiffany N. Ford:**

Yeah. When you asked that question, I feel like I had like a weird thought, which is like, Black joy is Black healing. Like it feels like it exists in this like cyclical relationship. Like it is healing to be in loving and safe and affirming and joyful community. Like that is healing. I don't know. Also something that came to my mind, like in a research context is I want to shout out Dr. Celie Jefferson, Dr. Shaniya Celie Jefferson, because I worked in her research lab for some time a

few years back. And something that I recall her always doing as the principal investigator in her lab was like, she always was so affirming of us, of our ideas, of our skills, which felt healing.

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**Dr. Tiffany N. Ford:**

And we had a great time. Like, yes, of course, we're absolutely getting the work done. Like the papers are absolutely getting published. The data is absolutely getting collected. And also we find time to laugh and to be, build supportive community with one another. And like, for me as someone at that time who I wasn't certain if I saw myself in academia, I actually was like very much one foot in, one foot out strongly. And the foot that was out, it was like more deeply out. But I think it was experiences like that, that healed something in me and said, you know, you actually can, you can be here. And, you know, there are people who you can lean on and who you can build safe and affirming and supportive and loving community with and who will laugh with you and who will be a shoulder to cry with you if you need that as well.

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**Dr. Tiffany N. Ford:**

So yeah, so it just feels like it operates so much in this like circular relationship between healing and joy, for sure, for me at least.

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**Caryn Bell:**

Yeah, I really appreciate that. I wanted to just add, you know, as someone who works with students and works to make sure that people are affirmed in these academic spaces, that in itself can be sort of a lot of work, but it's necessary to keep this train moving. And sometimes just to even get started and make sure that people don't put the other foot out the door. Unless that's what they feel like they should do. So yeah, I really appreciate that. I think I want to ask one more follow up question on this thread, but then I want to ask you all about joy being a form of resistance. So hold that in your spirit. But I want to ask about something actually, Yanica, you, brought up living or growing up in a community that was all Black, but had different types of Black people, different ethnicities, I would imagine.

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**Caryn Bell:**

And I'm wondering about how we can think about strengths in doing research on, not on with Black populations, about Black populations, how strengths might come through in your experiences. Actually, I want to ask the same question to you, Tiffany, but Yanica, would you want to start and then we'll go to Tiffany.

[00:24:40:20 - 00:25:34:13]

**Dr. Yanica Faustin:**

Yeah. I think one thing I always try to say when I do this research, when I talk about my research, is that all of the participants I've ever had with all of my work are experiencing racism. So just say that right off the bat, right? Like, it doesn't really matter what ethnicity you are, you're Black and you're in America, you're experiencing racism, whether it's in, what do you call it, interpersonal or structural, right? Definitely all experiencing structural racism. However, with the qualitative work that I've done, there are noticeable patterns within migrant groups and foreign born groups where their approach to how they navigate their experiences of racism can be different. And a lot of those are tied to historical narratives, right? And intergenerational stories that are being passed down. And it's going to be different if you're

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**Dr. Yanica Faustin:**

Black, American versus you are arriving here and you're within your first year of being in the US and you've arrived here from Jamaica or Haiti or Ghana, right? You're going to have a different narrative and tie to that.

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**Dr. Yanica Faustin:**

But I think across all those groups, the strength is yes, and the resiliency in the determination. I'm also going to say, and I think like Dr. Ford's comment around curiosity is anything about this, and the ability to dream beyond what we, the borders we've been given. When you think about Black people and all that we've created and done and contributed, we are the culture.

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**Dr. Yanica Faustin:**

And everything that we've given to the world, that's a group of people who have been able to dream beyond the initial borders they were given. I think that's our largest strength, our greatest strength, and everything we do builds from that. And yeah, that's across the dance. But yeah.

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**Dr. Tiffany N. Ford:**

Yeah, dream beyond the borders we've been given. That's a bar. I hope you intend to do something with that. I like that.

And I mean, I would say similarly, I'm thinking I have one particular project in mind where I have been working for the last few years with Black folks who are living with long COVID on the South side of Chicago. And our initial goal in working together was better understand long COVID diagnosis and experience of treatment and things like that. And I started off thinking, okay, this is a story about race and the health system, like really thinking that that maybe was sort of like the dominant system that was operating.

