Advisory Committee to the Director (CDC)

November 2, 2022

10:00 AM – 4:30 PM

Closed Captioning:
https://www.streamtext.net/player?event=10354MeetingAdvisoryCommitteeDirectorCDC
Event ID: 10354

Welcome, Roll Call

David Fleming, M.D.

ACD Chair

Overview of Recent Developments

Rochelle P. Walensky, M.D., M.P.H.,

Director, Centers for Disease Control and Prevention, and Administrator,
Agency for Toxic Substances and Disease Registry

Presentation Questions, Issues for Discussion

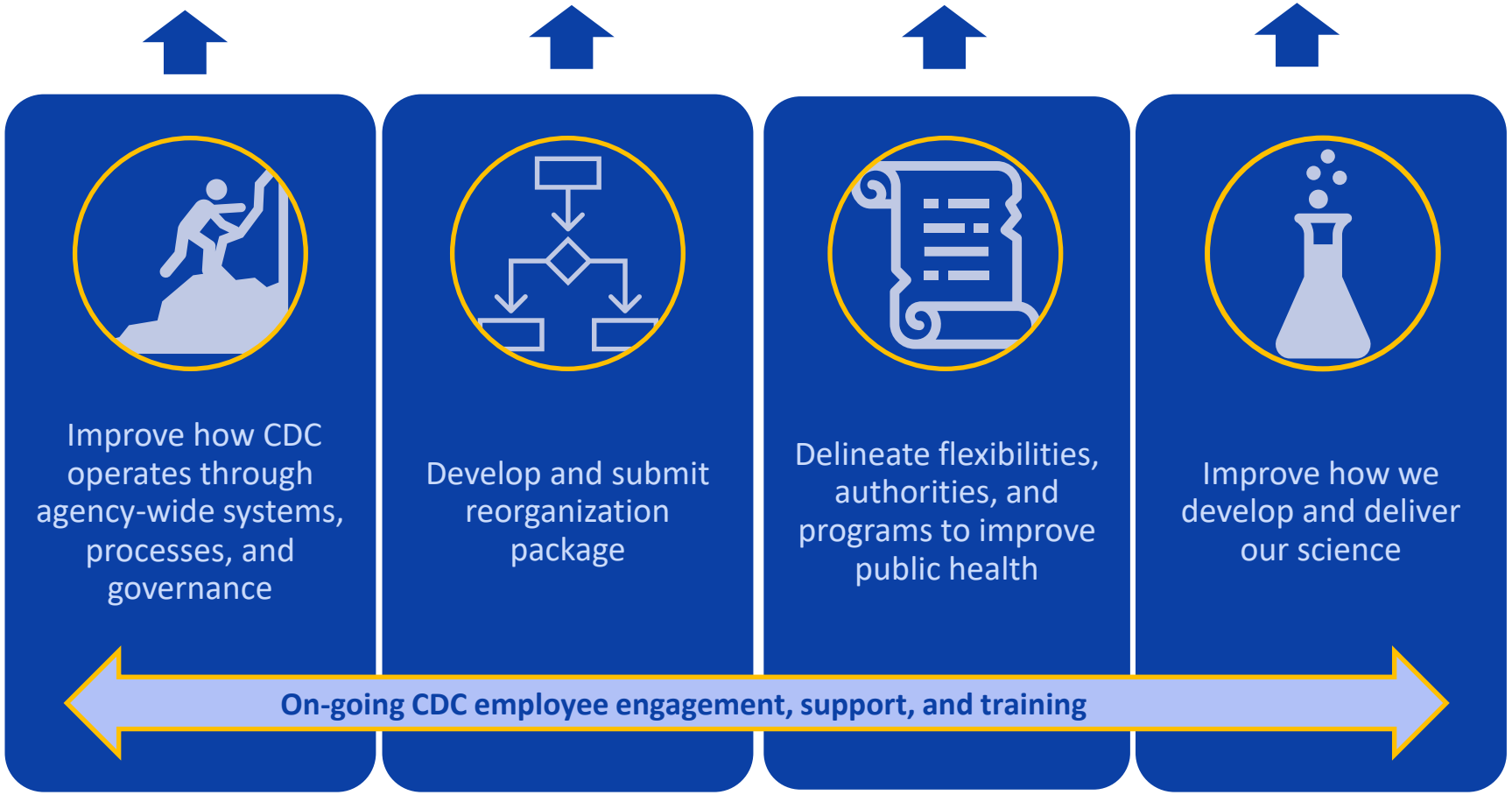
Moving Forward Initiative

Mary Wakefield, Ph.D., R.N., F.A.A.N.
Senior Counselor to the CDC Director

Jim Macrae, M.A., M.P.P.
Senior Advisor

The Four Inter-related Efforts of CDC Moving Forward

Public health action-oriented culture at CDC that emphasizes accountability, collaboration, communication and timeliness



CDC Moving Forward Principles for Change

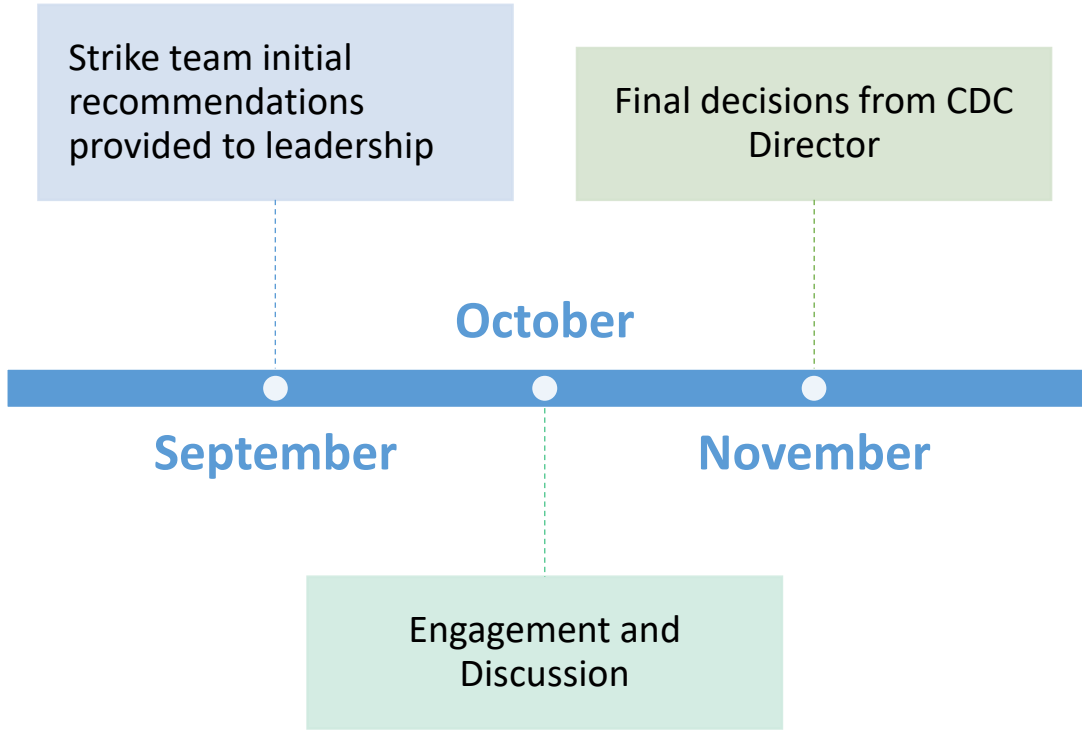
Working together to implement CDC Moving Forward

Leading with these core change principles will increase the likelihood of success and sustainability

CORE PRINCIPLE	CHANGE MANAGEMENT IN ACTION
Go Deep to Diagnose Challenges. Before initiating change, define the problem and focus on fixing the cause.	*PATs are conducting root cause analyses at the start of their efforts so that solutions address root causes rather than symptoms.*
Involve Every Layer. Each layer of the organization has a distinct role in bringing change to fruition.	*PAT core teams are comprised of a diverse set of staff, with senior leaders championing and staff defining solutions.*
Communicate Frequently & Clearly. Continuously communicate what is known (and what is in process) during change, while always embracing feedback.	*All available venues (e.g., webinars, email, intranet) are being used to share updates and encourage staff participation and feedback.*
Drive Continuous Improvement. At each stage of development and implementation, collect information and insights to inform next steps.	*The CDC Moving Forward report was informed by agency-wide interviews. PATs will hold listening sessions to inform implementation plans, which will include metrics to evaluate success.*

** Principles reflect tailored approach, based on a combination of Kotter's 8 Steps, Prosci's ADKAR Model, and Deloitte's "Humanizing Change" Guidance*

Develop and submit reorganization package



Strike Team Functional Area
Public Health Data
Global Health
External Affairs
Laboratory Science, Safety, Quality, and Capacity
Public Health Readiness and Response
Advancing Equity
Public Health Infrastructure, including Workforce Capacity
Science
Policy
Communications

Improve how we develop and deliver our science

CDC Scientific and Programmatic Review

- Share Scientific Findings and Data Faster
- Translate Science into Practical, Easy to Understand Policy
- Prioritize Public Health Communications
- Develop a Workforce Prepared for Future Emergencies
- Promote Results-Based Partnerships

Improve how we develop and deliver our science

Sharing Scientific Findings and Data Faster

Recommendation 1: Release scientific findings and data more quickly (prior to formal publications) in response to the need for information and action, and be transparent about the agency's current level of understanding.

Tier 1 Priority Action 1a: Develop and utilize standard language that clarifies the agency's current level of scientific understanding (e.g., This reflects our current understanding of the science and may change as additional research is conducted/information is gathered)

Tier 1 Priority Action 1b: Establish a new mechanism (or add this component to an existing scientific or data release mechanism) to share real-time scientific information and data that clearly differentiates it from current CDC scientific publications (i.e., MMWRs, Science Briefs, and Vital Signs)

Recommendation 2: Strengthen and expedite the development and review/approval process for scientific publications and data (including laboratory data) to match the needs of the emergency.

Tier 1 Priority Action 2a: Establish priority areas of scientific focus based on emerging public health emergency trends and needs rather than relying on individual/center priorities

Tier 1 Priority Action 2b: Redeploy scientific/data staff and resources across the agency to focus on urgent issues and applied science during an emergency, utilizing staff from outside the CDC response team and agency, when necessary

Tier 1 Priority Action 2c: Set clear deadlines for sharing the latest scientific findings/data and/or completing a scientific publication to assure the timely release of information that aligns with the timeframes needed by decision makers

Tier 1 Priority Action 2d: Strengthen and streamline the scientific and data review/approval processes by engaging outside reviewers and reducing the number of internal review layers and personnel involved; focus comments on substantive scientific and data issues rather than editorial/wording preferences

Improve how we develop and deliver our science

Translating Science into Practical, Easy to Understand Policy

Recommendation 3: Develop and implement a standardized policy development process for implementation guidance documents. This process should include the following key steps

Tier 1 Priority Action 3a: Develop and implement a standardized policy development process for implementation guidance documents, including a feedback loop to quickly assess the effectiveness of the implementation guidance by engaging key stakeholders on its clarity, ease of implementation, timeliness, and resultant outcomes

Recommendation 4: Develop the implementation guidance and put into final expedited clearance for publication

Tier 1 Priority Action 4a: Produce plain language, easy to understand implementation guidance documents that apply over multiple settings (e.g., high density congregate settings) and situations to reduce the number and length of guidance documents, include a brief scientific rationale/background in the implementation guidance with a referenced and/or accompanying MMWR, Science Brief, as necessary; and use FAQs to address unique or changing circumstances that are not covered by the implementation guidance; these FAQs should accompany the implementation guidance and be actively managed to assure that the latest relevant information is shared and out of date material is archived

Improve how we develop and deliver our science

Prioritizing Public Health Communications

Recommendation 5: Focus communication efforts to the general public first with additional communications tailored to key partners

Tier 1 Priority Action 5a: Employ a risk communication strategy and speak with a unified voice throughout a public health emergency response – communicating regularly what is known and what is not known

Tier 1 Priority Action 5b: Communicate plain language Bottom Line Upfront (BLUF)/Headlines (including visual representations) in all scientific publications (e.g., MMWRs, HANs, Science Briefs, Vital Signs) and implementation guidance documents - with more detailed information available for health professionals, policy makers, researchers and others in the body of the documents

Tier 1 Priority Action 5c: Formalize roll out procedures and processes for all science publications and implementation guidance documents to include:

- Plain language, public talking points, FAQs, and central messages
- Tailored pre-release materials, talking points, and FAQs for key external partners and internal staff – adopt a no surprises communication operating posture

Recommendation 6: Restructure the agency web site and digital communication platforms to eliminate unnecessary content and focus on key target audiences with a primary emphasis on the public

Tier 1 Priority Action 6a: Streamline the review process for adding or removing web content, regularly archiving limited viewed materials and updating/removing out of date material

Improve how we develop and deliver our science

Developing a Workforce Prepared for Future Emergencies

Recommendation 7: Change the agency's emergency response operating model as well as its rewards and incentive structure to better recognize the importance of the agency's response work

Tier 1 Priority Action 7a: Dedicate permanent leadership, response experts, and line staff for agency-wide public health emergency response to assure continuity in policies, procedures, and staffing

Tier 1 Priority Action 7b: Supplement this core permanent staff with a cadre of emergency response trained, highly qualified staff who can be called upon from across the agency depending on the type of emergency for 6 months to 1 year deployments (rather than 30 to 60 day assignments)

Tier 1 Priority Action 7c: Develop a rapid response team that can quickly address real-time public health emergency science, policy and communication needs, and respond to feedback from various internal and external stakeholders

Tier 1 Priority Action 7d: Incorporate an emergency response PMAP element in all employee's performance plans that includes response training and deployment readiness for internal and/or external assignments

Recommendation 8: Expand and diversify workforce recruitment, retention, training, and development programs.

Tier 1 Priority Action 8a: Increase efforts to support a more diverse, equitable, inclusive, and accessible agency, reviewing the effectiveness of agency recruitment, retention, training, and engagement strategies

Tier 1 Priority Action 8b: Develop executive leadership and leadership development courses that focus on adaptive leadership rather technical skills

Tier 1 Priority Action 8c: Initiate a formal succession planning effort that supports promotions and advancements for both technical experts and executive leaders/managers

Tier 1 Priority Action 8d: Expand programs to embed more staff (including front line, leadership, and data staff) in State and local health departments

Recommendation 9: Increase senior leadership team engagement with staff throughout the agency

Tier 1 Priority Action 9a: Present a new vision for the future of CDC with agency-wide priority goals and clear roles for staff and supervisors across the organization

Improve how we develop and deliver our science

Promoting Results-based Partnerships

Recommendation 10: Establish an agency-wide performance-based framework for operations and programs focused on key agency goals and results, timeliness and quality of products/services, customer/grantee satisfaction (as measured through a new annual grantee survey), and staff satisfaction

Tier 1 Priority Action 10a: Establish an agency-wide performance-based framework for operations and programs focused on key agency goals and results, timeliness and quality of products/services, customer/grantee satisfaction (as measured through a new annual grantee survey), and staff satisfaction

Recommendation 11: Work in partnership with others in and outside of government to turn science into public health action and results

Tier 1 Priority Action 11a: Engage CDC Senior Leadership and decision makers in ongoing forums to receive feedback on issues and concerns from key stakeholders: State/local/territorial health officials; providers; researchers; employers; community-based organizations; policy makers; and the public

Tier 1 Priority Action 11b: Adopt a partnership approach in grants and cooperative agreement management, focusing on achieving key results together, using internal and external performance dashboards, promoting the use of evidence practices and peer-based technical assistance, and reducing administrative/prescriptive implementation procedures and requirements

Improve how we develop and deliver our science

Priority Action Teams (PATs)

The CDC Moving Forward Summary Report identified five operational focus areas, including recommendations with aligned priority actions. Priority Action Teams (PATs) are being stood up to create actionable implementation plans to address these recommendations.

- **The goal is for each PAT to create sustainable solutions that drive results**
- **The 21 PATs are led by individuals with critical knowledge, skills, and abilities related to their PAT recommendation**
- **PATs include staff from various organizational units, levels, skills, and experiences.**
- **PATs will engage with external partners as appropriate.**
- **PATs are expected to have implementation plans for review by end of November**

Discussion questions

- **What do you see as the most critical areas for improvement in CDC? What related solutions should be considered?**
- **What other key actions do you recommend that we pursue in CDC Moving Forward?**

Presentation Questions, Issues for Discussion

Lunch

Health Equity Workgroup

Daniel Dawes, J.D. and Monica Valdes-Lupi, J.D., M.P.H.

Co-Chairs

Health Equity Workgroup Members

TASK AREA #1	TASK AREA #2	TASK AREA #3
Enable and assure the meaningful involvement of communities in agency decision-making, the development of health equity policies, program implementation, and evaluation	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	Elevate and expand focused activities to measure and address the upstream factors and their consequences, including social and structural determinants of health that contribute to and drive health inequities
ACD Lead: Daniel Dawes	**ACD Lead**: Monica Valdes-Lupi	**ACD Lead:** David Fleming
CDC SME: Euna August and Leandris Liburd	**CDC SME**: Jennifer Meunier, John Auerbach (DFO)	**CDC SME:** Becky Bunnell and Natasha Hollis
MEMBERS	**MEMBERS**	**MEMBERS**
Bonnielin Swenor	**Paula Tran**	**Philip Alberti**
David Brown	**Nafissa Cisse Egbuonye**	**Rachel Hardeman**
Bobby Watts	**Julie Morita**	**Cary Fremin**
Maria Lemus	**Octavio Martinez**	**Ada Adimora**
Delmonte Jefferson	Rhonda Medows*	Michelle Albert*
	Mysheika Roberts*	

Moving Forward and Potential Alignment

TASK AREA 1: Community Engagement

- Creating a one-stop shop for external partners to navigate the agency.

