

May 2008

# CENTERS FOR DISEASE CONTROL AND PREVENTION

## Human Capital Planning Has Improved, but Strategic View of Contractor Workforce Is Needed





Highlights of [GAO-08-582](#), a report to congressional requesters

## Why GAO Did This Study

The Centers for Disease Control and Prevention (CDC)—an agency in the Department of Health and Human Services (HHS)—has experienced an expanding workload due to emerging health threats, such as bioterrorism. Strategic planning helps agencies like CDC sustain a workforce with the necessary education, skills, and competencies—human capital—to fulfill their missions. In September 2007, CDC released its Strategic Human Capital Management Plan (CDC Plan). GAO was asked to review CDC's human capital planning. GAO determined (1) whether the CDC Plan was designed to address the human capital challenges CDC faces; (2) the extent to which the CDC Plan is strategically aligned with agency goals, plans, and budget; and (3) the extent to which CDC incorporated GAO's principles for strategic human capital planning. To do so, GAO interviewed officials and analyzed data and documents.

## What GAO Recommends

GAO recommends that CDC address the challenge of managing a workforce with a large and growing number of contractors in CDC Plan updates. In its comments on a draft, HHS indicated that GAO implied that CDC should treat contractors as if they were federal employees and it lacked adequate oversight of them. GAO believes HHS misinterpreted the recommendation, which is to ensure that CDC's human capital planning encompasses strategies for the use of its federal employee and contractor resources.

To view the full product, including the scope and methodology, click on [GAO-08-582](#). For more information, contact Cynthia A. Bascetta, 202-512-7114, [bascettac@gao.gov](mailto:bascettac@gao.gov).

# CENTERS FOR DISEASE CONTROL AND PREVENTION

## Human Capital Planning Has Improved, but Strategic View of Contractor Workforce Is Needed

### What GAO Found

GAO identified six key challenges CDC faces in its efforts to sustain a skilled workforce to fulfill its mission and goals, and the CDC Plan includes strategies that could help the agency address five of them. These challenges are (1) changing workforce demographics, highlighted by the potential loss of essential personnel due to retirement; (2) the limited supply of skilled public health professionals; (3) CDC's acknowledged need to increase the diversity of its workforce; (4) changing workforce needs resulting from the agency's expanding scope of work and responsibilities; (5) logistical difficulties involved in acquiring and retaining a skilled workforce; and (6) difficulties presented by managing a workforce with a large and growing number of contractors. While the CDC Plan includes strategies designed to address the first five challenges, it does not address the challenge involving contractors, which represent more than one-third of its workforce. Thus, the CDC Plan may not be as useful as it could be to provide a strategic view of its contractor workforce and to assist the agency with managing all of its human capital.

The CDC Plan only partially meets the criteria for strategic alignment: the strategies in it are linked with the agency's mission and goals, but they are not integrated with the documents that serve as the strategic plan, performance plan, or budget. According to CDC officials, the agency will update the CDC Plan annually and will integrate it with these documents as it is updated.

CDC incorporated aspects of all of GAO's principles of strategic human capital planning into the CDC Plan and has outlined intended actions that could further incorporate the principles in subsequent updates. CDC partially incorporated the first principle—to involve managers, other employees, and stakeholders in developing, communicating, and implementing the human capital plan—by formally involving management and stakeholders in plan development. CDC intends to involve other employees in implementation and future updates. CDC partially incorporated the second principle—to determine the skills and competencies needed to achieve agency mission and goals, including identifying skill and competency gaps—by conducting a preliminary workforce analysis. The agency had not completed its analyses of skill and competency gaps for the occupations it deemed most critical when the plan was developed, but has now completed an analysis for one critical occupation and is conducting others. The plan partially follows the third principle—to develop strategies to acquire, retain, and develop a skilled workforce and to address gaps. CDC developed strategies for its plan and intends to target gaps once they are identified. CDC has incorporated the fourth principle—to build capabilities to support the strategies—through such activities as ongoing efforts to streamline hiring. The fifth principle is to monitor and evaluate the contribution that strategies have made toward achieving mission and goals. The agency indicated in the CDC Plan that it intends to monitor and evaluate its strategies as part of its implementation activities. Further incorporation of GAO's principles into plan updates could help the agency strengthen its human capital efforts.

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# Contents

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<b>Letter</b>		<b>1</b>
	Results in Brief	5
	Background	7
	The CDC Plan Includes Strategies to Address Key Human Capital Challenges, Except for Managing a Workforce with a Large and Growing Number of Contractors	14
	Strategies in the CDC Plan Are Linked with CDC's Mission and Goals but Are Not Integrated with Its Strategic Plan, Performance Plan, or Budget	22
	CDC Incorporated Aspects of Our Principles for Strategic Human Capital Planning into the CDC Plan and Has Outlined Further Actions	25
	Conclusions	32
	Recommendation for Executive Action	33
	Agency Comments and Our Evaluation	33
<b>Appendix I</b>	<b>Scope and Methodology</b>	<b>36</b>
<b>Appendix II</b>	<b>CDC Coordinating Centers and Coordinating Offices and Their Missions</b>	<b>39</b>
<b>Appendix III</b>	<b>CDC Workforce and Breakdown by Each Organizational Unit as of August 2007</b>	<b>40</b>
<b>Appendix IV</b>	<b>CDC's Objectives and Strategies from Its Strategic Human Capital Management Plan</b>	<b>42</b>
<b>Appendix V</b>	<b>Summary of CDC's Health Protection Goals</b>	<b>43</b>
<b>Appendix VI</b>	<b>Comments from the Centers for Disease Control and Prevention</b>	<b>49</b>

**Tables**

Table 1: GAO's Five Principles for Strategic Human Capital Planning and Some Associated Key Points	13
Table 2: Human Capital Challenges at CDC and Examples of Related Strategies	18

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**Figures**

Figure 1: CDC Organizational Structure	9
Figure 2: A Comparison of OPM's HCAAF and CDC's Human Capital Management Framework	23

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**Abbreviations**

AHRC	Atlanta Human Resources Center
CDC	Centers for Disease Control and Prevention
HCAAF	Human Capital Assessment and Accountability Framework
HHS	Department of Health and Human Services
OPM	Office of Personnel Management
OWCD	Office of Workforce and Career Development
SARS	severe acute respiratory syndrome

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United States Government Accountability Office  
Washington, DC 20548

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May 28, 2008

The Honorable Daniel K. Akaka  
Chairman  
The Honorable George V. Voinovich  
Ranking Member  
Subcommittee on Oversight of Government Management,  
the Federal Workforce, and the District of Columbia  
Committee on Homeland Security and Governmental Affairs  
United States Senate

The Honorable Charles E. Grassley  
Ranking Member  
Committee on Finance  
United States Senate

With an annual budget of about \$8.6 billion, the Centers for Disease Control and Prevention (CDC) has a mission to promote health and quality of life by preventing and controlling disease, injury, and disability. The agency's scope of work and responsibilities—as one of the major operational divisions of the Department of Health and Human Services (HHS)—have expanded over the years in concert with new and emerging infectious diseases such as avian influenza, and health threats, including bioterrorism. CDC's ability to fulfill its mission and address its expanded scope of work and responsibilities depends on whether it can sustain its human capital—a workforce with the necessary education, knowledge, skills, and competencies. However, concerns have begun to surface about CDC's management of its workforce. For example, the Office of Personnel Management's (OPM) *2006 Federal Human Capital Survey* noted a CDC-wide decrease in staff satisfaction with the agency between 2004 and 2006.<sup>1</sup> Reports issued by CDC's Ombudsman Office in 2007 delineated staff concerns about personnel problems and the workplace environment.<sup>2</sup>

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<sup>1</sup>OPM, *2006 Federal Human Capital Survey, Department of Health and Human Services—Centers for Disease Control and Prevention Trend Report* (Washington, D.C.: 2006). This survey was first conducted in 2002 and has been conducted every 2 years thereafter. The survey measures federal employees' perceptions about how effectively agencies manage their workforces and to what extent conditions that sustain employee commitment to a federal agency are present.

<sup>2</sup>CDC, *Report from the Ombudsman Office* (Atlanta, Ga.: April 2007), and CDC, *Report from the Ombudsman Office* (Atlanta, Ga.: July 2007).

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Additionally, media reports have highlighted several issues related to CDC's workforce, such as stories in 2005 and 2006 on the loss of senior leadership and key scientists and a 2007 journal article discussing problems with morale at the agency.<sup>3</sup>

CDC's workforce consists of employees in about 168 occupations, including physicians, statisticians, epidemiologists,<sup>4</sup> and laboratory experts. This workforce consists of full- and part-time federal staff—Civil Service or U.S. Public Health Service Commissioned Corps<sup>5</sup>—and contractors. In fiscal year 2007, CDC's workforce included 9,000 federal staff and an estimated 5,000 contracted staff. Of the federal staff, about two-thirds worked in CDC's headquarters in Atlanta, Georgia. In addition, about 2,500 employees worked at other locations in the United States, and about 200 federal staff worked in 50 foreign countries. The estimated 5,000 contractors worked in various locations and occupations throughout the agency.

Managing a complex federal agency such as CDC requires strategic human capital planning—the systematic assessment of current and future human capital needs and the development of long-term strategies to address any identified gaps—in order to optimize workforce performance to achieve the agency's mission and goals. In past work, we noted that effective strategic human capital planning requires strategic alignment. Strategic alignment exists when an agency's human capital strategies<sup>6</sup> are linked with its mission and goals and integrated with its strategic plan, performance plan, and budget. It is important because it allows agencies to assess and understand the extent to which their workforce contributes

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<sup>3</sup>R. Stein, "Internal Dissension Grows as CDC Faces Big Threats to Public Health," *Washington Post*, Mar. 6, 2005; A. Young, "Exodus, Morale Shake CDC," *The Atlanta Journal-Constitution*, Sept. 10, 2006; and A. Young, "U.S. Congress Eyes CDC's Lingerin Morale Problems," *The Lancet*, vol. 370 (2007): 207-08.

<sup>4</sup>Epidemiologists are responsible for determining the causes of disease, disability, and other health outcomes; tracking their incidence and spread; and developing ways to prevent, contain, and control them.

<sup>5</sup>The U.S. Public Health Service Commissioned Corps is a part of HHS and fills essential public health leadership and service roles in federal government agencies and programs. Officers are hired under a different pay system than employees under the Civil Service system. According to officials, they also have different training requirements, which include training to be deployed for an emergency.

<sup>6</sup>Human capital strategies are the programs, policies, and processes that agencies use to build and manage their workforce.

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to achieving their overarching mission and goals. We also noted in our prior work that strategic human capital planning should incorporate five principles, which are (1) involving top management, managers, other employees, and stakeholders in developing, communicating, and implementing the human capital plan; (2) determining the skills and competencies needed to achieve an agency's mission and goals, including identifying gaps in these skills and competencies; (3) developing strategies to acquire, retain, and develop a skilled workforce and to address gaps in skills and competencies; (4) building capabilities needed to support the strategies; and (5) monitoring and evaluating the contribution that strategies have made toward achieving the agency's mission and goals.<sup>7</sup>

We have previously identified strategic human capital management as a governmentwide high-risk area.<sup>8</sup> We found that a lack of attention to strategic human capital planning is a pervasive problem in the federal government and creates a risk to its ability to effectively serve the American people and to address the challenges of the 21st century. In a January 2004 report on CDC's management, we noted that while CDC was facing several human capital challenges, including the loss through retirement of a key portion of its workforce that possessed both managerial and technical expertise, CDC had suspended development of its human capital plan.<sup>9</sup> At that time, we recommended that CDC ensure that its human capital planning efforts receive appropriate leadership attention, including resuming human capital planning and linking these efforts to the agency's strategic plan. CDC resumed its strategic human capital planning, and in September 2007 released its Strategic Human Capital Management Plan (CDC Plan).<sup>10</sup>

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<sup>7</sup>GAO, *Human Capital: Key Principles for Effective Strategic Workforce Planning*, [GAO-04-39](#) (Washington, D.C.: Dec. 11, 2003).

<sup>8</sup>GAO, *Major Management Challenges and Program Risks: A Governmentwide Perspective*, [GAO-03-95](#) (Washington, D.C.: January 2003); GAO, *High-Risk Series: An Update*, [GAO-03-119](#) (Washington, D.C.: January 2003); GAO, *High-Risk Series: An Update*, [GAO-05-207](#) (Washington, D.C.: January 2005); and GAO, *High-Risk Series: An Update*, [GAO-07-310](#) (Washington, D.C.: January 2007).

<sup>9</sup>GAO, *Centers for Disease Control and Prevention: Agency Leadership Taking Steps to Improve Management and Planning, but Challenges Remain*, [GAO-04-219](#) (Washington, D.C.: Jan. 30, 2004).

<sup>10</sup>CDC, *Strategic Human Capital Management Plan* (Atlanta, Ga.: September 2007).

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Given your interest in strategic human capital planning in federal agencies that heavily rely on a scientific, technical, and engineering-based workforce,<sup>11</sup> you asked us to review human capital planning at CDC. We determined (1) whether the CDC Plan was designed to address the human capital challenges CDC faces in sustaining a skilled workforce; (2) the extent to which the strategies in the CDC Plan are linked with the agency's mission and goals and integrated with its strategic plan, performance plan, and budget, that is, the extent to which the plan is strategically aligned; and (3) the extent to which CDC incorporated our five principles for strategic human capital planning into its plan.

