

Community Preparedness and Response Breakout Session

March 24, 2005

Parkside Room, 2nd Floor

Kimberley Shoaf

UCLA Center for Public Health and Disasters

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

- Ideas to keep as-is:
 - C7: Human Migration Issues

Ideas we want to revise

- C1: Public Health and Medical Surveillance Systems
 - Look at integration of systems across government agencies
 - Include mental and behavioral health
 - Include validation and evaluation
- C2: Rapid Clinical Diagnostic Capabilities
 - Look at parameters of efficiency and usability
 - Define users for systems
 - Include mental and behavioral health
 - Include validation and evaluation

Ideas we want to revise (cont.)

- C3: Environmental Detection and Decontamination
 - Ditto of C1/C2
- C4: Risk Assessment and Management Strategies
 - Focus on risk assessment rather than risk management strategies
 - Identify and evaluate components of risk, including hazards, vulnerabilities, and resources (all hazards risk assessment)

Ideas we want to revise (cont.)

- C5: Critical Environmental Infrastructure System and Processes
 - Protect health of population affected by systems, not the systems themselves
- C6: Public Health, Mental Health, and Medical Response Systems
 - Include other systems, not just public health, mental health, and medical systems
 - Eliminate the first research example listed

Ideas we want to revise (cont.)

- C9: Support Front-line Personnel Involved in Health Protection Functions
 - Include mental/behavioral health
 - Include responders' families
- C10: Risk Management Strategies
 - Change title to “Response and Recovery Strategies”
 - Response strategies to large-scale public health emergencies
- C12: Public Health Workforce
 - Ensure ongoing process of assessment

Ideas we want to revise (cont.)

- C14: Exposure and Impact Data
 - Include mental/behavioral health
- C17: Local and Regional Operational Strategies
 - Integrate public and mental health into operational response strategies (across NIMS)
- C18: Community and Regional Response
 - Ensure scientific rigor of drill and exercise design, implementation, and evaluation
 - HSEEP compliance

Ideas we want to add

- Create new theme which integrates those relating to emergency public information and communications:
 - C8: Risk Perception and Protective Behaviors
 - C11: Rapid and Accurate Risk Information and Public Health Recommendations
 - C13: Effective Communication Strategies
 - C15: Strategic Communications Technology
 - C16: Community Actions

Ideas we want to add

- Evaluation methodologies, tools, and strategies to assess private sector products and services that impact public health operations
- What impact do pre-existing health disparities have on our ability to response and recovery strategies?
- Effectiveness of response and recovery across life stages and socio-demographic characteristics?

General Comments about Draft Agenda

- Ensure this process is integrated with research processes occurring across DHHS and other Federal agencies
 - Via the National Response Plan, Department of Homeland Security, Universal Task List/Targeted Capacity List and DHHS CONOPS plan

Comments on the Agenda Development Process

- Examine representation of both geographic areas and sectors at meetings
- Notify meeting participants when research agenda is drafted and invite commentary
- Set up room so participants can see each other
- Start at end of starter list and work backwards
- Group working lunch (supplied)

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

March 24, 2005

Carlsbad Room, Lower Level

Mary Miller, Washington State Department of Labor
and Industries, Occupational Health Nurse



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

General Comments

- Themes mixed in presentation
- Examples need to be expanded per recommended changes; consider deleting examples
- Agenda should recognize and support individual centers' agendas, e.g., NORA
- Confusion about agenda's emphasis on research vs applied research vs program service activities
- Identified need to enhance partnerships with research institutions, public health agencies, and community groups, including business and labor
- Many interrelationships between environmental, occupational and injury

Ideas we want to keep

- Most, but with revisions

Ideas we want to revise or remove

- E1: Environmental Risk Factors
 - Change theme to “Environmental, Occupational, and Injury Risk Factors”
 - Description: Establish major environmental and occupational causes of disease, injury, and disability, and identify related risk factors in conjunction with the community
 - Delete first half – poor example
- E2: Chemical Mixtures
 - Add “in conjunction with research stakeholders”
 - Include reactive substances
- E3: Bio-Monitoring Methods and Tools
 - Add “in conjunction with other agencies and industries”
 - Consider measures of micronutrient, genetic markers, and infectious agents in same sample

