

Eighth Annual World Health Continuing Medical Education Conference

Health Disparities Impacting Global and Local Populations

June 6, 2025

SUNY Downstate Health Sciences University
Alumni Auditorium
395 Lenox Road
Brooklyn, New York 11203

Jointly provided by Healthfirst, Howard University College of Medicine, Howard University College of Pharmacy Office of Continuing Professional Education, MediNova, and SUNY Downstate Health Sciences University



Eighth Annual World Health Continuing Medical Education Conference: "Health Disparities Impacting Global And Local Populations"

Program Overview

This Continuing Medical Education activity is designed to update primary care and specialty practices on evolving strategies for implementing evidence-based medicine to meet the needs of local, regional, and global communities. The intent is to inform the attendees on innovations in treating special patient populations. Using evidence-based prevention, chronic-disease management, pharmacotherapy, and cutting-edge treatment options, participants will be introduced to advanced approaches to improve patient outcomes.

Program Objectives

At the conclusion of this activity, participants will be able to:

- **Outline** pragmatic tools and innovations that can be used in practice to address health equity in the communities they serve
- **Explain** the cause for increased prevalence of chronic conditions amongst vulnerable populations and recognize care models that are in place to address these disparities
- **Discuss** the role of cultural factors in trauma experiences and responses and how to integrate trauma-informed care into practice to address mental and behavioral health needs of marginalized communities
- **Identify** solutions and resources available to address the needs of the communities discussed

Target Audience

This activity is designed for physicians, physician assistants, nurse practitioners, registered nurses, pharmacists, social workers, residents, fellows, medical students, graduate students, and practice leaders that serve high-risk populations.

Joint Providership Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the State University of New York (SUNY) Downstate Health Sciences University and Healthfirst. The State University of New York Downstate Health Sciences University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

SUNY Downstate Health Sciences University designates this live activity for a maximum of **6.75 AMA PRA Category 1 Credit(s)TM**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing: SUNY Downstate Health Sciences University is approved as a provider of nursing continuing professional development by the Northeast Multistate Division Education Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Attendance of at least 90% of the live activity is required for nursing contact credits.

Social Workers: SUNY Downstate Health Sciences University is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0469.

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Disclosure Summary

SUNY Downstate Health Sciences University Office of CME (OCME) and its affiliates are committed to providing educational activities that are objective, balanced, and as free of bias as possible. The OCME has established policies to identify and mitigate conflicts of interest prior to this educational activity. As an accredited provider, we are required to mitigate and disclose to the activity audience the financial relationships of the planners, presenters, and authors involved in the development of accredited content. A financial relationship exists if he or she has a financial relationship in any amount occurring in the past 24 months with an ineligible company whose products or services are discussed in the accredited activity content over which the individual has control. All financial relationships have been fully disclosed and mitigated. No commercial support is being received for this event. This educational activity does not include any content that relates to the products and/or services of an Ineligible company with whom there is a financial relationship.

ADA Statement

Special Needs: In accordance with the Americans with Disabilities Act, SUNY Downstate Health Sciences University seeks to make this conference accessible to all. If you have a disability that might require special accommodation, please email your need(s) to Angela Sullivan at asullivan@healthfirst.org or call 917-748-8455.

ACPE Pharmacist CE Credit Available

Howard University College of Pharmacy, (COP) is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program meets ACPE criteria for 7.75 contact hours (0.775 CEUs) for Pharmacists. CE credit will be awarded through the CPE Monitor within 3–4 weeks of the seminar to those who successfully complete the program by registering for this event, attending the webinar, obtaining a score \geq 70% on the POST-TEST and completing the evaluation. The UANs for each educational CE activity are listed in the program brochure. The deadline to claim CE for this program is August 1, 2025.



Registration

If you need additional information or to register for the conference, please email Angela Sullivan, Healthfirst, at ASullivan@healthfirst.org or call 917-748-8455.

AGENDA

7:30AM – 8:15AM

Breakfast and Registration

Welcome and Introduction into CME Activity

Karen M. Costley, MD, MPH, CHCQM

Assistant Vice President, Medical Director, Healthfirst

Shelly McDonald-Pinkett, MD, FACP, CPHQ

Director, Howard University Health and Wellness Center

8:15AM – 8:30AM

Henry R. Paul, MD

President, MediNova

Moro O. Salifu, MD, MPH, MBA, MACP

Chair of the Department of Medicine

Tenured Professor of Medicine

Department of Medicine, Division of Nephrology,

SUNY Downstate Health Sciences University

Session 1

Advancing Justice: Historical Roots and Future Solutions for Health Equity

Torian Easterling, MD, MPH

Senior Vice President for Population and Community Health

Chief Strategic and Innovation Officer, One Brooklyn Health

Patient Engagement and Cultural Competence: Road Map to Achieve Health Equity

8:30AM – 10:30AM

Mauvareen Beverley, MD, PLLC

Patient Engagement and Cultural Competence Specialist

Ethical Decision Making in Diverse Populations

Karen Roberts Turner, JD, MA

Senior Associate General Counsel for Health Sciences

Adjunct Assistant Professor of Ethics, Howard University

The Cost of Getting it Wrong

Brenda D. McDonald, RN, BSN, JD, MBA, CPHRM

Chief Risk Advisor, National Healthcare Practice, Aon

10:30AM - 10:45AM

Question and Answer Session

10:45AM - 11:00AM

Break: 15-minutes

Session 2

Ensuring Optimal Kidney Health for All: The Past, the Present, and the Future

Dinushika Mohottige, MD, MPH

*Assistant Professor, Institute of Health Equity Research
Icahn School of Medicine at Mount Sinai
Mount Sinai Barbara T. Murphy Division of Nephrology*

