

CDC's Center for State, Tribal, Local, and Territorial Support: Overview and Resources – Transcript of audio

Please stand by for realtime captions.Hi, everyone. We are going to start in five minutes. Feel free to adjust your volume.

Hi, everyone. I'm doing another audio check. We will get started in three minutes.

Good afternoon and welcome to today's presentation, CDC center for state, tribal, local and territorial support, overview and resources. My name is Jaime Hays. The host for today's webinar . With me, we have Ashley Dahlen, who will do tech support. If you have any problems, feel free to chat in the chat box and let her know if you have any problems. She will help you. Our presenter today is Georgia Moore. She has worked in communications, policy, program management and strategic planning at the center for disease control and prevention or CDC for 26 years. Since December 2009, she has served as the associate director for policy and center for state, tribal, local and territorial support. It improves community health outcomes by strengthening state, tribal, local and territorial public health agencies. It assists in maximizing the organization policies, programs and resources for effective public health impact, while reducing issues and risks. As of November 15, 2021, she has been serving as director office of tribal affairs and strategic alliances, OTASA. To the programs of CDC and CDC sister agency, the agent for toxic substance and disease Registry and provides funding for cross-cultural and public health infrastructure. With that, I will pass the mic over to Georgia.

Thank you. Happy Friday, everyone. I'm pleased to be here with you today. I will share some resources with you that you can use. An overview of what I will talk about today. A CSTDTS overview , what we do and why it matters, key resources and how to connect with us. This next slide -- unfortunately, I can't play this video, but I am highly encourage you to view it after the session. This is one of CDC's librarians. You will hear a message from her about her role that she has in advancing public health. I wanted to bring this video to you to acknowledge and thank you for the work that you do in connecting your patrons to information, organizations and people they need to be connected to in their work related to public health. This is a CDC's organizational chart. CDC is a department within an agency within the department of health and human services. This is the overall structure. We have many centers, institutes and offices within the CDC. You probably know that our director is Dr. Rochelle Wilensky and the deputy director is Deborah Howery. Circled in yellow is the center for state, tribal, local and territorial support in our structure. We need to know about this. We are in a community practice across centers that have addressed crosscutting issues in the public health system. We are not disease or risk factors specific. Bear with me, because the information I will present is going to be a little bit of a firehose of information, because we are crosscutting. However, I will go through a high-level overview, then you will hear some of it reiterated, as we go through specific resources and where you can find them. I hope this is a good reference for you later. This is the structure of the center for state, tribal, local and territorial support. It is for reference. A couple things I want to point out. The top left is where our center is the public health law program. We have two unique cross coding offices. One is for travel affairs and strategic alliances. One is for island affairs, U.S. territories and freely associated states. Those jurisdictions are very different from state and local, and tribal jurisdictions. We have offices that are specific to serving their needs. I want to say that our center name really captures what we do, which is to support state, tribal, local and territorial. Thousands of health departments work to protect Americans health and safety. CSTDTS was created to support them. We are CDC's primary connection and health official, and executive leader of these health agencies, as well as other government leaders

