



Per NIH, the report should include (1) the grant number; (2) the title, date, and place of the meeting; (3) the name of the person shown on the application as the conference director, principal investigator, or program director; (4) the name of the organization that conducted the meeting; and (5) a list of the individuals who participated as speakers or discussants in the formally planned sessions of the meeting and their institutional affiliations. Copies of proceedings or publications resulting from the meeting, including items (1) through (5) listed above, may be substituted for the final progress report, with approval of the NIH awarding uni

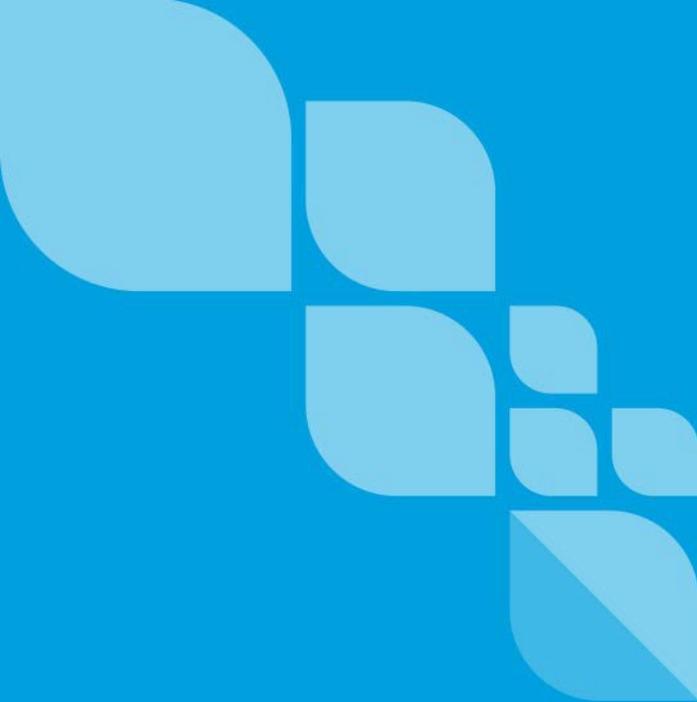
## R13 Conference Evaluation

**Grant Number:** 1R13MD012760-01

*“Managing Health Disparities/Advantages in a Racially Ambiguous Population: Beyond OMB Race/Ethnic Categories for Population Health”*

**Adventist Health White Memorial  
November 7-8, 2019**

Please contact Lisa Montell ([montellm01@ah.org](mailto:montellm01@ah.org)), Adventist Health Marketing and Communication with any questions or comments



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## Executive Summary

### **Grant Number:**

1R13MD012760-01

### **Title, Date and Place of Meeting:**

“Managing Health Disparities/Advantages in a Racially-Ambiguous Population: Beyond OMB Race/Ethnic Categories for Population Health”

November 7 and 8, 2019

Adventist Health White Memorial

1720 E Cesar E Chavez Ave. Los Angeles, CA, 90033

### **Principal Investigator(s):**

Hector Flores (contact) David E Hayes-Bautista

### **Organization Conducting Meeting:**

Adventist Health White Memorial

### **List of Individuals:**

#### **Conference Steering Committee:**

David Hayes-Bautista, Hector Flores, Mary Anne Chern, Erasmo Cortez, Seira Greenwood, Michael Jordan, Mara Bryant, Grace Hauser, Claudia Kanne



## **Speakers and Affiliations:**

Andrew Jahn, President, Adventist Health Southern California Region

Michael Yudell, PhD, MPH Associate Professor and Chair, Community Health and Prevention at Drexel University Dornsife School of Public Health

Jennifer Lucido, MA Lecturer in the School of Social, Behavioral & Global Studies California State University, Monterey Bay

Edward Telles, PhD Professor of Sociology, UCSB Member, American Academy of Arts and Sciences

Keosha Partlow, PhD, MPH Director, Urban Health Institute Charles R. Drew University of Medicine and Science

Cynthia Gonzalez, MPH, PhD Assistant Professor, MPH Program in Urban Health, College of Science and Health; Charles R. Drew University of Medicine and Science

