

NORTHERN CALIFORNIA

BLACK



PHYSICIANS

FORUM 2018

Event Program & Physicians Referral Directory

Modern Day Drug Addiction In Relation To Health and Poverty in the African American Community



March 23, 2018

UC Davis School of Medicine | Sacramento, CA

PRESENTED BY:

SAC CULTURAL HUB
Media Foundation

UC DAVIS
HEALTH

Office for Equity, Diversity and Inclusion



Improving health and health care for all members of our community

UC Davis Health physicians, researchers, specialists, nurses, students and staff are a reflection of California's unique diversity. Offering high-quality, compassionate and culturally relevant care – with the goal of reducing health disparities for all – our award-winning health system is widely recognized for excellence:

- UC Davis Health has a **dedicated Office for Equity, Diversity and Inclusion**, responsible for managing and directing diversity and inclusion programs across the health system.
- UC Davis Medical Center has repeatedly been **named a “Leader in Healthcare Equality” by the Human Rights Campaign Foundation** for creating a safe, inclusive and welcoming environment for LGBT patients and employees.
- UC Davis School of Medicine **offers curriculum and programs in delivering culturally competent care for underserved populations**. Forty percent of incoming first-year medical students in 2017 identify with groups from diverse or under-represented backgrounds.

To learn more, visit health.ucdavis.edu.



Chancellor Gary May, Ph.D. MSS

University of California, Davis

As Chancellor of one of the world's great public research universities, Gary S. May leads UC Davis as it advances its mission in several key areas, including:

- Achieving equal access to education and opportunity for students of all backgrounds
- Building diversity and nurturing success among students, faculty and staff
- Deepening the university's engagement with Sacramento, Davis and the surrounding region
- Conducting useful research and outstanding scholarship in areas of critical need to California, the nation and the world

As UC Davis Chancellor, it is my pleasure to welcome all of you to this year's Northern California Black Physicians Forum.

I am proud that UC Davis Health continues to co-host this important annual gathering with the Sac Cultural Hub Media Foundation. The presenters, discussions and networking at this forum all help to inform, invigorate and reaffirm UC Davis' ongoing commitment to medically underserved and underrepresented populations.

Your focus on drug addiction could not be more timely and relevant, particularly for African American communities.

UC Davis has one of the nation's most diverse populations of medical students, many with a strong interest in primary care for the underserved. Several of our students are attending the forum and looking to connect with African American physicians for advice and inspiration. Such connections can flourish into life-changing mentorships. Some of our medical alumni credit the forum for having met a mentor who became a key contributor to their success.

One of my go-to quotes on the power of mentorship comes from Joycelyn Elders, the daughter of an Arkansas sharecropper who became the first African American to be surgeon general of the United States. She said, "You can't be what you can't see." I know that our students from underrepresented groups will be especially glad to see you, and I know you'll enjoy meeting them.

Thank you for all that you do to serve the underserved and to steer our health care system toward a more socially equitable future.

Gary S. May

Chancellor



Hendry Ton, M.D., M.S.
Interim Associate Vice
Chancellor for Diversity and
Inclusion
The Office of Equity,
Diversity, and Inclusion at
UC Davis Health
University of California,
Davis

Welcome Colleagues!

We are excited to once again support the Black Physician's Forum in partnership with Sac Cultural Hub, whose leadership makes this important event possible. This year's conference title, *Modern Day Drug Addiction In Relation To Health and Poverty in the African American Community*, speaks to the vital importance of addressing the social determinants that contribute to the health of the African American Community. We must examine the impact of bias, poverty, and policy on drug addiction and its treatment, and identify positive approaches that providers and communities can use to transform our systems of care to truly achieve health equity.

We at UC Davis Health are committed to promoting health equity through community building, collaborative research, innovative education, and quality clinical services at a local, statewide, and national level. As leaders and healers in the community, we value our partnership with you. Your voice, perspectives, and actions continue to be the beacon that rally people under the banner of health equity and social justice! I hope we can use this opportunity to have critical dialogues, share great ideas, formulate strategies, and together make the commitment to support improvements on how drug addiction is addressed in the African American Community. We thank you for participating in the Forum and are honored for the opportunity to support this important event.

Warmest regards,

A handwritten signature in black ink that reads "Hendry Ton MD".

Apply Now

**for the Black Physicians Forum
Medical Student Scholarships**

Northern California



E-mail contact@sacculturalhub.com to receive application information.

Discussing Modern Day Drug Addiction In Relation To Health and Poverty in the African American Community

Friday, March 23, 2018 – 5:30 pm to 9:30 pm FORUM SCHEDULE OF ACTIVITIES

UC Davis School of Medicine, Education Building
4610 X Street, Sacramento, CA 95817

5:30 PM	REGISTRATION & RECEPTION Networking & Exhibits, Catered Reception Interviews & Group/Individual Photos
6:30 PM	WELCOME & OPENING REMARKS Pleshette Robertson – CEO/Founder Sac Cultural Hub Media Company & Foundation Ann Madden Rice – Chief Executive Officer University of California, Davis, Medical Center
7:00 PM	SPONSORSHIP ACKNOWLEDGEMENTS
7:10pm	Thomas Hopkins, M.D. – MC/Host Board-certified physician in Internal Medicine
7:15 PM	KEYNOTE PRESENTATION Carl Hart, Ph.D. – Chair of the Department of Psychology at Columbia University. Dirk Ziff Professor of Psychology in the Departments of Psychology and Psychiatry
8:15 PM	PANEL PRESENTATION Olivia Kasirye, M.D. – Public Health Officer, Sacramento County Department of Health and Human Services H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM – Dean’s Executive Professor of Public Health, Santa Clara University, Santa Clara, California Tamu Nolfo, PhD , Principal of Nolfo Consulting, Inc.
9:15 PM	Announcements & Call for Mentors
9:30 PM	THANK YOU / CLOSING REMARKS

*Please submit completed evaluation forms to any
Sac Cultural Hub Media Foundation staff member*

The Sac Cultural Hub Media Foundation is proud to partner with co-presenting sponsor, Office for Equity, Diversity & Inclusion at UC Davis Health School of Medicine on the 8th Annual Northern California Black Physicians Forum (BPF).

