

# National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Strategic Plan

2010–2015

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



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# 1 Background

The Centers for Disease Control and Prevention (CDC) is committed to improving the quality of health in the United States and around the world. Since its beginning in 1948, CDC's mission has expanded from one that focused exclusively on infectious diseases to one that, today, aims to create the knowledge, tools, and networks that people and communities need to protect their health—through health promotion, prevention of disease, injury, and disability, and preparedness for health threats.

Since 1979, Healthy People, a national health promotion and disease prevention initiative, has laid out a framework for prevention for the nation. It provides a set of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 focuses on achieving two goals: increased quality and years of healthy life and the elimination of health disparities; the development of Healthy People 2020 goals and objectives is underway. It is important that all CDC units align their direction, focus, and individual missions to support Healthy People objectives through timely, relevant, and creative strategic thinking and planning.

This strategic plan represents a collaborative effort by staff in the NCHHSTP Office of the Director (OD), the Center's divisions and branches, and other key partners within and outside CDC. It articulates a vision, overarching strategic directions, and innovative strategies to guide the Center's programs to prevent HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs) and tuberculosis (TB) infections. The plan supports and provides context to the disease-specific strategies and activities being done within divisions. The plan is intended to be a working document—one that will change as we gain additional input, experience, and perspective.

## 2 Why a Strategic Plan? Why Now?

This strategic plan was developed to guide NCHHSTP activities during a time of tremendous change in the landscape of public health. Since the last plan was developed in the 1990s, the epidemiology of HIV, viral hepatitis, STDs, and TB has evolved considerably. While public health interventions have reduced the burden of disease among some populations, other groups are at increased risk and require new approaches to disease prevention and control. In the past decade, NCHHSTP and CDC have undergone significant organizational changes and must respond to new paradigms and strategic imperatives in public health at home and abroad. In an era of transformation in the public health sector, NCHHSTP is poised to be a leader and agent of change.

A new strategic plan is also needed to further consolidate the natural synergies that exist between HIV, viral hepatitis, STDs, and TB prevention programs at the CDC. The goals and objectives outlined in this plan are therefore crosscutting and overarching, providing a strategic roadmap for NCHHSTP leadership and staff across our divisions. While each division will continue to maintain its focus on specific diseases and risk groups, this strategic plan outlines a framework to accelerate a *syndemic orientation* to prevention by promoting greater collaboration across the organization and with an expanded array of external partners; promote and support a more *comprehensive* approach to prevention by identifying and implementing effective individual, community, and societal level interventions; and better *leverage* opportunities for prevention within healthcare and other sectors.

Finally, changes in the national health landscape provide unprecedented opportunities to raise the profile and importance of disease prevention and health promotion; to substantially increase investment in innovative and impactful approaches to health protection; and to expand the repertoire and implementation of evidence-based prevention interventions. The strategic plan that follows acknowledges NCHHSTP's history of leadership in public health and establishes clear goals, objectives, and strategic actions that will guide the Center's programmatic, research, policy, and partnership activities in years to come.

## 3 About NCHHSTP

### 3.1 History

The National Center for HIV, STD, and TB prevention was established in 1994 to bring together most of CDC's HIV prevention activities under a single organizational home that also included STD and TB prevention. In 2000, the Global AIDS Program (GAP) was added in response to the global HIV/AIDS epidemic. In 2006, the Division of Viral Hepatitis was added and the Center was renamed the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). These programs were brought together as the diseases addressed by NCHHSTP share a number of commonalities. They have similar or overlapping at-risk populations—including racial and ethnic minorities, men who have sex with men (MSM), and injection drug users. These diseases also have important health interactions and share similar social determinants of health (SDH).

In January 2010, CDC moved GAP from NCHHSTP to a new Center for Global Health as part of its organizational improvement activities. Given the strong linkages between NCHHSTP's domestic programs and GAP and the need for continued linkages between NCHHSTP and the new Center for Global Health, this strategic plan has retained goals and objectives for GAP's global health activities.

Today, NCHHSTP is one of the larger centers at CDC, with a budget of approximately \$1 billion. The Center employs a cadre of dedicated staff to accomplish its objectives. The NCHHSTP workforce consists of almost 1,300 full-time employees (FTEs), including approximately 300 who are assigned to state and local health departments in the United States, and 500 non-FTE staff in Atlanta. NCHHSTP is composed of an Office of the Director (OD) and four divisions, each of which is defined by the diseases it addresses. Although the divisions have their own missions, the National Center OD provides leadership to help coordinate their efforts and foster collaboration among them. Center staff work in collaboration with governmental and nongovernmental partners at community, state, national, and international levels to accomplish the NCHHSTP mission.

### 3.2 Mission Statement

NCHHSTP is committed to our vision of a future free of HIV/AIDS, viral hepatitis, STDs, and TB. Our Center's mission is to maximize public health and safety nationally and internationally through the elimination, prevention, and control of disease, disability, and death caused by human immunodeficiency virus infection/acquired immunodeficiency syndrome, non-HIV retroviruses, viral hepatitis, other sexually transmitted diseases, and tuberculosis.

### 3.3 Core Values

In addition, NCHHSTP's operating principles are built on CDC core values of accountability, respect, and integrity. These values influence how we work together, how we serve our communities, how we make decisions, and how we determine our priorities. They reinforce our respect for the people we serve, our colleagues, and ourselves. As a public health organization, we value

- **Accountability:** As diligent stewards of public trust in public funds, we act decisively and compassionately in service to the public's health. To meet real public needs in an honest and accountable fashion, we ensure that our research and programs and the services we support are administered responsibly.
- **Respect:** We respect and understand our interdependence with all people, both within the agency and throughout the world. Accordingly, we treat them and their contributions with dignity, and we value individual and cultural diversity. We are committed to creating an environment where all views, opinions, and input are welcomed and valued.
- **Integrity:** We are honest and ethical in all that we do. We will do what we say. We prize scientific integrity and professional excellence.

- **Commitment to Excellence:** We have an overarching commitment to ensure that all scientific, programmatic, and policy decisions and recommendations are based on the best available scientific evidence, the engagement of our partners, and core ethical principles.
- **Diversity:** We are committed to achieving a diverse and highly trained workforce at all levels of the organization and to promoting equal employment opportunities for all.
- **Transparency:** We are dedicated to keeping the public, our partners, and our staff informed of all Center programmatic and research initiatives, findings, and decisions, as well as the logic and evidence which underlie these.
- **Commitment to the People We Serve:** We are passionate about the work we do and compassionate toward the domestic and international populations we serve.

