



Advisory Committee to the Director (CDC)

February 1, 2022

11:00 am – 4:30 pm (EDT)

Closed Captioning:

<https://www.streamtext.net/player?event=MeetingAdvisoryCommitteeToTheDirector>

Welcome, Roll Call

David Fleming, MD

ACD Chair



CDC's Current Work and Priorities

Rochelle P. Walensky, MD, MPH

Director

**Centers for Disease Control and
Prevention, and Administrator, Agency
for Toxic Substance Disease Registry**



CDC's Data Modernization Initiative: Thinking Differently... Together

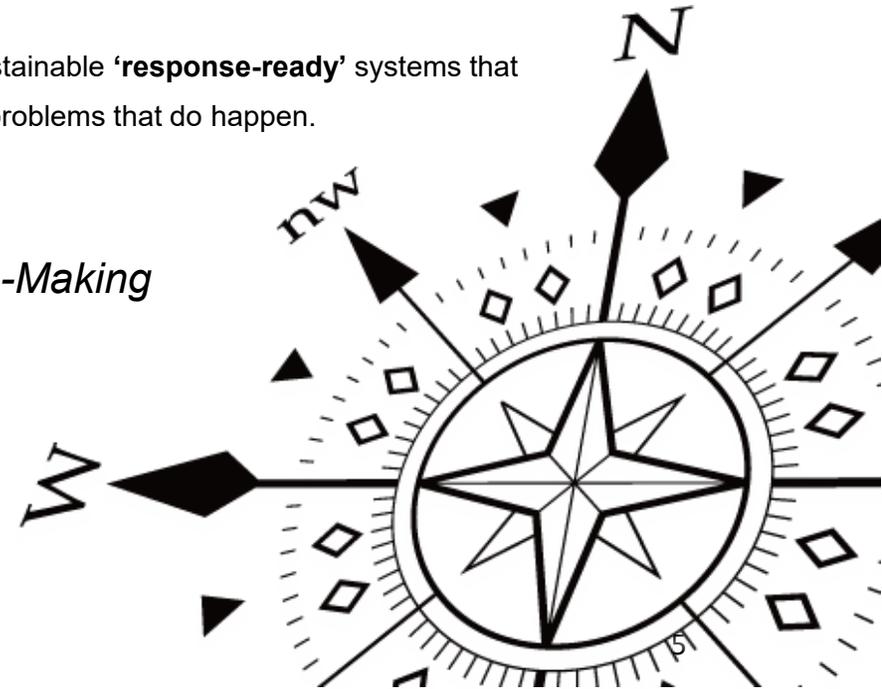
Daniel B. Jernigan, MD, MPH
Deputy Director
Public Health Science and Surveillance
Centers for Disease Control and Prevention



Our Ultimate Goal

To move from siloed and brittle public health data systems to connected, resilient, adaptable, and sustainable **'response-ready'** systems that can help us solve problems before they happen and reduce the harm caused by the problems that do happen.

Better, Faster, Actionable Intelligence for Decision-Making



We are in a different place than we were before the pandemic

Electronic Case Reporting



Automated case data to reduce burden on providers

*Healthcare Facilities Reporting:
From 187 to 10,300*

COVID-19 Vaccination Data Flow



Advanced data pipelines to inform action

*Vaccine Dose Data Tracked:
From none to over 530M*

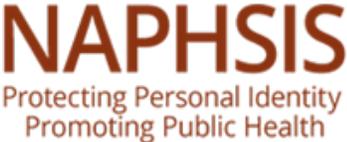
CELR Laboratory Data Flow



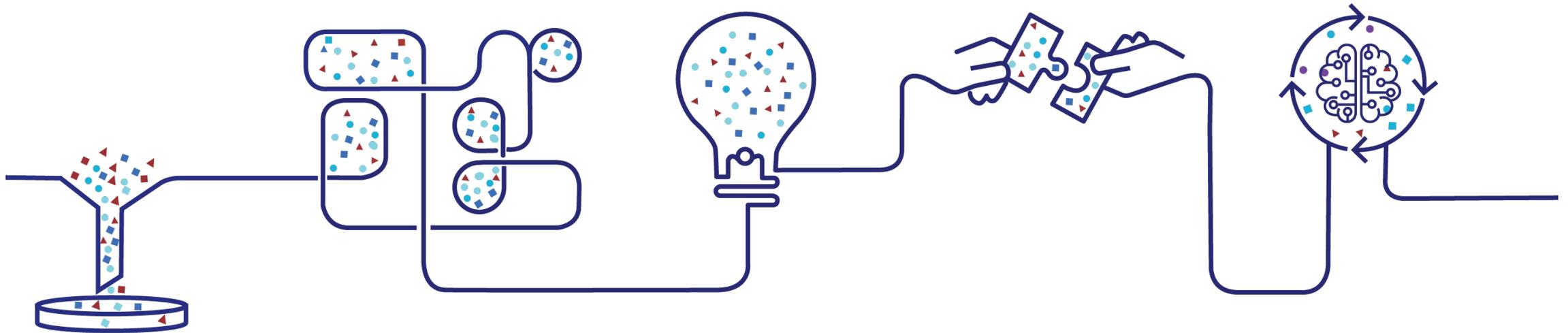
Streamlined lab data from state health departments to CDC

*COVID Lab Results to CDC:
From none to over 1.5M per day
Information as of January 20,2022*

We are listening and connecting



DMI Priorities



**Build the right
foundation**

**Accelerate data
into action**

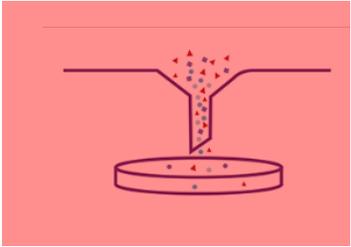
**Develop a
state-of-the-art
workforce**

**Support
+ extend
partnerships**

**Manage
change +
governance**

Build the Right Foundation

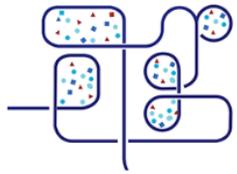
Provide the new information infrastructure and automated data sources for response-ready data sharing.



Automated real-time data collection

eCR, ELR, Syndromic, Vitals, Immunizations

Reduce burden and allow data providers to “turn off their fax machines”



Cloud-based services

Streamline the way we process, store, and visualize data

“North star” architecture

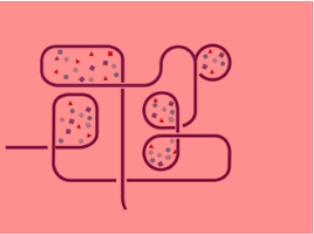
Create a collaborative vision to improve STLT access to actionable intelligence

Reduced silos

Migrate stand-alone systems to a common architecture at CDC and STLTs

Accelerate Data into Action

Create faster, more integrated use of data for real-time situational awareness and forecasting.



Rapid outbreak response

Build on COVID-19 “Common Operating Picture” platforms and prepare pandemic-prone programs to scale up in emergencies

Forecasting and outbreak analytics

Use data in new ways to mitigate problems earlier and direct resources more effectively

Linking and opening data

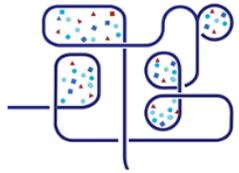
Link and integrate data from diverse sources for more actionable insights

Connected public health and healthcare data

Adopt interoperability standards and create hubs for data exchange while protecting privacy and security

Develop a State-of-the-Art Workforce

Identify, recruit, and retain experts to generate meaningful public health insights.



Recruitment

Attract a diverse, qualified public health science workforce

Training

Build the skills of the current and future workforce through team-based programs and fellowships

Forecasting workforce needs

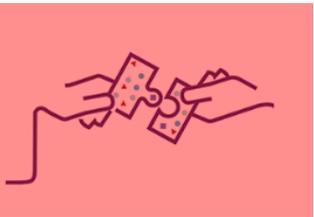
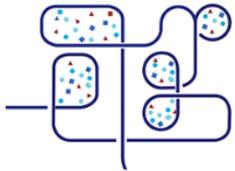
Modernize and expand the use of public health workforce data to identify future needs

State + local support

Build a public health workforce that represents the communities in which they work

Support + Extend Partnerships

Engage with state, territorial, local, tribal, and other partners to address policy challenges and solve problems.



Policies

Support the exchange and use of data between CDC, STLTs, partners, and data providers

Transparency

Increase access to modernization plans and progress for better alignment

Data Use Agreements

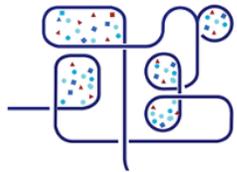
Reduce the burden for accessing, sharing, and using CDC data

Collaboration

Innovate with research, academic, and public and private partners

Manage Change + Governance

Provide the necessary support for modernization and adoption of unified technology, data, and data products.



Governance

Approve strategic and efficient IT and data investments

Monitoring + Evaluation

Measure progress for accountability and continuous improvement

Change management

Encourage a culture of innovation, collaboration, inclusion, and adaptability

Procurement

Make acquisition processes more efficient and effective

Data Modernization Workgroup

Potential Topics of Interest:

- Public health data ecosystem architecture
- Future of data & surveillance after COVID-19
- Integration of healthcare and public health
- Policies for data reporting, sharing, and use

Update on CDC Workforce Development Efforts

Pattie Simone, MD

Director

Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention



Decades of Underinvestment

*Over the past decade, the public health workforce has shrunk by approximately **56,000** positions primarily due to funding issues.*

—Trust for America's Health (2020)

*The U.S. needs to hire a minimum of **80,000** more full-time equivalents (FTEs) in state and local governmental public health departments—**an increase of 80 percent**—to provide adequate infrastructure and minimum public health services to the nation.*

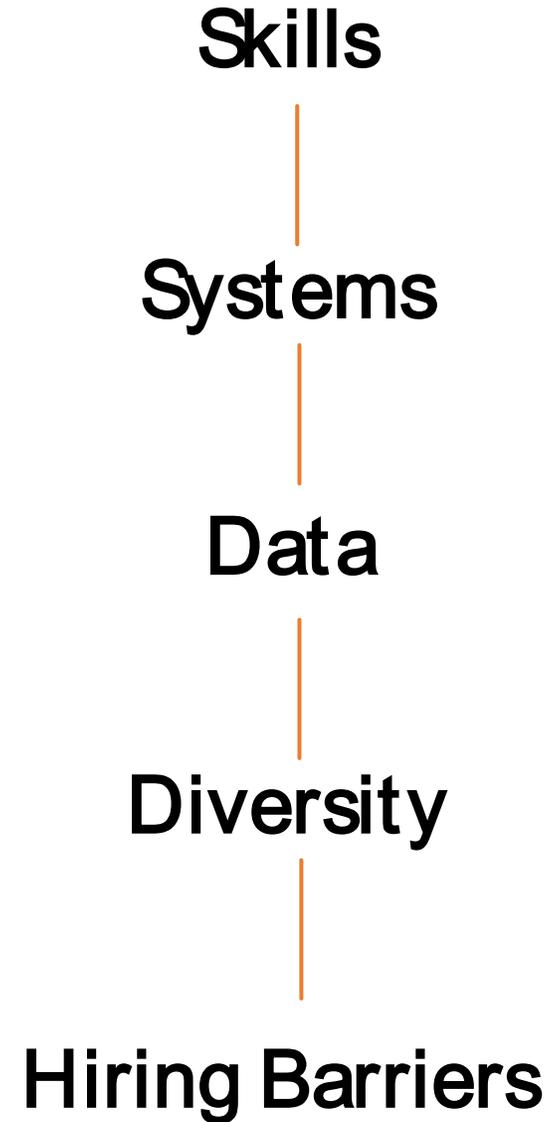
—Staffing Up: Determining Public Health Workforce Levels Needed to Serve the Nation (2021)

Workforce Development is More Than Staffing



Workforce Development has Fallen Behind Across Public Health

Even with increased
funding, substantial
barriers remain



American Rescue Plan (ARP)

ARP policy announced in January 2021 proposing to:

- ▶ Expand the public health workforce
- ▶ Fund 100,000 public health workers
- ▶ Work in local communities
- ▶ Build our long-term public health capacity

ARP Act Section 2501 included \$7,660,000,000 for establishing, expanding, and sustaining a public health workforce

ARP Policy <https://www.whitehouse.gov/briefing-room/legislation/2021/01/20/>

ARP Act Legislation <https://www.congress.gov/bill/117th-congress/house-bill/1319>

**ARP lays the foundation
to build an equitable
health force capable of
addressing the
interlocking crises of
health and social
inequity**

Workforce Development: The Way Forward

- ▷ **Bridge** from the ongoing COVID pandemic to moving the nation through the next stages of the COVID response
- ▷ **Build** a stronger, more diverse workforce than we have ever had
- ▷ **Sustain** the progress made by these programs with an eye on the future of the public health workforce in the U.S.



Bridge to the Next Phase of COVID Response: CDC Opportunities

Summary of CDC COVID-19 funding to jurisdictions www.cdc.gov/budget/fact-sheets/covid-19/funding/index.html

Critical, immediate staffing:

- ▶ **CDC Foundation:** 1-year, \$200M
 - Variety of disciplines, hired by CDCF, placed in jurisdictions and CBOs
- ▶ **Crisis cooperative agreement:** 2-year, \$2B
 - 50 states, 8 territories, 6 localities, 1 tribe
 - School health, community-based hiring



Build the Public Health Workforce, Stronger and More Diverse

- ▶ **Disease Intervention Specialists:**
\$200M/year for 5 years
 - Contact tracing, outbreak response, DIS certification
- ▶ **Public Health AmeriCorps:**
5-year grant program
 - 1000 members/year
 - Reflect communities they serve
- ▶ **Public Health Internships & Fellowships**
 - Expanding successful programs



Webinar on CDC's American Rescue Plan
Public Health Workforce Programs
<https://www.cdc.gov/workforce/resources.html>

Sustain Progress & Invest in the Future

- ▶ New PH workforce program
 - \$3B, 5-year grant program
 - Hiring from communities they serve
 - Held internal and external listening sessions
- ▶ Critical needs for rebuilding
 - Sustained investment
 - State and local commitment



Opportunities in Workforce Development

Best practices and
lessons learned

Hiring systems and workforce planning

Professional development and skills

Student experiences and pathways

Recruitment and diversity

Student loan repayment

New CDC Workforce Governance Board

- ▶ New enterprise-wide approach for strategic workforce planning
- ▶ Will apply to any new or expanded workforce programs at the agency

Goals

- Ensure efforts are coordinated, strategic and evidence based
- Build on existing capacity, avoid duplication
- Enhance WF diversity

Board

- Co-chaired by CSELS and HRO
- Representatives with expertise in workforce and other priority areas

CDC Workforce Governance Board

- ▶ The **CDC Workforce Governance Board** will provide strategic oversight to existing and emerging workforce development initiatives.

