

Advisory Committee to the Director (CDC)

February 21, 2024

9:00 AM – 3:00 PM

Closed Captioning: <http://tinyurl.com/febacd>

Event ID is: 16869



Welcome

David Fleming, MD

ACD Chair

Committee Updates – New Member

Helene Gayle, MD, MPH

President, Spelman College, Atlanta GA

Term: 12/11/2023 – 06/30/2027





In Memoriam

Adaora Adimora,
MD, MPH

Director's Update

Mandy K. Cohen, MD, MPH

Director, Centers for Disease Control and Prevention

Administrator, Agency for Toxic Substances and Disease Registry

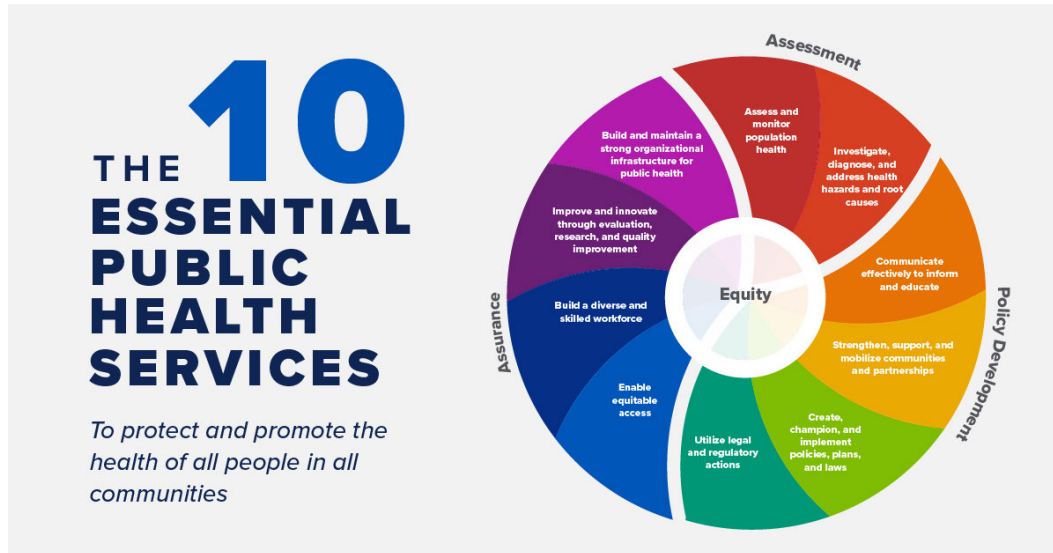
Discussion

Public Health Accreditation

Leslie Ann Dauphin, PhD

Director, National Center for State, Tribal, Local, and Territorial Public
Health Infrastructure and Workforce

The Accreditation Process



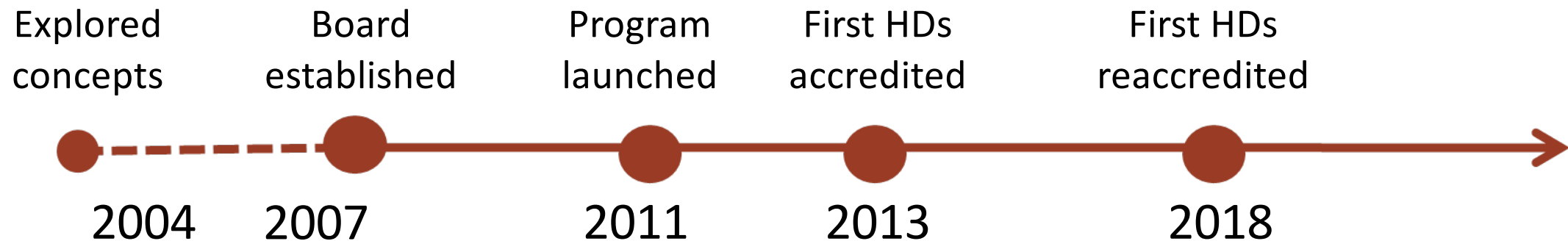
- Standards and Measures aligned to Essential Services and Foundational Capabilities
- Accreditation assessment process
 - Site visits
 - Documentation
- Reaccreditation

