



How Does the Health Debt Impact Your Work? Government Leaders Respond Programs Success Showcase 2022

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Thursday, Jan. 20, 2022

JOHN ROBITSCHER:

Good afternoon, everyone. I'm John Robitscher, Chief Executive Officer for the National Association of Chronic Disease Directors. And I'm honored to welcome you all, our guests, our partners, our members, uh, to our 6th annual program success showcase and open a keynote discussion. How does the health debt impact your work? Government leaders respond.

I want to take a moment to recognize some special NACDD supporters joining us today. I'd like to acknowledge CDC's chronic disease leadership, especially Dr. Karen Hacker, Director of the National Center for Chronic Disease Prevention and Health Promotion, who has our closing keynote panel today. We also welcome Dr. Gregory Crawford, Dee Wetterhall, Dr. Tim Carney, Sean Cucchi, Gabbi Promoff, Stacy de Jesus, Dr. Peter Briss, Dr. Rachel Kaufmann, Dr. Leonard Jack, Dr. Lisa Richardson and Frances Babcock from the Cancer Prevention Control Unit, Dr. Christopher Holliday and Donald Betts from Diabetes Translation, Dr. Janet Wright and Mattie Gilliam from Heart Disease and Stroke Prevention, Dr. Larry Sperling from Million Hearts, Dr. Ruth Petersen and Ann O'Connor Nutrition, Physical Activity, and Obesity division, Casey Hannan and Wilbert DeWitt Thornton from Oral Health, Dr. Wanda Barfield and Victoria Wright, Reproductive Health, Dr. Diedre Kittner and Jenny Brown, Smoking and Health, and from the center for state, tribal, local, and territorial support, Dr. Jose Montero. And our fabulous project officer, Devi Hawkins-Prather. We're proud to work with all of these distinguished scientists and public health leaders on a daily basis to move the bar forward to fight against chronic disease.

Our members too value CDC's investment in state and territorial health and their efforts to reduce the burden of chronic disease. We also want to acknowledge this event's sponsor, the Prevention Health Foundation. And thank you for your partnership and support. Finally, we're also pleased that members of our board of directors are here to participate. Our webinars today and our breakout sessions later this afternoon are intended to demonstrate the continuing critical work being accomplished at the state and territorial level to create healthier communities. Today, we'll dive deep into discussions about health equity and health debt. You'll hear from two originators of this term, Dr. Hacker and Dr. Peter Briss today about their thoughts on the health debt. Put simply, the health debt is the cumulative public health impact of missed preventive care and screenings due to the pandemic. I'm very proud of my own team, including Dr.



Jeanne Alongi and Liz Ruth, both of whom you'll also hear from today, who have helped lead the discussions of the health debt within our association and beyond, including in a piece they wrote for health affairs.

While we know we face continuing and great challenges from the pandemic and the health debt, I'm here to reiterate our strong commitment to help you, our members, our partners, our funders, to position our field for success in saving lives and building healthier communities. We have a showcase contact form you can fill out at any time today or in the future to share ways in which we can support you. A link is in the chat and will be shared throughout the afternoon. Additionally, you can find more information about our hundreds of projects on our website, www.chronicdisease.org. I also encourage you to check out our newly redesigned success story database, featuring even more exciting achievements from our members available on our website.

We hope that you will tweet, connect on LinkedIn, and post on Facebook along with us today and in the future by following us on those platforms. And now I'm pleased to introduce our emcee for today's event and our expert meeting facilitator, Nadine Doyle, who will walk us through the events of today and provide some housekeeping information.

NADINE DOYLE:

Thanks so much, John. It's great to see you again. I'm delighted to welcome everyone today also to the showcase. John has mentioned a number of things, but I just want to reiterate a couple of notes. First, closed captioning is available to any who need it by clicking on the CC button at the bottom of your screen to enable it. All watching attendees are muted. If you need help or have a technical question, please go ahead and put a note in the chat box and one of the many team members operating in the background will be available to assist you. John also mentioned that we've got a help desk that you can visit in a separate room throughout today's event if you need any assistance. The link has already been placed in the chat, but I don't think it would hurt to put it in there one more time as we've got people coming in as we speak into the webinar room. John also mentioned our showcase contact form, which we hope that you'll use today to reach out to NACDD's staff and consultants with your ideas, your comments, and your feedback on the presentations and discussions that you'll see and participate in today.

So here's a little bit of an overview of our agenda for today. We have two webinars that bookend this event with 11 presentation breakouts that you can visit then we'll close things out with a closing keynote and a presentation from our board president on her president's challenge. You are not going to want to miss that.

So please stick around. We truly hope that this will be an engaging and interactive event for you. And we look forward to this just being the beginning of future conversations about how we can work together to prevent disease and promote health. Now I'd like to introduce our opening keynote panelists, who will discuss how does the health debt impact your work?

John gave us a great overview of the concept of the health debt, but now we'll hear from two distinguished government officials and from NACDD thought leaders on this topic. Joining us for the panel discussion are Dr. Susan Kansagra, Immediate Past President of the Board of Directors of NACDD. Dr. Kansagra will be moderating today.

We also have Kristi Pier, the current President of the Board of Directors of NACDD, Liz Ruth, State Policy Analyst at NACDD, and Robyn Taylor, Senior Director of Health Equity at NACDD. We're going to link to their bios and the chat. So you can learn more about them, their bios, their bios are off in the agenda.

I also just want to mention really quickly before I move on and tell you more about the panels and the videos that it appears as if our closed captioning is having a little bit of a glitchy moment this morning. So if you've clicked on that and you're finding that it isn't working, please stand by. The team is working on it as we speak.

All right. So back to the panels. So during today's keynote panels, you can submit a question for our speakers in the Q and A box, and we'll route it to our panelists for consideration during the Q and A portion at the end. For those of you who are used to like me, zoom meetings more than zoom webinars, you'll see that you have both the chat and Q and A functions.

So, if you have a question for the panelists, please use the Q and A as that's going to be the one that's monitored throughout the panel. And don't wait till the end. Don't wait until the Q and A session to ask your question. We'd love to get them in real time so that we could start bucketing them, um, for a really robust Q and A.

Before we get there, though, we're going to hear from Senator Amy Klobuchar of Minnesota, who will share her experiences about getting an early diagnosis of breast cancer and on the importance of reinvigorating our efforts to offer preventative screenings to improve health outcomes. Let's cue up the video.

AMY KLOBUCHAR:

Hello to everyone attending the National Association of Chronic Disease Directors program success showcase. That's a mouthful, but it should be because of the great

work you do. I want to thank all the chronic disease directors and public health professionals attending today's event. In the face of a global pandemic, all of you have gone above and beyond to continue your crucial work of addressing and preventing chronic disease in this country.

