

NPHIC 1.15.25 Meeting Notes

Kevin Griffis:

H5N1: Still very engaged, San Francisco child case, routine surveillance, confirmation H5N1, source and genotype unknown (anticipating most common strain)

-Press briefing tomorrow: addressing subtyping and severe cases to help identify more accurately and quickly

-Marburg outbreak in Tanzania

-Political Transition → engagement with the Trump team, no one is identified for leadership roles yet

Lisa Briseno:

-Teaching CERC in Thailand, added Discovery Dialogue questions (successful)

Elizabeth Green/Big Cities Health Coalition:

-How to advocate for the interest of public health in big cities? Must speak about public health more effectively...

-Following 2020, realized they need to reevaluate how to speak about public health in a way that relates to a broader public → racial equity/addressing structural racism

-Public health was important in surveys during research but was overshadowed by crime, homelessness, education, housing, and medical care

-Discussions of racial inequity gain more traction when framed as a human-made problem we can fix

-white respondents answered that income-based disparities are worse than racial-based disparities

-overdoses rampant in cities, leading to negative stereotypes and some efforts like Narcan availability, etc.

*-We **know** that harm reduction strategies and other public health approaches to the drug overdose epidemic work*

*-We **heard** these strategies often face public resistance from the public and policymakers for “enabling” drug use or being ineffective. There are also headwinds in media and political narratives about the cities in which we work.*

-How could we talk about public health and overdoses in a way that persuades more people to care?

-survey performed in member cities → broad demographics

-Key Takeaway 1: More than half of city residents see their cities as thriving, but ALL see crime, homelessness, and drugs as big issues they want their city to address.

-demographics varied about how they feel about cities/law enforcement/government trust in these public health initiatives

-crime, homelessness, and drugs are universally combined and seen as issues by EVERYONE

-95% see crime as an issue in their cities, but 46% see issue in neighborhood

-96% see homelessness issue in city, but only 42% in neighborhood

-91% see drugs as issue in city, but only 33% in neighborhood

-Key Takeaway 2: Instead of blaming individual “bad choices” people largely blamed systemic problems, especially housing affordability, inflation, and a national mental health crisis as the cause of these issues.

- systemic issues are the heart of the problem

- unaffordable housing was ranked the #1 issue

- some also blame individuals and insufficient policing, but not as much as they blame social determinants (combined systemic issues and individual poor choices)

-Key Takeaway 3: Residents think a “fix the underlying problems” – aka public health approaches might be successful

- most people felt a “fix the foundations” approach was more successful than a “getting tough” approach for general city issues, homelessness, and drug problems

- highlighted empathy for others and in particular: drug users

-Key Takeaway 4: The message that tests best acknowledges the feeling of crisis city residents have around drug overdoses and homelessness—and points out both short and long-term benefits of investing in public health solutions

- Winning Message:* Our city is facing interlocking crises of homelessness, drug overdoses, and mental health. We all want healthier and safer communities, so we need both short- and long-term approaches. Short term, we must invest more in, and expand access to, effective treatment programs. Long term, we must continue to make housing more affordable and create better-paying jobs.

- Interlocking crises à acknowledge multiple concerns (homelessness, drug overdoses, mental health—universal trio)

- Shift conversation away from the negative à address vision for healthier and safer areas, shared goal of community betterment

- Satisfy the need for crisis management and lasting solutions à need both SHORT- and LONG-term approaches (satisfies both impatience and investment in the future)

- SHORT: Discuss what is working or needed now à any current efforts (Naloxone, education movements, etc.)

- LONG: advocate for evidence-based solutions like affordable housing and better-paying jobs, etc.

Questions:

- People’s hearts are in one place but their actions are in another... how can we get people to act more toward their feelings for better public health despite underfunding and other issues?

- The more we attach the work we do to the most salient issue that communities are facing, the more likely we are to get people’s attention and help. Showcase the issues as health issues and present them to officials/policymakers—show them what the citizens are concerned about through evidence, surveys, and research.*

- Some feedback we have gotten from people states that the information collected from bigger cities may or may not reflect the beliefs in small cities/communities. Is there alignment? Are other studies being done in smaller areas?

- Yes, this resonates with smaller communities. Robert Wood Johnson Foundation and Housing Narrative Lab have done great research. These ideas*

definitely carry over, as well as the fed-up middle, however, the statistics and percentages might vary from big cities.

Related Research:

- CDC Office of Health Equity: <https://www.cdc.gov/health-equity/what-is/communicating.html>
- RWJF: <https://www.rwjf.org/en/about-rwjf/how-we-work/messaging-resources.html>
- Housing Narrative Lab: <https://housingnarrativelab.org/resources/>

PHIC updates:

OTASA provides guidance and support for CIOs and CDC-funded partners seeking to engage tribes, tribal serving organizations, and tribal communities. Questions, support requests or other requests should be submitted to TribalSupport@cdc.gov.