Our 2018 Corporate Sponsors, Community Partners, and Scholarship Contributors include:

AFSCME 3299
<https://afscme3299.org>

African American Tobacco Control Leadership Council
www.savingblacklives.org

BBVA Compass
www.bbva.compass.com

Captivating Ladies Acquiring Successful Standards Yearly (C.L.A.S.S.Y.)
www.classybrsonly.org

City of Sacramento – Councilmember Allen Warren – District 2
www.cityofsacramento.org/Mayor-Council/Districts/District2

Coleman Communications
www.michaelpcoleman.com

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leatherwoodmarketing@yahoo.com

Northern California Medical Billing & Coding Institute
www.ncmbci.com

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www.onecommunityhealth.org

Sacramento County Department of Health and Human Services
www.dhhs.saccounty.net

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The Gospel Vine
www.thegospelvine.com

The SOL – Saving Our Legacy, African Americans for Smoke Free Safe Places Project
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UC Davis Office of Campus Community Relations
<http://occr.ucdavis.edu>

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EVENT PROGRAM DESIGNED BY:
Heather Nieman
Tingible Design | www.tingible.com

Forum Leadership Welcome Message | 2018 Black Physicians Forum

Americans have a complicated, confused, and wavering relationship with substance use. The names of substances alone can evoke both positive and negative perceptions among various communities based on the historical context, media portrayal, and criminal policies that have been crafted around them. Valium, crack, heroin, Xanax, marijuana, alcohol, Norco, acetaminophen, nicotine, methamphetamine, Benadryl, disaccharides, Ecstasy, and Lunesta are all substances yet our treatment of them varies greatly. Often the distinctions drawn in association with a substance grapple with the moral beliefs surrounding substance use, views on medical necessity, cultural/behavioral practices, comfort with control or mind altered states, financial benefits, and fear. Substance use distinctions are further compounded by larger social struggles that intersect with substance use such as poverty, age, homelessness, employment, mental illness, discrimination, and law enforcement. Yet there are real beneficial applications, choices, and safety concerns across all substance use. As public health professionals, community advocates, media, business, and policy makers, it is our responsibility to discuss, research, translate, objectively guide, and provide solutions that ensure the public is well informed and maintains the freedoms to make appropriate choices for themselves and our communities.

Sac Cultural Hub Media Foundation welcomes you to the 8th Annual Northern California Black Physicians Forum. The theme this year is 'Modern Day Drug Addiction in Relation to Health and Poverty in the African American Community.' Our keynote speaker and panelists are here to help us take a fresh look at current policy and the considerations ahead necessary to move toward more just and healthy, social, legal, and physical environments that allow African Americans to flourish.

Our challenge to you this year is to determine - What can we do collectively and individually to improve the education, understanding, treatment, and prevention of drug addiction in our communities?

Thank you for joining us as we continue our discussion on topics that improve health equity for African Americans



Pleshette

Pleshette Robertson
CEO & Founder - Sac Cultural Hub
Chief Editor of THE HUB Magazine
President - Sac Cultural Hub Media Foundation



Twlia

Twlia Laster
Strategic Marketing Director
Sac Cultural Hub Media Foundation
Owner - Twlia Makes It Happen!



Valarie

Valarie Scruggs
Program Development Manager
Sac Cultural Hub Media Foundation
Owner - VisionStep

Forum Team Leadership | 2018 Black Physicians Forum



Pleshette Robertson is the CEO and Founder of Sac Cultural Hub and the Chief Editor of THE HUB Magazine. She is also the owner of PR & Associates Business Resources which is an advertisement and promotions agency specializing in providing multi-media advertising, social media marketing campaigns, e-blast ad/website production and consultation to new business and startup organizations. She also serves as the Executive Director for the Sac Cultural Hub Media Foundation and as a Covered California Certified Enrollment Counselor. She holds a B.A. in Business Administration from San Jose State University. Pleshette loves and celebrates her extended family while she is the proud mother of three daughters and also has one grandson.



Vicki Blakely holds a Bachelor of Science degree in Health Care Administration/Management where she worked for various hospitals and clinics throughout Southern and Northern California. Vicki is currently studying for her Master's Degree at Capella University. She also owns "Audacity to Promote" a company that specializes in promoting local community events. She was the promoter for the NAACP R&B Festival in 2011. Vicki joined the staff of Sac Cultural Hub in the Fall of 2009 and is the Administrative Secretary working on special grant projects and activities.



After over 20 years in broadcasting, print media, and public relations, **Michael P. Coleman** relocated from Detroit in 2010 to write the latest chapter in his career: Coleman Communications. He regularly delivers feature articles to a variety of print and online platforms, including Jet Magazine, EURweb.com, and Uptown Magazine. Coleman Communications also provides consultation on brand management, event planning & execution, and fund development/sales to corporations and small businesses. Coleman has earned a Bachelor of Arts with High Honors and Distinction in Communication from the University of Michigan, and he's working on achieving fluency in Spanish.



Twlia Laster is the owner of Twlia Makes It Happen! Consulting Service. Ms. Laster has 20 years of experience in providing consulting services to clients in need of strategic marketing, program development, public relations, event management, health education, and smoking cessation facilitation. For the past eight years Ms. Laster has served as the Strategic Marketing and Project Director for Sac Cultural Hub Media Company directly engaged in increasing overall company revenue by revamping the marketing model, developing programs, solidifying corporate and community partnerships. Additionally, Ms. Laster is the Program Director of The SOL Project, Saving Our Legacy, African Americans for Smoke Free Safe Places, and serves on several public health advisory committees throughout Northern California.



Lesley Leatherwood is the CEO of Leatherwood Marketing, and specializes in national internet marketing and print advertising. She possesses over 20 years of corporate experience, including inside and outside sales, hospitality, public relations, media buying, production assistant in television and four feature films. She is an expert with consulting on promoting, advertising, telemarketing products, events and photography. Lesley is originally from Cardiff Wales, England. Lesley has been with Sac Cultural Hub Media Company since 2008 and serves as the Community Advertising Manager.



Donna Ramos writes several multi-cultural novels simultaneously. Her journalism career as a Senior Staff Writer/Reporter for THE HUB Magazine writes multi-cultural novels and her journalism career as a Senior Staff Writer for THE HUB Magazine has yielded interviews with Maxwell, Venus and Serena Williams and HRH Sarah Ferguson Duchess of York, to name a few. As a self-published author, Ramos received acclaim from Essence Magazine and BlackbookPlus.com for her contemporary romance book "HIGH RISE". "M&M, Madness and Mayhem", the final book in her HIGH RISE Trilogy, was released in 2013.



Valarie Scruggs is the Health Equity Manager at Cares Community Health where she designs programs to reduce health disparities by educating the public on health insurance and managing overall health. She is also owner of VisionStep, a consultant business focused on program development and grant writing. She has 17 years of experience in program planning, securing funding, and implementing effective public health campaigns. She develops strategic alliances to conduct campaigns that increase knowledge and encourage individuals and communities to take action to reduce their risk for disease. She holds a Bachelor of Arts in Social Ecology from University of California, Irvine with an emphasis in Psychology and Social Behavior. Valarie also serves as Program Development Manager for the Sac Cultural Hub Media Foundation.



March 23, 2018

Hello,

As Mayor of the City of Sacramento, it is my honor to welcome you to the 8th Annual Black Physicians Forum at the UC Davis School of Medicine. The City of Sacramento values the work of the Black Physicians Forum and I am pleased to support this year's efforts to help assess health issues impacting African Americans.

