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ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES (AUCD)

OPENNING PLENARY SESSION

KEYNOTE SPEAKER: DR. JOAN REEDE

RENAISSANCE HOTEL

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>> JULIE FODOR: I am the director of the disability institute from the University of Idaho.

>> As many of you know, putting on a conference like this takes a greater deal of work. The conference chair and the planning committee have put a lot of work into this.

(Applause).

>> And other disabilities in their family. We will also share in Linguistic practices, and help our own center's diversity and will ensure that our work is responsive to the Communities that we serve. In addition, we will celebrate the remarkable work done by our national network, and what we have achieved on behalf of and with individuals of disabilities and their families. The next is not only a time to reconnect with friends and colleagues, but it is also a time to expand our personal and professional relationship. This is really big. To the over 100 trainees in the audience.

(Cheers and applause) I encourage you to use your time at the AUCD conference to expand your own network. All of AUCD welcomes you, and eagerly awaiting your coming achievements and leadership. To all directors in the audience. If you are currently accepting applications or resume for positions, please raise your hand. So trainees, you should be looking at those hands.

(Laughter).

And letting yourself be known. We're thrilled to have trainees from nearly every state in the country represented here at the conference. That's amazing. Kudos especially to Missouri and Ohio for bringing so many trainees. Please join me in extending a warm welcome to Elaine Eisenbaum.

(Applause)

Elaine is our virtual trainee.

(Applause).

Elaine is from the School of social work at the University of Texas, and a trainee at the Texas center for disability studdies. We would like to thank Jodie Pirtle and welcome incoming training representative Stephanie Weber.

(Applause).

Elaine, Stephanie, and a strong network of training liaisons are working hard to promote inclusion and increase diversity in our centers, programs, and state so that our practices rain clue sieve of all folks. You may notice that we have been using our computer assisted realtime transcription or C.A.R.T. systems for plenary sessions. During the plenary, you will see streaming text along the top portion of the screen. The C.A.R.T. operator is off‑site and relies totally on the audio provided through the microphone in the room. So during question‑and‑answer period, if you would please speak clearly into the microphones that would be much appreciated. It is now with great pleasure that I introduce Andy Imparato, AUCD's new executive director. Some of you already know Andy or had the last to talk to him over the last several days. If you have met him, you know what he brings to all of us. He brings a passion be a commitment both personal and professional to improving the lives of people with disabilities and their families. His breadth of knowledge of disability issues stems from his long career in disabilities and civil rights. He served for 10 years as the President and CEO of the American Association of People with Disabilities. Taking it from a relatively unknown organization to one of national prominence. Prior to that time, he was the General Counsel and director of policy for the National Council on Disability, as well as special assistant to the Commissioner Steven Miller at the U.S. Equal Opportunity Commission. I can't even say all of those words. Those are big titles! As well as for Senator Tom Harkins. And, of course, as you all know, prior to coming to AUCD, Andy served as senior counsel and disability policy director for Senator Harkins and now chairman of the education labor and pensions committee. Andy's commitment to justice, quality, and dignity, as well as improvement to healthcare, employment, and other services for people with disabilities and their families is at the backbone of all he does. We know Andy's vision for AUCD will focus on the growth of the disability impact over the last 40 years, and he will continue to lift the organization, the network, and most importantly people with disability as and their families that we serve to the next level. Please join me in welcoming Andy Imparato.

(Applause).

>> ANDY IMPARATO: I am going to do something that I think is fun for a group of academics. I am going to be connected to the fact that we're on the threshold of becoming a party to the U.S. convention on the rights of people with disabilities. So I wanted to make some noise in the room today so that the Senate can hear us.

(Cheers and applause) I am going to say what do you want? Human rights! When do we want it? Now! What do we want? Human rights? When do we want it? Now! Thank you!

(Applause).

I think that we've shown for our keynote speaker that we are not a staunchy group of academics. That we are passionate activists. Some of us have Ph.D.s, and JDs, and other "D's".

(Laughter).

But we're all passionate about civil rights for all people, including all people with disabilities. And I was asked to speak briefly, very briefly about my vision and ideas for coming into this role. I just want to first thank by thanking Julie Fodor for her leadership not just as President of the organization, but also as Chair of the selection committee that decided to hire a lawyer with bipolar disorder to be the leader of this organization. When she called me to tell me that I ‑‑ actually, when I got the e‑mail with her that I had gotten the position, it was early on a Saturday morning, and I think that in her Idaho way she kind of buried the lead in the e‑mail. And she said, Andy, let us know if there is a time that you can have a phone call with us on Monday because you are the successful candidate for the position.

(Laughter).

And when I read that e‑mail, I cried. And it was emotional. It was emotional for me because I felt like to have an organization like this see value in a person who openly has a psychiatric disability, this is not an insignificant job, and it just showed faith. And, to me, it was a sign of real progress in terms of our Community and embracing the full spectrum of the Community.

(Applause).

I also want to thank Leslie, the Conference Chair who worked very hard with an incredibly talented staff to plan this conference and to really focus the conference on the theme of diversity an inclusion which I think will be a successful theme for AUCD for many years to come, and certainly for the next year under the leadership of the incoming President. We celebrated George Jesien last night. I want to thank George, I don't know if he is here right now, but I want to thank George for handing off an organization, and I can't imagine inheriting a stronger organization. Financially, the human capital of the board, the humanship, the membership, and the relationship all over the government, all over the community. This has been a blessing for me the last two months to work with this staff and this Board and this membership. And I want to call out particularly Laura Martin and Christa Pariseau from the staff.

(Cheers and applause).

Not only did they plan the event with the support from absolutely everybody on the staff, but they also have put up with me having opinions about communication and the website and having opinions about putting Braille on business cards, and all of the things that I have opinions about. I have been completely welcomed by the staff and I really appreciate the welcome that I have received.

