KEYNOTE SPEAKERS:

- Camara Jones, MD, MPH, PhD; Senior Fellow, Satcher Health Leadership Institute and Cardiovascular Research Institute, Morehouse School of Medicine
- Consuelo H. Wilkins, MD, MSCI; Executive Director, Meharry Vanderbilt Alliance; Associate Professor of Medicine, Vanderbilt University Medical Center and Meharry Medical College

Camara Jones: Achieving Health Equity: A Cliff analogy, a restaurant saga

Key Remarks:

1. The cliff analogy provided a visual paradigm for understanding the relationship between health disparities and inequitable health care across communities. By illustrating the dynamics of the primary, secondary, and tertiary levels of the healthcare system, Dr. Jones depicted the three-dimensional outlook necessary to comprehend the unfair advantages and disadvantages that communities face across socio-economic and racial barriers. Dr. Jones challenged the audience to engage with questions such as the following:
   a. Why are resources distributed differently across the various community “cliffs?”
   b. Are we sustaining and maintaining the healthcare system’s three levels of preventative care among all communities?
   c. What policies aren’t in place that could have a beneficial impact in remedying health disparities?

2. Dr. Jones used the “Restaurant Saga” to emphasize the statement that every unfair disadvantage has its reciprocal unfair advantage. Racism is structured as a dual reality: the two-sided “open”/”closed” sign analogy portrays individuals’ difficulty in recognizing a system of inequality that privileges them.

3. As individuals and representatives of major institutions, we must focus on addressing the social determinants of health and identifying the mechanisms of racism ingrained in our medical and health institutions and systems in order to burst through bubbles and experience our common humanity.

Key Questions:

How do you suggest we bring back to our communities and institutions all that we’ve discussed and learned from the amazing presentation that you’ve delivered tonight?

   o Dr. Jones: We must invest in curriculums that name the disadvantages of our unequal society, continue to acknowledge the racism that purveys our system, tackle the silence of white comfort, and actively call out and name racism.

Consuelo H. Wilkins: From Giving Back to Changing Society – Community Engagement in Academic Medicine
Key Remarks:

1. **Engagement is not the new word for outreach.** While ‘outreach’ is unidirectional, engagement is ‘bidirectional’. Engagement requires a clear relationship involving an exchange of information, while also requiring that communities feel valued and respected in said relationship.

2. **Recruitment is not engagement.** If the sole purpose of interacting with a community is to probe its community members for a study, that is not engagement.

3. **Health professionals are ill-prepared to take proper care of our populations and societies;** we must work with our medical students to develop and inculcate skills in performing cross-cultural care.

4. **The instillation of trust between us and communities is a vital component of community engagement;** we must shift the narrative from “the community doesn’t trust us” to “we're not trustworthy.”

5. **Everything about community engagement requires leadership and inclusivity;** we must provide opportunities for often underrepresented groups to share their voice.

6. **Building bridges by creating capacity for community engagement:** Our institutions must have faculty who are community engagement leaders/advocates; endeavors and accomplishments involving community engagement must be recognized and rewarded; and students must have opportunities to engage with the community in academic institutions.

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**PANELS:**

**Panel: Community Perspectives/Conversation**

*The Community Perspectives/Conversation panel assembled local DC experts and advocates to share their projects, ventures, and experience with engaging communities to target health disparities in their fields. Each panelist answered questions from both the moderator and members of the medical systems to help educate the audience about the significance and impacts of community engagement.*

**Facilitator:** Jehan (Gigi) El-Bayoumi, MD, FACP, Executive Director of Rodham Institute, Professor of Medicine at The George Washington University School of Medicine and Health Sciences

**Panelists:** C. Anneta Arno, PhD, MPH, Director of Office of Health Equity, District of Columbia Department of Health; Jose Gutierrez, Founder of Latino GLBT History Project and DC Latino Pride, Co-founder of Rainbow History Project; Victoria Roberts, Vice President of Health Services, Community of Hope

**Key Questions:**

1) **Given your work and experience with communities, what do you want this audience to know or do differently?**
   - **Arno:** The context of the communities counts; if you're going to educate medical students, the students should learn about their surrounding environment and recognize people of color as a context. We must emphasize the fact that medical students should be providing excellent care to their patients regardless of their patient’s race.
   - **Dr. El-Bayoumi:** Unless hospitals step up and address the social determinants of health, the burden will remain; all the bias training in the world won’t help unless you address the systems ingrained in our practices.

2) **Victoria, can you tell us more about your model and how you engaged the medical centers?**
o **Roberts:** Our birth center is primarily staffed with midwives, all from the community. Additionally, most of the midwives we employ are women of color. We’ve found that this unconsciously allows their patients to feel un-judged by their physicians and to tell the truth. We also follow a group model of emotional support; we recognize that trauma is a real impact on the birth reports we see and is relevant to the outcome we see as well. It’s also important to recognize that people retain various priorities based upon their current situations and competing values.

3) 1) **Given your positions and roles, how would you advise the audience representing academic medical centers to partner with their communities?** 2) **How would you advise academic medical centers to create “bubble bursting” medical opportunities?**

o **Dr. El-Bayoumi:** We shouldn’t solely be acting with people in a clinical setting and objectifying people as case-study objects. We have to lead with our hearts and recognize humanity. If we can focus on developing meaningful relationships with community members, we can protect and prevent physicians from burning out.

o **Gutierrez:** It’s important to have a leader who teaches clients to navigate the system, assuming that they have access to such things. Such a leader would function as a link between patients and doctors, to allow patients to understand the system they are working within.

o **Arno:** Students and young people should learn about the whole community and their responsibilities as citizens. Academic medical centers have the responsibility to make sure they are providing community benefit and understanding their role in the pattern of promoting community disparities. I would suggest initiatives such as partnering with your public health agency and endeavoring to close the gap between clinical medicine and public health. The bigger solution should be reports that speak to the social structure of the social determinants of health; give students an eye opening understanding of how we’ve gotten to where we are.

o **Roberts:** I would echo everything that’s been shared. Academic medical centers need to ask themselves how we evaluate and value people to show that they are vital to this institution. How do we shift our focus and engage with the communities to promote their better health?

