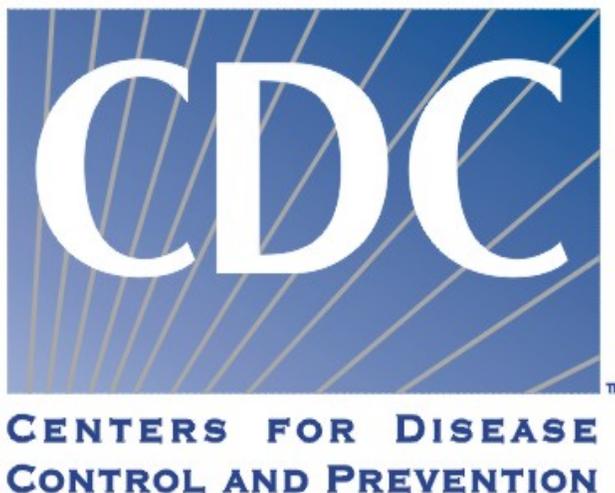


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
National Center for Health Marketing<sup>1</sup>**



**Board of Scientific Counselors Meeting  
February 25-26, 2010  
Atlanta, Georgia**

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**FINAL Record of the Proceedings**

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<sup>1</sup> At the time of this meeting, a proposal was going through the approval chain to merge the National Center for Health Marketing (NCHM) and the Office of Enterprise Communication as the new "Office of the Associate Director for Communication" (OADC). It is expected that the functions of NCHM will be continued by OADC after the approval of the proposed organizational changes.

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## ATTACHMENT 1

### List of Participants

#### **BSC Members Present**

Dr. Kasisomayajula Viswanath, Chair  
Dr. Marilyn Aguirre-Molina  
Dr. David Ahern  
Dr. Diana Cassady  
Dr. Barbara DeBuono  
Ms. Donna Nichols  
Dr. William Smith

#### **BSC Members Absent\***

Dr. Sonya Grier

\*(Dr. Richard Bagozzi had resigned as a BSC member prior to the meeting and no replacement was named.)

#### **Designated Federal Official**

Dr. Doğan Eroğlu,  
Acting Associate Director for  
Communication Science, CDC

#### **CDC Representatives**

John Anderton  
Cynthia Baur  
Diane Brodowski  
Carolyn Brooks  
Shaunette Crawford  
Katherine Lyon Daniel  
David DeSantis

Diane Drew  
Charlotte Duggan  
Frederick Fridinger  
Katherine Galatas  
Donna Garland  
Dawn Griffin  
Sabrina Harper  
Jennifer Harris  
Kamelya Hinson  
Cheryl Lackey  
Jeffrey Lancashire [via conference call]  
Dionne Mason  
Melissa McAvoy  
William Nichols  
Glen Nowak  
Marilyn Palmer [via conference call]  
Monica Ponder  
Tom Race  
Cheri Rice  
Maren Robinson  
Susan Robinson  
Lynn Sokler  
Robin Soler  
Lorine Spencer  
John Turner  
James Weaver  
Stephanie Weaver

## ATTACHMENT 2

### Acronyms Used In These Meeting Minutes

ADCSSs	Associate Directors for Communication Sciences
ARRA	American Reinvestment and Recovery Act
BSC	Board of Scientific Counselors
CDC	Centers for Disease Control and Prevention
DCE	Division of Community Engagement
DCS	Division of Communication Services
DNEM	Division of News and Electronic Media
FACA	Federal Advisory Committee Act
FTEs	Full-Time Employees
HCSOs	Health Communication Science Offices
HHS	Department of Health and Human Services
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
OADC	Office of the Associate Director for Communication
OADP	Office of the Associate Director for Policy
OEC	Office of Enterprise Communication
OSELS	Office of Surveillance, Epidemiology and Laboratory Services

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
National Center for Health Marketing**

**BOARD OF SCIENTIFIC COUNSELORS MEETING  
February 25-26, 2010  
Atlanta, Georgia**

**Final Minutes of the Meeting**

The Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and the National Center for Health Marketing (NCHM) convened the Board of Scientific Counselors (BSC) meeting. The proceedings were held on February 25-26, 2010 at CDC's Century Center Campus, Building 2400, Room 1A in Atlanta, Georgia.

**Opening Session**

Dr. Kasisomayajula Viswanath, Chair of the BSC, called the proceedings to order at 9:10 a.m. on February 25, 2010. He welcomed the attendees to the NCHM BSC meeting and opened the floor for introductions. The list of participants is appended to the minutes as Attachment 1.

Dr. Viswanath called the BSC's attention to the agenda. He pointed out that the vast majority of the meeting would be devoted to discussions on the mission, goals and programs of CDC's proposed Office of Communication and the future of the BSC.

**Overview of the Centers for Disease Control and Prevention's  
New Organizational Structure and Priorities**

Mr. William Nichols is the Chief Operating Officer at CDC. He provided an overview of CDC's new organizational structure and priorities. CDC is a federal government agency with a \$12 billion annual budget, ~10,000 full-time employees (FTEs) and ~5,000 contractors.

Dr. Thomas Frieden assumed his position as the 16<sup>th</sup> Director of CDC on June 8, 2009. The new organizational structure is a reflection of Dr. Frieden's vision of CDC's priorities and future direction. Prior to Dr. Frieden's appointment, Dr. Richard Besser began serving as the acting Director of CDC in January 2009. He commissioned a group to gather information on CDC's

strengths and weaknesses from staff across CDC and obtain input from a diverse group of external partners.

Dr. Frieden used this information to inform his decision-making and approach to restructuring CDC. Most notably, the report showed that leadership and the majority of staff emphasized the need to address a number of issues related to organizational changes made under the previous CDC Director. Although the launch of the Futures Initiative in June 2003 marked CDC's first significant reorganization over the past 25 years, the report also demonstrated a feeling of "change fatigue" among staff.

Mr. Nichols provided the BSC with a broad view of CDC's new organizational structure. The Coordinating Centers that were established under the Futures Initiative were a sound idea from a conceptual perspective, but added another layer of bureaucracy to CDC from an operational perspective. The Coordinating Centers have been abolished to decentralize services and return certain business aspects, decision-making authority, daily activities and other responsibilities back to the National Centers.

The role of Deputy Directors who will oversee the National Centers is similar to the function of the Coordinating Centers, but the new structure is much more streamlined and efficient. For example, the new Office of Infectious Diseases operates with eight staff, while the previous Coordinating Center for Infectious Diseases operated with 600 staff. The primary roles of the Deputy Directors will be to provide policy guidance and serve as an intermediary between Dr. Frieden and the National Centers. Each National Center will receive directives from its respective Deputy Director and then relay this information to ensure programs comply with the approach and help to maximize CDC's public health impact.

Mr. Nichols described the changes in CDC's organizational structure in the context of the five priorities Dr. Frieden has established for CDC. For priority 1, CDC will strengthen its capacity in epidemiology, surveillance and laboratory services. In the new organizational structure, Dr. Stephen Thacker was named as the Deputy Director of the Office of Surveillance, Epidemiology and Laboratory Services. This office will oversee the National Center for Health Statistics and the Office of Surveillance, Epidemiology, Informatics, Laboratory Science and Career Development.

For priority 2, CDC will improve its relationships with and effectiveness in directly supporting health departments, governments and other key partners at state, tribal, local and territorial levels. In the new organizational structure, Ms. Karen White is acting as the Deputy Director of the Office for State, Tribal, Local and Territorial Support. Because this office is an entirely new entity at CDC and has no previous resources, efforts are underway to identify other approaches for this office to become operational.

For priority 3, CDC will strengthen its leadership in global health. In the new organizational structure, Dr. Kevin DeCock was named as the Director of the Center for Global Health. This center will have oversight of activities and funding within the President's Emergency Plan for AIDS Relief, Global AIDS Program and Division of Parasitic Diseases. Discussions are

underway at CDC about the possibility of including global immunization activities in the Center for Global Health.