This event provides dedicated physicians, medical students, nurses, health providers and residents with valuable resources to address health disparities in the African American community. I commend your commitment to improving access to healthcare services and education as well as addressing social justice issues. These efforts are important, now more than ever, to achieve equity, equality, and a better quality of life.

I would like to commend the organizers and sponsors for their commitment in ensuring equal and accessible healthcare for African Americans is achieved.



Thank you for all that you do in our community and best wishes for a successful event!

Sincerely,

Mayor Darrell Steinberg

Protect kids from menthol!

BIG TOBACCO IS TARGETING OUR KIDS.
Over 70% of African-American youth smokers use menthol cigarettes—due to targeted, decades-long marketing by the tobacco industry. And youth who begin smoking with menthols are more likely to become long-term, addicted smokers.

HERE ARE 5 THINGS THAT YOU CAN DO TO STOP the Predatory Marketing of Menthol AND OTHER FLAVORED TOBACCO PRODUCTS

1. **ENACT LOCAL LAWS AND ORDINANCES** that restrict the sale and distribution of menthol and other flavored tobacco products.
2. **HAVE YOUR COMMUNITY GROUP WRITE DECISION MAKERS** about the problem of menthol and flavored tobacco products. Visit our webpage for a sample letter <http://www.thesolproject.com/campaigns.html>
3. **LET YOUR VOICE BE HEARD!** Attend city council or board of supervisor meetings.
4. **USE SOCIAL MEDIA OUTLETS** to start and continue discussion about the problems with menthol and other flavored tobacco products; post-it on your Facebook page, Tweet, SnapChat it, etc.
5. **JOIN YOUR LOCAL TOBACCO CONTROL COALITIONS.** Menthol products are disproportionately used by African Americans, youth, the LGBT community and people with mental health issues, to mention a few.

Visit our facebook page @SacTobaccoControl

This message is paid for by Sacramento County Public Health



History of Sac Cultural Hub Media Company & Foundation | 2018 Black Physicians Forum

Working to promote the healthy lifestyles of African American and urban communities in Northern California, Sac Cultural Hub Media Foundation (SCHMF) was created in 2003 to develop programs which mentor young adults, women, and underserved communities. The Foundation has implemented programs in partnership with corporations, businesses and individuals to promote higher education, provide entrepreneurship opportunities, further diversity partnerships, and improve and encourage collaborative efforts through exceptional signature events that include:

- **Exceptional Women of Color (EWOC) Networking Brunch Conference**
- **Hub Choice Awards (HCA) Show**
- **Black Physicians Forum (BPF)**
- **BPF Medical Student Scholarship Program**
- **Young Women's Exceptional Women of Color (Y-EWOC) Scholarship Competition**

The mission of the Sac Cultural Hub Media Foundation is to provide exciting non-traditional vehicles of engagement where businesses and non-profit organizations can market services and products and mentor and provide public service information to educate and inspire the urban community. Our primary goal is to motivate and empower African American professionals, communities of color, and youth to thrive and succeed in life.

The Sac Cultural Hub Media Foundation utilizes the Sacculturalhub.com Media Company to connect with the African American and Urban communities of Northern California. Sacculturalhub.com is known as the #1 grassroots multi-media organization in Northern California and



is the most popular resource for networking of businesses, non-profit organizations, community resources, entertainment, and individuals.

Pleshette Robertson, the CEO and Founder of Sacculturalhub.com launched the website in March 2002. The website provides an internet platform for news, multicultural events, career profiles, professional business services, community resources, educational opportunities, corporate advertising, and photo gallery of Northern California residents, visitors, and celebrities. The website currently receives over 2 million national hits each month with over 20,000 unique visitors each month.

In February 2006, Ms. Robertson implemented a signature publication to complement the website. THE HUB: Urban Entertainment & Lifestyle Magazine which caters to affluent urban professionals, working class families and the underserved African American and urban communities. Its mission is to highlight individuals for their community contributions which increases enthusiasm in the community and help others to celebrate what Northern California has to offer.

sac cultural hub
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Northern California
BLACK PHYSICIANS
FORUM 2017

sac cultural hub
urban entertainment

EWOC
EXCEPTIONAL
Women of Color

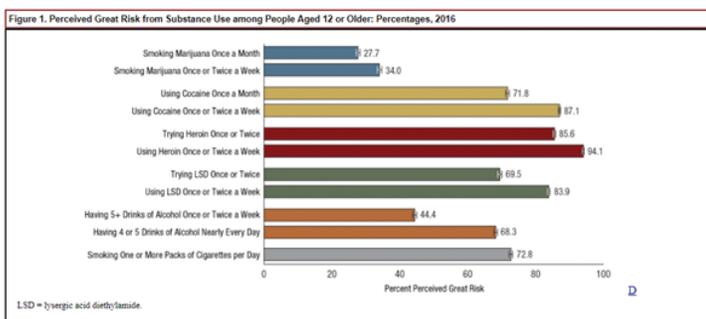
THE HUB
THE URBAN ENTERTAINMENT & LIFESTYLE MAGAZINE

Modern Day Drug Addiction In Relation To Health and Poverty in the African American Community

2018 Black Physicians Forum

A drug is any substance (other than food that provides nutritional support) that, when inhaled, injected, smoked, consumed, absorbed via a patch on the skin, or dissolved under the tongue causes a temporary physiological (and often psychological) change in the body.

The misuse of alcohol, marijuana, over-the-counter medications, illicit drugs, and tobacco affect the health and well-being of millions of Americans. Trauma, poverty, mental illness, and homelessness can all lead to addiction. The African American community has been plagued by these problems including racial and social injustice issues which can intensify drug use and misuse.



Drugs and effects of use

- **Nicotine** is an addictive stimulant found in cigarettes and other forms of tobacco. Tobacco smoke increases a user's risk of cancer, emphysema, bronchial disorders, and cardiovascular disease. The mortality rate associated with tobacco addiction is staggering. Tobacco use killed approximately 100 million people during the 20th century, and, if current smoking trends continue, the cumulative death toll for this century has been projected to reach 1 billion. 48,000 African American die annually from tobacco and tobacco related diseases.
- **Alcohol** consumption can damage the brain and most body organs. Areas of the brain that are especially vulnerable to alcohol-related damage are the cerebral cortex (largely responsible for our higher brain functions, including problem solving and decision making), the hippocampus (important for memory and learning), and the cerebellum (important for movement coordination).
- **Marijuana** is the most commonly abused illegal substance. This drug impairs short-term memory and learning, the ability to focus attention, and coordination. It also increases heart rate, can harm the lungs, and can increase the risk of psychosis in those with an underlying vulnerability.
- **Prescription medications**, including opioid pain relievers (such as OxyContin® and Vicodin®), anti-anxiety sedatives (such as Valium® and Xanax®), and ADHD stimulants (such as Adderall®

and Ritalin®), are commonly misused to self-treat for medical problems or abused for purposes of getting high or (especially with stimulants) improving performance. However, misuse or abuse of these drugs (that is, taking them other than exactly as instructed by a doctor and for the purposes prescribed) can lead to addiction and even, in some cases, death. Opioid pain relievers, for instance, are frequently abused by being crushed and injected or snorted, greatly raising the risk of addiction and overdose. Unfortunately, there is a common misperception that because medications are prescribed by physicians, they are safe even when used illegally or by another person than they were prescribed for.