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**Dr. Tiffany N. Ford:**

And the more we talked with, or the more I'm in conversation with community partners, the more we're looking at data, we're working with electronic health record data from a local health system, the more we really got into it. They were like, I think this is about insurance, like this and that. And I'm like, huh, yeah, you know what? And then when we start to look at it through the lens of intersection of both race and insurance status, like low and behold, we started, we're starting to better understand the trends of, of what was operating. And so I don't know. I mean, I hate to steal your language, Yanica, but yeah, it's like the opportunity to dream beyond the borders we've been given. I think oftentimes, you know, when you put your health equity researcher hat on, sometimes it can be encouraged to be a bit more like specific. And it's like, we are looking at race. We are looking at how race operates, you know, in a system of oppression, right? Like, that's what we, I think can sometimes be encouraged to do in order to like, look at these things in a way that seems more easy. And you can make these like distinct conceptual links. But you know, what we know is like, none of us are existing as like, like I have never been only black. You know what I'm saying? Like, I'm always so many things all at the same time. And all of those things are, are operating and shaping my life experiences. So it always is so useful to be in close community with folks who can remind you to think more expansively, think more creatively, think in a way that is more nuanced and oftentimes more complex, because it really helps us to get to real, you know, answers to research questions, right? Like, I think without those partnerships and without centering those, you know,

experiences and narratives, like we might, we'll get decently far, I suppose, and we'll be able to answer parts of a question. But it really is when you have those those partnerships. And when you allow yourself to really be led by the voices and the experiences of the folks that you're partnering with that I think we can really get to these like more complete and complex understandings of whatever topic we might be focused on exploring.

[00:29:42:02 - 00:29:52:07]

**Caryn Bell:**

I think the reality of joy being a form of resistance is something that black people either know inherently or have experienced meeting it in that way. And so I'm wondering, we already have heard from you all that black joy is healing. But where does this concept of black joy being a form of resistance show up in your work or in your life or in your thinking?

[00:30:19:05 - 00:30:34:17]

**Dr. Tiffany N. Ford:**

Have y'all okay, so have you all ever found yourself in an argument with someone? And of course not, right? Because none of us ever argue anybody. But just, you know, play along. Have you ever found yourself in an argument with someone and in the face of your extreme anger, they laughed?

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**Dr. Tiffany N. Ford:**

Imagine how you would feel, right? Like, you're just like, bro, like it just gets you in a way, right? And when I'm thinking about joy as resistance, I feel like that's the example that comes to my mind, right?

[00:30:53:12 - 00:31:40:21]

**Dr. Tiffany N. Ford:**

This idea of like, singing a song, having a song in your heart, a pepper, your step, a smile on your face in the face of like, just raggedy, you know what I mean? Structural racism designed to like, be and feel so ubiquitous to beat us down and make us quit to make us want to stop even trying because of how just interconnected it is. But you know, we and still we come together, we sing songs, the, you know, I don't know the last time we've all heard the protest music that is just like such joyful noise with the drums and people singing in unison. Like there's just something about it that just makes you never want to quit, right? And it's like, you can't lose if you never stop trying. So that's how I think about joy as resistance.

[00:31:43:13 - 00:31:48:14]

**Dr. Yanica Faustin:**

I don't know if y'all, do y'all watch Abbott Elementary? Yes, of course. Okay, just checking.

[00:31:50:02 - 00:31:53:12]

**Dr. Yanica Faustin:**

So did y'all see the episode with when they got sent to the mall?

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**Dr. Yanica Faustin:**

Oh, the school was that long? Yeah, the school got shut down and we had to move with the mall. You remember that? And then the newspaper wrote the story about them, right? And they were all like, oh, this is so great. The newspaper was like, look at this amazing school. They're, they're having like better outcomes than when they were at their school and now they're in a

mall. And then they were like, oh, this is great. But then they realized that they moved the construction workers from the school. It's like these other schools because they were doing so well. So they were like, you guys are doing so well. You don't need the school. Like you're great at this mall. And they were like, wait, this is bad. We're not getting what we need. So that's what this makes me think of. Like, it's like, you know, Janine and the whole Abbott crew is so like, they're so good at overcoming. Like, they're so good, especially Janine, right? Like being like almost like toxic positivity, right?