To determine whether the CDC Plan was designed to address the human capital challenges CDC faces in sustaining a skilled workforce, we analyzed information collected from interviews we conducted with officials from CDC, HHS, OPM, and CDC's external partners, which include policy research and professional associations that work with the agency. We corroborated testimonial evidence from our interviews with analysis of relevant documents, such as reports on the public health workforce, and workforce statistics and retirement eligibility data computed by CDC. On the basis of our review and analysis of these workforce data and our interviews with CDC officials, we determined that the data were sufficiently reliable for the purposes of this report. We used this information to identify the challenges faced by CDC and then analyzed the CDC Plan to determine whether it was designed to address the challenges. To determine the extent to which the CDC Plan meets criteria for strategic alignment, we interviewed CDC and HHS officials and analyzed the CDC Plan and OPM's Human Capital Assessment and Accountability Framework (HCAAF), which provides guidance on human capital planning and management.<sup>12</sup> We also analyzed other relevant CDC and HHS documents. To determine the extent to which CDC incorporated our five principles for strategic human capital planning, we examined the CDC Plan and interviewed officials from CDC and HHS's Atlanta Human Resources Center (AHRC), a stakeholder in CDC's human capital planning. We also analyzed related documents about CDC's workforce and training efforts and past and planned strategies to acquire, retain, and develop

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<sup>11</sup>GAO, *Human Capital: Retirements and Anticipated New Reactor Applications Will Challenge NRC's Workforce*, GAO-07-105 (Washington, D.C.: Jan. 17, 2007); and GAO, *NASA: Progress Made on Strategic Human Capital Management, but Future Program Challenges Remain*, GAO-07-1004 (Washington, D.C.: Aug. 8, 2007).

<sup>12</sup>OPM, *HCAAF Practitioners' Guide* (Washington, D.C.: September 2005).

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CDC's workforce; new systems, programs, and processes that support human capital planning; and efforts to monitor and evaluate the agency's human capital efforts. We conducted our work from March 2007 to May 2008 in accordance with generally accepted government auditing standards. (See app. I for more detailed information on our scope and methodology.)

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## Results in Brief

The CDC Plan includes strategies that could help the agency address five of the six key challenges we identified that it faces in sustaining a skilled workforce. The first challenge is the agency's changing workforce demographics, highlighted by the potential loss of essential personnel due to retirement. For example, 34 percent of medical officers, who are essential to many of CDC's scientific activities, are eligible to retire within the next 5 years. It may be difficult for CDC to replace these retiring medical officers because of a second challenge CDC faces—a limited supply of skilled public health professionals. A third challenge is CDC's acknowledged need to increase the diversity of its workforce. CDC officials acknowledged that the agency's workforce was not as diverse as it could be and told us the agency needed to improve its recruitment of Hispanics and persons with disabilities. CDC's fourth challenge is its changing workforce needs resulting from its expanding scope of work and responsibilities. For example, the globalization of public health threats has increased the need for employees who can prepare for and respond to infectious disease outbreaks at home and in other countries. The logistical difficulties involved in acquiring and retaining a skilled workforce—including problems with the hiring process—constitute the fifth challenge. CDC's sixth challenge is the difficulties presented by managing a workforce with a large and growing number of contractors. Contractors have been the faster growing segment of CDC's workforce, increasing 139 percent from fiscal year 2000 through fiscal year 2006, and now represent more than one-third of the agency's workforce. The CDC Plan was designed to address five of the challenges, but not the challenge of managing a workforce with a large and growing number of contractors. Without addressing our sixth challenge, the CDC Plan will not give the agency a strategic view of its governmental and contractor workforce and thus, may not be as useful as it could be in assisting the agency with strategic human capital planning for its entire workforce.

The CDC Plan has partially met criteria for strategic alignment, because while the strategies in the CDC Plan are linked with the agency's mission and goals, they are not integrated with the documents that serve as the agency's strategic plan, performance plan, or budget. CDC relied on

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HCAAF as guidance for developing the framework that served as the foundation for the CDC Plan. Both HCAAF's and CDC's frameworks include strategic alignment as an integral element, but CDC's plan only partially follows HCAAF and its framework for strategic alignment. CDC officials told us they intend to update the CDC Plan annually and to integrate the plan with the documents that serve as the agency's strategic plan, performance plan, and budget during the next CDC Plan update.

CDC incorporated aspects of all five of our principles for strategic human capital planning into the CDC Plan and has outlined additional actions it intends to take that could further incorporate the principles in subsequent updates. CDC partially incorporated the first principle—to involve top management, managers, other employees, and stakeholders in developing, communicating, and implementing the human capital plan—by including top management and AHRC as stakeholders in reviewing and commenting on the CDC Plan while it was being developed. CDC intends to further incorporate this principle by involving nonsupervisory employees in the future implementation of the plan. For the second principle—to determine the skills and competencies needed to achieve an agency's mission and goals, including identifying gaps in these skills and competencies—CDC conducted a preliminary workforce analysis that garnered useful information, but had not completed an analysis of gaps in skills and competencies for the occupations most critical to achieving its mission at the time the CDC Plan was developed. CDC has completed a gap analysis for one mission-critical occupation and is conducting analyses for others. For the third principle—to develop strategies to acquire, retain, and develop a skilled workforce and to address gaps—CDC has developed such strategies, but because it had not completed the identification of skill and competency gaps, the strategies may be of limited effectiveness in addressing any gaps. However, the agency recognized this shortcoming and developed a strategy to take further steps once the gap analyses were completed. CDC has taken steps to incorporate the fourth principle—to build the capabilities needed to support its strategies. For example, CDC officials told us they have hired an individual to oversee the development and implementation of their recruitment strategy, as described in the CDC Plan. The fifth principle involves monitoring and evaluating the contribution that strategies have made toward achieving the agency's mission and goals. While CDC previously collected limited information with which to monitor and assess its human capital efforts, the agency indicated in the CDC Plan that it intends to monitor and evaluate its strategies as part of its implementation activities.

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To improve CDC's human capital planning efforts, we recommend that the Director of CDC incorporate strategies that address the challenge of managing a workforce with a large and growing number of contractors into future updates of the CDC Plan.

In its written comments on a draft of this report, HHS noted concerns that our recommendation implied that CDC should treat contractors as if they were federal employees and that the agency does not ensure adequate oversight of them. (See app. VI.) We believe that HHS misinterpreted what we wrote regarding the challenge of managing a workforce with a large and growing number of contractors and the intent of the recommendation. The report discusses contractors in relation to understanding the specific ways that they are used throughout CDC to complement federal staff. The recommendation focuses on the need for CDC to incorporate strategies to help it better manage its blended workforce of federal workers and contractors to meet its mission and goals.

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## Background

CDC currently serves as the national focal point for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of Americans. CDC is also responsible for leading national efforts to detect, respond to, and prevent illnesses and injuries that result from natural causes or the release of biological, chemical, or radiological agents. To achieve its mission and goals, CDC relies on an array of partners, including public health associations and state and local public health agencies. CDC collaborates with these partners on initiatives such as monitoring the public's health, investigating disease outbreaks, and implementing prevention strategies. CDC also uses its staff located in foreign countries to aid in international efforts, such as guarding against global diseases.

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## CDC Organizational Structure

In April 2005, CDC completed a reorganization known as the Futures Initiative, which was designed to realign its resources to better meet the challenges of 21st century health threats. Before the reorganization, CDC consisted of an Office of the Director,<sup>13</sup> 10 national centers, and the

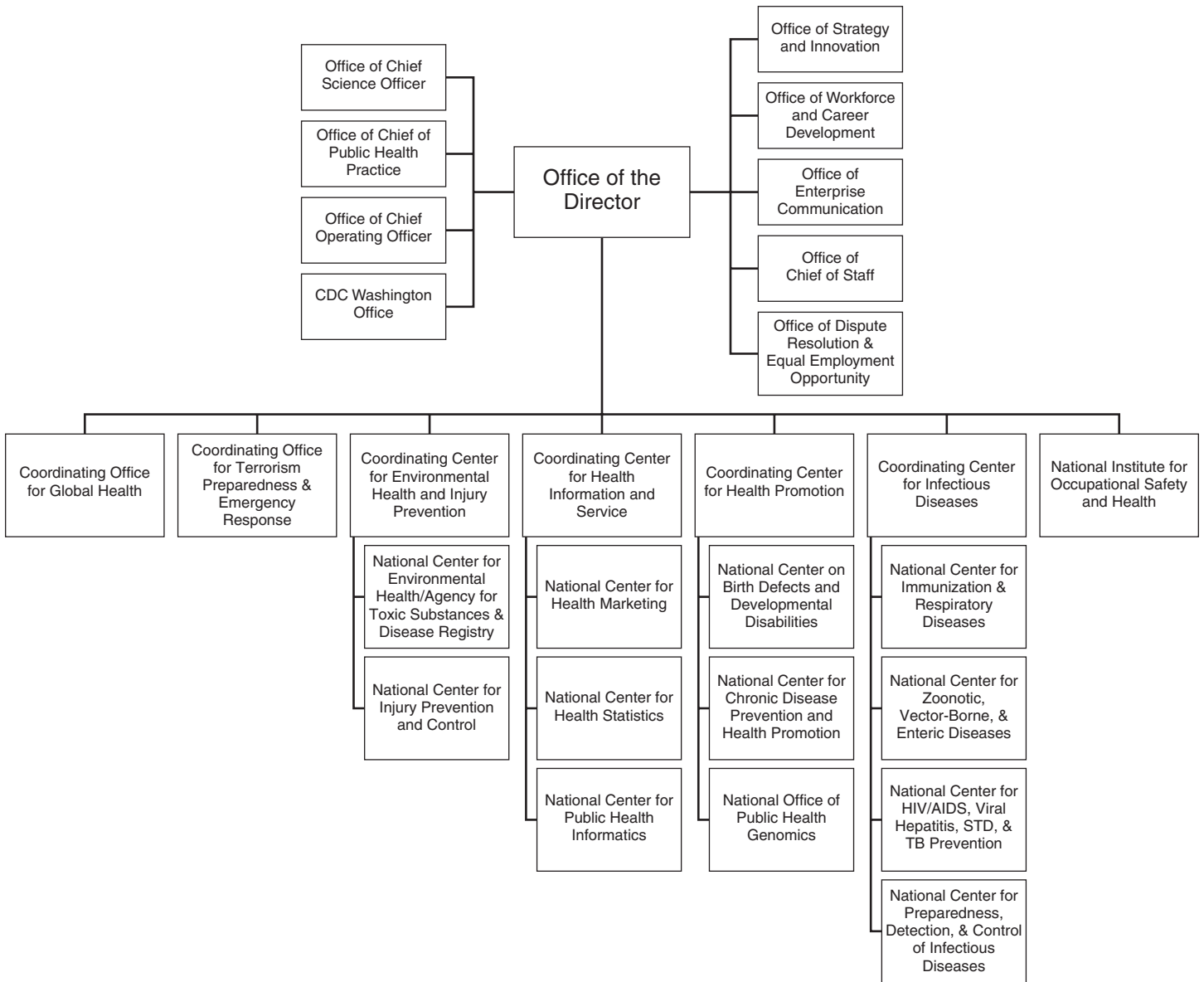
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<sup>13</sup>In addition to overseeing the overall management of CDC, the Director of CDC serves as the Administrator of the Agency for Toxic Substances and Disease Registry. Established within the Public Health Service of HHS, the Agency for Toxic Substances and Disease Registry's administrative and management functions were consolidated with those of the National Center for Environmental Health in 2003.

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National Institute for Occupational Safety and Health. The reorganization created 4 coordinating centers and 2 coordinating offices that report to the Office of the Director. (See fig. 1.) The 4 coordinating centers facilitate and integrate the work of the 11 discipline-specific national centers and 1 national office. (See app. II for a description of the work of the 4 coordinating centers and 2 coordinating offices.) The national centers are primarily responsible for operating CDC's public health programs and generally include, among other things, a director's office, programmatic divisions, and branches.

**Figure 1: CDC Organizational Structure**



Source: GAO analysis of CDC data.

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## CDC Goals and Goal Action Plans

As part of the Futures Initiative, CDC also created new agency goals—its Health Protection Goals, which are (1) Healthy People in Every Stage of Life, (2) Healthy People in Healthy Places, (3) People Prepared for Emerging Health Threats, and (4) Healthy People in a Healthy World. CDC uses the Health Protection Goals to develop Goal Action Plans, which aid in the agency’s strategic planning of the direction of its work. Goal Action Plans are associated with specific objectives, strategies, and actions, as well as performance goals, which are measured quarterly by the Organizational Excellence Assessment process.<sup>14</sup> Coordinating centers and coordinating offices are charged with implementing these goals and the related Goal Action Plan in its areas of expertise, while also providing intraagency support and resources for cross-cutting issues and specific health threats. For example, the Coordinating Center for Infectious Diseases leads the Goal Action Plan associated with addressing emerging infections under the third Health Protection Goal—People Prepared for Emerging Health Threats. At the same time, this coordinating center supports the Coordinating Center for Environmental Health and Injury Prevention in its lead role for the Goal Action Plan on adolescent health, which links to the first Health Protection Goal—Healthy People in Every Stage of Life.

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## CDC Human Capital Entities

Although each coordinating center and coordinating office conducts some of its own human capital activities, such as recruiting staff and conducting succession planning, two entities are responsible for CDC’s human capital activities agencywide—HHS’s AHRC and CDC’s Office of Workforce and Career Development (OWCD). AHRC is responsible for CDC’s administrative personnel activities, and OWCD is responsible for human-capital-related planning for the agency. Before 2004, CDC’s Human Resources Management Office was responsible for the administrative and the planning activities at CDC. The office, which was one of 40 human resource offices in HHS, reported directly to CDC management. In 2004, CDC’s Human Resources Management Office was consolidated into AHRC. At that time, CDC began reimbursing HHS for the services provided by AHRC. AHRC reports directly to HHS management and manages all of CDC’s administrative services relating to personnel, including processing

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<sup>14</sup>CDC developed the Organizational Excellence Assessment in fiscal year 2007 for use as a management and communication tool, in part to improve the execution of the agency’s strategies to accomplish the Health Protection Goals and Goal Action Plans; to communicate priorities, plans, and accountability throughout the agency; and to identify areas for improvement.

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pay and benefits, posting vacancy announcements, conducting initial screenings of candidates, and hiring new employees. OWCD is part of CDC's Office of the Director. OWCD assists coordinating centers and coordinating offices with human-capital-related efforts, such as workforce analysis or succession planning. In addition to human-capital-related planning, specific activities of this office include developing and implementing a human resources leadership and career management program for all occupations within CDC and the CDC Plan. Additionally, OWCD manages the agency's fellowship programs and is responsible for CDC University, which provides training and development opportunities to CDC staff.

