

S U M M A R Y R E P O R T

The Ninth National Conference on Health Disparities and The National Environmental Justice Conference & Training Program

A National Dialogue for Building Healthy Communities

Marriott Marquis Washington, DC | March 9-12, 2016





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Special thanks to our conference photographer, Cherise Richards of Cherise Richards Photography.
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FOREWORD AND ACKNOWLEDGEMENTS

Dr. David E. Rivers

Associate Professor, Public Information
and Community Outreach Director
Medical University of South Carolina



Dr. David Rivers

The Ninth National Conference on Health Disparities (NCHD) and the National Environmental Justice Conference & Training Program joined forces to present “A National Dialogue for Building Healthy Communities,” March 9-12, 2016, in Washington, DC. A large and diverse audience of five hundred attendees, including 110 college and professional students, contributed to the conference’s presentations and discussions on health disparities, the social determinants of health and the impacts of climate change on community health. In that spirit, we present this Summary Report on the 2016 conference.

As the National Conference on Health Disparities grew and matured from 2007 through 2014, it sharpened focus on the role of social determinants, including Environmental Justice, in individual and community health. The message is clear: “Social determinants,” such as Environmental Justice, poverty, educational attainment, housing quality, public safety and environmental quality are major contributors to health disparities.

The 2016 program offered a strong line-up of featured speakers, including a Keynote Address by U.S. Congressman James E. Clyburn; nine moderated, issues-driven panel discussions; a Congressional Roundtable, and an Undergraduate and Graduate Student Research Forum.

The first panel discussion laid the groundwork, as five members of the original National Environmental Policy Commission (NEPC) reflected on their findings regarding the relationship between Environmental Justice and public health in healthy communities. Thirteen years after the 2003 publication of the NEPC’s landmark Final Report to the Congressional Black Caucus Environmental Justice Braintrust, progress has been made, but there remains much work to be done.

Eight subsequent panels focused on the social determinants of health, climate change, the role of translational research in the development of public policy to address health disparities, identification of successful community-based programs, improving race relations in America, the role of personal responsibility and prevention in reducing health disparities, human trafficking, and the role of the public and private sectors in reducing health disparities and environmental injustice.

No such conference is possible without a major commitment of intellectual and logistical resources, including direct sponsorship and support. All told, over 20 sponsors and supporters delivered monetary and in-kind support that enables program visionaries and planners to conceive and deliver a relevant, impactful agenda. See pages 54-55 for our sponsor and supporters list.

continued

FOREWORD AND ACKNOWLEDGMENTS *continued*

These topics built on those presented to NCHD attendees between 2007 and 2014 in such diverse locations as Charleston, SC; the U.S. Virgin Islands; Atlanta, GA; Philadelphia, PA; Little Rock, AR; and Long Beach, CA. Those programs uncovered a larger story: that social determinants are major contributors to health disparities. Some suggest that the reverse is also true: that health disparities contribute to poverty, creating a hard-to-break cycle of determinants and disparities. These findings point to the potential benefits of rededicating a significant portion of America's healthcare resources to programs that emphasize education, prevention and personal responsibility – each person's willingness and capacity to make informed decisions that reduce the likelihood of disease development.

As we begin planning the 10th NCHD, it is our intent to focus on issues such as social determinants of health, poverty, education, climate change and environmental quality, human sex trafficking and women and men's health issues, gun violence as a public health issue, as well as police and community relations. In addition, the conference will feature the nations best in translational research and cutting edge community-based programs.

The 10th National Conference on Health Disparities: A National Dialogue for Building and Sustaining Healthy Communities will take place May 3-6, 2017, JW Marriott in New Orleans, LA. Reflecting on prospective conference topics, panels and speakers, we believe New Orleans sits at the crossroads of community interest, issues and answers to build and sustain health communities.

Again, I would like to thank all of our sponsors and supporters, advisory board members, staff and volunteers. We look forward to your support for the upcoming conference, and I look forward to seeing you there.



Dr. David Rivers



Nancy Pelosi
Democratic Leader

March 9, 2016

Dear Friends:

It is a privilege to extend greetings to those joined here for the Ninth Annual National Conference on Health Disparities and 2016 National Environmental Justice Conference and Training Program

How wonderful to bring together so many friends and leaders to address the important relationship between environmental justice and the health of our communities. Your work to ensure all Americans have access to quality healthcare regardless of their economic status and race is truly critical and greatly appreciated. I especially commend the steadfast leadership of my colleague, Assistant Democratic Leader James E. Clyburn, in fostering a productive dialogue around public health, sustainable practices, and the economic development of our nation.

Thank you again for your tireless efforts in raising awareness on this vital issue and in improving the lives of so many across America. My best wishes for a successful and memorable conference.

best regards,

A handwritten signature in blue ink that reads "Nancy Pelosi". The signature is fluid and cursive, with the first name "Nancy" written in a larger, more prominent script than the last name "Pelosi".

NANCY PELOSI
Democratic Leader



HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

JAMES E. CLYBURN
SIXTH CONGRESSIONAL DISTRICT
SOUTH CAROLINA

March 9, 2016

Dear Friends,

It is my pleasure to welcome you to the 9th Annual National Conference on Health Disparities & 2016 National Environmental Justice Training Program in Washington, D.C. I am pleased this event is being held in the Nation's Capitol where policy is formulated to address and combat the significant health disparities and environmental issues which adversely affect our society in so many ways. During your time at this conference, you will witness much of the exciting work which is taking place here to address these issues and I trust that you will learn much from these efforts.

The theme for this year's conference "A National Dialogue for Building Healthy Communities" reflects the understanding that communication, cooperation and partnerships are key elements in the elimination of health disparities and in the creation of sustainable communities. This conference brings together some of the brightest minds working in the fields of health disparities and environmental justice and, I look forward to hearing from them regarding the challenges that we face and the creation of sustainable solutions.

Best wishes for a successful conference and I hope that you will take advantage of all of the amenities that exist here in the Nation's Capitol during your stay here.

With kindest regards, I am

Sincerely,

A handwritten signature in black ink, reading "James E. Clyburn".

James E. Clyburn
Assistant Democratic Leader

AMERICA'S
CONGRESSIONAL BLACK CAUCUS

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February 4, 2015

Dr. David Rivers
Associate Professor
Director of Public Information and Community Outreach
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425-4030

Dear Friends and Colleagues:

A special welcome to all the speakers and attendees of the Ninth Annual National Conference on Health Disparities & 2016 National Environmental Justice Training Program. The Congressional Black Caucus recognizes the strong relationship between environmental justice and economic development. We are excited about this year's theme, "A National Dialogue for Building Healthy Communities," which directly addresses issues surrounding health disparities and shines a light on efforts to build and sustain healthy communities.

Unfortunately, some of society's most disenfranchised face severe and detrimental consequences which affect their health and general well-being. We recognize that major contributors to health disparities are related to quality of housing, public safety, accessibility of services, poverty, and educational attainment. Environmental justice should be a right of all people and not a privilege for a few. All people, especially society's most vulnerable, are in need of change and advocates who will fight for their basic rights and opportunity to live a healthy and productive life.

It is our hope that the information given and received at your conference will be a catalyst for positive change and healthier communities. Your passion coupled with your strong efforts are greatly admired and appreciated. We wish you all the best as you tackle these serious issues in our society.

Very truly yours,



G. K. Butterfield
Chairman
The Congressional Black Caucus





CONGRESSIONAL HISPANIC CAUCUS
Linda T. Sánchez | Chairwoman
114TH CONGRESS

March 9, 2016

Dear Friends,

On behalf of the Congressional Hispanic Caucus (CHC), I would like to welcome you to the 9th Annual Conference on Health Disparities & 2016 National Environmental Justice Conference and Training Program. Your participation in this conference, "A National Dialogue for Building Healthy Communities," and the work you do are critical to helping eliminate health disparities and obtaining environmental justice for all Americans.

The Congressional Hispanic Caucus joins you in the fight for health equity. The CHC has a strong record of working with the Congressional Black Caucus and the Congressional Asian Pacific American Caucus on health issues affecting minority communities. In the Latino community, we know that 31% of Latinos live within 30 miles of a power plant. Latinos are 165% more likely to live in counties with unhealthy levels of particulate matter pollution. These consequences are evident in the high rates of asthma among Latinos, with over 3.6 million Latinos suffering from the disease.

We extend our best wishes and hope this conference is a successful one. Thank you again for your work in eliminating health disparities and know that the Congressional Hispanic Caucus is your ally in this effort.

All the best,

Linda T. Sánchez
Member of Congress
Chair, Congressional Hispanic Caucus

BARBARA LEE

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March 9, 2016

Dear Friends,

It is my pleasure to welcome you to the 9th Annual National Conference on Health Disparities & 2016 National Environmental Justice Training Program in Washington, D.C. I would like to thank my colleague, Congressman James E. Clyburn, for his continued leadership in this area and thank the Conference organizers and sponsors for all of your hard work to make this event a reality.

Unfortunately, I could not be there in person to welcome you and discuss the disproportionate health and environmental disparities facing minority and low-income communities. As a co-chair of the bipartisan Congressional HIV/AIDS Caucus and Congressional Asian and Pacific American Caucus's Healthcare Task Force, I am truly committed to eliminating the health disparities that persist in our nation. For years, I have been working to address the environmental injustices and health impacts of climate change. As Chair of the Congressional Black Caucus in 2010, I was proud to work with my colleagues to organize a Historic EPA-CBC Environmental Justice Tour, which highlighted environmental justice challenges faced by Americans around the country.

I am so glad that this conference will bring together our brightest researchers, activists and policymakers. As we work in Congress to address these challenges, your insight and input are more important than ever. Together, you will discuss social determinants, address climate change, organize for environmental justice, and improve community-based public health. Your voices are critical to this fight and to ensuring that our nation's policies to address these challenges help move our communities forward.

While much work remains to address the lasting health disparities and environmental injustices that plague our communities; this conference is another important part of this ongoing discussion. Thank you all for your contributions over the next four days and I wish you a successful conference.

Sincerely,

Barbara Lee
Member of Congress



March 9, 2016

Dear Attendees,

On behalf of the Congressional Black Caucus Health Braintrust, I would like to welcome The Ninth Annual National Conference on Health Disparities and the National Environmental Justice Conference & Training Program to Washington, D.C.

For nearly 10 years, the National Conference on Health Disparities has done tremendous work in advancing the conversation on the social determinants of health through engaging and enlightening conferences held all across the country. This year's conference, a joint effort with the National Environmental Justice Conference & Training Program, as well as your theme of "A National Dialogue for Building Healthy Communities," is particularly timely and relevant as it occurs against the backdrop of the ongoing water crisis in Flint, MI that has spurred a national conversation on the responsibility of government officials in addressing environmental conditions contributing to adverse health outcomes in their communities.

The upcoming four-day program promises to be as interesting and informative as in years past, continuing the crucial discussion on the role of social determinants – with a focus on environmental factors – in impacting the health of individuals as well as communities. I'm looking forward to moderating the Congressional Roundtable, where my colleagues in the Congressional Tri-Caucus will take part in a discussion on the intersection of the efforts to address health disparities with the fight to achieve environmental justice for all. It is a discussion we hope will lead to a solid plan of action for creating healthy communities nationwide.

The Congressional Black Caucus Health Braintrust is committed to creating legislative and policy solutions to reduce health disparities and promote good health outcomes in multicultural communities. We support The Ninth Annual National Conference on Health Disparities and the National Environmental Justice Conference & Training Program because you share this commitment and your efforts this week will go a long way in advancing the CBC Health Braintrust's overall goal of achieving health equity in a generation.

Sincerely,

Dr. Robin L. Kelly, Chair
Congressional Black Caucus Health Braintrust



Welcome

National Environmental Justice Conference & Training Program and Ninth Annual National Conference on Health Disparities

March 9, 2016

As Mayor of the District of Columbia, it is my pleasure to extend a warm welcome to the participants of the 2016 National Environmental Justice Conference & Training Program and the Ninth Annual Conference on Health Disparities.

I commend your efforts for this year's conference, "A National Dialogue for Building Healthy Communities," which brings together community members, academia, the private sector, and includes state and local officials, as well as federal government representatives, to discuss the connection between health disparities and environmental justice (EJ).

I am also delighted that you have chosen Washington, DC, for the joining of these two important conferences. The nation's capital is a wonderful place to visit, and I invite you to enjoy the diversity and amenities our city has to offer.

I join the residents of the District of Columbia in wishing you a productive and enjoyable event.

Muriel Bowser
Mayor, District of Columbia





David J. Cole, MD, FACS

President

Colcock Hall

179 Ashley Avenue

MSC 001

Charleston, SC 29425-0010

Office 843 792 2211

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muscd.edu

January 28, 2016

Friends,

It is my great pleasure to join in welcoming you to the Ninth Annual Conference on Health Disparities. This year's conference is being combined with the National Environmental Justice Conference & Training Program to present "A National Dialogue for Building Healthy Communities." It was an honor and privilege for the Medical University to co-sponsor the first eight conferences and we are excited to partner with others to sponsor the 2016 Conference.

The National Conference has grown and matured over its eight years and refined its focus on the social determinants of health, the role of translational research in the development of public policy to address health disparities, the identification of successful community-based programs and the role of personal responsibility in preventing in reducing health disparities.

Like its eight predecessors, the 2016 Conference offers participants the opportunity to interact in a variety of settings, including a student forum with poster presentations, panel sessions on specific topics, keynote and luncheon speakers and more relaxed social activities.

We are pleased that you have chosen to join us at this year's conference and look forward to four rewarding days of participation. Thank you for coming and sharing your expertise and excitement with us.

Have a great conference!

A handwritten signature in dark ink, appearing to read "DJ Cole MD", written in a cursive style.

David J. Cole, MD, FACS

President

Medical University of South Carolina



Paul A. Tufano
Chairman and Chief Executive Officer

200 Stevens Drive
Philadelphia, PA 19113-1570
215-937-8400

Dear Colleague:

On behalf of the AmeriHealth Caritas Family of Companies (AmeriHealth Caritas), I would like to welcome you to Washington, D.C., and the Ninth Annual National Conference on Health Disparities and the National Environmental Justice Conference & Training Program. The joining of these two conferences demonstrates the relationship between the environment and population health, a relationship that has a direct impact on our ability to effectively build healthy communities.

We are proud to sponsor this conference, which plays a critical role in focusing our national dialogue on environmental factors as they relate to health status, especially for our most vulnerable and underserved populations.

AmeriHealth Caritas has a long history of working in underserved communities, both rural and urban. For more than 30 years, we have addressed social barriers to health equity and improved outcomes for our members. Care has always been at the heart of our work, and closing the gaps in health equity remains a top priority for our organization.

