

# SUMMARY REPORT

## 11th Annual National Conference on Health Disparities

*National Dialogue for Building Healthy Communities*



LOEWS PHILADELPHIA HOTEL

MAY 16-19, 2018



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# FOREWARD & ACKNOWLEDGEMENTS

## DR. DAVID E. RIVERS



Chairman, National Conference on Health Disparities; Professor, Academic Affairs Faculty; Director, Public Information and Community Outreach, Medical University of South Carolina

The 11th National Conference on Health

Disparities (NCHD) marked the program's ongoing focus on "big picture" topics, while expanding the dialogue on current trends and events that impact all Americans. This Summary Report reflects both elements, in addition to such conference-related activities as the Undergraduate and Graduate Student Forum, where future leaders present their work to an appreciative and supportive audience.

During our four days in Philadelphia, NCHD presenters, participants and attendees applied all of their energy and insight to one of America's most persistent healthcare issues. Health disparities – the difference in health outcomes based on race and economic standing – impact all Americans. Healthcare costs, workplace productivity, local and national economies, educational attainment and quality of life are among many aspects of everyday life impacted by health disparities.

Moreover, as Americans, we must ask ourselves whether fundamental differences in the incidence and outcomes of disease based solely on societal metrics are acceptable to a nation that prides itself on equal opportunity and access. For those in attendance at the 11th NCHD, the answer was a resounding no. We moved forward, inspired in no small part by the words of U.S. Congressman James E. Clyburn, originally expressed in 2003: "We must recognize the unique relationship between the quality of our environment, the health of our citizens and the economic well-being of our nation. We must find ways to reconcile decreasing resources with increasing demand. Moreover, we must do these things with equal regard for all citizen, regardless of race and economic status."

Or, as Congressman Clyburn has expressed on many occasions, and we have used as both inspiration and direction for the NCHD, "We must recognize the unique relationship between human health, environmental quality, Environmental Justice and economic development in healthy communities."

Toward this end, NCHD planners – including our outstanding and tirelessly dedicated Advisory Board – retained and built upon three overriding themes in developing the program's agenda. These are: 1) The role played by the social determinants of health, including poverty, race, environmental quality, housing, educational attainment and public safety; 2) Personal responsibility, including each person's choices pertaining to individual and community health; and 3) Prevention, addressed by proactive programs that improve individual and community health while decreasing the cost in lives and dollars of developing and sustaining health communities.

In the context of these long-established themes, the NCHD presented a range of speakers on four major topics in current headlines: gun violence as a major public health issue, the opioid addiction and abuse crisis in America, human trafficking and the wide-ranging impacts of climate change and catastrophic weather events on communities nationwide.

The Medical University of South Carolina and its partners recently concluded a three-year effort on climate change. I have lost track of how many times our programmatic partners have expressed one of the underlying truths of climate change; i.e., that in many instances, the people whose everyday lives and activities contribute the least to climate change are those who suffer its greatest impacts.

Before you move on to the contents of this Summary Report, please join me in recognizing the contributions of hundreds of people, agencies and corporations who have contributed their time, effort, financial support and guidance to the ongoing NCHD project. To our Sponsors and Supporters, Advisory Board, Presenters, Speakers, Volunteers, I say thank you. A special thank you to this year's signature sponsors AmeriHealth Caritas and Independence Blue. We look forward to seeing you for the 12th NCHD, June 19-22, 2019, in Oakland, CA.

## AmeriHealth Caritas is proud to support the 11th Annual National Conference on Health Disparities and its mission to reduce health disparities.

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For more than 35 years, we've made it our mission to address social barriers to health equity by helping our members access quality health care. In collaboration with health care providers, advocates, and civic leaders, we have created programs that are leading the way in publicly funded managed care. Our efforts have earned us the National Committee for Quality Assurance (NCQA) Multicultural Healthcare Distinction.

At every step of the way, we make it a point to keep care at the heart of our work — just as we have for the past three decades. We look forward to meeting you at our exhibit booth.



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COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF THE GOVERNOR  
HARRISBURG

THE GOVERNOR

**GREETINGS:**

**It gives me great pleasure to welcome everyone to Philadelphia for the 11<sup>th</sup> annual National Conference on Health Disparities.**

**There is no greater responsibility than ensuring the well-being of our fellow citizens; however, this mission cannot be achieved by government alone. This conference allows for professionals from many different backgrounds to come together to address major public health issues and health disparities that affect our nation. From climate change and human trafficking to gun violence and the opioid crisis, this conference will help those dedicated individuals who are here today close gaps in care and combat health issues that citizens struggle with every day. It is my hope that this conference's example of passion and innovation will inspire others, and I am certain that those in attendance will continue to make a difference for years to come.**

**As Governor, and on behalf of all citizens of the Commonwealth of Pennsylvania, I am delighted to welcome everyone to the National Conference on Health Disparities. Please accept my best wishes for continued success.**



*Tom Wolf*  
TOM WOLF  
Governor  
May 16, 2018



HOUSE OF REPRESENTATIVES  
WASHINGTON, D. C. 20515

May 16, 2018

Dr. David Rivers, Chair  
National Conference on Health Disparities  
Associate Professor, Director,  
Public Information and Community Outreach  
Medical University of South Carolina  
171 Ashley Avenue  
Suite 305  
Charleston, SC 29425

Dear Dr. Rivers:

On behalf of the 2<sup>nd</sup> Congressional District of Pennsylvania, it is with great privilege that I welcome the National Conference on Health Disparities (NCHD) to the city of Philadelphia!

For 11 years, your organization continues to present the most current information on the social and environmental determinants of health, income, educational attainment, access to healthcare, housing and air and water quality. Topics such as sex trafficking, gun violence, the opioid epidemic and the impacts of climate change on health are essential discussions our communities need to have in order to gain a stronger understanding of the importance of environmental stressors, which often prevent communities from flourishing.

The 11<sup>th</sup> Annual Conference on Health Disparities, seeks to have a “national dialogue for building healthy communities”, I can think of no place more appropriate than the city of brotherly love and sisterly affection to host such an important and necessary discussion. We are grateful to have your conference in the city of Philadelphia.

Sincerely,



Dwight Evans  
Member of Congress



# CITY OF PHILADELPHIA

OFFICE OF THE MAYOR  
215 City Hall  
Philadelphia, PA 19107  
(215) 686-2181  
FAX (215) 686-2180

JAMES F. KENNEY  
Mayor

May 16, 2018.

Dear Friends,

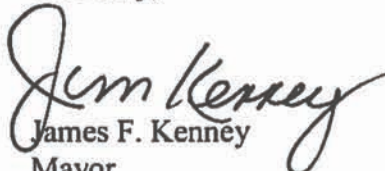
As Mayor of Philadelphia, I am pleased to welcome you to our city for the 11<sup>th</sup> Annual National Conference on Health Disparities (NCHD).

This year's conference will provide a platform to have an open dialogue on important issues affecting not only the City of Philadelphia, but communities nationwide. NCHD attendees will receive up-to-date information and learn about possible strategies to address issues such as income disparities, healthcare, housing and the opioid epidemic—an issue that has greatly impacted our city. In order to address the health issues greatly affecting our most vulnerable populations, we must have discussions and work together to make our city, our country and the world a better place for all.

I commend each and every one of you for your commitment to this important work. Please accept my best wishes for a successful conference. During your stay, I hope you will take the opportunity to enjoy the historical and cultural attractions that make Philadelphia such a desirable place to visit.

On behalf of the City of Philadelphia, we look forward to hosting you.

Sincerely,

  
James F. Kenney  
Mayor



Paul A. Tufano  
Chairman and Chief Executive Officer

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

May 17, 2018

Dear Attendee:

Welcome to Philadelphia, the headquarters of AmeriHealth Caritas. We're excited to be your host during the 11th Annual National Conference on Health Disparities.

Our roots in Philadelphia are deep. Our mission was shaped by our work helping the city's vulnerable populations get care — work that takes a lot of heart and a strong sense of mission. It makes us distinct in the health care space, and gives us a well-informed perspective on the disparities that exist when it comes to accessing quality health care.

At this time, no one person or organization holds the answer to our country's health inequities. But the conference is designed for us to collectively address the issues that persist in health care and inspire us to approach them in novel ways, drawing on our diverse backgrounds, experiences and points of view.

We have many of members of our team at the conference and I encourage you to meet them at our booth. And if you're interested in joining our ranks, make it a point to learn about the opportunities that we have to offer. We look forward to your engagement.

Sincerely,

A handwritten signature in black ink that reads "Paul A. Tufano". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

PAUL A. TUFANO



1901 Market Street  
Philadelphia, PA 19103-1480



May 17, 2018

## Welcome!

It is an honor to host the **11th Annual National Conference on Health Disparities** (NCHD) in our hometown.

As you will see during your visit, Philadelphia marries unparalleled historical relevance to modern culture and ideas.

However, this is also a city where health inequity keeps too many citizens from living the productive, healthy lives they deserve. So we are grateful that the NCHD's community of experts and passionate advocates are here, and we look forward seeing the innovative ideas that come out of this conference.

The mission of **Independence Blue Cross** is to enhance the health and well-being of the people and communities we serve. We do that by helping 2.5 million people in this region access care. And we partner with grassroots leaders through the Independence Blue Cross Foundation to lead solutions for a healthy community, including more than 40 non-profit, private health centers in medically underserved areas in southeastern Pennsylvania.

We are proud to sponsor NCHD in 2018, and we welcome you to Philadelphia.

Sincerely,

A handwritten signature in black ink that reads "Daniel J. Hilferty". The signature is fluid and cursive, with a large, stylized initial "D".

Daniel J. Hilferty  
President and CEO



Office of the President  
Colcock Hall  
179 Ashley Avenue  
MSC 001  
Charleston, SC 29425-0010  
Office 843 792 2211  
muscd.edu

March 27, 2018

Dear Friends:

It is my great pleasure to join in welcoming you to the eleventh annual Conference on Health Disparities. It has been an honor and privilege for the Medical University of South Carolina to demonstrate our commitment to build healthier communities through our co-sponsorship of this conference over the last decade. We are enthusiastic to partner in sponsoring this year's event, once again, as we recognize the importance of changing what's possible through community engagement, diverse dialogue and partnerships.

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.

Similar to previous years, the 2018 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,

A handwritten signature in black ink, appearing to read "David J. Cole", written in a cursive style.

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

April 2, 2018

Dear Attendees,

Your presence at the Eleventh Annual National Conference on Health Disparities is invaluable. We know that each of us must answer the call to 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.

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,

  
Valerie Montgomery Rice, M.D.  
President and Dean

720 Westview Drive SW  
Atlanta, GA 30310-1495

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[www.msm.edu](http://www.msm.edu)

April 18, 2018

Welcome to Philadelphia!

It's an exciting and historical city, and in fact a city at the crossroads of how we as a nation tackle health disparities.

It's an honor for our city to host the 11<sup>th</sup> Annual National Health Disparities Conference, and I'm honored that Thomas Jefferson University and Jefferson Health are part of your deliberations.

Philadelphia hosts an impressive collection of universities and hospitals, all doing great work. And yet, our city remains one of the worst in terms of the gap in longevity between zip codes. We know it. We have many dedicated individuals working on it. But we haven't solved it. Our city's history is written on this nation's earliest buildings, and it's written on its closed factories and its neighborhoods caught in deep poverty.

To me, this means our impressive institutions cannot yet be called "great." We will be "great" when anyone's health is more dependent on their genetic code than on their zip code.

And so we welcome you to Philadelphia. Enjoy the city. Enjoy collaborating with people who care as you do about equity in health.

I look forward to talking with you.



Stephen K. Klasko, MD, MBA  
President and CEO  
Thomas Jefferson University and Jefferson Health



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Stephanie F. Gardner, Pharm.D., Ed.D  
Interim Chancellor

May 16, 2018

Dear Attendees of the 11th Annual National Conference on Health Disparities,

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

UAMS is Arkansas' only comprehensive academic health sciences center. As such, its role is to provide leadership in building healthy communities statewide. Our university is among Arkansas' largest public employers with faculty and staff working on the main campus in Little Rock, a regional campus in Fayetteville and centers across the state. UAMS educates the majority of physicians, pharmacists and other health care professionals in Arkansas.

We serve a mostly rural state that consistently ranks among the worst in the nation in many health indicators and faces large health disparities — especially for chronic conditions such as cardiovascular disease, diabetes, obesity and cancer. We confront these challenges through many clinical, academic and research activities.

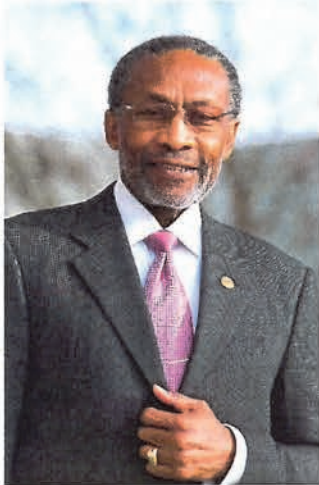
In our College of Public Health, the Center for Health Disparities develops and implements strategies to improve access to prevention and care. Its work includes projects to increase the number of under-represented minority students in the health sciences, to foster community partnerships that can target issues like helping pregnant women who are homeless or housing insecure, and seeking to reduce tobacco smoke exposure among children and caregivers living in the Arkansas Delta.

