

Public Meeting Summary

Wednesday, April 23, 2014

Thomas P. O'Neill, Jr. Federal Building
200 C Street, SW, Washington DC 20024

3:00pm – 4:00pm ET

1-888-677-5806, International Dial-In: 1-773-756-4709, Passcode: 5896404

NBSB Voting Members Present

John Parker, Chair
John Bradley
Nelson Chao
Jane Delgado
David Ecker
Kevin Jarrell
Manohar Furtado
Steven Krug
Betty Pfefferbaum
Sarah Park

NBSB Ex Officio Members Present

Marc Shepanek (NASA Alternate)
Randall Levings (USDA)
Bonnie Richter (DoE Alternate)
Lisa Kaplowitz (ASPR)
Carmen Maher (FDA Alternate)
Kevin Welch (DHS)
Aaron Eagan (VA Alternate)
Brendon Doyle (EPA Alternate)
Mary Riley (ACF)

Call to Order, Roll Call, and Conflict of Interest Rules

Charlotte Spires, DVM, MPH, DACVPM, Executive Director, NBSB
CAPT, U.S. Public Health Service
U.S. Department of Health and Human Services

CAPT Spires called the meeting to order. She provided an overview of the Federal Advisory Committee Act (FACA) and conflict of interest rules, and then proceeded to take roll for all National Biodefense Science Board (NBSB) members present via teleconference. CAPT Spires confirmed a quorum was present for the meeting.

Welcome and Agenda Overview

John S. Parker, MD, Major General (Retired)
Chair, NBSB

¹ A full transcript of these proceedings may be found at
<http://www.phe.gov/Preparedness/legal/boards/nprsb/meetings/Pages/publicmeeting-140423.aspx>.

Dr. John Parker thanked everyone for their attendance, both in person and on the teleconference. Dr. Parker provided a brief overview of the April 23rd meeting by discussing the agenda, a presentation on Community Health Resilience, and the Board's consideration of recommendations as contained in the Community Health Resilience (CHR) Working Group Draft to the Secretary of the Department of Health and Human Services (HHS).

NBSB Community Health Resilience (CHR) Working Group (WG) Report Presentation

John Parker, MD, Major General (Retired), CHR Chair

Dan Dodgen, PhD, CHR Co-Chair

Dr. Parker opened the presentation by summarizing the task given to the NBSB from the Assistant Secretary for Preparedness and Response (ASPR). The purpose of the task was to address questions regarding policies and actions that would help to build overall community health resilience. The following questions were posed to the NBSB:

- What domains of resilience would most benefit from federal action?
- What types of federal action would accomplish these goals?
- What actions should ASPR take to advance health resilience in communities?

Dr. Parker explained that the Community Health Resilience (CHR) Working Group (WG) process included multiple discussions and deliberations between members of the Board, external subject matter experts, and multiple federal subject matter experts. He then introduced Dr. Dan Dodgen, CHR Co-Chair of the CHR Working Group.

Dr. Dodgen noted that each recommendation was listed in a specific order because they built upon each other. The five recommendations included: Conceptual Framing, Outreach and Communication, Tools and Technical Assistance, Policy Alignment and Comprehensive Research Agenda. Dr. Dodgen provided insight into how each recommendation was designed to build a way of thinking, and if implemented, could lead to a successful feedback loop via research.

Questions posed to the NBSB and recommendations received:

1. What domains of resilience would most benefit from federal action?
 - a. The NBSB recommended that the ASPR should define community health resilience as inextricably linked with community resilience and act within the larger national emergency management enterprise to champion the domains of resilience most closely associated with promoting human health, well-being, and social connectedness.
2. What types of federal action would accomplish these goals?
 - a. The NBSB considered the NHSS an ideal roadmap toward the goal of achieving community health resilience and recommended that HHS resource and develop an outreach campaign, and mobilize public-private partnerships, to jointly market the NHSS and community health resilience to wide range of potential stakeholders.
 - b. The NBSB recommended that HHS sponsor an interagency effort to provide guidance, innovative tools and technical assistance to support communities as they assess their vulnerabilities, take actions to enhance their health resilience, ensure the needs of children and other at-risk populations are met, and evaluate their effectiveness.

3. What actions should ASPR take to advance health resilience in communities?
 - a. The NBSB recommended that ASPR lead an effort to definitively link community health resilience policy to other national preparedness or health initiatives—such as ACA implementation—by embedding health resilience language and metrics into existing plans, grants and cooperative agreements, policies, and requirements and examining ways to incentivize communities to pursue health resilience.
 - b. The NBSB recommended that ASPR—working with other HHS agencies, federal departments, and non-governmental scientific organizations—coordinate the development of a coherent science agenda to promote innovation and prioritize areas for research on community health resilience.

Dr. Dodgen thanked the working group and members of the NBSB staff for all of the great work and continuous effort.

Public Comment Check (via Email)

CAPT Charlotte Spires, DVM, MPH, DACVPM

No public comment was received via email.

NBSB Vote on Report from CHR WG

CAPT Charlotte Spires, DVM, MPH, DACVPM

CAPT Spires polled the members of the Board for approval or disapproval. The recommendations were unanimously approved and will be transmitted to the Secretary with a letter.

Wrap-Up and Conclusions

John S. Parker, MD, Major General (Retired), Chair, NBSB

Dr. Parker acknowledged without exception and within a full quorum, the NBSB's approval of the Community Health Resilience (CHR) Working Group (WG) Report.

Dr. Parker thanked the CHR Working Group, NBSB Staff and the writers and editors who helped produce the report. He encouraged everyone to visit the NBSB website in anticipation of the new members being inducted on April 29, 2014. Dr. Parker asked CAPT Spires to adjourn the meeting.

CAPT Spires adjourned the meeting at approximately 3:45 P.M.