

PARTNERS IN PUBLIC HEALTH

CDC's mission—healthy people in a healthy world, through prevention—could never be accomplished by CDC alone. As a result, partnerships are integral to almost every CDC activity. For example, through a collaborative effort with the nation's schools, CDC has developed background materials on epidemiology that teachers can incorporate into existing curriculums and special events such as science contests. CDC works closely with private sector partners such as employers, managed care organizations, faith-based organizations, and business and industry representatives to help bring the powerful potential of prevention to new audiences.

In the medical and health arenas, CDC participates with other partners in setting quality assurance measures and making sure that preventive measures are well represented. CDC also lends its expertise to investigations of outbreaks here and abroad, working with partners around the world to identify new and old health threats. A funder of interventions and extramural research, CDC works closely with grantees to advance knowledge and address critical community health issues, such as persistent racial disparities in health outcomes.

With the help of partners in schools, hospitals, universities, community-based organizations, workplaces, foundations, and many other settings, CDC can make more significant contributions to the public's health than it ever could alone.

ACADEMIC CENTERS FOR PUBLIC HEALTH PREPAREDNESS

WHAT IS THE PUBLIC HEALTH ISSUE?

- The health of America's communities hinges on the nation's public health workforce, which consists of physicians, nurses, environmental health scientists, health educators, laboratorians, and managers, as well as other professionals, first responders, and volunteers forming the public health frontline.
- Without preparation in core competencies of terrorism and emergency preparedness, the capacity of agencies and communities to respond to terrorism and other emergency health threats will be unpredictable.
- Strong collaboration and partnerships are required among federal, state and local agencies; educational institutions; and professional organizations to establish a systematic approach to education and training to ensure national preparedness and response.

WHAT HAS CDC ACCOMPLISHED?

In 2000, CDC established a national system of Academic Centers for Public Health Preparedness (A-CPHPs) to strengthen state and local workforce capacity to respond to terrorism and other global health threats. In just 3 years, the program has expanded to a \$25 million investment supporting 21 Academic Centers in 23 schools of public health that serve 46 states and link schools of public health with state, local, and regional health departments to support terrorism preparedness and to address public health infrastructure needs.

Examples of Program in Action

- More than 300 bioterrorism-related courses, seminars, workshops, and modules are available at www.asph.org/phpc.
- In Pennsylvania, the University of Pittsburgh CPHP established year-long training for Regional Counter-Terrorism Task Forces in cross-agency planning and problem solving; the CPHP identifies and evaluates competency-based training to be used for preparing 52,000 frontline workers to serve as state-wide surge capacity for terrorism preparedness.
- In Georgia, over 1,000 public health workers are profiled in "G-TRAIN," a customized learning management system developed by the Emory University Center for Public Health and Preparedness Research. Data are available about computer access, learning preferences, competency needs, and topics of interest. The Georgia Division of Public Health and the Emory Center will design and implement state-wide terrorism training and monitor results with G-TRAIN.
- In California, the University of California Los Angeles Center for Public Health and Disasters trained 292 public health and emergency response personnel from seven county health agencies; 94% of participants rated this training extremely effective; results were validated by testing knowledge and performance gains.
- Team Epi-Aid at the University of North Carolina Center for Public Health Preparedness provided critical surge capacity during the public health response to hurricane Isabel.
- The University of Oklahoma College of Public Health's Southwest Center for Public Health Preparedness offers an academic certificate in public health preparedness to staff at the state health department.

WHAT ARE THE NEXT STEPS?

- Expand the A-CPHP Program to ensure nationwide coverage.
- Evaluate the impact of the national network of A-CPHP's public health workforce readiness.
- Build upon the accomplishments of the A-CPHPs to continue providing the nation with a competent and sustainable public health workforce.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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ENHANCING PREVENTION THROUGH PUBLIC-PRIVATE PARTNERSHIPS

WHAT IS THE PUBLIC HEALTH ISSUE?

- The majority of Americans obtain health insurance through their employers and spend one-third of their waking hours in the workplace.
- Employers play a key role in promoting performance-driven healthcare systems and incentives for improvement in their role as purchasers of healthcare, as well as through their worksite health promotion programs, and as community leaders.
- The majority of Americans receive their care through the private healthcare delivery system, paid for by their employers, Medicare, or Medicaid.
- New partnerships with employers and other healthcare purchasers, as well as healthcare delivery organizations and providers, are necessary to advance the science and practice of health promotion and disease and injury prevention.

