

# Community Preparedness and Response Breakout Session

March 18, 2005

Café A

Jim Shultz

University of Miami School of Medicine



## 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

# Community Preparedness

## Ideas we want to keep

- General endorsement for the complete set of themes—with some mergers and wording revisions

## Ideas we want to keep

- Strong consensus on themes related to:
  - epidemiologic surveillance
  - diagnostic methodology
  - critical infrastructure
  - public health workforce issues
  - drills and simulations
  - public health/behavioral health integration
  - evaluation to document that outcomes have been achieved

## Ideas we want to revise or remove

- Recommendation to merge themes with common elements:
  - Risk Communications:  
Incorporate and combine C13 into C11
  - Local and Community Strategies:  
Incorporate and combine: C17 into C16

(Net loss of two research themes)

## Ideas we want to revise or remove

- Recommendation to separate risk assessment and risk management:
  - **Risk Assessment/Hazard Analysis:**  
Retain this theme within C4  
Eliminate risk management from C4
  - **Risk Management:**  
Retain this theme within C10 only

# Community Preparedness

## Ideas we want to revise or remove

- Recommendation to change “human migration” to “**population movement**” in C7
- Recommendation to change “community and regional response” to “**drills and simulations**” in C18



## Ideas we want to add

### Research on:

- Special populations in disasters
- Cross-cultural issues in disasters
- Rapid translation of lessons learned in disasters into future improvements in preparedness and response

## General Comments about Draft Agenda

- Recommendation to pose the wording of theme descriptions in terms of **research** rather than outcomes
- Recommendation to incorporate and emphasize **disaster behavioral health** issues throughout the themes

## General Comments about Draft Agenda

- Recommendation to consider implications of existing policies for implementation of the theme-focused research
- Recommendation to be clear, concise, and non-redundant in research theme descriptions

## Comments on the Agenda Development Process

- Recommendation to maintain ongoing public participation in the evolving theme-based research agenda
- Recommendation to review and enhance patterns of participation in public input meetings
- Recommendation to enlarge participation of the scientific community

## Comments on the Agenda Development Process

- Issue raised: To what extent will the public input meetings influence or guide the developing research agenda?
- Issue raised: How does the CDC transformation process influence the process of developing the research agenda?

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

March 18, 2005

Room 127

Larry M. Gentilello, M.D., Professor and Chairman  
University of Texas Southwestern Medical Center at Dallas



# 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
- 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
- E20: Organization of Work
- E21: Work Related Skin Exposure and Disease



## Ideas we want to keep

- Most, but with revisions

## Ideas we want to revise or delete

- E1: Environmental Risk Factors
  - Too broad to be useful, make more specific
  - Expand to all life stages
  - Includes outcomes, e.g. for EMF
  - Prioritize with surveillance findings
  - Assess exposures via bio-monitoring databases and other data available
- E2: Chemical Mixtures
  - Include both environmental and occupational exposures

## Ideas we want to revise or delete

- E3: Bio-Monitoring Methods and Tools
  - Develop as well as evaluate methods
- E4: Environmental Health Interventions
  - Replace with Health Impact Assessment
  - Include risk assessment/communication
  - Partner with community (for involvement and accountability)

## Ideas we want to revise or delete

- E5: Built Environment and Health
  - Expand to include all life stages
  - All elements of Healthy Places Initiative, treat each element individually (communities, homes, workplaces, schools/daycare facilities, hospitals and healthcare facilities, transportation including commuting to work, parks and public spaces, and religious facilities)
  - Location of structure (power lines, toxic sites, roads)

## Ideas we want to revise or delete

- E6: Lead Exposure and Health
  - Remove, but include with Health Disparities, Occupation, Built Environment, etc.
- E7: Environmental Data and Information Systems
  - Add “health tracking” concept

# Ideas we want to revise or delete

- E8: Injury and Violence Prevention Interventions
  - Define/develop best practices, e.g., for pre-EMS, acute care, rehabilitation, and post-event care
  - Substance abuse – Methods for optimally screening consistent with ER environment, intervention for non-mental health specialists
  - Better markers of long term outcomes (especially mental health and other functional outcomes)