Ideas we want to revise or remove

- E4: Environmental Health Interventions
 - Broaden theme to “Environmental, Occupational, and Injury Interventions
 - Include unintentional poisoning
 - Include multicultural outreach and community participatory research
- E5: Built Environment and Health
 - Include Land Use in title and description
 - Include air and water quality, noise, walkability
 - Include injury
- E6: Lead Exposure and Health
 - Broaden to include lead and other heavy metals
 - Delete the health promotion focus
 - Work with other agencies and community groups

Ideas we want to revise or remove

- **E7: Environmental Data and Information Systems**
 - Broaden to include occupational and injury data
 - Improve tracking of chronic diseases
 - Make widely accessible and available
 - Develop partnerships with health systems for tracking outcomes, eg. Kaiser, VA, Medicaid
- **E8: Injury and Violence Prevention Interventions**
 - Include occupational injury
- **E9: Injury Translation and Dissemination Research**
 - Move to crosscutting group
 - Broaden to environmental, occupational and injury

Ideas we want to revise or remove

- E10: Injury Related Health Disparities
 - Add geography, rural vs urban
 - Also is a cross-cutting issue
 - Broaden to environmental, occupational and injury
- E11: Risk and Protective Factors of Adolescent Unintentional Injury
 - Expand to all life stages, not just adolescent
 - Maintain emphasis on motor vehicle injuries
- E12: Risk and Protective Factors of Adolescent Violence and Suicidal Behavior
 - Replace “Violence and Suicidal Behavior” with “Intentional”
 - Expand to all life stages, not just adolescent

Ideas we want to revise or remove

- E13: Trauma Systems Research
 - Include disability and rehabilitation
- E14: Parenting and Injury Prevention in Children/Adolescents
 - Move to cross-cutting group as “ Parenting and Family Function”
- E15: Connection Between Multiple Forms of Violence
 - Remove – too specific
- E16: Occupational Injuries
 - Change “effective” to “the effectiveness of”

Ideas we want to revise or remove

- E17: Occupational Respiratory Disease, E18: Musculoskeletal Disorders (MSDs), and E21: Work Related Skin Exposure and Disease
 - Combine and rename as “Occupational Diseases”
 - Include all NORA diseases
- E19: Workplace Control Technologies and Personal Protective Equipment
 - Change “technologies” to “strategies” and delete Personal Protective Equipment from title
 - Address hierarchy of controls, their effectiveness, and burden of implementation
 - Include designing out hazards

Ideas we want to revise or remove

- E20: Organization of Work
 - Revise description: Increase understanding of how work is organized, how work organization is changing, and potential effects on worker safety and health
 - Delete first example

Ideas we want to add

- Workforce
 - Look at Environmental and Occupational Health and Safety Science separate from general public health
 - Messaging to the public about the occupational and environmental health
- New methods for assessing exposures
- Health services research to address secondary and tertiary prevention
- Injury biomechanics research
 - Investigate injury mechanism and thresholds to establish injury criteria
 - Develop interventions for injuries identified with high risk factors

Ideas we want to add

- Emerging technologies, e.g., Nanotechnology
- Evaluate Management Systems, best practices that work
- Social Determinants of Health (Economics, political, cultural)
 - Documentation and improved models
- Improvements in Risk Communication and Multicultural outreach
 - Community participatory research

Comments on the Agenda Development Process

- What does the CDC Research Agenda mean? How will it be used?
- List of impacts would be helpful
- Make process more inclusive:
 - Local/State public health representatives
 - Policymakers
 - Community-based organizations
 - Tribal representative
 - ATSDR 1040 cooperative partnership agreement program

Global Health Breakout Session

March 24, 2005

Sequoia Room, Lobby Level

Jerry Spiegel, University of British Columbia



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

- Who and how?
 - In-country definitions, participation
 - Inclusive and collaborative
- CDC's role in relationship to others?
- Need a successful collaboration process to achieve impact
- CDC's role should include interpretation and dissemination
- What does CDC need to know?
 - Research agenda should be linked to its mission and goals
- Operations Research

