



Minutes from the
October 24, 2012

CDC Advisory Committee
to the Director
Health Disparities
Subcommittee

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ACD Health Disparities Subcommittee: Record of the April 19, 2012 Meeting

The Centers for Disease Control and Prevention (CDC) convened a meeting of the Health Disparities Subcommittee (HDS) of its Advisory Committee to the Director (ACD) on October 24, 2012. Participants attended in-person at CDC's Clifton / Roybal Campus in Atlanta, Georgia and by teleconference and video conference.

Introductions, Roll Call, Welcome and Overview of Meeting

Dr. Lynne Richardson, ACD Chair and Designated Federal Officer (DFO), called the meeting of the CDC HDS of the ACD to order at 9:07 am on Wednesday, October 24, 2012.

Ms. Gayle Hickman called roll and established that a quorum of HDS members was present either in person or via teleconference and video conference.

Office of Minority Health and Health Equity Updates

Dr. Liburd, Director, Office of Minority Health and Health Equity (OMHHE) provided updates on the accomplishments of OMHHE since the last meeting of HDS in April 2012. She first introduced OMHHE's new Associate Director for Science, Dr. Ana Penman-Aguilar, and emphasized how excited everyone is about Dr. Penman-Aguilar's presence and leadership.

Officially framing her update around OMHHE's strategic priorities, Dr. Liburd listed the priorities and offered examples of accomplishments in each. The five strategic priorities are as follows:

- Reframe eliminating health disparities as achievable
- Facilitate the implementation of policies across CDC that promote the elimination of health disparities
- Assure implementation of proven strategies across CDC programs that reduce health disparities in communities of highest risk
- Advance the science and practice of health equity
- Collaborate with national and global partners to promote the reduction of health inequalities

With regard to reframing the elimination of health disparities as achievable, Dr. Liburd explained that one of the first hurdles that must be overcome in engaging in the elimination of health disparities is addressing the misunderstandings about its causes, contributing factors, and methods and roles for doing this work. Many people in the US population are not even aware that racial, ethnic, and other health disparities exist. Thus, there is a great need to develop a clear understanding of the issues, not only regarding the burden and the descriptive epidemiology, but also about what is being done to respond. It is also important to create a sense of possibility that health disparities can be eliminated, not only among those who are engaged directly or peripherally in health disparities work, but also among those who are essential to making critical changes in social, political, and economic environments to eliminate health disparities.

Dr. Liburd described three of OMHHE's efforts to address this priority. One of these is the program response to the *CDC Health Disparities & Inequalities Report (CHDIR)*, which was released in January 2011 [Centers for Disease Control and Prevention. *CDC Health Disparities & Inequalities Report—United States, 2011. MMWR* 2011;60(Suppl):1-67]. This report features



descriptive epidemiologic data pertaining to 24 health topics and three social determinants of health.

Another effort to address the first strategic priority is OMHHE's *Health Equity Matters* quarterly newsletter [<http://www.cdc.gov/minorityhealth/newsletter/current.html>], which was first released in April 2012. This is one of the tools OMHHE uses to foster communication throughout the agency, as well as externally with partners and others who are interested in health equity. Each newsletter features activities underway throughout CDC, and identifies and honors a health equity champion. The first health equity champion was Dr. Howard K. Koh, Department of Health and Human Services' (HHS) Assistant Secretary for Health. The second health equity champion was Lark Galloway-Gilliam, Executive Director for Community Health Councils, Inc. This community-based health organization in South Central Los Angeles is engaged in cutting-edge and important work to change policy and the environment in South Central Los Angeles. Each newsletter also includes commentaries and a science corner that features OMHHE's work, as well as work being done in other areas of CDC. Dr. Liburd invited everyone who was not already receiving the newsletter to subscribe.

A third activity pertaining to the first strategic priority is OMHHE's *Conversations in Equity* blog [<http://blogs.cdc.gov/healthequity/>], which was also launched in April 2012. The goal is to publish a new blog every month, each of which is intended to foster a discussion with the public about health disparities issues and to identify successful strategies that OMHHE may not be aware of. The blog is also accessible through <http://blackdoctor.org/>.

