Advisory Committee to the Director (CDC)

October 22, 2024

9:00 AM - 3:00 PM

Welcome

David Fleming, MD

ACD Chair

Deb Houry, MD, MPH

ACD Designated Federal Official, CDC

Chief Medical Officer and Deputy Director for Program and Science, CDC

Global Health
One World, One CDC: Unifying Our Global Work

Kayla Laserson, ScD, SM, FASTMH (CDR, USPHS, RET)
Director, Global Health Center, CDC

One CDC | Unifying global health

On major *initiatives* such as:
- Global Health Security
- Global Polio Eradication Initiative
- U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
- President's Malaria Initiative

Addressing a vast number of *pathogens and diseases* including:
- Antimicrobial-resistant threats
- High-consequence diseases (Ebola, Marburg, etc.)
- Vaccine-preventable diseases (polio, measles)
- HIV/TB
- Respiratory diseases (influenza, COVID, RSV)
- Emerging diseases
- Neglected tropical diseases
- Food and waterborne diseases
- Vector-borne diseases

Whole of Agency Approach: Multiple CIOs

Ensure continuum between domestic and global

Across the globe:
- 65 country offices
- 6 regional offices
- Multilateral detailees (WHO, UNICEF, Global Fund)
- CIO expertise and TDYs
- Trusted government partnerships
- Non-governmental partners/private sector

Across different systems and domains of expertise:
- Readiness and response
- One Health
- Epidemiology and laboratory training
- Event-based surveillance
- Public Health Emergency Management
- Public Health Law
- Research
- Data modernization
- Health systems strengthening
- Maternal and child health
- Water, Sanitation, and Hygiene (WASH)

Unifying our Work | CDC's Global Health Strategic Framework

GOALS
Why

Goal 1: Stop health threats at their source before they spread to the United States and other countries

Goal 2: Contain disruptive global disease outbreaks

Goal 3: Use global data for disease prevention and mitigation programs in the United States and other countries

Goal 4: Save lives and improve health globally

CORE CAPABILITIES
What

Data & Surveillance

Laboratory

Workforce & Institutions

Prevention & Response

Innovation & Research

Policy, Communications & Diplomacy

INDICATORS
Measure

Ensuring interoperable data and surveillance systems that detect, identify and monitor disease threats and produce high quality, timely data to inform public health action

Building public health laboratory systems that rapidly and accurately detect, track and inform public health action

Training and developing a multisectoral health workforce and coordinated essential public health services to prevent, detect, and respond to disease threats and integrate national public health functions

Developing systems, tools, and processes that enhance response to public health emergencies including implementation of prevention and mitigation strategies and countermeasures to prevent transmission and treat diseases

Supporting research, implementation science and public health evaluations to inform best practices for preventing diseases and countering health threats

Foster health diplomacy by building relationships that promote the use of evidence-based public health policy, communicate risk, and disseminate prevention messages in response to health threats

Goal Analytics and Core Capability Indicators

Unifying Our Perspectives | Steering Group

According to its charter, CDC's internal Global Health Leadership Steering Group provides:

"*...structured and effective governance process for overseeing the strategy and priorities, budget alignment, and performance of CDC's Global Health Security funds to further the agency's global health mission.*"
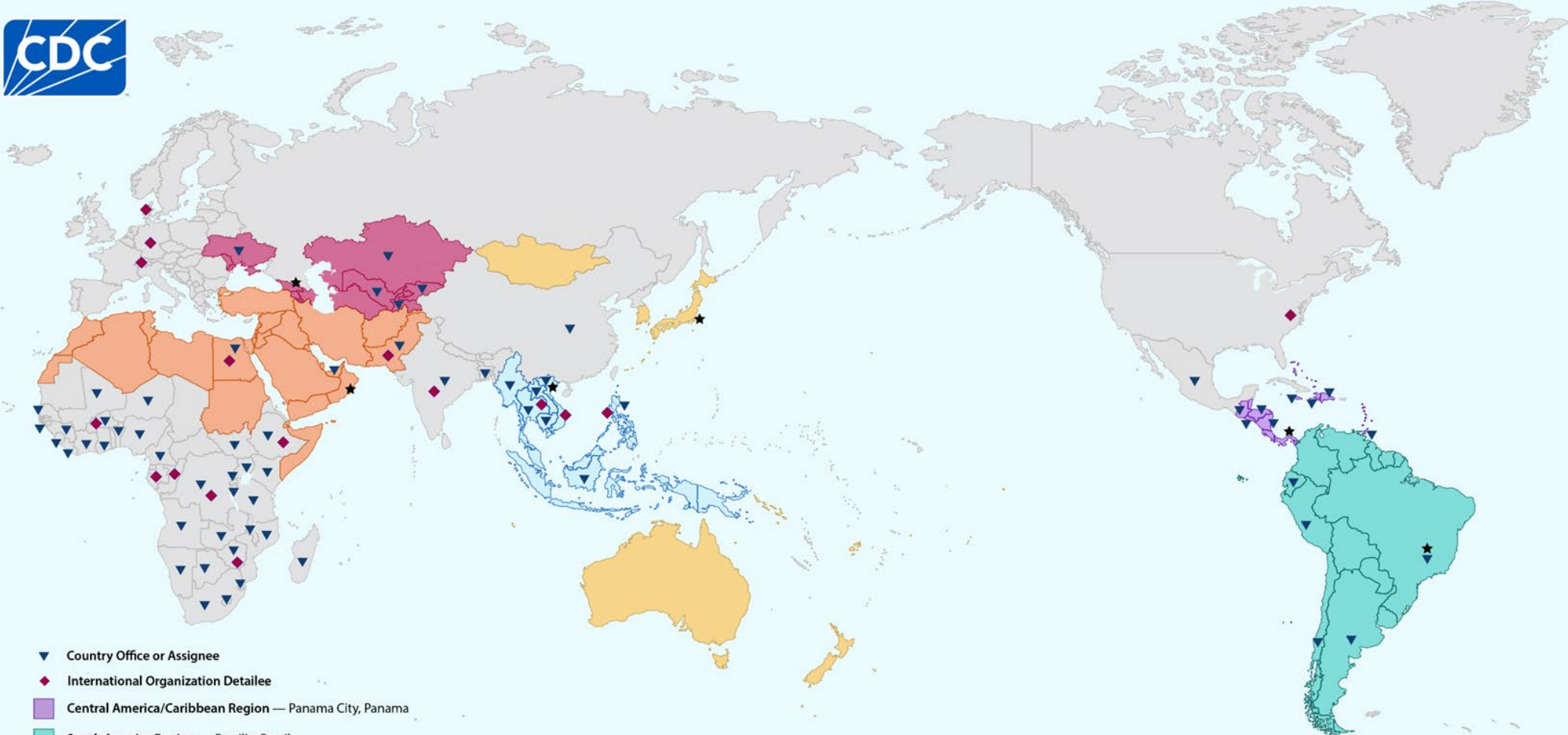
Unifying Our Voice |Communications Working Group

- How can we talk about CDC's global health work, not as specific centers, but as **one CDC**?