Equity in Kidney Care: Reducing Nephrotoxin Burden and Improving Acute Kidney Injury Outcomes

Dhakrit (Jesse) Rungkitwattanakul, PharmD, BCPS, FNKF

*Associate Professor, Nephrology Pharmacist
Howard University College of Pharmacy*

Bridging the Gap: Addressing Disparities in Access to Kidney Transplantation

Anthony C. Watkins, MD, FACS

*Surgical Director, Kidney & Pancreas Transplant Program
Tampa General Hospital Transplant Institute*

11:00AM - 12:30PM

12:30PM - 12:45PM

Question and Answer Session

12:45PM - 1:30PM

Lunch: 45-minutes

Session 3

Advances in Hypertension Control: New Concepts and Approaches

Keith C. Ferdinand, MD, FACC, FAHA, FASPC, FNLA, FPCNA (hon.)

*Gerald S. Berenson Endowed Chair in Preventative Cardiology
Professor of Medicine,
Tulane University School of Medicine*

Global Burden of Disease of Benign Gynecological Conditions

Christina Pardo, MD, MPH, FACOG

*Assistant Professor, Weill Cornell Medicine
Medical Director, Women's Health Practice
NewYork-Presbyterian - Ambulatory Care Network*

Uterine Myomas

Ambereen Sleemi, MD, MPH, MSc, FACOG, FURPS

*Co-Founder, Executive Director and Surgical Director
International Medical Response Foundation*

1:30PM - 3:00PM

3:00PM - 3:15PM

Question and Answer Session

AGENDA

3:15PM - 3:30PM

Break: 15-minutes

Panel Discussion: Mental Health and Trauma-informed Care

Wisdom, Courage and Hope: Effective Interdisciplinary Care
for Survivors of Torture and Forced Migrant Populations

Hawthorne E. Smith, PhD

Director, Bellevue Program for Survivors of Torture

President - National Consortium of Torture Treatment Programs

Getting to the Root: Examining Trauma Conscious Care
from a Decolonized Lens

3:30PM - 4:30PM

Krystal Miller, LCSW, CIMHP, Spiritual Herbalist

Holistic Practitioner and Clinical Psychotherapist

Melanated Masks

The Significance of Culturally Informed Care
for Vulnerable Populations with Mental Illness

Asa T. Briggs, DNP, PMHNP, MA

Psychiatric Nurse Practitioner

Briggs Psychiatry & Behavioral Health, PC

4:30PM

Closing Remarks and Adjournment



Wisdom, Courage and Hope: Effective Interdisciplinary Care for Survivors of torture and Forced Migrant Populations

Hawthorne E. Smith, Ph.D.

Director; Bellevue Program for Survivors of Torture

President; National Consortium of Torture Treatment Programs

2025 World CME – June 6, 2025

Bellevue Program for Survivors of Torture



- Founded in 1995
- Over 6,000 men, women and children served
- Over 115 countries represented in our client population
- Help to rebuild the bodies, minds, and spirits of people who have been tortured or persecuted.
- Holistic, interdisciplinary, resilience-based approach

Hawthorne Smith, Ph.D.
Bellevue PSOT



Please nod your head if...

- You've ever voted in an election
- You've written a letter to an editor or posted opinions online
- You have an identifiable racial or ethnic background
- You are part of an identifiable religious group...(or not)
- You identify as a woman
- You have, or are close to someone who has, a sexual orientation other than heterosexual

Hawthorne Smith, Ph.D.
Bellevue PSOT

Extreme Challenges Experienced by Torture Survivors and Refugees

- Multiple losses
- Ongoing effects of recurrent/reinforcing trauma
 - Social dislocation; war; trauma; torture; internally displaced in home country; flight and relocation in neighboring country; refugee camps; immigration processing; resettlement in USA
- Individuals will respond to these stressors in different ways

Hawthorne Smith, Ph.D.
Bellevue PSOT



Physical and Emotional Scars of Torture



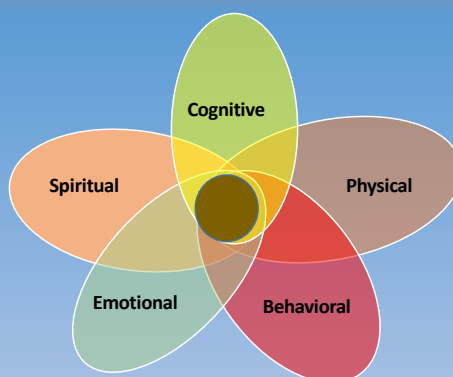
IRCT



IRCT

Hawthorne Smith, Ph.D.
Bellevue PSOT

Common Reactions to Torture and Refugee Trauma



Hawthorne Smith, Ph.D.
Bellevue PSOT



Trauma Affects...