This national discussion, led by visionaries, executives and grassroots advocates exhibits a necessary collaboration between the public and private sectors. Together we can encourage actions that will enhance the infrastructure necessary to improve access to health care and, subsequently, the lives of our citizens.

Sincerely,

A handwritten signature in black ink that reads "Paul A. Tufano". The signature is fluid and cursive, with the first name "Paul" being the most prominent.

Paul A. Tufano
Chairman and Chief Executive Officer
AmeriHealth Caritas



March 9, 2016

Dear NCHD+NEJC Participants,

On behalf of Kaiser Permanente, welcome to the Ninth Annual Conference on Health Disparities and the National Environmental Justice Conference & Training Program. We are honored to be a sponsor of an event that promises to be both thought-provoking and informative. This year's theme, A National Dialogue for Building Healthy Communities, reflects Kaiser Permanente's commitment to working in partnership to create total health for our members and the communities we serve.

Reducing and eliminating health disparities is a high priority at Kaiser Permanente. We believe that our evidence-based, team approach in an integrated setting offers an effective model for addressing high-quality, equitable health care in our country. In addition, we seek to improve the health of the communities we serve by focusing on upstream social and economic determinants of health beyond the walls of our medical offices and hospitals.

There are many fine institutions and individuals dedicated to reducing health disparities at this valuable conference and we encourage attendees to learn from them all.

We are proud to participate with such a dedicated and diverse group who are willing to champion the cause of inclusive care that is respectful of and sensitive to the unique values, ideals, and traditions of individuals.

Thank you for attending and best wishes for a productive and informative conference experience.

Sincerely,

A handwritten signature in black ink that reads "Benjamin Chu".

Benjamin K. Chu, MD, MPH, MACP,
Executive Vice President, Kaiser Foundation
Hospitals and Health Plan, Inc.
Group President, Kaiser Permanente
Southern California and Georgia Regions
President, Kaiser Permanente
Southern California Region

A handwritten signature in black ink that reads "Michael Kanter".

Michael H. Kanter, MD, CPPS
Regional Medical Director of Quality & Clinical
Analysis, Southern California Permanente Medical
Group and
National Executive for Quality & Care Delivery
Excellence, The Permanente Federation



Office of the President and Dean

March 9, 2016

Dear Attendees,

Your presence at the Ninth Annual National Conference on Health Disparities and The National Environmental Justice Conference and Training Program is invaluable. It is you who must go forth and serve in a way that ultimately creates parity in health in this country and beyond. The list of crippling health disparities that affect communities of color is extensive and well-known. After decades of research, that fact is clear. Today, therefore, is the time for bold action and consensus that brings together scientists, clinicians, lawmakers, philanthropists, clergy, and more to find solutions to this critical issue.

So your charge during this conference is to listen, learn, share, collaborate and then, ultimately, act. You are among colleagues and friends who have committed much of their professional lives to this cause. I challenge you to get to know a new participant of this conference to mentor and help understand the critical intersection of science, patient care and health policy. It is within that intersection where we will begin to find the answers to health equity.

So on behalf of the extraordinary faculty, students, staff and alumni of Morehouse School of Medicine, I welcome you to this conference, and I thank all those who have worked tirelessly to host it. It is my hope that each of you receives precisely what you need from the conference to propel you to act.

Best regards,

A handwritten signature in blue ink that reads "Valerie Montgomery Rice". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Valerie Montgomery Rice, M.D.

President and Dean

March 9, 2016

Dear Attendees:

It is my great pleasure to join in welcoming you to the 2016 National Environmental Justice Conference and Training Program and the 9th Annual Conference on Health Disparities. It is an honor and privilege for our conferences to run simultaneously so we may address the interconnection between health disparities and environmental justice.

Even in the healthiest communities, age-old disparities persist and exact a toll on the quality of life and economic resources. This conference will focus on policies and programs to reduce health disparities, particularly among the poor and people of color. It will address the social determinants of health including education levels, health literacy, poverty, public safety, community design, environmental quality, environmental justice and personal, government and corporate responsibility. Conference presenters and participants will discuss solutions, review “programs that work,” and recommend policies to strengthen and enhance the current “medical model” of health through diverse, multi-disciplinary partnerships and perspectives.

Like previous conferences, this year’s Joint Conference offers participants the chance to interact in a variety of settings, including a student forum with poster presentations, panel sessions on specific topics, keynote and luncheon speakers, workshops and training programs and more relaxed social activities.

We are pleased that you have chosen to join us at this year’s conference and look forward to the four days of rewarding and challenging participation. Thank you for coming and for sharing your expertise and ideas with us.

Have a great conference!

Sincerely,



Benjamin F. Wilson, Managing Principal
Chairman, Board of Directors
National Environmental Justice Conference, Inc.

Office of the Chancellor

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www.uamshealth.com

Daniel W. Rahn, M.D.
Chancellor



March 9, 2016

As chancellor of the University of Arkansas for Medical Sciences (UAMS), it is my pleasure to bring you greetings on behalf of our institution.

UAMS is Arkansas' only comprehensive academic health sciences center, and, as such, its role is to provide leadership in building healthy communities across our state. Our university is also Arkansas' largest public employer with more than 10,000 employees, a main campus in Little Rock, a regional campus in Fayetteville and regional centers across the state.

UAMS educates the majority of physicians, pharmacists and other health care professionals in Arkansas. Under the leadership of Provost Stephanie Gardner, Pharm.D., Ed.D., and the deans of our five colleges and graduate school, we have implemented programs to help ensure that UAMS is educating and training tomorrow's health professionals to meet the ever changing health needs and to develop interprofessional and community-based educational experiences.

With support from community partners like the Black Caucus of the Arkansas Legislature and Delta Dental, we have been able to expand preventative, medical and dental services at our student-led 12th Street Health and Wellness Center. We have also expanded dental services available on our Little Rock campus and recently received legislative approval to study the feasibility of adding the state's first dental college.

We have added a Center for Pacific Islander Health in Fayetteville, where UAMS' northwest Arkansas campus is based. That center focuses on research, community programs, training, and policy. It is a reflection of the growing Pacific Islander population in the southern United States and builds upon the existing community health and research work UAMS has done and continues to do with Pacific Islanders in northwest Arkansas.

As a poor, rural state, UAMS faces challenges in addressing health disparities including lack of access to care. We are working hard to address that through our Center for Distance Health and also by adding new degree programs including Physician Assistant and Doctorate of Nursing Practice and a doctorate of Physical Therapy.

Reducing — or dare we dream — eradicating health disparities is imperative to achieving and sustaining optimum health. That's a goal that we strive for daily as part of our mission of health care and health improvement. UAMS is proud to be a part of this conference and we thank you for your partnership as we work together to improve health and health care.

Sincerely,

Daniel W. Rahn, M.D.
Chancellor



Office of the President

Greetings,

Welcome to the Ninth Annual National Conference on Health Disparities and the National Environmental Justice Conference & Training Program. It is an honor for Allen University to serve as one of the sponsors and we welcome your participation.

As a strong proponent of equity in public health and environmental justice, and recognizing the need for translational research from the various resources in the field, we are proud to be a participant. This conference is a prime opportunity, to expand the reach and extend the discourse on health disparities over time and throughout the world.

The sponsors are thankful for our experts who are here to inform and to address this divide. We also appreciate the time and dedication they provide to our novice researchers, who will continue the push for health equity, justice, and innovation into the future.

We know you will enjoy the conference and the wealth of knowledge being provided. There is an impressive agenda of diverse presentations and presenters, and we thank you for your presence.

Sincerely,

Lady June Cole, Ph.D.
President

The Ninth National Conference on Health Disparities and The National Environmental Justice Conference & Training Program

A National Dialogue for Building Healthy Communities

Washington, DC, March 9-12, 2016

The Ninth National Conference on Health Disparities and The National Environmental Justice Conference & Training Program convened in Washington, DC, March 9-12, 2016. Envisioned and delivered by both organizations, the joint conference focused on critical social justice issues, including health disparities, environmental justice and the relationship between the two.

DAY ONE: WEDNESDAY, MARCH 9, 2016

Student Research Forum

The conference opened with the annual Student Research Forum. A total of 110 graduate and undergraduate students, representing 33 colleges and universities from the United States, the U.S. Virgin Islands and Germany, participated in the forum. Students presented research and posters highlighting the unique relationship between the environment and human health, including the impacts of the environment on human health and wellness.

Mr. Bryan Sanchez of California State University, Long Beach (CSULB), presented "Association Between Perceptions of Neighborhood Safety and Healthy Behaviors Among Women in the WIC Program in California." **Ms. Courtney Maclin-Akinyemi** of the University of Memphis presented "Profiles of African-American Identity, Activity, Engagement, SES and Comorbid Obesity-Hypertension: Implications for Culturally Intervention Development." Both presentations focused on the role of research in improving health outcomes for at-risk populations in minority communities. Following these presentations, a panel of judges met with students to assess and evaluate the quality of their research. Undergraduate and graduate winners of the poster competition were announced and recognized on Day Three of the conference.



Mr. Bryan Sanchez



Ms. Courtney Maclin-Akinyemi

Luncheon Keynote

Nneka L. Ifejika, M.D., MPH

University of Texas Health Science Center, Houston, TX

Dr. Ifejika's Keynote on "Successes and Failures in Clinical Research" addressed her experience as a health professional. She advised students to find mentors who can support their research and development as healthcare professionals, to apply for clinical research grants, and to persevere if their first applications for funding are rejected.



Dr. Nneka L. Ifejika

DAY ONE: WEDNESDAY, MARCH 9, 2016

Greeting from the Joint Conference Planners at Howard University

The evening session of Day One took place at the Howard University School of Law. **Lisa A. Crooms-Robinson, J.D.**, Associate Dean for Academic Affairs, greeted conference participants and shared the history of Howard University's ongoing work to prepare lawyers as advocates for social justice. She discussed the work of some of the school's nationally known deans and graduates, such as Charles Hamilton Houston and Thurgood Marshall. She said Howard University School of Law continues its historic leadership on social justice issues, including the fight for Environmental Justice, as a part of its mission to serve the community. Finally, she stated that she is glad Howard University is partnering with the National Environmental Justice Conference to address such critical needs as clean water and clean air.

Following Dr. Crooms-Robinson, **Mr. Timothy Fields, Jr.**, a member of the Board of Directors of the National Environmental Justice Conference, discussed the significance of having a joint conference on health disparities and Environmental Justice. He noted that the National Conference on Environmental Justice was holding its 16th annual conference and the National Conference on Health Disparities was holding its ninth. Mr. Fields commended the conference organizers and sponsors – Mr. Lloyd Moore, Ms. Melinda Downing and Dr. David Rivers – for their efforts in planning and bringing the two conferences together. He noted that the two organizations had come together for a joint conference 22 years after U.S. President William J. Clinton issued Executive Order 12898 on Environmental Justice. Citing the lead poisoning controversy in Flint, MI, he said the conference occurred at an opportune moment because people are beginning to elevate the issue of Environmental Justice and its relationship to health disparities as a reason to address Environmental Justice in a major and significant way.

Dr. David Rivers also greeted conference participants at the opening plenary session. He cited the work of U.S. Congressman James E. Clyburn and Congressional Delegate Donna Christensen, M.D., who started the journey of connecting health disparities and Environmental Justice years ago. Dr. Rivers recalled how Congressman Clyburn and others created the National Environmental Policy Commission. The Commission consisted of 17 people who visited 17 states to conduct “listening sessions” and hear local residents' concerns and issues. It was no surprise that Environmental Justice and its relationship to health in general was one of the main concerns. In 2003, the Commission published *Final Report to the Congressional Black Caucus Environmental Justice Braintrust* (ISBN: 0-9657650-6-7). The report, which examined the impact of Environmental Justice on human health, was presented to Congress.

Dr. Rivers also discussed how the two conferences had come together to strengthen and clarify the relationship between the environment and health. He said that many people do not fully understand that clean water and clean air are key elements and predictors of human health. He said that the conference would examine the impact of environmental policy on health, looking at issues such as clean water and clean air. Dr. Rivers also addressed climate change and its impact on health. He criticized those people who deny the science and existence of climate change. He said people in his home city of Charleston, SC, and surrounding communities are directly affected by climate change. Dr. Rivers also discussed the social determinants of health. He pointed out that some 46 million Americans live below the poverty level, and that 22% of adult Americans have not graduated from high school. He said these and other “social determinants” affect human health and would be discussed during the conference.



Mr. Lloyd Moore, Rep. James Clyburn, Dr. David Rivers



Mr. Milton Bluehouse, Ms. Melinda Downing

Opening Plenary Session

The Laws of Attraction: Creating the Community Conditions that Draw Desired Redevelopment

Moderator

Dr. Deidre Sanders

Environmental Justice and Policy Manager, Pacific Gas & Electric Company; Board of Directors, National Environmental Justice Conference.

Panelists

Ms. Tracee Strum-Gilliam, AICP, National Market Lead in Environmental Justice, WSP, Parson Brinckerhoff, Baltimore, MD, discussed the Red Line project in Baltimore, MD, including its environmental impact and failure.

Ms. Vivian Cox Fraser, President and Chief Executive Officer, Urban League of Essex County, Newark, NJ, discussed the proposed implementation of a "community development" plan in the Fairmount neighborhood of Newark, instead of a new power plant.

Congressman James E. Clyburn greeted the audience and spoke briefly about the water crisis in Flint, MI.

Mr. Jeffrey L. Richardson, President/Chief Executive Officer, Imani Energy, Wilmington, DE, discussed how and why energy companies seek to develop land in various neighborhoods and the consequences of those actions.

Closing Remarks

Ms. Vernice Miller Travis, Senior Associate, Skeo Solution; National Conference on Environmental Justice, offered closing remarks. Mr. Milton Bluehouse, Esq. received an award from the National Conference on Environmental Justice.

DAY TWO: THURSDAY, MARCH 10, 2016

Conference Facilitator

Ms. Carolyn Sawyer

Tom Sawyer Company, Columbia, SC

Ms. Sawyer presided over the opening session of the conference. She recognized conference sponsors and supporters, who brought greetings to the participants. Ms. Sawyer also recognized the students who presented research posters at the Student Research Forum on Day One.

Moderator

Dr. David E. Rivers

Director, Public Information and Community Outreach

Medical University of South Carolina

Dr. Rivers stated the joint conference's intention of looking at environmental stressors and their impact on human health. He recognized and commended participants in the Student Research Forum. He thanked Dr. Latecia Abraham, Ms. Monique Hill, the student planning committee, Mr. Lloyd Moore and Ms. Melinda Downing for putting the conference together. Dr. Rivers also discussed the need to enhance and strengthen critical utility and transportation infrastructure in most American cities. He said that infrastructure in most cities is approaching 100 years in age. Repeating some of his comments from the first day of the conference, Dr. Rivers said that environmental issues affect human health. He said that we would hear about Flint, MI, many times during the conference.

