



ANNUAL REPORT 2020

A university-wide initiative bridging Cornell's New York City and Ithaca campuses

Website: centerforhealthequity.cornell.edu

Cornell Center
for Health Equity

ABOUT US

The [Cornell Center for Health Equity \(CCHEq\)](#) was proposed as the Weill Cornell Center in 2016, reflecting the core values of Cornell University. Former Interim President Hunter Rawlings requested the Center's expansion as a university-wide initiative upon learning more about CCHEq. In January 2018, the Cornell Center for Health Equity formally launched by Monika Safford, MD, Chief of the Division of General Internal Medicine at Weill Cornell Medicine and Avery August, PhD, Vice-Provost of Cornell University, as a collaborative vision derived with input from scientists, educators, and community members to generate new knowledge on achieving health equity by conducting rigorous research in partnership with the communities that Cornell University engages. This report summarizes the early endeavors and developments of the Center subsequent to its initial opening.

Vision

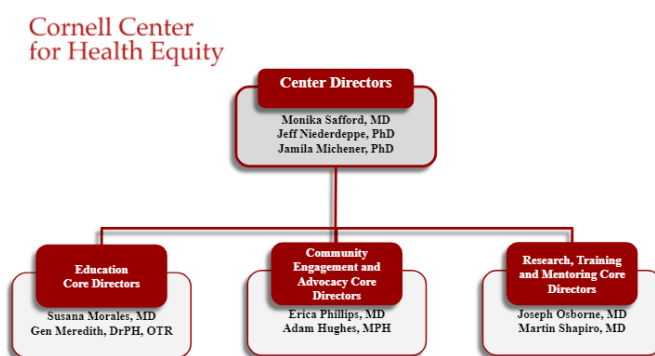
The Center's vision is to achieve health equity in local, national, and global communities through partnerships for cross-campus collaborative research, education, service, and advocacy.

Mission

The fivefold mission of the Cornell Center for Health Equity is to advance health equity by:

1. Generating and sharing new knowledge.
2. Training outstanding investigators, with an emphasis on people from underrepresented groups.
3. Educating students, trainees, faculty, and communities.
4. Engaging with diverse communities in this work.
5. Applying knowledge to maximize its impact on practice and policy.

Organizational Structure



The organizational structure of the Center is designed to reflect the mission and bi-campus setting. [Co-Directors and Cores](#) are established in New York City, NY, and Ithaca, NY. The Center has succeeded in the recruitment of Center Co-Directors on the Ithaca campus. In 2020, we welcomed [Jeff Niederdeppe, PhD](#), Professor in the Department of Communication, who examines the mechanisms and effects of

mass media campaigns, strategic health messages, and news coverage in shaping health behavior, health inequity, and social policy; and [Jamila Michener, PhD](#), Associate Professor in the Department of Government, who studies the politics of poverty, racism, and public policy in the United States, with an emphasis on Medicaid and health equity. Dr. Niederdeppe and Dr. Michener now serve alongside [Monika Safford, MD](#), founder and Co-Director of CCHEq. The infrastructure of the Center consists of the following “Cores” that will guide and inform all Center activities:



Education Core

The [Education Core](#) coordinates offerings in health equity education across the two campuses. This taps into Cornell's well-established pipeline programs for engaging minorities to pursue health-related professions and scientific discovery - adding an explicit focus on engaging young scientists interested in research on health equity. In April 2021, CCHEq welcomed Gen Meredith, DrPH, OTR as the new Co-Associate Director of the Education Core in Ithaca. Dr. Meredith will serve alongside her New York City counterpart Dr. Susana Morales. Gen Meredith, Associate Director of, and core faculty within, Cornell's Master of Public Health (MPH) Program, is an educator, a community mobilizer, and an applied/community-engaged researcher.

Associate Co-Directors: [Susana Morales, MD](#) and [Gen Meredith, DrPH, OTR](#)

Diversity Center of Excellence (DCOE)

Many of the Education Core activities are supported by a grant from the Health Resources and Services Administration (HRSA) for a DCOE. The main goal of DCOE is to attract and retain underrepresented minorities to the health professions. Strategies to accomplish this goal include shoring up pipeline programs starting as young as middle school and high school, counseling and mentoring at the undergraduate and medical school level, and additional programming for medical trainees and faculty. A special emphasis is being placed on Cornell University undergraduate students as well as Hunter College students. A HRSA supplement to support COVID-19 activities was received in May 2020.



