

**CONCURRENT SESSIONS E and G and WORKSHOPS
WEDNESDAY DECEMBER 19TH
8:30 AM - 10:00 AM**

ROOM	SESSION TITLE	SESSION DESCRIPTION	SPEAKERS	SESSION MODERATOR
W1-01 Annapolis 3/4	OUTCOMES RESEARCH Conducting Disparities Research Using Large Inpatient Databases and Registries: From Analysis to Advocacy	Session will include an overview of the impact of Large Database Outcomes Research, its influence on policy and importance in advocacy and legislation. Methodological issues faced while conducting large database outcomes research and efficient biostatistical solutions to these will be covered, including how to ensure that the scientific question being asked can be suitably answered by the database, how to communicate results more effectively and get published in the highest impact journals. Session will also include, a discussion on hospital quality and the impact of site of care on disparities and methods to explore health disparities in large, population-based studies (using examples to describe how to choose the correct methodology, propensity scores, regression modeling and a host of other measures) while conducting disparities research.	Edward Cornwell III, MD - Dept. of Surgery, Howard University Overview of the impact of Large Database Outcomes Research and its influence on policy and importance in advocacy and legislation.	Adil Haider, MD MPH
			Sherita Golden MD, Associate Professor, Johns Hopkins. Approaches to Training to Conduct Successful Health Disparities Research Using Large Epidemiological Studies	
			Joel Weissman PhD, Associate Professor of Health Policy, Harvard Medical School and the Brigham and Women's Hospital How to study hospital quality and the impact of site of care on disparities.	
			Eric Schneider PhD, Center for Surgical Trials and Outcomes Research (CSTOR), Johns Hopkins University School of Medicine, Using propensity scores, regression modeling and a host of other measure used to conduct patient level data analyses. His presentation will use examples to describe how to choose the correct methodology to appropriately adjust for patient level factors while conducting disparities research.	
			Adil Haider MD MPH, Director, Center for Surgery Trials and Outcomes Research, Johns Hopkins School of Medicine, Associate Professor of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health Methodological issues faced while conducting large database outcomes research and propose efficient biostatistical solutions to these. Discussion include how to ensure that the scientific question being asked can be suitably answered by the database, how to communicate results more effectively and get published in the highest impact journals.	
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W1-02	Early Investigator Career Development Workshop: Jumpstart Your Career: Become an Early career Reviewer at NIH	The Center for Scientific Review (CSR) at NIH has initiated a program to introduce researchers who have not previously reviewed for CSR to the review process. The Early Career Reviewer (ECR) Program was developed to educate young investigators about the review process and to help them develop into critical and effective reviewers. The ECR serves as a reviewer in a CSR review panel with a reduced load of reviews. Participation in peer review can benefit those who are writing research applications for NIH support by providing a perspective into what makes a good research grant application and what to avoid in an application. The ECR program has broadened the reviewer pool available to CSR, and we continue to search for newly-established investigators who are beginning to seek funding but who have not yet participated in peer review. Feedback from ECRs who have participated has confirmed that the experience is helpful in opening the review process to investigators who are preparing applications for research support. The purpose of this workshop is to introduce newly-established researchers to the opportunity provided by the ECR program. A brief introduction to peer review will be followed by a description of the ECR program and specifics about what the ECR will experience in preparation for and participation in a review panel. Finally, experienced ECRs will discuss their experiences serving on a peer review panel.	Karyl Swartz, PhD and Monica Basco, PhD, NIH Center for Scientific Review (CSR)	
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W1-03 Baltimore Room 1/2	Systematic Reviews on Interventions to Promote Health Equity	Much attention has been paid to definitions, measurement, and social determinants of health inequities in the U.S. and beyond. Far less attention has been paid to the evaluation of interventions that might reduce or eliminate health inequities. The focus of this session is ongoing research on interventions to promote health equity and findings on interventions that work. Topics to address will include the following: 1. National Prevention Strategy, 2. Health in All Policies, 3. Healthy People 2020 Intervention Review, 4. The Guide to Community Preventive Services reviews on health equity, 5. Local health equity programs at work.	Robert A. Hahn, MPH, PH.D, Coordinating Scientist, Community Guide, Office of Surveillance, Epidemiology and Laboratory Services, Epidemiology and Analysis Program Office U.S. Centers for Disease Control and Prevention	
