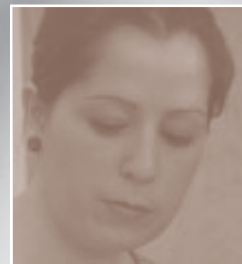


# HOW FAR WE'VE COME, HOW FAR WE HAVE TO GO

The New England Regional  
Minority Health Committee's  
Efforts to Eliminate  
Health Disparities by 2010  
1999-2005



**Eliminating**  
**HEALTH**  
**DISPARITIES**  
**by 2010**

*It is imperative that young people be told that we have come a long way, otherwise they are likely to become cynical. . . So it must be simultaneous—how far we have come and how far we have to go.<sup>1</sup>*



Do Maya Angelou's words speak to you as participants in this year's conference on Eliminating Health Disparities? We hope so. We must not become cynical. We have come far on our journey, and we have a long way to go.

This conference is the midpoint of a decade long campaign by the New England Regional Minority Health Committee to end disparities in the region and the nation. It is a time to reflect on how far we have come and how far we have to go, to "assess our impact and meet the challenge." You may have joined this campaign today by attending this conference. You may have been working in these fields for a lifetime. Either way, I welcome you on behalf of the Committee. Please read about our past efforts. You are now part of our future, part of our family working to eliminate health disparities by 2010.

Beau Stubblefield-Tave, Roger Husbands,  
Padma Roy *The Cultural Imperative*



Imagine a small number of people dedicated to minority health. Could they change the world? By becoming a dedicated and expanding team, the New England Regional Minority Health Committee (the Committee) has changed New England and set an example for the rest of the world. It continually inspires grassroots action in communities across six diverse states<sup>2</sup>

**ACTION AND EDUCATION YIELD RESULTS:**

*"One hand washes the other, and together they wash the face."<sup>3</sup>*

The Committee's synergistic process of action and education to eliminate health disparities is unique and produces lasting results. State caucuses biennially hold themselves accountable by reporting on their past activities and planning future actions at this regional conference. This event also provides educational activities comparable to national events. Vital state actions include: Critical Mass, a statewide anti-disparities coalition in Massachusetts; the Offices of Minority Health in the New Hampshire, Rhode Island, Massachusetts and Vermont; Race, Class and Health and a major data conference in Maine; and the Connecticut Multicultural Health Advisory Committee. The Conferences rotate among the six New England states and draw speakers and

participants from the region and the nation. Each program is supported by all six Departments of Health, yet each conference planning committee draws new members, particularly from the host state(s).

The Committee is a team that reshapes itself constantly. It welcomes in dozens of new members as it becomes a conference planning committee every other year. The Committee also says goodbye to members and friends as they change responsibilities or leave the area.

The Committee is made up of people who believe Dr. Martin Luther King's words. "Anyone can be great, because everyone can serve."<sup>4</sup> This is their story, of service in eliminating health disparities. So far.

We will discuss each of the conferences (Rhode Island—1999, Vermont/New Hampshire—2001, Massachusetts—2003, and briefly, Maine-2005). We will describe the state activities the Committee and conferences supported, note progress and challenges to date, and identify lessons that may help future Committee members and other "drum majors for justice."<sup>5</sup> We will profile several representative heroes, also known as diamonds. Finally we look to the future conferences (Connecticut—2007 and Rhode Island—2009) on the journey to a New England and America without health disparities.

*Never doubt the ability of a small, dedicated group of people to change the world. Indeed, nothing else ever has.<sup>6</sup>*

## Becoming a Team

Doing minority health work can be an exhilarating and isolating journey. Many staff on the frontlines work within organizations that have broader missions—hospitals, health departments etc. One or two employees may focus on minority health. Many others are unaware, even hostile, to issues that affect people of color in America. As Minority Health Consultant for Department of Health and Human Services (DHHS) Region I, Janet Scott-Harris worked closely with many New England health care leaders. She convened many of these leaders in 1998 to seek common ground and support. Many of these people (e.g. Bill Walker and Sandy Hicks of New Hampshire, Marie Spivey of Connecticut, Pheamo Witcher of Rhode Island) had been working on minority health and related issues in New England well before Jan's arrival in 1991. They had often been working in isolation, and sometimes in competition for dollars and attention from the federal government, from their own state leaders and from other funders. Jan's arrival, and focus on HIV/AIDS and its devastating impact on communities of color offered a chance to make new connections with each other. Jan recognized that she needed to leverage her dollars and time by building and supporting networks in the states. Pat Dance Center for Health and Development (CHD) became point person on the project. She and Jan helped support state summits in the several states, building connections, knowledge, political capital and momentum towards a statewide summit on minority health in each of the six states. To build on the progress in individual states, Jan convened a diverse regional group to discover how they could work together.

The concept of working together as a region was radical. Perhaps as radical as an operating room where the surgeon and the scrub nurse are



*"We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color."<sup>7</sup>*

both "considered important and invaluable." The group met for more than a year working to overcome a lack of trust among many of its members. Region I OMH sponsored a Pat Dance to manage the meetings. She facilitated the discussion so that all voices were heard. This helps the group to move expeditiously towards its goal: improving minority health in New England. The experience of sharing successes and challenges energized everyone. Each person walked away knowing that they were not alone. Federal sponsorship and statewide advocacy helped all parties get stronger.

