2016 Annual Health Equity Conference Proceedings

The Adventist HealthCare Center for Health Equity and Wellness’ tenth Annual Health Equity Conference was held on Dec. 1, 2016 at the College Park Marriott Hotel and Conference Center in Hyattsville, Maryland. The program agenda included presentations, concurrent panel sessions and the 2016 Blue Ribbon Award presentation.

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**Please Note:**

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**NOTE:** The opinions and thoughts expressed here are those of the speakers and do not necessarily reflect the positions of the Adventist HealthCare Center for Health Equity and Wellness or Adventist HealthCare, Inc.

To download additional copies of the proceedings or learn about the activities of the Center for Health Equity & Wellness, visit the Center’s website at: AdventistHealthCare.com/Health/Equity-and-Wellness.
Acknowledgements

The Adventist HealthCare Center for Health Equity and Wellness would like to thank all of the 2016 conference participants, speakers, panelists and sponsors for their continued support of the Center’s activities.

We are grateful to our Gold Level Sponsors M&T Bank, Adventist Health Ministries, and Ad Astra, Inc., as well as our Silver Level Sponsor Montgomery County Health and Human Services, for providing financial support for this meeting. We are also grateful to the exhibitors who shared their materials and services with the conference participants:

- Ad Astra
- Adventist Health Ministries
- Energy Federal Credit Union
- University of Maryland Center for Health Equity
- Uno Translations and Communication

We were honored to have Ms. Rebecca Tyrrell and Pastor Timothy Gillespie deliver the keynote address and the closing address, respectively.

Additionally, we were pleased to welcome our breakout and plenary session speakers and moderators:

- Samuel Ross, MD
- Lori Werrell, MPH
- Leslie Graham
- Patrick Garrett, MD
- Vincent DeMarco
- Pastor Timothy Gillespie, DMin
- Wendy Zimmerman, BSN
- Ann Roda
- Stephen Thomas, PhD
- Delia Mayor
- Amy Horton-Newell, JD
- Gloria Aparicio Blackwell, MS
- Christopher King, PhD
We also appreciate our planning committee members and our Center staff and interns for their contributions, support and efforts throughout the year to plan this event.

Marilyn Lynk, PhD  Amber Larson, RN, BSN, MSeD
Christina Bruce  Dina Madrid, DrPH, MSN, RN, CRRN
Jenna Melton  Kathleen Coleman, RN
Linda Berman, MS  Michelle Maxberry
Talya Frelick, MPH  Stephanie M. Layne
Lisa Koshute  Arlee Wallace
Christopher King, PhD  Stephen B. Thomas, PhD
Louisa Hollman  Shawnta Jackson
Welcome

Speakers:
Dr. Marilyn Lynk, Executive Director, Center for Health Equity and Wellness, Adventist HealthCare
Fred Spry, Owner, The Shop

Dr. Marilyn Lynk opened the conference with brief remarks about health disparities and community engagement. Community engagement requires healthcare organizations to go “Beyond Four Walls” to deepen relationships among staff, patient populations, and communities as well as collaborate with those with similar interests to address health disparities. Additionally, establishing and maintaining the community’s trust is necessary for continued engagement. Dr. Lynk highlighted the Health Advocates In-Reach and Research (H.A.I.R.) Program as an example of what can be accomplished through community engagement. The H.A.I.R. Program is a clinical-community collaboration between the University of Maryland Center for Health Equity, Adventist HealthCare, and local barber shops that strives to raise awareness of colorectal cancer among minorities and promote early screening for health conditions.

Fred Spry, a barber shop owner, was invited to speak about the success of the H.A.I.R. Program. Barbershops are one of the few places where people from all walks of life and backgrounds come together. Mr. Spry discussed the health disparities affecting his community and the general lack of knowledge regarding disease prevention and well-being. Having health workers come to the barbershop to promote colorectal cancer screenings and provide other screenings (i.e., blood pressure, carbon monoxide) on site served to raise the community’s knowledge of health issues and empower them to take charge of their health. Mr. Spry added that he and other barbers, as trusted community members with an established rapport, have now become facilitators of health improvement in their communities. By reaching out to communities at risk, the H.A.I.R. Program has created a safe, judgment-free zone where health information can be disseminated effectively.
Opening Address:
Laying the Foundation: Defining Community Engagement and Population Health

Speaker:
Rebecca Tyrrell, MS, Senior Research Consultant, The Advisory Board

In the opening address, Ms. Rebecca Tyrrell discussed three key points:
- Defining population health and why it matters;
- The role of community partnerships in advancing population health; and
- Key considerations for promoting long-term sustainability.

