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# 10th Annual National Conference on Health Disparities

Reducing Health Dispari<mark>tie</mark>s Through Sustaining and Strengthening <mark>Hea</mark>lthy Communities

JW MARRIOTT NEW ORLEANS MAY 3 - 6, 2017

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# FOREWARD AND ACKNOWLEDGEMENTS

## **DR. DAVID E. RIVERS**

Chairman, National Conference on Health Disparities Associate Professor, Director, Public Information and Community Outreach, Medical University of South Carolina

The National Conference on Health Disparities achieved two important milestones this past May. Not only did the NCHD celebrate its tenth anniversary. It did so in historic New Orleans, LA — a city where health disparities are a central theme in any discussion of community health, and a city where many interests are working together to reduce and eliminate disparities. A beautiful and vibrant city served as the perfect backdrop for insightful and productive discussion of one of our nation's foremost health concerns. New Orleans demonstrated that it truly sits at the intersection of community interest, issues and ways forward in building and sustaining healthy communities.

As author of the Foreword and Acknowledgements for this Summary Report, I would be remiss if I did not provide a national context for the conference. Our nation finds itself at an important crossroads in the healthcare debate. Seven years ago, as a signal achievement of the Obama Administration, Congress enacted and the President signed into law the Affordable Care Act (ACA). While the ACA represented a monumental step forward in health care, providing coverage to tens of millions of previously uninsured Americans and their families, many in Washington, DC, and elsewhere believe we can do better still.

Precisely where this debate will take us has not yet been decided. But for those of us who seek the elimination of health disparities, any comprehensive healthcare legislation must enhance access and affordability, while suggesting and supporting proactive "well care," as opposed to reactive "sick care." Indeed, these are among the many lessons we have learned from the first ten NCHDs, and look to build upon in future conferences.

Toward this end, the tenth NCHD focused on the social determinants of health – such issues and conditions as poverty, educational attainment, environmental quality housing and public safety. Panels of expert presenters delivered the most current information and insight on gun violence as a public health issue, police and community relations, climate change, men's and women's health issues and human sex trafficking. Keynote and Luncheon speakers brought decades of experience and perspective to the table. Elected officials participated in a lively roundtable discussion of healthcare issues. The all-important "next generation of healthcare professionals" presented their scholarly work at the annual Student Research Forum.



Dr. David Rivers

By playing a leadership role in this process, the NCHD develops and facilitates a model of individual responsibility, community well-being and proactive health care that may reduce and eventually eliminate health disparities.

No such conference would be possible with a major commitment of intellectual and logistical resources, including direct sponsorship and support. Over 20 Sponsors and Supporters delivered the kind of support that enables program visionaries and planners to conceive and deliver a current, relevant and impactful agenda. See pages 42 & 43 for our Sponsors and Supporters lists.

We also owe a tremendous debt of gratitude to all of the people who served on the Advisory Committee for the tenth NCHD. These hard-working and committed people provided insight and suggestions on a range of topics. Without their thoughtful and credible contributions, the NCHD would not be the important annual event it has grown to be. Even now, we are planning the 11th NCHD, which will be held May 16-19, 2018, in Philadelphia, PA, at the Lowes Philadelphia Hotel.

In conclusion, allow me to once again thank all of our Sponsors and Supporters, Advisory Committee members, presenters and speakers, Student Research Forum participants, staff, volunteers and attendees. Let me say a word here to our conference attendees. Over the years, thousands of you have served as the primary link between the NCHD and the people it serves. We look forward to seeing you in Philadelphia and continuing to provide you with the inspiration and information you need to eliminate health disparities.

Thank you.



# Office of the Governor

State of Louisiana

John Bel Edwards Governor



P.O. Box 94004 Baton Rouge, Louisiana 70804-9004 (225) 342-7015 GOV.La.GOV

May 3, 2017

Dear Friends,

On behalf of the citizens of the great State of Louisiana, I want to welcome you to New Orleans for the 10th Annual Conference on Health Disparities.

The goal of this conference, building healthier communities, is a vision I share and have placed at the forefront of my administration. I made expanding our Medicaid program my first priority as governor, and the outcomes have been phenomenal. Over 415,000 individuals are now enrolled through expansions, and since coverage began on July 1, 2016, nearly 78,000 patients have received preventative care – many for the first time in years.



Medicaid expansion is merely the beginning of improving health outcomes for all citizens of Louisiana. In addition, we have to promote individual responsibility and continue to address the environmental stressors that prevent communities from thriving. That's why this conference and the conversations you will have during your time here are important not only to Louisiana but to every state.

During your stay, I encourage you to take advantage of Louisiana's many cultural and historical attractions, not to mention our famous music and cuisine. Whether you are a returning or first-time visitor, there is something for everyone to enjoy.

On behalf of the State of Louisiana, I wish you a successful conference and enjoyable stay in New Orleans. We hope you come back to visit us again soon!

Sincerely, John Bel Edwards

CEDRIC L. RICHMOND

COMMITTEE ON HOMELAND SECURITY SUBCOMMITTEE TRANSPORTATION SECURITY, RANKING MEMARY COMMITTEE ON THE JUDICIARY SUBCOMMITTEE: CRIVE, TERROREN, HOMELAND SECURITY AND INVESTIGATION COURTS, INTELLECTURAL PROPERTY AND THE INTERNET SENIOR WHIP

#### Congress of the United States House of Representatives Washington, DC 20515–1802

May 3, 2017

Dr. David Rivers Chair National Health Disparities Conference Medical University of South Carolina 171 Ashley Avenue Suite 305 Charleston, SC 29425



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**Dear Conferees:** 

On behalf of the 2<sup>nd</sup> Congressional District of Louisiana, I welcome the National Health Disparities Conference to New Orleans. You will soon learn that our city is full of hospitable people, award winning cuisine, and rich culture. Our citizens have met and overcome many challenges over the years; your efforts are no different. New Orleans is the perfect city to host your 2017 Conference.

I applaud your dedication to eliminating health disparities that plague our communities throughout the country. The health of our people is of great importance, and we need change now! Lack of health education and awareness has caused the wellbeing of our citizens to decline. With your help, we can purge the grave illnesses that afflict us all.

This event should be one of unity, fellowship, and preparation. I salute you for your generosity and I support your cause. I wish you well in your future endeavors.

Sincerely,

-C. ( Cedric L. Richmond

Member of Congress

PRINTED ON RECYCLED PAPER

# MITCHELL J. LANDRIEU, MAYOR

#### Welcome!

As Mayor of New Orleans, it is my pleasure to welcome the 10<sup>th</sup> National Conference on Health Disparities. I would like to thank the Medical University of South Carolina for choosing New Orleans.

You will experience the warm hospitality and unique culture that New Orleans has to offer. I am certain that New Orleans will serve as the perfect destination for the conference and provide the best opportunities for the group. While you are here, take some time to relax and explore the City. Dine in our incomparable restaurants; enjoy some of the great music we have to offer, tour historic



neighborhoods like the French Quarter and Treme, and shop in our antique and specialty shops throughout New Orleans, including the bustling Magazine Street corridor. It is my hope that your stay will be memorable and that you leave with new knowledge and relationships.

I extend my best wishes to the National Conference on Health Disparities, as well as those traveling to partake in the festivities. I want to thank you again for choosing to visit New Orleans, and I hope that you will return.

Sincerely,

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Mitchell J. Landrieu, Mayor City of New Orleans

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David J. Cole, MD, FACS President

Colcock Hall 179 Ashley Avenue MSC 001 Charleston, SC 29425-0010

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It is my great pleasure to join in welcoming you to the tenth annual Conference on Health Disparities. It has been an honor and privilege for the Medical University of South Carolina to co-sponsor the first nine conferences, and we are especially excited to partner in sponsoring this year's tenth event.

Even in the healthiest communities, age-old disparities persist and take a toll on the quality of life and economic resources. This conference will focus on policies, research interventions, and programs that address prevention, social determinants, and personal responsibility in reducing health disparities and promoting health equity. Conference presenters and participants will discuss solutions, review "programs that work," and recommend policies to strengthen and enhance the current health care system through diverse, multi-disciplinary partnerships and perspectives.

Like its nine predecessors, this year's 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, 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 three rewarding days of participation. Thank you for coming and for sharing your expertise and excitement with us.

Have a great conference!

Sincerely,

David J. Cole, M.D. FACS President, Medical University of South Carolina





April 25, 2017

Dear Attendees,

Your presence at the Tenth Annual National Conference on Health Disparities 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,

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Valerie Montgomery Rice, M.D. President and Dean

720 Westview Drive SW Arbarts, GA 30310-1495

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Paul A. Tufano Chairman and Chief Executive Officer

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

May 3, 2017

Dear Colleague:

On behalf of the AmeriHealth Caritas Family of Companies, I would like to welcome you to New Orleans and the 10<sup>th</sup> Annual National Conference on Health Disparities.

We are proud to sponsor this conference, which plays a critical role in advancing our national dialogue about health equity in America. The issues and challenges that we are here to address are closely linked to the AmeriHealth Caritas mission: we help people in need get care, stay well, and build healthy communities along the way.

AmeriHealth Caritas has a long history of working in communities, both rural and urban, that are acutely affected by the social determinants of health. For more than 30 years, we have addressed social barriers to health equity and improved outcomes for our members through our person-centered model of care.

We are pleased to be included in this group of visionaries, executives, and grassroots advocates, all working toward a common and noble goal of improving health outcomes for our fellow Americans.

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#### Welcome,

We are pleased that you have decided to participate in the 10<sup>th</sup> Annual National Conference on Health Disparities and the National Environmental Justice Conference & Training Program. It is indeed an honor for Allen University to serve as the host institution and to participate as one of the sponsors. We welcome your participation and look forward to a continued relationship.

The theme of the conference, "Reducing Health Disparities Through Sustaining and Strengthening Healthy Communities" engages each of us to be informed and actively address health disparities within our own spheres and beyond. It is important to understand the impact that social determinants have on health outcomes especially in populations like ones served here.

We welcome each of the sponsors and the presenters to this venue to share and inform. Addressing inequalities in the access to and provision of healthcare across different racial, ethnic, and socioeconomic groups has never been more topical than now. We are confident that you will find this gathering useful and enjoyable.

Sincerely

Ernest McNealey, Ph.D. Interim President

# **The Tenth Annual National Conference on Health Disparities**

May 3-6, 2017

New Orleans, Louisiana

# SUMMARY REPORT

# PRE-CONFERENCE ACTIVITIES – MAY 3, 2017

# **STUDENT RESEARCH FORUM**

The conference began with its annual Student Research Forum. Dr. Marvella Ford, Chair of the Student Research Forum, opened the morning session by greeting the students and explaining the significance of the Forum. She also announced that the participants for the 2017 Forum represented 43 colleges, universities and healthcare institutions. Dr. Sabra Slaughter also greeted the students and shared with them how they represent the future of healthcare in America.

Two students presented research papers.

Ms. Mariam R. Khan, an undergraduate student at Santa Clara University, presented a paper on "Understanding the Effects of Micro-Aggressions and Acculturation Stress on the Mental Health of College Students."

Ms. Erica Fuller-Kantor, a graduate student at Tulane University School of Public Health and Tropical Medicine, presented a paper entitled: "Living in Violence: The Effects of Neighborhood Domestic Violence on Small Gestational Age Births."

Sixty-five students participated in the Poster Session.

During of the afternoon, Student Research Forum participants Dr. Marvella E. Ford, Associate Director, Cancer Disparities, Hollings Cancer Center heard a presentation by Mr. Anton Gunn, MSW, Chief Diversity Officer at the Medical University of South Carolina, on "Next Level Leadership: What Innovative Healthcare Leaders Do That Others Don't." Mr. Gunn emphasized how his background in "hip hop" had changed his life and taken him from "ashy to classy." In addition to making the key point that healthcare is critical to everything, he stated that leadership development consisted of four areas: "MindSet, EyeSight, Add+Versity and Audacity." Mr. Gunn noted that his last point, "Audacity," is very important for those who want to make a difference in addressing health disparities. They must believe that they can do it.