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W1-06 Woodrow Wilson D	Charting a New Course in Environmental Health Disparities Research		Paul Juarez, PhD, Professor, Meharry Medical College. Beverly Watkins, PhD, Assistant Professor, Weill Cornell Medical College. Robert Williams, MD, Professor, University of New Mexico. Jose Luchsinger, MD, MPH, Associate Professor, Columbia University. Elizabeth Calhoun, PhD, Associate Professor, University of Illinois at Chicago. Saura Glover, PhD, Associate Dean, University of South Carolina. Elias Provencio-Vasquez, PhD, Dean, The University of Texas at El Paso. Michael Ericksen, ScD, Professor, Georgia State University. Christine Daley, PhD, Associate Professor, Kansas University Medical Center.	Rich Callan MPH Nishadi Rajapakse PhD Liam O'Fallon Devon Payne Sturges Dr.PH

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E1-01 National Harbor 12/13	Assessing health disparities and cultural competence: an integrated panel of measure developers	More than a decade following the IOM report Unequal Treatment, minority and LEP patients continue to experience lower quality care than their white counterparts. A hindrance to progress has been the lack of validated performance measures related to disparities, making it more difficult for individuals and organizations to track their performance and target quality improvement resources. To address this gap, NQF issued a call for disparities and cultural competence measures. Following this call and a rigorous review process, several validated measures were recommended for endorsement by an NQF Steering Committee. This session will cover measures recommended for endorsement by NQF's Steering Committee that will: raise awareness, provide opportunities for potential measure users to evaluate each measure, and provide a forum for exploring future directions for measures of disparities and cultural competence. Presentations include 1) "Developing CAHPS measures to Assess Patients Health Literacy and Cultural Competence Needs", 2) "Using validated measures to track and improve communication", 3) "Improving the Quality of Language Services: Measuring language preference and receipt of language services", 4) "Developing a Measure to Assess Health Care Organization's Cultural Competency".	Cindy Brach, MPP, Senior Health Policy Researcher, Agency for Healthcare Research and Quality (AHRQ) Measuring Clinician's/Group Health Literacy and Cultural Competence Practices with CAHPS (Panel: Assessing Health Disparities and Cultural Competence: AN integrated panel of Measure developers)	Cindy Brach, AHRQ
			Marsha Regenstein, PhD, Professor, George Washington University	
			Matt Wynia, MD, Director, Institute for Ethics, American Medical Association Using Validated Measures to Track and Improve Communication: The AMA's Communication Climate Assessment Toolkit	
E1-02 Woodrow Wilson B	Translational and Dissemination Strategies for Promoting the Adoption of CER/PCOR Evidence to Address Hypertension, Diabetes, and Obesity in Racial and Ethnic Communities	The US DHHS, Office of Minority Health's Patient Centered Care Collaboration to Improve Minority Health (PCCC) Initiative is the focus of this integrated panel session. Fundamental to this multifaceted initiative is the cross-section of health policy, science and community-based practice. A comprehensive discussion of the role of national health legislation, (the ARRA), serving as the impetus for comparative effectiveness research (CER) and patient centered outcomes research (PCOR) initiatives is provided. An overview of how public policy has helped to shape the current federal landscape of CER and PCOR efforts provides the context for the emergence of the PCCC Initiative. Highlighted are approaches used throughout in the PCCC initiative that embrace Community based Participatory Research (CBPR) principles. Embedded are strategies grounded in theories of empowerment, health behavior, and behavioral change. Systems Theory is described as the overarching conceptual framework that explains interdependent relationships among various facets of the PCCC's local and national activities. How this framework anchors a continuum of activities stemming from translational, dissemination, and implementation sciences is discussed. The identification and translation of CER and PCOR findings into tailored interventions and strategies for local use in real world settings is integral to efforts designed to transform provider, patient, consumer, and health system practices. Implementation Science strategies are discussed relative to their intent to inform PCCC stakeholders. The session concludes with highlights of the progress of impending local implementation plans where multi-level health interventions and strategies among racial and ethnic minority populations in two distinct geographic areas are being deployed.	Jamila Rashid, PhD, Associate Director for Research and Policy, Office of Minority Health, OASH, HHS Aida Giachello, PhD, Professor, Department of Preventive Medicine, Northwestern University Brenda Leath, MHSA, PMP, Senior Study Director, Westat	Richard Berzon, DrPH
