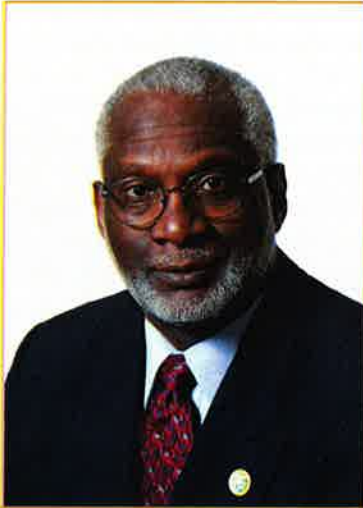


From the Desk of the Director



The mission of the Satcher Health Leadership Institute is to develop a diverse group of exceptional leaders, advance and support comprehensive health systems strategies, and actively promote policies and practices that will ultimately eliminate disparities in health.

In its 1988 report on the future of public health, the Institute of Medicine stated "the need for leaders in public health is too critical to leave their development or emergence to chance alone". At the Satcher Health Leadership Institute, we agree with the Institute of Medicine. Our philosophy is that we must not leave the emergence of leadership relative to disparities in health to chance alone.

There are those who feel that leaders are born and not made. Others feel that leaders are primarily developed. We believe that there are leadership capacities in each of us, and that for those who are motivated, we must help to develop their capacity because leadership matters. We also believe that we need leaders who care enough, who know enough, who will do enough, and who will persist in the effort to eliminate disparities in health.

Nevertheless, we believe that there is still much for all of us to learn about leadership. Leaders must be good learners, continually learning more about themselves, those they lead and the cause or mission, for which they work. At the Satcher Health Leadership Institute, we are committed to an interactive and experiential approach to teaching and learning.

To date, we have developed three leadership development programs at the Satcher Health Leadership Institute. First is our fellowship program where the focus is on health policy and especially health policy relative to the elimination of disparities in health. Other areas of interest for the fellowship program include sexual health, mental health, and healthcare delivery. The students in this program have completed their medical training including residency training or have completed their doctorate or equivalent terminal degree. This is a one year program and our fellows spend time looking at leadership at the local, state, and national level, especially as it relates to developing health policy.

The second leadership development program is our community health leadership program. This program focuses on preparing people who live and work in the community to play leadership roles in promoting health and preventing diseases in the community. We take participants who are recommended from community organizations. They spend time with us, usually over a twelve-week period- one full day a week, and engage in didactics as well as the solving of a community health problem with our supervision.

The third leadership development program we have is our introduction to leadership program. This program is geared toward medical students or graduate students who want to spend one or two months having an introductory experience relative to the role of leadership in the elimination of disparities in health. Usually these students will work on one problem, and they prepare a presentation about what they have learned about that problem relative to the elimination of disparities in health.

Finally, we believe that leadership at its best is mission oriented. Our mission is closely aligned with the mission of Morehouse School of Medicine. The goal of eliminating disparities in health in this country, while achieving global health equity, is one that resonates with us. We look forward to working with all of you in pursuing this important mission.

Satcher Leadership Lessons



David Satcher, M.D., Ph.D.
Director, Satcher Health Leadership Institute
16th Surgeon General of the United States

Division of Health Policy



lore dickey, Ph.D., Eddie Turner, M.D., M.P.H
Khusdeep Malhotra, BDS, M.P.H, LeConté Dill, DrPH, M.P.H

The Health Policy Division focuses on providing leadership and preparing leaders committed to developing and implementing policies and practices which reduce and ultimately eliminate disparities in health. To this end, our activities are focused on: (1) Developing, training, and engaging established and emerging leaders and students, (2) Engaging communities, organizations, and leaders, (3) Conducting and collaborating on research, and (4) Influencing policy and resource allocation.

The Health Policy Leadership Fellowship Program, which began in 2009, is our major leadership training program. The fellowship program welcomed its third cohort of fellows on September 1. They continue our tradition of attracting a diverse group of talented and passionate health professionals. The new fellows include:

Dr. Eddie Turner is a family physician who recently completed a primary care research fellowship at the University of North Carolina. Dr Turner has strong research interests in workforce diversity, particularly related to preparing minorities for healthcare careers, as well as the impact of quality improvement in primary care on eliminating health disparities. He has a faculty appointment in the Department of Family Medicine and will also be working with the National Center for Primary Care.

Dr. lore m. dickey is a psychologist who recently completed his doctorate in Counseling Psychology from the University of North Dakota as well as a one-year pre-doctoral internship at Counseling and Psychological Services at Duke University. He has a strong interest in both practice and policy issues that address health and health care disparities experienced by the transgender community. Dr. dickey has a faculty appointment in the Department of Psychiatry and Behavioral Sciences.

Dr. Khusdeep Malhotra received her dental degree in India and completed her Master of Public Health (MPH) in public health education from Western Kentucky University in Bowling Green, Kentucky. Prior to joining SHLI, she completed a fellowship in Dental Public Health at the NIH. Her research interests include health equity and human rights, with a particular interest in the Juvenile Justice system, as well as the role of technological advances like Geographic Information Systems (GIS) in reducing health disparities. Dr Malhotra has a faculty appointment in the Department of Community Health and Preventive Medicine.

