Advisory Committee to the Director (CDC)

November 14, 2023

9:00 AM – 3:30 PM

Closed Captioning: : https://www.streamtext.net/player?event=14257AdvisoryCommitteeDirectorMeeting

Event ID is: 14257

Welcome, Roll Call

David Fleming, MD

ACD Chair

CDC Update – ACD Laboratory Workgroup Recommendations

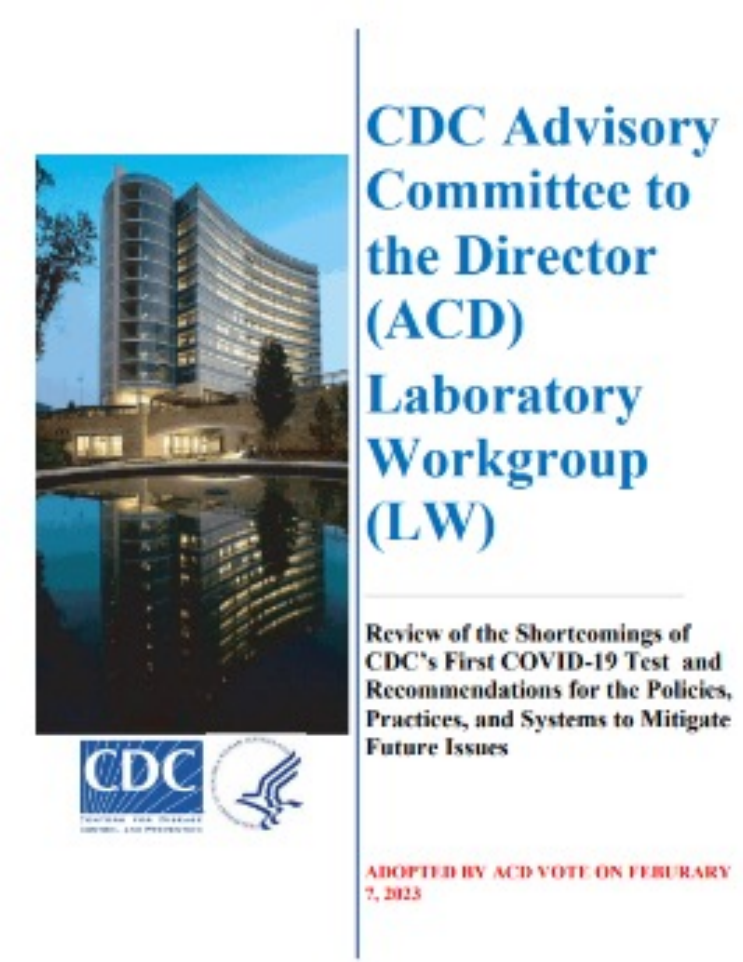
Victoria Olson, PhD

Deputy Director, Office of Laboratory Science and Safety, CDC

Reynolds (Ren) Salerno, PhD

Acting Director, Center for Laboratory Systems and Response, CDC

ACD Laboratory Workgroup Report, February 2023

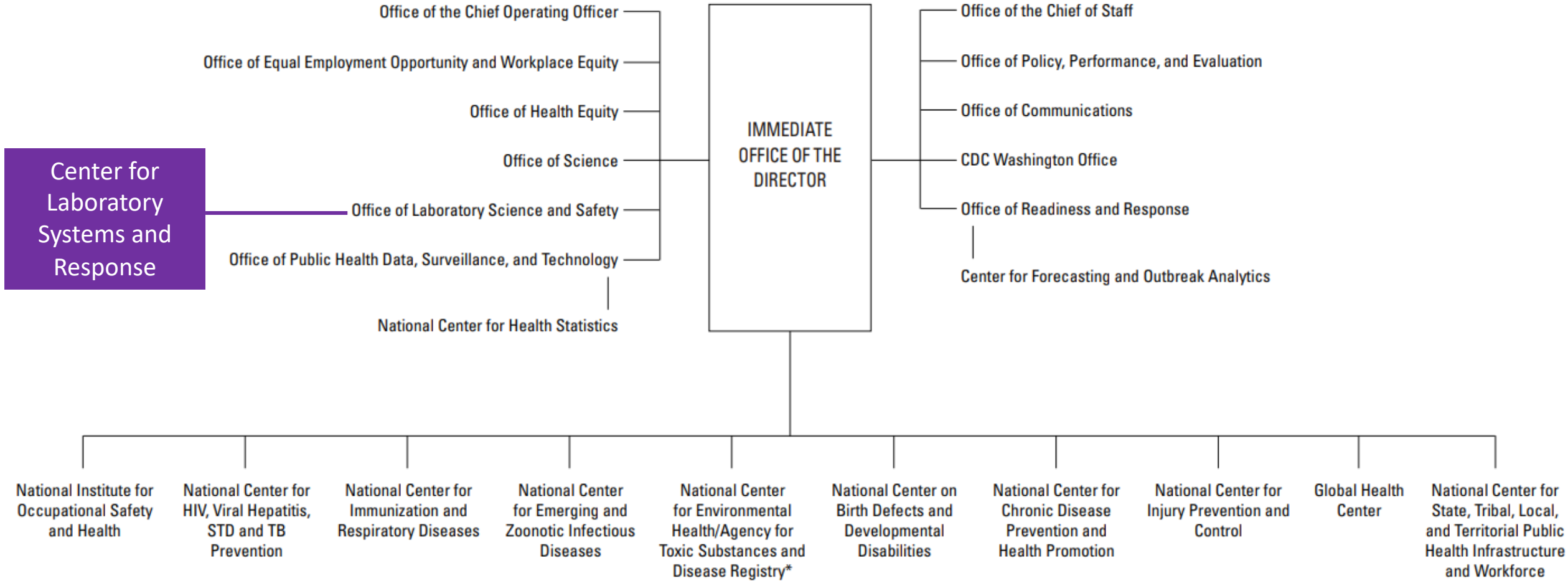


- Senior leader for laboratories, reporting to the CDC Director, with major responsibility and authority for laboratories at the agency
- Cultivate and foster a culture of laboratory quality through the adoption of a comprehensive clinical laboratory quality management system across the agency
- Involve external experts in its review and deployment process for clinical tests for pathogens with pandemic potential
- Consolidate key laboratory support functions into a new Center, focus on clinical laboratory quality, laboratory safety, workforce training, readiness and response, and manufacturing
- Create and exercise plans for developing tests for novel public health challenges
- The CDC should incorporate redundancy into the national responsibility for test development.

Recommendations for Enhancing CDC Laboratory Policies, Practices and Systems

Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)



Last updated February 23, 2023

*ATSDR is an OPDIV within DHHS but is managed by a common director's office.

337670-A

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

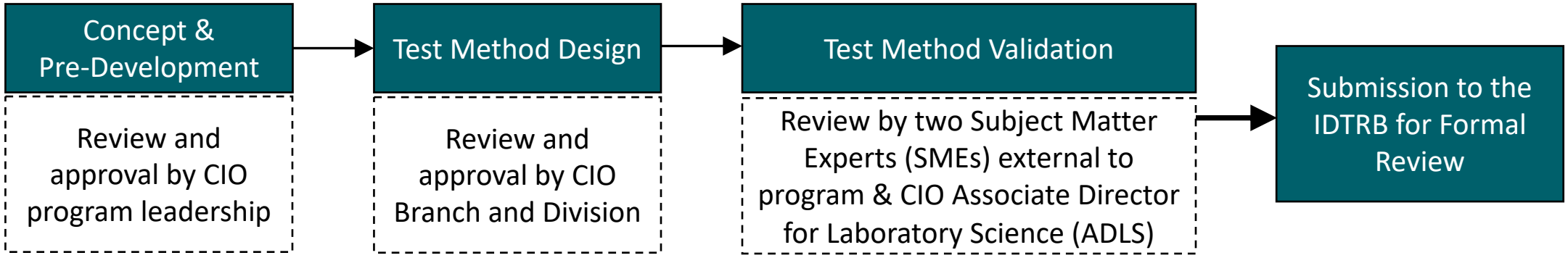
Quality Management System for Laboratories

- **Quality Manual for Microbiological Laboratories (QMML)**
  - Describes quality standards for CDC infectious disease laboratories
    - Clinical diagnostics
    - Surveillance
    - Research
  - Improvements based on feedback
    - Center laboratory leadership
    - CDC laboratory community
    - APHL laboratory directors
  - Implementation ongoing

- **Electronic Quality Management System (eQMS)**
  - Designed to be flexible, easy to use, and facilitate CDC laboratory quality activities
  - Track quality indicators:
    - **Document management**
    - **Personnel training/qualifications**
    - Equipment/instrument maintenance
    - Non-conforming events, root cause analyses, risk analysis
    - Corrective and preventive actions
    - Personnel competency assessments
    - Proficiency testing

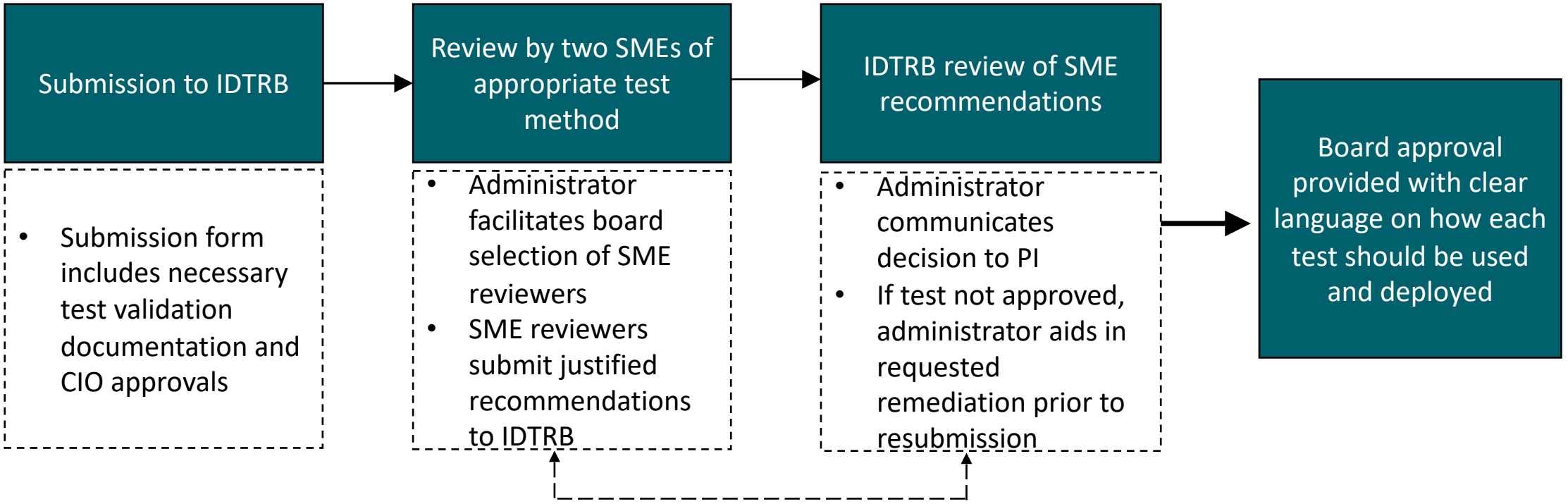
Infectious Disease Test Review Board (IDTRB)

