

State, Tribal, Local and Territorial (STLT) Subcommittee

Advisory Committee to the Director of CDC

August 11, 2016 | 8:30 am– 3:30 pm (EDT)

In-Person Meeting Minutes

Meeting Purpose: Review and provide feedback on emerging issues facing CDC and impacting STLT public health agencies; review and make recommendations as appropriate on public health financing, surveillance and social/structural determinants of health; review accomplishments of STLT Subcommittee efforts to date as basis for considerations for the future; discuss and set the agenda for the STLT Subcommittee for the next few years,

Subcommittee Attendees: Wilma Wooten (Chairperson), Terry Allan, Ramona Antone-Nez (phone), Mary Currier, Edward Ehlinger (phone), Georgia Heise, Jose Montero, Julie Morita, LaQuandra Nesbitt, Umair Shah, John Wiesman, David Fleming, Emi Chutaro, Nicole Alexander-Scott, Jay Butler

Invited Guests: John Lumpkin (RWJ Foundation), Sharon Moffatt (ASTHO)

CDC Representatives: John Auerbach (Designated Federal Officer), Judy Lipshutz, Chesley Richards, William Mac Kenzie, Michael Iademarco, Steve Reynolds, Andrea Young, Liza Corso, Carlos Zometa, Craig Thomas, Melanie Duckworth, Mina Zadeh, Harald Pietz, Mark A. Davis, Laura Conn, Gia Simon (notes), Coretta Monroe (notes)

Welcome

- The State, Tribal, Local and Territorial (STLT) Subcommittee members introduced themselves and none revealed any disclosures.
- STLT Subcommittee Chairperson Wilma Wooten introduced the new subcommittee members:
 - Nicole Alexander-Scott (Director, Rhode Island Department of Health)
 - Jay Butler (Chief Medical Officer and Director of Public Health, State of Alaska)
 - Emi Chutaro (Executive Director, Pacific Island Health Officers Association)
- The public would be offered time to comment on the meeting's proceedings during the afternoon session.

Meeting Goals

The meeting's purpose was stated.

CDC Update

John Auerbach, Acting Director, Office of State, Tribal, Local and Territorial Support (OSTLTS), gave an overview of OSTLTS activities, CDC priorities and challenges, and emerging issues facing the agency.

OSTLTS Updates

- OSTLTS is still actively interviewing potential candidates to fill the vacant director role.
- John Auerbach thanked Wilma Wooten for agreeing to chair the STLT Subcommittee after resignation of the former chairperson, Dr. Jewel Mullen.

PHAP

- The vast majority of OSTLTS employees are Public Health Associate Program (PHAP) associates based primarily in local health departments, followed by state then tribal health departments.
- About 185 associates will be in the next class and are scheduled to begin on October 1.
- Feedback from the field about the associates and the quality of their work has been consistently good.
- The diversity of the associate cohorts reflects that of the country.

Communication

- To strengthen STLT collaborations with CDC, new health officials are invited to CDC for a week-long orientation. Sixteen attended this orientation in April 2016.
- CDC is systemizing new state health official (SHO) protocol: CDC schedules calls with the new SHOs to learn about any specific questions and concerns that they have after which the SHOs are connected to subject matter experts (SMEs) and contacts within other divisions as appropriate. CDC plans to continue with these customized calls.
- A three-page document about how CDC can respond to emerging local health concerns has been distributed to SHOs and local health officers and was included in the member packets for this meeting. The brief guide for how health departments can acquire technical assistance (TA) includes information about services CDC can provide, including how senior health officials can request short term technical assistance (e.g., lab-aid, epi aid, econ aid, health hazard evaluation).

Accreditation

- The Public Health Accreditation Board (PHAB) remains a strong partner with CDC. In August, 16 additional public health departments became accredited, including the first tribal public health department (Cherokee Nation). With these new additions, 55 percent of the US population is served by accredited health departments.

Questions/Comments

- Umair Shah: Can the National Association of County and City Health Officials (NACCHO) help disseminate the emerging issues TA document to state and local health officials? It was unclear if NACCHO members had already received it. SACCHOs across the country may not be able to get the document through NACCHO so it was suggested they receive a direct mailing from CDC.
 - LaQuandra Nesbitt: Confirmed that the emerging issues TA document was sent out was sent to NACCHO.
- Julie Morita: Expressed appreciation for the document and shared that the City of Chicago does not request econ-aids but has to go through their local officials to submit their requests. Auerbach replied that each request follows a particular protocol.
- Michael Iademarco: In the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), there is a Division of Scientific Education and Professional Development that can help public health leaders with many different kinds of technical assistance requests. CSELS is evaluating how it engages STLTs with -aids and is discussing what STLT questions might be and fleshing out possible answers. It would be helpful if CSELS could get specific guidance from this subcommittee when developing protocols. CSELS recognized that CDC needs to do a better job of making it easier for STLTs to navigate CDC and get the TA that they need.
 - John Auerbach: Thanked Dr. Iademarco for his leadership and commitment to increased engagement with the STLTs. Subcommittee members can feel free to bring any questions to the CSELS team.
 - Michael Iademarco: Any questions brought to the CSELS team could be framed for the next STLT Subcommittee meeting agenda.
- Emi Chutaro: Expressed gratitude for the concerted effort from CDC during the last year to improve communication and collaboration with the Pacific Islands. It would be helpful to get a dedicated CDC representative on site for even more engagement.
- David Fleming: There was not a collective place for STLTs to go for technical assistance in the past. This subcommittee was created to draw from a wide variety of constituents and meant to be a neutral forum. Everyone should feel free to bring any issues to this group.
- Ramona Antone-Nez: Thanked CDC for being an active participant in the Navajo Nation's Indian Health Service (IHS) Listening Sessions. OSTLTS has been very engaged in the past with the Nation. Question: Are econ-aids available to the Navajo Nation? How many tribes have earned accreditation so far? The Navajo Nation is pursuing accreditation.

- John Auerbach: He will make sure the econ-aid request protocol is shared with the tribal nations. Although many of the tribes are at different stages of accreditation, none have been accredited yet. PHAB is eager to help tribes become accredited and have some tribal guidance published.
- Liza Corso: Some STLT Subcommittee members are actively involved with PHAB. PHAB has been working on customized guidance for tribes and territories. CDC has funded an Accreditation Support Initiative through the National Indian Health Board (NIHB). Currently, there are four tribes in PHAB's system, and they are all at various stages of the accreditation process. There will be another round of Requests for Proposals (RFPs) for the Accreditation Support Initiative through NIHB and ASTHO.
 - Action Item: CDC/Liza Corso will follow up with Ramona Antone-Nez regarding protocol for requesting an econ-aid and ensuring the information is shared with NIHB.
- Ramona Antone-Nez: Thanked CDC for establishing the TAC. The Navajo Nation has benefited tremendously from those meetings.
- John Auerbach: The TAC met recently and he and Wilma Wooten both attended to get additional guidance on tribal issues.