Mariam R. Khan

Erica Fuller-Kantor





Mr. Anton Gunn, Chief Diversity Officer, MUSC



DAY ONE – MAY 4, 2017

# OPENING REMARKS AND GREETINGS FROM CONFERENCE HOSTS AND SPONSORS

**Ms. Carolyn Sawyer**, Conference Facilitator and Communications Strategist for the Tom Sawyer Company, opened the Tenth Annual National Conference on Health Disparities. Ms. Sawyer noted that this was the tenth year of the health disparities conference. She also cited the fact that the conference had been held at sites throughout the United States and its territories, including St. Thomas and St. Croix in the U. S. Virgin Islands; Little Rock, Arkansas; Charleston, South Carolina (two times); Atlanta, Georgia; Philadelphia, Pennsylvania; Long Beach, California; and in Washington, DC, in a joint session with the National Environmental Justice Conference.



Ms. Sawyer then introduced **Dr. David E. Rivers,** the conference chair, who provided welcoming remarks. Dr. Rivers also noted that it was the tenth annual conference and recognized the Advisory Board for their contributions to making the conferences successful. He also thanked the sponsors, volunteers

Dr. David Rivers, Conference Chair

and conference participants. He mentioned that the conference was about the social determinants of health. He said that the conference looked at social determinants of health, such as poverty. Dr. Rivers said that if you want to have healthy people, you must have healthy communities. He said that 46 million people live in poverty in the United States, which he called a national disgrace. He said that we also must look at the impact of environmental stresses on health. He cited a recent report from the National Lung Association that 128 million people live in locations where the air quality is bad for their health. He cited Flint, MI, where water quality is still an issue. He said that the American infrastructure has problems that include water and sewage, schools, highways and air transportation. All of these areas of the country's infrastructure earned D+ grades for their current status. Dr. Rivers stated that last year the United States spent approximately \$2.6 trillion on healthcare. Ninety-five percent of that \$2.6 trillion was spent to treat American citizens after they were already sick and in need of care. Thus, he called the American health system a "sick care

system." Only 5% of the money spent by Americans on healthcare was used for prevention. Dr. Rivers stated that over the next few days, the conference would address the following issues: the social determinants of health, prevention and personal responsibility. He posed the question: "What is your responsibility for addressing these health challenges?"

In his concluding remarks, Dr. Rivers introduced the students attending the conference had participated in the Student Research Forum. Sixty-five students representing thirty-nine colleges, universitiesand professional institutions were present. He also cited the officers of AmeriHealth Caritas for their long-time support of the conference: Paul A. Tufano (CEO), Christopher Drumm (Vice President) and Karen Dale (Board Member). Finally, he thanked Ms. Melinda Downing of the U. S. Department of Energy for her ongoing support of the conference.



**Dr. Marsha Broussard**, Director of Health, City of New Orleans, LA.

After concluding his remarks, Dr. Rivers introduced Dr. Marsha Broussard, Director of Health for the City of New Orleans. She brought greetings and extended a welcome from Mayor Mitch

Dr. Marsha Broussard

Landrieu. Dr. Broussard announced that she had been on the job for about eight months. In her assessment of the health disparities in New Orleans, she found that there was a 25-year difference in life expectancy for people living in a zip code in the central city of New Orleans as compared to zip codes in the suburbs. African-Americans in Orleans Parish experience 40% higher rates of heart disease, 33% higher rates of cancer and are 97% more likely to be homicide victims. She also noted that infant mortality rates are decreasing across the country, but a significant gap in deaths remained among African-Americans in New Orleans compared to the general population. In New Orleans, African-Americans make up 89% of the HIV cases among people age 25-44, compared to 9% for whites and 2% for Latinos. She stated that these statistics indicated that the city had a racial health disparities crisis. The Health Department in New Orleans attempting to address these disparities by focusing on the structural and social context that impact upon health, as well as addressing the roles that racism and bias played in maintaining these structures. In her conclusion, Dr.



# DAY ONE - MAY 4, 2017

Broussard asked conference participants to consider and address a few research questions that she grapples with and that relates to a city that is experiencing many social disparities in health. What is the impact of the Hope Six, massive public housing investment on the health of low-income residents? How will this housing investment and other similar housing initiatives impact lead levels among our children? What is the impact of the great public education experiment with charter schools in New Orleans on health and quality of life? What is the impact of the comprehensive smoking ban on cancer rates and life expectancy in the hospitality and entertainment workforce and the population in general? What are the health and quality of life implications of the Affordable Care Act and especially Medicaid expansion?



Mr. Kyle Viator, Market President, AC Louisiana Administration, AmeriHealth Caritas Louisiana, Baton Rouge, LA.

Mr. Viator said that eliminating health disparities directly aligns with the goals of AmeriHealth Caritas's mission to help people get care, stay

Mr. Kyle Viator

well and build healthy communities. He said that AmeriHealth Caritas Louisiana's goal is to deliver care that honors the uniqueness of each member and directly benefits the communities that they serve. AmeriHealth Caritas Louisiana was proud to offer robust cultural competency training to ensure that both the associates and providers look at the world more broadly than just their own limited set of values and experiences. AmeriHealth Caritas Louisiana is on track to become the first health plan in the state to receive NCQA's (National Committee for Quality Assurance) multicultural healthcare distinction later in the summer. Mr. Viator stated that eliminating healthcare disparities is achievable and necessary to assure the well-being and prosperity of the state and the country.

# **KEYNOTE ADDRESS**



**Dr. Rebekah Gee**, *Secretary*, *Department of Health and Hospitals*, *State of Louisiana*, *Baton Rouge*, *LA*.

When Dr. Rebekah Gee became Secretary of the Department of Health for the state of Louisiana in January 2016, she undertook and oversaw the implementation of Medicaid expansion in the state. As a result, in the first six months more than 350,000 adults enrolled in healthcare, over 40,000 received preventive healthcare. She said that the highlight of her career is the Medicaid expansion in the state of Louisiana. She said that access to care is a foundational factor. She said that you cannot undo health disparities if you do not have access to care. She said the most developed countries on this planet believe that healthcare is a human right. She said that the new Democratic governor of Louisiana, John Bel Edwards, made it his top priority to expand Medicaidand on his first day in office, he signed an Executive Order expanding Medicaid in Louisiana. Over 420,000 people in Louisiana received healthcare for the first time; many of them had never had coverage in their adult lives. Over 80,000 people receive primary care, such as mammograms, colonoscopies and screenings for hypertension and diabetes. Dr. Gee stated that she has two passions: maternal and child health and health disparities.

Dr. Gee addressed the issue of unequal treatment because of race. Throughout her training in Boston, New York and Philadelphia, she never saw a situation where people would go to a different hospital because they had a different skin color. If you were poor and if you were of a different skin color, you had to call a different 1-800 number to get an appointment, if you had Medicaid. If you didn't have Medicaid, you called a different number. Tuesday was "Medicaid Day" in Louisiana. She said that these practices were



unacceptable human rights' violations. She said there are certain questions that the state must address: is a pregnant mom who is poor any less important to the future of our country than someone who look like her--white? She said that we must train doctors to have different attitudes and to empower patients to demand better treatment and better care, equal access and equal respect. When she wanted to have a brown bag luncheon to talk about racism, she was told she could not have a conversation about racism because it did not exist. She was also told that they could not show health disparity numbers because they do not exist and secondly, because they were an embarrassment. She said that a survey by LSU found that 72% of the people in the state agreed with Medicare expansion, including many Republicans.

Dr. Gee concluded her remarks by sharing with the audience two of the projects that she had been working on: criminal justice reform and reducing the state's infant mortality rate. She discussed how Louisiana is the "incarceration capital of the nation." The state incarcerated five times more people than the nation of Iran. The state incarcerated people instead of treating them for mental illness and dealing with the social determinants of health. She is addressing this broken and expensive system by providing managed care and social workers to repeat offenders. They also receive healthcare from a primary care doctor for six months before they leave jail. She said that her proudest accomplishment was reducing the infant mortality rate. In Louisiana, the infant mortality rate is double and sometimes five times as high for African-Americans than whites. The infant mortality rate in Brazil is much lower than in Louisiana. The infant mortality rate in 2010 for African-American women in the state was 15 per 1000, while the national average was six. Now, it is 11.3 per 1000 in Louisiana, which was still much more than the national average, but reduced by 25%. The state is able to reduce the number by providing African-American women prenatal care. She said this means that 1,048 babies survived during the past year for more than a yearand they would have died if these efforts had not been made. She said the state of Louisiana is making progress in addressing health disparities and there has been more progress under her administration than there had been for most of the history of the state.



Dr. Sabra Slaughter, Senior Advisor to the MUSC President, Associate Professor of Family Medicineand the Principal Investigator for Southeastern Virtual Institute for Health Equity, and Wellness (SE VIEW), Medical University of South Carolina, Charleston, SC.

Dr. Sabra Slaughter

Following Dr. Gee's presentation, Dr. Slaughter cited her remarks and commended her for being a fighter against health disparities. Dr. Slaughter greeted the audience on behalf of Dr. David J. Cole, the President of the Medical University of South Carolina. He noted that it was the tenth year of the conference. He cited the challenging work that it had taken to get to the 10<sup>th</sup> year of the conference. He said that since the meeting in Washington in 2016, the Medical University has continued to work on issues of primary care, health management, disease prevention and telemedicine in some of the most rural and underserved areas of South Carolina. The Medical University works with schools and churches across the state of South Carolina. He recognized the faculty, staff and students at the Medical University for their role in addressing health disparities in South Carolina. He thanked the organizers of the conference, especially Dr. David Rivers for his leadership.

**Dr. Rita Finley**, Assistant Dean, Office for Educational Outreach and Healthcareers, Director, Master of Science in Medical Sciences Degree, Assistant Professor, Department of Pathology and Anatomy, Morehouse School of Medicine, Atlanta, GA.

Dr. Rita Finley brought greetings to the conference on behalf of the President and Dean of the Morehouse School of Medicine, Dr. Valerie Montgomery Rice, and the entire Morehouse School of Medicine family. She said that the Morehouse School of Medicine was founded over forty years ago with the critical mission to serve the underserved. She said the school promotes health equity, as well as solving health disparities. Dr. Finley stated that the Morehouse School of Medicine believes in a strong commitment to the community because a strong presence and engagement throughout the community are instrumental in achieving health equity. She applauded the undergraduate and graduate medical students who participated in the conference with presentations of their research. She said that Morehouse School of Medicine was one of the many



# DAY ONE - MAY 4, 2017

institutions represented at the conference that educated its students on the social determinants of health and empowered them to act. She said that, "We look to you, students, to be the next generation of social change agents who will continue to work to advance and to transform our community by helping to eliminate the public health issues of unequal access to healthcare, gun violence, human trafficking and a polluted environment, which contributes significantly to the absence of our healthy communities."



Dr. Stephanie Gardner

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

Dr. Gardner said that the University of Arkansas for Medical Sciences was one of the proud sponsors of the National Conference on Health

Disparities. She said that, on the behalf of Chancellor Dr. Dan Rahn and the institution, it was her pleasure to join in welcoming the participants to the annual conference on health disparities. She said that UAMS is Arkansas' only comprehensive academic health sciences center. And, as such, it provides leadership in building healthy communities across the state. UAMS is also Arkansas' largest public employer with more than 11,000 employees. UAMS educates most of the health providers in the state of Arkansas, and it works hard to ensure that it is preparing those health professionals to meet population health needs by developing inter-professional and community-based educational experiences. She cited the student-led 12th Street Health and Wellness Center which is a free clinic just across the highway from the UAMS campus, where students provide care and health screenings to those who are not insured and most in need. UAMS has a similar North Street Clinic in Fayetteville, AR where students on its regional campus focus on other vulnerable populations. These clinics give the students at UAMS interdisciplinary experience with providing care for populations where health disparities exist. UAMS programs, such as the Center for Health Disparities, the Center for Pacific Islander Health and the Center for Distance Health, continued to examine the sources of disparities and seek new strategies to extend and expand access to care. She said that UAMS faces challenges of serving a population that is poor and sicker than most. She said these challenges do not deter that work. They help UAMS focus on how important its day-to-day actions are in the larger effort to address health disparities. She concluded her remarks by stating that UAMS was proud to be a partner with the National Conference on Health Disparities.



