BLACK DIRECTORS
Health Equity Agenda

2025 YEAR IN REVIEW

February 2026

We are pleased to share key milestones achieved in 2025 and to keep you informed of the many initiatives underway at Black Directors Health Equity Agenda (BDHEA). Guided by a mission rooted in impact, BDHEA continues to drive meaningful progress toward health equity. We are deeply grateful for your support and partnership, which are essential to advancing this important work.

BDHEA Board, Founders and Staff (*left to right*): Sana Imam, David Rabinowitz, Miya Coleman, Dr. Regina Benjamin, Tracey Bell, Deborah Phillips, Dr. David Blackwell, Caretha Coleman, Diana Flores, Nygel Vaughn, Dr. Ivor Horn, Alfreda Bradley-Coar, Orriel Richardson, Shamika Mazyck, Michael Robinson.

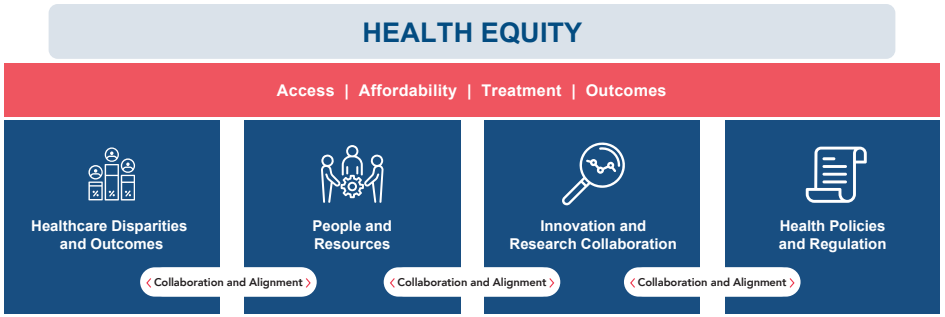
ACKNOWLEDGMENTS

The vision, dedication, and tireless efforts of our founding members and supporters have made BDHEA achievements possible. Because of your commitment, our shared objective for health equity continues to move closer to reality. Thank you for believing in and championing the work of the Black Directors Health Equity Agenda.

STRATEGIC PILLARS – BDHEA FOCUS

The BDHEA unites a distinguished group of board directors, healthcare leaders, and educators from across the United States with a shared mission: to transform healthcare by addressing disparities in care, talent, research, and policies affecting the Black community, thereby enhancing outcomes and driving innovation across the country.

BDHEA aims to implement sustained, impactful action to eliminate persistent disparities impacting Black communities, addressing these issues comprehensively despite significant prior efforts. As a trusted convener, educator, and data translator, BDHEA seeks a holistic national strategy to mitigate health disparities. Its approach is grounded in four strategic pillars:



A YEAR OF PROGRESS IN UNCERTAIN TIMES

A message from Caretha Coleman and Deborah Phillips

As BDHEA begins its fifth year of work, we are so pleased to have the opportunity to tell you about where we are today, and where we are heading. When I speak with peers and stakeholders in the health equity space, a recurring theme of 2025 is headwinds. It is undeniable that we are doing this work in a uniquely challenging time. Led by a courageous and dedicated Board of Directors, BDHEA remains steadfast in its resolve to advance sustainable, long-term solutions that reduce health burdens, particularly those affecting Black communities. There has never been a more crucial time to recommit to our efforts.

BDHEA was able to make major strides in 2025, despite this challenging environment. The National Summit in Nashville, hosted in partnership with Meharry Medical College and the School of Global Health, was a resounding success. The convening was rich in discussions and included timely topics such as AI and the role of financing in health equity initiatives, and we were heartened by the palpable enthusiasm from the Meharry students in attendance. With them, the future of healthcare is in safe hands.

We continue to see strong utilization of our Health Equity Toolkit, which includes our Director's Playbook, developed in partnership with Deloitte, which aids board directors in their effort to make the business case for health equity. With our ESG and Decarbonization Guides, these tools equip leaders to embed equity as a measurable, strategic priority.

In 2025, supported by UnitedHealth Group, BDHEA released its Needs Assessment Report, which examines the challenges faced by Federally Qualified Health Centers, Community Health Centers, and other safety-net institutions. We are grateful for the dozens of in-depth interviews offered by directors, C-suite leaders, and stakeholders who highlighted the critical governance and operational gaps that must be addressed.

