A new national summit series launched in December 2021 to explore the future of public health with the theme of Lights, Camera, Action: The Future of Public Health.

This series presents a comprehensive and critical view of the current landscape of public health in the United States and convenes public health workers and key stakeholders across disciplines and across the nation to collaboratively construct a harmonized, strategic and action-oriented approach to move the field forward following decades of underinvestment and two years of a devastating pandemic.

The summit series focuses on four areas to build public health capacity for the future—workforce, data modernization, finance/public health law and multisector partnerships and community engagement. The summit series grew out of a coalition of organizations brought together by the Bipartisan Policy Center to develop a five-year road map for public health leaders and elected officials. Their goal is to influence strategic investments and decision-making to build a more robust and sustainable public health system. The reports that came out of that coalition, Public Health Forward: Modernizing the U.S. Public Health System and The Future of Public Health: A Synthesis Report for the Field, provided the foundation for these summits.

The Future of Public Health series is a collaboration of the CDC Foundation, the National Association of County and City Health Officials, Association of State and Territorial Health Officials and Big Cities Health Coalition. Summit support is generously provided by United Health Foundation, the Robert Wood Johnson Foundation and The Pew Charitable Trusts. The theme of the summits—Lights, Camera, Action—provides a framework through which public health and its partners at all levels can evolve to meet present and future needs.

**Summit 2 Overview**

A summary report provides a full overview of the discussion in the second virtual convening of the Lights, Camera, Action: The Future of Public Health national summit series focused on data and technology infrastructure modernization, held on January 25, 2022. In addition, a video recording of the second summit is available on the summit series website at futureofpublichealth.org, along with relevant resources for each summit and the series overall.
Speakers and attendees at the second summit discussed the data and technology challenges faced by public health and how the field can overcome them together. Summit speakers and panelists described the hard technical skills and the technological infrastructure needed to write this new script for the future of public health. Presenters and participants also discussed the soft people skills and the human capital infrastructure needed to build the relational foundation of trust for equitable, sustainable partnerships to produce this future for public health.

Throughout the discussions in the plenary session, the breakout groups and the active chat, several key themes surfaced for how to modernize public health data and technology infrastructure. This accelerating action report frames these topics through the summit series’ theme.

**LIGHTS:**
Relationship-building and trust-building will be key to public health’s effective utilization and application of modernized data and technology.

**CAMERA:**
Equity and sustainability must be foremost in public health’s approach to building an interoperable and modern data and technology infrastructure.

**ACTION:**
Democratizing public health data and technology to advance health equity can be achieved through transformations in the workforce and in leadership that will enable the field to adapt to the digital age and translate data into equitable action.

### Themes for Action

The following key themes emerged from the virtual convening as areas of potential action to move the field forward and catalyze cross-sector partnerships and community engagement:

1. Innovate through meaningful partnerships and early and ongoing stakeholder engagement.
2. Invest in building and sustaining trust for effective data sharing.
3. Strengthen data, technology and informatics skills in the public health workforce.
4. Ensure equity and sustainability in data and technology infrastructure modernization.
5. Acknowledge and repair historical harms.
6. Democratize collection and sharing of data for narrative building that advances racial justice and health equity.

### The Way Forward: Initial Actions Informed from the National Summit on Creating an Interoperable and Modern Data and Technology Infrastructure

The suggested actions below were informed by participants at the data modernization summit and are meant to complement areas of focus from the Bipartisan Policy Center’s report *Public Health Forward: Modernizing the U.S. Public Health System*. The recommendations are organized by theme, and each action is followed by suggested relevant stakeholders. The stakeholders include: federal agencies; national organizations; state, tribal, local and territorial governmental public health (STLTs); academia; business partners and communities. The following table organizes the recommended actions by stakeholder. Readers are encouraged to refer to the full summit 2 summary report for more details on each recommended action.
Innovate through meaningful partnerships and early and ongoing stakeholder engagement

**Increase and strengthen Black, Indigenous, and people of color (BIPOC) partnerships:**
In partnership with communities most impacted by health inequities, cocreate a systematic public health approach to engage with BIPOC communities, rooted in the principles of **FAIR** (findable, accessible, interoperable and reusable) and **CARE** (collective benefit, authority to control, responsibility and ethics) data stewardship and governance.