I know it hasn't been easy and I'm grateful for all you do. This topic, prevention, is now personal for me. Following a routine mammogram last February, I got the call. The call that no one expects to get. They said, oh, it's gonna, it's probably just nothing. Don't worry about it. And then I got the call right in a Monday afternoon, as I was about to go to a vote in the Senate.

That's when I learned I had stage 1A breast cancer. And I said, okay. They said, you need to get a doctor right away. I said, okay. But what I really want to say was, um, what does this mean? Am I going to lose my hair? Am I going to, um, you know, I've got stuff to do. My dad is really sick. I've got a vote that I have to take.

I got to walk into that chamber. I didn't say any of that. I said, okay. Well, thanks to my incredible doctors and nurses. I am okay. The treatment went well. And now my chances of developing cancer again are no greater than the average person's. Those aren't stories that you used to hear. You didn't use to hear that things got caught so early, like in my case, that you could get through it with the lumpectomy and radiation.

Like often happens with anyone dealing with illness, this experience gave me time to reflect on my own life. And those I love. It was a reminder that every day is a gift. My husband was a gift when he stood by me and took me to radiation early in the morning, the doctors and nurses, the radiation specialists, they were gifts. And the perfect strangers who, when I would stand on the plane, knowing I wasn't supposed to lift up my luggage when I go in from DC to Minnesota because of the lumpectomy and they didn't know what was wrong with me, they were a gift cause they just came over and said, can I help you put your luggage up? I shared my story with the public in August to call attention to the fact that because of the pandemic, many people delayed physicals and routine exams and care. I did. When the pandemic started, I should have gone in for that routine mammogram, but I waited. And including, by the way, not just mammograms, but people are putting off many kinds of tests that can help people catch cancer early, or manage, or find out about their chronic diseases.

You all know that for every disease, time matters. It matters if you get your information sooner. And since then, I've heard from so many people across the country, I've had people text me or write me on Twitter, saying they're in a waiting room to get their physical. They're going to get a cancer screen.

They're going to get another kind of test. And they said, I realize it's pretty safe right now to go get those tests in the doctor's office. It's a lot safer maybe than going other places. Um, and I need to do it. There are still so many Americans, however, behind on their regular checkups and screenings, which means we may have thousands of people walking around with undetected, unmanaged, chronic diseases.

So we need to do more to make sure that they have the resources and information they need. The good news programs like National Breast and Cervical Cancer Early Detection through the CDC have gone a long way toward helping medically underserved communities access early detection and treatment. And on top of that, more than 14.2 million Americans have gotten their affordable care act marketplace coverage during the open enrollment period, meaning they will be able to access screenings this year.

We also know that there are more and more treatments coming down the line for all chronic diseases. I personally am the co-chair of the rare disease caucus. So I know that rare diseases, chronic diseases are right at the top of the list of things that we need to focus on. And more and more exciting developments with personalized medicine and with what we've learned from mapping the genome.

I know right in my home state with Mayo clinic at the University of Minnesota, all the incredible research that's been going on. I've always believed in looking for a cure and having the best treatment while we're on the way. But one of the best ways we can do all of this is by making sure that people get their their exams and they know what's going on. You know, that's also helpful for looking at what the test results are and trying to figure out what's wrong with people and how you solve things. If you wait too long, not only is it bad for them individually with their treatment, it's harder to get them into clinical trials, or it's harder to figure out what the results are with different medications.

That's all spells one thing. That people need to go in and get their exams. So I want to thank all of you. You do amazing work. I'll give you a toast. You know, budget cuts, senna water is all I got, but to all of you, never stop. Thanks everyone.

NADINE DOYLE:

Thank you so much to Senator Klobuchar. I know she's not physically here with us, but if, if I could give her a round of applause, I certainly would.

That was fantastic. Uh, just a quick note, closed captioning live transcript has been enabled. So uh, you should see that button at the bottom of your screen if you need it. Thanks so much. And without further ado, Dr. Kansagra, I'm going to turn it over to you, to you to kick off the panel.

SUSAN KANSAGRA:

Right. Well, thank you so much, Nadine, and really appreciate again, on behalf of all of you out there that are doing the hard work on the ground.

Thank you so much for taking the time. We know it's been, you know, challenging almost going on two years now, but we so appreciate what you're doing and what an incredible time to be in public health. So, uh, so that was a great video by Senator Klobuchar. Again, outlining the importance of chronic disease prevention with a really powerful, personal story.

And I wanted to, uh, welcome all, all the panelists to come on screen because we're excited to have a discussion here today on the impact of, uh, you know, what we've seen in the last two years on chronic disease. And with that, I wanted to kick off first to you, Kristi, as you reflect on that video, certainly we've seen more attention, uh, to public health in the last several years.

And can you talk a little bit about the opportunities you're seeing as it relates to chronic disease prevention and really again, promoting some of these messages around, uh, upfront chronic disease prevention, treatment, and getting folks back into, uh, care.

KRISTI PIER:

Hi Susan, thank you so much. I think that what we're seeing really are maybe not as many opportunities as maybe some challenges, right? Of being able to get, uh, folks into their screening and, uh, and to increase the numbers of people who are not only, uh, screening, but also getting, uh, to the doctor earlier, um, for treatment for, uh, uh, hypertension for diabetes. And, uh, and so I think that some of what, um, some of what, uh, uh, Senator Klobuchar was discussing, uh, that we're postponing has definitely been something that we've been seeing.

I think too, with this really opens up our eyes to that, to the disparities and, um, really highlighting again what the disparities are, uh, that, uh, are, um, that also have increased the gaps, uh, um, for those that get screened, those, um, with, uh, with, um, earlier and later diagnosis.

SUSAN KANSAGRA:

Thanks Kristi. And, um, you know, I'm curious as we talk about disparities, turning it over to Robyn, who's our Senior Director for Health Equity at NACDD.

We know these disparities are not something that we have only seen in the last two years. There are rooted in, you know, long-standing inequities that we have seen. So I'm curious, Robyn, to hear your take on, you know, what you think the opportunities are as we are seeing, uh, this increased focus on public health.

And again, also, you know, seeing the, uh, emergence and continued focus on disparities that have been existed and only widened during this time.

