

**CONCURRENT SESSION C**  
**MONDAY DECEMBER 17TH, 2012**  
**5:00 PM - 6:30 PM**

**TRACK ONE - TRANSLATIONAL AND TRANSDISCIPLINARY RESEARCH**

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C1-01 National Harbor 12/13	Place Matters for Health: Using Locally-Tailored Community Health Equity Reports to Compel Action to Eliminate Health Inequities	Panel presentation and discussion will illustrate how locally-tailored Community Health Equity Reports (CHERS) can illuminate the relationship between place and health, and point to policy solutions that reduce the concentration of health risks in communities of color. The CHERs revealed striking inequality in health status based on neighborhood. For example, different census tracts within the same county and different zip codes in the same state had variations in life-expectancy over 20 years. Communities that have the poorest health generally have higher concentrations of poverty and are highly segregated on the basis of race and ethnicity. These reports also assess the relationship between social, economic, and environmental conditions in these communities and the health status of residents. The reports uncover a number of environmental justice concerns as certain populations are at higher risk for environmental exposures that have negative health outcomes. Each report also reviews relevant literature to identify evidence-based strategies to improve neighborhood-level social, economic, and environmental conditions that shape health. This panel presentation will feature the researchers who compiled and analyzed the data, as well as PLACE MATTERS' community partners who identified key research questions and are using the reports to raise awareness of geographic inequities and push for policy solutions.	Andre Perry, Ph.D. Associate Director, Loyola Institute for Quality and Equity in Education	Jermene Bond PhD and Brian Smedley PhD, Joint Center for Economic and Political Studies
			Cassandra Joubert, Sc.D. Director and Professor, California State University, Fresno	
			Daniel Block, PhD, Professor of Geography and Director of the Neighborhood Assistance Center, Chicago State University	
			Brian Smedley, PhD, Vice President and Director, Health Policy Institute, Joint Center for Political and Economic Studies	
			Amber Haley MPH and Steven Woolf MD MPH, Virginia Commonwealth University	
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C1-02 Annapolis Room 1	Historical trauma and contemporary health: Learning from Native Americans, Alaska Natives, and Native Hawaiians	Expert panelists will address research that links historical trauma with the contemporary health of Native Americans, Alaska Natives, and Native Hawaiians. Panelists also will provide diverse clinical experiences about the connections among history, cultural disruption, community welfare, individual health and well-being within diverse Native communities. Presentations will focus on historical trauma, cultural disruption, and its impact on the health of Alaska Natives, Urban Indians, and Native Hawaiians. Presentations will highlight important current research and the success of revitalizing Native culture to improve health outcomes.	Ted Mala, M.D., Director of Traditional Healing, Southcentral Foundation, Anchorage, AK. Historical trauma, cultural disruption, and its impact on the health of Alaska Natives.	Robert A. Logan Ph.D., Senior staff, U.S. National Library of Medicine
			Marjorie Mau M.D., Professor of Medicine, John A. Burns School of Medicine, University of Hawaii-Manoa. Historical trauma, cultural disruption, and its impact on the health of Native Hawaiians.	
			Benjamin Young M.D. Professor Emeritus, Native Hawaiian Center of Excellence, John A. Burns School of Medicine, University of Hawaii-Manoa. Historical trauma, revitalization of Native culture, and its therapeutic impact on health.	
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C2-03 Baltimore Room 2	Resource Centers for Minority Aging Research: Building Capacity to Address Health Disparities of Older Adults <sup>1</sup> .	Since 1996, The National Institute on Aging (NIA) Resource Centers for Minority Aging Research (RCMARs) have become an NIH-wide model of mentoring minority researchers. RCMAR centers have mentored some 230 junior faculty from underrepresented racial and ethnic groups, referred to as "RCMAR Scholars". RCMAR supported researchers have published over 4,200 refereed journal articles and book chapters, and built a national network of Scholars with expertise in minority aging. RCMAR Scholars have also received over 25 minority supplements from the NIA. In a recent survey, over 90% of RCMAR Scholars reported that RCMAR mentoring contributed to their careers, including research skill building, budget development, participation in seminars, and career advice (Wallace, et al. 2005). One of the most important RCMAR experiences many of the junior Scholars report has been developing professional networks. The panelists are leaders from a number of the RCMAR Centers' who will provide an overview of the mentoring program models utilized at their Centers and examples of the research work undertaken by the scholars	Richard M. Allman, MD, Director, Deep South RCMAR University of Alabama at Birmingham Deep South Resource Center for Minority Aging Research	Janet C. Frank, DrPH, RCMAR Coordinating Center, University of California, Los Angeles
			Carmen R. Green, MD, Professor of Anesthesiology, Professor of Obstetrics and Gynecology, Professor of Health Management and Policy, University of Michigan Michigan Center for Urban African American Aging Research	
			Denise Dillard, PhD, Research Director, Southcentral Foundation Mental Health Service Center, Anchorage, AK Native Elder Research Center	
			Carol M. Mangione, MD, MSPH, Professor of Medicine and Health Services Research, University of California, Los Angeles Center for Health Improvement for Minority Elders	
			Sergio Aguilar-Gaxiola MD PhD, Director, UC Davis Center for Reducing Health Disparities, Professor of Clinical Internal Medicine, University of California, Davis	
			Keith C. Norris, MD, University of California, Los Angeles Center for Health Improvement for Minority Elders	
