

THREE CAMPUS COMMUNITY CONVERSATION

Achieving Health Equity Through Eliminating Health Disparities in a 21st Century Pandemic

January 8, 15 & 22, 2021 (Friday at 10 AM)



COLLABORATING TO BUILD AND IMPLEMENT A SHARED HEALTH EQUITY RESEARCH AGENDA

**A Report from
The Three Campus Community Conversation Organizing Team**

February 2021

Acknowledgments

The Three Campus Community Conversation was made possible through the combined efforts of the following individuals:

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Victor Jordan	First Vice Chairperson	Brooklyn Community, Board 17
Derrick Murry	Chief of Operations	Syracuse Community Health Center
Diane Nathaniel	Co-Founder Beat Stage 3	NYC Dept of Education
Marva Richards	Director, Community Outreach & Service Learning	Albany Medical Center
Jahmel Robinson	Councilman	City of Albany

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Winsome Foderingham	Associate Director	Office of Corporate & Foundation Relations, UAlbany
Alfredo Medina	Executive Director	Office of Public Engagement, UAlbany

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COLLABORATING TO BUILD AND IMPLEMENT A SHARED HEALTH EQUITY RESEARCH AGENDA

A REPORT ON THE THREE CAMPUS COMMUNITY CONVERSATION

BACKGROUND

In March of 2020 New York State's Gov. Andrew Cuomo charged Havidan Rodríguez, President of the University at Albany, SUNY, with leading a team of public health, social welfare, emergency preparedness and other experts from both research and practice in a study of the environmental, socioeconomic and occupational factors causing Latinx and Black individuals in the state to be disproportionately harmed by COVID-19. See www.albany.edu/mhd.

In pursing this charge and at the request of President Rodríguez, the Vice President for Research at the University at Albany, Dr. James Dias partnered with the Vice President for Research from SUNY Downstate Health Sciences University, Dr. David Christini, and the Vice President for Research from SUNY Upstate Medical University, Dr. David Amberg, to strengthen existing and build new research and practice collaborations focused on health equity. With this goal in mind, Dias, Christini and Amberg laid out a three-phase plan to produce the shared agenda and to begin working collaboratively on that agenda. This document reports on Phase 1 of the three-phase plan including presenting a set of recommendations for the Shared Health Equity Agenda and creating the enabling conditions for success.

This document is presented as input to the ongoing discussions about a shared health equity research agenda. As such, it may help guide near-term decisions about priorities, timeline, action steps, metrics, and entities responsible for building the agenda.

COLLABORATING TO BUILD AND IMPLEMENT A SHARED HEALTH EQUITY RESEARCH AGENDA

An Initiative of UAlbany, SUNY Downstate and SUNY Upstate

Phase 1: November 2020 through January 2021. Bring together members of the community with researchers from SUNY Upstate, Downstate and Albany for a conversation about understanding and eliminating the minority health disparities exacerbated by COVID-19 and to identify overlapping research and practice interests.

Phase 2: February through April 2021. Develop a Shared Health Equity Research Agenda informed by this conversation and others.

Phase 3: May 2021 and beyond. Collaboratively implement the Health Equity Research Agenda and reconvene the campus-community conversation to monitor progress and evolve the agenda.

PHASE 1: PURPOSE AND APPROACH

The purpose of Phase 1, *Three Campus Community Conversations*, was to connect community members and individuals from across the three campuses around shared research and practice interests in understanding and eliminating minority health disparities exacerbated by COVID-19. The conversations were carried out through a series of three virtual sessions held on successive Fridays in January 2021

beginning on January 8, 2021, and ending on Friday, January 22, 2021. Overall, across the three events over 200 individuals from the three campuses and the community participated.

Panel Presentations: January 8, 2021. Following the kick off of the Three Campus Community Conversation by President Rodríguez, two panels of community partners presented their perspectives on the minority health disparities exacerbated by COVID-19, and identified issues, challenges and policy and practice opportunities to mitigate and prevent those disparities. The panels were entitled *Understanding the Role of Trust in Mitigating COVID-19 Related Health Disparities* (Panel 1) and *Differential Impacts of COVID-19, Social Determinants of Health and Interventions to Achieve Health Equity* (Panel 2). (See Appendix 1 for details.)

Small Group Discussions: January 15, 2021. Individuals from across the three campuses and community partners participated in nine virtual small group discussions focused on areas of common and complementary research and practice interests and expertise. Participants selected their preferred discussion group at the time they registered for the Three Campus event. (Topics listed in Appendix 2.)

In each discussion group, facilitators posed two questions to the participants. The discussions were informed by the issues, challenges and opportunities identified in the January 8th panels as summarized in Appendix 1. These questions were intended to seed the discussion but not to restrict the conversation as areas of interest emerged:

Q1: What research, research collaborations, and/or approaches to conducting research are needed to advance our efforts to eliminate MHD? Please draw on last week's panel discussions and your personal perspectives and experiences.

Q2: How might current or future partnerships help advance a health equity agenda? What new partners do you need?

Reconvening and Summaries: January 22, 2021. Community partners and individuals from the three campuses reconvened in a joint discussion focused on the most critical health equity research questions and related public policy challenges that emerged from the small group discussions. Participants heard from small group discussion reporters and from the three Vice Presidents for Research who served as discussants (See Appendix 3 for details).

PHASE 1: ISSUES, IDEAS AND RECOMMENDATIONS FOR A SHARED HEALTH EQUITY RESEARCH AGENDA

This section presents the main issues, ideas, and recommendations generated during the January 15, 2021 small group discussions. It relies on the presentations delivered on January 22, as well as written summaries of the January 15 facilitated conversations submitted by discussion group moderators. These materials were analyzed by a working group of the Three Campus Community Conversation organizing team. Their analysis generated a set of statements on cross-campus research collaborations. Areas of shared interest that intersect with and help advance this shared research agenda (curriculum and training, policy and social advocacy) also emerged from the analysis and are presented as well. The

material is framed as a set of actions and approaches, all of which are oriented to a shared goal (See Text Box 1).

Text Box 1.

