>> Thank you all for joining
us for today's webinar

to provide an update on the
new CDC ready response program.

I'm Jamila Jones, and I serve as
the internal communication lead

for CDC Moving Forward initiative.

I will be moderating
today's webinar.

The Zoom webinar is listen
only and is being recorded.

Closed captioning is
available for this webinar

and the link has been
placed in the chat box.

During the webinar staff are
invited to submit your questions

to the question and answer box.

We'll try to get to as
many questions as possible.

Today we will hear from Lovisa
Romanoff, deputy director

for management and operations
with the Center for Preparedness

and Response, who will share
a few words about our efforts

in creating an emergency
response ready agency.

Lovisa will be joined by
Mark Frank, deputy director

for the division of
emergency operations,

who will provide an overview of
the CDC ready response program.

Mark will be followed

by CDC chief operating
officer Robin Bailey

who will discuss forming a
response ready culture at CDC.

Following the presentations, we
will open it up for questions.

At this time I will turn
the meeting over to Lovisa.

>> Good morning.

Thanks, Jamila.

As Jamila said, my name
is Lovisa Romanoff.

I'm the deputy director for
management and operations

at CDC Center for
Preparedness and Response.

And we are so excited to be
with you today to share updates

about the new CDC
ready responder program

that was just launched
earlier this week.

We were also hoping to answer as
many questions as we can today.

And speaking of questions,
I wanted to take a moment

and just say thank you.

We launched this on Wednesday,

and we have already
started receiving a lot

of really good questions
and feedback.

And we want that to be the case.

So this is meant to be a whole
agency approach and we want

to hear from different
perspectives and we want

to make this as successful
as possible.

Also hearing your questions
helps us develop answers

that your colleagues might
have, and we plan to post those

so that they're available
for all staff.

Next slide please.

Before I had it over to Mark
who will go in to details

about the new initiative,
I want to take a step back.

CDC has been engaged
in emergency response

for more than 75 years.

Shown here are the more
than 60 CDC wide activations

in the last 20 years of
formal emergency operations

at the agency.

This slide here does not include
years of work prior to 2001

that dealt with natural
disasters or daily work

in infectious disease
and other activities

for small scale outbreaks.

Responses have grown
in size, complexity,

and they often overlap.

This places greater pressure

on CDC staff and resources

as the agency responds.

And this evolution
has really demanded

that we pull together expertise

from across our agency
to meet the demand.

And, as we've seen firsthand in
the ongoing COVID 19 response,

more than ever a skilled

and well trained public health
workforce is America's safety

net when a public
health emergency strikes.

Next slide please.

So the moving forward initiative
has outlined five key objectives

that most or many of us have by
now become very familiar with.

And it's given us the momentum

to create a whole
agency approach

to successfully change how
we prepare for and respond

to public health emergencies.

Developing a workforce prepared
for future emergencies is one

of the ways that we
plan to do just that.

Next slide please.

So when pulling --

when considering a strategy for
developing a prepared workforce,

we've pulled from
a number of areas.

Some are new like the
moving forward initiative

that has identified response
staffing as a core challenge

and opportunity to improve
the agency's ability

to respond faster and more
effectively to emergencies.

Some we've known for a
while and have observed

in previous responses from our
after action reports as well

as our in progress
reviews during responses.

We have seen a common
theme with the objective

that there is a need to
reinvent response staffing.

Next slide please.

So why are we changing
CDC's model?

I'm hoping everything that I
shared on the previous slide

with the common theme
is starting to hint

at why we are doing it.

What we're seeking to move away

from is the volunteer
based model

that we've used historically
which has resulted

in spending time
searching for staff

to fill critical response roles,
time that could really be spent

in the response on activities

and keeping routine
CDC programs running.

Before I move away from the
volunteer based approach,

I just want to acknowledge
the many volunteers

that have stepped up for
emergencies now and in the past

and really helped the agency
respond to emergency events.

In addition to this, staff
are often asked when they are

on response roles to extend
their time because of the time

that it takes to
find a back fill.

And this could lead to burnout
and reduce efficiencies.

We've also heard from a number
of staff that they're interested

in participating in responses,

but there wasn't a systematic
way to identify, engage,

and prepare staff to respond.

Next slide.

So we're building on lessons
learned from previous responses

and incorporating input
heard from staff and captured

through the moving
forward initiative

to think beyond the

current system that --

and move towards and
action based framework

that involves the whole agency

to reshape emergency
response staffing as a part

of fulfilling CDC's mission

to increase the nation's
health security.

The CDC ready responder program
will help identify the right

personnel at the right time who
are trained ahead of emergencies

and ready to respond
when needed.

Our goal is to develop a
workforce that's qualified,

trained, confident, and
ready for response work.

The last three years have
underscored how critical it is

that we all take the necessary
actions to fully commit

as a response ready agency.

We should all think of ourselves
as public health responders

and reinvent how we prepare,
identify, and coordinate staff

to support the agency's
continuing evolving global

public health mission.

So, with that, I'm going to
turn it over to Mark Frank

who will go in to more details

about the new CDC ready
responder program.

Thank you.

>> Thanks, Lovisa, and
good day, everybody.

It is really a great opportunity
to talk with you all,

all of you today, about us
kicking off the CDC ready

responder program here at CDC.

On behalf of Chris Brown,
our director in the division

of emergency operations, and our
other colleagues throughout our

division, we are excited to
kick this off and really share

with you some of the
details that we know so many

of you are interested
in seeing happening,

and I know this will impact many
staff as we move this forward.

So we can go to the next slide.

The primary point that I
wanted to start with is

that responses take a lot of
people to work effectively.

What you're seeing on here

on the slide represents
some numbers from some

of our most recent responses.

And while many of our agency
wide responses are not as large

as COVID, you can see they
still require a number of people

that far and exceeds the numbers
that any branch, division,

or even center in many
cases can offer at one time.

And so one of the things that
we're trying to do is make sure

that we have the right number
of people with the right number

of skills that can support
a response sustainably.

Early in our response
history many

of the responses would occur for
weeks, if not months, at a time.

Now most recently over the
past really decade we've seen

responses last one, two,

and with COVID nearly
three years at this point.

And it really requires that
sustained effort from all staff

across the agency to make sure

that responses are
-- next slide.

The key point that I wanted
to make here is that everybody

at the agency really
plays an important role

in our emergency
response efforts.

On the left side you
can see representations

of different people at CDC
headquarters that play key roles

in our emergency response.

As many of you know, on the
front lines we have people

in programs and divisions
that routinely respond

to public health threats
on a day to day basis,

and many of them
are key in standing

up our early response activities

when we centralize an
incident management structure

within our emergency
operations center.

We need people who understand
how to start those activities up

and we have -- we
are gratefully --

have a number of
people that are --

do that and have years of
experience in [inaudible].

The largest component
that we have

in our emergency response
workforce are really those

people that help sustain our
response activities during those

months and years that an
emergency response takes place.

At the same time we
have a number of people,

and I want to acknowledge all
of the people, that continue

to main a lot of the
programmatic activities

within our divisions and
centers throughout the agency.

What we are moving towards and
what we are hoping to do is

to have those people see
themselves and be trained

and ready to replace
their colleagues

with similar skill sets in
a response going forward.

So collectively we can all see
ourselves as a response agency.

On the right side I also
wanted to acknowledge

that we have a number of
staff that we deploy not only

to the field during a response,
but we have a number of staff

that are -- that
sit internationally,

including our locally
employed staff,

our field assignees
domestically,

all of those responders and all

of our deployed staff during
responses make enormous

contributions to our emergency
response efforts and are

so critical and already
see themselves

as emergency responders in
our daily public health work.

During responses we also
recognize that we do stand

up special rapid response teams

that may address specific needs.

Many of you during COVID
deployed as part of an effort

to help support the
quarantine stations.

So rapid response teams
really that are focused

on specific efforts are
a key essential component

to our emergency
response effort as well.

If we can go to the next slide.

So very broadly this is the
vision and projected outcomes

that we see with the CDC
ready responder program.

The goal ultimately is that
CDC will be using its entire

workforce to support our
emergency response operations,

and we are going to be
using trained qualified

and available staff who are
assigned to response roles

that align with everybody's
skills and expertise.

When we ask people to
serve in a response,

we are really asking them to
use the skills and expertise

for which they came to CDC and
they use on a day to day basis

and apply those skills in an
emergency response environment.

The outcomes are we expect to
really have a pre-identified

and ready to go workforce.

So a lot of the arduous
process of recruiting people,

training people, making
sure they're qualified,

a lot of that vetting
occurs before a response

and that will allow our
responders who are working

in an emergency response
to focus more

on those response
activities rather than trying

to recruit their replacements.

We can go to the next slide.

What you see on here are
some of the key components

of the program as a whole.

Before I get in to the details
here, I want to emphasize

that we are at the very
beginning of this program,

and while what looks
like here is our plan

and where we're looking
to go, there are a lot

of implementation
details to be worked out.

As Lovisa mentioned, we
have a lot of questions

that have been coming in
in terms of the specifics

about how this will
be implemented

and how this will affect staff.

And we want you to know
that we continue --

we will work with all of you
and the programs to make sure

that we answer and address
those issues and questions

as we roll this program out.

We don't have all the
answers right now,

but we are conceptualizing
this program and building

on our experience of years
of knowing what works well

and what doesn't work
well to apply this.

So to start out the first
element that we're proposing

as part of this program
is what we're calling our

responder cadres.

We're talking about developing
these discipline specific cadres

to reflect key needs that we
know are needed to response.

So we intend to organize
people in to these cadres,

and these are largely areas
of subject matter expertise.

So whether you're
thinking of epidemiology,

laboratory functions,
operational support,

or the variety of
other broad functions

that we know are
needed for response,

we want to identify people and
place them in to those cadres

so that we can pull them
in to a response as needed.

A key component of that cadre
management is making sure

that responders are -- have
the necessary qualifications

and we understand their
availability to go

in to a response
at any given time.

We envision for these
cadres to be managed

by dedicated cadre managers
that are subject matter experts

within the areas of those --
of those specific disciplines.

And all of that will
be supported by systems

and procedures to ensure
that process is systematic

and has a systematic
process for doing so.

We recognize that as part of
this effort an enormous effort

on training, specifically
practical training

that helps responders
understand what they need

to do during a response --

our training would not be geared
towards teaching people how

to do the skills and expertise

that they already know how

to do, but to understand how to
apply those skills and expertise

within a particular response
when they're called upon.

And then finally as part of all
of that we want to make sure

that we create standard
positions within a response

so that we can more ideally
match people who are identified

for those cadres with specific
positions and responses.

We know many times the way
the system works we may ask

for health communicators,
we may ask for clinicians,

but that often is a broad
definition and what we need

to do is try to work
on some specificity

so that we can better align
the skills and expertise

of our people in
our responder cadre

with the specific
positions that are needed

in a particular response.