Our Office of Interprofessional Education understands the importance of graduating health professionals versed in multi-disciplinary care and the social determinants of health. In our student-led 12th Street Health and Wellness Center in Little Rock, students provide preventative care and health screenings to the uninsured and those in need. At the North Street Clinic on our Fayetteville campus, students focus on helping the region's large Marshallese-Pacific Islander population — a population that experiences a disproportionately high incidence of diabetes. Thus, Fayetteville is home to our interprofessional Center for Pacific Islander Health. Community engagement, education and clinical programs targeting health disparities can be found in our Center for Distance Health, Center for Diversity Affairs, and UAMS Regional Programs.

The roots of health disparities in our state and nation are complex. It will take commitment, collaborations, and clever solutions to affect real and lasting change. We believe it is possible and that gatherings such as this lead the way. UAMS is proud to be a part of this conference and we thank you for your partnership as we work together to improve health and health care.

Sincerely,

Stephanie F. Gardner, Pharm.D., Ed.D.  
Interim Chancellor  
Senior Vice Chancellor & Provost



May 16, 2018

Welcome to the 11<sup>th</sup> Annual National Conference on Health Disparities. Allen University is honored to once again participate as a host institution and sponsor for this valuable and informative event.

A warm thank you to the sponsors and presenters who have seized this opportunity to participate in this *National Dialogue for Building Healthy Communities*. This year's theme highlights the importance of networking to gain a greater understanding of how various determinants and challenges impact human health and access to health care; but it also denotes opportunities to champion and make strides for better health care in the communities.

We wish you all the best for a successful conference, and trust that you will find it enjoyable and most enriching.

Sincerely,

Ernest McNealey, Ph.D.  
President & CEO



# THINK | WORK | LOVE



Allen University (AU) is a four-year private Liberal Arts College, located in Columbia, South Carolina. The University offers undergraduate degrees in Biology, Business, Chemistry, English, Mathematics, Music, Religion and Social Science. AU offers a variety of camps throughout the year and summer programs in music and in the sciences for middle and high school students. Our students and graduates are offered internships and fulltime permanent employment in businesses nationally.



It is noteworthy to mention that a number of research grants have been awarded to AU, which include Cyber Security, Environmental Justice Institute and Material Science grants from the U.S. Department of Energy, LSCAMP from National Science Foundation and USC - Center for International Business 'CIBER'. In December 2016, AU established a partnership with the Region IV Office of EPA to collaborate around an Environmental Justice Academy.



Consequent to the aforementioned partnership, AU innovatively started a scholars' program. This scholars' program is called, "Allen University Environmental Justice Scholars' Program (AUEJSP). The first cohort of this scholars' program comprises of 10 AU students from different communities. They are being trained bi-weekly on different issues that relate to environmental justice laws and regulations. It is envisaged that these scholars will go back to their respective communities and be an instrument of positive transformation with regard to environmental pollution, as well as health related issues.





# Changing What's Possible

MUSC seeks diverse, talented students, faculty and workforce. As the largest non-federal employer in Charleston, the Medical University of South Carolina recognizes the value and importance of embracing diversity and inclusion.

- It is who we should be as an institution. We are creating an environment where all individuals – students, faculty, staff, patients and visitors – truly believe they are in the right place, and they belong here.
- It is how we build upon who we are and what we can achieve together. MUSC aspires to change the future through innovation in all of our domains – education, research and patient care.
- It affects the bottom line. It is about being our most productive and effective. People who feel valued are empowered to contribute and to be at their best.

Discover challenging opportunities in education, research and clinical care at MUSC.

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Changing What's Possible





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Dr. Bennett L. Johnson, Jr.



National Center For Integrated Behavioral Health



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STUDENT RESEARCH FORUM

The National Conference on Health Disparities Student Research Forum (NCHD SRF) began in 2008 at the Medical University of South Carolina (MUSC) with the goal of building research presentation capacity in underrepresented students. To achieve this goal, the SRF leaders provide explicit instructions regarding the components of the abstracts requested in the annual Call for Abstracts, and require that students work with their research mentors/advisors to complete the abstracts. Notifications of abstract acceptance/non-acceptance are sent to both the student and his/her research mentor/advisor. The SRF leaders also convene an annual webinar to describe how to develop a poster presentation. The webinar includes pictures of desired poster formats and also provides an opportunity to discuss the oral presentation that accompanies each poster. Students whose abstracts were not accepted are invited to participate in the SRF to gain a better sense of the scope of research conducted by their peers at academic institutions across the nation, and to gain tips on presentation skills.

During the 2018 NCHD SRF, Dr. Marvella Ford, welcomed 35 participants who represented 28 institutions from across the United States. She was followed by Dr. Sabra Slaughter from MUSC, who also welcomed the participants and made an important observation: that the participants are the future of the health professions and barring a miracle that would alleviate and end health disparities, perhaps one of them will be chairing and hosting the SRF in 10 years.

Two students made research presentations. Mr. David Chime, an undergraduate student at Allen University, a Historically Black University, presented on “The Effects of Crude Oil Spillage and Eventual Bioaccumulation in Humans.” Mr. Christopher Adcock, a graduate student at University of Texas Health, San Antonio, a Hispanic-serving institution, presented his research on “Strong Correlation between the American Academy of Orthopedic Surgeons Foot and Ankle Outcome Questionnaire (AAOS-FAOQ) and Other Foot and Ankle Outcome Measures: A Validation Study in Mexican-Hispanics.”



**Luncheon Keynote Address**

*“Whatever your challenges are, there is always a solution.”*

*– Jonathan Green*

Renowned South Carolina Lowcountry artist Jonathan Green provided students with an inspirational keynote address on his life as an artist, the African and African-American history that inspired his art, and the importance of grounding one’s work in one’s history and culture. He also told the students that, even as scientists, they must not forget the arts. He said that the arts support science and that “everything is related to the arts.” He warned the students that: “If you do not support the arts, who will tell your story?”

The SRF has expanded from its initial goal and now includes a focus on preparing undergraduate and graduate/professional students for the next stages in their academic and professional careers. To this end, the SRF concluded with roundtable discussions providing information to assist undergraduate students with preparing graduate/professional school applications, and to assist graduate/professional students with mentoring, funding, and ethical decision-making.



On Friday, May 17, 2018, the chairs of the Student Research Forum, Dr. Marvella Ford, and Dr. LaVerne Ragster, recognized the follow students for their winning posters:

## UNDERGRADUATE STUDENT POSTER WINNERS

### 1ST PLACE

**Mr. David Chime**

Mentor: Dr. Oluwole Ariyo

Allen University

*“The Effects of Crude Oil Spillage and Eventual Bioaccumulation in Humans.”*

### 2ND PLACE

**Ms. Victoria Rai**

Mentor: Dr. Frank Anderson

University of Michigan

*“Unmet Need for Fetal Assessment Amongst High Risk Pregnancies in a Rural District Hospital.”*

### 3RD PLACE

**Ms. Monica Taneja**

Mentor: Dr. Avonne Connor

John Hopkins University

*“Lifestyle, Ethnicity and Inflammation Among Breast Cancer Survivors and Women without A History of Cancer: A Comparison Using NHANES.”*



## GRADUATE/PROFESSIONAL STUDENT POSTER WINNERS

### 1ST PLACE

**Ms. Donica' Beckett**

Mentor: Dr. Melva Thompson- Robinson

University of Nevada – Las Vegas

*“Exploring PrEP Attitudes, Barriers and Facilitators of Use, Sexual Risk Behaviors and Communication Channel Preferences of Self-Reported Heterosexual African American/Black Students Enrolled in Jefferson County, Texas Colleges.”*

### 2ND PLACE

**Ms. Elizabeth Duxbury**

Mentor: Dr. Christian Mnatzaganian

University of California – San Diego

*“Associations Between Education, Physical, and Emotional Health, and Social Support in San Diego.”*

### 3RD PLACE (TIE)

**Ms. Veronica Morawek**

Mentor: Dr. Joseph Shields

The Catholic University of America

*“Psychosocial Factors Associated with Health Perception in Chronic Kidney Disease Patients.”*

### 3RD PLACE (TIE)

**Ms. Alejandra Kaplan**

Mentor: Dr. Stephani Silvera

Montclair State University

*“Exploring Acculturation as It Relates to Sociodemographic and Behavioral Factors Underlying Racial/Ethnic Disparities in Cancer Prevention Behavior in New Jersey.”*





## DAY TWO THURSDAY, MAY 17, 2018



*Ms. Carolyn Sawyer*

On the day after the pre-conference Student Research Forum, **Ms. Carolyn Sawyer** opened the Eleventh Annual National Conference on Health Disparities (NCHD) with brief remarks about the conference's significance. She observed that the NCHD was meeting for the second time in Philadelphia. She also introduced

the students who had participated in the Student Research Forum on Wednesday. Then, she introduced **Dr. David Rivers**, the Conference Chairman.

First, Dr. Rivers thanked the members of the conference's Advisory Committee. In addition, he thanked the conference supporters and sponsors, specifically Chris Drumm and Paul Tufano. He referred conference participants to Page 11 of the Conference Program for a full list of conference supporters and sponsors. He also commended the 35 students from 28 institutions for their poster presentations on Wednesday. Finally, he welcomed all of the conference participants and told them to "sit back" and enjoy the conference over the next three days.



*Dr. David Rivers*

### OPENING SESSION AND HOST REMARKS

Dr. Rivers opening remarks and greeting were followed by two-minute greetings and opening remarks from the hosts and sponsors of the conference.

**Dr. Sabra Slaughter** of the Medical University of South Carolina noted that it had been an honor and privilege for the Medical University to demonstrate its commitment to building healthy communities through its co-sponsorship of the conference over the past decade. He said that MUSC's motto is "changing what's possible" through community engagement and diverse dialogue and partnerships. He said that MUSC's aim is to continue building bridges of like-minded people all concerned about the disparities that continue to exist in our country and that MUSC is determined to address. He thanked participants for attending the conference and hoped that they would gain much knowledge from the keynote speakers and panelists scheduled for the next three days.



*Dr. Sabra Slaughter, Dr. Andrea Gelzer & Dr. Reetika Kumar*

In her remarks **Dr. Andrea Gelzer** of AmeriHealth Caritas noted that her company has supported the National Conference on Health Disparities since its inception eleven years ago. The company is proud to be a signature sponsor of the conference because it has been working to address health disparities for more than 30 years. She informed the audience that, in West Philadelphia, 85% of the company's members are African Americans, and health disparities abound in spite of the company's efforts to address them. In that area, there is more high blood pressure, diabetes and substance abuse. She said that the esteemed group attending the NCHD had to come together to find solutions to health disparities.



*Dr. Reetika Kumar*

**Dr. Reetika Kumar**, Vice President of AmeriHealth Administrators Independence Health Group, stated that her company is in its 80th year of serving Philadelphia and its surrounding region. It serves the four wealthiest communities, as well as the four poorest communities in

Pennsylvania. She acknowledged that health disparities affect the people that her company serves and that they share the commitment of conference participants to increasing access to effective health care for everyone. She saluted researchers, elected officials, policy makers, community health leaders and providers for their efforts to address health disparities.

**Deputy Secretary Dr. Loren K. Robinson** of the Pennsylvania Department of Health began her remarks by observing that health disparities affects everyone. She said that the reason she took the job that she has now is because she lives health disparities every single day and is tired of how it affected



*Dr. Loren K. Robinson*



her friends, family and community. She introduced Mr. David Saunders, Director of the Office of Health Equity for the Commonwealth of Pennsylvania, and highlighted his efforts to build healthy communities using the departments of education, transportation and community planning to achieve health equity.

As a part of his remarks, **Mr. Joseph B. Hill** of Thomas Jefferson University cited W.E.B. DuBois's *The Philadelphia Negro: A Social Study*, published in 1899, as a benchmark for his analysis of health disparities in Philadelphia, 5-7 blocks north and south from the center city. He said that he could put his name on DuBois's 1899 study and it would literally describe the disparities that existed in the city in May of 2018. To address these historic disparities, Mr. Hill said that Jefferson University collaborates with grassroots organizations in the community to turn research data into solutions.



*Mr. Joseph B. Hill*



*Dr. Melinda Downing*

**Dr. Melinda Downing** of the Environmental Justice Program of the U.S. Department of Energy greeted conference participants with the observation that the NCHD is a special conference because it has so much to offer. She said: "There is no other conference of this magnitude that provides the kind of information and access to so many experts on so many topics." She encouraged conference participants to share with their families and friends the wealth of knowledge they would experience at the NCHD.

In his welcoming remarks **Dr. Chyke Doubeni**, Program Director of the National Center for Integrated Behavioral Health (NCIBH) at the University of Pennsylvania, said that he has spent the last 10-15 years describing what is now known as health disparities. Now, he is working to be a part of the equation that solves health disparities. He said that the NCIBH serves West Philadelphia by partnering with the community to deliver equitable, high quality and high value health care. The objectives of the NCIBH and its partners are to address prevention, provide treatment and access to health care.