**Dr. Oluwole Ariyo,** *Associate Professor of Cell and Molecular Biology, Allen University, Columbia, SC.* 

In his greetings, he said that he wants to make sure that students at Allen University are exposed to the environment as well as things that

were related to health issues. He said this conference promised to expose and enlighten everybody's mind. He said that he was shocked and surprised to hear from Dr. Broussard earlier in the morning that African-Americans make up 89% of the HIV cases in New Orleans. He said that he had visited the student poster presentations on Wednesday, and one of the students had done research that focused on pre-and post- prophylactics for HIV patients, which he believes is the type of research needed to address the problem. He said that everyone should ask: "What am I going to do after this conference?" He said that we should be a voice to bring the name and solution to problems of health disparities. He challenged conference participants not to keep quiet after this conference. He said that we should take the information that we learned at the conference into our communities and plan to be a factor that is going to be effective enough to make a change in the world. He said that conference participants were not here by mistake; they were there for a purpose, and that participants should make sure they actualize the purpose of the conference.



**Dr. Warren A. Jones,** *NIH Endowed Chair in Health Disparities, Minority Health and Health Disparities, Dillard University, New Orleans, LA.* 

Dr. Jones welcomed conference participants to his hometown. He is a native of New Orleans and very

Dr. Warren Jones

proud to be at Dillard. He greeted participants on behalf of Dillard University and its president, Dr. Walter Kimbrough, the chair the



board of trustees, Attorney Michael Jones and the faculty and staff of Dillard University. He said that his staff felt that he would have an affinity for being a part of the conference because he worked in Charleston, SC, for four years. He worked at the Naval Hospital in Charleston, and he worked closely with the Medical University of South Carolina. Dr. Jones presented the audience some of the history of Dillard University. He noted that the Dillard was founded in 1869 by two of its predecessor universities: New Orleans University and Straight University. These two universities came together in 1930 and merged to form Dillard. Dillard had a medical school. Dillard also had the only "colored hospital" in the region. In addition, Dillard has long been a producer of African-American physicians, dentists and other healthcare providers. Among HBCUs, Dillard is the number one producer of African-American physicists. It was also number two in the nation in the production of African-American physicists. He said that Dillard believes in infusing in its students not only the key understanding of the liberal arts, but the important understanding of the social determinants of health and a commitment to life-long learning and continued growth.



Dr. L. Lee Hamm

does going forward.

Dr. L. Lee Hamm, Senior Vice President & Dean, Tulane University School of Medicine, Tulane University, New Orleans, LA

Dr. Lee Hamm said he was very proud to be a part of the National Conference on Health Disparities.

He said that he was reminded by some of the comments by the conference sponsors and hosts that it was sort of the best of times and the worst of times. He said that he viewed the state of Louisiana as the epicenter of disparities. Dr. Hamm said that we have a lot to work on and lots of challenges, but we have good leaders taking on these challenges and Tulane University is proud to be a part of it all. He said that Tulane's medical school has the traditional goals of research, education and clinical care. But it also has a fourth mission: to engage with the community. Dr. Hamm said that Tulane tries to be a leader in reaching out to communities with major disparities and looks at not only providing access to care, but also working on the social determinants of health and preventive care, which are two areas he

thinks need to be more in the forefront of what Tulane University



**Dr. Britt Rios-Ellis**, Founding Dean, College of Health Sciences and Human Services, California State University, Monterey Bay, Seaside. CA.

Dr. Rios-Ellis said that each year, after attending the National Conference on Health Disparities it

made her feel so good about the work that she was doing that she had started calling it the "Bring It On!" conference. After giving special "thank yous" to Dr. David Rivers and Dr. Donna Christensen for their leadership of the conference, as well as to Dr. Marvella Ford for her work on the Student Research Forum, Dr. Rios-Ellis gave a history of the California State University Monterey Bay campus and its significance in educating minority students in the state of California. She cited the wealthy communities that surrounded the CSU Monterey Bay campus area and the mission of the university to strengthen the quality of life for those who are not fortunate enough to live in some of the wealthier communities in the area. Dr. Rios-Ellis gave statistics that showed the impact of CSU Monterey Bay: it graduated 60% of all of California's Hispanic students, 47% of all of California's African-Americans, 43% of American Indians and Alaska natives and 30% of Asian Pacific Islanders. Dr. Rios-Ellis concluded her remarks by stating that the National Conference on Health Disparities has changed so many lives professionally especially through the Student Research Forum. Her students did posters, presented their research, won prizes and went into master's programs and doctoral programs to finish terminal degrees. She said that the National Conference on Health Disparities is her favorite conference of all the conferences that she attends.



#### Ms. Melinda Downing,

Environmental Justice Program Manager, Legacy Management, U.S. Department of Energy, Washington, DC

Ms. Downing thanked Dr. Rivers and the planning committee, the speakers, the members of Congress

Ms. Melinda Downing

and the participants at the conference for being there. She said that she was pleased to represent the Department of Energy and to welcome everyone to the Tenth Annual National Conference



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on Health Disparities. She said that the conference is unique in its approach to having a national gathering of leaders coming together to engage communities, to share examples of lessons learned and to collaborate on best practices to address the direct correlation between environmental protection, health disparities, economic development, climate change and Environmental Justice. She concluded her remarks with a quote from Dr. Martin Luther King: "All life is interrelated; we are all caught in an inescapable network of mutuality, tied into a single garment of destiny; whatever affects one directly affects us all indirectly."



Mr. Miguel Garcia

# Mr. Miguel A. Garcia, Jr.,

President & CEO, National Urban Fellows, New York, NY.

Mr. Garcia started off by thanking Dr. David Rivers for including the National Urban Fellows in the National Conference on Health Disparities. Mr. Garcia noted that

this was his third conference. He said that every year he sees and meets individuals who are committed to health. He said that he could not think of any other public policy in our country that touches our people. He said that probably the issue that is most important today in Washington, DC, is the debate that is raging around the Affordable Care Act. He cited Mr. Anton Gunn's presentation to the Student Research Forum on Wednesday, and he said he was pleased that Mr. Gunn focused on leadership development. For 40 years, the National Urban Fellows has developed leaders across all the niches of public service. He was proud to say that 18% of the alums of the National Urban Fellows program are involved in health public policy or in the delivery of healthcare. He said it is truly remarkable to see the participants ready for the fight and to take on the challenge so that everyone in this country enjoys quality healthcare.

This was the end of the opening and welcoming session of the National Conference on Health Disparities.

# **KEYNOTE ADDRESS**

"Achieving Health Equity: Tools for A National Campaign Against Racism"



**Dr. Camara Phyllis Jones,** Senior Fellow, Satcher Health Leadership Institute and Cardiovascular Research Institute, Morehouse School of Medicine; Immediate Past President, American Public Health Association (APHA), Atlanta, GA.

Dr. Camara Phyllis Jones is a family physician and an epidemiologist. She began announcing that she was her third National Conference on Health Disparities. She called it a homecoming and an energizing space. She said she was surprised when several of the people who greeted participants in the morning session used the word "racism," because usually people do not go to the conference where people talk about your research and your work on racism. As the President of the American Public Health Association, she launched the APHA on a national campaign against racism. She said there are three tasks: to name racism, to ask how was racism operating here and to organize, strategize and to act. She visited 40 states last year. She went to Idaho and Montana, where people questioned the idea that there was racism present. She said that she would often introduce a conversation on racism through allegories, through stories, definitions and frames that were easy for people to understand and remember.

Dr. Jones started her presentation with her first tool, the "cliff analogy." She showed how health disparities pushes people close to and over the cliff, so that they do not receive adequate care or treatment. According to Dr. Jones, health disparities were influenced and shaped by factors such as wealth, neighborhoods,



**KEYNOTE ADDRESS** 

the environment, housing, food deserts, fast food swamps, as well as other social determinants of health.

Dr. Jones said that all of us who are interested in health need to be talking about racism as one of the most significant social determinants of health. Addressing racism is an integral part of bridging the health intervention divide. Dr. Jones defined racism as "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call race)," that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities (unearned white privilege)
- Saps the strength of the whole society through the waste of human resources

In addition, she said that there are three levels of racism: Institutionalized, Personally-Mediated and Internalized. Because of Institutionalized Racism, people have differentiated access to the goods, services and opportunities of society, by race. She gave the following examples:

- Housing, education, employment, income
- Medical facilities
- Clean environment
- Information, resources, voice

Dr. Jones said we can move people away from the edge of the "cliff" and to keep them from going over the edge, we must improve the "social net" by providing primary care, secondary care and policies that promote good health, such as immunizations, education, early detection and screening programs for various diseases and of course, by addressing other social determinants of health, such as poverty, wealth inequality and racism.

**Mr. Paul A. Tufano**, *Chairman and Chief Executive Officer of Amerihealth Caritas, Philadelphia, PA.* 

In his keynote address Mr. Paul Tufano discussed how Americans had come together in the past to solve some problems, starting with the American Revolution in 1776, when Americans met in Philadelphia to declare their independence and form a new nation. Since that time, Americans had developed three ways to address problems such as health disparities. First, a problem solver experiences up close and personal the pain and suffering of his neighbors. Second, the problem solver seeks out and meets with like-minded individuals and makes plans to solve the problem. Third, they outline strategic goals and share critical information that sowed the seeds for real meaningful change.

Mr. Tufano gave three examples of how Americans had come together to address the problem of health disparities. He described how Benjamin Franklin and Thomas Bond came together in 1751 to raise funds to build the first hospital in America: Pennsylvania Hospital. Franklin and Bond saw how their fellow citizens in Philadelphia were suffering from poverty and health disparities. This inspired and motivated them to build a hospital that would serve primarily the poor people of Philadelphia. His second example occurred in Jackson County, MO, in 1927. In that year Harry Truman was elected as the county executive. He encountered the problem of providing healthcare to the indigent under his jurisdiction. When he became president in 1945, Truman remembered the problem of health disparities that he had dealt with in Missouri and proposed to Congress an "economic bill of



rights" that would address poverty as well as the health disparities that Americans were experiencing at the end of World War II. Mr. Tufano's third example addressed the legislation that President Lyndon B. Johnson signed into law in 1965 to create Medicare and Medicaid. He noted that, in honor of President Truman, President Johnson had traveled to Independence, MO to sign the bill that created these two cornerstones of American healthcare.

Mr. Tufano concluded his address by pointing out that AmeriHealth Caritas is not in the managed care business, but the "dignity business." The company wants to make sure that its members can walk through the front door of hospitals and not have to go to through the backdoor (the emergency room) just because they are on Medicaid. He wants the company's members to be treated with respect and to receive healthcare not because it was an "entitlement," but because it is a business model that works.

