

## **NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (CUC)**

Plans, directs, and coordinates a national program for the prevention of premature mortality, morbidity, and disability due to chronic illnesses and conditions and promotes the overall health of the population. In carrying out this mission, the Center: (1) Plans, directs, and conducts epidemiologic, behavioral, and laboratory investigations, technology translation, demonstrations, and programs directed toward the definition, prevention, and control of chronic diseases, promoting healthy behaviors and practices, and promoting reproductive health in conjunction with State health agencies; (2) provides leadership in the development, evaluation, and dissemination of effective health promotion, school health education, and risk reduction programs; (3) plans, develops, and maintains systems of surveillance for chronic diseases and conditions, and behavioral and other risk factors; (4) conducts epidemiologic and behavioral investigations and demonstrations related to major personal health practices and behaviors, including tobacco use, nutrition, family planning, alcohol use, and exercise in conjunction with State health agencies; (5) plans, directs, and conducts epidemiologic and evaluative investigations related to issues of access, utilization, and quality of health services aimed at the prevention and control of chronic diseases and conditions and selected adverse reproductive outcomes; (6) serves as the primary focus for assisting States and localities through grants, cooperative agreements, and other mechanisms, in establishing and maintaining chronic disease prevention and control and health promotion programs; (7) provides training and technical consultation and assistance to States and localities in planning, establishing, maintaining, and evaluating prevention and control strategies for selected chronic disease and health promotion activities; (8) plans, coordinates, and conducts laboratory activities related to selected chronic diseases with State and local health departments, other organizations, and other CDC programs; (9) provides technical consultation and assistance to other nations in the development and implementation of programs related to chronic disease prevention and control, health promotion, school health education, and selected adverse reproductive outcomes; (10) and in carrying out the above functions, collaborates as appropriate with other Centers and offices of CDC, other PHS agencies, domestic and international public health agencies, and voluntary and professional health organizations.

### Office of the Director (CUC1)

(1) Manages, directs, coordinates, and evaluates the activities of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); (2) develops goals and objectives and provides leadership, policy formation, scientific oversight, and guidance in program planning and development; (3) coordinates assistance provided by NCCDPHP to other CDC components, other Federal, State, and local government agencies, the private sector, and other nations; (4) provides and coordinates administrative support services for NCCDPHP requirements, including guidance and coordination for grants, cooperative agreements, and other assistance mechanisms; (5) provides administrative support and coordinates technical consultation and assistance for the Preventive Health and Health Services Block Grant; (6) coordinates, manages, and conducts analyses of broad-based surveillance activities in support of programs carried out by various NCCDPHP components; (7) coordinates the recruitment, assignment, technical

supervision, and career development for staff, including field assignees, with emphasis on goals for affirmative action; (8) coordinates all NCCDPHP international activities; (9) provides technical information services to facilitate dissemination of significant information to NCCDPHP staff, various Federal, State, and local health agencies, professional and voluntary organizations, and through them to selected target populations; (10) and in carrying out the above functions, collaborates, as appropriate, with other Centers/Institute/Offices of CDC, other PHS agencies, and other Federal agencies; and (11) serves as primary liaison between NCCDPHP and the National Center for Health Marketing on communications and marketing science, and its associated research and practice. (Approved 4/2/2008)

#### Technical Information and Services Branch (CUC12)

The Technical Information and Services Branch (TISB) (1) plans, coordinates, develops, and provides NCCDPHP technical information, resources and services; (2) provides technical information acquisition, tracking, manual and electronic search services, retrieval, and reference collection services; (3) plans, coordinates, advises, and provides information management support and technical assistance to NCCDPHP divisions and their constituents to develop technical information systems and resources to meet division goals and programmatic directions; (4) develops and coordinates NCCDPHP technical information resources into computerized information databases and special bibliographies or publications; (5) works closely with state and federal agencies and NCCDPHP constituents to develop health information networks and to promote information sharing; (6) manages and coordinates NCCDPHP's scientific and editorial clearance process and DHHS clearance, as appropriate, for all print and nonprint materials, and ensures adherence to and consistency with CDC's scientific and editorial clearance process; (7) designs, develops, and coordinates the publication of communication material, including journal articles, books, reports, fact sheets, newsletters, and other forms of communication with the public health community and the general public; (8) provides leadership in the production of quality print and nonprint materials by planning and presenting seminars, by providing consultation in developing written and visual materials, and by otherwise promoting good communications practices; (9) establishes standards and coordinates the design and layout of print and nonprint materials, including tabular and graphic materials, advises NCCDPHP staff on desktop publishing, and provides desktop publishing services; (10) coordinates other publication services, such as preparing indexes, verifying reference lists, testing for readability, and translating materials from English to non-English language; (11) develops, manages, and maintains the NCCDPHP manuscript tracking system, providing an up-to-date reporting system, bibliographies of NCCDPHP publications, and input into NCCDPHP, CDC and online locator and database systems; (12) coordinates NCCDPHP's technical information and other communication activities with other CDC programs and offices; and (13) represents NCCDPHP on committees, workgroups, and at conferences relating to technical information, publication activities, and other communication activities. (Approved 7/21/2006)

#### Program Services Branch (CUC13)

(1) Establishes strategic goals and tactical objectives for the development of funding mechanisms for intramural and extramural program activities; (2) provides leadership, planning, coordination, advice, and guidance in the execution and maintenance of the Center's

administrative functions; (3) assists in the development of NCCDPHP programs focusing on chronic disease prevention and health promotion priorities and needs, in conjunction with other components of the Center, and other governmental and non-governmental agencies and organizations; (4) plans, develops, and implements Center-wide policies, procedures, and practices for administrative management, acquisition and assistance mechanisms, including contracts and memoranda of agreement, discretionary and block grants, and cooperative agreements; (5) analyzes, evaluates, reviews, and develops recommendations for policies and procedures in the areas of fiscal, human, and facility resources; (6) provides and coordinates Center-wide administrative management and support services for fiscal management, personnel, travel, and other administrative areas; (7) plans, coordinates, and implements management information procedures and systems; (8) provides Center-wide management information for fiscal and extramural inquiries, and advises Center staff on programmatic, administrative, and fiscal data collection, reporting, and analytical methods; (9) plans, coordinates, and implements training for the Divisions' administrative personnel; (10) provides guidance, support, and assistance in recruitment and staff development; (11) provides overall programmatic direction for planning and management oversight of allocated resources; (12) develops Program Announcements and Requests for Assistance in collaboration with NCCDPHP program entities and the Procurement and Grants Office, and coordinates reviews for scientific and programmatic merit and relevance to health promotion and chronic disease prevention; (13) reviews Center-wide acquisition and assistance operations to ensure adherence to law, policies, procedures, and regulations; (14) coordinates NCCDPHP requirements relating to small purchase procurement, materiel management, and interagency agreements; (15) in the conduct of these activities, maintains liaison with other CDC Centers/Institute/Offices, HHS, and other Federal agencies. (Approved 9/29/2004)

#### Extramural Research Program Office (CUC18)

The Extramural Research Program Office (ERPO) plans, develops, coordinates, and evaluates extramural research activities in cooperation with centers, divisions, and offices within the Coordinating Center for Health Promotion. In carrying out its mission, the ERPO:

- (1) Coordinates, monitors, and directs the extramural research program which is designed to address center priorities;
- (2) provides scientific leadership in the processes supporting extramural research of the center;
- (3) works with National Centers to prepare and promote initiatives to stimulate extramural research in relevant priority areas;
- (4) coordinates and conducts in-depth external peer review and secondary program relevance review of extramural research applications by use of consultant expert panels;
- (5) makes recommendations to the center directors on award selections on the basis of secondary reviews;
- (6) staff members serve as the program officials and work with CDC grants management officers, and the Procurement and Grants Office to implement and monitor the scientific, technical, and administrative aspects of awards;
- (7) facilitates scientific collaborations between external and internal investigators;
- (8) evaluates extramural research progress and impact and disseminates findings; and
- (9) assists Office of the Chief Science Officer, CDC, in developing extramural research policies and oversees the implementation of those policies within the center. (Approved 6/28/2007)

#### Office of Public Health Genomics (CUC19)

The Office of Public Health Genomics (OPHG) provides leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the agency's genomics and public health initiatives. In carrying out this mission, OPHG: (1) advises the CDC Director on the integration of genomics into health research and practice issues relevant to the agency; (2) assesses evolving research advances in genomics with emphasis on their relevance to public health issues and, in cooperation with federal and national institutions, identifies and develops activities for applying CDC's technical expertise for maximum public health benefit; (3) collaborates with CDC's National Centers (NC), other federal agencies, countries, and organizations, as appropriate, to assist NCs in the development of appropriate policy for the use of genomics within health research and practice initiatives for which they have responsibility; (4) coordinates plans for the allocation of genomics health resources and assists in the development of external funding sources for programs and projects; (5) coordinates cross-cutting CDC genomics and public health enterprises; (6) provides leadership in the development and implementation of strategic planning that extends the CDC Genomics and Disease Prevention Strategic Plan – *Integrating Advances in Human Genetics into Public Health Action (1997)* in the development of institutional capacity; (7) coordinates collaborations with external agencies, academia, and private industry partners, including administration, budgets, and technical assistance to assure that agency obligations are met; (8) guides and coordinates activities to integrate genomics competency into national health workforce development with emphasis on recruitment and career enhancement of CDC assignees; (9) promotes a continuum of public health research for translation and application of the basic research achievements of the Human Genome Project; (10) stimulates the integration of genomic advances into disease prevention program development; and (11) provides genomics and disease prevention expertise to NC projects, as appropriate and requested by NCs. (Approved 6/10 /2008)

#### Division of Adolescent and School Health (CUCB)

(1) Administers a program of comprehensive school health education with emphasis on adolescent health issues; (2) identifies priority health risks among adolescent populations, including behaviors that result in elevated risk of the development of cardiovascular diseases and cancer, transmission of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), or that result in mortality, morbidity, and disability either during adolescence or adulthood; (3) in coordination with the Office of Surveillance and Analysis and other NCCDPHP components, develops and supports national, State, and local surveillance systems to monitor priority health risks among school and adolescent populations; (4) conducts epidemiologic studies to identify principal determinants of priority health risks among adolescent populations; (5) develops, evaluates, and disseminates interventions to reduce high-priority health risks among adolescent populations; (6) assists State and local agencies to implement and assess school- and community-based interventions to reduce high-priority health risks among adolescent populations that attend school and among adolescent populations that do not; (7) administers a program of cooperative agreements and grants to schools, colleges, and related educational organizations to promote and disseminate effective school health education about HIV/AIDS prevention; (8) assists the nation's schools and colleges in protecting and improving the health of students, faculty, and staff through comprehensive school health education, and related school health and social services; (9) assists other nations in reducing health risks among

adolescent populations and in implementing and improving school health programs; (10) and in accomplishing the functions listed above, collaborates with other components of CDC, PHS, and HHS; the U.S. Department of Education and other federal agencies; national professional, voluntary, and philanthropic organizations; international agencies; and other organizations as appropriate.

#### Office of the Director (CUCB1)

(1) Establishes and interprets policies; (2) determines program priorities associated with health risks among adolescent populations, including behaviors related to HIV/AIDS, unplanned teenage pregnancy, use of tobacco, alcohol and drug use, cardiovascular disease, cancer, and other health problems; (3) plans Division activities including the organization of personnel and the use of financial resources; (4) establishes standards for quality control; (5) monitors progress toward achieving program objectives; (6) assesses the impact of Division activities in protecting and improving the health of school- and college-aged youth; (7) reports accomplishments, future directions, and resource requirements; (8) coordinates activities within the Division, between the Division and other units of NCCDPHP and CDC, and with other agencies in the public and private sectors; (9) represents the Division at official, professional, and scientific meetings.

#### Program Development and Services Branch (CUCBB)

(1) Uses research findings to develop and improve the impact of school and community interventions designed to reduce priority health risks among adolescent and youth populations, and to promote changes in behaviors related to Human Immunodeficiency Virus/AIDS, other sexually transmitted diseases, and unplanned teenage pregnancy; (2) develops, describes, and disseminates interventions for use by relevant agencies to reduce priority health risks among school- and college-aged populations, with specific emphasis on reduction of risk for HIV/AIDS and other sexually transmitted diseases; (3) assists State and local education and health departments, national organizations, and other relevant agencies to implement broad scale school- and community-based interventions to reduce priority health risks among school- and college-aged populations; (4) assists the Nation's schools and colleges in protecting and improving the health of students, faculty, and staff through school health education, and other integrated school- and community-based programs, and related school health and social services, with specific emphasis on reduction of risk for HIV/AIDS and other sexually transmitted diseases; (5) assists other nations in strengthening the effectiveness of school and out-of-school programs to safeguard or improve the health of students, faculty, and staff; (6) collaborates with other components within CDC, PHS, and DHHS; the U.S. Department of Education and other Federal agencies; national professional, voluntary, and philanthropic organizations; and international agencies. (Approved 3/5/1993)

#### Research Application Branch (CUCBC)

(1) Provides leadership and consultation to develop and improve the impact of interventions designed to reduce priority health risks among adolescents and youth populations from issues such as tobacco use, sedentary lifestyle, dietary patterns that result in disease, intentional and non-intentional injury, alcohol and other drug abuse, and lack of health services; (2) provides

leadership and consultation necessary for development, description, and dissemination of interventions and guidelines for use by relevant agencies to reduce priority health risks among school- and college-aged populations; (3) provides consultation in planning for CDC role in all components of a comprehensive school health program, including school linked health and social services; (4) assists state and local education and health departments and other relevant agencies to implement school- and community-based demonstration interventions to reduce priority health risks among school- and college-aged populations; (5) assists other Nations in strengthening the effectiveness of school and out-of-school programs to safeguard or improve the health of students, faculty, and staff; (6) collaborates with other components within CDC, PHS, and DHHS; the U.S. Department of Education and other Federal agencies; national professional, voluntary, and philanthropic organizations; and international agencies. (Approved 1/26/2001)

#### Surveillance and Evaluation Research Branch (CUCBD)

(1) Identifies priority health risks among populations of adolescents and youth (e.g., behaviors that result in HIV infection, unplanned teenage pregnancy, smoking, alcohol and drug usage, cardiovascular disease, cancer, and other health problems) that result in mortality, morbidity, and disability either during youth or during adulthood; (2) develops and supports national, State, and local surveillance systems to monitor priority health risks among adolescent and youth populations; (3) conducts research to identify principal determinants of priority health risks among adolescents and youth populations; (4) evaluates the effectiveness and impact of school- and community-based interventions to reduce priority health risks among adolescent and youth populations; (5) synthesizes and describes the results of surveillance and evaluation research to improve the impact of interventions designed to reduce priority risks among adolescent and youth populations; (6) assists other nations in conducting surveillance and evaluation research or interventions to reduce priority health risks among adolescent and youth populations; (7) assists other nations in strengthening the effectiveness of school and out-of-school programs to safeguard or improve the health of students, faculty, and staff; (8) in accomplishing the functions listed above, collaborates with other components within CDC, PHS, and DHHS; the U.S. Department of Education and other Federal agencies; national professional, voluntary, and philanthropic organizations; academic institutions, private organization, and international agencies. (Approved 3/5/1993)