All three TASK AREAS:

Policies/Resources/ Programs + SDoH Measures

- Starting a process to make structural changes to incentivize public health action, implementation, and impact at all levels of the organization.
- Creating a new equity office that will promote this focus across all the work CDC does, as well as how the agency operates; a CDC that reflects the diversity of America will be better positioned to respond to outbreaks – from science to communications.

Outline of Draft HEW Report

- Background
- Obstacles and Challenges to Progress in Health Equity
- Principles
- **Action Steps for ACD Consideration**

Action Steps for Consideration: Task Area 1

1. CDC should incentivize equity in its funding opportunities and prioritize funding to non-governmental organizations that include clear and sustainable approaches to embracing the health equity journey.

- Incentivize funded organizations across several areas including supporting ecosystems that spur entities to begin and progress on their health equity journeys
- Make applications for NOFOs less challenging for organizations that service economically/socially marginalized communities to complete
- Create centers to support CBOs throughout the NOFO process
- Provide funding and resources through systematic and equitable processes.

Action Steps for Consideration: Task Area 1, cont.

2. CDC should build and strengthen relationships between CBOs and state public health agencies.

- Promote meaningful engagement of community in the development of policies and programs designed to promote health equity.
- Strengthen efforts to promote positive social connectedness and community resilience.

3. CDC should elevate the congressionally authorized Office of Minority Health and Health Equity (OMHHE) to the Office of the Director (OD).

- Adopt and implement theory of change for achieving health equity by impacting systems and structures long-term
- CDC's strategies to provide assistance to CBOs should be evidence-based or reflect emerging/promising practices.

Action Steps for Consideration: Task Area 2

4. CDC should develop a culture shift that is driven by including diverse groups in setting policies and science agendas in meaningful ways.

5. CDC should integrate an “equity in all policies” approach related to procurement, NOFO applications and reporting requirements.

6. CDC should strengthen project officer engagement by developing or redesigning training materials that elevates equitable grantmaking and emphasizes the important roles they play in providing support to grantee partners.

7. CDC should work across programmatic areas to develop communities of practice and action to support increased opportunities for peer-to-peer learning and sharing.

Action Steps for Consideration: Task Area 3

8. CDC should initiate a coordinated, agency-wide approach to identify and implement measures of underlying drivers of equity and health equity in ways that make them as accessible and useful as possible, including to localities and public health programs.

- Lead assessing and synthesizing current state-of-the-art of measurement of upstream drivers of health equity
- Initiate process with key partners and stakeholders to assess feasibility of, and opportunities for, developing and using field-tested and consistent methods and measures
- Assure development of comprehensive set of indicators that include asset and solution-based measures of individual and community equity and health equity
- Focus special attention on identifying and developing measures that can be timely, locally available, and as granular as possible.
- Promote, and enable through program funding, incorporation of measures of health equity into monitoring and evaluation

Action Steps for Consideration: Task Area 3, cont.

9. CDC should initiate a coordinated, agency-wide approach to develop and integrate methods and strategies to influence the effects of drivers of health equity across the entire range of public health outcomes.

- Align and integrate internal organization and leadership of Health Equity and Social Determinant of Health activities and approaches
- Promote and enable through program funding the routine assessment and mapping of the effects of the drivers of health equity
- Include range of relevant structural power dynamics potentially affecting solutions in assessments
- Promote and enable through program funding identification and incorporation of strategies and tactics to improve project outcomes… take a leadership role in developing relevant needed partnerships with appropriate related federal agencies
- Routinely include asset-based approaches
- Ensure that measurement of these efforts and effects are routinely incorporated into project and program evaluation

Presentation Questions, Issues for Discussion

Laboratory Workgroup

Joshua Sharfstein, M.D. and Jill Taylor, Ph.D.

Co-Chairs

Current Focus on Terms of Reference #5

In the 2022 budget agreement, Congress requested that the Office of the Secretary, HHS establish a Task Force to evaluate factors contributing to the shortcomings of CDC's first COVID-19 test as well as policies, practices, and systems that should be established to mitigate future issues.

Congressional Report Language

- *The agreement includes direction in the Office of the Secretary to establish a Task Force, including participation from outside stakeholders and subject matter experts, to evaluate what contributed to the shortcomings of the first COVID-19 tests, including laboratory irregularities, and what policies, practices and systems should be established to address these issues in the future.*

  - ❑ *The Task Force shall also examine CDC's processes for the development and deployment of diagnostics and its ongoing operations, including communications and electronic lab reporting with clinical, commercial, and State and local public health laboratories.*
  - ❑ *Based on the conclusions of this effort, CDC shall develop an agency-wide coordination plan for developing and deploying assays during a public health emergency that engages a nationwide system, as appropriate, and leverages the expertise offered by the public and private sectors.*”

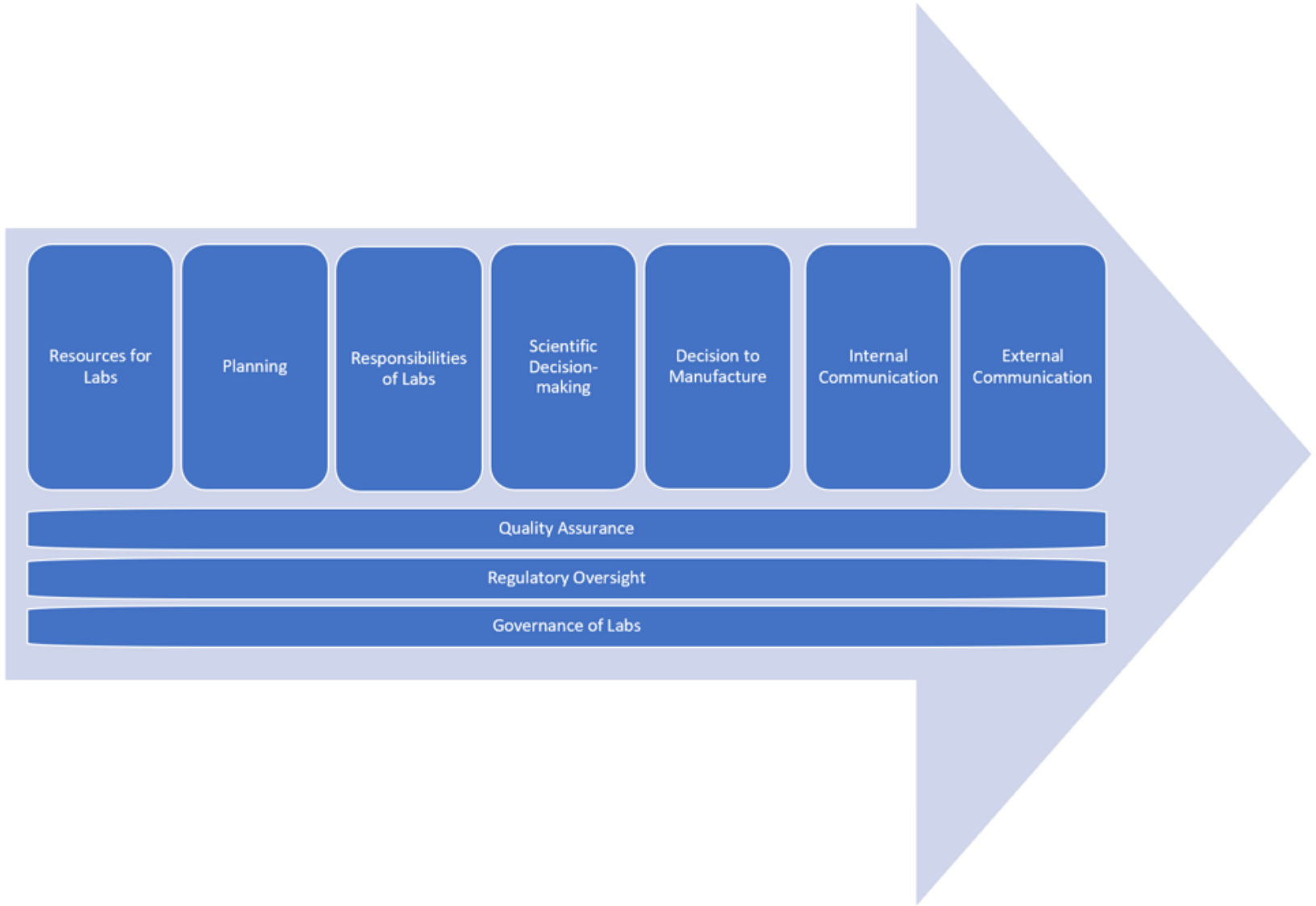
Element A

- *The agreement includes direction in the Office of the Secretary to establish a Task Force, including participation from outside stakeholders and subject matter experts, to evaluate what contributed to the shortcomings of the first COVID-19 tests, including laboratory irregularities, and what policies, practices and systems should be established to address these issues in the future.*

  - ❑ *The Task Force shall also examine CDC's processes for the development and deployment of diagnostics and its ongoing operations, including communications and electronic lab reporting with clinical, commercial, and State and local public health laboratories.*
  - ❑ *Based on the conclusions of this effort, CDC shall develop an agency-wide coordination plan for developing and deploying assays during a public health emergency that engages a nationwide system, as appropriate, and leverages the expertise offered by the public and private sectors.*”

Element A

- Governance
- Regulatory oversight
- Quality assurance
- Resource for labs
- Planning
- Responsibilities of labs
- Scientific decision making
- Decision to manufacture
- Internal communication
- External communication



Element A: Activities

Work to date

- Development of specific questions
- Document review
- Meeting with CDC officials

Next steps: synthesis, framing for groups B/C, report

Elements B/C and D

B/C
The Task Force shall also examine CDC's processes for the development and deployment of diagnostics and its ongoing operations,……..

D
……..including communications and electronic lab reporting with clinical, commercial, and state and local public health laboratories.

Future plans for the Lab Workgroup

- In-person meeting planned for Dec 1st and 2nd
  - Review and discussion of Element A material
  - Element B/C and D presentations from CDC SMEs and Workgroup Discussions.
  - Develop major points for first draft of report.
- Early January: Multiple virtual meetings to work on and review text
- Late January: Final content meeting to reach consensus
- Present to ACD at February in-person meeting

Presentation Questions, Issues for Discussion

Social Determinants of Health Initiative

Karen Hacker, M.D., M.P.H.

Director, National Center for Chronic Disease Prevention and Health Promotion, CDC

Health Equity & Social Determinants of Health

Health equity (HE) is when everyone has an equal opportunity to be as healthy as possible.

When we refer to **social determinants of health – or SDOH –** we are speaking about the non-medical factors that influence health outcomes.

C O R E

Integrate Equity into the Foundation of all CDC Work

LEVERAGE

COVID-19 Response

Climate and Health

Social Determinants of Health

Diversity, Equity, Inclusion, and Accessibility (DEIA)

COORDINATE

Leadership Accountability

Workforce Engagement

TRANSFORM

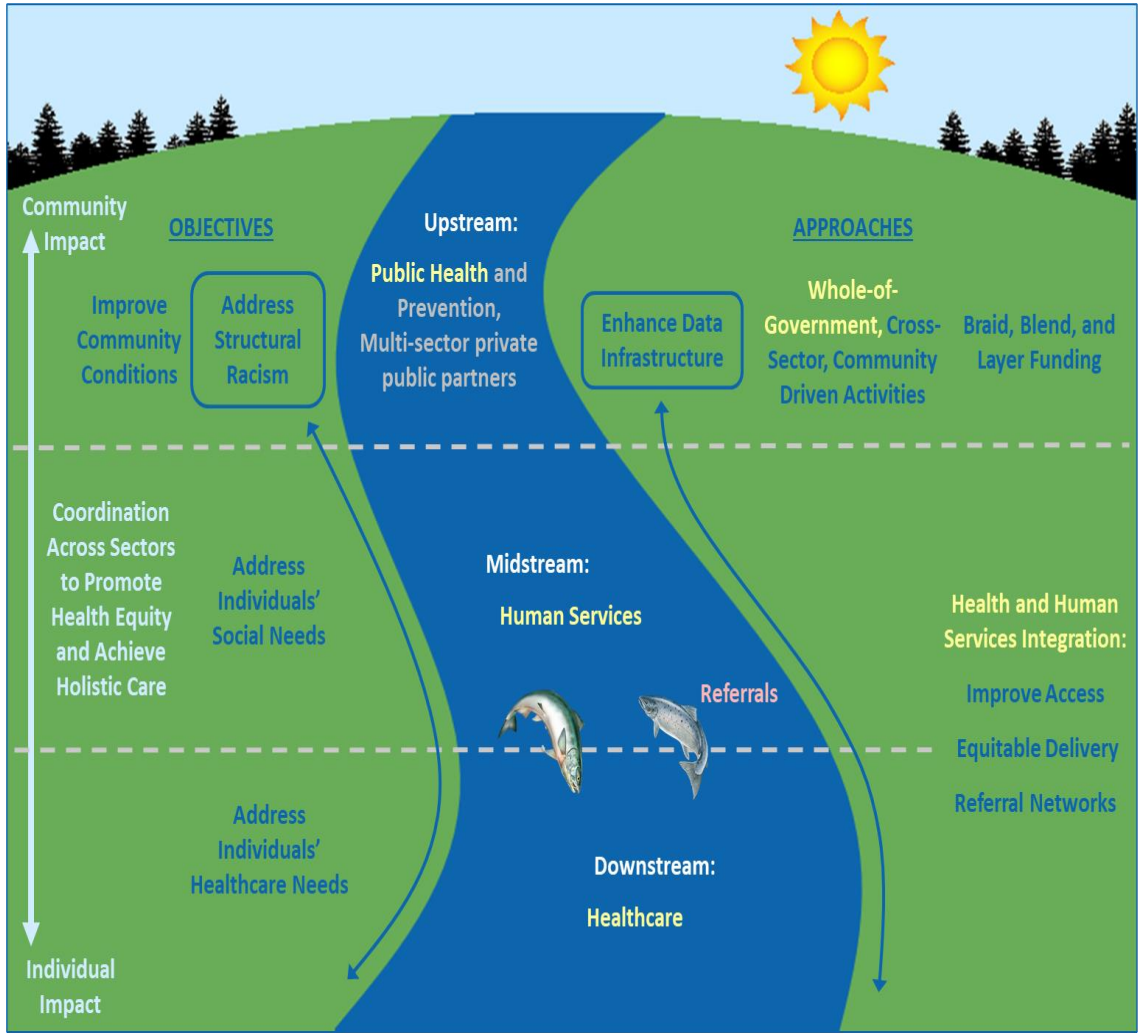
CORE Goals

Racism as a Serious Public Health Threat

Strong Foundation for Addressing SDOH Across CDC

Social Needs Are Different Than Social Determinants – *Both Matter*

- **Example -** Unstable housing
- **Social Need** – Assist with application for subsidized housing; link to temporary shelter
- **Social determinant** – Adopt policies to expand affordable housing; increase availability of rental subsidies; address impact of redlining



Castrucci and Auerbach, Health Affairs Blog, 2019

Public Health Plays 4 Key Roles in SDOH Work

Convener

Foster sustainable multi-sectoral, multi-level partnerships

Integrator

Collect data, evaluate to build the evidence base and determine outcomes, and translate ideas across systems

Influencer

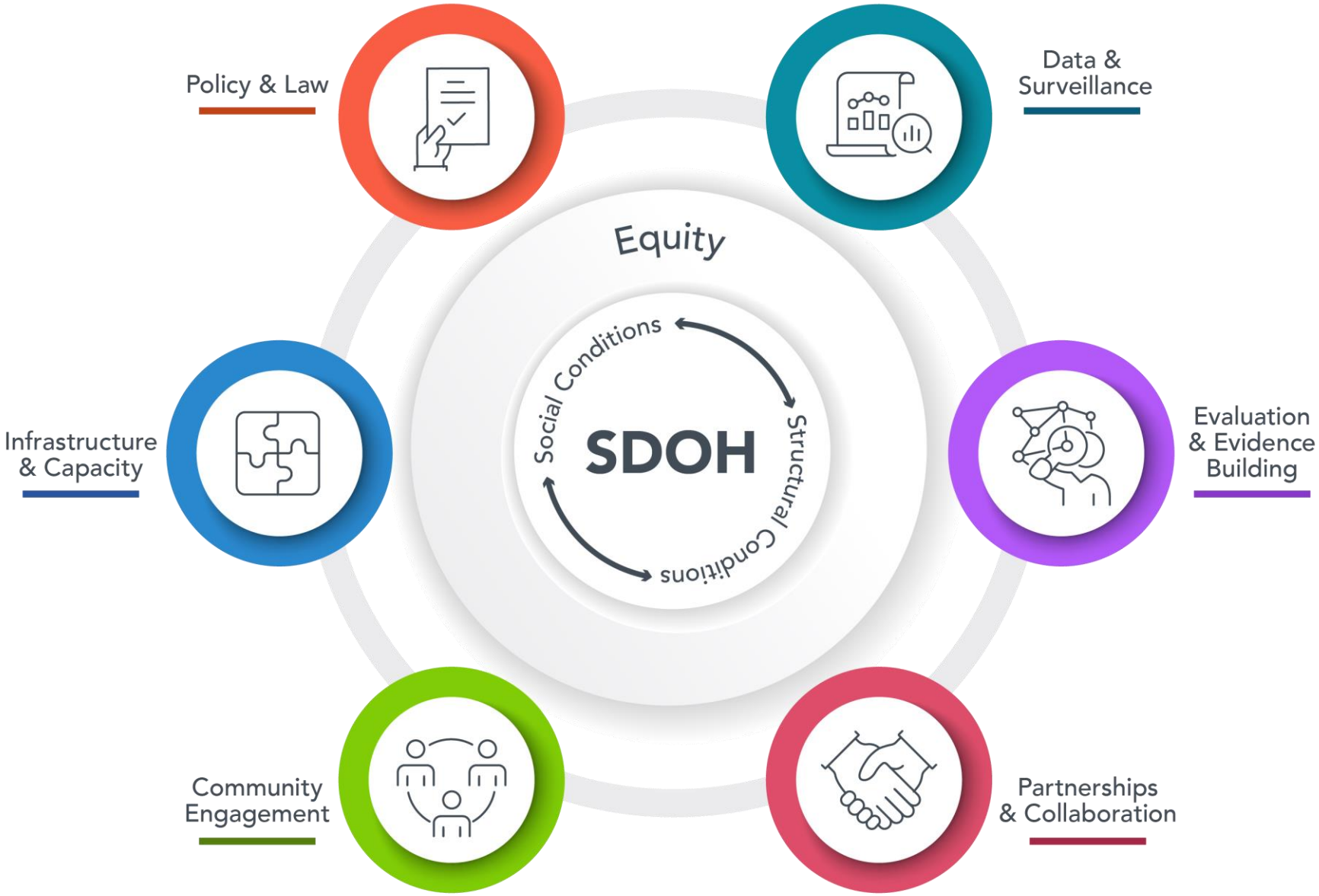
Lead approaches to develop upstream policies and solutions; direct funding to implement and scale up priority actions

