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**CONCURRENT SESSION A**  
**MONDAY DECEMBER 17, 2012**  
**1:30 PM - 3:00 PM**

**TRACK ONE - TRANSLATIONAL AND TRANSDISCIPLINARY RESEARCH**

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A1-01 National Harbor 10/11	Social, Biological and Environmental Disparities in Childhood Developmental Health Outcomes	There is increasing scientific awareness of the links between social conditions experienced in early childhood and health in adulthood. Another important area of relatively recent discovery is that of early brain development. Studies reveal differences in brain development and cognitive function in response to poverty, chronic stress and social conditions that vary by social class. A better understanding of how early adversity, socioeconomic status, parental stress relates to social maladaptation to influence life course trajectories is critical for intervening before health disparities develop. This session will examine multiple factors that influence emotional, cognitive and intellectual growth in children and adults. Discussions will include opportunities to ameliorate the adverse developmental effects of early social disadvantage through effective interventions	Margaret Ensminger, PhD, Professor, Johns Hopkins Bloomberg School of Public Health Early Adversity and Behavior: Their Joint Developmental Impact over the Life Course from Age 6 to Mid Adulthood	Molly Davis EdD, MSW, Associate Professor and Director of Field Education, George Mason University
			James Swain MD PhD, Assistant Professor, Department of Psychiatry, University of Michigan Childhood Poverty and Brain Development: The Role of Chronic Stress and Parenting	
			Frances Campbell, PhD, Senior Scientist, University of North Carolina Does Enhancement of Academic Skills in Childhood Also Enhance Adult Health Status?	
A1-02 Annapolis Room 1	Approaches for Identifying and Addressing Environmental Health Disparities and Environmental Justice in Decision Making	Several lines of evidence suggest minority and low income populations tend to bear a disproportionate burden of environmental health risks/impacts. With renewed efforts to address health equity and environmental justice in the United States, preventing and reducing these disparate risks and impacts are emerging priorities in environmental policy making. To effectively address these priorities, the development of approaches that enable evaluation of disparate impacts/risks in the context of policy making, and the application of information derived from such assessments in decision-making is essential. Emerging assessments for disparities in environmental health reflect innovative methods for identifying existing or potential new disparities. Recent application/integration approaches illuminate the range of opportunities through which evaluation data can be used to inform, identify or select policy options that maximize disparities prevention and/or remediation goals. The purpose of this session is to share and discuss these emerging approaches for evaluating and integrating issues of disproportionate environmental health risks/impacts in environmental decision making in the United States	Symma Finn Health Science Administrator, Susceptibility & Population Health Branch, PhD, NIEHS Environmental Health Disparities and Environmental Justice: What's the Difference?	Onyemaechi Nweke DrPH, Environmental Protection Agency/HHS Office of Minority Health, OASH  and Devon Payne Sturges DrPH - Environmental Protection Agency
			Neal Fann, MPP, Policy Analyst, U.S. EPA, Maximizing Health Benefits and Minimizing Inequality and/or Environmental Justice Analysis of PM2.5 Benefits to Vulnerable and Susceptible Populations.	
			Amy Krings, MSW, Univ. of Michigan A Case Study of How a Marginalized Community Negotiates a Community Benefits Agreement	
A1-03 Annapolis Room 2	Reducing Health Disparities through Programs at the Department of Housing and Urban Development	The connection between housing, neighborhoods, and health is well-established. In 2010, two of the five strategic goals the U.S. Department of Housing and Urban Development (HUD) established in its FY 2010-2015 HUD Strategic Plan relate to improving population health: 1. Utilize housing as a platform for improving quality of life. 2. Build inclusive and sustainable communities free from discrimination. HUD has also taken a lead role in assisting development of the Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities and a federal Strategy for Action for Healthy Homes. In the last few years, HUD has spearheaded a range of initiatives focused on improving the built environment and creating healthy places, promoting environmental justice and reducing health disparities, and collecting data to better understand the health status of the residents of HUD-assisted housing. Some initiatives have focused on direct linkages between "healthy homes" interventions and health outcomes such as remediation of lead and other housing-related health hazards, and creating better access and delivery mechanisms for health care in communities. Another set of activities has focused on indirect linkages between creating "healthy communities" and health outcomes. Activities that focus on such linkages include regional sustainable planning, addressing neighborhoods of concentrated disadvantage, and improving access to employment. This session will provide an overview of HUD research and programmatic initiatives aimed at creating healthy homes and healthy communities. These initiatives demonstrate the various avenues —policy, programming, research and special initiatives—through which HUD is renewing its effort to improve the health of the residents of federally assisted housing as well as other disadvantaged populations. Additionally, they provide examples of how a federal agency whose primary mission is not health-related can have significant impacts on health and health care access by: understanding how its primary programs affect individual health-related factors (e.g., health behaviors, access to health care); reducing exposure to environmental hazards in the home (e.g., lead, secondhand smoke), and improving neighborhood and built environment factors (e.g., access to food, walkability, etc). This session also will highlight an innovative joint project between HUD and the National Institute of Health in which peer educators are working with public housing residents to prevent and manage diabetes, hypertension, and obesity; an example of potential opportunities for coordination between federal agencies to improve the health of high risk populations.	Peter J. Ashley, DrPH, Director, Policy and Standards Division, Office of Healthy Homes and Lead Hazard Control, U.S. Department of Housing and Urban Development Healthy Homes Program Highlights: Sustainable Communities Approaches for Healthy Communities	Matt Ammon, Deputy Director, Office of Healthy Homes and Lead Hazard Control, HUD
			Barry Steffen, PhD, Social Science Analyst, Office of Policy Development and Research U.S. Dept. of Housing & Urban Development Program Evaluation Investigating the Health of HUD-Assisted Residents	
			Ron Ashford, Director, HUD Public Housing Supportive Services Health Initiatives for Public Housing Residents	