ROBYN TAYLOR:

Yes, indeed. Thank you for the opportunity to share and hello everyone. Um, definitely there are some immediate, um, challenges and opportunities that I have, um, really taken time to take a close look at, um, and some of the things that I've been thinking about as it relates to the current challenges and opportunities is first, is that I believe in order to really do this well moving forward is that we need to restore trust in public health and really, um, deal with the fact that there was mixed messaging that happened early on in the pandemic, which led to some mistrust in the community. And I think that we have an opportunity moving forward to correct that. And not only correcting the mixed messages, but maybe even taking a look at creating opportunities to do an infectious diseases one-on-ones for our nation and using, um, different marketing techniques and strategies to spread messages of the truth of infectious diseases and also about COVID-19.

Um, I also believe that when we take a look at what has happened since the pandemic, um, we must wrestle with, we must acknowledge that even before the pandemic, there were certain groups within our nation that were struggling, right? Well with their screenings and regular checkups and things like that because of competing priorities.

And I think that we have an opportunity moving forward to look holistically across our systems and structures, to create opportunities where people will have those, have access to what they need right within their communities. But in order to do that, one of the things that we in public health must consider is how we develop partnerships, um, and how we actually promote those partnerships.

And I really believe that state health departments stand in a really perfect position to be great conveners for our partners, our social determinants of health partners, our community partners, our community-based organization partners. We are the folks that can disseminate information, help to develop effective strategies, and bring the different moving pieces together.

Um, and finally, the last opportunity I think that we all must wrestle with is this idea of having a perspective transformation with regards to our work. And what I mean by that

is, you know, we are all well, well versed in, uh, public health strategy, concepts and theories and practice. We are all very well versed in that, right?

But I think that there is it's time for us to deal with the fact that we have to have our head and our heart involved in what we're doing. So while it's okay to understand the data and the information and all that good stuff it's also really important for us to be well vested in what is fair, what is right, and what is just. And also to promote, you know, not only just the partnership that we are a nation and together, we have to be strong.

And how do we, how do we do that? How do we come together to promote communities of opportunity for everyone and creating these opportunities where everyone has the opportunity to be healthy and to have access to the things that they need to be healthy.

SUSAN KANSAGRA:

Thanks Robyn, you, you said a lot of really powerful things in your response there.

And one of the things you said was around trust, which I think, you know, is so critical to everything, uh, you know, uh, partnerships happen at the speed of trust, progress happens at the speed of trust. And so I think that's a really, really important message. And I want to turn it over to Liz now to reflect on that a little bit. You know, Liz who's, our State Policy Analyst for NACDD does a lot with communication, you know, um, Liz, what opportunities do you see, you know, building on some of the things that Robyn has highlighted around trust, around the role of, um, states and others in doing that convening with community partners, what role and what opportunities, you know, are you seeing as again, we've seen this heightened interest in attention to public health, and again, the disparities that we we are seeing?

LIZ RUTH:

Thanks, Susan. You know, when I think about the increased sort of support and attention, a lot of that comes in the form of increased funding. Um, and so I think some of the oper-, there are a lot of opportunities there. And for Chronic Disease Directors and their staff to leverage what they're already doing, um, with this additional funding and connecting their work to COVID.

Um, I think that there's a challenge there around sustainability, because how do you do long-term planning with short-term funding? And not only that, I think there, I think there are concerns that after the public health emergency expires, will there be sort of a boomerang effect, um, with support and funding?

I think we have to all be aware that traditionally that's what happens after public health emergencies. Robyn, I do think that's a great point that you brought up about trust and, you know, we're having this increased support and funding and really visibility for public health at the end. And now having states that are trying desperately to limit the power of public health through legislation and other, um, state level mechanisms.

So I think it's really important for all of us to be aware that there are challenges and opportunities with this increased visibility, because I do think there will be more scrutiny, um, going forward for, for public health in general.

SUSAN KANSAGRA:

You're, I'm sure you're feeling that as a state chronic disease director around kind of those challenges with sustainability and how do we think about the future.

KRISTI PIER:

Yeah. I think one of the things I think is that the last couple of years have really kind of set us back a little bit with the work that we've, that, that we worked so hard over the last 20 to 30 years, especially around, you know, some of the screening programs like getting the cancer screening, colorectal cancer screening, for example.

Um, so I think that that's really, I think this has kind of set us back just a little bit and it's getting, you know, how do we get back on track? And I like the idea of, of trust too, because, um, I'm going to just kind of take it in a slightly different direction because if we, you know, we're seeing, uh, we're seeing staffing losses, right?

So if we can also help to build the trust within public health, maybe that will help to bring back, um, or bring new staff in, um, and help build, um, build us up. Uh, so I was kind of thinking about those things, um, as far as sustainability. And I think the other thing that, uh, as far as when we look at opportunities is really making sure that our leadership at the state level is really well aware of the impact of, uh, to our chronic disease programs and to the long-term outcomes.

So really making sure that all the conversations with leadership are peppered with, um, the importance so that it highlights that because right now they're, they're, you know, they're in a fire right now. And so, um, that's what they're seeing is they're seeing the fire that they need to put out with COVID.

And so just really starting to just make sure to lay the groundwork so that they know that this is for the long-term, we're really gonna have, uh, we're really going to have some work ahead of us in chronic disease.

SUSAN KANSAGRA:

Great. Thanks Kristi. And I'm going to, I'm going to put a pin on that. I know Robyn, you were about to jump in. We're about ready for our next video. So I'm going to go ahead and turn it over to Nadine to play that next video and then we can jump right back into this conversation.

NADINE DOYLE:

All right. We're now going to shift and see a video from Dr. Peter Briss, who many of you know as the Medical Director of CDC's National Center for Chronic Disease Prevention and Health Promotion. Dr. Briss and NCCDPHP director, Dr. Karen Hacker recently authored a piece in preventing chronic disease on the health debt. We'll be hearing more from Dr. Hacker as a panelist and our closing keynote later today. In the meantime, let's roll the tape.

PETER BRISS:

Good afternoon and welcome. I'm Peter Briss, the Medical Director in the Chronic Disease Center at CDC.

I appreciate the opportunity to participate today. As you all know, despite progress over time, chronic disease causes enormous avoidable death, suffering, and economic cost in the United States. Both before and during the pandemic, cardiovascular disease and cancer are the two leading causes of death in the US.

And 90% of US healthcare spending occurs in people with chronic conditions. As if that weren't bad enough, the COVID-19 pandemic has worsened the preexisting status quo, creating an additional health debt. Chronic diseases, including heart disease, cancer, COPD, obesity, and others are risk factors for COVID-19 morbidity and mortality.

COVID-19 has also worsened the impact of chronic diseases and may have led to increases in some chronic conditions, such as obesity, diabetes, and mental and behavioral health conditions. It is reduced access to and utilization of healthcare for non COVID conditions, for routine and even emergency care.

