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Promoting Health through Strong Partnerships

The everyday world provides a series of obstacles to continued good health: emerging infectious diseases and the threat of terrorism (biological, chemical, radiological or through more conventional weaponry); pollution in the air we breathe and water we drink; unsafe conditions in our workplaces; personal habits that damage our health; intentional and unintentional injuries; and limited access to health services, especially for disadvantaged populations. CDC works collaboratively with global, national, state, and local organizations to promote health and protect people from disease, injury, and disability. CDC alone cannot protect the health of the American people. However, by collaborating with others – from state and local health departments to private corporations, from county-sponsored clinics to managed-care organizations, from media outlets to the general public – CDC can leverage its vision of a better world of Safer • Healthier • People.

CDC has a broad mandate to promote health and quality of life by preventing and controlling disease, injury, and disability. The people of CDC contribute significantly to Americans' ability to lead longer, more productive, healthier lives. As illustrated in this report, CDC's unique approach to health improvement achieves results and cost savings. *Safer • Healthier • People* is a desirable and achievable goal made possible by CDC.

Setting the Nation's Health Promotion and Disease Prevention Agenda

CDC has been an active participant in setting and working toward national health promotion and disease prevention goals and objectives since the Healthy People (HP) initiative began in 1979. Beginning in 1996, more than 600 national and state organizations and more than 11,000 persons and organizations participated in the development of HP 2010 objectives. Key participants included representatives of state and local health departments. The extensive participation by representatives of state and local governments, academic institutions, business and labor, and community and professional organizations at each step in the process helped to establish the broad network needed for successful implementation of programs. CDC actively participated in this process, accepting the lead in overseeing the coordination, collaboration, and implementation of many health promotion and disease, injury, and disability prevention objectives.

The HP 2010 initiative was launched in early 2000. CDC shares lead coordination of HP 2010 objectives with other federal organizations. Many of the performance objectives in CDC's Annual Performance Plan are directly linked to HP objectives, and HP 2010 goals and objectives serve as a foundation for a number of CDC's performance measures. Although CDC has lead responsibility for many of the objectives in HP 2010, achievement of these objectives represents a national effort in which CDC works closely with other federal, state, local, and community entities. Performance measures in CDC's plan have been crafted to reflect the collaborative nature of CDC's program activities.

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Supporting State and Local Health Departments

In FY 2000 about 71% of CDC's budget (\$3.07 billion) – provided through extramural grants, cooperative agreements, and program contracts – was spent on public health work performed by CDC's partners. Most of those funds were provided to state and local health departments as grants and cooperative agreements to support public health programs aimed at disease prevention and control.

Supporting Extramural Research

CDC funds extramural research through such programs as the Prevention Research Centers, which support a prevention research agenda at 23 schools of public health throughout the country, and through the community-based, participatory Extramural Prevention Research Initiative, which engages communities in the formulation of research questions and encourages localized application of research findings to prevent disease and promote healthy behavior.

Expanding Partnerships and Coordination

Just as the development of national health objectives is dependent on the work of many, CDC works with its many partners throughout the United States and the world to accomplish the long-term and annual goals in the CDC Performance Plan and the DHHS Strategic Plan. State and local health departments provide the infrastructure on which the public's health is built. Other traditional partners include persons and institutions that educate and promote the health of Americans of all ages, such as school systems, local community groups, businesses, voluntary and professional associations, and other federal organizations. In view of the increasingly diverse and complex role of public health, CDC has reached out to newer and less traditional public health partners, including churches, local organizations, health insurance organizations, health alliances, health boards, consumer groups, and private medical providers.

CDC continues to work with its partners to develop effective outcomes-based control and prevention services.

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CDC Partnership Activities at the Program Level

Birth Defects, Developmental Disabilities Prevention, and Disabilities and Health

CDC works in partnership with state health departments, health care professional organizations, academic institutions, and many non-profit organizations. Specific examples are given below.

Programs for monitoring birth defects, developmental disabilities, and the health of people with disabilities are usually done in partnership with state health departments or with a university or other non-profit organization acting as agent for the state health department. Non-profit organizations such as the March of Dimes will sometimes conduct special surveys on risk factors such as folic acid consumption to assist CDC in monitoring effectiveness of health promotion campaigns. The Early Hearing Detection and Intervention programs are implemented by state health departments but a partner organization, the Directors of Speech and Hearing Programs in State Health and Welfare Agencies, collect and make available the data. Fetal alcohol syndrome (FAS) monitoring is done by state health departments but programs to develop interventions for children with FAS are usually done by universities or other non-profit research organizations. A variety of partners are involved with developing and implementing educational materials about FAS.