Zika

John Auerbach provided updates about Zika activities.

- Currently, CDC has counted more than 5,000 Zika virus cases in Puerto Rico and the territories and approximately 2,500 cases in the United States. There were more than 500 pregnant women who tested positive in the US, with most of those cases being travel-related. In the last few weeks, there were 17 cases of local transmissions in the state of Florida. CDC was working closely with the Miami-Dade County Health Department to support their response efforts. There was travel guidance was issued for a one-mile area in downtown Miami and for pregnant women living in that community and ongoing door-to-door prevention campaigns.
- CDC can provide a list of Zika funding support with different dissemination mechanisms. The Zika response command structure has many different groups including the State Coordination Task Force (SCTF). CDC communicates daily with SCTF to discuss funding support and communication best practices. OSTLTS identified a tribal representative to the SCTF and believes that it makes sense to build tribal representation as standing protocol.
- New and emerging Zika virus policies are coming out each week. There are standing weekly or bi-weekly status update calls with Texas, Florida, and Hawaii. There are currently four different Zika virus competitive funding processes and a number of cooperative agreements to do specialized work around the virus. These cooperative agreements are in process now because funding is coming out in different waves.

Questions/Comments

- David Fleming: During the Advisory Committee to the CDC Director (ACD) meeting in April, we discussed working in advance to develop consistent messaging for who would take responsibility for conveying policy to the media as more babies are born with the Zika virus. Was there any progress assigning this task?
 - John Auerbach: Leaders in the Division of Birth Defects and Developmental Disabilities are developing policy and creating a registry to track the Zika-infected babies over time. One concern was babies born to Zika positive mothers who showed no symptoms. We will need to track these babies over time to better serve these families and learn more about the spectrum of possible birth defects. CDC will need to work across the various levels of local, state, and federal government entities to have a consistent message.
- Emi Chutaro: Zika virus preparedness has highlighted the deficiency in the Pacific Islands' capabilities. PIHOA's health system is not optimized to deal with emerging epidemics with time-sensitive lab tests.

Can PIHOA be a part of CDC's Zika Virus Command Center to address their specific concerns and special circumstances? There seems to be an assumption that the Pacific Islands has mechanisms for efficient services, but that's not always the case.

- Umair Shah: There is a significant amount of concern about local transmission in Texas. One big challenge with planning a Zika virus response is that communication will be an ongoing issue. Some Harris County obstetricians have already asked the health department how pregnant women can get tested for Zika quickly. This will become a laboratory capacity issue. Two babies have been born with microcephaly (one died) in Harris County. The March of Dimes has estimated that the lifetime cost for babies born with microcephaly is \$10 million. How can this cost be communicated to the public? What will be the process for charging Medicaid for bug spray?
 - John Auerbach: Texas was the first state to get the Centers for Medicare and Medicaid Services (CMS) to pay for bug spray. CDC will get this message out to the public health community.
- Umair Shah: Harris County had a lot of people in their WIC and other subsidized programs. How can they get more permissive guidance for reimbursement? What about vector control? What were the best practices for vector control and surveillance? We need to have a systematic approach to vector control around the country. What could CDC do to get a national system for vector surveillance when we operate on local dollars?
 - John Auerbach: Offered to have a team member from the Emergency Operations and Preparedness team come answer these specific questions for the group during lunch.
- Julie Morita: Someone from the Communication team may be a better fit so the subcommittee could see what CDC is saying around Zika virus communication and the group could get the key message. This would help the STLTs to be consistent with CDC messaging around Zika.
- Umair Shah: That would be helpful because news about Miami's local Zika virus transmission had an impact on the rest of the country, and their health department receives a large volume of calls after Zika updates.
 - John Auerbach: Will try to get someone from both communications and emergency operations to come speak at the end of the meeting
- With the presidential election coming up in November, the subcommittee needs to be mindful of a possible transition in CDC administration. Therefore, if there are any issues not discussed by the end of all the think tank presentations, subcommittee members should bring them to the table.
- Terry Allan: Suggested that a recommendation be made to Chair Wilma Wooten to validate the think tanks on their accomplishments.

Social Determinants of Health Think Tank Report

Jose Montero, chairperson for the SDOH Think Tank, gave an update about the think tank's activities related to CDC's response to non-health data-related recommendations adopted by the ACD.

- Framing responses is the long term goal to change the social norm where social determinants are a part of the fabric of CDC programs, policy, and research at the level that is appropriate.
- A specific recommendation related to a short term goal—helping health departments access and analyze non-health data sources for better understanding of full context of health conditions affecting population health.
- Previous recommendations adopted by the ACD (non-health data):

- CDC should explore the available non-health data sources from other domains (e.g., housing, human services, education, transportation, public safety, and income) that are readily available and that offer insights into the impact of the social determinants of health
- CDC should also explore ways STLT health agencies can collect and incorporate such data in their planning
- CDC should support expansion of approaches like the Community Health Status Indicators tool (CHSI) to assist health departments to better understand and modify SDOH in their jurisdictions
 - Special attention should be paid to timeliness of data and to their direct application to actions that improve the health of the population

Progress

- Coordination of SDOH inequity work at CDC involves OSTLTS, the Office of the Associate Director for Policy, and the Office of Minority Health and Health Equity working collaboratively. Examples of progress:
 - The CDC Social Determinants of Health Website has contributed to responding to this recommendation by making SDOH resources at CDC available from one website (www.cdc.gov/socialdeterminants)
 - Average 8,166 page views per month
 - Another response was the launch of the [Community Health Status Indicators \(CHSI\) webpage](#) in March 2015. There has been a very positive response to this website:
 - ~1 million page views and 200,000 unique visitors since launch
 - Average 63,609 page views per month
 - Average of 4 page views per user
 - Average 9 minutes per visit
 - Two thirds of local health departments reported using site in last year
 - Hi5 community-wide interventions (www.cdc.gov/hi5)—A new website that highlights list of non-clinical, community-wide approaches that have evidence reporting positive health impacts, results within five years, and cost effectiveness and/or cost savings over the lifetime of the population or earlier

Members expressed concern that excellent products are often developed but then not supported or maintained afterwards. Therefore, the following recommendation is proposed:

To maintain the great progress achieved through the technical resources developed at CDC to support the STLT partners work, competence, and functional capacity of the public health agencies in addressing Social Determinants of Health (SDOH) inequities, CDC should:

- *Ensure that these resources are maintained, updated, and promoted as necessary, on an ongoing and long-term basis.*

In line with previous discussion about the need to improve technical assistance options for health departments, the SDOH think tank also put forward the following proposed recommendation:

To improve the competence and functional capacity of STLT public health agencies in addressing Social Determinants of Health (SDOH) inequities, CDC should:

- Synthesize, adopt, socialize, and promote a SDOH framework for the public health enterprise that incentivizes/facilitates and intentionally incorporates a SDOH lens on all actions, activities, programs, and policies as they cover and impact the continuum of health
- Support development and use of SDOH technical assistance resources across the public health enterprise that will:
 - Improve the understanding, commitment, and influence of public health leadership on the importance of addressing SDOH as critical to impacting health
 - Improve the ability of public health agencies to engage in improving SDOH inequities as integral to improving community health
- Identify and implement mechanisms to enhance workforce (across the public health enterprise) capacity to promote and incorporate SDOH into actions, activities, programs, and policies

Questions and Comments

- David Fleming: The “support and maintain” recommendation is too vague and needs to specify what products it is referencing. The sentence about maintaining SDOH tools needs to be more direct. What

would the agency have to do to maintain these tools? Is it funding? What is the best way to say that we want to make sure that what we've started is paid for?