- **Inhalants** are volatile substances found in many household products, such as oven cleaners, gasoline, spray paints, and other aerosols, that induce mind-altering effects; they are frequently the first drugs tried by children or young teens. Inhalants are extremely toxic and can damage the heart, kidneys, lungs, and brain. Even a healthy person can suffer heart failure and death within minutes of a single session of prolonged sniffing of an inhalant.
- **Cocaine** is a short-acting stimulant, which can lead users to take the drug many times in a single session (known as a "binge"). Cocaine use can lead to severe medical consequences related to the heart and the respiratory, nervous, and digestive systems.
- **Amphetamines**, including methamphetamine, are powerful stimulants that can produce feelings of euphoria and alertness. Methamphetamine's effects are particularly long-lasting and harmful to the brain. Amphetamines can cause high body temperature and can lead to serious heart problems and seizures.
- **MDMA** (Ecstasy or "Molly") produces both stimulant and mind-altering effects. It can increase body temperature, heart rate, blood pressure, and heart-wall stress. MDMA may also be toxic to nerve cells.
- **LSD** is one of the most potent hallucinogenic, or perception-altering, drugs. Its effects are unpredictable, and abusers may see vivid colors and images, hear sounds, and feel sensations that seem real but do not exist. Users also may have traumatic experiences and emotions that can last for many hours.
- **Heroin** is a powerful opioid drug that produces euphoria and feelings of relaxation. It slows respiration, and its use is linked to an increased risk of serious infectious diseases, especially when taken intravenously. People who become addicted to opioid pain relievers sometimes switch to heroin instead, because it produces similar effects and may be cheaper or easier to obtain.

Modern Day Drug Addiction In Relation To Health and Poverty in the African American Community

2018 Black Physicians Forum

- **Steroids**, which can also be prescribed for certain medical conditions, are abused to increase muscle mass and to improve athletic performance or physical appearance. Serious consequences of abuse can include severe acne, heart disease, liver problems, stroke, infectious diseases, depression, and suicide.
- **Drug combinations**. A particularly dangerous and common practice is the combining of two or more drugs. The practice ranges from the co-administration of legal drugs, like alcohol and nicotine, to the dangerous mixing of prescription drugs, to the deadly combination of heroin or cocaine with fentanyl (an opioid pain medication). Whatever the context, it is critical to realize that because of drug–drug interactions, such practices often pose significantly higher risks than the already harmful individual drugs.

Common myths about addiction and use

There are several misconceptions about drug use and addiction. Many are based on what mainstream media and news outlets have reported. Others misconceptions are from actors we see portrayed in movies and television series. Here are a few myths about drug addiction sourced from the Center of Disease Control and Prevention and The National Institute of Drug Addiction:

Addicts Are Easy to Identify

Myths and stereotypes help spread misinformation. The classic stereotype of an addict often includes low socioeconomic background, unemployed, male, Black or persons of color, criminal or immoral activity. Overall, many of these stereotypes are unfounded. As reported by the Centers for Disease Control and Prevention (CDC):

- Rates of use among non-Hispanic whites nearly double that of all other groups combined.
- Rates of women using have been increasing at rates higher than men.
- People making between \$20,000 and \$49,999 are showing rates of use increasing faster than those making less than \$20,000.

The truth is that people addicted to substances exist in every walk of life regardless of gender, sexual orientation, race, ethnicity, employment, or economic status. Addiction is a condition that impacts everyone.

Addicts Can End Use Whenever They Wish

Many people believe that someone suffering from addiction is making the conscious choice to keep using. This misguided view ignores the very definition of addiction. The National Institute on Drug Abuse (NIDA) defines addiction as an enduring condition that triggers the user to compulsively search out and use substances. Often, this use will continue regardless of the repercussions, no matter how unwanted they become. People in addiction often experience loss of friends, jobs, and housing as well as negative physical and mental health effects. The power of addiction perpetuates continued use even despite the repercussions. Another factor that makes quitting more complex is dependence. When someone is dependent on a drug, their body begins to require it to feel and function normally. If the user does attempt to end use, they experience varied levels of physical and mental distress. This is known as withdrawal and it can be extremely uncomfortable and even dangerous, depending on the drug type.

All People that Use Drugs Are Addicted

There is much more to addiction than simply using a drug. Signs of addiction may or may not include:

- Increased conflict and changing relationships.
- Decreased attendance and performance at work or school.
- Changes in sleep and energy levels.
- Loss of interest in previously enjoyed activities.
- Lack of money due to spending more on the substance.
- Legal problems associated with continued substance use.
- Numerous failed attempts to stop using.
- Tolerance (needing more or higher potency to achieve the desired effect).
- Experiencing withdrawal symptoms when not using.

A study funded by NIDA found that within 10 years of first using the drug:

- *About 15% of people that use cocaine become addicted*
- *About 12% of people that use alcohol become addicted*
- *8% of people that use marijuana become addicted*

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If You Can Go to Work, You Are Not Really Addicted

Going to work does not disqualify someone from being addicted to a substance. In fact, many addicts are employed and some are employed in affluent careers.

For many, work is one of the later aspects of functioning to suffer because of the value they put on their jobs for income and social standing. Those who are still able to maintain employment while addicted are often referred to as “high functioning addicts.” This high-functioning status typically degrades over time, however, as the addiction progresses. Addiction does not look the same in every person, and addiction progresses faster in some than others. There is no hard and fast rule that determines whether someone is addicted.

Only “Hard” Drugs are Dangerous

Drugs like heroin, cocaine, and methamphetamine have a reputation for being highly addictive, powerful, and dangerous. These “hard” drugs carry a well-deserved negative connotation because of their perceived risk, but these are not the only dangerous drugs.

Any substance that can lead to addiction and dependence can be dangerous. The effects of these substances can impair judgment, decrease coordination, and bring about unwanted physical and mental health issues. Even a substance that has a low risk of addiction can be very problematic depending on the individual and the reasons for use. For example, alcohol is widely used recreationally and not considered a “hard” drug; however, its dangerous nature is easy to track. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Alcohol is not the only example, though. According to NIDA, marijuana use is related to a number of mental health concerns including:

- Depression.
- Anxiety.
- Psychosis.
- Suicidal thoughts.

You Cannot Be Addicted to a Prescribed Medication

Past assumption was that if your doctor prescribes you a medication, it is completely safe and non-addictive. Unfortunately, this is not true. Many prescribed medications are highly potent and have the potential for abuse and addiction. People can abuse and become addicted to a range of medications including:

- Opioids.
- Benzodiazepines.
- Sleep aids.