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## Federal Strategic Human Capital Management

OPM is responsible for providing guidance to agencies on federal human capital policies and procedures and for an initiative associated with strategic human capital management within the President's Management Agenda.<sup>15</sup> As part of this responsibility, OPM developed HCAAF in conjunction with GAO and the Office of Management and Budget.<sup>16</sup> HCAAF is intended to assist federal agencies with their human capital planning process, including developing strategies that support each agency's mission and goals. HCAAF outlines an ongoing process of human capital planning for five elements: (1) strategic alignment, (2) leadership and knowledge management, (3) results-oriented performance culture, (4) talent management, and (5) accountability. The first element involves planning and goal-setting activities that are essential to promoting strategic alignment, which includes linking strategies with an agency's mission and goals and integrating these strategies into an agency's strategic plan, performance plan, and budget. The next three HCAAF elements are used in implementing an agency's strategies. Specifically, leadership and knowledge management ensures continuity in leadership and maintaining organizational knowledge; results-oriented performance

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<sup>15</sup>In August 2001 the President launched the President's Management Agenda—an effort to “address the most apparent deficiencies for which the opportunity to improve performance is the greatest.” This agenda outlines five initiatives, including strategic human capital management, in areas identified as having management weaknesses and needing attention by federal agencies. The other four initiatives are competitive sourcing, improved financial performance, expanded electronic government, and budget and performance integration.

<sup>16</sup>The Office of Management and Budget works with OPM to establish policies and oversee many of the internal functions and structures of federal agencies, including strategic human capital management. The Office of Management and Budget's primary mission is to assist the President in overseeing the preparation of the federal budget and to supervise its administration in the executive branch agencies.

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culture promotes a diverse, high-performing workforce; and talent management addresses gaps in needed skills. The fifth element—accountability—focuses on the importance of evaluating the results of strategies to assess their effectiveness and to determine whether adjustments are needed.

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### GAO's Five Principles for Strategic Human Capital Planning

In our past work on human capital issues, we identified five principles for strategic human capital planning that agencies should incorporate as they develop plans and strategies for how they will meet their current and future human capital needs. Associated with each principle are some key points for agency officials to consider when applying these principles to their planning efforts. (See table 1.)

**Table 1: GAO’s Five Principles for Strategic Human Capital Planning and Some Associated Key Points**

Principle	Key points
Involve top management, managers, other employees, and stakeholders in developing, communicating, and implementing the human capital plan	<ul style="list-style-type: none"> <li>• Ensure that top management sets the overall direction and goals of the agency’s human capital planning</li> <li>• Involve nonsupervisory employees and other stakeholders in developing and implementing future strategies</li> <li>• Establish a communication strategy to create shared expectations, promote transparency, and report progress, with involvement of agency managers, employees, and employee unions</li> </ul>
Determine the critical skills and competencies that will be needed to achieve the agency’s current and future mission and goals, including identifying gaps in these skills and competencies	<ul style="list-style-type: none"> <li>• Ensure that the skills and competencies identified as needed are clearly linked to the agency’s mission and that long-term goals are developed jointly with stakeholders</li> <li>• Consider utilizing various data sources for making fact-based determinations of the critical skills and competencies needed, including using attrition and projected retirement rates and demographic trends</li> <li>• Consider opportunities for reshaping the workforce by, for example, reengineering current work processes and sharing work among offices within an agency, when estimating the number of employees needed with specific skills and competencies</li> </ul>
Develop strategies to acquire, retain, and develop a skilled workforce and to address gaps in skills and competencies	<ul style="list-style-type: none"> <li>• Develop strategies that (1) are tailored to the agency’s needs; (2) address how a skilled workforce is acquired, retained, and developed; and (3) can be implemented with available resources</li> <li>• Consider how these strategies can be implemented to address gaps in skills and competencies</li> <li>• Identify and utilize appropriate human capital authorities, or flexibilities,<sup>a</sup> such as recruitment and retention bonuses, to build and maintain a skilled workforce</li> </ul>
Build the capability needed to address administrative, educational, and other requirements important to supporting strategies	<ul style="list-style-type: none"> <li>• Consider practices that are important to the effective use of human capital authorities, or flexibilities, such as (1) streamlining and improving administrative processes for using flexibilities; (2) building transparency and accountability into how flexibilities are used to ensure their fair and effective use; and (3) educating managers and employees on the availability and use of flexibilities</li> </ul>
Monitor and evaluate the agency’s progress toward its human capital goals and the contribution that strategies have made toward achieving agency mission and goals	<ul style="list-style-type: none"> <li>• Identify areas of success and areas for improvement in human capital planning by measuring the progress toward an agency’s human capital goals, such as those for acquiring skilled staff, and the contribution that strategies have made toward achieving an agency’s mission and goals</li> </ul>

Source: GAO, *Human Capital: Key Principles for Effective Strategic Workforce Planning*, GAO-04-39.

<sup>a</sup>Human capital flexibilities represent policies and practices that an agency has the authority to implement in managing its workforce.

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## The CDC Plan Includes Strategies to Address Key Human Capital Challenges, Except for Managing a Workforce with a Large and Growing Number of Contractors

The CDC Plan includes strategies that could help the agency address five of the six key human capital challenges we identified that it faces in its efforts to sustain a skilled workforce. These six key challenges are (1) changing workforce demographics, highlighted by the potential loss of essential personnel due to retirement; (2) the limited supply of skilled public health professionals; (3) CDC's acknowledged need to increase the diversity of its workforce; (4) changing workforce needs resulting from the agency's expanding scope of work and responsibilities; (5) logistical difficulties involved in acquiring and retaining a skilled workforce; and (6) difficulties presented by managing a workforce with a large and growing number of contractors. While the CDC Plan includes strategies designed to address the first five challenges, it does not include strategies that address the challenge of managing a workforce with a large and growing number of contractors.

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## CDC Faces Six Key Challenges in Sustaining a Skilled Workforce

The first challenge, changing workforce demographics, is highlighted by the potential loss of essential personnel due to retirement. As of the end of fiscal year 2007, about 27 percent of CDC's overall workforce was eligible for retirement within the next 5 years. For CDC's three most-populated occupations—general health scientist, public health analyst, and medical officer—the percentages of employees eligible for retirement in the next 5 years were 20 percent, 22 percent, and 34 percent, respectively. Collectively, these three occupations account for 34 percent of CDC's workforce eligible to retire within the next 5 years. The potential loss of so many essential personnel creates a challenge for CDC because it could result in a shortfall of staff with the experience and skills needed to fulfill CDC's mission and goals. For example, one of the most-populated occupations is medical officer, which is a difficult position to fill due to a shortage of physicians with specific training in public health.

The limited supply of skilled public health professionals is the second challenge we identified. According to reports issued by CDC, the Institute of Medicine, and the American Public Health Association, federal, state, and local agencies are experiencing workforce shortages, some of which are severe, in many of the public health professions vital to CDC. For example, epidemiologists play an important role in responding to emerging infectious diseases. However, states have reported needing more epidemiologists than are currently available in the workforce.<sup>17</sup> In addition

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<sup>17</sup>American Public Health Association, *Issue Brief, The Public Health Workforce Shortage: Left Unchecked, Will We Be Protected?* (Washington, D.C.: September 2006).

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to shortages of public health physicians and epidemiologists noted in these reports, other shortages occur in the positions of public health informatics specialists,<sup>18</sup> laboratory scientists, and environmental health specialists.

The third challenge that CDC faces is its acknowledged need to increase the diversity of its workforce. Results from OPM's Federal Human Capital Surveys showed a decrease from 2004 to 2006 in the percentage of staff who agreed that CDC management worked well with employees of different backgrounds and was committed to creating a diverse workforce.<sup>19</sup> CDC officials acknowledged that the agency's workforce was not as diverse as it could be and told us the agency needs to improve its recruitment of Hispanics and persons with disabilities. However, in its plan, CDC noted that establishing a diverse workforce is a challenge for several reasons. For example, technical skills and education levels vary across racial, ethnic, and socioeconomic groups, which in turn can have an impact on the pool of qualified job applicants from which to hire.

CDC's fourth challenge is the changing workforce needs resulting from the agency's expanding scope of work and responsibilities. For example, the globalization of health threats has increased CDC's responsibility to prepare for and respond to infectious disease outbreaks. In 2003 the rapid spread of severe acute respiratory syndrome (SARS) in Asia showed that disease outbreaks pose an immediate threat beyond the borders of the country where they originate. For this reason, CDC needs a workforce that is capable of working with global partners, such as other countries' ministries of health, to expand surveillance systems used to detect and respond quickly to outbreaks. In addition, throughout the SARS outbreak, CDC was the foremost participant in the multinational response effort, with CDC officials constituting about two-thirds of the public health experts deployed to affected areas. CDC's significant role in the SARS response highlights the agency's expanding need for a workforce that is capable of rapidly responding to international public health emergencies.

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<sup>18</sup>Public health informatics merges the disciplines of computer science and public health practice, research, and learning. Those who work in public health informatics endeavor to develop and deploy information technology solutions that provide accurate, timely, and secure information to guide public health action.

<sup>19</sup>OPM, *2006 Federal Human Capital Survey, Department of Health and Human Services—Centers for Disease Control and Prevention Trend Report* (Washington, D.C.: 2006).

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A fifth challenge that CDC faces is logistical difficulties involved in acquiring and retaining a skilled workforce, including problems with the hiring process and difficulties associated with retaining employees for international positions. For example, from fiscal year 2003 to fiscal year 2007, CDC did not meet its 2007 goal of hiring new employees in an average of 58 days or fewer; instead, during this time, it has averaged between 73 and 92 days to hire each new employee.<sup>20</sup> HHS and CDC officials told us that logistical difficulties were exacerbated when hiring responsibilities were centralized from CDC to HHS and the human resources staff was reduced from 178 to 105 people. Logistical difficulties have also hindered CDC's efforts to sustain international positions. For example, HHS officials told us the process to approve and hire staff for overseas positions can take 9 months to 1 year. Officials added that part of this process—the amount of time it takes to get an individual approved, including obtaining clearance through the Department of State—can be particularly problematic because an individual may lose interest and accept another employment offer. In addition, retaining staff can be difficult because international programs have few opportunities for promotion.

The sixth challenge we identified is the difficulties presented by managing a workforce with a large and growing number of contractors. From fiscal year 2000 through fiscal year 2006, the estimated number of contractors working at CDC increased 139 percent, while CDC's federal staff increased by 3.5 percent. CDC officials told us that using contractors is beneficial, particularly because they can be brought on board quickly to fill an immediate need for specific skills. For example, as of August 2007 over 75 percent of employees in the National Center for Public Health Informatics were contractors because the area is a relatively new field and the skills needed are constantly changing. (See app. III for more information on CDC's workforce and the number of contractors within each organizational unit.) While there are benefits to using contractors, there are also concerns. For example, CDC officials told us that because contractors are not CDC employees, the agency does not control certain aspects of their employment, such as diversity or training, and does not technically supervise their work. For instance, if a CDC manager determines that the work provided by a contractor is unsatisfactory, the

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<sup>20</sup> AHRC officials measure the time to hire from the date a request for a position is received at AHRC until the date an offer is made. This includes the time it takes to draft the vacancy announcement, but it does not include the days during which the vacancy is announced or advertised, which typically ranges from 5 to 15 days.

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manager has to communicate his or her concerns to the contractor's firm instead of directly addressing the contractor. Moreover, CDC does not fund training to assist contractors in improving their work. CDC officials also told us that data collection on how contractors are used within the agency is primarily decentralized and not systematically monitored at an agencywide level. CDC has begun collecting more data on contractors across the agency because of increased security needs. Understanding how contractors are used across the agency is important to ensure their appropriate use and oversight. For example, federal regulations call for enhanced oversight of contracts for services that could potentially influence the authority, accountability, and responsibilities of government officials.<sup>21</sup> Issues may arise when contractors have been involved in activities relating to policy development, reorganization and planning, technical advice or assistance, developing or providing information regarding regulations, or preparing budgets.<sup>22</sup> Because CDC lacks information on how its contractors are used across the agency, it may not be able to ensure adequate oversight of contractors.

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### The CDC Plan Includes Strategies to Address Five Human Capital Challenges, but Not the Challenge of Managing a Workforce with a Large and Growing Number of Contractors

CDC developed strategies to address the human capital challenges described by the agency in the CDC Plan,<sup>23</sup> which correspond to five of the six challenges we identified. (See table 2. For a full list of strategies in the CDC Plan, see app. IV.) CDC officials told us they used the human capital challenges identified in the plan to develop related strategies that directly addressed specific areas of concern. On the basis of our analysis of the CDC Plan and additional documentation, we found that the CDC Plan contains strategies that could help address the first five challenges we identified. According to CDC officials, the CDC Plan does not include strategies to address the challenge of managing a workforce with a large and growing number of contractors—our sixth challenge—because CDC wanted to follow HHS guidance, under which contractors are not

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<sup>21</sup>48 C.F.R. § 37.114 (2007).

<sup>22</sup>GAO, *Department of Homeland Security: Risk Assessment and Enhanced Oversight Needed to Manage Reliance on Contractors*, [GAO-08-142T](#) (Washington, D.C.: Oct. 17, 2007).

<sup>23</sup>The CDC Plan included 20 strategies that were designed to strengthen its human capital efforts. Developed for the 2008 through 2010 time frame, these 20 strategies can be grouped into five broader objectives, which are ensuring effective human capital planning; improving recruitment, retention, and outreach; improving career development of employees; improving leadership development; and improving human resource processes.

considered part of the HHS workforce, and to maintain consistency with the department in the treatment of contractors.