**Identify and acknowledge past harms and current power structures:**
To set the foundation for meaningful data partnerships, organizations should systematically identify existing local networks and partnerships and past relational harms and broken trust, especially with community groups, to build from current relationships and conduct local stakeholder/partner mapping, asset mapping and power mapping.

**Fund partnerships for sustainability:**
Re-envision how funding requirements can be designed to facilitate sustainable partnerships—e.g., reducing the impetus for grantees to make quick, unilateral decisions without engaging community partners.

**Learn what works in community engagement:**
Identify and share best practices and lessons learned from successful and unsuccessful cases of community engagement that use innovative data to address health inequities, such as COVID-19 wastewater surveillance.

**Invest in building and sustaining trust for effective data sharing**

**Fund trust-building:**
Make innovative investments with communities at state and local levels to help build and sustain the needed trust, capacity and relationships to advance equitable data modernization.

**Require ongoing partnerships:**
In funding opportunities, include time, resources and requirements for sustained relationship and community trust-building.
### Strengthen data, technology and informatics skills in the public health workforce

#### Develop regional resource hubs:
Develop structures for regional sharing of staff, skills and data through workforce innovation hubs, similar to the hurricane response hub model. Co-fund agreements to share staff for data purposes.

#### Informatics fellowships for current staff:
Create fellowships for mid-level public health workers for cross-training and improving skills in data systems engineering and informatics.

#### Leverage private sector expertise:
Implement pro bono programs to embed tech and informatics experts into health departments.

### Ensure equity and sustainability in data and technology infrastructure modernization

#### Monitor and address data bias:
Establish requirements for periodic monitoring, analysis and correction of biases in data systems and technologies, data collection and taxonomy.

#### Standardize small-population analyses:
Establish rules and standards for application of small-population analysis methods with built-in privacy protections, including using privacy-preserving record linkages to connect data across federated data sets, correcting for and preventing further marginalization of minority populations.

#### Jointly develop data systems with STLTs:
When developing or procuring new data and technology systems and infrastructure, engage state, tribal, local and territorial (STLT) health entities in their design, testing and execution to identify and implement changes to address particular needs and ensure alignment.

#### Ensure new technology is accessible for marginalized groups:
When developing or procuring public-facing technologies, require accessibility assessments before purchase and/or implementation to ensure accessibility for marginalized populations, such as people experiencing homelessness, non-native language speakers and people who are incarcerated.

#### Ensure equity in STLT funding:
When determining funding for STLTs to support data and technology infrastructure modernization, ensure equitable distribution according to each agency’s capacity and needs—recognizing the costs of entry for technology are substantial regardless of the size of the population each organization will serve.
Acknowledge and repair historical harms

Teach staff about structural racism in data:
Implement and incorporate into academic and departmental accreditation requirements fieldwide education and training on the history of institutionalized structural racism and how it has shaped data collection, analysis, translation and utilization.

Teach staff about tribal authority and FAIR and CARE principles:
Incorporate education on tribal public health authority and FAIR and CARE principles for Indigenous data governance into all academic public health programs and require training for federal and STLT employees in regions where tribes are located.

Democratize collection and sharing of data for narrative building that advances racial justice and health equity

Standardize social determinants of health (SDOH) screening data:
Adopt standardized screening tools, such as the Accountable Health Communities Model, to measure social and structural determinants of health inequities to illuminate the connection between determinants and health outcomes.

Identify data sources on root causes of inequities and community assets:
Conduct a systematic review of sources of data that can measure the root causes of health inequities in addition to community strengths and assets to contribute to a more holistic, structural and restorative approach to data collection, analysis and utilization.

Learn what works for community information exchange:
Conduct a systematic review of existing and attempted community information exchanges or community data trusts to identify best practices and lessons learned for equitable and scalable implementation.

Develop playbook of data best practices for community engagement:
Create an adaptable but scalable playbook to guide data and technology modernization that promotes inclusivity, meaningful community engagement and framing of inequities and solutions around structural determinants.

Sharing Ideas and Learning More

Summit participants and others are encouraged to share ideas and examples of innovative actions to create an interoperable and modern data and technology in public health. To share examples and ideas and for more information on the data modernization summit, go to the Lights, Camera, Action: Future of Public Health website to view a recording of the second summit, read the full report and listen to the podcast.