

Summary of Office of State and Local Support Project Officer Workgroup Meeting  
Marriott Century Center  
Atlanta, Georgia  
November 17-18, 2009

Participants:

H. "Mac" McCraw, CDC, SMO – Facilitator  
Kevin O'Connor, CDC, NCHHSTP  
Keith Williams, CDC, CCID, OD  
Valerie Kokor, CDC, COTPER, DSLR  
Norm Fikes, CDC, NCHHSTP  
Bill Ramsey, CDC, NCIPC  
Denise Rogers, CDC, NCIRD  
Richard Gillig, ATSDR  
Brock Lamont, CDC, SMO  
Cheryl Maddux, CDC, PGO  
Dan McDonald, CDC, OWCD  
John Moore, CDC, NCDPHP  
Christine Dorsey-Bowman, CDC, PMP – Recorder  
Nan Migliozzi, Ohio  
Maria Courogen, Washington  
Dan O'Connell, New York State

1 day Participants:

Ted Pistorius, CDC, CCID  
Heidi Pfeiffer, CDC, COTPER  
Arun Skaria, CDC, CCID

Absent:

Elijah West, CDC, NCDPHP  
Kaetz Beartusk, CDC, NCDPHP  
Rashad Burgess, CDC, NCHHSTP

Purpose of Meeting

Convene a diverse group of public health officials to assist in identifying areas of support that could enhance the provision of technical assistance provided by project officers with the goal of increasing public health outcomes among public health partners and the public health system.

Discussion

The interactive dialogue provided an opportunity to hear from a variety of perspectives related to the topic. From the onset it was quickly affirmed by participants that this was an area worthy of attention and support from leadership. During the day and a half

meeting a range of related issues were discussed from policy recommendations to developmental/training concerns to clarity related to standard practices and expectations.

Early in the meeting it was acknowledged that this was an aspect of CDC's organization that has been neglected for years. The workgroup welcomed the opportunity to contribute to address frequently cited and recognized concerns and needs regarding the related topic. Karen White, Acting Deputy Director, Office of State and Local Support opened the meeting by thanking and emphasizing Dr. Frieden's support and expectations related to improvements in this area of CDC's partnership with external state and local partners. She further encourage the workgroup to think globally and not just specific to project officers; although clearly would be a focus of the discussion. All in attendance were realistic in understanding the complexity of the challenge as well as the opportunity to begin to address some longstanding concerns regarding CDC's ability to provide meaningful and essential technical assistance to public health partners in support of their public health missions.

On several occasions during the meeting the significance of CDC's ability and expectation to provide technical assistance was discussed and its importance reinforced. This underlined the fact that CDC has a pivotal role in supporting local and state partners who is the entity that delivers and provides direct public health services as a routine and core function of their mission. The workgroup's perspectives stated at various times and in various ways reflect the project officer is a critical component of that support.

Initial discussion in the morning focused around specific themes; what is expected of a project officer and what is the project officer role? Also focused on identifying areas as needing improvement in support of public health partners advancing or improving public health outcomes. This could be specific to project officers or a generalization that has wider implications for CDC assistance and partnership related to providing technical assistance.

It was clear from the broad representation participating in the workgroup there are certain central expectations related to task and duties associated with project officer responsibilities. It was also reinforced during the meeting that the project officer is a pivotal and critical official in the partnership between external public health partners and CDC. Attached to this summary you will find a listing of stated duties/expectations related to project officers who directly impact the quality of service and technical assistance provided. In reviewing the list you can quickly surmise that the Project Officer/Program Consultant is a vital liaison between CDC and state and local partners; critical to effective communication and positioned to effectively address and support multiple CDC and public health partners' efforts and mission.

