

**Draft Minutes**  
**Medical Society of the State of New York**  
**Committee on Health Disparities Meeting**  
**Friday October 2, 2020**

**Present**

Joshua Cohen, MD Commissioner  
Janine Fogarty, MD Asst. Commissioner  
Linda Clark, MD, MS Co-Chair  
Erick Eiting, MD, Co-Chair  
Adolph Meyer, MD, Vice-Chair  
Bonnie Litvack, MD President  
Art Fougner, MD Past President  
Adwoa Boahene, MD  
Lynda Hohman, MD  
Nina Huberman, MD  
Eliezer Kinberg, MD  
Thomas Madejski, MD  
Shail Maingi, MD  
Michael Pisacano, MD  
Anita Ravi, MD  
Michelle Stern, MD  
Monica Sweeney, MD

**Absent**

Louis Auguste, MD  
Anthony Clemendor, MD

Maria DeJesus, MD  
John Gillespie, MD  
Rebecca Guisti, MD  
Indu Gupta, MD  
Milton Haynes, MD  
Malcolm Reid, MD  
Joseph Sellers, MD  
Willie Underwood, MD  
Connor Orrico, Student

**Excused**

Frank Dowling, MD  
Lisa Eng, DO

**Invited Guest**

Wade Norwood, CEO Common Ground Health

**Staff**

Patricia Clancy, Sr. Vice-President,  
Managing Director  
Public Health Education and Governmental  
Affairs  
Maureen Ramirez, Administrative Asst.

1       **1) Welcome**

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3       **2) Adoption of May 29, 2020 minutes – approved**

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5       **3) Presentation: Wade Norwood, CEO, Common Ground Health**

6 Dr. Clarke introduced Wade Norwood, CEO of Common Ground Health who will be present  
7 **“Overloaded -The heavy toll of racism and poverty on mental and physical health”**.  
8 Common Ground Health is formerly FLHSA – Finger Lakes Health System Agency. It is a not  
9 for profit community health planning agency. Promote health in the Finger Lakes region through  
10 research advocacy and community engagement. Mr. Norwood’s bio and the copy of his power  
11 point presentation will be entered into record in these minutes. Mr. Norwood began his  
12 presentation:

- 13       • Numbers show that Black and Hispanics are bearing the brunt of the COVID-19  
14       Epidemic.
- 15       • Health Disparities have always existed in the African American community and COVID-  
16       19 is shining a light on this.
- 17       • Poverty cuts lives short. Blacks dies earlier regardless of income. There was a 2018  
18       survey conducted to determine they “why” behind health inequities.
- 19       • Residents with the lowest incomes have 3x the feelings of helplessness, 4x significant  
20       anger and 4x the self-destructive behavior.
- 21       • It was found that mental health deteriorates under socio-economic burdens.
- 22       • There are structural iniquities in the social determinants of health. There are more  
23       tobacco outlets in Black and Brown neighborhoods.

- 24 • Black and Brown resident's value healthy eating but face more barriers.
- 25 • Historically redlined communities remain those with disproportionate poverty and
- 26 municipal investment.
- 27 • Premature mortality rates are higher in neighborhoods with low SES.
- 28 • Most Blacks live in low SES neighborhoods.
- 29 • Racism is a public health crisis affecting our entire society. There is a need to look
- 30 inward. How we "do business" needs to change.
- 31 • There is a need to engage actively and authentically with Black and Brown communities.
- 32 • There is a need to build a culture of diversity and inclusion.

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#### 34 **Recommendations for Anti-racist actions**

35 increase diversity and incorporate anti-racist principles and training within leadership, staffing,

36 and contracting.

37 advocate for policies that improve health in Black and Brown communities and advance social

38 and economic justice

39 build alliances with organizations that are confronting racism

40 allocate resources to accomplish these activities

41 Mr. Norwood's final thought "all of our children deserve the opportunity to live a long and healthy

42 life. At the end of the day, we need to ask ourselves the question "How are the children?" Mr.

43 Norwood then received questions from the committee members.

44

45 Drs. Clarke and Eiting thanked Mr. Norwood for his presentation. Mr. Norwood indicated he

46 looked forward to the possibility of collaborating with MSSNY in the future.

47

48 **4) Development of CME Programs** – Dr. Eiting and Dr. Clark met prior to this meeting

49 and would like to put together a planning committee. They are asking members of the

50 committee to volunteer for the planning committee. The committee will assist with the planning

51 objectives and the educational content. Anyone on the planning committee will need to sign a

52 financial disclosure form as required by the CME regulations. If you want to volunteer, please

53 send Pat Clancy an email to let her know. There was a CME session planned for the 2020 HOD

54 meeting. Dr. Stread was scheduled to present. That was put on hold. The topic will be held for

55 the opportunity to present this CME as a virtual session in the future. A suggestion for topic was

56 how to incorporate anti-racism into education for our colleagues. In addition to maternal

57 mortality add the topic of maternal morbidity. How to engage with community resources to assist

58 in helping about health concerns.

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60 **5) Revisit Committee Priorities** – Suggestion to switch some of the focus of this

61 committee to focus more on racism within disparities. There needs to be an increase in

62 advocacy in order to protect the state. How to get antiracism to work with our practices?

63 Dr. Clark will create some type of a survey to incorporate these ideas and any other ideas that

64 the members may have to focus the priorities of this committee

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66 **6) 2021 Committee Meeting Dates** – January 22, 2021; April 23, 2021 and September 24,

67 2021

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69 **7) Adjourned**

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