#### Division of Cancer Prevention and Control (CUCC)

(1) Plans, directs, and supports prevention, early detection, and control programs for cancer, based upon policy, research, and public health practice; (2) directs, monitors, and reports on activities associated with the implementation of Public Law 101-354: "The Breast and Cervical Cancer Mortality Prevention Act of 1990"; (3) plans, directs, and supports activities for monitoring the distribution and the determinants of cancer morbidity, survival, and mortality; (4) plans and conducts epidemiologic studies and evaluations to identify the feasibility and effectiveness of cancer prevention and control strategies; (5) develops public health strategies and guidelines to form the basis for community interventions in cancer prevention and control; (6) provides technical consultation, assistance, and training to state and local public health agencies in all components of early detection and control programs for cancer; (7) provides technical assistance and consultation to health care provider organizations related to the

improved education, training, and skills in the prevention, detection and control of selected cancers; (8) identifies problems, needs, and opportunities related to modifiable behavioral and other risk factors, and recommends priorities for health education, health promotion, and cancer risk reduction activities; (9) plans, develops and maintains surveillance systems in collaboration with states, the Office of Surveillance and Analysis, and other Center components, and (10) coordinates activities as appropriate with other CDC organizations, PHS agencies, and related voluntary, international, and professional health organizations.

#### Office of the Director (CUCC1)

(1) Establishes and interprets policies and determines program priorities; (2) provides leadership and guidance in program planning and development, program management, program evaluation, budget development, and Division operations; (3) monitors progress toward achieving Division objectives and assessing the impact of programs; (4) insures that Division activities are coordinated with other components of CDC both within and outside the Center; with Federal, state and local agencies; and related voluntary and professional organizations; (5) coordinates Division responses to requests for technical assistance or information on primary and secondary cancer prevention practices, behaviors and policies, including Division activities and programs; (6) provides administrative and logistic support for Division field staff; (7) develops and produces communications tools and public affairs strategies to meet the needs of Division programs and mission; (8) develops health communication campaigns at the national and State levels; (9) guides the production and distribution of print, broadcast, and electronic materials, for use in programs at the national and State levels; (10) provides leadership, consultation and technical assistance on health communication issues for cancer prevention and control. (Approved 3/8/2004)

#### Epidemiology and Applied Research Branch (CUCCB)

1) Designs, implements, and analyzes research in epidemiology, health services, applied economics, behavioral science and communications that contribute to scientific knowledge related to cancer prevention and control; (2) monitors trends in the use of preventive services and behaviors which affect the risk of cancer incidence or mortality; (3) conducts both qualitative and quantitative research to identify the determinants of cancer prevention and screening behaviors; (4) studies the use and effectiveness of health care resources allocated to the primary and secondary prevention of cancer; (5) assesses the quality and appropriateness of screening, follow-up, and treatment for cancer discovered through early detection; (6) evaluates the effectiveness of programs sponsored by the Division of Cancer Prevention and Control; (7) provides scientific and medical expertise to the Division; (8) provides technical assistance in research design and evaluation of cancer control programs to other organizational units in the Division, State health departments, and national and international non-profit and for profit organizations; (9) establishes collaborative partnerships with public and private organizations of national and international stature. (Approved 3/8/2004)

#### Cancer Surveillance Branch (CUCCC)

(1) Provides technical support to states for the planning, implementation, and evaluation of

population-based statewide central cancer registries; (2) collaborates with states and national organizations to set and implement standards for data quality, timeliness, and completeness for cancer case reporting; (3) assists states and national organizations to utilize cancer surveillance data to describe the state or national disease burden, evaluate cancer control activities, and identify populations at high risk of certain cancers; (4) provides technical assistance to states in the design and implementation of systems for, and analysis of, surveillance research related to cancer; (5) provides technical assistance and training to local, State, and national organizations in surveillance data systems; (6) supports and manages comprehensive database systems to monitor progress of State cancer control programs; (7) provide leadership and expand collaborations with other Federal, State, local, voluntary, professional, and international organizations for all aspects of cancer surveillance. (Approved 2/10/1999)

#### Program Services Branch (CUCCD)

(1) Provides technical consultation and guidance to public health agencies in states, tribes and territories concerning the development and implementation of high quality cancer early detection and control programs; (2) monitors, tracks, and evaluates program activities in funded cancer screening and early detection programs; (3) establishes and interprets policies and priorities in support of public health interventions for cancer screening and control; (4) identifies and promotes effective program management approaches and ensures performance-based distribution of public funds; (5) develops and maintains liaisons and collaborative relationships with professional, community, and voluntary agencies involved in cancer control activities; (6) assists in the design, implementation, and monitoring of management information systems for cancer screening and early detection programs, and facilitates and coordinates the collection and evaluation of data from cancer screening and follow-up activities; (7) conducts research to identify effective outreach and recruitment strategies for underserved populations; (8) plans, develops, implements, disseminates and evaluates education and training programs for the public and healthcare professionals regarding cancer detection and control; and (9) recruits, trains, and supervises program consultants and public health advisors working with health departments to implement cancer screening and early detection programs. (Approved 5/16/2006)

#### Comprehensive Cancer Control Branch (CUCCG)

(1) Provides technical consultation and guidance to states and public health agencies in all components of the early detection and control programs for cancer; (2) monitors, tracks, and evaluates program activities in state, tribal and territorial-based comprehensive cancer control programs; (3) recruits, trains, and supervises program consultants and public health advisors working with state, tribal and territorial health departments to implement comprehensive cancer control programs; (4) designs, implements, and analyzes research to identify effective cancer control interventions to reach target populations; (5) plans, develops, and implements training programs for comprehensive cancer control; (6) develops and maintains liaison and collaborative relationships with professional, community, and voluntary agencies involved in comprehensive cancer control activities; (7) evaluates the effectiveness of comprehensive cancer control programs; (8) provides technical assistance in research design and evaluation of comprehensive cancer control programs to other organizational units within DCPC, across NCCDPHP, CDC, state health departments, and national and international non-profit and for-profit organizations;



(9) provides scientific and medical expertise to DCPC, NCCDPHP, CDC, state health departments, and national and international non-profit and for-profit organizations; and (10) directs, designs, develops and conducts research projects to investigate evidence-based practice, prevention and control activities related to reducing the burden of cancer. (Approved 5/16/2006)

#### Division of Oral Health (CUCD)

(1) Provides a national and international focus for the prevention and control of oral diseases and conditions, and for the prevention and control of infectious diseases in dentistry; (2) provides assistance to state and local governments, professional, educational, voluntary, and community-based organizations through consultation, training, promotion, education, surveillance, and other technical services; (3) assists state and local governments and other organizations in evaluating dental, oral, and infectious disease prevention activities; (4) develops and implements oral health activities for underserved racial and ethnic minority populations; (5) collects, analyzes, summarizes, and distributes information on the status of dental public health programs; (6) conducts and evaluates operational research to develop improved methodology for oral disease prevention; (7) develops and conducts surveillance of dental and oral disease problems; (8) maintains liaison with other federal agencies, state and local health agencies, and national organizations and groups on oral health activities; (9) collaborates with other components of CDC and DHHS in carrying out programs. (Approved 10/2/1997)