Change-maker

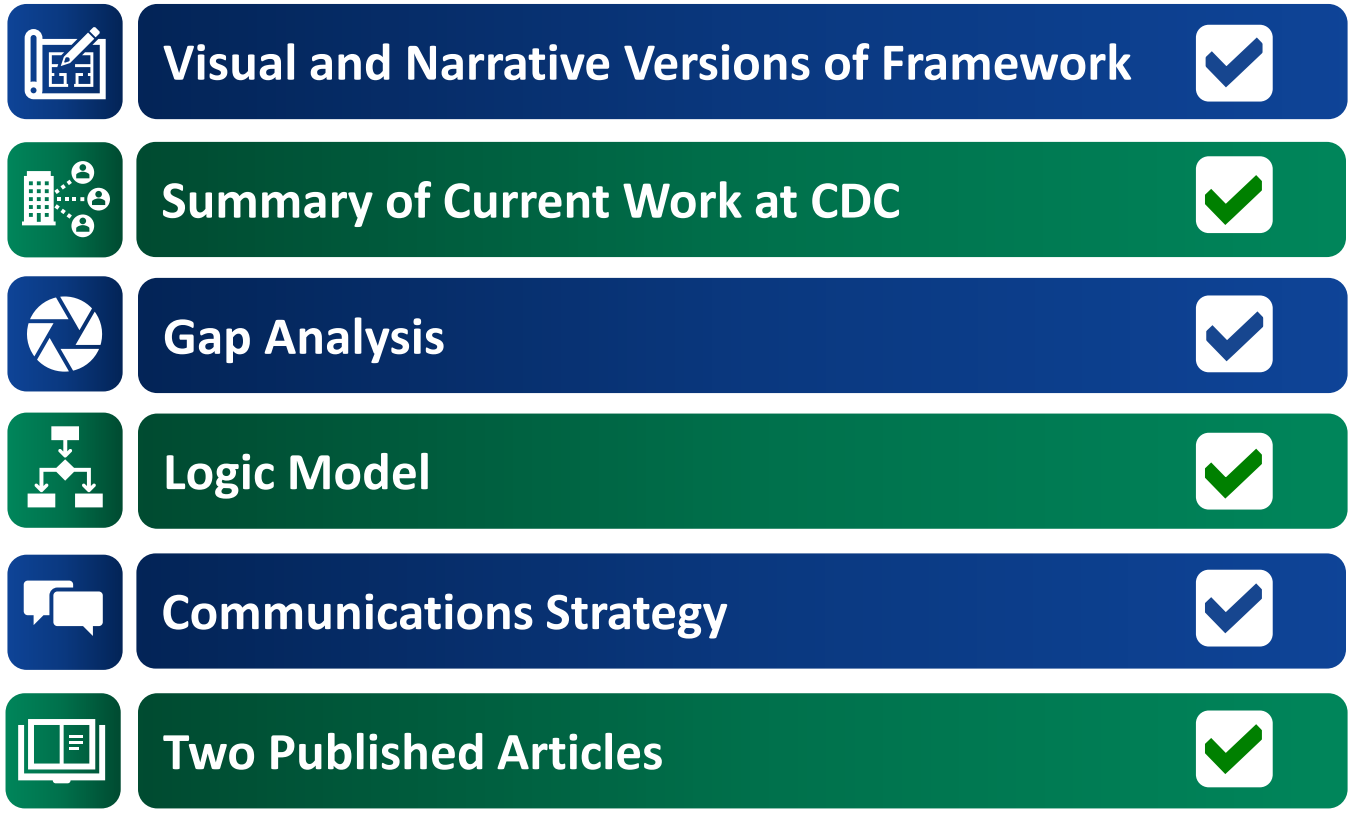
Generate solutions, take action, and collaborate with others to implement activities

DeSalvo et al, Preventing Chronic Disease, 2017; Hacker et al, Public Health Management and Practice, 2022

CDC SDOH Framework



CDC SDOH Task Force Accomplishments and Activities



Task Force Logic Model

Vision: A strong public health system, comprised of capable and competent public health professionals and well-resourced organizations, that supports the health of every person where they live, work, worship, and play, which leads to social and economic conditions that promote optimal health and well-being for all.

	Strategies/Activities *If we (CDC) do this…*	Short-term Outcomes [CDC] *…then we expect these changes to occur…*	Intermediate Outcomes [Community/Nation] *…which will lead to…*	Long-term Outcomes [Nation/World] *…our ultimate goals.*
People	**Build workforce capacity for SDOH** Develop capacity for cross-cutting SDOH work through professional development and formal training programs **Invest in partnerships** Develop or strengthen partnerships and relationships with communities and organizations to address SDOH	Increase the number of CDC staff, partners and public health workforce members with adequate skills and knowledge to engage with communities to address SDOH (convene, integrate, influence) Increase the number of federal and nonfederal partnerships focused on SDOH that CDC participates in	Increased public health capacity to address SDOH, advance equity, and achieve health and well-being for all Public health is more frequently at the table with other sectors, *e.g.,* housing, transportation, finance, education, healthcare, environment Increase in the number of community-driven efforts occurring to change SDOH or underlying causes of disparity and inequity More communities perceive that their voices are heard, and needs reflected in community-level decisions that affect the public's health More communities and organizations contribute to and use evidence-based tools when developing interventions that address SDOH topics Increase in number of programs (public health and other sectors) that address factors associated with risk and populations who experience inequities Better-integrated data sources that include a commonly defined set of SDOH variables that are consistently collected Increase the number of model policies or legislation examples available for SDOH topics with public health impact Establish standardized core data elements that contribute to measuring the impact of evidence-based interventions and strategies to reduce health inequities Establish guiding principles and best practices for evaluating interventions and strategies to reduce health inequities	CDC becomes a recognized leader in a whole-of-government approach to addressing SDOH and preventing infectious and non-infectious health consequences Strengthen and sustain critical infrastructure and capacity to address SDOH and reduce health inequities at the federal, state, tribal, local, territorial, and micro-community levels Use non-public health funding to advance public health goals Advance evaluation and build evidence for social determinants of health to reduce disparities and promote health equity CDC embeds a consistent, community-informed social determinants of health approach into the agency's standardization, collection, analysis, and dissemination of data Improve equity and access to a range of social and economic benefits—such as housing, education, transportation and access, wealth, environmental justice, and employment. Majority of US population living in a jurisdiction with evidence-based policies or laws in place that reduce barriers to optimal health and well-being or mitigate the upstream factors that lead to poor health and well-being
Processes	**Strengthen cross-CIO and cross-agency coordination and collaboration** Cultivate a venue for cross-CIO and cross-agency collaboration, information sharing, and collective action **Provide SDOH funding and resources to the field** Disseminate funding, technical assistance, and guidance to advance public health goals for preventing infectious and non-infectious disease	Increase the availability of clear and compelling data about health effects that other federal agencies can use to guide their programs and policies in ways that shape their interventions and investments Integrate SDOH more consistently into CDC-wide priority areas/initiatives at a strategic level Increase the number of communities collaborating with CDC and each other to advance health equity and address underlying SDOH via CDC funding, TA, and guidance Increase the number of CDC-funded projects that involve community participation to address SDOH, including those that use innovative funding strategies such as braiding and layering federal funding from public health and non-public health sources Increase the use of evidence-based SDOH intervention strategies, policies, guidance, data, and resources to advance SDOH work by CDC-funded organizations		
Data and Information	**Leverage policies, systems, research, data, analyses, and programs to advance SDOH work and improve the health status of our nation** Support SDOH work through routine activities such as building the evidence, collecting and analyzing data, and sharing best practices	Increase the number of CDC programs that contribute to the body of knowledge about SDOH best practices through evaluation Increase the number of CDC programs that invest in translating scientific data or research results into tools and resources that communities can use to guide their SDOH activities Promote social epidemiology methods and best practices by developing a robust and interconnected SDOH data infrastructure at CDC		

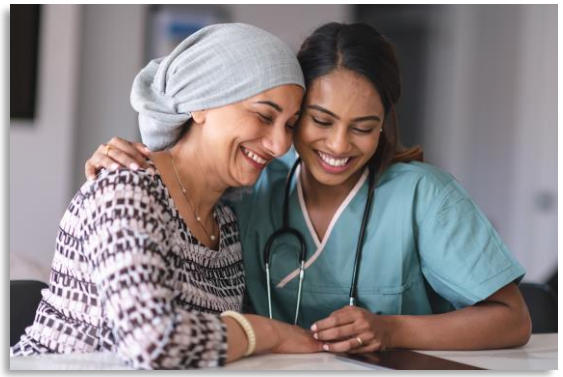
NCCDPHP'S Targeted Social Determinants of Health

Food and Nutrition Security

Tobacco-Free Policy

Built Environment

Social Connectedness



Community-Clinical Linkages

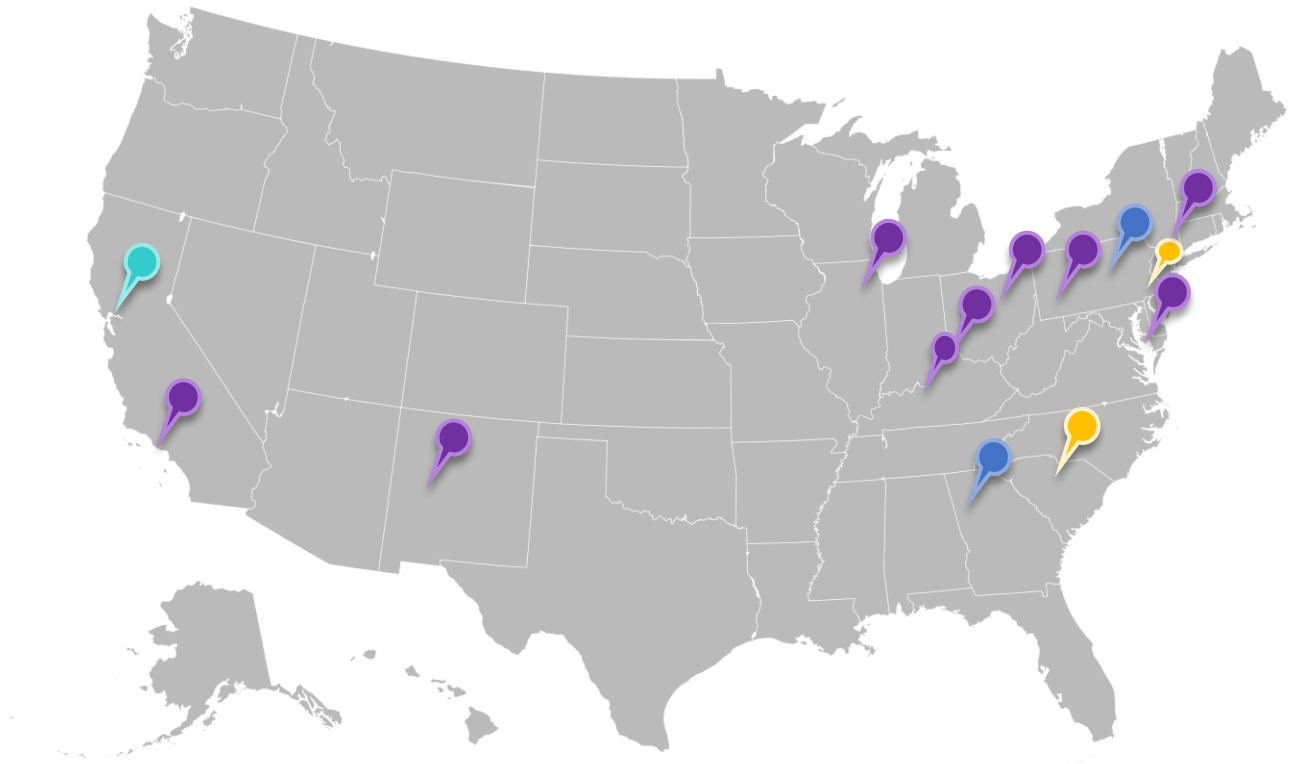
SDOH Accelerator Plans

Fast-track improvements in health and social outcomes among populations experiencing health disparities and inequities

20 Awards:

→ 1 Tribe
→ 7 States
→ 7 Counties
→ 2 Cities/Counties
→ 3 Cities

Getting Further Faster Initiative



- Built Environment
- Social Connectedness
- Community-Clinical Linkages
- Tobacco-Free Policy
- Food & Nutrition Security
- Multiple SDOH Areas

Current Year 2

- Continuing evaluation with 14 Communities

Planned Year 3

- Health care system focus

Data Modernization: Gravity Project

- Launched in May 2019 by the Social Interventions Research and Evaluation Network (SIREN)
- National public collaborative effort
- Develop data and exchange standards to represent SDOH data documented in EHRs across four clinical activities: screening, diagnosis, goal setting, and interventions
- NCCDPHP is working with the project to build a national public health use-case for SDOH

Data & Surveillance – PLACES & BRFSS

PLACES

Health data estimates for a large portion of the nation's population.

27 measures including:

- **5** unhealthy behaviors
- **9** prevention practices
- **3** health outcomes

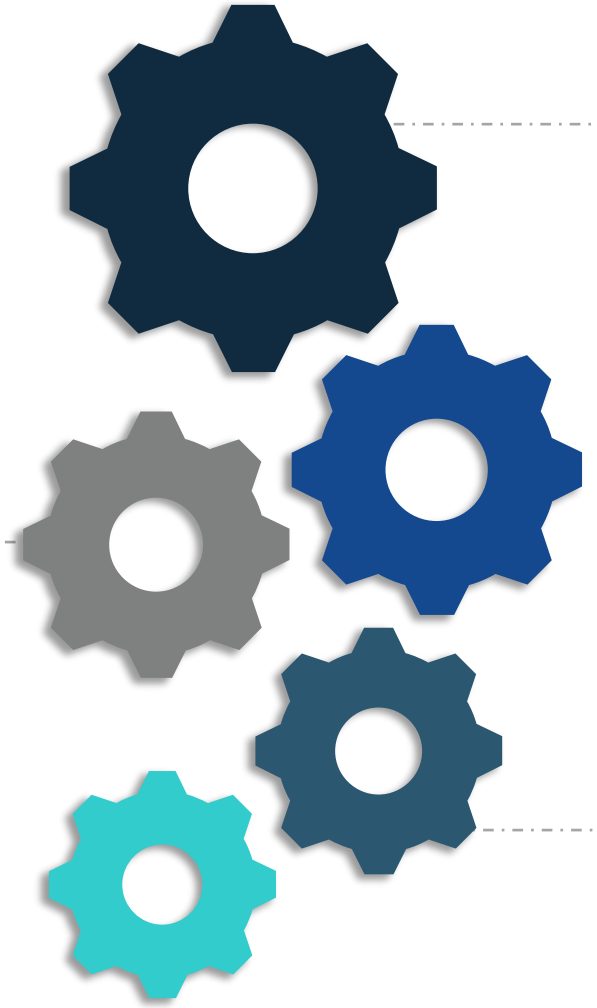
BRFSS

State-based telephone survey of US adults to monitor health-related risk behaviors, chronic health conditions, and use of preventive services

Social Determinants & Health Equity (SDHE) Module:

- Optional module in 2022 BRFSS Questionnaire
- 42 states included module in 2022 questionnaire

CDC Efforts in Whole of Government Approach



HHS Advisory Committee on SDOH

CMS/CMMI
Public Health & Health Care Alignment Project

ACL
Interagency Agreement – Community Care Hubs

Expanding CDC's SDOH Programs

PLANNING and IMPLEMENTATION
Provide funding for implementation

RESEARCH and EVALUATION
Conduct evaluation and develop a research agenda for SDOH

Moving Forward

1) Given our current areas related to SDOH, are there additional gaps that CDC should fill?

2) Are there opportunities for exploring different or innovative approaches?

3) What are the best strategies to sustain this work in the agency?