*Dr. Chyke Doubeni*

**Dr. Eve Higginbotham**, who was Program Director of the National Center for Integrated Behavior Health at the University of Pennsylvania (Penn Medicine), welcomed participants at the NCHD to Philadelphia by sharing some vital statistics about poverty and its impact on health care in the city. She noted that of the 10 major cities in the United States, Philadelphia has the highest rate of poverty at 26%. This causes the city to suffer the burden of having the highest rates of chronic illnesses and health costs that disproportionately affect the city's communities of color. She said that Penn Medicine committed to addressing these disparities by signing a health equity pledge and by forming a partnership with six academic institutions in Philadelphia in a shared vision of reducing health disparities.



*Dr. Eve Higginbotham*



*Dr. Billy Thomas*

**Dr. Billy Thomas** of the University of Arkansas for Medical Sciences (UAMS) cited the Student Research Forum (SRF) as one of the highlights for his coming to the NCHD over the years. He said that the SRF fulfills one of the primary reasons for the NCHD: to create a health care workforce that is aware of and understands health disparities. Dr. Thomas also noted that artist Jonathan Green gave the luncheon keynote for the SRF and stressed to the students that the arts and medicine should be integrated. Dr. Thomas said that the UAMS is trying to integrate art and medicine in order to provide its students a diverse background in not only the sciences, but also in the arts and humanities. Dr. Thomas concluded his remarks with a summary of the programs that UAMS Center for Diversity sponsors to prepare students to work in the various racial, ethnic and socioeconomic communities in Arkansas.

The Opening Session concluded with remarks by **Dr. Oluwole Ariyo**, Director of Research and Chair of the IRB at Allen University. Dr. Ariyo gave a brief history of Allen University, founded in 1870 in Columbia, SC. He recognized the students from Allen University who had participated in the Student



*Dr. Oluwole Ariyo*



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Research Forum and encouraged everyone to review the student posters at their leisure because of their excellence. Dr. Ariyo also encouraged the audience to recommend students to Allen University because the mentorship program for students at Allen is excellent.

### GREETINGS

**Mayor Jim Kenney**  
*Mayor of Philadelphia*



*Mayor Jim Kenney*

Before the morning keynote address, Mayor Jim Kenney, the 99th Mayor of the City of Philadelphia, welcomed and greeted conference participants on behalf of the city. Mayor Kenney said that he was happy that the NCHD had chosen Philadelphia for its annual conference. He said that the people of Philadelphia were looking forward

to a spirited discussion about a wide variety of important societal issues including health care, housing, income inequality, and the opioid crisis. He said that: “We need to come together and search for meaningful solutions,” and “This conference provides a perfect opportunity for us to do that.” He said that citizens of Philadelphia are working on how to reduce poverty and increase access to health services, create more affordable housing, address the impacts of climate change, and assist those who are struggling with addiction.

### KEYNOTE SPEAKER

**Mr. Paul Tufano**  
*Chairman and Chief Executive Officer, AmeriHealth Caritas Family of Companies, Philadelphia, PA*

*“If we don’t have healthy communities, we’re not going to have healthy citizens.”*



*Mr. Paul Tufano*

In his keynote address, Mr. Tufano tied together the history of his company, AmeriHealth Caritas, with the history of health care in Philadelphia, as well as the history of the nation’s founding in Philadelphia. He informed the audience that AmeriHealth Caritas started in a closet in a hospital in West Philadelphia where the Sisters of Mercy in the 1980s started a pilot program to figure out how they could really cut down on the use of emergency groups for the Medicaid population. He

said that AmeriHealth Caritas was one of the first companies to understand the importance of having an integrated model of care. The company started its own PBM (Pharmacy Benefit Manager) from scratch, and today it is one of the 10 largest PBMs in the country. According to Mr. Tufano, the company has had a profound impact by being able to manage all of the aspects of a person’s health in one company.

Mr. Tufano said that the company’s mission mirrors the words of President Lyndon B. Johnson when he signed Medicaid and Medicare into law in 1965: “It calls upon us never to be indifferent towards despair. It commands us never to turn away from helplessness. It directs us never to ignore or to spurn those who suffer untended in a land that is bursting with abundance.”

Mr. Tufano also said that his company considers programs such as Medicaid and other programs that provide health care to the poor “empowerment programs”, not entitlement programs, because unless you have been poor, unless you have had a chronic disability or illness, you don’t understand the challenges that people face every day. What AmeriHealth Caritas does is empower people. In addition to understanding why the integrated model of care is so important, he said that AmeriHealth Caritas was one of the first companies to understand the importance of the social determinants of health.

Finally, Mr. Tufano encouraged the audience to visit the historical sites that within walking distance in downtown Philadelphia. Specifically, he encouraged them to visit Independence Hall and the National Constitution Center. He said that people would see the sites where some of the nation’s founding documents were written, and how they inspired not only the idea of freedom for all people, but also provided for the general welfare through health care for all.

### SUMMARY OF PANEL ONE

*How Addressing the Social Determinants of Health Such as Poverty, Environmental Stressors, Income, Educational Attainment, Housing, Tobacco, Water and Air Quality and Others Will Reduce Health Disparities*

#### Moderator

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

Dr. Rivers introduced the panel topic of the “Social Determi-



nants of Health” by citing a study that found that most doctors say that addressing health disparities through reducing social determinants is not within their purview. To show the wrongness of this approach, Dr. Rivers cited several determinants that were impact health: poverty, education and air and water quality. Dr. Rivers cited statistics that 46 million Americans live in poverty. He cited a study done by the Boston Globe comparing the wealth of whites, Hispanics and Blacks in Boston. According to the study, the wealth gap among whites (\$247,000 average), Hispanics (\$12,000) and Blacks (\$8!) determined their respective health outcomes. Finally, Dr. Rivers noted that Americans spend \$2.6 billion per year on health care, but the health outcomes in areas such as obesity, infant mortality and other areas continue to be unsatisfactory and inadequate. He then introduced Ms. Karen Dale.



*Dr. David Rivers*

- By doing deep customer insight, listening to members and doing what they need the company to do and assisting providers with cultural competence training.
- Offering members options such as at home birth.
- Collaborating with other support organizations such as Mamatoto Village that provides Perinatal Family Support.

**Mr. Matthew L. Myers, President, Campaign for Tobacco-Free Kids, Washington, DC**



*Mr. Matthew L. Myers*

Mr. Myers discussed the Campaign for Tobacco Free Kids. He said that tobacco use is a slow-motion killer among more African Americans and more low-income individuals, and too few people identify it as a major cause of health disparities. He said that the good news is it is also one of the major causes of health disparities for which we have solutions, and that we can afford those solutions. Mr. Myers said that in the United States there has been a decline in tobacco use among the wealthy, and that there has also been a significant decline among African Americans. This is the result of a conscious effort to educate the public about the dangers of tobacco use. Although there is still a significant and important disparity, there has also been a decline in the lung cancer death rate disparity among African Americans. According to Mr. Myers, the decline in lung cancer among African Americans is a direct result of the adoption of proven tobacco control measures, such as the increase in the price of tobacco products, the protections against second-hand smoke, and the funding of tobacco control programs that are capable of targeting large numbers of individuals across demographic lines. Mr. Myers said that in cities and states that have done these things, there have been declines in tobacco use among low-income individuals and among people from other demographics, including African Americans.

### Panelists



*Ms. Karen Dale*

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

Ms. Dale discussed how AmeriHealth Caritas addresses the social determinants of health in the United States, but more specifically how the company addresses maternal health outcomes in Washington, DC. She focused on the impact of one critical social determinant, racism, and how it affects black women’s maternal health outcomes. She cited statistics from the Centers of Disease Control that indicate that the stress caused by racism contributes to black women having a number of negative health outcomes, such as a higher maternal mortality risk (about 44 deaths per 100,000). In the District, there was a similar picture, where 41 women die for every 100,000 live births, compared to Virginia with 13.2 maternal deaths and 25.7 in Maryland. Ms. Dale described how AmeriHealth Caritas addresses the social determinants in several ways:

- Through support for pregnant black women in finding housing, improving their nutrition, encouraging them to exercise, and making transportation to their maternal care appointments more convenient.

**Dr. Brian Rahmer, Vice President of Health and Housing, Enterprise Community Partners, Inc., Washington, DC**



*Dr. Brian Rahmer*

Dr. Rahmer focused on housing as a social determinant of health disparities. He stated that 80 years ago, the Home Owners Loan Cor-



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poration went through a process of redlining different neighborhoods throughout the country as being at risk. Today, three out of four of those neighborhoods that were redlined 80 years ago suffer because home mortgage loans that provide economic support for those neighborhoods were restricted, resulting in negative economic outcomes. Dr. Rahmer stated that economic or residential segregation plays a key role in economic mobility or lack thereof. When we think about health outcomes attributable to the lack of adequate housing, we understand that there are disadvantages for children who live in segregated neighborhoods. There are low birth weight, mortality and psychological development issues. So, as a core determinant of health, housing plays a critical role. Basically, Dr. Rahmer said that Enterprise Community Partners works with communities to build affordable housing that will attract businesses, hospitals and college campuses that will help to reverse the negative health outcomes caused by the history of redlining and disinvestment in urban communities.



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

Mr. Watchman described the health care that is available for members of the Navajo Nation through the Indian Health Service (IHS), as well as Medicare and Medicaid. Mr. Watchman said

that the IHS also provides Indian Health Service Hospitals, but the health care they provide is second-rate. He said that health disparities also exist on Indian lands because many doctors and dentists do not want to go to rural areas where the tribes are located in order to provide treatment. He also pointed out that many people living on tribal lands go to a medicine man or shaman before going to a doctor or hospital. This is because many Navajo, as well as other Native Americans, still practice their cultural traditions. As a solution to the problem of disparities in Indian health care, Mr. Watchman proposed MCOs (Managed Care Organizations) that would be controlled by the Navajo, partner with health care providers, and bring economic development to Navajo tribal lands.

### LUNCHEON KEYNOTE SPEAKER

**Mr. John F. White, Jr.**  
*President and Chief Executive  
Officer, The Consortium,  
Philadelphia, PA*



*Mr. John F. White*

**“Do we remember how we got over?”**

Mr. White presented a wide-ranging and inspirational keynote address that covered many topics. He paid a special tribute to Dr. David Rivers for his personal support of his work in Philadelphia. He discussed his own personal battle with back problems and his four overdoses of fentanyl. He discussed creating an HMO to serve poor people in Philadelphia. He recounted the leadership of Maynard H. Jackson, Jr. in Atlanta and how he created “a Mecca of Black Entrepreneurship,” even though he was told that it could not be done. Mr. White also discussed the current opioid crisis and compared and contrasted it to the heroin and crack epidemics of the 1950s and the 1980s, respectively. He implored the audience to act on the traditions in their communities in order to solve not only problems in health care, but also in life in general. He left the audience with three goals to honor:

- Stop making excuses for our failures.
- Let’s do something for ourselves.
- Remember who you are.

The last goal formed the overall theme of his message: If we remember how our ancestors “got over” and why they sung the gospel song “How I Got Over,” then we will have the faith as well as the inspiration needed to solve the problems we face in health care.

### SUMMARY OF PANEL TWO

***The Opioid Crisis: What’s Going On, and Where Do We Go from Here?***

#### Moderator



*Dr. Raynard Washington*

**Dr. Raynard Washington,** *Chief  
Epidemiologist, Philadelphia  
Department of Public Health,  
Philadelphia, PA*

Dr. Washington opened the first afternoon session by acknowledging that the topic of the session following the Luncheon Keynote was very appropriate. He introduced the panelists.





## Panelists

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

Dr. Chapman presented “The Opioid Crisis and the Black Community.” He started his presentation by analyzing the current state of health care in the United States. He referred to it as a “eugenics model.” He provided evidence that the nation’s health care system is based on the idea that some people deserve to get care and others do not. Basically, some lives are worthier of preserving than others. Typically, poor people, people of color and people who are on Medicaid in general, are considered to be undeserving of care. Dr. Chapman cited several states that are trying to exclude people from Medicaid and health care by implementing a work requirement. Dr. Chapman noted that this “eugenics model” has affected the national response to the opioid epidemic. Specifically, before the opioid epidemic began to affect rural white communities, the solution for African Americans who were addicted to drugs was to incarcerate them. Dr. Chapman also provided statistics that showed that opioid overdoses, while typically believed to be a “white problem,” are rampant in the African-American community due to PTSD, racism and other social determinants, such as the lack of affordable housing, crime and violence. Dr. Chapman concluded that the same treatments and resources proposed to solve opioid overdoses in white communities should be extended to African-American communities. He cited the treatment models in France and Portugal as examples of how the United States could begin to solve the opioid epidemic.



*Dr. Edwin Chapman*



*Dr. Jose Benitez*

**Dr. Jose Benitez**, *Executive Director, Prevention Point, Philadelphia, PA*

Dr. Benitez discussed the opioid epidemic in Philadelphia and how the city is addressing it. He stated that Philadelphia leads all the major cities in the country in overdoses—1,217 in 2017. The opioid overdose rate is four times the homicide rate in the city. Dr. Benitez stated that Prevention Point is a harm reduction program designed to provide treatment on demand. The program uses a van that provides treatment to people who

cannot access it and offers them services to reduce the harm associated with drug use. Even if a person cannot stop using at a particular time, the program offers its services in ways that are nonjudgmental and that do not stigmatize the user. Dr. Benitez noted that unlike medical service providers who require that patients come to them when it is convenient for the providers, the Prevention Point program is set up to accommodate patients by creating systems to meet and serve them wherever they are. He agreed with Dr. Chapman that the Portuguese model would better serve persons suffering from addiction than the current policy in most cities and states of the United States of incarcerating drug users.