# Ideas we want to revise or delete

- E9: Injury Translation and Dissemination Research
  - Include innovative methods of disseminating, implementing, and sustaining best practices
  - Consider the audience
- E10: Injury Related Health Disparities
  - Include “community-centered” studies, and interventions

# Ideas we want to revise or delete

**Combine the following three ideas into:**

“Adolescent Intentional and Unintentional Injury”

- E11: Risk and Protective Factors of Adolescent Unintentional Injury
- E12: Risk and Protective Factors of Adolescent Violence and Suicidal Behavior
- E14: Parenting and Injury Prevention in Children/Adolescents
  - Include passive interventions such as improved engineering and ergonomics, and improved policies and regulations



# Ideas we want to revise or delete

## E13: Trauma Systems Research

- Include post-hospital, pre-EMS, and emergency care networks

## E15: Connection Between Multiple Forms of Violence

- Include all life stages, combine with mental health

## Ideas we want to revise or delete

- E16: Occupational Injuries (combine with E18 and E21)
  - Rename to “occupational injuries and illnesses”
  - Identify and define risk factors and determinants
  - Include bio-monitoring and surveillance
  - Focused on vulnerable populations and high-risk occupations
- E17: Occupational Respiratory Disease
  - Rename to “Occupational Injury and Illness Interventions”
  - Focused on vulnerable populations and high-risk occupations

## Ideas we want to revise or delete

- E19: Workplace Control Technologies and Personal Protective Equipment (PPE)
  - Remove. The new focus is “Sustainability and Health”
- E20: Organization of Work
  - Include outcomes of mental health and stress

## Ideas we want to add

- Global climate change
- Sustainability and health
  - Sustainable development
  - Industrial ecology
  - Cleaner production
- Risk factors and surveillance of intentional and unintentional injuries (patients/families)
- Prevention research in the context of acute care (primary, secondary, and tertiary)

## General Comments about the Draft Agenda

- Broad topics are “almost useless”
- Consider text book criteria – the standard analytic framework for implementing and evaluating public health needs. For example, incidence, prevalence, severity, solvability, communicability, political support.

## Comments on the Agenda Development Process

- Provide previous breakout session results
- Better breakout meeting space
- No Friday meetings
- Make available the session participant lists by group and location
- Receive information, schedules, and logistics earlier

# Global Health Breakout Session

March 18, 2005  
Room 406

Dr. Arlene Lester,  
US Department of Health and Human Services,  
Office of Public Health and Science



## 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 “developing countries”
- Use of term “international” as opposed to “global”
- Relationship between research and evaluation (e.g. research to develop an approach and research to evaluate existing implementation)



## Ideas we want to keep without changes

- G3: Occupational Health in International Settings
- G4: Prevention and Control of Injuries in the Developing World
- G11: Global Disease Prevention with Immunization

## Ideas we want to keep with minor changes

- G2: Standardization of Global Health Data
- G5: Complex Humanitarian Emergencies
- G7: Health Marketing in International Settings
- G8: Micronutrient Malnutrition
- G10: Public Health Consequences of Exploitation of Women and Children

## Ideas we want to keep with minor changes

- G12: Other Endemic and Emerging Global Infectious Diseases of Global Significance
- G13: Global HIV/AIDS, TB, and STDs
- G14: Non-Communicable Diseases in the Developing World
- G15: Orphans and Other Vulnerable Children
- G16: Safe Water
- G17: Millennium Development Goals- Maternal & Under-5 Mortality

## Ideas we want to revise

- G1: Social Capital and Health Outcomes
  - Social Status and Health
- G9: Evaluation of Intervention of Cost Effectiveness
  - Evaluation of Intervention Effectiveness
    - Assess the impact of different interventions on cost and health outcomes

## Item of Disagreement

- G6: Public Health Preparedness in International Settings
  - Considerable debate about deletion
  - Lack of clarity about the distinction between basic infrastructure and preparedness
  - May not be a priority for other countries
  - What is the research question?

