



**ACD Health Disparities Subcommittee
Meeting Summary**

Date of Conference Call: March 30, 2009, 3:00-4:00pm

Attendees

Walter W. Williams
Bobbi Ryder
Jim Rimmer
John Seffrin
Linda Blount
Moon Chen Jr.
Nisha D. Botchwey

Phillip Bowman
Vivian N. Berryhill
Theresa Potts, Note Taker

MEETING SUMMARY

Welcome/Introductions

The meeting was opened by the ACD/HDS chair, Dr. Nisha Botchwey with a brief welcome and introduction. Introductions were given by each participant.

Completing personnel/financial disclosure requirements

Dr. Williams gave a synopsis of the requirements for completing the personnel and financial disclosure forms.

- After completion and return of the acceptance form to the Committee Management Officer, the participant will receive the financial disclosure request form (OGE 450). This is a yearly requirement.
- All paperwork must be completed before the non-ACD participants are considered official members of the ACD/HDS.
- Participants will be paid a nominal consultation fee for involvement in the subcommittee as a “Special Government Employee” (SGE) (reason for the tax withholding-related paperwork.)
- CDC will not be able to travel participants to the upcoming face-to-face meeting in April if all the paperwork establishing them as “SGEs” has not been completed.
- Filling out Form G-4 (Georgia Employees Withholding Allowance) is still required, even if the participant is not a resident of Georgia. Participant must choose EXEMPT on question 8 of the Form G-4.

Selection of ACD/HDS Co-Chair



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Dr. Botchwey asked for nominations for the ACD/HDS Co-Chair. It was noted that Dr. Troutman served as the co-chair during the last convening of the subcommittee.

- There was a nomination and second of Dr. Troutman as Co-Chair in absentia. It was the consensus of the subcommittee that Dr. Troutman continue to serve as the Co-Chair.
- Pending Dr. Troutman's acceptance, the motion/vote will pass.

ACD/HDS 2009 Action Agenda: proposed -- policy brief; collaboration with CDC's HEWG & ACD/Ethics Subcommittee

Dr. Williams summarized the work of the ACD/HDS during 2006-2007:

The ACD/Health Disparities Subcommittee:

- Conducted a review of CDC's organizational structure, core values, operational framework, strategic imperatives, health protection goals and sub-goals.
- Assessed CDC's "Goals Implementation Roadmap," goal action plan template, and proposed approach to addressing health disparities.
- Provided recommendations which were adopted by the ACD on: the criteria for establishing the starter objectives in CDC's goal action plans, prioritization of the objectives, how CDC will address health disparities in the goal action plans, expanding the science and evidence base for risk predictors related to social context and social structure, and engaging key organizations.

In a previous conversation, Drs. Botchwey, Seffrin, Williams, and Mrs. Berryhill discussed the ACD/HDS preparing a policy brief as one of its primary activities in 2009.

Discussion:

- The policy brief would be a contribution to CDC's important work.
- Focus on CDC's work nationally and internationally with regards to health equity and health disparities – help define appropriate public health practices for CDC.
- Discuss social determinants of health and implications for CDC policy and program action.
- Examine distinctions between health equity and health disparities.
- Be as broad as practicable, so a variety of health disparity/health equity issues can be addressed.
- Review other literature on health equity to determine what would be appropriate for CDC to address given its functions and role in public health.
- Consider recommendations for CDC consistent with CDC's areas of expertise and functions.
- Should be authored by the ACD/HDS – be a product of the work of this subcommittee – ideal if 2-3 subcommittee members who have research associates who can be tasked would commit to provide their assistance.



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- It was noted that the target audiences, overall objectives, length, populations to be addressed, and other specifics will need to be determined.
- The target would be completion over the next 12 months, but work could be extended, if necessary.

Consensus reached: The ACD/HDS was very interested and identified developing a policy brief as a primary work element.

The ACD/HDS queried about examples of CDC policy briefs.

- The best example would be those from the Advisory Committee on Immunization Practices. These set the basis for national immunization policies.
- Other examples would be those from the Ethics Subcommittee.
- The WHO Commission Report on social determinants of health was identified as one example of information to look at when compiling the policy brief.
- Dr. Williams will put together several models of policy briefs for the group to consider.
- The April 29th meeting will be a working meeting with a primary focus on the policy brief.