Speakers

Dr. Beverly Perry, Senior Advisor to Washington, DC, Mayor Muriel Bowser, greeted conference participants on behalf of Mayor Bowser. She thanked Dr. Rivers and Mr. Moore for bringing the conference to Washington, DC. She noted that the theme for the conference was "a national dialogue for building healthy communities." She briefly shared with conference participants what Washington, DC, government is doing to support that theme. She stated that, every month, 1,000 new residents settle in Washington. She said that the Bowser administration is working to create good paying jobs for these new residents. One issue the administration is addressing is homelessness. They are working to make Washington, DC, the first city in the nation to end homelessness. They are making historic investments to expand affordable housing.

Mr. Christopher Drumm, Senior Vice President for Public Affairs at AmeriHealth Caritas, shared that the Philadelphia-based company has 6,000 associates, serving 19 states and the District of Columbia. Mr. Drumm stated that he is a native of Philadelphia and that as a teenager he witnessed how his father's labor union, the International Union of Electrical Workers, went on strike in 1968 against the General Electric Company (GE). GE was tough to negotiate with; the company practiced the Donald Trump philosophy of negotiation; i.e., "my way or the highway." After a 26-week strike, the union's prize was not higher wages, but health care. Mr. Drumm called the strike's success "a small blow against health care disparities" in 1968. He stated that AmeriHealth Caritas touches seven million lives nationally, but that our country should be covering 300 million lives.

Mr. Benjamin Wilson, Esq., Managing Principal of Beveridge & Diamond, P.C. and Chairman of the Board of Directors of the National Environmental Justice Conference, Inc., recognized Mr. Lloyd Moore and Ms. Melinda Downing for organizing the conference. He noted that he is from Jackson, MS, and recounted some of the events of the Civil Rights Movement in



Ms. Carolyn Sawyer



Dr. David Rivers



Dr. Beverly Perry



Mr. Christopher Drumm



Mr. Benjamin Wilson, Esq.



*Intro Panel: Dr. Sabra Slaughter, Dr. Britt Rios-Ellis,
Mr. Benjamin Wilson, Esq.*

DAY TWO: THURSDAY, MARCH 10, 2016 *continued*

the state, including the murder of Medgar Evers. Mr. Wilson remembered the day authorities went through the pretense of looking for Chaney, Goodman and Schwerner. This led into his thoughts about teaching at Howard University, and the importance of involving law students in the understanding and practice of environmental law. He said that his firm is the oldest and largest law firm involved in environmental law in the country. Mr. Wilson said that he believes environmental justice is the civil rights issue of the 21st century. He said that Hurricane Katrina taught us that we can live without food, but we cannot live without clean water. His final point: he asked students who had participated in the Student Research Forum to speak to the conference organizers – Ms. Downing, Dr. Rivers, Mr. Moore and himself – to tell them what they liked and what they did not like about the conference and how it might be improved. Mr. Wilson concluded by saying we want to find answers to problems, not just talk about them.

Mr. Robert D. Blair, Jr., Chief Administrative Officer, Southern California Permanente Medical Group in Riverside, CA, spoke on behalf of Kaiser Permanente, a conference sponsor. He noted that Southern California Permanente group is an organization of 4,000 physicians who take care of over four million people in Southern California. He said that Kaiser Permanente is one of the largest integrated healthcare delivery systems in the country, serving over 10 million members. He said that health disparities and environmental concerns are tightly intertwined with socio-economic issues. He urged conference participants “to act together [because] we all need to go home and do something with what we learn together here at this conference.”

Dr. Sabra Slaughter, Senior Advisor to the President for Diversity and Community Relations at the Medical University of South Carolina, greeted conference participants on behalf of Dr. David J. Cole, President of MUSC. Dr. Slaughter discussed the fact that the two conferences were coming together to address both health disparities and Environmental Justice issues. Dr. Slaughter stated that, as the National Conference

on Health Disparities had matured over the past eight years, Environmental Justice became a key and critical component of the voyage toward healthy communities. Therefore, no dialogue on building healthy communities can take place without strengthening that union. Dr. Slaughter also noted that in 2011, MUSC recognized the extraordinary contributions of Congressman James E. Clyburn to MUSC, the state of South Carolina and the country by naming its newest research complex in his honor: The Clyburn Research Center is the most frequently used venue on the MUSC Campus, and recently hosted the Tri-Caucus Equity and Accountability Summit sponsored by the Congressional Black Caucus Health Brain Trust.

Dr. Valerie Montgomery Rice, President and Dean of Morehouse School of Medicine, cited her investiture speech when she became the President of Morehouse College School of Medicine. She discussed the importance of partnership with like-minded individuals and organizations, equally vested in leading the creation and the advancement of health equity. She said we do not need to talk about another health disparity, but should talk about strategies that will lead us to health equity. She said that not only should we talk about ideas and strategies that will lead us to health equity, then take those ideas to the people who need them, rather than waiting for them to come to us. She also said that it matters who we educate and train for health professions. It will matter that “we have culturally competent, culturally conscious, and culturally relevant individuals who will understand the value and benefits of creating health equity.” She concluded her greetings by stating that she would present in her luncheon conversation how it matters who we are educating and training, how it is impacting our delivery of care, and challenging us in this health equity space.

Dr. Lady June Cole, President of Allen University, cited some of the ongoing health disparities in our country and their relationship to issues such as clean water and lead poisoning. She said that the continuation of health disparities begs the



Mr. Robert D. Blair



Dr. Sabra Slaughter



Dr. Valerie Montgomery Rice



Dr. Lady June Cole

DAY TWO: THURSDAY, MARCH 10, 2016 *continued*

question: Are we surviving or are we thriving? She said her goal is to see everyone thrive. She said environmental justice is not just an urban issue; it's everybody's issue. She noted that there are 26 Superfund sites in South Carolina, and they are in areas where residents are disproportionately low-income and non-white. She quoted Marvin Gaye's song, "Mercy, Mercy Me." Over 30 years ago, Marvin Gaye sang about "radiation underground, poison in the wind, oil wasted in the ocean, and fish full of Mercury." She said we continue to face some of these concerns. She said that we cannot stop at research, but must act to resolve these ongoing problems.

Dr. Billy Thomas, Vice Chancellor for Diversity and Inclusion at the University of Arkansas for Medical Sciences (UAMS), presented slides illustrating health disparities in Arkansas. Arkansas ranks No. 48 among the 50 states in overall health. His slides showed that Arkansas has some of the worst outcomes in the nation in the areas of obesity, hypertension, stroke, cancer, infant mortality and other health disparities. Dr. Thomas said that the bulk of these health disparities occur within the minority community. He also described programs at the University of Arkansas Medical Science Center. Dr. Thomas said that the UAMS is trying to change the healthcare workforce. He said that one of the ways we can reduce health disparities is by changing the healthcare workforce. To accomplish this, Dr. Thomas stated that the UAMS has developed a handbook for minority faculty hiring to address inequities in hiring. Dr. Thomas also said UAMS has doubled its enrollment of minorities in Ph.D. programs, and that these students are committed to addressing the specific needs of minority health care.

Dr. Hugh Mighty, Dean of the College of Medicine at Howard University, presented greetings from Howard University and its president Dr. Wayne Frederick. Dr. Mighty announced that Howard University had celebrated its 149th Anniversary one week earlier. Howard University was founded to educate freed slaves in 1867. He said that

students at Howard University are trained to go out and collaborate with others to bring service to the underserved world and to bring about lasting change. He said that in the face of a time of plenty, we have left behind the basic tenets of the human bond to take care of each other. He concluded by saying that justice and health care should be delivered with a greater sense of equality in spite of obstacles and opposition. He encouraged conference participants to continue on in truth and service.

Dr. Britt Rios-Ellis, Founding Dean, College of Health Sciences and Human Services at California State University (CSU), Monterey Bay, said this is her ninth year with the National Conference on Health Disparities. She recognized conference attendees she had taught 10 years earlier at CSU, Long Beach, and was excited about seeing new students attending the conference from CSU, Monterey Bay. She said that she is excited to see how much the conference has made a difference in the lives of folks engaged in resolving health disparities. She said that health, education and Environmental Justice are intertwined. She said that her work at California State, Monterey Bay is one of the biggest experiments in education in the nation. The California State University, Monterey Bay campus was formerly Fort Ord. Dr. Rios-Ellis said that CSU, Monterey Bay is a national experiment in converting a military base into a university.

Dr. Donna M. Christensen, former Congressional Delegate from the U.S. Virgin Islands, cited the timeliness and importance of the conference in the context of all of the environmental injustices and health disparities that have been laid bare during the current election cycle. She said that, because these issues are in the news, "We can make a profound difference," but "only if we seize the time." She stated that just like in Flint, MI, there are problems in Wards Seven and Eight in Washington, DC, located just minutes from the conference site. There, more than 40% of residents live below the poverty level, while more than 36% are

obese. In both wards, African Americans have the highest death rates overall. Their rates of HIV and AIDS, diabetes and homicide exceed those in other areas of the District. In both Flint and DC, people live in environments that are not conducive to good health.

Dr. Christensen said that the fact that these conditions exist in our nation's capital highlighted the challenges that conference participants would address during the conference. She cited the presence of students, saying "We need their 'out of the box' thinking, their enthusiasm, their idealism and their unwillingness to settle for the status quo." To reduce health disparities and foster health equity, Dr. Christensen said, "We have to ensure comprehensive, high-quality and nonbiased healthcare, [and] we must at the same time change the environment that's holding us back from reaching our goals." To address the lead in the water in Flint, she stated, "We need not only to change the pipes, but also to have Medicaid expansion, improve the educational system, fix housing and other infrastructure and stimulate economic development. In essence, we need to bring about substantial change in the entire Flint environment."



Dr. Donna Christensen

"As an old African proverb reminds us: "We are the ones who we have been waiting for."

– Dr. Donna M. Christensen



Dr. Billy Thomas



Dr. Hugh Mighty



Dr. Britt Rios-Ellis

DAY TWO: THURSDAY, MARCH 10, 2016 *continued*



Representative James E. Clyburn



Dr. Donna Christensen

Morning Keynote Address

The Honorable James E. Clyburn

Assistant Democratic Leader

U.S. House of Representatives

Dr. Donna Christensen introduced **U.S. Congressman James E. Clyburn** as Keynote Speaker for the morning of Day Two. Congressman Clyburn began by thanking Ms. Melinda Downing, Mr. Lloyd Moore and Dr. David Rivers. He also thanked conference organizers for bringing the two efforts together for the 11th year of the National Environmental Justice Conference and the ninth year of the National Conference on Health Disparities. Congressman Clyburn stated that when he became chair of the Congressional Black Caucus (CBC) he made environmental justice a centerpiece of his effort. He stated that Dr. Donna Christensen helped to bring the two pieces together – health and environmental justice – because she kept talking about what the environment does to health. He also cited Dr. Mildred McClain, Mr. Tim Fields, Mr. Derrick Watchman and Mr. Bob Harris as leaders of the Environmental Justice movement in America.

Congressman Clyburn told the audience about the journey he and others had taken to address Environmental Justice and health disparities as major issues for the CBC, Congress and the nation. He related how they went across the country listening to people in places such as Oakland, the U.S. Virgin Islands, New Mexico and San Francisco. They listened, put together a report and published it. During one of the listening sessions, a professor told Congressman Clyburn that 100 years ago life expectancy in the United States was



“Government should not be in the business of making profit off students ... off health care ... and providing citizens clean water.”

– Representative James E. Clyburn

less than 50 years. Today, life expectancy is over 70 years. He learned that 90% of the more than 20-year increase in life expectancy may be attributed to the water we drink. He repeated a comment made by Mr. Benjamin Wilson, Esq. during his remarks earlier in the day: “You can function without food, but you cannot function without water.”

Congressman Clyburn also discussed his visit to Flint, MI, the week before the conference. He said that Flint is an example of a lot of bad things happening in many communities in this country, including Cleveland and South Carolina, because of bad decision-making. He said: “Anytime anybody tells you that they want to run your government like a business, you stay away from them.” According to Congressman Clyburn, too many people think that government should run like a business. But a business exists to make a profit. If a business does not make a profit, it can no longer exist. Government is not about making a profit. He charged that the Flint government made decisions on the basis of business metrics. That is why the fiscal officer made the decision to switch the source of the city’s water from Lake Huron, which has the cleanest water in the state, to the Flint River, which has the dirtiest water in the state. The fiscal officer in Flint made the decision on the basis of finance, without taking health and social consequences into consideration. To save money – \$100 a day – he put the lives of 100,000 people at risk.

Congressman Clyburn described the role of government as follows: “It is our collective effort to improve the quality of life for all of us.” He gave several examples of why government should not be run like a business. One example is the student

loan debt that had exceeded consumer credit card debt because the government is charging 7-8% on student loans. He said that the government should not be in the business of making a profit off of students. The government should not be in the business of making a profit off of health care. The government should not be in the business of making a profit in order to provide citizens clean water.

Congressman Clyburn concluded his Keynote Address with a story related to how the government should try to provide its services to those who need them the most. He compared President Franklin D. Roosevelt’s “New Deal” with the “Fair Deal” of President Harry Truman. FDR’s New Deal programs, such as the CCC, the WPA and the TVA, were a “raw deal” for a lot of the communities that Congressman Clyburn represents because they carried a little tag. The tag said: “For whites only.” By contrast, President Truman rejected the New Deal and worked on a program that treated all communities fairly. He also desegregated the American military and supported civil rights for African Americans. For his efforts, he left office as one of the most unpopular presidents ever. But historians have ranked him as one of the nation’s 10 greatest presidents. Congressman Clyburn discussed his efforts to make the government work better for those who need its services the most by highlighting his “10/20/30 Plan” for the recovery program proposed by the Obama Administration in 2009. The plan was published in the *Harvard Journal on Legislation*. (See: James E. Clyburn, “Developing the Will and the Way to Address Persistent Poverty In America,” *Harvard Journal on Legislation* 51 (Winter 2014): 1-18.)

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Ms. Carol Jimenez

Health Disparities Overview

Ms. Carol Jimenez

Deputy Director, Office of Minority Health
U.S. Department of Health and Human Services
Washington, DC.