Goal: Capitalize on cross-campus strengths and provide ongoing infrastructure for research collaboration to advance solutions to complex problems and create rapid responses to eliminate health disparities

1. Cross-Campus Research Collaborations
 - a. Activities, processes, and structures to support 3 campus research collaborations
 - b. Cross-campus data access, sharing and infrastructure
 - c. Activities and processes that center meaningful community and stakeholder engagement for action-oriented health equity research
 - d. Research projects that could be accelerated by 3-campus collaboration
2. Cross-Campus Curriculum/Training Collaborations
3. Policy and Advocacy Considerations

1. Cross-Campus Research Collaborations

- a. Activities, processes, and structures to support 3 campus research collaborations
 - Support research that can influence policy to eliminate health disparities, not only reduce inequities in health outcomes
 - Invest in implementation science capacity
 - Communicate the value of and provide support for the social as well as basic sciences
 - Develop and maintain inventories of research projects (by topic, study population, disciplinary and methodological expertise)
 - Expand resources and funding sources
 - Corporate entities and foundations as well as federal funding
 - Special projects that potentially generate revenue through patents
 - Create permanent working groups (advisory and policy) to support research collaboration, e.g.:
 - Leadership Board to coordinate forums for joint proposal development, sharing of research findings
 - Steering committee for data pooling/harmonization across campus
 - Community Advisory Board
 - Facilitate and help troubleshoot comparative and cohort studies of patient/client populations from each campus
- b. Cross-campus data access, sharing and infrastructure
 - Invest in medical data sharing platforms (e.g., TriNetX), and possibly jointly purchase other proprietary health or insurance datasets
 - Implement data pooling and harmonization protocols required for cross-campus data sharing
 - Establish data sharing agreements with NY DOH that allow timely analysis of hospitalization and other health and health related data
 - Promote shareable and uniform transmission of electronic medical record (EMR) data to identify disparities in disease progression and intervention points along the progression

- c. Activities and processes that center meaningful community and stakeholder engagement for action-oriented health equity research
- Cultivate and foster relationships with local community-based organizations and multi-sectoral partnerships over time
 - Recognize the resource deficits/strains experienced by partners, including those that predate the pandemic and others exacerbated by the pandemic
 - Recognize mistrust of researchers/academia as a potential barrier
 - Develop researchers' competency to conduct community-based participatory research
 - Co-create research projects with community members to build trust
 - Acknowledge diversity and intersectionality of populations experiencing disparities
 - Aim for broad inclusion of culturally and linguistically diverse groups, including persons living with disability
 - Ensure the groups for whom we hope to eradicate the disparities are represented and included
 - Facilitate coordination between community organizations in one sector (e.g., food, housing, re-entry) who may be working together but not working with organizations in other sectors
 - Work closely with faith leaders and interfaith advisory boards who are critical to responding to the pandemic
 - Leverage existing partnerships and create "trusted agents" among all disciplines
 - Develop and leverage relationships with already established regional and statewide networks that share health equity goals
- d. Research projects that could be accelerated by 3-campus collaboration
- *General Comments*
 - Involve community members in all phases of the study or intervention
 - Draw on interdisciplinary research perspectives (theories, methods, measures) to address complex COVID-19 related health and social inequities across the life course
 - Articulate theoretical frameworks guiding the research
 - Biomedical (illness is a physical phenomenon that can be explained, identified, and treated through physical means)
 - Biopsychosocial (physical conditions [biology], thoughts and beliefs [psychology; health belief/health behavior], social expectations)
 - Structural (institutional influences on health, in particular racism)
 - Intersectionality and critical theory
 - *Research areas with illustrative research questions* (Note: research areas are NOT presented in any order of priority. They reflect the range of expertise among discussion group participants.)
 - **Evidence-based interventions:** What interventions have been successful in managing and addressing past pandemics? And why?; Pilot and evaluate programs and interventions in populations/subgroups experiencing health disparities to identify which interventions are most effective, for whom [attend to the challenge of conducting research (threats to validity and reliability of conclusions, causality) during a pandemic]
 - **Quantify disparities across the COVID-19 disease continuum:** What is the extent of race-ethnic differences at each stage of COVID-19 disease (exposure, symptoms and severity, hospitalization, ICU admission, intubation, discharge from hospital or death, persistence of COVID symptoms or long-term medical issues)? Which comorbidities and social determinants of health moderate race-ethnic differences?
 - **Estimate probabilities and predictors of transition across COVID-19 disease stages:** Are there specific clinical and/or sociodemographic profiles that accelerate progression and/or increase symptom severity? Does early intervention such as plasmapheresis and

- monoclonal antibody or anti-inflammatory treatment mitigate the severity of the disease response?
- **The role of trust and mistrust:** What is the role of trust in achieving health equity? At what level(s) (individual, community, provider, health system) and with what types of interventions can vulnerable groups' trust in health care be increased?
- **COVID's impact on women & children:** children's education and socioemotional development, work-life balance, job loss, stress
- **Pre-existing vulnerabilities/Structural barriers:** What are the historical indicators of vulnerability? What preexisting indicators in both human behavior and in the environment influence response to a disaster, such as a pandemic?
- **The role of cultural and traditional belief systems:** If and how have worldviews and traditional belief systems been affected by the impacts of COVID-19? What adaptations, new behaviors are a consequence of this disruption?
- **Multifactor/multilevel influences on health:** What are the relationships among discrimination, political and social determinants of health (education, housing, income, poverty, etc.) and health status?
- **Mental health impacts:** What are the mental health implications of COVID and control strategies in diverse communities? What contributes to worse mental health (fears of contagion, fears of racial violence, social isolation, reduced access to services, increased risk behaviors)? To what extent do cultural and linguistic differences moderate mental health outcomes?
- **Long term impacts of COVID-19:** What are the long-term implications and impacts of COVID-19 policies and regulations on specific populations, subgroups, age cohorts?
- **The role of policies that address social determinants of health:** To what extent do programs that address "upstream" factors (low income, unstable housing, food insecurity, public school funding) eliminate health disparities?
- **Communication channels:** What are the most effective methods to communicate to overcome vaccine hesitancy and improve overall access to care? (communication strategies, channels/modes, messages)
- **Technology accessibility & availability:** What is the role of digital literacy in the time of the pandemic? How can the digital divide and digital and health literacy be addressed?

2. Cross-Campus Curriculum/Training Collaborations

- Provide opportunities for students at all levels to engage in participatory research projects
- For general education:
 - Implement a process to share curricula among the SUNY campuses to educate students about the history, policies, socioeconomic and cultural factors that contribute to inequities in health and health care
 - Remove barriers for students to take courses at other campuses
 - Collaborate to update and revise curriculum to include role of racism
- For medical and allied health students in professional programs:
 - Increase service requirements in communities experiencing disparities
 - Implement a national 'core' standard for health equity competencies
 - Focus on developing knowledge, skills, and attitudes that will reduce inequities
 - Increase community participation in the development of curricula
 - Develop, implement and evaluate effectiveness of implicit bias training

3. Policy and Advocacy Considerations

- Increase advocacy that uses both the science and stories to influence policy
- Estimate and convey the economic as well as moral case for eliminating minority health disparities
- Define economic impact of COVID-19 as well as others causes of disease and death
- Increase awareness of high mortality rates in minority populations
- Commit to continuous attacks on current and emerging manifestations of systemic racism
- Ensure access and acceptance of clinically appropriate range of treatment
- Support linguistically appropriate and scientifically accurate campaigns to promote awareness of hallmarks of COVID-19 progression, prevention and treatment
- Employ multiple channels to disseminate research findings to affected communities
- Expose differences in funding in minority communities
- Support redistribution of funds to deliver preventative health care services to underserved, underinsured, and vulnerable community members
- Equitably distribute federal funding to ‘safety net’ hospitals
- Eliminate the ability of influential hospitals to influence allocation of resources
- Establish an impartial judiciary to apply health policies uniformly
- Increase funding to K-14 and do so by county or headcount rather than district

APPENDIX 1.