Paul Hsu, MPH, PhD Adjunct Assistant Professor, UCLA Fielding School of Public Health

Erica Lubliner, MD, community member

Mithi del Rosario, community member

Andrew Lewis, community members

Mara Bryant, MBA Operations Executive, AHWM

Kevin Terraciano, MA, PhD Professor of History; Director, Latin American Institute, UCLA

Robert Chao Romero, PhD., J.D. Assistant Professor, César E. Chávez Department of Chicana and Chicano Studies, UCLA

Gloria Santamaria, MSN, RN, community member

Michelle Burton, MBA, MALC, PhD-c, student

Dean Odle, community member

Apurva Shah, MPH, MBBS Operations Executive, AHWM Clinical Performance Improvement: Surgery, Cardiology, Pathology & Clinical Quality, AHWM

Esteban Burchard, MD, MPH Professor of Pharmaceutical Sciences, Bioengineering & Therapeutic Sciences and Medicine

## Executive Summary:

Transcripts of the conference have been submitted

## Quantitative and Qualitative Evaluation:

A brief, quantitative survey was conducted among attendees of a conference held at Adventist Health White Memorial on November 7 and 8, 2019 in order to gather attendee feedback on the event. Qualitative comments were elicited.

- Paper-based questionnaires (*see Appendix, p. 12*), designed by Adventist Health research professionals, were included in attendees' conference packets.
- A total of 40 attendees participated in the study.
- The margin of error for a sample of this size is +/- 13% within a 95% confidence level.
  - Based on the small sample size and large margin of error, the information in this report should be considered qualitative, or directional in nature.

## Executive Summary (continued)

### Key Findings:

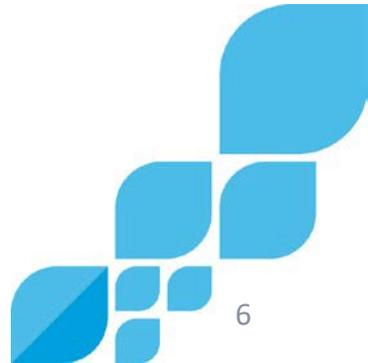
1. Overall conference rating: All survey respondents rated the conference favorably, to some extent. 36 of 40 (90%) rated it as “excellent.” The remaining four (10%) rated it as “very good.”
2. Specific aspects of conference: All aspects of the conference logistics were rated as “good,” “very good” or “excellent.”
3. Additional aspects of conference: All respondents indicated that they found the conference thought-provoking and stimulating. A majority also felt that sufficient time was allowed for discussion, and that the conference met their expectations.
4. Reported benefits of attending: Attendees were most likely to cite the opportunity to acquire new knowledge or skills, or to share experiences as benefits of attending.

