Transformation Project

Results and Recommendations

Office for State, Tribal, Local, and Territorial Support (OSTLTS)

May 2010

Table of Contents

Background 3

Approach 5

Phase 1: Assessment 5

Phase 2 and 3: Analysis and Feedback 8

Analysis 9

Introduction 9

Findings 9

- **Leadership** 9
- **Structure** 11
- **Process** 13
- **Workforce** 15

Recommendations 17

Concluding Thoughts 20

Appendix 21

Shared Behaviors Analysis 21

Interview and Focus Group Guide 28

I. Background

The Office for State, Territorial, Local and Tribal Support (OSTLTS) mission is to improve the performance and capacity of the public health system. OSTLTS was formed in 2010 as the result of the Centers for Disease Control and Prevention's (CDC) Organizational Improvement efforts. As OSTLTS further establishes its operational structure, it will face the challenges of improving linkages and relationships with STLT public health agencies, while also creating a sense of shared ownership of public health policy and practice.

The Office has the opportunity to lead CDC through this transitional period in its history. A significant challenge is to identify the areas where improvements can be made to shift CDC's culture toward constructive relationships with State, Tribal, Local, and Territorial (STLT) health agencies. In order to identify the strategic and operational areas for improvement and better understand the relationship dynamics, OSTLTS contracted with Deloitte Consulting to lead a cultural transformation project.

The objective of the project is to identify cultural dimensions and to develop high-level recommendations to address any areas of improvements. The project commenced on February 18, 2010 with a stakeholder assessment of a cross-section of STLT health agencies, national partner organizations, and CDC leadership and staff. The project team facilitated 33 interviews and 19 focus groups with 134 stakeholders. This report is the output of the stakeholder assessment and represents a best effort to reflect the tone, substance, and key themes from the separate facilitated sessions.

Defining Culture for the Purposes of This Project

Culture as a social construct has many definitions and meanings depending on the circumstances in which the term is being used.

- *Culture is shared*: there are no cultures of one- culture is defined as shared, learned behaviors among members of a group.
- *Culture is learned*: it amounts to those rules, norms, and practices that we teach and perpetuate.
- *Culture is complex*: it is an amorphous component of an organization that is not easily defined or gauged; there are sometimes multiple layers of cultures and sub-cultures that could exist within an organization.
- *Culture is hidden*: a major aspect is the unwritten rules that govern how individuals interact with one another, including how employees or partners work together and behave with one another in pursuit of their work.

> ***"Culture eats strategy for breakfast."***
> - Mark Fields, President
> The Americas Ford Motor Company, 2006

Culture encapsulates unique shared values, beliefs, and practices, and influences the acceptance and adoption of behaviors, procedures, policies, and other social constructs. Therefore, culture plays a major role in the success or failure of interventions by affecting the way people perceive and respond to a message or strategy.

For the purposes of this report, organizational culture is defined as the set of shared attitudes, values, goals, and practices that characterizes an institution, organization, or group. Since culture is shared, there are three ways a person learns a culture: direct teaching (being told what is "right" or "wrong" in a given context); observation (watching others operate within the culture and imitating or emulating that behavior); and subconsciously (through events and behaviors that prevail in the given culture). All three avenues happen simultaneously and rather continuously. But just as culture impacts organizations, there

are a variety of ways that an organization can influence culture. For the purposes of this report, these influencers are called *organizational levers* and they include: leadership, structure, process, workforce, and rewards. These drivers can act as levers to impart cultural changes, by emphasizing or deemphasizing elements of each to modify behaviors and outcomes.

II. Approach

As illustrated in Deloitte's Assess and Sustain Culture Methodology in Figure 1, a cultural transformation effort is based on a comprehensive and iterative approach. The current effort only explored the first stage with the phases of: **Assess; Analyze; and Feedback**. The assessment included activities such as gathering data, conducting interviews / focus groups, and developing an initial hypothesis. The analysis identified the implications and opportunities presented in the data and examined implicit values and shared beliefs. Finally, the findings are aggregated and provided as feedback to the organization in question.

In order to sustain and develop culture, leaders must next **Plan and Mobilize** changes to behaviors, symbols, and systems, **Adopt and Accelerate** these efforts to instill a sense of urgency in the changes required, and embed them in the organizational fabric though the use of the organizational levers. Lastly, leaders must make the resource commitments and investments to **Make it Stick** for the long-term. Understanding and driving culture change, or sustaining a positive culture, is an intentional and deliberate process.

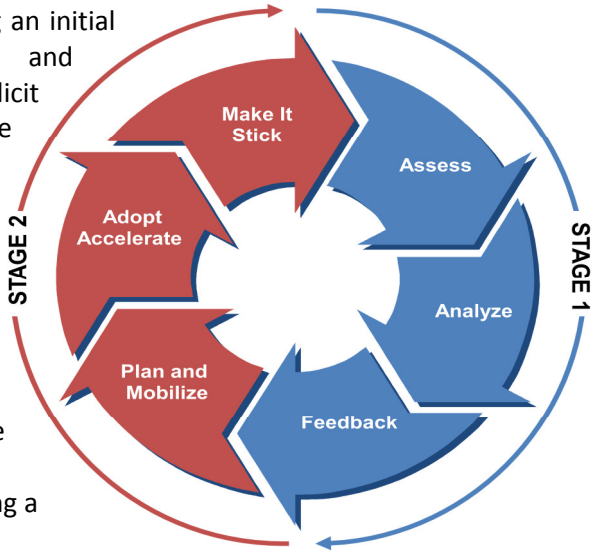

Figure 1-Assess and Sustain Culture Methodology

Phase I: Assessment

The first phase of this initiative was designed to provide in-depth insight into the connections between and across CDC, State, Tribal, Local, and Territorial health agencies. The assessment data were gathered through interviews and focus groups. This first phase set the stage for the subsequent analysis and feedback phases, allowing the project team to identify and document the following:

- Perception of current relationships within CDC and between CDC and STLTs.
- Perceptions of systemic partnership issues and challenges between CDC and STLTs.
- Recommendations for improving partnerships.

Description of Stakeholders

Individual and focus group interviews were conducted with a subset of three stakeholder constituencies (each described below):

- Internal CDC staff
- State, Tribal, Local, and Territorial health department staff
- National partner organizations

CDC Internal Staff

Stakeholders in this category were selected for participation based on their position within the Agency and the level of involvement with State, Tribal, Local and Territorial public health activities. Individual interviews were conducted with Directors from CDC Offices that have frequent interactions with various STLTs.