So to get to the message for you in terms of my vision, I see George is here, but to get to the message in terms of my vision for AUCD, I really want AUCD to be a go‑to partner for anybody who is trying to make something happen for people with disabilities. So if they're trying to make something happen in terms of legislative activity, then I want to sit at the table with them and help to make that happen. So trying to make stuff happen in the research world, then I want to sit with them. Trying to innovate around social policy, trying to get to the next step in terms of outcomes for people with disabilities, if they want us to bring our evidence and our knowledge and our expertise to the table, and I think that the way that we do that is by adding value and being open to partnerships. And I think that George demonstrated, and last night was a great example, 400 people on a Sunday night showing up for a retirement party, all of the different relationships that George has matrixed for this organization, I think that we're very well positioned to be that go‑to partner. I think that there is an opportunity for us to be more high profile with Congress, to be more high profile with the White House, to be more high profile with the media and with the general public. I think that a lot of people in the general public don't recognize what AUCD means, the acronym. A lot of people in the general public don't know what a UCEDD is, or a LEND is. And I think that those are going to be the things that we are, and that we internally need to find a way to brand those terms externally so that people understand when they want to do interdisciplinary training and they want to tap into the next generation of interdisciplinary professionals who are working with children and families, they next to connect with the LEND program. And they need to know what the LEND program. We don't have a full‑time communication staff, and that's something that I want to invest in moving forward. So the vision is a go‑to partner. I think that one way that we achieve building our capacity in Silver Springs to do that is to diversify our funding. One thing that I did, and I was delighted that we showed our video. That was my favorite thing that we did at AAPD in the summer internship program. That was a wonderful video that the staff and interns produced last including our intern, Emily, who is here. Great job, Emily! But I'm hoping that we can diversify our funding in terms of broadening out beyond Health and Human Services, broadening out beyond government funding, and I'm delighted that at our conference tonight we have two $5,000 corporate sponsors who are both first‑time sponsors for this conference, Comcast and I think Cecelia is somewhere here in the audience from Comcast. Cecelia, are you out there somewhere? There she is thank you!

(Applause)

I had the opportunity on my first week on the job to go up to their headquarters which is a beautiful building in Philadelphia to participate in a panel on disability as a diversity issue for their external diversity council which included people like Mark from the Urban League, and Gil who had been the Chair of the Equal Employment Opportunity Commission when I was there. So it was a real honor to be part of that panel. It was very diverse in terms of cross‑disability gender and racial and ethnic diversity. We got a very warm reception from the diversity council at Comcast. So Celia is a diversity professional at Comcast. Tomorrow her colleague, Tom, who is a blind expert on accessibility and runs their accessibility efforts will be presenting on what they're doing. I encourage folks to go to that. The other sponsor that I don't think is in the room tonight is Walmart. Later tonight, Leo Romano will be representing Walmart at the training recession. And so we're delighted that we have these new partnerships. Amerigroup is a new partner for us. And hopefully this is just the beginning of lots of good private‑sector partnerships that won't just be benefiting us in Silver Springs but benefiting the whole network. The last thing I want to say, I talk about diversifying funding, but it's essential that we diversify it again. That's the theme of this conference. Diversify our leadership as an association. We need to have people as a disability, and people from diverse, racial, and ethnic groups in leadership throughout the network. In leadership throughout the Board. And leadership throughout the staff. I am feeling a strong commitment from the Board and the staff to make that happen. And this conference, and everything that we're talking about and learning at this conference is part of that. So let me close with a quote from Martin Luther King which is one of my favorite quotes from him. He says, "Human progress is neither automatic nor inevitable."

When we think of sequestration and government shutdowns, and some of the things that we've experienced in recent history we certainly see evidence of this. Dr. King said, "Even a superficial look at history reveals that no social advance rolls in on the wheels of inevitability. Every step toward the goal of justice requires sacrifice, suffering, and struggle. The tireless exertions and passionate concern of dedicated individuals. Without persistent effort, time itself becomes an ally of the insurgent and primitive forces of the rational, emotionalism and social destruction."

I apologize to the interpreter. Dr. King liked to use big words. This is no time for apathy or complacency. This is a time for vigorous and positive action."

I think that that is a great message for all of us as we go into strategic planning for the organization and we set on a course with this incredibly strong vehicle that George Jesien and the staff and Board have helped to build. Friends, you are the dedicated individuals who Dr. King talked about, and it is my honor to be with you, and to be able to be a leader in your organization. Thank you!

(Applause).

>> LESLIE COHEN: Thank you, Andy! I am the Conference Chair and the President‑Elect of AUCD, and the director of the Sonoran UCEDD at the University of Arizona in Tucson. We are so excited, Andy, to have you join us. Your energy, your expertise, your big ideas, they're very invigorating. And I'm sure that the Board and the network is going to engage in a lot of enthusiastic work and hard conversations and good conversations over the next year. It's my pleasure today to be able to introduce our keynote speaker. But before I do that, I want to give a little bit of an overview of the conference. And there are a view thank yous, and housekeeping details, and other things that the wonderful staff told me that we need to mention to all of you. And I want to give another big shout out to the staff. Everybody's been coming up to me so far at the conference and saying, "Oh this is such a great conference. Thank you so much Leslie."

And it's easy to look good when you have Laura Martin, Crystal Pariseau, and the rest of the AUCD staff making this a seamless process. And not just with logistics. I mean, they have fabulous ideas on programmatic issues. On making this fun. On making this interesting. So when you see them and other AUCD staff over the next few days, please, please just give a big thank you to all of them!

(Applause).

I also want to say I am in the position of having kind of dual thank yous to our outgoing director and our incoming director. I worked a lot on this conference with George Jesien before his recent retirement. And then I have worked with Andy in the last several weeks on it. And both of them have been such a great support. And Andy mentioned the retirement dinner last night for George, and I just want to know that those of you that weren't there we roasted George. But we really honored his commitment and dedication to the network and to the disability community at large, and that we have developed two long‑standing legacies, in fact, to George's tenure here at AUCD and his leadership in the field. The first is an emerging leader scholarship fund that we already raised $17,000 for that will go towards providing scholarships to attend this conference for self‑advocates, family members, trainees, and young career professionals. So it's not too late to donate. On the AUCD website you'll see a button and "donate now," and we would love for this scholarship fund to grow as, you know, a true tribute to George's dedication to the next generation, to the future leaders of our network. The second thing we did is every year at AUCD as part of our awards ceremony, which is tomorrow night, we do a distinguished achievement award. As of next year, 2014, that award has been renamed the George Jesien Distinguished Achievement Award.

(Applause).

So thank you, George, on behalf of the Board and the whole network! I'd also like to thank our sponsors. Andy has mentioned a couple of our lead sponsors. But I want to make sure that we include ‑‑ and those are Comcast and Walmart, and I believe that you also mentioned Amerigroup Corp is sponsors our Tuesday plenary. Verizon is also ‑‑ has taken out an ad for the first time. And returning we have as sponsors the American Association of Intellect actual and Developmental Disabilities, and both as an exhibitor and sponsoring Monday's joint director meeting. The Special H.O.P.E. Foundation sponsored this morning's symposium. Brookes Publishing, the arc, Behavior Imaging Solutions, the national center for prenatal and postnatal Down Syndrome resources at the University of Kentucky's human development institute, and the University of Minnesota College of direct supports, direct course program are exhibitors. So thank you to all of them because you help to make this conference possible.