Moreover, 2025 saw the debut of two major working groups. The Clinical Steering Council, chaired by the incomparable Dr. Reed Tuckson, brings together leading clinicians, senior executives, researchers, and advocates to help board members advance evidence-based strategies to improve health outcomes. The Board Diversity and Inclusion Task Force has given their deep expertise to develop actionable recommendations that strengthen the board governance of healthcare entities.

BDHEA's financial *bona fides* remain solid. We have taken strategic and multifaceted actions to strengthen our fiscal position, mitigate cash-flow risk, and ensure ongoing operational stability.

Last year's work also serves as a launchpad for 2026 and beyond, including a fourth Health Equity Playbook, produced by our esteemed Playbook Creation Committee, and we are preparing for events, webinars, and the 2027 BDHEA National Summit.

BDHEA is continuing its important work, and we will continue to forge ahead, overcoming whatever challenges lie ahead together. To fulfill BDHEA's mission, we need your engagement, collaboration, and strategic partnership.

Caretha Coleman, BDHEA Board Chair
Deborah Phillips, BDHEA Executive Director

ACHIEVEMENTS

Signature Programming Highlights

Best of the Best: Carlton Highsmith receives Distinguished Service Award

The BDHEA was thrilled to present the Distinguished Service Award to **Carlton Highsmith**, Founder and Chairman of ConnCAT and ConnCORP. Mr. Highsmith is one of BDHEA's distinguished Founding Members and has been a cornerstone to the BDHEA's success, as chair of the Finance Committee and leaving an enduring mark on the organization's growth and sustainability. We are honored and inspired by Mr. Highsmith's unparalleled commitment to advancing health equity and the mission of the BDHEA.

Charting a Path Forward: BDHEA 2025 National Summit in Nashville

The Black Directors Health Equity Agenda's 2025 National Summit "Innovating for Impact: Bold Strategies, Breakthrough Solutions, and Powerful Collaborations," was held in partnership with Meharry Medical College and its School of Global Health in October. The convening brought together directors, executives, policy experts, investors, and more for rich discussions on critical topics including shifting economic, policy, and social realities in health equity; the role of artificial intelligent and other emerging technologies in redefining how healthcare is delivered, evaluated, and governed; and funding the future of health equity. The Summit created an opportunity for connecting, networking, and problem-solving among stakeholders from diverse healthcare sectors, and we are bringing the learnings and momentum of the event into the BDHEA work in 2026.

The Summit's success could not have been realized had it not been for the vision and commitment of scores of people, especially Meharry Medical College's President and CEO James E.K. Hildreth, M.D.; Founding Dean of Meharry School of Global Health Daniel E Dawes, JD; National Summit Planning Committee Chair Rosalyn Carpenter, President, CEO Equity Solutions LLC; and Vice Chairs Erickajoy Daniels of BlueSKY Collaborative Partners and Orriel Richardson of Sellers Dorsey.

BDHEA 2025 National Summit Highlights

"A Time for Courage"

In her keynote address, Valerie Montgomery Rice, M.D., President and CEO of Morehouse School of Medicine, implored our community of board members and executives to embrace courage in the midst of chaos, echoing Maya Angelou's famous quote: "Courage is the most important of all the virtues because without courage, you can't practice any other virtue consistently."

"The political climate isn't shifting—it's shifted," Dr. Montgomery Rice told attendees, pointing to governmental programs including Medicaid and the Affordable Care Act. The Black community will be disproportionately impacted, she said, and those sitting on boards have the power to help those being hurt. "Do we have the courage to speak up, or are we afraid of being walked out?"

> *Health equity is giving people what they need, when they need it, in the amount they need—to reach their optimal level of health.*
> – Dr. Valerie Montgomery Rice

AI and Marginalized Communities

One of the most talked about panels was the transformative effect of artificial intelligence on medicine, and the benefits and pitfalls for communities of color. AI is only as good as the inputs it uses to come to its conclusions, and at present, the data is skewed toward statistics that underrepresents people of color and reflects historical discrimination and access issues.

If a tool reinforces stereotypes, it can contribute to misdiagnoses and produce inaccurate risk predictions for more vulnerable populations.

