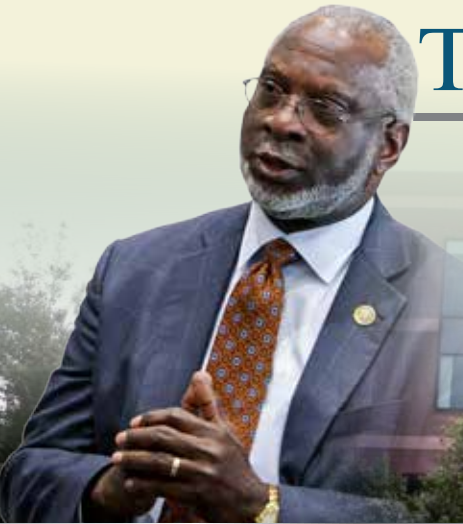


# The Satcher Health Leadership Institute



## The Affordable Care Act: Leadership Challenges and Opportunities

From the perspective of the Satcher Health Leadership Institute at Morehouse School of Medicine, the implementation of the Affordable Care Act is an unusual but opportune occasion to move forward in our goal of eliminating disparities in health.

Lack of access to quality healthcare disproportionately impacts minorities, persons in rural communities, persons with disabilities and mental disorders, and sexual minorities. Once fully implemented, by 2018 the ACA will extend coverage to millions who are currently uninsured, in large part because insurers will be required to extend coverage to persons regardless of pre-existing conditions. Furthermore, the emphasis of the ACA on incentivizing primary and preventive care would not only open the doors to healthier lives among those suffering from chronic diseases, but it also shifts the focus from quantity of care (e.g. number of procedures) to quality of care for patients.

And the ACA will incentivize prevention in communities as well. The National Prevention and Health Promotion Strategy within the ACA will direct \$15 billion over 10 years toward initiatives that will expand emphasis on the social determinants of health – the conditions in which people are born, grow, learn, work and age. The prevention agenda

supports zoning policies that would open more grocery stores and require communities to maintain safe recreational spaces for adults and children, thus promoting access to fresh fruits and vegetables and opportunities for physical activity.

The benefits of the ACA, however, will not happen automatically. Transforming the policy into practice will require leadership from the professional level through the community, family and personal level. Leadership development programs at SHLI/MSM are therefore now more pertinent than ever. Our Health Policy Leadership Fellowship program and Community Health Leadership Program will prove to be major resources as we move forward with the ACA.

The ACA is a major policy advance for many who have been left out of the health system. But health policy must not only be made but implemented. As with Social Security, Medicare, Medicaid and Part D prescription drug benefits, there will be major implementation challenges, and while many will be content to merely describe these challenges, leadership must rise up and help to overcome them. Even and especially in the context of the ACA, we need leaders who care enough, know enough, will do enough and persevere until we reach our goal.

*“Transforming policy into practice will require leadership from the professional level through the community, family and personal level.”*

David Satcher, MD, PhD  
Director, Satcher Health Leadership Institute  
16th Surgeon General of the United States

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# Former Surgeons General Headline Health Equity Summit

BY: BRIAN MCGREGOR, PHD AND HENRIE TREADWELL, PHD



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in the Satcher Health  
Leadership Institute



L-R: DR. KENNETH MORITSUGU, DR. RICHARD H. CARMONA, DR. ANTONIA C. NOVELLO, DR. REGINA M. BENJAMIN, DR. M. JOYCELYN ELDERS, DR. DAVID SATCHER

Morehouse School of Medicine welcomed a historic convening of six former surgeons general on October 3 at the National Center for Primary Care. Dr. David Satcher, 16th U.S. Surgeon General, was joined by Drs. Regina M. Benjamin, 18th U.S. Surgeon General, Richard H. Carmona, 17th U.S. Surgeon General, M. Joycelyn Elders, 15th U.S. Surgeon General, Antonia C. Novello, 14th U.S. Surgeon General, and Kenneth Moritsugu, acting U.S. Surgeon General from 2006-2007. With the support of the Aetna Foundation, this gathering, entitled “Underserved and High Risk Populations: Taking Action for Comprehensive Primary Health Care Renewal,” headlined a day of vigorous discussion on transforming the nation’s primary care system by developing leaders able to assure health equity across the nation.

