

Community Preparedness and Response Breakout Session

March 31, 2005

Grant Room

Joanne Pearsol

Ohio State University School of Public Health



Draft Research Agenda

- Public Health and Medical Surveillance Systems
- Rapid Clinical Diagnostic Capabilities
- Environmental Detection and Decontamination
- Risk Assessment and Management Strategies
- Critical Environmental Infrastructure Systems and Process
- Public Health, Mental Health, and Medical Response Systems
- Human Migration Issues
- Risk Perception and Protective Behaviors
- Support Frontline Personnel Involved in Health Protection Functions

Draft Research Agenda

- Risk Management Strategies
- Rapid and Accurate Risk Information and Public Health Recommendations
- Public Health Workforce
- Effective Communication Strategies
- Exposure and Impact Data
- Strategic Communications Technology
- Community Actions
- Local and Regional Operational Strategies
- Community and Regional Response

Ideas we want to keep

- Research themes we want to keep as is:
 - Rapid clinical diagnostic capabilities (C2)
- Eleven research themes with changes to examples

Ideas we want to revise

- Human migration (C7)
 - Incorporate “transmission” into title and description
- Risk management strategies (C10)
 - Rename to “crisis” management to emphasize mental/behavioral health aspects

Ideas we want to revise

- Crosscutting communication issues (C11, C13, C15)
 - Standards and criteria
 - Social marketing as a research tool and a communication mechanism
 - Regional communication strategies
- Public health workforce (C12)
 - Include appropriate strategies to address identified gaps
 - Address recruitment and retention

General Comments about Draft Agenda

- Best practices
- Unique rural challenges
- Standards and criteria
- Regional and cross-jurisdictional issues
- Include additional examples which more completely reflect the research themes

Ideas we want to add

- Add research themes on:
 - Approaches to preparedness planning
 - Organizational structures that are effective for emergency preparedness planning and response
 - Integrating public and private health systems
 - Reserve response capacity

Comments on the Agenda Development Process

- Things we liked:
 - Opportunity for in-person feedback
 - Outside facilitator
 - Better than Futures Initiative process
- Things we would like changed:
 - Send information out earlier
 - Make format of meeting clearer beforehand
 - How does this process relate to CDC's activities and activities of other Federal agencies

**Environmental and Occupational
Health and Injury Prevention
(EOHIP)
Breakout Session**

March 31, 2005

Hayes Room

Robert Frey, Ohio Dept of Health,
Health Assessment Chief



Draft Research Agenda

- E1: Environmental Risk Factors
- E2: Chemical Mixtures
- E3: Bio-Monitoring Methods and Tools
- E4: Environmental Health Interventions
- E5: Built Environment and Health
- E6: Lead Exposure and Health
- E7: Environmental Data and Information Systems
- E8: Injury and Violence Prevention Interventions
- E9: Injury Translation and Dissemination Research
- E10: Injury Related Health Disparities
- E11: Risk and Protective Factors of Adolescent Unintentional Injury

Draft Research Agenda

- E12: Risk and Protective Factors of Adolescent Violence and Suicidal Behavior
- E13: Trauma Systems Research
- E14: Parenting and Injury Prevention in Children/Adolescents
- E15: Connection Between Multiple Forms of Violence
- E16: Occupational Injuries
- E17: Occupational Respiratory Disease
- E18: Musculoskeletal Disorders (MSDs)
- E19: Workplace Control Technologies and Personal Protective Equipment
- E21: Organization of Work
- E22: Work Related Skin Exposure and Disease

General Comments about the Draft Agenda

- Life stages should include prenatal, neonatal, etc.
- Health disparities should include all factors on cross cutting list (cross cutting should be just that - *cross cutting*)
- CDC should collaborate with NIH, EPA on long term health outcome studies wrt chemical exposures (esp those chemicals in CDC Exposure Report)
- Exposure assessments must include all relevant sources e.g., smoking, substance abuse and stress
- Mental health should be included as primary health concern (EOI)
- Engineering controls should be considered where feasible

