

Policy development strategy 3: Developing support for public health beyond the traditional circle of partners

Office of the Assistant Secretary for Health (OASH)

Expand efforts and continue to mobilize the member organizations of the Healthy People 2000 Consortium to help achieve the Healthy People 2000 Objectives (*Office of Disease Prevention and Health Promotion*).

1990-91

1992 and beyond

National Institutes of Health (NIH)

1. Participate in health needs assessment efforts with the National Center for Health Statistics, the Bureau of the Census, and other agencies, using such data as that from the National Health and Nutrition Examination Survey.

1990-91

1992 and beyond

2. Use grants and contracts to fund large community epidemiologic projects nationwide.

1990-91

1992 and beyond

3. Provide technical assistance to State and local health departments to assure the opportunity for information exchange, networking, and development of capabilities to undertake programs in disease prevention and control. Offer grant programs for health departments to provide resources for developing the capacity for mounting local intervention activities.

1990-91

1992 and beyond

4. Collaborate with the Department of Education on the National Asthma Education Program.

1990-91

1992 and beyond

5. Collaborate with supermarket chains to develop point-of-purchase dietary information. Expand the information to include a broader variety of food and diet-related channels. Work with private agencies, such as food-, drug-, and health-related firms and trade associations to improve prevention and control outcomes through product modifications and marketing practices designed to encourage consumer behavior consistent with risk reduction and disease prevention.

1990-91

1992 and beyond

6. Participate in workshops and arrange exhibits at national health care meetings. Emphasize workshops and meetings directed toward minority groups.

1990-91

1992 and beyond

7. Work with medical and scientific societies to develop guidelines for health care practitioners. Publish papers on guidelines and screening recommendations.

1990-91

1992 and beyond

8. Participate in National Advisory Boards that provide advice to PHS agencies, OASH, and the Secretary of the Department of Health and Human Services. Provide an opportunity for coordination of activities of Federal agencies.

1990-91

1992 and beyond

9. Conduct information dissemination trial projects to determine effective strategies for implementing intervention guidelines. The trials will be conducted with health maintenance organizations, community service organizations, or other groups. One such project would be dissemination of information on self-help smoking cessation.

1990-91

1992 and beyond

10. Develop alternative approaches to continuing medical education aimed at increasing screening and early detection practices. The program is to be directed to physicians and the general public, and developed with the assistance of professional and volunteer organizations.

1992 and beyond

11. Establish an information and materials resource clearinghouse to centralize and organize information on proven prevention and control processes that have been developed by Federal or non-Federal sources. Information will be accessible to users in the general community. The clearinghouse will collect and collate information on ongoing programs and research. Examples are the National Cancer Institute's Resource and Technical Assistance Center, the National Heart, Lung, and Blood Institute's Information Center, the National Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse, and the National Institute of Diabetes and Digestive and Kidney Diseases' Information Clearinghouse.

1990-91

1992 and beyond

12. Establish community-based demonstration efforts to disseminate disease prevention programs such as the American Stop Smoking Intervention Study (ASSIST) of the National Cancer Institute.

1992 and beyond

13. Establish multidisciplinary research centers to integrate clinical trial findings and to supplement and enhance nationwide dissemination efforts such as the Centers for the Study of Smoking Behavior and Policy and the Minority Consortium Cancer Centers, of the National Cancer Institute.

1992 and beyond

Indian Health Service (IHS)

1. Establish procedures to obtain and ensure tribal partnership relationships in the various headquarters and IHS area maternal and child health activities, including infant and maternal mortality reviews, and community based activities, such as centers for teenagers, fetal alcohol syndrome prevention, services for abused children, and programs for children with special needs (*Office of Tribal Activities*).

1990-91

2. Seek interagency agreements with the Departments of the Interior and Education to develop and implement health and self-esteem curricula for Indian elementary students and family and reproductive health curricula for Indian secondary students.

1990-91

3. Integrate into the maternal and child health action plan additional actions, developed in partnership with tribal leaders, addressing the Healthy People 2000 Objectives, for American Indian and Alaska Native mothers, children, and their families.