[00:32:42:16 - 00:33:41:07]

**Dr. Yanica Faustin:**

But like, if that makes me like that whole episode feels like joy is resistance, like, because then a community or school in this case, surviving on nothing becomes inspirational instead of something that's underfunded. Right. And then when you make that the headline, like they put it in the paper, whatever, when you make it the headline, then it's like, well, this is something that we should be motivated by. This is something we should be using them as an example for like other schools, but they're underfunded. Like they literally, their school is literally broken in there in a broken down mall. Right. But now we're going to put them on paper and it's inspirational. So as far as I hold that phrase loosely, because I'm like, wait, I feel like that means you're telling me that I need to be, I need to be fighting all the time and happy while I'm doing it, you know? And it's like, hold on now, can I get some resources? Because then I'll be even more joyful. But, but I do think in like that episode did a good job with it too. And I feel like an avid commercial and I should get like a cut or whatever, but that episode did a good job of it too. Like that joy is proof. Like it's proof that something in that community or that team or that, you know, you know, whatever it might be is generating, you know, wellbeing or good outcomes or better health, despite the fact that everything stacked against it. And I think that's worth studying and worth funding,

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**Dr. Yanica Faustin:**

but not worth just putting on the headlines of a paper and saying that we should all be amazed by it. You know?

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**Dr. Tiffany N. Ford:**

Yeah. It feels like such a like double edged sword.

[00:34:18:22 - 00:34:22:02]

**Caryn Bell:**

Yeah. I, I, I will just add that, you know, black joy, black culture, our existence is a commodity, not just in our society, but also in the research infrastructure. So I think, and not just black joy or black resistance or the ways that we have survived, figured out how to survive, become an object of study and an object of maintaining this research enterprise. But also our suffering is a way of maintaining the research enterprise.

[00:35:07:07 - 00:35:22:19]

**Caryn Bell:**

And so I think that it is a double edged sword that regardless of what we do, even which I, I always appreciate at Abbott Elementary, reference, I think there's so many examples of life lessons from that show, which, you know, is a form of black art in and of itself.

[00:35:33:23 - 00:35:38:08]

**Caryn Bell:**

But I just think that I've had, for example, my research be spoken of in a way that is, that was not my intent, but it served the purpose of someone else. I mean, actually a very racist way. And I was like, that's not exactly what I said at all. So I appreciate this complicating of the term or the phrase rather, black joy is resistance or joy is resistance, because I did try to, you know, not say it, but I do think that people use that phrase in a very flippant way, or they use it as, you know, something to sell an idea or sell something, they don't really live that experience. And so you both talked about it in a way that is the reality of that phrase. And really the reality of black life, that it can be a very double edged sword in every instance, including in our health equity research. So I really thank you for that. Something that we have been talking about here at P4HE is storytelling, documenting, narrative change.

[00:36:57:17 - 00:37:21:01]

**Caryn Bell:**

And so I wanted to ask the question, why is it important to document and amplify black stories related to healing, celebration, creativity, and resilience? I think Dr. Faustin just gave us again, a great example from Abbott Elementary. But in terms of either your work or just life in general, why do you think it is important to document and amplify these types of stories? I think we can start with you, Dr. Faustin, because you talked about this idea of optimal births, which I don't know if I can't remember if you use that phrase, but that's the thought.

[00:37:39:12 - 00:37:47:14]

**Caryn Bell:**

Where does that need to amplify these stories of black healing and celebration and creativity and resilience?

[00:37:49:11 - 00:37:49:15]

**Dr. Yanica Faustin:**

Yeah. Well, first, my brain is telling me to say this first thing first, which I've also had my work be used in a divisive fashion because I look across the diaspora, but only within black.

[00:38:07:06 - 00:38:18:18]

**Dr. Yanica Faustin:**

My research is only ever focused on black population. So I don't even, in my quantitative research, I don't use white populations as a comparison or a gold standard or any type of thing. And that's a choice.

[00:38:20:03 - 00:38:40:20]

**Dr. Yanica Faustin:**

And so I have had my work using divisive fashion, why aren't you including white birthing people here as a comparison? And also, oh, so these black people have better outcomes. So they are, and I always make it a point when given the opportunity, sometimes people will just take your work and then whatever, but to make it clear that the methodology is intended, is used in the way it's being used to show that racism is killing black bodies. We're talking about differential exposures on both timing, when you think of life course theory, timing, when you think about migration, length of stay, duration of exposure, essentially, and then frequency, right? So all of those different factors are coming in, intersection out of the black course weathering to make a case or a deeper understanding of how racism is harming black bodies. So like the statement of the body of research is racism is killing black people.

