

Implementing Systems-Level Change for Health Equity: A Partnership Summit

Thursday, February 25–
Friday, February 26, 2016

CAI Meeting and Event Center
505 Eighth Avenue, 20th Floor
New York, NY



HEi Health Equity Initiative
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Table of Contents

Acknowledgements	3
Welcome	4
About the Summit	5
Program at a Glance	5
Day 1 Schedule	6
Day 2 Schedule	9
Poster Session	10
Summit Interactive Workshops	11
Speaker and Facilitator Bios	16

Acknowledgements

Thank you to our Summit Allied Organizations!

Summit Allied Organizations (SAOs) are organizations that share with HEI a strong commitment to advancing health equity, support the 2016 Summit's goals, and contribute to several strategic aspects of the Summit.



Thank you to our Sponsors!

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Thank you also to the following individual sponsors: Lenore Cooney; Alka Mansukhani; Renata Schiavo; Anonymous Donor (1)

Here is a partial listing of organizations that will be represented at the conference:

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Diaspora Community Services	National Institute of Health	UNICEF
Emmi Solutions	National Birth Equity Coalition	UTMB Center to Eliminate Health Disparities

Welcome

Message from the President, Board of Directors

On behalf of our organizing committee, Summit Allied Organization (SAOs) and sponsors, welcome to Health Equity Initiative's inaugural summit, *Implementing Systems-Level Change for Health Equity: A Partnership Summit*. We look forward to meeting all of you and working together on advancing our shared agenda for health equity.

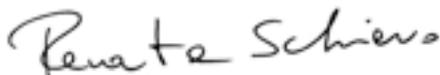
As you know, despite improvements, health disparities continue to compromise the ability to thrive of many communities both in the U.S. and globally. These disparities are linked to diverse factors, which include socio-economic conditions; race; ethnicity and culture; as well as having access to social support, quality health care services, a built environment that supports physical activity and good mental health, neighborhoods with accessible and affordable nutritious food, health information that's culturally appropriate and accurately reflects literacy levels, and caring and friendly clinical settings, among others. The influence and importance of each of these factors is likely to be community-specific; it varies from place to place. Achieving health equity—providing the same opportunity for everyone to stay healthy—therefore must begin with an understanding that we are all part of the solution across our different professions and disciplines, and that communities must be involved in identifying their priorities, and developing community-based indicators of progress towards health equity.

This is a timely conversation as, despite progress, the movement for health equity has remained largely in the realm of a few professional settings. Yet, we need broader community and citizen engagement on this issue, so that we can all work together to address the different root causes of health disparities.

We think Health Equity Initiative is particularly suited to host this conversation on systems-change for health equity as we are unique in our dedication to bridge the silos among different professions, communities and stakeholders in health equity issues and to build ONE community for health equity. As a non-profit membership and member-driven organization, our community is made of professionals from all sectors and committed citizens all wishing to leave a healthier world to their children and grandchildren. It's a community that believes in partnerships and multisectoral approaches as powerful tools to advance progress and innovation. In this way, we are not a traditional membership organization. We are a social movement!

"Health equity" is one of the key issues of our times. By using a health equity lenses to analyze health and socio-economic issues, we are likely to be able address a variety of other priorities within and outside the realm of disparities. We hope you will leave this summit with new ideas, as well as shared understanding of future action areas and, most important, new partnerships!

Finally, this summit won't be possible without our outstanding speakers to whom we are grateful.



Renata Schiavo, PhD., MA,
Founder, and President, Health Equity Initiative

2016 Health Equity Initiative's Summit Organizing Committee

Renata Schiavo, PhD, MA

Samantha Cranko

Alka Mansukhani, PhD

Upal Basu Roy, PhD, MS, MPH

Lenore Cooney

Carmelo Cruz Reyes, MPH

Lalitha Ramanathapuram, PhD, MPH

Divya Padgaonkar

About the Summit

This first-of-its-kind event aims to offer professionals, community leaders, and students across sectors and disciplines a forum to address the systemic barriers that contribute to health inequity and to exchange ideas focused on building and sustaining a global community that works to advance health equity.

Through this one-and-a-half day event, you will be able to:

- Hear from experts from multiple sectors and disciplines
- Develop an agenda for systems- level change for health equity grounded in a multi-sectoral and multidisciplinary partnership approach
- Develop detailed action plans via a participatory/consultative process at our workshops on different health equity topics
- Participate in our poster sessions on social impact interventions to advance health equity
- Pledge new partnership-based endeavors at the conference

Program at a Glance

Thursday, February 25, 2016	
8:00am-9:00am	Registration and Breakfast
9:00am-9:15am	Welcome and Introduction
9:15am-10:00am	Keynote
10:00am-10:20am	Socio-economic development and health equity
10:20am-10:40am	Urban design and health equity
10:40am-11:00am	Coffee Break
11:00am-11:20pm	Community and patient engagement and health equity
11:20pm-11:40am	Communicating about health equity
12:00pm- 1:00pm	Lunch Break
1:00pm - 2:00pm	Roundtable Discussions
2:00pm - 5:00pm * 3:30pm - 3:45pm Coffee Break	Summit Interactive Consensus Workshops: <i>Building Common Ground for Health Equity</i>

