

Cheryl L'Tanya Scott

Cheryl L'Tanya Scott has practiced in multiple program areas and laid the foundation for surveillance data to effectively support community health during her twenty-year tenure as a Commissioned Corps CDC Medical Epidemiologist. While delivering primary healthcare and public health services to communities in the US and abroad, Cheryl has worked in management and leadership with government (CDC, US State Dept; CA and NJ state health departments, Region IX Health Equity Council) and nonprofits (Central Neighborhood Health Foundation, Society for Science and the Public), and served on health advisory committees (UN High Commission on Refugees, Global Fund Technical Review Panel Support Group, Multidrug Resistant Tuberculosis Expert Network, Boston University schools of public health and medicine).

While assigned to CDC's Division of Reproductive Health, she established a surveillance system for pregnancy complications in California that revealed that black women had 70% more hospitalizations for severe pregnancy complications than white women and that increasing hospitalization costs for these conditions had shifted from fee-for-service to Medicaid during 1987-1992; these data were utilized to allocate for preterm delivery prevention throughout the state. She led a 14-year update of national postneonatal mortality surveillance data which revealed that during 1980-1994 nearly 50% of postneonatal deaths were due to potentially preventable causes such as Sudden Unexplained Infant Death Syndrome (SIDS), infections and injuries. Cheryl helped shape MCH policy by serving as New Jersey's State MCH Epidemiologist and oversaw CDC's infant mortality grant awarded to NYC Health Dept. Throughout, she examined MCH health disparities.

While working as Lead to CA's state health department Multidrug Resistant Tuberculosis (MDR TB) Service, she revised the state's MDR TB protocol for laboratory surveillance, local practice, overseeing cases and TB registry, and led a team of CDC assignees to El Centro, CA, to respond to California's H1N1 outbreak.

Globally, she founded and directed CDC-Tanzania, a \$34m initiative that established program areas of prevention of mother-to-child HIV transmission, blood safety, HIV counseling and testing, palliative care, strengthening laboratory services and evidence-based laboratory surveillance, monitoring and program evaluation. This collaboration with the Tanzanian government, multilateral and local partners resulted in an evidence-based strategy to establish sixteen national testing/treatment sites and their first-ever no-cost antiretroviral treatment program, providing antiretroviral therapy to more than 10,000 residents on Tanzania mainland and islands of Zanzibar by 2005.

While assigned to CDC's National Public Health Performance Standards Program and working with the Pan American Health Organization (PAHO) in support of health sector reform and national health leadership in member states, Cheryl collaborated on the development and pilot testing of an assessment tool in Bolivia, Colombia and Jamaica, and led the analysis of health department performance data that would inform strengthening health infrastructures.

She is a founding member of the Pacific and Southwest Regional Health Equity Council, funded by the Office of Minority Health National Partnership for Action to End Health Disparities and contributed to work that sought to translate public health strategies into equitable policies and practices and leverage healthcare resources among government, universities, community organizations and nonprofits within Region IX (American Samoa, Guam, Marshall Islands, Republic of Palau, Hawaii, Nevada, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Arizona and California).