# PANEL ONE

Building Healthy Human Communities, Part I: Social Determinants and Health Disparities

# MODERATOR

Dr. David Rivers, Conference Chair

# PANELISTS



**Mr. Matthew Myers,** CEO, Campaign for Tobacco Free Kids, Washington, DC

Dr. David Rivers

**Dr. Britt Rios Ellis,** Founding Dean, College of Health Sciences and Human Services, California State University, Monterey Bay

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

**Dr. Tiffany Manuel**, *Vice President of Knowledge, Impact and Strategy, Enterprise Community Partners, Inc., Washington, DC* 

In his presentation Mr. Matthew Myers addressed the impact of tobacco use on health disparities. He stated his conclusions about the impact of tobacco use in American society in his first slide: "Extraordinary Progress but the Growing Disparity in Tobacco Use is: A Fundamental Cause of Health Disparities." He showed statistics that indicate that tobacco is the leading cause of preventable deaths in the country. Some 480,000 Americans die annually from smoking (One out of five of health-related deaths). He also made key points about how tobacco use has become primarily an addiction for poor people. He pointed out how tobacco companies target poor people by placing ten times as many advertisements for cigarettes in poor communities than in more affluent communities. He showed how the poorest states in the nation, primarily in the South, also have the highest number of citizens who smoke. Concurrently, those states also have the highest number of diseases (heart disease, lung cancer and diabetes) and other health problems related to tobacco usage. Nevertheless, Mr. Myers noted that the nation has been successful in reducing the percentage of smokers in the country from 42.4% in 1965 to 15.1% in 2016 by increasing taxes on tobacco products, reducing the exposure of people to second-hand smoke and by reducing smoking in public places such as restaurants. He believes that at the current rate the nation could become smoke-free by 2035

Dr. Rios-Ellis followed Mr. Myers. The topic of her discussion was "Understanding Equity and Cultural Resonance in Latino Health." Dr. Rios-Ellis used several personal examples to demonstrate how healthcare professionals need "cultural competency" to improve the health equity for Latinos in the United States. She said that research on Latinos had focused too much on "machismo" among Latino men and "submission" by Latino women. Yet, Latino men and women had better health outcomes regarding obesity, heart disease, diabetes and life expectancies than the general population. No one asks them what they are doing to have such outcomes; nor do health professionals study the impact of family, culture and community on Latino health. She said that health professionals must consider racism, sexism and both micro-aggressions and micro-affirmations to understand and address health disparities among Latinos. Dr. Ellis-Rios advocated that health professionals adopt cultural humility and respect for those who they treat and not make their patients feel poor.

Dr. Shari Chavez discussed her work as a pediatrician with Southern California Permanente and how she also works for Southern California Riverside Medical Group Center for Diversity, Inclusion and Health Equity. Dr. Chavez observed that her company served 4.2 million people in Southern California,



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and one of her tasks is to convince 5,000 doctors that must talk about poverty to provide high quality healthcare to its members. The highlight of her presentation was her discussion of how the company conducted a workshop that required 65 of its top executives to experience poverty for one month. She felt that this exercise helped to sensitize them, because many of them never knew what it was like to be poor and to have to sacrifice having adequate healthcare to pay their rent, feed their families and make it from day-to-day.

Dr. Tiffany Manuel discussed the importance of housing in addressing health disparities and health outcomes. She said that housing and where people live determine their health outcomes. She presented statistics that show that 73.9% of whites and 60.9% of Asian Americans own their homes; while only 50.9% of Hispanic Americans and 46.5% of African Americans own homes. These statistics are important because housing is a major way of building wealth for all Americans. Owning a home is the most important way that Americans can pass on wealth to their children. Unfortunately, for low - income Americans, owning a house is difficult. In no city in the country can the average wage earner afford a house or the rent for a two-bedroom apartment. According to Dr. Manuel, 19 million Americans are "housing insecure" and 1 out of 10 Americans rely on government subsidies to afford housing. The concomitant impact of not owning a home and being housing insecure affects health disparities because low-income people typically pay rent before paying for health insurance. They do not have homes from which they may borrow from the equity to address major health crises. Dr. Manuel called housing a "vaccine;" those who have affordable housing and live in better neighborhoods had better health outcomes.

# **KEYNOTE SPEAKER**



**Dr. Reed V. Tuckson**, Managing Director at Tuckson Health Connection, LLC, Atlanta, GA

# *"If you cannot take care of yourself, you cannot take care of anybody else."*

As he has done at past conferences, Dr. Reed V. Tuckson presented an informative and inspiring presentation that addressed the state of healthcare in the United States. Dr. Tuckson's presentation was entitled "Addressing Disparities Through Integrated Community/ Individual Prevention and Clinical Care Delivery." Dr. Tuckson started his presentation by addressing the many challenges and changes that are taking place in healthcare. He said that there are changes in the epidemiology of chronic illness, changes in the politics that define the infrastructure of health, challenges because healthcare is undergoing a major reorganization, challenges and opportunities brought by big data and analytics and challenges due to how healthcare had become a consumer- oriented entity focused on patient centricity. He said that these things present major changes and challenges to healthcare professionals and practitioners, but they also present important opportunities.

Dr. Tuckson addressed one of the major challenges in some detail: politics. He criticized the healthcare legislation proposed (and eventually passed) by the House of Representatives. He said that it is basically like a Hollywood set with nothing behind it, and, "There was no way that they (House Republicans) can go home and say that they gave the American people more healthcare for less money." He said that the House of Representatives' bill was a trade-off of tax cuts for the rich and less healthcare for the poor.



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He also said that Legislators attacked Medicare by increasing costsharing, adding work requirements, capping federal expenditures by giving block grants to the states, and cutting essential benefits by giving the states a lot more flexibility in how funds are used.

To counter the negative approach to healthcare by Republicans such as Donald Trump, Dr. Tuckson proposed that those seeking to eliminate health disparities bear witness by telling their own stories. He said that he had gotten a grant from the Kellogg Foundation to work with students at Howard and Morgan State Universities to train students to go out and make videos, take pictures and bear witness on the state of healthcare in their communities. His objective was to train them to be journalists and to cover health for their communities.

Dr. Tuckson also discussed the status of healthcare in the United States. He said that there is a tsunami of preventable chronic illnesses washing over the delivery system. He cited statistics that indicate that the United States is 40th in the world in infant survival; 17.5% of Americans still smoked tobacco; 25% of Americans do not exercise beyond getting up and going to work every day; 29.8% of Americans suffer from obesity; 10% of Americans suffer from diabetes; the cardiovascular death rate was increasing; the premature death rate was increasing; and drug deaths had increased by 8.5% over the last five years. He stated that these statistics show that we cannot afford to get "ghettoized" in the health fight. We were all in this together.

Dr. Tuckson proposed a variety of solutions to address health disparities. Among them are combining "population health" with clinical health. Using "community organizers" who understand how to bring people and resources together to address issues such as food deserts, police shootings of unarmed citizens and natural disasters before they occurred.

# PANEL TWO

Human Trafficking at the Local, State and National Level

# **MODERATOR**

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

# PANELISTS



Ms. Lisa Williams

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

**Ms. Natosha Reid Rice**, *Associate General Counsel, Habitat for Humanity International, Inc.; Associate Pastor, Ebenezer Baptist Church, Atlanta, GA* 

**Dr. Angelica Geter,** Adjunct Instructor, Department of Community Health and Preventive Medicine, Morehouse School of Medicine, Atlanta, GA

Judge Nina R. Hickson, Vice President and General Counsel, The Atlanta BeltLine, Inc., Atlanta, GA

Mr. Leonard Carollo, FBI Special Agent, New Orleans, LA

Moderated by **Ms. Lisa Williams**, this panel started with two films that gave the audience an overview of who the sex traffickers and their victims are, and how sex trafficking takes place in the United States.

# "You could buy a child, sell a child and pay a \$50 fine."

Ms. Lisa Williams opened this panel discussion by describing how she learned about the sex trafficking in April 2007. She saw a picture of a 10-year-old girl on the cover of the Atlanta Journal and Constitution in an orange jumpsuit who was shackled and being charged with the "crime that had been committed against her." She was charged with prostitution.

Ms. Williams asked Judge Nina R. Hickson to explain how she also got involved in addressing the sex trafficking that targeted young women. Judge Hickson stated that she became alarmed by the young women who were coming into her court charged with prostitution and who were being exploited sexually. She engaged other people who were concerned with the problem. Although they



faced opposition to their efforts to save the young women, who were characterized as "fast" and as participants in the "world's oldest profession," they got prosecutors to charge traffickers with violations of Racketeer Influenced and Corrupt Organization (RICO) law. The Georgia legislature passed a law in 2011 making trafficking a felony offense.

In response to Ms. Williams's question about her role in addressing sex trafficking, Dr. Angelica Jeter stated that her work focuses on training educators and health providers on the protocol of recognizing and supporting the victims of sex traffickers. She also said that she did research and collected data on how young women and girls become victims of sex trafficking.

FBI agent Leonard Carollo shared information about how the FBI addresses both sex and labor trafficking at the local, national and international levels. He said that the FBI works with local law enforcement agencies and educates and trains on "how to identify human trafficking." He said that immigrants who came to the country legally would become involved in labor trafficking because they were exploited. The FBI works with victims and victim services, as well as community and local law enforcement, to assist them in recognizing and reporting human trafficking.

Dr. Sharon Cooper provided important information on the victims of sex trafficking and who were the traffickers. She said that African-Americans, who were only 13% of the population in the United States, are 40% of its victims and 62% of the traffickers. She also said that in some of the interstate and international work projects, such as the oil pipelines, Alaskan natives and Native Americans are also lured into sex trafficking. Dr. Cooper described how sex traffickers lure young women and girls into sex trafficking by "grooming them" through social media and the Internet.

Dr. Natosha Reid Rice became interested in addressing the problem of sex trafficking because of her ongoing mission of working on issues related to women. She worked on the 2011 legislation in Georgia to decriminalize the victims of sex trafficking. She said that her training in the ministry also led her to seek "faith with justice," because the two go together. She observed that her work with sex trafficking led her to ask, "Where was the faith community" on this issue? Since such issues are not talked about in the church, she wants to start a movement in the church to address sex trafficking.

# **PANEL THREE**

Climate Change: A Global Reality

# **MODERATOR**

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



Dr. LaVerne Ragster

# PANELISTS

**Dr. Scott A. Hemmerling,** *Director of Human Dimensions, The Water Institute of the Gulf, New Orleans, LA* 

**Mr. Albert A. George, II**, *Director of Conservation, South Carolina Aquarium, Charleston, SC* 

**Mr. Milton Bluehouse, Jr.** *Owner, Tribal Consultation Resources, LLC, Albuquerque, NM* 

**Dr. Mark A. Mitchell,** *Chair, National Medical Association Council on Medical Legislation; Co-Chair, National Medical Association Commission on Environmental Health, Hartford, CT* 

Dr. LaVerne E. Ragster introduced this panel on climate change by observing that "climate is linked to health." Climate does not discriminate because everybody will be impacted by climate.

Dr. Scott A. Hemmerling discussed the "Natural and Human Adaptations to Climate Change: Understanding What's at Risk." He focused primarily on how sea level changes would affect the coastal areas of Louisiana. He said that within 10-50 years there would be at least three feet of flooding on the coastal areas of the state, and it would affect all aspects of life in the state because it would reduce people's access to schools, hospitals, doctors' offices, police and fire stations, banks and government offices.

Similarly, Mr. Albert A. George discussed the sea level rises anticipated on the South Carolina/Georgia coast. He described how in 2016 the Medical University of South Carolina used a grant from the Department of Energy to hold four town hall meetings at St. Helena Island, Charleston, SC, Myrtle Beach, SC, and Savannah, GA, to raise awareness of how sea-level rise would affect health and the lives of the people in those communities.



Mr. Milton Bluehouse, Esq. discussed "How Do We Build Safe and Sustainable Resilient Communities in the Face of Climate Change?" In his presentation, he noted that very little of the discussion surrounding climate change addressed "culture," specifically Native American culture. He said that the solutions proposed for climate change had primarily been "political and policy-based." He called for the consideration of culture in the discussions about climate change because the negative impacts of climate change will affect Native Americans the most because of their symbiotic relationship with the environment. According Mr. Bluehouse, Native Americans believe that: "Without the environment, there are no people; and without the people, there is no environment." Thus, he proposed that all the scientific discussions surrounding climate change should address how it will affect culture, specifically Native American culture.

