Advisory Committee to the Director (CDC)

February 1, 2022
11:00 am – 4:30 pm (EDT)

Closed Captioning:
https://www.streamtext.net/player?event=MeetinGAdvisoryCommitteeToTheDirector
Welcome, Roll Call

David Fleming, MD
ACD Chair
CDC’s Current Work and Priorities

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substance Disease Registry
CDC’s Data Modernization Initiative: Thinking Differently... Together

Daniel B. Jernigan, MD, MPH
Deputy Director
Public Health Science and Surveillance
Centers for Disease Control and Prevention
Our Ultimate Goal

To move from siloed and brittle public health data systems to connected, resilient, adaptable, and sustainable ‘response-ready’ systems that can help us solve problems before they happen and reduce the harm caused by the problems that do happen.

_Better, Faster, Actionable Intelligence for Decision-Making_
We are in a different place than we were before the pandemic

**Electronic Case Reporting**
Automated case data to reduce burden on providers

Healthcare Facilities Reporting: From 187 to 10,300

**COVID-19 Vaccination Data Flow**
Advanced data pipelines to inform action

Vaccine Dose Data Tracked: From none to over 530M

**CELR Laboratory Data Flow**
Streamlined lab data from state health departments to CDC

COVID Lab Results to CDC: From none to over 1.5M per day

Information as of January 2022
We are listening and connecting
DMI Priorities

- Build the right foundation
- Accelerate data into action
- Develop a state-of-the-art workforce
- Support + extend partnerships
- Manage change + governance

DMI Strategic Implementation Plan (cdc.gov)
Build the Right Foundation

Provide the new information infrastructure and automated data sources for response-ready data sharing.

**Automated real-time data collection**
- eCR, ELR, Syndromic, Vitals, Immunizations
- Reduce burden and allow data providers to “turn off their fax machines”

**Cloud-based services**
- Streamline the way we process, store, and visualize data

**“North star” architecture**
- Create a collaborative vision to improve STLT access to actionable intelligence

**Reduced silos**
- Migrate stand-alone systems to a common architecture at CDC and STLTs
Accelerate Data into Action

Create faster, more integrated use of data for real-time situational awareness and forecasting.

**Rapid outbreak response**
Build on COVID-19 “Common Operating Picture” platforms and prepare pandemic-prone programs to scale up in emergencies.

**Forecasting and outbreak analytics**
Use data in new ways to mitigate problems earlier and direct resources more effectively.

**Linking and opening data**
Link and integrate data from diverse sources for more actionable insights.

**Connected public health and healthcare data**
Adopt interoperability standards and create hubs for data exchange while protecting privacy and security.
Develop a State-of-the-Art Workforce

Identify, recruit, and retain experts to generate meaningful public health insights.

Recruitment
Attract a diverse, qualified public health science workforce

Training
Build the skills of the current and future workforce through team-based programs and fellowships

Forecasting workforce needs
Modernize and expand the use of public health workforce data to identify future needs

State + local support
Build a public health workforce that represents the communities in which they work
Support + Extend Partnerships

Engage with state, territorial, local, tribal, and other partners to address policy challenges and solve problems.

**Policies**
Support the exchange and use of data between CDC, STLTs, partners, and data providers

**Transparency**
Increase access to modernization plans and progress for better alignment

**Data Use Agreements**
Reduce the burden for accessing, sharing, and using CDC data

**Collaboration**
Innovate with research, academic, and public and private partners
Manage Change + Governance

Provide the necessary support for modernization and adoption of unified technology, data, and data products.

**Governance**
Approve strategic and efficient IT and data investments

**Monitoring + Evaluation**
Measure progress for accountability and continuous improvement

**Change management**
Encourage a culture of innovation, collaboration, inclusion, and adaptability

**Procurement**
Make acquisition processes more efficient and effective
What will be different because of DMI?

When the next emergency happens, we will have:

- A foundation for data sharing across all levels of public health for coordinated, scalable and timely case investigation, management, and reporting

- Shared analysis capabilities for rapid identification of trends within and across jurisdictions, including forecasting and SDOH

- A prepared data science workforce

- Decreased burden on data reporters and public health staff
Data Modernization Workgroup

Potential Topics of Interest:

• Public health data ecosystem architecture

• Future of data & surveillance after COVID-19

• Integration of healthcare and public health

• Policies for data reporting, sharing, and use
Update on CDC Workforce Development Efforts

Pattie Simone, MD
Director
Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention
Decades of Underinvestment

Over the past decade, the public health workforce has shrunk by approximately **56,000** positions primarily due to funding issues.