Presentation Questions, Issues for Discussion

Break

Reimagining the Office of the Associate Director for Communication (OADC)

Kevin Griffis

Associate Director for Communication and

Director, Office of the Associate Director for Communication, CDC

Where we have come: Reimagining OADC

Our work was built on a more than year-long effort to enhance communications in OADC.

OADC has undertaken an assessment and reorganization

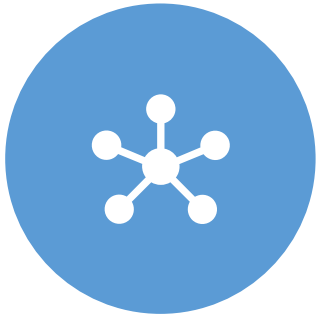
- In 2020, feedback and strategic planning process
- In 2021, conducted an assessment by an independent contractor
- In Sept 2021, OADC announced a reorganization
- In Nov 2021, submitted the OADC reorganization package
- In April 2022, began operating in new structure; Approval in July 2022

OADC Reorganization Priorities

STREAMLINE AND PRIORITIZE FUNCTIONS AND SERVICES

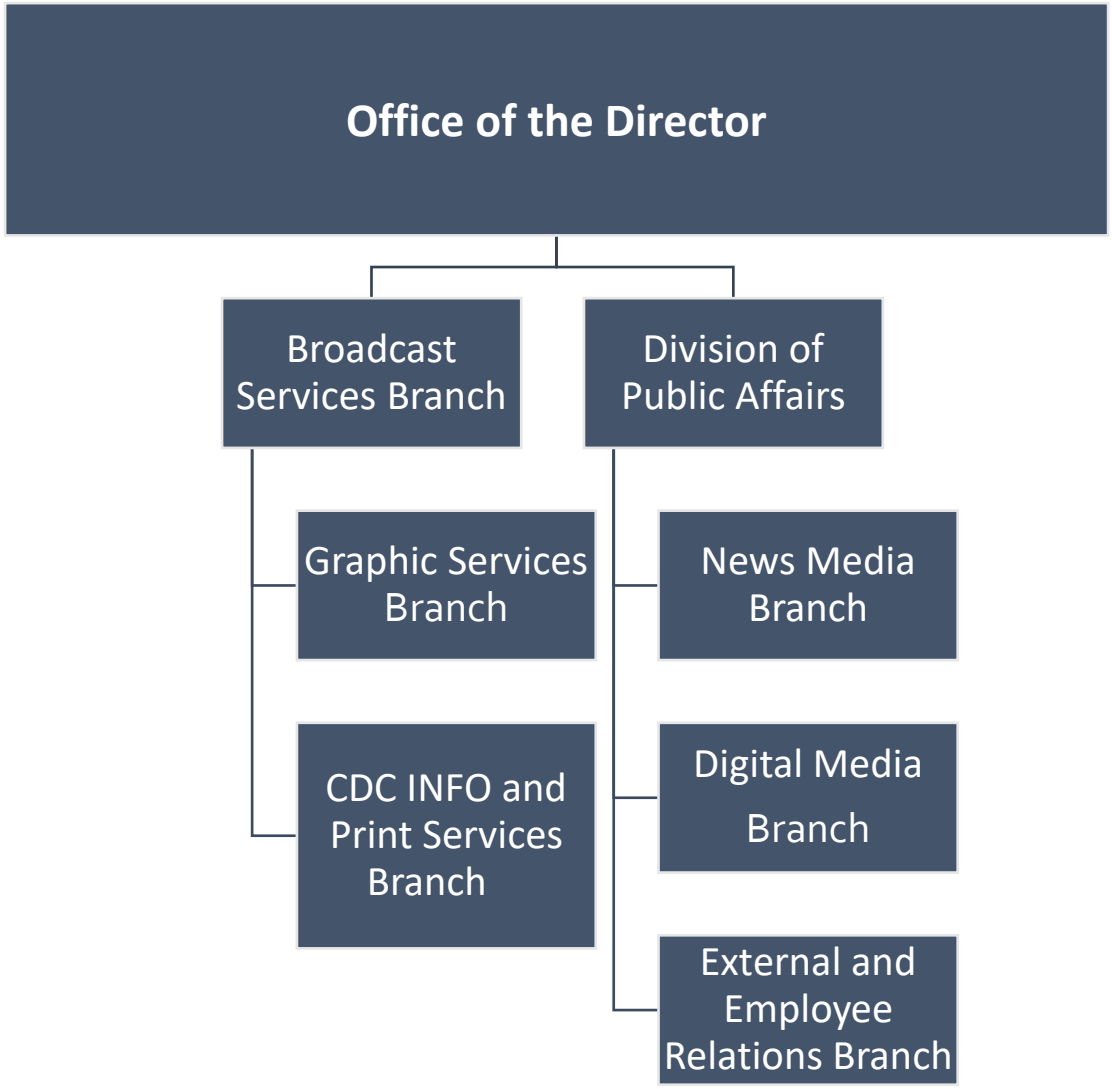
BUILD OR RETOOL SYSTEMS AND STRUCTURE TO BE MORE NIMBLE

CULTIVATE A MORE COLLABORATIVE, CROSS-FUNCTIONING CULTURE

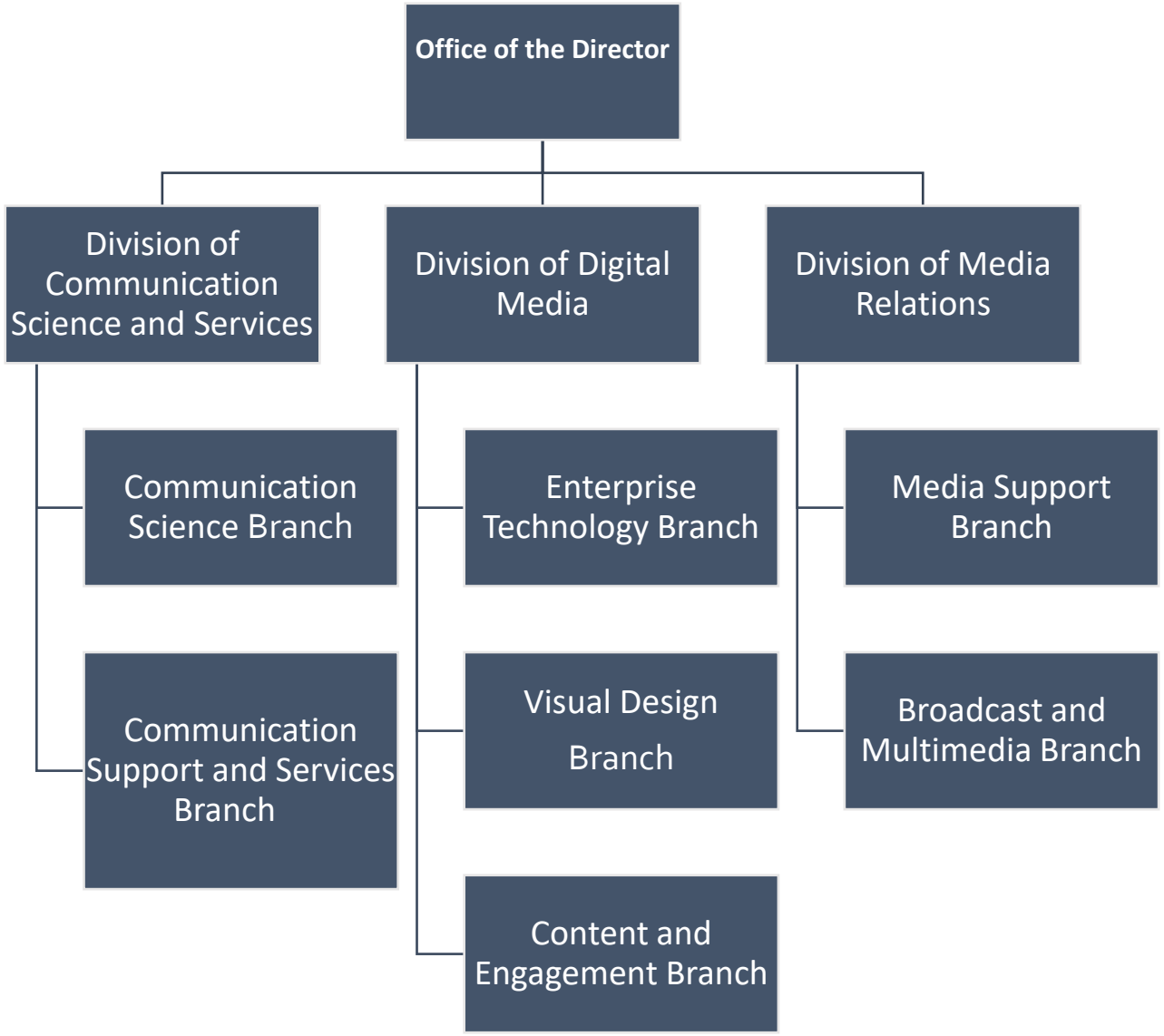


ALIGN TEAMS BASED ON FUNCTION

Former OADC Structure



New OADC Structure



What's a reimagined OADC?

- Elevates media and digital communication
- Align teams based on function
- Streamline and prioritize functions and services
- Cultivate a more collaborative, cross-functioning culture
- Puts emphasis on internal/enterprise communication and DEIA efforts

Work in Progress - Web

- Continuing to accelerate and expand OADC's Digital Communications Modernization, which looks at metrics, audience size, usability and purpose of content to determine web content and how it is to be formatted and disseminated

- Ensure there is a clear policy for what content should be placed on CDC.gov based on available data and best practices

Work in Progress – Information Dissemination

- Standardize rollout plans across the agency, create a system for CDC Office of the Director and agency-wide visibility on upcoming releases, and train all communication staff on how to develop a rollout plan

- Create an agency-wide editorial calendar, in conjunction with the Advance Media Report. Create functionality that makes it easier to sort by CIO, program, and topic area

Work in Progress - Upskilling

- Required annual training for all health communicators across CDC
- Required basic web strategy training for health communicators
- Required training for leaders (branch chiefs, division directors, etc.) on basic communication functions so that they understand what communication expertise exists within their communication lead/staff

Work in Progress – Emergency Response

- Assemble a cross-agency workgroup to develop response-specific training for communications staff to allow smoother hand-offs between staff during emergency response

- Develop mission brief(s) to onboard communication staff quickly and ensure smooth hand-offs

- Develop system for regularly incorporating feedback from evaluations and AARs that could improve communication

Presentation Questions, Issues for Discussion

Public Comment

Adjourn

Advisory Committee to the Director (CDC)

November 3, 2022

9:00 AM – 12:00 PM

Closed Captioning:
https://www.streamtext.net/player?event=10355MeetingAdvisoryCommitteeDirectorCDC
Event ID: 10355

Welcome, Roll Call

David Fleming, M.D.

ACD Chair

COVID-19 Response

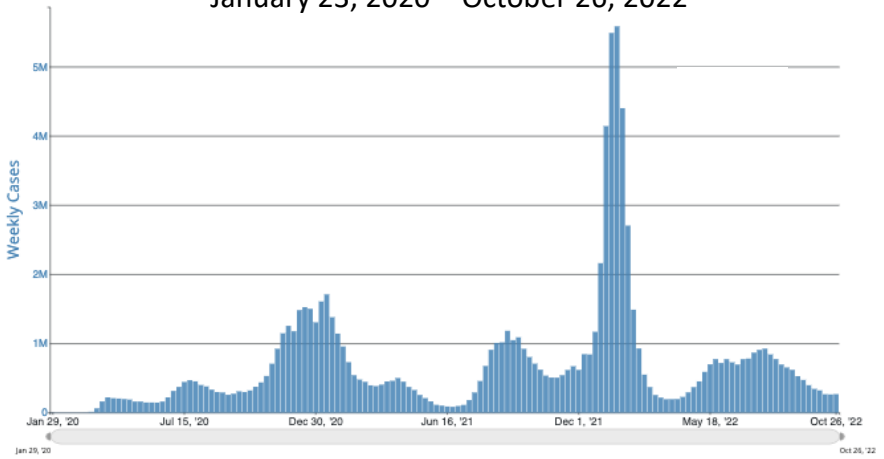
Update and Data Summary

Brendan Jackson, M.D., M.P.H.

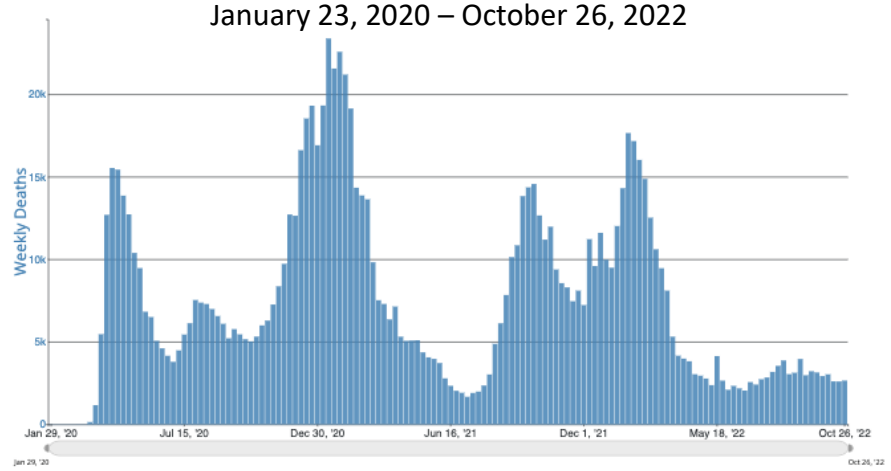
Incident Manager, CDC COVID-19 Response

COVID-19 Surveillance Summary: Cases, Hospitalizations, and Deaths

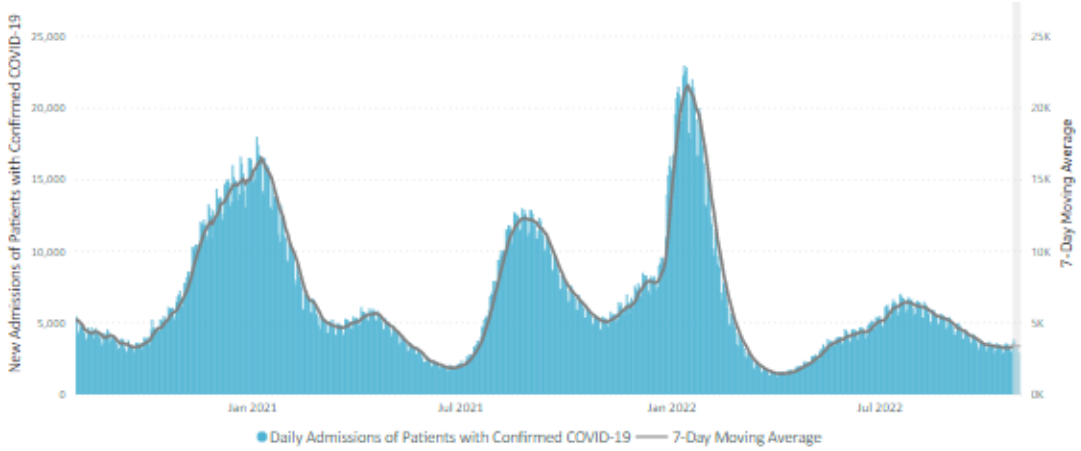
Weekly Trends in Number of COVID-19 Cases in The United States
January 23, 2020 – October 26, 2022



Weekly Trends in Number of COVID-19 Deaths in The United States
January 23, 2020 – October 26, 2022



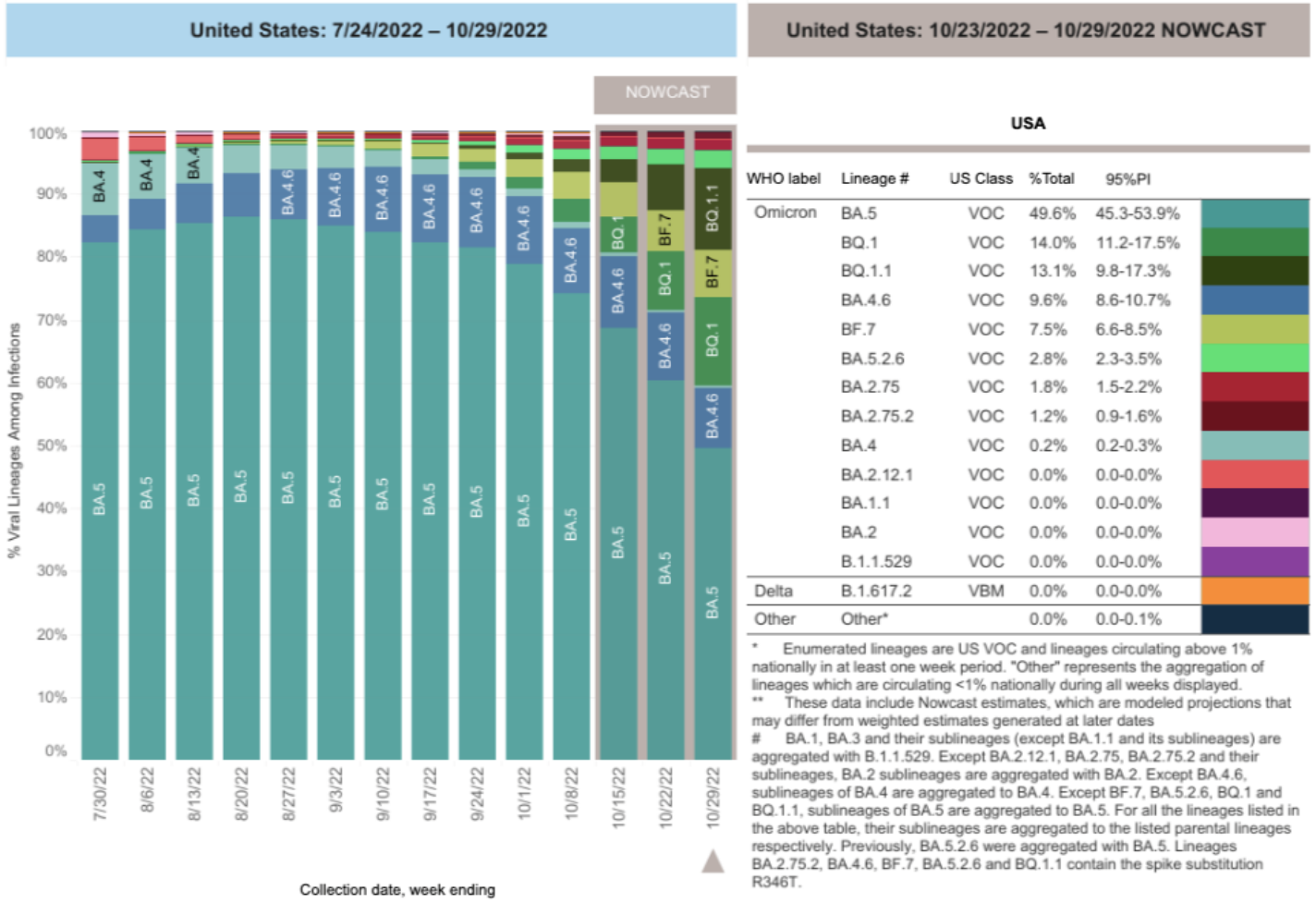
New Admissions of Patients with Confirmed COVID-19, United States
August 01, 2020 – October 31, 2022



