

Executive Summary: CDC Advisory Committee to the Director Meeting

May 1, 2008

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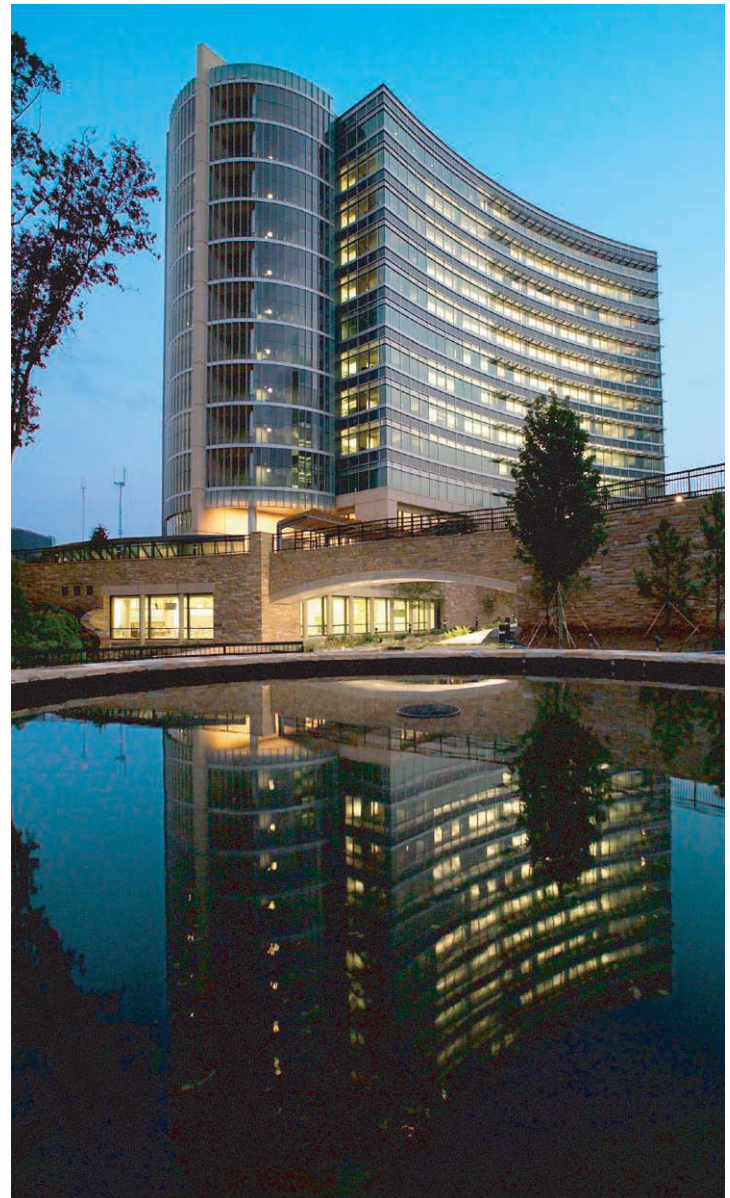
Agenda

and

List of Participants



**Executive Summary Release Date:
June 2008**



Executive Summary

Julie Louise Gerberding, MD, MPH, Director, Centers for Disease Control and Prevention, convened CDC's Advisory Committee to the Director in public session on May 1, 2008. The Advisory Committee to the Director comprises 18 recognized leaders in academia, business, public health, faith community, and the nonprofit sector, reflecting the multiple perspectives needed to address the national and global mission of CDC. Seventeen members attended this meeting, as well as the CDC Foundation's President and CEO and its Board Chairman, CDC's Executive Leadership Board (*see List of Participants*), other CDC staff, and the public.

The goals of the meeting were to

- Present and discuss the Director's charge to the Advisory Committee and priorities, including Health System Transformation and making America "A Healthiest Nation."
- Confirm and establish subcommittees
- Engage the Advisory Committee in establishing its strategic directions for the coming year.

Introductory Activities

- Leaders were sworn into service by Galen P. Carver, Director, Atlanta Human Resources Center, US Department of Health and Human Services.
- The new Chair of the Advisory Committee to the Director, Eduardo J. Sanchez, MD, MPH, opened the meeting, welcomed the members and audience, and asked members to state publicly any conflicts of interest or perceived conflicts with the agenda items. No conflicts or perceived conflicts were stated although Dr. Kenneth Mandl brought to attention that he directs a CDC Center of Excellence and is a grantee, and Ms. Linda Dillman brought to attention that she is a director for DOSSIA, a not-for-profit organization providing personal health records.
- Dr. Sanchez thanked the planning committee for today's agenda: Advisory Committee members—Dr. Nick Baird, Dr. Nisha Botchwey, Mark Collar, Debra Lappin, and Dr. Tom Nelson—and Dr. Brad Perkins, Federal Designated Official to the Advisory Committee, and CDC staff.

Director's Charge and Priorities

Dr. Gerberding explained what she hoped would be CDC's relationship with the Advisory Committee to the Director through a discussion of "Trust" and in the context of issues she had had to address in the 24 hours prior to this meeting—measles outbreak related to imported cases from Europe capable of propagation in the United States among children who have not been vaccinated because of parental fears of autism; weekly meeting of preparedness group on pandemic flu and topic of continuity of operations; meeting with biosurveillance coordination group; Hepatitis C cases in Nevada caused by improper injection techniques which is a tip-of-the-iceberg situation; and a first field training class in epidemiology outbreak investigations for Iraqi epidemiologists conducted by CDC in Bagdad. Many of these represent urgent threats. Equally important to the mission of the CDC is its work that relates to current realities such as chronic diseases resulting from obesity, tobacco use, etc. CDC needs Advisory Committee advice to prioritize and leverage support and other resources. She described the three components of Trust ("T-cubed/T³") as

- Truth—Telling the truth.
- Transparency—Letting the public know how CDC makes decisions.
- Transactions—Holding CDC accountable for making a difference and our results.



