

State, Tribal, Local and Territorial (STLT) Subcommittee

Advisory Committee to the Director of CDC

April 8, 2016

11:30 a.m. – 1:00 p.m. EDT

Conference Call Meeting Notes

Meeting Purpose: Review recent developments in the Office for State, Tribal, Local and Territorial Support and CDC; Discuss updates on recommendations and actions of the (1) Public Health Surveillance, (2) Social Determinants of Health, and (3) Public Health Finance Think Tanks; Determine what to report to the Advisory Committee to the Director during its April meeting;

Subcommittee Attendees: David Fleming (Acting Chairperson); Terry Allan; Edward Ehlinger; Georgia Heise; Jose Montero; Julie Morita; LaQuandra Nesbitt; Umair Shah; Wilma Wooten

Others Present (announced)

CDC: John Auerbach (Designated Federal Officer); Judy Lipshutz; Chesley Richards; William Mac Kenzie; Michael Iademarco; Carlos Zometa; Sam Taveras; Craig Thomas; Gary Johnson; Jacqueline Vowell; Coretta Monroe (notes)

Public: Carol Moehrle; Ramona Antone-Nez

Meeting Materials: Social Determinants of Health (SDOH) Think Tank Update PowerPoint slides; “Ten Essential Public Health Services and How They Can Include Addressing Social Determinants of Health Inequities” primer DRAFT; SDOH Logic Model for Technical Assistance DRAFT; Public Health Surveillance Think Tank Update PowerPoint slides; Public Health Finance Think Tank Update PowerPoint slides;

Welcome and Introductions

The meeting began at 11:32 a.m. with an introduction of the subcommittee members on the phone and a declaration of any conflicts of interests (COIs). David Fleming reminded the group to submit their signed COIs if they haven't already.

OSTLTS and CDC Update

John Auerbach, Designated Federal Officer for the STLT Subcommittee, Acting Director of the Office for State, Tribal, Local and Territorial Support (OSTLTS), and Associate Director for Policy, gave an update on OSTLTS activity.

- The search to fill the position for OSTLTS Director is still underway. The application process has closed and the search committee will begin reviewing applications and scheduling interviews soon.
- The Public Health Associate Program (PHAP) anticipates hiring 200 new associates for the incoming 2016 class, depending on available funding. With approximately 3,500 submissions, this year's PHAP application cycle was one of the largest. The number of potential host sites, which are state, local, tribal and territorial health departments and partner agencies, was also at a record number at 450 sites. The PHAP team is currently reviewing applications for both Associates and host sites. The combined incoming October class would be the largest class since the program began. The current associates may be reassigned to assist with ongoing Zika Virus work at CDC headquarters, CDC Emergency Operations Center (EOC), and in various sites in Puerto Rico.
- The newest iteration of the [Prevention Status Reports \(PSRs\)](#) was released recently. These state-level reports highlight the status of policies and practices designed to address 10 important health problems and concerns.

- A Zika Virus Action Plan Summit was held on April 1, 2016 and was attended by approximately 350 public health leaders from 30 states. The latest information on the virus is available on the [CDC website](#) and will be updated regularly. Although Congress authorized use of unspent Ebola funds for ongoing Zika virus response, CDC is currently sifting through the implications of using reallocated Ebola-specific specialized funds. An updated report on Zika virus funding is forthcoming.
- A new Health Official Orientation is scheduled for the last week in April.

Social Determinants of Health (SDOH) Think Tank Update (Handouts)

SDOH Think Tank Chairperson, Jose Montero, set the context for his report by reminding the Subcommittee of the SDOH Strategy established earlier. Goals:

Short-term goal: STLTs and health system partners are able to access and analyze non-health data sources for a better understanding of the full context of health conditions impacting population health.

Mid-term goal: CDC initiatives incorporate social determinants in their work using a consistent framework with uniform and consensus-based definitions.

Long-term goal: Social norm change where social determinants are a part of the fabric of CDC programs, policy and research at an appropriate level.

