



Health Disparities Subcommittee
October 26, 2011

CDC Advisory Committee
to the Director

Summary



Advisory Committee to the Director's Health Disparities Subcommittee Summary of the October 26, 2011 Meeting

Call to Order, Welcome, and Introductions

Dr. Leandris Liburd, Director of the Office of Minority Health and Health Equity (OMHHE) at the Centers for Disease Control and Prevention (CDC) called the meeting to order and welcomed everyone. Dr. Liburd took over as Director of OMHHE in January 2011, and though CDC has had an Office of Minority Health since 1988, OMHHE was legislated into existence through the Patient Protection and Affordable Care Act (PPACA) of 2010.

Dr. Adewale Troutman, Chair of CDC's ACD HDS discussed the history of the health disparities conversation, on-going at least since 1899 when W.E.B Du Bois wrote *Philadelphia Negro* and identified that there were differences in health outcomes by race, ethnicity, and socioeconomic status. Though it is now 112 years later, some of these issues persist. One reason for this may be found in Albert Einstein's definition of *insanity*: "Doing the same thing over and over again and expecting different results." Movement beyond this can be found in conversations regarding social determinants of health and health equity, which can once-and-for-all close the gap.

Increasing Minority Representation in Public Health Through CDC's Minority Undergraduate Student Program

OMHHE released a new Funding Opportunity Announcement (CDC-RFA-MN11-1101) in Spring 2011 in response to recommendations made by the Medical College Roundtable, which met in 2010 to discuss how to support diversity within the public health workforce, and the diversity of the emerging public health professionals who are moving through the pipelines. Awards for the National Minority Undergraduate Student Program were made in September 2011 to Columbia University, Kennedy Krieger Institute Children's Hospital; the University of Michigan; and Morehouse College, Morehouse School of Medicine. These four institutions are funded across three program areas, which focus on recruitment, orientation, placement, mentorship, and follow-up tracking of students. Each institution is expected to reach up to 50 undergraduate students to be placed within an academic institution or public health institution, such as a health department or a community health center, anywhere within the United States. Morehouse is also funded to serve as the National Minority Undergraduate Student Coordination Center. Kennedy Krieger Institute is also to conduct the James A. Ferguson Emerging Infectious Diseases Fellowship.



Each of the grant recipients has proposed a different model. Each model addresses how recruitment will be conducted across the country to address barriers and other factors, and how on-going mentorship will be provided to these students to ensure that they consider public health as a long-term career option, and receive personalized support that will ensure that they graduate from undergraduate school and go on to pursue an advanced degree. It is important to reach out to students who may be enrolled in community colleges or who attend colleges and universities in small towns where public health is not included as an academic discipline, as the intent is to increase the access of public health to students who would otherwise not even consider public health as a long-term career.

To ensure that OMHHE is able to monitor and evaluate this program over a five-year period, draft programmatic and grantee-level logic models have been developed to contribute to an overall evaluation framework. With the assistance of an outside evaluator, Deloitte, OMHHE has been working to create an evaluation framework, which was presented to the HDS membership, that takes into account OMHHE's assumptions, expectations, and understanding of what it would take to carry out this work. CDC's Chief Evaluation Officer, Tom Chapel, is also involved in reviewing this evaluation framework, as is Dr. Elinor Greene, who is involved in evaluating all of the pipeline programs CDC currently supports, including the Epidemic Intelligence Service (EIS) program.

Discussion Points

Discussion of the program focused on several key areas, including long-term plans for expanding the cohort, methods for sharing outcomes and information about the program, and the possible need to begin the "pipeline" at an earlier age, perhaps elementary school. Concerns were shared regarding addressing potential barriers to recruitment and enrollment in the program, achieving desired mentor characteristics, effective targeting of underrepresented groups, and learning from similar efforts.

Other concerns and suggestions include:

- One of the challenges of pipeline programs is that often recruitment is targeted toward the "cream of the crop." That is, students are recruited who are going to go to these institutions anyway, doing little to build a pipeline.
- Perhaps memorandums of understanding (MOUs) could be developed with potential recruitment sites.
- Perhaps a two-level approach could be considered, which would expand the recruitment process, beginning with junior high school.



Recommendations

OMHHE prepared four questions to help solicit some clear recommendations from HDS that they can grapple with internally, as well as with the grantees, to strengthen the program.

- What were the general impressions of the presentation that stood out for you?
- What particular challenges do you, in your experience, wish to share that OMHHE should be aware of moving forward towards the success of the program?
- What lessons do you have regarding addressing these challenges?
- What particular evaluation issues should we account for moving forward?