Focus groups were convened with Division Directors and critical program staff from these same Offices. Interview and focus group participation for the CDC internal staff were as follows:

Stakeholder Type	# of Interviews	# of Focus Groups	# of Participants
Center/Office Directors	14	0	14
Division Directors	1	2	18
Program Staff	0	2	22
TOTAL	**15**	**4**	**54**

State, Tribal, Local and Territorial Health Agencies (STLT) Stakeholders

STLT stakeholders were selected for participation based on the following criteria:

- Total FY09 grant funding received by the STLT agency through CDC
- Length of relationship with CDC
- Geographic representation (per the HHS regions)
- Input from CDC Tribal Liaisons
- Other subjective factors (e.g., the project team sought a mix of participants who would likely provide a variety of perceptions of CDC/STLT relationships, ranging from favorable to unfavorable)

Individual interviews were conducted with Directors from STLT health agencies. Following the interviews, Directors were asked to nominate program staff with frequent CDC interaction to participate in focus groups. The following table provides a geographical representation of the STLT participants from the interviews and focus groups:

Stakeholder Type	# of Interviews	# of Focus Groups	# of Participants
States	6	3	20
Territories	2	0	2
Localities	7*	6	31
Tribes	1	3	12
TOTAL	**14**	**14**	**65**

*Includes pilot interview with New York City

National Partner Organizations (NPO) Stakeholders

National partner organizations were selected for participation based on their extensive knowledge of relationships between CDC and STLT agencies. The interview list included both leadership and key program managers from the following organizations:

- Association of State and Territorial Health Officials (ASTHO)
- National Association of City and County Health Officials (NACCHO)
- Council of State and Territorial Epidemiologists (CSTE)
- Public Health Informatics Institute (PHII)

Interview and focus group participation for the NPO stakeholders was as follows:

Stakeholder Type	# of Interviews	# of Focus Groups	# of Participants
NPO	4	1	9
TOTAL	**4**	**1**	**9**

Interview and Focus Group Structure

At the onset of the project, the Acting Director of OSTLTS distributed communications via email to the selected stakeholders, outlining the purpose of the project and requesting their participation in the effort. Following the initial announcement, staff from OSTLTS and Deloitte contacted stakeholders individually to confirm their participation and schedule interviews based on availability.

Stakeholders were then asked a series of 14 questions designed to elicit various dimensions of culture, such as:

- **Norms:** The social groups' expectations concerning appropriate behavior.
- **Attitudes:** Collection of beliefs with an evaluative aspect; tendency of mind/relatively constant feeling toward a certain category of objects, persons, or situations.
- **Beliefs**: A conviction that a phenomenon or object is true or real.
- **Values:** Justification of one's actions in moral or ethical terms (right/wrong; good/bad).

To assist in identifying cultural attributes for further examination, interview and focus group questions also gathered information related to the enabling organizational levers that have significant impact on culture. These levers below are instrumental to making cultural adjustments in organizations, helping to impact the actions and behaviors of individuals operating within the system of interest:

- **Leadership**: Direction and strategy reflected in the style of conduct and the overall alignment of alignment between CDC and the STLT agency leaders.
- **Structure:** Power and decision making consisting of the governance, controls, roles and responsibilities, and the formalization of the working relationship between (for our purposes) CDC and the STLTs agencies.
- **Processes:** Information and communication regarding the policies, processes, and procedures within CDC and between CDC and the STLTs agencies.
- **Workforce:** Skills and attitudes of the diverse set of individuals at each level of the public health system whose prime responsibility is the provision of core public health activities.
- **Rewards:** Motivation (not included in the project per OSTLTS direction).

Figure 2-Organizational Levers

Each facilitated session included a Deloitte interviewer teamed with a note taker. The interviewers introduced themselves and explained all ground rules to the participants. Respondents were informed their participation was voluntary, and their responses would be kept confidential. Note takers documented the sessions, capturing the key themes rather than capturing a full-fledged transcript of the meeting.

For focus group candidates, CDC and STLT interview stakeholders were asked to recommend program staff that could provide insight on the relationships between CDC and STLT agencies. If a stakeholder was unavailable to interview, the primary stakeholder identified a secondary contact for potential participation. In 3 separate instances, the project team was unable to conduct an interview or focus group with the program staff due to participant non-responsiveness (specifically California, Hawaii, and Louisiana). Overall, the participation rate from stakeholders was favorable: 100% for interviews and 86% for focus groups across all stakeholders between planned and actual participation.

Leveraging existing, established relationships with CDC staff members and STLT agencies, Deloitte and OSTLTS staff managed logistics and communications with stakeholders. Similarly, the CDC Tribal Liaison worked with Tribal governments to identify participants and determine their availability. Each participant was sent a "thank you" email following the conclusion of their session with a point of contact for any questions.

Phase II and III: Analysis and Feedback

The second phase involved identifying, documenting, and synthesizing the gathered data into overall observations. This effort incorporated standard qualitative stakeholder assessment practices. After each interview or focus group session, note takers and interviewers conducted an inter-rater reliability review of all session notes, and confirmed with members of the content review team that interpretations were valid and reliable. Interviewers and subject matter experts completed a comprehensive review of the data for each facilitated session. The information was tagged and translated into relevant, associated cultural dimensions (i.e., norms, attitudes, beliefs or values). A presentation of this analytic process is provided in Appendix 1. As interviews and focus groups continued, conceptual groupings across the dimensions were then aggregated into themes and sub-themes.

Finally, the project team synthesized the interview and focus group discussions into findings and recommendations presented in this report. The characterizations listed thematically below reflect the "sentiment" of many of the sessions (sometimes providing the participants' actual words as verbatim quotes). Comments and quotes are presented for illustrative purposes to evoke the overall perceptions and ideas conveyed by participants.

III. Analysis

Introduction

Traditionally, culture is observed from either *emic* or *etic* perspectives, or a combination of the two. An *emic* perspective comes from the insider, from the established member of the culture in question. CDC staff and leadership interviewed by the project team provided this internal perspective in their answers. An *etic* perspective, on the other hand, represents the outsider point of view. Staff and personnel from the STLTs provided the *outsider's* perspective in their answers and comments. An *etic* perspective is important in that it allows the culture to be seen with "fresh eyes," and allows for biases to be identified and addressed. This project purposefully included both *emic* and *etic* perspectives to attempt to identify cultural attributes at work within CDC and in the dynamic between CDC and the STLTs.

