



DIVERSITY & INCLUSION AT HHS


“One Department — One Mission — One HHS”

SPRING 2018 ISSUE

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The HHS/OHR D&I Division thanks all authors, reviewers, and especially you, the reader, for making this Newsletter possible. If you wish to make comments, and/or contribute an article, contact Duilio Correa, HHS D&I Communications Lead, at: Diversity@hhs.gov.

For more information about the Division, visit us on: HHS.GOV | MAX.GOV | YOUTUBE. 

D&I Snapshot

Duilio Correa, Communications Lead, D&I Division, HHS




The U.S. Department of Health and Human Services (HHS), Office of Human Resources (OHR), Diversity & Inclusion (D&I) Division proudly presents the Spring 2018 Issue of Diversity & Inclusion at HHS — a quarterly newsletter that highlights efforts to promote D&I across HHS. We sincerely hope that you find this publication informative, educational and enjoyable.

2017 Health Equity Report

Health equity is defined as the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality. At the Health Resources and Services Administration (HRSA), the Office of Health Equity (OHE) works to reduce health disparities so that communities and individuals can achieve their highest level of health.

The **2017 Health Equity Report** presents a comprehensive analysis of HRSA’s program efforts in reducing health disparities and promoting health equity for various populations at the national, state, and local levels. The Report addresses HRSA’s key Strategic Plan goals of improving access to quality health care and services, strengthening the health workforce, building healthy communities, and improving health equity.

Trends in health disparities and improvements in health equity are presented for a number of program areas, including maternal and child health, primary health care access and quality, health care systems, HIV/AIDS, mental and behavioral health, chronic disease prevention and health promotion, health workforce, and rural-urban and geographic disparities.

To download a copy of the Report or to get more information about OHE, including mission, impact areas, and core functions, visit the [OHE website](#) .

CMS Latinx

The mission of the Centers for Medicare & Medicaid Services’ (CMS) Hispanic Employee Resource Group, commonly known as Latinx, is to strategically partner with CMS to promote a culture of diversity and inclusion through continual learning, mentorship, and stewardship.


Latinx seeks to advance the understanding and inclusion of employees with common backgrounds, interests, and goals. The group: (1) builds a culture that fosters diversity and inclusion; (2) offers employees access to group leadership opportunities; (3) establishes programs and activities aligned with the CMS mission; (4) provides development, growth and mentoring opportunities for employees, and (5) offers unique perspectives and innovative solutions to challenges faced by CMS.

To learn more about the CMS Hispanic Employee Resource Group, please contact the Latinx mailbox at Latinx@cms.hhs.gov.


National Partnership for Action (NPA) to End Health Disparities

The National Partnership for Action ‘s (NPA) mission is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.

Despite improvements in overall health and well-being in the United States over the past several decades, disparities in health and health care continue to exist. The NPA was established to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity.

For more information, visit the [NPA site](#) .

Staff Picks

If you want to know more about diversity and inclusion, below are examples of free online training opportunities available via the [HHS Learning Management System](#) .

Bridging the Diversity Gap

(Module: APD_01_A01_BS_ENUS, 1)

This course focuses on what diversity is, how to leverage the diversity within the organization, and the barriers that must be overcome to create a diversified working environment.

Overcoming Unconscious Bias in the Workplace

(Module: APD_14_A03_BS_ENUS, 1)

In this course, you will learn about the process of overcoming organizational biases and how to function as an inclusive leader. You will also learn specific tactics for combating unconscious biases in the workplace.

HHS D&I DIVISION

PRESENTS

DAY-TO-DAY D&I

SPECIAL “LUNCH & LEARN” SERIES

The Day-to-Day D&I “Lunch & Learn” Series, is an initiative sponsored by the HHS Diversity & Inclusion (D&I) Division to help create a more inclusive environment at HHS. The objectives of this special series are to:

- Provide opportunity for discussion of day-to-day common interests, issues, and/or best practices;
- Increase interactive employee engagement throughout the Department; and
- Enhance HHS’ diversity & inclusion efforts.

The series format consists of presentations by subject matter experts and extended Q&A. We continuously elicit topics for discussion from employees, using a human-centered design approach, in order to help us schedule future sessions.

PLEASE SAVE THESE DATES

12:00 P.M. TO 1:00 P.M.