**Dr. Kelly Barth**, *Associate Professor, Department of Psychiatry and Behavioral Sciences; Director of the Combined Internal Medicine and Psychiatry Residency Training Program, Medical University of South Carolina (MUSC), Charleston, SC*



*Dr. Kelly Barth*

Dr. Barth discussed the good news and bad news about the current state of the opioid epidemic. The good news is that life-saving and life-changing treatments are available for early opioid addiction. Dr. Barth stated that people who get into treatment not only do not die, but they can be happy and live healthy lives. People can feel normal, and can get back to the things they enjoy the most, like their family and their work. The bad news is that Americans are still dying at record rates, from increased rates of heroin and fentanyl addiction, as well as continued increased prescription of opioids. Dr. Barth also stated that part of the bad news is that opioid addiction was being treated as different from other addictions, such as alcohol and smoking, when it is not. She described the program at MUSC, where emergency room nurses and doctors are being trained to overcome the stigma that usually accompanies patients diagnosed with opioid addiction, then provide them treatment on demand. This program has been successful in overcoming and reducing many of the barriers that practitioners, as well as care facilities, erected to delay treatment of persons suffering from addictions other than alcohol and smoking. The key idea is to provide treatment on demand and to allow doctors and nurses to fulfill the mission for which they had trained, helping patients overcome chronic pain and addiction.



**SUMMARY OF PANEL THREE**

***Human Trafficking as a Public Health Issue: Health Challenges and the Role of Health Care Providers***

**Moderator**



*Ms. Lisa Williams*

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

Ms. Lisa Williams opened Panel Three by showing a video entitled “The Face of Slavery,” featuring actress Jada Pinkett Smith. The film addresses sex trafficking and

how young women are coerced into it and how Ms. Williams has worked with them to free them from “slavery.” After a brief introduction of the topic, in which she traced her involvement in fighting sex trafficking back to April 5, 2007 when she read about a 10-year-old prostitute being arrested and charged with the crime against her, Ms. Williams outlined what each member of the panel would address: Native American trafficking, labor trafficking, a faith-based perspective on trafficking, organ trafficking and Alaska native trafficking and pornography.

**Panelists**

**Ms. Christine Stark, Author and Educator, Minneapolis, MN**

Ms. Stark showed a video on the trafficking of Native American women and boys in Minnesota, entitled “Lost Hope.” Then, she presented on “The Prostitution and Trafficking of Native American Women in Minnesota.” She said that Christopher Columbus and his men were the first sex traffickers of Native American women. They sold Native American women as young as nine years old for sexual slavery. Ms. Stark also reported on the “Garden of Truth” study which interviewed 104 Native American women who were victims of sex trafficking. The report found that 79% had been abused as children, 92% had been raped, 46% had been in foster care, and 72% had suffered traumatic brain injuries in prostitution. Finally, Ms. Stark noted that the buying and selling of Native American women for sex is different than for other groups because the perpetrators are white. Almost 80% of the perpetrators are European Americans. In most cases, sex trafficking is committed within



*Ms. Christine Stark*

the race. But with Native American women it is committed outside of the race. Ms. Stark said that practitioners should establish specific culturally appropriate protocols within their facilities to treat Native American women who are victims of sex trafficking, and the staff should be aware of how to ask the women the right questions in order to serve them.



*Ms. Monica Modi Khant*

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

Ms. Khant works for the Georgia Asylum & Immigration Network Atlanta, Georgia (GAIN). Her organization provides immigrants access to free legal services to help them file for immigrant status so

that they do not have to return to the situations in their countries from which they were trying to escape. She discussed “labor trafficking,” which she said is actually more prevalent in the United States than sex trafficking. Ms. Khant said that 78% of the trafficking in this country is labor trafficking, and most victims are undocumented immigrants. Ms. Khant defined labor trafficking as: “when people are forced into providing work services for the profit of another individual through force, fraud or coercion.” She told conference participants that they have probably witnessed labor trafficking, but not recognized it. The prevalent area and occupations in which it occurs is agricultural work, factories, construction, mining, restaurants, domestic work and nail salons. She concluded her presentation by giving conference participants some questions they should ask people they encounter and who may be victims of labor trafficking: What is the condition of your employment? Do you get paid? Do you have mobility; can you leave; do you receive overtime? Are you able to freely eat lunch, dinner and all of your meals? When is the last time you were paid?

**Dr. Ellyn Jo Waller, First Lady, Enon Tabernacle Baptist Church, Philadelphia, PA**

Dr. Waller discussed her church’s faith-based approach to human trafficking. The ministry is called: “She’s My Sister.” The ministry began in 2011 with 3,000 members of the congregation coming out to watch the film “Very Young Girls” and to hear a panel discus-



*Dr. Ellyn Jo Waller*



sion on human trafficking. The ministry focuses on raising awareness, advocacy, outreach and lobbying for appropriate legislation to protect victims of human trafficking. They also do letter writing campaigns and calling legislators to support appropriate legislation to address human trafficking. They work directly with survivors from sex and labor trafficking by providing a Hot Line for them, food and shelter, clothing and counseling. The ministry's New Day New Home component is available to house up to eight women for three years. Dr. Waller concluded her presentation by discussing the health care component of the ministry, which focuses on educating victims of human trafficking about their bodies, having them meet and discuss their health with nurses, and destigmatizing hospital visits for the care that they need.



*Dr. Sharon Cooper*

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

In her presentation Dr. Cooper covered three areas: organ trafficking, intrafamilial trafficking and pornography. Dr. Cooper stated that there are 75,000 people who need organ donations, but 14,000 people donate organs. So, she showed how “transplant tourism” works. She said that the average person engaged in transplant tourism has an average income of \$53,000 per year, but

the donors had income of \$480 per year. The organs traded and sold in the international market do not from the United States, but from the Philippines, African countries, Egypt, Pakistan, India, deceased donors primarily from Colombia, South America, and from executed Chinese prisoners. Money drives the trade, and the rich and famous receive priority for organ transplants over low-income and ethnic minorities. Dr. Cooper also discussed the commercial exploitation of children (CSEC), which was the most underreported example of sex trafficking. She said that typically courts had referred to children in sex work as child prostitutes, but the language to refer to them had to be changed because they are minors and can not give consent as actual “prostitutes.” She also described “intrafamilial trafficking,” where children never leave their homes, but they are being trafficked by their parents or caregiver to the landlords and others for rent, drugs and money. Dr. Cooper’s final point was that young women of color, especially African-American girls, are the chief victims of sex trafficking and child pornography. She said that national statistics showed African-American girls are 30% of the trafficking; Hispanic and Latino girls were 20%; white girls were also 20%, and the remainder were “others.” But the statistics vary. In criminal cases involving child pornography and sexual trafficking, African-American girls make up almost 90% of the victims. Dr. Cooper and Ms. Williams have documented the plight of young women in sex trafficking in their new book, *Uncomfortable Truth: The Complex Trauma and Social Disparities in Health of Black, Brown and Indigenous Sexually Exploited Girls*.



## DAY THREE FRIDAY, MAY 18, 2018

### OPENING REMARKS

**Ms. Carolyn Sawyer** opened the second day of the conference by introducing Dr. Britt Rios-Ellis and Ms. Tanya Thompson for opening remarks.

**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. Britt Rios-Ellis*

At the beginning of her remarks Dr. Rios-Ellis celebrated the conference activities and expressed

her sadness for having to leave in order to attend graduation at her institution. She thanked conference organizers and commended Lisa Williams for her ongoing work with the women victimized by sex trafficking. She discussed the significance of the Student Research Forum and noted that the NCHD is the only one she knew that provides such an opportunity for research and professional networking for undergraduate and graduate students. Finally, she observed how significant education is in terms of promoting change and improving people’s lives. She cited the impact of California State University at Monterey Bay on improving the Northern California community in which it is located and bringing to the community the social and economic change that higher education institutions are obligated and mandated to do.



Ms. Tanya Thompson

**Ms. Tanya Thompson**, *Chair of the Board of Directors, Dr. Bennett L. Johnson, Jr. Sayre Health Center, Philadelphia, PA*

Ms. Thompson stated that she represents a small community-based health center located in West Philadelphia. The Sayre Health Center is governed by a community board and it has two missions: health and education. It was started in 2005 and focused on asthma and adolescent health, as well as diabetes and heart disease. In terms of education, the Center has programs for high school students to train as future care providers in the neighborhood. Ms. Thompson said that these future care providers will give them a way to impact families and community members. Helping families will help communities and improve health outcomes.

### KEYNOTE SPEAKER

**Mr. Daniel J. Hilferty**  
*President and Chief Executive Officer, Independence Blue Cross, Philadelphia, PA*

**“Health care is a right, not a privilege.”**

Following the morning opening remarks, Ms. Sawyer introduced Mr. Daniel J. Hilferty, who presented a Keynote address. Mr. Hilferty began his speech by informing Ms. Tanya Thompson of the Sayre Health Center that his company, Independence Blue Cross, which has relationships with 44 health centers in Philadelphia, would like to partner with her center and send nurses and other resources to address diabetes and other health issues in West Philadelphia. Then, Mr. Hilferty briefly described his company and its services. In addition to serving the five-county area in and around Philadelphia, it serves 29 states and some nine million people. He informed the audience that he had decided not to read his prepared speech and to speak from the heart. He quoted the lyrics from the song “We All Bleed” by the rap group Non Phixion. Mr. Hilferty wondered why these young people would have such a dark vision of life. Nevertheless, he tied their lyrics to the different life expectancies of people in Philadelphia, based on their zip codes, or the area of the city in which they lived. He posed the rhetorical question: why do the life expectancies in different parts of the city vary so



Mr. Daniel J. Hilferty

drastically, when “we all bleed?” Mr. Hilferty proposed that all people should have health care; health care should be universal. The Affordable Care Act should be called the “accessible care act” because it provides 30 million previously uninsured people health insurance. Mr. Hilferty said that the government needs to “fix and grow” the ACA, not “repeal and replace” it. In the final part of his speech Mr. Hilferty proposed a hypothetical “North Philadelphia Project” to address the health disparities in North Philadelphia. He proposed that all of the health care providers, hospitals, pharma and medical colleges and universities come together and form a web to improve the health care in that area of the city. He said that it would lead to health equity and serve as a model that could be replicated across the country and supported by the federal government.

### SUMMARY OF PANEL FOUR

***Climate Change/Catastrophic Weather Events: The Impact on Our Aging and Crumbling Infrastructure, Human Health, Environment and the Economy***

#### Moderator

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

Former Atlanta Mayor Franklin opened this panel with a few comments about how the literature on climate change goes back 40, 50 and 60 years. She recommended a book on the subject to the audience: *Field Notes from A Catastrophe: Man, Nature and Climate Change* by Elizabeth Kolbert, published in 2006.



The Honorable Shirley C. Franklin





## Panelists



*Dr. LaVerne Ragster*

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

Dr. Ragster titled her presentation: “Climate Change/Catastrophic Events: The US Caribbean Island Experience.” In her presentation she discussed the tremendous and

devastating impacts that two hurricanes, Irma and Maria, had on Puerto Rico and the U.S. Virgin Islands in 2017. The two hurricanes affected everything: infrastructure, the electrical grid, hospitals, access to food and water, transportation and tourism, and literally destroyed normal life on the islands. Dr. Ragster documented the following damages as a result of the two Category 5 hurricanes that hit the islands:

- 85% of homes were damaged
- 95% of the territory was without power for weeks to months
- 90% lost internet
- Main airports were closed for two weeks
- All seaports were closed for three weeks
- All public schools were damaged
- Hospitals were closed

Dr. Ragster said that the way to address the impact of future hurricanes is to reduce the level of risk, through planning and preparation, and to make sure that people focus on their health, both mental and social health, and their spiritual health.

**The Honorable Rodney Ellis**, *Commissioner, Harris County, Precinct One, Houston, TX*

Commissioner Ellis titled his presentation: “Climate Change and Hurricane Harvey.” Despite the title of his presentation, Commissioner Ellis said that Houston did not experience a hurricane, but what he called a “rain event.” He said that the “rain event” was caused by climate change and if the city of Houston had experienced both a hurricane and a “rain event,” like New Orleans with Hurricane Katrina, it would have resulted in the largest loss of life in American history. He said that the problem that led to the devastation and loss of life from Harvey was caused by the lack of flood control in Houston and Harris County, Texas. To address this problem, he is pushing for the passage of a \$2.5 million bond package in August 2018,



*The Honorable Rodney Ellis*

primarily for flood control. It will not solve the problem, but it will give people a chance to survive another “rain event.” Commissioner Ellis concluded his presentation with a quote from Dr. Robert Bullard, an environmental justice scholar at Mickey Leland School of Public Affairs in Houston: “Oftentimes, when we think about climate change we focus on polar bears. I have to convince my constituents it didn’t have a damn thing to do with the polar bears. It has everything to do with you.”