Organizationally, entities with strong cultures work diligently to align cultural attributes to their operating strategies. Successful organizations leverage their cultures to design systems, process, policies, and performance metrics in ways that reinforce the values, behaviors, and norms at work within the organization. When properly aligned, a strong organizational culture can be a primary catalyst for outstanding performance and results. When misaligned, culture becomes a source of resistance and a hindrance to successfully executing against strategy. Thus, identifying these attributes and the accompanying *enculturation* and *acculturation* phenomenon at work can allow OSTLTS to address opportunities that encourage strong collaborations and obstacles that hinder them.

Below, the findings have been expanded to indicate the thematic elements that emerged through recurring responses from our interviewees and focus group participants. Findings are followed by a set of recommendations that emerged from synthesis of the results of our data collection and are meant to be considered alongside the other components of this report. Recommendations range from general, broad areas to more explicit, specific, and actionable suggestions.

No single organization can bring these recommendations to fruition solely; rather, a strategic cooperation with all stakeholders is critical in order for CDC to achieve its objective of strengthening relationships with STLTs. Collaboration and partnership are core fundamental messages of this report; it is recommended that further action planning be conducted alongside various groups and stakeholders, with each taking responsibility for key actions in order to drive change across the public health system.

Findings

1. ***Leadership***
   - Direction and strategy reflected in the style of conduct and the overall priorities alignment between CDC and the STLT agency leaders.

   a. **Dr. Frieden's establishment of OSTLTS and overtures toward STLTs is a positive sign and STLTs are cautiously optimistic about improving relations.** STLTs appreciate communication and interaction from senior level CDC Leadership since Dr. Frieden became Director. However, they are

> "The very fact that CDC is tapping into the broad range of expertise and public health knowledge around States to gather input sends a strong signal that the Agency is serious about establishing successful relationships with States."
>
> - State Health Department Participant

cautiously optimistic to see if this is a fleeting attempt or a sustained practice. *CONTRIBUTING STAKEHOLDERS: States, Locals, Tribes*

b. **CDC should connect STLTS with other federal agencies to help build the link between detection and intervention.** These linkages take time to create and require dedication from CDC Leadership; however, the payoff of these collaborations can be enormous. For example, The National Center for Environmental Health collaborates with HUD and EPA to eradicate child lead poisoning. Children in low income housing may be screened by their Local health department for lead poisoning, but prevention can occur by changing the housing situations through groups like HUD. Linking such programs is critically important and STLTs look to CDC to facilitate these linkages. *CONTRIBUTING STAKEHOLDERS: CDC, States, National Partner Organizations*

c. **Frequent changes in priorities and approaches lead to breakdowns in relationships.** STLT long-term planning is difficult due to a lack of continuity of public health priorities. Credibility will erode if CDC begins a pattern of priorities that are the result of political pressures and not rooted in the public health mission. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, National Partner Organizations*

d. **STLTs appreciate "face time" with CDC Leadership.** Site visits from CDC Leadership are met with positive response from STLTs, particularly when they are collaboratively planned and conducted with upfront design input from the STLTs. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, National Partner Organizations*

e. **STLTs want to see CDC serve as the "facilitator."** STLTs reported that CDC does not need to serve as the sole entity responsible for setting priorities, but rather recognize the role of the STLTs in their own priority setting and serve to facilitate the development of health and program priorities to be implemented through collaboration. STLT collaboration is difficult in the absence of formalized mechanisms and conveners. CDC is positioned to facilitate best practices sharing amongst STLTs. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, Tribes*

> "OSTLTS should play the role of facilitator and not the "superstructure" role that State and Local public health departments find burdensome.
>
> - CDC Participant

f. **Breaking down the silos within CDC requires strong endorsement and support from CDC Leadership.** Cross-Agency collaboration is difficult; it is much easier to work within programmatic silos. CDC Leadership has prioritized collaboration, but it will take continued endorsement from the most senior levels of the organization to bring about changes in the way CDC staff operate. *CONTRIBUTING STAKEHOLDERS: CDC*

g. **Unique public health priorities exist for Tribes, which are often overlooked in the establishment of national public health priorities.** Priority setting fails to recognize and incorporate unique cultural aspects of Tribes and life on reservations in Indian Country. CDC has a history with Tribes of being "sympathetic" to issues on reservations, but there is a need for more tangible commitment to addressing specific health issues. *CONTRIBUTING STAKEHOLDERS: Tribes*

2. ***Structure***

- Power and decision making consisting of the governance, controls, roles and responsibilities, and formalization of the working relationship between (for our purposes) CDC and the STLT agencies.

a. **STLTs are looking for true collaboration from CDC and not transaction-oriented interactions.** STLTs reported relationships were less successful when CDC played a more authoritative role (e.g., as "bean counters" or the "big brother from an ivory tower") rather than collaborating on public health issues or programs. STLTs view CDC as approaching public health issues from a federal perspective, rather than a national perspective (i.e., perspective that integrates all levels of public health and their unique roles). STLTs appreciate transparency and frequent communication from CDC, and a customer service orientation. *CONTRIBUTING STAKEHOLDERS: CDC, NPOs, States, Locals, Territories, Tribes*

b. **Weak internal CDC collaboration has downstream effects on STLT relationships.** Programs within CDC are siloed, and there is a perception that CDC does not recognize cross-cutting public health initiatives. For example, there are strong linkages between the cancer and tobacco programs within CDC, but there are not shared performance measures between these programs that promote holistic health outcomes. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

c. **STLTs look to CDC for support in basic public health capacity building activities for which they do not have funding and resources.** Examples of these basic public health capacity activities are policy, evaluation, research, and technical assistance. STLTs value CDC's contribution to building this capacity. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

