

CDC's Public Health Priorities

Orientation for New Health Officials

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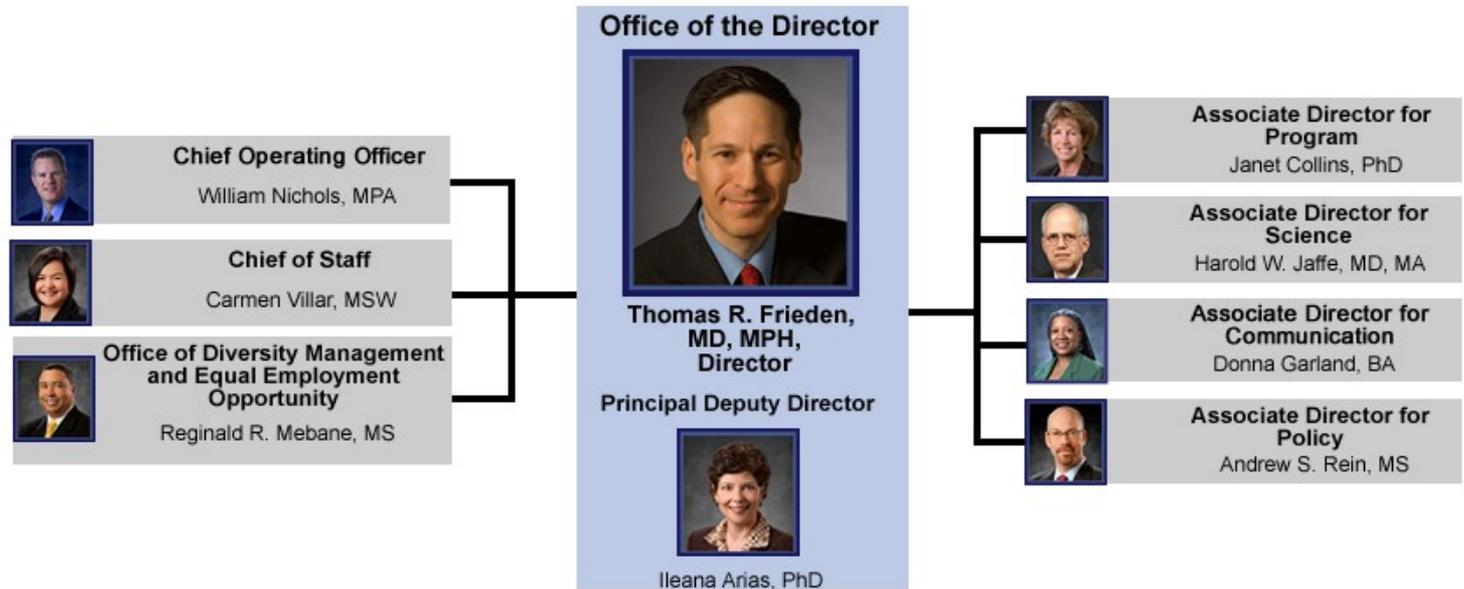


CDC is better aligned to address public health priorities...

- Excellence in surveillance, epidemiology, laboratory services
- Strengthen support for state, tribal, local, and territorial public health
- Increase global health impact
- Use scientific and program expertise to advance policy change that promotes health
- Better prevent illness, injury, disability, and death



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*ATSDR is an OPDIV within DHHS but is managed by a common director's office.



Supporting health departments is a core mission of CDC

- Support state and local public health capacity – through resources, staff, technical support, and increased accountability
- Guide recruitment, development, and management of CDC field staff
- Shared leadership of public health policy and practice
- Support health and public health IT implementation



Public Health Associate Program

- Real-world experience for promising future public health managers
- 2-year assignments in communicable and non-communicable diseases, environmental health, preparedness, global migration and quarantine
- Job skills include patient interaction, surveillance, epidemiology, preparedness, public health education, and community involvement
- Expansion from 25 associates to 50 in FY2010, possible goal of 200/year



Six areas where we can make a big impact

- Each area is a leading cause of illness, injury, disability, or death
- Evidence-based, scalable interventions already exist and can be broadly implemented
- Our effort is likely to make a difference
- We can get results within 1 and 4 years – but none of them are easy



Key winnable battles

- Tobacco
- Nutrition, obesity, food safety, and physical activity
- Healthcare-Associated Infections
- Motor vehicle injury prevention
- Teen and unintended pregnancy prevention
- HIV prevention