Several organization such as the Amputee Coalition of America, the Christopher Reeve Paralysis Foundation, Children and Adults with Attention Deficit Disorder, and National Information Center for People with Disability help CDC provide information to improve the lives of people living with disability.

Chronic Disease Prevention and Health Promotion

Chronic diseases are a community-wide burden. CDC works with state and local health and education agencies, healthcare organizations, academic institutions, national organizations, nonprofit agencies, business, and philanthropies to reduce the burden of chronic diseases.

In fiscal year 2003, CDC will consolidate state funding into six categories of grant programs in fiscal year 2003. These six most closely align with the way programs are organized and implemented in state health departments, and the clustering of state partner organizations that co-fund and implement the programs: (1) *Heart Disease and Stroke*, (2) *Cancer Prevention and Control* (breast and cervical cancer registries, and other cancer grant awards); (3) *Diabetes*, (4) *Health Promotion* (Behavioral Risk Factor Surveillance System (BRFSS), tobacco, nutrition/physical activity/obesity, oral health, arthritis, Safe Motherhood and infancy including Pregnancy Risk Assessment Monitoring System (PRAMS), WISEWOMAN, and any other cooperative agreements not specified above that provide grants for state prevention programs). In addition to the state awards above, consolidated awards will be made to department of education and university partners in the following two areas: (1) *School Health* (Youth Risk Behavior Surveillance System (YRBSS), school-based HIV prevention, and school health programs); and (2) *Prevention Centers*. Over the past year, CDC has consulted with the State Chronic Disease Directors, the Association of State and Territorial Health Officials and the Association of State and Territorial Directors of Health Promotion and Health Education regarding consolidating and streamlining the cooperative agreement process.

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Breast and Cervical Cancer: Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which established CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). CDC provides funding to all 50 states as well as 20 U.S. territories and tribal organizations to implement the NBCCEDP. The NBCCEDP provides screening services, including clinical breast examinations, mammograms, pelvic examinations, and Pap tests, to underserved women. The NBCCEDP also funds other program components to ensure a comprehensive approach to screening. These include tracking, follow-up and case management; quality assurance; public and professional education; evaluation and surveillance; and partnership development.

Partnerships are critical to the NBCCEDP cancer control efforts. A successful national program to control breast and cervical cancers depends on the involvement of a variety of committed partners and national organizations. The Division of Cancer Control and Prevention at CDC collaborates with state, tribal, and territorial health agencies; health care professionals and organizations; human service and voluntary organizations; and academia.

An example of an important partner to the NBCCEDP is the National Indian Women's Health Resource Center (NIWHRC). The NIWHRC is a national organization whose mission is "to assist American Indian and Alaska Native women achieve optimal health and well being throughout their lives." In October 2000, the Resource Center entered into a cooperative agreement with the CDC's NBCCEDP to provide technical assistance to tribes, tribal programs, and states with substantial Indian populations. The NIWHRC has been a critical partner to supporting screening efforts with Indian populations and building the capacity of funded tribal organizations to implement the NBCCEDP.

Tobacco: It is important to note that while CDC serves as a focal point for DHHS tobacco prevention activities, prevention or reduction of tobacco use is a shared effort. Multiple agencies in DHHS, in addition to CDC, address tobacco use. NIH conducts biomedical and applied research, surveillance, and public health interventions. SAMHSA conducts surveillance and implements regulations on minors' access to tobacco. Other agencies with roles in tobacco policy are the Federal Trade Commission (with oversight of the testing protocol for tar and nicotine yields in cigarettes and the monitoring and regulation of advertising practices), USDA (through their work with tobacco farming communities), Department of Commerce (regarding the manufacturing sector and related businesses), Treasury Department (with customs and taxation issues), and EPA (regarding issues related to secondhand smoke). State and local governments, non-governmental organizations (e.g., American Cancer Society, Robert Wood Johnson Foundation), and healthcare providers also play important roles in efforts to reduce tobacco use. CDC works with community-based programs, health communication campaigns, and schools to prevent and reduce smoking among youth. It is important to note that marketing and other factors (e.g., tobacco advertising, industry pricing patterns, glamorization of tobacco use in the popular media) can counteract efforts to reduce tobacco use.

Community-Based Prevention Research: The PRCs work through established partnerships among state and local health departments, community-based organizations, and other stakeholders to conduct research on a particular theme. For example, CDC is working with NIH's Office of Extramural Research on NIH's Women's Health Initiative, mentioned previously. The PRC program's mission is "connecting science and practice through a network of academic, public health, and community partnerships for scholarly, community-based prevention research, research translation, and education."