- Barbiturates.
- Stimulants like ADHD medication.

Prescription opioids like oxycodone, hydrocodone, and fentanyl are well known to cause addiction. In fact, prescription opioid abuse has now been deemed a national epidemic.

Misusing these drugs such as taking more than prescribed, taking it via alternate methods like injecting or taking it with alcohol leads to greater chances of addiction.



Possible causes of drug misuse among African Americans?

African Americans may be exposed to multiple stressors that can increase their vulnerability to drug and alcohol abuse. Possible causes of substance abuse among African Americans include:

- **Mental illness.** African Americans are more likely than white Americans to have an undetected mental illness and to not receive adequate treatment. African Americans that suffer from an untreated mental illness, such as depression, anxiety, or bipolar disorder, may be at risk of using drugs and alcohol as a way to cope with their illness.
- **Trauma.** African Americans have high rates of exposure to trauma, including experiencing and/or witnessing physical, emotional, or sexual abuse, violence, and crimes. Traumatic experiences can lead to posttraumatic stress disorder (PTSD), a mental health condition that involves severe anxiety. Untreated PTSD is associated with an increased incidence of substance abuse behavior.
- **Access to drugs.** Living in communities where drugs are widely available can put African American youth at risk of experimenting with drugs and alcohol and eventually developing addictions. Communities with few economic and academic opportunities can also contribute to early adolescent drug use.

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- **Crime and violence.** Living in areas marked by crime and violence can cause higher levels of stress and posttraumatic reactions, which can increase the risk for substance abuse.
- **Poverty and homelessness.** Communities that experience poverty tend to have higher rates of drug and alcohol use, especially among men. People living in poverty and those who are homeless are often unable to afford treatment even if they would like to get help. Poverty is also associated with stress and mental illnesses such as depression and schizophrenia.
- **Racism and discrimination.** African Americans are vulnerable to racism and discrimination, which can lead to stress, poor health, and diminished well-being. Some African American adults and children may turn to drugs and alcohol to cope with the stress.

Inequities for African Americans in Relation to Drug Use and Abuse

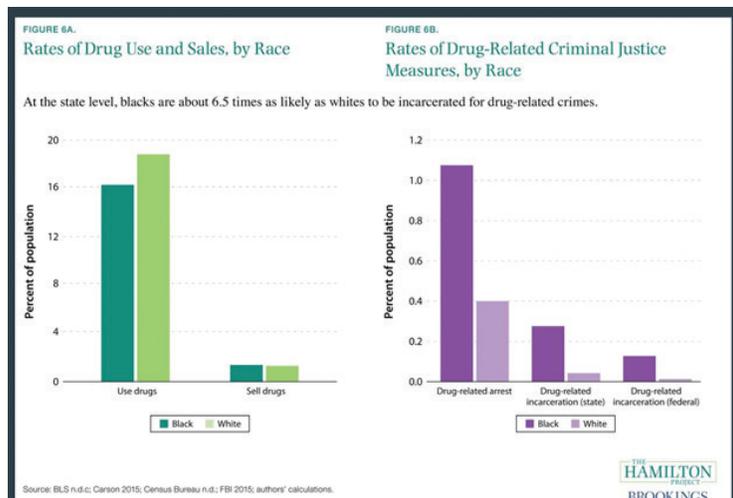
In addition to the general effects of addiction, African Americans may be at higher risk for other consequences. Although African Americans tend to have lower rates of alcoholism than white and Hispanic Americans, those that are addicted to alcohol are more likely to experience serious problems because of their drinking. African Americans who abuse drugs and alcohol may experience:

- Disease transmission. Intravenous drug use can lead to the contraction of HIV, AIDS, and other infectious diseases. African Americans have higher rates of HIV, hepatitis, and tuberculosis due to intravenous drug use.
- Violence. Alcohol abuse is related to higher rates of domestic violence among African American couples.

Health disparities associated with addiction

People who suffer from addiction often have one or more health disparities such as lung or cardiovascular disease, stroke, cancer, and mental disorders. Imaging scans, chest X-rays, and blood tests show the damaging effects of long-term drug abuse throughout the body and research has shown that tobacco smoke causes cancer of the mouth, throat, larynx, blood, lungs, stomach, pancreas, kidney, bladder, and cervix. In addition, some drugs of abuse, such as inhalants, are toxic to nerve cells and may damage or destroy them either in the brain or the peripheral nervous system. Drug addiction can lead to a range of short- and long-term effects such as:

- Physical health problems, including kidney damage, liver damage, heart problems, and cancer.
- Transmission of HIV, hepatitis, and other infectious diseases.
- Mental health problems, such as depression and anxiety.



How can addiction harm other people?

Beyond the harmful consequences for the person with the addiction, drug abuse can cause serious health problems for others. Three of the more devastating and troubling consequences of addiction are:

- **Incarceration.** African Americans are incarcerated due to drug-related offenses at higher rates than other ethnic groups due to institutional bias. African American males make up almost 42% of the prison population and are 8 times more likely to be incarcerated than white American males.
- **Physical health consequences.** African Americans are more likely to develop liver disease, esophageal cancer, pancreatitis, and cardiovascular disease as a result of addiction. African American children also have higher rates of fetal alcohol syndrome, a condition that can occur if a mother drinks while pregnant.

- **Negative effects of prenatal drug exposure on infants and children.** A mother's abuse of heroin or prescription opioids during pregnancy can cause a withdrawal syndrome (called neonatal abstinence syndrome, or NAS) in her infant. It is also likely that some drug-exposed children will need educational support in the classroom to help them overcome what may be subtle deficits in developmental areas such as behavior, attention, and thinking. Ongoing research is investigating whether the effects of prenatal drug exposure on the brain and behavior extend into adolescence to cause developmental problems during that time period.

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- **Negative effects of secondhand smoke.** Secondhand tobacco smoke, also called environmental tobacco smoke (ETS), is a significant source of exposure to a large number of substances known to be hazardous to human health, particularly to children. According to the Surgeon General's 2006 Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, involuntary exposure to secondhand smoke increases the risks of heart disease and lung cancer in people who have never smoked by 25–30 percent and 20–30 percent, respectively.
- **Increased spread of infectious diseases.** Injection of drugs such as heroin, cocaine, and methamphetamine currently accounts for about 12 percent of new AIDS cases. Injection drug use is also a major factor in the spread of hepatitis C, a serious, potentially fatal liver disease. Injection drug use is not the only way that drug abuse contributes to the spread of infectious diseases. All drugs of abuse cause some form of intoxication, which interferes with judgment and increases the likelihood of risky sexual behaviors. This, in turn, contributes to the spread of HIV/AIDS, hepatitis B and C, and other sexually transmitted diseases.
- **Lack of knowledge about services.** Some members of this group may be unaware of the types of treatment programs available in their communities. In fact, a survey in the 1990s found that African Americans were more likely to go to their general practitioners than mental health specialists for this type of treatment. Understanding the different treatment and recovery options available can help African Americans struggling with addiction find the right program.
- **Lack of Health Insurance.** Cost. Being unable to afford treatment and not having access to health insurance can be significant barriers to getting help. Fortunately, the costs of treatment can be managed in different ways. Most insurance policies don't separate drugs into "covered" and "non-covered" categories. If addiction treatments are considered a covered benefit, then care is provided to anyone who has an addiction, regardless of what that addiction is caused by. This is the same model health insurance programs use in order to treat other medical conditions. Unfortunately, as the Affordable Health Care Act (AHCA – aka Obama Care) is being dismantled, many African Americans who currently have coverage under this program may not be able to access benefits and will not be able to seek the care they need.