**Table 2: Human Capital Challenges at CDC and Examples of Related Strategies**

Challenges we identified	Descriptions of challenges CDC included in the CDC Plan <sup>a</sup>	Examples of strategies in the CDC Plan intended to address human capital challenges <sup>b</sup>
1. <b>Changing workforce demographics</b>	<ol style="list-style-type: none"> <li>1. <b>Demographic trends</b>—The federal workforce is aging rapidly, and today over 30 percent of employees are eligible to retire. Increased retirement eligibility within the workforce can result in a loss of institutional knowledge and technical expertise and can adversely affect leadership continuity.</li> <li>2. <b>Workforce mobility</b>—Employees have grown increasingly mobile, and it is now typical for employees to move among federal agencies or between the public and the private sectors. This mobility generates additional retention challenges.</li> <li>3. <b>Generational differences</b>—Younger workers today have different values and expectations and may seek a different work environment than their predecessors. Federal agencies must be flexible enough to adapt to these generational differences.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Develop, implement, and evaluate plans to expand use of the Federal Career Intern Program</b>—This strategy is intended to improve the usability of the Federal Career Intern Program as an effective tool for strategic recruitment and selection at CDC. CDC plans to review current HHS and AHRC policies and guidelines related to the Federal Career Intern Program, develop a communication plan about the program and distribute its policies and guidelines, approve and monitor relevant recruitment activities and events, report quarterly on the activities conducted for the program, assess the recruitment and selection process, and review intern attrition and retention rates.</li> <li>2. <b>Develop, implement, and evaluate agencywide workforce planning methodology</b>—With this strategy CDC intends to develop procedures, templates, and systems that can be used by the coordinating centers and offices in developing their workforce plans. In addition, CDC plans to develop an evaluative process for assessing adoption of agencywide workforce planning procedures and the comprehensiveness of template information submitted for updates to the CDC Plan.</li> </ol>
2. <b>Limited supply of skilled public health professionals</b>	<ol style="list-style-type: none"> <li>4. <b>Workforce shortages</b>—There is a shortage of skilled, qualified individuals available in a number of public health occupations, including laboratory science and epidemiology.</li> <li>5. <b>Labor market</b>—Competition for scarce professional, medical, and scientific workers is a growing challenge that has resulted in a limited labor market.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Develop, implement, and evaluate plans to expand Career Paths to Public Health</b>—The purpose of this strategy is to develop a systematic approach for Career Paths to Public Health activities targeting students at all levels. As part of accomplishing this strategy, CDC plans to initiate assessments of career path activities at CDC, develop and implement an overarching framework for Career Paths to Public Health, complete a gap analysis and assessment of these activities, establish a working group to guide specific career path activities, and evaluate the usefulness of the systematic approach of Career Paths to Public Health.</li> </ol>

Challenges we identified	Descriptions of challenges CDC included in the CDC Plan <sup>a</sup>	Examples of strategies in the CDC Plan intended to address human capital challenges <sup>b</sup>
<p>3. <b>CDC’s acknowledged need to increase the diversity of its workforce</b></p>	<p>6. <b>Workforce diversity</b>—Agencies working to achieve a diverse workforce must overcome challenges such as language barriers. In addition, educational levels vary across racial, ethnic, and socioeconomic groups, which can affect the pool of qualified applicants from which to hire.</p>	<p>2. <b>Develop, implement, and evaluate a Fellowship Management System</b>—This strategy intends to develop an integrated electronic system that will allow applicants to apply to fellowships online and for fellows and alumni to keep their information current. This system will be used during the recruitment, application, and selection process. As part of this strategy, CDC plans to develop a fellowship application system, develop an alumni directory system, develop a directory system for fellowships, and assess the percentage of fellowships using the online application system.</p> <p>1. <b>Develop, implement, and evaluate a Diversity Education and Training Curriculum</b>—When completed, this strategy will educate leaders and employees on diversity-related issues and help CDC address them. The steps to complete this strategy include developing a comprehensive diversity education and training curriculum and workforce and career exploration courses, developing and implementing a pilot program for Optimizing Diversity for a Global Workforce, developing an evaluative process for assessing employee satisfaction with this pilot, developing a series of miniworkshops to address specific diversity-related issues, and evaluating diversity education and training.</p> <p>2. <b>Develop, implement, and evaluate an outreach plan, materials, and activities</b>—This strategy was created to improve outreach and recruitment by developing an outreach plan with materials and activities that are based on several areas, including age, generation, English proficiency, gender, and ethnicity. CDC plans to define terms and scope of outreach efforts, identify audience segments and target audiences, develop outreach goals and objectives, develop a draft outreach plan and activities, identify current activities, assess the need for new materials and activities, evaluate outcomes including attainment of goals and objectives, and implement a tracking system.</p>

Challenges we identified	Descriptions of challenges CDC included in the CDC Plan <sup>a</sup>	Examples of strategies in the CDC Plan intended to address human capital challenges <sup>b</sup>
<p>4. <b>Changing workforce needs resulting from the agency’s expanding scope of work and responsibilities</b></p>	<p>7. <b>Globalization of the workforce</b>—Demand for CDC employees who can work in an overseas environment has increased.</p> <p>8. <b>Emergency response</b>—In addition to carrying out day-to-day operations, the CDC workforce must also be prepared to quickly and effectively provide surge capacity for emergency response and emerging public health threats.</p> <p>9. <b>Expanding mission</b>—CDC’s workforce must be prepared to respond not only to today’s public health challenges.</p>	<p>1. <b>Develop, implement, and evaluate a collaborative strategic recruitment function</b>—CDC intends to develop resources and practices to ensure access to quality candidates to meet agency recruitment objectives. CDC plans to disseminate a succession planning guide; review inventory type, source, availability, and currency of materials presently used for agency recruitment activities; investigate options for developing measures of return on investment for resources committed to strategic recruitment; develop and implement templates for planning strategic recruitment activities; develop and deploy a recruiting database; and assess efficacy of strategic recruitment planning elements.</p> <p>2. <b>Develop, implement, and evaluate a global workforce plan</b>—This strategy will be used to develop a CDC-wide global health strategic workforce plan. In order to accomplish this strategy, CDC will review existing global health competencies, assess the presence of these competencies in CDC’s global health workforce, develop a training curriculum and offer courses to strengthen these competencies, develop career paths for its global public health workforce, develop and implement a global assignment management system, and review this system and make recommendations for improvement.</p>
<p>5. <b>Logistical difficulties involved in acquiring and retaining a skilled workforce</b></p>	<p>10. <b>Federal hiring system</b>—Civil Service laws governing the federal hiring process can often be an impediment to effective employee hiring, compensation, and retention.</p> <p>11. <b>Downsized human resources</b>—Recent reductions in staff of federal human resources organizations have had a negative impact on the timeliness, scope, and quality of products and services provided.</p>	<p>1. <b>Develop, implement, and evaluate plans to reduce time-to-hire</b>—This strategy will help the agency find ways to reduce the time-to-hire at CDC. As part of this strategy, CDC plans to implement standardized position descriptions, measure increased utilization of them in the recruiting process, re-engineer part of the hiring process, measure impact of new guidelines on average days to hire, assess data results from this measurement, and modify and update other recruitment processes.</p> <p>2. <b>Develop, implement, and evaluate plans to expand use of career ladders<sup>c</sup></b>—The purpose of this strategy is to monitor the effectiveness of career ladders in CDC organizations and assess their impact on position management, recruitment, employee turnover, retention, and overall employee satisfaction. CDC plans to review historical data on the career ladder use at CDC, develop guidelines on developing career ladder positions, develop a communication plan for career ladder guidelines, implement guidelines, and assess possible program and process changes.</p>

Challenges we identified	Descriptions of challenges CDC included in the CDC Plan <sup>a</sup>	Examples of strategies in the CDC Plan intended to address human capital challenges <sup>b</sup>
6. Difficulties presented by managing a workforce with a large and growing number of contractors	(None)	(None)

Source: GAO analysis and the *CDC Strategic Human Capital Management Plan*.

<sup>a</sup>The challenges and their descriptions include information from the *CDC Strategic Human Capital Plan*.

<sup>b</sup>Agency officials told us that strategies in the CDC Plan may address more than one challenge.

<sup>c</sup>A career ladder is a formally recognized succession of positions that represent the anticipated career progression for most permanent employees assigned to a specific occupation. Career ladders are established for large groups of similar positions that have established career progression and known promotion potential.

However, without considering the challenge of managing a workforce with a large and growing number of contractors and without developing related strategies, the CDC Plan excludes any efforts to address more than one-third of the total workforce. As a result, it may not be as useful as it could be in assisting the agency with improvements in human capital management. For example, CDC cannot fully assess the human capital available across the agency and how it is assisting the agency in meeting its expanding scope of work and responsibilities without understanding how contractors are used across the agency and what gaps in skills and competencies they are filling. Because CDC does not monitor the use of contractors agencywide, the agency’s ability to determine the appropriate balance of government-performed and contractor-performed services is hindered. CDC’s lack of information to oversee contractors agencywide is also a problem because, as our reviews of other agencies have shown, adequate oversight of contractors is critical to ensure that they are producing outcomes to achieve the agencies’ respective missions and goals and the agencies are not risking having mission-related decisions influenced by contractor judgment.<sup>24</sup>

<sup>24</sup>GAO, *Federal-Aid Highways: Increased Reliance on Contractors Can Pose Oversight Challenges for Federal and State Officials*, [GAO-08-198](#) (Washington, D.C.: Jan. 8, 2008); GAO, *Foreign Assistance: Strategic Workforce Planning Can Help USAID Address Current and Future Challenges*, [GAO-03-946](#) (Washington, D.C.: Aug. 22, 2003); and [GAO-08-142T](#).

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## Strategies in the CDC Plan Are Linked with CDC’s Mission and Goals but Are Not Integrated with Its Strategic Plan, Performance Plan, or Budget

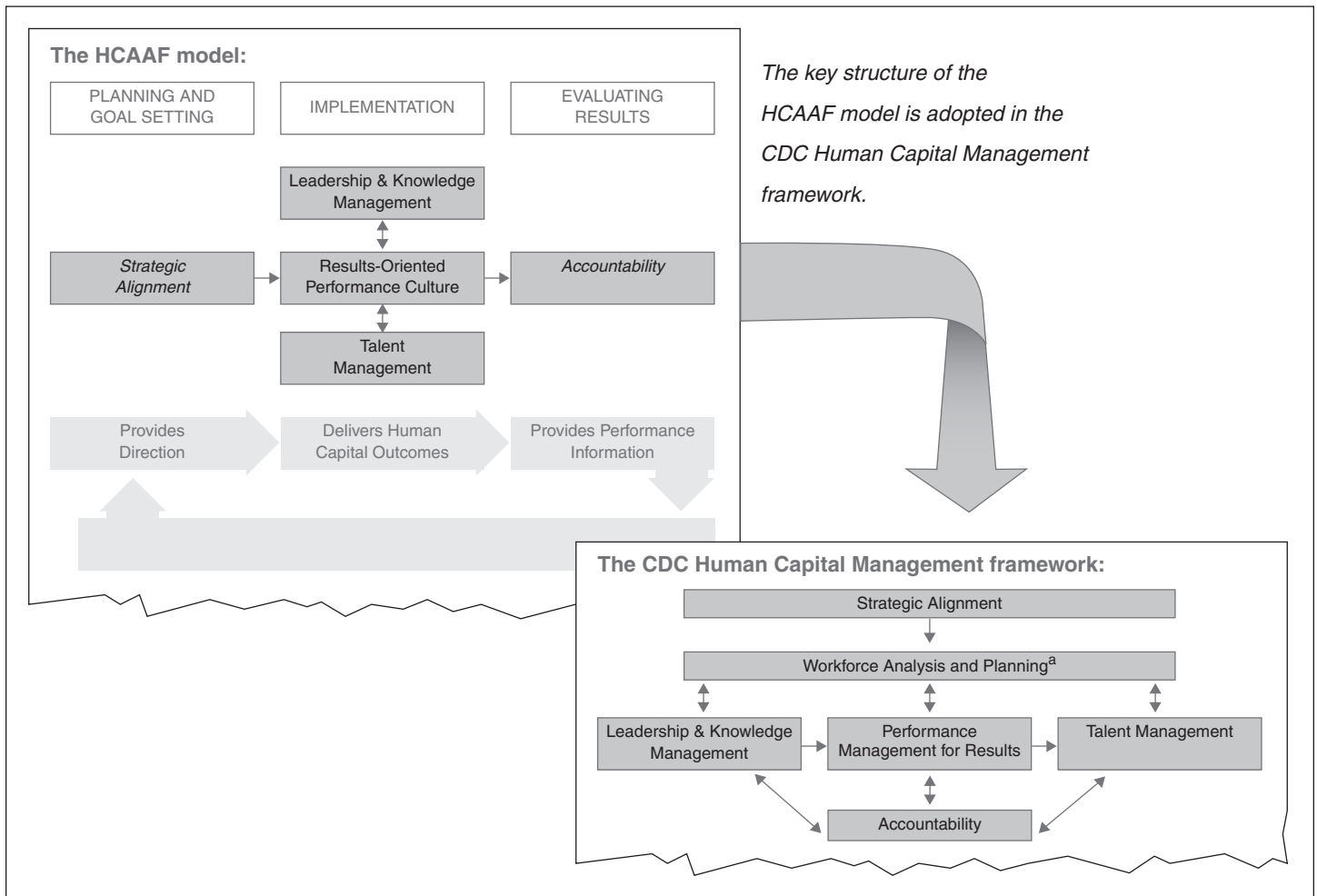
The CDC Plan partially meets criteria for strategic alignment. CDC relied on HCAAF guidance, which includes strategic alignment as an element, to develop its framework for the CDC Plan. The CDC Plan partially meets the criteria for strategic alignment by explicitly linking the plan’s strategies to the agency’s mission and goals. However, the CDC Plan does not integrate these strategies with the agency’s Goal Action Plans—the documents that serve as CDC’s strategic plan—or with its performance plan or budget. CDC officials told us they intended to update the CDC Plan annually and to integrate the plan with these documents as the plan is updated.

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## CDC Plan Was Based on HCAAF Framework, but Only Partially Meets Its Criteria for Strategic Alignment

CDC officials relied on HCAAF as guidance when developing the framework for the CDC Plan. According to CDC, HCAAF was the best model framework to follow because of its simplicity, transparency, and alignment with the President’s Management Agenda. The CDC Human Capital Management framework, which serves as the foundation for the CDC Plan, uses the HCAAF model. Specifically, CDC’s framework includes the same elements—strategic alignment, leadership and knowledge management, performance management for results, talent management, and accountability. (See fig. 2.) The HCAAF criteria for strategic alignment are consistent with the definition we have used in our past work.

