

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MINORITY HEALTH
ADVISORY COMMITTEE ON MINORITY HEALTH**

**June 19, 2018
via Conference Call**

Meeting Summary

Committee Attendees

Paul Juarez, Ph.D., Chair
Linda Frizzell, Ph.D.
Cynthia Mojica, Ph.D., M.P.H.
Beverly Patchell, Ph.D., A.P.R.N., P.M.H.
Sela V. Panapasa, Ph.D.
Rea Pañares, M.H.S.
Isabel Scarinci, Ph.D., M.P.H.
Winston F. Wong, M.D.

Federal Staff

Alexis Bakos, Ph.D., M.P.H., R.N., Senior Advisor to the Deputy Assistant Secretary for
Minority Health, Office of Minority Health (OMH), U.S. Department of Health and Human
Services (HHS)
Violet Woo, M.S., M.P.H., OMH, Disease Prevention Lead, Division of Policy and Data, OMH,
HHS (Designated Federal Officer, ACMH)
Minh Wendt, Ph.D., Data Policy Lead, Division of Policy and Data, OMH, HHS (Alternate
Designated Federal Officer, ACMH)
Zannah Herridge-Meyer, M.P.H., ORISE Health Equity Research Fellow, OMH, HHS

SUMMARY

Opening Remarks and Roll Call

Paul Juarez, Ph.D., Chair, ACMH

Dr. Juarez called the meeting to order and conducted a roll call.

Recap of the March Meeting

Paul Juarez, Ph.D.

Dr. Juarez provided a recap of the ACMH meeting held on March 26-27, 2018, which focused on serious mental illness (SMI). He stated that the presentations on the first day provided an excellent overview of key issues. On the second day of the meeting, the committee broke into three workgroups to discuss potential recommendations regarding primary prevention, barriers to effective data collection, and innovative systems of care.

Dr. Juarez called for a motion to approve the meeting summary. The motion was made by Dr. Wong, seconded by Dr. Frizzell, and carried by unanimous voice vote.

Ms. Woo introduced herself and said she looked forward to serving as the new Designated Federal Officer (DFO) for the committee. She noted that Dr. Wendt would serve as Alternate DFO going forward.

Memo Discussion and Approval: *Opioid Crisis: Recommendations for Creating a Culturally Sensitive System of Care*

Paul Juarez, Ph.D.

Dr. Juarez opened the floor for comments or questions related to the committee's memo with recommendations on creating a culturally and linguistically appropriate service (CLAS)-sensitive system of care for the opioid crisis. He noted the committee would like to submit the memo to Dr. Lin before the next meeting.

Hearing no comments, Dr. Juarez called for a motion to prepare the memo for delivery to Dr. Lin. The motion was made by Dr. Frizzell, seconded by Dr. Scarinci, and carried by unanimous voice vote.

Memo Discussion and Next Steps: SMI

Paul Juarez, Ph.D.

Dr. Juarez opened the floor to discuss next steps to prepare the memo with recommendations on serious mental illness. He noted the workgroups were charged with developing a short narrative outlining their recommendations, with background information and references.

Ms. Woo asked the workgroups to deliver their draft content for the memo by July 1, 2018, using track changes.

Committee members nominated a point person for each workgroup:

- Innovative systems of care: Dr. Wong
- Barriers to effective data collection: Dr. Thorpe
- Primary prevention: Ms. Pañares.

Dr. Panapasa said she would contact Dr. Thorpe to confirm that he would serve as the point person for the data collection workgroup and to finalize their narrative.

Dr. Juarez said he would combine the input from each workgroup into a draft memo for the committee's consideration, with a goal of approving the final draft at the next in-person meeting.

Dr. Wendt stated the next in-person meeting was tentatively scheduled for October 15 and 16, 2018. She offered to schedule a conference call to review the draft memo prior to that meeting.

October Meeting Discussion

Paul Juarez, Ph.D.

Dr. Juarez stated that ACMH's next focus area for the October meeting would be chronic disease, which is one of the expanded priorities of OMH. He noted the materials for this meeting included a list of references on chronic disease, particularly in the areas of prevention and policy. He stated that OMH would continue to expand the list and send an updated version to committee members in the near future.

Ms. Woo noted the draft reference list provided in the meeting materials includes general information from federal agencies as well as some publications in peer-reviewed articles; it was not divided into clinical topics. OMH would appreciate the committee's input regarding what information would be most useful.