- How can we articulate CDC's **unique role** vs. other agencies?

- What are the most **important messages** for everyone to hear, every time?

Working toward a safe, secure, and healthy world

▼ Country Office or Assignee
◆ International Organization Detailee
■ Central America/Caribbean Region — Panama City, Panama
■ South America Region — Brasilia, Brazil
■ Middle East/North Africa Region — Muscat, Oman
■ Eastern Europe/Central Asia Region — Tbilisi, Georgia
■ Southeast Asia Region — Hanoi, Vietnam
■ East Asia and Pacific Region — Tokyo, Japan
★ Regional Office

Unified Response |Global outbreaks

Mpox in Africa

Polio in Gaza

Bird Flu in Asia

Dengue and Oropouche in the Americas

Marburg in Rwanda

Discussion questions

1) Global health security is national security, yet our budget remains vulnerable to the familiar cycles of panic and neglect. In this current environment of declining resources and increasing risk, **what messaging do you feel will best resonate with policymakers?**

2) Using the global health strategic framework, our team is in the process of developing detailed metrics and indicators to track progress toward our goals and inform future plans. As we look to measure success, assess resources, and identify gaps in our cross-agency global health work, **are there particular metrics you feel would be powerful and valuable to track consistently over time?**

Mission: To uphold the quality, impact, and integrity of CDC's science and advance strategic science to achieve equitable public health.

Office of Science

Providing strategic vision and leadership for the agency to ensure scientific excellence is embedded across the entire science lifecycle.
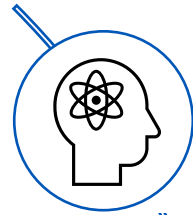
Lead processes to guide **scientific prioritization**, **review, and clearance** to safeguard and promote quality of science

Safeguard CDC science by **protecting the rights** and welfare of people who participate in CDC-sponsored research, provide guidance to safeguard individual **privacy and confidentiality**, coordinate **extramural research**, and serve as CDC's public health experts
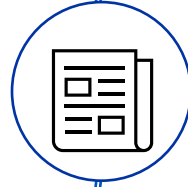
Promote **translation, dissemination, and access** to quality, timely and useful cross-cutting scientific data, findings, and technology transfers to strengthen public health and to improve public health decision-making (e.g., MMWR Series)

Improve the quality, transparency, credibility, and impact of **guidelines and recommendations** from CDC (e.g., Community Preventive Services Task Force (CPSTF)
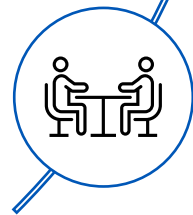
Facilitate **research, innovation, and collaborative partnerships** to support new public health products and technologies

Building and Advancing the Work of OS

Ensuring scientific excellence is embedded across the entire science lifecycle

Building upon the work of previous leadership, we have…

- Collectively identified priority workstreams
- Aligned OS activities to match office and agency priorities
- Redoubled evaluation as core for all of OS products and services
- Expanded collaboration across IOD

Facilitating CDC Science throughout the Scientific Lifecycle

1 Strategic Science Prioritization

2 Conducting Science and Research

3 Clearance of Scientific Findings

4 Dissemination and Impact Evaluation

PRIORITIZE

CONDUCT

FINDINGS
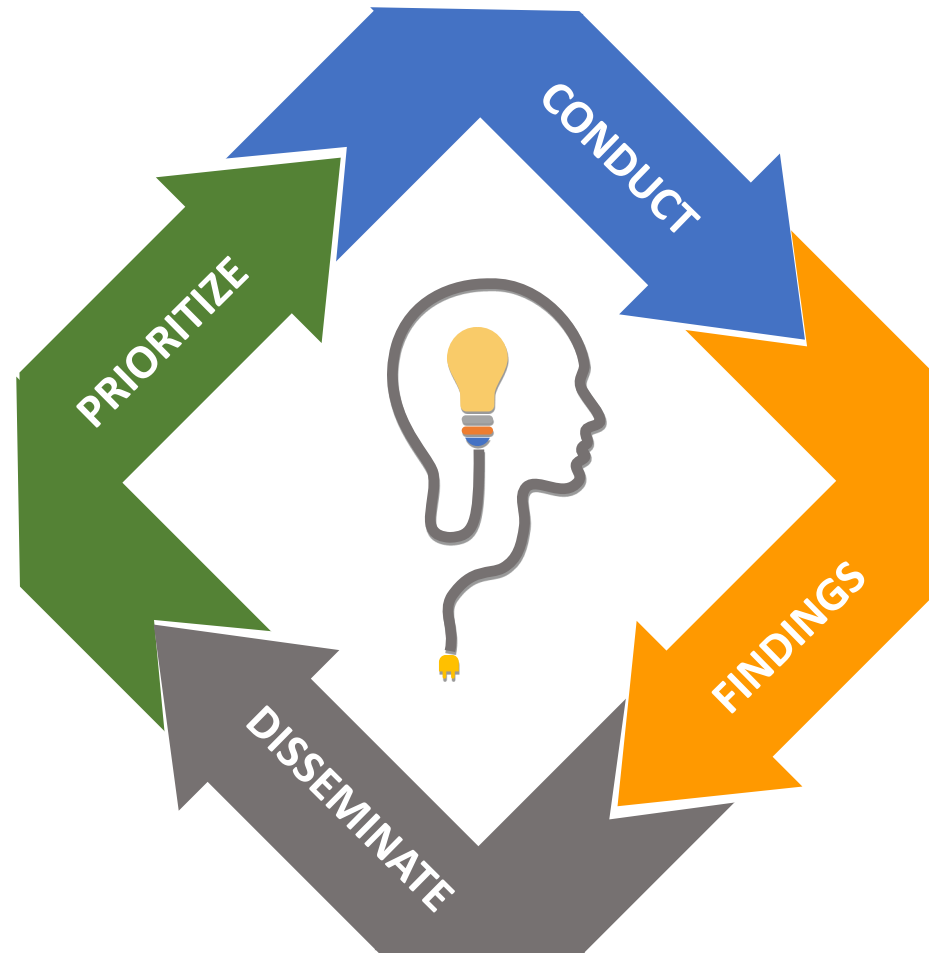
DISSEMINATE

Advancing Scientific Excellence and Impact through Collaboration

Ensuring Excellence in Scientific Design

Ensuring Quality in Scientific Research and Review

Ensuring Impact in Scientific Dissemination
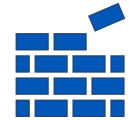
Supporting Scientific Operations and Infrastructure

Discussion

- **Consideration and Context:**
  - Constrained resources and not able to start additional work streams
  - Need to work collaboratively with the Office of the Director and Centers
  - Limited authority to be directive

- **How can CDC best translate and disseminate science? Considerations for engaging Communication Workgroups, and other channels?**

- **How can OS leverage the ACD to expand its impact and reach to the field?**

- **How can we continue to build and maintain trust in CDC Science?**

Break

Advancing Public Health Impact through Artificial Intelligence

Jennifer Layden, MD, PhD

Director, Office of Public Health Data, Surveillance, and Technology, CDC

Transforming Public Health: CDC's AI Strategy (Draft - to be released)

CDC's proposed/draft AI Strategy is aligned with the Public Health Data Strategy, CDC's Moving Forward Initiative, HHS' AI Strategic Plan (to be released), and federal AI policies – including accelerating data to action and deriving rapid, actionable insights from data for decision-makers and policymakers to address public health priorities and emergencies.