There has been backsliding on some issues like control of hypertension. Post-COVID conditions, also called long COVID, that can follow infection with the virus that causes COVID-19 may be new chronic diseases in their own right. All of these issues are likely to disproportionately affect those with the greatest social and economic hardships at baseline. To address the resulting health debt, we will need to redouble our efforts across the spectrum of chronic disease prevention and control, including working on upstream issues like the social determinants of health, health equity, on health risk behaviors, like tobacco use and downstream issues like control of hypertension to meet this urgent situation.

Thank you.

SUSAN KANSAGRA:

Again, another powerful video with a really clear message around chronic disease prevention and the impact of delayed care. And Robyn, let me turn it over to you for the first, uh, word thoughts on that video. And I know you were about to pick up the conversation from where we left off right before the video to.

ROBYN TAYLOR:

Yes. Yes, indeed. That was a great video. Both videos have been really informative and great. Um, but you know, one of the things that I, I think of, um, after looking at that video and, um, actually relates to our previous conversation, is that I have to acknowledge that the fact that before the pandemic, we had groups that were really lagging behind, um, with screenings and, um, their doctor visits and all the activities that need to happen in that healthcare setting.

Right? So, you know, these things, these groups are experiencing even greater challenges now. And so, you know, as we began to look at opportunities to strengthen the public health workforce and our response to COVID-19 and our response to the health debt, I think that we have to pay special attention, specialized attention, intentional focus on developing strategies for engaging those groups who are experiencing the greatest need. And making some systemic changes on how we engage with those groups and meeting people where they are.

You know, it makes me think about this thing of what we call equity versus equality, right? And we know that equality is giving everyone the same thing, where equity is meeting people where they are. And I believe that public health, state health departments, our position, um, because we have the data, we have the information, and we have current partners and we're exploring new partners, that we have the information to really speak to those sustained efforts that need to be in place for

engaging those groups that have historically experienced the greatest need, right? And making those changes to be sustainable and long-term. Right? So I think that we have, again, this opportunity to have a perspective transformation in what we do and how we do it, and being very intentional with, um, what, what the strategies that we put into place. But I think that, you know, um, this what in talking with the second video, it's a deep question.

There's some deep thought that comes to mind. I think moving forward that public health, we have to, again, remember that it's time for us to develop even more cross-sectoral partnerships. We have to realize that public health can not do this work alone. We have to work together, communicate, share data, allow our policies and strategies to work in synergy, remembering that together as a nation, we are stronger.

So typically public health hasn't engaged in discussions, for example, about minimum wage or living wage, right? A working wage, something that people can survive off of. But as we see as a result of COVID-19 and the public health debt that we have, and all the other things that have happened since the pandemic that maybe it's time for us to seriously be at the table to talk about, um, the impact of having a living wage, you know, and, and the impact is not having a liveable wage.

We should also explore creating a, um, you know, creating a livable wage for our communities. Um, and this helps us, you know, to really, um, go outside of public health and work with our social determinants of health department partners to make sustainable change for our communities, right? So what I'm thinking, I'm talking about moving forward, public health, not checking off the list as it relates to partnerships.

But really engaging with our partners to really sit down at the table to say, what is it that we need to do and how can we work together to make sure again, that we have communities of opportunity? What strategies, what policies do we need to look at? What policies are presenting challenges for us, even working together?

Um, and then, you know, the role of state health department in convening these partners and leading these conversations and sharing data, um, to help folks to understand what their goal is and why it's so important for all of us to work together.

SUSAN KANSAGRA:

Thanks Robyn, you gave a really a great example there around minimum wage policy as something right that maybe public health traditionally hasn't been involved with, but you know, really important as we think about addressing disparities and equity.

And I'm curious Liz, from your perspective, and doing a lot of, you know, advocacy and thinking about policy, you know, how, how do we get better at, you know, thinking about those types of policies we might not have traditionally always been involved in and doing that, uh, convening that Robyn describes and really engaging partners, uh, you know, to help help us think about what those key key issues are.

LIZ RUTH:

First of all, I love that question. And Robyn, I was just nodding along. I think I love the word in intention and intentionality. That's come up a lot for me thinking about this. You know, I think it takes a mindset shift and it's, I mean, maybe it's maybe it's health and all policies plus when you're hearing a discussion about something like a minimum wage, when you're hearing something, um, we've talked about paid leave.

I think the pandemic has brought that into really stark, stark relief, whether that's for, you know, when you have a child, whether that's sick leave. Um, obviously the sick leave is a little clearer, but you know, things like childcare, all of these issues affect our health. They affect our ability to get to the doctor for screening.

If you can't get childcare, you may not be able to get to the doctor. And so I think it really takes getting creative, looking at discussions, um, that maybe typically don't fall into what we think of as chronic disease or health. Um, and it's getting really comfortable being at the table where maybe you don't know the answers. Maybe at that point you don't even know necessarily how it connects, but all it takes is one sort of thread to suddenly open up a whole new opportunity.

I think the other thing, um, I would say is that, um, there are going to continue to be a lot of opportunities for us to be at the table and we can use pre-pandemic, those convening skills, like Robyn mentioned, all of those things that maybe have been a little bit on hold or been virtual as we move out of the pandemic. I think we're going to have, um, really great opportunities.

SUSAN KANSAGRA:

Great. Thanks Liz. And I'm going to turn it over to Kristi next, you know, as a, as a state chronic disease director, can you talk about if you were seeing some of these things starting to happen on the ground and if, you know, are you feeling those opportunities to do more of that convening and really focused on some of these more upstream, uh, you know, policy opportunities as well?

KRISTI PIER:

Um, yes and no. Um, and not to be negative, but I do think that I do think that we are seeing more opportunities, but I think one of the things that I've been thinking about a lot lately is, is, you know, going back to that intentionality, um, statement and, and actually shifting this a little bit, because when we bring these partners in from housing and education, they have, they, they have a direct impact on long-term health.

And are we really, is that really the conversation that we're having with them is that, you know, the, um, uh, high school completion rates have a direct impact on long-term health. And, and are we having those, those very, um, specific conversations of, you know, the health of our communities is directly related to the work that they're doing as well.

Um, instead of, you know, educating the child, recognizing that this, this is something that is going to impact the child when they're 50 and 60. Um, and so, so I, I just kind of wonder about, as we develop our partnerships, you know, how are we really engaging them so that they fully, so that they're fully on board and, uh, cause I think they want to be on board.