(Applause).

How many of you have downloaded the app for this year's conference? That's great! That's great! If you have not done so, if you go to either the Apple® store or the Google store and you look up "guide books" and then you put in "AUCD 2013" you will get the app. And the app is really great. It has schedules. You can make your own schedule. You can connect to social media. And, in fact, I'm supposed to encourage all of you who are on Facebook, Twitter, Instagram, and probably a half‑dozen other things that I don't know about that we encourage utilizing social media to spread the word about the conference and the great things that you're hearing about and learning about here. I also would love to have your feedback about the conference. Certainly informally, but also we have a more formal evaluation. Again, the app has the evaluation on it. You can fill that out online, or after you get back from the conference you will have an e‑mail that you will get. In fact, you may get multiple e‑mails if you don't respond asking for your feedback. Please, please, please give us your feedback. We really utilize it to plan the conference. If there are issues that are important to you, let us know. If there are things we didn't do right, we want to know that. So thank you for doing that. So I know this is always kind of a strange thing when we have the first plenary because it's the opening of the conference, but many of you have already been here for days.

(Laughter)

You've participated in the symposia, the workshop, some of you were at the retirement dinner last night. We've already had a whole round of concurrent sessions. But there is more to come. And it is with great pride that we have developed this theme this year. That our network, which is values of inclusion of everyone, is concentrating our efforts on ensuring that the work we do within our centers reflects the communities we serve. And that means within our centers we look like the community we serve, that our trainees and students represent those communities, and that the people we serve in the communities reflect the communities and our interventions, our supports, the way we relate to communities is based on cultural competence, linguistic competence. And to do that really requires engagement on our part. So I'm hoping over the next few days in addition to attending fabulous plenaries and concurrent sessions, you enter conversations maybe with somebody that you don't know, and talk about how can we at our center increase inclusion and diversity in ethnicity, race, disability inclusion, linguistic competency, all of these issues we hope that you have time and will take the time to have those conversations. So without further ado, I would love ‑‑ you know, it's my pleasure and honor to be able to introduce Dr. Joan Reede. Dr. Reede is Dean of Diversity and Community Partnerships, and associate professor of medicine at Harvard Medical School. She is also associate professor in the Department of Social and Behavioral Sciences at the Harvard School of Public Health. She is responsible for a comprehensive program to promote increased recruitment, retention, and advancement of under‑represented communities, including different ethnicities, races, women, LGBT, and people with disabilities and all aspects at Harvard Medical School. Faculty, trainees, students, and staff. She is the director of minority faculty development program, faculty director for community outreach programs, the program director of the faculty diversity program of the Harvard Catalyst, and the Harvard Clinical and Translational science center, director of the Harvard center excellence of minority health disparities, and Dr. Reede has served on numerous Boards and committees and received awards for her leadership and work in the area for workforce development and diversity. We have honored to have Dr. Reede here to share her experience and expertise with us. Join me in welcoming Dr. Joan Reede.

(Applause).

>> JOAN REEDE: Good afternoon. All right. I come from a background of call and response. And that just didn't do it!

(Laughter)

So we're going to try again. Good afternoon!

>> ALL: Good afternoon!

>> JOAN REEDE: Wonderful! Wonderful! Wonderful! I want to thank you for inviting me to kickoff the third day of your symposium.

(Laughter)

It is indeed an honor. This is an area and a topic that is close to my heart because of my work, and close to my heart because of my family. And I want to give a special thanks to our good who thought of me and who brought my name forward. So thank you very much for that today I want to start by saying that I have nothing to disclose. And as your leader Andy Imparato talked about diversifying his funding portfolio, I, too, would like to diversify my funding portfolio and have something to disclose one day!

(Laughter)

But that's not where I am right now.

(Laughter)

So I am going to be talking to you about moving from diversity to diversity inclusion, and a model for change, and how we might think about diversity as we are in this 21st Century. And begin by asking the question: Why is diversity important? What is it that we want from diversity? And I am going to talk about three things. Realizing our values. Addressing complex problems. Enhancing our viability, our viability as organizations, our viability as a country. And frame it in this diversity inclusion. And here I'm talking about moving from diversity where we historically have talked about diversity in terms of numerical representation. So if you think about many of our organizations when we have huge celebrations because we have increased the racial ethnic diversity. And the announcement, and we'll have a big program, and we'll talk about how we've increased our diversity by 100%. And we've gone from 2 to 4 people.

(Laughter).

Okay. And I want us to move from just thinking about that as numbers to diversity inclusion. How do we embed diversity into our organizations? How do we think about diversity serving the mission of our organizations? How do we think about it in terms of the policies, the practices, and the programs that we put forward? So embedding it in a very different way. I begin here with realizing our values, and I am referring to two documents. One is the charter on medical professionalism. And it was put together by bodies of internal medicine, from the United States but also from internationally. And they talk about these three principles for medicine. Principle of primacy of patient welfare, serving the interest of the patient is a basic priority. The principle of patient autonomy that physicians must respect the autonomy of their patients and assist them in making informed decisions about their treatment. The patient's decisions about their treatment. And, third, the principle of social justice. "the promotion of justice in the healthcare system including fair distribution of healthcare services is vital to the elimination of disparities in healthcare."