			Sunaree Marshall, Program Analyst, Office of Sustainable Housing and Communities U.S. Department of Housing and Urban Development Building Sustainable and Healthy Communities	
			Jon Sperling, Ph.D., Senior Researcher/Policy Analyst, HUD Office of Policy and Development and Research Investigating the Health of HUD-Assisted Residents	
			Elizabeth Rudd, PhD, Social Science Analyst, Office of Policy Development and Research U.S. Dept. of Housing & Urban Development Program Evaluation Investigating the Health of HUD-Assisted Residents	
A1-05 Woodrow Wilson C	Women and Diabetes - Prevention, Policy & Culturally Competent Care to Address Health Disparities	Diabetes is one of the leading causes of death and disability in the United States. Minorities are disproportionately affected by diabetes, and African Americans, Hispanic/Latino Americans, American Indians, Asian Americans, and Pacific Islander Americans are at particularly high risk for type 2 diabetes. Almost half of the 25.6 million adults with diabetes in this country are women, and projections indicate that women will account for most cases between 2010 and 2050. Of additional concern for women is gestational diabetes mellitus (GDM) which affects 2-10% of pregnancies. GDM is associated with an increased risk of fetal complications and development of type 2 diabetes by both mother and child. GDM occurs more frequently in African American, Hispanic/Latino American, and American Indian women. Complicating diabetes care for women and minorities is a lack of insurance coverage or inadequate coverage. In order to reduce the disease burden of diabetes, the science of prevention, policy, and culturally competent diabetes education and care, must all intersect. This panel presentation will explore each of these themes. It will summarize the outcomes of The Diabetes Prevention Program, as they relate to minority and women's health as well as GDM. The panel will also explore healthcare reform and how the Affordable Care Act may affect the health of women and minorities through prevention programs and access to care. Lastly, this panel will discuss the importance of cultural competence as it relates to diabetes self-management education, and care.	Sanford Garfield, PhD NIDDK, National Institutes on Diabetes, Digestive Disorders and Kidney Disease The Diabetes Prevention Program: Full Study & Gestational Diabetes Mellitus Outcomes Presentation	Janine Clayton, MD Director, Office of Research on Women's Health, National Institutes of Health
			Susan F. Wood, PhD, Associate Professor, The George Washington University The Affordable Care Act and Prevention Programs - Implications for Women Presentation	
			Angela Bates, MBA, Office of Research on Women's Health, NIH	
			Michelle Owens-Gary PhD, Behavioral Scientist, Division of Diabetes Translation, Centers for Disease Control and Prevention Culturally Competent Care: Diabetes Education in the Multicultural Community	

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ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A1-06 Baltimore Room 3	The Stroke Disparities Program: Innovative Approaches to Reducing Racial and Ethnic Disparities	Despite significant advances in the prevention and treatment of cerebrovascular disease, stroke is the fourth leading cause of death and the leading cause of adult disability in the US. The incidence, as well as overall morbidity and mortality from stroke, are significantly higher in minority groups, including blacks, compared to whites. We will present an overview of the Georgetown University NIH-funded Stroke Disparities Program including a description of the 3 innovative multidisciplinary research projects designed to identify and address factors contributing to racial and ethnic disparities in ischemic and hemorrhagic stroke. Project 1, the Acute Stroke Program of Interventions addressing Racial and Ethnic Disparities (ASPIRE), identified sociocultural and environmental barriers to acute stroke treatment and has implemented a community-based multilevel intervention designed to significantly increase the number of ischemic stroke patients appropriately treated with intravenous tissue plasminogen activator (IV tPA). Project 2, Preventing Recurrence of Thromboembolic Events through Coordinated Treatment in the District of Columbia (PROTECT DC) is a phase II randomized, controlled, clinical trial assessing the effects of a navigator-supported secondary stroke risk factor control intervention compared to an observational control. Project 3, Differences in the Imaging of Primary Hemorrhage based on Ethnicity or Race (DECIPHER) is a longitudinal, MR imaging, prospective, observational, cohort study designed to evaluate the prevalence and significance by race and ethnicity of chronic cerebral microbleeds in patients with primary intracerebral hemorrhage. This project will also determine the prognostic impact of microbleeds in this predominantly underserved ICH population. Innovative recruitment and retention strategies will be presented as well as significant findings to-date for each project and how these findings will contribute to a reduction in stroke disparities in the future.	Alexander W Dromerick MD, Professor of Rehabilitation Medicine and Neurology, Georgetown University Acute Stroke Program of Interventions addressing Racial and Ethnic Disparities (ASPIRE)	Dorothy Farrar Edwards, PhD, Professor and Chair, Department of Kinesiology, University of Wisconsin, Madison  and  Salina Waddy MD, Medical Officer, Program Director, NINDS, NIH
			Bernadette Bodel-Albala DrPH, Chief, Division of Social Epidemiology, Associate Professor of Health Evidence and Policy, Mount Sinai DiffErenCes in the Imaging of Primary Hemorrhage based on Ethnicity or Race (DECIPHER)	
			Chelsea Kidwell MD, Professor of Neurology, Georgetown University Preventing Recurrence of Thromboembolic Events through Coordinated Treatment in the District of Columbia (PROTECT DC)	
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A1-07 Potomac Room 3	Elder Abuse in Diverse Communities: Scope, Culture, and Policy Implications	Elder abuse or mistreatment - including psychological, physical, and sexual abuse; caregiver- and self-neglect; and financial exploitation - is a pervasive public health and human rights issue, with an estimated 3 to 5 million older adults having been abused in the United States. However, evidence suggests that only 1 out of 25 elder abuse cases is actually reported to social service agencies. Recent data also suggest that elder abuse is more prevalent in certain racial, ethnic, and underserved populations, especially older African Americans and Asians. We also know that there are great cultural variations in the definition, context, and consequences associated with elder abuse across diverse communities. Moreover, epidemiological research indicates that elder abuse is associated with adverse health outcomes and that mortality risk associated with elder abuse is markedly higher in African American older adults. Other disparities associated with elder abuse remain largely unexplored. In 2010, a National Academy of Sciences state-of-science review supported by the National Institute on Aging concluded that wide gaps exist in our understanding of elder abuse across diverse communities. In addition to this paucity in elder abuse and health disparity research, the problem is further exacerbated by the lack of unified practice, educational, and policy guidelines at the national level. We hope to use this integrated trans-disciplinary panel discussion to: 1. Increase our understanding of the scope and consequences associated with elder abuse in diverse populations. 2. Explore the role of culture-specific barriers, challenges, and nuances in dealing with the issues of elder abuse. 3. Highlight existing national policies as well as current gaps in training and protective services for victims of elder abuse in diverse populations. a. Understand existing national policies (Older Americans Act, Elder Justice Act, and Violence Against Women Act). b. Highlight barriers to protecting elder abuse victims in culturally appropriate ways. c. Discuss models of interdisciplinary collaboration to educate the public and to defend the rights of older adults in diverse populations.	XinQi Dong, MD, MPH, Senior Policy and Research Advisor, Rush University Medical Center	Matthew Janicki, PhD,  and  Sidney Stahl, PhD,