*Ms. Verdenia Baker*

**Ms. Verdenia Baker**, *County Administrator, Palm Beach County, Royal Palm Beach, FL*

Ms. Baker titled her presentation: “Climate Change: Devastating Weather Events.” She discussed the wealthy economy in Palm Beach County, Florida, and how it is being affected by climate change, specifically flooding. She noted that while leaders in the business

community do not want to utter the words “climate change,” the flooding problem made them take notice because it affected their bottom line. After Hurricane Irma, which was one of the largest to hit South Florida, Palm Beach County passed a penny sales tax that would provide funds to improve the county’s infrastructure, develop an evacuation plan for 30,000 people, and provide shelters for those citizens who could not evacuate. Basically, she concluded that the impact of Irma had convinced even climate change deniers that they had to plan for future disasters in Palm Beach County.

**Dr. Tom Ellison**, *Medical Service Director and Principal Investigator, PROJECT H.E.L.P. USA, Birmingham, AL*

Dr. Ellison discussed his participation in the Medical Reserve Corps, which is a part of the Department of Health and Human Services led by the Office of the Assistant Secretary for Preparedness and Response. Dr. Ellison began his presentation by stating that everyone needs to have a personal plan for disaster management and a “go kit” which contains the medications that they need in conjunction with any emergency treatment that they may receive. He described how the MRC is usually pre-deployed to areas that anticipate major disasters and weather events. For example, during Hurricane Harvey,



*Dr. Tom Ellison*



he went to Harris County, Texas to assist people displaced from their homes by the flooding. Dr. Ellison described the disparity of how his team was redirected from Harris County to Rockport, Texas because the 8,000 people living there has a higher income level than the average citizen of Harris County. Another example of the disparities related to the management of disaster relief is how the federal government responds to the request for services in the disaster areas. He compared the timely response time for equipment and medical services in Rockport and Key West, Florida to the delayed response time for services and items needed in Puerto Rico and the Virgin Islands. He encouraged people to join the MRC in order to address the disparities by serving their own communities in the event of a major disaster.

### KEYNOTE SPEAKER



**Dr. Jack Ludmir**  
*Senior Vice President of Physician Engagement and Integration and Associate Provost for Community and Global Initiatives, Thomas Jefferson University, Philadelphia, PA*

*Dr. Jack Ludmir*

**“Health care is a universal right.”**

Dr. Ludmir began his keynote by welcoming NCHD participants to the city and highlighting the restaurants, museums and vibrant cultural life of Philadelphia. Then he contrasted what visitors see in Philadelphia with the reality of health disparities in the city. He shared with the audience the following statistics:

- 25.8% of Philadelphians live below the poverty income level of \$24,600.
- 38.3% of the city’s children live in poverty.
- Philadelphia has the worst zip code life span disparity in the country.
- Philadelphia’s infant mortality rate of 8.3 per 1,000 births is higher than that of the national average of 6 per 1,000 births.

Dr. Ludmir concluded that these statistics illustrate the health care disparities in Philadelphia and make it the poorest big city in the nation. He also addressed the issue of infant and maternal mortality among African-American women based on an April 11, 2018 article in the New York Times Magazine. The article showed that while infant and maternal mortality among all American women, has improved significantly since 1850, it was worse among African-American women who suffered from 11.3 deaths per 1,000 births versus 4.9 per 1,000 for white

women. Dr. Ludmir discussed what health care professionals as well health care institutions need to do to reduce these disparities and serve all people regardless of their race, class and immigration status. He introduced the “Philadelphia Collaboration for Health Equity” (P-CHE) as one way that the city’s academic institutions, health care providers and politicians are coming together to leverage “health as a catalyst to help every Philadelphia family reach their full potential.” He also said that academic health care institutions such as Jefferson University must incentivize faculty to be more than just teachers and researchers; they must develop ways to provide all citizens equity in health care and address the problems in communities that surrounded them.

### SUMMARY OF PANEL FIVE

***Translational Research and the Development of Public Policy in Reducing Health Disparities***

#### Moderator

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

Before introducing the panel, Dr. Ellis commended and thanked Dr. David Rivers for his vision and AmeriHealth Caritas for its support of the conference. He also gave the audience a brief definition of “translational research.” He said that translational research is how we make academic research symbiotic and mutually beneficial so that academia and research is informed by the true needs of policy and the population at the community level.



*Mr. Glenn Ellis*

#### Panelists



*Dr. Jennifer Friday*

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

Dr. Friday gave an overview of translational research. She presented a comprehensive definition of translational research in a slide entitled: “What is Translational Research?” “Translational research includes two areas of translation. One is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans. The



second area of translation concerns research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science.” (NIH, 2009) To make translational research work, Dr. Friday said we need to involve people who are researchers, translators and policy advocates, who can implement things with action. Most importantly, we need to include persons whose communities are affected or impacted by health disparities. Ultimately, researchers need partners from the community in order to implement their findings and new ways of approaching health disparities. She said that the conversation must be bi-directional as well as multi-directional. Such conversations are necessary to overcome the resistance to “research,” which has become a dirty word in our communities. This resistance developed because of the misuse of research and the negative studies done in the communities that we serve and of which we are a part.

**Dr. Marvella E. Ford**, *Associate Director and Smart State Endowed Chair, Cancer Disparities, Hollings Cancer Center; Professor, Department of Public Health Sciences, Medical University of South Carolina (MUSC), Charleston, SC*



*Dr. Marvella E. Ford*

Dr. Ford presented on “Multidisciplinary Approaches through Research, Collaboration, and Partnerships.” She began her presentation by noting the importance of forming partnerships with HBCUs (Historically Black Colleges and Universities). She highlighted the various partnerships that MUSC’s Cancer Center has established with SCSU. MUSC and SCSU have partnered on such efforts as Project EXPORT and the Partnership to Advance Cancer Health Equity. She said that the partnership and collaboration has resulted in improving the menu in the cafeteria for students at SCSU, the training and preparation of the next generation of health care professionals, and local clinical trials in Orangeburg, SC which diversified such trials because the city is 62% African American. Finally, Dr. Ford reported that the translational research that MUSC had conducted in Orangeburg had allowed them to test whether physical activity plays a major role in reducing the risk of another cancer diagnosis.



*Dr. Georgia Dunston*

**Dr. Georgia Dunston**, *Professor Emerita, HU 2017 and Founding Director, National Human Genome Center, Howard University; Founder, President, and CEO, Whole Genome Science Foundation, Inc., Washington, DC*

Dr. Dunston discussed the human genome project that she started at Howard University. She has retired from Howard and now leads the Whole Genome Science Foundation, which is a non-profit organization designed to move the science of the human genome forward. She began her presentation by stating that “every human being is a person of African descent” because the genome of all human beings originated in Africa. In her presentation Dr. Dunston described how the Healthy People 2010 Initiative funded the study of the human genome to achieve three objectives:

- To get knowledge that would prevent disease;
- To promote health; and
- To eliminate health disparities.

The project studied the human genome in order to find the causes of health problems. Dr. Dunston concluded her presentation by stating that more studies of the human genome, especially about how it influenced the brain, are needed to actually address health disparities.

**Dr. LaShawndra N. Price**, *Chief, Health Inequities and Global Health Branch, Center for Translation Research and Implementation Science, National Heart, Lung, and Blood Institute, Bethesda, MD*



*Dr. LaShawndra N. Price*

Dr. Price discussed the “Implementation of Science to Reduce Health Disparities.” She addressed two aspects of translational research. First, she provided good news about how science has improved and reduced the impact of diseases and health problems such as heart disease; informed our understanding of how smoking, high blood pressure, and high cholesterol actually affect our health; and that there are a number of safe and effective drugs available for lowering high blood pressure and cholesterol. She also related the evidence that out of 100 major clinical applications that predicted from translational research, only five had become actual treatments.



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Plus, 75% of them had not been tested in a random clinical study, and it takes an average of 17 years for new discoveries to enter day-to-day clinical practice. As a solution to the lack of actual implementation of translational research, Dr. Price proposed community engaged, community-based implementation research. She said that her colleagues at the NHLBI are thinking about how to use proven effective interventions, evidence-based interventions and implementation research to determine the most optimal and sustainable strategies for delivering interventions in communities. She proposed that participants at the conference who are engaged in translational research also consider this as a way of implementing their research in the communities they serve.

### LUNCHEON KEYNOTE SPEAKER



Dr. Leana S. Wen

**Dr. Leana S. Wen**  
*Health Commissioner, Baltimore  
City, Baltimore, MD*

***“Improving health is not just about health outcomes, it’s also a social justice issue.”***

In her keynote address, Dr. Wen stated that we know that there are neighborhoods just a couple of miles apart from each other where a child born today can expect to live 65 years or 85 years and that it would not surprise any of us that the same areas with high life expectancies or low life expectancies correlated with cardiovascular risk, cancer, infant mortality, addiction, poverty, homelessness, and all the social determinants of health. She said that we know that the problem exists and that the disparities are everywhere. But she asked rhetorically: “So what are we doing to change that narrative and what are we doing to find the solutions?” She said that she was going to share some stories from Baltimore that show that the narrative of choice is insufficient and often just wrong. And that choice is predicated on privilege.

Dr. Wen’s first story was about the high rate of infant mortality in Baltimore. In 2009, Baltimore had one of the worst infant mortality rates in the country. According to Dr. Wen, the infant mortality rate was on par with countries in the middle of a civil war. She said that it was not a matter of resources, but a matter of health care. But what determines health is not just a matter about the care you receive at the hospital. It was about all the other social determinants. So, she brought together 150 public and private partners, health departments, hospitals, nonprofits,

community leaders and faith leaders to craft a collective impact strategy with multiple components. They triaged all women on Medicaid to level the care; they had nurses do home visits; they started doing breastfeeding; and they had all of the women watch a video on the ABCs of safe sleep. As a result, they not only reduced the infant mortality rate by 40%; they were also able to address lead paint issues in homes, provide cribs and have mothers use them, address hunger and transportation issues, address domestic violence, and provide prenatal care where it was needed.

Dr. Wen’s second story was about the opioid addiction issue in Baltimore. To address the problem directly, she wrote a prescription to allow 625,000 people in Baltimore access to naloxone to save the lives of people in the city who overdosed on drugs. This simple act saved 2,072 lives. The city also continued a 20-year program of needle exchange. This reduced the rate of HIV infection among intravenous drug users from 63% to 7%.

Dr. Wen concluded her keynote address by contrasting the response and approach to the drug problem in this country when it was seen as primarily a black, inner-city problem versus a current problem of white rural America. She said that the country owed all of the victims of mass incarceration an apology for their suffering in America’s prisons and that they should be able to access the counseling, intervention, health care and support that white opioid users are now receiving at the expense of the government. She cited Congressman Elijah Cummings about how our children are our messengers to a future that we will never see, and that in fighting for better health and fighting to reduce health disparities, we are looking to ensure that they will have a future.

### STUDENT RESEARCH FORUM AWARDS CEREMONY

Dr. Leana S. Wen’s Luncheon Keynote Address was followed by the presentation of the awards for the Student Research Forum. Drs. Marvella Ford and LaVerne Ragster presented the awards. Dr. Ford gave a brief overview of the procedures for and the history of the Student Research Forum. She discussed how the students’ poster projects were reviewed and how only 50% of them were accepted for presentation at the annual National Conference on Health Disparities. She also discussed how the Student Research Forum sought to teach poster presentation skills, oral presentation skills, and provide a roundtable discussion for the students on mentoring and networking, professional ethics and finding funding for research. The winners were presented at the luncheon. Their names, mentors and the titles of their poster presentations are on Page 1 of this Summary Report.





# PHOTO HIGHLIGHTS

For the full catalog of pictures, visit our website at [nationalhealthdisparities.com](http://nationalhealthdisparities.com).





## SUMMARY OF PANEL SIX

### *Behavioral Health as a Major Public Health Issue: Eliminating Stigma Through Faith, Education and Science*

#### Moderator



Ms. Audrey J. Whetsell

**Ms. Audrey J. Whetsell**, CEO, Resources Partners, LLC and MHDG Management Services, Charleston, SC

Ms., Whetsell opened the first afternoon panel by observing that throughout the two days of the conference we had heard some amazing stories. These stories tell

us who we are and that our illnesses are not who we are. She said this panel would focus on data and how we can use it.

#### Panelists

**Dr. Carolyn Greene**, Division of Health Services Research, Department of Psychiatry, University of Arkansas for Medical Sciences (UAMS), Little Rock, AR



Dr. Carolyn Greene

Following Ms. Whetsell's introduction, Dr. Greene presented on "Using Technology in Mental Health Care: Reduce Stigma and Increase Access." She discussed three ways to use technology to assist persons suffering from PTSD, depression and other issues related to mental health: clinical videoconferencing, online self-help and mobile apps. In her presentation, she explained the advantages of each of these technologies for assisting patients. She stated that by using these technologies individuals can seek mental health services in spite of geographic distance, lack of physical mobility, time or schedule constraints, cost, desire for privacy, having a cultural value of self-reliance, or ambivalence about consulting with a "shrink." Indeed, according to Dr. Greene, one of the major values for using these technologies is that it reduces the "stigma" for people seeking mental health services.