Ideas we want to keep

- G3: Occupational Health in International Settings
 - Implications for multi-national corporations?
- G4: Prevention and Control of Injuries in the Developing World
 - Include domestic violence
- G5: Complex Humanitarian Emergencies
- G6: Public Health Preparedness in International Settings
 - Collaborative transparent process with other governments
 - Balance of local priorities

Ideas we want to revise

- G1: Social Capital and Health Outcomes
 - New Title: Social Determinants of Health Outcomes
- G2: Standardization of Global Health Data
 - Development, implementation, and evaluation of effective surveillance systems in country
- G7: Health Marketing in International Settings
 - Too narrow; stigma missing; partnerships
- G8: Micronutrient Malnutrition
 - New Title: Malnutrition
 - Broaden to include food security

Ideas we want to revise

- **G9: Evaluation of Intervention Cost-Effectiveness**
 - Cross-cutting issue
 - Must be inclusive of all values, quantitative and qualitative
- **G10: Public Health Consequences of Exploitation of Women and Children**
 - New Title: Promote Gender Equality and Empower Women
 - Include exploitation of women and children as example
 - Develop interventions to improve pregnancy planning and reduce the risk of unintended pregnancy
- **G11: Global Disease Prevention with Immunization**
 - New Title: Global Disease Prevention
 - Include immunization as an example among other prevention methods

Ideas we want to revise

- **G12: Other Endemic and Emerging Global Infectious Diseases of Global Significance**
 - Clearer identification of microbial and antibiotic resistance and zoonoses
- **G13: Global HIV/AIDS, TB, and STDs**
 - Sexual and drug behavior should be more explicit
 - Include non-behavioral interventions as well
 - Concern about investing money in treatment
- **G14: Non-Communicable Diseases in the Developing World**
 - Chronic and Non-Communicable Diseases in the Developing World
 - Include impacts of globalization (e.g. tobacco)

Ideas we want to revise

- **G15: Orphans and Other Vulnerable Children**
 - Broadened health impacts beyond mental health
- **G16: Safe Water**
 - New Title: Environment; Water and Air Pollution as subset
 - Should include effective interventions and policies
- **G17: Millennium Development Goals- Maternal and Under-5 Mortality**
 - New Title: Maternal and Under-5 Morbidity and Mortality
 - Overall health of women

Ideas we want to add (top 3)

- Global Change
 - Globalization; structural adjustment; ecosystem health; climate change; international agreements; trade; disparities
- Effective National Infrastructure
 - Workforce; NGOs; public health and healthcare delivery systems; resources
- Migration
 - Border issues; refugee health

Comments on the Agenda Development Process

Likes

- Great group
- Open process with little judgment

Dislikes

- Compartmentalized and artificial list
- Greater diversity of participants
- Evidence that this makes a difference

Health Promotion Breakout Session

March 24, 2005
McKinley Room, 3rd Floor
Jeffrey Harris
University of Washington
Professor

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

- Differentiate CDC Research Agenda vs. NIH
- Definition of health should focus on wellness as well as prevention of disease
- Emphasize activities that address social and physical environmental determinants of health
- To be action oriented, public health research should be placed-based, socially-based, and culturally-based
- Research that translates science into improving the health of communities
 - Applied research
 - Dissemination research
 - Replication research
- Integration is key, across:
 - Disciplines
 - Sectors (e.g. educational systems, employers, tribes, etc)
 - Disease conditions
 - Risk factors

General Comments about the Draft Agenda

- Focus on ways to link research to public health practice:
 - broadly construed to include public health agencies and other stakeholders, such as educational systems, employers, community-based organizations, tribes, social services organizations, media, faith-based, medical sector, insurers
- Interest in community-based participatory research
 - Ethnic communities
 - Geographic communities
 - Employers/businesses, etc.