Support agency workforce development strategy and priorities

Provide best and promising practices for CDC Workforce Development programs

Develop an enterprise Workforce Development Strategic Framework

Guide decisions for all new or expanded workforce development activities



Workforce Development: A Time of Tremendous Opportunity

Steps we take now

- ▶ Impact for years to come
- ▶ Strong, diverse public health workforce
- ▶ Public health leaders of tomorrow



Advisory Committee to the Director (CDC)

BREAK

30 minutes

CDC COVID-19 Response Update

Barbara Mahon, MD, MPH

Incident Manager

CDC COVID-19 Response

Centers for Disease Control and Prevention

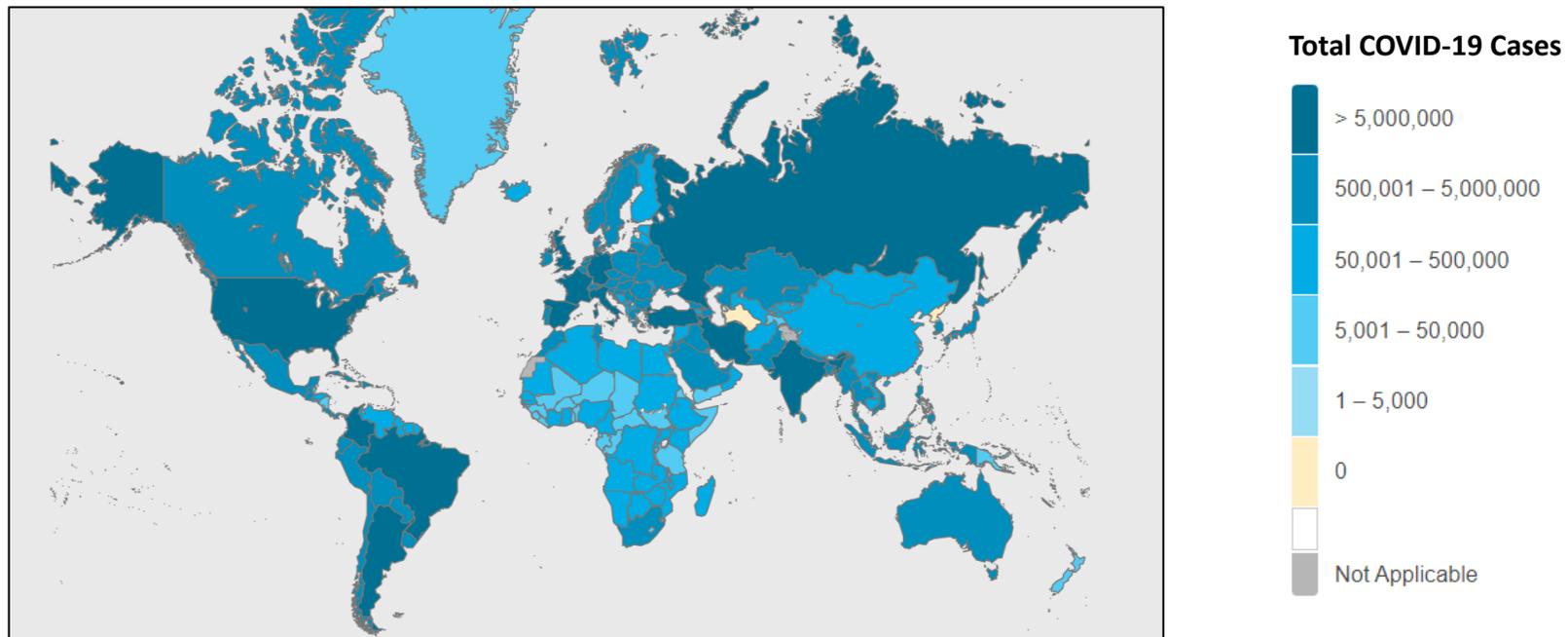




COVID-19 Pandemic Summary

COVID-19 Surveillance Summary: Cases

- 364,191,494 confirmed cases globally
- 5,631,457 cumulative deaths



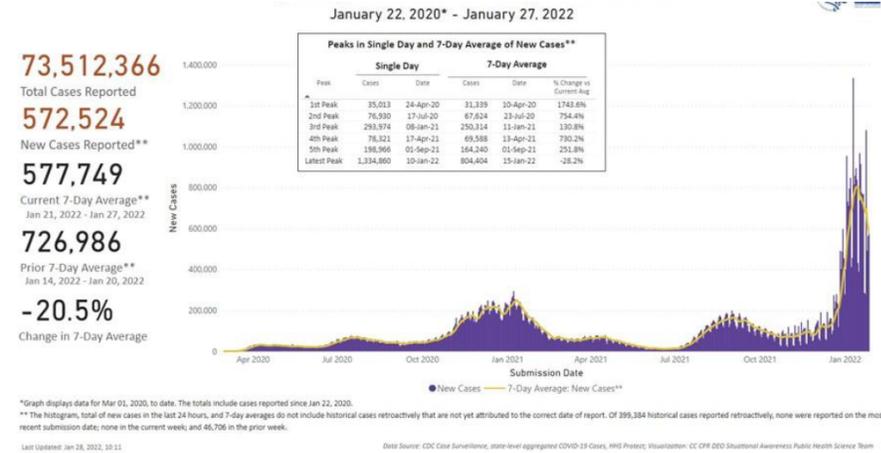
Data as of January 28, 2022

Source: [WHO Coronavirus \(COVID-19\) Dashboard](#)

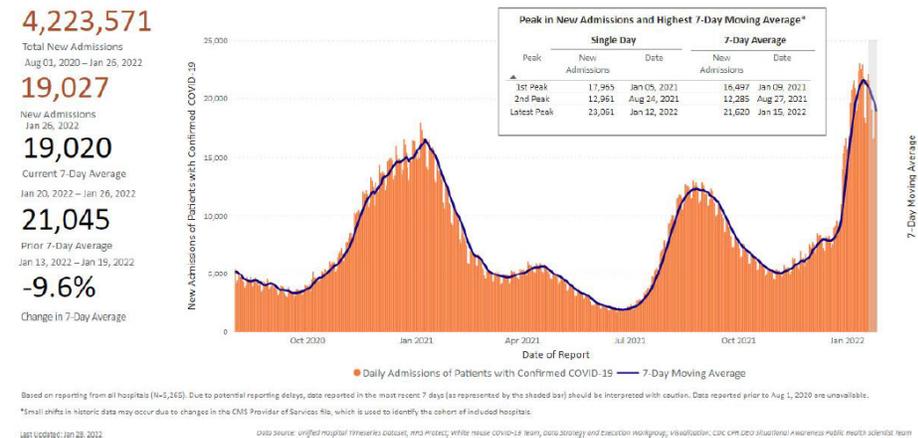
COVID-19 Surveillance Summary: Cases and Hospitalizations

- As of January 26-27, 2022
 - 7-day average of daily **case counts decreased 20.5%** compared with previous week
 - 7-day average of daily **new hospitalizations decreased 9.6%** compared with previous week

Daily Change in COVID-19 Case Counts, United States
March 2020 – January 2022



New Admissions of Patients with Confirmed COVID-19, United States
August 2020 – January 2022
August 01, 2020 – January 26, 2022



COVID-19 Surveillance Summary: Deaths

- As of January 27, 2022
 - 7-day average of daily **death counts increased 20.4%** compared with previous week

876,632
Total Deaths Reported

2,625
New Deaths Reported**
Jan 21, 2022 - Jan 27, 2022

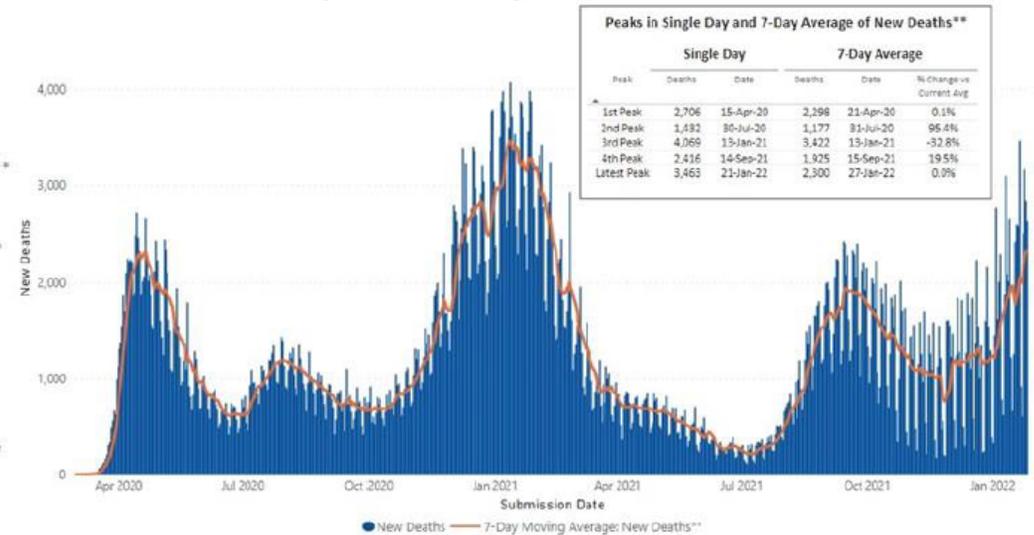
2,300
Current 7-Day Average**
Jan 21, 2022 - Jan 27, 2022

1,910
Prior 7-Day Average**
Jan 14, 2022 - Jan 20, 2022

20.4%
Change in 7-Day Average

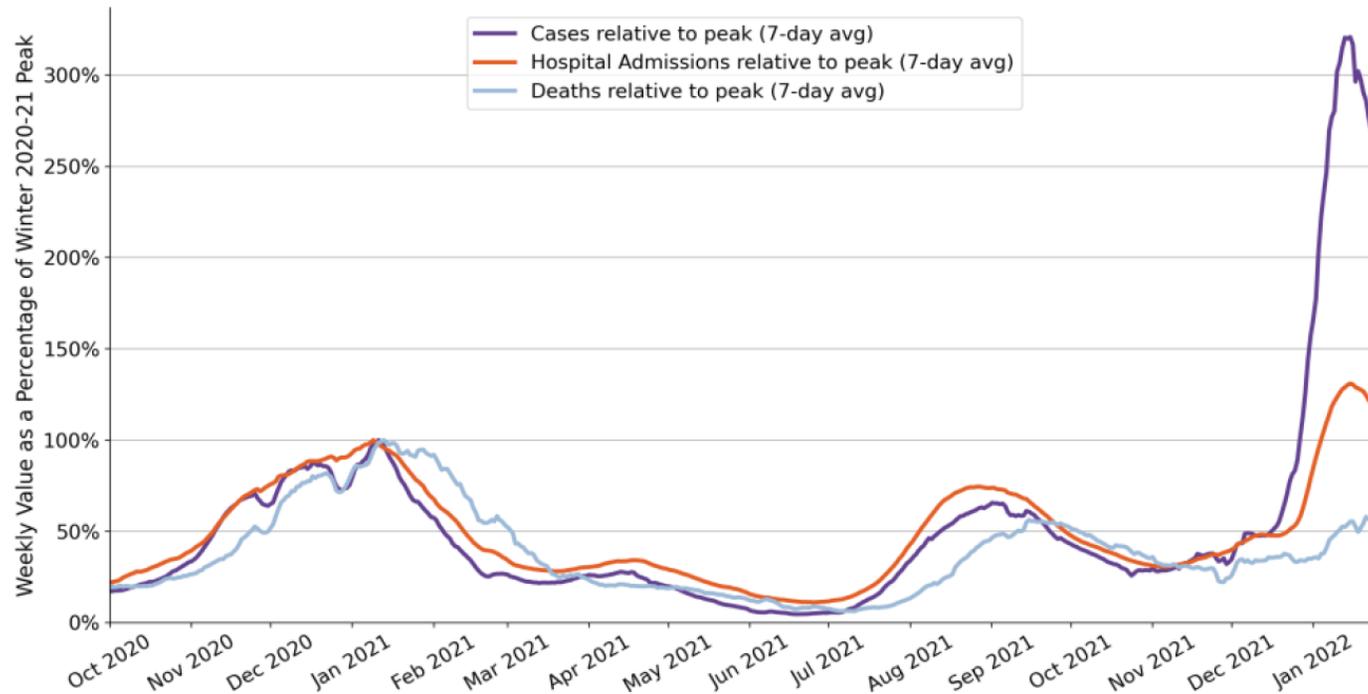
Daily Change in COVID-19 Death Counts, United States
March 2020 – January 2022

January 22, 2020* - January 27, 2022



*Graph displays data starting on Mar 01, 2020. The totals include deaths reported since Jan 22, 2020
 ** The histogram, total of new deaths in the last 24 hours, and 7-day averages do not include historical deaths reported retroactively. Historical deaths are still reflected in the cumulative national total. Of 20,524 historical deaths reported retroactively, none were reported on the most recent submission date, 347 in the current week; and 548 in the prior week.
 Last Updated: Jan 18, 2022, 11:11
 Data Source: CDC Case Surveillance, state-level aggregated COVID-19 Cases, HHS Protect; Visualization: CDC OPR DEOSituational Awareness Public Health Science Team