MPH program

The Cornell Master of Public Health (MPH) Program trains and supports a public health workforce that will advance health equity by reducing disparities based on race, ethnicity, class and geography, including differences between rural and urban settings. In solidarity with the Cornell Center for Health Equity and marginalized groups around the world, the MPH Program is committed to addressing racism and discrimination within our community and profession through teaching, research community engagement, and policies. Some of the Program's active strategies to advance equity through public health include:

- ✚ Recruiting: Define, monitor and reevaluate recruiting efforts each year, to identify those that promote diverse applicant pools.
- ✚ Scholarships: Dedicate at least 10% of possible tuition revenue each year as tuition assistance.
- ✚ Reducing barriers: No longer require the Graduate Record Examination (GRE) for admissions.
- ✚ Curriculum: Deliver a curriculum that offers tools and dialogue to all students to raise awareness and agency around diversity, equity and inclusion issues.
- ✚ Feedback: Provide judgment-free opportunities for students, faculty and staff to provide feedback, both anonymously and in open fora such as Program "town hall" meetings.
- ✚ Response: Respond as a Program to feedback, with transparent action and communication.
- ✚ Continuing education: Offer and encourage training and workshops for faculty and staff to raise awareness of and dialogue around diversity, equity and inclusion issues, including cultural competence, internationalizing the curriculum, and facilitating health equity discussions.
- ✚ Student engagement: Engage students as key stakeholders to shaping, implementing, and evaluating Program culture, curriculum, research, community engagement, and continuing education and events.
- ✚ Governance: Establish and sustain a Cornell MPH Antiracism, Antidiscrimination, Diversity, Equity and Inclusion (ARADDEI) committee and subcommittees, comprised of students, faculty, staff, alumni, and community partners.

Cornell University School of Continuing Education

In NYC, the CCHEq became an integral part of the Cornell University School of Continuing Education and Summer Sessions winter course “Practice Health Equity: Theory and Fieldwork in North Brooklyn” in January 2019, and the summer course “Practicing Medicine: Health Care Culture and Careers in NYC. CCHEq faculty helped the course director design the curriculum and find hands-on community experiences for students.

Center for the Study of Inequalities

Study of Inequality launched the Minor in Inequality Studies’ Health Equity Track in 2019. The program allows students interested in medicine, public health, social science, or public policy to examine the social determinants and outcomes of inequalities on healthcare accessibility, consequences on health and life expectancy.

General Internal Medicine Research Fellowship Program

This training program, supported by HRSA and WCM, supports the training of 2-3 fellows per year to prepare them for a research career. The 2-3 year long program places special emphasis on underrepresented minority investigators and investigators focusing their work on health disparities. The program is directed by Drs. Molly McNairy and Monika Safford. More information is available on the [GIM website](#).

Weill Cornell Medicine's Area of Concentration (AOC)

CCHEq took on the administration of Weill Cornell Medicine’s Area of Concentration (AOC) in health equity. The AOC program requires medical students to spend 6 months conducting scholarly work, most often research with a scientist. With the CCHEq’s leadership of the AOC, a week-long in-service was developed to prepare students to study health equity; this in-service will also be offered as an elective to medical students. The health equity in-service will be pilot tested in the 2021-2022 academic year. To date, 15 students have been mentored in patient-centered care and health equity-related research.



Diversity Mentoring Cascade |
Spring 2021



Pre-Medical Conference -
Toward Health Equity and
Beyond: Building a Career in
Medicine | March 30, 2019



White Coats for Human Rights |
September 4, 2019

Community, Engagement and Advocacy Core

The [Community Engagement and Advocacy Core](#) ensures productive, two-way academic scientist-community partnerships to integrate “on-the-ground” perspectives and produce research directly relevant to the community. The Community Engagement and Advocacy Core has developed relationships with local primary care practices and community-based organizations, aiding in practice recruitment and engagement of community organizations that will be helpful to the project.