In his presentation, Dr. Mark Mitchell tied climate change directly to adverse health outcomes already developing in many communities throughout the United States. He showed how rising temperatures caused over 500 deaths annually among the elderly, overweight individuals and those who do not have air conditioning. He showed how air pollution and smog aggravates respiratory problems such as asthma. He showed how major storms and flooding led to the development of indoor mold that also causes allergies, respiratory and cardiovascular problems. Flooding also destroyed property, promoted waterborne diseases because of contaminated water and sewage backups, and causes deaths from drowning. Dr. Mitchell proposed several solutions to lessen the impact of climate change:

- Active transportation and transit to reduce energy use and greenhouse gases from cars
- Clean energy to reduce air pollution
- Sustaining agriculture to grow food locally and reduce food insecurity
- Urban greening to create green spaces and reduce carbon dioxide in urban areas

Conference Facilitator Carolyn Sawyer opened the morning session of Day Three by announcing that the House of Representatives had passed legislation on May 4 to repeal the Affordable Care Act (or Obamacare) by a vote of 217 to 213. Then, she introduced former Congressional Delegate Dr. Donna Christensen, who introduced the Honorable James E. Clyburn to present a keynote address for the third day of the conference.

# **KEYNOTE ADDRESS**



**The Honorable James E. Clyburn**, Assistant Democratic Leader, U.S. House of Representatives, South Carolina-6<sup>th</sup> District **"Stay Woke!"** 

Congressman Clyburn thanked Dr. Donna Christensen and recognized Congresswoman Robin Kelly, who is the chairperson of the Congressional Black Caucus Health Braintrust. He also thanked Dr. David Rivers, Melinda Downing, Lloyd Moore and Dr. Sabra Slaughter for their roles in achieving the Tenth Annual National Conference on Health Disparities. Finally, he recognized the "supporting cast" for the conference from South Carolina.

Congressman Clyburn stated that his staff prepared some research for his address for the conference, but he decided to share his perspective on the significance of Thursday's vote on universal, affordable healthcare for Americans. He noted how one of his colleagues was upset because Republicans had voted to replace the Affordable Care Act with a plan that gutted it. He said that he could think of only one instance when a bill was brought to the floor of the House and the outcome for it was not known. His colleague really thought that they had an opportunity to defeat the Republican bill, but Congressman Clyburn said that you do not bring a bill to the floor unless you know that you have the votes to pass it.



Following these opening remarks, he began a discussion of the struggle for universal, affordable healthcare. He said that the country has been talking about the concept of universal healthcare for over a century, starting with President Theodore Roosevelt 100 years ago. Then, President Franklin D., Roosevelt tried to get it done, as did Harry Truman. Truman said that of all the things that he set out to do and failed to get done, the one thing that bothered him more than anything else was his inability to convince the country to move toward universal access to affordable healthcare. In 1965, President Lyndon B. Johnson was able to get Medicare and Medicaid. Congressman Clyburn said that Lyndon Johnson was the most consequential president that ever served, in his opinion, second only to Abraham Lincoln. Despite the things that Lyndon Johnson got done under his Great Society programs, he still could not get universal access to affordable healthcare. Lyndon Johnson had over 40 pieces of legislation passed that created programs that are still in force today.

Congressman Clyburn said that President Johnson set an important precedent for the Affordable Care Act. He sacrificed the party's success in the South to enact the Voting Rights Act of 1965. He predicted that the Democratic Party would lose the South for a generation, but acted to do the right thing for those who had been denied the franchise for generations. Similarly, he said that President Barack Obama was warned to stay away from health reform and to focus only on job creation. But President Obama kept his campaign promise, sacrificed the political capital that he had won in 2008 and the Democratic Party lost 56 seats in the House in the midterm elections of 2010.

Congressman Clyburn stated that despite the beating that the Democratic Party had taken in the last 10 years, all was not lost. Everyone had to "stay woke." He described how the country moved from left to right cyclically, and those who were in the fight to end health disparities just needed to get engaged again and to fight. He said that prayer was not the only answer; prayer can make you strong and you must use that strength to "stay woke" and to get out and fight for what is right.

Congressman Clyburn concluded his remarks by describing how the legislation passed by the House on May 4 would gut the Affordable Care Act of some of its essential features (covering people with pre-existing conditions, allowing young people to

remain on their parents' insurance until age 26 and taking care of children, the elderly and the disabled). He said that we must "stay woke" and show the Republicans that celebrating in the Rose Garden for taking \$840 billion from Medicaid and giving it to wealthiest Americans was not acceptable.

# **CONGRESSIONAL ROUNDTABLE**

# **MODERATOR**

Ms. Mia Keys, Fellow, Congressional Black Caucus

The Honorable Robin Kelly, U. S. House of Representatives, Illinois-2<sup>nd</sup> District, Chair Congressional Black Caucus Health Braintrust

The Honorable James E. Clyburn, Assistant Democratic Leader, U.S. House of *Representatives*, *South Carolina-6<sup>th</sup> District* 

The Honorable Cedric Richmond, U.S. House of Representatives, Louisiana-2<sup>nd</sup> District

The Honorable Calvin Smyre, Georgia House of Representatives, District 135, Columbus, GA

After completing his Keynote Address, Congressman Clyburn joined two of his colleagues from the U.S. House of Representatives and Georgia State Representative Calvin Smyre to discuss the American Healthcare Act passed on May 4, as well as other issues related to healthcare and health disparities.

The members of Congress primarily responded to Ms. Keys's questions about the American Healthcare Act (AHCA), its possible passage and revision by the United States Senate and its probable impact on the American people. Congresswoman Kelly stated that she was glad Hon. Calvin Smyre



Ms. Mia Keyes



Hon. Robin Kelly



Hon. James E. Clyburn



Hon. Cedric Richmond





that the Republicans had passed the AHCA because it would help the Democrats to win control of the House of Representatives again because of the public reaction to it. Congressman Richmond said that the Affordable Care Act was not one bill, and thus, the AHCA could not be passed as a reconciliation bill to repeal the ACA. State Representative Smyre commended the members of the Congressional Black Caucus for their efforts to pass the ACA in 2010. But he said that he was appalled by how the Republicans in Congress celebrated taking healthcare away from some 20 million people. Congressman Clyburn stated that Americans who were concerned about healthcare could fight back and stall the legislation in the United States Senate by "nationalizing" the bill and forcing members of the Senate to consider its impact on their quest for re-election in the 2018 election. In addition, the members of the panel discussed a plethora of issues related to healthcare: Medicaid expansion in Louisiana and its failure in Georgia; the treatment of the opioid crisis among whites as a health crisis versus the characterization of the crack epidemic as a criminal offense and the resulting war on African-American men; gun violence and how South Carolina and Georgia were passing laws to extend open carry on college campuses and to continue to allow people with mental health issues to purchase guns; and how to run for elective office. All four members of the panel discussed how they started to run for public office and encouraged potential political candidates to begin their efforts by working in someone's political campaign so that they could learn that it was more than just placing political ads on television.



**PHOTO HIGHLIGHTS** 

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















# DAY TWO - MAY 5, 2017

# **PANEL FOUR**

**Building Healthy Communities, Part II:** Community-Based Programs That Work

# **MODERATOR**



Dr. Sabra C. Slaughter, Senior Advisor to the President, Medical University of South Carolina. Charleston. SC

Dr. Sabra Slauahter

# PANELISTS

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

Dr. Janice Petersen, Deputy Assistant Secretary, Adult, Child and Family Operations, Office of Behavioral Health, Louisiana Department of Health, Baton Rouge, LA Ms. Jo Pauling-Jones, Executive Director, Healthy Learners, Columbia. SC

Dr. Evelyn L. Lewis, Associate Professor and Senior Research Scientist, Dillard University, New Orleans, LA

Dr. Sabra Slaughter introduced the panel as the second phase of the panel on "Building Healthy Communities, Part I," chaired by Dr. Rivers on Day Two of the conference. He said that the purpose of the panel was to show examples of programs that work in addressing the problem of health disparities.

Ms. Karen Dale outlined how AmeriHealth Caritas, DC, served its managed care members. She said that the company screens for social determinants, and to do that, it had to be "more in the community" with an engaging approach, a nonjudgmental approach and a leveraging approach. Recognizing that members need more than just managed care, she said that there are five areas that Amerihealth Caritas addressed to better serve its members:

1. The physical environment - the company recognized the physical environments where its members lived and sought to assist them in finding affordable housing in a safe neighborhood.

2. Violence prevention – to assist the communities that the company served in preventing violence so that they could walk and exercise in a safe environment.

3. Address poverty – recognize the low income and social status of its members and assist them in training and finding jobs. A Pathway to Work Program.

4. Address the issue of food to help members find healthy foods and then teach them how to eat foods with more nutrition so that they could avoid developing hypertension, diabetes, etc.

5. Partner with McLendon to provide diverse types of managed care - hire persons who could be with members at various times of day and provide them clinical care.

In her presentation, Dr. Janice Petersen focused on two aspects of addressing the social determinants of health: finding grant funds to develop mental health and drug abuse programs and forming community coalitions to address community health issues more effectively. She discussed several grants that the state of Louisiana had received to serve the 191,067 adults and 66,428 children who suffered from serious mental illness. But the focus of her presentation was on how the Louisiana Office of Behavioral Health had formed both statewide and local community coalitions to bring community members together to address alcohol and drug abuse problems as well mental health issues.

Ms. Jo Pauling Jones manages a nonprofit in Richland County, SC, called Healthy Learners. This was the first time that she attended the National Conference on Health Disparities. She explained how Healthy Learners developed and partnered with 149 schools across six counties to connect underserved South Carolina children to essential medical services. The goal is to ensure that poor health is never an obstacle to doing well in school. Healthy Learners helps parents with Medicaid applications; assists in referrals for clinical counseling; coordinates dental care, vision exams, hearing evaluations and medications. The program also transports students to and from medical examinations.

# "You Must Know Me to Treat Me"

In addition to her academic appointment at Dillard University, Dr. Evelyn L. Lewis is also the Chief Medical Officer for Warrior Centric Health. Her presentation centered on the special medical care that veterans of the nation's most recent wars need to meet both their physical and medical needs. Dr. Lewis stated that the nation's 22 million veterans' medical care needs run the gamut because they represent a cross-section of the racial, ethnic, gender and demographic



diversity of the nation more than any other groups. Thus, healthcare professionals needed to know who they were treating, the branch of armed services in which they served, the specific war in which they served, and who is most likely to suffer from combat-related ailments such as PTSD.

# LUNCHEON/KEYNOTE SPEAKER



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

Dr. Montgomery Rice began her presentation by addressing poverty in America. She said that she wanted to offer a different view of America by showing how poverty and the lack of education continued to affect health outcomes. She noted that most black children in America continued to be born in poverty. Dr. Montgomery Rice believed that the way to address this ongoing phenomenon of poverty was to normalize education. She believed that education makes a difference in people's lives; it is an equalizer. That is why she enthusiastically spent most of her time trying to figure out ways to normalize education.

One of the ways she sought to normalize education and reduce poverty was by going to the community. She described how Herndon Homes, a low-income housing project in the center of Atlanta, typified the impact of poverty, poor education and poor health outcomes. The housing project had all the challenges: low incomes, poverty, poor education, high infant mortality and early mortality, and the lowest paying jobs. Under Dr. Montgomery Rice's leadership Morehouse School of Medicine adopted one of the schools in the Herndon Homes area: Tuskegee Airmen Global Academy. The strategy was to engage Morehouse staff with community members and develop programs that focused on parent education, mentorship and STEM (Science, Technology, Engineering and Math). The adoption was supposed to last only one year, but it has lasted three years, and 134 Morehouse employees are serving as mentors. The young people in the Herndon Homes community have responded to being shown "what is possible" by attending and participating in the meetings (99% attended all meetings) and engaging in a program where they learned to become community health workers and serve as their families' "chief medical officers."

