>> At this point I would like to introduce Dr. Karen Bouye who's going to be presenting some student poster awards.
[Applause]
>> Good afternoon.
Today we've witnessed the amazing work
of our poster presenters,
the young scholars, as Dr. Warren says.
The students have done an excellent job in preparing
and presenting the work.
They have shaped and developed their ideas
into research projects that will help us understand
and work more effectively with minority elderly populations.
These students are following research practices
and shaping ideas that will make a positive and lasting impact
in the field of science
that supports minority elders and healthy aging.
It gives me great pleasure to award the poster presenters
for this year's 2018 Public Health Ethics Forum,
Minority Elders and Healthy Aging.
Six abstracts were accepted as a response
to a call for abstracts.
We're giving awards to the three top poster presenters.
These three recipients are also eligible to publish an article
in the Tuskegee University National Center for Bioethics
in Research and Health Care,
Journal for Healthcare Science and the Humanities.
The poster presenters are Danielle McDuffie
from the University of Alabama; Lan Doan,
Oregon State University, Weiwen Ng,
am I pronouncing your name correctly, okay,
University of Minnesota, Eugenie Stevenson,
University of Maryland [assumed spelling], Baltimore County;
Kamaria Brisco, Tulane University;
and presenting together were Yolande Petty,
Interdenominational Theological Center,
and Ashanti Ali P. Davis [assumed spelling],
Tuskegee University.
As I call your name, would you please come up to the podium?
The first place winner is Weiwen Ng.
[Applause]

>> That's great.
Thank you.
>> For your excellent work.
Congratulations.
>> Thank you.
>> The second place winner is Kamaria Brisco.
Kamara, would you come up?
[Applause]

Third place winner is Lan Doan.
[Applause]

Would all three of you please come up so we can take pictures?

[Applause]
And now would the other four students please stand up?

[Applause]
Congratulations to all and best wishes
for much continued success and thank you and I would
like to really thank you for answering the call of abstracts
and coming here to the CDC
because you didn't have to do it.
That was a tremendous job that you did
with the poster presentations and also
in submitting the abstract to us.
Thank you so much for being a recipient here and for wanting
to come here to be with us today.
Congratulations to the three presenters who were first,
second and third place.
Thank you and would you all please give them
another applause.
[Applause]
>> And I'd like to ask Dr. Warren to come forward
who is going to be introducing our closing plenary speaker.

>> Organizing a poster presentation anywhere,
for anybody is a tremendously difficult job
and Dr. Karen Bouye has done it every year
and has done an outstanding job.
So I think we ought to thank her for a job well done.
[Applause]

I have a tremendous bias about elders.
You pick it up by now, I hope.
The older you get, the better it gets.
And so I want to have you listen
to somebody that's getting better and better and better.
Our speaker that closing plenary is a colleague who I've known
for many, many, many years and every forum
where there was issues practicum on health of people,
particularly people of color, our speaker has been there,
not only there but in the front, making noise,
talking trash, having an impact.
I was in New York at an event and she popped up
and took me back 20, 30 years about some work we did many,
many years ago and we revisited our relationship
and every time I asked her to come, she comes.
Regardless.
That's friendship.
That's commitment to a goal.
So Captain Wilkins was going
to introduce her and we talked about it
and I said, "Yeah, go ahead."
But I thought about it and I said, "No, I need to say
that because what I wanted to say I said
and otherwise you wouldn't know."
So the formal introduction is always formal.
I need to say that so you would know how much I appreciate
and respect the work that Dr. Georges is doing.
Dr. Georges was elected, and hear me clearly, by the Board
of AARP to serve as National Volunteer President of AARP.
That's big.

So before she even comes up, let's thank her for that.
[Applause]
That's not a paid job.
That's a volunteer job, a job you volunteer
to work yourself to death.

