



Minutes from the
February 26, 2015

CDC Advisory Committee
to the Director:
Health Disparities
Subcommittee (HDS)

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Advisory Committee to the Director Health Disparities Subcommittee Record of the February 26, 2015 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) via teleconference on February 26, 2015. The agenda included updates from the Office of Minority Health and Health Equity (OMHHE) and discussions of leveraging the HDS recommendations to advance health equity at CDC; a progress review on social determinants of health (SDOH) and lesbian, gay, bisexual, and transgender (LGBT) health issues in Healthy People 2020; and opportunities to improve communications between OMHHE and HDS.

Roll Call / Welcome and Overview of the Meeting

Lynne Richardson, MD, FACEP, Chair, HDS Subcommittee, called the teleconference meeting of the Centers for Disease Control and Prevention (CDC) Health Disparities Subcommittee (HDS) of its Advisory Committee to the Director (ACD) to order at 11:03 a.m. on Thursday, February 26, 2015.

Ms. Gwen Baker, Program Specialist, Office of Minority Health and Health Equity (OMHHE), CDC, called roll and established that a quorum of HDS Subcommittee members was present via telephone. The new and returning HDS Subcommittee members introduced themselves. A participant list is appended to this document as Attachment #1.

Dr. Richardson welcomed the returning HDS members and new members Garth Graham, MD, MPH, and Mary Garza, PhD, MPH. Dr. Richardson and Dr. Leandris Liburd recognized the contributions, leadership, and support of Mr. Bobby Pestronk and Dr. Jewel Mullen, who had rotated off of HDS.

Updates from the Office of Minority Health and Health Equity

Dr. Liburd described planning for National Minority Health Month and National Negro Health Month. The daylong summit will take place at CDC on April 17, 2015, as well as an option to access the programming virtually.

CDC is collaborating with Tuskegee University, Morehouse School of Medicine, and the Atlanta University Center to commemorate 100 years since Dr. Booker T. Washington created National Negro Health Week. The first National Negro Health Week was held in April of 1915, and Dr. Washington died in November of 1915. Tuskegee University is holding events all year long to commemorate his life and legacy. National Negro Health Week evolved into National Minority Health Month.

The summit at CDC will reflect on the past 100 years of African American and minority health as well as chart a course forward, building on work that has emerged since the 1985 release of the Secretary's Task Force Report on Black and Minority Health. CDC is working with the Office of Minority Health (OMH) in the US Department of Health and Human Services (HHS) to commemorate the 30th anniversary of that report.



The summit activities include keynote presentations, concurrent sessions, and a competitive poster session for graduate-level public health students. Dr. Sherman James, Dr. David Satcher, Dr. Yvonne Maddox, and Angela Glover-Blackwell have been confirmed as attendees and speakers. A plenary panel will feature five different directors of federal government offices of minority health. The goal of the summit is to stimulate greater engagement across multiple sectors in efforts to promote health equity across federal agencies and among foundations, policymakers, and academic institutions. The summit will also create a space for community-based organizations that are interested in reducing health disparities to dialogue with departments of public health and state and local health departments, federal agencies, and leaders of national organizations. The next meeting of HDS will be on April 16, 2015, from 10:00 a.m. until 6:00 p.m. HDS members are invited to participate in the next day's summit.

Since the HDS meeting in November 2014, the Diversity and Inclusion Management Team at OMHHE reconstituted and re-launched the Diversity and Inclusion Executive Steering Committee. That committee is co-chaired by Dr. Liburd and Dr. Ileana Arias, Principal Deputy Director of CDC. The committee includes CDC staff at all levels of the organization. It will accomplish its goals via four Action Teams that reflect CDC's priorities for diversity and inclusion:

- Recruitment: Assuring a Diverse Public Health Workforce
- Retention of a Diverse Public Health Workforce
- Sustainability and Succession Planning (for greater diversity at the highest levels of leadership within the agency)
- Addressing Patterns of Disparities in Performance Appraisals (based on a 2012 study)

The Action Teams have been formed and are meeting independently. The entire steering committee meets quarterly to provide updates and to agree on actions. HDS member Dr. David Williams gave a presentation to the steering committee in September 2014 on the relationship between health disparities and diversity.