WHAT HAS CDC ACCOMPLISHED?

To strengthen its ties with these groups and to provide support for prevention initiatives, CDC has developed a number of programmatic and research activities.

- The CDC Business Cooperative Agreement, a partnership with member companies of the National Business Group on Health and the National Business Coalition on Health, addresses opportunities to improve evidence-based purchasing of preventive health services for employees and dependents, worksite health programs, and the value of population-based health promotion.
- In addition to private purchasers of healthcare, CDC also works with the American Association of Health Plans, the Alliance of Community Health Plans, the National Institute for Healthcare Management, and Blue Cross Blue Shield Association of America to ensure that healthcare delivered through or supported by these groups represents the public health perspective on behalf of CDC and supports the delivery of quality preventive services wherever possible.
- CDC manages two task-order contracts that fund prevention research and programs in diverse care settings, including Health Maintenance Organizations and Preferred Provider Organizations. With these contracts, CDC supports 23 projects, totaling \$35 million, to promote use of its products and programs, create public and private linkages to improve health outcomes, influence health policy, test prevention and healthcare delivery strategies, and evaluate their effects.

WHAT ARE THE NEXT STEPS?

As rapid changes in the U.S. healthcare system continue, and healthcare purchasers, health plans, and providers of care struggle to control costs, these groups will need to unite with public health to solve problems of collective concern. CDC must continue to participate in these discussions and partnerships to influence and create opportunities for new prevention-oriented research and improved prevention health services delivery to improve healthcare for all Americans.

FAITH AND PUBLIC HEALTH COLLABORATION

WHAT IS THE PUBLIC HEALTH ISSUE?

To ensure an effective and comprehensive approach to the vast range of public health challenges, it is paramount that the public health community works collaboratively with faith-based organizations to build supportive partnerships. People's attitudes, health beliefs, lifestyle choices, and their environment are among the many factors that influence today's health problems. These factors are in turn often influenced by faith-based organizations and the services and support they provide to individuals, families, and communities. Faith-based organizations play an important role in the lives of many citizens and, as such, are natural partners for public health collaboration. To more completely address important public health issues, it is essential that public health reach out to faith-based organizations.

WHAT HAS CDC ACCOMPLISHED?

CDC has a rich and expanding history of partnerships with faith-based organizations. These partnerships have supported efforts to combat specific diseases like HIV and cancer as well as in broader health-related areas such as safe, affordable childcare, drug-free settings for youth, and family-friendly support systems. Faith-based partnerships have also been effective in addressing other community-wide concerns and health issues.

Examples of Program in Action

- Heart, Body, and Soul began as a coalition of 230 places of worship in East Baltimore. Together they saw the need to improve the health of their community and increase health resources available to the larger community. Based on this need, they trained 29 lay community health workers with help from their public health partner. The community health workers organized hundreds of volunteers in places of worship to provide health screenings and implement programs that addressed smoking cessation and other health concerns. This model has been replicated by others to reach more than 55,000 people with health promotion, smoking cessation, and other related services.
- "Health-e-AME" is a physical activity initiative aimed at increasing exercise among African Americans in South Carolina. Over 600 churches across the state participate in this initiative. Plans for the program were created with African Methodist Episcopal church members and include education about exercise, social support, Praise Aerobics (moving to gospel music), and walking clubs.

WHAT ARE THE NEXT STEPS?

CDC will continue to build a network of leaders in public health and faith organizations who can advise on the design, implementation, and evaluation of partnerships between public health programs and faith-based organizations. To support the continued development of this network, CDC has partnered with Emory University's Rollins School of Public Health's Interfaith Health Program to provide national and regional Institutes for Public Health and Faith Collaborations. These institutes are preparing leaders in faith-based and public health organizations to increase their effectiveness in working together to improve community health.

HEALTHCARE PROVIDER EDUCATION ABOUT HAZARDOUS WASTE SITES

WHAT IS THE PUBLIC HEALTH ISSUE?