- **Mission:**
  - Review and approve all modified and new tests that will be shared outside of CDC
  - Ensures external review of test validation by subject matter experts
- **Process:**
  - Documented test method validation, review, and approval within Center prior to submission



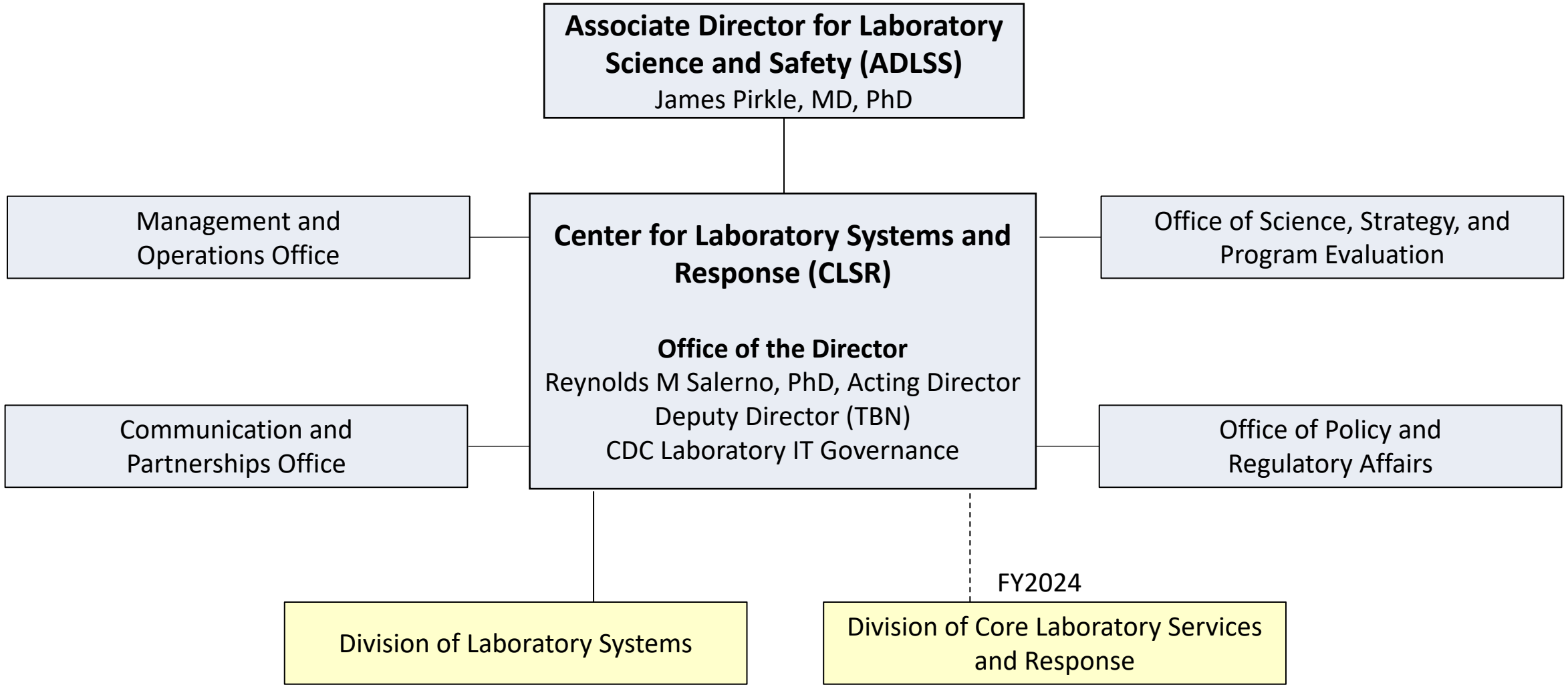
Test Method Development Process that occurs in CIOs

Infectious Disease Test Review Board (IDTRB)

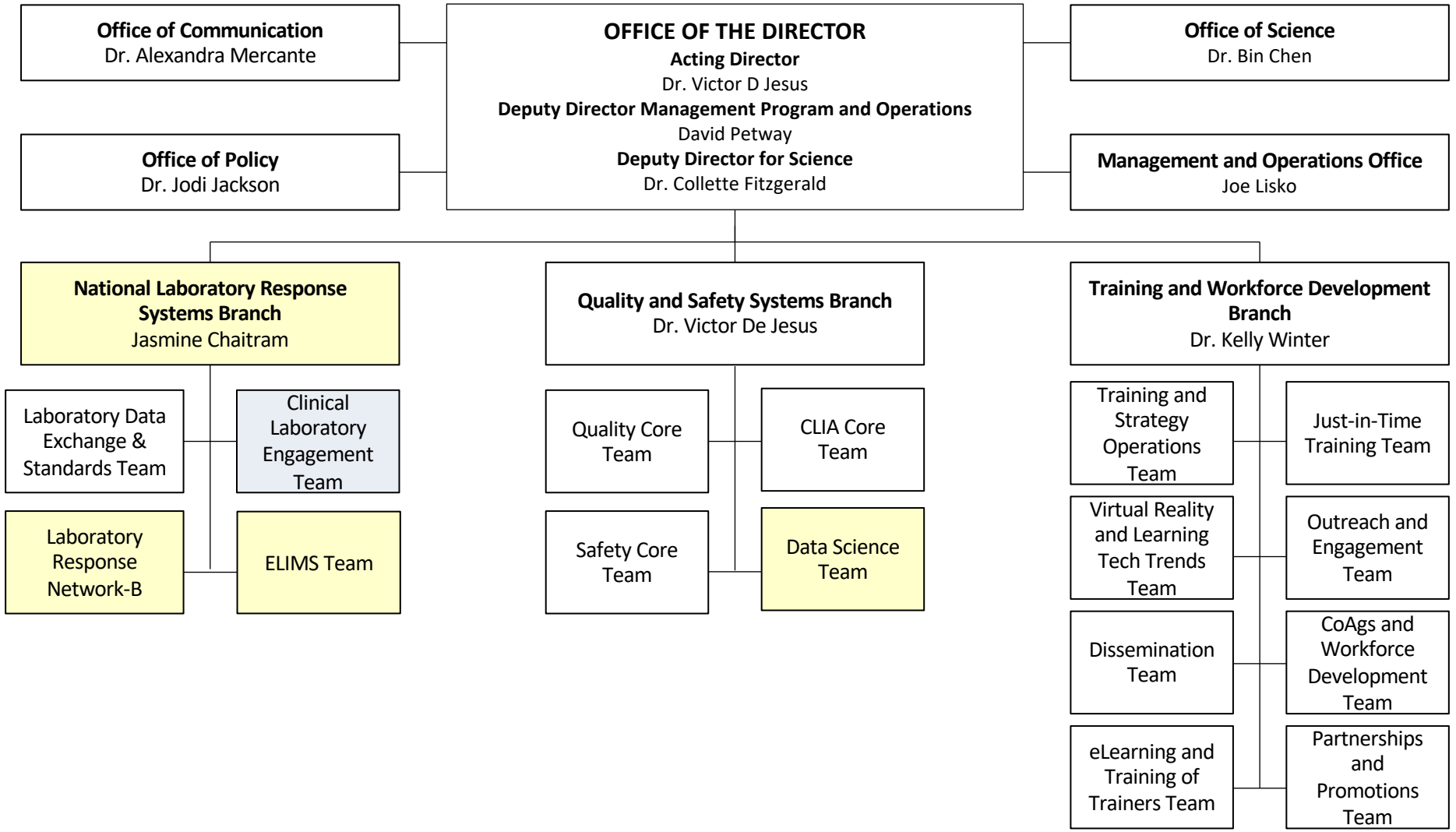


- **Impact:**
  - Verification and review to ensure tests are high-quality and suitable for intended purpose prior to externalization by Board SMEs and members
  - Encourage continuous quality improvement while providing quality assurance to ensure reliable test results

