

## FOR IMMEDIATE RELEASE

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## 8<sup>TH</sup> ANNUAL CONFERENCE ON URBAN HEALTH EXPLORES ROLE OF COMMUNITY PARTNERSHIPS IN REDUCING HEALTH DISPARITIES

~ Keynote Speaker Discussed the Health Policy Priorities of the Obama Administration; Other Noted Health Experts Explored the Role of Community Based Research, the Effects of Improved Diversity and Cultural Awareness in the Health Workplace and Other Critical Health Issues ~

New York, N.Y. – The New York City Health and Hospitals Corporation (HHC) and the Generations+/Northern Manhattan Health Network (GNMHN), hosted the Eighth Annual Conference on Urban Health at the Jumeirah Essex House in New York City on June 11<sup>th</sup> and 12<sup>th</sup>, 2009. The two-day forum featured clinical workshops that explored innovative strategies and successful interventions aimed at reducing poor health outcomes among vulnerable urban populations. Panel discussions centered on the need for community based research to assess chronic diseases, as well as the need to engage community leaders on health issues, and the importance of diversity and cultural awareness in healthcare delivery. Other workshops focused on the risk factors and prevention of strokes, the prevalence of pregnancy-related complications in obese women, and addressed the challenges of treating the mentally ill and asthma at the community level.

"Communities of color, the poor, the uninsured, the under-insured, and recent immigrants tend to suffer disproportionately from preventable illnesses," said HHC President Alan D. Aviles. "It is crucial that physicians, nurses, social workers and other health care providers gather to share best clinical practices and develop strategies to better care for these vulnerable populations and improve the overall health of the community."

Addressing the conference attended by more than 250 physicians, nurses and other health care providers and advocates, keynote speaker Caya B. Lewis, MPH, Director of Outreach and Public Health Policy with the Office of Health Reform at the United States Department of Health and Human Services, discussed the health policy priorities of the Obama administration and the progress that has been accomplished in advancing health proposals that impact access and quality of care. She said, "President Obama is committed to supporting health care reform that reduces costs for families, businesses and government; protects people's choice of doctors, hospitals and health plans; and assures affordable, quality health care for all Americans. We must act this year on meaningful health care reform."

"Consistent with HHC's strategic direction, we are proactively addressing health disparities and achieving remarkable results," said José R. Sánchez, GNMHN Sr. Vice President. "At this conference, we are sharing models of intervention strategies and best practices that have created greater efficiencies and improved

patient care among the communities we serve in The South Bronx, North and Central Harlem."

In his keynote address, Dr. Robert Otto Valdez, PhD, Executive Director of the Robert Wood Johnson Foundation Center for Health Policy, underscored the health professional's role in improving the public's health by identifying the role of social, economic and political environmental stressors that exacerbate the risks of illness and disease. "Preventing premature death and disabling chronic illnesses in low income urban populations require health care professionals to build meaningful partnerships with underserved communities."

Speaking before a panel that addressed the need to improve diversity and cultural awareness in the workplace, José Sánchez noted that increased diversity and cultural competency in the health professions potentially increases access and quality of care for underserved and minority populations in New York. He added, "In 2004, minorities accounted for 34% of the New York State population compared with only 9% of the physician workforce. In New York City, where approximately 63% of the population is from a minority group and 170 languages are spoken, it is crucial that we begin to invest heavily in a workforce that will be able to meet the growing needs of a city that continues to experience demographic shifts."

The need for medical research on urban health and the role of community based participatory research was another thought provoking topic at the workshop chaired by Balavenkatesh Kanna, MD, MPH, FACP, Associate Program Director of Lincoln Hospital's Department of Internal Medicine. Dr. Kanna said: "In the past two decades, there have been enormous gains in basic science medical research, a greater portion of which remains to be fully adopted to day-to-day medical practice. Research findings require field testing, utilizing scientifically sound methodology and involving local community participation. This is an important goal for the scientific community and the urban minority populations suffering from significant health disparities."

John M. Palmer, PhD, Executive Director of Harlem Hospital Center and Renaissance Health Care Network, chaired the panel discussion on "Engaging Community Leaders on Health Issues", examining the basic structure of community based health improvement programs. Dr. Palmer noted: "Exploring the development and engagement of community based organizations, advocacy groups, neighborhood leaders and other stakeholders will lead to building collaborative relationships with existing health programs."

Moderating the panel discussion on mental health challenges, Wanda E. Santaella, LCSW, Lincoln Hospital's Director of Social Work, Discharge Planning and Pastoral Care, recalled how the Community Mental Health Act passed forty six years ago promised a full range of services to allow the mentally ill to reside and receive treatment in their home communities. "We still have far to go to deliver this promise," said Ms. Santaella.

Discussing issues related to the prevention of stroke in our urban settings, Olajide Williams, MD, MS, Director of Harlem Hospital Stroke Center Initiative and Associate Director of the Neurology Department, chaired the session that focused on understanding the barriers to stroke education and prevention and explored strategies to overcome those obstacles. He said, "We need healthcare innovations that are both practical and sustainable and address the disparities plaguing our healthcare system.

It is our hope that our initiatives in this field will reach underserved populations through this Urban Health Conference."

Dr. Ray Mercado, DO, Chair of Lincoln Hospital's Department of Obstetrics and Gynecology, pointed to the difficulties of obesity and pregnancy-related complications in obese women. Leading the conference panel discussion on "Improving Women's Health in Urban America", Dr. Mercado stated, "Although research provides insight into the problem, successful strategies to reverse this trend must focus on working with the patient and the community to understand the interplay of factors contributing to obesity as well as promoting effective public policies to reduce its prevalence."

Panelists discussing "Treatment of Asthma at the Community Level", assessed "community based participatory research" and the use of findings to advocate for improved asthma services in high prevalence areas. "This methodology can strengthen local health partnerships and help reduce health disparities," said Dr. Benjamin Ortiz, Assistant Attending Physician at Harlem Hospital Department of Pediatrics.

Once again, the annual Urban Health Conference on health disparities offered an opportunity for local and national health care professionals and advocates to strategize, exchange ideas and share best practices on how to effectively address this growing national health crisis. Panelists and moderators cited a number of studies that demonstrate pervasive inequality in health care delivery among people of color, the poor, recent immigrants, the uninsured and under-insured. Health care professionals and advocates will continue to make use of this platform to address the phenomenon of health disparities in an effort to advance the elimination of disproportionate health burdens among minorities.