Everywhere, all the time, she shows up.
She'll serve from 2018 to 2020.
The presidential role is filled
by an AARP volunteer who's also a member
of the all volunteer AARP Board of Directors.
The primary duty, as I read, of the president is to act
as a principal volunteer spokesperson and liaison
between the Board and those AARP servers and 50 plus AARP members

and volunteers engaging in all these groups
to promote the mission and strategic goals of AARP.
I had no idea how powerful AARP is until I hit 55
and they started sending me stuff and I said, "I ain't old.
What are you sending me stuff for?"
And I read and I read and what they were doing was educating
me, as I began to age, really what I ought
to be thinking about, not only what I ought to be thinking
about but what the nation is doing on the things
that I ought to be thinking about.
She served on the Board of the Black Women's Health Study
and R.A.I.N., Incorporated.
She earned her undergraduate degree
from Seton Hall University School of Nursing,
MA degree in nursing from New York University,
and a doctorate degree in educational leadership
and policy studies at the University of Vermont.
She lives in New York.
She is a outstanding scholar and she's a friend and I asked her
to come and she left some place where she was speaking
to go back to someplace else where she's going to speak.
So Dr. Georges is a special friend and I want you
to welcome her to this forum, Dr. Georges.
[Applause]

>> When you've been in the trenches with somebody
like Rueben Warren from, oh my God, it's been about 30 years,
then you can't say no to him.
But I want to say good afternoon and I'm delighted to be here.
I don't know how much more I could say about healthy aging
than you've heard earlier today but I'm always grateful
to have the opportunity to talk to you about challenges
and the opportunities of healthy aging and the contribution each
of us can make to meet those challenges.
So I hope that today I can offer you a useful perspective.
I get to speak to you as a nurse but also, as Dr. Rueben says,
the National Volunteer President of AARP,
a nonprofit membership organization that's dedicated
to addressing the needs and interests
of people 50 and older.
We dropped it down to 50, Rueben.
I want you to know that AARP has been on a quest

for greater healthcare security and economic stability
for older Americans for 60 years.
So the topics I'm addressing this afternoon are close
to the heart of the mission of AARP.
I want to be very brief in telling you about why you need
to understand about AARP.
AARP was created by a woman by the name
of Dr. Ethel Percy Andrus.
I never met her.
She's been dead awhile.
I was not at the age to have met her.
But my understanding from the archives and our historians
in AARP, she was a feisty, red-headed trailblazer
who came from California.
And she was the first of many things.
She was the first woman high school principal
in the State of California.
That was before women could vote.
And she had to retire because she had
to take care of her mother.
But she, the reason why she founded AARP was
because of a friend of hers back in the '40s who had retired
from the school system in the State of California
and couldn't afford to live in anything but what looked
like a chicken coop, a shack.
In those days, you know, folks didn't hold older people
in high regard and it did very little to support them.
But she said and she kept to it, she said we live in a country
where it's wonderful to be young.
It's time we create a country in which it's wonderful to be old.
And so central to that mission was
to make affordable healthcare for retired teachers.
That's how AARP got started, with retired teachers.
But she believed that it was not just a moral sense
but a market sense to cover older Americans.
She was [inaudible] by resilience.
She had resilience.
She went to 40 insurance companies before one said yes.
Because, you know, then, sometimes now,
people fail to recognize the wisdom and the profit,
keyword here in this country "profit"
of insuring older adults.
So at the age of 74, she created AARP, 60 years ago.
And I say to folks, I'm proud to be taking over in 2018
as the National Volunteer President of AARP
because guess what, I'm 74 years old, too, so I feel great.
[Applause]
So today we have 38 million members.
That's not something you ignore.
Offices in every state and territory and a huge array
of programs aimed at helping older Americans
and their families.
So when she envisioned a society
in which AARP helps all Americans to live with dignity
and purpose, so that's where we've been
for all these 60 years in the pursuit of health security,
financial resilience, and a vibrant life for each of us

through all our life stages.
This country was just getting used to the idea of a future
in which more and more older people would live for years
after they stopped working.
I heard somebody say and it was Dr. Liburd.
We went through stages well, that's out --
You know, we don't talk like that anymore
because what people thought
about retirement was having some old cranky old woman
in a rocking chair whining and complaining about everything.
You know, people thought 65 was old and old age was a liability.
And you know what?
When you became 65 in this country,
you couldn't be employed.
Nobody wanted to hire you.
They still don't in many instances.
And you couldn't buy auto insurance.
The idea that people might live to be 100 was seen
as science fiction but hasn't things changed.
Isn't it remarkable here in the United States of American?
We are in the midst, I'm supposed to be using this thing,
I guess, of a titanic change in this population
that will make our world look like a totally different place.
For those of you who've traveled to Asian countries, you know,
you'll see that Japan, Korea, the old of the oldest,
I mean in their population.
In 2014 anybody who wants to being a Baby Boomer,
you can say all right, but in 2014,
the youngest Baby Boomers turned 50.