THREE CAMPUS COMMUNITY CONVERSATION PANEL DESCRIPTIONS AND PANEL PRESENTATION AND DISCUSSION SUMMARIES

The January 8th event presented two panels of community partners. The purpose of the panels was to help situate the discussion of a shared research agenda within insights and experiences of our community partners.

Panel 1: *Understanding the role of trust in mitigating COVID-19 related health disparities*

Trust is generally recognized as both an enabler of and a barrier to achieving health equity. A lack of trust in governments and government officials, health care providers and pharmaceutical companies, among others, is recognized as a factor in the disparities chronically experienced in socially vulnerable populations, and exacerbated in the COVID-19 pandemic. In many communities of color, the Tuskegee syphilis study stands as a reminder to distrust medical authorities; it is still fresh in the minds and hearts of many in the community. Voluntary vaccinations, utilization of public health and social services and confidence in public health messages are just some of the actions that rely on the presence of trust and trustworthy institutions. Panelists will share their perspectives on the role of trust in mitigating health disparities, their experiences in working to build the necessary trust among vulnerable communities and their insights about gaps in what is known about how to build and sustain trust as part of interventions designed to achieve health equity.

<i>Three Campus Community Conversation</i>	
<i>January 8th Session: Panel # 1</i>	
<i>Individual and Role</i>	<i>Title and link</i>
Winsome Foderingham, Moderator	Office of Corporate, Foundation and University Relations, University at Albany https://www.linkedin.com/in/winsomefoderingham/
Jahmel Robinson Panelist	City Councilman, City of Albany https://www.newleaderscouncil.org/alumni/jahmel-robinson
Ladan Alomar Panelist	Centro Civico, Retired https://www.linkedin.com/in/ladan-alomar-8526871a/
Victor Jordan ¹ Panelist	Brooklyn Community Board 17 http://cb17brooklyn.org/

Panel Summary Prepared by Teresa Harrison, PhD, University at Albany

Points Made by Speakers in Panel # 1

Winsome Foderingham

- Trust rests upon the ability for honest conversation; lack of trust is a factor in disparities experienced in socially vulnerable populations and exacerbated by COVID-19 pandemic
- African-American and Hispanic individuals suffered up to 4x higher rates of fatality from COVID-19 than whites; “We are only as healthy as the most vulnerable”

¹ Mr. Jordan was not able to participate in the panel live, but did contribute to subsequent discussions.

- World Health Organization: health is a state of complete physical, mental, and social well-being and not merely the absence of disease
- The pandemic caught leaders off-guard in their appreciation of disparities in medical care as we witnessed the tragic consequences of disparities. But the real problem is not race, genetics, comorbidities or behavior – its racism.
- Practices, policies, and processes are baked into systems of racism
- Trust requires being candid and honest, truth in admitting the real problem, transparency, and time for relationship building because temporary fixes do not engender trust

Ladan Alomar

- We need to talk about racism, which undermines trust in the public health system
- The creation of trust requires acknowledging that black/brown bodies have been used as guinea pigs as recently as the use by ICE of hysterectomy on detained Spanish-speaking women
- We need to acknowledge the truth of history and apologize
- The Centro Civico experience in the 90s was that sex education was not permitted in the school system but we created a successful AIDS program that was achieved by working with teachers and pastors and understanding the relationship between health, education, and beliefs as well as using linguistically and culturally appropriate messaging.
- We need to turn conversation into practice and advocacy into action.
- We need to put racism on the agenda: how does it operate here in our own communities? When can we discuss differential access to housing, goods, clean environment and information?
- We need to communicate in a way that leaves no one behind.

Rev. Jahmel Robinson

- Acknowledge history of distrust by understanding the roots within the medical community, that American medicine has been built on the backs of slaves who have been subjected unknowingly to experimentation
- Historically, with a federal ban on slavery, there were economic incentives to promote healthy childbirth which gave rise to gynecological examinations of black women; this fueled the development of gynecology as a discipline
- The result of this history is that the medical community must realize that trust must be earned.
- Distrust is generationally cultivated; negative experiences are passed along from old to young by a strong oral tradition in African-American communities. Some don't go to doctors because their friends and family members have had negative experiences.
- Distrust continues to exist because health disparities still exist in Black communities with racism as the root cause; the system is not designed with Black interests in mind
 - Black patients with mental health problems are prescribed older medications with side effects; Black patients wait longer in ERs than whites with same complaints
- Myths need to be addressed
 - They are generational, but believed, E.g., a current myth is the vaccine can change DNA
 - Social media posts predict ads 10 years in the future about problems with vaccines: "If you received the covid-19 vaccine, call this number....."
- Build trust by working with people who are already doing the work, such as the Black Nurses Coalition, which helps seniors, educates, provides PPE and sanitizers

Q&A: Issues Raised in Panel and Audience Discussion

How do we communicate to connect with communities and build trust?

- We need to communicate in way that leaves no one behind. Need to get to individuals at the grass roots level, be honest, use accurate information, use appropriate language to communicate since English is not the first language in many communities
- Ask community leaders to create messages, faith-based leaders may be most beneficial
- Collaboration is needed to help with messaging and policy
- Everyone should be at the table because this affects everyone; more participation provides more in-depth knowledge. We need honest and transparent partnerships.
- The information needs to be organized and succinct.
- Use medical staff of all races and classes in communities, so they are recognized and community members interact with them. The more I recognize your face the more I trust you with the information you present to me. A good example is the Black Nurses Coalition.
- Social media plays an important role but one communication medium is not enough; not everyone is on Facebook (seniors might not be). Use TV, radio, Spanish stations.

How can we overcome years of mistrust?

- Acknowledge the truth, acknowledge history, and apologize for the neglect
- Respect everyone's contribution to the solution

Is mistrust related to class differences, especially in lower income communities?

- Yes. Acknowledging social determinants of health is important. Some doctors don't think about how issues such as employment, earlier life experiences contribute to health impacts and they do not ask for this information. How can I trust him when I realize he doesn't care about everyday life? These doctors just want to get you in and get you out.

What should young medical students know about communicating with patients to reduce mistrust?

- Acknowledge patients, be aware of and understand the community and the history, learn how to be their partner instead of talking at them
- The curriculum should prepare professionals for diverse communities; young people tend to understand the importance of community and culture; they want to learn this
- Have a heart and passion for people, experience the humanity of people and their different starting points in life; provide wholesome care

Moderator's Parting Comment: Disparities Paradox -- the goal is not to equalize mortality and morbidity, but to create a system where everyone can be their healthiest without regard to race, ethnicity, gender, religion, and zip code.

Panel 2: Differential Impacts of COVID-19, Social Determinants of Health and Interventions to Achieve Health Equity

The impact of the COVID-19 pandemic has had markedly different effects on different communities. These effects are largely attributable to public policies and social determinants of health rather than genetic variants. To be effective intervention strategies must be based on a thorough knowledge of the social

determinants of exposure, disease progression and consequences. This panel will address policies and interventions that increase efficacy in managing social determinants of health in vulnerable communities for combating COVID-19 health disparities. Panelists will share their perspectives on the differential impacts of COVID-19, their experiences working to implement interventions designed to achieve health equity, and the gaps in what is known about how best to evaluate and adapt interventions over time as conditions change.