From this group grew the New England Regional Minority Health Committee. There was consensus that the group needed a single focus to be addressed flexibly in all six states according to their local demographics, politics, et cetera. The initial choice was managed care—a powerful force in New England—and its impact on minority health. The DHHS Regional Office decided to focus on managed care, and fate lent a hand. President Clinton committed the nation to Eliminating Health Disparities by 2010, Boston hosted the Race Commission's hearing on health issues, and the Committee had a clear *raison d'être* for the coming decade. In 2000, DHHS Region I OMH created a strategic planning process to advise the Office on critical issues and activities required to improve minority health in New England. That plan and the Committee's efforts complement each other to this day.

Like the OR team Dr. Alvord envisages, the New England Regional Minority Health Committee has worked together to eliminate racial and ethnic health disparities in six diverse states since 1999. The Committee is a unique collaboration that works regionally and on a state by state basis. The federal Public Health Service Region I Office of Minority Health works together with the six state Departments of Health, numerous health care providers and community based organizations, academics, foundations and business leaders on a continuous basis towards the goal of eliminating health disparities by 2010.

*My ideal operating room would have a team of people who worked together smoothly and easily, with respect for one another and their patients. Each member, no matter what their rank, would be considered important and invaluable.<sup>8</sup>*

## Eliminating Disparities: The Longest Journey—Conference Overview

The longest journey begins with but a single step.<sup>9</sup>

The Committee is best known for the unique conference it sponsors every two years. The conference attracts hundreds of people to a national level educational meeting. Major speakers have included David Satcher, MD, PhD, then US Surgeon General, Joseph Betancourt, MD, MPH, member of the Institute of Medicine Committees which wrote "Unequal Treatment"<sup>10</sup> and "In the Nation's Compelling Interest"<sup>11</sup>, Mae Jemison, MD, former NASA astronaut, Yvette Tolson, Nipmuc Women's Health Coalition, Howard Koh, MD, MPH, former Commissioner of the Massachusetts Department of Public Health, Durrell Fox, Community Health Worker, and dozens of others. It has grown in attendance and impact at each event. The conference is unique in that each New England state reports on its activities since the past conference and plans activities for the following two years. State representatives hold each other accountable to their communities in this regional setting. The conference is about action and accountability as much as about education and celebration.

# Rhode Island, April 11-13, 1999, Providence, Rhode Island

## **New England Regional Minority Health Conference: Eliminating Health Disparities by 2010**

Presented by the  
New England Regional  
Minority Health Conference  
Committee

April 11-13, 1999

Marriott Hotel Providence, RI  
David Satcher, M.D., Ph.D.  
Assistant Secretary for Health  
and U.S. Surgeon General,  
will give the keynote address.

## *Pulling off a successful conference the first time is a major challenge.*

Rhode Island had advantages including its own Office of Minority Health, headed by Pheamo Witcher, Conference Co-Chair. Rhode Island also had significant political backing from the Governor's office. Other players from throughout the region also brought support. This helped both Rhode Island, and the other individuals who aligned with them. Supporters included Bill Walker, Conference Co-Chair, and Sandy Hicks, both of New Hampshire; Marie Spivey of Connecticut and of course, Jan Scott-Harris of Region I. Kelly Chunn and Patricia Dance served as Co Conference Coordinators CHD was hired to manage the fiscal responsibilities of the conference. The model of volunteer and staff leadership has continued through the subsequent conferences with changes in individuals and roles.

The Rhode Island conference was a major success programmatically, but not financially. State caucuses were held with representatives from all six states. Maine was the smallest delegation with three participants, but those participants used it as a launching pad. Of course Maine is now hosting the 2005 conference. Every state used its caucus to learn about current activities in the state and to plan for new activities that would move the cause of disparities elimination forward. Several states were inspired by Rhode Island's example to seek their own offices of minority health. Massachusetts and New Hampshire

*Every state used its caucus to learn about current activities in the state and to plan for new activities that would move the cause of disparities elimination forward.*

now have such offices, and all six states have designated point persons for minority health issues.

Keynotes were Surgeon General David Satcher, MD, PhD and Nathan Stinson Jr, PhD, MD, MPH, head of the US Department of Health and Human Services Office of Minority Health (HHS OMH). Surgeon General Satcher was an inspiring and unflappable speaker. He recognized Buddy Cianci, Providence's Mayor, and "invited" him to make a few remarks. Dr. Satcher then finished his speech without missing a beat and signed "good health prescriptions" on his way out. These red, white and blue forms had instructions like "Exercise at least three times per week," "Use alcohol in moderation, if at all," "Laugh early and often," and so forth.