Barriers African Americans Face to Treatment

African Americans may be less likely than other cultural groups to seek substance abuse and mental health treatment. The following barriers may prevent this cultural group from getting help.

- **Failure to recognize the signs of addiction and mental illness.** Many Americans simply do not know the symptoms of addiction and mental illness. They may acknowledge the problem, but they may deny that the problem is serious or choose to ignore it.
- **Stigma.** Like many Americans, African Americans may attach a stigma to addiction and mental illness. These types of problems may be associated with weakness, poor judgment, or a lack of control over behavior. This stigma can lead to guilt and shame, which may deter people from getting help.
- **Distrust.** African Americans have a history of racial inequality and discrimination that has led to a distrust of public and government policies. This distrust may also extend to healthcare agencies, leading people to avoid seeking services. African Americans may feel more comfortable seeking help from family members, spiritual or religious leaders, or members of the same cultural group.
- **Lack of childcare.** African Americans may be unable to seek treatment because of family responsibilities and the high costs of childcare. This is especially true for single-parent households. A portion of treatment programs do offer childcare, making it easier to balance getting help with managing family responsibilities.

Culturally Competent Care

Culturally competent treatment takes into account African Americans' unique backgrounds and struggles. Culturally competent addiction treatment also involves an awareness and understanding of how cultural factors impact a person's drug and alcohol use and recovery. Cognitive behavioral therapy (CBT) is one type of treatment that has shown to help African Americans. This approach focuses on developing a collaborative relationship between therapist and client, understanding the connection between a person's thoughts, feelings, and behaviors, and developing healthy coping strategies and relapse prevention skills. In addition to traditional addiction treatment, African Americans may benefit from one or more of the following:

- **Religion and spirituality.** Religion and spirituality are important parts of the lives of many African Americans. Incorporating religion into treatment may help this group get more out of their program.



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- **Family support.** Family relationships can be a source of support for African Americans. Relationships tend to suffer during addiction. However, African Americans are more likely to stay connected with family members even while using drugs and alcohol. Family may be incorporated into treatment by having them participate in therapy sessions and recovery meetings. African American family members often step in to co-parent or become the guardian for children.
- **Employment assistance.** Unemployment can be a significant stressor that may increase the risk for relapse. Providing job training and assistance can be helpful for people that are unemployed.
- **Housing assistance.** Homelessness is a significant stressor that ought to be addressed in treatment. People that are homeless may need assistance finding and applying for government-funded housing.

How neuroscience, physicians and healthcare professional can partner to inform policy

Tens of thousands of Americans die from drug overdoses every year and the number has been steadily climbing for at least the last decade, according to the National Institute on Drug Abuse. Stanford neuroscientists, legal scholars and Dr. Carl Hart, this evenings keynote presenter; all argue that the nation's drug policies are the opposite from what science-based policies would look like.

Drugs are self-administered because they make people feel "high" in terms of mood, alertness and wellbeing. Most of the changes

associated with drug use are immediate—often much faster than comparable changes produced by naturally occurring stimuli. The rapid action of most drugs on brain reward mechanisms accounts for their attraction. While many physiological activities such as exercise, sex and eating can release neurotransmitters such as dopamine and produce pleasure or rewarding experiences, drugs tend to produce very high levels of reward neuro transmitters such as dopamine. Research suggests this rapid release of reward-inducing experiences is a significant part of the transition

“Neuroscience is the study of brain mechanisms from genetic and molecular mechanisms to psychological processes and clinical conditions. Neuroscience provides important insight into models of brain disorders and the integrative structure of the brain, and a growing understanding on regional brain interactions and connectivity.”

from exploratory, to regular then addiction. For example, tobacco smokers usually have to develop tolerance to the unpleasantness of filling their mouth and lungs with smoke before getting the “benefits” of nicotine. Some psychedelic drugs can be horrible during the “trip” but leave many users feeling much better afterwards, often for months or years. Following regular use of potent drugs (e.g., alcohol, opioids, cocaine, etc.) there can be serious negative side effects such as withdrawal and craving following the cessation of the drug use. The complex interactions among the nature, sequence and duration of the positive effects and negative effects of the common drugs of abuse appear to account for their appeal and their “addictive” qualities. (Nutt D, McLellan AT. Can neuroscience improve addiction treatment and policies? Public Health Reviews. 2014;35).

Neuroscience can help shape more effective drug policies and save lives. However, different-looking brains tell us nothing about who these people are, what their lives are like, why they do or do not use drugs, or what effects drugs has had on them. Brain scan use will not predict who people will become, or what their lives will be like in the future. Therefore, collective efforts are needed to “tell the story”.

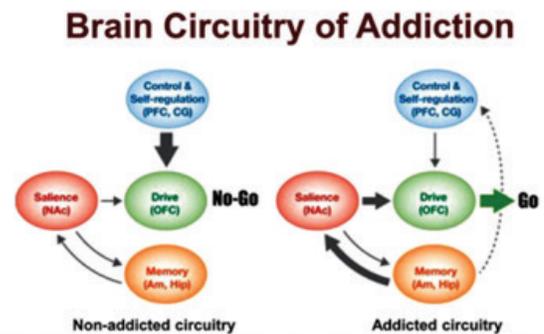


Fig. 1. Brain Processes Underpinning Drug Use and Addiction. Model of addiction as a result of chronic substance use within independent and overlapping circuits of the brain. Compared with the non-addicted circuitry (left), the salience value of a drug (red) and its associated cues (orange) becomes exaggerated in the addicted circuitry (right). The strength of inhibitory control is weakened (blue), together with unrestrained motivation/drive (green). This results in compulsive substance use and recurrent relapse in addiction.
Source: Based on Volkow, et al. 2012.²⁹

Despite the social and economic costs, this is a time of great opportunity. Ongoing health care and criminal justice reform efforts, as well as advances in clinical, research, and information technologies are creating new opportunities for increased access to effective prevention and treatment services. The Surgeon General's Report on Addiction reflects commitment to leverage these opportunities to drive improvements in individual and public health related to substance misuse, use disorder, and related health consequences.