Dr. Satcher and the other surgeons general spoke passionately about the importance of courageous, trusted leadership in transforming the nation’s “sick-care system” into an inclusive healthcare system. Each surgeon general spoke to their Surgeon General’s reports, in anticipation of the 50th anniversary of the release of the first surgeon general’s report on smoking this coming January. Since then, reports have brought forth the best available science on issues such as tobacco use, mental health, oral health, overweight and obesity, and sexual health.

Following the surgeons general panel, Dr. Charles Moore, CEO of The HEALing Community Center, spoke of his journey from being an ortholaryngologist to becoming a leader in providing “reality-based comprehensive care”, an approach that listens to the dominant concerns of people in the community to inform strategies that will best meet patients’ healthcare needs. Also, he emphasized the importance of incorporating the social, cultural and economic context of patients in training future health leaders.

An expert panel discussed the need to integrate medical and behavioral health systems using a population health lens. Training providers in teams including community health and social workers, integration of new technology, and payment aligned to support team-based care were discussed. Moderated by Dr. Georges Benjamin, Executive Director of the American Public Health Association, the panel speakers also noted the importance of focused, comprehensive interventions for marginalized populations such as formerly incarcerated men and women re-entering society.

On the final panel, led by Dr. Gillian Barclay of the Aetna Foundation, Dr. Gail Christopher of the W.K. Kellogg Foundation and Dr. Gary Nelson of the Healthcare Georgia Foundation reiterated the need for a paradigm shift in healthcare delivery.

# It Takes a Village: Smart and Secure Children Parent Leader and Peer Learner Graduation

The Smart and Secure Children (SSC) quality parenting program in the SHLI Division of Behavioral Health reached another milestone on July 27 when it graduated 82 parent mentors, leaders and peer learners. SSC develops parents as leaders in the parenting of their children at home and in the community. Classes help parents lead in transforming parenting culture within their communities to raise children who are emotionally, physically and developmentally healthy and school-ready by the time they are five years old. Dr. Martha Okafor, SSC Director and Director of the SHLI Division of Behavioral Health explains, "Because the quality of child-parent attachment impacts self-esteem and identity, social-emotional and biological development, and the overall health and well-being of a child, it is important that quality parenting be a top priority for preventing and reducing disparities in early childhood."

Nearly 170 parents have now graduated from the SSC "village", and the program has expanded from Atlanta into Hattiesburg, Mississippi and Memphis, Tennessee. Each SSC community is identified as a "tribe", each consisting of a parent mentor and up to three parent leaders, each of whom coaches up to six parent peer learners. Members of SSC tribes across Atlanta, Memphis and Hattiesburg include single and married mothers, fathers, grandparents, foster parents and guardians and meet in transitional housing, barber shops, Salvation Army community centers and training college settings. The SSC tribes in Atlanta are the Sisters of Power and Purpose (SOPP), Legacy of Love, Men of Vision and Purpose (MVP) and Sunflower Reflections. The Shades of Success tribe is in Hattiesburg, and the Magnificent Memphis Mothers tribe is in Memphis.

"As a mother of two adults, SSC has taught me valuable parenting skills that would have been very beneficial to me when they were younger," said Wanda Hall of the Hattiesburg Shades of Success tribe. Nataki Withers, a parent leader in the Magnificent Memphis Mothers tribe reflected, "[SSC] has given me a new found foundation on which to better myself and lead my children by example..."

I have the opportunity to change some things for the better for my 5-year-old and improve some things for my older children. I had no idea of the wealth of knowledge that I would gain!"

"I truly must say that it was a very enlightening and rewarding experience," said Yvonne Allison, a parent peer learner in the SOPP tribe. "Not to mention the knowledge that may be put forth with the growing number of homeless children and infants that [are] ever present. If these children are going to be adopted by anyone else other than a family member, the situation warrants the best care possible." Christy Onyeabor, a parent leader in the Legacy of Love tribe learned that "when I'm stressed as a parent I need to take time out to take care of myself so I can give my best to my family. I learned how to be more patient and attentive to my children and how to create activities that aid brain development. Being among other parents and sharing challenges, fears, joys, ideas and accomplishments was priceless."