Friday, February 26, 2016	
8:30am - 9:45am	Poster Session
10:00am - 11:30am	Presentation of Consensus Workshop Results
10:00am - 10:20am	<i>Communicating about health equity</i>
10:20am - 10:40am	<i>Community and patient engagement and health equity</i>
10:40am - 10:50am	Coffee Break
10:50am - 11:10am	<i>Socio-economic development and health equity</i>
11:10am - 11:30am	<i>Urban design and health equity</i>
11:30am - 11:45am	Conclusions and next steps
11:45am - 12:30pm	Discussion and Networking tables

Day 1 - February 25, 2016

8:00am - 9:00am	Registration
9:00am - 9:15am	Welcome and Introduction Renata Schiavo, PhD., MA, Founder, and President, Health Equity Initiative Editor-in-Chief of the <i>Journal of Communication in Healthcare: Strategies, Media, and Engagement in Global Health</i> ; Senior Lecturer at Columbia University Mailman School of Public Health; Founder and Principal, Strategic Communication Resources
9:15am - 10:00am	Keynote: <i>Building a Culture of Health</i> Dwayne Proctor, PhD., Director of RWJF's Achieving Health Equity Portfolio and Senior Adviser to the President, Robert Wood Johnson Foundation
10:00am - 10:20am	Socio-economic Development and Health Equity: <i>Health is Wealth - Looking at health as the foundation of individual and community development</i> Patricia Mae Doykos, PhD., Director, Bristol Myers Squibb Foundation
10:20am - 10:40am	Urban design and Health Equity: <i>Design for Health- Architecture as a catalyst for change</i> Peter Williams, MS, Founder and Executive Director, ARCHIVE Global
10:40am - 11:00am	Coffee Break
11:00am - 11:20am	Community and Patient Engagement and Health Equity: <i>Soliciting guidance: A step towards health equity?</i> Marthe Gold, MD, MPH, Senior Scholar, New York Academy of Medicine, Professor Emerita, City College
11:20am - 11:40am	Communicating about health equity Rafael Obregon PhD., Chief of Communication for Development, UNICEF
12:00pm - 1:00pm	Lunch Break

Day 1 - February 25, 2016

1:00pm - 2:00pm

Roundtable Discussions

Socio-economic development and health equity

"The interface of health equity and cultural competence in the ongoing New York Medicaid reform process (DSRIP)"

Led by: Pablo Farias MD, Lecturer, Harvard University School of Public Health

Community and patient engagement and health equity

Roundtable 1: "Fostering Community and Stakeholder Participation on Health Equity Issues: Looking at Experiences from Developing Nations"

Led by: Renata Schiavo, PhD., MA, HEI Founder and President

Roundtable 2: "Federal Collaborative Actions to Advance Health Equity within Communities"

Led by: Michelle Davis, PhD., HEI Advisory Council Member, Regional Health Administrator, HHS Region 2

Communicating about health equity

Roundtable 1: "Making Health Equity an Issue: Strategies from the Private Sector"

Led by: Lenore Cooney, HEI Board member, Principal, LCooney Consulting & Samantha Cranko, HEI Vice President, Executive Director, NYC Healthcare Lead, Golin

Roundtable 2: "Health Equity: When words are barriers instead of bridges"

Led by: Isabel Estrada-Portales, PhD., MS, Senior Communications Specialist, NIH Office of Behavioral and Social Sciences

Day 1 - February 25, 2016

Engaging young people on health equity issues

Roundtable 1: "Youth Action: How Best to Engage Young Stakeholders in Eliminating Health Disparities "

Led by: Alka Mansukhani, PhD., HEI Founding Treasurer, Associate Professor, New York University School of Medicine & Carmelo Cruz Reyes, MPH, HEI Board Member and Membership Committee Chair, Senior Contract Manager, Public Health Solutions

Roundtable 2: "Mobilizing the next generation of health equity practitioners"

Led by: Upal Basu Roy, PhD., MS, MPH, HEI Secretary, Director, Science Communication and Programs, LUNGeivity

HEI Public Policy Member Committee

"Utilizing a community-driven research approach to online/digital screening assessments for mental health among children: A call to action from HEI Public Policy member committee"

Led by: Friso Van Reesema, MPH, Director Care Management, Emmi Solutions & Manik Bhat, CEO, Healthify

2:00pm - 5:00pm

Summit Interactive Consensus Workshops:
Building Common Ground for Health Equity

Community and patient engagement and health equity

Facilitator: Samantha Cranko, HEI Vice President, Executive Director, NYC Healthcare Lead, Golin

3:30pm - 3:45pm
Coffee Break

Socio-economic development and health equity

Facilitator: Lisa Weiss, MPH, Independent Communications Consultant & Anthony Santella, DrPH, MPH, MCHES , Assistant Professor, Department of Health Professions, Hofstra University

Communicating about health equity

Facilitator: Glenn Ellis, Founder and President, Strategies for Well-Being

Urban design and health equity

Facilitator: Julia D Day , MSc, Project Manager, Gehl Studio, a Gehl Architects Company

Day 2 - February 26, 2016

8:30am - 9:45am	Poster Session
10:00am - 11:30am	Presentation of Consensus Workshop Results
10:00am - 10:20am	<i>Communicating about health equity</i> Presented by: Glenn Ellis, Founder and President, Strategies for Well-Being
10:20am - 10:40am	<i>Community and patient engagement and health equity</i> Presented by: Samantha Cranko, HEI Vice President, Executive Director, NYC Healthcare Lead, Golin
10:40am - 10:50am	Coffee Break
10:50am - 11:10am	<i>Socio-economic development and health equity</i> Presented by: Lisa Weiss, MPH, Independent Communications Consultant & Anthony Santella, DrPH, MPH, MCHES , Assistant Professor, Department of Health Professions, Hofstra University
11:10am - 11:30am	<i>Urban design and health equity</i> Presented by: Julia D Day , MSc, Project Manager, Gehl Studio, a Gehl Architects Company
11:30am - 11:45am	Conclusions and next steps Renata Schiavo, PhD., MA, Founder, and President, Health Equity Initiative
11:45am - 12:30pm	Pledging to advance health equity via a multi-sector and multidisciplinary partnership approach Discussion and Networking tables