- About 40,000 hazardous-waste sites have been reported to the federal government. Additionally, thousands of inadvertent environmental releases of toxins occur each year.
- More than 1,600 hazardous waste sites are included on the National Priorities List (NPL) and are targeted for clean up by the Environmental Protection Agency. About 15 million people live within 1 mile of NPL sites.

WHAT HAS ATSDR ACCOMPLISHED?

The Agency for Toxic Substances and Disease Registry (ATSDR) uses many approaches to ensure health education and information to health professionals is nationally attained. ATSDR's activities include grand rounds presentations, off-site seminars and workshops, newsletters, fact sheets, satellite broadcasts, and Web-based training. ATSDR's health-education activities focus on implementing a national strategy to provide environmental health training for nurses and other frontline healthcare providers and expanding partnerships in environmental health expertise.

ATSDR collaborates in many instances with other organizations to strengthen their efforts. Some partners include national organizations, local universities, and professional societies. ATSDR and national partner organizations have made progress in increasing awareness of environmental health by establishing educational infrastructures, developing and distributing educational materials, and implementing community health activities and programs. ATSDR works with 10 national health professional organizations to advance environmental health education.

ATSDR also has developed health-education and promotion partnerships with states, other entities, and tribal governments and consortia through cooperative agreements. These cooperative agreements will help ensure the development of environmental health education and training programs for use by health professionals within tribal communities. In support of health education and training, participants in ATSDR's cooperative agreement program developed 140 different education materials that were distributed to more than 67,000 individuals in 2002. Training was provided to more than 10,000 healthcare professionals.

WHAT ARE THE NEXT STEPS?

ATSDR continues to develop electronic (via the Internet) and distance (via satellite broadcast) training programs to better service the needs of healthcare providers. ATSDR also expects to develop a national measurement protocol to evaluate the level of healthcare professional's expertise in recognizing, diagnosing, and treating exposure-related illness.

LABORATORY QUALITY ASSURANCE

WHAT IS THE PUBLIC HEALTH ISSUE?

- Every U.S. citizen expects access to the highest quality medical care, including laboratory testing. Changes in the healthcare environment make it difficult to determine whether laboratory services are safe, effective, timely, and adequately patient-centered.
- Public health officials have expressed concerns over qualified personnel shortages, adequate laboratory training, use of new technology, fiscal constraints, changes in clinical practice, and additional voluntary or regulatory laboratory standards.

WHAT HAS CDC ACCOMPLISHED?

CDC provides leadership in addressing these quality issues in laboratory testing by convening Institutes on Critical Issues, such as the Quality Institute Conference, which focuses on ways to improve the quality of laboratory services and patient safety. CDC's laboratory practice research agenda is Evaluation of Quality in Laboratory Practice and Standards (EQLPS), which provides information on the distribution of laboratory tests by type and location. This is the first comprehensive body of information about the number and types of tests conducted in the nation's 184,500 clinical laboratories.

The Model Performance Evaluation Program provides ongoing information about the testing practices and performance of laboratories that test for HIV-1 infection and for tuberculosis. Additionally, CDC has taken a leadership role in assessing activities related to genetics testing. Through national information gathering efforts about genetics testing, CDC is developing science-based and policy approaches to assist public health and clinical professionals in assuring high-quality testing and in understanding the benefits of testing for genetic disorders.

Examples of Program in Action

- EQLPS conducted a survey of hospital coagulation laboratory practices, identifying several instances where best practice guidelines were not being used.
- The Quality Institute Conference brought together many stakeholders in the healthcare system to discuss ways to improve the quality of laboratory services and enhance patient safety.
- CDC, through a grant with Dartmouth Medical School, developed an interactive CD-ROM tutorial emphasizing the genetic testing process and instructing on the use of genetics in clinical practice. The product was sent to all U.S. medical schools and is being distributed through the American College of Medical Genetics.

WHAT ARE THE NEXT STEPS?

CDC will work with the laboratory community to create a laboratory quality measurement and reporting system, which will focus on information needed by specific audiences including policymakers, professionals, and the public. The Institute for Quality in Laboratory Medicine, a public/private partnership, is being developed to provide a framework for improving the quality of the nation's laboratory services.

