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THE UNIVERSITY *of* NEW MEXICO
HEALTH SCIENCES CENTER

beyond
FLEXNER
Social Mission in Medical Education

APRIL 13 - 15, 2015
ALBUQUERQUE, NEW MEXICO



Beyond Flexner 2015 Steering Committee:

Fitzhugh Mullan, MD (co-chair)
Arthur Kaufman, MD (co-chair)

Sonal Batra, MD, MST
Leigh Anne Butler, EMT-B
Frederick Chen, MD, MPH
Gerard Clancy, MD
Malika Fair, MD, MPH
Pedro Greer, Jr., MD
Marc Nivet, EdD
Carolina Nkouaga
Beth Roemer, MPH
George Thibault, MD

Nametag QR Codes



Notice that square with squiggly lines on your name tag? Use it to stay connected and help build a national movement after the Beyond Flexner 2015 conference!

To use the QR codes on participant name tags:

- Go to the App Store or Google Play on your smartphone
- Search for "Free QR reader" and download the app
- Use the app to scan the QR code on a participant name tag using your smartphone camera
- The participant's contact information will appear on your screen; click "Add to Contacts"
- Voila! You're connected!

Presenters at the Beyond Flexner 2015 conference have agreed to disclose any financial relationship related to the activity's content with a commercial interest, defined as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies. As of the printing of this conference program, none of the presenters at the Beyond Flexner 2015 conference have any financial relationships to disclose.



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Continuing Medical Education

The University of New Mexico School of Medicine's Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Office of Continuing Medical Education designates this live activity for a maximum of 13 *AMA PRA Category 1™* credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.



What is Beyond Flexner?

The Beyond Flexner movement started with a 2012 conference in Tulsa, Okla., that brought national attention to medical schools with strong social mission commitment, created a forum for collaboration and shared innovations, and legitimized the important role of medical education in addressing health inequities. Beyond Flexner 2015 will examine the progress of social mission innovations and reforms in medical education. The broad themes of social mission include social determinants of health, community engagement, disparity reduction, diversity promotion and value-based health care. Interprofessional education and practice are essential components of a transformed health system, and educational leaders from other health professions will participate.

The conference will examine the moral, financial and pedagogic aspects of social purpose in medical education and social accountability in medical schools, teaching hospitals and academic health centers. Conferees will deliberate about best practices, new schools' programs, curricular innovations, augmented pipeline programs, teaching health centers, "upstream" medicine and the public health/medicine interface. Beyond Flexner 2015 will raise many new and energized ideas about social mission at teaching institutions and in the health system as whole. Conferees will have the opportunity to consider next steps in moving the Beyond Flexner movement forward and how to make the Beyond Flexner alliance stronger — including organizational options, action agendas and sources of support.

Beyond Flexner is about health equity and training health professionals as agents of more equitable health care. The movement will take us beyond century-old conventions in medical education to train physicians prepared to build a system that is not only better but fairer.

Welcome!



Welcome to the Beyond Flexner 2015 Conference! We hope this gathering of innovative leaders will stimulate new interest in the social mission at teaching institutions and in the health system as a whole.

In addition to the plenary and breakout sessions outlined in the program, there will also be a cultural event at the Indian Pueblo Cultural Center on Monday evening, as well as site visits to community engaged programs throughout Albuquerque on Tuesday afternoon. Transportation will be provided to all of these events.

Conference staff will be available in the Garden Room throughout the event in case you have questions or need assistance. Staff members will also be on hand at all sessions and events, and can be identified by their unique red name tags.

Throughout the conference, those of you on Twitter can join the conversation with #BeyondFlexner or #BF2015.

Your participation in the Beyond Flexner conference will help promote socially accountable ideals. Thank you for attending; we look forward to meeting you and hearing your ideas.