CDC's Artificial Intelligence Strategy

AI Adoption
Identify, develop, test, and implement AI technologies to help CDC staff solve complex public health problems and improve the health of the nation

Trustworthy AI
Ensure CDC develops and implements responsible and trustworthy AI that adheres to standards and best practices

Data & Technology
Invest in the AI-readiness of CDC and STLT data assets and the analytic, computing, and cloud technology needed to implement state-of-the-art technologies
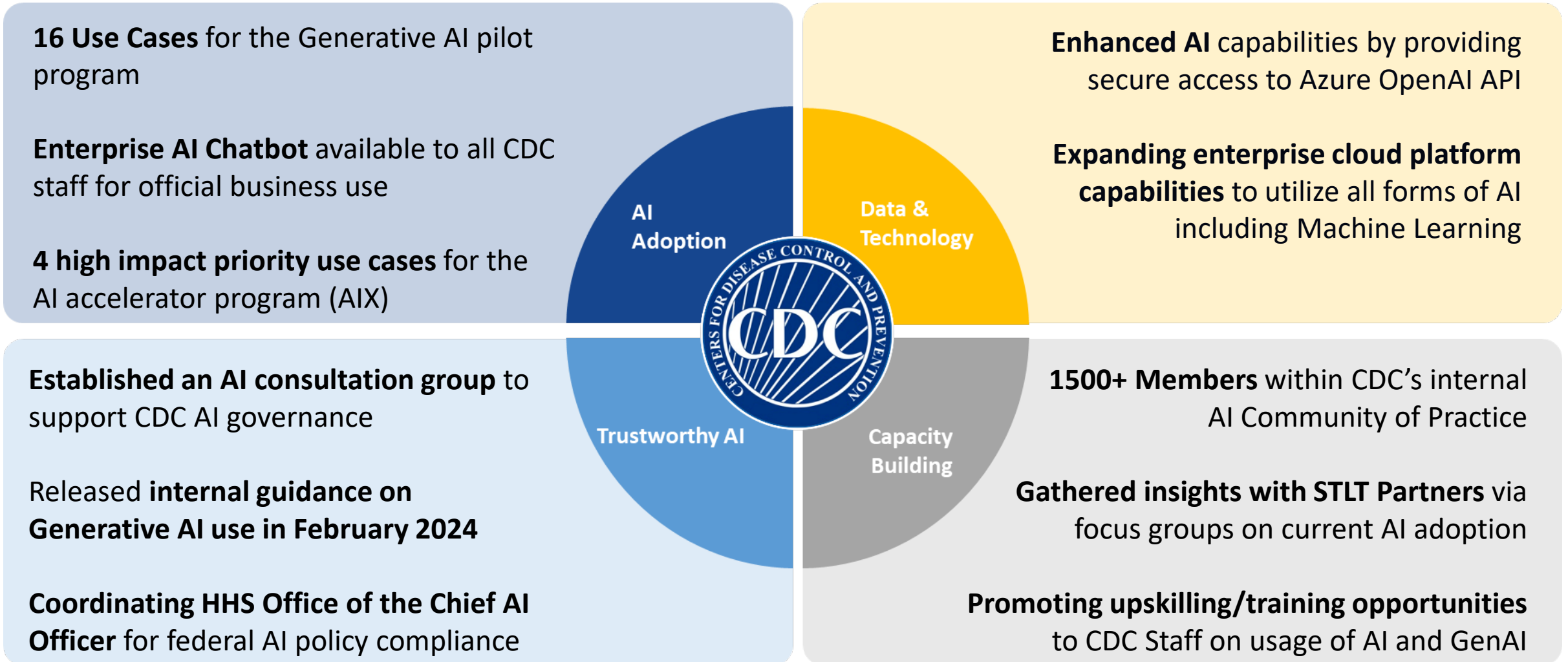
Capacity Building
Increase the capacity of CDC to implement AI technologies to improve public health outcomes through strategic partnerships and investments in human capital

Progress Towards CDC's AI Strategy

CDC is widely recognized as a leader in enterprise AI adoption across HHS and the broader Federal Government.

AI Adoption

16 Use Cases for the Generative AI pilot program

Enterprise AI Chatbot available to all CDC staff for official business use

4 high impact priority use cases for the AI accelerator program (AIX)

Data & Technology

Enhanced AI capabilities by providing secure access to Azure OpenAI API

Expanding enterprise cloud platform capabilities to utilize all forms of AI including Machine Learning

Trustworthy AI

Established an AI consultation group to support CDC AI governance

Released **internal guidance on Generative AI use in February 2024**

Coordinating HHS Office of the Chief AI Officer for federal AI policy compliance

Capacity Building

1500+ Members within CDC's internal AI Community of Practice

Gathered insights with STLT Partners via focus groups on current AI adoption

Promoting upskilling/training opportunities to CDC Staff on usage of AI and GenAI

CDC's AI Innovation

Generative AI Guidance

⭐ **Basis for the Office of Personnel Management's Responsible Use of Generative AI for the Federal Workforce**

CDC's AI Accelerator Program: AIX

⭐ **Program for operationalizing and scaling AI use cases for enterprise use that are high-impact for public health**

Enterprise CDC AI Chatbot

⭐ **Believed to be the first authorized agency wide chatbot for official use in the Federal Government**

Shared with 36 Federal Agencies

98% Decrease
In labor time needed for tracking national unplanned school closures. From 20 contractors at 400 hours/week total to 1 FTE at 10 hours/week

639,000+
Total Chats

Core Principles:
- Ethics and Scientific Integrity
- Accountability & Responsibility
- Disclosure & Transparency
- Security & Privacy
- Fairness & Equity
- Safety & Reliability

4 AIX Projects:
- Tracking **Unplanned School Closures**
- **TowerScout:** Rapid Localization of Cooling Towers for Legionnaires Outbreaks
- Processing **Clinical Narratives** from Electronic Health Records (EHR)
- **NewsScape**: Tracking Public Health Events with News Data

Common Tasks:
- Editing content
- Proofreading content
- Software coding assistance
- Summarizing content
- Generating meeting agendas

Engagement with State, Tribal, Local, & Territorial (STLT) Partners

Working Group Sessions with STLT Partners

In partnership with the CDC Foundation, a series of working group sessions were conducted with staff from STLT public health agencies to share insights on AI and public health.