Learn more at <https://phaboard.org/>

National Voluntary Accreditation Program

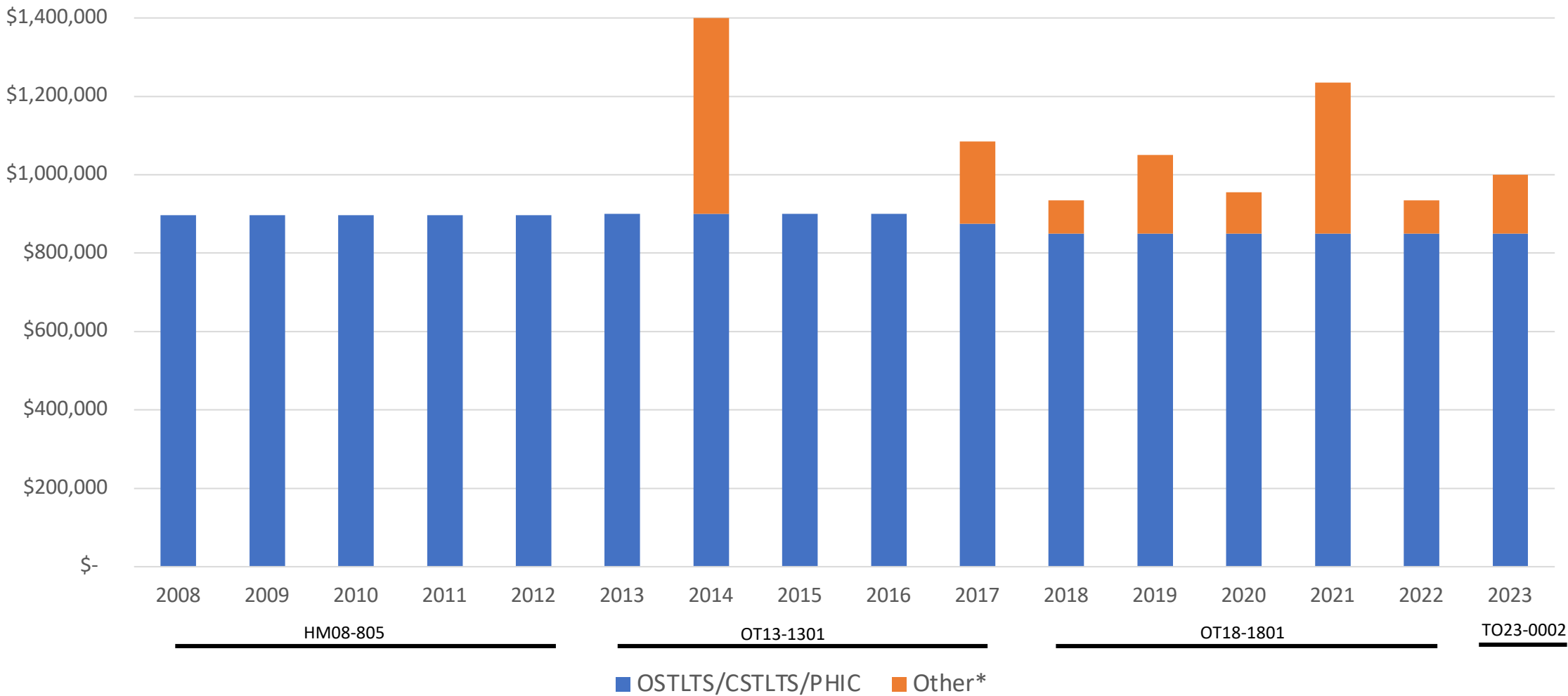
The **Public Health Accreditation Board (PHAB)** is the national accrediting body for public health departments.

Through field-driven processes and with CDC support, PHAB establishes national consensus standards.



CDC's PHAB Cooperative Agreement Funding

(Does not illustrate co-funding with RWJF)



*Other (i.e., NCHS, NCHHSTP, and Staffing Up investments)

Accreditation Today

More than 90% of the U.S. population is served by an accredited state or local HD (or both).

41

State:

- 40 health departments + D.C.
 - 80.4% (Denominator: 51)
- 3 more in process

389

Local:

- 322 health departments
 - plus all 67 FL local health departments as part of Florida system
 - 16.8% (Denominator: 2,309)
- 80+ more in process

6

Tribal:

- 6 health departments
- 9 more in process

11

Other sectors:

- 5 Vital Records/Health Statistics Units
 - 8.8% (Denominator: 57)
- 5 Army Installations
- 1 International

Evaluation Findings

95%

Improved **quality** and **performance**

73%

Helped use **health equity** to identify, address **health priorities**

88%

Stimulated greater **accountability** and **transparency**

31%

Health departments reported a **decrease in the value or benefit** of getting reaccreditation

53%

Built **relationships with new partners** across sectors

Top 3 Challenges for Reaccreditation:

- Staff time
- Turnover
- Leadership changes

Discussion for Ongoing Opportunities



How can CDC assess if and how accreditation has helped public health agencies improve their quality of services?



What should CDC consider as we think about developing the Version 2027 Standards and Measures?



What role(s) should CDC offer to public health agencies to help strengthen their foundational capabilities?



How can CDC help public health agencies address barriers, such as costs and burden?