**Figure 2: A Comparison of OPM’s HCAAF and CDC’s Human Capital Management Framework**



Source: GAO analysis of CDC information.

<sup>a</sup>CDC defines workforce analysis and planning as the process for ensuring that the right number of people with the right skills, experiences, and competencies are in the right place at the right time to accomplish CDC’s mission.

In examining the CDC Plan, we determined that the plan partially meets the criteria for strategic alignment. In developing its plan, CDC linked the strategies in the plan to its mission and goals as well as to those of HHS. The plan states that its purpose is to ensure that CDC’s human capital efforts are aligned to most effectively support the agency’s accomplishment of its mission and goals. Further, the plan integrates CDC’s Health Protection Goals and the Organizational Excellence

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Assessment, which CDC uses to measure its progress toward meeting the Health Protection Goals. Specifically, CDC linked the strategies in its plan to the Organizational Excellence Assessment. To ensure linkage with HHS's mission and goals, the CDC Plan refers to HHS's strategic plan for fiscal years 2007 through 2012, which delineates how the department will achieve its mission "to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services" and outlines HHS's four strategic goals.<sup>25</sup> CDC also linked the CDC Plan to HHS's strategic plan. For example, the CDC Plan describes how CDC has adopted a program described in HHS's strategic plan—the Performance Management Appraisal Program—to connect employee expectations to the agency's mission and to link employee performance ratings with measurable outcomes.<sup>26</sup>

The CDC Plan only partially meets the criteria for strategic alignment as defined by GAO and OPM because the strategies in the CDC Plan are not integrated with the documents that serve as the agency's strategic plan, its performance plan, or its budget. CDC officials told us that while the agency did not have a strategic plan, the agency's Goal Action Plans served in this capacity. Goal Action Plans are organized according to the four Health Protection Goals and are designed to link, leverage, and coordinate CDC's activities across the agency to increase effectiveness and impact. (See app. V for a summary of CDC's Health Protection Goals.) While the strategies in the CDC Plan are not currently integrated with the Goal Action Plans, officials told us they intended to integrate the strategies with the Goal Action Plans and have taken initial steps to do this in their January 2008 revision of the CDC Plan. Additionally, the strategies have not been integrated with the agency's performance plan or budget, which limits the plan's usefulness in supporting day-to-day activities aimed at long-term human capital goals. However, officials told us they also intended to integrate the strategies in the CDC Plan with the agency performance plan and the budget as the plan is updated.

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<sup>25</sup>HHS's four strategic goals are to (1) improve the safety, quality, affordability, and accessibility of health care; (2) prevent and control disease, injury, illness, and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats; (3) promote the economic and social well-being of individuals, families, and communities; and (4) advance scientific and biomedical research and development related to health and human services.

<sup>26</sup>HHS's Performance Management Appraisal Program is a tool designed to assist HHS employees to achieve organizational and individual performance goals.

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## CDC Incorporated Aspects of Our Principles for Strategic Human Capital Planning into the CDC Plan and Has Outlined Further Actions

CDC incorporated aspects of our five principles for strategic human capital planning into the CDC Plan and has outlined further actions it intends to take. (See table 1 for the principles.) The agency incorporated part of the first principle by having top management and a stakeholder comment on a draft of the plan, and it intends to involve nonsupervisory employees in future implementation. For the second principle, CDC conducted a preliminary workforce analysis, but it has not completed the analysis of gaps in skills and competencies. However, CDC intends to conduct additional analyses and plans to use them in subsequent plan updates. CDC incorporated an aspect of the third principle by developing strategies to acquire, retain, and develop a skilled workforce, but it is unclear to what degree these strategies will address the agency's gaps in skills and competencies because they were developed before the gap analyses were completed. CDC has also taken steps to incorporate the fourth principle, which stresses building the capabilities needed to support the strategies. With regard to the fifth principle, while CDC previously collected limited information with which to monitor and assess its human capital efforts, the CDC Plan outlines steps to monitor and evaluate its strategies.

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## CDC Involved Top Management and a Stakeholder in Developing Its Plan and Intends to Include Nonsupervisory Employees in Future Implementation and Updates

In development of the CDC Plan, the agency incorporated aspects of our first principle, which is to involve top management, managers, other employees, and stakeholders in developing, communicating, and implementing the human capital plan, but it did not formally involve nonsupervisory employees. CDC involved top management, managers, and AHRC as a stakeholder in the development of the CDC Plan through the agency's leadership groups, specifically the Executive Leadership Board, the Management Council, and the Center Leadership Council.<sup>27</sup> AHRC participated as part of the Management Council.<sup>28</sup> A CDC official involved in creating the plan briefed members of the board and councils on the

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<sup>27</sup>Members of CDC management serve on leadership groups that collectively determine the direction of the agency. The primary group is the Executive Leadership Board, which makes key decisions about CDC's direction, policy, and investments covering science, programs, and operations. Other councils advise the Executive Leadership Board, including (1) the Management Council, which governs CDC's management practices and makes recommendations to the Executive Leadership Board about fiscal management and agency operations; and (2) the Center Leadership Council, which oversees the quality, impact, and integrity of CDC's scientific and public health programs and informs the Executive Leadership Board of important and impending scientific, program, or policy issues.

<sup>28</sup>An official from AHRC, a stakeholder in CDC human capital activities, is a member of the Management Council.

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outline of the plan while it was being developed, and members subsequently reviewed and provided recommendations on drafts of the plan. Additionally, OWCD officials worked with selected members of the board and the Management Council in developing some of the strategies. CDC officials told us they did not formally involve nonsupervisory employees in the development of the plan. For example, managers in the diversity office informally shared the CDC Plan with nonsupervisory employees during its development. In our prior work on the principles, we found that involving such employees on strategic workforce planning teams can identify new ways to streamline processes and improve human capital strategies. Nonsupervisory employee involvement in the development of the human capital plan can also garner support for proposed changes and help an agency develop clear and transparent procedures to implement strategies.

CDC officials told us that they intended to communicate the CDC Plan within the agency and to involve nonsupervisory employees in implementing and updating it. The CDC Plan has been approved by the Director of CDC and after final clearance will be communicated via CDC's intranet site and an intranet article, or through an e-mail message to all agency employees. CDC officials said that, in addition to top management, other agency managers, and stakeholders, they intended to involve nonsupervisory employees in implementing the plan and updating it in the future. For example, OWCD has conducted several focus groups with employees regarding the results of the 2006 Federal Human Capital Survey, and CDC officials indicated that the findings from these focus groups would be considered in updating strategies in future updates of the CDC Plan.

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### CDC Conducted a Preliminary Workforce Analysis and Is Completing Efforts to Identify Gaps in Skills and Competencies

CDC has begun to incorporate the second principle—determining the skills and competencies needed to achieve the mission and goals, including identifying gaps in these skills and competencies—by conducting a preliminary workforce analysis and is working to complete analyses to identify gaps in skills and competencies. In this preliminary analysis, CDC determined useful information regarding its workforce, including the number of individuals in each occupation, the size and diversity of its workforce, agencywide retirement eligibility, and the number of mission-critical occupations<sup>29</sup> in each coordinating center and

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<sup>29</sup>CDC identified four mission-critical occupations: (1) microbiology, (2) general health science, (3) medical officer, and (4) public health advisor/analyst.

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coordinating office. However, CDC has not completed competency gap analyses for its employees to determine whether employees have the skills needed to perform effectively, and to identify any gaps between their current skill levels and skills needed in the future. In 2006, CDC conducted a competency gap analysis for one of its mission-critical occupations, and it has begun competency gap analyses for its other mission-critical occupations.

In addition, CDC plans to conduct additional workforce analyses, which it anticipates completing in fiscal year 2008, as part of the workforce planning process outlined in the CDC Plan. Prior to the CDC Plan, each coordinating center and coordinating office conducted its own workforce planning activities, resulting in wide variability across the agency. CDC has implemented standardized procedures for its workforce planning process, by developing a consistent methodology and approach for workforce analyses to be used throughout the agency. As part of the agencywide methodology, the coordinating centers and coordinating offices have been asked to provide information about how federal employees and contractors are used to meet their needs. Additionally, OWCD has developed a standardized template for the coordinating centers and coordinating offices to use to collect data on employees' skills and competencies. As of January 2008, OWCD was in the process of using the template to collect information, which could then be aggregated to an agencywide level and used in the annual update of the CDC Plan.

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**The CDC Plan Has Strategies to Acquire, Retain, and Develop Skilled Staff, but It Is Unclear How Well They Will Address Current Gaps in Skills and Competencies**

The CDC Plan includes strategies to improve its current efforts to acquire, retain, and develop its skilled staff, and their implementation could address some past weaknesses in CDC's efforts. The CDC Plan thus incorporates an aspect of our third principle, which is to develop strategies to acquire, retain, and develop a skilled workforce and to address skill and competency gaps. However, the plan's strategies may have limitations in how well they address skill and competency gaps, because they were developed before the agency finished its gap analyses.

Developing new strategies to acquire and retain staff is important because CDC's efforts conducted prior to the publication of the CDC Plan had several weaknesses with regard to recruitment and retention. For example, because recruitment efforts were decentralized throughout the agency, CDC and AHRC officials conducted recruitment efforts on an ad

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hoc basis, and coordinating centers and offices offered recruitment and relocation incentives<sup>30</sup> as part of their recruitment efforts with little coordination. Regarding retention, we found that CDC had programs and incentives designed to promote retention, but lacked information on their effectiveness. For example, CDC offers retention incentives<sup>31</sup> to key individuals to induce them to remain with the agency. However, CDC does not collect and analyze data on how successful these programs and incentives have been in retaining skilled employees.

As part of CDC's efforts to improve recruiting and retention efforts, one of the strategies in the CDC Plan calls for developing, implementing, and evaluating a collaborative strategic recruitment effort, for the purpose of establishing initiatives, resources, operational strategies, and practices to ensure agency access to quality candidates and to aid in meeting CDC's recruitment objectives. In January 2008, CDC established a strategic recruitment team comprised of representatives from various entities, including each coordinating center and coordinating office, AHRC, and OWCD. As part of its work, this team intends to develop a database for targeted recruitment, which is scheduled for completion in February 2009. This strategy could help address weaknesses in CDC's current ad hoc approach. Another strategy involves expanding the use of "career ladders"<sup>32</sup> within the agency, including identifying target positions to be used on a career ladder and assessing the career ladder program for potential areas of improvement. CDC anticipates completing this strategy by the end of 2008.

Our review of CDC's current efforts to develop skilled staff found that the agency based its current employee development efforts on a training needs assessment and had additional strategies that could improve employee development in the CDC Plan. According to CDC officials, CDC University,

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<sup>30</sup>According to HHS, a recruitment incentive is an incentive paid to a newly appointed employee and a relocation incentive is an incentive paid to a current federal employee who must relocate to accept a position in a different geographic area. Both incentives can only be used if it has been determined that the position is critical to the mission of the organization and is likely to be difficult to fill in the absence of such an incentive.

<sup>31</sup>A retention incentive is payment of a percentage of a current employee's annual basic pay to retain his or her services.

<sup>32</sup>A career ladder is a formally recognized succession of positions that represent the anticipated career progression for large groups of permanent employees assigned to a specific occupation. Career ladders are established for large groups of similar positions that have established career progression and known promotion potential.

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the unit responsible for training at CDC, worked with partners throughout the agency to develop and implement agencywide strategies for training and to identify the skills needed by CDC's workforce in the future. CDC University also conducted annual competency-based needs assessments that allow employees and supervisors to review the competencies for each occupation and determine whether sufficient training exists or additional training is needed.<sup>33</sup> Several strategies in the CDC Plan could build on these current efforts. For example, CDC plans to implement a transition from its current training system to HHS's Learning Management System. According to CDC, this transition will improve the career development of its employees, in part by allowing CDC to target its learning plans to specific groups of employees and to track competency gaps by employee, CDC entity, occupational group, and specific competency. CDC has begun this transition and expects it to be completed by September 2008.

Although CDC has developed strategies that may improve some of its current efforts, it is unclear how well these strategies will address current gaps in skills and competencies. In our prior work on the principles, we found that it is important for agencies to consider how their strategies can be aligned to eliminate gaps and improve the contribution of critical skills and competencies. However, developing strategies to eliminate gaps assumes that an agency has identified the gaps in skills and competencies before its strategies are developed, and while CDC has begun gap analyses, these analyses were not completed when the CDC Plan was developed. As a result, the strategies in the plan could not be tailored to address specific gaps in skills and competencies. However, CDC recognized this need, is completing the gap analyses, and has outlined, as part of one strategy, the development of additional steps to close identified gaps in skills and competencies. It is also working to improve its ability to identify training needs to address skill and competency gaps.

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<sup>33</sup>For these needs assessments, the CDC University uses an online tool it developed called the Competency Assessment Profile System, which allows employees and their supervisors to assess competency relevance for an individual occupation. If a need exists in a particular competency, the employee and supervisor can identify training courses or other developmental activities that address the need.

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## CDC Has Been Building Capabilities to Support Its Strategies

Consistent with the fourth principle, CDC has taken steps to build the capabilities needed to support its strategies. Developing and effectively utilizing agencies' resources, human capital flexibilities,<sup>34</sup> and personnel are essential to the successful implementation of strategies. CDC is making efforts to establish these capabilities. For example, OWCD has hired a strategic recruiter to oversee the development and implementation of its recruitment function strategy, as described in the CDC Plan.

CDC officials are also planning to streamline the agency's administrative processes, with a focus on hiring. In response to AHRC's current efforts to achieve its goal of hiring new employees within an average of 58 workdays, CDC and AHRC have developed a system to track the hiring process and have created a committee to evaluate the current hiring process. The system has generated reports that would allow managers to see how long the hiring process takes. In addition, CDC officials are implementing some of the recommendations made by the hiring committee. One problem the committee identified was the use of individualized position descriptions for vacancies. Historically, managers requested individualized descriptions for most positions. New position descriptions needed to be formally reviewed, adding time and complexity to the hiring process. As of February 2008, AHRC and CDC have standardized position descriptions for 20 occupations, which could help the agency reduce the time it spends filling positions.