- A person's ability to process information
- A person's ability to talk about memories
- A person's ability to relate to other people
- A person's ability to think about the future
- A person's feelings about the world
- A person's feelings about him or herself

Hawthorne Smith, Ph.D.
Bellevue PSOT

Spheres of Marginalization/Dislocation

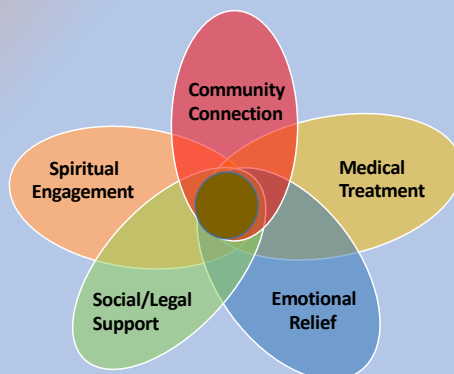


- Educational Functioning
- Social Service Provision (logistical/financial)
- Legal Advocacy
- Vocational/Professional
- Social Functioning

Hawthorne Smith, Ph.D.
Bellevue PSOT



Interdisciplinary Approach to Healing



Hawthorne Smith, Ph.D.
Bellevue PSOT

Clinical Assessment

- Review of Systems -
 - Review of Experiences
 - Review of Context
 - Review of Feelings
- Interdisciplinary Focus
 - Psychiatric functioning as part of overall health
 - "How are you sleeping?"
- Normalizing the conversation
 - Patient is the best determinant of pain/distress
 - Avoid stigmatizing or minimizing

Hawthorne Smith, Ph.D.
Bellevue PSOT



Trauma-Informed Approach to Service Provision

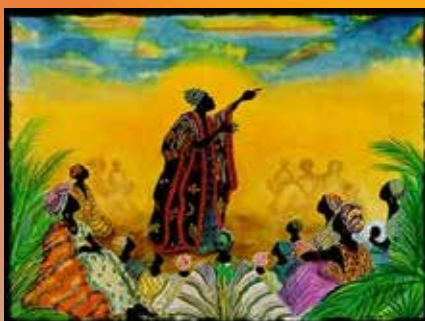


- Safety
- Empowerment

"It does not have to be therapy to be therapeutic."

Hawthorne Smith, Ph.D.
Bellevue PSOT

Culturally Syntonic Interventions



- Ex. "La Famille Africaine"
- Allowing our clients to lead/teach
- Needed – not just needy

Hawthorne Smith, Ph.D.
Bellevue PSOT



Initiating the Journey Toward Healing



The Power of an Empathetic Human Relationship

Purposeful Existence - Do not give the victory to
those who do not deserve it

The Incredible Gift of Trust

Character v. Circumstances

“The family in front of you...”

“Rien n’est facile, mais tout est possible”

“Two watchdogs...”

Hawthorne Smith, Ph.D.
Bellevue PSOT

Making Meaning - The Learning Curve Continues...



Wisdom, Courage, Hope

- Importance of Agency
- Impact on the future
- The “Crossroads Generation”

Hawthorne Smith, Ph.D.
Bellevue PSOT



GETTING TO THE ROOT: EXAMINING TRAUMA CONSCIOUS CARE FROM A DECOLONIZED LENS



Krystal A. Miller, LCSW, CIMHP,
Holistic Practitioner



ONE SIZE FITS ALL?



QUICK VIEW

HISTORICAL IMPACT

DEFINING. REMODELING.

DECOLONIZING IN PRACTICE

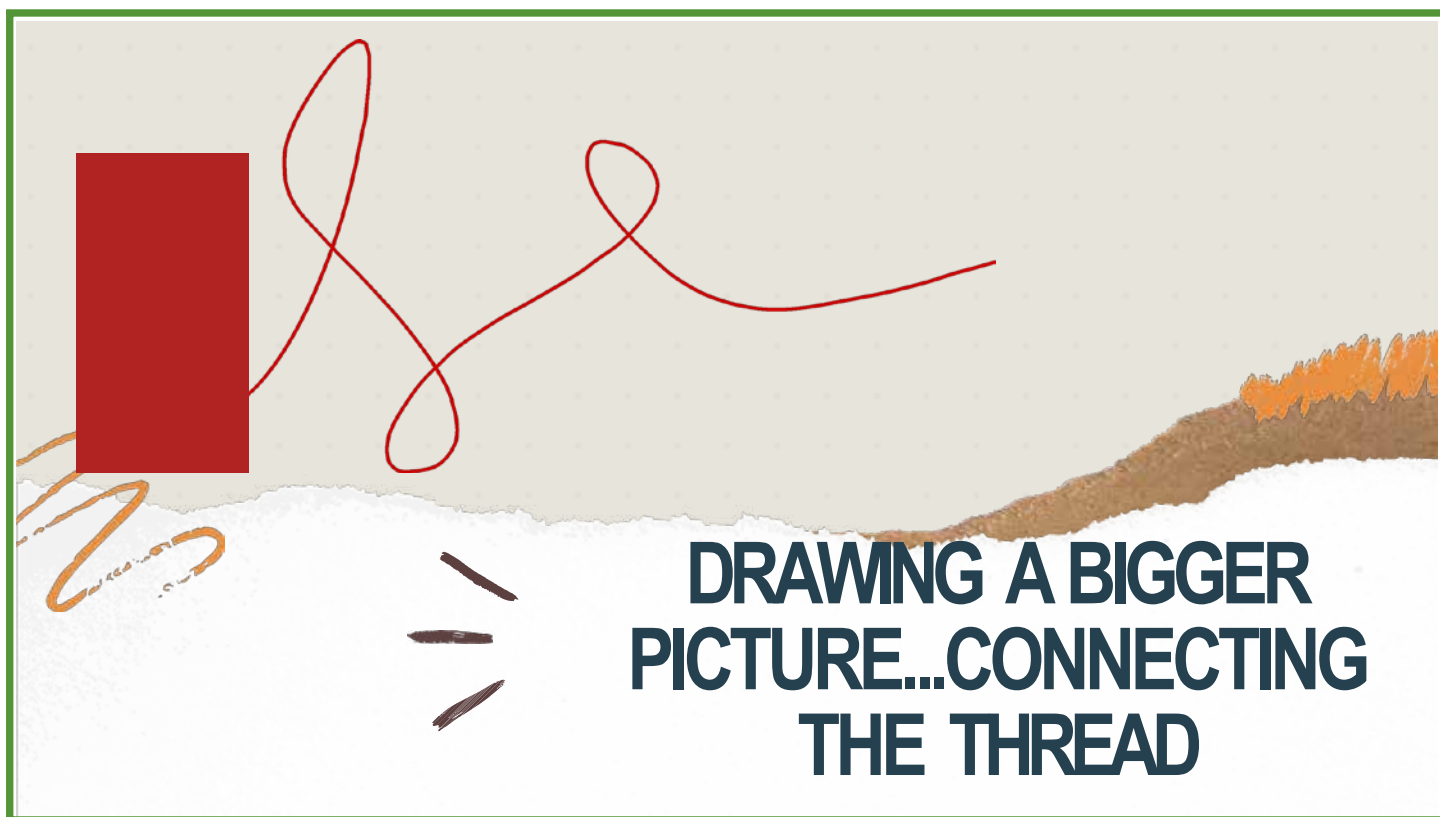
COLLABORATING WITH
TRADITIONAL HEALING MODELS