CDC is collaborating with the Association of State and Territorial Health Officials (ASTHO) to sponsor a special issue of *The Journal of Public Health Management and Practice (JPHMP)* that will focus on health equity. Manuscript subjects include data and measurement, the organizational infrastructure needed to advance health equity, essential program elements, and policy. A synthesis paper will focus on key themes from each of the other papers. Three guest editors will participate on the special journal issue. The issue will also include "case examples" from states. One of those articles is an analysis of a survey of state-level offices of minority health, sponsored by the HHS OMH. Another will focus on health equity work and the integration of health equity into all policies in Minnesota. Another paper will address tribal jurisdictions and the role of partnerships in Oklahoma. A paper on promoting behavioral health equity in California will also be included, moving into the arena of health disparities, minority health, and health equity in behavioral and mental health issues due to some cultural biases in some communities.



Work continues across CDC that represents the collaboration between HDS and the State, Tribal, Local, and Territorial (STLT) Subcommittee on identifying indicators for health equity as well as non-data health sources. A small workgroup has been formed with representatives from OMHHE and the Office of the Associate Director for Policy. Dr. John Auerbach is now CDC's Associate Director for Policy, and Dr. Judy Monroe is the Director of the Office for State, Tribal, Local and Territorial Support (OSTLTS). Both are champions of health equity. The small workgroup is identifying CDC's resources and tools to help state, local, tribal, and territorial health departments to engage in health equity work. They are also exploring how to present this information in a user-friendly website. Their work includes conversations about indicators of health equity and training the public health workforce.

Discussion Points

Dr. Ross pointed out that the summit on April 17th will set the stage for one of HDS's major recommendations to engage in collaborations to develop a cohesive national front for addressing health disparities. He asked whether the participants on the Institute of Medicine (IOM) Round Tables on these issues have been invited to the summit. If all of the "major players" are in the same room, they will be able to set goals for moving forward in a coordinated fashion.

Dr. Liburd answered that the list of invitees is being finalized. She asked for suggestions for other persons to invite.

Dr. Richardson asked how many HDS members are planning to stay after the HDS meeting on April 16th for the summit on the next day. Dr. Ross, Dr. Garza, Ms. Wilson, and Dr. Horner-Johnson responded that they intend to stay for the summit.

Dr. Liburd expressed hope that the summit would result in new connections upon which CDC can build. The program will be recorded and will be made available for viewing. Envision will be available for other federal agencies to view the program and participate.

Dr. Ross remarked on a recent editorial by Dr. Nadine Gracia and John Ruffin on partnership research and leadership to advance health equity and eliminate health disparities. The paper makes concrete recommendations, and he suggested that HDS members review the editorial. He will forward the article to Dr. Liburd and Ms. Baker.

Discussion: Leveraging HDS Recommendations to Advance Health Equity at CDC

Dr. Richardson reminded HDS that their six recommendations were approved by the ACD in April 2014. There has been movement on some of them, and it will be important to keep them moving forward.

Dr. Liburd said that OMHHE is working to build awareness across the agency and within individual Centers, Institutes, and Offices (CIOs), as well as through cross-agency workgroups. The following four recommendations were presented as priorities for immediate attention:



- Develop a CDC framework for action to achieve health equity.

The advancement of this recommendation is being informed by the State of Health Equity at CDC Forums and by the special issue of *The Journal of Public Health Management and Practice*, which will provide the content and information needed to construct the framework.

- Identify and monitor indicators of health equity.

This work is led by OMHHE's Associate Director for Science. OMHHE is working with OSTLTS staff and staff from the Associate Director for Policy on indicators of health equity as well as indicators of social determinants of health (SDOH). There is a framework for the process for approaching the indicators.

- Align universal interventions that promote better public health with more targeted, culturally tailored interventions in communities at highest risk to reduce health disparities and achieve health equity.

This recommendation is progressing through work with the Funding Opportunity Announcement (FOA) template and through work on the manuscript focusing on essential program components for addressing health equity. Specific work is ongoing with CIOs in specific disease categories.

- Support training and professional development of the public health workforce to address health equity.

CDC is continuing with programs and fellowships. The work of the Coordinating Council on Diversity and Public Health connects with this recommendation as well

The final two recommendations are important, but work toward them will begin at a later date:

- Support the rigorous evaluation of both universal and targeted interventions and, where indicated, the use of culturally-appropriate evaluation strategies to establish best practice approaches to reduce health disparities and achieve health equity.

