



Minutes from the April 27, 2011

Health Disparities Subcommittee of the ACD

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Health Disparities Subcommittee of the Advisory Committee to the Director Record of the April 27, 2011 Meeting

The Centers for Disease Control and Prevention (CDC) convened a meeting of its Health Disparities Subcommittee (HDS) of the Advisory Committee to the Director (ACD) on April 27, 2011.

Roll Call, Establishment of Quorum, Welcome, and Introductions

Nisha D. Botchwey, PhD (Associate Professor of Urban and Environmental Planning and Public Health Sciences, School of Architecture, University of Virginia) called the meeting to order and conducted a roll call to ensure that there was a quorum. Upon confirming that a quorum had been achieved, Dr. Botchwey indicated that this was an official call of the HDS for CDC, and that members of the HDS were those designated to speak per the agenda. Others would be invited to speak during the public comment session.

Dr. Botchwey welcomed everyone and introduced them to the new Director of the Office of Minority Health and Health Equity (OMHHE), Dr. Leandris Liburd. Dr. Liburd had spoken to many of the members already, but Dr. Botchwey wanted to take this opportunity to officially welcome Dr. Liburd as the new Director of OMHHE and thank her for her leadership thus far.

Welcome and Update on Office of Minority Health and Health Equity (OMHHE)

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity, CDC) offered the following welcome and update:

Good afternoon, and thanks Nisha for your kind introduction. Having had the opportunity to speak briefly with most of the subcommittee members, I know we have all of the right people around the table to help us advance the work of minority health and achieving health equity here at CDC, and I look forward to working with each one of you. I am going to take a fair amount of the time we have today to provide some updates that I hope are informative, and I hope we can answer any questions that you might have related to those updates.

Since I joined the Office of Minority Health and Health Equity at the end of January, there have been several significant events that have occurred that involve us. I'm sure all of you are aware of the provision in the Affordable Care Act of 2010 that established 6 permanent Offices of Minority Health in agencies across HHS. For those who may not know, those offices are in the Agency for Healthcare Research and Quality (AHRQ); the Centers for Disease Control and Prevention (CDC); the Centers for Medicare and Medicaid Services (CMS); the Food and Drug Administration (FDA); the Health Resources and Services Administration (HRSA); and the Substance Abuse and Mental Health Services Administration (SAMHSA). After passage of the legislation, these agencies were charged to develop proposals for the agency offices—defining the mission, critical functions, and staffing for these offices. The legislation also requires that these offices be located within the Office of the Agency Director. On April 22, Secretary Sebelius signed the memo approving these 6 agency Offices of Minority Health. That memo has been submitted to Congress for final review and approval, and we expect to have this within 2 to 3 weeks. We feel that this passage of the legislation is an important opportunity for us.

We believe the permanence and increased visibility of our office, as well as being part of the agency's senior staff, gives us additional leverage to foster leadership and commitment across the agency for eliminating health disparities and achieving health equity. That is our really high point announcement this afternoon.

I am also pleased to announce the release of the new funding announcement supported by our office to establish an undergraduate student intern program. The goals of this program include exposing up to 1000 minority undergraduate students to the field of public health over the next 5 years. Students selected to be part of this program will spend about 10 weeks participating in a summer experience at different locations around the country, including CDC, in state and local health departments, and other public health settings. Ultimately, we hope these students, as a result of this experience, will decide to pursue advanced training in public health and join the public health workforce, thereby increasing the pool of minority public health professionals. We have received about 40 letters of intent of potential applicants and we hope to make up to 5 awards.

Health Equity Workgroup (HEWG)

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity, CDC) offered the following HEWG update:

The Health Equity Workgroup at CDC was convened a few years ago with the initial charge of developing a definition of "health equity" that the agency could begin to build an agency focus around. Since those initial efforts at CDC by the workgroup, the Office of Minority Health (OMH) at HHS, through the National Partnership for Action (NPA), which I will talk in more detail about later, and with input from communities around the country, came up with a definition that the Health Equity Workgroup has accepted and will use along with the rest of the department, which is as follows: "Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and on-going societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities." You can see within this definition that it is a prime opportunity for us to address the social determinants of health, and to continue to build a different base of science, if you will, around health equity, and how we measure it, and the achievement of health equity.