With regard to the second strategic priority, to facilitate the implementation of policies across CDC that promote the elimination of health disparities, OMHHE is engaged in work that focuses internally on elevating and accelerating health equity work within the agency, as well as externally with existing and potential partners. Four efforts that are supported under this strategic priority include CDC's Child Literacy Council; the Language Access Plan, for which there is an HHS-wide Coordinating Committee to ensure that people, no matter what their language, are able to understand their services and interactions with providers; the Associate Directors of the Health Equity Forum, which is comprised of the critical mass of Associate Directors of Health Equity and Health Disparities Senior Advisors throughout the agency, and is intended to promote health equity across the agency; and the Health Disparities Council, an HHS-level council chaired by Dr. Koh that is intended to provide a network of support for health equity and the legal authority to ensure a focus on the elimination of health disparities within CDC.

An example of the third strategic priority, to ensure implementation of proven strategies across CDC programs that reduce health disparities in communities of highest risk, has been to create a new funding opportunity announcement (FOA) template and program implementation guidance. OMHHE has been working closely with the Office of the Associate Director for Program on this effort, which is intended to incorporate health equity and health disparities within the structure of FOAs in order to keep this work moving forward.

There are a number of examples that support the fourth strategic priority to advance the science and practice of health equity. The National Undergraduate Summer Public Health Program completed its first successful year. Of over 2700 applicants, 200 students were selected to participate. OMHHE took to heart the guidance that was provided by HDS during the October



2011 HDS meeting, which focused largely on this program. The survey results from this past summer are being utilized to refine and strengthen the program. OMHHE continues to work with the CDC Coordinating Council for Diversity in Public Health to bolster the work of the National Undergraduate Summer Public Health Program. The Health Equity Workgroup at CDC has been meeting regularly. The hope for this agency-wide workgroup is that it will elevate, accelerate, and integrate health equity and health disparities efforts across the agency. Another effort supporting the fourth strategic priority was the Forum on the State of Health Equity at CDC, which was an agency-wide assembly convened on September 27, 2012 that was literally a standing room only gathering of people from throughout CDC. Senior leaders came together during this forum to engage in a focused conversation about the elements that need to be addressed to achieve health equities in CDC's programs, and ultimately in the population. The major themes of the forum, which bear similarities to the Institute of Medicine (IOM) recommendations, included the following:

- Measuring health disparities: an essential starting point for achieving health equity
- Essential program elements for programs like the Racial and Ethnic Approaches to Community Health (REACH) Program and others
- Organizational structures that support health equity at CDC
- Promoting policies that support health equity

Proceedings from the forum are currently being developed, and four smaller workgroups will be convened to continue to flesh out the essential elements of these four themes. The goal is to publish a health equity framework and guidance from CDC in early to mid-2013.

In terms of the fifth strategic priority, to collaborate with national and global partners to promote the reduction of health inequalities, it is known that health inequalities are a global phenomenon. OMHHE believes that it is important to work globally to learn from other nations and to share strategies from the US. It is also critical to collaborate with national partners to identify and build relationships with national organizations that can help carry the banner, disseminate information, and support the scaling-up of effective strategies to reduce health inequalities. To that end, OMHHE is engaged in a twinning project with the United Kingdom (UK) and four REACH communities. Also underway for the last four to five years is the Joint Action Plan to Eliminate Racism in Brazil (JAPER), a collaboration for which OMHHE is providing leadership on behalf of CDC. In 2012, OMHHE formed a relationship with the Association of State and Territorial Health Officials (ASTHO) to promote health equity more broadly with state health departments. OMHHE also hopes that ASTHO will convene national minority organizations and others to create a forum for discussion, collaboration, and partnership.



Discussion Points

Dr. Rimmer asked Dr. Liburd to speak about the upcoming National Institutes of Health (NIH) Summit: The Science of Eliminating Health Disparities to be convened in National Harbor, Maryland.

