U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Administration
Office of Human Resources

DIVERSITY & INCLUSION AT HHS

"One Department — One Mission — One HHS"

SUMMER/FALL 2018 ISSUE

IN THIS ISSUE

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 Summer/Fall 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.

Healthy People 2020 Health Disparities Data Widget

The Office of Disease Prevention and Health Promotion (ODPHP), National Center for Health Statistics (NCHS) and the Office of Minority Health (OMH) are pleased to announce the release of a new HealthyPeople.gov data search function. The Health Disparities widget provides an easy way for you to access health disparities data related to Healthy People

2020 objectives for the Leading Health Indicators (LHIs). LHIs are critical health issues that, when addressed, will help reduce the leading causes of death and preventable illnesses.

It is easy to embed the widget on your site and give your stakeholders easy access to the latest available disparities data. Once you have added the widget, there's no technical maintenance required. The content will update automatically with the latest available data.

The widget provides charts and graphs of disparities data at your fingertips. Use the widget to browse data by:

- Disparity type—including disability, education, income, location, race and ethnicity, and sex;
- Leading Health Indicator.

To explore, use and share the widget, visit the Healthy 2020 portal.

Strategies for Reducing Health Disparities

A major goal of public health is to reduce health disparities. The programs described in the Morbidity and Mortality Weekly Report (MMWR) Supplement, Strategies for Reducing Health Disparities—Selected CDC-Sponsored Interventions, United States, 2016, are examples of CDC-sponsored initiatives that address health disparities with the goal of advancing health equity.

This supplement includes additional interventions to address disparities by race and ethnicity, socioeconomic status, geographic location, disability, and/or sexual orientation across a range of conditions. Interventions described in the supplement include:

- A report on the Traditional Foods Project
- A description of Boston Children's Hospital's Community Asthma Initiative
- A report describing evidenced-based approaches that change policies and structural factors in high risk communities and have the potential to reduce violence
- An evaluation of the Living Well With a Disability Program

For more information, please visit the CDC Office of Minority Health & Health Equity (OMHHE) site.

Engaging Select Populations E-Learning Module

This course on Engaging Select Populations provides programs working with expectant and parenting adolescents and young adults (referred to as expectant and parenting youth in this course) with an overview of principles and strategies to more successfully reach diverse, vulnerable, and at-risk youth and, specifically, how to work in partnership with them.

This E-learning module on Engaging Select Populations teaches practitioners working with expectant and parenting youth how to:

- Define select populations
- Identify the select populations they serve within their target population
- Identify supports and ways to engage the select populations they serve
- Develop specific strategies for engaging select populations of youth

The term "select populations" to refer to groups of diverse youth with many different characteristics, including, in some cases, vulnerability. The diversity of a population includes the ways in which people differ on characteristics such as age, race, language, gender, sexual orientation, socio-economic status, religion, and physical and mental abilities.

To learn more about this and other modules, visit the HHS Office of the Assistant Secretary for Health (OASH), Office of Adolescent Health (OAH) Online Learning Modules site.

Experiential Learning Opportunities

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

Competing priorities can make it difficult for many of us to continue with our professional development, especially if it means being away from our office for extended periods.

However, with the ever-expanding options for utilizing technology, we all have many web-based opportunities to learn and to expand our professional skills. Nevertheless, if your eyes or your attention span need a break from your computer screen, "experiential learning" can be a flexible medium to develop new skills immediately without taking long hours away from mission priorities.

Separate from the familiarity of being in a classroom and listening to a lecture, experiential training allows participants immersion in a hands-on experience, guided by a coach who transfers their knowledge as the next iteration in knowledge sharing. Experiential training is one of the most interactive approaches of learning, where participants improve their skills on the premise of learning through sharing for skills enhancement, organizational growth and career progression. Unlike applying new skills at the end of a class, experiential learning participants are able to learn, apply, and receive feedback in a continuous cycle.