E1-03 National Harbor 4/5	Who Benefits Most? How Social and Environmental Factors Modify the Response to Health Interventions: Implications for Eliminating Disparities	That social and environmental factors shape population health is well documented. Remarkably little is known about the impact of social and environmental factors on interventions. Specifically, how social and environmental factors modify individual response to community-based interventions is poorly understood. This integrated panel presentation addresses this novel and emerging area of public health, which has substantial implications for the science of eliminating health disparities, by canvassing 3 domains: 1) theoretical foundations and scientific rationale for the study of social and environmental modifiers of treatment response in health disparities; 2) empirical evidence from community-based randomized controlled trials; and 3) implications for assessing social and environmental modifiers of treatment response for disparities-related research, practice, and policy. The panel features members of the NIMHD-funded Northern Manhattan Center of Excellence in Minority Health and Health Disparities (NOCEMHD) and the Center for the Study of Social Inequalities in Health (CSSIH) at Columbia University. NOCEMHD and CSSIH are currently conducting a study of social and environmental factors in 3 separate community-based interventions for hypertension control, diabetes control, and caregiver depression in minority populations in New York City.	Jose Luchsinger MD, MPH, Associate Professor, Columbia University Bruce Link, PhD, Professor, Department of Epidemiology, Columbia University Fundamental Causes and Outcomes: Why Social and Environmental Determinants Matter for Intervention Response Dana March, PhD, MPH, Associate Research Scientist, Department of Epidemiology and Northern Manhattan Center of Excellence in Minority Health and Health Disparities, Department of Epidemiology, Columbia University The Burden of Accumulated Social and Environmental Stress (BASES) of Disparities in Etiologic and Intervention Studies	Jose Luchsinger PhD
E1-04 Woodrow Wilson C	Using CBPR to Improve Care Coordination Practice through Collaborative Standardized Performance Measure Development	The field of care coordination lacks consensus on definitions, perspectives on relevant terminology, use in practice, description of operational features, locus of accountability, and approaches to performance measurement. Despite these variations, the literature consistently documents the value of a range of care coordination approaches to address health care access and quality as noted by the Institute of Medicine. The passage of the Patient Protection and Accountable Care Act, with its focus on care coordination, further substantiates its importance. Yet, much work is needed to assess and document its efficacy, and optimize its implementation in practice. In our study, Standardizing Community Care Coordination Measures Linked to Improvements in Quality of Life and Health Outcomes Among Vulnerable Populations (CCC Performance Measures), we focus on the science and practice of community care coordination, defined as the process of identifying and engaging individuals within their community/home setting, assessing their health and social service needs, and connecting them to the health and/or social services necessary to achieve improved health outcomes. Embedded in our approach to performance measure development is consideration of the role of social determinants and their influence on health service seeking behaviors, access to quality, evidence-based primary and specialty care, and processes for overcoming client-specific barriers to needed health and social services. Ultimately, these performance measures can be used to help determine the extent to which community care coordination is impacting the reduction of disparities in health services and health outcomes. Recognizing that service delivery is a local phenomenon; we embraced the use of CBPR principles and approaches involving the input of representatives from 9 diverse community care coordination programs, along with technical experts in the performance measurement and quality improvement fields. The development and testing of 12 non-survey and 8 survey-based performance measures were based on the use of a common care coordination model, the Pathways Community HUB Model®. The research team and the program representatives worked together to conceptualize a common set of measures relevant to the diverse program structures, develop and implement pilot test data collection, analyze and interpret the pilot test data, and refine and finalize the measure specifications. The implications of this work have the potential to be far reaching. This research offers opportunity for 1) standardizing a scientifically sound set of community care coordination performance measures nationally; 2) promoting the spread of local community care coordination performance measurement activities; and 3) adoption of this approach to community care coordination in support of local quality improvement efforts across the nation to meet the imperatives of the current health care environment.	Russell Mardon, PhD, Senior Study Director, Westat, Inc. Community Care Coordination Measure Development Maurice Johnson, Jr., MPH, Research Analyst, Westat	Russell Mardon, PhD, Senior Study Director, Westat, Inc