The recommendations were as follows:

- Consider, in the evaluation design, factors that influence the benefits that the program participants are able to extract from the program that go beyond the conventional focus on formative and summative evaluation.
- Assure connectivity between the CDC program and the schools that actually have functional public health majors and minors by identifying some conduits between the groups.
- Factor in and define “community” where the grantee secures CDC and non-CDC internship sites. Those internship sites should be truly community-based organizations.
- While the initial focus should be on racial and ethnic minority populations, consideration should be given to whether other populations are suitably represented such as Lesbian, Gay, Bisexual, and Transgender (LGBT) and those who have disabilities.
- Ensure that students who are enrolled in the program, the mentors, and the people working in locations where students will be placed have adequate exposure to the theories of social determinants of health and the notion of racial, ethnic, and socioeconomic deprivation and oppression as part of the curriculum and experience.
- Include community, private, and tribal colleges as well as college preparatory programs. There are a number of resources for recruitment, such as the American Indian Higher Education Consortium (AIHEC).
- The cohort of mentors should include individuals with a variety of ethnic and racial backgrounds.



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- In terms of sustainability, use the \$3.2 million allocated to this FOA to leverage other funds from federal and non-federal sources, foundations, private industry, et cetera.
- Institute solid connections and relationships to help these students follow a successful path to graduate school, especially those who are from disadvantaged communities.
- Develop a cadre of student peers, and determine ways to connect the different cohorts of students who are enrolled from year to year.
- There must be a way to manage criticism/complaints, as many may be qualified who will not be accepted.
- Assess how the 20-22 year old age group is pursuing information in order to reach deeper into the community to share information about the program with those other than the “cream of the crop.”
- In addition to exposing everyone to core information pertaining to the fundamentals of public health, social determinants of health, cultural competency, et cetera, make sure that room is left for innovation among these students.
- Incentivize mentors and placements.
- Assess other pipeline programs to help contribute to the success of this program.
- Create a mechanism for upstream versus downstream pipelining. Find a way to acclimate people who are currently working in public health to move upward.
- Network with all health professions, not just medical schools and schools of public health (e.g., nursing programs, dental programs, et cetera).
- Consider how to influence and change policies.
- The Presidential Management Internship (PMI) program, now known as the Presidential Management Fellows (PMF), program is a potential resource, as well as the Emerging Leaders program.
- Students, mentors, and placement sites involved in this program should be presented with a letter of thanks congratulating them, perhaps from a Congressman. Consider planning some type of ceremony versus just giving a certificate in front of CDC staff.



Social Determinants of Health Policy Brief

The evolution of discussions of social determinants has shifted from excess death, potential life loss, and eliminating health disparities to health inequities, health equity, the relationship of the social determinants of health, and health in all policies. There has been a tremendous evolution of thought process and work, more of which has occurred outside the US. The US began to get onboard in the last few years at the local and national levels in terms of deliberating what constitutes social determinants of health, why this is an important area on which to focus in order to bring about health equity and eliminate differences in health outcomes in this country, and close the gap in generations. The evolution has been steady and on-going. There is a clear belief that the major issues pertaining to health inequities include socioeconomic status, institutionalized racism, addiction, social isolation, unemployment, housing, neighborhoods, et cetera. CDC must take into consideration what the agency's role is in terms of how to address the social determinants of health from a policy and program standpoint. CDC prides itself on the scientific methodology within which its work is accomplished, so it is critical to structure recommendations within that framework. This is how the "Social Determinants of Health Policy Brief" came about.

Discussion Points

A discussion regarding how CDC defines "social determinants of health" followed, and the suggestion was made to review the Health Equity Index (HEI) developed by the Connecticut Association of Directors of Health (CADH). OMMHE serves as co-lead with the Health Resources and Services Administration (HRSA) to develop the *Healthy People 2020* chapter pertaining to social determinants of health. This effort has involved an elaborate process of identifying domains and indicators, and the chapter will likely be completed by early in 2012.

Global Perspective on Social Determinants of Health

The World Conference on Social Determinants of Health, held in Rio de Janeiro October 19-21, was attended by a US delegation led by Secretary Sebelius. The fact that Secretary Sebelius was there speaks to the commitment to addressing these issues, and that the US has a promising story to tell in the way of strategies for approaching social determinants of health. The conference brought together member states, civil society, UN agencies, and academia to commit to meaningful action to reduce health inequities, and in this meeting social determinants of health and health disparities were very strongly linked together in all of the languages of all of the statements made.

Statements made by the Secretary spoke to two commitments, one of which is the health in all policies approach. In terms of reaching across the aisle, reaching across the sectors, the National Prevention Strategy firmly grounds CDC in that commitment to work with those other agencies and beyond other agencies. It is



clear from the Secretary's remarks that the health sector did not create this problem alone and will not be able to solve it alone. The health sector must work with other sectors, including those outside the governmental sector.