#### Office of the Director (CUCD1)

(1) Manages, directs, and coordinates the activities of the Division of Oral Health (DOH); (2) provides leadership and guidance in policy formulation, program planning and development, program management and operations; (3) provides administrative, fiscal, procurement, and technical support for the division; (4) coordinates responses to all congressional, public, and Freedom of Information inquiries; (5) coordinates all clearance functions; (6) manages all personnel activities, including staff recruitment, assignment, and career development; and (7) coordinates activities of the division with other components of CDC. (Approved 10/2/1997)

#### Division of Adult and Community Health (CUCE)

(1) Develops and manages nationwide and State-based surveillance systems for chronic disease risk factors and health promotion activities; (2) develops and promotes community-based interventions and programs; (3) provides national and international leadership in health education and health promotion; (4) conducts studies to enhance public health activities in health services and managed care; (5) manages public health research, training, cooperative, and intervention activities in diverse settings such as cities, universities, State health departments, and other countries; (6) promotes the understanding and improvement of the determinants and issues related to cardiovascular health, aging, and epilepsy; (7) in cooperation with other components of NCCDPHP, coordinates activities with other Federal, State, and local governmental agencies, academia, and nongovernmental organizations. (Approved 1/22/1999)

#### Office of the Director (CUCE1)

(1) Manages, coordinates, and evaluates the activities and programs of the Division; (2) ensures that Division activities are coordinated with other components of CDC both within and outside the Center, with Federal, State, and local health agencies, and with voluntary and professional health agencies; (3) provides leadership and coordinates Division responses to requests for research, consultation, training, collaboration, and technical assistance or information on managed care, health promotion, behavioral surveys, cardiovascular health, aging, epilepsy, and arthritis; (4) provides administrative, logistical, and management support for Division field staff; (5) provides administrative and management support for the Division including guidance on the organization of personnel and the use of financial resources, and oversight of grants, cooperative agreements, contracts, and reimbursable agreements. (Approved 3/19/2002)

#### Healthy Aging Program (CUCE2)

(1) Serves as an active link between public health and aging services networks to provide leadership in health promotion and disease prevention for older adults; (2) provides scientific expertise and rigor to health promoting strategies and interventions through the use of data and research; (3) disseminates prevention messages, programs, and policies; (4) contributes to the capacity of systems and organizations to improve the health of older adults; (5) administers grants, cooperative agreements, contracts, and other procurement requests to implement evidence-based health promotion interventions and disseminate healthy aging messages; (6) promotes expanding prevention research for older adults by supporting the Prevention Research Centers Healthy Aging Research Network (PRC-HAN); (7) administers data into action through the development of *The State of Aging and Health in America* report series; (8) collaborates with aging organizations to expand the reach to professionals, the public, and the media through the development and evaluation of web-based health promotion modules and media backgrounders on various older adult health topics; (9) directs and disseminates the national public health action plan for brain health as part of the Alzheimer's disease segment of the Healthy Aging Program. (Approved 10/12/2006)

#### Behavioral Surveillance Branch (CUCEB)

(1) Manages a nationwide program for State-specific surveillance of behavioral risk factors and other antecedents of health conditions, particularly chronic diseases; (2) provides support to build State capacity for telephone survey operations and data management, and for the analysis, dissemination, and use of the data by State agencies, and universities to set public health priorities and monitor public health programs; (3) develops guidelines and criteria for the assessment of behavioral risk factors in State and local populations; (4) analyzes and disseminates the results of analyses to policy and decision makers, public health professionals, and other relevant audiences through communication channels and formats appropriate to these constituencies; (5) coordinates analyses and use of survey methods to enhance behavioral risk factor data; (6) develops guidelines and criteria for monitoring public health policies directed at affecting behavioral and other risk factors leading to chronic diseases and other conditions; (7) promotes the broad use and application of Behavioral Risk Factors Surveillance Survey (BRFSS) results and findings through current information systems; (8) works closely with other Divisions in NCCDPHP and other CDC Centers/Institute/Offices (CIO's) to formulate a cross-

cutting surveillance system for the States and CDC; (9) provides administrative and management support for the branch, including oversight of grants, cooperative agreements, contracts, and reimbursable agreements. (Approved 1/22/1999)

#### Arthritis, Epilepsy and Quality of Life Branch (CUCEC)

(1) Directs and supports activities that increase the overall quality of life for people affected by arthritis; (2) directs and supports activities that improve medical care, improve communication and combat stigma, enhance self-management, support surveillance and prevention research, and increase public awareness and knowledge about epilepsy; (3) directs and administers the development of a national, state, and local surveillance system of tracking health-related quality of life (HRQOL) among U.S. residents; (4) administers grants, cooperative agreements, contracts, and other procurement requests to implement evidence-based health promotion interventions and disseminate arthritis prevention and epilepsy education messages; (5) develops, validates, and refines HRQOL measures for use in tracking and prevention research at each life stage; (6) directs and coordinates the evaluation of community and state-based intervention programs for arthritis and epilepsy; (7) develops arthritis epidemiology capacity and other arthritis programmatic capabilities in state health department settings; (8) disseminates health promotion and disease prevention information through national advocacy partners for arthritis and epilepsy. (Approved 10/12/2006)

#### Emerging Investigations and Analytic Methods Branch (CUCEE)

(1) Conducts epidemiologic research and investigations of cross-cutting emerging scientific issues for NCCDPHP; (2) uses geographic information systems (GIS) to provide spatial and temporal relationships among data; (3) conducts operational research to evaluate the cost-effectiveness or cost-benefit of chronic disease prevention and control technologies and develops and recommends national policy to address issues related to the economics of health care; (4) performs research on racism and its social determinants on health, adverse childhood events, mental health, gene environment interactions, and alcohol; (5) coordinates and provides guidance in the evaluation of community and state-based intervention programs; (6) designs and produces a wide range of visual materials (e.g., slides, overheads, exhibits) for presentations and instructional activities; (7) coordinates Branch activities through the Division with other components of CDC, other Federal, State, and local Government agencies, and other private, public, nonprofit, and international organizations as appropriate. (Approved 3/19/2002)

#### Community Health and Program Services Branch (CUCEG)

(1) Provides technical assistance to State health agencies and other Federal, national, and international organizations to plan, implement, and evaluate community-based chronic disease prevention and health promotion programs; (2) develops, implements, and evaluates training in the area of chronic disease intervention and community health promotion for State health departments and other agencies; (3) supports health promotion and disease prevention research conducted at university-based prevention centers; (4) develops chronic disease epidemiology capacity in State health departments through training and support of chronic disease field epidemiologists and other capacity building efforts; (5) provides professional statistical and

programming services to the division, including assistance in design of data collection instruments, computer programming, and statistical analysis; (6) provides administrative and management support for the branch, including oversight of grants, cooperative agreements, contracts, and reimbursable agreements; (7) ensures the coordination of NCCDPHP internal activities related to Preventive Health and Health Services Block Grant (PHHSBG) programs and develops and administers guidelines, uniform reporting procedures, and evaluation criteria for programs supported by PHHSBG. (Approved 10/04/2006)

#### Division of Diabetes Translation (CUCG)

(1) Plans, directs, and coordinates a program to reduce morbidity, mortality, disability, and costs associated with diabetes and its complications; (2) identifies, evaluates, and implements programs to prevent and control diabetes through the translation of state-of-the-art health care and self-care practices into widespread community practice; (3) in coordination with the Office of Surveillance and Analysis, conducts surveillance of diabetes, its complications, and the utilization of health care and prevention resources to monitor trends and evaluate program impact on morbidity, mortality, disability, and cost; (4) conducts epidemiologic studies and disseminates findings to identify and evaluate the feasibility and effectiveness of potential prevention and control strategies at the community level; (5) develops clinical and public health guidelines and strategies to form the basis for community interventions; (6) provides technical consultation and assistance to State and local health agencies to implement and evaluate cost effective interventions to reduce morbidity, mortality, and disability; (7) maintains liaison and collaborative relationships with official, private, voluntary agencies, educational institutions, or foreign countries and groups involved in diabetes-related activities; (8) provides technical assistance and consultation to other nations and to the World Health Organization (WHO) as a WHO Collaborating Center.