CALL TO ACTION

QUESTIONS?

THE MEDICAL AND MENTAL HEALTH INDUSTRIAL COMPLEX





“THE EUROCENTRICITY AND PRIVILEGE OF OUR CLINICAL PRACTITIONER-ORIENTED PROGRAMS FOCUS MORE ON WHAT IS DEFECTIVE WITH THE MIND, AS OPPOSED TO ONE’S EXPERIENCE. THE BELIEF CONTINUES TO PATHOLOGIZE THE PERSON SEEKING HELP... WE HAVE BEEN TAUGHT TO MEDICALIZE AND TREAT SYMPTOMS, YET WE CONTINUE TO IGNORE THE SOUL WOUNDS OF HISTORICAL TRAUMA AND COLONIZATION. WE VICTIM-BLAME BY FOCUSING ON PERSONAL DEFICIENCIES AND TRAUMA RATHER THAN STRUCTURAL VIOLENCE.”-DR. JENNIFER MULLAN





DEFINE THE WORD "DECOLONIZED"

The great "undoing" of colonized influences on essential care such as medical and mental health.

Who writes history? Who wrote our manuals? What makes what we do evidenced based?



DEFINE THE PHRASE "TRAUMA CONSCIOUS"

Embodied, intuitive, curious,
honoring lived experience--
Nityda Gessel, E-LCSW





EXAMPLES THROUGH PRACTICE

★ Naming the White Supremacist/Capitalistic structures for what they are and how it directly (or indirectly) impacts our clients

★ Recognizing and naming the policies that directly or indirectly impact our clients

★ If applicable, are there any migration stories that we can learn more about?

TEACHING NOTE: WE CAN'T FIX WHAT WE CAN'T ADDRESS. NAME THE SYSTEMS AND HOW THEY PERFORM AGAINST CARE

EXAMPLES THROUGH PRACTICE

★ Examine the role of community trauma-- whether immediate lived community or that of their ethnic, cultural and ancestral communities (including LGBTQ+)

★ Spiritual Practices (whether organized or other) are also important to know about their holistic wellness

★ Complete historical narratives for context: Understanding the levels of personal, community, socio-political and ancestral knowledge is key to holistic care

TEACHING NOTE: WHAT IS CARE BEYOND PATHOLOGIZING? HOW CAN YOU WORK WITH THEIR BROAD CARE TEAM FOR MORE SUSTAINABLE RESULTS?

****Community, spirituality, family and ancestry are also important strengths to consider!**



WHERE TRADITIONAL/CULTURAL MODELS FIT

Somatic Practices

Soul Practices

FROM LOGICAL MIND TO WISE MIND

Science, Spirit and Culture





Questions

That

Need

Answers

INTENTIONAL CALLS TO ACTION

- 1:1 is key
- PROP--Who, what, when, where and how
- Co-Created Care
 - Trust their body and word
 - Expand your team



QUESTIONS?



**KRYSTAL A.
MILLER, LCSW,
CIMHP, HOLISTIC
PRACTITIONER**

info@melanatedmasks.com
IG: [melanated_masks](#)
www.melanatedmasks.com



THE SIGNIFICANCE OF CULTURALLY INFORMED CARE FOR VULNERABLE POPULATIONS WITH MENTAL ILLNESS

Presenter:

Dr. Asa T. Briggs, DNP, PMHNP-BC

Founder/CEO

Briggs Psychiatry & Behavioral Health,
PC

No Financial Disclosures



OBJECTIVES

- **Understand the Impact of Mental Health Challenges**
 - Examine the unique mental health struggles faced by African American and other marginalized communities.
 - Discuss the role of historical and systemic factors in shaping mental health outcomes.
- **Explore Barriers to Mental Health Care**
 - Identify social, cultural, and economic barriers to accessing mental health services.
 - Address stigma and misconceptions about mental health within marginalized communities.
- **Highlight the Need for Contextualized Models of Care**
 - Explain why traditional mental health models may not fully meet the needs of marginalized groups.
 - Discuss culturally competent approaches to mental health care and healing.
- **Encourage Vulnerability and Transparency in Healing**
 - Emphasize the power of open conversations about trauma and emotional well-being.
 - Explore how personal pain can be transformed into a tool for community connection and resilience.