<i>Three Campus Community Conversation</i>	
<i>January 8th Session: Panel # 2</i>	
<i>Individual and Role</i>	<i>Title and link</i>
Alfredo Medina, PhD Moderator	Executive Director, UAlbany, Office of Public Engagement https://www.albany.edu/publicengagement/about.php
Derrick Murry, MPH Panelist	Chief Operating Officer, Syracuse Community Health Center. https://www.schcny.com/
Diane Nathaniel Panelist	Inspirational Speaker, New York City Department of Education, Elementary School Counselor at Public School 11, Co-Founder Beat Stage 3, Inc.
Marva Richards, MPH Panelist	Director, Community Outreach and Service Learning Associate Director, Albany Medical College https://www.amc.edu/academic/Undergraduate_Admissions/community_outreach.cfm

Summary Prepared by Lynn Warner, PhD, University at Albany

Points Made by Speakers in Panel # 2

Diane Nathaniel

- Shared her personal survival story; as a black woman and a 7-year cancer survivor she provided examples of the harms the medical system perpetuates.
 - For years she felt unheard and marginalized, and complaints not taken seriously
 - Because of her age and physique she didn't fit the profile of someone doctors saw as at risk
 - The role of culture in health behavior and health determinants
 - Lack of information from and lack of clarity about the specialty of her doctor
 - It was only at the point of late stage cancer that the right treatment was provided
- The treatment people of color receive when they go to the doctor is a deterrent to continuity of care.
 - Patients spend more time in the waiting room than they do meeting with the doctor
 - Delays in the waiting room impacts being late to work, creates problems for child care
- Personal experience and story of surviving has inspired advocacy at multiple levels.
- The responsibility of the individuals within the community to educate, encourage and accompany others – especially black males - to medical appointments.
- Examples of activities that support and protect cancer fighters and survivors:
 - Creation of a grass roots advocacy organization that educates people about how important it is to advocate for yourself and your own care; partners with hospitals; produces a talk show with a health empowerment goal and targets a specific health topic that impacts males and females in communities of color (including not letting COVID be a deterrent for primary care); coordinated mobilization events at legislatures

- A lot “tabling”, a lot of “talking,” and a lot of “doing”
- Joining the American Cancer Society to be at the table where decision makers are making policy that affects the community
- To advance a health equity agenda, researchers must ally with “thought partners on the ground” so the community has a voice in the plans.
- COVID did not discover disparity, it just exposed it.
- To move forward, the country has to be honest about how it has handled healthcare, food and education and all the inequities experienced by marginalized populations.

Derrick L. Murray

- Importance of using a public health perspective to bring macro and micro lenses to the issue of health security.
- Nationally, in communities, and in households, we have a “health security” issue. All of our health security issues were magnified by COVID. Health security is not possible if someone can’t afford care, if they are food insecure, if they are housing insecure.
- In community health care settings where the majority of the population served are minorities, the residents have social determinants of health that lead them NOT to seek care.
- Delivery of care must be provided so individuals feel safe and valued; they are provided care because they are valued.
- Creative approaches, such as public/private partnerships and collaborations with other health systems, can be pursued to improve access and ensure people transition from one area of care to another as appropriate for their need.
- Partnerships and collaborations take a lot of hard work, a lot discussion, and resources must be sufficient; although challenging, they are avenues for optimism.
- It is incumbent on community health organizations to reach out to the population, meet them where they are, and look at non-traditional ways to deliver care.

Marva Richards

- The health care system itself is a major non-biological determinant of health.
- To end disparities in health care, we have to confront and correct the entrenched attitudes, beliefs, policies and practices of white supremacy. These influences have structured the health care system, and all other systems, and it is hard to break one from another.
- As one example, the program for medical interns at Albany Medical College relies on bringing trainees as proximate as possible to the people in the communities who are experiencing the inequities and the oppression of white supremacy structures. Policy makers and researchers have to go into the communities as well. A program, such as the Albany Med model:
 - Provides opportunities for students to learn from community leaders who are doing the work of dismantling oppressive systems
 - Helps students recognize they are not the experts, and guides them to a point where they know what they don’t know and accept the community members as their teachers alongside the educators within the academic institution
 - Warns students about the perils of “specimenization”; they are learning from and working with community members, not studying people.
- This is a watershed moment in history. Collaborative, multidisciplinary research needs to embrace the reality that all research is political. Otherwise, research and policy will continue to be siloed from the realities of the communities.
- A new approach to education of both children and adults is needed.

- “Jailbreaking education,” “abolitionist education,” “Citizen schools” for people who left the school system or were pushed out, and that takes place after school hours and on weekends.
- The education will teach people in black communities exactly what it is that scientists are doing (“Lift the hood off”) and is cognizant of the harms and destruction that previous emergencies have perpetuated (e.g., Katrina) in all the systems that have been oppressing people: justice system, housing and shelter, banking and finance and healthcare.
- Researchers could invite community members to join in “citizen science.” A process of inclusion with community members joining in labs, in the production of scholarship as co-authors, will help create a sense not just of collaboration but being in it [developing a health equity research agenda] together.

Q&A: Issues Raised in Panel and Audience Discussion

What new questions or directions should medical and the health practitioners be pursing now?

- What are the values motivating your scholarship? These are really dark times, but we can take this opportunity to be bold and use research to make advances toward social justice and transforming society.
- Policies must be examined and dissected to understand how they created inequity in the first place. New legislation must be passed that will allow change to occur (e.g., Henrietta Lacks Law; more people of color included in clinical trials). Otherwise, advocates will continue to fight for a system that never included communities of color in the first place.
- Members of communities of color have to be included in policy making decisions, and elected officials have to follow through with new laws.
- Now is the time for the United States and each individual state to truly look at its history and if it has embraced the importance of the health of the individual and the health of the community as whole; acknowledge that the system is broken but also elevate and provide light to aspects that are positive.

How do we hold healthcare systems accountable for moving beyond diversity statements to actually implementing clinical practices with a focus on health equity?

- Change the narrative so marginalized groups are not viewed as and understood to be “the problem”. “We’re always considered the group that’s affected with cancer, we’re never considered the group that was never not with cancer, even if we’re in remission.” The way the medical system treats communities of color is the same way as the rest of the society.
- For progress in the healthcare system to occur, curriculum in schools must change. It is in the education system where history and what we’re teaching about marginalized populations is set. Change has to start within the institutions themselves, and universities have the freedom to change their curriculums.
- A goal of medical school should be to turn medical students into advocates who have a better understanding of their role in health equity when they become part of the medical system. The service requirement for many medical colleges is quite low in terms of credit hours, so it is critical to ensure that the community service is meaningful, and not just perfunctory volunteering. Students are expected to reflect critically on their experiences. Ultimately, the service learning experiences will help doctors advocate for their patients, and even in a short 15-minute encounter they will be able to help patients navigate all of the other systems that have brought them to the office.
- We need to change the way that people learn.

What are the potential advantages and disadvantages for using celebrities in public education and trust building campaigns directed to minority to minority communities?