Due to the crisis in Flint, MI, Dr J. Nadine Gracia, Director of the Office of Minority Health (OMH), was unable to attend the conference. Ms. Carol Jimenez, the Deputy Director, spoke on behalf of OMH. Ms. Jimenez noted that she had been in the healthcare field for 30 years, trying to expand health care to a variety of vulnerable populations. Until five years ago, she had been in Los Angeles County, CA, where she saw firsthand the disparities that exist in health care, housing opportunities, jobs and access to healthy food. She said that access to health care often depends on where you are born. One year ago, Ms. Jimenez joined the Office of Minority Health, partly because she had spent most of her career trying to expand health coverage. She hoped that in OMH she can achieve the mission of providing health care to people across the nation.

In her presentation, Ms. Jimenez shared with the conference some of the history of OMH, including the past, present and

future quest for health equity. She opened her presentation by citing the Secretary's 1985 Report on health disparities among racial and ethnic minorities. (See *The Secretary's Task Force Report on Black and Minority Health (The Heckler Report)*) She called *The Heckler Report* a landmark report that documented health disparities for the first time and started the nation on the path of addressing disparities. To achieve health equity, OMH was created in 1986.

Ms. Jimenez also cited some of the achievements of OMH during its 30 years of existence. For example, the first director of OMH, Dr. Dickens, developed the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards). These were developed to improve healthcare quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. They encouraged health practitioners "to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs." She said that Dr. Dickens also understood the need for collaborations and laid the groundwork for relationship building. As a result, OMH helped to develop the Cancer Network which came out of a collaboration between OMH and four Historically Black Colleges and universities: Charles Drew School of Medicine, Howard University College of Medicine, Meharry and Morehouse School of Medicine. This network laid the groundwork for increasing minority participation in graduate medical education and the workforce by developing competitive research proposals which provided the federal government the data and best strategies for addressing health disparities.

Ms. Jimenez concluded her presentation by discussing the impact of the Affordable Care Act (ACA). She said that some of the indicators of the impact of OMH on reducing

"The Affordable Care Act is our nation's opportunity to provide coverage to everyone."

– Carol Jimenez

health disparities include: deaths due to heart disease among African Americans have been cut by half, and that childhood vaccination disparities are virtually nonexistent today. Other indicators include high school graduation rates at their highest level in three decades for all ethnic and racial minority groups. Incarceration rates are still staggering, but have declined by about 10%. Violent crime in our country had also gone down. More than 14 million jobs have been created during the Obama Administration. To continue the progress in reducing health disparities and to build healthy communities, Ms. Jimenez stated that first and foremost we must collaborate with communities across different sectors at the state and local levels. We must make sure that those communities have a voice in OMH efforts to achieve health equity. Health equity must become the norm in our country.

PANEL ONE

The Connection Between Public Health and Environmental Justice –

A Discussion by Members of the National Environmental Policy Commission

Moderator

Jennifer Friday, Ph.D.

*President and Principal Researcher
The Friday Consulting Group, Atlanta, GA*

Dr. Friday opened the session by presenting a history of the National Environmental Policy Commission (NEPC), beginning with its formation in 1999. A total of 13 commissioners attended Listening Sessions across the continental United States and U.S. Virgin Islands. In 2003, the Medical University of South Carolina published the NEPC's findings in its *Final Report to the Congressional Black Caucus Environmental Justice Braintrust* (ISBN 0-9657650-6-7). The report made recommendations in 12 areas, including the relationship between environmental justice and health disparities. Dr. Friday stated that this session would feature four members of the commission who would share their experiences of serving on it and address the connection between Environmental Justice and health disparities.



Dr. Jennifer Friday



Dr. Mildred McClain



Mr. Robert Harris, Esq.

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Panelists

Mildred McClain, Ed.D., Co-Founder and Executive Director, Harambee House/Citizens for Environmental Justice, Savannah, GA, opened her presentation with the song “Ain’t Gonna Let Nobody Turn Me Round,” one of the “Freedom Songs” of the Civil Rights Movement. She stated that “Health equity and Environmental Justice is for all Americans,” and that nothing should keep us from fighting for them. Dr. McClain discussed one of the most important principles of Environmental Justice: “We will respect and honor Mother Earth.” She defined Environmental Justice as “the fair treatment and meaningful involvement of all people regardless of race, color and national origin, with respect to development, implementation and enforcement of environmental laws, regulations and policy.”

Mr. Robert Harris, Esq., Former Vice President, Environmental Affairs, Pacific Gas & Electric Company, San Francisco, CA, stated that he worked for PG & E for 34 years. Mr. Harris discussed the significance of the Affordable Care Act and the impact it has had on the lives of many Americans. He stated that Congress had voted 60 times to abolish the Affordable Care Act. He warned that the ACA stands only one signature away from disappearing. Mr. Harris also told the story of the Hunter’s Point PG & E power plant in San Francisco and its adverse effects on the African-American community, some of whom complained that it contributed to their asthma. Finally, after PG & E developed an Environmental Justice policy and began to collaborate with all of the groups in the community to address the problem, the plant was closed in 2006. Its site was cleaned up, and 32 acres of land were made available for positive use by the citizens of San Francisco. Mr. Harris cited this as just one example of what can happen when a company has an effective Environmental Justice policy.

Sue Briggum, Ph.D., J.D., Vice President, Public Affairs, Waste Management, Washington, DC, discussed the importance of the process of listening and how it could result in a

“total win” for all sides in the quest for Environmental Justice. She described how in 2003 the commission made a number of recommendations to Congress related to health disparities and Environmental Justice. For example, the commission asked Congress to provide lead paint abatement funding to address the problem in Detroit, MI. But Congress did not act, and the problem persisted. She said the commission also cited the urgent need for funding for primary care physicians who came from all walks of life; not just those who could afford to go to medical school. She discussed how the commission stressed the need for a broad distribution of local health centers and research and development for poor communities. Despite the lack of progress on some of these problems that continue to have a disparate impact on vulnerable communities even today, Dr. Briggum praised the efforts of the Environmental Protection Agency (EPA). One of the EPA’s achievements has been development of a definition for solid waste, an environmental hazard that had been relatively unregulated and unknown.

Mr. Tim Fields, Senior Vice President, MDB, Washington, DC, opened his presentation by observing that many of the NEPC’s recommendations are still valid 13 years later and reflect where we need to go. He said that he was honored to be on the panel because its members were members of the National Environmental Justice Advisory Council in 1994. Mr. Fields thanked members of the panel for their involvement in Environmental Justice for 22 years and noted that all of them had been involved in Environmental Justice, even before the Executive Order 12898. Mr. Fields stated that addressing health issues and environmental justice, it takes a partnership of federal, state and local governments, businesses, the private sector, community stakeholders, community-based representatives and academia. He cited the work of State Representative Harold Mitchell in Spartanburg, SC, as an example of the type of partnership that is needed to address environmental crises such as

that in Flint, MI, and other cities across the country. Finally, Mr. Fields implored government officials to give public health concerns the highest priority. He said that when a major public health crisis arises, government officials must move it to the top of their priorities and make it a major concern. They also must focus on prevention and ask the question: How can we prevent a major public health crisis from occurring again? He concluded: "Environmental Justice has to be at the center of any national environmental policy today."



Dr. Sue Briggum



Mr. Tim Fields



Dr. Valerie Montgomery Rice

Luncheon Keynote Address

Dr. Valerie Montgomery Rice

*President & Dean, Morehouse School of Medicine
Atlanta, GA.*

Dr. Marvella Ford of the Medical University of South Carolina introduced Dr. Valerie Montgomery Rice, who gave an informative and inspiring keynote address, entitled, "Addressing Social Determinants: The Building Blocks to Health Equity." Her presentation focused on the social determinants of health, the composition of the health workforce, and the need to provide education to achieve health equity. She also presented practical solutions for achieving health equity.

Dr. Montgomery Rice opened her presentation by reciting the "Pledge of Allegiance." She used its words and meaning to ask whether we are actually living out the pledge when it comes to social determinants and health equity. Dr. Montgomery Rice defined health equity as "giving people what they need, when they need it, and the amount that they need to reach their optimal level of health." She posed the question: "When we take the pledge of 'one nation under God,' are we really distributing resources so that people can reach their optimal level of health?" Dr. Montgomery Rice displayed a map of the United States, enhanced with life expectancies of Americans living in each region. She pointed out how people in the South have lower life expectancies than those in other parts of the country.

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Dr. Montgomery Rice cited a study that shows we actually have “eight Americas.” She said that the study based its description of the “eight Americas” on the percentage of people who complete high school and the average income of the people in each area. According to the study, the “eight Americas” are: 1) Asian; 2) Northland low-income white; 3) Middle America; 4) Low-income Appalachian white; 5) Western Native American; 6) Black Middle America; 7) Southern low-income rural black, and 8) High risk urban black. Dr. Montgomery Rice noted that the study does not focus on race, per se, in its definition of the “eight Americas,” but Categories 6-8 are black because you do have to take race into account when you consider the status of African Americans in this country. Specifically, she noted that Categories 6-8 experience higher disease rates based on race and ethnicity. She showed that even when you control for the level of access to health, there is still a disparity. She said this tells us that access is not enough to achieve health equity: “It means that just because I give you access, it does not mean that I give you the same quality of service and the same opportunity for success.”

Dr. Montgomery Rice proposed that a reallocation of resources is needed. To reduce health disparities, we first must acknowledge that the “same care and equal care” does not achieve health equity. The group with the highest death rates needs to receive larger benefits. She also said that the Affordable Care Act is great, but giving everyone equal access does not achieve health equity. She proposed that the National Institute of Health end funding for studies on health disparities and put all of its resources toward looking at proven interventions; distributing those interventions to the communities that have the greatest risks and largest gaps in health outcomes, and then determining whether or not they are effective.

Dr. Montgomery Rice stated that we may achieve health equity by changing the pipeline. Specifically, the nation must increase the number of black males who attend medical school and end the school to prison pipeline. She cited statistics from 2012: 3,000 black males per 100,000 were in prison; while only 1,258

Hispanics and 459 whites per 100,000 were incarcerated. Conversely, of the 20,000 students who enrolled in medical school in the same year, only 500 were black males. She suggested that we improve education at the pre-kindergarten level, develop mentoring programs, adopt elementary schools, provide scholarships for low-income students, and help to find jobs for the low-income parents of at-risk children. She believes that education is the equalizer; people who have less education have the worst health outcomes.



Dr. David Rivers

PANEL TWO

A Focus on Social Determinants and Their Role in Reducing Health Disparities and Building and Sustaining Healthy Communities, Including A Discussion of Environmental Exposures

Moderator

Dr. David E. Rivers

*Associate Professor, Public Information and Community Outreach Director
Medical University of South Carolina*

Dr. Rivers introduced the nationally distributed made-for-television dialogue, entitled, “Our Nation’s Health: A Focus on Social Determinants.”

Panelists

Dr. Gail Christopher, Senior Advisor and Vice President, W.K. Kellogg Foundation, Battle Creek, MI, opened her presentation by calling herself a Doctor of Naprapathy, and described herself as a “healer.” She said that in the Native American community healers are born, and their role and power as healers grows over time. She discussed the role of foundations. She said that foundations can be catalysts for real change. Dr. Christopher announced that the W.K. Kellogg Foundation is going to engage in its version of “truth and reconciliation.” Over 40 countries have engaged in truth and reconciliation, and it is time for the United States of America to face the truth. It is time for healing. The Kellogg Foundation calls its new initiative to engage the nation’s ongoing problem with racism “Truth, Racial Healing and Transformation.” Dr. Christopher said that the mechanism for what happened in Flint, MI, had been in place for years, and that even though Flint’s leaders can change the water and make it safe again, they still must address and heal the real problem; i.e., treating people differently and poorly based on how they look. She called Flint the poster child for the social determinants of health today. It presents an opportunity to intervene in a holistic, consistent and sustained way. Dr. Christopher stated that in order to address racism and not have any more Flints: “We have to undo racism in America.”

Dr. Britt Rios-Ellis, Founding Dean, College of Health Sciences and Human Services, California State University, Monterey Bay, presented on the topic of “Mentoring Successfully and Building A Diverse Pipeline.” In her presentation she discussed the lack of role models in academia who can serve as mentors for minority students. She also discussed the difference between HBCUs (Historically Black Colleges and Universities) and HSIs (Hispanic Serving Institutions) in terms of how they support or do not support African-American and Hispanic students, respectively. She discussed the need for good mentoring in order to help minority students achieve success on traditionally white campuses.



Dr. Gail Christopher



Dr. Britt Rios-Ellis



Ms. Kathy Ko Chin



Dr. Samuel Ross

DAY TWO: THURSDAY, MARCH 10, 2016 *continued*

Ms. Kathy Ko Chin, President and CEO, Asian & Pacific Islander American Health Forum (APIAHF), San Francisco, CA, discussed the success of the APIAHF in helping Asian and Pacific Islanders gain access to health care and reduce some of the health disparities that they have experienced. She cited *The Heckler Report* that mentioned Asian Americans only one time. The report concluded that Asian Americans are healthier than other Americans and reinforced the “model minority myth.” Ms. Chin pointed out that while some Asian Americans are healthier than other Americans, the APIAHF knows that tens of thousands suffered from health disparities due to social determinants, such as language barriers. For example, Vietnamese and Laotian women have the lowest rates of cervical cancer screening, and as a result, they have the highest rates of cervical cancer in the country. Ms. Chin noted, however, that the APIAHF has been successful in enrolling one million Asian Americans and Pacific Islanders in health care programs through the Affordable Care Act.

Dr. Samuel Ross, Chief Executive Officer, Bon Secours Baltimore Health System, Maryland Health Enterprise Zones, Baltimore, MD, described the efforts by the West Baltimore CARE program to address the social determinants of health outcomes in four zip code areas in West Baltimore. Based on a state legislative initiative that targeted areas with high concentrations of low-income residents and poor health outcomes, the program received a grant of \$1 million to address the social determinants of health. The program had four strategies: to increase the capacity of health providers to serve the West Baltimore area; to improve the quality of health care service in the area; to improve patient self-management, and to develop community-wide interventions to address food deserts, healthy activities and healthy living. According to Dr. Ross, the program produced successes and failures due to such social determinants as personal behavior, substance abuse and neglect of health.



Dr. Michael Kanter

Keynote Address

Dr. Michael Kanter

*Regional Medical Director of Quality & Clinical Analysis
Southern California Permanente Medical Group
Pasadena, CA*

Ms. Courtney Maclin Akinyemi, a graduate student at the University of Memphis and the winner of the Graduate and Professional Student poster contest of the Student Research Forum, introduced Dr. Kanter.

Dr. Kanter entitled his presentation: “Health Care Disparities – How to Utilize Measurement and Transparency to Drive Performance.” He began by stating that he would focus on medical care delivery systems and how to make them better, rather than on specific health disparities.