And the idea collectively
is that all

of these pieces will add
up to a more holistic CDC

responder workforce.

And the result, as I mentioned,
is the outcome of a pre-trained,

pre-qualified trained
and available responders

who can really help us sustain
responses throughout the life

cycle of however long it
takes from beginning to end.

If we can go to the next slide.

On the next couple slides I
just wanted to talk about some

of the key issues that
we have heard about.

We want to make sure that
we are clear from the start

as to what this program
is and it isn't.

So in terms of over time we
expect staff to be matched

with those cadres that I talked
about and to be placed in a pool

of available responders.

I did mention that
training is a big piece

of developing those people
in those cadres to be ready

to respond to emergency
responses.

We also recognize that training
by itself is insufficient

and emergency response exercises
are really key to getting people

and responders comfortable
with those roles,

especially what an emergency
response experience is like.

The other point I wanted
to make is that in terms

of assignment locations,
many people previously,

especially before COVID, many

of our emergency
responses took place

within either the
physical facility

of our emergency
operations center or as part

of teams deployed
domestically or internationally.

One of the benefits that we've
seen in responses especially

since COVID, especially moving
to more virtual environments,

is that there are many more
opportunities for responders

to participate in a
response both virtually

and on site whether
you're at headquarters

or you're located elsewhere

at other CDC facilities
or from your homes.

So there are a wealth
of opportunities

and you're not necessarily
asked to always come

in to the emergency operations
center here to Atlanta

or deployed to the field.

The other point to make is
that there will continue

to be opportunities for people
who are interested to deploy

to the field who are
interested and willing to do so.

We are not necessarily forcing
deployments and forcing people

to go in to locations that
they are neither equipped nor

suited for.

And then finally there's a lot
of technology transformation

that will be included as
part of this program as well.

Some of you may be familiar with
our efforts to modernize some

of our systems within our
emergency operations center.

We've been working
in partnership

with the data modernization
initiative to do that,

and part of that work will be --

will involve adapting
our IT systems

to administer the new program.

In the meantime the main ask

that we are all asking all CDC
staff to do at this time is

to review and update your
CDC responder profile

to get involved early.

There is nothing necessarily
to apply for at this time,

and the one ask that we are
asking is that you do review

and update that profile.

We can go to the next slide.

Finally -- not finally, but
I did want to take a moment

to address a lot of the
questions that we get

about [inaudible]
responder well being.

Beyond the ideas of just
asking for more staff

and identifying more staff,
I think it's really key

that we develop a program
that is sustainable not only

for our entire workforce,
but to really address many

of the concerns that we've
heard from responders in terms

of being able to sustain a
response in the long term.

We all recognize that responding
to emergencies is both rewarding

and very stressful
at the same time.

And we're hoping that with
broader participation from staff

across the agency, we can really
have a more sustainable response

that is more manageable for
everyone who participates.

We also want to acknowledge
and recognize that individual

and family circumstances
arise all the time.

So you may say that
you are available

for deployment whenever, but
we know those emergencies come

up for you and your families.

And we will take that
in to consideration

when considering specific
response assignments.

People have children,
families, pets, partners,

and their own situations to deal
with, and we want to acknowledge

that and recognize that in
terms of response assignments.

Related to that, we also want
to acknowledge and we expect

that people will take leave,

especially during extended
response assignments.

One of the frequent mentions
that we have when we ask people

to joint responses is that
they have planned leave

and they will not be
able to join a response.

To have a sustainable response
workforce, we need to recognize

that we need to give people the
flexibility and the time off,

but also to have people come
in and replace them as well.

So hopefully these are not all
the efforts that we are doing

to address employee well being,

but we recognize this is a key
component of the overall program

that we're trying to implement.

So next slide.

So finally so what's next?

So there are a number
of key steps

that we're already working on.

Robin has already
signed a policy waiver

to our emergency response
staffing operational policy

and in the coming months
we expect to collaborate

with many partners across the
agency to revise that policy

in full to reflect our
program and how we're going

to implement that more fully.

We are also working
on assembling some

of the initial cadres
that I talked about,

primarily with some of the
experienced response leaders,

health communicators,
and operational support

that we know we need
in a response.

At the same time we're
going to be working closely

with subject matter experts
to develop those standards

and qualifications that
are needed and would align

with participation in all

of the discipline specific
cadres that we need.

And following that,
once we have a good idea

of those qualifications,
we will work to identify

and recruit staff in to
those defined cadres.

I think it's important
to mention

that some staff may be
placed in to multiple cadres,

recognize that many of us have
skills that can be applicable

across many of the
different areas.

And then finally we're
going to work on a lot

of the training efforts
that need

to be done including a
training needs assessment

for those cadres as
they get [inaudible]

and create specific
training modules not only

for general responders, but for
those who are going to serve

in specific roles and responses.

So next slide.

So in summary we are really
hoping to broaden the pool

of the staff that are required

to meet our response
needs here at the agency.

We're hoping that this makes
response work more predictable

for everybody, not only
staff, but supervisors

and leaders at the agency.

We really want the practical
training that we develop

to really give responders
the confidence

and the additional
knowledge they need

to perform their response roles.

And we're hoping that this
program will really help us

identify, as Lovisa mentioned
earlier, the right personnel

at the right time in responses.

And most importantly we
hope everybody understands

at the agency that we are really
doing this in response to years

of feedback that we have heard
from responders, from leaders,

who have worked with
us in responses,

and this is all geared
towards serving the agency

as public health response
[inaudible] going forward.

So, with that, I'll
turn it over to Robin

for some additional [inaudible].

>> Thank you, Mark.

Next slide please.

When we think about the
notion of a ready --

response ready agency
culture, what does it mean

and what does it look like?

Primarily what we're talking

about is we have a response
mindset that we all recognize

that response is a major part
of our public health mission.

And we all potentially
have a role to play there.

We also would have
an organization

that has a workforce
that is prepared

for public health
emergencies both infectious

and non infectious that we
are fully utilizing our highly

skilled workforce by
developing our workforce

in their chosen profession to
include response experience.

That means what you
came to CDC to do,

but understanding how you
will perform that role

in a response atmosphere.

Doing our part to be ready
when called upon to support.

So that means doing all
the necessary training.

That means making yourself
available, participating

in exercises so you're
fully confident in terms

of how your current role plays
out in a response environment.

That's primarily what we're
talking about when we're talking

about a response
ready agency culture.

And more importantly
we ought to recognize

that together everyone achieves
more, and we need everyone ready

for action when a public
health threat emerges.

So the entire team recognizing

that we [inaudible] support
was necessary to meet the needs

of American public based on
what CDC does on a daily basis.

So it's really not
anything more than that.

It's really about expanding and
utilizing our full workforce

to ensure that we are
prepared to step up

and do what's required
as an organization.

Given that, I'm going
to turn it back

so that we can answer
your questions.

We look forward to
the opportunity.

>> I want to thank Lovisa, Mark,

and Robin for their
remarks and updates today.

We will now start the question

and answer session
with our presenters.

The Q and A box is now available
for staff to submit comments

and questions to our presenters.

Please include the name of the
presenters to whom you wish

to address your specific
question.

Joining the question and answer
discussion are Sylana Tramble,

director of human resources
office, and Crissy Armstrong,

the principal deputy
director for HRO

who addresses HR
questions as it relates

to the new CDC responder
program.

We have a number of
questions from staff already

which is awesome, and we'll
address as many as possible.

Okay. Here we go.

So for our first question, and
really this could be for any

of our speakers so I'm going
to read it and just jump in.

Are CDC staff going to be forced
to be on a response or deploy?

>> I can start off, and then
maybe turn to my colleagues.

Thank you.

We have seen this question
come in before the webinar.

It's a common question and I'm
really glad to be able or happy

to be able to clarify some
of the points of this.

So first of all deploying staff
to the field, as Mark pointed

out in his part of
the presentation, no.

Deploying to the field
is going to be based

on a voluntary nature.

It's really an opportunity,
I think,

to be able to see
public health up front,

but we are not picking
people up from their homes

and sending them
out in the field.

As it relates to response
participation at the agency,

I'd like to just sort of
challenge everyone to think

of yourself as a responder.

And I think it's important
to point out that more

than 6,000 people participated
in the COVID response,

and therefore I hope think
of themselves as responders.

And I think that there's
a lot of opportunity

where staff really want to
participate in responses,

but might not have
-- know how to.

Might not have the training to.

Might not know what role
they would serve in.

And that's really what we're
trying to emphasize here is

to pre-identify staff that
want to participate in response

or have a skill set that
is needed for responses,

and then provide them with the
training and qualifications

that they need and understanding
of response functions

and operations that they
need in order to do that job.

I also think it's a
great opportunity to talk

about how incredible a
response participation could be.

We've heard from a
number of responders

that have joined responses and
have had -- learned new skills.

Have gotten a new job
because of the experience

and the networking that
they did in the response.

And really this is something
that we should not forget

about in how this is
an opportunity for you

to both do something
as part of a cadre,

but the voluntary nature and
being able to raise your hand

and say, "I'd like to be part

of a response" is still
going to be out there.

Let me turn to Mark
and Robin and see

if you have anything
else to add here.

I really just want to make
sure that I emphasize that, no,

we are not going to force
anyone to go out in the field.

We're not going to force
anyone to participate

in a response serving in a role

that they don't have the right
qualifications and training

and support in order
to do successfully.

>> And maybe I will
just emphasize

that when we do ask people to
work in a response it's really

to use those skills
that they already have.

If you're a policy analyst,
if you're a budget analyst,

if you're a epidemiologist,
we're asking you

to apply those skills in
an emergency response.

As our director Dr. Wok [assumed
spelling] has mentioned,

people were hired at CDC with
certain skills and we want them

to use those skills in
a response environment.

So that is really our aim.

>> And I'll also add to
that just a couple things

to take this just a
little bit deeper.

Specifically the
questions that have come

in have referenced the
notion of turning CDC

in to a military environment,
forcing people to do things

that they did not sign up to do.

That is not what
this is about at all.

It's really about the job
that you did apply for

and were selected for
to come in to in CDC,

helping you understand how
you use those skill sets

in a response.

And the notion of deployment.

We do have uniform
service members

like our public health
service corps.

And we also have MTEs who are
hired specifically to have jobs

where they deploy when
we need them to deploy.

But it's not what we're asking
the entire workforce to do.

We're asking the
workforce to join in with us

to become comfortable with the
notion that we want to train you

in terms of an area you
may not have utilized

in your current profession
in this organization

to make sure you're comfortable
with that so that we have enough

that we don't [inaudible]

because only a few people are
participating and we have skills

across our organization that
many people can participate.

And also the other piece

that I think is really important
there [inaudible] opportunities

beside your current
job requirements.

If you have another skill
set you want to volunteer

to learn something new
and be a part of that,

you have that option as well.