#### Office of the Director (CUCG1)

(1) Establishes and interprets policies and determines program priorities; (2) provides leadership and guidance in budget formulation, program planning and development, program management, and operations of the Division; (3) monitors progress toward achieving Division objectives and assessing the impact of programs; (4) reports accomplishments, future directions, and resource requirements; (5) provides management and support services to the Technical Advisory Committee for Diabetes Translation and community control programs; (6) coordinates Division activities with other components of NCCDPHP and CDC and with other agencies in the public and private sectors; (7) represents the Division at official professional and scientific meetings.

#### Epidemiology and Statistics Branch (CUCGB)

(1) Conducts national surveillance of diabetes and its complications and assists state health agencies in establishing and conducting diabetes surveillance systems at the state level; (2) identifies basic and clinical research findings and technologies that have potential to prevent or control diabetes and its complications; (3) designs and conducts evaluations of community-based demonstrations of strategies and technologies to prevent diabetes and its complications; (4) conducts epidemiologic studies to identify high-risk population groups and other risk factors

for diabetes and its complications; (5) conducts operational research to evaluate the cost-effectiveness or cost-benefit of diabetes prevention and control technologies and develops and recommends national policy to address issues related to the economics of health care; (6) conducts epidemiologic research to evaluate the diffusion and dissemination of preventive services and the utilization of health care; (7) provides scientific and technical support to divisional staff and state and local health agencies in planning, implementing, and evaluating programs to reduce morbidity and mortality from diabetes; (8) provides information systems support for headquarters operation of the Division; (9) serves as the Division's liaison to the scientific components of CDC, public and private groups, and individuals; (10) maintains communication and coordinates activities with the National Institutes of Health, the Indian Health Service, the Health Resources and Services Administration, other Federal agencies, international health agencies, the Diabetes Research and Training Centers, schools of public health, universities and others. (Approved 11/10/2003)

#### Program Development Branch (CUCGC)

(1) Provides programmatic leadership and support for state-based diabetes programs; (2) identifies, develops, and implements strategies to prevent and control diabetes through translation of state-of-the-art health care and self care practices into widespread community practice and through the application of health systems, community interventions, and health communications research; (3) implements program policies, plans, procedures, priorities, and guidelines to reduce morbidity, mortality, disability, and costs associated with diabetes and its complications; (4) recruits, assigns, and provides technical supervision to field staff working with state and local health departments to implement diabetes prevention and control programs; (5) designs, evaluates, and implements national educational strategies directed toward health care professionals, individuals with diabetes, community leaders, and the general public; (6) develops consensus guidelines for diabetes management educational materials, training courses, and other materials; (7) implements and monitors management information systems for diabetes control programs and facilitates and coordinates the collection of data from research activities; (8) obtains, analyzes, disseminates, and publishes data from state-based diabetes control programs to develop operational strategies for translation of results into improved community practice; (9) provides consultation and guidance on health communication, health systems, and community interventions related to state-based diabetes control efforts; (10) establishes and maintains collaborative relationships with external partners and groups, including research institutions, schools of public health, medical schools, state health departments, national and voluntary organizations, and others to ensure that the Division's developmental efforts reflect the state-of-the art in diabetes theory and practice; and (11) maintains a national database on reimbursement and cost issues relative to diabetes care and management. (Approved 2/5/1996)

#### Division of Nutrition, Physical Activity, and Obesity (CUCH)

(1) Provides national and international leadership to chronic disease prevention and maternal and child health in the areas of nutrition, physical activity, and obesity prevention; (2) implements surveillance and surveillance systems to track and analyze nutrition problems, physical inactivity, and related risk factors; (3) builds state capacity to collect and utilize surveillance

data; (4) builds international, national, state, and local expertise and capacity in nutrition, physical activity, and obesity prevention through consultation and training; (5) provides technical assistance and other support to enable state and local health agencies to plan, implement, and evaluate nutrition, physical activity, and obesity prevention programs; (6) contributes to the science base by conducting epidemiologic and intervention studies related to nutrition, physical activity and obesity; (7) ensures that scientific and programmatic efforts span the arenas of policy, environment, communications, social, and behavioral interventions; (8) develops and disseminates new methods, guidelines, and criteria for effective nutrition, physical activity, and obesity prevention programs; (9) collaborates with appropriate Federal and state agencies, international/national/community organizations, and other CDC partners; (10) provides national leadership in health communications to promote nutrition and physical activity, and integrate health communications efforts with overall program efforts; and (11) facilitates the translation and dissemination of research findings into public health practice for optimal health impact.

(Approved 1/28/2008)

#### Office of the Director (CUCH1)

(1) Provides leadership and direction in establishing division priorities, strategies, programs, and policies; (2) plans and directs resources and activities in alignment with division goals and objectives; (3) mobilizes and coordinates partnerships and constituencies to build a national infrastructure for nutrition and physical activity promotion and obesity prevention; (4) educates healthcare professionals, businesses, communities, the general public, and key decision-makers about the importance of nutrition and physical activity in preventing obesity and their impact on chronic disease and public health; (5) facilitates cross-functional activities and operations throughout NCCDPHP and coordination with other NCs, constituencies, and Federal agencies; (6) monitors progress toward achieving division goals and objectives and assesses the impact of programs; (7) provides special training and capacity building activities in support of division programs; (8) provides administrative and management support for division activities; (9) provides leadership to the division and field staff for health communication efforts to promote nutrition and physical activity and prevent obesity. (Approved 6/20/2007)

#### Nutrition Branch (CUCHC)

(1) Plans, coordinates, and conducts surveillance activities in domestic and international settings to assess nutrition practices and behavioral risks in children, adolescents, and adults, with a particular focus on maternal and child health, optimal child growth and development, and prevention of chronic disease; (2) provides expertise, consultation and training to local, state, and international officials and scientists to establish and maintain dietary surveillance systems related to maternal and child health, chronic disease nutrition, and risk factors; (3) analyzes, interprets, and disseminates data from surveys, surveillance activities, and epidemiologic studies related to maternal and child nutrition and nutrition factors affecting chronic disease; (4) designs, implements, and evaluates epidemiologic studies and intervention projects for domestic and international application to address micronutrient nutrition; (5) develops and disseminates nutrition guidelines and recommendations for maternal and child health, child growth and development, and prevention/reduction of chronic disease; (6) coordinates and collaborates with

appropriate Federal agencies, national and international organizations, and other partners to strengthen and extend nutrition surveillance and epidemiology; and (7) conducts cross-functional nutrition-related activities throughout NCCDPHP. (Approved 6/20/2007)