In addition, CDC is working to create transparency and accountability and to improve the utilization of its human capital flexibilities. For example, a responsible individual has been identified for each of the strategies described in the plan. According to CDC officials, the agency intends to incorporate this responsibility into these individuals' performance reviews. Also, agency supervisors and managers are to receive training on their roles and responsibilities in employee development, which includes using human capital flexibilities. Detailed information on these flexibilities is available via the Web to all employees. However, CDC officials told us they were limited in how they implemented some of these flexibilities because policies and practices of this type are developed at the

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<sup>34</sup>Human capital flexibilities represent policies and practices that an agency has the authority to implement in managing its workforce. Examples of human capital flexibilities include relocation and retention incentives. GAO, *Human Capital: Effective Use of Flexibilities Can Assist Agencies in Managing Their Workforces*, [GAO-03-2](#) (Washington, D.C.: Dec. 6, 2002); also see OPM, *Human Resources Flexibilities and Authorities in the Federal Government* (Washington, D.C.: Apr. 1, 2002).

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department level by the HHS Office of Human Resources. As these policies are delegated to the agency, CDC management may in turn develop implementing policies and practices for the agency that support the department's policies.

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### CDC Has Incorporated Efforts to Monitor and Evaluate the Contribution of Its Strategies

Prior to the CDC Plan, CDC had limited information with which to assess its human capital efforts. However, consistent with the fifth principle, the agency has incorporated efforts to monitor and evaluate its human capital strategies into its plan. In our prior work on the principles, we found that high-performing agencies understood the fundamental importance of measuring both the outcomes of their human capital strategies and how these outcomes have helped them accomplish their mission and goals.<sup>35</sup> CDC officials told us that prior to completing the CDC Plan they relied on multiple mechanisms to evaluate the effectiveness of the agency's strategies to acquire, retain, and develop staff. However, these strategies were not always effective. For example, while retention was measured in part by evaluating exit survey data, only 20 percent of departing employees completed the exit survey.

The CDC Plan includes strategies to address the issues of limited data for monitoring and evaluation. For example, one strategy related to retention evaluates the factors affecting turnover and is designed to develop plans for improvement. This strategy outlines specific milestones and time frames for addressing this issue, such as conducting a literature review of factors affecting employee turnover, which was completed in November 2007. In addition, CDC officials planned to develop strategies in January 2008 to increase the exit survey response rate. Improving the response rate could make the data collected more valuable. The CDC Plan also has a milestone to develop recommendations for improving the collection and analysis of employee data associated with turnover by September 2009. Further, the plan includes a strategy to develop an outreach plan with materials and activities targeted to specific groups of potential employees. As part of this strategy, CDC has a milestone to evaluate outcomes of these outreach materials, including attainment of goals and objectives and return on investment for its efforts by September 2008. CDC officials told us the CDC Plan principally focuses on using data from existing measures to develop strategies for improvement. They noted that while some monitoring and evaluation approaches might be refined, the emphasis in

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<sup>35</sup> [GAO-04-39](#), 20.

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the plan is on how to use the data currently being collected more effectively.

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## Conclusions

CDC identified challenges it faced in achieving its human capital needs in the CDC Plan and considered the challenges in developing its human capital strategies. However, the strategies in the CDC Plan do not address the sixth challenge we identified—the difficulties presented by managing a workforce with an increasing number of contractors, which make up more than one-third of the agency’s workers. Without addressing this challenge as part of its strategies, the CDC Plan may not be as useful as it could be in providing the agency with a strategic view of its governmental and contractor workforce. Thus, the plan will be less helpful to guide the agency in improving the management of its entire human capital so it can effectively and efficiently meet its expanding scope of work and responsibilities and thereby achieve its mission and goals.

The strategies in the CDC Plan are linked with the agency’s mission and goals; however, they are not integrated into a strategic plan, performance plan, or budget. CDC officials told us they intended to integrate the strategies in the CDC Plan with the documents that serve as the agency’s strategic plan, the performance plan, and the budget as the plan is updated. Completing this effort is important because without it the CDC Plan may not be as effective as it could be in helping the agency meet its human capital needs or in assessing and understanding the extent to which CDC’s workforce contributes to achieving its mission and goals. Additionally, the plan may be limited in its usefulness in supporting day-to-day activities aimed at long-term human capital goals.

The CDC Plan represents progress in the agency’s human capital planning efforts because the CDC Plan includes strategies, due dates, and the individuals responsible for implementing them. However, because the plan is new and has not been fully implemented, it is too soon to determine the degree to which it will improve CDC’s human capital management. As the agency moves forward with the CDC Plan, it is important that the planned strategies are fully implemented and the agency continues to incorporate HCAAF and our principles for strategic human capital planning into subsequent plan updates, in order to strengthen its human capital efforts.

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## Recommendation for Executive Action

To improve CDC's ability to use its human capital planning efforts to meet its current and future needs for a skilled workforce, we recommend that the Director of CDC incorporate strategies that address the challenge of managing a workforce with a large and growing number of contractors into future updates of the CDC Plan.

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## Agency Comments and Our Evaluation

HHS provided written comments on a draft of this report, which are included in appendix VI, and a technical comment, which we partially incorporated. In its comments, HHS concurred with our conclusion that the strategic alignment component of the September 2007 edition of the CDC Plan could be improved by better connecting the plan with the agency's Goal Action Plans. HHS stated that it addressed the issue of aligning the plan with the Goal Action Plans in its January 2008 revision of the CDC Plan, but the documentation it provided to us did not show how strategies from the CDC Plan would be integrated with the Goal Action Plans. Further, strategic alignment includes integrating the CDC Plan with the agency's performance plan and budget, a step that CDC has yet to complete.

HHS also stated that our recommendation—to incorporate strategies in the CDC Plan that address the challenge of managing a workforce with a large and growing number of contractors—was somewhat unexpected. HHS noted that CDC officials reviewed human capital plans of other agencies and several GAO and OPM human capital reports and did not address the use of contractors in detail when developing the CDC Plan in order to be consistent with these sources. Further, it stated that the agency does not control contractors' hiring, diversity, compensation, training, and other key human capital factors and noted that our draft report did not recognize the legal, regulatory, and policy prohibitions in treating contractors as if they were federal employees.

We believe that HHS misinterpreted our findings and recommendation related to the challenge of managing a workforce with a large and growing number of contractors. At CDC, contractors represent more than one-third of the agency's workforce and thus are clearly a critical part of the agency's human capital. Our December 2003 report on key principles for effective strategic human capital planning noted that it involves developing long-term strategies for acquiring, developing, and retaining an organization's total workforce, which includes full- and part-time federal staff and contractors. In our current report, we clearly state that CDC does not control certain aspects of contractor employment such as diversity or training and technically does not supervise the work of contractors.

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Nevertheless, as we have explained in this report, strategic human capital planning includes identifying the skills and competencies needed and developing strategies to address those needs. CDC could not provide us with specific information on how contractors were being used agencywide to complement federal staff. Without this information, the CDC Plan cannot present the nature of the current balance of government-performed and contractor-performed work at the agency, a complete picture of the skills and competencies needed agencywide, or strategies to address those needs. It is unclear to us how the entire workforce of both federal and contractor staff could be managed strategically without such information. Such information would facilitate making informed decisions, such as whether CDC needs to increase training for federal staff or contract for those skills. Similarly, without information on how contractors are used throughout the agency, it remains unclear to us how top-level management can be assured that contractors are being used appropriately and that sufficient oversight is provided for contractor staff engaged in activities that could potentially influence the authority, accountability, and responsibilities of government officials. Consequently, we concluded that CDC should incorporate strategies related to the use of contractors into the CDC Plan.

HHS also commented that our report indicated that CDC does not have a comprehensive repository of human capital information on its contracting staff and thus does not ensure adequate contractor oversight. HHS said that it disagreed with our assessment. However, we did not make such an assessment. We did not suggest or recommend that CDC develop a comprehensive repository of human capital information on contractor staff. In addition, we did not review whether such a repository would be needed for effective contractor oversight, because such work was outside the scope of this engagement. Our concern is that CDC does not have a strategic human capital plan that encompasses strategies for the use of its contractors as complements to its federal employees so that the agency can most effectively manage these blended resources to achieve its mission and goals.

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As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from its date. At that time we will send copies to the Secretary of HHS, the Director of CDC, and other interested parties. We will also make copies available to others on request. In addition, the report will be available at no charge on GAO's Web site at <http://www.gao.gov>.

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If you or your staffs have any questions about this report, please contact me at (202) 512-7114 or [BascettaC@gao.gov](mailto:BascettaC@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix VII.



Cynthia A. Bascetta  
Director, Health Care

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# Appendix I: Scope and Methodology

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To determine whether the Centers for Disease Control and Prevention (CDC) 2007 Strategic Human Capital Management Plan (CDC Plan) was designed to address the challenges CDC faces in sustaining a skilled workforce, we analyzed interviews we conducted with multiple entities from CDC, the Department of Health and Human Services (HHS), the Office of Personnel Management (OPM), and three policy research and professional associations. Specifically, the interviews included officials from CDC's four coordinating centers and two coordinating offices, Office of Workforce and Career Development (OWCD), Executive Leadership Board, Management Council, Center Leadership Council, Division Directors Council, and Office of Diversity. We also interviewed officials from the U.S. Public Health Service Commissioned Corps who work at CDC and officials from HHS's Office of Global Health Affairs and Atlanta Human Resources Center (AHRC). Further, we interviewed policy research and professional association officials who work with CDC, including officials from the National Academy of Public Administration, the Association of State and Territorial Health Officials, and the National Association of County and City Health Officials. We corroborated testimonial evidence from our interviews with analysis of relevant documents, workforce statistics, and retirement eligibility data computed by CDC. We assessed the reliability of CDC's data by confirming that the data included the elements we requested and were consistent with CDC-provided documentation and information collected from interviews, including interviews with officials responsible for maintaining these databases. As a result, we determined that the data generated from CDC's system were sufficiently reliable for the purposes of this report. In addition, we reviewed reports on the public health workforce written by the Institute of Medicine, the American Public Health Association, and CDC, as well as our prior work on the use and management of contractors in the federal government. Some interviewees noted the difficulties of managing CDC's responsibilities given its funding; however, we did not assess the adequacy of CDC's budget.<sup>1</sup> Based on our analysis of these interviews, reports, and data, we identified the challenges that CDC faces in sustaining a skilled workforce. In order to determine whether the CDC Plan was designed to address the challenges we identified, we reviewed CDC's plan. We also interviewed OWCD officials about how they used the challenges CDC identified in the plan to develop related strategies. We

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<sup>1</sup>For work related to CDC's budget see GAO, *Centers for Disease Control and Prevention: Changes in Obligations and Activities Before and After Fiscal Year 2005 Budget Reorganization*, [GAO-08-328R](#) (Washington, D.C.: Feb. 25, 2008).

then compared the CDC challenges to the challenges we identified and determined how the strategies in the CDC Plan corresponded to the challenges we identified.

To determine the extent to which the CDC Plan is strategically aligned, we interviewed CDC officials from OWCD and the Office of Strategy and Innovation. We also reviewed and analyzed the CDC Plan, OPM's Human Capital Assessment and Accountability Framework (HCAAF), and our prior work on human capital planning to understand the guidance used to develop the plan. Additionally, to determine how the strategies in the plan were linked to the agency's mission and goals, we analyzed the CDC Plan, the CDC Health Protection Goals,<sup>2</sup> and HHS's 2007-2012 Strategic Plan. To determine how the plan was integrated into other agency documents, we reviewed CDC's budget documents for fiscal years 2006 through 2008, annual performance plans and reports for fiscal years 2005 and 2006, and CDC Goal Action Plans and related documents, which serve as the agency's strategic plan.<sup>3</sup> We also interviewed officials from HHS's Office of the Assistant Secretary for Administration and Management about the criteria and guidance that office provides to CDC on human capital planning efforts.

To determine the extent to which the CDC Plan incorporated the five principles for effective strategic human capital planning, we reviewed our previous work on the five principles and examined the CDC Plan.

- Specifically, for the first principle—involving top management, managers, other employees, and stakeholders in developing, communicating, and implementing the plan—we interviewed officials from CDC's Executive Leadership Board, Management Council, Center Leadership Council, and the Division Directors Council to determine management and employee involvement in the development of the plan. We interviewed officials from AHRC, a stakeholder in CDC's human capital planning, to determine its involvement in the development of the plan. We also interviewed officials with OWCD, the entity responsible for the plan, to determine how

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<sup>2</sup>Health Protection Goals are the agency goals that were completed in the 2005 reorganization known as the Futures Initiative: (1) Healthy People in Every Stage of Life, (2) Healthy People in Healthy Places, (3) People Prepared for Emerging Health Threats, and (4) Healthy People in a Healthy World.

<sup>3</sup>Goal Action Plans are developed using the agency's Health Protection Goals, and these plans aid in the agency's planning of the direction of its work.

management, stakeholders, and employees would be involved in communicating and implementing the plan.

- For the second principle—determining the skills and competencies needed to achieve the agency’s mission and goals—we analyzed documents on CDC’s (1) workforce analysis, (2) training needs assessments, and (3) competency gap assessments. We also interviewed officials in OWCD and discussed plans for additional workforce analyses.
- For the third principle—developing strategies to acquire, retain, and develop a skilled workforce and to address gaps in skills and competencies—we examined the CDC Plan and how the strategies in the plan related to CDC’s workforce analysis. We also interviewed CDC officials and reviewed pertinent documents. To determine how the strategies in the plan compared to CDC’s efforts prior to the plan, we interviewed officials and analyzed prior human capital documents. We interviewed officials from HHS’s AHRC and CDC’s four coordinating centers and two coordinating offices, the National Institute for Occupational Safety and Health, CDC University, and OWCD to discuss human capital efforts prior to the CDC Plan and how they related to the efforts in the CDC Plan. We also analyzed documents from these entities, including AHRC’s July 2006 Workforce Plan, CDC’s Talent Management Plan, CDC’s 2006 Strategic Human Capital Plan, and human capital documents from the coordinating centers and coordinating offices.
- For the fourth principle—building capabilities needed to support the strategies—we examined CDC’s new programs and processes that support human capital planning. Additionally, we interviewed officials from both OWCD and AHRC.
- For the fifth principle—monitoring and evaluating the contribution that strategies have made toward achieving the agency’s mission and goals—we reviewed the CDC Plan and related documents and interviewed OWCD officials in order to determine CDC’s current monitoring efforts and how CDC planned to monitor and evaluate the agency’s progress toward its human capital goals.