Using the American Journal of Public Health's definition, Ms. Tyrrell described population health as the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.” She described the need to think holistically and longitudinally to prevent individuals from becoming hospital patients. By keeping in mind the financial, market, and clinical advantages of managing population health, healthcare organizations can achieve the Triple Aim:
- Reduce unnecessary utilization,
- Trade high-cost services for low-cost care and
- Enhance patient engagement and care coordination.

The Triple Aim framework helps healthcare organizations better address the needs of three distinct patient populations: high-cost patients (usually with complex diseases), rising-risk patients (those may have conditions not under control), and low-risk patients (with easily managed minor conditions).

Second, Ms. Tyrrell discussed the role of community partnerships in advancing population health through community integration and enhancing patient engagement and care coordination (i.e., connecting in-patient care with out-patient care). Integrating population health into the community means keeping people healthy where they live, work and play. Focusing on these areas helps healthcare systems become more consumer-centric, manage total healthcare costs and risks as well as extend the clinical care team.

Finally, Ms. Tyrrell made key recommendations for obtaining value in community partnerships, which include defining a concrete objective, identifying time, staff and resource commitments upfront and outlining the metrics and goals in advance to monitor efficacy of partnerships. She emphasized identifying and creating partnerships with already established community resources. Ms. Tyrrell concluded her presentation by highlighting a few examples around the country, including “speed dating” with community resource representatives (Integrated Health Partners in Michigan) and the Integrated Care Management Program’s dedicated staff liaisons at Massachusetts General Hospital.

Following the opening address, Ms. Tyrrell allowed questions from the audience. One question and answer is featured below:

Question: What are some ways to involve the local government? How can we increase our engagement?
Ms. Tyrrell listed the states of Washington and Oregon as examples. Washington has three representatives in the state to serve as housing liaisons to connect patients to services. Oregon has a Medicaid program where coordinated care organizations ensure community members are involved in the planning process. Finally, Ms. Tyrrell stated that individuals are actively engaging in the process as long as they contribute their expertise or something related to their field of expertise.
Session One:

Clinical Connection:
The Role of Healthcare Leaders/Organizations in Community Engagement

Moderator:
Patrick Garrett, MD, Former Sr. VP, Physician Networks; Former President, Adventist Medical Group, Adventist HealthCare

Panelists:
Samuel Ross, MD, MS, CEO, Bon Secours Health Systems
Lori Werrell, MPH, MCHES, Director, Population and Community Health, MedStar St. Mary’s Hospital
Leslie Graham, CEO, Primary Care Coalition of Montgomery County

This breakout session was focused on identifying methods to transition hospitals from providing sick care to managing and improving the health of communities overall.

Dr. Samuel Ross began the session by advocating for a more holistic, person-centered approach to health care delivery rather than a patient-centered one. Dr. Ross described Bon Secours’ population health journey towards person-centered care in West Baltimore through the medical neighborhood concept, which involved mapping available acute/post-acute care, ambulatory care, diagnostic and ancillary services, community support services, patient-centered medical home services, state and local public health services as well as education, outreach and research programs. This concept allowed Bon Secours to understand their community’s access to care and to be change leaders in West Baltimore. Dr. Ross also recommended other best practices for increased engagement with patient populations. These include better coordination with nursing facilities, improved case management, ensuring follow-up appointments, partnering with care transition programs and implementing high risk assessment tools.

Next, Ms. Lori Werrell discussed the role of hospitals in rural health. She began by acknowledging the differences in rural and urban health care and delivery techniques. For example, MedStar St. Mary's Hospital is the only hospital in St. Mary’s County, MD, and therefore, bears a great responsibility in ensuring the health of their community. In order to deliver effective health care, St. Mary’s Hospital had to:

- Build trust with the community and listen to their community partners
- Provide education to combat misinformation about healthcare
- Think outside the box to find innovative solutions
- Understand how social determinants of health affect their goals for improved patient outcomes
- Implement evidence-based programs that address the community’s needs while meeting internal goals

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Ms. Werrell also highlighted St. Mary’s AccessHealth Program, which aims to reduce health disparities through innovative partnerships (e.g., partnering with Uber to transport patients to and from appointments, forming partnerships with housing programs) and initiatives (e.g., integrating behavioral health into primary care, utilizing community health workers). Ms. Werrell concluded her remarks by encouraging health care leaders and organizations to be active members of local health improvement coalitions rather than just figureheads.

