

Advisory Committee to the Director,
Centers for Disease Control and Prevention (ACD, CDC)
Health Equity Workgroup
Terms of Reference

PURPOSE

This document defines the activities, membership, and administrative requirements associated with the establishment of a Health Equity Workgroup under the Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC) in the Office of the Director. The Health Equity Workgroup (HEW) has been established to provide input to the ACD, CDC on agency-wide activities related to the scope and implementation of CDC's CORE strategy (an acronym for C-cultivate comprehensive health equity science, O-optimize interventions, R-reinforce and expand robust partnerships, and E-enhance capacity and workforce diversity and inclusion). Commitment to Health Equity includes but is not limited to 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. The HEW convenes a balanced group of subject matter experts in public health science and practice; policy development, analysis, and implementation; and health equity to work with the ACD, CDC in their development of advice and recommendations to CDC regarding the effective execution of the CORE health equity strategy across the agency, ultimately influencing the agency's work with governmental departments of public health and other constituents and partners.

BACKGROUND

The COVID-19 pandemic has once again exposed decades, if not centuries, of longstanding health disparities and inequities in communities that have been socially and economically marginalized (e.g., communities of color, rural and frontier areas, people with disabilities, people who are justice-involved, people living in poverty, LGBTQ+ people and people with substance use disorders, to name a few). For example, the over-representation of Blacks/African Americans and Hispanics/Latinos in "essential occupations" characterized by limited employment benefits that could be leveraged to protect employees' health, little control over exposures to the public and coupled with a higher prevalence of underlying chronic conditions experienced by historically marginalized racial and ethnic groups in the U.S. all converged to exacerbate risks for COVID-19 infections, hospitalizations, and death. COVID-19 further demonstrated racism as a fundamental cause of health inequities. Overcoming these persistent health inequities requires a broad and comprehensive program of health equity science, state-of-the-art data technologies, institutional culture and systems change, equity-promoting policies, and mitigating environmental injustices that have contributed to the unequal and unfair distribution of risks in some communities.

In February 2021, CDC Director Dr. Rochelle P. Walensky, directed the creation of CDC's first ever agency-wide health equity science and intervention strategy. Known as CORE, this bold and innovative approach is framed around four (4) pillars – science, interventions (including

programs, policies, systems change, and environmental justice), partnerships, and internal organizational change efforts. The inaugural health equity strategy is catalyzing commitments from all CDC centers, institute, and offices resulting in over 150 health equity planned action steps. When fully implemented, these action steps together with the other elements of the CDC's CORE Commitment to Health Equity will transform how the agency practices public health and will accelerate the progress towards the achievement of health equity.

The work of the HEW may result in input (reports of findings, observations, outcomes, etc. based on the questions below) to the ACD, CDC with the intention of enhancing the framing and implementation of CDC's CORE Health Equity Strategy. The HEW's research efforts will assist the ACD, CDC in identifying innovative and promising health equity practices that align with the principal pillars of CORE; as well as opportunities to embed anti-racist policies and practices into the design and delivery of public health programs both within CDC and in how CDC influences public health research and practice externally. CDC is currently leading a robust set of activities that drive internal organizational change efforts to cultivate culture, systems, and practice that build workforce capacity to advance equity and improve workforce diversity and inclusion (the **E** in CORE). Therefore, enhancing capacity and workforce diversity and inclusion is not directly part of the charge to the ACD Health Equity Workgroup.

Input is sought regarding potential solutions to questions including but not limited to:

1. What will CDC need to be successful in CORE implementation? For the next phase of CORE, what three agency-wide CORE goals could best focus CDC on work that will be transformative for the agency? What are the most important surveillance systems, program, and policy changes CDC can make to advance CORE?
2. What are potential barriers to the successful implementation of the CORE strategy that may be hidden or unanticipated by public health scientists? What are the barriers to implementation within the governmental system such as policies and procedures in awarding assistance mechanisms, procurement, and program delivery? How can CDC minimize and/or eliminate these barriers?
3. How can CDC best build on the CORE foundation and state, tribal, local, and territorial (STLT) innovation to accelerate impactful work on health equity at the STLT levels?
4. What categories of partners (e.g., STLTs, private non-profit, business sector, housing, etc.) can best be leveraged to facilitate achieving health equity through collaborations with CDC? What activities should be considered for these partnerships (e.g., data sharing, networking, collaborative projects, etc.)?
5. How might CDC strengthen efforts to advance a Health Equity in All Policies (HEAP) approach? In the past, there have been federal, state, and local policies that have unintentionally increased health disparities between population groups and perpetuated inequities. To assess the impact of current and future policies, are there effective health assessment tools and/or analytic approaches for use at CDC?

6. How might CDC collect measures of health as well as measures of inequity and measures of the systems, policies and environments in which people and communities live as well as individual measures? What scales currently exist that measure racism and other forms of discrimination that can be adapted for national data collections and surveillance?

7. What are a minimal set of cross-cutting data elements (i.e., equity indicators) that could be incorporated into CDC's national surveys (e.g., National Health Interview Survey (NHIS), National Health and Nutrition Examination Survey (NHANES), etc.) and surveillance systems (e.g., Behavioral Risk Factor Surveillance Systems (BRFSS), etc.) that would accelerate CDC's ability to build a national database from which a variety of analytic studies can be conducted?

