The views, opinions and positions expressed in this report represent the views, opinions and positions of the Summit Participants, and do not necessarily reflect the views, opinions or positions of Amgen Inc.
Foreword

Amgen’s 8th Health Equity Summit was held on April 28, 2021. The virtual event garnered 514 participants across seven countries who represent diverse sectors of our healthcare ecosystem — from patient advocacy organizations, physician associations, medical institutions, academia, biopharmaceutical companies and beyond. The resounding theme of *Disrupting Health Disparities Through Partnership* emerged from the 2020 Health Equity Summit, which was held amid an unprecedented time of public health, economic and social justice crises. The program underscored a key insight from the 2020 Summit: the potential for cross-sector collaborations to address systemic barriers to good health.

2021 has continued to challenge the world socially and economically, bringing the ever-present but historically overlooked topic of health disparities into focus. As Amgen Chairman and CEO Bob Bradway noted: “We’ve seen health inequities as part of our daily lives here at Amgen, but clearly what happened last year was a catalyst for us to raise the level of our game, for us to reach out to try and collaborate with others and bring a brighter spotlight to the question of health equity in our community.”

Advocacy Relations Director Jeanette Schulz set the stage for the Summit by reinforcing the opportunity to learn from one another, share insights, and spark ideas for how we can effect change in our respective fields. The event was moderated by Sheila Thorne, President/CEO of Multicultural Healthcare Marketing Group and leading national expert in cultural competency. “Surely striving for health equity is a marathon, it is not a sprint. As one of our former poet laureates Dr. Maya Angelou said, ‘When you know better, you’ll do better,’” commented Thorne in her opening remarks. Attendees agreed, anticipating that the Summit would provide them with better understanding, learning, inspiration and knowledge about health equity and innovative partnerships.

Contents:

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- Opening Congressional Remarks: Congressman Raul Ruiz, MD (CA-36)
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- Innovative Partnerships Making an Impact: Cross-Sector Collaborations Addressing Social Determinants of Health
- Patient Advocacy Roundtable Discussion: Trailblazing Programs Closing Health Disparity Gaps
- Closing Congressional Keynote: Congressman Ami Bera, MD (CA-7)
- Closing Thoughts
Key Summit Takeaways

The Summit brought together a wide range of expert speakers to discuss issues around racial equity in healthcare, including Amgen executives, U.S. congresspeople, and disruptive leaders in patient advocacy, social determinants of health and healthcare technology. To follow are key takeaways from the day’s engaging dialogue.

1. **COVID-19 has brought years-old health equity issues to the forefront:** The COVID-19 pandemic magnified the long-standing health inequities facing communities of color, including access to care and lack of diversity in clinical trials – particularly issues of mistrust, economics, geography, fear and insufficient outreach that hinder clinical trial participation.

2. **Social care and dignity sit at the heart of health equity:** Focusing on medical care alone won’t move the needle on health equity. There also needs to be a significant shift in how institutions think about social care, from patient support systems and cultural and language considerations to transportation accessibility and fundamental needs like housing and nutritious food.

3. **Community-based services form the foundation:** Those who experience the greatest health disparities are often the ones who do not have regular contact with health care providers. The future of healthcare must therefore include a broader vision of what care means – a vision that includes public-private partnerships to advance a full range of community services like housing and employment assistance, mental health care and other important access points.

4. **Technology is a tool and a challenge in addressing health disparities:** The COVID-19 pandemic saw a big surge in the use of technologies like telemedicine that offer great potential to improve access to care. At the same time, these technologies also present challenges as many people still lack broadband internet access and familiarity with digital tools to connect with doctors.

5. **Taking a patient-centric, culturally sensitive approach to care is critical.** The current model of healthcare often fails to distinguish between the cultural or social-economic needs of different patients, which can lead to disparities. The journey to culturally sensitive and patient-centric care begins by applying our understanding, learning, inspiration and knowledge.
Opening Remarks: Congressman Raul Ruiz, MD (CA-36)

Dr. Raul Ruiz opened the Summit through the lens of his own upbringing as a child of migrant farmworkers and subsequent journey to emergency medicine physician, U.S. Representative for California’s 36th congressional district, public health expert and chair of the Congressional Hispanic Caucus. His life experiences illuminate how the healthcare system can do better at addressing disparities and improving health equity.