—Trust for America’s Health (2020)

The U.S. needs to hire a minimum of **80,000** more full-time equivalents (FTEs) in state and local governmental public health departments—**an increase of 80 percent**—to provide adequate infrastructure and minimum public health services to the nation.

—Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation (2021)
Workforce Development is More Than Staffing

- Recruit and retain
- Hire and onboard
- Offer fellowships, pathways
- Train and upskill
- Plan, using data and systems
- Ensure diversity, equity, and inclusion
Workforce Development has Fallen Behind Across Public Health

Even with increased funding, substantial barriers remain
American Rescue Plan (ARP)

ARP policy announced in January 2021 proposing to:

▷ Expand the public health workforce
▷ Fund 100,000 public health workers
▷ Work in local communities
▷ Build our long-term public health capacity

ARP Act Section 2501 included $7,660,000,000 for establishing, expanding, and sustaining a public health workforce

ARP Policy https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/
Workforce Development: The Way Forward

- **Bridge** from the ongoing COVID pandemic to moving the nation through the next stages of the COVID response

- **Build** a stronger, more diverse workforce than we have ever had

- **Sustain** the progress made by these programs with an eye on the future of the public health workforce in the U.S.
Bridge to the Next Phase of COVID Response: CDC Opportunities

Summary of CDC COVID-19 funding to jurisdictions [www.cdc.gov/budget/factsheets/covid-19/funding/index.html]

Critical, immediate staffing:

- **CDC Foundation**: 1-year, $200M
  - Variety of disciplines, hired by CDCF, placed in jurisdictions and CBOs

- **Crisis cooperative agreement**: 2-year, $2B
  - 50 states, 8 territories, 6 localities, 1 tribe
  - School health, community-based hiring
Build the Public Health Workforce, Stronger and More Diverse

▷ **Disease Intervention Specialists**: $200M/year for 5 years
  ○ Contact tracing, outbreak response, DIS certification

▷ **Public Health AmeriCorps**: 5-year grant program
  ○ 1000 members/year
  ○ Reflect communities they serve

▷ **Public Health Internships & Fellowships**
  ○ Expanding successful programs

Webinar on CDC’s American Rescue Plan
Public Health Workforce Programs
https://www.cdc.gov/workforce/resources.html
Sustain Progress & Invest in the Future

▷ New PH workforce program
  ○ $3B, 5-year grant program
  ○ Hiring from communities they serve
  ○ Held internal and external listening sessions

▷ Critical needs for rebuilding
  ○ Sustained investment
  ○ State and local commitment
Opportunities in Workforce Development

Best practices and lessons learned

Hiring systems and workforce planning

Professional development and skills

Student experiences and pathways

Recruitment and diversity

Student loan repayment
New CDC Workforce Governance Board

► New enterprise-wide approach for strategic workforce planning

► Will apply to any new or expanded workforce programs at the agency

Goals

- Ensure efforts are coordinated, strategic and evidence based
- Build on existing capacity, avoid duplication
- Enhance WF diversity

Board

- Co-chaired by CSELS and HRO
- Representatives with expertise in workforce and other priority areas
The CDC Workforce Governance Board will provide strategic oversight to existing and emerging workforce development initiatives.

- **Support** agency workforce development strategy and priorities
- **Provide** best and promising practices for CDC Workforce Development programs
- **Develop** an enterprise Workforce Development Strategic Framework
- **Guide** decisions for all new or expanded workforce development activities
Workforce Development: A Time of Tremendous Opportunity

Steps we take now

▷ Impact for years to come
▷ Strong, diverse public health workforce
▷ Public health leaders of tomorrow
Advisory Committee to the Director (CDC)

BREAK

30 minutes
CDC COVID-19 Response Update

Barbara Mahon, MD, MPH
Incident Manager
CDC COVID-19 Response
Centers for Disease Control and Prevention
COVID-19 Pandemic Summary
COVID-19 Surveillance Summary: Cases