Tobacco

- **Why important?**

- Leading preventable cause of death (kills 440,000 people annually in U.S.) and largest potential public health impact
- 40% of adult nonsmokers and 54% of children (aged 3-11 years) are exposed to secondhand smoke in U.S.
- \$193 billion in direct medical expenses and lost productivity

- **What can we do?**

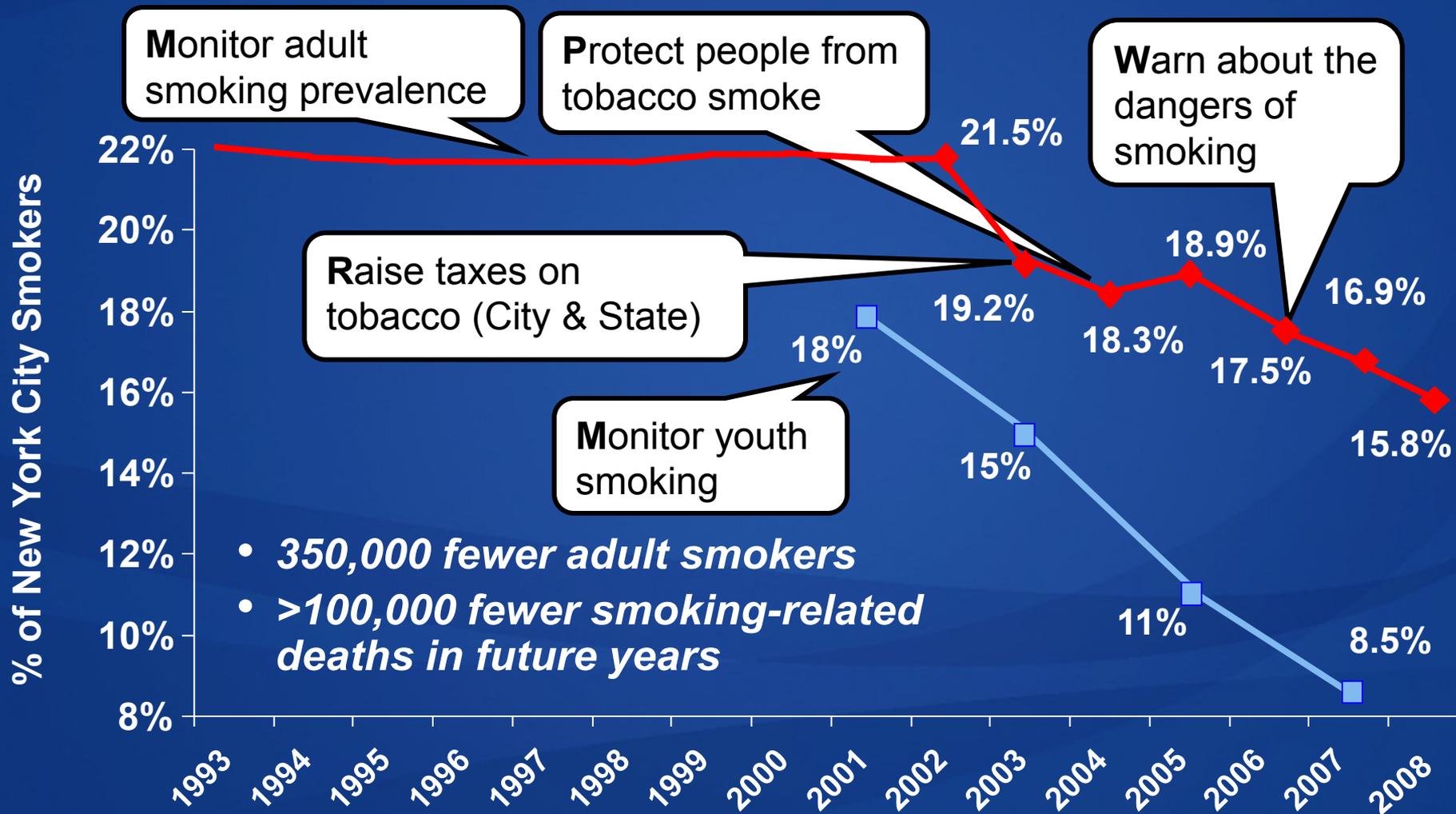
- Increase the price of tobacco products
- Promote evidence based policies
- Support 100% smoke-free environments
- Utilize aggressive earned and paid media
- Assist with FDA regulations



mpower



MPOWER reduced smoking in New York City



Raise cigarette prices with excise taxes

- 10% increase in cigarette prices → 4% drop in cigarette consumption
- Youth (12-17) less likely to start smoking when prices are high
- Adjust taxes to offset inflation and tobacco industry attempts to control retail prices (e.g., promotional discounts for retailers who reduce cigarette prices)
- Tobacco taxes are the single most effective component of a comprehensive tobacco control program