Arthur Kaufman, MD
University of New Mexico
Health Sciences Center
Conference Co-Chair



Fitzhugh Mullan, MD
The George Washington
University
Conference Co-Chair



Sonal Batra, MD, MST
The George Washington
University
Conference Co-Director



Carolina Nkouaga
University of New Mexico
Health Sciences Center
Conference Co-Director

7:30 - 8:30 Breakfast and Registration

TIME	SESSION	SPEAKERS
8:30 - 9:15	Opening Session <i>Welcome from UNM HSC</i> <i>Beyond Flexner</i> <i>Building a Movement</i> <i>Conference Logistics</i>	Sonal Batra (m) Paul Roth Fitzhugh Mullan Arthur Kaufman Carolina Nkouaga
9:15 - 9:45	Keynote Address <i>Challenge of Change: The Direction of Change</i>	Donald Berwick
9:45 - 10:15	Keynote Address <i>Medical Education and the Health of the Nation</i>	Vice Admiral Vivek Murthy, U.S. Surgeon General
10:15 - 10:45	Coffee Break	
10:45 - 12:15	Breakout Session 1: Challenge of Change - Beyond Current Models	
1.1	Social Mission Research: The New Laboratory	Richard Larson (m), Candice Chen, Marc Gourevitch, Kathleen Klink and Don Pathman
1.2	Medicine and Public Health: Old Adversaries, New Partners	Lawrence Deyton (m) Malika Fair, Denise Koo and Justine Strand de Oliveira
1.3	Marching to a Different Drum: Medical Schools with a Transformative Vision	Fitzhugh Mullan (m) Paul Katz, Richard Olds and Steve Scheinman
1.4	Accountable Doctors for Accountable Care	Donald Weaver (m), Linda Famiglio, Carol Havens and Michael Richards
1.5	Medicaid Managed Care: Investing Upstream	Daniel Derksen (m), Thomas Fisher/Eugene Sun, Arthur Kaufman and Irene Krokos/Patty Kehoe
1.6	Funders Weigh In: Rationale for Investing in the Social Mission	Luis Padilla (m), Maureen Byrnes, Gail Christopher and Chris Koller
1.7	Cooperative Extension: Creating a New Health Partner	Roberta Riportella (m/s), Dawn Contreras and Deborah Murray
1.8	Partnering with Other Sectors: A Key Ingredient to Achieving the Social Mission	Joe Greer (m), Tony Monfletto, Roger Rennekamp and Elizabeth Tobin-Tyler
12:15 - 1:30	Lunch - <i>Preparing Students to Love Transparency and Accountability: If You're Going to be Naked, It's Good to be Buff</i>	Christine Cassel

TIME	SESSION	SPEAKERS
1:30 - 3:00	Plenary: Education and Social Mission <i>The New GME</i> <i>Transforming Health Professions-Globally!</i> <i>Community Benefit & Social Mission</i>	Pedro Greer (m) Thomas Nasca Lincoln Chen Nirav Shah
3:00 - 3:30	Coffee Break	
3:30 - 5:00	Breakout Session 2: Education and Social Mission	
2.1	Diversity and Inclusion: Can the Medical Student Body Reflect Society?	Valerie Romero-Leggott (m), David Ansell, Erik Porfelli/Gina Weisblat and Joan Reede
2.2	Graduate Medical Education: Mission, Relevance and Accountability	Candice Chen (m), Charlie Alfero, Neil Calman, Fitzhugh Mullan and Karen Sanders
2.3	Interprofessional Service Learning: Overcoming Professional Silos	Bud Baldwin (m) Michel Disco, Paul Mazmanian and Peggy Wros
2.4	Global Transformative Medical Education: Lessons from Abroad	Cindy Haq (m), Jose Francisco Garcia Gutierrez, David Ries and Rachel True
2.5	Beyond the Walls: Community as Campus	Martha McGrew (m), Jehan El-Bayoumi, Michael Glasser and Linda Thomas-Hemak
2.6	Marginalized Populations and Academic Health Centers: Challenges and Opportunities	Frank Royal, Jr. (m), David Acosta, Brian Gibbs and Manuel de la Rosa
2.7	Beyond Flexner in Action: First-Generation Schools	Roger Strasser (m), Martha Elks, Kay Kalousek and Dave Steward
2.8	Students and Residents: Leading Roles in Addressing Social Mission	Liz Wiley (m), Britani Kessler, L. Toni Lewis and Abner Murray
6:00 - 9:00	<p>Dinner - A dinner reception will be held at the Indian Pueblo Cultural Center featuring guest speaker H. Jack Geiger and a performance from the Jemez Buffalo Dancers. This unique venue highlights New Mexico's rich Native culture, and will also provide an opportunity to tour a museum focusing on the history of the Pueblo people as well as a chance to purchase jewelry, pottery and other souvenirs.</p> <p>Please meet in the hotel lobby at 5:45 pm.</p>	