Poster Session

Poster Session

Communicating about health equity for policy and social change and/or awareness building

"Nurtured Emergence: A Ground Up Approach to Dissolving Silos in Health Systems"

University of Texas Medical Branch, Center to Eliminate Health Disparities

Author(s): Kenneth D. Smith, Hani Serag, Wei-Chen L

"Diversifying the Health Policy Profession"

RWJF Center for Health Policy at Meharry Medical College

Author(s): Mariah Cole

The National Birth Equity Collaborative: Systems-Level Change for Equity in Black Birth

National Birth Equity Collaborative

Author(s): Joia Creat-Perry, MD

Community and patient engagement and health equity

"Community Health Workers and Their Strong Role in Reducing Health Disparities in Maternal and Newborn Health in Ecuador and Honduras"

Maternal and Child Survival Program, ICFI

Author(s): Tanvi Monga, Jennifer Winestock Luna

"Adopting a Trauma-Informed Care Approach for a Primary Care Safety Net Population"

National Council for Behavioral Health

Author(s): Dr. Micaela Mercado, Cheryl Sharp, Laura Valez, Priya Gopalan, Alex Gensemer, Patricia Batista

Urban planning and health equity

"New York City Department of Transportation: Activating NYC Streets as Public Space ."

New York City Department of Transportation

Author(s): Burns Forsythe

"Castle Gardens Project"

Fortune Society

Socioeconomic development and health equity

"Data-Informed and Community-Driven: An Approach to Address Birth Outcome Inequities in 16 Urban Communities Across the U.S."

CityMatCH

Author(s): Monica Beltran

Building Common Ground for Health Equity - Summit Interactive Consensus Workshops

Overview

The Summit Interactive Consensus Workshops, *Building Common Ground for Health Equity*, are intended to provide summit participants with an opportunity to map key priorities and potential strategies that may work/have worked to advance health equity, with an emphasis on removing systemic barriers to improved outcomes among vulnerable and underserved populations, and increasing sustainability of all interventions. The goal is to form a consensus within participant groups on key action areas and related strategies that will be part of the summit report and call to action on the workshops' topics. The emphasis is on priorities, strategies and action steps that have worked/may work across different sectors and health areas. While each workshop has topic-specific objectives and questions, main desired outcomes for all workshops include:

1. Map trends affecting the whole group
2. Identify common ground themes, priorities, and action steps as they relate to the participants' vision for health equity
3. Jump start a process that would facilitate increased collaborations and partnerships in support of health equity among different communities, disciplines, and sectors that may be represented at the summit

Summit attendees can each choose to participate in only one workshop. Each workshop will focus on one of the four main topic areas for this inaugural summit: Socio-economic Development and Health Equity, Urban Design and Health Equity, Community and Patient Engagement and Health Equity, and Communicating about Health Equity for Social and Policy Change and Awareness Building. Advance registration is required (see "Workshop Registration"). While we realize that these topics are intrinsically interconnected, they will be covered in different workshops in the interest of time, focus, as well as meeting different preferences and perspectives among summit's participants. The workshops will utilize participatory planning and/or human centered design methodologies to solicit input from the participants and incorporate the diverse experiences of the group. All workshops will be summarized as part of the Summit Proceedings that Health Equity Initiative will develop and disseminate. Bring your ideas, experiences, case studies, and more!

Workshop Schedule and Methods

All workshops will meet from 2pm-5pm on February 25. While each workshop may differ in light of the unique style of its facilitator(s), the basic structure of each workshop will include:

1. A warm-up session, in which participants will be invited to connect with each other as well as to share with the group how they connect to the workshop's topic from a personal, professional, U.S. event and/or world event perspective. This session will help build a shared history on the topic as well as identify initial themes of interest
2. A session in which participants will work in small groups to map and/or share their experience and ideas on key priorities, strategies/action steps, and opportunities for engagement among key stakeholders in health equity issues as they relate to the key questions to be addressed in their workshop
3. A consensus-driven guided discussion in which participants will prioritize and agree on main conclusions and action steps that may enable progress toward the specific topic/objectives of their workshop

Our facilitators will guide the discussion through different interactive exercises. Workshops are designed to make sure we all recognize the expert in everyone regardless of participants' professional and personal background. On February 26, workshop facilitators will present a brief overview of the main consensus points reached by each group. Also on the 26th, all workshop participants will have an opportunity to network at the partnership pledge tables and pledge collaborations on specific projects of interest. All workshops will be recorded and summarized in a brief report/white paper on the Summit Proceedings that Health Equity Initiative will develop and disseminate.