We conducted our work from March 2007 to May 2008 in accordance with generally accepted government auditing standards.

# Appendix II: CDC Coordinating Centers and Coordinating Offices and Their Missions

Coordinating centers	Mission
Coordinating Center for Environmental Health and Injury Prevention	To plan, direct, and coordinate national and global public health research, programs, and laboratory sciences that improve health and eliminate illness, disability, and/or death caused by injuries or environmental exposures.
Coordinating Center for Health Information and Service	To assure that CDC provides high-quality information and programs in the most effective ways to help people, families, and communities protect their health and safety.
Coordinating Center for Health Promotion	To plan, direct, and coordinate a national program for the prevention of prematurity, mortality, morbidity, and disability due to chronic diseases, genomics, disabilities, birth defects, reproductive outcomes, and adverse consequences of hereditary conditions.
Coordinating Center for Infectious Diseases	To protect health and enhance the potential for full, satisfying, and productive living across the lifespan of all people in all communities related to infectious diseases.
Coordinating offices	
Coordinating Office for Global Health	To provide leadership, coordination, and support for CDC's global health activities in collaboration with CDC's global health partners. The office's mission is to increase life expectancy and years of quality life, especially among those at highest risk for premature death, particularly vulnerable children and women, and increase global preparedness to prevent and control naturally occurring and man-made threats to health.
Coordinating Office for Terrorism Preparedness and Emergency Response	To protect health and enhance the potential for full, satisfying, and productive living across the lifespan of all people in all communities related to community preparedness and response.

Source: CDC.

# Appendix III: CDC Workforce and Breakdown by Each Organizational Unit as of August 2007

Entity within CDC	Civil Service	U.S. Public Health Service Commissioned Corps <sup>a</sup>	Contractors	Percentage of contractors in each entity
Office of the Director	203	10	4	2
Office of Strategy and Innovation	20	5	12	32
Office of Workforce and Career Development	248	119	67	15
Office of Enterprise Communications	14	0	15	52
Office of the Chief of Staff	14	0	2	13
Office of Dispute Resolution and Equal Employment Opportunity	15	0	0	0
Office of the Chief Science Officer	38	0	76	67
Office of Chief of Public Health Practice	92	7	16	14
Office of the Chief Operating Officer	1,199	25	1,928	61
CDC Washington Office	18	1	1	5
Coordinating Office for Global Health	96	13	43	28
Coordinating Office for Terrorism Preparedness and Emergency Response	211	27	308	56
Coordinating Center for Environmental Health and Injury Prevention	17	2	0	0
National Center for Environmental Health/Agency for Toxic Substances and Disease Registry	635	96	222	23
National Center for Injury Prevention and Control	156	9	33	17
Coordinating Center for Health Information and Service	13	4	9	35
National Center for Health Marketing	246	8	181	42
National Center for Health Statistics	463	15	70	13
National Center for Public Health Informatics	147	9	490 <sup>b</sup>	76 <sup>c</sup>
Coordinating Center for Health Promotion	20	1	2	9
National Center on Birth Defects and Developmental Disabilities	162	6	87	34
National Center for Chronic Disease Prevention and Health Promotion	793	81	301	26
National Office of Public Health Genomics	14	1	0	0
Coordinating Center for Infectious Diseases	197	5	276	58
National Center for Immunization and Respiratory Diseases	399	41	73	14
National Center for Zoonotic, Vector-Borne, and Enteric Diseases	271	8	159	36
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	986	129	164	13

**Appendix III: CDC Workforce and Breakdown  
by Each Organizational Unit as of August  
2007**

<b>Entity within CDC</b>	<b>Civil Service</b>	<b>U.S. Public Health Service Commissioned Corps<sup>a</sup></b>	<b>Contractors</b>	<b>Percentage of contractors in each entity</b>
National Center for Preparedness, Detection, and Control of Infectious Diseases	680	180	147	15
National Institute for Occupational Safety and Health	1,149	91	334	21

Source: GAO analysis of CDC data.

<sup>a</sup>The U.S. Public Health Service Commissioned Corps is a part of HHS and fills essential public health leadership and service roles in federal government agencies and programs. Officers are hired under a different pay system and have different training requirements than employees under the Civil Service system.

<sup>b</sup>The National Center for Public Health Informatics also includes 20 contractors who work part-time.

<sup>c</sup>Contractors who work part-time are not included in this calculation.

# Appendix IV: CDC's Objectives and Strategies from Its Strategic Human Capital Management Plan

Objectives	Strategies
A. Ensure Effective Human Capital Planning	<ol style="list-style-type: none"> <li>1. Develop, Implement, and Evaluate Agencywide Workforce Planning Methodology</li> <li>2. Develop, Implement, and Evaluate Global Workforce Plan</li> <li>3. Develop, Implement, and Evaluate Predictive Models to Support Human Capital Planning</li> <li>4. Develop, Implement, and Evaluate Workforce Planning and Succession Planning Training for Managers</li> </ol>
B. Improve Recruitment, Retention, and Outreach	<ol style="list-style-type: none"> <li>5. Develop, Implement, and Evaluate a Collaborative Strategic Recruitment Function</li> <li>6. Develop, Implement, and Evaluate an Outreach Plan, Materials, and Activities</li> <li>7. Develop, Implement, and Evaluate Plans to Expand Career Paths to Public Health</li> <li>8. Develop, Implement, and Evaluate a Diversity Education and Training Curriculum</li> <li>9. Develop, Implement, and Evaluate Plans to Expand Use of the Federal Career Intern Program</li> <li>10. Develop, Implement, and Evaluate Plans to Expand use of Career Ladders</li> <li>11. Develop, Implement, and Evaluate a Fellowship Management System</li> <li>12. Evaluate Factors Affecting Employee Turnover and Develop Strategies for Improvement</li> </ol>
C. Improve Career Development of Employees	<ol style="list-style-type: none"> <li>13. Transition to the Department of Health and Human Services (HHS) New Learning Management System</li> <li>14. Develop, Implement, and Evaluate Plans to Improve "Mandatory" Training Compliance</li> <li>15. Develop, Implement, and Evaluate Plans to Improve the Individual Development Plan and Individual Learning Account Utilization</li> <li>16. Develop, Implement, and Evaluate Plans to Complete Mission-Critical Occupation Competency Gap Analysis and Closure</li> </ol>
D. Improve Leadership Development	<ol style="list-style-type: none"> <li>17. Implement and Evaluate Initiative for Leadership Enhancement and Development (ILEAD) Framework</li> <li>18. Develop, Implement, and Evaluate a Blended Learning Supervisor Survival Skills Course</li> <li>19. Expand and Evaluate Executive Coaching</li> </ol>
E. Improve Human Resources Processes	<ol style="list-style-type: none"> <li>20. Develop, Implement, and Evaluate Plans to Reduce Time-to-Hire</li> </ol>

Source: CDC, *Strategic Human Capital Management Plan*, September 2007.

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# Appendix V: Summary of CDC's Health Protection Goals

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## Health Protection Goal

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**Healthy People in Every Stage of Life**—All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life

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Specific Goals	Objectives
1. Start Strong—increase the number of infants and toddlers that have a strong start for healthy and safe lives (Infants and Toddlers, ages 0-3 years)	<ul style="list-style-type: none"><li>(a) Promote healthy pregnancy and birth outcomes</li><li>(b) Promote social and physical environments that support the health, safety, and development of infants and toddlers</li><li>(c) Promote optimal development among infants and toddlers</li><li>(d) Increase early identification, tracking, and follow up of infants and toddlers with special health care and developmental needs</li><li>(e) Prevent infectious diseases and their consequences among infants and toddlers</li><li>(f) Prevent injury and violence and their consequences among infants and toddlers</li><li>(g) Promote access to and receipt of quality, comprehensive pediatric health services, including dental services, by infants and toddlers</li></ul>
2. Grow Safe and Strong—increase the number of children who grow up healthy, safe, and ready to learn (Children, ages 4-11 years)	<ul style="list-style-type: none"><li>(a) Promote social and physical environments that are accessible; that support health, safety, and development; and that promote healthy behaviors for children</li><li>(b) Promote social, emotional, and mental well-being for children</li><li>(c) Prevent infectious diseases and their consequences for children</li><li>(d) Prevent injury and violence and their consequences for children</li><li>(e) Promote the early identification, tracking, prevention, and follow-up treatment of chronic disease and health conditions in children</li><li>(f) Promote the early identification, tracking, and follow up of children with, or at risk for, developmental delays, disorders, or disabilities</li><li>(g) Promote access to and receipt of quality, comprehensive pediatric health services, including dental and mental health services, by children</li><li>(h) Improve behaviors that promote children's health and well-being in future life stages</li></ul>

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**Appendix V: Summary of CDC's Health Protection Goals**

<b>Health Protection Goal</b>	
<b>Specific Goals</b>	<b>Objectives</b>
3. Achieve Health Independence—increase the number of adolescents who are prepared to be healthy, safe, independent, and productive members of society (Adolescents, ages 12-19 years)	<ul style="list-style-type: none"> <li>(a) Promote social and physical environments that are accessible; that support health, safety, and development; and that promote healthy behaviors among adolescents</li> <li>(b) Promote access to and receipt of recommended quality, effective, evidence-based preventive and health care services, including dental and mental health care, among adolescents</li> <li>(c) Promote social, emotional, and mental well-being for adolescents</li> <li>(d) Prevent injury, violence, and suicide and their consequences among adolescents</li> <li>(e) Prevent Human Immunodeficiency Virus, sexually transmitted diseases, and unintended pregnancies and their consequences among adolescents</li> <li>(f) Promote healthy activity and nutrition behaviors and prevent overweight and its consequences among adolescents</li> <li>(g) Prevent substance use and its consequences, including tobacco, alcohol, and other substance use, among adolescents</li> </ul>
4. Live a Healthy, Productive, and Satisfying Life— increase the number of adults who are healthy and able to participate fully in life activities and enter their later years with optimum health (Adults, ages 20-49 years)	<ul style="list-style-type: none"> <li>(a) Promote social and physical environments that are accessible; that support health, safety, and quality of life; and that promote healthy behaviors among adults</li> <li>(b) Promote access to and receipt of recommended quality, effective, evidence-based preventive and health care services, including dental and mental health care, among adults</li> <li>(c) Promote, social, emotional, and mental well-being for adults</li> <li>(d) Promote reproductive and sexual health among adults</li> <li>(e) Prevent chronic diseases and their consequences among adults</li> <li>(f) Prevent infectious diseases and their consequences among adults</li> <li>(g) Prevent injury, violence, suicide, and their consequences among adults</li> <li>(h) Improve behaviors among adults that promote health and well-being</li> </ul>

**Appendix V: Summary of CDC's Health Protection Goals**

<b>Health Protection Goal</b>	
<b>Specific Goals</b>	<b>Objectives</b>
<p>5. Live Better Longer—increase the number of older adults who live longer, high-quality, productive, and independent lives (Older Adults and Seniors, ages 50 and over)</p>	<ul style="list-style-type: none"> <li>(a) Promote social and physical environments that are accessible; that support health, safety, and quality of life; and that promote healthy behaviors among older adults</li> <li>(b) Promote access to and receipt of recommended quality, effective, evidence-based preventive and health care services, including dental and mental health care, among older adults</li> <li>(c) Promote independence, optimal physical, emotional, mental, sexual health, and social functioning among older adults</li> <li>(d) Prevent chronic diseases and their consequences among older adults</li> <li>(e) Prevent infectious diseases and their consequences among older adults</li> <li>(f) Prevent injury, violence, and suicide and their consequences among older adults</li> <li>(g) Improve behaviors among older adults that promote health and well-being</li> </ul>
<p><b>Healthy People in Healthy Places</b>—The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities</p>	
<p>1. Healthy Communities—increase the number of communities that protect and promote health and safety and prevent illness and injury</p>	<ul style="list-style-type: none"> <li>(a) Promote safe and high-quality air, water, food, and waste disposal, and safety from toxic, infectious, and other hazards, in communities</li> <li>(b) Support the design and development of built environments that promote physical and mental health by encouraging healthy behaviors, quality of life, and social connectedness</li> <li>(c) Support a robust, sustainable capacity to provide access to and ensure receipt of essential public health, health promotion, health education, and medical services</li> <li>(d) Understand and reduce the negative health consequences of climate change</li> <li>(e) Prevent injuries and violence and their consequences in communities</li> <li>(f) Improve the social determinants of health among communities with excess burden and risk</li> </ul>
<p>2. Healthy Homes—protect and promote health through safe and healthy home environments</p>	<ul style="list-style-type: none"> <li>(a) Promote homes that are healthy, safe, and accessible</li> <li>(b) Promote adoption of behaviors that keep people healthy and safe in their homes</li> <li>(c) Promote the availability of healthy, safe, and accessible homes</li> </ul>
<p>3. Healthy Schools—increase the number of schools that protect and promote the health, safety, and development of all students, and protect and promote the health and safety of all staff (e.g., healthy food vending, physical activity programs)</p>	<ul style="list-style-type: none"> <li>(a) Improve the health and safety of students and school staff by implementing comprehensive and coordinated instruction, programs, policies, and services that involve families and the community</li> <li>(b) Promote safe, healthy, and accessible physical environments in schools</li> <li>(c) Promote supportive social, psychological, and emotional environments in schools</li> </ul>