			Charles P Mouton, MD, Dean, Meharry Medical College	
			Matthew P. Janicki, PhD. U.S. National Task Group on Intellectual Disabilities and Dementia Practices and University of Illinois at Chicago	
			Sidney Stahl, PhD, Administration on Aging and National Institute on Aging	
A1-08 Woodrow Wilson B	Public Policies, System-level and Environmental Strategies to Address Obesity Prevention and Health	The prevalence of obesity has increased dramatically in the United States and throughout the world over the past several decades. This session examines successful public policies, strategies, models and approaches to ameliorate this trend.	Iris Joi Hudson, MPH, Centers for Disease Control and Prevention (CDC) Health Disparities in Obesity and Obesity Related Behaviors	Susan Persky PhD, NHGRI  and  Natasha Coulouris, MPH, HRSA
			Lisa Guillermin Gable, President, Healthy Weight Commitment Foundation ENERGY Balance101: Excitement, Engagement & Impact	
			Keawe'aimoku Kaholokula, Ph.D. Chair and Associate Professor, John A. Burns School of Medicine, Department of Native Hawaiian Health The PILI 'Ohana Project: Partnerships, Collaborations, and Intervention Dissemination to Address Obesity Disparities in Hawaii and the Pacific	
			Alexandra Adams, MD PhD, Associate Professor Dept. of Family Medicine Director, Collaborative Center for Health Equity, University of Wisconsin Healthy Children, Strong Families: Results of a Randomized Trial of Obesity Prevention for Preschool American Indian Children and Their Families.	
			Zenaida Natividad PhD The Guam Sustantia Project Taking Childhood Obesity off the Menu	

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A1-09 Potomac Room 6	Public Housing and Public Health Practice: Addressing Oral Health Disparities Where People Live	This panel will highlight approaches (State and National) to address oral health disparities through oral health literacy research and public health practice. The theme of the 2012 Health Disparities Summit emphasizes the importance of multiple sectors, including those outside of health, in eliminating health disparities and improving health equity. This panel will discuss research that is exploring ways to partner with housing authorities, community-based public health programs, and community health workers to prevent oral health disparities across the life course including very young children living in public housing, people with disabilities in a variety of living arrangements, mothers participating in local WIC programs, and elders living in publicly funded housing. The importance of multilevel and multimodal approaches will be highlighted. The innovative roles that caregivers and community health workers play in oral health literacy, behavioral intervention, and dental care provision research will be described. Implications for future research, practice and policy will be discussed.	Ruth Nowjack-Raymer, MPH, PhD, National Institute of Dental and Craniofacial Research/NIH Overview	Ruth Nowjack-Raymer, MPH, PhD, National Institute of Dental and Craniofacial Research/NIH  and  William Bailey, DDS, MPH - Assistant Surgeon General and Chief Dental Officer, USPHS
			Capt. William Bailey, DDS, MPH, Chief Dental Officer, US Public Health Service, Acting Dental Director, Division of Oral Health, NCCDPHP, CDC Overview	
			Mark D. Macek, DDS, DrPh, University of Maryland Health Literacy in Context: The Multisite Assessment of Health Literacy and Oral Health	
			Michelle Henshaw DDS, MPH, Boston University Henry M. Goldman School of Dental Medicine	
			Susan Reisine, PhD, Professor, University of Connecticut "Changing Oral Health Norms and Hygiene Practices among Vulnerable Older Adults Living in Publicly Funded Senior Housing"	
A1-10 Woodrow Wilson A	Assessment of Racial Discrimination: Measurement and Policy Issues	Racial discrimination is a unique source of psychosocial stress that has been associated with an array of poorer health outcomes. As a qualitatively distinct form of minority stress that disproportionately impacts African Americans, racial discrimination contributes to persistent disparities in health. However, numerous methodological issues have been raised about the measurement of racial discrimination. An intersectionality perspective recognizes that multiple concurrent aspects of identity drive discrimination. However, existing measures typically ask participants to select a single attribution or a primary reason for experiences of unfair treatment. Using qualitative data from 18 focus groups with 150 middle-aged and older African American men, and data from eight focus groups with 77 key women in these men's lives, Griffith et al. found that the experience of discrimination may result from more than one aspect of identity at a time, e.g., race and gender vs. race or gender. Their findings suggest that the measurement of discrimination may benefit by taking into account the unique ways in which African American men are socially perceived. Findings by Lewis et al. also underscore the need to examine sources of discrimination-related stress that are specific to the experiences of African American women. Examining data on the Everyday Discrimination Scale from 931 African American and 1,547 Caucasian women from the Study of Women's Health Across the Nation, they found meaningful differential item functioning (DIF) on items reflecting poorer service in restaurants or stores, and being treated as if dishonest (both $p < 0.001$ ). The "profile" of everyday discrimination differed slightly for African American compared to Caucasian women, with certain public experiences appearing to have more salience for African American women, and are consistent with the "Shopping While Black" phenomenon. Additional research on the health consequences of these particular experiences for African American women may be warranted. These results are complemented by Chae et al.'s study of African American midlife men ( $N = 95$ ), which focused on psychological dimensions of racial identity and racial bias that influence the self-report of racial discrimination. This study found that holding an unconscious anti-Black bias, measured using the Implicit Association Test, was associated with lower self-reported racial discrimination ( $b = -0.18$ , $SE = 0.08$ ). Greater importance of race to self-definition ( $b = 0.33$ , $SE = 0.40$ ) and emphasis placed on the uniqueness of being Black ( $b = 0.80$ , $SE = 0.35$ ) were also associated with more self-reported racial discrimination. Implicit racial bias and explicit racial identity dimensions are important factors to consider in measuring racial discrimination. Using racial minority men as a frame of reference, Hammond explores important linkages between the measurement and detection of everyday racial discrimination and health policy-agenda setting at the national, state, and local levels. Together, this symposium draws attention to important measurement issues in research on race/ethnicity and discrimination, and the important practice and policy implications.	David Chae, ScD, MA Assistant Professor, Department of Behavioral Sciences and Health, Emory University Rollins School of Public Health The Importance of Implicit Racial Bias and Racial Identity for the Self-Report of Discrimination	Derek Griffith PhD, Vanderbilt Univ.  David H. Chae, Sc.D., M.A. Emory University
