FEDERAL COLLABORATION ON HEALTH DISPARITIES RESEARCH

FULL MEMBERSHIP COMMITTEE MEETING

Friday, January 6, 2012

Meeting Minutes

The meeting of the Federal Collaboration on Health Disparities Research (FCHDR) convened at 12:10 p.m. at the Natcher Conference Center, National Institutes of Health (NIH). Dr. John Ruffin, Director of the National Institute on Minority Health and Health Disparities (NIMHD), presided.

MEMBERS PRESENT

John Ruffin (co-lead), NIMHD
Nadine Gracia (co-lead), Department of Health and Human Services (HHS), Office of the Secretary
Connie Pledger (co-lead), Office of Special Education and Rehabilitation Services, (via conference call)
Peter Ashley, HUD Office of Healthy Homes and Lead Hazard Control, (via conference call)
Magda Barini-Garcia, Health Resources and Services Administration
Victoria Chow, Substance Abuse and Mental Health Services Administration, (via conference call)
Thomas Feucht, Department of Justice
Melissa Houston, Health Resources and Services Administration, (via conference call)
Linda Lipson, Department of Veterans Affairs
Warren Lockette, Department of Defense
Lori Michaelson, Department of State
George Mitchell, Centers for Disease Control and Prevention
Roslyn Holliday Moore, Substance Abuse and Mental Health Services Administration
Cindy Padilla, Administration on Aging, (via conference call)
Devon Payne-Sturges, Environmental Protection Agency, (via conference call)
Jamila Rashid, Department of Health and Human Services, Office of the Secretary
Erik Weber, Department of Transportation, (via conference call)
Ronald Wyatt, Department of Defense, (via conference call)
Sherri Yoder, Indian Health Service, (via conference call)

ALSO PRESENT

Francisco Sy, NIMHD, Summit Steering Committee

FACILITATOR

Irene Dankwa-Mullan, NIMHD

Welcome and Opening Remarks

Dr. Dankwa-Mullan welcomed all participants to the first meeting of the FCHDR general membership for 2012. She introduced Dr. John Ruffin, co-lead, who also welcomed all members, especially those who were participating in the FCHDR for the first time.

Dr. Ruffin noted that the FCHDR was created from the bottom up, by individuals who recognized the importance of partnership and collaboration for the elimination of health disparities. The success of the FCHDR depends on ongoing communication with and engagement of agency leaders. Keeping the leadership informed of FCHDR activities is particularly important this year as the Summit is organized. As changes to FCHDR membership occur—for example, when individuals retire or assume new workloads—members should inform their agency leadership and seek input on these changes to ensure that the FCHDR partnership remains strong. Dr. Ruffin encouraged members to reach out to him and the other co-leads for assistance in communicating with their leadership about the FCHDR.

Dr. Ruffin introduced Dr. Nadine Gracia, Deputy Assistant Secretary for Minority Health (Acting), who has replaced Dr. Garth Graham as FCHDR co-lead. Dr. Gracia was appointed to this role with the full support of Dr. Howard Koh, Assistant Secretary for Health, HHS. Dr. Gracia expressed her pleasure at being involved with the FCHDR. She is a pediatrician by training and has been at the Department for more than 3 years, first in a fellowship position and then as Chief Medical Officer. As Chief Medical Officer, Dr. Gracia coordinated inter-agency/inter-departmental activities related to children's environmental health and environmental justice issues. It was clear that these issues could not be tackled by HHS alone and that strength could be gained through partnership with other agencies and departments. The current Administration has supported this concept through charges to HHS in the Affordable Care Act, measures such as the creation of the Prevention Council, and the recognition that the development of a national prevention strategy for wellness will require partnership across the Federal Government. The issue of health disparities is one of three priorities defined by the Office of the Assistant Secretary for Health. The disparities action plan released by HHS last year highlighted key areas of focus for reducing health disparities, and the FCHDR is recognized as one of the important levers for addressing those focus areas.

