NBSB NATIONAL BIODEFENSE SCIENCE BOARD

PUBLIC MEETING TRANSCRIPT
WEDNESDAY, APRIL 23, 2014
3:00 PM - 4:00 PM EST

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CAPT Charlotte Spires: Good afternoon everyone. I am now calling this meeting to order. Welcome everyone to our NBSB public meeting. I'd like to welcome our NBSB members, ex-officials, federal officials and also members of the public. I am Captain Charlotte Spires, the Executive Director of the National Biodefense Science Board and I also serve as the designated federal official for this federal advisory committee.

The purpose of this public meeting is for the board to discuss and vote on the findings from the community health resilience working group. Before we move into the introductions, I would like to read the Federal Advisory Committee Act overview and conflict of interest rules. The Federal Advisory Committee acronym is FACA and I'll be using that term.

The National Biodefense Science Board is an advisory board that is governed by the Federal Advisory Committee Act. The FACA is a statute that controls the circumstances by which agencies or offices of the federal government can establish or control committees or groups to obtain advice or recommendations where one or more members of that group are not federal employees.

The majority of the work of the NBSB including information gathering, drafting of reports and the development of recommendations is performed not only by the full board but by the working groups or the subcommittees who in turn report directly to the board.

Regarding the conflict of interest rules, the standards of ethical conduct for employees of the executive branch document has been received by all board members who as special government employees, are subject to conflict of interest laws and regulations therein. Board members provide information about their personal, professional and financial interest. This

information is used to assess real, potential or parent conflicts of interest that would compromise a member's ability to be objective and giving advice during board meetings.

Board members must be attentive during meetings to the possibility that an issue may arise that could affect or appear to affect their interest in a specific way. Should this happen it will be asked that the affected member recuse himself or herself from the discussion by refraining from making comments and leaving the meeting.

Please note that this meeting is conducted via teleconference and webinar. Please visit our website at www.phe.gov/nbsb for instructions on how to call and access this meeting. Again that's www.phe.gov/nbsb. The public has been notified to send in any comment using the NBSB forms available on our website. Public comment will only be received via form. Please refer to the agenda and the NBSB website at again www.phe.gov/nbsb for the details of today's meeting.

Written comments can be sent in after the public meeting by submitting an inquiry using our NBSB form available on our website. To date we have no public comments sent to us by email but we will check again before this meeting is over. As a reminder, the meeting summary and transcript will be made available on our website.

Before we begin today's meeting, I would like to take role. First, I will call out the names of the NBSB voting members. When I call your name please respond with present or here.

CAPT Charlotte Spires: John Parker?

John Parker: Present.

CAPT Charlotte Spires: Georges Benjamin? John Bradley?

John Bradley: I'm here.

CAPT Charlotte Spires: Nelson Chao? Jane Delgado?

Jane Delgado: Here.

CAPT Charlotte Spires: David Ecker?

David Ecker: I'm here.

CAPT Charlotte Spires: Daniel Fagbuyi? Emilio Emini? Kevin Jarrell? Manohar Furtado?

Manohar Furtado: Present.

CAPT Charlotte Spires: Okay. Steven Krug?

Steven Krug: I'm here.

CAPT Charlotte Spires: Betty Pfefferbaum? Sarah Parks?

Sarah Parks: Here.

CAPT Charlotte Spires: Okay. Two, three, four, five, six, seven - we do have a quorum - great. Now NBSB ex official members, when I call your name please respond. If you are a designated alternate, please provide your name. Andrew Hebbeler? Anne DuFresne? Richard Williams?

Mark Shepanek: This is Mark Shepanek for Richard Williams.

CAPT Charlotte Spires: Well thank you. Amber Story? Randall Levings?

Randall Levings: Present on the phone.

CAPT Charlotte Spires: Thank you. Dianne Poster? Colonel Erin Edgar? Patricia Worthington?

Bonnie Richter: Bonnie Richter for Pat Worthington.

CAPT Charlotte Spires: Thank you. Ali Khan? Hugh Auchincloss? George Korch?

Dr. Lisa Kaplowitz: I can represent ASPR for George.

CAPT Charlotte Spires: Okay, thank you Dr. Kaplowitz. Carol Linden? Bruce Gellin? Luciana Borio?

Carmen Maher: This is Carmen Maher for Luciana Borio.

CAPT Charlotte Spires: Okay, thank you. Kevin Wench?

Kevin Wench: Here.

CAPT Charlotte Spires: Thank you. Lori Caramanian? Rosemary Hart? Kerri-Anne Jones? Victoria Davey? Peter Jutro?