> *If data about the communities is not in the data set, it cannot benefit all communities equally.*
> – Meharry Medical College President and CEO James Hildreth, M.D.

The panelists advised that board members can challenge their management teams to audit their AI inputs to ensure these tools reflect company priorities and success metrics and fairly represent all patients.

Stay tuned for information about the next summit in 2027!

Stewards of the Future

As a pre-summit feature, BDHEA hosted a student program for those attending Meharry Medical College and School of Global Health. The session was curated to provide a wide range of graduate-level healthcare professionals to hear from expert panelists about innovation and health equity, as well as an opportunity for mentorship and networking. The school was also gifted with a library of medical illustrations and books donated by BDHEA leaders, featuring a student session offering the book "Hone," presented by Deloitte.

BDHEA staff and Meharry Medical College School of Global Health partners united in purpose—empowering students to advance health equity.

"I came away from the BDHEA National Summit knowing that this work will not be solved tomorrow, but through collaboration," reflected one student attendee. "Health equity is very tedious at a time like this, but people are working in these fields and being bold with how we're trying to bridge the gap.

"It's my goal and the goal of my colleagues to bring healthcare reform, education, and literacy to the community directly...I was glad to hear from Black leaders and leaders in general who have similar beliefs and want similar solutions for change."

Meeting of the Minds: Launch of the Clinical Steering Council

The Clinical Steering Council (CSC), under the forward-looking leadership of Chair Dr. Reed Tuckson, marked its strategic launch in 2025, and its work is fully underway. The Council's goal is identifying the most pressing health challenges confronting the Black community; prioritizing key intervention opportunities presented through legislation, regulation, or policy; and developing advocacy papers for membership to use in encouraging their organizations to support these priority opportunities.

The CSC focuses on six priority areas: chronic disease, cancer, maternal and child health, artificial intelligence and technology advancements, infectious disease, and behavioral health and substance abuse. It is investigating topics including colon cancer screening, access to maternal support, widening the availability of Hepatitis C interventions, data and algorithmic disparities, and much more. This work would not be possible without the generosity of time, expertise, and enthusiasm given by CSC Board Members.

"Confronting the landscape of challenges and opportunities for advancing minority health requires an integrated multistakeholder and multidisciplinary response. The availability and mobilization of this unique asset of members of Boards of Directors and leaders of health-related organizations is a significant untapped resource. As such, I could not resist the opportunity to engage the BDHEA membership with evidence-based opportunities that members will not hesitate in bringing to their corporate colleagues. I am particularly impressed by the expertise represented on the CSC and their enthusiasm for this novel initiative.

– Dr. Reed Tuckson, M.D.
Managing Director at Tuckson Health Connections, LLC

In 2025, the CSC hit a recruiting milestone with 13 members:

Georges C. Benjamin, M.D., Chief Executive Officer, American Public Health Association

Linda Goler Blount, M.P.H., President and CEO of Community Catalyst

Roslyn Daniels, Founder and CEO of Black Health Matters

Amaka Eneanya, M.D., MPH, FASN, Former Chief Transformation Officer, Emory Healthcare

Niesha N. Foster, M.B.A., Vice President, Pfizer Patient Services

Debra Fraser Howze, M.T.S., Founder of Choose Healthy Life

Yolanda Lawson, M.D., Executive Medical Director, Maternal Infant Health of Health Care Service Corporation

Randall C. Morgan, Jr., M.D., M.B.A., President & CEO of the Cobb Institute

Woodrow A. Myers, Jr., M.D., M.B.A, Chief Strategy Officer at Wellness Equity Alliance

Tiffany Polk, Head of Technology for Corporate Responsibility and Morgan Health at JPMorganChase

Reed Tuckson, M.D., Managing Director at Tuckson Health Connections, LLC

Reggie Ware, CEO of BlackDoctor.org

M. Roy Wilson, M.D., M.S., President Emeritus and Distinguished Professor of Ophthalmology, Wayne State University

If you are interested in learning more about the CSC, want to engage with a clinical working group, or are interested in underwriting Council activities, please contact Diana Flores, Program Manager, at diana.flores@bdhea.org.

COLUMN: TRUSTING IN THE WORK OF HEALTH EQUITY

As a BDHEA Founding Member, **Carlton Highsmith** has brought decades of entrepreneurial and nonprofit experience to bear on the work of equity. For anyone who's finding this pursuit challenging, particularly in the current atmosphere, he has some advice: it all begins with trust.

