APHL Council of Chairs Meeting
Strategic Planning Session
Meeting Summary: September 16, 2025

Introduction

The Association of Public Health Laboratories (APHL) is undertaking a strategic planning process to update its strategy. The process has three key steps:

- Securing input from key stakeholders on the current situation and future direction of the organization
- Holding a strategic planning session at its fall Council of Chairs meeting so that its members can contribute input to the process
- Convening the APHL Board of Directors and executive leadership for a full strategic planning session at which the Board will set APHL's strategic direction for the next three years

This document provides outputs and highlights from the strategic planning session at the Council of Chairs meeting. Scott Shone, President and Chairperson of APHL's Board, welcomed participants to the meeting. Both he and CEO Scott Becker thanked everyone for their participation and made opening remarks to the group. Scott Becker introduced Laurie Schulte of The Clarion Group and invited her to facilitate the strategic planning discussion.

Stakeholder Input

APHL secured stakeholder input via two approaches:

- An online survey distributed to the full APHL membership asking questions about what APHL's strategic priorities should be
- Individual interviews with key informants to gain their insights on the current situation and desired future direction of APHL

Sudaba Parnian, APHL Senior Manager for Quality Systems and Analytics, shared results of the online survey. (Those results are available separately.) Top desired priorities across member categories include funding, workforce development, communications in its many forms, and advocacy. (Note that the APHL Board has undertaken scenario planning including worst-case funding scenarios, and its priorities under those circumstances align with members'.)

Laurie Schulte shared topline results from the key informant interviews, with national public health leaders, 11 of the planned 13 of which had been completed at the time of the meeting. Highlights include the following.

- Interviewees agreed that in the context of the current federal administration's philosophy and actions, this moment in APHL's history is existential. They also believe that APHL will survive these difficult times. Nonetheless, APHL's Board must address the difficult questions as it considers what form that survival takes.
- Funding is a significant issue, in particular given cutbacks at the CDC. This will have implications for the scale and scope of APHL operations over the next several years.

APHL must also consider how it and others might offset the loss of critical federal subject matter expertise in the form of recent layoffs and resignations.
- It's critical that APHL and public health laboratories clearly and consistently communicate the value of public health labs. This is a defense against funding cuts, and also a potential strategy with the general public.
- In this environment of reduced resources (funding and workforce), APHL must first and foremost serve its U.S. members. It should ask itself what the value to those members is of any strategic decision.
- Global health and security are extremely important. In this environment, however, APHL and its partners may choose to prioritize incremental wins, recognizing that sometimes "just showing up" and maintaining important relationships can sustain global efforts for a time.
- Collaboration across members, jurisdictions, and partners must underpin APHL's strategy.

Strategic Planning: Small Group Assignment and Discussion

Participants met in small groups to discuss the stakeholder input and APHL's future direction. They considered the following questions:
- Do the member survey findings align with your expectations? Any surprises? Anything missing?
- What is the most important thing for APHL to focus on over the next three years?
- What is one opportunity you see for public health laboratories over the next three years?

A summary of the small group reports follows.

Do the survey findings align with your expectations? Any surprises? Anything missing?

Group 1

- Alignment:
  - The survey findings align.
  - Workforce development including fellows/interns are important to public health laboratories (PHLs).
- Surprises:
  - Data infrastructure rated so low
    - No AIMS/informatics mentioned
    - May be different for state/local/PHAI
  - Does eCR data transmission benefit PHLs? High cost/risk (expensive to insure)
  - Global health was so high.
    - High cost/insurance/risk
    - Local/state/PHAI may not be directly impacted.
  - Another way to ask a question: what if APHL staff was reduced to 20 people? What should they prioritize then?
- Missing:
  - Partnerships with:
    - Vendors

- Commercial laboratories
- Other organizations

GROUP 2

- No surprise regarding the importance of funding
  - Seems to be a disconnect between the necessity of sharing success stories and advocacy
    - Public Policy uses those stories as evidence during advocacy discussions.
    - Highlight the essential role of PHLs.
  - Surprising that reassessing core functions of PHLs wasn't mentioned

GROUP 3

- It does align with the expectations of workforce and advocacy.
- It was a surprise that data and IT infrastructure came up as a top problem but data modernization didn't come up as a top priority.