Brendan Doyle: This is Brendan Doyle at EPA for Dr. Peter Jutro.

CAPT Charlotte Spires: Okay, thank you. Patricia Milligan?

Okay, thank you and now I would like to turn this meeting over to Dr. John Parker our NBSB chair.

John Parker: Good afternoon. Thank you for being on this call, especially to those who are several time zones to the west of us. Good morning to you and a good afternoon to the others.

Today's meeting is very specifically focused on the paper that was produced concerning community health resilience which is the result of a tasking from the assistant secretary of preparedness and readiness. We'll cover some of the points in the tasking letter in the presentation but this is the sole purpose of this particular meeting.

The agenda is published. It's very simple. There'll be a presentation of the paper that has been created by the working group. There'll be a point, a moment of discussion by the board and then the discussion will be open to the subject matter experts that were on the workgroup and also the ex-officials in the room. At the end of that discussion, we will check the email again to see if there are any public comments and at the end of that I will ask Captain Spires to pull the members of the board that are present for a verbal vote either yay or nay on acceptance of the report.

When we finish with that there'll be a short wrap up and conclusions and then I'll turn it back to Captain Spires for an adjournment. And so without further ado I'd like to move toward the presentation. The slides are on the webinar and also hard copy slides were distributed prior to the meeting. And so if you see on your webinar the title slide is the April 23rd NBSB public teleconference and the purpose is clearly stated to vote on the Community Health Resilience (CHR) Working Group (WG) Draft Report. Next slide please.

This is a community health resilience paper. It's a report by the National Biodefense Science Board and its being publicly presented on this teleconference on this day, April 23rd 2014. The working group was chaired or co-chaired by Dr. John Parker and Dr. Dan Dodgen. Next slide please.

On April 30th 2013, a task letter was received and addressed to the chairman of the NBSB. The Assistant Secretary of Preparedness and Response (ASPR) charged the National Biodefense Science Board (NBSB) to do these things, number one, explore the concepts and issues surrounding community health resilience, two, make recommendations to health and human services for the Assistant Secretary of Preparedness and Response policies and actions that will build an overall community resilience.

Embedded in that task letter were specific questions that we as a Board must address. Those questions are, what domains of resilience would most benefit from federal action? Two, what types of federal action would accomplish these goals and what action should the assistant secretary of preparedness in response take to advance health resilience in communities?

The entire board accepted this task and then the board working with others created a Community Health Resilience (CHR) Working Group (WG). That working group, we need to change the slide please. That working group was put together. We were very fortunate to have Dr. Maxine Kellman and Dr. Dan Dodgen and members of the Department Health and Human Services (HHS) that have been working with multiple federal agencies for a very long time.

So the working group was put together to make sure that we had a good cross-section of those folks and those agencies that were working on community resilience as a part of our working group. So that working group ended up being comprised of leading experts in community resilience and the ex-official members from federal agencies who were actively engaged in community resilience.

The slide on the webinar now shows the listings of folks that were members of the workgroup and they're broken down by members of the Board, external subject matter experts and federal subject matter experts and I'll take this moment in time to just say a very large thank you to each and every one of these people because they were totally engaged, met every teleconference and were at our single open meeting. So I just want to make sure that we're on the public record saying that we were honored by your presence and we thank your work.

The process that we went through was that we examined pertinent scientific literature and we looked at policy frameworks that concerned community resilience. We met on the telephone several times to engage in discussion, hear presentations and deliberate and we also met one time in person at a very valuable face to face meeting near the end of the process so that we had hardcore work to sort through, deliberate upon and make decisions.

We received the information from different people and presentations concerning key community resilience projects across the federal spectrum and studies currently underway by think tanks, federal agencies and others.

At this time I'm going to turn the presentation over to Dr. Dan Dodgen who's going to focus on the recommendations and talk to you a little bit about those recommendations. So with a great deal of thanks, Dan the floor is yours.

Dan Dodgen: Thank you John and thank you again to the incredible members of this group. It really was an exceptional group. I have heard some of the board members as well as some of the working group members' voices on the line and we just can't thank you enough for the great work that you did as well as specifically Maxine for her incredible help in keeping everything coordinated and Darrin Donato who was one of our subject matter experts and was really instrumental in pulling all of the great thinking of the group together into the unified report that you see in front of you so many thanks to so many great people.

Before I get into the recommendations, I just want to preface by saying as much as possible I'm going to quote from the report. I hope that it will be familiar to all of you because I hope that everyone has read this report. It's quite good I think and I think really does reflect the great thinking of all the people that were part of this endeavor.