Dr. Kanter said that there are 11 million African-American men who have hypertension; 6% more than the rate for Caucasians. He said that hypertension and the occurrence of stroke among African-American men are preventable. Research shows that these problems exist largely because of the disparity in our nation's healthcare delivery system. Dr. Kanter cited an article in the *New England Journal of Medicine* (“Racial and Ethnic Disparities Among Enrollees

in Medicare Advantage Plans,” *NEJM* 371 (December 11, 2014): 2288-2297) which shows that by controlling the blood pressure of African American males suffering from hypertension and other cardiovascular diseases, we could improve their life expectancy. This is one example among many of how improving the healthcare delivery system can reduce health disparities and provide all patients a higher quality of care.

Dr. Kanter cited the “Six Aims of Quality Health Care” developed by the Institute of Medicine in 2002:

1) **Safe:** Care should be as safe for patients in healthcare facilities as in their homes; 2) **Effective:** The science and evidence behind health care should be applied and serve as the standard in the delivery of care; 3) **Efficient:** Care and service should be cost effective, and waste should be removed from the system; 4) **Timely:** Patients should experience no waits or delays in receiving care and service; 5) **Patient centered:** The system of care should revolve around the patient, respect patient preferences, and put the patient in control; and 6) **Equitable:** Unequal treatment should be a fact of the past; disparities in care should be eradicated.

He said these are clear guidelines for doctors to address health disparities in their delivery of care.

Dr. Kanter stated that “in the old days” doctors just gave good care and did not measure what they did. But now they have to measure what they do so that they can determine if what they are doing is right for the patient. Doctors also use measurements for learning, for improving the quality of their care, and for accountability. He said that if we want to address health disparities, the first thing that we have to do is start measuring what we do. Once you create a measurement system, then you can try to improve it.



Mr. Brandon Webb

CONGRESSIONAL ROUNDTABLE

During the Congressional Roundtable, two staff members representing Congresswoman Brenda Lawrence (D-MI) and Congresswoman Robin Kelly (D-IL) gave updates on congressional efforts to address health disparities and Environmental Justice.

Mr. Brandon Webb, Chief of Staff for Congresswoman Kelly, opened the session. Congresswoman Kelly serves as the chair of the Congressional Black Caucus Health Braintrust, which is leading efforts in the Democratic Caucus to address health disparities. Mr. Webb observed that addressing health disparities has been a part of the nation's struggle since its beginning. He cited the efforts of Benjamin Franklin to start a hospital in Philadelphia for the care of immigrants. He cited the efforts of the Freedmen's Bureau to address the health of newly freed African Americans during and after the Civil War. He also discussed the history of *The Heckler Report* and the creation of the Office of Minority Health, and addressed the significance of the Affordable Care Act. He said that the goal of the Congressional Black Caucus is to fix the problem of health disparities in our time. He cited the *2015 Kelly Report on Health Disparities in America*, which reported that one's health may be determined by the zip code in which one lives. Citing another historical reference, Mr. Webb compared the *Kelly Report* to *The Philadelphia Negro: A Social Study* (1899) by W.E. B. DuBois, in which DuBois observed that the social and health conditions of African Americans in that city were determined by where they lived.

DAY TWO: THURSDAY, MARCH 10, 2016 *continued*

Mr. Webb summarized some of the findings of the *Kelly Report*. They reflect the ongoing, adverse effects of health disparities on African Americans. He cited Congresswoman Kelly's Five-Point Plan to remedy these health disparities: 1) Access; 2) Workforce diversity; 3) Innovational research;

4) Community engagement, and 5) Federal action. Of the five points, he said that in 2016 the Congressional Black Caucus Health Braintrust wants to focus on strengthening the diversity pipeline in medicine. The CBC believes that one of the best ways to improve health among minorities and reduce health disparities is to train more of them to be doctors and healthcare professionals, who would return to their communities and provide people who look like them better healthcare services.

Mr. Webb concluded his remarks by announcing that Congresswoman Kelly and the Tri-Caucus (CBC, Hispanic American, and Asian and Pacific American) will submit the Health Equity and Accountability Act (HEA) to Congress. The HEA Act will build on the successes of the Affordable Care Act by providing federal resources, policies and infrastructure to eliminate health disparities in all populations because of race, ethnicity, racial status, disability, sexual orientation, gender identity or English proficiency. He called on conference attendees to support the HEA Act by encouraging their congressional representatives to vote for it. Congresswoman Kelly also wants to focus on oral health issues and add oral health as a part of Medicaid. She believes that no child should die from a tooth extraction because he or she does not have healthcare. Congresswoman Kelly also wants to address the issue of gun violence. Studies have shown that because of gun violence, eight-year-old children in Chicago experience PTSD comparable to that of soldiers in Iraq and Afghanistan.

Ms. Christina McWilson Thomas represented Congresswoman Brenda Lawrence of Detroit, MI, at the Roundtable. Ms. Thomas discussed Environmental Justice. She addressed the water crisis in Flint and how members of the Congressional Black Caucus and the Progressive Caucus, along with doctors and others, had gone there to hear what people felt and had to say about the



Ms. Christina McWilson Thomas

problem. The people of Flint brought their children to those hearings so that people could see the effects of lead poisoning on their families. As of the March 10, 2016, people in Flint were still drinking bottled water; children were still taking sponge baths; and the citizens of Flint were still unable to use the water. Ms. Thomas noted that people in Flint are afraid of the water.

Ms. Thomas described Flint as a city that was already facing crises in health disparities, education and economic development. Fifty-nine percent of its 70,000 residents are people of color. The average income in Flint is \$28,500. The school district is fully Title I; all of the students in the district are eligible for free or reduced lunches. There is one school nurse and one school counselor for the entire school district. There are no jobs because General Motors has closed all but two of its plants there. People cannot sell their homes, and they cannot leave the city. She also said that Congress is not prepared to address the environmental crisis in the city because its members "on the other side" do not believe in science, do not support Environmental Justice and will not allocate funding.

Nevertheless, Ms. Thomas informed the audience that the Department of Health and Human Services (HHS) and the Environmental Protection Agency (EPA) are taking some actions to address the problems in Flint. Medicaid coverage has been expanded for those affected by lead exposure. There is a \$3.6 billion expansion of Head Start. HHS had provided for additional medical staff. The EPA tests the water daily, oversees daily flushing of the city's water pipes, and mandates the return of the city's water source to Lake Huron.

DAY THREE – FRIDAY, MARCH 11, 2016



Dr. Marvella Ford

Student Research Forum Highlights and Award Presentations

Dr. Marvella E. Ford, Chair of the Student Research Forum and Professor in the Department of Public Health, at MUSC, opened Day Three of the conference with a presentation entitled: "Training the Next Generation of Researchers and Leaders to Address the Social and Biological Determinants of Health." In her presentation, she provided the context, rationale and purpose for the Student Research Forum. The rationale for the Student Research Forum is that the millennial generation is the most diverse in U.S. history and comprises 26% of our population. So-called "millennials" are technologically savvy and tend to be diverse in thought. They challenge existing paradigms and have high expectations. The problem is that these bright young people are not entering STEM fields at significant rates. Dr. Ford noted that the percentage of underrepresented minority students in STEM fields is flat in engineering and the physical sciences, and has been since 2000. In 2009, of all the degrees awarded in engineering and the life sciences, only 10% were awarded to underrepresented minorities. Dr. Ford said that we have significant problems with the lack of diversity in the biomedical workforce, and if we don't intervene now, the problem will worsen. Dr. Ford presented a graph that showed the ethnic and racial representation in the STEM workforce. The graph showed non-Hispanic whites are almost 71% of people in the STEM workforce. She posed the question: Where does that leave the rest of us?

Dr. Ford said that the Student Research Forum is designed to address the lack of diversity in the STEM workforce. It is a one-of-a-kind program. While many programs include a "student research forum" component, the National Conference on Health Disparities is the only one that includes significant training as a part of the abstract submission process. The Student Research Forum includes mentoring and networking. Since 2011, 280 students from 57 academic institutions have participated in the Student Research Forum.

Dr. Ford recognized the following winners in both the graduate and undergraduate categories.



Mr. Bryan Sanchez



Ms. Courtney Maclin-Akinyemi

Oral Presentations

Undergraduate Student Presentation – Mr. Bryan Sanchez was recognized for his presentation: "Association between Perceptions of Neighborhood Safety and Healthy Behaviors among Women in the WIC Program in California." **Mentor:** Dr. Erlyana Erlyana, California State University, Long Beach.

Graduate and Professional Student Presentation –

Ms. Courtney Maclin-Akinyemi was recognized for her presentation: "Profiles of African-American Identity, Activity, Engagement, SES and Comorbid Obesity-Hypertension: Implications for Culturally Tailored Intervention Development." **Mentor:** Dr. Frank Andrasik, University of Memphis.

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Undergraduate Student Poster Winners

First Place

Ms. Chiamaka Ani

Title: *"The Role of Stat6 in Altering the Microbiota During Helminth Infection."*

Mentor: Dr. Samantha Patillo, University of Georgia

Second Place

Mr. Joseph Real

Title: *"Stretched Thin: Social and Environmental Barriers to Diabetes Management among Low-Income Patients at a Safety Net Clinic."*

Mentor: Dr. Alison Scott, The College of William & Mary

Third Place

Mr. Arthur Yao

Title: *"Does 'Confidence' Mediate the Relationship Between English Proficiency and Health Status among Asian Americans?"*

Mentor: Dr. Erlyana Erlyana, California State University, Long Beach

Graduate and Professional Student Poster Winners

First Place

Ms. Courtney Maclin-Akinyemi

Title: *"Profiles of African American Identity, Activity Engagement, SES, and Comorbid Obesity – Hypertension: Implications for Culturally Tailored Intervention Development."*

Mentor: Dr. Frank Andrasik, University of Memphis

Second Place

Ms. Angelina Majeno

Title: *"The Differences in Mental Health and Well-Being among Women Living in Long Beach California."*

Mentor: Dr. Guido Urizar, California State University, Long Beach

Third Place

Ms. Christina Gladney

Title: *"The Effects of Father Absence on Daughter's Development."*

Mentor: Dr. Charkarra Anderson-Lewis, University of Florida





Dr. LaVerne Ragster

PANEL THREE

Climate Change: A Global Reality – Impacts on Human Health and the Environment

Moderator

Dr. LaVerne Ragster

Retired Professor and President Emerita, University of the Virgin Islands, St. Thomas, USVI

Dr. Ragster opened the session on global climate change by saying that the World Health Organization has announced that climate change will be a major problem of the 21st century with respect to health. Therefore, it is not something we can ignore. Dr. Ragster said the objective of the panel was to advance the conversation about the critical and disproportionate impact that climate change will have on people trying to survive health disparities and begin to explore the actions that we must take.

The panel started with a 10-minute video produced by the Medical University of South Carolina on climate change and how it impacts our communities.

Panelists

Dr. Mark A. Mitchell, Co-Chair, National Medical Association Commission on Environmental Health, Founder and Senior Policy Advisor, Connecticut Coalition for Environmental Justice, Hartford, CT, asked the audience how many of them could cite at least one health effect of climate change. He said that only about a quarter of American citizens can name a health effect of climate change. He cited some effects of climate change, such as rising temperatures, the melting of the polar ice caps and greenhouse gases. Other effects of climate change include drought, flood and wildfire. Dr. Mitchell also cited a National Medical Association survey of physicians on climate change in which doctors predicted that we would see health effects from climate change. Ninety-seven percent of physicians believe that climate change is happening; 88% believe it is relevant to direct patient care; and 62% believe that it is mostly or entirely due to human activity. Citing a Centers for Disease Control report, Dr. Mitchell also noted that heat waves are the leading cause of death from extreme weather. He concluded his presentation by suggesting public health strategies to address the effects of climate change, such as developing emergency alert systems and cooling stations for those who cannot afford air conditioning.

Ms. Juli Trtanj, One Health and Integrated Climate and Weather Extremes Research Lead Climate Program Office, National Oceanic and Atmospheric Administration (NOAA), Washington, DC, outlined the four climate factors that affect health: rising temperatures, rising sea levels, increasing carbon dioxide levels and extreme weather. She stated that it is her job with NOAA to coordinate health activities across various federal agencies (e.g. the CDC and FEMA) to predict potential climate changes and the problems associated with them, then develop strategies to address them. One climate problem NOAA predicted for 2016 is an increase in temperature. In 2016, NOAA forecasts 45 days when temperatures will exceed 105 degrees. These hot days would have an impact on bodily functions, causing cardiovascular problems, heart attacks and kidney problems. Thus, NOAA is working with the CDC, FEMA and other health agencies to prepare communities for health problems caused by excessive heat.

DAY THREE – FRIDAY, MARCH 11, 2016 *continued*

Mr. Jack Moyer, Carolinas/Tennessee Water Security and Preparedness Market Sector Leader, AECOM, Morrisville, NC, discussed how climate change affects water supply. He said that 97% of the water in the world is saltwater and is the same water that we have always had. He said the only difference in the water that we have now is the condition that it is in and the distribution of it. The United States is a relatively water rich country. But we are getting close to using water faster than the water cycle can recycle it. In the United States, each person uses about 100 gallons of water per day; twice as much as in Great Britain. One-third of our water use is for irrigation; i.e., putting it on our yards. Another 20% is used for toilets. Basically, he argued, we use way too much water flushing toilets. Given how we waste water, Mr. Moyer advocated that we reduce our water and carbon footprints; reduce or eliminate the irrigation of our lawns; switch to more efficient toilets; consider water conservation; and quit using potable drinking water for watering lawns.

Mr. Milton Bluehouse, Jr., Esq., Owner Tribal Consultation Resources, LLC, Albuquerque, NM, spoke on “Climate Change: A Native Observation.” After polling the audience on the number of tribes recognized by the federal government (567), Mr. Bluehouse shared the history of the relationship that Native Americans have had with the United States government since 1771. He used a metaphor that Native Americans are the “miner’s canary,” affected by the poison gas of the federal government as it follows policies that deny Native Americans access to and ownership of their land. He cited several treaties and U.S. government policies that have denied Native Americans ownership of their land, and he described how that affects Native Americans’ ability to control their environment through tribal customs, folkways and ecological knowledge.



Dr. Mark Mitchell



*Ms. Juli Trtanj, Mr. Jack Moyer,
Mr. Milton Bluehouse, Esq.*



Dr. Stephanie Gardner

PANEL FOUR

The Role of Translational Research in the Development of Public Policy to Address Health Disparities

Moderator

Dr. Stephanie Gardner

*Provost and Chief Academic Officer
University of Arkansas for Medical Sciences*

Dr. Gardner opened the panel by stating that sometimes there is ample evidence of how to treat a condition or disease, but somehow it is difficult to translate that into the population at large, and it is even more difficult to translate research into subgroups of our population. Panelists shared examples of how to approach this problem.