Discussion

Break

Mental Health and Overdose

Deb Houry, MD, MPH

Chief Medical Officer and Deputy Director for Program and Science

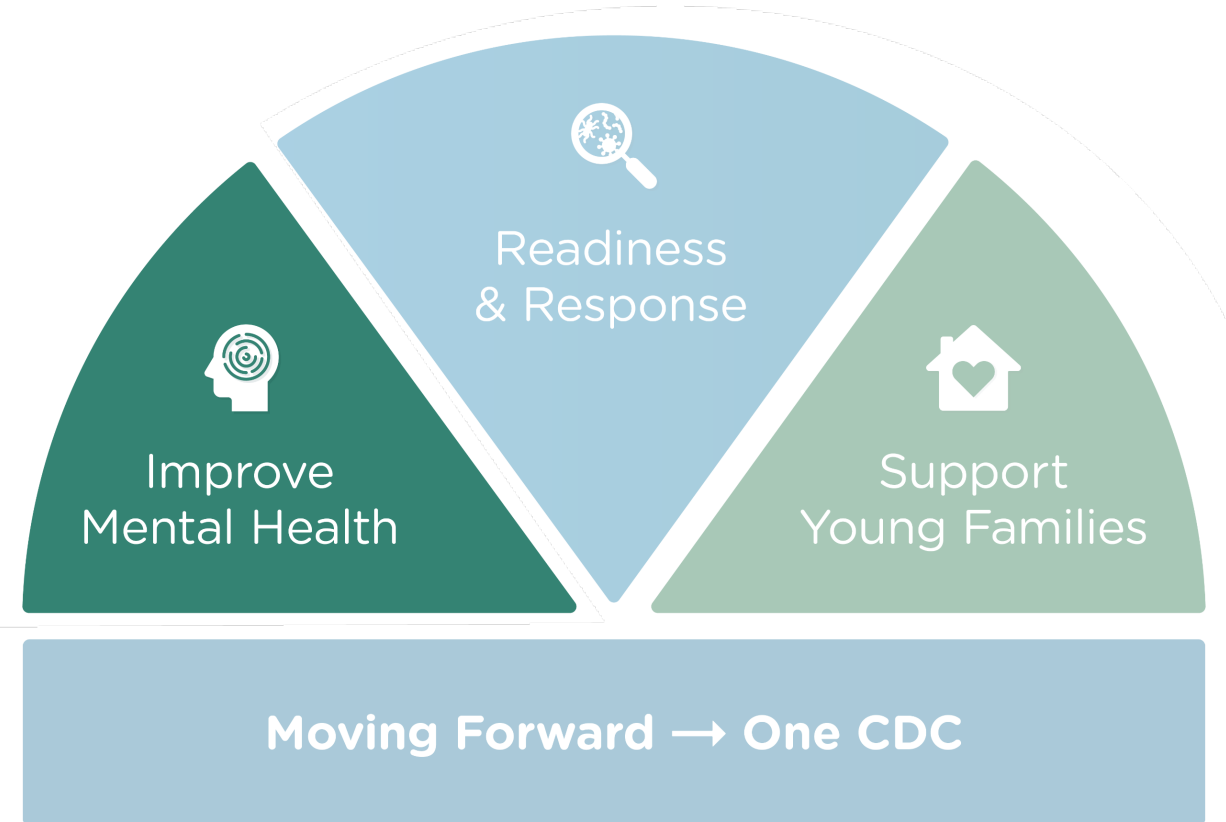
Allison Arwady, MD, MPH

Director, National Center for Injury Prevention and Control

2024 CDC Priorities – Mental Health and Overdose

Focusing on upstream prevention to prevent morbidity and mortality from mental health and overdose:

1. Collaborative initiatives
2. HHS priorities
3. Cross-agency support
4. Strategic focus on research, NOFOs, and data



Mental health challenges are both a risk factor for and a side effect of the three Injury Center priority areas.

The Injury Center is invested in **leveraging partnerships** to reach key milestones in preventing overdose and improving mental health.