Knowledge sharing, continuous learning and professional development are critical to drive our organization forward and to enable all of us together to meet challenges in the future. The stories of Ford, Edsel, Blockbuster, Kodak show us the peril of failing to grow. Delaying new ideas enables you to avoid uncomfortable change now, but, you lose the opportunity to continue to thrive- or even exist- in the future.

At D&I, we offer experiential learning opportunities to develop skills using the Human Centered Design (HCD) methodology to address gaps and ensure products and services address what customers want and need, not what teams or individuals believe customers want.

D&I DID YOU KNOW?

The **U.S. Department of Health and Human Services (HHS), Office of Human Resources (OHR), Diversity and Inclusion (D&I) Division** is actively engaged in a number of initiatives to develop and implement a more comprehensive, integrated, and strategic focus on diversity and inclusion as a key component of HR strategies. This includes:

- Ongoing engagement with internal and external organizations.
- Day-to-Day D&I "Lunch & Learn" Series that addresses the day-to-day concerns of HHS employees, supervisors, and managers.
- Comprehensive 508-compliant products such as quarterly newsletters, webcasts, fact sheets, E-blasts, calendars, promotional flyers, customer satisfaction surveys.
- External and internal virtual platforms on HHS.gov, MAX.gov and YouTube.com.
- Technology-driven events to widen access to information and enable the Division to reach HHS employees and others throughout the country.

For more information, e-mail diversity@hhs.gov .

At the interagency level, Open Opportunities provides experiential learning opportunities for federal employees. These opportunities contribute to employee knowledge and understanding of areas outside their day-to-day jobs, providing them with the benefits of cognitive diversity by bringing new and different perspectives to your team or project, breaking down intra- and inter-agency silos, and creating connections with innovators across government.

Following are a few great articles:

- Why is Experiential Learning the Real Learning for Employees
- What is Human Centered Design
- 5 Behaviors of Leaders Who Embrace Change

Matthew Y.C. Lin, MD, Deputy Assistant Secretary for Minority Health

Office of Public Affairs, Office of Minority Health, HHS

Matthew Y.C. Lin, MD

Dr. Dr. Matthew Y.C. Lin was appointed Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health at the U.S. Department of Health and Human Services (HHS) on August 21, 2017. The Office of Minority Health (OMH) is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities, provide access to quality care and advance health equity.

Under Dr. Lin's leadership, OMH oversees the implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Partnership for Action to End Health Disparities. Dr. Lin also guides OMH's work on key HHS priorities, including addressing the opioid epidemic, childhood obesity and serious mental illness.

An orthopedic surgeon, Dr. Lin has spent most of his professional career serving a primarily minority population in the San Gabriel Valley of California. Among other responsibilities there, he served as a member of the board of directors at Alhambra Hospital and Garfield Medical Center. For the past two decades, he has also been involved in medical relief efforts for natural disasters worldwide, including the 2015 earthquake in Nepal, the 2010 earthquake in Haiti, the 2005 tsunami in Sri Lanka and Hurricane Katrina in New Orleans in 2005.

Dr. Lin received his medical degree from Taipei Medical University. He arrived in the U.S. from Taipei in the early 1970s, completing residencies in Baltimore at Medstar Union Memorial Hospital and Johns Hopkins Hospital, where he specialized in hand and orthopedic surgery. He has also served on the faculties of the University of Southern California, Western University of Health Sciences and the California Northstate University College of Medicine.

D&I DID YOU KNOW?

In 1985, the U.S. Department of Health and Human Services (HHS) released a landmark report, the Secretary's Task Force Report on Black and Minority Health (Heckler Report). It documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities "an affront both to our ideals and to the ongoing genius of American medicine."

The **Office of Minority Health** was created in 1986 as one of the most significant outcomes of the Heckler Report and was reauthorized by the Affordable Care Act (ACA) in 2010. The mission of the Office of Minority Health is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.

Dr. Lin has been active in numerous medical and health policy organizations and is the recipient of a number of prestigious awards, including the Los Angeles County Medical Association's Leadership Award for Public Service and the California Hospital Association's Leadership in Governance Award. He has also served as mayor, vice-mayor and city councilman in San Marino, California.