Um, but I think we were all still living in, uh, in our silos and we all still have our mandate, right? Uh, um, in our silos of what we have to complete. And so, you know, we're just really thinking about, about that really long-term because I just keep thinking and maybe this has really, um, public health centered is that, isn't health longterm health the most important thing? Um, so isn't that, um, quality of life and isn't that what we want to actually help people, um, help people have? Um, because all of it is related, um, wages, et cetera, is all related in the long run. Uh, so I think we are having those conversations. I think we are getting, uh, some of the folks to the table.

I think we're able to use our data and maybe chop our data up a little bit differently to help us make the case. Um, but I still think that there's quite a ways to go. Uh, I know we're working a lot more intentionally with mental health, um, or with our mental health colleagues, uh, and that's kind of new roads for us.

And we've been talking about that, um, at NACDD for a little bit, um, for a few years about kind of how can we do this in a more intentional and robust way?

SUSAN KANSAGRA:

Thanks Kristi. You know, and you named a few different partners, as we think about our role in community, you named a few different sectors, again, thinking about transportation, housing.

And I, you know, I think of one also, which is more broadly the business community as well. And I think about these last two years during this pandemic, how much they've had to be engaged, given the impact on the economy and how do we leverage that going forward to think about also how we focus on chronic disease.

For instance, I'm curious if any of you have thoughts on that and if you're seeing, you know, opportunities there with, uh, you know, business partnerships also increasing. Any interest in the business community to focus on chronic disease prevention, you know, beyond, beyond some of the things we already know around work site wellness and, you know, coverage of benefits, things like that, but really helping them think further upstream.

So any thoughts on that?

KRISTI PIER:

Let's make a quick comment about diabetes, because I think that that's the one place where we're starting to get a little bit more traction with employers to really understand because it, uh, understanding the costs of, um, of diabetes, especially if they're, um, self-insured. So I think that that's a start.

Um, and I think that we're able to start getting, um, uh, getting a little bit more, um, uh, real, uh, interactions and relationships with, um, with employers.

SUSAN KANSAGRA:

Good. Okay. I'm glad you're starting to see that. And I see that actually, uh, Nadine's on to cue up our next video. So, Liz, I know you were about to say something, but I'm going to turn it over to you first after we hear the next video.

NADINE DOYLE:

Thank you so much, everybody. All right. For our final video of this segment, we're going to watch a video on how NACDD is communicating about the health debt to the

general public, to our members and partners. And from there, we'll move into our final discussion segment, followed by Q and A. All right. Let's play the video.

SUSAN KANSAGRA:

Wow, that was just a really powerful video. Kudos to the NACDD team for putting that together and reminding all of us and using it as a really important tool for us to advocate to others. So kudos, great job team. And Liz, let me, let me turn it over to you first to, uh, you know, I know you were about to react to the previous comment and now you've got a new video also to comment on, so, uh, why don't you take it away and take us off me?

LIZ RUTH:

Hey Susan. Well, what I was going to say, uh, relates to something Kristi was talking about, which is how do, how do we talk about these issues? I mean, specific to the business community? Um, how do you tell the story of how health impacts their workers? Um, and I think that connects to the broader theme of health debt, because I think we're having to tell a new story in a way.

Um, we're trying to define this thing, this health debt that's been created by the pandemic. We've touched on how that for a lot of people, the health debt is not new. I think it's important. And I think the video touches on that, that we continue to recognize that for some people, for some communities, there has always been a health debt. And in addressing what has been sort of exacerbated by the pandemic, we have to be intentional.

Um, and I, Robyn touched on this I know. Um, and I, yes. I just think it's, again, we, I think there's an opportunity. I think there's increased awareness around social determinants of health and health equity that's been driven by the pandemic. Um, and I think we have, uh, new opportunities to have conversations with people who may not have never been aware of these issues before, but COVID has brought them to the forefront.

I think you see that in state legislation, there are, um, health equity and health disparity legislation that's specific to COVID, but there is an opportunity. Those are legislators who may have never considered a bill like that. Who now are, hey, what does, what does this mean? What does this mean for my constituents?

Um, so maybe this is circling back to our, so the first part, which is looking for those, those opportunities. I definitely think that, um, talking about the health debt gives us an

opportunity to work in a cross sector way to talk about the health debt now and going forward.

SUSAN KANSAGRA:

Thanks, Liz. You mentioned telling the story and that feels so critical.

And Robyn, that touched on something you said earlier around capturing hearts and minds. So can you tell us a little bit about, you know, what are strategies we should be thinking about collectively to tell our story better, you know, to, uh, engage, uh, you know, stakeholders, community members and and advocate above?

Like what, what are those tools that we should be utilizing more of, uh, in, in capturing that story and capturing hearts and minds?

ROBYN TAYLOR:

But yes, there are lots of tools and resources that are out there for our state health departments and our staff to help with communicating about disparities and equity and and there are various strategies that are out there. Um, while all of those tools are really good, I also think at the same time while utilizing those tools, it's important for each of us, each state to understand the unique challenges and opportunities within their state. Again, um, meeting people where they are and avoiding the cookie cutter approaches to what we do, because what may work for Alaska may not work for Mississippi.

And so I think it, again, it goes back to being intentional. Um, really looking at the data with an eyes, with an equity eyes and understanding what the data is telling us and having that expert there to help us to interpret qualitative and quantitative data so that we can really have a really good grip grip on what's happening in the community.

And then with our partners developing specific messaging for each segment of our state. So in the business world, they call that market segmentation, right? Making sure that our messages are resounding it and really hitting the groups that we want to hit effectively. Um, and whether that may be using different champions within a state or within a community to help spread that message. Um, it may be that, it may be utilizing, um, social media.

It may be all kinds of different things. Um, but I will say again, intentionality is really important and making sure that we are really being intentional about the messaging, um, using the tools that we have that are available at hand, um, and just getting that

word out there about what's happening and engaging our partners in this process as well.

LIZ RUTH:

Um, Susan, just really quickly, I just wanted to add, don't assume that people can connect the dots when you're having these conversations, because we, you know, many of us, almost all of us on this, on that are on the call right now understand how all of these things fit. But there are people who may be healthcare experts, say worked in healthcare.

They don't understand the public health perspective. Or they've worked and all of these other issues and don't understand. So I think it's really important for us to have those different stories for the different sectors and also be willing to kind of hold their hand and lead them through why all of these things are connected.

SUSAN KANSAGRA:

Yeah, that's a great point, Liz. And I feel like so often, right, where we're trying to explain to people, what's the difference between public health and even healthcare, right? Very basic, but really trying to try to, um, you know, explain that and Kristi, I'm curious from your perspective, again, as a chronic disease director, you know, heard a little bit about like this idea of market segmentation and what we need to do to better tell our story, to better gear that towards partnerships or, you know, specific sectors.