## 4 Health Protection in NCHHSTP

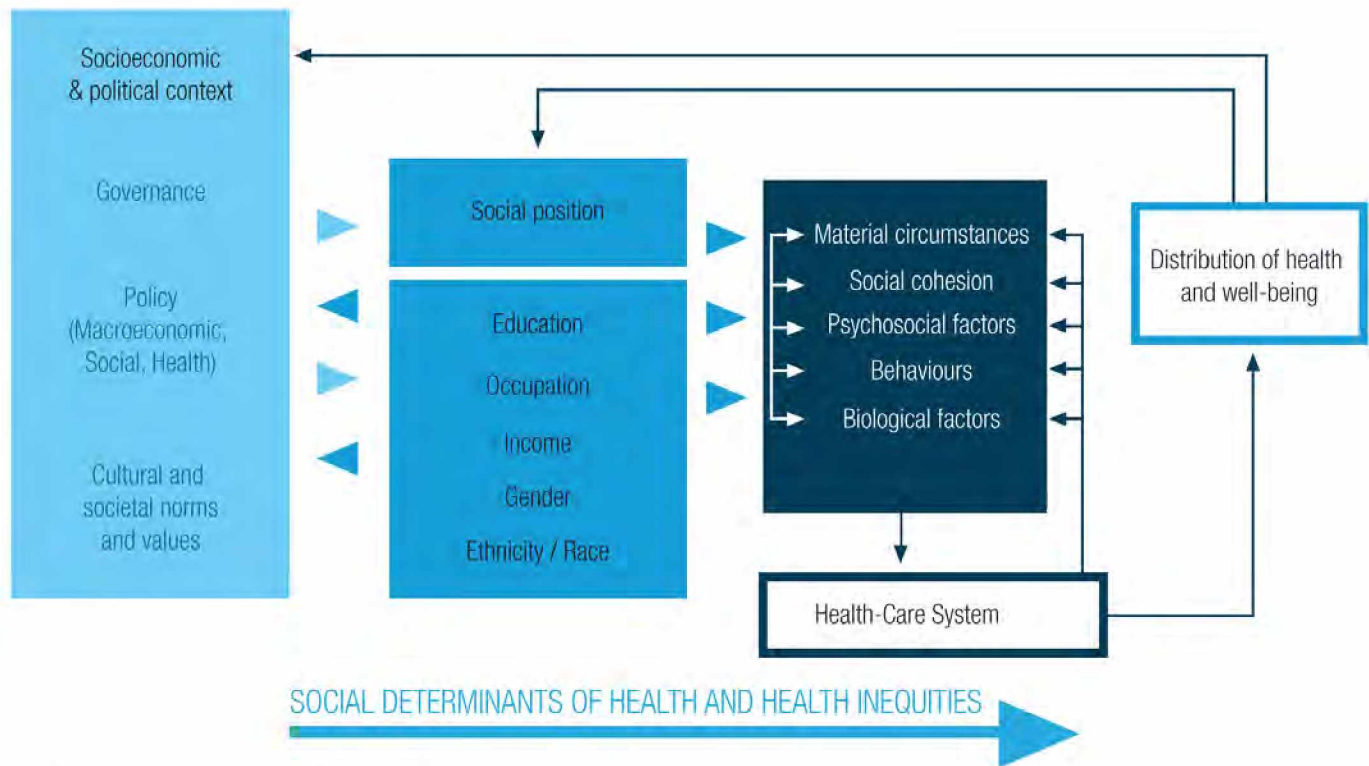
### 4.1 A Theoretical Framework

The main determinants of the patterns of spread and distribution of HIV/AIDS, viral hepatitis, STDs, and TB (**health outcomes**) in any given society are a dynamic interplay between these infectious agents, patterns of risk behavior, and the effectiveness of prevention and control interventions. NCHHSTP recognizes that an individual's risk of acquiring these diseases is also dependent upon the risk of others (partners, household members, community contacts) as well as characteristics of the social and sexual networks, the communities within which these networks reside, and the society's characteristics including socioeconomic, cultural norms, and values (**health determinants**).

NCHHSTP also recognizes that health is protected not only within or by the health sector, but through collaboration and engagement of allied sectors and agencies and policies, legislation, inter-sectoral collaboration, and economic interventions (**structural/contextual determinants**). These other areas may have a tremendous impact on the health of a society and of an individual.

The model below (see Figure 1), developed by the World Health Organization's (WHO) Commission on Social Determinants of Health, describes the interaction of the following elements: socioeconomic and political context; structural determinants and socio-economic position; intermediary determinants (includes material circumstances, social-environmental circumstances, behavioral and biological factors, and the healthcare system); a crosscutting determinant that incorporates social cohesion and social capital into the model; and finally the impact on health equity and wellbeing (measured as health outcomes). A health protection framework for NCHHSTP therefore must include not only the individual determinants of disease transmission, but also the social determinants of health. NCHHSTP's comprehensive prevention framework encompasses a spectrum of risk and opportunities for intervention—from a single infectious agent to the society as a whole.

**Figure 1:** Commission on Social Determinants of Health conceptual framework



Source: Amended from Solar & Irwin, 2007

## 4.2 Other Relevant Imperatives and Frameworks

There are other guiding frameworks that inform NCHHSTP's work and are relevant in moving the organization forward. These are highlighted here:

- **CDC Priorities** – This strategic plan supports the current priorities of the agency to strengthen surveillance and epidemiology and strengthen its ability to support state and local public health. NCHHSTP also supports the agency's focus on providing public health leadership in global health; effective health policy, especially health reform; and better addressing the leading causes of death and disability.
- **Health Reform** – This plan is aligned with the nation's goals for health reform. As the United States undertakes a paradigm shift in the provision and coverage of health services, NCHHSTP will provide leadership in the following areas that are critical to building public health knowledge and infrastructure:
  - Providing prevention and wellness services.
  - Promoting health equity.
  - Conducting research on comparative effectiveness.
  - Developing a national quality improvement strategy.
  - Strengthening community health and school health centers.
  - Building the public health workforce.
- **Syndemic Orientation of Health Systems** – Syndemics refer to the synergistically interacting epidemics of HIV, viral hepatitis, STDs, and TB. The effects of these conditions overlap and increase illness among those infected, and we respond with comprehensive, integrative approaches to disease prevention and health promotion. A syndemic orientation is defined as a way of thinking about public health work that focuses on connections among health-related problems, considers those connections when developing health policies, and aligns with other avenues of social change to ensure the conditions in which all people can be healthy.