Panelists

Ms. Alicia Hunter Warner, Senior Public Health Analyst, Division of Community Health (DCH), Office of Policy and Partnerships, Centers for Disease Control, Atlanta, GA, opened her presentation with definitions of health disparities and health equity. She said that federal government defines health disparities as “a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage.” The federal government defines health equity “as attainment of the

highest level of health for all people.” (Healthy People 2020) Ms. Hunter Warner said that translational research helps in terms of achieving health equity by specifically addressing those social determinants that cause health disparities. Translational research helps us specifically determine and identify problems and the solutions for particular populations.

Dr. Roberta Troy, Founding Director of the Health Disparities Institute for Research and Education, Tuskegee University, Tuskegee, AL, discussed “Precision Medicine for Triple Negative Breast Cancer –

Policy Implications.” She presented the results of her research on triple negative breast cancer to show how translational research can be used to develop new initiatives and new therapy for patients at-large and how it can be translated to the policy changes that will affect individuals.

Dr. Madalynne Wilkes-Grundy, Co-Chair, Southern California Regional Diversity Council, Southern California Permanente Medical Group and Kaiser Permanente West Los Angeles Medical Center, Family Medical Center, Los Angeles, CA, presented clinical results of Kaiser Permanente’s efforts in addressing health care disparities. She discussed how race, ethnicity and language impact health disparities. For example, African Americans have hypertension at a rate 5.7% higher than whites, which results in death by strokes and heart disease. Kaiser Permanente is able to lower this rate among its clients to 4% through a variety of strategies: salt intake assessment; community outreach programs such as “healthy heart fairs,” linking to individuals at barbershops and churches, and promoting respect and partnerships between doctors and patients.

Mr. Glenn Ellis, Strategies for Well-Being, LLC, Philadelphia, PA, presented an assessment of the Cuban health system. Mr. Ellis has traveled to Cuba four times per year for 15 years, enabling him to address health disparities through a different lens – from a Cuban perspective. After providing historical background on Cuba and its 57 years of independence, he discussed how Cuba’s national healthcare system has developed and how translational research is

DAY THREE – FRIDAY, MARCH 11, 2016 *continued*

used to address health problems in Cuba. For example, Cuba has developed medicine to eradicate diabetic amputations. Finally, he said that the WHO rates Cuban medical standards as equal to those of the United States and the European Union.



Ms. Alicia Hunter Warner



Dr. Roberta Troy



Dr. Madalynne Wilkes-Grundy



Mr. Glenn Ellis

“Imagine if you did not have a breath of fresh air and a glass of clean water.”

– Mustafa Ali



Ms. Gina McCarthy

Keynote Address

Ms. Gina McCarthy

*Administrator, U.S. Environmental Protection Agency
Washington, DC.*

Mr. Mustafa S. Ali, Senior Advisor to the Administrator for Environmental Justice, U.S. Environmental Protection Agency, Washington, DC, introduced Ms. McCarthy.

Ms. Gina McCarthy opened her remarks by stating: “The EPA is really a public health organization.” She said a fundamental part of EPA’s core values and mission is to assure clean air, clean water, healthy land and a secure climate to people moving forward. She said that we must admit to ourselves that not every community has fully benefited from all of the great work that the EPA has done. There are low-income and minority communities that have too often been left behind, and many still are left behind. But that is the disproportionate impact we have gathered to talk about and learn how to address. She said it may have been more difficult to seek out collaboration with those in

the public health sector before the water crisis in Flint, MI, occurred. After that happened, they never once questioned that we need clean water and clean air. All they asked was: Who will pay for it?

Ms. McCarthy shared with the audience what happened in Flint. An emergency manager made the decision to shift a community's water supply from one (proven, long-term, safe) source to another. This was done for only one reason: money. She said we must learn from this experience, and the EPA will be there in full force until the crisis is over.

Ms. McCarthy observed that Flint is not unusual. She said that she sees this happening in places where we need Environmental Justice. We must harness the passion and energy to move beyond Flint and talk more seriously about the challenge of Environmental Justice. We must develop a mechanism to draw investment to communities that need it the most, but have the least power to attract the investment they so desperately need. She said that we must have a hard conversation about the state of our water supply in this country, the state of public health disparities in this country, and what investments we must make now to make this right. Problems in Flint extend beyond drinking water, and it is the same in many communities. We must start a conversation on the disinvestment in communities such as Flint and the disproportionate impact of pollution. We must turn the disinvestment around and show that we value our core national value of keeping our families safe. That means you must have clean drinking water and clean air.

Ms. McCarthy said this multi-billion-dollar conversation is long overdue. The cost for improving the nation's drinking water alone will require a \$300-\$400 billion investment between now and 2030. She said that there is reason to be worried about Flint repeating itself because the money our country invests every year for clean water is not enough.

Ms. McCarthy fielded questions related to both the environment and clean energy.



Ms. Lathran Woodard

PANEL FIVE

Identification of Successful Community-Based Programs for Building and Sustaining Healthy Communities

Moderator

Ms. Lathran Woodard

*CEO, South Carolina Primary Health Care Association
Columbia, SC.*

Ms. Woodard opened the session by instructing the audience to ask questions, rather than engage in dissertations. She asked the audience to write their questions. She introduced the panel.

Panelists

Ms. Karen Dale, Market President, AmeriHealth Caritas District of Columbia, Washington, DC, said AmeriHealth Caritas serves its members on the basis of giving them an equal chance to be healthy. She said that many of its members lived in at-risk communities where health disparities exist. Half live in DC, east of the Potomac River, where being healthy is a challenge. As an example of a successful community-based program, she described the Kelly Miller Middle School program, which works with

DAY THREE – FRIDAY, MARCH 11, 2016 *continued*

children to teach them healthy living through healthy eating. The program teaches children about writing plays, but they learned about nutrition.

Dr. Nneka L. Ifejika, Director of Neurorehabilitation, University of Texas Stroke Team, Associate Professor, Department of Neurology, McGovern Medical School at the University of Texas Health Science Center at Houston, discussed her project “Swipe Out Stroke: Addressing Cultural Differences within the Minority Community to Improve Participation in Clinical Research.” In this project, her goal was not just to recruit patients, but to retain patients who otherwise would be lost to follow-up. Dr. Ifejika described the problem of obesity and cardiovascular disease among minorities. She showed how the “stroke belt” extends from Virginia to Houston. She described stroke victims as obese, surprisingly young and lacking physician care. She said that since many own smart phones, those devices offer an opportunity to reach them and their family members by using an app. The goal was good secondary stroke prevention for those who had suffered strokes and primary stroke prevention for those whom she would be calling. The pilot study had 50 stroke survivors and 50 caregivers, and was a population-based study with Hispanic and African-American stroke patients in the Houston and South Texas area. The program had a 100% retention rate after three months and a 77% retention rate after six months. It had a significant impact on improving the diets that patients listed in their food journals after six months. There were no stroke admissions or readmissions. All patients returned to work.

The Honorable Harold Mitchell, Jr., South Carolina State Representative; ReGenesis Project, Spartanburg, SC, discussed an Environmental Justice project in Spartanburg, SC, called ReGenesis. He described growing up in a community where there were Superfund sites and a hazardous waste site. He described the area as a “cancer cluster” because people died from health hazards caused by the site. For example, his father died of lymphoma. In

this neighborhood, water and the air were polluted. Yet, the state environmental protection agency assured residents that everything was okay. Representative Mitchell described the process of cleaning up the site by obtaining grants and by working with community stakeholders to build housing and stores to serve the community.



Ms. Karen Dale



Dr. Nneka L. Ifejika



Honorable Harold Mitchell

DAY FOUR – SATURDAY, MARCH 12, 2016



Former Mayor Shirley Franklin

Panel Six

Improving Race Relations in America: The Path Forward

Moderator

Ms. Shirley Franklin

*Lyndon B. Johnson School of Public Affairs, University of Texas
CEO and Chair of Purpose Built Communities
Former Mayor, Atlanta, GA*

Former Atlanta Mayor Franklin opened the final panel of Day Three by posing a question to the panelists: Is there a path forward?

Panelists

Ms. Olis Simmons, President and CEO, Youth UpRising: Community Transformation, Oakland, CA, said that there must be a path forward. But the real question for her is: Which path forward is most productive? She argued that we've been moving forward, and while notable, it has been wholly insufficient. Perhaps planning a path forward needs to be something that we lift up in our everyday lives. It's about our daily interactions and how we develop relationships with each other.

Dr. William Boone, Chair and Professor, Political Science Department, Clark Atlanta University, Atlanta, GA, indicated that he does most of his research on race. He said we must come to grips with the fact that America is a racialized society. Unless we agree with that analysis, we were not going to get very far in terms of addressing these questions going forward. He said one method of dealing with a racialized society is to re-conceptualize how we deal with public policy. He said today's public policy moves from the position that there is nothing wrong with the superstructure itself; the belief is that the political, social and economic systems in which we operate are okay. The problem is that many believe that the individual has to change, but not the system itself. So that overlooks the fact that public policy is embedded and wedded to racial superiority, white racial superiority.

The Honorable Gregory G. Mullen, Chief of Police, Charleston Police Department, Charleston, SC, said that he brings a completely different perspective to race relations. On the question of where are we going forward on race relations, he said it is imperative that we do better, work together and find a way to improve our communities for our young people.

Ms. Ingrid Saunders Jones, President, National Council of Negro Women, Washington, DC, said that she is not an expert on race relations, so she was speaking from her heart. She cited recent polls that illustrate the decline of race relations in the country: 50% of Americans believed that race relations had gotten worse since 2014. She said: "People are feeling the clouds of race hanging over their lives, their communities and this country." She also said that she did not have an answer to the problem, but she would tell the audience what the women in the NCNW are discussing: i.e., poverty, the class divide and the diminishing access to education for their children. Most importantly, they were talking about fear: whether their children will have lives better than their own; if their children will be harmed when they are out of their sight; if their children and elderly parents will have proper healthcare and clean water.

DAY THREE – FRIDAY, MARCH 11, 2016 *continued*

Dr. Allen W. Parrott, Presiding Elder of the Kingstree District in the 7th Episcopal District of the African Methodist Episcopal (AME) Church, Ladson, SC, told two stories that set the tone for his belief that, while we have come a long way, we still have a long way to go. He believes that each of us must take personal responsibility for improving race relations. Dr. Parrott talked about giving a “guide sermon” versus a “do sermon.” In this instance, he wanted the audience to take his comments as a “do sermon.” Do the best that you can to improve race relations and encourage others to do the same.



Dr. William Boone



Ms. Olis Simmons



Chief Gregory Mullen



Ms. Ingrid Saunders Jones & Dr. Allen Parrott

DAY FOUR – SATURDAY, MARCH 12, 2016



Dr. Sabra Slaughter

Panel Seven

Prevention and Personal Responsibility As Major Themes in Reducing Health Disparities

Moderator

Dr. Sabra C. Slaughter

*Senior Advisor to the President
for Diversity and Community Relations
Medical University of South Carolina*

Dr. Slaughter observed that, from its beginning, the National Conference on Health Disparities always sought to address prevention and personal responsibility as ways to reduce health disparities. He repeated the old adage: “An ounce of prevention is worth a pound of cure.” He also noted that Americans spend over \$3 trillion a year on health care, but have shorter life expectancies and higher rates of infant mortality and diabetes than our global peers. He said there is something wrong with this picture and pointed out that that our behavior and physical and social environment are the primary determinants of our health and well-being. He said that prevention can reduce risk factors that lead to chronic disease, improve our overall health and reduce the cost of healthcare service.

Panelists

Dr. Cheryl Anne Boyce, Associate Director, Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, National Institute on Health, DHHS, Bethesda, MD, focused on prevention as a way to reduce health disparities. She said that her own research addresses early childhood as the time to prevent drug addiction. She showed a chart that indicates that people become users of alcohol, marijuana and other drugs as adolescents, and it affected their ability to quit or reduce their use for the remainder of their lives. Her research model advocates a multi-disciplinary approach to preventing addiction with family, health and equity, the social service system, and the environment all playing a part. She concluded her presentation by encouraging researchers to access the “big data” available at the National Institute of Health to conduct research and develop models that will address and prevent addiction.

Dr. Renata Serricchio Leite, Assistant Professor, Division of Periodontics, Department of Stomatology, MUSC, presented on “Using Community-Based Participatory Research Approach to Reduce Oral Health Disparities in Rural Communities.” After describing the problems that rural communities have in obtaining proper oral health care, Dr. Leite discussed the preventive oral health care program that MUSC had formed with two Gullah-Geechee communities in Hollywood and Johns Island, SC. The program, called ROADTRIP (Rural Oral Health Advancements and Delivery Systems through Inter-Professional Training), allows MUSC to work with churches, community centers and schools in the two communities to address a major health disparity that also increases diabetes, pneumonia and cognitive impairment in those communities. The program trains MUSC dental students to work with low-income and minority patients as a part of their overall training about the types of dental care and health services needed in those communities.

DAY FOUR – SATURDAY, MARCH 12, 2016 *continued*

Dr. Maia McCuiston Jackson, Physician Director of Multicultural Services, Mid-Atlantic Permanente Medical Group, Kaiser Permanente Mid-Atlantic States, Rockville, MD, presented on the benefits of breast-feeding for women and their young children. She said that breast-feeding is one of the most important things a mother can do to help prevent health disparities. Dr. Jackson said the cost associated with sub optimal breast-feeding or not breast-feeding is \$32.5 billion in children and maternal preventable costs. *Healthy People 2020* recommends breast-feeding and suggests that at least 82% of women should at least start out breast-feeding. Dr. Jackson cited health disparities for African American women, including higher rates of breast cancer; heart disease, high blood pressure, ovarian cancer; diabetes and kidney failure. She noted that breast-feeding would reduce the impact of these disparities. It would reduce the incidence of post partum depression, and reduce the risk of breast and ovarian cancer; cardiovascular disease, high cholesterol and diabetes. Women who breast-feed their babies have fewer heart attacks. She cited six benefits for babies who are breast-fed: 1) Decreased risk of otitis media, pneumonia and G.I. infections; 2) Decreased risk of infant mortality; 3) Reduced incidence of childhood obesity,

DM and asthma; 4) Enhanced neurodevelopment; 5) Breast milk is the best mix of nutrients for babies; and 6) Breast milk is perfect for pre-term babies.

