



TEXAS

The University of Texas at Austin

Creating Model Health Communities

POST-SUMMITS REPORT

SEPTEMBER 2015



The University of Texas at Austin
Dell Medical School



Hogg Foundation
for Mental Health

THE UNIVERSITY OF TEXAS AT AUSTIN



The Bernard and Audre
RAPOPORT CENTER
For Human Rights and Justice
The University of Texas at Austin
School of Law

StDavid's | chpr

Creating Model Health Communities

In September and October of 2014, scholars and a diverse group of leaders in health promotion met on The University of Texas at Austin campus for two half-day summits about the collaborative roles the university might play in the development of model health communities in Austin-Travis County.

The goal for both summits was to build on the tremendous work that had already been done by many people and organizations inside and outside the university to address health inequities, and to catalyze new ideas and innovative collaborations that might contribute to the future of Austin and Travis County as model health (and healthy) communities.

The summits were convened by the Hogg Foundation for Mental Health (Hogg Foundation), the Bernard and Audre Rapoport Center for Human Rights and Justice at the UT School of Law (Rapoport Center), the Dell Medical School, and the St. David's Center for Health Promotion and Disease Prevention Research in Underserved Populations (St. David's CHPR). (See Appendix I for planning committee members.)

The events initially evolved out of a conversation between the Hogg Foundation, a 75-year-old grant-giving foundation dedicated to improving mental health recovery and wellness for Texans, and the Rapoport Center, whose mission is to serve as a focal point for critical, interdisciplinary analysis and practice of human rights and social justice. The Rapoport Center was planning its fall colloquium series on the topic of health and human rights. The two organizations began to think about the synergy between their work and the creation of the new medical school on campus, and invited the Dell Medical School and St. David's CHPR to be part of the conversation.

For the Hogg Foundation, which is part of the Division of Diversity and Community Engagement at UT Austin, there was an interest in making sure that, as the new health care landscape took shape, there would be an emphasis on the integration of physical and behavioral care as a means of improving care across the board and for underserved groups in particular.

The Rapoport Center hoped to infuse its human rights perspective and expertise, and that of its invited speakers, to understand and develop collaborative responses to health disparities in Austin-Travis County.

St. David's CHPR offered its expertise in working with the most vulnerable and underserved populations in Austin-Travis County, and ensuring that community members are at the center of conversations about who would benefit from the coming infusion of resources and intellectual energy.

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Because this event would be one of the first in which the Dell Medical School would participate, its representatives aimed to help define what kind of model health communities should take shape in Austin-Travis County and to connect with the people and groups that would constitute those communities.

The result of these conversations and converging interests were two gatherings of more than 100 stakeholders including doctors, nurses, hospital administrators, faith leaders, faculty members from multiple disciplines, higher education administrators, consultants, legislative staffers, representatives of city and county agencies, community activists, foundation executives, and nonprofit administrators.

Through a mix of lectures, panel discussions, group work, and professional networking, the summits sought to connect various stakeholders to develop and build on a vision of model health communities that could transform higher education, medical education, and health care outcomes for the benefit of everyone, but especially traditionally underserved populations, in Austin-Travis County.

This report aims to distill the presentations and conversations that took place at the summits to remind participants of the energy and optimism that coalesced around the prospect of making Austin-Travis County a model of health equity and inclusion for the nation, as well as to suggest some future directions for collaboration and engagement. Specifically, we offer some recommendations for harnessing the wealth of expertise and resources among medical, academic, and community partners in Central Texas to ensure future coordination and cooperation.

Summit I: “Recognizing Social Determinants of Health, Combating Health Disparities”

September 23, 2014

The first summit began with the recognition of one of the most tragically stubborn facts of American political and social life: When it comes to health, we are not all treated equally. As keynote speaker Emeritus Professor Lovell Jones put it, quoting an African American colleague of his who was reflecting on the persistence of health disparities, “Great work, but my people are still dying.”

From that blunt truth, the speakers moved on to concrete examples of strategies, delivery models, and projects that have succeeded in addressing the social determinants of health to improve the health outcomes of underserved and vulnerable populations.