1-800-857-0127 (PASSCODE: 7682500)

Wednesday, June 20, 2018

DIVERSITY INCLUDES EVERYONE

Presenter: Jennifer C. Gioffre, Branch Chief
Strategic Diversity and Inclusion, Office of Equity,
Diversity and Inclusion, NIH

Location: Hubert H. Humphrey Building (HHH),
Rm. 405-A

Wednesday, July 18, 2018

FIRST GENERATION PROFESSIONALS

Presenter: Tinisha Agramonte, Director,
Office of Civil Rights, Department of Commerce

Location: HHH Building, Rm. 405-A

Wednesday, August 15, 2018

PERSONALITY TYPES: WORKPLACE CONFLICT AND COOPERATION

Presenter: James Coffey, Organizational,
Development Consultant, Beyond Scorecard

Location: HHH Building, Rm. 405-A

Wednesday, September 19, 2018

THE ABCs OF ERGs


Presenter: Bonita V. White, Director, D&I Division
and HHS ERG Program Manager, HHS

Location: HHH Building, Rm. 405-A

*For further information or to request reasonable accommodation, call 202-260-6675 or e-mail: diversity@hhs.gov.
Please be alert to location and remote access updates via HHS News E-Blasts.*

Human-Centered Design Resources

Len Gerald, Diversity Program Manager, D&I Division, HHS

Colleagues from the U.S. Office of Personnel Management (OPM) and other Federal agencies often ask me about recommendations for D&I courses, as well as our initiatives at HHS to create sustainable inclusive diversity. With the Department's increased ranking in the [2017 Best Places to Work](#) , however, the new question is: how can we improve FEVS scores?

My answer has always been the same. The heart of our change management, inclusive diversity, and employee engagement methodology is the Human-Centered Design (HCD) model.

Since there continues to be a lot of interest in applying HCD and specific steps leaders can take to become more inclusive, I wanted to share my HCD resources with you.


No time to take a course? Here are two free resources you can read in less than 30 minutes.

The Partnership for Public Service, which compiles the “Best Places to Work” listing, released a briefing focused on applying HCD concepts to government's most pressing workforce challenges: Getting to the Heart of the Matter: Engaging Employees to Improve the Work Experience.

In 2017, Fortune Magazine launched “Include U Challenge,” a collection of interviews with extraordinary and creative inclusion experts who recommend simple actions to become more open, curious, and empathetic. This resulted in ten small “challenges” or tangible steps for leaders at any level:

1. **Tim Ryan, PwC:** “Check yourself at the door” before having a difficult conversation.
2. **Luvvie Ajayi:** Do something that scares you today.
3. **Bernard Tyson, Kaiser Permanente:** Appreciate someone and mean it.
4. **Hugh Weber, CEO, community builder:** Ask a stranger to curate your reading list.
5. **Daniel José Older, YA author:** Close your eyes and listen to the world.
6. **Xian Horn, teacher, disability activist:** Serve someone without expectation.
7. **Anjuan Simmons, technologist, speaker, inclusion evangelist:** Lend your privilege.
8. **Kevin Johnson, CEO Starbucks:** Get vulnerable in your next conversation.
9. **Julie Sweet, CEO Accenture, North America:** Who have you helped today?
10. **Eve Ewing, sociologist, educator, poet:** Read “Letter From Birmingham Jail.”

Additional HCD Resources

This [online introductory Course on Human-Centered Design](#) , free of charge, helps you become a more innovative problem solver by building up your prototyping skills.

OPM LAB for HCD: <https://lab.opm.gov/> .

Design Thinking at Stanford D School: <https://dschool.stanford.edu/resources-collections/a-virtual-crash-course-in-design-thinking> .