For priority 4, CDC will improve its policy impact. In the new organizational structure, Mr. Andrew Rein was named as the Associate Director for Policy. The overarching function of this office will be to support policies (*i.e.*, taxing tobacco or sugary soda) as an inexpensive approach to impact health and influence behavior. Due to severe budget constraints as a result of the deficit in the federal government's budget, Dr. Frieden has acknowledged that CDC and other federal agencies most likely will not receive substantial increases in the short term to fulfill their respective missions.

For priority 5, CDC will provide leadership to reduce the burden from the leading preventable causes of illness, disability and death. Although a specific office was not established for this priority, programs throughout CDC will increase their emphasis on chronic diseases.

Mr. Nichols pointed out that the BSC was given an organizational chart with CDC's new structure. He noted additional changes that were made in CDC's reorganization. Recruitment efforts are underway to fill three key positions at the CDC Office of the Director level: Chief of Staff, Director of the Office of Diversity Management and Equal Employment Opportunity, and Director of the Office of Public Health Preparedness and Response.

Permanent appointments in the new organizational structure at the CDC Office of the Director level include Dr. Ileana Arias as the CDC Principal Deputy Director; Dr. Janet Collins as the Associate Director for Program; Dr. Harold Jaffe as the Associate Director for Science; and Ms. Donna Garland as the Associate Director for Communication.

At the National Center level, Dr. Robin Ikeda was named as the Deputy Director of the Office of Noncommunicable Diseases, Injury and Environmental Health. This office will have oversight of four National Centers: National Center on Birth Defects and Developmental Disabilities; National Center for Chronic Disease Prevention and Health Promotion; National Center for Environmental Health/Agency for Toxic Substances and Disease Registries; and National Center for Injury Prevention and Control.

Dr. Rima Khabbaz was named as the Deputy Director of the Office of Infectious Diseases. This office will have oversight of three National Centers: National Center for Immunization and Respiratory Diseases; National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention; and the new National Center for Emerging and Zoonotic Infectious Diseases (NCEZID). NCEZID reflects the consolidation of the National Center for Preparedness, Detection and Control of Infectious Diseases and the National Center for Zoonotic, Vector-Borne and Enteric Diseases. Dr. John Howard will continue to serve as the Director of the National Institute for Occupational Safety and Health.

Mr. Nichols provided additional details on CDC's new organizational structure and priorities in response to the BSC's specific questions and comments. Public health and emergency responses to H1N1 influenza and the earthquake in Haiti currently are two of CDC's most pressing areas of emphasis. CDC is attempting to obtain a supplemental Congressional

appropriation to improve its public health and emergency response to the earthquake in Haiti. Community prevention initiatives for tobacco, nutrition, obesity and teen pregnancy supported by American Reinvestment and Recovery Act (ARRA) dollars also are top priorities for CDC at this time. Awardees of the community prevention initiatives will be announced over the next two weeks.

CDC is continuing to address budget issues that will have severe implications in the future. For example, the President's 2011 budget request virtually eliminates the CDC Division of Vector-Borne Infectious Diseases. As a result, CDC will be required to make difficult decisions in terms of clearly distinguishing between programs that do and do not make a public health impact with respect to saving lives or preventing diseases. Although staff members have vested interests in their respective programs, CDC leadership recognizes that budget constraints might cause "low-performing" programs to be completely eliminated or drastically reduced in terms of activities. CDC would then redirect funds from "low-performing" programs to "high-performing" programs that demonstrate a strong public health impact.

In terms of CDC's stronger emphasis on policy, Dr. Frieden recognizes that CDC is a bit disadvantaged due to its headquarters in Atlanta rather than in the metropolitan Washington, DC area. As a result, efforts will be made over time to grow the CDC Washington, DC Office to increase and improve the presence of the agency in this area. CDC staff also will be assigned to offices of other federal agencies, including the White House, in Washington, DC to ensure that public health is considered in senior-level policy issues.

CDC acknowledges that the Office for State, Tribal, Local and Territorial Support, the Office of the Associate Director for Policy (OADP), and the Office of the Associate Director for Communication (OADC) will need to build strong internal collaborations to provide support and technical assistance in implementing CDC's federal policies at state, tribal, local and territorial levels. In addition to support and technical assistance, Dr. Frieden also has expressed an interest in helping states to draft model legislation and share best practices in policy across states.

Although NCHM was not included in CDC's new organizational structure, Dr. Frieden strongly believes in the importance of health marketing and communications. However, his position is that these functions were not appropriately structured in a centralized center and should be conducted by programs with a need for and interest in these services. NCHM was abolished, but a number of entities throughout CDC will continue to conduct health marketing and communications activities. For example, several NCHM staff members were reassigned to National Centers to perform the same duties in a decentralized manner. Communications will now be decentralized, but OADC will establish communication policies and standards, a uniform approach and consistent messaging to assure quality control and evaluate competencies in communication throughout CDC.

In addition to an inappropriate organizational structure, NCHM also was abolished due to insufficient resources. However, CDC will take lessons learned from NCHM and ensure that new offices in the current organizational structure have adequate resources.

CDC will continue to emphasize the strong linkage between social determinants and health/health equity in the new organizational structure. To assist in achieving this goal, the Office of Minority Health and Health Disparities is housed in the new Office of the Associate Director for Program to ensure that all CDC programs conduct health disparities activities.

The Center for Global Health will place more emphasis on tobacco injury and other non-communicable diseases globally to compliment CDC's infectious diseases portfolio and increase its public health impact in international settings. For example, CDC data show that motor vehicle deaths are the leading cause of mortality among Americans in international countries.

The BSC thanked Mr. Nichols for attending the meeting and presenting a detailed overview of CDC's new organizational structure. Several BSC members made suggestions for CDC to consider in its ongoing efforts to implement the organizational changes.

- CDC's previous activities in the area of public health systems and services research would fit with Dr. Frieden's priorities for stronger surveillance capacity and improved relationships with state and local health departments. Because CDC has provided leadership and compiled a solid body of evidence in public health systems and services research, the new organizational structure should not cause CDC to lose its "voice" in this area. The Robert Wood Johnson Foundation and Trust for America's Health are continuing to conduct activities in this field. The Office for State, Tribal, Local and Territorial Support would be best suited in the new organizational structure to continue CDC's public health systems and services research activities.
- OADP or OADC should place a strong focus on marketing. Most notably, marketing will play a critical role in helping CDC to change policies at the federal level and provide leadership to strengthen capacity in social marketing at state and local levels.
- OADP should include a strong public education component to ensure that new policies are appropriately communicated and disseminated to affected communities and other constituencies in the field. A public education and communication component would play an important role in legitimizing CDC's policies for implementation and sustainability over time.
- The CDC Washington, DC Office should inform advocates of the evidence base that was used to support policies selected for implementation by CDC. The Washington, DC Office also should engage individual advocates or advocacy organizations in policy implementation to facilitate an extended and unified voice. Definitive policy approaches to health, effective communication, extensive engagement of local partners, clearly defined and appropriately framed messages, and rigorous evaluation to determine impact in the field will be particularly important in large states where policies are implemented at the local level.
- CDC leadership should clearly communicate the context in which its emphasis on policy is placed in the new organizational structure. For example, CDC should explain that policy will be used as a lever or tool to facilitate its larger and more central role in advancing policy development and implementation to accomplish public health goals.
- The Center for Global Health should develop strong internal partnerships with OADC and disease centers across CDC to ensure that evidence-based messages domestically

are appropriately communicated and effectively translated for implementation globally. Communication has played a critical role in some of CDC's most successful prevention efforts globally, including HIV/AIDS and tobacco.

### **Overview of the Centers for Disease Control and Prevention's Proposed Office of the Associate Director for Communication (OADC)**

Ms. Donna Garland is the Associate Director for Communication at CDC. She reiterated Dr. Viswanath's remarks that the vast majority of the meeting would be devoted to BSC discussions on the mission, goals and programs of CDC's proposed OADC. During these discussions, OADC leadership would engage the BSC in frank and candid dialogue to hopefully reach agreement on the future direction of the BSC in CDC's new organizational structure.

Ms. Garland announced that on the previous day, CDC leadership found the proposed OADC organizational structure to be acceptable and viable according to government rules and regulations. However, OADC is still "proposed" at this time and would not be a permanent entity until the completion of a series of internal and external reviews at both the CDC and HHS levels. The proposed OADC also was published in the *Federal Register* for the public to review this change in CDC's organizational structure.