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Jones spoke of the promise of the biopsychosocial approach in understanding and ultimately mitigating health disparities, and of the success of CAN DO Houston (Children and Neighbors Defeat Obesity), a consortium of community-based groups in Houston dedicated to preventing and reducing childhood obesity through environmental, policy and systems change.

Octavio N. Martinez, Jr., executive director of the Hogg Foundation, spoke of the immense benefits to be gained from integrating physical and behavioral care at every level of the health care system, and he gave examples of a number of projects that have combined the integrated model with a deep commitment to cultural and linguistic competency, including the Nuka System of Care, which is managed and owned by Alaska Native people, and the Connecticut Latino Behavioral Health System.

Mitchell Katz, director of the Los Angeles County Department of Health Services, described how public health agencies, working in collaboration with other stakeholders, can successfully attack chronic health problems such as obesity, asthma, and diabetes by drawing on all of the tools the state can bring to bear, as well as on the insights of behavioral economics.

Jones, Martinez and Katz were followed by a panel of local respondents, moderated by Melissa Smith, a family medicine physician in East Austin who teaches about health disparities at the University of Texas:

- Shannon Jones, director of the Austin-Travis County Health and Human Services Department, vividly demonstrated health disparities in Austin-Travis County using maps that indicate morbidity and disease rates by ZIP code. He also discussed a range of targeted interventions to mitigate such disparities.
- Yolanda C. Padilla, professor of social work at UT Austin, explored the lessons of the “epidemiological paradox” that children of Mexican immigrant mothers in the United States tend to have health outcomes that are comparable with those of their white counterparts (when controlling for socioeconomic status and access to health care), but that children of U.S.-born Mexican American mothers face significantly higher odds of chronic conditions.
- Joyce James, a racial equity consultant in Austin, described the “groundwater approach” to addressing racial inequity, and painted a broader picture of what a “Texas model” of addressing inequity might look like.

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The participants were then divided into diverse groups to share, discuss and record their thinking and approaches to building and sustaining a model health community, with a focus on the following question:

Recognizing the importance of the social determinants of health, what kinds of existing and new collaborative training, research, advocacy/policy, and services shall we prioritize that will help us find sustainable strategies to combat health disparities in our communities?

Groups were assigned to consider the question in terms of one of the specified areas (training, research, advocacy/policy, and services).*



* This diagram reflects the four realms of potential collaboration. The outer circle includes some key institutional partners, the black circle represents the community groups, institutions and settings where this can take place, and the inner blue circle reflects the critical role of both patient and community empowerment to understand and address the complex root causes of the health problems they experience.

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Groups identified desirable outcomes for the four focus areas, key activities that could be undertaken to deliver those outcomes, and existing resources already in place that could be leveraged to support the accomplishment of the outcomes. Several potential outcomes were identified for each of the focus areas, including:

1. Adopt a community-based view of health, one that encourages and supports not only physical and mental health, but economic, environmental, social, psychological, and political health as well.
 - a. Engage a cross-disciplinary team to build and maintain the momentum toward a Model Healthy Community.
 - b. Define and prioritize top goals, attendant initiatives, and clear next actionable steps.
 - c. Consider holding regular, perhaps annual, Model Health Community summits.
2. Activate solutions with cross-institutional collaboration within communities to tailor relevant programs.
 - a. Promote community leadership through coalition-based strategies.
 - b. Break down conventional policymaking silos.
 - c. Broaden mindset of health professionals and institutions to include working with those outside of the traditional medical community.
 - d. Collaborate with colleagues in other sectors to enable an efficient use of shared resources to address the many social determinants of health and to improve the opportunities for health that communities might offer their residents.
 - e. Design a formal structure for sustained collaboration among academic, health service, and community members and organizations to ensure commitment to purpose and diversity in thought and action.
3. Improve the health of Central Texas by improving the neighborhoods where people live, learn, work, and play. Consider the health impacts of all aspects of community development and revitalization.
 - a. Prioritize communities where low-income Texans lack opportunities to make healthy choices.
 - b. Work with policymakers to develop scalable solutions that fit within their spheres of influence.