			Tené T. Lewis, PhD, Associate Professor, Emory University Black-White Differences in Responses to Items on the Everyday Discrimination Scale: A Differential Item Functioning Analysis	
			Derek M. Griffith PhD, Associate Professor, Vanderbilt University He's Discriminated Against For Who He Is.: Is the Stress and Discrimination that African American Men Report the Result of Race and Gender or Race or Gender	
			Wizdom Powell Hammond, PhD, MPH University of North Carolina at Chapel Hill "What Gets Measured Gets Done?": Monitoring Everyday Discrimination Experiences and Policies in a "Post-Racial" Context	
			Lisa Simpson MBBCh, MPH, FAAP, AcademyHealth, Disparities Research 2.0: from description to intervention	
A1-11 Potomac Ballroom ABCD	Roundtable Discussion: New Directions in Healthcare Disparities Research, Practice and Policy	This session will address circumstances and factors that lead to racial and ethnic disparities in healthcare outcomes within a variety of health care settings and solutions for addressing these issues. Presentations will include emerging issues in health care including the impact of different payment models and delivery systems in reducing health disparities. A review of best practice approaches and new knowledge gained from ongoing health care and services research will be discussed in this roundtable.	Garth Graham MD MPH, University of Florida, School of Medicine Impact of payment models and delivery systems in reducing health disparities with a focus on Pay for Performance	Fitzhugh Mullan MD, Professor of Medicine and Health Policy, George Washington University  and  Karen Anderson PhD, Senior Program Officer, Board on Population Health, Institute of Medicine
			Romana Hasnain-Wynia, PhD, Patient Centered Outcomes Research Institute (PCORI) Creating a Disparities Research Agenda: Reducing Disparities and Improving Health Outcomes	
			Marcia Wilson PhD MBA, George Washington Univ. Reducing disparities in the health care system: Eight challenges and their solutions	
			David Atkins MD, Veterans Health Administration Effective health services and quality initiatives within the VA system	

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A1-12 Annapolis Room 3	A conversation on data sharing in indigenous populations	As genomic technology becomes increasingly relevant to understanding disease biology and predicting disease risk, it becomes scientifically and ethically important that persons representative of the U.S. population-at-large are included at all stages of research. Genetic and genomic research in indigenous populations has a rich and storied history, punctuated by cultural missteps on the part of researchers yet ripe with the opportunity to benefit all peoples. For large-scale studies of indigenous persons, the need for dialogue, to advance the full participation of this group in all stages of research, is particularly evident. Progress depends upon the engagement of all stakeholders, from research participants, to study investigators, to funding agency officials. Even small successes can build a foundation of trust and understanding which is important for development of mutually agreeable and advantageous policies. As an example, current genomics data sharing policies have brought to the forefront differing cultural and practical attitudes regarding the use of data and specimens from indigenous populations. Perspectives and policies regarding data sharing provide a focal point to initiate conversations between researchers, participants and policymakers regarding expectations, progress and values. The speakers in this session will discuss: 1) the need for a conversation on data sharing in indigenous populations; 2) ethical, legal and social issues in the Havasupai Tribe case against Arizona State University; 3) progress towards a workable solution - the NIH perspective; 4) progress towards a workable solution - the researcher as facilitator; and 5) broadening opportunities for all - principles for inclusive data sharing policies. Perspectives of the NIH, academic researchers, and members of indigenous populations on key benefits and values regarding data sharing will all be explored. The issues discussed will have implications for the design of future studies and scientific knowledge generated from these studies in the era of personalized medicine.	Bonnie Duran Dr.PH, Associate Professor, University of Washington Research for Improved Health—Promoters and Barriers to Effective Community Engaged Research	Lucia Hindorff, Ph.D., M.P.H., Epidemiologist, Program Director, NHGRI  and  Alek Sripipatana, PhD, MPH, HRSA
			Shelley Cole, PhD Texas Biomedical Research Institute Progress Toward a Workable Solution: The Researcher as Facilitator	
			Jeffrey Henderson MD MPH, President and CEO, Black Hills Center for American Indian Health	
			Malia Villegas, National Congress of American Indians	
			Richard Fabsitz, PhD, Deputy Chief, Epidemiology Branch, NHLBI, NIH Balancing Interests in the NIH Data Sharing Policy	
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A1-14 National Harbor 12/13	Addressing Health Disparities among Latinos: Innovative Academic-Community Partnerships	Latinos are the largest and fastest growing minority group in the United States, and an underserved population across a variety of health care services. In this session, different paradigms, particularly academic-community partnerships, are explored as models to reduce disparities among Latinos.	Mario De La Rosa PhD, Professor, Robert Stemple College of Public Health and Social Work, Florida International Univ. Science Perspective: Addressing HIV and Substance Abuse-Related Health Disparities among Latina Women: An Academic-Community Partnership Approach	Milagros Rosal PhD, Professor of Medicine, University of Massachusetts  And  Lorenzo Olivas, MPH, US Public Health Service, Region VIII
			Patria Rojas, Ph.D., Behavioral Health Scientist., C-SALUD, Florida International University Science Perspective: Addressing HIV and Substance Abuse-Related Health Disparities among Latina Women: An Academic-Community Partnership Approach	
			Susan Rubio Rivera, MSSA,Executive Director, MUJER, Inc. Community Perspective: Addressing HIV and Substance Abuse-Related Health Disparities among Latina Women: An Academic-Community Partnership Approach	