They are the end of a generation that's 78 million strong.
Don't you think that's power?
And we've learned wherever they go, they change the landscape.
Look at the Congress of the United States, State Senate
and everything, they're not 25 year old.
They're 50 plus.
Also in 2010, in the United States, 82% of all centenarians,
I just thought I'd put that in, are women.
By 2030, the number of older adults
in the United States will nearly double and one
in five Americans will be age 65 or older.
And the fastest growing age group, folks,
in this country is made up of people 85 and over.
We saw Attorney Segarra this morning.
We saw the rest of the panelists.
Ten thousand people are turning 65 every day in this country.
The actuaries at Social Security say that one in four
of those people will live beyond 90, some of them
for many more years after age 90.
So today, a child has a better
than 50% chance of living to be 100.
I have a grandson.
He might live to be 100, if anybody puts
up with him that long.
We might have a million people age 100 or over
by the years 2030 in the United States.
In fact, experts are now saying that the child who will live

to be 150 years old has already been born.
And I heard Dr. Hutchins talk
about if we change and behavior ourselves a certain way,
we could optimize our life and live to be 120.
Well, these kids born today can be 150
and hopefully they'll take on today our new slogan in AARP,
Take on today and live life differently.
So, in many ways, today it's wonderful
to be old in this country.
Many older people are having the times of their lives.
Ms. Clemons told us about that.
She's 101 and she's living her best life.
So much of what affects health
and wellbeing are socially determined.
And there are things like poverty, food insecurity,
smoking, drugs, homelessness,
and we know that social determinants are the unmet
social needs that can lead to the preventable conditions.
I think I moved ahead.
No. Right.
So we have got to look at the differences in the distribution
of the social determinants, the influences
of those social determinants and remember that any one
of those social determinants can block individuals
from getting what they need.
In AARP, we, along with Robert Wood Johnson Foundation,
like to say that we want to create a culture
of health that's enjoyed by all.
And to do that, we have to address the social determinants
of health and the disparities and inequities in our society
that are lowering the quality of life for people in this country.
So AARP and AARP, our foundation,
have become ardent partners in wrestling
with the social determinants that affect our health status.
The diseases and chronic conditions that can result
from poor social conditions are costly
and they're really public health challenges.
So just think about it.
How do you take a walk after dinner or visit a friend in some
of our cities in this country if it puts you at risk
of becoming a crime victim?
How do you feed a family a nutritious meal
in a neighborhood that has no grocery store
and no fresh produce?
The social determinants open our eyes to the conditions
at which people are born, in which they grow,
in which they live, and in which they work,
and also how they age.
It enables us to see the connections and the causality
that many times can be easy to miss.
So from this vantage point, health takes
on a more expansive meaning than healthcare.
We're looking at unemployment, substandard housing,
crumbling neighborhoods,
and food insecurity now becomes health issues.
What if our debates about healthcare we grappled not only
with the critical question of coverage but if we looked

at quality and affordability with the social factors
that so clearly affect health?
Again, these various social factors roll
up into one main determinant
and in this country we call it poverty.
But see, poverty is not only an issue for individual,
it's a problem for society.
Poverty is a societal illness.
Do not blame the individual.
It is not an individual problem enough though some folks feel
individuals should be able to make choices.
That may be true.
But it's not an individual failure.
It's a systemic problem.
It's also corrosive.
It's expensive.
Anybody ever heard of payday loans?
Just ask somebody who's paying --
When we say "poor," they're going to work every day
and they're borrowing against their paychecks just
to avoid another cycle of evictions
or to make sure they have food.
So we know that poverty feeds on itself.
And we know that poor women, I mean, this is unbelievable,
that poor women and you folks should have the data better
than the rest of us at CDC,
poor women who undergo breast cancer treatment are four times
more likely to lose their jobs, lose their jobs
than high-income women in the same situation
and that's in America.
So I'm just going to offer you a couple building blocks.
I went through the social determinants.
But anyway, just a couple building blocks
and I think you heard some of this earlier today
that I think we all need to engage in.
If we're going to do something about these factors
that influence minority elders and also to make sure
that we can age gracefully
and have good health in the United States.
So the first element is having an integrated perspective.
I think we talked about that earlier.
So we need to recognize
and understand all the inter-related factors
that can send a vulnerable older adult
into a terrible downward spiral.
When we do so, when we think in a holistic way
and I heard somebody mention holism earlier today,
we're in a much stronger position
to work towards permanent solutions rather
than simply intervening amount a torrent problems.
The second building block is strengthening
social connections.
Now we talking about social connections
of the old-fashioned kind, you know, the real, you know,
person to person, not FaceTime, not Zoom, not Blackboard,
Collaborate, you know, Twitter and all that.
So we're talking about not virtual or anonymous