- 364,191,494 confirmed cases globally
- 5,631,457 cumulative deaths
COVID-19 Surveillance Summary: Cases and Hospitalizations

• As of January 26-27, 2022
  • 7-day average of daily case counts decreased 20.5% compared with previous week
  • 7-day average of daily new hospitalizations decreased 9.6% compared with previous week
COVID-19 Surveillance Summary: Deaths

• As of January 27, 2022
  • 7-day average of daily death counts increased 20.4% compared with previous week
National Trends Compared to Winter 2020-21 Peak

Source: CDC State-Reported Data, Unified Hospital Dataset. The peak value and associated date is calculated independently for cases, deaths, and hospital admissions, as the highest 7-day average value between Nov 1, 2020 and Feb 28, 2021. The date and value of peaks may change slightly if data are backfilled. Peaks are 250,315 cases on 1/11/2021; 16,497 hospital admissions on 1/9/2021; and 3,422 deaths on 1/13/2021.
COVID-19 Vaccination Uptake: Domestic

- As of January 28, 2022
  - 75.1% of US population has received at least 1 dose
  - 63.7% of US population fully vaccinated
  - 41.1% of fully vaccinated persons have received an additional dose
    - 64.2% of fully vaccinated persons >= 65 years of age have received an additional dose

Source: CDC COVID Data Tracker: Vaccinations
COVID-19 Vaccination Uptake: Global

- 52.35% of total global population has been fully vaccinated
  - 60.8% of total global population has received at least one dose
  - 10 billion doses administered
- United States donating 1.2 billion+ COVID-19 vaccines, safely and equitably, to countries most in need
  - USG support for COVID vaccination recently identified as “Global VAX”
  - Additional COVID resources being directed toward global vaccination efforts
- CDC supporting 70+ countries to receive and administer COVID-19 vaccines
- Remarkable, but uneven, progress
  - Relatively low coverage for low-income countries and in the Africa region

Data as of January 27, 2022
Source: Coronavirus (COVID-19) Vaccinations - Our World in Data
COVID-19 Vaccination Guidance

• CDC recommends that everyone 5 years and older protect themselves from COVID-19 by staying up-to-date with their vaccines

• Booster eligibility expanded
  • Ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna
    • ≥2 months after initial Janssen vaccine
    • ≥5 months after completion of Pfizer-BioNTech or Moderna primary series
  • Teens 12-17 should get a booster dose of Pfizer-BioNTech ≥5 months after completion of Pfizer-BioNTech primary series

• Additional dose of Pfizer-BioNTech authorized for some immunocompromised children ages 5-11 years

Source: Stay Up to Date with Your Vaccines | CDC
“Fully Vaccinated” and “Up to Date” Definitions

- **Fully vaccinated:**
  - A person who has received their primary COVID-19 vaccine series, which includes two doses of Pfizer-BioNTech or Moderna (mRNA vaccines) or one dose of the J&J/Janssen vaccine, and any additional primary vaccine dose(s) recommended.

- **Up to date:**
  - A person who has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
  - The vaccine history that constitutes "up to date" will differ to some extent depending on age, health status, and date of primary vaccine doses.

Source: Stay Up to Date with Your Vaccines | CDC
B.1.1.529 “Omicron” Variant
Omicron Emergence

• B.1.1.529 or “Omicron” variant first detected by South Africa and reported to WHO on November 24, 2021
• First US case detected in CA on December 1, 2021
• S-gene Target Failure (SGTF) marker initially used in Enhanced Surveillance strategy to identify likely Omicron cases
• Accumulating evidence suggests that the Omicron variant is more transmissible but causes less severe disease

Sources: Omicron Variant: What You Need to Know | CDC; Potential Rapid Increase of Omicron Variant Infections in the United States | CDC
Omicron Prevalence

- As of January 22,
  - B.1.1.529 (Omicron) estimated at 99.9% of US cases
  - B.1.617.2 (Delta) estimated at 0.1% of US cases

Source: CDC COVID Data Tracker
Omicron Severity

- Study from CDC's Center for Forecasting and Analytics in collaboration with academic investigators using data from Kaiser Permanente, Southern California
- Lower probability of symptomatic hospitalization, ICU admission, mechanical ventilation, death in those infected with Omicron vs Delta