PREVALENCE OF ANY MENTAL ILLNESS (AMI) IN AMERICA

- In 2020, there were an estimated 52.9 million adults aged 18 or older in the United States with AMI. This number represented 21.0% of all U.S. adults.
- The prevalence of AMI was higher among females (25.8%) than males (15.8%).
- Young adults aged 18-25 years had the highest prevalence of AMI (30.6%) compared to adults aged 26-49 years (25.3%) and aged 50 and older (14.5%).

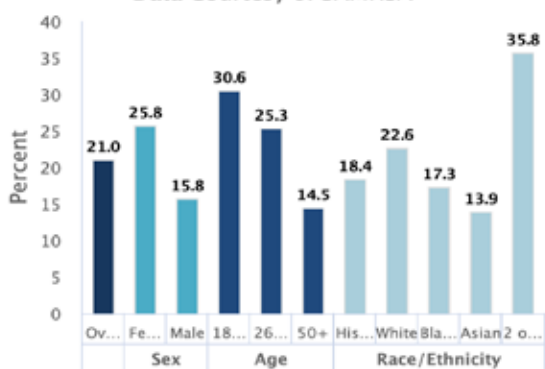
National Institute of Mental Health (2022)



Figure 1

Past Year Prevalence of Any Mental Illness Among U.S. Adults (2020)

Data Courtesy of SAMHSA



(National Institute of Mental Health, 2022)

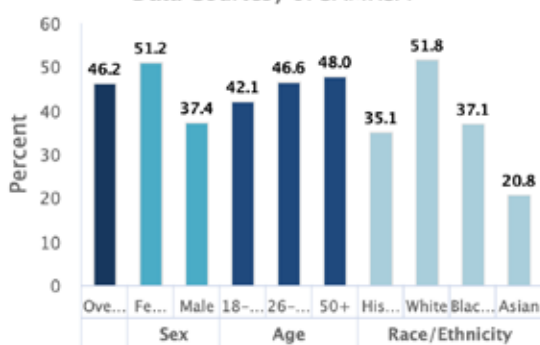
PREVALENCE OF (AMI) 2020

- The prevalence of AMI was highest among the adults reporting two or more races (35.8%), followed by White adults (22.6%). The prevalence of AMI was lowest among Asian adults (13.9%).



Figure 2

Mental Health Services Received in Past Year Among U.S. Adults with Any Mental Illness (2020)
Data Courtesy of SAMHSA



(National Institute of Mental Health, 2022)

MENTAL HEALTH SERVICES FOR (AMI) IN 2020

• In 2020, among the 52.9 million adults with AMI, 24.3 million (46.2%) received mental health services in the past year.

MENTAL HEALTH DISPARITIES AND AFRICAN AMERICANS (AA)

(AMERICAN PSYCHIATRIC ASSOCIATION (APA), 2017)

Mental Health Status, Use of Services, and Disparities

- Rates of mental illnesses in African Americans are similar with those of the general population. However, disparities exist in regard to mental health care services. African Americans often receive poorer quality of care and lack access to culturally competent care.⁹
- Only one-in-three African Americans who need mental health care receives it.⁹
- Compared with non-Hispanic whites, African Americans with any mental illness have lower rates of any mental health service use including prescriptions medications and outpatient services, but higher use of inpatient services.⁹
- The rate of illicit drug use among African Americans is slightly higher than the national average (12.4% vs 10.2%). Rate of alcohol use is slightly lower than the national average (44.2% vs 52.7%) including heavy drinking (4.5% vs 6.2%) and binge drinking (21.6% vs 23%).¹¹
- Rate of opioid overdose among African Americans (6.6%) is less than half of that for non-Hispanic whites (13.9%).¹¹
- Compared with whites, African Americans are:
 - Less likely to receive guideline-consistent care
 - Less frequently included in research
 - More likely to use emergency rooms or primary care (rather than mental health specialists)¹¹



MENTAL HEALTH DISPARITIES AND AFRICAN AMERICANS (AA)

(AMERICAN PSYCHIATRIC ASSOCIATION (APA),
2017)

- Compared with the general population, African Americans are less likely to be offered either evidence-based medication therapy or psychotherapy.¹⁸
- Compared with whites with the same symptoms, African Americans are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders. Differences in how African Americans express symptoms of emotional distress may contribute to misdiagnosis.¹⁹
- Physician-patient communication differs for African Americans and whites. One study found that physicians were 23% more verbally dominant, and engaged in 32% less patient-centered communication with African American patients than with white patients.²⁰
- Black people with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races.²¹

Other common barriers include: the importance of family privacy, lack of knowledge regarding available treatments, and denial of mental health problems. Concerns about stigma, medications, not receiving appropriate information about services, and dehumanizing services have also been reported to hinder African Americans from accessing mental health services.