Disparate Vaccination Rates
► Throughout the pandemic we have seen disparities in who has access to testing and care, and now we are seeing disparities in vaccination rates. Equity must determine the amount of tests and vaccines allocated and distributed to targeted high-risk and underserved areas.

Fatigued Workforce and Provider Shortage
► This pandemic has broken front lines in many areas with an overworked, fatigued provider workforce, particularly in underserved areas. We must reevaluate our education and training procedures, and have equity in mind to create pipelines to rapidly increase the number of providers from underserved communities who will serve in those same communities.

Better Utilization of Community Health Workers
► As healthcare delivery continues to move towards home-based care, we must better utilize public health nurses and community care workers who know what barriers their underserved communities face, speak the language, are trusted, and understand what culturally appropriate care looks like.

Better Outcomes Require Change
► We must learn hard lessons from this pandemic and address the shortcomings in our system to eliminate health disparities and improve health outcomes across racial, geographic and economic lines. A key part of this is forming strong public-private partnerships that work together to achieve health equity.

“Thank you all for your hard work and your advocacy for underserved communities. Together we can work towards a country where your background, your ZIP code and your income do not determine whether you have access to quality affordable care.”

Congressman Raul Ruiz, MD
U.S. Representative for California’s 36th Congressional District; Chair of the Congressional Hispanic Caucus
Reflections on Health Equity Progress: Insights from Amgen Leadership & The Patient Community

The public health and social justice crises of 2020 ignited a renewed and urgent call to action across diverse stakeholders to address long-existing racial inequalities. During this moderated discussion, members of Amgen’s executive leadership team provided updates on the Company’s diversity and health equity commitments. Amgen’s Chairman and CEO Bob Bradway likened the process to a journey of one thousand miles and reaffirmed the Company’s resolve to go the distance.

**Leading for Equity**

- Following a review and audit of pay, promotion and career planning for African American colleagues, Amgen established a career development plan specifically for African American young leaders.
- Over 12,000 Amgen employees in the U.S., Puerto Rico and Canada have completed trainings on unconscious and conscious racial bias, and global teams will soon undergo training.
- Amgen became a founding member of the One-Ten Coalition, an initiative committed to providing family-sustaining jobs, with opportunities for growth, for one million Black Americans without a four-year college degree over the next 10 years.
- In the past two years alone, Amgen has provided more than $13 million in support of health equity initiatives through sponsorship of advocacy partners across diverse therapeutic areas.

**Alleviating Access Barriers**

- In 2020, the Amgen Safety Net Foundation provided nearly $1.5 billion worth of medicines to qualified uninsured or underinsured patients in the U.S. at no cost, and nearly $8.5 billion of their medicines since 2008.
- Recognizing the complexities of navigating insurance change, the Company is putting in place insurance counseling for patients going through transition.
- Amgen teams are also working to ensure continuity of care and exploring novel solutions such as alternate sites of care, mobile nurse-administered injections and prescription fills at specialty and retail pharmacies.

**Catalyzing Diversity in Clinical Trials**

- In October 2020, Amgen launched the RISE (Representation in Clinical Research) Program which is designed to improve the diversity and representation of racial and ethnic minorities in the Company’s clinical trials through science-based, data-driven strategies and to positively advance this dialogue across the industry.
- Amgen contributed to Pharmaceutical Research and Manufacturers of America’s (PhRMA) first-ever industry-wide principles on clinical trial diversity with the goal of addressing the systemic issues that deter Black and Brown communities from participating in trials.