Workshop Descriptions

Communicating about Health Equity for Social and Policy Change and Awareness Building

Despite progress, health equity is still a complex concept for too many people. For example, awareness of health disparities and their root causes in the United States only increased approximately 5% in one decade (Benz, Espinosa, Welsh, and Fontes, 2011), while disparities have persisted and in some cases increased among disadvantaged groups. Unfortunately, these statistics often include also the groups who are most affected by health disparities as they may not have had opportunities to engage with this topic. Many recent initiatives (e.g., the establishment of several centers for health equity both in the U.S. and internationally) and experiences seem to have increased people's attention to health equity issues. Yet, the movement for health equity still remains largely in the realm of a few professional settings.

Well-designed and implemented communication interventions “can build bridges, bolster confidence, break down barriers, and spur organizing at every level of community, organizational, policy, and individual endeavor” (Cooney, Health Equity Initiative, 2014). This workshop will draw upon different health communication models for behavioral, social and organizational change (Schiavo, 2013)/SBCC (social and behavioral change communication) (UNICEF, 2015, WHO, 2014, John Hopkins University, 2015; CDC, 2015), which are grounded in current approaches, theoretical models (e.g., the socio-ecological model of health), and experiences, as well as recognize the many factors and groups that contribute to positive health outcomes (see also HEI's infographic on Systems-Driven Health). In this context, communication goes beyond messages and channels and is actually an iterative, strategic and people-centered process for behavioral, social and organizational change. While communication efforts in support of health equity require the engagement and participation of multiple groups and stakeholders, because of time limitations this workshop will focus primarily on 3 key groups: mass media and new media, policymakers, and other key influential groups (e.g., religious leaders, community leaders, employers, women's groups, teachers, healthcare providers, etc.) who are key to mobilizing communities and/or the general public on health equity issues. Participants will discuss:

- Their experience and ideas on how to:
 - Pitch health equity to the media and increase public awareness of health disparities
 - Engage key influential groups (e.g., religious leaders, community leaders, employers, women's groups, teachers, healthcare providers, etc.), who are key to mobilizing communities and the general public and encouraging their participation in decision-making processes for policy and social change, via culturally competent and participatory approaches*
 - Effectively communicate with policymakers
 - Recognize and communicate about the specificity of health equity issues as highlighted by different communities and stakeholders within different neighborhoods, cities, and country settings (A poster on the Health Equity Exchange program by Health Equity Initiative will be displayed at the summit and is relevant to this topic)
- Potential priorities, strategies, and action steps to improve communication processes and outcomes as they relate to health equity issues
- Capacity building and training needs (if any) as they apply to their organizations and communities in order to make progress on this topic

* N.B This component of the workshop is complementary/similar to the workshop on community engagement – see above - and provides participants with an additional opportunity to engage on this important topic as part of current communication models and experiences)

Community and/or Patient Engagement and Health Equity

Community engagement and mobilization on the design, implementation, and evaluation of all interventions has been used in several developing country settings as a strategy to address a variety of health and social issues affecting vulnerable and underserved groups (Schiavo, 2007, 2009, 2010, 2013, 2015). Recent examples, which are not limited to community health workers programs but actually refer to processes that encourage community ownership of relevant interventions and other community-specific solutions to tackle key social factors and barriers (Health Equity Initiative, 2011; Schiavo, 2007, 2009, 2010, 2013, 2015), include the contribution of community participation and engagement in addressing the 2014-2015 Ebola crisis (UNICEF, 2015, 2016 – multiple case studies) or past epidemics (WHO, 2004, 2012). Moreover, several countries (e.g., Rwanda, Cuba, etc.) have been implementing a community health approach to health issues (Ministry of Health of Rwanda, 2013; Condo et. al., 2014; MEDICC, 2016).

In the United States, community participation has been shown for example to be key in reducing childhood obesity disparities in Nebraska (Robert Wood Johnson Foundation, 2015) and/or to creating much needed connections between communities and clinical settings to improve quality of care and more (Equity of care, 2015; Massachusetts General Hospital, 2014) also in implementation of the ACA. While many experiences already exist and/or are gradually emerging (depending on the setting), community engagement for sustainable development is still too often an after-thought in many organizations and interventions. Yet, this is a key approach to further the movement for health equity and is integral to many different professional fields and strategies, including those discussed in other workshops at this summit. Participants in this workshop will:

- Discuss their experiences and/or ideas on strategies for community engagement on health equity issues
- Identify key priorities, barriers, and action steps to institutionalize community and patient engagement on health equity issues within different kinds of organizations and/or policies
- Provide insights on existing/potential needs for capacity building and training (if any) to create an organizational culture that would prioritize community engagement as a key approach to health equity issues within their own organizations and programs

**NB. Please note the definition of “community” that will be considered for this workshop “indicates a variety of social, ethnic, cultural, or geographical associations’ for example, a school, workplace, city, neighborhood’ (Schiavo, 2013; Schiavo, Leung, and Brown, 2014). Within this concept, community members can include community residents, different kinds of professionals, community leaders, etc. who all have a stake in health equity and live, work, play and/or age, within a given region, city, or country as a member of that community or a sub-community (e.g., a school).

Socio-Economic Development and Health Equity

In addition to being a key social justice issue and fundamental human right, health equity is also a key socio-economic issue. Advancing health equity also means increasing the wealth of our cities, communities, and neighborhoods and allowing people to connect with social and economic opportunities. When people are healthy they are in fact more likely to secure or change jobs, find lifetime partners, be good parents to their children, move to a new city or country, and/or start a new business (HEI, 2012, 2014; NCLR, 2010), just to make a few examples.