- Emi Chutaro: The recommendations need to be more specific with clear actionable items; however, she agreed with the recommendations overall. It is important to note that typically, the CHSI and the other tools do not include the territories. These tools were good beginning points, but they weren't complete. Note that half of the Pacific Island jurisdictions are not eligible for the Affordable Care Act nor Women, Infants and Children (WIC) Programs. Therefore, if these programs were being used for data mining, the Pacific Islands would not be included. There are resources within CDC that engage in global health. OSTLTS needs to engage the global health programs when crafting these SDOH tools so as to best understand how to include the Pacific Islands. Military veterans in the territories and the freely associated states generally are not included in homeless and veteran affairs discussions. Many of the Pacific Island populations fall under the US poverty line. This needs to be considered when drilling down for SDOH data. Income also needs to be considered.
- Umair Shah: Specificity is important. Investment should also include supporting the functional capacity of STLT partners and technical advancements. CDC needs to invest—not be exclusive to financial funding—in these resources. CDC should convene partners in transportation, environmental, and education at the federal level to help address the Zika virus. These are areas that also affect health. How do we make the Zika response approach more comprehensive and prevent siloed activities?
- Julie Morita: CDC can play a critical role in convening other federal partners and be a leader with the health in all policies adoption. The second recommendation aligns with this. Chicago had planned to use some of their Ebola funding for housing people who could not travel due to an Ebola-infected family member, but that request was denied.
- Nicole Alexander-Scott: The next step is to establish that health in all policies is a cross-cutting strategy and should be integrated in the daily activities, like funding.
- Mary Currier: Incorporating the health in all policies strategy sounds like a state health improvement plan for the nation. The think tank explicitly needs to ensure that this focus is maintained through the next administration.

Recommendation 2

- Terry Allan: The trajectory for the TA piece should be sustained for people of color and for those living in poverty.
- David Fleming: The ACD has another subcommittee for achieving health equity. There have been several previous recommendations from this group to ACD that may overlap with the TA SDOH recommendation. Could this group compare this recommendation with the Health Equity subcommittee's recommendation?
- LaQuandra Nesbitt: The second bullet under the TA recommendation could be ascribed to things already accomplished. What other things could be included? What does it mean to "incentivize and facilitate?" How should the Director interpret this? Should the bullet point read more clearly?
- Emi Chutaro: "Technical assistance" should be more clearly defined because it could be interpreted as IT based actions only, or staff education, or public health practice.
- John Auerbach: This committee's recommendation should align with the Health Disparities Subcommittee's recommendations.
- Can safely assume that both subcommittees agree on this recommendation.
- Jose Montero: Confirmed that he would wordsmith the two recommendations over the lunch break and bring those edits back to the subcommittee for reconsideration.
- John Auerbach: Someone from the Emergency Operations team will give the group a Zika virus response update during the lunch break.
- Wilma Wooten: If the subcommittee agreed on the recommendation as a whole, the think tank chairs could wordsmith the recommendations through email or prior to the end of the meeting.

Public Health Surveillance Think Tank Report

Terry Allan, chairperson for the Surveillance Think Tank, gave an overview of the progress made with electronic case reporting (eCR)-related recommendations adopted by the ACD

Recommendations (in brief – see slides)

Recommendation: CDC should convene appropriate partners to develop recommendations for a national strategy for eCR.

- Considerable work is ongoing with partners (e.g., CSTE, APHL, JPHIT, NACCHO, ASTHO, PHII, others) to:
 - Discuss perspectives on an eCR National Strategy (technical and legal frameworks)
 - Build and pilot components for eCR
 - Electronic initial case reporting (eICR)
 - Reportable Conditions Knowledge Management System (RCKMS)
 - Routing
 - Draft a technical framework eCR manuscript – high level overview
- Met with Electronic Health Record (EHR) vendors, who expressed interest in working with public health on eCR

Recommendation: CDC should support development of a governance entity for a nationally interoperable system for electronic case reporting (eCR).

- Meeting to discuss a vision for eCR, create shared governance and determine the initial steps for eCR implementation: June 13–15, 2016
- RWJF as neutral convener
- Include leaders from health IT, healthcare organizations, and public health
- Technical workgroups to follow
- eCR workshops
 - CSTE – June 2016
 - Public Health Informatics Conference – August 2016

Recommendation: To successfully implement the eCR framework, CDC supports the notion that public health programs will need to adapt to standards that are widely adopted by health care in EHRs

- Agreement to establish eCR governance across relevant sectors (as per Greenhouse meeting sponsored by RWJF) though it still needs to be established along with initial standards
- CSELS is meeting with CDC Programs to discuss eCR
- The RWJF convened meeting (Greenhouse meeting) included critical partners: CSELS, NCEZID, NCHHSTP, and NCCDPHP representatives
- More work remains within CDC and with partners

The current eCR landscape which makes this work timely:

- Current systems that are antiquated and unsustainable
 - The momentum created by the work to date is compelling
 - Modernization is overdue and is essential to nimble response to current and emerging disease threats, which is an emergency preparedness and response imperative
 - There is an unprecedented convergence of will, across public health, healthcare, and EHR vendors
 - The support of the Robert Wood Johnson Foundation is pivotal
- If we don't act now, we will miss our opportunity; instead, healthcare and EHR vendors will define the rules for eCR without public health input

New Proposed eCR-related Recommendations

- *Proposed language for recommendation 1*

The ACD should formally endorse the significant progress to date related to electronic death records, notifiable disease reporting, syndromic surveillance, and electronic lab reporting. The successes within these four areas provides credibility for the process and positions CDC well for the next challenge.