[00:39:22:11 - 00:39:26:06]

**Dr. Yanica Faustin:**

And yes, some black people are having lower outcomes, but not due to being, taking the narrative and spinning it to be divisive, but due to the fact that they're having less exposures over time. So it's about a timing theme.

[00:39:36:20 - 00:41:11:06]

**Dr. Yanica Faustin:**

But the thing is, and I'm bringing this up to also say that like, what we measure is what gets believed. So if you only look at black people as a whole, and you see they have these higher rates of diverse outcomes, then you start creating a problem around black people being inferior, biologically, or black people are doing something to themselves. And that's why they all are experiencing this. But when you dive in and you start looking in at that black population that they're calling black, you start seeing different rates for different groups that have different timing exposures. Now you can't say that this is biological, right? Now you can't tell me that, you can't tell me that. So it's always been about getting receipts to say, because when I first started, there was still that, there was still going on. Well, is it biological or is it social? It's like, I'm telling you, all these people are black. So you can't tell me this is biological. When I have a group of population here, it's quantitatively coming up as being very close to white birthing people. So how is this biological? And the thing is, what we measure is what gets believed, what gets believed is what gets funded. So if you have all this data on black suffering, which I'm glad you use that work, it's like, that's what it is. You know, I know we have to document, but we've been documenting it forever, right? So we have all this data on black suffering, black inequities, black higher rates of this, and almost like a very much smaller body on black thriving, like, you know, on black people doing well despite all the things that are stacked against us. Like it's amazing inequities aren't higher, right? Considering all things considered, you know, how long you've been doing this. So, but the field, you know, we can't see what works. That's not what being collected. That's not the data we're looking at. And the data systems have been,

[00:41:13:14 - 00:41:27:15]

**Dr. Yanica Faustin:**

you know, just, yeah, I'm gonna say it, designed for that purpose, you know, designed so that we are not collecting the data that we need to collect to truly see everything, to paint the picture that we need to actually create interventions that work.

[00:41:29:01 - 00:41:38:08]

**Dr. Yanica Faustin:**

So amplifying these stories isn't just about, you know, feeling good, which I think is a part of the purpose of changing the narrative, but it's also about correcting a measurement gap too. And that's why narrative is so important. It's not just about a feel good story. It's about collecting data that we need to create the true solutions. Because without that, it's really hard to do the work we have to do. If we only ever document the harm, we build a system that knows how black communities die and doesn't know enough about how we live. I go on about that forever. My, like, data is just my like soapbox thing.

[00:42:07:10 - 00:42:34:20]

**Dr. Tiffany N. Ford:**

Yeah, I, I want, I've like retweet everything you just said. And yeah, I think sharing these stories is, is like both healing in and of itself, but then also can serve as this, you know, catalyst for future research and an action. Like, I think that by seeing what exists, what is real, what is possible, then, you know, we can imagine something greater for our shared future.

[00:42:37:10 - 00:42:44:08]

**Caryn Bell:**

I want to ask you all about what type of infrastructure changes are needed to, to really get this type of work supported, to make sure that this type of work not only can continue to be done, can expand and actually be operationalized. And I even question using that word, but what, what type of infrastructure changes are needed to make what you all are talking about even a bigger part of health equity work?

[00:43:21:19 - 00:43:23:10]

**Dr. Tiffany N. Ford:**

Back to Faustin, what do you think?

[00:43:25:12 - 00:43:26:23]

**Dr. Tiffany N. Ford:**

Oh, man, where did we start?

[00:43:28:13 - 00:43:31:09]

**Dr. Tiffany N. Ford:**

I'm like, I totally have some thoughts. I'm so curious to hear your thoughts.

[00:43:32:23 - 00:43:38:04]

**Dr. Yanica Faustin:**

A sign out, I was going to say, I think Dr. Ford and I are both here for the app. So, you know...

[00:43:38:04 - 00:43:40:00]

**Dr. Tiffany N. Ford:**

Right, exactly. So we keep doing it.

