

**GRANT  
MAKERS  
IN  
HEALTH**

**Call to Action:**

# **E**liminating Racial and Ethnic Disparities in Health

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**Conference Proceedings**

**U.S. Department of Health and Human Services  
and Grantmakers In Health**



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## I. Introduction and Overview

In his February 21, 1998, radio address, President Clinton announced an initiative committing the nation to the goal of eliminating by the year 2010 longstanding disparities in health status that affect racial and ethnic minority groups while continuing the progress the nation already has made in improving the overall health of the American people. To help reach this goal, the President also announced a plan to mobilize the resources and expertise of the federal government, the private sector, and local communities to eliminate disparities. As part of this plan, the Department of Health and Human Services (HHS) has selected six areas of focus in which racial and ethnic minorities experience serious disparities in health access and outcomes: cancer screening and management; cardiovascular disease; child and adult immunizations; diabetes; HIV infection/AIDS; and infant mortality.

HHS and Grantmakers In Health (GIH), an educational organization that works with foundations and corporate giving programs to improve the nation's health, cosponsored a national leadership conference, convened September 11, 1998, to discuss strategies for developing and strengthening partnerships focusing on eliminating racial and ethnic disparities in health by 2010. Attending the conference were approximately 250 key public policymakers, industry, and community leaders, including individuals representing foundations, community-based organizations; national organizations with expertise in key health areas and with a history of serving racial and ethnic groups; providers; insurance companies and managed-care plans; the media; business; faith-based organizations; and consumers. Participants also included representatives of state, local, and tribal governments. Attendees were racially and ethnically diverse, with representation from African American, Hispanic American, American Indian/Alaska Native, Asian American, and Native Hawaiian populations. The meeting provided participants an opportunity to work together to identify opportunities for action and to learn from each other about the kinds of partnerships that can be effective in producing change.



Opening remarks were provided by Gloria Smith, Ph.D., Vice President for Programs at the W.K. Kellogg Foundation and David Satcher, M.D., Ph.D., Assistant Secretary for Health and U.S. Surgeon General. Dr. Satcher also closed the meeting, along with Lauren LeRoy, Ph.D., President and CEO of GIH. Reed V. Tuckson, M.D., Vice President for Professional Standards at the American Medical Association, was the keynote speaker. In addition, the following speakers discussed partnerships that have sustained and strengthened their programs:

- *Mary K. Chung*, President and CEO, National Asian Women's Health Organization (NAWHO);
- *Carl Ellison*, President and CEO, Institute for Diversity in Health Management;
- *Gloria G. Rodriguez, Ph.D.*, President and CEO, Avance Family Support and Education Program; and
- *Judy Roy*, Tribal Secretary, Red Lake Tribal Council.

Participants spent most of the day in small groups, discussing partnership strategies and the strengths and potential contributions of different types of organizations in addressing racial and ethnic disparities in health, as well as focusing on other topics and issues that relate to the challenge of eliminating disparities. At the end of the day, spokespersons from each group reported the principal issues, ideas, and recommendations for action that were considered. These observations and recommendations are presented in the *Conference Proceedings* section entitled "Recommendations for Action."

This *Conference Proceedings* first presents Dr. Smith's and Dr. Satcher's opening remarks, followed by Dr. Tuckson's keynote address, the presentations on model partnerships, the group's recommendations for action, and Dr. LeRoy's and Dr. Satcher's closing remarks.



## II. Opening Remarks

Gloria Smith, Ph.D.  
Vice President for Programs - Health  
W.K. Kellogg Foundation

Dr. Smith, a board member of GIH, opened the conference by welcoming participants, both personally and on behalf of GIH. GIH and HHS have done more than convene a national leadership conference, Dr. Smith remarked. "The purpose of the meeting is very practical—together, we have issued a 'call to action' to eliminate racial and ethnic disparities in health, and we are here to determine how, collectively and within our own organizations and networks, we will begin to answer that call with specific and strategic actions."

Dr. Smith noted that attaining racial and ethnic equivalency in the measures of health in a mere dozen years will be an extraordinary achievement and that people with the years of commitment and experience embodied in this group can be excited about this undertaking. It is one, she said, that

reaches to the heart of the American ideals of equality and equality of opportunity, because many of the variables that account for the shocking disparities between minority and majority health status are manifestations of America's failure to achieve those ideals.

For example, Dr. Smith said, because poverty is closely associated with poor health status among minorities, the lack of equality of economic opportunity is an important consideration. And discrimination is a separate variable, with its own measurable impact on health status. Thus, although this meeting was convened to talk about reducing disparities in health in specific categories, Dr. Smith explained, the topics cannot be dealt with effectively without addressing

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the larger issues. "To focus on how to move forward together, strategically and with awareness, it is important to approach the problem in a comprehensive manner; understand the necessity of vision; and take advantage of the opportunity this meeting presents to take action."

### **A Comprehensive Approach**

Dr. Smith noted that conference participants have been challenged to eliminate racial and ethnic disparities in six key areas of health in which the potential exists to prevent disease and disability:

- cancer screening and management,
- cardiovascular disease,
- child and adult immunizations,
- diabetes,
- HIV infection/AIDS, and
- infant mortality.

If one shares the view that broader issues must be addressed, Dr. Smith said, then one may also agree with the following: in looking at the larger issues of poverty and discrimination, the breakdown of communal bonds, increasing social fragmentation, and the inequity throughout our health care delivery system, then the challenge that began as a tall order becomes even taller.

"We must recognize that the magnitude, difficulty, and complexity of eliminating disparity with such deep-rooted causes can invite hesitation and skepticism," said Dr. Smith. "Therefore, keeping in mind the worthiness of this cause," she told participants, "it is important to ensure that whatever hesitation and skepticism we sense within ourselves contributes to improving results."

Dr. Smith noted the importance of addressing these six areas within a comprehensive framework. This lesson was learned at the W.K. Kellogg Foundation through a course of programming that began in the mid-1980s and that eventually came to encompass more than 100 community-based projects focusing on reducing infant mortality, teenage pregnancy, and the problems of the elderly. The approach included problem-focused models of how communities could address single issues and aimed to deliver services from the communities' own perspectives. In the process, Foundation staff learned that, to eliminate these problems, a comprehensive model was essential. To both increase the opportunity for comprehensive approaches as well as strengthen



and stabilize community capacities, linkages were formed between community-based organizations and institutions.

### **The Necessity of Vision**

“We also must work smarter by recognizing the necessity of vision,” said Dr. Smith. It is critical, she noted, to consider the goal for the year 2010 and then decide how to achieve it. Convening this group and setting this meeting’s agenda were strategic steps in moving forward, Dr. Smith continued, and the diversity of the sectors represented at the meeting presents a wonderful opportunity for defining comprehensive approaches and a vision toward achieving them. From her perspective, “the presence of several foundations at this meeting is especially fortunate. As a number of grantmakers struggle to become more collaborative in their approaches, mapping new territory and learning as they do so, opportunities exist today for grantmakers to collaborate not only with other foundations but with government agencies and other organizations.”

### **The Goals of Today’s Meeting**

This meeting, Dr. Smith said, was organized to afford participants an opportunity to learn more about the kinds of partnerships that will be essential for solving these problems and to think strategically about how to move forward. Participants were invited to join small group discussions to share experiences, identify opportunities for action and obstacles to progress, compare the strategic advantages and disadvantages of different kinds of actions, and learn from each other about what works and what does not work, as well as what kinds of partnerships can be effective in producing change. Dr. Smith reiterated the day’s goal of developing a series of action steps for eliminating racial and ethnic disparities in health. In short, she concluded, this meeting offered a chance to create an energizing, inspiring, and productive beginning, one that would catalyze action.