- *Building on previous Surveillance Think Tank recommendations that were approved by the ACD and then rapidly completed, there is a strong foundation for advancing the work, with a blueprint for eCR development.*
- *There is strong commitment of all relevant partners and resources from CDC and others to build upon and accelerate the development process.*

- *Proposed language for recommendation 2*

Communicate with the imperative to establish uniform CDC support for eCR across the enterprise and institute the essential policies, resources, and relationships that must be cultivated to build on the success from these formative stages of eCR and accelerate momentum:

- *Develop a sound business plan and socialize the business case for eCR*
- *Endorse, expand, and support funding strategy for eCR*

Questions and Comments

- Chesley Richards: Though eCR adoption may seem like an OSTLTS- or CSELS- centered project, it is an agency-wide effort. Many of the CDC disease programs are facing challenges in adopting this new way of collecting data. There is some fear in giving up what they know works for their programs in exchange for something brand new. However, CDC partners like ASTHO, NACCHO, and others are embracing this new paradigm and endorsing it. This could be transformative for all of public health, not just CDC. The charge to come up with a business plan would be great. We need to be creative in thinking about funding. CSELS is having ongoing support discussions.
- Mary Currier: Struggles because SHOs don't seem to understand the urgency of the issue, and neither do the local public health officials. Funding may be the way to get buy-in from them. A simple document about why eCR needs to happen and when funding might become available would be helpful. The group would need to ensure that all of the states are on board.
- Emi Chutaro: Agreed with both recommendations. All of the Pacific Island health departments are at various stages of being able to accomplish eCR adoption. The basis platform for electronic initial case reporting was at varying levels for the territories. Most struggle with system maintenance even now. There are still some jurisdictions that are paper-based. The starting point needs to be level for everyone. Some jurisdictions will need more assistance before building the eCR infrastructure. The applicability of the electronic health record is based on the assumption that there will be staff in place that can use the data. Some jurisdictions do not have epidemiologists or statisticians on staff. Furthermore, some clinical staff isn't even trained in public health practice.
- Jay Butler: One of the threats we face in Alaska is the vocal minority of elected officials for public health leaders to manage secure data. Can the data be hacked? Is it the role of the government to collect this data in the first place? Were these concerns raised in discussing these recommendations?
- Terry Allan: Has also heard these same concerns. A well-protected centralized system could be created to prevent hacking. This could also be addressed in the communication that would be released out to STLTs.
- Chesley Richards: The highly variable reporting platforms in which people currently do reporting face these same issues. eCR has the potential to move all sorts of data, but the notifiable disease data is legally bound. We hope CDC will be able to convey to the public that this data can be handled securely.

- Georgia Heise: In the Kentucky Appalachian area, there are staff who don't understand public health, let alone epidemiology or IT platforms. It will be crucial that CDC gets eCR right from the beginning and that all the elements that need to be addressed are included.
- Chesley Richards: Clarified that this isn't about government, but governance. When the group started out, they were told that CDC should own eCR. But the group pushed back because eCR should be owned by the community and its providers. Having a neutral convening partner (in RWJ Foundation) and governance leader is crucial. There is no CDC mandate that requires governance by the government.
- John Lumpkin: The critical piece is appreciating that data moves at the speed of trust. There needs to be trust in the changes made in the system and that any changes would not be done arbitrarily. There were five vendors who attended the Greenhouse meeting and they all agreed to create a common platform. Public health will have equal say in this with the vendors and community leadership. The HIPAA privacy laws say that sending data is not a violation of that law. We need to go back and review that HIPAA does apply here, too. The group needs to consider where the hockey puck (eCR) is now and where it needs to go. Data is a piece of something about a thing. Information is data with analysis. Data and information within context is knowledge. How can we insert knowledge into the electronic health record system? When we think about the bidirectional system, we can mold that knowledge into a usable format.
- Julie Morita: Health providers will need to communicate with developers and, in turn, they will have to show how providers' information will be used. Can eCRs be used to catapult SDOH work, too? In Chicago, they have to leverage their federal funding to address SDOH.
- Umair Shah: In the local public health department in Texas, it is a challenge to share data with the state health system and for the local department to get their data back. Is there a way to marry the language in the recommendation? There is a concern about data voids and local public health not being seen as a partner. Local health departments can send the data up to the state, but then have no way to neither see the data nor use it in a meaningful way. The Greenhouse group needs to figure out a way to partner with local health departments for eCR adoption.
- John Auerbach: There may be a connection between this current discussion and the SDOH recommendation. After resources are developed and it is determined how the data would be accessed, the problem would not be over. There will be a need to maintain the effort. There will be some upfront investment. But once the platform is in place, there will be a need to have staff in place to maintain the system. When workgroups were formed, the emphasis was on getting projects started. We weren't thinking of staffing nor budgetary concerns at the state and local levels. As new funding becomes available, these issues will need to be considered.
- Nicole Alexander-Scott: In Rhode Island, we don't have electronic death records, so they would need time to get to a standard IT beginning point. As more data are shared, developers will need to be aware of other issues that could be affected, like drug prescription data and law enforcement interactions.
- Jose Montero: The group needs to think about what type of SDOH data will be needed up front and not after the system is built. These data need to be included in the business plan development. The SDOH data will also need to be aggregated in meaningful and valuable ways. Healthcare providers should be asked what SDOH data they would need, and in this way, this group could take full advantage of the proposed bidirectional system.
- Wilma Wooten: Start where the gaps are currently. What needs to happen for this work to continue? Funding and data sharing policies need to be considered.
- David Fleming: Can timelines be added for the business case development and for the funding strategy? Another suggestion was to include who the intended communication audience would be.
- Mary Currier: Proposed that there be two separate communications: one for resource needs and another for partners.

Terry Allan motioned for both surveillance recommendations be conditionally approved with suggested wordsmithing for final approval via email or by end of the meeting. Wilma Wooten seconded the motion. The motion carried.

Impromptu Zika Virus Response Update for STLT Subcommittee

Harald Pietz (Deputy Director of Division of State and Local Readiness [DSLRL]) and Mark A. Davis (Chief, Program Services Branch, DSLR) from the Office of Public Health Preparedness and Response (OPHPR) gave the STLT Subcommittee members an update on CDC's Zika virus response.

- DSLR has been activated for approximately 200 days post-Ebola outbreak. DSLR provides the majority of the Zika virus response in the State Organizing Task Force. Mark Davis is the liaison between the DSLR and the Emergency Operations Center.
- The State Organizing Task Force coordinates calls between CDC and STLTs. They also provide other supporting services based on partner needs.
- Florida was reporting 21 local transmissions clustered in downtown Miami. Vector control and area spraying were underway in the affected neighborhoods. CDC had recently been notified of one additional Zika case in Palm Beach County. Despite limited resources, Florida was doing an excellent job in their response. CDC was helping them with staff resources and reprioritizing funds.
- Zika virus response in Puerto Rico was becoming a challenge because of their inability to spray and their unsuccessful attempts in finding the best way to protect pregnant women.
- DSLR was actively searching for best practices and lessons learned. If public health can't treat the population as a whole, then we can focus on protecting the individual person with the Zika virus prevention kits. These kits can be ordered through GSA schedule.
- It's too early in the potential case in Utah to determine what is going on, but CDC is playing an active role in the investigation and response.