The creation of OADC reflects CDC's efforts to merge and streamline two entities. NCHM, including other National Center Health Communication Science Offices (HCSOs), had 432 FTEs and a budget of \$90.7 million. Of the total NCHM budget, ~65% supported costs for CDC-INFO, cooperative agreements with partners, graphics and writer/editor services. The Office of Enterprise Communication (OEC) had 51 FTEs and a budget of \$7.3 million.

The three main challenges in creating OADC was to (1) take a strategic approach to providing instruction, guidance and collaboration to programmatic communication and marketing experts across CDC; (2) provide support for programs to be successful in communication activities; and (3) drastically reduce the combined NCHM/OEC workforce of 483 FTEs to the OADC workforce of ~160 FTEs.

The mission of the proposed OADC is to support CDC's mission by leading customer-centered, science-based and high-impact communication. The vision of the proposed OADC is "a world where CDC is valued for accessible, accurate, relevant and timely health information and interventions to protect and promote the health of individuals, their families and communities."

The organizational structure and key functions of the proposed OADC are summarized as follows. The key functions of the Office of the Director will be to (1) provide leadership and support as well as clearance, research and training to communication professionals across CDC; (2) conduct program evaluation and performance management to demonstrate the impact of communication activities; (3) oversee management and operations; and (4) include health literacy to ensure accessibility of information to target audiences, such as health professionals and individuals with responsibility for acting on CDC's communication interventions. The

Science Office and Management and Operations Office will be housed in the Office of the Director.

The key functions of the Division of Community Engagement (DCE) will be to oversee the CDC Global Health Odyssey Museum, *CDC Connects* and other employee communication materials, the speakers bureau, CDC exhibits, and CDC-INFO. Compared to the other ODAC divisions, DCE will have the most direct engagement with consumers of CDC's messages and information. The Community Relations Office and Employee Communication Office will be housed in DCE.

The key functions of the Division of News and Electronic Media (DNEM) will be to oversee media relations and the CDC.gov website; integrate traditional, new and social media; and conduct media surveillance and evaluation to determine media platforms with the greatest or least impact to specific audiences at a particular time. The eHealth Media Office and New Media Relations Offices will be housed in DNEM.

The key functions of the Division of Communication Services (DCS) will be to oversee CDC broadcast systems; engage HCSOs; and provide graphics, writer/editor, photography, internal client management, multilingual/multicultural translation, and campaign consultation services. Compared to the other ODAC divisions, DCS will be the most service-oriented unit. In addition to these functions, DCS also will house the new Strategic and Proactive Communication Office that is still in the incubation phase. This office is currently consulting with Associate Directors for Communication Sciences (ADCSSs) to determine the intent of communication and marketing ideas, identify other ODAC entities that should be engaged to support these efforts, and help to leverage resources outside of CDC.

Several communication functions have been proposed to be realigned and decentralized across CDC. The HCSOs will report to National Centers, but ODAC will maintain close communication and collaboration to achieve CDC's communication goals. The *Morbidity and Mortality Weekly Report* and the *Guide to Community Preventive Services* will be relocated to the Office of Surveillance, Epidemiology and Laboratory Services (OSELs). A proposal has been submitted to relocate CDC Publications Warehouse Management from ODAC because this service is more of a business function rather than a core communication function.

The NCHM Policy Office will be relocated to the Office of the Associate Director for Policy (OADP). However, ODAC will closely collaborate with OADP, the CDC Washington, DC Office, and CDC policy experts in Atlanta to promulgate and effectively support communication policies and CDC-wide programmatic policies at federal, state, tribal, local and territorial levels. ODAC will play a larger role in publicizing results of communication science to support policy decisions at various levels.

Responsibilities for partnership consultation and cooperative agreements will be transferred to multiple entities in CDC's new organizational structure, including the Office of the Associate Director for Program, the Office for State, Tribal, Local and Territorial Support and OSELs. However, ODAC will closely collaborate with these offices to maintain robust and effective communications with external partners.

The following communication functions have been proposed to be modified within ODAC. Communication science will be revised to place stronger emphasis on applying research to practice. Marketing strategy and consultation will be revised as a result of efforts by the new Strategic and Proactive Communication Office. Client services will be revised to improve communication services to internal CDC clients.

Writer/editor services most likely will be decentralized in individual programs to facilitate closer working relationships with CDC scientists who need these services. CDC has an internal contract to provide writer/editor services from a centralized entity, but customers throughout CDC have informed ODAC that this approach is ineffective. CDC expects to discontinue its internal contract to provide centralized writer/editor services in the future.

The proposed ODAC will address a number of challenges and opportunities in the future. CDC programs, offices and individual staff increasingly need communication capacity and support, despite the absence of optimal resources. To fulfill its mission, ODAC will take a strategic, focused and linear approach. Staff will need to be appropriately aligned and assigned to support and maintain close connections to CDC programs, build on successful communication activities and develop new initiatives in this area.

The shift from centralized to decentralized writer/editor services will be a complex and timely process. Performance management and program evaluation will be a tremendous component to assess the effectiveness of ODAC as an organizational unit and its communication interventions. OADC will utilize benchmarks, internal evaluation processes, continuous improvement efforts and metrics developed by NCHM and OEC as models in evaluating its performance and success. The OADC workforce will be much smaller than that of either NCHM or OEC, but OADC still will be required to provide HCSO program and activity support at the same high-quality level.

### **Board of Scientific Counselors Discussion-SESSION 1: Mission, Goals and Programs of the *Proposed* OADC**

Dr. Viswanath opened the floor for the BSC's first discussion with OADC leadership on the mission, goals and programs of the proposed OADC. The BSC's comments and suggestions to OADC leadership on these issues are summarized below.

- The BSC commended OADC on its commitment to health equity, but several members urged OADC to take stronger and more specific actions in this area. For example, platforms and processes should be developed and clearly defined to explicitly state OADC's role in achieving health equity goals. Moreover, OADC staff and ADCSs throughout CDC should be educated on the definitions of "health equity" and "social determinants" and also trained in conducting health equity activities. OADC's leadership in this area will be critical because inequality in communication is one of the most modifiable factors in social determinants.

- OADC appears to place more emphasis on its “form” rather than its “function.” However, OADC should clearly define its function by providing clear, relevant and understandable answers to the following questions:
  1. What are OADC’s activities and functions?
  2. Who are OADC’s primary customers?
  3. What services will OADC provide to its customers?
  4. In what areas does OADC have excellence, expertise and the ability to expedite?
  5. How will OADC’s organizational structure support its functions?
 OADC should immediately focus on answering question 1 (*i.e.*, a function of providing service and support to internal customers versus a function of offering and delivering programs to and through states directly to end-users) and question 2 (*i.e.*, primary customers of CDC National Centers versus primary customers of the general public). Dr. Frieden and the supervisors of ADCSs should be identified as two additional key audiences of OADC.
- OADC should not conduct or support research. Instead, OADC should use its expertise in science literacy to assist the National Centers in effectively communicating scientific data and translating information to be useful and relevant to target audiences. OADC could provide this technical assistance by offering training sessions or workshops to staff in the National Centers.
- OADC should serve as the “professional home” of ADCSs to facilitate regular two-way communications and feedback between OADC and the National Centers.
- OADC should sponsor annual “mini-Institutes of Medicine” on communication topics that focus on specific risk factors to improve health outcomes. In this effort, OADC should invite respected and renowned experts to review published studies on communication and marketing science and extract key points from these data. OADC also should ask Dr. Frieden and other CDC leadership to attend these sessions.
- OADC should develop a set of indicators to guide decisions in conducting activities and allocating resources in communications and marketing. These guiding principles should be extensively vetted and endorsed by CDC leadership.
- OADC should gather and distribute key stories and other anecdotal information in communications and marketing to provide CDC with a shared sense of success in these fields.
- OADC should ensure that the Division of News and Electronic Media places a strong emphasis on Internet communications and marketing in its activities. For example, companies are using the Internet to conduct research to determine the most effective social media to advertise and target fast food or tobacco campaigns to adolescents.
- OADC should replicate the strong focus on clearly defined measures and metrics in the health information technology community in its communication science interventions and activities.