**David Satcher, M.D., Ph.D.**

**Assistant Secretary for Health and U.S. Surgeon General**

Dr. Satcher joined GIH in welcoming participants to the conference and remarked that he was hopeful about the possibilities of any initiative that could bring together people from foundations, corporations, federal and state government, universities, and other organizations, all of whom believe that this cause is important. Although many in our society resist change and others experience profound disillusionment and believe that change is not possible, many people have created change through innovative and productive programs, Dr. Satcher said, noting that meeting participants have improved access to health care, health care delivery, and the quality of health care in their communities and systems, sometimes in very difficult circumstances.

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*"Today will be a good starting point for beginning new relationships and partnerships as well as developing productive ideas and strategies for moving forward."*

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In moving ahead, Dr. Satcher said, there are tremendous opportunities for government and foundations to work together. Foundations have made significant investments in people and in communities, said Dr. Satcher, and in fact, he continued, "we would not be here today without those investments." Foundations are participating in this conference, he said, because they share the same goals and frustrations and believe that there are ways to invest in new partnerships to work together and achieve progress. "We are gratified," Dr. Satcher remarked, "that you have joined us to share your ideas and commitments, your hopes and dreams."

### **The President's Initiative and the Response of HHS**

Dr. Satcher provided a brief history of the President's Initiative on Race, asserting that the United States should fulfill its role as a leader in diversity by setting an example for other countries. The President asked each federal department to contribute to the elimination of disparities. HHS set the goal of eliminating racial and ethnic disparities in health in six areas by the year 2010.



“The task of HHS,” Dr. Satcher explained, is “to provide leadership through conducting research, expanding and improving programs to purchase or deliver quality health services, developing programs to reduce poverty and provide children with safe and healthy environments, and expanding prevention efforts.” To this end, the Department has begun examining current programs to determine if they focus on opportunities to reduce health disparities and make full use of available knowledge on effective service delivery. Gaps in knowledge eventually will be identified through the development of accurate baseline data, and research agendas will be developed to address those gaps. Ultimately, new programs or modifications to existing programs will be recommended.

To implement this ambitious plan, the Secretary has established a steering committee chaired jointly by Margaret A. Hamburg, M.D., the Assistant Secretary for Planning and Evaluation, and Dr. Satcher. The committee’s chief responsibility is to review the status of the six health disparity reduction goals and to ensure that they are given priority in Department activities. The committee also is responsible for reaching out to and consulting with minority, health care, and scientific communities in order to include these interests in the planning and implementation process.

### **A Place To Begin**

Dr. Satcher noted that the six areas of disparity in health were selected to include many different groups and their experiences. Some statistics help reveal the disparities that must be confronted. For example, an African American baby born today is 2.5 times more likely to die in the first year of life than a white baby. American Indian babies are 1.5 times more likely to die; Hispanic babies are two times more likely to die. The diabetes rate among some American Indians is three to five times higher than those of other ethnic groups. Asian Americans are struggling with extremely high rates of cancer: Vietnamese American women are five times more likely than other women to be afflicted with cervical cancer, and Asian American men are three to five times more likely than other men to get liver cancer, often related to viral hepatitis.

It is important to remember, Dr. Satcher said, that tremendous diversity is found within these groups. He also noted that in addition to focusing on these six health areas, work to promote healthy lifestyles should be emphasized. Most importantly, he added, although these six areas represent a place to begin and not a place to end, addressing each of them will contribute to real progress. Quoting former Health, Education, and Welfare Secretary John W. Gardner, Dr. Satcher reminded participants that "life is full of golden opportunities carefully disguised as irresolvable problems" and expressed his belief that this meeting is a good place to start developing new relationships and partnerships as well as productive ideas and strategies for moving forward.

Dr. Satcher remarked that when he was a student at Morehouse College, one of his professors, Dr. Benjamin E. Mays, often would say, "touch the lives of others, then be sure that you leave them better than you found them." He concluded his remarks by introducing the keynote speaker, Dr. Reed Tuckson, whose life, he said, has exemplified this philosophy.



### III. Keynote Address

#### Reed V. Tuckson, M.D. A Call to Action

Dr. Tuckson welcomed participants to the conference and noted that he was pleased to be attending a meeting that offered such important possibilities. Too often, Dr. Tuckson remarked, this agenda has a tendency to become marginalized or taken for granted. He noted that one reason that it is important to remain confident and committed to this work is that there are so many children in communities across this nation who are suffering from unnecessary and preventable human misery and agony. He emphasized that participants are attending this meeting because they understand the importance of these children as well as the opportunities and responsibilities of a democracy and a civilized people to take action.

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“Health is the place where  
all the social forces  
converge.”

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“We bring to this work our experience,” Dr. Tuckson continued, “and that experience has shown that the first action that must be taken to reduce disparities in health is to act on our love and respect for the people in our communities.” There is no room for paternalism in this endeavor, he noted. Dr. Tuckson referred to Mrs. Lillian Mobley, a woman who lives in South Central Los Angeles, who, without a degree or a title, functions as the “doctor” and the soul of her community and teaches the importance of approaching the community with humility and a willingness to listen. Dr. Tuckson stressed that it is important to learn through her and the millions of others like her across the rich demographic fabric of America that communities must be understood in the context of their strengths, not of their deficits.

#### The Comprehensive Nature of the Challenge

Dr. Tuckson warned that it is the comprehensive nature of the challenges that make the fight to reduce disparities so difficult. He related an experience in Los Angeles when all of the public

health clinics and outpatient hospital clinics were to be closed, and it appeared that no one was particularly concerned about this impending event. Apparently, the realization that “tuberculosis bacilli are capable of squeezing through the most closely gated community walls” eluded everybody, and no one seemed to understand that this was a problem of the community as a whole. “Health is the place where all the social forces converge,” Dr. Tuckson stressed. “Therefore, it is important to better understand those forces.”

In addition, Dr. Tuckson remarked, because disparities in health cannot be eliminated through straightforward solutions such as implementing blood pressure checks, the fight is more complex and far broader ranging. The fight against infant mortality, for example, also is one against smoking, against poor nutrition, and against substance abuse. The fight against cancer also is one against tobacco, poor nutrition, and substance abuse. The fight against disparities in health is also one against the absence of hope for a meaningful future. These are all elements of the same fight, and they are all difficult, Dr. Tuckson emphasized.

### **Making Connections**

Although it is the comprehensive nature of the task that presents such challenges, said Dr. Tuckson, it also offers the chance to make connections, and it is important to consider who must be invited to the table to help address these problems. Some who must be included in this venture include the Mrs. Mobleys of the world, noted Dr. Tuckson. “Artists and writers such as Toni Morrison and Alice Walker, who write and paint and sing about real life in the communities that we serve, also must sit at the table, and these talented people can help us connect to the people in our communities and help us to understand the context of their lives.” For example, Dr. Tuckson continued, they can help us understand why it is ineffective to open a clinic at night in a poor community in which people are too frightened to go out in the evenings. They also can help us hear the message of a 7-year old girl who tells her mother “I want to be buried in the blue dress when I die, so I’ll look pretty for you.” So many of us fall by the wayside when we confront this level of despair, Dr. Tuckson said. “We must listen and we must be prepared to hear the truth, however unpleasant it may be.”



Dr. Tuckson emphasized that the media also must be included at the table. Business interests control so many of the messages that we see and hear, he said, and unfortunately, there is no profit in highlighting the positive events and achievements of our black and brown children; rather, negative misperceptions are perpetuated. The consequences of this bias must be confronted, and in order to do so, it is important to bring the manipulators of popular culture to the table as well, he concluded.

In discussing strategies that can be used in promoting events such as cancer screenings, Dr. Tuckson commented that one approach is to solicit the help of well-known athletes (by talking to their advertising sponsors, for example) to help impart a positive message about race that has some pizzazz. He offered as an example a Nike commercial that shows the skin of black and brown and white athletes next to Nike's "magic" fabrics. The images of the fabrics and the individuals' skin are presented beautifully, noted Dr. Tuckson, demonstrating how commercial manufacturers and the media can be important players in presenting strikingly positive messages about race that generate a high level of excitement and an enthusiastic response.