Questions and Comments

- Mary Currier: Is the number of Zika virus cases more than CDC expected in comparison to past chikungunya virus and dengue infections?
- Mark Davis: That information is not yet available, but CDC was not surprised that this had happened in a densely populated area like Miami.
- Harald Pietz: CDC wasn't expecting to see sexual transmission of Zika nor that this type of infection would come from a zoonotic disease. CDC is actively working across agencies and within the communities with obstetricians/gynecologists, environmental health, and other groups. Told the group to emphasize funding opportunities when speaking to their elected officials about the Zika virus. CDC anticipates an ongoing Zika response for at least two or three more years. CDC was engaging with all of the states in their Zika preparedness and response.
- Emi Chutaro: Appreciates the concerted effort to help the Pacific Islands to respond effectively. The initial allocation for Zika was for field response, but what about capacity building? PHIOA was not prepared for such an outbreak. She is grateful that CDC had heard her region's concerns and was supporting their jurisdictional response. There has been continuity in the public health response.
- David Fleming: The ACD is concerned about women living where there is the potential for more years of Zika infection and their potential risk for future child bearing.
- Mark Davis: CDC has heard that once bitten by a Zika infected mosquito, the person becomes immune to the virus; however, what CDC learns about Zika changes daily. Risk for future childbearing had not been formally discussed yet.
- Harald Pietz: CDC does not have an official stance on future childbearing at the time; however, there have been informal conversations about future childbearing risks. How do we know that the Zika virus won't behave like HIV in babies or in fetal transmission? Public health needed more science to formulate a proper intervention.
- LaQuandra Nesbitt: In the District of Columbia, we have started having conversations about direct testing for Zika infection. Staff asked a series of questions to people calling the health department with possible Zika exposure and redirected them to their primary care physician (PCP). Unfortunately, there were many folks who didn't have PCPs. What should the process be when people refuse to get into

primary care but still need a test? What are the logical next steps? What should the tactics for moving forward be for those patients who don't have a PCP?

- Harald Pietz: CDC hasn't had that conversation yet, but Zika infection testing should be done through a patient's PCP. It would be difficult to find a national strategy that plays across every state's domains.
- Mark Davis: Zika testing messaging will depend on the state or locality. He and Harald would take these points back to their DSLR team for further discussions. Another question to consider is if this would be a lab or clinic issue. The DSLR Team hadn't figured that out yet.
- Wilma Wooten: San Diego County got about 15 Zika-related calls a day, and some of those came from the emergency departments at local hospitals.
- LaQuandra Nesbitt: Where are Zika confirmation specimens drawn?
- Nicole Alexander Scott: Is there an emergency infrastructure in place for those who don't have a PCP?
- LaQuandra Nesbitt: She's trying to find out was if there was a place where patients without a PCP can go specifically for Zika virus testing.
- Umair Shah: In Harris County, the health department uses the indigent care provider, and they work with that provider for that particular patient to figure out what the patient's specific plan could be. Harris County had some comments from researchers about active surveillance and how to tighten the criteria. How would we determine when the majority of people would be asymptomatic? Could we do active surveillance through the community health clinics? Our response has been that this is a resource issue. This subcommittee should figure out when to move from passive surveillance to active surveillance on both the national and local scale.
- Harald Pietz: When Miami Dade County figured out that the transmission was local, they started going door-to-door. If all of the pregnant women wanted to get tested, it would overwhelm the system. Resources and their availability were the limiting factors. CDC is currently in talks with some specific labs about Zika testing and hoping to catch some Zika-positive patients through the screening being done at blood collection centers.
- Mark Davis: Plans include putting out enhanced surveillance guidance. It all depends on resources and funding.
- Umair Shah: Things are changing in real time and they were starting to see wider areas of emergence. Should public health follow what Miami was doing? We would need to know early in the process how to respond. How would we communicate the response message at the state and local levels so that we're not reacting to the situation?
- Mark Davis: Initially, CDC knew that the spring season would not be that bad but has to be cautious in saying too much too fast. Maybe CDC could communicate a little more.
- Harald Pietz: Aerial spraying is used because of effectiveness and cost. If there was evidence of infections, we could go in and do some blood collection in addition to aerial spraying. CDC is working on the messaging to get the most bang for the buck. If we do a lot of spraying in Miami, will we see an impact on transmission? Unfortunately, we haven't seen that yet.
- Julie Morita: Guidance changes so rapidly. It would be helpful if STLTs could get some talking points before the media announcements so their message aligns with CDC's.
- Harald Pietz: DSLR's communication team is putting together messaging with STLTs. CDC tries to let everyone know Zika updates at the same time, but they're trying to do better with the timing of those updates.
- Nicole Alexander Scott: Being able to highlight what changes have occurred and why they happened would be helpful.
- Umair Shah: Because there are so many update calls in an effort to tell everyone everything, the process dilutes the message when there are really important updates.
- Harald Pietz: DSLR is always open to suggestions about communications and other ways to make the Zika response process easier. The group can contact DSLR when Zika issues arise.

Public Health Finance Think Tank Report

John Wiesman, Chairperson of the Public Health Finance Think Tank, gave an overview of their progress. He reminded the STLT Subcommittee of the charge to the Finance Think Tank: *To serve as a forum for discussion and input on public health financing with a focus on chronic and emerging financial issues, challenges, and opportunities to strengthen the public health system.*

Previous recommendations have been addressed and the Finance think tank plans to move into other work. Key issues of current interest:

- Sustaining/flexible funding strategies for basic or foundational level of public health
- Building/expanding CDC funding through categorical funding flexibility.
- Finding ways that CDC resources can better reach health departments (directly and indirectly) at the local and tribal levels.

Proposed Language for Finance Recommendation

The Finance Think Tank recommends that *over the next 18 months, CDC and its federal partners should take action to advance the financing of core or foundational public health capabilities needed within state, tribal, local and territorial health departments to advance their mission and serve all in America. To align with the Chief Health Strategist and PH 3.0, areas of action include:*

- *Identify new and existing resources to advance, build, and maintain optimal performance of health departments and accountability to funders and the public. This should include flexible financing strategies that support and incentivize participation in national voluntary accreditation.*
- *Maximize and leverage resources needed to rapidly detect and respond to health conditions and threats in our communities and strengthen connectivity among STLT health departments and their cross-sector partners. An important upcoming opportunity is to consider the resources needed for developing and using a common platform (electronic case reporting or eCR) and leveraging what is available from the medical community and other sectors.*
- *Identify flexible funding strategies that can aid the public health community and other sectors in efforts to attack and address the underlying determinants of health. Opportunities for action can include exploring and using creative ways to access resources that support community efforts across disciplines and through cross-sector partnerships.*

The think tank doesn't believe these goals are the federal government's total responsibility to fund, so the group anticipates looking at state and local funding opportunities. With the impending presidential administration transition, the think tank suggested that the STLT Subcommittee needs to ensure that these goals remain a priority for CDC.

