



CDC Advisory Committee to the Director (ACD) Health Equity Workgroup (HEW)

Notes from the April 6, 2023 Meeting



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ACD HEW: Record of the April 6, 2023 Meeting

The Centers for Disease Control and Prevention (CDC) convened a meeting of its Advisory Committee to the Director (ACD) Health Equity Workgroup (HEW) on April 6, 2023, via Zoom for Government. The agenda included an update and review of the HEW's Task Area plans, an update on CDC's new Office of Health Equity (OHE), and a panel discussion focused on understanding CDC's policies and practices regarding appropriations and funding to advance health equity.

Welcome, Roll Call, and Introductions

Daniel Dawes, JD (HEW Co-Chair) called the meeting to order at 2:00 PM Eastern Time (ET) and called the roll to establish quorum and identify any conflicts of interest (COIs). A table is appended to the end of this document that provides a list of members present, their affiliations, and any COIs identified.

Update/Review of Task Area Plans

Monica Valdes Lupi, JD, MPH (HEW Co-Chairs) provided an update/review of the HEW's Task Area plans. She reminded everyone that the HEW is one of the 3 workgroups under the ACD. The HEW divided into 3 Task Areas: Task Area #1 Community Engagement, Task Area #2 Policies and Practices, and Task Area #3 Measuring and Addressing Upstream Data. Since the last HEW meeting, there has been slow and steady movement. Prior to the November 2022 ACD meeting, the decision was made that the HEW would move forward with the Task Area #3 recommendations, given that additional time was felt to be needed with CDC colleagues to more fully understand the ways in which the agency currently partners with communities and the various mechanisms that support directing funding "closer to the ground." Task Area #3 was approved by the ACD and those recommendations have been submitted to the Department of Health and Human Services (HHS) for review. Since the November 2022 ACD meeting, Ms. Valdes Lupi, Mr. Dawes, Dr. Fleming, and CDC colleagues have been meeting to gather additional information that would help inform the drafting of stronger sets of recommendations for Task Areas #1 and #2. The presentations arranged for this HEW meeting were intended to convey the results from that effort so that the full HEW could provide assistance in synthesizing and digesting those findings.

Update on CDC's New Office of Health Equity (OHE)

Leandris Liburd, PhD, MPH, MA (Acting Director, Office of Health Equity) reported that in early February 2023, the new Office of Health Equity moved into its new structure and since that time has been in the process of standing up the office in terms of the organizational structure, staffing, action planning, and coordinating with the larger CDC Moving Forward initiative. She provided a brief overview of OHE and its functions, noting that this year also marks another milestone in CDC's commitment to achieving health equity, which is the 35th anniversary since the agency established its first Office of Minority Health (OMH). The new OHE expands the scope, influence, and potential impact of the agency's efforts to reduce health disparities and health inequities by driving the embedding of health equity into all of CDC's work at every level of the organization. The new OHE fits within the Immediate Office of the Director (IOD).

OHE consists of 4 components: Office of the Director (OD), Office of Minority Health (OMH), Office of Women's Health (OWH), and Office of Equitable Population Health (OEPH). OHE has as its mission to ensure that health equity is embedded in an all-of-public-health approach to overcoming persistent health disparities and health inequities across a range of population groups who disproportionately experience poor health outcomes. OHE's vision is that all people have the opportunity to attain the highest level of health possible. The core capabilities of OHE include building and maintaining a diverse public health workforce, developing and deploying world-class data and analytics, ensuring that CDC's laboratories are state-of-the-art, responding quickly to domestic and international outbreaks at their source, and building on the current foundation for strong global health capacity and domestic preparedness.