These and other questions will be the focus of the Health Equity Workgroup over 12 months. A draft report of the findings, observations, and outcomes in response to the guiding questions will be one product of the Workgroup to the ACD, CDC.

Specific activities will include:

- I. Ad hoc presentations by the CDC CORE Leadership Team to review the aims, content, and underlying assumptions of the CORE Health Equity Strategy.
- II. Ad hoc presentations on initiatives that will impact CORE outcomes, e.g., the Data Modernization Initiative (DMI), the Social Determinants of Health (SDOH) program, racism as a public health threat, and diversity, equity, inclusion, and accessibility.
- III. Participate in sessions that address questions outlined above.
- IV. Invite CIOs to present CORE activities and offer evidence-based approaches, tools, and other feedback that supports the successful implementation of their health equity activities.
- V. Review CDC's CORE outcomes, progress, and metrics to provide feedback to the ACD, CDC that will inform potential advice and recommendations regarding strategies for monitoring the successful implementation of CORE as well as methods to assess agency-wide impact of CORE on the ability of CDC to pursue and document achieving health equity.
- VI. Provide updates to the ACD, CDC at each meeting.

The co-chairs of the HEW in consultation with the Designated Federal Officer will monitor the interaction between the workgroup and the agency to ensure there is not undue influence by the agency on the deliberations of the HEW.

MEMBERSHIP

The HEW will be established under the ACD, CDC and will be co-chaired by two members of the ACD, CDC Special Government Employees. The ACD, CDC workgroup Designated Federal Officer (DFO), in consultation with the ACD chair, will identify the Workgroup

membership and work priorities. The HEW will be comprised of no more than 19 members, and will strive to cover the following disciplines of expertise:

- Public health science and practice
- Public health policy development, analysis, and implementation
- Health equity

Due to the complexity and variability of information to be gathered, additional external subject matter experts will be invited to provide input during workgroup meetings on an ad hoc basis as needed to provide topical expertise. Such additional external subject matter experts will not be members of the HEW and will not participate in any deliberations or workgroup discussions.

MEETINGS, ADMINISTRATION, and TIMELINES

1. Administrative Oversight: The HEW workgroup DFO will work with the workgroup co-chairs to arrange meetings, document meeting proceedings, and report to the ACD on workgroup findings.
2. Meeting frequency: The workgroup will meet as often as needed to address specific issues and to draft the summary workgroup report. It is anticipated that there will be at least three meetings, one of which may be in-person.
3. Meeting structure: In addition to the workgroup DFO, at least two ACD members (which may include the workgroup co-chair/s) must be present at each workgroup meeting for a quorum. Meetings will occur via teleconferences with, perhaps, one in-person meeting. An agenda, relevant publications, and background material will be circulated at least a week prior to each meeting.
4. Conflicts of Interests: Non-ACD workgroup members will complete the form Conflict of Interest and Confidentiality Information for Workgroup Members (CDC Form 0.1473) to disclose interests (e.g., employment, special interests, grants, or contracts) that a reasonable person could view as conflicts or potential conflicts of interest with their committee workgroup participation. Members will also disclose any potential conflicts of interest before any meeting. If a workgroup member indicates a potential or actual conflict of interest, the workgroup DFO will advise the member to recuse from participating in workgroup discussions that implicate such a conflict-of-interest concern. The discussions of the Workgroup may include information that is unpublished, protected, privileged, or confidential. Information of this nature must not be disseminated, distributed, or copied to persons not authorized to receive such information. When these types of information are being distributed, the person/s presenting will identify the information as such, so all members are duly informed; such written materials shall be clearly marked as such.
5. CDC Staff Involvement: The HEW may seek input from CDC subject matter experts for consultation or informational presentations that contribute to the work group's activities. Such consultation or information presentations by CDC staff will be transparent and evident to minimize the risk of, or the appearance of, undue influence that would compromise the

independence of the work group. The parent committee and workgroup DFO will ensure that the workgroup activities and work products are appropriate and not unduly influenced by CDC, ATSDR or by any special interest group.

6. Timelines: The workgroup will hold its first orientation teleconference in the first quarter of 2022. The workgroup will provide its summary report to the ACD, CDC no later than February 2023 and may provide an interim report at an earlier ACD meeting. The HEW may be asked by the ACD to answer additional questions upon the ACD review of the report.
7. Subject content: Findings and opinions of the workgroup members will be discussed at workgroup meetings. A summary report of the workgroup's findings will be presented to ACD for consideration for action (discussion, deliberation, and decision).
8. Workgroup Meeting Summaries: Meeting minutes will be created to capture the information gathered during each workgroup meeting and teleconference. A workgroup summary report will be created based on research activities and information gathered during their discussions. The workgroup summary report will be provided to the ACD for consideration and deliberation in a public meeting. The summary report will become part of ACD official record.

RECORDKEEPING and REPORTING

The workgroup co-chairs will present meeting summaries and the final work product to the ACD for consideration and for determining recommendations. Approved ACD recommendations will be included in the ACD meeting summary and annual comprehensive review report.