The Health Disparities Subcommittee was called to order by Dr. Leandris Liburd, Designated Federal Official. Upon completion of the Roll Call, a quorum was established and no conflicts of interest were indicated by any of the Subcommittee members.

**Update – Leandris Liburd, PHD, MPH, MA, Designated Federal Officer, Associate Director for Minority Health and Health Equity, Office of Minority Health and Health Equity (OMHHE)**

Dr. Liburd reviewed OMHHE progress since the last meeting of the HDS in April 2017. Work on the health equity framework for action is nearing final stages for the current iteration. A writing group has been formed of first authors of the single manuscripts on each of the components (data and measurement, infrastructure, program elements, and health in all policies) previously published in the Journal of Public Health Management and Practice (January/February 2016). The writing group will develop a manuscript that incorporates feedback from ASTHO and participants in the inaugural Health Equity Leadership Academy held at CDC in April 2016. This manuscript will be submitted to the Journal of Public Health Management and Practice as a Full Practice Brief in 2018.

2018 will also mark the 30th anniversary of the Office of Minority Health and Health Equity, and a yearlong celebration is planned. For example, CIOs will be asked to develop blogs highlighting their success in reducing health disparities consistent with national health observance(s) months, such as National Birth Defects Prevention Month (January) and National Heart Health Month (February). We will also encourage CIOs to participate in local community health projects and programs that have a social determinants of health component. The full calendar of activities will be available in early 2018.

Dr. Liburd also highlighted the first African American Vital Signs Report released in May 2017 and the upcoming release of the MMWR “Racial/Ethnic health disparities among rural adults – United States, 2012-2015. Member Warne commented that a Vital Signs Report for American Indians with diabetes was released earlier this year and was a good report. He would also like to see reports on American Indian and Alaskan Native health that are more comprehensive and focus on more than one disease. Dr. Liburd stated that in order to do this, a concept proposal would need to be submitted and approved in order to add this particular report on the yearly Vital Signs Reports calendar.
Other progress shared included the shift from Diversity Culture Audits to The New Inclusion Quotient data in the Employee Viewpoint Survey (EVS) that is administered across the entirety of the federal government. This shift allows OMHHE to benefit from a higher response rate, standardization, and the ability to make statistically significant comparisons across CIOs. The 5 Habits of Inclusion captured by the New Inclusion Quotient parallels organizational behaviors assessed in the Diversity Culture Audit. Member Lichtveld asked to hear more about the 5 Habits of Inclusion and stated that they could be helpful for academic institutions. Andre Tyler responded by providing additional details on the 5 habits of inclusion.

The CUPS program is in a new 5-year funding cycle, and an additional grantee was added. The same core elements of the program will continue, but the new goal is to select up to 250 students. The grantees for this new cooperative agreement include Columbia University, Kennedy Krieger Institute, Morehouse College, University of California, Los Angeles, and the University of Michigan.

Other updates included continued progress in building the capacity of CDC staff to design, implement and evaluate health equity programs. For example, the Agency for Toxic Substances and Disease Registry (ATSDR) collaborated with the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to provide health equity training for project officers. These kinds of collaborations demonstrate leadership coming from the national centers to enhance and improve their efforts to pursue health equity.

OMHHE had a very successful State of Health Equity at CDC Forum (November 8, 2017) that focused on early childhood development – consistent with one of Dr. Fitzgerald’s priorities. In addition to participation by prominent scientists, national organizations, and sister federal offices of minority health, the Forum was attended by the 20th Surgeon General of the United States, Dr. Jerome Adams. Next year, Dr. Liburd would like the State of Health Equity at CDC Forum to focus on epigenetics, the Precision Medicine Initiative (NIH), and other biological perspectives on health disparities and how health equity can be integrated into these initiatives. Members discussed their research on the effect of environmental factors (such as malnutrition and exposure to lead) on gene expression.

The OMHHE held its third Public Health Ethics Forum in collaboration with Tuskegee University in May. The Forum was focused on women’s health throughout the life course. The Forum addressed critical public health ethics issues that impact the ability of women to achieve their best health possible. The opening plenary keynote was given by Dr. Vivian Penn, the first director of the NIH’s Office on Women’s Health Research. There were several concurrent sessions that covered a range of health issues that disproportionately impact women such as human trafficking, the opioid crisis, and selected chronic diseases. The December 2017 issue of the Journal of Healthcare, Science and the Humanities will feature manuscripts reflecting key presentations from this year’s Forum.

