

**State, Tribal, Local and Territorial (STLT) Subcommittee
Advisory Committee to the Director (ACD) of CDC**

Meeting Minutes

March 13, 2015

3:30 pm – 5:00 pm EDT

Attendees

STLT Subcommittee Members:

- | | | |
|-------------------------------|---------------------|----------------|
| • David Fleming (Chairperson) | • Mary Currier | • José Montero |
| • Terry Allan | • Jonathan Fielding | • Jewel Mullen |
| • Mary Bassett | • James Gillan | • Mary Selecky |
| • Bechara Choucair | • Carol Moerhle | |
| • Terry Cline | • David Lakey | |

CDC Staff (announced):

- | | | |
|---|----------------------|------------------|
| • Judy Monroe (Designated Federal Official) | • Craig Thomas | • Georgia Moore |
| • Judy Lipshutz | • Elizabeth Skillen | • Matthew Penn |
| • John Auerbach | • Ana Penman-Aguilar | • Anita McLees |
| • Chesley Richards | • Mary Hall | • Bobbie Erlwein |
| • Harald Pietz | | |

Others (announced):

- | | |
|-------------------|-----------------------|
| • Perry Smith | • Paul Jarris |
| • Rishi Manchanda | • Sarah Shier (notes) |

Decisions Reached

- **STLT Committee members unanimously approved the Public Health Surveillance Think Tank’s proposal to endorse a position statement, consistent with the Congressional mandate and CSTE policy statement, to reduce duplicative surveillance systems and information channels. This recommendation will be presented to the Advisory Committee to the Director (ACD) at the April meeting.**

OSTLTS and CDC Update (Dr. Judy Monroe)

Ebola Update:

- Currently, CDC’s Ebola response is much more established than in early months. In the US, an Ebola-infected healthcare worker (from Partners in Health) returning from Sierra Leone is being treated at the National Institutes of Health. Patient contacts who returned to the US are being monitored according to CDC protocol.
 - Dr. Frieden recently returned from Guinea. Priorities in Guinea are strengthening the Ebola response and health system infrastructure.

CDC Update:

- CDC is focusing attention on the Center for Medicare and Medicaid Innovation’s (CMMI) Round 2 SIM initiative, which granted 32 SIM awards to 28 states, three territories, and Washington D.C., totaling \$660 million in funding. Awards include:

- Model Test States: 11 awards
- Model Designs: 17 states, 3 territories and the District of Columbia (Each model design award requires a population health improvement plan.)
- Development of the CDC Community Health Improvement Navigator (CHI Navigator) is almost complete. The tool was developed for not-for-profit hospitals to help them meet the Affordable Care Act (ACA)/IRS community service requirement. The CHI Navigator is under stewardship of the Office of the Associate Director for Policy (OADP).
- The Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) released the [Community Health Status Indicators \(CHSI\)](#) tool on March 10th and has received a lot of positive feedback.
- The Public Health Associate Program (PHAP) is a critical CDC program. Dr. Frieden suggested the STLT Subcommittee develop recommendations regarding PHAP sustainability and continued quality. Areas for exploration might include expanding placement options to include NGOs or international postings in addition to current health department and quarantine stations. It was noted that PHAPers stationed in quarantine stations were invaluable to the Ebola response. Other areas of interest include 3rd year extensions for more specialized training such as health informatics.
 - STLT Subcommittee volunteers will develop recommendations. Volunteers include: Carol Moerhle, Terry Allan, Georgia Heise, and Mary Selecky. Others are welcome.

Public Health Surveillance Think Tank (Dr. Chesley Richards)

Update on Current Work:

- The 2015 budget agreement acknowledges the need for an agile, cloud-based, and flexible IT platform to reduce burden to the states and to create economic efficiencies. The agreement directs CDC to continue to work with state and local health officials to develop a timeline for CDC program platform development. The plan and timeline should be shared with the House/Senate Appropriations Committee by summer 2015.
- The Council of State and Territorial Epidemiologists (CSTE) is developing a policy position stating that efforts to modernize the PH surveillance system need to be undertaken. Many states have newer systems with different messaging formats, creating compatibility issues.
- The PH Surveillance Think Tank requested the Subcommittee endorse a position statement consistent with the Congressional mandate and CSTE policy statement as follows: -- to reduce duplicative surveillance systems and information channels. Thus, the proposed position statement also aims to
 - Decrease the number of surveillance systems, state data requests, and duplicative information channels.
 - Reducing duplicative systems would require:
 - Transition from multiple siloed surveillance systems to multifunctional systems. The policy would require ending duplicative surveillance systems and creating a review process for any programs requesting a siloed system.
 - Work with public health departments to develop a cloud-based, flexible IT platform to improve public health surveillance
- Responses to the presentation and proposal were as follows:

- This approach fits well with supporting foundational capabilities for health departments. This is a positive and much needed initiative.
- High compliments for defining this important perspective for this work.
- Consider including upfront training or preparation assistance for states so they are able to use the system when it is implemented.
- STLTs should be made aware of the system's value and ability to decrease response time as well as expand data capture abilities.
- There should be explicit coordination with the ASTHO community platform efforts and meetings so CDC staff and HDs can ensure coordination.
- Attention should be paid to the challenges at the local level (e.g., capability, resources, staff shortages, etc.).
- Committee members unanimously approved the Think Tank's proposal to present this recommendation to the Advisory Committee to the Director (ACD) at their April meeting.

