



This year's 2021 annual Bristol Myers Squibb Foundation Grantee Summit brought together our partners and colleagues from across the globe to share lessons learned, explore challenges and innovative solutions in cancer, cardiovascular, and immunologic care delivery for medically underserved population, and hear from national and international experts on health equity. With our theme of "Reimagining a More Equitable Future Together", our attendees had the opportunity to join an interactive keynote with Dr. Olajide (Jide) Williams of Hip Hop and Public Health, a Q&A session on COVID-19 and health equity with Dr. Marcella Nunez-Smith, co-chair of President Biden's COVID-19 advisory board, in addition to therapeutic area specific programming, national policy update, virtual poster session, and TED-style talks.

"The closer you are to the problem, the closer you are to the solution"

Dr. Jide Williams, the founder and board chair of Hip-Hop Public Health and a renowned tenured Professor of Neurology at Columbia University outlined how health inequity for Black Americans is rooted in slavery, the effectiveness of children as intergenerational knowledge vectors, and the importance of health literacy by leveraging arts, music, and science in a multisensory multilevel health education model to address social determinants of health. He incorporated examples of engaging hip-hop public health literacy videos his team developed with SUCCEs in mind (Simple, Unexpected, Concrete, Credible, Emotional Stories) on topics such as salt/sugar intake, dementia, colon cancer, COVID vaccines, and stroke awareness. Dr. Williams, the "Hip Hop Doc", ended his keynote emphasizing how critically important it is to engage the communities we work to co-create solutions to health inequities and reminded us all to see past our work agendas and observe the humanity of the patients in front of us.

"Change occurs at the speed of trust"

In our Fireside Chats, our panelists discussed ways to dismantle structural racism:

1. Dr. Lauren Smith (CDC Foundation) asked us to reckon and acknowledge both our personal and organizational relationship with structural racism in order to systematically rethink and redesign our habits, assumptions, standards/criteria, indicators of success, such as economic viability or measurements of scholarship, etc. We have to approach these conversations with patience, openness, teaching attitude, and cultural humility.
2. Dr. Jide Williams (Hip-Hop Public Health) reflected on his own experience in leadership roles and communicated how powerful the simple presence of having diverse and inclusive members at the table can force accountability.
3. Dr. Eduardo Sanchez (American Heart Association) emphasized the ability of language to simultaneously act as a trigger or unify/build trust depending on the audience. Practice patience because just like community health equity work, long lasting organizational change occurs at the speed of trust.

4. Joy Lewis (American Hospital Association) challenged us to think about how we sustain the momentum to embed our efforts within the organization's DNA and that we need to hold our leaders and one another accountable and commit to the long-term work.
5. Patti Doykos (Bristol Myers Squibb) shared that we need to move away from measuring activities and to seek change and impact that is defined and designed by the community. We must listen and understand how our communities define success and meaningful change.

Community Partnerships – the key to successful health equity work

As the day progressed into a riveting TED talk by Dr. Sora Park Tanjasiri, and several grantee presentations during our panel, it quickly became evident that intentional and thoughtful community partnerships are central to successful health equity work. As Dr. Tanjasiri described her team's innovative hub and spoke model of coordinated care, we heard her message loud and clear: we need to actively move collaborative efforts outside of the silo of healthcare and bring it within communities.

Moderated by Shonta Chambers, Patient Assistance Foundation, we heard several grantee partners present on a panel on "Lifting Voices & Mobilizing Communities". At Yale Cancer Center, Beth Jones and Sakinah Suttiratana created a Community Action Network that recruited voices living in opportunity neighborhoods as literacy/messaging consultants to reduce the research-to-practice gap. Jalissa Powell at the American Heart Association centered her presentation on the idea of "Co-Create, Co-Develop, Co-Own" and stressed tactics to create accountability and ways to respect and value their partners' time. At Case Western, Erika Trapl and her team continue to work hand-in-hand with barbers to help address the health needs of the *whole* man by turning barbershops into community navigation hubs that respect the autonomy and choice of the patrons. In the Latinx population, Angel Tapia from the Global Healthy Living Foundation worked to address misinformation by having weekly meetings with their patient leaders centered around building authentic cultural interpretations, identifying preferred communication tools (such as Whatsapp), and empowering patients to self-advocate. At GO2Foundation for Lung Cancer, Kathy Levy described how they use a Community Health Advisor model to meet people where they are by offering services and information at a variety of locations and at nontraditional times. Although these projects spanned different therapeutic areas, geographic areas, and patient populations the one thing they all had in common that guaranteed success was keeping the community at the center of their work by integrating their voices into the design and implementation of the program.

Our first conference day was wrapped up with a national policy brief by the director of Harvard's Center for Health Law and Policy Innovation, Robert Greenwald. He spoke of the policies created during the Trump administration, what action the Biden administration has taken to date, and notable legislative and judicial battlegrounds to pay attention to in the coming months including the Build Back Better reconciliation bill, CVS vs. Doe, and Kelley vs. Becerra.

For the second conference day, attendees broke out into therapeutic area specific tracks to foster more intimate and relevant conversations. We invited expert faculty to share their perspective of the healthcare landscape and to moderate our grantee presentations across lung cancer, pan-cancer, cardiovascular disease, and immunology. These disease specific tracks allowed attendees to discuss their progress, share moments of success and advise on pitfalls to avoid. We closed the second day with a virtual poster Q&A session discussing lessons from our partners in engaging with their communities during COVID-19. The small breakout tracks and interactive Q&A session allowed for organic networking and interactions in the virtual environment.

On the third and final conference day, we invited our Global Cancer Disparities - Africa grantee partners to present in three concurrent panels: Cancer Equity Across the Globe, Registries/Data Tracking Healthcare Disparities, and Rural Health Disparities.

Marching for and Towards Equity

“I hold deep gratitude to the grantees gathered here today who are doing the work on the frontlines, marching for and towards equity. The work is always hyper local, rolling up the sleeves, showing up every time, building and maintaining trust, sharing power, humbling oneself, recognizing and honoring the expertise of the community”

We had the honor of welcoming Dr. Marcella Nunez-Smith, Chair of the Presidential COVID-19 Equity Task Force, for a Q&A session. Dr. Nunez-Smith started the session by describing the origins of the United States’ inequitable response to the global pandemic: “It took centuries of intentionality to get the state of structurally supported health inequities we are in today. We can see and predict the impact of those most affected by any public health crisis simply by overlaying redlined districts”. She quickly shifted into how to ensure actionable and sustainable change by calling to action our grantees to be trusted messengers: “It takes people who are already trusted and trustworthy to be in conversation with communities that have every reason to be skeptical [and] concerned of the scientific community and healthcare institutions to [combat misinformation](#) and leading with positivity to connect people with information that is reliable”. In line with the rest of the conference, Dr. Nunez-Smith ended the Q&A reminding us how key the community is to the success of our public health equity work: “We really need to elevate the voices and expertise of the communities that have been most affected. Engage deeply with communities - Share power, share decision making, be in the spirit of co-design/execution at every step across all sectors”.

Thank you!

We want to extend our deepest gratitude to all our colleagues and partners for taking the time to attend and present at this year’s summit, as well as a special thanks to all the staff at Bristol Myers Squibb Foundation and National Network of Public Health Institutes for creating a seamless virtual experience. We hope to welcome everyone safely back next year in an in-person format. Stay tuned for more details as we plan for the next summit!