Can you talk a little bit about what we need as state chronic disease programs to be able to better do that? It always feels like we are so stretched for bandwidth and time and energy. And so, you know, what, what do we need to be able to do that better?

KRISTI PIER:

You know, you're right. It feels like we're always stretched really thin, right? Um, especially in chronic disease. And I think, um, and, and I think what, um, what Robyn was talking about, I think hits, hits what I think we need. But I do think, um, I do think as we're moving forward, I think we need to be really thoughtful and mindful about, you know, we need to address what's going on right now, but we need to also be setting up, uh, public health for the future, right? So that we don't end up with this again. So it's it, I think we're, you know, we're kind of in this, um, unusual situation because I think we need, we need funding to, to, to try to, um, to try to get past where we are right now and to, um, and to try to, um, address the outcomes.

But we also need to be at the same time riding side along that we're building, we're building up the infrastructure so that we're not hitting again, um, blindsided, uh, by something like COVID. And then, you know, I think, um, I think one of the things that I think we need to do as well is really and at the state level, we can, I think we're positioned really well to do this, is to really help support our local health departments, um, to be able to better address, uh, to be able to address chronic disease and the communities. Um, you know, we don't get enough funding to, to be able to help every single health department actually address, uh, chronic disease. We try, right? Um, and, uh, and they can address some of the chronic diseases, but maybe not all. And so, so, you know, really thinking forward about how can we better support those health departments so that they have the depth of knowledge, they have the skillsets to be able to, um, be our boots on the ground as well.

Thanks, Kristi. And Robyn, can you talk a little bit more about that? Cause you obviously do a lot of training and technical assistance to state health departments. So can you talk about what you're seeing as far as what they're asking for, what they need, and how they might be translating that support to locals as well?

ROBYN TAYLOR:

Our state health departments are definitely asking for technical assistance and training around health disparities, but also, and health equity. But also, um, as it relates to racial equity as well. Uh, there's been lots of conversation about that as well. Um, but then I just want to make a real quick point before we move forward on this discussion point.

And that is that equity work is everyone work. Everyone plays a role in equity work. And I think also just to get to Kristi's point about moving forward in public health in the future, I think we must realize that one department within the health department, you know, it's not just their, their own, just that, that group's responsibility to push forward equity within the state health department, okay? I think that we have to change, have this perspective transformation again, um, that we all play a role in advancing equity within our state and with our, our nation. So I just have to drive that point home. But I also think that, um, also to get to Kristi's point about the state health department as being positioned perfectly to be the convener, to also be the one to support our local health departments in doing this work.

Um, I think that we have to create those pathways as well. Um, you know, as far as, uh, for funding, you know, um, state health departments being the conveners and also being the funders of the work that's happening in local health departments and also clearing pathways for community based organizations that have relationships, um, within the communities that we want to work in, um, you know, really pushing forward

for those local health departments to develop those relationships with those organizations.

Because they know what their community members need, they know what the challenges are. They know what the opportunities are. We don't know that. And so I think we have to move from this mindset of prescribing solutions for community and not, and really allowing communities to be a part of the solution because they know what's going to work and what's going to be sustained and what's going to be effective.

And our local health departments are looking at, you know, being very intentional about, um, understanding the concept of what equity truly means. What equality versus equity is. Um, looking at opportunities from a benefits versus burdens perspective. These are some of the things that I'm having conversations with, uh, state health departments about, um, because they're really being intentional about their efforts to push forward equity and their response to the COVID-19 pandemic and how to do it in a way that everyone rises, um, together. So that, you know, our state health departments are really engaged in those conversations.

SUSAN KANSAGRA:

Great. Thanks Robyn. And you know, you, you raised again another important, important point. You know, it's not just technical assistance or support we're providing, but it's what we're learning from our communities, right? Cause that that's something it's, it's two ways. We learn so much, you know, because our local health departments and our community based organizations are the boots on the ground doing the work.

And so how we are learning from them and listening to them and engaging with them is so important too. It goes both ways. So, so we are, uh, just about at our Q and A time. So I'm going to turn it back over to Nadine to talk about, uh, what has come into the chat and help us field some questions that we can back out to our panelists.

NADINE DOYLE:

Wonderful. Thank you. We've got things coming in in real time. So I've got a number to start with and in the meantime, please continue sharing them via the Q and A button and we will get to as many as we can before we transition to our next segment. All right. So the first question appears mostly that directed to Susan, but I imagine others may have some, some things to weigh in on.

Do we have any indication so far about the long-term impacts, such as increases in chronic conditions from long COVID and how we can capture this and prepare?

SUSAN KANSAGRA:

That is a great question. And, you know, we are starting to see some, uh, data and, you know, certainly we are collecting some information on what long COVID it is, you know, how prevalent it is, but I think there's still a lot to learn.

And that's why, you know, we know that there are more studies that are happening now and more, um, systems being put in place to really monitor the longterm impacts. Uh, and so I think we're going to continue to learn more over time and I think it will be important for us as you know, being in the field of chronic disease to think about what that means for, uh, uh, impact to ongoing work, how we think about long COVID as a chronic disease and what that means for additional things that we should be doing.

So, um, so I think we'll certainly learn more as we go.

NADINE DOYLE:

All right. Thank you so much for that. Another question came in. This, this is a combination of a question and a comment, and it came in really early on in your discussion. And someone wanted to say to Kristi, great point about the public health setback.

That individuals are experiencing this health debt from COVID, but we as public health professionals are too. All of our plans for 2019 have been on hold or severely delayed. Are there any thoughts from the group about how we move past these feelings of loss and continue to innovate in all of public health, whether it's COVID or non COVID related?

KRISTI PIER:

I was speaking with our tobacco, uh, one of our tobacco folks this morning and, um, talking about the delays in, um, inspections, um, you know, and, um, and regulating what's happening at, um, in the stores, you know, um, retail and that's been pretty much stopped, which, um, which really, you know, it's going to impact the gains that they've made over the years.

So I think that, I think that really, this is a time for us to reset. And there are, you know, when you reset it, when you start, you know, when you make changes, you think, you know, it's good and bad. You can lose some things, but you can also gain. Right? So, so really looking at, you know, maybe all of us stepping back and and looking at what is feasible right now and what is really, what is the most important? What, what is most

important that we need to work on to have the biggest impact? Um, and it may mean that we're doing things a little bit differently than we have ever have ever done. I think going back to some of what, um, you know what we were talking about earlier, too, that this is going to look different in each state.