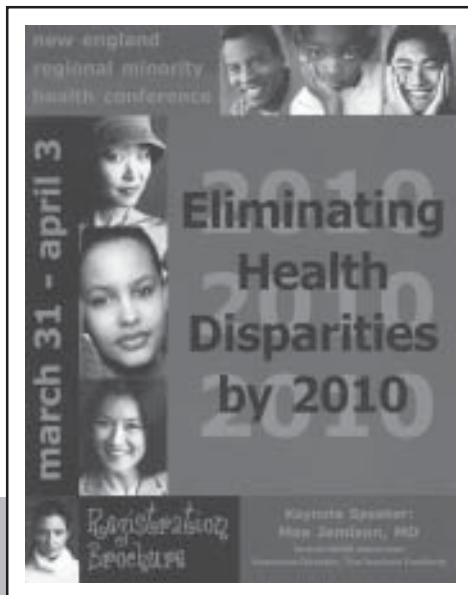
The Committee organized its educational programming around six tracks: Research, Policy, Access and Advocacy, Prevention and Treatment, Sustainability and Capacity, and Data. These themes, to a large degree, carry on throughout the succeeding conferences, including the Maine program. The Rhode Island conference began with six day long pre-conference institutes followed by a day and a half of workshops and keynotes. Over 250 individuals participated.

The Governor's Reception highlighted Cultural Arts activities during this conference. It was

well attended and demonstrated Rhode Island's commitment to the work of eliminating disparities as well as to the Committee and the Conference.

The conference planners worked to attract community members and staff from non-profit and government agencies. They set the program fee at \$225 and awarded partial scholarships as well. The diverse audience reflected those efforts. The conference was supported by in-kind and cash contributions and exhibitor revenues in addition to registration fees. Despite this support and a very positive turn out, the conference finished about \$10,000 in debt. The Committee had no ongoing operations of its own. The Committee is grateful to CHD for covering this debt. That vital support allowed the Committee to focus on preparations for the Vermont/New Hampshire conference and supporting state level activities during the intervening years.





## *The 2001 conference was co-sponsored and co-hosted by the Vermont Department of Health and the New Hampshire Department of Health and Human Services.*

Corbett Sionainn and Bill Walker, respectively, served as Co-Chairs. By all accounts, they managed and leveraged the politics of joint sponsorship masterfully. For example, the Committee organized breakfasts in both states to gain financial and community support. They garnered financial and political resources within their own states and across the region for a very ambitious program

The opening reception was a major success for those who were able to attend. It was held at the Christa MacAuliffe Planetarium in Concord, New Hampshire and included a gospel choir and Dr. Jemison's presence. Due to space and funding limitations, only a limited number of people were able to participate. It was not open to the entire conference membership. This caused considerable hurt feelings. Several felt that the nature of the

## **Vermont/New Hampshire, March 31-April 3, 2001, Nashua, New Hampshire**

reception was a mistake, and it was not repeated.

The conference began on Saturday March 31<sup>st</sup> with three options: "Institutes" (conference workshops organized in groups); 2 day trainings (e.g. Foundations in Cross-Cultural Behavioral Health) and 3 day trainings (Red Cross HIV/AIDS courses). Institutes and trainings continued on Sunday. Monday, April 2<sup>nd</sup> keynotes began and workshops continued. These were organized around the six themes selected in Rhode Island: Research, Policy, Data, Access and Advocacy, Capacity Building and Sustainability and Prevention and Treatment Services. Based on evaluations, there were too many "talking heads" for most participants. It was difficult to absorb all the information. Planners acknowledged this and made the Massachusetts meeting briefer with more interactive workshops.

The conference grew in attendance and exhibitors as well as workshops. The presentation of the Vermont/New Hampshire conference was more sophisticated in terms of the logos, printed materials and so forth. This reflected improved quality in the overall conference management with Michelle Surdoval's influence. She had a direct impact and drew in the talents of graphic artists and

others. Obtaining this level of performance had its costs. These increased when Natalie Rudzinskyj, the graphic designer employed by the State of New Hampshire, left her position. The state had offered her services as an in-kind contribution, but the Committee needed to pay her as a consultant to maintain continuity and quality. She also needed to work full time on her new job while completing the Committee's work. The late night calls, faxes and email exchanges are the behind the scenes work that makes conferences successful, but don't usually see the light of day.

Dissatisfaction with the incumbent coordinator's performance led to a change of staff leadership only a few weeks before the conference. The program did not miss a beat due to strong volunteer leadership and Michelle's ability to step into the coordinator's role. The Kellogg Foundation speaks of "building the bike while riding it." In this case the bike was in the Tour de France and Michelle played Lance Armstrong. The importance of consensus leadership among the volunteers and staff cannot be overstated. Under Bill and Corbett's leadership, the Committee put its focus on the best interest of the Conference and the attendees and worked together for a positive outcome. Participants were unaware of the change and focused on the program, as all desired.

Mae Jemison, MD, the first African American woman astronaut, physician and philanthropist was an incredible presence at the conference. At the reception prior to the

conference she signed autographs for children in attendance (Hanna and Rachel, Beau's daughters, included) and otherwise demonstrated an incredible humility. The

Southern New Hampshire Organization for Black Unity Gospel Choir, including Committee member Linda Gathright performed for Dr. Jemison and other attendees. When Dr. Jemison heard them, she spoke to Sandy



Hicks of the importance that music has to our people, that is, to African Americans.

Dr. Jemison's speech was inspiring. She challenged physicians to improve the care of minority populations. She noted that she was learning medical Spanish herself. Dr. Jemison was moving by all accounts. Roderick King, MD, MPH, the Health Resources and Services Administration Regional Director for New England, followed Dr. Jemison's speech with one that was eloquent and distinctly his own.