The second document is from the 2001 Institute of Medicine report about quality. And here they talk about these six important element of a healthcare system, a quality healthcare system, as we move forward in the 21st Century. They talk about a healthcare system that is safe. That is effective. That is patient‑centered, timely, and efficient. But also equitable. Stating that providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status. That is critically important. Both these documents, the charter of medical professionalism, and the quality report speak to issues in medicine in healthcare of equity, and of justice. And what your leader talked about earlier, human rights, fundamental principles when we think about healthcare, and we think about the work of our academic organizations. For us at Harvard Medical School, we've embodied part of this in our mission statement. I have been doing this work there for more than 20 years, and now diversity is part of the mission statement of our organization. It's not a nice thing. It's not a side thing. It's not something that do you sometimes. But it's really a part of who we are supposed to become. Creating a diverse community. But it's also been captured by our Dean, Jeff Squire, when he talks about diversity. As I have journeyed through this path of working in the field of diversity for more than 20 years, yes it's very much linked into the value that we have of equity and justice and fairness and doing what's right, but he also states that it's a corner stone of excellence. In our pluralistic society, when we think about diversity, it's about achieving excellence in our teaching, in our research in our service. It's requirement. It's a prerequisite for leadership, if we are as an institution to and world leader, we must have diversity. It's imperative to transform our culture. Transform our culture in such a way that we can achieve our mission. Transform our culture in such a way that individuals can fully contribute, have the capacity to contribute to the organization, have the capacity to achieve their potential. Hear when I talk about diversity, and oftentimes when we talk about it we talk about gender and race ethnicity. Critically important. But it's so much broader than that. Sometimes we'll also talk about sexual orientation, LGBTQ. We'll talk about ability and disability. But I want you to think more broadly. I want you to think about the culture. You talk about linguistic and language. I want you to think about the expertise, the information, the skills that you bring, the values and preferences that you have, the relationships and the networks. So that when you look at me, what you don't see is just an African‑American woman. I bring my experience as a pediatrician, as a child psychiatrist. I bring my experience as not just as a black woman, but a black woman with deep southern roots. All right? We're not all the same. My values and my preferences. And when I walk in a room and all you want from me is the fact that I am black and a woman, you have left things on the table. You have not valued all that I bring. This other part about diversity, as we look at our organizations and here you see a healthcare organization. These are groups within groups. There are the students, the residents, the fellows, there are all sorts every professionals in our hospitals and healthcare systems, from our therapists to our pharmacists to our social workers, really across the board. We talk about our nurses. Is it a nurse practitioner? Is it a nurse midwife? Is it a LPN? Is it a RN? Diversity. We talk about our physicians and our faculty. I am a pediatrician. I am a pediatrician in the Department of Medicine. Anybody that knows academic medicine, I am an anomaly.

(Laughter).

All right? But is it surgery? Is it primary care? There are differences across the board. And if we really are going to address the complex issues that we face as a society, as health professionals, as educators, we need to bring these different perspectives together. When we think about faculty, the other part for me because I do a lot of work around faculty, and we'll come up with these wonderful faculty development programs. And given where I am in my career, I am no longer new faculty. And I no longer am clinical faculty. I am teaching faculty. Am I moving on in my career as narrative faculty? Are the needs different within our organization? How can we start to recognize and value difference across the board? Diversity in addressing complex problems, and this is brought from the work of Scott Paige. And here he talks about unpacking this toolkit and what diversity can do that each of us brings our diverse perspectives, our diverse interpretation of the world, how we approach our problems, and our predictive models. And all of these come together in terms of how we prioritize, the questions that we want to ask, the solutions that we come up with. And if we are address the really complex issues, if it's around education and training, around patient care, around health outcomes and persistent disparities across all sectors of our society, and our real social, our societal obligation to improve the health of our nation, but also globally, then we have to bring these perspectives together. We have to address complex problems. We come up with better solutions. Now, this issue of viability. When I first started doing this work, people would say, "Well, the United States is becoming more diversified. By 2050 it will be majority minority."

This is already happening in part of our country now. Folks, we look at the United States today, 37% minority. There are 26 states plus the District of Columbia where it's greater than 40% of the population is minority. By 2060, 57% of our population will be minority. And I am a pediatrician I told you, so if we look within the next five years, if we look at children under 18 years of age, greater than 50% will be minority this is no longer an intellectual discussion. When we talk about who are the students who are going to be graduating from high school, who are going to be going to college, who are going to be going to professional school? Who are the children that will one day take your place sitting in this kind of an audience? We're talking about a diverse population. How do we engage them? How do we nurture them? How do we bring them into the process? So viability is about increasing our human capital. It's our intellectual capital. It's the assets of the organization, and how do we transform our organizations to diversity inclusion so that we can achieve mission over time? A little bit about where we stand in terms of our healthcare workforce. I am not going to talk about issues of health disparities, but where we stand. If we look at in terms of the physician reports from our students to our trainings to our physicians, if we look at the age group for our students, 3.5% of the population have disabilities. If we look at our medical students who graduate from the U.S. medical schools, it's less than .5%. That have disabilities. If we look at physicians nationally. If you look at our general population, roughly 20% have a disability. Amongst physicians it's 2‑10%. Who is not being included here? If we look at issues around our workforce in general in our physicians, it's aging. Aging means retiring, and we need more. We have this healthcare reform that has gone through sequestration and a whole bunch of other kinds of things. But reform is coming no matter what. For anybody who thinks that you can hold off change it doesn't happen. Change will occur. We need more providers. But we have providers who are retiring. I mean, we have providers who are getting older and more disabled. And how do we take care of those individuals? We have trainees who are saying, "I don't want to work in an environment the way that you did."

So when I did my training, when I did my preparation at Johns Hopkins, I did every other night on call. I did ridiculous time. I loved it. But in retrospect, it made no sense whatsoever. And younger people vague, "I want a family. I want some balance. I want a different kind of life."

What does that mean about our health professional workforce? If we look at nursing, RNs and LPNs, 15% of RNs are from underrepresented minority, black, Hispanic, Native American, native Hawaiian groups. 75% are white. LPN, more representation in terms of underrepresented minority mostly because of the higher number of African‑Americans among LPNs. But in nursing, there is an issue. 1/3rd of nurses are over 50 year was age. And the next 10‑15 years it's estimated that 1 million will be retiring. Who is replacing us? What are we doing to make sure that our students are prepared? Our medical school faculty, 7% underrepresented minority. For me, these percentages and these definitions are very interesting. So prior to the case at the U.S. Supreme Court the percentage was 5%. And then a year later it was 7%. The definitions have changed. And so it's what are these definitions? It's sort of tracking these definitions over time. But it's 7%. And 37% of our medical school faculty are women. But they're not moving into leadership positions at the same rate. So if we look at our Deans of our U.S. Medical Schools, 12% are women. So there are these issues not just of people entering, but are they moving into a leadership position? How do we look at our organizations in terms of representation? So I want to very quickly give you an example of the approach that we've taken at Harvard Medical School and our Office for Diversity. Inclusion and community partnership. And within the past two years, we changed the name to diversity inclusion and community partnership. So the work of our office is not to increase numbers. The work of our office is not for me to be the diversity diva. And to take care of the issues for everybody. The work of our office is to help our organization move forward in embedding diversity in all that we do. So one of the principles here that I want to talk about very briefly is this idea of pipeline. And I use the term, and oftentimes we talk about the pipeline into the health professions. And I have a problem with that term. So when I park my car and I have no mechanical ability, forgive my description of this. But when I park my car and I drive away and there is oil or a leak on the ground or something that came from someplace which I don't know but there is a spot on the ground. That's a leaky pipe. People are not leaky pipes. Okay? People have the potential to interweave and re‑enter the workforce. And when I think about this, I think about a journey going from the West Coast to the East Coast. There are lots of ways to get there. You can stop for awhile and get back on the road. There is not one path that's right for every one. So when we start to build programs for individuals, how do we take that into consideration? The seven principles that we have in your office are around continuity. This continuity understanding that we need programs at multiple stages from the early K‑12, our college, and community college students, to our professional students, to our trainees, to our faculty are really across the board. A few years ago they looked at the MCAT, the test that you take to go to medical school. 50% of the minority students had decided that they wanted to go to medical school in junior high school or high school. 50% of the minorities that took that test. We need programming that that's very early on. This consistency of effort. So all too often we start a diversity program or diversity initiative, and five years later we say, "Why aren't we through?" So it would be like at my office someone coming to me and saying, "Joan, you've been doing minority faculty development program and diversity program at Harvard for 20 years. Why haven't you achieved full diversity?"