LABORATORY READINESS

WHAT IS THE PUBLIC HEALTH ISSUE?

The current nationwide network of laboratories performing testing for events of public health significance is a loose association of public health and private clinical laboratories. The nation's well-being depends upon timely identification of disease outbreaks and environmental events; rapid communication and dissemination of pertinent information; and containment of any adverse results. The public health laboratory community and private medical community must work together to effectively detect public health threats and provide timely reports of such threats to minimize any negative impact of such health events.

Enhanced communication and collaboration among public health laboratories and frontline clinical laboratories (e.g., hospital, academic medical center, independent laboratories) are necessary to protect the nation from biological and chemical terrorism events, emerging infectious diseases, foodborne diseases, and environmental factors impacting public health.

WHAT HAS CDC ACCOMPLISHED?

CDC is working with partners to develop an enhanced laboratory communication and collaboration network called the National Laboratory System (NLS), throughout the American public health system. Such a network will benefit the public by providing

- Better detection, response, and tracking of infectious diseases.
- Increased capacities to collect, analyze, and distribute test data.
- Improved assessment of current laboratory practices, equipment, and staffing needs.
- An effective mechanism for developing policy and adopting appropriate guidelines across states and regions.

Examples of Program in Action

NLS pilot projects in Michigan, Minnesota, Nebraska, and Washington have demonstrated the value of collaboration and communication throughout the public and private laboratory communities.

- In Minnesota, clinical bioterrorism laboratories were recruited for a program linking the laboratories to enable rapid communications. This communications system was effective during the anthrax attacks and has also been used during other public health threats. A proficiency testing module was also used to assess testing accuracy in clinical laboratories.
- In Michigan, a specimen transportation system was created to reduce delays in critical testing for public health threats.
- In Nebraska, a statewide anti-bioterrorism laboratory system was created which leveraged existing laboratory capacity in the private sector.
- In Washington, training to improve detection of antimicrobial resistance was provided to more than 700 individuals at 161 sites, covering 16 states.

WHAT ARE THE NEXT STEPS?

Successful implementation of NLS requires continued coordination, communication, and interaction between state and local public health laboratories, and the constituent hospital and independent laboratories that provide testing of public health importance.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

WHAT IS THE PUBLIC HEALTH ISSUE?

State and local public health practice is the backbone of the nation's health system, but little is known about capacity and performance. Additionally, while there are program standards in some public health related areas (e.g., laboratory standards), no national standards for overall public health practice exist.

- The 2002 Institute of Medicine report states that there must be "systems of accountability to ensure the quality and availability of public health services."
- *Healthy People 2010*, the nation's prevention agenda, supports the use of "performance standards for the essential public health services."
- Little data about the performance and capacities of public health systems exist.

WHAT HAS CDC ACCOMPLISHED?

The National Public Health Performance Standards Program (NPHPSP) was initiated in 1998 as a CDC partnership with six national public health organizations. This partnership established model public health performance standards and is facilitating their use by state and local public health systems and local public health governing bodies. The standards and assessment instruments address the performance of essential public health services and were developed between 1998 and 2002. The standards were released nationally in July 2002. CDC and its partners support states and localities in their use of the performance standards to assess current performance, identify strengths and weaknesses, and implement plans for improvement. Thus far, 11 states, 607 local health agencies, and about 20 local boards of health have used the assessment instruments.

Examples of Program in Action

- Throughout Mississippi, the state agency and system partners conducted the state assessment; 81 local jurisdictions conducted the local system assessment; and the state board of health used the governance performance assessment. As NPHPSP recommended, Mississippi conducted the assessments using a wide variety of public health system stakeholders. As a result of these activities, Mississippi has used the information to develop legislation for a capital improvement bond, used the results for the state's terrorism preparedness proposal to CDC, and used the data for the state's Sunset Commission report for a proposal addressing environmental health improvement.
- In New Jersey and Ohio, the application of NPHPSP at the local level has been incorporated into state regulation. In Ohio, the accreditation program for local public health agencies requires all agencies and their system partners to conduct the local public health system assessment periodically. In New Jersey, NPHPSP local standards were used as a basis for developing standards for all New Jersey local public health agencies.

