NWX-HHS HRSA HSB (US)

Moderator: Venus Walker
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1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode until the question and answer session of today's conference. At that time, you may hit star 1 on your touch tone phone to ask a question.

I would also like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Ms. (Brandy Ahante). Thank you, ma'am, you may begin.

(Brandy Ahante): Good day. We are so excited to bring you the first webinar of 2017 from the Association for Multicultural Affairs and Transplantation. This webinar has been highly anticipated. And we are so thankful to our speakers and you, the participants, for joining us today.

I would like to introduce our fearless leader, President Remonia Chapman, to officially welcome you today.

Remonia Chapman: Thank you, (Brandy). I just want to say that on behalf of the Board of Directors of the Association for Multicultural Affairs and Transplantation, my

colleagues at Gift of Life Michigan and our membership with AMAT, we want to welcome you to this exciting webinar for African American history month.

I want to say a special thank you to Donate Life America and to HRSA for their partnership in making sure that this webinar occurs and we're able to bring this information to you. African Americans and the Gift of Life -- refrain me the donation conversation -- in the era of Black Lives Matters is an exciting topic. I want to say thank you to all our speakers and especially to our African American workgroup that is being chaired by Mr. (Jan Anderson) and co-chaired by (Latrice).

And with that, I will not take up any more time and just invite you to join us. If you have not joined AMAT, please you can become a member of AMAT today by going to our Web site, www.amat1.org, and you can join us in Atlanta, Georgia, on September 19 through the 22 as we celebrate our 25th anniversary down in Atlanta, Georgia. And you will see some additional information.

So we want you to come and enjoy us as AMAT continues to soar to higher heights. Thank you so much.

(Brandy Ahante): Thank you, President Remonia. And with that great welcome, I will go ahead and introduce all of our speakers for today's call.

So we have four amazing individuals who will be joining us. The first two young ladies they are going to tag team their efforts. Dr. Jennifer Garcia is a public health scholar activist committed to fighting for health equity. Her research focuses on the social determinants and contextual factors that create urban inequality and contribute to health disparities. Specifically, her areas of

interest include critical race bearing, residential segregation and access to resources in communities of color.

Currently, Dr. Garcia is a post-doctoral researcher with the Psychology Applied Research Center at Loyola Marymount University in Los Angeles where she conducts community-based evaluation research aimed at improving the health and wellbeing of communities of color.

Dr. Mienah Sharif is a National Center for Advancing Translation Sciences post-doctoral researcher in the Department of Medicine at UC Irvine. She received her PhD and MPH in public health with training in community health sciences from UCLA.

She was a former pre-doctoral trainee with the National Institute of Aging and the UCLA Center for Population Health and Health Disparities. Her research interests include health inequities, the intersection of physical and mental health and the social determinants of health.

Her current projects focus on the role of early childhood stressors on chronic disease risk with an emphasis on family systems and fatherhood on children's health and development.

Following them will be Dr. Donyale Padgett. She is an educator and communications professional with 20 years of progressive industry experience in public relations and strategic planning and over 15 years of teaching experience at the college level. She currently serves as Associate Professor of Diversity, Culture and Communication in the Department of Communication at Wayne State University where she has worked since 2002.

Professor Padgett holds a doctorate degree from Howard University in Washington, D.C. in rhetoric and inter-cultural communication. She also holds a Master's degree in organizational communication/public relations and a bachelor's degree in journalism, both from Wayne State University.

Her academic interests parallel her professional experience in culture, crisis and communication. Much of her research focuses on issues of race and culture with particular emphasis on crisis that affect marginalized and underrepresented groups.

Wrapping up our speakers today will be Mr. Jack Lynch, who is the Director of Community Affairs for Gift of Hope Organ and Tissue Donor Network where he has worked for the past 28 years. In his role, he is responsible for developing and maintaining communications that promote donation within the African American community.

Mr. Lynch is a founding member of AMAT and is passionate about the organization as, "AMAT offers a valuable perspective to help our partners in the transplant field accomplish their life-saving mission in our diverse communities."

As an authority on organ and tissue transplantation in the African American community, Mr. Lynch has been instrumental in bringing organ and tissue donation disparities to health care decision makers, legislatures, hospitals, transplant centers and industry OPO's. Gift of Hope is recognized as an industry leader in garnering consent from multi-cultural families, especially African Americans and Latinos.

Drs. Garcia and Sharif.

Dr. Garcia: Thank you, (Brandy). This is Jennifer Garcia. And I along with my colleague, Mienah Sharif are excited to be a part of this webinar. So thank you so much for having us. We will present a public health framework on how racism and Black Lives Matter relate to the transplantation community.

Dr. Sharif: The Black Lives Matter movement has played a critical role in shining a spotlight on how institutionalized abuse of power has targeted communities of color throughout history. Specifically, the movement has mobilized communities worldwide and brought increased media attention to racialized police violence and racial injustices in our legal system.