## Ideas we want to add

- Globalization and Public Health
- Environment
  - Including Sanitation (Sewage and Drainage)
- Operations Research
  - Translation of Research to Practice
  - Technology Delivery Systems



## Comments on the Agenda Development Process

- Starter Lists could have been sent earlier
- More information about the meeting on the invitation
- Ability to participate in more than one session

# Health Promotion Breakout Session

March 18, 2005

Room 207

Stephan Moll

UNC School of Medicine



## Draft Research Agenda

- Optimal Child Development
- Early Identification of Developmental Disabilities
- Healthy Birth Outcomes
- Preconception (Pre-Pregnancy) Care
- Health Among Persons with Disabilities
- Integrated Case Management Surveillance System for Developmental Disabilities
- Epidemiologic Studies on Child Development
- Use Genetics to Bridge Preventive Medicine and Public Health Research
- Integrate Human Genomics into Public Health Surveillance Systems and Research Studies

## Draft Research Agenda

- Develop Family History as a Tool for Prevention
- Develop Models for Incorporating Education and Community Engagement into Population-Based Genomics Research
- Improving Maternal and Infant Health
- Improving Children's Health
- Improving Adolescent Health
- Improving Adult Health
- Improving Health of Older Adults
- Healthy Communities
- Care for Children with Chronic Conditions

## Draft Research Agenda

- The National Children's Study
- Genetic Causes of Blood Disorders and Birth Defects

## General Comments about the Draft Agenda

- Some research agenda items were overemphasized and too focused
- Some research agenda items were missing
- Several themes should be emphasized across lifespan
- More traditional health promotional research themes were “buried”, such as lifestyles and cultural factors
- Tended to focus on individual clinical services vs. population-based health promotion
- Definition of health includes mental, social, spiritual, physical, and economic

## Ideas we want to keep

- General Research Themes to Keep
  - Child Development
  - Maternal Health
  - Health Across Lifespan
  - Healthy Communities
  - Genetics/Genomics
  - Develop Family History as a Tool

## Ideas we want to revise or remove

- H6 - Integrated Case Management
  - Broaden to include all of case management and not limited to surveillance and developmental disabilities
- H8, H9, H11, and H20
  - Rename research theme title to Translating Genetic Research into Health Promotion and Surveillance Systems
- H19 – National Children’s Study
  - Remove as a research theme and add as a research activity



## Ideas we want to add

- Influences of culture, social context, and environment on healthy attitudes and behaviors
- Study short-term/long-term health and economic consequences of health risk behaviors and health promotion interventions
- Measure impact of policy and environmental change
- Study ways to effectively translate research to evidence-based practice
- Evaluate comprehensive approaches to health promotion
- Health Communications Research

0-3      4-11      12-19      20-49      >50      old      older      oldest      frail elderly

infant      child      adolescent      adult      Older individual

H1, H2, H3, H7: Optimal Child Development

H4, H12: Maternal Health

H2, H4, H5, H6, H13, H14, H15, H16 H18: Comprehensive Health Promotion Models and Integrated Case Management

H2, H5, H13, H14, H15, H16.: Early Identification of disabilities and **chronic health conditions** (developmental, **mental health**, **physical** )

H9: Health Surveillance Systems and Research Studies

H10: Family History as a Tool

0-3      4-11      12-19      20-49      >50      old      older      oldest      frail elderly

infant      child      adolescent      adult      Older individual

H11 Community engagement (genomics, disease prevention, disease care, etc.)