Reflections on Health Equity Progress continues on next page >>
Catalyzing Diversity in Clinical Trials (Continued)

▶ Amgen is a founding sponsor of the Lazarex Cancer Foundation’s Improving Patient Access to Cancer Clinical Trials (IMPACT), a multiyear nationwide program to increase cancer clinical trial enrollment, retention, minority participation and equitable access.

▶ Over the course of the year, Amgen accelerated engagement with patient advocacy organizations, KOLs, academic institutions and medical schools including Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs), as well as faith-based and community organizations to seek advice, insights and potential strategic partnerships to improve clinical trial diversity.

“Amgen has long been committed to having a diverse workforce and to strengthening health equity across our society, as shown by our sponsorship of this annual Health Equity Summit for the better part of a decade. While we’ve made progress, the events of last year – notably the COVID-19 pandemic and the societal protests following the murder of George Floyd last May – underscored how far we still need to travel, both at Amgen and in society more generally, to achieve equal justice and opportunity for all. ”

Bob Bradway
Chairman & CEO, Amgen

“Resources that enhance basic quality of life and address conditions that are sometimes beyond the control of a person is central to Amgen’s mission to serve patients. We are not just driving drugs to market: we strive to partner, share insights, and engage because this is what truly enhances and builds resilient healthcare systems.”

Susan Sweeney
Senior Vice President, Global Marketing, Access & Capabilities, Amgen

“COVID-19 has brought various issues that hamper diversity in clinical trials to the fore. Mistrust, challenges of economics and geography, fear and insufficient outreach are just some of these. We know we need to do better, and Amgen has accelerated a range of activities, from R&D commitments to community collaboration.”

Ponda Motsepe-Ditshego, MD
Global Executive Medical Platform Lead, Bone & Nephrology, Amgen; Global Chairperson, Amgen Black Employee Network

Reflections on Health Equity Progress: Insights from Amgen Leadership & The Patient Community (continued)
Reflections on Health Equity Progress: Insights from Amgen Leadership & The Patient Community (continued)

Perspectives from Amgen's leadership were complemented by the voice of patient advocacy leader Ricki Fairley, Co-Founder and CEO of TOUCH, The Black Breast Cancer Alliance and stage III triple negative breast cancer survivor. Ricki addressed the lack of research participation among Black women and fundamental factors that make Black women’s breast cancer unique. A marketing expert, Ricki also shared her innovative vision to help bring more Black women into science.

- **Startling statistics reveal that breast cancer for Black women is a different kind of breast cancer.** Black women get triple negative breast cancer at 2.3 times the rate of white women. Black women with breast cancer have a 71 percent higher risk of death, the mortality rate is 42 percent higher, and the recurrence rate is 39 percent higher. (Source: TOUCH, the Black Breast Cancer Alliance)

- **We have not found the right messaging to empower Black women's participation in clinical trials.** Clinical trials can elicit fears of vulnerability and dependence, which is a stark conflict for many Black women who feel a strong obligation to project an image of strength. Ricki referenced insights from recent focus groups led by TOUCH which confirmed misconceptions about clinical research (e.g., concerns of receiving a "sugar pill"). Clinical engagement should instill trust, emphasize the benefits of clinical trials, and address the power imbalance that is a barrier to enrollment.

- **We need welcoming clinical trial environments.** From placing trial sites in communities of color, diversifying trial investigators and providing child care and transportation support, there are novel opportunities to make clinical trial sites places patients feel comfortable being, rather than a place that they’re afraid to go.

“"If I could build a clinical trial facility in every major city it would look like this. It would be in a Black neighborhood, a beautiful Victorian house where you have to walk through that wrought iron gate to get into the house. You walk in, this lovely Black grandmother gives you a hug. She takes your three kids, since you’re a single mom, to the playroom and gives them food. She takes you into the living room, sits you down in her cushy chair, gives you a blanket that she crocheted, gives you a cup of tea from the mint that she grew in her garden, puts on Luther Vandross and gives you the shot."