but for older adults in this country,
the person-to-person interaction is decreasing
and many older adults are paying a steep price for that decline.
So we must deepen our understanding of the cause
and the consequences of social isolation, folks, [inaudible]
and inter-related issue
of loneliness among our older adults in this country.
We've known for some time
about isolation's profound negative effects on health.
The striking and urgent fact we now have uncovered is
that isolation and loneliness are as bad
for our health as smoking.
One study shows that a health risk of prolonged isolation
by older adults in this country are equivalent
to smoking 15 cigarettes a day.
Another shows that isolation and loneliness are worst
for our health than obesity.
They shorten life and make us physically
and cognitively less healthy.
Social connection, on the other hand, we found to contribute
to resilience, the kind
of protective shield against adversity.
We also have mounting evidence to show that isolation
and loneliness drive up healthcare costs.
And, you know, I don't know if you --
Well, I live in New York City, in the Bronx,
where there's 1.3 million of us, and in the emergency rooms,
when people keep coming in, we say she's lonely again.
Their best friend becomes 911 because there's nobody else
who notices them and so this kind of use
of those ancillary services put a strain
on our already unsustainable system in many of our cities.

And in addition, there's connection
between income and loneliness.
Now, don't misunderstand me.
Not everyone who is socially isolated is poor
and not every poor person is socially isolated.
But it's clear that income is a significant factor
in social connectedness and overall happiness.
I'm waiting to get rich, Dr. Warren.
But we need to recognize the effects on social connections
and the interplay of housing and health and nutrition
and transportation and income.
But we must also build greater understanding
of how much we all lose when we effectively subtract
from our communities the knowledge, the experience,
the perspective and talents of so many older adults.
The third building block, you could make a strong case
and say they should've been first, it's active listening.
We need to resist the easy assumptions
about the circumstances, the perspectives,
and the preferences of those
who are the most vulnerable in our society.
You know, these assumptions, folks, are condescending,
they're counterproductive, and they're isolating.
We need to practice active listening

and resist the easy assumption about what motivates people
and what they want and need.
You ask a question this morning
that I was whispering before Mr. Segarra answered it
when you asked about what should you do with your parents
and he said, "listen."
And that's exactly what we need to do.
We need to listen to the older adults telling you what they
need, not what we want for them.
So if we have these preconceived notions that will keep echoing
in our heads and guess what?
They deafen us to the real issues
that older adults are facing.
So listening with intent can guide us to answers.
It puts us in a place where we're totally committed
to understanding what's going on.
It also leads us to test our assumptions
and those assumptions can lead to innovations, folks,
that will help us to drive our work.
The fourth one is agents of opportunity.
There are individuals and organizations of professions
that are already primed to help.
There are many of us who are willing
and we're ready to be out there.
In many cases, you'll find we've already been helping many
of our older adults in communities across the country.
But in other cases, we need to find and leverage those agents
of opportunity and not confine ourselves to the usual suspects
because they're always working in what we can predict,
you know, of places that we know.
So remember that agents of opportunities will be those
who are willing and are eager to look at problems
from new perspectives.
I'm going to give you an example.
In Philadelphia, there were a chain of supermarkets
that took an innovative approach to provide access
to benefit programs
and nutrition services right in their store.
They did something different.
They brought the nutritionist
and the dietician into the supermarket.
See, it was an old problem but it took a new look at it
and they asked different questions.
This is saying to us, we need to rethink some of the, you know,
approaches and strategies that we're using.
So agents of opportunities are all around us.
The only limit is our imagination.
And the final building block is collective impact.
Now it's saying impact, not collaboration.
The best way to solve problems is through each
of us adding our strengths and multiplying those strengths
to generate a whole that's greater
than the sum of its parts.
This is collective impact.
It goes beyond collaboration.
You know, collective impact raises the bar
and it reverses the issues our older adults are facing.

