



## NPHI CASE STUDY

### Profile of Creation and Growth

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## United States: Centers for Disease Control and Prevention (CDC)

Respondent of the interview is David Sencer, MD, MPH.  
CDC Director 1966–1977; retired

*“Use local data to develop support for public health research and programs.”*

DR. DAVID SENCER

### CREATION OF THE NPHI

**Date of creation** 1946

**Precursor organizations** Malaria Control in War Areas (MCWA)

**Impetus for change** Because of the skills and relationships in the organization, MCWA's role had already expanded beyond malaria. The Director at the time, Joseph Mountin, envisioned a name and organization that reflected the expanded mission. The NPHI was created “overnight;” it was essentially a name change.

#### Factors leading to success in creating the NPHI

- Resources were available because of the end of WWII.
- Visionary and persuasive leadership, which was already physically located in Atlanta, where the NPHI was to be located.
- Not a lot of bureaucracy.

### GROWTH OF THE NPHI

#### Processes by which the NPHI has grown

- *Accretion:* Several units from other parts of government have been added to CDC over the years. These include the lead and rat control programs, which led to CDC's environmental health programs, and the Office of Smoking and Health.
- *Extension:* Programs like birth defects and injury control grew because staff and leadership recognized that CDC's epidemiologic and other skills could be applied to these problems.
- *Legislation:* Congress has authorized and appropriated money for specific programs, like immunization and earmarked funds of activities such as chronic fatigue syndrome.

#### Changes in budget and FTEs

- 1946: \$1 million, 369 FTEs
- 2006: \$8.5 billion, 15,000 FTEs (6,000 of which are contractors)

**Advocacy-related budget increases are a double-edged sword.**

**Factors responsible for growth**

- Early on, CDC grew slowly. CDC only asked Congress for the amount of money it could spend wisely, and, therefore, its requests were recognized as reasonable. Advocacy did not play a role in early growth.
- In the 1970s, much of the growth of CDC was by accretion. At times, adding units cost money, but other times, cost savings could be identified. For example, after CDC took over quarantine services, staff were reduced from 660 to 40 employees, and the resultant savings were used for other programs.
- Growth also occurred through pruning unnecessary services and activities and redirecting funds.
- HIV/AIDS brought major changes to CDC's budget. Large amounts of money were provided quickly. HIV/AIDS also illustrated the growing role of advocacy in influencing the CDC budget.
  - Advocacy-related budget increases are a double-edged sword. It has always been difficult to advocate for general public health infrastructure, and the growth of programs of special interest to advocates without concomitant increases in basic public health support can lead to imbalances.
  - Disease- or problem-specific appropriations at CDC have resulted in programs that do not end. It is sometimes hard to stop something that you've been doing, even if the work is not as critical as other work that needs to be done.
- For more than 10 years, CDC has had a Foundation. For the most part the CDC Foundation does not run programs; rather, it supports CDC work.
  - The Foundation cannot lobby, but leaders of the Foundation, some of whom are very well-connected politically, were instrumental in helping CDC obtain funds from Congress for new buildings.
  - If donors have particular interests, their funds can result in large amounts of money being spent on programs that are not of critical public health importance.

**A focus on information dissemination and openness has served CDC well.**

**Factors leading to the NPHI being seen as a trusted resource and leader**

- *Ability to address a crisis* For example, in 1955, at the beginning of the polio vaccine program, some people developed polio soon after receiving the polio vaccine tainted with live virus. CDC's responded rapidly and effectively.
- *Information dissemination through a weekly report* The *Morbidity and Mortality Weekly Report (MMWR)* provided timely and authoritative updates on important public health issues.
- *Openness* CDC was explicit about what it knew and didn't know, and didn't modify information to support what it wanted to happen.
- *Expertise* Press inquiries were answered by people with knowledge of subjects being addressed.

**Addition of specific capacities**

- *Laboratory* CDC has always had infectious disease and toxicology laboratories. Other capacities have been added based on public health need and opportunities. For example, clinical chemistry was added when the longitudinal Framingham study needed a laboratory to develop a standardization protocol for cholesterol.
- *Non-communicable conditions* Initially these were added by accretion (adding organizational units from other parts of government, like nutrition and smoking and health) and by extension (using existing tools and staff to do new things, like family planning evaluations). Since then, CDC has received specific appropriations for non-communicable issues.
- *Regulatory* In 1967, CDC was given regulatory responsibility under the Clinical Laboratory Improvement Act. More often, however, CDC provides data to be used in regulation, as opposed to actually promulgating regulations.
- *International* CDC has always supported international work through laboratories, for example, through short courses and other training. In the 1960s and 1970s, CDC was better known internationally than domestically. CDC has had field stations since the 1960s (Puerto Rico was the first) and now has entire units devoted to international health.
- *Health education and social sciences* Health education was first added when the Office of Smoking and Health joined CDC in 1986.

**SELECTED CORE ATTRIBUTES**

**National recognition** “Good press” was instrumental. This press came about because of several factors:

- The *MMWR* is a weekly digest of outbreaks and other newsworthy information about public health. In the 1960s it was a major source of filler stories for local newspapers.
- Some of the stories about the CDC’s work were dramatic and were written about by excellent writers like Berton Roueche.
- CDC provided services and work that were obviously good, like the doing surveillance and follow-up investigations for public health problems. These services received good press. Some of these involved high-profile actions, for example, stopping an outbreak of septicemia from Abbott Laboratories intravenous solution in 1970, despite pressure from Abbott Laboratories.

**Political influence** In the beginning, political influence was minimal. With the advent of AIDS, scrutiny and visibility of CDC work increased.

**SELECTED CORE FUNCTIONS**

CDC has been doing many of the Core Functions since its inception. These include surveillance and response, human resources development and training, research, and reducing the impact of disasters. Many Core Functions were added as new units were added to CDC. For example, monitoring the health status of the country became a high priority when the National Center for Health Statistics joined CDC in 1986, and health promotion became a priority with the addition of the Office of Smoking and Health.

**RECOMMENDATIONS  
FOR OTHERS WHO ARE  
CREATING NPHIS**

- Identify a strong leader who is familiar with government.
- Low-resource countries should consider applying for a CDC Field Epidemiology Training Program (FETP) to bolster surveillance and epidemiology training opportunities.
- Develop good relationships with sub-national levels.
- Bolster basic reference laboratory services before investing in developing sophisticated laboratory expertise.
- Develop trained public health staff who can address management, logistics, and other issues that are critical to the success of public health programs. Such staff do not necessarily have scientific backgrounds but should have experience working in public health programs.
- Before investing in a research program, assess the needs and issues in the country.
- Use local data to develop support for public health research and programs.