To learn about best practices for treating diverse populations and to get answers to your questions by leading psychiatrists, please visit APA's Cultural Competency webpage at <https://www.psychiatry.org/psychiatrists/cultural-competency>

A seminal study conducted by Chatters et al. (2002) highlighted the importance of family and church members as a critical support for AA

Pastors and church leaders are easily accessible and are culturally acceptable sources of managing mental and emotional problems.

AA seek mental health care from primary care providers in part because they are health insurance, access and trust.

MENTAL HEALTH HELP-SEEKING BEHAVIOR IN THE BLACK COMMUNITY

(HAYS & LINCOLN, 2017)



BARRIERS TO MENTAL HEALTH TREATMENT IN THE BLACK COMMUNITY

•Barriers to Mental Health Treatment

- Handle problem on their own,
- Perceived Ineffectiveness,
- Lack of diverse providers
- Stigma,
- Financial,
- Lack of insurance
- Transportation, and
- Inconvenience

(Green et al., 2020)



MARGINALIZATION & SOCIAL DETERMINANTS OF HEALTH (SDOH)



Marginalization uncovers health implications and social ramifications based on the magnitude of the marginality

The intersectionality of marginalization and SDOH define one's health
One's social position links the two variables

(Baah et al., 2019)



STEPS TOWARD HEALTH EQUITY IN DIVERSE CULTURES

•Pursuing *health equity* requires organizations to self-examine to ensure they are moving toward a culture of safety for diverse cultures.

•Therefore, consider the following when developing a comprehensive plan for health equity and cultural safety:

- Engagement
- Assessment
- Training
- Acknowledgement

Curtis et al., 2019



COMMUNITY MENTAL HEALTH AND REDUCING DISPARITIES

•The Biden-Harris Administration's FY22 budget increased the amount of dollars spent on mental health services –1.6 billion in block grants. This is more than double the FY21 allocation.

•Community mental health shifts the focus away from the individual and examines structural factors impacting their mental health (e.g., inequalities in wealth and education and neighborhood resources)

(Alegria et al., 2022)





THE FRIENDSHIP BENCH

- The Friendship Bench (FB) project is an evidence-based intervention developed in Zimbabwe to bridge the mental health treatment gap.
- The FB aims to enhance mental well-being and improve quality of life through the use of problem-solving therapy delivered by trained lay health workers, focusing on people who are suffering from common mental disorders, such as anxiety and depression.

Retrieved from:
<https://www.centreforglobalmentalhealth.org/the-friendship-bench>



HEALING CIRCLES

- Healing circles are cost effective and **have been shown to have timely results** in reduction of symptoms. These groups provide clients with an opportunity to share their lived experience in a nonjudgmental environment.
- Ultimately, allowing clients to share their lived experience provides validation and creates a sense of community.

Retrieved from: <https://www.nami.org/african-american/black-men-and-mental-health-practical-solutions/>





REFERENCES

- Alegria, M., Zhen-Duan, J., O'Malley, I. S., & DiMarzio, K. (2022). A New Agenda for Optimizing Investments in Community Mental Health and Reducing Disparities. *The American journal of psychiatry*, 179(6), 402–416. <https://doi.org/10.1176/appi.ajp.21100970>
- American Psychiatric Association (APA). (2017). Mental health disparities: African Americans. Retrieved from <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>
- Baah, F., Teltelman, A., & Riegel, B. (2019). Marginalization: Conceptualizing patient vulnerabilities in the framework of social determinants of health. *Nursing Inquiry*, 26, e12268. <https://doi.org/10.1111/min.12268>
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 174. <https://doi.org/10.1186/s12939-019-1062-2>
- Garb H. N. (2021). Race bias and gender bias in the diagnosis of psychological disorders. *Clinical psychology review*, 90, 102087. <https://doi.org/10.1016/j.cpr.2021.102087>
- Green, J. G., McLaughlin, K. A., Fillbrunn, M., Fukuda, M., Jackson, J. S., Kessler, R. C., Sadikova, E., Sampson, N. A., Vilsaint, C., Williams, D. R., Cruz-Gonzalez, M., & Alegria, M. (2020). Barriers to Mental Health Service Use and Predictors of Treatment Drop Out: Racial/Ethnic Variation in a Population-Based Study. *Administration and policy in mental health*, 47(4), 606–616. <https://doi.org/10.1007/s10488-020-01021-6>
- Hall, J.M., Stevens, P.E., & Melesis, A.I. (1994). Marginalization: A guiding concept for valuing diversity in nursing knowledge development. *Advances in Nursing Science*, 16(4), 23–41. <https://doi.org/10.1097/00012272-199406000-00005>
- Hays, K., & Lincoln, K. D. (2017). Mental health help-seeking profiles among African Americans: Exploring the influence of religion. *Race and Social Problems*, 9(2), 127–138. <https://doi.org/10.1007/s12552-017-9193-1>
- Mariska, P.N., Habibi, H., & Farisi, A.B. (2019). Cultural Identity of colonialism: traumatic effects of slavery and racism. *Cultura Interpeta*, 9(3), 117–124.
- McLeod, M. N., Heller, D., Manze, M. G., & Echeverria, S. E. (2020). Police Interactions and the Mental Health of Black Americans: a Systematic Review. *Journal of racial and ethnic health disparities*, 7(1), 10–27. <https://doi.org/10.1007/s40615-019-00629-1>
- National Institute of Mental Health (2022). Mental illness. Retrieved from https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539
- Novacek, D. M., Hampton-Anderson, J. N., Ebor, M. T., Loeb, T. B., & Wyatt, G. E. (2020). Mental health ramifications of the COVID-19 pandemic for Black Americans: Clinical and research recommendations. *Psychological trauma : theory, research, practice and policy*, 12(5), 449–451. <https://doi.org/10.1037/tra0000796>
- Ramchand R, Gordon JA, Pearson JL. Trends in Suicide Rates by Race and Ethnicity in the United States. *JAMA Netw Open*. 2021;4(5):e2111563. doi:10.1001/jamanetworkopen.2021.11563
- Rickards, T., & Leaman, E. (2020). Marginalization and heterosexism: A lens for understanding the lesbian stepfamily experience and informing nursing practice. *Health Care for Women International*, 41(8). <https://doi.org/10.1080/07399332.2020.17645453>
- Taylor, C. (2019). Health consequences of laws and public policies that target, or protect, marginalized populations. *Socially Compass*. 14(2), e12753. <https://doi.org/10.1111/Soc4.12753>