who work with health departments. Our mission overall is to improve community health outcomes by strengthening those estate, tribal, local and territorial public health agencies. Before we go further, I want to tell you about the public health system that we are supporting and trying to improve. At the governmental public health level, the state and local health departments retain the primary responsibility for health under the U.S. Constitution. As you can see, we are representing the federal role in public health. There are 50 state health departments and the district of Columbia health department. The health department in the five U.S. territories and freely associated states. There are more than 2500 local health departments. There are 574 federally recognized tribes. Those are sovereign governments. There are even more tribes recognized exclusively by the state. Most relationships for the federal government are with the federal recognized tribes. Some tribes have lands, such as nation that stand more than one state. You can start to get the feel and take away from this, which is that the public health system in the United States is decentralized. Again, state, local and health department retain the primary responsible for health. There are pros and cons to this model, which you probably saw played out in the COVID-19 response. On top of it being decentralized in between those key players that I shared on the other side, most states have within the state a decentralized government model. In that very -- that varies state to state. The relationships between state agencies and public health departments varies. The structural differences have important implications for the funding and delivery of public health services. Governance roles. On top of that, the governance issues when it comes to U.S. territories and associated states, which are very complicated relationships. The health departments and all jurisdictions are like ice cream. They come in many flavors. We just talk about governance. There is a wide variety in the amount of resources available. Staff size and composition, size and demographics of population served, which can vary from thousands or less. There are jurisdiction specific public health authorities. A difference in what public health services offer that Mike offered. We also need to recognize that there is variation due to community needs and values. I told you all that to get here. This is going to be the heart of what CSTLTS is doing. Where do we put our investments and how much into this decentralized public health system to effectively and efficiently protect and improve the public health? CSTLTS works within the CDC to identify gaps, opportunities and strategies to support and enhance service delivery and support public health system improvement. I will talk more about the specifics of this work and how CSTLTS helps drive public health forward. Much like you do, CSTLTS is a connector. It connects to parts of the system to each other and particularly those estate, tribal, local and territorial, or as STLT, as you see on the slide , in CDC programs. It's relationships, communications, shared decision-making. Into both at the federal level and the whole system to address public health. We conduct programs, such as orienting brand-new health officials, orienting the CDC and resources, and support we have to offer them. Health official orientation every year. We have a phone line and contact information for health department to come to us and we help connect them to resources and expertise to get what they need. We convene a biannual travel advisory committee meeting, in which trouble elected leaders provide input on the CDC programs and policies and resources. We can all better improve the Alaskan natives health. In turn, CDC programs understand and factor into their work the needs, challenges and priorities of those health agencies. The ground truth that I spoke of. One way we do this is in partnership with national public health organizations, such as ASTHO or the Association of State and territorial health officials. The national Association of County and health officials and the national Indian health ward are just a few. With those three, we found to conduct large-scale surveys or health departments. We are looking at the status and health of the system when we do this. They provide information on health departments lecture, governance, workforce, services, financial resources and CDC elected officials, and others across the system uses information to move perform programmatic policy and resource decisions. We also have various communication channels from CSTLTS, which we used to help magnify the guidance, information and data in recommendation of other CDC programs. We are a force multiplier in that sense. We will learn

about what we do and why it matters. You can think of these as our priority areas, which we've already talked a little bit about. Strengthening public health services, building a diverse, expert health workforce, especially at the leadership level, demoting evidence-based practices and addressing health disparities to advance health equity. What are some ways that we do that? I've already mentioned connecting health officials to CDC leaders, subject matter experts and evidence-based information. We fund and manage a suite of cooperative agreements and grants to strengthen public health systems. We support health agencies in meeting national standards and attaining public health accreditation. We collaborate to provide trainings and tools to enhance performance and service delivery. As we are working to strengthen foundational capabilities that all health departments need in order to deliver any public health service successfully. That raises all sorts in terms of addressing specific diseases and risk factors. This is a little overwhelming. I will give you some highlights from it. C STLTS manages a of more than \$3 billion in cooperative agreements and grants to strengthen public health systems, states, territories, and tribes. This gives you more information there. This is a couple of highlights to share with you. We have the cooperative agreement listed on the left, which is for strengthening health departments and territories, and freely associated states and work through the Pacific Island help officers Association to help improve that entire system. We have a long-standing agreement in support for the national volunteer accreditation program for health department. The accrediting body is by the public health board administer program. I would like to share that 40 state health departments, 209 local health departments, five tribal health departments, one statewide system, which is in Florida and two Army affiliated health departments who are all achieving an initial five-year accreditation, meaning the accreditation standard. Those health departments cover about 91% of the population. We have a cooperative agreement that supports building and improving public health capacity and quality for health departments serving tribal populations. We find that regional and tribal designated organization that can meet many tribes, as well as tribal nations under the cooperative agreement. We house currently two COVID-19 response cooperative agreements and grants. One is for tribes. It was a noncompetitive grant. It is about 152 million and it's helping them respond in culturally appropriate ways. We have another, which I will talk about later, which is focused on COVID-19 health disparities from all populations at high risk and underserved. We will talk about that one a little bit later. We can get a good that our goal is to fund and support at different levels in parts of the public health system, so we can gain improvement across that system, as well. Partnerships are absolutely crucial. We accomplish our men mission through funding and relationships and partnerships that we have -- I've already mentioned some of the national organizations. We have a cooperative agreement that lets us reach, fund and partner with specific projects with 39 national organizations. This is on behalf of all CZ -- CDC. I think there are 500 individual projects collectively under this cooperative agreement. These national partnerships are important, because the public health partners have to reach the influence, access and capability to coordinate and affect the public health response and capability to strengthen public health systems and services. Looking from and acting from a system perspective has been really valuable. Another priority area for us is working to build a diverse, expert public health workforce. A lot of the things I'm talking about our partnerships, workforce allotment and they take place in all of these centers. What I'm sharing with you our particular priority areas for C STLTS . One of our most significant ways that's C STLTS helps us is through the public health program. Public health Associates gain hands-on experience working in public agencies and organizations across the country. I can tell you that they provided and are providing a tremendous amount of support across the nation for COVID-19 response. It's an awesome program. PHAP helps strengthen the front line of the public health system. The next generation of skilled public health professionals. Associates are usually recent graduates at the bachelors or Masters level. Since the program started in 2007, we have more than 1500 associates. They are embedded in and serve health departments at all levels of the system. We partner with the Pacific island help authorization to assist the public health Fellowship program. It is a program for the health