Dr. Liburd responded that approximately 4000 people had already registered for this meeting, which is considered to be an HHS-wide collaboration. Michael Marmot is the opening plenary speaker, and his focus is largely on social determinants. Over 100 concurrent sessions are planned, and there will be poster sessions as well. This is the follow-up to the 2008 summit that was held in the same location with approximately the same number of participants, so it is a very important meeting. The focus of the summit is on the science of eliminating health disparities. CDC plans to send approximately 39 representatives. Dr. Liburd served on the steering committee and will sit on the panel that will discuss the JAPER project. The summit should offer a good networking opportunity and learning experience.

In terms of convening the four smaller workgroups that resulted from the Forum on the State of Health Equity at CDC, Dr. Ro expressed interest in hearing more about the discussion on measuring health disparities. She also wondered whether there were conversations with the IOM regarding OMHHE's work in this area.

Dr. Liburd responded that there had not been any direct follow-up with the IOM based on the April 2012 meeting. CDC's Pattie Tucker is part of the IOM roundtable, and OMHHE has engaged in conversations with her related to the roundtable. OMHHE does plan to engage in more focused follow-up with IOM and hopes to extend and build that relationship. With regard to the discussion about measuring health disparities, the *CHDIR* is the foundational document for CDC's approach to data and measuring health disparities. The Epidemiological and Analysis Program Office (EAPO) is preparing the 2013 report, and will include some additional social determinates of health indicators in that report.

Dr. Penman-Aguilar added that the Forum included a broad range of senior leaders. Participants were engaged in the issue in ways that they had not thought of before, and everyone had read the *CHDIR* and knew its contents. There is a core group of people at CDC who refer to that document routinely, but there are others who are just becoming familiar with it. They were able to understand that OMHHE is building off of that report, and is focusing particularly on health disparities that reflect societal injustices that can truly be considered inequities. This represents an exciting shift in people having the issue of health disparities in the periphery of their vision to making it more central.

Dr. Ro inquired as to whether CDC plans to continue to work on the Health Disparities Calculator (HD*Calc).

Dr. Penman-Aguilar responded that OMHHE is definitely thinking about this, and that she would get back to everyone about this issue.



Discussion of Draft Recommendations Developed From: April 2011 Meeting with the IOM Roundtable on Health Disparities

Dr. Richardson reminded everyone that during the last HDS meeting, there was a lively discussion regarding the IOM Roundtable Report on the Promotion of Health Equity and the Elimination of Health Disparities with some individuals who served on that roundtable. Based on that discussion, a workgroup produced a set of draft recommendations that were emailed to HDS members. The workgroup will continue to work on the recommendations between now and the April 2013 HDS meeting.

Dr. Ro reported that based upon the notes taken during the last HDS meeting, the workgroup agreed that the recommended format should be used. This would include concise discussion, the recommendations, examples of implementation, information regarding promotion of health equity and health in all policies, the adoption of place-based strategies that are culturally tailored and appropriate for building community and research capacity to tackle health inequities, and the following overarching recommendations:

- Frame health equity and define what that means with respect to the adoption of a health equity lens
- Identify robust indicators of health equity
- Foster national health equity initiatives that augment disparity and gap approaches
- Build capacity and promote sustainability of health equity programs, especially among vulnerable communities
- Support public health infrastructure to promote health equity

Dr. Ro emphasized that Dr. Liburd's update truly reflected the thinking and conversation from the meeting, and that it was wonderful to hear how the work was progressing. She invited questions and suggestions regarding the draft recommendations that were sent to HDS members, and indicated that she would incorporate those into the next draft.

Discussion Points

Mr. Pestronk requested further information about how the IOM Roundtable planned to move the discussion forward in terms of its own recommendations, and whether there are plans to promote the five areas outlined jointly at CDC and throughout the IOM or the work that is done through its various committees and roundtables.

Dr. Liburd responded that OMHHE invited the IOM Roundtable on the Promotion of Health Equity and Elimination of Health Disparities to discuss what they were learning at a national level about work being done and gaps. That discussion was used as a launching point to turn inward to the agency to inform work that CDC should be leveraging given its particular position. The HDS recommendations will not necessarily be shared with the IOM, but the ACD adopts the recommendations and moves them forward to the director. This may influence the work at CDC pertaining to health equity. That would subsequently filter into the public and other spheres, such as the IOM.