Dr. Garcia: Mienah and myself are public health researchers who study how racism affects the health and well-being of communities of color. The Black Lives Matter movement was highlighting something that we saw as very clearly a public health issue. And that is how racial injustice contributes to the premature deaths of people of color.

However, these conversations and these connections were not being explicitly discussed among many health professionals which we found troubling. So in 2015, we wrote a commentary addressing our public health colleagues about our field's role in dismantling racism.

Dr. Sharif: A motivation for our paper is that we recognize our ethical and professional responsibilities to directly confront and address racism because it contributes to health inequities and overall worse health status for communities of color.

Dr. Garcia: What we hope to bring to today's conversation is a macro perspective on health equity. How structural racism and police violence impacts the health in communities of color. And I want to start by introducing our perspective as public health researchers.

Dr. Sharif: In our fields, we focus on population level rather than individual level health. So our primary concerns are health promotion efforts, preventing illness, reducing morbidity and mortality and improving the quality of life for all people.

The federal government sets health goals every decade that are often considered benchmarks for our field. These are referred to as the healthy people goals. And one of our goals for 2020 is a society in which all people live long, healthy lives.

Dr. Garcia: In our paper we argue that the goals of public health are intertwined with racial justice work. By using this framework that's focused on social justice and health equity, we want to highlight in our talks today three core components of a public health approach that relates to health in communities of colors.

We'll talk first about the connection between racism and health. And then secondly, social determinants of health and third introduce the life course perspective.

Dr. Sharif: Race is a social construct and racism is a system of structuring opportunity and assigning values based on race but unfairly disadvantages some individuals and communities and advantages others.

Viewed through a public health lens, we argue that racism is a social condition that harms health. Racialized health disparities then are consequences of living in a racially stratified society. Furthermore, disparities research is motivated by the idea that the differences we see in health outcomes are avoidable, unfair and unjust.

Dr. Garcia: Racism contributes to a disproportionate burden of disease in communities of color. Health outcomes systematically occur along racial lines. It is not by accident or coincidence that Blacks in comparison to Whites have higher infant mortality, obesity, death caused by heart disease and stroke and an overall shorter life expectancy.

Dr. Sharif: Common diseases and conditions that disproportionately affect people of color such as high blood pressure, diabetes and obesity can also lead to being on the transplant list. Police violence also contributes to health inequity. Premature death is clearly a public health concern.

But in addition to the loss of life, there is also the collective emotional and psychological trauma experienced by vulnerable communities. Police violence and the excessive use of power reinforces the notion that Black lives don't matter.

Dr. Sharif: (Unintelligible) health provides a framework for understanding the risk factors that contribute to sustain and exacerbate these racialized health disparities or inequities.

They force us to go beyond the traditional biomedical framework of focusing on biological traits such as sex, age and genetics, but to instead examine societal level factors that influence conditions whether they be social, economic and physical conditions in the environments in which people are born into and live in that influence a wide range of factors, including behaviors, well-being and health outcomes.

Dr. Garcia: Applying a social determinants of health framework moves us away from the habit of blaming the victim or the individual for their personal behaviors and

choices, but rather pushes us to look at their reality and the various forces that shape and sustain their behavioral choices. This is depicted on this slide where the distinction between these upstream factors that are more removed from the individual, as shown on the left hand side in green, and on the right hand side the downstream factors, that are more commonly discussed in the biomedical framework, as shown on the right hand side of the screen in red.

Another contribution of this framework is that it helps us better understand how to broaden our understanding of the environment such that there is the physical and social environment and both impact health.

Working in communities of color, it's important that we keep in mind how these psycho-social factors, particularly in the social environment, such as experiences of trauma, discrimination on various levels and living with a heightened sense of fear or lack of security impact not only mental but physical health outcomes.

Dr. Sharif: An example of a social determinant that predicts health is what neighborhood you live in. And this is both avoidable and unjust and what motivates the work that Jen and I do. In other words, we're working towards effort so that your zip code shouldn't or doesn't factor into your life expectancy.

But the reality now is that there are stark inequities across neighborhoods. This is evident in low income communities that are disproportionately impacted by the lack of equal access to school readiness programs, disparities in our educational system and the lack of equity in terms of access to resources to promote a healthy lifestyle such as affordable healthy food and safe spaces to engage in physical activity.

All of these factors pre-dispose individuals living in these communities to chronic conditions like obesity, asthma, heart disease and the shorter average life expectancy.

The life course perspective is another helpful framework for understanding racialized health inequities. A life course study explains that we can't look at a specific child, adolescent or adult and take a snapshot of their health profile.

Rather, we have to take a holistic approach towards understanding their exposure to risk as well as protective resources over various life stages that then have a cumulative effect on their health. It provides a lens for understanding how early life experiences can shape health across one's lifetime and potentially across generations.

