

CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM

TRACK ONE - TRANSLATIONAL AND TRANSDISCIPLINARY RESEARCH

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
D1-01 National Harbor 12/13	Health In All Policies: Why Addressing Health Disparities Requires a Broad Range of Options	There is growing interest in the impact of non-health factors on health outcomes in the US, and inequality linked to income, social status, race/ethnicity and place of residence is now seen as a contributor to health disparities. Yet we lack the cohesive, top-down commitment to the concept of Health In All Policies found in some other countries. This integrated panel discussion will feature alumnae of the Kellogg Health Scholars and related programs for doctoral and postdoctoral researchers known for work on the social determinants of health and its translation into policy. It is multidisciplinary, including epidemiology, social work, mental health and political science. The panel will touch on social/behavioral determinants, environmental and occupational health, law and public policies, criminal/juvenile justice and place-based disparities and neighborhoods.	Lisa Cacari-Stone PhD, Assistant Professor, Department of Family & Community Medicine, University of New Mexico Implementing Health In All Policies: The Role of Local Government in Immigrant Integration	Bonnie Lefkowitz MPA, Policy Advisor, W.K. Kellogg Health Scholars Program
			Edna Viruell-Fuentes PhD, MPH, Assistant Professor, University of Illinois More Than Culture: Immigration Policy as Health Policy	
			Anita Wells PhD, Assistant Professor, Morgan State University Mental Health In The Realm of Primary Prevention	
			Emily Ihara PhD, MSW, Associate Professor, George Mason University Social Policies: Pathways to Eliminating Health Inequities	
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D1-02 National Harbor 2/3	Operationalizing Culture for Health Disparities Research	Culture is frequently cited as an underlying cause of health disparities, yet culture is rarely explicitly defined and operationalized in health research. Culture is erroneously conflated with race and ethnicity as a dichotomous, individual-level variable rather than a multi-dimensional, fluid construct embedded in a multi-level social system. Scientifically, culture is a complex and dynamic conceptual framework that is incongruent with the way it is operationalized in health behavior theories: as a unidimensional, static, and immutable element of a homogeneous group. Lacking a standard definition and operationalization of culture, researchers often devise measures that are not grounded in the science of culture, tested for cross-cultural equivalence, or conceptually comprehensive and nuanced enough to assess the interaction of risk factors that impact disease prevalence, morbidity, and mortality in all population groups. This panel describes a research effort to improve the conceptualization, measurement, and translation of culture to ensure that findings from studies of culture and health are more scientifically valid, relevant to the communities involved, and generalizable across population groups in order to reduce health disparities.	Marjorie Kagawa-Singer PhD, UCLA Fielding School of Public Health and Department of Asian American Studies, University of California, Los Angeles Overview	William Elwood PhD, NIH and Tamara Lewis Johnson, M.B.A., M.P.H., Women's Health and Extramural Program Manager, Office of Extramural Research Policy and Operations (OERPO), DEA NIAID, NIH
			Roberto Lewis-Fernandez, MD, Professor, Columbia University Consensus on Definitions of Culture	
			Charles P Mouton, MD, Senior vice president for health affairs and dean of the School of Medicine, Meharry Medical College Domains and pathways of culture to operationalize in diverse populations	
			William Elwood PhD, Coordinator, NIH Basic Behavioral and Social Science Opportunity Network (OppNet), OBSSR, NIH Recommendations that have emerged from the process on the translational steps needed to apply culture as a concept and construct in health disparities research	
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D1-03 Baltimore Room 1	Social Determinants of Alcohol-related Disparities: Epidemiology, Etiology & Treatment	This panel presents findings from a series of studies focused on determinants of racial/ethnic alcohol-related disparities among U.S. adults. It brings together epidemiological evidence, behavioral/social science theory, and policy to examine alcohol-related disparities across the continuum from consumption to screening, intervention and treatment.	Karen G. Chartier, Ph.D., Faculty Associate, The University of Texas School of Public Health, Dallas Regional Campus, Dallas, TX Ethnicity and Alcohol: An Overview of Drinking, Alcohol-Related Harms and Treatment Use	Dionne Godette, PhD, Health Scientist Administrator, National Institute on Alcohol Abuse and Alcoholism, NIH
			Sarah Zemore, Ph.D. Scientist, Alcohol Research Group, Public Health Institute, Emeryville, CA	
			Katherine Karriker-Jaffe, Ph.D. Associate Scientist, Alcohol Research Group, Public Health Institute, Emeryville, CA It's More Than How Much You Drink	
			Nina Mulia, Dr.PH, Scientist, Alcohol Research Group, Public Health Institute, Emeryville, CA	
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D1-04 Annapolis Room 1	Uncovering New Knowledge and Contributory Pathways in Population Health Disparities	This session will discuss the science, practice and policy research interventions on health disparity disease conditions – in the context of biological, social and environmental factors. Presentations include: Analysis of new data that shows profound within-population geographic variance in cancer rates among American Indians and Alaska Natives (AI/AN); correlates and association between psychosocial stress and self-reported physical activity in older African Americans; pathways to promote early interventions in autism spectrum disorders (ASD) diagnosis and treatment among African American children; and effects of drug war at the border on Hispanic mental health. Presenters will discuss specific health disparity issues within socially disadvantaged groups within the community context. Theme objectives include: 1) Patterns of disparities across the disease conditions 2) Contributory or causal pathways and life course linking the determinants and health disparities 3) Recommendations for further science, policy and practice interventions, including: research gaps, promising practices and policy impact; what has been tried and lessons learned 4) Data needs for management, evaluation and monitoring of progress in addressing health disparities	Jeffrey A. Henderson MD MPH, Black Hills Center for American Indian Health On the Trail of New Knowledge: Profound Regional Variation in AI/AN Cancer Incidence	Lea Yerby PhD, Assistant Professor, University of Alabama and CAPT Julie Rhie PhD, NIH
			Gbenga Ogedegbe MD MPH, New York University. Psychosocial Predictors of Physical Activity in Older African Americans	
			Kathleen O'Connor PhD, Univ. of Texas at El Paso Hispanic Mental Health and the Drug War at the Border	

**CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM**

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D1-05 Woodrow Wilson A	Design, Evaluation and Policy Implications for Multilevel Interventions to Address Health Disparities in Community-based Studies	Health disparities are observed at the population level. Interventions to address health disparities often focus on individuals or health care delivery sites but neglect the effects of interactions between the larger policy context, health care access and delivery, and the populations at risk. Increased recognition of these "multilevel issues" related to health disparities requires multilevel and multidisciplinary approaches to their research design, delivery and evaluation. Panelists represent Centers for Population Health and Health Disparities (CPHHD) funded by the National Cancer Institute (NCI) and the National Heart, Lung and Blood Institute (NHLBI). The overall panel goals are to demonstrate, using real-life examples, helpful strategies to address health disparities at the community level. A second goal is to provide insights into how a multilevel strategy may provide valuable results in situations where individual level approaches have been unsuccessful.	Richard Warnecke PhD, Professor Emeritus and Co-Director University of Illinois at Chicago, Institute for Health Research and Policy, UIC Center for Population Health and Health Disparities Assessing the Impact of MJA Designation on Stage at Diagnosis of Breast cancer using the Propensity Analysis Alice Ammerman, Ph.D., Gillings School of Global Health and Disease Prevention Jill Marsteller, Ph.D. MPP, Bloomberg School of Public Health Johns Hopkins University Design of a Multi-Level Intervention Study within a Healthcare System Sarah Gehlert, Ph.D., The George Warren Brown School of Public Health, Washington University	Helena Mishoe, PhD, MPH, National Heart, Lung and Blood Institute (NHLBI)
D1-06 Woodrow Wilson B	Addressing Health Disparities in Diabetes and Metabolic Disorders	This panel will provide science and policy perspectives in addressing disparities in diabetes and related metabolic disorders. Presentation topics will include: findings from the National Diabetes survey to inform program planning; research findings associated with using hemoglobin A1C to diagnose glucose tolerance status in Africans in the presence of sickle cell traits; role of vitamin D deficiency in insulin resistance; the links between physical activity and metabolic syndrome in a cohort of Ethiopian adults and diabetes management models.	Joanne Galloway, MS, RD, Director, NDEP, NIDDK Survey Research to Inform Program Planning Michelle Y. O'Connor, Postbaccalaureate Fellow/IRTA, NIDDK Challenges Associated with Using A1C to Diagnose Glucose Tolerance Status in Africans Tsegaselassie Workalemahu, MS, Harvard School of Public Health Physical Activity and the Metabolic Syndrome among an Occupational Cohort of Ethiopian Adults Marie Lynn Miranda, PhD, Professor, School of Natural Resources and Environment, Univ of Michigan Spatial Analysis of Diabetes in Durham County, NC Stephen Williams, MD, MS, Weil Cornell Medical College of Cornell University The Role of Vitamin D Inadequacy In The Prevalence of Insulin Resistance in Blacks: National Health and Nutrition Examination Survey (2001-2006)	Joanne Galloway NIDDK and Xinzhi Zhang, MD, PhD, NIMHD
D1-07 Chesapeake Room 1	Addressing American Indian Oral Health Challenges: Current Research and Promising Approaches	Health disparities in American Indians and Alaska Natives are unparalleled in many respects. Life expectancy is almost 6 years less than for general population. Oral infections (caries and periodontal disease) also are significantly higher among AI/ANs than among the general population. Early childhood caries (ECC) is a major oral health problem for AI/AN children with incidence of untreated decay 3 times higher in AI/AN children than general population. Limited access to care, poverty and a paucity of preventive oral health services are some of the factors contributing to oral health disparities in AI/AN. The Center for Native Oral Health Research (CNOHR)* is one of 3 Collaborating Centers for ECC, funded by the National Institute of Dental and Craniofacial Research (NIDCR) to address oral health disparities and the only one focused on American Indian population with a mission to work with AI/AN communities to conduct, facilitate, and disseminate oral health intervention research. Researchers have explored challenges related to recruitment in remote rural locations; communication, oversight by multiple institutions, and retention e.g., practical obstacles and stresses of life with community advisors on a continuing basis. The presentation will describe community-generated lessons and innovations.	Terry Batliner DDS, Center for Native American Oral Health Research and Clinical Trial Principal Investigator. Mary Williard DDS, Educational Director, Alaska Native Tribal Health Consortium Lucinda Bryant, PhD, Associate Professor, University of Colorado at Denver Judith Albino, PhD, Director, Center for Native Oral Health Disparities	Ruth Nowjack-Raymer, PhD, National Institute of Dental and Craniofacial Research, NIH
D1-08 Woodrow Wilson C	Definition of Health Disparities, the Social Gradient and Chance of Risk and Disease Conditions: Perspectives from Distributive Justice and Political Philosophy and Theory	This panel (with diverse perspectives - social epidemiology, medical ethics, economics, law and political theory) will discuss the philosophical notion of a disparity. Is every health inequality a disparity? Is a social gradient in unequal health outcomes a necessary condition for health disparities? Is it a sufficient one? Is it otherwise relevant? Is health disparity a matter of how morbidity and mortality are distributed in a population, or (also) a matter of how risk for morbidity and mortality is distributed?	Paula Braveman, MD, MPH, Professor of Family and Community Medicine Director, Center on Social Disparities in Health, UCSF Overview: The philosophical notion of a disparity and the social gradient. Nir Eyal, DPhil, Associate Professor, Harvard Medical School, Health inequality between groups: a proxy for inequity between individuals? Yukiko Asada, PhD, Associate Professor (Dalhousie University, Halifax, Nova Scotia, Canada): An integrated approach for evaluating individual and group inequalities in health Alex Voorhoeve, PhD Reader in Philosophy, London School of Economics, The difference between the unity of the individual and the separateness of persons: a foundation for caring about inequality in health Thomas LaVeist PhD, Professor, Johns Hopkins School of Public Health Discussant	Thomas LaVeist PhD, Johns Hopkins School of Public Health Irene Dankwa-Mullan MD MPH, Medical Officer, National Institute on Minority Health and Health Disparities NIMHD

CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
D1-09 Annapolis Room 4	Racial Dimensions and Issues of Incarceration, Violent Crime and Criminal Justice Policies	This panel which will feature a diverse panel with diverse perspectives will address the issues of race and incarceration, violent crime and the criminal justice policies. Presenters will provide implications for further research and policy implementation.	The Honorable Judge Robert T. Russell Drugs, Mental Health and Veterans Treatment Courts	Ruby V. Neville, MSW, LGSW, Public Health Advisor, Substance Abuse and Mental Health Services Administration
			Kevin Tan, The University of Chicago Community Violence Exposure and Sexual Behaviors in a Nationally Representative Sample: Examining the Moderating Effects of Race/Ethnicity and Gender	
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D1-10 Potomac Room 2	Housing as a Contributor to Health Disparities: A Review of Progress and Remaining Challenges	The panel would review the history between housing and the health of occupants, including the work of the sanitation movement in the early 20th century that focused on reducing the spread of infectious disease and the more recent efforts to end childhood lead poisoning in the U.S. Panel members would also discuss the link between housing and respiratory health, including our improved understanding of home interventions to improve asthma control. Panelists will also discuss opportunities for improving injury prevention through home interventions and the possible importance of other residential exposures to persistent chemicals on health. Policy options for addressing remaining issues will be discussed.	David E. Jacobs, National Center for Healthy Housing	Peter Ashley, DrPH; U.S. Department of Housing and Urban Development (HUD)
			Janet Phoenix, MD, MPH George Washington University	
			Kieran Phelan, MD MSc Cincinnati Children's Hospital Medical Center	
			Mark James, MURP Urban Green, LLC	
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D1-11 National Harbor 10/11	Discrimination, Stereotypes and Unconscious Bias in Healthcare	Research suggests that the subjective experiences of population groups that have been exposed to discrimination, bias, stereotypes, and racism experience psychosocial stressors that impact health. There is also a wealth of research on provider biases and stereotypes that influences clinical decision making. The panel will discuss the role of discrimination, racism, stereotyping and unconscious bias in clinical decision making and health outcomes for socially disadvantaged groups, and provide strategies for addressing these factors.	Deborah Washington PhD RN, Director, Diversity, Patient Care Services, Massachusetts General Hospital Social Cognition and the Impact of Race/Ethnicity on Clinical Decision Making	Paula Y. Goodwin, PhD, SAMHSA and Chitra Krishnamurti, PhD, Deputy Director, Office of Minority Health Affairs/NHLBI
			Michelle Van Ryn, PhD, MPH. Professor, University of Minnesota The Provider Contribution to Disparities in Care Revisited	
			Diana J. Burgess, PhD, Associate Professor, Department of Medicine, Veterans Affairs Medical Center, Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center. Developing effective communication strategies to motivate providers to address racial healthcare disparities	
			Jeff Stone PhD, Associate Professor, University of Arizona Implicit Stereotyping of Hispanic Patients: Nonconscious Expectations for Noncompliance	
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D1-12 Potomac Room 1	Examining Discrimination and Stereotyping along Multiple Axes	This diverse panel of presenters will examine issues of discrimination and stereotyping across various dimensions in various populations. Topics will address the science linking racism and discrimination to the health of stigmatized and vulnerable populations; policy interventions to address discrimination including promising practices and ongoing national and international dialogue and collaborations; recommendations for further science, policy and practice interventions, including: research gaps, promising practices and policy impact; what has been tried and lessons learned.	Aisha Siddiqui, MPH, Dr.PH (c), University of Texas School of Public Health Post 9/11 Health Disparities for Pakistanis living in the United States	Judith Arroyo, NIAAA and Jennifer Alvidrez, PhD NIMHD
			Jessica Walton, PhD, Univ of Melbourne, Australia Evaluation of a complex place-based initiative to address race-based discrimination	
			Jason Daniel, PhD MPH, University of Iowa, College of Public Health, Department of Community and Behavioral Health Migration age as a moderator of the effects of discrimination stress and social support on heavy drinking for rural Latino men	
			Geoffrey Ream, PhD, Associate Professor, Adelphi University Theory, ideology, practicality, validity, reality: Homeless LGBT youth services' ecological systems	

CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM

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D1-14 Potomac Room 3	Efforts to Address Health Equity within the Department of Veterans Affairs (VA) Health Care System	The Veterans Health Administration (VHA) is uniquely positioned to respond to the congressionally endorsed national mandate to eliminate disparities in health and health care. First, it is the largest integrated health care delivery system in the nation. Second, the VHA provides medical care for an ethnically and racially diverse patient population. Third, the VHA is committed to ensuring the highest quality of health care for all veterans. Fourth, embedded within the VHA's medical mission, to provide quality health care to all veterans, is a social mission—to achieve equity in health care for all veterans. It is well documented that veterans who seek care within the VHA are more likely to be impoverished and less likely to have access to supplemental forms of health insurance than veterans who seek care elsewhere. The standards used to determine veterans' eligibility for health care benefits include personal income. This system of unrestricted access and eligibility for services based on need lessens the influence of income and access to health care as potential confounders of the associations between race/ethnicity and disparities in health and health care. Thus, research that addresses the pressing issues of health disparities within the VHA can more easily focus on identifying other possible mediators of observed disparities. Fifth, the VHA manages the largest medical education and health professional training program in the United States. VA facilities are affiliated with approximately 107 medical schools, 55 dental schools, and more than 1200 other schools across the country. Each year, about 81 000 health professionals are trained in VA medical centers. More than half of the physicians practicing in the United States have had part of their professional education in the VHA system. These training programs help promote the tenet that the education of health care providers must be relevant and culturally sensitive to the priorities of the racial and ethnic minority communities they serve. Thus, VA training programs have tremendous potential to imprint and reinforce these important values in the nation's medical workforce. Finally, the VHA has a strong commitment to research that reinforces its medical mission to provide high-quality health care to veterans, supports its social mission to provide a safety net for vulnerable veterans, and demonstrates its value to the nation as a whole. (Fine, M.; Demakis., Am J Public Health. 2003 October; 93(10): 1622-1624) This panel will address those ongoing efforts to address health equity within the VA health care system.	Marshall Chin MD, Associate Professor of Medicine, Dept. of Medicine, University of Chicago	Marshall Chin MD
			Lisa Red, MSHA, CCDP, Director, Cultural Competency & Communication Office of Health Equity, Veterans Health Administration Impacting Health Equity at the VA	
			Said Ibrahim, M.D., M.P.H., Professor of Medicine, Center for Health Equity Research and Promotion, Philadelphia VA Medical Center	
			Leslie Hausman PhD, Assistant Professor of Medicine, Division of General Internal Medicine, Univ of Pittsburgh Racial and Ethnic Differences in Outpatient Experiences in U.S. Veterans Affairs Medical Centers	
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D1-15 Potomac Room 4	Improving Patient Safety of Limited English Proficient Populations	Approximately 24 million people--8.5% of the U.S. population--are defined as having Limited English Proficiency (LEP). Research suggests that among those who experience medical errors, LEP patients are more likely to be harmed, the harm is more likely to be serious, and the cause of harm is more frequently due to communication errors. With support from AHRQ, the Disparities Solutions Center at Massachusetts General Hospital and Abt Associates conducted research and developed a Hospital Guide and TeamSTEPPS® LEP Training Module so hospitals can better identify and prevent medical errors in LEP patients. The Hospital Guide and TeamSTEPPS Module were developed using a mixed methods approach that included: 1) qualitative interviews with frontline staff and leadership at three hospitals; 2) an interpreter patient safety pilot (interpreters were asked to document patient safety issues they witnessed); and 3) a Town Hall meeting with key leaders in patient safety to identify best practices for preventing, reporting, and documenting medical errors for LEP patients. Hospital Guide Key components of the Hospital Guide include: 1) common causes of medical errors for LEP patients; 2) high risk scenarios for LEP patients; 3) role of behaviors and communication in medical errors for LEP patients; and 4) strategies to better identify and prevent medical errors in LEP patients. Validation of the Hospital Guide included key informant interviews with leaders in quality and safety at nine hospitals across the country. Team STEPPS LEP Training Module TeamSTEPPS is a training program designed to improve the quality, safety and efficiency of health care through improved team communication and includes videos, a slide presentation and structured communication tools and exercises. The TeamSTEPPS LEP Module brings culturally and linguistically appropriate services into the mainstream patient safety effort by showing how team-based patient safety approaches can be adapted to meet the needs of linguistically and culturally diverse patients. Panel Presentation This panel will bring together science, policy and practice focusing on eliminating disparities in patient safety, as the Hospital Guide and TeamSTEPPS® LEP training module provide guidance and action-oriented tools for hospitals to address safety issues for LEP patients.	Leo S. Morales, MD, PhD, MPH, Physician Investigator, Group Health Research Institute and University of Washington, Associate Professor of Health Services at the University of Washington, Disparities in Chronic Illness Care in Patients with Limited English Proficiency	Dorothy Castille PhD, NIMHD
			Cindy Brach, MPP, Agency for Healthcare Research and Policy Improving Safety for Patients with Limited English Proficiency: A TeamSTEPPS training module and Hospital Guide.	
			Suzanne Mitchell, MD, MS, Boston University School of Medicine The Re-Engineered Discharge for Hospitals Serving Diverse Populations	
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D1-16 Chesapeake Room 4	10 Years Later: Lessons Learned in a Community Based Rheumatology Clinic with an Underserved Patient Population	Using the National Institute for Arthritis and Musculoskeletal, and Skin Diseases (NIAMS) Community Health Center (CHC) as an example, to report on lessons learned after ten years of practice and to inform future research and community outreach opportunities. Founded by the NIAMS and Washington, D.C. area community stakeholders, the CHC conducts health disparities research in rheumatic diseases by providing specialty care to a traditionally underserved patient population, mainly uninsured, young Black and Hispanic women. The clinical research conducted at the CHC helps the NIAMS better understand diseases such as rheumatoid arthritis, lupus, and scleroderma, and gain insights about why many of these diseases affect people in certain minority communities more severely and more frequently.	Barbara Mittleman, MD, Director, Program on Public-Private Partnerships NIH Office of the Director/Office of Science Policy/Office of Science Policy Analysis Overview on steps to implement partnership programs between underserved communities and the research community.	Barbara Mittleman MD, Public Private Partnerships, National Institutes of Health
			Gwen Wallen, RN, PhD Chief of Nursing Research and Translational Science/National Institutes of Health, Clinical Center. Conducting Clinical Research in Health Disparities in Patients with Rheumatic Diseases	
			Alice Fike, MSN Nurse Practitioner, NIAMS CHC Overview	
			Melba Pizarro-Unda and John R. Rogers Patient perspective on participating in a community based clinical research center.	
			Freddie A. Brown Sr, Foundation for Advance Education in the Sciences (FAES)	

**CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM**

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D1-17 Baltimore Room 2	BioEMPaCT Consortium. Enhancing Minority Participation in Clinical Trials (EMPaCT): A National Approach to Overcoming Minority Participation Barriers through Educational and Interventional Approaches	The panel will review research results from a NIMHD-funded cooperative agreement of the regionally-based, national in scope EMPaCT Consortium in identifying barriers to minority participation at the patient, institutional and system level. Following this review, the panel will discuss efforts to address these barriers using two strategies: a) education and training of investigators, research staff, referring physicians and patient navigators and b) intervention through patient navigation, community engagement and clinical trial support.	Moon Chen, PhD, MPH, University of California, Davis, The Case for Enhancing Minority Participation in Clinical Trials	Selwyn M. Vickers, M.D. Jay Philips Professor and Chair, Department of Surgery, University of Minnesota Associate Director, Masonic Cancer Center
			Jennifer Wenzel, PhD, RN, CCM Johns Hopkins University School of Nursing, School of Medicine/Oncology Patient Perceptions Regarding Clinical Trials	
			Raegan Durant, M.D., M.P.H. Associate Professor, Department of Medicine, Division of Preventive Medicine, University of Alabama at Birmingham Barriers to Clinical Trial Entry: Results from Qualitative Assessment of Cancer Center Key Stakeholders	
			Thelma Hurd, M.D. Associate Professor of Surgery, UT Health Sciences Center at San Antonio Navigating Community Participation and Engagement	
			Rahel Ghebre, M.D. M.P.H. University of Minnesota Patient Navigation in the Clinical Trial Recruitment Process	
			Raegen Durant, M.D. MPH, Assistant Professor of Medicine, University of Alabama at Birmingham Barriers to Clinical Trial Entry: Results from Qualitative Assessment of Cancer Center Key Stakeholders	