COURSE DIRECTORS

Karen M. Costley, MD, MPH, CHCQM
*Assistant Vice President, Medical Director
Healthfirst*

Shelly McDonald-Pinkett, MD, FACP, CPHQ
*Director, Howard University
Health and Wellness Center*

Henry R. Paul, MD
President, MediNova

Moro O. Salifu, MD, MPH, MBA, MACP
*Chair of the Department of Medicine
Tenured Professor of Medicine
Department of Medicine, Division of Nephrology
SUNY Downstate Health Sciences University*

FACULTY

Mauvareen Beverley, MD, PLLC

Asa T. Briggs, DNP, PMHNP, MA

Torian Easterling, MD, MPH

**Keith C. Ferdinand, MD, FACC, FAHA,
FASPC, FNLA, FPCNA (hon.)**

**Brenda D. McDonald, RN, BSN, JD, MBA,
CPHRM**

**Krystal Miller, LCSW, CIMHP, Spiritual
Herbalist**

Dinushika Mohottige, MD, MPH

Christina Pardo, MD, MPH, FACOG

**Dhakrit (Jesse) Rungkitwattanakul, PharmD,
BCPS, FNKF**

**Ambereen Sleemi, MD, MPH, MSc,
FACOG, FURPS**

Hawthorne E. Smith, PhD

Karen Roberts Turner, JD, MA

Anthony C. Watkins, MD, FACS

PLANNING COMMITTEE

Anthea V. Francis, RPh, B.Sc. Pharmacy
*Coordinator, Office of Continuing Professional
Education
Howard University College of Pharmacy*

Elizabeth Hricko, RN
*Senior Manager, Utilization Management
Healthfirst*

Elizabeth Jean-Jacques, MPA
*Assistant Vice President, DSE Provider Education
Healthfirst*

Edeline Mitton, MEd, MPH
*Director of Continuing Medical Education
Secretary, Downstate Assembly of Faculty &
Professional Staff
SUNY Downstate Health Sciences University*

Marie Nappi, MHA, MBA
*Project Specialist, Provider Education
Healthfirst*

Jennifer Scott
*Project Coordinator, Community Engagement
Healthfirst*

Pamela D. Straker, MA, PhD
*TRANSPORT, Research Assistant Professor,
Department of Medicine/College of Medicine,
SUNY Downstate Health Sciences University
Director of Operations, Brooklyn Health
Disparities Center*

Angela Sullivan, MPH
*Manager of Provider Education
Healthfirst*

Raymond Thornhill
*Senior Manager, Community Engagement
Healthfirst*

Nadine Valme
*Program Coordinator,
Continuing Medical Education
SUNY Downstate Health Sciences University*

About Healthfirst

Healthfirst believes that every New Yorker deserves access to the best available healthcare. As one of New York's highest quality not-for-profit health insurers serving two million New Yorkers, we make this a reality for our members. Founded more than 30 years ago by the leading hospital systems in downstate New York, Healthfirst established a partnership model that enables hospitals, health systems, and physicians in our network to prioritize health outcomes over profits, placing the needs of our members and community first. Healthfirst serves members in New York City, on Long Island, and in Westchester, Rockland, Sullivan, and Orange counties, offering market-leading products to suit every life stage. Our offerings include Medicaid plans, Medicare Advantage plans, Child Health Plus plans, Essential Plans, Long-Term Care plans, and Qualified Health plans. For more information on Healthfirst, please visit healthfirst.org.

About Howard University College of Medicine

Founded in 1868, the College of Medicine takes pride in its long and illustrious history of training students to become competent and compassionate physicians who provide health care in medically underserved communities.

While the College offers excellent research and research training opportunities, the major emphasis is on preparing students to deliver patient care in communities that have a shortage of physicians and public health professionals.

The College living alumni, more than 4,000, are a testimony that an excellent medical education can be obtained at Howard. Although opportunities for minority students have increased at other medical schools, the College uniquely addresses the special health care needs of medically underserved communities and continues to produce a significant number of the nation's minority physicians. The College is a part of Howard University, a comprehensive research university. While the University community has traditionally been predominantly black, Howard has been an interracial and cosmopolitan institution throughout its history, with students, faculty, and staff of all races and from many foreign nations. All must meet the high standards of excellence of Howard University, which has the largest concentration of black faculty and student scholars in the country.