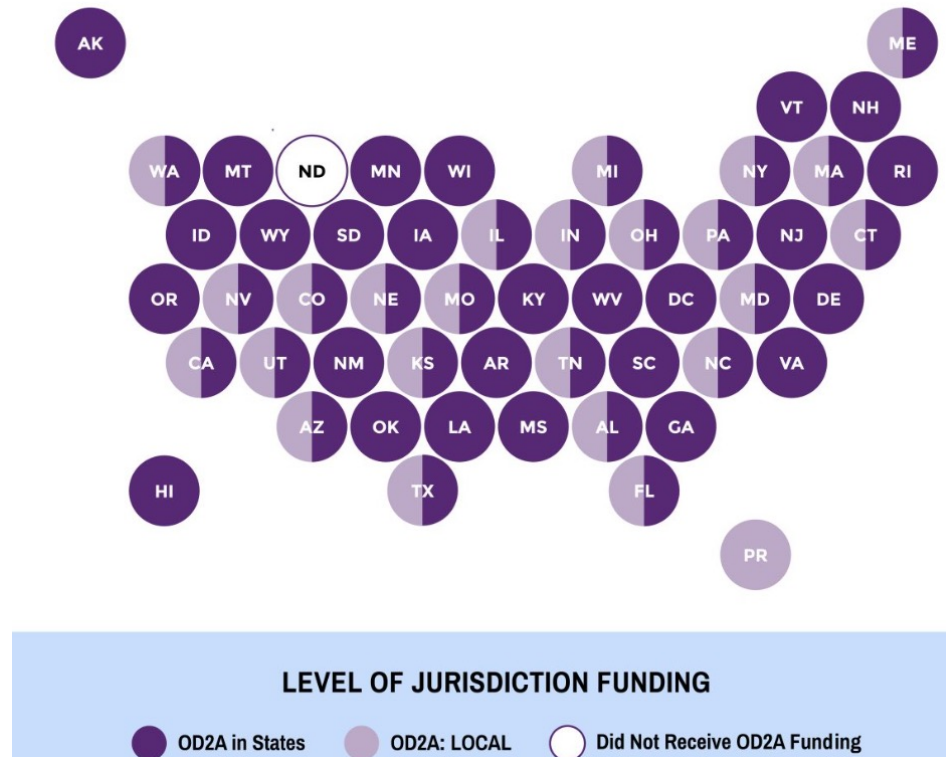


Overdose

112,000+ drug overdose deaths annually*

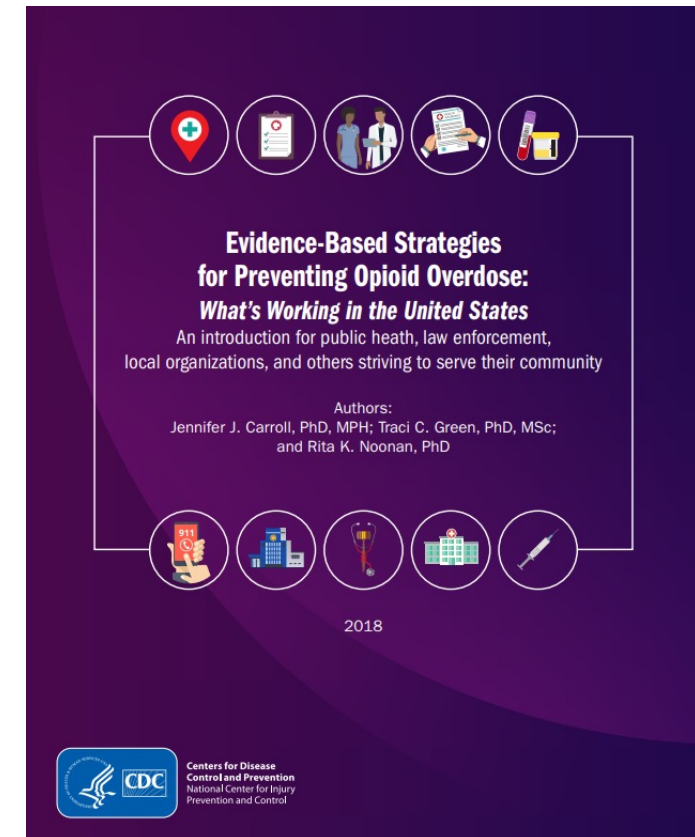
- *The* leading cause of death for Americans aged 18-45

90 Overdose Data to Action (OD2A) Recipients – \$279M (FY23)



*12-months ending August 2023; provisional data

Evidence-Based Strategies

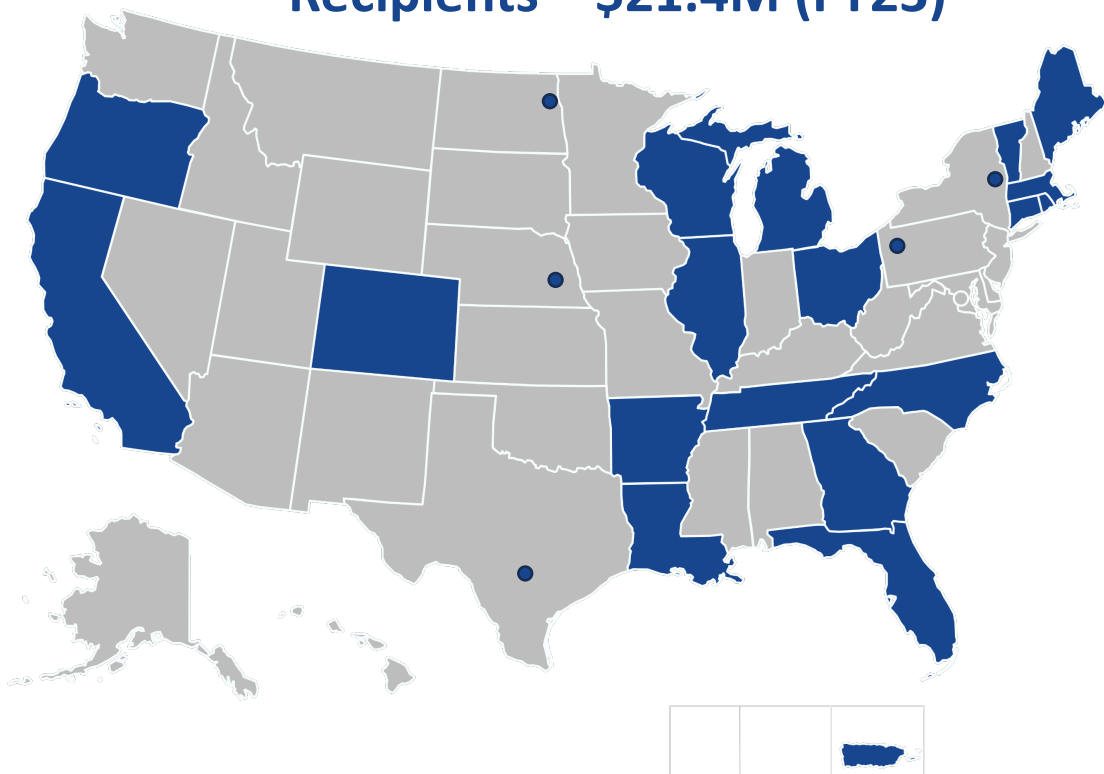


Suicide

49,000+ suicide deaths annually (increased 2.6% from 2021 to 2022)*

- 1 in 10 high school students attempted suicide in 2021 (YRBS)