Source: [CDC COVID Data Tracker]

COVID-19 Variants

- Estimated percentage of COVID-19 variants circulating in the United States as of October 29, 2022
  - Omicron BQ.1: 14%
  - Omicron BQ.1.1: 13%
  - Omicron BF.7: 8%
  - XBB: <1%
  - Omicron BA.5: 50%
  - Omicron BA.4.6: 10%



United States: 10/23/2022 – 10/29/2022 NOWCAST

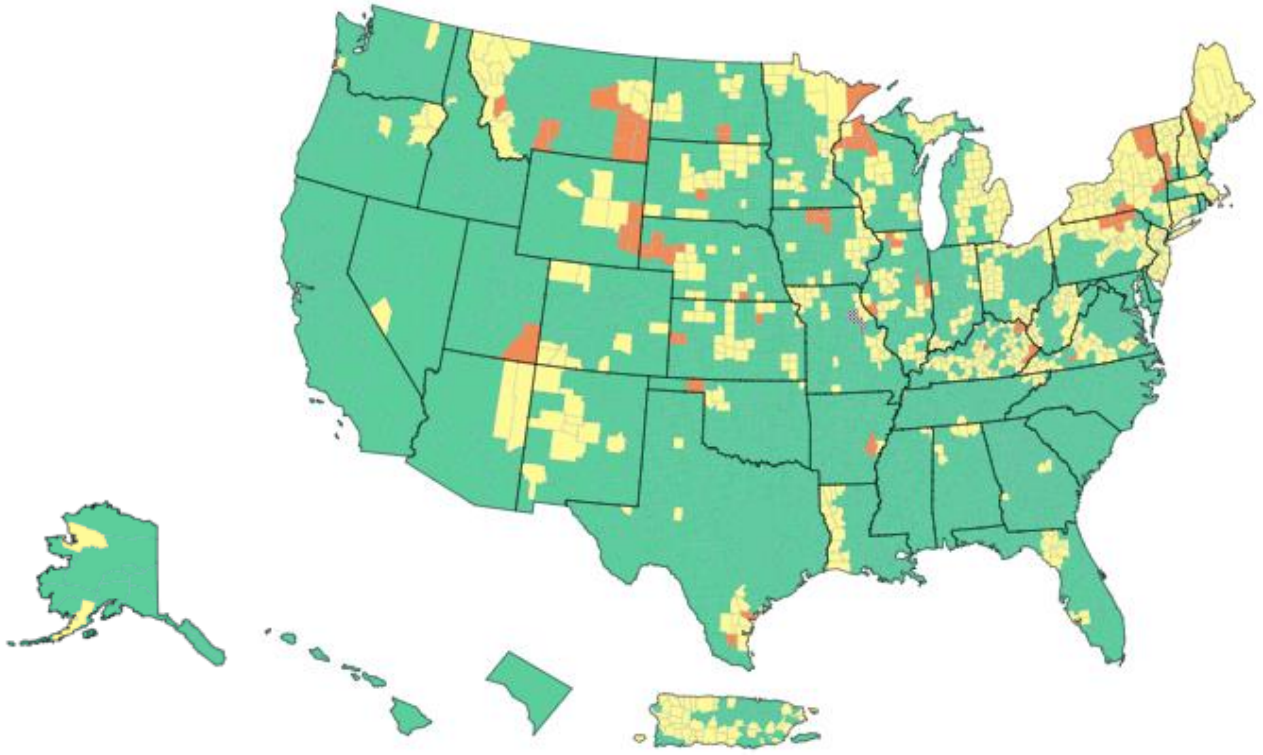
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	49.6%	45.3-53.9%
	BQ.1	VOC	14.0%	11.2-17.5%
	BQ.1.1	VOC	13.1%	9.8-17.3%
	BA.4.6	VOC	9.6%	8.6-10.7%
	BF.7	VOC	7.5%	6.6-8.5%
	BA.5.2.6	VOC	2.8%	2.3-3.5%
	BA.2.75	VOC	1.8%	1.5-2.2%
	BA.2.75.2	VOC	1.2%	0.9-1.6%
	BA.4	VOC	0.2%	0.2-0.3%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, BA.5.2.6 were aggregated with BA.5. Lineages BA.2.75.2, BA.4.6, BF.7, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

Source: [CDC COVID Data Tracker: Variant Proportions]

COVID-19 Community Levels (CCLs)



COVID-19 Community Levels in the United States by County as of October 27, 2022

	Percentage
Low	75.8%
Medium	21.93%
High	2.27%

Time Period: COVID-19 Community Levels were calculated on Thu Oct 27 2022. New COVID-19 cases per 100,000 population (weekly total) are calculated using data from Thu Oct 20 2022 - Wed Oct 26 2022. New COVID-19 admissions per 100,000 population (7-day total) and Percent of inpatient beds occupied by COVID-19 patients (7-day average) are calculated using data from Wed Oct 19 2022 - Tue Oct 25 2022.
Source: CDC COVID Data Tracker (County View)

Morbidity and Mortality Weekly Report (*MMWR*)

Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022

Weekly / August 19, 2022 / 71(33);1057-1064

https://www.cdc.gov/mmwr/volumes/71/wr/mm7133e1.htm

Current Priorities

BOOSTERS

- Track and increase updated (bivalent) booster uptake, focusing on populations at greater risk and health equity; evaluate impact

THERAPEUTICS

- Help increase use of therapeutics, especially Paxlovid

PREPAREDNESS

- Prepare for possible fall/winter surge and new variants

VENTILATION

- Strengthen communication on ventilation

POST-COVID

- Improve understanding of burden and risk factors for post-COVID conditions (Long COVID) and improve clinical education

INTEGRATION

- Increase integration of COVID-19 and other respiratory disease messaging

TRANSITION

- Continue transition from emergency operations to Centers, with re-escalation plan

EQUITY

- Center equity in all issues

Increasing Bivalent Booster Uptake

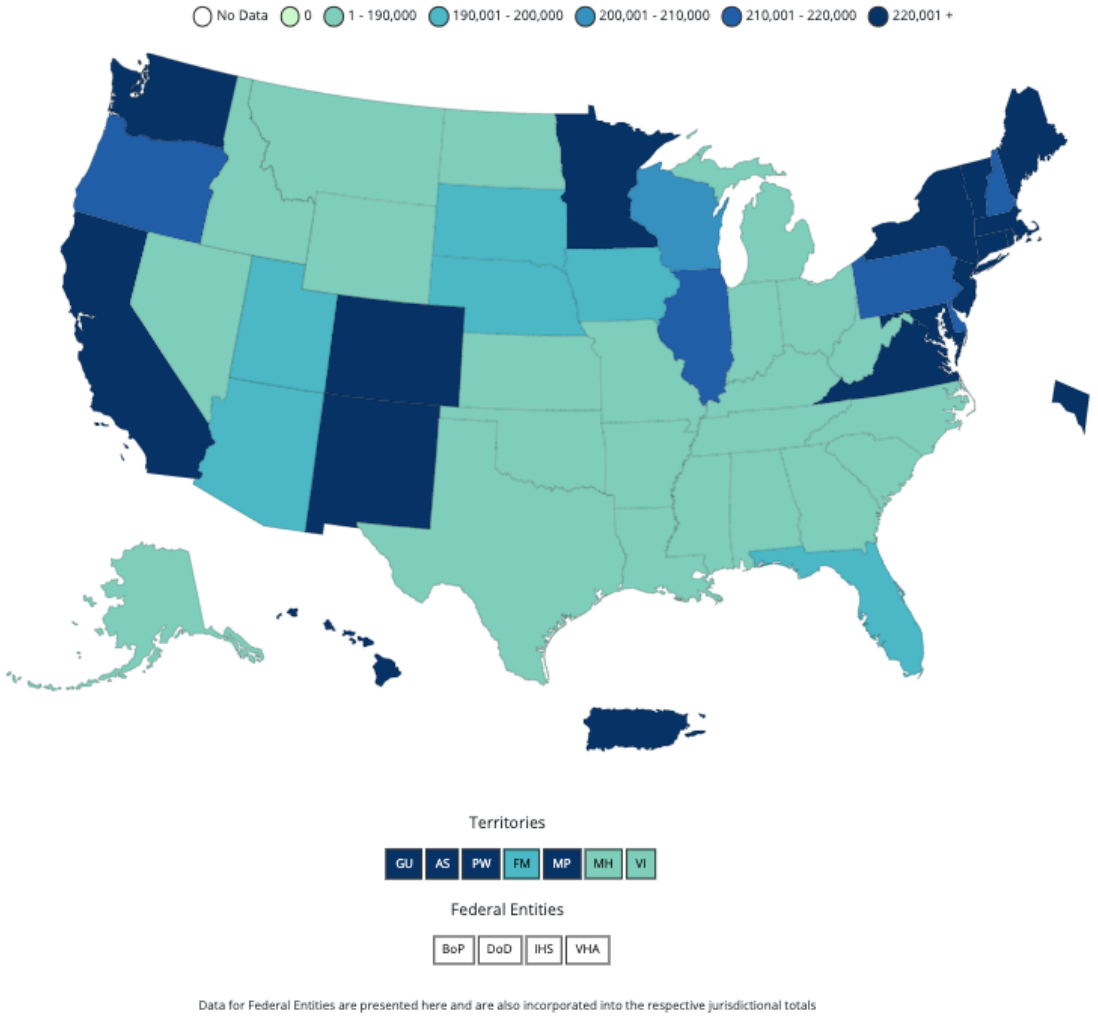
22.8M

People ≥ 5 years of age with an updated (bivalent) booster dose‡

At Least One Dose	Completed Primary Series	Updated (Bivalent) Booster Dose
People with an Updated (Bivalent) Booster Dose‡	Count	Percent of US Population
Population ≥ 5 Years of Age	22,820,618	7.3%
Population ≥ 12 Years of Age	22,760,570	8%
Population ≥ 18 Years of Age	22,197,891	8.6%
Population ≥ 65 Years of Age	11,018,868	20.1%

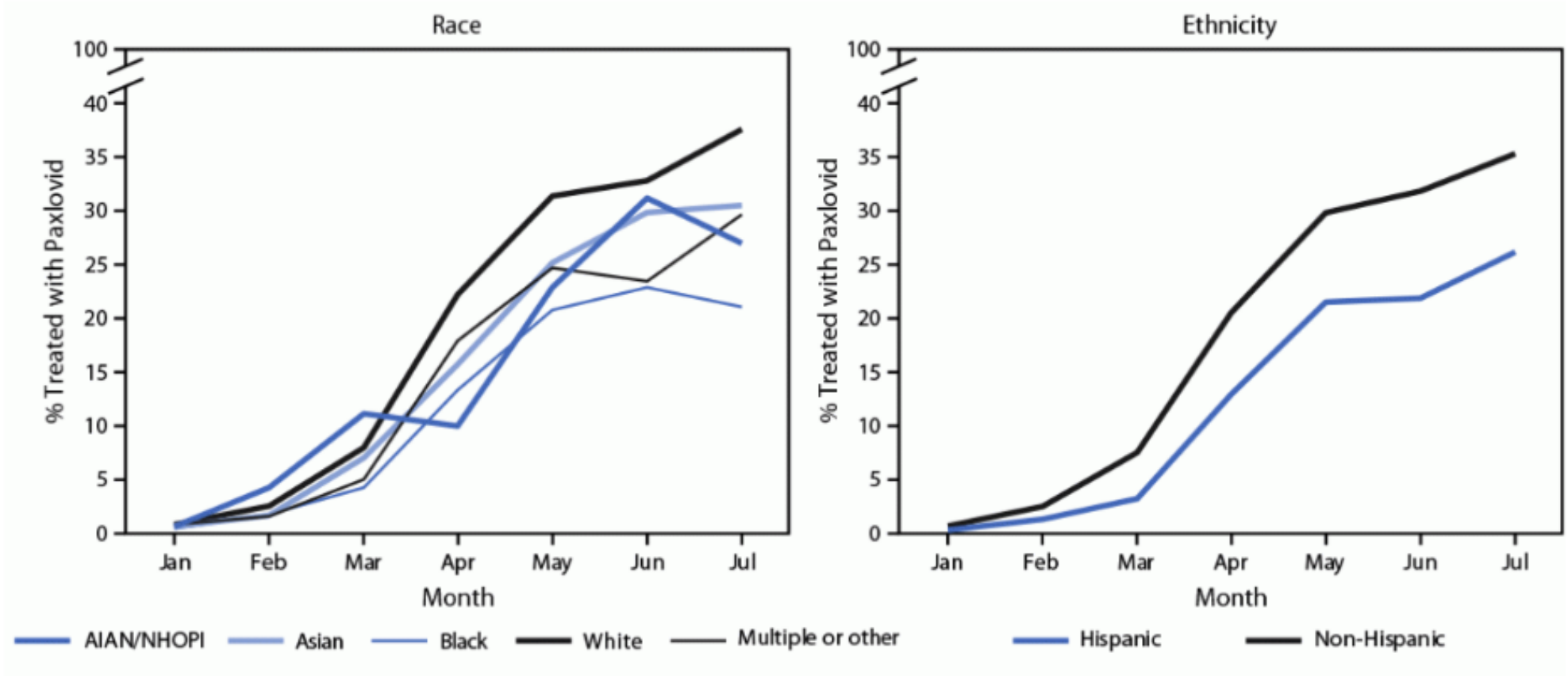
Source: [CDC COVID Data Tracker: Vaccinations in the US]

Total Doses Administered Reported to the CDC by State/Territory and for Select Federal Entities per 100,000 of the Population 5 Years of Age and Older



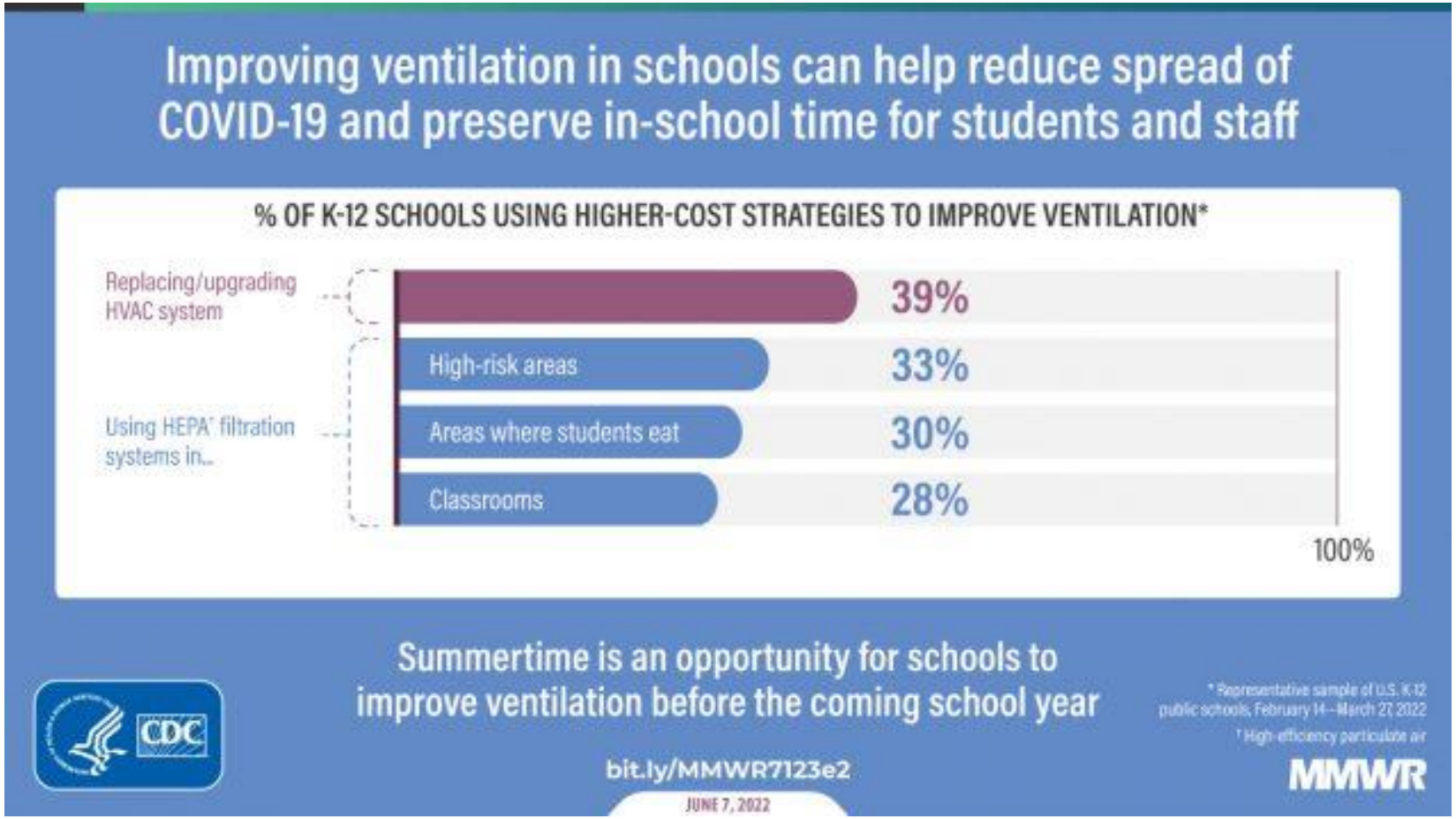
Increasing Oral Antiviral Uptake

FIGURE. Monthly percentage of COVID-19 patients aged ≥20 years prescribed Paxlovid,* by race and ethnicity† — PCORnet, the National Patient-Centered Clinical Research Network, 30 U.S. sites, January–July 2022