Before I get into the recommendations, I do want to say that there's a reason that the recommendations are in the order that they're in and that is because they really do build on each other. The first one is really going to focus on conceptual framing as you see in this slide in front of you and then it moves forward into outreach and communication, tools and technical assistance and policy alignment and then finally how do we envision a comprehensive research agenda that will then feed back into the first four.

So these aren't just four recommendations to line with the questions that Dr. Parker already told us about, but they really are designed to build a way of thinking about this that if implemented then could also lead to a successful feedback loop by having research come back around.

So if we move to the next slide which is question one, the way that we've organized the report is aligning the recommendations with the question that they best address. One of the first task questions in the letter from Dr. Lurie to Dr. Parker was, what domains of resilience would most

benefit from federal action? The working group deliberated about this issue I think as much as any and the recommendation that you see here really is a result of that deliberation.

As it says, the NBSB recommends 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, wellbeing and social connectedness.

This isn't just we should come up with a definition, although I know on first glance that may be what the recommendation or how it reads. It really is about a whole way of thinking about resilience and how we can insure that the work that we do and what we do with our partners encompasses this larger thinking.

The themes that emerge that are critical to how we think about community resilience are as follows and I'm reading straight from the report for those that have it in front of you. The community health resilience is inseparable from community resilience. We wanted to make sure people understood that we weren't positing a whole separate domain of resilience but that we really understood that community resilience and community health resilience are interconnected and that really community health resilience is a subset of resilience.

The health underpins all other resilient sectors. The community health resilience involves stepping beyond the traditional health system and promoting whole community networks that community health resilience links those sort of adaptive capacities to a positive trajectory of functioning and adaptation to promote and protect individual and collective health after a disturbance. If that sounds like a mouthful, it's on page four of your report. You can look at it more later.

But again the idea is that we are talking about adaptive capacities that really enable communities to be more resilient. Building social connectedness or social capital is legitimate and important. Emergency preparedness action, I think I hear Daniel Aldridge's voice on the line earlier and some of you may be familiar with his work in this regard.

Community health resilience happens at the community level. That seems redundant but I think it's something that we often forget about at the national level and I think the Board wanted to underscore that. Community health resilience helps people face everyday challenges as well as extreme events meeting the health wellness and emergency preparedness needs of at risk populations including children and elders, improves overall community resilience and accessible

services from robust public healthcare and behavioral healthcare systems are key drivers in promoting community health resilience.

Now I've read a lot of sentences to you and I know that if you have the report in front of you, again that's on pages four and five, but I did want to reiterate those points because again when we talk about the importance of promulgating a definition of community health resilience as recommendation one says we're not just talking about again just oh, we should come up with a federal definition and tell everybody what it is. But really there's a way of thinking about these issues that it's important for all of us to get behind.

And having said that, of course it was very important and it's contained in the report as well to underscore that the agreement to a single definition should not become a hindrance to advancing all of the good activities that are already happening and are going to happen but rather it's a way to keep people thinking about resilience in this broader way so that we don't start to develop new silos like community health resilience versus larger resilience or some other subset where we're only going to talk about a specific domain of resilience and say that's what health is about and ignoring the others.

So again I spent a little bit more time on this first definition or this first recommendation because I do think it underscores the way that the group thought about everything. If we go to the next slide, the second task question we addressed was, what types of federal actions would accomplish these goals?

Recommendation two which you have in front of you, the NBSB considers the NHSS which is the National Health Security Strategy an ideal roadmap towards the goal of achieving community health resilience and recommends that HHS resource and develop an outreach campaign and mobilize public private partnerships to jointly market the NHSS and community health resilience to a wide range of potential stakeholders.

Again I think that this one is relatively straight forward but we're really talking about an outreach campaign to achieve stakeholder and public awareness of community health resilience and national health security in helping people see that it's necessary for resilience and health both to be thought of in terms of national security and national health security. So really weaving these things together in a public information campaign that would address a number of the things that are talked about in the report but that really would be something that would be not just again a

federal effort but really a national effort and that the NHSS is the perfect vehicle for addressing these issues.

Recommendation three, the NBSB recommends that HHS sponsor an interagency effort to provide guidance, innovative tools and technical assistance to support communities as they assess their vulnerabilities, take action to enhance their health resilience, insure the needs of children and other populations are met and evaluate their effectiveness.

So again as you see how these all build on each other, we're now talking about not just having a definition and using the NHSS and public information about the NHSS but now we're also talking about some specific tools, guidance, technical assistance, etcetera that can support the activities that would need to be undertaken to implement the first two things.