### **The Centrality of the Community**

Dr. Tuckson continued by discussing the centrality of the community in efforts to address racial and ethnic disparities in health. The input of the community is often completely overlooked, he noted, or is relegated to the bottom of the list. It is frustrating, Dr. Tuckson commented, to attend a meeting in which an organization provides a carefully crafted presentation—complete with graphics, strategic plans, charts, and poster boards—but devotes only one line of the entire presentation to the subject of talking to the community. Dr. Tuckson emphasized that the community must sit at the table from the beginning and that a social contract and a shared vision must be created between the people serving and those being served.

In addition, Dr. Tuckson emphasized that it is important to understand that communities have their own schedules and their own agendas. Trying to impose a schedule on communities can

have negative consequences for programs, noted Dr. Tuckson, and this is another reason why programs must work with communities from the beginning—from their perspectives and with their agendas—to create programs that serve their needs.

It is also important to develop skills in working with different groups within the community, said Dr. Tuckson. Although the significance of the church is generally recognized, for example, the struggles of faith-based organizations are not generally understood. Dr. Tuckson argued that it is essential to recruit community workers (such as postal employees and others who are present in the community every day) to participate in efforts to eliminate disparities in health because such efforts help form another layer of connection with individuals who know and understand the people within the community.

Dr. Tuckson also suggested that a more sophisticated understanding of family is needed. It would be helpful to understand, for example, why in some cultures families remain cohesive even during trying circumstances, while in other cultures, remaining cohesive is too great a challenge. It also would be worthwhile to understand the functional relationship between family and health and between family and self-sacrifice in service. To do so, individual strengths must be built upon by creating critical masses of competencies. Currently, Dr. Tuckson noted, there are no programs that identify people who are highly competent at navigating problems, dilemmas, and obstacles. These people need to be identified, said Dr. Tuckson, so that they can bring their skills to the table and teach us about their families and their communities.

Various ethnic groups within the community often compete among themselves for the few dollars that filter down through the system, Dr. Tuckson noted. This kind of behavior must be avoided, he said, for it can generate mean-spirited fights that result in a loss of needed connectedness. Political leadership in the country must be used to build trust and linkages among all groups, Dr. Tuckson emphasized, adding that this is all the more critical because the memory and pain of Tuskegee is still very much alive, and that it is clear from this and other experiences that the issue of trust is essential on many levels and must constantly be revisited.



This is especially true today as rapid developments in science continue to challenge our notions of race and biology.

### Looking to the Future

Dr. Tuckson advised participants to beware of “those who can write a beautiful grant application, but who fail to ensure that the money is used where it is most needed.” He also urged participants to enlist corporate help for the community organizations that need it (for example, in determining how to arrange an effective real estate deal for their new centers). He expressed his hopes that those who are responsible for funding grants will continue to be good stewards, serve on community boards of directors, keep the money coming after the initial outlays, and focus on the larger picture.

Finally, Dr. Tuckson reminded participants that in addressing these disparities at the community level, “we cannot afford to forget our roles as advocates. We must continue to fight for universal health insurance coverage and for universal access to health care.” Dr. Tuckson wished well those who run community-based programs and those who provide the safety net of essential services and commented that he hoped that funding for those programs would continue. In concluding his call to action—one that embraced the themes of comprehensiveness, inclusiveness, trust, advocacy, social responsibility, and the centrality of the community — Dr. Tuckson offered the words of Robert F. Kennedy and James Baldwin:

Let no one be discouraged by the belief that there is nothing one man or one woman can do about the enormous array of the world's ills — against misery and ignorance, injustice and violence...Few will have the greatness to bend history itself; but each of us can change a small portion of events, and in the total of all of those acts will be written the history of this generation.

—*Robert F. Kennedy*

For nothing is fixed, forever and forever, it is not fixed; the Earth is always shifting, the light is always changing, the sea does not cease to grind down rock. Generations do not cease to be born, and we are responsible to them because we are the only witnesses that they have. The sea rises, the light fails, lovers cling to each other, and children cling to us. The moment we cease to hold each other, the moment we break faith with one another, the sea engulfs us, and the light goes out.

—*James Baldwin*

## IV. Model Partnership Presentations

Although our local communities must represent the frontlines of change in efforts to eliminate racial and ethnic disparities in health, they cannot alone accomplish this task. Each of the following four speakers discussed partnerships that have sustained and strengthened their community-based programs in this effort, relating their organizations' experiences, successes, and challenges in creating and developing innovative and effective partnerships to address the health needs of racial and ethnic minorities.

### The Speakers

- *Gloria G. Rodriguez, Ph.D.*, serves as President and CEO of Avance, Inc. Established in 1973 as a private, non-profit organization dedicated to strengthening and supporting families, Avance has become a nationally recognized model for implementing programs in parent education, family support, and fatherhood, as well as in the promotion of mental health and the prevention of poverty, child abuse, and neglect, crime, delinquency, and school drop out. Avance's program sites are located in Texas and Missouri.
- *Mary K. Chung*, is President and CEO of the National Asian Women's Health Organization (NAWHO), a community-based health advocacy organization with offices in San Francisco and Washington, D.C. Since founding NAWHO in 1993, Ms. Chung has accomplished many "firsts" for the underserved Asian American population, and she has been recognized by *Ms. Magazine* as one of the top feminist leaders for the 21st century.
- *Carl Ellison* is Vice President of Community Affairs at Memorial Hospital and Health System in South Bend, Indiana. Since February 1998, he has served as Interim President and CEO of the Chicago-based Institute for Diversity in Health Management, providing leadership to nurture and expand the Institute's initiatives designed to ensure increased minority representation among health care leaders.
- *Judy Roy* has held the position of Tribal Secretary of the Red Lake Tribal Council in Red Lake, Minnesota, since 1994. As a tribal leader, she serves on numerous boards and has been a frequent advisor to academic institutions and government agencies on education and child development issues.



**Gloria G. Rodriguez, Ph.D.**

**Building on the Strengths of Families and Communities:  
The Possibilities for Change**

In founding Avance, Dr. Rodriguez's goal was to build on the strength of communities by initiating a culturally sensitive program to work with children on educational issues early in their lives and also to work with young mothers and their families. "I started this organization," Dr. Rodriguez explained, "because I was frustrated seeing Hispanic children dropping out of school and upset at seeing young children labeled and set aside."

The problems the program encountered were enormous. Half of those participating were abused as children. Many were single, on welfare, and had no support systems. Ninety-one percent of those in the program had dropped out of school around the eighth grade, had several children, had not had immunizations, and often had significant health conditions especially diabetes and obesity. Gangs and drugs were problems; in fact, the first mother recruited by the program was subsequently killed by gang members in front of her children. Dr. Rodriguez realized that, although a difference could be made by educating the parents, adding a health component to the curriculum, and bringing in speakers to address the communities, Avance alone could not do it all. The challenges were too daunting and too complex.

By forming partnerships, however, Avance began to make progress. With the help of churches and governments, the program formed or founded family centers throughout Texas, located partners to help with funding and with services, and brought in the United Way, WIC, hospitals, and pharmacists, and others who could help with mental health and social problems. The program worked with the media and held formal press conferences to bring attention to the problems in the community and also started a community watch program in response to gang violence. Avance worked with parents through churches in an effort to strengthen marriages and to stabilize families. After working with the parents, Dr. Rodriguez and her staff continued to help the children through a variety of programs.

Dr. Rodriguez said that this work has made a difference in the lives of the children and families that Avance serves. For example, although 91 percent of the parents Avance worked with had dropped out of school, 94 percent of their children had graduated from high school and 43 percent of them went on to college. “When we were invited to the White House as a model program,” Dr. Rodriguez remembered, “we brought with us one of our Avance babies, then 21 years old and a schoolteacher. She attended the event with her husband. We had certainly made a difference in her life, as well as in the lives of many, many others.”