So it's [inaudible] open,

but it's just making sure we
utilize the skills we have

in a different way in making
sure our folks are fully

developed to be able to
utilize all of the skills

in their profession
in a different way

than you may have

utilized them in the past.

>> For our next question.

How is the CDC ready
responder program different

from the global rapid
response team?

>> Yeah. I'll start.

So I want to acknowledge

that the global rapid
response team has really been a

foundational and
essential component

of developing CDC's overall
ready response workforce,

and we want to continue
to work with them

as we build our program as well.

I think many of -- much of
the foundational efforts

that they put in to place
really has laid the foundation

of what we want to try
to do and expand beyond

across the agency
for those efforts.

I also want to acknowledge
that in addition

to the global rapid response
team there are programs

like the EIS program,
the PHAP program,

that we lean on in responses.

And all of those programs are
really essential responder

programs as well, and we want
to work with all of those

to incorporate and feed those

in to our overall ready
responder program.

So the global rapid response
team will continue to exist.

We want people to
continue to support that.

They have made enormous
contributions in our responses,

and we're really looking to
kind of expand those efforts

and make it more useful
and apply it more broadly

to our other response work.

>> And, like you said, it's one

of the most common
questions that we hear.

So it's a testament

to how successful
this program has been.

>> We have lots of really,
really good questions.

Okay. How will CDC ready
responder ensure back fill

for programs that
are depleted of staff

who are pulled in
to the response?

>> Do you want me to start off?

Okay. Another really great
question, and I think a lot

of us experienced this when
during COVID we had a lot

of our staff deployed
to the response

and it did not stop the work

that happened back
in our home programs.

So the initiative here
is supported by a number

of other activities as well.

What has become critically
important during COVID

in particular is that we need
planning and a process in place

in order to evaluate
what activities may need

to be postponed or paused

or prioritized during
an emergency event back

in home programs, and as part

of CDC's executive
performance process --

and Robin can speak to this
a little bit more in detail.

We have implemented an element
for all executives at CDC

where they will be expected
to have a plan of action

for their home programs
of how they will deal

with competing priorities
and making sure

that not only do we
support response activities,

but also that we're
able to continue

to support the highly
critical activities

that are happening
in home programs.

Just one more point in this,
and then I turn to Robin.

With how we're rolling this
program out and removing some

of the time consuming
aspects of response,

namely finding back
fills and finding staff,

I think we could be a lot
more effective in responses

and spend less time on that task
which may result in us needing

to have fewer responders
in a response

which will allow more staff to
stay within their home programs

until they rotate on to
response roles if needed.

Robin, do you want
to add anything?

>> I think you covered
it really well.

One of the things that I
would just mention as a part

of this [inaudible] are
asking are the executives,

all the CIO directors
[inaudible] contingency plan

for when we have a response?

Because we are CDC.

We're an organization when
we have a response we have

to be full in on
making that happen.

So in the past we may
not have thought about it

in that context, but if
you think about that,

we're [inaudible]
around this response,

and in my organization these are
some things that we're not going

to do that we [inaudible]
we were not in a response.

We make sure that we all try to
do all the things at all times.

And we all know that
when it comes

to an emergency you
do things differently.

You don't always do
everything you've always done.

And COVID really helped
us in that space as well.

We shut everything down.

People went home and things
that we would [inaudible]

as everyone expected,
we did not do

because it was an
emergency situation.

So really thinking about that.

And it's very difficult
[inaudible] something like that

in the middle of the fire.

So just step back.

Have those conversations.

Make sure we have contingency
plans for how we will operate

in this space that
we all can agree to,

and we are moving forward
together as it relates to that

so that we don't have the same
kind of things we have going

on today because we've
learned some valuable lessons

in this process and we are
trying to implement some of that

to make sure that we're
[inaudible] and better and not

over utilizing our resources in
a way that they cannot withstand

for a long period of time.

>> Thank you.

So we have several questions
about supervisor approval.

So how will this new program
handle supervisory approval?

Will it still be required?

And can contractors and
fellows participate?

>> Okay. I'll talk about
the supervisory approval

as a part of this process.

One of the things
relative to the [inaudible]

for the executives is
really taking on the notion

that we all [inaudible]
everything

about CDC to include response.

And there will be
processes in place

where the directors
will be involved

in the final determination
around making staff available,

but if you think about some of
the things that we're talking

about as we're planning
for how we move forward

in this space it should
not be the push and pull

that we currently have because
I have these requirements I want

to get done.

If we're in a response, that is
the priority so how do we think

about that going forward?

So we will have a lot of
conversations around that

and that has been a bone
of contention for a lot

of employees around, "I
wanted to participate,

but my supervisor
would not release me."

There's a reason for that

because we just didn't
have an enterprise approach

to how we approached this.

But I believe with the changes
that we're putting in place

that we will be in

a much better spot

to be able to make that happen.

>> Yeah. And I want to answer
the question about contractors

and fellows which
is a great question,

and we have heard
that a lot as well.

I first want to acknowledge
our contractors and fellows

that are a critical
component of our workforce

and help us not just in our day
to day business at the agency,

but also specifically
during responses.

Let's start with contractors.

So contractors is
tied to the contract.

There's a number of
different contracts in place,

and so it depends on the scope.

It depends on the funding source
of the contract specifically.

The best advice that we give
or the advice that we give is

as a contractor if you're
interested in participating

in response activities just know
that there may be limitations

to that because of how
the contract is written

and the funding source that
supports that contract,

but the best way to

approach that is to talk

with your contractor's
supervisor as well

as with your contracting officer
representative to determine

if the specific contract that
a contractor is on is suitable

for response activities.

As for fellows, I started as
an [inaudible] fellow myself

so I'm really very supportive

of fellowship programs
at the agency.

And we know fellows have
also played a critical role

in responses.

There are some limitations
to fellows from what they can

and cannot do mostly as a
protective nature of the program

that they're under and making
sure that the activities

that they were brought on to
the agency to do can continue,

but the answer to fellows is
we've seen fellows participate

in response activities.

We see them continue to
support response activities

within the boundaries of each
individual fellowship program.

And I don't know, Sylana
or Crissy, if you wanted

to add anything else on
the fellowship question

in particular or if we covered
it from your perspective also.

>> Thank you, Lovisa.

I think you covered it very,
very well, but I would say

in the future we are like HRO

and the workforce governance
board is reviewing all

of our fellowship programs to
make sure that we have more

of an enterprise approach
when looking at response

as an integral part
of that strategy.

So I think in the future
there may be some changes,

but we're just not at
the point where we can --

we're ready to know what those
changes might be in regards

to the fellowship
programs as a whole.

>> Thanks.

This next question is
for Lovisa or Mark.

How will the CDC ready responder
program facilitate staff

professional development
or up skilling?

Participating in responses
can be a powerful opportunity

for staff to gain new
skills that may be outside

of their daily home
program responsibilities,

especially for junior staff.

If cadres are based
on existing skills,

will this program have any space
to facilitate opportunities

for staff to gain skills
outside their existing role

or job series?

>> Yeah. Thank you very
much for the question.

And I think that is
an excellent point.

Every two weeks I join the
new employee orientation,

and one of the points
that I make is

that joining responses
is really valuable

for people in their careers.

You get exposed to a number
of subject matter experts

and a number of programs
across the agency,

and it really helps
develop your broad network.

And we envision that the same

with the CDC ready
responder program

because there's an
opportunity for people

to not only use the skills
that they already have,

but to potentially mentor and
shadow others in a response

and develop and gain
those new skills.

So not only will they
be helping the response,

but there's some benefit to the
responder themselves in terms

of growing skills and
experiences that they can use

and apply in other
positions potentially

in their career at the agency.

So we are still looking at
exactly how to operationalize

that and implement that.

It's a fantastic suggestions,
and it's something on our plan

as we seek to implement and
develop our training program.

Lovisa, anything else?

Okay.

>> Okay. Better preparing
people to respond is key,

but we need to address what it's
like while staff are responding.

It can feel like the only
two options are 12 hour days

without days off or not
participating at all.

There are excellent CDC
staff that will contribute

to responses, but have personal
responsibility like kids,

elder care, or pets that
make the current response

model impossible.

In addition, to better
identify and prepare responders,

how do we pair that
with sustainable

deployment conditions?

>> Yeah. I'll start and
you can add some more.

So we certainly want to make
responses more manageable.

It is unsustainable for our
workforce to work 18 hours a day

for 6 months at a time or a
year at a time in some cases.

That's not good for
our employees,

and it's not good
for our agency.

And so we are looking at
efforts to make response work

and participation
more manageable.

I do think in some cases
being able to work remotely

and have work at off hours
really helps provide some

of that flexibility,
though not all of it.

I think to Lovisa's
point earlier in terms

of prioritizing our response
work and really making sure

that we focus on
things that are --

that will have the greatest
public health impact

within a response and prioritize
those things I think will go a

long way towards reducing some
of the extra work that all

of us end up getting sucked
in to during a response.

And so making sure that we
have our priorities straight,

but also making sure that we
give people broad opportunities

rather than just
saying, "You have to come

in to the emergency
operations center."

Or, "You have to go to
a certain location."

Giving people that
flexibility and opportunities

with response will
in part address that.

>> Yeah. Thanks, Mark.

I think it's also
worth acknowledging

that in some instances in
responses we -- it is intense.

It is long hours.

What we're hoping to do is to
mitigate that, to make sure

that it is not to the
level where it has been,

but and also developing cadres
that are put together ahead

of a response also allows
us to put teams together

that have worked
together in the past

or at least are knowledgeable

of who they will be
working on in a response.

And I think that helps with
the fluidity of a response,

and it helps being able to tag
team during response activities

so that if there is a time of
intense needs that you can work

with someone that you're
familiar with that you've worked

with before, that you
know is part of the team,

and you can work out a
solution where you're --

one person is on in the morning

and one person is
on in the night.

So I think that there are
ways for us to look at this,

but this is a big
picture solution

that does not have a one
size fits all solution to it.

Rather we're looking at
this from multiple angles

and seeing what we can do to
really focus on the well being

of our workforce as well

as meeting the mission
of the agency.

>> Okay. So lots of questions.

There are several questions
about commission corps

and how this program
impacts them.

Can you talk about will
there be an agreement made

with the commissioned corps
to coordinate schedules to --

so officers don't have like
back to back deployment?

>> Yeah. So we work very closely

with the commissioned
corps office as part

of our response assignments
and workforce.

I think there are a lot
of policies and a lot

of implementation steps that
we still need to work with.

I think we certainly recognize
the important contribution

that officers make to all
of our responses and we want

to make sure that we -- when
we ask officers to participate

in a response, that is
recognized appropriately

by the commissioned
corps office as well.

And so more details to
come on that, but I --

we certainly acknowledge that.

