DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
HEALTH RESOURCES AND SERVICES ADMINISTRATION

CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment

July 29, 2010

Teleconference

Record of the Proceedings

"Strategic Realignment of Funding to Support Priorities in Sexual Health and STD Disparities Among Racial and Ethnic Minorities"

Summary Report of the Conference Call
July 29, 2010

Please be advised that the proceedings called to order on July 29, 2010 did not meet the quorum of membership required to conduct an official meeting of this committee. Because of the lack of quorum, any deliberations, recommendations or outcomes occurring during, or resulting from, the meeting will not be provided to CDC for consideration and/or implementation. These meeting minutes are part of the official committee record. The agenda items discussed at this meeting may be revisited as needed at a later meeting of the committee.

The Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) held a conference call with the CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment (CHAC) on July 29, 2010 from 2:00-3:00 P.M. EST. The conference call was open to the public.

Dr. Kevin Fenton is the Director of NCHHSTP and Designated Federal Official of CHAC. He explained that a CHAC Workgroup was convened on July 8, 2010 to discuss CDC's "Strategic Realignment of Funding to Support Priorities and STD Disparities Among Racial and Ethnic Minorities." The three key objectives of the Workgroup were to:

- Identify future opportunities to accelerate impact in health disparities through programs, policy, research and public health ethics.
- Make recommendations to CDC regarding the potential use of realigned funding.
- Provide key principles to be considered in the development of a new funding opportunity announcement (FOA) for use of the realigned resources.

Dr. Fenton announced that CDC has been investing a certain amount of resources annually in a cooperative agreement with Tuskegee University that ended in September 2009. As a result, the Workgroup was convened to provide CDC with a critical review of the best methods to (1) realign the resources to meet the legacy objectives of the investment in bioethics and health disparities research and (2) realign the resources to have the greatest impact in the current era of funding constraints and continued evolution of NCHHSTP's infectious diseases.

During the Consultation on July 8, 2010, the Workgroup drafted a summary report of its deliberations that was distributed to all CHAC members. The overarching purpose of the conference call was for the full CHAC membership to review the content of and ratify the recommendations contained in the draft report. Following CHAC's review and comments on the draft report, members of the public participating on the conference call would be given an opportunity to make comments.

Dr. Donna Sweet is the co-Chair of CHAC and chaired the CHAC Workgroup on July 8, 2010. She commended the writers of the draft report for their truly spectacular efforts in capturing the extensive commentary and discussion by the Workgroup during the Consultation. Her position was that the draft report was an accurate reflection of the Workgroup's deliberations.

Dr. Sweet highlighted the Workgroup's recommendations based its charge by CDC to address four key questions.

1. ***What criteria should be used to realign the funds?*** The Workgroup's recommendations on "criteria" focused on the following areas: morbidity, an STD Prevention Plan, partnerships, health equity, and public health ethics. The Workgroup selected, but did not rank, its top five criteria for CDC to use in realigning the legacy funds:
   - Significance and impact of the proposed project in reducing disparities.
   - Innovation and novel methods to implement a comprehensive sexual health framework that values the diversity of sexual expression.
   - An innovative and significant STD Prevention Plan that highlights established partnerships.
   - Engagement of disproportionately affected communities.
   - Accountability of HIV grantees to integrate STD prevention into their programs.

2. ***How should these funds be directed to accelerate the impact on STD disparities?*** The Workgroup's recommendations on "accelerating the impact" focused on the following areas: multifaceted intervention strategies, evaluation, innovation, a priority focus on service and policy interventions, health communications and media development, direct funding to community-based organizations (CBOs), engagement of Community Health Centers (CHCs), a commitment to health equity and public health ethics, community-based participatory research (CBPR), compilation and dissemination of "best practices," and provision for multi-year project periods.

3. ***How should CDC ensure that the principles of public health ethics inform and guide efforts to reduce STD disparities?*** The Workgroup's recommendations on "public health ethics" were in the following areas: public health ethics plans, "Principles of the Ethical Practice of Public Health," evaluation of public health ethics efforts, and public health ethics criteria in the FOA.

4. ***What institutional or organizational partnerships should be developed to effectively implement strategies to reduce STD disparities among racial/ethnic minority groups?*** The Workgroup's recommendations on "partnerships" were in the following areas: institutions with credibility with affected communities and populations, majority support to CBOs, efforts to address human sexuality and sexual health, Community Advisory Boards, diversity of eligible applicants for the FOA, and an emphasis on partnerships.

At the conclusion of her summary, Dr. Sweet opened the floor for the CHAC members to provide comments on the Workgroup's recommendations.

