Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
FOSTERING RESILIENCY AND OPENING DIALOGUE
Race/ethnicity data are voluntarily self-reported and collected at the time an employee is hired and are subject to change as HRO and the Agency continue to work through missing values. Data are often missing for Commissioned Corps Officers and are not available for non-FTE fellows or contractors.
Supervisory Level by Race/Ethnicity
Compared to the Workforce

Position Grade by Race/Ethnicity
of Incumbent

WHERE PROGRESS IS NEEDED

* Grade 0 is a combination of positions including Service Fellows, FTE Fellows, SES, SBRS, and Distinguished Consultants.
BUILDING AND ATTRACTING LEADERS
WORKGROUPS

Committee on Diversity

Race and Violence Workgroup

Tribal Workgroup

Drug Overdose Health Equity Workgroup

Blacks in Government (CDC Wide; NCIPC President)

Other CDC Workgroups (e.g. Focused on Disability, Latino/Hispanic Health, Sexual and Gender Minorities, and more)
PREVENTING INJURY AND VIOLENCE THROUGH A RACIAL AND HEALTH EQUITY LENS
+ Focusing on Racism and Structural Inequalities to Prevent Violence

+ Qualitative Inquiry into Race and Violence through VACS

+ Increasing the Pipeline for Minority Researchers in Injury and Violence Prevention

+ Training and Education for Public Safety to Reduce Overdose Among Communities of Color

+ NVDRS Roundtable Discussions with Law Enforcement

+ Shifting Structural Racism through Bystander Actions

+ Evaluating Diversion and Decriminalization Policies for Primary Prevention of Violence
A commitment to preventing and reducing health and racial inequities – within our workplace and across injury and violence topics.

Thank you. Questions?

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