H17 Healthy Communities

H8, H9, H11, H20: Genomics

Training of Health Care Professionals and Practitioners

Cultural Competency, Spirituality, Lifestyles, Gender, Underserved , Demographic Shifts, Mental Health

## Comments on the Agenda Development Process

- Receive research agenda and meeting materials in advance
- Enjoy diversity of organizations represented
- Include logistical travel information in advance (e.g. public transportation)
- Breaking into mini groups was effective
- Expected to see participants from the general public and community stakeholders
- Choose geographic locations for greater diversity of minority participants

## Comments on the Agenda Development Process

- Breakout tasks were too complex in the time given; more time for the process would have been helpful
- Group research agenda items by theme before meeting so participants can give comments more efficiently
- Timeline for research agenda process should be expanded
- Improve process for inviting participants to attend public participation meeting
- Follow-up meeting to concentrate on research activities within research themes
- Explain how research agenda public participant meeting effects the budget



# Health Information and Services Breakout Session

March 18, 2005

Room 128

Name, Institution, Title of Presenter

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## 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 revise or remove

**Rationale for Reorganization** : Involves data collection, integration of evidence into practice, design and analysis of health communications to effect behavior change.

Statistical and Data Science (S1).

- S4 (Analytical Methods)
- S7 (Information and Data Visualization)
- S5(Data Mining) Rename Integrated Queryable Web-Based Data Dissemination Systems. Add Development of standards for web-based dissemination and Evaluation of Web-based dissemination.
- S2 (Data Collection) Educating stakeholders on the importance of accurate data collection.
- S8 (Electronic Medical Records) Investigate methods for integrating EMR into surveillance for PH purposes. Investigate ways to encourage physicians to report cause of death electronically (i.e. pick list, drop-down list)

## Ideas we want to revise or remove

### Translating Research into Practice

- S6 (Decision Support)
  - S3(Integrating Health and Policy Data)
- S9 (Knowledge Resource Management). Add how the targeted population perceives the information, how it's delivered, who they want to hear it from and the content of the message. How to better share information and models across programs, agencies (i.e., what works)

## Ideas we want to revise or remove

**Health Literacy** – Bridging the health literacy gap between health care providers and consumers will enable all members of the health care community to better communicate message to effect behavioral change.

- S11 (Informed Consumer Health Choice)
  - Develop approaches to encourage feedback among consumers and healthcare providers
- Delete S16 as is.
- New S16 renamed Improving Health Literacy.
  - Bridging the gap between health care providers and consumers.
- Combine S10, S12, S13, S14, and S17. Rename Health Communications (Informing, customizing, branding, and alerting).
- S15(Integrated Health Marketing Programs) Replace health professionals with health care stakeholders. Add more formative research in the development of target market groups based on demographics.
- S18 (Message Bundling)

## Ideas we want to add

- Integration of clinical data and public health data. (Place under Decision Support)
  - Promote population-based delivery of healthcare services.
  - Combine with S3 (Integrating Health and Policy Data) with S6.
- Add new agenda item regarding LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) issues. Consider as a viable priority target audience for creating and disseminating health communication messages.
- Include qualitative research methods to complement quantitative methods and provide contextual meaning for statistical data.

## Comments on the Agenda Development Process

- PSAs with a hotline to call through May 2005.
- Town Hall meetings.
- Grassroots organizations have not been fully engaged. Consider a Saturday workshops to hear these voices.
- Involve faith-based organizations.
- Increase community end-user representation into the advisory subgroups.

# Infectious Disease Breakout Session

March 18, 2005

Room 124/126

Carol Dukes Hamilton, MD, Duke University



## 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
- *Pandemic Influenza*
- *Global Infectious Diseases*
- *Community Preparedness*

# Method of Discussion

- Discussed all existing 18 draft ideas
- Kept two w/out revisions
- Deleted, rewrote and/or combined two with other themes
- Prioritized as high, medium, or low

## Ideas we want to keep w/out modification

- (I 18) Vaccine Supply
- (I 13) Microbial Threats and Emerging Infections

# General Considerations

- Themes of great importance with no other likely sources of support or leadership
- Topics historically part of the CDC's core mission
- Attempted to diminish overlap with other agency priorities except to emphasize cross-collaboration
- CDC should de-emphasize basic science and concentrate on translation to public health programs