- **Evidence-based Practice and Programming** – Prevention strategies and program design must be based on rigorous scientific research that shows the link between interventions and positive health behaviors. NCHHSTP is also committed to the timely dissemination of research into practice as an essential element to improving health in communities in need. However, equally important is the concept of program science—that science is driven and informed by the needs of prevention programs so that NCHHSTP’s public health science is relevant, applicable, acceptable, and appropriate for maximizing health impact at home and abroad.

### 4.3 Core NCHHSTP Activities

NCHHSTP’s core mission and values define its programmatic, policy, scientific expertise, and responsibility within CDC’s health protection portfolio. NCHHSTP supports the delivery of the 10 essential public health services identified by the Public Health Service in *Public Health in America* (1994).

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people with needed personal health services and ensure the provision of healthcare when otherwise unavailable.
8. Ensure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

NCHHSTP’s divisions support these essential public health services with a comprehensive portfolio of programmatic activities. The programs are structured to deliver integrated approaches to prevention, including surveillance, behavioral and biomedical interventions, diagnostic tools, and linkage to care. Each division has identified disease-specific objectives and strategies for achieving its programmatic goals. These goals are arranged around NCHHSTP’s performance measures, which are used to monitor and evaluate the public health outputs and outcomes of programs. Links to the strategic plans for each division are listed in the Appendix. The NCHHSTP OD applies leadership and management practices consistent with CDC’s mission as the nation’s health protection agency and ensures the coordination of prevention, practice, communication, and policy issues among the divisions. Together, NCHHSTP programs work to prevent disease acquisition and transmission. We work with partners to promote healthy living and improved quality of life at every stage of life and in every setting.

In 2006, NCHHSTP identified three overarching programmatic imperatives that over the last 4 years have provided strategic direction, facilitated communication with staff and partners, and helped articulate and prioritize the work and accomplishments of the Center. These imperatives provided a strong foundation for the strategic plan detailed herein. They included:

1. **Program Collaboration and Service Integration (PCSI):** PCSI was employed as a mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages to facilitate the delivery of services.
2. **Reducing Health Disparities:** An imperative which aimed to accelerate the Center’s contributions to improving the health of populations disproportionately affected by HIV/AIDS, viral hepatitis, STDs, TB and other related diseases and conditions, with the goal of ultimately eliminating health disparities. Priority populations include racial and ethnic minorities, women, incarcerated persons, sexual minorities and other persons disproportionately affected by these diseases and conditions.
3. **Maximizing Global Synergies:** A cross-cutting priority that aimed to promote and support interdependent programmatic relationships between NCHHSTP divisions that have a global presence.

These imperatives were useful in providing an initial framework for organizing cross-cutting NCHHSTP activities, but the time is right to take these imperatives and identify more expansive, bold, and cross-cutting goals, objectives, and strategies.

## 5 NCHHSTP Overarching Goals 2010–2015

### Goal 1: Prevention Through Healthcare

**NCHHSTP will develop, implement, and evaluate policies and practices that leverage the healthcare system to improve health through prevention.** Impending health reform presents an unprecedented opportunity for NCHHSTP to work across multiple levels (federal, state, local, and global), and within and across sectors (public, private, non-governmental, etc.) to advance strategic priorities for preventing and controlling HIV, viral hepatitis, STDs, and TB.

### Goal 2: Program Collaboration and Service Integration

**NCHHSTP will support and promote a syndemic approach to prevention by promoting better collaboration between programs and supporting appropriate service integration at point of access.** NCHHSTP will look broadly across its programs, and work with our partners, to discover new and innovative ways to collaborate and use resources wisely and efficiently, taking advantage of multiple disciplines and shared knowledge and promoting holistic approaches to health protection.

### Goal 3: Health Equity

**NCHHSTP will reduce health disparities in HIV/AIDS, viral hepatitis, STDs, and TB by promoting health equity.** Many of the populations served by NCHHSTP suffer from the stigma attached to their diseases or from socioeconomic disparities. It is therefore imperative for the Center to make research, policy, and programs in this area a top priority.

### Goal 4: Global Health Protection and Health Systems Strengthening

**NCHHSTP will optimize global collaborations and interactions to enhance the overall effectiveness of its international program development and public health research.** Though much of NCHHSTP's work is focused on important and urgent domestic issues, it cannot ignore the global interconnectedness of societies, population movement, and disease epidemiology. NCHHSTP plays an important role in protecting the health and well-being of Americans at home and abroad, and it serves as an important international partner in efforts to protect and improve the health of all people.

### Goal 5: Partnerships

**NCHHSTP will create and strengthen mutually beneficial strategic relationships with other individuals, organizations, and networks that strengthen HIV/AIDS, viral hepatitis, STD, and TB prevention and control, producing solutions that no individual entity working independently can accomplish.** The Center cannot accomplish its mission without strong, established partnerships. NCHHSTP will lead collaborative efforts with partners to reduce the impact of these diseases at home and abroad.

### Goal 6: Workforce Development and Capacity Building

**NCHHSTP will attract, maintain, develop, and utilize NCHHSTP's professional workforce to effectively promote health and prevention activities.** The Center will work with our partners to assess and support critical local staffing needs, as appropriate. We will examine and leverage opportunities in an evolving health system to support this goal. Additional detail on the six strategic goals, with accompanying objectives and strategies, are provided below.

A set of indicators has been developed to monitor progress, and indicators are listed below with the associated objectives.

## 5.1 Prevention Through Healthcare

**GOAL 1:** NCHHSTP will develop, implement, and evaluate policies and practices that leverage the healthcare system to improve health through prevention.

### RATIONALE:

Many diseases, including HIV and other STDs, viral hepatitis, and TB can be prevented, yet healthcare systems do not make the best use of their available resources to support prevention efforts. All too often, healthcare workers fail to grasp patient-provider interactions as opportunities to inform patients about health promotion and disease prevention messages. Similarly, there are tremendous missed opportunities for advancing effective and evidence-based HIV, viral hepatitis, STD, and TB prevention priorities and interventions in our current health system due, in part, to limited collaboration between federal partners. Given that these diseases are preventable, NCHHSTP believes in maximizing opportunities in every healthcare interaction to include appropriate prevention support.

To promote prevention through healthcare, raising awareness is crucial to change thinking and stimulate the commitment and action of patients and families, healthcare teams, communities, and policy-makers. Other essential elements for action include supporting a paradigm shift towards integrated, preventive healthcare; promoting financing and performance monitoring systems and policies that support prevention in healthcare; equipping patients with needed information, motivation, and skills in prevention and self-management; and making prevention an element of every healthcare encounter.