[00:43:42:16 - 00:44:02:06]

**Dr. Yanica Faustin:**

Man. So, I mean, I think the infrastructure is all backwards now. Like, you know, we as researchers come in, we, you know, not us, but we extract the story, you know, we publish it, we build careers on it. And then if the community is lucky, they get a copy. Oh, you know, of the report and probably.

[00:44:02:06 - 00:44:04:11]

**Dr. Tiffany N. Ford:**

And behind the paywall. So, you know, if that even, but so really, I think the whole thing would have to be flipped. I mean,

[00:44:18:17 - 00:44:29:05]

**Dr. Yanica Faustin:**

I feel like right now, partial ownership is like a courtesy stand to community as academics. If there was the infrastructure we needed,

[00:44:30:08 - 00:44:48:14]

**Dr. Yanica Faustin:**

it would be funded so that community was embedded from the beginning or they were the researchers, you know. And if it wasn't funded that way, or if it wasn't designed that way, it wouldn't be allowed to exist. Like, it would be funded. That would be the real infrastructure. I think there are some groups that are trying to do more of that.

[00:44:50:12 - 00:45:03:04]

**Dr. Yanica Faustin:**

But yeah, I think the infrastructure we would need for something like this would be in the community would have to own the narrative. Because let's be real, these are assets, you know, these are like, I think you were saying it earlier, that I see some commodities, I think you said, or something like that. Yeah, like, you know, so the community needs to own that. And right now, the I don't even say the visitors own it, the Academy owns it, you know, the ivory towers own it, we don't even we don't even own it, to be real. But yeah, because it's IP, for real, you know, it's IP.

[00:45:25:13 - 00:45:29:10]

**Dr. Tiffany N. Ford:**

Yeah, I feel like you, Dr. Faustin, you alluded to something that was in my head, which is like, you know, I feel like, as a field, we're like starting to move forward, I think, on the idea of, like, the importance of like community narrative and like the narrative power, right, like, we're definitely moving forward on that, I think, like, conceptually. Right, so I think we have all the right words, like we value lived experience, and we value the voices of impacted communities, and things like that, right. But like, practically, like, I within my institution still pay people in a timely manner, because of all of the administrative burden that exists, right, like that's in place. I'm still struggling to like, identify what money I can use to feed people when I invite them to meetings, right. And so if we know that a core part of these joyful gatherings is like food, people gather around food across, you know,

[00:46:35:10 - 00:46:58:16]

**Dr. Tiffany N. Ford:**

ethnicities and like experiences, right, this is this is a thing that matters, and is a center of like, joyful and loving gatherings, yet I struggle to be able to like, buy food for events, for example, like with community partners and people who I'm building research partnerships with, right. And like, so I just think, you know, if we have the infrastructure in place to like truly value

[00:47:00:06 - 00:47:27:00]

**Dr. Tiffany N. Ford:**

community, like narrative power, and like, in the in the movement towards advancing health equity, like it would be easier to pay people, and it would be easier to feed people. Like, I think those are two basic things that would exist. Like those are the those are the key, like some of the key indicators, I think, it's like, can I pay people more than \$200 in a year easily? Right? Like, can I, for example, right? Can I get food for this event?

[00:47:28:06 - 00:48:12:23]

**Dr. Tiffany N. Ford:**

Can I? And so, so those are definitely things. And maybe I'm just a bit salty, because these are issues that I like regularly face. But I think honestly, across institutions, I think this, this these are issues that other researchers face, and it's, it can be such a barrier to relationship building, because all it does is, is, you know, reify the harms that these institutions have already committed on these same communities, right? I did work with you on x date, it has been multiple months, where is my money? Like, you cannot do people like that, especially you rich institution, you cannot do people like that. So I think that that would change. That would look different.

[00:48:14:06 - 00:48:20:06]

**Caryn Bell:**

Yeah, listen, I, I, we all have these experiences. And I'm sure lots of other people who will be listening to this can pinpoint those exact same very practical changes that need to be made. But then thinking about what you say, Yanica, like, that's a philosophical and identity change. And I really, since moving here to New Orleans, I have seen some of the most innovative, effective, rooted in black culture and black joy and black healing work in community organizations here. And so I think of myself as just the help group, you need me to analyze your data? I got it. I can do that for you. Oh, let's let's collaborate on analyzing and designing the studies and analyze your data.