Ideas we want to keep

- All, but with changes

Ideas we want to revise or remove

- E1: Environmental Risk Factors
 - Broaden to include Occupational Factors
 - Move example to E4
 - Examples should include exposure assessment, antecedents of illness, determination of attributable risk via models (e.g., SAMMEC)
- E2: Chemical Mixtures
 - Change title to “Complex Exposures and Synergies”
 - Consider engine exhaust, demolition, decomposition of plastics
 - Delete example – first need measurement tools

Ideas we want revise or remove

- E3: Bio-monitoring Methods and Tools
 - Include bio-monitoring of “chemicals *and other markers...*”
 - Relate to social environment
 - Look at usefulness for predicting disease
- E4: Environmental Health Interventions
 - Emphasize engineering controls
 - Community based participatory research (include environmental health practitioners)
 - Evaluate “effectiveness” of interventions

Ideas we want revise or remove

- E5: Built Environment and Health
 - Identify gaps between zoning, environmental regulations, and public policy on hazardous materials
 - Evaluate health impacts of interventions
- E6: Lead Exposure and Health
 - Develop and evaluate policy interventions
- E7: Environmental Data and Information Systems
 - Include “environmental health tracking”

Ideas we want to revise or remove

INJURY

- Definitions:
- Injury = IPV, Suicide and Unintentional
Interpersonal Violence = includes, but not limited to youth, intimate partner, sexual, child abuse & neglect, gun, elder abuse & neglect
- E8: Injury and Violence Prevention Interventions
 - Examine usefulness of ER visit data in injury evaluation
 - Measure impact of interventions
- E9: Injury Translation and Dissemination Research
 - Important for injury field
 - Needs to be sustained
 - Translate to practice
 - Targeting to specific audiences

Ideas we want to revise or remove

- E10: Injury-related Health Disparities
 - Incorporate high-risk occupations
 - Add risk and protective factors
 - Essential to retain reference to ethnic and racial disparities
- E11: Risk and Protective Factors of Adolescent Unintentional Injury // E12: Risk and Protective Factors of Adolescent Violence and Suicidal Behavior
 - Expand beyond adolescents
 - Prioritize by high risk life stage

Ideas we want to revise or remove

- E13: Trauma Systems Research
 - May be in Preparedness, include DoD (outside US)?
 - Include mental health
 - Include post-hospital response (rehab, short and long term outcomes)
 - Evaluate efficacy and cost effectiveness of trauma systems
- E14: Parenting and Caregiver Strategies in Injury Prevention in Children/Adolescents
 - Broaden to identify contextual and behavioral factors (both parents and other caregivers)
 - Expand to include childcare and other life stages
 - Identify social determinants
 - Eliminate research example
- E15: Connection Between Multiple Forms of Violence
 - Thought about including as part of E8 but important
 - Expand to include elderly
 - Concern that examples analyze “everything”
 - Develop and evaluate integrative approach to identify violence and injury, prevention, treatment and surveillance
 - Include substance abuse and mental health as “other public health programs”

Ideas we want to revise or remove

- E16: Occupational Injuries
 - Broaden to differentiate fatal and nonfatal occupational injuries
 - Include focus on sectors and hazards for fatal injuries (e.g. agricultural and construction)
 - Address specific needs of vulnerable populations, immigrants, adolescents, older, disabilities
- E17: Occupational Respiratory Disease
 - Look at cross-sectional medical studies in workplace
- E18: Musculoskeletal Disorders
 - In description “Develop effective assessment tools and interventions...”
 - Emphasize concepts of universal design for workplaces
 - Biomechanical loading with respect to adolescents

Ideas we want to revise or remove

- E19: Workplace Control Technologies and Personal Protective Equipment
 - Second example, include processes to eliminate hazard exposure
 - Evaluation of modification efforts
 - Evaluation of user friendliness, comfort and safety of personal protective equipment
- E20: Organization of Work
 - First example, include stress and intervention strategies and include physical safety, mental health and substance abuse in second example
 - Design interventions tailored to needs of small businesses, self employed and contracted labor
 - Safety culture is part of organization
- E21: Work Related Skin Exposure and Disease
 - Reverse order of description; Determine appropriate intervention approaches to prevent skin related diseases and investigate skin absorption of industrial chemicals...
 - Contact dermatitis deleted, insert skin related diseases