The first discussion resulted in the BSC proposing its potential roles in five key areas to assist in refining and clarifying OADC’s mission, goals and programs.

1. The BSC could assist OADC in obtaining, effectively utilizing, translating and including science in communications that would be helpful to the broader public health community.

This approach would allow OADC to widely publicize the benefits of ADCSs and other customers using its communication services rather than hiring outside contractors.

2. The BSC could provide external advice and guidance in determining the extent to which OADC versus the National Centers should conduct basic research as well as research on knowledge transfer. Most notably, a tremendous body of communication and marketing evidence has been collected, but has not been analyzed, synthesized and translated to be useful and practical in the field. These data could help OADC to answer questions regarding its research function and develop models of knowledge transfer.
3. The BSC could assist OADC in establishing focused, clear, narrow and measurable priorities that are of value to its target audiences. For example, one set of OADC's core priorities could focus on health issues, while another set of core priorities could focus on communication approaches or strategies. The BSC also could help OADC in identifying and leveraging external resources to conduct other activities outside of the core priorities that will be established.
4. The BSC could provide its expertise to help develop a core set of solid metrics for OADC to measure the impact of its activities, particularly in the areas that are most relevant to Dr. Frieden. The BSC also could assist OADC in gathering data to make a strong case to Dr. Frieden on appropriate and inappropriate communication areas to measure.
5. The BSC could assist OADC in applying its scientific expertise to identify, refine, synthesize and disseminate the most rigorous process and outcome measures, the most reasonable milestones, and the most realistic expectations for communication science. OADC would then negotiate achievable process and outcome measures that have impact to the National Centers and present this menu of options to Dr. Frieden for final approval. At the external level, improved tools and new models of evaluation would be extremely helpful to CDC grantees in evaluating the success of their programs.

OADC leadership made a number of clarifying remarks in follow-up to the BSC's discussion. Ms. Garland agreed with the BSC's comments that health equity, equality and disparities are not explicitly stated in OADC's mission. However, these issues will be addressed in strategic goals under the OADC mission or other components to codify the OADC vision. For example, equity will play a critical role in improving the accessibility and availability of OADC's communication information and interventions. OADC's health literacy activities and multilingual/multicultural translation services also will address health equity, equality and disparities.

Ms. Garland clarified that Dr. Frieden is a strong proponent and supporter of communications and frequently solicits her advice on the most effective and appropriate communication approaches for CDC to fulfill its public health mission. Ms. Garland has one-on-one meetings with Dr. Frieden on a regular basis to convey concerns and reinforce messages from ADCSs. To compliment this internal input, the BSC could play an important role in providing external advice on communication and marketing strategies that are feasible and cost-effective in the field.

Ms. Garland noted the BSC's concerns regarding the future outcome of NCHM's rich intramural and extramural research portfolio. Although CDC will continue to serve as a thought leader and champion of health marketing, OADC is resource challenged. As a result, communication research that will be funded in the future largely will depend on the availability of resources.

Despite its resource constraints, OADC recognizes the critical role of formative and evaluative research in demonstrating the impact and effect of communications and marketing activities. OADC also acknowledges the importance of its role in compiling and providing ADCSs with available research for application in the field to achieve health impact and effect. Moreover, OADC is aware that difficult decisions will need to be made regarding investments in expensive research projects with long-term value.

Ms. Garland agreed with the BSC's suggestion for OADC to more clearly define its scope, function, activities and role in research. The "program delivery" function will be removed from OADC to allow for a stronger focus on strategic and supportive services and build the credibility of communication science. The BSC's guidance and expertise will be extremely valuable in helping OADC to clearly define its role and scope in research to avoid wasting communication resources at the CDC level and duplicating efforts at the National Center level.

Ms. Garland informed the BSC that CDC's communication resources are being reallocated and staff is being reassigned to programs at this time. Instead of gathering and distributing communication knowledge, OADC will devote a portion of its resources to serving as a model in evaluating the effectiveness of communication interventions.

Ms. Garland agreed with the BSC's suggestion for OADC to develop solid metrics to measure its impact and success. Her position was that separate sets of metrics should be created for three different levels: (1) the performance of staff at the individual level; (2) the fulfillment of OADC's mission to lead customer-centered, science-based and high-impact communication at the organizational level; and (3) the public health impact of CDC's communication and marketing efforts at the agency level.

Dr. Doğan Eroğlu is the Acting Associate Director for Communication Science in OADC and the Designated Federal Official of the BSC. He provided additional details on OADC's research portfolio. Due to resource constraints, OADC will implement the most cost-effective approaches to build its research portfolio, such as disseminating academic research findings; submitting abstracts of relevant publications to journals for use by the broader communication community; and conducting research from existing programmatic, commercial or non-commercial databases.

HCSOs or individual programs will be responsible for translating research, but OADC will provide expertise and technical assistance in this area when requested. OADC welcomes the opportunity to collaborate with the BSC on gathering and incorporating science from external sources into communications efforts.

Dr. Eroğlu confirmed that difficult decisions were made to reduce the combined NCHM/OEC workforce of 483 FTEs to the OADC workforce of ~160 FTEs. However, the smaller OADC

workforce will offer a number of benefits. For example, the closer proximity of OADC functions and staff will improve and facilitate more rapid internal communications and collaboration. Moreover, OADC will have greater capacity to deploy skilled staff throughout CDC and increase the ability of other personnel to conduct communication and marketing activities in the National Centers.

Dr. Katherine Lyon Daniel is the Acting Associate Director for Communication in OADC. She informed the BSC that because ADCSs will no longer report to NCHM, the scope of marketing, communication and media research conducted by ADCSs will be limited to the focus areas of their respective National Centers. However, the ADCSs have discussed at length the critical need to maintain linkages and continue to share research findings, particularly to outreach to the same target audiences. The ADCSs have made a commitment to act as a “virtual” group in terms of sharing research findings.

Dr. Lyon Daniel conveyed that one of OADC’s most important roles will be to standardize the evaluation of communication activities across CDC. Because communication programs differ across CDC, efforts to compare performance have been difficult. In addition to standardized approaches developed by OADC, internal policies also can be used to standardize evaluation. For example, funding opportunity announcements could require grantees to incorporate an evaluation component and report data to CDC for any project that involves communication.

OADC recognizes that stronger efforts are needed to demonstrate the unique and separate contributions of CDC’s communication and marketing activities in terms of behavior change to improve health outcomes. OADC would welcome external advice and guidance from the BSC on developing standardized evaluation components for communication and marketing activities.

Dr. Glen Nowak is the Director of the Division of New and Electronic Media (DNEM) and Mr. John Turner is the Acting Director of the Division of Community Engagement (DCE). They provided additional details on OADC’s role from a division perspective. DNEM will provide information to its internal CDC audience, but also will package and disseminate information in multiple formats to ~40,000 subscribers representing small- and medium-size media. DCE will make every effort to appropriately target resources by utilizing both internal and external components to clearly define and engage “communities” and outreach to these stakeholders.

**Board of Scientific Counselors Discussion-SESSION 2:  
OADC Focus Areas, Measurement/Evaluation, and Programs/Focused Priorities**

Dr. Viswanath explained that the topics in the BSC’s second discussion would include OADC’s potential areas of focus, measurement and evaluation, and programs and focused priorities. Before Dr. Viswanath opened the floor for suggestions and comments on these issues, however, several members asked for input and clarification on specific areas where the BSC’s advice and guidance would be most needed, useful and helpful in enhancing and strengthening OADC’s overall function.

### **OADC AREAS OF FOCUS:**

The BSC noted that with the dissolution of NCHM and the reorganization of OADC, clarification would be needed to provide input on OADC's potential areas of focus. The BSC emphasized its strong commitment to continue to provide advice on CDC's communication and health marketing activities, but several members pointed out that this guidance could veer in several different directions.