Clay Johnston, founding dean of the Dell Medical School, closed Summit I by drawing attention to the fact that the birth story of the medical school includes a rather unusual parent: Travis County taxpayers. If the right decisions are made now, he said, that relationship could embed itself in the DNA of the medical school and the health — and healthy — communities that coalesce around it.

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Summit II: “Human Rights & Community Health Engagement: Think Globally to Act Locally”

October 7, 2014

The objective of Summit II was to step both back and in, to consider how models that have developed and have been used in other parts of the world might help guide service provision, training, research, and advocacy in our piece of the world. The two models considered were the use of community health workers and advocacy based on human rights. One of the questions for the latter was whether and how the human rights movement might inform a strategy for breaking through the political and ideological impasse that seems to stymie most efforts to address inequities on a broad scale.

Jim Krieger drew on his experience as chief of the Chronic and Injury Prevention Section at Public Health-Seattle and King County to demonstrate that it was possible to win major battles against chronic conditions such as asthma, in part through the use of community health workers making home visits. The community health worker model, he explained, originally pioneered in the Global South due to scarcity of financial and professional medical resources, has enormous benefits for those living in resource-poor communities in the U.S. as well.

Sofia Gruskin, director of the Program on Global Health & Human Rights at the University of Southern California, discussed how human rights advocacy in Africa and Latin America, and the framing of health as a human right, can help us rethink the role of law, policy and activism with regard to some of our own seemingly intractable problems. Gruskin offered HIV/AIDS as an example of a public health issue framed in terms of human rights, which allowed it to be recognized and addressed within international law as well as at the national or local level. The question, she contended, is no longer, “Why take the human rights approach?” but: “How can we conceive of public health as a human rights issue? Which human rights are implicated?”

Krieger and Gruskin were then joined by local respondents for a panel discussion facilitated by Neville Hoad and Karen Engle, professors of English and Law respectively, from the Rapoport Center.

- Ariel Dulitzky, director of the Human Rights Clinic at the UT School of Law, spoke of the clinic’s campaign to use international human rights language to bring attention to excessive heat in Texas prisons that has serious health implications for inmates. Dulitzky contended that not only can human rights frames and

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institutions be invoked to address local issues, but that international human rights advocates can learn from local-level programs how to do human rights work from the bottom up.

- Deliana Garcia, director of International Projects, Research, and Development for the Migrant Clinicians Network (MCN), argued persuasively that “migration makes the global explicitly local.” Austin is a global city: “The global is right in front of us.” She then spoke about a tool MCN uses to track patients with tuberculosis across borders to attempt to ensure continuity of medical care.
- Miyong Kim, professor of nursing at UT Austin, spoke about the importance of community-based participatory research to understand and address health disparities. She added that a focus on culturally and linguistically competent delivery and distribution of health services, information, and medication is essential to health care system transformation.
- Rosamaria Murillo, assistant director for the Maternal, Child, and Adolescent Health Division for the City of Austin Health and Human Services Division, spoke about how the city has used community health workers to improve birth outcomes in African American communities. She highlighted the importance of community health workers as being “both a macro- and a micro-level intervention.”

After the panel discussion, participants gathered in small groups to focus on specific health care challenges in the region: obesity, teen pregnancy, tobacco use, HIV/AIDS, behavioral and mental health, and Medicaid expansion. The aim was not to solve those specific problems, but to use them to consider how we might conceive differently of both the problems and solutions through the lens of community health worker and human rights approaches.

Specifically, participants were asked to examine these health challenges in relationship to three questions:

- *What particular challenges and opportunities are faced by Austin-Travis County in addressing the issue/applying outside models?*
- *How might the issue innovatively and sustainably be addressed through research, training, service provision, policy/advocacy?*
- *How might we maintain sustained and meaningful partnerships, and community voice and leadership, while working on these issues?*

As each of the groups reported out, it became clear that although no one believed we could offer any silver bullet solutions to these persistent health challenges, the conversations brought some greater clarity about the complexities surrounding them and the consideration of new tools and collaborations to address them.

