

Assurance strategy 4: Collaborating with other Federal agencies on effective ways, including regulatory approaches, to address and solve problems in service delivery

Office of the Assistant Secretary for Health (OASH)

Revise guidelines, in collaboration with other Federal agencies, for the operation of family planning clinics. Address new concepts, such as preconception care. Develop new guidelines for family planning programs regarding sexually transmitted disease prevention (*Office of Population Affairs*).

1990-91

1992 and beyond

National Institutes of Health (NIH)

Collaborate with and provide information to other Federal agencies striving to improve the health of the nation, including other PHS agencies, Department of Defense, Department of Veterans Affairs, and Department of Agriculture.

1990-91

1992 and beyond

- Establish an interagency consortium to promote the development of cancer control-related activities with Indian Health Service, the Health Resources and Services Administration, Centers for Disease Control, and Health Care Financing Administration.

- Establish a program to expand the availability of cancer screening information.

- Maintain scientific coordinating committees with membership from other Federal agencies, scientific organizations, and voluntary groups.

Indian Health Service (IHS)

1. Develop new methods, work procedures, organizational relationships, and policies related to the community health representative program. Consult with and conduct regularly scheduled meetings with IHS area office personnel, Department officials, tribal government representatives, national Indian organizations, State health officials, other Federal agencies, and other experts in the field. Identify emerging problems and ways to improve the program.

1992 and beyond

2. Provide advocacy for Indian health issues with Congress, national organizations, and entities such as the Administration on Aging, the Administration for Native Americans, and the National Association for Home Care

1992 and beyond

3. Coordinate and provide liaison activities between tribal programs and other Federal agencies when obtaining additional programmatic resources for training and other services.

1992 and beyond

Health Resources and Services Administration (HRSA)

1. Schedule conferences, retreats, and workshops with Federal, State, local public health officials, and other publicly supported organizations and officials to identify a strategy for mapping the manpower needs of the public health community, and projecting future manpower needs of agencies such as Agency for Toxic Substances and Disease Registry, Environmental Protection Agency, and the Food and Drug Administration. The expected impact of Federal reimbursement programs, such as Medicare and Medicaid, should be identified.

1990-91

1992 and beyond

2. Improve monitoring of health care facility compliance with assurances or obligations to provide uncompensated medical care under Hill-Burton Act grants and loans. As the number of obligated facilities declines, alternative sources of uncompensated care at Federal, State, and local levels should be sought (*Bureau of Health Resources Development*).

1992 and beyond

3. Work with Health Care Financing Administration to identify issues that impact on physician payment rates in rural areas (*Office of Rural Health Policy*).

1990-91

4. Provide assistance to public health agencies concerning the education and training of environmental health personnel (*Bureau of Health Professions*).

1990-91

1992 and beyond

- Continue working with the Environmental Protection Agency, Centers for Disease Control, and professional organizations outside the government

to address environmental problems, including toxic wastes, indoor air pollution, and acid rain. Work with State and local public health agencies to help them determine staffing patterns to address the range of problems under their jurisdiction.

- Conduct a university-based regional interdisciplinary demonstration project concerning the relevance of environmental health practices to environmental health education programs at schools of public health, medicine, and nursing, and elsewhere.

Food and Drug Administration (FDA)

1. Strengthen communication, interaction, and information exchanges, and stimulate opportunities for collaborative efforts to incorporate FDA messages in major initiatives directed to older Americans. Establish linkages with key government agencies, such as the National Institute on Aging, and the PHS Office of Disease Prevention and Health Promotion.

1990-91

Centers for Disease Control (CDC)

1. Help coordinate Federal organizations' efforts to address and solve problems in service delivery.

- Collaborate with Health Care Financing Administration on implementing an efficient national vaccine strategy for prevention of influenza among Medicare recipients.

1990-91

1992 and beyond

- Identify strategies for special preventive activities directed toward the needs of minorities. Establish collaborative linkages with the Office of Minority Health and other PHS agencies to apply these strategies.

1990-91

- Establish formal mechanisms for working with agencies such as National Institutes of Health, Department of Veterans Affairs, and Administration on Aging to develop initiatives for improving the oral health status of adults, especially older Americans.

1990-91

1992 and beyond

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

1. Establish contacts with the Health Care Financing Administration, the Social Security Administration, and the Rehabilitation Services Administration to discuss Federal funding of services for the severely mentally disabled (*National Institute of Mental Health*).

1990-91

2. Make available information about the state-of-the art relating to prevention of drug use in the workplace and the association of drug abuse with AIDS (*National Institute on Drug Abuse*).

1990-91

1992 and beyond

3. Collaborate with Health Resources and Services Administration, the Department of Education, and the Administration for Children, Youth, and Families to increase effectiveness in the delivery of health, special education, child welfare, youth, and mental health services to severely emotionally disturbed children and adolescents and to those at risk for severe emotional disturbance (*National Institute of Mental Health*).

1990-91

4. Continue to provide expertise on the mental health aspects of homelessness to the Federal Interagency Council on the Homeless (*National Institute of Mental Health*).

1990-91

5. Maintain participation with the Interagency Subcommittee on Advocacy Programs, a Federal interagency group that meets at regular intervals to determine ways in which clients of Federal advocacy programs might be more effectively served through greater coordination and cooperation among the Federal funding agencies (*National Institute of Mental Health*).

1990-91

6. Work with National Institute on Drug Abuse, Office for Substance Abuse Prevention, and drug abuse administrators, program managers, and clinicians to develop model drug treatment protocols and evaluation standards (*Office for Treatment Improvement*).

1990-91

1992 and beyond

7. Disseminate guidelines for State drug abuse plans (*Office for Treatment Improvement*).

1990-91

1992 and beyond

8. Work with other Federal agencies in developing comprehensive service delivery plans in connection with the Office for Substance Abuse Prevention grant program (*Office for Substance Abuse Prevention*).

1990-91

1992 and beyond

Agency for Toxic Substances and Disease Registry (ATSDR)

Collaborate with other PHS agencies, the Environmental Protection Agency, and various committees and teams to identify and implement needed regulatory actions involving the storage, use, and disposal of potentially toxic materials and the identification of research needs and implementation plans to meet them.

1990-91

1992 and beyond

- Collaborate with agency committees designed to form a consensus on acceptable levels of substances in various media to avoid or minimize risks to public health.
- Collaborate in the analysis and recommendations concerning the reauthorization of the Comprehensive Environmental Response, Compensation, and Liability Act (Superfund) and how the legislation can most effectively improve the delivery of public health services.
- Represent DHHS on the Federal agency National Response Team.
- Implement the health-related authorities of reauthorized Superfund for which ATSDR has responsibility.

Agency for Health Care Policy and Research (AHCPR)

Participate in collaborative efforts with Federal agencies to address and solve problems in health services delivery.

1990-91

1992 and beyond

- Work with the Health Care Financing Administration on Medicare issues with respect to medical treatment effectiveness, clinical practice guidelines, and reimbursement issues.
- Work with PHS agencies and Department-wide coordinating committees on medical treatment effectiveness, AIDS, rural health, minority health, and medical liability issues.
- Work with National Institutes of Health and the Health Resources and Services Administration on data systems and dissemination.