Participants felt the connections made at Rhode Island and since were strengthened at the Vermont/New Hampshire conference and new relationships formed as well. Many participants from Rhode Island were unable to participate in the Vermont/New Hampshire conference. The political environment had shifted, and they could not travel out of state to maintain the momentum from the 1999 conference.

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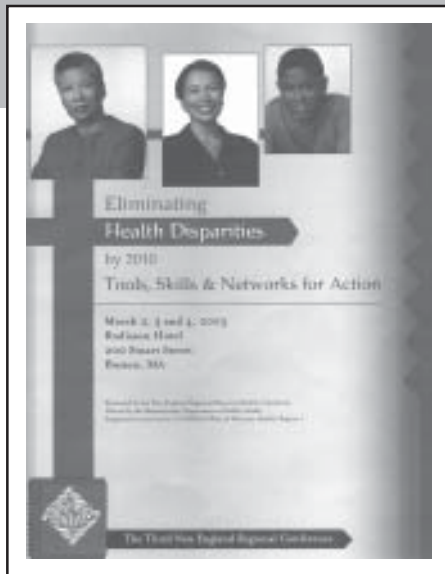
Brian Gibbs (Harvard School of Public Health) and Bart Laws (Latin American Health Institute) introduced The New England Coalition for Health Equity (NECHE) to many. NECHE focuses on research and data issues.

Maine's delegation grew and they focused on gathering additional data on minorities and creating an Office of Minority Health (OMH). Maine also created a Disparities Work Group staffed by Sophie Glidden that held quarterly

meetings and kept the topic on the agenda. Sophie has suspended the group while preparing for the Maine conference, but the materials are available and will be used again once the conference is done. Legislation to create a Maine OMH is being considered as this report is being written.

Massachusetts participants used this conference to as a way to connect with each other more seriously. Later in 2001, the core

of that group and other allies launched "Critical Mass": a coalition which "seeks to be a catalyst for the mobilization of a sustainable, statewide effort to accelerate the elimination of racial and ethnic health disparities in Massachusetts."<sup>13</sup>



*In 2003 the Committee moved to Boston, the largest city in the region, and returned to a single state sponsorship.*

In Massachusetts, it was very important that the Department of Public Health's Office of Multicultural Health (then Minority Health) hold the lead and coordinate activities throughout the Department, the Committee and the Region. Brunilda Torres and Monique Thompson of the Office acted as Co-Chairs. Michelle Surdoval was Conference Coordinator from the beginning. The three of them were supported by other committee chairs working together as an Executive Committee.

The Committee felt a particular need to seek greater Native American involvement in the conference. Michelle and Monique presented this idea to a council of Native American leaders from around the state. They presented the conference as an opportunity for these leaders to teach conference attendees of their history and current concerns thus presenting a gift to the participants. In parallel, the conference planners sought to offer this opportunity as a gift to the leaders. This respectful approach carried the day.

## Massachusetts, March 2-4, 2003, Boston

Native Americans were involved throughout the conference. Maine planners hope to build on this foundation.

Change in gubernatorial leadership was a major fact of life at the Department of Public Health. Budgets were cut and shifted, staff retired or left, and it was a very challenging place to work. Brunilda and Monique managed to keep the conference a major focus despite shifting priorities and personnel. Most of the Committee members never had to feel the impact because the Co-chairs handled things behind the scenes.

*In other states, public health staff were often unable to travel to out of state meetings. Anything that was not related to bio-terrorism was difficult to spend time on.*

The conference theme was—Tools, Skills and Networks for Change. This embodied much of what the Committee's and conferences' work has been about since the beginning. The four keynotes provided varied perspectives, as the Committee had hoped.

Having Dr. Joseph Betancourt address the conference was a major coup (Thanks, Brunilda.) This required time away from his teaching, research, and patient care duties at Massachusetts General Hospital and



*"I Dream a World"<sup>14</sup>*

Harvard Medical School. Joe had recently served on the IOM committee which wrote *Unequal Treatment*, the definitive text on health care disparities in this country and the health care system's role in perpetuating them today and eliminating them in the future. Finally, he was willing to speak of his own struggles in a very public space. He noted that early in his career, he began stereotyping Hispanic patients who were frequently late to his clinic and weren't keeping up with vaccinations. Joe is Puerto Rican himself, and yet the system was training him in stereotypes. He stated that he had to learn to get beyond the stereotypes. He saw and heard first hand how and why minority patients often have problems dealing with a medical system that was not designed for them. He teaches cross-cultural medicine to Harvard students regularly.