Times to severe outcomes among cases with SGTF and non-SGTF infections first detected in outpatient settings

Fitted durations of symptomatic hospitalization and times to survival or mortality among cases with SGTF and non-SGTF samples detected

Source: Clinical outcomes among patients infected with Omicron (B.1.1.529) SARS-CoV-2 variant in southern California | medRxiv
Omicron Immune Escape

- Omicron has extensive but incomplete escape of other vaccine- and infection-elicited neutralization

Booster Restores Neutralizing Titers against Omicron

Source: Garcia-Beltran et al. Balazs Lab
Vaccine Effectiveness (VE) against Omicron

- Pfizer mRNA vaccine effectiveness (VE) is lower for symptomatic infection due to Omicron compared to Delta

- **Post 2-dose:** increased waning immunity for Omicron (~15%) vs. Delta (~60%) at 25+ weeks post 2nd dose

- **Booster:** ~65% VE against Omicron 2 weeks; decreases to 45% at 10+ weeks

Source: [SARS-CoV-2 variants of concern and variants under investigation](publishing.service.gov.uk)
Vaccine Impact against Omicron

Source: CDC COVID Data Tracker *Because data on the immune status of cases and associated deaths are unavailable, an additional dose in an immunocompromised person cannot be distinguished from a booster dose. This is a relevant consideration because vaccines can be less effective in this group.
Available Therapeutics (and Prophylactics)

- Antivirals
  - Paxlovid™
  - Remdesivir
  - Molnupiravir

- Monoclonals
  - Sotrovimab
  - Evusheld™ (pre-exposure prophylaxis for immunocompromised persons)

Source: Statement on Therapies for High-Risk, Nonhospitalized Patients
Antibody Neutralization

• Among therapeutic monoclonal antibody products authorized for use in the United States, only Sotrovimab is active against Omicron

Source: Considerable escape of SARS-CoV-2 variant Omicron to antibody neutralization
Prevention Strategies to Protect against Omicron

• Current vaccines protect against severe illness, hospitalizations, and deaths due to infection with Omicron
  • However, *breakthrough infections* in people who are not up to date on COVID-19 vaccines are likely to occur at higher rates than in people who are up to date on COVID-19 vaccines

• Increased emphasis on importance of masking
• Improved ventilation
• Wider and more frequent testing, including self-testing
• Adherence to guidance on quarantine and isolation
Future Considerations
Continued and Improved Surveillance

• Collect and analyze actionable data about the pandemic, emphasizing timeliness and looking ahead to future needs
  • Monitor case incidence, healthcare burden, and trends in at-risk or disproportionately affected populations (e.g., children during the Omicron wave)
  • Detect, characterize, and monitor emergence and impact of novel variants
  • Update surveillance strategies to reflect lessons learned from the response and leverage new technologies (e.g., National Wastewater Surveillance System)
  • Align with long-term Data Modernization Initiative (DMI) planning efforts
  • Increase lab capacity
Increase Vaccination Coverage

• Support efforts for all eligible individuals to be up-to-date on vaccines
  • Improve equitable access to vaccines domestically and globally
  • Support acceleration of global vaccine delivery, distribution, and administration
  • Maintain and enhance vaccine effectiveness through boosters
• Prepare for vaccination of children <5 years old
Continually Reassess Mitigation and Prevention Strategies

• Evaluate proven prevention strategies and VE against new circulating variants and adjust mitigation strategies as needed

• Increase appropriate use and availability of testing, masks, travel-related interventions, other Non-Pharmaceutical Interventions (NPIs)
  • Increase testing capacity domestically and globally, emphasizing equitable access
    • White House launched COVIDTests.gov, allowing each home in the United States to order 4 free at-home rapid tests delivered by USPS
Prioritize Health Equity

- For every decision, strategy, guideline, or product, assess how it will affect equity
  - Reduce the disproportionate burden of disease on ethnic and minority communities
  - Choose options that reduce inequities
- Recent accomplishments
  - CDC COVID-19 Response Health Equity Strategy
  - COVID-19 Health Equity Action Tracker (HEAT)
  - Communications processes/materials review
  - Publication of scientific literature, including recent MMWR on Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 – United States, March 2020–August 2021
Update Guidance and Recommendations