7:30 - 8:30 Breakfast and Networking

TIME	SESSION	SPEAKERS
8:30 - 10:30	Plenary: Innovative Visions <i>State of the Diversity Mission</i> <i>Academic Health Centers and Social Determinants</i> <i>Interprofessional Health Professions Education</i> <i>How Do We Move Flexner Upstream?</i>	Beth Roemer (m) Marc Nivet Steven Wartman Barbara Brandt Rishi Manchanda
10:30 - 11:00	Coffee Break	
11:00 - 12:30	Breakout Session 3: Social Mission Movements Among Academic Health Centers	
3.1	Social Mission and Medical Education: Innovations	Paul Rockey (m), Guen Burke, Deborah Edberg and Sonja Haywood
3.2	Beyond the Patient-Centered Medical Home: Focus on Community Health	Clif Knight (m), Carmen Maynes, Michelle Melendez and Leslie Mikkelson
3.3	Cost Concern IS Social Mission	Sonal Batra (m), Shannon Brownlee and Neel Shah
3.4	Doctors for Change	Boyd Buser (m), Andrew Morris-Singer, Scott Poppen and Jim Scott
3.5	Using Multidisciplinary Clinical Teams to Address Upstream Health Determinants	Andrew Bazemore (m), Laura Gottlieb, Will Kaufman and Elizabeth Tobin-Tyler
3.6	Longitudinal, Integrated Clerkships: Overcoming Clinical Department Silos	Hilliard Jason (m), David Bor, Kathleen Brooks and David Hirsh
3.7	Health Extension: Linking Academic Health Center Resources to Community Health Priorities	Thomas Bodenheimer (m), Perry Dickinson, Dan Duffy and Marnie Nixon
3.8	Community Health Workers: A Social Determinants Bridge Between Academic Health Centers and Communities	Edwin Fisher (m), Dan Blumenthal, Manuela McDonough, Claudia Medina and Lee Rosenthal
12:30 - 1:30	Lunch	

1:45 - 5:00 **Community Site Visits** - Participants will go out into the community to visit initiatives that demonstrate on-the-ground collaboration between an academic health center and community partners working together to address social determinants of health. Francisco Ronquillo

7:30 - 8:30 Breakfast and Networking

TIME	SESSION	SPEAKERS
8:30 - 9:30	Plenary: Insights into Social Mission <i>The Gardener's Tale</i> <i>The Times, They Are A-Changin'</i>	Steve Shannon (m) Camara Jones Joshua Sharfstein
9:30 - 9:45	Orientation to final breakout session	Arthur Kaufman
9:45 - 10:00	Coffee Break	
10:00 - 11:00	Breakout Sessions: Building a Larger Social Movement	
11:00 - 12:00	Conference Rapporteur and Next Steps "Town Hall"	Gerard Clancy
12:00 - 1:00	Lunch and Conference Adjourns	