Note: *This article was reprinted with permission from the OMH Office of Public Affairs.*

LGBT Pride Month: LGBT Health Panel at HHS

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

In observance of LGBT Pride Month, the HHS D&I Division presented a LGBT Health Panel Discussion with a focus on LGBT health issues. This event took place on Thursday, June 21, 2018, in Room 505-A of the Hubert H. Humphrey Building. A teleconference line was provided for those unable to attend in person.

The panel discussion was led by two subject matter experts: CAPT Samuel Wu, Public Health Advisor, and Special Assistant to the Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health (OMH), and Elliot Kennedy, Public Health Advisor, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health (OASH).

CAPT Wu shared what OMH does to address the health of the LGBT population. He provided a solid historical summary of OMH, which works with partners ad stakeholders both at national and local levels. For instance, one of OMH's signature programs is the National Standards for Culturally and Linguistically Appropriate Services in Health and Health, whose aim is to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. Hence, this Program is a reflection of HHS' continuous commitment to safeguard the health and well-being of this population.

Elliot Kennedy spoke about the LGBT Coordinating Committee, which was created in 2010 in response to an Executive Order. The Committee issued what was intended to a one-time report a one-time; however, it became an annual process. These reports outline high and low level initiatives carried out by HHS to improve the lives and well-being of the LGBT population. The Committee was originally comprised of individuals appointed by the Secretary, but, over time, grew to include representatives from every Agency and Office at HHS. Currently, the Committee works in an information-sharing and engagement capacity. For more information, contact Elliot.kennedy@hhs.gov.

D&I DID YOU KNOW?

Lesbian, Gay, Bisexual and Transgender (LGBT) Pride Month is celebrated each June to honor the 1969 Stonewall riots in Manhattan. The Stonewall riots were a tipping point for the Gay Liberation Movement in the United States. Initially, the last Sunday in June was celebrated as "Gay Pride Day," in the U.S., although, the actual day was flexible. In major cities across the nation, the "day" soon grew to encompass a month-long series of events.

Today, celebrations include pride parades, picnics, parties, workshops, symposia and concerts, and LGBT Pride Month events attract millions of participants around the world. Memorials are held during this month for those members of the community who have been lost to hate crimes or HIV/AIDS. The purpose of the commemorative month is to recognize the impact that lesbian, gay, bisexual and transgender individuals have had on history locally, nationally, and internationally.

Further, in 1994, a coalition of education-based organizations in the United States designated October as LGBT History Month. In 1995, a resolution passed by the General Assembly of the National Education Association included LGBT History Month within a list ofcommemorative months.

Source: *Library of Congress*

We sincerely thank everyone who supported this event. For your convenience, the audio recording is now available on Max.gov.

Blind or Brave in the Face of Difference

Dawn Wayman, Diversity & Inclusion Strategist, Office of Equity, Diversity and Inclusion, NIH

A few years ago, Mellody Hobson, President of Ariel Investments, shared the talk Color Blind or Color Brave at the TED2014 Conference. Despite being warned about discussing race on such a large platform, Mellody spoke on this topic because she believes racial discrimination "threatens to rob another generation of all the opportunities that all of us want for our children, no matter what their color or where they come from".

While Hobson's talk focused exclusively on race, any word for difference can be substituted in its place. As leaders at different levels in the federal workforce, we are challenged to decide whether we will be blind or brave in the face of difference. In the words of Hobson, being blind means we pretend to not notice difference. Unfortunately, this can lead to ignoring the problems of discrimination and bias that continue to exist. On the other hand, being brave means we embrace diversity and are willing to engage in the difficult, yet meaningful conversations about differences.

At the National Institutes of Health (NIH), we are a group of people with varied disabilities, races, religions, sexual orientations, genders, ethnicities, national origins, socioeconomic levels, and educational backgrounds, among other things. One of the unique challenges we face is the collaborative nature of our work. It requires administrative, clinical, and scientific staff to work together for the greater good of the patients we serve. The differences that exist among us sometimes create unique challenges in fulfilling our mission. Collectively we strive "to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability."