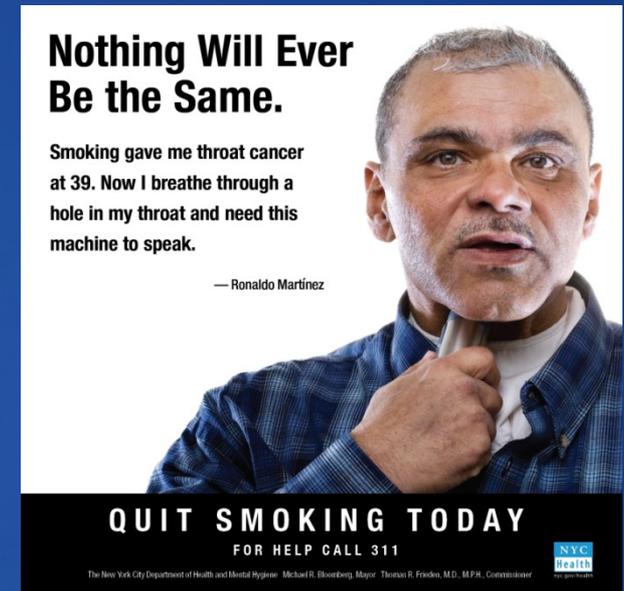
Smoke-free laws save lives and don't hurt business

- Save lives and prevent heart attacks
 - Up to 17% average reduction in heart attack hospitalizations in places that enact smoke-free laws
- Help motivate smokers to quit
- Worker safety issue - not “personal nuisance”
 - All workers deserve equal protection
 - Only way to protect non-smokers from secondhand smoke
- Smoke-free workplace laws don't hurt business
 - No trade-off between health and economics



Tobacco counter-marketing campaigns save lives

- Billions spent to make smoking attractive - youth especially susceptible
- Counter marketing needs sufficient reach, frequency, and duration – measured in gross rating points (GRPs)
- CDC recommends GRP of 1,200 (80% of audience, 15 exposures each) per quarter for ad campaigns
- Median US GRP is only 138 GRPs



Nutrition, Physical Activity, Obesity, and Food Safety

- **Why important?**

- Obesity rates double for adults, triple for children in past 20 years
- Sodium reduction = 100,000 fewer deaths annually
- Artificial trans fat elimination = tens of thousands fewer deaths annually
- Complex, globalized food supply with tens of millions of food-borne illnesses annually in U.S.