Discussion Points

It was recommended that CDC, across centers, consider funding small community planning efforts for health equity at the local level. Bringing people together at the local level would center communities and promote participation in policy. A byproduct of that would be support for inter-sectorial planning. People would develop local solutions that could be inter-sectorial and would address education and workforce issues at the local level. Consideration should be given to how CDC could play a role in facilitating inter-sectorial work to promote and advance the social determinants concept with respect to health since it will not occur automatically.

It is important to consider practical, actionable ways to infuse strategies and recommendations into existing CDC programmatic activities. It is also imperative for CDC to collaborate with other federal sectors and others to address the broader social determinants that may not fall under the jurisdiction of CDC, but which must be addressed in order to reduce disparities in the long-term. In fact, in some ways, this pipeline program is a collaboration between CDC and higher education. There must also be opportunities for collaboration with the Department of Corrections, HUD, the Department of Labor, the Department of Education, and a host of others to begin to address the employment issues that have health at the bottom of them and that certainly exacerbate health disparities in such ways that have not been explored yet.

Public Comment

No public comments were offered during this HDS meeting.

Closing Remarks / Adjournment

There should be a commitment to all people having the experience of the best health for all that they can attain. If they could move from the margin to the center and from the center to the forefront of public health, and be able to do all of these things that the HDS members described, that would be Dr. Liburd's vision and goal for this office. OMHHE needs the HDS membership to help them achieve this.



Acronyms

ACD	Advisory Committee to the Director
ACIP	Advisory Committee on Immunization Practices
AIHEC	American Indian Higher Education Consortium
ASPH	Association of Schools of Public Health
ASTHO	Association of State and Territorial Health Officials
AUCD	Association of University Centers on Disabilities
CADH	Connecticut Association of Directors of Health
CDC	Centers for Disease Control and Prevention
CHWs	Community Health Workers
CPPW	Communities Putting Prevention to Work
CSTE	Council of State and Territorial Epidemiologists
CTGs	Community Transformation Grants
DIHDP	Data Improvement for Health Disparity for Health Priority Populations
EIS	Epidemic Intelligence Service
FOA	Funding Opportunity Announcement
HBCU	Historically Black Colleges and Universities
HDS	Health Disparities Subcommittee
HEI	Health Equity Index
HHS	(Department of) Health and Human Services
HIS	Hispanic-Serving Institutions
HRSA	Health Resources and Services Administration
IOM	Institute of Medicine
LGBT	Lesbian, Gay, Bisexual, and Transgender
MOUs	Memorandums of Understanding
NCAI	National Congress of Indians
NACCHO	National Association of County and City Health Officials
NCBDDD	The National Center on Birth Defects and Developmental Disabilities
NCEH	National Center for Environment Health
NCHHSTP	National Center for HIV/STD, Viral Hepatitis, TB Prevention
NCHS	National Center for Health Statistics
NCIO	National Centers Institutes and Offices (CDC)
NHHF	National Hispanic Health Foundation
NHS	National Health Service (UK)
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NIHB	National Indian Health Board
NIOSH	National Institute for Occupational Safety and Health
NSF	National Science Foundation
OADP	Office of the Associate Director for Programs
OMHHE	Office of Minority Health and Health Equity
PHLI	Public Health Leadership Institutes
PMF	Presidential Management Fellows program
PMI	Presidential Management Internship program
PPACA	Patient Protection and Affordable Care Act
TCU	Tribal Colleges and Universities
UK	United Kingdom
UN	United Nations
UNC	University of North Carolina
US	United States
WHO	World Health Organization



Attachment #1: Attendance

Members Present:

Linda Blount

President
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Phillip Bowman, PhD

Director and Professor
Diversity Issue in Health Disparities Initiative
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Will R. Ross, MD, MPH

Associate Dean for Diversity and Associate Professor of Medicine
Washington University School of Medicine Office of Diversity
St. Louis, MO

Bobbi Ryder

President and CEO
National Center for Farmworker Health, Inc.
Buda, TX

Eduardo Sanchez, MD, MPH, FAAFP (via telephone)

Vice President and Chief Medical Officer
Blue Cross and Blue Shield of Texas
Richardson, TX

Jason Schneider, MD

Immediate Past President
Gay and Lesbian Medical Association
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Adewale Troutman, MD, MPH, MACPH

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David R. Williams, PhD

Florence and Laura Norman
Professor of Public Health
Professor of African and African American Studies and of Sociology
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Members Absent:

Nisha D. Botchwey, PhD, MCRP, MPH

Associate Professor of Urban and Environmental Planning
Associate Professor of Public Health Sciences
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CDC Staff Present:

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Others Present:

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Writer/Editor, Cambridge Communications

