

# Health Equity

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*Above: Thomas LaVeist in his office at the School of Public Health. (Photos by Paula Burch-Celentano)*

**As the COVID-19 crisis engulfs the Black community, Thomas LaVeist, dean of the School of Public Health and Tropical Medicine, explains why — and leads the way to changing the unjust health gap.**

As the mysteries of the novel coronavirus unfolded during the first half of 2020, reports surfaced that the disease disproportionately affected African Americans and other people of color as compared to the overall U.S. population.

Social scientists sought to explain how inequities in health care, some rooted in decades-old racially based practices, placed people of color more at risk. Housing often contributed to COVID-19 infection rates. So did mass transportation.

[Thomas LaVeist](#), dean of the Tulane School of Public Health and Tropical Medicine, who also serves as the Weatherhead Presidential Chair in Health Equity, emerged as a national expert whose research showed how COVID-19 affected African Americans and how years of racial discrimination could have lingering effects on health outcomes.

Like other researchers, LaVeist, a medical sociologist, recognized COVID-19's ability to take hold in communities with a pattern of underlying conditions like diabetes and cardiovascular disease, but he was skeptical that these underlying conditions were the primary reason for race disparities in COVID-19 deaths.

LaVeist has spent more than 30 years studying disparities in health care, specifically how social and behavioral factors explain race differences in health outcomes, and what has been the impact of social policy and interventions on the health of African Americans. COVID-19 was only the most recent example of these disparities at work, even if it was the illness that got all the media attention this year. LaVeist has been featured on NBC News, ABC News, National Public Radio, and other national and international media outlets.

“Categories that determine how healthy a population is include your genetic endowment; your health behavior plays a role; then there's what you are exposed to, what environmental risks might be where you live,” LaVeist said.

“But then there's also the social environment — transportation being one example, or a food desert: an environment where there just isn't access to healthy foods, or there is a great deal of community violence or your occupation. Minorities are more likely to hold jobs that they cannot do from home.” The combination of many of these factors increases minorities' risk of contracting COVID-19.

New Orleans data supports these insights. In a city where African Americans are overrepresented in certain employment fields that place them at higher risk for

COVID-19 infection, 77% of New Orleans' overall COVID-19 deaths were in the African American or Black population as of June 5, 2020, according to the Data Center of New Orleans, working from reports provided by the Orleans Parish Coroner's Office.

That means for all age groups 50 years or older, Black people in New Orleans are dying at a rate three to 12 times greater than for White people, the center concluded.

## **Body of Research**

LaVeist brings to his deanship a vast body of research, experience in Congressional testimony, professional affiliations and numerous awards.

He was the first faculty member to hold one of Tulane's endowed presidential chairs, created to support the recruitment of exceptional, internationally recognized scholars whose work transcends and bridges traditional academic disciplines. When he arrived at Tulane in July 2018 after serving on the faculties of Johns Hopkins and George Washington universities, he already knew how New Orleans fit into a snapshot of national health outcomes.

"The disparities that we see in this city are steeped in the history of this country," he said. "In public health, in the United States, we don't teach the history of this country sufficiently. I think many highly educated people do not know the history of the United States, especially as it relates to race and how things have come to be as they are.

"It's easy to come [to New Orleans] and say, 'Well, what I see is the Black people tend to be poor. And the White people tend to be better educated and more affluent.'" But without any understanding of the city's history, the casual observer might draw the wrong conclusions about the city and its inhabitants.

"That's a simplistic way of viewing the world, but I think that's how the human brain operates. We try to draw conclusions from incomplete information," LaVeist said, adding, "for some of our students" — New Orleanians — "this is their only experience they have in the United States. New Orleans is what they see."

## **Multiple Fields of Study**

LaVeist's route to the dean's office went by way of the football field, the band room and a gym — an early sign that he would create a career that drew from and touched on different fields of study.

He said as an undergraduate, he had multiple interests and explored several different majors, all while playing drums in University of Maryland Eastern Shore's marching band and playing on the school's football team. After a while he settled on sociology, then pursued graduate degrees in that field at the University of Michigan, and worked as a social worker during the HIV/AIDS crisis in New York in the 1980s.