> "At the Local level we don't have statistical support, and the fact that CDC isn't able to provide this, is a big problem."
>
> - Local Health Department Participant

d. **One size does not fit all when CDC implements grant requirements and programs.** There is great variation among STLT public health priorities due to regional economic, demographic, and cultural differences, and STLTs perceive CDC as ignoring those differences in favor of a "one size fits all" approach. For example, urban health issues are very different between east and west

coast cities, and may require different approaches to achieve the same health outcome. While there are winnable battles that can be applied across geographic areas, the approaches used to achieve success may be different. LHDs feel since their focus is on implementation, their perspective should be taken into account when addressing these winnable battles. In addition, compliance with grant requirements is not always realistic for some Tribes with resource constraints. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, Territories, Tribes*

e. **STLTs have difficulty navigating the CDC hierarchy.** In times of crisis, STLTs have had difficulties contacting the appropriate individuals within CDC. There is a general lack of awareness and working familiarity of the structure and hierarchy of the Agency. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

f. **OSTLTS needs to demonstrate value to internal and external stakeholders.** STLTs and CDC staff expressed concern that the creation of a new Office (OSTLTS) will add an additional layer to CDC bureaucracy instead of supporting and improving existing processes. On the other hand, Locals, Tribes, and Territories were eager to have a voice within CDC, which they see as core function of the new Office. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

g. **States and Locals have differing perspectives on the appropriate method to engage and support Local health departments.** States often believe Localities should not supersede established hierarchies in the funding chain, applying directly to CDC for their funds. Conversely, Locals feel they should receive direct support and engagement from CDC. Locals believe that the way CDC funds States and Locals can unintentionally create disadvantages for large Local health departments. For example, there is a perception that in decentralized States, State health departments spend most of their time and energy working with the least capable Local health departments. This results in little time and available budget for larger Local health departments. *CONTRIBUTING STAKEHOLDERS: States, Locals*

> "It is problematic to have multiple funding lines to States and cities. This sets up a geopolitical battle."
>
> - State Health Department Participant

h. **Many of the U.S. Territories are autonomous and operate as an "all-in-one" public health agency.** CDC treats Territories like States; however, they do not have local jurisdictions that perform public health functions. Territories are not given adequate funding to meet the same requirements and expectations as States, which often means they have a greater need for technical assistance. *CONTRIBUTING STAKEHOLDERS: Territories*

i. **The structure of Tribal governance differs greatly from how CDC operates.** The use of more junior CDC staff to build relationships with Tribal leadership is incompatible with Tribal cultural practices and norms (e.g., Chiefs interact with Chiefs, and anything less than that is perceived as disrespectful). CDC sometimes attempts to address issues individually with a Tribe, while

many Tribes have organized in multi-Tribal organizations providing consolidated services. *CONTRIBUTING STAKEHOLDERS: Tribes*

j. **Tribal funding through the States assumes Tribal geography is roughly equivalent to that of a Local, which is often inaccurate.** Tribes often span State borders, and currently Tribes have to receive funding from all the States of which it is a part. Within a State, there may be multiple Tribes, all with unique needs. *CONTRIBUTING STAKEHOLDERS: Tribes*

k. **Local health departments generally have little interaction with CDC.** Outside of a few large jurisdictions, CDC does not have direct working relationships with Local health departments (LHDs). LHDs frequently reported an absence of interaction with CDC, which by its very nature precludes the potential for partnership. The majority of Local health departments rely on State health departments to engage with CDC staff or programs. *CONTRIBUTING STAKEHOLDERS: Locals*

> "For most Local health departments, CDC is an impenetrable black box; no more real than the CDC logo on a poster."
>
> - Focus Group Participant

3. ***Process***

- Information and communication regarding the policies, processes, and procedures within CDC and between CDC and the STLTs agencies.

a. **Long term planning is difficult for STLTs who are dependent on grant funding.** The federal appropriations process is not conducive to long term planning for STLTs who are dependent on these funds. Changing CDC priorities impact the continuity of funding and hinder effective long term planning, specifically since programs are not informed of funding cuts until later in the process. The administrative process of using carryover dollars from previous fiscal years is burdensome and affects STLTs' ability to effectively use grant funding. *CONTRIBUTING STAKEHOLDERS: CDC, States*

> "It takes a certain infrastructure to write an effective grant and develop the statewide program. When there are mandatory furloughs, budget cuts, and personnel cuts, there is not a realistic opportunity to write several grants."
>
> - Local Health Department Participant

b. **STLTs want complete, accurate, and explicit grant guidance with flexibility to adapt funding to localized needs/circumstances.** STLTs want specificity in terms of what CDC expects, but also want CDC to allow for flexibility in the approach they take to implement. STLTs believe too much specificity in grant

> "CDC does its best when it provides broad guidance, expertise and it does its worst when it micromanages STLT."
>
> - Local Health Department Participant

implementation guidance hinders their ability to be innovative. When guidance is too general, STLTs often do not have the capacity or thorough understanding of CDC's expectations to translate into practical activities. CDC also does not actively incorporate external factors (such as the economy) into grant program requirements, which can impact grantee's ability to successfully implement programs. When STLTs are required by their executives to cut budgets, positions, or discretionary funding, they are less able to meet grant requirements for funding staff positions, or conducting other activities. *CONTRIBUTING STAKEHOLDERS: CDC, States, NPOs, Locals*

> "If money is given with too few guidelines, it tends to diversify to relatively ineffective activities. There needs to be a balance of oversight and support."
>
> - CDC Participant

c. **There is a lack of consistency in the sharing of data with and across STLTs.** CDC has access to large data sets, but a standardized process for proving this data to STLTs when it is needed does not exist. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

d. **Grants management is administratively burdensome on STLTs and diminishes their ability to do true public health work.** Grants requirements for staffing and program management often reduce the availability of funds for actual programmatic work. These tasks, required by various funding streams, can also duplicate existing roles within STLTs. Multiple staff positions across programs and silos between CDC programs often lead to multiple layers of communication channels with the same STLT grantees. As a result, confusion and inefficiencies exist in the grants management process. Grantee efforts are dedicated toward administrative aspects of individual grant activities, rather than focusing on holistic public health outcomes. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

> "Managing the grant isn't the job; it is just the mechanism for improving health outcomes."
>
> - State Health Department Participant

e. **STLT capacity-building is neglected in favor of siloed, disease-specific grant programs.** STLTs reported significant programmatic and relationship benefits when CDC committed to significant capacity building investments. The positive relationship outcomes of capacity building emerged from intense focus from CDC experts with a smaller group of funding recipients. *CONTRIBUTING STAKEHOLDERS: CDC, States, Local, Tribes, Territories*

> "Silos need to be broken down and CDC should recognize that public health is a continuum and not separate entities."
>
> - State Health Department Participant

f. **CDC must work to find balance between scientific standards of perfection and useful program information.** While many at CDC see the value of and a role in providing scientific and evidence-based practice recommendations to the States, CDC's admirable focus on strong scientific research sometimes minimizes its role in dynamic situations. CDC must be responsive,

even if it means putting out a solution that will evolve and change. Advocating piloting efforts can enhance response time. While STLTs seek CDC support for innovation, they often feel CDC's focus on science takes precedence over innovation assistance. Some interviewees viewed CDC's support for innovation (when applicable) as a sign of trust and support for collaboration. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, National Partner Organizations*