General Comments about the Draft Agenda

- CDC funded research should emphasize intervention research, but also address important gaps in observational and etiological research among special populations
- Develop strategies that address underrepresented/underserved groups (e.g. Native Americans, rural populations, physical and mental disabilities, etc.)
- CDC should address mental health as a population health issue
- Research examines intergenerational approaches is to be encouraged
- Wherever possible, include economic evaluation

Ideas we want to keep (Refer to General Comments)

- H5 – Health among Persons with Disabilities
- H7 – Epi Studies on Child Development
- H12 – Improving Maternal and Infant Health
- H13 – Improving Children’s Health
 - Includes important places, such as schools and communities
- H17 – Healthy Communities

Ideas we want to revise or remove

- H1 – Optimal Child Development
 - Add disability to research description
- H2 and H6 – Developmental Disabilities
 - Combine as developmental disabilities category
- H3 – Healthy Birth Outcomes
 - Include preterm delivery, low-birth weight, fetal death, and infant mortality as part of research description
- H4 – Preconception (Pre-pregnancy) Care
 - Broaden research description to include environmental factors
- H8, H9, H10, and H11 – Genomics
 - Genetic research theme is overemphasized and needs to be consolidated
- H10 – Develop Family History as a Tool
 - Remove as a research theme and move as a research activity under the combined genomics group

Ideas we want to revise or remove

- H14, H15, and H16 – Adolescent, Adult, and Older Adult Health
 - Research description should resemble H13 and include social and physical environments
- H18 – Care for Children with Chronic Conditions
 - Include as a subset of H13 (Children's Health)
- H19 – The National Children's Study
 - Remove from list; should be done by NIH
- H20 – Genetic Causes of Blood Disorders and Birth Defects
 - Remove from list; should be done by NIH

Ideas we want to add

- Social and Economic Impacts on Early Childhood Development
 - Means to identify children at risk for impaired development due to adverse social and economic conditions
 - Development and evaluation of interventions among at risk children to promote healthy early childhood development and to prevent health disparities in later adulthood

Ideas we want to add

- Policy and Public Health Law
 - Effectiveness and dissemination research
 - Methodological research on how to do policy-based research

Comments on the Agenda Development Research Process

- How is CDC going to distinguish a group consensus vs. an individual idea?
- What type of accountability to follow-up on input from meetings by CDC?
- What will be the process for translating the themes into actual research programs and will other's outside CDC be included in that process?
- Would like to see written responses from CDC to the issues put forward
- Getting input on the research agenda from the community and those who will be participating in the research
- Appreciate the effort being made

Comments on the Research Management Process - Extramural

- Duration of funding
 - Adequate time to establish community relationships
 - Adequate time to develop and stabilize interventions and track outcomes
 - Greater use of planning grants and graduated funding (? non-competitive)

Comments on the Research Management Process - Extramural

- Develop an efficient extramural research process
 - Fund as direct grant rather than cooperative agreement
 - Extend response time (min 3 months) between when RFP is issued and when it's due
 - Extend time between award notification and beginning of implementation
 - Facilitate collaborative learning between grantees and CDC
 - Technical assistance for new grant writers
 - New investigator track
 - Broadening of credentials for lead investigators to include community investigators

Comments on the Research Management Process - Extramural

- Adequate funding for intervention research
- Establish iterative process that allows improvement
- Broaden review panel to include representatives from stakeholder groups and community organizations
- Adequate funding for development of minority investigators, include mentorship support

Health Information Services Breakout Session

March 24, 2005

Crater Lake Room, 3rd Floor

Jennifer Mas, Urban Indian Health Institute



Health Information Services

- Coordinating Center for Health Information and Services
 - National Center for Health Marketing
 - National Center for Public Health Informatics
 - National Center for Health Statistics

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

Key Points/Comments on Draft Agenda

- Most themes identified as relevant to research agenda
- Consensus that language be recast as research question
- Some themes listed were determined to be sub-categories and not 'stand-alone' themes
 - Most relevant to health communication and marketing

Key Points/Comments on Draft Agenda

- CDC needs to prioritize the research agenda
- Themes not all equal in scope

Ideas we want to revise

- (S1) Statistical and Data Science
 - “Identify, develop, and provide quantitative and **qualitative** methods and tools needed to ensure sound, reliable, and **standards-based** data collection...”
- (S3) Integrating Health and Policy Data
 - “*Support the development of methodologies to enhance our capacity to evaluate policy interventions.*”

Ideas we want to revise

- (S5)Data Mining
 - “**Support research to identify, assess, and develop the best practices and tools to aggregate, classify, and extract heterogeneous data...**”
- (S6)Decision Support for
 - A. Public Health Leaders**
 - B. Clinicians**
 - C. Public Health Practitioners**

Ideas we want to revise

- (S8)Electronic Medical Records
 - *“Support research into practices that would ensure EMRs are useful for public health purposes.”*
- (S10)Communications and Alerting **Systems**
 - Research strategies and technologies to facilitate communication and collaboration between different groups focused on **public health and** preparedness activities.