# Extensive Discussion

- I2 (Applied Genomics)
- I3 (Behavioral Sciences, Health Promotion and Prevention Research)
- I7 (Health Disparities and Infectious Diseases)
- I10 (Infectious Disease Diagnostic Methods)
- I14 (Patient Safety)
- I9 (Infectious Disease and Chronic Disease Associations)

# High Priority Themes

- (I 1)Antimicrobial Resistance
  - High importance
  - No one else is likely to do this
  - Need research to understand what drives antibiotic resistance
  - Test interventions to reduce antimicrobial resistance
  - Surveillance as part of monitoring in the Cross-Cutting group
  - Clinical trials appropriate only when no other major supporters (e.g. TB treatment trials)

# High Priority Themes

- (I 7) Health Disparities and Infectious Diseases
  - (Add) Research into clinicians' potential bias in diagnosing and treating ID in various populations
  - (Change) Incorporate (Infectious Diseases of Vulnerable Populations) into this theme
  - Clarify these are non-genomic – based disparities

# High Priority Themes

- (I 8) Immunization Services Delivery Research
  - Include research to develop and communicate evidence for vaccine safety and effectiveness
  - Liked national vaccine registries in Example
  - Partner with infectious disease societies, peds societies to get scientific info. out to public
  - Examples of research activities were good



# High Priority Themes

- (I 12) Infectious Disease Surveillance and Response
  - Clarify 'Response' in title
  - (Change) Reword core description to include 'evaluate the utility of surveillance and response systems...'
  - Data need to be in a standard format in order to be shared (link with Informatics group)

# High Priority Themes

- (I 15) Perinatal and Neonatal Infectious Diseases
  - (Add) 'treatment' to the core description

# High Priority Themes

- (I 16) Vaccine Epidemiology and Surveillance
  - (Change) 'Vaccine Preventable Disease Epidemiology and Surveillance'
  - (Add) Identify populations that would benefit from existing and new vaccines
  - Note I8, I16, I17 (Vaccine Safety), I18 (Vaccine Supply) are all important and related

# Other Comments

- (I 5) Economic Analyses of Infectious Diseases
  - Important to include in all other research priorities
  - Cost/Benefit, QALYs, DALYs

## Ideas we want to revise or remove

- (I 4) Disease Elimination
  - Too general
  - Overarching goal
- (I 9) Infectious Disease and Chronic Disease Associations
  - According to wording, mostly the role of NIH; low priority for CDC
  - Rewrite with more emphasis on public health application once ID/CD link is made

## Ideas we want to add

- Reduce healthcare-related infections
  - develop better methods for benchmarking institutional performance related to healthcare-related infections
- Better modeling of infectious diseases in populations
  - prediction models
- Alcohol and substance abuse and susceptibility to infectious disease
- Study of Alternative Methods of Curing and Preventing Infectious Diseases
  - Probiotic and symbiotic methods to alter microbial flora
- Developing capacity within CDC clinical trials around topics others don't focus on
- Mental health issues/disorders related to contracting infectious diseases

## General Comments about the Draft Agenda Process

- All of the group want to comment on report before it is submitted to CDC
- Request CDC create a listserv of this group's members to allow sharing of comments with one another
- 18 Draft Agenda topics are too general– need additional data for each agenda topic for better understanding of language behind the topics
- Include participants from other non-medical groups to contribute to agenda

## General Comments

- More diverse participation
- Participation from NIH
- Introduce everybody
- Friday did not work well in terms of day of the week
- Liked the agenda
- Having 2 CDC reps in the room worked well
- Liked ppt summarization and ability to review and discuss



# Cross-Cutting Research Breakout Session

March 18, 2005

Room 103/105

Roland Foulkes, Florida HIV/AIDS Demonstration  
Grant Advisory Committee, Chair



## Draft Research Agenda

- New Research Methods and Tools
- Data Science and Information Systems
- Disease, Disability, Injury, and Exposure Surveillance
- Burden of Disease
- Eliminating Health Disparities
- Community-Based Participatory Research
- Health Education, Communication, and Marketing
- Systems Research
- Public Health Impact Evaluation
- Translation and Dissemination of Effective Interventions