- It depends on the community. Not all celebrities are perceived as role models by all communities. Some individual are unlikely celebrities (Ruth Bader Ginsberg, Anthony Fauci) and some can effectively influence all populations, not exclusively minority populations.
- Celebrities are not just people who are on TV or in Hollywood. There are homegrown celebrities in each community who are trusted messengers.
- Social media can be a good mechanism, as long as the messaging is positive and accurate.

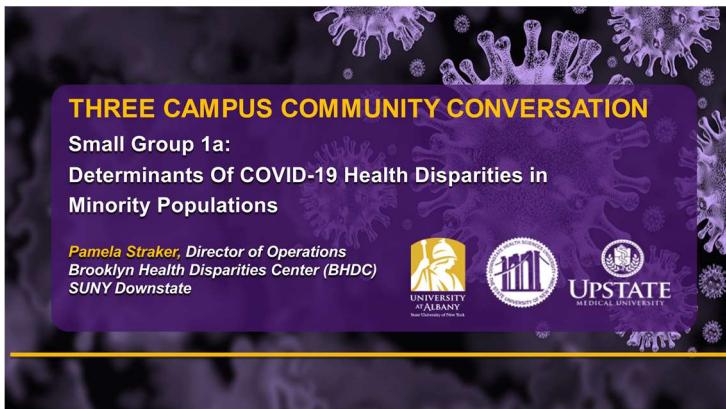
How can universities and other community institutions play a role in outreach to minority communities with regard to COVID and related challenges like food insecurity?

- Educational institutions have the responsibility to build partnerships with entities, like federally qualified community health centers who are the grassroots providers of primary care delivery in many communities.
- Students in service learning programs are the “ambassadors” from universities to community organizations. With community leaders and members valued as teachers, the community becomes an extension of the school.
- Students can also help build relationships through a range of volunteer service activities, in addition to service learning programs.

APPENDIX 2.

Appendix 2 presents the slides used by the small group reports during the January 22nd session. The slides include the participants in each small group discussion.

Small Group 1a: Determinants of COVID-19 Health Disparities in Minority Populations



Small Group Participants – 1a Facilitator: Winsome Foderingham	
Barbara Dennison	MD, public health physician (pediatrics), Director, Policy and Research Translation, DOH, and School of Public Health, UAlbany
Jessica Echard	Doctoral Student, Anthropology under Larry Schell (CEMHD), UAlbany
James Knowles	MD, Ph.D., Professor and Chair of Cell Biology at DHSU
Kajal Lahiri	Ph.D., Professor and Economist & Statistician, UAlbany
Paul A. Landsbergis	Ph.D., Ed.D, MPH, Associate Professor at the SUNY Downstate School of Public Health
Diane Nathaniel	MA, AC, School Counselor and Keynote Speaker
Maile Ray	Ph.D. Research Scientist, Center for Human Services Research, UAlbany
Moro O. Salifu	MD, MPH, MBA, MACP Professor and Chair of Medicine, Chief of the Division of Nephrology and Director of the Kidney Transplant Program at SUNY Downstate Health Sciences University

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INTERVENTIONS FOR HEALTH EQUITY

- Resource Development and Funding
- Communication and Messaging
- Collaboration & Communication for Improved Connections
- Education - A reciprocal model



Small Group 1b: Determinants of COVID-19 Health Disparities in Minority Populations

THREE CAMPUS COMMUNITY CONVERSATION

Small Group 1b:
Determinants of COVID-19 Minority Health Disparities

Tonya N. Taylor, Assistant Professor
College of Medicine
Division of Infectious Disease
Special Treatment and Research
(STAR) Program
SUNY Downstate

Small Group Participants – 1B

Facilitator: Lawrence Schell, Director, CEMHD

Ayanna Besson	Program Coordinator, Downstate
Jeff Bryant	DOH Data Analyst
Benjamin Shaw	Professor, School of Public Health, UAlbany
Nancy Smith	Research Development Consultant, Independent Business
Margaret Turk	Vice Chairman, SUNY Distinguished Service Professor, Upstate

Determinants of COVID-19 minority health disparities

Research Needed

- Focus on Disability** PLW disability as a unique vulnerable population AND disability as a long-term consequence of COVID.
- Parallel Mental Health Crisis** due to fears of contagion, fears of racial violence, social isolation, reduced access to services, and increased risk behaviors.
- Long term impact of Structural Racism** on health and well-being, with a particular focus on: vulnerabilities to COVID infection, severe outcomes, and racism in healthcare (i.e., What happened to Dr. Susan Moore) (life course approach and ageism).
- Communication inequalities** as key SDoH during the COVID pandemic
- Community Engagement:** COVID prevention and to increase uptake of vaccines.
- COVID impact on Women & children** (children's education, zero work-life balance, job loss, stress)

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Determinants of COVID-19 minority health disparities

Proposed Scaffolding for Research Collaboration

- Leadership Board** to coordinate logistics and create opportunities to share research findings (e.g., share NIH RFA's, annual meeting)
- Permanent working groups** by topic
- Permanent working groups** by methods
- Data pooling/harmonization** across campus
- Community Advisory Board** of clients/users

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Small Group 1c: Determinants of COVID-19 Health Disparities in Minority Populations

THREE CAMPUS COMMUNITY CONVERSATION

Small Group 1c:
Determinants of COVID-19 Minority
Health Disparities

*Jeanette Altarriba, Dean
College of Arts and Sciences
University at Albany*

Small Group Participants – 1C
Facilitator: Theresa Pardo

- Jeanette Altarriba, Dean, College of Arts and Sciences, UAlbany
- Scott Blystone, Faculty, College of Medicine and Public Affairs, SUNY Upstate
- Carla Boutin-Foster, Associate Dean, Diversity Education and Research, College of Medicine, SUNY Downstate
- Monu Chhetri, Nepali Deaf Sign Language Interpreter
- Samantha Friedman, Associate Professor, Sociology@Albany
- Rebecca Gorden, Associate Professor of Public Health & Preventive Medicine, Associate Professor of Public Health & Preventive Medicine and Executive Director, Consortium for Culture & Medicine SUNY Upstate
- Laura Geer, Associate Professor, Environmental and Occupational Health and Sciences, School of Public Health, SUNY Downstate
- Akbar Hamid, Fellow, Renal Diseases, College of Medicine, SUNY Downstate
- Julia Hastings, Associate Professor, Health Policy, Management and Behavior, School of Social Welfare
- Lisa Smith, Assistant Professor, College of Public Affairs and Community Services, Grace Abbott School of Social Work, University of Nebraska at Omaha



Jeanette Altarriba, Ph.D., University at Albany

Organizing the Conversations

- Inclusion and intersectionality are important in all phases of the work that we do – include as many “voices” as possible in all conversations
- Populations such as the deaf or “Deaf New Americans” should be included in all phases of research and practice, for example
- Systemic challenges– need to value social as well as basic sciences

Working in Partnership with Communities

- Community-based discussions should begin first, so that the community is part of the design phase of any initiative or intervention
- Emphasize Communitybased Participatory Research; rigorous training