When we use a health equity lens to analyze key issues in our cities and countries, not only are we (1) able to identify and address key social and environmental factors (e.g., poverty, race, social, and gender norms, built environment, etc.) that contribute to health disparities but (2) we should also recognize and promote the inextricable link between health equity and the ability of our communities to thrive and prosper. This workshop focuses on the latter - and somewhat less explored - angle, and seeks to engage participants in a discussion of priorities and strategies to position health equity as a key determinant of community, social and economic development, so this could become an additional argument in support of multi-stakeholder engagement on health equity issues, as well as the implementation of a “health equity lens” across different communities, disciplines and sectors. Building on recent movements, including “Health in All Policies”, key questions to be explored by this workshop include:

- What are some of the existing data and approaches participants have been using in support of positioning health equity as a key determinant of community and economic development when engaging with different groups (e.g., policymakers, educators, businesses, community leaders, the general public, etc.)?
- What are some of the research questions or information gaps we should still address in order to further support this argument?
- How can we efficiently use data and case studies to tell this story and establish health equity as a key determinant of community and economic development among a variety of key groups and stakeholders (especially those who may be less responsive to the social justice argument)?
 - Think of key priorities, action steps and opportunities for stakeholder engagement to make progress on this topic and increase sustainability of all relevant initiatives

Urban Design and Health Equity

A growing body of evidence has been establishing the role of the physical environment and urban planning in advancing the health and well being of our neighborhoods and communities (GRNUHE, 2010). Not only does adequate urban planning - which for example includes the existence of neighborhood play space and parks, safe streets for pedestrians and bikes, buildings that encourage physical activity, adequate transportation systems, and more - contribute to a healthy lifestyle in urban and rural settings but also helps prevent and address different health conditions and contributes to socio-economic development.

By the year 2050, an estimated 70 percent of the planet's population will live in urban areas (United Nations 2014), which makes it increasingly relevant for stakeholders in health equity issues from non-designer disciplines and sectors (e.g., public health, healthcare, community development, CBOs, etc.) to become more involved with strategies for health equity-minded urban design. In this workshop, participants will discuss:

- Their own understanding of and current engagement on this topic
- What are some of the training and capacity building needs to make sure non-designers become increasingly involved in urban planning for health equity?
- What are some of the existing resources, priorities, and action steps to further this agenda?

Curious Fact– Did you know that “the fields of urban planning and public health share a common origin in the efforts of reformers to tame the ravages of early industrialization in the 19th century? The 2 disciplines parted ways in the early 20th century as planners increasingly focused on the built environment while public health professionals narrowed in on biomedical causes of disease and disability.” (Northridge, M.E. and Freeman, L., 2011)

Workshop Registration

Registration will be required prior to the Summit through Eventbrite. A link will be sent via email to each registrant with information on how to register for a particular workshop. Each attendee can participate in only one workshop. All workshops are being framed within a “systems-driven health” perspective, which takes into account a variety of sectors and stakeholders. See our [infographic](http://tinyurl.com/h2r4f2z) at: <http://tinyurl.com/h2r4f2z>

Keynote Speaker

Dwayne Proctor, PhD



Dwayne Proctor, PhD, is the Senior Adviser to the President and Director of RWJF's Achieving Health Equity portfolio.

Dr. Proctor came to the Robert Wood Johnson Foundation (RWJF) in 2002 as a senior communications and program officer, providing strategic guidance and resources for several child health and risk-prevention initiatives. Proctor is known for building effective strategic collaborations and national programs that reduced childhood obesity disparities gaps. In 2014, Proctor was reassigned to direct RWJF's work to achieve health equity. Before coming to the Foundation, Dr. Proctor was an assistant professor at the University of Connecticut School of Medicine.

During his Fulbright Fellowship in Senegal, West Africa, his research team investigated how HIV/AIDS prevention messages raised awareness of AIDS. He is the former chairman of the board of directors for the Association of Black Foundation Executives and currently is the chairman of the board of trustees of the NAACP Foundation.

Plenary Speakers

Patricia Mae Doykos, PhD



Patricia Mae Doykos is director of the Bristol-Myers Squibb Foundation whose mission is to promote health equity and improve the health outcomes of populations disproportionately affected by serious diseases and conditions. Patricia works on health strategy and evaluation for the Foundation and currently leads two national grant programs, *Specialty Care for Vulnerable Populations®* and *Together on Diabetes®: Communities Uniting to Meet America's Diabetes Challenge*.

She has also developed and led U.S. and international grant making and public-private partnership programs for women's health, cancer, serious mental illness and global HIV/AIDS. She joined the Bristol-Myers Squibb Foundation in 2002 after working for five years on the business side at Bristol-Myers Squibb in International Corporate Affairs.

She serves on the board of Grantmakers in Health, the Health Working Group of the Social Impact Exchange, the Steering Committee of PolicyLink's Institute for Health Equity and chairs the Board of the new Center for Health Equity at Dartmouth Medical School.

Marthe Gold, PhD



Marthe Gold is Senior Scholar at the New York Academy of Medicine and Professor Emerita at City College where she chaired the Department of Community Health and Social Medicine. A graduate of the Tufts University School of Medicine and the Columbia School of Public Health, she trained in family practice and worked in both rural and urban under-served communities in New York. A member of the Institute of Medicine, she chaired the Committee on Public Health Strategies to Improve Health, whose three reports issued recommendations directed at improving population health, and limiting cost growth. Her recent work is at the interface of research and practice, designing and implementing methods with which to gain the guidance of members of the public in areas that are critical to their health.