Center for Laboratory Systems and Response

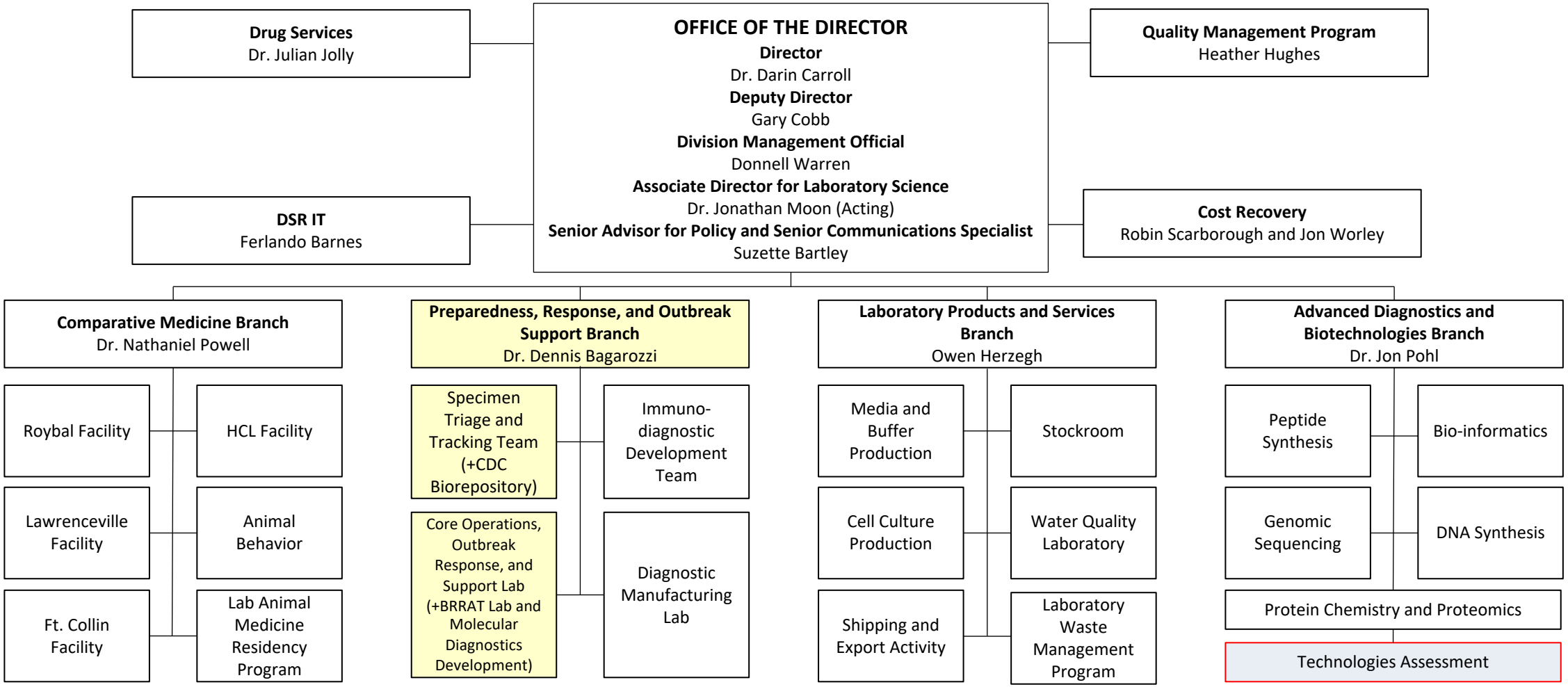


Division of Laboratory Systems



As of October 1, 2023

NCEZID Division of Core Laboratory Services and Response



As of October 1, 2023

Request for Information (RFI): Public-Private Partnerships to Support Test Development and Production

- **Background**: To improve efficiency of rapid test development, technology transfer, and validation prior to a public health emergency, and to enable rapid test manufacture during a response
- **Purpose**: To ascertain the level of interest of private sector test developers to inform and establish pre-event collaborations
- **Objective**: To understand the type of support, cost, and resources needed to enhance diagnostic test production capacity prior to and during a PHE

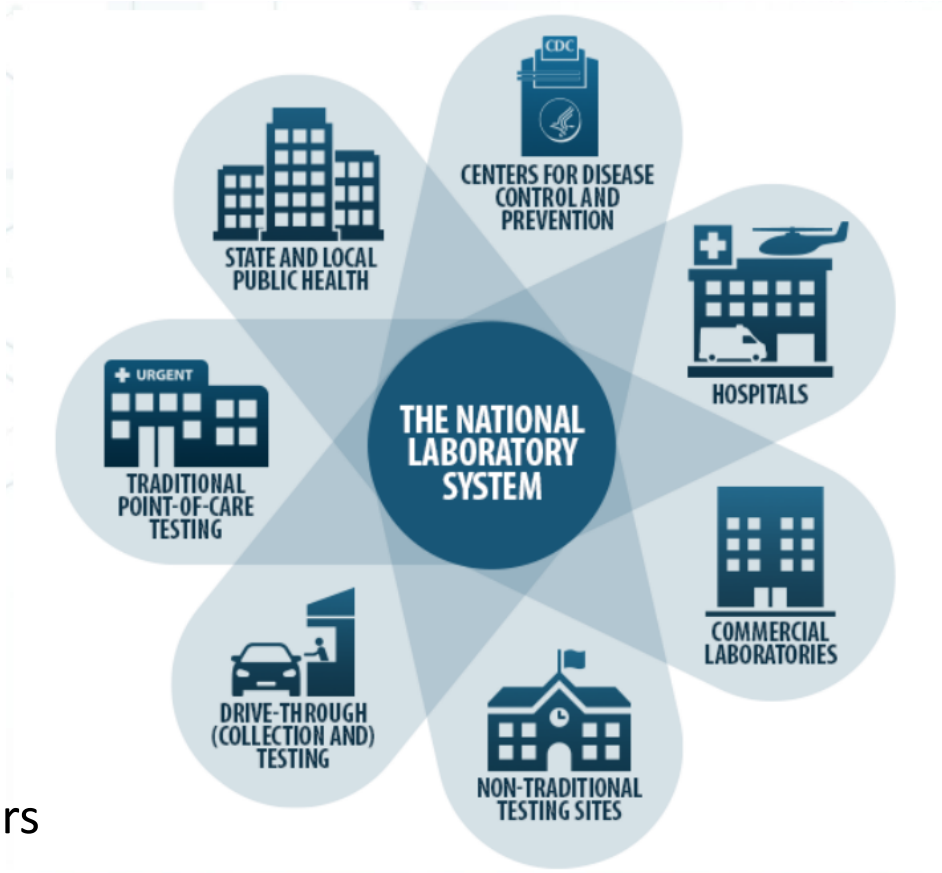
RFI QR Code for more detailed information and requirements

Open Dates: Oct 31 – Nov 15, 2023

Roadmap for Public and Private Laboratory Engagement for Emergency Response

- Contract awarded to Gryphon Scientific
  - Sept 18, 2023, through Sept 17, 2024
  - 1 Optional Year

- Goals
  - Gather and review information from the clinical laboratory survey, after action reports, and internal and external SMEs
  - Create a roadmap for partnering with private sector laboratories and other partners to meet needs during a Public Health Event
  - Explore mechanisms for formal agreements with partners through Memorandum Of Understandings or contracts



Summary – Goals of CLSR

Provide cross-cutting laboratory operation and systems support for CDC's infectious disease laboratories, including standardization of test development and deployment as well as support for laboratory animal studies

Work across CDC, federal partners, and the national laboratory system to ensure scientifically advanced, timely, and efficient laboratory response and diagnostic testing for infectious disease outbreaks, epidemics, and pandemics

Strengthen the agency's public health responses by:

- Placing the Laboratory Response Network under new leadership
- Coordinating diagnostic and testing capabilities of the public and commercial sectors
- Consolidating CDC's laboratory data exchange and laboratory response programs
- Providing additional support to internal CDC laboratories during PHEs

Laboratory Workgroup

Joshua Sharfstein, MD and Jill Taylor, PhD

Co-Chairs

Term of Reference

***Issue**: CDC laboratories need to use best laboratory science advances to protect public health – advances that often originate in academia, small companies, or major instrument manufacturers. These advances include new instrument platforms, new diagnostic tests, and new laboratory diagnostic technologies. At the same time, CDC should be promoting testing that can be readily performed on commonly available instrument platforms and using diagnostic technologies that are readily available to private and public health partner laboratories.*

***Questions**: How can CDC ensure that it stays at the forefront of laboratory technology and laboratory science advances that benefit public health? At the same time, what could CDC do better to promote testing on commonly available instrument platforms and to better use diagnostic technologies that are readily available to private and public health partner laboratories?*

Process

The Laboratory Workgroup (LW) met virtually on Friday September 15, 2023.

The LW members heard from two external guests:

- Dr. Bruce Tromberg, National Institute of Biomedical Imaging and Bioengineering, NIH, and leader of the Rapid Acceleration of Diagnostics (RADx®) Program,
- Mr. Rodney Wallace, Director of the Biomedical Advanced Research and Development Authority (*BARDA)'s* Detection, Diagnostics and Devices Infrastructure Division.

The LW also heard from two subject matter experts from CDC

- Dr. Ren Salerno, Acting Director, CDC Center for Laboratory Systems and Response
- Dr. Duncan MacCannell, Director, CDC Office of Advanced Molecular Detection.

What are the challenges to enhancing public-private partnerships at CDC?

- CDC's formal engagement practices: complex, lengthy, and time-consuming processes
- Inadequate resources to support continuing scientific advancement at CDC
- Cultural norms: Balancing investing in scientific advances with avoiding the perception that the government is favoring one company or technology over another

The CDC does not take full advantage of the scientific expertise and technological advances available outside government.

Pre-existing models of public-private partnerships

- National Institutes of Health: RADx® Rapid Acceleration of Diagnostics Program
- Biomedical Advanced Research Authority: BARDA
- Department of Energy: Strategic Partnerships Program

Public-private partnerships have already advanced CDC's mission

- MOU with clinical partners for surge testing
- SPHERES collaboration includes scientists from clinical and public health laboratories, academic institutions, and the private sector.
- Commercial labs action during mpox outbreak
- Pathogen Genomic Centers of Excellence which are collaborations between U.S. public health agencies and academic institutions
- CDC with RADx and an industry partner currently collaborating on HCV elimination

Laboratory preparedness in public health emergencies

The COVID-19 pandemic clearly indicated that all laboratory sectors played an essential role in providing diagnostic or surveillance testing, and no one sector, acting alone, could support the unprecedented needs.

- There is a critical need to develop, formalize and exercise the concept of a national laboratory system in which all partners understand their roles and responsibilities, and act in a coordinated fashion during biological emergencies.

- CDC should take the lead in organizing the health-related federal agencies and all sectors of the laboratory and diagnostics manufacturing industries to develop a role-based plan for managing the next biological emergency.

The first step in developing that plan must be to make building and maintaining external relationships of prime importance to CDC.

