TRIP REPORT: A.S.T.H.O. MANAGEMENT COMMITTEE MEETING WITH CENTERS FOR DISEASE CONTROL MANAGEMENT – Jan 9, 2002
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All members of the Committee attended, with the addition of the new representative from Region VI, Dr Charles Bell, Exec. Deputy Commissioner of the Texas DOH. The agenda for this day's meetings is attached to the hard copy of this report. Each of the sessions is summarized briefly below.

1. Management Committee business: The 2002 Senior Deputies meeting will be July 10-12 at Skamania Lodge, Washington. Nearest airport of Portland, OR. The theme is "Rising to Meet New Challenges," and there will be an emphasis on emergency and WMD preparedness. The topics and speakers look strong.
2. **Legislative/Budget Update and Bioterrorism funding: Cathy Cahill** (Assoc Dir for Policy, Planning and Eval), Bill Gimson (Dir, Financial Management Office), Dave Fleming, Joe Henderson, Debbie Jones, Claire Broome.
   In general CDC did quite well in the FY 2002 appropriations (see attached summaries) for most centers, with 2-9% increases for most but level for the chronic disease center. However, for FY 2003 the President's budget will have level funding or decreases for all programs except BT.

   In the current FY 2002, $865 million appropriated for public health Bioterrorism Preparedness will pass through CDC and will in fact go to health departments, not to state governors' offices. About 65% will come as an **Emergency Supplement to the standard bioterrorism cooperative agreement**, and we will have to submit budgets for each of the focus areas (A through E). There will be some specifications on what must be spent in A and E, but B through D are very flexible. We will all be expected to invest in state and local BT **planning** (e.g. training to develop local Incident Command structures), and CDC is planning to have the current 9 states and cities funded under Focus Area A provide best practices, model plans and "peer training" to the rest of the states.

   They are planning to extend the BT Coop Agreement project two more years (total 4 years) so there is the possibility these funds might be spendable over as much as 2-4 years, but Dave Fleming asked that we try to spend a substantial portion in the first 1-2 years to satisfy Congress. The amount will be $1 million plus $1.62 per capita in each state, which works out to about $7.48 million by my arithmetic. 10% will arrive within the next 2-3 weeks and 90% will arrive after we submit our budgets. It's not clear if the new rule about no carrying over funds past 24 months after their receipt (begins October 2002) applies to these emergency funds. These funds can be used for just about anything that is BT preparedness, including staff, renovation of space, equipment, etc. In order to facilitate states using the funds to add personnel in critical areas, CDC is planning to set up a "suite" of personnel contracts so that we could use some of our emergency supplement funds as DA to get longer-term staff through this mechanism. The regular BT Coop Agreement appropriations will continue as before. We have already seen the letter from Dr Koplan saying that we will be required to provide evidence that planning has included local health departments

and that there is a fair allocation of funds to locals…e.g. proportion going to locals, evidence of surveys of local needs, evidence of joint planning, etc.

In addition**, 30% or about $240 million will come under a new PH Infrastructure Development cooperative agreement, administered by PHPPO, following the Frisk-Kennedy authorization**. The amount for each state is $1 million plus $0.60 per capita per year or $3.4 million for SC in the first year. This project will continue; it is not one-time, unlike, the emergency supplement. In addition from this $865 million comes $20 million for schools of public health for several new Centers for Preparedness, and about 60 million for stockpile deployment planning in states.

This adds up to $10-11 million this year. CDC senior management is worried about how the states will be able to spend it. Kathy Cahill made the point that now "the honeymoon with Congress will be over" since CDC and state public health will have been funded, so we will be expected now to be ready and knowledgable when/if the next anthrax incident comes.

3. Procurement and Grants Office, Sandra Manning (see handout attached): Ms Manning is a pleasant no-nonsense lady who is changing PGO from process focus to a customer service and results focus. She says she is eliminating as many unnecessary processes and reports as possible and wants our help in identifying more unnecessary paperwork to eliminate. Her main points were: a) We should see the rest of our FY 2002 funds in the next month, since the budget is signed; b) all future grants will require real performance measures, written by the grantee; c) one-year carry-over limitation begins October 2002; d) most awards will be moved from the Oct-Sept cycle to other times including a July-June cycle which better corresponds to most state budget cycles; e) no more full applications for any non- competitive continuation proposals, just progress report and budget; f) electronic grant applications are being piloted in Alabama and are expected to become the standard for non-research grants.

4. Information Technology Infrastructure development using BT funds, Claire Broome and Dave Fleming: Because states are doing many different information systems infrastructure projects under several different grant programs (e.g. NEDSS, HAN, Dialogics calldown system, videoconferencing, lab information systems, DEEDS and other electronic reporting of emergency department data, etc.), there is great risk of duplication and of competition between different organizational units. Thus Claire and Dave strongly recommended that states using BT appropriated funds for IT development should assure effective management of these efforts that cuts across the different units and systems under development and insists on coordination and cooperation. I said that because of this need, and because many states are now obtaining technical expertise via contracts which require expert supervision, hiring an experienced "Communicable Disease Information Systems Manager" would be essential, and could be done with the BT appropriated funds. This idea was widely accepted.

5. **Dr Maureen Litchveld described the academic Centers for Public Health Preparedness, which CDC is planning to double in number to over 20.** We in state public health will need to stay proactive to assure that what these new academic centers do is consistent with our organizational needs.

6. **Dr Sue Binder is the new director of the Injury Center.** She is very enthusiastic and is a very effective advocate. The Center received a 4% increase in 2002 which is all committed, and she expects to find a few million more also from overhead. Thus, further grant programs this fiscal year will probably be very competitive.

7. **There is great excitement about Senator Feinstein's proposed new Cancer Screening Initiative.** It includes authorizing and appropriations legislation, but at this time the funds are almost all for planning and research, not programs. ASTHO plans substantial advocacy efforts to reinstate the public health prevention program part of this Bill.

8. **HIV/STD/TB, Chronic Disease and Injury Centers.** It was unfortunate that the total time allotted for these three major Centers was only one hour! It makes clear the somewhat distorted priorities that are being forced on CDC at present. Dave Fleming and Cathy Carhill acknowledged the need to give more attention to our core public health issues and activities.