Associate Co-Directors: [Erica Phillips, MD, MS](#) and [Adam Hughes, MPH](#)

Rural Health Equity Training Collaborative

The Rural Health Equity Training Collaborative (RHETC) program is an initiative of Cayuga Medical Center (CMC), REACH Medical, and Tompkins Cortland Community College (TC3) that aims to improve health equity through the training and education of a culturally responsive healthcare workforce in a comprehensive care continuum. The RHETC program builds a supportive, integrated infrastructure for Cayuga Health System and provides didactic and experiential training for CMC’s new Internal Medicine Residency Program and the TC3 Nursing Program so that current and future healthcare professionals can more effectively provide stigma-free, compassionate, and equitable care for underserved populations, particularly individuals with substance use disorders (SUDs) and other behavioral health needs. With key principles of health equity and low-threshold harm reduction, RHETC builds our local health system’s capacity to engage in community-focused strategies to improve the quality of patient care, reduce disparate outcomes for underserved populations, and enhance overall well-being in our community. Dr. Jamila Michener, Cornell Center for Health Equity co-director, has played a critical role in the planning and implementation of this grant project as a member of the Community Advisory Board. More generally, numerous CCHEq members have played key roles by offering lectures, learning opportunities, and various forms of support.

Cayuga Medical Center Internal Medicine Residency Program

A long-standing collaboration with Cayuga Medical Center, which has been a teaching site for Weill Cornell medical students and trainees for many years, was expanded in July 2019 to support a new residency program with a strong emphasis on social determinants of health. Michael Berlin, MD, a graduate of Weill Cornell Medicine’s Internal Medicine residency training program, spearheaded the development of this program. In July 2020, the program welcomed a new director, Janette Lee, MD, so that Dr. Berlin could pursue an Executive MBA while remaining a key member of the faculty team. The Residency Program benefits from its partnership with the Cornell Center for Health Equity and the Cornell Master of Public Health (MPH) Program through the fostering of relationships between faculty mentors, students and residents that result in collaborative research opportunities and community-engaged health initiatives.

Patient Activated Learning System (PALS)

A novel initiative of the CCHEq is the [Patient Activated Learning System \(PALS\)](#), a community engagement and education tool. This information platform was conceptualized by Dr. Safford while she was at the University of Alabama at Birmingham and was designed to overcome profound knowledge deficits about health, diseases, and medical treatments among members of communities of color in the Southeast. The project was expanded at Weill Cornell and has engaged several CCHEq members. The site uses Adult Learning Theory and Social Cognitive Theory to provide easily understood short segments answering questions about health, disease, and treatments elicited from actual patients. It makes liberal use of videos and visual depictions of data to target populations with low health literacy. This free web-based platform has been integrated into a number of research projects.



Community Round Table Discussion at the Coney Island YMCA

Community Assessment

CCHEq investigators Erica Phillips and Laura Pinheiro, PhD designed a cross-sectional survey study to elucidate adults' perception of risk for cancer and cardiovascular disease, and to determine if differences in risk perception and health beliefs, are associated with the likelihood of engaging in preventive behaviors (e.g., healthy diets, physical activity, and weight loss). The survey was supported by a philanthropic gift and was fielded in collaboration with the Survey Research Institute (SRI) at Cornell University to conduct a cross-sectional multi-mode survey (phone, web, and in-person). A proportional quota sampling frame based on the racial, ethnic, and socio-economic demographics of the five neighborhoods was used to survey 2500 adults. This will form the basis for developing the community-based research program for the Cancer Center as well as CCHEq investigators in other disease areas, including cardiovascular disease, nutrition, and health promotion.