Rafael Obregon, PhD



Rafael Obregón provides technical leadership and guidance on the development of standards, guidelines, and quality assurance for the application of communication for development principles and strategies across UNICEF's programmatic areas, including emergency response and humanitarian action.

In the past, he has served as Regional Advisor for Health Communication within the Area of Family and Community Health and Child and Adolescent Health Unit at the Pan American Health Organization. Dr Obregón has also been a technical advisor, researcher, and resource/focal person for international/national cooperation agencies and government and non-governmental organizations. His duties have focused on formative research, project design and evaluation, and capacity strengthening.

Dr Obregón has also been associate professor and guest faculty member at a number of universities, including Ohio University, the Universidad del Norte in Barranquilla, Colombia, and the Universidad Autónoma in Barcelona.

Peter Williams, MS



Peter Williams is the founder and executive director of ARCHIVE Global; an international non-profit organization dedicated to improving health outcomes in disadvantaged communities through housing design strategies.

He holds two Masters degrees in Architecture and African studies from Columbia University and the University of Oxford. Peter has taught at universities around the world, and has worked on building projects on five different continents. He is a Fellow of the Royal Society of Public Health and a member of the American Public Health Association. In 2011, Peter was recognized as one of Britain's '40 under 40 International Development Leaders' by Devex and was named among the '25 visionaries who are changing the world' by Utne Reader.

Roundtable Speakers

Manik Bhat



Manik Bhat is the CEO and cofounder of Healthify. After spending time connecting patients to social services in the Baltimore community and dealing with the poor state of affairs in managing a patient's social needs, he decided to start Healthify to improve the status quo. Manik hopes to change the way we coordinate around an individual's social needs and prove that addressing social determinants is not only the morally just thing to do but is also the fiscally responsible thing to do. His work has been featured by TEDMED, the Center for Healthcare Strategies, the Robert Wood Johnson Foundation, HHS, and Forbes. He is a graduate of Johns Hopkins University.

Lenore Cooney



Lenore Cooney has spent 40 years in the practice of public relations and public affairs. She co-founded Cooney/Waters Group, communications specialists in the areas of health and medicine. Since 1992, the New York-based consultancy has served the strategic communications needs of clients in health care, disease prevention, nutrition, pharmaceuticals, biotechnology and health advocacy in the U.S. and internationally.

She has directed educational programs around immunization policy and practice and has designed crisis management work around issues including animal research, biotechnology, product safety and vaccine supply problems. Her product marketing work has encompassed nutrition policy; cancer therapeutics; and infectious diseases such as HIV/AIDS and sexually transmitted diseases, influenza, meningococcal meningitis; urology, neurology, cardiovascular disease and women's health.

Among her specialties is the design of strategy to stimulate development of consensus and coordinated action among multiple sectors, including policy makers, medical leaders, health care providers and consumers, and the national, state and international levels.

Samantha Cranko



Samantha Cranko is a public relations professional focused on developing science-based, emotionally compelling communications that inspire healthy behavioral change. Throughout more than 15 years in healthcare public relations and advocacy, Samantha has developed award-winning campaigns to reach professional and patient communities, created innovative disease awareness strategies, raised the profile of patient groups, and managed national media initiatives to clarify complex medical issues.

Her experience encompasses a wide variety of health areas including diabetes, pediatric vaccines, severe and persistent mental illness, sleep and wake disorders, cancer pain, migraine, and HIV. An accomplished senior manager who has held executive leadership positions at three leading healthcare communications and public affairs firms, Samantha is currently executive director and leader of the NYC healthcare practice at Golin.

Michelle S Davis, PhD



Michelle S. Davis currently holds the position of Regional Health Administrator (RHA) with the U.S. Department of Health and Human Services (HHS) New York Regional office. In this role, she serves as the principal federal public health authority for the Secretary of HHS and the Assistant Secretary for Health.

Michelle S. Davis has worked as a public health professional in a variety of positions at the federal, state and municipal levels. This included Deputy RHA for the Mid-Atlantic region and the Deputy Secretary for Health for the Pennsylvania Department of Health. Before working with the Commonwealth of Pennsylvania she held positions as Deputy Health Commissioner for Policy and Planning with the City of Philadelphia and Senior Epidemiologist with the CDC. Michelle S. Davis has held several elected positions within professional organizations including; President and Chair of the Board of the Pennsylvania Public Health Association (PPHA), President and Vice-President of the Black Caucus of Health Workers of the American Public Health Association (APHA) and Governing Councilor for the Epidemiology Section of APHA.

Isabel M. Estrada-Portales, PhD, MS



Isabel M. Estrada Portales, Ph.D., M.S., is a Fulbright Scholar who has conducted research on media and communications in Ecuador, United States, Brazil and Cuba. She holds a B.A. in Journalism from University of Havana, M.S. in Mass Communications from Florida International University, and a Ph.D. in Spanish and Cultural Studies from Georgetown University, in Washington DC.

She won Social Sciences essay award in the 1996 Pinos Nuevos national book competition in Cuba, with her book *Retóricas, astucias, convenciones... Las ideologías profesionales de los periodistas cubanos*. The book was based on her dissertation research and was subsequently censored and taken away from bookstores after its publication. She currently leads the Communications department at the NIH Office of Behavioral Health and Social Sciences Research.

Pablo Farias, MD



Pablo Fariás is currently a Lecturer in the Department of Global Health and Social Medicine at Harvard Medical School, where he focuses on the development of mental health resources in low income countries. In addition he consults on building cultural competence capacities within health systems, focusing on ongoing reforms in New York City.