Institute for Federal Leadership in Diversity & Inclusion

Sonya M. Keeve, Diversity Specialist, D&I Division, HHS

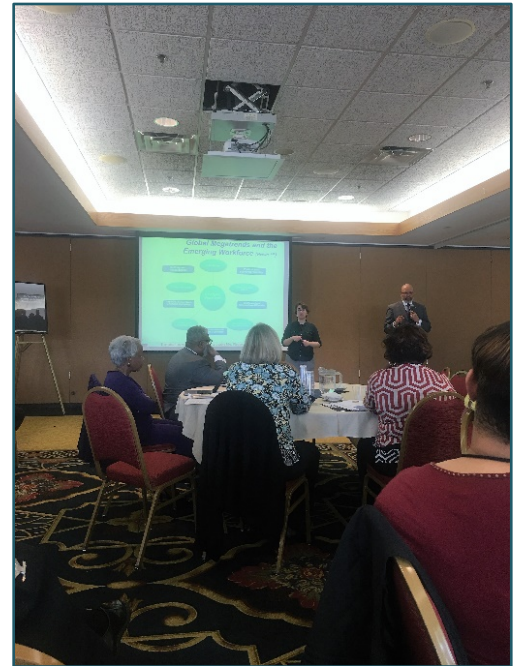
Dr. Bonita V. White, Director, HHS Diversity and Inclusion (D&I) Division and HHS ERG Program Manager, and Sonya M. Keeve, Diversity Specialist, attended the 2018 Institute for Federal Leadership in Diversity & Inclusion — a 2-day training Forum that took place on February 20 and 21, 2018 at the Washington Navy Yard in Washington, D.C. The training workshops were aligned with Executive Order 13583, which established a Coordinated Government-wide Initiative to promote Diversity and Inclusion in the Federal Workforce.

This event was coordinated by the Georgetown University Office of Institutional Diversity & Equity, and focused on:

- Strengthening the D&I profession, and make a profound impact;
- Facilitating brainstorming and problem-solving;
- Providing a useful understanding of D&I Measurement and Change Management; and
- Equipping D&I professionals with the tools to meet priorities and assist their agencies in achieving objectives.

On the first day, the Program included presentations that highlighted D&I Measurement Competencies. On Day Two, attendees had the privilege of listening to an array of experts who addressed D&I Change Management Competencies. One of the featured speakers, our very own Dr. White, presented “Managing D&I as a Strategic Priority: HHS Best Practice Model.”

HHS was honored by the Institute for excellence in developing and sustaining strategic D&I principles and priorities leading to mission success. HHS D&I Division initiatives, including the Day-to-Day D&I “Lunch and Learn” Series, D&I Virtual Exchange, ERG Engagement/Leading Practices Roundtables, as well as D&I Communication Products, were also highlighted as best practices and as key aspects of employee engagement.



Upon completion of three of the Institute’s continuous training sessions, participants are awarded the Certificate of Mastery in Diversity & Inclusion, which is an essential accomplishment for D&I professionals.

The next scheduled training will be the June Leadership Institute, which takes place on June 19 and 20, 2018, at the Washington Navy Yard, Washington, D.C. It will focus on two additional critical competencies: Strategic Leadership and Strategic Communications.

Interested persons are encouraged to attend. Please visit the Federal Leadership in Diversity & Inclusion Institute’s [website](#) for additional details.

4th Annual HHS Diversity Day

Duilio Correa, Communications Lead, D&I Division, HHS

On Tuesday, December 5, 2017, the HHS D&I Division presented the 4th Annual HHS Diversity Day to celebrate the richness of Diversity & Inclusion across HHS, and display the tremendous progress toward making the Department “One HHS.” The event was well-received, with dozens of colleagues in attendance at the Small Auditorium of the Hubert H. Humphrey Building, and hundreds more via livestream.

The Program’s theme was “Empowering Employees for the Possibilities of Tomorrow,” and the focus was the HHS Six Operating Principles: Engagement, Empowerment, Service, Performance, Stewardship and Sustainability. Dr. Bonita V. White, Director, HHS Diversity & Inclusion Division and HHS ERG Program Manager, greeted the audience and outlined the presentations of the all-day event.



Christine M. Major


Following Dr. White’s warm welcome, Christine M. Major, Deputy Assistant Secretary for Human Resources, spoke about the tremendous achievements made by the D&I Program, and highlighted that HHS ranked second in the Best Places to Work listing published by the Partnership for Public Service. Based on the results of the 2017 Federal Employee Viewpoint Survey (FEVS), HHS also ranked number one in two critical categories: Employee Engagement and New Inclusion Quotient.

Senior Advisor, Jon Cordova joined the audience and emphasized the importance of active participation to continue moving forward with the ReImagine

HHS campaign. Mr. Cordova emphasized that it is about “people power,” and that more activities would be forthcoming to provide the resources that HHS employees need to fulfill their potential.