Challenge of Change—Beyond Current Models	Speakers
<p>1.1 Social Mission Research: The New Laboratory While research dollars in cutting edge medical therapies and technological advances are important parts of academic health centers, just as critical is research to guide the advancement of medicine's social mission. Academic research is often driven more by NIH funding priorities than communities' priority needs. Presenters will discuss their work on health care delivery, population health, access to care, workforce, health care policy implications, and other areas that have immediate and significant impacts on health and equity.</p>	<p>Richard Larson (m) Candice Chen Marc Gourevitch Kathleen Klink Don Pathman</p>
<p>1.2 Medicine and Public Health: Old Adversaries, New Partners Modern medicine's goal should be to improve the health of the public – the health of the individual and the health of a population should go hand in hand. Yet these two fields have historically developed separately and often miss out on vital chances to collaborate. The integration of public health and medicine in the classroom is rarely complemented by such integration in practice. Increasingly, organizations and programs are being developed to focus on the intersection of these two at times-reluctant partners.</p>	<p>Lawrence Deyton (m) Malika Fair Denise Koo Justine Strand de Oliveira</p>
<p>1.3 Marching to a Different Drum: Medical Schools with a Transformative Vision After nearly two decades without any new LCME-accredited U.S. medical schools, in the past 10 years the pendulum has swung, with the establishment of at least 17 new medical schools. Many of these schools focus on medically underserved populations, population health, community-based medication, and other themes that clearly demonstrate the value they place on social mission.</p>	<p>Fitzhugh Mullan (m) Paul Katz Richard Olds Steve Scheinman</p>
<p>1.4 Accountable Doctors for Accountable Care How do we create the workforce of the future? What do health professionals need to know about collaboration, disparities, cultural competency and cost-effective practice to work in modern health care systems that are accountable for the health of their patients? Whether in patient-centered medical homes, ACOs, or managed care organizations, the way patients get care is evolving, and health care providers will need to evolve with it to survive.</p>	<p>Donald Weaver (m) Linda Famiglio Carol Havens Michael Richards</p>
<p>1.5 Medicaid Managed Care: Investing Upstream Some of the most important examples of re-allocating health care dollars upstream are found in Medicaid Managed Care. There, capitated payments are creating vastly different incentives favoring investments in addressing social determinants of health, including funding networks of community health workers. Two major national health insurance companies (Blue Cross Blue Shield and Molina Healthcare) will discuss how their new investments were created and evolving in partnership with academic health centers.</p>	<p>Daniel Derksen (m) Thomas Fisher/ Eugene Sun Arthur Kaufman Irene Krokos/Patty Kehoe</p>
<p>1.6 Funders Weigh In: Rationale for Investing in the Social Mission Financial support for social mission innovations is a key component in reducing health inequities, creating a diverse workforce and addressing the social determinants of health. Leaders in philanthropy and community benefit will discuss funding priorities, evaluation process and lessons learned.</p>	<p>Luis Padilla (m) Maureen Byrnes Gail Christopher Chris Koller</p>
<p>1.7 Cooperative Extension: Creating a New Health Partner Cooperative Extension has thrived for more than 100 years, linking the resources of each state's land grant university with urban and rural farming, community, economic and social needs. These partnerships impact community health through farm and ranching productivity, local nutrition and strengthening families through 4-H clubs and family and consumer sciences. Today, a major shift is taking place nationally toward a much greater involvement in health. The health sector is mostly unaware of this shift in emphasis and of the potential of this powerful partner in improving community health.</p>	<p>Roberta Riportella (m/s) Dawn Contreras Deborah Murray</p>
<p>1.8 Partnering with Other Sectors: A Key Ingredient to Achieving the Social Mission The factors that influence health outcomes begin far removed from clinics and hospitals. Poor nutrition, low educational attainment, inadequate policy-making contribute to subsequent disease burden. Thus, to truly address the social determinants of health, we must work with partners in other sectors who bring expertise rarely tapped by the health sector, such as agriculture, education and law. Presenters will describe how their sectors are now making major strides in collaborating with the health sector, generating mutual health benefits as an outcome.</p>	<p>Joe Greer (m) Tony Monfietto Roger Rennekamp Elizabeth Tobin-Tyler</p>