A *Morbidity and Mortality Weekly Report (MMWR)* was released on effective strategies for reducing health disparities. A second *MMWR* will be released in 2015 with additional strategies that are working. Nevertheless, more work needs to be done in this area.

- Build community capacity to implement, evaluate, and sustain programs and policies that promote health equity, especially in communities at highest risk.

CDC has some cooperative agreements that are community-based and focus on capacity-building, but more work is needed in this area as well.



Discussion Points

Dr. Graham asked whether the HDS recommendations were intended for all of CDC.

Dr. Richardson explained that HDS submitted the recommendations to the ACD for approval. When they were approved by the ACD, they were given to Dr. Thomas Frieden, CDC Director, for implementation throughout the agency. The recommendations focus on how CDC is structured, how it operates, and how the agency can promote health equity within.

Mr. Fukuzawa asked about mechanisms available to HDS and ACD to hold CDC accountable for the recommendations.

Dr. Richardson replied that HDS and ACD are advisory bodies to CDC. Every ACD meeting includes an agenda item of updates on progress on the HDS recommendations. This approach is successful for engaging various components of CDC. Additionally, HDS invites one or more Center Directors to attend each of its meetings to respond to a specific set of questions regarding how their centers are responding to issues of moving health equity forward.

Dr. Liburd added that HDS member, Mr. Hector Vargas, and another former member of HDS gave a presentation at CDC regarding lesbian, gay, bisexual, and transgender (LGBT) health. This presentation raised the profile of LGBT health at CDC and helped to contextualize those issues within the HDS recommendations. Innovative approaches are important to advance the health equity agenda within the agency.

Mr. Fukuzawa commented that funders of health equity work have been meeting recently to pool their understanding about how to evaluate multi-sector health equity work. Their findings will be relevant to ensuring that the evaluations are rigorous, and also for generating models for conducting these evaluations.

Dr. Williams said that the HDS recommendations to CDC are excellent. Although they are intended for CDC, the entire field could benefit from them. The *MMWR* will likely raise their profile within CDC, but he hoped that they could raise their profile for the entire field.

Mr. Vargas agreed and noted that government recommendations often have more power outside the government than within it. CDC can only do so much. Entities and people in the broader field incorporate recommendations into their frameworks and agendas.

Ms. Ryder has initiated conversations regarding how to engage in “cross-pollination” between the work of HDS and the work of the Health Resources and Services Administration (HRSA) on the Community Health Center movement. More than 20 million patients receive primary care from private, nonprofit community-based organizations and health centers. A majority of these patients are minorities.

When Mr. Vargas gave his presentation on the HDS recommendations, he noted that buy-in at multiple levels within CDC and within the field is needed to ensure that they work together to advance the recommendations. The recommendations should be distributed internally at CDC as well as outside the agency.



Dr. Mullen agreed and suggested that the recommendations could be moved from CDC to the private sector via the work that CDC does with the Centers for Medicare and Medicaid Services (CMS) on state innovation model grants for multi-payer initiatives for health system transformation. CDC is leading a component focused on population health. The HDS recommendations support better health for individuals with a population health framework. The recommendations and their values could be imbedded into the leadership that CDC is providing states in that initiative. The states are working with their state and local health agencies and with their payers and providers.

Dr. Richardson noted that there are opportunities to leverage the HDS recommendations in ways that they had not begun to pursue. A small workgroup of HDS members could create a dissemination plan for the recommendations and provide specific approaches to push them out to stakeholders, leveraging the work they had already done to maximize the impact of the recommendations.

Dr. Graham suggested that the recommendations should not only be shared with the "usual suspects" of health disparities stakeholders, but also with entities that have the resources to make broad changes.

Dr. Ross suggested that the recommendations could be shared at the annual Grantmakers in Health meeting.

Mr. Fukuzawa added that disseminating the recommendations is important not only to influence the field, but also to help the field hold the public sector accountable.

Dr. Richardson asked for volunteers to participate in the workgroup focused on a dissemination plan for the HDS recommendations. Dr. Graham, Mr. Fukuzawa, Ms. Ryder, and Dr. Ro volunteered. Dr. Richardson will also participate. The workgroup will brainstorm all sectors and segments to approach and determine successful ways to engage them.