National Trends Compared to Winter 2020-21 Peak

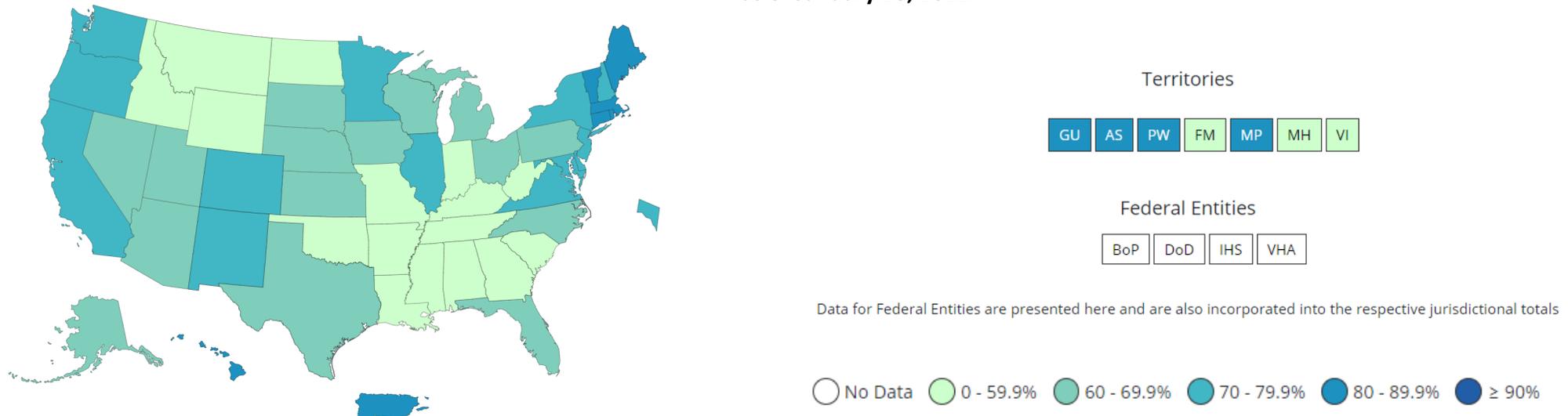


Source: CDC State-Reported Data, Unified Hospital Dataset. The peak value and associated date is calculated independently for cases, deaths, and hospital admissions, as the highest 7-day average value between Nov 1, 2020 and Feb 28, 2021. The date and value of peaks may change slightly if data are backfilled. Peaks are 250,315 cases on 1/11/2021; 16,497 hospital admissions on 1/9/2021; and 3,422 deaths on 1/13/2021.

COVID-19 Vaccination Uptake: Domestic

- As of January 28, 2022
 - 75.1% of US population has received at least 1 dose
 - 63.7% of US population fully vaccinated
 - 41.1% of fully vaccinated persons have received an additional dose
 - 64.2% of fully vaccinated persons ≥ 65 years of age have received an additional dose

Percent of Population ≥ 5 Years of Age Fully Vaccinated for COVID-19 by Jurisdiction
as of January 28, 2022



COVID-19 Vaccination Uptake: Global

- 52.35% of total global population has been fully vaccinated
 - 60.8% of total global population has received at least one dose
 - 10 billion doses administered
- United States donating 1.2 billion+ COVID-19 vaccines, safely and equitably, to countries most in need
 - USG support for COVID vaccination recently identified as “Global VAX”
 - Additional COVID resources being directed toward global vaccination efforts
- CDC supporting 70+ countries to receive and administer COVID-19 vaccines
- Remarkable, but uneven, progress
 - Relatively low coverage for low-income countries and in the Africa region

COVID-19 Vaccination Guidance

- CDC recommends that everyone 5 years and older protect themselves from COVID-19 by staying up-to-date with their vaccines
- Booster eligibility expanded
 - Ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna
 - ≥ 2 months after initial Janssen vaccine
 - ≥ 5 months after completion of Pfizer-BioNTech or Moderna primary series
 - Teens 12-17 should get a booster dose of Pfizer-BioNTech ≥ 5 months after completion of Pfizer-BioNTech primary series
- Additional dose of Pfizer-BioNTech authorized for some immunocompromised children ages 5-11 years

“Fully Vaccinated” and “Up to Date” Definitions

- **Fully vaccinated:**

- A person who has received their primary COVID-19 vaccine series, which includes two doses of Pfizer-BioNTech or Moderna (mRNA vaccines) or one dose of the J&J/Janssen vaccine, and any additional primary vaccine dose(s) recommended

- **Up to date:**

- A person who has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible
- The vaccine history that constitutes "up to date" will differ to some extent depending on age, health status, and date of primary vaccine doses



B.1.1.529 “Omicron” Variant

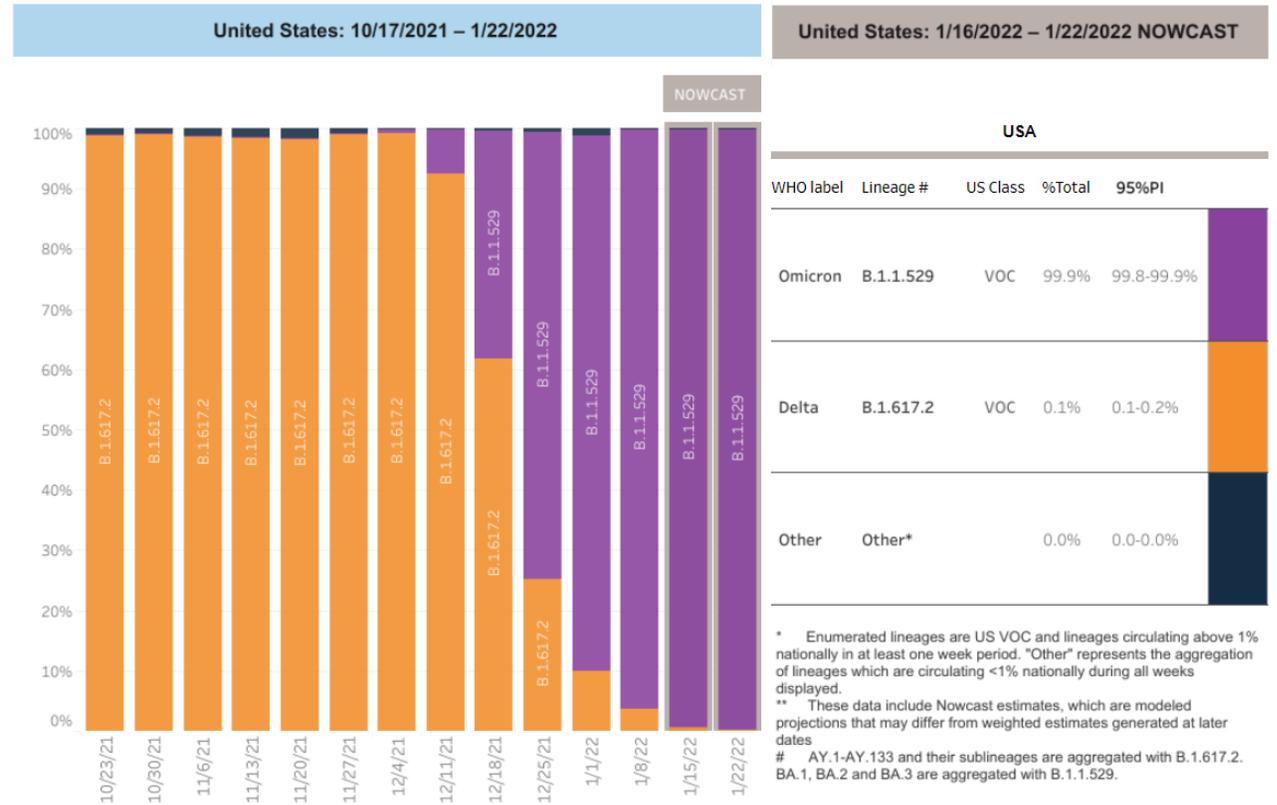
Omicron Emergence

- B.1.1.529 or “Omicron” variant first detected by South Africa and reported to WHO on November 24, 2021
- First US case detected in CA on December 1, 2021
- S-gene Target Failure (SGTF) marker initially used in Enhanced Surveillance strategy to identify likely Omicron cases
- Accumulating evidence suggests that the Omicron variant is more transmissible but causes less severe disease

Omicron Prevalence

- As of January 22,
 - B.1.1.529 (Omicron) estimated at 99.9% of US cases
 - B.1.617.2 (Delta) estimated at 0.1% of US cases

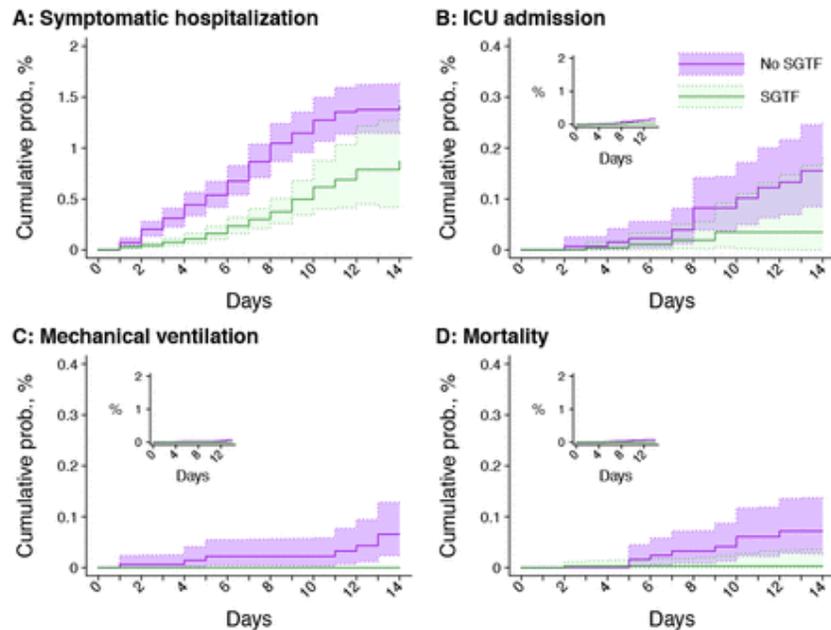
National Nowcast Estimates of SARS-CoV-2 Lineages



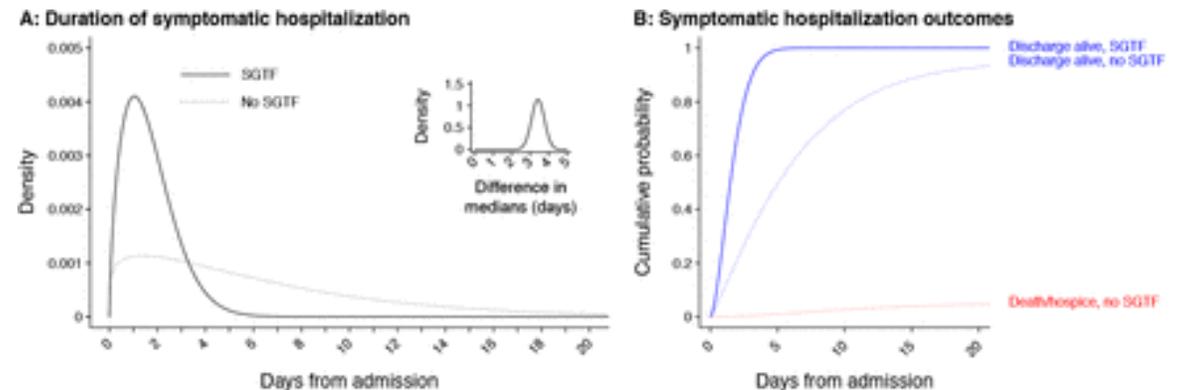
Omicron Severity

- Study from CDC's Center for Forecasting and Analytics in collaboration with academic investigators using data from Kaiser Permanente, Southern California
- Lower probability of symptomatic hospitalization, ICU admission, mechanical ventilation, death in those infected with Omicron vs Delta

Times to severe outcomes among cases with SGTF and non-SGTF infections first detected in outpatient settings



Fitted durations of symptomatic hospitalization and times to survival or mortality among cases with SGTF and non-SGTF samples detected

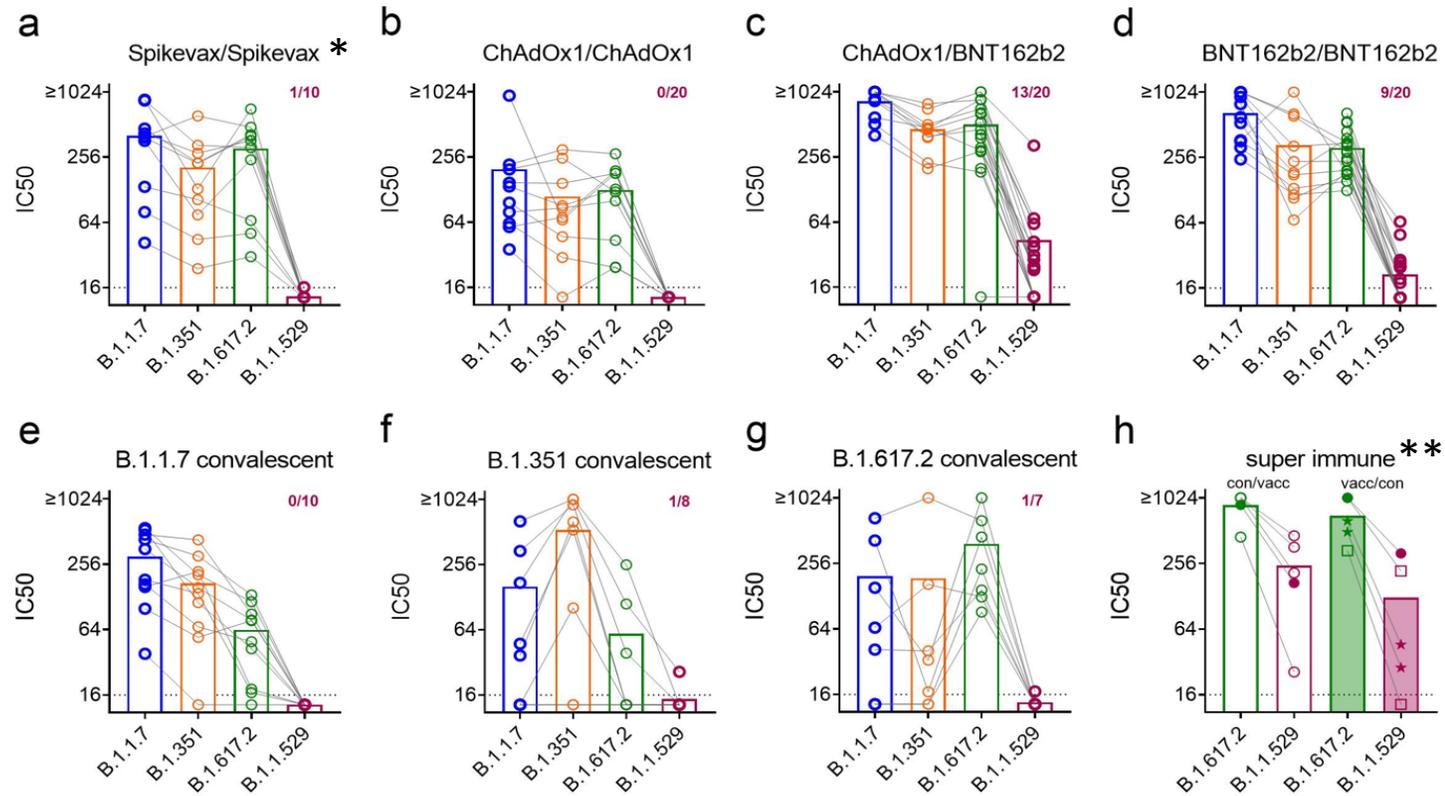


Source: [Clinical outcomes among patients infected with Omicron \(B.1.1.529\) SARS-CoV-2 variant in southern California | medRxiv](#)