Right? So really looking at, you know, where where are we really struggling? Um, and, and where are we really seeing gaps in, uh, uh, in outcomes and, and, and maybe even in care?

ROBYN TAYLOR:

Well, you know, um, I am, uh, I, I'm a person that likes to inspire and remember, or remind folks of why we do the work that we do. And although there's been some setbacks, there's been some delays.

Um, people are depending on us. And we can't get discouraged and know that this too is going to pass. We're going to get over this. But just as Kristi said, what are we going to do to leverage this time to create opportunities that are sustainable in the future? So while we are delayed, this gives us an opportunity to think about our future strategies and how we operate, um, equitably in the future, moving forward in public health. Um, but please I encourage you to stay, stay motivated, stay encouraged. You're not in this alone, we're all in this position together, but what a great opportunity we have before us now to really do things differently and really think about how to do those things differently so that everybody, all of us, all of us can succeed and be healthy, you know?

So just stay encouraged. Know this is going to pass too. Use this time to begin to think about long-term. How can we do our work better and incorporate different perspectives and reach those communities that have been hardest hit by the pandemic.

SUSAN KANSAGRA:

I'll just add on that Robyn, you know, that the question talked about, right? The sense of loss with some of our work, but I will say we have all suffered, um, personally and professionally, like there is a collective trauma that we have all experienced over the last 2 years. And so I think that's also really important to acknowledge like some of us, you know, so such an amazing opportunity for us going forward.

But, you know, we, we are all suffering this and it was a really, um, interesting CDC MMWR article that came out a few months back around, you know, surveying public health professionals and, you know, getting a sense of like our own mental health as we have been in this for the last two years. And certainly people have been experiencing all

sorts during things, whether that's personally, or again, like professionally, just being out there saying things that are hard to say oftentimes or things that people don't want to hear, but you're the one saying it and kind of the impact that that has on us too. And so I think back to your message of right, you know, remembering we're not in this alone, you have, you know, there's others all across the country that are in this spot with you.

If you're a supervisor, think about how do you support your teams and thinking about resiliency and that support and giving that grace, um, to everybody who's been here for the last few years and is very tired.

ROBYN TAYLOR:

I want to put a plug in too for NACDD's gear groups. Those are great opportunities. There are learning communities, um, great opportunity to hear from other states to be, um, to share resources, to share strategies, but more importantly, to build that sense of community and also to support one another and encourage each other as we are moving forward in this very interesting time that we find ourselves in. Um, there's more information on chronicdisease.org about our gear groups, but what a great opportunity to be supported again, and also to collect those resources, um, and those strategies.

KRISTI PIER:

And just one quick comment I just saw, I think it was Brian, just put something in the chat about, you know, taking this opportunity to reset, which I think is a really wonderful, positive way to look at this is, is that maybe we won't be doing things the same.

And, um, and, and maybe that's okay. Um, because we're because we are, we look different. Um, we've had, um, we've had a lot of changes and, and we do look different. So.

LIZ RUTH:

Um, I was thinking of a boss I, I had in a former career who hated the word, we would always use a disruptive. It's a disruptive technology and she hated that, she didn't quite understand.

Uh, but the reality is, like Susan has said, we've all gone through a collective trauma. We've gone through a massive disruption in our life. And for better or for worse, this disruption offers opportunity. Like Robyn was saying about how to, how do we move forward? What do we learn? What are the lessons we take with us? So I, I mean, that's basically just agreeing with what you all said.

ROBYN TAYLOR:

And we also have health equity council. NACDD has a very robust and very active council that produces resources, um, you know, has really great discussion. And we also share, um, strategies and information across different states. So you all are welcome to join a health equity council.

Uh, for more information about the council, reach out to me at rtaylor@chronicdisease.org.

NADINE DOYLE:

Wonderful. Thank you. There's uh, we could spend the entire panel talking about just this topic, couldn't we? You guys have provided some, some really helpful and inspiring ideas. A couple more questions have come in, we may not get to all of them.

Please guys use the program showcase form to share comments and questions as well. But the next question that has come up is, is the primary focus of the public health response on COVID contributing to the health debt?

SUSAN KANSAGRA:

I'll try my best to explain it. You know, I, I think the public health response is broader than just contributing to health debt. That's a really important piece that I think we as chronic disease professionals really, certainly, uh, you know, focus on directly impacts our work. And I think we have opportunities there, but I think, you know, there are, there are broader opportunities. And I think about investment in foundational public health capacity, you know, that has been lacking, uh, across the board for many years and now we, we are seeing the results of that, you know, as we're seeing some of these challenges that we've been facing in public a long time being brought to light, like data modernization is like one very simple example, right? And so I think, you know, I think there's a lot of opportunities that are coming out of COVID, a lot of challenges, obviously, too, but a lot of opportunities. Okay. Data modernization. How do we do that better? You know, communication, capturing public health's trust. We, I think there, you know, we, might've taken a few steps backward, and so we have a lot to do to, you know, think about how we can be doing that better.

That's an opportunity for us going forward, you know, and, and how those things bear in again, chronic health, chronic disease debt, and, and kind of that health debt, um, you know, cause those are all related, I think will be important. So, so anyway, I think it's not, it's not just about, uh, health debt, you know, I think that's a key component, but

there's so many things that go into play in us thinking about how we, how we address that. Um, you know, and, and beyond.

NADINE DOYLE:

Great. Let's keep going. I think we've got, we've got so many more questions than we have time. So I love the tag team approach you guys have going. This next question starts specifically for Liz and is what other opportunities do you see for states for states from a legislative perspective that could help us accelerate the ability to get people back to the doctor faster?

LIZ RUTH:

That is a really great question. And I think I'd probably be a millionaire if I could give you kind of that silver bullet, uh, answer. I think, um, some things are already happening, which states have realized at sort of the executive level that some of the orders that were put out initially had a really negative impact.

Um, a lot of, a lot of the challenges came when healthcare facilities shut down, when people stopped feeling safe going to the doctor, that drove a lot of it. And now we have people who are trying to play catch up while dodging new variants. I mean, if anyone's tried to get a dental cleaning in the last few months, you know, you know, the reality of the challenges.

So, so part of it, I think, has been addressed by, by backing off, um, some of those mandates, um, I think it's, I think I've seen some like individual facilities who have changed policies to hopefully make people feel safer in terms of how they triage patients, you know, how, first of all, how they're getting patients back.

But then also as they're kind of, I mean, again, maybe we've all experienced this. You're in an empty waiting room, things things have really changed. Um, so I think we're going to have to continue to explore at kind of this state legislative level, what can be done. I think generally I'm, I would put in a plug that state public health needs more funding.