Questions and Comments

- Terry Allan: The second component of the recommendation mentions eCR. In the Surveillance Think Tank, they discussed what resources and infrastructure would be needed to make more progress on eCR adoption. The surveillance group could join the finance think tank to discuss more specific plans.
- Mary Currier: While there was FEMA and other emergency management funding, there was no emergency funding structure for public health. It would be great if this infrastructure could be created. That would eliminate the need for public health leaders to have to go to Congress every time urgent public health funding was needed.
- John Wiesman: Could emergency public health funding be woven into the foundational capabilities part of the recommendation? It is public knowledge that this topic was working its way through Congress at the moment.
- Mary Currier: Foundational capabilities would be the perfect fit, but it may be an additional bullet point to the recommendation because it's a different way of funding.
- Wilma Wooten: Many public health crises arise that STLTs can't respond to effectively because they don't have the funding.

- Emi Chutaro: This funding topic speaks to the heart of a lot of the issues in the territories. Territories face punitive actions for not spending all of their grant funds. But they couldn't effectively use the funding for which they were eligible. Maybe HHS could have a targeted and sensitized FOA for territories. There are some PIHOA jurisdictions that are completely separated from the health department, so they don't have the ability to see the funding draw downs. If the FOAs were to be designed, could those funding streams take into account the capabilities (or limits) of the territories? The territories tend to start at a different capability level than other non-insular areas for achieving federal grant conditions. In the islands, we rarely see our project coordinator or grants specialists. How can we understand the compliance issues if we don't have access to our program staff? Some of the grants management specialists don't know that our financial division isn't in the health department. How can we get more technical assistance and someone who has a high level of understanding of the compliance requirements to help us? There is health financing in the holistic view to support the basic service package and then there's the strategic financing view. The subcommittee needed to address this gap to level the playing field.
- John Wiesman: The finance group will check the recommendation against what Emi Chutaro shared and revise the recommendation accordingly.
- Nicole Alexander Scott: Public health has this reactive funding mechanism for emergencies, but emergencies were happening more frequently now. We needed to have things in place to be proactive instead of just reactive. There is also a need to demonstrate return on investment when it comes to public health finance.
- Julie Morita: Appreciated that the recommendation included flexibility. This showed the progress that had been made. A sentence should be added for the need for consistency among project officers since variations can be detrimental to how STLTs progress.
- LaQuandra Nesbitt: What does "from perspective" on bullet point number one mean? Is this geared toward creating flexibility for CDC funding? How much of a barrier to accreditation participation did locals face? How could CDC ensure that those funds were used for accreditation since they tended to be categorical? Perhaps the phrase "to either participate in accreditation and/or achieving standards" could be added to the recommendation.
- Craig Thomas: The majority of funding came from local jurisdictions. The small funding amounts from partners did make a difference in shoring up the local health departments for accreditation. We have to remember that once accreditation was achieved, that status had to be maintained.
- LaQuandra Nesbitt: Is CDC was looking for dedicated funding streams to continue accreditation?
- Craig Thomas: CDC FOAs supported flexible funding if the standards listed in the accreditation were supported.
- LaQuandra Nesbitt: Should the recommendation include "achieving accreditation standards"?
- Wilma Wooten: Agreed that some language supporting accreditation readiness and achieving standards should be added.
- David Fleming: Expand the bullet to make it clear that health departments would be enabled to achieve accreditation.
- Concern about format of the recommendation -- There is a lot in the recommendation and the ACD could interpret it as a statement. It is not clear what the action steps were. Is there too much in the recommendation for the ACD to get their arms around?
- David Fleming: The subcommittee needs to raise items to the surface that needed to continue into the next administration. Is there a way to simplify this recommendation by relating it to both the surveillance and SDOH recommendations? Doing this would provide actionable steps; however, the subcommittee should not lose the focus of establishing flexible funding.
- John Wiesman: Would it be better for the other think tanks to incorporate these points into their recommendations? He would hate to lose the finance specific recommendation, though. The sentences under the phrase "to align with" are supporting statements to the main recommendation.

- Concern that “foundational capabilities” not simply be a catch-all phrase -- There was some categorization of activities. If the recommendation is too simple, the ACD may not know what the subcommittee meant. But if it were too detailed, the ACD may not know where to begin.
- LaQuandra Nesbitt: Chair Wooten should give specific examples and tie in both SDOH and surveillance recommendations when she presents all of the recommendations to the ACD in October.
- Wilma Wooten: It would be helpful if this recommendation could stand alone, so maybe adding “SDOH” and “eCR” in parentheses on the main finance recommendation would help. The word “flexibility” could also be added.
- David Fleming: One of the issues that the ACD would discuss during the October meeting would be the administration transition. Perhaps the subcommittee could frame the recommendations as “what are the most important issues that cannot be dropped during the transition” and list these out as the key priorities.
- Julie Morita: Add examples of priority areas to the recommendation.
- Noteworthy -- OPHPR is developing things listed in both of the bullets.
- Wilma Wooten: Could the Finance Think Tank summarize the approach for the recommendation and include the word “flexible” and add “e.g.” with “SDOH and eCR.”?
- Suggestion: Subcommittee could reference the Public Health 3.0 points when the recommendations are presented to the ACD.

The think tank agreed to provide Dr. Wooten with talking points for the October ACD meeting. The final finance recommendation wording would be emailed to the STLT Subcommittee members for vetting.

John Wiesman motioned for the subcommittee to accept the finance recommendation conditional to additional wordsmithing. David Fleming seconded the motion and it carried.

Social Determinants of Health Think Tank Report—Continuation

SDOH Chair Jose Montero stated that the think tank would work with CDC subject matter experts to ensure alignment with the Health Disparities Subcommittee. The think tank wants to make sure the recommendation doesn’t appear as if CDC is dictating to the STLTs. The revised SDOH recommendation *on Maintaining and improving CDC support to SDOH tools* now read as follows:

To maintain the great progress achieved through the technical resources developed at CDC to support the STLT partners’ work, competence and functional capacity of the public health agencies in addressing the social and structural determinants of health (SDOH) inequities, CDC should:

- Ensure that resources such as Community Health Status Indicators (CHSI), Social Determinants of Health website and HI-5, are maintained, updated and promoted as necessary, on an ongoing and long-term basis.

Revised language for Recommendation on Continued Capacity Building for SDOH

To improve the competence and functional capacity of STLT public health agencies in addressing Social and Structural Determinants of Health (SDOH) inequities, CDC should:

- *Synthesize, adopt, socialize and promote a SDOH framework for the public health enterprise that incentivizes/facilitates and intentionally incorporates a SDOH lens on all actions, activities, programs and policies as they cover and impact the continuum of health*
- *Support efforts to improve capacity to address and use of SDOH across the public health enterprise that will:*
 - *Improve the understanding, commitment, and influence of public health leadership on the importance of addressing SDOH as critical to impacting health*
 - *Improve the ability of public health agencies to engage in improving SDOH inequities as integral to improving community health*

- *Identify and implement mechanisms to enhance the workforce (across the public health enterprise) capacity to promote and incorporate SDOH into actions, activities, programs, and policies*

Questions and Comments

- Note: The think tank originally didn't want to be as specific in the proposed language, but did want it to be helpful. The group wanted to ensure that the already developed products, like the webpages, would be maintained and continued.
- Jose Montero: The group changed the language to include the previous suggestions from the earlier morning session and included language to improve the capacity to address and use SDOH.
- David Fleming: Asked if there is any potential here for institutional embarrassment because resources had been developed but not maintained?
 - John Auerbach: Yes, there is but the think tank felt it important to raise this issue about availability of resources for sustaining good products that respond to these issues (SDOH) and have a fuller discussion about how to make the resources available. Too often, products are developed and then not maintained. The subcommittee needed to struggle through that internally and highlight it for the ACD. The think tank felt that long term consideration for these projects is important.
- John Wiesman: This also ties back to the foundational capabilities funding because it would come down to the agency's funding to maintain these databases. This was a systemic problem because no one funds the system maintenance.
- Emi Chutaro: Don't just pinpoint these specific websites, but have language that was more inclusive of other websites.