She also outlined four priorities in the form of the Director’s Statements of Intent:

- CDC Influenza Pandemic Operating Plan
- Biosurveillance Coordinating Unit
- Addressing Vaccine Safety
- CDC’s Health System Leadership Strategic Imperative: Creating “A Healthiest Nation,” the priority topic of the May 1 meeting.

Dr. Gerberding also briefly previewed globalization as a next priority for examination by the Advisory Committee to the Director.

Discussion

Trust

- One committee member found the “three T’s” (dimensions of trust as noted above) to be brilliant and noted how well these work. She commented that the truth is the beginning point, with the truth being the truth regardless of whether addressing urgent threats or urgent realities, but that the two tracks are not parallel related to transparency or transactions. For urgent threats, for example “Ebola,” the public does not expect much transparency. They just want results and the transaction, but as you start to move in other directions to address urgent realities, such as chemicals in the Great Lakes or how toxic is formaldehyde, there is a different call for transparency and for knowledge about the transactions that develop through partnerships. Transparency and transactions play out differently downstream for urgent threats versus urgent realities with openness being important to the public in how decisions are made.
- Dr. Gerberding elaborated on the concept of what is trust and what is trustworthiness, noting the absolute importance of truth and that one therefore would expect truth to produce high trust. However, there is a disconnect between trust and truth. Understanding this disconnect produced in her thinking transparency and transactions as dimensions of trust.

Expectations of the Advisory Committee by CDC

- One member asked Dr. Gerberding specifically about expectations of the committee, collectively and individually, and what would success from the Advisory Committee look like to CDC as well as failure.
- Dr. Gerberding responded that success would be advice, accountability, and advocacy. That the important role of this Committee is to take the highest level view of CDC’s strategy—to look at CDC’s mission and vision to see if our goals will be accomplished with the current trajectories, and to ask: is this the right strategy to achieve? In addition to advice, CDC wants the committee to hold the agency accountable. CDC wants the committee to ask hard questions, thus stimulating CDC to be more successful. CDC also wants advocacy from the committee, based on the members’ above average understanding of CDC, i.e., for the committee to advocate for what CDC needs to be successful. The outcome would be measurable progress in meeting the agency’s goals and excellence in organizational performance. Failure would be if the Advisory Committee to the Director merely became satisfied with CDC as it is. Failure would not be offering candid advice.
- Dr. Sanchez added that the committee needs to help CDC think about the challenges out there and to help CDC evolve its role in chronic diseases and the level of capacity for dialogue and addressing chronic diseases that it has for infectious diseases.
- Dr. Brad Perkins reminded the committee that members were selected not only for diversity of perspective but also as individuals who would really tell CDC the truth. He noted that from the business literature that the most important characteristic of successful boards is candor. By being candid, the Advisory Committee members would function to help CDC execute against a challenging external environment and to be successful.



Trust from the Public, the CDC Brand, and CDC Resources

- Another member, reflecting on the U.S. measles outbreak in 2008, noted that in 1989 he traveled around the country to raise public awareness of the need for parents to have their children vaccinated to prevent deaths from measles encephalitis and pneumonia. Today the reason for lack of vaccination is the fear of autism. He raised the question of how can we do a better job to educate our citizens about how they can find the truth because today a significant segment of society lacks trust in health professionals' evidence and recommendations—posing a challenge for CDC and for society as a whole, and for CDC in a leadership role.
- This member also raised the issues of how well prepared are we for pandemic flu as well as bioterrorism and how to obtain the necessary resources to be prepared when we anticipate problems. What can this body do as an advisory body and individually to change the environment so that when we do know we have a problem that is coming that we have the resources to be fully prepared?
- Dr. Gerberding, in responding to these questions noted that we are in a society where apparent truth can be created, and the intersection of science and society that is devoid of credentialing processes of the past, such as editors. The paternalistic approach to information is over. We also must do everything we can to protect the CDC brand because there are many organizations in the world that have the CDC name but not the CDC brand. The agency must learn to be person-focused rather than governmentally or scientifically focused in translating science in order to communicate with so many disparate citizens and people. We must make information relevant to people who make decisions, i.e., to Dr. Mom and Dr. Me. Dr. Gerberding referenced a recent *Lancet* article that reported that individuals found vaccine information on the web to be more useful (not more accurate) than information presented according to governmental requirements. She noted the establishment of CDC's new National Center for Health Marketing to focus on the science of effective communication to provide credibility and trust in our work.
- Dr. Gerberding, in responding to the questions of preparedness and obtaining resources in order to be prepared, referenced the common response, i.e., that we are more prepared today than yesterday and will be more prepared tomorrow, as absolutely true, and that indeed, she found there to be remarkable, astonishing progress in terms of pandemic preparedness. She stated the vulnerabilities in flu to be hospital or healthcare surge and the virus itself and not having a rapid vaccine manufacturing capability. For bioterrorism, she noted the many lanes of concerns and the main risk to be countermeasure delivery. She projected that she perceives a current vulnerability in bioterrorism during administrative, governmental transitions.
- She stated, in regard to CDC's resources, that when asked by Congress for her professional judgment of what we really needed to fulfill CDC's strategic framework and goals, that CDC would need about 15 billion dollars, not counting vaccine purchases. Much of this new budget would focus on three areas of research (practical and applied research to translate science, moving science to people both the haves and the have-nots, and issues related to threats). Additionally, many core programs have not received any new investments in over 10 years and these and emerging infectious diseases programs are very under funded.
- A member referenced the successful doubling of the NIH budget through efforts by Research!America, also noted Research!America efforts for CDC, and questioned the status of efforts for CDC.
- Dr. Gerberding acknowledged the efforts by Research!America and noted the Campaign for Public Health and the Public Health Caucus. Dr. Gerberding related the difficulty in competing for Congressional appropriations because this committee covers labor, education and health, and is a zero sum game, and that increases for health therefore would mean less for education, and more dollars for NIH mean fewer dollars for CDC. Appropriations for domestic programs do not look promising well into the future, so CDC must look to leveraging within HHS and to working with partners.
- One member asked where, within the broad mandate of CDC, could the Committee be most valuable to CDC, i.e., to strategically focus its energy.