Finally, Ms. Leslie Graham described the Primary Care Coalition (PCC) and their role in developing and coordinating community-based systems of health improvement for the underserved in Montgomery County, MD. The PCC engages these community services to facilitate, administer and grow partnerships throughout the county to improve population health. Ms. Graham also talked about PCC’s involvement in the Nexus Montgomery Regional Partnership, a collaboration among the six Montgomery County hospitals and other nonprofit community-based organizations. The goal of Nexus Montgomery is to reduce avoidable hospital utilization by improving the health of at-risk populations. Nexus Montgomery specifically focuses on four at-risk populations: the medically frail, Medicare seniors age 65+, individuals with severe mental illnesses and the uninsured in need of specialty care. Ms. Graham concluded her remarks by stating the following as health leaders’ and organizations’ goals:

- Partner with one another, even competitors, to improve population health
- Engage existing community-based organizations who already have the trust of the population
- Plan for infrastructure and resources to support data collection and sharing
Session Two: Communities of Faith: Effective Community Engagement Strategies

Moderator: Ann Roda, VP, Mission Integration, Adventist HealthCare

Panelists: Vincent DeMarco, President, Maryland Citizen's Health Initiative
Pastor Timothy Gillespie, DMin, Lead Pastor, Crosswalk Adventist Church, Redlands, CA
Wendy Zimmerman, BSN, RN-BC, Manager, Parish Nursing Program, Meritus Medical Center

Chaplain Roda opened the session by posing the following questions to the panelists:
- Why are you involved in caring for the health of your communities?
- What is it that drives you to do what you do?

Mr. Vincent DeMarco reflected on how his work on gun violence led him to working with faith communities, which in turn impacted the wider community in tangible ways. Pastor Timothy Gillespie stated that the Gospel compels individuals to care for their community. Ms. Wendy Zimmerman shared how her passion began in nursing school and was strengthened by her belief that faith and health are interconnected.

Mr. DeMarco discussed the work the Maryland Faith Health Network is doing in the community. Based on The Memphis Model, the Maryland Faith Health Network is a collaboration between hospitals and faith congregations focused on improving the health of the community. Through this partnership, congregational leaders are equipped with the tools needed to achieve their objectives and the congregations’ relationship with local hospitals is solidified. The ultimate goal of this Faith Health Network is to reduce hospital utilization and health disparities, while keeping the community healthy one congregation at a time.

Pastor Gillespie’s talk focused on Crosswalk Adventist Church’s outreach initiatives. He began by making the assertion that “the Gospel is always local” - we do not need to go far to share God’s compassion. This belief shaped how Crosswalk Adventist Church planned and executed their outreach initiatives. They used the Fulcrum software to map out community assets and liabilities within a one-mile radius from the church, allowing them to strategically and effectively address the needs in their congregation and community. Pastor Gillespie acknowledged that community outreach coordinators struggle with finding space for their events. However, majorities of church buildings are mostly empty throughout the week and can be utilized effectively for program events. Crosswalk Adventist Church utilized their unused spaces to provide physical therapy sessions, free haircuts and food for the homeless.

Ms. Zimmerman highlighted the role and necessity of faith community nurses in public health. Faith community nursing (also known as parish nursing) is a specialty practice recognized by the American Nurses Association, and despite the care they provide, two-thirds of parish nurses are unpaid. Faith community nurses provide health education, health counseling, prevention and wellness screenings, referrals, spiritual care, advocacy, and so much more. Through their work, these nurses develop strong community relationships and foster trust between healthcare organizations and the community. The presence of faith community nurses not only benefits the congregations they serve, but also their healthcare organization.

Continued on next page
Following the breakout session, Ms. Roda allowed questions from the audience. Select questions and answers are featured below:

**Question: (For Mr. DeMarco) How did you go about marketing for churches to participate in the Faith Health Network?**
DeMarco and his team started with a small group of faith leaders that already had a relationship within their community and other churches. These leaders sent out letters to pastors in the community, and the Faith Health Network would follow-up with these churches to ensure they have received the letters.