A welcoming remark at the July 27 ceremony at the National Center for Primary Care at Morehouse School of Medicine was offered by Dr. Sherry L. Turner, Executive Director of the Atlanta University Center Consortium. Dr. Sharon Hill, Director of the Georgia State Division of Family and Children Services, provided the keynote address. SSC is funded by the National Institute on Minority Health and Health Disparities and the National Dairy Council.



GRADUATING PARENTS, LEADERS AND MENTORS OF THE 2013 SMART & SECURE VILLAGES: ATLANTA, MEMPHIS AND HATTIESBURG

# SHLI Welcomes Fifth Cohort of Health Policy Leadership Fellows

BY: HARRY HEIMAN, MD, MPH AND L. LERISSA SMITH, MPH

In September, the SHLI Division of Health Policy welcomed its fifth cohort of Health Policy Leadership Fellows. The fellowship program, established in 2009, prepares health professionals for leadership roles promoting and implementing policies and practices that reduce health disparities and advance health equity.

The 2013-2014 fellows once again reflect a diverse and multidisciplinary group of learners, each bringing a breadth and depth of educational, professional and lived experience to the program. This creates a rich environment for learning, collaboration and supporting SHLI's health-in-all-policies approach to advancing health equity.

Winston Abara, MBBS, PhD received his medical degree from the University of Ibadan, Nigeria, and an MPH and PhD in Health Promotion, Education and Behavior from the University of South Carolina. His research interests include HIV/AIDS disparities in racial/ethnic and sexual minority populations, social determinants of health, and infectious disease epidemiology. "My attraction to the fellowship was borne out of its focus on health policy overall, its particular emphasis on health disparities and sexual and behavioral health, as well its history of working to improve the health of underserved populations," said Dr. Abara.

Ibrahim Garba, JD, LL.M, MA received his MA in Philosophy from Baylor University and JD from Notre Dame Law School. He completed a Master of Laws with an emphasis in international human rights law at the Indiana University McKinney School of Law. His thesis analyzed peoples' rights in international law, specifically the implications for the protection of communities in sub-Saharan Africa. Garba said he was drawn to the fellowship because of "its commitment to providing an experience that fosters disciplined compassion [and] training policy leaders who want to know more because they care."

Natalie D. Hernandez, PhD, MPH received her BA in Anthropology from Stony Brook University in New York and MPH from the Emory University Rollins School of Public Health. She received her PhD in Public Health as well as a Graduate Certificate in Interdisciplinary Women's Health from the University of South Florida. Dr. Hernandez's research interests include trans-disciplinary approaches to improving women's health, reproductive health, sexually transmitted infections and health disparities; community-based participatory research; and reproductive social justice. "I was attracted to the focus on multidisciplinary training and addressing health disparities through informing health policy," said Dr. Hernandez. "The mission of SHLI is tied directly to my role as a researcher and a woman of color."

Vatrice Perrin, JD, MPH, CPH received her BA in English and Social Psychology from Florida Atlantic University and MPH and JD with a concentration in international law from the University of Florida. She also earned certification in public health. "SHLI's dedication to health equity aligns with my dedication to promulgate sound health policies," said Perrin, who has extensive legal experience in the areas of disability, civil rights, and labor law. She actively works to address health disparities affecting people with disabilities at both federal and state levels.

Tee Gee Wilson, MD received her BS in General Engineering from the United States Military Academy at West Point and has served on active duty in the U.S. Army and the U.S. Air Force Reserve. She completed her MD at the University of Illinois College of Medicine in Urbana while simultaneously pursuing coursework on healthcare policy at the University of Illinois College of Law. Since completing medical residencies in both internal medicine and anesthesiology at the University of Illinois at Chicago, Dr. Wilson has focused her practice on underserved communities, from inner city Chicago to rural Indiana and Maine. "The faculty here have experience with getting very different interest groups to come to some consensus on important policy," said Dr. Wilson. "That takes leadership skill!"