For example, the BSC's feedback on OADC's potential areas of focus could be targeted to a risk factor point of view (*i.e.*, heart disease or HIV/AIDS), a communication point of view (*i.e.*, contributions to CDC's goals and objectives through knowledge transfer, social media or technology), or an organizational point of view (*i.e.*, the development of metrics, evaluation standards and research protocols). The BSC also could provide specific advice on pressing communication challenges or problems identified by OADC.

OADC leadership made several remarks in response to the BSC's request for clarification on providing guidance on OADC's potential areas of focus. Ms. Garland conveyed that Dr. Frieden has prioritized specific risk factors and programmatic focus areas for CDC. OADC will assist ADCSs in effectively addressing risk factors for their respective National Centers. As a result, the BSC's advice and guidance from a communication point of view would be most helpful to OADC in assisting ADCSs to apply communication and marketing expertise in meeting the objectives of their National Centers.

Ms. Garland confirmed that OADC would welcome input from the BSC in three additional areas: (1) identifying communication tools OADC could help to leverage and effectively utilize; (2) clearly defining the expectations and evaluation of the use of these tools; and (3) advancing the current state of CDC's communication and health marketing efforts. Ms. Garland supported the BSC's suggestion to help OADC in addressing pressing communication challenges or problems. If OADC identified evaluation as a "hot" topic, for example, the BSC could be given advance notice and background materials prior to the upcoming meeting in preparation of assisting OADC in developing a solid evaluation agenda.

Ms. Garland was aware of the BSC's uncertainty about its future role because Boards of Scientific Counselors are chartered to provide external advice and guidance at the National Center level rather than at the CDC Office of Director level. As a result, the NCHM BSC would establish a precedent in serving as a Board of Scientific Counselors to OADC.

Ms. Garland pointed out that one of the primary outcomes of the current meeting would be to determine whether the BSC should be disbanded or continued. If a decision is made to maintain the BSC, OADC would need to validate the purpose and reasons for the CDC Office of Director obtaining external advice and guidance from a BSC. This justification would need to be clear to both CDC leadership and the organizations of the individual BSC members.

Mr. Frederick Fridinger, of OADC, viewed the BSC's role as an "organizational consultant" rather than as a "Board of Scientific Counselors." His position was based on the fact that the BSC provided external advice and guidance on NCHM's new organizational structure and most likely would repeat this role for the new OADC. He noted that CDC entities other than NCHM

and OADC typically use their Boards of Scientific Counselors to obtain external advice on epidemiologic and scientific issues rather than on their organizational structure or direction.

Dr. Nowak made additional comments to further clarify the BSC's role in providing advice on OADC's potential areas of focus. Dr. Frieden has prioritized six areas of risk factors that require CDC's attention: tobacco, obesity, healthcare-associated infections, HIV/AIDS, teen pregnancy and motor vehicle injuries. The BSC initially could provide input to OADC on communication principles, best practices with the most impact in the field, and the most appropriate evaluation measures across all six domains. However, the BSC also could provide guidance to OADC that would be broader than these six issues. For example, the CDC Influenza Division could present its most recent or upcoming influenza campaigns to obtain input from the BSC on improving and making further progress on its communication materials and marketing messages.

Dr. Lyon Daniel was in favor of the BSC using Dr. Frieden's six areas of risk factors to guide its initial discussion on OADC's potential areas of focus. The BSC could then narrow its discussion to the unique contributions of communication and its role in impacting policy change in the six domains. She pointed out that long-term success in communicating policy will depend on three factors: communications to obtain support for passing the policy, communications for the policy to be understandable and effective to the target audience, and communications to sustain the policy over time regardless of changes in Administration. Dr. Lyon Daniel agreed that the BSC's role as an advisory body to OADC has not been clearly defined, but she strongly emphasized the continued need for the BSC's expertise, advice and guidance.

Dr. Eroğlu explained that OADC will be evaluated on two sets of outcome variables. As a result, OADC would welcome the BSC's guidance and expertise on both levels. First, OADC will be measured in terms of fulfilling its mission at the organizational level. For this measure, OADC will need to demonstrate that its communication activities are of value to Dr. Frieden. Second, OADC will be measured in terms of contributing to CDC's communication practices at the agency level. For this measure, OADC will need to document that its communication activities are helping the National Centers to reach their respective goals and objectives.

Dr. Eroğlu provided additional details on the roles of Boards of Scientific Counselors. BSCs are chartered to provide advice on CDC's research and practice to the HHS Secretary through the CDC Director and National Center Directors. To respond to their charters, BSCs conduct external reviews of CDC-funded extramural and intramural research and scientific programs. A BSC typically needs ~5 years to fully understand a CDC program in order to conduct an objective, critical and comprehensive review. However, the NCHM BSC formed the Discovery and Delivery Workgroups to conduct an external peer review of NCHM in only two years after the BSC was established.

Because BSCs were created under the authority of the previous CDC Director, a determination has not been made to date on whether the CDC Office of Science will retain the roles of the current BSCs or create another form of advisory bodies with slightly different missions. Regardless of the decision that is made, OADC will need to be independently evaluated because current CDC policy requires an external review of all programs by a BSC at least once

every five years. As a result, OADC will provide the BSC with materials and take other actions to ensure that the BSC has strong knowledge and understanding of the new OADC programs.

Dr. Eroğlu provided his perspectives on other potential roles for the BSC. If OADC leverages funds for extramural research in the future, the BSC could conduct secondary reviews of grant and cooperative agreement applications to assist in funding decisions. Moreover, the BSC could assist OADC in incorporating science into communication and improving its communication function. Dr. Eroğlu informed the BSC members that their current terms are staggered and will expire on July 1, 2010, 2011 or 2012.

The BSC thanked OADC leadership and staff for providing extensive comments to direct and focus its input on OADC's potential areas of focus. However, several BSC members requested additional information on a number of process issues. For example, OADC's role, function and target audience have not been clearly defined to date. Evaluation metrics to measure the success of OADC have not been established. The role of the BSC as an advisory body to OADC rather than NCHM has not been determined, but the vast majority of members did not view the BSC's role as an "organizational consultant."

The BSC was not informed of the reasons NCHM was believed to be an "unsuccessful" or "ineffective" entity and the factors that played a role in CDC leadership reaching this decision. OADC, similar to NCHM, might be perceived to be an ineffective or unsuccessful organizational unit in the future. Overall, the BSC reiterated its strong and serious commitment to continuing to provide external advice and guidance to CDC and helping OADC succeed in fulfilling its mission. However, the BSC emphasized the critical need to obtain answers to these process issues in order for OADC to avoid repeating any mistakes that potentially caused NCHM to fail.

Despite unanswered questions and uncertainty in several areas, a number of BSC members made comments and suggestions on OADC's potential areas of focus.

- OADC should sponsor "mini-think tanks" to synthesize and disseminate communication knowledge, channels, messages and approaches in key public health issues because very few groups outside of OADC have expertise or a focus in this area. In the think tanks, for example, the communication literature on obesity could be reviewed and three to five key points from these data could be provided to National Centers that conduct campaigns in this area. The think tanks could serve as a customized strategy or tailored intervention for specific audiences of the National Centers.
- OADC should clarify its role in order to clearly define the role of the BSC as an external advisory body and also to help establish evaluation metrics to measure OADC's success. OADC should achieve this goal by convening an internal summit with National Center Directors and communication leadership across CDC. The BSC Chair and at least one member should be invited to attend the internal CDC summit.
- OADC should develop a set of guiding principles for effective communication of policy across CDC. The BSC could form two workgroups to assist OADC in developing the guiding principles and establishing metrics to measure and evaluate the effectiveness of CDC's communication programs.

- OADC should thoroughly review the set of competencies that was developed to provide instruction on conducting health policy and environmental change. The policy document that was created from this effort outlines five domains with strong marketing and communication components. One domain provides guidance on appropriately focusing and framing messages. The policy document was expanded to a curriculum that is supported by Institute of Medicine findings, *Healthy People 2010*, the ten essential services of public health, assessment data and pilot training courses across the country. Ms. Donna Nichols confirmed that she would distribute the curriculum to the BSC and OADC.
- OADC should revisit its potential areas of focus after the role of the BSC has been clearly defined. For example:
  - The membership of the BSC could be changed or expanded if OADC's needs, mission and vision are different than those of NCHM.
  - The BSC could be charged with identifying external researchers and scientists who are involved in cutting-edge technology related to health informatics, metrics, models of media planning or other issues related to communication. The BSC could facilitate inviting these experts to attend BSC meetings, present at CDC symposia or serve on expert panels.
  - The BSC could be charged with gathering and reviewing solid data to elevate the science, evidence base and credibility of communications. The BSC could use science to advise OADC on communication campaigns, interventions and other activities that should not be conducted. However, the BSC noted that factors other than science are equally important in communications. The BSC also emphasized that communication science should not be equally compared to other scientific activities in CDC's portfolio.