Community Building Springfest at PS 11 Purvis Behan Elementary School

Collaborative Engagement

In October 2019, the CCHEq, the Cornell Master of Public Health (MPH) Program, and Cayuga Medical Center (CMC) via Cayuga Health Partners, jointly hired a Community & Academic Partnership Manager, Lara Parrilla, MPH, RD to facilitate cross-institutional collaborations. In this boundary-spanning position, Lara is responsible for identifying and activating



Men's Health and Wellness at Vanderveer Park United Methodist Church

opportunities for faculty, students, clinicians, and population health managers to partner with community organizations on research, service, and practice to advance health equity. These activities support the goals of each of the institutions: CCHEq, to understand community needs and cultivate potential research partners; the MPH Program, to foster reciprocal and mutually relationships with community organizations that would like to work with MPH students to carry out capstone projects; and CMC, to engage community organizations that can assist their patients in overcoming social determinants of health and would be amenable to hosting residents for community-based research projects. Examples of cross-institutional, community-engaged collaboration include the design, implementation, and piloting of a social determinants of health screening tool and referral system at the residency clinic; the development of a tool for understanding New York State's and county-specific health needs and plans to address those; and the development of cross-sector coalitions to remove structural barriers to screening for high blood pressure, diabetes, and cancer.

Research, Training and Mentoring Core

The [Research, Training and Mentoring Core](#) generates research findings and helps translate evidence into practical, understandable information for ethnically diverse populations. This core coordinates a pilot research program to seed larger research projects, as well as an annual Health Equity Symposium to both showcase the Center's work and forge new connections for future collaborations.

Associate Co-Directors: [Martin Shapiro, MD, PhD, MPH](#) and [Joseph Osborne, MD](#)

Social Science and NIH Grant Development Program

Cornell Center for Social Sciences (CCSS), in partnership with Cornell Center for Health Equity (CCHEq) and The Cornell Population Center (CPC), hosted four, hour-long workshops open to all Cornell faculty, postdocs, graduate students, and researchers oriented toward learning about the NIH grants process and developing strategies for crafting a competitive proposal.

Pilot Projects

Annually, the Center issues a Request for Application (RFA) to generate pilot data for eventual extra-mural funding. Responsive applications are required to have a Principal Investigator (PI) from both campuses as well as a community partner in order to be considered an eligible applicant. The pilot project review process modeled the NIH peer review process. We are delighted to communicate that the Center has received a record number of submissions to the pilot grant program this year and aim to announce funded project in mid-May.

2018 Pilot Research Projects for Health Equity Awards

“Understanding the barriers to care for Blacks with symptomatic arthritis” was led by Susan Goodman, MD, of the Hospital for Special Surgery and Iris Navarro-Millan, MD, MPH of Weill Cornell Medicine with a Federally Qualified Health Center in Long Island City as the community partner. This team proposed qualitative research with minority osteoarthritis patients to elicit their perspectives on why minorities delay undergoing total knee replacement surgery.

“Evaluating the Reach Medical model of care on improving health outcomes for people who inject drugs in Ithaca, New York” was led by Czarina Behrends, PhD, MPH and Bruce Schackman, PhD, MBA of Weill Cornell Medicine and had the Reach Medical clinic in Ithaca as the community partner. This team is conducting a rigorous evaluation of the effectiveness of the novel model of care in place at the clinic with the ultimate goal of generating pilot data in preparation for a larger trial of this model to improve outcomes for people who inject drugs.

“Getting information simply and transparently (GIST) to improve end-of-life outcomes” was led by Holly Prigerson, PhD, and Paul Maciejewski, PhD of Weill Cornell Medicine. The Ithaca campus partner was Valerie Reyna, PhD of the College of Human Ecology. The project will study 100 patients with metastatic cancer and explore their “gist” understanding of their prognosis. Twenty discussions with physicians to receive test results indicating disease progression will be recorded to develop methods to identify and code “gistful” clinical interactions. The team will focus on recruiting minority patients for this study.

2019 Pilot Research Projects for Health Equity Awards

“A Collaboration between the Digital Health Patient Activated Learning System (PALS) and the Division of Nutritional Sciences to Develop Nutrition Content for Populations with Health Disparities; A Multisite Pilot Study in New York State” was led by Patricia Cassano, PhD, of Cornell University and Keith Roach, MD of Weill Cornell Medicine. This study proposes to develop readily accessible, online, evidence-based information on nutrition recommendations for the prevention of CVD and cancer for diverse low--income populations to be used by community nutrition educators and primary care physicians.