WHAT ARE THE NEXT STEPS?

- Strengthening technical assistance and training services to promote wide use of the performance standards and more effective implementation of the assessment instruments.
- Supporting state and local performance improvement efforts, which ensure that assessment results lead to action.
- Developing a comprehensive evaluation plan to assess the impact of NPHPSP and to determine how the program can better support public health practice.
- Analyzing the assessment data to evaluate the current state of the nation's public health systems and determine how NPHPSP data can contribute to public health systems research.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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PEDIATRIC ENVIRONMENTAL HEALTH SPECIALTY UNITS

WHAT IS THE PUBLIC HEALTH ISSUE?

- Each year, thousands of unplanned environmental toxins are released.
- More than 1,500 uncontrolled hazardous-waste sites are on the National Priorities List and are targeted for clean-up by the Environmental Protection Agency (EPA).
- In the United States, one in four children lives within 4 miles of a hazardous waste site and is at greater risk of exposure to environmental contamination.

WHAT HAS ATSDR ACCOMPLISHED?

In 1998, the Agency for Toxic Substances and Disease Registry (ATSDR) collaborated with the Association of Occupational and Environmental Clinics to develop the Pediatric Environmental Health Specialty Unit (PEHSU) program. The PEHSUs are also supported by EPA. The program serves as a national resource for pediatricians, other healthcare providers, and communities. The program is designed to

- Reduce environmental health threats to children.
- Improve access to expertise in pediatric environmental medicine.
- Strengthen public health prevention capacity.

The key focus areas of the units are medical education and training, clinical consultation, and clinical specialty referrals for children who may have been exposed to hazardous substances in the environment. Healthcare providers specifically trained in both pediatrics and environmental medicines are available on a case-by-case basis to provide services to children and their families and to provide professionals with training and information on childhood environmental health issues. In several cities, the PEHSUs are affiliated with poison control centers, which are a resource for parents whose children have been exposed to toxic substances. During 2002, the PEHSU staff have clinically evaluated more than 1,550 children, conducted more than 29,700 telephone consultations, and provided education and training activities to more than 23,000 healthcare and public health professionals.

WHAT ARE THE NEXT STEPS?

Public use and demand for the PEHSU services has consistently increased since the program's inception. Eleven PEHSU clinics are operating in the United States; at least one is located in each of the Department of Health and Human Service's regions. ATSDR is working with healthcare and medical officials in Canada and Mexico to provide guidance on the development of PEHSU-type centers in those countries that also would be accessible to border communities in each country. In addition, ATSDR is exploring opportunities for the PEHSUs to collaborate with the Centers for Children's Environmental Health and Disease Prevention Research, a joint project of EPA, the National Institute for Environmental Health Sciences, and CDC.

PUBLIC HEALTH LAW

WHAT IS THE PUBLIC HEALTH ISSUE?

Law made an indispensable contribution to the great public health achievements of the 20th century, but has not kept pace with rapidly evolving public health challenges. For example,

- *Healthy People 2010*, the prevention agenda for the nation, concluded that “many laws, rules, regulations and ordinances pertaining to public health are outmoded.”
- A 2002 Institute of Medicine report stated that outdated and inconsistent public health laws may lead to inadequate responses to public health crises.
- Public health practitioners and attorneys have limited access to law-related training and information about best practices.

WHAT HAS CDC ACCOMPLISHED?

In 2000, CDC created the Public Health Law Program to stimulate a national initiative to upgrade public health’s legal tools. Integral to CDC’s strategy to strengthen the nation’s public health system, the program helps state and local health departments and other partners build their capacity to apply law as a tool in advancing the public’s health. The program conducts research on public health laws, develops law-related training, and provides a forum for strong, cross-disciplinary partnerships.

Examples of Program in Action

- Experience has shown that public health and law enforcement agencies need better coordination and understanding of their respective roles and responses to bioterrorism and other emergencies. To address this issue, the Forensic Epidemiology course was created to train public health and law officials in effective, joint investigations of terrorist attacks and other public health emergencies.
- Canada and other countries affected by Severe Acute Respiratory Syndrome in 2003 made greater use of quarantine (a law-based intervention), than seen globally in the previous half-century. CDC sponsored U.S.-Canada teleconferences on quarantine during the outbreak and commissioned an independent study of legal lessons learned during the outbreak.