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Almost all the discussion groups across the wide range of health challenges agreed that all research, training, service provision and policy/advocacy should recognize:

1. The necessity of sharing research and effective strategies for addressing health disparities in resource-poor communities locally and globally.
2. The need for community participation and leadership at every level, for example, through community organizing and capacity building (including community health workers) and supporting community-led coalitions: “nothing about us without us.”
3. The importance of ensuring that training both inside and outside of the university attend to the social determinants of health in a way that emphasizes human rights and justice frameworks.

Recommendations and Principles for Collaboration

Central Texas has a wealth of expertise and resources among medical, academic, and community partners dedicated to the creation of model health communities. There is a history of tremendous collaborative efforts among them that provide a foundation for future innovation. The following are our recommendations and principles for collaboration, distilled from the meetings and building on existing efforts.

- I. Any Austin-Travis County model health community must be guided by principles of equity and social justice, focused on the social determinants of health. All programs and policies — at the city, county, community and university levels — should embody such commitments both formally and informally.
- II. Innovative, interdisciplinary pilot programs should be fostered to address priority health concerns, and they should include one or more of the four dimensions of training, service, research and policy development. Such programs should be evaluated periodically and, if successful, scaled and sustained for the long-term achievement of a model health community.
- III. To ensure the integration of existing work with new diverse collaborations and partnerships, an advisory committee should be created with the goal of making Austin-Travis County a model health community. Committee membership should represent all key sectors such as public education, higher education, public and private health care, human rights and legal advocacy,

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business, nonprofits, and members and representatives of the community. Guiding principles for the work of the committee should include equity, inclusivity, diversity, efficiency, measurability, evaluation, sustainability, and scalability.

- IV. The advisory committee should consider the feasibility of developing an information-sharing platform to be built from existing databases in Austin-Travis County, and developed to facilitate the dissemination of data, pilots, models, lessons learned, and outcomes both locally and globally. Any such platform should be tailored for ease of access by clinicians, educators, researchers, policymakers, and the public.
- V. Interdisciplinary and cross-sectoral (education, housing, racial equity) working groups should be formed around specific priority health issues to encourage further collaboration among individuals and entities working on seemingly disparate areas.

Conclusion

The summits were neither the first nor the last series of conversations that need to be held among the various stakeholders inside and outside the university. With the founding of the Dell Medical School, the summits provided an opportunity for academic colleagues to learn about and contribute to ongoing efforts to promote health equity. Dialogue among so many diverse participants from the community, health services, and academic fields revealed many areas of synergy from which new collaboration can emerge.

Despite the possibilities suggested by various models of change discussed at the summits, we are aware that no city or county can, on its own, beat back all the socioeconomic, political, and cultural forces that are at the root of so many of the nation's most serious health challenges. We aimed to open a space to be honest about the complexities of the issues we face because doing so highlights how necessary it is for us to seize the opportunity to think innovatively and openly now — at the moment of transition in the health infrastructure of Austin and Travis County. Now is our best chance to make the choices that will have the greatest impact over the long term.

Being realistic about these complexities and the challenges we face also points in the direction of what successful responses might look like. While we need to continue to implement strategies and services that will meet people right now, where they are, often

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using the language they are accustomed to speaking, we also need to embark on the much longer-term work of changing the conversation, in part through the democratization of innovation, as we discussed at the summit. We need to work toward shifting presumptions, so that health equity and the human right to health are premises to work from rather than to sell.

Our aim is to support the will and imagination necessary to work collaboratively to build model health communities in Austin-Travis County.

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Appendices

Appendix I: Planning Committee

Karen L. Engle, J.D.

Founder and Co-Director, Bernard and Audre Rapoport Center for Human Rights and Justice; Minerva House Drysdale Regents Chair in Law, University of Texas at Austin

Neville Hoad, Ph.D.

Associate Professor, Department of English; Chair, Health and Human Rights Working Group, Rapoport Center for Human Rights and Justice, University of Texas at Austin

Clay Johnston, M.D., Ph.D.

Dean, Dell Medical School; Vice President for Medical Affairs; Frank and Charmaine Denius Distinguished Dean's Chair, University of Texas at Austin

Mini Kahlon, Ph.D.

