

# Cynthia Davis, MPH, DHL



**Cynthia Davis** teaches in the Urban MPH Program at Charles R. Drew University of Medicine and Science. From 1981 to 1983, she served as a Research Assistant with the National Hospice Study and was recruited to work at Charles R. Drew University of Medicine and Science in 1984, directing a teen pregnancy prevention program targeting at risk racial/ethnic minority youth residing in South Los Angeles County. In 1986, she was recruited to direct the federally CDC funded National HIV/AIDS Information and Education Project, a national HIV/AIDS education and primary prevention project targeting elected and appointed African American officials from throughout the U.S.; she directed this national program from 1986 to 1992. She developed the first dedicated HIV mobile testing and community outreach project in Los Angeles County in 1991 and she served as Co-Investigator, from 2001 to 2006, on the HRSA funded National SPNS Project. She joined the Board of Directors of AIDS Healthcare Foundation in 1988, formerly the AIDS Hospice Foundation, which is the largest non-profit AIDS Service Organization in the world, serving over 1.6 million clients globally. She actively is engaged in community service and research projects for the university and in 2017, the Cynthia Davis Lifelong Learning Institute for Community Transformation was named in her honor by the College of Science and Health at Charles R. Drew University of Medicine and Science.

## INTERVIEW HIGHLIGHTS

### Preventative Primary Care & Pandemics

"I've had to respond to two pandemics in my career; HIV/AIDS in the mid-1980s and COVID-19 in the 2000s. **In both instances, we're dealing with disease conditions which are 100% preventable.** However, **due to structural and institutional racism,** lack of access to primary healthcare and other social determinants of health, **BIPOC communities, especially African-American and Latino populations, tend to experience health disparities disproportionate to their representation in the general U.S. population.** Many of these health disparities could be **lessened if people were more knowledgeable about social determinants of health as well as if they were empowered with adequate resources to lead healthier lives,** such as having access to a medical home where they could be seen by a primary care physician on a regular basis."

### Reducing Barriers to Care

"What I've been able to do during my 38-year career at Charles R. Drew University (CDU) is **decrease some of the barriers to accessing healthcare** as well as being able to proactively facilitate making primary healthcare services directly available to medically under-resourced communities **utilizing a model of "mobile" community outreach;** going to the community instead of waiting to have the community come to us. This was especially true with the COVID-19 pandemic where **there was a lot of apprehension, misinformation and "vaccine hesitancy" within communities of color which had a lot to do with the history of unethical medical and/or research abuses** that occurred in this country where racial and ethnic minority populations were utilized in medical and research-related experimentation for many decades. The U.S. PHS Tuskegee Syphilis Experiment is a prime example. As a result, many individuals residing in the African American community have for years been suspicious of community outreach efforts spearheaded by local health departments and/or researchers as well as have been hesitant to being engaged in clinical trials due to their knowledge of the Tuskegee Syphilis Experiment. When CDU was made aware of the pending availability COVID-19 vaccines and knowing that many individuals in BIPOC communities were hesitant to access COVID-19 vaccines, we had already **established a COVID-19 task force at the university early on in the COVID-19 pandemic composed of CDU faculty, local public and private sector providers, policy makers, and consumers whose goal was to come together as a community** in order to strategize what we could do address health inequities equated with COVID-19 vaccine uptake. We were very successful in creating culturally and linguistically appropriate educational programming and community outreach campaigns to dispel COVID-19 misinformation and to encourage BIPOC communities to get vaccinated and boosted."

### What message would you broadcast to the world?

"**One person can make a difference.** I'm a shining example of that. The power of one is significant. Look at the difference that Martin Luther King Jr. made, and that Mother Teresa, Malcolm X, and John Kennedy made. You should have enough belief in yourself that you can make a difference in the world, that you can change the world, and you should not ever give up on your dreams."