TRACK TWO - CAPACITY-BUILDING AND INFRASTRUCTURE

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
D2-20 Baltimore Room 4	A National Model for Enhancing Minority Behavioral Health Professionals to Address the Needs of Underserved People and Places: A Focus on Outcomes	The Minority Fellowship Program (MFP) is a Substance Abuse and Mental Health Services Administration (SAMHSA) supported initiative that is designed to increase the number and leadership presence of minorities in behavioral health with doctoral degrees. Five different professional groups comprise the Fellowship consortium. A brief history, the model, and outcome data will be presented about the five disciplines: Marriage and Family Therapy, Nursing, Psychology, Psychiatry, and Social Work. Included in the presentation will be specific evidence-based strategies used for innovative recruiting, for negotiating with universities, and for assuring that the Fellows will graduate with their terminal degrees. The program model stresses interdisciplinary learning. Highlighted in the presentation are the "Signature Strategies and Outcomes" that are associated with each of the five disciplines. In addition, opportunities for interdisciplinary learning through the use of technology are discussed as recent additions to our knowledge and skills acquisition tool boxes. For example, we will discuss the use of virtual work rooms, video casting, instant messaging, teleconferencing, and email communications. The presentation will conclude with an overview of outcome data from graduates of the five programs during the first decade of the 21st Century. Qualitative and quantitative data are used to explain the program outcomes, and to generate future goals and objectives that help to assure its sustainability. Directors from the five programs will present the highlights and include variables such as (1) challenges and barriers to educating minority behavioral health professionals; (2) issues regarding recruitment and retention; (3) working with colleges and universities; (4) research generation and dissemination from Fellows' work; (5) leadership positions attained and contributions to the field; and (6) developing pipelines for educating the next generation of minority behavioral health professionals. Quantitative data will be used to depict program outcomes and to project future trends and patterns for the MFP.	Faye Gary RN EdD American Nurses Association	Faye A. Gary EdD, American Nurses Association LCDR Tracy Branch, MPAS, PA-C , U.S. Public Health Service, Public Health Advisor, U.S. Department of Health & Human Services Office of Minority Health,
			Annelle Primm MD MPH, American Psychiatric Association	
			Andrew Austin-Dailey MDiv MS, Director, Minority Fellowship Program, American Psychological Association	
			Geraldine Meeks PhD LCSW, Council on Social Work Education	
			David Bergman JD, Vice President of Legal and External Affairs, Chief Legal Officer, National Board for Certified Counselors, Inc. and Affiliates	
			Shomari Whittaker, Program Manager, American Association for Marriage and Family Therapy	

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D2-21 Potomac Room 5	Use of a Community-University Partnership to Address Environmental Injustice, Public Health, and Revitalization Issues in North Charleston, South Carolina	The Charleston Area Pollution Prevention Partnership (CAPs) was established through a community-university partnership between the Low-Country Alliance for Model Communities (LAMC), the University of South Carolina (USC), and the University of Maryland at College Park (UMD). Panelist will discuss 1) the use of CBPR and the science aspects of the project including results of soil sampling, air monitoring, and GIS mapping of burden and exposure disparities in the Charleston MSA. This will include the policy implications of this work in helping with revitalization efforts in underserved EJ communities in the region. 2) the community-university partnership from the perspective of LAMC including challenges, issues, impact including capacity building and empowerment, lessons learned, and best practices. This will include sustainability efforts with the implementation of the CPS structure and establishment of the CCRAB as a body to implement environmental health solutions and interventions in the community, and 3) the CBPR practice, implementation of a strong community engagement plan, and the utility of CBPR in training community members impacted by environmental injustice and environmental health disparities.	Sacoby Wilson PhD, Assistant Professor, University of Maryland Scientific perspectives and policy implications of the revitalization efforts in underserved EJ communities	Roslyn Holliday Moore, Substance Abuse and Mental Health Services Administration (SAMHSA)
			Dayna Campbell, University of South Carolina	
			Herbert Fraser-Rahim, Community Principal Investigator, Low Country Alliance for Model Communities Health Disparities in North Charleston, South Carolina	

**CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM**

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D2-22 Woodrow Wilson D	Measurement of disparities reduction in HHS Strategic Plans	The Department of Health and Human Services has released many strategic plans that have the elimination of health disparities as an overall purpose or goal. Data to track progress on strategic plan implementation and success achieving goals is vital. This session will provide an overview of select HHS Strategic plans and data elements to measure strategy impact. This session will also highlight the synergistic effect of the strategic plans to move towards a nation free of disparities in health and healthcare.	Mary Beth Bigley DrPH, MSN, ANP, Director, Division of Science of Communications, OASH/OSG/HHS National Prevention Strategy	Sarah Potter, ASPE
			Rashida Dorsey, PhD, Acting Director, Office of Policy and Data, Office of Minority Health, OASH Measurement in the HHS Disparities Action Plan	
			Yen, Luong, MPH, Public Health Fellow, HHS Environmental Justice Plan	
			Rebecca Hines, MHS, Chief of Health Promotion Statistics Branch, Centers for Disease Control and Prevention (CDC)	
			Timothy Harrison PhD, Program Staff Specialist, Office of HIV/AIDS Policy, Office of Public Health and Science, Office of the Secretary National HIV/AIDS Strategy	
TRACK THREE - OUTREACH, PARTNERSHIPS, COLLABORATIONS AND OPPORTUNITIES				
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D3-23 Baltimore Room 3	Mobilizing Partnerships and Resources to Address Homelessness: Innovative Initiatives	There are various social, economic and environmental factors that result in homelessness. Chronic homelessness is also linked to the significant gap between the minimum wage and a living wage. A number of agencies are working in collaboration to provide support services, and establish public-private partnerships around issues of homelessness. This panel will address some of the successful strategies, and provide further research needs for policy implementation.	Nicole Gaskin-Laniyan PhD, DCSW, Homeless Programs Branch, Center for Mental Health Services, SAMHSA Serving people experiencing chronic homelessness: the Substance Abuse and Mental Health Services Administration	Leonard Egede MD, Associate Professor, Morehouse School of Medicine and Mitra Ahadpour, M.D., M.P.H., Office of Strategic Planning, Legislation, and Science Policy, National Institute on Minority Health and Health Disparities (NIMHD), NIH
			Barbara Poppe - Executive Director of the United States Interagency Council on Homelessness	
			Jim O'Connell, MD, President, Boston Health Care for the Homeless Program	
			Thomas P. O'Toole, MD, Director, National Homeless Veterans PACT Program, Department of Veterans Affairs, Providence VA Medical Center	
ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
D3-24 Potomac Ballroom	Models, Measures, and Metrics of Community-Based Participatory Research	This panel will present models of successful partnerships within communities to engage and promote wellness, healthy environments, and address health disparities. Presenters will provide various measures and metrics including those innovative partnerships that were shown can be effective in the community-based participatory research.	Barbara Israel, DrPH, Professor, University of Michigan Expanding Community-Based Participatory Research Partnerships through Capacity Building and Infrastructure Support: The Detroit Community-Academic Urban Research Center	Trinidad Tellez MD, Director, Office of Minority Health & Refugee Affairs New Hampshire Department of Health and Human Services and LCDR Aaron Chen, U.S. Food and Drug Administration
			Bonnie Duran Dr.PH, Associate Professor, Department of Health Services, University of Washington School of Public Health	
			Michael F. Dulin, MD, PhD, Director of Research and Vice Chair of the Department of Family Medicine. University of North Carolina, Executive Director, R. Stuart Dickson Institute for Health Studies CBPR Evaluation: From Process Assessment to Geospatial Modeling	
			Russell Glasgow PhD, Deputy Director, Implementation Science, DCCPS, National Cancer Institute Models for Broad Scale Dissemination of Effective Interventions	