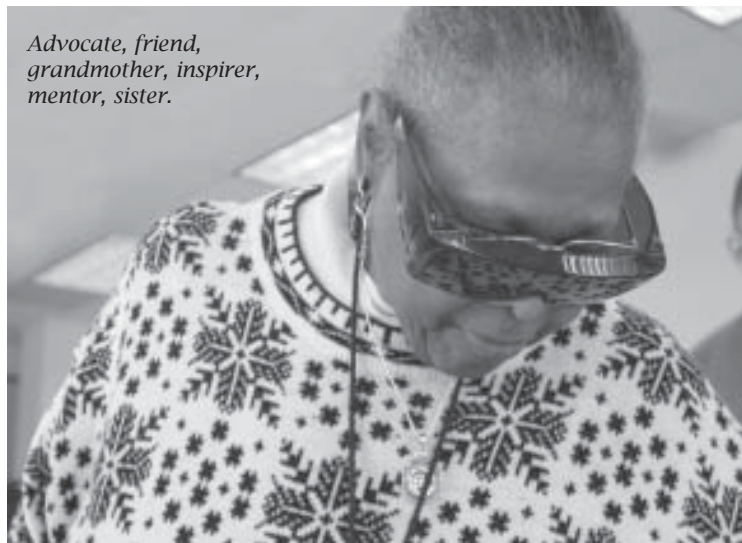
*On that day  
he taught  
conference  
participants with  
true "cultural  
humility."<sup>15</sup>*

Brian Cresta, Region I Administrator for DHHS spoke as a federal representative. He delivered the Administration's view of health care which places a great deal of emphasis on personal responsibility for health. This approach encourages good nutrition, exercise, and responsible behavior. Many conference participants applauded these ideas. Others felt they were incomplete.

Charlotte Yeh, MD is Regional Medical Director for the Centers for Medicare and Medicaid Services Region I. She spoke to the responsibility of all of us to work together to eliminate disparities and was warmly received.

Dr. Stinson returned as a keynote (he also spoke in 1999), and gave an extended discussion of his personal experiences with disparities from his early training on a Navajo reservation to his current work in Washington, DC and around the country.

Massachusetts was a financial turnaround year for the Committee and the conference. Brunilda and Michelle formed a great tag team in raising funds from foundations, state health departments and other sponsors.



*Advocate, friend,  
grandmother, inspirer,  
mentor, sister.*

Brunilda passionately and persuasively made the case for the New England-wide conference and raised consciousness regarding Critical Mass. Michelle focused on the conference and closed the deal. (As a state employee, Brunilda could not "make the ask.") Beau Stubblefield-Tave served as Fund Development Chair and helped coordinate and support the team. Fundraising gave a solid base, and a record registration led to a net surplus of over \$50,000. The Committee thus had working capital going into planning for Maine. A first for this effort and a tremendous boost for everyone.

Cultural arts were an integral part of the conference from the welcoming ceremony and drumming by New England Native Americans to the closing baskets at each table prepared by the same indigenous peoples. Jeanie Holt, chair of the Cultural Arts Subcommittee, decided that each basket would be given to the eldest person at the table. This is in keeping with the American Indian tradition of honoring our elders who have blazed trails before us and share their wisdom with succeeding generations. Jeanie was inspired, in turn, by her learning from Sandy Hicks. Jeanie wanted to recognize that the way in which Sandy had mentored her was replicated throughout the conference and throughout our lives. Giving the baskets

to the elders was a marvelous statement. [Some "elders" were in their thirties. They remind us that mentoring can begin whenever mentor and protégé are ready, willing and able.] Cultural arts can also be political. Many first nations peoples also carried images of the Massachusetts flag and symbols which depict colonials with swords raised pictured standing above Native Americans. To this day, the Massachusetts flag carries such offensive symbolism. The arts in Boston were as varied as our cultures and included music and

spoken word performances during the programming, exercise in various forms (e.g. Tai Chi, yoga) before the sessions started, and wonderful music at the reception as well.

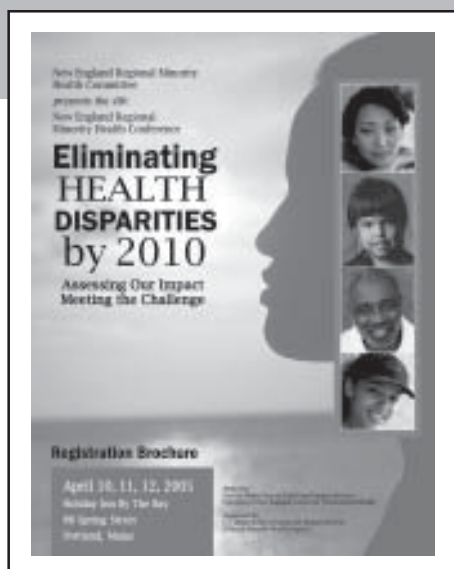
Massachusetts felt like a very successful relay race. Each session was full of energy from the participants and the speakers and led to another leg until the closing ceremony and the passing of the baskets and the clock. The clock? One of the traditions is that the Co-chairs of each

conference pass a clock to their successors. It honors the cycle and continuity of life and reminds everyone that time is passing in preparations for the next conference and in the campaign to end disparities by 2010.

Maine's delegation had grown from 3 in Rhode Island (1999) to 25-30 in Massachusetts (2003). They developed two clear focuses: the need for data on the state's minority population and the need for an Office of Minority Health. At the time of this writing, Carl Toney, Sophie Glidden and others had just completed training sessions with hospital staff on how to collect race, ethnicity and language data sensitively and effectively. This is a critical issue in the state, the region and the nation. Many hospitals and other care providers do not collect accurate data because patients are suspicious and reticent to share data (Will it be shared with the INS and/or used to slot them for inferior care?) and staff are not prepared to allay their fears.

New Hampshire held a major data conference after state attendees identified TIALOD (There Is A Lack Of Data)<sup>16</sup> as a major obstacle in planning for, financing and delivering services to minority populations.