## Detailed Findings

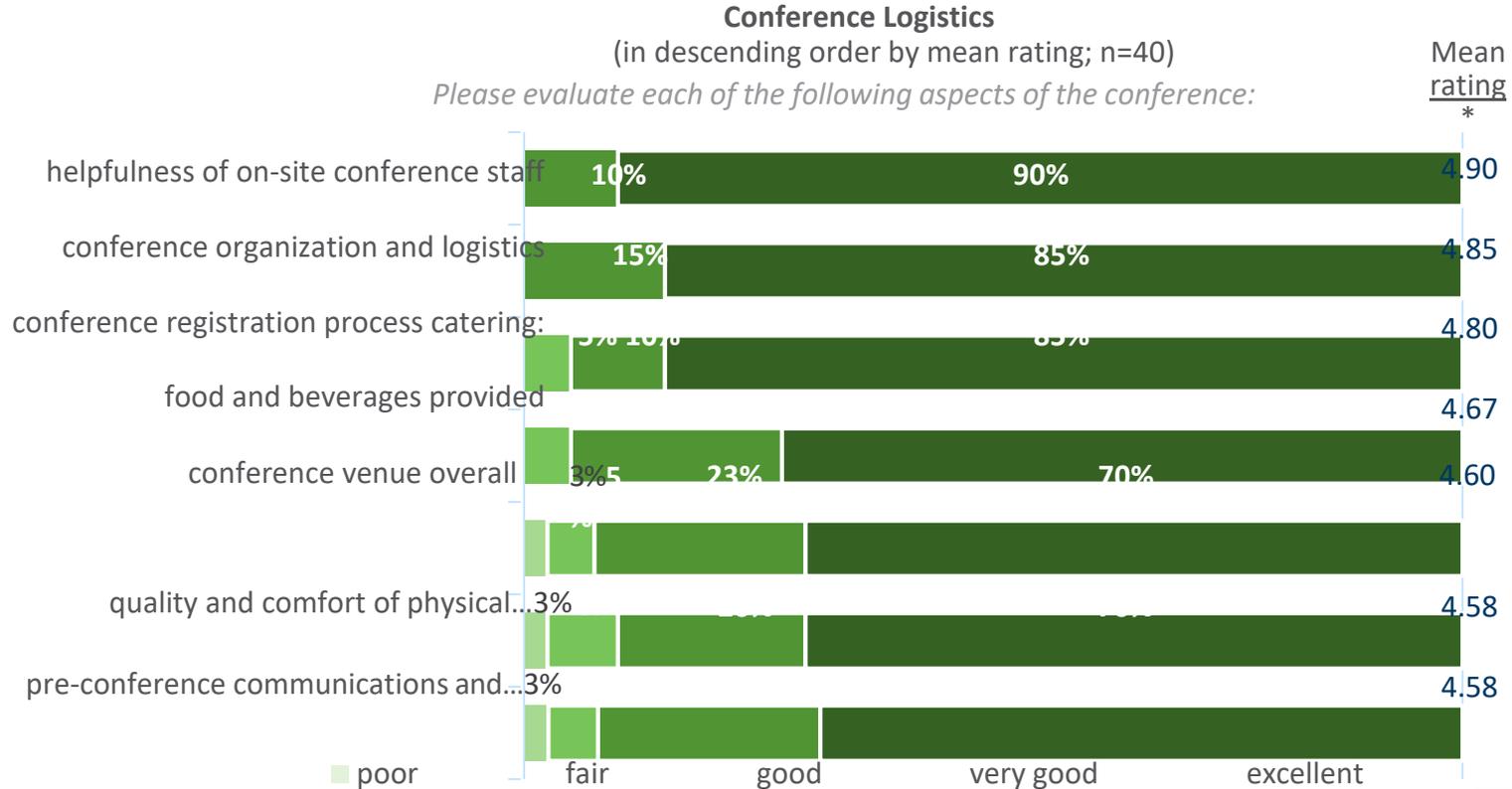
All respondents rated the conference favorably, to some extent.

36 of 40 (90%) rated it as “excellent.”

Overall Rating  
(n=40)  
*Overall, how would you rate this conference?*



All aspects of the conference logistics were rated as “good,” “very good” or “excellent.” The helpfulness of the on-site conference staff was the most highly rated logistical feature.