As the Director of OHE, Dr. Liburd has 6 leadership priorities that include: 1) establishing a sustainable infrastructure that is not easily dismantled during changes in administration; 2) ensuring the collection, analysis, and reporting of comprehensive and compelling data that effectively answer the question regarding why OHE exists; 3) developing an inventory of evidence-based strategies, including policies, programs, and systems change interventions that can be leveraged by states and localities and implemented in selected communities in context to reduce health disparities and health inequities; 4) articulating a clear and defensible cross-cutting approach to pursuing and achieving health equity across a range of population groups, as well as social and environmental contexts; 5) mobilizing partners strategically and effectively with whom there is a shared vision for a sustained commitment to health equity at CDC; and 6) engaging CDC's Centers, Institutes, and Offices (CIOs) effectively and strategically in pursuing health equity over the long-haul.

Discussion Points

- The HEW expressed appreciation for Dr. Liburd's tireless and outstanding leadership, patience, and tenacity.
- It is exciting for the HEW to hear about developing a health equity strategy for CDC, making funding more equitable, engaging in partnerships, and developing/maintaining the public health workforce.
- Regarding an inquiry about the priorities and actions being taken with state and local health departments, Dr. Liburd indicated that OHE will be working closely with the new National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce (NCSTLPHIW). She is meeting regularly with Dr. Dauphin, the Director of the NCSTLPHIW, to develop a coordinated strategy—particularly from the standpoint of health equity and what is being shared with states in that regard and also from the standpoint of rural health. CDC has a longstanding relationship with the Association of State and Territorial Health Officials (ASTHO) and has been working with them to engage more with the state and local Offices of Minority Health and community-based organizations (CBOs).¹ The current goal is to strengthen and sustain those connections, particularly in light of anticipating another public health emergency. There also will be opportunities to work in close collaboration with the new national centers in other parts of CDC to engage more closely with the STLTs. The primary goal is to not have competing guidance or guidance that has not been vetted internally with other parts of the agency before it is released to states.
- The HEW expressed hope that there would be representation of Promotores and Community Health Workers (CHW) in the discussions across the country with CBOs in terms of the difficulty in accessing funds and support from the federal government to state and county governments and whether they do or do not reach CBOs. Dr. Liburd emphasized that they will be very sensitive to this and are being very intentional in incorporating this moving forward.
- Regarding an inquiry about what the HEW can do to be supportive of the efforts of OHE, Dr. Liburd indicated that the work the HEW is pushing forward is critical in terms of helping to empower OHE to work from the inside, particularly with regard to community engagement and in terms of data and novel analyses that can be done to answer questions for the public and policymakers about why OHE exists. There are many misunderstandings in the world about OHE, what that means, and what the office is intended to accomplish. It is very important to clarify this any time there is an opportunity to do so, particularly through the lens of public health. The hope is for OHE to be able to acquire the resources needed to move this ambitious, bold, and cross-cutting agenda forward. Inasmuch as the HEW members are voices in the public, they can bring clarity to what OHE does, why it is essential, and the way forward.
- The HEW observed that during the COVID-19 pandemic and even prior to that, many state health departments created new positions for Health Equity Directors, and wondered how OHE might leverage the field of Health Equity Directors. Dr. Liburd noted that while OHE has not yet polled or established where these positions exist, the meetings they have had with state and local Directors of Minority Health and Health Equity have illuminated the challenges that they are having with moving forward with this work given misinformation and misunderstandings about why this work is so critical. She believes they should work

¹ <https://account.astho.org/Events/Calendar-Of-Events/Meeting-Home-Page?meetingid=%7b5ba0333a-7cb8-ed11-83fe-000d3a5a88af%7d>

together with those who are in these positions to determine how to be more strategic and tactical in this moment in order to continue to move this agenda forward. Everyone is currently struggling to find their way together.