Avance programs helped to change knowledge, attitudes, and behaviors, said Dr. Rodriguez, and also helped to rekindle the spirit of hope by taking steps every day to renew the belief that change is possible. “When I was a child, my family and social circumstances were difficult, and my mother easily could have given up,” Dr. Rodriguez said. But with support from extended family, neighbors, and friends, she inculcated important values to her children. “This model of sharing and support became the basis of my vision,” Dr. Rodriguez continued, “which I wanted to bring back to the community and connect with other supportive services.”

Dr. Rodriguez reminded participants that because they had created partnerships and developed solutions, they too could see that change is possible. She added that it is time to be included in the decision-making process of designing culturally competent programs, conducting research, creating programs and training, and formulating positive policy. “This meeting presents a wonderful opportunity to make a difference to the thousands of people we represent and serve,” Dr. Rodriguez said. “We have the ear of the President and of dedicated and caring leaders in the federal government, and they will carry our message forward.”



**Mary K. Chung**  
**Partnerships in Health in Asian American Communities:**  
**Gaining Momentum**

In discussing her experience in developing partnerships to address health care disparities in Asian American communities, Ms. Chung began her remarks by noting that President Clinton's February 21, 1998, radio address represented a commitment to address the health care needs of all minority groups. One important result was increased media focus on the health issues faced by minorities, including Asian American women. This media exposure, noted Ms. Chung, did more to focus public attention on these problems than did months and years of hard work and was key to increasing public awareness of the high cancer rates among Asian American women, particularly the extremely high rates of cervical cancer experienced by Vietnamese American women. Ms. Chung pointed out that this is one example of how the commitment to focus on minority health issues can help foster understanding and increase awareness of these health problems.

However, increased awareness is not enough, Ms. Chung emphasized. She noted the importance of continuing to develop strategies to build on this awareness in order to improve health among minority groups, and in doing so, the importance of developing effective ways of partnering with other organizations. Creating partnerships that cross racial and ethnic lines is a particular challenge for Asian Americans, Ms. Chung said, because at least 30 different communities with varied histories and backgrounds fall into this racial/ethnic category. One particularly useful strategy to help meet this challenge is for a group such as NAWHO, which has earned the trust of Asian Americans, to create an umbrella agenda that would embrace all of these communities.

As the initial step towards creating such an agenda, NAWHO, founded in 1993, sponsored the first National Asian Women's Health Conference in San Francisco in 1995. In May of 1997, NAWHO organized the second conference in Los Angeles. More than 500 regionally and ethnically diverse participants attended to discuss critical health issues facing Asian American women and girls. During this conference, participants sought both to define a new national health agenda that included Asian American women's needs and to mobilize Asian American

women to create change in the way society views and treats their health issues. This conference included a special component known as regional caucuses, through which Asian American women and girls were able to meet with other participants from their regions of the country. Working together, they created special local action plans on health issues important to their communities. In February of this year, in Washington, D.C., the third conference was held, and delegates from 18 states developed the National Asian Women's Family Health Agenda.

Ms. Chung noted that the experience of developing the NAWHO agenda and programs demonstrated that a variety of effective partnerships are necessary. In addition to those formed among public sector groups and organizations, Ms. Chung remarked, NAWHO has established some innovative partnerships with private sector organizations, including pharmaceutical companies. Other partnership efforts have included developing multi-level arrangements that include both private and public organizations. The nationwide Asian American Women's Breast and Cervical Cancer Project, for example, which serves eight states at the regional level, is funded by the Centers for Disease Control and Prevention (CDC) and the American Cancer Society and is supported locally by public health departments.

Ms. Chung explained that although creating and maintaining multi-level partnerships is necessary and valuable, it has produced its share of frustrations, especially when the need for services is so immediate and acute. She stressed the importance of allowing sufficient time to build relationships that will result in changes in individual behavior and in the system. Flexibility is essential to the process, she added, as are open-mindedness and long-term planning.

NAWHO is committed to ensuring that the efforts are continued even after a program ends and NAWHO leaves each state, said Ms. Chung. To build progress, a partnership must help the community develop a structure and the resources needed to continue the work of improving the health of its members, even when a particular program ends.



Ms. Chung concluded her remarks by suggesting that to continue moving forward, it is important to build on the momentum that the Administration has created. "It is up to us to make it go somewhere," she told participants, "and to accomplish this we must establish and maintain effective partnerships. Now that awareness of these issues is growing, our job today is to make certain that we develop mechanisms for useful partnerships."

### **Carl Ellison** **Building Relationships Within the Community:** **Taking the Plunge**

Mr. Ellison noted that in working to address the health care needs of the community, he brings to the table the perspective of the average American from an average community, as well as experience in partnership building. This experience has taught him not only that there is a long way to go, but that many organizations that want to help simply do not know how to do so effectively.

One problem, Mr. Ellison remarked, is that "most of those whom we need to help us still are not clear about exactly what 'minority health' means." In addition, he continued, it is necessary to develop more effective alliances between communities and those who control resources. Because health improvement is at heart a local effort—with change flowing from the collective effort and the passion of members of the community and its leaders and organizations—effective partnerships must develop between the leaders who control the resources and the community itself. Unfortunately, Mr. Ellison noted, "often those who control resources and establish policy have little firsthand experience with those who are being served within the communities."

To address this problem, Mr. Ellison's organization has worked to create strategies and mechanisms that "put a face on the opportunity for community improvement." One of these mechanisms is called a "plunge." In a plunge, policymakers, leaders, and others who control resources are taken to a housing project or other community site where members of the community can share their experiences and stories. Mr. Ellison noted that plunges have been

extremely effective. “Data helps prove a need,” he said, “but nothing is quite as effective as helping one human being understand another’s reality.”

Another useful strategy is tithing. Memorial Hospital and Health System practices this system by reinvesting 10 percent of its yearly profit in the community. This 526-bed facility has a gross revenue of \$400 million and a \$40 million profit margin. This means that through tithing \$4 million is contributed to the community, more than the current number of dollars the United Way allocates to service sector entities in the community. The tithing arrangement gives the hospital an enormous amount of leverage to invite people to the table. “Thanks to tithing,” Mr. Ellison noted, “we never act alone.”

Mr. Ellison remarked that funding multi-year projects through partnerships has been another productive approach. He described one effort in which the hospital teamed with a community development organization financing a minority low-income community effort to provide infrastructure and support. The hospital has already delivered \$250,000 of the \$1 million it has committed to the project.

Noting that “the resources we need to improve minority health already exist—in people and in dollars,” Mr. Ellison emphasized that a relationship base that ties the vision to a common outcome is lacking. It is important, he said, to be innovative and provide education and leadership to ensure that minority health becomes everybody’s business. It also is important to build relationships and trust and to demonstrate different behavior with community partners, Mr. Ellison commented. He reminded participants that their job is to provide models, disseminate them widely, and create structures at the community level. He also noted that ultimately, the community must control how resources will be used.

One of the lessons learned from these approaches is that no entity in and of itself can change outcomes, remarked Mr. Ellison. “Programs must connect their efforts to the strategic goals and



interests of other organizations to form partnerships. It is these connections that create momentum for change.”

**Judy Roy**  
**The Health Needs of American Indians:**  
**Sustaining the Sacred Circle**

“The goal of all our work is to build and sustain a circle that we consider sacred to us and to our people in all of our endeavors,” said Ms. Roy, who discussed the health needs of American Indians and how partnerships are being used to help address those needs. She noted that some problems in health have stemmed from the distinct cultural perspective of American Indians, which in turn has been shaped by the social and political context of the tribes. American Indians do not have the problem of having to learn to think “out of the box,” Ms. Roy suggested, because they are not even “in the box.” American Indians, for example had the original market on holistic health, because they view the mind and body as interconnected and comfortably combine methods of modern and traditional medicine.

Ms. Roy discussed the importance for American Indians “of moving ahead to do the work,” instead of waiting for others to understand their social and cultural perspective and develop appropriate programs. In addition, Ms. Roy noted, to move forward, American Indians must believe they are worthy of being partners in this effort and must learn to rely on themselves in moving forward and in helping to create those partnerships.