In addition to the College of Medicine, the Howard University Health Sciences Center includes the Howard University Hospital; the College of Dentistry; the College of Pharmacy, Nursing and Allied Health Sciences; the Louis Stokes Health Sciences Library; and the Student Health Center. Located in the nation's capital, the College can draw upon the immense medical resources of this area, including the National Institutes of Health and the National Library of Medicine.

About Howard University College of Pharmacy Office of Continuing Professional Education

The Howard University College of Pharmacy Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education as a CE Provider of Continuing Education for pharmacists and pharmacy technicians. The Office has been an accredited provider since 1995 and accredits numerous programs each year on various topics of relevance on the local, regional, and national levels of healthcare.

To assist pharmacists and pharmacy technicians in meeting their licensure requirements while advancing their practice, Howard University College of Pharmacy Office of Continuing Professional Education has accredited and/or partnered with various organizations, companies and associations including but not limited to:

- Washington, D.C. Pharmacy Association (WDCPhA)
- Howard University College of Pharmacy Alumni Association
- Clinical Pharmacy Associates (CPA)
- Ghanaian Pharmacists Association (GPhA)
- Ethiopian Pharmacists and Pharmaceutical Scientists in Diaspora (EPPAD)
- Mid-Atlantic Aids Education and Training Center (MAAETC), and American Society of Consultant Pharmacists (ASCPP).

Mission

The Howard University College of Pharmacy Office of Continuing Professional Education is dedicated to advancing the growth and excellence of pharmacists, pharmacy technicians, and other pharmacy professionals across diverse practice environments. Our primary focus lies in crafting educational initiatives that delve into contemporary trends in drug therapy management, placing special emphasis on areas mandated by the Washington, D.C. pharmacy licensure criteria. Additionally, we are committed to enhancing the skills and knowledge required for effectively managing diseases within various population groups.

Goal

The goal of the Howard University College of Pharmacy Continuing Professional Education Program is to achieve the mission statement of the Howard University College of Pharmacy CPE programs will be to:

- Impact pharmacy practice in a variety of practice settings
- Impact coverage of training areas emphasized by the Washington, D.C. pharmacy licensure requirements
- Have an impact on pharmacy practice in a variety of specific disease populations.

About MediNova

Mission

We have a two-part mission:

To provide accessible, high-quality medical treatment to the underserved communities of Northeastern Haiti in a manner that protects the dignity and independence of our patients with the highest standards of integrity, impartiality, and openness.

To advance the field of primary medical care in the community by providing educational opportunities for both current and future local medical practitioners.

Vision

We are seeking to advance the continued growth, advancement, and sustainability of medical care in the region by both directly providing primary care to underserved communities and individuals in a manner reflecting our commitment to respect, excellence and integrity in addition to training future and current local medical practitioners in the latest and most effective means of treatment. We believe that all individuals have the right to the highest attainable standard of physical and mental health, which includes access to medical services.

About SUNY Downstate Health Sciences University

Formally known as The State University of New York Health Science Center at Brooklyn, but better known to our patients and Brooklyn neighbors as SUNY Downstate Health Sciences University, we are older than the Brooklyn Bridge. We trace our roots back to 1860, when a school of medicine was founded at the Long Island College Hospital. The new college's faculty revolutionized medical education in this country by bringing the teaching of medicine to the hospital bedside, thus rejecting the idea that physicians should be trained exclusively in university lecture halls.

Today, SUNY Downstate is one of the nation's leading urban medical centers. SUNY Downstate comprises a College of Medicine, School of Health Professions, College of Nursing, School of Graduate Studies, School of Public Health, and University Hospital of Brooklyn. The quality of our education, research, and patient care programs was confirmed with the awarding of the Nobel Prize in Medicine to Dr. Robert Furchgott, a member of our School of Graduate Studies faculty since 1956. Dr. Furchgott's identification of nitric oxide as a signaling molecule important in vascular health has revolutionized care for heart, stroke, impotence, and other diseases.

As the only academic medical center in Brooklyn, we serve a large population – over 2.3 million people – and one that is among the most diverse in the world. We are also an engine of opportunity for students interested in pursuing careers in health care. Many of our students are the first in their families to attend college.

More physicians who practice medicine in New York City received their training at our College of Medicine than any other medical center in the country. Nationally, our medical school ranks seventh in the number of graduates who are now engaged in academic medicine. Here in Brooklyn, our impact is even greater. We have trained nearly half of all doctors practicing in a number of specialty areas.

Our School of Health Professions and College of Nursing also play a unique role in the borough and the city. We have the oldest midwifery program in the country, and we recently made history again by establishing a joint program between the two colleges that trains midwives who are not nurses. The College of Nursing is particularly proud of its role in educating minority students. Approximately three-fourths of the students are minority-group members, and many are recent immigrants.

University Hospital of Brooklyn is the borough's only hospital located at an academic medical center. As such, it offers the most advanced and comprehensive care in Brooklyn. Many of its physicians are regularly rated among the best in New York City. Some are known throughout the world. SUNY Downstate Health Sciences University enters the new century with a renewed dedication to serving the people of Brooklyn through its three-fold mission of education, research, and patient care.



**Thank you for attending the Eighth Annual World Health
Continuing Medical Education Conference:
Health Disparities Impacting Global and Local Populations,
jointly provided by Healthfirst, Howard University College of Medicine, Howard
University College of Pharmacy Office of Continuing Professional Education,
MediNova, and SUNY Downstate Health Sciences University.**