Mr. Pestronk asked whether the IOM seemed to face the same challenges that exist within CDC in terms of promoting an agenda and practical and political steps to make equity easier in the US.



Dr. Liburd did not recall whether they got to that specific level of detail during their discussions, but they certainly talked about issues regarding resources and financing the work, the need to build and sustain a base of political will, and the need to change people's minds about the importance and feasibility of addressing health disparities and health equities.

Dr. Ro added that two major issues for IOM included their place-based approach to address health disparities and health equities, and actionable items that CDC has an ability to engage in to promote health equities. For instance, there was significant focus on how to integrate health equity into FOAs. There is an opportunity to add more to the recommendations in terms of building larger political will beyond CDC's walls.

Dr. Rios requested further information about the Health Disparities Leadership Institute and the partnership between CDC, The King Center, and Harvard. The National Hispanic Medical Association (NHMA) is very interested in this.

Dr. Liburd responded that OMHHE is centrally involved with the planning for the Health Disparities Leadership Institute. The institute began with three partners: CDC, Harvard, and the King Center. OMHHE has a senior CDC leader assigned to the King Center to help them build a health focus there. The Associate Provost, who was initially at Harvard, has now moved to Brown University. Therefore, Brown University is also involved in this collaboration. It is likely that the discussion will shift from talking about just Harvard and Brown to focus on "Academic Partners," because many additional academic partners will be involved in this collaboration. The Health Disparities Leadership Institute is intended to focus on leaders in communities who represent a cross-section of their communities. This includes people in positions of power and influence who can initiate activities quickly and structurally. To address the social determinates of health, it is important to bring businesses, policy makers, et cetera together to engage them in the efforts to reduce health disparities. The framework of the "Healthy People 2020" social determinates of health topic area is being used to build the content. In terms of the status of this effort, significant fundraising must be done. OMHHE hopes to work with the CDC Foundation to assist with fundraising efforts, and to launch this activity as part of the 50th anniversary of the March on Washington, which will be in August 2013. More details will be available during the April 2013 meeting.



Referring to Number 2 in the CDC Health Disparities Recommendations Document, identify robust indicators of health equity, Dr. Botchwey suggested that consideration be given to including the addition of new data as one of the implementation recommendations. While she understood that Item A regarded defining health equity indicators for use in research, she thought consideration should be given to the data available at the Census Tract and Census Block Group levels. Including some of these health measures in the American Community Survey (ACS) for five years has permitted access to health data that would allow for a finer grained analysis of health equity and health disparities in neighborhoods. She wondered what traction that had at CDC, and how that might be advanced to the US Census if possible.

Dr. Penman-Aguilar replied that while she did not have an answer to that specific question, it is very important to think about CDC's partners and others who are collecting data that are used. CDC often links to ACS data, as well as Census data. Significant emphasis is placed on ensuring that the data to which the agency is linking is robust, and working with those entities to include health measures. At this point, CDC is trying to ensure that the data collected at CDC and the National Center for Health Statistics (NCHS) are able to capture the variables in which the agency is interested.

Dr. Liburd reiterated the importance of HDS members submitting questions, comments, and / or suggestions regarding the recommendations by November 15, 2012, and sent to Drs. Ross, Duran, and/or Ro. She also requested that everyone check their calendar for January 23, 2013 at 3:00 p.m. EST and January 25, 2013 at 2:00 p.m. EST for a teleconference regarding the recommendations report that has been developed.

Dr. Richardson emphasized the importance of being able to review a more final version of the document during the January 2013 HDS conference call, with the hope that a final document can be approved in time to be added to the April 2013 ACD agenda for consideration. She also pointed out that she would like the output from the HDS to feed regularly into the ACD meetings in order to keep issues of diversity, health equity, and health disparities constantly in front of the ACD.