#### Physical Activity and Health Branch (CUCHD)

(1) Plans, coordinates, and conducts surveillance activities in domestic and international settings related to physical activity levels as well as factors associated with physical activity practices; (2) conducts epidemiologic research related to physical activity and its impact on health, obesity, and chronic disease; (3) provides leadership in the development of evidence-based guidelines and recommendations for physical activity; (4) provides technical expertise, consultation and training to state, local, and international officials related to physical activity; (5) disseminates findings from surveillance and epidemiologic research through publications in scientific literature; (6) coordinates and collaborates with appropriate Federal agencies, national and international organizations, and other partners to strengthen and extend surveillance and epidemiology related to physical activity and health and to enhance development of science-based guidelines and recommendations for physical activity; and (7) conducts cross-functional physical activity-related activities throughout NCCDHP. (Approved 6/20/2007)

#### Obesity Prevention and Control Branch (CUCHG)

(1) Plans, coordinates, and conducts surveillance to assess levels of healthy weight, overweight, and obesity and associated factors and behaviors; (2) provides expertise, consultation and training to state, local, and international officials and scientists to establish and maintain surveillance systems related to healthy weight, overweight, and obesity; (3) analyzes, interprets, and disseminates data from surveys, surveillance activities, and epidemiologic studies related to obesity and overweight; (4) designs, implements, and evaluates epidemiologic studies and intervention projects (5) develops and disseminates guidelines and recommendations; (6) coordinates and collaborates with appropriate Federal agencies, national and international organizations, and other partners to strengthen and extend surveillance and epidemiology; and (7) conducts cross-functional obesity-related activities throughout NCCDPHP. (Approved 6/20/2007)

#### Program Development and Evaluation Branch (CUCHH)

(1) Provides programmatic leadership, technical expertise, and guidance for state-based nutrition, physical activity, and obesity prevention programs; (2) delivers technical assistance and consultation to states, communities, and the public in health promotion and chronic disease prevention; (3) identifies and promotes effective program management approaches and ensures performance-based distribution of public funds; (4) uses research findings, guidelines, and recommendations to develop strategies and interventions that support physical activity, good nutrition, and healthy weight; (5) conducts behavioral and communications research to understand knowledge, attitudes, and beliefs, and institute health-conscious behavior changes in populations; (6) conducts research to identify effective outreach strategies, particularly for underserved populations and those at highest risk of chronic disease; (7) obtains, analyzes, disseminates, and publishes data from state-based programs to develop operational strategies for

translation of results into improved and promising practices; (8) monitors, tracks, and evaluates program interventions and activities for health impact; and (9) establishes and maintains collaborative relationships with external partners and groups, including research institutions, schools of public health, medical schools, state health departments, national and voluntary organizations, and others to ensure that the Division's efforts reflect state-of-the-art practices and methods. (Approved 6/20/2007)

#### Division of Reproductive Health (CUCJ)

(1) Proposes appropriate goals and objectives, identifies problems and needs, and recommends priorities for reproductive health program activities that can contribute to the reduction of preventable morbidity and mortality due to selected, non-environmentally, non-occupationally related adverse reproductive outcomes; (2) conducts public health surveillance in coordination with the Office of Surveillance and Analysis, epidemiologic investigations, and evaluations of health problems and programs related to contraception, pregnancy, human reproduction, and infancy; (3) develops and implements intervention programs to prevent and/or resolve problems related to reproductive, infant, and maternal health, and selected adverse reproductive outcomes; (4) conducts evaluation of service programs and service delivery intended to improve the organization and delivery of reproductive health services, including certain family planning services; (5) confers, consults, collaborates with, and provides technical assistance and training to local, State, and other Federal agencies, and appropriate nongovernmental organizations on selected reproductive health problems and on programs to resolve these problems; (6) consults, collaborates with, and provides technical assistance to international governmental and nongovernmental organizations on bilateral and multilateral epidemiologic investigations and demonstration projects in reproductive health, including surveys and assessments, improvement of service delivery, and reproductive risk assessment; (7) serves as a primary Federal resource for technical assistance and expertise in family planning evaluation methodologies and reproductive health epidemiology; (8) serves as a World Health Organization (WHO) Collaborating Center in Perinatal Care and Health Service Research in maternal and child health, and as a WHO Collaborating Center for Research Training in Human Reproduction; (9) coordinates Division activities with other NCCDPHP components, other CDC organizations, other PHS agencies, and the OASH, including the Deputy Assistant Secretary for Population Affairs, as appropriate.

#### Office of the Director (CUCJ1)

(1) Establishes and interprets policies; (2) determines program priorities; (3) plans Division activities including the organization of personnel and the use of financial resources; (4) establishes standards for quality control of studies and pilot projects; (5) monitors progress toward achieving program objectives; (6) assesses the impact of the Division's activities on improved pregnancy outcomes and improved reproductive health of adults; (7) reports accomplishments, future directions, and resource requirements; (8) coordinates activities within the Division and other units of NCCDPHP and CDC and with other agencies in the public and private sectors; (9) represents the Division at official professional and scientific meetings.

#### Maternal and Infant Health Branch (CUCJB)



(1) Conducts epidemiologic and demographic surveillance, research, and field investigations to study health problems, programs, and policies related to maternal, infant and child health; (2) consults with other components of NCCDPHP and CDC to address maternal, infant and child health-related issues and problems in programs and projects where reproductive health is a relevant outcome; (3) collaborates with and provides technical assistance, consultation, and training to local, State, Federal, and international agencies, universities and appropriate governmental and non governmental organizations on maternal, infant and child health-related health problems; (4) collaborates with and provides technical assistance and consultation to international governmental and non governmental organizations on bilateral and multilateral research and demonstration projects, including demographic and reproductive health surveys and epidemiologic studies; (5) serves as a primary Federal resource of technical assistance and expertise in the epidemiology and behavioral research of maternal, infant and child health; (6) serves as a Federal resource for technical assistance and expertise in demographic analytical techniques for evaluating maternal, infant and child health and family planning programs; (7) consults with other components of NCCDPHP and CDC in areas requiring expertise in demographic and survey techniques and in knowledge of population processes; (8) provides technical assistance in linkage of surveys with program activities, including forecasting and reproductive health commodity logistics; (9) collaborates and consults with other components of NCCDPHP and CDC to address issues and problems related to violence against women in programs and projects where reproductive health is a relevant outcome. (Approved 8/29/2002)

#### Applied Sciences Branch (CUCJC)

(1) Assists local, State and tribal public health agencies in building their maternal and child health epidemiology and data capacity to effectively use information for public health actions; (2) conducts population-based surveillance of maternal behaviors and experiences that occur before, during, and after pregnancy; (3) provides leadership in the development of research, surveillance, programs and evaluation related to the prevention of unintended pregnancy; (4) promotes adolescent reproductive health and the application of science-based approaches for the prevention of teen pregnancy; (5) assists domestic and international health agencies in health services management, health services research, and translation of findings by providing technical assistance, including training, analytical assistance, and consultation; (6) coordinates CDC's activities related to reproductive health for refugees and displaced persons and provides a focal point for such requests from non-governmental organizations, UN agencies, and other domestic and international organizations; (7) coordinates CDC's activities relating to maternal smoking, including promoting smoking cessation during pregnancy and conducting cost studies; (8) conducts epidemiologic studies, research, and field investigations to analyze health problems, programs, and policies related to the delivery of reproductive health services; (9) coordinates activities that address the content and payment of women's reproductive health care services from public agencies and private organizations, including employers and managed care organizations; (10) proposes and participates in the development, implementation, and evaluation of demonstration service programs and projects. (Approved 8/29/2002)