*Ricki Fairley*  
*Co-Founder & CEO, TOUCH, The Black Breast Cancer Alliance*
The current model of healthcare often fails to distinguish between the cultural or socioeconomic needs of different patients, which can lead to disparities. In a fireside chat, retired NFL cornerback and “fierce fighter” Johnathan Joseph spoke about his father’s losing battle with lung cancer and how this experience led Johnathan to lend his strong voice and professional platform as a spokesperson for The Players’ Tribune and the American Cancer Society’s new Fight the Fight campaign. Johnathan’s discussion with Judy Brown, Amgen’s Senior Vice President of Corporate Affairs, highlighted cultural considerations that can impact access to care, and opportunities for prevention and earlier diagnoses of diseases like cancer.

**Perpetual Barriers to Timely Care**
- Stigma, cultural norms, inadequate insurance coverage and mistrust of the medical community continue to adversely impact timely diagnosis and expert care among communities of color, leading to missed diagnoses and failure to catch a disease early, when it might be more treatable.

**Environmental Impact**
- Individuals in underserved communities may be more likely to work in conditions that expose them to harmful toxins or substances.

**Fighting Disease is a Team Sport**
- Leveraging social media, community outreach and word-of-mouth around environmental risk factors, the importance of doctors’ visits, screening and testing, and signs and symptoms of conditions can vastly advance prevention, early detection and prompt treatment of disease.
- Supporting not only the patient, but the patient’s support system, is important for maintaining mental health; this can take the form of checking in on one another or dividing up care responsibilities.
- Cross-sector collaborations, like the Fight the Fight campaign, exemplify a team-based approach toward healthcare equality through personal testimonials.

“Football is the ultimate team sport [and] the fight against lung cancer is no different. It takes all helping hands. It’s not going to be just one idea or just one person. It’s going to be everyone.”

Johnathan Joseph  
Retired NFL Cornerback

“Biomarker testing at the time of lung cancer diagnosis has been shown to improve patient outcomes. However, a 2019 study in the Journal of the National Cancer Institute found that when looking at metastatic non-small cell lung cancer, 26% of eligible white patients were receiving biomarker testing compared to 14% of eligible Black patients. This unequivocally underscores the gap that exists for Black patients.”

Judy Brown  
Senior Vice President, Corporate Affairs, Amgen
Innovative Partnerships Making an Impact: Cross-Sector Collaborations Addressing Social Determinants of Health

Social determinants of health have a tremendous impact on a person’s health, health outcomes, neighborhoods, housing, education and food security. Removing these barriers entails disrupting the status quo and introducing novel collaborations among like-minded, mission-oriented organizations. The disruptors on this panel have innovatively tackled social determinants of health where people live, work, play and pray. They are also fostering conversations about health equity at the highest levels of government, bringing a refreshed focus and sense of urgency to the conversation.

Connecting Social Care and Healthcare
Since the majority of healthcare happens outside of a hospital or clinic, there needs to be a significant shift in how institutions think about social care, such as housing, employment, transportation and access to nutritious food. We need to empower community-based organizations to serve as access points between each other and with hospitals. The connection of insurance companies, health systems, government institutions and social care providers helps to remove the burden of navigation, so individuals can focus on getting the care they need. Convening these organizations with interrelated missions also builds an infrastructure that creates efficiencies, reduces costs and provides opportunity to measure the effectiveness of various interventions.

Disruption in Action:

▶ **The Health & Housing Consortium** is a collaborative network of healthcare, housing, homeless and social services organizations, and government partners with the shared goal of improving health equity and housing stability by fostering cross-sector relationships, informing policy, and building the capacity of frontline workers to support people with unmet health and housing needs.

▶ **Unite Us** is a technology company that builds coordinated care networks of health and social service providers. With Unite Us, providers across sectors can send and receive secure electronic referrals, track every person’s total health journey, and report on tangible outcomes across a full range of services in a centralized, cohesive, and collaborative ecosystem.

Importance of Maintaining Dignity
Social care services need to be offered in ways that empower people with dignity. For example, many individuals in need choose not to use services they consider charity. Innovative models that enable dignity can encourage people to use the services and thereby increase access to important health practices. Co-locating social care services in areas of need and offering living wages to community services workers also contributes to a “dignified exchange.”