Dr. Paige A. Green

**Dr. Paige A. Green**, Chief, Basic Biobehavioral and Psychological Sciences Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, Rockville, MD

Dr. Green titled her presentation: "Smoking and Obesity as Major

Public Health Issues: Implications for Cancer Disparities." She discussed smoking and obesity as public health issues in the context of cancer disparities. As Ms. Whetsell indicated at the beginning of the panel, Dr. Green presented data about various cancers and behaviors that cause them, specifically smoking and obesity. Dr. Green showed that African Americans and Hispanics have the highest incidence of cancer among all of the nation's ethnic and racial groups. Although smoking has declined for the past five years, 40 million Americans still smoke cigarettes and obesity has emerged as the new health problem among Americans. Dr. Green stated that 25% of men and 24% of women are diagnosed with cancers caused by being overweight. Dr. Green concluded that doctors and health practitioners must begin to reduce the number of people dying from obesity and cancer by advocating behaviors that promote good health: reducing salt intake, eating fruits and vegetables, reducing the use of alcohol, exercising, eating less meat, eating more fiber, reducing sugar intake, and getting vaccinations.

**Dr. Heather Klusaritz**, Associate Director, Center for Community & Population Health, Department of Family Medicine and Community Health, Perelman School of Medicine; Senior Fellow, Center for Public Health Initiatives, University of Pennsylvania, Philadelphia, PA



Dr. Heather Klusaritz

Dr. Klusaritz stated that she would focus on what we are doing nationally in the educational sphere to address the disparities we see in behavioral health. She defined "behavioral health" as an umbrella term that is used to refer to all mental health and substance abuse disorders. She discussed the mission of the National Center for Integrated Behavioral Health in Primary Care which is to "prepare primary care clinicians with the expertise and leadership for integrated behavioral health care." As an example of the NCIBH's work, she cited the work the organization is doing to address the opi-



oid crisis. The organization is providing funding, developing training programs across the country, and developing a learning collaborative in order to bring together all of the training programs to figure out the best practices for treating opioid abuse.



**Dr. Khaalida T. Forbes**, *Founder and Chief Executive Officer of Metamorphosis Enterprises, Baltimore, MD*

*Dr. Khaalida T. Forbes*

Dr. Forbes is a Christian clinician. She shared her faith-based perspective on the connection between emotional health and spiritual maturity.

She said that it's impossible to be spiritually mature if you are emotionally unhealthy. Her main point was that people cannot be healthy physically until they are healthy emotionally and spiritually. She outlined "Ten Symptoms of Doing but not Being" that included: 1. Using God to run away from God; 2. Ignoring the emotions of anger, sadness and fear; 3. Dying to the wrong things; 4. Denying the past's impact on the present; 5. Dividing life by "secular" and "sacred" components; 6. Starting works that God never green lit; 7. Spiritualizing away conflict; 8. Covering over brokenness, weakness or failure; 9. Living without boundaries; and 10. Judging the spiritual journey of others. Her prescription for these symptoms are: 1. Reading the book, *The Emotionally Healthy Spirituality* by Peter Scanzero. 2. Asking a question: "God, how are you coming to me through what I am feeling now? 3. Asking a follow up question: What is my reaction to an experience or a comment about me? 4. If the issue is something that brings you to tears, you need to allow those tears to speak to you concerning where you are emotionally. 5. Seek therapy.

**KEYNOTE SPEAKER**

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

**"We can afford to be sick, but we can't afford to get well."**

Ms. Carolyn Sawyer introduced Congressman Clyburn and he began his speech by thanking the NCHD's supporters and sponsors, AmeriHealth Caritas and Independence Blue Cross.



*The Honorable James E. Clyburn*

He then discussed the defeat of the Farm Bill that the Republican members of the U.S. Congress had tried to pass. He said that if it had passed, the bill would have cut \$23 billion from the SNAP Program (Supplemental Nutrition Assistance Program). He pointed out the irony of the Republicans in Congress supporting such a bill when it would have hurt not only low-income people, but also members of the military. He noted that Fort Jackson, the largest basic training facility in the military, is in his district in Columbia, SC and many of the soldiers stationed there have to rely on food stamps. The "Farm Bill" proposed by the Republican members of the U. S. Congress would have hurt the very people ("the heroes") that they claim to support.

Congressman Clyburn also discussed the two things that he felt should be the focus for addressing health disparities: prevention and addressing the social determinants of health. In his speech, he focused primarily on the social determinants of health. He stated that food and water are important in developing healthy bodies and having a population that can serve the nation in all capacities. He said that he had to show his colleagues in the U.S. Congress that the food stamp program was also a national defense program. During World War II, the federal government discovered that so many Americans lacked the proper nutrition (especially in the Southern states) that they were unfit for military service because of their poor health. Similarly, he illustrated how improving water quality had increased life expectancy in the country over a 100-year time frame from 50 years to 70 years. Congressman Clyburn shared some personal stories about the value of having a good health care system that addresses social determinants. It could mean the difference between living a short life versus surviving a premature birth and living a long and productive life. He said that one of the key problems is that access to our health care system is not available to everyone.

Congressman Clyburn concluded his speech with the admonition that all of us have roles to play in improving the health care system and ending health disparities. He said that he knows how to legislate; but he needs health care professionals to do more and develop policies he can turn into law.



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## **SUMMARY OF THE ROUNDTABLE DISCUSSION WITH CONGRESSIONAL LEADERS**

*Their Individual and Collective Roles in Reducing Health Disparities*



**Moderator**  
**Ms. Mia R. Keely,**  
*Health Policy Advisor*  
*Office of Congresswoman Robin L. Kelly*

### **CONGRESSIONAL ROUNDTABLE MEMBERS**



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



**The Honorable Lisa Blunt Rochester**  
*U. S. House of Representatives*  
*Delaware at-large District*



**The Honorable Dwight Evans**  
*U.S. House of Representative*  
*Pennsylvania-2nd District*



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



**Ms. Mia Keeys** moderated a Roundtable Discussion with **Congressional Representatives Clyburn, Kelly, Blunt Rochester and Evans**. Before she introduced the Roundtable members, she said that the object of it was to discuss legislative efforts to achieve health equity, and it was a way to give the audience the opportunity to learn more about what the Congressional Black Caucus (CBC) was doing to address health disparities. The four congresspersons discussed a wide variety of legislative, social, economic and political issues related to health care and health disparities, the Affordable Care Act, gun violence, the 2020 Census, poverty, infant mortality, the Farm Bill and SNAP, and their attempts to “work across the aisle” with their Republican colleagues.

**Congressman Evans** discussed the issue of food and its relationship to the Farm Bill. He said that food is medicine, a part of health strategy, and you can not have good health without the proper nutrition. One problems he is trying to address is the prevalence of “food deserts” in communities where people of color live.

**Congresswoman Blunt Rochester** observed that she was the first woman and the first African American to win a seat in Congress from Delaware. Among the variety of topics that she discussed during the roundtable was her take on trying to convince her Republican colleagues about the importance of SNAP because it affects so many children. She said that she used the idea of morality as well as how specific legislation related to money, economics and the fiscal well being of the country. She said that even as a state employee she had worked with a comprehensive vision for all of the citizens of Delaware. But then there is the reality that it’s not just about equality, it’s also about equity. So that everyone could walk into a doctor’s office and receive quality health care.



**Congresswoman Kelly** discussed gun violence and how the mass shootings that occurred in public schools tend to overshadow the individual shootings that occurred in her district in Chicago. More people are killed annually by gun violence in Chicago than in the school shootings. Nevertheless, her colleagues in Congress still do not act to address the ongoing problem that guns cause throughout the nation. She also addressed domestic violence, the opioid crisis, and the fact that the United States ranks 24th in the world for maternal mortality.

**Congressman Clyburn** discussed his “10, 20 and 30” proposal. In 2009, before the stimulus bill or American Recovery and Reinvestment Act was passed, Congressman Clyburn proposed that 10% of the funding would automatically go to the census tracts in the country that had had poverty levels of 20% or more for 30 years. He proposed this plan because President Franklin Roosevelt’s New Deal programs (CCC, WPA, TVA and AAA) that were his attempt to alleviate the impact of the economic depression in the 1930s had been a “raw deal” for African Americans because southern congressmen had insisted that the programs be for “whites only.” Therefore, they never did anything for the most impoverished areas of the country.

The congresspersons also discussed the 2020 Census, the failure of the Republican Party to replace “Obamacare,” and the fear that they detected among Republicans about working “across the aisle” to act on issues and legislation that would help all Americans. Congresswoman Lisa Blunt Rochester summed up how she felt everyone should approach the lack of bipartisanship throughout the country: “Don’t be frustrated, be motivated.”





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### DAY THREE: SATURDAY, MAY 19, 2018

#### KEYNOTE SPEAKER



Dr. Dwayne Proctor

**Dr. Dwayne Proctor**  
*Senior Advisor to the President,  
Robert Wood Johnson Foundation,  
Princeton, NJ*

The Honorable Dr. Donna M. Christensen, former Congressional Delegate from the U.S. Virgin Islands, opened the final day of the NCHD with opening remarks

and by introducing Dr. Dwayne Proctor. In her remarks, Dr. Christensen said that she wanted to convey a heightened sense of urgency to eliminate health disparities and achieve health equity now. She said that in spite of our best effort, we're still too far away from our goal of health equity. She quoted the last National Healthcare Quality and Disparities Report that stated: "While 20 percent of measures show disparities getting smaller, most disparities have not changed significantly for any racial or ethnic group." She ended her remarks by stating that it's time to create a culture of health, and commended Dr. Proctor for being at the forefront of working on the key issues affecting our health and the health of our communities; tobacco use in children, teen pregnancy, the environment and obesity.

We (the Robert Wood Johnson Foundation) don't think that it's possible to build a culture of health in America if we don't acknowledge the discrimination and racism that affect the way our systems work and that affect our health outcomes.

Dr. Proctor started his speech by returning to the state of the country in 1968. Using the assassination of Dr. Martin Luther King, Jr., as a benchmark and the Kerner Commission Report that was published the same year, he showed how the "structural racism," that limited the life opportunities of African Americans in every area in 1968, continues to exist. Thus, the gist of his speech was that all of the systems that are affected by structural racism have to be challenged and changed. He discussed how the Robert Wood Johnson Foundation is doing research and initiating programs to challenge structural racism in policing, housing, employment and health care.

As an example of the research done by the Robert Wood Johnson Foundation, Dr. Proctor analyzed the report, Discrim-

ination in America: Experiences and Views of African Americans, completed and published in April 2018. The report found that members of every racial and ethnic group in the country feel they were victims of discrimination. The report included a scientific poll that shows that 92% of African Americans, 78% of Latinos, 75% of Native Americans, 61% of Asian Americans and 55% of non-Hispanic White Americans perceived that they are victims of discrimination. Given the fact that the majority of whites in the poll believe they were victims of discrimination, Dr. Proctor posed the question: "Who are the discriminators?" Dr. Proctor theorized that the "casual apartheid" that affects and dominates all of the country's systems (education, criminal justice, health care, politics) had influenced the perceptions of even those groups that benefit from and maintain discriminatory policies.

Dr. Proctor concluded his speech by discussing some of the programs sponsored by the Robert Wood Johnson Foundation to address the social determinants of health and promote and support healthy communities throughout the United States. He cited the RWJF's sponsorship of the County Health Rankings, the Sports Awards, programs that address Residential Segregation, the "Ban the Box" program, and the sponsorship of programs to improve police community relations in several cities in the country as programs that not only address the social determinants of health, but also focus on system changes.

#### SUMMARY OF PANEL SEVEN

***Building Healthy Communities: Identification of Successful Community-Based Programs, with a Keen Focus on Prevention and Personal Responsibility***

#### Moderator

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

Dr. Slaughter said that the aim of this panel was to talk about the ways in which prevention and individual responsibility play an incredibly important role in terms of reducing health disparities.



Dr. Sabra C. Slaughter



## Panelists



*Dr. Kent Bream*

**Dr. Kent Bream**, *Associate Director, Predoctoral Education in Family Medicine; Assistant Professor of Clinical Family Medicine and Community Health; Clinical Medical Director of the Dr. Bennett L. Johnson, Jr., Sayre Health Center, Philadelphia, PA*

In his presentation, Dr. Bream discussed three topics: The Sayre Health Center as a Federally Qualified Health Center (FQHC), diabetes and the Sayre Center’s process for addressing diabetes. He said that FQHCs are safety net providers for those who cannot get care elsewhere. Patients at FQHCs serve as the board of directors. FQHCs were founded to bring the care to the community and provide health professions education from high school through post-graduate training. He described diabetes (complications = blindness, amputations, disability, dialysis, heart attacks; and treatments of exercise, diet control, pin pricks and injections) and how the Sayre Health Center tackles it and seeks to control. Through a program of regular testing, biomedicine and other usual procedures, and with input from patients, Dr. Bream said that the Sayre Center was able to raise “control” among patients from 30% to 77%.