Discussion

Member Vargas asked what issues the OMHHE Science Team will address in its report on workforce diversity. CDC staff responded that the report will address three main topics: what is diversity and why does it matter, explaining workforce diversity as a social determinant of health, and the lack of necessary granularity for effective measurement in current data systems. The team has not yet determined if these topics will combined into one report or split into three reports.
Member Lichtveld commented that she could connect the National Collaborative for Health Equity with the American Journal of Public Health in order to better publicize the products coming out of their health equity indicators project.

Staff discussed the upcoming Mortality and Morbidity Weekly Report (MMWR) that will be published on November 16, 2017 by CDC on health disparities by race and ethnicity among rural adults. By shining a light on the diversity of rural populations, the CDC can better address and close the rural-urban gap. Member Ro asked if this MMWR breaks ethnicity out by all different racial groups. Staff responded that because of the small population sizes, Asian-Americans, Pacific Islanders, and Native Hawaiians had to be combined into one group. Staff hopes to develop and use nonstandard analytic approaches to better address small population numbers in the future. Members and staff commented and agreed that there is diversity within different ethnic groups and that this diversity needs to be acknowledged in order to best address the different needs within a population. Dr. Liburd added that, when feasible it is important to make any available data regarding ethnic groups accessible, even if it is descriptive data. Researchers sometimes don’t do this because of statistical conventions and ethical considerations (e.g. confidentiality), regarding the reporting of data based on small numbers. Members and staff discussed the merits of qualitative data and using a mixed method approach.

Member Lichtveld suggested that the Subcommittee submit panels to present at the 2018 annual meeting of the American Public Health Association (APHA). The 2018 theme is “Health Equity” and this is an ideal opportunity to highlight health equity leadership and work of the HDS and OMHHE.

In closing, Dr. Liburd noted that the 25th anniversary museum exhibit commissioned by OMHHE is now on display at the Georgia State University School of Law. In addition, the Georgia State University School of Public Health received a grant from the National Library of Medicine to create an online version of the exhibit. The exhibit opened at Georgia State University in August (2017) and a curriculum is being developed by faculty and will be taught to graduate and undergraduate students.

Women’s Health Overview/Update – Pattie Tucker, DrPH, RN, Director, Office of Women’s Health, Office of Minority Health and Health Equity (OMHHE)

Dr. Pattie Tucker gave the overview. The Office of Women’s Health (OWH) is within the Office of Minority Health and Health Equity, and has four full-time equivalents (FTEs) and one Oak Ridge Institute for Science and Education (ORISE) fellow. The World Health Organization’s (WHO) Roadmap for Action focuses on promoting disaggregation of data, monitoring inequalities of women’s health, and providing guidance on the integration of gender-responsive sustainable approaches to advance health equity and protect human rights, both in WHO institutional processes and in country support. In 2015, the National Academies of Sciences, Engineering, and Medicine and the National Institutes of Health (NIH) Office of Research on Women’s Health convened a public workshop on women’s health in which the following themes emerged: the need for accessible data stratified by gender, for gender-based data and refined measurement tools, for an integrated approach to research, and for an understanding of how different social factors can impact a woman’s health. Researchers were challenged to communicate, educate, and disseminate research and findings to decision makers, professionals and lay audiences.

Dr. Tucker reviewed the OWH’s purpose and strategic roadmap. The OWH’s goal is to support and protect the health and safety of women and girls by addressing health issues and identifying solutions. It has the following objectives to address this goal: build OWH’s capacity, expand women’s health to
include health-related quality of life measures, serve as convener to CDC leadership steering committee, and collaborate with external organizations’ leadership.

In October 2016, a data call was put out to the CDC’s Centers, Institutes, and Offices (CIOs) for a report on all of the women’s health activities they were addressing between 2015 and 2017. The following five CIOs responded to this call: 1) National Center for Chronic Disease Prevention and Health Promotion (NCCHPHP); National Center for Immunization and Respiratory Diseases (NCIRD); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP); Center for Global Health (CGH); and the National Center for Birth Defects and Developmental Disabilities (NCBDDD). Most of the activities focused on elements related to the social determinants of health and health disparities. In 2016, the OWH conducted an environmental scan of representatives from the CDC’s Coordinating Committee on Women’s Health and others in order to identify needs and challenges in women’s health-related work and to receive opinions about framing women’s health. The scan had 24 respondents. The overarching themes from the responses were the need: for strategic planning and prioritization for OWH and women’s health across CDC; a more supportive budget and better cross-CIO communication; framing women’s health as holistic and a social justice issue; for CDC to foster cross-CIO and CDC-external partnerships regarding women’s health; and for disaggregated and accessible data. There is also need for cultural competency and technical expertise with priority populations of women, as well as for increased professional support and advancement for women at CDC.