Disruption in Action:

▶ **Daily Table** is a nonprofit community grocer created to help address food insecurity and obesity by providing fresh, convenient and nutritious food at affordable prices. Their innovative model, which includes a SNAP incentive program and free cooking classes, provides a dignified exchange that builds a sense of agency around people’s ability to feed themselves.

Innovative Partnerships Making an Impact continues on next page >>
Optimizing Technology to Bridge Access Barriers
The upsurge of telemedicine as a result of COVID-19 has created opportunities to rethink ways in which technology can be better used to address health disparities. While virtual visits, wearable devices, sensors and mobile health apps can help mitigate barriers, inadequate internet connectivity, low digital health literacy and mistrust of the underlying healthcare system can limit adoption by underserved communities. Policy proposals, particularly those relating to broadband access and privacy, have the potential to support health equity in the tech space.

Disruption in Action:
▶ The Health Equity and Access Leadership (HEAL) Coalition was launched in 2020 by the Consumer Technology Association (CTA)® and Connected Health Initiative to create recommendations on the greater use of technology to mitigate health disparities, particularly coordination of resources, policy advocacy, research and education. This multi-sector initiative includes public and private leaders including Best Buy Health, Boston Children’s Hospital, Google, Microsoft and Validi. The Coalition’s first project will be a white paper with policy and operational recommendations addressing technology’s role in tackling disparities in the American healthcare system.

Best Practices for Fostering Effective Cross-Sector Partnerships
☑ First, identify gaps or issues perpetuating disparities. Then, explore diverse, multi-sector stakeholders that need to be a part of the solution.
☑ Make sure partners represent the communities to be served.
☑ Create discussion forums to learn about resources and share expertise. Neutral conveners can help break down hierarchal divides, facilitate dialogue, identify common issues and transform ideas to action.
☑ Prioritize and invest time in developing relationships and set clear expectations at the outset of the project. Follow-through is essential.
Innovative Partnerships Making an Impact: Cross-Sector Collaborations Addressing Social Determinants of Health (continued)

“The future of care is really in the community. I think people are starting to understand that it’s not just one specific problem to solve. We’re talking about generational impact, and investors are willing to make bets on real generational impact.”

Daniel Brillman
Co-Founder & CEO, Unite US

“The idea is that we’re all serving the same people, and it is our responsibility as care providers, as service providers, to coordinate our care and our services to improve things for that person… I continue to be surprised in my work that what seems so basic is actually very revolutionary in a lot of ways.”

Bonnie Mohan
Co-Founder & Executive Director, The Health & Housing Consortium, Inc.

“People who could never even pronounce telemedicine before are now availing themselves of telemedicine visits. We saw this as an opportunity to rethink the ways in which technology can be better used to address health disparities.”

René Quashie
Vice President, Policy & Regulatory Affairs, Digital Health, Consumer Technology Association

“Any discussion of health equity can’t be comprehensive without talking about food and access to healthy food, because so much of our health requires good nutrition.”

Doug Rauch
Founder & President, Daily Table
“Nothing about us without us.” That was a key theme from this panel of diverse professionals working across the patient advocacy continuum, from patient organizations, academia and healthcare. They shared insight on systemic gaps that leave behind those most in need, and how they are making the space and time for uncomfortable, yet critically important, conversations to achieve health equity.

**Equality and Equity are Related but not Interchangeable**
Equality is the idea that people can be made equal or whole by giving them something. Equity is the idea that there is a common level which we all should be striving to achieve. All people deserve an equitable chance to achieve excellent healthcare, and there is growing awareness that racism is a serious public health threat.

**Cultural Competency and Sensitivity is Critical**
Historically, care for different races assumed that what was appropriate for white people was appropriate for Black people — an approach that ignored health disparities. Today there is growing recognition that taking people's faith beliefs, values and realities into account when making care decisions can directly impact whether an outcome is successful. This panel discussed several interventions and models to support culturally competent care.