Data are Provisional Until Officially Released by the CDC - For Internal Use Only (FIUO) - For Official Use Only (FOUO) - Sensitive But Unclassified (SBU) - Not for Further Distribution

Omicron Immune Escape

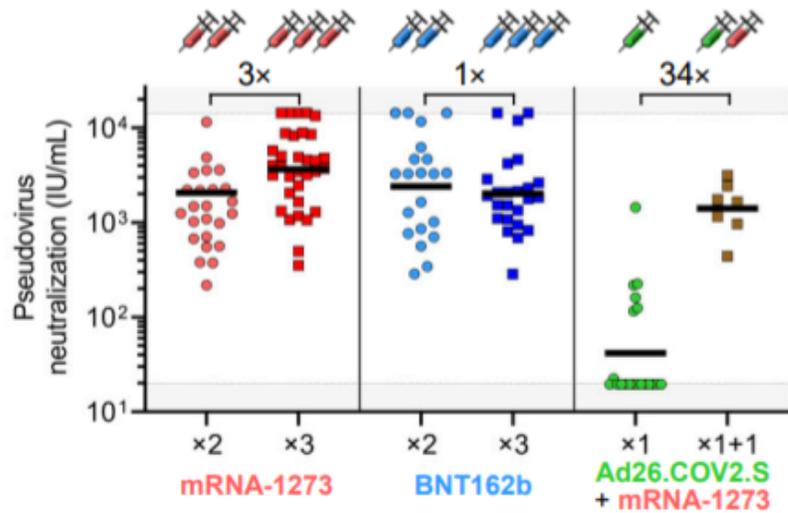
- Omicron has extensive but incomplete escape of other vaccine- and infection-elicited neutralization



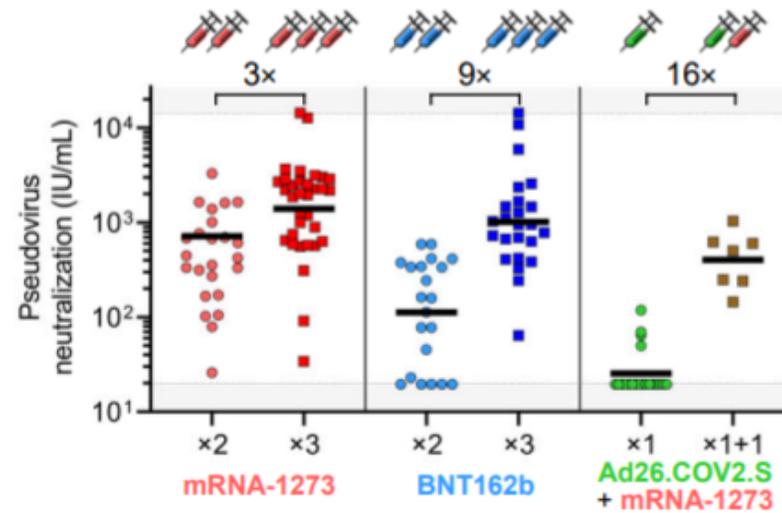
* Moderna mRNA-1273 vaccine
 ** convalescent/vaccinated or vaccinated/convalescent individuals

Booster Restores Neutralizing Titers against Omicron

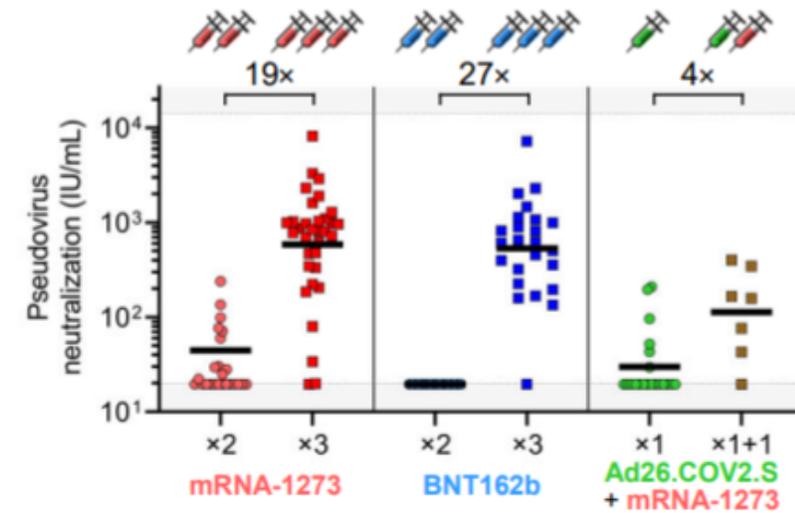
Wild type



Delta

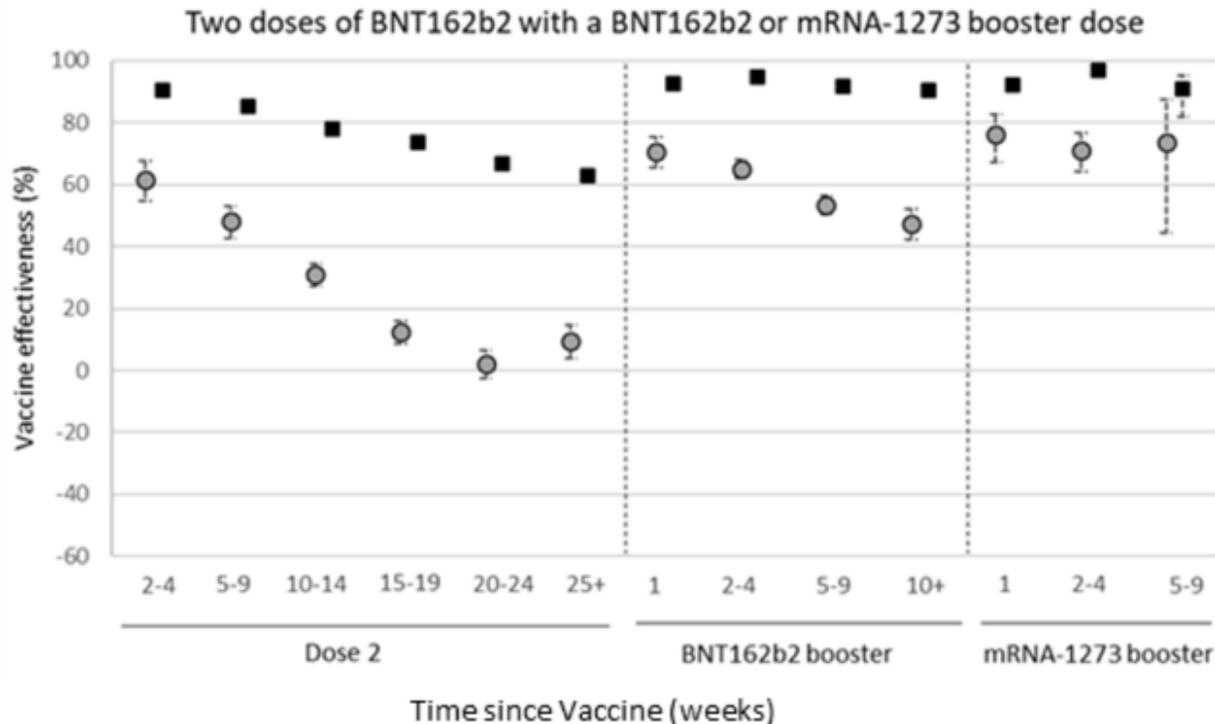


Omicron



Vaccine Effectiveness (VE) against Omicron

- Pfizer mRNA vaccine effectiveness (VE) is lower for symptomatic infection due to Omicron compared to Delta



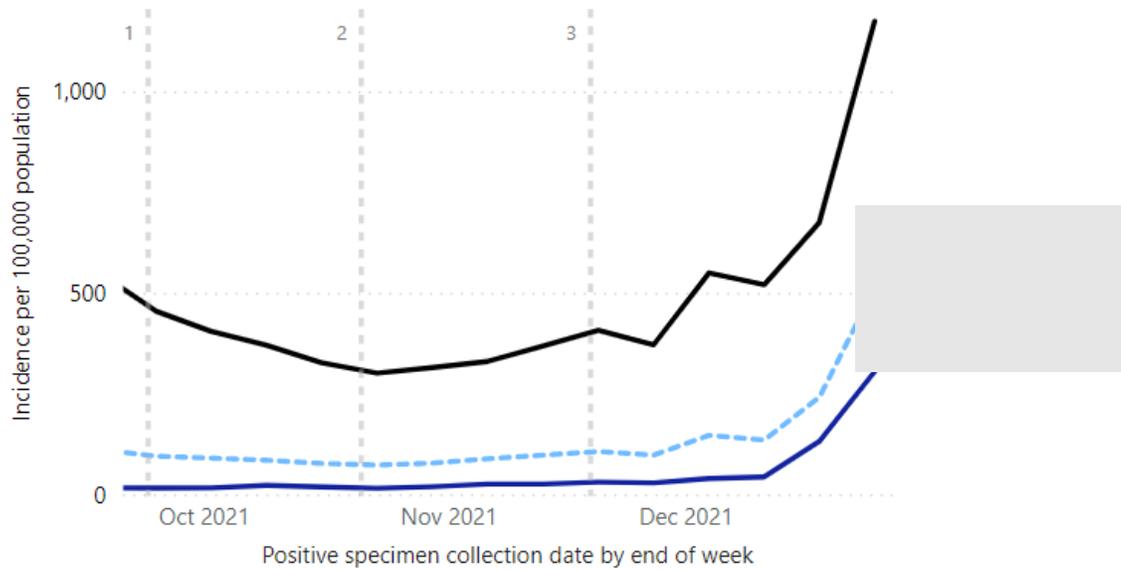
■ Delta
● Omicron

- **Post 2-dose:** increased waning immunity for Omicron (~15%) vs. Delta (~60%) at 25+ weeks post 2nd dose
- **Booster:** ~65% VE against Omicron 2 weeks; decreases to 45% at 10+ weeks

Vaccine Impact against Omicron

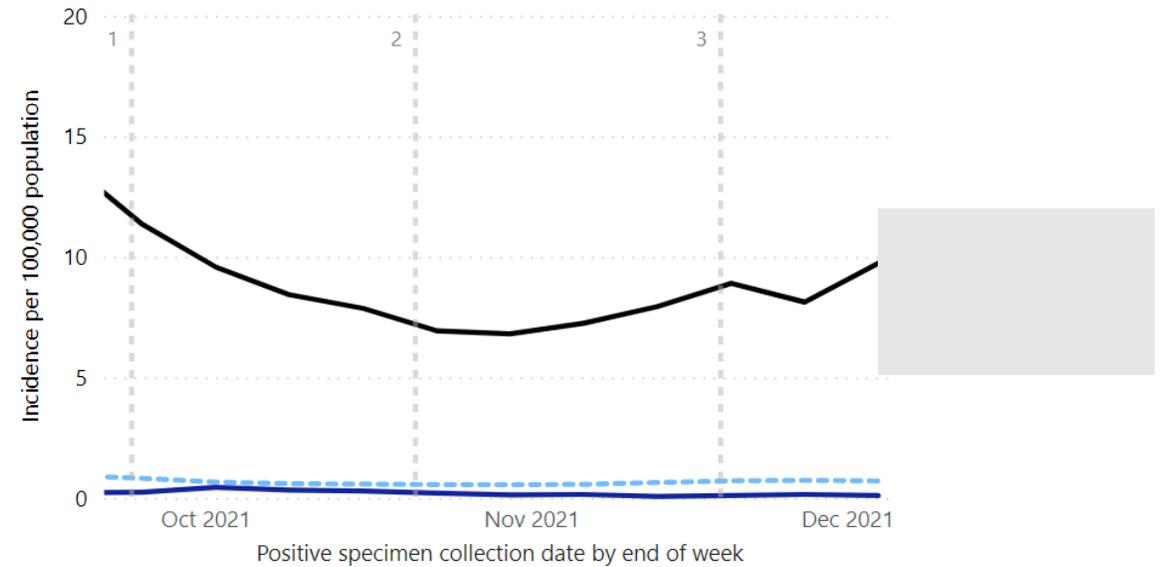
Rates of COVID-19 Cases by Vaccination Status and Booster Dose*

August 29 - December 25, 2021 (25 U.S. jurisdictions)



Rates of COVID-19 Deaths by Vaccination Status and Booster Dose*

August 29 - December 04, 2021 (25 U.S. jurisdictions)