Ideas we want to add

- Mental health – impact of work and family, work injury
- Injury : work reintegration, design of workplace
- Occupational: immigrant and informal work sector occupational surveillance
 - May be difficult
- Environmental: interventions for injury

Comments on the Agenda Development Process

- Matrix of cross cutting issues and prioritization of by stakeholders
- Ongoing feedback loop – needs should drive agenda
- Integrate process across topic areas

Global Health Breakout Session

March 31, 2005
Harrison Room

Folusho Ogunfiditmi, PHENIG, Inc.



Draft Research Agenda

- Social Capital and Health Outcomes
- Standardization of Global Health Data
- Occupational Health in International Settings
- Prevention and Control of Injuries in the Developing World
- Complex Humanitarian Emergencies
- Public Health Preparedness in International Settings
- Health Marketing in International Settings
- Micronutrient Malnutrition
- Evaluation of Intervention Cost-Effectiveness
- Public Health Consequences of Exploitation of Women and Children

Draft Research Agenda

- Global Disease Prevention with Immunization
- Other Endemic and Emerging Global Infectious Diseases of Global Significance
- Global HIV/AIDS, Tuberculosis (TB), and Sexually Transmitted Diseases (STDs)
- Non-Communicable Diseases in the Developing World
- Orphans and Other Vulnerable Children
- Safe Water
- Millennium Development Goals- Maternal & Under-5 Mortality

General Comments about the Draft Agenda

- Use of term “global” instead of “developing” or “international” to reflect the concept of “all the peoples of the world”
- Need to have appropriate data for decision making
- Ensure research leads to implementation in all of the existing research agenda ideas
- Ensure mental health is considered a health outcome

Ideas we want to keep (with minor changes)

- G2: Standardization of Global Health Data
 - Change description: “Develop, implement, and evaluate standard procedures, definitions and health measures that are comparable within and across countries”
 - Add examples regarding minimum data sets and defining health status among groups for comparability
- G4: Prevention and Control of Injuries in the Developing World (Global Settings)
 - Re-title: Reduce the Global Burden of Injury

Ideas we want to keep (with minor changes)

- G5: Complex Health Emergencies
 - Add mental health and disability
- G6: Public Health Preparedness in International (Global) Settings
- G8: Micronutrient Malnutrition
- G9: Evaluation of Intervention Cost-Effectiveness
 - Re-title: Evaluation of Cost-Effectiveness, Appropriateness, and Feasibility of Interventions

Ideas we want to keep (with minor changes)

- G11: Global Disease Prevention with Immunizations
 - Re-title: Global Disease Prevention through Immunization
- G12: Other Endemic and Emerging Global Infectious Diseases of Global Significance
 - Re-title: Endemic and Emerging Infectious Diseases of Global Significance
 - Add concepts of quality assurance and sustainability to examples
 - Specify food-borne illnesses

Ideas we want to keep (with minor changes)

- G14: Non-Communicable Diseases in the Developing World (Global Settings)
 - Add environmental influences on health behaviors leading to chronic disease as an example
- G16: Safe Water
 - Add access to safe water in the description

Ideas we want to revise

- **G1: Social Capital and Health Outcomes**
 - Change description: Evaluate the pathways linking social, cultural, and economic status and health outcomes
- **G3: Occupational Health in International (Global) Settings**
 - Change description: Assess global workplace safety and work environments and evaluate interventions that can be adapted and used in other settings
 - Add “developing systems for data collection” to examples
 - Specify settings: Industrial and rural

Ideas we want to revise

- **G7: Health Marketing in International (Global) Settings**
 - Change description: Improve strategies for behavior modification to promote health, control disease, and reduce injuries globally
- **G13: Global HIV/AIDS, TB, and STDs**
 - Add concepts of quality assurance and sustainability to examples
 - Add G15: Orphans and Other Vulnerable Children as a sub-item