OADC leadership responded to the BSC's concerns regarding the dissolution of NCHM. Ms. Garland clarified that because success in "marketing health" or "achieving an impact through health marketing" was not demonstrated in a transparent manner, NCHM was perceived to be a failure. NCHM completed numerous activities in preparation of using marketing science to advance health, but the four-year timeline of these efforts might have been perceived to be too long. Ms. Garland confirmed that OADC would learn from NCHM's lessons in terms of clearly defining and reaching targets in an appropriate timeline and in a transparent manner.

Dr. Lyon Daniel added that NCHM had a tremendous disadvantage from the outset because numerous components were removed from other parts of CDC to establish NCHM. Although some criticisms specifically were directed to NCHM, its dissolution was not unique in CDC's current organizational structure. For example, the report Dr. Besser commissioned advised against virtually all of the organizational changes that were made under the Futures Initiative, including NCHM. Dr. Lyon Daniel confirmed that she would provide the entire report or the summary to the BSC.

**OADC MEASUREMENT AND EVALUATION:**

Dr. Viswanath explained that this portion of the BSC's discussion would focus on appropriate measures and evaluation metrics to demonstrate the success of OADC. Before the floor was

opened for suggestions and comments on this issue, however, several BSC members asked OADC leadership to provide clarification to guide the discussion.

Dr. Cynthia Bauer, of OADC, fully agreed with Dr. Lyon Daniel's previous comments regarding the continued need for the BSC's expertise and guidance. She urged the BSC to continue to provide high-quality advice at three important levels: reaching OADC's organizational aspirations over the next 5-15 years, solving substantive or senior-level problems, and addressing scientific issues. For example, the BSC's external review and input on CDC's report on pandemic influenza preparedness from both strategic and scientific perspectives would be extremely valuable to OADC.

Ms. Lynne Sokler, of OADC, urged the BSC to be fully aware of its value and impact. For example, the BSC's advice would be useful in helping OADC to inform and educate other parts of CDC on specific communication components that can and cannot be measured. Because the BSC was established as a group of external communication experts to provide guidance to CDC, its consensus, validation and endorsement of specific evaluation metrics would place OADC in a position to make a strong case in support of any "BSC-approved" measures.

Dr. Eroğlu noted that Ms. Garland and Dr. Frieden ultimately would need to negotiate and reach agreement on the types of data to demonstrate OADC's effectiveness and impact. However, the ability of OADC to demonstrate to Dr. Frieden the value and importance of its role as a centralized and supportive unit for communication activities will be one of the most important measures and evaluation metrics.

Dr. Eroğlu described examples of measures at three levels that could be used to evaluate OADC. OADC could be measured based on the number of CDC customers who were provided with graphics, translation or other services. OADC could be measured based on actions that were taken to make communications more science- and evidence-based. OADC could be measured based on the number of its articles that were published or cited.

Ms. Garland proposed a process for the BSC to provide guidance on measuring and evaluating OADC. The BSC would apply its knowledge and expertise to advise OADC on communication components and organizational competencies that should or could be evaluated. OADC would review and discuss the BSC's advice and determine whether internal capacity exists to act on the recommended measures. OADC would report the outcomes of its discussions to the BSC.

Ms. Garland recognized that measures and evaluation metrics have not been established for OADC to date. However, OADC is aware that one of its specific roles will be to disseminate communication messaging for certain risk factor areas. At a broader level, OADC will be responsible for promulgating communication science throughout CDC. For example, OADC's core capacities and competencies in improving the ability of leadership to effectively communicate policy will be measured.

Dr. Lyon Daniel was in favor of OADC initially being measured and evaluated based on policy guidelines or communications that could provide a foundation for or support the acceptance of policy. She emphasized the critical need to establish baseline measures for OADC to evaluate

progress and success in communicating policy over time. She also pointed out that guidelines should be designed with realistic standards and expectations to assure fidelity to the evaluation process.

The BSC thanked OADC leadership and staff for providing clarification on measurement and evaluation. Several BSC members made comments and suggestions for OADC to consider in developing measures and evaluation metrics.

- OADC should create different sets of metrics to measure its success at various levels. In level 1, for example, OADC should measure its performance based on solving public relations problems or other communication issues in a timely manner at the direct request of Dr. Frieden. In level 2, OADC should measure its performance based on the delivery of services as determined by customer satisfaction and repeat requests. As a potential model for level 2, OADC should review standards established by the service industry to measure and improve performance. In level 3, OADC should measure its performance based on the number of organizations or individuals who used CDC's guidelines in certain settings. For each level of measurement, OADC should document and maintain a record of its successes over time.
- OADC should conduct a thorough review of the scientific literature to gather and test the efficacy of existing communication campaigns and best practices in small markets. OADC should provide the findings from its literature review and pilot projects to the National Centers. OADC should be evaluated on the ability of the National Centers to effectively communicate and apply this knowledge to the field.
- OADC should implement a process that would showcase the impact of communications more prominently than routine measurement and evaluation. For example, OADC could sponsor an internal summit for leadership in each National Center to describe their top priorities in tobacco, injury prevention, HIV/AIDS and other public health domains. OADC could then articulate the role of communications in helping to address each of these issues.
- OADC and Dr. Frieden should explore the possibility of measuring and evaluating success in communications based on the benefits that will be offered to CDC. Most notably, OADC will provide the National Centers with innovation, a rigorous evidence base, and communication strategies with demonstrated efficacy. In its discussions with Dr. Frieden, OADC also should clearly articulate and explicitly describe situations in which communications would be effective or ineffective in influencing behavior and practice.
- OADC should use its influence as demonstrated by public opinion and the media to measure its success in effectively communicating and broadly disseminating public health policy to a wide range of constituencies, communities and other stakeholders.
- OADC should conduct a scientific review of media advocacy efforts. OADC should use these findings to distinguish between CDC's unique role in communications versus activities that groups other than CDC should conduct. OADC should widely distribute these findings to mobilize external groups.
- OADC should collaborate with the BSC to identify and convene a group of external experts to formulate concrete recommendations regarding the polarization of new media.

- OADC should take leadership in building the capacity of the National Centers to effectively use social media as a tool to advance public health and health outcomes. This approach would place OADC in a cutting-edge position and also would facilitate the development of consistent social media practices across the National Centers. OADC should create both baseline and follow-up measures for social media in collaboration with the Robert Wood Johnson Foundation and other external experts, but social media projects NCHM developed should serve as the starting point. Moreover, OADC should review and build on existing efforts related to social media metrics. OADC also should take advantage of CDC's excellent reputation and recognizable brand among corporations in leveraging social media. The BSC advised OADC to make strong efforts in striking a balance between the current lack of data and the need to build a research agenda for social media. For example, randomized controlled trials are not effective in studying the impact of social media and other areas of communications, but other types of evaluation and creative research designs could be brought to bear.

**OADC PROGRAMS AND FOCUSED PRIORITIES:**

Dr. Viswanath pointed out that the BSC's discussion on OADC's measurement and evaluation required more time than expected due to the complexity of this issue. As a result, he took the Chair's prerogative and tabled the discussion on OADC's programs and focused priorities until a future meeting.

With no further discussion or business brought before the BSC, Dr. Viswanath recessed the meeting at 5:02 p.m. on February 25, 2010.

**Board of Scientific Counselors Discussion-SESSION 3:  
Review of Discussions 1 and 2**

Dr. Viswanath reconvened the BSC meeting at 8:40 a.m. on February 26, 2010. He announced that the BSC meeting would be adjourned earlier than the time on the published agenda due to inclement weather and the possibility of the Atlanta airport canceling the return flights of several BSC members.