The ACD/HDS discussed the increased interest in Social Determinants of Health in Health Reform and the ACD charge to the Ethics Subcommittee for input on CDC's role in the process. The ACD Ethics Subcommittee is charged with:

- Preparing a report on the ethical issues relating to the social determinants of health and how this should shape CDC's contributions to the nation's health reform efforts.
- This should include a discussion of (1) the conceptual and normative issues that define the ethical terrain relevant to public health and health reform with special emphasis on the relevance and importance of social determinants of health and (2) an examination of ethical imperatives and best approaches for integrating health considerations into societal policies across sectors and at all levels.

The discussion of conceptual issues should include, but not necessarily be limited to, an analysis of the ethical tensions relating to:

- Differences between health inequality and health inequity
- Differences between the public health goals of efficiency and justice
- Differences between producing equitable health outcomes versus providing equitable opportunity for health outcomes.
- Differences between using approaches that facilitate healthy choices versus regulating health behaviors.

The ACD/HDS has also identified health equity a one of the targets for its work, as well as formal collaboration with the CDC Health Equity Workgroup (HEWG)(see ACD/HDS "charge"). Because of



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the overlapping interest and charges of the ACD/HDS and ACD Ethics Subcommittee, it would be advantageous for these two subcommittees to collaborate.

Consensus reached: The ACD/HDS participants on the call concurred with collaborating with the Ethics Subcommittee.

Dr. Williams gave a brief overview of current work of the HEWG:

- Developing an operational definition for health equity using CDC's current working conceptual/theoretical definition.
- Employing an approach that involves identifying and deconstructing all subsidiary concepts in the working definition into measurable sub-units, then specifying the mathematical relationships needed to combine the sub-units into an overall measure.
- Developing an operational definition that can be applied across CDC programs, help drive decision-making and provide a measurement tool for CDC.

The subcommittee was referred to a slide presentation that summarizes current efforts on the operational definition.

Collaboration with CDC's HEWG & ACD/Ethics Subcommittee:

The ACD/HDS will actively collaborate with the HEWG and ACD/Ethics Subcommittees.

- The ACD/HDS will provide suggestions and comments on the work and products of the HEWG, starting with reviews of the HEWG charge and operational definition activity.
- One specific item proposed to the DFO, Ethics Subcommittee was collaboration of the ACD/HDS and the Ethics Subcommittee on the ACD/HDS policy brief with regards to the ethical considerations of any ACD/HDS recommendations that may be proposed.
- A teleconference involving the Chairs, Co-Chairs, and DFOs of the Health Disparities and Ethics Subcommittees is to be set up, for general conversations about communication and collaborating on the anticipated work.

Upcoming face-to-face meetings: April 29-30, 2009; October 28-29, 2009

Dr. Botchwey discussed the two upcoming face-to-face meetings this year of the ACD/HDS. Both will be convened in conjunction with meetings of the parent committee.

- First meeting is April 29, 2009 in Atlanta, GA. The second meeting will be October 28, 2009 in Atlanta, GA. Both will be convened in conjunction with meetings of the parent committee (April 29-30 and October 28-29).
- The ACD/HDS members are expected to arrange travel to allow participation in half day meetings on April 29th and October 28th.



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- The ACD/HDS is also invited to sit in on the ACD meetings to be convened on April 30th and October 29th, but the primary work of the subcommittee will occur in the afternoons of April 29th and October 28th.

Information/Consultations: "CDC's Vision for Public Health Surveillance in the 21st Century"

Dr. Williams described the upcoming internal CDC consultation entitled, "CDC's Vision for Public Health Surveillance in the 21st Century" (May 12-13, 2009). CDC is convening internal conversations to articulate what CDC should be doing in reference to public health surveillance. This includes identifying core elements, core functions, and critical opportunities for use as a basis for working with partners. The ACD/HDS members were referred to a slide presentation describing the lead-up to the May meeting. An external vetting of the products from the internal consultation is anticipated. The ACD/HDS may want to provide comments when appropriate. Dr. Williams will keep the ACD/HDS informed of the progress and opportunities for input.

ADJOURN

MEETING ADJOURNED AT 4:00PM.

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