

**Department of Health and Human Services  
Centers for Disease Control and Prevention  
The Disease, Disability, and Injury Prevention and  
Control Special Emphasis Panel (SEP)**



**CENTERS FOR DISEASE  
CONTROL AND PREVENTION**

ACD Health Disparities Subcommittee  
February 06, 2006  
Conference Call

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**Record of the Proceedings**

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**Minutes of the 1<sup>st</sup> ACD Health Disparities Subcommittee Conference Call**  
**February 6, 2006 – 4:00-5:30pm**

**Participants on call:**

Williams, Walter W.  
Bowman, Phillip  
Burhansstipanov, Linda  
Chen, Moon Jr.  
Desvignes-Kendrick, Mary  
Galli, Robert L.  
Jackson, Fleda  
Rimmer, Jim  
Ryder, Bobbi  
Schneider, Jason  
Troutman, Adewale  
Williams, David  
Yancey, Antronette K.  
Stephanie Miles-Richardson, Coordinator  
Brad Perkins  
Anne Haddix  
Theresa Potts, Recorder  
Catherine Ramadei  
Rios, Elena

**Members Absent:**

Benjamin, Georges C.

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**Introductions**

The meeting was opened by Dr. Walter Williams. He thanked the members of the committee for joining the subcommittee and stated how he looks forward to working with them. He then briefly described the agenda for the day. (See attached agenda)

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**Federal Advisory Committee Act/Ethics Information**

Administrative items were covered, including a Q&A on the Federal Act. Each committee member will be paid an hourly rate of \$31.25 not to exceed \$250.00 per day, provided that their financial information is in the personnel office. The subcommittee will meet at least twice per year. There will be a face-to-face meeting at least once per year. When they travel, arrangements will be made for them by the agency at the agency's expense. One of the rules of the FACA is there must be a quorum of half of the membership plus 1 in order to make decisions on behalf of the subcommittee. Dr. Williams introduced Cathy Ramadei as one of the people who could answer any questions on how we are to operate. A question came from Bob Galli regarding whether members have to except compensation as stated above. Per Cathy Ramadei, they do not have to accept the compensation.

Dr. Williams mentioned that there is a formal orientation on FACA in Atlanta held by the Ethics Committee. They will be provided this orientation sometime this year. He stressed the importance of following FACA rules and regulations. Cathy Ramadei will be our source of information to assist with this along with Priscilla Patin.

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### **Selection of HDS Chairperson**

There was a question on how the terms of the members are determined. Cathy Ramadei stated that some of the members of ACD have established terms for the committee. The member's terms will be staggered so all members do not rotate off the committee at the same time.

Antronette Yancey volunteered to be the chairperson. Dr. Williams suggested that it would be advantageous for the chair person to be on the ACD. Dr. Troutman also volunteered but is not a member of the ACD.

After some discussion regarding who ACD members were and current terms of all subcommittee members, participants agreed that the chair could be on the ACD and the co-chair does not have to be on the ACD.

The decision was made to select Dr. Yancey as the chairperson and Dr. Troutman as the co-chair by consensus. The roster will be updated and the ACD members will be identified by asterisk on the roster.

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### **Update on CDC Goals Implementation -- Dr. Brad Perkins**

Dr. Williams introduced Dr. Brad Perkins, the Acting Director, OSI. He has the lead role in organizing and implementing the CDC Goal Process. Dr. Perkins provided the update to this group on CDC goal implementation. The group was referred to PowerPoint presentation provided earlier by Dr. Perkins (see attached).

Dr. Perkins described how they were on a journey several years ago with the future's initiative. He then described the six strategic imperatives that outlined CDC goals on the various populations. Our health protection goals are the major execution arm of that strategy. He gave several examples of the goals. i.e., Healthy people by life stage, preparedness, and healthy world. He described the two pilots that looked at how we might work on these goals and the support, processes and systems that are needed. Dr. Perkins described a process that will involve five steps:

1. Assess burden and available science
2. Do some modeling of what we might do
3. Prioritize our efforts
4. Strategy development step and
5. Management strategy: objectives and key performance indicators.

During the pilots, it was discovered that CDC really lack systems that are needed to track work across the agency. CDC developed an interface system that allows us to align the entire CDC budget. Now we can systematically look at the process in alignment. It is on the internet and is transparent to everyone. Going forward, we anticipate that these teams will be working the middle of this month. There will be an important Partners Meeting the end of March. By the end of this calendar year, these goals action plan teams will have the health protection goals. We will then be on a standard cycle. External partners will be involved in the action plans.

Anne Haddix gave a description of where CDC is in the Goals Process. Goal team leaders are just now on board. Once we are organized, we will send out documents. We will be working with the OMHD office liaisons to identify points where information should be sent out. We are having the external partners meeting end of March, which is very important to this process. She anticipates that in 2-3 months, things will be going out for review.