And in particular, I did want to call out the needs of at risk individuals. That was something that the working group talked about a lot and I know has been a historical interest for the board is the importance of including at risk individuals which could include of course children, seniors, pregnant women, people with disabilities that as we think about resilience that we need to make sure that we're thinking about it in a very inclusive way and that tools, outreach campaigns, guidance, technical assistance, etcetera also has to really have this inclusive whole community approach.

Can we go to recommendation four, the next slide? Thank you. So again, the final task question which Dr. Parker read to us earlier is: What actions should ASPR take to advance health resilience in communities? Well clearly the previous two recommendations start to get into that and then there was an additional recommendation, number four, that gets into it in a little bit more detail.

This recommendation says, the NBSB recommends that ASPR lead an effort to definitively link community health resilience policy to other national preparedness or health initiatives such as implementation of the Affordable Care Act 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.

So this recommendation again building on the previous recommendations really focuses on how can health resilience be promoted through other ongoing policy initiatives and obviously a really good example of that is the implementation of the Affordable Care Act. Understanding that the

emergency sphere and particularly the public health preparedness sphere is actually somewhat limited both in terms of resource and in terms of reach into some communities.

So the recommendation number four is really talking about how do we extend thinking about this beyond just the traditional public health emergency preparedness systems, not that we don't need to be focusing there because of course we do. Some specific examples of actions in this section are adding language about community health resilience to public health accreditation standards and nonprofit community health needs assessment requirements under ACA, developing health resilience metrics that could be included as part of assessments and standards or incentivizing building community health resilience strategic planning.

So those are some of the things that are talked about in this recommendation. And then finally recommendation five, which I think is the one that really completes the feedback loop I talked about earlier, the NBSB recommends that ASPR working with other HHS agencies, federal departments and nongovernmental scientific organizations coordinates the development of a coherent science agenda to promote innovation and prioritize areas for research on community health resilience.

So I think it was important to the working group to talk about how everything we do, there should be some evaluation component included and that there is a need for additional research as well. Some examples of research areas that the group talked about are what attributes of a community are most important for recovery from natural disasters, pandemics or other adverse health effects. To what extent does the overall physical and behavioral health of the community contribute to its level of resilience? Can we develop valid tools to measure and monitor community health resilience? How effective are current resilience building programs?

Can the behaviors of notably resilient individuals and groups be taught and utilized to others? How can we best pilot and study innovations to build social connectivity such as community currency or time banking programs, promotion or volunteerism and neighborhood wide activities such as festivals and events?

So again there was a lot of thinking about some of the gaps in knowledge where we're starting to make progress but where we'd want to continue to make progress.

So that's recommendation five. I won't take a lot of time because I want to make sure that the board has an opportunity to discuss everything. Again, everything I've said to you I've tried as much as I can to quote directly from the report so that you really hear the thinking of the

workgroup but obviously anyone on the workgroup if you want to amend or elaborate on anything that I've said, I think there'll be an opportunity to do that but I think again that very, very good work has been done here and we certainly want to acknowledge all the people on the NBSB staff which I think is the next slide as well as all of the working group members that we put on an earlier slide for their great work.

So let me turn it back to John and we will proceed however the board wishes to proceed.

John Parker: Well thank you Dan. That was extremely comprehensive and extremely well done. As we enter the discussion phase, I would like to open first comments to members of the workgroup who are on the phone who would like to add or augment to the presentation briefly. If there are any, please raise your voice. Okay, hearing none I would like to ask if there are any comments or discussion points from the board. And I also noticed that there are people on the webinar that did not answer the roll call so we may do another roll call before the vote.

But are there any members of the board who would like to ask question, make comment?

Steven Krug: Hey John. It's Steven Krug. Can you hear me?

John Parker: I can hear you. Go ahead Steve.

Steven Krug: Yes, actually more of just a series of comments. First of all, John and Dan and your team, I thought this was an excellent report and really very important and timely because what we're talking about now is we're moving from the focus of, not that preparedness isn't important, not that response isn't important but we're talking about a desired end state which is really what we're aiming for and congratulations.

Secondly, this I believe represents sort of the ultimate opportunity for that collaboration between the private and the public sector and actually arguably also between the federal and the state and local sector in terms of implementing and achieving this desire in state because this is clearly. I mean the assessment of readiness rather, I'm sorry, resiliency really is something that is going to need to be not only the, you know, these tools. Their implementation is local but the assessment is local as well.