In general, CHAC commended the Workgroup on drafting an outstanding, thoughtful sensitive and thorough report for CDC to strategically realign funding to support priorities and STD disparities among racial/ethnic minorities. CHAC thanked Dr. Fenton for his excellent leadership in spearheading this important effort.

In particular, individual CHAC members made a number of comments on the Workgroup's recommendations.

QUESTION 1 RECOMMENDATIONS

- **Regan Hofmann** (*POZ Magazine*, POZ.com, Smart + Strong): Ms. Hofmann fully supported the Workgroup's suggestion to address the larger social context of attitudes related to sex, sexuality and sexual orientation. She urged CDC to include language in the FOA to encourage applicants to explore new and innovative partnerships beyond the traditional STD care and treatment community to achieve this goal.

QUESTION 2 RECOMMENDATIONS

- **Evelyn M. Foust, MPH** (North Carolina Department of Health and Human Services): Ms. Foust expressed grave concerns regarding the Workgroup's recommendations on question 2. She was disheartened by the Workgroup's observation of "the historical mistrust of health departments" and its recommendation that "states should not serve as a "pass-through" to allocate funds to local communities." She supported the concept of "direct funding to CBOs," but she noted that communities have commended state and local health departments for their actions and activities. She was extremely concerned that this language and recommendation condemn an entire group of agencies without a fair hearing and indicate the inability of states to fairly and equitably allocate funding to CBOs. Ms. Foust also pointed out that the language appears to divide rather than integrate communities and health departments at a critical time when coordinated efforts are needed to address health disparities. She hoped that state and local health departments would be eligible to apply for funding so long as the agencies met the FOA criteria proposed by the Workgroup (e.g., establishing a Community Advisory Board and developing a solid STD Prevention Plan). She emphasized that in some cases, states could appropriately serve as a pass-through to better leverage administrative dollars and maximize service dollars.

  Dr. Sweet clarified that the Workgroup's recommendations in response to question 2 were not intended to malign state and local health departments, promote divisiveness between these agencies and communities, or restrict health departments from applying for funding. The Workgroup merely stated a fact that communities have a history of mistrusting health departments. However, the Workgroup extensively discussed novel and innovative strategies to allocate the realigned funding to enhance trust between health departments and communities and reduce disparities in affected populations. These strategies included establishing new coalitions and normalizing conversations related to sex as a natural part of life.

  Dr. Fenton added that the Workgroup strongly emphasized the need to develop innovative strategies to allocate funds to the most severely affected communities for the overall investment to have maximal impact. Based on this guidance, CDC would explore a variety of mechanisms to allocate the realigned funding, such as direct funding to CBOs, existing infrastructures, state and local health departments, or innovative partnerships.

- **Jeanne Marrazzo, MD, MPH** (Harborview Medical Center): Dr. Marrazzo's position was that the Workgroup's recommendation to use three years as the period of time to evaluate outcome measures of decreasing STD incidence rates was optimistic. To resolve this issue, she raised the possibility of using the Workgroup's recommendation for grantees to form partnerships to provide high-quality STD services as a surrogate measure for STD incidence rates. For example, the engagement of actual implementers at clinical and health education levels could be established as a target in the FOA and also as a surrogate marker for grantees to demonstrate the efficacy and relevance of

their collaborations. Meaningful partnerships with implementers who provide direct services to patients, clients or at-risk persons seeking health education would play an important role in achieving the goal of accelerating the impact on STD disparities.

- **William C. Grace, PhD** (National Institutes of Health (NIH), Office of AIDS Research; *Ex-Officio* Member): Dr. Grace confirmed that NIH looks forward to the Workgroup's recommendation for CDC to partner with NIH in funding long-term research on STD disparities.

- **Regan Hofmann** (*POZ Magazine*, POZ.com, Smart + Strong): Ms. Hofmann was pleased that the Workgroup acknowledged the historical mistrust of health departments among communities and proposed strategies to address this issue. Her position was that establishing strong relationships with CBOs to recognize and remediate the problem would play an important role in improving public perceptions of public health agencies and decreasing community mistrust and fear of federal, state and local health officials.

- **Antigone Hodgins Dempsey, MEd** (Altarum Institute Community Health Systems; CHAC Workgroup Member): Ms. Hodgins Dempsey reiterated the Workgroup's recommendation for CDC to allocate the realigned funding for grantees to conduct parallel or "twin" interventions at the same time (*i.e.*, service and policy interventions) in order to leverage results.

- **Edward W. Hook III, MD** (University of Alabama at Birmingham, CHAC co-Chair): Dr. Hook encouraged CDC to include clearer language on "innovation" in the FOA to ensure the Workgroup's recommendations were accurately reflected and maintained between the NCHHSTP level and the CDC Procurement and Grants Office level.