**Panel: Case Studies of Community Engagement Principles Deployed Across the Missions:**

The Case Studies of Community Engagement Principles Deployed Across the Missions panel gathered leaders to share their experiences in aligning missions, applying processes to the community collective, and efficiently deploying resources in order to help the audience contemplate ways to embed community partnerships in institutional systems.

**Facilitator:** Philip Alberti, Senior Director of Health Equity Research and Policy, AAMC

**Panelists:** David Alge, MBA, Senior Vice President of Community and Population Health, New York-Presbyterian Hospital (NYP) and Healthcare System; Wylie Liu, MPA, MPH, Executive Director of the Center for Community Engagement in University of California, San Francisco; Wayne McCullough, PhD, MA, Senior Associate Program Director of ManUp ManDown, Course Chair, MPH Program, Michigan State University

**Key Questions:**
1) Beyond issues of leadership buy in, what other elements need to be in place in order to push community engagement initiatives forward?
   - **Liu**: I suggest you do everything together with your community partners. Keep organized by having a budget for your work. Also important is having a method for adequately reimbursing your community participants for their time.
   - **McCullough**: It’s about power sharing – Having board members or experts sit in a room and allow themselves to not be the brightest person in the room. We have to be willing to share power, information, and resources with community partners.

2) What is your current plan to benefit the community?
   - **Liu**: Methods for evaluation are a challenge, and working together as a collective is difficult. We are working on answering the following question: how well does this group work together under partnership? By collecting data and information over the years about our progress, we can begin to learn how to best enhance our program.
   - **Alge**: Asking ourselves question such as: Is the program well run? Are leaders still engaged and interested? Have we engaged the community? We are using the answers to these questions to reform and enhance our programs.

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**Panel: The Learner-Community Experience, Lessons from University of Minnesota:**

The panelists expounded upon the inspiration for and genesis of the University of Minnesota-Medical School’s Indigenous-community-oriented curriculum as it aims to help students understand the contexts in which they are working and improve trust and relationships with their diverse patients.

**Facilitator:** Suzanne B. Cashman, DSc, Professor of Family Medicine and Community Health, Director of Community Health in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School

**Panelists:** Melissa Lewis, PhD, Assistant Professor in the Department of Family and Community Medicine at the University of Missouri School of Medicine; Nathan L. Ratner, Medical Student at the University of Minnesota Medical School

**Key Questions:**

1) What advice would you give us if we were to pursue the development of a curriculum along the lines of cultural health?
   - **Lewis**: Interact with the community and build relationships, interact with the culture, become involved in the community first. However, institutions and medical centers should be aware that there isn't a multicultural curriculum that'll work for every culture and every population.
   - **Ratner**: I’d encourage institutions to pursue a bidirectional path and methods of community engagement. Be certain to look at people as people.

2) Melissa, do you know of other models reflecting curriculum development that might help other institutions be successful in this area?
   - **Lewis**: There are various mural projects of historical trauma that illustrate intersections between art and medicine. Additionally, the University of Washington has a certificate program in native health. The creation of these programs put indigenous medicine at the forefront of health and medicine.
**STRATEGIES SPEAKERS:**

- Patricia S. O’Neil, Vice President, Assistant Professor, Chief Investment Officer and Treasurer at Rush University Medical Center
- Darrell G. Kirch, MD, President and CEO, AAMC

*Patricia S. O’Neil - Applying an Anchor Strategy for Community Impact*

**Key Remarks:**

1. O’Neil emphasized the importance of **recognizing the necessity for metrics for measuring community impact in addition to engagement**: While community engagement is a vital component of evoking conversations and discussions about community change, we must make sure that those dialogues translate into community impacts that can be measured and evaluated as well.

2. In our hopes to improve life expectancy and health disparities in these communities, we must ask ourselves:
   a) What are we doing in these neighborhoods?
   b) Have we seen any changes in these areas of disparity?
   c) Have we set any metrics of change as a baseline or any aspirational goals that we can use to accomplish efficient community change?

3. **Community engagement is partly defined by our ambitions and interactions with the local environment.** Our organizations and institutions must be sure to hire locally, purchase locally, invest locally, and volunteer locally in order to build talent and begin our endeavors to connect with our community environments and members.

4. As an anchor institution, before one attempts to dictate to others what to do in their communities, **one should endeavor to evaluate one’s own community.** Institutions should take actions to tackle the various indicators of health relating to one’s employees to confirm that as an establishment, they are best organized to challenge the health disparities evident in society.

*Darrell G. Kirch – Leadership Requirements*

**Key Comments and Impressions from the Audience:**

We must ask ourselves, **how can the principles we’ve encountered and engendered be largely applied across communities?** We must recognize our often urban centric view of patient health and medical care. **Exposure to rural health** and encouragement of medical students to work in rural areas are great directions for institutions and organizations to inspire change in health disparities.

- Dr. Mary Nettleman, Dean and Vice President of Health Affairs, University of South Dakota, Sanford School of Medicine

Our institutions should recognize that individuals whether students, faculty, or community members don’t want to go where they feel stigmatized, isolated, unsupported and alone. As leaders of organizations and active members of our institutions, **identifying the positive impacts of building supportive networks and communities in our student and faculty bodies** is very important when striving to inspire and encourage community member engagement and partnerships.

- Dr. Camara Jones, *Keynote Speaker*