
WINSTON FELLOWSHIP REPORT: WEEK 12

September 6

We took a day trip down to Atlanta on Wednesday to visit the CDC and to meet with a number of leaders at the agency representing a variety of offices (please see a description of each of these meetings below). We additionally received a tour of the CDC's Emergency Operations Center, where we had the opportunity to see in real-time the work CDC is doing to support Hurricane Harvey relief efforts and monitor Hurricane Irma.

Denise Cardo, Director, Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) at the CDC

Dr. Cardo described her path from Brazil, where she trained as a physician and ultimately moved into the infectious disease space, after treating AIDs patients in 1982. Since that time, she has devoted her career to working on reducing the spread of infectious diseases. Over the last 25 years at CDC, Dr. Cardo has worked to bring the issue of healthcare associated infections (HAIs) to the forefront of public health conversations. She discussed a culture change around the issue in the 2000s, which initiated the movement toward transparency on quality indicators – HAIs chief among them. After conducting a study showing that 70 percent of HAIs could be prevented, CDC began partnering with CMS on its transparency efforts to report HAI rates and encourage hospitals to invest in prevention efforts. Dr. Cardo explained that her office now spends much of its time tracking HAIs and devising ways to prevent their occurrence – a process hinging on leveraging data, she said.

Von Nguyen, Acting Associate Director for Policy at the CDC

It was a privilege to meet and speak with Dr. Nguyen, who described his diverse experiences, working abroad (as a Fulbright Scholar and for Doctors Without Borders), practicing medicine in Boston, working as a consultant for McKinsey Co. – and, finally, stepping into roles in the federal government both at CMMI and CDC. He described his current office as working at the intersection of public health and health system change. CDC is not an agency that produces policy, he emphasized; rather, it is a place that produces the science to inform policy. As the policy office at CDC, then, his role is to work with CMS to assist in integrating public health issues into health system change. Finally, he provided us with some career advice, emphasizing that planning a career is useless and we should be open to taking random chances as they arise.

Jose Montero, Deputy Director of the CDC and Director of the Office for State, Tribal, Local and Territorial Support and Georgia Ann Moore, Associate Director for Policy, Office for State, Tribal, Local and Territorial Support

Dr. Montero welcomed us to his office, where he described his experiences working on the ground at the state level in New Hampshire. He came to CDC nine months ago, and he explained the organizational structure of the agency – and where his office fits into the larger structure. He and his associates manage one of the biggest public health grants, which doles out money to the states to handle state, tribal, local, and territorial public health issues. Because Dr. Montero had to leave

for another meeting, we spent the rest of the period speaking with Ms. Moore, a CDC veteran of 21 years, who now is responsible for communicating CDC's scientific learnings with outside stakeholders, including staff and members on Capitol Hill. She explained that CDC's role in the policy process is not to "make the ball but to make the ball bounce higher."

Jocelyn Wheaton, Deputy Director of the Office of Health Systems Collaboration in the CDC's Office of the Associate Director for Policy

Ms. Wheaton offered us a perspective on her 13 years working at the CDC in a staff – rather than leadership – capacity. She described her first position in National Center for Injury Prevention and Control, working with the states on rape prevention programs. She explained some of the challenges associated with being a project officer responsible for overseeing appropriate allocation and use of the programmatic funds. In her current position, she works on the resource/budget side of CDC's policy office, ensuring programs, such as the 6|18 initiative and Hi-5 run effectively. We specifically discussed the 6|18 initiative, which is an evidence-based program that identifies interventions that improve health and control outcomes for six high-burden health care conditions (i.e., tobacco use, high blood pressure, HAIs, asthma, unintended pregnancy, and diabetes).