<u>QUESTION 3 RECOMMENDATIONS</u>

- **André W. Rawls, JD, PhD** (Consultant): Dr. Rawls noted that the Workgroup advised CDC to instruct the review panel to evaluate and score applications based on the following public health ethics criteria: "Does the proposed project have the capacity to help reduce the incidence of STDs in the populations at risk?" Dr. Rawls recommended that CDC provide the review panel with more details and a clearer definition of "capacity."

<u>QUESTION 4 RECOMMENDATIONS</u>

- **Evelyn M. Foust, MPH** (North Carolina Department of Health and Human Services): Ms. Foust questioned the basis of the Workgroup's recommendation for health departments to be required to allocate "no less than 75%" of their awards to CBOs.

  Dr. Sweet responded that the 75% distribution was agreed to by Workgroup consensus. The Workgroup's position was that this allocation was sufficient for CBOs without being extensive or burdensome to health departments.

- **Kenneth H. Mayer, MD** (Brown University AIDS Program): Dr. Mayer advised CDC to require grantees to partner with federal programs in addition to CBOs and state or local agencies. For example, some grantees could be Federally Qualified Health Centers that receive federal funding from the Health Resources and Services Administration (HRSA). Cross-communication between CDC-STD prevention grantees and HRSA-HIV care grantees would be extremely important to effectively leverage funds and collaborate with

CBOs and primary care facilities at the local level. This approach might lead to the creation of model programs that could be replicated through HRSA funding streams.

- **André W. Rawls, JD, PhD** (Consultant): Dr. Rawls cited the Workgroup's recommendation. "Applicants should be encouraged to establish partnerships with the following entities: faith-based CBOs, mental health agencies, community college networks, the National Medical Association, and Minority HIV/ AIDS Research Initiative grantees." Dr. Rawls urged CDC to place this exact language in the FOA.

Dr. Fenton made a number of remarks in follow-up to CHAC's comments and questions. Because the draft report accurately reflects the Workgroup's deliberations, the actual record could not be changed. However, comments, suggestions or concerns made by any of the CHAC members during the conference call would be appended to the Workgroup's final report as part of the official record. CDC would consider the Workgroup's final report with comments by the full CHAC membership in developing the FOA.

In direct response to Ms. Foust's question, Dr. Fenton clarified that the realigned funding in the FOA would only include the annual $2 million cooperative agreement with Tuskegee University for legacy activities. The FOA would not include CDC's $20 million allocation to the Syphilis Elimination Effort.

In direct response to Dr. Mayer's comments, Dr. Fenton conveyed that the Workgroup discussed several opportunities to leverage additional resources, such as health reform; investments targeted to community-level prevention initiatives; collaborations with colleagues in the CDC National Center for Chronic Disease Prevention and Health Promotion who have oversight of Community Transformation Grants; and partnerships with communities receiving funding through health reform or the American Recovery and Reinvestment Act.

In direct response to Dr. Hook's comment, Dr. Fenton explained that the Workgroup's recommendations on innovation were broad and did not clearly define a process for this effort. The Workgroup recommended that CDC make a strong and clear commitment to innovation in principle. For example, CDC was advised to review existing interventions and more effectively integrate these strategies to support the concept of "combination prevention." The Workgroup urged CDC to focus on community-driven, community-developed and community-appropriate innovation through community participatory approaches. The Workgroup encouraged CDC to improve existing interventions through continuous quality improvement mechanisms.

Dr. Fenton conveyed that the Workgroup urged CDC to ensure sexual health and STD/HIV prevention are included in discussions of investing these resources at the local level. The Workgroup noted that although CHAC has made great advances in encouraging CDC and HRSA to integrate prevention, treatment and care resources, stronger efforts are needed to combine resources in sexual health, chronic disease prevention and other types of ongoing community transformation.

Dr. Fenton explained that although the funding would be realigned, CDC informed the Workgroup of its commitment to incorporate a public health ethics approach into all activities supported by these resources in the future. The Workgroup's pragmatic recommendations would help CDC to base its public health ethics efforts on existing best practices and emerging evidence in the field.

Dr. Fenton announced that CDC was extremely pleased with the insightful comments and recommendations the Workgroup provided during the Consultation. He highlighted key themes from the Workgroup's deliberations that CDC would particularly consider in developing the FOA.