professionals in the public island -- Pacific island. It is to help build a strong public health workforce in the island. It is our goal to attract many local from the local areas. These programs -- they can be hired into public health jobs and be retained in the island. Through the public health law program, we need the STLT legal entity nearly -- epidemiology project. This allows policy to improve health. The public law program also helps the public health law Academy, which is an online collection of training modules to teach learners about the basics of the legal system and how to use law and policy to improve health outcomes. We offer various programs to train the public health workforce on essential skills -- crosscutting skills, such as leadership, strategic thinking, public health law and performance improvement. Finally, we will work to recruit and develop a public health workforce within CSTLTS. We promote evidence-based practices. We do this by researching the effects laws have on health outcomes and sharing legal epidemiology data through the public health law information portal. You are probably familiar with the concept of epidemiology, where scientists are going out gathering data and looking at risk factors and things like that. You can apply the same approach to local data and doing epidemiology there. The public health law program will do 50 state analyses, for example. It could be for the vaccine policies of each state for children, for example. They offer -- in form states and others of the approaches states are taking. You can put that data together with health outcome data and look at the effectiveness or efficiency of laws or the impact of those laws on health. For example, as a research purpose. It is a fascinating area and fairly new. It's been pioneered by CDC and a couple of other organizations we manage the public health professional Gateway to link health departments to CDC information, data, evidence and tools. I will show you more about that later. With this site, we approached it -- so much information. We are serving mainly health departments and health professionals in them with information, key tools or information that we can aggregate on our side to help them do their job. To do it more effectively and efficiently. Our gateway has a lot of information. Not all of it is produced by CSTLTS. We developed medication products to share successes, lessons learned and best practices from the field. We also do a lot of groundbreaking evaluations of public health programs, cooperative agreements and grants to ensure program success. One of which includes -- we all know how hard it is to measure the impact of the true grant programs. By definition, the recipients of the funding have a lot of what they spend the money on. You won't know until they send in advance what they are going to set spend the money on. Coming up with an evaluation framework that can look at the impact across the program of all these different things that recipients are doing. We have worked at evaluation frameworks for addressing that. We are getting interesting results from that on our cooperative agreement programs, which are highly flexible and some are true grants. The frameworks can be utilized by others. We dove a lot into promoting those evidence-based practices, as I said before. I will spend much more time here, because I will show you some of these resources in a little bit. I promise you that we dove a little bit deeper into CSTLTS addressing health disparities and advancing health equity. We awarded \$2.25 billion to 108 health departments to address COVID-19 related health disparities and advance health equity. You can see the name of the grant there. We used an index. I'm trying to remember the name of that. I'm blanking on the name right now. Part of this grant focused on rural areas, as well. A second example is that we serve as CDC's primary point of contact for tribal nations. As I mentioned, we can be a tribal advisory committee to the CDC. They provide and advise and shape our programs, investments and help us work collaboratively across the tribal public health system. We collaborate with the five U.S. territories and three freely associated states. I mentioned that we dedicated an office to it. The territories, freely associated states and tribes often have much less public health infrastructure than some other jurisdictions. We have cultural consideration and other things that by definition we need to address health disparities in those distinctions. A little more about advancing tribal health. CSTLTS is the primary point of contact for CDC's work with tribal nations and tribal serving organizations, just like we do in other instances. We connect them to CDC programs, funding and resources to strengthen the public health infrastructure and improve American, Indian and