Dr. Liburd noted that the HDS recommendations could be added to the language in the forward of the *MMWR*, and the recommendations can be referenced in the editorials in the supplement of *The Journal of Public Health Management and Practice*. The *MMWR* will be released in November 2015. Additionally, the first *Vital Signs™* report on Hispanic health will be released in May 2015.

Dr. Richardson said that the *MMWR* could include framing and rationale for the recommendations, not just a list of the recommendations themselves.

Ms. Wilson participated in a workgroup of HDS that created recommendations for the FOA process at CDC. She hoped that HDS would review and approve the recommendations so that they may be forwarded to the ACD. The recommendations are under a strict timeline to be forwarded to the ACD.



Mr. Julio Taillepierre said that the recommendations will be vetted internally to determine how they relate to existing recommendations that have already been submitted and approved. They will have a sense of how to move forward well in advance of the April 2015 meeting.

Dr. Richardson clarified that HDS will approve the recommendations before they are forwarded to ACD. Because HDS and ACD are Federal Advisory Committee Act (FACA) committees, there are strict rules for including items on their agendas.

Discussion: Healthy People 2020 Progress Review on SDOH and LGBT

Dr. Liburd said that 2015 represents the mid-course of Healthy People 2020. Each topic area in Healthy People 2020 provides a review of progress since the beginning of the decade. She presented a combined review of the SDOH and LGBT topic areas, addressing LGBT health through an SDOH lens. The progress review was led by the Acting Assistant Secretary for Health and was very well-attended. All of the presenters were senior leaders from various departments across HHS. Many good questions surfaced during the review, many of which were related to data issues and data sources.

Dr. Liburd's presentation addressed specific CDC activities regarding LGBT health and SDOH, including surveillance, awareness campaigns, and funding announcements that specifically address LGBT health issues. CDC views LGBT health with a frame of cultural competence and SDOH.

CDC surveillance systems are asking specific population groups about sexual risk behaviors, smoking cessation, and partner violence. CDC is also working on awareness campaigns and in the HIV arena. Part of the tobacco cessation campaign focuses on LGBT smokers. Funding announcements in the HIV area focus on young men who have sex with men (MSM), young transgenders of color, and community approaches to reducing sexually-transmitted diseases. Other efforts consider social barriers, such as housing, improving outcomes, and reducing risk for HIV transmission in LGBT populations.

HHS released an LGBT report. It included components specific to CDC, such as the 2013 report Sexual Orientation and Health Among US Adults: National Health Interview Survey. CDC's Division of Reproductive Health and Office of Population Health have developed and released clinical recommendations on providing quality family planning services to include transgender populations. CDC has clarified that the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is available to eligible transgender persons.

CDC hopes to enhance internal guidance and support for inclusion LGBT and SDOH in all FOAs. CDC will also broaden the use of questions related to sexual orientation in its surveillance systems and will train staff in areas such as SDOH, cultural competence, and health equity.

Discussion Points

Mr. Vargas commented on the great progress in LGBT health and noted that many participants in the HDS meeting had helped to make these changes happen. LGBT populations were first specifically included in Healthy People 2010. While progress has



been made regarding data collection and sexual orientation, he hoped to see additional progress on data collection and populations surveys based on gender identity.

Discussion: Opportunities to Improve Communications Between OMHHE and the Subcommittee

Dr. Richardson encouraged HDS members to reflect on how the subcommittee as an entity and as individuals can be more helpful to Dr. Liburd and OMHHE.

Dr. Liburd said that her interactions with HDS members have been helpful and have sparked conversations and inquiries within CDC. She asked how OMHHE can keep HDS better apprised of their progress. The quarterly newsletter, *Health Equity Matters*, provides a “broad brush” of health equity activity around CDC. She hoped that HDS has a sense of how well OMHHE is progressing and of the value that HDS brings to the office and to CDC, as well as to public health.

Dr. Richardson agreed that interactions between HDS and OMHHE have been fruitful. HDS wants to optimize its impact. Communication is essential to maximize their collective impact in new ways.

Dr. Liburd said that because Dr. Richardson and Dr. Mullen are on the ACD, they can keep these issues at the forefront.

Dr. Richardson said that there is support for this work on the ACD. There are many issues competing for the committee’s time and attention, but they are generally supportive of health equity issues.