WHAT ARE THE NEXT STEPS?

In 2004, CDC, in collaboration with the Department of Justice, state and local partners, will support the following:

- Disseminating the Forensic Epidemiology course nationwide.
- Developing an Advanced Forensic Epidemiology course.
- Providing technical assistance to states and communities assessing their public health emergency legal preparedness.
- Sponsoring the third annual conference in public health law.

PUBLIC HEALTH READY

WHAT IS THE PUBLIC HEALTH ISSUE?

- Local response to public health emergencies in the earliest phases of an event may prove insufficient if surge capacity or adequate resources are lacking.
- Effective preparation for emergency response must include planning, workforce training, and ongoing performance evaluation through exercises and drills.

WHAT HAS CDC ACCOMPLISHED?

CDC supports a voluntary recognition and certification program, Public Health Ready, for Local Health Departments (LHDs) in collaboration with the National Association of County and City Health Officials. The program envisions “a public protected from bioterrorism, infectious disease outbreaks, or other public health threats and emergencies.” LHDs achieve recognition based on documentation of emergency response planning, competency-based staff training, and evaluation of agency performance through exercises and drills. The criterion was developed by a national advisory committee, which also coordinates peer-review.

Twelve local agencies of varying sizes, governance structures, and geographic areas were selected as the Public Health Ready program. Pilot sites each represents a collaboration of the local public health agency with emergency management, state partners, and a CDC-funded academic Center for Public Health Preparedness. Public Health Ready is designed to support achievement of national preparedness goals and complements CDC’s national, state, and local preparedness programs. Initial pilot sites are expected to complete certification by March 2004. Pending an independent evaluation, plans for a national roll out will be considered.

Example of Program in Action

Among the locations selected as pilot sites for the Public Health Ready program are the Allentown City Health Bureau, Allentown, Pennsylvania; Montgomery County Department of Health and Human Services in Rockville, Maryland; Thurston County Public Health and Social Services Department, Olympia, Washington; Tarrant County Public Health, Fort Worth, Texas; Winnebago County Health Department, Rockford, Illinois and seven other LHDs. To date, state-wide or regional roll outs of the Public Health Ready model are under consideration in Texas, Iowa, Florida, Washington, and Massachusetts.

WHAT ARE THE NEXT STEPS?

As the pilot program nears completion, CDC will

- Evaluate the impact of the Public Health Ready program on LHDs’ emergency response preparedness.
- Consider expanding the Public Health Ready program to 25 sites and 4 to 5 programs.
- Disseminate best practices and lessons learned from the program nationally.

PUBLIC HEALTH WORKFORCE DEVELOPMENT

WHAT IS THE PUBLIC HEALTH ISSUE?

- The health, safety, and preparedness of America's communities hinges on the nation's public health workforce, which consists of physicians, nurses, environmental health scientists, health educators, laboratorians, managers, and other professionals who practice on the frontlines of public health.
- Frontline public health staff needs a broad array of skills to ensure progress in achieving national *Healthy People 2010* objectives, eliminating health disparities, and achieving readiness against global health threats.
- Workforce shortages are anticipated over the next 5 years in governmental public health due to retirements and limited entry by new graduates into the field.

WHAT HAS CDC ACCOMPLISHED?

In collaboration with a broad array of partners, CDC developed a strategic plan for public health workforce development. The plan outlines strategies for monitoring workforce trends, identifying needed competencies, developing model curriculum, designing an integrated distance learning system, providing incentives for learning and conducting evaluation and research. The 2003 Institute of Medicine Report on educating the public health workforce and building public health infrastructure validates current strategic directions.

The competencies required for core public health practice, bioterrorism and emergency preparedness, as well as leadership development, law and informatics are identified and are being used to develop frontline training programs. In 2000, a national network of Centers for Public Health Preparedness was funded to accelerate availability and access to terrorism-specific training and to complement state and local capacity by linking academia and practice. Since then, over 5 million public health and healthcare providers have been reached through national training activities sponsored by CDC and partners, in response to emerging infections and terrorism preparedness. CDC continues to facilitate a national dialogue on certification and credentialing in public health and disseminated a research agenda for workforce issues to stimulate and inform the field.

