

Questions and Answers for May 13 Futures Announcement

External Partners & CDC Staff

Q: Why is CDC doing this? Why now?

A: CDC is changing to have greater health impact. The agency is changing the meet the challenges of public health in the 21st century, including terrorism preparedness and response; America's aging population; obesity and its dire health consequences; globalization and emerging infectious disease; and the need to modernize our nation's public health workforce and infrastructure.

Q: How is CDC changing?

A: Our mission remains to reduce morbidity and mortality through prevention. Through an extensive outside-in information-gathering process and the hard work of multiple workgroups representing every part of CDC, we have developed two overarching health protection goals:

- Preparedness: People in all communities will be protected from infectious, environmental, and terrorist threats.
- Health promotion: All people will achieve their optimal lifespan with the best possible quality of health in every stage of life.

The foundation of success for both these health goals rests on six strategic imperatives that will drive our work:

1. Health Impact
2. Customer Focus
3. Public Health Systems
4. Public Health Research
5. Global Health
6. Efficiency, effectiveness, and accountability

Q: How many Centers will there be?

A: There will be 11 functional Centers:

1. NCID
2. NIP
3. NCHSTP
4. NCCDPHP
5. NCBDDD
6. NCEH/ATSDR
7. NCIPC
8. NIOSH
9. NCHS
10. National Center for Public Health Informatics (new)
11. National Center for Health Marketing (new)

In addition, CDC will have 4 new Coordinating Centers, which will oversee clusters of the 11 functional centers:

1. Coordinating Center for Infectious Disease (including NCID, NIP and NCHSTP)
2. Coordinating Center for Environmental and Occupational Health and Injury Prevention (including NCEH/ATSDR, NIOSH, and NCIPC)
3. Coordinating Center for Health Promotion (including NCCDHP, NCBDDD, and Genomics)
4. Coordinating Center for Public Health Information and Services (including NCHS, informatics, a new National Center for Health Marketing, and a new center for public health informatics)

CDC will also enhance the leadership role of the Office of Global Health and the Office of Terrorism Preparedness and Emergency Response.

Q: What is the role of the Coordinating Centers?

A: Coordinating centers are a new way of coordinating thematic areas of health—disease, disability and injury—within and across operational centers. They will:

- identify areas of synergy for collaboration within the thematic area and across other Coordinating Centers
- be responsible for achieving goals specific to their thematic area.
- work with CDC’s Office of the Director to reduce business practice redundancies.
- ensure science and program are of the highest quality and are meeting the agency’s goals.
- provide leadership, decision-making, and management to operational units.

Q: What is this “life stages” emphasis and why is it important?

A: CDC has developed an audience segmentation plan for the agency to focus and prioritize our efforts and partnerships, better understand the needs of our customers (the people whose health we are trying to improve), and develop improved methods of disseminating our interventions and health messages. The principal driver of the “life stages” plan is the understanding that moving in and out of particular age-related stages of our lives presents unique health concerns and risks. Segmenting our audiences by life stage provides the opportunity to move beyond disease-avoidance to a more proactive health and well-being approach. CDC's health promotion goals will be targeted through a life stage approach.

The life stage goals will include explicit targets for reducing racial and ethnic health disparities. Through a more robust marketing function, CDC will be better positioned to understand and address the challenges of reducing health disparities; by better assessing the needs of specific racial and ethnic audiences, for example, and targeting health communications to these needs, CDC can achieve better health impact. CDC can also be more effective at working with new partners to address minority health concerns. New approaches to integrating efforts across CDC programs can provide greater opportunities for collaboration and mechanisms for coordinated strategic development.

Q: Is the Futures Initiative finished now that we have a new organizational design and new goals?

A: Absolutely not. This is an iterative process with multiple stages. We will constantly be looking for the insights and contributions of our employees to make a better health impact. The next phase will focus on detailed implementation plans for these changes, as well as review and refinement of agency-wide goals.

Q: Does the creation of “coordinating centers” mean that my issues will get less attention from CDC leadership? Why will the Center I work with now not report directly to Dr. Gerberding?

A: Specific health issues will continue to receive strong scientific analysis and intervention at CDC—and will benefit from internal and external connections with other health concerns, within the life stages approach. Center Directors will continue to be accountable for scientific and programmatic activities. Center directors will continue as members of the Executive Leadership Team, the body responsible for CDC’s overall direction and leadership. This body is led by Dr. Gerberding, and it is the forum for decision making, and the body that is held accountable for science and program development. The addition of a robust goal management function at the highest level of the agency will further strengthen the agency’s focus and impact on specific health issues.

Q: Does the creation of coordinating centers mean that Center directors will have less control over their programs?

A: CDC’s Centers will continue to lead programmatic and scientific efforts for the agency. They will maintain their identities and disease prevention foci as appropriate, and continue to fulfill their statutory mandates. Coordinating Centers will encourage collaboration where appropriate, and will capitalize on opportunities for coordination and integration of research and programs to increase CDC’s health impact.