GROUP 4

- Overall: dedicate time for these priorities.
- Alignment: not surprised and pleased to see workforce development show up so often
- Surprises:
  - Recognition/acknowledgement of the need to go outside CDC for funding
    - Need to identify CDC Foundation, Gates Foundation, others?
    - Need to sell ourselves, increase our visibility
    - Get creative with funding, get more information/messaging out.
  - Storytelling
    - Need dedicated committee time
    - Need a tool
      - Template, but also a less structured option
      - Do we have a YouTube channel?
      - Maybe a live/casual chat with stories and impact
    - Check out Steve Hartman's "On the Road Again," Skype a Scientist, CSTE Stories from the Field.
    - Convey to members that they all have stories to tell.
    - Remove barriers to capturing those stories. Perhaps have members record themselves (on their phones?) and send that in for APHL staff to create into stories.
  - Emergency preparedness being low-rated surprised some, not others.
- Missing:
  - Restoring Hill Day for advocacy/visibility
  - APHL and PHLs should have more of a business mindset.
    - Training
    - Planning for future cuts
    - Price increases
    - Your budget can't be the same for 20 years.

        - Relates to storytelling/advocacy/needing increased funds at the federal level to trickle down
        - Also include this in COOPs (how to plan for these situations; how you will decide on where funds go, communication, etc.)

GROUP 5

- Alignment:
  - Results as expected
  - Focusing on workforce and PHL visibility and impact is aligned with the feelings of this group; people don't know what PHLs do.
- Surprises:
  - Emergency preparedness ranking relatively low
    - Seems remiss for this to be the lowest priority
    - Does emergency preparedness need a refresh/redefine?
  - Communicating unlike scientists
    - Communication is a big bucket.
    - To labs, to policy makers, to the public
- Missing:
  - Defining the core services of PHLs
  - PHLs do the things that others shouldn't or can't.

GROUP 6

- No surprises
- Everyone agreed.
- Nothing is missing.

GROUP 7

- Alignment: yes
- Surprises: emergency preparedness and response
- Missing: nothing

What is the most important thing for APHL to focus on over the next three years?

GROUP 1

- Help PHLs decide:
  - What's important?
  - What's unique?
  - What are lab core functions?
  - What is mandated?
  - PHLs will need to make hard decisions.
  - They will need support!
    - Tools to help with decision making
    - Will differ by jurisdiction
    - Use PHAB/CAN to get data.
- Workforce development/fellows
- Advocacy

- Explain PHLs to new legislators.
- Help finding what makes legislators care
- Especially important for those who can't speak

- Alternate funding sources (non-CDC)
  - Focus may depend on funder?
  - Or: prioritize, then seek funding?

GROUP 2

- Exploring ways to communicate the importance of PHLs/public health science in a way that "flips the script"
  - Meeting people where they are and using science/facts to communicate what PHLs do to keep people safe/healthy
  - Applies to federal/state legislatures and the general public
  - Find public health influencers (Tony Tran?).

GROUP 3

- Sustainability of capacity building and infrastructure
  - Being cost effective
  - Economies of scale
- Being able to express our values and worth in different ways

GROUP 4

- Intent and commitment to diversify funding outside of CDC/the federal government
  - New York example: uses a non-profit for grants management and received a grant from them for equipment purchases
  - This includes grants management training; get creative.
  - Very structured business development program for APHL to get grants and revenue contracts, and to share best practices with members
  - Explore the power of buy-in groups.
- Storytelling and advocacy
  - Utilize APHL staff and resources for workforce development, marketing and communications, and policy.
    - In person, virtual, toolkits, etc.
    - Should there be a public policy committee, or a Board-assigned task force?

GROUP 5

- Communicating how "current event trickle-down" policy changes impact PHLs
  - A committee for public health advocacy
  - How this impacts emergency preparedness
  - Peter needs a bigger team.
  - Anonymous portal for reporting things that are happening
- Create messaging/communications that can be shared by members to create resonance and keep/raise PHL visibility.
  - Emotional and factual impact
  - E.g., preemptive messaging for things like measles, mumps
- How to foster community

- Tie to the impact of PHLs.
- How do PHLs support "my" community?
- Make messaging personal/accessible.

GROUP 6

- Back to PHL basics
  - Newborn screening
  - Water quality
  - Air quality
- Advocacy and communications, leading to more funding

GROUP 7

- Advocacy via storytelling
- Policy
- Value: keep us funded!

What is one opportunity you see for public health laboratories over the next three years?

GROUP 1

- Rebuild/restructure/refocus.
  - May not be able to rely on CDC for funding, testing, expertise
  - Regionalize services; centers of excellence?
  - More capability to state/local PHLs
  - Data exchange becomes critically important in this scenario.