Throughout the day, renowned speakers from HHS, the Office of Personnel Management (OPM), and the U.S. Department of Homeland Security (DHS), showcased expertise in a number of areas related to D&I and the HHS Operating Principles. Following is a listing of the presentations and presenters:

- **Principle #1 – Engagement:** Diversity in Communication, Carl A. Lucas, Sr., Director, Equal Employment Opportunities, DHS.
- **Principle #2 – Empowerment:** Human-Centered Design, Blair Corcoran de Castillo, The Lab @ OPM.
- **Principle #3 – Service:** Employee Viewpoint Survey (FEVS), James Egbert, Human Capital Strategist, OHR.
- **Principle #4 – Performance:** Federal Equal Opportunity Recruitment Program (FEORP) and Management Directive (MD) 715, Glorimar Maldonado, Chief Recruitment Officer, Talent Acquisition Division, HHS and Glenn D. Smith, Jr., Data Analytics Lead, EEO Compliance and Operations Division, HHS.
- **Principle #5 and #6 – Stewardship and Sustainability:** Senior Level Champions for Diversity and Inclusion and Employee Resource Groups Programs, Anthony F. Archeval, Director Office of Civil Rights, Diversity and Inclusion, HRSA.

The HHS D&I Division thanks you for making this Program one of HHS’ most successful Diversity Day celebrations. For your convenience, 4th Annual HHS Diversity Day is available in its entirety ON DEMAND on the [HHS D&I YouTube Playlist](#) .

2018 Southwest Inter-Agency Black History Month Observance

Duilio Correa, Communications Lead, D&I Division, HHS



Harriet Tubman

On Tuesday, February 27, 2018, in celebration of **Black History Month**, the HHS D&I Division, in collaboration with the Southwest Interagency Coordinating Committee, presented Harriet Tubman: The Chosen One. This year, the collaboration included representatives from the U.S. Department of Health and Human Services (HHS), the U.S. Department of Homeland Security (DHS), and the National Aeronautics and Space Administration (NASA).

Over 1,000 participants from across Federal Government and members of the general public joined us at the Small Auditorium of the Hubert H. Humphrey Building or via remote access. The audience was transported into the life and time of the great Harriet Ross Tubman and was mesmerized by Ms. Gwendolyn Briley-Strand's riveting one-woman performance.

This was not just a theatrical performance, but also a celebration of the life and achievements of perhaps the best known of all the Underground Railroad's "conductors." Born a slave in Dorchester County, Maryland in 1823, Harriet Tubman became

a leading abolitionist who led hundreds of slaves into freedom, and never lost a "passenger." During the American Civil War, Tubman served as cook, nurse, scout and spy for the Union Army; and was the first woman to head an armed expedition in the War. Years later, she was heavily involved in the Women's Suffrage Movement. In 1913 Ms. Tubman succumbed to grave illness.

D&I DID YOU KNOW?

Each year, **Black History Month** celebrates achievements by Black Americans, and highlights the central role of African Americans in U.S. History.

The roots of this Observance can be traced back to the founding of the Association for the Study of Negro Life and History (ASNLH), in September 1915, by noted historian Carter G. Woodson and prominent minister Jesse E. Moorland. The ASNLH, an organization dedicated to researching and promoting achievements by Black Americans and other peoples of African descent, originally sponsored national Negro History Week during the second week of February 1926.

In subsequent years, major cities began to issue proclamations, and during the Civil Rights Movement Negro History Week evolved into Black History Month on many college campuses. Finally, in 1976, President Ford officially recognized Black History Month. Ever since, every U.S. president has officially designated the month of February as Black History Month.

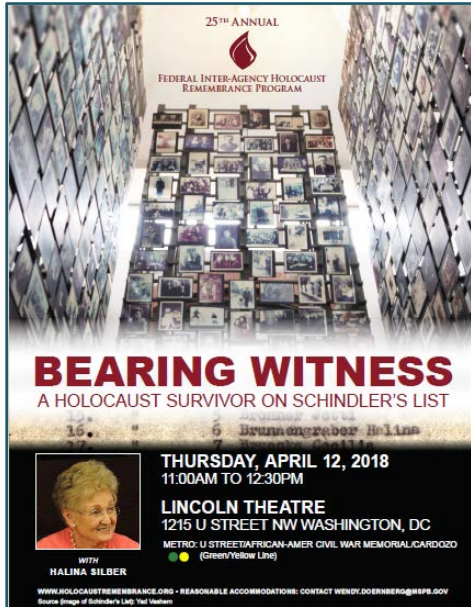
Source: <https://www.history.com/topics/black-history>

There was a facilitated Q&A segment after the play, and a "Meet and Greet" with Ms. Briley-Strand.