During discussion by the workgroup specific expectations regarding the project officer role were highlighted and emphasized. In addition, those expectations were universally viewed as important to local public health program managers and other key officials. CDC programs utilize project officers in a variety of capacities performing various duties and tasks. A review of the agency wide utilization of project officers and their duties

across multiple programs could identify activities that contribute significantly to improving public health versus activities that are performed as a result of a gap in capacity or focus within the agency or specific program. Identifying the work that is universally recognized as critical to the mission would illuminate other tasks and duties that are perhaps necessary, however are better supported within other job position.

In the afternoon discussions continued and the workgroup was divided into 3 groups addressing 3 specific themes; 1) identify concerns, issues, or needs related to project officers or the provision of technical assistance, 2) what current training activities or practices related to project officers existed? and 3) lastly, what action, activities, or practices could be done to address and support efforts related to this topic (universal in scope and applicability)? The intent of this process was to allow the workgroup to crosswalk responses from the various groups with the hope of identifying recognizable synergies within areas or topics presented. Attached you will find the workgroup's listing of items cited.

The next day we briefly reviewed the previous work and discussions from the prior day. In addition, we heard and processed comments from workgroup members not in attendance the previous day to benefit from their individual perspective and hopefully vice versa. After much discussion and remaining focus to the workgroup's initial intent; the workgroup identified areas of focus they believed were germane, feasible and significant to be addressed by CDC leadership. There is complete recognition that this is an area that has been neglected as previously stated and that related change may need to happen incrementally. However, the group is encouraged that for the first time in a very long time that there is recognition and a commitment by CDC to address these issues related to project officers and providing technical assistance consistently and with a level of continuity that supports added value on impact and less on process related to the public health mission.

One reoccurring theme that was stated over and over by both CDC and state and local workgroup members during the 1.5 day meeting was the lack of consistency, continuity, or centralized structure and support associated with this element of CDC's workforce. It was constant whether you spoke about the way in which field visits were performed, the way information was communicated, interpretation of policy, or expectations related to performance. It was also obvious during workgroup discussions that there were opportunities to support project officers that were available but for whatever reason lacked universal acceptance or implementation.

The workgroup during the crosswalk process vetted and discussed many actions and areas they believe were needed and would address many of the items cited during the meeting. Recognizing that attempting to address every area of concern or need in a singular or isolated fashion would not be practical, nor a place to begin from and would not establish or sustain traction for an effort that will need to be sustained over a longer period of time with appropriate resources, policies, structure and leadership. However, the workgroup did provide some themes or areas of focus they believe meet the following

criteria; feasible, significant, universally applicable, demonstrates value in improving public health or the public health system, and outcomes are clear and measurable.

#### Workgroup Recommended Areas of Focus:

- 1) Standardize Training – no single area or theme was cited as often or discussed as length as this issue. It was described as a critical need and needing deliberate and immediate attention by leadership.
- 2) Recruitment Strategy – this issue is related to conflicting paradigms; public health role has expanded and the workforce pool supporting the selection of new project officers has not kept pace. Since the advent of 9/11 and the increasing role of public health outside of traditional public health missions the task of project officers have changed as well as their experience in basic public health operations, management and operations. Consistent criteria regarding the level of experience, training, or skill should be considered.
- 3) Universal Expectations and Performance Indicators or Standards – often the lack of global understanding of expectations related to the work of project officers has contributed to the lack of clarity, consistency and continuity. This is frequently recognized by external partners in their interactions with project officers and is also internally experienced when project officers move from program to program within CDC.
- 4) Establish Evaluation Framework including feedback from External Partners – needed to assist with assessing the necessary focus on performing the right work the right way consistent with CDC expectations regardless of program, CIO or management structure. External feedback is not only appropriate it is critical to assessing that services provided are contributed to improving public health.
- 5) Senior Leadership Provide Executive Guidance and Oversight – the focus of the work performed by project officers may be program centric however the group believed that continuity, consistency and applicability regarding their work is critical. Given the fluidity of project officers and the various programs utilizing project officers it is viewed as essential that a mechanism be established that reinforces consistency, continuity and accountability regarding training, recruitment, performance, and evaluation.