**Question: How can a pastor demonstrate (in terms of numbers) how much they are benefiting the community?**
Pastors would have to work with outside evaluators for quantitative analysis and conduct their own congregational surveys for qualitative results. For the most accurate analysis, program evaluation must be put in place before a program begins, data must be tracked from the beginning, and participants should be surveyed after receiving a service.
Session Three:

Engaging Underserved Communities across Sectors: Using Community-based Strategies to Improve Health

Moderator:
Gloria Aparicio Blackwell, MS, Director, Office of Community Engagement, University of Maryland - College Park

Speakers:
Stephen Thomas, PhD, Director, University of Maryland Center for Health Equity
Delia Mayor, Community Health Worker, Supervisor, CCI Health & Wellness Services
Amy Horton-Newell, JD, Chair, Montgomery County Interagency Commission on Homelessness; Director, Commission on Homelessness & Poverty, American Bar Association

At the beginning of the session, each panelist introduced themselves and provided information about their involvement with underserved communities. Ms. Delia Mayor gave an overview about community health workers and their role in establishing a link between healthcare providers and communities. She described how community health workers are not responsible for providing clinical care. Instead, they are relied upon to build relationships and develop trust within the community.

Dr. Stephen Thomas discussed the need to engage underserved communities across sectors using community-based strategies to improve health. He acknowledged the existence of social and cultural problems that are difficult or impossible to solve. He also emphasized using fourth generation disparity research to reduce them. For example, the Mid-Maryland Mission of Mercy free adult dental clinic festival served 1,185 people and provided free oral care worth $1.2 million to participants in 2014. Dr. Thomas also discussed the Health Advocates In-Reach and Research (H.A.I.R.) Program and its ability to engage the barbershop community to increase knowledge and ultimately improve health through community peer educators.

Ms. Amy Horton-Newell addressed how to collaborate on interdisciplinary measures to improve poverty and homelessness. Homelessness is often a problem compounded by health, poverty, and mental health issues. Ms. Horton-Newell discussed what the homeless Continuum of Care Program offers in terms of prevention strategies to end homelessness. These include, but are not limited to, connecting the homeless with government agencies and service providers, tracking the homeless communities in the area and documenting the homeless population.

Following this discussion, Ms. Gloria Aparicio Blackwell posed a series of questions to spur discussion amongst the panelists.

Question: What are the barriers to good health that underserved communities face, and are there any ways to reach underserved populations?

The barriers to good health include, but are not limited to:
- Low literacy
- Insufficient numbers of community health workers
- Lack of access to healthcare services
- Fear
- Social norms

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Some solutions to target low literacy and the lack of community health workers are to increase language services, and increase the number of culturally competent community health workers. Regarding lack of access to healthcare services, Ms. Horton-Newell said that increasing the number of mobile clinics and bringing health services to the communities (e.g., imbedding medical services into shelters) can help remove the access barriers homeless people face. Dr. Thomas stated that culturally competent and sensitive public health workers can alleviate some of the fears and social stigma underserved populations hold about healthcare. These public health workers can empower patients who feel powerless and intimidated by the complex health care system.

**Question: How can we make sure [the aforementioned approaches] are going to work for us?**
Dr. Thomas used the H.A.I.R. Program as an example and described how barbers in the program are trained to measure blood pressure and refer customers to recommended medical professionals. This ensures that the quality of healthcare is not compromised, and the community members are still able to be health advocates. Ms. Horton-Newell said that public health professionals need to find the gaps, barriers, limitations and open the lines of communication between the community and those in public health. In terms of homelessness, a system must be created to identify when a homeless individual is discharged and where they are located.

**Question: How do you think your stakeholders are addressing these issues?**
The Department of Housing and Urban Development’s Continuum of Care Program requires any organization funded by them to gather stakeholders focused on medical treatment, mental health, and job training or employment to increase ease of access to those services. While acknowledging that the community is the stakeholder, public health professionals have to consider the power dynamics: Are they telling the communities what to do, or are the professionals inviting the community to be active players? Ms. Mayor discussed the role of humility in bringing communities to the table. Public health professionals need to be humble and recognize they are not the experts on the lives of community members. The communities must be treated with respect, and the field needs more cultural liaisons. These cultural liaisons can serve as gatekeepers and help healthcare providers communicate effectively with their community.

**Question: What is next?**
Dr. Thomas said that taking action on anything that addresses human suffering would be a start, such as the services provided at Mission of Mercy. Ms. Horton-Newell followed by saying that there are many things that can be done that do not require money. As long as public health professionals are able to identify gaps in service or community needs, they can develop strategies and solutions to address them. Typically, the solution or service needed already exists, community members only need to be connected to them.