For example, the excessive police presence, profiling and lack of social programs in communities of color have contributed to the excessive rates of incarceration of people of color, particularly Black and Latino males. This undoubtedly impacts these men's families and communities, including their children, and is one factor contributing to the feminization of poverty we see among women of color who are left with fewer resources and support.

Thus, an important contribution that the framework provides is the intergenerational transmission of risk, that is the effects of trauma and stress can be passed down from one generation to the next.

Dr. Garcia: Okay. So to summarize, we want to leave with a few thoughts on the framework that we presented today. A public health perspective encourages us to look upstream to better understand root causes such as institutional racism and also helps us to identify more appropriate places for intervention.

Dr. Sharif: We advocate for working at cross-sectors in alliance with others fighting for racial and health justice. We want to emphasize how important it is to avoid thinking and operating in our sector-specific silos and instead recognize how various sectors, whether it be education, transportation, law, health, media and communications, et cetera, can inform each other to collaborate to improve the health and well-being for all.

Dr. Garcia: And lastly in consideration of the current political climate, our question to the group is what additional strategies should be consider in our work towards achieving health equities?

Dr. Sharif: What the Black Lives Matters movement has crystalized is the deep disregard for Black lives and Black bodies. In the November 2014 interview with Charlie Rose, Michael Brown's mother, Lesley McSpadden, recounted how Ferguson officials did not contact her to express condolences for the death of her son or to apologize for the fact that his body was left to lie in the street for more than four hours after he was shot and killed.

She said in her interview, we couldn't even have my son's organs donated. Do you understand that? They're wrong. They know they're wrong. Her quote sums up the pain, injustice and indignity of the assault on Black bodies. We recognize that there is much work to be done. And we are grateful to be part of the conversation today. Thank you.

Dr. Padgett: Okay. I've just unmuted my mic. This is Donyale Padgett. And I just want to say thank you to AMAT for having me on the call today. I'm going to begin to advance. Okay.

So I think the point that I want to make early on is that regardless of where we are, where we reside on the cultural landscape, we have to kind of

acknowledge the differences in terms of where we are based on our workspaces, whether we're operating in community spaces and then all of the spaces that we operate are racial and ethnic because we are different.

And so kind of beginning from that, before we can have a conversation we have to kind of acknowledge where we are. And I think we've experienced as a people when you look at, you know, us and our workspaces and our community spaces and our church spaces, we have experienced so much that we're all kind of affected by what's going on in our country.

I know today we're talking about Black Lives Matter, but we're all kind of affected by what's going on. And we're talking about it in every space, you know, that we abide in.

I want to talk a little bit about communication. Because I find today, you know, having taught communication for so many years, one of the new things that's beginning to happen is that people are pulling on us, you know, to help understand how communication can kind of unlock some of the things that are stuck in our society. And part of the challenge here is really building a kind of dialogue that we can participate in around the issues that affect us in our society.

And as I talk about communication and kind of roll through the slides today, I want you to see it more as an umbrella. Because I'm going to spend a little more time talking about dialogue than communication, but I want to make the point up front that dialogue and communication are different. If we can see communication as kind of an umbrella and then dialogue as a type of communication. So it's very specific, especially for what we're talking about today.

I think we know from our personal relationships that you can have a lot of communication and really still be unproductive in relationships. You still can have misunderstandings. We still can have mismatched meanings.

And so in essence, kind of not really understanding each other because we all speak from a specific cultural perspective. And so if we kind of open our minds a little bit today to kind of think about dialogue and how that might be a little different from communication.

What I'm asking us to do is to kind of go a little deeper. And so if we can see dialogue as a specific form of communication, you can't really have this dialogue today without having healing. You know, it's through dialogue that we can have respect for one another in our different perspectives.

When we look at - there's a theory attached to this called dialogic theory. And what dialogic theory posits is that those that are contained in that moment you're contained in a process. It's not really one moment in time but it's a process that extends over time.

And so these individuals are vulnerable to some degree to one another. In this moment we are open to change. It doesn't - when we apply this to conflict situations - I know today we're talking a lot about racial and ethnic tensions in our country.

But when we look at using something like dialogue as a method to kind of help understand some of this, it doesn't require that we agree. We don't have to be in agreement. But it does require that we listen to one another. That we actively listen to other voices besides our own.

One of the things that's on all of our minds is, you know, this idea of how we come up with strategies for building support without alienating the people around us. I wanted to kind of spend a few minutes on some strategies today in my talk.

I think one of the things that we need to do is to help people understand our story. Help people understand our perspective without assigning blame. It's a very unique field today. But I think we so often suppress, you know, our story, our personal story.

But it's the compilation of stories that really makes us who we are. And so I think we have to use this moment, you know, that we're in so to speak of an opportunity to help people to understand how these different stories can exist in the same space.