And I'm saying, you got a couple of hundred years to create this.

(Laughter)

Right? Consistency of effort. Collaboration. You cannot do this alone. If we're going to build programming that's going to get kids interested in the sciences, prepared to pursue the sciences, we have to collaborate. We have to collaborate with schools. We have to collaborate with communities. We have to collaborate with parents. We have to collaborate with community organizations. We have to build collaborations across discipline. So a friend of mine, Woody Meyer, talks about young students as pluripotential stem cells that can go in multiple directions. So it's not one discipline. How can we give them a broader exposure? We must be creative. If we keep doing what we've always done and not succeeded, guess what? We will not succeed. So how can we be innovative? How can we be creative? How can we step outside of what seems comfortable in our comfort zone? How do we communicate differently? So I have to say that as Leslie Cohen was stalking about these Tweets and all of these other things, one, I am not good at it. When I first texted my daughter, she texted back, oh, who knew you could figure it out.

(Laughter).

But we have different audiences that we are you a communicating with. And for young children a poster someplace is not going to get it. So how do we communicate with them? How do we communicate across the board? An article in the "New England Journal of Medicine" or some place is not going to reach high school students. So how do we understand where they're looking, and in what they believe, and what they trust? And consideration. Consideration for me means that there are multiple types of diversity. Not one type of diversity. And we shouldn't ask ‑‑ I was speaking at a meeting last week about gender. A gender summit. And part of the conversation what I said was heaven help you if you are a woman, and a person of color, and you are disabled, and you are lesbian. You have to go to four different conference!

(Laughter)

So there is a problem with this in terms of consideration. And this idea of commitment. Commitment all too often these efforts are grassroots. And I am a believer in grassroots. I spent a lot of time in working in community health centers, and community organizations, and prisons, and lots of places before I came to Harvard. But leadership has got to be fully engaged. A diverse leadership has got to be engaged in believing in moving forward on diversity. So some examples of some programs this is an example of some of our educational outreach programs. We develop curriculum for schools. We train teachers from public schools. We have after‑school science programs. We have math and science summer camps. We have low‑touch career exploration where students are shadowing individuals to high‑touch where they're working with us doing research across the summer. So really across the board. With our office engaging multiple parts of the institution. So here you can see over two‑year period reaching over 3,000 high school and middle school students from the Boston area. And multiple parts of the Harvard Community engaged. But importantly, multiple community partners. We cannot do this alone. Multiple partners across the community. Another example for me is this idea that we can address issues around our faculty or our leadership if we don't have people that are joining our faculty. And so early on when I started the office I actually did a survey of our physicians, minority physicians, faculty at Harvard to ask them how they entered medicine, and when they decided. 1/3rd decided in medical school. And, again this idea of continuity. Program at multiple levels and multiple stages. But a critical point oftentimes for physicians is where are you going to go for your residency, and the kind of residency program that you will participate in. If you go to one that's more academically oriented, you may be more likely to enter the academy. Become a faculty member. And when we looked at Harvard Medical School, and this is over 20 years ago, very, very few students participated in this exchange program. U.S. medical schools, there is an exchange program where if you are in good standing with your school, usually it's in your 4th year or sometimes your 3rd year, you can do rotations at other schools the and I remember asking to register, and this is 20 years ago, she said maybe out of 1,000 students, 5 would be underrepresented minority. So I thought that I would start a program that would try to attract those students to Harvard Medical School so that they could think about academic medicine, but also think about our training programs. Now, what's interesting in this and I am going to come back to this issue, is the need for evidence and data. And all too often when we're designing our programs we do it out of a gut and a sense of what's right, which is good. But we need data. We need evidence. Particularly around diversity programs, particularly as our programs are so challenged in so many different places. And I remember bringing this to my guys before who told me why you would want a program to try to increase people coming to our residencies? We don't have problems with recruitment? I said how many minority resident does you have? They said, all right. You've got me on that. And they said minorities don't participate in exchange clerkships. I said, guess what? They do the response that I got is that that person had anecdote, and I have data, and this is a program that's been in existence for 20 years. We need better data. We need better evidence and tracking as we do our programs. So as you can see from this, we've had over 1,000 students participate. The majority have been women. Not unusual particularly if they are a program around minorities because there is a real issue for underrepresented minority men in training in academic medicine or in entering medical school. Roughly 16% have actually come back for our residency programs, and some have come on faculty at Harvard Medical School. So this tracking over time. Bringing people in from medical school who then come back for residency of training, who then come back and join us on faculty. So that kind of programming can work. Another one gets to this issue of leadership. And during the last round of healthcare reform, one of the individuals from the Commonwealth fund Karen Davis was struck by the fact that when there were conversations about minority populations, there were no minorities around the table. And came to me and asked, is there a need to increase minority representation in leadership around policy making? And I did a survey. It was very interesting. To get more information on this, and to talk to leaders across the country. An interesting part of this is that my background is not primarily research. I remember going to a Harvard researcher about this who said how did you pick your sample of people to interview? And I said, I beg your pardon? He said, hour did you pick your sample? And I said, this is the universe. Right? There are not a lot of people of color in leadership positions, and in our organizations, in our schools, our universities, and in our government. The President not withstanding.