Pablo studied medicine at Universidad de Monterrey and trained in psychiatry and medical anthropology at Harvard Medical School. For over 30 years, he has worked at the interface of health, poverty reduction and development within health systems and among academic, civil society and philanthropic organizations. From 2004 to 2013 he was Vice President for the Economic Opportunity and Assets Program of the Ford Foundation, working in the United States and internationally.

Alka Mansukhani, PhD



Alka Mansukhani, PhD is a scientist on the faculty at New York University School of Medicine, where she teaches and researches cancer and stem cells in bone and fat. She has published extensively in leading biomedical journals. Alka holds a PhD from Cornell University, Ithaca NY, and has an interest in broader biomedical and health and related issues.

She has also been a consultant in healthcare and biomedical communications. As a scientific consultant for cancer research foundations, she developed metrics to evaluate research funding outcomes. Alka was president of the New York chapter of AWIS, a resource and networking organization for women in science where she conducted career development, mentoring and networking workshops for young scientists. She also served on the NYAS committee that organized the science and technology platform for action for the UN conference on women. Alka serves on the board of Health Equity Initiative.

Friso van Reesema, MPH



Friso van Reesema, co-Chair of the Health Equity Initiative's Public Policy Committee, has been a healthcare executive for over 15 years. Friso is the Director of Care Management focused on supporting health plans with their population health strategies on behalf of Emmi Solutions, a patient engagement and health education company.

Friso volunteers on a Patient Family Partnership for Stamford Hospital, a Planetree organization with patient-focused care, as well as for AmeriCares, a disaster recovery nonprofit with free clinics for the underserved throughout the country. Friso speaks Spanish, Portuguese and Dutch. He holds a European Business degree, a diploma for a Masters in Cultural Anthropology from Leiden University and a Master in Public Health from Johns Hopkins Bloomberg School of Public Health

Carmelo Cruz Reyes, MPH



Carmelo Cruz Reyes, MPH, is a Senior Contract Manager at Contracting and Management Services, a division of Public Health Solutions, where he works closely with the New York City Department of Health and Mental Hygiene (NYCDOHMH) to manage a portfolio of federally-funded HIV care and prevention contracts. He also works with the NYCDOHMH to field High Risk Behavior Surveillance studies targeting men who have sex with men in New York City.

During his Master's training, Carmelo took on the role of Principal Investigator for a cross-sectional research study fielded in Chiang Mai, Thailand that aimed to evaluate HIV infection risk factors among Burmese ethnic migrant (Shan) male sex workers. Carmelo earned a Bachelor of Science in Foreign Service from the Edmund Walsh School of Foreign Service at Georgetown University and an MPH in Health Policy and Management from the CUNY School of Public Health at Hunter College. As a Southeast

Asianist in public health, Carmelo is particularly passionate about fostering a public-private multi-sectoral approach to addressing health disparities among vulnerable populations throughout Southeast Asia

Upal Basu Roy, PhD, MS, MPH



Upal Basu Roy, PhD, MS, MPH is Director of Science Communications and Programs at the LUNGEvity lung cancer researcher foundation. Dr. Basu Roy is also involved in the qualitative research component of a CBPR project aimed at increasing breast cancer awareness and screening among women in Queens, NYC. Recently, Dr. Basu Roy was a Children's Cancer Research Fund Fellow/Assistant Research Scientist at the New York University School of Medicine, where he conducted research in the field of pediatric cancer.

During his Doctoral and Master's training, Dr. Basu Roy worked on several research studies that involved infectious and chronic disease intervention and management. Later, as a Junior Research Scientist at NYU, he worked on the development of qualitative interview training manuals for global HIV intervention research. Upal has an

MPH from the Global Public Health program (Health Policy and Management track) at New York University, an M.S. in Microbiology from Mumbai, India, and a Ph.D. in Molecular and Cellular Biology from the University of Arizona, Tucson.

Renata Schiavo, PhD, MA



Renata Schiavo, PhD, MA is a public health, healthcare, global health, and social innovation specialist with experience in a variety of settings, including the United States and several countries in Europe, Latin America and Africa. For over 20 years, she has worked at the interface of health systems, health equity, community health, community and patient engagement, strategy design, and communication for behavioral, social and organizational change to improve health outcomes and opportunities for socio-economic development among different populations. She is the Founder and President, Board of Directors, of Health Equity Initiative.

Renata is a Senior Lecturer at Columbia University Mailman School of Public Health, where her courses focus on topics at the intersection of society, health equity and communication; and also the Editor-in-Chief of the *Journal of Communication in Healthcare: Strategies, Media, and Engagement in Global Health*. In addition, she is

Founder and Principal of Strategic Communication Resources, a global consulting practice she established in 2004, where she has been focusing on capacity building, strategic counsel, and intervention design/evaluation on many health and social topics, including child health disparities, healthcare systems, infant mortality prevention, chronic malnutrition, immunization, epidemics/emerging diseases, and global handwashing. An accomplished leader and well-published author, Renata has served on advisory/expert panels for the World Health Organization, U.S. National Institute of Health, and American Public Health Association. Throughout her career she has lead numerous consensus-driven processes and multisectoral interventions for systems-change. She was recognized as one of *300 Women Leaders in Global Health (2015)*, and is a Fellow of the New York Academy of Medicine.