And so in essence what I'm talking about is using teachable moments. I think all of us can pinpoint if you look at the interactions that we have, we can pinpoint teachable moments by using these moments to build allies

As we look at some other kind of strategies, I think voice is also another aspect of this that's really important. We have to feel, I think, one, that our voices matter, right, but using our voice to open up a dialogue that helps to clarify cultural standpoints.

There's actually a framework called sand point theory. And so understanding that our sand points are shaped by our own perceptions. That they're grounded in experiences that are cultural experiences in helping people to understand that.

When I teach, I use a metaphor called the suitcase. And I started using this because for a lot of years it was very difficult for some people to really understand the importance of coming from a cultural perspective. I had, you know, some students and, you know, doing some workshops, some participants who really didn't understand how culture applied to them.

And, you know, we often see that culture applies to people of color. But if you're not a person of color, maybe culture doesn't apply to me. And so I started using this method that really kind of helps people to understand that we see the world through different lenses, that the way that I come at the world and the way I begin to unlock things for myself and understand sentiment is from my own perspective and you yours. That we have to really go beyond just acknowledging difference.

We've got to get into a mode where we're moving beyond our comfort zone to actually experience other cultures. That's one of the things that the literature talks about is that we're changed more by our exposure to one another and not just our read of one another. So I wanted to kind of talk through some examples. And I have used this in some of my own work.

But in this, you know, day and time, you guys were talking about Michael Brown. And, I mean, there are so many others that we could name. But in a day and time where many African Americans are being shot down by police, I think we can use dialogue to help people understand that we don't all come to our understandings of law enforcement and being in urban environments and those kinds of interactions in the same way.

And so even before when I talked about the teachable moment, that could potentially be a teachable moment. I had a revelation like this in a classroom

experience not too long ago where I brought in speakers to talk about this very subject.

And we were really talking about interactions between police and citizens. And some of the students really just didn't understand. And, you know, didn't understand, I think, one example was when I was raised, I was taught to respect the police. I was taught to fear the police. I was taught to be obedient. And I just don't understand. So why are these people not doing that?

And so we use that as a moment to kind of talk through how we relate to police. That every community doesn't have the same relationship with the police. And that we have to begin to have dialogue to understand that this is not what's happening on my block.

When some communities call the police, they don't come right away. And so all these kind of disparities and inequities fold into the way that we even think about responding to these kind of interactions. And so we don't all come to it in the same way.

And so I think in terms of Black Lives Matter it really is being more concrete in helping people understand these kinds of interactions and how they are rooted in cultural kinds of experiences.

If we go back to some of the strategies, because now I'm getting into my time, we've got to call it out, you know, when people make assumptions that are based in stereotypes, that are based in bias. You know, starting the conversation there. Starting at the assumptions that are being made and what they are rooted in. And so I'm not talking about confrontation because, you know, a lot of my work is on communities and conflicts.

And so conflict is something that's very natural. And I know that we don't all see it that way, but it is something that is very natural. But this really is about using dialogue in a more productive way to build something. And so very similar to social justice, you know, the work that is being done in social justice which the goal is trying to create more equitable spaces and so using this in a way that allows us to put our feelings out there.

I think another thing that we have to keep in mind is this notion of self-care that, you know, we're so strained with all that is going on and so we have to kind of start thinking about ways of taking care, not only of ourselves but those in our communities and our workspaces.

And so what I did on this slide was kind of provide, you know, what are we talking about when we talk about self-care? I think that one word is deliberate. You know, that we have to be very deliberate about how we're going to maintain in this environment. How am I going to maintain my mental state, my physical state? And then even emotionally and spiritually because they're so much different.

And so how am I to remain stable in the midst of this kind of chaos? And there's a lot of literature on talk, you know, different forms of talk as a way of intervention. And I think a lot of us that reside in cultural spaces, we understand talk. I mean, you know, my talk with people that I'm more familiar with is going to be different than my talk in work spaces.

And so using this kind of talk as a way to cope as a way to heal and as a way to make sense of. And so I put a couple examples down here. You know, when I'm with, you know, I want to say my folk, you know, my people.

And that doesn't mean that it has to be just a racial environment or an ethnic environment, but people that I share similarities with, and so my folk. And so whatever your network is. But using that network to create this kind of dialogue that helps you to push through and helps you to make sense. I think that's one of the strategies that we can do.

As I begin to kind of wrap up my slides, I think when we don't make room for this kind of dialogue, we do render ourselves and we render other people voiceless. You know, I know that sometimes it's very difficult to start a conversation, but I think what we find is once you start the conversation, it will begin to take a form all on its own.

When we don't engage others around these kinds of inequities, we condone them. That we've got to be figuring out ways to call out things. And then when we don't engage in self-care, our capacity for being effective in our various modes of operating is diminished. And so we keep those few points in mind. And then I will lay back to be able to answer questions.