Following the breakout session, Gloria Aparicio Blackwell allowed questions from the audience. Select questions and answers are featured below:

**Question: (For Amy Horton-Newell) What is in it for lawyers to provide free services?**
Ms. Horton-Newell responded by saying that lawyers can sometimes receive funding from corporations and can provide services to low-income individuals. She also spoke about nonprofit organizations and individual lawyers who are simply interested and passionate in the subject and may also provide free services.

**Question: (For Amy Horton-Newell) Do you include immigration issues too?**
Ms. Horton-Newell confirmed that immigration services are included as the Continuum of Care Program and its subcommittees are connected with that community. Dr. Thomas also said that there are services that help people who fall through the cracks of safety net services.
Question: (For All) What can [public health organizations] do to work better with each other? Given the state of the nation, what can we do in relation to policy in the upcoming administration to not lose ground gained thus far?

Ms. Horton-Newell responded that establishing informal coalitions from conferences, listserv, or Facebook groups can keep the dialogue moving. Dr. Thomas followed by saying that these groups and events work well because professionals are able to share knowledge before returning to their organizations to continue working to improve public health. Public health professionals also need to seek out existing coalitions and see how they can contribute. Overall, sharing information, data, and stories about lives saved is important to engage communities in health improvement.
2016 Blue Ribbon Award Presentation

Each year, Adventist HealthCare’s Center for Health Equity and Wellness recognizes and presents a Blue Ribbon award to an individual or organization that has shown extraordinary commitment and dedication toward the elimination of health disparities and the achievement of health equity. The recipient’s work exemplifies innovation, impact, outcomes, collaboration as well as cultural and linguistic competence.

The 2016 Blue Ribbon Award was presented to The Primary Care Coalition of Montgomery County (PCC). The PCC strives to provide a coordinated network of high-quality care for vulnerable residents of Montgomery County. The PCC works with the Montgomery County Department of Health and Human Services (DHHS), 12 independent safety-net clinics, six hospitals and a number of other community partners to help patients access the full range of care they need. Ms. Leslie Graham, President and CEO of PCC, accepted the Blue Ribbon Award.
Dr. Christopher King began the plenary session by discussing the current political climate and the potential threat to population health and community engagement. Dr. King encouraged everyone to not lose heart or let political discourse compromise our moral compass. Healthcare providers, as a unit, must advocate against policies and practices that hinder progress towards fair and equitable care. The healthcare industry must continue working to achieve the Triple Aim:

- Reduce healthcare costs
- Improve patient experience and
- Improve the health of our communities.

Strategic partnerships and greater community engagement are necessary for reducing health disparities and attaining health equity.

The plenary session allowed the three moderators from the breakout sessions to share a summary of their specific discussions with the wider audience. Ms. Gloria Blackwell discussed the access barriers and health literacy issues underserved communities face when seeking healthcare. Ms. Ann Roda addressed the need for better communication among faith communities and congregations, which she called “the new clinic.” Dr. Patrick Garrett emphasized the need to approach patient care from the holistic, social determinants of health viewpoint, rather than from the disease viewpoint. He called for collaboration not just between healthcare organizations and communities, but also among patients, providers and clinical systems.

The plenary session revealed a major theme from the breakout sessions – To achieve desired outcomes, partnerships require dialogue, humility, trust and collaboration. If there is no communication between healthcare providers and community, there can be no engagement. If providers do not approach the communities they serve with humility, there can be no effective engagement. If there is no trust between community and providers, there can be no partnerships.

Select questions from the audience and answers are featured below:

**Question: How do you define community engagement?**
Ms. Blackwell defined community engagement as a powerful approach where both entities involved in the activity are constantly learning from each other. Ms. Roda commented that the definition of community engagement is evolving, but at the start, it is
about connection and understanding. Dr. Garrett defined community engagement as the mechanism by which we can ensure that a patient has the appropriate support to do the right thing.

**Question: What characteristics, competencies, or skills are instrumental for community engagement to be effective?**
Ms. Blackwell responded by saying that as long as collaborators are flexible, open, listen to one another and ask questions, there will be effective community engagement. Dr. Garrett said that if you are able to change behaviors at the family level, you will be effective in community engagement.

**Question: What are the necessary competencies for community engagement to be effective? What skill sets are necessary for this to work?**
Ms. Roda responded first, saying a common language is a good starting point, so people can understand each other. Dr. Garrett then described the importance of community health workers to effectively engage community members: communication is key.