- **Health Care Provider Cultural Competency Training:** Educational programs to teach health care providers about culturally competent care is gaining a great deal of traction with many states now requiring evidence of cultural competency for renewal of medical licenses.
- **Trusted Messengers:** Trusted messengers, including physicians of color and local faith leaders, can catalyze conversations around health and disease prevention, ensuring messages are being delivered in a way that is sensitive to specific community needs.
- **Citizen Scientists:** Citizen scientists are laypersons who do not have formal science training but receive training to engage in research efforts responsive to community needs. Citizen science models can play an important role in the delivery of culturally sensitive health messages, while gathering important data to support health equity efforts.
- **Federally Qualified Health Centers (FQHCs):** Funded by the Health Resources & Service Administration, FQHCs provide community-oriented care to underserved neighborhoods. Collaborations between academia and FQHCs provide opportunities to conduct community-based participatory research designed to help bridge health disparities in vulnerable populations.

Patient Advocacy Roundtable Discussion continues on next page >>
Disruption in Action:

▶ The Minority Health Institute provides educational programs to teach health care professionals and the general public about cultural competency, diversity, and healthcare disparities. Founder Dr. Richard Allen Williams has authored nine books on the topic, including the groundbreaking *Textbook of Black-Related Diseases* (McGraw-Hill) and, most recently, *Blacks in Medicine: Clinical, Demographic, and Socioeconomic Correlations* (Springer).

▶ Allergy & Asthma Network’s (AAN) Not One More Life Trusted Messengers program is making a difference by giving minorities in underserved communities the knowledge they need – from trusted, credible sources – to make informed decisions about their health.

▶ Through his work at the University of Illinois Cancer Center and Mile Square Health Center UI Health, Dr. Karriem Watson engages Black men as citizen scientists to increase access to prostate, colorectal and lung cancer screening. The citizen scientists include barbers, pastors and members of fraternities who create trusted and safe spaces for these often-avoided discussions. A key success factor of these efforts is a research team led by Black men and people of color. An example of this citizen scientist model is detailed in the publication, *The SHARED Project: A Novel Approach to Engaging African American Men to Address Lung Cancer Disparities*, which Dr. Watson co-developed with community stakeholders.

Lived Experiences Should be Elevated, Valued and Compensated

There is a growing desire among patients to become engaged and educated advocates. When empowering individuals to share their voice, it is important to help define what success looks like for them. It is also critical that individuals of color are paid for their contributions. Sharing of experiences can be emotionally draining. It should not be assumed participation is out of passion.

Disruption in Action:

▶ Allergy & Asthma Network’s Black People Like Me Virtual Conference Series conducts conversations with the Black community to better understand and address the impact of asthma and COVID-19 and how to involve Black patients and families more to improve their health. More than 1,200 patients were engaged in these discussions over six months.

▶ During the height of the social unrest of 2020, the Global Healthy Living Foundation’s CreakyJoints digital community for millions of arthritis patients and caregivers gave their social media handle to three Black and disabled patient advocates (Tinu Abayomi-Paul, Dawn Gibson, and Imani Barbarin) who discussed the strong connection between the racial justice movement and the disability rights movement. The #CreakyChats Twitter discussion had 920 participants.
Patient Advocacy Roundtable Discussion: Trailblazing Programs Closing Health Disparity Gaps (continued)

“It needs to be recognized that different cultures demand and require different approaches in medical and other disciplines to solve their problems…In the past it was assumed that one size fits all….That is untrue and we have shown that it is untrue.”

Richard Allen Williams, MD, FACC, FAHA, FACP
Founder & President, Minority Health Institute;
117th President, National Medical Association;
Founder, Association of Black Cardiologists;
Clinical Professor of Medicine, UCLA School of Medicine

“As a community, we’re seeing a greater desire to engage, be educated and empowered to be that truly activated patient we need to be in order to reach our optimal health outcomes.”