He highlighted a few accomplishments toward those goals: a dedicated [SDOH resource webpage](#), increased access to [SDOH data](#), an expanding variety of communication forums (e.g., *Did You Know?*, newsletters), and a growing number of invitations for SDOH-related presentations at national meetings (e.g., NACCHO).

While the SDOH Think Tank continues to consider several areas, their current focus is discovering the best way to provide technical assistance to STLT health departments. The emphasis would be to increase their understanding of SDOH, improve their capacity to address social determinants, and influence public health leadership to better support SDOH efforts. A **logic model** was developed around questions a Health Department (HD) needs to ask as a way to shape a SDOH Technical Assistance (TA) Framework. Questions include:

1. What are the SDOH inequities that should be addressed first in our area?
2. Is the HD ready to address these problems? Are there partners with whom they can align?
3. What kind of TA would actually help a HD address SDOH?
4. Will SDOH interventions actually impact health outcomes?
5. Are needed resources readily available?

In order for health departments to answer these questions, a health department needs

1. Knowledge of inequity issues and the specific opportunities in their communities
2. Commitment to re-envision health departments through the health equity lens
3. Acceptance of the health department's active role in addressing SDOH
4. Understanding of the health department's capacity and readiness to address SDOH
5. Knowledge of what interventions work and which interventions yield results
6. Willingness to find non-traditional resources and support for efforts, especially with community partners

Jose Montero gave examples of existing SDOH-related TA tools and resources like the community health assessment tool, ASTHO President's challenge of the Triple Aim for Health Equity, and the Health in All Policies website. The SDOH Think Tank has reviewed three technical assistance resources which are in development: (1) Ten Essential Public Health Services and How They Can Include Addressing Social Determinants of Health Inequities; (2): Community-wide Interventions that Work (known as Bucket 3);

and (3) Foundational Practices for Health Equity Self-Assessment (which Region V developed and is refining). The Think Tank members continue to discuss and refine the Technical Assistance Framework and logic model.

- Ed Ehlinger reported that funds are being sought to refine and pilot the SDOH Foundational Practices self-assessment in a few states. In addition, the Center for Institutional Cooperation Health Equity Initiative that includes the Big Ten Schools and health departments in their states anticipate engaging in academic research related to the impact of using this tool, assuming funds can be obtained. While the logistical planning research piece is at least a year away from execution, the tool is close to ready to be implemented now, assuming availability of funds.

At upcoming meetings, the SDOH think tank will consider the following:

- A proposal to improve the capacity of STLT public health agencies in addressing SDOH which means CDC should
 - Develop a SDOH technical assistance framework for the public health enterprise that sets the stage for helping improve capacity of STLT public health
 - Implement activities that will improve the understanding, commitment, and influence of public health leadership on the importance of addressing SDOH as critical to impacting health outcomes.
- Further development of a technical assistance package that responds to the framework, including materials discussed at this meeting

Public Health Surveillance Think Tank Update

PH Surveillance Think Tank Chairperson, Terry Allan, gave an overview of the think tank's current work in the context of CDC's existing surveillance strategy. In October 2015, the Advisory Committee to the Director adopted STLT Subcommittee's proposed recommendation related to electronic case reporting: *By mid-2016, CDC should convene appropriate partners to develop recommendations for a national strategy for electronic case reporting (eCR)*. Considerable progress has been made working with partners (CSTE, APHL, JPHIT, NACCHO, ASTHO, PHIL, and others) to discuss perspectives on an electronic case reporting (eCR) national strategy as it relates to public health needs and challenges.

- William Mac Kenzie shared that Andrew Wiesenthal (Deloitte) was able to convene a variety of EHR vendors to discuss electronic case reporting system development and the best way to initiate planning. A meeting to discuss governance, vision, and initial system development has been scheduled for June 13 – 15 in Chicago and will be convened by a neutral party - the Robert Wood Johnson Foundation.
- An early eCR Technical Framework draft includes a national interoperable system for eCR that would allow for timely reporting to public health and sharing of information between jurisdictions. The framework is intended to foster interoperability, limit the burden of EHR developers and healthcare deliverers, address STLT health department jurisdictional needs, and establish a governance structure and processes that promote evolution of eCR function over time. This approach would require a change in the current public health approach and openness to adopting this change. The governance piece would be the most important piece for allowing eCR evolution. Initial eCR System development will likely begin with where vendors are in their existing system improvement.