- Dr Gerberding responded that she had chosen to focus today’s conversation on health system transformation and CDC’s leadership in this because at this time, this seems to be the most important strategy to accomplish CDC’s Health Protection Goals. The current health system of health and health delivery are misaligned with this intent. The nation’s current path of focusing on health care cost and access without considering the larger context of health is a danger to the country. This need for fundamental change has resonated in many conversations, CDC is passionate about this, the timing seems to be right, and the nation appears to be at a tipping point.
- A member responded that health system reform, having a system that focuses on health rather than tweaking healthcare, is the only way we will solve current health issues, that many organizations share this goal and have resources to assist beyond CDC’s resources, and that tackling the problem in groups and partnerships rather than as a single government agency will be more successful.
- One member in referring back to the issues of vaccines cited the IOM report, *Vaccine Safety Research, Data Access, and Public Trust*, produced some years ago, and questioned if there are new opportunities for data access to produce trust. That providing a platform for presenting all we know about vaccines and inviting inquiry might in itself be a transaction that would promote trust.
- Dr. Gerberding appreciated this perspective, but also added that beyond data which is a left brain activity, that trust refers to how people respond to information with their hearts, an emotional, right brain activity.
- Dr. Sanchez noted that this may not be an issue of data but of psychology and what is needed is to move the trust in the dyad of patient and physician to occur at the population level and that others have learned how to do this through public statements, testimony, and other means, and that this measles situation may be this opportunity.
- Regarding resources provided to CDC, Dr. Gerberding noted that Congressional appropriations were the source of funds for CDC’s new buildings and resulted from support of the Friends of CDC, some strong individuals, the CDC Foundation, and the bipartisan Georgia Delegation.
- One member asked about the kinds of partnerships that CDC can enter into outside of government as well as about CDC’s capacity to participate in the new world of communications.
- Dr. Gerberding defined partners as both organizations who receive funds from CDC and also alliances that share risk and leverage resources, stating that policies are in place to cover these relationships and opportunities exist through the CDC Foundation for partnerships. Therefore effectively there is nothing we can’t do through appropriate partnerships as long as the transactions are transparent and open.
- Regarding capacity for communication, Dr. Gerberding stressed the importance of, as well as the difficulties, facing CDC communications, in terms of fiscal resources. She described CDC’s National Center for Health Marketing, National Center for Public Health Informatics, and the National Center for Health Statistics as the three centers within the Coordinating Center for Health Information and Service for the vision of putting statistics together with informatics and the internet and marketing communication for integrated knowledge management. She reported that with parsimonious resources, CDC is winning prizes for reinventing of CDC’s internet and is moving into more user-friendly formats and is present on Second Life, YouTube, and Facebook. Dr. Gerberding described this as an area of great opportunity and innovation.
- Steve Solomon, MD, Director of the Coordinating Center for Health Information and Science, also responded that he saw no obstacles to partnerships that could not be overcome, and that CDC is pushing toward a vision of Web 2.0 and Public Health 2.0 for creating a different relationship with people who need services and who want to help direct the future of public health services, and who are after all the public.



- One member stated that CDC has all the professionalism in the world and opportunity to put its face before the American people. It is a terrific, diverse group of America's best and brightest, working across political lines and socioeconomic lines, for the good of Americans, and that CDC can create a brand that projects the warmth, depth, and personality for the agency that is not the cold statistical government norm. This brand will build CDC's trust and transparency as the voice of health in this country.
- Dr. Gerberding concurred in this image and has observed it when CDC works in the field, but noted CDC's traditional style of partnership has been behind the scenes and supporting others rather than putting its own face on success.
- One member offered a comment on how CDC should relate to the media, suggesting that, to fill the gap of health sophistication among some local and other country local journalists, that CDC have, in essence, a daily school of interactions whereby journalists can interact with CDC face to face in Atlanta, through the internet, and contacts at CDC to interpret health correctly.
- Dr. Gerberding stated that it is important to help the press and the public understand that health system transformation needs to do more than focus on cost, access, and quality, but on health and sustaining health, which are the real solutions to the problem.
- One member asked about the organizational buy-in of CDC staff on the concept of transforming the health system.
- Dr. Gerberding responded that in her all-hands meetings across CDC last summer, it was wonderfully striking how much resonance there was with this topic. Kathleen Toomey, MD, MPH, Director of CDC's Coordinating Center for Health Promotion, reinforced this idea and also mentioned the aggressive agencywide work "Go Green, Get Healthy" on worksite health and the environment to show CDC as an exemplar in this area.
- One member stated that in many instances CDC is better appreciated abroad, likely because of its focus on infectious diseases, than by people in the United States. The public does not know about the importance of CDC's work on chronic diseases, partly because of the difficulty in discussing health and health savings in this area. Thus one of the major challenges for this committee is to do everything it can to make sure the public understands CDC's work and its importance, so that in times of transition, organizations and the public will stand up for CDC.
- In a closing comment for this session, Dr. Gerberding stated that the Advisory Committee to the Director typically meets in person twice yearly, but she needed to let them know that if a situation might evolve that would require their attention, she might need to reconvene them again in person or by conference call.

