

Assurance strategy 5: Broadening the partnership for assuring the delivery of public health services

Office of the Assistant Secretary for Health (OASH)

Continue to serve as liaison with governmental and private sector agencies at the national, State, local, and international levels to exchange information and encourage cooperative working relationships involving the AIDS epidemic (*National AIDS Program Office*).

1990-91

1992 and beyond

National Institutes of Health (NIH)

1. Coordinate public health information and activities with private health associations, including the American Heart Association, American Lung Association, American Cancer Society, American Red Cross, National Black Leadership Initiative on Cancer, American Diabetes Association, American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

1990-91

1992 and beyond

2. Establish a cancer prevention and control research network among health maintenance organizations to expedite research on using HMOs in cancer prevention and control. The network will focus on studies of the cost effectiveness, quality, and clinical performance of services.

1992 and beyond

3. Contract with State health departments to provide intervention programs and services for health consumers in such areas as smoking cessation and nutrition.

1990-91

1992 and beyond

Indian Health Service (IHS)

1. Continue to work with national professional organizations, such as the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the National Diabetes Advisory Board to assure state-of-the art service delivery.

1990-91

1992 and beyond

2. In IHS areas, implement perinatal, infant, and maternal mortality review committees with multidisciplinary and tribal representation.

1992 and beyond

3. Maintain a Community Health Representative (CHR) Program to provide overall management, coordination, and support for CHR Program activities through IHS. This includes integrating paraprofessionals into the health care delivery team in providing health care, health promotion, and disease prevention services to Indian communities.

1992 and beyond

4. Encourage innovation and experimentation in responding to tribal needs and encourage tribal networking, public relations, and communication.

1992 and beyond

Health Resources and Services Administration (HRSA)

Work with State health departments under cooperative agreements to coordinate programs affecting primary care for the underserved (*Bureau of Health Care Delivery and Assistance*).

1990-91

1992 and beyond

Food and Drug Administration (FDA)

Develop coalitions to carry out and publicize cooperative initiatives, such as publications, model programs, and ongoing community-based programs, to address major public health problems pertinent to FDA that are encountered by the elderly.

1990-91

Centers for Disease Control (CDC)

Ensure that voluntary and professional organizations actively participate in national efforts directed to priority health problems.

1990-91

1992 and beyond

- Provide financial and technical assistance to national, regional, and community-based organizations to develop HIV prevention programs that are culturally and linguistically appropriate to racial and ethnic populations.

- Maintain the National Coalition on Adult Immunization.

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

1. Maintain liaison with the American Medical Association's National Adolescent Health Coalition, and the National Association of State Alcohol and Drug Abuse Directors (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

2. Involve the business information media in disseminating information about depression in the workplace. Ensure appropriate treatment of depression by influencing corporate executives and decision makers, insurance providers, union officials, and employee assistance and health staff members nationwide (*National Institute of Mental Health*).

1990-91

3. Convene a National Conference on Prevention Research to disseminate research findings to service providers (*National Institute of Mental Health*).

1990-91

4. Develop teleconferences among protection and advocacy-affiliated minority groups and primary consumers in southern States to promote outreach and advocacy activities for these constituencies, address their special problems, and involve them in advocacy efforts (*National Institute of Mental Health*).

1990-91

5. Develop onsite or regional training on involving family members, health consumers, and ex-patients in protection and advocacy activities (*National Institute of Mental Health*).

1990-91

6. Convene a national conference of State and local mental health professionals, researchers, families, and consumers concentrating on providing the treatment services and community supports necessary to enable severely mentally ill persons to live in housing of their choice (*National Institute of Mental Health*).

1992 and beyond

7. Initiate contacts with graduate educational programs of medical schools; graduate schools of psychology, social work, and nursing; and residency training programs to incorporate into professional training programs specific knowledge about the treatment of clinical depression in special populations (*National Institute of Mental Health*).

1992 and beyond

8. Start and expand service system demonstration projects in 20 to 30 States to assist in developing family and consumer self-help and support groups and to educate families and consumers on mental health treatment, rehabilitation, and service delivery issues (*National Institute of Mental Health*).

1992 and beyond

9. Initiate Depression/Awareness, Research, and Treatment (D/ART) dissemination efforts by sponsoring training programs on clinical depression in special populations at professional association meetings of mental health and health care practitioners (*National Institute of Mental Health*).

1992 and beyond

10. Establish a competitive grant or cooperative agreement program designed to promote service cooperation between the criminal justice system and local drug treatment programs. Undertake a sustained initiative to promote the interest and capability of primary health care providers in diagnosing and treating alcohol, drug abuse, and mental health disorders (*Office for Treatment Improvement*).

1990-91

11. Maintain partnerships created through the high risk youth grants and community partnership programs (*Office for Substance Abuse Prevention*).

1992 and beyond

12. Foster partnerships necessary to alleviate problems caused by fetal exposure to substance abuse (*Office for Substance Abuse Prevention*).

1990-91

13. Establish a mechanism for networking grant recipients, government monitoring and evaluation officials, and researchers into an ongoing learning community (*Office for Substance Abuse Prevention*).

1992 and beyond

**Agency for Toxic Substances and Disease Registry
(ATSDR)**

1. Continue to expand the education of health-related professionals concerning the markers for and effects of toxic substances. Define and employ the role of a wide group of organizations in the public health protection system. Examples include community and concerned citizen groups, industrial associations, environmental groups, universities, health care providers, associations, press and other information media organizations, and other professional associations.

1990-91

1992 and beyond

2. Continue sponsorship and support for workshops and conferences that are designed to address issues relevant to the authorities and responsibilities of the agency. Examples include National Environmental Health Conference, minority health conferences, Toxic Exposure Risk Assessment Workshops, and the Overview of Title III for Health Practitioners sessions.

1990-91

1992 and beyond

**Agency for Health Care Policy and Research
(AHCPR)**

Continue to identify and expand those groups that can serve as partners in assisting the agency to carry out its mission.

1990-91

1992 and beyond