Jeanette Altarriba, Ph.D., University at Albany

Preparing to Do the Work

- Building Community Collaborations needs to occur over time to be prepared for times of crisis
- Underscore the importance of cultural and linguistic differences in terms of how individuals are responding during the pandemic (e.g., appropriate messaging; responses to social isolation; issues related to mental health and health equity)

Consider a Long-Term Agenda that Goes Beyond our COVID Response

- What is the role of income inequality?
- The role of compounding variables (e.g., disability; digital divide; language)?
- Maintaining continued attention on Sustainable Development Goals (UN)



Small Group 2: COVID-19 Disease Progression and Medical Treatment



Small Group Participants – 2	
Facilitator: Ayesha Joshi	
Dave Amberg	Vice President for Research, SUNY Upstate
Jack DeHovitz	Professor, SUNY Downstate
Abigail Stamm	Student, School of Public Health, UAlbany
Azure Thompson	Assistant Professor, School of Public Health, SUNY Downstate

COVID-19 Disease Progression and Medical Treatment

Dramatically high mortality rate in minority populations and comorbidities associated with worse outcomes existed at a higher frequency. There was also a profound difference in outcomes of the disabled affected by COVID-19. In some cases, they were even denied care.

Health care entities serving minorities are often poorly funded and least able to respond to pandemics such as COVID-19. There are early signals that patient outcomes even when controlled for comorbidities maybe worse in safety net hospitals vs non-safety net institutions.

Disparities probably exist at all stages of COVID-19 progression. Clinicians are best positioned to investigate disparities in disease progression since they have access to patient data.

If we could understand when that vulnerable period is where patients are going to flip to severe disease and make sure to get all the necessary and appropriate treatments to those individuals at that point in time, you might actually be able to move the needle.

Hallmarks of COVID-19 progression:

- Asymptomatic
- Symptoms exhibited and their severity
- Hospitalization
- ICU admission
- Intubation
- Discharge from hospital or death
- Persisting COVID symptoms or long-term medical issues (long-haulers)

A purple banner titled "THREE CAMPUS COMMUNITY CONVERSATION" in yellow. Below it, the text reads "Small Group 2: COVID-19 Disease Progression and Medical Treatment". Logos for SUNY Albany, SUNY Downstate, and SUNY Upstate Medical University are displayed.

COVID-19 Disease Progression and Medical Treatment

Research studies should address disparities at each of these turning points:

- **Asymptomatic to symptomatic:** who gets tested, when they get tested, when they decide to go to the hospital.
- **Progression to severe disease:** are there specific clinical symptoms in vulnerable populations that make them progress faster or have more severe disease.
- **Proactive treatment:** will early interventions such as plasmapheresis and monoclonal antibody or anti -inflammatory treatments mitigate the severity of the disease.
- **Access to vaccine and attitudes towards seeking vaccination**

Lack of shareable and uniform electronic medical record data (EMR):

- SUNY system and NYS as a whole should consider ways to make data uniform, accessible and shareable.
- DOH collects COVID related data from all NYS hospitals. This data should be made available to SUNY campuses.

Education about history, socio-economic and cultural factors as well as barriers to accessing health care:

- Academic centers can contribute significantly to this area by revising the curriculum to include such trainings.
- The three SUNY campuses participating in this conversation should consider sharing curriculum. There are clear strengths at all three institutions and there are great courses. Removing administrative barriers for students taking courses at other campuses is key.



Small Group 3: Multi-Level Services and Interventions

THREE CAMPUS COMMUNITY CONVERSATION

Small Group 3: Multi-Level Services and Interventions

**Rukhsana Ahmed, Chair
Associate Professor
Department of Communication
University at Albany**



Small Group Participants – 3 Facilitator: Rukhsana Ahmed/ Recorder A. Golden

James Boswell	Professor, Psychology, CAS, UAlbany
Annis Golden	Professor, Communication, CAS, UAlbany
Chunyu Liu	Professor, Psychiatry, College of Medicine, Upstate



**Rukhsana Ahmed, Ph.D. & Annis Golden, Ph.D.
University at Albany**

Research Topics

Trust & Mistrust

- Transparency and communication breed trust that can help counter misinformation
- Use multiple channels of communication with underserved communities (e.g., social media, communitybased organizations/local nonprofits, faith based organizations, healthcare providers)
- What are their sources of health information? Who do they trust to evaluate the information they get?

Importance of Science Education/Communication

- The rush for COVID19 information resulted in unverified information
- Need to assess and address digital divide/digital literacy



Rukhsana Ahmed, Ph.D. & Annis Golden, Ph.D.
University at Albany

Research Approaches/Strategies

Partnership issues are key

- Fostering Community-Based Organizations (CBOs) and multisectoral partnerships

Challenges in engaging more stakeholders

- Recognizing resource deficits/strains, some that predate the pandemic but exacerbated by the pandemic
- Information overload issue

Must find sustainable solutions

- Consider the economic case for eliminating MHD as well as the moral case
- Industry/corporate partnerships as a potential source of support, not just federal government for funding



Small Group 4A: Health and Social Policy Interventions

THREE CAMPUS COMMUNITY CONVERSATION

Small Group 4a:

Health and Social Policy Interventions

Cristina Pope, Director
Upstate Health Sciences Library
SUNY Upstate



Health and Social Policy Interventions

Co-hosts

Teresa Harrison, Department of Communication, University at Albany
Dwight Williams, Clinical Professor Emeritus, School of Public Health,
University at Albany

Participants

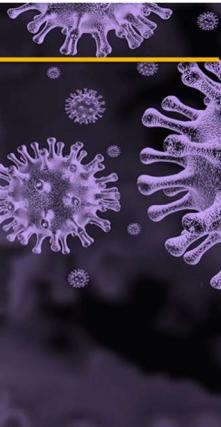
Kimberly Charles
Shirley Girouard, co-Director of the Geriatric Work Force Enhancement
Program, Downstate Health Sciences University and Health Policy
Consultant to the Council of State Governments, East
Rebecca Greenblatt, Assistant Professor of Microbiology and Immunology,
Upstate Medical University
Victor Jordan, Community Board 17 in Brooklyn
Janine Jurkowski, Professor at the School of Public Health, University at Albany
Cristina Pope, Health Sciences Library Director, Upstate Medical University
Quan Qi, PhD student at University at Albany



Health and Social Policy Interventions

What research, research collaborations and/or approaches to conducting research are needed to advance our efforts to eliminate health disparities

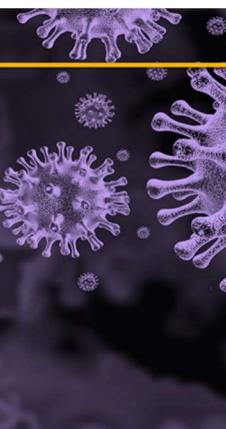
1. Equitably distribute federal funding to 'safety net' hospitals
 - o Influential hospitals able to influence allocation of resources
 - o Disproportionate Share: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh>
 - o An impartial judiciary is needed to apply health policies uniformly
2. Address social determinants of health
 - o Low income, spiraling debt
 - o Unstable housing
 - o Food insecurity
 - o K-14 funding