## Conference 4: Maine April 10-12, 2005, Portland



### *Assessing Our Impact Meeting the Challenge*

Maine represents the mid-point of the conference series. Vice Admiral Richard H. Carmona, MD, MPH, FACS, the US Surgeon General takes a leading role as his predecessor David Satcher, MD, PhD did in Rhode Island. Shani Dowd, LICSW of the Harvard Pilgrim Health Care Foundation serves as the other keynote. Shani is a veteran of the campaign against disparities as a clinician, cultural competence trainer, and tireless social justice advocate. Generous scholarship contributions hold the promise for more grassroots participation than ever. At presstime, there are presenters from the six New England states and registrants from as far away as London. (England, not Ontario).

All six states will be represented at the conference, and expect lively caucuses to celebrate their successes to date and plan for future achievements. There is much to do before we reach Connecticut. How far we have come and how far we have to go!

## Overarching Themes **The Planning Committee is a special group. Why?**

- The people make it special. There is a passion for the work of eliminating disparities in the heart of every Committee member. The Committee draws new people every meeting; few have been there from the beginning. Newcomers are welcomed readily as long as they are willing to be part of the team. Jeanie Holt noted that she was new to minority health and taking over for her boss, Jazmin Miranda-Smith, head of the New Hampshire Minority Health Coalition when she attended her first meeting. Jazmin had planned to introduce her, but could not attend. Jeanie says that she was embraced by the Committee for who she was and what she could contribute. She had been concerned about her limited experience. The Committee focused on her talents and energy. Jeanie's been a major contributor ever since.

- The Committee takes on a different flavor each time, as new personalities come into play, particularly from the host state(s). It retains a deep sense of inclusiveness, mutual respect, and an honoring of the work we do and all who share our work.

- The Committee is reflective of the diversity and community of New England. In race, ethnicity, gender, geography, age and many other dimensions, the Committee is both diverse and inclusive. We hope the photos and text convey this. "We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color."<sup>17</sup> This team is a "tapestry of rich and royal hue."<sup>18</sup>

- There is a true partnership among organizations from many sectors: public, corporate, non-profit, community, advocacy, academic, philanthropic and more. Our partners are quite numerous. Harvard Pilgrim Health Care (HPHC) and Bank of America (BOA) are prime examples. HPHC and the HPHC Foundation have been involved since 1999. This regional health leader has conducted workshops and trainings, provided important financial support and this year is providing Shani Dowd as a keynote speaker. Dave Haney has brought personal and organizational commitment to the Committee for years. He epitomizes the philosophy that caring for communities is good business. BOA and its predecessors have provided valuable financial resources and supported Dave's work in doing presentations. Both organizations actively participate in the Planning Committee and have hosted its meetings. Our partners are diverse, vital and committed to eliminating disparities by 2010.

- The Committee strives to continuously improve. The inclusion of Native Americans in Boston, managing a collaboration between New Hampshire and Vermont, stronger dialogues among Community Health Workers, academics, advocates and so forth, growing registration each year. There is a clear commitment to improvement.

- Members from across six states learn from each other constantly. They share ideas and implement them in their unique situations.

- Funders have been at the table with work and wisdom, along with wealth. They are real partners.



*Boston Red Sox, 2004 World Champions. Ending Health Disparities by 2010. Teamwork makes the Impossible Dream possible!*

- The Committee is diverse, inclusive and culturally competent. Culturally fluent, if you will. All are welcome for what they bring to the table.

- Everyone focuses on the work and hand and has fun with it.

- It is truly *a team of people who work[s] together smoothly and easily, with respect for one another and their [constituents]. Each member, no matter what their rank, [is] considered important and invaluable.*<sup>19</sup>

- Committee members build on the foundations of their predecessors, knowing that the work will continue, that there is always work to be done and another conference to plan.

- The whole is truly greater than the sum of its parts.

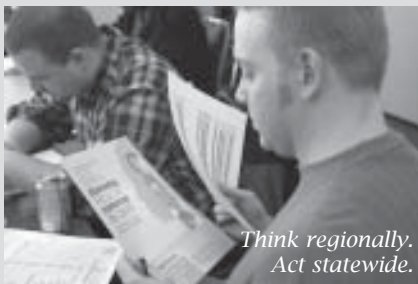
*The way of violence leads to bitterness in the survivors and brutality in the destroyers. But the way of nonviolence leads to redemption and the creation of the beloved community.<sup>20</sup>*



*Focusing on the future. Keeping it real today.*

### **What is special about the state activities?**

- Each state makes its own decisions and plans based on its unique circumstances, demographics and politics.
- States use the conference caucuses to plan and report, holding themselves accountable and gaining support and inspiration from each other.
- States have created sustainable activities including Offices of Minority Health, statewide conferences, coalitions and other collaborative efforts.



*Think regionally.  
Act statewide.*

### **What is unusual about the conferences?**

- State caucuses—action not just education and networking.
- Deliberate efforts to connect experts and the community.
- Ongoing series with common elements and unique aspects. These are both based on the host state(s) and the contemporary circumstances and participants' interests.
- National caliber speakers in a regional setting.