[00:49:07:08 - 00:50:11:07]

**Caryn Bell:**

And so that has been really a joyful for talking about black joy. That has been the most joyful experience for me here. Um, in doing that type of work, because I'm just so floored by the brilliance and genius that is already in our communities, they, you know, they need us to either help out or move out the way, in my opinion. And so I that's been my stance. And I do think about like, okay, who should be involved and maybe who shouldn't be involved at P4HE this organization that we're recording this podcast for, Partners for Advanced Health Equity. It's really all about cross sector collaboration. And I don't think that always looks the same for every type of projects. I don't think everybody always has to be at the table. I think the table can look different depending on the goals and identities and resources. So I'm wondering about how you think about collaboration in this work and what has that been like for you?

[00:50:24:18 - 00:50:25:23]

**Dr. Tiffany N. Ford:**

I mean, either one. I feel like I think about collaboration, I think basically along the lines you just said, which like, I'm here to help out, you know, like I, so I think like when I think about, when I think about collaborations with, you know, my different community partners, whether they be like individual folks or like a nonprofit organization, what have you, like, I think about the collaboration as like, what, what are y'all trying to do? Like, what do you all need? And how can that align with like the skills that I have and what people are trying to fund right now? That's oftentimes how I think about those, those kind of collaborations. I view my work as like, I, there are other ways that I could have contributed to the fight for racial justice. And these are the tools that I built up. And this is the lane that I chose is like, through academia. And so like, I'm a part of the team. So like, what are we doing? Let me know how I can support. Like, that's, that's how I view these like research collaborations.

[00:51:37:08 - 00:51:38:12]

**Dr. Yanica Faustin:**

Yeah. I mean, I think that for me, the collaborations are always about, you know, I think both of your, like exact same things, both of you were saying, like, how do I decenter the Academy in this collaboration, you know? And I try hard to like, when I show up in a space, whether it's like a nonprofit or community org, or like, you know, for this most recent project that I've been doing, we have a community advisory board. And I've been in spaces and seen cabs run in different ways. And I've really tried to run our cab in a way where they are running us, you know, we're not running them. And I mean, they have pushed me hard on things that I was like, Oh, do we really need to? And they're like, yes, you know, so and then we do it.

[00:52:25:10 - 00:53:15:10]

**Dr. Yanica Faustin:**

And, and that's what I think it is. I think it's about I mean, same as like when you collaborate with a friend on throwing a party for another friend, like collaborating with the right people, you know,

and realizing it's not about you, but it's about the person we're throwing the party for, right? So it's not about me or this two shot representing or whatever. It's about the greater good that we're here for. It's about the goal we're coming to achieve. It's about the community. And so that's the case, then I can't be running it, they have to run it. And I'm here to use, you know, the tools that I've learned to help them do what we're doing, you know. So yeah, it's about decentering the institutions and the structures, and really focusing on embedding the community in the process and having them run it as opposed to you running it, because it's just going to be better, to be honest.

[00:53:15:10 - 00:53:19:04]

**Caryn Bell:**

I think that's fair, like not even a question. So yeah, yeah. Yeah. I have one last question.

[00:53:25:19 - 00:53:44:02]

**Caryn Bell:**

In the second quarter of 2026, P4HE's theme has been around storytelling and narrative change. And so when you think about the narrative that is out there, either about the topics that you work on, the people that you work with, or even thinking about the topic that we have focused on, Black joy and Black strength and healing. If you were to think about like 10 years from now, what would you want the narrative to be on this topic, on these topics?

[00:54:08:00 - 00:54:13:08]

**Dr. Yanica Faustin:**

I feel like, I think that right now, okay, so I think in 10 years, I mean, I want a lot of things, but I can say the basics. I think I'd want it to be, look at what's working in these communities, and have that be a fundable research question. Like, can we have a bunch of CFPs and RFPs for tell me everything that's working and how we scale that?

[00:54:51:11 - 00:55:03:21]

**Dr. Yanica Faustin:**

Yeah, and let's put the same rigor and dollars and truly have real community embedded, not community-based, not community participatory, but like community embedded research and that.

[00:55:05:21 - 00:55:12:13]

**Dr. Yanica Faustin:**

Yeah, because I think the narrative that's really visible now is all the documentation of the harm and the death and the horrible treatment, and you know, all of that is happening, and we should still have that be visible, but I think I maybe would want more of the narrative to be around the communities that are doing well or the people that are doing well, not being the exception.