The workgroup had not met for several months until the last meeting we had at the end of March. At that meeting, they decided that, given the impending launch of the National Partnership for Action, new leadership in the Office of Minority Health and Health Equity, and the release of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, that now is a good time to re-evaluate the purpose and mission of the workgroup, so the consensus was to identify a day and a time to have a strategic planning activity for the workgroup. We are looking to do that in May or at the latest in early June.

Current Environment for Health Equity in the US

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity, CDC) presented an overview of this topic: This is a very exciting time for us at CDC in terms of the current environment for health equity, and we have identified I guess about 4 or 5 key activities just to provide an update to you today.

CDC Health Disparities & Inequity Report (CHDIR)

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity, CDC) presented the following information about the CHDIR:

The first activity I want to mention is the CDC Health Disparities & Inequities Report that was released in January of this year. Some of you may recall that last year, Dr. Frieden committed to produce a periodic health disparities report that would provide the most recent data describing health disparities and inequalities in the United States (US). His intent for that report is that it would be used by state and local communities to set priorities, and then be able to monitor progress overtime. It is also intended for us to be able to monitor our efforts toward eliminating health disparities, so it sets a baseline. The periodic aspect of it is that we hope to be able to produce this report at least every two years. The report features 22 health topics, including education and income as social determinants of health. The report was released January 13, 2011, and has gotten a lot of media coverage and has been well-received by our partners. How many of you have seen the report? [numerous individuals on the call indicated that they had seen the report]. It is quite comprehensive. I am very impressed with the work that was done, and I am very pleased that Dr. Ben Truman is on the line, even though he is home sick. He is the chief architect of that report. He led the development of the report, and I asked him to join us in case there are specific questions you might have.

Discussion Points

- Dr. Truman said he thought Dr. Liburd had done quite well in describing the contents of the report, and invited questions.
- Dr. Williams thought it would be helpful for all of the subcommittee members if Dr. Truman highlighted some of the components of the report. He remembered that there was a debate on-line in which the report was being criticized for not including certain items.
- Dr. Truman responded that they addressed 22 topics, each of which was an analytic essay that described what is known about the disparities in several disparity domains (e.g., gender, race / ethnicity, income, education, geography, sexual orientation, disability) to the extent that the data were available. The 22 topics included a topic that assessed education and income as outcomes, using the federal poverty level as a marker for outcomes. This showed that there are many disparities by each of those domains. In the environment hazards group, inadequate and unhealthy housing defined a certain way were addressed as outcomes. Unhealthy air quality was also addressed in terms of whether specific counties in the US met standards for low levels of ozone and small particulates that can penetrate deep into the lungs to exacerbate asthma, heart disease, and other conditions. Three topics were addressed under health care access and preventive health services (e.g., health insurance coverage, influenza vaccination coverage, and colorectal cancer screening). Several topics were addressed under mortality (e.g., infant deaths, motor vehicle-related deaths, suicide, drug-induced deaths, coronary heart disease and stroke deaths, homicide) and morbidity (e.g., obesity, pre-term birth, potentially preventable hospitalization, recurrent asthma, HIV infection, diabetes, and hypertension prevalence and control). The risk factor group included binge drinking, adolescent pregnancy and childbirth, and cigarette smoking. For each topic area, a series of fact sheets was provided with suggestions of actions that might be taken as a result of the disparities described.

Also provided is an Executive Summary that describes the entire report, and a set of slides that can be modified to fit particular state and local contexts.

Healthy People 2020

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity, CDC) presented the following information with regard to Healthy People 2020:

In light of the strategy brief the subcommittee is developing, I thought you would be interested to know that our office is serving as co-lead, along with HRSA, for the Healthy People 2020 section on the Social Determinants of Health. The Healthy People 2020 objectives were officially launched back in December 2010, but the Social Determinants of Health section was not complete at that time. The workgroup has since compiled public comments on this section and completed a “gaps analysis” to determine the range of possible topics that could be covered under the umbrella of social determinants. I certainly don’t need to tell you all how broad a sweep that can be. Moving forward, we decided that our goal would be to select 3 to 5 topics for which objectives will be developed, and then revisit that list, possibly adding more topics at a later time. I thought that this activity, along with the Robert Wood Johnson (RWJ) Foundation activities, with great leadership from Dr. Williams, and the work of the strategy brief, helped to really give even more attraction, if you will, to the groundswell of social determinants work that is underway across the country. I think these high level policy documents and high visibility work, and the examples that have come out of the Robert Wood Johnson (RWJ) Foundation activity, will be really instrumental and will really help to inform our framing of the objectives and the huge task of distilling down and selecting 3 to 5 broad topics. I am on the writing group for these objectives. We are scheduled to meet in early May to select the topics, and our timeline is to have the objectives written by the end of this year. Next year in May, Healthy People, through the Office of Disease Prevention and Health Promotion, will actually hold a Healthy People Summit. We will petition for a section on social determinants of health and actually send out a call for abstracts so that we can start to bring together people from around the country to showcase work that they are doing.

The last update I want to give is the launch of the National Partnership for Action, which includes the National Stakeholder Strategy (NSS) for Achieving Health Equity and the HHS Action Plan to Reduce Racial and Ethnic Health Disparities.

National Prevention Strategy

Janet Collins, PhD (Associate Director for Program, Office of the Director) presented an update on the National Prevention Strategy:

I think this builds fairly nicely from the social determinants work embedded in Healthy People 2020. I think most of you know that the Affordable Care Act calls for the development of a National Prevention and Health Promotion Strategy to be written by 17 federal departments and agencies, with a focus on the promotion of health in this country. It is such an incredible opportunity to staff the Surgeon General as she works with these federal agencies to design this strategy for health. I think it’s an enormously important opportunity for the country to build a prevention strategy that is built not just within HHS, but is built by engagement of agriculture, transportation, housing, justice, education, and the many other partners that are actually the ones constructing this piece of work. The strategy was to be completed on March 23rd. The council decided to postpone that release because the Affordable Care Act also permitted the President to form an external

advisory committee to assist the federal departments in crafting the strategy. Given the timeline of identification of those advisory members, they met for the first time just two weeks ago. So we just received the input of the external advisory committee that is helping to refine the strategy.

The strategy's construction by multiple federal agencies means that it takes a very social determinants approach to health in this country, thinking about employment, poverty, housing, food, transportation, and other issues that have a large influence on health. There will be several crosscutting elements in the plan, one of which will focus on the elimination of health disparities. The draft vision is "Improving the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on wellness and prevention."

It is a national strategy, not just a federal one. The work of prevention cannot be done without the engagement of state and local leadership, business, and community efforts on the ground. The real challenge will not be getting this report out there, but really activating it and making it come alive from an implementation perspective. Those discussions are underway at this time.

(Note: The National Prevention Strategy was released July 16, 2011, and can be accessed at: <http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>.)

Discussion Points

- Once the report is released, Dr. Jackson wondered whether the resources to support model programs and other associated activities would come from the federal level or the regional level. Her experience in her region has been challenging because of limited resources to carry out activities.
- Dr. Collins acknowledged the importance of this question. While she could not say that they were one-on-one directly aligned in a strategy, the Public Health Prevention Fund investments, such as the Community Transformation Grants, will be a big step forward for prevention at the state and local levels.
- Once the strategy is released, Dr. Williams wondered what the expected next steps would be (e.g., roll out of activities, responsibilities for various agencies, et cetera). He also inquired as to whether there was a plan to coordinate the plan on disparities recently released and the national strategy.
- Dr. Collins responded that there are some anticipated next steps; however, she would not characterize what currently existed as a full implementation plan. The report includes information such as "The federal agencies will do the following activities." Thus, there is some level of commitment at the federal level and there are ideas about how local and state partners can contribute to the plan. A lot of thought must be given to how to rally enthusiasm and engagement with the plan. Regarding efforts to coordinate the disparities and national strategies plans, Dr. Collins emphasized that the two plans are extremely complementary. The overarching goal is disparity elimination in 2020 and the specific HHS release and the national strategy fit together perfectly. Building out the specifics of what will be done as a result of the national strategy has yet to be done.