> "From an attitude and process aspect, CDC has a way of stifling new ideas and innovation."
>
> - CDC Participant

g. **CDC grant programs require seemingly disconnected and confusing performance metrics, even when health outcome goals are related.** Public health outcomes, such as decreasing childhood obesity, often incorporate related CDC programs that may have separate process measures. The disparate measures can lead to poor results in collecting and comparing program performance. *CONTRIBUTING STAKEHOLDERS: CDC, Locals*

h. **Tribal surveillance activities and data sharing and ownership protocols are not well established**. Results and applied actions based on those surveillances are not appropriately established or executed. There were specific issues in obtaining H1N1 funding for resources and vaccination. Tribal data is often too generic and not Tribe-specific, being controlled by the States and not the Tribes themselves. Data sometimes is shared externally before being shared with Tribal groups, which represents a profound cultural clash and undermines the Tribes' trust of CDC. *CONTRIBUTING STAKEHOLDERS: Tribes*

i. **National Partner Organizations should be included in the policy decision-making processes.** CDC has been successful when it has collaborated, included, and made a sincere commitment to share information and policy-making authority with National Partner Organizations (e.g. H1N1). As a conduit to CDC and their STLT membership, NPOs can serve as a mechanism for relaying information and identifying emerging trends and issues. NPOs expressed a willingness to align priorities, measures, and outcomes with OSTLTS. *CONTRIBUTING STAKEHOLDERS: National Partner Organizations*

4. ***Workforce***

- Skills and attitudes of the diverse set of individuals at each level of the public health system whose prime responsibility is the provision of core public health activities.

a. **Each member of the public health system represents different perspectives and skill sets.** A consistently reoccurring theme that emerged from all stakeholder groups was the need for CDC to engage stakeholders in the formative stages of strategy development, and then acknowledge and leverage the unique expertise that resides in STLT health departments. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, Territories, Tribes*

b. **CDC must demonstrate respect for STLT expertise "on the ground."** STLTs reported only a few success stories where CDC engaged them in a meaningful way to learn what was happening "on the ground." STLTs almost universally said such interactions represent a key barrier to true collaboration between CDC and STLTs. Many STLT and CDC respondents touted CDC's response to H1N1 as a successful example of the type of collaboration STLTs are seeking. They reported that during the H1N1 response, CDC consistently engaged with State and Local health departments and accepted their perspective as valid and equal to CDC's own. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

> "In outbreak investigations, there is a perspective that CDC takes is patronizing. They come in and take over roles and responsibilities, and it becomes very messy. This happens often, so it makes Locals very reluctant to want to cooperate."
>
> - Local Health Department Participant

c. **Positive perceptions of interactions with CDC are often built on strong personal relationships at the individual level.** STLTs and CDC experiences with strong relationships are most often based on the personal relationships that staff on either side may have, rather than on any one defined process that helps these relationships to succeed. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, Tribes, Territories*

> "Having an EIS Officer has changed everything"."
>
> - Local Health Department Participant

d. **STLTs struggle with the Project Officer's role and process.** At CDC, Project Officers (POs) often are mainly focused on the administrative aspects of the grants which creates a disconnect between STLTs and CDC regarding the role of the PO. In such circumstances, STLTs may develop the impression the CDC POs do not have requisite public health insights. If the right people are in place and they are focused on the right things (such as the STLTs priorities), the PO structure works very well. However, frequent turnover in POs due to CDC organizational decisions impacts STLT relationships with CDC. Additionally, having multiple POs assigned within one STLT can cause undue challenges to clear communications (by adding multiple layers and players to such interactions). *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals, Tribes, Territories*

> "Project Officers seem to rotate out of projects in about 6-9 months. This practice is not effective in building relationships; right as the Project Officer learns about the program, they rotate out to another project."
>
> - State Health Department Participant

e. **The State Management Official role has not been widely implemented.** There is inconsistency in how SMOs are perceived within State and Locals, as well as at CDC. Many within CDC consider SMOs to be a valuable aspect of the Futures Initiative, and States with exposure to

SMOs provided positive feedback. However, many CDC staff and States also had little interaction and experience with the SMOs, indicating that the program was not consistently implemented. *CONTRIBUTING STAKEHOLDERS: CDC, States, Locals*

Recommendations

Transformation projects usually alter structures, work processes, systems, relationships, leadership styles, and behaviours that together create what we know as organizational culture. A modified culture stems from the agency's overall strategies, can gain strength through its norms and behaviors, and is typically reinforced by day-to-day systems and processes. OSTLTS has the opportunity to support CDC and STLTs in transformation towards a more mutually positive culture through the recommendations outlined below.

Recommendations are grouped into three categories: collaborative engagement, process improvement, and workforce development. Statements that support the need and approach to achieve the recommendations are included for each category.

1. **Collaborative Engagement**
    - ***Problem Statement*:** STLTs are not consistently part of the decision-making, receive inconsistent communication, and do not understand CDC requirements and organization
    - ***Need***: Establish purposeful and consistent collaborative engagement
    - ***Approach***
        - Evaluate interactions: 1) Level/Quality, 2) Comparison of routine versus catastrophic events, 3) Nature and frequency, 4) NPOs vs. STLTs
        - Establish interventions based on evaluation such as consistent partnership coordination protocols and function across each office (example: OSTLTS to provide toolkit and training)
        - Define expectations and criteria of a successful working relationship between STLTs and CDC
        - Leverage existing or new forums to engage STLTs (example: CoP forums on winnable battles)
        - Develop standard communication plan and disseminate across offices (example: OSTLTS to develop communication dos and don'ts, checklists, templates and tools)
        - Launch yearly customer satisfaction and pulse check surveys with STLTs and NPOs to inform CDC of unique needs or current issues

2. **Process Improvement**
    - ***Problem Statement*:** CDC's processes are administratively burdensome to both agency FTEs and STLTs
    - ***Need*:** Prioritize and execute upon the process improvements previously identified with the Organizational Issues Committee (OIC) and the Business Services Improvement Project (BSIP)
    - ***Approach***
        - Analyze grant improvement initiatives identified by OIC and BSIP to identify barriers to adoption and define options for moving forward
        - Determine inconsistencies in guidance provided by similar federal programs
        - Examine requirements of grants programs across CDC to identify potential synergies and reduce duplication