			Gustavo Loera, Mental Health America of Los Angeles; Sergio Aguilar-Gaxiola MD PhD, Director, UC Davis Center for Reducing Health Disparities, Professor of Clinical Internal Medicine Community-Defined Solution for Latino Mental Health Care Disparities: Achieving Capacity-Building and Sustaining Organization	
			Lisa Fortuna, MD, MPH, Assistant Professor of Psychiatry, University of Massachusetts Medical School Community-Academic Partnership for Developing Patient-Centered Dual Diagnosis Treatment for Latinos	
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A1-15 Annapolis Room 4	Integrated Panel Discussion: Patient-Reported Outcomes Measurement Information System® (PROMIS®) and Health disparities	The purpose of this Health Information Technology integrated panel is to explore how high quality measures of patient-reported outcomes (PROs), and the Patient-Reported Outcomes Measurement Information System® (PROMIS®) in particular, can be used to address health disparities. The goal of such strategies is to facilitate improvements in quality of care as well as development and implementation of patient-centered interventions. As a National Institutes of Health (NIH) Common Fund initiative, the PROMIS® tools (www.nihpromis.org) provide clinicians and researchers' with precise, valid and responsive adult- and child-reported measures of health outcomes from the patient perspective. Such outcomes include physical function, pain, fatigue, depression, anxiety, and many others. The objectives of the PROMIS initiative are to: 1) create and validate large item banks to efficiently measure PROs in various chronic diseases, 2) create and validate item banks in Pediatrics, Women, Minorities, Underserved/ under-represented populations, and Persons with disabilities, 3) improve patient-provider communication through PROs during point of care assessments, and 4) incorporate into large scale national surveys. High quality measures of PROs such as PROMIS when used in clinical care, may ameliorate some contributors to health disparities. This panel will review PROMIS and discuss how it can contribute to researching and addressing health disparities.	Phil Tonkins, PhD National Institute of Arthritis and Musculoskeletal and Skin Diseases, NIH (NIAMS) An introduction to the Patient-Reported Outcomes Measurement Information System® (PROMIS®)	Derrick Tabor PhD, Program Director, National Institute on Minority Health and Health Disparities, NIMHD and  Phil Tonkins PhD
			Kevin P. Weinfurt, PhD, Professor, Department of Psychiatry and Duke Clinical Research Institute The science of PROMIS in the evaluation of health disparities	
			Edward Yelin, Ph.D., Professor of Medicine and Health Policy; Vice Chair, Medical Effectiveness, The California Health Benefits Review Program, University of California-San Francisco The use of PROMIS® item banks to address health disparities	
A1-16 Potomac Room 2	Community-based approaches to studying health in urban slums in India: methods, findings, and policy-level response	Globally, urban slums are a rapidly growing demographic with unique health needs. As part of a four-year investigation of health in the Mumbai slum of Kaula Bandar, the panel presenters examined new methods for slum-based research; identified social and policy-level health determinants; and built partnerships with policymakers to translate findings into action. This effort was a partnership among Partners for Urban Knowledge, Action and Research (PUKAR), the Harvard School of Public Health (HSPH), and New York University (NYU), and resulted in a unique interdisciplinary collaboration among physicians, social scientists, public health students, and residents of the Mumbai slum of Kaula Bandar. The panel discussion includes; 1) unique methods for researching slum settlements, 2) public policy-related health determinants. 3) the social determinants of health - including migration and 4) the collaboration's merits and challenges including interactions with policymakers that resulted in positive change for Kaula Bandar.	Tejal Shitole (TS), BSc, Research Associate Partners for Urban Knowledge, Action, & Research (PUKAR),	Joshua Rosenthal, Ph.D. Acting Director Division of International Training and Research Fogarty International Center National Institutes of Health  and  Ligia Ariles, MA, Program Analyst, NIMHD
			Dana Thomson (DT), MSc, Department of Global Health and Social Medicine, Harvard School of Public Health,	
			Ramnath Subbaraman MD, Infectious Disease Fellow, Massachusetts General and Brigham and Women's Hospitals Boston, Partners for Urban Knowledge, Action, & Research (PUKAR), India	

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**TRACK TWO - CAPACITY-BUILDING AND INFRASTRUCTURE**

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A2-17 Baltimore Room 2	An Integrated Approach to Childhood Obesity Prevention	One of the founding pillars of the USDA, National Institute of Food and Agriculture (NIFA) is to bring together research, education, and extension in a coordinated manner on high-priority national, multistate, or regional agricultural issues. NIFA places high value on integration in program design and implementation in order to address the many and complex problems facing U.S. agriculture. A project is optimally integrated if the components complement one another and are truly necessary for its ultimate success. Research is expected to address knowledge gaps that are critical to the development of practices and programs to address a problem. Extension activities will lead to measurable, documented changes in learning, actions, or conditions in an identified audience or stakeholder group. Education initiatives will strengthen institutional capacities and result in curricula and related products that provide sustained impact. The purpose of this session is to present successful NIFA-funded integrated projects in the Childhood Obesity Program.	Dionne Toombs, PhD, USDA, National Institute of Food and Agriculture, USDA <i>Overview</i>	Dionne Toombs, PhD, USDA, National Institute of Food and Agriculture, USDA  and Deirdra Chester PhD RD, National Program Leader Division of Nutrition, USDA
			Rachel Novotny Ph.D., University of Hawaii at Manoa <i>Child Obesity Prevention among Remote Underserved Minority Populations for the Pacific Region</i>	
			Kendra K. Kattelman, PhD, RD, LN, South Dakota State University	
			Lucia L. Kaiser, PhD, RD, Associate Nutrition Specialist, University of California, Davis <i>Niños Sanos, Familia Sana: an Intervention Study to Prevent Childhood Obesity in Mexican-Origin Children in Rural California</i>	
A2-18 National Harbor 4/5	Promoting a Diverse Training Research, Practice and Policy Health Workforce	Racial and ethnic minorities are under represented in the health professions workforce. Papers presented in these sessions will explore interventions and models--specifically social networks and mentor development--that advance workforce diversity in various health settings, including academic medicine.	Joane Reede MD, Harvard <i>The Nature and Importance of Co-authorship Networks in Advancing Faculty Diversity in Academic Medicine</i>	Jasjit Ahluwalia MD, MPH, MS, Associate Director, Clinical and Translational Sciences Institute (CTSI) and Director, Research Education, Training and Career Development University of Minnesota Medical School  and Meaghan McHugh MPH, AUCD