Education and Social Mission	Speakers
<p>2.1 Diversity and Inclusion: Can the Medical Student Body Reflect Society? “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” – Dr. Martin Luther King, Jr. Diversity in health professionals education can no longer be a special interest issue. Maintaining a workforce that is diverse not only in racial and ethnic makeup, but socioeconomic status, geography, language, gender identity, disability, age and all other facets of identity, is key to decreasing inequality in health care and improving the experience of health professionals’ educations. Presenters will describe pipeline, admission and support programs, and other initiatives that are demonstrating major success in diversifying their organizations.</p>	Valerie Romero- Leggott (m) David Ansell Erik Porfelli/ Gina Weisblat Joan Reede
<p>2.2 Graduate Medical Education: Mission, Relevance, and Accountability America’s health care needs are constantly evolving – and our graduate medical education system must continue to evolve with them. Will recent “outside the box” developments in how we train future physicians succeed in creating the future workforce we need?</p>	Candice Chen (m) Charlie Alfero Neil Calman Fitzhugh Mullan Karen Sanders
<p>2.3 Interprofessional Service Learning: Overcoming Professional Silos The world of clinical practice is moving rapidly toward integrated, interprofessional models for greater care quality and lower cost, where each health professional works at the top of their license. However, most health profession schools continue to educate their students in isolation from each other. New strategies for learning and clinical role modeling must be developed for academic health centers to overcome academic turf and serve the changing practice needs of the future.</p>	Bud Baldwin (m) Michel Disco Paul Mazmanian Peggy Wros
<p>2.4 Global Transformative Medical Education: Lessons from Abroad Some of the most important models of academic health centers addressing their social mission and forming networks to accomplish this task are emerging from abroad. Yet these are mostly unknown among U.S. schools. This panel will share lessons learned from these global innovations, many of which are forming linkages with U.S. schools.</p>	Cindy Haq (m) Jose Francisco Garcia Gutierrez David Ries Rachel True
<p>2.5 Beyond the Walls: Community as Campus Communities as sites of health professions training have gone beyond occasional elective experiences to playing a more central and vital role, integrated in the medical curriculum. Such experiences have been shown to influence career selection and campus-community relationships. These programs have gone beyond medical student education to involve residents and students of other health professions. Some of the more intensive, community-based education programs and their successes and challenges will be explored.</p>	Martha McGrew (m) Jehan El-Bayoumi Michael Glasser Linda Thomas- Hemak
<p>2.6 Marginalized Populations and Academic Health Centers: Challenges and Opportunities Academic health centers play a major role in the health care of marginalized populations—ethnic minorities, immigrants, the undocumented and the poor. Students and residents serve and learn from this population on a daily basis. But budget cuts, shrinking revenue margins and federal restrictions on who can receive subsidized care further challenge academic health centers working to narrow the health disparities gap. Presenters will discuss strategies institutions are employing to overcome these challenges and fulfill their social mission.</p>	Frank Royal, Jr. (m) David Acosta Brian Gibbs Manuel de la Rosa
<p>2.7 Beyond Flexner in Action: First Generation Schools Morehouse School of Medicine, Southern Illinois University, the University of Northern Ontario, and the School of Osteopathic Medicine in Arizona were selected to participate in the Beyond Flexner study of 2010-2012 because of their innovative curricula, which paid particular attention to teaching and practicing social mission in medical education. This workshop will be an opportunity for them to discuss the progress and ongoing challenges of their mission-driven programs.</p>	Roger Strasser (m) Martha Elks Kay Kalousek Dave Steward
<p>2.8 Students and Residents: Leading Roles in Addressing Social Mission Throughout modern history, students have been change agents, organizing and fighting for causes as varied as ending a war to racial integration of schools. Harnessing the power of residents and students to transform health care and the social determinants of health is crucial to creating a future that is fairer than the past. Resident and student groups will discuss their take on the social mission of medical education.</p>	Liz Wiley (m) Britani Kessler L. Toni Lewis Abner Murray

