



CDC Advisory Committee to the Director (ACD) Health Equity Workgroup (HEW)

Health Equity Workgroup Report:

TASK AREA 3



The Health Equity Workgroup (HEW) of the Advisory Committee to the Director (ACD) was established to focus on: 1) national data systems that assess and monitor racism and health and other drivers of health and healthcare inequities; 2) strategies that establish and sustain anti-racist systems of public health; 3) policy levers that advance health equity; and 4) multi-sector partnerships that accelerate the elimination of health inequities. Its membership includes several ACD members, as well as subject matter experts across multiple sectors who were selected from an open public nomination process.

Members of the HEW identified three major “Task Areas” to focus on in their initial review and consideration of possible action steps. These are:

- **Task Area 1:** How CDC’s policies and programs can either facilitate community members’ active engagement and partnership in eliminating health inequities;
- **Task Area 2:** How CDC can align and restructure its internal policies, resource allocation, and program practices to maximize the ability for staff and partners to address health inequities in their day-to-day work; and
- **Task Area 3:** How CDC can take decisive action, in concert with communities, to expand, embed, and integrate measurement and strategies to influence drivers of health equity across all public health programs.

The below narrative highlights the HEW’s suggested action steps, resulting from meetings and deliberations within Task Area 3.

Task Area #3

In concert with communities, take immediate and decisive action to expand, embed, and integrate approaches to measure and influence drivers of health equity across all public health programs.

Task Area #3 Guiding Principles:

- *Transform our public health approach to health equity from its current, often disconnected and categorical construct to one of more consistent and integrated approaches and solutions that are enabled, incorporated, and financed across the range of CDC/STLT public health programs. This process can begin immediately, but concurrent qualitative and quantitative research and funding are needed for longer-term success, including evaluation of measures, policies, programs, progress, and ongoing needs.*

- *Adopt practices to ensure community engagement and partnership in the process of developing and implementing inclusive health equity measurements and interventions across programs and jurisdictions.* Careful attention to inclusivity and a deep commitment to true partnership will be key to success.
- *Focus attention beyond individuals to upstream community drivers of health.* Health equity is primarily determined by policies, systems, and environments. These factors are better and more directly measured and influenced at social, political, and community levels rather than through more traditional individual-based public health surveillance and program approaches. Special attention should be devoted to non-health sectors that have major roles in creating social and economic environments affecting health and success in these domains will also require further development of the necessary attendant skills in policy development, decision support, and advocacy.
- *Assure inclusion of health equity measures and actions that are asset-based.* Strategies and programs are often more effective and more useful when they align with implementing solutions rather than only identifying problems, when they build on community strengths, and when they are implemented by organizations with the connections and trust necessary to achieve results.
- *Enable measurement and evaluation strategies that are real-time, local, and trusted.* Data have the greatest value when they are directly related to actions at the unit of intervention in a time frame that can be used to influence programming. In concert with communities, data collection and surveillance systems should actively identify and dismantle biased reporting structures, improve disaggregation, and actively take steps to reduce the impact of racism, ableism, and other forms of structural and institutional discrimination on the collection and interpretation of information.

The HEW proposes two broad but related action steps, each with specific suggested initial steps. The first is related to measurement and the second to intervention.

Proposed Action Step 1

CDC should immediately initiate a coordinated, agency-wide approach to identify and implement measures of underlying drivers of equity and health equity in ways that make them accessible and useful to communities and public health programs. These efforts should extend beyond current practices to better disaggregate information by race and ethnicity and other measures of marginalized populations, which -- while critically important -- are often insufficient on their own to generate action steps. They should also extend beyond measures of individual status to ones of community, policy, system, and environmental determinants.

As part of this action step:

- 1) **CDC should lead a process to synthesize the current state-of-the-art of measurement of upstream drivers of health equity.** This process should include current STLT efforts as well as national and academic work, including CDC’s network of Prevention Research Centers. The synthesis should include both qualitative and quantitative measurements and be informed by diverse community narratives.
- 2) **CDC should initiate a process with key partners and stakeholders to assess the feasibility of, and opportunities for, developing and using field-tested and consistent methods and measures across programs and jurisdictions.** Measures and methods should be developed in close consultation with communities and assure inclusion of the undercounted. Approaches will need to be customized to community; change will take time, and early successes may be partial successes.
- 3) **CDC should assure the development of indicators that includes asset and solution-based measures of individual and community equity and health equity.** These measures should be developed in close partnership with relevant communities and populations and in the context of community narrative.
- 4) **CDC should focus special attention on identifying and developing measures that can be timely, locally available, and as granular as possible.** To aid in both timeliness and geographic scale, expertise in “big data” should be brought to bear to enable reach beyond current, more limited public health information sources. Priority should be placed on making resulting data and information as widely available and accessible as possible.
- 5) **CDC programs should promote, and enable through program funding, the incorporation of measures of health equity into the monitoring and evaluation of all public health programs.** Measures should include preparedness and response activities and should prioritize planning to ensure the availability and analysis of relevant data that can be disaggregated to the population of interest.

Proposed Action Step 2

CDC should immediately initiate a coordinated, agency-wide approach to develop and integrate strategies to influence the effects of drivers of health equity across the entire range of its public health programming. Key to the success of this effort will be routine incorporation and integration of this approach into most/all CDC and CDC-funded STLT public health programs (i.e., a system-wide approach extending beyond standalone or categorical funding for health equity and social determinants of health).

As part of this action step:

- 1) **CDC should align and integrate the internal organization and leadership of its Health Equity and Social Determinant of Health activities to assure coherence and synergy of approaches.** An organizational entity within the office of the Director should be empowered to assure accountability for the routine development and integration of strategies to influence the drivers of health equity across all CDC programs and activities.
- 2) **CDC should promote and enable across all program funding the routine assessment and mapping of the effects of the drivers of health equity on the health and well-being of affected populations.** These assessments should: 1) be performed in close coordination with communities; 2) include the range of relevant structural power dynamics potentially affecting solutions; 3) be geographically and programmatically informed; 4) occur at all phases of the project; and 5) routinely assess synergy or conflict with other projects or interventions affecting the same individuals or communities.
- 3) **CDC should promote and enable across all program funding, identifying and incorporating strategies to improve project outcomes by modifying the most important and influenceable dynamics identified in the assessments above (in 2).** As part of this work, CDC should assure the development of multi-sectoral strategies and should take a leadership role in developing the relevant needed partnerships with the appropriate related federal agencies, for example in housing, transportation, public safety, education, and agriculture.
- 4) **CDC should assure that this suite of promoted and funded strategies routinely includes asset-based approaches directed at individual, as well as system, policy, and environmental drivers of health equity, including civic engagement strategies.** Funding mechanisms should ensure that affected communities are engaged in the design, implementation, and evaluation and that resources are directed to organizations with expertise and roots within the communities of the prioritized populations.
- 5) **CDC should assure that measurement of these efforts and their effects are routinely incorporated into project and program evaluation.** Measurements should be timely, derive from logic models when possible, routinely assess for unintended structural and policy effects, and include early indicators of program progress.

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