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E1-05 Baltimore 3/4/5	The Public Health Exposome Project	The Public Health Exposome (PHE) has been established as an integrated environmental and health disparities dataset to support research that will increase our understanding of the complex relationships among environment, health, and disparities. The term "exposome" was coined to capture all of the environmental exposures an individual has across one's lifespan as they relate to health. The Public Health Exposome was established as a longitudinal, relational database with operationalized definitions that allows for updating and expansion, both geo-spatially (nationally and locally) and temporally (retrospectively and prospectively). Currently, the PHE integrates population-level data on health outcomes and disparities with data on environmental exposures for eleven primarily southeastern states over thirty years (1980 – 2010). The PHE project represents a logical and synergistic extension of current ideas about population health and community engagement. Effective implementation of the PHE, however, will represent a paradigm shift that requiring new approaches to conducting research, research training, and community engagement. Panel presentations will focus on the PHE as a novel health disparities research paradigm, illustrate a trans-disciplinary approach to data analysis, present a demonstration case to illustrate the versatile application capabilities, and showcase how the mapping tools advances community-based participatory research. The PHE has the potential for becoming a national resource on the environmental context of health disparities comparable to the human genome.	Paul Juarez PhD, Professor, Meharry Medical College Maureen Lichtveld, MD, MPH, Freeport Moran Chair of Environmental Policy, Tulane University Sacobay Wilson, PhD., Assistant Professor, University of Maryland- College Park Darryl Hood, PhD, Wansoo Im, PhD, Meharry Medical College Robert Levine, MD, Pat Matthews Juarez, PhD, Mohammad Al-Hamdan, PhD, Michael Langston, PhD, Paul Robinson, PhD,	Paul Juarez, PhD, Professor and Vice Chair for Community Health, Meharry Medical College
G1-02 Annapolis 1/2	Using Translational and Trans-disciplinary Research Strategies in Outreach Education and Health Literacy Study Abroad Initiatives	The presentation will describe the steps taken to establish a global academic-community partnership that transcends continents and cultures. The presentation will also delineate the operationalization of an engaged scholarship model that promotes global outreach through nursing, health science and education. Driven by a university outreach mission and faculty engagement thrusts, various initiatives have formed a unique US University (Auburn University) and Malawi, Africa University (University of Malawi) Initiatives (Public Health Nursing student/faculty Study Abroad Program and an Outreach Education student/faculty Study Abroad Program). Both programs have been designed to implement evidenced based practices in communities of different cultures. Auburn University School of Nursing, University Outreach, and College of Education have partnered with the 100X Development Foundation, an Auburn University alumni-owned service oriented organization. This partnership has realized to date, a formal memorandum of understanding (between Auburn University and the University of Malawi and then with the AU School of Nursing and the UM College of Nursing) and implementation of multifaceted initiatives. During the presentation, the partners will share how using translational and trans-disciplinary research and evidenced-based findings fostered a framework for engagement and effectiveness research currently being conducted among the two diverse cultures receiving public health nursing care, and health literacy promotion through education (in addition to other foci).	Chippewa M. Thomas, Ph.D., LPC, NCC, Director of Faculty Engagement Auburn University L. Octavia Tripp, EdD, Associate Professor, Auburn University	Constance Smith Hendricks Ph.D.
W1-05 A Woodrow Wilson A 8:00 AM - 10:00AM	The NIH Health Disparities Strategic Planning Workshop	Today's voice is tomorrow's actions. At the dawn of the strategic planning process, which will propose the NIH minority health and health disparities research agenda for 2014-2018, let your voice be heard. Your insights can guide the next generation of science targeted to improve morbidity, mortality, well-being and quality of life for health disparity populations. Your suggestions may be the key to developing research that can lead to the reduction or elimination of health disparities attributed to biological differences that impact onset, diagnosis and treatments; socio-behavioral differences related to poverty, health education, screening/treatment awareness, and risk behaviors; and environmental differences associated with geographic areas, polluted risk-areas, country of origin, and access to health care. This will be a two-part session to gather input. Part I: will be a round-table discussion addressing strategies and research areas that can impact the short term and those that can impact the long term. The results will be submitted to the working groups charged with drafting the NIH Minority Health and Health Disparities Research Strategic Plan. Part II: will enable speakers to address the working group committee members directly. The "Talking Stick" will enable our voice to be in a place of power to be heard for three minutes in order to prioritize key issues. Today's voice is tomorrow's actions and tomorrow's actions create future change.	Coordinators: Roy, M. Wilson MD, Deputy Director, Strategic Scientific Planning and Program Coordination, NIMHD and Deborah Guadalupe Duran, Ph.D., Chief, Office of Strategic Planning, Legislation, and Science Policy, NIMHD/NIH	
W1-05 B Woodrow Wilson A 1:00 PM - 3:00 PM			Coordinators: Roy, M. Wilson MD, Deputy Director, Strategic Scientific Planning and Program Coordination, NIMHD and Deborah Guadalupe Duran, Ph.D., Chief, Office of Strategic Planning, Legislation, and Science Policy, NIMHD/NIH	