Robin, I don't know if you --

>> I was just going to say,

you know [inaudible] has
been [inaudible] engaged

in this area for

quite some time.

And we're still trying to make
some progress here in terms

of how deployments are viewed

and how the credit
provided, etcetera.

So that is an ongoing
conversation that we hope

to be able to resolve in a way
that's going to be positive

for all involved so that also
our commissioned corps can have

some level of comfort around
how they will be utilized,

what kind of [inaudible] and the
[inaudible] associated with that

so that again this is not
just about the LT. This is

about our entire
workforce and making sure

that we have some level of
[inaudible] associated with it

for everyone as we
think about this.

And you know the
question earlier.

[Inaudible] making the changes.

Well, getting more
people involved

in the process makes it easier
relative to the number of hours

when they have to work.

We've also in some cases --

for example, if we have a
shift type scenario I may enjoy

working a late shift as
opposed to a morning shift.

So it works out in many cases.

And, you know, I have
a military background.

I've been involved
in that kind of thing

for a long period of time.

And generally speaking

when you're [inaudible] the
cadres together, they're able

to work things out in a way

to make it a very
pleasant experience

for everyone involved.

And it doesn't necessarily
[inaudible] in that.

It's the people who are doing
the work [inaudible] the mission

is being accomplished.

So.

>> Thank you.

This is a two part question,
but it's a short one.

So if -- I'm sorry.

Don't have my glasses.

Sorry. If -- if we're
moving towards --

if we're moving from a volunteer
based model, are people expected

to respond even if they click
no in the responder profile

and will position
descriptions be updated

to reflect this program?

>> I think the most important
element of this -- back away.

Okay. The most important
element of this is this.

We're talking about what your
current job requirements are

at CDC.

And you may say, "Well, I've
never done that before."

In most of our jobs we don't
necessarily do the full scope

of what would otherwise
be required,

and we're just simply
saying with the change

in policy you will be asked to
do the work that is associated

with your responsibilities
at CDC even

if you haven't done
that in the past.

That really means that we
just have not engaged you

in that way.

So we're going to now start
providing more training

or education around those
elements as it would relate

to response, and that's how
we're going to address that.

So [inaudible] know that
we're going to have a scenario

where if you're saying no
we're going to say, "Yes.

You are." But just to
be clear if it's a part

of your job we have a right
to ask you to do that work.

That doesn't mean that we're
putting you on night shift.

That doesn't mean you're
necessarily if you're working

from home you're going
to have to come in.

It's just we're going to ask
you to do that work as a part

of a response because
again one CDC.

We all have requirements.

We've all been hired
to do a job.

And we're going to
make sure that piece

of your job is fully explained

and you understand what
those requirements will be

and you'll have plenty of
training associated with that.

So if it were me, I wouldn't be
concerned about it in that way.

You'll have an opportunity
to get really comfortable.

We do not want to
put anyone on --

feel comfortable and
you're in this scenario

where it's an emergency
and we know how that goes

if you're not prepared for that.

And so we'll work
on that together.

So I wouldn't be too terribly
concerned about it [inaudible].

>> Yeah. Can I -- so I think
that it's also a question

about what does the prior
voluntary approach mean.

The previous process has been
that we post roles for responses

and we asked people to submit
their names for consideration.

It also means that if you're
interested you can fill our your

responder profile and we go
through that roster of staff

that have volunteered.

It is a very time
consuming process.

So the shift is also be
proactive here and look

for responders that are willing,
interested, and want to serve

in certain roles and are under
the existing roles already

that could serve in those roles.

So again I think that we need
to think about how we're talking

about this, but the bottom line

of the CDC ready
responder program is

to have a more systematic
proactive approach is how we

staff responses so that we
don't have to spend as much time

as we have historically
in looking for people

who can fill roles at
a certain time taking

in to consideration
family commitments

and other job responsibilities
that might be priorities

at the time so that we're
better able to plan out how

and when you will be
able to join a response.

>> Thank you.

Can you talk a little bit
more about and clarify

when training would begin
and what that looks like?

Will it be in person,
remote, hybrid?

Anything else you can share

about what we can
expect with training?

>> So we are still,
as I mentioned,

developing what exactly types
of training that we need.

I think we will certainly
look at all modes

of delivery in terms
of training.

We recognize that our staff
are not all at one campus,

and so whatever we develop
needs to be accessible

to all people depending
on wherever they may be

or whatever modes of training
delivery work best for them.

>> I'm going to tag on to
that question with something

that I heard about the
timeline because a lot

of people have asked about
the timeline and I think

that relates to training.

And so what we're
doing is we're starting

with the first cadres
being focused

on experienced responders.

So roles that are commonly
needed for responses,

that includes response
leaders, incident managers,

operations coordinators,
and we're starting

by rostering those with the
understanding that a lot

of them are seasoned
responders and have the

on the job trainings
to be able to step

in to roles if they needed to.

And the point of all that is

that an emergency
can happen tomorrow.

And so we don't want to
wait to start this program

until we have all the training
courses completely developed.

We want to be able to roster
staff right away so that

if something happens
tomorrow or next week

or next month we are already
more prepared than what we were

for previous responses.

So that's where we're starting.

I want to be very clear and
say that that does not mean

that there is not going to
be opportunities for those

that might not have a lot

of prior experience
working in responses.

We are very interested in
having those that are interested

in a response, but not ready
yet to joint responses.

As a reminder, there are a lot
of activities that are already

in active mode and we
are definitely interested

if you want to join in
a response right now.

There are a lot of
opportunities to do so.

>> Okay. In the same line,
thinking about the cadres,

how will the cadres
help ensure diversity

and inclusion among
the response workforce?

>> Yeah. As we develop the
cadres, that's a key point

that we need to look at in terms
of how we're forming those,

but also matching those people

to specific positions
in the response.

We are not looking
only necessarily

for the most experienced
people in those cadres.

As Lovisa mentioned, this
is really an opportunity

to get everybody who may
be interested and make sure

that people's skills at
the agency are aligned

with specific disciplines in
those cadres and specifically

with a focus on making sure that
it's a diverse cadre of people

from all different perspectives

because I think what we've
seen responses is that all

of those different voices
really help strengthen our

response activities.

>> Yeah. And if I
can add to that,

I think one of the
observations that we've had

from previous responses is

that how we staff responses
has been a lot of word of mouth

and who you know and who you're

comfortable working with.

And I think that we need
to get away from that

and remove that barrier.

And I think we need to
make sure that we bring

in a diverse workforce of --

from every aspect including
diversity of thought

in to our responses so that
we're using all of our resources

that we have across the agency.

>> Okay. This is
our last question.

We're getting some
questions about like, "Okay.

So what do I do?

I'm excited."

So how does staff indicate
interest in participating?

Is there anything they need to
do now if they're interested

in a cadre or getting involved?

>> Right now what we're asking
people to do really is just

to review and update your
profile as we certainly expect

to communicate more details
in the weeks and months ahead

as this program comes
to fruition.

So we ask you for a
little bit of patience,

but please update your profile.

Make sure that you
have your skills

and background indicated there.

That's really the
most important thing

for staff to do at this time.

>> I would also say over the
holidays don't forget how

enthusiastic you are about this

because hope we can have
your enthusiasm carry

in to the new year.

We're very excited about this,
and we hope you are as well.

This is a great change for us,

and it really will help
us become more effective

in the way we respond to
public health emergencies.

We will have additional webinars
and avenues for you to hear more

about this program,
to ask questions.

Again I encourage you to
send your questions in.

We read every one of them,

and we are also sharing your
questions with Dr. Walensky

to make sure that she hears
your feedback as well.

Robin?

>> Yeah. The comment that I
want to make along these lines,

just keep in mind if
you decide to go in

and update your responder
profile that doesn't mean

that tomorrow someone's going
to call you in and put you

in a response because
you're not prepared.

It's just getting your
information in there,

recognizing you want to get the
training, because we're leaning

in to this with all that
we have at every level.

You know, we're trying to
build on infrastructure

to support a ready
response organization,

ensuring that we all are
[inaudible] roles as well

as how we can respond
with confidence

because we're well
qualified, trained, and ready.

And I would add as the premier,
as the -- I'll say it that way,

premier, public health
organization in the world,

that is how we must
show up for the nation.

And if all of us
lean in to this,

there's no question this
would be very successful

and we will be ready.

And the thing that I

think folks as you think

about this whole notion
of diversity in terms

of opportunities, the reason
why this is so important,

this would be a part of how
we develop our workforce

going forward.

So it's a part of your training.

So you know what that is

as you're coming in
as a new employee.

If you've been around for 20
years and you didn't have that,

I understand how you feel about
it, but we're talking about it

as we bring new people in.

That's a part of how we
develop our workforce

so that they're prepared
and ready.

It's also a way to think

about how would I get
promoted in this organization.

How do I get recognized
in this organization?

How do we have the
incentive structure

to recognize the
importance of response

as a part of our culture?

Those are the things that we're
going to be working on with you

to make sure everyone's

comfortable with it.

So thank you.

>> I wish to thank our
presenters, Sylana and Crissy

for your participation in the
question and answer session,

and thanks to all staff
who submitted questions.

An article will be published
in [inaudible] connects along

with the transcript and video

of today's webinar
in the coming days.

Thanks again for joining us.

This concludes our webinar.

>> Thank you for -- thank
you all for joining us

for today's webinar to
provide the latest update

on CDC Moving Forward.

I'm Jamila Jones, and I serve as
the Internal Communication Lead

for the CDC Moving
Forward initiative.

And I will be moderating
today's session.

The Zoom webinar is listen-only
and is being recorded.

Closed captioning is
available for this webinar,

and the link has been
placed in the chat box.

During the webinar, staff are
invited to submit questions

to the Q&A answer box.

We will try to get to as
many questions as possible.

For the past several months
we've held several webinars

to provide critical updates
on CDC Moving Forward

and to answer questions
from staff.

Today we will hear
from Kevin Griffis,

CDC's Associate Director
for Communication,

who will be joined by Cate
Shockey, Associate Director

for Communication
for the Division

of Global Migration
and Quarantine, DGMQ.

And Abbigail Tumpey,
Associate Director

for Communications
Science for CSELS.

And they will provide an update
on communications at CDC,

an overview of the
communication strike team

and priority action teams, also
known as PAT, work in progress

in these areas, and what's going

on to support the CDC
Moving Forward initiative.

Following their remarks,
we will open the meeting

up for your questions.

At this time I will
turn the meeting

over to CDC's Associate Director

for Communication,
Kevin Griffis.

>> Good morning and
thank you, Jamila.

We thought it would be helpful
today to take a step back,

to walk through the
communications work

that is happening under the
banner Moving Forward as well

as some restructuring that
started more than a year ago

within OADC and connect
the dots between that

and what are essentially
three work streams.

And the criticisms and
feedback CDC received

for its communications
in internal

and external reviews during
the height of the pandemic.