Ideas we want to revise

- **Restructuring G10: Public Health Consequences of Exploitation of Women and Children, G15: Orphans and Other Vulnerable Children, and G17: Millennium Development Goals- Maternal & Under-5 Mortality**
 - Maternal and Women's Health
 - Infant and Children's Health

Ideas we want to add (top 3)

- Family Planning
- Coordination and Collaboration in Global Health among International, National, and Local Organizations
 - Include information, technology, and communication strategies
- International Transport, Travel, and Disease Control

Comments on the Agenda Development Process

- Upfront consideration of the dissemination and use of the agenda
- Under-representation of public health practitioners from state and local health departments
- Use technology to open up the process
- Conflict of interests should be stated

Health Promotion Breakout Session

March 31, 2005

Fairfield Room

Keith Hoots, MD

U.T. Health Science Center-Houston/
UT M.D. Anderson Cancer Center

General Comments about the Draft Agenda

- Essential elements of research agenda
 - Should specify how it impacts population and individual, to answer the “So what?” question
 - Must be evidence based: de-politicized, minimal bias, minimal polarity
 - Consider the complexity of the environment in which the research is being undertaken
- Commit funding for the entire length of research (development through implementation)
- Establish longitudinal ways to measure and track the research themes

General Comments about the Draft Agenda

- More focus on culturally competency throughout the research agenda
- More emphasis on prevention strategies and behavior modification vs. treatment
- Further analyses on moral, ethical, and legal implications of genomics research (e.g. insurance prejudice, stereotyping, employment discrimination, etc.)

General Comments about the Draft Agenda

- Impact of diminished access to care on health outcomes
- Broaden health promotion through collaboration with community and private partners (i.e. transportation, urban planners/developers, parks and recreation, etc.)
- Research integration with practice to have greater impact than research to practice

Maternal/Infant

Childhood

Adolescent

Adult

Older Adult

Research Themes

H1

H2 (e.g. behavioral modification)

H3

H4

H5

H6

H7

H8

H9

H10

.

.

x

x

x

x

Ideas we want to keep

- Health among Persons with Disabilities (H5)
- Epidemiologic Studies on Child Development (H7)
- Improving Health of Older Adults (H16)
- Healthy Communities (H17)
- Care for Children with Chronic Conditions (H18)

Ideas we want to revise or remove

- Optimal Child Development (H1)
 - Change the word “develop” to evaluate
- Early Integrated Case Management Surveillance System for Developmental Disability (H2 and H6)
 - Research themes are similar; therefore combine
 - Change research description to be more focus on early integrated case management
- Healthy Birth Outcomes (H3) and Genetic Causes of Blood Disorders and Birth Defects (H20)
 - Combine research themes
- Preconception (Pre-pregnancy) Care (H4)
 - Include impact of environmental risk factors as part of the research description
 - Behavioral modifications in women of childbearing age and measuring life long impact on offspring

Ideas we want to revise or remove

- H8 and H9
 - Some participants recommended removing from list because the research themes are too advanced for what current needs are (i.e. access to care)
 - Agenda sharing with NIH
- H10
 - Synergy between family history and genomic methodology: Can traditional tools be coordinated with genomics research in the most cost effective way?
 - Leveraging electronic medical records and standardization of the family history
- H11
 - Eliminate genomics from research title
- H12
 - Add cultural strategies to improving maternal and infant health

Ideas we want to revise or remove

- H13 and H14
 - Include translation of school health records to pediatrician's medical records as part of the research description
 - Include the impact of culture on physical inactivity and nutrition as part of the research description
- H 15
 - Change to “establish and maintain”
- H19
 - Is this advocacy or research?

Ideas we want to add

- Connection between Built Environment and Health
- Health Literacy
- Translational Research
 - Integrate research with practice vs. research to practice
- Improving Men's Health
- Population-wide Access to Health Care
- Economic Analysis of Health Promotion
 - Prioritization of resources
- Natural Experiment on Consequence of Dwindling Human and Capital Resources (Specific to Health Promotion)
- Impact of War on Health (e.g. mental health, disabilities, etc.)