1990-91

4. Integrate into the maternal and child health action plan additional actions developed in partnership with tribal leaders, addressing all other relevant Healthy People 2000 Objectives.

1990-91

Health Resources and Services Administration (HRSA)

1. Promote improved coordination among the Federal, State, and local private programs listed.

- Work with other HHS service programs to consolidate grant announcements for programs directed to women, children, and other special population groups. Publish information on the availability of funds 2 to 3 times a year in a single announcement, categorized by eligible applicants, program objectives, and goals, such as prevention and outreach activities (*Bureau of Health Care Delivery and Assistance*).

1992 and beyond

- Work to improve coordination with a variety of organizations, such as foundations, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and other professional organizations and advocacy groups concerned with the level of services to children with special health care needs and their families, and chronically ill children (*Maternal and Child Health Bureau*).

1990-91

1992 and beyond

- Coordinate with private sector organizations on effective implementation of family-centered, community based programs for children with special health needs and on community-supported activities for mothers and children. Such programs include the Healthy Mothers, Healthy Babies coalition; Healthy Futures, a program to improve maternal and infant care in the south, sponsored by the Robert Wood Johnson Foundation and the Southern Governors' Association; the Healthy Tomorrows Partnership for Children program, a collaborative effort of the Maternal and Child Health Bureau, the American Academy of Pediatrics, and the Association for Maternal and Child Health Programs; and the Communities Care Campaign for children with special health needs, sponsored with the American Academy of Pediatrics (*Maternal and Child Health Bureau*).

1990-91

- Develop public awareness and education campaigns that use culturally sensitive materials and media, working through the White House Task Force on Infant Mortality. Emphasize such efforts as the National Center for Education in Maternal

and Child Health, at Georgetown University (*Maternal and Child Health Bureau*).

1990-91

- Strengthen and identify new partnership arrangements with organizations in the private sector, both for profit and nonprofit, using activities such as workshops with the Washington Business Group on Health and other private sector organizations, including the Group Health Association of America and the Robert Wood Johnson Foundation (*Office of Planning, Evaluation, and Legislation*).

1990-91

- Work with communications, education, and other experts at the State and local levels who can identify strategies to increase public support for delivery programs designed for the disadvantaged.

1990-91

- Solicit viewpoints from other Federal agencies to develop strategies to identify potential colleagues from the community and devise new methods to gain support for community primary care services.

1990-91

2. Encourage efforts to make educational institution programs more relevant to the working experience and the workplace.

- Work with schools of public health, departments of preventive medicine, public health nursing and occupational health nursing organizations, programs training health personnel, and with employers, to help make educational institution programs more relevant to the workplace (*Bureau of Health Professions*).

1990-91

- The Public Health Faculty/Agency Forum contract will study how educational policy might be changed in schools of public health to make training more relevant to practice in public agencies (*Bureau of Health Professions*).

1990-91

- The Public Health Special Project Grants authority will be the primary tool for helping to change educational policy and direction in schools of public health based on the action steps developed by the Forum (*Bureau of Health Professions*).

1990-91

1992 and beyond

- Develop a project to study how the gap between education and practice could be decreased in departments of preventive medicine, public health nursing programs, and other public health programs not located in schools of public health (*Bureau of Health Professions*).

1992 and beyond

3. Help improve curricula and professional development activities.

- Support the development of modularized continuing professional development curricula for practicing public health professionals in high priority need areas, such as HIV and AIDS, geriatrics, drug abuse, indoor air pollution, rural needs, leadership, and management (*Bureau of Health Professions*).

1990-91

Food and Drug Administration (FDA)

Establish a variety of networks with leadership organizations representing the interests of the elderly to involve them in supporting agency efforts to provide elderly consumers with important health information.

1990-91

Centers for Disease Control (CDC)

1. Coordinate Federal, State, and local efforts so that they are consistent and complementary.

- Convene the first meeting of an interagency group for coordinating Federal activities to enhance capacity building activities. Invite participation of professional, voluntary, and minority group organizations, organizations of State and local health officials, and interested Federal agencies.