“Home Care Workers in Rural and Upstate New York” was led by Madeline Sterling, MD, MPH, MS of Weill Cornell Medicine and Ariel Avgar, PhD of Cornell University. The overarching goal of this planning research grant is to form a team of key stakeholders who will be poised to investigate the experiences of HCWs in rural and upstate NY, and subsequently conduct rigorous research that will generate new knowledge about the challenges they face and the implications of those challenges on the care they provide to community-dwelling adults.



Make Your Match Residency
Recruitment Conference |
September 7, 2019



South Bronx Early College
Academy In-School Assembly |
June 11, 2019



Make Your Match Residency
Recruitment Conference |
September 7, 2019



Pre-Medical Conference - Toward
Health Equity and Beyond: Building a
Career in Medicine | March 30, 2019

Additional Grants

Ancker J. R01LM012964. Making numbers meaningful: promoting evidence-based communication of numbers in health. \$2,423,500.

Balogun O. 2020 Research Scholars for Health Equity Award. Trends in Predictors of Disparities among Women Diagnosed with Gynecologic Cancers in NYC from 176 to 2016. \$5,000.

Chapman-Davis E. Dean's Diversity and Healthcare Disparity Research Faculty Award. Improving colposcopy follow-up for minority women. \$50,000.

Chapman-Davis E. 2020 COVID-19 Health Equity Initiative Award Agreement. Patient and Provider experiences with telemedicine utilization among underserved women seeking Gynecologic care in the era of COVID-19. \$16,000.

Dell N / Sterling M. RWJ Foundation. Exploring the potential impact of digital technological interventions to address equity and training issues faced by home health aides. \$358,636.

Ghosh A. Influence of Value Based Payment Models on Racial and Socioeconomic Disparities in Hospitalized Patients. \$223,230.

Ghosh A. Dean's Diversity and Healthcare Disparity Research Awards 2020. Effect of value-based payment models on racial and socioeconomic disparities in hospitalized medicine patients. \$50,000.

Gingras L. Primary Care Innovations pilot award. A curriculum for developing teaching skills around physician-patient communication using the Patient Activated Learning System. \$25,000.

Kennel, P (IM Resident). Dean's Diversity and Healthcare Disparity Research Trainee Award. Does Polypharmacy Contribute to Socioeconomic Disparities in Heart Failure? \$10,000.

Kennel, P (IM Resident). Dean's Diversity and Healthcare Disparity Research Trainee Award. Does Polypharmacy Contribute to Socioeconomic Disparities in Heart Failure? \$10,000.

Leak T. College of Human Ecology. The Advanced Cooking Education (ACE) 4-H After School Club: Curriculum Development and Pilot Test. \$100,000.

Lewis N. College of Agriculture and Life Sciences. The Patient Activated Learning System: pilot test of acceptability and knowledge acquisition in minority patients. \$100,000.

Michener, J. 2021. Commonwealth Fund. REAP: A Racial Equity and Policy Framework for Health. \$146,020.

Michener, J. 2020. RWJF. Health Equity at the Nexus of Medicaid and WIC. \$400,526.

Monge J. 2020 Research Scholars for Health Equity Award. Understanding racial disparities in adherence to guideline recommended therapy for multiple myeloma. \$5,000.

McNairy M. R01HL143788. A longitudinal cohort study to evaluate cardiovascular risk factors and disease in Haiti. \$2,923,522.

Navarro-Millan I. Primary Care Innovations pilot award. Racial and ethnic disparities in quality of care for disabled Americans with arthritis. \$25,000.

Navarro-Milan I. K23 NIAMS - K23AR068449. Optimization of hyperlipidemia management among patients with rheumatoid arthritis: A patient-centered intervention development. \$171,180.

Navarro-Milan I. Innovative Research Award - Rheumatology Research Foundation. Moving Well: A Peer Coach Intervention for Osteoarthritis Patients Planning Total Knee Arthroplasty. \$400,000.

