

**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
May 05, 2006
Conference Call

Record of the Proceedings



**ACD Health Disparities Subcommittee
Meeting Summary**

Date of Conference Call: May 5, 2006, 3:00-4:00pm

Attendees

<input checked="" type="checkbox"/> Walter W. Williams	<input checked="" type="checkbox"/> Bobbi Ryder
<input checked="" type="checkbox"/> Antronette Yancey	<input checked="" type="checkbox"/> David Williams
<input type="checkbox"/> Adewale Troutman	<input checked="" type="checkbox"/> Jason Schneider
<input type="checkbox"/> Georges Benjamin	<input checked="" type="checkbox"/> Stephanie Miles-Richardson, Coordinator
<input type="checkbox"/> Linda Burhansstipanov	<input checked="" type="checkbox"/> Theresa Potts, Recorder
<input checked="" type="checkbox"/> Phillip Bowman	
<input checked="" type="checkbox"/> Moon Chen Jr.	
<input type="checkbox"/> Mary Desvignes-Kendrick	
<input type="checkbox"/> Robert Galli	
<input checked="" type="checkbox"/> Fleda Jackson	
<input type="checkbox"/> Jim Rimmer	
<input type="checkbox"/> Elena Rios	

MEETING SUMMARY

Update on Leaders to Leaders Conference – Partners Portal

The meeting was opened by the Chair, Dr. Antronette Yancey.

Dr. Williams described the agenda (attached) and gave a brief overview of the Leaders-to-Leaders Conference held on March 28-29 at the CDC Tom Harkins Global Communications Center. The focus was on “Engaging the Power of Partnerships.” It was the first conference that focused on both CDC goals and engaging partners in a way to help CDC achieve greater health impact in the United States.

There were two sessions: the morning session focused on partners and the afternoon session focused on improving two-way communications between CDC and their internal and external partners. Breakout sessions were followed by plenary sessions. The partners requested the following: specific guidance from CDC; CDC’s plans for the use of feedback from partners; and better systems and processes for sharing information. A recommendation was made that partners be linked to information sources at CDC. An on-going web link to a “Partners Portal” will provide direct access to internal information available to partners and will be regularly updated.

There was also a discussion on the Goals Action Planning. Many of the partners felt that clarity was needed on the health protection goals. One key observation made was that both CDC’s traditionally funded partners and the new partners bring value to the goal planning process.

There were remarks from Dr. Gerberding and a keynote address. Dr. Perkins talked about the health protection goals planning process. These presentations and documents can be accessed at the Partner’s Portal



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(<http://www.cdc.gov/partners/>) and will help you better understand what CDC is doing with the goal process. There will be links to CDC annual report, annual report of the state of CDC and a summary of top level program accomplishments and where CDC is heading during this budget cycle.

Goal Action Plan Input Process

Input was requested from the subcommittee on the Goal Action plan. The plan, which includes both internal and external processes, includes the following: July-August 2006, the goal leaders will host workshops to bring attention to specific goal action plans that will engage partners interested in those particular goals. Dec. 2006 – Jan. 2007, goal leaders will use that goal input to draft their action plan. Then there is an internal review process. The CLC and Division Directors will review the plans and they will be posted on the Partner's Goal Portal. Plans then go to the Goals Implementation Steering Committee and then to ELB. Another Partners' meeting, scheduled for April 2007, will focus on how to operationalize the goals. The partner's portal has been setup but the database is in development. It is being refined to make it easier to access partners who want to be involved in the goal process. The subcommittee was asked to think about the goal action planning process. (Is it a good process? Where should the subcommittee provide input?)

Dr. Williams shared that by FY 08, 09 and 10, eighty percent of budget authorization is anticipated to be dictated by what is in the Goals Action Plan. He shared that HealthImpact.Net is an internet based tool that all of CDC's funded activities have been encoded into. HealthImpact.Net will link to goals, programs, projects, and budgets. This new tool will be used to make budget decisions. Therefore it is critical to target health disparities during the planning process to be sure that health disparities become a part of what CDC invests in.