Ideas we want to revise

- (S11) Informed Health Choices **by General Public**
 - Develop, evaluate and implement strategies and approaches **for the general public** to evaluate and manage their health **and medical care.**

Ideas we want to revise

- (S12)Health Communication
 - (S13)Customizing Health Communication Campaigns
 - (S14)Public Health **Awareness and Trust**
 - (S15)Health Marketing **Approaches and Strategies**
 - (S16)Health Literacy
 - (S17)Health Awareness to Health Action
 - (S18)Message Bundling

Ideas we want to add

- Advanced Informatics Research
- Data Dissemination
- Integration of Public Health and Clinical Medicine

Comments on the Agenda Development Process

- (+) Good process
- (+) Unique experience
- (+) Smaller group was beneficial

- Limited to the “what”
- Need to follow up on outcomes of process
- Overall process too condensed
- More sessions with better geographic representation
- Need for guiding principles
 - CDC should not write software
 - Standards for research
 - Training
 - Research infrastructure at university level

Infectious Disease Breakout Session

March 24, 2005

Executive Boardroom, 5th Floor

Jenny Pang, Public Health—Seattle & King
County & University of Washington



Draft Research Agenda

- I1 Antimicrobial Resistance
- I2 Applied Genomics
- I3 Behavioral Sciences, Health Promotion, and Prevention Research
- I4 Disease Elimination
- I5 Economic Analyses of Infectious Diseases
- I6 Environmental Microbiology
- I7 Health Disparities and Infectious Diseases
- I8 Immunization Services Delivery Research
- I9 Infectious Disease and Chronic Disease Association

Draft Research Agenda

- I10 Infectious Disease Diagnostic Methods
- I11 Infectious Diseases of Vulnerable Populations
- I12 Infectious Disease Surveillance and Response
- I13 Microbial Threats and Emerging Infections
- I14 Patient Safety
- I15 Perinatal and Neonatal Infectious Diseases
- I16 Vaccine Epidemiology and Surveillance
- I17 Vaccine Safety
- I18 Vaccine Supply

Ideas we want to revise

- **I1: Antimicrobial Resistance:**
 - Add language related to characterization and monitoring (surveillance) in overall research theme, such as community-based surveillance and epidemiology of disease specific pathogens
 - Add language regarding evaluation of use and effectiveness of evidence-based guidelines for using laboratory testing and prescribing antibiotics
 - Limit CDC resources spent on clinical trials to reduce duplication with NIH/industry activities, with some exceptions, such as TB and STDs)
 - Add language regarding relevance of antimicrobial resistance in animal populations

Ideas we want to revise

- **I8: Immunization Services Delivery Research:**
 - Include vaccination delivery
 - Broaden to include vaccine safety, supply, delivery (I17 and I18 to be combined into I8)
 - Include verbiage around “recommended vaccinations” as opposed to all Americans to seek vaccinations

Ideas we want to revise or remove

- **I10: Infectious Disease Diagnostic Methods:**
 - Clarify to include detection/screening to include asymptomatic persons
 - Include research to address improved laboratory practice
 - Include research to improve utilization of lab practice guidelines by health care providers
- **I12: Infectious Disease Surveillance and Response:**
 - Add “Develop, evaluate, and implement new surveillance and analytical methods...” to research description

Ideas we want to remove

- **I2: Applied Genomics:**

- CDC should not devote resources to genomic research, rather focus on application of research findings to public health, with exception of diseases not well researched by other agencies, such as STDs and TB
- Broaden to include predicting genetic susceptibility to infection and progression of disease
- CDC should advocate for public health priorities in genomic research to be conducted by other agencies
- CDC should focus on public health application of findings from genomic research conducted by other agencies

Ideas we want to add

- I19: Identify and monitor zoonotic reservoirs and develop strategies to prevent emergence and transmission of zoonotic diseases of public health importance
- I20: Non-vaccine preventable Services Delivery Research: Develop, evaluate, implement, and disseminate effective strategies to ensure that all Americans get appropriate preventive services
- I21: Dynamics and mechanisms for infectious disease transmission in specific settings (e.g., health care settings, vet settings, schools, day cares)
- I22: New methods to control and prevent disease threats and death (e.g., standardizing delivery systems)