HIV and other STDs, viral hepatitis, and TB remain among the leading causes of morbidity and death in the United States and account for substantial healthcare spending. Anticipated advances in health reform in the United States present opportunities to advance NCHHSTP priorities. The new focus on prevention and wellness supports the development of national strategies to improve the nation's health through evidence-based clinical and community prevention and wellness activities, and the enhancement of the dissemination of evidence-based recommendations on the use of clinical and community preventive services. The commitment to tackling and reducing health disparities is prioritized through focusing on better data collection and reporting on disparities, and closer monitoring of healthcare access and utilization. There is also a new focus on improving quality of health and healthcare with a strengthened focus on improving the delivery of healthcare services, patient health outcomes and population health, developing new quality measures, along with disseminating best practices in the delivery of quality healthcare services.

By establishing or expanding collaborations across CDC and with other governmental and non-governmental partners, NCHHSTP will work to advance its strategic and programmatic imperatives in a transformed health system and expand opportunities for prevention through enhanced collaboration with other HHS Operating Divisions (Op Divs), and other Federal Agencies.

### ALIGNMENT:

This goal is aligned with the CDC priority to strengthen leadership in health policies through strategy development and advancement; policy formulation, implementation, and evaluation; strengthening strategic partner engagement; and prioritizing federal and nongovernmental initiatives.

## OBJECTIVES AND STRATEGIES:

GOAL 1: Prevention Through Healthcare		
Objectives	Strategies	Indicator
<b>Objective 1A.</b> Maximize opportunities to adopt, integrate, and leverage NCHHSTP prevention priorities into other HHS Op Divs and other federal agencies.	I. Identify opportunities to expand, leverage, and integrate NCHHSTP priority prevention programs and policies with other CDC centers, institutes, and offices, and HHS Op Divs.  II. Collaborate with external health partners and stakeholders to develop joint guidelines and recommendations for implementing NCHHSTP prevention priorities.	Number of joint HHS guidelines and recommendations developed (annually)
<b>Objective 1B.</b> Maximize opportunities to advance NCHHSTP strategic priorities in a transformed health system.	I. Ensure that NCHHSTP programs are aligned with, and able to leverage, opportunities for improving prevention and wellness, health disparities, and healthcare quality arising from health reform in the United States.  II. Increase support for, and the dissemination of, comparative effectiveness research in HIV, viral hepatitis, STDs, and TB prevention.	Number of comparative effectiveness research projects funded (annually)
<b>Objective 1C.</b> Monitor performance and quality of prevention services and interventions.	I. Improve overall NCHHSTP program performance by promoting the utilization of performance management systems and quality improvement techniques and sharing best practices.  II. Utilize and advance opportunities afforded by emerging data integration technologies and techniques.	
<b>Objective 1D.</b> Promote innovative, systems- and health-based approaches to the prevention and control of HIV, viral hepatitis, STDs, and TB.	I. Collaborate within and across HHS to advance a syndemic orientation and approach to prevention of HIV, viral hepatitis, STDs, and TB in the United States.  II. Work with internal and external partners and stakeholders to promote sexual health in the United States and identify other relevant frameworks for implementation.	

## 5.2 Program Collaboration and Service Integration

**GOAL 2:** NCHHSTP will support and promote a syndemic approach to prevention by promoting better collaboration between programs and supporting appropriate service integration at point of access.

### RATIONALE:

Several factors influence the need for improved collaborative work and integration of prevention services among HIV/AIDS, viral hepatitis, STD, and TB programs. Among these are the interactions between concurrent infections, risk behaviors, and the cumulative effects of multiple diseases and health inequities affecting at-risk populations.

- HIV, viral hepatitis, and STDs share common risks and modes of transmission.
- Sexually transmitted infections increase the risk of acquiring and transmitting HIV, and sexually transmitted infections treatment reduces transmission of HIV.
- HIV accelerates progression of viral hepatitis and complicates its treatment.
- End-stage liver disease secondary to viral hepatitis co-infection has become a leading cause of death among HIV-positive people in the United States and Western Europe.
- HIV is one of the greatest risk factors for progression to TB disease.
- TB is an AIDS-defining opportunistic condition.
- Clinical course and outcomes are influenced by concurrent disease (e.g., HIV/TB can be deadly and TB accelerates HIV disease progression).

The net impact of this interaction is the excess morbidity and mortality experienced currently by affected populations and individuals. Preventing disease requires coordinated efforts in addition to infection specific approaches to tackling these health problems. Such a syndemic orientation to prevention places emphasis on examining connections between health-related problems, offers a broader framework for understanding how multiple health problems interact in particular settings, and expands public health and prevention responses beyond individual and traditional silos.

Program collaboration and service integration (PCSI) is a mechanism of organizing and blending interrelated health issues, separate activities, and services in order to maximize public health impact through new and established linkages among programs to facilitate the delivery of services. NCHHSTP views PCSI as a structural intervention that promotes a syndemic approach to prevention. PCSI focuses on improving collaboration among programs to enhance integrated service delivery at the client level or at point-of-service delivery. The goal of PCSI is to provide prevention services that are holistic, evidence-based, comprehensive, and high quality to appropriate populations at every interaction with the healthcare system.

NCHHSTP will look broadly across its programs and work with our partners to discover new and innovative ways to collaborate and use resources wisely and efficiently, taking advantage of multiple disciplines and shared knowledge and promoting holistic approaches to health protection.

### ALIGNMENT:

PCSI is aligned with CDC priorities of strengthening surveillance and epidemiology and increasing support to the state and local public health infrastructure. It also aligns and supports strategic priorities defined by NCHHSTP divisions (see Appendix).