**24 Comprehensive Suicide Prevention
Recipients – \$21.4M (FY23)**



Resource for Action



**Suicide
Prevention**
RESOURCE FOR ACTION

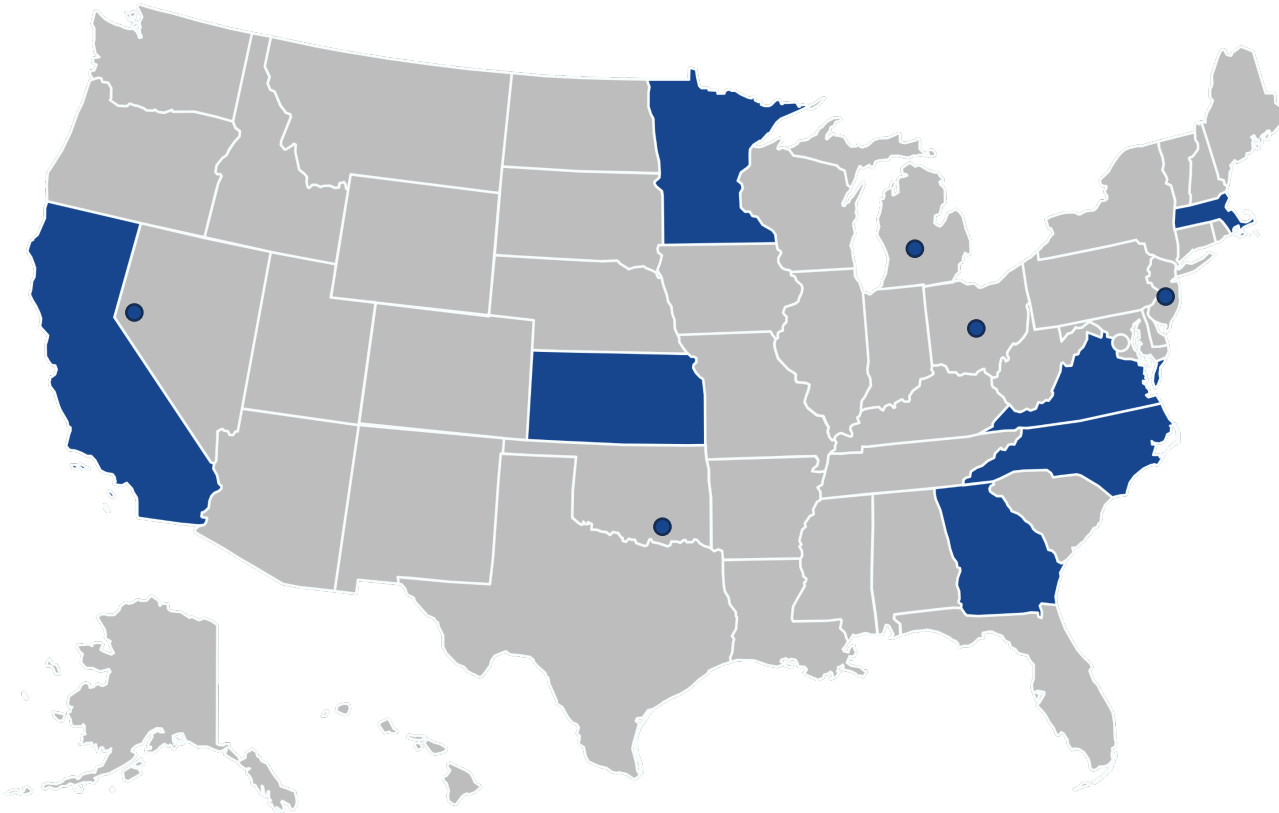


*2022 data is provisional. YRBS: Youth Risk Behavior Survey.

Adverse Childhood Experiences (ACEs)

Nearly 2 in 3 adults have experienced at least once ACE

12 EfC:PACE D2A* Recipients – \$5.7M (FY23)



Resource for Action

Adverse Childhood
Experiences Prevention
Resource for Action



A Compilation of the Best Available Evidence



*Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action

Discussion

Center for Forecasting and Outbreak Analytics: Progress to Date and Future Initiatives

Dylan George, PhD

Director, Center for Forecasting and Outbreak Analytics (CFA)

Center for Forecasting & Outbreak Analytics (CFA)

VISION

To empower people to save lives and protect communities from health threats.

MISSION

To harness cutting-edge analytics to improve response to public health emergencies.

GOALS

Predict

Deliver actionable analysis and response-ready modeling tools.

Inform

Generate practical decision support communications products.

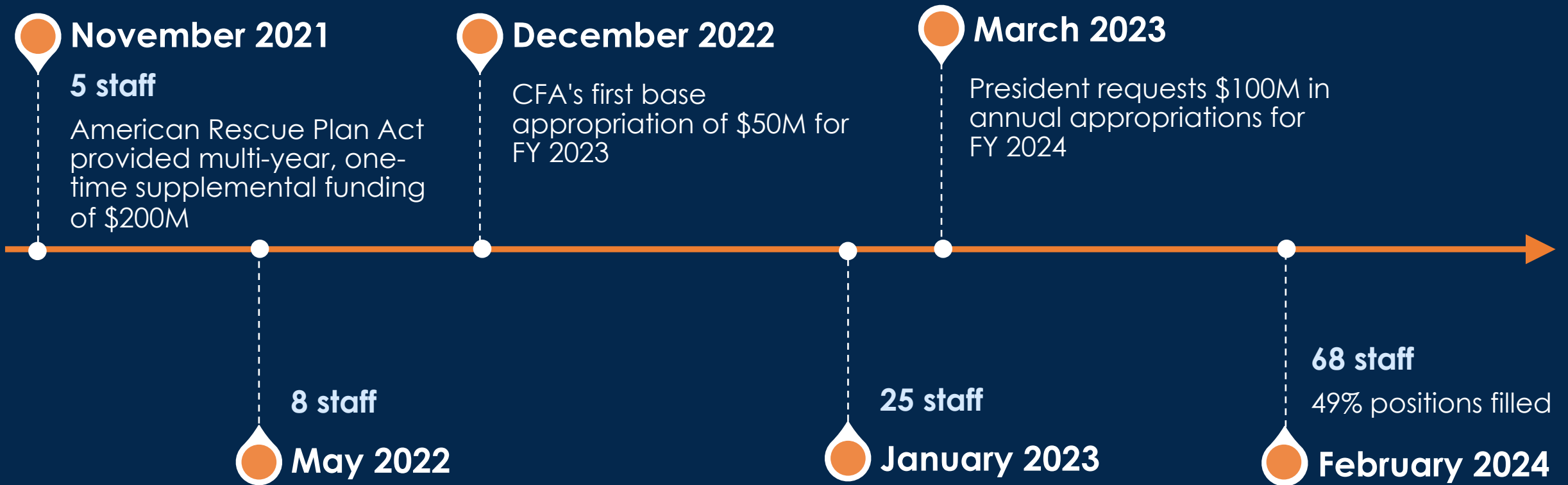
Innovate

Drive technological and analytic innovation.