Next Steps:

- Future Public Health Surveillance Think Tank focus will be development of a multi-functional reporting system framework for state and local health departments. The draft vision statement will continue to be refined. Current language is as follows:
 - *CDC will work with public health departments to develop an agile, cloud-based, and flexible IT platform to improve health by:*
 - *Collecting and reporting surveillance data in a more rapid and efficient way.*
 - *Developing broader surveillance systems to capture more requisite data.*
 - *Reducing the reporting burden on State and local public health departments, and*
 - *Creating economic efficiencies.*

Public Health Finance Think Tank (Dr. Terry Cline)

Update on Adopted Recommendations:

- Recommendation 1: Improve accountability and transparency of the Preventative Health and Health Services (PHHS) Block Grant through three proposed mechanisms:
 - Develop a plan to measure progress and impact of the PHHS Block Grant.
 - A monitoring and evaluation group was established and a meeting is scheduled for April 13th.
 - Communicate current PHHS Block Grant achievements.
 - A communication plan has been developed.
 - PHHS Block Grant achievements will be captured in story templates, currently being developed for grantees.
 - Strengthen CDC business practices and administration of PHHS Block Grant.
 - Funds are expected to be released on time.
- Recommendation 2: In the next 12 months, CDC should conduct an assessment of the factors and strategies that support the financing of foundational capabilities.
 - Costing methodologies are being piloted.
 - Business improvement data is being collected into a single databank.
- Foundational capabilities, accreditation, and Healthy People 2020 objectives overlap are being assessed to identify synergies and expand core capacities.
- Responses to the presentation are as follows:

- Consider options to assure new Ebola funding supports current challenges as well as potential future challenges. These resources should be supportive of strengthening foundational capabilities in health departments.
- Interactions of State and local health departments related to foundational capabilities should be carefully considered. How States support local HDs is a historically challenging issue as federal funds are largely directed to state health departments.
- It is important to educate decision-makers at the national and state level about the impact of foundational capabilities on positive health outcomes.

Next Steps:

- Ideas for future topics include Ebola-related opportunities and Congressional language requesting CDC align funding according to country disease-burden.

Social Determinants of Health (SDOH) Think Tank (Dr. José Montero)

Update on Adopted Recommendations:

- The Community Health Status Indicator (CHSI) tool is now live and many committee members provided very positive feedback ([CHSI Tool](#)).
 - One member indicated that the CHSI has been used in their district for community health assessments. It is easy to use and provides a holistic understanding beyond what traditional data offer.
 - Several members found the red/yellow/green status indicators helpful and suggested the addition of state wide report for the site, if feasible
 - The Connecticut State Health Improvement Plan Advisory Council has SDOH included on their dashboard and would consider CHSI as a useful tool to aid their efforts
- A centralized web portal for CDC SDOH efforts is under construction. The web portal will organize a “one stop shop” for users to access existing CDC resources related to SDOH with an organizational structure such as the following:
 - Access points to non-health data
 - Multiple data sources in one place
 - Categorical datasets
 - Addressing SDOH.
 - Guidance moving from data to action on SDOH
 - CDC categorical programs that address SDOH
 - Policy Tools relating to SDOH
- CDC has begun to develop an agency-wide SDOH strategy. The intent is to enhance capacity of CDC, STLT public health jurisdictions, and health system partners to identify and address social determinants of health as a critical aspect of improving population health. The strategy has engaged staff across CDC as well as the SDOH Think Tank. Discussions will continue and input from others is welcome. Identified goals include:
 - Short-term: STLTs/Health system partners are able to access and analyze non-health data sources for better understanding of health conditions impacting population health.
 - Mid-term: CDC initiatives incorporate social determinants in their work using consistent frameworks with consensus-based definitions.
 - Long-term: Social norms change because social determinants are incorporated into all programs, policy, and research at an appropriate level.

Next Steps:

- In the future the SDOH think tank will:
 - Continue to refine agency-wide strategy and seek additional input.
 - Monitor and provide advice on existing tools.
 - Identify options for how CDC can interact with SDOH efforts external to the agency.

Public Comment

- There were no public comments.

Summary and Next Steps

- A subgroup will be formed to develop sustainability and quality recommendations for PHAP. Judy Lipshutz will contact volunteers with next steps.
- Progress from the STLT Subcommittee along with one proposed action/recommendation from Public Health Surveillance Think Tank will be presented during the April 23rd ACD meeting.
- Think Tanks will continue to meet to address identified/agreed upon priorities.
- The next in-person STLT Subcommittee is expected to occur in late summer or early fall 2015.

Adjournment

- As there was no further business, Dr. Fleming thanked the Subcommittee members and CDC staff and called the meeting adjourned.

Certification

I hereby certify that, to the best of my knowledge and ability, the forgoing minutes of March 13, 2015 meeting of the State, Tribal, Local and Territorial workgroup are accurate and complete.

A handwritten signature in blue ink that reads "David Fleming". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

April 23, 2015

David Fleming, MD

DATE