Alaskan native health. More tribes are starting to stand up. It looks like more traditional public health departments right now. We serve to our office of tribal affairs and strategic alliances or OTASA. We work closely with tribal communities. They are sovereign governance, so there is a government to government relationship there that we need to honor. OTASA implements the CDC tribal consultation policy. It is a formal process in which we engage tribes and tribal elected leaders specifically in providing input that we have to respond to in writing and show how we've incorporated it. We collaborate with tribal focused national organizations, like the national Indian health board, other federal agencies, and that's what it is for tribal health. Much of the same approach to advancing health of U.S. territories and freely associated states. Connects them to CDC programs, funding and resources and collaborates to strengthen their public health instant systems. Some of the systems that we have provided --. As you know, they've experienced a lot of public health emergencies, such as hurricanes and certain disease outbreaks, which are very unique that we need to help them with. We work with national partners to train officials on public health issues, such as environment the health, suicide prevention, sponsor and preparedness and grants management. Getting into the meat of the resources. I will back up a little bit. I will share some key CDC resources. I thought that would be good, then will be go into what CSTLTS has. This is CDC's subscription service to news and updates. There are a large amount of things that you can respond -- subscribe to, based on your interest. You have the URL here. You can see that there is a description, then you can click on it. I will tell you more about the resource. You can search by topic. It also lets you know the frequency of delivery. I highly recommend subscribing to that were taking a look. We have CDC stacks, which is a free digital archive of scientific research and literature produced by CDC. It is curated collections tailored for public health research needs. We have the CDC learning connection. This has free training in many different levels. Some are short and some are longer. This is to help public health professionals stay informed about CDC trainings. You can also sign up two different ways to get information on what's new on the portal through various means. I'm happy to announce that CSTLTS posted a new training to this portal on how to manage federal grant, which is one way we are helping build infrastructure in health departments, because part of that is having a strong fiscal system, as a health department to be able to apply for many, except many, spend money and report appropriately to federal agencies. We provide technical assistance in the areas of financial health of the health department. Everybody always wants to know about jobs. I wanted to provide you with the URLs of two parts of our site. We have many fellowships and training opportunities and not just the public health program that I mentioned to you. There is information there. Another link to search jobs at CDC. I really like it, because you can explore what types of careers, skills, degrees are utilized at CDC, so you can take a look at the kind of careers you can have here. You can also search information on open positions. This is a key resource that we coordinate out of CSTLTS on behalf of the whole agency . This is something called the CDC grant funding profiles. It has a lot of interaction that we have with decision-makers and others, which entails the CDC funding. For example, the products and what it is focused on. We have a handy PDF summary of funding to any entity in the jurisdiction. It could be academia, Department of Education and whoever is funded. You can see that. We have profiles going back to fiscal year 2010. The last year available is 2020. We are a little behind on the 2021 data. You can also download the entire data set for your own research. I share this page, because I want to point out that it is not just funding that we provided to public health agencies. We can provide plenty of other types of assistance, whether the health department does or doesn't have a physical relationship with us. Assignees is one. For example, the fellows that I mentioned. The data that we collect, analyze and report on can be used for the data for action and decision-making. The workforce development resources, such as the ones I mentioned so far. Direct assistance is a tool that applicants can use. If they are having trouble hiring, they can request that the CDC provided some staff, and of course the cost of the staff are deducted from the total cooperative agreement. We have short-term technical assistance, like the epidemiologic investigations that we do, for example state, local colonies and travel requests. The two URLs are links