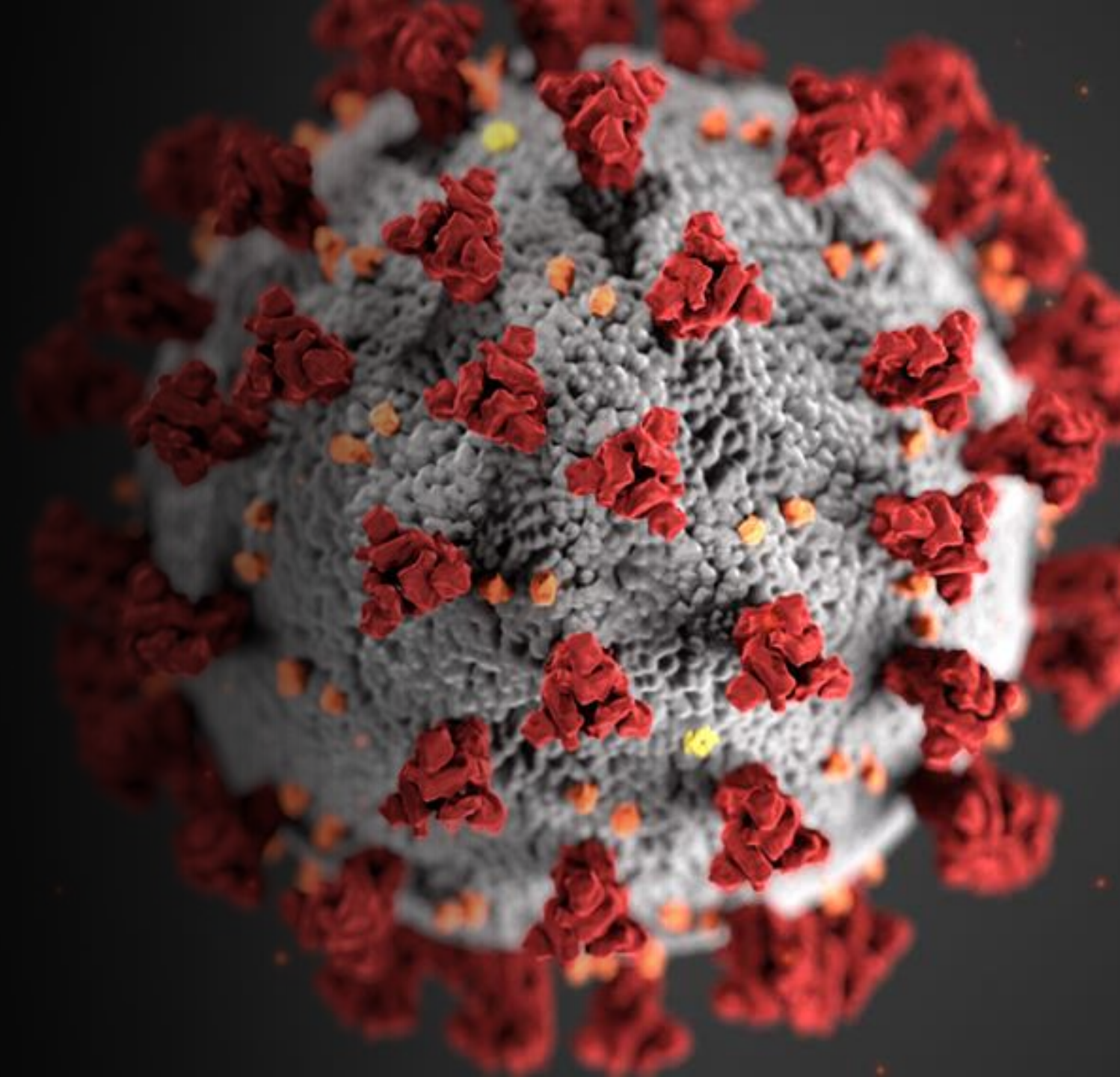
Source: [Racial and Ethnic Disparities in Outpatient Treatment of COVID-19 — United States, January–July 2022 | MMWR (cdc.gov)]

Strengthen Communication on Ventilation



Source: https://www.cdc.gov/mmwr/volumes/71/wr/mm7123e2.htm

Preparing for a Potential Winter Surge & New Variants



Improve understanding of burden and risk factors for post COVID conditions (Long COVID) and improve clinical education

Discussion Questions for the Advisory Committee

- How can CDC best position itself to address COVID-19 for the long-term?

- What suggestions do you have for improving public communications around COVID-19, especially with underserved communities?

Presentation Questions, Issues for Discussion

Update on Monkeypox (MPOX) Response

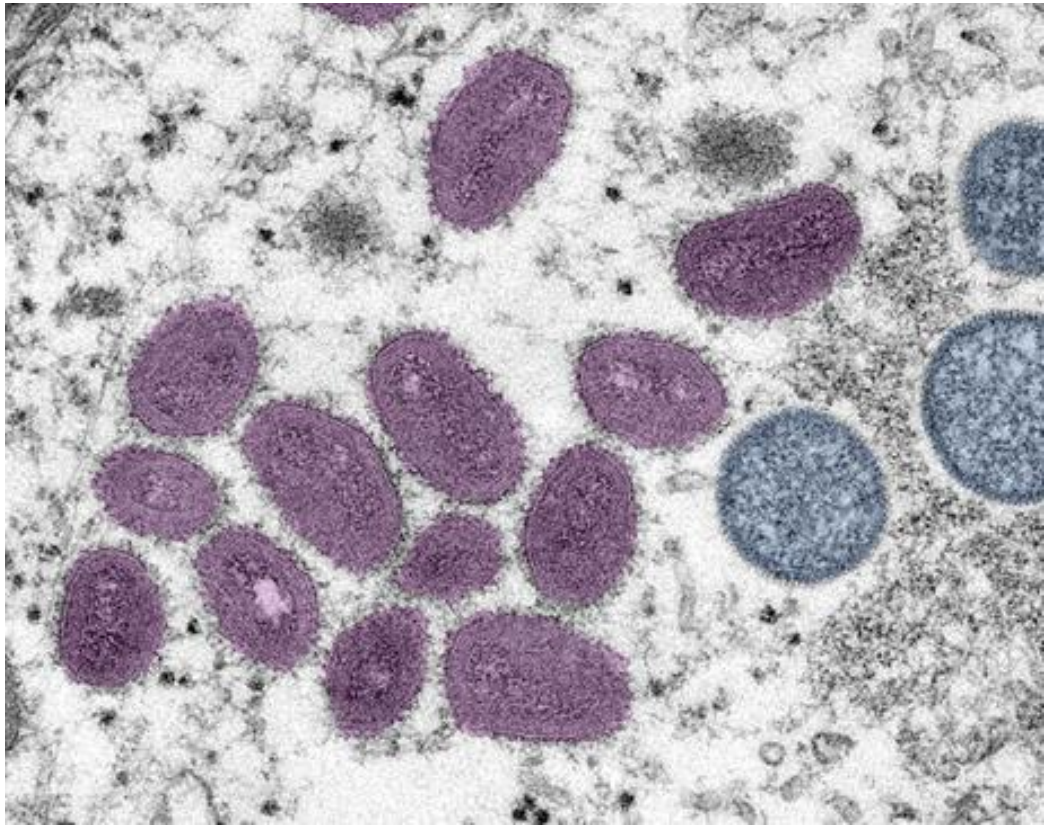
Jonathan Mermin, M.D.

RADM, USPHS

Incident Manager, CDC Multi-National Monkeypox Response 2022

Monkeypox Virus

- ***Orthopoxviruses***
  - *Monkeypox (MPOX) virus*
  - *Variola virus* (causes smallpox)
  - *Vaccinia virus* (used in smallpox vaccine)
  - *Cowpox virus* (first virus used for smallpox vaccination)
- **First discovered in 1958 following two outbreaks of a pox-like disease in colonies of research monkeys**
- **Increasing numbers of cases and outbreaks attributed to reduced smallpox vaccine-derived immunity and changing geographic distribution of human populations**



Characteristic Lesions

Adler, et al. Lancet ID 2022

Reed, et al. NEJM 2004

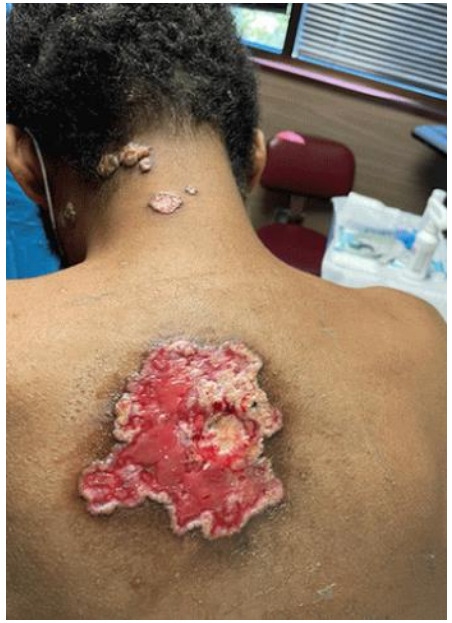
Reed, et al. NEJM 2004

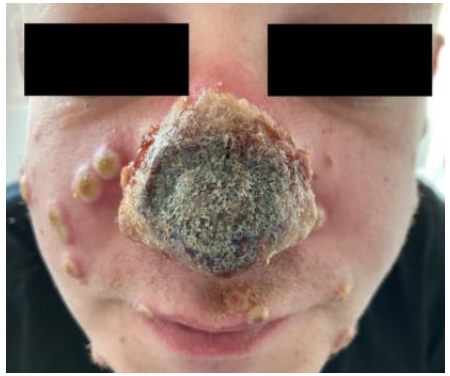
Clinical Presentation in Current Outbreak

- Slightly shorter incubation period
- Lesions can be localized to a body site or develop in waves on different body areas
- Rash often starts in mucosal areas: genital, perianal, oropharynx
  - Urethritis: complicated by balanitis or phimosis
  - Proctitis: anorectal pain, rectal bleeding, perianal lesions, and proctitis
  - Oropharyngitis: complicated by tonsillar swelling, abscess, dysphagia
- “Prodromal” symptoms can be absent or follow rash onset
- Duration usually 2-4 weeks
- Clade IIb

Severe Disease

- Persistent or recurring rash, coalescing or necrotic lesions (>100) despite treatment with tecovirimat and other antivirals
- Multiple organ system involvement
- Lesions leading to obstruction, stricture and scar formation, urethral and bowel strictures, phimosis, and facial scarring
- Secondary bacterial or fungal infections, sepsis and hemodynamic compromise
- Majority of cases in immunocompromised persons





Who Has Gotten MPOX in the U.S.?

- Median age 34 years (range <1-89)
- 96% cisgender men 3% cisgender women; 1.6% transgender men, women, or other gender
- Majority of cases for which information was reported were in gay, bisexual, and other men who have sex with men
- 32% Black/African American, 31% Hispanic/Latino, 30% White, 3% Asian
- ~40% of cases have had HIV
- ~40% have had an STI diagnosed in past year
- One-third had >5 sexual partners in past 3 weeks
- Cases also associated with caregiving, nosocomial events

Epidemiology and Response

MSM Changed Sexual Behavior

48%

reduced number of sex partners

50%

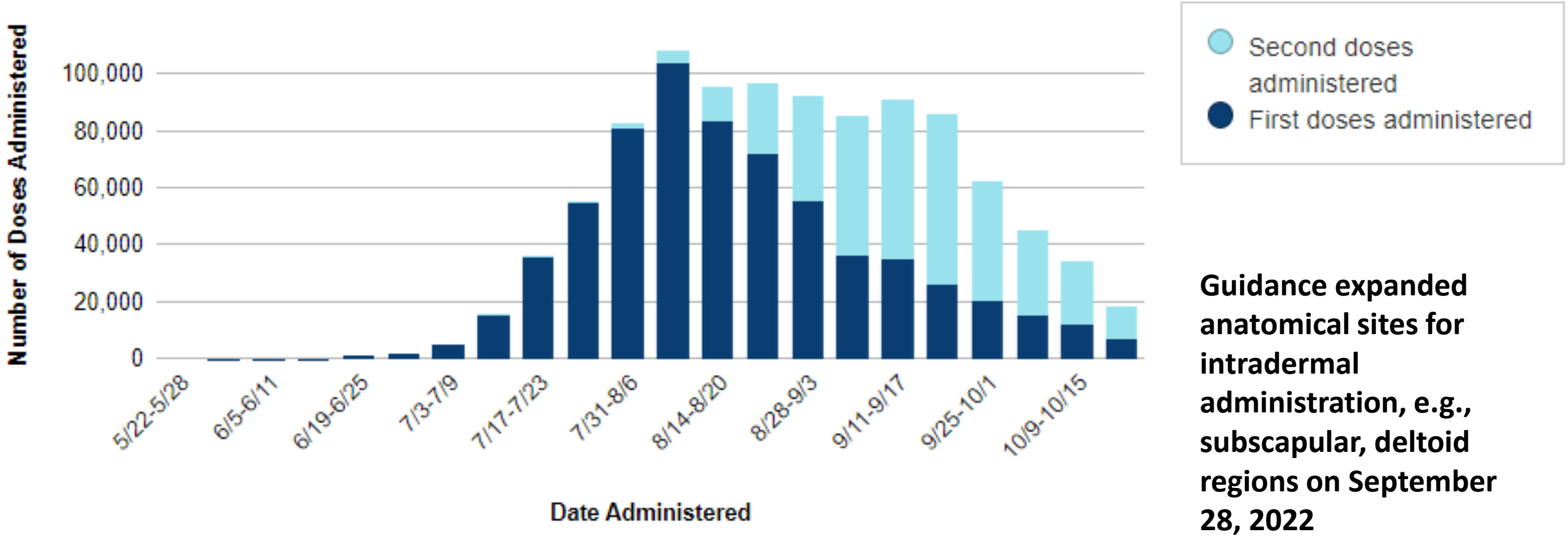
reduced one-time sexual encounters

50%

reported reducing sex with partners met on dating apps or at sex venues

American Men's Interview Survey, 2022 Monkeypox Supplement

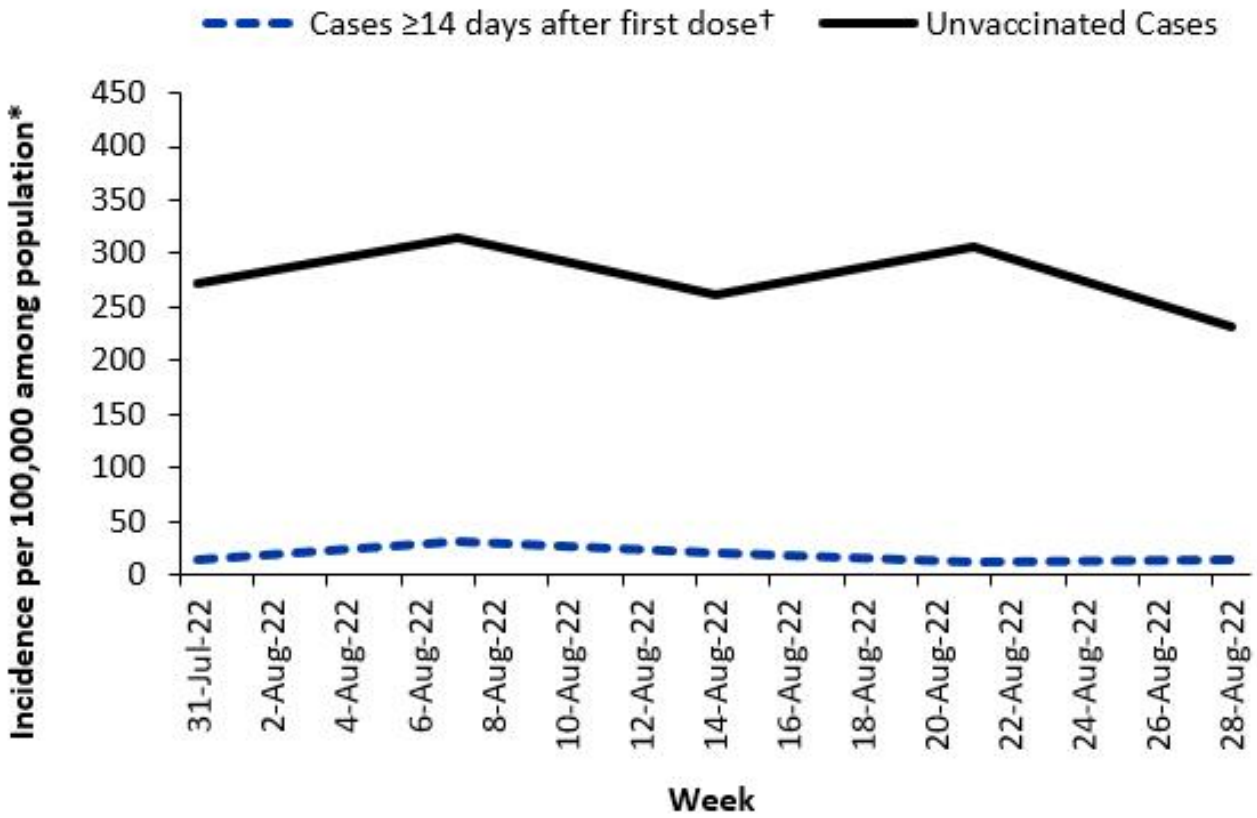
JYNNEOS Vaccine Doses Administered and Reported to CDC