Terry Allan stated that the timing of this EHR vendor meeting will put CDC on target for meeting the mid-2016 timeline and will set the stage for some rich discussion on how to realize more progress. The think tank put forward two proposals for consideration and presentation to the ACD:

1. **eCR Governance Proposal:** CDC should support development of a governance entity for a nationally interoperable system for electronic case reporting (eCR). Under such governance, CDC should commit to working with partners in STLT public health, healthcare, and with health IT developers. The goal of this eCR governance entity is to provide for
 - o Secure sharing of reports of potential cases between platforms and jurisdictions
 - o Regular and periodic evolution of standards, tools, and processes to enhance eCR performance and efficiency
 - o Meeting the case reporting and information needs of both healthcare providers and all governmental public health agencies, including CDC.

Implications of such governance:

- o Strong and effective governance will **build trust** that fosters changes in eCR and EHRs that improve the processes for eCR and the data that is shared.
 - o By creating a unified approach for public health to receive data from healthcare, eCR can also provide a template for sharing of data for **non-notifiable conditions**.
2. **Public Health Adaptation to EHR Standards Proposal:** To successfully implement 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. Therefore
 - o Changes in standards will need to be made by the governance entity rather than by individual programs
 - o Disease-specific programs *should not* work independently with vendors to develop their own IT programs for data collection as such arrangements will be counter-productive to this effort
 - o State and CDC program standards for data collection from EHRs, including surveillance, should evolve to be consistent with this new way of doing business

Discussion

- LaQuandra Nesbitt expressed support for both proposals and shared that these actions to address EHR challenges were very timely. The District of Columbia's Department of Health is striving to improve efficiencies in their EHR system. Because it is sometimes difficult to get her team to think about what sort of data sets to include in their system, Dr. Nesbitt is looking forward to the recommendations from the governance discussion.
- Jose Montero asked two questions: in the first bullet under proposal 2, is the implication that the governance entity would have full control? And is the second bullet geared toward CDC programs?
 - Terry Allan responded that the idea is to have centralized standards in which entities can operate. He also indicated that CDC programs are the target for the second bullet in the second proposal but would have implications for State and Local health departments
- Wilma Wooten shared that in San Diego her team is currently performing an entire IT system analysis. One of the analysis goals is to discover if it is possible for the system to use similar platforms. So, she is looking forward to the outcomes from the governance meeting discussion.
- William Mac Kenzie stated that the IT developers are attempting to create a flexible program framework and the forthcoming standards would allow for interoperability between programs. The governance would allow for flexibility while providing a framework.
- Jose Montero said that approximately five years ago CDC worked on a system framework but the work was abandoned. He asked how the subcommittee could support this work moving forward.

- William Mac Kenzie responded that the key to moving forward will be the governance and working with the individual EHRs to build a uniform system for collection and data transfer and adjudication.
- Wilma Wooten stated San Diego County has been working with Allscripts to attempt an EHR launch. She reminded the group that limitations of public health institutions' IT departments must be considered including asking what systems will allow platform interoperability. This is something we must keep in mind as governance discussions move forward.

David Fleming offered the motion to support both proposals and Terry Allan seconded the motion. There were no oppositions so the motion passed.

Public Health Finance Think Tank Update

Because Chairperson John Weisman was ill, Dr. Craig Thomas, Director of the Division of Public Health Performance Improvement (DPHPI), gave the Public Health Finance Think Tank update. The think tank revised their charge to be more appropriate and focused. The revised charge is “to serve as a forum for discussion and input on public health financing and to focus on chronic and emerging financial issues, challenges, and opportunities to strengthen the public health system.”