*Peace: It does not mean to be in a place where there is no noise, trouble, or hard work. It means to be in the midst of those things and still be calm in your heart.<sup>21</sup>*



*"We've got sunshine, on a cloudy day"<sup>22</sup>*

### **Acknowledgements**

Advisory Committee Members—Sandy Hicks, Marie Spivey, Bill Walker. These volunteers shaped this paper by commenting on the outline and the draft. They served as invaluable sounding boards as early members of the New England Regional Minority Health Committee.

Allies—Padma Roy, The Cultural Imperative and Michelle Surdoval, Conference Coordinator offered invaluable project management support.

Artistic Collaborators—Jayme Proctor led design of the artwork for this piece as well as other Maine conference materials. Michelle worked closely with her. Jen Dean of Artistic Images took many of the photographs used in this brochure. These three sets of eyes have made this report much more powerful.

Committee Members—Past and present Committee members are the heart and soul of this paper. It is their stories in eliminating disparities and improving community health that we honor.

## Profiles: A Collection of Diamonds

*As human beings we are like diamonds with many facets, but in order to shine we must learn from the world and travel beyond the limits of our own culture.*<sup>23</sup>

The following profiles are meant to provide more detail on a few of the Committee members who have made the team so successful. We could have highlighted many different individuals among the hundreds who have participated over the years. These few diamonds stand for many—yesterday's, today's and tomorrow's.

*A diamond is nothing but a lump of coal, transformed by heat, pressure and time. Together, we can all become diamonds.*<sup>24</sup>

### DHHS: Region I OMH/Janet Scott-Harris

Janet Scott-Harris has worked at bringing diverse people together her whole life. A self-described military brat, she was always interested in connecting classmates and friends, no matter their background, nationality, color or language. She brought that talent to her work as Minority Health Consultant in the DHHS Region I in 1991. She used her position and skills to facilitate, cajole, and provide focused leadership in creating the New England Regional Minority Health Committee. Jan has worked with and through others within Region I, in the six state health departments, and with many partners in the public, private and non-profit sectors who are committed to eliminating health disparities by 2010. Support in her own office has varied dramatically. Some tried to scuttle her efforts. Conversely, Captain Mike Milner, the current Regional Health Administrator, has attended Committee meetings personally. Jan has worked to empower individuals and teams throughout the Region from the beginning. The Committee continues to thrive while she is currently playing a more limited role. What greater legacy can a true leader build?

### Massachusetts Conference Co-Chairs Brunilda Torres/Monique Thompson

Each set of Co-Chairs have built on their predecessors' successes. Brunilda Torres, a social worker and doctoral student and Monique Thompson, an implementer extraordinaire with a wry sense of humor, built massively and beautifully. Brunilda used her vocal and visible passion to challenge and inspire, and to open the doors for many vital contributions. As a state official, she couldn't "make the ask" for donations, but she set the stage well for Michelle and others to do so. Monique has a much more quiet, yet just as passionate style. Her organization and energy were also vital to the success of the Massachusetts conference. Both Brunilda and Monique worked tirelessly to build Critical Mass as a statewide anti-disparities coalition while leading the Committee and planning the Conference. The work is the same, the scope and characters are all that change. Brunilda and Monique demonstrated by example that diverse leadership works.



### Rhode Island and Vermont/New Hampshire: Co-Chair Bill Walker

Bill Walker exemplifies culturally competent leadership by his ability to work with people from diverse backgrounds toward a common goal. One example: Bill served as Co-Chair of the Rhode Island and Vermont/New Hampshire conferences with Pheamo Witcher of Rhode Island and Corbett Sionainn of Vermont respectively. In collaborating with these two and other strong personalities, Bill focused on common interests and getting results. Bill Walker walks softly and carries a big presence. Bill's physical presence as a tall Black man is nothing in comparison to his personal presence, integrity and commitment to improving minority health. He is active in New England and nationally, and always finds ways to support the Committee. Besides his very visible work as the founding Director of New Hampshire's Office of Minority Health, Bill is an active mentor, confidant and friend to many Committee members. In Dr. King's words, Bill is a true "drum major for justice."<sup>25</sup>

### Conference Coordinator: Michelle Surdoval

Successful volunteer leaders know the value of staff leaders who serve as the "wind beneath their wings." Michelle uses humor, a designer's eye, an entrepreneur's drive, a "Sweet Potato Queen's" tiara<sup>26</sup> and [almost] anything else she needs to move the work forward. She came into the Committee as a volunteer through her work in HIV/AIDS. She gradually filled holes until she was completely involved and became Conference Coordinator a few weeks before the Vermont/New Hampshire event. Not only did that program come off well, she took a full head of steam into Massachusetts, and is now barreling into Maine. Next stop, Connecticut!

### Unsung Heroes: Registration and Administrative Staff

Behind every completed registration, CEU award, and properly credited payment lay a series of staff and volunteers who make it look easy and seamless. Seamless, it may be. Easy, no way. Each conference has had new and multiple players filling these roles—Russell Haight, Marie Josephs, and Elizabeth Naylor come to mind, Jackie Dallinger and Trystan Schauer, imported from the UK yet, do as well. These are a few of the dozens of folks who helped pave the way for the work Ellie Gibbs, Joan Mank, Amy Pednault and Rick Rose are doing today for the Maine conference. Let us remember to say "Thank you" to these unsung heroes.