#### Women's Health and Fertility Branch (CUCJE)

(1) Conducts surveillance and research on issues involving fertility and infertility, including the environmental, physiological and psycho social determinants of fertility; and the acceptability, efficacy and safety of fertility regulation technology such as methods of contraception and infertility treatment (including assisted reproductive technology), evaluating the impact of such technology on the health of women and their children; (2) conducts surveillance and research on the health consequences of sexual and reproductive behavior, infertility, pregnancy, contraception, and hormone replacement therapy, which may extend beyond the reproductive years, and on reproductive health issues throughout the life span, including menopause, hysterectomy, and reproductive cancers; (3) conducts research on the relationship between contraception and HIV/STD and develops and coordinates efforts to integrate HIV/STD prevention with family planning, and to prevent vertical transmission of HIV/STD; (4) develops epidemiologic and behavioral research methods for the study of reproductive health issues; (5) designs and evaluates medical and behavioral interventions to prevent unintended pregnancy and HIV/STD and to promote reproductive health in individuals and communities; (6) develops, proposes, and evaluates recommendations and guidelines for reproductive health practice; (7) leads the Division in developing appropriate training in epidemiologic and behavioral research methods and conducts training to facilitate the evaluation of different reproductive health strategies and measures; (8) provides technical assistance and consultation to domestic and international governmental and non governmental organizations on epidemiologic and behavioral research as they pertain to contraception, infertility, hormone replacement, HIV/STD prevention and related health outcomes. (Approved 8/29/2002)

#### Office on Smoking and Health (CUCL)

(1) Administers a program to inform Americans about the dangers of tobacco use in order to reduce death and disability due to smoking and smokeless tobacco use; (2) promotes and stimulates research on the determinants and health effects of smoking and smokeless tobacco use; (3) coordinates all PHS research and educational programs and other HHS activities related to tobacco and health; (4) establishes and maintains liaison with other Federal agencies, private organizations, State and local governments, and international agencies on matters related to tobacco and health; (5) serves as a clearinghouse for the collection, organization, and dissemination of information on all aspects of tobacco and health; (6) develops materials on tobacco use in relation to health; (7) provides assistance for educational programs on smoking and health; (8) produces Congressionally mandated reports to Congress; (9) conducts surveys, and coordinates and conducts epidemiologic studies related to tobacco use and tobacco control; (10) provides staff support for a Congressionally mandated Federal advisory committee on smoking and health; (11) pursuant to Public Laws 98-474 and 99-252, collects, maintains, and analyzes information provided by the tobacco industry on cigarette additives and smokeless tobacco additives and nicotine content; (12) serves as a World Health Organization (WHO) Collaborating Center on Smoking and Health; (13) serves as the lead DHHS organization for the Objectives for the Nation related to smoking and health; (14) provides staff support to the Surgeon General on activities related to smoking and health.

#### Office of the Director (CUCL1)

(1) Manages, directs, coordinates, and evaluates the activities of the Office on Smoking and

Health; (2) develops goals and objectives for the Office; (3) provides leadership, scientific oversight, and guidance in program planning and development; (4) coordinates the development of policy related to tobacco use and health in CDC, PHS, and HHS; (5) coordinates assistance provided by OSH to other CDC components; Federal, State, and local government agencies; the private sector; and other nations; (6) stimulates additional research and program activity related to tobacco use and health by other Federal agencies, international organizations, and public and private organizations; (7) coordinates the OSH public information program, technical information program, and surveillance and epidemiologic projects and studies; (8) provides program management and administrative support services; (9) as required by Public Law 98-474, produces Biennial Status Report to Congress; (10) serves as the lead for the Tobacco and Health Objectives for the Nation; (11) collects, maintains, and analyzes information provided by the tobacco industry on cigarette additives and smokeless tobacco additives and nicotine content; (12) provides staff support for a Congressionally-mandated Federal advisory committee on smoking and health; (13) serves as the principal adviser to the Surgeon General of the U.S. Public Health Service on all activities related to tobacco use and health.

#### Epidemiology Branch (CUCLB)

(1) Conducts epidemiologic surveillance, research, and field investigations related to tobacco prevention and control; (2) analyzes existing data sources, primarily national surveys conducted by the Office on Smoking and Health and other Federal agencies; (3) plans, develops, and maintains data tapes of State-based epidemiologic surveillance systems in collaboration with State and other CDC components; (4) provides technical and scientific assistance to researchers, health departments, and other health professionals interested in performing specialized data collecting or analysis relating to smoking and tobacco use; (5) reviews and evaluates epidemiologic studies on the health effects and determinants of tobacco use; (6) develops new methods and techniques for assessing the health effects and determinants of tobacco use; (7) monitors trends in tobacco use prevalence, economic costs, morbidity, and mortality attributable to tobacco use; (8) conducts joint projects with Federal agencies, voluntary organizations, State health departments, and others involved in tobacco prevention and control; (9) develops and produces publications on current epidemiologic science of tobacco use and control. (Approved 7/7/1994)

#### Health Communications Branch (CUCLC)

(1) Plans, develops, and conducts programs to inform media, researchers, health professionals, policy-makers and the public about the health consequences of tobacco use; (2) provides technical guidance, assistance, and consultation to health professionals in the planning, development, and implementation of information programs at the national, State, and local levels; (3) serves a leading role in providing the press, health professionals, and the general public with information on tobacco prevention and control issues; (4) produces, distributes, and evaluates educational materials and conducts counteradvertising campaigns to support tobacco prevention and control; (5) develops and maintains a Technical Information Center, including an on-line bibliographic database of materials relative to the OSH mission; (6) manages production of the annual Surgeon General's report and other Congressionally-mandated reports on the health consequences of tobacco use; (7) conducts joint information campaigns with other Federal

agencies, voluntary health organizations, State health departments, and others; (8) provides reference and referral services for OSH staff and constituents in need of scientific and other technical information; (9) plans and conducts special Departmental-wide initiatives addressing high-risk groups such as minorities and youth; (10) prepares and distributes information products such as fact sheets, current awareness services, bibliographies, and legislative updates in both print and electronic formats; (11) produces speeches for CDC, PHS, and Departmental officials relating to tobacco; (12) responds to public inquiries and shares general information on tobacco use and tobacco cessation; (13) manages the communication functions of OSH through activities such as maintaining slide and video libraries, managing mailing lists management, and providing conference exhibits; (14) collaborates with other groups within CDC, PHS, and HHS and with other Federal agencies, as well as other professional, voluntary, international, and professional health organizations. (Approved 7/7/1994)

#### Program Services Branch (CUCLD)

(1) Provides technical consultation, assistance, and training to local, State, regional, and national organizations and agencies in all components of tobacco prevention and control; (2) monitors and tracks program activities in State-based chronic disease prevention and control programs; (3) recruits, trains, and supervises field staff working with State and local health departments and local, State, regional, and national organizations and agencies to implement tobacco control programs; (4) coordinates and provides consultation to local, State, regional, and national conferences that facilitate planning, development, and implementation of tobacco control initiatives; (5) assists in the design, implementation, and monitoring of legislative activity and tobacco control efforts in each State; (6) coordinates the collection of data from State and local programs to monitor national progress toward PHS's Healthy People 2000 tobacco objectives; (7) serves as a World Health Organization (WHO) Collaborating Center on Smoking and Health. (Approved 7/7/1994)

