The CDC Futures Initiative: Achieving Health Impact



Why Restructure CDC?

- Become a more proactive and effective public health response agency
- Meet new challenges of the 21st Century
- Be held accountable for achieving our mission to protect and improve health of the population
- Become a goal-driven performance agency
- CDC organization had not changed for years

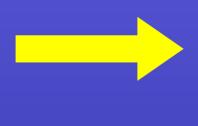
Goals Management for CDC

Evidence Input Mission Feasibility Impact

Health Impact



Performance Management



Goals



Evidence-based action plan Accountability & responsibility assignments

Resource allocation

Overarching Health Protection Goals

 Health Promotion and Prevention of Disease, Injury, and Disability:

All people, especially those at higher risk due to health disparities, will achieve quality of health in every stage of life.

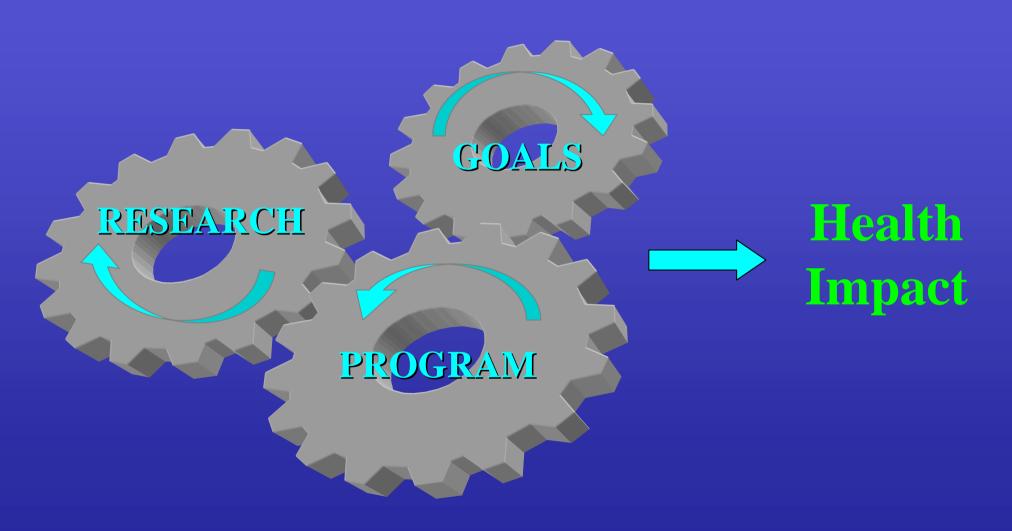
• Preparedness:

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Goals Architecture

- Healthy People by Life-stages
- Preparedness
- Healthy Places
- Global Health

Goals Will Drive Program and Research



CDC Integration of Goals, Research & Program

HEALTH PROTECTION GOALS

Health promotion Community preparedness

Program

Public health services, programs and response

Research

Innovation
New priorities
Threats & emergencies

Achieve goals

Improved services, programs and response

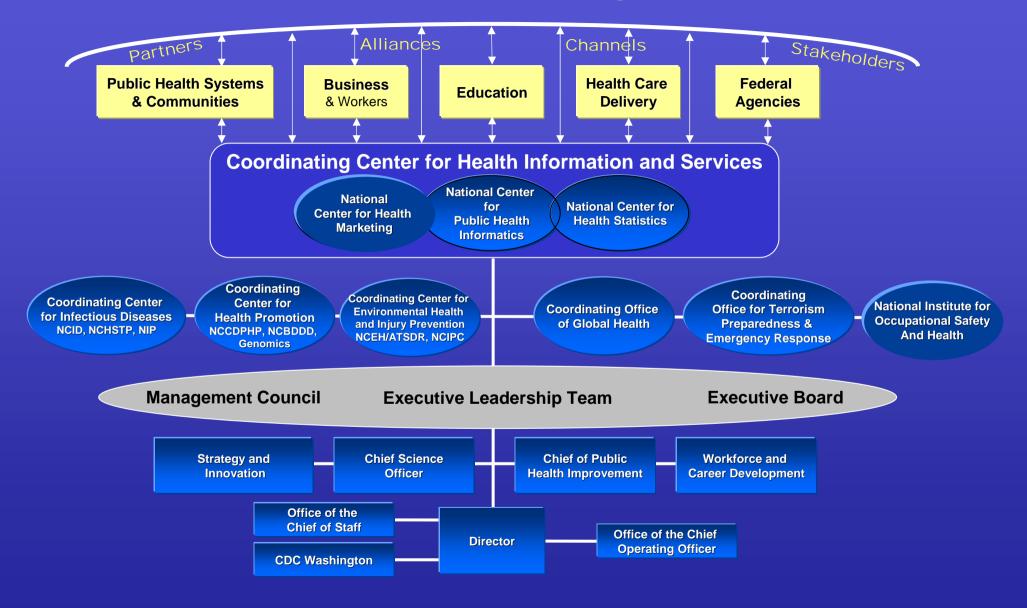


HEALTH IMPACT

Centers for Disease Control and Prevention (Old CDC)



(New CDC) Communities & Populations



What did not change?

- CDC's commitment to scientific excellence
- CDC's commitment to partners
- CDC's integrity and stewardship of the public's trust
- Roles of Centers and Institute

"My dream is to turn these planning efforts into a comprehensive health protection research agenda that will "sell to investors" and bring us, via intramural, extramural, and interagency collaborative endeavors, the evidence we need to improve the health status of people across the nation. You are accomplishing the critical first steps in making this dream real."

Julie Louise Gerberding M.D., M.P.H.

Director, Centers for Disease Control and Prevention

Administrator, Agency for Toxic Substances & Disease Registry

January 2005

Further Information

CDC Research Agenda Development Updates
Office of Public Health Research

www.cdc.gov/od/ophr

Developing CDC's New Research Agenda

Robin M. Wagner, Ph.D., M.S.

Robert F. Spengler, Sc.D.

Elizabeth L. Skillen, Ph.D.

Office of Public Health Research

March 2005

Outline of Talk

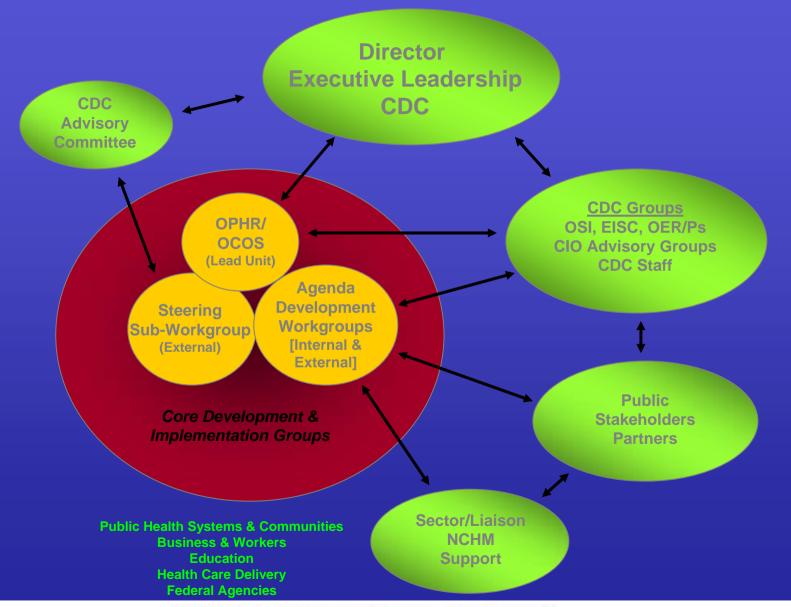
Overview of CDC-Wide Research
 Agenda development process

Your opportunities for involvement

Purpose of Research Agenda

- Fill knowledge gaps to achieve health protection goals
 - Health promotion & prevention of disease, injury, & disability
 - Preparedness
 - Healthy Places
 - Global Health
- Provide critical evidence to improve existing or establish new programs & interventions
- Identify broad research themes & focus areas that can provide guidance to CDC Centers, Institute & Offices (CIOs)
- Help plan, communicate & market CDC research
- Assist in evaluating research & updating agenda
 Applies to intramural & extramural research