L-R: TEE GEE WILSON, MD; WINSTON ABARA, MBBS, PHD; IBRAHIM GARBA, JD, LL.M, MA; VATRICE PERRIN, JD, MPH,CPH; NATALIE HERNANDEZ, PHD, MPH



State partners at first CACE learning session, July, 2013

# Collaborative Action on Child Equity Convenes 13 State Partners

The Satcher Health Leadership Institute U-54 Trans-disciplinary Collaborative Center (TCC) convened representatives from 13 states in the first learning session of the Collaborative Action on Child Equity (CACE) from July 16-18 in Atlanta. Stakeholders from Alabama, Florida, Georgia, Missouri, North Carolina, South Carolina, Tennessee, Mississippi, Kentucky, Maryland, Oregon, Minnesota and Texas participated in interactive and collaborative workshops over the three days that provided them with the knowledge and skills needed to achieve the CACE goal of reducing early childhood health disparities in their communities.

The 18 participants at the CACE learning session represented state and city governments, Urban League chapters, academia, and non-profit and healthcare organizations. Collaborative teams at the learning session identified and developed unique aims to eliminate early childhood health disparities and advance health equity. Through the use of storyboards, each team presented strategies to meet those aims, including improving access to existing programs and services by addressing literacy, linguistic and cultural competency and informing and influencing policy and practices to reduce health

disparities and increase the protective and resiliency factors for vulnerable children.

Prior to the July learning session, the TCC met with representatives from the 13 states to conduct policy and program scans, discuss and frame the CACE charter and define its overall mission, goals, expectations and outcomes, and establish local TCCs within their states. Guided conversations resulted in the creation of a “playbook” that outlines the CACE operational procedures and tools. Participants of these meetings also adopted the use of the Institution for Healthcare Improvement Breakthrough Series Collaborative model to facilitate CACE work. The approach allowed facilitators to deliver quality improvements in which organizations test, measure and replicate practice innovations to accelerate learning and implement best practices.

In the action periods in between the learning sessions, CACE participants have adopted a “Plan, Do, Study, Act” (PDSA) model to test small changes and make improvements in advancing early childhood health equity in their states. An outcomes rally to celebrate the one-year culminating experiences and collective successes and discoveries from the 13 states’ projects is planned for July, 2014.

# Addressing Health Disparities in St. Lucia

BY: KISHA B. HOLDEN, PHD, MSCR



*Kisha B. Holden, PhD, MSCR is the Deputy Director of The Satcher Health Leadership Institute*

The Satcher Health Leadership Institute in collaboration with the Center of Excellence on Health Disparities (CEHD) at Morehouse School of Medicine was recently funded by the National Institute on Minority Health and Health Disparities to conduct a research investigation entitled “Reducing Health Disparities and Improving Health Equity in the U.S. and St. Lucia.” Health – which includes mental health – disparities continue to have a deleterious impact on individuals in the U.S. and St. Lucia. There are many influencing factors, including social determinants of health such as poor education, lack of health insurance coverage, economic challenges, and impoverished environmental conditions.

St. Lucia has a relatively small population of approximately 174,000 people. The overwhelming majority of people in this Caribbean island nation have African heritage similar to that of African Americans and likewise suffer from many of the same major health problems – hypertension, cardiovascular disease, diabetes, cancer and others. Due to the size and homogeneity of the population in St. Lucia, health interventions could be very effective in improving population health, while also informing strategies to eliminate health disparities in the U.S.

The multidisciplinary team undertaking this project will study multidimensional, culturally-centered prevention and intervention strategies to reduce health disparities in St. Lucia that can also serve as a model framework to apply to African Americans. The SHLI/MSM research team will train local investigators in conducting behavioral research and design and implement community health education and prevention strategies. Data collected from the research will be used to build a healthcare research database for tracking and monitoring selected chronic diseases and to help inform health policies in St. Lucia. The ultimate goal is to help reduce physical and mental health disparities, improve health equity, and enhance the quality of life for individuals, families, and communities.



**NEXT EDITION...**

# Learn About Our Work in Integrated Care




The Satcher Health Leadership Institute at the Morehouse School of Medicine  
in partnership with The World Conference of Mayors

**2013**  
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A Call to Action to Empower and Sustain Healthy Communities

THURSDAY, DECEMBER 5, 2013  
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