## OBJECTIVES AND STRATEGIES:

### GOAL 2: Program Collaboration and Service Integration

Objectives	Strategies	Indicator
<b>Objective 2A.</b> Expand programmatic flexibility to facilitate program collaboration and the integration of services at the client level.	I. Review all non-research, programmatic funding opportunity announcements (FOAs) for NCHHSTP divisions to ensure the inclusion of language and performance measures in support of PCSI.  II. Organize and coordinate activities to ensure cross-division involvement in the development of FOAs and program guidance.  III. In an era of health reform, encourage and support jurisdictions to identify and remove administrative barriers to PCSI; review local epidemiology for co-morbidities; and develop and implement locally appropriate strategies.	Number of non-research FOAs in alignment with PCSI principles (annually)
<b>Objective 2B.</b> Align surveillance systems, policies, standards, and procedures so that surveillance data can be accessed and used for integrated public health interventions, integrated programmatic planning, and evaluation.	I. Develop guidance that facilitates data sharing between programs and that identifies and removes barriers to surveillance integration.  II. Produce integrated surveillance reports that enhance understanding of co-morbidities and syndemics.  III. Assess and demonstrate the feasibility and acceptability of integrated surveillance.	Number of integrated surveillance reports published (by 2015)
<b>Objective 2C.</b> Identify and promote opportunities for integrated trainings, cross-training, and training on integration for NCHHSTP and jurisdictions.	I. Enhance collaboration and coordination between NCHHSTP training units and identify opportunities for integration.  II. Enhance capacity to cross-train CDC staff (headquarters and field), partners, and staff in jurisdictions and territories.  III. Identify and assess evolving training needs and opportunities in a transformed health system.	Integrated trainings developed (by 2012)
<b>Objective 2D.</b> Implement, maintain, and evaluate support systems, policies, structures, and activities designed to enhance PCSI.	I. Maintain cross-division work groups to develop guidance and coordinate program efforts for MSM, drug users, and other populations with multiple health disparities.  II. Identify and support opportunities for integrated program guidelines and recommendations and facilitate access to information that will improve integrated public health practice.  III. Incentivize PCSI activities for work plans at the individual, branch, division, and center levels.	Number of integrated guidelines and recommendations published (annually)
<b>Objective 2E.</b> Conduct research and evaluation related to PCSI.	I. Facilitate and encourage behavioral, health services, and communications research and epidemiological studies related to PCSI in a transformed health system.  II. Collaborate with federal and other partners to develop a sexual health research agenda.	

## 5.3 Health Equity

**GOAL 3:** NCHHSTP will reduce health disparities in HIV/AIDS, viral hepatitis, STDs, and TB by promoting health equity.

### RATIONALE:

Despite prevention efforts, some groups of people are affected more than other groups by HIV/AIDS, viral hepatitis, STDs, and TB. The occurrence of these diseases at greater levels among certain population groups more than among others is often referred to as a health disparity. Differences may occur by gender, race or ethnicity, education, income, disability, geographic location, and sexual orientation, among others. Social determinants of health like poverty, unequal access to healthcare, lack of education, stigma, and racism are linked to health disparities.

The concept of health equity is aspirational and focuses on the distribution of resources and other processes that drive a particular kind of health disparity—a systematic inequality in health or in its social determinants. It is important to examine the structural drivers of health disparities in addition to individual behaviors. Social determinants comprise a complex, integrated, and overlapping set of social structures and economic systems, have been shown to influence health outcomes, and may have a tremendous impact on the health of a society and of an individual.

Over the last several years, NCHHSTP has embraced a more comprehensive approach to disease tracking, prevention, and control, and recently began incorporating a social-determinants-of-health approach into the work of the Center. Building on the health disparity measurement guidance from CDC's National Center for Health Statistics colleagues and on the work of experts who have advanced the science of multi-level health in equity assessment, NCHHSTP aims for simultaneous, routine, national monitoring of inequities in HIV, viral hepatitis, STDs, and TB and social determinants of health. In addition, NCHHSTP will continue to work closely with leaders in the health equity arena both domestically (within CDC, local, state, and federal governments, public and private groups) and globally to bolster partnerships and maximize synergies in service to reduce disparities.

### ALIGNMENT:

NCHHSTP's health equity goal is aligned with both the U.S. Department of Health and Human Services' Healthy People 2010 objectives and the Healthy People 2020 framework, particularly the overarching goal to achieve health equity, eliminate disparities, and improve the health of all groups. This goal also supports the World Health Organization's 2008 Commission on Social Determinants of Health report which calls for public health action to 1) improve the conditions of daily life; 2) tackle the inequitable distribution of power, money, and resources; and 3) measure and understand the problem and assess the impact of action.

## OBJECTIVES AND STRATEGIES:

GOAL 3: Health Equity		
Objectives	Strategies	Indicator
<b>Objective 3A.</b> Define and pursue a science-based approach to identify and eliminate health disparities related to HIV/AIDS, viral hepatitis, STDs, and TB and associated diseases and conditions.	I. Develop, implement and evaluate a surveillance and public health prevention research agenda for addressing health disparities and fostering health equity in HIV/AIDS, viral hepatitis, STDs, and TB through comprehensive and multi-level approaches including addressing the social determinants of health.  II. Prioritize investments with explicit goals in programs and interventions to eliminate health disparities and promote health equity among all populations by working in collaboration with the NCHHSTP divisions and branches.  III. Ensure that all funding opportunity announcements include a component that addresses reducing health disparities and promoting health equity.  IV. Promote, support, and evaluate evidence-based approaches on recommended hepatitis A and B and HPV vaccinations, and screening for HIV, viral hepatitis, and STDs for providers who serve predominately disproportionately affected populations in public and private healthcare settings.	Annual publication of integrated surveillance report that routinely evaluates absolute and relative health disparities (by 2015)
<b>Objective 3B.</b> Mobilize partners and stakeholders to promote health equity and social determinants of health as it relates to HIV, viral hepatitis, STD, and TB prevention.	I. Develop, implement and evaluate a communication science plan that articulates the vision for achieving health equity through comprehensive and multi-level approaches that are culturally appropriate and relevant.  II. Foster collaboration within CDC and among other federal and Department of Health and Human Services agencies to facilitate the conduct of public health research to eliminate health disparities and to integrate studies of social determinants of health.  III. Continue to build community capacity and improve partnerships with communities affected by HIV/AIDS, viral hepatitis, STDs, and TB.  IV. Create global partnerships to better characterize and address health disparities internationally and to protect the health of persons establishing residency in the United States.	Comprehensive surveillance and research agendas for promoting health equity in focus diseases are written and vetted (by 2011)
<b>Objective 3C.</b> Identify which social determinants of health are important to address to reduce health disparities in HIV/AIDS, viral hepatitis, STDs, and TB and develop and advance appropriate plans for addressing these social determinants in NCHHSTP programmatic and scientific work.	I. Support expert consultations to assist NCHHSTP in prioritizing policy, programmatic, and research efforts based on the social determinants of health that have the greatest impact in reducing health disparities.  II. Develop strategic, multidisciplinary, and collaborative activities to facilitate novel cross-programmatic activities to reduce health disparities due to various social determinants of health.  III. Develop or refine methodologies for obtaining, analyzing and presenting data on social determinants of health for NCHHSTP diseases using existing or novel supplemental surveillance systems.  IV. Develop and implement social determinants of health and health disparities training for all NCHHSTP staff and partners.  V. Enhance partnerships with both traditional and non-traditional sources to strengthen the social determinants of health effort.	Guidance on SDH definitions, measures, indicators, and data sources for NCHHSTP programs and science is written and vetted (by 2011)

## 5.4 Global Health Protection and Health Systems Strengthening

**GOAL 4:** NCHHSTP will optimize global collaborations and interactions to enhance the overall effectiveness of its international program development and public health research.