External Partners—Specific Programs

Q: Without PHPPPO as an identified lead for public health agencies, where will the focal point for state and local public health agencies be?

A: State and local public health agencies continue to be the backbone of the public health system. An important goal of the Futures Initiative is to coordinate CDC’s approach to state and local health departments, and we will create a new focal point for those relationships, including a single point of contact for each state. For example, CDC will begin piloting a “portfolio manager” approach to several state health departments this year. A portfolio manager will coordinate CDC’s funding and activities with a state, providing an interface for the state to manage the many state programs that CDC funds. Simplifying CDC’s many state and local grants was a strong message we received through the process of talking with customers and stakeholders. We heard loud and clear that consolidating or bundling funding mechanisms was seen as more efficient, effective, and customer-friendly.

Q: As ATSDR becomes increasingly intertwined with CDC, first through consolidation with the National Center for Environmental Health, and now through the Futures Initiative, what steps are being taken to ensure that CDC does not lose sight of ATSDR programs and priorities, as they compete for resources and attention with national and international challenges such as SARS, HIV/AIDS and west Nile virus?

A.1. CDC and ATSDR leadership are committed to fulfilling ATSDR's statutory responsibilities under Superfund and to maximizing the impact of NCEH and ATSDR programs in protecting public health against environmental threats. Changes under the consolidation with NCEH and the futures initiative will enhance ATSDR's ability to meet these challenges.

- The administrative/management consolidation of NCEH and ATSDR consolidated only the offices of the directors of NCEH and ATSDR: ATSDR's divisions still exist and operate independent of NCEH.
- And, the organizational structure Dr. Gerberding announced on 4/19 confirmed that ATSDR will continue to exist as a distinct organization.

Q: What is happening to EPO and PHPPPO?

A: The crosscutting functions of CDC offices are critical to goal achievement, although the structure of these offices will change. The support for public health service, workforce development, and scientific support that these offices provide are more important now than ever.

Q: Will NCHS be part of CDC's health marketing function? Doesn't this compromise their objectivity?

A: CDC continues its commitment to objective science as the basis for public health action. NCHS will continue to be HHS's designated federal statistical agency, and will continue to observe the related ethical guidelines. NCHS will be grouped with the marketing function in order to facilitate the use of data to drive science-based marketing interventions. NCHS will continue to maintain its independence and identity as the nation's health statistics center.

Q: Will other agencies and researchers continue to have access to NCHS data in the same timely way?

A: Yes. Data availability will remain a priority.

Q: Constituents worked hard to establish the National Center for Birth Defects and Developmental Disabilities. Isn't this a step backwards?

A: The National Center for Birth Defects and Developmental Disabilities will continue to be accountable for scientific and programmatic activities. Its status as a center is unchanged, and CDC will continue to meet the statutory requirements under which it was established. This will enable stronger ties with other CDC programs, such as reproductive health programs, and increased impact to reduce birth defects and developmental disabilities.

Q: Why is NCBDDD being grouped with chronic diseases?

A: Currently, these centers work closely on a number of issues, ranging from premature births to preventing complications of disabling conditions. These collaborations will be enhanced and formalized within a coordinating center. The centers will address the entire continuum of public health efforts in disabilities—from preventing disabilities due to chronic diseases and birth defects, through aging and living well with disabilities. Within the life stages model, this permits public health programs to coordinate their approach to the people whose health we’re working to improve—whether that’s a young woman considering pregnancy, a teen with spina bifida, or an older adult with diabetes.

Q: Will this limit the Office on Smoking and Health from playing its designated leadership role for tobacco control in the federal government?

A: The Office on Smoking and Health will continue to play its role as the federal government’s focal point for tobacco control. Tobacco control will remain a top agency priority because the use of tobacco continues to be the leading preventable cause of death and disease in the nation. CDC Director Dr. Julie Gerberding is committed to sustaining the agency’s intensive and broad-scale work to combat smoking and other tobacco use among all population groups.

Q: The National Institute for Occupational Safety and Health has specific responsibilities outlined in statute, and the Director is answerable to the Secretary. How will this new structure affect NIOSH’s obligations?

A: NIOSH will continue to fulfill its statutory obligations, and the Director will continue to serve at the pleasure of the Secretary of HHS. NIOSH will continue to be accountable for its scientific and programmatic activities, and will maintain its identity as an institute. Closer alignment with environmental health and injury prevention will allow NIOSH to leverage the scientific and programmatic expertise of other centers, and will allow NIOSH’s specialized expertise to benefit all of CDC.

Q: Will our scientific research be changed when we’re “marketing” it to our customers?

A: Not at all. In fact, it will be enhanced. The average layman doesn’t read JAMA or keep up with scientific research. This process will get more information to customers who otherwise wouldn’t have had it.