Dr. Montgomery Rice also created a program to increase the number of African Americans from HBCUs applying to and matriculating at medical schools. Dr. Montgomery Rice presented research that indicates that between 2002 and 2015, the number of African Americans from HBCUs who applied to medical schools had dropped from 29% to 16%. The number who had matriculated at medical schools had dropped from 12% to 9%. According to Dr. Montgomery Rice, this was a loss of 9,071 potential black doctors and a loss of potential medical care practitioners for the African-American community. To address this problem, Dr. Montgomery Rice started the Empower Conference to inform students in the Atlanta University Center of the opportunities to attend medical schools.

Finally, Dr. Montgomery Rice developed the MSM REACH HI Model to study and address the high incidence of heart disease in the state of Georgia. It allowed Morehouse to engage the community more by going to corner and neighborhood grocery stores and working with them to provide more fruits and vegetables to the people in the communities that they served.

Dr. Montgomery Rice concluded her presentation by encouraging those who wanted to address health disparities to be creative and to be open to change.

Following Dr. Valerie Montgomery Rice's Luncheon Keynote, Dr. Marvella E. Ford presented the awards for the Student Research Forum. Dr. Ford announced that sixty-five students from thirtynine academic institutions participated in the Student Research Forum. Following her analysis of the significance and importance of the Student Research Forum in developing young scholars, Dr. Ford announced the winners of the poster competitions in the Undergraduate and Graduate categories.



# DAY TWO - MAY 5, 2017

# UNDERGRADUATE STUDENT POSTER WINNERS

## 1<sup>st</sup> Place

Mr. Abbass Berjaoui Mentor: Wassin Tarraf, Ph.D. Wayne State University Title: "Health Disparities Among Arab Americans in Michigan: Results of the 2013 Arab Behavioral Risk Factors Survey."

## 2<sup>nd</sup> Place

#### Ms. Mariam Khan

Mentor: Katherine Saxton, Ph.D. Santa Clara University Title: "Understanding the Effects of Microaggressions and Acculturation Stress on the Mental Health of College Students."

#### 3<sup>rd</sup> Place

#### Ms. Melody Nasser

Mentor: Frances Munet-Velaro, Ph.D. California State University-Monterey Bay Title: "Evaluating Pathways to Homelessness in LGBTQ-Identifying Residents of San Francisco."

# **GRADUATE STUDENT POSTER WINNERS**

#### 1<sup>st</sup> Place

Ms. Mahalia Sam-Clarke Mentor: Nicholas Panasik, Jr., Ph.D. Claffin University Title: "Directed Evolution of Temperature Dependence Activity in a/B Barrel Enzyme."

#### 2<sup>nd</sup> Place

Ms. Janelle K. Dunne-Wylie Mentor: Tishra Beeson, DrPH George Washington University Title: "Patient Experience with Family Planning in Federally Qualified Health Centers: Disparities of Race, Ethnicity and Language."

### 3<sup>rd</sup> Place

Ms. Monique McLeary Mentor: William Dudley, Ph.D. University of North Carolina, Greensboro Title: "Support of Disordered Eating Behaviors in On Line Spaces: A Content Analysis of the ProEd Subreddit."











# PANEL FIVE

Translational Research and Public Policy

# **MODERATOR**

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



# PANELISTS

Dr. Jennifer Friday

**Dr. Edwin C. Chapman**, *Private Practice*, *Internist, Addiction Medicine, Washington, DC* 

**Dr. Katherine Theall,** *Department of Global Community Health and Behavioral Science, Cecile Usdin Professorship in Women's Health; Director, Mary Amelia Douglas-Whited Community Women's Health Education Center, Tulane University School of Public Health & Tropical Medicine, New Orleans, LA* 

**Ms. Dawn Pepin, Esq.,** Public Health Analyst, Public Health Law Program, Office for State, Tribal, Local and Territorial Support, Center for Disease Control and Prevention; Chenega Professional and Technical Services, LLC, Atlanta, GA

**Dr. Teresa Hudson**, Director of Health Service in the UAMS Psychiatric Research Institute, UAMS, Little Rock, AR

**Dr. Nneka L. Ifejika**, Director of Neurorehabilitation, University of Texas Stroke Team; Associate, Department of Neurology, McGovern Medical School at the University of Texas Health Sciences Center at Houston, Houston, TX

Dr. Edwin C. Chapman discussed his research on opioid addiction treatment. He compared the national response of the government and law enforcement to the crack and heroin epidemic that started in conjunction with the Vietnam War to the current opioid epidemic in American suburbs and rural communities. For crack and heroin, which were primarily addictions among African Americans in the nation's urban communities, the response was to use the criminal justice system to incarcerate those who were abusing those drugs. It led to the mass incarceration of African-American males. Fortyeight percent of the incarcerations were related to nonviolent drug use. For the opioid crisis, medical treatment and interdiction has emerged as a response to the abusers who are primarily whites living in suburban and rural America and abusing prescription drugs. Dr. Chapman has participated in the treatment of drug abuse for over 20 years, and his research has affected public policy. By determining that African Americans metabolized methadone and buprenorphine at a slower rate than whites the federal government issued policies to lower the dosage so that African-Americans would be less likely to suffer overdoses of those drugs.

Dr. Katherine P. Theall discussed "Health Equity and the Role of Context." She addressed the importance of context and climate in reducing health disparities-especially for women's healthcare. In addition to working to improve the climate for women who are breast feeding in the work place and advocating for prenatal care, the Women's Center at Tulane University also does comparative research to advocate for policies that other countries had implemented, such as paid maternal leave and free prenatal care to improve and address problems such as low-birth-weight infants and infant mortality. Dr. Theall concluded her presentation by stating that the United States could address racism in women's health and in healthcare in general by addressing the following:

- 1. The importance of community.
- 2. Improved communication.
- 3. System-level changes.

Ms. Dawn Pepin discussed "Public Health, Equity and the Law." Ms. Pepin is an attorney with the Centers for Disease Control's Public Health Law Program. She stated that the CDC uses the program to examine what role the law could play in health equity. She defined "legal epidemiology" as "the scientific study of law as a factor in the cause, distribution and prevention of disease and injury in communities." Basically, how the law addresses health inequities and resolves them in all 50 of the states. The program also assesses state laws and seeks to make them consistent in addressing health inequities throughout the country.

In her presentation, Dr. Teresa Hudson presented information on the care of veterans living in the rural areas of the United States, entitled, "Using Research Methods to Guide Access to Care Policy." She discussed the key legislation and the agency designed to provide rural veterans better access to healthcare: the Veterans Access, Choice and Accountability Act of 2014 and the National Rural Evaluation Center. The goal is to provide veterans access to healthcare wherever they lived. One-third of the nine million



veterans live in rural areas and 50% of them use healthcare provided by VA hospitals. The National Rural Evaluation Center does research to determine whether veterans in rural areas had access to healthcare (no more than a 30-minute drive from their homes) and if social determinants are affecting their access to and the quality of care that they received.

As in past conferences, Dr. Nneka L. Ifejika discussed her innovative work on treating stroke survivors. Her presentation on "Translational Research and Public Policy: Stroke Treatment and Stroke Rehabilitation," addressed who was more likely to have a stroke and what were the causes of strokes occur increasingly in a younger population. She cited high blood pressure/hypertension, high cholesterol, tobacco use and obesity as the causes of strokes occurring among young people. She cited the South as the area of the country where the highest level of strokes occurres. She also provided the audience vital information about where to go if they have a stroke: to a Comprehensive Stroke Center or to a Primary Stroke Center, to receive the best treatment. She concluded her presentation by discussing how she uses modern technology such as smart phones to monitor the behavior and status of patients who have had strokes and to encourage them to continue strategies to reduce their susceptibility to another stroke.

# PANEL SIX

*Police/Community Relations: What Works, What Doesn't Work, and Why?* 

# MODERATOR

**Dr. W. Marvin Dulaney**, Associate Professor of History Emeritus, University of Texas at Arlington, Arlington, TX

## PANELISTS



**Mr. Kenyan McDuffie,** *Councilmember, Ward* 5, District of Columbia, Washington, DC

**Mr. Grayling Williams**, Assistant Chief of Police for the Investigation Branch of the Portsmouth Police Department, Portsmouth, VA **Dr. Helen Taylor Greene**, Professor, Department of Administration of Justice, Barbara Jordan-Mickey Leland School of Public Affairs, Texas Southern University, Houston, TX

**Mr. John Fullinwider**, *Educator and Community Organizer*, *Dallas*, *TX* 

Dr. W. Marvin Dulaney began this panel by listing all the unarmed African Americans who had been shot and killed by the police: from Michael Brown to Sandra Bland. He stated that the panel would address what is to be done to change the ongoing negative relationship between the police and African Americans.

"We cannot arrest our way out of this crime problem."

Mr. Kenyan McDuffie discussed some of the policies that he had implemented in Washington, DC, to improve police community relations. He said that, in general, some people believe that you can solve the crime and violence problems in Washington, DC by putting more police on the streets, making more arrests and sending people to jail in Wards 7 and 8. He said that is not the solution. He presented a film made shortly after the 1968 riot in DC that indicated that the police community relations problems highlighted in the film continued to exist nearly 50 years later. Mr. McDuffie stated that the city observed and surveyed the country for best practices on reducing crime and improving police community. As a result, the DC city council passed the NEAR Act-Neighborhood Engagement Achieve Results. The new program required community outreach by the police and adopted a "health approach" by including non-law enforcement agencies in DC to assist in reducing violence and crime in the city. It was a public health strategy that included a crime prevention group that would help police identify individuals who needed help and who would not be killed because of their mental disability and problems.

In his presentation, Assistant Chief Grayling Williams listed some of the internal policies that he had implemented in the Portsmouth, VA, Police Department to reduce the conflict between police officers and African-American citizens. He described the city of Portsmouth and heralded the fact that the city had a female police chief, Tonya Chapman. He said that more women are needed in police administration because they tend to



handle things differently than male police officers. He also listed the various programs that the Portsmouth Police Department had implemented as community outreach efforts to work specifically with young people in Portsmouth. One of the programs that the Portsmouth Police Department uses is "Community Enhancement Officers" (CEOs). The job of the CEOs is not to answer calls for service, but to engage with the community in their districts. They worked with the community to solve any problems related to law enforcement in their communities by going to neighborhood association meetings and representing the police department. They also listen to the community to solve the problems of the community. Another program to reach youth is the Young Adult Police Commission that enables Portsmouth police officers to engage with high school students.

Dr. Helen Taylor Greene gave examples of some the training that she had developed to improve police community relations with the Houston Police Department. First, she addressed two of the recent shootings Jordan Edwards in Balch Springs, TX, and Philando Castile in Minnesota and asked the audience how did these shootings make them feel about police? In her presentation, she cited evidence that while crime is going down, the incarceration of blacks continues to go up. She also used a Pew Research Center racial gap study to show that most whites think African-Americans were in the streets protesting because of their "antipolice bias," while African Americans indicated that they were protesting because they want the police to be "accountable" for their shootings of black citizens. As a best practices proposal, she cited the Teen and Police Academy Service (T.A.P.S.) in Houston, where the police go into the schools and work with youth. While the program has become a national model for improving policecommunity relations, some black citizens opposes it because they see the police as the problem and not the youth. According to Dr. Greene, the youth changed their opinions of the police, but the police did not change their attitudes towards the youth.

As a founder of Mothers Against Police Brutality in Dallas, Mr. John Fullinwider provided documentation on how no officers in the Dallas Police Department had ever been charged or convicted for killing a citizen since 1972. He showed a traumatic video of an encounter between two Dallas police officers and a young African American who suffered from a mental disorder. The police officers shot the young man for just holding a screwdriver. Mr. Fullinwider left the audience with a "9 Steps Toward Just Policing" proposal for improving the relationship between African Americans and the police.



Mr. Bryon C.