Topics covered include:

- Identifying current levels of awareness and interest in AI/ML tools by STLT partners

- Exploring potential AI use cases benefiting STLT partners and federal public health agencies

- Discussing existing barriers to responsible AI adoption by STLT partners

Key Takeaways from Working Group Sessions

Identified 3 Potential AI Pilot Projects
- Improving disease surveillance and contact tracing with AI
- Enhancing data integration and decision-making with AI
- Streamlining the grant writing process with AI

Identified Top Concerns with Adopting AI in Public Health
- Privacy and data security risks
- Amplification of societal biases and health disparities
- Lack of training resources

Discussion

1. What should be the next high impact AI use cases to ensure CDC meets the moment with AI?

2. What are several high impact AI use cases which can be implemented to support STLT partners?

3. What external threats from AI to public health are you most concerned about and what role do you foresee CDC playing in mitigating these risks?

Data and Surveillance Workgroup (DSW)

Nirav R. Shah, MD, MPH
DSW Co-Chair

Julie Morita, MD
DSW Co-Chair

Background: Terms of Reference

Problem Statement

- Proliferation of disparate data reporting systems within CDC

- Fragmentation hinders efficient data management, analysis, and timely decision-making

- Streamlining and consolidating reporting systems could improve system effectiveness and efficiency

DSW's Charge

- Review the scope of systems, factoring in sustainability, burden placed on partners, and potential redundancies, and make recommendations as to whether the Agency should initiate a process to streamline the systems across the Agency, and outline criteria that should be included in the process.

  - How can CDC implement a process to comprehensively assess data reporting systems, aiming to enhance sustainability, alleviate partner burdens, and minimize potential redundancies?

  - How can this process streamline the technical, system, and procedural aspects of CDC's data reporting systems, while establishing clear criteria for identifying and eliminating redundancies?

DSW Meeting Topics

- Current data reporting systems, ongoing efforts to streamline, consolidate, or rationalize systems, and IT data governance

- Potential approaches for data system optimization

  - Military branch closure

  - Hospitalization data sprint

- Future policy opportunities (e.g., leveraging FHIR, USCDI+)

- Potential levers that could be used to incentivize adoption of optimization (e.g., governance, budgetary, risk management)

- Partner interview insight recap

- Report review and editing

Benefits of System Optimization

- Reduced burden for STLTs and CDC
- Reliable data pipelines
- Reduced risk of data loss and/or cyber threats
- Increased visibility into data reporting and accuracy

Attributes of Optimized Systems

- Standardization across health-related data classes and elements
- Alignment with other federal agencies and broader healthcare IT efforts
- Sustainable funding
- Consistent governance
- Enhanced use of shared tools and processes
- Data sharing with providers to enhance patient outcomes

Partner Interview Insights

Challenges hampering innovation in current system landscape

- Siloed data reporting systems
- Reactive system development
- Varying levels of automation
- Lack of interoperability
- Lack of standardization in metrics across different topics

Key barriers to innovation

- Organizational structure within CDC
- Program/Disease-specific funding structure
- Resistance to change

Potential enablers to achieve proposed optimization

- Amplified data governance
- Increased level of automation
- Standardized metrics and reporting model
- Transparent, inclusive decision-making and effective feedback channels
- Incentivized system consolidation and integration
- Clear accountability and auditing mechanism
- Educating Congress on potential for program-agnostic funding

Action Item #1: Adopt a CDC Agency-Led Approach to Data Management

- Build on existing investments / technologies. Limit new stand-alone systems and reduce functionality redundancies.

- Collect data once and reuse. Streamline data collection and communication.

- Connect public health with healthcare. Align with the Trusted Exchange Framework and Common Agreement (TEFCA) and support expansion of interoperability standards. Leverage intermediaries / flexible architecture.

- Automate and improve access to data. Communicate and exchange data in a structured way with CDC partners. Improve usability of CDC data collection systems through automated and bidirectional data feeds.

- Promote standardization of data elements. Develop improved and unified systems for sharing standards-based data from STLTs to CDC.

- Engage STLTs and data providers early and often.

Action Item #2: Employ a Use-based Approach to System Optimization

For each core data source, the approach should be to:

- Identify key public health use cases for each core data source, i.e., the "why" for data collection by STLTs.

- Map data systems that are in place to support each identified key public health use case.

- Reconcile data collection and processing systems that might address similar needs through analyzing each system.

- Based on the analysis, collaborate with STLTS and providers to identify potential target states for each data system.

- Prioritize systems for consolidation based on potential value of impact and feasibility of implementation.

Action Item #3: Develop Underlying Initiatives to Support Unified Approach to System Optimization

- Create shared understanding of key concepts and terms among relevant partners, including public health and healthcare.

- Support expansion of TEFCA and interoperability standards such as USCDI, USCDI+ and FHIR, as well as non-healthcare related standards and definitions.

- Promote adoption of automated, scalable data exchange across public health and healthcare, enabling continuous access to near real-time, line-list level data.

- Simplify and promote adoption of common data use agreements.

- Embed incentive and accountability structures both within CDC and across jurisdictions with public health authority.

- Collaborate with other federal agencies and build incentives for robust public health data exchange.

Process Recommendations

- Encourage OPHDST to partner with the Public Health Infrastructure Center to align DMI strategy in funding language and ensure support for both internal and external workforce programs and impact evaluations efforts.

- Prioritize core data sources to begin employing use-based approach based on predefined criteria.

- Develop implementation plans with concrete timelines and milestones.

- Evaluate progress over time on these recommendations including building robust value assurance frameworks.

- Ensure sustainability of system optimization and continuous improvement as public health and healthcare IT evolves.

- Strengthen existing enterprise-wide data governance to enforce system optimization:

  - HHS Health IT alignment policies

  - Data and vocabulary standards and certifications

  - DUAs and data governance

  - System optimization target states (i.e., systems slated for modernization vs. consolidation)

  - 'Unified Public Health' principles

Discussion and Vote

Working Lunch with CDC Leadership

Childhood Immunization Coverage and Efforts to Address Lagging Rates

Demetre Daskalakis, MD, MPH
Director, National Center for Immunization and Respiratory Diseases, CDC

Measles in the United States

Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

Print

CONSIDER MEASLES in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis)

Ask patients about recent travel internationally or to domestic venues frequented by international travelers, as well as a history of measles in the community.