- The HEW stressed that there are pockets where this type of work actually is banned, and these types of positions may not exist. This crucial work benefits everyone, so it is important to determine how to move this agenda forward not only in the context of misunderstandings but also when the work is literally not permitted. Dr. Liburd pointed out that this is “where the rubber meets the road.” In January 2023 when OHE met with state and local representatives, she recalled a couple of instances of people sharing that their legislatures were going to pass laws eliminating this work. She is reluctant to do a lot of reframing because they cannot “sell their souls to the junkman.” This is the heart of public health and there must be a place for this work. Stories and the human appeal may be one way forward, especially given that some people are not moved to action by data. OHE hosted Heather McGhee, the author of *The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together* in February 2023. This meeting focused on how racism hurts everybody. Over 1500 people participated and an evaluation was done, with an unprecedented 800 responses—many of which included elaborate comments and suggestions that need to be studied. One concept that was put forth was that the scope of who is engaged in the discussion about who is impacted needs to be widened. There need to be quantitative and qualitative ways to message that this is good for everybody.
- The HEW noted that there will be people in certain states and counties who will never be on board, so it is not worth wasting time and energy on them. Instead, it would be prudent to find better partners in those states and counties outside of government and give them grants and metrics. Some of those groups will have to be brave because they may be threatened with the loss of other funds for other programs that are completely unrelated. While providing education is important, people who do not have it in their hearts to care are unlikely to respond to anecdotal stories.
- Regarding a HEW inquiry about whether OHE will have the capability to perform some public health business case analyses of health equity and the cost to the country of health inequities, Dr. Liburd indicated that OHE is working closely with the Office of Science (OS); the new Office of Public Health Data, Surveillance, and Technology (OPHDST); and the new Center for Forecasting and Outbreak Analytics (CFA). These 3 bodies have the expertise to perform those types of analyses. Through OHE’s internal collaborations, economic analyses certainly can be requested. It is important to have a well-formed question that gets to the data points OHE would like to leverage.
- The HEW observed that it is important to speak not only to race and ethnicity but also to gender because state policies are being enacted that will impact health equity for women regardless of race and ethnicity and will impact some races worse. In order to ensure that there is a broad lens to the agenda, lesbian, gay, bisexual, transgender, queer or questioning, plus (LGBTQ+) individuals and people with disabilities also must be included.
- Regarding a HEW inquiry about equity in the current CDC Notices of Funding Opportunity (NOFOs), Dr. Liburd indicated that the process for CDC NOFOs is that there is a concept, consultation, and then writing of the NOFO using a standard template. Prompts, checklists, and definitions are embedded in the template to ensure that everyone is thinking through which populations are at highest risk and why, that CBOs are engaged, that thought is given to social determinants of health (SDOH), et cetera so that as they move through the template, they are able to pay more attention to and write the NOFO from a health equity standpoint. Previously, there was a generic template with some broad and leading questions.
- It would be beneficial to share the NOFO template with the HEW. Dr. Liburd indicated that OHE is working with the new Executive Governance Board at CDC to lay out expectations around health equity, metrics, and what programs need to be inclusive of in order to legitimately say that they are addressing health equity. An article was published in 2016 that included a funding algorithm for how to fund health equity programs, which she asked some OHE staff to review to determine what updates are needed and bring the original

authors back into the process. They also will use the health equity checklist to create an accountability structure. She will share all of these documents with the HEW as they are finalized.

- The HEW observed that while HHS as a whole and HHS agencies have developed strategies to support action plans around disparities and health equity, it does not appear that these strategies have incorporated stakeholder engagement. It is important for OHE to ensure that there is a robust stakeholder strategy for engagement with CDC. Dr. Liburd responded that to be completely candid, they are watching the process that the HEW is helping to lead to ascertain what the possibilities are and how far OHE can push that agenda. Everyone within OHE agrees that they cannot do their work without genuine levels of community engagement, but they must figure out how to do this within the federal structure.