A Healthiest Nation through Health System Transformation—Priority Item for the Advisory Committee to the Director

Background and Progress

The Advisory Committee to the Director next was updated about progress on health system transformation made since a strategy planning meeting on November 1, 2007:

- Debra R. Lappin, JD, reported on the project Role of Health as a Factor in U.S. Global Economic Competitiveness, the workgroup she convened on this topic in January 2008, and a resulting draft report *Flat Earth. Flat Line How Health Is Killing America's Ability to Compete*. According to Ms. Lappin, health is a silent variable in the competitiveness equation. When the report is ready, it will be shared with Advisory Committee to the Director members. This paper will factor into our thinking about *A Healthiest Nation* and help to make the argument about why investment in health, and not just healthcare, is necessary.



- Steve Solomon, MD, Director, Coordinating Center for Health Information and Service, CDC, presented progress on the third annual Leaders to Leaders Meeting, July 8–9, 2008, Washington, DC, *Shaping Policy for a Healthier Nation*, which is co-sponsored by CDC, the Association of State and Territorial Health Officials (representing state-level governmental public health), and the National Association of County and City Health Officials (representing county- and city-level governmental public health). Discussions will be about policies, not only at the national level, but in organizations such as business and faith communities, i.e., all sectors, and as leaders.
- James Nicholson Baird, Jr., MD, updated other committee members on the *Healthiest Nation Alliance*, an alliance founded by local, state, and federal (CDC) governmental public health organizations. According to Dr. Baird, although the *Alliance* was initiated by governmental public health, we recognize that government alone cannot drive health system change, so we are planning to engage both the public and private sectors, particularly the business community. For the past several months, the *Alliance* has been building momentum, and convened a meeting on April 16, 2008, of 20 diverse health stakeholders to explore their interest in participating in the *Alliance*. We would like to continue that conversation with the Advisory Committee to the Director for input on leveraging resources, reframing the debate, building the case for the call to action, and engaging in resource and policy issues. The *Alliance* would like to make this a national priority and to create alignment, collaboration, and partnership for health system leadership.
- Dr. Sanchez called on Dr. Perkins for other highlights. Dr. Perkins asked that the Advisory Committee to the Director consider the pre-read materials provided for the meeting, particularly the marketing piece, *Countdown to A Healthiest Nation* and the Director’s Intent which identifies six lanes of action towards a Healthiest Nation: (1) Expanding the vision, (2) Empowering leaders, (3) Energizing people, (4) Enacting health in all policies, (5) Executing Health Protection Goals, and (6) and Evaluating health.. He mentioned the complex systems modeling of health system change done by CDC employee Bobby Milstein, and CDC’s intent to create a “serious game” out of this model to examine the estimated health impacts and costs associated with major policy strategies for health system change over a five-decade period. CDC is considering broad diffusion of this “game” to help policy leaders understand and make better decisions about health system change.

Discussion

The Advisory Committee to the Director engaged in discussion regarding CDC’s role in health system transformation. Some of the main ideas are summarized below by topic areas:

Right time for health system transformation

- We are in a time of opportunity and need to seize the moment in transforming America’s health system. The change in administration is an opportunity for change. At the Kellogg Foundation’s meeting this week, there was a conversation about food system transformation and the parallels with health system transformation are uncanny. Issues such as security, health promotion, equity, and personal responsibility were all raised.
- The timing couldn’t be better for the *A Healthiest Nation* campaign; however, time is growing short, and CDC needs to create a sense of urgency.
- CDC needs to look to balance its portfolio between having to respond and a healthiest nation, with the healthiest nation getting second place unless there is a balance.
- CDC can have an impact on a healthiest nation like no other agency, but CDC will have to pay priority to its retail role. This is a public health issue, not a research issue. CDC is a world class agency because of knowledge, reliability, and know-how, and because it is evidence based.
- Obesity and access to care are among top 10 concerns to people per a recent survey; first time obesity is in top 10 health concerns—it is the second concern, second to cancer.



Branding CDC and “A Healthiest Nation” campaign

- Brand no longer reaches consumers as a message; it must become part of culture. Health must become culture, a value that needs to be internalized by the consumer.