Proposed Action Steps

- CDC should explore the feasibility of developing formal partnerships with other federal scientific agencies to take advantage of their pre-existing relationships with private industry.
- CDC should make working with the private sector an accepted approach to ensuring that CDC stays at the forefront of laboratory technology.
- CDC should consider making testing for rare or esoteric diseases available in non-CDC public health laboratories and large academic reference laboratories.
- CDC should take the leadership role in convening representatives of all laboratory sectors in the US, as well as leadership from federal agencies with a health and preparedness role. The task of this group would be to develop and exercise a living plan for coordinating the functions of the agencies and laboratory sectors during biological emergencies.
- CDC should consider always including external subject matter experts (SMEs) in the laboratory sciences as members on relevant CDC Advisory Committees and Boards of Scientific Counselors.

ACD Vote to Adopt Laboratory Workgroup Report and Action Steps

Term of Reference

Issue: *Excellent laboratory scientists are essential for high-quality, advanced laboratory testing, laboratory research and clinical laboratory testing. The market for such scientists is highly competitive with the private sector offering compensation that is extremely difficult for CDC to match.*

Question: *How can CDC better recruit and retain outstanding laboratory scientists to ensure high-quality, advanced laboratory testing at CDC?*

Process

The Laboratory Workgroup (LW) of the Advisory Committee to the Director (ACD) met virtually on Monday October 24, 2023.

- Dr. Tara Henning, PhD, who leads the Laboratory Leadership Service (LLS) Fellowship Program
- Kelly Mathis, Supervisory Strategic Business Partner, OHR;
- Jason Washington, Strategic Business Partner, OHR;
- Victoria Olson, PhD, Deputy Director, Office of Laboratory Science and Safety (OLSS); and
- Wendi Kuhnert, PhD, Deputy Director for Laboratory Readiness and Response , National Center for Emerging Zoonotic and Emerging Infectious Diseases

Laboratory Workgroup Findings

- Administrative processes in place at CDC to recruit scientific staff are complex, rendering it challenging, and at times impossible, to find and attract technically qualified personnel

- Even when technically qualified personnel are identified, the ability to recruit the most capable personnel is often not administratively supported

- The result is a shortage of talented and qualified scientists to direct and staff laboratories performing diagnostic testing, as well as those responsible for national preparedness and response functions during biological and environmental emergencies. Similar limitations were identified with respect to scientists working in and leading CDC's research laboratories.

The CDC's administrative challenges in recruiting and retaining highly qualified scientific staff result in a national vulnerability that puts public health and safety at risk.

Proposed Action Steps

- CDC Executive Leadership should urgently request a review of federal recruitment policies and procedures and a report on policy changes that can be made to address this issue. The LW understands that some changes may require Congressional action but believes progress can be made short of such reforms as well

- CDC should strongly consider capitalizing on the success of the Laboratory Leadership Service (LLS) program to design an additional year that could prepare LLS Fellows to sit for the Board Exams to qualify them as Clinical Laboratory Directors.

- CDC should enhance retention of scientists by developing a career path that will support laboratory scientists advancing in their careers while remaining in the laboratory doing critical work for the American people.

- The Office of Human Resources at CDC should contact Human Resources offices at other federal agencies that require scientific and technical staff to become informed about their scientific hiring practices and policies.

ACD Vote to Adopt Laboratory Workgroup Report and Action Steps

Thank you to the Laboratory Workgroup Members and CDC Staff

Thank you to the Laboratory Workgroup

Name	Organization	Title
Jill Taylor, PhD LW CO-CHAIR	Association of Public Health Laboratories	Senior Advisor for Scientific Affairs
Joshua Sharfstein, MD LW CO-CHAIR	Johns Hopkins Bloomberg School of Public Health	Professor
David Fleming, MD	University of Washington School of Public Health	Clinical Associate Professor
Name	Organization	Title
Jay K. Varma, MD	SIGA Technologies	Executive President and Chief Medical Officer
Daniel D. Rhoads, MD	Cleveland Clinic	Microbiology Section Head
Angela M. Caliendo, MD, PhD, FIDSA, FAAM	Brown University	Executive Vice Chair, Department of Medicine, Alpert Medical School
Scott Zimmerman, DrPH, MPH, HCLD (ABB)	Lab Corp	Vice President, Department of Science & Technology
Alberto Gutierrez, PhD	NDA Partners LLC	Partner
Jennifer L. Rakeman, PhD	Cephid	Senior Director, Medical Affairs, Public Health Programs
Robin Patel, MD(CM), D(ABMM), FIDSA, FACP, F(AAM)	Mayo Clinic	Professor; Director, Infectious Diseases Research Laboratory; Co-Director, Bacteriology Laboratory
Grace Kubin, PhD	Texas Department of State Health Services	Director, Laboratory Services Section
Paul B. Kimsey, PhD, MA	California Department of Health	Deputy Director; Director, State Public Health Laboratory
Ruth Lynfield, MD	Minnesota Department of Health	State Epidemiologist, Medical Director
Tim Southern, PhD, MS, D(ABMM)	South Dakota Department of Health	Public Health Laboratory Director
Denise Toney, PhD (HCLD)	Commonwealth of Virginia, Department of General Services	Laboratory Director, Division of Consolidated Laboratory Services

Thank you to CDC team

The LW Chairs would like to express our gratitude and appreciation to:

- The members of the Laboratory Workgroup
- Our ACD Designated Federal Officials, Dr. Auerbach and Dr. Houry, and our Lab Workgroup DFO Lauren Hoffmann.
- The external subject matter experts as well as CDC experts and all those we met with for their openness and willingness to discuss challenges and find solutions.

Discussion and Vote

Vote to Sunset the Laboratory Workgroup

The Advisory Committee to the Director acknowledges and appreciates the significant contributions of the Laboratory Workgroup in advancing CDC’s public health laboratories. After careful evaluation of the workgroup's achievements, the successful completion of its goals, and the valuable insights gained during its tenure, the ACD hereby makes a motion to sunset the Laboratory Workgroup.

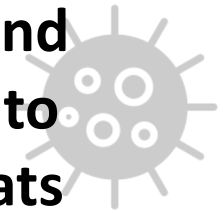
Protecting Health as a Team Sport: Supporting Young Families

Charlene Wong, MD, MSHP

Senior Advisor for Health Strategy, CDC

Protecting Health as a Team Sport

Identifying and Responding to Health Threats



Improving Mental Health and Combatting Overdose

Supporting Young Families

Accelerating impact by bringing public health alongside health care, social supports, public and private sectors and other teammates

- **Shared prioritization and accountability with federal as well as state and local partners**
- **Model the approach with tactical, collaborative initiatives**
- **Telling the story of successes built together**

Collaborative Initiatives

Collaborative Initiatives are existing CDC programs, policies, or data activities that…

- Can accelerate impact on major public health issues by leaning into results-based partnerships and increased partner engagement
- Showcase the joint leadership of federal government agencies through aligned priorities
- Can demonstrate measurable impact within the next 9-12 months
- Were proposed, narrowed and refined by CIOs with cross-agency input
- Build upon established partnered public health activities across CDC

SAMHSA Substance Abuse and Mental Health Services Administration

HRSA Health Resources & Services Administration

U.S. Department of Housing and Urban Development

The American Academy of Pediatrics

FDA

Department of Education

CMS Centers for Medicare & Medicaid Services

astho™

& ACF

Indian Health Service · PHS · 1955

OASH Office of the Assistant Secretary for Health

Collaborative Initiatives and Moving Forward

Results-Based Partnerships in Moving Forward: "To increase collaboration with partners to solve major health problems, CDC is promoting results-based partnerships agency-wide by increasing partner engagement through new management systems and communication and providing more avenues to receive partner feedback"

Collaborative initiatives are implementing several partnership best practices:

- Aligning on strategic priorities
- Building a collaborative tactical work plan
- Stating measures of shared accountability

CDC MOVING FORWARD

Supporting Young Families

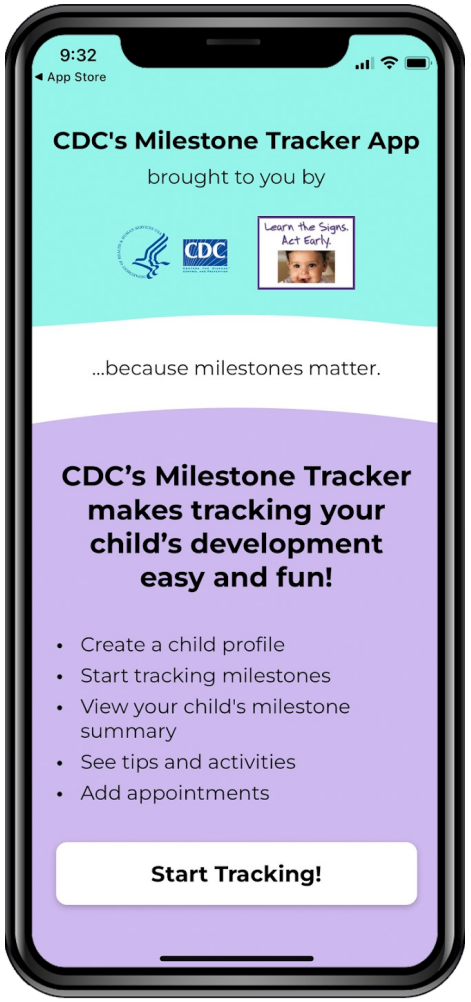
CDC is breaking down siloes and prioritizing upstream prevention so that children and families have what they need to thrive.