In 2016, OWH held a Women’s Health Lecture Series on human trafficking and public health. In 2017, OMHHE/OWH held the Public Health Ethics Forum in conjunction with Tuskegee University. The forum, “Optimal Health for Her Whole Life” featured speakers, students’ poster presentations, and multiple concurrent breakout sessions, and had over 240 online and in-person participants. The CDC participants were surveyed about other women’s health topics they were interested in, and the top responses were mental health, minority and immigrant health, and healthcare access and quality. They were also surveyed about general areas for OWH to address in the future, with the top response being women’s health equity. In 2017, a Women’s Health Journal Club and Lecture Series was held on ageism. This series addressed age discrimination against older women, both by healthcare providers and internalized by women themselves. The speakers also discussed ageism as it interacts with developmental disabilities and sexual health issues.

OWH primarily disseminates information about women’s health through their Health Matters for Women e-newsletter, their website, and the CDC Features website. OWH also collaborates with the Journal of Women’s Health to publish articles written by CDC authors or CDC-supported programs. These articles are not original research; rather, they provide an opportunity to inform the Journal’s readers about CDC programs, recommendations, and other efforts focused on women’s health issues. The articles are not peer-reviewed by the Journal but goes through a clearance process within the authors CIO. The most discussed topic from 2012-2017 in CDC Reports is reproductive health. The Department of Health and Human Services’ (HHS) Coordinating Committee on Women’s Health (CCWH) was established in 1984 and has senior-level representatives from each of the federal agencies and offices within HHS. The CDC also has a Coordinating Committee on Women’s Health, with representatives from various CIOs. Dr. Tucker is preparing to discuss collaboration opportunities with CIO directors, and has already met with Office of Women’s Health directors from several HHS offices to discuss possible collaborations. There are also plans for OWH to conduct external collaborations.

OWH plans to pursue projects that promote data disaggregation, explore health disparities affecting subpopulations of women, and examine social determinants of girls’ health and evidence-based approaches to health promotion.
Discussion

Member Warne brought up human trafficking of American Indian and Native American women, which is at crisis proportions in the upper Midwest. He would like to see the current administration continue efforts to stop human trafficking. Members asked how sexual orientation and gender identities fit into OWH’s activities. Dr. Tucker responded that the National Center for Health Statistics currently collects data based on male and female categories. Chair Richardson commented that this issue should be discussed with entities that collect national data so that they can add categories to generate necessary data. Member Garza asked if national data is being collected regarding sexual violence against female farmworkers. Dr. Tucker responded that she didn’t know but would find out. Member Ross stated that STIs occur frequently in his region, in large part due to inadequate sexual education in local public schools. Dr. Tucker stated that she would explore improved sexual education as a priority for OWH. Dr. Liburd noted that the CDC has the Division of Adolescent and School Health, which could be a good resource.

Members suggested OWH prioritize their efforts to work with CIOs to improve disappointing responses to the “data call” for women’s health activities. Dr. Tucker stated this would be addressed at individual CIO meetings. Dr. Liburd was also struck by the disappointing response rate to the data call. She thinks Dr. Tucker’s idea to meet with CIO leadership is a good one, and recommended that Dr. Tucker begin with CIOs that have contributed work to the Journal on Women’s Health but did not respond to the data call. Member Lichtveld also suggested a need to address sexual violence and mental health with the CIOs. Chair Richardson encouraged OWH to further disaggregate data by age for the 65+ population. Member Lichtveld agreed and added that this granularity is important for some autoimmune diseases. Chair Richardson and members thanked Dr. Tucker for her work.

Ethics Overview – Ashley Knotts, Designated Federal Officer, Advisory Committee to the Director, Office of the Chief of Staff (OCS)

Ms. Knotts reminded members of their ethical responsibilities as special government employees. CDC has annual screenings for conflicts of interest and annual financial disclosure reports. Ms. Knotts asked members to promptly respond to emails regarding these two items. Members should conduct themselves above ethical reproach. They can contact their DFO or staff from Management Analysis and Services Office (MASO) with any questions.

CIO Presentation – Debra Lubar, PhD, Deputy Director for Management and Operations, National Center for Emerging Zoonotic Infectious Diseases (NCEZID)

Dr. Lubar gave the presentation. Social determinants of health and one’s environment play a role in the spread and impact of infectious diseases. The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) has an Office of Health Disparities. It acts mostly as a facilitator because health disparities work is embedded into NCEZID’s different divisions. NCEZID has a Health Disparities Committee and subject matter experts that work on specific disparities. NCEZID collaborates with OMHHE robustly. NCEZID was the first CDC center to create a health disparities office.
NCEZID defines health disparities as differences in health outcomes and their determinants between segments of the population as defined by social, demographic, and other attributes. NCEZID uses a multidimensional model of infectious diseases that heavily includes social, political, and economic factors. Social determinants and disparities are underlying causes of infectious disease outbreaks and can impact different types of diseases, and so addressing them can make prevention efforts more broadly effective. One of NCEZID’s end goals is to prevent and eliminate infectious disease disparities. Dr. Lubar discussed several of NCEZID’s health equity accomplishments. Examples include efforts to understand recent foodborne disease outbreaks disproportionately affecting African Americans and work on the International Conference on Emerging Infectious Diseases (ICEID) Leaders Program.