Next slide.

You'll see here a list of
challenges from the CDC review

of operations during the most
intense period of the pandemic.

And three of them are related
to how we communicated.

Critics have repeatedly cited
shortcomings in the clarity

and the consistency
of our communications

around public health
recommendations.

I want to acknowledge
that CDC was

under unprecedented scrutiny.

And like many institutions
that undergo sudden,

sustained attention under
rapidly developing circumstances

that are frankly well outside
of an organization's control,

the pressure exposed
some cracks.

Now, some of the criticism
was inaccurate or overblown,

but we're living with

the results nonetheless.

To a large degree we remain
in a narrative position

with the media where
we are unlikely

to get the benefit of the doubt.

Part of the work of moving
forward is to begin to change

that by, one, of course,
making operational adjustments.

But, two, showing how the agency
is listening and making changes

to address the issues
raised in reviews

and to the feedback
delivered by stakeholders.

For this discussion about
communications, however,

I want to start well
before all of that.

Back around the time that
Dr. Walensky began her tenure

at CDC.

I want to start with our
own reorganization in OADC.

Next slide.

Jamila and Abbigail, who was
acting director at the time,

recognized root causes within
OADC structure for some

of the same problems

that external reviews
would later highlight.

The need to do a better
job of communicating

with the American
public through the media

and directly via
digital communications.

And they went about
fixing those problems.

Prior to its reorganization,
OADC was made

up of just two divisions,

which created multiple
reporting layers for some

of our critical functions
like media relations,

internal communications,
and speech writing.

Ultimately, structure
is a reflection

of an organization's values.

And what OADC's prior structure
indicated was that our work

with the media and our
communications with the public

through digital platforms
were not given the value

that they deserve.

Reorganization changed that.

Importantly, it elevated digital
media and media relations --

run by Carol Crawford and
Ben Haynes, respectively --

the two functions
most responsible

for communicating directly
with the American people

to their own divisions
that improves my visibility

into the work that gets the
most external attention.

Next slide.

Here you can see a
rundown of what OADC does.

And I wanted to highlight
a few areas in particular.

The digital team led by
Carol Crawford continues

to make progress on our
multi-year modernization effort.

They've launched an enhanced
data visualization capability

on cdc.gov.

Developed an overall
content strategy.

And we are in the process

of implementing standard
data-based content types

for all -- for use on
all cdc.gov content.

And more big changes
focused ultimately

on the consumer are coming.

The reorganization also
created the Division

of Communication
Science and Services --

run by Betsy Mitchell, which I
believe will ultimately be an

important asset for all
of CDC communications --

is the hub for our

work and planning

to counter mis and
disinformation.

And is a resource for
the evidence-based,

scientific practice of
health communication.

How can data inform how
we talk about a topic

that generates controversy
-- such as mask wearing,

for example -- so that people
listen to the message as opposed

to rejecting it out of hand.

We don't know -- have enough
time to catalog them all here,

but I did want to list a few
improvements to operations

to rollouts and internal
communications, for example,

where we've seen enhanced
coordination with CIOs

and COVID-19 response
in the launch

of numerous agency-wide
all-hands

and division director meetings.

And also started doing
webinars, internal webinars

for major agency announcement
to allow staff to ask questions

and better understand
the science behind

our recommendations.

The list goes on and on.

Jamila, Abbigail and Cate, who
also served as the acting ADC,

deserve a lot of
credit for ushering

in these changes amid
the pandemic response.

People use the phrase
"walking and chewing gum

at the same time," this
was walking, chewing gum,

and whatever, pick your best,
most appropriate metaphor,

plate spinning, juggling cats,
whatever, and they did that

and were able to usher in
all these changes while the

at the same time
answering the bell

and in very difficult
circumstances during

the pandemic.

So with that, I want
to hand it over to one

of our plate spinners, Cate.

>> Thanks, Kevin.

Hi I'm Cate Shockey.

I'm the ADC and NCEZID's DGMQ.

Back in September Abbigail
Tumpey and I served as cochairs

of the communication
strike team.

The communication strike team
operated a bit differently

than other strike teams

in this time period.

Because OADC already went
through the reorganization

as Kevin just mentioned,
we did not focus

on infrastructure
in our short sprint.

Instead we focused on the needed
recommendations to improve,

modernize, and move CDC
communications forward.

Next slide.

So our communication
strike team was also larger

than the other teams, with
30 communication strike team

members representing diversity
across centers and offices,

GS levels, age, gender,
race, and experience.

Thank you to all of the
people on the strike team.

Next slide.

The strike team process
lasted for three weeks.

The team met as a group,
broke out into subgroups

to tackle initial
problem identification

and solution recommendations
for specific areas

that I will discuss shortly.

And then regrouped to
present and get feedback

from the larger group.

Then with recommendations
in hand, Abbigail

and I conducted six listening
sessions with communicators

from across the agency,
including center ADCs,

division ADCs and com leads,

programmatic communicators,
and OADC staff.

Throughout this listening
session sprint,

over 120 communicators were
engaged in the sessions,

representing one in
four CDC communicators.

After getting feedback from
the listening sessions,

the strike team met to finalize
recommendations and provide

that set of recommendations
to OADC leadership.

OADC leadership then
broke the recommendations

into things we can
tackle right away

and things we need
CDC leadership buy-in

to move forward with.

So all in all there were over
40 recommendations submitted

and sorted into these
two categories.

Instead of going through
a line list of all

of those recommendations, next

slide, we're just going to go

through the themes that bubbled
out and then themes that came

from the recommendations.

So the first is that
leadership was seen as a support

or service function
often brought in too late

in the content development
process with SMEs

to provide strategy
or deliver a rollout.

Communicators really felt that
they needed a seat at the table

in a leadership capacity.

Second was the response
communications.

So an overall assessment was
needed of response coms looking

at organization staffing,
functions,

working with SMEs, et cetera.

The third was evaluation
and a need

to conduct landscape
analysis looking

at how certain activities,
functions, like CDC's media,

social media training,
the website, et cetera.

The fourth was training across
the board, that we needed

to really up-skill the
communications staff we have,

including new staff and

legacy staff that are

at the top of their game.

And then there was an, also
recommendation to train SMEs

and CDC leaders on what
communication staff can provide

and can offer to their programs.

And, finally, strategy.

There were lots of
recommendations

about how we can be more
strategic, proactive,

and clear in our rollout
of CDC information.

Next slide.

So these were the overall themes
that came out our conversations,

both at the strike team
and the listening sessions.

And then right here we're going
to break down just the buckets

of what these recommendations
looked like.

Again, there were 40 of them.

Based on the findings
from the Macrae review

and the structure review, the
team broke into five sub-teams

that produced recommendations

and with a sixth
recommendation category

for overall recommendations.

The first was creating
accountability

and streamlining
dissemination tactics.

Meaning that we need to take
a hard look at our channels

and processes, what
they are now,

and determine the impact need
and direction moving forward.

The second was cultivating
health communicators.

This focuses on hiring,
training, and retention.

Not only is there
often a large amount

of communication vacancies, but
we really need to figure out how

to recruit and train the
right people for the job.

Training experience
and skill sets

for communicators can differ
widely in a single GS grade.

So this area of recommendation
is focused on the hiring,

training, and retaining.

The third category was
rapid strategy creation

and rollouts focused

on standardizing how
we create rollouts.

Making sure everyone is
trained on that process.

And creating a rollout
calendar that can be used

for agency-wide situational

awareness

at the top and around CDC.

The fourth category
is expressly mentioned

in the CDC assessments, and
that is breaking down silos.

Recommendations focused
around cross-agency work,

improving visibility,
sharing expertise,

cohesive communication
strategy and planning,

and taking different agency-wide
approaches to audience outreach.

The fifth category was
working through issues

with response coms, as
mentioned before in the themes.

The recommendations were, again,

focused on staffing
organization, clearance,

elevating communications
within the IMS structure,

and creating funding
mechanisms to speed

up the communication process.

The final category of
recommendations came

from overarching needs

to improve the communication
landscape at CDC.

These recommendations focused
on how CDC can be more strategic

in our rollouts and
communication outreach,

conducting assessments of each
center's communication staffing,

and work and ensuring that
communicators sit on review

and interview panels, and then
overall structural issues.

So the strike team process
really focused on a variety

of ways that CDC can
improve communication.

From process improvements
to hiring,

the work that this group did
in three weeks was tremendous.

The recommendations are being
tracked, and staff should expect

to know when these changes
to start occurring in 2023.

But for some of these
recommendations,

they needed a little more
fleshing out, so they continued

into the priority
action team process.

So now I'm going to turn it over
to Abbigail who's going to walk

through the PAT team, priority
action team process centered

on communication.

>> Great. Thank you
so much, Cate.

And appreciate everyone being
here today for this discussion.

So as Cate said, several

of these recommendations

actually went

into priority action teams

of which multiple team members
were able to provide input

into implementation plans to
help us really think through,

how do we actually put some

of these recommendations
into action?

So next slide.

So I assume at this
point in time,

most employees have read
the report that Jim Macrae,

the summary report that's on
the CDC Moving Forward website.

So if you have not read it,

there's several components
throughout the entire thing

around communications,

but communications has
several recommendations.

So Recommendation 5 actually,
focus communication efforts

to the general public first

with additional communication
tailored to key partners.

So there's actually three
different priority action teams

that are looking into
issues around this.

The first one, 5a,
is looking at,

how do we employ risk

communication strategy and speak

with a unified voice throughout
an emergency response?

Priority Action Team 5b is
communicating in plain language

in all scientific publications

and implementation
guidance documents.

So Betsy Mitchell and Elizabeth
Allen have been leading this

PAT team.

And we're going to give
you a little bit of update

on what they've been doing.

Priority Action Team 5c is,

how do we formalize rollout
procedures and processes

for all science publications

and implementation
guidance documents?

So Alaina Robertson has
done a really nice job

of moving this forward.

And then another big
recommendation that came

out of the summary report is
restructuring the agency website

and digital communication
platform.

So you heard us mention
Carol Crawford previously.

But Carol Crawford is
leading this PAT team

of really streamlining

reviewing processes

and removing some
of our web content.

So we're going to talk through
some of that dates there.

Next slide please.

So the first thing that the
priority action teams did is do

a root-cause analysis.

So this is a summary of
the root-cause analysis.

You're going to see
similar themes

in this-root cause
analysis as to what we heard

in the strike team
process as well.

So everything that we have done
has built on top of each other.

So in the root-cause analysis,

we found issues that
were structural.

Staffing. Training.

Processes.

And system issues.

So some of the structural issues
Cate has already mentioned.

So communication really being
treated as a service feature

versus a strategy feature.

So we heard loud and
clear from communicators,

both during the strike team
process and the PAT process,

that sometimes communicators
are not at the table

or not involved early
enough in the process

to really make an impact.