Learn the Signs. Act Early. for Child Development

Improving Care for Postpartum Mothers

Expanding Implementation of Positive Childhood Experiences Strategies

Learn the Signs. Act Early. for Child Development



HRSA Health Resources & Services Administration

& ACF

USDA

HEAD START

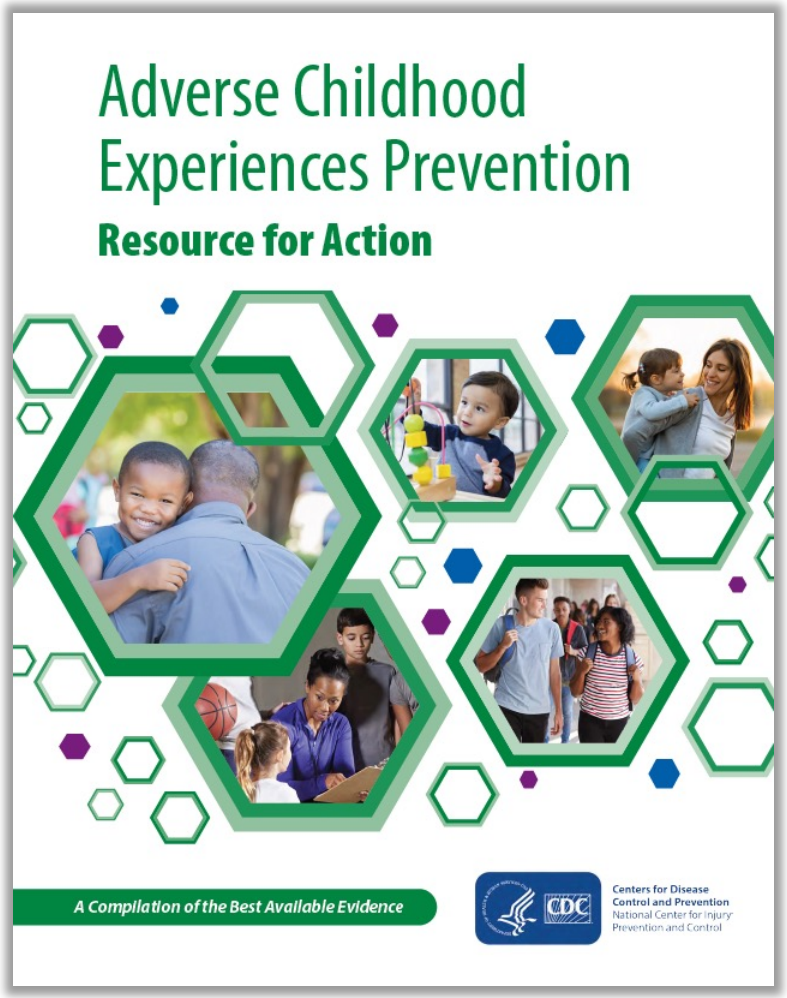
ASSOCIATION OF STATE PUBLIC HEALTH NUTRITIONISTS

Measuring Success and Sharing Accountability

Process Metric: Increase the number of Learn the Signs App users by 25% to at least 2.2M by Oct 2024 (baseline from 1.8M in Sept 2023).

Process Metric: At least 50% of the 151 Early Childhood Development-funded FQHCs report using Learn the Signs training and materials by August 2024.

Expanding Implementation of Positive Childhood Experiences Strategies



Measuring Success and Sharing Accountability

Process metric: Increase downloads of the CDC's "ACES Prevention: Resource for Action" by 10% by October 2024.

Additional metrics to be developed with partners

ACF

THE AMERICAN ACADEMY OF PEDIATRICS

Improving Care for Post-Partum Women

Measuring Success and Sharing Accountability

Milestone: Launch the Hypertension in Pregnancy QI Change Package by May 2024

Process Metric: 20% increase in the percentage of people with hypertension disorders in pregnancy receiving effective treatment (e.g., self-measured BP monitoring, medication, lifestyle changes) in 200+ participating practices by Dec 2024

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

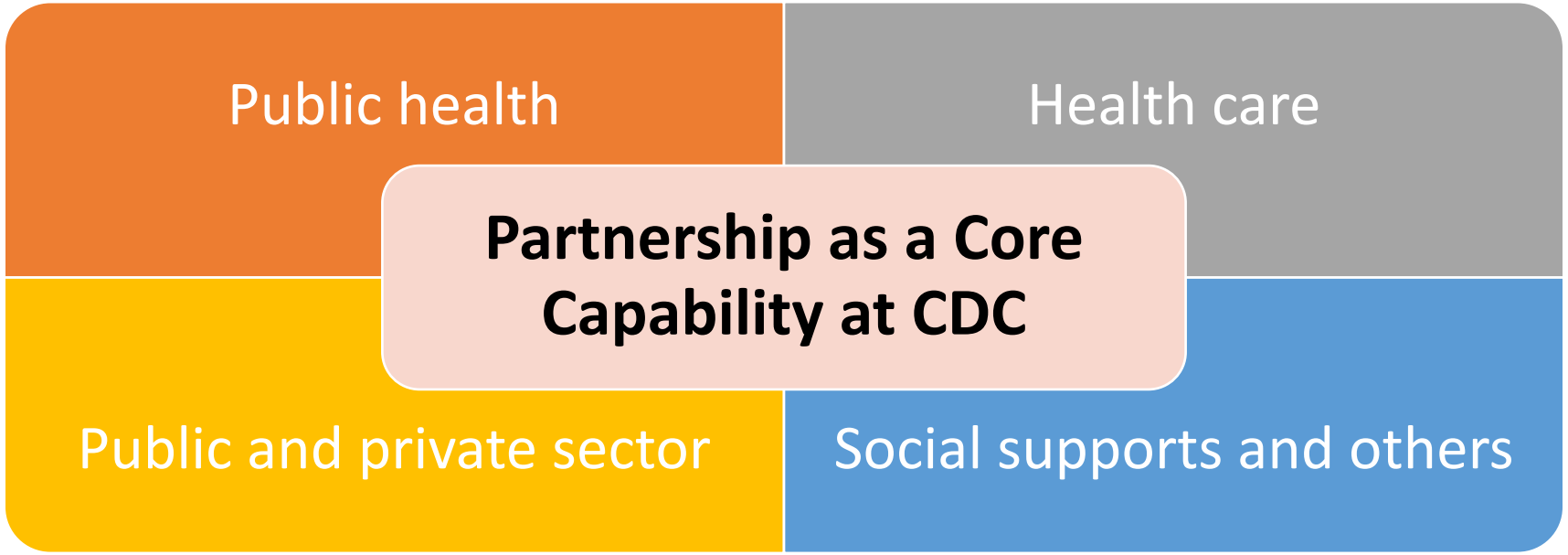
ACOG The American College of Obstetricians and Gynecologists

OASH Office of the Assistant Secretary for Health

INDIAN HEALTH SERVICE · PHS · 1955 ·

Collaborative Initiatives: Moving Forward

CDC is committed to promoting **results-based partnerships** and being part of an **integrated system that protects the public's health**.



Discussion

Break

Fiscal Responsibility Act (FRA) of 2023: Impact on COVID-19 Supplemental Funding for CDC

Sherri A. Berger, MSPH

Senior Counselor, CDC

The Fiscal Responsibility Act (FRA) of 2023

- **This is the bill that resulted in a rescission (or "returning") of COVID-19 Supplemental funding from CDC:**
    - These were not funds that had already been obligated
    - These were funds that had approved spend plans, however, the funds were not yet obligated by the agency
- **The bill also set spending caps for the Federal Appropriations process for Fiscal Years 2024 and 2025.**
    - The bill capped discretionary funding levels for FY 2024 and FY 2025, which will impact CDC's base budget through the annual appropriations process.

COVID-19 Supplemental Funding:

- **Of the $27 billion direct to CDC:**
  - $600 million was deposited into the Infectious Disease Rapid Response Reserve Fund (IDRRRF).
  - CDC had obligated more than 91% (not including funds deposited into IDRRRF) at the time the bill was signed.
  - Close to $1.3 billion was rescinded.
- **Of the $55 billion via HHS:**
  - CDC had obligated more than 96% at the time the bill was signed.
  - Close to $1.7 billion was rescinded.
  - This included all remaining Public Health Workforce dollars were rescinded.
  - HHS retained some Testing & Mitigation funds.

Overview: COVID-19 Supplemental Funding

- **Over the multiple COVID supplementals since 2020, CDC was to receive $27 billion directly:**
  - Coronavirus Preparedness and Response Supplemental Appropriations Act = $2.2 billion
  - Coronavirus, Aid, Relief and Economic Security Act = $4.312 billion
  - Paycheck Protection Program and Health Care Enhancement Act = $1 billion
  - Coronavirus Response and Relief Supplemental Appropriations Act = $8.54 billion
  - American Rescue Plan Act of 2021 = $11.52 billion
- **Over the multiple COVID supplementals since 2020, CDC was to receive $55 billion via HHS:**
  - American Rescue Plan Act of 2021, Workforce = $6.06 billion
  - American Rescue Plan Act of 2021, Testing & Mitigation = $16.9 billion
  - Paycheck Protection Program and Health Care Enhancement Act = $10.25 billion
  - Coronavirus Response and Relief Supplemental Appropriations Act = $21.36 billion

Impacts to CDC's Supplemental Funding

- **The largest impact to COVID-19 Supplemental Funding provided to CDC includes:**
    - Vaccine distribution and related activities (e.g., safety monitoring, effectiveness studies, collection and sharing of vaccine data, support to NGOs and CBOs to increase vaccination rates, etc.) = $850+ million
    - Vaccine Confidence = $102 million
    - Global health activities = approx. $300 million
- **Some key priorities (e.g., data modernization and genomic sequencing) were not impacted.**

Implementing the Bill

- Based on the recissions, CDC had to make difficult decisions and **identified activities that will end or scale back substantially** by the end of this fiscal year or sooner, including internal CDC support and funding to public health partners, jurisdictions, and community-based organizations.
- Most remaining funds are intended for specific activities (e.g., data modernization, genomic sequencing, wastewater surveillance, etc.), CDC is working to obligate the remaining funds.
- Where feasible, the agency is actively working to continue its commitment to the work.