Organization of CDC's Research Agenda-Setting Process



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CDC ADVISORY COMMITTEE

Workgroup Structure

Workgroup on Goals & Research Agenda

2015 Health Protection Goals Subworkgroup

Research Agenda
Steering Subworkgroup

Core Team

Environmental & Occupational Health & Injury Prevention

Health Promotion

Health Information Services

Infectious Diseases

Global Health

Community Preparedness & Response

Workgroup Composition

Steering Sub-workgroup

2 Members of Advisory Committee to Director CDC (Co-Chairs)

11 Partner Organization Representatives

Core Team

Co-Chairs & Deputies From AD Workgroups

Core Team Deputy

CDC Office Liaisons

Agenda Development (AD) Workgroups

Each has:

4 CDC staff members

4 External partner members (1 health disparities)

Co-Chairs (1 CDC; 1 External)

Deputy, Co-Deputies (CDC)

Workgroup Charges

Research Agenda Steering Sub-workgroup

Provide high-level advice and guidance to OPHR, Core Team and Agenda Development Workgroups on efforts to build a CDC-wide Research Agenda

Agenda Development (AD) Workgroups

Each develop a list of 15-20 priority areas for CDC Research that are relevant to that workgroup's subject matter and address CDC's health protection goals

Workgroup Charges

Core Team

Develop a list of 15-20 priority areas for CDC on cross-cutting, foundational research

Ensure key scientific issues are addressed in the research agenda

Ensure final research agenda is comprehensive & cohesive and supports CDC health protection goals

Recommend procedures & timeframes to OPHR for updating and evaluating the research agenda

Evaluate the research agenda setting process and recommend improvements for future efforts

Additional Duties

Core Team and AD Workgroups

Ensure research priority areas are based on:

- Available evidence
- Expert opinion
- Standardized (four) criteria
- Input from CDC staff, external partners, stakeholders and the public

Overview and Timeline of Process

TASK	TIME PERIOD or
	DUE DATE
Orientation	Jan. 10
Gather CDC staff input	JanMar.
Create "Starter List" of research priorities	Feb. 25
Hold 4 Public Participation Meetings	Mar. 8-31
Hold 1st Federal Partners Meeting	Mar. 9
Produce public comment draft	May 20
45 day public comment period	Jun. 15-Jul. 29
Vet and finalize agenda	Aug. +

Gather CDC Staff Input

- AD Workgroup & Core Team activities:
 - Attend meetings of CDC CIOs & Coordinating Centers (related clusters of CIOs)
 - Meet with all staff levels
 - Consider Intranet survey of CDC employees
- Peak activity time: Jan.-early Feb.
- Continue gathering input through Mar.

Create "Starter List" of research priorities for Public Participation Meetings

15-20 research areas per AD Workgroup & Core Team

- 1. Community Preparedness & Response
- 2. Environmental & Occupational Health & Injury Prevention
- 3. Global Health
- 4. Health Information Services
- 5. Health Promotion
- 6. Infectious Disease
- 7. Cross-Cutting Research

Create "Starter List" (continued)

Inputs to Starter List

- Health protection goals
- Four standardized criteria
- Other key factors
 - Cross-cutting, foundational research
 - Unique critical research programs
- Published literature & analyses, CDC reports
- Expertise of Workgroup members
- Opinions of CDC staff

Priority-Setting Criteria

- 1. Public health need/importance of problem
- 2. Relevance to reducing health disparities
- 3. Potential for broad impact (>1 disease or subject area)
- Relevance to CDC mission/health protection goals

Overarching Health Protection Goals

 Health Promotion and Prevention of Disease, Injury, and Disability:

All people, especially those at higher risk due to health disparities, will achieve quality of health in every stage of life.

• Preparedness:

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Health Promotion and Prevention of Disease, Injury, and Disability

- Healthy People by Life Stage
 - -Infants and toddlers
 - -Children
 - -Adolescents
 - -Adults
 - -Older Adults

Preparedness

- Pre-Event Goals
 - Prevent, detect & report public health threats
- Event Goals
 - Investigate & control threats
- Post-Event Goals
 - Recover from threats & improve future responses to threats

Healthy Places

- Communities
- Homes
- Workplaces
- Schools

- Hospitals & Healthcare
- Travel & Recreation

Goals Management Areas of Special Emphasis

- Adolescent health
 - Outcomes: Injury
 - Risk Factors: Alcohol, Sex behaviors, Tobacco, Poor Nutrition, Physical inactivity
- Adult health
 - Risk Factors: Poor Nutrition, Physical inactivity, Obesity
- Preparedness
 - Influenza