General Comments about the Draft Agenda

- More detail need for each agenda topic; topics too broad
- Prioritization as well as specific focus areas not reflected in current agenda—too general
- To be more useful, all themes need more refined definitions of specific activities CDC will address. These should not simply be examples but defined by disease, population, technology, etc.
- For all themes, CDC must ensure broad dissemination of research findings
- What process will CDC use to ultimately prioritize research ideas?

Comments on the Agenda Development Process

- Very efficient process
- Great facilitator!
- Appreciate openness of the process
- Will there be any changes in the mechanisms for making extramural funds available, related to these agendas?
- Will CDC foster new collaborations among research groups?
- How much information gained from the military's efforts is CDC aware of?
- Why is CDC organizational chart inverted?

Cross-Cutting Research Breakout Session

March 24, 2005

Yosemite, 3rd Floor

Gloria Krahn, Oregon Health and Science University



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
- X9: Public Health Impact Evaluation

Draft Research Agenda

- 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

Ideas we want to keep



- Approved all 17 themes, but with significant adjustments to most
- Identified 3 tiers of adjustment

Tier I. Overarching themes to permeate all areas

- Address health disparities among populations (for e.g., more and less advantaged populations, hard to reach, etc.)
 - Holistic approach, look at role everyone has in reducing health disparities
- Translation and dissemination
 - End-users/implementers and other stakeholders involved in early and all stages of research

Cross-Cutting Research

Tier I. Overarching themes to permeate all areas (continued)

- Systems research – greater integration and expansion
- Emphasize the social and built environment as well as the population *before* the individual

Tier II: Common issues across some themes

- Use a multi-disciplinary approach
- Capacity building (across agencies, workforce, and minority populations)
- Participatory research (“do with” vs. “do to”; including the defined end-user in the research process)
- Redefining cultural or social norms (e.g., obesity, domestic violence)

Tier II (continued)

- Emphasis on definition and measurement (e.g., health impact, population indicators)
- Quality of life as an important measure
- Human rights
 - X15: Human Genomics in Public Health
 - X16: Public Health Law and Policy, and
 - X17: Ethics in Public Health

Tier II (continued)

- Differentiate CDC's public health research from NIH's health research agenda and methods
 - X1: New Research Methods and Tools,
 - X9: Public Health Impact Evaluation,
 - X15: Human Genomics in Public Health,
 - X17: Ethics in Public Health,
- Incorporate innovative methods and tools into current public health activities
- Conduct more applied public health research

Tier III. Re-examine these themes

- Mental health
 - Rework themes
 - X13: Social and Behavioral Sciences in Public Health
 - X14: Mental Health and Substance Abuse
 - Social, mental, psychological, and behavioral health – much discussion!
 - Examine determinants of mental health
 - Retain substance abuse but recognize mental health as much larger than substance abuse
 - Apply social, psychological, and behavioral sciences to public health research in general

Tier III. Re-examine these themes (continued)

- Reconsider the interrelationships
 - X4: Burden of Disease,
 - X5: Eliminating Health Disparities,
 - X9: Public Health Impact Evaluation, and
 - X12: Economics and Public Health

Ideas we want to add

- Increase body of knowledge on hard-to-reach populations (for e.g., problem of quality of data that is collected)
- Define health community – what are strengths, assets, resiliencies, & healthy components of any community and how do we build on them?
- Human rights principals should be infused in all public health research
 - Investigate public health consequences of human rights violations
 - Improve research on public health consequences of exploitation of women and children in the U.S.
 - Health impacts of discrimination, prejudice, and racism
- (Just in case. . .) Examine the adequacy of research on the global health themes within the U.S. (G10/G1)

Comments on the Agenda Development Process

- Two possible breakout groups for participants
- Get details upfront on the agenda development process and the starter list
- Shorter plenary session
- Cross-cutting needs more time and more advanced information
- Representation needed from other stakeholders
- Process was circumscribed; we were given more time to respond to current research than to add new ideas