Dr. Viswanath explained that the BSC's third discussion would be devoted to a summary of the two discussion sessions on the previous day. He began the summary by describing four key themes from the discussion sessions.

**Theme 1** focused on communication science and OADC's role, contributions and strengths in this area. Ms. Garland informed the BSC that two of OADC's major challenges will be to conduct applied science to solve problems and also to demonstrate the efficacy and added value of communication science to the National Centers. As a result, OADC will need to apply research findings to develop, design and improve programmatic activities of the National Centers.

During this discussion, the BSC pointed out that academic institutions and other organizations are conducting basic research in communication science at this time. The BSC advised OADC to capitalize on basic research projects conducted by external groups and synthesize and share these findings with the National Centers.

**Theme 2** focused on measures and evaluation metrics. The BSC extensively discussed the development of an evaluation research agenda to design metrics and establish realistic expectations to appropriately evaluate OADC.

**Theme 3** focused on core capacities in communication science that OADC should promulgate. The BSC advised OADC to educate the National Centers about the capacity, talent and expertise of the OADC workforce. The BSC viewed ADCSs in the HCSOs as an excellent platform and a tremendous resource for OADC to broadly publicize its core capacities in communication science.

**Theme 4** focused on the role of communication science in developing, implementing and executing policies that promote public health. The BSC recognized that as a federal government agency, CDC is prohibited from advocating for a specific policy. However, communications (*i.e.*, agenda setting, message framing and social mobilization) play a critical role in the tremendous body of science that has been gathered related to policy science. Communications also is important in policy in terms of influencing public opinion, prioritizing action steps and legitimizing ideas.

Dr. Viswanath pointed out that in addition to the four key themes, the two discussion sessions on the previous day also resulted in the BSC proposing a number of next steps for OADC.

1. OADC should sponsor a series of “knowledge seminars” on communication issues of interest and relevance. The seminars could play a critical and valuable role in synthesizing, translating and distributing knowledge.
2. OADC should make efforts to better understand social media, its implications and measures. OADC should collaborate with the BSC in identifying and convening a group of external experts who are currently conducting activities in social media.
3. **Priority:** OADC should sponsor an internal summit for the National Center Directors to describe their top priorities or key challenges. OADC could then articulate its role in helping the National Centers to address these issues. The BSC offered to assist OADC in identifying questions and taking other actions to organize the internal summit.
4. **Priority:** OADC should clearly identify its internal and external audiences (*i.e.*, Dr. Frieden, CDC Executive Leadership, National Center Directors, academic institutions, states or professional associations).
5. **Priority:** OADC should develop guiding principles for decision-making and establishing realistic expectations for the role of communications. The BSC offered to assist OADC in this effort.

6. **Priority:** OADC should identify and select two or three major communication issues, resolve these problems, and widely publicize its success in this area.

The BSC agreed with Dr. Viswanath's summary of the key themes and priorities that resulted from the two discussion sessions on the previous day. However, the members noted two other issues the BSC raised that would be important for OADC to consider. First, OADC should explicitly articulate its mission and goals to ensure that "form" follows "function."

Second, OADC should consider ADCSs as "partners" rather than an "audience" because these skilled experts serve on the front line of CDC's communication activities. OADC should extensively engage the ADCSs and their supervisors in the design and development of the knowledge seminars. For example, ADCSs should be given a menu of options for the seminar and asked to provide feedback. ADCS should be provided with an opportunity to help OADC identify appropriate presenters for the seminar. The invited presenters should be extensively briefed prior to the seminar.

#### **Board of Scientific Counselors Discussion-SESSION 4: BSC Status, Role and Composition**

Dr. Viswanath explained that the BSC's fourth discussion would focus on the BSC's status, role and composition. He began the discussion by summarizing comments the members made on the BSC's potential role and contributions to CDC on the previous day. The BSC is uncertain of its purpose at this point because CDC is undergoing a transition at the agency level and OADC's proposed structure has not been officially approved at the organizational unit level.

The BSC is unclear whether its specific tasks and other activities for NCHM would be relevant to OADC. As a result, the members asked OADC to articulate a clear direction and define a specific role and charge for the BSC. Clarification from OADC on the actual need for the BSC would be extremely helpful, particularly in light of Ms. Garland's explanation that Boards of Scientific Counselors are chartered to provide external advice and guidance at the National Center level rather than at the Office of the Director level.

The BSC acknowledged that due to the "proposed" status of OADC's organizational structure and the need for OADC to have discussions with CDC leadership and external partners, OADC might not be in a position at this time to provide additional details on the BSC's role. Overall, the BSC members emphasized that the personal investments of their time and efforts must be helpful, useful and valuable to CDC.

Dr. Viswanath opened the floor for the members to make additional comments and suggestions on the BSC's status, role and composition.

- OADC should explore the possibility of holding informal brainstorming sessions or offline discussions during BSC meetings. The formal nature of BSC meetings in terms of being

recorded for an official public record is constraining and does not allow the members to make candid remarks or explore creative and innovative possibilities in communications.

- The BSC's role should reflect its name. For its "scientific" role, for example, the BSC could be charged with reviewing the evidence and identifying and convening external experts who are conducting cutting-edge communication science. The expert panels could be formed to provide education and make presentations to OADC on the role of communication science in the field in CDC's public health mission. For its "counselors" role, the BSC could be charged with evaluating OADC. However, if OADC charges the BSC with evaluating its programs, the BSC must be involved early in the planning stage before activities are funded and initiated.
- The BSC should help OADC to remind Dr. Frieden that communication strategies, approaches and campaigns with demonstrated success in New York City might not have the same public health impact in other parts of the country due to differences in time, geography, politics and constituencies.
- The BSC should be given a more focused advisory role in which OADC would prioritize specific communication topics and certain BSC members would be tasked with making presentations on these issues based on their individual areas of expertise.

OADC leadership made several clarifying remarks in response to the BSC's suggestion to change its meeting structure. Dr. Eroğlu explained that federal advisory committees are chartered to provide external advice and guidance to federal government agencies in accordance with the Federal Advisory Committee Act (FACA). As a result, Boards of Scientific Counselors and other federal advisory committees are required to comply with FACA rules. These rules include publishing a notice of the meeting and the draft agenda in the *Federal Register* well in advance of the meeting, opening the meeting to the public, and making the minutes of the meeting available to the public.

At the agency level, Dr. Eroğlu conveyed that the previous CDC Director mandated BSCs to conduct external peer reviews of extramural and intramural research and scientific programs within National Centers and major program offices. Because OADC will not be established as a National Center or major program office, OADC has the option to obtain external ideas from "unregulated" groups. If a decision is made to retain the BSC as a formal FACA group, the ability to hold informal "closed" sessions during meetings is severely restricted from a legal perspective.

Ms. Garland informed the BSC that FACA was established to ensure transparency while the federal government conducts the business of the people in meetings supported by taxpayer dollars. FACA also requires federal agencies to inform the public of the membership of each federal advisory committee to ensure that individual members do not have conflicts of interest or would financially benefit from their service.

Ms. Garland pointed out that on the one hand, a federal agency can make decisions and take actions in direct response to recommendations by a formal FACA group. On the other hand, an "unregulated" group (*i.e.*, an informal workgroup or a group of external consultants) cannot provide expert opinions, assist in the decision-making process or serve as an official advisor to a federal agency.

Dr. Lyon Daniel appreciated the BSC's interest in holding informal brainstorming sessions during meetings, but she emphasized the tremendous value of the BSC and CDC addressing communication issues as one group and officially documenting the outcomes of these discussions. However, she agreed with the BSC that sufficient input and information have not been gathered to date for CDC to definitively determine the value of the BSC to OADC.

Dr. Lyon Daniel responded to Dr. Smith's questions on the distinction between "marketing" and "communications." NCHM leadership had extensive discussions regarding the severely negative connotation associated with marketing. A decision was made to avoid making efforts in overcoming this challenge. As a result, NCHM always attempted to use both marketing and communications in describing its activities.