NCEZID has an Arctic Investigations Program (AIP) that works alongside the Alaska Native Tribal Health Consortium (ANTHC) and the Indian Health Service (IHS) to serve and address health disparities within the Alaska Native population. 60% of the Alaska Native population lives in rural areas, and the median income is half that of non-Natives. 20% of the villages do not have running water. The creation of the program in 1948 was prompted by an article written by a visiting delegation from the American Medical Association. The AIP does not look at specific infectious diseases; rather, it emphasizes diseases of high incidence and concern among the Alaska Native population. The ANTHC is a local and collaborative entity, and so it is important for AIP staff to integrate with it. Many projects are developed jointly with tribal health organizations. AIP has been effective in addressing health disparities. For example, AIP has a body of research relating in-home water service to a variety of infectious disease outcomes. As a result, AIP has been able to work with USDA to make it easier to get water and sewer grants in order to provide more homes with running water. Dr. Lubar also presented on success stories regarding Hepatitis B and Hib disease vaccinations. These successes were due in part to underlying systems for vaccination that help create universal access to vaccines. Epidemiologic support helped AIP monitor the effectiveness of the vaccination programs.

NCEZID’s Division of Global Migration and Quarantine (DGMQ) has a twofold mission: preventing the spread of infectious diseases and improving the health of globally mobile populations (e.g., immigrants and refugees). It is important for NCEZID to understand populations in a way that allows it to look for and address health disparities. A lot of infectious disease data comes in from labs and thus doesn’t have demographic information necessary to address health disparities. A population currently under focus is the Hispanic population in the U.S. NCEZID is working to enhance the collection and standardization of Hispanic diversity data, both by creating more granular data categories and by promoting culturally and linguistically appropriate data collection. It is important to remember that the Hispanic population, particularly foreign-born, experiences a disproportionate amount of neglected tropical diseases (NTDs). Vaccination rates also differ between U.S.-born, foreign-born, and Mexican/Central American/Caribbean Islander populations.

DGMQ’s refugee health program provides information to public health and clinical communities on the health needs of specific refugee groups. This information goes beyond infectious diseases to include chronic diseases and mental health concerns. DGMQ has begun a refugee vaccination program in which vaccines are brought to U.S.-bound refugees prior to departure for the US, as well as a presumptive parasite treatment program. These programs are more efficient and cost-effective than administering treatments once a refugee is in the U.S.

Vector-borne disease outbreaks, like Dengue and chikungunya, are often a result of social determinants of health. Factors such as air conditioning and population density have a significant impact on the severity of an outbreak. Zika is a difficult disease to address because the carrier mosquitos are hardy and surveillance is challenging. NCEZID found that in Puerto Rico there were high levels of awareness around the consequences of pregnant women contracting Zika and appropriate preventative actions to
take. However, many people were not actually taking these preventative steps, in large part due to financial hardship. Prevention measures are less effective when the entire community is not involved. NCEZID used Zika Prevention Kits (ZPK) to support prevention behaviors in low-resource settings. ZPKs include items such as repellent, bed nets, and condoms. NCEZID conducted focus groups with local women to determine the most effective ways to present and distribute these kits. The distribution of ZPKs led to a notable increase in preventative behaviors by pregnant women.

Discussion

Member Lichtveld suggested using the One Health approach, which looks at an environment through physical, biological, policy, and social lenses. She stated that in Suriname the government took the responsibility of removing standing water to prevent dengue outbreaks. These efforts proved to be effective. She added that climate and climate change play a role in outbreaks, especially in regards to increased precipitation. A member asked if the data disaggregation considerations for the U.S. Hispanic population have been extended to other populations. Public health information needs to be presented in a way that is not only linguistically and culturally appropriate, but also is understandable to a lay audience. Dr. Marion McDonald commented that NCEZID’s work has been designed to show the need for national data systems to collect more granular data elements. NCEZID has focused on the U.S. Hispanic population in part because it is rapidly growing and important. However, NCEZID agrees that data disaggregation considerations need to be applied to all types of populations. Member Dr. Hasbrouck asked about the degree to which NCEZID and the Office of Public Health Preparedness and Response (OPHPR) share resources. He asked what the progress is on directing and prioritizing funding to where it’s needed most. Dr. Lubar responded that NCEZID and OPHPR collaborate extensively. She responded that Congress has most of the power to shift funding, rather than NCEZID. However, NCEZID has some flexibility because it has money to use for emerging infections. A member asked if AIP faced any community resistance during its vaccination efforts. Member Vargas responded that AIP used community health workers very effectively for this effort.