In November, unvaccinated adults aged 18 years and older had:

13X	AND	68X
<i>Risk of Testing Positive for COVID-19</i>		<i>Risk of Dying from COVID-19</i>

compared to fully vaccinated adults with booster doses*

- Unvaccinated
- Fully vaccinated without booster dose*
- Fully vaccinated with booster dose*

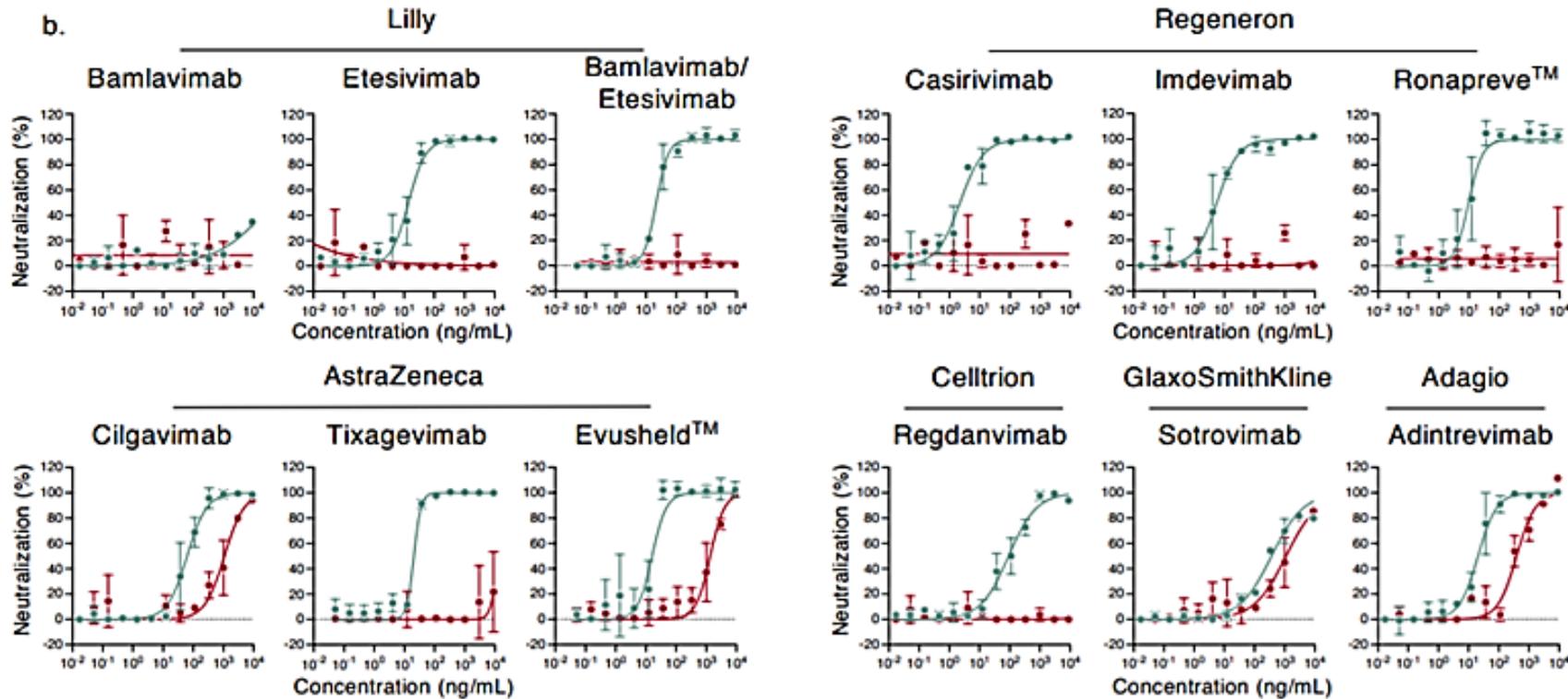
Source: [CDC COVID Data Tracker](https://www.cdc.gov/data/covid19/) *Because data on the immune status of cases and associated deaths are unavailable, an additional dose in an immunocompromised person cannot be distinguished from a booster dose. This is a relevant consideration because vaccines can be less effective in this group.

Available Therapeutics (and Prophylactics)

- Antivirals
 - Paxlovid™
 - Remdesivir
 - Molnupiravir
- Monoclonals
 - Sotrovimab
 - Evusheld™ (pre-exposure prophylaxis for immunocompromised persons)

Antibody Neutralization

- Among therapeutic monoclonal antibody products authorized for use in the United States, only Sotrovimab is active against Omicron



Prevention Strategies to Protect against Omicron

We have the tools to
Fight Omicron



Vaccines & Booster



Masks



Testing

- Current vaccines protect against severe illness, hospitalizations, and deaths due to infection with Omicron
 - However, [breakthrough infections](#) in people who are not up to date on COVID-19 vaccines are likely to occur at higher rates than in people who are up to date on COVID-19 vaccines
- Increased emphasis on importance of masking
- Improved ventilation
- Wider and more frequent testing, including self-testing
- Adherence to guidance on quarantine and isolation



Future Considerations

Continued and Improved Surveillance

- Collect and analyze actionable data about the pandemic, emphasizing timeliness and looking ahead to future needs
 - Monitor case incidence, healthcare burden, and trends in at-risk or disproportionately affected populations (e.g., children during the Omicron wave)
 - Detect, characterize, and monitor emergence and impact of novel variants
 - Update surveillance strategies to reflect lessons learned from the response and leverage new technologies (e.g., National Wastewater Surveillance System)
 - Align with long-term Data Modernization Initiative (DMI) planning efforts
 - Increase lab capacity



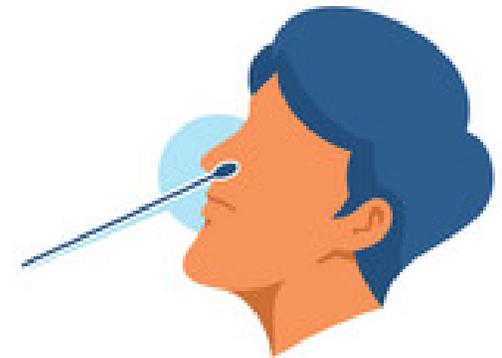
Increase Vaccination Coverage

- Support efforts for all eligible individuals to be up-to-date on vaccines
 - Improve equitable access to vaccines domestically and globally
 - Support acceleration of global vaccine delivery, distribution, and administration
 - Maintain and enhance vaccine effectiveness through boosters
- Prepare for vaccination of children <5 years old



Continually Reassess Mitigation and Prevention Strategies

- Evaluate proven prevention strategies and VE against new circulating variants and adjust mitigation strategies as needed
- Increase appropriate use and availability of testing, masks, travel-related interventions, other Non-Pharmaceutical Interventions (NPIs)
 - Increase testing capacity domestically and globally, emphasizing equitable access
 - White House launched [COVIDTests.gov](https://www.covidtests.gov), allowing each home in the United States to order 4 free at-home rapid tests delivered by USPS



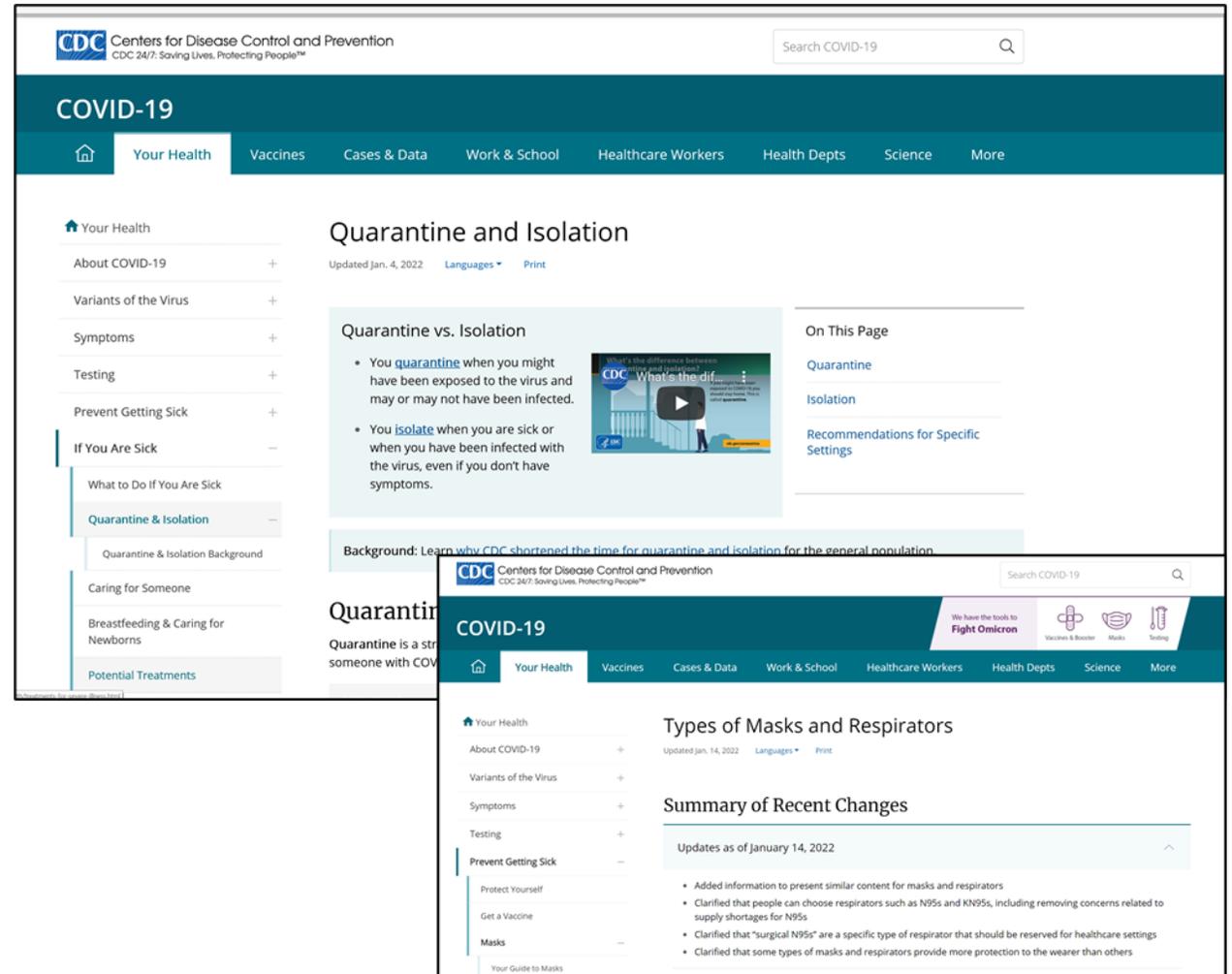
Prioritize Health Equity

- For every decision, strategy, guideline, or product, assess how it will affect equity
 - Reduce the disproportionate burden of disease on ethnic and minority communities
 - Choose options that reduce inequities
- Recent accomplishments
 - [CDC COVID-19 Response Health Equity Strategy](#)
 - COVID-19 Health Equity Action Tracker (HEAT)
 - Communications processes/materials review
 - Publication of scientific literature, including recent MMWR on [Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 – United States, March 2020–August 2021](#)



Update Guidance and Recommendations

- Develop and effectively communicate guidance changes reflecting needs at current stage of pandemic
- Recent updates
 - Quarantine and isolation guidance
 - Definition of “up to date” on vaccines
 - Mask recommendations



Integration of COVID-19 into Routine Public Health

- Integrate COVID-19-related activities into routine public health practice
 - Surveillance
 - Prevention
 - Treatment
- Create or adapt infrastructures and processes to maintain the work at a sustainable pace that still meets public health needs



CDC's Transformative Commitment to Health Equity

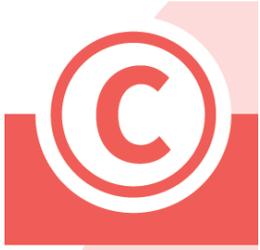
Debra Houry, MD, MPH

Acting Principal Deputy Director
Centers for Disease Control and Prevention



CDC's CORE Commitment to Health Equity

CDC launched an agency-wide strategy to integrate health equity into the fabric of all we do



Cultivate comprehensive health equity science

- CDC will embed health equity principles in the design, implementation, and evaluation of our research, data, and surveillance strategies



Optimize interventions

- CDC will use scientific, innovative, and data-driven strategies that address policy and systemic factors that impact health outcomes and address drivers of health disparities



Reinforce and expand robust partnerships

- CDC will seek out and strengthen sustainable multi-level, multi-sectoral and community partnerships to advance health equity



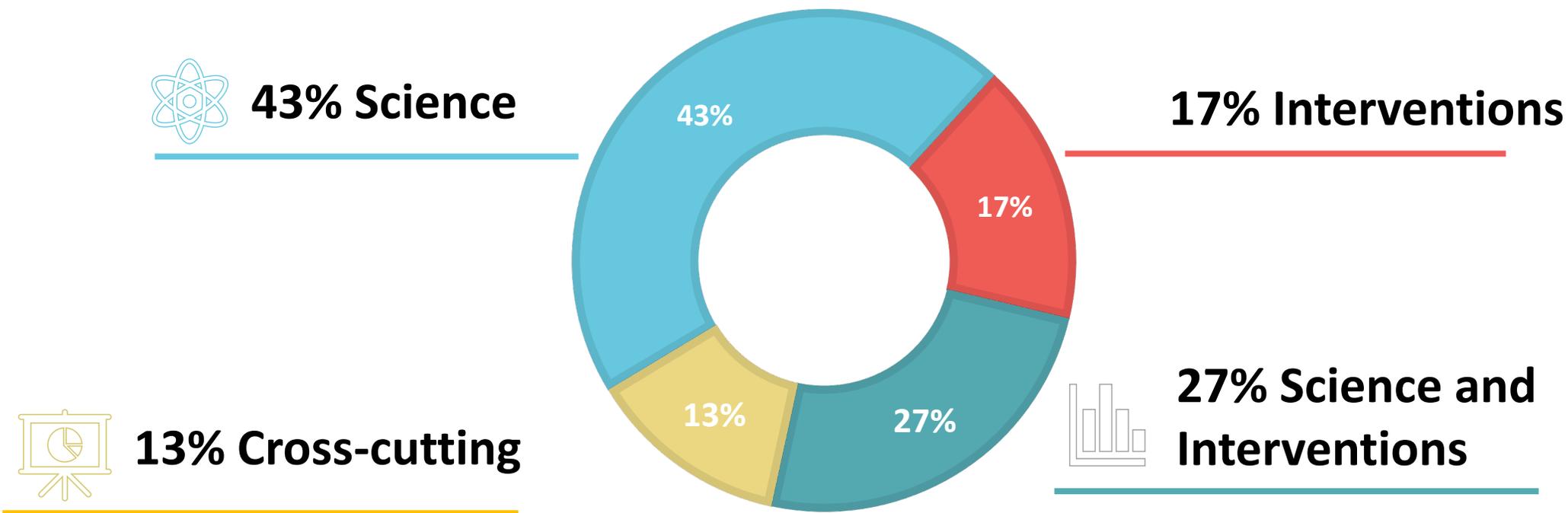
Enhance capacity and workforce engagement