We need our combined strengths to address a problem this big.
So guess what?
Collective impact requires us to put aside our institutional ego
and adjust some of the ways
in which we have become comfortable in doing things.
Yes, it's going to require compromise.
Now I'm not here to beat up on CDC
but I mean CDC don't know everything.
I know you guys do care-giving.
But guess what?
You know who the biggest folks in care-giving today?
AARP. We know what's going on out there.
So all of us can give up our ego and begin
to look at working together.
We need to get out of those silos.
You know, that's where we're so restricted in our thinking
and it also limits our capacity to join with other people
in solving our problems but if we use collective impact,
it brings us into a shared space.
You know, when we have collective impact,
we affirm the uplifting of partnerships
in translating good ideas into effective social policy.
So we proceed from the understanding
that no single policy, program
or group can solve a complex social problem by itself.
So these building blocks have to rest on a strong foundation
of smart and compassionate public policy.
That includes an equally smart
and compassionate federal budget.
Let me just remind you
that empathy is not a sign of weakness.
It's a moral compass and it's a moral compass
that is a sign of strength.
So in these divisive times when it seems we're devolving into us

versus them, it's critically important
to recognize there's no them.
There's only us.
We're all bound together.
We can't wall off the problems if we don't work together.
So let's move beyond the scapegoats and let's begin
to look at some solutions
and I think I have some solutions here.
On one hand, we need to begin to look at creating a culture
of care for our communities of color.
One of the things that is very clear is
that we have underrepresentation in clinical trials
which gets worse as you get older
because older adults are not included in clinical trials.
The other issue is, you know, it looks great in this room
but those in the health professions, you know,
people of color remain underrepresented.
And then, of course, there's the overall unconscious bias
that exists.
We don't like to talk about it.
It's always the 800 gorilla.

I can say it.
I can get away with saying a lot of things, so I'm going
to say it is what it is and we see many times that we get
into situations where people, particularly older adults,
in this country are subjected and if they're people of color,
they're subjected to the unconscious bias
and sometimes conscious bias that remains
with our health professionals.
So, what is -- I'm looking at the time.
So what is AARP's goal?
Well, one, you've heard us say and we will continue to say
to you we're here to disrupt aging.

We're here to disrupt aging.
And if you don't believe that you are disruptors,
then something's wrong.
To disrupt aging, AARP is here to shake
up the negative attitudes about people over a certain age,
whether it's directed from the outside or worse,
where it's self inflicted.
I tell people how old I am.
I don't say I'm old.
I just said this is my age.
And in the old calypsonian verse, age is just a number.

There's a growing body of evidence
that says ageist attitudes have measurable negative health
effects on older adults and it certain erodes the confidence
and self esteem of older adults in this country.
We in AARP are determined to shadow all those old stereotypes
and spark new solutions around the idea of aging so that each
of us can choose to live our lives
in a most fulfilling manner possible.
If we have another 35, I don't know if I want to have 35
but maybe 35 to 40 years to live,
how can we make those years all we want them to be?
So we're talking about the new normal.
And the new normal for us is preparing individually
and as a society which to us can be exciting
and to some folks it's scary.
It's about moving away.
Dr. Liburd, from that three-stage life, work, life,
school, work and retirement, we're saying, unh-uh,
that is not the new normal, to a more flexible one
and this new life time also comes along with challenges.
For starters, not everyone has an equal chance to live longer,
let alone capture the associated opportunities.
So AARP wants to make sure
that everyone has equal access to resources.
We all need to live longer, healthier lives.
Because you know what?
Longevity is a huge gift.
So we're going to need help to make that happen.
So there are a couple things that we're doing.
One is creating more what we're calling
age-friendly communities.
And in age-friendly communities, we're looking