Examples of Programs that Were Scaled Back or Ended Early

- Immunization Information Systems ($163M)
- Partnering for Vaccine Equity program ($150M)
- Vaccine Confidence ($102M)
- Global Vaccine Readiness and Technical Assistance ($62.5M)
- Enhanced Pan-Respiratory Surveillance ($102.5M)
- Global Public Health Data Innovation ($46.9M)
- Disease Intervention Specialists ($473.3M)
- Laboratory Data Exchange ($240.8M)
- Public Health AmeriCorps ($118.3M)

Other FRA Impacts Beyond COVID-19: Data Subject to Change

- The bill also **capped discretionary funding levels for FY 2024 and FY 2025**, which will likely impact CDC's base budget through the annual appropriations process.
- In June, the House & Senate released their allocations for Labor/H:
  - Senate cap: Labor-HHS-Education: $195.2 billion
  - House cap: Labor-HHS-Education: $147.1 billion
- House $48.1 billion lower than Senate and the Senate is almost $12 billion below FY 2023 levels. The House LHHS Sub-committee subsequently revised the planned budget cap, it is now $23 billion lower.
- The Senate mark was $9.142 billion, including $7.712 billion in budget authority, $1.186 billion in Prevention Fund, and $244.330 million in transfers from PHS Evaluation funds. In total, roughly $40 million below the FY 2023 Enacted.

Background

Programs that Were Reduced or Ended Early

- **Immunization Information Systems (IIS) ($163M):** Planned to support critical operations, maintenance, and modernization of IIS over two years. This funding would have been provided to 64 jurisdictions to operate, maintain, and modernize systems, improvements to support reporting and data sharing, and ongoing operations and maintenance of infrastructure that enables data exchange between jurisdictions and providers.
- **Partnering for Vaccine Equity (P4VE) program ($150M):** P4VE is one of CDC's flagship health and racial equity programs. Launched at the beginning of the pandemic, P4VE has provided funding and support to a diverse array of partners, to provide an unprecedented level of support for work within communities using trusted messengers to increase vaccine equity in racial and ethnic minority communities across the country.
- **Vaccine Confidence ($102M):** Funding supported continued development and dissemination of COVID-19 vaccine resources, for both the provider community and the general public. Communications resources are supported by CDC's national vaccinate with confidence strategy and include evidence-based information about vaccine development, safety monitoring, approval processes, recommendation criteria, and technical aspects of the COVID-19 vaccine program, such as storage and handling, vaccine administration, and use of the new and expanded vaccine tracking and monitoring systems.

Programs that Were Reduced or Ended Early (cont.)

- **Global Vaccine Readiness and Technical Assistance ($62.5M):** Funding supported countries to vaccinate target populations rapidly to achieve high coverage, including among special populations such as displaced, refugee, and migrant populations. Funding also supported safety and effectiveness monitoring and evaluation and strengthening public health programs to minimize the negative effect of the COVID-19 pandemic on the prevention and control of other vaccine preventable diseases.
- **Enhanced Pan-Respiratory Surveillance ($102.5M):** Funding supported sample/data collection, access, and strengthening laboratory and healthcare technical capacity to enhance detection of respiratory disease threats by CDC and country partners globally, focused on diseases of pandemic potential.
- **Global Public Health Data Innovation ($46.9M):** Funding supported development of sustainable partnerships and innovative investments in public health data exchange and informatics to modernize approaches to prevention, detection and response to COVID-19, ongoing public health threats and future pandemic threats. This activity is closely coordinated with CDC's Data Modernization Initiative and Forecasting Center.

Programs that Were Reduced or Ended Early (cont.)

- **Disease Intervention Specialists ($447.9M):** by ending this program early, CDC will not provide the final two years of funding to jurisdictions to supplement an existing 5-year program designed to train staff on contact tracing and case investigations.
- **Laboratory Data Exchange ($237.8M):** This data initiative supports the automated electronic transmission of laboratory data between public health and the nation's clinical, commercial, and public health laboratories.
- **Public Health AmeriCorps ($118.3M):** This program aims to build a new generation of public health leaders to help tackle COVID-19 and respond to other pressing public health needs.

Discussion

Agency Priorities and Updates

Mandy K. Cohen, MD, MPH

Director, CDC, and Administrator, Agency for Toxic Substances Disease Registry

Discussion

Lunch

CDC Update: ACD Health Equity Workgroup Recommendations

Leandris Liburd, PhD, MPH, MA

Acting Director, Office of Health Equity

CDC's CORE Commitment to Equity

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

Cultivate comprehensive health equity science

- CDC embeds health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and intervention strategies

Optimize interventions

- CDC uses scientific, innovative, and data-driven strategies that address environmental, place-based, occupational, policy and systemic factors that impact health outcomes and address drivers of health disparities

Reinforce and expand robust partnerships

- CDC seeks out and strengthens sustainable multi-level, multi-sectoral and community partnerships to advance health equity

Enhance capacity and workplace diversity, inclusion, and engagement

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

https://www.cdc.gov/healthequity/core/

Recommendations: Task Area 1: Enable and assure the meaningful involvement of communities in agency decision-making, the development of health equity policies, program implementation, and evaluation.

- CDC should take specific steps to build and strengthen its relationship with underserved communities and community-based organizations (CBOs) that support them.
- CDC should engage with state, tribal, local, and territorial (STLT) public health agencies to identify and implement best practices to build and strengthen relationships between STLT public health agencies and underserved communities and the CBOs that support them.

Recommendations: Task Area 2: Align and restructure, as necessary, CDC policies, resource allocation, and program practices to maximize the ability for staff and partners to address health inequities in their day-to-day work.

- CDC should immediately initiate a coordinated, agency-wide assessment of all grants, cooperative agreements, and contracts across all programs, projects, and activities (PPAs).
- All CDC PPAs should jointly create and put into practice a publicly accessible policy document for applicants and grantees responding to CDC Notice of Funding Opportunities (NOFOs).
- CDC should develop more equitable systems throughout the lifecycle of NOFOs, from planning and development to selection and post-award support.
- CDC should develop more equitable systems throughout the lifecycle of NOFOs, from planning and development to selection and post-award support.

Recommendations: Task Area 3: CDC should immediately initiate a coordinated, agency-wide approach to develop and integrate strategies to influence the effects of drivers of health equity across the entire range of its public health programming.

- CDC should immediately initiate a coordinated, agency-wide approach to identify and implement measures of underlying drivers of equity and health equity in ways that make them accessible and useful to communities and public health programs.
- CDC should immediately initiate a coordinated, agency-wide approach to develop and integrate strategies to influence the effects of drivers of health equity across the entire range of its public health programming.

Looking Ahead

Health Equity Workgroup

Daniel Dawes, JD and Monica Valdes Lupi, JD, MPH

Co-Chairs

HEW Purpose

- Provide input to ACD on the scope and 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

TASK AREA 1

Enable and assure the meaningful involvement of communities in agency decision-making, the development of health equity policies, program implementation, and evaluation.

ACD Lead: Daniel Dawes

David Brown

Delmonte Jefferson

Maria Lemus

Bonnie Swenor

Bobby Watts

TASK AREA 2

Align, and restructure as necessary, CDC policies, resource allocation, and program practices so as maximize the ability for staff and partners to address health inequities in their day-to-day work.

ACD Lead: Monica Valdes Lupi

Nafissa Cisse Egbuonye

Octavio Martinez

Rhonda Medows

Julie Morita

Mysheika Roberts

Paula Tran

TASK AREA 3

In concert with communities, take immediate and decisive action to expand, embed, and integrate approaches to measure and influence drivers of health equity across all public health programs.

ACD Lead: David Fleming

Ada Adimora

Michelle Albert

Philip Alberti

Cary Fremin

Rachel Hardeman

Accomplishments

- February 2023: adoption of Task Area 3
- May 2023: adoption of Task Area 1 and 2
- Full set of recommendations acknowledged by HHS

Next Steps

- CDC will consider the Health Equity Workgroup's action steps and the resulting eight ACD recommendations for implementation
- CDC will provide progress updates

Thank you to HEW Members

Co-Chairs:

- Daniel Dawes, JD
- Monica Valdes Lupi, JD, MPH

ACD Members:

- Adaora Alise Adimora, MD, MPH
- Michelle A. Albert, MD, MPH, FACC, FAHA
- David Warren Fleming, MD
- Cristal A. Gary, MPP
- Lynn R. Goldman, MD, MS, MPH
- Rachel R. Hardeman, PhD, MPH
- Rhonda M. Medows, MD
- Julie Morita, MD
- Octavio Martinez Jr., MD, MPH, MBA, FAPA

Public Members:

- **Philip Alberti, PhD.** Association of American Medical Colleges
- **David Brown, MBA.** YMCA
- **Nafissa Cisse Egbuonye, PhD, MPH.** Black Hawk County Public Health (Iowa)
- **Cary Fremin, BS.** Dot Lake Village Council, Dot Lake Village
- **Delmonte Jefferson, BS.** Center for Black Health & Equity
- **Maria Lemus, BA.** Visión y Compromiso and Network of Promotoras & Community Health Workers
- **Mysheika Roberts, MD, MPH.** Department of Public Health - Columbus, Ohio
- **Bonnielin K. Swenor, PhD, MPH.** Johns Hopkins University Disability Health Research Center
- **Paula Tran, MPH.** Wisconsin Department of Health Services
- **G. Robert Watts, MPH, MS.** National Health Care for the Homeless Council

Thank you to CDC team

Euna M. August, PhD, MPH, MCHES®

Kerry Caudwell, DPA, MPA

Bridget Richards, MPH

Leandris Liburd, PhD, MPH, MA

Discussion

Vote to Sunset the Health Equity Workgroup

“ The Advisory Committee to the Director acknowledges and appreciates the significant contributions of the Health Equity Workgroup in advancing health equity initiatives. After careful evaluation of the workgroup's proposed action steps that were later approved by the ACD Committee in the form of eight recommendations and subsequently acknowledged by the Department of Health and Human Services, the ACD hereby makes a motion to sunset the Health Equity Workgroup. ”