Comments on the Agenda Development Process

- Liked having the starter list to start the conversation
- Applaud CDC on the openness of the process
- Would like to see more input from the general public (prior to the development of the starter list)
- More background information on the economic impact of the research agenda items
- Receive draft research agenda starter list earlier and have the opportunity to give feedback before the public participation meeting
- Improve process of involving patient advocacy groups
- Improve the process within the mini-groups

Health Information and Services Breakout Session

March 31, 2005

Harding Room

Jeff Jarosch,

Ohio Dept. of Health, Researcher

Draft Research Agenda

- Statistical and Data Science
- Data Collection
- Integrating Health and Policy Data
- Analytical Methods
- Data Mining
- Decision Support
- Information & Data Visualization
- Electronic Medical Records
- Knowledge Management
- Communications and Alerting Technologies

Draft Research Agenda

- Informed Consumer Health Choices
- Health Communication
- Customizing Health Communication Campaigns
- Public Health Brand
- Integrated Health Marketing Programs
- Health Literacy
- Health Awareness to Health Action
- Message Bundling

Ideas we want to keep

- Essentially, it was decided to keep everything
- But with refinements in many areas

HIS Categorization

- In general, many of these overlap and could be sequenced and categorized
 - Data collection/development and standardization of measures
 - Analysis
 - Communication/marketing

Ideas we want to refine

- Act to develop standards for:
 - Data collection methods
 - Measures of healthcare providers' processes and outcomes that will impact public health
 - Data timeliness and quality

Ideas we want to refine

- Communicating key content to decision-makers
 - Content
 - Information
 - Knowledge resources
 - Data
 - Intervention options/strategies
 - Tailor to various decision-makers
 - Patients/consumers
 - Providers/emergency responders
 - Public health officials
 - Policymakers/legislators
 - Health insurers/employers

Ideas we want to refine

- Communicating key content to decision-makers (continued)
 - Delivery channels

Successful research agenda outcomes

- More widespread availability and use of standardized data collection and analysis methods and tools

Successful research agenda outcomes

- 46 year old diabetic African American:
 - Receives diabetes education materials and starts exercising, gets vision screen
 - Receives data about availability/quality of local diabetes providers

Successful research agenda outcomes

- Other stakeholders
 - A provider receives performance benchmark data, adopts a CDC diabetes education program, then reassesses performance
 - Public health officials receive information about diabetes prevalence, implement CDC-defined best practices, and use CDC-approved standardized tools to measure their effect

Successful research agenda outcomes

- Insurers and employers receive provider performance data to build health care networks, subsequently follow overall quality of diabetes care in their networks
- Legislators use diabetes prevalence and severity data to design public health infrastructure investments, then request report about changing public health impact of diabetes

Ideas we want to add

- Develop uses of clinical data to evaluate healthcare system performance (for consumer decision making)
- Accountability: what happens when tools are not used or do not work?
- How will people be trained on these tools?

Comments on the Agenda Development Process

- Liked:
 - High quality facilitator
 - Encouragement of open communication
 - Being asked for input

Comments on the Agenda Development Process

- Potential changes:
 - Don't confined agenda
 - Ask participants for their research needs
 - Provide participants with format ahead of time
 - Provide more evidence that input will be considered
 - Promote conference

Infectious Disease Breakout Session

March 31, 2005
Morrow Room

Teresa Long, Department of Health,
Columbus, Commissioner



Draft Research Agenda

- Antimicrobial Resistance
- Applied Genomics
- Behavioral Sciences, Health Promotion, and Prevention Research
- Disease Elimination
- Economic Analyses of Infectious Diseases
- Environmental Microbiology
- Health Disparities and Infectious Diseases
- Immunization Services Delivery Research
- Infectious Disease and Chronic Disease Association
- Infectious Disease Diagnostic Methods

Draft Research Agenda

- Infectious Diseases of Vulnerable Populations
- Infectious Disease Surveillance and Response
- Microbial Threats and Emerging Infections
- Patient Safety
- Perinatal and Neonatal Infectious Diseases
- Vaccine Epidemiology and Surveillance
- Vaccine Safety
- Vaccine Supply

Ideas we want to keep

- Keep all ideas, but all needed some sort of revision.