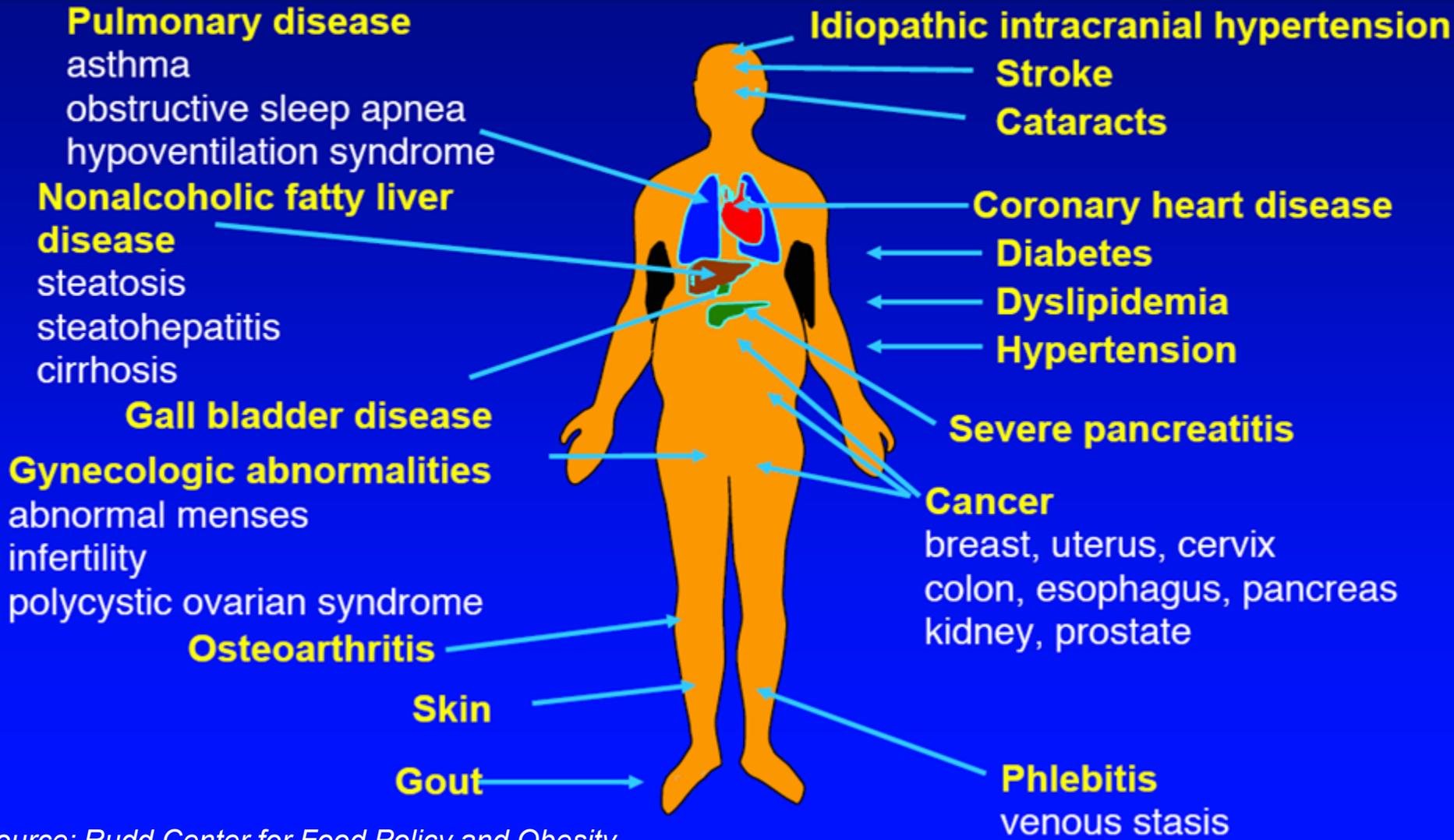
- **What can we do?**

- Change environment to promote healthy food (e.g., trans fat, sodium reduction, junk food) and active living
- Address food procurement
- Improve food-borne illness detection, response and prevention



Medical complications of obesity

(In addition to medical and societal costs)



Healthcare-Associated Infections

- **Why important?**

- Affects 1 in 20 patients in U.S. hospitals annually
- Increases costs, length of hospitalizations and deaths
- Infections in blood stream, urinary tract, and surgical sites preventable

- **What can we do?**

- Strengthen national surveillance through National Healthcare Safety Network
- Increase implementation of evidence-based prevention guidelines in hospitals
- Ensure federal and state policies to support transparency and accountability
- Sustain HAI programs in states
- Expand prevention to non-hospital settings



Motor vehicle injury prevention

- **Why important?**

- 45,000 deaths and 4 million ED visits each year
- Leading preventable cause of death in young people

- **What can we do?**

- Target 100% seat belt use = 4,000 fewer fatalities annually
- Reduce impaired driving = 8,000 fewer fatalities annually
- Support strong Graduated Drivers License policies = 350,000 fewer non-fatal injuries, 175 fewer deaths annually
- Collaborate with transportation sector and other agencies to promote safety policies



Teen and unintended pregnancy prevention

- **Why important?**

- Teen birth rate remains high
- 2/3 pregnancies under age 18 years unintended
- Can perpetuate a cycle of poverty
- Increases infant death, low birth weight, preterm birth, health-care costs
- Taxpayer costs of teen pregnancy >\$9 billion/year

- **What can we do?**

- Increase access to reproductive health services, especially long-acting reversible contraceptives
- Reduce cost barriers to family planning services and contraceptives
- Work to change health professional and community norms



HIV prevention

- **Why important?**

- 1.1 million Americans have HIV – as many as 1 out of 5 unaware they are infected
- Increasing unsafe sex and spread of syphilis and HIV in young men who have sex with men
- Men who have sex with men approximately 50 times more likely to be infected than other men

- **What can we do?**

- Increase HIV status awareness
- Improve linkage to care
- Prevention with Positives
- Expand prevention programs to reduce risky behaviors