Health and Social Policy Interventions

What research, research collaborations and/or approach to conducting research are needed to advance our efforts to eliminate health disparities

3. Identify what programs and interventions work in populations that are not well served by the health system
 - o No one, single thing to be done to fix systemic racism. Must commit to continuous attacks on current and emerging manifestations
 - o Eliminate implicit bias in the training and practice of medicine
 - > Increase service requirements
 - > Implement a national 'core' standard
 - > Increase community participation in the development of community targeted curricula
 - o Develop better citizens & better providers with greater knowledge skills and attitudes to reduce inequities
 - o Increase funding to K-14 and do so by county or headcount rather than district
 - > Gifted programs need to be available at all locations



Health and Social Policy Interventions

In the last 20 years, what events/policies had the greatest affect on public health and health care

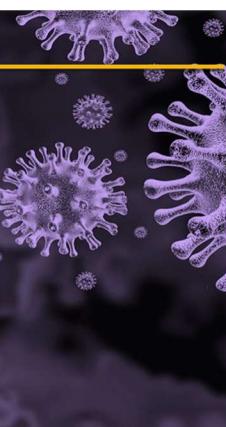
1. The Affordable Care Act | <https://www.healthcare.gov/glossary/affordable-care-act/>
2. Americans with Disabilities Act | <https://www.ada.gov/>
3. Reagan's labeling of the 'welfare mother' and the devaluing of black women with kids
4. 1997 : John Hope Franklin changed policy language from reducing health disparities to eliminating health disparities. Lead to the development of the Office of Minority Health



Health and Social Policy Interventions

Barriers

1. These changes are generational – we need to develop models that retain the energy to commit
2. Continued racism/privilege of policy makers and implementers
 - o Increase advocacy that uses both the science and stories to influence
3. Eliminate the ability of influential hospitals to influence distribution of allocation
4. Create an impartial judiciary is needed to promote equitable health policies
5. SUNY fiscal imperatives
 - o The Covid pandemic has significantly affected SUNY coffers
 - o Special projects and research that potentially generate revenue for SUNY through patients, etc.
 - o Support re-distribution of funds to deliver preventative health care services to our underserved, underinsured, and vulnerable community members



Small Group 4b: Health and Social Policy Interventions



Small Group Participants – 1a Facilitator: Lynn Warner

David Christini	SVP for Research, SUNY Downstate
Kathleen Bratby	Clinical Assoc Professor of Nursing, SUNY Downstate
Kyle Daily	Graduate Student, School of Social Welfare, UAlbany
Howard Minkoff	MD, faculty, Obstetrics/School of Public Health, SUNY Downstate
Christopher Morley	Professor & Chair, Department of Public Health & Preventive Medicine, SUNY Upstate
Janet Rosenbaum	Assistant Professor, Epi and Biostats, SUNY Downstate
Tasnuva Shehrin	Peer Educator, SUNY Downstate
Kate Strully	Associate Professor, Sociology, CAS, UAlbany

Logos for SUNY Albany, SUNY Downstate, and SUNY Upstate are at the bottom.

Agenda Setting Considerations

- The research questions we should be asking
 - The complex phenomenon of TRUST and its role in achieving health equity
 - The intervention targets at multiple levels that will increase trust
- Theoretical frameworks that should guide the research
 - Health Belief Model– Pro's and Con's
 - Health behavior as a continuum
- Vaccine hesitancy and public health messaging as an example

Logos for SUNY Albany, SUNY Downstate, and SUNY Upstate are at the bottom.

Agenda Setting Considerations

- Research Challenges
 - The dynamics of the pandemic and threats to validity and reliability
 - Causality?
 - Intervention research and cautionary tales of unintended impacts
- Opportunities presented by multi -campus collaboration
 - Expertise
 - Rapid implementation, data collection and analysis
 - Powerful comparative and cohort designs

Logos for SUNY Albany, SUNY Downstate, and SUNY Upstate are at the bottom.

Small Group 5: Methodologies and Measurements



THREE CAMPUS COMMUNITY CONVERSATION
Small Group 5:
Methodologies and Measurements

Chanée Massiah, MPH
Clinical Research Associate
School of Public Health
SUNY Downstate

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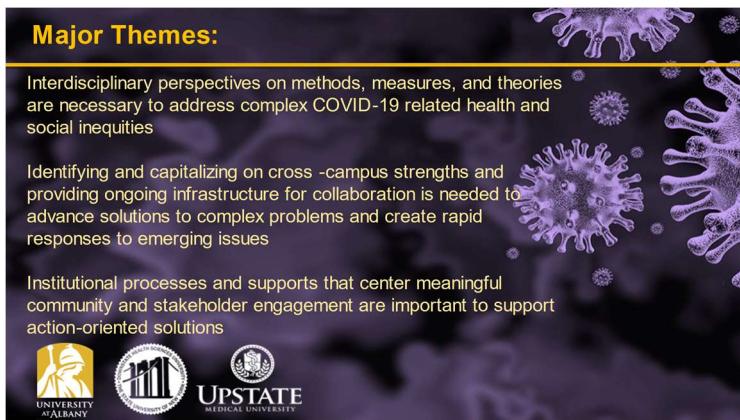


Small Group Participants – 5
Facilitator: Tracey Wilson

Gary Brooks	Associate Professor, Public Health & Prevention, College of Medicine, Upstate
Rui Li	Associate Professor, Geography & Planning, CAS, UAlbany
Michael McLoughlin	MSW Student, School of Social Welfare, UAlbany
Hnin Wai Lwin Myo	Doctoral Student, School of Public Health, UAlbany
Melissa Tracy	Associate Professor, School of Public Health, UAlbany

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State University of New York

UPSTATE MEDICAL UNIVERSITY



Major Themes:

Interdisciplinary perspectives on methods, measures, and theories are necessary to address complex COVID-19 related health and social inequities

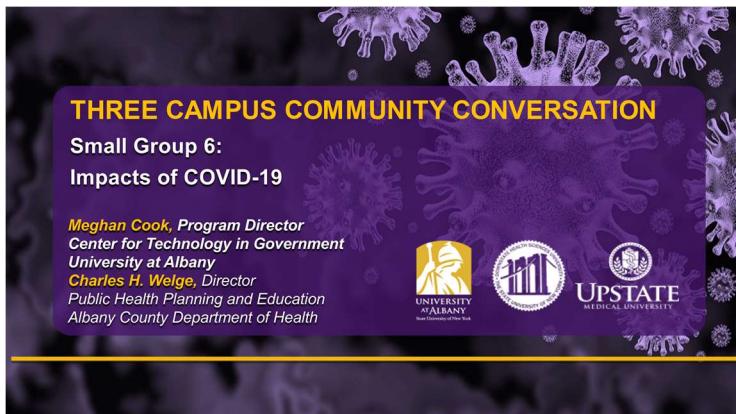
Identifying and capitalizing on cross -campus strengths and providing ongoing infrastructure for collaboration is needed to advance solutions to complex problems and create rapid responses to emerging issues