Dr. Connie Pledger, co-lead, reiterated the importance of collaboration and coordination across the Federal Government, as well the need to stay connected to and supported by the senior leadership. As FCHDR members serve as champions for the agenda that is developed collectively, it will be possible to leverage resources and expertise across the Collaboration.

All meeting participants introduced themselves and their agency.

Updates

FCHDR Inventory of Member Programs, Research and Related Programs

Dr. Dankwa-Mullan noted that the FCHDR Inventory of Member Programs has now received input from all but a few member agencies and departments. The inventory is in draft form, and all members should review the document to ensure that it is up to date and includes all relevant information. The FCHDR plans to categorize or conduct some analyses of the information so that agencies can identify others with similar programs. This may promote collaboration. Dr.

Dankwa-Mullan invited members to submit ideas on how to conduct such an analysis or questions that could generate useful information.

The inventory represents a useful resource and could be published or made publicly available in time for the Summit in late October. The inventory is a working document, and it should be kept updated as funding initiatives, priorities, and other activities evolve. It was suggested that the inventory be put on-line to facilitate updates of the information.

Members suggested that a category for international activities and programs be added to the inventory. Information on such activities should be forwarded to Dr. Dankwa-Mullan for inclusion. The previous meeting of the FCHDR general membership included a presentation from Sir Michael Marmot, chair of the WHO Commission on the Social Determinants of Health, who was interested in collaborating on a global network. So, there is interest in sharing experiences from international programs as the Collaboration evolves.

FCHDR Website

The FCHDR website is maintained by the HHS Office of Minority Health. The site was developed to serve as a vehicle for interdepartmental communication related to health disparities activities across Federal agencies, as well as a means to educate the community. The utility of the site depends on regular updates of information related to grants, funding opportunities, publications and reports, data and other resources, conferences, and other activities or programs. The website will be key to the dissemination of information on the 2012 Summit.

As the FCHDR evolves, it is important to define the goals for the website, as well as the type of information that should be posted, the kind of outreach that the site can achieve, and the audiences that should be targeted. A strategy is needed to ensure that those plans and goals are accomplished. Dr. Gracia proposed that a small working group of FCHDR members be appointed to focus on the website and make sure that it is a useful tool for the FCHDR, member departments and their constituencies, as well as the public. All members were invited to review the website and provide feedback to the proposed working group.

Currently, there are no metrics attached to the site that can measure the utilization of the website by target audiences or the impact of outreach strategies. With limited resources, the website has not been updated or maintained as much as originally planned. The proposed working group could brainstorm ideas on how to refresh the website and to measure its effectiveness. Any member interested in participating on the working group should contact Dr. Dankwa-Mullan or Dr. Jamila Rashid. Members can also submit the names of people with appropriate expertise from their agencies; those people do not need to be FCHDR members.

2012 Summit on the Science of Eliminating Health Disparities and Charge to the FCHDR for the 2012 Summit

Dr. Ruffin spoke about the evolution of NIMHD from an Office to a Center to an Institute at NIH. In the beginning, the Office of Minority Health had a budget but no grant-making capability. That situation meant that the Office had to partner with each of the other 26 NIH Institutes and Centers. Through that process, the Office, and later the NCMHD and NIMHD,

became familiar with the full range of programs that the other 26 Institutes and Centers pursue in relation to minority health and health disparities.

In 2008, the Institute decided to showcase the collective activities of NIH Institutes and Centers with respect to minority health and health disparities. The resulting 2008 Summit generated several recommendations, including the development of the FCHDR. An outcome of the 2008 Summit was the recognition of the importance of addressing the social determinants of health issues. Because NIH does not have a large focus on social aspects of health, it was clear that NIMHD would have to expand its partnerships beyond NIH to include agencies across the Federal Government, and perhaps globally as well. The 2008 Summit, with its inclusion of the collective NIH Institutes and Centers, can serve as a model for what the FCHDR can accomplish with the 2012 Summit, which will bring together multiple Federal agencies and departments.