Social Mission Movements Among Academic Health Centers	Speakers
<p>3.1 Social Mission and Medical Education: Innovations Traditional models for health professionals education give students a fantastic understanding of anatomy, physiology and pharmacology. However, 21st century education must teach both future and current health care providers to address the true health needs of their patients and our society. Presenters will discuss novel educational innovations that advance the social mission of medicine.</p>	<p>Paul Rockey (m) Guen Burke Deborah Edberg Sonja Haywood</p>
<p>3.2 Beyond the Patient-Centered Medical Home: Focus on Community Health Primary care clinics are becoming centers of innovation and transformation, led in large measure by the advent of the patient-centered medical home. Many clinics are going a step further by taking on a much greater role in addressing social determinants in the community served, forging strong links with academic health centers, broadening the integration of services with new partners and deploying community health workers. Models of comprehensive clinics known as "health commons," as well as the "community-centered health home," will be explored.</p>	<p>Clif Knight (m/s) Carmen Maynes Michelle Melendez Leslie Mikkelson</p>
<p>3.3 Cost Concern IS Social Mission Quality health care is a right of every person, and a health care system that is effective and just must also be cost effective to survive. It is a well publicized fact that American health care is vastly more expensive than that of any other country and yet we know that this does not lead to better health outcomes. Experts will discuss how we must shift our priorities to provide high-quality care that is equitable, patient-centered, and protects patients from harm.</p>	<p>Sonal Batra (m) Shannon Brownlee Neel Shah</p>
<p>3.4 Doctors for Change The progressive abandonment of the American Medical Association by physicians and the rise of organizations devoted to narrow specialty interests are some of the forces that have led to the formation of new groups of physicians focused on leadership in reform and health equity. Primary Care Progress, Doctors for America, and the National Physicians Alliance are three leaders in the field.</p>	<p>Boyd Buser (m) Andrew Morris-Singer Scott Poppen Jim Scott</p>
<p>3.5 Using Multidisciplinary Clinical Teams to Address Upstream Health Determinants The impact on patient, family and community health can be enhanced by broadening the types of providers on the team and their scope of practice. Often, neglected upstream social and economic forces weigh upon overwhelmed clinical providers frustrated at not being able care for their patients adequately. Newer models of care, in which academic health centers and community health centers form partnerships, are bringing unconventional resources into clinics and clinical services out to communities by creating multidisciplinary teams to include lawyers, farmers and/or community health workers. The impact of these innovations regarding quality and cost is substantial.</p>	<p>Andrew Bazemore (m) Laura Gottlieb Will Kaufman Elizabeth Tobin-Tyler</p>
<p>3.6 Longitudinal, Integrated Clerkships: Overcoming Clinical Department Silos Traditionally, a medical school's clinical clerkships are a string of disconnected, one- to two-month blocks on department services. They are held predominantly on teaching hospital wards, continuity is nil and the importance of care continuity, long-term relationships with faculty and resident mentors and the importance of community practice is, for the most part, missing. A growing number of medical schools are anchoring the students' experience to a primary care clinical service for an entire year, often in a community practice where exposure to hospital and specialty services emerge around the patients on the students' panels. The outcomes are impressive regarding quality of education measures, test scores and residency choice favoring the most-needed specialties.</p>	<p>Hilliard Jason (m) David Bor Kathleen Brooks David Hirsh</p>
<p>3.7 Health Extension: Linking Academic Health Center Resources to Community Health Priorities Modeled after the success of cooperative extension in transforming U.S. agriculture, "health extension" was developed at the University of New Mexico and the University of Oklahoma and written into the ACA. It has served to leverage the resources of the academic health center to help transform primary care practice while improving community health by addressing adverse social determinants. This model has now spread to 17 states and has informed a growing number of funding initiatives including the large State Innovation Model grants.</p>	<p>Thomas Bodenheimer (m) Perry Dickinson Dan Duffy Marnie Nixon</p>

Breakout Session 3

Tuesday, April 14, 11:00 am - 12:30 pm

Social Mission Movements Among Academic Health Centers	Speakers
<p>3.8 Community Health Workers: A Social Determinants Bridge Between Academic Health Centers and Communities</p> <p>Social determinants play a far greater role in health than the health system. Yet U.S. health care dollars scarcely address these determinants. Community health workers, a community-savvy, culturally and linguistically competent, growing component of the health workforce, spend more time than any other health provider addressing social determinants. Yet, their roles are mostly unknown to the health care system and their integration into clinics and hospitals remains a challenge. Strategies for overcoming these challenges from the perspective of academic health centers will be presented.</p>	<p>Edwin Fisher (m) Dan Blumenthal Manuela McDonough Claudia Medina Lee Rosenthal</p>