1990-91

Formally establish regular policy discussions, with all PHS and appropriate other Federal agencies represented, with the leadership of organizations representing State and local health departments and other government and private sector agencies.

1990-91

1992 and beyond

• Work with State health officials to develop a standardized, national case definition for Lyme disease and to assess the question of designating Lyme disease as a nationally reportable disease.

1990-91

1992 and beyond

2. Ensure that voluntary and professional organizations are active participants in national prevention efforts directed at priority health problems.

• Write a plan of action for building partnerships with voluntary, professional, and minority group organizations. Develop coalitions with voluntary and professional organizations around high priority problems.

1990-91

• Encourage representation of voluntary, professional, and minority group organizations on CDC advisory groups or committees, as appropriate.

1990-91

1992 and beyond

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

1. Participate in the American Medical Association's National Adolescent Health Coalition (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

2. Establish working relationships with the National Association of State Alcohol and Drug Abuse Directors (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

3. Continue to encourage collaborative efforts between alcohol research organizations and organizations representing alcohol prevention and treatment interests (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

4. Continue to explore collaborative efforts with nonalcohol public health groups, such as the American Medical Association, National Medical Association, American Public Health Association, American Psychological Association, and the American Psychiatric Association (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

5. Launch a national, research-based public education campaign on depressive disorders to increase

recognition of depression and encourage help-seeking behavior (*National Institute of Mental Health*).

1990-91

6. Hold a meeting of State protection and advocacy directors and coordinators and disseminate suggestions and strategies developed to broaden the base of support for public mental health and rights protection services (*National Institute of Mental Health*).

1990-91

7. Encourage the involvement of parents in planning and developing mental health service systems for severely emotionally disturbed children and adolescents in nearly all States (*National Institute of Mental Health*).

1990-91

8. Stimulate participation of new national organizations in the Depression/Awareness, Research, and Treatment Program (D/ART), such as the American Association of Retired Persons, and the National Rural Health Network (*National Institute of Mental Health*).

1990-91

9. Establish D/ART outreach network programs in all States and the District of Columbia (*National Institute of Mental Health*).

1992 and beyond

10. Initiate, with consultation from public and private organizations and other Federal agencies, educational collaborations to inform the public, gatekeepers, and service providers, about comorbid mental and substance abuse disorders and depressive disorders (*National Institute of Mental Health*).

1992 and beyond

11. Meet with State mental health and prevention authorities to discuss collaborative strategies and implemented approaches for disseminating D/ART materials and programs to State programs, agencies, and institutions (*National Institute of Mental Health*).

1992 and beyond

12. Disseminate D/ART television, radio, and print products aimed at populations in the workplace, such as corporate executives, managers, and union officials (*National Institute of Mental Health*).

1992 and beyond

13. Continue to develop new information on the effects of maternal drug abuse on the fetus and disseminate findings (*National Institute on Drug Abuse*).

1990-91

1992 and beyond

14. Help educate health officials outside the substance abuse field about the dangers of maternal use of alcohol and other drugs to offspring, and how children affected by substance abuse can impact on many aspects of society (*Office for Substance Abuse Prevention*).

1990-91

1992 and beyond

Agency for Toxic Substances and Disease Registry (ATSDR)

1. Continue to develop new partnerships with organizations that have an interest in or a potential impact on the threat that toxic substances may have on public health. Examples include community and citizen groups, environmental groups, industry-related associations, the National Academy of Sciences, universities, health care providers associations, press and media organizations, and other professional associations.

1990-91

1992 and beyond

2. Expand collaboration in improving public health in the nation to other groups.

1992 and beyond

Agency for Health Care Policy and Research (AHCPR)

Expand and strengthen collaboration with other groups in carrying out the mission to improve the quality, appropriateness, and effectiveness of health care services and the delivery of such services. Groups will include professional associations, specialty boards, academic health science centers, third-party payors, and patient advocate groups. Strengthen links within PHS and the Department on such concerns as medical effectiveness and rural and minority health issues.

1992 and beyond