Workshop Facilitators

Samantha Cranko



Samantha Cranko has been leading healthcare communications campaign on important public health issues for nearly 20 years. She focuses on developing science-based, emotionally compelling communications that inspire healthy behavioral change.

Samantha's work on patient engagement includes assignments on behalf of Team AFib, the National Sleep Foundation, the National Headache Foundation, American Pain Foundation, Depression and Bipolar Support Alliance, National Alliance on Mental Illness, The California Wellness Foundation, and Prevent Blindness Connecticut.

Samantha is currently executive director, NYC healthcare lead at Golin, a global public relations firm.

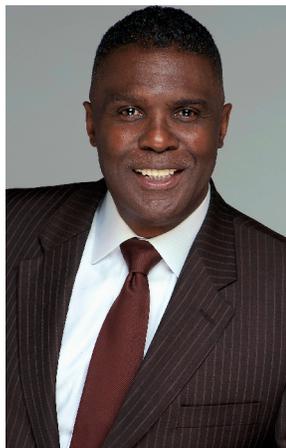
Julia D. Day, MSc



Julia's experience focuses on developing projects across design, policy and strategy to demonstrate streets as public spaces and engage people in the planning process. For nine years, Julia has worked with city agencies and community leaders to repurpose existing assets – streets as play spaces in communities lacking open space, to develop neighborhood design plans that support walking and biking, and to collect data decision makers can use to lead policy and design change in their cities.

At Gehl Studio, Julia facilitates projects where urban leaders from multiple sectors can collaborate to improve quality of life. Currently, she is also working on the development of a strategic plan for Gehl Institute, the new non-profit arm of the practice. Formed in 2015, its mission is to transform the way cities are shaped by making public life an intentional driver for design, policy, and governance. She holds a Bachelors of Arts (BA) in History from Washington University in St. Louis and a Master of Science (MSc) in City Design and Social Science from the London School of Economics.

Glenn Ellis



A Birmingham, Alabama native, Glenn Ellis Sr. is an internationally respected health educator and complementary medicine consultant, following his Pre-Med studies at the University of Pennsylvania. He is currently completing graduate MPH studies, with plans to pursue a Doctorate in Bioethics.

In 2006, his book, **Which Doctor?**, was received with wide acclaim. His latest book, **Information is the Best Medicine**, was released in January of 2012. He is working on his 3rd book, scheduled for release in 2015, on **100 years of Blacks and Medicine in Philadelphia**. Ellis is a contributor to *Real Health Magazine*, *Heart and Soul Magazine*, *The Black AIDS Institute Newsletter*, as well as The National Medical Association's, *Healthy Living* magazine. In addition to his columns which appear weekly in The Philadelphia Tribune, Ellis remains a regular radio guest and commentator on KJLH (Los Angeles), in Philadelphia on WURD-AM, where hosts a weekly program, and

WDAS-AM/FM, where he provides weekly commentary. Ellis is currently President of Strategies for Well-Being, LLC, a health education and consulting company headquartered in Philadelphia.

Anthony Santella, DrPH, MPH, MCHES



Anthony Santella is Assistant Professor of Health Professions at Hofstra University's School of Health Sciences and Human Services. Dr. Santella teaches in the Master of Public Health and Bachelor of Science in Health Sciences/Community Health programs. He is also Vice Chair of the Nassau and Suffolk Ryan White Part A Planning Council. Dr. Santella is a public health scientist and health services researcher. While he specializes primarily in HIV and STI prevention and sexual health, the overall focus of his work is on extending healthcare services in non-traditional settings, including dentistry, community pharmacy, and health promotion settings. This research takes place in the U.S., the UK, Australia, India, China and Vietnam. Dr. Santella has received grants from Long Island University, the University of Sydney, the Western Sydney Local Health District, the Hoc-Mai Medical Foundation, and Hofstra University. He has published peer reviewed articles, scientific posters and presentations, and has

appeared in multiple media outlets. Dr. Santella is an active member of the American Public Health Association and is currently member of the Committee on Equal Health Opportunity as well as an HIV Section Councilor. Dr. Santella earned a Bachelor of Science in Biomedical Sciences from the University of Connecticut, a Master of Public Health in Health Policy and Management from the Rollins School of Public Health at Emory University, and a Doctor of Public Health in Health Systems Management from the School of Tropical Medicine at Tulane University. He is also a Master Certified Health Education Specialist.

Lisa Weiss, MPH



Lisa Weiss has 30+ years of communications experience, focusing around health and medical issues. She has provided strategic counsel and programming around disease awareness, advocacy and health literacy on topics such as cancer prevention and management, depression, epilepsy, chronic pain, Parkinson's disease, and vaccination.

Currently, she supports partnership development for Learning Ally, a non-profit serving people with dyslexia and blindness, to increase awareness and use of education and self-advocacy services. She also works with a start-up that has a new tool to aid in mammography.

Prior clients include the American Association for Cancer Research, the Department of Defense Breast Cancer Research Program, the National Foundation for Infectious Diseases, and the American Academy of Pain Management.

Lisa earned a Master's degree in Public Health from Columbia University's Mailman School of Public Health and a dual BA degree from Syracuse University in Journalism and Liberal Arts.



HEALTH EQUITY INITIATIVE

Health Equity Initiative (HEI) is a nonprofit membership and member-driven organization dedicated to build and sustain a global community that engages across sectors and disciplines to advance health equity.

Bridging Silos, Building ONE Community for Health Equity

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