Advance

Build a world-class forecasting and outbreak analytics organization.

Implementing CFA



CFA needs **good people** and **sustained support** to build a world-class forecasting and outbreak analytics organization.

CFA's 2023 Accomplishments



Better Data



Quality Tools



Increased collaboration

- Wastewater monitoring
- Refactored COVID-19 pipeline
- Virtual Analyst Platform

- Respiratory Disease Season Outlook
- FluSight influenza modeling
- COVID & flu growth estimates
- Ongoing disease monitoring

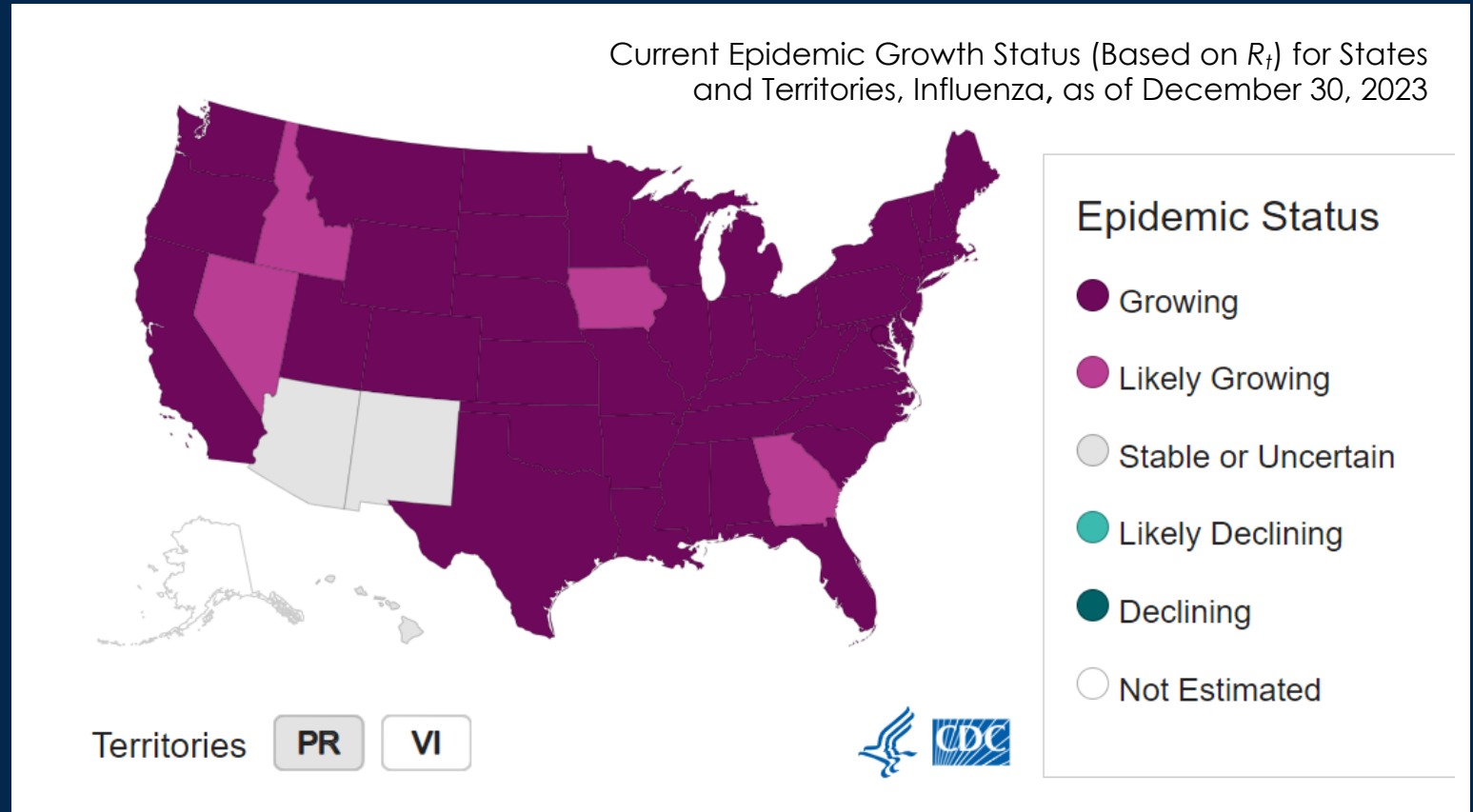
- Respiratory Virus Response Modeling Task Force
- Insight Net: Nat'l Outbreak Analytics & Disease Modeling Network
- International collaboration

Impact: Spurring innovation and development of more accurate and actionable disease outbreak analytics to rapidly share with public health decision-makers.