Discussion of *Critical Issues and Recommendations (Strategies to Strengthen CDC's Response to Social Determinants of Health and Inequities)*

Dr. Botchwey indicated that the *Critical Issues Document* was developed with support from Dr. Liburd's office. Sonja Hutchins is the primary author of that work, which was intended to feed into a policy paper that was begun some time ago. The policy paper includes recommendations that Dr. Botchwey thought the HDS might want to consider as they relate to the IOM document. The *Critical Issues Document* provides considerable background on health equity in the US, as well as a significant amount of foundational information that could be used as benchmarks in future efforts, and to help inform the recommendations that HDS would make to Dr. Frieden, CDC's Director. The original intent of the document was to serve as a resource document for the HDS. At this point, the subcommittee needed to make a decision about what to do with the document, how its contents could be used, how to proceed with the recommendations included at the end of the document, and whether those recommendations should be incorporated in an overarching recommendation document with the IOM resource.



Discussion Points

Dr. Richardson said it seemed to her that this document was produced through quite a lot of work on the part of a number of people, and that some sort of closure should be brought to it. Given that many of the issues raised in the document have surfaced in national priorities in a way that was not true when the document was being written, the HDS must consider whether the document needed to be moved forward in some way or retired.

In terms of process, Mr. Pestronk suggested that it would be beneficial to streamline the recommendations to include only those of the highest priority before submitting them to the ACD in order to increase the likelihood that the most important recommendations would be adopted by the ACD. If adopted by the ACD, he wondered whether other committees would be influenced by the recommendations.

Dr. Richardson responded that there are multiple subcommittees of the ACD, which also submit recommendations to the ACD. She agreed that a lengthy, detailed, comprehensive document would be much more difficult to move forward than a small, succinct set of recommendations or perhaps a statement of principles. She thought that some of the impetus for this document was a feeling on the part of HDS members that the link between health disparities and social determinants of health was not receiving sufficient recognition by CDC and other federal agencies. The link between social determinants of health and health disparities is now widely acknowledged at the federal level and in the national conversation about disparities, and it is no longer urgent to identify that as a critical issue. Dr. Richardson suggested that perhaps it would be worth forming a small subgroup to cull the most relevant / highest priorities from the *Critical Issues Report*.

Though she understood that the work had advanced considerably at the national level over the past few years, Dr. Mullen pointed out that much of the actual work is done at the state and local levels. The current context in which this work is conducted enables many people to advance health equity, and to believe that instead of this effort being people's life's work that can never be achieved, that reducing and eliminating disparities is actually achievable. She agreed with the idea of streamlining the document to highlight key areas, particularly if consideration was given to collaborations with ASTHO and with other partners that could help move the work closer to the ground. People look to CDC, IOM, and HHS for a broad view through Healthy People, but the actual implementation is difficult for people. Components of the document could be made more explicit to help those outside of CDC understand that CDC is providing some guidance about what is actionable to address social determinates.

Dr. Botchwey thought that a document identifying the progress that has been made, and offering guidance and next steps could serve as a toolkit and would be a great resource.

Dr. Mullen indicated that ASTHO made the focus on health equity more prominent in its most recent strategic map. As the organization continues to work across 50 states, the District of Columbia, and six territories, it acknowledges that even state and local health officials do not necessarily have the political support to say this is work that they want to undertake. Offering a resource for them could be extremely beneficial.



Dr. Ro agreed with everyone about the idea of streamlining and focusing the recommendations, but pointed out that it was a nice set of recommendations already and she would hate to lose the extensive work that was done. Given the plan to present this document to the ACD, perhaps some narrative could be added under the three larger recommendations to indicate that this document represented an overarching agenda created by the HDS, and that the subcommittee will continue to advance this work.

Dr. Richardson concluded that there appeared to be consensus to form a workgroup to review the recommendations in this document, and to produce a product delineating principles / priority issues that the HDS will advance to the ACD. Volunteers for this workgroup included: Drs. Botchway, Mullen, and Ro. The workgroup will have a product ready to discuss during the January 2013 HDS conference call. An interim call will be coordinated by OMMHE for Drs. Botchway, Mullen, and Ro during December 2012 to prepare for the January 2013 call.