Community Site Visits

Tuesday, April 14, 1:45 pm - 5:00 pm

Community-Engaged Initiatives			
A	Academic Health Center Surrounding Neighborhood	I	Youth Programming (B)
B	Pediatric Social Medicine	J	Community Development (A)
C	Youth Mentoring / Regional Medical Center	K	Community Development (B)
D	Native American Community Academy	L	"Health Commons" / <i>Colonia</i>
E	Telehealth Solutions for Difficult-to-Reach Populations	M	Homelessness
F	The International District (A)	N	Food Security
G	The International District (B)	O	Community Asset Mapping
H	Youth Programming (A)	P	Health Leadership High School

The site visits to community-engaged initiatives will address a wide range of topics, such as Native American health and social issues, pipeline into health careers, built environment, health care for underserved populations, immigrant health and social issues, homelessness, community asset mapping, innovative educational initiatives, rural health issues, mentoring and youth development, food security, telehealth for hard-to-reach populations and the "health commons" model.

Breakout Session 4

Wednesday, April 15, 10:00 am - 11:00 am

Building a Movement		World Café Facilitators	
<p>4.1 Saverio Sava* Anne Simpson Helen Tso</p>	<p>4.2 Francisco Ronquillo* Mario Pacheco Robert Rhyne</p>	<p>4.3 Jane Westberg* Melvina McCabe Charlene Poola</p>	<p>4.4 Juliana Anastasoff* Molly Bleecker Leslie Morrison</p>
<p>4.5 Janet Page-Reeves* Robert Janett Toyese Oyeyemi</p>	<p>4.6 Helene Silverblatt* Joaquin Baca Tom McWilliams</p>	<p>4.7 Erin Corriveau* Betty Chang Evelyn Rising</p>	<p>4.8 Josh Freeman* Leigh Anne Butler Paul McGuire</p>

* Lead facilitators



Local Eateries

CROWNE PLAZA OPTIONS

Stone Street

Lobby Level
6:00 am – 10:00 am

Ranchers Club of New Mexico

Lobby Level
5:30 pm – 11:30 pm
AAA Four Diamond-rated
Extensive wine list, locally sourced meats, dairy and produce

Cantina Lounge

Lobby Level
2:00 pm – 11:00 pm
Light fare

WALKING DISTANCE

Range Café

2220 Menaul Blvd. NE
(505) 888-1660
7:00 am – 9:00 pm
American, New Mexican

Little Anita's

2000 Menaul Blvd. NE
(505) 837-9459
7:00 am – 9:00 pm
New Mexican

DOWNTOWN/UNM AREA

(\$10-15 taxi ride)

Farina Pizzeria & Wine Bar

510 Central Ave. SE
(505) 243-0130
11:00 am – 10:00 pm

The Artichoke Café

424 Central Ave. SE
11:00 am – 11:00 pm

Frontier Restaurant

2400 Central Ave. SE
(505) 266-0550
5:00 am – 1:00 am

NOB HILL AREA (\$10-15 taxi ride)

Zinc Wine Bar & Bistro

3009 Central Ave. NE
(505) 254-9462
4:00 pm – 12:00 am

Il Vicino Wood Oven Pizza

3403 Central Ave. NE
(505) 266-7855
11:00 am – 11:00 pm

Thai Vegan @ Nob Hill

3804 Central Ave. SE
(505) 200-2290
11:00 am – 9:00 pm

Local Eateries & Transportation



ABQ UPTOWN (\$15-20 taxi ride)

TRANSPORTATION

BRAVO! Cucina Italiana

2220 Louisiana Blvd. NE
(505) 888-1111
11:00 am – 10:00 pm

Yellow Cab Co.

(505) 247-8888

Elephant Bar Restaurant

2240 Louisiana Blvd. NE #5A
(505) 884-2355
10:30 am – 10:00 pm

ABQ Taxi Service

(505) 307-9209

California Pizza Kitchen

2241 Q St. NE
(505) 883-3005
11:00 am – 10:00 pm

Albuquerque Taxi

(505) 340-8967

The Melting Pot

2201 Uptown Loop Rd. NE, #1A
(505) 843-6358
4:30 pm – 10:00 pm

ABQ Metro Taxi Service

(505) 450-8580

ABQ Cab Co., Inc.

(505) 883-4888

ABQ Green Cab Co.

(505) 243-6800



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x = independently organized TED event