Break

CDC Update – ACD Data and Surveillance Workgroup Recommendations

Jen Layden, MD, PhD

Director, Office of Public Health Data, Surveillance, and Technology, CDC

Recommendations on Data and System Certification

Goals

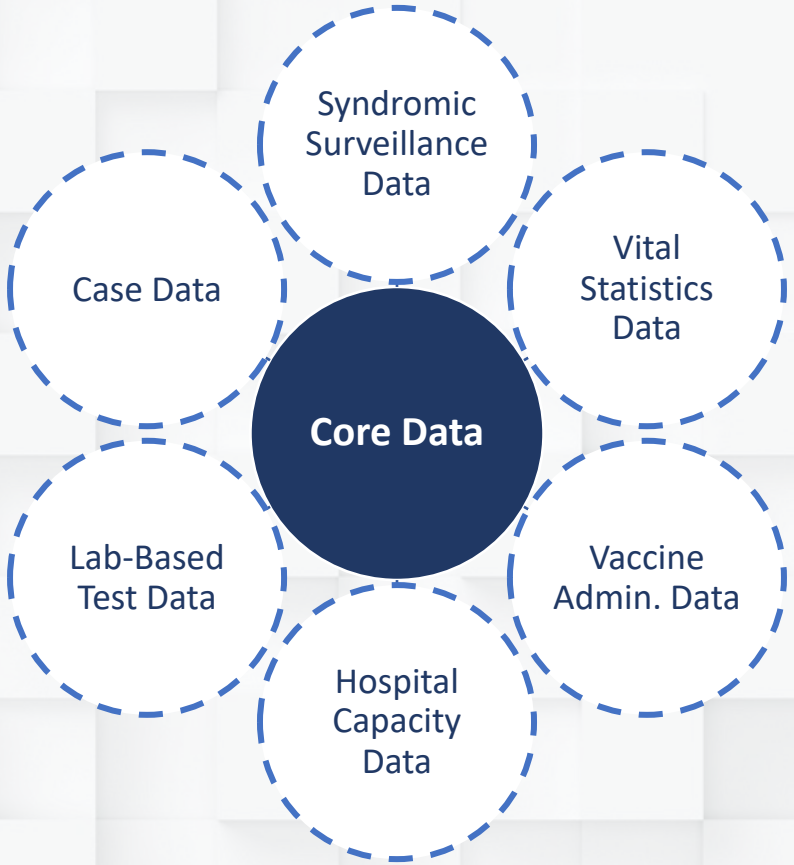
Data Use Agreements

Minimal Data

Certification

Focus on Core Data

- Core Data are important data sources to ensure robust ability to detect and monitor new and evolving public health threats



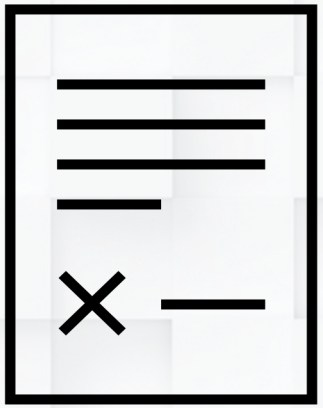
Data Use Agreements (DUAs)

Nov. 2022 DSW Report Summary

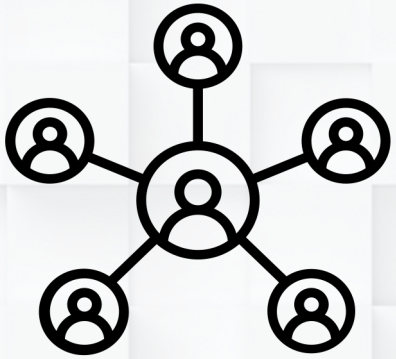
- ACD recommended:
  - A proactive approach to DUAs to prepare for future responses;
  - A streamlined creation and negotiation process;
  - consistent language across CDC DUAs on protecting individual privacy
  - CDC's DUA to address other concerns like the use and re-release of data, consistent with laws applicable to each party

DUA Goals

Goals



Create consistent, agency-wide terms



Expand and enhance program use of data in CDC custody

Improve data sharing relationships with STLT jurisdictions and partners

CDC's New "Core DUA" Components

- Common, non-variable terms that apply to core data sources
  - Federal law requirements (e.g., security, privacy)
  - Procedures (e.g., notification to jurisdictions ahead of release or publication)
- Addenda to the common terms can be used for specific data sources
  - Jurisdictional terms (e.g., requirements or limitations to data sharing in STLT law)
  - Procedures (e.g., data standards)
- Shared policy governance in OPHDST
  - Accountability and engagement (e.g., where to direct questions)

Timeline

November 2023

- Communicate plans to partners and jurisdictions
- Communicate internally for new DUA procedures

December 2023

- Transition all DUAs for Core Data to OPHDST management
- Solicit feedback

January 2024

- Negotiate terms of Common Provisions and Addenda with STLTs
- Strengthen internal policy governance

2024 on

- Evaluate success of the Core DUA
- Incorporate other data sources into the new structure

Key Benefits and Impacts

- Strengthens data exchange relationships with STLTs
- Increases trust and transparency
- Supports future technological innovations
- Maintains necessary jurisdictional flexibility
- Reduces burden on STLTs and CDC to negotiate and monitor individual DUAs
- Improves engagement and accountability

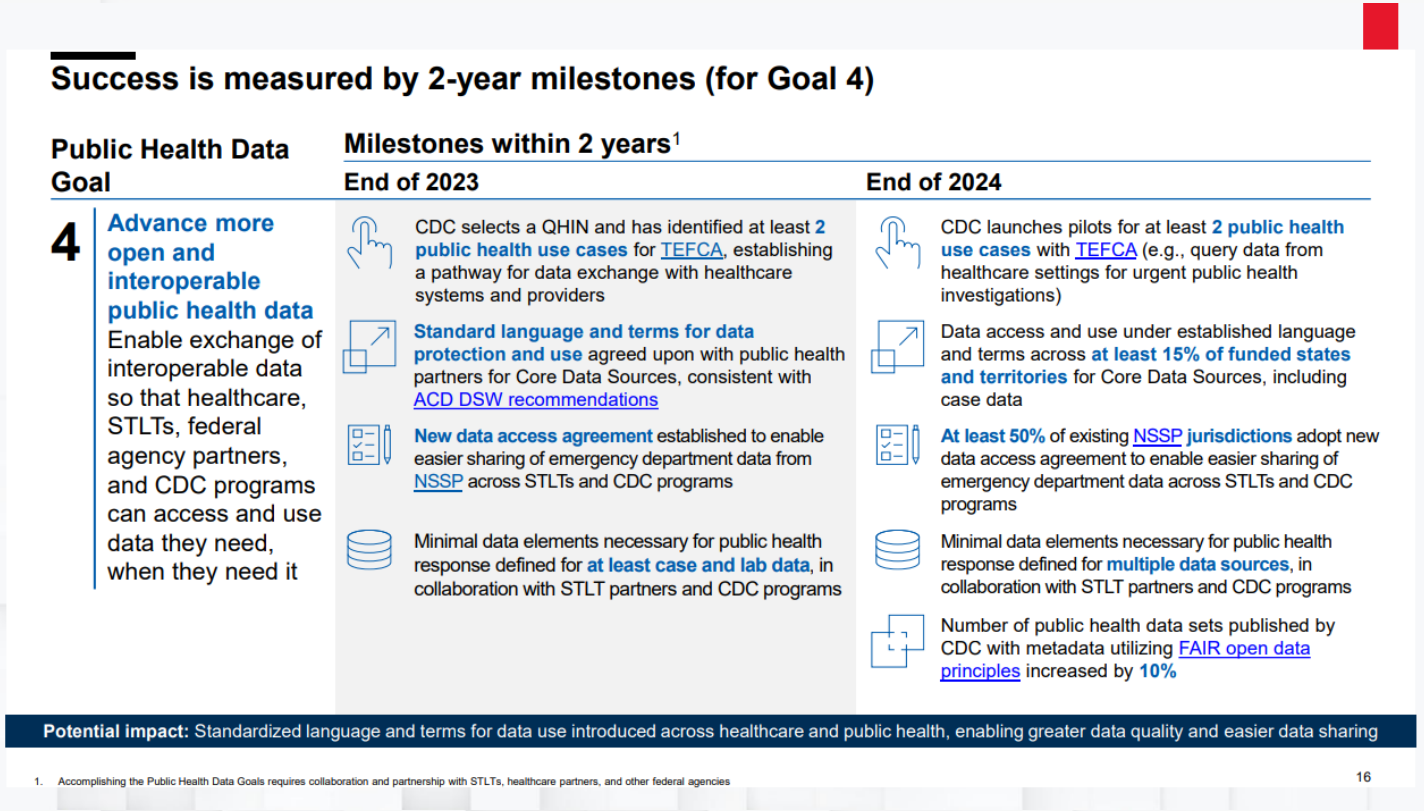
Minimal Data

Nov. 2022 DSW Report Summary

- ACD recommended:
  - Establishment of minimal data necessary base standards for public health activities (6 core data sources)
  - Leverage Health IT data standards when possible, to promote efficient data sharing and exchange
  - Harmonize data standards to reduce duplication
  - Ensure data availability for situational awareness

Initial Focus on Case and Laboratory Minimal Data Elements

- Examined existing internal standards and data collections
- Surveyed external standards, including healthcare standards, for synergies
- Established processes for sharing and receiving feedback with national partners and STLTs



Success is measured by 2-year milestones (for Goal 4)

Public Health Data Goal	Milestones within 2 years[1]	
	End of 2023	End of 2024
4 **Advance more open and interoperable public health data** Enable exchange of interoperable data so that healthcare, STLTs, federal agency partners, and CDC programs can access and use data they need, when they need it	CDC selects a QHIN and has identified at least **2 public health use cases** for TEFCA, establishing a pathway for data exchange with healthcare systems and providers	CDC launches pilots for at least **2 public health use cases** with TEFCA (e.g., query data from healthcare settings for urgent public health investigations)
	Standard language and terms for data protection and use agreed upon with public health partners for Core Data Sources, consistent with ACD DSW recommendations	Data access and use under established language and terms across **at least 15% of funded states and territories** for Core Data Sources, including case data
	New data access agreement established to enable easier sharing of emergency department data from NSSP across STLTs and CDC programs	**At least 50%** of existing NSSP **jurisdictions** adopt new data access agreement to enable easier sharing of emergency department data across STLTs and CDC programs
	Minimal data elements necessary for public health response defined for **at least case and lab data**, in collaboration with STLT partners and CDC programs	Minimal data elements necessary for public health response defined for **multiple data sources**, in collaboration with STLT partners and CDC programs
		Number of public health data sets published by CDC with metadata utilizing FAIR open data principles increased by **10%**

Potential impact: Standardized language and terms for data use introduced across healthcare and public health, enabling greater data quality and easier data sharing