One way in which the Red Lake Tribe has taken the initiative and formed a productive partnership has been in dealing with the high rates of diabetes among American Indians, which have reached epidemic proportions. Ms. Roy discussed some of this disease’s effects, including an escalating rate of foot amputation. One partnership strategy that has been implemented to address this problem among the Red Lake Tribe involved sending tribal workers to the Gillis W. Long Hansen’s Disease Center in Carville, Louisiana, to learn special techniques of wound care used for treating patients with Hansen’s disease. As a result of this program, a number of new

procedures for foot care were instituted at Red Lake, and the amputation rate was reduced by two thirds in two years. Another program in which the Red Lake Tribe actively moved forward to increase awareness of diabetes and its health effects was called "Million Miles Against Diabetes," in which 125 children from a tribal grade school walked 125,000 miles during the course of one school year.

Ms. Roy discussed how violence and trauma—leading causes of death among American Indians—are connected to alcohol and other drug abuse and are being confronted in community meetings. She also stressed the importance for American Indians of building on their strengths as survivors and imparting to their youth a sense of belonging—a feeling many youth often receive from gang membership.

"It is difficult to recognize ourselves as our own worst enemies or to look at our strengths instead of our weaknesses," Ms. Roy remarked, "but this is something that the American Indian community desperately needs to do." "As a people, we need to reconnect with who we are and we need to do what works for us," said Ms. Roy, who concluded by remarking that within the context of a distinct social and cultural heritage combined with the need to implement programs and partnerships that work within that context, American Indians will continue to move forward to build and sustain the sacred circle.





## V. Recommendations for Action

How can different types of organizations—community-based organizations, government agencies, and private funding entities—work in partnership to eliminate racial and ethnic disparities in health? What are effective partnership strategies and the strengths of these different groups in addressing such disparities? These were some of the key questions participants considered during this national leadership conference. For most of the day, participants focused their efforts in small group facilitated discussions to achieve a common understanding of partnerships and to identify ways in which they would like to see each other work together to achieve the goal of eliminating disparities. During this time, participants shared experiences, clarified limitations as well as opportunities, and identified key elements of and lessons learned from their experiences.

Some of the specific questions and issues participants considered included the following:

- How do we collaborate, work together, and build partnerships to achieve the goal of eliminating racial and ethnic disparities in health by the year 2010?
- How can different types of organizations work in partnership to eliminate these disparities in health?
- What types of health strategies and interventions could be made more effective by involving a number of different organizations?
- What have we learned from our experiences about working in partnerships?
- What are the comparative advantages of different types of players in addressing racial and ethnic disparities in health? What implications do these have for how different players might work together or work in complementary ways?
- Who else needs to be brought to the table?

At the conclusion of the small group activity, participants returned to a plenary session during which spokespersons presented to the larger group the main issues, ideas, and recommendations



for action that resulted from the discussions. This section of the conference report presents a summary of these recommendations:

## Recommendations for Action

### Eliminating racial and ethnic disparities must be made a national priority of concern to all Americans

- *Leaders at all levels must understand that all people in this country deserve to be healthy and have access to adequate health care services.* To accomplish this goal, we must start by targeting the most vulnerable populations and members of our society.
- *All Americans must have access to the highest quality health care, either through universal coverage or some other medium.* To achieve this goal, policymakers, communities, health care providers, funders, and the media must recognize that this is an issue that affects all Americans, not only those who cannot afford health insurance.
- *Advocacy, including locally and strategically at state, national, and political levels, is essential.* While strategies that promote self as well as community development are important, we should struggle to eliminate discrimination and racism as well as the Third World conditions that are found in some of our inner cities. Economic opportunity and unlimited access to professional opportunities for all Americans must be considered a priority as we enter the 21st century.
- *The development of a shared vision of partnership is key to increasing awareness of the problems and of how we are working to solve them.* It must be clear to the nation that these disparities are unacceptable and that we can work together to address them.
- *We must work toward creating a national will, awareness, energy, and commitment to eliminate racial and ethnic disparities in health.* Useful analogies are those of the space program, which galvanized the nation to focus on the goal of landing a man on the moon, the AIDS movement of the 1980s, and the civil rights movement of the 1960s. To accomplish this, we must focus on the values involved, as well as on the models needed.
- *One approach is to infuse spiritual energy into this effort.* This helps provide direction and catalyze and spur action and builds upon a commitment to change that is growing at the grassroots level. We need to use the resources of the media to foster this commitment by developing messages with impact.

- *We must help community leaders and advocates to increase awareness and to establish ongoing linkages with these entities that will move the effort forward. A wealth of organizations, including corporations, have more-than-ample resources and are available to participate in this effort. However, it is simpler to access these resources if the organizations understand why eliminating disparity is important. It is important to remember that partnerships should be structured in a way that continually encourages partners to learn from one another.*

### **Communicating our vision is essential**

- *To help get the message out, we need to tailor talking points to different constituencies. However, we also must emphasize that disparities concern all of us and that it will be to everybody's benefit to address this issue.*
- *Education will play a major role in the elimination of health disparities with efforts targeted at the general public, public officials, community decisionmakers and leaders, and members of ethnic and minority groups themselves. Education about the basic principles of equality and equity must begin at the earliest ages—in the schools—and we must supply the expertise needed to ensure that these efforts are effective.*
- *The media is an essential partner in the development of successful culturally appropriate educational programs. Other partners in education (such as the U.S. Department of Education) should be cultivated and developed.*
- *In order to plan and present a serious media campaign, messages must be developed that everybody can rally behind. In addition, to demonstrate the necessity of addressing these disparities, we need the appropriate data—examples, numbers, and statistics—that can be used in these media campaigns.*
- *The mass media also is critical to the development and dissemination of prevention messages and positive messages to all elements of the community. Legitimacy is an important issue; people must see themselves reflected positively in these messages. But it is critical to note that these messages must not be focused on specific diseases at the expense of imparting a more comprehensive, less fragmented message. The more specific the message, the less universal the audience and the more limited the response.*
- *We should consider additional opportunities for partnering with the media. For example, more representatives from the media should be involved in future meetings in order to develop effective communication strategies.*



**Health is affected by many factors, and efforts to address disparities must be comprehensive**

- *Activities and partnerships that result from today's efforts must confront disparities in a way that cuts across social and economic levels and all of our minority communities.* Such issues include mental health, substance abuse, violence, poverty, immigrant health, lack of education, and lack of economic opportunity. We constantly must deal with these various dimensions of disparity and not focus solely on areas that are receiving funding.
- *We should broaden the definition of health using a systems approach to encompass factors such as economics, environmental justice, and self-determination.* In employing such an approach, it would be valuable to explore the question, for example, of why the health of immigrants to this country often deteriorates in succeeding generations.
- *We need to consider issues and try to effect change at the systems level.* To achieve this, we must first identify the systems that need to change. These systems include government, funding programs, communities and community organizations, academic institutions, businesses and corporations, and health care organizations, among others.

**Efforts must recognize the diversity of America's racial and ethnic communities and the diversity of their needs**

- *Health problems in racial and ethnic groups are found in all income and educational strata.* Because no one segment in our society alone is affected by disparities in health, there is no single description of disparity. The picture is a complex one that challenges many assumptions. For example, racial and ethnic disparities in health do not necessarily correlate with low socioeconomic status. Thus, in approaching this issue, our focus should be on reducing segmentation and division.
- *We need to stay focused on the big picture while remaining sensitive to the need to develop targeted community-specific approaches.*
- *Access could be improved by reinstitutionalizing community outreach programs, using the model of the public health nurse.* Some of the older models—such as those that have been so effective in combating the spread of sexually transmitted diseases and tuberculosis—may have positive uses. Trained, culturally competent community health workers are essential to this process.
- *We need to take a realistic look at the institutional cultures of the groups we bring to the table.* Communities and their members often experience difficulty in valuing the various cultures that are included. We must acknowledge this intercultural strife and move beyond the idea that the only enemies are to be found “outside” the community.