Daily we encounter patients of all backgrounds who come through the doors of the Clinical Center depending on our joint commitment to ensure the most qualified team of professionals is in place to provide crucial care. Equally, patients and their family members who never set foot on our campus rely on our teams of qualified scientists and administrative professionals, in both the extramural and intramural communities, to bring them hope in often desperate situations. As we serve those who are ill, the demographic characteristics of a person are not of greatest importance. Rather, being properly trained for the job and capable of providing a high level of care matter most.

Given this, it is vitally important that when crafting our teams, we are willing to be courageous and embrace difference—different viewpoints, different experiences, and different appearances. This begins as early as the trainee level with the NIH's aspiring talent in universities and institutions. A commitment to being brave in the face of our differences provides an opportunity for all to contribute to our great work. It fosters an environment where authenticity is welcomed and innovation blossoms.

Do you have a story idea for us? Do you want to submit a guest blog? If it is about equity, diversity, or inclusion, please submit to edi.stories@nih.gov.

For news, updates, and videos, follow or subscribe to EDI on: Twitter, Instagram, Blog, YouTube.

Note: *This article was reprinted with permission from the Office of Equity, Diversity and Inclusion, NIH.*

2018 HHS Federal Asian Pacific American Council Forum

Vanee Komolprasert, Federal Asian Pacific American Council, FDA

From left to right: CDR Eric Zhou, Mr. Farook Sait, Ms. Piyachat Terrell, Dr. Howard Zhang

On May 14-17, the Federal Asian Pacific American Council (FAPAC) hosted the 33rd National Leadership Training Program (NLTP) at the Sheraton Pentagon City Hotel, Arlington, VA. The theme was "Unite Our Vision by Working Together."

On the first day of the NLTP, HHS and FAPAC co-sponsored the HHS Pre-Conference Agency Forum to celebrate Asian American and Pacific Islander (AAPI) Heritage Month. The Forum, which was open to everyone and livestreamed for those unable to attend in person, took place at the Center for Food Safety and Applied Nutrition (CFSAN) in the FDA College Park campus.

CFSAN Asian American Network (CAAN) hosted the event with financial support from the CFSAN Staff College. It brought together senior leaders and staff to openly discuss important Department-wide matters; celebrate diverse cultures of AAPI workforce at HHS; and address challenges and best practices for achieving workforce diversity at HHS. Morning sessions featured a number of renown speakers, including:

- Dr. Susan Mayne, Director, FDA/CFSAN, and Dr. Bonita V. White, Director, D&I Division, HHS provided opening and welcoming remarks; and Dr. Vanee Komolprasert, Forum Manager and Employee Resource Group (ERG) representative for FAPAC, FDA/CFSAN, talked about the objectives and agenda of the Forum.

- Mr. Wilfredo Sauri and Ms. Mary Billingsley Jones, Data Analytics Division, Office of Human Resources, HHS presented "State of Asian Americans at HHS: FY 2017 Workforce Demographic Report."

- Mr. Bishop Buckley, Diversity Director, Office of Equal Employment Opportunity, FDA talked about the "FDA Diversity Snapshot."

- Dr. Kristine Leiphart, Deputy Director, Office of Laboratory Science and Safety, FDA, gave an overview of the FDA Diversity and Inclusion Status Report, based on the April 2017 FDA Survey.

- Dr. Matthew Lin, Deputy Assistant Secretary for Minority Health, Office of Secretary, HHS, and Keynote speaker, gave the presentation "A Path to Service: Advancing Health Equity: For Racial and Ethnic Minority Populations."