• Develop and effectively communicate guidance changes reflecting needs at current stage of pandemic
• Recent updates
  • Quarantine and isolation guidance
  • Definition of “up to date” on vaccines
  • Mask recommendations

Sources: https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html; Types of Masks and Respirators | CDC
Integration of COVID-19 into Routine Public Health

• Integrate COVID-19-related activities into routine public health practice
  • Surveillance
  • Prevention
  • Treatment

• Create or adapt infrastructures and processes to maintain the work at a sustainable pace that still meets public health needs
CDC’s Transformative Commitment to Health Equity

Debra Houry, MD, MPH
Acting Principal Deputy Director
Centers for Disease Control and Prevention
CDC’s CORE Commitment to Health Equity

CDC launched an agency-wide strategy to integrate health equity into the fabric of all we do

**Cultivate** comprehensive health equity science
- CDC will embed health equity principles in the design, implementation, and evaluation of our research, data, and surveillance strategies

**Optimize** interventions
- CDC will use scientific, innovative, and data-driven strategies that address policy and systemic factors that impact health outcomes and address drivers of health disparities

**Reinforce** and expand robust partnerships
- CDC will seek out and strengthen sustainable multi-level, multi-sectoral and community partnerships to advance health equity

**Enhance** capacity and workforce engagement
- CDC will build internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practice for broader public health impact
CORE Health Equity Goals Timeline

- CORE Goal Development & Submission (July 2021)
- Evaluation and Feedback (August 2021)
- Program Review and Resubmission (September 2021)
- Data Synthesis and Crosswalk (Oct – Nov 2021)

64 divisions and 18 CIOs each committed to ~3 goals (total of 159)

- 43% Science
- 17% Interventions
- 27% Science and Interventions
- 13% Cross-cutting
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<tr>
<th>Theme</th>
<th>Description</th>
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<td>Bolster Workforce Management</td>
<td>Ensure health equity is an inextricable part of workforce management and operations in public health</td>
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CORE Integrates Health Equity into the Foundation of all CDC Work

**LEVERAGE**
- Agency priorities to drive health equity

**COORDINATE**
- Mechanisms to advance CORE implementation

**TRANSFORM**
- Efforts to accelerate innovative change

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**Cultivate comprehensive health equity science**

- Social Determinants of Health
  - Climate and Health

**Optimize Interventions**

- Data Modernization Initiative

**Reinforce and expand robust partnerships**

- CORE Coordination Teams
  - Communities of Practice
  - Intergovernmental and Strategic Affairs

**Enhance capacity and diversity and inclusion**

- Health Equity Science and Intervention Strategy (159 CORE Goals)
  - Teams (e.g., NOFOs, Health Equity Science, Data & Standards)

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**CORE Coordination Teams**
- Affinity Groups
  - Human Resources Office

**Intergovernmental and Strategic Affairs**
- OEEO Efforts
  - HRO/Future of Work Initiative

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**Listening Sessions | Focus Groups**
- Workforce Training
  - Organizational Change to Achieve Diversity, Equity, Inclusion, Accessibility

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CDC’s CORE Commitment to Health Equity

ADDITIONAL PRESENTATIONS ON CORE

• Leandris Liburd, PhD, MPH, MA, Director, Office of Minority Health and Health Equity, CDC - *Cultivating CDC’s CORE Commitment to Achieving Health Equity*

• Aletha Maybank, MD, MPH, Senior Advisor on DEIA – *Organizational Change Framework and Actions to Advance Equity*

• Robin Bailey Jr., MA, Chief Operating Officer, CDC - *Building a Dynamic Culture through Workforce Engagement--Embracing Diversity, Equity, Inclusion and Accessibility (DEIA) in the Workplace*

• Demetre Daskalakis, MD, MPH, Director, Division of HIV Prevention, CDC - *Implementing Equity Work At The Division Level*
Cultivating CDC’s CORE Commitment to Achieving Health Equity

Leandris Liburd, PhD, MPH, MA
Director
Office of Minority Health and Health Equity
Centers for Disease Control and Prevention
# Key Health Equity Terms