			Estella Estape PhD, University of Puerto Rico <i>PRCTRC: A Multi Institutional Collaborative Effort to Increase Diversity in Clinical and Translational Research through Multidisciplinary Training and Career Development (MTCD) (capacity building)</i>	
			Nadra Tyus, DrPH, HRSA <i>Health Workforce Research: Diversity in the Health Professions</i>	
A2-19 Baltimore Room 1	Mobilizing a Culturally Competent Workforce: The National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care	In 2001, national standards for culturally and linguistically appropriate services (CLAS) in health care were developed and refined with significant input from a nationwide public comment process and the guidance of two national project advisory committees. Based on an analytical review of key laws, regulations, contracts, and standards currently in use by Federal and State agencies and other national organizations, these standards have been revised and will be discussed in depth during this session.	Guadalupe Pacheco, HHS Office on Minority Health <i>The National Standard for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care</i>	C. Godfrey Jacobs, Program Manager, Health Disparities Practice, SRA International, Inc.
			Tawara Goode, MA, Assistant Professor & Director, Georgetown University	
			Robert Like MD MS, Professor and Director, Center for Healthy Families and Cultural Diversity, Department of Family Medicine and Community Health, UMDNJ-Robert Wood Johnson Medical School <i>Educating Health Care Professionals about CLAS: Experiences and Lessons Learned from the Field</i>	
A2-20 Potomac Room 5	The U.S.-Brazil Joint Action Plan to Eliminate Racial and Ethnic Discrimination and Promote Equality (JAPER): A Cooperative Approach to Addressing Social Exclusion and Health Disparities	The United States and Brazil signed a bilateral agreement in 2008 to tackle racism and social exclusion. Since that time, government and civil society representatives from the two countries have shared best practices and technical assistance and training opportunities as well as convened annual meetings in Brazil and the United States. The panel will highlight the activities that have taken place since JAPER was started and discuss other initiatives that encompass the intent of JAPER. Opportunities for future participation from civil society and the government will also be discussed.	Zakiya Carr-Johnson, Senior Advisor, Race, Ethnicity, and Social Inclusion Unit, Bureau of Western Hemispheric Affairs, US Department of State <i>History and Overview of JAPER</i>	Nils Daulaire MD, MPH, Director, HHS Office of Global Affairs
			Julio Dient Taillepiere, Team Leader, Initiatives and Partnerships Unit, Office of Minority Health and Health Equity, US Centers for Disease Control and Prevention <i>Addressing Health Disparities in the United States</i>	
			Dr. Maria Ines da Silva Barbosa, Black Population Health Advisor, Brazilian Ministry of Health: Addressing Health Disparities in Brazil <i>Addressing Health Disparities in Brazil</i>	
			Toniya Hope Navas, President of the Partnership for Equality, Access & Empowerment (P.E.A.C.E.) and JAPER U.S. Civil Society Representative: <i>The Role of the Diaspora in Addressing Health Disparities</i>	

**CONCURRENT SESSION A**  
**MONDAY DECEMBER 17, 2012**  
**1:30 PM - 3:00 PM**

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A2-21 Potomac Room 1	Recruitment, Retention, and data collection among diverse population groups in the National Children's Study – implications for health disparities research	The National Children's Study (NCS) is a longitudinal study of 100,000 children across the U.S., following them from before birth through age 21, to examine the effects of environmental influences on child health and development. "Environment" is defined broadly to cover physical, chemical, biological, and psychosocial factors. Examining disparities in subgroups of pregnant women and children in their exposure to these environmental factors and how such disparities result in disparate health and development in children is an important goal of this Study. A pilot of the NCS called Vanguard Study began in January 2009 and will continue in parallel to the Main Study, age-specific phases of this cohort always preceding those of the Main Study, to guide the content and operations of the Study. Field experience from the Vanguard Study with various population subgroups is important in 1) understanding what implications they have for the health disparities research and 2) recommending alternative methods that will enhance participation among various subpopulation groups to allow optimal disparities research. This panel will cover: 1) Recruitment and retention variation by specific population groups - Recruitment and retention rates from the Vanguard Study will be examined by race/ethnicity and other demographic characteristics to identify those subgroups that need targeted efforts to increase their participation. 2. Consent rates for biological and environmental sample collection and for genetic testing by race/ethnicity - Consent rates and compliance rates on specific data collection activities will be examined by participant characteristics to understand which participant subgroups are less willing to provide specific data items and to develop methods to increase consent and compliance. 3. Identifying methodologies in recruiting and retaining immigrant children - Although immigrants may be difficult to recruit due to limited English proficiency, mistrust of strangers, and/or high mobility, many of these challenges can be overcome by adopting the same best practices used when surveying ethnically diverse populations. Nonetheless, a few practices including involving local community organizations relevant to immigrants, translation of materials tailored to the vernacular language of the various ethnicities and customizing non-monetary incentives to the specific ethnicity were identified via a comprehensive literature and interviews with expert opinion. 4. Implications of genome sequencing and molecular ancestry profiling - Molecular ancestry has been associated with risk for numerous diseases including cancer, autoimmune disorders, environmental toxin induced dysfunction, as well as many genetic diseases. To fully understand health and disease risk, research using molecular ancestry informative markers is needed. This genomic information will permit a fuller understanding of factors which contribute to disease and those which do not.	Carl Hill, PhD, National Children's Study, <i>Eunice Kennedy Shriver</i> National Institute on Child Health and Human Development, NIH	Christina Park PhD, <i>Eunice Kennedy Shriver</i> National Institute on Child Health and Human Development NIH
			Maria Lopez-Class, PhD, National Children's Study, <i>Eunice Kennedy Shriver</i> National Institute on Child Health and Human Development, NIH	
			Carol Kasten, MD, National Children's Study, <i>Eunice Kennedy Shriver</i> National Institute on Child Health and Human Development, NIH	
			Julia Slutsman, PhD, National Children's Study, <i>Eunice Kennedy Shriver</i> National Institute on Child Health and Human Development, NIH	
			Eric Lorenzo, PhD, National Children's Study, <i>Eunice Kennedy Shriver</i> National Institute on Child Health and Human Development, NIH	
ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A2-22 Baltimore Room 4	Data Collection Standards for Race, Ethnicity, Sex, Primary Language and Disability Status	Section 4302 of the Affordable Care Act (ACA) requires the DHHS Secretary to establish data collection standards for race, ethnicity, sex, primary language and disability status for federally sponsored data collection. The law also requires the collection of these demographic data in Medicaid and CHIP. In accordance with the law, HHS has adopted new data collection standards for race, ethnicity, sex, primary language and disability status for its major surveys. This panel will describe the new survey standards and implementation process, data standard implementation process in Medicaid and CHIP, and implications of the new standards for disparities monitoring, research and policy.	Rashida Dorsey, PhD Acting Director of the Division of Policy and Data, OMH, OASH HHS Data Standards: Overview, implementation, enhancements for HHS data collections	Virginia Cain, PhD, Director of Extramural Research, NCHS, National Center for Health Statistics (NCHS) / CDC
			J. Nadine Gracia, MD, Deputy Assistant Secretary for Minority Health (Acting), OMH/OASH Implications of HHS Data Standards for disparities efforts	
			Megan Thomas, MPP, Health Insurance Specialist, CMS Implementing Section 4302 (b)- Data standards in Medicaid and CHIP	
<b>TRACK THREE - OUTREACH, PARTNERSHIPS, COLLABORATIONS AND OPPORTUNITIES</b>				
ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A3-23 Baltimore Room 5	Public Health and Safety Partnerships to Address HIV Substance Abuse-Related Health Disparities in the Criminal Justice System	Currently the United States imprisons more people per capita than any other country in the world, with over 7 million individuals under some form of criminal justice supervision. African-Americans and Hispanics are disproportionately represented in the U.S. criminal justice system. Rates of HIV, hepatitis C, tuberculosis, drug addiction, serious mental illness, and other chronic health conditions are higher among these individuals. On any given year, correctional facilities see approximately 14% of all people in the United States living with HIV. Thus, many public health and public safety professionals, as well as researchers and policy-makers, have suggested that CJS involvement could provide a unique opportunity to address health disparities among hard to reach individuals — those with drug problems who are at high risk for HIV and other infectious diseases. The availability of HIV services in criminal justice settings overall remains low, providing an important opportunity to improve access to HIV testing, treatment, and risk reduction counseling for these individuals. This symposium will highlight efforts in the research, practice, and policy arenas to address HIV and substance abuse-related health disparities by leveraging involvement in the criminal justice system to improve offender health and well being.	Tisha Wiley PhD Criminal Justice Populations and Health Disparities: Where are the Treatment and Research Gaps?	Shoshana Kahana, Ph.D., National Institute on Drug Abuse, NIH
			Frederick L. Altice, M.D., Professor of Medicine, Yale University Reducing Health Disparities by Treating HIV and Drug Use within Criminal Justice Settings	
			Paula Smith, M.D., Chief of Health Services, Division of Adult Corrections, North Carolina Department of Public Safety: Provision of HIV Services within the North Carolina Department of Corrections: Opportunities and Challenges	
			Paul Samuels, J.D., Director/President, Legal Action Center Making Communities Healthy and Safe: Policies to Address HIV and Drug Abuse Related Health Disparities in the Criminal Justice System	

**CONCURRENT SESSION A  
MONDAY DECEMBER 17, 2012  
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ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A3-24 Woodrow Wilson D	Building strong community-academic partnerships: A pathway to ethically responsible research	The Center for Alaska Native Health Research (CANHR) is a community-based participatory research (CBPR) center addressing health concerns of Yup'ik people living in Southwest Alaska. Our CBPR approach has guided the process of developing long-term, trusting partnerships with these rural communities. This partnership engages and trains community members as co-researchers and builds local research capacity. In return, co-researchers train university researchers about their culture, communicative styles and protocol when engaging with community members. Both university researchers and community co-researchers benefit in a bi-directional learning process by gaining insight into each other's culture and knowledge. Turning points for researchers include experiencing how knowledge is shared and communicated through storytelling, as well as cultural concerns related to data sharing. Community members have been introduced to the science of genetics and chronic disease prevention through hands-on activities. In turn, university researchers have received instruction on Yup'ik concepts of relatedness and genetics. A central component of CANHR research involves investigation of risk factors for obesity and related chronic disease, including genetic contributors. CANHR researchers have worked with community partners to develop culturally relevant strategies for dissemination of clinically actionable findings. We also believe it is an ethical responsibility to return genetic research results and progress, but how do we discuss genetic research with our community partners when there are no commonly used Yup'ik words for genetics. CANHR investigators and a collaborating team from the University of Washington have been deliberating with a Community Planning Group (CPG) of past CANHR genetic study participants. A Ciuliat ("leader") group of Yup'ik professionals from an urban setting was formed to bridge communication between the CPG and academic researchers. The CPG, Ciuliat, and university research groups interact regularly, thereby enhancing trust and fostering more meaningful dialogue. Yup'ik phrases and diagrams that can be used to communicate genetic concepts have been explored and developed. These conversations have also led to deeper discussion about ways in which Western and Yup'ik cultures develop new knowledge about the world, and how we can help each other to gain a broader understanding of new information produced by scientific research. This has enabled community leaders and university researchers to discuss research outcomes and set future community research priorities. Dissemination of research results is only one component of a CBPR framework that enables rewarding opportunities for dialogue, co-management and co-ownership of the research process. Strong community-academic partnerships build local research capacity leading to sustainable, culturally relevant research programs to reduce health disparities.	Bert Boyer, PhD, University of Alaska Fairbanks Director, Center for Alaska Native Health Research	Theresa Castillo, MA, CHES, FDA
			Scarlett Hopkins, BSN, MA, Director, Community Engagement & Clinical Support Core, Center for Alaska Native Health Research	
			Walkie Charles, Yup'ik language professor, University of Alaska Fairbanks, Ciuliat member.	