Ideas we want to revise or remove

I-7 Health Disparities and Infectious Diseases

- Change title to “Health Equity and Infectious Diseases”
- Add research around education, communication, and prevention strategies and the evaluation of the strategies.
- Alternative/cultural approaches, protective factors of diverse populations.
- Merging I-11 (ID of vulnerable pops) with I-7.

Ideas we want to revise or remove

I-8: Immunization Services Delivery Research

- Liked it, strong inter-relationship with I-16, I-17, and I-18
- Discussed I-8 together with I-16, I-17, and I-18 (Vaccine-related topics)
- Add research around linking immunization registries/data collection and measuring the outcomes

Ideas we want to revise or remove

I-13 Microbial Threats and Emerging Infections

- Add migration and travel issues, including screening strategies.
- Add investigating potential zoonotic diseases not yet seen in humans in research activities.
- Add development of diagnostics for unidentified emerging diseases.

Ideas we want to revise or remove

I-17 Vaccine Safety

- Include both vaccine risks and benefits to the public and targeted populations.
- Add, “Evaluate the importance and value of vaccines.”
- Add develop the best methods of communicating the value of vaccines.
- Analyze, evaluate, and record adverse events in vaccines to prevent erosion in vaccine uptake.

Ideas we want to revise or remove

- I-7 Health Disparities and Infectious Diseases
- Change title to “Health Equity and Infectious Diseases”
- Add research around education, communication, and prevention strategies and the evaluation of the strategies.
- Alternative/cultural approaches, protective factors of diverse populations.
- Merging I-11 (ID of vulnerable pops) with I-7.

Ideas we want to revise or remove

I-18 Vaccine Supply

- Change research title to Vaccine Supply and Delivery
- “Devise and test strategies to maintain multiple vaccine suppliers to ensure sufficient vaccine inventory” remove “redundant” and change to “multiple”
- Emphasis on vaccine supply to ensure that manufacturers produce adequate supplies of vaccines.
- Add research around innovations in vaccines, production, and efficacy of delivery, such as subunit vaccines, etc.
- Add research around vaccine combinations across lifespans and include a global approach – unified global approach to vaccine, delivery, and production.
- Research around how to effectively deliver vaccines with other partners or groups with public input.
- Clarity around true research versus policy development and CDC’s role.
- Add research examples, such as

Ideas we want to revise or remove

- Patient Safety (I-14) to include healthcare associated infections, evaluate, link and promote Electronic Medical Records (supports all clinical research)
- Infectious Disease and Chronic Disease Relationships (I-9)
- Evaluation impact on cost of personal respiratory protection programs

Ideas we want to add

- Prospective piece: Business practicality, we need a business plan in order to think out the financial implementation of the ideas we are coming up with – what's the plan for implementation? What's the best way to deliver, what's the lowest cost -- identify the most effective, most efficient, lowest cost ways of delivering services/products?
- Retrospective/Evaluation piece: Health policy, Government policy and need for political ? and it's impact on infectious disease (i.e., policies, access to care, etc.) What are the unexpected benefits, adverse effects?

Other Ideas

- Role of primary care in the role of infectious diseases
- Occupationally acquired infectious diseases
- Role of animals in infectious diseases. Value of animal born pathogen surveillance system.
- Research around where people are in relation to transmission of infectious disease (i.e., control of infection in nursing homes, child care centers)

General Comments about the Draft Agenda

- NIH/CDC/FDA/Others overlap
- Emphasize collaborative efforts to maximize research resources
- CDC's goals development impact and research agenda is not clear
- Include two new columns on all draft starter lists
 - Healthy People 2010
 - Other related agencies/businesses/entities
- Expand extramural funding to academic institutions and others
- Pandemic Influenza and Global Infectious Disease, Community Preparedness
- Priority Setting Criteria
 - Use criteria relevant and unique to CDC
 - Should include translational/operational research
 - CDC to cover orphaned areas other agencies do not cover
- CDC research is as important as NIH (budget should be as BIG \$\$)