Marshall

# PANEL SEVEN

*Gun Violence as a Public Health Issue in the United States* 

# **MODERATOR**

**Mr. Byron C. Marshall**, *CEO*, *Center for Health Empowerment, Austin, TX* 

PANELISTS

# The Honorable Donna M. Christensen,

Former Delegate to the U.S. Congress, United States Virgin Islands, St. Croix, VI **Ms. Simone Levine**, *Executive Director*, *Court Watch*, *NOLA*, *New Orleans*, *LA* 

**Detective Wayne DeLarge**, New Orleans Police Department, New Orleans, LA

Dr. Donna Christensen presented "Gun Violence as A Public Health Issue" to show the impact of gun violence on public health and how it negatively affects communities of color. Ironically, despite the public perception of a high rate of homicides in the nation's urban communities, Dr. Christensen showed that there are more gun deaths by suicides than homicides. She presented statistics from the American Public Health Association (APHA) that indicates that there are 33,000-gun deaths every year. Forty percent are suicides and the rest homicides. She stated that if a





gun is in the home, someone is three times more likely to be killed by the gun and five times more likely to commit suicide with it. Since there are more guns in American society than people, the APHA advocated four solutions:

1. Make guns safer by using technology to restrict their use when they are present in the home.

2. Make people safer with guns by education and requiring periodic training by gun users.

3. Make the environment safer with guns by decreasing access to them by people with mental health problems and no training on using them.

4. Research. Since 1996, the Centers for Disease Control has been prohibited from doing research on guns. This prohibition must be lifted by Congress to improve public health.

Ms. Simone Lewis discussed how homicides in New Orleans had increased from 2015 to 2016 from 164 to 175. In addition, the New Orleans Police Department had cleared only 46 of the homicides in 2016, as opposed to clearing 64 in 2015. Ms. Lewis addressed "material witness warrants," and how prosecutors in New Orleans arrested victims who refused to testify in crimes because they fear for their life, or they did not want to be labeled as "snitches," which further endanger their lives. In 2016, six victims were arrested on material witness warrants and jailed. One of the victims testified after eight days in jail. Ms. Lewis cited these cases because her organization advocated that, if the NOPD and prosecutors want to solve and reduce gun violence in the city, they must treat victims and witnesses fairly.

By contrast, Detective Wayne DeLarge of the NOPD is assigned to the homicide department, where he has served for five years. He stated he has seen a lot of death, and he has become desensitized to it. He said that maybe people in New Orleans had also become desensitized because death is something that they see every day. He said that victims of homicides are becoming younger and younger every day, and the perpetrators are also becoming younger and younger. He played some of the 911 calls related to shootings and homicides to show how people in the city reacted to them. He said that people in New Orleans lacked knowledge and need to be educated about what they should do to resolve violence in their communities. Nevertheless, the people do not work with the police because of the fear of retaliation and their negative relationship with the NOPD. He did not offer any solutions to the problem, except improving communication with the police and programs such as "Officer Friendly" from the past.

# **PANEL EIGHT**

Prevention and Personal Responsibility: Major Themes in Reducing Health Disparities

# **MODERATOR**

**Dr. Marcus S. Cox,** Associate Dean, Graduate Programs and Summer School, Director of the Center for Continuing Studies and Distance Education, Professor of History, Xavier University of Louisiana, New Orleans, LA



Dr. Marcus S. Cox

# PANELISTS

**Mr. Glenn Ellis**, *Strategies for Well-Being*, *LLC*, *Philadelphia*, *PA* 

**Dr. Brian L. Turner,** *Clinical Psychology Assistant Professor, Xavier University, New Orleans, LA* 

**Mr. Derrick Watchman**, *President*, *Sagebrush Hill Group*, *LLC*, *Window Rock*, *AZ* 

Mr. Glenn Ellis presented his research on "Community Collaboration on Childhood Asthma Prevention and Management." One of the interesting charts that he showed was how personal responsibility relates to other socio-economic factors in determining one's health:

# **DETERMINANTS OF HEALTH**

Genes & Biology	.10%
Social & Economic Factors	.40%
Physical Environment	.10%
Clinical Care	.10%
Health Behaviors	.30%



Dr. Brian L. Turner addressed "Undoing the Stigma of Mental Health in Black Communities." He discussed why African Americans were least likely to seek counseling and/or to seek out professional help for their mental health issues. He cited the following "Barriers to African Americans Seeking Mental Health":

- Religious Views
- Privacy Concerns/Financial Means
- Mistreatment, misdiagnosis (e.g., Tuskegee Experiment, Henrietta Lacks, Black Market for body parts)
- Insurance (Affordable Care Act vs. the American Health Act)
- He said that often, African Americans who knew him and his profession would seek him out for counseling. But they did not want to be stigmatized as needing mental health assistance.

# "Our reality is determined by history ..."

In his presentation on "Prevention and Personal Responsibility: A Native American Perspective," Mr. Derrick Watchman provided a statistical profile of the nation's Native American communities. There are 5.2 million Native Americans, and they comprise 2% of the population of the United States. There are 567 federally-recognized tribes, that speak 150 different languages, and their median household income is \$37,553. As an example of the health disparities that negatively affect Native Americans, Mr. Watchman noted that Native Americans had the second-highest incidence of diabetes in the country (African Americans had the highest rates). But Mr. Watchman stated that most of the health inequities that affected Native Americans could still be traced back to the deliberate efforts of the federal state and local governments over time "to uproot them from their lands, eradicate their languages and destroy their ways of life."

# Candid photos from around the conference



Dr. Ariyo and Allen University Student Attendees



Dr. David E. Rivers, The Honorable Donna Christensen and Mr. Chris Drumm



Dr. LaVerne Ragster



# Tenth Annual National Conference on Health Disparities JW Marriott Hotel, New Orleans, Louisiana

# **PRE-CONFERENCE ACTIVITIES: WEDNESDAY, MAY 3, 2017**

7:15 a.m 4:30 p.mRegistration	12:05 - 12 12:20 - 1::
7:30 - 8:30 a.m Continental Breakfast	Mr. Anto
8:30 am - 3:00 p.m Undergraduate and Graduate Student Research Forum	Health Inn South Car "Next Le
8:30 - 8:55 a.m Welcome and Overview	
<b>Dr. Sabra Slaughter,</b> Special Counsel, Office of the President, Medical University of South Carolina	1:30 - 2:30
	2:30 - 3:00
CO-CHAIRS	
<b>Dr. Marvella E. Ford,</b> <i>Associate Director, Cancer Disparities,</i> <i>Hollings Cancer Center</i>	8:00 a m.
<b>Dr. LaVerne Ragster</b> , <i>Retired Professor and President Emerita</i> , University of the Virgin Islands, St. Thomas, USVI	Dillard/L Research Professio
8:55 - 9:10 a.mBreak	TRAIN
9:10 - 9:50 a.mOral Presentations	Lisa Will Living Wa
UNDERGRADUATE STUDENT ORAL PRESENTER	TRAIN
Ms. Marian R. Khan, Santa Clara University "Understanding the Effects of Microaggressions on the	<b>Dr. Sharo</b> Pediatrics
Mental Health of College Students."	<b>Dr. Natas</b> and Finan
GRADUATE STUDENT ORAL PRESENTER	Pastor, Eb
<b>Ms. Erica Felker-Kantor,</b> <i>Tulane University School of Public</i> <i>Health and Tropical Medicine</i>	<b>Dr. Angel</b> Health an
"Living in Violence: The Effects of Neighborhood	Atlanta, G
Domestic Violence on Small for Gestational Age Births."	Dr. Victor
9:50 - 10:05 a.mBreak	Morehous Centers of
10:05 a.m 12:05 p.m Poster Presentation Session	Hospital, 2

12:05 - 12:20 p.m.	Break
12:20 - 1:30 p.m.	Keynote Speaker/Lunch

**Mr. Anton Gunn, MSW** *Executive Director of Community* Health Innovation, Chief Diversity Officer, Medical University of South Carolina **"Next Level Leadership in Healthcare."** 

1:30 - 2:30 p.m. ..... Roundtable Discussions

2:30 - 3:00 p.m. .....Closing/Evaluations and Announcements

8:00 a m. - 5:00 p.m. ..... Pre-Conference Training

Dillard/LSUHSC Minority Health and Health Disparities Research Center, Sex Trafficking Training for Health Professionals

# **TRAINING COORDINATOR & DIRECTOR**

**Lisa Williams,** Founder & President, Circle of Friends & The Living Water Program, Atlanta, GA

# TRAINING INSTRUCTORS

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

**Dr. Natasha Reid Rice,** *Associate General Counsel, Real Estate and Finance, Habitat for Humanity International; Associate Pastor, Ebenezer Baptist Church, Atlanta, GA* 

**Dr. Angelic Geter,** *Adjunct Instructor, Department of Community Health and Preventive Medicine, Morehouse School of Medicine, Atlanta, GA* 

**Dr. Victor Blake**, Associate Professor of Clinical Medicine, Morehouse School of Medicine; Hospitalist, Cancer Treatment Centers of America; General Internal Medicine, Emory Midtown Hospital, Atlanta, GA.
**Special Agent Leonard Carollo,** *Federal Bureau of Investigation, New Orleans Division, Child Exploitation/Human Trafficking, New Orleans, LA.* 

# DAY ONE: THURSDAY, MAY 4, 2017

7:35 a.m 5:00 p.m	Registration

7:30 a.m. ..... Continental Breakfast

8:00 a.m. ..... Opening Remarks

**Ms. Carolyn Sawyer,** *Communications Strategist, Tom Sawyer Company, Conference Facilitator* 

**Dr. David E. Rivers**, Chairman, National Conference on Health Disparities, Associate Professor and Public Information and Community Outreach Director, Medical University of South Carolina, Charleston, SC

**Dr. Marsha Broussard**, *Director of Health*, *City of New Orleans, LA* 

**Dr. Rebekah Gee,** *Secretary, Department of Health and Hospitals, State of Louisiana* 

## **HOST REMARKS**

**Mr. Kyle Viator,** *Market President, AC Louisiana Administration, AmeriHealth Caritas Louisiana, Baton Rouge, LA.* 

**Dr. Sabra Slaughter,** Senior Advisor to the MUSC President, Associate Professor of Family Medicineand the Principal Investigator for Southeastern Virtual Institute for Health Equity and Wellness (SE VIEW), Medical University of South Carolina, Charleston, SC

**Dr. Rita Finley**, Assistant Dean, Office for Educational Outreach and Healthcareers, Director, Master of Science in Medical Sciences Degree, Assistant Professor, Department of Pathology and Anatomy, Morehouse School of Medicine, Atlanta, GA

**Dr. Stephanie Gardner**, *Provost and Chief Academic Officer*, University of Arkansas for Medical Sciences, Little Rock, AR **Dr. Oluwole Ariyo**, *Associate Professor of Cell and Molecular Biology, Allen University, Columbia, SC* 

**Dr. Warren A. Jones,** *NIH Endowed Chair in Health Disparities, Minority Health and Health Disparities, Dillard University, New Orleans, LA* 

**Dr. L. Lee Hamm,** Senior Vice President & Dean, Tulane University School of Medicine, Tulane University, New Orleans, LA

**Dr. Britt Rios-Ellis**, Dean, College of Health Sciences and Human Services, California State University, Monterey Bay, Seaside, CA

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

**Mr. Miguel A. Garcia, Jr.,** *President & CEO, National Urban Fellows, New York, NY.* 

9:00 - 9:40 am..... Root Causes of Health Disparities

**Dr. Camara Phyllis Jones**, Senior Fellow, Satcher Health Leadership Institute and Cardiovascular Research Institute, Morehouse School of Medicine; Immediate Past President, American Public Health Association (APHA), Atlanta, GA.

9:40 - 10:10 a.m.

