

# **FEDERAL COLLABORATION ON HEALTH DISPARITIES RESEARCH**

## **Executive Membership Meeting**

September 28, 2011

### MEETING MINUTES

The meeting of the Executive Membership of the Federal Collaboration on Health Disparities Research (FCHDR) convened by conference call at 1:30 pm ET on Wednesday, September 28, 2011. John Ruffin, Ph.D., Director, National Institute on Minority Health and Health Disparities (NIMHD), presided.

#### Attendees

John Ruffin, FCHDR Co-Chair  
Garth Graham, FCHDR Co-Chair  
Connie Pledger, FCHDR Co-Chair  
Irene Dankwa-Mullan, Call Facilitator  
Karen Bouye  
Francis Chesley  
Tom Feucht  
Joel Kupersmith  
Cynthia McOliver  
Devon Payne-Sturges  
Jamila Rashid  
Francisco Sy

#### Welcome and Introductions

Dr. Ruffin welcomed the Executive Committee members and thanked them for their participation in the meeting.

Dr. Dankwa-Mullan welcomed Dr. Karen Bouye who participated in this meeting on behalf of Dr. Leandris Liburd, a new member of the Executive Committee from the Centers for Disease Control and Prevention (CDC). The National Science Foundation will also be sending a new member to the Committee.

#### May Meeting Minutes

The Executive members approved the minutes of the May 2011 meeting as written.

#### FCHDR Updates

The FCHDR Co-Chairs updated the Executive members on recent activities. Dr. Graham stated that an important topic for discussion will be finding ways to build on the relationship with Sir Michael Marmot, a health disparities researcher from the United Kingdom, who spoke at the May meeting. In addition, the Department of Health and Human Services released a national prevention strategy that included a component on health disparities, which is also a large part of

the HHS health strategy overall. Both strategies look to the FCHDR for leadership of research in this field.

Dr. Pledger talked about concerns expressed by the disability community with regard to the federal government's attention to disability and health disparities. Her office has organized a subcommittee on health disparities under the auspices of the Interagency Committee on Disability Research, which will work with the FCHDR and other HHS activities to address this issue. The FCHDR is also working with Dr. Howard Koh, who has put together a group to write a report on health disparities and disability.

Dr. Ruffin noted that he is seeing an increasing number of new positions dealing with minority health and health disparities being offered by federal departments and agencies, as well as academic and other institutions. This trend reflects the work that FCHDR and its members are doing to raise awareness of these issues.

A year ago, the Executive Committee decided to develop an inventory of member programs, reports, and other tools that could help FCHDR members or agencies to promote coordination or collaboration. Dr. Dankwa-Mullan has prepared a draft inventory with information from most, though not all, member agencies. She will distribute the draft so that members can update or add information with the goal of having a complete document by the end of the year. Dr. Ruffin thanked everyone who contributed to the draft inventory and noted that it is an impressive document with potentially important lessons for the FCHDR. For example, the inventory could be used to identify initiatives or research topics that may be underfunded by a single agency but that could benefit from cross-agency collaboration to create a significant funding portfolio.

The FCHDR website will be updated. Information on activities, events, or new collaborations should be sent to Dr. Dankwa-Mullan or Jamila Rashid for posting.

#### 2012 Summit on Health Disparities

The 2008 summit on health disparities attracted more than 4,000 participants and had the full participation of all of the institutes and centers of the National Institutes of Health. An important recommendation that emerged from the summit was the need to understand the social determinants of health in a way that bridges both biologic and non-biologic factors.

Dr. Ruffin described plans to organize a federal 2012 summit that will bring together all components of the FCHDR to work together on minority health and health disparities, from both a global and domestic perspective. The summit will provide an opportunity for agencies across the federal government to pool resources, talent, grantees, and communities to foster communication and build partnerships. It will be important for all agencies to participate in planning the summit. An organizational chart listing a number of potential committees will be distributed. Individuals who wish to participate on the various committees should contact Dr. Sy or Dr. Dankwa-Mullan.

The summit is scheduled for October 31-November 3, 2012 at the Gaylord National Resort and Convention Center in National Harbor, MD.

Dr. Sy described the committees that are being formed to plan the 2012 summit. The executive committee comprises Dr. Howard Koh, Dr. Ruffin, and Dr. Graham. Other committees that need participants include: communications, program, and logistics and budget. Individuals who are interested in joining a committee or who have other suggestions or comments can contact the summit planners at [2012summit@nimhd.nih.gov](mailto:2012summit@nimhd.nih.gov). A website for the summit is in development.