#### Division for Heart Disease and Stroke Prevention (CUCM)

(1) Plans, directs, and coordinates programs to reduce morbidity, risk factors, costs, disability, mortality, and disparities associated with heart disease, stroke, and other cardiovascular disease outcomes; (2) provides national leadership, technical assistance, expert consultation, and training to state and local health agencies in intervention, surveillance, evaluation, and communication or marketing activities related to implementing state programs, registries, and other surveillance systems associated with reducing and preventing cardiovascular disease outcomes; (3) provides national leadership and coordination of the agency-wide cardiovascular collaborative; (4) implements surveillance systems and conducts surveillance of outcomes and utilization of health care and prevention resources related to heart disease, stroke, high blood pressure, high cholesterol, and other cardiovascular diseases to monitor trends and evaluate program impact on morbidity, mortality, risk factor improvement, cost, disability, and disparities; (5) conducts epidemiologic studies and disseminates findings to identify emerging risk factors with potential for prevention and control strategies; (6) conducts prevention research studies and disseminates findings to identify and evaluate the feasibility and effectiveness of potential prevention and control strategies in health care systems and at the community level; (7) identifies, implements, and evaluates programs to prevent and control heart disease, stroke, high blood pressure, high

cholesterol, other cardiovascular disease outcomes, and disparities through the translation and communication of best practices in health care and risk factor prevention into widespread health systems policies and community changes; (8) collaborates with other cardiovascular health related activities at CDC, including the Lipid Standardization Program, within the National Center for Environmental Health/Division of Laboratory Sciences, and the Thrombosis Lab, within the National Center on Birth Defects and Developmental Disabilities/Division of Hematologic Diseases; (9) maintains liaison and collaborative relationships with official, private, voluntary agencies, educational institutions, or other groups involved in the prevention and control of heart disease, stroke, and other cardiovascular diseases or risk factors; (10) provides technical assistance and consultation to other nations and to the World Health Organization in the global prevention and control of cardiovascular disease. (Approved 1/20/2006)

#### Office of the Director (CUCM1)

(1) Establishes and interprets policies and determines program priorities; (2) provides leadership and guidance in program planning and development, program management, program evaluation, budget development, and division operations; (3) monitors progress toward achieving division objectives and assessing the impact of programs; (4) insures that division activities are coordinated with other components of CDC both within and outside the center, with federal, state and local agencies, and related voluntary and professional organizations; (5) coordinates division responses to requests for technical assistance or information on primary and secondary heart disease and stroke prevention practices, behaviors and policies, including division activities and programs; (6) serves as the co-lead for the Healthy People 2010 heart disease and stroke objectives for the nation; (7) provides national leadership in coordinating and implementing activities to support a public health action plan to prevent heart disease and stroke; (8) develops and produces communications tools and public affairs strategies to meet the needs of division programs and mission; (9) develops health communication campaigns at the national and state levels; (10) guides the production and distribution of print, broadcast, and electronic materials for use in programs at the national and state levels; (11) provides leadership, consultation and technical assistance on health communication issues for heart disease and stroke prevention; (12) reports accomplishments, future directions, and resource requirements; (13) provides program management and administrative support services; (14) represents the division at official professional and scientific meetings. (Approved 1/20/2006)

#### Epidemiology and Surveillance Branch (CUCMB)

(1) Monitors the epidemiology of cardiovascular disease risk factors, behaviors, outcomes, costs, barriers, awareness, access to care, geographic variations and disparities; (2) prepares routine surveillance reports of national and state trends in cardiovascular disease risk factors, behaviors, outcomes, and disparities, which includes the mapping of geographic variations; (3) develops, designs, implements, and evaluates new cardiovascular disease registries and other surveillance systems that address gaps in existing CDC surveillance systems (4) prepares epidemiologic and scientific papers for publication in medical and public health journals and for presentation to national public health and scientific conferences on surveillance and epidemiologic findings; (5) identifies, investigates, implements, and evaluates new surveillance methodologies and technologies that involve electronic data abstraction and transfer to State and national registries

and spatial analysis; (6) proposes and serves as technical advisors and project officers for epidemiologic research projects that fill gaps in surveillance and intervention and investigates emerging risk factors that will lead to the prevention of cardiovascular disease and the elimination of disparities in cardiovascular disease; (7) serves as scientific and technical experts in cardiovascular disease epidemiology and surveillance methodology to state health departments or to advisory groups at the national/international level; (8) provides scientific leadership in the development, extension, and improvement of surveillance systems, epidemiologic strategies, and/or service to cardiovascular health programs (9) facilitates integration of epidemiology and surveillance across the division. (Approved 1/20/2006)

#### Applied Research and Evaluation Branch (CUCMC)

(1) Develops a comprehensive applied research and translation agenda, including evaluation, research and health economic research; (2) plans, develops, and implements projects related to applied research, evaluation research, and health economics research; (3) prepares scientific papers for publication in public health media journals and for presentation at national and international conferences, meetings and seminars on applied research, evaluation research and health economics research; (4) synthesizes a body of best science and practice that can be applied to various public health settings; (5) prepares and disseminates products that translate applied research, evaluation research, and health economics science to state programs and others; (6) develops a comprehensive division evaluation plan addressing all facets of division activities, including state-based program evaluation, research evaluation, and evaluation training needs; and (7) provides applied research, evaluation, and health economics expertise and technical assistance to the division, center, CDC, and national and international partners. (Approved 1/20/2006)

#### Program Development and Services Branch (CUCMD)

(1) Provides programmatic leadership and support for state-based heart disease and stroke prevention programs; (2) provides comprehensive technical advice and assistance in planning, developing and evaluating the state programs; (3) provides program policies and guidance outlining CDC's role and the national goals and objectives of the State Heart Disease and Stroke Prevention Program; (4) reviews and monitors the state cooperative agreements and other appropriate grantees; (5) serves as technical experts in the implementation of policy and environmental strategies for health promotion, primary and secondary prevention of heart disease and stroke for states, within CDC and with partners; (6) provides comprehensive training expertise, including distance learning, training seminars, meetings, state success documents, and other materials to promote the programs and assist state grantees with planning and implementation of a state-based program; (7) implements and monitors management information systems for state heart disease and stroke prevention programs to monitor the national progress toward achieving Healthy People 2010 and division goals; (8) obtains, analyzes, and disseminates, data from state-based heart disease and stroke prevention programs to develop operational strategies for translation of results into improved program practice; (9) provides leadership in the development of partnerships between state programs and organizations at the national and state level; (10) provides technical assistance to state programs on use of data and other basic areas of epidemiology; (11) develops systematic processes for providing state

program guidance through determining and disseminating promising program intervention practices and providing opportunities for states to share information and tools for program improvement; (12) partners with national organizations that can assist states with priority activities; (13) provides leadership and technical expertise, in women's cardiovascular health, health disparities and healthcare interventions for cardiovascular primary and secondary prevention programs as it relates to the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program; (14) develops and implements CDC programs and research that impact heart disease and stroke risk factors in financially vulnerable, uninsured and underinsured women aged 40-64; (15) facilitates the integration of program services across the division. (Approved 1/20/2006)