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Many factors contribute to a “treatment gap,” including the inability to access or afford care, fear of shame and discrimination, and lack of screening for substance misuse and substance use disorders in general health care settings. Further, about 40 percent of individuals who know they have an alcohol or drug problem are not ready to stop using, and many others simply feel they do not have a problem or a need for treatment¹—which may partly be a consequence of the neurobiological changes that profoundly affect the judgment, motivation, and priorities of a person with a substance use disorder

There is no single solution. Our community needs physicians, public health and health care professionals to advocate and educate on their behalf. Implementation of a harm reduction drug education campaign that models alcohol and tobacco is worthy of consideration. We need more policies and programs that increase access to traditional proven and other effective non-traditional treatment modalities. The United States and its healthcare professional need to partner in investing in expanding the scientific evidence base for prevention, treatment, and recovery. We also need a cultural shift in how we think about addiction. For far too long, too many in our country have viewed addiction as a moral failing. This unfortunate stigma has created an added burden of shame that has made people with substance use disorders less likely to come forward and seek help. It has also made it more challenging to marshal the necessary investments in prevention and treatment. We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer.

***“The No. 1 thing we have to do is think ...
There are serious consequences to people for
exaggerating the effects of drugs.” – Dr. Carl Hart***

Resources:

1. Surgeon Generals Report of Addiction 2017: <https://addiction.surgeongeneral.gov/supplementary-materials>
2. Substance Abuse and Mental Health Administration Indicators Report 2017 : <https://www.samhsa.gov/samhsa-data-outcomes-quality/major-data-collections/reports-detailed-tables-2016-NSDUH>
3. DrCarlHart.com

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Dr. Thomas Hopkins**
Board-certified physician
in Internal Medicine
and Chief Medical
Correspondent for
KCRA-3 in Sacramento

Master of Ceremonies Dr. Thomas Hopkins

is a board-certified physician in Internal Medicine who is in private practice in Sacramento, California, and has been a practicing physician for over 23 years. He is a practicing physician affiliated with Sutter Independent Physicians, and Hill Physicians Medical Group. He has served in several leadership positions within the community and local hospitals. He serves as Chairman of the Board for, and Associate Medical Director for Sutter Independent Physicians, an organization of more than 500 independent practicing physicians in the Sacramento region. Dr. Hopkins has an authentic and genuine interest in improving patient education, increasing health screening and improved access to basic health care services, and maximizing preventive strategies to preserve health and reduce disease. His areas of expertise include bariatric medicine, including a keen interest in Men's Health issues. He is a clinical provider in the Sutter Weight Management Institute, and sees more than 150 bariatric patients per month. He is also involved in the evaluation and screening of potential patients presenting for weight loss surgery.

Dr. Hopkins is the Medical Director for Cardiac Rehabilitation and Wellness, Employee Health Services, and Blossomridge Home Health and Hospice. Dr. Hopkins also serves as the Chief Medical Correspondent for KCRA-3 in Sacramento, an NBC-affiliate television station where he delivers television broadcasts on current issues relevant to health and medicine.



**Keynote Speaker
Dr. Carl Hart**
Chair of the Department
of Psychology at
Columbia University.
He is also the Dirk Ziff
Professor of Psychology
in the Departments of
Psychology and Psychiatry

Keynote Speaker Dr. Carl Hart

Carl Hart is the Chair of the Department of Psychology at Columbia University. He is also the Dirk Ziff Professor of Psychology in the Departments of Psychology and Psychiatry. Professor Hart has published numerous scientific and popular articles in the area of neuropsychopharmacology and is co-author of the textbook *Drugs, Society and Human Behavior* (with Charles Ksir). His most recent book, "High Price: A Neuroscientist's Journey of Self-Discovery That Challenges Everything You Know About Drugs and Society," was the 2014 winner of the PEN/E.O. Wilson Literary Science Writing Award. Professor Hart has appeared on multiple podcasts, radio and television shows including *Real Time with Bill Maher* and *The O'Reilly Factor*. He has also appeared in several documentary films including the award-winning "The House I Live In." His essays have been published in several popular publications including *The New York Times*, *Scientific American*, *The Nation*, *Ebony*, *The Root*, and *O Globo* (Brazil's leading newspaper).

He has won numerous awards including Columbia University's Presidential Teaching Award and the Humanitarian Award from Mothers Against Teen Violence. The city of Miami issued a proclamation declaring February 1, 2016 "Dr. Carl Hart Day."

Prof. Hart has testified before the United States Congress and in State and Federal courts as an expert witness on the effects of psychoactive drugs. He serves on multiple national and international committees and boards. Prof. Hart is frequently invited to lecture around the globe; he has lectured in Africa, Asia, Europe, and both North and South America.

Dr. Hart states, "...science should be driving our drug policies, even if it makes you uncomfortable."



Dr. Olivia Kasirye received her medical degree in Uganda in 1988 and moved to the US. She completed a master's degree in epidemiology at UC Davis in 2003, and a residency in Public Health and Preventive Medicine, through the California Department of Public Health in 2004. Dr Kasirye started working in Sacramento County, Public Health, and held several positions as Disease Controller and Maternal and Child Health Medical Director. In 2009, she was appointed Public Health Officer for El Dorado County and worked on several initiatives. In 2012, she returned to Sacramento County as the Public Health Officer. As Health Officer, she provides medical expertise and public health oversight on a variety of community-wide public health issues impacting County residents. She works with local healthcare providers and community stakeholders on public health program and policy issues. Dr Kasirye believes that community engagement is crucial to successful public health programs and is involved in several community initiatives addressing chronic disease, STD control and health disparities. Dr. Kasirye is board certified in Public Health and Preventive Medicine.



Dr. H. Westley Clark is currently the Dean's Executive Professor of Public Health at Santa Clara University in Santa Clara California. He is formerly the Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Service, where he led the agency's national effort to provide effective and accessible treatment to all Americans with addictive disorders. Dr. Clark was also the former chief of the Associated Substance Abuse Programs at the U.S. Department of Veterans Affairs Medical Center in San Francisco, California and a former associate clinical professor, Department of Psychiatry, University of California at San Francisco (UCSF). Dr. Clark served as a senior program consultant to the Robert Wood Johnson, Substance Abuse Policy Program, a co-investigator on a number of the National Institute on Drug Abuse-funded research grants. He worked for Senator Edward Kennedy as a health counsel on the US Senate Committee of Labor and Human Resources.



Dr. Tamu Nolfo is a developmental psychologist and thought leader who brings expertise and lived experience in communities facing inequities to bear in her pursuit of social justice through institutional and systems change. For over twenty years, she has been engaged in power building efforts that synergize resources, facilitate equity-oriented decision making, and turn advocacy into outcomes. By prioritizing planning, research and evaluation practices that maximize stakeholder engagement, coalition building and strategic partnerships, Dr. Nolfo has confronted the social determinants of health at the community, state and national level. These efforts have been aided by her networks which include the Robert Wood Johnson Foundation and American Leadership Forum, of which she is a senior fellow. Dr. Nolfo currently serves the California Department of Public Health's Office of Health Equity, where she has been instrumental in developing and implementing the inaugural California Statewide Plan to Promote Health and Mental Health Equity.