Vice Dean of Strategy and Partnerships and Clinical Associate Professor, Dell Medical School, University of Texas at Austin

Octavio N. Martinez, Jr., M.D., MPH, MBA, FAPA

Executive Director, Hogg Foundation for Mental Health; Associate Vice President, Division of Diversity and Community Engagement, University of Texas at Austin; Clinical Professor, School of Social Work, UT Austin; Adjunct Professor, UTHSCSA School of Medicine, Department of Psychiatry

Melissa Smith, M.D.

Physician, Seton McCarthy Community Health Center; Senior Lecturer, School of Social Work, University of Texas at Austin

Stephen M. Sonnenberg, M.D.

Faculty Fellow of the Division of Diversity and Community Engagement; Adjunct Professor, University of Texas at Austin; Clinical Professor of Psychiatry, Baylor College of Medicine

The planning committee would also like to acknowledge the contributions of Mike Morton, Managing Partner and Chief Operating Officer of Critical Path Strategies; Ana Almaguel, Planning Project Manager for Travis County Health and Human Services & Veterans Services; Daniel Oppenheimer, Communications Manager for the Hogg Foundation for Mental Health; and William Chandler, Assistant Director of the Rapoport Center for Human Rights and Justice. All were instrumental in the organization and facilitation of the summits.

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Appendix II: Registrants

George	Adams	City of Austin	Assistant Director, Planning
Joseph	Agyei	Seton Healthcare Family	Administrative Fellow
Ana	Almaguel	Travis County Health and Human Services & Veterans Services	Planning Project Manager
Kamran	Ali	South Asia Institute, UT Austin	Director and Associate Professor
Louis	Appel	People's Community Clinic	Chief Medical Officer
Rosanna	Barrett	HHSC	Director, Minority Health and Health Equity
William	Bednar	Law Office of William C. Bednar	Lawyer
Rahel	Berlane	Seton/Dell Children's	Pediatric Gastroenterologist
Jay	Bernhardt	UT Ctr for Health Comm	Professor and Director
Deborah	Bolnick	UT Austin	Associate Professor
Jessica	Boston	State Rep. Elliott Naishtat	Legislative Director
Dominique	Bowman	Huston-Tillotson	Senior Development Officer
Chris	Brownson	University of Texas at Austin	Associate Vice President for Student Affairs, Director of the Counseling and Mental Health Center
Rebecca	Brune	Methodist Healthcare Ministries	Vice President of Strategic Planning and Growth
Maria	Bumpass	Hogg Foundation for Mental Health	Executive Assistant
Sarah	Buttrey	Seton McCarthy CHC	MD
Alejandro	Caceres	austin immigrant rights Coalition	Executive Director
Cindy	Carlson	University of Texas at Austin, Dept. of Educational Psychology	Professor
Megan	Cemak	Senior Healthcare Planner – Health Promotion	Central Health
William	Chandler	Rapoport Center	Assistant Director
Grace	Chimene	Texas League of Women Voters	Chair for Child Health
Eshe	Cole	N/A	Program Coordinator
Kellee	Coleman	n	n
Chiquita	Collins	Johns Hopkins University	Associate Dean
Thomas B	Coopwood	Central Health Board of Managers	Manager
John-Michael	Cortez	Cap Metro	Community Involvement Manager