(Laughter)

And so as part of this, it was can you build a program so that the next time healthcare reform comes around there will be individuals who will be able to be engaged in the conversation, who will be at the table moving forward? And this is an example to me of how you start to think ahead of time about how you can make sure that someone is at the table when the time arrives. This is the kind of outcome. This is the first 104 individuals that we've trained on this. They come to Harvard. They are usually physicians. We also got dentists that we trained, and also psychologist. Close to 90% serve on national or federal committees. 70% involved in interviews, communication, with the public around issues related to health disparities, and eliminating health disparities. 68% of published. 100% have remained engaged in activities around eliminating health disparities working on minority health issues, working on issues around vulnerable populations. And 78% are on faculties of medicine or schools of public health or dental schools. You can build programs that will result in leadership. You have to collaborate to build those programs. So this last piece I want to talk about is the other arm of our office that we started a few years ago, and it's called Converge. It's our research and evaluation arm. So we have this programmatic piece, but was very, very interested in how build this evidence base. How do we know better what we're doing, and how do we build this evidence base for what we need to do? And when we start thinking about what are some of the barriers of diversity inclusion, and how do we study them? How do we look at the individual barrier? The self‑efficacy, this resiliency that's needed? Are students adequately prepared with the preparation that they have? Are they aware of career paths? Do they have opportunities to explore them? Do they have the resources? And "resources" is not always money. Sometimes resources is a mentor, an advisor.  the societal issues around the politics that can block. An example for me is that there are many health professional programs, the center of excellence, and the other programs out of HRSA that have been de‑funded. So we put programs in place, we de‑fund the program, and then we come back later and say why don't we have the students in the pipeline for the programs that we stopped funding? We keep repeating this cycle. What about the economics of all of this and what we value and what we don't value as a society? And the environment? I thought it was wonderful in the video that started, and talked a little bit about the issue of transportation. It has an impact in many ways. If I can't get to that opportunity, I can't get to that job, or get to that internship, or can't participate, or even if they get there they can't get into the building. So how do we start to think about the environment? And then how do we think about our organizations? The history of our organizations. The culture of our organizations. The policies, the practices, the things that we put in place, and are we thinking inclusively as we do that? And so there are two projects here that I just want to mention. One is we actually put together this grant with NIH and through funding we're able to build a large database where we can actually start to look at issues that go beyond the numbers, up or down, but also look at productivity in the academic environment, issues that relate to advancement, to retention, how people are connected in the academic environment? And from that to develop hypotheses and interventions that you can track over time. The second one is a study that engaged 13 medical schools from across the country, and two collaborating schools to look at the experiences of women, particularly of women of color. And part of this came out of I had been involved in collating parts of discussions at NIH around women of color and mentoring for two days. At the end of the first day some individuals came to me and said, "Joan this is a really lively discussion. But these women of color, it's just not working."

And I said, "Why is it just not working?" And they said, "Because they're talking about women's issues."

(Laughter)

At which point I said could women of color have women's issues?

(Laughter)

And the second day we came back, and they dealt with the other issues. So how do we start to understand this intersectionality? Again, that you don't wear one hat at a time. And this is very interesting. Mixed message has been focused groups and interviews, but also a survey. And then this survey we actually included being able to capture about LGBT, about disability, so it will be interesting to see what comes out of this survey. Very few scant data in disability in academic medicine across faculty. So with this we're looking at productivity, entry, advancement, and retention. For us we're looking at it in terms of connections. And connections matter. And our data are really pointing to that it has a huge impact in terms of how productive people, are whether people are retained in the organization, and how they advance and move forward. So what are some of the lessons learned and the take‑homes? History and context matter. You need to understand your organization. And your organizational mission. That we are going to be challenged as we move forward and increasingly diversity, recruit, nurture, and retain a diverse workforce. This is not an option. This is a necessity as we move forward. That as we work with people across different groups, they have to feel valued and comfortable and able to contribute and understanding that they're increasing the capacity of the organization to succeed. And that each of us has a toolbox that we bring of our own perspectives, our own interpretations, our own isms. Nobody, no one is able to walk through this life without their isms. You each have them. How do we start to understand them, and what we're bringing into the room? From the leadership, you are part of this leadership. We need a leadership that is committed. We need to be unambiguous about what we mean about diversity. Diversity is not Black History Month.

(Laughter)

It's not a celebration and a dinner on Martin Luther King day. Diversity is thinking about it in all that we do. We need to be very clear about what we're trying to do, defining it. We need to be consistent in our messaging about diversity. We need to set explicit goals and not quotas, but goals. And a timeframe, a realistic timeframe for change. So if I were to look at I some of my work around faculty diversity at Harvard Medical School, yes, it's been a long time. But when I started there were 185 underrepresented minority faculty at Harvard Medical School. Now there is greater than 650. You can create change. We need to link this to the mission, and whatever we do there has got to be assessments. We need to be building a evidence base. And we need to evaluate. And we need to hold people accountable. There are too many reports that people write that say we want to do the right thing. And we don't say to them, and so what does that mean? What are you doing? How have you moved this forward? How you have looked at this? How you have evaluated? What are you going to do? What are you going to change? Hold people accountable. Hold our leadership accountable. Hold ourselves accountable. What I have learned from our programs that we need as articulation of program? It's wonderful to have a great high school program. But how do you hand them off to college? And it does have to in your institution. How do you link with other institutions? There are multiple points for entry, exit, and re‑entry. We have to be flexible in our programming. My goodness, we have to be flexible in our programming because the environment sever changing. The political environment, funding environment. But we still have to move forward. We have to engage. We have to participate with the community. Cross our disciplinary boundaries. Understand that there are systems. So here I want to go back to one piece because I have been engaged in lots of conversations. And there is a good body of literature about the importance of diversity and representation and patient provider concordance about minority physicians taking care of larger proportions of minority patients, Medicaid patients, and all of that is true. Than is important. But the reason for diversity, the reason for having me on your faculty or in your clinical practice in Boston is not because I am an African‑American physician and I am going to improve the healthcare. But it's so that I can help this institution improve the healthcare. It's the institution's responsibility and not mine alone. We need to think about career development across the continuum. Track, monitor, and evaluate. And from our research arm we need to move towards evidence‑based programming, novel ideas, innovation. We need to develop metrics that go beyond ‑‑ we went from 4 people to 8 people. We went from 8 to 3 people. We don't even know hot people are. We just count numbers. We put numbers out there. We need to be specific about that what they are. They need to be measurable. They need to be things that make a difference and that we can all agree to context is important. We need interdisciplinary teams that can help us to look at this issue and broaden our perspective and our scope. And engage multiple stakeholders. It's wonderful to develop a program for students, but if students aren't engaged in that process, we may have developed the wrong program. So how do we engage the stakeholders across the board in what we're doing? We need a leadership that has a buy‑in. But, you know, it's not that hard to say the right thing. It's much harder to do the right thing. And we need leadership that is willing to change. We need leadership that's willing to take a risk. And to venture into territory we are not quite sure of the outcome, but you know that you are going in the right direction. Thank you very much!