www.cdc.gov/measles/hcp/index.html

- As of October 10, 2024, this year:
  - A total of 267 measles cases have been reported by 32 jurisdictions
  - There have been 14 outbreaks of measles
  - 70% of cases have been outbreak-related
- While measles is almost entirely preventable by vaccination, vaccination coverage decreases have increased the risk of outbreaks
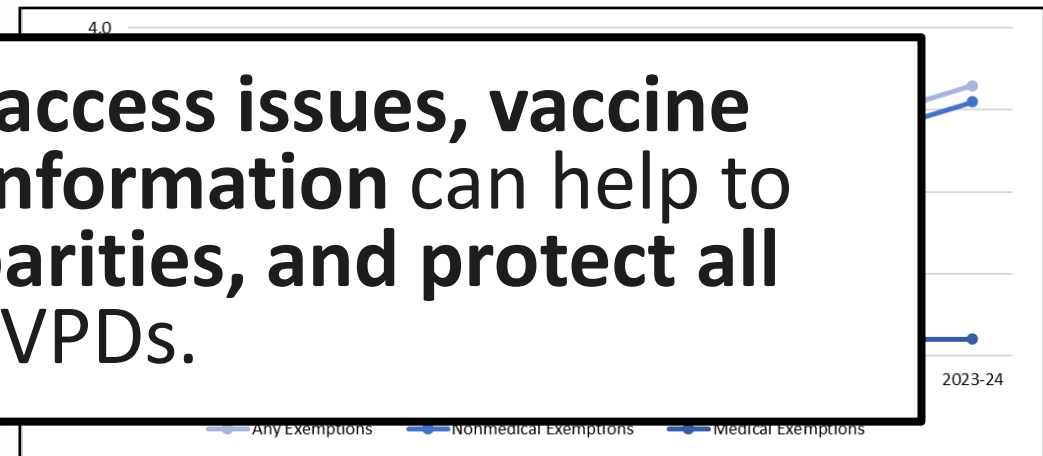
Childhood Vaccination Coverage Post-Pandemic

Vaccination Coverage by Age 24 Months in the United States

| Vaccine and Dose | Birth Cohort | | Change (2018-2019 → 2020-2021) (percentage points) |
	2018-2019 (n = 36,091)	2020-2021 (n = 28,668)	
3+ DTaP	94.3 (93.8-94.7)	92.5 (91.8-93.2)	**-1.8 (-2.6 to -1.0)**
4+ DTaP	81.8 (81.0-82.6)	79.3 (78.2-80.4)	**-2.5 (-3.8 to -1.1)**
Hib (p			
Hib			
HepB			
1+			
2+ HepA[†]	79.8 (78.6-81.0)	77.7 (76.1-79.2)	**-2.1 (-4.1 to -0.1)**
Rotavirus[§]	77.1 (76.2-78.0)	75.1 (74.0-76.2)	**-2.0 (-3.4 to -0.5)**
2+ Influenza	63.4 (62.4-64.4)	55.6 (54.4-56.8)	**-7.8 (-9.4 to -6.2)**
4:3:1:3*:3:1:4	70.1 (69.2-71.1)	66.9 (65.7-68.2)	**-3.2 (-4.8 to -1.6)**
No Vaccinations	0.9 (0.8-1.1)	1.2 (1.0-1.4)	0.2 (0.0 to 0.5)

Percentage of Kindergartners in the United States with Exemptions from One or More Vaccines

4.0

2023-24

Any Exemptions — Nonmedical Exemptions — Medical Exemptions

> Addressing **financial barriers, access issues, vaccine hesitancy, vaccine-related misinformation** can help to increase coverage, reduce disparities, and protect all **children** from VPDs.

[*] by age 3 days
[†] by age 35 months
[§] by age 8 months

Percentage point changes highlighted in red are statistically significant.

Decline in Vaccination Coverage by Age 24 Months and Vaccination Inequities Among Children Born in
2020 and 2021 — National Immunization Survey-Child, United States, 2021–2023

Addressing Vaccine Hesitancy and Misinformation: Routine Immunizations on Schedule for Everyone ("Let's RISE") Catch-up Campaign


Initiative to get all Americans back on-schedule with their routine immunizations

- <u>Understand</u> the size, scope and cause of declines in routine vaccinations resulting from COVID-19 pandemic

- <u>Devise</u> an evidence-based strategy and operational plan to better direct CDC routine vaccination catch-up activities

- <u>Equip</u> partners with evidence-based strategies and resources to get vaccination back on schedule

- <u>Share</u> data and insights on trends in routine vaccination rates to find and protect communities that have fallen behind on vaccinations

CDC's taking action to get school children caught up with routine immunizations for the 2024–2025 school year.

- [Call to action](#)

- [Partner toolkits](#)

- Jurisdiction kindergarten vaccination coverage reports for immunization programs

- Back to school [communication campaign](#)

- Rapid surveys – parent attitudes and school messaging around recommended (not required) vaccines
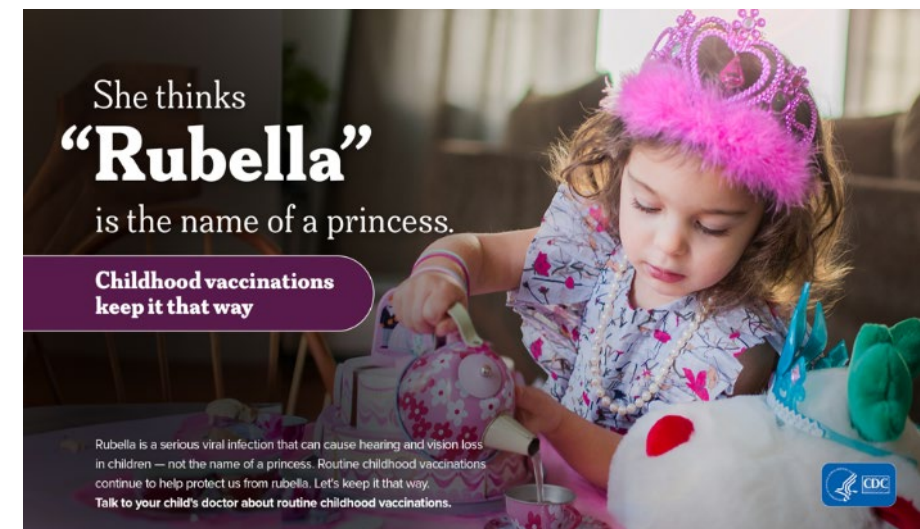
Addressing Financial and Access Barriers: Vaccines for Children Program and Opportunities for the Future

- Program eliminates or reduces vaccine cost as a barrier to vaccinating eligible children

- Automatically covers vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the CDC for children ages 18 years and younger

- Working to expand provider types and coordinating with existing partners to restore and improve childhood vaccination coverage

CDC estimates that vaccination of children born between 1994 and 2023 will:

prevent **508 million** illnesses
(32 million hospitalizations)

more than the current population of the entire U.S.A.

help avoid **1,129,000** deaths

greater than the population of Seattle, WA

save nearly **$2.7 trillion** in total societal costs
(that includes $540 billion in direct costs)

more than $8,000 for each American

Questions

- Are there additional strategies that NCIRD should consider to increase childhood vaccination?

- Are there different approaches that NCIRD should consider to raise awareness of this issue?

- What other entities could help us better collaboration in the educational sector?