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Edward	Craig	Great Commission Baptist Church	Pastor
Lynn	Crismon	College of Pharmacy, The University of Texas at Austin	Dean, James T. Doluisio Regents Chair & Behrens Centennial Professor
Daniel	Crowe	Superior HeathPlan	Senior Medical Director
John	Daigre	Dell Medical School	Executive Director of Communications
Dana	Danaher	Dell Children's Medical Center	Director of Clinical Quality & Operational Effectiveness Pediatric Market
Debbie	Del Valle	El Buen Samaritano	Director of Community Health and Integrated Care
Cassandra	DeLeon	Austin/Travis County Health and Human Services Department	Program Manager
Lisa	Doggett	El Buen Samaritano	Family Physician
Ariel	Dulitzky	University of Texas School of Law	Clinical Professor of Law and Director, Human Rights Clinic
Isabel	Eguez	HHSC Office of Minority Health & Health Equity	Health Equity Specialist (PS VII)
Sheldon	Ekland-Olson	UT	Rapoport Centennial Professor
Maria	Emerson	Austin Interfaith	Leader/volunteer
Karen	Engle	UT School of Law	Minerva House Drysdale Regents Chair in Law & Co-director, Rapoport Center
Tim	Eubanks	Austin/Travis County Health and Human Services	Program Supervisor
David	Evans	Austin Travis County Integral Care	Chief Executive Officer
Francisco	Fernandez	UT RGV School of Medicine	Dean
Sherri	Fleming	Travis County Health and Human Services	County Executive
Roanna	Flowers	McCombs Healthcare Initiative	Program Coordinator
Patrick	Francis	The University of Texas System	Asst. Vice Chancellor for Health Affairs
Lynda	Frost	Hogg Foundation for Mental Health	Director of Planning and Programs
Christie	Garbe	Central Health	VP and Chief Strategy Officer
Deliana	Garcia	Migrant Clinicians Network	Director Internat'l Projects, R&D
Ethel	Garcia	HEALTH AND HUMAN SERVICES	Program Coordinator
Robert	Gibson	City of Austin-HHSD	Program Coordinator
Ilina	Gilman	El Buen Samaritano	Executive Director
Bonnie	Gonzalez	Knapp Community Care Foundation	CEO
Jessica	Grogan	Texas A & M Medical Center	Adjunct assistant professor

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Laura	Guerra-Cardus	Texas Associate Director	Children's Defense Fund
Charles	Hale	LLILAS	Director
Priscilla	Hale	allgo	Director
Carol	Haywood	City of Austin	Comprehensive Planning Manager
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Kate	Henderson	Seton Family of Hospitals	President, Seton Medical Center Austin, Seton Shoal Creek and Health Equities
Windy	Hill	Joyce James Consulting	Associate Racial Equity Consultant
Gina	Hinojosa	AISD	At-Large Board Member, Vice President
Neville	Hoad	University of Texas at Austin	Associate Professor
John	Hoberman	College of Liberal Arts, UT	Professor of Germanic Studies
Colleen	Horton	Hogg Foundation for Mental Health	Policy Program Officer
Philip	Huang	Austin/Travis County Health and Human Services Department	Medical Director/Health Authority
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Liz	Johnson	Seton	Program Manager
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James	Krieger	Public Health - Seattle & King County	Chief, Chronic Disease and Injury Prevention
Ayla	Landry	Lone Star Circle of Care	Program Design Manager, APHN-BC

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Karen	Lee	University Health Services, UT Austin	Staff Physician and Chair of the CME Committee
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Ellen	Richards	Austin Travis County Integral Care	Chief Strategy Officer
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Ken	Ripperger-Suhler	University of Texas at Austin	Research Associate
Carlos	Rivera	Austin/Travis County Health and Human Services Department	Director
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Paula	Rojas	Mama Sana/Vibrant Woman	CPM
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Stephen	Scheibal	Dell Medical School	Associate Director of Communications
Mark	Shen	Dell Children's Medical Center	President
Melissa	Smith	Seton and UT	physician and senior lecturer
Stephen	Sonnenberg	Humanities Institute, UT Austin	Fellow-in-Residence
David	Springer	RGK Center for Philanthropy and Community Service	Director and Professor
Dana	Sprute	UT Southwestern Austin Family Medicine	Family Medicine Residency Program Director
Pauline	Strong	Humanities Institute	Director
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Bill	Wilson	ATCIC	director prevention services
Kari	Wolf	Seton Healthcare Family	VPMA Psychiatry
Sharon	Wood	UT Austin - Cockrell School of Engineering	Dean
Rick	Ybarra	Hogg Foundation for Mental Health	Program Officer
Trish	Young	Central Health	President and COO
Veronica	Young	The University of Texas at Austin	Director of Inteprofessional Education and Community Engagement
Ofelia	Zapata	Austin Interfaith	Leader
Luis	Zayas	UT Austin	Dean, School of Social Work