Institutional processes and supports that center meaningful community and stakeholder engagement are important to support action-oriented solutions

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Small Group 6: Impacts of Covid-19



Small Group Participants	
Elizabeth Helzner	Associate Professor and Interim Chair of Epidemiology, School of Public Health, Downstate
Kristen Wilcox	Associate Professor, School of Education, UAlbany
Khem Sedhai	PhD student and RA, School of Education, UAlbany
Alex Greer	Associate Professor, College of Emergency Preparedness, Homeland Security, and Cybersecurity, UAlbany
Sandra McGinnis	Senior Research Scientist, Center for Human Subjects Research, UAlbany
Seulgi Park	PhD student, Communication, College of Arts and Sciences, UAlbany
Kathi Durdon	Executive Director, CNY Biotech Accelerator, Upstate
Charles Welge	Director of Public Health Planning and Education, Albany County Department of Health

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State University of New York
NYS DEPARTMENT OF HEALTH
UPSTATE MEDICAL UNIVERSITY

RESEARCH TOPIC	DESCRIPTION
LONG TERM IMPLICATIONS	What are the potential long term implications and impacts of COVID-19 policies and regulations on specific populations, minority, international, immigrant, adult, child, student?
COMMUNICATION CHANNELS	What communication works best to overcome Vaccine hesitancy? What messages actually make a difference? What channels actually make a difference?
MENTAL HEALTH IMPACTS	What are the mental health implications and outcomes in immigrant families? Also what social and learning developments have halted since the pandemic began?
PRE EXISTING VULNERABILITIES	What are the historical indicators of vulnerability? What preexisting indicators in both human behavior and in the environment that influence their response to a disaster, such as a pandemic?
TECHNOLOGY ACCESSIBILITY & AVAILABILITY	What is the availability of technology and connectivity is limiting participation by both children and adults?
IMPACTS ON TRADITIONAL BELIEF SYSTEMS	How has people's traditional belief systems been changed by all the impacts of COVID-19? What are the new routines, the new behaviors that are part of this disruption?
COMMONALITIES IN DISASTER RECOVERY AND EVACUATION THEORY IN A PANDEMIC	How is research in areas of disaster response and evacuation theory as it relates to COVID-19?
TENSIONS BETWEEN EPIDEMIOLOGICAL GOALS AND REAL WORLD SCENARIOS	How will we balance the tension between an epidemiological goals of having an entire society vaccinated with the realities of people falling through the cracks?

COLLABORATION/COORDINATION TOPIC	DESCRIPTION
INVENTORY OF PROJECTS ON SPECIFIC POPULATIONS	An inventory of projects that may be overlapping with specific populations.
INVENTORY OF PROJECTS FOR RESEARCHERS	Inventory of projects is needed. There may be overlaps in some of the studies and do not know who else is carrying out something similar.
INTEGRATED MAIN MESSAGES TO AND WITHIN COMMUNITIES	We need to coordinate and be more integrated on the main message in local hubs where vaccinations are being offered.
REGIONAL FOCUS EFFORTS ACROSS SECTORS	There are community organizations that are working in partnership together but there may not be too much coordination across sectors.
WORKING ACROSS THE LARGER NYS NETWORK	There is not a sense of the larger network that spans disciplines. What are the larger statewide aims at how to work among the already established networks?
WORKING CLOSELY WITH FAITH LEADERS	Faith leaders and Interfaith Advisory Boards are critical in both responding to the pandemic and in the vaccination programs.
DEVELOPING AND LEVERAGING TRUSTED AGENTS	We must leverage existing partners and create "trusted agents" among all disciplines that can work on behalf of the larger goals.

APPENDIX 4.

Related materials



The University at Albany, SUNY Downstate

and SUNY Upstate

are pleased to

invite you to a three session event entitled

Conversations on Achieving Health Equity

Through Eliminating Health Disparities

- **January 08, 2021, 10:00-12:00pm**
- **January 15, 2021, 10:00-11:30am**
- **January 22, 2021, 10:00-11:30am**

REGISTER NOW ([Click Here](#))

SPEAKERS AND AGENDA ([Click Here](#))

(Via ZOOM)

Be Sure to Mark your Calendar!

BACKGROUND:

On behalf of the Vice Presidents for Research at the University at Albany, SUNY Downstate Health Sciences University and SUNY Upstate Medical University, we are inviting you to join us at a multi-campus conversation with critical community partners focused on advancing our collective knowledge and understanding of

minority health disparities in a 21st century pandemic with the overarching aim of developing a shared health equity research agenda.

This important conversation will be carried out over a series of three sessions held on successive Fridays in January 2021 beginning on January 8, 2021, and ending on Friday, January 22, 2021. Each event is scheduled to begin at 10:00am and will be held on Zoom.

The interactive series of multi-campus conversations includes:

- **Part 1: Kick-Off Panels:** *Launching a campus-community conversation on COVID-19 MHD in NYS* (January 8, 2021)
The launch of the event will include two panels of community partners that will address a range of health disparities and policy and practice interventions designed to mitigate and prevent such disparities.
 - ✓ *Panel 1: Understanding the role of trust in mitigating COVID-19 related health disparities*
 - ✓ *Panel 2: Differential Impacts of COVID-19, Social Determinants of Health and Interventions to Achieve Health Equity*
- **Part 2: Small Group Discussions:** *Identifying complementary and overlapping research interests: A set of topic focused small group discussions among SUNY researchers and community partners* (January 15, 2021)
The second session will engage community partners and researchers from across the three campuses in small group discussions focused on areas of common and complementary research interests and expertise, with the goal of building new and strengthening existing research and practice networks. These discussions will be framed by the issues, challenges and opportunities identified in the January 8th panels.
- **Part 3: Closing Panel:** *Reflecting on a campus-community integrated health equity research agenda* (January 22, 2021)
The last session will re-engage participants in a joint discussion focused on the most critical health equity research questions and related public policy challenges.

OVERARCHING GOAL:

The goal of the three session event is to contribute to the planning, design, and development of a three campus health equity research agenda, and to sustain this campus-community conversation thereafter in order to monitor progress and advance research priorities in the future.

WHO IS PARTICIPATING:

Community partners, government officials, and researchers, faculty, professional staff, postdoctoral associates, and students from across the three campuses, are cordially invited to join us for each of the three campus conversations.

The program's featured participants and guests will be announced in the coming weeks with additional information regarding each session's program/agenda. Both

during and following each conversation, there will be opportunities to share thoughts and participate in Q&A sessions.

HOW TO JOIN:

To register and participate in one or all of these three campus community conversations, please [click here](#) (or by visiting: <https://bit.ly/3nx20il>)

After registering, you will receive future notices about each upcoming conversation as the session approaches, along with a Zoom link to join the discussion.

Feel free to broadly invite your colleagues, students and community members who might be interested or benefit from these conversations.

To request accommodations or for more information, please contact Ms. Julia Singleton at jsingleton@albany.edu or phone (518-442-4651) by January 6.

We very much look forward to seeing you this Friday!