Additional Grants

Niederdeppe J (subcontract PI). R01 NCI. Evaluation of cigarette package inserts for enhanced communication with smokers. \$2,733,153.	Pinheiro L. Department of Medicine Pre-K. Disparities in the quality of cancer care. \$200,000.	Shin J. President's NYC Visioning Initiative grant. Cornell University medical-legal partnership: enhancing care and advocacy for immigrants and asylum-seekers. \$100,000.
Niederdeppe J (subcontract PI). R37 NCI. Using natural language processing and crowdsourcing to monitor and evaluate public information and communication disparities about colon cancer screening. \$1,548,266.	Pinheiro L. National Accreditation Program for Breast Centers (NAPBC) Patient Navigation Project. \$75,000.	Sterling M. American Heart Association Get With the Guidelines. Trends and effect of home health care (HHC) referrals among adults discharged home after heart failure hospitalizations: An American Heart Association (AHA) Get with the Guidelines - Heart Failure (GWTG-HF) Registry Study. \$8,000.
Niederdeppe J (subcontract PI). Examining culture of health-related media research to catalyze action on shifting mindsets and beliefs to advance a culture of health. \$400,525.	Pinheiro L. DoM Pre-K. Determining Diabetes Care Management During Cancer Care. \$200,000.	Sterling M. Society of General Internal Medicine. Eliciting the perspectives of home health aides and other key stakeholders involved in home healthcare delivery for heart failure patients. \$10,000.
Osborne J. Dean's Diversity and Healthcare Disparity Research Faculty Award. WCM catchment Prostate Cancer Health Impact Program (pCHIP). \$50,000.	Pinheiro L. Grant # PHP9000-20 - Sponsor: Sponsor Name: Vanderbilt University Medical Center (The Leukemia & Lymphoma Society Inc.). Identifying Cost and Coverage Barriers to Medicare Beneficiary Access to Specialty Drugs. \$200,000.	Sterling M. Primary Care Innovations pilot award. Heart failure training for home health aides in New York City. \$25,000.
Paul T. 2020 COVID-19 Health Equity Initiative Award Agreement. Hypertension Control in the Age of COVID-19-Utilizing Telemedicine for Hypertension Treatment Lifestyle Modification. \$16,699.	Scales D. Disrupting vaccination misinformation on popular social media venues to help increase flu and COVID-19 vaccinations in communities of color. \$924,284.	Sterling M. Engaged Cornell (Ithaca). Supporting travel to present results on community-engaged research about home health aides caring for adults with heart failure. \$5,000.
Phillips E. Dean's Diversity and Healthcare Disparity Research Faculty Award. Reducing breast cancer recurrence among black women: The Breast cancer Weight Loss for Life Study (BWELL) \$50,000.	Scales D. Understanding Covid-19 Vaccine hesitancy and resistance. \$15,000.	Sterling M. K23 NHLBI K23HL150160. Leveraging Home Health Aides to Improve Outcomes in Heart Failure. \$192,776.
Pinheiro L. Dean's Diversity and Healthcare Disparity Research Faculty Award. Evaluating a model to improve comorbidity management for minority cancer patients. \$50,000.	Scales D. Pilot testing a new method of correcting online misinformation on health, using water and vaccine safety as test cases. \$249,886.	Sterling M. RWJF Foundation - Award # 76487. Understanding the Impact of Technology on Home Healthcare Delivery for Adults with Heart Failure. \$79,317.
Pinheiro L. NHLBI Diversity supplement to Kern R01. Cancer outcomes and healthcare fragmentation. \$360,000.	Scales D. Is allostatic load associated with poor mental and physical health outcomes in Palestinian refugees? \$6,850.	Sterling M. National Science Foundation. The Future of Home Care Work: Designing Technologies for Trust, Privacy, and Empowerment. \$126,915.
	Shapiro M. R01 NIDDK - R01DK123205. Disparities in the Diffusion of Direct-Acting Antiviral Therapy for Hepatitis C among Baby Boomers: A Mixed-Methods Study. \$787,348.	
	Shin J. Primary Care Innovations Program, Weill Cornell Medicine. Experiences of sex trafficking victims in healthcare settings. \$33,699.	