[00:55:32:11 - 00:55:42:09]

**Dr. Yanica Faustin:**

But 10 years from now, it'd be great if there was less of the exception, more of the norm, and we're funding research around what's working and scaling that.

[00:55:42:09 - 00:55:44:05]

**Caryn Bell:**

I like that. I think we can have that today. I think it's just a matter of the funders, and not just the funders, really. The researchers, everybody, changing their minds. Let's do it. Yeah, what about you, Dr. Ford?

[00:56:01:19 - 00:56:12:13]

**Dr. Tiffany N. Ford:**

You know, I'm like, I'm really thinking about this, and I'm trying to come up with a maybe like better answer than what's in my mind, because what I'm thinking is like, I feel like the stories that I want to hear be told, and the people that I want to hear from in this 10 years into the future are the people and the stories that I don't even know about yet.

[00:56:29:01 - 00:56:40:23]

**Dr. Tiffany N. Ford:**

I don't even know, you know what I'm saying? But they will be there, and we will hear from them, and I look forward to them having their opportunity to share their stories.

[00:56:42:06 - 00:57:01:13]

**Caryn Bell:**

Yeah, that goes back to this idea of curiosity. Like, even I would, I will say for me, even I might have closed my mind too early, you know, like I've said, Oh, well, we need to change this stuff and blah, blah, blah. And this is what I think. But maybe I just need to have an open mind and be curious about what is possible, what is there. So yeah, I appreciate that.

[00:57:12:18 - 00:57:13:09]

**Caryn Bell:**

That's good. I do want to ask if you have any final reflections. And you can even answer that by thinking about what is one thing you hope listeners might take away from this conversation, but any final thoughts that you might have?

[00:57:36:11 - 00:57:39:16]

**Dr. Tiffany N. Ford:**

I feel like my final thoughts maybe circle us back to where we kind of started, which is just like reminding folks, at least reminding folks of the way that I think about Black joy, which is that it's not necessarily about the topic of your work, but it also can be shown an experience in how we do the work. Like we can be intentional about treating ourselves better than what academia maybe prepares us to experience. We can create those environments for love and care, care for others, care for ourselves, joy. We can create that in the spaces that we occupy. We can create agendas for meetings that allow time for check-ins at the beginning and actually listen to what people say instead of just a quick little pass by. We can create budgets that allow money for food as much as possible, project timelines that are practical and actually allow for human interactions and skill building and relationship building.

[00:59:08:00 - 00:59:43:01]

**Dr. Tiffany N. Ford:**

I just think that when I think about Black joy, I think about what are the things that I have control over in the spaces where I have a bit more autonomy so that I can create a bubble of joy around me and all of the people who are close to me can come up in this bubble and that's what we're doing. I just want to encourage people to think about maybe you've done your training in XYZ topic that is not inherently a joyful topic but you can move through your work joyfully and that is a decision that we can make.

[00:59:45:09 - 00:59:55:19]

**Dr. Yanica Faustin:**

I love that and honestly that's something I'm taking away. What Dr. Ford said start at the beginning, I noted that down. Yes, it's about how I do the work too. Let me do it with some joy.

[00:59:56:23 - 01:00:00:01]

**Dr. Yanica Faustin:**

I feel like that's something that I've taken away from today for sure and I love all of that. I love especially what you said about agency. I think my reflection would be on the fact that we all have agency even within the institutions that we're in.

[01:00:14:22 - 01:00:42:08]

**Dr. Yanica Faustin:**

Sometimes it feels like by being in these spaces we're signing an oath to do the thing that they want to do but we have our own agency in autonomy even within this space and so let's use it to have that curiosity and to do that dreaming beyond those imagined boundaries that they've trained us in. I think that that would be a final reflection. Let's be curious, let's dream and use our agency for joy.

[01:00:44:22 - 01:01:04:13]

**Caryn Bell:**

Yeah, thank you both like so much. I appreciate being able to have these conversations in general but I really appreciate this one. I've taken away a lot and I'm sure our listeners will. Dr. Faustin and Dr. Ford thank you so much for being with us and for sharing your thoughts.

[01:01:05:22 - 01:01:22:21]

**Caryn Bell:**

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[01:01:26:12 - 01:01:47:22]

**Outro:**

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