Ms. Jeannette F. Jordan, Owner, J & J Health Consultants, Goose Creek, SC, presented on “small lifestyle changes that can yield big, healthy results.” As a nutritionist, she addresses how eating healthy and lesser amounts of food can prevent health problems such as diabetes, high blood pressure and obesity. She started her presentation with a quote from Herophilus: “When Health is absent, Wisdom cannot reveal itself, Art cannot manifest, Strength cannot fight, Wealth becomes useless, and Intelligence cannot be applied.” Ms. Jordan discussed some of the strategies that she uses in MUSC’s “Healthy AME” project to convince church members to eat healthy and not accept that they were allegedly “big boned” and obese by “heredity.” She said she advises them to drink fewer sugary drinks and more water; to watch their portion sizes, to eat fewer desserts, to cook their own foods, to eat less fast food, to teach their children how to cook more nutritious foods, and to take a daily multi-vitamin, mineral supplement. Finally, she advocated that people see a doctor; take their medicines for blood pressure and diabetes, and benefit from laughter.



Dr. Cheryl Anne Boyce, Dr. Renata Serricchio Leite, Dr. Maia McCuiston Jackson, Ms. Jeannette Jordan



Ms. Lisa Williams

PANEL EIGHT

The Impact of Human Trafficking (for labor and sexual purposes) at the National and Local Level

Moderator

Ms. Lisa Williams

*Founder & CEO, Circle of Friends & The Living Water Programs
Atlanta, GA.*

Ms. Williams began this panel with a film on labor and sex trafficking. The first part of the film was about 20 young women from Africa who were held as slaves in Newark, NJ. They were promised that they were being brought to the United States to get an education. Instead, they were made to work in a hair-braiding salon, held against their will, and not paid anything for their work. They worked for five or six years before they were freed. The second part of the film was a roundtable discussion with young women who had been deceived and convinced to be prostitutes by sex traffickers. They discussed the humiliation that they faced, the sex acts that they had to perform, and how they were made to feel less than human as prostitutes. The film noted that human trafficking is the second-most lucrative trade in the world; second only to narcotics trafficking. The film concluded on a note of hope: the state of Georgia passed Rachel's Law, named after a sex trafficking victim in the state, to strengthen the penalties against those who are convicted of trafficking and provide more resources for anti-trafficking organizations.

Panelists

Ms. Monica Modi Khant, Program Director, GAIN, Atlanta, GA, works with immigrant victims of human trafficking, including some of those depicted in the video. She said that 50% of human trafficking is labor trafficking, and she noted that many immigrants work as farm laborers or as workers making cell phones and other electronic products. They are cheap laborers and their exploitation allows us to buy the products that we like. Often, they are also employed as nannies and then they become victims of domestic servitude. She recounted the case of a woman from Africa who worked 20 hours a day as a nanny for an upper middle class white family, who slept in the family's garage, and who was not allowed to have meals with the family. She wasn't paid for her work, and she was basically a slave in the United States of America.

The Honorable Judge Herman Dawson, Circuit Court, Prince George's County, MD, stated that people in the community often refuse to acknowledge that young men can also be involved in sex trafficking. Transgender people are often caught up in sex trafficking. Many young people, particularly males, who are victims of sex trafficking are arrested for offenses such as shoplifting, truancy and other petty crimes, so no one recognizes that they actually need help. Police, courts, probation officers and hospital workers do not identify them as victims of sex trafficking. Judge Dawson encouraged the audience to go back to their communities and raise this issue with the police, prosecutors and judges. All law enforcement entities need appropriate training to identify and recognize the victims of human trafficking. He advocates that they form a "Human Trafficking Task Force" like the one with which he worked in Prince George's County, MD.

Dr. Sharon Cooper, CEO of Developmental & Forensic Pediatrics, PA, Fayetteville, NC, described the social and psychological conditioning that young women experience in sex trafficking. She said that many young girls start in sex trafficking in Mexico and they are brought to the United States

***"We need to tell our boys that it is not cool to be a pimp, specifically in the African-American community."* – Dr. Sharon Cooper**

DAY FOUR – SATURDAY, MARCH 12, 2016 *continued*

and warehoused. While they are held in captivity, traffickers teach the young girls that they cannot trust the police by dressing in police uniforms and raping and mistreating them. It conditions them to trust only traffickers. Dr. Cooper explained how and why children became victims of sex trafficking. She said that many of the children had multiple, adverse childhood events such as physical abuse, sexual abuse, emotional abuse, neglect, family dysfunction, drug addicted parents, mental illness and intimate partner violence in the home, followed by negative experiences with foster care. She said that when children have these childhood adversities, they are much more vulnerable to be brought into sex trafficking. In addition, traffickers know how to look for children who are alone, on social networking sites for long periods of time, looking for friendship and kindness. Instead of finding love and nurturing relationships, children find violence and dependency. Sex traffickers keep them in their situation by subjecting them to physical assault, sexual assault, social isolation, maltreatment and intimidation. Traffickers also addict victims to drugs in order to make victims come back to them to support their addiction. Drugs are a coping mechanism for victims who are forced

to have sexual intercourse 12-15 times a day. Dr. Cooper stated that these patients have complex trauma and need counseling, medical care and safe places to be. Dr. Cooper also addressed the role of race in sex trafficking. Dr. Cooper said we have an overrepresentation of African-American victims in sex trafficking. African Americans make up only 12% of the population, but make up 50-65% of the victims of trafficking. She said that when we recognize that this is a race-related dynamic, we can not sit back and hope that it gets better.

The Honorable Daniel R. Crumby, Former Prosecutor, Augusta, GA, noted that it is difficult to gain the trust of children who are victims of sex trafficking. So you have to establish a rapport. He told the story about young women who were captured by a rap group from Baltimore. They traveled across the country with the group and were forced to work as prostitutes and strippers. Finally, two of the young women were able to escape in El Paso, TX, by climbing over a six-foot fence. That allowed federal authorities to arrest the leaders of the rap group and to free all of the young women. Education, training and lobbying are needed to address human trafficking.



Ms. Monica Modi Khant, Judge Herman Dawson, Dr. Sharon Cooper, Mr. Daniel Crumby



Ms. Carolyn Sawyer

PANEL NINE

The Role of the Public and Private Sectors in Reducing Health Disparities and Environmental Injustice

Moderator

Ms. Carolyn Sawyer

Conference Facilitator
Tom Sawyer Company
Columbia, SC

Ms. Sawyer began by posing the question: What is the role of the public and private sectors in reducing health disparities and environmental injustice?

Panelists

Dr. Jalonne L. White-Newsome, Senior Program Officer, Kresge Foundation, Troy, MI, did not address the question directly. She began by addressing the ongoing problems of health disparities and environmental injustice, and what is an appropriate role for public and private sectors in addressing these issues. After discussing her work with Harlem-based WEACT for Environmental Justice, she concluded her remarks by using some of the characters from the novel/play by Harper Lee, *To Kill A Mockingbird*, to outline the roles that government, philanthropy, academics, NGOs, activists and government officials should play in reducing health disparities and environmental injustice. She said that

activists should take on the role of the lawyer Atticus Finch, who fought for justice and fairness for the falsely accused Tom Robinson in the novel.

Dr. LaQuandra S. Nesbitt, Director, District of Columbia Department of Health, Washington, DC, spoke in detail about efforts the DC Department of Health is making to address health disparities and environmental injustice. She outlined five key areas the DOH developed to shape its public policy outcomes: 1) Promote a culture of health and welfare; 2) Focus on the social determinants of health and promote health equity; 3) Strengthen public/private partnerships; 4) Close the chasm between clinical medicine and public health, and 5) Have outcomes-oriented data driven growth. She also gave examples of the collaborations the DOH had developed with the private sector. She listed partnerships and programs with “This Is Business Zero,” the DC Chamber of Commerce, the Washington Regional Grant Makers association, the Community Initiative and the DC Health Care Collaborative.

Mr. Derrick Watchman, Chief Executive Officer, Navajo Nation Gaming Enterprise, Church Rock, NM, presented the “Native American Perspective” on the role of the public and private sectors in reducing health disparities and environmental injustice. First, he presented an assessment of the status of Native American communities in the United States. He stated that there are 5.2 million Native Americans living on 567 reservations, primarily in the western part of the United States. He described how the Native American community survived official U.S. government policy that sought to destroy Native American communities, eradicate their language and destroy their way of life. This policy lasted from the 1800s to 1931. Mr. Watchman said that health disparities and environmental injustice faced by Native Americans are the direct result of U.S. government policies. He concluded that the best way for Native Americans to address these problems is through

“There is really no way to raise health outcomes without public and private partnerships.” – Joel Freedman

DAY FOUR – SATURDAY, MARCH 12, 2016 *continued*

“tribal sovereignty.” Tribal sovereignty gives Native Americans the power and authority to govern themselves and form environmental regulations within their jurisdictions.

Mr. Joel Freedman, President, Paladin Healthcare Capital, LLC, El Segundo, CA, made the final presentation of the conference. He discussed his company’s role in purchasing hospitals and making them more efficient by working with insurance companies, communities they served and government. His company has purchased six hospitals, including five in South and East Los Angeles, and most recently, Howard University Hospital in Washington, DC. His company operates on two principles:

1) Efficiency is the friend of quality care, and 2) Monetizing quality – make sure that you get paid. Using these principles, his company transformed Memorial Hospital in Gardena, CA, from being one of the worst performing hospitals in the state, where patients were terrified to go, to being ranked the No. 2 hospital in the area based on core ranking measures. Similarly, the company improved Howard University Hospital from losing \$60 million a year, when it was purchased in November 2014, to break- even in 10 months.



Dr. Jalonne L. White-Newsome



Dr. LaQuandra Nesbitt



Mr. Derrick Watchman



Mr. Joel Freedman

PHOTO HIGHLIGHTS

For the full catalog of pictures, visit our website at nationalhealthdisparities.com.



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Conference attendees visiting exhibitor booths



Kaiser Permanente Southern California Staff



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AGENDA

The Ninth Annual Conference on Health Disparities and The National Environmental Justice Conference & Training Program

A National Dialogue for Building Healthy Communities

Marriott Marquis Washington, DC, March 9-12, 2016

UNDERGRADUATE & GRADUATE STUDENT RESEARCH FORUM: WEDNESDAY, MARCH 9, 2016

Location: Independence Ballroom

7:30 am.....	Continental Breakfast and Registration
8:30 am.....	Welcome and Overview
8:55 – 9:10 am	BREAK
9:10– 9:50 am.....	Oral Presentations
	Undergraduate Student TBD
	Graduate Student TBD
9:50 - 10:05 am	BREAK
10:05 am - 12:05 pm.....	Poster Presentation
12:05 - 12:20 pm	BREAK
12:20 - 1:30 pm.....	Keynote Speaker/Lunch

Title: Successes and Failures in Clinical Research

Dr. Nneka L. Ifejika, *Director of Neurorehabilitation, University of Texas Stroke Team*

Associate Professor, Department of Neurology, McGovern Medical School at the University of Texas Health Science Center at Houston, Houston, TX

1:30-2:30 pm.....	Roundtable Discussions
2:30-3:00 pm.....	Closing/Evaluations and Announcements
4:00 – 5:30 pm.....	Student Welcome Reception/Networking

Student Forum Committee: Marvella E. Ford, Ph.D. (Chair); Milford W. Greene, Ph.D., MPH (Co-Chair); Miguel Angel Ortiz-Valenzuela (Co-Chair); Gloria B. Callwood, Ph.D., RN, FAAN; Kimberly Cannady, Ph.D.; Rita B. Finley, Ph.D.; Monique Hill, MSW; Leroy Lewis; Lloyd Moore, Esq.; LaVerne E. Ragster, Ph.D., MPH; Britt Rios-Ellis, Ph.D.; Terry Seabrook, Esq.; Derrick Watchman, MBA

Abstract Review Sub-Committee: Gloria B. Callwood, Ph.D., RN, FAAN; Kimberly Cannady, Ph.D.; Rita B. Finley, Ph.D.; Marvella E. Ford, Ph.D.; Milford W. Greene, Ph.D., MPH; Kendrea D. Knight, MSPH; LaVerne E. Ragster, Ph.D., MPH

The Student Forum Committee thanks all sponsors, staff, faculty, poster judges, students and participants for supporting the Student Forum.

Student Research Forum Winners



AGENDA

DAY ONE: THURSDAY, MARCH 10, 2016

8:00 am

Conference Facilitator

Ms. Carolyn Sawyer

Opening Remarks

Moderator

Dr. David E. Rivers, Associate Professor and Public Information and Community Outreach Director; Advisory Board Chairman, Medical University of South Carolina, Charleston, SC

Host and Sponsor Remarks

Ms. Beverly Perry, Senior Advisor to Mayor Muriel Bowser, Washington, DC

Mr. Christopher Drumm, Senior Vice President, Public Affairs, AmeriHealth Caritas Family of Companies, Philadelphia, PA

Mr. Benjamin Wilson, Esquire; Managing Principal, Beveridge & Diamond P.C.; Chairman, Board of Directors, National Environmental Justice Conference, Inc., Washington, DC

Mr. Robert D. Blair, Jr., Chief Administrative Officer, Riverside Service Area, Southern California Permanente Medical Group, Riverside, CA

Dr. Sabra C. Slaughter, Senior Advisor to the President for Diversity and Community Relations, Medical University of South Carolina, Charleston, SC

Dr. Valerie Montgomery Rice, President & Dean, Morehouse School of Medicine, Atlanta, GA

Dr. Lady June Cole, President, Allen University, Columbia, SC

Dr. Billy Thomas, Vice Chancellor for Diversity and Inclusion, University of Arkansas for Medical Sciences, Little Rock, AR

Dr. Hugh Mighty, Dean, College of Medicine, Howard University, Washington, DC

Dr. Britt Rios-Ellis, Founding Dean, College of Health Sciences and Human Services, California State University Monterey Bay; Founder and Co-Director, Center for Latino Community Health, Evaluation, and Leadership Training, Seaside, CA

Mr. Miguel Garcia, President, National Urban Fellows, New York, NY

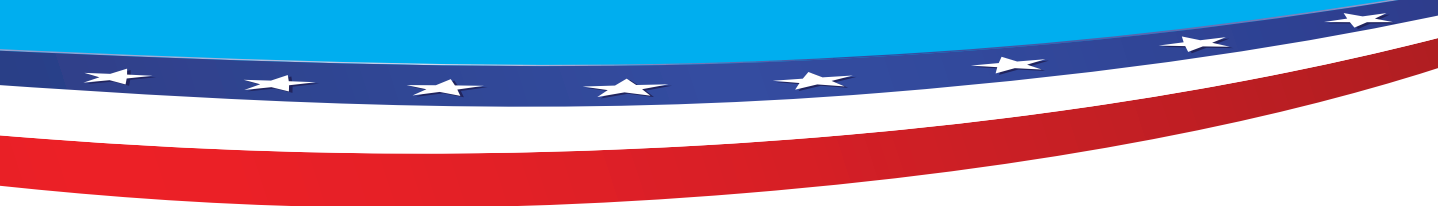
8:45 -9:15 am

Opening Remarks & Introduction of Keynote Speaker

The Honorable Donna M. Christensen, Former Delegate, U.S. Congress, U.S. Virgin Islands, St. Thomas, USVI