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."<sup>27</sup>*

"We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there "is" such a thing as being too late. This is no time for apathy or complacency. This is a time for vigorous and positive action."<sup>28</sup>

## Looking Ahead: "Failure is Impossible!"<sup>29</sup>

### Connecticut is only two years away.

A return to Rhode Island is only two years after that. What will we do between now and then? Committee members will continue to work to eliminate disparities—individually, through their organizations and states and as a collective force. We will build on the lessons of Maine and document progress and retreats. We will look for and win new partners in the region, and perhaps new national partners as well. The national awareness of disparities is increasing daily. Will the resources grow to match this building awareness? This report summarizes the work of hundreds of people over seven years in a few pages. Will the Committee gain the resources to provide more extensive documentation

to regional and national audiences? Federal agencies, foundations, providers, insurers and others are improving the state of the art in measuring the effectiveness of cultural competence activities and other efforts to eliminate disparities. The Culturally and Linguistically Appropriate Services (CLAS) Standards<sup>30</sup>, Health Resources and Services Administration (HRSA) Organizational Cultural Competence Assessment Profile<sup>31</sup> and other tools are now being used in a number of organizations across the country. Will we routinely be held accountable to "Assess Our Impact and Meet the Challenge?" Generations to come depend on our success. "This is a time for vigorous and positive action"<sup>32</sup> to eliminate health disparities and create peaceful, beloved, healthy communities.

*Peace is not merely the absence of some negative force—war, tension, confusion, but it is the presence of some positive force—justice, goodwill, the power of the [beloved community]<sup>33</sup>*

*"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."<sup>34</sup>*



### Photo Credits

The photos throughout this report were taken by Jen Dean of [www.artisticimages.us](http://www.artisticimages.us). (The photo on page 2 is from Michelle Surdoval) From front to back, they reflect much of the diversity that makes the Committee special. Members are female and male, younger and older, African and African Descendent, Asian/Pacific Islander, French Canadian, Irish American, Latin American, Native American Indian and more. What unites us the shared passion and vision to eliminate health disparities by 2010. Thanks to Jen for showing so many facets of these diamonds.



*"Eliminating Disparities by 2010?: We've got our work cut out for us!"*

1. Maya Angelou, in *I Dream A World: Portraits of Black Women Who Changed America*, Brian Lanker
2. Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont
3. Latin American Proverb
4. Martin Luther King, Jr.
5. Ibid, *The Drum Major Instinct*
6. Margaret Mead
7. Maya Angelou, cited on Lifespan Diversity webpage, <http://www.lifespan.org/Services/HR/Diversity/>
8. *The Scalpel and the Silver Bear: The first Navajo Woman Surgeon Combines Western Medicine and Traditional Healing*, Lori Arviso Alvord, M.D., and Elizabeth Cohen Van Pelt
9. Lao Tzu, Chinese philosopher
10. Brian Smedley, Adrian Stith, Alan Nelson, eds. Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*
11. Brian Smedley, Adrian Stith, Lonnie Bristow, eds. Institute of Medicine, *In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce*
12. Alvord, Van Pelt, *op. cit.*
13. Critical Mass to Eliminate Health Disparities, broch.
14. Lanker, *op. cit.*
15. *Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education*, Tervalon M, Murray-Garcia J, J Health Care Poor Underserved. 5/98.
16. Howard Koh, MD, Harvard School of Public Health, used this term when serving as Commissioner of Health for Massachusetts. Dr. Koh often told his audiences that TIALOD was totally unacceptable.
17. Maya Angelou, quoted on Lifespan Diversity Webpage, <http://www.lifespan.org/Services/HR/Diversity/>
18. Carol King, *Tapestry*
19. Alvord and Van Pelt, *op. cit.*
20. Martin Luther King, Jr.
21. Anonymous
22. *My Girl*, written by Smokey Robinson, performed by The Temptations
23. Margarita Battle, formerly Coordinator and Interpreter, Massachusetts General Hospital Interpreter Services
24. Beau Stubblefield-Tave
25. Martin Luther King, Jr., *The Drum Major Instinct*
26. Jill Conner Browne, *The Sweet Potato Queens' Book of Love*
27. Martin Luther King, Jr
28. Ibid, quoted by the Interaction Institute for Social Change, 2005 Public Workshops Schedule
29. Susan B. Anthony
30. *Standards for Culturally and Linguistically Appropriate Services (CLAS)*, DHHS Office of Minority Health (HHS OMH), December 2000
31. *Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile*, Karen Linkins, Sharrise McIntosh, Johanna Bell, Umi Chong, <http://www.hrsa.gov/omh/cultural1.htm>
32. Ibid, quoted by the Interaction Institute for Social Change, 2005 Public Workshops Schedule
33. Ibid, When Peace Becomes Obnoxious; The original ending words were "the power of the kingdom of God." Dr. King (and others) later used the more inclusive term "beloved community."
34. World Health Organization, Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.
35. Byllye Avery, *An Altar of Words: Words of Wisdom, Comfort and Inspiration*



“Friends are family created from a desire and commitment to be together.”<sup>35</sup>  
We dedicate this history, and our work, to our families.