Jack Lynch: Good afternoon. I'm Jack Lynch. I am just more than honored to have the opportunity to participate in this webinar. It's very interesting to sit back and listen to the two groups previously because in large part, it is my belief, and we're all saying something very similar to one another.

With the just previous speaker, I could not agree more in reference to the point that was made regarding calling people out. As well as the surgeon, as well as the patient, as well as the community, we all play a role. Making Black lives matter in life and death, that isn't simply, you know, relegated to an individual.

We all have a piece in that quilt. From my perspective as how that relates to organ and tissue donation, one of the strange things is that just as soon as I'm finished here, we have three cases on the board. And they all are coming from this perspective of very young individuals, not necessarily shot by police, but violent scenarios. And those that are involved are best 17, 18 years older.

They're angry. They're upset. And some of the things that I've heard thus far suggest very strongly that Black lives do matter. These young people of today are clearly, in my opinion, saying or repeating what has been said many generations earlier. So whereby the individuals may have changed, the message is still the same. Simply put, I am somebody.

And what they're doing now is not just saying it, but they're getting up in the face of individuals who oppose that stance and not backing down. Well, how does that relate to donation?

It is my opinion that patients arrive on a critical care unit with a whole bunch of baggage as to what caused them to be there with that hole in the head or cerebral vascular accident or myocardial infarction. They come to us. And they end up on our service for a whole host of reasons.

Some of that baggage doesn't bother me because we maintain a profile of consistency in terms of making sure we let people know how much we care before we try to teach them how much we know. Making sure that families know that we're not going to institute a cookie cutter approach when interacting with a potential family.

They are due my best. And within a couple of moments they can determine if in fact your presentation to them is one that they're going to listen to or if they're going to dismiss it. So any forms of cookie cutter approaches, and

particularly with this generation of individuals who will come in and demand even before they know the entire schematics of what's going on, they're going to demand, very boisterous and very clearly put, respect.

But we're not demonstrating respect if we're not demonstrating we have the willpower to talk with them and not at them. If they're not picking up on the fact that we're there, yes, to recover organs. But we're going to demonstrate a level of respect that they weren't expecting.

And I will tell this group on the phone that it had been that type of approach to work a family up as well as we clinically worked a potential donor up. Know the players, know what base they're on. Demonstrate whether they are 80 years old or coming to us from a perspective of a 23-year- old mother who's out there on the front line at the top of her voice demanding respect for the young man that was just gunned down this morning here in Chicagoland, and yet we're going to meet her in the hospital and she's going to have that same tone and tenor.

Demonstrating respect and that you're not going to talk at them has been the cornerstone of our approach in making sure that we've let them know that Black lives do matter in life and in death.

I will tell you that our experience has shown us that when we demonstrate that level of respect and that level of yes, you need to get it out and yes, you need to tell me where you're coming from so that collectively we can go in this conversation where we need to be.

It doesn't matter how they end up on our services. It doesn't matter whether they came as a result of police shootings or being shot down by someone in

their own family, not displaying a high level of respect will kill the conversation.

So I guess I continue to go back to all the isms that my colleagues have talked about, racism, socialism. I don't care which ism you put forward. If they are designed to demonstrate that you're not listening, if they come across that you demonstrate no respect, even from the older groups, you're not going to get consent.

That's how it relates to what we are in fact about in terms of making sure that we maximize every opportunity to gain consent from a family no matter what their social, economic strata happens to be. We can get them there if we go together.

So one of the things that we have done here at Gift of Hope is that prior to meeting families in the waiting room there at the hospital, we have done something that we consider to be tragedy to triumph in that we created a scenario known as Lasting Legacy.

And we took this component and we put it into video. It dealt with a scenario of a young lady that drowned in a swimming pool. Her mother who looks as young as her was approached regarding the question of organ and tissue donation.

This victim, the young lady that drowned, had no less than 200 individuals, 19 and younger, at the hospital that day. And they all were singing the praise when they found that the mother was going to donate her organs. We made them part of the process. We made them an intricate part of the process. Mastering that art once again of talking with people.

Young people are no different than anyone else. They are people. They require the input from us that demonstrates that we hear them, that we're going to respect them and we're going to be inclusive with them.

So we took this Lasting Legacy campaign and we put it into a video. We used this for commercials. And we bought air time. It created an emotional bond with the segment of a population that went from the age group of 16 to, in my opinion, 60. People could relate. They heard about the essence of organ donation from someone that, quote unquote, looks like them, a mother who lost her young child.

And this Lasting Legacy caused the Gift of Hope to be catapulted to having our phones nearly ring off the hook in terms of families that we were approaching about donation. Families saying yes. The creation of Lasting Legacy gave people what they needed to have and that is some skin in the game. You're not being dismissive of us. You're demonstrating respect.