There was open discussion from the members. A question was raised about the relationship of this new process with Healthy People 2010. Healthy People 2010 had two overarching goals: to improve the quality of life for all and to eliminate health disparities. There is an activity underway that will review all healthy people objectives and the goals they will target. It was suggested that this subcommittee can review the goals action plan and draft a response. Subcommittee members noted that our input into this process will be driven by the availability of documents to review. By the August face-to-face meeting, the CDC Inventory and Discovery documents should be available for subcommittee review.

The first draft of the goal action plan will likely be available between Oct-Nov of this year. It was suggested that the subcommittee develop sub groups and strategies to review the material.

Open Discussion on Other Topics the HDS Subcommittee Might Consider

The subcommittee was asked to set some priorities on other topics and activities. Input was requested for additional topics of particular interest from the health disparities standpoint. One topic of interest was "Is there a way to go about helping CDC increase its budget authority." From FY06 to FY07, there will be an approximate 200 million dollar decrease in the budget which will affect CDC programs, such as chronic disease. In FY08, there will be another recession and budget cut. This process is going to continue. Whatever efforts are made to generate support for funding CDC programs during this period of cutback would be greatly appreciated. The 200 M decrease is about 1-2% of the total CDC budget.



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The subcommittee could also discuss what can be done to ensure that there is allocation for the issues we are concerned about and ensure they are protected from the cut. A suggestion was given that one way of accomplishing this is to make sure that the health areas that experience disparities are included in the goal action plans.

Areas not likely to suffer reductions in funding are as follows: HIV/AIDS activities, infectious disease control activities, global health activities, terrorism, and vaccines for children program (guaranteed because it is mandated by law). Chronic disease experienced the most cuts. Other programs such as birth defects, disabilities, immunization, and environmental health experienced cuts in funding.

Another interest of the subcommittee is CDC's follow up of persons displaced from Hurricane Katrina. The committee would like to see more emphasis placed on mental health. It was suggested that maybe it can be linked with Chronic Disease. The subcommittee agreed that mental health could be addressed by focusing on CDC's responsibility to collect health status information. This might be a way for CDC to engage in capturing information about persons who were affected by Hurricane Katrina. This information would need to go through the full ACD committee. Dr. Williams suggested that if the August agenda is not yet finalized, this topic can be submitted for discussion.

Face-to-Face Meeting, August 23, 2006

A brief overview was given of the first face-to-face meeting of the subcommittee that will be held in Atlanta, GA on August 23, 2006 from 3:00-5:00pm. There are 14 people on the subcommittee, excluding Dr. Williams. Four of them are also on the ACD. Travel arrangements will be completed for 10 of the members by Theresa Potts. Priscilla Patin or another contact in the Office of the Director will make the reservations for the other four members. Ms. Potts will need specific information from the members in order to make their reservations. She will email them with the details of the information needed and the due date. The electronic ticket will be sent by Fed-Ex the week of August 14th. She will include in the package a return Fed-Ex envelope to mail back all receipts. A block of rooms has been reserved at the Emory Conference Center. Subcommittee members will need to provide credit card information to Ms. Potts to confirm reservations. Transportation will be provided to and from the Roybal Campus by shuttle.

ADJOURN

THE MEETING WAS ADJOURNED BY DR. WILLIAMS AT 3:55 PM.



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Meeting Summary

Agenda

ACD Health Disparities Subcommittee

Chair: Dr. Antronette K. Yancey
Co-Chair: Dr. Adewale Troutman

Designated Federal Official: Dr. Walter W. Williams

ACD HDS Agenda Topics **May 5, 2006 – 3:00pm**

- Update on Leaders to Leaders Conference – Partners Portal
- Goal Action Plan Input Process
- Open Discussion on Other Topics the HDS Subcommittee Might Consider
- Face-to-Face Meeting, August 23, 2006
- Adjourn