- Are there additional communication approaches to help us reach parents, providers, and schools about childhood vaccinations?
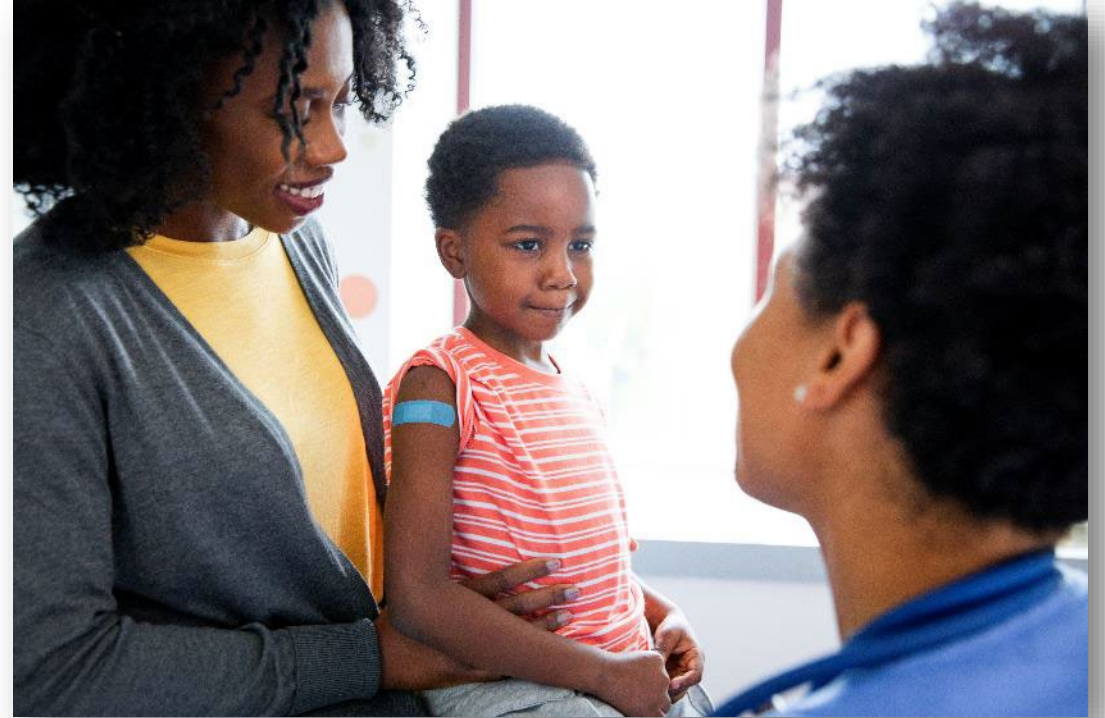
Communications and Public Engagement Workgroup (CPEW)

Rhonda Medows, MD

CPEW Co-Chair

Octavio Martinez, MD, MPH, MBA, FAPA

CPEW Co-Chair

CPEW Overview

Leadership & Membership

- Two members of the ACD serve as co-chairs

- Two additional ACD members serve on workgroup

- One Designated Federal Official (to support workgroup)

- Two senior level advisors

- 15 external communication experts
  - Public & private sector; academia; local/state public health; clinicians

Timeline: July 2024 – June 2025

Terms of Reference: CDC's Charge to the CPEW

Priority Area	Focuses
Priority area #1: Improving risk communication practices **Lead: Rhonda Medows**	• **What should CDC pursue to improve its risk comms efforts with the public** (i.e., sharing what we know, when we know it, and sharing what we *don't* know, and, crucially, what we're doing to find answers)? • How does CDC better communicate when the science is evolving and changing? • How does CDC better understand audience-specific perceptions of risk? • How does CDC better tailor content (e.g., visuals), outreach and messaging efforts that match to risk level and encourage appropriate health protection behaviors among those audiences?
Priority area #2: Building relationships & mechanisms to communicate via trusted messengers **Lead: Octavio Martinez**	• **How can CDC build more robust relationships and mechanisms to communicate via trusted messengers** (e.g., clinicians, faith leaders, those with lived experience) at the national, state and local levels? • How can CDC better identify, prioritize & engage trusted messengers for different groups? • How can CDC better leverage comms efforts (like roll out plans) to further engage trusted messengers and partners?
Priority area #3: Delivering more effective communication **Lead: Josh Sharfstein**	• **What can CDC do to better deliver more action-oriented and focused comms to help people** protect their health (e.g., effective messages and storytelling, including around data)? • How can CDC better tailor messages and comms methods, as appropriate, to audiences, particularly for historically marginalized communities (e.g., how can we best reach these populations to protect the most people in the most communities)? • Are there other considerations to achieving greater transparency in addition to increasing the pace, content and reach of CDC's communications? (e.g., considering impact of different communications channels, such as blogs, TV interviews, emerging platforms)? • What mechanisms should CDC use to evaluate/measure progress in its public-facing comms efforts? • How might CDC ensure greater consistency & minimize perceived contradictions in comms at all levels?

COMMUNICATIONS AND PUBLIC ENGAGEMENT WORK GROUP MEMBERS

Octavio Martinez, MD
Hogg Foundation for Mental Health. Univ of Texas Austin
ACD Member and Co-Chair CPEW
Co-Lead Trust Messenger Task Group (TG)

Rhonda Medows, MD
Dr. R Medows Health Services Consulting
ACD Member and Co-Chair CPEW
Co-Lead Risk Communications Task Group (TG)

Hilary Karasz, PhD
Seattle & King County Public Health
Co-Lead Trusted Messenger TG

Matthew Seeger, PhD
College of Fine & Performing Arts, Wayne State University
Co-Lead Risk Communications TG

Bayo Curry-Winchell, MD
Beyond Clinical Walls, LLC
St. Mary's Medical Group
Risk Communications TG

Jane Chai, MPH
Conduent Healthy Communities
Institute
Risk Communications TG

Preeti Malani, MD
University of Michigan Medical
School
Trusted Messenger TG

Stefanie Friedhoff
Brown University School of
Public Health
Risk Communications TG

Ashani Johnson-Turbes, PhD
NORC University of Chicago
Center on Equity Research
More Effective Communication TG

Erin Sykes
Resolve to Save Lives
Trusted Messenger TG

Kimberly Baca
KB Consulting
More Effective Communication TG

Monica Bharel, MD
Google
Risk Communications TG

Amy Burnett Heldman, MPH
Council of State & Territorial
Epidemiologists
Trusted Messenger TG

Rhea Farberman, APR
Trust for America's Health
More Effective Communication TG

Brian Southwell, PhD
RTI International
Duke University
Trusted Messenger TG

Heidi Arthur
Ad Council
Trusted Messenger TG

Kathleen Hall Jamieson, PhD
Annenberg School of Communication
Upenn
More Effective Communication TG

David Fleming, MD
University of Washington
School of Public Health

Joshua M. Sharfstein, MD Johns
Hopkins Bloomberg School of Public
Health
Lead, More Effective Comms TG