Those components have gone a long way to making now when we approach families about the donation option, no matter what their age group, no matter what their social economic status happens to be, I will tell you that using the talent of talking with and not talking at gives you the opportunity to see how Black lives matter in life and in death.

So with that, let me say thank you. And I think we will begin to entertain questions.

(Brandy Ahante): Thank you so much, Mr. Lynch. And for all of our presenters, you all are so amazing. Drs. Garcia and Sharif, thank you for briefly explaining the work that you all are doing to help extend lives in all communities no matter their

zip code. Your research sounds so interesting. I would love to hear more about it in the future.

So I do encourage you all to keep in touch with AMAT because we would love to hear how your work is going out there. Dr. Padgett, I had the privilege of sitting in on several sessions where you were the speaker and always captivated by you. Sometimes I wish I were in Detroit, but then I wouldn't be able to work for Lifelink because I would definitely be trying to - or excuse me at Wayne State, so I would definitely be trying to take one of your courses.

But thank you for stressing the importance of listening to others even, or especially, when they are different from our own and encourage all of us to heal through talking.

And Mr. Lynch, your many years of service definitely shine through in your presentation. Thank you so much for explaining and giving examples on how recovery professionals can approach families and encourage them to partner with OPO's in saving lives by first showing respect to those grieving families. And again, your Lasting Legacy campaign sounds amazing. We'd love to hear more about that as well.

So I'll stop talking because I do realize that I'm sure a lot of people have questions for these amazing presenters. But on behalf of AMAT and African American workgroup, we just want to sincerely give our heartfelt thanks to all of you for participating.

Coordinator: Thank you. If you'd like to ask a question over the audio line, you may hit star one on your phone. You'll record your name. If you need to withdraw your question, that is star two. But again, to ask a question, it is star one. And it will take a few moments for the questions to come through so please stand by.

Dr. Garcia: While we're waiting for the questions on the phone line, we did have some through the chat. (Pam Kastner) asked can we get the link to Dr. Lynch's advertising campaign? We'd love to get that focus group research. Awesome presenters.

Jack Lynch: And the response to that is absolutely. We can make that available to anyone who would like to see that program that we put together. Without a doubt.

Dr. Garcia: Thank you. Any calls in queue?

Coordinator: Yes, One moment please. Our first question comes from Leslie Jean Mary. Ma'am, your line is open.

Rashida Brooks: This is actually Rashida Brooks and Leslie Jean-Mary from Gift of Life donor program in Philadelphia. How are you?

We had a question. We loved, I think, it was Mr. Lynch's presentation about how to approach families in the clinical setting. But we were wondering if there were any suggestions, tips, practices that you have that show how to engage communities of color in becoming registered donors due to actual trauma.

Jack Lynch: You know it's interesting that you asked that because we are now in the midst of a project that is found in all of our service areas, including yours. We're doing a project with the currency exchanges. Now I'm not sure what they call them throughout the country and other locations.

But for Hispanics and African Americans in terms of their monetary transactions, they're not necessarily using banks. But they absolutely use the

currency exchanges. So we went to the owners here in Illinois. It's approximately 48 families that own 96 percent of all the currency exchanges.

And we gave them a presentation about why and how they could help us improve awareness in the Hispanic and African American communities. They open up their currency exchanges, nearly 400 currency exchanges across the State of Illinois.

So they took our signage that we produced for those currency exchanges on their - they have TV screens in these currency exchanges. They're running our commercials on there. And we're doing donor registration drives physically in those currency exchanges. And we let the general public know by way of public service announcement where we're going to have celebrity types out to countersign donor cards.

And I have to tell you guys people are running just to be part of it. I'm yet to find any great numbers where people don't want to be part of a successful entity. And when you take this thing out of this question of donation, when we don't come to the table believing that they're not going to register or not going to give consent, then we compound the problem sometimes ourselves. Out here at these currency exchanges, we are literally registering thousands.

Rashida Brooks: Thank you.

Coordinator: Thank you. Our next question comes from (Pamela Rittenhouse). Ma'am, your line is open.

(Pamela Rittenhouse): Hi. And thank you so much. Two questions for Mr. Lynch. One, I wonder if you have any hard numbers available following the campaign on a change

in donor registration rates that you've seen? And if so, if you might be willing to share that.

The other thing, I just wondered if you experienced there the same thing we here in North Florida often when we'll go and speak with, you know, students of high school age. And often you ask an American about, you know, did they say yes when asked would you like to be on the organ donor registry?

And often when they no and we ask would you mind sharing why? We'd love to know why. And they'll share, well, you know, either I know my parents will say no. Or I said yes, but then I got home and my mom said, oh, no, you're not doing that.

Do you see that - I know you said with your campaign you were targeting an audience that went from 16 to 60. But have you noticed a difference in how the younger people look at it and what the voices at home are saying about it?

Jack Lynch: You know, both of those are excellent questions. As the previous speaker before me made reference to in terms of communication styles and skills, it's all for us how that conversation starts.