Example: COVID-19 and Influenza Growth Estimates

CDC's first public state-level estimates of disease transmission rates R_t (COVID-19 & flu)

- R_t = effective reproductive number
- R_t estimates = a measure of how efficiently a disease is spreading
- State-level specificity for COVID-19 and influenza
- Publicly available and updated weekly on CFA website
- Based on CFA & NCIRD collaboration, using reported hospitalization data



Impact: Knowing if COVID-19 or flu infections are currently increasing or decreasing helps jurisdictions and health care systems better prepare, plan for, and respond to these seasonal diseases

Insight Net

\$262.5M
investment over
five years

The first national network for outbreak analytics & disease modeling



- Established in 2023 to improve outbreak response and enhance the federal, state, and local ability to control epidemics and pandemics
- Network of performers** from public and private sectors designing, testing, and implementing forecasting tools & techniques

13
Primary
awardees

>100
Secondary &
Tertiary Partners

35
States

Map of US states and territories, showing 13 primary Insight Net awardees and partners. *Colors indicate awardee type.

CFA's 2024 Goals



Even Better Data



Better Tools



More access & support

- Wastewater monitoring for more diseases
- Incorporating more new data sources

- Insight net & CFA data scientists work to innovate, implement and integrate new forecasting & decision-support tools

- Influenza modeling tool kit
- Expanding Virtual Analyst Platform (VAP)
- Expanding & implementing new Insight Net tools

STLT Support

Impact: Empower decision-makers with the best available models, forecasts and analytics, so they can be prepared for and respond at the earliest signs of a public health threat.

Discussion

Lunch

Update on CDC Moving Forward

Kate Wolff, MPA
Chief of Staff

BACKGROUND

CDC Moving Forward is an effort to promote a public health action-oriented CDC committed to **accountability, collaboration, communication, timeliness, and equity** through refining and modernizing CDC structures, systems, and processes.

Core Areas for Improvement

- Share Scientific Findings and Data Faster
- Increase Laboratory Capacity, Quality, and Safety
- Translate Science into Practical, Easy to Understand Policy
- Prioritize Public Health Communication
- Develop a Workforce Prepared for Future Emergencies
- Promote Results-Based Partnerships
- Modernize Data
- Integrate Health Equity

Examples of Impact & Progress

Share Scientific Findings and Data Faster

Clearance Process



A refreshed process to improve efficiency and effectiveness of current clearance system. *To date, changes have cut review times in half, resulting in 120% CDC-wide improvement in clearance rate.*

Increase Laboratory Capacity, Quality, and Safety

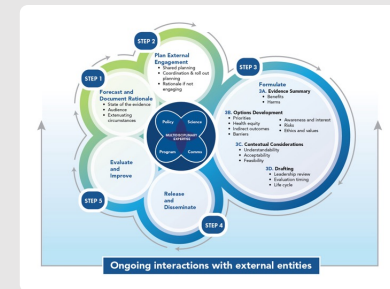
Laboratory Quality Plan (LQP)



A flexible, enterprise-wide system to facilitate effective, efficient lab quality activities. eQMS is one of six components of CDC's LQP. *CDC is piloting cloud-based software to manage eQMS in preparation for an agency-wide phased rollout.*

Translate Science into Practical Policy

PH Guidance Framework



A consistent approach to developing evidence-based options for public health actions, informed by internal collaboration across program, science, policy, and communication, as well as external engagement. *PHGF rolled out internally in Q4 2023.*

Examples of Impact & Progress

Prioritize Public Health Communication

Clean Slate



An initiative to re-envision CDC.gov website with optimized, streamlined content by March 2024. *CDC estimates a reduction of at least 64% of the current content.*

A Workforce Prepared for Future Emergencies

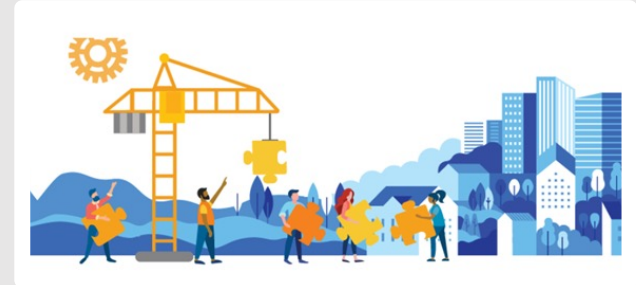
CDCReady

The CDCReady logo, featuring the word "CDC" in a blue sans-serif font and "Ready" in a larger, bold, blue sans-serif font.

A new, consolidated platform for emergency preparedness and response information sharing, operations, and data integration. *In six months, the platform has saved 120 labor hours.*

Integrating Health Equity

PH Infrastructure Grant



A 5-year, \$5B+ investment in public health workforce and foundational capacities, which publicly committed to directing resources in ways that support diversity and health equity. *107 public health departments and 3 national partners received funding.*

Examples of Impact & Progress

Modernizing Data

Electronic Case Reporting



A process increasing data efficiency and providing real-time reports for disease tracking, case management, and contact tracing. *26,200+ US health care facilities are using eCR, allowing officials to share data to partners and the public.*

Promote Results-Based Partnerships

Collaborative Initiatives



A selection of existing programs, policies, or data activities that focus on improving and protecting health and showcase the joint leadership of federal agencies alongside other partners. *Metrics and milestones will be tracked for the next 9-12 months.*