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



*Ms. Jo Pauling-Jones*

Ms. Jones discussed how the “home grown” Healthy Learners program developed in South Carolina and its impact on improving both the health and the education of students that it serves. She said that the Healthy Learners program started in 1992 when a school nurse sought to find a doctor for a student who could not afford to pay for treatment. From there the program developed into a statewide program that started by serving five elementary schools to one that serves 149 schools in six counties and 11 school districts today. Ms. Jones stated that the objective of the program is simple: work with its network of 455 health care providers to ensure that all students have access to doctors and dentists who will provide them the care that they need at no cost. The program also provides students with transportation

to health care providers to minimize the time that they are out of school due to health issues, and to maximize the time that they spend in school to get an education. Ms. Jones said that the program has received national recognition as a model for how a nonprofit can promote prevention and address the social determinants of health.



*Dr. Loretta Sweet Jemmott*

**Dr. Loretta Sweet Jemmott**, *Vice President of Health and Health Equity; Professor, College of Nursing and Health Professions, Drexel University, Philadelphia, PA*

After outlining and giving 11 “Benefits of Community Engagement,” Dr. Jemmott described the process of developing a community engagement program in West Philadelphia. She said that in order to build a successful community engagement program one must take time, build trust, build a team of community people, have tenacity, meet people where they are, understand the code of the community and provide for community needs. Dr. Jemmott described the series of call to action meetings, community conversations, and “coffee times” that she sponsored to meet with over 400 people and form a Promise Zone project in West Philadelphia called, “We’re Here Because We Care: Building Healthy Communities Together.” The project developed as a Community Wellness Hub that addresses community health concerns. Dr. Jemmott concluded her presentation with a list of commandments for the development of successful community-based programs.

**Mr. Amyn Andharia**, *Regional Vice President, Oak Street Health, Philadelphia, PA*



*Mr. Amyn Andharia*

The topic of Mr. Andharia’s presentation was “Reducing Health Disparities through A New Model in Social Determinants Focused on Care: How Oak Street Health is Rebuilding Healthcare as It Should Be.” Mr. Andharia said that Oak Street Health provide care centers for adults on Medicare. The centers are located primarily in medically underserved communities. They provide “value-based care.” What that means is that in their model, if a patient gets sick, it comes out of their pocket and as a result the success of their health care centers is truly and directly tied to



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the outcomes of their patients. Oak Street Health is currently in eight different markets. There are 25 centers that serve 42,000 patients. Their services include transportation, insurance benefits counseling, social activities, problem solving and support for patients who cannot afford their prescriptions. Mr. Andharia also touted the centers because they provide primary care for patients that exceeds what is usually provided to low-income, Medicare and Medicaid patients nationally. Medicare patients also have easy access to the centers because they are typically located in low-income communities.



Dr. Roberta Troy

**Dr. Roberta Troy**, *Founding Director of the Health Disparities Institute for Research and Education, Tuskegee University, Tuskegee, AL*

Dr. Troy started her presentation on “EMPOWER” (Engaging Minorities to Promote Optimum Wellness through Education and Research).

by citing the tradition of community outreach started by Booker T. Washington and George Washington Carver at Tuskegee Institute in the early 20th century. Washington started “National Negro Health Week,” and Carver started Tuskegee’s agricultural outreach program to assist African-American farmers in Alabama’s Black Belt to improve their farming techniques and productivity. She also noted, however, that health care professionals lost the trust of the community because some of them participated in the infamous and devastating Tuskegee Syphilis Study that lasted for 32 years and allowed countless black men to die from syphilis in order to study its impact. But more recently and with conversations, listening and a concerted effort to rebuild trust in the community, the university has started new community outreach programs to address the chronic health problems in Macon County, Alabama. Dr. Troy described the programs that Tuskegee University has developed to continue the community outreach models instituted by Booker T. Washington and George Washington Carver. The most important one was implemented through a grant that the university received from the National Cancer Institute to develop programs such as the “Grow CELLS Summer Academy” to train middle and high school students to do research with cancer cells and learn about the best practices in health care to share with their families.

### SUMMARY OF PANEL EIGHT

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

##### Moderator



Dr. W. Marvin Dulaney

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

Dr. Dulaney opened the final panel of the NCHD by announcing that the country had suffered another example of gun violence when eight students and two teachers were killed the previous day by a gunman in Santa Fe, Texas. He stated that the United States was the most violent society in human history and he quoted Hubert “Rap” Brown who said in 1967, that “violence is as American as apple pie.” After noting that neither Donald Trump nor Mike Pence would allow the “good guys” of the National Rifle Association to bring their guns to the ballroom when they spoke at the NRA conference in Dallas, he introduced Dr. Marks.

##### Panelists

**Dr. Bryant T. Marks**, *Chief Equity Officer & Lead Trainer, National Training Institute on Race and Equity (NTIRE); Psychology Professor, Morehouse College, Atlanta, GA*



Dr. Bryant T. Marks

Dr. Marks reviewed gun violence from two perspectives. One perspective is that of the mass shootings which the media covers extensively and which tend to victimize primarily white Americans. Another perspective is the everyday gun violence which tends to affect primarily Black Americans, and does not receive the same amount of coverage in the media as the mass shootings. He also provided an international and local perspective on gun violence. Six American cities: Philadelphia, Chicago, Dallas, Houston, Phoenix and Los Angeles have the highest level of gun violence in the world. Locally, African-American males are the leading





victims of gun homicides at 30.7 per 100,000 versus 2.4 per 100,000 for whites. After reviewing some of the scientific evidence of implicit bias that led whites in general and white police officers specifically to suspect black males as dangerous, a threat, and possibly armed, Dr. Marks briefly discussed some of the solutions that leaders in American cities are using to address and reduce gun violence. The solutions that he cited are: get guns off the streets, improve public spaces so guns cannot be stashed by criminals, recover guns that have been used in crimes, and make sure that weapons-related arrests stand up in court.



Mr. Andy Pelosi

**Mr. Andy Pelosi**, *The National Campaign to Keep Guns Off Campus*, Croton Falls, NY

Mr. Pelosi discussed the gun crisis in the United States. He provided some basic statistics about gun violence. Everyday 95 people die from gun violence. There are 36,000 deaths each year from gun violence;

two-thirds of them are suicides. There are 100,000 gun injuries every year. They are never talked about, even though the injured persons are affected for the rest their lives by the gunshot wounds and physical trauma. Americans own over 300,000,000 guns, nearly one for every citizen in the country. He stated that he has been a gun control advocate for 21 years, and his current focus is to remove guns from college campuses. Eleven years ago, no campuses allowed “campus carry” or the presence of guns on their campuses. Now, the gun lobby had been successful in changing the laws in Michigan, Georgia and Texas to allow guns on campus. He believes that having guns on campus will be detrimental because of the presence of alcohol and drugs, sexual predators and the potential for more workplace violence. Mr. Pelosi advocated removing guns from schools, funding mental health care for people with violent tendencies, removing School Resource Officers from schools, banning assault rifles, using economic pressure against gun manufacturers and the gun lobby, and forcing politicians to pass stricter gun control laws.

### Candid photos from around the conference





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Dr. Drew Harris

**Dr. Drew Harris**, *Assistant Professor, Thomas Jefferson University College of Population Health (JCPH); Director of the Scholarly Inquiry-Health Policy, Sidney Kimmel Medical College, Philadelphia, PA*

At the beginning of his presentation, Dr. Harris acknowledged that he is not a gun violence expert. He confessed that he is a typical academic who studies and writes about public health issues dispassionately and objectively and who did not understand the violence in certain communities in Philadelphia. He said that he is uncomfortable with the idea of “systemic racism.” But his attitudes toward gun violence changed when 16-year-old William Bethel was killed on South Street across the street from his town house. He got involved. He wrote an op-ed in the Philadelphia Inquirer (April 12, 2018) about Bethel, an honor student who was with the wrong people in the wrong place and at the wrong time. It was then that he realized that redlining, “institutional racism, chronic unemployment, poverty, limited opportunity, disinvestment, and loss of economic resources destroy the infrastructure and sap a community’s strength, denying its children the opportunities other neighborhoods provide.” Bethel was one of its victims. As a result of the incident, Dr. Harris resolved to get involved and to follow the lead of the students from Parkland, Florida, of advocating not only for better gun control laws, but also addressing the social determinants that cause the deaths of young men like William Bethel.

**The Honorable Kenyatta Johnson**, *Philadelphia City Council, District 2, Philadelphia, PA*



The Honorable Kenyatta Johnson

Councilman Johnson described how when his cousin was shot and killed on the streets of Philadelphia in 1998, he and his friends began to organize to retaliate against the young men who had killed him. Before joining his friends to carry out the retaliation, he decided to become the change in his neighborhood that he wanted to see and to stop the killing of young African-American men. He organized a prayer vigil instead, and posted signs encouraging “Peace, not violence.” This action led him to create an organization based on “Peace, not violence,” and to become an elected official focusing on issues in the African-American community. Councilman Jackson described the various programs for which he has advocated to address gun violence and the psychological trauma from violence in African-American communities in Philadelphia and the state of Pennsylvania. He has put pressure on the governor of Pennsylvania to declare youth gun violence as a health epidemic and to support a \$1.5 million allocation to deal with it. He has had the city council of Philadelphia pass a resolution to create an initiative called “Mothers in Charge” and partner with the NAACP to develop programs to address anger management, gang violence and gun violence. He has worked with young people to remove the need for guns and to acknowledge that when shootings occur, things should not just return to normal as if they did not happen. He has attempted to shame members of the Philadelphia community that the beaching of a whale on the banks of the Delaware River and the killing of a dog receive more community activism than the killing of young people in the Philadelphia African-American community.



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## AGENDA

### *Eleventh Annual National Conference on Health Disparities Philadelphia, Pennsylvania*

#### PRE-CONFERENCE ACTIVITIES: WEDNESDAY, MAY 16, 2018

8:00 am - 4:30 pm.....General Conference Registration  
2nd Floor

8:30 - 9:00 am ..... Student Registration  
and Continental Breakfast

9:00 a.m. - 3:00 p.m.....Undergraduate and Graduate Student  
Forum: Training the Next Generation  
of Leaders Commonwealth Ballroom

#### Co-Chairs

**Dr. Marvella E. Ford**, Associate Director and Smart State  
Endowed Chair; Cancer Disparities, Hollings Cancer Center;  
Professor, Department of Public Health Sciences, Medical  
University of South Carolina (MUSC), Charleston, SC

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

#### KEYNOTE SPEAKER

**Mr. Jonathan Green**, Renowned Artist, Charleston, SC

#### DAY ONE: THURSDAY, MAY 17, 2018

7:00 - 8:00 am ..... Continental Breakfast

7:30 am - 4:30 pm.....General Conference Registration  
2nd Floor

8:00 - 9:00 am ..... Opening Remarks

#### Conference Facilitator

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

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

#### Host Remarks

**Dr. Reetika Kumar**, Vice President, Clinical Services,  
AmeriHealth Administrators, Independence Health Group,  
Philadelphia, PA

**Dr. Loren K. Robinson**, Deputy Secretary for Health  
Promotion and Disease Prevention, Pennsylvania Department  
of Health, Philadelphia, PA

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

**Dr. Andrea Gelzer**, Senior Vice President and Corporate Chief  
Medical Officer, AmeriHealth Caritas Family of Companies,  
Philadelphia, PA

**Reverend Dr. Lorina Marshall-Blake, MGA**, President,  
Independence Foundation, Philadelphia, PA

**Mr. Joseph B. Hill**, Senior Vice President and Chief  
Diversity Officer, Enterprise Office of Diversity, Inclusion and  
Community Engagement, Thomas Jefferson University and  
Jefferson Health, Philadelphia, PA

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

**Dr. Chyke Doubeni**, Associate Professor and Chair, Family  
Medicine and Community Health; Program Director, National  
Center for Integrated Behavioral Health (NCIBH), University  
of Pennsylvania, Philadelphia, PA

**Dr. Eva Higginbotham**, Associate Professor & Chair, Family  
Medicine & Community Health; Program Director, National  
Center for Integrated Behavioral Health (NCIBH), University  
of Pennsylvania, Philadelphia, PA

**Dr. Billy Thomas**, Vice Chancellor of Diversity and Inclusion,  
Center for Diversity Affairs; Professor, Department of  
Pediatrics; Associate Professor, College of Public Health,  
University of Arkansas for Medical Sciences (UAMS), Little  
Rock, AR

**Dr. Oluwole Ariyo**, Associate Professor of Cell and Molecular  
Biology; Director of research and Chair, Institutional Review  
Board (IRB), Allen University, Columbia, SC



9:00 a.m. ....GREETINGS  
Mayor Jim Kenney, 99th Mayor of the City of Philadelphia

9:00 - 9:30 am ..... KEYNOTE SPEAKER  
**Mr. Paul Tufano**, *Chairman and Chief Executive Officer, AmeriHealth Caritas Family of Companies, Philadelphia, PA*

9:30 - 9:45 am .....BREAK

9:45 - 11:15 am

**PANEL ONE DISCUSSION and Q&A**

***How Addressing the Social Determinants of Health—Such as Poverty, Environmental Stressors, Income, Educational Attainment, Housing, Tobacco, Water and Air Quality and Others—Will Reduce Health Disparities***