1. Accomplishing the Public Health Data Goals requires collaboration and partnership with STLTs, healthcare partners, and other federal agencies

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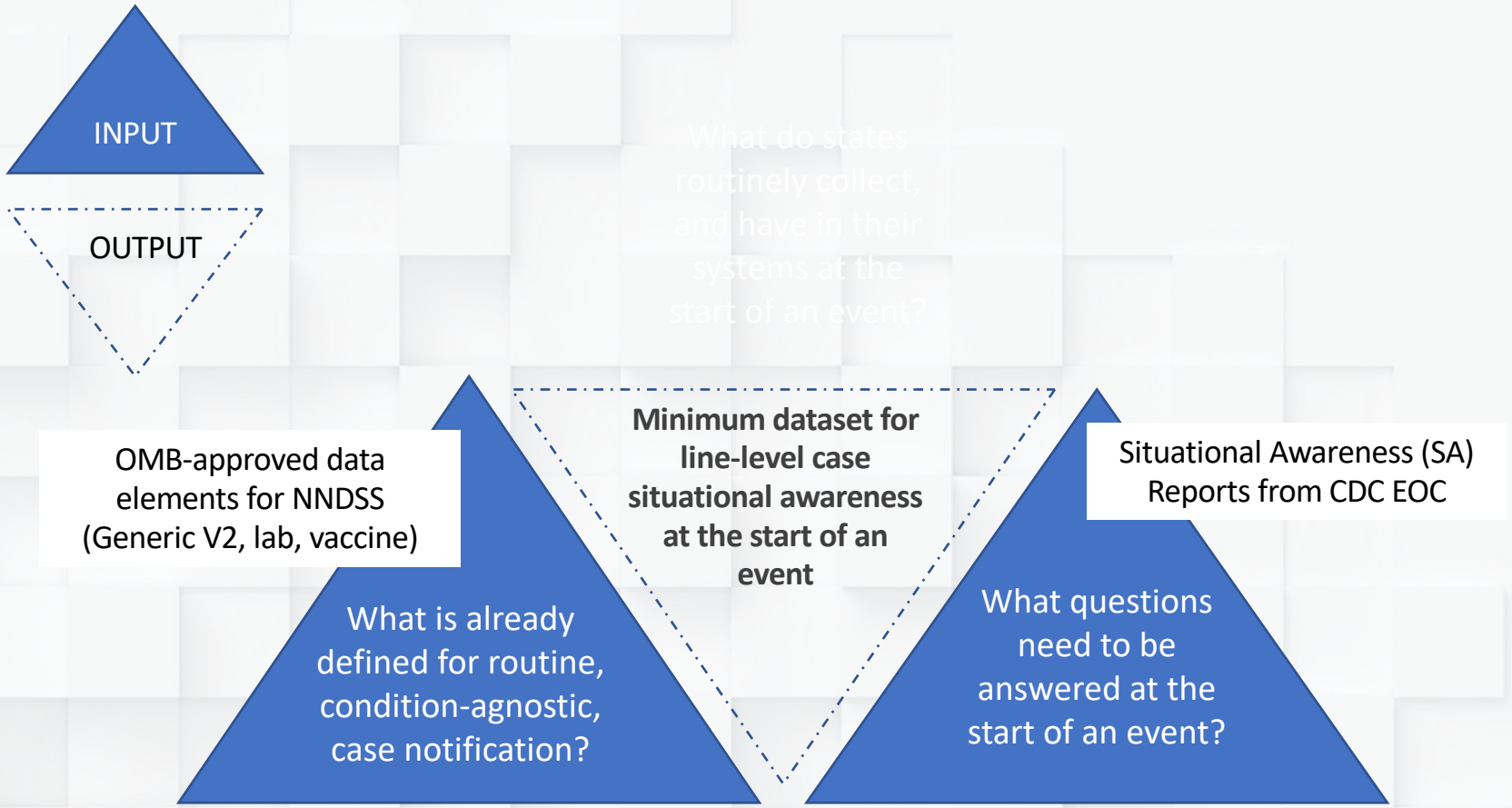
Milestone 4.4 in the Public Health Data Strategy
Completion Date: End of 2024

Example: Case Data Situational Awareness



Key Milestones for Case and Laboratory Minimal Data Elements

- Case Data:
  - March 2023: CDC established initial draft Minimal Data Elements for situational awareness at the federal level at the beginning of an event
    - List is a subset of GenV2
    - List includes some laboratory and immunization data that go beyond traditional case
  - June 2024: CDC engages STLT and federal partners to align minimal data elements with health IT standards
- Laboratory Data:
  - December 2023: CDC finishes socializing initial draft minimal data elements for situational awareness agency-wide
  - February 2024: CDC engages STLTs to align draft with existing practice and solicit feedback

Next Focus: Hospitalization and Healthcare Capacity Minimal Data

Implementing an agency-unified plan for hospitalization data and hospital bed capacity / utilization data.

- **Focus and rationalize** current ED and inpatient hospital encounters, admissions, hospitalizations, and hospital bed utilization and capacity data collection efforts for situational awareness and emergency response**;**
- **Define and ensure access** to minimum necessary emergency department (ED) and inpatient hospital encounter, admission, or hospitalization data and hospital bed capacity or utilization data for decision-making and public health action; and
- **Guide future investments** aimed at advancing and supporting **automated, standards-based** exchange of these data with hospitals.

Key Benefits

- Provides transparency and clarity in defining the key data elements / sources needed for CDC's key public health responsibilities
  - Focus is on minimal data necessary for essential situational awareness
- Streamlines reporting burden on data senders, and enables data senders to proactively prepare
  - Aligns priority data elements to Health IT standards, enabling more robust interoperability with healthcare
  - Allows CDC programs more time for data analysis and application, and less on the mechanics of collecting the data
  - Allows alignment with STLT partners
- Supports a more collaborative data atmosphere across the public health ecosystem, which will enable faster coordination in emergencies and all public health action—rather than siloed data approaches

Public Health Certification

Nov. 2022 DSW Report Summary

- ACD recommended:
  - Establishment of public health standards and certification
  - Ensure public health data systems and technologies develop and maintain core capabilities
  - Ensure public health data systems and technologies can integrate standardized data from healthcare organizations.

Public Health Certification

CDC and ONC are close partners on data modernization, for which clarifying system and technology capabilities is a crucial component.

Establish a North Star Architecture to guide development of public health systems and technologies

Identify systems and technologies used to integrate data from healthcare

Continued collaboration to utilize regulatory paths and move to Notice of Proposed Rulemaking to build public health certification.

Action Steps to Public Health System Capabilities

CDC has funded the establishment of implementation centers:

- implement public health data exchange/systems that correspond to potential certification requirements
- implement scalable date exchange approaches
- Provide technical assistance to STLTs

IT and Data Governance Board Executive Endorsements:

- Align ITDG governance / system reviews with ONC HTI system standards

Policy / Incentive Levers:

- With HTI 1 / 2, align funding / grant requirements and guidance to system standards

Three Priority Areas to Addressing Epidemiology, Public Health Data Science and Informatics, and Information Technology Workforce.

- In May 2023, ACD recommended three priority areas to addressing workforce:
  - Assess **workforce needs** to support the Data Modernization Initiative (DMI) including identifying the range of skills needed, the size of the workforce gap, and a prioritized roadmap to meet short and medium-term needs
  - Assemble a cohesive **workforce training** strategy aligned with identified needs and work with the private sector and academia partners to build programs that enable upskilling, recruitment, and retention
  - Issue **guidance on the use of dedicated data infrastructure funds** including how funds may be used to support the epidemiology, public health data science, and IT workforce

BACKGROUND

New Terms of Reference were drafted because:

- The existing TOR document does not address CDC’s current challenges.
- The new TOR document will align the workgroup's objectives with the CDC's current priorities and needs of the office.

New Terms of Reference will address the following challenges

1. **Fragmented Data Ecosystem:** The CDC currently employs multiple data reporting systems, each designed for specific purposes and programs. This fragmentation leads to inefficiencies in data collection, processing, and analysis, as well as increased administrative overhead.
2. **Data Silos and Redundancies:** Different reporting systems often operate in isolation, creating data silos that inhibit seamless information sharing across departments and programs. Redundant data entry and storage occur due to overlapping functionalities, resulting in wasted resources.
3. **Inconsistent Data Quality and Health IT Standards:** With various reporting systems in place, maintaining consistent data quality and adhering to standardized data collection protocols becomes challenging. Inconsistencies in data quality can impede accurate trend analysis and hinder the CDC's ability to respond effectively to emerging health threats.
4. **Resource Allocation and Sustainability:** The operation and maintenance of multiple reporting systems require significant financial and human resources and is not a sustainable model.

continued

5. **Delayed Response to Public Health Emergencies:** The fragmented data reporting landscape may lead to delayed responses during public health emergencies, as critical information might not be readily available or easily accessible

6. **Integration Challenges with External Partners:** Collaborating with external stakeholders, such as state health departments or international organizations, becomes more complex when disparate reporting systems are involved. Integration difficulties may lead to delays in sharing crucial health information.

7. **High burden:** There are redundant reporting expectations, often for the same or similar data, on partners, including healthcare and jurisdictional partners. This places a high burden on critical partners, with sometimes limited return value.

Data and Surveillance Workgroup

Julie Morita, MD and Nirav Shah, MD, MPH

Co-Chairs

FOR ACD DECISION

DSW TOR re-alignment

Terms of Reference

- Authorities (Rec1)
- Data Exchange (Rec1)
- Workforce (Rec2)

- CDC Data Reporting Systems

- Forecasting & Analytics
- Breaking Down Siloes
- Assuring Sustainability

Questions to Address Key Issues in TORs

- How can the CDC implement a process to comprehensively assess data reporting systems, aiming to enhance sustainability, alleviate partner burdens, and minimize potential redundancies?
- How can this process effectively streamline the evaluation of technical, system, and procedural aspects within CDC's data reporting systems, while establishing clear criteria for identifying and eliminating redundancies?

Discussion and Vote

Closing Remarks

David Fleming, MD

ACD Chair

Adjourn