There's also accountability
and authority issues

with our current structure.

So we have communication staff
teams completely decentralized

across the entire agency.

I can tell you it make
it's very hard for OADC

to really have full visibility
on things that are happening

around the agency, the fact
that we are so decentralized.

Staffing issues.

So there's not enough
communicators in some groups.

So I'll give you a key example
of this that we're looking into.

Right now there's
no steady state FTEs

in our JIC content
team for responses.

Which means that we end up
burning through a lot of staff,

really talented staff that we
really need additional hands

to do this work.

Training, we've already talked
a little bit about that.

But we really need up-skilling

in several topic areas.

Everything from rapid
rollout creation

to communication
science to plain language

to emergency response
leadership.

We have some process issues.

So some of our processes
don't allow us to kind of bake

in best practices that
we already know work.

So we're really kind
of thinking through,

how do we address this given
that there's such a volume

of need of communication?

So how do we actually
kind of bake, for example,

communication science
into the process?

And you're going to hear a
little bit more about that.

There's also kind

of coordination issues
across groups.

And then system issues.

So you're going to hear us talk
a little bit about, for example,

contract issues and
things like that

that we should be
able to address.

All right, let's go
to the next slide.

I'm going to talk you through
just at a high level what each

of these PAT teams is doing.

So 5a is really re-imagining
response communications.

And they're looking at
four different areas.

So the first being, how
can we actually accelerate

rapid activation?

So putting some mechanisms
in place that allow JIC,

the Joint Information Center,
to activate and stand up faster.

I'll give you a key
example of this.

We need to be able to message
test messages right off the bat.

So how can we actually
put systems in place

so we can actually kind of
bake communication science

into that process?

We are assessing and looking at,

how can we assess
structural and resource gaps?

So what we're proposing is
actually conducting a full

evaluation and needs assessment
of JIC and the task forces

and communication models.

So, for example, the COVID
response has a decentralized

communications model, where we

have communication teams in each

of the task forces and the JIC.

Whereas, the monkeypox
response has tried to do kind

of what we call a mega JIC
model, where everything is kind

of centralized in one location.

We really want to think through,
what's the best approach

to actually pulling off all
the communication needs during

a response?

The third piece that this
group is proposing is,

how can we actually realign JIC
as part of the leadership team?

So JIC as part of the IMS
structure is actually looked

at as a service feature.

And so that means sometimes when
we have IMS leadership changes,

sometimes that those
communication leaders

in the response might not
always be at the table.

So how can we actually
think through ways

that communicators are a
part of the table and part

of that strategy discussion?

And then the fourth piece

of this is actually
continuous training.

So our Phase 2 of this

will be actually standing

up a work group to really think

through response-specific
communication training.

Next slide, please.

Our next PAT is actually --

this is one that's led
by Betsy Mitchell --

is looking at, how can we
communicate plain language

for all scientific publications

and implementation
guidance documents?

So right off the bat they're
looking at a series of training

and education, both
for senior leaders

and then communications
policy and scientists.

They are looking at
options to develop models

for multidisciplinary
collaboration.

We have great examples of
this around the agency.

Everything from -- vital signs
is a key example of this,

where we really have
com policy science

at the table really
driving the messaging

and driving that dissemination.

So how can we do that
early and think through how

that is done on a regular basis?

Betsy Mitchell is
doing a fabulous job.

And her entire division's
really thinking through,

how do we integrate
communication science

into systems?

So baking plain language
content into systems.

And so things like, this
is digital modernization.

They're thinking this
through as part --

how do we do this
with our website?

There's some other key
examples, including pulse check.

If you guys are not familiar
with this, this allows us

to do kind of quick
internal message testing.

So more to -- happening
here, but Betsy

and team are really thinking
through how to make this work

and make this part of
our standard practice.

And the last is accountability
and really thinking through,

how do we put it into PMAPs
and training requirements.

Next slide, please.

Our third PAT -- this is the one

that Alaina Robertson

is leading --

is focused on rollout
procedures and processes.

So she's really looking at,

how do we standardize
processes and templates?

How do we align science
and communications?

Again, at the table, you're
hearing the same themes

across all of these
PATs as well.

Developing training
and resources.

Creating shared editorial
calendar

for enhanced visibility.

And really leveraging metrics

and evaluation to
support buy-in.

Next slide, please.

And the last one --
I want to mention

that we're really
excited about this one.

I think this is probably

like the most visible
thing that we're proposing.

Which is actually streamlining
a process for adding

and removing web
content to the website.

So Carol Crawford and team
have been leading a multi-year

digital modernization effort.

The biggest probably
proposal we have

on the table right now is what
we're affectionately calling

Clean Slate.

So think of this as like
cleaning out your closet.

We are going to do a fresh start
or proposing to do a fresh start

of relaunching cdc.gov.

I think as part of the
process that Jim Macrae went

through of the assessment, I
think we figured out we have

over 200,000 webpages,
which is just incredible.

There's many, many webpages
that have really turned

into a repository of content,
and it's time for to us kind

of like press the reset button.

So Carol and team
are thinking through,

how do we actually
pull this off in a way

that really allows
us to start fresh?

The second thing that this
group is looking at is,

how do we modernize
the CDC web policy?

So this includes things like
archive policy and tools.

So if you put something

up there,

it doesn't have to
be there forever.

What's our process for really
thinking through updating it

and then taking it
potentially back down?

They're also operationalizing
digital

communication modernization.

So ensuring we have the most
modern processes and tools.

Carol has always been
great at bringing

in industry-level standards into
the agency, but she's doing this

as part of the digital
communication effort as well.

And then, lastly, she is
providing staffing models

and recommendations to CIOs
to really think through,

how do we pull off
what we need to do

for the digital communication
modernization?

And that's going to mean
really thinking through kind

of a different approach for how
we do communications content

and web staffing.

And so ultimately she's
going to be providing some

of these recommendations
through the ADCs

and management officials
to think through,

how can we do this to make sure
that we're best positioned?

And with that, I'm going
to hand it back to Kevin.

>> Okay. Thank you, Abbigail.

I know we've talked to folks for
a little while now, so I'm going

to speak briefly about
these last two slides.

And, you know, the
first one here is just,

how do we get to
the ideal state?

And what does that
ultimately look like?

And I'll start with
that final bullet there,

improving CDC's reputation.

Because, frankly, I think,
if we're able to execute

around the bullets
on top of it there,

the CDC's reputation
will continue to improve.

It's about ensuring
coordination between, you know,

all of the CIOs, OADCs,

and as well as across
the U.S. government,

making sure that we
are being proactive

and telling the story
that we want told.

And, obviously, you know,
if we create vacuums,

there are other people
who are willing

to tell that story for us.

And we want to be sure
that we are being proactive

and on the front foot there.

And then ensuring that we
have communicators really

at the table early in process,
talking with the response leads,

talking with leaders from
across CDC to make sure

that we are thinking about
the audience that we're trying

to reach and developing
content to reach them.

And ensuring that we're working

on the best platforms
to do that.

Next slide, please.

And then talk a little bit
about some of the work underway.

Obviously, I want to
ensure that, you know,

one of my goals is to ensure
that OADC is really a resource

for all of CDC communications.

And I want to talk about that
first bullet in particular.

It's a new service media
listing tool called Meltwater

that we're using to help
us respond in real-time

when we have stories come
out about a given initiative

that we have so that we
can correct the record

if we have an issue
with one of the stories

or a factual problem
in one of them.

But also to make sure that we're
doing everything that we can to,

I think, not only respond in
real-time, but think about sort

of best channels to
reach people and ensure

that we are better
quantifying the actual impact

of communications.

And Meltwater helps us
assess who we're reaching,

the scope of that,
impressions that we're creating.

And that provides a
better understanding

of the value of communications.

And I think that will be a
tool for people across CDC

as they make the case to their
CIO leaders about the needs

that they have within
communications and how they can,

you know, continue to
improve that function.

So with that, I'm going
to turn it back to Jamila

for question and answer.

>> All right.

I want to thank Kevin, Cate,
and Abbigail for their remarks.

We will now start the
question and answer session.

The question and answer box
is now available for staff

to submit comments or
questions for our presenters.

Please include the name of
the presenter to whom you wish

to address your specific
question.

We have invited Mary Wakefield
and Jim Macrae, who joined CDC

to support our Moving
Forward initiative efforts.

And they're -- just know they're

in the room offering some
moral support for us.

So if you see us
looking over there,

they're probably giving us
a thumbs up, maybe, perhaps.

All right.

We have a number of
questions from our staff,

and the presenters will
address as many as possible.

Our first question is for Kevin.

This is one that we've
gotten in the suggestion box.

I wanted to start with one
that we've previously received.

So there has been
speculation about the amount

of external influence
on decisions related

to CDC communication activities.

Can you explain how CDC
navigates these interactions

when making communication
decisions?

>> Yeah, I mean, I do -- I
want to start by just ensuring

that folks know that obviously
there is a bright line there

where sort of interference
is inappropriate.

And that, of course, is
around what the science is

that we're doing, as well
as, I think, the, you know,

any efforts to try to
suppress information

or to suppress science.

I mean, obviously,
that is an area

where we cannot countenance
any sort of interference.

Now, I think what
is appropriate,

though sometimes annoying,
but also helpful ultimately,

is coordination across --
within HHS and also across all

of the U.S. government.

And so the way that I tend
to think about it is that,

you know, we essentially all
are watching the same game,

but each of us might be at a
different place on the field.

For instance, you know, I
think of an operating division,

they tend to have the sort
of closest view of the field,

and they're right down on it.

Whereas, at the department
level,

they may be a little bit
sort of midway up the stands.

And then, finally, the White
House might have the biggest

view of the entire playing
field, and they might be up,

you know, in the press box.

And so each view of
the field is valid,

but each entity has
a different sort

of view of what's happening.

And so it's helpful for CDC
to have the input of HHS

and the White House to better
understand the entirety

of the playing field so that
we're, you know, coordinating

on the launch of initiatives
so that we're not stepping on,

you know, something else that
may be coming out from HHS

or some other part of
the federal government.

Ultimately, that process
is helpful overall.

Helps us ensure that we
are getting our, you know,

message out there in a way
that's sort of uncluttered

and ensuring that also that we
have an opportunity to have,

you know, amplification
from the secretary or people

within the White House or
administration and the president

of key initiatives that we have.

So that process can be
complicated at times.

It can be frustrating
at times, for sure.

But I do ultimately
think it's helpful.

And I ultimately think
it helps to, I think,

refine the products, the
communications products

that we put out and to ensure
that we're really thinking

about the audience the
best way that we can

and have the best possible
input we have -- can have.

>> Thank you.

So our next question is one
that we've received moments ago.

It says, I'm encouraged
to hear about the focus

on making sure communicators
are in leadership roles

and engaged earlier
in process and treated

as a strategy feature rather
than a service feature.