Dr. Juarez stated that discussions of chronic disease usually focus on cancer, and metabolic diseases, such as diabetes, cardiovascular disease (CVD), and hypertension. Some people include respiratory disease and asthma, and others include mental illnesses, such as schizophrenia and depression. The committee could choose to focus on specific diseases or take a broader view.

Dr. Juarez noted that much of the health promotion/disease prevention literature related to chronic disease talks about individual behaviors and the need to change risk factors, such as smoking, drinking, poor nutrition, and lack of exercise. The literature is beginning to look at how environmental exposures, especially early in life, increase the risk for developing chronic diseases during the life span. He proposed the committee go beyond individual behaviors and consider the role of chemical and non-chemical environmental exposures and take a life-course perspective regarding the progression of chronic diseases.

Committee members discussed how to frame recommendations related to chronic disease and what issues to include:

- Dr. Scarinci proposed that ACMH focus on preventable chronic diseases in the context of social determinants of health (SDoH) and environmental factors. She felt the emphasis should be on diseases that have the highest burden for racial and ethnic minority populations, such as diabetes and CVD.
- Dr. Wong stated the committee should not duplicate academic reports that could be developed by others. He supported a focus on preventable chronic diseases that have a disproportionate impact on underserved communities of color and tribal communities. The committee should consider the implications of its recommendations for OMH and HHS, especially in terms of accountability and responsibility.
- Dr. Mojica stated that many chronic diseases have a disproportionate impact on racial and ethnic minority groups. The committee might have to decide which diseases to focus on, and which interventions or programs to consider.
- Dr. Frizzell suggested the committee look at the leading causes of death and focus on those with the greatest impact. She offered to look for data on American Indian populations.
- Dr. Juarez noted that a focus on mortality does not reflect the full impact of chronic disease. For example, Latinos are living longer, but they are sicker.

- Dr. Frizzell suggested the committee look at morbidity, despite the limited data on various populations.
- Dr. Wong noted that an emerging body of work is looking at indicators to measure wellness, as opposed to morbidity or mortality. He suggested the committee address the issue of suffering as a component of chronic disease that disproportionately impacts racial and ethnic communities.
- Dr. Patchell commented that a focus on suffering could tie into the committee’s work on opioids. She noted that the opioid crisis came about because pain was not being addressed properly. As people reduce their use of opioids and prescription of opioids decreases, patients with chronic severe pain are suffering. It is important to find a balance without creating a crisis in the other direction. A focus on coping would tie into a discussion of wellness.
- Dr. Wong stated the committee could make a unique contribution by seeking to understand the disproportionate burden of preventable chronic disease on racial and ethnic minority communities. He suggested looking at issues beyond prevention, such as effective treatment for those who live with chronic disease and the differential proportion of suffering. Suffering is not necessarily associated with premature death, and it has both a physical and an emotional toll.
- Ms. Pañares stated that Dr. Wong’s proposal was feasible and would be a unique contribution to the field.
- Dr. Panapasa supported the suggestion to focus on evidence-based interventions and chronic diseases with the greatest impact on each minority population, using a social determinants lens and a life-course perspective. She emphasized that any intervention and prevention program considered by the committee should be culturally indicated to ensure that it is useful and relevant for each population group.
- Dr. Juarez proposed the committee look at the cumulative effect of stress from an early age, such as stress from discrimination, poverty, or growing up in a high-crime area. He noted that coping skills which help a young child adapt to their environment may be counterproductive in an educational environment. The literature on adverse childhood experiences (ACEs) identifies the relationship between exposure to stress and risk for chronic disease, but it does not discuss how to reverse those effects. It is important to consider the social and environmental context of individual behavior and take a life course perspective in order to understand chronic diseases among racial and ethnic minorities.
- Dr. Panapasa stated that individual behaviors are important, but many interventions to address them are not culturally appropriate or relevant. For example, bicycle paths are not an effective way to promote physical activity in Pacific Islander communities, because few people in those communities own a bicycle.
- Dr. Frizzell proposed that the committee frame its recommendations in terms of promoting health equity and wellness. She noted that this approach can include multiple variables, such as education, nutrition, and economic status, and she offered to share a document that was developed for American Indians.
- Ms. Pañares supported the idea of using Dr. Frizzell’s document as a preliminary framework for the committee’s memo.
- Dr. Juarez proposed some introductory wording for the memo: “The data clearly show increased morbidity and mortality for chronic diseases among racial and ethnic and

Indian communities. The literature also shows that the focus on individual behaviors and lifestyle has not demonstrated a significant impact on those communities. There needs to be a broader understanding of the context for those behaviors to develop culturally appropriate interventions that will have lasting impact.” In developing the memo, the committee could look at quality of life aspects, such as suffering. It could review literature on evidence-based interventions that address individual factors as well as literature on the impact of community-based interventions, especially those that work with traditional institutions.