Communication & Public Engagement Workgroup Activities

July 2024
- Workgroup established after ACD Review and approval

August – October 2024
- Weekly or biweekly meetings
- Full Workgroup
- Risk Communication
- Trusted Messenger

October 2024
- Interim Report
- Action suggested for improvements in CDC Risk Communications and Trusted Messenger Community Engagement

June 2025
- CPEW Final Report

	PRESENTATIONS AND DISCUSSIONS WITH CDC COMMUNICATION LEADERS August – October 2024
1	CERC Crisis & Emergency Risk Communication Training Program
2	Risk Communication Information Framework and Pilot
3	Health Information Management and Alert System – Partner Alerts
4	Partnership And Engagement Cases Studies – Health Equity
5	Communication Rollout Process
6	Social Media Engagement – Influencer Engagement
7	Strategic Partnership - Customer Relationship Management Tool
8	Approach To Clinical Engagement
9	Approach to Communicating Risk Assessments
10	Partnership Efforts With National Weather Service
11	Use Of Trusted Partners For Controversial Issues
12	Infodemics And World Health Organization Infodemic Information
13	Public Health Guidance Process
14	Discussions With CDC Communication Director

Communications & Public Engagement Workgroup: 3 Task Groups

1. **Risk Communications**

2. **Trusted Messenger**

3. **More Effective Communication – Starting October 2024**

ACD PUBLIC ENGAGEMENT & COMMUNICATION WORKGROUP:
Risk Communication Task Group Proposed Action Steps 1-5 (DRAFT)

ACD CPEW RISK COMMUNICATION TASK GROUP: SYSTEM-WIDE IMPROVEMENTS OR RESTRUCTURING

1. COMPREHENSIVE, AGENCY WIDE STRATEGY FOR RISK & CRISIS COMMUNICATION

The CDC should immediately move to develop a comprehensive, agency-wide risk and crisis communication strategy and associated strategic plan to inform and focus its risk and crisis communication activities. This strategy should inform activities throughout the agency.

2. INCLUSION OF RISK COMMUNICATION IN AGENCY STRATEGIC PLANNING AND DECISION MAKING

Risk and crisis communication should be positioned structurally as part of the strategic decision making and management function of the agency so that processes of communication such as timing, messages characteristics, spokespersons and audience needs and perspectives are represented in decisions. Systems of stakeholder input and feedback should be routinely distributed to agency decision units

3. MESSAGE ALIGNMENT ACROSS AGENCY

Systems for alignment of messages across the agency, such as templates for creating messages and committees to align communication activities should be developed. Templates should include sections to address where the science may be evolving for the issue and/or how the CDC communicate specifically about the unknown areas. Message alignment should include culturally responsive content.

4. EMERGENCY RESPONSE STRUCTURE

The Office of Emergency and Risk Communication was recently relocated to the CDC's Office of Communications. The office should continue to be operationally aligned with the emergency response structure as part of the strategic response framework to ensure a central role in establishing response strategies. This includes active participation in the Incident Management Leadership Group, including but not limited to the JIC lead.

5. RISK & CRISIS EXTERNAL ADVISORY GROUP

The CDC should establish a standing risk and crisis communication external advisory group to assist in ongoing assessment, development of new communication activities, provide an independent perspective and offer advise as needed during emergencies. This group can aid in pre-emptive risk assessment and crisis planning across key issues.

ACD PUBLIC ENGAGEMENT & COMMUNICATION WORKGROUP:
Risk Communication Task Group Proposed Action Steps 6-9 (DRAFT)

ACD CPEW RISK COMMUNICATION TASK GROUP: EXPANSION OF EXISTING PROGRAMS & ACTIVITIES
6. CRISIS AND EMERGENCY RISK COMMUNICATION (CERC) TRAINING PROGRAMS
The Crisis and Emergency Risk Communication (CERC) program of communication training has a broad reach and significant impact. Updates and revisions to the CERC program, which are currently planned, should incorporate lessons from recent public health emergencies, the changes in communication driven by social media, infodemic management and stronger audience centered and engaged perspectives. The CDC should expand its capacity to train and support state and local health departments regarding their basic crisis and risk communication needs. This should include the capacity to learn from the experiences of local and state governments.
7. CDC'S INFODEMICS MANAGEMENT STRATEGY AND FRAMEWORK
The CDC's infodemics management strategy and framework (defining infodemics as an overabundance of information – some accurate and some not – occurring during an epidemic) needs to be expanded and reflect more proactive and systematic approaches to addressing mis and dis information that goes beyond responding to individual inaccuracies and rumors. This framework should be closely aligned with the larger risk communication strategy.
8. SOCIAL MEDIA FOR RISK & CRISIS COMMUNICATION
The CDC needs an agency-wide, contemporary expanded approach and consistent presence to social media for risk and crisis communication that emphasizes speed of response, social listening and the role of social media in the larger risk communication strategy. Social listening needs to be integrated fully as a feedback mechanism to inform decisions and communication (See proposed action step #2). The CDC should also conduct and support research on how people engage with health information online
9. TARGETED INTERNAL TRAINING FOR CDC PERSONNEL
The current program of internal training of risk and crisis communication instruction for CDC personnel should be extended. This program should include basic principles of effective science and risk communication, translating science into plain language, understanding and meeting audience needs, timely clearance, communicating under conditions of high uncertainty, speed of message testing and response, and the role and function of legacy and social media. There should be opportunities for CDC staff to provide feedback about the communication process including if some messaging can be improved.

ACD PUBLIC ENGAGEMENT & COMMUNICATION WORKGROUP:
Risk Communication Task Group Proposed Action Step 10 (DRAFT)

ACD CPEW RISK COMMUNICATION TASK GROUP: EXPANSION OF EXISTING PROGRAMS & ACTIVITIES
10. HEALTH ALERT NETWORK & SYSTEM OF PROGRESSIVE ALERTS
The CDC has well established programs of engagement with public health partners such as through the **Health Alert Network (HAN)** and **Emergency Partners Information Connection (EPIC).** HAN is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories. EPIC is a network of community- and faith-based organizations, professional associations, non-governmental organizations, and government agencies. • **Surveys of HAN and EPIC partners** should be conducted to assess their communication needs and preferences and provide feedback. Processes should be expanded to develop relationships, active and authentic involvement and two-way communication with HAN, EPIC and other partners that meet mutual informational and communication needs. • These partners may also be **supported as trusted messengers** within the crisis communications structure. This may include providing them with message resources that can be used to extend the reach of agency communication. • These networks should also include a **system of progressive alerts**, similar to the flood system of watch, warnings, and advisories or hurricane severity levels to reflects the level of emerging health risks. This will require developing a method for assessing the scale and severity of developing risks.