Dr. LeConté J. Dill recently received her Doctor of Public Health degree from the University of California Berkeley. Dr. Dill has also worked in academic, non-profit, and public agencies on issues related to health education, chronic disease prevention, the built environment, youth organizing, and program evaluation. Her research and teaching interests are focused on the health and wellness processes of marginalized people and places. In particular, she is committed to addressing health and social inequities among adolescents in urban neighborhoods. She has a faculty appointment in the Department of Community Health and Preventive Medicine.

Division of Behavioral Health

With 'Mental Illness Awareness Week' being recognized in the month of October, we want you to know that one in every four to five adults in America [i.e. 40 - 57.7 million people] experience a diagnosable mental disorder in any given year. In 2008, an estimated 9.8 million adults had a serious mental illness, such as major depression, schizophrenia or bipolar disorder and 2 million youth, ages 12-17 years, experienced major depression. Mental, emotional, and behavioral disorders among young people cost society \$247 billion annually. By 2020, behavioral health disorders will be the number one cause of disability, exceeding all physical diseases worldwide. This is partly due to the fact that the disabling effects of behavioral health disorders can worsen chronic disease states and disrupt a person's ability to work, carry out daily activity and maintain satisfying relationships.



SSC First Year Graduates

The good news is that prevention works and early interventions improve well being. We know that treatment for behavioral health disorder is effective and people recover - with recovery rates of 80% for bipolar, 65% - 80% for major depression, 60% for schizophrenia and 70% for addiction disorders. Despite this promising progress, many people experiencing mental illness do not seek or receive treatment due to stigma and disparities in access to quality care.

Since mental health is vital to our overall health and well being, and in light of the evidence from the U.S. Surgeon General Reports on Mental Health, the Office of Behavioral Health at the Satcher Health Leadership Institute is focusing on key prevention and early intervention efforts to promote mental health and reduce stigma and disparities in behavioral health. Examples include:

Parenting Education - Smart and Secure Children (SSC) - This program is based on evidence from brain development research and studies showing the importance of quality parenting as a protective factor that reduces the negative impacts of poverty on children exposed to adverse childhood experiences, and improves the mental health of parents and caregivers. The SSC helps to address social determinants of health by training and employing parents to lead parenting education sessions that will transform parenting culture and provide communal social support. The SSC was initially funded by the National Institute of Health - Institute of Minority Health and Health Disparity, and is currently funded by Substance Abuse and Mental Health Services Administration.

Social Emotional Literacy and Parent Engagement - This project seeks to provide training and technical assistance to individual schools and school districts that are willing and committed to creating emotionally healthy school environments where the staff, students and families can learn, grow, and thrive. In collaboration with the Yale University, Ruler Group, SHLI will use the "Ruler Approach" with a Parent Engagement (PE) approach to improve both the classroom learning environment and student academic performance of students.

Integration of Behavioral Health and Primary Care - This initiative is a private and public partnership that is working on a transformative leadership curriculum and system based quality improvements to increase access to quality behavioral healthcare, reduce stigma, and advance behavioral health equity. This partnership includes the Georgia Department of Behavioral Health and Developmental Disabilities, Kaiser Permanente, Grady Hospital, Cherokee Health Systems, and the following five community health centers: Asa G. Yancey Center; Fulton County's North Annex and Neighborhood Union Centers; Cobb-Douglas Community Service Board; and McIntosh Trail Community Service Board.

References: (1) Substance Abuse and Mental Health Services Administration survey report 2010; (2) The National Advisory Mental Health Council; (3) The National Scientific Council on The Developing Child - Center on the Developing Child, Harvard University: The Science of Early Childhood Development - Closing the Gap Between What We Know and What We Do. Harvard University, 2007; (4) The U.S. Surgeon General Report on Mental Health, and its supplement on Culture, Race and Ethnicity.

Community Voices

In an effort to reduce the rate of recidivism, Community Voices at the Morehouse School of Medicine, the United States Attorney's Office for the Northern District of Georgia, the Georgia Department of Corrections, and the Georgia State Board of Pardons and Parole and numerous not for profit organizations partnered to create "New Beginnings", a two-phased reentry program aimed at helping formerly incarcerated citizens successfully and properly re-integrate into society.

The first phase of the reentry program involves a monthly reentry forum offering presentations from both law enforcement and social service providers. Law enforcement representatives from the Alcohol Tobacco and Firearms (ATF), the Atlanta Police Department, and the U.S. Attorney's Office address the group, explaining the consequences of returning to the criminal justice system. In addition, social service providers, including the Urban League of Greater Atlanta, the Salvation Army, United Way, and others address the group and offer their services in areas of need such as jobs training, education and literacy training, mental-health counseling, housing, as well as family and children services. In addition to their attendance, the ex-offenders are encouraged to bring someone who is influential and supportive in their lives such as a significant other (girlfriend, spouse) or other family member.

In addition to New Beginnings, Community Voices has begun work on a new initiative entitled MILA Fellows Reentry Family Support Program. MILA is the acronym for Orunmila which is the Yoruba diety of compassion. This program is specifically aimed at improving the economic status of fathers recently released from prison, allowing them the opportunity to meet their legal and financial as well as parental obligations to their children. The program will focus on life skills to enhance employability, enabling entrepreneurship, reengagement with their children, family, and communities, and becoming leaders in the community. The MILA Fellows program was featured during The Fourth Annual Soledad O'Brien Freedom's Voice Awards Gala.

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