Hold 4 Public Participation Meetings

- National & regional partner meetings
 - Washington, D.C., Mar. 8
 - Atlanta, GA, Mar. 18
 - Seattle, WA, Mar. 24
 - Columbus, OH, Mar. 31
- Goal: To obtain public input on "Starter List" and Agenda development process
- AD Workgroup & Core Team members are attending

Hold 1st Federal Partner Meeting

Participants: Largely DHHS agencies

 Goal: Build & enhance federal networks to maximize our collective impact on public health

 Next steps: Continue and expand efforts to other federal partner agencies

Produce Public Comment Draft

- Vetted in mid-May
 - CDC executive leadership, senior scientists
 - Research Agenda Steering Sub-Workgroup
- Due to Dr. Gerberding by May 20
- Published in Federal Register
 - Target publication date: June 15
 - 45-Day Public Comment Period
- Published on CDC Internet & distributed via large mailing lists

Vet and Finalize Research Agenda

- Integrate comments from public comment period
 - 2-week period of review by AD Workgroups and Core Team (Aug. 1-15)
- Vetted by CDC leadership and external advisory groups
- Adopted by CDC

Ways You Can Continue to be Involved

WHAT	WHEN
Fill out meeting feedback form	Today
Submit comments on 7 Starter List focus areas at Registration Website: www.maximumtechnology.com/cdcreg.htm	Through Apr. 8
Submit comments on public comment draft of research agenda	Jun. 15- Jul. 29
Check OPHR Website for updates: www.cdc.gov/od/ophr/cdcra.htm	Ongoing

Your Charge! Commenting on Starter List of Research Priorities for CDC's New Research Agenda

Jamila R. Rashid, PhD., MPH.

March 2005

Today's Meeting Agenda

- Plenary I: Overview of Research Agenda & Today's Meeting
- Breakout Sessions: Part I
- Lunch on your own
- Break Out Sessions: Part II
- Break: Final Preparation of PPT for Report Outs
- Plenary II: Report Outs from Breakout Sessions
- Plenary II: Wrap-up & Adjourn

Today's Charge! Organized by Three Tasks

- Task 1: Comments on Starter list of Priorities
 - » Ideas you like and want to keep
 - » Ideas you want to revise
- Task 2: Suggest Ideas you want to add
- Task 3: Comment on Research Agenda Development Process

Breakout Session: Part I

- Complete Task 1*
 - -Discuss CDC health protection goals framework
 - -Review draft "Starter List" of research priorities
 - -Make key recommendations
 - Ideas you want to keep
 - Ideas you want to revise or remove

Lunch on your own

- Breakout participants go for lunch in the NCPC Cafeteria
- Facilitator, CDC Representative, Writer-Editor, a representative identified from among breakout participants remain in room to organize notes from Break Out Session Part I

Break Out Session: Part II

- Complete Task 2 and 3
 - -Review and finalize comments from Breakout Session Part I
 - -Make key recommendations
 - Suggest Ideas you want to add
 - -Comment on the agenda development process

Break: Final Preparation of PPT for Report Outs

- Facilitator, CDC Representative, Writer-Editor, a representative identified from among breakout participants remain in room to finalize notes from Task 2 and 3
- Breakout Focus Area Presenter delivers
 PPT to Erika Reed-Gross

Plenary II: Report Outs from Breakout

- Presenter makes presentation (5-7 minutes)
- Workgroup members provide additional input as needed (2-3 minutes)
- Q an A (3-5 minutes)

Plenary II: Wrap-up & Adjourn

- Remaining questions and comments from Participants
- Next Steps: Your role after the meeting concludes
- Closing Comments by Dr. Spengler and Dr. Wagner

Breakout Session Room Assignments

Each participant self-selected or assigned to a specific focus area break out session.

Focus Areas	ROOM
Community Preparedness & Response	Café A (First Floor)
Environmental & Occupational Health & Injury Prevention	Room 127 (First Floor)
Global Health	Café B (First Floor)
Health Information & Services	Room 128 (First Floor)
Health Promotion	Room 207 (Second Floor)
Infectious Diseases	Room 124/126 (First Floor)
Cross-Cutting Research	Room 103/105 (First Floor)

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Questions? Comments?