**Moderator**

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

**Panelists**

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

**Mr. Matthew L. Myers**, *President, Campaign for Tobacco-Free Kids, Washington, DC*

**Dr. Brian Rahmer**, *Vice President of Health and Housing, Enterprise Community Partners, Inc., Washington, DC*

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

11:15 - 11:45 am .....BREAK

11:45 am - 1:30 pm .....LUNCHEON

**KEYNOTE SPEAKER**

**Mr. John White**, *President and Chief Executive Officer, The Consortium, Philadelphia, PA*

1:45 - 3:15 pm

**PANEL TWO DISCUSSION and Q&A**

***The Opioid Crisis: What's Going On, and Where Do We Go from Here?***

**Moderator**

**Dr. Raynard Washington**, *Chief Epidemiologist, Philadelphia Department of Public Health, Philadelphia, PA*

**Panelists**

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

**Dr. Jose Benitez**, *Executive Director, Prevention Point, Philadelphia, PA*

**Dr. Kelly Barth**, *Associate Professor, Department of Psychiatry and Behavioral Sciences; Director of the Combined Internal Medicine and Psychiatry Residency Training Program, Medical University of South Carolina (MUSC), Charleston, SC*

3:15 - 5:00 pm

**PANEL THREE DISCUSSION and Q&A**

***Human Trafficking as a Public Health Issue: Health Challenges and the Role of Health Care Providers***

**Moderator**

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

**Panelists**

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

**Ms. Christine Stark**, *Author and Educator, Minneapolis, MN*

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

**Dr. Ellyn Jo Waller**, *First Lady, Enon Tabernacle Baptist Church, Philadelphia, PA*

7:00 pm

**OPENING RECEPTION**

***Down Town Club, 600 Chestnut Street, Philadelphia, PA***  
***Sponsored by AmeriHealth Caritas***

**REMARKS**

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

**Ms. Joanne McFall**, *Market President, Keystone First, Philadelphia, PA*



# AGENDA

## DAY TWO: FRIDAY, MAY 18, 2018

7:30 - 8:15 am .....Continental Breakfast

7:30 am – 4:30 pm .....General Conference Registration  
2nd Floor

8:15 - 8:30 am .....Opening Remarks

### Conference Facilitator

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

**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*

**Ms. Tanya Thompson**, *Chair of the Board of Directors, Dr. Bennett L. Johnson, Jr. Sayre Health Center, Philadelphia, PA*

8:30 - 9:00 am .....Introduction of Keynote Speaker

### KEYNOTE SPEAKER

**Mr. Daniel J. Hilferty**, *President and Chief Executive Officer; Independence Blue Cross, Philadelphia, PA*

9:00 - 10:15 am

### PANEL FOUR DISCUSSION and Q&A

*Climate Change/Catastrophic Weather Events: The Impact on Our Aging and Crumbling Infrastructure, Human Health, Environment and the Economy*

### Moderator

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

### Panelists

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

**The Honorable Rodney Ellis**, *Commissioner, Harris County, Precinct One, Houston, TX*

**Ms. Verdenia Baker**, *County Administrator, Palm Beach County, Royal Palm Beach, FL*

**Dr. Tom Ellison**, *Medical Service Director and Principal Investigator, PROJECT H.E.L.P. USA, Birmingham, AL*

10:15 - 10:30 am .....BREAK

10:30 - 11:00 AM..... KEYNOTE SPEAKER

**Dr. Jack Ludmir, MD**, *Senior Vice President of Physician Engagement and Integration and Associate Provost for Community and Global Initiatives, Thomas Jefferson University, Philadelphia, PA*

11:00 am - 12:25 pm

### PANEL FIVE DISCUSSION and Q&A

*Translational Research and the Development of Public Policy in Reducing Health Disparities*

### Moderator

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

### Panelists

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

**Dr. Marvella E. Ford**, *Associate Director and Smart State Endowed Chair, Cancer Disparities, Hollings Cancer Center; Professor, Department of Public Health Sciences, Medical University of South Carolina (MUSC), Charleston, SC*

**Dr. Georgia Dunston**, *Professor Emerita, HU 2017 and Founding Director, National Human Genome Center, Howard University; Founder, President, and CEO, Whole Genome Science Foundation, Inc., Washington, DC*

**Dr. LaShawndra N. Price**, *Chief, Health Inequities and Global Health Branch, center for Translation Research and Implementation Science, National Heart, Lung, and Blood Institute, Bethesda, MD*

12:15 - 2:15 pm .....LUNCHEON

### KEYNOTE SPEAKER

**Dr. Leana S. Wen**, *Health Commissioner, Baltimore City, Baltimore, MD*





**Student Research Forum Awards Presentations**

**Dr. Marvella E. Ford**, Associate Director and Smart State Endowed Chair; Cancer Disparities, Hollings Cancer Center; Professor, Department of Public Health Sciences, Medical University of South Carolina (MUSC), Charleston, SC

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

2:15 - 2:30 pm

**PANEL SIX DISCUSSION and Q&A**

**Behavioral Health as a Major Public Health Issue: Eliminating Stigma Through Faith, education and Science**

**Moderator**

**Ms. Audrey J. Whetsell**, CEO, Resources Partners, LLC and MHDG Management Services, Charleston, SC

**Panelists**

**Dr. Carolyn Greene**, Division of Health Services Research, Department of Psychiatry, University of Arkansas for Medical Sciences (UAMS), Little Rock, AR

**Dr. Paige A. Green**, Chief, Basic Biobehavioral and Psychological Sciences Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, Rockville, MD

**Dr. Heather Klusaritz**, Associate Director, Center for Community & Population Health, Department of Family Medicine and Community Health, Perelman School of Medicine; Senior Fellow, center for Public Health Initiatives, University of Pennsylvania, Philadelphia, PA

**Dr. Khaalida T. Forbes**, Founder and Chief Executive Officer of Metamorphosis Enterprises, Baltimore, MD

3:45 - 4:00 pm .....BREAK

4:00 pm

**Opening Remarks and Introduction of Keynote Speaker Carolyn Sawyer**

**KEYNOTE SPEAKER**

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

5:00 p.m.

**Roundtable Discussion with Congressional Leaders: Their Individual and Collective Roles in Reducing Health Disparities**

**Moderator**

**Ms. Mia R. Keeys**, Health Policy Advisor, Office of Congresswoman Robin L. Kelly

**Congressional Roundtable Members:**

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

**The Honorable Dwight Evans**, U.S. House of Representative, Pennsylvania-2nd District

**The Honorable Lisa Blunt Rochester**, U. S. House of Representatives, Delaware at-large District

**The Honorable Robin Kelly**, Chair, Congressional Black Caucus Health Braintrust; U. S. House of Representatives, Illinois-2nd District

**DAY THREE: SATURDAY, MAY 19, 2018**

7:30 - 8:30 am .....Breakfast Buffett

8:00 - 10:00 am .....Registration

**Conference Facilitator**

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

8:30 am

**Opening Remarks and Introduction of the Speaker**

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

**KEYNOTE SPEAKER**

**Dr. Dwayne Proctor**, Senior Advisor to the President, Robert Wood Johnson Foundation, Princeton, NJ



## AGENDA

9:15 - 11:00 am

**PANEL SEVEN DISCUSSION and Q&A**  
*Building Healthy Communities: Identification of Successful Community-Based Programs, with a Keen Focus on Prevention and Personal Responsibility*

**Moderator**

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

**Panelists**

**Dr. Kent Bream**, *Associate Director, Predoctoral Education in Family Medicine; Assistant Professor of Clinical Family Medicine and Community Health; Clinical Medical Director of the Dr. Bennett L. Johnson, Jr. Sayre Health Center, Philadelphia, PA*

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

**Dr. Loretta Sweet Jemmott**, *Vice President of Health and Health Equity; Professor, College of Nursing and Health Professions, Drexel University, Philadelphia, PA*

**Ms. Aryn Andharia**, *Regional Vice President, Oak Street Health, Philadelphia, PA*

**Dr. Roberta Troy**, *Founding Director of the Health Disparities Institute for Research and Education, Tuskegee University, Tuskegee, AL*

11:00 am - 12:30 pm

**PANEL EIGHT DISCUSSION and Q&A**  
*Gun Violence as a Major Public Health Issue in the United States*

**Moderator**

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

**Panelists**

**Dr. Bryant T. Marks**, *Chief Equity Officer & Lead Trainer, National Training Institute on Race and Equity (NTIRE); Psychology Professor, Morehouse College, Atlanta, GA*

**Mr. Andy Pelosi**, *The National Campaign to Keep Guns Off Campus, Croton Falls, NY*

**Dr. Drew Harris**, *Assistant Professor, Thomas Jefferson University College of Population Health (JCPH); Director of the scholarly Inquiry-Health Policy, Sidney Kimmel Medical College, Philadelphia, PA*

**The Honorable Kenyatta Johnson**, *Philadelphia City Council, District 2, Philadelphia, PA*

### CLOSING REMARKS





*Candid photos from around the conference*





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Center for Public Health Initiatives, Family Medicine and Community Health  
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**Dr. Donna Christensen**

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Medical University of South Carolina

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Vice-Chancellor of Diversity  
University of Arkansas for Medical Sciences

**Mr. Derrick Watchman**

President and Owner  
Sagebrush Hill Group, LLC

**Ms. Audrey J. Whetsell, MA, CPHIT**

Chief Executive Officer  
Resource Partners, LLC



## PHOTO HIGHLIGHTS

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**California State University ~ Monterey Bay**

**Campaign for Tobacco-Free Kids**

**Drexel University**

**Jefferson Health/Thomas Jefferson University**

**National Center for Integrated Behavioral Health**

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# **Thank You**



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*We would like to take the time to thank our volunteers and staff for their hard work. Without you all, the event would not be possible.*

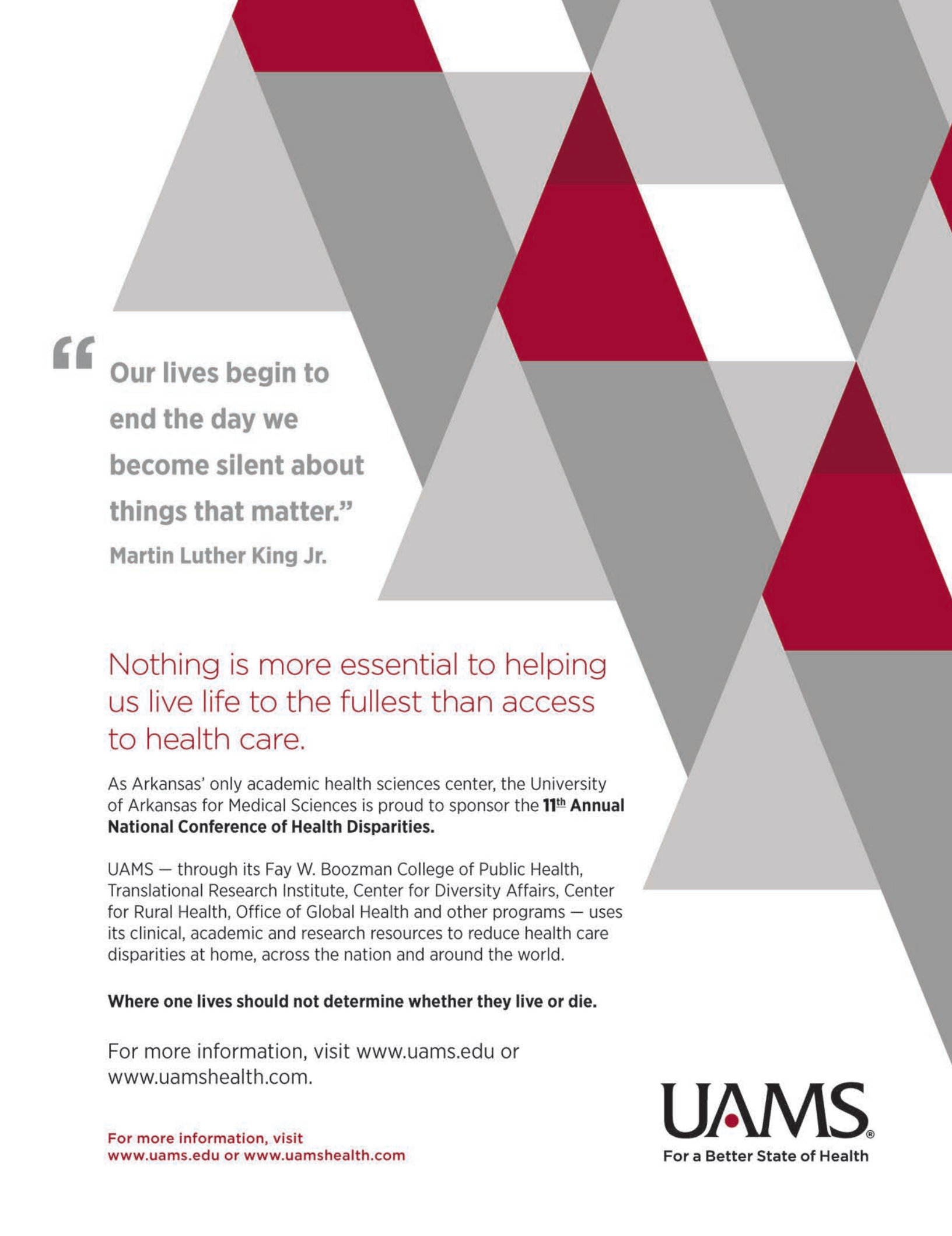


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end the day we  
become silent about  
things that matter.”  
Martin Luther King Jr.

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