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<th>Health Disparities</th>
<th>Health Inequities</th>
<th>Health Equity</th>
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<td>Investigates the underlying contributors to health inequities and builds an evidence base that will guide action across the domains of program, surveillance, policy, communication, and scientific inquiry to move toward eliminating, rather than simply documenting, inequities.</td>
<td>Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.</td>
<td>Particular types of health disparities that stem from unfair and unjust systems, policies, and practices that limit access to the opportunities and resources needed to live the healthiest life possible.</td>
<td>The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.</td>
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CORE Health Equity Goals Timeline

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Example CORE Goals from DDID

Transform Surveillance Systems

Address data gaps and harmonize data systems across the National Center for Immunization and Respiratory Disease to ensure 100% of surveillance systems include a standard set of relevant health equity data elements aligned with agency standards or are implementing a plan to do so, by December 2024.
Example CORE Goals from DDID

Identify Key Multi-Sector Policy Levers

Reduce racial/ethnic disparities for Ending the HIV Epidemic key indicators including knowledge of HIV status, living with HIV while virally suppressed, and PrEP coverage for individuals recommended for PrEP among programs supported by the Division of HIV Prevention, by December 2025.
“Baking In” Health Equity

Definitions Sprint Team

Accountability and Monitoring Sprint Team

Notice of Funding Opportunity Team

Health Equity Science Sprint Team
Health Equity Glossary

• Definitions Sprint Team
  • Develop standardized health equity-related terms to support consistency in how terms, definitions, and criteria are used agency-wide
  • Final deliverable: Cross-cutting and comprehensive Health Equity Glossary

10 SMEs across Centers to provide cross-agency perspectives and engage in forward-thinking dialogue about transformative elements of definitions that will carry CDC into the future
Health Equity Glossary

A living document providing a common language:

Not everyone is familiar with terminology used in health equity literature and communications
Consensus around terms is evolving as more awareness is gained about health equity and health equity science progresses
Notice Of Funding Opportunity (NOFO) Sprint Team

Develop concrete recommendations for existing non-research NOFO template

Identify and make recommendations for needed support structures to guide programs in decisions around health equity.

Collect examples of how CIOs across CDC are already integrating health equity into their NOFOs
Health Equity Science Principles

Key Considerations to support CDC’s Health Equity Science

- Conduct health equity science for action
- Clarify uses of race and ethnicity
- Distinguish markers vs. drivers of inequity
- Use appropriate data and measures
- Incorporate an understanding of the contexts that contribute to health inequities
- Embed equity into every part of the scientific life cycle
### Accountability and Progress Monitoring

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<th>Agency-level Metrics (annual)</th>
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<td>Success Stories (ongoing)</td>
<td>Interactive Dialogue Sessions for CoPs (every ~6 months)</td>
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Looking Ahead

Agency-wide opportunity for innovation

Enhanced coordination and communication

Decreases in health disparities and greater health equity
Organizational Change Framework and Actions to Advance Equity

Aletha Maybank, MD, MPH
Senior Advisor
Diversity, Equity, Inclusion, and Accessibility
Centers for Disease Control and Prevention
Framework for DEIA Organizational Change
CDC envisions an empowered and high-performing workforce that thrives in a culture of mutual acceptance and trust that recognizes our differences, where every employee experiences satisfaction, belonging, and just treatment in an environment rooted in equitable and transparent policies and practices, thereby fully enabling us to accomplish our shared public health mission.

(Draft)

Guiding Principles, taken from Federal Guidance on DEIA:

• Use data and evidence-based decision making;

• Focus on continuous improvement;

• Adopt a collaborative whole-of-agency mandate with partnership engagement;

• Prioritize accountability and sustainability; and

• Understand the perspectives of the workforce and the customers
Normalize – Learning & Professional Development

1. Training on equity, diversity, and inclusion for cohort of staff champions across the CDC
2. Racial Equity Institute/Groundwater Institute - 2-day training for senior leaders and key champions (starts Feb 2022)
3. Training (and written guidance) for developing equity action plans (Spring 2022)
4. Launch more training opportunities to build knowledge and skills via CDC University
Organize – Engagement, Action, Accountability

Agency Action Planning

- Development & Drafting Agency DEIA Plan
  - Cross – Enterprise Team, HR, Equal Employment