- CDC will build internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practice for broader public health impact

CORE Health Equity Goals Timeline



64 divisions and 18 CIOs each committed to ~3 goals (total of 159)



Seven Overarching Themes of CDC's CORE Goals

Transform Surveillance Systems

Include drivers of health disparities and inequities in addition to markers (race, ethnicity, gender, gender expression, ability, sexual orientation)

Build Health Equity Data Science Capacity

Conduct, translate, and disseminate analysis or statistical studies and use multi-level modelling and predictive analytical approaches

Build the Evidence Base

Prioritize scientific work that assesses impact of health equity interventions

Build and Scale Program Interventions

Deploy interventions focused on evaluation, funding criteria, and public engagement to scale systems that address health equity

Identify Key Multi-Sector Policy Levers

Identify and implement key multi-sector policy partnerships to advance health equity

Cross-Cutting Coordination

Enhance coordination on health equity via partnerships, extramural support, and external communication

Bolster Workforce Management

Ensure health equity is an inextricable part of workforce management and operations in public health



C

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Cultivate comprehensive health equity science

Optimize Interventions

Reinforce and expand robust partnerships

Enhance capacity and diversity and inclusion

CORE Integrates Health Equity into the Foundation of all CDC Work

LEVERAGE
Agency priorities to drive health equity



Data Modernization Initiative

Social Determinants of Health

Climate and Health

Diversity and Inclusion Executive Committee

HRO/Future of Work Initiative

OEEO Efforts

COORDINATE
Mechanisms to advance CORE implementation



CORE Coordination Teams

Communities of Practice

Intergovernmental and Strategic Affairs



Affinity Groups

Human Resources Office

TRANSFORM
Efforts to accelerate innovative change



Health Equity Science and Intervention Strategy (159 CORE Goals)

Teams (e.g., NOFOs, Health Equity Science, Data & Standards)



Workforce Training
Listening Sessions | Focus Groups
Organizational Change to Achieve Diversity, Equity, Inclusion, Accessibility



CDC's CORE Commitment to Health Equity

ADDITIONAL PRESENTATIONS ON CORE



- Leandris Liburd, PhD, MPH, MA, Director, Office of Minority Health and Health Equity, CDC - *Cultivating CDC's CORE Commitment to Achieving Health Equity*
- Aletha Maybank, MD, MPH, Senior Advisor on DEIA – *Organizational Change Framework and Actions to Advance Equity*
- Robin Bailey Jr., MA, Chief Operating Officer, CDC - *Building a Dynamic Culture through Workforce Engagement--Embracing Diversity, Equity, Inclusion and Accessibility (DEIA) in the Workplace*
- Demetre Daskalakis, MD, MPH, Director, Division of HIV Prevention, CDC - *Implementing Equity Work At The Division Level*

Cultivating CDC's CORE Commitment to Achieving Health Equity

Leandris Liburd, PhD, MPH, MA

Director

Office of Minority Health and Health Equity
Centers for Disease Control and Prevention



Key Health Equity Terms

Health Equity Science

Investigates the underlying contributors to health inequities and builds an evidence base that will guide action across the domains of program, surveillance, policy, communication, and scientific inquiry to move toward eliminating, rather than simply documenting, inequities.⁴

Health Disparities

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.³

Health Inequities

Particular types of health disparities that stem from unfair and unjust systems, policies, and practices that limit access to the opportunities and resources needed to live the healthiest life possible.²

Health Equity

The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.^{1,2}

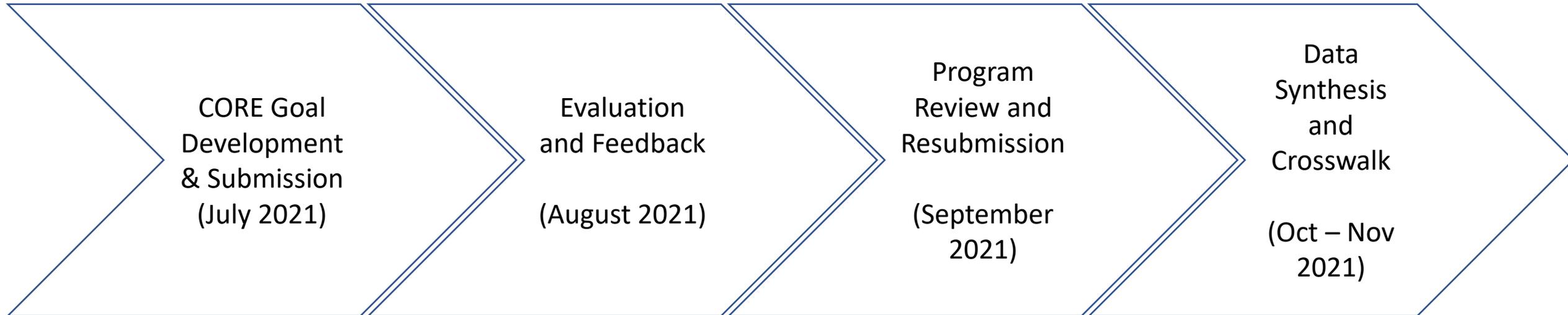
¹Office of Disease Prevention and Health Promotion. (2021, August 11). *Healthy People 2020: Disparities*. U.S. Department of Health and Human Services. Retrieved August 13, 2021, from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

²Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough A. (2017, May 17). *What is health equity? And what difference does a definition make?* Robert Wood Johnson Foundation.

³Office of Disease Prevention and Health Promotion. (2021, August 11). *Healthy People 2020: Disparities*. U.S. Department of Health and Human Services. Retrieved August 13, 2021, from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

⁴Office of Science. Working Definition of Health Equity Science. Centers for Disease Control and Prevention. Personal communication December 15, 2021.

CORE Health Equity Goals Timeline



Seven Overarching Themes of CDC's CORE Goals

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Example CORE Goals from DDID

Transform Surveillance
Systems

Address data gaps and harmonize data systems across the National Center for Immunization and Respiratory Disease to ensure 100% of surveillance systems include a standard set of relevant health equity data elements aligned with agency standards or are implementing a plan to do so, by December 2024.

Example CORE Goals from DDID

Identify Key Multi-Sector
Policy Levers

Reduce racial/ethnic disparities for Ending the HIV Epidemic key indicators including knowledge of HIV status, living with HIV while virally suppressed, and PrEP coverage for individuals recommended for PrEP among programs supported by the Division of HIV Prevention, by December 2025.

“Baking In” Health Equity



Definitions Sprint Team



Accountability and
Monitoring Sprint Team



Notice of Funding
Opportunity Team



Health Equity Science
Sprint Team

Health Equity Glossary

- **Definitions Sprint Team**

- Develop standardized health equity-related terms to support consistency in how terms, definitions, and criteria are used agency-wide
- Final deliverable: Cross-cutting and comprehensive Health Equity Glossary

10 SMEs across Centers to provide cross-agency perspectives and engage in forward-thinking dialogue about transformative elements of definitions that will carry CDC into the future



Health Equity Glossary

Terms were **identified** based on frequent usage in health equity discourse and

Represents nuanced concepts that are hard to summarize in a single definition

Definitions drawn from work by people with a public health interest in health equity

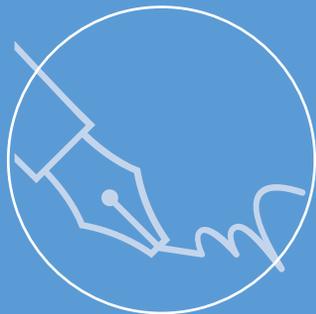


A living document providing a common language:

Not everyone is familiar with terminology used in health equity literature and communications

Consensus around terms is evolving as more awareness is gained about health equity and health equity science progresses

Notice Of Funding Opportunity (NOFO) Sprint Team



Develop concrete recommendations for existing non-research NOFO template



Identify and make recommendations for needed support structures to guide programs in decisions around health equity.

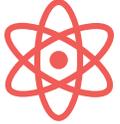
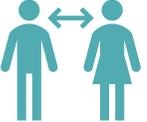


Collect examples of how CIOs across CDC are already integrating health equity into their NOFOs

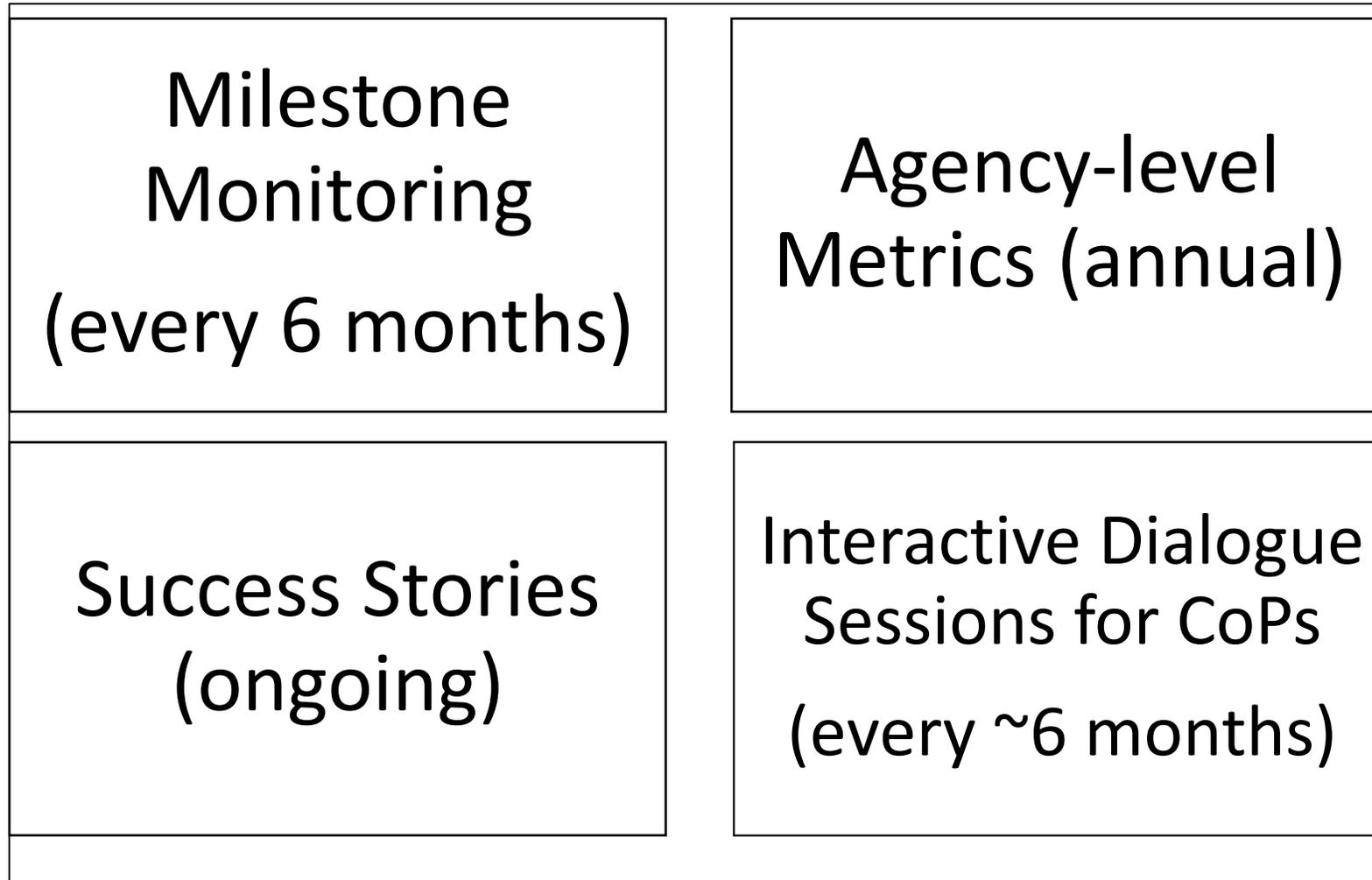


Health Equity Science Principles

Key Considerations to support CDC's Health Equity Science

-  Conduct health equity **science for action**
-  Clarify uses of **race and ethnicity**
-  Distinguish **markers vs. drivers** of inequity
-  Use appropriate **data and measures**
-  Incorporate an understanding of the **contexts that contribute to health inequities**
-  **Embed equity** into every part of the **scientific life cycle**