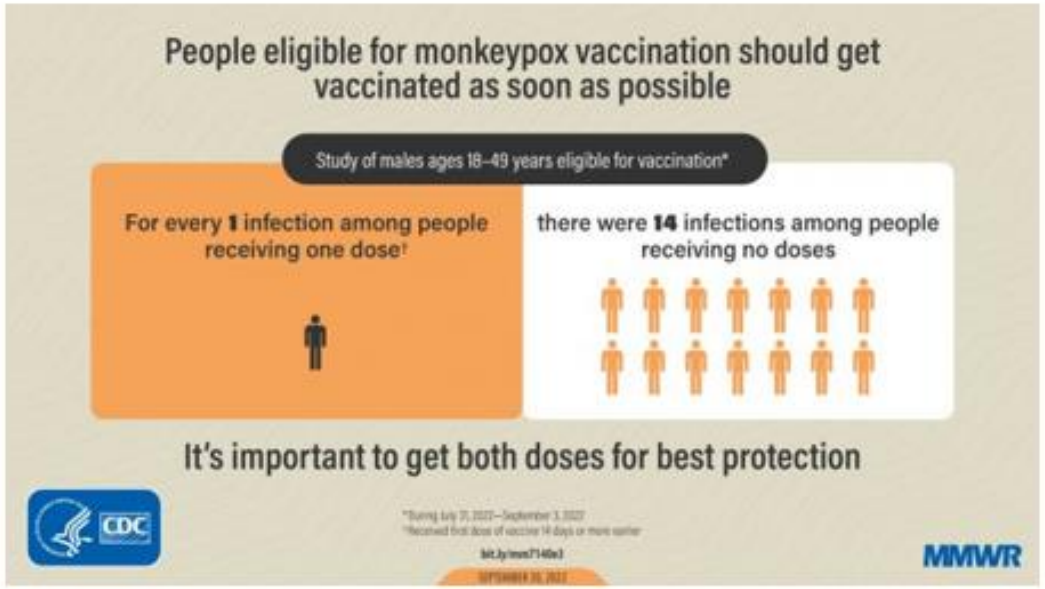


Guidance expanded anatomical sites for intradermal administration, e.g., subscapular, deltoid regions on September 28, 2022

Data as of October 25, 2022

Early Data on Vaccination

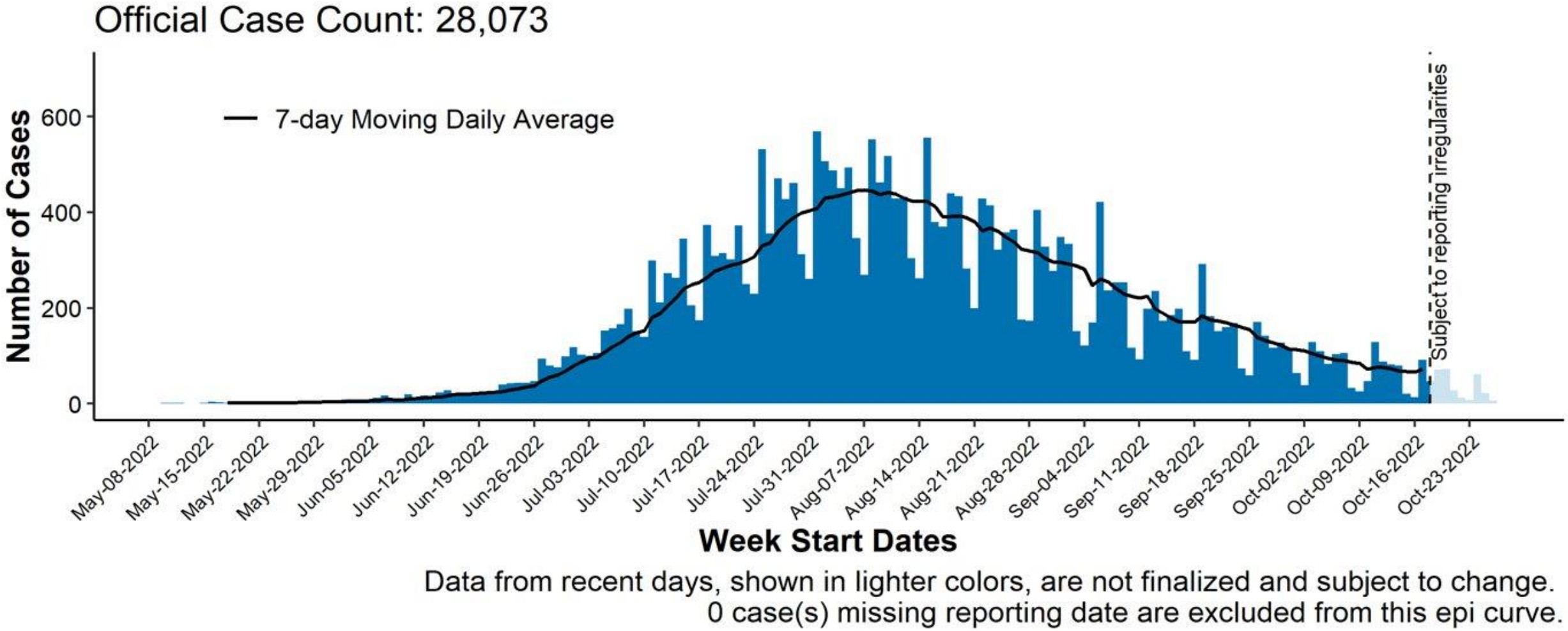




*Population eligible for vaccination [estimated population per jurisdiction of men who have sex with men (MSM) who are living with HIV (as of 2020) and MSM who are eligible for HIV pre-exposure prophylaxis (as of 2021). Estimates obtained from CDC Atlas 2022]

†MPX post-vaccination case: A case entered into DCIPHER with positive orthopox test for monkeypox, illness onset, or specimen collection date (earliest available date) ≥14 days after receiving the first dose of JYNNEOS vaccine without a documented second dose of the vaccine

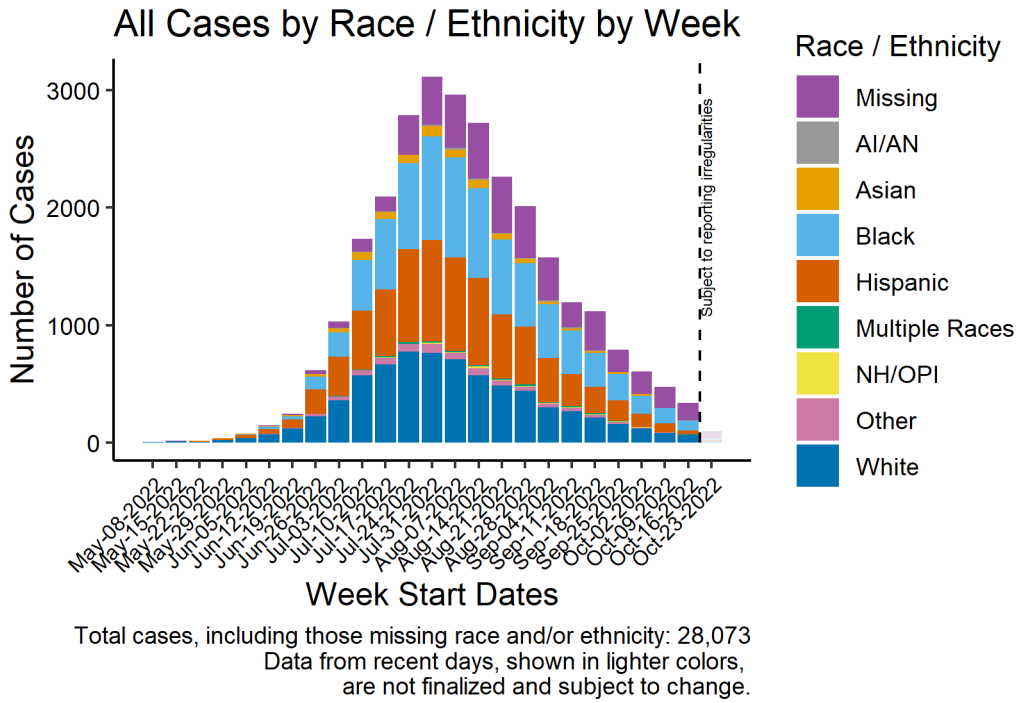
Monkeypox Cases Reported to CDC: Epidemiologic Curve with 7-day Moving Average



Data as of October 26, 2022

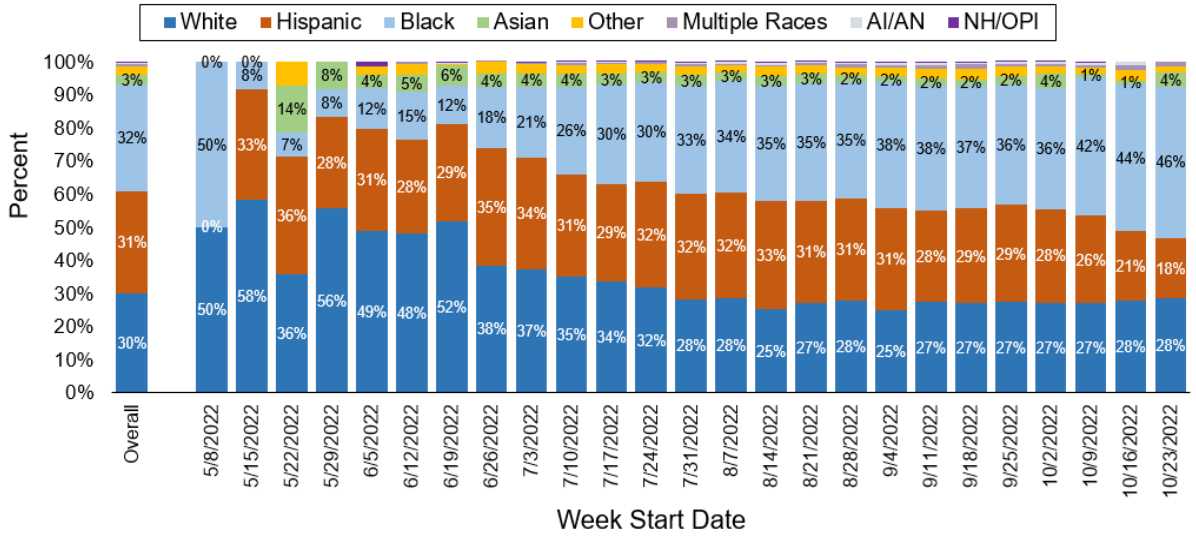
As Incidence Decreased, Disparities Increased

Proportion of Monkeypox Cases Reporting Race/Ethnicity by Week Start Date



Total cases, including those missing race and/or ethnicity: 28,073
Data from recent days, shown in lighter colors, are not finalized and subject to change.

Monkeypox cases reported to CDC by Race/Ethnicity
Data Reported to CDC as of October 31, 2022



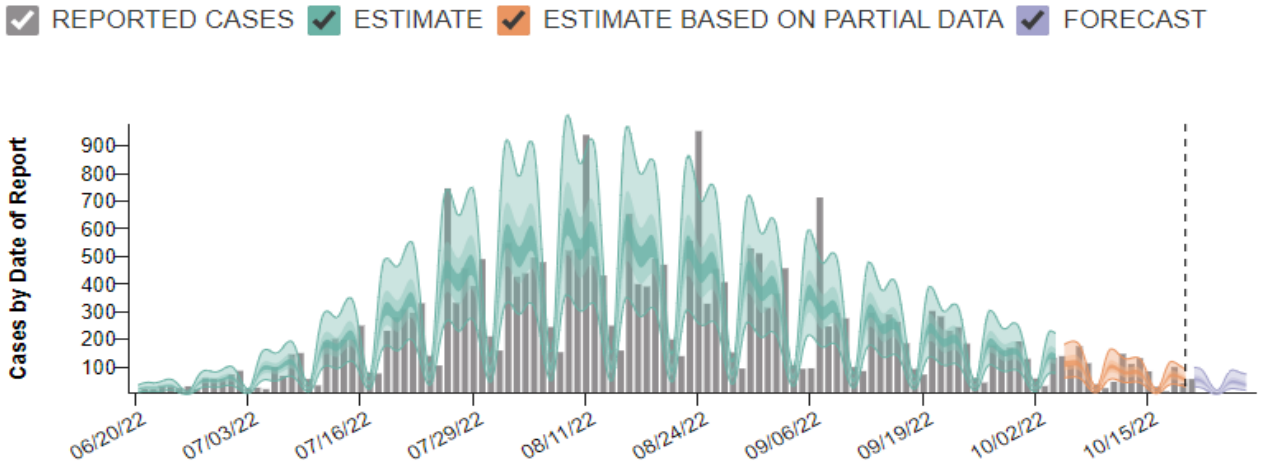
Community Engagement and Equity

- Incorporated into CDC IMS structure from onset
- Fact-based messaging to reduce stigma
- Focused digital media and other channels to reach MSM
- Continued engagement with communities, leaders, influencers
- Guidance to integrate equity into distribution and access to vaccination
    - >20 vaccine equity programs with jurisdictions reaching tens of thousands

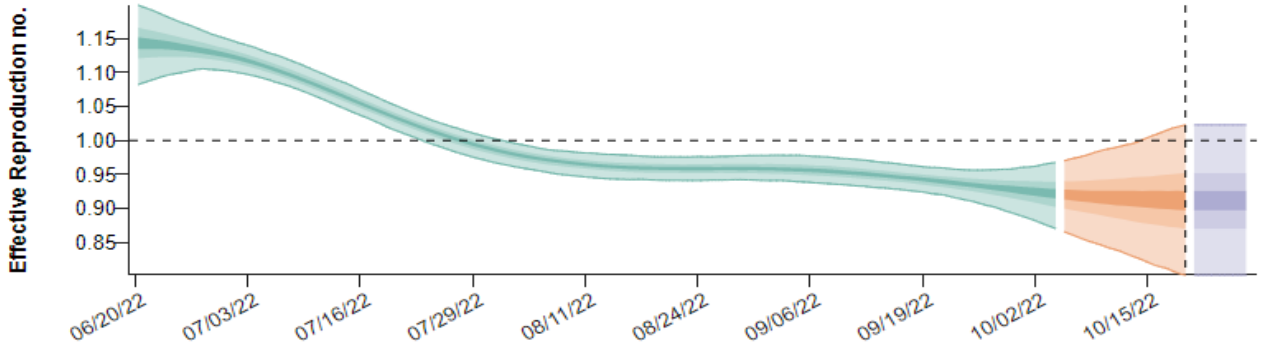
Communication Challenges

- Vaccination uptake is decreasing
- LGBTQ community often reminded of HIV epidemic and being blamed for disease outbreak
- Intersectionality increases obstacles for African American and Hispanic/Latino MSM
- CDC criticized for increasing stigma by providing focused messaging for gay and bisexual community, and criticized for not highlighting disproportionate burden experienced by MSM and persons with HIV
- How do you disseminate messages and interventions to specific audiences without increasing stigma and discrimination?