- Explore the integration of funding streams, programs and performance measures to achieve holistic, cross-cutting public health outcomes (example: obesity and diabetes dollars working together to achieve mutually beneficial outcomes)
- Evaluate administrative burden of grants management on both CDC and STLT staff and explore process improvement solutions (automation, a consolidated shared services model, etc)
- Break down silos amongst internal CDC grants management systems and integrate data for increased analytics and to tie project performance, public health outcomes, and budget information

3. Workforce Development

- ***Problem Statement*:** A mutual lack of knowledge and understanding of organizational intricacies and needs exists between STLTs and CDC
- ***Need*:** Focus on workforce development by increasing skills, knowledge and cultural competencies of CDC/STLTs touch points
- ***Approach***
  - Provide training to CDC to increase knowledge of the complex public health landscape (e.g., individual tribal considerations, geographical, regional, cultural, and jurisdictional differences, and issues of health departments' size vs. capacity).
  - Develop tutorials, computer based training, directories, and educational materials for STLTs that provide information about CDC's structure, resources, and how CDC conducts business as a federal agency
  - Launch educational workshops and seminars to STLTs on emerging federal trends and issues that impact the greater public health system
  - Implement workforce development initiatives to standardize CDC's Project Officer training programs and gather input from the STLTs on the role of a project officer
  - Provide customized grants and performance management trainings that meet the diverse cultures and needs of tribes and territories
  - Develop continuity/succession plans and create knowledge transfer processes to minimize the impacts of CDC staff transitions on the STLT relationships

IV. Concluding Thoughts

The findings from the culture assessment revealed ample hope among CDC staff and STLT leaders for renewed focus on CDC's key stakeholder groups. Challenges remain, however, and OSTLTS has the opportunity to lead and organize CDC's collective approach toward meaningful engagement of STLTs. Respondents reported issues across a variety of domains from strategy to operations, while OSTLTS faces the challenge within CDC to demonstrate its value in supporting programs.

The themes and recommendations detailed within this report represent a critical first step in transforming culture towards the desired state. Next steps for transforming culture include:

- ***Plan and mobilize*** – Develop action plan with solutions, timelines, resources, and measurable outcomes.
- ***Adopt and accelerate*** – Align all people-related initiatives to help foster the new culture. Establish the right leadership models and introduce new words and vocabulary that highlight the desired behavior.
- ***Make it Stick*** – Revisit action plan regularly with leaders and validate progress with stakeholders.

> *"Change leaders throughout organizations make change stick by nurturing a new culture. A new culture - group norms of behavior and shared values – develops through consistency of successful action over a sufficient period of time."*
>
> ***John Kotter, Harvard Business School professor and co-author of The Heart of Change***

Appendix 1: Shared Behaviors

Throughout the assessment phase of the project, stakeholder participants demonstrated many shared beliefs and values across the organizational levers. The following section depicts the behavioral characteristics that help define the culture of each participating stakeholder group (CDC, States, Locals, Tribes, Territories, and National Partner Organizations). The characteristics indicated below recurred more than once throughout the interviews and focus groups. Observed behavior characteristics include:

- **Norms**: The social groups expectations concerning appropriate behavior.
- **Attitudes**: Collection of beliefs with an evaluative aspect; tendency of mind/relatively constant feeling toward a certain category of objects, persons, or situations.
- **Beliefs**: A conviction that a phenomenon or object is true or real.
- **Values**: Justification of one's actions in moral or ethical terms (right/wrong; good/bad).

Stakeholder Group – CDC

Norms	• STLTs input is needed in developing solutions toward overall public health outcomes
	• STLTs rely on CDC for support in basic public health capacity building activities for which they do not have funding, such as policy, evaluation, research, etc
	• STLTs need to know how to navigate CDC
	• STLTs rely on CDC for technical assistance
	• Cross-Federal Agency collaboration is important
	• STLTs need an advocate at CDC
	• Cross-Agency collaboration requires sponsorship from CDC Leadership
Attitudes	• Many believe there is an "us vs. them" relationship between CDC and STLT agencies
	• STLTs view CDC as having an "ivory tower perspective" that often doesn't translate at the ground-level
	• OSTLTS cannot become another bureaucracy barrier instead of a resource
	• The business relationship with STLTs is damaged
	• If STLTs don't succeed, then CDC won't succeed
	• Grant guidance needs to be a balance of oversight and support
	• Individual Project Officer relationships dictate STLT relationships
	• It is critical now that CDC Leadership "walk the walk"
	• Frequent changes in priorities and approaches lead to break-downs in relationships
Beliefs	• There is not consistency in messaging and communications from CDC to STLTs
	• There is expertise available at the STLT level
	• Creating new Offices within the CDC hierarchy means additional layers of bureaucracy
	• OSTLTS vision has not been communicated across CDC

	• CDC lacks internal coordination and communications across Divisions and programs
	• The federal funding cycle limits STLTs ability for effective budget planning
	• CDC grant and procurement management damages STLT relationships
	• States appreciate "face-time" with CDC Leadership
	• Some public health functions should be achieved by the CDC and some should remain at the STLT-level
	• STLTs do not appreciate constantly changing priorities
	• CDC Leadership does not incentivize cross-Agency collaboration
Values	• Service-oriented culture, innovation, transparency, early engagement of stakeholders, frequent and consistent communication
	• Limited bureaucracy, shared accountability
	• Cross-Agency collaboration, efficiency, clear communications
	• Credibility, trust across different environments and people

Stakeholder Group – States

Norms	• State departments are part of a larger public health system, and not just discrete entities
	• Improved communications are needed between CDC and STLTs
	• States appreciate the role of a convener who will bring them together
	• States rely on CDC for clear guidance and expertise on expected outcomes from grant awards
	• Localities should not be allowed to supersede funding chain and apply for funds directly from CDC.
	• Frequent communication from Leadership and direct access to Leadership empowers the States to achieve their activities
Attitudes	• New Leadership and the H1N1 response effort have improved CDC's credibility with States
	• CDC is at its best when it is working in collaboration with STLTs
	• CDC was created to support State and Local public health agencies in program operations
	• Success of a relationship often depends on the personality, effectiveness, skill and expertise of individual Project Officers
	• Continuity affects relationships, CDC priorities change based on flavor of the day.
	• States need mutual support from the program side and procurement office of CDC
	• There should be the perspective that CDC is about science and not politics
Beliefs	• Political pressures must never overwhelm the public health mission
	• There are valuable and unique public health skill sets available at the State level
	• The customer service aspect within CDC has eroded
	• Credibility will erode if CDC begins a pattern of decisions and actions that are not determined through scientific-based evidence
	• OSTLTS should not act as a gate-keeper to CDC Leadership

