

**Winston Fellowship Weekly Report**

Week 11: August 28 – Sept. 1

Week 12: Sept. 6 (trip to Atlanta)

**Monday, August 28****Joy Grossman, Section Research Manager, Congressional Research Service:**

We met to discuss Dr. Grossman's role at CRS near the Library of Congress buildings. This meeting was Dr. Grossman's first Winston meeting; we were connected to her through our meeting at Health Policy Alternatives. We discussed her trajectory to the role at CRS and she provided an overview of the internal structure of CRS, its purpose, and the different resources they offer to staffers. She explained how CRS could be useful to us in our future roles in our placement, which was extremely helpful. Specifically, she mentioned the protocol and scope of "requests" that staff and members can submit to CRS. She also mentioned different training that may be of interest, such as the legislative process 101, which I intend on taking in the future.

**Tuesday, August 29****Rachel Nuzum, Vice President of Federal & State Policy, Commonwealth Fund (board member):**

Since we were on the brink of making decisions about placements, Rachel provided us with a variety of practical advice about the mechanics of choosing a placement and how to inform others. We also broadly discussed the fellowship itself, ways it could be improved, and learning opportunities to look for in the future (such as the National Health Policy Conference). Most importantly we also discussed helpful insight for navigating our first days and months in our placement.

**Planned Parenthood**

- Lisa Holmes-Schulz, Strategic Manager
- Marisa Spalding, Policy Analyst
- Tammy Kramer, Strategic Manager

We had a great meeting with some of the Planned Parenthood Federation of American (PPFA) policy staff. I really enjoyed getting to know the two sides of Planned Parenthood, the Planned Parenthood Federation of America (PPFA) and the Planned Parenthood Action Fund (PPAF), and the nuances of these two organizations. We also spent some time discussing the inner workings of Planned Parenthood, the organization's federated structure, and their individual roles within the organization. Most interestingly, the group provided insight into upcoming legislative and legal priorities for the PPFA and PPAF. I appreciated the opportunity to get an inside look into a very visible organization.

**Wednesday, August 30**

Nancy DeLew, Associate Deputy Assistant Secretary, Office of the Assistant Secretary for Planning and Evaluation (ASPE):

We were very fortunate that Nancy agreed to do another interview so that we could delve deeper into the institutional knowledge of ASPE and the day-to-day life of her office. Ms. DeLew provided valuable insight into her perspectives on ASPE's role within HHS, such as the challenging budget planning process, which I did not know was a part of their role. We also discussed how the office establishes research and policy priorities, and how the office plans long-term research projects.

Sean Cavanaugh, former Director of the Center for Medicare Services, CMS:

Mr. Cavanaugh provided advice about our placement and future careers and discussed his former roles in New York and CMS. I personally appreciated his perspective on the differences between working at high levels in state (New York) versus national health policy. In addition, it was especially interesting to hear about the transition from working at the brand new Innovation Center to the behemoth of the Center for Medicare, and the unique challenges of both. As with others, we asked about his take on CMMI's ability to successfully evaluate demonstration projects and we appreciated his holistic and candid responses.

**Thursday, August 31:**

Hannah Katch, Senior Policy Analyst, Center for Budget and Policy Priorities:

As someone interested in the possibility of working at a think tank in the future, I appreciated Ms. Katch's perspective on CBPP and their highly-involved role in policymaking. I also enjoyed learning more about her personal path working primarily on Medicaid issues and her experiences working in California on the state level. She explained the value of implementation experience at the state level to claim Medicaid expertise, similar to comments made by others. In terms of current work, Ms. Katch explained that she's currently working on research regarding how incentives in healthcare affect low-income populations, which is something I will definitely read. In addition to Medicaid policy nuance, we broadly discussed CBPP's origin, relationship with the hill, and future organizational directions.

**Wednesday, September 6 (site visit to CDC in Atlanta):**

Dr. Denise Cardo, director of the Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), CDC:

Dr. Cardo was very welcoming and excited to meet with Winston Fellows. She described her path from her Brazilian medical training to a fellowship with the CDC, which transformed into a long-term career and stay in the US. Although her role has changed significantly over time, her primary focus before and at the CDC has been nosocomial infections. She described innovative ways that healthcare systems and public health institutions can and do work together to reduce these infections and complications. Dr. Cardo discussed the different important players in the fight to integrate healthcare systems and public health in this specific fight. Specifically, I enjoyed hearing about the challenges of working across agencies within HHS, which is more difficult than I imagined.

Dr. Von Nguyen, Acting Associate Director for Policy, CDC:

Similar to Dr. Cardo, Dr. Nguyen described both his career trajectory thus far and also his current role at the CDC. Following major themes from our interviews this summer, it's hard to predict where a career will take you. He extolled the value of having strong networks. In his current role, Dr. Nguyen is responsible for coordinating policy across difference Centers within the CDC. Additionally, the office leads population health policy activities, such as connecting healthcare systems and public health broadly. We discussed his perspective on the definition of population health, which can vary significantly. He described the importance of a flexible definition in order to involve many partners into the overall goal of thinking beyond the individual clinical patient and other practical matters like value-based purchasing. Like others at the CDC, he described the CDC's foremost role as providing evidence for policy.

Dr. Jose Montero, Director of Office for State, Tribal, Local and Territorial Support (OSTLTS) and Deputy Director, CDC:

After discussing our individual interests and our motivations for doing the Winston Fellowship, Dr. Montero provided us a larger overview of the role of CDC in policymaking from his perspective as Deputy Director. He also discussed his former roles in New Hampshire and how that prepared him to be an effective Director for OSTLTS, which provides crosscutting services to states and different Centers within the CDC regarding state, local, and tribal health issues. His office is very implementation and systems focused, compared to other areas of CDC which are disease-centered. Although Dr. Montero could only stay for half of the meeting, Georgia Moore, Associate Director for Policy within OSTLTS was able to fill in the gaps and give us more information about how she coordinates policy across other offices within CDC.

Jocelyn Wheaton, Deputy Director of Office for Health System Collaboration, CDC:

Ms. Wheaton was a wonderful cap on a full day of meetings in Atlanta. She described her transition to the CDC and her original role within the injury center, where she spent a significant amount of her time working with stakeholders and advocates on rape prevention. Her role was to work between states and CDC to shift block grant money from services to prevention programs. In her current role, she also attempts to bridge the gap between health systems and public health. Specifically, she described in more detail the 6/18 and HI-5 programs, both of which are groups of evidence-based policies for payers or states to adopt to prevent illness and save costs within a short timeframe, such as smoking cessation programs.