BDHEA: How did you find your way to public service in the pursuit of health equity?

Carlton Highsmith: I'm a retired entrepreneur, having started a business in the early 1980's, which I ran for nearly 30 years. After growing it into one of considerable size and selling it in 2009, I wanted to do philanthropic work in my community of New Haven, Conn. In disadvantaged areas, poor health outcomes were being caused and exasperated by social determinants of health, including poverty, under and unemployment, and housing and food insecurity. At the same time, I was asked to join the Board of Directors of the Yale New Haven Hospital System, which meant I saw some of the many challenges that had led to those inequities and disparities from the inside.

BDHEA: What did that information gathering lead to?

CH: In 2010, I founded the nonprofits ConnCAT and its sister entity, ConnCORP. They have a very wide portfolio of offerings, including community development, workforce development, after-school programming, and economic and real estate development. We have training programs in culinary arts, bioscience, construction, and phlebotomy. Since our inception, we've trained and placed more than 500 people in meaningful, well-paying jobs. We also support community revitalization projects that invest in new and bourgeoning local businesses.

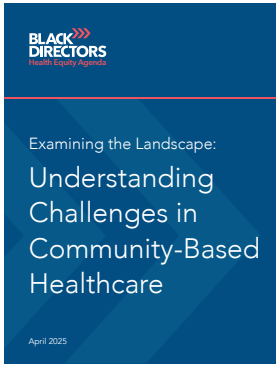
BDHEA: How did it feel to receive the BDHEA Distinguished Service Award?

CH: It was overwhelming. I was involved from the beginning in BDHEA, and I saw the incredible people who were joining from across the country. I was grateful to sit on a phone call and breathe the air of the people there. To be recognized in this way, I was incredibly delighted, humbled, and very grateful.

BDHEA: For anyone wanting to get more involved in the work of health equity, what would you tell them?

CH: Health equity work requires courage because it often means challenging comfortable systems with entrenched interests. Trust is the currency of an effective system. If you're working with a community that has been historically marginalized, they will not engage with institutions they do not trust. My message to administrators and systems is that rebuilding trust requires humility, consistency, and accountability.

STAYING CURRENT ON HEALTH EQUITY: BDHEA RELEASES ITS NEEDS ASSESSMENT



Click here to read the report!

A major accomplishment of 2025 was the release of the updated Needs Assessment, "Examining the Landscape: Understanding Challenges in Community-Based Healthcare." Based on a year's worth of research, the report provides a deep analysis of the significant challenges faced by federally qualified health centers (FQHCs), community health centers (CHCs) and safety net institutions (SNIs). These organizations play a vital role in providing healthcare services, including dentistry and optometry, to millions of patients across the country in underserved and vulnerable populations. Community health centers are often the first to respond to the social drivers of health, stepping in when broader systems fall short.

Key findings include:

- **Governance Gaps:** Many board members lack formal training on community-based care models or equity-centered leadership. Respondents emphasized the need for tailored education and a stronger alignment between board priorities and population needs.
- **Unstable Funding Models:** Clinics report that restrictive government grants and below-cost Medicaid reimbursements create chronic budget instability.
- **Workforce Shortages:** A growing crisis in clinical and non-clinical staffing, especially in nursing and behavioral health, is impacting care delivery and financial viability.
- **Policy Pressure:** Shifting federal and state policies around Medicaid expansion, telehealth and reimbursement often create misalignment with community health goals.
- **Technology Strain:** While many FQHCs are integrating data analytics and AI tools, a lack of IT infrastructure and digital literacy remains a barrier to innovation.

The report concludes with real-world case studies that illustrate how community partnerships, data-driven innovation and strong governance can drive measurable improvements in care access and health equity. The report's conclusions and guidance are being used to draft a new playbook for the Health Equity Toolkit focused on advancing health equity at the governance level of safety net institutions with an expected release in 2026.