for eight domains of livability.
So if we want to be age and be in a healthy state,
we have to have easy access to outdoor spaces.
We have to have safe, affordable,
convenient transportation.
We need to have housing choices.
We need to have social participation
and civic engagement since we're not going to just retire and,
you know, dry up or have our brains turn to mush.
We want programs that promote ethnic and cultural diversity.
We want opportunities for work and volunteer activities.
We want to help people to use technology.
And if you know anything about AARP,
we run all those technological programs across the country,
all our states, you got a great state, folks, here.
You just going into AARP, you know, Georgia
and you'll find those sessions.
I want to make sure there are community services.
The other thing that AARP is doing is
through our Living 100 Project.
Ms. Clemons, I'm giving your name
to the state of Pennsylvania AARP.
And in this project, AARP seeks to spark a conversation.
How can we challenge our own mindsets
and attitudes about aging?
What do longer lifespan really mean for current
and future generations?
How can we address the disparities?
These are the questions we're raising right now,
the disparities in race and in gender and in income
and in education and geography that can be a matter of life
and death because, you know, we call it disparities by zip code,
you know, so it's simply that's what we're trying to look at.
And most of all, how do institutions and systems need
to change so that we are not only living longer
but making the most of our extra time?
So folks, we have the power to help.
Dr. Ethel Percy Andrus fought hard to change minds
and to create a new reality.
We're still facing many of the same battles that she faced.
Sometimes we seem to be fighting over and over again.
But we have the opportunity to create a new culture,
a culture in which it's going to be wonderful to be young
and it's also going to be wonderful to grow old.
But we can only do that if we, and I'll leave you with a poem,
if we act as one and if we believe in each other; however,
we have to be committed to excellence and we have
to do whatever it takes.
We have to embrace this common vision
of healthy aging in this country.
We have to foster the group intelligence to make it happen.
We have to harness the power of the many here but we have
to inspire cooperation, not competition, with each other.
We have to juggle the skills and the talents that we have
but we also must kindle that collective impact
and collaborative genius.
We have to always look out for each other and we have to engage

in more of the "we" and less than the "me" thinking.
We must not mind who gets the credit, folks.
We've got to overcome the obstacles together.
We have to put our principles before our personalities
but we have to quickly resolve any differences among us.
We have to recognize each other's strengths
but we also have to share the workload.
We must remember to treat each other with respect
and utilize everyone's skill.
We must value everyone's input.
We must continue to work side by side,
expecting exponential results.
Well, we've got to yearn to succeed together and then
to be zestful about making a difference.
Thanks for inviting me.
[Applause]

>> I know you have some burning questions.
So let them be heard and she can respond.

>> Yes, sir?
>> I want to thank you first for your inspirational words and I,
as a diversity and inclusion foot soldier
that has written several strategic plans here at CDC
and other organizations, one of the things that I'm seeing
in the goals that AARP that I'm seeing as missing
and I was wondering if you could talk about that is and we talked
about this when President Obama implemented a diversity
and inclusion executive order for the federal government
and that is the sustainability piece.
How do we sustain what you and AARP,
what many others I believe are working on trying to achieve
and recognizing our aging population which is part
of our diversity and inclusion work that crosses all groups.
I want to hear more about what do you see are the things we
need to do to sustain the current work and to go higher.
>> One, we need to step out of our boxes and one
of the things I think, when you think of when
and how AARP was founded, sometimes we forget
about the history, but we get so boxed in to how
and what we're doing, the points that I made about stepping out
and looking for new partners is critical.
You know, we seem to forget that people spend most of their time
in community, not in coming to visit us in our institutions
or coming to ask us for things but that it's in the community
where those deep roots are and we've got to tap into them.
So for us in AARP, one
of the things we have a whole multicultural leadership unit
now, where we are digging deeper and deeper
into those communities and developing partnerships
with those, not the usual suspects,
but those other organizations that are critical for the life
of the communities that work to make sure
that our older adults remain healthy and can age in place
in their own communities.
They don't want to be in no nursing home.
You know, they want to be where they're comfortable.

So we've got different kinds of partnerships
with the Hispanic Latina/Latino communities,
with the Asian-Pacific Islanders' community,
with African-American and Black communities,
with the faith-based communities.
You know, we're doing all different kinds of things.
We have what we call pop-up events all over the country
so that we may appear at some, you may call it a health fair,
I don't believe in health fairs but that's my personal view,
but that would be another discussion.
But they show up at things where the people
who will be the connectors in those communities are
and I think that those of us in institutions
and in professional organizations need to learn how
to do that better and you don't need to come
to the Alicia Georges, you might need to go to the Suzie Jones,
who's the lady down the street that everybody knows
and Alicia Georges can put you to connect with her
and so you can reach further and deeper into the community.
It's going to take us a while but, you know,
we got 38 million members.
So we got all these folks.
So our volunteers are also the unsung heroes because they come
from those communities and they open the doors for us.