There was also a live fashion show by colleagues from Philippines, China, Vietnam, Myanmar, Thailand and India, along with a slide show giving an overview of those countries and a delicious Asian lunch. Additionally, the Forum featured:

- A panel discussion on "Challenges and Best Practices for Achieving Workforce Diversity," joined by Dr. White, Director, D&I Division, HHS; Ms. Debra Chew, Esq., Director, Office of Equity, Diversity and Inclusion, NIH; Dr. LaKaisha T. Yarber Jarrett, Diversity and Inclusion Manager, Office of Civil Rights, Diversity and Inclusion, Health Resources and Services Administration (HRSA); Ms. Alaina Jenkins, Deputy Director, Office of Equal Opportunity and Civil Rights, Center for Medicare and Medicaid Services (CMS); and Mr. Bishop Buckley, Diversity Director, Office of Equal Employment Opportunity, FDA.

- A panel discussion on "AAPI Workforce Diversity and Opportunity," joined by Dr. Howard Zhang, Director, Beltsville Agricultural Research Center, Agricultural Research Service, US Department of

Agriculture (USDA); Ms. Piyachat Terrell, Program Manager, White House Initiative for AAPI, Environmental Protection Agency (EPA); CDR Eric Zhou, Chair, Asian Pacific American Officer Committee, NIH; and Mr. Farook Sait, Former FAPAC President, Retired Director, Office of Civil Rights, Food Safety and Inspection Service, USDA.

- Executive coaching for career advancement by Dr. Howard Zhang, Director, Beltsville Agricultural Research Center, ARS/USDA, and Mr. Farook Sait, Retired Director, Office of Civil Rights, FSIS, USDA.

Closing Remarks by Ms. Margaret-Hannah Emerick, Chair, CAAN, FDA/CFSAN. The entire Forum was recorded and can be viewed at Play recording.

Special thanks to the members of the organizing committee for making this Forum possible and a success: Dr. Bonita V. White and Mr. Duilio Correa, HHS; Mr. Tyrone C. Banks, NIH; Drs. George Chang, Jo Huang, Vanee Komolprasert and Ruiqing Pamboukian, CDR Dipti Kalra, LCDR Kelly Leong, Mr. Duc Nguyen, Ms. Yuru Huang, Ms. Margaret-Hannah Emerick and CAAN members, FDA.

For additional details about FAPAC, visit the FAPAC website.

Healthy Mind Initiative Addresses Mental Health of Asian American and Pacific Islander Youth

Victoria Chau, Ph.D., M.P.H., Substance Abuse and Mental Health Services Administration (SAMHSA), Lieutenant Commander Kelly Leong U.S. Public Health Service (PHS), and David J. Robles, B.A. Graduate Intern, SAMHSA

In a recent NIMHD Insights blog post, Dr. Xinzhi Zhang raised serious concerns about mental health awareness among Asian American and Pacific Islander (AAPI) youth and families. Suicide deaths have catapulted to the top as the leading cause of death for AAPI adolescents 12-19 years old in 2016.[1] AAPI youth are the only racial/ethnic group for whom suicide is the leading cause of death, yet this is rarely discussed. The challenge of raising mental health awareness among AAPI communities is multifaceted but includes two key barriers: language issues and lack of culturally sensitive educators.

In response to this urgent challenge, the Healthy Mind Initiative (HMI) was established to create a collaboration across the federal, county, and community sectors with two intents. The first aim is to improve mental health literacy in AAPI communities. The second aim is to address the mental health stigma and cultural barriers to seeking mental health treatment faced by AAPI youth and communities. The HMI is led by the Asian Pacific American Officers Committee (APAOC) of the U.S Public Health Service Commissioned Corps (USPHS), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Montgomery County Health and Human Service's Asian American Health Initiative (AAHI), the National Institute on Minority Health and Health Disparities (NIMHD), and AAPI community organizations.

Unique to the HMI is its focus on leveraging APAOC as primarily non-mental health professionals to deliver key mental health messages to AAPI communities with the support of SAMHSA and AAHI. The mission of the USPHS is to protect, promote, and advance the health and safety of our nation.

As America's uniformed service of public health professionals, the Commissioned Corps achieves its mission through rapid and effective response to public health needs; leadership and excellence in public health practices; and advancement of public health science. The APAOC is uniquely positioned to deliver critical, culturally specific information to AAPI communities, as it consists of multilingual "trusted messengers" in their ethnic communities.