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C1-04 Woodrow Wilson A	The Science of Eliminating Obesity and Related Health Disparities	Panelists discuss the state of the science on obesity, current research, and related health disparities. Presentations will focus on the following topics: 1) food insecurity and obesity among residents of low-income housing; 2) the effects of a five week multi-level obesity prevention intervention for middle school students; 3) a cognitive behavioral therapy intervention to treat binge eating in Latinas; 4) an assessment of treatment related disparities among racially and ethnically diverse patients receiving care at federally supported health centers; and 5) the role of segregation and supermarket availability in racial disparities in obesity among women.	Reginald Tucker-Seeley ScD, Research Associate, Dana-Farber Cancer Institute, Food insecurity and obesity among residents in low-income housing	Shelia McClure PhD, Program Director, National Institute on Minority Health and Health Disparities and LT Henry Allen, U.S. Food and Drug Administration (FDA)
			Laura M. Bogart PhD, Associate Professor in Pediatrics, Boston Children's Hospital / Harvard Medical School Effects of SNaX, an Obesity Prevention Intervention for Middle School Students	
			Fary Cachelin, PhD, Professor and Chair of Psychology University of North Carolina at Charlotte CBT-based Guided Self-Help Program to Treat Binge Eating in Latinas	
			Quyen Ngo-Metzger, MD MPH, Chief, Data Branch, Health Resources and Services Administration Overweight/Obesity and Weight-Related Treatment among Racially and Ethnically Diverse Patients in Federally Supported Health Centers	
			Kelly Bower PhD, RN, Instructor, Johns Hopkins University Racial Disparities in Obesity Among Women: The Role of Segregation and Supermarket Availability	

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C1-05 Annapolis Room 2	A New Methodology for Translating Evidence-Based Obesity Prevention Strategies for Youth and Young Adults with Disabilities from diverse Race/Ethnic Backgrounds	Obesity is a significant health disparity among youths and adults with disabilities. While dozens of evidence-based programs have been established in obesity prevention and management for non-disabled populations, these programs are typically not applicable to youths and young adults with disabilities because they are excluded from the original research protocols. There is a strong need to identify successful strategies for preventing or minimizing obesity in youths and young adults with disabilities, but developing an equivalent level of evidenced-based research on this population would take many years and be cost prohibitive. Therefore, we have developed a hybrid set of methods modeled after the Guidelines International Network ADAPTE framework (G-I-N) to establish promising adaptations for existing evidence-based obesity reduction programs targeting youths and young adults with disabilities. The methodology consists of : a) an expert panel of nationally recognized authorities in disability and key content areas; b) a systematic review of published and grey literature to identify potential core elements of successful adaptations that can be translated into community-based practices and programs; c) focus groups with family members and youth/young adults with disabilities to identify novel recommendations; and d) a web-based portal for obtaining national stakeholder input. These methods are applied iteratively over the course of the project concluding with a formal vote by the expert panel on a list of inclusion strategies applicable to our target disability groups. The methods and criteria established in this project are a cost-effective, systematic approach for ensuring that evidence- and practice-based health disparity programs have rigorous inclusion strategies that promote access and uptake by youths and young adults with disabilities. Results will be shared with early adopters (e.g., key stakeholders and federal agencies, so that the diffusion of new knowledge can rapidly influence the expansion of health disparities research, policy, and practice for disability populations.	James H. Rimmer, Ph.D, Professor Lakeshore Foundation Endowed Chair in Health Promotion and Rehabilitation Sciences Director of UAB-Lakeshore Foundation Research Collaborative	Margaret Campbell PhD, Senior Scientist for Planning and Policy Support, National Institute on Disability and Rehabilitation Research, Dept. of Education
			Linda Bandini, Ph.D, RD, Associate Professor, University of Massachusetts Medical School	
			Yolanda Suarez Balcazar, Ph.D, Professor and Head, Department of Occupational Therapy, University of Illinois at Chicago	
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C1-06 Woodrow Wilson D	Implementation of the National HIV/AIDS Strategy	Panelists will discuss the current science and policy of the HIV/AIDS epidemic in the United States and the implementation of a national level strategy. Presentations will focus on the following topics: 1) trends in the epidemic and prevention in high-risk groups; 2) policy questions as we move forward; 3) the HIV workforce providing care for underserved populations; and 4) the social determinants of HIV risk and community capacity building.	Ron Valdiserri MD, MPH, Office of the Assistant Secretary of Health (OASH), Implementation of the National HIV/AIDS Strategy: A Path to Improving Minority Health	Ron Valdiserri, MD MPH, Dept. of Health and Human Services and Nathan Stinson PhD MD NIMHD, NIH
			Donna H. McCree, PhD, MPH, RPH, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention/ CDC Trends in the epidemic; prevention in high-risk groups	
			Lynn Rothberg Wegman, MPA, Acting Director, Division of Policy and Data, HIV/AIDS Bureau, Health Resources and Services Administration, HIV workforce; care delivery for underserved populations	
			Frances AsheGoins, RN, MPH, Deputy Director, DHHS/Office of Women's Health, Social determinants and HIV risk; community capacity building	
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C1-07 Potomac Room 1	Reducing Health Disparities for Women Veterans: Engaging Diverse Disciplines in Science, Practice and Policy	In the last decade, the number of women veterans who use the VHA has doubled. Approximately 80% of women veterans have had at least one yearly primary care visit at a VA facility and about 40% have attended a women's health clinic at least once. Compared to men, the population of women veterans is significantly younger, 42% of women are less than 45 years old in contrast to only 12% of men. In addition, a higher proportion of female veterans have a service-connected disability, 55% compared to 41% of men. This integrated panel will describe the state of the science, research gaps, and programmatic needs for improving health care of women veterans. A multidisciplinary panel of clinicians and researchers will describe key research priorities and a new government-academic partnership for addressing disparities in disease management and care access. Science, practice and policy issues will be emphasized. Key findings from the first national report on the health status and care needs of returning Iraq women vets; special needs of LGBT women in the military and VA will be highlighted. Practice recommendations to improve access and quality of care for women veterans as they age will be presented. The policy implications of recent changes to VA policies will be discussed. Lessons learned from two national studies of aging women's health in ethnic minorities (WHI and SWAN) will be examined to inform future strategies for reducing military women's health disparities.	Nancy Ream BSN, MSN, PhD, FAAN, Professor of Nursing, Columbia University	Linda Lipson MA, Women's Health, Equity and Access, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs
			Kristin Mattocks, PhD, MPH, Associate Chief of Staff/Research, VA Central Western Massachusetts Healthcare System	
			Silvina Levis MD, Professor of Medicine, University of Miami Miller School of Medicine and Geriatric Research	
			Jillian Shipherd, PhD, LGBT Program Coordinator, Patient Care Services, VA Central Office, Dept. of Veterans Affairs	
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C1-08 Potomac Room 2	The Economic and Public Health Burden of Global Tobacco Use: Current issues and Lessons learned in Curbing the Epidemic	Tobacco use is a leading cause of poor health outcomes. This session will focus on the health disparities related to global tobacco use and interventions that show promise to eliminate these disparities. Presentations will be on the following topics: 1) an overview of smoking and health; 2) working toward policy change with Native American communities and tribal governments; 3) lessons learned from a faith-based smoking cessation intervention in rural Appalachian Kentucky; 4) assessing tobacco point of sale advertising across a diverse urban landscape using mobile technology; 5) the role of family routines in second hand smoke exposure in children; and 6) the APPEAL Leadership model, a community based intervention to build capacity and move toward policy change.	Patricia Nez Henderson MD, Vice President, Black Hills Center for American Indian Health	Jasjit Ahluwalia MD MPH, University of Minnesota  and  Donna Rojas, Montgomery County Tobacco Use Prevention and Cessation Program
			Jennifer Cantrell, DrPH, Assistant Director, Research and Evaluation, Legacy Foundation Assessing tobacco advertising across a diverse urban landscape using mobile technology	
			Marissa Hilliard, PhD, Research Associate, Johns Hopkins University How family routines relate to children's secondhand smoke exposure	
			Rod Lew, MPH, Executive Director, Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) The APPEAL Leadership Model : Building Capacity and Moving Diverse Communities toward Policy Change to Eliminate Tobacco and Other Health Disparities	

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C1-09 Baltimore Room 4	The Hidden Toll of Occupational Health Disparities	Occupational status, a core component of socioeconomic status, plays a central role in the material and social well-being of the estimated 153 million workers in the U.S. civilian labor force in 2012. While employment contributes positively to the physical and psychological health of many, millions of workers each year suffer work-related injuries, illnesses and sometimes death. According to the U.S. Bureau of Labor Statistics (BLS), in 2010, approximately 3.1 million workers in private industry and 820,000 in state and local government experienced a nonfatal occupational injury or illness. An additional 4,547 U.S. workers died from occupational injuries. Workplace injury illnesses and deaths are estimated to cost our economy at least \$250 billion annually. Identifying disparities in work-related injury and illness rates can help target prevention efforts. When work-related health disparities are also associated with social disadvantage, improving workplace safety and health can be part of a comprehensive program to improve health equity. In September 2011, the first national conference on occupational health and safety disparities brought together researchers and community partners from multiple disciplines and perspectives to address the social, cultural, and economic factors related to work that create and perpetuate disparities. In this session, representatives from five conference white papers will summarize the discussion and recommendation from the conference on the following topics: 1) Work Organization. This paper will address the impact of work organization on occupational health disparities, especially the effects of contingent work, forced overtime, downsizing, contracting out, etc., leading to increased job insecurity/instability. 2) Workplace Injustice: Discrimination, Abuse, and Harassment. The white paper will present the state of the evidence for relationships between work-related injustices and health outcomes and explore how they may lead to health disparities among workers. 3) Approaches to Education and Training. The paper will focus on effective and promising solutions to meeting the unique challenges of conducting education and training with worker populations experiencing disparities. 4) The Health of the Low-income Workforce: Integrating Public Health and Occupational Health Approaches. This paper will examine the barriers, successes, and opportunities for better integrating occupational health and public health infrastructure with a focus on programs that target low-income communities and workplaces. 5) The Effects of Social, Economic, and Labor Policies on Occupational Health Disparities. This session will explore the breadth of policies (social, economic, or labor) that influence disparities, develop case studies focusing on the effects of specific policies on health inequities for workers as well as employers, and offer examples of how policies could be modernized.	Jeffrey Johnson, PhD., Professor and Director, Office of Global Health, University of Maryland Work Organization and Occupational Health Disparities	Sharon Beard, MS, Industrial Hygienist, NIEHS and Leslie Nickels, PhD National Institute for Occupational Safety and Health
			Kerry Souza, ScD, MPH, Epidemiologist, National Institute for Occupational Safety and Health, CDC Workplace Injustice: Discrimination, Abuse, and Harassment	
			Deborah Weinstock, MS, Director, National Clearinghouse for Worker Safety and Health Training Approaches to Education and Training	
			Amy K. Liebman, MPA, MA, Director of Environmental and Occupational Health, Migrant Clinicians Network, Inc.	