### **RATIONALE:**

NCHHSTP's global health work is being undertaken in an environment of increasingly integrated global economies and interdependence characterized by the freer movement of people, goods, information, labor, and trade. NCHHSTP has identified global health protection and health systems strengthening as a key goal to promote interdependent programmatic relationships among our divisions with global activities and programs. The goal is to ensure active collaboration between NCHHSTP divisions to take full advantage of opportunities for most effectively leveraging NCHHSTP and CDC resources and to maximize health impact. These efforts also represent a viable means of addressing infected individuals returning or migrating to the United States, which continue to augment domestic disease burden. With this goal, NCHHSTP will seek input internally and externally about international program development and public health research, foster robust internal and external partnerships, and commit to novel and participatory approaches for implementation and dissemination.

The Hyde Lantos Amendment of 2008 reauthorized the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); the most costly and largest engagement in international health in which CDC has ever participated. This reauthorization greatly expanded the goals of the program beyond the initial five-year targets set in 2003, from "2-7-10" to "3-12-12", i.e., objectives to be achieved by 2013 include treating at least 3 million people; preventing 12 million new HIV infections worldwide; providing care for 12 million people living with or affected by HIV/AIDS, including 5 million orphans; and training at least 140,000 new healthcare workers.

Because the Global AIDS Program activities under PEPFAR are, and will be over the next 5 years, such a dominant element, it is appropriate that the goals, objectives, and indicators associated with this element be given priority placement in the global health component of the NCHHSTP strategic plan. This NCHHSTP priority remains resolute regardless of where the Global AIDS Program resides administratively within the agency. As well, all divisions within NCHHSTP have significant engagements in global health activities, some of them in concert with the Global AIDS Program, and it is important that these endeavors also be represented. In both cases, quantitative indicators of progress towards goals and objectives should be clearly enunciated.

Several key agency objectives are relevant to NCHHSTP's global health goals. These include preventing and controlling infectious diseases and their consequences globally; reducing maternal, infant, and child morbidity and mortality globally; preparing for, preventing, detecting, responding to, and containing health threats globally, including natural and manmade disasters and complex humanitarian emergencies; supporting achievement of international and national goals for disease eradication and elimination and accelerated control of diseases globally; and developing sustainable public health capacity among partner organizations and governments globally.

### **ALIGNMENT:**

NCHHSTP's global health goal is aligned with CDC's strong commitment to improving public health impact globally, especially as new health and safety challenges arise and CDC's public health leadership in global health emerges as a major priority.

## OBJECTIVES AND STRATEGIES:

GOAL 4: Global Health Protection and Health Systems Strengthening		
Objectives	Strategies	Indicator
<b>Objective 4A.</b> Maximize NCHHSTP contributions to PEPFAR II reauthorization 3-12-12 goals for HIV.	I. Assist GAP to in providing technical leadership, direct assistance, and funding to Ministries of Health and other PEPFAR partners to expand quality HIV/AIDS care and treatment services and implement effective HIV prevention programs, to a. provide treatment for 3 million, b. provide care for 12 million, c. prevent 12 million new infections.	Quantify CDC's contribution to 3-12-12 PEPFAR targets (annually)
<b>Objective 4B.</b> Optimize NCHHSTP efforts to reduce impact of hepatitis, STD, and TB coinfections in HIV-infected persons globally.	I. Integrate PEPFAR programming into other disease areas, as exemplified by expanding screening, vaccination, and treatment for chronic hepatitis B infection; improving screening for TB and implementation of isoniazid prophylactic therapy; enhancing screening for cervical cancer; expanding screening and treatment for genital ulcer disease; increasing prevention of mother-to-child transmission coverage and integration with mother and child health programs; and implementing promising biomedical interventions, if proven efficacious.  II. Develop independent collaborations aimed at supporting development of or strengthening data-based disease control programs.	Quantify CDC contribution to control of relevant HIV-related co-morbidities under PEPFAR (annually)
<b>Objective 4C.</b> Apply CDC strengths to Health Systems Strengthening efforts.	I. Expand global surveillance, monitoring, and evaluation, information systems and epidemiologic science to monitor trends and inform policy development.  II. Promote a CDC/WHO tiered laboratory accreditation scheme for reference and peripheral laboratories to enhance global competence in laboratory science.  III. Promote transfer of management and service delivery of PEPFAR programs and NCHHSTP-related activities to host governments and local indigenous implementing partners; maintain strong ties to foster leadership and governance for health based on the best available science.	Enumerate the number of laboratories obtaining CDC/WHO accreditation under PEPFAR (by 2015)
<b>Objective 4D.</b> Apply CDC strengths to train health professionals to increase their expertise in epidemiology, laboratory science, and public health administration.	I. Expand global surveillance and public health capacity in epidemiology, laboratory science, and public health administration (e.g., field epidemiology and laboratory training program and Sustainable Management and Development Program training programs).  II. Foster training and provide leadership opportunities for CDC's in-country locally employed staff.  III. Continue to promote opportunities for NCHHSTP staff to gain global experience through the International Experience and Technical Assistance program.	Quantify CDC's contribution to the PEPFAR target in human resource development of adding 140,000 new health professionals to the global workforce (annually)
<b>Objective 4E.</b> Conduct operational research and program evaluation to improve diagnosis, treatment, and prevention efforts at home and abroad.	I. Foster innovative, locally relevant research and program evaluation to strengthen program implementation and inform policy.  II. Identify effective intervention and prevention programs in global efforts with relevance to improving domestic programs.  III. Describe, quantify, and address burden of disease associated with migration or movement to the United States from high-prevalence countries.	

## 5.5 Partnerships

**GOAL 5:** NCHHSTP will create and strengthen mutually beneficial strategic relationships with other individuals, organizations, and networks that strengthen HIV/AIDS, viral hepatitis, STD, and TB prevention and control, producing solutions that no individual entity working independently can accomplish.

### RATIONALE:

NCHHSTP is currently involved in a range of partnerships, both network and collaborative partnerships. NCHHSTP defines network partnerships as individuals, groups, and organizations that routinely exchange ideas and information for mutual benefit.

NCHHSTP defines collaborative partnerships as mutually beneficial collaborations that are generally characterized by goal sharing; explicit commitments; and ongoing, interactive and often horizontal communication. These partnerships apply to policy, media, communication, program, and science. Partners include but are not limited to state and local health departments, national medical associations, businesses, community-based organizations and grantees, faith-based organizations, advisory boards and committees, foundations, universities, media, entertainment industry, and sports organizations. NCHHSTP's divisions have engaged with all of these types of partners in one capacity or another and are developing further plans aimed at helping to strengthen partnership outreach and collaboration.