CIO Presentation – Nancy Messonnier, MD, Director, National Center for Immunization and Respiratory Diseases (NCIRD)

The National Center for Immunization and Respiratory Diseases (NCIRD) runs the National Vaccine Program in the U.S. Vaccines have drastically reduced the morbidity of many diseases. Immunization coverage is high in the U.S., with most childhood diseases having more than 90% coverage. The herd immunity effect is strong even for diseases without as high of a coverage rate. Although there is misinformation spread about vaccines, parents by and large trust their physicians. As a result, less than 1% of children are not vaccinated. However, there are still immunization disparities due to social determinants of health. The Vaccines for Children Program (VFC) is an entitlement program to help children who can’t afford vaccines. Currently, 50% of children in the U.S. receive vaccines through this program. The Advisory Committee on Immunization Practices determines which vaccines are included in this program. The program is an example of a successful public-private partnership: CDC buys the vaccines, which are then mostly distributed by private clinics. The providers do not have to pay for the vaccines; however, they must screen recipients for program eligibility at every visit. Childhood vaccination has both public health and economic benefits.

NCIRD works to determine if and why immunization disparities exist and to evaluate and support efforts to reduce disparities. CDC conducts several surveys that provide national immunization data. Dr. Messonnier discussed the success of the pneumococcal conjugate vaccines. The vaccine has decreased
racial disparities in invasive Streptococcus pneumoniae infections. However, NCIRD is still concerned that there are disparities in immunization coverage. Recent data shows that people in lower socioeconomic brackets have much lower rates of vaccination coverage. This indicates that even with the VFC safety net, there is still a socioeconomic immunization disparity. NCIRD has found that immunization rates are lower in rural areas than they are in urban areas.

NCIRD recommends that everyone 6 months and older receives the influenza vaccine, ideally before the end of October. The American Indian and Native American population is at a higher risk for influenza; otherwise, no racial disparities are apparent. Socioeconomic disparities have been found in the prevalence of influenza. There are racial and ethnic disparities in adult influenza vaccination coverage. CDC is partnering with state Medicaid programs in an attempt to understand barriers to vaccination and why the safety nets are not resolving all disparities. NCIRD will be conducting research to develop better interventions for the urban/rural immunization disparity. CDC has a robust set of partners that it can use to help address disparities.

Discussion

Dr. Liburd asked how NCIRD is reaching out to anti-vaccination groups. Dr. Messonnier responded that there is no single solution to address all of these groups. NCIRD works with state and local health departments to help design and implement more specialized solutions. Member Warne asked if a deeper dive has been made into the American Indian and Native American influenza disparity, controlling for poverty and diabetes. A member asked how NCIRD is encouraging and enabling states and physicians to submit data to the Immunization Information Systems (IIS). A member commented on the importance of data disaggregation and asked about the intersection between race, socioeconomic, and rural/urban disparities. Dr. Messonnier responded that NCIRD is currently working to understand this intersection.

National Collaborative Health Opportunity and Equity (HOPE) Measures Project - Ana Penman-Aguilar PhD, Associate Director for Science, Office of Minority Health and Health Equity (OMHHE)

The HOPE project has indicators in the following domains: health outcomes (both child health outcomes and adult health outcomes), income, education, employment, access to quality healthcare, housing, safety, physical environment, and social environment. The product release is estimated for January to March 2018. Each indicator has a data-driven benchmark. The project compares indicators by state. The tool disaggregates by race/ethnicity and by socioeconomic status. Other strengths are its “opportunity” frame, its data-driven benchmarks, having health outcomes and determinants data in one place, and its abilities to identify success and need. Some potential next steps include further indicator development, longitudinal data collection, and conducting multivariate and cluster analyses.

Discussion

Member Horner-Johnson asked if data will be shown in breakdowns other than by race/ethnicity and socioeconomic status. Staff responded that this first iteration focuses on these categories, but that this could change with subsequent iterations. A member asked if the project will be able to parse out separate Asian-American and Pacific Islander categories. Staff responded the project team understands the importance of this. The member asked who the intended audience for this project is. Staff responded
that this project will complement the County Health Rankings and is intended for a general audience. The project uses secondary data from a variety of agencies.