**Appendix V: Summary of CDC's Health Protection Goals**

<b>Health Protection Goal</b>	
<b>Specific Goals</b>	<b>Objectives</b>
4. Healthy Workplaces—promote and protect the health and safety of people who work by preventing workplace-related fatalities, illnesses, injuries, and personal health risks	<ul style="list-style-type: none"> <li>(a) Prevent work-related deaths, injuries, and illnesses</li> <li>(b) Improve adoption of comprehensive workplace programs, policies, and practices that protect employees from work-related risks and promote safe and healthful lifestyles for workers and their families</li> </ul>
5. Healthy Health Care Settings—increase the number of health care settings that provide safe, effective, and satisfying patient care	<ul style="list-style-type: none"> <li>(a) Promote delivery of quality prevention and screening services in health care settings</li> <li>(b) Promote compliance with evidence-based guidelines for preventing, identifying, and managing disease in health care settings</li> <li>(c) Prevent adverse events in patients and health care workers in health care settings</li> <li>(d) Promote health, safety, and accessibility in health care settings</li> <li>(e) Promote patient-centered clinical care and prevention services in health care settings</li> </ul>
6. Healthy Institutions—increase the number of institutions that provide safe, healthy, and equitable environments for their residents, clients, or inmates	<ul style="list-style-type: none"> <li>(a) Promote institutional settings that are designed, constructed, and modified to be hazard free and promote health</li> <li>(b) Promote delivery of health promotion programs in institutions</li> <li>(c) Prevent infectious diseases and their consequences among people in institutional settings</li> <li>(d) Prevent chronic diseases and their consequences among people in institutions</li> <li>(e) Prevent injuries and violence, and their consequences, among people in institutions</li> <li>(f) Promote continuity of patient care across institutional public health, medical systems, and community health systems</li> </ul>
7. Healthy Travel and Recreation—increase the numbers of environments that enhance health and prevent illness and injury during travel and recreation	<ul style="list-style-type: none"> <li>(a) Reduce injury risk associated with travel, transportation, and recreation</li> <li>(b) Reduce exposure to infectious and environmental hazards associated with travel, transportation, and recreation</li> <li>(c) Promote healthy, safe, and accessible environments for travel, transportation, and recreation</li> </ul>

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**Appendix V: Summary of CDC's Health  
Protection Goals**

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**Health Protection Goal**

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**People Prepared for Emerging Health Threats**—People in all communities will be protected from infectious, occupational, environmental, and terrorist threats

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<b>Specific Goals</b>	<b>Objectives</b>
<p>1. Preparedness goals will be developed to address scenarios that include natural and intentional threats, such as influenza, anthrax, plague, emerging infections, toxic chemical exposure, and radiation exposure</p> <p>(a) Prevention</p> <ul style="list-style-type: none"><li>• Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats</li></ul> <p>(b) Detection and Reporting</p> <ul style="list-style-type: none"><li>• Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies</li><li>• Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health</li><li>• Improve the timeliness and accuracy of communications regarding threats to the public's health</li></ul> <p>(c) Investigation</p> <ul style="list-style-type: none"><li>• Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health</li></ul> <p>(d) Control</p> <ul style="list-style-type: none"><li>• Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health</li></ul> <p>(e) Recovery</p> <ul style="list-style-type: none"><li>• Decrease the time needed to restore health services and environmental safety to pre-event levels.</li><li>• Improve the long-term follow up provided to those affected by threats to the public's health</li></ul> <p>(f) Improvement</p> <ul style="list-style-type: none"><li>• Decrease the time needed to implement recommendations from after-action reports following threats to the public's health</li></ul>	<ul style="list-style-type: none"><li>(a) Integrate and enhance the existing surveillance systems at the local, state, national, and international levels to detect, monitor, report, and evaluate public health threats</li><li>(b) Support and strengthen human and technological epidemiologic resources to prevent, investigate, mitigate, and control current, emerging, and new public health threats and to conduct research and development that lead to interventions for such threats</li><li>(c) Enhance and sustain nationwide and international laboratory capacity to gather, ship, screen, and test samples for public health threats and to conduct research and development that lead to interventions for such threats</li><li>(d) Assure an integrated, sustainable, nationwide response and recovery capacity to limit morbidity and mortality from public health threats</li><li>(e) Expand and strengthen integrated, sustained, national foundational and surge capacities capable of reaching all individuals with effective assistance to address public health threats</li></ul>

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**Appendix V: Summary of CDC's Health Protection Goals**

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**Health Protection Goal**

**Healthy People in a Healthy World**—People around the world will live safer, healthier, and longer lives through health promotion, health protection, and health diplomacy

<b>Specific Goals</b>	<b>Objectives</b>
1. Health Promotion—global health will improve by sharing knowledge, tools, and other resources with people and partners around the world	(a) Prevent and control infectious diseases and their consequences globally (b) Prevent infant and child morbidity and mortality globally (c) Prevent non-communicable diseases and their consequences globally (d) Prevent injuries and their consequences globally (e) Promote safe, healthy, and accessible physical environments globally
2. Healthy Global Health Protection—Americans at home and abroad will be protected from health threats through a transnational prevention, detection, and response	(a) Prepare for, prevent, detect, respond to, and contain health threats globally
3. Health Diplomacy—CDC and the United States Government will be a trusted and effective resource for health development and health protection around the globe	(a) Supportive achievement of international and national goals for the acceleration of control, and the eradication and elimination of diseases (b) Develop sustainable public health capacity among partner organizations and governments globally (c) Prevent maternal morbidity and mortality globally (d) Improve response to natural and manmade disasters, including complex humanitarian emergencies globally

Source: CDC.

# Appendix VI: Comments from the Centers for Disease Control and Prevention



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary  
for Legislation

Washington, D.C. 20201

**MAY 01 2008**

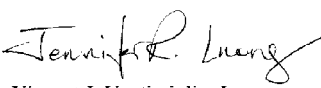
Cynthia A. Bascetta  
Director, Health Care  
U.S. Government Accountability Office  
441 G Street NW  
Washington, DC 20548

Dear Ms. Bascetta:

Enclosed are the Department's comments on the U.S. Government Accountability Office's (GAO) draft report entitled: "Centers for Disease Control and Prevention: Human Capital Planning Has Improved, but Attention to Contractor Workforce Needed" (GAO 08-582).

The Department appreciates the opportunity to comment on this report before its publication.

Sincerely,

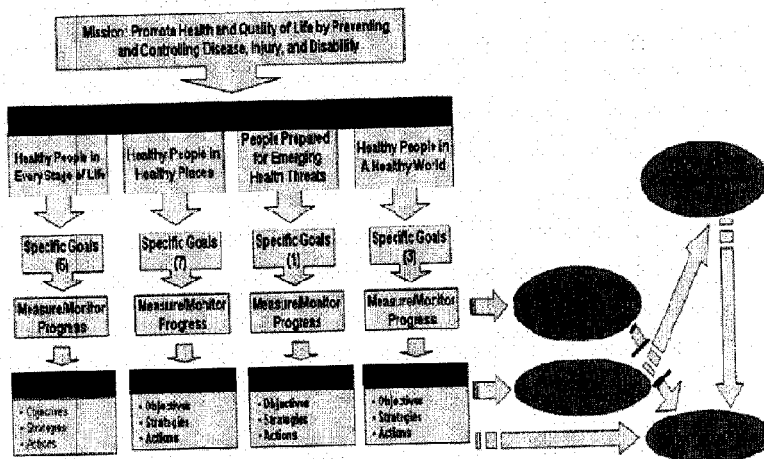
  
for Vincent J. Ventimiglia, Jr.  
Assistant Secretary for Legislation

Attachment

**GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: CENTERS FOR DISEASE CONTROL AND PREVENTION: HUMAN CAPITAL PLANNING HAS IMPROVED, BUT ATTENTION TO CONTRACTOR WORKFORCE NEEDED (GAO 08-582).**

We concur with the Government Accountability Office's (GAO's) observation that the strategic alignment component of the September 2007 edition of CDC's Strategic Human Capital Management Plan (SHCMP) could be improved by better connecting the Plan with our agency's goal action plans. We addressed this concern in the "Performance Management for Results" section of a revised version of the SHCMP (January 2008), which CDC provided to the GAO review team on March 3, 2008.

- *A critical element in implementing effective performance management is "cascading" an organization's business objectives down to the workforce and subsequently assessing level of accomplishment. This requires cascading the agency's mission down through the four major Health Protection Goals into Goal Action Plans (GAPs) associated with 16 specific performance goals. Progress towards goal accomplishment is evaluated quarterly by the Organizational Excellence Assessment (OEA) process. To further promote accountability, objectives/goals from the Strategic Human Capital Management Plan (SHCMP), OEA, and GAPs are cascaded into the performance plans of responsible individuals.*
- *While the GAPs include a discussion of objectives, strategies, and actions, they do not currently address human capital and other critical resource requirements. Clearly, it is imperative for GAP-related workforce requirements to be addressed in the agency's SHCMP. Thus, to address this issue, the agency-wide workforce planning process will capture the critical human capital components required to support each GAP. It is anticipated that the Coordinating Center/Office Workforce Planning Template (see appendix D of the SHCMP) data submitted will to some extent address workforce capacity (size and competency) needs associated with each GAP. However, due to the cross-cutting nature of GAPs, it is unlikely that individual CC/CO workforce plans will suffice to fully capture human capital requirements of the respective Plans. Thus, OWCD's SWDD staff will review all GAPs to supplement and integrate the CC/CO information as needed. SWDD will meet with Goal Team Leaders, WCDOs, and others as required to compile the information. It is anticipated that workforce planning templates may subsequently be revised based upon the "lessons learned" of utilizing this approach. It is important to note that the "external" human capital requirements of GAPs will not be addressed in detail because the focus of the SHCMP is on the agency's workforce. CDC's "cascading" approach to performance management for results is depicted in the figure below:*



We are pleased that the report confirms CDC not only incorporated all five of GAO’s principles of human capital planning into our SHCMP but also outlined actions we intend to take to further incorporate the principles into future updates. The recommendation to “incorporate strategies that address the challenge of managing a workforce with a large and growing number of contractors into future updates of the CDC Plan” was somewhat unexpected. In developing the SHCMP, we reviewed the human capital management plans of several other agencies—plans that the Office of Personnel Management (OPM) identified as being “best practice.” Additionally, we reviewed several GAO and OPM human capital reports. Consistent with these sources, we did not address the use of contractors in detail. The SHCMP describes the rationale for this approach in a “blended workforce” discussion summarized below:

- *Efforts to downsize the federal workforce without reducing its functions have resulted in a greater reliance on the private sector (i.e., contractors) to address staffing and competency gaps. Effectively managing an ever-increasing “blended workforce” (i.e., FTEs and non-FTEs working side-by-side) is an ongoing challenge for most agencies and CDC is no exception. While contractors undeniably represent a critical component of CDC’s overall workforce, they will be excluded from further discussion in the SHCMP because the agency does not control their hiring, diversity, compensation, training and other key human capital factors.*

**GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: CENTERS FOR DISEASE CONTROL AND PREVENTION: HUMAN CAPITAL PLANNING HAS IMPROVED, BUT ATTENTION TO CONTRACTOR WORKFORCE NEEDED (GAO 08-582).**

Additionally, the GAO finding regarding CDC's lack of managing its contractor workforce as part of its overall human capital strategy does not recognize the legal, regulatory, and policy prohibitions in treating contractors as if they were federal employees.

The Acquisition Advisory Panel, created by the Services Acquisition Reform Act of 2003, issued a report in January 2007 (<http://acquisition.gov/comp/aap/finalaapreport.html>) recognizing the significant increase in federal service contractors and the increasing role they play in what has been termed a "blended workforce." However, the report also acknowledges the federal prohibition on personal services contracting except where specifically authorized by statute. Moreover, federal procurement policy also prohibits contractors from conducting inherently governmental functions. As a result of these and other related barriers, federal agencies cannot treat and manage contractors and their staff as its workforce. Rather, agencies are required to acquire contractor services on a task and performance-oriented basis. In doing so, agencies specify the outcomes needed and the contractor is required to provide the necessary staff with sufficient knowledge, experience and competency to deliver the specified outcomes. Competencies, credentials, training, and education are the role of the contracting company to supply and not the federal agency.

Nevertheless, CDC has addressed the contractor workforce as part of its overall human capital strategy in ways including:

- Providing CDC Corporate University training to contractor staff on a space available basis for CDC unique curricula
- Authorizing contractors to serve on public health readiness and emergency deployment teams
- Permitting contractors to use CDC employee services such as the occupational health clinic and fitness facilities

Finally, the draft report indicates that because CDC does not have a comprehensive repository of human capital information on its service contracting staff, it therefore is not ensuring adequate contractor oversight. CDC disagrees with this assessment. CDC has a very mature contract oversight practice that includes legal and regulatory oversight provided by contract officers and specialists in the Procurements and Grants Office (PGO) who are highly trained acquisition professionals. Additionally, project officers (also known as contracting officer's technical representatives) are program professionals who provide contractor oversight from a technical and outcome management perspective.

**GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: CENTERS FOR DISEASE CONTROL AND PREVENTION: HUMAN CAPITAL PLANNING HAS IMPROVED, BUT ATTENTION TO CONTRACTOR WORKFORCE NEEDED (GAO 08-582).**

Together these federal employees ensure the terms, conditions, products, and services commissioned by CDC through the contract are delivered on time, on budget, and within scope with quality and functionality.

Working within the aforementioned legal and regulatory constraints, CDC has put in place the following procedures to better assess the contractor component of our workforce:

- Using templates for updating the SHCMP that require CDC Coordinating Centers/Offices to address the use of contractors for filling “gaps” identified during the workforce planning process.
- Addressing the challenge of managing a blended workforce as part of the Workforce Planning training we provide to CDC managers. We also are developing an on-line version of this training.

Additionally, we are planning to:

- Enhance CDC Neighborhood, an on-line directory of individuals who have clearance to work at the agency. The updated directory will capture data reflecting contractors’ “occupational series.”
- Explore options for developing a position-based personnel system that would enable CDC to more effectively manage the entire workforce, including contractors. Capital HR, the personnel system used by HHS, is person-based and limited to data regarding federal employees.

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# Appendix VII: GAO Contact and Staff Acknowledgments

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## GAO Contact

Cynthia A. Bascetta, (202) 512-7114 or [bascettac@gao.gov](mailto:bascettac@gao.gov)

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## Acknowledgments

In addition to the contact named above, Sheila K. Avruch, Assistant Director; Danielle Bernstein; George Bogart; La Sherri Bush; Gay Hee Lee; and Roseanne Price made key contributions to this report.

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