## Improving the flow of information and communication is an important component of success

- *Partners must be willing to take a hard, realistic look at the composition and dynamics of these various relationships and to take the action necessary to sustain them.* Personal relationships are essential to the development of the organizational relationships that form the core of partnerships. But, as with all relationships, these can be difficult to initiate and maintain.
- *Our efforts should draw on what is already known about partnerships and the skills that are necessary to develop, support, and sustain them.* Federal agencies and private grantmakers constantly fund partnerships at a wide range of levels. Many models have been developed, and there are many partnership possibilities we have not yet considered; we must explore these possibilities and make more connections. It would be helpful if those entities that have conducted research in this area would make that information available to those of us who are trying to implement partnerships at the community level. This would make it less likely that we will have to “reinvent the wheel” in each community.

## Changes must be driven by the communities themselves

- *We must think in terms of building infrastructures and collaborations that empower communities to identify and meet their own needs.* Too often, efforts are developed with the sole goal of ensuring delivery of services to minorities. In the long run, the most effective efforts to eliminate racial disparities in health will come from within local communities.
- *Partnerships should build on the knowledge that the community is the center for development, action, and change.* Community development should consist of providing support for organizations that will empower individuals and communities to be their own best advocates. These organizations must be encouraged and empowered to seek and develop creative partnerships.
- *Community development will help to promote positive change and can be accomplished through effective grantmaking.*
- *We should work to share resources in creative ways among different community groups.* Drawing on the varying resources and strengths of different community groups will help us accomplish goals more effectively and with more flexibility. We must be able to share resources and think creatively about how to use resources that are available in the community.



- *Minority representation should be increased on advisory boards, federal program boards, review panels, and boards of directors of foundations and other organizations.*
- *We need to obtain input from the community level and minority groups in the design of projects and make more inclusive the mix of individuals responsible for allocating the funds, both at the federal level and in foundations.* It also is important that we train providers and other individuals in the community to collect and interpret data.

**Better data and uses of data are needed to document problems and measure progress in achieving solutions**

- *High-quality, uniformly reported data on all racial and ethnic subgroups are urgently needed to accurately reflect the needs of the community and demonstrate the necessity of addressing these disparities.* This data should be not only accurate, but thorough. Often charts and tables present categories such as “white,” “African American,” “Hispanic,” “Asian/Pacific Islander,” and “other.” We must define what is represented by that “other” category, more clearly define subgroups included within these categories, and enhance the quality of this data at the federal, state, and local levels.
- *Useful and effective outcome measures must be developed to monitor our progress in the elimination of disparities and to assure that we are using accurate data in doing so.* Although process measures are valuable, they alone are not adequate.
- *Process measures are still important.* In some ways, the pendulum has swung too far toward using outcome measures. Process is an essential part of how we arrive at our outcomes, and in our zeal to move toward more appropriate outcome indicators and measures, we may not have considered sufficiently that when we talk about partnerships, we are talking about relationships and process. We must recognize that there is a legitimacy to and value in funding the process—outcome is not all that matters.
- *In measuring our progress, we need to rethink and clearly define our baseline measures.* A prevention model might be helpful; that is, a possible perspective is that if risk in a particular area is already low, we should work to keep it low.
- *We must develop our ability to conduct applied research and provide training for the individuals who gather and measure the data.* Involving minorities in this process will help ensure that the data is complete and accurate. Although this process can take time when communities are involved, the improved outcomes are worth it. Also, because this approach can take longer than others, we must be committed to involving the community in gathering data and be prepared to take the time necessary to do so effectively.



- *We must recognize the importance of data to funders, who like others, use this information to evaluate progress and reallocate resources.*

### **Strategies must focus on multiple partners and nurturing those partnerships**

- *Cultivating partnerships is an ongoing process, and a follow-up strategy must be developed if the work of this conference is to continue.* Next year, for example, we could meet with specific, interested groups, such as foundations, the media, and HMOs, to further develop our thinking on partnerships and continue this strategic process. Although regional meetings are important, national meetings are essential in our efforts to raise awareness and move forward.
- *We must develop a new paradigm in which whatever is brought to the table is considered valuable—whether it is information or money.* Traditionally, partnerships have been entered into with an implied understanding that some contributions are more important than others. All stakeholders must evaluate what they bring to the table. Part of the challenge of the balancing act lies in the fact that different partners have different power positions and strengths. We also must recognize that partnerships provide an opportunity for learning about diversity and for renegotiating power differences.
- *We must develop and articulate a plan of action that is specific enough that those affected can believe in it and commit to its implementation.* One of the most significant barriers to trust, and therefore commitment, is the perception that there is a lack of follow-through for gatherings such as this conference.
- *Our work should focus on strengths rather than deficits.*
- *Foundations could pool resources to deal with minority health issues, and government agencies could do the same.* We also need to involve other groups that are inadequately involved at this time. For example, HMOs could help conduct work in minority communities and share their resources.
- *We need to educate the senior executives and corporate boards about the issue of racial disparity in health and help them understand why it is in their best interest to help eliminate these disparities.* In other words, we must bring corporations to the table. We must also tap into the human as well as financial resources of corporations and other organizations; for example, employees can be encouraged to volunteer time to help write grants.
- *One innovative possibility is that of asking organizations to tithe.* Those who have done so have found it to be an extremely useful approach to building powerful community relationships. In addition, taking a 1 to 10 percent tithe from government agencies would



generate the revenue needed to address a wide range of disparities. Practically speaking, however, we should not limit our focus to the percentage of money currently being allocated for issues related to disparities in health. Funders contribute to the community in a variety of ways that have a positive effect on outcomes.

- *Attracting more members of ethnic and racial groups to careers in the health care professions will help reduce disparities over the long term.* Academic health centers must be part of the action, and universities, government agencies, and the private sector must all develop partnerships that will increase the numbers of minority health care professionals. Otherwise, as new models of treatment are developed, the differences between how health professionals are recruited and trained and how they practice will expand. The current controversy over affirmative action does not address the options for including racial and ethnic minorities in the work of outreach.
- *We can institutionalize the necessary leadership efforts by actively recruiting and developing strategies to retain minority health professionals.* We must, in other words, first institutionalize diversity, which in its broadest connotations should include all involved in the health care workforce—not just providers and clients, but academics, researchers, and policymakers.
- *Trust is a fundamental component of relationships and partnerships.* Problems with trust between communities and programs/funders are partially the result of the difficulties that have occurred when programs end, funding is withdrawn, and the infrastructure needed to continue providing services is not sustained. These problems are exacerbated by the vagaries of the legislative process and federal priorities that can change from election to election and that do not always sufficiently address the needs of local communities. To improve partnerships between the community and funding organizations, communities must become equal partners in these arrangements, and they need to develop the tools necessary to become self-sustaining.

### Reducing disparities will require sufficient and stable sources of funding

- *Although it is important to convene meetings, it is also important to establish clear funding sources at the same time.* One barrier to trust is a concern regarding being “called to action” without a committed funding base or stream.
- *Seed money is needed to help communities build coalitions to accomplish this based on their own issues and on their own schedules.* This would be more effective than forming a coalition to respond to a request for proposals and then finding that the coalition is poorly focused and directed, that all partners have not bought into it, and that it cannot be sustained. To accomplish this, we need additional funds so that communities can be



empowered to develop their agendas and so that multi-year and sustained funding is available.