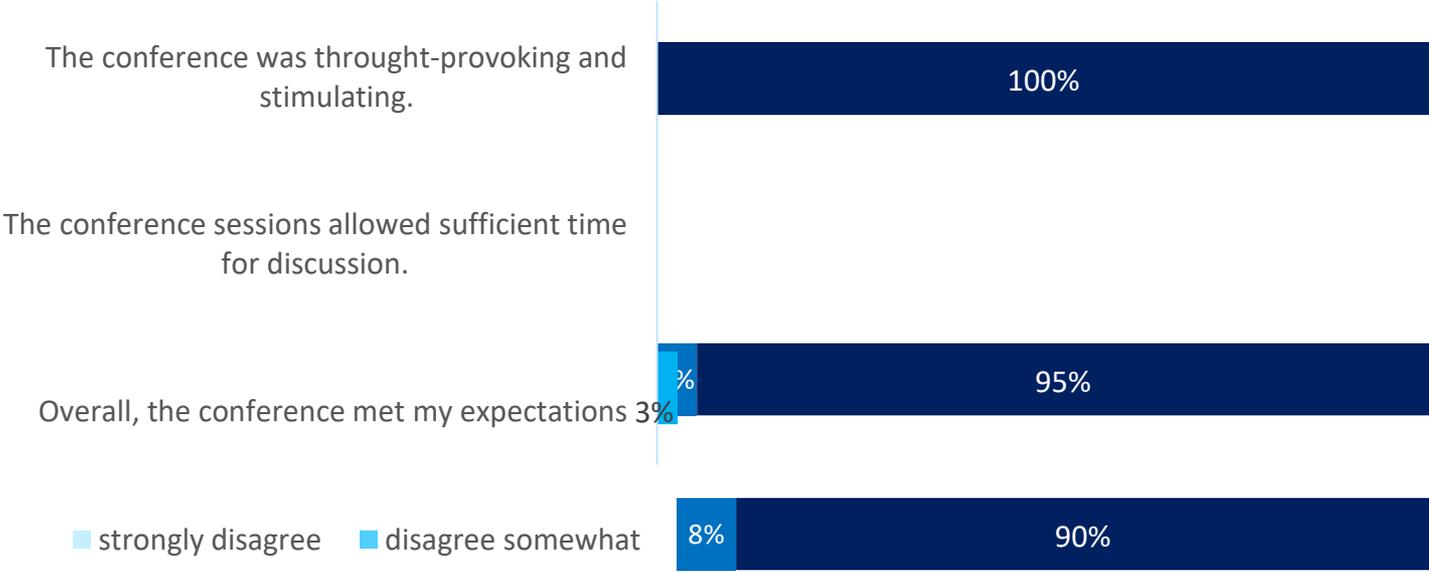
\*based on scale where 1=poor, 5=excellent



All respondents indicated that they found the conference thought- provoking and stimulating. A majority felt that sufficient time was allowed for discussion at the various sessions. A majority also indicated that the conference met their expectations.

### Other Aspects of Conference (n=39)

*Please indicate your level of agreement with each of the following statements:*



strongly disagree   disagree somewhat   neutral   agree somewhat   strongly agree



Attendees were most likely to cite the opportunity to acquire new knowledge or skills, or to share experiences as benefits of attending. More than eight in 10 also indicated that it renewed their motivation.

**Benefits Gained from Attending**  
(n=38; multiple responses allowed; in descending order by frequency)

*What benefits did you gain from attending this conference? (Select all that apply.)*



See Appendix, p. 13 for transcript of verbatim responses



Respondents offered both praise and constructive feedback, as evidenced by these representative verbatim comments. (See Appendix pp.

13-15 for full transcript of comments.)

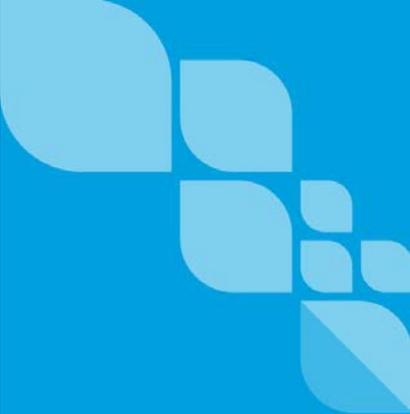
*"It was excellent. I would like to do this in maybe two meetings a year. I thought I knew a lot, but I see I come up short. These things cannot be found in regular history books. I feel like I can share in more detail with my patients and peers. Let's do it again.."*

*"Great discussions and presentations about history, race, and black and Asian culture. Appreciate all the shared experiences by attendees while the focus was race; I think it's very important to also consider and discuss acculturation, cultural norms, and their impacts..."*

*"This conference was so needed and was such a treat, total brain candy! I have walked away enhanced. Thank you!"*

*"More restroom access would be nice."*

*"...It would be helpful to include speakers that discuss new models to change current scientific practices regarding the use of racial categories..."*