(Applause).

So any questions or comments? And I am going to ask you to go to the microphone.

>> AUDIENCE MEMBER: Thank you very much. I am from the University of Colorado School of medicine. I also have a pediatric training. So it's wonderful to hear you speak. At my institution, we're very fortunate in the sense that the leadership has bought in, and we have a Dean that is very committed to increasing and enhancing diversity. And one of my roles at the University is I help co‑teach a health disparities and cultural competency course for medical students. And I love your perspective on one of the challenges that I face. So after the course is over, typically in the evaluations, many of the medical students, and I attend a majority medical school that represents and it reflects the demographics of Colorado as a State, if that clarifies a little bit.

(Laughter)

So we don't have quite the diversity that Harvard does unfortunately. But so oftentimes at the end of the course the medical students will anonymously comment in their evaluations, this was a very enlightening course. But I don't understand why we need this. Or I don't have any implicit or explicit biases. I approach all patients objectively. And so I don't understand why we need diversity. How does diversity help me? And so I would be curious if you could offer some of your perspectives as to how we ‑‑ and this is not going to be as you alluded to the next generation of health professionals that will be filling this audience and other audience and will be in leadership roles. I was curious if you could sort of maybe give me advice as to how I can enlighten the majority future generations who may not buy in, and may not be in this room who may not appreciate how diversity influences them, or they may see you as a Dean or Barack Obama as the President and think that equality has arrived and therefore we don't need to kind of beat this drum anymore, how we can kind of convince the generations to come that this is pervasive and that it really is something that has to be sustained.

>> JOAN REEDE: I am going to begin by saying I don't have the answer for all of the things. If I had all of the answers, I would have had a conflict at the beginning of this.

(Laughter).

So I am going to begin by all of us have a bias. So some of the things that you might do is the implicit association, some people do that and let them pick. Just about anything you pick you have a bias. So let them do that. And explore part of that for themselves. But I think that's an important piece. Help them understand that when you tell me I have no bias, I don't see color, I don't see any difference we're all the same, I'm like, excuse me? I'm not like you!

(Laughter)

I mean, you have just dismissed me when you say I am exactly like you. It is not a compliment. It is not a compliment. And so I think helping them to understand that this broader sense of what diversity is. Diversity is not just being black, or brown, or yellow, or a woman. It is much, much broader. And when they walk in that room with that patient, they have no idea who that person is. And it is a negotiation. It is a going back and forth. It's the ability to communicate. I will give you a couple of examples. I was in a meeting one time, and it had faculty leaders, and they were talking about the curriculum. And someone from the Department said, you know, all of the faculty conversations, and everybody's discipline is the most important. And they looked at me and they said this cultural competence kind of stuff, I don't see why this is important. All of this is more important. And they were waiting for me to fight. And I said, you know, you are absolutely right!

(Laughter)

You are just absolutely right. And I think that understanding the molecular mechanism is critically important. And the fact that you can't speak to your patient, or understand your patient or communicate in any way should have no relevance in terms of the care.

(Laughter)

I mean this is just fundamental in terms of your ability to communicate. The other part I think is helping people to understand that there are moments when we all feel excluded for multiple reasons. So I will give an example. I was at another meeting of some chiefs, and they were talking about diversity, and one of them said I heard you talk about this diversity and trying to move it forward among faculty. I tried one.

(Laughter)

So I said you tried one?

(Laughter)

And the person said, yes, I tried one, and they didn't work. They didn't stay. So I knew that I had to speak because I knew my boss, and I knew things to be thrown across the room. And I said I am glad you tried one. And I didn't that it didn't work. And have all of the other people that you have trained stayed? They said no I said, okay. So after a few minutes, they were not happy with me. And then their come‑back was, and I don't understand why you people ‑‑

(Laughter).

don't come to our meeting. And I said, I beg your pardon? Because we have a national meeting, and you people don't come. You say you don't feel comfortable. And I said, okay, and I happened to understand a little bit about the specialty, and I said you understand there is a national minority of the specialty? You are going to attend that? And his response was I would be the only white person?

(Laughter)

Those are the moments.

(Laughter).

You can understand how you feel uncomfortable, but you can't understand how the other person would feel uncomfortable. Those are teachable moments. When I was talking about the culture and the context and the history of our organizations, those are embedded in our organization. Those are embedded in the culture. And as you are trying to address issues with these students, understand that they're also walking out to the environment, that they're going in the hospitals, and they're being trained by more senior clinicians who are not culturally competent in any kind of way, shape, or form. Okay? So what you have is an environment that doesn't reinforce the importance of diversity. So, for me, that's why I started to talk about diversity and inclusion and how tome bed it across the board. How do I get the training programs to talk about it how do I get the hospital President interested in this? The hospital President and the people in the hospital are starting to understand that this is my patient population. And am I going to retain my patient population? This is economic this is a lot of other things, too. I think that you have to embrace more people in this dialogue, this conversation about the importance every diversity. It's going to be interesting over time because for those people that say this is not important, they're going to wake up and look out their window and say oh, my goodness! Oh, my goodness! Look who is coming in my practice. And I have to believe that everybody wants to be the best that they can possibly be. And to do that, they're going to have to address some of these issues.

(Applause).