- Ms. Blount asked whether CDC would be designated as the lead agency for the National Prevention Strategy.
- Dr. Collins replied that CDC is staffing the Surgeon General's office, and there has been enormous leadership from HHS on all of these activities. CDC is certainly positioned to be in front and center in helping to lead implementation. Her guess is that the efforts will need to be driven out of HHS because of the cross-agency responsibilities required through this plan.

National Partnership for Action

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity, CDC) presented the following information with regard to Healthy People 2020:

The National Partnership for Action is now the umbrella for two national efforts. One is the National Stakeholders Strategy for Achieving Health Equity and the other is the HHS Action Plan to Reduce Race and Ethnic Health Disparities. The Office of Minority Health (OMH) at HHS spent 2 years holding Town Hall meetings around the country to get input from a range of stakeholders about actions the country needs to take to eliminate health disparities. From these meetings and input from agencies across HHS, these two national plans emerged. They are considered the most significant federal statement of commitment to eliminate health disparities since the 1985 Secretary's Task Force Report on Black and Minority Health. The NPA, through these two parallel activities, is also considered the first comprehensive roadmap for eliminating disparities. The National Stakeholder Strategy (NSS) is intended to assist communities in mobilizing to address disparities, and the HHS Action Plan commits health agencies across HHS to work toward achieving five goals that are priorities for the Secretary. We don't have time today to go into a lot of details, but both of these documents are available on the CDC Minority Health website, as well as the HHS OMH website.

Just to give you a snapshot of CDC's role in the HHS Action Plan, I want to share some of the items for which we have a major role. Let me just add at this point that the way the plan is written, it integrates major activities that the agency is already launching or has responsibility for and is elevating the health disparities elimination aspect of it within these activities. The goals are to:

1. Transform health care:
 - CDC will be using a program in the Division of Heart Disease and Stroke Prevention (DHDSP) that is called the Million Hearts Initiative. The goal of the Million Hearts Initiative is to reduce disparities in healthcare, especially in cardiovascular disease (CVD) as the leading cause of death.
2. Strengthen the nation's health and human service infrastructure and workforce:
 - One of the programs is one of our contributions to this goal. We also are continuing to develop what we call the Medical Universities and Colleges Roundtable Activity that started last year at the request of Congresswoman Lee with the intention of increasing the presence of minority physicians in public health, as well as at CDC and in other public health settings around the country. CDC is investing in a national program to provide early educational opportunities for undergraduate minority students to encourage careers in public health and biomedical sciences.

3. Advance the health, safety, and well-being of the American people:

- CDC's participation in this goal is around implementation of the Community Transformation Grants. Through the Community Transformation Grants, CDC will help implement, evaluate, and disseminate evidence-based community prevention health activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base for effective prevention programs. Funded communities will be required to work across multiple sectors to reduce heart attacks, cancer, and strokes by addressing a broad range of risk factors and conditions, including poor nutrition and physical inactivity, tobacco use, and others. While the program is designed to reach the entire population, special emphasis is placed on reducing health disparities even though the broader framework is to take a jurisdiction-wide approach and to have an impact on the larger population.
- Another activity under this goal is the Childhood Obesity Research Demonstration Project, which is led by CDC. The goal of this is to develop, implement, and evaluate multi-sectoral and multi-level interventions for underserved children aged 2 to 12 years and their families.
- Another goal is around tobacco. CDC continues its leadership role in supporting tobacco-free policies, quitline promotion, and counseling and cessation services in public housing, community health centers, substance abuse facilities, mental health facilities, and correctional institutions.
- Also under this category is influenza and improving vaccination rates among certain racial and ethnic minorities, working with the private (e.g., pharmacy chains, health plans), medical associations, community-based organizations, and state and local public health departments to increase the availability of flu vaccine.

4. Advance scientific knowledge, innovation:

- One of the goals of the plan is for HHS to set data standards and enhance data collection / analysis on race, ethnicity, primary language and other demographic categories in line with provisions of the Affordable Care Act (PPACA: Patient Protection and Affordable Care Act). Dr. Williams was raising some of those questions earlier when we were talking about the CDC Health Disparities and Inequalities Report.
- Also in terms of data collection, Dr. Truman is part of the Office of Surveillance, Epidemiology, and Laboratory Services (OSELS). Also part of CDC is the National Center for Health Statistics (NCHS). They will have key roles in the data activity for the Secretary's HHS Action Plan. Also we have an activity at CDC called Vital Signs that has been providing information that is suitable for the public around the Winnable Battles. The Vital Signs publications have been very well-received by our partners and in communities.