			Elizabeth Borkowski, PhD, Research Associate, George Washington University School of Public Health The Effects of Social, Economic, and Labor Policies on Occupational Health Disparities	
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C1-10 Annapolis Room 3	Disproportionate Minority Contact in the Juvenile Justice System: Research on The Causes and Correlates of Delinquency	Numerous research studies document the degree to which an individual's race and ethnicity impacts decision making in the juvenile justice system. National level data reveal that disproportionate minority contact (DMC), defined as the contact at any point, within the juvenile justice system - from juvenile arrests, to referrals to court, formal processing by courts, residential placement or admitting to state prison - is evident. Several explanations have been provided for DMC, including racial bias, individual-level risk factors for delinquency, demographic variables, all correlated with race, and social environment, such as including coming from dysfunctional homes. This panel will examine and discuss the reasons and correlates of delinquency, including research and policy recommendations for action.	Karen Shaban, MSW, Strategic Project Manager, Fairfax County government The Story Behind the Numbers: Discovering Cross-System Contributors to Disproportionate Minority Contact for African American and Latino Youth	Harvey Schwartz, PhD AHRQ and CAPT. Beverly Dandridge, FNP, MSN, CCHP, MSA JS; Dept of Homeland Security
			Kristen Weber JD, Senior Associate, The Center for the Study of Social Policy Addressing Racial Disparity in the Fairfax County JFK System	
			Katherine Williams, PhD, Director of Research and Development, Fairfax County Juvenile and Domestic Relations District Court The Story Behind the Numbers: Discovering Cross-System Contributors to Disproportionate Minority Contact for African American and Latino Youth	
			Dewey Cornell, PhD, Forensic Clinical Psychologist and Professor of Education in the Curry School of Education at the University of Virginia Juvenile Justice begins at School	
			Katrina Debnam, Research Associate, Johns Hopkins University Double Check: A Model for Decreasing Disproportionality In School Discipline and Increasing Student Engagement	
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C1-11 National Harbor 4/5	"How is Racism Operating Here?" Sampler of policy and program interventions	Racism has been defined as a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), which unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. The mechanisms of institutionalized racism (and of other systems of structured inequity) are in our structures (the "who," "what," "when," and "where" of decision-making), policies (the written "how" of decision-making), practices and norms (the unwritten "how" of decision-making), and values (the "why" of decision-making). Objectives of this panel are to 1) present a sampler of policy and program interventions aimed at addressing the mechanisms of institutionalized racism, 2) discuss a framework for identifying and evaluating additional possible points of leverage, and 3) provide a forum for linking anti-racism science with anti-racism policy and practice.	Camara Jones, MD PhD MPH, Social Determinants of Health and Equity Centers for Disease Control and Prevention "How is racism operating here?" Starting the conversation	Jessie Hood ScD, MPH, Health Scientist, Centers for Disease Control and Prevention (CDC)
			Kathleen Roe, DrPH, Professor and Chair, Dept. of Health Science, San Jose State University	
			Tiffany L. Green PhD, Assistant Professor, Virginia Commonwealth University	
			Jessica Walton, PhD, Univ of Melbourne, Australia Mediators and moderators of the relationship between racism and mental health in indigenous and other minority communities	

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C1-12 Potomac Room 3	Examining Critical Issues in Science Education: Research, Policy and its Role in Health Inequality	Alleviating health disparities entails similar progress in addressing disparities in K-12 education, such as improving the scientific literacy of, and interest in science among minority and under-represented students as a pathway for increasing the representation of minority groups in the sciences. Poor achievement in the sciences among youth from under-represented minority groups has been documented and persists in spite of efforts to reduce the racial academic achievement gap. This panel session will examine issues, challenges and strategies to promote efforts in disparities in science education and their role in health inequality. The panel will have three sets of presentations. First presentation from NIH will discuss student-driven community based participatory research and its role in bringing health education to rural communities. The second presentation from Montana group will address health disparities and learning science through community-based participatory research for Tribal college students as well as for Steering Committee members and local project staff on Crow Reservation, Montana. The third presentation from Tufts University School of Medicine will describe Nuestro Futuro: Applied Science Education (NFASE), an inquiry-based afterschool STEM/science education enrichment program that integrates inquiry-based science education, public outreach, and health promotion to educate students from African- American and Latino groups, families, and their communities on health research topics within a health equity framework.	Tony Beck, PhD, NIH/OD Student-driven Community Based Participatory Research – Bringing Health Education to Rural Communities	Krishan Arora PhD, Program Director, NIMHD and Timothy Ford PhD, University of New England
			John Doyle, Apsaalooke Water and Wastewater Authority, Crow Environmental Health Steering Committee, Tamra Old Coyote, Little Big Horn College, and Margaret Eggers, Little Big Horn College, and Anne Camper, PhD, Montana State University Bozeman. Addressing Health Disparities and Learning Science through Community Based Participatory Research, Crow Reservation, Montana	
			Linda Sprague Martinez, PhD and Flavia C. Perea, PhD, Tufts University School of Medicine Nuestro Futuro: Applied Science Education as a Tool for Community Change	
C1-13 Potomac Room 4	Addressing and Eliminating Colorectal Screening Disparities in Ethnic Populations	Colon cancer is preventable with regular screening. African Americans and Hispanics experience a disproportionate burden of disease. The incidence and mortality have dropped dramatically for Whites in recent years, but have risen for Black males. Panelists will discuss interventions that have been shown to be effective in reducing barriers to care, including patient centered care, tailored communication efforts targeted to different populations, use of community navigators, and improving access to endoscopy in rural areas.	Patricia Stream, RN, MS, Vice President, Quality Management & Performance, United HealthCare Addressing Colorectal Screening Disparities in Ethnic Populations	Patricia Stream, RN, MS, Vice President, Quality Management & Performance, United HealthCare  and Stephen Lloyd, MD PhD, Clinical Assistant Professor, University of South Carolina School of Medicine Eliminating Disparities in Colorectal Cancer: A Community Based Participatory Model