How do you think you will
change the institutional culture

around scientists
overruling communicators

on final communication
products and not just

in emergency responses?

Not sure who wants
to take that one.

>> I can start it
maybe, Abbigail.

So, I mean, I think part of it
is, you know, I need to ensure

that I'm doing the best possible
job that I can in advocating

with our leaders
across CDC to ensure

that we have communications
folks

at the table early
in the process.

And that they're providing input
so that we are thinking early

about how -- you know,
what we're going to say --

it could be interpreted
by the public.

And making sure that we have
that input as early as possible.

This is obviously in
some places, you know,

represents a culture
change for the organization.

So that part is difficult.

And I think, you know, it will
be incumbent upon, you know,

need to continue to advocate.

I think the director to
continue to advocate,

which she is a strong
advocate for communications.

And I think also, you know,
it's incumbent upon the people

who are communicators to put
your hand up and say, hey,

you know, we need to
be at the table here.

And if there are structural
problems within your team,

to bring them to others to
see if we can, you know,

to your leader to
try to address them.

And if you have, you know,
issues that you think, you know,

that would be helpful for
me to come to my attention

that I can address with folks,
I'm obviously happy to do that

and have people's back on that.

So, Abbigail.

>> I mean, I think
you said it well.

I -- this has become
such a cultural issue

that many communicators have

figured out how to get used to,

I really hate to say that,
and how to navigate around.

And, but it is not the same
at the Office of Director.

And I noticed that,
Kevin, when sitting in

and acting in your chair,

Cate certainly noticed
that as well.

But I remember we were hosting
a listening session, Cate and I,

and Kevin was listening
to communicators

around the agency say this.

And it was so surprising,
I think,

to you to hear this coming into
the organization and hearing

that communicators are getting
things at the last minute

and told, just put it up on the
website or just make it pretty

or just do X, Y, Z,
and not really part

of that whole process.

This was actually
part of the reason

that I asked Dr. Walensky the
question in the last All Hands

of whether you were sitting at
the table so that other people

around the agency could
really hear that this is,

at the OD level, communicators

are part of the strategy table

and really thinking through
stuff early and really able

to help in that decision-making
process.

I think we have pockets
around the agency

that do include their
communicators,

and they ultimately have
better products in the end.

They have better, you
know, thoughtful pieces

that really align science,
policy, and communications.

And I think that's
our ideal model.

This will definitely
be a cultural shift.

Do you have anything
to add to this?

Okay. Jamila we'll
hand it back to you.

>> Okay. We have
several questions.

They're good ones too.

There are a few questions
related to this.

I think this, if we
answer this one, it'll help.

How will CDC ensure a diverse
group of health communicators

at CDC and focus on multilingual
communication and dissemination?

>> Okay. Sorry.

So, I mean, I think
part of it is ensuring

that it is recognized as a
priority, you know, at the top.

And then looking for ways that
we can, you know, be innovative

to try to attract
diverse talent

and ensure that it's,
you know, like I said,

a priority that's sort of
infused across the organization.

I don't think there's no sort
of magic to this other than,

you know, ensuring that
it's a priority and a focus

and then taking the
steps necessary.

And I think part of the
work that's been done

across priority action
teams and strike teams,

we try to get at that.

And I'll hand it
back to you guys

to talk a little bit
about that process.

>> Sure. So one of the strike
team recommendations is actually

to do a landscape analysis of
all health communicators at CDC.

So that's looking at,
not only their GS levels,

since we have a small,
small amount of 9

and 11s for junior staff,

but also demographics
across the board

so that we can really
see what we're looking at

and what we're working with in
order to make those decisions

on how to move forward
and what to prioritize.

>> And I think we can just be
open and honest and transparent

that our communication workforce
is a lot of white women.

We need to acknowledge that.

I think there's been a
lot of interesting work

that has happened through
some of the DEIAB efforts.

I think the work that
Hillary Polk has done

with HBCUs has been
incredibly important.

I, Jamila, and Cate started
the process of really thinking

through this whole
landscape analysis of looking

at the demographics, but
also really thinking through,

how do we do -- like make sure

that recruitment
pipeline is in place?

And right now those
are some of the pieces

that need to get added as well.

Jamila, do you actually
want to add to this.

I know you've had a lot of
thoughts on this as well.

>> Abbigail, I can't think
and ask the questions.

But, no, just know that, you
know, as someone who came

in as a fellow more
than 20 years ago,

I appreciate those
programs that are in place.

And I think if we lean in on
those, not necessarily lean in,

but just really look at
across our organization,

see what mechanisms are in
place and how we're using them

so we can recruit a more
diverse group of communicators.

That's something that
is absolutely doable.

>> And, I mean, I will say,
the CDC is definitely not alone

in the challenge of attracting a
diverse group of communicators.

It's something I've
definitely seen at a variety

of different stops in -- for
healthcare communications.

I do think that working
on those,

some of the bigger-picture
issues in term of continuing

to strengthen CDC's reputation
is going to be helpful in,

ultimately in attracting
and recruiting people.

It's very competitive.

So I do think that,
as we move along

in this Moving Forward
work, being able to execute

around a lot of the priorities
that we have are going

to be helpful ultimately
in recruitment.

And that includes recruitment
of diverse candidates.

>> All right.

So, Abbigail, now
I have one for you.

Since you threw me a question.

No, that's fine.

One thing I know -- this
is the question for you.

One thing I noticed

in the monkeypox response was
how different JIC teams there

were and how many
functional boxes there were.

It was quite confusing
to know who to go

to for different comms needs.

This seemed to achieve
the opposite

of having a more
streamlined, integrated JIC.

Will this structure be
changed for future responses?

>> I think also part
of the reason

that Jamila's asking me
this question is I served

as the JIC lead for monkeypox.

And I will tell you that I've
been probably at all levels

of the organization, starting
at a branch-level communicator

and then, you know, acting as
ADC for the agency for a year.

And so when I stepped into the
monkeypox JIC, I kept thinking,

okay, I've done the
JIC lead role before.

I should be able
to pull this off.

It is a very, very
difficult job.

And I actually had a
moment where I was like,

I don't know how anybody can
be successful in this role.

And I -- just kudos,
first of all, to the many,

many communication staff around
the agency who have been working

for three years really
on multiple responses.

I know even Cate's team
has been nonstop on COVID

and then immediately into
multiple other responses.

And I also just want
to recognize

that we're all very exhausted.

Ideally, part of what we need to

do is really do that assessment

of those -- of the JIC
teams and really make sure

that it is clear,
it is streamlined.

It's easy for people to be
successful in those roles.

And also that we're not
burning our great staff out.

Because our staff are very tired
at this point from doing this

for such a long period of time.

I think the other issue we're
looking at at this point is,

because we have multiple
responses and then attempting

to duplicate a JIC
team for COVID,

a JIC team for monkeypox,
a JIC team for Ebola.

That is just way too many
staff that we do not have.

So how can we actually think
through a way that we're a JIC

that can pivot two
different emergency responses?

These are models that
we have not, you know,

completely done before or
thought through before.

So how do we actually kind
of like break the mold

of what we've done in the past?

Cate, do you want
to add to this?

>> No. And I think it's
just a landscape assessment.

And I know that's a really
boring answer for a lot

of these, but we have to come to
the root cause analysis of a lot

of issues in order
to move forward.

>> Okay. So this
question is for Kevin.

How do you plan on creating
ongoing relationships

of trust in communities?

Are there plans on
involving media

and recreating media
rhetoric during emergencies?

And that involves media
traditionally opposed

to what CDC might
usually represent.

>> Can you say a little more
about the question, I'm not --

>> Yeah. What I think
it's asking is, how do --

how can we use the media to --
how can we work with the media

to get the messages
right during emergencies?

And how do we build
trust within communities?

>> I'll take that, I
guess, in two parts.

I mean, the -- working with the
media, obviously, is, I think,

gets back to a little bit

about what Abbigail was talking

about during response
and making sure

that we have the response
structured properly.

And that we have communications
at the sort of leadership table

in responses so that
we are ensuring

that we have the highest
quality possible communications.

Because, you know, when we have
missteps, you know, it damages,

not only the confidence
of the public in us,

but also the confidence
of the media.

And so then we're -- it
makes it more complicated

to work with them.

You know, and I've been
through this in other places.

You know, at HHS, for instance,

when we had the failed initial
launch of healthcare.gov.

You know, from that point
on, there was a, you know,

extremely, you know, I
don't know, adverse sort

of relationship we
had with the press.

And despite there being
a lot of positive things

that were happening in the space
in terms of people, you know,

getting insurance, being
able to go see their doctor,

and in some cases, you know,

saving people's lives
because of that,

you know, the -- really the
focus was on whatever sort

of negative narratives were
around the sort of launch

of the Affordable Care Act.

And so, you know, there is
a necessary and appropriate,

you know, adverse
relationship between government

and government communications
and the media.

They should be skeptical

and should bring
tough questions to us.

But I think, you know, as much
as we can show that we are,

you know, being thoughtful
about the recommendations

that we're making to the public

and that we're also
coordinated and, you know,

putting out communications
in a coordinated fashion,

that's going to be helpful in
our relationship with the press

and help us, you know, get the
benefit of the doubt in some

of these circumstances.

In terms of reaching
other audiences, you know,

it's one of the things
we've talked with Ben Haynes

who leads the media division.

I do think that we need to,
you know, invest more time

and effort and bring in
more people who, you know,

have relationships with, you
know, specific sort of --

with specific media so
that we're ensuring --

like there's just so
much that is based off

of people's individual
relationships

with reporters and media.

And so making sure that
we've got folks who come

from diverse backgrounds
who are --

have those ongoing relationships
are able to leverage those

to get messages out to
specific communities.

And obviously making sure

that we have multilingual
capabilities as well.

And then, of course, like it,
you know, it starts at the top.

And I do think that it's been --

something that Dr. Walensky
has talked a lot about --

is making sure that we're doing
everything we can to, you know,

get to audiences that
have traditionally,

you know, been underserved.

I think the work that's
happening today actually

with IRD and the Ad Council
and the AMA, the sort of lineup

that they've put together today
of different media outlets that,

you know, across
the country to talk

about flu vaccination during the
National Flu Vaccination Week,

you know, represent that.

It's a very diverse, geographically

and also culturally,
group of outlets.

And they've made a clear
effort to try to reach

into different audiences so that
we're delivering the message

about vaccination and how it
can help protect you during,

you know, a flu season that,
you know, we're really at sort

of historic levels so early.

I don't know if anyone else has
anything they want to add, okay.

>> Okay. So I think this
is one that either or any

of you or all can take.

How can we reconcile CDC's
reputation for science,

which is often slow and
measured, with the need

to communicate quickly?

>> I mean, I think
that is a real tension.