Appendix  
Survey Questionnaire and  
Verbatim Comments

# Survey questionnaire



**Conference Evaluation**

**Managing Health Disparities/Advantages in a Racially-Ambiguous Population: Beyond OMB Race/Ethnic Categories for Population Health**

**Thank you for attending this conference. Please take a few moments to provide your feedback on the event.**

1. Overall, how would you rate this conference?

Excellent
  Very good
  Good
  Fair
  Poor

2. Please evaluate each of the following aspects of the conference:

	Excellent	Very good	Good	Fair	Poor
Conference venue overall	<input type="radio"/>				
Quality and comfort of the physical facilities	<input type="radio"/>				
Conference organization and logistics	<input type="radio"/>				
Pre-conference communications and information	<input type="radio"/>				
Conference registration process	<input type="radio"/>				
Helpfulness of on-site conference staff	<input type="radio"/>				
Catering: food and beverages provided	<input type="radio"/>				

3. Please indicate your level of agreement with each of the following statements.

	Strongly agree	Agree somewhat	Neutral	Disagree somewhat	Strongly disagree
The conference sessions allowed sufficient time for discussion.	<input type="radio"/>				
The conference was thought-provoking and stimulating.	<input type="radio"/>				
Overall, the conference met my expectations.	<input type="radio"/>				

4. What benefits did you gain from attending this conference? (Select all that apply.)

- New knowledge or skills
- New opportunities for future collaboration
- Sharing experiences and lessons learned
- Affirmation of current work, approach and practice
- Renewed motivation and sense of purpose
- Opportunity to advocate on specific issues
- I did not gain anything new from the conference
- Other - please explain:

**That concludes our survey. Thank you for your feedback.**

#### Q4. Other benefits of attending (verbatim comments)

Opportunity to meet briefly collaborate with younger people in the field.

Critical inclusion of youth moving fo(r)ward.

This conference was so needed and was such a treat, total brain candy! I have walked away enhanced. Thank you!

Very educational

Sense of belonging, mental stimulation, and empowerment.

I learned so much! Thank you for all the research!

New perspective and outlook from information learned.

Think about my work more deeply.

## Additional verbatim comments

Past generations compared to new generations

There is a change in the view of naming race and how it reflects life. Limits on SDDH to predict health outcomes makes it hard to have factual solutions.

Great discussions and presentations about history, race, and black and Asian culture. Appreciate all the shared experiences by attendees while the focus was race; I think it's very important to also consider and discuss acculturation, cultural norms, and their impacts. While touched upon, also needed to consider discrimination and structural impacts on health. If we are going to attempt to change how to classify race/ethnicity, how do we persuade census, CDC, etc., to change as well? From a research perspective and data (which are crucial) this is important. Panels were great about lived experiences.

When it came to science having a huge population can cause results that cannot really help, but with being able to identify a race when filing for birth certificates or hospital visits are needed. Asian interfaces - I never knew that the Asian population had such a huge impact on Hispanic culture.

Most interesting they talked about was the U.S. board edge approach in the default to white as a proxy for American with black not being used more toward the negative and Latino not useful because it is so basic and not specific.

The conference was excellent. I appreciated that all the speakers were knowledgeable, proactive, and progressive. These types of discourse have the potential to continue influencing science and practice. The historical context about immigration movements and issues of categorizing race/ethnicity was important and helpful in framing other discussions. It would be helpful to include speakers that discuss new models to change current scientific practices regarding the use of racial categories.

## Additional verbatim comments

That genomics affect lung disease; I need to read that research. That most of the time genomics - social determinates when it comes to Dx and the degree of Dx. That Asian culture has greatly influenced Mexican culture.

It was excellent. I would like to do this in maybe two meetings a year. I thought I knew a lot, but I see I come up short. These things cannot be found in regular history books. I feel like I can share in more detail with my patients and peers. Let's do it again.

More restroom access would be nice.

Most interesting things... That not all statistics used for a general race will be accurate for a racially ambiguous data.

Limits... That anyone react Different to the social determinant.

Subaltern Racial... Chronic Diseases can be explained by cultural or historically racial background. people are also now accepting others (interracial Babies)