Comments on the Agenda Development Process

- Agenda development process is great!
- Better if experts in this field are giving feedback and ideas in order to reach everyone.
- Prof neutral facilitators a plus.
- Needs to be transparent to CDC. Spend money to do some focus groups for public groups to get feedback/reactions
- Define stakeholders that will be working with CDC
- Remove barriers to public participation – reach everybody.
- There needs to be better and earlier communication to broad audiences/potential stakeholders

Cross-Cutting Research Breakout Session

March 31, 2005
Madison Room

Debbie Stark, University of Pittsburgh, Office of Child Development
& Gretchen Torres, Health Research and Educational Trust, AHA

Draft Research Agenda

- X1: New Research Methods and Tools
- X2: Data Science and Information Systems
- X3: Disease, Disability, Injury, and Exposure Surveillance
- X4: Burden of Disease
- X5: Eliminating Health Disparities
- X6: Community-Based Participatory Research
- X7: Health Education, Communication, and Marketing
- X8: Systems Research

Draft Research Agenda (continued)

- X9: Public Health Impact Evaluation
- X10: Translation and Dissemination of Effective Interventions
- X11: Workforce Training and Development
- X12: Economics and Public Health
- X13: Social and Behavioral Sciences in Public Health
- X14: Mental Health and Substance Abuse
- X15: Human Genomics in Public Health
- X16: Public Health Law and Policy
- X17: Ethics in Public Health

Cross-Cutting Research

- Keep all ideas, with adjustments to most
- Rename the group “Cross-Cutting Research and Innovation”

Cross-Cutting Research

- New and innovative tools, methods, and strategies for research and evaluation (X1, X2, X5, X6, X8, X9, X13)
 - Develop, evaluate, and validate new methods
 - More integrative approach to management information that improves public health outcomes (surveillance, clinical practices, best practices)
 - Models of community as partners in design and oversight of research design and evaluation
 - Whole system analysis of what sectors are addressing public health and in what ways
 - Incorporating strengths-based and community assets into evaluation and research methods and models

- Translation and Dissemination (X10, X16)
 - Translation and dissemination of research and evaluation in culturally competent ways, as well as various audiences
 - Ways to translate public health research and evaluation into policy and practice

- Addressing health disparities (X5, X6, X11)
 - Models for community-based participatory research
 - Workforce training and development that includes cultural competence, ethics, and recognition of literacy issues
 - Ways to include more culturally diverse groups in the public health workforce

- Economics of Public Health (X4, X12, X14)
 - Burden of illness
 - Include co-morbidities (e.g., mental health), prevention, and disease management
 - Prioritize among public health, health-care delivery, and community-based intervention
 - Return on investment, e.g., prevention and disease management, and early treatment

- Ethics and Accountability (X6, X13, X15, X16 X17)
 - Authentic engagement of community in research, design, evaluation, and oversight (accountability) (Where is the accountability after the IRB?)
 - Is good science good public health policy?
 - Public health research and evaluations are accountable to the community

Ideas we want to add

- Encourage development of interdisciplinary and intra-disciplinary research
 - Research on integrated approach by housing, education, transportation, workforce development, i.e., non-traditional partners
 - Research across health-care disciplines

Ideas we want to add (continued)

- Research on policies that perpetuate health disparities (to maximize use of limited resources)
- Innovation – as an agenda item for research (non-traditional research, programming, and methodology)

General Comments about the Draft Agenda

- Many items are not priorities (they are important but they are not the priorities)
- No ways to set priorities (no ways to compare *among* the workgroups)
- Some duplication of research being done by others

Comments on the Agenda Development Process

- No specific linkage with Healthy People 2010
- How much weight given to public input in agenda development process?
- Publicity too limited for truly inclusive input opportunities
- Look at “how we do business”
- Agenda list is too defined
- Consider town meetings *first*, and today’s process later
- Assure us that our input will affect the outcome