>> Okay. I guess my question would be,
maybe it's a philosophical one, but how is AARP dealing
with the fact that when you're aging and going through life,
sometimes with the way history is written or kind of recorded,
it doesn't necessarily always include everything that's
happened to people or people you're connected to,
how are they reconciling that given that promoting ethnic
and cultural diversity is important but oftentimes
that if history isn't there or if it's not written
in the way that's uplifting the community, it can be almost
where there's no evidence; therefore, we don't have data;
therefore, what can we do, if that makes sense?
>> Are you a PhD student or data analyst?
I'm just being funny.
I'm just -- You know, we have a historian in AARP
who does use some of the hard data that may be available.
But one of the things that Lilly has always
said and others have said is that you need to go
to the people and help people
to record what it is that's important to them.
So you'll find that there are a number of things
on our AARP website where we have the members who are talking
and people who are talking
about what it is that's meaningful to them.
So you'll find stuff around care-giving
where people are talking about what it means to have, you know,
who and what, you know,
in the whole care-giving, you know, sphere.
We've got folks interviews with people and we tap into all the,
if you belong to the Divine Nine, you know,
groups where we're at all of their conventions.
We're at all the Asian and Pacific Islanders, you know,

conventions, the Hispanic, you know, celebrations
and the Native American, you know, powwows, if there's some
in some of the states, we're there.
And there are people who have that information and who tap
into those folks and those communities who have
that information and who can then share it
with other members.
It's hard for us, I mean, we can't, you know,
gather the history and the information for everybody
but we make a concerted effort to get the data from the people
who are the most closely aligned with the communities
that we're working with.
And some of us need to write a little more
about what's going on.
Read my -- Well, you're too young
but you can still get AARP, the magazine, and read my column.
But that's the other thing that we do.
In our AARP magazine, which is the most widely circulated
in the world, you know, they've got lots of good things.
There all these stories about what's happening
and in our bulletin, there's always stories.
On our website, if you tap into each one of the states
or the two territories which is Puerto Rico
and the United States Virgin Islands, my home, you'll find --
Where's Dr. Hawkins, where's Hawkins,
yeah, we're from the Virgin Islands.
But you'll find the information and stories
that people are telling about what's going on with them.
>> Any last questions?
>> That's Dr. Neil Shulman, I have to defer to him.
He was one of the founders of the International Society
on Hypertension in Blacks.
So I go way back almost as long as with you, Dr. Warren.
>> Thank you.
This has been an excellent event.
But I just wonder if in an entertaining way there could be

a movie series kind of laughing with seniors,
where all these messages are gotten across to all age groups
and we had been involved in writing a book comedy

about seniors and I used to do senior presentations
but I think you would be a great actor.
>> Thanks, Neil.
That's friendship.
Right.

>> You could write the script.
But seriously, this is an excellent, excellent event
and we just have to get the attention of the population
of the entire country.
And AARP is an excellent organization
and the message you have is so powerful and, you know,
everybody wants to live a long life.
So I think it could be something
that everybody would join together with
and with people here who are leaders, you know,

it could become a real popular series just like Harry Potter.
>> Thanks, Neil.
If you all didn't know,
if you've ever seen the movie Doc Hollywood,
Neil Shulman was the one who wrote the book
that become the movie "Doc Hollywood," with Michael J. Fox,
so he knows about writing.
I don't know about that stuff, Neil,
but thanks very much for having me.
>> Hold one second.
[Applause]
>> One small comment before we close the session up.
Dr. Georges was a speaker at Annual Tuskegee Commemoration
and all the keynote speakers we gave them a special,
special gift.
We had some coins minted, Booker T. Washington coins minted.
The only place you can get them is at Tuskegee,
if you've done something very, very special and a few of you
in the audience have done special things to have a coin.
Well, Dr. Georges got a coin and she called me and said, well,
my grandson liked the coin, so I gave it to him.
And I got grandkids.
I know when they ask for something, they get it.
So I wanted to give her another coin
so she will possibly keep it for herself.
>> Yes. He will not get this one!
Oh, thank you, thank you, thank you!
Thank you very much.
[Applause]
>> We have a small token for you as well.
Just whenever you use this, you'll think of us.
>> Oh, thank you, Dr. Liburd, thank you so much!
Oh, thanks so much.
Thank you so much.