Mr. Fukuzawa noted that when he has more frequent contact and engagement, he can provide more direct feedback.

Dr. Liburd said that individual calls will be scheduled with HDS members to “check in” and answer any questions about OMHHE.

Public Comment

Dr. Richardson opened the floor for public comment at 12:20 p.m. No members of the public offered comments.



Next Steps / Meeting Adjourned

Dr. Richardson reminded HDS that the format for the April 16, 2015 will be slightly different from the typical format because of the summit the next day.

Dr. Liburd said that the HDS meeting on April 16th will take place from 10 a.m. until 6 p.m. Dr. Debra Houry, the new director of the National Center for Injury Prevention and Control (NCIPC), will meet with the subcommittee. Her perspectives will be important, given that violence and other public health challenges are in the purview of her center.

Mr. Vargas asked whether a draft agenda of events for the April 17th summit was available. Dr. Liburd said that the agenda would be distributed as soon as possible.

Dr. Liburd and Dr. Richardson thanked HDS members for their participation. With no additional business raised or questions/comments posed, the meeting adjourned at 12:29 p.m.



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

Duran, Bonnie M., MPH, DrPH
Associate Professor, Health Services
School of Public Health and Indigenous Wellness Research Institute
University of Washington

Fukuzawa, David, MDiv, MSA
Managing Director, Health
The Kresge Foundation

Garza, Mary A., PhD, MPH
Assistant Professor, Behavioral and Community Health
Associate Director, Maryland Center for Health Equity
University of Maryland School of Public Health

Graham, Garth, MD, MPH
President
Aetna Foundation

Horner-Johnson, Willie, PhD
Research Assistant Professor
Oregon Health & Science University
Institute on Development and Disability

Mullen, Jewel M., MD, MPH, MA
Commissioner
Connecticut Department of Public Health

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

Ro, Marguerite, DrPH
Chief Assessment, Policy Development, and Evaluation Section
Public Health Seattle – King County



Ross, Will, MD, MPH
Associate Dean for Diversity and Associate Professor of Medicine
Office of Diversity
Washington University School of Medicine

Ryder, Bobbi
President and CEO
National Center for Farmworker Health, Inc.

Vargas, Hector, JD
Executive Director
Gay, Lesbian Medical Association (GLMA): Health Professionals Advancing
LGBT Equality

Williams, David R, PhD
Florence & Laura Norman Professor of Public Health
Professor of African and African American Studies and of Sociology
Director, Lung Cancer Disparities
Co-Leader, Cancer Risk Reduction and Disparities Program
Harvard School of Public Health
Department of Society, Human Development, and Health

Wilson, Cheri, MA, MHS, CPHQ
Faculty Research Associate
Health Policy and Management Department
Hopkins Center for Health Disparities Solutions
John Hopkins Bloomberg School of Public Health

CDC Staff Present:

Baker, Gwen
Program Specialist
Office of Minority Health & Health Equity

Hall, Mary E.
Associate Director for Programs
Office of Minority Health and Health Equity

Liburd, Leandris, MPH, PhD
Director
Office of Minority Health and Health Equity

Taillepierre, Julio Dient, MS
Public Health Analyst/Team Lead
Office of Minority Health & Health Equity



General Public Present:

Cox, Kendra, MA
Medical & Scientific Writer/Editor
Cambridge Communications & Training Institute



Attachment #2: Acronyms Used in this Document

Acronym	Expansion
ACD	Advisory Committee to the Director
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
CIO	Centers, Institutes, and Offices
CMS	Centers for Medicare and Medicaid Services
FACA	Federal Advisory Committee Act
FOA	Funding Opportunity Announcement
HDS	Health Disparities Subcommittee
HHS	(United States Department of) Health and Human Services
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
JPHMP	Journal of Public Health Management and Practice
LGBT	Lesbian, Gay, Bisexual, and Transgender
<i>MMWR</i>	<i>Morbidity and Mortality Weekly Report</i>
MSM	Men who have Sex with Men
NCIPC	National Center for Injury Prevention and Control
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
OMH	Office of Minority Health
OMHHE	Office of Minority Health and Health Equity
OSTLTS	Office for State, Tribal, Local and Territorial Support
SDOH	Social Determinants of Health
STLT	State, Tribal, Local, and Territorial (Subcommittee)
US	United States