5. Increase efficacy, transparency, accountability of HHS programs:

- This goal is expected to be pursued by all of the operational divisions across HHS. At CDC, what we're doing right now in that regard is we have quarterly program reviews where all of the national centers, institutes, and offices (CIOs) are assigned given times, and individually, each national center makes a presentation to the senior staff here. Twice per year, they give updates on their progress. Included in the quarterly program reviews are questions around the progress eliminating health disparities.
- The Winnable Battles is also an area that we're continuing to monitor closely in terms of the progress toward meeting the objectives that were established in terms of reducing disparities.

Discussion Points

- Dr. Rios reported that she recently met with one of the Regional Directors for the US Department of Housing and Urban Development (HUD), and they are very excited about relationships with health, HHS, et cetera. She wondered whether there would be opportunities for the prevention activities, grants, conferences, et cetera from a prevention perspective that would include all of the federal agencies versus having to go to every agency to find out. Perhaps CDC could serve as the central site. This is a tremendous opportunity to branch out to all of the federal agencies.
- Dr. Liburd responded that the HHS Action Plan crosses sectors in terms of the ability to meet the goals. Over the next 120 days, they have been asked to develop a plan for how they will engage with the MPA. In terms of the National Prevention Strategy and the need to think more strategically about how to work across the federal agencies is also relevant here. While she could not provide a commitment that CDC would provide leadership or be the focal point, they are thinking about and strategizing around this and welcome suggestions that might be incorporated in the planning.
- Dr. Collins added that the council of 17 federal agencies that is writing the National Prevention Strategy is codified in law to remain in place for at least 5 years to activate the strategy. They could turn to that council to present this question. Once the strategy is completed and the council moves into the implementation phase, she thought they would be able to take on some other efforts in terms of characterizing what they are each committing to the prevention agenda.

Policy Paper on Social Determinants of Health and Disparities Subcommittee to CDC Director Update

Dr. Sonja Hutchins MD, MPH, DrPH, FACPM (Medical Epidemiologist, OADPG / OD / OMHHD) provided the following update on the policy paper that the HDS is leading:

The CDC Office of Minority Health and Health Equity, with support from the Office of the Associate Director for Program (OADPG), provides assistance to the subcommittee in preparing the policy strategy brief for the CDC Director on social determinants of health, health disparities, and health equity. By way of background for the new members of the subcommittee, the subcommittee already prepared an outline for the strategy brief. At the request of the subcommittee, CDC prepared two documents following the outline. The first is a technical background document addressing Sections 2 and 3 of the outline, and the second document is a critical issues document identifying items to consider when Section 4 of the outline is written. Sections 2 and 3 of the outline cover the current US health status, determinants of health by selected demographic characteristics, similar to

what Ben described in the CDC Health Disparities and Inequalities Report such as age, sex, and race / ethnicity and the societal implications of health disparities. The technical document is a summary of the best available published data, drawing from Healthy People 2020 and the CDC Health Disparities and Inequalities Report. It also highlights CDC's six Winnable Battles in addressing health outcomes, determinants, and disparities as well as other CDC-relevant program areas. Section 4 of the outline covers strategies to strengthen the CDC response to social determinants of health and inequalities. The subcommittee members have a copy of the critical issues document and will receive a copy of the technical background document by mid to late May.

