APHA PRESIDENT-ELECT SESSION:
CDC LISTENS: COMMUNITY INPUT ON OBJECTIVES FOR
CDC'S HEALTH PROTECTION GOALS
November 6, 2006

Findings from the Partner and Public engagement were presented to interested attendees during a session at the American Public Health Association's (APHA) 2006 annual meeting. Session participants tended to be included state and local health officers, members of various advisory groups, faculty members, and others who tended to be familiar with CDC and with federal goal and objective setting processes.

Comments came from two sources during the meetings: (1) Comments made from the floor microphones during which participants identified themselves and their affiliation; and (2) written comments on objective tally sheets that they returned at the end of the session.

Many of the comments, especially those offered at the microphones, were broad in nature. Those are provided first with comments specific to criteria and goal area objectives following.

General Comments

Infrastructure
- A local health officer from Connecticut said that there is a missing 800-pound gorilla here: infrastructure. It is impossible to think of accomplishing these objectives when we have a failing or absent infrastructure, a shrinking workforce, fragmented services, and no cohesive vision. The officer proposed an additional goal "All individuals shall be served by a fully staffed, fully operational public health agency." This goal should address: infrastructure, workforce, and fragmentation.
- CDC should focus on public health skills and capacities and strengthening that infrastructure as a goal. CDC should also use the local public health systems to engage communities and to improve this process.
- A participant said, "I support the comments regarding the importance of other 'impacting factors' on health outcome" such as livable wages and overall economic factors.
  - As an example, he cited North Carolina's educational system. If the students do not perform is it only the school-system's fault? Likewise, after this phase of objective development is completed and implementation is under way, if communities are still unhealthy does it mean the healthcare deliverers are inept?
  - Responding to his own question he said, "NOT always, just like the school system [example]" these questions should only be answered in the affirmative sometimes.
  - There must be a preamble in the final report stating that there is recognition and respect that unless the patients/communities are operative in a livable/reasonably healthy (and economically sound) society, the objectives, however noble, will only be lofty unachievable goals that will be discussed over the next 10–15 years.
  - CDC should remember that it may not have all the power, but it has a VOICE!

Health Disparities/Social Determinants
- One participant said that reducing inequalities, by focusing on social determinants, must be factored into the process and addressed.
- A county health officer said that race plays a major part in inequities of all types including health. For health to improve all people need a living wage (persons employed in low wage jobs can be homeless), safe housing, etc. as well as access to healthcare.
- An HIV prevention specialist at the local level said that social factors—education, income, and housing—drive HIV infection and agreed with earlier statements regarding the importance of disparities. CDC is good at collecting data; why doesn't CDC measure the factors related to social determinants of health? CDC could assemble and/or collect the data that are relevant to disparities, including items such education, income and housing. For example, income gaps, living wage, high school graduation rates, access/cost of college, levels of homelessness, safety (or crime) in living environments, and incarceration rates could be included.

Relation to other Federal Agencies and other Objective-setting processes
- A professor and former state health department employee asked where other agencies in the Public Health Service fit in this process. "I look at these objectives and see objectives for which other agencies are in the lead. It would seem that objectives on behalf of all PHS agencies would be excellent."
- Another participant asked how the objectives fit in with other agencies and specifically named HRSA and SAMSHA.
- A professor asked how the objectives relate to Healthy People 2010 and 2020.

Objective-setting Process
- A state health official said, "I would like to see clear statements that say, here's what we are going to do, here's when, here's how, and this is how we will know it has been done."
  - The official continued to say that CDC was created to work via the state and local health departments. He wondered if this new emphasis on engaging the public and CDC going directly to the public represents a new model.
  - The official also asked if CDC will ever address the general public in this process.
- A professor and former state health department employee echoed this sentiment and asked if, later in the process, CDC would be returning to the communities where they conducted public engagements.
- One participant said that he applauds this effort, calling it a "healthy dialogue".
- In a written comment, one participant stated one thing that resonates in the findings is the focus on broad (environmental factors) such as safe and healthy places to live, work, and play. CDC is the premier institution that brings value and credibility to data and surveillance. It will be important to have the data, programs, and the priorities transparent for communities to track and measure progress. Also, focusing on environmental factors can have implications for public health policies very apropos of this conference.

Criteria

- One participant asked, "How can these objectives be ranked without clear indication of criteria?"
- Missing criteria: The availability of an intervention
- Missing criteria: Health disparities

Healthy People

- Missing Objective: Reduce the health disparities in all of the Healthy People Objectives
- Missing Objective: Build up the public health infrastructure.
- In a written comment, one participant noted that the Healthy People Objectives reflect the public health bias toward the young and the old by lumping almost 60% of the population in one group: "adults."
- Some of the objectives should be placed in a new strategic goal area: "For a Healthy Future."
- In a written comment, one participant suggested age category changes so that they are more consistent with what others use: adolescents and young adults (12–24) and adults (25–59).

Healthy Places

- Missing objective: Increase the enforcement of clean air and water
- Missing objective: Reduce pesticides
- Missing objective: Universal health coverage
- Missing objective: Increase the number of schools that have trained health professionals (RN, ARNP) to address student health needs.
- In a written comment, one participant interpreted Objective 36, increase the number of communities with high quality air, water, food, and waste disposal, and are safe from toxic, infectious, and other hazards, to mean, increase the number of communities that have a sustainable public health system.
- One participant wanted a specific focus on rural areas in Objective 36.
- In a written comment, a participant amended Objective 37, increase the number of communities able to control infectious diseases, by adding "and to perform other essential public health services." The participant cited the capacity issue that was discussed at another session during the conference.

Preparedness

- In a written comment, one participant added, "… and a rapid vaccine response" to the end of Objective 66, Pandemic Flu.
- In a written comment, a participant added that Objective 67, Natural Disasters, should also include the public health consequences of the natural disasters.
- There needs to be metrics on an adequate public health infrastructure, e.g., money/capital at a federal, state, and local level. CDC could take the lead on this.

- A professor from a New Jersey medical school said that she has trouble with simply saying "people will be protected…" CDC cannot protect everyone. She wondered if it wouldn't be more accurate to say "each community will have a comprehensive, coordinated infrastructure to protect people from…" and "each community will have coordinated, comprehensive health education programs and services…"

Healthy World

- Missing objective: Education of women
- Missing objective: Reduce poverty
- Missing objective: Increase literacy (especially among women)
- Missing objective: Address inequity
- Objectives 71 and 74 should use "reduce" instead of "prevent."

Other
- Supporting Data: One participant asked, "Where are the data to help me rank [the] importance [of the objectives]?"
- Education Measures: For social education measures, which are not within CDC's ability, CDC can report the relationship between education and health.
- Ear to the Ground: CDC needs to learn to listen with its ear closer to the ground to eliminate the time, distance, and layers of bureaucracy between the speakers and those who hear the message.
- Measure of Public Interest: Regarding the mention of the number of Web site hits as a measure of public interest a professor said, "I would urge caution interpreting those numbers. I would like to see how many of those hits are from public health workers, as well as those from the public."