CDC Panel Discussion on Policies and Practices

This session included panel presentations designed to assist the HEW in better understanding CDC's policies and practices regarding appropriations and funding to advance health equity. Panelists included Coretta Bailey, Acting Budget Policy Team Lead, and Lori Elmore, Acting Deputy Director of Performance and Evaluation Office (PEO) from the Office of Appropriations (OA), Office of Financial Resources (OFR); Jenny Kohr, Team Lead, Program Strategy Unit from the Office of Policy, Performance, and Evaluation (OPPE); and Jamie Leger, Deputy Director, International and Shirley Byrd, Branch Chief, Policy, Risk, Information, and Systems Management (PRISM) from the Office of Grants Services (OGS), OFR.

Discussion Points

- The HEW requested an inventory of the largest CDC programs that contain restrictions about eligible grantees/partners and which ones do not, if possible. Ms. Leger indicated that there is a page on CDC's website that identifies funding to states and jurisdictions.²
- The HEW expressed appreciation for the effort to make opportunities more accessible.
- The HEW noted that plain language often is framed as a literacy assistance component, but also is for people who have disabilities and wondered whether that is being considered in the plain language approach. It also is important to note that there are historical barriers for many people with disabilities to the systems used for submitting applications. Ms. Kohr responded that this is being taken into consideration, though she did not have specifics on the exact changes to be made. She will bring this up in the Peer Learning Community to find out whether anyone else has any suggestions. The Office of Communications has made it clear that plain language is definitely not just about reducing jargon and includes a host of other aspects to ensure that people of all types and capacities can read and understand the content.
- Regarding a HEW inquiry about whether there is anything precluding CDC from including requirements in grants to state and local health departments that they must adhere to the same measures being developed federally in their regranting or contracting processes to CBOs, Ms. Kohr said she thought this would be possible on a program-by-program basis. Ms. Leger added that there is nothing in any legislation that precludes programs from including such language in their NOFOs.
- The HEW inquired about whether any examination has been done from an equity point of view of the timeline between when NOFOs are released and when they are due, pointing out that there often are relatively short timelines that make it harder for newer organizations and favor those who are well-established and have completed and submitted applications previously. Ms. Leger indicated that typically when a new NOFO is published, CDC tries to allow 60 to 90 days. While she has seen some that were 120, that is rare. The goal is to give applicants ample time to submit a viable application so that they are not having to work in a rushed manner. Time can be a factor because the funds allocated at the beginning of a fiscal year must be obligated by the end of the next fiscal year. The process includes writing, reviewing, and publishing of the NOFO followed by time to review all of the submitted applications and work through the

² www.cdc.gov/grants/about-CDC-grants/funding-profiles.html

process of issuing awards. The process is long and drawn out and involves trying to back up the timeframe from the end of the fiscal year to give everyone enough time in the process to complete their activities.

- The HEW pointed out that increased technical assistance (TA) opportunities would be beneficial, especially for those who are new to the process or who have had previous unsuccessful attempts during the process for obtaining funding and perhaps have gotten discouraged. Ms. Leger indicated that during the COVID-19 pandemic, CDC had a requirement to provide funding to Tribal organizations. This involved a large group of recipients who never received funding from the federal government. One of the approaches CDC took was to offer webinars to help walk potential applications through the process.
- The HEW emphasized that Tribes in Alaska have considerable trouble with connectivity, so they may not be able to watch webinars. In addition, English is not the first language of many tribes. Ms. Leger acknowledged that CDC could improve upon this, noting that they have experienced similar issues with foreign recipients. Ms. Byrd added that pre-award TA was provided for the COVID-19 awards on how to structure an adequate application and set up a budget, and what type of system they would need to manage the grant. This was particularly challenging for many of the Alaskan Tribes because they did not have broadband. One organization had 1 phone in the entire community and no broadband. Thus, a lot of one-on-one assistance was provided as well. Post-award TA was provided as well on a variety of topics.
- The HEW suggested that TA should be provided between NOFOs on a continuous basis, including one-on-one TA as needed.
- The HEW stressed that the reality is that the granting system in this country results in those who are best prepared and most advanced being deemed most competitive for grants, which results in an inequitable system of distribution of funding. Given the notion of competition that is ingrained in much of CDC funding, the HEW wondered whether there are opportunities for tentative criteria that take need into account and/or criteria that are more formula-driven or in some way result in a process in which more of the funding is allocated to where the need is greatest. Ms. Kohr acknowledged that CDC wants to better understand how to write criteria that help get to the people who need the funding and not just those who can write the best applications. Numerous efforts can be made in terms of how the review criteria are written in the NOFO and how reviewers are trained.
- The HEW emphasized that many of the requirements are unreasonable for small organizations, such as the requirement to partner with a state and county agency. It is critical to understand who the audience is. While TA is a great idea, it does not always actualize in being beneficial to a CBO. Ms. Kohr said she thought CDC could do a better job in terms of guidance about what grantees can and cannot do. Programs may fear responding to requests because they do not want to give an answer to one organization but not another. CDC could do a better job of telling programs what they can do—not just what they cannot do.