>> Okay, well, for those of you who are here
when we got started this morning, I promised you
that this would not be an ordinary gathering
of public health professionals and I also promised you
that it would leave a mark that you won't forget.
And I believe that the planning committee who I want
to thank right now, I want to ask you to stand
so that people can see you.
Don't be shy.
They have been working for nine months

to pull this day together and have done a phenomenal job.
I also want to thank all of our speakers and discussants
and everyone who is present,
those who have been viewing by IPTV.
There are literally probably a couple hundred people online
who have been participating with us today and I want
to thank everyone who has been part
of this year's Public Health Ethics Forum.
I want to end by sharing and it really just kind
of reiterates much of what has been said today.
I was introduced to a book this spring

that has really been probably the most influential book
that I've read this year for me.
And the title is "The Leading Causes of Life."
You know, we talk a lot about the leading causes of death,
particularly at CDC, we're steeped in death
and risk factors for death and everything associated
with preventing death and our goal is to prevent death.
And this book kind of answers the question of life
or preventing death to live
and then what then constitutes the leading causes of life.
And so I'm just going to go through them very quickly
and let me just say, this book was written by Gary Gunderson,
many of you would know him if you've been involved
with any faith help work.
I first met him when he was at the Carter Center
and it's coauthored by his friend and colleague Larry Pray.
So the first one is connection and I don't need
to say anything more about that
because Dr. Georges elaborated on that beautifully.
The second is coherence, which is having meaning in our lives.
The third is agency and this is having our own personal sense
of empowerment and actually being empowered and acting
on things that are important to us.
The fourth they describe as blessing
and this is being a blessing to others as well
as allowing other people to bless us with any manner
of goodness that they will embrace
that they will want to extend toward us.
And the last is hope and so I hope
that as you all leave this gathering today that you leave
with much more hope, much more intention,
just with much more energy to be part of creating
and promoting the ethical practice of public health
and in this instance as it relates
to older adults and minority elders.
So I want to thank you again and I'm going to ask Dr. Warren
to come forward and he will have his words
and give us the final benediction.

>> Two things Captain Wilkins has been very intentional
about us meeting weekly and coming
up with measurable objectives and strategies every week.
For the last couple of months, we've met ever Friday
to be sure this was a success.
So I want to acknowledge him particularly
for the work that he's done.
[Applause]
And on another level, this was a scholarly activity.
If you didn't feel like it, you just need to know that.
We didn't have lectures.
We had conversations.
We had data.
You didn't call it data but we had information.
We had lived experiences.
This was a scholarly activity and we were intentional
about who could come in here because we had limited space.
Anybody in the world could get online

but only a few could get into this space.
But we want to share the good news
with everybody and so we publish.
Every time we have this forum, we public the proceedings
and additional articles and generally we have the forum
in April and we publish in December.
This time, we have the forum in September
but we published it in December.
That means that the presenters have to move quickly
because we have a peer review process that we must go through.
And this also is open to the world for continued education.
We didn't realize that folks
from the outside were getting online and getting credit
for CMEs all last year, I don't know the number,
but it was phenomenal.
And so we want to be sure that you can go online
and get your CMEs if you so choose.
And I've been reminded 10, 12, 13 times to be sure
that everything that you're going
to be challenged on, we say it.
So it's one thing that you may not have heard clearly
but I want you to hear this clearly and also as important
as this the coloring of America enhances that in 2016,
23% of people age 65 and over were members of racial
and ethnic minority populations.
It's important to have that number but more importantly
to understand this place is changing.
Like it or not, it's changing.
So get ready, ready or not.
Really important.
And not lastly but let me close
by saying Dr. Leandris Liburd has great courage to work
with us down in Tuskegee as we don't hold any punches.
We may say anything that we believe to be true
and in these times, we have to be thoughtful.
So I want to thank her again for moving forward thoughtfully.
[Applause]
It was her thought to focus on the elderly
and when she mentioned it to me,
I was all in because she was talking about me.
So we switched the dates to September but we're going
to have a publication and we're going to invite you and others
to publish and you see the inter-generational connection,
the young folk, the posters that can translate them
to a peer-review article that will enhance their career.
That's big.
I had three or four degrees and out of school
for a long time before I published my first article.
And the best way
into a doctorate program is the publication
of peer-review articles.
They didn't tell you that.
I'm telling you.
Get it in.
We'll peer review it and get it on.
So again, I want to thank you.
We started on time.

If you look at the clock, we're finishing on time.
It doesn't get any better than that and we're going
to thank you again for being here, showing up
and showing out [applause].
Thank you so very, very much.

that because what I
wanted to say I said