PAST EVENTS



Annual Tri-Campus Symposia

2018 Health Equity Symposium

March 15th and 16th, 2018 | New York City, NY

The 2018 Health Equity Symposium was the first symposium hosted by the Center was held in New York City. This one and one-half day symposium, which was attended by 94 people (66 from the NYC area; 28 from Ithaca campus) included remarks by keynote speaker David Satcher, MD, PhD, former US Surgeon General as well as Cornell University Leadership, President Martha Pollack, PhD, and Dean of Weill Cornell Medicine, Augustine, M.K. Choi, MD. Also featured were competitively selected abstracts and a moderated poster session. Panels on Day 2 included how to incorporate health equity into clinical research; health equity in the basic sciences; and building academic community partnership for scholarly projects.

2019 Health Equity Symposium

April 11th and 12th, 2019 | Ithaca, NY

The second annual Health Equity Symposium was held at the College of Veterinary Medicine. The event was attended by 50 people (34 from NYC area; 16 from the Ithaca campus). The keynote speaker was Wilma Alvarado-Little, MA, MSW, Associate Commissioner and Director of the Office of Minority Health and Health Disparities Prevention at the New York State Department of Health. A major objective of this symposium was for attendees to get to know one another and their work. Grantees presented on their progress, and the symposium included “academic speed dating” and lightning talks by Center members. Opportunities to discuss new collaborative projects were provided.



Systematic Racism & Health Equity Webinar was held on July 23rd, 2020.

“Giving people access to life honestly and to lives that are full and that are fair, because they are people who have an inherent dignity.” - Jamila Michener, PhD

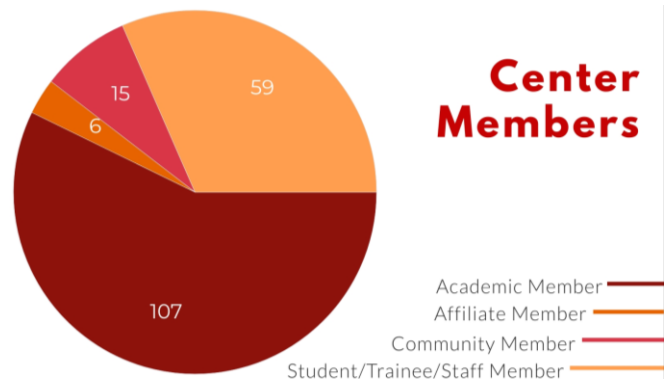
Health Equity Seminar Series

The Cornell Center for Health Equity sponsors monthly Health Equity Seminars alternating between the New York City and Ithaca campuses. This forum is intended to update Center members on each other's work and provide an opportunity to obtain multi-disciplinary input on works in progress. Share your early ideas, design dilemmas, methodologist innovations, plans to address reviewer concerns, and more on topics related to health equity research. Each session will be simulcast via webinar for remote participants.

[View past Health Equity Seminars here.](#)

Looking Ahead

The Cornell Center for Health Equity has been committed to establishing representation at the Cornell University campus in Ithaca and Weill Cornell Medicine in New York City to further advance its principle mission. In 2020, the Cornell Center for Health Equity had a total of 187 Center members. In just three years, our Center has had a major impact on our institution's commitment to diversity and health equity. We obtained a Diversity Center of Excellence grant from HRSA to encourage underrepresented minorities to pursue health-related careers, and have succeeded in making our medical school classes nearly 30% underrepresented minorities. We have influenced our leaders to offer debt-free medical education, offering more minority students the possibility of pursuing medical education at an Ivy League school. We have obtained a series of research grants from NIH, the Robert Wood Johnson Foundation, and the National Science Foundation to pursue multi-disciplinary research conducted by teams from all over our university to study topics related to health equity. We have brought together researchers, advocates and community partners committed to health equity across three Cornell University campuses in Ithaca and New York City. We have partnered with various community groups in pursuit of our goals, including area churches and non-profit organizations. Moving forward, our goals are to continue to develop and implement robust professional development programs to advance careers and leadership opportunities for junior scholars of color. We will also continue to advance connections and opportunities for connection and collaboration among Center members working toward health equity across Cornell's campuses and in communities across the state. We hope that our efforts continue to bring Ithaca and Weill Cornell faculty together to conduct high-quality research on achieving health equity and building bridges between our campuses.



“As a Center we are thinking through how to advance racial justice in the context of health equity.” - Dr. Jamila Michener