These messengers also serve as advisors to the U.S. Office of the Surgeon General on AAPI issues. Each partner agency serves a specific role. SAMHSA provides the mental health expertise by developing the educational materials with input from its federal partners and the community organization leaders. These materials serve as a guide for APAOC officers to deliver mental health training modules.

AAHI assists as the community outreach expert, trains the APAOC on "Mental Health First Aid" to equip members with the skills to conduct outreach activities, and provides community resources. NIMHD promotes the initiative and is a bridge to the health disparities federal and research community interested in multi-level collaboration.

This model highlights the potentially broad reach to diverse AAPI communities through the trusted APAOC and its partners. From this initiative, four key components to successful collaboration have emerged and include:

1. Identifying a specific critical issue with partners who share a common vision. A common purpose among partner agencies and community organizations is most essential to any collaboration and acts as the glue.

2. Establishing specific roles for each partner. Defining specific roles for each partner agency/organization from the start allows all partners to understand their role and how each complements one another, and prevents duplicating work.

3. Securing leadership buy-in of each partner. Having supportive leadership at each partner agency/organization help moves the project forward with greater ease and reach.

4. Leveraging the existing resources from partners. Each partner organization has their own strength and networks; leveraging existing expertise and resources reduces time and cost.

The HMI seeks to reach a population that often views mental health negatively or not at all due to stigma, lack of awareness and education, and differences in cultural conceptualization of mental health. Currently being piloted in Montgomery County, Maryland, the HMI model is an example of collaboration working to reach health equity and may be expanded to other areas as needed.

It is important to remember that mental health is essential to overall well-being and health. To improve the trajectories of our youth, including minority youth such as AAPI youth, it is crucial for us to increase our understanding of mental health. To learn more about mental health and the HMI partners please visit:

Mental Health Resources

- Mentalhealth.gov
- Interagency Working Group on Youth Programs (IWGYP), Youth.gov Mental Health

AAPI Mental Health Resources

- AAHI online resources
- SAMHSA Behavioral Health Equity Asian American, Native Hawaiian and Pacific Islander
- SAMHSA AANHPI Snapshot of Behavioral Health Boys and Men issue

HMI and Partner Websites

- HMI: https://dcp.psc.gov/OSG/apaoc/healthy_mind_initiative.aspx
- AAHI: http://aahiinfo.org
- APAOC: https://dcp.psc.gov/OSG/apaoc/default.aspx
- NIMHD: https://www.nimhd.nih.gov
- SAMHSA: http://www.samhsa.gov

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

[1]Centers for Disease Control and Prevention (2018). WISQARS Leading Causes of Death Reports, 1981-2016.

A Milestone for Community Living: Reflecting on 19 Years of Olmstead

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

The right to live independently, integrated into the community, is a cornerstone of the disability rights movement. It is also the core of the mission for the Administration for Community Living (ACL) — it is even built into our name. ACL was created around the fundamental principle that all people, regardless of age or disability, should be able to live independently and fully participate in their communities.

For decades, people with disabilities have worked to turn this principle into a reality. Looking at this history, certain moments stand out as turning points. For example, the passage and implementation of landmark legislation including the Americans with Disabilities Act, Rehabilitation Act, Individuals with Disabilities Education Act, and Developmental Disabilities Assistance and Bill of Rights Act have each helped make community living possible for more Americans.

Today, we celebrate the anniversary of another important milestone. Nineteen years ago, the Supreme Court ruled in Olmstead v L.C. that people with disabilities cannot be unnecessarily segregated into institutions (like nursing homes and other facilities) and must receive services in the most integrated setting possible.

The Olmstead decision opened the door to innovations and programs that make services and supports more available, allowing people to live the lives they choose, in the communities they choose, with family and friends. It also has given the aging and disability networks a new tool to advance community living.

I am proud of the work ACL, the predecessor organizations it brought together in 2012, and the many organizations we fund have done to fulfill Olmstead's promise and make a difference in peoples' lives.