When we are out in the school systems - and incidentally here in Illinois we're going to begin to get it into the curriculum statewide. It's all in how the question gets started.

If you go into a classroom and you ask students, how many of you know someone that's been shot? Eighty-five percent of the hands are going to raise. How many of you know someone that got killed as a result of getting shot? Same percentile is going to raise their hands. How many of you know

someone that is on dialysis, you know, hooked to that machine? A large percentage of them are going to raise their hands.

What do you think that entails when you see that patient or you know how that patient is hooked to that machine? And you're going to get someone who has a working knowledge of it in that classroom to talk about how that affects them and their household.

So for us, it's how you start the question, how you frame it. Because we run into the same problems and issues that you're talking about. But I think we start the story well enough before we ask the question so that they have skin in the game. They're going to bail out if in fact you simply walk in and say, hi. I'm Jack Lynch. I'm Director here at the Gift of Hope Organ Transplant Program. And I want to talk to you about organ donation. See you.

Your initial question in terms of numbers, we're still tabulating. And what I'd like to do is to be in a position in a week or so to post it. But what we are finding is that we've started this in the last quarter of last year. And what we have found is that we now need to increase our funding of our outreach initiative with more signage in the currency exchanges.

And let me tell you what we're using in terms of who's on those posters. It's the people right there in that zip code within six blocks of that currency exchange that is affected by donations. They're the ones that they see on the signage in the currency exchanges. I hope that helps.

(Pamela Rittenhouse): Yes. Thank you very much.

Coordinator: One moment for our next question. (Stephanie David), your line is open. (Stephanie), your line is open. Excuse me. Your line is open for the next question. Excuse me, Ms. (David), your line is open.

(Brandy Ahante): Move on to the next one.

Coordinator: I'm showing no further questions at this time.

(Maria Zazing): Hello. This is (Maria Zazing) with Lifelink. I have a question. Yes.

And this is for Dr. Garcia, Dr. Sharif and Dr. Padgett. In the midst of the disparities in the educational systems in socioeconomics environment as you all expressed, and Dr. Padgett, how you elaborated a little bit on the dialogue in just calling things out, where can we start as far as a fundamental approach in organ and tissue donation?

This is something that I was just curious to see what recommendations or suggestions initially you may have. Talking to a family either telephonically or in person, what are some of the things just basic level that we can maybe learn from within all the research that the three of you have provided today?

Dr. Padgett: Is my mic on? I hope so. This is Donyale Padgett.

(Brandy Ahante): Yes. We can hear you.

Dr. Padgett: Okay. I think one of the initial places to start, you know, it's something that Mr. Lynch was talking about, is really understanding people's stories. I mean that's a basic - you know, in his discussion, what I pulled out of it was this notion of respect. Respect is universal.

And so before I can talk to you about what I came to talk to you about, I need to understand you. And so I think part of this is a willingness to understand the cultures and populations that you serve.

And so once we begin to do that, and I mean to understand. You know, not necessarily just, okay, when I go into these environments, I have to remember these three things. And in these environments I have to remember these things. But really having a genuine wish to understand other cultures.

And so when we have - in your question you talked about, you know, initially. Like, you know, how do I begin an initial conversation? One of the - you know, just looking back over a lot of the projects that I've worked on, one of the projects that I worked on with the hospital system was around, you know, this issue of the lack of trust, you know. And this one was particularly talking about the African American community.

And so we could not really talk to them about much because the level of trust that they even had with this system it was just exponential. It was just, you know, off the charts.

I mean, they were resistant because of this kind of history, you know, in their relationship with this particular system. And so they have felt - they expressed to us - we had done some preliminary research, a pilot, you know, before we started a particular marketing campaign.

And so they talked to us about, you know, the only time you want to talk to me is when you want something from me. And, you know, they talked about, you know, this notion of trust. You know, that even in the advertising they could see who was really being targeted and that it wasn't them.

So I mean some of these very real kinds of issues, you know, and I think even, you know, people want a level of understanding about some of the interactions that they're having. You know, and so when families have been traumatized and we go in to talk to them afterwards, you know, as clinical staff, we have to be sensitive to what they just experienced.

And sometimes it is starting in that moment. It's not starting with your moment. It's starting with the moment that they're in. And then helping to kind of connect that moment to what it is that you're talking about.

And it takes, you know, having more of these kind of interactions over time with multiple groups to become more savvy at that. And so it has to be this kind of starting with that story and affirming the story.

Dr. Garcia: I would add to that, I really like your point about - or your example of, you know, people expressing a lack of trust in the system. And I think what - we hear that all the time in public health as well.

And I think what our approach would suggest is why is there mistrust in the system? What are the decisions being made behind the scenes by those in power that allocate resources unfairly and that create systems that support social systems, health care system, education, et cetera, that support certain communities and not others?