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Karen Hart, M.D. is a board certified family physician and healthcare delivery innovator. After a decade of work in the managed care system, which she feels “put too much emphasis on the bottom line and shortchanged patients,” Dr. Karen Hart opened her unique medical practice in 2009. Her model combines traditional and alternative medicine. Dr. Hart is passionate about serving patients of all economic means. She assists the uninsured and small business owners with an innovative membership plan that provides access to her primary care services and a network of specialists. She has gone one step further by opening her heart and her practice to homeless women referred by a local organization that helps them regain a productive role in society. A graduate of the University of Iowa Roy J and Lucille Carver College of Medicine, Dr. Hart’s work has been featured on CNN, KCRA, News10, Hearst Corporation national news and the Sacramento Bee. She is a Diplomat of the American Board Family Medicine and currently sits on the Advisory Board of Sure Safe Pharmaceuticals. A California native, she enjoys golf, tennis and cooking and is the proud mother of three girls.



Monica Crooks, D.D.S. was raised in the USAF, where her dad served our country for 28 years and she was blessed with the opportunity to live all over the US as well as in many other countries, finishing High School in Japan and college in Scotland. Fluent only in English, Dr. Crooks can get by in Japanese, Spanish and German. Education was huge in her youth. Dr. Crooks’ parents taught that education is the ticket to self-sufficiency and financial independence and she is glad that she listened. Dr. Crooks has been in private practice as a general and cosmetic dentist for 20 years here in Sacramento. Having attended UCLA School of Dentistry and completed a General Practice Residency at David Grant Medical Center, Dr. Crooks loves her profession because modern technology has given dentistry the ability to do nearly miraculous things with anyone’s smile. She loves the sense of accomplishment that comes from making an unattractive smile, suddenly gorgeous. Even more, Dr. Crooks love the tears of joy and the hugs of gratitude that she gets from her happy patients!



Darryl Hunter, M.D. received his medical degree from the Uniformed Services University in 1988 and completed his radiation oncology residency at U.C. San Francisco in 1993. Dr. Hunter has served as an active duty Air Force physician for 17 years before joining Kaiser Permanente in 2005. Dr. Hunter participates in community service projects and considers it an obligation of good citizenship. He serves as a member of the Sacramento Community Cancer Coalition where 11 independent community-based organizations are committed to improving access to free cancer testing for underserved. He also serves as a member of the Sacramento Community Veterans Alliance where civic leaders, veteran service organizations and government agencies work to connect veterans to service-connected benefits. Dr. Hunter also participates in activities under the Dr Ernest and Arthella Hunter Foundation, Inc. which provides scholarships for physicians committed to improving access to cancer care for those in underserved communities.



Glenn A. Middleton, D.D.S. was born and raised in San Francisco, California. He received a B.S. in Zoology from the University of California, Davis, and then received a D.D.S. from the University of California, San Francisco. Dr. Middleton completed a post-doctorate program in prosthetics at the Stanford University Medical Center and the Veteran’s Administration Hospital in Palo Alto, California. He provided care for the Head and Neck Oncology Unit and the Spinal Rehabilitation Department as well. Since 1992, he has maintained a private practice in restorative dentistry in Sacramento, California. Dr. Middleton has traveled abroad to provide dental care for the impoverished in Belize, Cuba and the Philippines. He is a member of the American Dental Association, the California Dental Association, the Sacramento District Dental Society, and is the current president of the Sacramento Chapter of the National Dental Association.



William Jahmal Miller Wm. Jahmal Miller is the Director of Corporate Reputation & Thought Leadership with San Francisco-based Blue Shield of California’s External Affairs Division. He plays a major role in leading, creating and executing cutting-edge communication and engagement strategies and is charged with positioning the Blue Shield as a leader on health reform, achieving business goals and advancing the organization’s mission to make healthcare accessible and affordable to all Californians. Miller is recognized as a national thought leader and leading spokesperson on issues pertaining to public policy, health equity, public & mental health, external affairs, social justice, innovation, branding and strategic communications. Miller is a graduate of Columbia University in New York City, with a Bachelor of Arts (BA) degree in Psychology. He also holds a Master of Health Administration (MHA) degree from the University of Southern California. In May 2016, Western University of Health Sciences conferred an Honorary Doctorate in Humane Letters (DHL) to Miller.



Chet P. Hewitt, is the President and CEO of Sierra Health Foundation in Sacramento, California. Since joining the foundation in 2007, Chet has focused the foundation’s grantmaking on health promotion, access, and disparity interventions that target youth and other vulnerable populations. Prior to joining Sierra Health, Chet served as the director of the Alameda County Social Services Agency, associate director with the Rockefeller Foundation in New York, and as a program director at the Center on Juvenile and Criminal Justice in San Francisco. In addition to his work, Chet enjoys cycling and gardening. However, his greatest joy is time spent with his wife, Laura, and their two young sons, Chet II and Stephan. William Jahmal Miller serves as the National Communications Manager with Kaiser Permanente’s Program Offices - Community Benefit. Most recently served in Kaiser’s Central Valley Service Area, where he was Manager for Government & Community Relations within the Public Affairs Division. Mr. Miller previously provided overall management of for Sutter Health as Manager for Strategic Marketing & Communications. Prior to that, he was the Program Manager for Sutter Children’s Hospital at Sutter Medical Center, Sacramento. He is a board member of the CA Child Care Referral and Resource Network. The following are additional volunteer boards where he serves - American Diabetes Association, Safehaven Ministries, Bloodsource Advisory & Ronald McDonald House Charities. Mr. Miller recently completed an Executive Fellowship with the Nehemiah Emerging Leaders Program in conjunction with the American Leadership Forum & CORO. He completed his undergraduate work at Columbia University, and his graduate work at the University of Southern California.



Dr. Darin A. Latimore, M.D. is Deputy Dean for Diversity and Inclusion at Yale School of Medicine (YSM). He is establishing a comprehensive plan for furthering diversity, equity, and inclusion at YSM, including a robust recruitment, development, and retention program for faculty, students, and staff. Dr. Latimore is the former Associate Dean of Medical and Resident Diversity at UC Davis, where he helped to raise the diversity of qualified medical students to 43% coming from African-American, Hispanic, Native American, Asian-American and economically disadvantaged backgrounds. He is active on numerous task forces and local, state and national work groups dedicated to equity and medical education. He also maintains a clinical practice.

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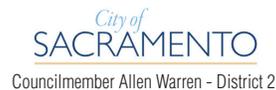
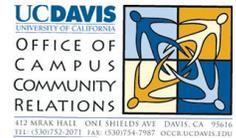
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