			Henry Lupie, Yup'ik community member, Field Research Assistant, Center for Alaska Native Health Research/University of Alaska-Fairbanks	
			Rosalina James, University of Washington	
ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
A3-25 Potomac Room 4	The Federal Environmental Justice Interagency Working Group: Improving Health and Environment in Communities across America	The Federal Interagency Working Group on Environmental Justice was established in 1994 under Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations". This Executive Order directs federal agencies to make achieving environmental justice part of its mission by identifying and addressing, as appropriate, disproportionately high adverse human health or environmental effects of its activities on minority and low-income populations. The Working Group provides guidance to Federal agencies on criteria for identifying disproportionately high and adverse human health or environmental effects on minority populations and low-income populations; coordinates with and serves as a clearinghouse for, each Federal agency as they develop environmental justice strategies, conduct research and collect data on environmental justice. Additionally, the EJ IWG holds public meetings; and develops interagency model projects on environmental justice that evidence cooperation among Federal agencies. In September 2010, EPA Administrator Lisa P. Jackson called upon agencies to recommit to incorporating environmental justice considerations into all of their programs and policies. As a part of that process agencies committed to holding community dialogues all across the country to hear from residents about environmental and health concerns that they face daily. Additionally, agencies agreed to update or to develop environmental justice strategies that would guide their work. The first community stakeholder meeting with one hundred-fifty community advocates and high level Administration officials was held at the White House in December 2010. Since February 2011, agencies have held eighteen meetings in diverse communities all across America. These meetings have allowed agencies to hear from affected communities and use this information to inform the update or development of agency environmental justice strategies. In February 2012, agencies also signed a Memorandum of Understanding, that underscores certain provisions of existing law that can help ensure that all communities and persons across this nation live in a safe and healthful environment. Under the terms of the MOU agencies are working on key issues affecting environmental justice including Title VI under the Civil Rights Act of 1964, the National Environmental Policy Act, climate change and goods movement. During this panel presentation attendees will learn about the collaborations occurring across federal agencies to improve human health and the environment. Each participant will discuss its intra-agency and interagency collaborations and partnerships that are helping to reduce disparities in overburdened communities.	Ron Milam, MPH, CFSM, LT, USPHS, Dept. of Health and Human Services (HHS)	Sherri White-Williamson, MPA US Environmental Protection Agency
			Melinda Downing, Dept of Energy (DOE)	
			James M. Potter, AICP, PP, Dept. of Housing and Urban Development (HUD)	
A3-26 National Harbor 2/3	Reducing Health Disparities through Innovation	Racial and ethnic minorities, people with disabilities, low income individuals, and individuals living in rural communities continue to experience worse access to care and worse health outcomes across many health conditions. The cost of racial and ethnic health disparities is estimated to be more than \$23 billion, with nearly \$16 billion being paid by Medicare. Many programs to reduce disparities have been developed, and while some have been successful on a small scale, few have proven successful across different populations and geographies. Moreover, despite the myriad of efforts by stakeholders, the latest National Healthcare Disparities Report noted that while overall health care quality is improving, progress on reducing disparities is largely stagnant. The Center for Medicare and Medicaid Innovation (CMMI) was created by the Affordable Care Act to test innovative payment and service delivery models with the goals of reducing costs and improving health care. Several initiatives have been funded by CMMI including Pioneer Accountable Care Organizations, Health Care Innovation Awards, and Strong Start for Mothers and Newborns. Many of these initiatives will benefit populations that experience health disparities, but there is also an opportunity to test models that focus on health disparities directly. This panel will blend policy and science. It will provide an overview of the models being tested by CMMI. It will also discuss what has been learned thus far, and how that knowledge will be shared with stakeholders. The panel will also include perspectives from awardees who are addressing the needs of underserved populations. The panelists will also discuss what they have learned, as well as some of the challenges they have encountered.	Cara V. James, PhD, Director, Office of Minority Health, CMS	Cara James PhD, Centers for Medicare and Medicaid Services
			Framework and the importance of the demonstration projects with regards to enhancing knowledge of potential solutions to health disparities.	
			Sean Cavanaugh, MPH (Policy), Centers for Medicare & Medicaid Innovations, CMS	
			Overview of the Innovation Models	
			Connie Halverson, Vice President, Public Benefit, Delta Dental South Dakota	
			Scott A. Berkowitz, MD, MBA, Medical Director, Accountable Care; Assistant Professor of Medicine, Division of Cardiology, Johns Hopkins University School of Medicine	