Human Scale—Not Wholesale

- Do things in bite sizes that people can understand. Put things in human scale as opposed to policy. CDC should look at creating a theme and more identifiable brand. It should be kept simple and tangible. The example of a tangible, simple brand was demonstrated with the supplying of 1000 bicycles at the upcoming Democratic and Republican National Conventions, and the iconic symbolism of the bike—freedom, childhood, etc. Both convention cities offer opportunities to build the CDC brand in this connection.
- The process of health system change needs to include unpaid and collaborative media. We have to tell stories that are about real life, stories that are motivators for those who want to be healthier. Beyond national news, such as the *New York Times*, local newspapers can be quite powerful as well as the new communication vehicles.
- CDC needs to be, perhaps with the *Healthiest Nation Alliance*, the enabler to use the new tools—Facebook, YouTube—collaborative media to discuss health. Collaborative media can be used to tell stories of people, to motivate people around health. An example of collaborative media is NIKE’s Running the Human Race which will tell 1,000 stories.
- CDC is thinking about how to engage people where they are, where they work, where they play. CDC is exploring new media and is thinking a lot about mobile. Partnerships with media will be very important in order to provide these messages.
- Health is happening everywhere all the time. Even in places like Genesee, Michigan, an economically deprived community, they said infant mortality was too high; they did something and are saving babies lives. These stories need to be told.
- Interesting conversations about people’s frustrations with health and health care are occurring. The word “health system” can be alienating because it sounds like something people don’t normally talk about. We need to capture something similar to Kaiser’s *Thrive* campaign, which is morale boosting and positive about how you as an individual can take charge of health. “Let’s all work individually and as communities to work to stay out of the system by keeping healthy.” CDC should validate home-grown activities and give them something like a “seal of approval.”

Engaging People to Be Part of A Healthiest Nation

- Validation is important—if people recognize CDC as a validator, it could give hope to other people who feel powerless. We need to bring optimism back because we cannot have physical health without mental health. If people feel they have achieved something, mental health will thrive.
- AARP recently found for the first time in recent history that people don’t feel like the next generation will be better off than they are. There is a sense of pessimism among people. AARP is giving people a chance to tell their stories and express their concerns, and not make it about Washington, D.C. statistics—real people telling real stories are much more impactful.
- We need to connect optimism and a positive attitude with the role of CDC, and CDC should not view itself as wholesale or limited, stated a board member. CDC can be the convener in its own right, a force for change that can motivate and bring people along. There are thousands of barriers and people who will say “no,” but just think of the power CDC can have.



- The issue of the strategic importance of knowing who is your customer for *A Healthiest Nation* campaign was raised, along with the point that CDC needs to get alignment across cross-functional teams about who is going to deliver messages, who we are trying to talk to, and be certain that all of what we are doing is focused on that end person or particular segment. Although the target audience can change, we need a good starting point.
- A member offered that this health system leadership initiative could be a great way to expand impact and leverage and suggested unique activities as part of the campaign such as running, walking, and swimming events. Such events can be used for sharing information, e.g., having information booths on immunization, offering simple medical check-ups, and providing dietary information. We need to be trying to empower people and give them information to change behaviors and lifestyles.

Input and Discussion on CDC's Role in the Healthiest Nation Alliance

Dr. Gerberding stated that CDC is committed to a concept of “A Healthiest Nation” regardless of being part of an alliance, but was excited when ASTHO and NACCHO arrived at the same conclusion for leadership for a healthiest nation almost simultaneously with CDC. Creating an integrated strategy for governmental public health to work collaboratively across local, county, state, and federal public health agencies on a single initiative had never been done before by these agencies. However, once we concluded we should be providing some of the leadership around “A Healthiest Nation” and our nation should be “A Healthiest Nation,” we asked what is the where and the how.

We have embraced the idea of *A Healthiest Nation Alliance* to become a connector for organizations of people committed to the same concept—“A Healthiest Nation.” CDC is committed to a set of activities within the alliance but also independently to lanes of activities as indicated within the Director's Intent—CDC's Health System Leadership Strategic Imperative: Creating “A Healthiest Nation.” We recognize there are some things CDC is uniquely responsible for and can uniquely do alone better and some things the alliance can do alone, but all contribute to a healthiest nation. We conceptually agree fully with consumer engagement as how to become a healthier nation, not for organizations to be more connected, or to develop common strategies. What we can do in government and with the alliance of a large number of organizations is simultaneously advocate for the policy environment of evidence-based policies that support change. Discussion called for the need to clarify what organizations, including business, would be asked to do as a member of the *Healthiest Nation Alliance* and to differentiate between the efforts of Partnership for Prevention and the *Healthiest Nation Alliance*.

Two motions were made and unanimously approved in this session as follows:

- 1) “The Committee supports the Director's Intent—CDC's Health System Leadership Strategic Imperative: Creating ‘A Healthiest Nation.’”
- 2) “The Committee strongly supports CDC's participation in the *Healthiest Nation Alliance*, consistent with the Director's Intent—CDC's Health System Leadership Strategic Imperative: Creating ‘A Healthiest Nation,’ subject to periodic review.”

The members of the Advisory Committee to the Director addressed five questions related to CDC's role in the *Healthiest Nation Alliance*. Their comments, insights, and suggestions follow:

1. Who Should Be the Target Audience for a First “Call to Action” by the Alliance (e.g., leaders across sectors, leaders in specific sectors, public)?

- We need to target youth, because many of the youth today are not conscious of the need to eat healthy foods and not getting this message at home. We reach them through YouTube and MySpace and iPod to bring them to the table. CDC needs a group that reflects youth to see what they have to say (ages 14–19) and how CDC can best reach youth.



- Perhaps, there should not be a target audience and try to flip the paradigm. Rather, the *Healthiest Nation Alliance* should create a venue for people to come to what looks like a festival of ideas. The solution to health system change is going to come from creating a supportive platform that allows ideas and activities to grow rather than going in as experts with all the answers. Communities/the world are much smarter than experts, and at any moment in time everyone is a teacher and a learner. CDC should create an environment that allows that idea to play out. We can use technology as a mass convener, without having people necessarily all in one place and increasing the carbon footprint.
- The target should be the customer. The others are the channels. CDC should use other organizations, particularly businesses, as channels for communication. A concern that we will preach to those who already believe was raised. When you tell people distant things or things remote from them and their daily lives, there's not much an individual can do about it. If however, you tell people how they can improve what they can touch, feel, and see—such as their home, neighborhood, parks, and community—all of a sudden they see an action that they can take and they may become engaged. Average woman spends 94 hours per year in a grocery store. Communicating with people where they are already going to be—not trying to get them to go somewhere they don't normally go—is important. Not everyone is high tech or highly educated, and those are among the people who most need assistance. If we go high tech and reach people who are already interested, we will miss others—as examples, 30% of Wal-Mart's associates do not have computers; 25% do not have bank accounts.