Discussion Points

- Dr. Botchwey thanked Dr. Hutchins publically for all of her leadership and hard work since November 2010 to work through the various documents the HDS members have or will receive. Once the technical document is received and goes through CDC clearance, Dr. Botchwey will convene those who have indicated an interest in and willingness to work as a part of the policy paper writing committee. This paper will be submitted to Dr. Frieden for his consideration.
- Dr. Duran said she was very impressed with all of the background information, and was not aware of many of these reports, which are vitally important to her work. She expressed her hope that they would receive notes from this call with all of the references cited.
- Dr. Botchwey indicated that some of the references are on the agenda, but the minutes will be prepared.
- Ms. Hickman, MASO, responded that the minutes must be posted within 90 days of the meeting.
- Dr. Botchwey clarified that the references to which Dr. Duran referred were the four items discussed under the current environment for health equities:
 - CDC Health Disparities and Inequalities Report
<http://www.cdc.gov/minorityhealth/CHDIReport.html>
 - Healthy People 2020
<http://healthypeople.gov/2020/default.aspx>
 - National Prevention Strategy
<http://www.hhs.gov/news/reports/nphps.html>
<http://www.healthcare.gov/center/councils/nphpphc/index.html>
 - National Partnership for Action
<http://minorityhealth.hhs.gov/npa/>
- Dr. Ryder requested that the references be provided to the members in an email. She indicated that she works closely with the federally funded Migrant Community Health Centers that are administered primarily through HRSA. As she was listening to the report on health disparities action plan, she was curious to know if in any way there is an effort to combine this movement for health equity with parallel activities currently underway within HRSA around moving health centers into meaningful use of

healthcare information technology (HIT) systems and achieving recognition as a patient-centered medical home. There is an opportunity to incorporate recognition of the barriers that are created by health inequity as a means of extending the patient-centered medical home appropriately to those who experience those disparities. In many ways, health equity is what many on the ground and on the front lines have been working toward all of their careers. They have not had the policy supported as needed at the HHS level to do this the way they potentially will be able to with the National Partnership for Action. She thought it would be remiss of them not to try to marry the two, because they can really create change if these are united at the top.

- Dr. Liburd responded that earlier in the morning she was on a conference call regarding health information technology. HRSA and a number of other federal agency representatives were on the call. These conversations are underway, and the purpose of the call was to explore the very issues Dr. Ryder raised. She thought they would soon hear more from HRSA about this.
- It was noted that individuals and families are often addressed, but institutions and connections in communities are often overlooked. Funding is going to be taken as federal legislators see that people are going to be insured; however, this does not mean all communities will be covered. They may be the last ones to sign up and the last ones to have access to the standard of care, whatever the new standard of care becomes.
- Dr. Rios emphasized that another component to that is the recent legislation for accountable care organizations. It is likely to be a shock to this nation that there is going to be a very large number of uninsurable because they are engaged in occupations that are “off the radar screen” or because of their immigration status. She stressed the importance of anticipating that and beginning now to make recommendations.
- Dr. Ro pointed out that because there are so many national and federal initiatives underway, it is very important to do the crosswalk amongst all of these. She is particularly concerned that Healthy People 2020, the National Prevention Strategy, and the NPA are cross-walked so that it is understood not only where the overlap is to be more efficient, but also collectively what is being brought to the table. She thinks the NSS is the critical link to the community that would help the roll out for Healthy People 2020 and the NPS.
- Dr. Schneider wanted to ensure that everyone was aware of Secretary Sebelius’s announcement of recommended actions to improve the health and well-being of the lesbian, gay, bisexual, transgender (LGBT) community. That cuts across all agencies within HHS. He suggested that perhaps this could be a topic for a future subcommittee call, and wondered whether the work of the HDS could support Dr. Sebelius’s call to action.
- Dr. Liburd agreed that this could be made the focus of another call. She indicated that she was scheduled for a meeting the next week with an employee organization at CDC that represents the LGBT community. They are raising the same questions Dr. Schneider raised. Certainly, in follow up to that call, an appointment will be scheduled to determine how the work of their office can be supportive in improving health outcomes in the LGBT community.

Public Comments

No public comments were offered during this meeting.

Closing Remarks

With no further business raised or comments / questions posed, Dr. Botchwey moved that the April 27, 2011 meeting of the Health Disparities Subcommittee be adjourned. The motion was seconded, and the meeting was officially adjourned.

Certification

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the April 27, 2011, meeting of the Health Disparities Subcommittee, Advisory Committee to the Director, CDC, are accurate and complete.