- **Current ACD Adopted Finance Think Tank Recommendation 1:** To improve the accountability and transparency of the Preventive Health and Health Services (PHHS) Block Grant, CDC should:
 - Develop a plan to measure progress and impact of the PHHS Block Grant
 - Communicate current PHHS Block Grant achievements
 - Strengthen CDC business practices and administration of the PHHS Block Grant
- **Current ACD Adopted Finance Think Tank Recommendation 2:** Conduct an assessment of the factors and strategies that support the financing of foundational capabilities:
 - Monitor current and new external initiatives that support the definition, costing, and implementation of the foundational capabilities
 - Summarize the status of the work, including barriers and possible near-term and long-term strategies for supporting foundational capabilities
 - Identify opportunities within CDC for financing the foundational capabilities (or the concepts represented in the foundational capabilities)

Craig Thomas shared the think tank's 2016 topics list which they are considering. These topics could also require multi-year focus, if needed, as per the interest/need determined by the STLT Subcommittee. Possible 2016 topics:

- 1) Explore and identify sustainable and flexible funding strategies needed to build and maintain a basic or foundational level of public health services for protecting and improving the health of our communities
- 2) Increase the flexibility of CDC funding, either within categorical funding streams or through crosscutting funding opportunities (e.g., PHHS Block/NPHII, etc.), and still preserve accountability
- 3) Promote state and local financing of approaches to improve health equity and health determinants/SDOH/population health
- 4) Improve the coordination of governmental public health funding to better support tribal health
- 5) Advance the current work on the foundational capabilities, accreditation, and local and state health officials as “Chief Health Strategist” for improved community health

The think tank will definitely focus on topic number one but hopefully will get to others. In addition, with the surge in Zika virus cases and other emerging diseases, the group will also focus on models that pro-actively build financing capacity versus responding in more of a crisis mode to emerging conditions.

- Georgia Heise noticed that the five finance focal topics overlap nicely with both the SDOH and Surveillance Think Tanks.
- Wilma Wooten asked why NPHII was not included in the focal topics.
 - Note that the National Public Health Improvement Initiative (NPHII) was a recently ended national grant that (1) accelerated public health accreditation readiness; (2) supported performance management and improvement practices; and (3) promoted the practice-based evidence for improving public health agency efficiency and effectiveness.]
 - Craig Thomas replied that CDC would welcome resources for something like NPHII given its success and interest of STLT health agencies.
- Ed Ehlinger added that one additional topic could be looking at the full public health enterprise, with respect to finance, across the whole system and perhaps finding/creating specific funding opportunities not typically tapped.

Public Comments

The floor was opened for any comments from the public.

- Sam Taveras (CDC, OSTLTS, Public Health Advisor Supervisor) expressed his appreciation for the progress that the SDOH Think Tank has accomplished so far. Often public health agencies do not see themselves as working in social determinants of health. Perhaps one way to get them to use a SDOH lens is to remember how public health and preventative health was first integrated. For example, public health agencies don't see themselves as affecting poverty and working in those spaces. Consequently, more consideration needs to be given about how best to engage with these 'non-health' agencies.
 - Jose Montero, Chairperson for the SDOH Think Tank, replied the group is actively moving in that direction by identifying efforts that demonstrate the utility of cross-sectional alliances in addressing SDOH and impacting health.

Summary, Action Items and Next Steps

David Fleming thanked the subcommittee members and others on the call for a productive meeting. The accepted Public Health Surveillance Think Tank proposals will be submitted to the Advisory Committee to the Director for consideration. Both the SDOH and Finance Think Tanks will continue with their work thinking toward the next full STLT Subcommittee meeting on August 11, 2016, in-person at CDC Headquarters in Atlanta. The group was asked to think about potential agenda topics for the August meeting with an eye on the future role of the STLT Subcommittee. Initial suggestions for future consideration

- Approach to funding preparedness programs (e.g., budgets cut so HDs are not prepared for a crisis)
- Review of evidence based programs that address SDOH
- Making case for NPHII type support given how this effort changed Health Departments

The meeting adjourned at 12:55 p.m.