2. How Should the “CDC” Brand Be Positioned to Support the Alliance?

- The *Healthiest Nation Alliance* does not need to duplicate efforts but we need to connect the dots under an umbrella. Many groups are good at identifying problems but not providing a roadmap for a solution. Some options to be considered are opportunities for collaboration and engagement in getting buy-in from other groups critical to these issues. So the *Healthiest Nation Alliance* might have role of convening groups to discuss the major issues and then to get buy-in to the issues and solutions.
- Creating a platform is powerful and allows differentiation based on CDC's abilities. Measurement is essential, and CDC can implement programs and measure impact. This is a great opportunity to not just bring people together; but also to see what is going on and test things.
- CDC should become the entity that encourages innovation and empowers others that are spending money, wanting to make changes for their own reasons. CDC *should be* and *be seen* as the entity driving health system leadership, “the wind behind the sails.”

3. What Kind(s) of “Call to Action” Should the Alliance Consider?

- Dr. Sanchez discussed a model where CDC would be a partner in the *Healthiest Nation Alliance* but not host the event. He brought up the model of Energy Star, and the possibility that the *Healthiest Nation Alliance* or CDC would have the equivalent “Health Star” certification model. Another example is the Clinton commitment model to get people to make a commitment to doing things for their health. Another model presented was the Wal-Mart's sustainability program where they empower associates to voluntarily choose something they are passionate about and make a personal commitment that is achievable. The need for a single symbol that covers everything across all areas of health, such as a certification program for healthy foods, was mentioned.
- The Save 100,000 Lives campaign was described as another example. The United Kingdom project as a model with incentives was described.
- Make the call to action tangible and measurable. CDC should create a platform that is health and sustainability (i.e., merging health and environment issues) related—walk more, bike more, or eat less.
- As CDC and the *Healthiest Nation Alliance* look at models, it's critical to include the entire community because not everyone has the same access. Focus on community pillars such as churches as a place for health—by doing this the *Healthiest Nation Alliance* can get more people to the table and engaged.



- Americans are worrying that society is decaying. The *Healthiest Nation Alliance* could actually make us the healthiest nation through sustainability of practices, energy independence, and responsibility. The Blue Movement discussion [a prereading selection from the Advisory Committee to the Director briefing book] puts people at the center of dialogue. We need to bring left and right together around their own self-interest and sustainability of our country. According to a committee member, with this powerful movement, we can put America first.
 - A couple of members noted that the *Healthiest Nation Alliance* needs to include other organizations such as Boys and Girls Clubs, YMCA, parks, and recreation facilities and have events across the nation. It needs to bring in organizations to talk about health as a culture change to develop messages. It is important to speak to constituencies in a language they understand—there cannot be just one message. By setting standards high for ourselves, we set them higher for the world. CDC must reach consumers in ways that give them a sense of mission and optimism. She added that the *Healthiest Nation Alliance* needs to use health as a potential new tool for a movement of individual actions.
 - Possibility there is a gap for a symbol of health where the CDC could step in.
 - America excels at media and has a lot to tell the world about health. Use health as a new tool of America's greatness and leadership.
 - Outcomes and commitment seem more appropriate at this time rather than certification.
- 4. Should We Consider Using the Apollo Program Metaphor Time Frame (8 years and 59 days) for an Alliance "Call(s) to Action" to Become A Healthiest Nation?**
- The *Healthiest Nation Alliance* felt really "big" to many members as they referred back to the Wal-Mart program that was customized and directed to individuals. Many felt that the verbiage needed work to include individuals in the *Healthiest Nation Alliance* so they feel like they are part of it. It was stated that the alliance should be about a healthiest person, as part of healthiest family, healthiest organization, healthiest community, healthiest state, and healthiest nation. It will take personal and institutional change to make this happen. The term was able to be cascaded in New York—healthiest family, healthiest community, healthiest state, healthiest nation.
 - Many members commented on the Apollo Program metaphor and the 8 years 59 days. One said that the *Healthy People 2010* years keep passing and noted that it is very hard for anyone to stay motivated by one concept for eight years. To have people stay motivated, this member suggested having a theme each year to make it more tangible to communities and to make it more measurable in immediate terms so people can feel a sense of accomplishment. Another member suggested publishing an annual report card—based on use of report cards used in the heart disease campaign in—on how we were doing—which would put the program in context and give people a sense that the program is working on a larger scale. The report card can also be a catalyst for volunteers throughout country. Setting 15 year goals for cancer was an effective tool to maintain motivation and to identify what was needed to meet the goals.
 - One member wondered if the analogy is right for this initiative because the Apollo launch was a spectator sport for Americans to watch, not an initiative where people participated which is what we want to achieve. The image has been used in this initiative to motivate leaders.
 - Despite powerful rhetoric, success comes down to what it means for individuals, family, and possibly neighborhood. The *Healthiest Nation Alliance* has to build local connections and make clear (*the ask or opportunity*) what people need to do or what they can do. Real people should tell their stories so the public can see themselves in stories of real people.
 - Need to think through the message, who will deliver it, and what will be memorable.