Director’s Update – Brenda Fitzgerald, MD, Director, Centers for Disease Control and Prevention; Administrator, ATSDR

Chair Richardson welcomed Dr. Fitzgerald and thanked her for her time. She congratulated Dr. Fitzgerald and CDC on their progress in addressing health disparities.

Dr. Fitzgerald stated that the CDC is in a unique position to improve health equity and can use its position to approach different groups to help solve unique problems. Dr. Fitzgerald believes that in order to effectively address health equity one needs to begin with pre-birth and birth. Data shows how important the first year of life is to early brain development. She stated her idea that ensuring maximum stimulation of a baby’s brain during its first year of life is a way to vaccinate against poverty. The amount of words a baby is exposed to during its first year of life is a good indicator of how it will later perform in school. Public health entities are in a good position to facilitate this training and stimulation. She stated that economic disparity is the root cause of many other disparities, and so addressing economic disparity could help resolve these other disparities. She asked the Subcommittee members for their opinions on what the CDC can do to best address and resolve health disparities.

Discussion

Member Warne expressed his hope that CDC will continue to put resources towards preventing adverse childhood experiences and mitigating the impact of those who have suffered from them. He asked that CDC work with states and tribes to do so. Dr. Fitzgerald agreed and stated her belief that state public health entities are in a good position to conduct these interventions. Responses to adverse childhood experiences need to include both children and their parents. Member Lichtveld commented that data now shows that the interaction of chemical and non-chemical stressors collectively impact brain development. She also stressed the importance of community health workers (CHWs). Dr. Fitzgerald agreed and added that it is important to make the economic argument for CHWs. A member asked about Dr. Fitzgerald’s big initiatives. Dr. Fitzgerald listed early brain development, more stable funding for public health, global health security, and cardiovascular disease as her top priorities. Chair Richardson asked for Dr. Fitzgerald’s opinion on the recovery efforts in Puerto Rico and the U.S. Virgin Islands. Dr. Fitzgerald responded that the response effort in Puerto Rico and the Virgin Islands has been huge, but the local public health infrastructure has been decimated. The CDC Foundation has rented a storage unit in order to ship out vaccines to the communities that desperately need them.

Chair Richardson and members expressed their eagerness to help Dr. Fitzgerald and the CDC in efforts to address health disparities. Dr. Fitzgerald thanked the Subcommittee for their work and dedication.

HDS Priorities/Next Steps – Chair, Lynne Richardson

Members discussed priorities for the upcoming year. Chair Richardson noted that this was the last meeting for Members Ross, Ro, Thompson, and Vargas, and thanked them for their service.

Chair Richardson supported Member Lichtveld’s earlier suggestion to submit a panel proposal to the 2018 annual meeting of APHA. Panel ideas include a broad overview of the Subcommittee’s activities and the implementation of the Subcommittee’s recommendations and a discussion of workforce
initiatives in public health. Member Lichtveld suggested a panel on the HOPE project indicators, but Chair Richardson commented that the National Collaborative for Health Equity should be responsible for that panel.

Chair Richardson encouraged any Subcommittee members who collaborate with Dr. Fitzgerald to keep the Subcommittee updated on those collaborations. Member Lichtveld commented on the need for standardization around data collection and disaggregation. Chair Richardson opined that, at this point, an implementation initiative is just as important as setting the standards. The Subcommittee should revisit the way CDC surveys collect data. She noted that the OMB previously requested public comment on their proposed revisions of racial and ethnic categories. In addition, there has been a call for public comment on the HHS strategic plan for 2018 to 2022. She encouraged the Subcommittee to review this plan and comment on it. Chair Richardson agreed that the Subcommittee should try to submit comments on this plan.

Member Wilson made a motion for the Subcommittee to request that a comprehensive Vital Signs report about the American Indian and Alaska Native community be put in the pipeline for 2019. The motion was seconded and passed unanimously.

Member Thompson commented on the Subcommittee’s role in reviewing materials around early childhood brain development. She would like to have more discussion around the fact that some people experiencing risk factors are still resilient. These resiliency factors should be promoted alongside discussions of risk factors. Chair Richardson agreed but did not know which direction to take this idea. A member stated his belief that not enough research has been done on resiliency factors and that there would be room for the Subcommittee to comment on this issue. Member Lichtveld recommended that the Subcommittee read two publications: Anita Chandra’s publication regarding levels of community resilience, and a National Academies of Science committee’s publication regarding measures of community resilience. The second publication states that communities can face acute or chronic stressors, and describes these chronic stressors. Chair Richardson stated that she doesn’t believe the Subcommittee has enough resources to do a systematic review of resiliency factors, but does believe that it has enough to do a commentary or call to action for researchers.