- Dr. Juarez noted that many interventions lack a focus on social and environmental context of chronic disease. As a result, the interventions have a narrow focus, while the causes are more diffuse.
- Dr. Scarinci noted that behavior change interventions focus on the individual, while minority populations are more community-oriented. Interventions that work well for the majority population do not work well for minority populations, because the motivation for behavior change is different. It is important to look at what is working well and what protective factors exist in those communities.
- Dr. Patchell noted that poverty is an important background issue, because it impacts factors such as physical activity and nutrition.
- Dr. Wendt noted the committee had not brought up the issues of workforce development or interdisciplinary approaches.
- Dr. Juarez stated the committee could address workforce issues once it develops a framework for the recommendations. One issue might be the question of how to train a workforce that understands the context and underlying causes of chronic diseases.
- Dr. Panapasa emphasized the importance of using a health equity lens.

Dr. Wendt asked the committee to recommend speakers for the October meeting.

- Dr. Juarez proposed to invite speakers from the Centers for Disease Control and Prevention (CDC) and the Office of the Surgeon General who work on chronic disease. He also suggested to invite the Executive Director of the Prevention Institute, Larry Cohen.
- Dr. Panapasa suggested inviting representatives of health equity offices in HHS agencies.
- Dr. Scarinci noted that former Surgeon General Regina Benjamin has been working on chronic disease from a policy perspective.

Ms. Pañares said she would invite Mr. Cohen to serve as a speaker.

Dr. Juarez asked committee members to suggest additional speakers, especially those who would offer a life course approach to this issue.

Ms. Woo asked committee members to provide the names of potential speakers by July 15, 2018.

Ms. Woo stated that OMH would contact committee members by email to schedule another conference call prior to the October meeting.

Membership Updates

Minh Wendt, Ph.D., Alternate DFO, HHS/OMH

Dr. Wendt announced that two new ACMH members were confirmed and will be introduced to the committee once the paperwork is finalized. OMH will introduce the new members by email and hopes the process will be complete in time for them to attend the next in-person meeting. Dr. Wendt noted that five additional nominations were in the vetting process. She stated that Ms. Woo had asked members whose terms were expiring to extend their terms for 180 days.

Dr. Juarez announced that Ms. Herridge-Meyers would be leaving OMH to attend medical school and thanked her on behalf of the committee. Ms. Herridge-Meyers thanked ACMH for the opportunity to work with them.

Public Comments

Dr. Juarez opened the floor for public comments.

Yvonne Bronner, Sc.D., R.D., L.D., Morgan State University, offered the following comments:

- We do not have an evidence base that would allow us to look at how changes in education, employment, housing, and other factors impact chronic disease, yet we keep saying that SDoH are a central factor. Dr. Bronner offered to look for potential speakers for ACMH's next meeting and noted that she has a graduate student who is looking at the relationship between housing practices and obesity.
- The committee may wish to look at the extent to which minority populations could be examined from a demographic perspective to see if there are different outcomes by socio-economic status. For example, evidence shows that maternal outcomes are not as positive across different educational groups. However, evidence in the area of infant mortality makes it possible to compare mothers who are poorly educated with those who are better educated. Although the outcomes do not compare well across populations, they can be compared within populations.

Dr. Juarez thanked Dr. Bronner for her comments. He pointed out that the National Institute on Minority Health and Health Disparities has done work on the effect of the natural and built environment on chronic diseases. They could potentially help the committee look at the evidence base in this area.

The meeting was adjourned at 2:27 p.m.

ACTION ITEMS

- Each working group will submit a draft of their section for the memo on serious mental illness to OMH by July 1, using track changes.
- OMH will provide ACMH members with an expanded list of references pertaining to chronic disease.
- OMH will email committee members to schedule another conference call prior to the October meeting.

- Ms. Pañares will invite Larry Cohen, founder and Executive Director of the Prevention Institute, to serve as a speaker for the October meeting.
- Committee members who wish to suggest speakers for the October meeting will contact OMH by July 15.
- OMH will introduce the new committee members by email once their paperwork is finalized.