5. How and When Should an Alliance “Call to Action” Be Launched (e.g. “How”: Traditional Hotel Ballroom, Live Internet Streaming Satellite Broadcast Multiple Locations, Virtual IBM Jam*, and “When”: November 2008, Early 2009, Other)?

- Creating ideas that are measurable to people and not just scientists is vital. If we can figure out how to measure the launch, things will change. Health means different things to different people, and people have many ideas.
- The *Healthiest Nation Alliance* will seek CDC’s guidance for the launch and use technology to get a mass of people at the same time. National Association of County and City Health Officials and Association of State and Territorial Health Officials are looking to CDC for when the launch should take place and how.
- The election in November and the inauguration in January may be a good time to do the launch, with a milestone at the Leaders to Leaders conference in July 2008. Part of the preparation for the July 2008 meeting is a conversation regarding where and what date for a launch. One member noted that it seems that the change in administration is time to launch.
- One committee member suggested that September or October is the right time, when there are two presidential candidates. A who’s who of corporations could stand behind 10 working Americans who say this is what they need and what they want. Health system leadership will have tremendous power across constituencies and could be a powerful moment of truth for our country that transcends political parties. This issue transcends the politics of today. The *Healthiest Nation Alliance* needs a great platform to describe sense of urgency and to have public health departments around the country describe how bad the problem has become.
- Health will not stay on the political agenda on the basis of what is going on in the world. DC and the *Healthiest Nation Alliance* should find people who can keep messages in the news, understand the media and CDC’s role, and be conduits of communication. A member guided the alliance to become more focused and suggested giving people something to focus on that they care about and on which the *Healthiest Nation Alliance* can galvanize conversation.
- One member stated *this* is the moment.

Public Comments

Two public comment periods were held, one in the morning and one in the afternoon. One person spoke at each period:

- The first person asked for assistance by the CDC in addressing Morgellons disease, specifically a “Dear Doctor” letter about the disease.
- The second person made comments regarding *Healthiest Nation*, noting the opportunity to discuss health in the context of the public good and limited resources (by 2050 the health costs would consume the federal budget); the difference in meaning for the two phrases—“A” *Healthiest Nation* versus “The” *Healthiest Nation*; the Apollo analogy flaw of not being a situation where things had to be given up which is not the case regarding health; and that the alliance should have nongovernmental members such as Rotary.

Advisory Committee to the Director’s Subcommittees

Comments, Decisions, and Actions

Dr. Gerberding stated that the Advisory Committee to the Director may establish subcommittees to the Advisory Committee as long as one member of the Advisory Committee sits as a member of the subcommittee. Members were asked to consider serving on subcommittees.



Presentations were given on the two established subcommittees (Health Disparities and Ethics) and one proposed subcommittee (National Biosurveillance— human health surveillance for all hazards— called for by Homeland Security Presidential Directive-21).

Health Disparities

- All previous recommendations have been presented and approved by to the ACD. There is no subcommittee work pending approval.
- Healthiest Nation work on disparities/health equity should be addressed by this subcommittee; health equity is included in this subcommittee’s purview.
- Cultural anthropology should be a discipline on this subcommittee.
- Subcommittee usually has one face-to-face and two teleconference (1 hour) meetings per year.

Ethics

- Appreciation of the work of this subcommittee as a resource to State Health Officials.
- An ethics desk (focus) is included in the CDC’s Emergency Operations Center.
- Dr. Sanchez heard motion and second to the motion, “to accept this report [Stockpiling Antiviral Drugs for Pandemic Influenza: The Key Ethical Principles]”; he asked for discussion—there was no discussion; he called for the question (“all those in favor of accepting this report, raise your right hand”); he called for show of hands for approval/disapproval. He pronounced, “The vote is unanimous to accept this report.”
- Subcommittee usually meets face-to-face three times per year with additional teleconference work group sessions.
- This Advisory Committee reports to the Director, but this Advisory Committee to the Director and CDC’s other advisory committees (CDC’s 12 boards of scientific councilors and other advisors—Advisory Committee on Immunization Practice, on Guidelines for Infection Control Practices in health care settings, etc.) use their authority to inform others of their recommendations and findings—sometimes running this through CDC and sometimes not—making these committees, depending on the customer or products, extremely powerful.
- CDC not strong yet on citizen participation and involvement in our advisory process, but may revisit in the future (with the Advisory Committee to the Director) as CDC focuses on its customer-centricity strategic imperative.

National Biosurveillance

Homeland Security Presidential Directive-21 calls for this advisory committee (subcommittee), paragraph 22 and relates to paragraph 21.

- Subcommittee would meet up to four times per year.
- Cross-agency support for this committee and these activities is positive.
- CDC is the appropriate leader for this effort, building on strength and capability (global disease detection network, Biofusion, Biosense, etc.); at this time there is no budget for this new expectation; this effort will need full guidance from the Advisory Committee on the vision and what it will take to do this right; this is a national imperative.
- Dr. Sanchez asked, “Do I hear a motion to establish a National Biosurveillance Subcommittee?” Dr. Sanchez called the question to vote by show of right hands. Dr. Sanchez stated, “So we have unanimous vote to create the National Biosurveillance Subcommittee.”

Within 7–10 days of this meeting, the Advisory Committee will proceed to identify its members to serve on these subcommittees so they can proceed on questions/issues that can be addressed at the subcommittee level.