This Observance represented a highly successful collaboration. For more information on Ms. Briley-Strand, visit: <http://www.seethefruits.com/>

25th Federal Inter-Agency Holocaust Remembrance Day Program

Duilio Correa, Communications Lead, D&I Division, HHS



On Thursday, April 12, 2018, the 25th Federal Inter-Agency Holocaust Remembrance Day Program took place at the Lincoln Theater in front of over 1,000 colleagues and friends who attended in person or online. This year, the planning committee included members from over a dozen Federal Agencies, who worked tirelessly for months to bring this remarkable Program to life.

I have attended a number of Special Emphasis Observances; however, this was one of the most memorable. The String Ensemble opened the event with an unforgettable and touching performance. Jeff Knishkowsky, Master of Ceremony and Special Counsel at the U.S. Department of Agriculture, came on stage and gave everyone a warm welcome.

Lynn Williams, Director of Leadership Programs at the U.S. Holocaust Memorial Museum, and long-time member of the planning committee, served as the Program's Moderator and introduced our distinguished speaker, Ms. Halina Silber. The audience listened attentively as the 84 year-old Holocaust survivor vividly described her dramatic journey during the Holocaust. For over an hour, those in attendance were mesmerized by her eloquent words, strength and courage.

One of the highlights of Ms. Silber's remarks was her focus on Oskar Schindler's efforts to save the lives of over 1,000 Jews. And even though Schindler has been criticized for his "vices," Ms. Silber cleverly pointed out that a person "does not have to be a saint to do saintly things."

Following the presentation, there was a Q&A segment, where the audience at the Lincoln Theater, including junior high students, were able to ask questions and learn more about Ms. Silber.

D&I DID YOU KNOW?

Halina Silber was born in Poland and survived the Auschwitz concentration camp. As a teenager, Ms. Silber went to work for Oskar Schindler, a businessman who was a member of the Nazi Party and who, seeing the horrors the Nazis were perpetrating against the Jews of Europe, employed and saved the lives of over 1,000 Jews, including Ms. Silber.

"Schindler's List", the 1994 Academy Awards Best Picture Winner directed by Steven Spielberg, was based on the Oskar Schindler story. Ms. Silber, who lives in Maryland, bears witness to the Holocaust and to Oskar Schindler's courage in opposing tyranny and evil.

The Holocaust (also called the Shoah) was the systematic, state-sponsored murder of six million Jews by Nazi Germany and its collaborators during World War II. It was part of the "Final Solution" – the Nazi plan to annihilate more than nine million Jews in Europe. The Nazis murdered millions of others as well, including Roma (Gypsies), Communists, Homosexuals, and persons with disabilities.

To culminate the moving Observance, a candle lighting ceremony was conducted in memory of those who died during the Holocaust. If you missed this outstanding Program, you can watch it, in its entirety, ON DEMAND on [YouTube](#).

A Look at Key Factors in Minority Health and Health Disparities Research

Eliseo J. Pérez-Stable, M.D., National Institute on Minority Health and Health Disparities (NIMHD), NIH

NIMHD leads scientific research in two distinct but overlapping areas: minority health and health disparities. However, what do these terms mean?



Eliseo J. Pérez-Stable, M.D.

Minority health concerns the health of the five racial and ethnic minorities in the United States who have historically faced discrimination and social disadvantage. These groups have been identified by the U.S. Census as: African Americans/Blacks, Latinos/Hispanics, Asians, American Indians/Alaska Natives, and Native Hawaiians/other Pacific Islanders. All of these populations are usually not included as participants of all types of biomedical research and most are also underrepresented as members of the scientific workforce.

At NIMHD, we are committed to addressing health issues within each of the minority groups independent of whether the outcome is worse, better or similar to that of the White comparison group. We value research that emphasizes mechanisms by which health differs within these race/ethnic groups, as well as comparisons to each other and Whites.

Health disparities are differences in health outcomes that negatively affect racial and ethnic minorities, persons of less privileged socioeconomic status, and underserved rural populations. All of these persons have historically been subjected to system and individual discrimination that results in social disadvantage and leads to worse health

outcomes. NIMHD is focusing on outcomes that reflect a higher incidence/prevalence of diseases, higher or premature mortality from specific causes, a higher burden of illness as reflected by global measures such as disability-adjusted life years (DALYs) and worse results on standardized measures of function, well-being or symptoms.