- *We must recognize that the ways in which we determine strategies and interventions and how we evaluate them are based upon certain assumptions.* For example, funders do not always understand the importance of applying a model of self-determination for communities and their members. We must develop ways of moving from a model of dependence to one of independence. Possible methods include the development of strategies to educate and train community leaders and others in critical areas such as grant writing and marketing, consensus development, advocacy, public relations, and more.
- *We can help begin to reduce disparities by providing sufficient funding to national, regional, and community organizations.* To build capacity, funds should be redirected as necessary—with the resources currently available, we should begin to think about their effective reallocation and develop specific funding strategies for that reallocation. Communities need access to funds for needs assessments, planning, and strategic assessments, and community leaders need to have the tools and the training that will enable and empower them to lobby for both dollars and resources. In addition, the capacity to carry forward with these efforts must be increased not only within communities, but within government as well.
- *Funding should focus more on prevention than it has in the past.*
- *Cultural appropriateness of programming and cultural competency of staff are essential; however, cultural competency is a two-way street.* Funders must work with the communities they serve to design and evaluate programs that are relevant and meaningful. And those who receive funding must be expected to demonstrate that they are doing what they say they are doing. Accountability—from both sides—is essential if programs are to survive and flourish.
- *Foundations and government agencies must make cultural competency a criterion for funding programs.* Credibility, trust, and expertise are all key to achieving change at the community level. If applicants cannot demonstrate cultural competency, they should be required to partner with an organization that can.
- *Appropriate benchmarks must be developed to evaluate and monitor progress.* Those who receive funding must demonstrate that they are effective in reducing/eliminating racial and ethnic disparities in health.
- *Rather than talking about matching funds, we should talk about matching resources that offer community groups the opportunity to buy into programming that addresses disparities.* Foundations and government agencies often ask for matching funds. Many



of our community organizations simply do not have the money. We should rethink this approach and enlist the support of health care workers, teachers, and community volunteers.

- *The ability and talent to achieve our goals exists: we must invest more in developing leadership at the community, state, and national level.* At the national level, in both government and foundations, leadership must reflect the many faces of communities, and there should be equity among these leaders within partnerships. Many of the best ideas come from the community level, and strong local leaders do receive attention and generate funding.

## **VI. Closing Remarks**

**Lauren LeRoy, Ph.D.**  
**President and Chief Executive Officer**  
**Grantmakers In Health**

This meeting has provided an opportunity to learn about the nuances of the issues related to racial and ethnic disparities in health, noted Dr. LeRoy. Valuable information was shared on a variety of creative approaches to developing partnerships and on the potential roles different groups can play. However, much work remains to be done to translate these ideas into successful action.

Dr. LeRoy emphasized that this conference represented only the beginning of an important collaboration and that from the discussions that took place, it was clear that the process of developing partnerships is as important as the partnerships themselves. It also was clear that this process must involve the people whom these partnerships are ultimately meant to benefit and must be grounded in their communities. The next step for conference participants was to return to their organizations and communities and apply what they had learned. They are in the best positions to know which strategies will be most effective in their particular circumstances, noted Dr. LeRoy.

Dr. LeRoy expressed hope that the brief partnership this conference created among the meeting participants would continue beyond the meeting itself, including the possibility of reconvening the group at a later date. She also stressed the importance of sharing today's effort with a larger audience, noting that GIH will do so by inviting some conference participants to share their experiences at its next annual Washington briefing and by including information about the conference in several GIH publications. In addition, Dr. LeRoy noted, the subject of GIH's next annual meeting in February—social inequalities and health—was itself selected as a theme that would build on this conference, and Dr. Satcher is scheduled to present the keynote address at



that event. She also reported that GIH had been working with the Community Foundations Health Care Access Project to support a national collaboration among community foundations focused on the goals of eliminating racial and ethnic disparities in health.

In conclusion, Dr. LeRoy emphasized two areas for immediate action that had emerged from the conference: documenting and disseminating lessons learned from work currently underway and developing sound, comprehensive data to better understand the issues, educate policymakers, and monitor progress toward the conference goals. She noted that foundations can play an important role in both of these areas.

**David Satcher, M.D., Ph.D.**

**Assistant Secretary for Health and U.S. Surgeon General**

In his concluding remarks, Dr. Satcher emphasized the importance of developing a shared vision in moving forward to eliminate racial and ethnic disparities in health, agreeing with Carl Ellison and others that no one group alone can accomplish this goal. Dr. Satcher noted that government agencies must develop more partnerships and more jointly funded programs. He also emphasized that rather than focusing on specific categorical approaches such as programs that target a specific disease, comprehensive strategies must be developed that cut across areas of need.

Dr. Satcher discussed the importance of continuing communication among stakeholders. One way HHS will continue its focus on eliminating disparities is through the regional meetings that will be held as part of the process of developing Healthy People 2010 goals. These meetings will include people from a variety of organizations and communities and will promote additional discussions on eliminating racial and ethnic disparities in health. It is critical, said Dr. Satcher, that the work of developing ideas and strategies for effective programs moves forward.

Dr. Satcher also discussed the issue of funding options, noting that HHS is currently leveraging resources to develop demonstration programs and augment existing programs that are known to be effective. One example of a program that is known to be effective in bridging the gaps, noted

Dr. Satcher, is a partnership between CDC and NIH to fund a national diabetes program that aims to provide education and improve patient treatment. Funding for demonstration projects in communities, he continued, could be used to explore issues related to specific diseases, or could provide an opportunity to employ a more comprehensive approach to identify risk factors that affect several if not all of these disease areas. With increased funding and increased knowledge of what works, Dr. Satcher concluded, we can form productive partnerships and implement programs that will help to close the gaps.





## **Appendix A: Biographies**



## Biographies

### Mary K. Chung

Mary Chung is President and CEO of the National Asian Women's Health Organization (NAWHO), a community-based health advocacy organization with offices in San Francisco and Washington, D.C. Since founding NAWHO in 1993, Ms. Chung has accomplished many "firsts" for the underserved Asian American population. To provide the urgent need for tobacco control programs for Asian Americans and to dispel myths that they are not an at-risk population, she launched NAWHO's national multilingual survey to measure smoking prevalence among immigrant communities. The survey and its findings received nationwide media coverage through the Associated Press and network television affiliates and in publications such as *Newsweek* and the *Los Angeles Times*.

In addition to her participation in research and public education, Ms. Chung is committed to bringing more Asian American women into the arena of health policy development and implementation. She recently organized 100 Asian American women in Washington, D.C., for the first national leadership training effort specifically designed for these community-based advocates. NAWHO's Leadership Network works to strengthen regional health initiatives and to coalesce Asian American women into a broader, stronger, national advocacy movement.

Ms. Chung has been recognized by *Ms. Magazine* as one of the top feminists leaders for the 21st century. She is a board member of the Alan Guttmacher Institute and the National Breast Cancer Coalition.

### Carl Ellison

Carl Ellison is Vice President of Community Affairs at Memorial Hospital and Health System in South Bend, Indiana. In this role, he helps the hospital and the community identify, assess, and

respond to health and well-being needs. He guides the development and implementation of many community outreach initiatives; serves as a liaison to business, government, and neighborhood and community services organizations; oversees legislative education for Memorial Health System; and provides leadership on public health issues.

Since February 1998, Mr. Ellison also has served as Interim President and CEO of the Chicago-based Institute for Diversity in Health Management. In this role, he provides leadership to nurture and expand the Institute's initiatives that are designed to ensure increased minority representation among health care leaders.

A frequent national speaker on topics ranging from community health improvement to minority health, Mr. Ellison is past president and current treasurer of the Indiana Minority Health Coalition, a network of 16 community-based organizations dedicated to eliminating minority health disparities. He also serves on the Indiana State Legislative Commission on Healthcare for the Working Poor and the Indiana Hospital and Health Association Medicaid Block Grant Task Force. He is a 1973 graduate of the University of Notre Dame with a degree in English and black studies.

### **Lauren LeRoy, Ph.D.**

Lauren LeRoy is President and CEO of Grantmakers In Health, an educational organization that works with foundations and corporate giving programs to improve the nation's health. Previously, she served as Executive Director of the Medicare Payment Advisory Commission (MedPAC), a nonpartisan congressional advisory body charged with providing policy advice and technical assistance on Medicare and broader health systems issues. Before assuming her position at MedPAC, Dr. LeRoy served as Executive Director of the Physician Payment Review Commission (PPRC), one of two congressional advisory commissions merged to create MedPAC in October 1997. She joined PPRC at its inception in 1986, serving first as Deputy Director and assuming the responsibilities of Executive Director in 1995.



