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REGISTRATION 9 A.M. | PROGRAM 9:30 A.M. – 3:30 P.M. | APRIL 2, 2019 NJHA Conference & Event Center | 760 Alexander Road, Princeton, NJ

AGENDA

9 a.m.	REGISTRATION/BREAKFAST		
9:30 a.m .	Welcome		
9:45 a.m.	Keynote THE TRUTH ABOUT BIAS – Overcoming Unconscious Decisions That Lead to Unexpected Consequences - Tony Chatman, Corporate Relationships Expert		
10:50 a.m.	CHRONIC CONDITIONS: Eroding the Fabric of a Healthy Society Sean Hopkins, Senior Vice President, CHART at NJHA		
11 a.m.	ADDRESSING SOCIAL DETERMINANTS TO IMPROVE HEALTH OUTCOMES & FOSTER HEALTH EQUITY Darrin Anderson, Partnership for Healthy Kids Jeff Brown, Brown's Super Stores, Inc. Ken Morris, St. Joseph's University Medical Center Paschal Nwako, Camden Health Officer		
12 noon	<i>Luncheon Speaker Shereef Elnahal, MD, Commissioner, N.J. Department of Health</i>		
1:15 p.m.	UNCONSCIOUS BIAS FIRSTHAND: Patient and Family Voices Darryl & Andrea Gladden Ciaran Staunton Jackie Baras Myriam Mondestin-Sorrentino, MD		
2:20 p.m.	INTERSECTING HEALTH POLICY AND SOCIAL DETERMINANTS OF HEALTH – Legislators Panel Honorable Assemblyman Troy Singleton (D-7) Honorable Assemblyman Louis Greenwald (D-6) Honorable Assemblywoman Shavonda Sumter (D-35)		

3:20 p.m. Final Thoughts/ CALL TO ACTION

Who should attend:

- Human Resource Officers,
- Healthcare stakeholders,
- Faith Based Organization leaders, Community-Based Organization leaders, Social Workers,
- Clinicians
- Ethicists
- Social Justice Specialists, Population Health Administrators, Legislators and Legislative Staff, Community Health Workers, Public Health Officers,
- Behavioral Health Workers, Local Health Officials,
- Acute and Sub-Acute Hospital Administrators, and
- Public Relations Specialists



EDU 1920 – Patient, Prejudice & Policy April 2, 2019

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- If special accommodations are necessary, please call 609-275-4181
- In the event of inclement weather, call 609-275-4140 before coming to the conference

CHECK ONE Breakfast & Lunch Included

FEES: 🗅 Member	\$95 🗅 Non-Member	\$130
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REGISTRATION

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Name		
Designation/Credentials	Job Title	
Phone	E-mail	
Organization		
Organization Address		
City	State	Zip
METHOD OF PAYMENT Check Payment Amount \$	Check#	
To health! New Jersey Hospital Association		