Dr. Dankwa-Mullan noted that the goal of the summit is to reach out to various communities involved in health disparities-related research activities. More than 4,000 participants are expected at the summit, which will include break-out and plenary sessions. The theme of the summit will be integrating research or science policy and practice. A potential role for FCHDR members is to participate on the steering committee in order to provide overall guidance. In addition, there will be opportunities to showcase agencies' efforts in health-related activities. Members should also identify grantees or organizations that could be showcased or recognized at the summit.

Dr. Ruffin commented on the significant amount of participation and coordination needed to make an activity of this scope a success. One way to ensure success would be for agencies to set aside funds in their travel budgets so that their grantees will have resources available to attend the summit. It may be possible to create small scholarships for individuals who do not have a travel budget to attend. Members are also invited to submit suggestions for people who could serve as moderators. The communications committee will need the participation of experts from multiple agencies. Individuals will also be needed on other committees, such as finance and budget, who can think creatively to make this a successful venture.

The summit will not have a registration fee, although interested participants will be asked to register on the website and indicate their preference for break-out sessions for planning purposes. Some individuals will also be invited to submit abstracts for oral or poster presentations.

At this time, the highest priority for the summit is to organize the steering committee. FCHDR Executive members should send suggestions to Dr. Ruffin for steering committee members. Drs. Ruffin, Graham, and Koh will review all recommendations and suggest a panel with broad representation of various agencies.

Dr. Sy and an internal committee have done some planning for the summit over the past 2 months. The group has generated a draft document summarizing the background, goals of the summit, suggested plenary topics, and possible breakout sessions. This draft document and the draft of the proposed committee structure will be circulated to the Executive members to assist them in recruiting participants for summit planning committees.

The 2012 summit will be modeled on the organization of the 2008 NIH-sponsored summit. The first day of the 2008 summit provided an opportunity for NIH grantees within specific programs, such as the loan repayment program or the Centers for Excellence, to meet each other. The final day of the program included a town hall meeting for all participants.

Dr. Ruffin encouraged everyone to think broadly, especially about how to reward and encourage people who are doing good work. For example, the summit committees could consider creating a national award for a grantee from each of the participating agencies.

#### Other Discussion

Dr. Ruffin commented on the role for social determinants of health from the international perspective. Although NIH has a track-record of research on the biologic determinants of health, the agency is only beginning to address issues related to the effects of the social determinants, including people's living and working environments. The NIH now offers an R01 grant in the field of social determinants of health. Having Sir Michael Marmot as a partner should help NIH gain traction in this field as the United Kingdom has more experience in this area.

Dr. Ruffin proposed that the FCHDR extend an invitation to Sir Marmot to become a member of the Collaboration. This will help the Collaboration become international in its thinking on minority health and health disparities. Executive members were invited to suggest other global partners who could be extended membership in the FCHDR.

Dr. Chesley commented that Sir Marmot's presentation raised the issue of how the FCHDR could learn from international perspectives and approaches to health equity. The United States lags behind the international community in terms of how it looks at health disparities and health equity, as well as the approaches used to address the issues.

Dr. Ruffin agreed that having global partners could foster the exchange of ideas for adopting effective models from other countries to address health disparities in the United States.

Dr. Pledger commented that a recent report on disability was issued by a team of experts from the United States and other countries working with the World Health Organization. A similar project through the FCHDR could help cement global partnerships in a way that fosters ongoing exchange of information.

Dr. Sy mentioned a special issue of the *American Journal of Public Health* focused on the science of health disparities. Another project could be to publish a similar journal issue with a more global perspective.

#### Wrap-Up and Next Steps

A meeting with the full FCHDR membership will be held in early November. Executive members will be sent the draft inventory of agency programs, as well as the draft summit documents, as mentioned previously.

Dr. Ruffin requested that members continue to communicate their agencies' activities and help each other as much as possible. For example, FCHDR members are welcome to enroll in the popular NIMHD course on health disparities. In addition, NIMHD offers a monthly minority health and health disparities seminar series. More activities such as these could be posted on the FCHDR website so that members can take advantage of opportunities at other agencies.

The meeting adjourned at 2:40 pm.