Jose Montero submitted a motion that the changes to the SDOH Think Tank's first recommendation be approved and Julie Morita seconded the motion. The motion carried.

After incorporating "capacity building" into the second recommendation, Jose Montero submitted the recommendation for approval to the subcommittee. John Wiesman seconded the motion and it carried.

Dr. Wooten: The subcommittee will receive the final wording for all of the think tank recommendations before the next meeting.

- Action Item: All think tank chairs will email the final wordsmithed recommendations to the subcommittee (Judy Lipshutz) for final review before the October ACD meeting.

Future Priorities Discussion

Wilma Wooten launched the discussion about future priorities suggesting some of the discussion began in the course of the think tank reports. Discussion about additional future priorities followed.

- Julie Morita: Public health and violence prevention is an issue.
 - Wilma Wooten: This was also an issue in the [Big Cities Health Coalition \(BCHC\)](#).
- In reference to SDOH, the subcommittee wanted to ensure that the think tank recommendations were aligned with the Health Disparities Subcommittee.
 - Julie Morita: Would be interested in hearing what the health equities subcommittee discusses.
 - Judy Lipshutz: The difference between the Health Disparities Subcommittee does not specifically represent health department leaders like this one. There was discussion about have cross representation between the two subcommittees to ensure alignment.
 - John Auerbach: Was a member of the STLT subcommittee before joining the CDC in a leadership role. He suggested the STLS Subcommittee consider whether there might be action steps that CDC could actually take given the available resources versus just having an aspirational goal. Such recommendations would help CDC know where to focus attention. For instance, was there

a specific area that a project officer could learn about to be more supportive? Those would be specific work tasks on which CDC could work.

- David Fleming: The STLT Subcommittee had been evolving since its inception. So, he suggested it needs to think outside of the way CDC currently does business to make CDC more effective. This subcommittee structure should be prepared to evolve. This Subcommittee has in the past provided advice directly to OSTLTS without going through the ACD or the CDC Director. Perhaps there could be specific time set aside to advise OSTLTS directly and provide feedback. This subcommittee doesn't have to be focused solely on ACD recommendations. People from other centers, institutes, and offices in CDC could also talk to this subcommittee for feedback. There could also be subcommittee interaction between the field and CIOs. As the new administration comes aboard, the STLT Subcommittee could evolve and adapt as needed.
- Jose Montero: Would like to see the tenets of "Public Health 3.0" incorporated into subcommittee future activities. Maybe this subcommittee needs to be restructured. Dr. Montero was one of two private sector employees. Perhaps this group needs to ask other sectors for input, especially if the subcommittee wants to model its own guidance. There may be a need to branch out in the committee's members so that all sectors are reflected.
- Terry Allan: One charge should be to emphasize the value of the STLT Subcommittee through the ACD.
- Nicole Alexander Scott: Asked if the group could offer an expansion of the third bullet from the finance recommendation that focuses on social/structural determinants of health. In Rhode Island, they are creating new ways to fund SDOH. There was tension in knowing that Rhode Island has to be more creative in funding health equity, yet still be accountable to CDC and Congress. CDC has the opportunity to develop a health equity measure that could be used to hold the funding dispensation accountable. For example, there were less tangible measures for showing that housing and transportation ameliorate diabetes in the community. CDC could put these health equity measures in their FOAs to show Congress that there is an impact and a need for SDOH-specific funding.
- John Wiesman: Added that public health needs to broaden its thinking about informatics in general. We were dying under the various old technology systems and workforce issues. If we are going to be successful, how should we look at this differently? An informatics roadmap would be helpful. There is a real need for the public health system to work in this area. What are some other breakthrough ideas that might be related to public health dilemmas and knowledge? How could these ideas be identified and incubated? Public health needs to think innovatively. For example, ASTHO invited Microsoft to a recent meeting to talk about how drones could be used for mosquito surveillance. \Could we in public health think about how technology could advance public health efforts? How could we intentionally think about these things? Georgia Heise: Suggested that the subcommittee should have inspirational goals ready to go when and if CDC gets approached with funding and other resources. The subcommittee needs to think about the obstacles, but also what could be done if those obstacles were removed. Perhaps a think tank could be formed to do this visionary work.
- Wilma Wooten: Maybe the think tanks could come up with their own specific wish lists. Each think tank could propose one aspirational recommendation.
- John Wiesman: Suggested that the subcommittee find innovative thinking people and experts who know how to incubate breakthrough ideas, like connecting Microsoft and vector surveillance. There were other potential partners who had aspirational goals of connecting with public health on projects.
- Umair Shah: Agreed with Dr. Wiesman. We need to think about where public health has been, where we are at the moment, and where we are headed. We need to talk to people outside of the public health arena to get more collaborative conversations started. He confessed that he wouldn't have thought about watching which mosquito type flaps its wings in a certain way as a method to capture it like Microsoft did with the drone idea. How can CDC shine the light on public health groups that have moved forward in innovative ways and include groups outside of public health doing innovative work?
- Emi Chutaro: Another future priority could be rural laboratory services since, for example, PIHOA's specimen often have to be referred to outside labs. The PIHOA region has begun conversations about how to best engage rapid testing and point of care lab services. It can sometimes take up to six weeks to

get some lab results. Another priority to consider is interoperability. Standalone databases are already struggling to meet funding requirement needs. Maybe this subcommittee could reach out to other HHS programs that were also struggling with this issue. Another priority could be changing the perspective in thinking about how minorities are defined. In the Pacific Islands, we are not the minority. How can the national effort inform CDC conversation? A lot of the FOAs are formulaic and based on population. It would help smaller islands like the PIHOA region if CDC could tease out how funding was defined. FOAs need to be better allocated when it comes to the smaller territories, especially when looking at health disparities. Funding based on per capita burdens of health could be one solution to this challenge.