From Assessment to Action By the Numbers

42
HEALTHCARE LEADERS INTERVIEWED

17
STATES REPRESENTED IN INTERVIEWS, PLUS D.C.

32M
PATIENTS WHO UTILIZE FQHCs, CHCs, AND SNIs

$1T
POTENTIAL SAVINGS TO THE HEALTH SYSTEM BY ADDRESSING RACIAL AND ETHNIC DISPARITIES

160
PAGES IN PLAYBOOK

SEATS AT THE TABLE: BDHEA LAUNCHES BOARD DIVERSIFICATION TASK FORCE

In 2025, BDHEA convened the Board Diversity and Inclusion Task Force to advance healthcare industry transformation toward health equity by expanding organizational demand for, and investment in, Black board directors. With support from Ernst & Young, the Task Force brought together cross-sector leaders to assess the landscape, articulate a strategic vision for board governance aligned with health equity, and develop actionable recommendations to increase the diversity of sitting board members within the healthcare ecosystem. The work resulted in a set of strategies for partnerships which the BDHEA will build on in 2026.

Strategic Communications and Visibility

THE TENNESSEAN

Summit leadership charts path for better health in TN | Opinion

At the BDHEA Summit, Tennessee leaders and national experts shared practical solutions to strengthen care and improve health for all.

Deborah D. Phillips

Guest Columnist

Health care touches every family, and for too many Tennesseans, the distance between a need and the ability to receive timely care remains wide. Whether it's a pregnant mother trying to reach her prenatal appointments, a senior managing a chronic condition or a patient awaiting a routine screening, access often comes down to geography. When the closest provider is two hours away instead of twenty minutes, the barriers compound.

The BDHEA continues to grow its recognition as an important voice in the health equity space, continuing to uplift its national profile and amplify our critical mission through strategic communications and targeted media relations.

With the help of Purpose Brand, BDHEA amassed more than 268 million media impressions, with key media coverage including Fierce Healthcare, Chief Healthcare Executive, Tennessean Tribune and The Tennessean. It also remains a strong voice in the social media space, with posts that generated 887,000 impressions, and a growing engagement rate from 2024 that remains well above industry average (6.08% vs. 3.3%).

A THANK YOU TO OUR TRAILBLAZING PARTNERS AND SPONSORS

It is impossible to overstate the critical role our corporate partners play in the BDHEA's ability to do its critical work. Support takes many forms, and we are grateful to the dedication of these organizations and all of the individuals who have prioritized health equity in 2025:

Ascension · CommonSpirit · Deloitte. · Evinrude · EY · JPMorganChase · Kaiser Permanente · KeyBank · McKinsey & Company · Pfizer · rwjf robert wood johnson foundation · UnitedHealth Group · U.S. News & World Report

LOOKING AHEAD

Kickoff to our 5th Year

Our small but mighty staff are pushing forward on several initiatives that, together, could make the organization's fifth year one of its most productive and impactful. The Board of Directors is expected to refresh the Strategic Plan, which will guide BDHEA program priorities through 2030. Our Playbook Creation Committee is working on the release of the new Playbook based on the 2025 needs assessment, with a suite of webinars and other public-facing opportunities to learn about the report and how to put it into action.

The CSC is poised to expand its recruitment and scope of work, including on-the-ground efforts in the area of maternal and children's health.

And planning has begun on the next BDHEA National Summit, to be held in the spring of 2027. Stay tuned for details!

BDHEA MEMBERS' WEBINAR IN APRIL 2026

We're giving you an opportunity to hear from BDHEA leadership who will be discussing strategic priorities, organizational activities, and more—plus a Q&A to follow. Please stay tuned for more details!

A Look Back, a Look Ahead

To all our supporters, the BDHEA's work would not be possible without you. In a challenging and rapidly changing environment, people like you are seeking meaningful ways to make a difference—and together, we can amplify our impact. We are committed to making 2026 a year of collaboration, increased visibility, and measurable progress in advancing health equity. While the work ahead is complex, our resolve remains unwavering as we strive to drive transformative change for all Americans.

As we look ahead, your support is more vital than ever. If you believe in building a future where every community has the opportunity to thrive, we invite you to stand with us. A contribution of any size fuels our mission, strengthens our programs, and helps ensure that health equity is not just an aspiration but a reality.

Your generosity directly empowers the work that drives change.

Join us in shaping a healthier, more equitable tomorrow by making a donation today.

DONATE HERE

For more details and to get involved, contact Deborah Phillips (Deborah.phillips@bdhea.org) or visit BDHEA.org.

Deborah Phillips, Executive Director
Caretha Coleman, Chair, Board of Directors