GROUP 2

- Promote the heck out of what public health is and what PHLs do in a way that doesn't alienate people.
  - Flip the script; people only know about PHLs when things are going wrong.
  - Highlight the good of PHLs, what we do in the background, and what is lost with diminished resources.

GROUP 3

- Demonstrating value and strengthening the PHL network by collaborating across laboratories
- "Quiet success" – do the incremental things well

GROUP 4

- Assess/refocus PHL priorities.
  - What can/do PHLs offer that no one else can and focus on that.
  - Stop competing with clinical/commercial labs.
- Increase visibility.
  - Become the key or a well-known resource to highlight relevant PHL issues.
  - Unlock the psychology of storytelling and how to appeal to the masses, e.g., Save the Babies.

GROUP 5

- Learn how to say no and explain what the impact of that no is.
- Reset boundaries and batteries; there is not enough bandwidth to embrace opportunities.
- Refill our own and our collective cups.
- Redefine PHL core functions; return/redefine core mission.
- Move away from a defensive position; it's too exhausting and bad for our mental health.

GROUP 6

- Showcase PHL stories and relevant topics to inform the public/government officials of the need to support PHLs.

GROUP 7

- Redefine mission.
- Focus resources.
- Leverage consortia.
- Lean on each other.

Highlights of the discussion follow.

- APHL needs to define itself more inclusively. Its members do surveillance and also safeguard food safety, do newborn screening, etc.
- PHLs aren't able to maintain emergency response capability for things that happen occasionally.
  - The capability must be scalable.
  - We must understand which and how resources can quickly be redirected.
- Policy and marketing/communications must be priorities for APHL.
  - They also work in the background. APHL should pull their work forward to its members.
  - It's difficult to prove a negative, e.g., "we prevented this from happening."
  - We need everyone in the PHL space to say the same things, for all of their touchpoints. APHL could develop a set of core talking points to help facilitate this.
- Some of the priorities referenced in the member survey, despite their importance, can't be done due to financial and staffing constraints. We need to differentiate between want and need. What is the bare minimum for survival?
- The criticality of funding and workforce likely explain why emergency preparedness and response was not highly ranked as a priority in the survey.
- There is a difference between our agency communications and laboratory communications.
  - Labs aren't as forward facing. We can even struggle with relevance in our own agencies.
  - We need non-scientists to understand our value.
  - Some need help communicating regionally/locally, not just nationally.
- APHL can help us explore other types of funding, e.g., philanthropy, reach-broadening "crowd-sourcing"/social media, etc.

- The PHL community should become more business-minded.
  - If a lab is unable to provide resources for free, it could consider a fee-for-service model. Importantly, this is not about profit; it's about generating revenue, especially if sustainability is at stake.
  - Labs need to make themselves important and visible to their communities (think "testing provided by your local public health laboratory" on all communications, every time; APHL can help with language).
  - PHLs can benefit from learning how to communicate with those who think with a business mindset. ROI conversations/demonstration can be helpful in the right circumstances (e.g., APHL and salmonella).
- For those labs who get involved with medical billing, they should understand what payors cover and provide those services as revenue generators. The relationship can be invisible to the patient.
- Labs should pursue regional efforts to support PHL infrastructure.
  - Funding may remain at lower levels, and/or not come back to PHL.
  - Every state does not need the ideal infrastructure.
    - What infrastructure is needed to support the region/the nation?
    - This must still allow PHL to address those issues particular to their communities.
- PHLs must drive efficiencies. Cost containment means rethinking as well as cutting.
- APHL should pursue common conversations and joint messaging with other partners, e.g., the epidemiologist community.
  - We can demonstrate how we see each other as valued strategic partners.
  - This will generate mutual benefit and a stronger recognition that "we are not alone."
- Artificial intelligence is here and must be reckoned with.
  - The group heard an example of a lab which has used AI in concert with CHAs/SHAs to easily highlight areas of need that health departments may or may not be addressing (as they are obligated to do by statute).
  - Technology including (and not limited to) AI can be used to replace less efficient testing approaches, particularly given workforce shortages. AI also "learns as it goes," which can help offset knowledge losses when employees leave an organization.
  - Labs need to be thoughtful about the impact on their people of technology deployment.
  - APHL could help share stories of technology use across PHLs.

Next Steps

At the conclusion of the meeting, the group identified the following next steps.

- Laurie Schulte will provide this written summary to Scott Becker for distribution. It will be used as input to the upcoming Board strategic planning session.
- The Board and executive staff leadership will convene on October 28-29, 2025, to update APHL's strategy for the next three years. As in the past, the strategy will be shared with members and others in the weeks and months following its adoption by the Board.