Dr. Ruffin presented a video of NIH Institute and Center directors, as well as other HHS leaders, speaking on the impact of the 2008 Summit and the importance of addressing health disparities within their areas of focus. He noted that the 2012 Summit will ideally have the same level of engagement from leaders of the agencies involved in the FCHDR. Each member is charged with ensuring that their leaders recognize the reality of health disparities and understand the need for their involvement. The 2012 Summit will bring together new people and agencies that were not part of the 2008 effort.

Overview of 2012 Summit Goals and Framework, Report from Summit Steering Committee Co-Chairs

Dr. Francisco Sy updated the FCHDR on the 2012 Summit planning activities. Two handouts were provided: one showing the committee chart and another with an executive summary describing the background, goals, and framework for the Summit. The Summit is scheduled for October 31 through November 3, 2012 at the Gaylord National Resort and Convention Center in National Harbor, MD.

The Summit planning committees include an Executive Committee comprised of Dr. Koh, Dr. Ruffin, and Dr. Gracia. The Health Disparities Council provides advice and serves as the Steering Committee. That committee has met four times since November, and a small working group meets every other week. Dr. Sy and Dr. Francis Chesley (Agency for Healthcare Research and Quality) are the co-chairs of the Steering Committee. Half of the 16 members of the Steering Committee are part of the FCHDR, and the other half come from various divisions of HHS.

Four working groups or committees are in the process of being formed: the Communication Committee; the Program Committee; the Logistics, Finance, and Partnership Committee; and the Awards Committee. Names of potential committee members have been collected, and invitation letters will be sent within the next week. The Program Committee will have several subcommittees with subject matter experts to plan 25 concurrent break-out sessions.

The Executive Summary describes the target audience as a mix of researchers, policy makers, practitioners, Federal and non-Federal partners, and community leaders. Suggested topics are listed, and the committee welcomes input from FCHDR members on other topics that could be included.

A logo for the Summit has been designed as part of the branding for the event. The logo is undergoing final clearance by HHS. Once the logo is cleared, the Summit website will go live, and the committee can begin to accept abstracts and registration. There will be no fee, but registration will let the committee know how many people to expect at the Summit overall and how many people plan to attend each break-out session.

The Steering Committee has discussed possible keynote speakers, including: Secretary Kathleen Sebelius; Secretary Hillary Clinton; First Lady Michelle Obama; Dr. Koh; Surgeon General Regina Benjamin; Sir Michael Marmot; Bill and Melinda Gates; and Dr. Reed Tuckson, Director of the United Healthcare Group.

Dr. Sy requested from FCHDR members:

- input on session topics
- co-sponsorship of the Summit, which would require approval from agency heads for use of the agency name and logo
- support in various forms that could include direct funding or other means, such as travel for speakers, travel scholarships for students, and participation in the Summit itself

Discussion of 2012 Summit Agenda and Input from FCHDR Membership

In clarification of the request for support, Dr. Sy noted that it is sometimes difficult for agencies to transfer funds. However, agencies could provide support in other ways such as helping to set up a panel and paying for the support of speakers on that panel or for students who are interested in participating in the Summit. The Summit has the potential to foster networking and the creation of new alliances, so it would be useful to assemble panels of individuals who could approach the same subject from different perspectives—for example, a policy maker, a researcher, a practitioner, and a community member on the same panel could find solutions to common issues.

Dr. Ruffin encouraged each FCHDR member to think about how to facilitate the attendance of researchers and others who carry out their agency's mission. Some people might have grant funds for travel, but others, including students, might not have resources available to support their travel to the Summit. Some agencies might have gift funds that can be used in ways that appropriated funds cannot. Members should look for ways to actively participate in the success of the Summit.

Dr. Rashid suggested intentionally planning sessions that require or invite the participation of representatives from more than one agency or department. This would not only provide multiple perspectives on a topic or issue but would also encourage attendance by people from different constituencies. Dr. Sy agreed with this suggestion. He noted that panels would be invited for the plenary sessions as well as the break-out sessions. Members can submit ideas for topics for any of these sessions. Break-out sessions will also be determined by the abstracts submitted by attendees.

Dr. Sy commented that 40 names had been submitted for the Program Committee, but only seven names for the Communications Committee and seven for the Logistics, Finance, and Partnerships Committee. Members were encouraged to submit names of people from their agencies who would be appropriate to serve on the committees.