Tonya Winders, MBA
President & CEO, Allergy & Asthma Network; President, Global Allergy & Airways Patient Platform

“Oftentimes we think about patient advocacy as an afterthought…we have to create spaces where patients and community members can be given tools to understand how to elevate their voice and contribute to decision-making processes.”

Dr. Karriem S. Watson, DHSc, MS, MPH,
Associate Director, Community Outreach & Engagement,
University of Illinois Cancer Center; Associate Executive Director, Mile Square Health Center UI Health

“We will tell our community members that whatever you can contribute, however you can contribute, in the ways that you can contribute is valid and important.”

Joseph M. Coe, MPA
Director, Education & Digital Strategy, Global Healthy Living Foundation
Closing Congressional Keynote: Congressman Ami Bera, MD (CA-7)

COVID-19 has created a pivotal moment in history to address social determinants of health and health equity. Congressman Ami Bera highlighted the commitments from government through the lens of his own experience with health inequities. As Congressman Bera noted, “The solutions will not be easy, but we’re elected not to do the easy things; we’re elected to have the difficult conversations and confront the truth.”

We Must Acknowledge the Past to Address the Future
► Now is the time to have difficult, but real, conversations about the historic injustices against communities of color. It’s not enough to just show up, we’ve got to stand up and we’ve got to speak out.

Community Engagement is Critical
► If we want to address inequities, we’ve got to meet people where they are by going into communities, partnering with trusted leaders, such as local clergies, and push resources to community health centers to empower preventative healthcare. There also needs to be a long-term sustained effort to create educational pipelines within underserved communities to elevate the number of health care providers of color who can provide culturally relevant care to their neighbors.
► Problems can often seem abstract; putting a face to an issue or story personalizes the experience and can incite action.
► The patient voice should be brought in to the decision-making process.
► Immerse yourself in the communities that you are trying to help in order to witness the impact of inequities firsthand – if you see it, it’s hard to ignore.

Share Patient Experiences with Elected Officials
► We are at a pivotal moment in time where social determinants of care are receiving federal recognition. The advocacy community should take advantage of this spotlight by inviting elected officials to come into communities to personally observe systemic inequities serving as barriers to good health.

“The fact that the CDC is calling racism a public health crisis — we’ve always known that. The fact that we’re actually talking about social determinants of care — those are very positive first steps. I think many of us who have worked in these communities have always understood that the stress in a lot of these under-resourced communities had direct healthcare consequences. Again, the pandemic has brought that to light.”

Congressman Ami Bera, MD
U.S. Representative for California’s 7th Congressional District
Closing Thoughts

In her closing remarks, Moderator Sheila Thorne emphasized the Summit's theme of collaborative partnerships. “We’ve got to put boots on the ground. We’ve got to invite some of the unusual suspects to the table to help us solve this problem.”

The Amgen Virtual Health Equity Summit 2021 reminded us that COVID-19 laid bare so many long-standing issues that we should no longer tolerate, and that we should not make decisions for others before examining our own internal biases and considering their realities. Finally, we concluded that we can do more, and better, together than apart.

A Word of Thanks

As part of Amgen's mission to serve patients, our vision is for a future in which all Americans enjoy healthcare equity regardless of race, ethnicity or socioeconomic status. It is with immense gratitude that we thank both speakers and attendees for their participation and focused engagement in the 2021 Health Equity Summit. Only together will we make this vision a reality.
Appendix:

Summit Graphic Illustrations
Summit Agenda

Amgen Health Equity Summit
April 28, 2021

DISRUPTING
HEALTH DISPARITIES THROUGH PARTNERSHIPS

OBJECTIVE
HIGHLIGHT INNOVATIVE COLLABORATIONS & BEST PRACTICES FOR BUILDING STRATEGIC PARTNERSHIPS TO HELP MAKE AMERICAN HEALTH CARE MORE EQUITABLE FOR ALL