For example, across the country, Protection and Advocacy Systems are working to translate Olmstead's charge into more integrated schools and workplaces, as well as more services and supports in the community. Centers for Independent Living offer the peer support, tools, and resources many need to live in the community, including helping those living in institutions transition to the community.

This year, we are also proud to celebrate the 40th Anniversary of the creation of ACL's National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) and the Title VII Independent Living Programs, both established by the Rehabilitation Act. Each has been a catalyst for progress and continue to spur innovation, training, technology, and other services that promote independence, community participation, and employment.

People of all ages have benefited from Olmstead. ACL's programs for older adults are doing their part to make community living possible by providing critical services, including meals and caregiver support.

ACL, our networks, and partners are demonstrating that expanding community living options is both the right thing to do and it's often the fiscally responsible thing to do. Skilled nursing and residential living can cost upwards of $225,000 a year. Services and supports provided in the community are usually far less expensive. The potential for cost savings can be seen in a demonstration program known as Money Follows the Person (MFP).

D&I DID YOU KNOW?

Lance Robertson was appointed to serve as Assistant Secretary for Aging and ACL's Administrator on August 11, 2017.

His vision for ACL focuses on five pillars: supporting families and caregivers, protecting rights and preventing abuse, connecting people to resources, expanding employment opportunities and strengthening the aging and disability networks.

His leadership in the fields of aging and disability began in Oklahoma, where he served for 10 years as the Director of Aging Services within the state's Department of Human Services. Prior to that, he spent 12 years at Oklahoma State University, where he co-founded the Gerontology Institute and served as the executive director of the nation's largest regional gerontology association.

Lance earned his undergraduate degree from Oklahoma State University and a master of public administration degree from the University of Central Oklahoma, and he is a veteran of the United States Army.

To learn more, visit ACL's portal.

The program eliminates barriers to home- and community-based services and allows people to transition out of institutional settings and receive long-term services and supports at home. A report released by HHS in December looking at eight years of MFP data estimated that, in the first year after transitioning into the community, MFP participants saved Medicaid and Medicare $978 million in medical and long-term support and services costs.

We have come a long way since the Olmstead decision, but we are far from done. As important as our successes are—especially to the people who now live independently in communities—we still have a lot of work to do to make the vision of Olmstead and the Americans with Disabilities Act a reality.

ACL is committed to seeing community living become a reality for every older adult and person with a disability who seeks it.

I am honored to work with you towards this important goal.

After all, while the Olmstead decision may have particular significance for older adults and people with disabilities, ultimately, it benefits all of us. Our communities and our lives are richer with a diversity of people, abilities, and perspectives.

Older adults offer a critical link to our history and culture in our neighborhoods, congregations, and gatherings. People with different life experiences advance new ideas and spark innovation in business and the community.

We all miss out when community living is out of reach.

Note: *This article was reprinted with permission from the ACL. For more information, contact Kelly Mack, Public Affairs Specialist, ACL.*

UPCOMING EVENTS

(Additional logistical information will be available via HHS NEWS)

HHS Employee Resource Group (ERG) Multi-Site Showcase, 1:00 p.m. – 4:00 p.m., EST

Hubert H. Humphrey Bldg. – East Wing
September 26, 2018

Hispanic Health Service Organization Exhibitors 10:00 a.m. – 12:00 p.m., EST

Hubert H. Humphrey Bldg. – East Wing
October 11, 2018

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

- **Wednesday, Oct. 17, 2018:** Disability Inclusion
- **Wednesday, Nov. 14, 2018:** Best Practices For Veterans ERGs
- **Wednesday, Dec. 19, 2018:** Religious Accommodation in the Workplace

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

Tuesday, Nov. 7, 2018:	Veterans ERGs Roundtable	HHH Building, Room 325-A
Thursday, Dec. 13, 2018:	Faith-Based ERGs Roundtable	HHH Building, Room 325-A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) — OFFICE OF HUMAN RESOURCES (OHR) —
DIVERSITY & INCLUSION DIVISION

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