CDC/ATSDR Tribal Advisory Committee Meeting will occur 2/26-27. Registration is required. [29th Biannual CDC/ATSDR Tribal Advisory Committee Meeting | Tribal Public Health | CDC](#)

OTASA is supporting CDC CIOs around the following upcoming webinars and listening sessions:

- LONG COVID Webinar:
Date: Thursday, Jan 23, 2025
Time: 3:00 - 4:00 p.m.
Register [Here](#)

- EH Nexus Webinar: Radon Risk Reduction Initiatives in Tribal Communities
Date: Monday, Jan 27, 2025
Time: 2:00 - 3:30 p.m.
Register [Here](#)

- 2020 United States Cancer Statistics American Indian and Alaska Native Mortality Database Webinar
Date: Monday, Jan 27, 2025*
Time: 2:00 - 3:00 p.m.
Register [Here](#)

In December, HHS released two new policies related to tribal data- the HHS Tribal Data Access Policy and the HHS TEC Data Access Policy. Both policies can be found [Here](#).

In December, the Department of the Interior and the Office of Personnel Management released a series of **training modules focused on understanding tribal treaties and reserved rights**. All CDC CIO and CDC-funded partner staff working with tribes, tribal serving organizations, and tribal communities should complete these modules:

- Understanding Tribal Treaties and reserved Rights, Episode 1: <https://www.youtube.com/watch?v=fPMr--Nznfo&t=3s>
- Understanding Tribal Treaties and reserved Rights, Episode 2: <https://www.youtube.com/watch?v=zKPPAJASaUA>
- Understanding Tribal Treaties and reserved Rights, Episode 3: <https://www.youtube.com/watch?v=gYiDFSiO26I>
- Understanding Tribal Treaties and reserved Rights, Episode 4: <https://www.youtube.com/watch?v=Dw7PNyUWRRY>
- Understanding Tribal Treaties and reserved Rights, Episode 5: <https://www.youtube.com/watch?v=M0HvGiUUBq8&t=9s>

Workforce/Career Development Updates:

Save the date for the [2025 Epidemic Intelligence Service \(EIS\) conference](#): April 22-25, 2025. The annual conference is the nation's flagship applied epidemiology conference where EIS officers and Laboratory Leadership Service (LLS) fellows share their work in leading edge investigations, scientific findings, and strategy. EIS officers and LLS fellows engage in professional networking sessions, recognition ceremonies, and various learning opportunities.

Opportunities to Host a Fellow

- Apply to host a CDC/CSTE [Applied Epidemiology Fellow](#). The application period is open until January 31, 2025.
- Apply to host a CDC [Epidemic Intelligence Service officer](#). The application period is open until January 26, 2025.
- Apply to host a CDC [Epidemiology Elective Program \(EEP\) fellow](#). The application period is January 31 – April 30, 2025.
- Apply to host a CDC [Public Health Associate Program \(PHAP\)](#) for Recent Graduates associate. The application period is February 3 – February 28.

Opportunities to Become a Fellow

- Help us reach and encourage eligible candidates who are recent master's and/or doctorate level graduates or current students who will complete a master's and/or doctorate level degree by June 30, 2025 to apply to CDC/CSTE [Applied Epidemiology Fellowship \(AEF\)](#). The application period is open through **January 17, 2025**.

- Help us reach and encourage eligible candidates, who are currently enrolled full-time in an accredited medical or veterinary school in the United States, to apply to CDC's [Epidemiology Elective Program](#). Applications will be open January 31 – March 31, 2025.

Upcoming Webinars for Prospective Host Sites

- [Register for](#) and attend the upcoming Public Health Associate Program (PHAP) host site application webinar on January 23 from 2:00 – 3:30 pm ET to hear an overview of the updated Enterprise Fellowship Management (eFMS) application system and updates.

Training and Training Development

- CDC has eight training development standards—collectively referred to as [Quality Training Standards](#)—that serve as a quality benchmark for trainings developed or funded by CDC. The standards provide guidance for developing quality training that results in learning. CDC's new [Quality Training Standards Reference List](#) is now available too. This reference list details multiple books, articles, and other sources that support each of CDC's Quality Training Standards. Use the reference list to examine the science of quality training development and adult learning principles.
- Discover how to strengthen your work with state, tribal, local, or territorial and freely associated state health departments or tribal equivalents with CDC's [Essentials for Supporting Health Departments and Other Governmental Public Health Agencies](#) training plan. This training plan is free and self-paced. You can pick and choose which courses in the training plan interest you most.
- CDC recently updated the [Introduction to Public Health Practice](#) training plan for new public health professionals or those who need a refresher on critical public health topics. The training plan includes a **NEW** section on leadership and systems thinking and a **NEW** course, Secrets of the Government Job Search: How to Apply for Local & State Health Department Jobs. The training plan also features foundational courses in health equity, communication, policy development, data analytics, and more. Earn **Free CE**.