- Umair Shah: How can CDC help bring to light challenges happening across the system? How can CDC help adjudicate issues between state and local public health agencies? There are opportunities for CDC to use its reputation in helping to build relationships between local and state health agencies without getting bogged down in industry politics. The data issue shared earlier during the electronic case reporting discussion (e.g., lack of 2-way data sharing between locals and states) is a good example of how CDC could use its voice in helping to manage data sharing ownership challenges, even though CDC may not share the same predicament. Could CDC help ease or manage some of the tensions between state and local entities? Are there other challenging areas in local and state relationships that could benefit from this subcommittee's guidance? Could this group help bring those issues to light and bring perspective on how those challenges could be overcome?
 - The subcommittee could collect these suggestions for future priorities and sort through them. He reminded the group to consider the specific role of the Subcommittee (vs. the ACD). Some of these issues might merit a think tank focus and others may fit into the existing infrastructure.
 - It would be important to reflect on the role of the subcommittee in the coming administrative transition since that future is uncertain. For example, it is unknown if OSTLTS would be seen as core CDC work with the next administration. Another hiccup could be that there is not a permanent director yet for OSTLTS. Question is whether this subcommittee should highlight the role of OSTLTS to the ACD noting that no other subcommittees would be reminding the ACD about STLTs and OSTLTS.
- Jay Butler reminded the group that there has always been some sort of STLT work within CDC. This work didn't just begin with the current CDC Director.
- Terry Allan: Stories about OSTLTS activities in the field can be shared. There are probably many supportive things that would bolster maintaining OSTLTS.
- Emi Chutaro: The process within OSTLTS has value and her region has reaped a lot of benefits from it. This office is especially important for territories like PIHOA and others who felt that they didn't have a voice. Many public health practices are changing for the better and it is because of guidance from OSTLTS. Coordination and specific engagement throughout all of OSTLTS is something that has been consistent in OSTLTS versus other CIOs. There have been a lot of OSTLTS specific processes that have enhanced public health and CDC overall practice.
- Umair Shah: Does the ACD need anything from the STLT Subcommittee members to help provide a collective voice that would be of benefit to the new director?
 - John Auerbach indicated that any supportive statements would be welcomed because we don't want to lose the OSTLTS infrastructure at CDC.
- Umair Shah: Does the subcommittee leadership need anything more than a collective statement or would individual statements help?
 - Answer: Unsure but worth thinking about.
 - Georgia Heise: Agreed that it would be good to have a formal statement that current OSTLTS infrastructure remain in place, what STLTs value about the OSTLTS structure, and stories from the field to further illustrate OSTLTS value.
 - LaQuandra Nesbitt: Understands experience from both the state and local side of interacting with CDC/OSTLTS and she appreciated the improvements made after Dr. Frieden's arrival. Stories from the field contrasting these different time frames would be very effective and

helpful. Having this type of information for a new director and administration would be valuable as they consider internal CDC structure and program roles

- John Wiesman: Stating what the subcommittee members value about the office and its approach would be helpful; however, this needs to be balanced with what OSTLTS should not be, too.
- Dr. Nesbitt: We should be careful not to handcuff the next administration by being dictatorial.

Wilma Wooten summarized the discussion by saying the OSTLTS support statements should include the value of the office, what has worked in the past, and what can be improved on in an actual concrete document. Stories from the field could also be included in an overall statement.

- Action Item: Subcommittee members will send to Judy Lipshutz individual OSTLTS support statements that include: (1) what they value about OSTLTS, (2) which OSTLTS activities have worked in the past, (3) which activities could be improved, and (4) appropriate stories from the field.
- Action Item: The subcommittee agreed to compile the comments and craft a recommendation related to maintaining the work of OSTLTS to be vetted with all of the subcommittee members before the ACD meeting in October. All input is welcome.

Judy Lipshutz reminded members that the progress report (distributed to members) includes accomplishments in addressing the recommendations from this group. Some accomplishments were discussed earlier in the meeting.

Wilma Wooten added that the OSTLTS Accomplishments–Quick Stats document could be used as a foundation for what to relay to the ACD in October. Dr. Wooten recommended that she, John Auerbach, and Judy Lipshutz distill the comments into a document and send it out to the group for review. The document would speak to the value of OSTLTS.

- Motion to compile a document as appropriate was put forward and seconded.
 - John Wiesman: Important to make sure that the subcommittee leadership has flexibility to move forward and do not just compress support to a “document.”
 - Terry Allan: The support should take whatever appropriate form that was needed.
- The motion carried.
- Action Item: Wilma Wooten, John Auerbach, and Judy Lipshutz will distill the comments into a comprehensive support document and send it out to the group for review.

Public Comment

Dr. Wooten opened the floor to comments from the room.

Robert Hahn, who has led the Community Guide Review for the last 6 years, addressed the subcommittee about “health in all policies.” Dr. Hahn said that he saw health in all policies from two different perspectives: the low road (like taking vaccinations out of the clinics and putting them in other venues like schools) and the higher road even further upstream. He suggested that the subcommittee look at other agencies to see what they are doing that affects public health. For example, *Brown vs. Board of Education* actually affected public health. The Civil Rights Act of 1964 also provided equal jobs, housing, etc., and that affected public health. Public health initiatives exists in all aspects of the federal government. CDC has a seat on the Federal Health Inequities group and could use its influence in that group.

Dr. Wooten thanked Dr. Hahn and opened the phone lines for public comments. There were no additional comments.

Summary

Wilma Wooten summarized the discussion and indicated the STLT Subcommittee would take the adopted recommendations back to the ACD when it meets on October 20. The next STLT Subcommittee meeting will be after the election (via phone) with the possible addition of a meeting prior to the April ACD meeting.

Reflections on the Meeting

- Jose Montero: It is always great to hear other people's experience in the public health enterprise.
- Julie Morita: This was her second subcommittee meeting and she was impressed by the progress made from just last year.
- Nicole Alexander-Scott: This was her first meeting and that she appreciated hearing all that goes into making changes. She was honored to be a part of the group and was looking forward to being able to contribute more in the future.
- Jay Butler: He hopes the subcommittee will take a strategic approach.
- Terry Allan: It was inspiring to come here and see the level of commitment from both CDC and the subcommittee to advancing the work of public health.
- John Wiesman: Thanked the subcommittee for their support and said that it helped to meet in person because it was really valuable in advancing the work.
- Emi Chutaro: She had a deeper appreciation for CDC attempting to address the Pacific Island's concerns and thanked the subcommittee for listening and making great overall progress.
- Umair Shah: He loved how passionate and dedicated the folks around the table were. He thanked John Auerbach for listening to their concerns, helping the subcommittee get to common ground, and for being available. The challenge is finding how public health could work together to advance the effort.
- Ed Ehlinger: He appreciated how the group was collectively working on a narrative.
- Wilma Wooten: This was her first face to face meeting for this subcommittee. She thanked both John Auerbach and Judy Lipshutz for their assistance and guidance. She was happy to be a part of the process and to provide advice to the STLT Subcommittee and to the future administration.

John Auerbach thanked the subcommittee for their work and the CDC representatives who helped to make the meeting a success: Judy Lipshutz, Coretta Monroe, Barbara Howell, Gia Simon, Janet Kennedy, and Vicky Grier.

Adjourn

The meeting adjourned at 3:22 pm.