Communications & Public Engagement Workgroup: 3 Task Groups

1. **Risk Communications**

2. **Trusted Messengers**

3. **More Effective Communication – Starting October 2024**

ACD COMMUNICATION & PUBLIC ENGAGEMENT WORKGROUP:
Trusted Messengers Task Group Proposed Action Steps 1-2 (DRAFT)

ACD CPEW TRUSTED MESSENGERS TASK GROUP: WHAT DIMENSIONS OF TRUSTED MESSENGERS CDC SHOULD MEASURE

1. ESTABLISH NEW AGENCY METRICS FOR PARTNERSHIP ENGAGEMENT

New agency metrics should extend beyond the simple volume of contacts to track the type of partnerships established across the country as a way of monitoring key deficits in partnership type. For example, measure the geographical distribution of partners, the distribution of organization types and sizes among partners, and the frequency and recency of site visits by CDC staff or virtual meetings with CDC staff with partners, i.e., what, how many, and the quality of the touchpoints.

ACD CPEW TRUSTED MESSENGERS TASK GROUP: STEPS TO STRENGTHEN AND IMPROVE TRUSTED MESSENGERS ENGAGEMENT

2. INSTITUTIONALIZE, STANDARDIZE, AND MAKE ACCESSIBLE TO ALL INTERNAL STAKEHOLDER GROUPS CRITERIA AND VETTING GUIDELINES FOR PARTNER ORGANIZATIONS AND TRUSTED MESSENGERS.

Shen et al. (2023) described their process for identifying community-based organizations in the Philadelphia area for a vaccination effort. Explicitly noting which groups originally identify and contact trusted messengers; and the nature of on-going communication with messengers can offer process transparency.

ACD COMMUNICATION & PUBLIC ENGAGEMENT WORKGROUP:
Trusted Messengers Task Group Proposed Action Steps 3-6 (DRAFT)

ACD CPEW TRUSTED MESSENGERS TASK GROUP: STEPS TO STRENGTHEN AND IMPROVE TRUSTED MESSENGERS ENGAGEMENT (CONTINUED)
3. Promote greater transparency by advertising how CDC selects trusted messengers and publicly explain how interested parties can contact CDC to be considered for future collaboration.
4. Establish an acknowledgement process through which state and local public health officials can give acknowledgement or official thank you(s) to partners who have acted as trusted messengers.
Organizations such as Workhuman offer social recognition platforms which may be relevant. If CDC were interested in providing rewards that have value, they may want to work with CDC Foundation to do that.
5. Develop a list of and create solid relationships with state and especially local health department communicators who already may have strong and authentic relationships with trusted messengers in their communities (or may be trusted messengers themselves).
6. Create a process and feedback loop by which CDC engages with local health department communicators about specific topics, who then share this with local trusted messengers and gather feedback that will benefit both the CDC and the local jurisdiction.
Start with the health departments with existing local trusted messenger relationships.

ACD COMMUNICATION & PUBLIC ENGAGEMENT WORKGROUP:
Trusted Messengers Task Group Proposed Action Steps 7-10 (DRAFT)

ACD CPEW TRUSTED MESSENGERS TASK GROUP: STEPS TO STRENGTHEN AND IMPROVE TRUSTED MESSENGERS ENGAGEMENT (CONTINUED)
7. Create regional communications/community engagement communities of practice.
Invite new members to take part. Leave room in the process for refinement of messaging at every step of the process. One model that may be helpful to observe and learn from is the regional CDC PIO process being rolled out now where one activity is for CDC to begin to learn who the local LHJ PIOs are, and vice versa.
8. Develop a grassroots Community Advisory Board (CAB) of 12 to 15 individuals.
The CAB should not be organization representatives, since it appears that the CDC already has this level of trusted messenger engagement. The CAB is to work with the CDC Office of Communications and the CIOs in the development and implementation of relationships with trusted messengers and in the development and implementation of communication mechanisms. Members need to be from across the nation with as much diversity represented as possible (rural, tribal, individuals with lived experience, faith leaders, small business owners, essential workers, etc.). This CAB can also be instrumental in reviewing existing CDC approaches to trusted messengers and mechanisms to communicate for effectiveness and continuous quality improvement. Consultation with the CAB during a crisis can also be part of the charge. A FACA may be necessary.
9. Leverage the Partnership Matters CRM (Customer Relationship Management) to establish a Trusted Messenger Network (TMN).
CIOs can build upon this existing infrastructure by entering information about their trusted messengers—individuals knowledgeable about public health and their local contexts. This will allow CIOs across the agency to efficiently search for and access current spokespeople at the national, state, and local levels based on specific topics.
10. Integrate CRM checks into the rollout process.
Prioritize and ensure partnership/public engagement is applied to agency-level communication rollouts, including engagement pre-release; and incorporate pre-release partner and public engagement in Agency-level communications rollouts by formerly inserting it as a step in the existing communications rollout development and approval process.

ACD COMMUNICATION & PUBLIC ENGAGEMENT WORKGROUP:
Trusted Messengers Task Group Proposed Action Steps 11-14 (DRAFT)

ACD CPEW TRUSTED MESSENGERS TASK GROUP: STEPS TO STRENGTHEN AND IMPROVE TRUSTED MESSENGERS ENGAGEMENT (CONTINUED)
11. Pre-clear trusted messengers who are CDC employees.
The CDC Office of Communications should collaborate with HHS and the White House to "pre-clear" CDC spokespeople who can consistently be available to the media. By combining the strength of a trusted messenger network (TMN) with more direct communication from the CDC, we can increase public health messages that are delivered by both trusted local voices and the CDC itself, bolstering efforts to rebuild public trust in the agency's expertise.

ACD CPEW TRUSTED MESSENGERS TASK GROUP: TRAINING
12. Equip trusted messengers through trainings and resources.
Communications, policy, and partnership staff can offer messengers regular access to the latest data and talking points, which they are developing and clearing as part of their rollout process. This can include developing and offering toolkits/trainings for entities that would like to be involved in trusted messenger initiatives. This empowers trusted messengers to deliver culturally appropriate and relevant messages, including especially hard to reach communities and individuals such as immigrant communities, rural, limited health literacy, etc.
13. Invest in producing more culturally relevant audience research.
The research should be aimed at better understanding of communities, which will help guide partner and trusted messenger engagement and customize key messages for priority segments.
14. Develop Agency-wide policies and trainings of CDC staff through a centralized curriculum platform.
The goal is to ensure and support adoption of partner and public engagement across the Agency. A dashboard or toolkit approach available to all staff can help. Communicate this expectation to partners and trusted messengers, including the "rules of engagement" and terms of which internal and external groups must abide. For example, the Association of American Medical Colleges offers a toolkit for medical school advisors which includes resources on networking and organizational connection which may serve as a model for a platform.

Questions?

Director's Update

Mandy K. Cohen, MD, MPH

Director, Centers for Disease Control and Prevention

Administrator, Agency for Toxic Substances and Disease Registry

Closing Remarks

David Fleming, MD

ACD Chair