## Draft Research Agenda

- Workforce Training and Development
- Economics and Public Health
- Social and Behavioral Sciences in Public Health
- Mental Health and Substance Abuse
- Human Genomics in Public Health
- Public Health Law and Policy
- Ethics in Public Health

## Ideas we want to revise

These research themes, titles and descriptions must be stated as research questions

- **X1: New (Improving) Research Methods and Tools:** Identify and prioritize methods that are already developed; Disseminate to wider audience.
- **X2: Data Science and Information Systems:** Clarify what “Best Methods “ are; Main theme: Better methods for mining and integrating data from various sources; CDC to play a leadership role.
- **X3: Disease, Injury, Disability, and Exposure Surveillance:** Use to identify disabilities, conditions, and birth defects; Reach out to underrepresented populations.
- **X4: Burden of Disease:** Define and rethink use of the terms “burden” and “burden of disease” (concern for pejorative nature of terms “burden” and “burden of disease”).

## Ideas we want to revise

These research themes, titles and descriptions must be stated as research questions

- **X5: Eliminating Health Disparities:** Define “disadvantaged populations” ; Enhance and expand focus of research to include other systems (e.g., workforce, health systems), not only interventions (i.e., beyond individual and community levels).
- **X6: Community-Based Participatory Research:** Actively engage communities at all stages of the conceptualization, needs assessment, design, conduct, interpretation and translation of research; Enhance capacities and skills of community partners.
- **X7: Health Education, Communication and Marketing:** Re-phrase as: Facilitate knowledge, attitudes and behavior changes; Refine existing methods instead of developing new; Include both formal and informal, targeted and language appropriate communication.
- **X8: Systems Research:** Needed implementation of findings back into systems (systems fit versus systems change); Consider social systems (e.g., schools, churches).

## Ideas we want to revise

These research themes, titles and descriptions must be stated as research questions

- **X9: Public Health Impact Evaluation**
- **X10: Translation and Dissemination of Effective Interventions:** Build partnerships with communities; Disseminate and sustain effective and replicable interventions.
- **X11: Workforce Training and Development:** Address new roles and responsibilities of Public Health (PH) and other health care professionals; Improve, diversify, and enhance the competencies of PH workforce.
- **X12: Economic and Public Health:** Develop applied economic approaches, not just theoretical; Include conditions and disabilities, not only diseases and injuries.

## Ideas we want to revise

These research themes, titles and descriptions must be stated as research questions

- **X13: Social, Anthropological and Behavioral Sciences in Public Health:** Include discussion of cultural sensitivity, appropriateness, relevance.
- **X14: Mental Health and Substance Abuse:** Identify and address areas of collaboration between NIMH and SAMHSA, etc. Include mental health and wellness, as well as depression.
- **X15: Human Genomics in Public Health:** Collaboration between all DHHS entities addressing Human Genomics; Consider ethical ramifications; Emphasize chronic disease, birth defects and obesity.
- **X16: Public Health Law and Policy:** Include policy analysis, not only interventions and programs.
- **X17: Ethics in Public Health:** Determine best methods to promote social justice, potential to benefit, and respect, as well as protect rights of subjects, researchers, and confidentiality across multi-site studies and interventions.

## Ideas we want to add

- **X18: Assessment of Public Health Preparedness:**  
How will it be determined that people in all communities will be protected from infectious, occupational, environmental, and terrorist threats?
- **X19: Media and Public Health:**  
Investigate impact of existing media messages and images on public health behaviors and their consequences.



## General Comments about the Draft Agenda

- Include cultural competence in every research theme, infuse into research methods, training, organizational culture, agency wide, at every level.

## Comments on the Agenda Development Process

### LIKED:

- Keep mini groups
- Orientation session helps set the stage
- Email background helpful

### TO BE IMPROVED:

- Consistent instructions
- Verify on what columns to focus
- Give time limit ahead of time for each segment
- Have mini groups work in reverse order so all items are covered equally
- Assign a mini group time keeper