>> AUDIENCE MEMBER: Hello! My name is Angela. I might have missed half of it. I'm sorry. So thank you for your talk. I just have a comment from the last message, and then I have a question. So I am a Ph.D. student in women's studies at the University of Maryland. I am doing a dissertation on homeownership and equality for black women with physical disabilities because I interned at the national of disability and rehabilitation research. And I they have a center on disability policy. And I constantly hear that we want to learn more about diverse populations and the disabled community, but they're hard to reach. And I'm sorry, I personally don't understand. So, yes, they are hard to reach, but I feel that if you are committed to doing something, then you will find a way to do it. And you have to reach them in a different way. That's what I really think it is. You have to reach them in a different way. And that we may not be used to and so I was able to reach the population. You have to find 30 black women with physical disabilities. And I'm like, if I have to find these people. And I found them. I found two. And then they found some. And then they found some. And I did what I had to do. And so I really feel like if you are interested, and I had no resources. I have loans, you know, disabled people are saying that in a lot of organizations that we value diversity, and I know many people with disabilities and people of color with disabilities who are in severe debt, who are fighting for security and they want to take it away because you make too much money, you have this amount or whatever. And so that's just the reality. And so I just want to challenge those misconceptions that it's too hard. It is hard. And it's not easy. So I wanted to respond to the man behind me because I teach, and I get feedback from students who say she an angry black woman in a wheelchair with a chip on her shoulder. She, you know, only likes student with color, or the students this agree with her. Things like that. So, again, the young person, I said diversity, and people say that people are prejudice because they don't know. And so if I educate them, then they want to know. This is not true. People don't want to know. I mean, some people want to know, like you guys, but there are a lot of people who really don't want to know. And are going to be angry at you this is Harvard. You have to be ready if they call you a name. And you have to be brave. You have to be able to speak truth. And you have to find support systems however small to do this type of work. And so I just wanted to point that out there, that the work that you do is going to be hard. It's going to put you in an uncomfortable situation. I am the only one all the time, and so I get angry when those groups say things like, well, I am afraid to be the only one. And you don't consider how that affects people. And so anyway, I don't want to take up too much time. But I guess I wanted to ask you so those of you who are on the war path, or, I don't know, I am bad at metaphor, in the trenches. We're in the trenches, right? Because we're talking about self‑care. To not get discouraged, to take care of yourself because I am in academia, and there is research about, you know, people of color, and in academia, for example, who are getting sick. And I think that it's because academia and other places are ableist institutions, and they're not supportive of ‑‑ they don't recognize that. And ableism institutions are hurting able‑bodied people. So they're also hard for those of house have disabilities. So any question is, what are your suggestions for people to do this hard work and put themselves out there and still, you know, be courageous and take care of themselves?

>> JOAN REEDE: I want to thank you for sharing, and for being willing to tell of your experience and the work that you are doing. I don't have one set answer 4, but I am going to come at this from my stream of consciousness way. For anybody who thinks that civil rights and social justice we've achieved. We have not. That the work that you are talking about is part of a continuum. Where people before us started this work. We stand on the shoulders of those people. There are people who will stand on our shoulders. This is a continuing struggle. We are moving forward. But it is a continuous struggle. So that when I look at pieces of this I think of when I visited my grandmother who was raised by her grandmother who was born a slave. When I visited my grandmother, and I would go to her street that was dirt and shells, and I crossed the railroad tracks and the other side it was white and paved. When I visited my grandmother when I was younger and I knew that I couldn't go in this store, or I couldn't go in that neighborhood, that has changed somewhat. But it doesn't mean that the bias and the prejudice and the undercurrent of unaccepting, or a lack of accepting difference has been removed from our society. It is an ongoing struggle. I think that it is a worthy struggle. But it is an ongoing struggle. So you asked about some of the things that would help you to stay healthy through this process. Some of the things that I think that can help you to stay healthy is to realize that you are not alone in the process. That there are people that will come before you. There are people that will come after you. You are not going to solve this all by yourself or in your lifetime. You are part of a process. Two, when you take things on, understand that you don't own them. You can not own the issue. I don't own it. As a clinician when I worked at Community health center, when I was trying to help the battered woman, I had to understand that I was not battering her. I did not own her. I could be with her. I could support her. But it was going to be her decision as she walks away. You cannot own this whole issue. It requires leadership. It requires organization it change. And this comes back to the part that I said before you need to sate hard thing, and it's hard to dot right thing. How do you help the leadership to do that? And in the academic environment the best way I find is to produce data. And I say, okay, well, let's look at what the data has to say. And nobody gives you data back because they never look at it.

(Laughter)

So get the evidence. Build the data. You do not do this by yourself. You do this with other people. You share with other people. You don't have ‑‑ this is part of cross‑discipline, it's other people coming together to do it. And then this last part I learned several years ago. I am a cancer survivor. And with that part of what I learned is that I am dispensable. I am not here forever. I do what I can, where I can, how I can. But other people will carry on. And the best way that I can help other people is if I help myself, and if I can take care of my health. All too often we get so engrossed and involved in the cause and moving things forward that we don't care of our own health. If we take care of our own health, we'll be better able to take care of other people. So take care of your own health as you go through this that's your mental health. That's your spiritual health. All of them are critically important. Thank you!

(Applause).

>> LESLIE COHEN: Well, I hardly know what to say. This was a fabulous talk that you gave us. You gave us a lot ‑‑ most of you have never seen you give speeches like that but you've given us a lot to think about in the next days. Thank you so much for an inspiring and engaging talk.

As is our way at our opening plenary, we always have a song. And we always have the Performance Measures prior to our poster session. So I'll ask them to come up right now to begin. And as soon as their song is over, I'll ask everyone to ‑‑ the doors will open, and we can go out to the post ERR session. And I urge everyone to go there. I know that Dr. Reede will be able to be around for a few minutes afterwards. And I hope that all of you will get to chat with her. So thank you. Here are the Performance Measures.

>> The Performance Measures are a sub‑group of this group. We get together, and we make up a song parody to perform. And we get an assignment. The assignment for today was a song that related to the topic that we just heard. Thank you. That was a great talk. So much that we have to learn. I wrote a song about inclusion diversity, and I had to put it away. And then I wrote another one. And then I put that one away because I realize that white guys write songs about inclusion and diversity is a problem. So he picked something that was a more accessible target for you. So here we go.

(Singing) oh, the medical home, it's a glorious day, so we logged on last night to the federal site of the program they call ACA. Obama's exchange, please don't be deterred by discouraging nerds with the party's fake expose. Please throw us a bone, at least pick up a phone, we've been listening to muzak all day. We went to healthcare.gov, and it is difficult to do by day. Obama's exchange, you can play. We are shaken not stirred, but the west side is put on display. Now we know it's a stretch, and we won't want to fetch, and we hear that philanthropy pays. But we're Kathleen Sebelius, and the issues are new. Obama exchange, once a year we watch the parade. Hooray! We will run in the herd, reinforcement gets stirred, so that you in the way.

(Applause).

(Applause).

(Cheers and applause).