Keynote Speaker

The Honorable James E. Clyburn, Assistant Democratic Leader, U.S. House of Representatives, South Carolina-Sixth District



9:15 - 9:45 am

Overview of Health Disparities

Ms Carol Jimenez, JD, *Deputy Director, Office of Minority Health, U.S. Department of Health and Human Services, Washington, DC*

9:45 - 10:00 amBREAK

10:00 - 11:45 am

PANEL ONE

The connection between Public Health and Environmental Justice – a discussion by members of The National Environmental Policy Commission

Moderator

Dr. Jennifer Friday, *President and Principal Researcher, The Friday Consulting Group, Atlanta, GA*

Panelists

Mr. Robert Harris, Esquire, *Former Vice President, Environmental Affairs, Pacific Gas & Electric Company, San Francisco, CA*

Mr. Richard Moore, Esquire, *Coordinator, Los Jardines (The Gardens) Institute; Co-Chair, Environmental Justice and Health Alliance for Chemical Policy Reform, Albuquerque, NM*

Dr. Sue Briggum, *Vice President, Public Affairs, Waste Management, Washington, DC*

Dr. Mildred McClain, *Co-Founder and Executive Director, Harambee House/Citizens for Environmental Justice, Savannah, GA*

Mr. Tim Fields, *Senior Vice President, MDB Inc., Washington, DC*

11:45 am - 12:15 pmBREAK

12:15 - 1:30 pmLUNCHEON

Introduction of Speaker

Dr. Marvella E. Ford, *Professor, Department of Public Health Sciences, Associate Director, Cancer Disparities, Hollings Cancer Center, Medical University of South Carolina, Charleston, SC*

Keynote Speaker

Dr. Valerie Montgomery Rice, *President & Dean, Morehouse School of Medicine, Atlanta, GA*



AGENDA

1:45 - 3:00 pm

PANEL TWO

A focus on social determinants and their role in reducing health disparities and building and sustaining healthy communities, including a discussion of environmental exposures

VIDEO INTRO

Moderator

Dr. David E. Rivers, Associate Professor and Public Information and Community Outreach Director, Medical University of South Carolina, Charleston, SC

Panelists

Dr. Gail Christopher, Vice President for Programs, Food, Health & Well-Being, W.K. Kellogg Foundation, Battle Creek, MI

Dr. Dwayne C. Proctor, Senior Adviser to the President; Director of Achieving Health Equity Portfolio, Robert Wood Johnson Foundation, Princeton, NJ

Dr. Britt Rios-Ellis, Founding Dean, College of Health Sciences and Human Services, California State University Monterey Bay; Founder and Co-Director, Center for Latino Community Health, Evaluation, and Leadership Training, Seaside, CA

Ms. Kathy Ko Chin, President and CEO, Asian & Pacific Islander American Health Forum (APIAHF), San Francisco, CA

Dr. Samuel Ross, Chief Executive Officer, Bon Secours Baltimore Health System, Maryland Health Enterprise Zones, Baltimore, MD

3:00 - 3:30 pm

Introduction and Keynote Speaker

Winner of the Undergraduate and Graduate Student Research Forum

Keynote Speaker

Dr. Michael H. Kanter, Regional Medical Director of Quality & Clinical Analysis, Southern California Permanente Medical Group and National Executive for Quality & Care Delivery Excellence in the Permanente Federation, Pasadena, CA

3:30 - 3:45 pm.....BREAK



Congressman James E. Clyburn with Ms. Carolyn Sawyer, Ms. Carol Jimenez, Dr. David Rivers and Mr. Lloyd Moore



Dr. Marvella Ford, Dr. Sabra Slaughter, Dr. Billy Thomas



Ms. Callisha Bell (Kaiser), Mr. Bob Blair (Kaiser), Dean Hugh Mighty (Howard College of Medicine)

AGENDA

3:45 - 5:15 pm

CONGRESSIONAL ROUNDTABLE

Roundtable Discussion with Congressional Tri-Caucus members on addressing Environmental Justice and health disparities issues

Moderator

The Honorable Robin Kelly, U.S. Congress, 2nd District, Illinois; Chair, Congressional Black Caucus (CBC) Health Braintrust, Washington, DC

7:00 pm

NETWORKING RECEPTION

Remarks:

Dr. David E. Rivers, Associate Professor and Public Information and Community Outreach Director; Advisory Board Chairman, Medical University of South Carolina, Charleston, SC

Dr. Shari Chevez, Culturally Responsive Care, Co-Chair Kaiser Permanente, Riverside, Department of Pediatrics, Assistant Chief of Service and Culturally Responsive Care Physician Champion, Southern California Permanente Medical Group, Riverside, CA

Ms. Jenne Johns, Director of Health Disparities, Corporate Medical Management, AmeriHealth Caritas, Washington, DC

Ms. Karen Dale, Market President, AmeriHealth Caritas District of Columbia, Washington, DC

Ms. Melinda Downing, Environmental Justice Program Manager, U.S. Department of Energy, Washington, DC

DAY TWO: FRIDAY, MARCH 11, 2016

8:15 - 8:30 am

Conference Facilitator

Ms. Carolyn Sawyer

Student Research Forum Highlights and Award Presentations

Dr. Marvella E. Ford, Professor, Department of Public Health Sciences, Associate Director, Cancer Disparities, Hollings Cancer Center, Medical University of South Carolina, Charleston, SC

9:00 - 10:45 am

PANEL THREE

Climate Change: A Global Reality – Impacts on human health and the environment

VIDEO INTRO

Moderator

Dr. LaVerne Ragster, Retired Professor and President Emerita, University of the Virgin Islands, St. Thomas, USVI

Panelists

- Dr. Mark A. Mitchell**, *Co-Chair, National Medical Association Commission on Environmental Health; Founder and Senior Policy Advisor, Connecticut Coalition for Environmental Justice, Hartford, CT*
- Ms. Juli Trtanj**, *One Health and Integrated Climate and Weather Extremes Research Lead, Climate Program Office, Oceans and Human Health Initiative/National Ocean Service, National Oceanic and Atmospheric Administration (NOAA), Washington, DC*
- Mr. Jack Moyer**, *Carolinas/Tennessee Water Security and Preparedness Market Sector Leader, AECOM, Morrisville, NC*
- Mr. Milton Bluehouse, Jr., Esquire**, *Owner, Tribal Consultation Resources, LLC, Albuquerque, NM*

10:45 - 11:00 am.....BREAK

11:00 am - 12:15 pm

PANEL FOUR

The role of translational research in the development of public policy to address health disparities

Moderator

- Dr. Stephanie Gardner**, *Provost and Chief Academic Officer, University of Arkansas for Medical Sciences, Little Rock, AR*

Panelists

- Dr. Roberta Troy**, *Founding Director of the Health Disparities Institute for Research and Education, Tuskegee University, Tuskegee, AL*
- Dr. Madalynne Wilkes-Grundy**, *Co-Chair, Southern California Regional Diversity Council, Southern California Permanente Medical Group and Kaiser Permanente West Los Angeles Medical Center; Family Medicine Physician, Los Angeles, CA*
- Ms. Alicia Hunter Warner**, *Senior Public Health Analyst, Division of Community Health (DCH), Office of Policy and Partnerships, Centers for Disease Control, Atlanta, GA*
- Mr. Glenn Ellis**, *Strategies for Well-Being, LLC, Philadelphia, PA*

12:15 - 12:45 pm.....BREAK

12:45 - 2:00 pm.....LUNCHEON

Introduction of Keynote Speaker

- Mr. Mustafa S. Ali**, *Senior Advisor to the Administrator for Environmental Justice, U. S. Environmental Protection Agency, Washington, DC*

AGENDA

Keynote Speaker

Ms. Gina McCarthy, Administrator, U.S. Environmental Protection Agency, Washington, DC

2:30 - 3:45 pm

PANEL FIVE

Identification of successful community-based programs for building and sustaining healthy communities

Moderator

Ms. Lathran Woodard, CEO, South Carolina Primary Health Care Association, Columbia, SC

Panelists

Ms. Karen Dale, Market President, AmeriHealth Caritas District of Columbia, Washington, DC

Dr. Nneka L. Ifejika, Director of Neurorehabilitation, University of Texas Stroke Team; Associate Professor, Department of Neurology, McGovern Medical School at the University of Texas Health Science Center at Houston (UTHealth), Houston, TX

The Honorable Harold Mitchell, Jr., South Carolina State Representative; ReGenesis Project, Spartanburg, SC

3:45 - 5:30 pm

PANEL SIX

Improving Race Relations in America: The Path Forward

Moderator

Ms. Shirley Franklin, Barbara Jordan Visiting Professor, Lyndon B. Johnson School of Public Affairs, University of Texas; CEO and Chair of the Board, Purpose Built Communities; Former Mayor of Atlanta; Austin, TX

Panelists

The Honorable Gregory G. Mullen, Chief of Police, Charleston Police Department, Charleston, SC

Dr. William Boone, Chair and Professor, Political Science Department, Clark Atlanta University, Atlanta, GA

Ms. Olis Simmons, President and CEO, Youth UpRising: Community Transformation, Oakland, CA

Ms. Ingrid Saunders Jones, President, National Council of Negro Women, Washington, DC

Dr. Allen W. Parrott, Presiding Elder of the Kingtree District in the 7th Episcopal District of the African Methodist Episcopal (AME) Church, Ladson, SC



Conference guests at opening reception



Mr. Dave Matthews, Mr. Lloyd Moore, Mr. Elijah Rogers, Dr. David Rivers



Dr. Rita Finley, Ms. Terry Seabrook, Ms. Lisa Butler and Mr. Leroy Lewis

AGENDA

DAY THREE: SATURDAY, MARCH 12, 2016

8:15 am

Conference Facilitator

Ms. Carolyn Sawyer

Opening Remarks

8:30 - 9:45 am

PANEL SEVEN

Prevention and personal responsibility as major themes in reducing health disparities

Moderator

Dr. Sabra C. Slaughter, *Senior Advisor to the President for Diversity and Community Relations, Medical University of South Carolina, Charleston, SC*

Panelists

Dr. Cheryl Anne Boyce, *Associate Director, Division of Epidemiology and Prevention Research; National Institute on Drug Abuse; National Institutes of Health, DHHS, Bethesda, MD*

Dr. Renata Serricchio Leite, *Assistant Professor, Division of Periodontics, Department of Stomatology, Medical University of South Carolina, Charleston, SC*

Dr. Maia McCuiston Jackson, *Physician Director of Multicultural Services, Mid-Atlantic Permanente Medical Group, Kaiser Permanente Mid-Atlantic States, Rockville, MD*

Ms. Jeannette F. Jordan, *Owner, J&J Health Consultants, Goose Creek, SC*

9:45 - 11:00 am

PANEL EIGHT

The impact of human trafficking (for labor and sexual purposes) at the national, state and local level

Moderator

Ms. Lisa Williams, *Founder & CEO Circle of Friends & The Living Water Programs, Atlanta, GA*

VIDEO

Panelists

Ms. Monica Modi Khant, *Program Director, GAIN, Atlanta, GA*

The Honorable Judge Herman Dawson, *Circuit Court, Prince George's County, MD*

Dr. Sharon Cooper, *CEO of Developmental & Forensic Pediatrics, PA, Fayetteville, NC*

The Honorable Daniel R. Crumby, *Assistant United States Attorney, Augusta, GA*

11:00 - 11:15 am.....BREAK

11:15 am - 12:30 pm

PANEL NINE

The role of the public and private sectors in reducing health disparities and environmental injustice

Moderator

Mr. David B. Matthews, *Principal Consultant, DB Matthews Consulting, LLC, Brookeville, MD*

Panelists

Dr. Jalonne L. White-Newsome, *Senior Program Officer, Kresge Foundation, Troy, Michigan*

Dr. LaQuandra S. Nesbitt, *Director, District of Columbia Department of Health, Washington, DC*

Mr. Derrick Watchman, *Chief Executive Officer, Navajo Nation Gaming Enterprise, Church Rock, NM*

Mr. Joel Freedman, *President, Paladin Healthcare Capital, LLC, El Segundo, CA*

12:30 pm

Closing Remarks



Dr. Britt Rios-Ellis and Ms. Melinda Downing (center) with student participants at the opening reception

ADVISORY COMMITTEE

Ninth Annual National Conference on Health Disparities Reducing Health Disparities Through Sustaining and Strengthening Healthy Communities

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NCHD Chairman
Associate Professor and Public Information
and Community Outreach Director
Library Science & Informatics
Medical University of South Carolina
Charleston, SC

Dr. Latecia M. Abraham

Instructor, Public Information Community Outreach
Department of Library Science and Informatics
Medical University of South Carolina
Charleston, SC

Dr. Eldrin Bell

Former Police Chief
Jonesboro, GA

Mr. Robert “Bob” Blair

Chief Administrative Officer
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President, AltaMed Foundation
AltaMed Health Services
Los Angeles, CA

Dr. Marvella Ford

Professor, Department of Health Sciences
Associate Director, Cancer Disparities, Hollings
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Bethlehem, PA

Dr. Kisha B. Holden

Interim Director, Satcher Health Leadership Institute
Associate Professor, Department of Psychiatry
Department of Community Health and Preventive Medicine
Morehouse School of Medicine
Atlanta, GA

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Atlanta, GA

Dr. Stephanie Gardner

Provost and Chief Academic Officer
University of Arkansas for Medical Sciences

Dr. Glenda Baskin Glover

President
Tennessee State University
Nashville, TN



Ms. Monique Hill

Assistant Professor; Department of Library
Science & Informatics
Program Manager; Hands on Health-SC
Medical University of South Carolina
Charleston, SC

Dr. Nneka L. Ifejika

Director of Neurorehabilitation
University of Texas Stroke Team;
Associate Professor; Department of Neurology
McGovern Medical School at the University
of Texas Health Science Center at Houston
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PHOTO HIGHLIGHTS



Seated: Ms. Shondia McFadden-Sabari, Ms. Angelica Cristie, Ms. Paula Jones. Standing: Ms. Evelyn Blake, Ms. Maya Hollinshead



Dr. Valerie Montgomery Rice and Dr. Donna Chrisensen



Dr. Latecia Abraham, Ms. Linda Huggins, Ms. Evelyn Williams, Ms. Janice Marshall



Attorney Daniel Crumby, Attorney Monica Khant, Dr. Sharon Cooper and Ms. Lisa Williams

Candid photos from around the conference



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