Adjournment

Action Items

- In terms of next steps, the HEW will begin working on updates to the Action Items for Task Areas #1 and #2 and will follow up with a notice for another HEW meeting prior to the next ACD meeting on May 11, 2023. Those who had been working on Task Area #3 were invited to participate in either or both Task Areas #1 and #2.

Future Meetings

- Next ACD meeting: May 11, 2023

Adjournment

- With no further business posed or questions/comments raised, the meeting was officially adjourned at 4:00 PM ET.

Certification

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the April 6, 2023 meeting of the HEW are accurate and complete.

July 14, 2023

Date

Daniel Dawes

Daniel Dawes, JD (HEW Co-Chair)

Monica Valdes Lupi

Monica Valdes Lupi, JD, MPH (HEW Co-Chair)

Attachment #1: HEW Attendance and COIs

Name/Main Affiliation	Disclosure of Conflict
Adara “Ada” Alise Adimora, MD, MPH (ACD Member) Division of Infectious Disease/University of North Carolina School of Medicine	<ul style="list-style-type: none"> • No new conflicts
Philip Alberti, PhD Association of American Medical Colleges	<ul style="list-style-type: none"> • No conflicts
David Brown, MBA YMCA	<ul style="list-style-type: none"> • No conflicts
Daniel Dawes, JD/Co-Chair (ACD Member) Institute of Global Health Equity/Meharry Medical College	<ul style="list-style-type: none"> • No conflicts
Nafissa Cisse Egbuonye, PhD, MPH Molina Healthcare	<ul style="list-style-type: none"> • No conflicts
David Fleming, MD /ACD Chair University of Washington School of Public Health	<ul style="list-style-type: none"> • No conflicts
Cary Fremin, BS Dot Lake Village Council, Dot Lake Village	<ul style="list-style-type: none"> • No conflicts
	<ul style="list-style-type: none"> • No conflicts
Rachel R. Hardeman, PhD, MPH (ACD Member) University of Minnesota School of Public Health	<ul style="list-style-type: none"> • No conflicts
Maria Lemus, BA Visión y Compromiso and Network of Promotoras and Community Health Workers	<ul style="list-style-type: none"> • No conflicts
Octavio Martinez Jr., MD, MPH, MBA, FAPA (ACD Member) Hogg Foundation for Mental Health University of Texas (Austin)	<ul style="list-style-type: none"> • No conflicts
Rhonda Medows, MD Providence Population Health	<ul style="list-style-type: none"> • No conflicts
Julie Morita, MD (ACD Member) Robert Wood Johnson Foundation (RWJF)	<ul style="list-style-type: none"> • No conflicts
Bonnielin K. Swenor, PhD, MPH Johns Hopkins School of Nursing	<ul style="list-style-type: none"> • No conflicts
Monica Valdes-Lupi, JD, MPH/Co-Chair (ACD Member) The Kresge Foundation	<ul style="list-style-type: none"> • No conflicts
G. Robert Watts, MPH, MS National Health Care for the Homeless Council	<ul style="list-style-type: none"> • No conflicts