Member Warne thanked the Subcommittee members for their inclusiveness regarding American Indian and Native American issues. He asked why, given their importance, CHWs are not more commonly reimbursable by Medicaid. CHWs are usually funded by grants. He asked if there were policy solutions CDC could take to make CHWs more sustainable. He suggested that the Subcommittee issue a statement with some potential policy solutions. Chair Richardson does not believe that this change would come from CMS. A member suggested working with advocacy groups such as the National Health Law Program to impact this change.

Member Hasbrouck believes that, given their mission, whatever the Subcommittee selects to pursue should be in lockstep with Dr. Fitzgerald’s priorities. Member Lichtveld commented that the Subcommittee could link the importance of CHWs to advancing early brain development. She also stated that it is important to make the business case for CHWs. A member suggested writing a formal letter to Dr. Fitzgerald thanking her for her presence at the meeting, making these points about CHWs, and reiterating their support for her priorities and the Subcommittee’s role as her resource. Chair Richardson agreed with this idea and suggested that the subject matter experts write a paragraph about the topics they have discussed. Member Vargas also suggested showing how data disaggregation relates to the Director’s priorities. Chair Richardson stated that she would try to put together a letter sometime in the next week.
Public Comment Period

There were no public comments.

Closing Remarks/Adjourn – Chair, Lynne Richardson

Member Garza asked if there will be a celebration for the 30th anniversary. Chair Richardson suggested that the Subcommittee meet in a month or two by teleconference to further discuss these plans. Dr. Liburd expressed her thanks to the members rotating out of the Subcommittee. There being no other comments, Chair Richardson adjourned the meeting at 3:31 pm.

Certification

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the November 9, 2017, 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
Health Disparities Subcommittee Meeting
November 9, 2017; 8:30 am – 4:00 pm (EST)

AGENDA

Centers for Disease Control and Prevention
CDC Royal Campus, Building 21, 12th Floor, Conference Room 12105 and 12101
1600 Clifton Road, Atlanta, Georgia 30329
Bridge line Number: 866-918-8397; Code: 9346283

8:30 – 8:45 am ........................................... ROLL CALL/ Conflicts of Interest – Leandris Liburd, PhD, MPH, MA
Designated Federal Officer, Associate Director for Minority Health and Health Equity, CDC/ATSDR,
Office of Minority Health and Health Equity

8:45 – 9:00 am ........................................... HDS Chair, Opening Remarks – Lynne Richardson, MD, FACEP, Chair
Professor and Vice Chair of Emergency Medicine, Professor of Health Evidence and Policy,
Icahn School of Medicine at Mount Sinai

9:00 – 9:30 am ........................................... OMHHE Update - Leandris Liburd, PhD, MPH, MA
Designated Federal Officer, Associate Director for Minority Health and Health Equity, CDC/ATSDR,
Office of Minority Health and Health Equity

9:30 – 10:30 am ........................................... Women’s Health Overview/Update - Pattie Tucker, DrPH, RN
Director, Office of Women’s Health
Office of Minority Health and Health Equity

10:30 – 10:45 am ........................................... Ethics Overview – Ashley Knotts
Designated Federal Officer, Advisory Committee to the Director
Office of the Chief of Staff

10:45 – 11:00 am ........................................... BREAK

11:00 am – 12:00 pm ....................................... CIO Presentation - Debra Lubar, PhD
Deputy Director for Management and Operations
National Center for Emerging Zoonotic Infectious Diseases

12:00 – 1:00 pm ........................................... LUNCH

1:00 – 2:00 pm ........................................... CIO Presentation - Nancy Messonnier, MD
Director, National Center for Immunization and Respiratory Diseases

2:05 – 2:20 pm ........................................... Director’s Update - Brenda Fitzgerald, MD
Director, Centers for Disease Control and Prevention and Administrator, ATSDR

2:20 – 3:45 pm ........................................... HDS Priorities/Next Steps – Chair, Lynne Richardson

3:45 – 3:55 pm ........................................... PUBLIC COMMENT PERIOD

3:55 – 4:00 pm ........................................... Closing Remarks/ADJOURN – Chair, Lynne Richardson

Open to the public, limited only by the space available. The meeting rooms accommodate approximately 50 people. The
public is welcome to participate during the public comment period, tentatively scheduled from 3:45 p.m. to 3:55 p.m. This
meeting is also available by teleconference. Please dial (866) 918-8397 and enter code 9346283.
Attachment #2:

Meeting Attendance

HDS Members Present

Lynne D. Richardson, MD, FACEP (Chair)
Professor & Vice Chair of Emergency Medicine
Professor of Population Health Science & Policy
Icahn School of Medicine at Mount Sinai
System Vice Chair of Emergency Medicine
The Mount Sinai Health System

Mary Garza, MD, MPH**
Assistant Professor & Associate Director
Maryland Center for Health Equity
University of Maryland School of Public Health

Garth Graham, MD, MPH**
President of Aetna Foundation

Maureen Y. Lichtveld, MD, MPH
Tulane University School of Public Health and Tropical Medicine
Department of Global Environmental Health Sciences

Mildred Thompson, MSW
MT Design and Consulting
Health Equity Subject Matter Expert

Marguerite Ro, DrPH
Chief, Assessment, Policy Development & Evaluation
Director, Chronic Disease and Injury Prevention
Public Health – Seattle & King County

Will R. Ross, M.D., M.P.H.
Associate Dean for Diversity Office of Diversity Programs
Washington University School of Medicine

LaMar Hasbrouck, MD, MPH
Health Equity Subject-Matter-Expert
American Medical Association

Willi Horner-Johnson, Ph.D.
Associate Professor Institute on Development & Disability,
Department of Public Health and Preventive Medicine
Oregon Health & Science University
Hector L. Vargas Jr, JD
Executive Director, GLMA
Health Professionals Advancing LGBT Equality

Cheri C. Wilson, MA, MHS, CPHQ
Diversity & Inclusion, Cultural & Linguistic Competence
Health Equity Subject Matter Expert

Donald Warne, MD, MPH
Professor and Chair, Department of Public Health
Mary J. Berg Distinguished Professor of Women’s Health
College of Health Professions
North Dakota State University

** (Participated via Phone)

Absent HDS Members

David Dwight Fukuzawa, M.Div, M.S.A.
Program Director for Health
The Kresge Foundation (Resigned)

Anthony B. Iton, M.D., J.D., M.P.H.
Senior Vice President, Health Communities
The California Endowment (Resigned)

Wilma J. Wooten, MD, MPH
Public Health Officer, County of San Diego
Health and Human Services Agency
Public Health Services, Health Services Complex

CDC/ATSDR Participants

Leandris C. Liburd, PhD, MPH
Designated Federal Official (DFO)
Associate Director for Minority Health and Health Equity
Office of Minority Health and Health Equity (OMHHE)

Brenda Fitzgerald, MD
Director, Centers for Disease Control and Prevention (CDC) and Administrator, ATSDR

Debra Lubar, PhD
Deputy Director for Management and Operations
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

Nancy Messonnier, MD
Director, National Center for Immunization and Respiratory Diseases (NCIRD)
Sharon Coleman  
Associate Director for Policy  
Office of Minority Health and Health Equity (OMHHE)

Pattie Tucker, DrPH, RN  
Director, Office of Women’s Health  
Office of Minority Health and Health Equity (OMHHE)  
Melanie Duckworth, PhD, MSW, MEd  
Senior Advisor  
Office of Minority Health and Health Equity (OMHHE)

Anna Penman-Aguilar, PhD  
Associate Director for Science  
Office of Minority Health and Health Equity (OMHHE)

Gwen Baker  
Program Specialist  
Office of Minority Health and Health Equity (OMHHE)

Denise Carty, PhD  
ORISE Fellow  
Office of Minority Health and Health Equity (OMHHE)

Shonia Zollicoffer  
Public Health Analyst  
Office of Minority Health and Health Equity (OMHHE)

Sonia Croft  
Administrative Assistant  
Office of Minority Health and Health Equity (OMHHE)

Andre Tyler  
Senior Diversity and Inclusion Consultant  
Office of Minority Health and Health Equity (OMHHE)

Nma Ohiaeri, MPH, CHES  
Public Health Analyst  
Office of Minority Health and Health Equity (OMHHE)

Marian McDonald, PhD  
Director Health Disparities  
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

Ranell Myles, PhD, MPH, CHES  
Epidemiologist, Office of Health Equity  
National Center for HIV Hepatitis B, STD and Tb Prevention (NCHHSTP)
Capt. Craig Wilkins (USPHS)
Senior Advisor
Office of Minority Health and Health Equity (OMHHE)

Christine Prue
Associate Director for Behavioral Science
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

Laura Ross
Associate Director for Communications
Office of Minority Health and Health Equity (OMHHE)

Sherricka Stephens
Public Health Analyst
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

Ashley Knotts
Designated Federal Officer
Advisory Committee to the Director
Office of the Chief of Staff (OCS)

General Public - Participants

Adrian Domenez
Urban Indian Institute