NIMHD postulates that the mechanisms that lead to these health disparities have determinants in the behavioral, biological, social, environmental, and clinical health care system that results in these worse outcomes. Understanding these mechanisms is precisely what will lead to development of interventions to reduce health disparities.

Although social disadvantage is at the core of factors that result in health disparities, it is not the only cause. Behavior and lifestyle affect individual and social outcomes especially in interactions with the biological factors of each person. For example, stress-associated with early life adverse events may trigger biological mechanisms that may lead to chronic diseases in adults and this has great implications of how we attend to the health of children.

Known carcinogen exposure such as tobacco smoke has an increased risk of causing lung cancer in some populations by race/ethnic category and may help us understand different factors that cause cancer, which would not be possible if only one race/ethnic group was included. Poor persons living in one urban environment appear to live an average of four years more than poor people in a different urban environment and this emphasizes the importance of place and systems in the wellbeing of the most vulnerable members of society.

Treatment outcomes for persons with diabetes varies by socioeconomic status, race/ethnicity, and health literacy; interventions need to be attentive to these differences. Understanding the factors that

explain these observations will advance our knowledge of minority health and health disparities. Health disparities research seeks to understand the causes and effects of these differences and to use this knowledge to determine the best approaches to improve health outcomes in affected populations.

NIMHD shares and interprets minority health and health disparities research findings, fosters innovative collaborations and partnerships, spearheads NIH's efforts to increase the racial and ethnic diversity of the scientific workforce, and

promotes the inclusion of minorities in clinical trials and registries. "Inclusion" of minorities in and of itself is not an issue of minority health or health disparities. Rather, it is an issue of social justice and good science that clinical studies need to have diverse populations that represent today's American demographics.

Note: This article was reprinted with permission from the NIMHD. For more information, contact [Kelli Carrington](#), Director, Office of Communications and Public Liaison, NIMHD.

ACL Supporting Nutrition, Supporting Health and Independence Programs

Lance Robertson, Administrator and Assistant Secretary for Aging, Administration for Community Living (ACL)

We all know that good nutrition is the foundation of good health. Healthy eating can help people achieve and maintain a healthy weight, prevent the onset of chronic diseases, reduce inflammation, and speed recovery from injuries. Conversely, poor nutrition is connected to a variety of health problems. Earlier this month, I had lunch with Vice Admiral Jerome Adams, the U.S. Surgeon General. I shared some of the things ACL was working on during National Nutrition Month, and we talked about how important nutrition is for the people ACL serves.

VADM Adams gets it. "People who don't have enough healthy food are more likely to be hospitalized, tend to experience longer hospital stays, and are more likely to be readmitted after discharge. Good nutrition is important to everyone, but it is even more critical for those at risk for being food insecure, such as older adults and people with disabilities, many of whom are already at increased risk of hospitalization." Unfortunately, a variety of factors can make it harder for older adults and people with disabilities to get the nutrition they need.

As we age, our bodies generally become less able to metabolize food, and many people with disabilities

have unique nutrition needs. If people do not fully understand those needs, it can be very difficult to make informed choices that lead to better health. In addition, both older adults and people with disabilities can face barriers to eating well. For example, a lack of public transportation could limit access to fresh groceries, and some people need the support of a caregiver to prepare or eat meals.

The Older Americans Act (OAA), passed in 1965 and reauthorized in 2016, acknowledged the importance of good nutrition for older adults by creating two important meal programs.

The Congregate Meal Program brings people together for meals in group settings such as senior centers, while the Home-Delivered Meal Program provides meals for frail, homebound, or isolated individuals. Both programs serve people age 60 and over, and, in some cases, their caregivers, spouses, and people with disabilities.

Both programs offer nutrition-related services and other important benefits, in addition to the meal. The Congregate Meal Program provides companionship, access to other health activities, and wellness programs — nearly two-thirds of

providers of the Congregate Meal Program also offer health promotion programming. The Home-Delivered Meal Program provides an opportunity for social interaction and informal safety checks. In fact, sometimes the person delivering the meal is the only person the older adult sees regularly. Without the meal delivery, the older adult could be completely isolated.