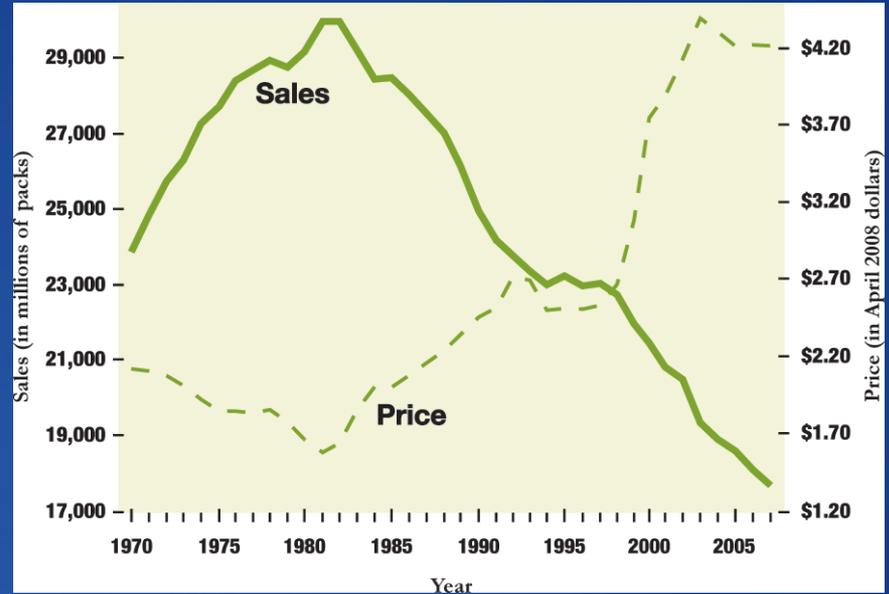
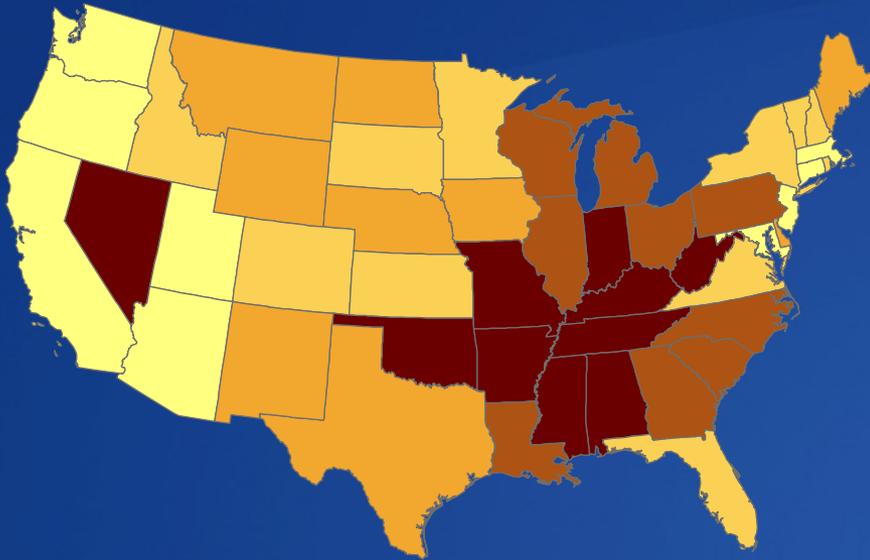
What Every Health Official Should Know

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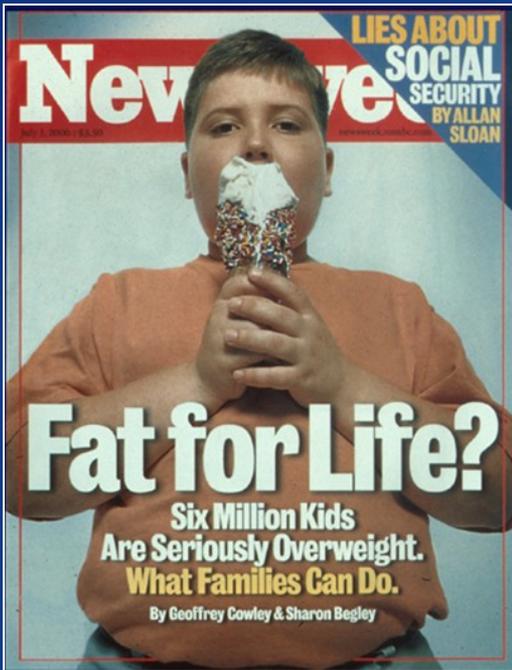
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Get good data