Organizing the Workflow of the Health Disparities Subcommittee

In terms of the future workflow of the HDS, Dr. Richardson recapped that the two working groups would report to full HDS during the January 2013 teleconference. If the final products related to the IOM Roundtable and the HDS *Critical Issues and Recommendations* are approved, they will be submitted to the ACD during its April 2013 meeting. She invited input with regard to other issues, projects, and / or initiatives the subcommittee would like addressed. The following suggestions were made:

- ❑ Include presentations on HDS agendas from the directors of each of CDC's National Centers, the first of which could be scheduled for the April 2013 HDS meeting. Specific ideas included the following:
 - Each Center should be asked to present specifically about how equity and disparities initiatives are integrated into its fabric.
 - Drs. Liburd and Richardson will develop a standardized template to ensure that each center addresses the same issues in terms of the activities in which they are engaged to address issues pertinent to the charge of the HDS, including but not limited to the following: What centers are doing in terms of workforce programs to advance minority leadership in public health careers and jobs specifically within CDC's workforce; the number of funding announcements with specific language focused on disparities; and the composition of diversity of various kinds of trainees in training programs, including racial, ethnic, disability, LGBT, et cetera.
 - While over time all Centers should be invited to present to the HDS, those considered to be of the highest priority included the following: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), National Center for Injury Prevention and Control (NCIPC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), National Center for Environmental Health (NCEH), and National Center on Birth Defects and Development Disabilities (NCBDDD).



- ❑ Include a presentation on a future HDS agenda pertaining to the macro perspective of the agency's work in equity and disparities initiatives across CDC. Based on the Affordable Care Act (ACA) and CDC's 2012 agenda, there seems to be a shift of funds into NCCDPHP that is aimed toward prevention. That is, the agency's emphasis seems to continue to progress toward community health prevention and wellness activities.
- ❑ Provide HDS members with a copy of Dr. Frieden's update that he presents to the ACD during each of its meetings. Ms. Hickman indicated that she would be happy to share Dr. Frieden's presentation after the ACD meeting.
- ❑ Include a presentation on a future HDS agenda pertaining to the quality of data as it relates to health disparities. This could be a panel discussion that includes agency representatives, such as the Director for the National Center for Health Statistics (NCHS) and other relevant participants. An example of an oversight in this area is that the latest report from NCHS did not include any data pertaining to American Indian / Alaska Native (AI / AN). This is a major issue for Indian Country.
- ❑ Though perhaps a longer-term item to include on the HDS agenda, a significant amount of the work being done to mitigate disparities is done by others at a community-based level. This suggests the importance of people who are experiencing disparities and who are the subject of inequity. It seems imperative to understand their priorities and what is necessary from their perspective, so that the HDS does not advance an agenda that is only from the agency's perspective.

In conclusion of this session, Dr. Richardson acknowledged that the HDS members are very busy and that it is important to leverage their participation in ways that produce results that the members value. She requested that any additional ideas about how to maximize the HDS's progress be submitted to her.

HDS Membership After June 2013

Dr. Richardson noted that a number of members' terms would end in 2013. She requested input from HDS members regarding specific individuals, expertise, and / or representation from constituencies currently lacking on the subcommittee. Dr. Liburd clarified that it is permissible to serve more than two terms on the HDS, if desired. She also suggested that additional academic and national community-based organization representation be considered. Two members were invited to continue to serve (e.g., David Williams and Bobbi Ryder) when the past year's vacancies were filled, given that they can provide continuity, historical engagement, understanding the purpose of the subcommittee, and representation of the NCFH (Ms. Ryder).

Public Comment Period

No public comments were offered during this meeting.

Wrap Up / Adjournment

Dr. Richardson thanked HDS members and CDC staff for their time and participation. She emphasized that she was very much looking forward to working with the HDS, and that they made a strong start with this meeting.



With no further business posed or questions raised, the meeting was officially adjourned.

Certification

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the October 24, 2012, meeting of the Health Disparities Subcommittee of the Advisory Committee to the Director, CDC are accurate and complete.