Overall Meeting Accomplishments

- Members of the Advisory Committee to the Director were formally sworn in and welcomed.
- Dr. Gerberding presented her expectations of the Advisory Committee to the Director and four of her priorities.
- Committee members openly discussed general issues and concerns about CDC and offered recommendations and ideas for addressing some of those matters.
- Committee members were informed about progress on health system transformation and the development of the Healthiest Nation Alliance.
- Committee members provided significant insights regarding CDC's role in health system transformation, the role of the *Healthiest Nation Alliance*, and five questions regarding CDC's role in the *Healthiest Nation Alliance*.
- Committee members through formal motions and voting supported CDC's Director's Intent—CDC's Health System Leadership Strategic Imperative: Creating "A Healthiest Nation" and CDC's participation in the *Healthiest Nation Alliance* within the parameters of the Director's Intent and subject to periodic review.
- Presentations were given by the Federal Designated Official for the Health Disparities Subcommittee and the incoming Chair of the Ethics Subcommittee.
- The report, "Stockpiling Antiviral Drugs for Pandemic Influenza: The Key Ethical Principles" from the Ethics Subcommittee was unanimously accepted.
- A National Biosurveillance Subcommittee was recommended and established.

**The next Advisory Committee to the Director meeting is scheduled for
October 30, 2008**

Appendix A

May 1, 2008 Meeting Agenda

Advisory Committee to the Director

May 1

8:00–8:30 am	Welcome and Introductions Dr. Eduardo Sanchez, Chair, Advisory Committee to the Director Advisory Committee to the Director Swearing-In by Mr. Galen Carver and USPHS Honor Cadre*
8:30–9:45 am	Director's Charge, Priorities, and Discussion Dr. Julie Gerberding
9:45–10:00 am	Public Comments
10:00–10:15 am	Break
10:15–10:45 am	Background and Progress: <i>A Healthiest Nation</i> Through Health System Transformation
10:45 am–12:15 pm	Input, Discussion, and Recommendations on CDC's role in <i>Healthiest Nation Alliance</i>
12:15–1:00 pm	Lunch
1:00–2:30 pm	Continued—Input, Discussion, and Recommendations on CDC's Role in <i>Healthiest National Alliance</i>
2:30–2:45 pm	Public Comments
2:45–3:45 pm	Advisory Committee to the Director Subcommittees and Other Group Work—Recommendations and Decisions
3:45–4:00 pm	Summary and Concluding Remarks Dr. Sanchez

*Galen P. Carver, MS, PE, Director, Atlanta Human Resources Center
U.S. Department of Health and Human Services
Members of the USPHS Honor Cadre

Appendix B—Participants Advisory Committee to the Director

Chair: Eduardo J. Sanchez, MD, MPH, Institute for Health Policy, Professor, Division of Management, Policy and Community Health, The University of Texas Health Science Center at Houston School of Public Health; currently Vice President and Chief Medical Officer of BlueCross BlueShield of Texas

James Nicholson Baird, Jr., MD, President, Stillwater Solutions, LLC

R. Palmer Beasley, MD, Dean and Ashbel Smith Professor of Epidemiology School of Public Health, The University of Texas-Houston Health Science Center

Vivian Berryhill, President and Founder, National Coalition of Pastors' Spouses

Nisha D. Botchwey, PhD, Assistant Professor, Urban and Environmental Planning and Public Health, School of Architecture, University of Virginia

Sanford R. Climan, MBA, MS, President, Entertainment Media Ventures, Inc., and Executive Producer, U23D

Mark A. Collar, Former President, Global Pharmaceuticals and Personal Health, The Procter & Gamble Company, Inc.

Suzanne F. Delbanco, PhD, founding CEO of the Leapfrog Group

Linda M. Dillman, Executive Vice President, Benefits and Risk Management, Wal-Mart Stores, Inc.

Mary Kelly, Vice President, General Merchandise Manager, Healthcare, Target Stores, Inc

Debra R. Lappin, JD, Senior Vice President, B&D Consulting, LLC

Jonathan T. Lord, MD, Senior Vice President and Chief Innovation Officer, Humana, Inc.

Kenneth D. Mandl, MD, MPH, Associate Professor, Harvard Medical School, and Director, Intelligent Health Laboratory, Children's Hospital Informatics Program, Children's Hospital Boston

Thomas C. Nelson, PhD, Chief Operating Officer, American Association of Retired Persons

John R. Seffrin, PhD, Chief Executive Officer, American Cancer Society

The Honorable Louis W. Sullivan, MD, President Emeritus, Morehouse School of Medicine

M. Cass Wheeler, Chief Executive Officer, American Heart Association, Inc.

(Note: **Jay I. Goodman**, PhD, Professor, Pharmacology and Toxicology, Michigan State University, unable to attend)

CDC Executive Leadership Board

Julie Louise Gerberding, MD, MPH, Director, Centers for Disease Control and Prevention

Stephanie B. C. Bailey, MD, MS, Chief, Office of Chief of Public Health Practice, Office of the Director

Richard E. Besser, MD, Director, Coordinating Office for Terrorism Preparedness and Emergency Response

Stephen B. Blount, MD, MPH, Director, Coordinating Office for Global Health

Mitchell L. Cohen, MD, Director, Coordinating Center for Infectious Diseases

Henry Falk, MD, MPH, Director, Coordinating Center for Environmental Health and Injury Prevention

Donna Garland, Chief, Office of Enterprise Communication, Office of the Director

Joseph M. Henderson, MPA, Acting Chief Operating Officer, Office of Chief Operating Officer, Office of the Director

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CDC Foundation

Phil Jacobs, Chair, CDC Foundation Board of Directors and Retired President, AT&T, Southeast Business Communications Services

Charles Stokes, President and CEO, CDC Foundation