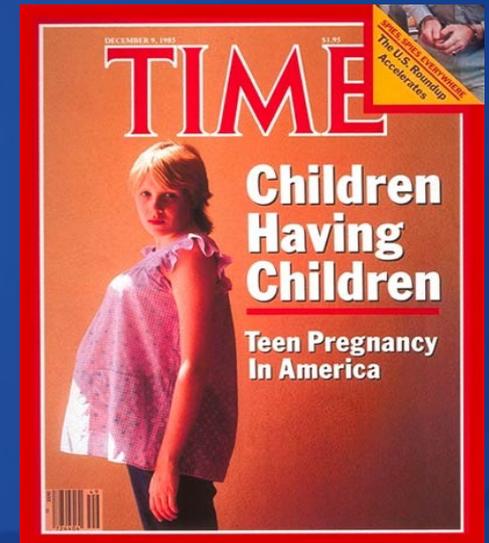




Prioritize and do the hard stuff first



Fight and win winnable battles





**Hire great
people and
protect them
so they can
do their job**



Address communicable disease and environmental health...

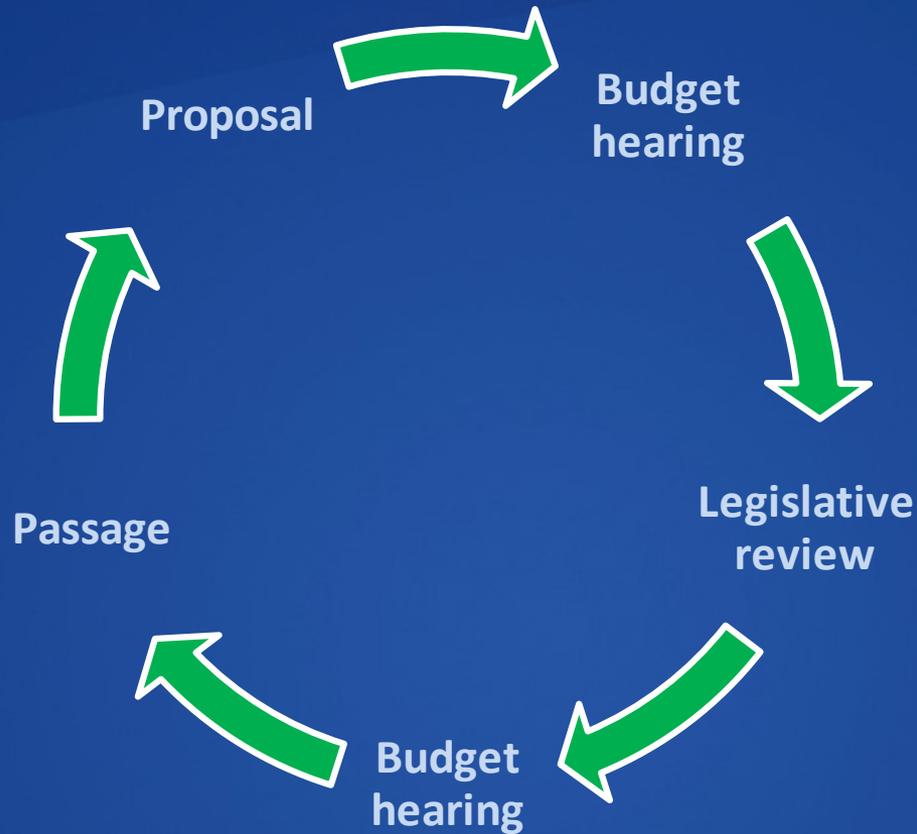


... or you won't be able to address anything else



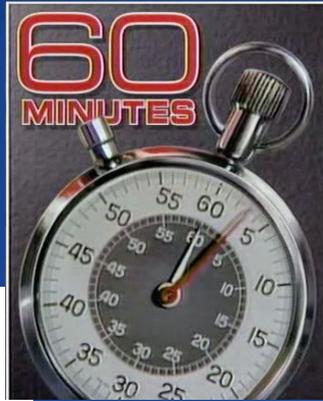
Don't cede the clinical realm





Learn the budget cycle





Never surprise
your boss



New health officials

- Address high-burden winnable battles
- Develop evidence-based prevention strategies
- Support surveillance
- Increase capacity to advocate for and implement prevention policy
- Leverage CDC resources
- Consult with and learn from peers
- Follow-up on one policy or program
- Do more with less



Thank you