to fact sheets, which will link you to each one of these individual things. Those are very good overview resources that you might share with the patrons. We are almost there. [Laughter] I thought it would be good and helpful for you to hear about who most frequently partners with us or uses CSTLTS information and resources. Our primary audiences are health department leaders and practitioners and the national organizations that serve them. Our other key audiences are other types of national organizations and non-public health focused ones, like the national Governors Association, for example. Other governmental agencies are at any level. Other federal agencies in states, like Department of Education. Elected officials and staff are very interested in the public health system and how to improve it. In general, those who want to know more about the public health system. What is it, what is its background status, funding, standard policy and law around it. How to build and improve public health infrastructure and functioning in the public health system. I thought I would show more about what we find or how information is categorized on our public health professional Gateway. You have the URL here. We have sections on data and research, training and professional development public public health system background that I mentioned, best practices, news and alerts, federal programs and funding and our health department resources, which are the tools that did they can use in their daily work. Something that may interest you in particular is that we offer links to health department directories and websites. We have a link to a list of federally recognized tribes and how to do. This is a resource that can help you identify who the state health official is of Maryland, for example. I've also mentioned the health agency profile that we support at the state and territorial levels, local health department levels and tribal profiles. We have links to all of those profiles over the years and information that we get from those are gathered on this site. We have included information on laboratories across the U.S. and community health centers. We are not funding profiles for them. We thought it would be useful. One of our premier resources is did you know. This is a feature that we used to help public health professionals adopt and implement best practices. They are very short and sweet. You can add it to your website, feed or subtract subscribe to it via email. It provides practical tools, information, data that they take action on. We have another part of the site on key health initiatives, strategies and action plans. I will say that due to COVID, we are very behind on updating this page, but I think you will find utility there. These national health initiative strategies and action plans were created by groups and experts, stakeholders across the system. These are for addressing health problems. They can use these two prioritized public health activities and create other materials to ensure that it is aligned with national goals. It's a good place to start. Our public health law programs publishes a monthly digest of announcements, trainings, court opinions and more. You can subscribe to that. They have a whole other section on public health law publications and resources. It's categorized this way. There is legal work related to larger crosscutting public health system issues. Part of the site is dedicated to understanding policy and law around tribal public health. Public health concerns is where you can look by topic area. That is one of the topics that you will find there. A great wealth of free online public health law training and educational resources. I mentioned that public health systems and best practices. We do have a section on our site that provides information, such as information on the 10 essential public health services that all communities should undertake. More information on the voluntary public health department accreditation is where you'll find that. Information on how to do a community health assessment, which provides comprehensive information about the community's current health status, needs and challenges. That information can be used to develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs. It links to performance and quality improvement tools or public health practitioners. This slide shows all of the different ways that you can reach CSTLTS for reference. Now, we will get into the question. There is one thing I want to show you. There is more information. This is important information that you can provide to your patrons. They may have specific questions or requests that

they are unable to get from the website, so there is a one him -- 100 CDC and phone number. There is also an online form that you can fill out. Thank you. I would be happy to take questions.

Thanks, Georgia. Will go ahead and take questions. If you have any questions, feel free to put them in the chat box on the bottom right-hand side of your screen. She sent them to all participants. If you've already sent in a question that we haven't seen, go ahead and send it in again. While we are waiting for any questions to come in, I will let you know some upcoming webinars that we have with FDLP Academy. On May 10, we have discovery education resources through Eric, which will be 2 p.m. Eastern. On May 17, we have the United States Holocaust Memorial Museum's database for Holocaust survivors and the names on May 17. I will drop in the chat box some more information about those webinars if you want to sign up.

I did promise that it was an overwhelming amount of information. [Laughter] If there are no questions, I have one for the audience. I'd be interested in hearing how you think this could be applied in your work or if you do get questions about public health, what information are people seeking most of the time that they asked for that?

Lori says, the public health Gateway will be very helpful and best practices and evidence-based are common questions.

Thank you. Feedback is always welcome for those using our website.

Ashley has put a satisfaction survey for today's webinar. Before you log off, if you will take that survey, we would appreciate it. It helps us with programming here at GPO, so we know what kind of webinars you want to see. A couple more seconds for any questions that you might have. If you can't think of your question or if you want to ask Georgia outside of the webinar, you can email her at CSTLTSfeedback@cdc.gov. Thanks, Ashley. Hopefully by Monday, you will receive -- everyone who is pretty speeding, as well as those registered will receive an email with a link to the recording, as well as the flight deck and extra handouts. Make sure you keep an eye out on your email. We appreciate you all for joining us for this webinar. Thank you so much, Georgia, for presenting on CSTLTS . We look forward to seeing you all at the next FDLP Academy webinar. Thank you.

Thank you for what you do. [Event concluded]