I do think that, you know, a lot
of what Dr. Walensky has talked

about is, you know, making sure

that we are doing everything
we can when we have information

to be able to get it
out to the public,

so that we're not holding onto
it to make sure that the sort

of wrapping and everything
around it is absolutely perfect.

I think there are
opportunities for us to be able

to let people know what
we know when we know it.

And also to make sure that
we're being very clear

that we may not have
all of the answers

or may not have perfect
information about it.

But here's what we have,

and here's how it could
potentially impact your health.

And here's how you
-- what you can do

to potentially protect
yourself given what we know.

And I think we did see a
number of different examples

of this during the monkeypox
response in particular,

where we did, I think,
find that right balance

between taking information
that we had,

getting it out to
public when we had it.

But -- and not sitting on
it, but ensuring that --

taking the necessary steps
to ensure that, you know,

the science was solid and
the facts were correct.

>> I think there's a
couple really good examples

of this too.

Not only just guidance
documents, but if you think

about the -- just the
entire MMWR process.

So, you know, MMWR being a
rapid scientific, you know,

publication and journal.

The fact that they can get
manuscripts and turn it

out the door in 48 hours
is just incredible.

On top of that, there's a
communications team behind that.

So Ian Branam has down a
really nice job with it --

MMWR communications team,
of really thinking through,

how do they actually get
great communication products

out the door at the same time?

And early in the
process in the pandemic,

Ian and Kat Turner-Hoffman sat

down with the MMWR editorial
team and the IMS structure

and the clearance
process to think through,

how do we actually do
this well for MMWR?

So they were actually starting
the communication products

as stuff was going through
clearance very early

so that they could
actually, you know,

get things out the
door, graphics.

So think about that
graphic of the choir

that showed how COVID was
spreading during choir practice

that just went all
over the place.

It really was their vision of
thinking through, you know,

how can we get a little bit
of information on the abstract

so we can at least get
the communication pieces

around this wrapped so we can
really communicate it well?

I think that type of
model would be great

for other guidance documents,

other scientific

publications as well.

>> And I think that comes back

to the strike team
recommendations

and the PAT team
recommendations,

that communicators need
a seat at the table early

so that this work does not --

communications doesn't get
added, tacked on at end

and delaying the
science from getting out.

And so at least from
our perspective,

working through these
recommendations of speeding

up our testing, message testing
mechanisms and making sure we're

at the table, would
also help long-term.

>> And I would just say
just briefly that, you know,

it's clear, like the MMWR is
a flagship communications tool

for CDC.

I do think there's some sense
outside the organization

and maybe of some different
parts of the organization

that it tends to
be very deliberate.

But I really have been
struck since I've been here

about how quickly they work

to try to get information

out in a timely way so that
it is relevant to, you know,

a given outbreak
or given, you know,

issue that we're dealing with.

And I think it's really a model
for how communications can --

and sort of science publication
can work across agency.

>> And I think probably most
people don't realize, too,

Kevin, that the editor
in chief of MMWR,

Charlotte Kent has a weekly
meeting with you and your team

to really sketch out like,
what are we communicating

of the science that's
coming out of MMWR?

Which I think is tremendous
because it allows OADC

to really be ready to
communicate it well.

>> Okay, this next
question is for Cate.

Where does behavior
science that --

or how will it be
integrated in these plans?

Especially when the target goal
is behavior-change related,

like wear a mask, using
vaccines, or hand washing?

>> That is a great question.

I think that a lot of
these recommendations

that we have are
trying to figure out how

that can be brought
earlier into the process.

Abbigail talked about one of
the PAT teams that was looking

at plain language, and part

of that was also
behavioral research.

I think we all know, at least
for communication staff,

that the communication
surveillance report that comes

out from the JIC, we've got to
have some action steps in there.

So that, when it comes out and
says, you need to communicate

about masks, you know, who,
how, and, you know, why?

What's the timing on that?

So we've got to flesh that
out a little more on our side

to make sure that
we are achieving

that behavioral science research

and then practically applying
it to what we're doing.

So that -- they're all steps
that's we're hoping to address

with some of the
these recommendations.

But knowing that it, you know,
we do need to work together

with scientists and making sure
that communications is baked

into the scientific process.

>> I think we can
also give a nod, too,

to the rapid message testing
process that's been put

in place.

So OADC has a mechanism.

I know NCRD has been
doing this as well as part

of the COVID response.

But OADC has a mechanism
that allows us to go out

and get feedback like
within a matter of days.

So I'll give you just
most recent example.

We just announced $3 billion

to rebuild public health
infrastructure of the country.

And we had a lot
of wonky messaging

that was not that great.

And our team came to
OADC and said, you know,

here's this wonky messaging,
can you make it relevant?

And Lynn Sokler and
team were able

to help us really
create messages

that made sense and resonated.

And then they were able to get

it out the door on a Friday.

We had data back on a
Monday, that following Monday.

So we were able to go back
to, not only our leadership,

but to senior leaders
across the agency and say,

this is what's resonating
when we're talking

about public health
infrastructure

and rebuilding it.

So I think if we can
be doing more of that,

I think that's the type

of communication science we
want to be doing as well.

Go ahead.

>> And, I mean, this
is the same drum beat

of communications
at the table early.

Because it's not something
that you can tack on at the end

to do some behavioral research

and determine what the best
message to send out is.

You know, it needs to be
part of this MMWR process,

the infrastructure process

where the behavioral
science research starts

when the science starts,
you know, percolating.

>> Okay. All right.

So a couple more questions.

So over the past few years there have been several disinformation

and misinformation campaigns that were harmful

to CDC mitigation efforts.

What is CDC doing to mitigate mis- and disinformation?

>> Yeah, I mean, I think this is going

to be an ongoing challenge for, not only CDC,

but other public health organizations at federal

and state, local levels.

That's not saying anything anybody doesn't already know.

I mean, and obviously I think the challenge has perhaps gotten

bigger because of some of the changes at one

of the major social media platforms, Twitter.

You know, we went from a situation

where they were moderating content, perhaps imperfectly,

but making an effort to do that.

To now where they -- it is, there's much less moderation.

And, you know, in terms of CDC even being able

to even communicate with Twitter, you know,

folks who we worked
with previously,

they're simply no
longer at the company,

and they're not being replaced.

And ultimately, I think
the vision there is

that they're hopeful that
artificial intelligence is going

to be able to do some of that
content moderation, you know,

on its own without having
a human hand to guide it.

But that's not where
we are right now.

So I think the challenges
that we have are real,

and they're not getting
-- they're not lessening.

I think what we're hoping to do

and Betsy Mitchell's
group is working on this,

is figuring out how do we infuse
the focus on misinformation

and disinformation across
all of our major rollouts?

So how do we start thinking
about that on the front end?

What do we know that
is likely to be taken

out of context or
misrepresented?

And then, how do we
position ourselves to, one,

respond rapidly in

that kind of situation?

And then, two, I think, how do
we also make sure that the folks

who are in the sort of
public health world with us

who have important voices there,
how do we make sure we arm them

in advance so that they can
be amplifying our messages,

but also ensuring that
they are working as well

to help correct the record?

So that we have essentially, you
know, an army of folks who are

out there who are able
to address inaccuracies

in scientific information

so that we're protecting
people's health.

And so that is an
ongoing discussion

that we're having within OADC.

And how do we, like I said,
infuse this across all

of the sort of major
communications initiatives

we have?

And it's something
that I think is going

to be ongoing conversation
for us, but also, you know,

potentially with the advisory
committee for the director,

something that they
were really focused on.

I think there's an
opportunity there for us

to work together and to, you
know, get some ideas from them

as we put a plan together to
deal with this in a more sort

of systemic way as opposed
to an ad hoc fashion,

which I think we've done,
you know, in the past.

>> And I think, as we
get these mechanisms

up for message testing
and some rapid response,

we can be communicating
the message

from the beginning
instead of having

to course correct
as we go along.

>> This is our last question,
and it's for all three of you.

What do you see as the future
of health communications

as a career at CDC like
five years from now?

What can you -- what can younger
health communicators do now

to be better prepared for
this re-imagined vision

of CDC communication?

>> All right.

I'll go just because it's
the first thing that popped

into my head, and it's not

what everyone loves to hear.

But joining a response is
probably the best thing you can

do for your career at the CDC.

Especially when we're in
this remote environment.

Meeting new people.

Making new connections.

I never would have gone on the
detail this spring to the OADC

if I hadn't had the three years

of COVID-19 response
leadership experience.

And so it's really
getting yourself out there.

And even if it's
90 days, 120 days.

And learning new things,
picking up new skills,

you can do it rapidly that you
wouldn't normally have a chance

to do in your day-to-day job.

>> I totally agree with that.

That was going to be
my number one response

as well, go to a response.

But I will also say, you
know, reach out and like shore

up your network; right?

So if you are a media,
a public affairs person,

you should be talking
on a regular basis

to your counterparts in other
parts of the organizations.

If you're a web person,
the same.

Find people who are
doing similar jobs to you

and have regular touch
points with them,

just to like share,
grow from each other.

I think that's the best way
to really learn as well.

And I will say, we
have connections.

Like we do that regularly
ourselves.

I'm were -- I'm calling other
center ADCs on a regular basis,

saying, give me your
feedback on XYZ,

even if it's a five-minute
conversation.

Did you want to add to that?

>> No. I would just say
network the best you can

in this environment
so that you can pick

up the new skills
in order to grow.

>> Honestly, I don't think
I have a lot to add to that.

And I think it's
probably better,

I think that those
reflections coming from folks

who have been here for,

you know, for a long time.

>> I will add quickly
that I agree

with the go to the response
if you can.

I started CDC in 2002.

So I came -- monkeypox
and all kind of things,

right on the cusp of SARS.

And that experience
really shaped my career,

and I think why I'm
still here today.

Today -- and so that's
one thing.

Also, don't be afraid
to reach out for just

like quick discovery
calls with --

even if it's someone
you don't know.

Even if, you know, if it's
someone who like, for example,

we've talked about, you know,

Hillary Polk's work
with the HBCU project.

If that's something
you're interested in,

if you see projects that pop

up on CDC Connects
that you're interested in,

reach out to those
contact people.

You know, say, hey,
can I have 10 minutes?

Just making those connections
can be very valuable.

>> And I will add,
we are moving forward

with these strike
team recommendations

that will require
champions in teams.

So if you are interested
in joining those,

please raise your hand.

You know, we're happy to have
you as part of this process.

>> Maybe not virtually
raise your hand,

because we couldn't
actually see it in the room.

But like send us an e-mail
afterwards, and we'll be happy

to figure out adding
you to this process.

>> All right.

Well, this concludes
our webinar.

Again, I wish to thank our
presenters an and our staff

who submitted questions.

A recap article will be
published in CDC Connects along

with a transcript and
video of today's webinar.

Thanks again for joining us.

This concludes our webinar.

Have a great day.