AGENDA

• WELCOME REMARKS
  Jeanette Schulz, Advocacy Relations Director, Amgen

• PROGRAM OVERVIEW
  Sheila Thorne, Meeting Facilitator

• OPENING CONGRESSIONAL REMARKS
  Congressman Raúl Ruiz, MD (CA-36)

• REFLECTIONS ON HEALTH EQUITY PROGRESS: INSIGHTS FROM AMGEN LEADERSHIP & THE PATIENT COMMUNITY
  Robert A. Bradway, Chairman & CEO, Amgen
  Ponda Motupe-Odhisho, MD, Global Executive Medical Platform Lead, Bone & Nephrology, Amgen
  Susan Sweeney, SVP, Global Marketing, Access & Capabilities, Amgen
  Rikki Fairley, Co-Founder & CEO, TOUCH, The Black Breast Cancer Alliance

• INNOVATIVE PARTNERSHIPS MAKING AN IMPACT: CROSS-SECTOR COLLABORATIONS ADDRESSING SOCIAL DETERMINANTS OF HEALTH
  Daniel Brillman, Co-Founder & CEO, Unite Us
  Bernie Mohan, Co-Founder & Executive Director, The Health & Housing Consortium
  Doug Reauch, Founder & President, Daily Table

• BREAK (15 MIN)

• FIRESIDE CHAT: FIGHTING THE FIGHT FOR HEALTH EQUITY
  Judy Brown, SVP, Corporate Affairs, Amgen
  Johnathan Joseph, NFL Veteran Cornerback

• PATIENT ADVOCACY ROUNDTABLE: TRAILBLAZING PROGRAMS CLOSING HEALTH DISPARITY GAPS
  Joseph M. Cao, MPA, Director of Education & Digital Strategy, Global Healthy Living Foundation
  Dr. Karliem S. Watson, DNSc, MS, MPH, Associate Director, Community Outreach & Engagement, University of Illinois Cancer Center; Associate Executive Director, Mile Square Health Center Ul Health
  Richard Allen Williams, MD, FACC, FANA, FACP, Founder & President, Minority Health Institute
  Torpa Wonders, MBA, President & CEO, Allergy & Asthma Network

• CLOSING CONGRESSIONAL KEYNOTE
  Congressman Ami Bera, MD (CA-7)

• PROGRAM HIGHLIGHTS
  Sheila Thorne, Meeting Facilitator

• CLOSING REMARKS
  Jeanette Schulz, Advocacy Relations Director, Amgen
Opening Remarks: Congressman Raul Ruiz, MD (CA-36)

I grew up in a trailer park and suffered. It inspired me to study medicine.

Background & ZIP code should not determine health care!

COVID has brought to light the disparities in our health care system for black people, latino people, and others.

Provider shortages are prominent here. We need to address shortcomings in underserved areas.

Providers serve where they are from.

We need pipelines to train providers.

Access to vaccines.

I need to study medicine.
Reflections on Health Equity Progress: Insights from Amgen Leadership & The Patient Community
Fireside Chat: Fighting the Fight for Health Equity

Jonathan Joseph: My father, who passed away from lung cancer, worked for 30 years in cotton mills. I want to raise awareness and find a cure.

Judy Brown: My father was diagnosed with cancer and had no one to support him.

Early diagnosis is crucial. Many African Americans don't visit their doctor frequently enough.

Support everyone. It impacts everyone.

My purpose in life is to give back.
Innovative Partnerships Making an Impact: Cross-Sector Collaborations Addressing Social Determinants of Health
Patient Advocacy Roundtable Discussion: Trailblazing Programs Closing Health Disparity Gaps
Closing Congressional Keynote: Congressman Ami Bera, MD (CA-7)
Program Takeaways

3 TAKEAWAYS

1. Quality, Affordable, Equitable Health Care
   - Social care must be part of delivery of care

2. Advocacy
   - We have to bring patients from self-advocacy to wherever they are comfortable to have an impact

3. Collaborative Partnerships
   - Will help move us forward

WE’VE MADE MOVEMENT ON OUR 1000 MILE JOURNEY TODAY!
Thank you.