**CONCURRENT SESSION D
TUESDAY DECEMBER 18TH 2012
8:00 AM - 9:30 AM**

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
D3-25 National Harbor 4/5	Institute of Medicine (IOM) Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities: Contributions and Lessons Learned	<p>The Roundtable (RT) was created in order to advance understanding and knowledge of health disparities and health equity, while also highlighting research gaps in this area. Discussion: The Institute of Medicine (IOM) created the RT in 2007 in order to spotlight the poor health outcomes experienced by this country's most vulnerable populations, usually comprised of racial/ethnic minorities, as compared to the majority population. The RT has held 12 workshops across the country bringing together staff from federal agencies, staff from local health departments, community organizations, private industry, and philanthropic organizations (all having an interest in addressing issues surrounding health equity and health disparities). These workshops serve as a neutral meeting ground where stakeholders from various geographic areas can engage in dialogue, ultimately leading to actionable items. Policy and Practice. The RT's message and work has affected the field leading to policy change and forging new collaborations. For example, HHS and Walgreens provided flu vaccines vouchers to hard to reach populations; Missouri Foundation for Health is incorporating the work of the RT in their decision making about local grants; and the National Alliance for Health Equity was formed by two RT members to promote the welfare, quality treatment, and improve access to healthcare for vulnerable populations. Research. The RT has commissioned research papers on various topics relating to disparities and inequalities in health, clinical care, safety, and life expectancy. The papers are used to inform RT members and frame discussions with experts. In addition, the IOM supports RT members as they develop discussion papers on various health disparities topics that can serve as a reference to inform policymakers in their decision making. Conclusion: The growing health disparities for vulnerable populations are seen across a number of chronic non-communicable diseases, resulting in higher morbidity and mortality as compared to their white non-Hispanic counterparts. Research has shown social and environmental inequalities also contribute to poor health outcomes experienced by those populations. Social and environmental determinants as well as systemic policies that contribute to poor health outcomes among the most vulnerable populations will affect their possible economic and social opportunities. The ongoing demographic changes mean that in the near future, racial/ethnic minorities will be the majority in this country; meaning that in the near future the majority in this country will be affected by disparities and inequalities in health. The RT's work will assist in tackling those challenges by continuing to elucidate new strategies to address health disparities and promote health equity; and to forge new relationships that can result in innovative solutions.</p>	<p style="text-align: center;">Avril Melissa Houston, MD, MPH Office of Health Equity/Office of Special Health Affairs</p>	CAPT. Joannie Shen, MD, MPH, PhD, Medical Officer, National Center for Environmental Health, CDC
			<p style="text-align: center;">Alejandra Martin, MPH, Institute of Medicine</p> <p style="text-align: center;">Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities—History, Background, Products</p>	
			<p style="text-align: center;">Pattie Tucker, DrPH, MPH, Centers for Disease Control and Prevention</p>	
D3-26 Potomac Room 6	Developing and Implementing the 2012 HHS Environmental Justice Strategy: The Importance of Stakeholder Engagement	<p>"A nation that equitably promotes healthy community environments and protects the health of all people" is the vision of the 2012 Department of Health and Human Services (HHS) Environmental Justice (EJ) Strategy and Implementation Plan. Recognizing that disproportionate exposure to environmental hazards with negative health effects persists in minority and low-income populations and Indian tribes, HHS developed the Strategy with input from multiple stakeholders. Such community engagement was central to the development of the four elements of the Strategy, which are the following: 1) policy development and dissemination, 2) education and training, 3) research and data collection, analysis, and utilization, and 4) services. Outlined within these elements are actions that promote and advance research and training that will inform policies to improve health among EJ communities. Similar to its development, the Strategy is being implemented with stakeholder input to enhance HHS efforts that help reduce environmental and health disparities among communities across the nation. Stakeholder engagement includes active solicitation and consideration of community concerns and discussion of best practices and model programs that promote collaborations to resolve ongoing and/or emerging EJ issues. The Strategy builds on HHS's commitment to disease prevention and health promotion and to reducing racial and ethnic health disparities. This integrated panel presentation will highlight key actions outlined in the Strategy, the process by which it was developed, and the actions moving forward. Presenters will focus on approaches to strengthen the application of health and environmental statutes and integrate the concept of EJ into programs across the HHS so its workforce may better serve EJ communities, strengthen research and advance data collection related to the health and wellbeing of people living in EJ communities, and improve access to and quality of care and services in EJ communities. In addition, the discussants will describe progress on implementation steps to date and stakeholder feedback during a recent EJ Strategy and Implementation meeting in North Carolina. Building on this stakeholder input opportunity, the panelists will also invite and consider input about implementing the Strategy from participants at the Summit on the Science of Eliminating Health Disparities.</p>	<p style="text-align: center;">Sandra Howard, BA, U.S. Department of Health and Human Services</p>	Sandra Howard, HHS
			<p style="text-align: center;">Joseph Hughes Jr., MPH National Institute of Environmental Health Sciences</p>	
			<p style="text-align: center;">Edward Pfister, MSPH, RS U.S. Department of Health and Human Services</p>	
			<p style="text-align: center;">LaToria Whitehead, PhD, MPH, Environmental Justice Officer ATSDR/NCEH, Centers for Disease Control and Prevention</p>	
			<p style="text-align: center;">Liam O'Fallon, MA National Institute of Environmental Health Sciences</p>	
D2-27 Annapolis Room 3	Highways to Health: A Land Revitalization Framework for Community Health Collaborations	<p>Researchers have documented the many health disparities in health outcome and access to care facing many racial, ethnic and impoverished populations in the United States. Brownfield communities are blighted areas where closed or abandoned gas stations, mines, industrial, commercial, and residential properties with known or suspected environmental contamination cannot be redeveloped due to fear or real or perceived environmental liability. Environmental justice demands that we identify and address environmental health threats in brownfield communities and focus on community health where broader health, rather than site-specific issues of concern, contributes to disparities in exposure and adverse health outcomes. Whether contaminated with lead paint and asbestos, pesticides or abandoned fuel tanks or transformers at levels above or below those that pose health risks, these vacant properties pose problems for residents and neighbors, often minority and low-income communities experiencing health challenges such as asthma as well as other cumulative stresses. They also represent opportunities to revitalize neighborhoods to create healthier futures. Since launched in the 1990s, the U.S. Environmental Protection Agency (EPA) has awarded over \$1.2 billion in grants to assess and clean brownfields. These grants have leveraged close to \$20 billion in additional investment for cleanup, infrastructure investment and redevelopment to meet the community vision and reinvigorated entire neighborhoods with parks, affordable housing, community health clinics, supermarkets or gardens, and new mixed use, commercial or industrial sustainable reuse. Since 2006, EPA has been working nationally with community and local leaders, state, federal, and tribal partners to highlight how brownfields revitalization can improve public health by reducing exposures to environmental health threats and creating healthier communities. Our increasing emphasis on community involvement, visioning and assessment and cleanup provides a new lens and process to focus and address both environmental and broader public health issues and health disparities in the revitalization process in underserved areas. This panel will introduce health disparities researchers and practitioners to the brownfield and land revitalization community improving public health site and one community at a time, nationwide. We will introduce practitioners to the EPA brownfields grant program, partners and highlight a range of community examples focusing on improving public health through access to health care and other services, like food, as approaches to improve public health, the environment and to strengthen local communities through community driven activities and approaches.</p>	<p style="text-align: center;">Ed Johnson, Urban Development Manager, City of Tampa, Economic and Urban Development Department</p>	Ann Carroll, U.S. Environmental Protection Agency
			<p style="text-align: center;">Erik R Svendsen, PhD, Associate Professor, Tulane University School of Public Health and Tropical Medicine</p>	
			<p style="text-align: center;">Leann Bing, ATSDR Regional Representative, Agency for Toxic Substances and Disease Registry (ATSDR)</p>	
			<p style="text-align: center;">Steven McNeely, US EPA, Office of Underground Storage Tanks</p>	