Before joining PPRC, Dr. LeRoy was Associate Director of The Commonwealth Fund Commission on Elderly People Living Alone. She spent more than a decade at the Institute for Health Policy Studies, University of California, San Francisco, where she was an Assistant Director for the Institute's Washington office. She also served as an analyst for health issues in the Department of Health, Education, and Welfare.

Dr. LeRoy's research interests and published works have focused on Medicare reform, the health workforce, health care for the elderly, and reproductive health. She is a member of the National Academy of Social Insurance and a Fellow of the Association for Health Services Research. Dr. LeRoy received a doctorate in social policy planning from the University of California, Berkeley.

### **Gloria G. Rodriguez, Ph.D.**

Dr. Rodriguez is founder, National President, and CEO of Avance, Inc. Since its inception in 1973, Avance has become a nationally recognized model and pioneer program for parent education/family support/fatherhood programs. Avance is also known for its programs in the promotion of mental health and the prevention of poverty, child abuse and neglect, crime, delinquency, and school drop out. Avance has sites in Austin, Corpus Christi, Dallas, Del Rio, Eagle Pass, Houston, Laredo, Rio Grande, and San Antonio, Texas, as well as Kansas City, Missouri.

Dr. Rodriguez has received numerous regional and national awards, including the Matt Garcia Public Service Award from MALDEF in 1994, the Temple Award for Creative Altruism from the National Institute of Noetic Sciences in 1993, and the Woman of the Year Award from the *San Antonio Light* in 1981. She was featured in *Hispanic Business Magazine* as one of the 100 most influential Hispanic women in the nation. *Working Mother* named her as one of the 25 most influential working mothers in America. She was a delegate to the White House Conference on Families and by Presidential appointment she served as part of the U.S. delegation

to the United Nations International Commission on the Status of Women and the Commission on Education Excellence for Hispanic Americans. Dr. Rodriguez holds a doctorate in early childhood education from the University of Texas at Austin.

### **Judy Roy**

Judy Roy is Tribal Secretary of the Red Lake Tribal Council in Red Lake, Minnesota, a position she has held since 1994. Previously, she served as Executive Administrator of the Council and as a director and teacher for the Red Lake Head Start Program.

Ms. Roy is the driving force behind two Red Lake Nation initiatives: the Community Unity Initiative, focusing on violence on the reservation, and "Million Miles Against Diabetes," the Nation's war against diabetes. As a tribal leader, she serves on numerous boards and has been a frequent advisor to academic institutions and government agencies on education and child development issues. Ms. Roy holds a degree from Bemidji State University.

### **David Satcher, M.D., Ph.D.**

David Satcher, physician, scholar, and lifelong public health advocate, is the Assistant Secretary for Health and U.S. Surgeon General. Previously, Dr. Satcher served as Director of the CDC. During his tenure there, Dr. Satcher spearheaded initiatives that increased childhood immunization rates, which had been 55 percent in 1992, to 78 percent in 1996. He also upgraded the nation's capability to respond to emerging infectious diseases and laid the groundwork for a new Early Warning System to detect and prevent food-borne illnesses.

Dr. Satcher served as President of Meharry Medical College from 1982 until he was named Director of CDC. Before joining Meharry, he was Chairman of the Department of Community Medicine and Family Practice at the Morehouse School of Medicine in Atlanta. He is also a former faculty member of the UCLA School of Medicine and the King/Drew Medical Center in



Los Angeles. He developed and chaired King/Drew's Department of Family Medicine, and, from 1977 to 1979, he served as the Interim Dean of the Charles R. Drew Postgraduate Medical School.

A native of Alabama, Dr. Satcher graduated from Morehouse College in Georgia in 1963 and received his M.D. and Ph.D. degrees from Case Western University in 1970.

### **Gloria Smith, Ph.D.**

Dr. Smith is Vice President for Programs at the W.K. Kellogg Foundation. She is responsible for program development and administration as well as program/project evaluation and dissemination. Dr. Smith also provides leadership for the Foundation's health programs to ensure the success of team efforts in this specific area of programming.

Before joining the Foundation, Dr. Smith was Dean of the College of Nursing at Wayne State University in Michigan. Previously, she served as director of the Michigan Department of Public Health, Lansing. She has been a member of the faculties of Tuskegee University, Alabama, and Albany State College, Georgia, as well as Dean of the College of Nursing at the University of Oklahoma, Oklahoma City.

Dr. Smith earned her bachelor's degree in nursing at Wayne State University and her master's degree in public health at the University of Michigan, Ann Arbor. She took her master's in anthropology from the University of Oklahoma, Norman, and her doctorate in anthropology from the Union of Experimenting Colleges and Universities, Cincinnati, Ohio.

### **Reed V. Tuckson, M.D.**

Dr. Tuckson is Senior Vice President, Professional Standards, for the American Medical Association. Dr. Tuckson was formerly President of the Charles R. Drew University School of

Medicine and Science in Los Angeles from 1991 to 1997. From 1990 to 1991, he served as Senior Vice President for Programs at the March of Dimes Birth Defects Foundation and from 1986 to 1990 as Commissioner of Public Health for the District of Columbia. He is a nationally known lecturer on topics concerning community-based medicine, the moral responsibilities of health professionals, and physician leadership.

Dr. Tuckson is a graduate of Georgetown University School of Medicine in Washington, D.C. He completed his internship, residency, and fellowships in general internal medicine at the Hospital of the University of Pennsylvania. During his fellowship, he also became a Robert Wood Johnson Foundation Clinical Scholar at the University of Pennsylvania where he studied health care administration and health policy at the Wharton School of Business. He was also active in ambulatory, student health, prevention, and geriatric clinical care settings.





## Appendix B: Conference Agenda





## Call to Action: Eliminating Racial and Ethnic Disparities in Health



William F. Bolger Center for Leadership Development  
Potomac, Maryland  
September 11, 1998

### AGENDA

#### Friday, September 11, 1998

- 8:00 a.m. Registration and Coffee
- 8:30 a.m. Welcome, Context and Purpose of the Conference
- Gloria Smith, Ph.D.  
Vice President for Programs - Health  
W.K. Kellogg Foundation
  - David Satcher, M.D., Ph.D.  
Assistant Secretary for Health and U.S. Surgeon General  
U.S. Department of Health and Human Services
- 9:00 a.m. Call to Action
- Reed Tuckson, M.D.  
Vice President for Professional Standards  
American Medical Association
- 9:30 a.m. Program Partnership Example
- Gloria Rodriguez, Ph.D.  
President and Chief Executive Officer  
Avance Family Support and Education Program  
San Antonio, Texas
- 9:45 a.m. Agenda Overview
- Lawrence Bartlett, Ph.D.  
Health Systems Research, Inc.
- 9:50-10:00 a.m. Break
- 10:00 a.m. Small Groups/I
- Facilitated Discussion

11:45-1:15 p.m. Lunch/Panel of Model Partnerships

- Moderator: Gloria Rodriguez  
Avance Family Support and Education Program
- Panelist: Mary Chung  
National Asian Women's Health Organization
- Panelist: Carl Ellison  
Institute for Diversity in Health Management
- Panelist: Judy Roy  
Red Lake Tribal Council

1:15 p.m. Small Groups/II

- Continuation of Morning Session

3:00-3:15 p.m. Break

3:15 p.m. Reporting Back

4:30 p.m. Closing Remarks

- Lauren LeRoy, Ph.D.  
President and CEO  
Grantmakers In Health
- David Satcher, M.D., Ph.D.  
Assistant Secretary for Health and U.S. Surgeon General  
U.S. Department of Health and Human Services

5:00 p.m. Adjourn