			Jack Newsom, ScD, VP, Analytics, Silverlink Communications Addressing Colorectal Screening Disparities in Ethnic Populations	
			Stephen Lloyd, MD PhD, Clinical Assistant Professor, University of South Carolina School of Medicine Eliminating Disparities in Colorectal Cancer: A Community Based Participatory Model	
			Bernard Moses, PhD, Director of Research, Voorhees College, Eliminating Disparities in Colorectal Cancer: A Community Based Participatory Model	
C1-14 Annapolis Room 4	Is There Effective, Equitable Care to Reduce Disparities in Women and Infant Health and Mortality?	Despite the best efforts by the public health community, the existence of disparity in African American infant mortality appears to be insurmountable. Appropriate, evidence-based interventions that specifically respond to the needs of African American women have not been developed. Frameworks and strategies that take a more holistic and contextual view of contributors to health inequity and which offer principles for developing interventions to correct inequities are needed. Two panelists call for the public health community to speed the creation of an actionable evidence base that reduces inequities through "dimensionality," a developing framework that responds to the inadequacies in the current, one-dimensional approach to understanding disparities. Dimensionality is a construct that broadens the analytical purview by including an ethnicity-centered, life course, intergenerational theory of equity (ELITE). It offers a more accurate conceptualization of health inequities among women of color by integrating the following perspectives:(1) life course; (2) the contribution of social history to the causation and maintenance of current health inequities; (3) stress and resilience; (4) critical race theory; (5) intersectionality; and (6) epigenetics. They offer the rationale for the dimensionality framework, apply the framework to evaluate existing interventions, and discuss our emerging principles for eliminating inequity. Presentations will also include; description of one of the first studies to examine predictors of telomeres during pregnancy; studies on how pregnancy-related events and exposures may contribute to race-based differences in academic achievement; the role of chronic prenatal stress in poor maternal and infant outcomes, possibly via dysregulation in psychoneuroimmune (PNI) balance. Discussion will offer successful strategies, including the results of a national program for infant mortality prevention.	Rebecca Anthopolos MA, Statistician, School of Natural Resources and Environment, University of Michigan, Marie Lynn Miranda, PhD, Associate Professor, University of Michigan Educational Test performance according to birth weight, gestation and prenatal smoking status	Regina James MD and Leslie Cooper, RN, MPH, PhD, FAAN
			Elizabeth Corwin RN PhD, Professor, Emory University Psychoneuroimmune Dysregulation in Socially Disadvantaged Pregnant Women	
			Renata Schiavo, Founding President and CEO, Health Equity Initiative Preconception health and peer-to-peer communication: Assessing results of a national program for infant mortality prevention.	

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C1-15 Potomac Ballroom ABCD	Rigor AND Relevance in the Design of Community-based Interventions to Reduce Health Disparities	Developing community-based interventions for the underserved requires relevance to the community and rigor in experimental design. When priorities of the community conflict with scientific rigor, the result may satisfy neither the community's needs nor science. This panel will discuss examples of community-based intervention research that successfully resolved differences between community and investigators leading to a strengthened university/community partnership. Speakers are members of the NCI/NHLBI Centers for Population Health and Health Disparities. Each presentation will feature a community-investigator pair, with transdisciplinary expertise in community-based participatory research, clinical trial design, medicine, behavioral science, the clergy, and the Native American community. The three presentation will be focused on the following projects: Achieving Blood Pressure Control Together, a project focused on African Americans in an urban health clinic; Rush Clergy Partnership for Health Study, a program to study effective interventions to improve health behaviors among black church congregations; and community-based interventions at the Fred Hutchinson Cancer Center. Discussants representing academic incentives, clinical trial methodology, and community interests will engage in scholarly debate with presenters.	Elizabeth Lynch, PhD Rush University Medical Center	Peter Kaufmann, PhD National Heart, Lung, and Blood Institute
			Beti Thompson Fred Hutchinson Cancer Research Center	
			Jared Jobe, PhD, FABMR National Cancer Institute	
			Kathryn J. Briant, MPH, CHES Fred Hutchinson Cancer Research Center, Center for Community Health Promotion	
			Rev. Alan Ragland Third Baptist Church of Chicago	
			Alice S. Ammerman DrPH, RD University of North Carolina at Chapel Hill	
			Lynda Powell, Rush University Medical Center	
			Linda Dunbar, Johns Hopkins Health Care	
			Hanan J. Aboumatar, MD, MPH Johns Hopkins Center to Eliminate Cardiovascular Health Disparities	
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C1-16 National Harbor 2/3	Role of health information technology in addressing health disparities	Health information technology (HIT) is viewed as a tool for improving the quality, safety and efficiency of the clinical and public health services delivery system. It serves as a framework for efficient management of health information across computerized systems and its secure exchange between consumers, providers, government and quality entities, and insurers. This panel will address (1) role of health information technology in addressing health disparities, (2) current efforts to deploying emerging technologies for disease diagnosis to overcome rural and medically underserved areas in the US and Abroad. This includes the application of costly or underutilized methods for the early detection and/or diagnosis of disease conditions among populations who lack access to state-of-the-art care. Issues around meaningful use technology, electronic data sharing and patient safety is of importance and will be addressed.	Amy Ruth Cole, Senior Vice President and Nutrition Practice, Porter Novelli, <i>Reaching Moms with Relevant, Realistic and Motivating Nutrition Messages and Resources</i>	Mary Jane Joseph, RN, BC, CPHQ, Primary Care Coalition of Montgomery County, Center for Health Improvement /  and Michael Sayre PhD, NIMHD
