CDC Threat-Based Capabilities Project

Collaborative Cohort and Public Health Innovations Catalog

Project Purpose:

In collaboration with the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (CDC), National Center for Emerging, Zoonotic and Infectious Diseases, Division of Preparedness and Emerging Infections, Emergency Preparedness and Response Program, ASTHO assessed the effectiveness of CDC and partner resources (both tools and funding) in supporting state and territorial health agencies during the COVID-19 response. The project activities aim to identify effective resources and model practices and policies utilized by health agencies in early response and the sustained management of COVID-19.

CDC plans to utilize the information collected to help focus future priorities for infectious disease planning and response and better support the public health workforce.

Objective: To collect information and resources that will inform the development of a clearinghouse of valuable tools and resources with an emphasis on the following topical areas:

Workforce Development	Data Modernization and Innovation	Training and Resources

Coordination and Partnerships

Collaborative Membership and Contributors:

- Association of Immunization Managers (AIM)
- American Immunization Registration Association (AIRA)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Centers on Disabilities (AUCD)
- Council of State and Territorial Epidemiologists (CSTE)
- Centers for Disease Control and Prevention (CDC)
- Chicago Department of Health (CDPH)
- National Academy for State Health Policy (NASHP)
- Public Health Informatics Institute (PHII)

The *Public Health Innovations Catalog (clearinghouse)* is a curated list of toolkits, templates, training, calculators, publications, planning guides, strategies/methods, grant resources, and the culmination of information gathered in the convenings, along with independent research by MCG. The clearinghouse includes resources and tools developed in response to the knowledge gaps or needs identified during public health and supporting entities' reflections on the COVID-19 pandemic. The list of resources reaches more broadly than the traditional field of public health partners (e.g., universities, data scientists, community partners). It includes topics such as data modernization, health informatics, health equity, disabilities, legal considerations, supply chain, workforce development, and risk communication.

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A selection of topical considerations gathered during the collaborative convenings is included below.

Workforce:

- Foundational public health capabilities, prevention, preparedness, and surveillance require sustained funding and a well-trained workforce. However, these capabilities are often overlooked and only receive attention during a crisis.

- During the COVID-19 pandemic, many new public health jobs and roles were created to meet the demands of the response. New informatics and data sciences positions present meaningful opportunities for public health modernization – including the administrative capacity to make these changes.

- Retention and sustaining new and additional mission-critical workforce hired during the COVID-19 response may become problematic given the temporary nature of most COVID-19 funding.

- Public health agencies should examine strategies to invest in growth through academics and practical training, including management and building opportunities for upward mobility.

- To support hiring a diverse and inclusive workforce, consider offering remote work and not requiring staff to relocate to cities where the cost of living is high [e.g., Washington D.C.]).

Data Management, Modernization, and Integration:

- Further consideration should be taken to standardize data collection and sharing efforts at all levels of government, such as social determinants of health data, including race and ethnicity data, and which party is responsible for which element.

- State, local, tribal, and territorial public health agencies should review existing systems and processes to ensure they are functional, adequately equipped, and prepared to respond and share data seamlessly.

- All levels of government should support broad adoption and adherence to the United States Core Data for Interoperability (USCDI/USCDI+) standards.

Training:

- To ensure cohesive response across jurisdictions, state and local health agencies should collaborate to establish complementary baseline capabilities per role. Agencies can build upon baseline training as needed to increase jurisdictional capacities.

- There is a need to implement principles of good onboarding, including using a standardized checklist of capabilities that staff should build to be successful in each of their roles.

- Public health training should be shared widely (Public Health Foundation TRAIN learning network) and assessed and revised regularly. Explore platform functionalities and offer orientation to ensure effective utilization of available resources.

- CDC and other agencies should explore innovative methods and technologies to expand the accessibility of training products, such as virtual reality and remotely monitored exercises.