- All activities that are supported by the realigned funding should be based on sound public health ethics.
- The $2 million investment should be targeted to new, innovative and impactful strategies to address health disparities, particularly among African American and other minority communities in the United States.
- The use, impact and effectiveness of the aligned funding should be rigorously evaluated to ensure grantees advance CDC's health disparities agenda in exciting new directions.
- CBPR approaches should be extensively utilized by engaging communities in developing initial concepts to allocate the realigned funding and ensuring accountability for the implementation and evaluation of all funded interventions.
- More comprehensive approaches should be adopted to address health disparities. The Workgroup provided extensive commentary on the importance of focusing on sexual health, social determinants of health and partnerships. Collaborations with colleagues in the CDC National Center for Chronic Disease Prevention and Health Promotion who are overseeing Community Transformation Grants and non-traditional partners outside of health to address social determinants that are driving the epidemic should be used in this effort.
- Capacity building within communities, state and local health departments and other grantees should be prioritized.
- Accountability should be a critical factor to ensure the realigned funding is targeted to communities in greatest need and follows the epidemiology. CDC should remain nimble and flexible to make mid-course modifications in the realigned funding as needed over time. The FOA should acknowledge and maintain pace as the dynamic HIV and STD epidemics continue to evolve over time.

At the conclusion of the discussion between the CHAC and CDC, Dr. Fenton opened the floor for members of the public to ask questions or provide comments on the realigned funding.

- **Vivian Armstead** (South Carolina HIV/AIDS Council): Ms. Armstead posed two questions to CDC. First, where could the public access the Workgroup's draft summary report? Second, would the $2 million FOA cover the entire nation and all three years of the funding cycle?

  In response to question 1, Dr. Fenton explained that the Workgroup's draft report would not be distributed to the public. Comments the CHAC members made during the conference call would be incorporated into the document and the final report would be available to the public on the CDC.gov website in the very near future. In response to question 2, Dr. Fenton clarified that the $2 million investment would be targeted to innovation and evaluated based on the impact of the funded projects. If the evaluation process demonstrated success, efforts would be made to scale-up interventions by establishing partnerships or building the pool of resources over time. The FOA would be released for competition at the national level, but CDC acknowledges that the $2 million investment would be small for the entire country. As a result, only a certain number of jurisdictions would be selected for funding to ensure impact.

- **Julie Davids** (Community HIV/AIDS Mobilization Project): Ms. Davids noted that the Workgroup advised CDC to fund long-term research on STD disparities in partnership with NIH. She posed two questions to CDC regarding this recommendation. First, would funding be allocated for grantees to establish collaborations to support this research effort? Second, should applicants demonstrate linkages between CDC's sexual health and STD disparities initiative and existing NIH research?

  Dr. Fenton explained that the Workgroup's recommendations provided CDC with a framework to make progress in developing the FOA. Some recommendations had tremendous granularity, while other recommendations were more high-level and advised CDC of future directions. In this recommendation, the Workgroup emphasized the importance of CDC partnering with NIH, exploring innovative strategies to utilize a portion of the $2 million investment to leverage additional research dollars from NIH, and ensuring that CDC's initiative does not compete with NIH's research in this area. The Workgroup's high-level recommendation for CDC to partner with NIH provided an overarching intent rather than a specific directive.

- **Fredette West** (African American Health Alliance; Racial and Ethnic Health Disparities Coalition): Ms. West posed four questions to CDC. First, would the awards be made before the end of FY2010 or at another time? Second, how many awards would be made? Third, what would be the funding cycle of the awards? Fourth, would other agencies within the Department of Health and Human Services be encouraged to co-fund the FOA to expand the investment beyond $2 million? Ms. West noted that the Workgroup advised CDC to require grantees to have a history of "working with or within racial/ethnic communities." She recommended a qualification to this language, such as "effectively" or "successfully" working with or within racial/ethnic communities.

  Dr. Fenton explained that for legal reasons, he would be unable to provide information on the nature, form or content of the FOA. Participants on the conference call who planned to submit an application in response to the FOA might have a competitive advantage over persons who did not participate on the conference call. Dr. Fenton responded to the questions that he could legally answer at this time. CDC plans to release the FOA in FY2011. CDC would develop the content of the FOA based on the Workgroup's final report, including comments and suggestions made by the CHAC members during the conference call, and additional input from ongoing consultations.

  Dr. Sweet pointed out that the Workgroup's recommendation on "institutions with credibility with affected communities and populations" directly responds to Ms. West's comment. The Workgroup recommended that applicants reflect the target community ideally, but the experience and success of the applicant in serving the community should take precedence regardless of race/ethnicity or other demographic factors.

CHAC members who participated on the conference call **UNANIMOUSLY RATIFIED** the July 8, 2010 Draft Workgroup Report and the amendments proposed by the CHAC members during the conference call.

Edward W. Hook III, MD, CHAC Co-Chair
Donna Sweet, MD, CHAC Co-Chair
Evelyn M. Foust, MPH
Antigone Hodgins Dempsey, MEd
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