			Fadesola Adetosoye, MS, Office of the National Coordinator (ONC) for HIT/ HHS <i>The Potential of Health Information Technology in Underserved Communities</i>	
			Timothy Carney, University of North Carolina, Chapel Hill <i>Using Computational Modeling to Analyze Community Health Center Cancer Screening Performance</i>	
			Robert Furberg, Ph.D., Clinical Informaticist, Center for the Advancement of Health Information Technology, RTI International	
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C1-17	Narrowing the Health Inequity Gap: An On-going Challenge in the Americas	The Region of the Americas' health report card has much to celebrate. Since 1980 life expectancy at birth has increased from 69.2 to 76.1 in 2011 as a total in the Americas. In fact, Latin America and the Caribbean boast the highest life expectancy among developing regions. Yet, despite much progress, stark inequities persist in the Region, and glowing indicators often mask significant differences between and within countries. Persistent social exclusion, and inequity in the distribution of wealth and access to services, continues to hinder inclusive human development; they also impede the success of poverty reduction strategies, which in turn affects efforts to improve health conditions as poverty forces people to live in environments that make them sick, without decent shelter, clean water or adequate sanitation. The Commission on the Social Determinants of Health launched its report, Closing the Gap in a Generation in 2008, defining the social determinants of health as "the conditions in which people are born, grow, live, work, and age, and the structural drivers of those conditions, that is the distribution of power, money and resources". Good medical care is vital, but unless the root social causes that undermine people's health are addressed, well-being will not be achieved. The lead panelist, a representative from the Pan American Health Organization (PAHO), will discuss the importance of addressing inequities, within and between countries in the the Americas by analyzing the social determinants of health. Strategies used by countries in the region to address inequities will similarly be discussed including the use of cash-transfer programs, best practices in terms of inter-sectoral action and the role that the Health Sector can play, changing the medical paradigm towards a broader paradigm of well-being. Additional panel members will then highlight some of their community health promotion and capacity-building programs to address social and health inequalities.	Kira Fortune PhD, Advisor, Determinants of Health, PAHO <i>Narrowing the Health Inequity Gap: An On-going Challenge in the Americas</i>	Julio Dicot Taillepiere, MS, Team Leader, Initiatives and Partnerships Unit, Office of Minority Health and Health Equity, US Centers for Disease Control and Prevention, CDC
			Sergio Aguilar-Gaxiola MD PhD, Director, UC Davis Center for Reducing Health Disparities, Professor of Clinical Internal Medicine, University of California, Davis	
			Fredy Guillermo Rodriguez Paez MD, University of Bogota, Colombia <i>Health Networks, the Way to Welfare</i>	
			Marlene MacLeish EdD, Professor, Morehouse School of Medicine, Sullivan Alliance to Transform the Health Professions <i>Transforming Global Health: The United States of American (USA)-Caribbean Alliance for Health Disparities Research</i>	

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

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C2-18 Baltimore 3	Promotores, Food Security, and the Latino Community: A Partnership between the HHS Office of Minority Health and the U.S. Department of Agriculture	This panel will present a joint effort by the HHS Office of Minority Health (OMH) and the U.S. Department of Agriculture (USDA) to improve food security in the Latino population. Approximately 20% of Latino households are considered food insecure, or more specifically, lack adequate access to enough food to lead a healthy lifestyle (Anderson, 1990; Nord, Andrews, & Carlson, 2007). Latinos are among those at highest risk for food insecurity, which increases their risk for developing health problems (Dhokarh et al., 2010). The OMH and USDA have partnered to develop an e-learning program that will engage Promotores in educating Latino communities about nutrition and nutrition assistance. As members of the community, Promotores are able to bridge cultural and linguistic divides between community members and health or social service systems. The proposed integrated panel presentation will provide an overview of food insecurity in the Latino community and describe the OMH-USDA partnership to develop this e-learning program, which aims to help improve the overall health of Latino community members and reduce disparities by promoting food security through nutrition assistance. Laura Bahena, a Community Health Worker and member of the OMH-USDA project advisory committee, will describe the disproportionate effect food insecurity has among Latinos, describe the role of Promotores in Latino communities from a community perspective, and explore the need for culturally and linguistically appropriate nutrition education. Jackie Windfeldt, a USDA Program Analyst, will describe the opportunities to address food insecurity disparities in Latino communities from a scientific perspective, using findings from qualitative data collected for the project to emphasize the unique role that Promotores play in providing culturally and linguistically appropriate outreach and education. In the third presentation, Luis Javier Hernández, a Community Program Director and a member of the OMH-USDA project advisory committee, will offer the practical perspective of using Promotores to engage Latino communities on nutrition and available nutrition assistance, through providing an overview of the OMH-USDA partnership and the e-learning program to help Promotores. The panelists will then discuss the implications such a program can have on addressing food insecurity in Latino and other communities.	Pamela Phillips, Chief, Outreach Branch, Food and Nutrition Service, Office of Strategic Initiatives, Partnerships, and Outreach, USDA Food and Nutrition Service  Opportunities to address food insecurity disparities in Latino communities, the role of Promotores in providing culturally and linguistically appropriate outreach and education	Guadalupe Pacheco, Senior Health Advisor to the Director, Office of Minority Health, Office of the Secretary
			Laura Bahena, Network Coordinator, Chicago Community Health Workers Local Network, Health ConnectOne  Food insecurity among Latinos, the role of Promotores and the need for culturally and linguistically appropriate nutrition education	
			Luis Javier Hernández, University of California, Berkeley  The use of Promotores to engage Latino communities on nutrition and nutrition assistance, an overview of the OMH-USDA partnership and the Promotores e-learning program	
ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C2-19 Woodrow Wilson C	Cultural Competency and Health Literacy: Informing the Policy Cycle	Cultural competency and health literacy fields compete for limited curricular resources, with separate vocabularies, trajectories, and research agendas. Little rigorous research has been conducted on the impact of cultural competence strategies on health outcomes and disparities or how to improve child health outcomes among children or parents with low literacy. A partnership between the Maryland Department of Health and Mental Hygiene and the University of Maryland College Park identified the need for core competencies, teaching resources, and assessment methods that incorporate both cultural and health literacy competency for multiple health professions. 31 cultural competency, health literacy, and healthcare communication experts met in the fall of 2011 to examine parallels in existing cultural competency and health literacy learning objectives, approaches to assessing achievement of learning objectives, and related research questions. Core competencies were identified with additional input from 29 Maryland health professional educators. Participant comments underscored the intersection and potential integration of the two fields, the lack of patient outcomes based research and the importance and urgency for all health professions to come together to address this critical issue. Using Maryland as a case example, this session will discuss how research can support and inform the policy cycle to improve quality of care provided to racial/ethnic minorities—from assessment of population health and potential interventions, to policy choices, implementation and evaluation. To foster multidisciplinary collaborative research, this panel will discuss a conceptual framework to train culturally competent providers to deliver patient-centered care that reduces health disparities. New health literacy competencies for educating health professionals, and new efforts to integrate cultural competency and health literacy competencies for use by health professional educators and researchers will also be discussed.	Delgate Shirley Nathan Pulliam BSN, MAS, Maryland House of Delegates	Monica McCann, Maryland Department of Health and Mental Hygiene
			Olivia Carter-Pokras, PhD, Associate Professor, University of Maryland College Park School of Public Health,	
			Carlessia Hussein RN DrPH, Director, Office of Minority Health & Health Disparities Maryland Department of Health and Mental Hygiene	
ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C2-21 Potomac Room 5	Public Health and Redevelopment: Creating Community Health Indicators	Because of real or perceived contamination, Brownfields/land reuse sites can adversely impact community well-being. Public health involvement is needed. These sites typically are in areas with limited access to healthy foods, recreation, and jobs. Often, brownfield communities are disadvantaged in other ways, including high crime and poverty rates, low property values, low educational attainment, higher percentage of deteriorated housing, elevated blood lead levels in children and higher exposures to poor air quality in the home. Living among properties in need of revitalization can reinforce a climate of poor health and other disparities. There is a critical need to measure community health in areas near Brownfield/land reuse sites and evaluate the benefits gained by redevelopment. The Agency for Toxic Substances and Disease Registry (ATSDR) has provided public health support and technical assistance on hundreds of brownfields and land reuse sites. While addressing potential contamination and exposure risks has typically been the driver for such assistance, ATSDR and State and Tribal partners recognize the need to incorporate public health into redevelopment and revitalization plans to address health and other disparities. One of the first challenges was: Can changes in community health status associated with redevelopment be measured? Through the creation of the grass-roots ATSDR Brownfields/Land Revitalization Action Model, and with the support of a diverse development community comprised of residents, city planners, government, non-profits, public health, and environmental health stakeholders, public health indicators associated with redevelopment can be created and measured over time. The Action Model has been adopted by many communities, which has led to recurring indicators commonly selected by communities to track changes in overall community health status. These indicators include: traditional health indicators, such as asthma and cardiovascular disease; indicators of the built environment, such as measures of green space, access to healthy foods, and abandoned or vacant properties; and, socio demographic indicators, such as poverty, educational attainment, and ethnicity. The end result is to provide information on the types of health indicators that may be used to address health and other disparities in redeveloping communities. We will demonstrate the need for a consistent set of land revitalization community health indicators from national, state, and local perspectives and how to address the inherent challenges. These challenges include issues related to geographic scale, data access, confidentiality, data quality, unstable rates due to small numbers and the resources needed to collect the data. Experts working with and developing indicators will highlight how the various participants in brownfield projects can work together to overcome some of these challenges in creating land revitalization community health indicators.	Laurel Berman, PhD, MS, National Brownfields Coordinator, Agency for Toxic Substances and Disease Registry (ATSDR)	Laurel Berman, PhD Agency for Toxic Substances and Disease Registry (ATSDR)
			Leann Bing, ATSDR Regional Representative, Agency for Toxic Substances and Disease Registry (ATSDR)	
			Domenica McClintock, MPH RSM, Program Manager, Cuyahoga County Board of Health	
			Thomas Talbot, MSPH, New York State Department of Health,	

**CONCURRENT SESSION C**  
**MONDAY DECEMBER 17TH, 2012**  
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ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C2-22 National Harbor 10/11	Use of Systems Analytic Approaches to Address Health Disparities	There is growing recognition that we have not been successful enough in addressing the problems of large and, in some cases, growing disparities in many health outcomes. A research literature generating hundreds of papers per month increasingly documents the extent of such inequalities in health across interrelated racial, ethnic, and socioeconomic divides. This literature documents the critical importance of linking biological, behavioral, social, economic, and macro-determinants of health in our understanding of health disparities. Thus, understanding health disparities must involve a consideration of historical and cultural forces, socioeconomic factors, behavior, neighborhood resources and risks, work and family life, as well as the "upstream" determinants of all of these and the biological pathways that link all of these to disease