Ms. Lipson noted that, other than NIH, the VA has the most extensive portfolio on health disparities. She can identify several people who would be suitable for the program committee and would add value in terms of building an interdisciplinary, interagency perspective. She also suggested looking to foundations, such as Robert Wood Johnson or Kaiser, that might be other sources of support.

Dr. Ruffin asked members to think about awards and to begin to identify individuals in the various communities who ought to be recognized. In 2008, several people were honored, including: Dr. Bernadine Healy, former NIH Director; Dr. Kirschstein; Senator Edward Kennedy; Dr. Donna Shalala, former Secretary of Health and Human Services; Dr. Lou Sullivan, former Secretary of Health and Human Services; and Congressman Lou Stokes. All of these people contributed greatly to the growth of the field of minority health and health disparities. Each member should identify individuals who could be recognized at the 2012 Summit for advancing health disparities within their agencies or within their field of interest. The awards should be cross-cutting in keeping with the tone of the Summit.

For both the plenary and break-out sessions, it would be ideal to have panels that can provide a range of perspectives. For example, a researcher could talk about an intervention that is being tested, while a policy maker discusses how that intervention changes policy, a practitioner addresses how the intervention could be translated into practice to improve health in the community, and a community member talks about the relevance and feasibility of the intervention. Sessions could be structured in a way that invites interaction and generates solutions.

The agenda will be built through a combination of invited speakers for the plenary and some break-out sessions in addition to the call for abstracts to identify other break-out speakers. A poster session will also be held. The deadline for abstracts will be in March.

Dr. Feucht discussed the potential role of the Department of Justice (DOJ) in the FCHDR and the Summit. DOJ does not support health research, but it does engage in violence research and victimization that has profound consequences for minority and disadvantaged communities. Attorney General Eric Holder has an initiative related to children exposed to violence. Other initiatives have been started on issues related to race and crime. Dr. Lockette commented that other topics, such as health issues within the prison system are relevant to the FCHDR and the Summit. Dr. Gracia commented that DOJ's enforcement role is also important. For example, in terms of social determinants of health, DOJ has a role in addressing environmental issues related to housing code violations within public housing. The question is how such issues fit into a conference agenda with limited time slots.

About 4,000 people participated in the 2008 Summit. For the 2012 Summit, the Steering Committee is expecting 4,000-5,000 attendees. Pre-meeting workshops will be held on October 31. This day could be used by FCHDR members to meet or to hold workshops.

November 1 will begin with a plenary session in the morning. Between 10 a.m. to 12 p.m., there is capacity for up to 25 concurrent break-out sessions with up to 75 people each. If necessary, up to 27 sessions could be held if larger rooms holding up to 120 people are used. The lunch time plenary session will accommodate all participants. The topics of the break-out sessions could be repeated. Or with sufficient funding, it might be possible to create a CD of the entire Summit with break-out sessions and abstracts. It will be important for the Program Committee to help shape the concurrent sessions.

November 3, the last day of the Summit, will be a half day. In addition to the plenary session, there could be a town hall meeting to close the Summit. It may be possible to have a keynote speaker, like Michelle Obama or Hillary Clinton, for the closing. Secretary Sebelius could be considered for opening the Summit. It was noted that the Summit was scheduled for the week before the 2012 elections, which might create some difficulties in securing keynote speakers. Members should think broadly about potential speakers. For example, the 2008 Summit was opened by Maya Angelou, who helped galvanize the participants. In addition, video presentations could be requested from some people, such as Michelle Obama, who might not be available to speak in person. Community leaders, such as local politicians or activists, who are dynamic and inspiring speakers with a passion for addressing health disparities, could also add value to the conference.

Suggestions for speakers should be sent to Dr. Sy at Syf@mail.nih.gov or 2012summit@mail.nih.gov.

Closing and Next Steps

Dr. Ruffin and Dr. Gracia thanked everyone involved in organizing the FCHDR meeting and in planning the 2012 Summit.

The meeting adjourned at 2:04 p.m.