Date

Lynne D. Richardson, MD, FACEP
Chair, Health Disparities Subcommittee
Advisory Committee to the Director, CDC



Attachment #1: Meeting Attendance

HDS Members Present:

Botchwey, Nisha, D., PhD, MCRP, MPH

Associate Professor, School of City and Regional Planning
Georgia Institute of Technology
College of Architecture
(via teleconference)

Bowman, Phillip, PhD

Director and Professor Diversity Issues in Health Disparities Initiative
National Center for Institutional Diversity
The University of Michigan
(via teleconference)

Duran, Bonnie M., MPH, DrPH

Associate Professor, Health Services
University of Washington
(via teleconference)

Jackson, Fleda Mask, PhD

President and CEO Majaica, LLC

Mullen, Jewel M., MD, MPH, MA

Commissioner and State Health Officer
Connecticut Department of Public Health
(via video conference)

Pestronk, Robert M., MPH

Executive Director
National Association of County and City Health Officials
(via teleconference)

Richardson, Lynne D., MD, FACEP

Chair, Health Disparities Subcommittee
Professor of Emergency Medicine and of Health Evidence and Policy
Vice Chair for Academic, Research and Community Programs
Department of Emergency Medicine
Mount Sinai School of Medicine
(via video conference)

Rimmer, James, PhD

Professor, Lakeshore Foundation
Endowed Chair in Health Promotion and Rehabilitation Services
University Of Alabama at Birmingham
(via teleconference)



Rios, Elena, MD, MSPH

President and CEO
National Hispanic Medical Association
(via teleconference)

Ro, Marguerite, DrPH

Chief Assessment, Policy Development, and Evaluation Section
Public Health Seattle – King County
(via teleconference)

Ryder, Bobbi

President and CEO
National Center for Farmworker Health, Inc.
(via video conference)

CDC Staff Present:

Baker, Gwen

Program Specialist
Office of Minority Health and Health Equity

Dicent Taillespierre, Julio

Public Health Analyst
Office of Minority Health and Health Equity

Hall, Mary E.

Public Health Analyst
Office of Minority Health and Health Equity

Hickman, Gayle J.

Committee Management Specialist, ACD
Advance Team, Office of the Chief of Staff

Hutchins, Sonja S., MD, DrPH, MPH

Medical Epidemiologist
Office of Minority Health and Health Equity

Liburd, Leandris, MPH, PhD

Director
Office of Minority Health and Health Equity

Aguilar, Ana, PhD, MPH

Associate Director of Science
Office of Minority Health and Health Equity



Kicera, Tami, BA

Deputy Director
Office of Minority Health and Health Equity

General Public Present:

Henry-Gonzalez, Sarah J.

Medical & Scientific Writer/Editor
Cambridge Communications & Training Institute

Korba, Casey

Director, Prevention and Population
America's Health Insurance Plans

Unknown

Planned Parenthood Federation of America

Lodriguez, Murray

Association of Minority Health Professions Schools



Attachment #2: Acronyms Used in this Document

Acronym	Expansion
ACA	Affordable Care Act
ACD	Advisory Committee to the Director
ACS	American Community Survey
AHIP	America's Health Insurance Plan
AI / AN	American Indian / Alaska Native
APIAHF	Asian & Pacific Islander American Health Forum
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
<i>CHDIR</i>	<i>CDC Health Disparities and Inequalities Report</i>
DFO	Designated Federal Officer
EAPO	Epidemiological and Analysis Program Office
FOA	Funding Opportunity Announcement
HD*Calc	Health Disparities Calculator
HDS	Health Disparities Subcommittee
HHS	(United States Department of) Health and Human Services
HP	Healthy People
IOM	Institute of Medicine
JAPER	Joint Action Plan to Eliminate Racism in Brazil
NCBDDD	National Center on Birth Defects and Development Disabilities
NACCHO	National Association of County and City Health Officials
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCFH	National Center for Farmworker Health
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
NCHS	National Center for Health Statistics
NCIPC	National Center for Injury Prevention and Control
NHMA	National Hispanic Medical Association
NIH	National Institutes of Health
OMHHE	Office of Minority Health and Health Equity
REACH	Racial and Ethnic Approaches to Community Health
UK	United Kingdom
US	United States