outcomes. While we have a need for approaches that can integrate information across multiple levels, taking into account the dynamic, non-linear micro-macro interactions that occur across levels and time, such approaches have not generally been used by those interested in understanding and eliminating health disparities. The need for the development of such a systems approach to health disparities and population health that is supported by complex systems modeling techniques has led to development of the Network on Complexity, Inequality & Health (NICH), supported by funds from the NIH Office of Behavioral and Social Science Research. This broad, interdisciplinary network of eighteen researchers is focused on 1) developing innovative approaches to the understanding of health disparities and related aspects of population health, how they can be reduced/eliminated, and improvement in population health, in general, through the application of complex systems techniques; 2) catalyzing collaborative scholarship by network members that illustrates the use of complex systems approaches to understanding the links between biological, behavioral, social, community, environmental, and policy determinants of health disparities and population health; and, 3) promoting the further development and use of such complex systems analytic approaches. This session will highlight some of the collaborative analytic work of the NICH network, and provide an opportunity to discuss the advantages and disadvantages of complex systems approaches to health disparities.	George Kaplan PhD., Thomas Francis Collegiate Emeritus Professor of Public Health, University of Michigan. Embracing Complexity in Our Understanding of Health Disparities: The Network on Inequality, Complexity and Health (NICH)	Robert M. Kaplan, PhD. Director, Office of Behavioral and Social Science Research (OBSSR)
			Elizabeth Bruch PhD, University of Michigan, "Simulating the Impact of Realtor Behavior on Residential Segregation"	
			Mark Orr, PhD Associate Professor, Columbia Mailman School of Public Health Competing Policy Priorities in a Resource Constrained World: Identifying the Most Effective Policy Interventions to Reduce Black/White Disparity in Obesity	
			Nathaniel Osgood PhD, Associate Professor, University of Saskatchewan The Intra- and Inter-generational Linkages between Gestational and Type 2 Diabetes: Insights from System Dynamics and Agent-Based Modeling	

**TRACK THREE - OUTREACH, PARTNERSHIPS, COLLABORATIONS AND OPPORTUNITIES**

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C3-24 Potomac Room 6	President's Task Force on Environmental Health Risks and Safety Risks to Children and their Action Agenda on Asthma Disparities among children	In the United States, approximately 7 million children under the age of 17 have asthma. Poor and minority children bear a greater burden of this disease. Asthma persists into adulthood and the costs to society are high: medical expenses associated with asthma are estimated to be \$50 billion annually. President's Task Force on Environmental Health Risks and Safety Risks: The Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities (Action Plan) identifies four strategies and priority actions that will address the preventable factors leading to asthma disparities. The Action Plan presents a framework to maximize the use of our existing federal resources for addressing this major public health challenge during the next three to five years. This session will examine the four strategies of the Action Plan. Specific focus will be given to the implementation of the plan in reducing asthma disparities.	Virginia Taggart, MPH National Heart, Lung and Blood Institute Strategy One: Reduce Barriers to the Implementation of Guidelines-Based Care	Sandra Howard, HHS
			Alisa Smith, PhD Environmental Protection Agency EPA's in the President's Task Force on Environmental Health Risks and Safety Risks to Children	
			Paul Garbe, DVM, MPH Centers for Disease Control and Prevention, Department of Health and Human Services Role of the CDC in the President's Task Force on Environmental Health Risks and Safety Risks to Children	
			Peter Ashley, Dr.PH Department of Housing and Urban Development Role of HUD in the President's Task Force on Environmental Health Risks and Safety Risks to Children	
			Tyra Bryant-Stephens Children's Hospital of Philadelphia Community Asthma Prevention Program Role of Community Partners in the President's Task Force on Environmental Health Risks and Safety Risks to Children	
			Lois Wessel, Association of Clinicians for the Underserved Using Electronic Health Records to Enhance Outreach and Prompt Best Clinical Practices	
			Floyd Malveaux, MD,PhD, Executive VP/Executive Director, Merck Childhood Asthma Network Role of Community Partners in the President's Task Force on Environmental Health Risks and Safety Risks to Children	

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C3-25 Baltimore Room 5	Innovative Partnerships and Practices to Advance Health Equity	This panel will present and discuss innovative public private partnerships addressing healthy homes and communities. Presenters will engage participants in assessing strategies for enhancing collaborations and promoting similar opportunities within their agency, institutions or communities. Objectives will include recommendations for effective collaborations that promote healthy communities across the research, practice, service delivery and policy sectors.	Ruth Ann Norton The Green & Healthy Homes Initiative: Innovative Partnerships, Practices and Policies to Employ Housing as a Platform to Improve Health Equity	Rich Callan MPH, U.S. Environmental Protection Agency (EPA) and Saundra Glover, PhD, Associate Dean, University of South Carolina.
			Jamie Zoellner, PhD Development and Advancement of the Dan River Partnership for a Healthy Community	
			Michael Wenstrom, EPA Identifying Health Concerns in a Multicultural and Refugee Community	

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
C3-26 Woodrow Wilson B	Global Population Changes and Health: Innovative Partnerships addressing Global Healthcare and Social Disparities	This panel will address the emerging issues in global population health, governance and human security. Panelist will discuss effective social and public policy programs through innovative partnerships that have strengthened global health and healthcare systems.	Jeff Blander ScD, Acting Deputy Director and Senior Advisor, Office of the US Global AIDS Coordinator (OGAC), Dept. of State Public-Private Partnerships, Innovations and Alliances to achieve the Global Health Care delivery in the 21st Century	Ken Bridbord MD, MPH, FIC and Diane Adger Johnson, NIAID
			Fitzhugh Mullan MD, Murdoch Head Professor of Medicine and Health Policy at the George Washington University School of Public Health Transformative Medical Education and Healthcare in Africa	
			Warren Lockette, MD, Deputy Assistant Secretary of Defense for Clinical and Program Policy Humanitarian efforts and relief collaborations for Global Health	