- Final Approval & Accountability
  - CDC Director
  - Exec Sponsors (PDD, COO)

- Implementation
  - Senior Leaders
  - Center Leadership Teams

CIO Action Planning

- Planning, Alignment, Coordination, Evaluation
  - Health Equity Office
    - Leandris Liburd
  - HR
    - Dia Taylor
  - Equal Employment Opportunity
    - Reggie Mebane
  - Senior Advisors
    - Robbie Goldstein
    - Aletha Maybank
  - Executive Sponsors
    - Deb Houry
    - Robin Bailey
  - Communications

- Learning, Sharing
  - Cross – enterprise team
  - Cohort of Champions
  - D/I Councils

- Development & Drafting CIO Plan
  - Center Action Team

- Final Approval & Accountability
  - Center Leads

- Implementation
  - Entire Center
Operationalize – Tools and Metrics

• Better Together intranet site to support transparency and communication across the enterprise
• Health Equity Guiding Principles for Inclusive Communication
• Written guidance on developing equity action plans
• CDC Internal Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility (DEIA) (Spring 2022)
• CIO DEIA Action Plans (Fall 2022)
Achieving DEIA Through CORE

OEEO
DIESC
HRO

CDC DEIA Strategic Plan

CIO Action Plans

HHS DEIA Strategic Plan
CDC Enterprise DEIA Strategic Plan & CIO DEIA Action Plans
Building a Dynamic Culture through Workforce Engagement – Embracing Diversity, Equity, Inclusion and Accessibility in the Workplace

Robin Bailey Jr., MA
Chief Operating Officer
Centers for Disease Control and Prevention
**Cultivate comprehensive health equity science**

**Optimize Interventions**

**Reinforce and expand robust partnerships**

**Enhance capacity and diversity and inclusion**

**CORE Integrates Health Equity into the Foundation of all CDC Work**

**LEVERAGE**
- Agency priorities to drive health equity

**COORDINATE**
- Mechanisms to advance CORE implementation

**TRANSFORM**
- Efforts to accelerate innovative change

- Diversity and Inclusion Executive Committee
- HRO/Future of Work Initiative
- OEEO Efforts
- Affinity Groups
- Human Resources Office
- Workforce Training
- Listening Sessions | Focus Groups
- Organizational Change to Achieve Diversity, Equity, Inclusion, Accessibility
Implementing Equity Work at the Division Level

Demetre C. Daskalakis, MD, MPH
Director
Division of HIV Prevention
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
1.2 Million People in the U.S. have HIV and Health Disparities Persist

Snapshot of Disparities

Higher HIV Incidence:
- Gay and Bisexual Men
- Black/African American Persons
- Hispanic/Latino Persons

Larger Gaps in PrEP Coverage:
- Black/African American Persons
- Hispanic/Latino Persons

Lower Rates of Viral Suppression:
- American Indian/Alaskan Native Persons
- Black/African American Persons

Higher HIV Prevalence:
- MSM
- Transgender Women

More HIV Outbreaks
- People Who Inject Drugs
Ending the HIV Epidemic

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
Status Neutral HIV Prevention and Care

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g., SSPs), and supportive services to stay HIV negative.

People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Prevention Pathway
- Prevents getting HIV
- High-Impact HIV Prevention
- HIV and STD Testing

Treatment Pathway
- Prevents transmitting HIV
- HIV Primary Care
- Effective Treatment

Culturally Inclusive and Responsive Quality Care

Prevent and Treat Syndemic Infections
DHP Activities Aimed at Addressing Health Equity

**HIV Criminalization**

In 2021, CDC published commentary in *The Lancet HIV* encouraging states to align their HIV criminalization laws with science and/or revise the application of these laws to ensure that they protect the community, are evidence-based and just, and support public health efforts.

**Comprehensive High-Impact HIV Prevention Programs for Health Departments and Community Based Organizations**

Awarded $400 million a year to health departments to implement integrated HIV surveillance and prevention programs.

Awarded $42 million a year to 96 CBOs serving populations disproportionately affected by HIV.