I know a lot of other folks on the Board and from others who are on the webinar, there are lots of us who wear a variety of hats and I think this is a great opportunity for the partners and the key stakeholders to really help make this happen and I'm thinking well beyond simply the stakeholders and the healthcare sector. There are many others, business, faith based

organizations, you know, the educational organizations. Just really a great entity here and I also think the strategy of linking this with existing programs whether they're funding programs, whether they're accreditation programs, whether it's a new healthcare paradigm.

Again, I think we should expect that ultimately our goal is to have resiliency with healthcare being an essential component of resiliency. And I think you guys kind of talked about this but, you know, any way we can promote the development of best practices either through encouragement or through some funding and then again sharing them broadly I think will help everybody learn from others. But again I would not change your report at all. Again congratulations.

John Parker: Thank you Steve. Any other members of the Board? Hearing none, I just want to add to our presentation that you will see in the report the words that the health resilience is so integrated with community resilience that you'll see the comments that it leads to an all health policy approach. When you're looking at any element of community resilience we encourage that health must be a part of that policy.

Now are there any ex-officio members that would like to make a discussion point or a comment?

Bonnie Richter: Hi, this is Bonnie Richter.

John Parker: Yes Bonnie. Go ahead.

Bonnie Richter: I have an advantage sometimes of being someone on the outside who has not read this report until its completion and I want to congratulate you all on a nicely written report that has a good flow to it.

So I almost read it from the viewpoint of someone in the community because this isn't what I do as part of my work and I appreciate the emphasis on the community and how that assists the federal, state, local and using those community resources.

The only comment and this is perhaps sensitivities due to recent events and you give examples of iconic types of current events and I can't help to note that I think you should include in that active shooter events which I think certainly in this day and age have a great impact on public health and mental public health awareness. That's my only comment. Thank you.

John Parker: Thank you Bonnie. Appreciate your comment. Any other ex-officio comments? Okay, I would like to ask Captain Spires, if we've seen any emails from the public?

CAPT Charlotte Spires: This is Captain Spires. We have no public comments via email. Thank you.

John Parker: Okay, thank you and Captain Spires or Maxine, I would ask you to poll the board for a vote and if you would even read the names of those who did not answer the initial roll call because I see their names. For example, I see Nelson Chao and Georges Benjamin on the webinar and they did not answer roll call. But if you would poll the board for a vote please, I would thank you.

CAPT Charlotte Spires: Absolutely. We'll start, we're polling the board for approval of the report, correct?

John Parker: That is correct.

CAPT Charlotte Spires: Okay, so the response would be approve or not approve, correct?

John Parker: Correct.

CAPT Charlotte Spires: Okay, John Parker?

John Parker: Approve.

CAPT Charlotte Spires: Georges Benjamin? Are you on mute Dr. Benjamin? Okay, John Bradley?

John Bradley: Approve.

CAPT Charlotte Spires: Nelson Chao?

Nelson Chao: Approve.

CAPT Charlotte Spires: Jane Delgado?

Jane Delgado: Approve.

CAPT Charlotte Spires: David Ecker?

David Ecker: Approved.

CAPT Charlotte Spires: Daniel Fagbuyi? Emilio Emini? Kevin Jarrell?

Kevin Jarrell: Approve.

CAPT Charlotte Spires: Okay, thank you. I'm sorry, Manohar Furtado?

Manohar Furtado: Approve.

CAPT Charlotte Spires: Steven Krug?

Steven Krug: Approve.

CAPT Charlotte Spires: Thank you. Betty Pfefferbaum?

Betty Pfefferbaum: Approve.

CAPT Charlotte Spires: Okay, thank you. Sarah Park?

Sarah Park: Approve.

CAPT Charlotte Spires: Alright Mr. Chairman, we have unanimous approval from the board members.

John Parker: Thank you Captain Spires. We definitely have achieved a quorum of approval and as chairman of the board I state that the draft report that we received from the workgroup is approved as a final draft and final report from the National Biodefense Science Board.

We are just about on time. I would say that in wrap up we can't thank the members of the workgroup enough. We can't thank the staff enough and we can't thank our writers and editors enough but if you did any of those things or participated in those things, the Board sends a great thank you.

I would recommend to everyone that they watch our website very carefully. Next week is a very important week coming up. We are going to retire some of our members. We are going to bring on new members. We will probably receive a new task and all of that will be in public forum. So please go to our website to get the information that you need to be a part of that.

And in conclusion thank you all for being on the webinar and on this teleconference. Thank you especially to the National Biodefense Science Board staff and leadership for putting this together and with that said, I'm going to return the gavel to Captain Spires for an official adjourn.

CAPT Charlotte Spires: Okay, thank you very much Dr. Parker and if there's nothing else for the good of the order, this meeting is adjourned. Thank you very much.