Examples of Program in Action

- The Third Annual Public Health Workforce Development Meeting presented national strategies to help develop a competent and sustainable workforce.
- The Public Health Training Network (PHTN) is a network of partners, headquartered at CDC, that collaborate to provide distance learning, using a variety of instructional media, to meet the training needs of the public health workforce nationwide. During the past year, PHTN courses reached more than 1.6 million learners in the domestic public health workforce, and the network was instrumental in the response to the heightened need for information and education related to smallpox and Severe Acute Respiratory Syndrome.
- The National Laboratory Training Network (NLTN), a training system sponsored by the Association of Public Health Laboratories and CDC, is dedicated to improving laboratory practice of public health significance through quality continuing education. NLTN trains approximately 11,000 public health and other healthcare workers each year in areas such as biological and chemical terrorism preparedness, molecular diagnostics, detection of anti-microbial resistance, and other public health concerns.
- Hundreds of public health leaders benefit from national programs (the Public Health Leadership Institute) and regional institutes.
- The 21 Academic Centers for Public Health Preparedness, based in schools of public health, provide training for the public health workforce in 46 states.
- The 21 Academic Centers for Public Health Preparedness in Schools of Public Health reach the workforce in 46 states.

WHAT ARE THE NEXT STEPS?

- Implement national strategies in collaboration with partners to address workforce shortages, current and emerging needs and support for life long learning.
- Disseminate national curriculum guidelines for terrorism preparedness and response in local public health agencies.
- Strengthen access to life-long learning through PHTN, NLTN, leadership institutes/programs and the Centers for Public Health Preparedness.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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QUALITY OF PREVENTIVE SERVICES

WHAT IS THE PUBLIC HEALTH ISSUE?

Concern regarding the quality of healthcare and the prevalence of medical errors has led to increased scrutiny of healthcare delivery from both government and the private sector. Recent Institute of Medicine (IOM) reports, including *Crossing the Quality Chasm: Next Steps Toward a New Health Care System* and *Measuring the Quality of Health Care*, increased awareness of the role that public health agencies should play in quality and safety.

WHAT HAS CDC ACCOMPLISHED?

To improve the quality of healthcare for all Americans, CDC has joined with other federal agencies and public health officials in serving on numerous advisory committees and working groups. Examples of these coordination efforts include the Quality Interagency Coordinating Task Force, National Quality Forum, Patient Safety Task Force, serving as a liaison to the IOM committee addressing objectives from the *Quality Chasm* report, and working with the Center for Medicare and Medicaid Services. CDC has also partnered with the National Committee for Quality Assurance (NCQA) to develop measures for the Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of about 50 measures designed to help employers and other healthcare purchasers evaluate the performance of the majority of the nation's health plans. CDC has contributed to the development of measures for areas such as adolescent immunizations, smoking, childhood immunizations, chlamydia screening among women, colorectal cancer screening, influenza vaccination, low birth-weight, management of menopause, otitis media, pneumococcal immunizations, asthma treatment, cervical cancer screening, cholesterol management after acute cardiovascular events, appropriate antibiotic use, and prenatal care. Additionally, CDC works with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the largest accreditor of hospitals. This teamwork resulted in performance measures for preventive services in JCAHO's most recent *Network Accreditation Manual*.

Example of Program in Action

CDC is working with the National Business Coalition on Health (NBCH) and leading employers in refining the common request for information instrument (RFI) currently used to solicit information from over 85 major health plans to report on the quality of healthcare they deliver through the eValue8 project. This project ranks health plans based on quality and value, and the information is used by purchasing coalitions and major employers to select the health plans and benefits packages they will offer employees. Input from CDC is being used to ensure the information requested as part of the common RFI is based on the latest and most robust evidence regarding the effectiveness of preventive services that improve the quality of healthcare.

WHAT ARE THE NEXT STEPS?

CDC will continue to work closely with NCQA to develop new performance measures and with NBCH on refinements to the eValue8 common RFI in 2004. This will lead to a substantially streamlined and efficient instrument for 2005 and beyond. These activities will contribute to improved delivery of quality of care and clinical preventive services for all Americans.

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