Date

Nisha D. Botchwey, MCRP, PhD, MPH
Chair, Health Disparities Subcommittee
Advisory Committee to the Director
Centers for Disease Control and Prevention

Attachment #1: Attendance

Members Present:

Linda Blount

President of WFGEQUITY

Phillip Bowman, PhD

Director and Professor
Diversity Issues in Health Disparities Initiative
National Center for Institutional Diversity

Nisha D. Botchwey, MCRP, PhD, MPH

Associate Professor of Urban and Environmental Planning and Public Health
Sciences, School of Architecture
University of Virginia

Bonnie M. Duran, MPH, DrPH

Associate Professor
Department of Health Services
School of Public Health, and Indigenous Wellness Research Institute
University of Washington

Fleda Jackson, PhD

Professor of Applied Public Health
Rollins School of Public Health

James Rimmer, PhD

Director and Professor
University of Illinois at Chicago

Elena Rios, MD, MSPH

President and CEO
National Hispanic Medical Association

Marguerite Ro, DrPH

Chief, Assessment, Policy Development, and Evaluation Section
Public Health, Seattle-King County

Bobbi Ryder

Chief Executive Officer
National Center for Farmworker Health

Jason Schneider, MD

Immediate Past President
Gay and Lesbian Medical Association

David R. Williams, PhD

Florence and Laura Norman Professor of Public Health
Professor of African and African American Studies and of Sociology
Harvard School of Public Health

HDS Members Absent:

Eduardo J. Sanchez, MD, MPH, FAAFP

Vice President and Chief Medical Officer
Blue Cross and Blue Shield of Texas
Chair, ACD

John R. Seffrin, PhD

Chief Executive Officer
American Cancer Society

Adewale Troutman, MD, MPH, MACPH

Director, Public Health Practice and Leadership
University of South Florida

CDC Staff Present:

Janet Collins, PhD

Associate Director for Program
Office of the Director

Julio Dicient-Taillepierre

Public Health Analyst
Office of the Associate Director for Program

Cozell Gilliams

Office of Minority Health and Health Equity (Proposed)
Office of Associate Director for Program

Gayle Hickman

Advance Team
Office of the Chief of Staff
Office of the Director

Sonja S. Hutchins, MD, MPH, DrPH (SSH1)

Senior Medical Epidemiologist
Office of Minority Health and Health Equity (Proposed)

Leandris Liburd, PhD, MPH

Director, Office of Minority Health and Health Equity (Proposed)
Designated Federal Officer, Health Disparities Subcommittee

Kathy Meyer, MBA

Federal Advisory Committee Management Branch
Management Analysis and Services Office

George W. Roberts, PhD

Behavioral Scientist
Office of the Associate Director for Program

Benedict I. Truman, MD, MPH

Associate Director for Science
Epidemiology and Analysis Program Office
Office of Surveillance, Epidemiology, and Laboratory Services

General Public:

Collin Finkin

Beverly Taylor

Stephanie Henry Wallace

Writer / Editor
Cambridge Communications

Attachment #2: Acronyms Used in this Document

Acronym	Expansion
ACD	Advisory Committee to the Director
AHRQ	Agency for Healthcare Research and Quality
CDC	Centers for Disease Control and Prevention
CHDIR	CDC Health Disparities & Inequity Report
CIOs	Centers, Institutes, and Offices
CMS	Centers for Medicare and Medicaid Services
CVD	Cardiovascular Disease
DFO	Designated Federal Official
DHDSP	Division of Heart Disease and Stroke Prevention
FDA	Food and Drug Administration
HEWG	Health Equity Workgroup
HHS	(Department of) Health and Human Services
HIT	Healthcare Information Technology
HRSA	Health Resources and Services Administration
HUD	(US Department of) Housing and Urban Development
LGBT	Lesbian, Gay, Bisexual, Transgender Community
NCHS	National Center for Health Statistics
NPA	National Partnership for Action
NSS	National Stakeholder Strategy
OADP	Office of the Associate Director for Programs
OMH HHS	Office of Minority Health (at HHS)
OMHHE	Welcome and Update on Office of Minority Health and Health Equity
OSELS	Office of Surveillance, Epidemiology, and Laboratory Services
PPACA	Patient Protection and Affordable Care Act
RWJ	Robert Wood Johnson Foundation
SAMHSA	Substance Abuse and Mental Health Services Administration
US	United States