AGENDA

## **KEYNOTE SPEAKER**

**Mr. Paul A. Tufano**, *Chairman and Chief Executive Officer, AmeriHealth Caritas, Philadelphia, PA.* 

10:10 - 10:15 a.m....BREAK

## 10:15 - 11:45 a.m. **PANEL ONE** *Building Health Communities, Part I: Social Determinants and Health Disparities*

Panelists will discuss the role of social determinants of health as contributing factors of health inequality. Areas of emphasis include unequal access to healthcare, racism, poverty and lack of education. The additional burden of environmental factors is also highlighted. AGENDA

#### **MODERATOR**

**Dr. David E. Rivers**, Chairman National Conference on Health Disparities; Associate Professor and Public Information and Community Outreach Director

#### PANELISTS

**Mr. Matthew Myers,** CEO, *Campaign for Tobacco Free Kids, Washington, DC.* 

**Dr. Britt Rios-Ellis**, Founding Dean, College of Health Sciences and Human Services, California State University, Monterey Bay (CSUMB); Founding Director, NCLR/CSULB Center for Latino Community Health, Evaluation and Leadership Training, Seaside, CA.

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

**Dr. Tiffany Manuel,** Vice President of Knowledge, Impact Connections, LLC, Impact and Strategy, Enterprise Community Partners, Inc., Washington, DC

11:45 a.m 12:15 p.m	BREAK
12:15 - 1:30 p.m	LUNCHEON

#### **KEYNOTE SPEAKER**

**Dr. Reed V. Tuckson**, *Managing Director at Tuckson Health Connections, LLC, Atlanta, GA.* 

#### 1:45 - 3:15 p.m. **PANEL TWO**

*Human Trafficking at the Local, State and National Level* The trafficking of humans—often children—for labor and sexual purposes presents moral, ethical, legal and health challenges to those who would address the issue and support its victims.

#### **MODERATOR**

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

#### PANELISTS

**Dr. Sharon Cooper,** *CEO of Developmental & Forensic Pediatrics, PA Fayetteville, NC* **36** 

**Ms. Natosha Reid Rice**, *Associate General Counsel, Habitat for Humanity International, Inc.; Associate Pastor, Ebenezer Baptist Church, Atlanta, GA* 

**Dr. Angelica Geter,** Adjunct Instructor, Department of Community Health and Preventive Medicine, Morehouse School of Medicine, Atlanta, GA

**Judge Nina R. Hickson**, *Vice President and General Counsel, The Atlanta BeltLine, Inc., Atlanta, GA* 

Mr. Leonard Carollo, FBI Special Agent, New Orleans, LA

3:30 - 5:00 p.m. **PANEL THREE** *Climate Change: A Global Reality* 

In 2015, MUSC and South Carolina ETV produced a television program entitled Climate Change: A Global Reality. The program raises many issues, including health impacts on all Americans and disproportionate impacts on low-income and minority communities. How do we build safe, sustainable, resilient communities in the face of climate change?

#### **MODERATOR**

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

#### PANELISTS

**Dr. Scott A. Hemmerling,** *Director of Human Dimensions, The Water Institute of the Gulf, New Orleans, LA* 

**Mr. Albert A. George, II**, *Director of Conservation, South Carolina Aquarium, Charleston, SC* 

**Mr. Milton Bluehouse, Jr.,** *Owner, Tribal Consultation Resources, LLC, Albuquerque, NM* 

**Dr. Mark A. Mitchell**, *Chair, National Medical Association Council on Medical Legislation; Co-Chair, National Medical Association Commission on Environmental Health, Hartford, CT* 

7:00 p.m. ..... OPENING RECEPTION

# AGENDA

## WELCOME REMARKS

**Dr. David E. Rivers,** *Chairman, National Conference on Health Disparities; Associate Professor and Public Information and Community Outreach Director, Medical University of South Carolina, Charleston, SC* 

**Mr. Kyle Viator**, *Market President*, *AC Louisiana*, *Administration*, *AmeriHealth Caritas of Louisiana*, *Baton Rouge*, *LA* 

#### Mardi Gras World

1380 Port of New Orleans Place, New Orleans, LA

## DAY TWO: FRIDAY, MAY 5, 2017

7:15am - 4:30 p.m. .....Registration

7:30 a.m. ..... Continental Breakfast

8:15 - 8:30 a.m.

**Ms. Carolyn Sawyer,** *Communications Strategist, Tom Sawyer Company , Conference Facilitator* 

#### **OPENING REMARKS/INTRODUCTION OF KEYNOTE SPEAKER**

**The Honorable Donna M. Christensen**, Former Congresswoman, United States Virgin Islands, St. Croix, VI

8:30 - 9:00 a.m.

#### **KEYNOTE SPEAKER**

**The Honorable James E. Clyburn**, Assistant Democratic Leader, U.S. House of Representatives, South Carolina-6<sup>th</sup> District

#### 9:15 - 10:45 a.m. CONGRESSIONAL ROUNDTABLE

Roundtable discussion with Congressional and State Officials: The role of the state and federal government in reducing health disparities.

#### **OPENING REMARKS & MODERATOR**

**The Honorable Robin Kelly,** U. S. House of Representatives, Illinois-2<sup>nd</sup> District, Chair, Congressional Black Caucus Health Brain trust

#### **ROUNDTABLE MEMBERS**

**The Honorable James E. Clyburn,** Assistant Democratic Leaders, U. S. House of Representatives, South Carolina-6<sup>th</sup> District

**The Honorable Cedric Richmond**, U. S. House of Representatives, Louisiana-2<sup>nd</sup> District; Chairman, Congressional Black Caucus

**The Honorable Calvin Smyre**, Georgia House of Representatives, District 135, Columbus, GA

10:45-11:00 a.m.....BREAK

#### 11:00 am - 12:30 p.m. **PANEL FOUR** *Building Healthy Communities Part II: Community-Based Programs That Work*

Participants will identify and discuss successful community-based programs addressing social determinants of health and how those programs address health disparities.

#### **MODERATOR**

**Dr. Sabra C. Slaughter**, Senior Advisor to the President, Medical University of South Carolina, Charleston, SC

#### PANELISTS

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

**Dr. Janice Petersen**, *Deputy Assistant Secretary, Adult, Child and Family Operations, Office of Behavioral Health, Louisiana Department of Health, Baton Rouge, LA* 

**Ms. Jo Pauling-Jones**, *Executive Director*, *Healthy Learners*, *Columbia*, *SC* 

**Dr. Evelyn L. Lewis**, Associate Professor and Senior Research Scientist, Dillard University, New Orleans, LA

12:45 - 2:00 p.m.

## LUNCHEON/KEYNOTE SPEAKER

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



**PHOTO HIGHLIGHTS** 

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#### 2:30 - 3:45 p.m. **PANEL FIVE** *Translational Research and Public Policy*

How do we incorporate translational research in efforts to develop effective public policy initiatives and programs addressing health disparities?

# MODERATOR

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

# PANELISTS

**Dr. Edwin C. Chapman**, *Private Practice, Internist, Addiction Medicine, Washington, DC* 

**Dr. Katherine Theall**, Department of Global Community Health and Behavioral Science, Cecile Usdin Professorship in Women's Health; Director, Mary Amelia Douglas-Whited Community Women's Health Education Center, Tulane University School of Public Health & Tropical Medicine, New Orleans, LA

**Ms. Dawn Pepin**, *Public Health Analyst, Public Health Law Program, Office for State, Tribal, Local and Territorial Support, Center for Disease Control and Prevention; Chenega Professional and Technical Services, LLC, Atlanta, GA* 

**Dr. Teresa Hudson**, *Director of Health Service in the UAMS Psychiatric Research Institute, UAMS, Little Rock AR* 

**Dr. Nneka L. Ifejika**, Director of Neurorehabilitation, University of Texas Stroke Team; Associate, Department of Neurology, McGovern Medical School at the University of Texas Health Sciences Center at Houston, Houston, TX

#### 3:45 - 5:30 p.m. **PANEL SIX** *Police/Community Relations: What Works, What Doesn't Workand Why?*

All too often, interactions between police and the people they serve degenerate into violent confrontations. Panelists will discuss the topic in the context of community-based programs that foster mutual respect and trust, as opposed to suspicion and violence.

# MODERATOR

**Dr. W. Marvin Dulaney**, Associate Professor of History Emeritus, University of Texas at Arlington, Arlington, TX

## PANELISTS

**Mr. Kenyan McDuffie**, *Councilmember*, *Ward 5*, *District of Columbia, Washington, DC* 

*Mr. Grayling Williams, Assistant Chief of Police for the Investigation Branch of the Portsmouth Police Department, Portsmouth, VA* 

Dr. Helen Taylor Greene, Professor, Department of Administration of Justice, Barbara Jordan-Mickey Leland School of Public Affairs, Texas Southern University, Houston, TX

*Mr. John Fullinwider, Educator and Community Organizer, Dallas, TX* 

# DAY THREE, SATURDAY, MAY 6, 2017

7:30 - 10:00 a.m	Registration
7:30 a.m.	Continental Breakfast
8:15 a.m.	Opening Remarks

**Ms. Carolyn Sawyer,** *Communications Strategist, Tom Sawyer Company, Conference Facilitator* 

#### 9:00 - 11:00 a.m. PANEL SEVEN

*Gun Violence as a Public Health Issue in the United States* Presenters will discuss gun violence in general, violence against women and gun-related suicide, including the disproportionate rate of suicide among military veterans.

# **MODERATOR**

**Mr. Byron C. Marshall**, *CEO*, *Center for Health Empowerment*, *Austin*, *TX* 



#### PANELISTS

**The Honorable Donna M. Christensen,** Former Congresswoman, United States Virgin Islands, St. Croix, VI

**Ms. Simone Levine**, *Executive Director*, *Court Watch*, *NOLA*, *New Orleans*, *LA* 

**Detective Wayne DeLarge**, New Orleans Police Department, New Orleans, LA

#### 11:00 a.m.-12:30 p.m. PANEL EIGHT

Prevention and Personal Responsibility: Major Themes in Reducing Health Disparities

How do we encourage all Americans to take personal responsibility for their own health? Presenters will discuss the complex relationship between personal responsibility, preventive healthcare and addressing health disparities.

#### MODERATOR

**Dr. Marcus S. Cox,** Associate Dean, Graduate Programs and Summer School, Director of the Center for Continuing Studies and Distance Education, Professor of History, Xavier University of Louisiana, New Orleans, LS

#### PANELISTS

**Mr. Glenn Ellis,** *Strategies for Well-Being, LLC, Philadelphia, PA* 

**Dr. Brian L. Turner,** *Clinical Psychology Assistant Professor, Xavier University, New Orleans, LA* 

**Mr. Derrick Watchman,** *President, Sagebrush Hill Group, LLC, Window Rock, A* 

12:30 p.m. .....Closing Remarks

**Dr. David E. Rivers,** *Chairman, National Conference on Health Disparities* 

# Candid photos from around the conference



Meeting Attendees



Mr. Leroy Lewis



Ms. Autumn Baidouri, Ms. Sharon Thompson, Ms. Charlene Vickers and Dr. David E. Rivers



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Director of Neurorehabilitation, University of Texas Stroke Team Associate Professor, Department of Neurology University of Texas Health Science Center Houston, TX

#### **DR. MYRAA. KLEINPETER**

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Vice Chancellor for Community Outreach/University Advancement Southern University of New Orleans New Orleans, Lousiana **DR. JANICE PETERSEN** 

Deputy Assistant Secretary for Adult, Child, and Family Operations Louisiana Department of Health Baton Rouge, LA

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Founding Dean, College of Health Sciences and Human Services California State University, Monterey Bay (CSUMB) Seaside, CA

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Dean and M.D. Anderson Professor in Hispanic Studies College of Liberal Arts and Social Sciences University of Houston Houston, TX

#### **MR. DERRICK WATCHMAN**

Derrick Watchman President Sagebrush Hill Group LLC Window Rock, AZ



# **EXHIBITORS**

Morehouse School of Medicine

AmeriHealth Caritas

Campaign for Tobacco-Free Kids

National Cancer Institute

**MUSC, SE VIEW** 

**Allen University** 

**Dillard University** 

Tulane University

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# 11th National Conference on Health Disparities

Reducing Health Disparities Through Sustaining and Strengthening Healthy Communities



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