The impact of these programs cannot be overstated. First, they play a key role in preventing senior hunger and food insecurity. They also help seniors remain independent. In a recent survey, 63 percent of Congregate Meal Program recipients and 93 percent of Home-Delivered Meal Program recipients reported that the meals allowed them to continue living in their own homes.

Similarly, many of the ACL services and supports that help people with disabilities avoid isolation and remain active in their communities help increase access to nutrition. ACL also supports programs to help people with disabilities understand and manage their individual nutrition needs, while other ACL initiatives aim to increase the nutrition knowledge of the professionals who provide services and medical care for people with disabilities.

For example, ACL’s National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) has funded projects studying nutrition interventions for a variety of populations, including people with psychiatric disabilities and spinal cord injuries. In addition, many ACL-funded University Centers for Excellence in Developmental Disabilities (UCEDDs) have professionals on staff with expertise in disability and nutrition.

UCEDDs in five states are collaborating with the Association of University Centers on Disabilities (AUCD) and the Walmart Foundation on the “Nutrition is for Everyone” program. The program provides nutrition education, including direct training, for people with disability and community members. In my home state of Oklahoma, the program is supporting nutrition education training, in English and Spanish, for families with children

with disabilities. Two parents of children with disabilities facilitate the training. The program is also working with the Oklahoma Self-Advocacy Network to offer training to people with disabilities on fitness, healthy eating, and interacting with their health care team.

D&I DID YOU KNOW?

All Americans—including people with disabilities and older adults—should be able to live at home with the support they need, participating in communities that value their contributions. To help meet these needs, the U.S. Department of Health and Human Services (HHS) created a new organization, the Administration for Community Living (ACL). The Administration brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community support, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. To learn more, visit [ACL’s portal](#).

Many State Councils on Developmental Disabilities are also taking an active role in promoting nutrition. For example, South Carolina is funding a “Fit for Life” program that promotes health and wellness for young adults and adults with disabilities. They do this by pairing fitness classes with nutritional support and trips to the grocery store.

Food is an important part of everyone’s day. And for older adults and people with disabilities, it is vital to be well nourished — not just fed — to live the healthiest possible life. At ACL, we are committed to our continued work with the aging and disability networks and other partners to support good nutrition as a key part of helping people live independently. And while National Nutrition Month is coming to an end, we will keep spreading the word about eating well and living well — I hope you will join us!

Note: This article was reprinted with permission from the ACL. For more information, contact [Kelly Mack](#), Public Affairs Specialist, ACL.

UPCOMING EVENTS

6TH ANNUAL HHS EMPLOYEE RESOURCE GROUP (ERG) FORUM/SHOWCASE

Hubert H. Humphrey - East Wing Lobby

Tuesday, June 12, 2018 - 1:00 p.m. – 4:00 p.m., EST

2018 BLACKS IN GOVERNMENT PRE-CONFERENCE AGENCY FORUM

The Hilton New Orleans Riverside

Two Poydras Street – New Orleans, LA 70140

Tuesday, August 14, 2018 - 1:00 p.m. – 5:00 p.m., EST

DAY-TO-DAY D&I: “LUNCH & LEARN” Series, 12:00 p.m. – 1:00 p.m., EST

HHH Bldg. – Rm 405-A - via Teleconference: 1-800-857-0127 – PC 7682500

(Additional logistical information will be available via HHS NEWS)

- **Wednesday, June 20, 2018:** Diversity Includes Everyone
- **Wednesday, July 18, 2018:** First Generation Professionals
- **Wednesday, Aug. 15, 2018:** Personality Types - Workplace Conflict and Cooperation
- **Wednesday, Sept. 19, 2018:** ABCs of ERGs (Employee Resource Groups)

HHS ERG Engagement/Leading Practices Roundtables, 1:00 p.m. – 3:00 p.m., EST*

(Remote Access Info to Follow)

Thursday, June 7, 2018:	LGBT ERGs Roundtable	HHH Building, Room 325-A
Tuesday, August 14, 2018:	African American ERG Roundtable (Follow-up)	BIG Pre-Conference Forum *4:15p.m – 4:55 p.m., EST
Thursday, Sept. 20, 2018:	Hispanic ERGs Roundtable	HHH Building, Room 405-A



HHS.GOV | MAX.GOV | [YOUTUBE](https://www.youtube.com) 