Rapidly Identifying and Responding to Threats



Improving Mental Health and Combatting the Overdose Crisis

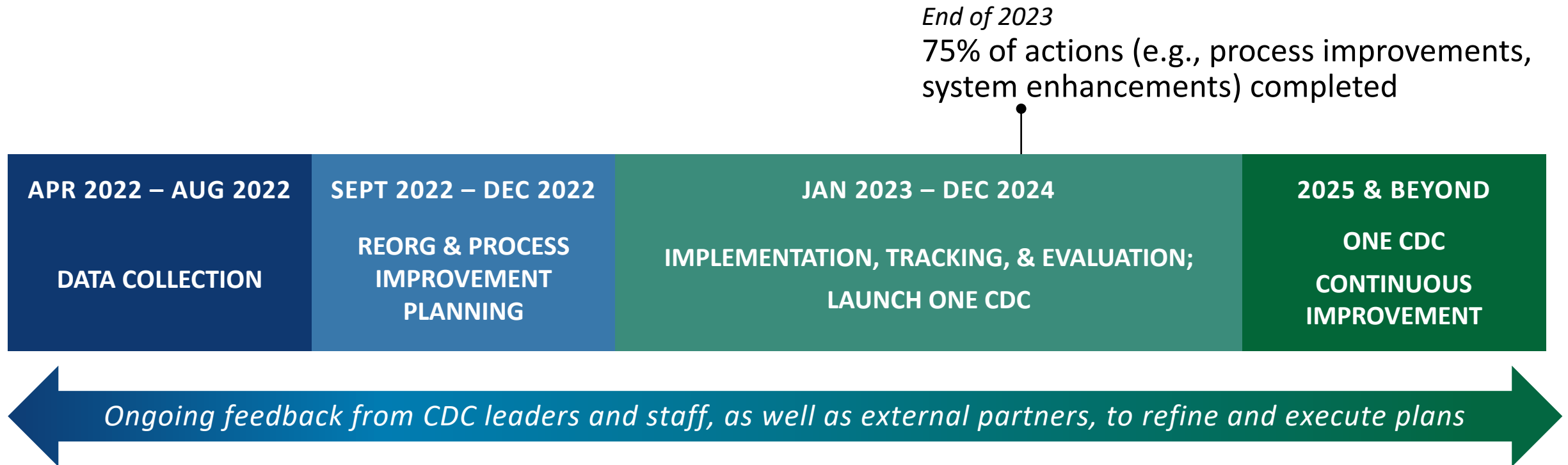


Supporting Young Families

Timeline & Outlook

Implementation activities are ongoing and will continue across the agency.

CDC is dedicated to understanding the impact of changes made, associated metrics, and opportunities for continuous improvement.



Discussion

CDC Update: Health Equity

Leandris Liburd, PhD, MPH, MA

Acting Director, Office of Health Equity



OHE Strategic Imperatives



Strategy: Institutionalize and align agency-wide initiatives to accelerate progress toward health equity.



Funding: Expand the integration of health equity in CDC funding.



Partnerships: Increase community engagement with populations that experience health disparities and health inequities.



Public Health Workforce: Build CDC's internal capacity of subject matter expertise in health equity within a workforce and workplace of diversity, equity, inclusion, accessibility, and belonging.



Science & Interventions: Implement equitable, community informed practices for advancing health equity in research, surveillance, evaluation, preparedness and response, and laboratory science.

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.
- 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.

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



Agency-wide leadership in health equity



Engage and invest in communities



Strategic foresight and innovation

Discussion

Communications and Public Engagement Workgroup (Proposed)

Andi Lipstein Fristedt, MPA

Deputy Director for Policy, Communications, and Legislative Affairs

Kate Galatas, MPH

Senior Communications Officer, Workgroup DFO

Purpose

1

**Provide
recommendations
on communicating
with the public
directly and more
effectively**

2

**Focus on reaching
local communities
with messages**

3

**Bring together
experts in:**

- Communications
- Public Health
- Community Engagement
- Behavioral
Science/Change

Effective Communication Goals



**BUILD RELATIONSHIPS
AND COMMUNICATE
WITH TRUSTED
MESSENGERS**



**IMPROVE RISK
COMMUNICATION
PRACTICES**



**DELIVER
ACTION-
ORIENTED
MESSAGING**



**TAILOR
MESSAGES TO
AUDIENCES**



**INCREASE
TRANSPARENCY**

Proposed ACD Work Group (as outlined in the TOR)

Work Group Draft Name:

- Communications & Public Engagement Work Group (CPEW)

CPEW Co-Chairs:

- Drs. Octavio Martinez and Rhonda Medows

CPEW Composition (NTE 15 members) with expertise in:

- Communications, including public relations, health communication, risk communication, communication research, and marketing
- Community and partner engagement
- Public health science and practice, including implementation
- Behavioral science/behavior change campaigns

CDC Charge to CPEW: Potential Areas of Exploration

- ☐ How can CDC build more robust relationships and mechanisms to communicate via trusted messengers (e.g. clinicians, faith leaders, etc.)?
- ☐ How can CDC improve and tailor its risk communication efforts to better align with audience perceptions and match risk levels?
- ☐ What are the ways CDC can deliver more actionable, understandable and focused communications to help people protect their health?
- ☐ How should CDC tailor messages and communications methods to different audiences, particularly for historically marginalized communities?
- ☐ Are there considerations to achieving greater transparency in addition to increasing the pace, content and reach of CDC's communications?
- ☐ What mechanisms should CDC use to evaluate/measure progress in its public-facing communication efforts?
- ☐ How might CDC ensure greater consistency and minimize perceived contradictions in its communications at all levels?

Next Steps (based on results of today's vote)

- **Recruit CPEW Members**
 - Solicit interest from ACD members
 - Submit Federal Register Notice
- **Set up member review panel** (to establish criteria/select CPEW members)
- **Schedule first CPEW meeting** (before 3rd quarter 2024)
- **Submit Summary Report to ACD** (NLT June 2025)

Discussion and Vote

Closing Remarks

David Fleming, MD

ACD Chair

Adjourn