A question was asked: how many goals are there? Anne gave a brief overview of the goals. They were not included in the presentation. We do not have the objectives under the goals. We do not have the strategies and activities under the objectives. We have the Performance Measures for the life stage goals. We also are working on some Performance measures for Health Disparities. Dr. Ben Truman in OMHD. is working on this. This is not based on 2010 goals.

Dr. Williams noted that it appeared the new members may not be familiar with the CDC goals. He will forward a link of where to find the current CDC goals to new members.

Dr. Williams stated the Goals team leaders will come up with an action plan. Health Impact.Net will help us see how we are aligned with the goals. The subcommittee is expected to weigh in and provide direction on the action plans. The draft template, does it have the right elements? In the future, we will be looking specifically at the content and how well they target the health disparities issues.

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### **Standard Operating Procedures for Goals Implementation -- Group Discussion**

Anne Haddix stated that they are in the process of developing SOPs for each team to use for consistency and how their doing their work. By December 2006, they will have full action plans that will guide us for 2007 and have formulation of 2009 budget. First, there will be an inventory of CDC activities as well as health problems. Inventory and discovery phase, there are procedures that each team will be following. The inventory will address health disparities and what the priorities are. We will be doing specific modeling for those specific areas and will identify the populations and look at the opportunities to improve. We will attempt to build in health disparities in every process.

A question was raised to Anne Haddix: what are external communities? The goal teams include CDC people and external partners. The goal process is trying to build in external communication

along the way. Anne stated that we are trying to widen the definition of external partners because it is not just people receiving funding but those necessary for a broader agenda.

A question was asked: what role does this subcommittee play in term of expanding the communities? Dr. Williams stated: Part of our charge is to provide guidance on opportunities for CDC to work with other sectors.

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### **Overview of CDC Health Protection Research Guide 2006 – Dr. Robert L. Galli**

A PowerPoint presentation from Dr. Galli had been distributed that listed the strategy imperatives for the Public Health Research (see attached). Development of this research guide has gone through a couple of iterations. We want to focus on different ways to use this guide. It does provide a long range of global health but can be used for the shorter term as well. It is for extramural and intramural as well. We will look at the effectiveness of public health disciplines and ways that we can communicate among ourselves. We started some time ago with the work group. We included large teams of partners, as well as CDC employees, who concentrated on developing the list. The core team includes members of the original six teams. Each individual group looking at their own area and cross communicate with the other five areas. The steps were fairly long. There were items of discussions which were discussed with the Federal partners. They were to look at it and give some input. A draft went out for public comments in September 05. We are revising the draft (the workgroups). We want to present it to the Federal partners to finalize this research guide. There aren't enough dollars to cover everything so we want to make an impact and it has to be relevant. There are a lot of topics in the guide. It is a substantial list and it is broken into sub-divisions. We hope to cross reference in the future. The public draft gave an overview. The cross cutting research is to try to be able to marry some of these areas. The research guide is to fill the knowledge gap of the teams. Ex: In Adolescent Health. – Within that category is a series of areas that can address where research can be done to reach this goal. There will be collaboration with OMHD, Dr. Truman and others, who has been serving on the research development workgroup. To try to get those six categories to be cognizant of the issues that deals with minority health issues. (He gave a number of examples.) There are several areas that have been suggested by the members of the six workgroups to be sure we are cognizant of those topics. There have been four meetings so far which help to mold the contents. The budget will determine some of those priorities along with the goals.

Moon Chen asked the question: How does this relate to healthy people 2010? Dr. Galli answered: This is the next iteration. FY 2006 – 2015 is what this is focusing on.

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### **Selection of Next ACD HDS Meeting Dates**

Dr. Williams stated that the subcommittee will meet at least twice a year. He proposed having another teleconference sometime in May and a face-to-face meeting in August here in Atlanta. The face-to-face meeting would be held in the mid-afternoon on August 23. Another

teleconference sometime early fall. Between now and August, the action plan team should have developed a product. This subcommittee can weigh in to help refine this process.

A consensus was reached to have a face-to-face meeting on August 23 at 3-5pm, EST in Atlanta. The next teleconference will be May 5<sup>th</sup> at 3pm EST for 1 hour.

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### **Adjourn**

The meeting was adjourned by Dr. Williams at 5:29pm.

**Advisory Committee to the Director Health Disparities Subcommittee**

**Teleconference Agenda**

**February 6, 4pm-5:30pm**

**Bridge line: 1 866 633-0637; Passcode: 1083804**

**Introductions**

**Federal Advisory Committee Act/ Ethics Information**

**Selection of HDS Chairperson**

**Update on CDC Goals Implementation -- Dr. Brad Perkins**

**Standard Operating Procedures for Goals Implementation -- Group Discussion**

**Overview of CDC Health Protection Research Guide 2006 – Dr. Robert L. Galli**

**Selection of Next ACD HDS Meeting Dates**

**Adjourn**