NCHHSTP believes that having the right strategic partners will help us realize our vision of accelerating the prevention, elimination, and control of HIV, viral hepatitis, STDs, and TB, at home and abroad. NCHHSTP's technical and programmatic expertise enables us to enter into relationships with key strategic partners and, as our programs grow and evolve, we expect to enter into more of these relationships. Developing relationships with world-class technology, community, policy and programmatic leaders allows us to provide more comprehensive programming to our grantees, partners, and the public.

This goal will provide opportunities for NCHHSTP to partner with a broader and more diverse range of stakeholders for prevention and is designed to encourage, assist, and recognize efforts to advance our core mission. We envision that each partnership will develop its own unique, formal agreement that establishes specific goals, strategies, and performance measures.

### ALIGNMENT:

NCHHSTP Goal 5 supports CDC's organizational excellence assessment by focusing on strengthening intra-agency and cross-federal agency partnership and communication opportunities through promoting (1) Excellence in Service, (2) Excellence in Science, (3) Excellence in Strategy and Workforce, (4) Excellence in Systems, and (5) Excellence in Policy.

## OBJECTIVES AND STRATEGIES:

GOAL 5: Partnerships		
Objectives	Strategies	Indicator
<b>Objective 5A.</b> Increase the partnership capacity of NCHHSTP by supporting and facilitating partnership outreach and communication to existing and new partners.	I. Identify opportunities for coordinating partnership plans and strategies across divisions to enhance relationships with existing and long-term partners, to cultivate new partners, and to increase engagement of new or non-traditional partners in NCHHSTP programs and activities.  II. Work with the CDC Foundation to systematically identify opportunities for partners to participate in shaping plans and achieving results for both NCHHSTP and their organizations.  III. Manage infrastructure for partner communication that includes mechanisms for periodic collection and reporting of partner perspectives on NCHHSTP program directions.	Establish an annual reporting mechanism for generating reports across NCHHSTP programs detailing: 1) increased number of new non-traditional partners; 2) increased number of public-private partnering activities or proposals generated or enacted (e.g., through under utilized or innovative mechanisms such as CDC Foundation or other mechanisms); and 3) partner utilization and feedback on two-way partner engagement channels
<b>Objective 5B.</b> Increase understanding of and support for NCHHSTP's mission, research, programs, and policies among network partners.	I. Develop annual communication plans for routine and ad hoc organizational communication from NCHHSTP to its partners, including regular communication from the NCHHSTP director and management in key areas.  II. Use appropriate channels for dissemination based on partner needs and regularly evaluate effectiveness in communication products using these channels.  III. Develop and maintain effective partnerships with media, opinion leaders, and key stakeholders (1) to increase awareness, understanding, and support for HIV, viral hepatitis, STDs, and TB prevention programs and policies; and (2) to raise awareness and enthusiasm about the role and importance of prevention and health protection related to these diseases.	Frequency and reach of targeted partner communications across multiple channels, measured by number of messages produced, impressions, and usage statistics. Knowledge gained by audiences, measured by surveys with key partners and opinion leaders (annually)
<b>Objective 5C.</b> Increase the collaborative partnership capacity of NCHHSTP by using multi-level real-time communication technologies and other mechanisms to meet the increased communication needs of collaborative partners.	I. Use shared and emerging communication platforms and channels, such as collaboration technologies and social media, to strengthen partner communication capacity.  II. Train and provide technical assistance to NCHHSTP staff on the use of collaboration technologies and emerging media for partner outreach and communication.  III. Proactively promote translation of knowledge from the field and to the field in key program areas and cross-program knowledge sharing and management through highly visible projects and programs, such as PCSI.	Number of staff trained on the use of collaborative technologies and social media. Number of collaborative technologies and social media activities deployed and evaluated (annually)
<b>Objective 5D.</b> Coordinate NCHHSTP partnership and program activities with and among CDC centers and offices, federal agencies, non-profit, and private sector entities to increase collaborative efforts and to enhance the efficiency, implementation, and dissemination of programs and information.	I. Work with and participate in the CDC Excellence in Partnerships Committee to increase internal knowledge of NCHHSTP partner activities and to identify opportunities for increasing internal support for NCHHSTP disease prevention priorities and programs.  II. Provide oversight and consultation on partnership development and partner/stakeholder communication of activities related to the Center's disease foci. Establish a systematic process for capturing baseline data on existing and new partnerships for developing indicators for evaluating the progress and utility of NCHHSTP's partnership activities.	Adoption and utilization of strategic framework for partnership planning, monitoring, and evaluation

## 5.6 Workforce Development and Capacity Building

**GOAL 6:** NCHHSTP will attract, maintain, develop, and utilize NCHHSTP's professional workforce to effectively promote health and prevention activities.

### **RATIONALE:**

The United States is facing a public health workforce crisis. The Association of Schools of Public Health estimates that by 2020, the United States will be facing a shortage of 250,000 public health workers, including public health physicians, public health nurses, laboratory professionals, epidemiologists, biostatisticians, environmental health experts, health educators, and health administrators. Moreover, an estimated 23 percent of the governmental public health workforce will be eligible to retire by 2012. CDC is not exempt and is also facing tremendous challenges with its public health workforce. The worsening public health workforce shortages put public health programs, and therefore the public, at grave risk.

Of particular concern are the specific challenges that are likely to be faced by NCHHSTP programs and our partners in HIV, viral hepatitis, STD, and TB prevention. NCHHSTP is committed to developing and supporting highly trained public health staff that are appropriately deployed, managed, and motivated to assist domestic and global partners in building public health capacity and accelerating health impact. A focus on workforce development and capacity building is especially important given NCHHSTP's commitment to Global Health Protection and Health System Strengthening and a considerable global public health agenda. Many CDC programs are gearing up to meet increasing demands for global health expertise and to provide technical assistance to other countries to address their public health needs. NCHHSTP workforce priorities involve recruiting and retaining highly qualified staff, providing a program of ongoing training and development, deploying staff overseas, and ensuring appropriate support for returning overseas staff.

Measures to attract, retain, and rebuild the workforce in HIV, viral hepatitis, STD, and TB prevention at CDC and at regional, state, and local levels must be prioritized. Key strategies for NCHHSTP and our partners include improving the collection and monitoring of data on our workforce to better assess and improve the supply, distribution, diversity, and development of the current and future public health workforce; improving coordination across CDC and with other federal agencies to ensure a strategic approach to workforce development and succession planning; and providing incentives for the recruitment, retention, and continuing education of public health professionals.