**HIV Prevention in Communities of Color Postdoctoral Fellowship Program and The Minority HIV/AIDS Research Initiative (MARI)**

The fellowship recruits, mentors, and trains investigators to conduct domestic HIV prevention research in communities of color.

MARI builds capacity for HIV epidemiologic and prevention research in Black and Hispanic/Latino communities and among Black and Hispanic/Latino investigators.

**Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color**

Awarded $54 million over 5 years to 30 CBOs serving young MSM of color and transgender persons of color.
Let’s Stop HIV Together

- Campaign aims to stop HIV stigma and promote HIV testing, prevention, and treatment
- Addresses consumers and health care providers
- Reflects and represents the communities most impacted
- Holistic approach across the HIV prevention and care continuum
  - Content is disseminated through prioritized channels that reach populations most affected by HIV
- Addresses the underlying social and structural factors that impact HIV stigma, testing, prevention, and care
National Center for HIV, Viral Hepatitis, STD, and TB Prevention’s (NCHHSTP) Equity Initiative

A transformational long-term strategy to help us achieve equity within our workplace and eliminate health disparities by addressing racism and other systems of oppression.

The Equity Initiative builds on decades of successful work—by NCHHSTP staff, our partners, and advocates—giving us a strong foundation of proven strategies and bold ideas to advance equity and reduce health disparities.
DHP Equity Change Team

Focus Areas
A. Workplace Culture
B. Workplace Policies and Procedures
C. Research, Policy, Programs and Partnerships
Next Steps

- Implement next phase of DHP Equity Plan
  - Implement key activities
  - Establish routine reporting, including Annual Progress Report
- Incorporate GARE (Government Alliance on Race and Equity) tools into our major activities
- Increase antiracist leadership capacity
  - Expand *Undoing Racism* training

*Let’s Stop HIV Together:*

- A new HIV Stigma and SDOH Framework
- Community listening sessions with priority populations
- Support to new non-traditional funded partners representing prioritized communities through Partnering and Communicating Together (PACT)
ACD Health Equity Workgroup: Terms of Reference

John Auerbach, MBA
Director
Intergovernmental and Strategic Affairs
ACD Designated Federal Official (DFO)
Centers for Disease Control and Prevention

Leandris Liburd, PhD, MPH, MA
Director
Office of Minority Health and Health Equity
Centers for Disease Control and Prevention
GUIDELINES REGARDING WORKGROUPS

- Formed to assist ACD
- Topics of focus reflect CDC Director’s identification on needs
- Must have 2 ACD members and DFO
- Limited in size
- Can be enhanced by non-ACD subject matter experts
- Can utilize public or non-public meeting formats
PURPOSE - HEALTH EQUITY WORKGROUP (HEW):

- Provide input to ACD on the scope & implementation of CDC’s CORE strategy - influencing internal work and that of STLT public health agencies, constituents and partners.
- Prepare reports with findings, observations and outcomes to enhance the CORE strategy
- Suggest innovative and promising health equity practices
- Suggest ways to embed anti-racist policies/practices in public health programs
HEW CAN PROVIDE INPUT ON:

1. What will CORE need to be successful?
2. What are potential barriers?
3. How can work on health equity at the STLT levels be supported?
4. What categories of partners can be leveraged?
5. How can a Health Equity in All Policies approach be advanced?
6. How might measures of health and of inequity be collected?
7. What are a minimal data elements for surveys and surveillance systems?
1. What will CDC need to do to be successful in CORE implantation? What are the best 3 agency-wide CORE goals & most important changes to advance CORE?
2. What are potential unanticipated barriers to CORE implementation and how can they be minimized?
3. How can CDC accelerate work on health equity at the STLT levels?
AREAS OF FOCUS

- C-cultivate comprehensive health equity science
- O-optimize interventions
- R-reinforce & expand robust partnerships

(Not included: E – CDC workforce diversity & inclusion)

- Observations and action steps within control of the CDC
LOGISTICS

- Oral report at May ACD meeting
- Written deliverable within 6-9 months
- At least 3 virtual meetings with work in between meetings
- Staff support from CDC
- 2\textsuperscript{nd} phase for other items after initial deliverable
NEXT STEPS

- Review and decision regarding establishment including TOR
- Post-meeting survey of interest among ACD members
- Selection of non-ACD members – open nomination process
Conclusion