**Question: Can you share an example of a partnership that is working well and why is it so successful?**
Ms. Blackwell discussed the partnership with the University of Maryland and the Maryland Multicultural Youth Center. They converted an abandoned school in Riverdale into a community center for international refugees. This specific program was successful because they utilized existing resources in the community. Dr. Garrett described Adventist HealthCare’s ability to create partnerships to address community-identified needs through grant donations and in-kind services. Lastly, Ms. Roda highlighted a local faith community that partnered with Adventist HealthCare to pilot a childhood obesity program that supports and encourages both parents and their children to live a healthy life.
Closing Address:

A Call to Action: Next Steps on the Community Engagement Continuum

Speaker:
Rev. Timothy J. Gillespie, DMin, Crosswalk Adventist Church

In his closing remarks, Pastor Timothy Gillespie emphasized the importance of community partnerships and working together. He noted that, rather than focusing on raising money, working with the right partners, having the right attitude and focusing on the right issues can resolve an abundance of complications within a community. It is more valuable to interact and work directly with the community.

Pastor Gillespie stressed two main points in his talk:
1. Establish trust with the communities served and never break that trust
2. Understand that transformation is a slow process with many challenges

Pastor Gillespie concluded his address by highlighting some of the programs Crosswalk Adventist Church provides to their surrounding community. To address the need for more clinics in the community, more than 60 health care providers from the congregation volunteered to create Thursday Night Clinics. This program was created with the intention to disrupt the “us vs. them” mentality and move towards the inclusive “us and God” mentality. Different community members, such as barbers, nurses, lawyers, and even bicycle technicians, soon began volunteering at the clinic. Crosswalk Adventist Church’s involvement within the community greatly improved their reputation, and more individuals within the community began to join their congregation.
Appendix:

Conference Agenda

Beyond Four Walls: Partnerships to Transform Community Health

Welcome
Marilyn Lynk, PhD, Executive Director, Adventist HealthCare Center for Health Equity and Wellness

Community Voices
Fred Spry, Barbershop Owner/Operator, The Shop

Opening Address:
Laying the Foundation: Defining Community Engagement and Population Health
Rebecca Tyrell, MS, Senior Research Consultant, The Advisory Board Company

Audience Q&A

Networking and Vendor Visitation

Breakout Sessions

Breakout #1: Clinical Connection: The Role of HealthCare Leaders/Organizations in Community Engagement
Samuel Ross, MD, MS, CEO, Bon Secours Health System
Lori Werrell, MPH, MCHES, Director of Population and Community Health, MedStar St. Mary’s Hospital
Leslie Graham, CEO, Primary Care Coalition of Montgomery County
Moderator: Patrick Garrett, MD, Sr. VP Physician Networks; President, Adventist Medical Group

Breakout #2: Communities of Faith: Effective Community Engagement Strategies (Local and National)
Vincent DeMarco, President, Maryland Citizens Health Initiative
Pastor Timothy Gillespie, DMin, Crosswalk Adventist Church, Redlands, CA
Wendy Zimmerman, BSN, RN-BC, Parish Nursing, Program Manager, Meritus Medical Center
Moderator: Ann Roda, VP, Mission Integration, Adventist HealthCare

Breakout #3: Engaging Underserved Communities Across Sectors: Using Community-based Strategies to Improve Health (Local and National)
Stephen Thomas, PhD, Director, Maryland Center for Health Equity - H.A.I.R. Program
Delia Mayor, Community Health Worker Supervisor, CCI Health
Amy Horton-Newell, JD, Chair, Montgomery County Interagency Commission on Homelessness; Director, ABA, Commission on Homelessness & Poverty
Moderator: Gloria Aparicio Blackwell, MS, Director, University of Maryland, College Park, Office of Community Engagement

Lunch
Presentation of 2016 Blue Ribbon Award
Presented to Primary Care Coalition of Montgomery County, Maryland
Accepted by Leslie Graham

Plenary Session:
Community Engagement: Lessons from the Field
Gloria Aparicio Blackwell, MS, Director, University of Maryland, College Park, Office of Community Engagement
Ann Roda, VP, Mission Integration, Adventist HealthCare
Patrick Garrett, MD, Sr. VP Physician Networks; President, Adventist Medical Group
Moderator: Christopher King, PhD, FACHE, Program Director & Assistant Professor, Georgetown University

Networking and Vendor Visitation (Break)

Closing Address w/ Q&A
Pastor Timothy Gillespie, DMin
Crosswalk Adventist Church

Concluding Remarks & Adjourn
Terry Forde
President and CEO, Adventist HealthCare
Event Pictures