While he was writing his PhD dissertation in political sociology, which examined the effect of African American governance on the quality of life for African Americans in select cities, the research revealed that African Americans had a worse health profile across the board, and that health measures often served as an indicator of quality of life. Around the same time, LaVeist said, he was on the way to the gym when he noticed a sign outside the university's School of Public Health. Curiosity led him inside, where he randomly encountered a faculty member who explained to him the basics of public health. That meeting with a professor, combined with LaVeist's introduction to the analysis of health measures, set his career on a different path entirely.

"I became fascinated by this idea that the work that we're doing in sociology has implications for the health of populations. I had no idea that the skills I was learning could be used in this way. And I became fascinated by whether or not we could understand why there was this race disparity in health."

He joined the faculty of Johns Hopkins in 1990. While there, one of his significant studies was the EHDIC study, "Exploring Health Disparities in Integrated Communities," which was published in the *Journal of Urban Health* in 2008.

"What we wanted to do was address this issue of whether or not racial disparities were based on biological or genetic differences between race groups. But it's a hard question to answer when you have a country that is racially segregated," said LaVeist, the lead researcher. Nonetheless, he and his colleagues identified a community where there was no difference in the income or education levels of Black and White residents, "as close to a laboratory condition as you could expect to find naturally occurring in a community," he said.

The researchers found no racial disparities in that community; the study suggests that “when Black and White people live under similar conditions, their health status is similar, which tells us that if we want to fix the disparities problem, we’re not going to fix that through biological or genetic or even medical solutions. We’re going to fix that through social and economic solutions, by equalizing the living conditions that people have.”

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Thomas LaVeist, dean of the School of Public Health and Tropical Medicine

## **The Skin You’re In**

Founded in 1912, the School of Public Health and Tropical Medicine is the first school of public health established in the United States. It is also the only school to combine the fields of public health and tropical medicine.

The school was recently ranked 13th in the country for “best public health schools” by *U.S. News and World Report* (2019). Next year, one of its most innovative programs, the collaborative MD/MPH degree program, a joint degree program shared with Tulane School of Medicine and the first of its kind, celebrates its 50th anniversary.

Under LaVeist’s leadership, the school has been intentional about its place in the COVID-19 response. In March 2020, mere weeks after the first case of COVID was identified in New Orleans, the school launched [\*Tulane Outbreak Daily\*](#), an email newsletter with “a curated daily wrapup of the timeliest and most relevant news and data focused on emerging infectious diseases like COVID-19.” Faculty members trained in fields like epidemiology, infectious diseases and environmental health applied their knowledge bases to COVID-19, embracing COVID-19 research opportunities along the way.

In April, Louisiana Gov. John Bel Edwards announced that LaVeist had been appointed as a co-chair of the Louisiana COVID-19 Health Equity Task Force, whose

mission is to provide recommendations related to health inequities that affect the communities heavily impacted by the coronavirus, including best medical practices and protocols and testing availability and access for all communities.

LaVeist had also brought to the university his brand "[The Skin You're In](#)," a multimedia effort "that aims to inspire a movement to produce positive change to close the unjust health gap that plagues African Americans." The project originally addressed public health conditions such as heart disease and cancer, as well as mass incarceration and police brutality, but in 2020 it made a sharp turn to encourage healthy behaviors during the pandemic, such as physical distancing and wearing masks. Today the exterior of the School of Public Health, housed on well-trafficked Canal Street in downtown New Orleans, received a face-lift with colorful graphics reminding New Orleanians to physically distance and wash hands often.

"We just made our first [PSA featuring \[New Orleans musical artist\] Big Freedia](#), educating people about wearing masks," he added.

As dean, he also hopes to raise the research profile of the school, review the curriculum to ensure that it meets 21st century needs, and help public health students integrate better into the community — at the very beginning of their education.

"One of the things that we are doing in the School of Public Health is looking at our student orientation. We started this year for the first time adding information about the history of the country, adding into the curriculum history of policy, the ways in which government policy produced the inequities that we see. People need to be educated about it so that they have a better understanding about how to intervene and make a difference. I think that's really core to public health."