	• Application of the Project Officer and State Management Official role has been inconsistent
	• CDC knows very little at the Local level since they primarily deal with the States
	• CDC should not bypass States to fund Locals, as it creates a geopolitical battle.
	• The grants management process within CDC is cumbersome
	• New CDC Leadership feels they have something to prove
	• Changes in priorities makes long-term planning difficult for States
	• Programs within CDC are siloed and there is no congruent cooperation and awareness that public health is cross-cutting
	• States appreciate access to CDC Leadership
Values	• Innovation, flexibility, engagement in setting public health strategy, openness, trust, and transparency
	• Open and frequent communications, access to CDC Leadership
	• States have unique capabilities and prefer to be innovative when possible, and value responsiveness and information exchange with CDC

Stakeholder Group – Locals

Norms	• Local public health should be involved in priority setting
	• Clear duties from CDC OD will enable OSTLTS
	• Restructuring the grant process will lead to more effective STLT interactions
	• Best practices sharing with State and Local health departments will improve their relationships with each other
	• Specific outcomes and how it will be measured will help Locals implement grant funding more effectively
	• Locals should be engaged by the CDC in the same manner as States
	• Support and commitment is from CDC Leadership to improve the public health system
Attitudes	• There is expertise at the Local level that may not exist at the State or federal level.
	• CDC has the misconception that the real activity lies at the State level, but in reality it's at the Local level.
	• Local jurisdictions cannot be painted with "broad strokes", there are many variables amongst the 3,000 Local health departments across the U.S.
	• Outside of a few large jurisdictions, CDC doesn't have direct working relationships with Local health departments
	• Frequent reorganization efforts at CDC cause disruptions in field
	• Public health issues are a "national" problem that effects the entire system, versus a "federal" one
	• The best public health capacity may not always be at the State level
	• Funding bureaucracy hinders effective implementation
	• Leaders need to take action and not just say things are going to change
Beliefs	• CDC is not aware of Local's needs
	• CDC cannot count on the direction and messaging it provides to States to be properly translated down to Local health departments

	• CDC has not done a good job of articulating outcomes expected from grant activities and instead has been micromanaging process
	• Channels of communication directly between CDC and the Locals are almost non-existent
	• The presence of the State health departments as the middlemen discourages Locals from contacting CDC directly
	• There is a need for standards in data collection and data sharing
	• There needs to be more flexibility in funding vehicles
	• Having a structure of governance that can evolve over time is important
	• OSTLTS will add to CDC bureaucracy
	• Local leaders must acknowledge the need for improvements to the Local health systems nationally
	• CDC Leadership has been inconsistent and distant
Values	• Acknowledge and respect specialized skill sets within Local public health, early engagement in priority setting
	• Limited bureaucracy, responsiveness, shared accountability
	• Flexibility in funding approaches, direct support and engagement from CDC to Locals
	• Knowledge, credibility, innovation

Stakeholder Group – National Partner Organizations:

Norms	• There is a structure in place for State, Local and federal public health, each with its own focus
	• Public health organizations are CDC's main customer
	• Relationship is as much about behaviors as it is science
	• STLTs are an entity and not a collection of programs
	• CDC program staff are linked to the broader public health system
	• There is a public health system that dictates how entities interact
	• NPOs have a say in the public health decision-making processes
	• CDC leadership builds and maintains interpersonal relationships with NPOs and STLT
Attitudes	• CDC "thinks they know best" about public health policy without consulting Local perspective
	• CDC liaison to STLT is ceremonial and lacking authority
	• All parties in public health system should share accountability
	• Adhering to a standard of perfection minimizes CDC's role in dynamic situations
	• OSTLTS Leadership must avoid becoming a gate-keeper to the Agency Director
Beliefs	• There is a wealth of talent at STLT agencies in regards to best practices
	• CDC is credible on science, but lacks the "on the ground" credibility because they operate as if they understand what is going on at the Local level
	• Relationship with CDC is weak as a result of grants management processes
	• The Local perspective is different than the State perspective

	• The Local perspective is as important as the State perspective
	• Response management should be dynamic and flexible
	• CDC will not a put a solution until they feel it is perfect
	• There is a leadership focus on categorical disease programs rather than integrating programs towards holistic health outcomes
	• Accessibility is key to strong STLT relationships
	• Success is dependent upon CDC Leadership and funding
Values	• First-hand experience, respect, service-orientation
	• Shared accountability, respect, collaboration
	• Interpersonal relationships and accessibility to leadership
	• Collaboration, inclusion, and sincere commitment to share information

Stakeholder Group – Territories:

Norms	• Each territory has different needs and different capacity levels
	• A high level of cultural competency and experience is needed when working with Territories
	• Territories are autonomous and operate as an all-in-one public health agency
	• Territories expect flexibility in guidance and structure
	• Training from CDC improves Territories' ability to lead programs
	• Territories have strong relationships with Project Officers and Senior Management Officials
	• CDC leadership will provide guidance and direction to Territories
Attitudes	• Territories benefit from the support of Public Health Advisors
	• CDC does not have a strong understanding of the public health infrastructure and development within Territories
	• Some areas in CDC have too many layers within the division
	• Territories are not given adequate funding to meet the same requirements and expectations as States
	• Need for technical assistance is greater in Territories than in States that are receiving more funds and technical support
	• CDC's reorganization is confusing, especially when project officers are reassigned
	• Content with leadership skills that has been demonstrated within CDC staff
	• Reorganization of CDC leadership causes confusion
Beliefs	• It takes time to cultivate relationships with CDC
	• Consistency over time is important
	• Successful partnerships are dependent upon relationship building between CDC and Territories
	• Territories are encouraged by the establishment of the office
	• Current CDC partnering relationships work
	• Territories are viewed the same as States by CDC in regards to funding mechanisms
	• There is a lack of collaboration between HHS and CDC during events

	• Technical assistance is not sufficient for Territories
	• All information should be consistent when communicated to partners
Values	• Respect of heterogeneity, cultural competency, experience, consistency over time
	• Respect and understanding of heterogeneity, equal expectations of performance, clarity of structure
	• Interpersonal relationships, collaboration, eliminate confusion, strengthen training opportunities, reliance on technical assistance
	• Consistent and frequent communication, strong leadership skills, clarity in roles and responsibilities

Stakeholder Group – Tribes:

Norms	• Unique public health priorities exist for Tribes
	• Many Tribes health needs are addressed through a multi-Tribal organization that consolidates services
	• Tribes often span State borders and have to receive funding from all the States of which it is a part
	• Within a State there may be multiple Tribes, all with unique needs
	• CDC cannot address health needs for some individual Tribes as these are consolidated under a multi-Tribal health organization
	• The use of more junior CDC staff to build relationships with Tribal Leadership is incompatible with cultural practices and norms
	• Data sometimes is shared externally before being shared with Tribal groups
	• CDC is sympathetic to issues on Reservations
Attitudes	• Tribal needs are often overlooked in the establishment of national public health priorities
	• The resources to address Reservation public health issues are lacking
	• Tribal-operated Epidemiology Centers have been a strategic resource and investment from CDC
	• Tribal data is often too generic and not Tribe specific, being controlled by the States and not the Tribes themselves
	• Asymmetry of Reservations and CDC create conflict of resources/capacities/expectations of what Tribes can do
	• Surveillance activities and data sharing/ownership are not good or thorough so results and applied actions based on those surveillances are not appropriately established or executed
	• CDC has not made a strong commitment to Tribal health needs
Beliefs	• Magnitude of public health problems is different on Reservations
	• Tribes have troubled history with the federal government and federal agencies
	• Compliance with grant requirements is not always realistic for some Tribes
	• The structure of Tribal governance is very different then the way CDC operates
	• Priority setting does not recognize and incorporate unique cultural aspects of Tribes and life on Reservations
	• Tribal funding through the States assumes that Tribal geography is equivalent to

	that of a Locale, which is often inaccurate
	• Specific health issues will need a tangible commitment by CDC leadership
Values	• Understanding of uniqueness of needs and priorities
	• Understanding of uniqueness of structure, needs and priorities, realistic expectations
	• Understanding and compatibility with structure, geography and culture, stronger and more specific data, collaboration and open communications
	• Sympathy to unique needs, strong commitment by leadership

Appendix 2: Interview and Focus Group Questions

OPENING REMARKS

- We appreciate you taking the time to speak with us today. My name is _____ and I am here with Deloitte working on behalf of CDC's Office of State, Tribal, Local, and Territorial Support (OSTLTS).
- We are working with CDC to gain a better understanding of how CDC and STLT health departments work together on public health programs and issues, and the role that the new OSTLTS has in ensuring efficient and effective programs.
- **Ground rules**: This is an open environment. The more honest you can be, the more you will help us. All information shared during and after this interview/focus group will remain confidential. To ensure we are accurately capturing information, _____ is here taking notes. Again, anything you share will remain confidential.
- The results of our conversation will be noted, but summarized when presented to our client. This means that any information collected will be in consolidated summary form; nothing will be attributed to specific individuals, unless it is agreed upon prior.
- The data we gather throughout this process will be used to understand the current organizational culture between CDC and State/Locals that will then be applied to create a plan to enhance that relationship.
- Today's conversation will start with a brief discussion of your background with some general questions, your current working relationship with CDC/within CDC/with STLT agencies, and any ideas you have about opportunities for the future.

QUESTIONS

I'd like to begin by getting a better understanding of how you see CDC and STLT health departments currently working together. [How the organization responds to the external environment.]

General: Initial question to provide background of our stakeholders and their subsequent responses.

1) Can you please describe your position with _____ [Agency/Center/Division]? [Interviewer Note: Capture Name, department, position, and a brief history of what programs they have worked with.]

Questions address concepts of shared beliefs, norms, behaviors, and assumptions between CDC/STLT agencies

2) Please give us examples of both successful and unsuccessful relationships that you have had ***between*** CDC and STLT agencies.
   a) *What were the key differences in these relationships that contributed to success?*
   b) *What are the most valuable aspects of these relationships?*
   c) *In what ways, if any, do you think these relationships support the work of all involved?*
   d) *Is there openness and trust within CDC and between CDC and STLT agencies? Can you please provide an example*?
   e) *From your perspective, what constitutes an effective working long-term relationship?*
3) Please give us examples of both successful and unsuccessful relationships that you have had ***within*** CDC (use same probes as above).
4) Do you consider CDC to be credible? Please elaborate (Only ask for STLT Interviews)
5) What would change your opinion? (Only ask for STLT Interviews)
6) What do you see as the public health priorities that will require strong CDC/STLT collaboration?
   a) *What role do you see CDC having?*
   b) *Do you think that OSTLTS is poised to support these priorities? How?*

This section examines concepts of governance, controls, and the working relationship between CDC/STLT agencies.

7) How has the establishment of OSTLTS impacted your working relationship with STLT? (or the other way around when asking STLT)
8) What can OSTLTS do to help improve or change the dynamics between STLT and CDC?
9) In the past, CDC has attempted to create a similar office to OSTLTS. What do you think worked or didn't work in that effort?

Questions address concepts of the policies, processes, and procedures around the communications/flow of information between CDC/STLT agencies.

10) What do you do to ensure that your relationship (CDC and STLT) is at strong as it can be?
    a) Is it effective and why?
    b) Is it consistent across all of your interactions?
    c) Who/what defines your working relationship?
    d) How is it assessed?

11) What is the top thing that CDC can do to improve relationships with STLT?
    a) In terms of leadership, what are the specific and actionable changes would you like to see made to CDC/STLT relations?

12) What is the one thing you would change in your own work that would impact the relationship between CDC and STLT health departments?

Addresses the style of conduct & overall priorities alignment between CDC/STLT agency leaders, and the expectations of the role of leaders in support of relationships.

13) When you hear the word "Leadership" in the context of CDC's commitment to strengthening the relationships with STLT agencies, what are the words, thoughts, or images that come to mind? Please give an example.
    a) Who are the people/levels at CDC that exhibit this leadership?
    b) How would you describe CDC's current leadership in addressing relationships within CDC/between CDC and STLTs?
    c) In your opinion, how do leaders at CDC and STLT agencies work to ensure each others' goals and priorities align?
    d) What actions should leaders champion to make improvements to the working relationship of CDC/STLT agencies?

WRAP-UP/CLOSING

Let me just summarize a few main key points that I heard today. [Interviewer note: Provide a short oral summary of the discussion]

14) Is there anything we did not discuss that seems relevant or important that you would like us to know?

15) We are meeting with a number of people who serve in roles such as yours. Are there others that you believe we should talk to get more information?

Thanks again for all your comments today. May we contact you for a follow-up once we have compiled feedback from everyone? Please do not hesitate to contact me if you have further thoughts on what we discussed today. [Interviewer Note: Hand out business card as applicable].