And so I think, going back to something that Dr. Padgett mentioned earlier, is recognizing our different lived experiences is an important step in being able to have constructive dialogue. But it's also recognizing why we have these different lived experiences and approaching that with compassion. So someone has their reasons and it's based on what they've experienced. And that relates back to these social structures.

So again looking at these issues in the broader context can help us.

Coordinator: Thank you. We have our next question from (Stephanie Stout Davy). Ma'am, your line is open.

(Stephanie Stout Davy): Our question has been answered. Thank you. It was about the distrust of the system. Thank you.

Coordinator: Thank you. Our next question comes from (Jill Awallace). Ma'am, your line is open.

(Jill Awallace): Hello. Can you hear me? Good morning. I would like to first of all - being in this field coming from Donor Network West and being in this field for over 17 years, I think this dialogue was so important to have today because I've had this same dialogue with my colleague, (Ayalla Anderson), and sometime even with my manager, (Sandy Androtta).

I think when you think about the world of donation, and I want to speak about the person that was on the line that when she was in the schools educating and approaching the African American students, that sometimes they don't hear. As Mr. Lynch said, they don't hear about donation. We have to talk about the things that are currently happening in the community.

When I'm in an African American school, and most of my students are African American and Hispanics that we educate, I talk about things like do you know someone that is in the dialysis center? Do you know someone that has had an accident? Those are the questions that we have to talk to them about in order to open up that dialogue to then talk about donation and put all those points together.

I also think being an African American mother and having six grandsons and also one son how important it is that I believe that the speaker said a moment ago how we are taught. And we teach our children, especially our sons, how we have to learn how to fear the police department. Or how we have to learn how - oh, remember don't do this. Don't say that. Don't make the wrong move. Don't put your hands in your pockets.

That has a lot to do with trust and respect. And the respect piece is very, very important for everyone. But it's very important in the African American community because, as Mr. Lynch said, they're coming in the hospital already with baggage and that's the first thing that they want to identify. Do you realize what my family and I have gone through?

So Mr. Lynch, I agree so much in what you have said. But sometime I have had this conversation and my one fear is with all this Black Lives Matter and we're seeing it on public TV, will it affect the way we view donation when we speak to families? That is always a concern of mine. And that's my question. Thank you so much.

Jack Lynch: Hi. This is Jack Lynch. I couldn't agree with you more. Respect has carried the ball because as the previous speakers mentioned, some of these challenges, they have differences. But they're not insurmountable. We can make a difference because you've declared you're going to make a difference.

You know, just as a family comes with baggage into these scenarios, we come with baggage. I have watched my White counterparts many times figure that, you know, I'm going to go out here. I'm going to talk to this family. But my goodness, there's 48 of them. And two them have been drinking. And four of them have their pants hanging down. And that's my question to them?

And if you go out there as a person of another ethnic group and master that talent of talking with them, you will be able to be like a band leader. And you will find that organ donation, no matter what the ethnicity is, isn't some farfetched thing that we don't want to be part of.

But if we believe for whatever reason that we don't have skin in the game, we're not benefiting. We're just a commodity of some sort. Trust me. Your exercise will be a futile one because you're talking at them and not talking with them.

(Jill Awallace): And you know what, Mr. Lynch? I totally agree. Because even me being an African American person, I want people to talk and listen to what I'm saying. And sometime when they're listening to us, don't judge me. Just listen and pay attention. And if we learn to listen to people and really hear what they're saying, we can really change this donation process around.

All a community wants you to do is listen. I have a son that is very well educated. I have two nephews who are NFL players, big time NFL players. And I won't even have to mention their names. But here it is, they're still African American men. And they're always being judged.

And we have to take that judgment away. And believe you me, when you go into a room, families can feel you even when you're trying to remember what to say what to do. Just be yourself. Treat them like you would treat your own families. And you can really turn that process around.

(Brandy Ahante): Thank you guys so much. We definitely know that this is a hot topic conversation. And we appreciate all of you and your interest.

The contact information for all the presenters will be available on the AMAT Web site in the upcoming weeks. So if anyone else has any comments or questions that you want to reach out to the presenters with, please do so. You will see that as well as the slides from this presentation on the AMAT Web site.

I just want to turn now to two more things. There are definitely more upcoming webinars being brought out by AMAT. May 10 the DLA and AMAT ECHO webinar will be presented. And on May 17 our Asian Pacific Islander workgroup will be hosting their webinar.

Please do, again, log onto amat1.org to find out about all our upcoming activities. Sign up. Become a member of this amazing organization. And, of course, join us in Atlanta September 19 through the 22 for our annual conference commemorating our 25th year. So it's going to be really exciting.

Thank you all so, so much.

Coordinator: Thank you. This concludes today's conference and thank you for participating. Speakers, please allow for a moment of silence and standby for your post-conference.

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