Estimated Outbreak Trajectory



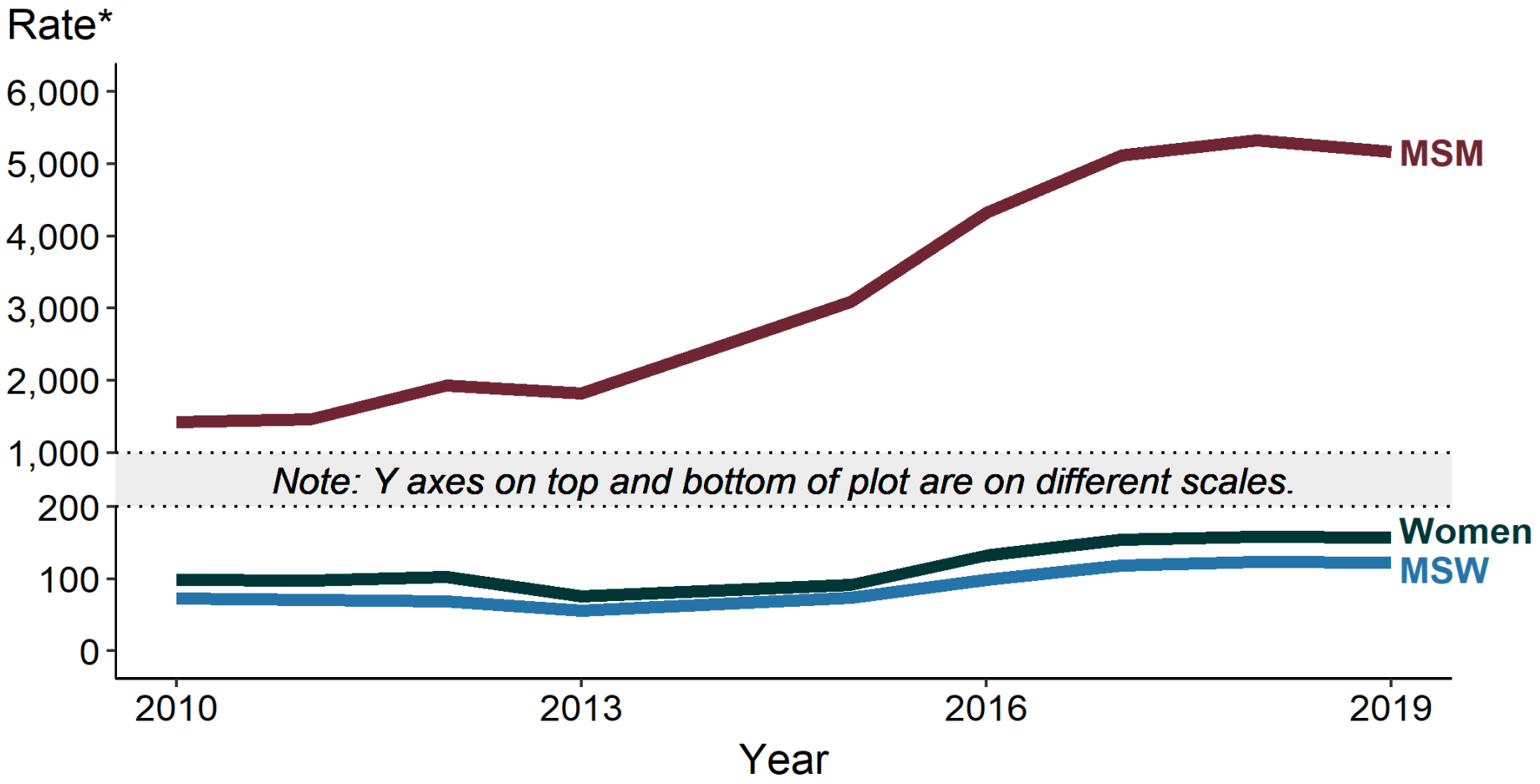
Estimated cases by report date based on complete data (green) or incomplete data due to reporting delays (orange). Gray bars represent the daily number of reported cases. Purple shows the 7-day forecast. Shading represents 20%, 50%, and 90% credible intervals.



The effective reproduction number (Rt) estimation over time based on complete data (green) or incomplete data due to reporting delays (orange). Purple shows the 7-day forecast. Shading represents 20%, 50%, and 90% credible intervals.

Why Now?

Estimated Rates of Gonorrhea, STD Surveillance Network, 2010 - 2019



CDC's National Overview – Sexually Transmitted Disease Surveillance, 2019

State of Syndemics

- Inadequate STI infrastructure
- Systemic homophobia, racism, and economic policies associated with increasing STIs and major racial and ethnic disparities
- MSM and transgender persons bear largest burden of HIV, syphilis, and gonorrhea
- U=U, PrEP, reductions in HIV incidence changed prevention landscape
- Increasing incidence of STIs for past 7 years
- Rapid spread of rare viral infection with scientific unknowns—grey swan
- SNS supply of JYNNEOS vaccine and testing accessibility initially limited

Key Issues for Public Health Response

- Ensconce routine MPOX vaccination in clinics that provide HIV STI, PrEP services, and link with community-based organizations
- Continue venue and event-based vaccine equity initiatives
- Nurture engagement with community organizations and leaders
- Continue research in treatment, vaccine effectiveness and mode of administration, animal reservoirs and zoonotic risk, viral shedding and transmission dynamics, diagnostics, surveillance
- Expand collaborations between communicable disease and STI/HIV components within health departments (and CDC)
- Ensure CDC public health authorities

Monkeypox Lessons and Obligations

- Anticipate the future and act fast
- Focus on equity and work with communities
- Bring services to people and make prevention easy
- Trust grows with proof of action
- As societal concern decreases, public health needs often increase

Questions for ACD Members

- **What has CDC done well with MPOX and what should we stop doing?**
- **When is the MPOX outbreak over for U.S. and for the world?**
- **What policies, systems, infrastructure, and resources need to be in place?**

Presentation Questions, Issues for Discussion

Data and Surveillance Workgroup

Julie Morita, M.D. and Nirav Shah, M.D., M.P.H.

Co-Chairs

For ACD Consideration

Memo addressing first two issues outlined in group's TORs:

Three Priority Areas to Improving Essential Data Exchange between Health Care and Public Health Systems

Terms of Reference

- Authorities
- Data Exchange
- Forecasting & Analytics
- Workforce
- Breaking Down Siloes
- Assuring Sustainability

1. Define the Minimal Data Necessary for Core Public Health Data Sources

CDC, in consultation with STLT partners, and with input from healthcare and federal agency partners, should

- Develop, publish, and regularly update a list of data elements that constitute the minimal data necessary for disclosure to CDC for public health activities, including response activities
- Work with STLT partners to develop a list of data elements that constitute the range of data necessary for disclosure to STLTs for the same core data sources.

2. Establish Public Health Data Systems, Standards, and Certification

CDC, in collaboration with STLT partners and the Office of the National Coordinator for Health Information Technology (ONC), should

- Develop and implement a coordinated phased approach to certification which should start with expanded guidance for public health criteria, moves to requirements, and ultimately advances to certification.

3. Establish Data Use Agreements (DUAs) and Frameworks

CDC, in coordination with STLT partners, should

- Establish a proactive approach to DUAs, and streamline the process, seeking to provide language on protecting individual privacy, and addressing other concerns like the use and re-release of data, consistent with laws applicable to each party, respectively.

Three Priority Areas to Improving Essential Data Exchange between Health Care and Public Health Systems

1. **Define the Minimal Data Necessary for Core Public Health Data Sources**
2. **Establish Public Health Data Systems, Standards, and Certification**
3. **Establish Data Use Agreements and Frameworks**

ACD Discussion and Consideration of Action Steps

Update on Ebola

Joel Montgomery, Ph.D.

Incident Manager, CDC Uganda Sudan Virus Response 2022

Sudan ebolavirus Outbreak Uganda: Background

- Uganda Ministry of Health declared an outbreak of *Sudan ebolavirus* (SUDV) on September 20, 2022
  - First confirmed case reported to CDC on September 19
  - Symptom onset was September 11; death on September 19
  - Case was in Madudu Sub-County, Mubende District in Central Uganda (around 107 miles from the capital Kampala)
- This outbreak is caused by *Sudan ebolavirus* where other recent outbreaks of Ebola virus disease have been caused by *Zaire ebolavirus*
- Notably, the landscape for medical countermeasures is different for *Sudan ebolavirus* than it is for *Zaire ebolavirus*
  - There are no FDA-approved treatments for *Sudan ebolavirus*
  - There are no FDA-approved vaccines for *Sudan ebolavirus*
  - There are no approved rapid diagnostic tests for *Sudan ebolavirus*
- This is the fifth outbreak of EVD caused by Sudan virus in Uganda since 2000
  - Most recent was in 2012

EVD OUTBREAKS 1976-PRESENT

Family *Filoviridae*

Genus Ebolavirus

Species *Zaire ebolavirus*

virus: **Ebola virus**

Species *Sudan ebolavirus*

virus: **Sudan virus**

Species *Reston ebolavirus*

virus: **Reston virus**

Species *Tai Forest ebolavirus*

virus: **Tai Forest virus**

Species *Bundibugyo ebolavirus*

virus: **Bundibugyo virus**

Species *Bombali ebolavirus*

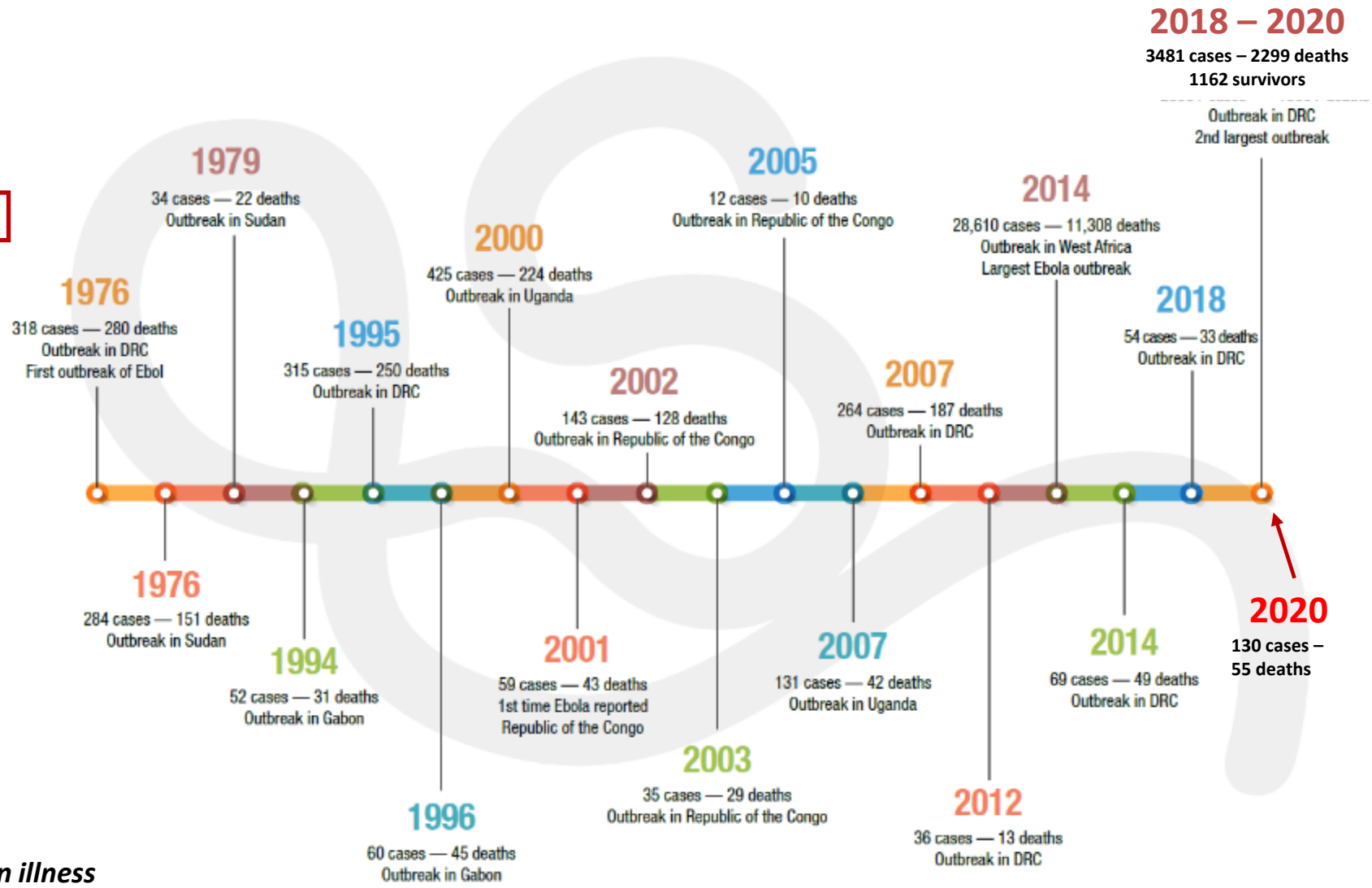
virus: **Bombali virus**

Genus *Marburgvirus**

Species *Marburg marburgvirus*

virus: **Marburg virus**

virus: **Ravn virus**

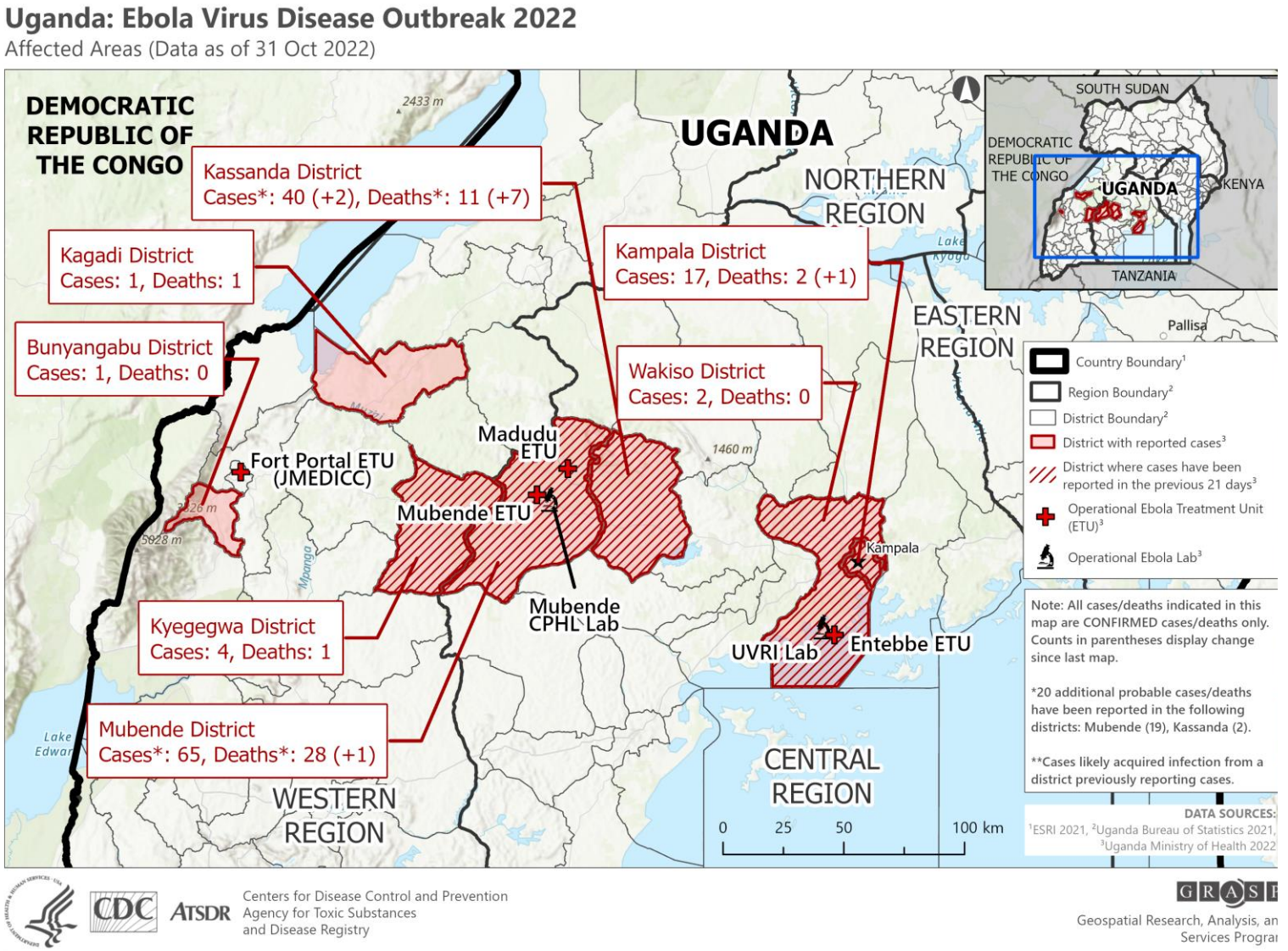


**** 14 cases/outbreaks since discovery in 1967***

Those highlighted in red are known to cause human illness

Sudan ebolavirus Outbreak Uganda: Current Status (Nov 1)

- **Total cases:** 151 (130 confirmed/21 probable)
- **Total deaths:** 55 (34 confirmed, 21 probable)
  - Case-Fatality Proportion: ~37%
- **Total recoveries:** 40 (6 HCWs)
- **Districts affected:** 7
  - Bunyangabu, Kagadi, Kassanda, Kyegegwa, Mubende, Kampala and Wakiso
- **Total infections among HCWs:** 15 (6 deaths)
- **Contact Tracing:** 1877 active, 88% followed last 24 hrs
- **Current ETU Admissions:**
  - Mubende: 28
  - Madudu: 0
  - Entebbe: 12
  - Mulago: 0



RESPONSE EFFORTS

Uganda Coordination & Response efforts:

- Ugandan health authorities are leading the current response in coordination with the district-level health authorities and support from partners
- District and National Rapid Response Teams (RRTs) have deployed to support outbreak response activities including contact tracing
- The National Emergency Operations Center was activated on 20 September

CDC Support to-date:

- As of 10/31, 17 HQ CDC Responders are in Uganda supporting response activities in the following roles:
  - Epi (6), Lab (1), Ecological investigation team (1), IPC (4), M&O (1), Safety/Security (1), Border Health (1), and Comms (1).
- 17 CDC Uganda Country Office staff supporting the response in-country
- CDC Staff are assisting with border activities, IPC activities, identifying, and advocating for logistical needs, assisting in data analysis, contact tracing, and establishing surveillance sites

Presentation Questions, Issues for Discussion

Open Discussion

Closing Remarks

Adjourn