### **ALIGNMENT:**

NCHHSTP's workforce development and capacity building goal supports CDC's Organizational Excellence Assessment by focusing on strengthening intra-agency and cross-federal agency collaboration and integration opportunities by promoting Excellence in Strategy and Workforce and Excellence in Systems.

## OBJECTIVES AND STRATEGIES:

GOAL 6: Workforce Development and Capacity Building		
Objectives	Strategies	Indicator
<b>Objective 6A.</b> Attract, recruit, and retain a prepared, diverse, and sustainable workforce to address all NCHHSTP diseases and conditions.	I. Expand the Center's use of recruiting tools and, as appropriate, flexible hiring authorities (e.g., open continuous announcements) to facilitate the recruitment and hiring process.  II. Develop a recruiting approach that ensures personnel have competencies, including cultural sensitivity, that enable them to best serve the diverse populations most affected by HIV, viral hepatitis, STDs, and TB.  III. Recruit more entry level staff to train for senior staff/scientist positions through expanded use of the Federal Career Internship Program and other student employment programs.  IV. Expand use of existing fellowship programs, such as the Public Health Apprentice Program, Public Health Prevention Service, Presidential Management Fellows, to recruit program and management staff.  V. Increase support for and collaboration with institutions serving racial and ethnic minority undergraduate, graduate, and professional students.  VI. Develop and implement a structured training and mentoring program for summer fellows and interns assigned to NCHHSTP.  VII. Collaborate with external parties to better assess and meet state and local workforce needs.	Percentage of staff responding affirmatively to diversity-related questions on the Federal Human Capital Survey (annually)
<b>Objective 6B.</b> Continuously provide staff with development opportunities to ensure the effective and innovative delivery of NCHHSTP programs.	I. Create a formal mentoring program including, as appropriate, mentorship opportunities for domestic and international colleagues.  II. Provide training for all levels of personnel to ensure development of effective leadership, management, supervision, and administration skills as appropriate to individuals' roles and for their career development.  III. Provide opportunities for division staff to gain valuable experiences working in organizational units other than their existing locations (including details to other divisions, to NCHHSTP, CDC, CDC country offices, and HHS; as well as secondments to partner organizations, etc.).  IV. Develop a systematic approach to building and maintaining a diverse NCHHSTP leadership pipeline through leadership training and career development of NCHHSTP staff.  V. Increase number of NCHHSTP staff serving as mentors for racial and ethnic summer fellows and training programs.  VI. Increase the number of staff with experience/background that will help NCHHSTP achieve health equity	Percentage of NCHHSTP staff receiving appropriate training specific to career growth (annually)
<b>Objective 6C.</b> Continuously recognize performance, contributions, and achievements of employees and create an atmosphere that promotes a healthy work-life balance.	I. Create a professional environment that encourages and rewards the open exchange of ideas, innovation, critical thinking, and individual and collective achievements and contributions.  II. Increase opportunities for staff recognition at multiple levels across CDC, HHS, and government-wide.  III. Develop a plan to identify, promote, and monitor work-life programs and benefits to enhance quality of work-life for NCHHSTP employees.	Number of NCHHSTP employees that are recognized through CDC, HHS, or other governmental awards programs (annually)

## 6 Implementation, Monitoring, and Evaluation

Successful implementation of this strategic plan requires activities that promote the systematic uptake of the goals, objectives, and strategies into routine practice. NCHHSTP will take the following steps to implement, monitor, and evaluate the success of its strategic plan.

- Provide an electronic copy of the Strategic Plan to all staff and other key stakeholders inviting them to provide feedback throughout the year.
- Discuss accomplishments related to the Strategic Plan annually at a Center All-Hands Meeting. The meeting will serve to remind staff of their value as contributors to accomplishing the important goals and objectives.
- Present the plan to different levels of CDC leadership at appropriate forums.
- Highlight the Plan as appropriate on both the NCHHSTP internet and intranet sites.
- Implement brief quarterly “temperature taking” discussions between NCHHSTP Director and goal champions to check on progress, resource needs, and collaboration with other staff.
- Implement bi-annual progress reports from each goal champion.
- Report on the strategic plan and key indicators included in the plan in the NCHHSTP Annual Report and on the Center’s web site.
- Twice annually engage NCHHSTP leadership to answer broad questions:
  - Are we on track toward accomplishing the Goals? Are timelines in place? Do they need adjusting?
  - Are we focused on our priorities/goals/objectives? If not, why not? What do we need to do to refocus on them?
  - What challenges or opportunities have we encountered? Should these be formulated as additional strategies? Do any strategies need elimination? Are any strategies completed?
  - Is there any way we can help each other?
- At major CDC conferences, obtain input from partners on their progress and challenges in achieving their aligning goals.

## 7 Next Steps

NCHHSTP is committed to broad engagement with staff and stakeholders in its strategic thinking and planning. As planning, implementation, monitoring, and evaluation processes become standard in the Center’s operations, leaders will incorporate ways to seek new ideas and obtain feedback to continue to grow the strategic plan. The Center will rely on staff and internal and external partners to work together to achieve its vision, *“A World Free of HIV, Viral Hepatitis, STDs, and TB.”*

Strategic plans are not meant to be static documents, but should provide an overarching framework that allows for greater responsiveness to ever-changing internal and external environments. Our strategic plan provides a more structured way for our Center, and our partners, to think critically and comprehensively about our operations and impacts as a cluster of prevention programs within the larger context of CDC and HHS prevention and health protection activities.

As we keep our eye on our ideal vision, our leaders will focus on accomplishing our own strategic goals in support of the agency’s broader goals and imperatives. NCHHSTP staff are committed to serving communities across this country and around the world to improve the health of all people, and we will use our strategic road-map to guide us in that effort.

## 8 Appendix

The following online resources provide more information about NCHHSTP, its divisions, and the Global AIDS Program.

### National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- <http://www.cdc.gov/nchhstp/>

### Division of HIV/AIDS Prevention

- <http://www.cdc.gov/hiv/>
- Strategic Plan: <http://www.cdc.gov/hiv/resources/reports/psp/>

### Division of Viral Hepatitis

- <http://www.cdc.gov/hepatitis/>

### Division of STD Prevention

- <http://www.cdc.gov/std/>
- Strategic Plan: <http://www.cdc.gov/STD/general/DSTDP-Strategic-Plan-2008.pdf>

### Division of TB Elimination

- <http://www.cdc.gov/tb/>
- Strategic Plan: <http://www.cdc.gov/tb/about/strategicplan.htm>

### Global AIDS Program

- <http://www.cdc.gov/globalaids>
- <http://www.pepfar.gov/>



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