Accountability and Progress Monitoring



Looking Ahead



Agency-wide opportunity for innovation



Enhanced coordination and communication



Decreases in health disparities and greater health equity

Organizational Change Framework and Actions to Advance Equity

Aletha Maybank, MD, MPH

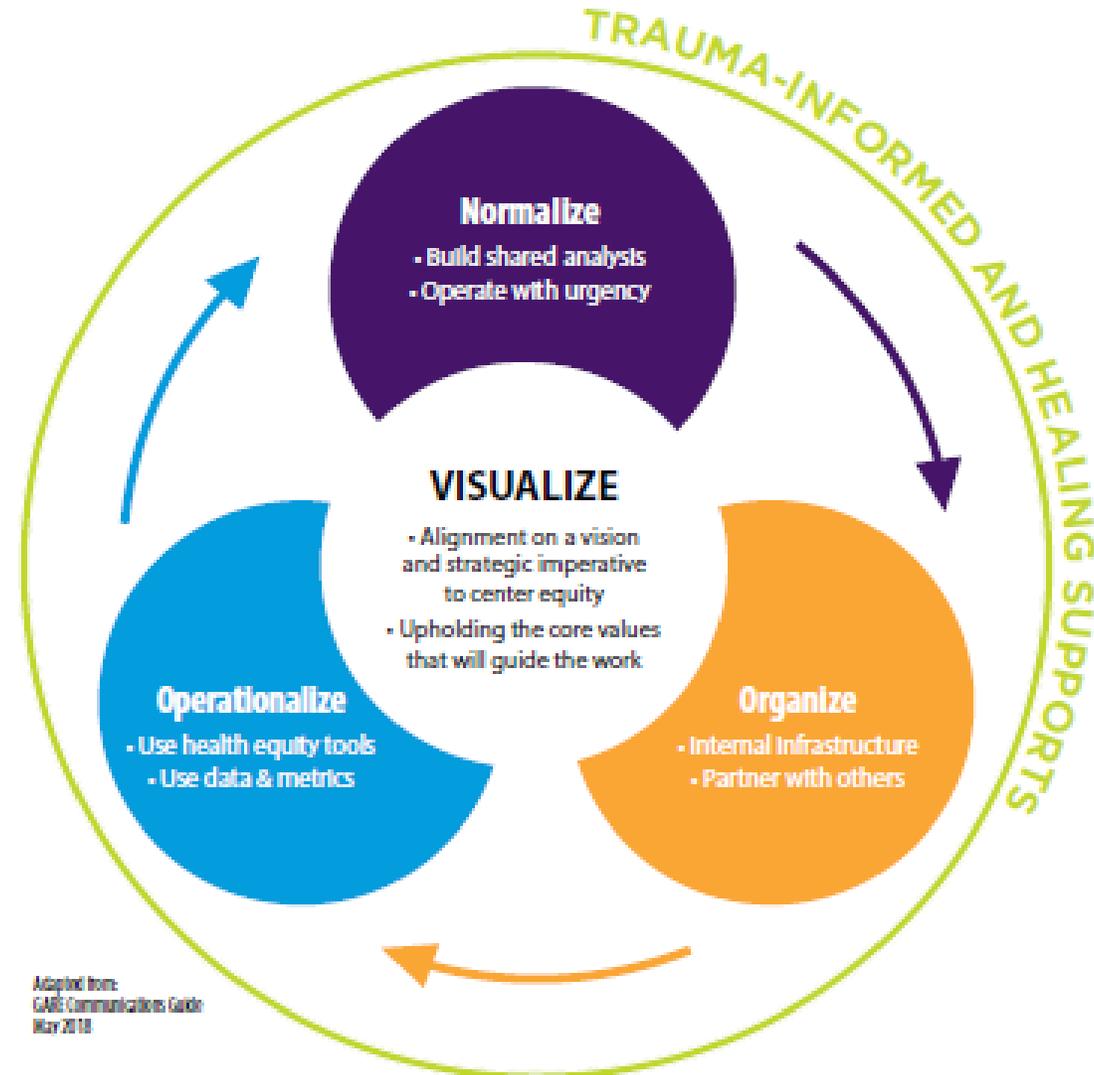
Senior Advisor

Diversity, Equity, Inclusion, and Accessibility

Centers for Disease Control and Prevention



Framework for DEIA Organizational Change



Adapted from:
GABE Communications Guide
May 2018

Visualize

CDC envisions an empowered and high-performing workforce that thrives in a culture of mutual acceptance and trust that recognizes our differences, where every employee experiences satisfaction, belonging, and just treatment in an environment rooted in equitable and transparent policies and practices, thereby fully enabling us to accomplish our shared public health mission.

(Draft)

Guiding Principles, taken from Federal Guidance on DEIA:

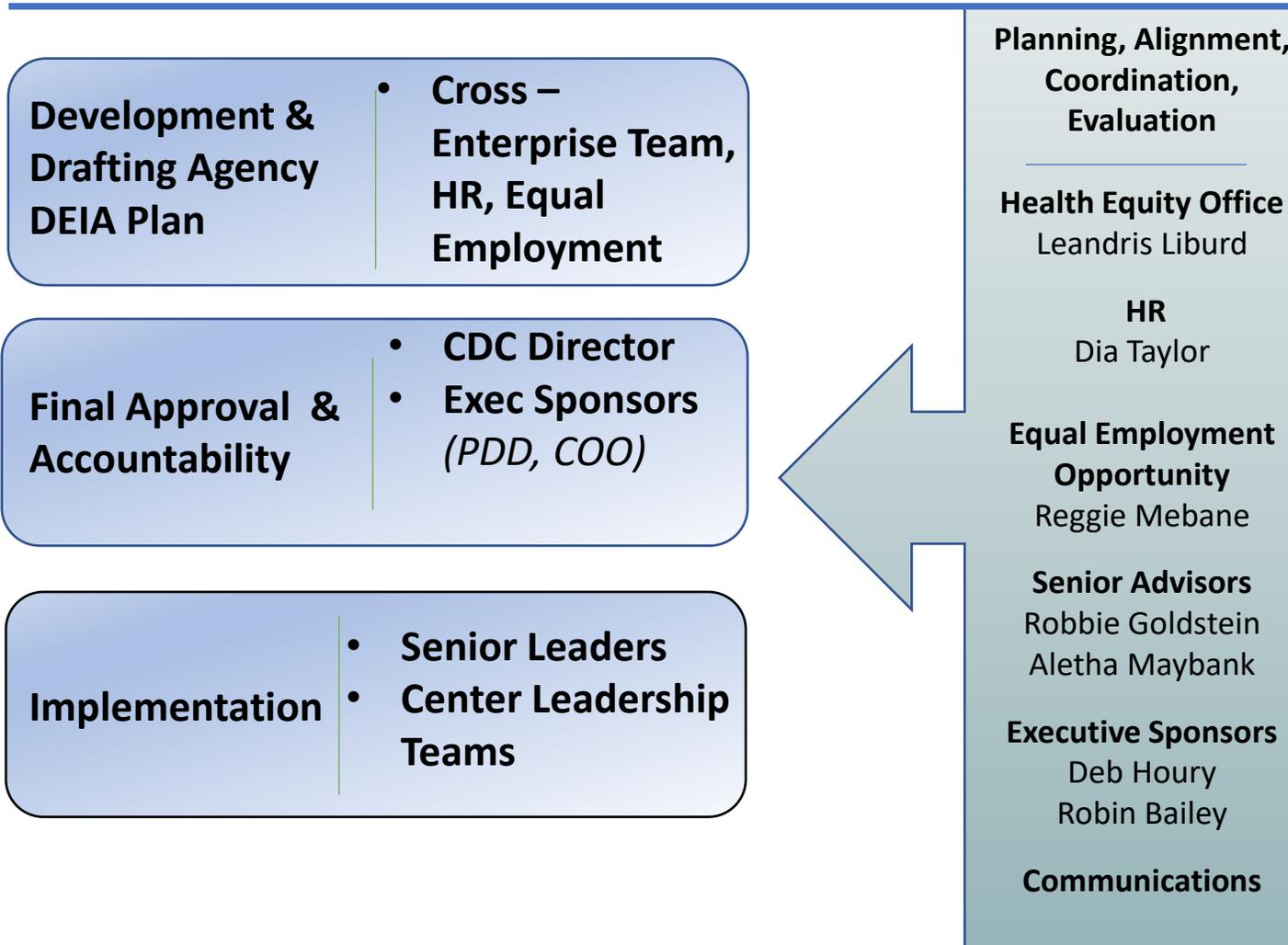
- Use data and evidence-based decision making;
- Focus on continuous improvement;
- Adopt a collaborative whole-of-agency mandate with partnership engagement;
- Prioritize accountability and sustainability; and
- Understand the perspectives of the workforce and the customers

Normalize – Learning & Professional Development

1. Training on equity, diversity, and inclusion for cohort of staff champions across the CDC
2. Racial Equity Institute/Groundwater Institute - 2-day training for senior leaders and key champions (starts Feb 2022)
3. Training (and written guidance) for developing equity action plans (Spring 2022)
4. Launch more training opportunities to build knowledge and skills via CDC University

Organize – Engagement, Action, Accountability

Agency Action Planning



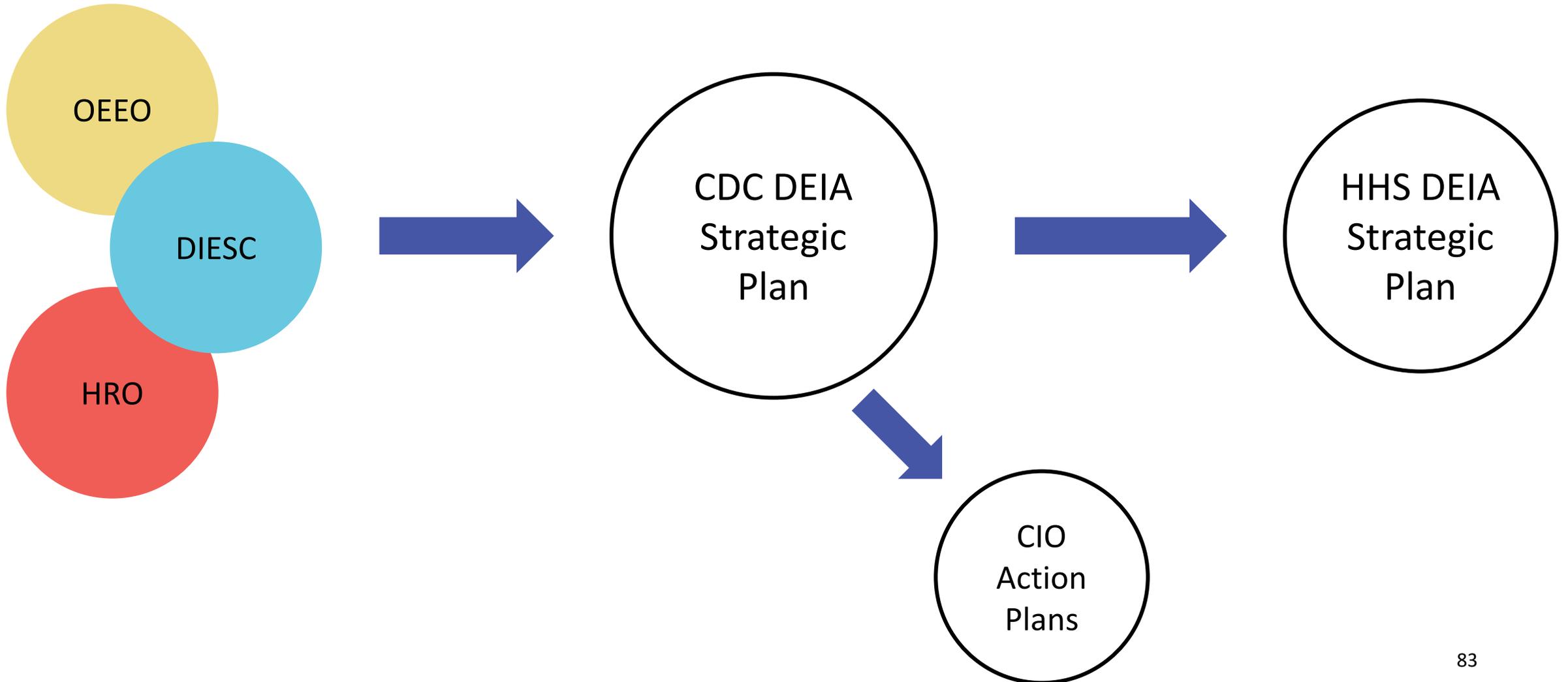
CIO Action Planning



Operationalize – Tools and Metrics

- Better Together intranet site to support transparency and communication across the enterprise
- Health Equity Guiding Principles for Inclusive Communication
- Written guidance on developing equity action plans
- CDC Internal Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility (DEIA) (Spring 2022)
- CIO DEIA Action Plans (Fall 2022)

Achieving DEIA Through CORE



CDC Enterprise DEIA Strategic Plan & CIO DEIA Action Plans



Building a Dynamic Culture through Workforce Engagement – Embracing Diversity, Equity, Inclusion and Accessibility in the Workplace

Robin Bailey Jr., MA

Chief Operating Officer

Centers for Disease Control and Prevention





C

Cultivate comprehensive health equity science

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Enhance capacity and diversity and inclusion

CORE Integrates Health Equity into the Foundation of all CDC Work



Implementing Equity Work at the Division Level

Demetre C. Daskalakis, MD, MPH

Director

Division of HIV Prevention

National Center for HIV, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention



1.2 Million People in the U.S. have HIV and Health Disparities Persist

Snapshot of Disparities

Higher HIV Incidence:

- Gay and Bisexual Men
- Black/African American Persons
- Hispanic/Latino Persons

Larger Gaps in PrEP Coverage:

- Black/African American Persons
- Hispanic/Latino Persons

Lower Rates of Viral Suppression:

- American Indian/Alaskan Native Person
- Black/African American Persons

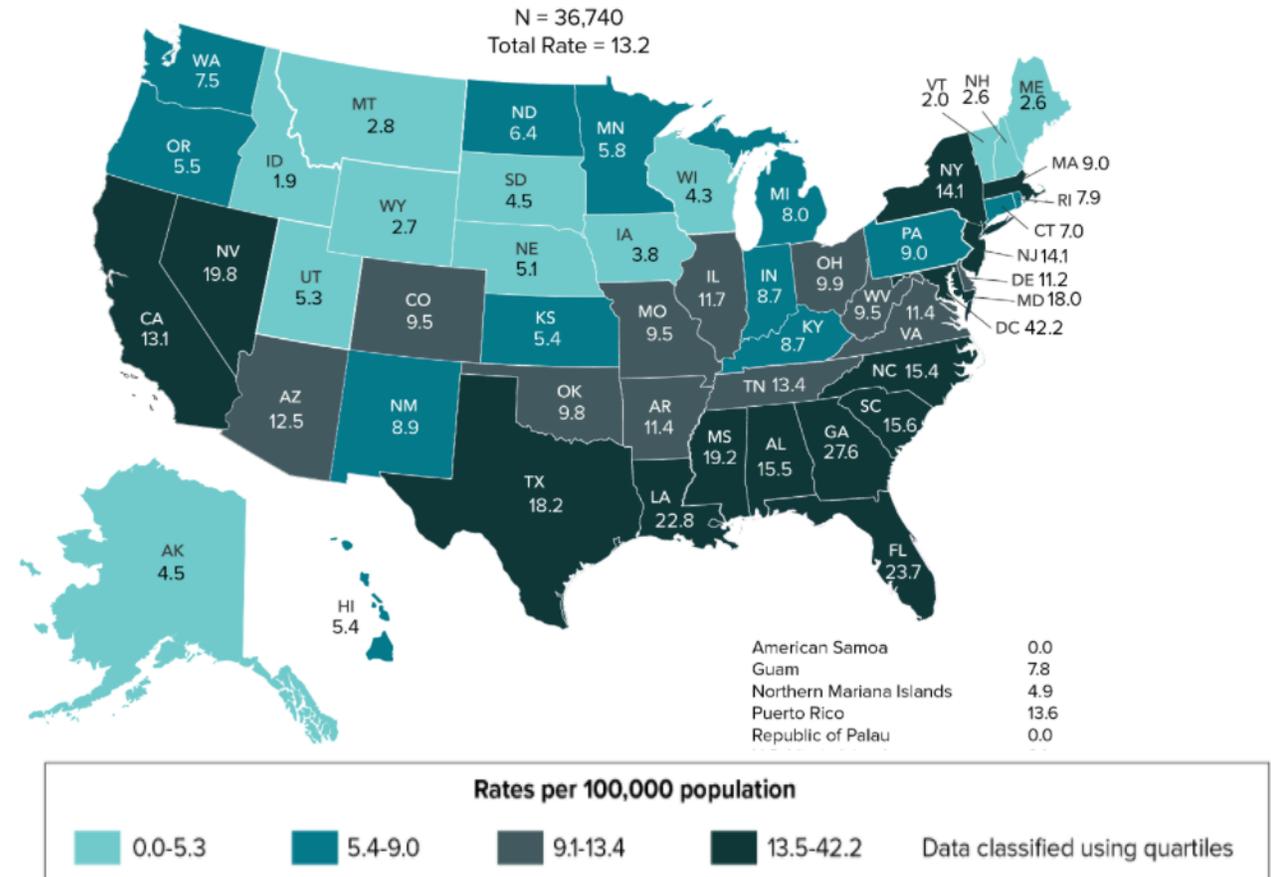
Higher HIV Prevalence:

- MSM
- Transgender Women

More HIV Outbreaks

- People Who Inject Drugs

Rates of Diagnoses of HIV Infection are Highest in the South (More than 50% of all new HIV diagnoses in 2019)



Ending the HIV Epidemic

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

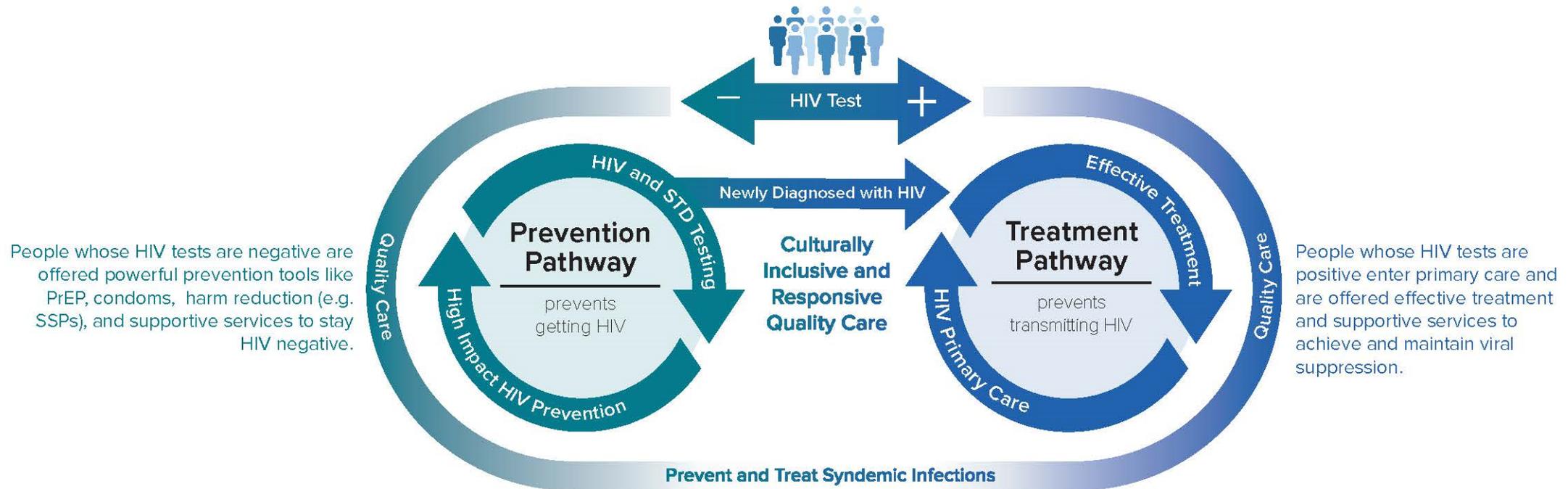


Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

DHP Activities Aimed at Addressing Health Equity

HIV Criminalization

In 2021, CDC published commentary in *The Lancet HIV* encouraging states to align their HIV criminalization laws with science and/or revise the application of these laws to ensure that they protect the community, are evidence-based and just, and support public health efforts.

Comprehensive High-Impact HIV Prevention Programs for Health Departments and Community Based Organizations

Awarded \$400 million a year to health departments to implement integrated HIV surveillance and prevention programs.

Awarded \$42 million a year to 96 CBOs serving populations disproportionately affected by HIV.

HIV Prevention in Communities of Color Postdoctoral Fellowship Program and The Minority HIV/AIDS Research Initiative (MARI)

The fellowship recruits, mentors, and trains investigators to conduct domestic HIV prevention research in communities of color.

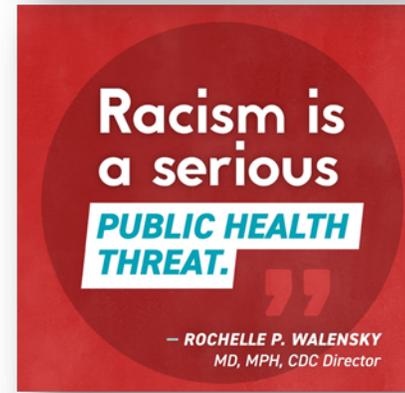
MARI builds capacity for HIV epidemiologic and prevention research in Black and Hispanic/Latino communities and among Black and Hispanic/Latino investigators.

Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Awarded \$54 million over 5 years to 30 CBOs serving young MSM of color and transgender persons of color.

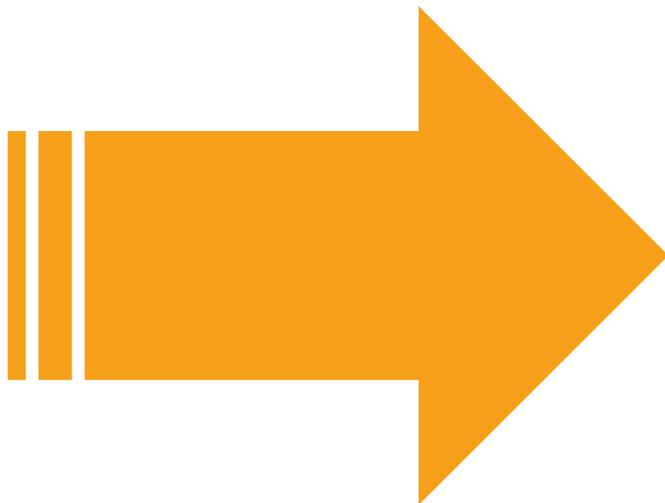
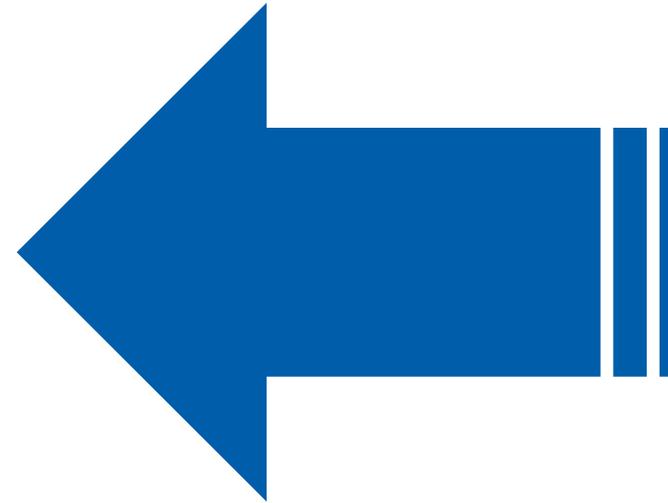
Let's Stop HIV Together

- Campaign aims to stop HIV stigma and promote HIV testing, prevention, and treatment
- Addresses consumers and health care providers
- Reflects and represents the communities most impacted
- Holistic approach across the HIV prevention and care continuum
 - Content is disseminated through prioritized channels that reach populations most affected by HIV
- Addresses the underlying social and structural factors that impact HIV stigma, testing, prevention and care



National Center for HIV, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Equity Initiative

A transformational long-term strategy to help us achieve equity within our workplace and eliminate health disparities by addressing racism and other systems of oppression

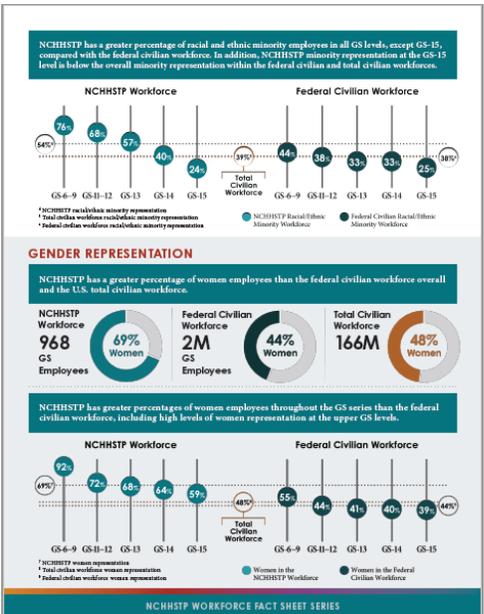


The Equity Initiative builds on decades of successful work—by NCHHSTP staff, our partners, and advocates—giving us a strong foundation of proven strategies and bold ideas to advance equity and reduce health disparities

DHP Equity Change Team

Focus Areas

- A. Workplace Culture
- B. Workplace Policies and Procedures
- C. Research, Policy, Programs and Partnerships



NCHHSTP Workforce Fact Sheet

Next Steps

- **Implement next phase of DHP Equity Plan**
 - Implement key activities
 - Establish routine reporting, including Annual Progress Report
- **Incorporate GARE (Government Alliance on Race and Equity) tools into our major activities**
- **Increase antiracist leadership capacity**
 - Expand **Undoing Racism** training

Let's Stop HIV Together:

- **A new HIV Stigma and SDOH Framework**
- **Community listening sessions with priority populations**
- **Support to new non-traditional funded partners representing prioritized communities through Partnering and Communicating Together (PACT)**



ACD Health Equity Workgroup: Terms of Reference



John Auerbach, MBA

Director

Intergovernmental and Strategic Affairs

ACD Designated Federal Official (DFO)

Centers for Disease Control and Prevention



Leandris Liburd, PhD, MPH, MA

Director

Office of Minority Health and Health Equity

Centers for Disease Control and Prevention

GUIDELINES REGARDING WORKGROUPS

- Formed to assist ACD
- Topics of focus reflect CDC Director's identification on needs
- Must have 2 ACD members and DFO
- Limited in size
- Can be enhanced by non-ACD subject matter experts
- Can utilize public or non-public meeting formats

PURPOSE - HEALTH EQUITY WORKGROUP (HEW):

- Provide input to ACD on the scope & implementation of CDC's CORE strategy - influencing internal work and that of STLT public health agencies, constituents and partners.
- Prepare reports with findings, observations and outcomes to enhance the CORE strategy
- Suggest innovative and promising health equity practices
- Suggest ways to embed anti-racist policies/practices in public health programs

HEW CAN PROVIDE INPUT ON:

1. What will CORE need to be successful?
2. What are potential barriers?
3. How can work on health equity at the STLT levels be supported?
4. What categories of partners can be leveraged?
5. How can a Health Equity in All Policies approach be advanced?
6. How might measures of health and of inequity be collected?
7. What are a minimal data elements for surveys and surveillance systems?

EMPHASIS INITIALLY ON FIRST THREE TOPICS IN TOR

1. What will CDC need to do to be successful in CORE implantation? What are the best 3 agency-wide CORE goals & most important changes to advance CORE?
2. What are potential unanticipated barriers to CORE implementation and how can they be minimized?
3. How can CDC accelerate work on health equity at the STLT levels?

AREAS OF FOCUS

- **C-cultivate comprehensive health equity science**
- **O-optimize interventions**
- **R-reinforce & expand robust partnerships**

(Not included: E – CDC workforce diversity & inclusion)

- **Observations and action steps within control of the CDC**

LOGISTICS

- Oral report at May ACD meeting
- Written deliverable within 6 -9 months
- At least 3 virtual meetings with work in between meetings
- Staff support from CDC
- 2nd phase for other items after initial deliverable

NEXT STEPS

- Review and decision regarding establishment including TOR
- Post-meeting survey of interest among ACD members
- Selection of non-ACD members – open nomination process



PROTECTING AMERICA'S SAFETY, HEALTH, AND SECURITY

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