Um, I would, I feel like I'd be remiss if I didn't say that so that as we continue to handle COVID for the foreseeable future, we also have the resources to devote to the health promotion activities, to education activities, to all of those things that maybe had to be put on pause, um, because of the pandemic, because personnel had to move around.

If we had a big enough workforce, that those could continue at full strength while we were dealing with the pandemic, um, hopefully we wouldn't be in the position are now.

SUSAN KANSAGRA:

I'm seeing growing opportunities around tele-health too, around, you know, um, chronic disease prevention and management. And certainly we're seeing pandemic there like accelerated a lot of innovation there that we wouldn't have seen otherwise. And so how do we keep that going? Again, recognizing that's not going to be available to everybody. I know there's some parts in our state where we're still working on broadband access and people don't have access to those tools, but for some people that might open up access in a different way that didn't previously, you know, have that particular, you know, when it comes to geography and mobility, like it might make it easier for some people to access that care.

LIZ RUTH:

That's such a great point. And I think our comfort level with tele-health, I mean, out of necessity, right? Just skyrocketed. And so hopefully yes, the things that are put in place at state level, there are also a lot of federal provisions specifically in programs like Medicare that were put in place during COVID that we hope will continue.

Um, it's challenging because there's a lot of concern over cost in those federal programs. Um, but Susan, like you're saying if, if, you know, maybe this is another area that, you know, all of us have been sort of bumped up against, but haven't been as involved in, maybe this is another area where it's talking about, again, keeping those, those tele-health provisions and also broadband access as a social determinant of health.

ROBYN TAYLOR:

And looking at that from a benefits versus burdens perspective, again, we want to make sure that we look at this through an equity lens, you know, by doing, by having tele-health, who benefits, who's burdened.

And we know there are certain groups, even within metropolitan areas that, you know, struggle with having consistent, um, access to the internet. And so even when we are developing and promoting strategies, such as this, we sometimes have to take a dual approach where we have one approach that is for the general public, but then looking at the communities that are struggling the most within our state, developing approaches that are specific to those communities as well so that everybody benefits from what it is

that we're trying to do. I think that's something to keep in mind as we move forward, um, in developing these innovative strategies and approaches to preventive health.

NADINE DOYLE:

Thank you. And Robyn, since you you've already got the mic, I want to ask probably our last question, as I look at the clock and this one is initially directed to you, um, and emphasizes that you touched on the mixed messages and rebuilding trust.

And the question is, how does, how does the group think we can move forward with, in, in some cases I'm, I'm adding this, the paradoxical messages of it being safe and necessary to go to the doctor and take care of yourself, while at the same time, it's still hard to get an appointment, plus the need to feel safe with current surges in COVID?

ROBYN TAYLOR:

So the question is, how do we do that? How do we, I'm sorry.

NADINE DOYLE:

How do, yeah, how do we, how do we move forward with, with those paradoxical messages? It's safe and necessary to go, and it's still hard to get an appointment and people need to feel safe. Any ideas, experiences, messages that you use?

ROBYN TAYLOR:

Definitely. I think that is an issue, you know, even within my own family, we've had these discussions about, you know, going to the doctor, going to the dentist, you know, um, maintaining our, our, um, our appointments with our healthcare provider in this household with an understanding of how, you know, how dangerous it can be to be out there and making sure we're protecting ourselves.

I think that we just have to be very consistent with our messaging, um, our messaging about, about, um, covering, you know, wearing masks and, um, different things that we can do to protect ourselves when we're out there. And although there may be a delay with getting an appointment, it's still important to reach out, to make that appointment, to get on the books, to make sure that you're doing the screenings that you need to do, even if there's a delay, because we know just because of what we're all going through across the nation, because of the pandemic, there are delays. That's to be expected, but it doesn't mean that you don't need to do it. And I think those are the types of messages that we need to have out in the community, that although we're in the midst

of this pandemic, we don't want there to be more time going by before you're being screened for things such as breast cancer, your colonoscopies, these things still have to happen.

So I believe that's, you know, again, looking at the market segmentation, making sure the messages that we're putting out there, um, in our communities are resonating with the community with very accurate information so that the community can continue to trust us or rebuild that trust in public health.

KRISTI PIER:

You know, the, uh, this whole COVID is really holed out, um, public health into the spotlight.

And so much of what we've always done is behind the scenes. Um, and, and, and, and that's, you know, the majority of things that we, that public health does is behind the scenes, if you don't hear from us, um, but you didn't get the flu. Um, that, that's why. Um, and so, so I think that it, I think in some ways it's, um, you know, public health has been brought into the spotlight negatively, um, and, and, and all of the good things that we do and all the things behind the scenes that we, that we do, like, um, reducing the barriers, um, to get breast cancer screening, uh, all of those things that, that we do to get people there, um, and, and to make all of the programs and all of the services accessible, um, are things that, that I think we could do a better job really branding public health. We've talked about that. I think, um, uh, quite a few of us and, and, and I think that that's something that we really, really need to do sooner rather than later.

NADINE DOYLE:

Thank you, Kristi. And I reluctantly have to shift us to our closing despite wanting to hear more from all of you and so many more questions coming in. Um, thank you so very, very much to Susan, to Kristi, to Robyn, and to Liz, uh, for your, your time and for your thoughtful comments. You guys, you've given us a lot to unpack and to consider and reflect on.

All right. We are now going to shift to a break and then a transition into our showcase presentations. So just a little bit of logistics. There's a lot of information out there that's going to get you where you need to go. Um, but here is a bit of a rundown. The links to the 11 showcased rooms are on our agenda and on our website.

And the link is also being shared in the chat right now. Remember also that technical support is available in our virtual help desk. And a link also is included in the agenda to



that virtual help desk. So when in doubt, go to the virtual help desk and Mary will be there to guide you on your way. Each of the presentations will be repeated three times beginning at 2:20 Eastern, 2:50 Eastern and 3:20 Eastern.

So this means that you have the chance to see at least three presentations or pop in and out of several that interest you. We'll reconvene at four o'clock Eastern with our blockbuster closing panel, which is titled on the frontlines of the backlog state health departments and the health debt. And this is going to feature a Dr. Jeanne Alongi, Dr. Kristine Andrews, Dr. Karen Hacker, Marti Macchi, and Glory Song. So I'm going to be there. I hope you guys are going to be there. We're also going to highlight our 2022 president's challenge with Kristi Pier. We hope you'll stay with us throughout the entire event. And with that, we will now break and we'll see you in the individual showcase presentations.

Thanks so much.

- END OF TRANSCRIPT -