Dr. Lyon Daniel emphasized that the omission of the word "marketing" from the new Office of Communication does not reflect a shift in policies, practices or studies regarding the importance of and CDC's focus on marketing. Overall, the exclusion of the word "marketing" from the Office of Communication is only a reflection of CDC's attempt to minimize the focus on semantics and place more emphasis on the value of its communication and marketing activities.

Several CDC staff members provided their perspectives on the BSC's future role. Ms. Cheryl Lackey is the Acting Director of the Division of Communication Services in OADC. She noted that the BSC's external expertise and opinions from the field were extremely valuable to NCHM and also would be beneficial to OADC in determining its direction. Regardless of its structure or composition, Ms. Lackey emphasized the importance of retaining the BSC's independent input and viewpoints. Mr. Turner raised the possibility of expanding the BSC's role to provide external advice and guidance to the ADCSs in HCSOs in addition to OADC.

Ms. Susan Robinson is the ADCS for the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) HCSO. She agreed that the HCSOs have a tremendous amount of talent and expertise internally, but the BSC members represent the top of their respective fields externally. She supported Mr. Turner's suggestion for the BSC to advise the ADCSs in HCSOs. She also agreed with Ms. Lackey's comments on the critical need to retain the BSC's expertise because external advice from the members provides CDC with a level of excellence in solving its communication problems. For example, Dr. Viswanath's expertise in social determinants of health would be extremely valuable to NCHHSTP's portfolio on this topic.

Ms. Katherine Galatas is the ADCS for the National Center on Birth Defects and Developmental Disabilities HCSO. She hoped a strong linkage would be established among the BSC, Ms. Garland and Dr. Lyon Daniel in OADC, and the ADCSs to facilitate ongoing external expertise and guidance. The linkage among the BSC, OADC and ADCSs would be extremely important to individual practitioners and the broader communication field.

During the decision-making process on its future role, Ms. Galatas encouraged the BSC to invite the National Center Directors to a BSC meeting and provide a clear rationale for these leaders to accept the invitation. She also urged the BSC to extend the same invitation to ADCSs and members of other Boards of Scientific Counselors in the National Centers.

Drs. Eroğlu and Lyon Daniel gave the BSC two post-meeting “homework” assignments. First, the BSC members should submit their comments and perspectives on inappropriate roles or functions that neither the BSC nor OADC should undertake. Second, the BSC members should propose the top two or three areas in which OADC should be evaluated. In order to respond to these assignments, however, the BSC asked Dr. Eroğlu to provide additional details on the priorities and budget of OADC.

In the interim of Dr. Eroğlu providing the BSC with clarification, three members made commitments to conduct the following tasks. Dr. Smith would distribute materials to the BSC members to stimulate discussion and ideas on evaluation. Dr. Cassady would begin collecting information to focus the BSC’s next steps on two levels of evaluation (*i.e.*, guiding principles or standard practices for the National Centers and measures to evaluate the impact of OADC). Dr. Viswanath would identify the BSC’s expertise in social media and policy science/policy communications and make assignments for members to begin addressing these issues.

Ms. Garland shared her final perspectives in response to the comments, concerns and suggestions the BSC made over the course of the meeting regarding its role and future direction. She admitted that she was uncertain about the future of the BSC prior to the meeting, but she was now encouraged about the potential continuation of a “BSC-like” group for a number of reasons.

At an organizational level, the BSC could help OADC in identifying and filling gaps in its core foundation and future direction. The BSC could provide an external “non-governmental” voice to help OADC in moving beyond current plateaus and advancing its activities to the next level to improve public health. The BSC could connect OADC to realities in terms of providing input from the field based on the perception of OADC in the “real world.”

At a strategic level, the BSC could help OADC in establishing a portfolio of CDC’s existing communication campaigns to immediately evaluate in 2010. The BSC could help OADC in fostering the synthesis of knowledge and the application of research as a strategic platform and a core capacity. The BSC could help OADC in developing decision-making principles related to policy and other communication and marketing matrices.

At a tactical level, NCHHSTP launched an ambitious Social Determinants of Health Agenda and is incorporating communication and marketing components in this effort. The BSC could help OADC in taking advantage of the opportunity that exists at this time to influence the tactical development of NCHHSTP’s materials in this initiative. NCHHSTP’s capacity to serve as CDC’s model of conducting social determinants of health activities will depend on its success in executing this effort.

The BSC could help OADC in taking a tactical approach to immediately address the six areas of risk factors that Dr. Frieden has prioritized for CDC. ARRA dollars will be awarded over the next week to support community prevention initiatives for these risk factors. Grantees will be required to effectively communicate messages related to obesity, tobacco use and other specific health risks.

The BSC could help OADC in convening knowledge seminars for practitioners in CDC and clients and partners at the leadership level. The BSC could play a critical role in identifying and inviting external experts to participate in the knowledge seminars and moderating sessions to ensure that third parties endorse CDC's communication science.

Ms. Garland recognized that several process issues need to be resolved in order for the BSC to fulfill the organizational, strategic and tactical roles she described. The BSC should be engaged earlier and more frequently than biannual meetings to strengthen the impact of its advice and guidance to CDC. The BSC should be retained as a formal FACA group, but opportunities should be provided for the members to engage in informal brainstorming sessions. For example, the composition of the BSC could be modified to include subcommittees and workgroups with external experts that would continue to conduct BSC business outside of the biannual meetings. BSC members could be assigned to report the outcomes of these groups to the full BSC during formal meetings.

In terms of the current membership of the BSC, Ms. Garland appreciated the perspectives, commitment, professionalism and expertise that each individual member represents. She noted that a decision has not been made on whether to replace or extend the terms of the three members whose terms would expire on July 1, 2010: Drs. David Ahern, Barbara DeBuono and Sonya Grier. At a broader level, she confirmed that she and Dr. Frieden would discuss whether OADC needs a Board of Scientific Counselors or an advisory body in another form. After Ms. Garland's discussion with Dr. Frieden, a decision would be made on the most appropriate platform for OADC to obtain external advice and guidance.

Ms. Garland concluded that during an internal leadership meeting in March 2010, she would inform Dr. Frieden and other CDC leadership of the critical need for the BSC to continue to serve as a formal FACA group and provide expertise to fulfill the organizational, strategic and tactical roles she outlined earlier. OADC also would rely on the expertise of former BSC members to serve as external consultants on subcommittees or workgroups. Ms. Garland confirmed that she would report the outcomes of the internal leadership meeting to the BSC.

### **Public Comment Session**

Dr. Viswanath opened the floor for public comments; no participants responded.

### **Closing Session**

The participants joined Dr. Viswanath in applauding Ms. Dionne Mason, the BSC Committee Management Specialist, for her outstanding efforts in making logistical arrangements and providing other support to plan and convene the BSC meeting. Dr. Viswanath also recognized

Dr. Lyon Daniel, Dr. Eroğlu and Ms. Garland for their roles in creating the agenda and organizing the BSC meeting.

Dr. Viswanath thanked the BSC members for continuing to contribute their valuable time and expertise in attending the meeting and providing solid advice and guidance to CDC. He also thanked the CDC staff for participating in the meeting to answer the BSC's questions, clarify issues and provide additional details.

On behalf of the BSC, Dr. Viswanath confirmed that the members would continue to provide advice, guidance, expertise and support to CDC regardless of whether a decision is made to maintain the BSC as formal FACA group, entirely disband the BSC, or significantly modify the composition of the BSC as a subcommittee, workgroup, expert panel or a group of external consultants. He hoped that the current meeting provided Ms. Garland and other OADC leadership with sufficient input to inform CDC's decision-making process on the future of the BSC.

In the interim of CDC leadership making decisions on the future of the BSC, Dr. Viswanath advised individual BSC members to distribute materials on evaluation and other communication topics to the entire BSC. He would then forward any documents to OADC leadership.

With no further discussion or business brought before the BSC, Dr. Viswanath adjourned the meeting at 10:40 a.m. on February 26, 2010.

I hereby certify that to the best of my knowledge, the foregoing Minutes of the proceedings are accurate and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kasisomayajula Viswanath, Ph.D.  
Chair, Board of Scientific Counselors  
National Center for Health Marketing