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Diabetes: CDC and NIH provide federal leadership for the development, coordination, and implementation of the National Diabetes Education Program (NDEP). CDC has primary responsibility for: coordinating the NDEP Partnership Network of more than 200 organizations, coordinating several of the 10 NDEP planning workgroups, and administering the NDEP community interventions component. CDC collaborates with IHS and other organizations to conduct the research and training activities of the National Diabetes Prevention Center (NDPC). The NDPC was established to address the serious diabetes epidemic in American Indians. CDC's state-based diabetes control programs partner with community health centers to improve the health status of persons with diabetes who receive care at these sites. CDC also collaborates with state health departments, American Diabetes Association, American Public Health Association, Juvenile Diabetes Research Foundation, American Association of Diabetes Educators, and managed-care organizations in the control of diabetes and its complications.

Arthritis: CDC and its principal partners, Arthritis Programs in state health departments and the Arthritis Foundation, are working to increase awareness of arthritis and its impact, and to increase appropriate self management behaviors which have been shown to be effective in reducing pain and improving function. CDC also works with the Arthritis Council of the Chronic Disease Directors Association, and the State and Territorial Directors for Health Promotion and Public Health Education to achieve these program goals.

Cancer Registries: CDC works in conjunction with the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry program on several cancer related topics. This collaboration, established through a formal Memorandum of Understanding, allows a more coordinated national cancer surveillance effort that builds upon and strengthens the existing infrastructure, improves the availability of high quality data for measuring the nation's cancer burden, and advances the capacity for surveillance research. The CDC also collaborates with the American Cancer Society (ACS), American College of Surgeons (ACoS), North American Association of Central Cancer Registries (NAACCR), and National Cancer Registrars Association. These groups have formed a consortium, the National Coordinating Council for Cancer Surveillance, that encourages and facilitates voluntary reporting of cancer cases from federally supported facilities to state registries. CDC helps states and organizations use cancer surveillance data to describe the disease burden, evaluate cancer control activities, and identify populations at high risk for certain cancers.

Heart Disease & Stroke: CDC has a signed memorandum of understanding with the American Heart Association (AHA), Centers for Medicare and Medicaid Services (CMS), Office of Disease Prevention and Health Promotion (ODPHP), National Institute of Neurological Disorders and Stroke (NINDS), and the National Heart, Lung, and Blood Institute (NHLBI). The purpose of the Partnership formed by this Memorandum is "to catalyze progress toward the goals and targets set forth in the *Healthy People 2010* Heart Disease and Stroke focus area, and improve the health of our communities and our nation...". CDC also partners with the National Stroke Association to increase the awareness of stroke, disabilities and to enhance national stroke surveillance activities. CDC also collaborates with the Health Resources and Services Administration (HRSA) to improve cardiovascular performance measures through improved care delivery systems, increased access, and decreased health disparities among the medically under served populations in federally qualified health centers. Additionally, CDC partners with the Veteran's Administration to develop and institute a system of enhanced computerized clinical reminders, which provides feedback on risk factor

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control and suggests treatment changes to encourage compliance with cardiovascular clinical guidelines. Also, the CDC partners with the American College of Cardiologists (ACC) and the Association of Black Cardiologists (ABC) to enhance provider compliance with guidelines and encourage collaboration with state health departments.

Nutrition, Physical Activity and Obesity: CDC focuses on several strategies to decrease obesity and chronic disease rates by increasing physical activity and good nutrition, mainly through partnerships. Major partnerships on physical activity include the Robert Wood Johnson Foundation's initiative on environmental and policy influences on physical activity, American College of Sports Medicine, U.S. Department of Transportation, National Parks Service, President's Council on Physical Fitness and Sports, and the National Association for Sports and Physical Education. Key nutrition and obesity partnerships include the U.S. Department of Agriculture, National Institutes of Health, American Cancer Society, Produce for Better Health Foundation, American Academy of Pediatrics, and CDC Prevention Research Centers.

Health Statistics

CDC collaborates with the DHHS Data Council, the National Committee on Vital and Health Statistics, representatives from the states, users of CDC data in the public and private sectors, and other federal agencies. Close cooperation with state vital statistics offices ensure timely reporting of data.

HIV, STD, & TB Prevention

HIV/AIDS: CDC works closely with other HHS agencies, including HRSA, SAMHSA, and NIH, to coordinate efforts to address HIV. CDC works with HRSA to evaluate access to care and the extent to which states have been effective in reducing perinatal HIV transmission and provides data necessary for HRSA's care and treatment programs. CDC collaborates with SAMHSA and NIDA on issues related to transmission of HIV in the injecting drug use population. A working group has been established to address healthcare issues in correctional institutions. Development and implementation of the plan to eliminate racial and ethnic health disparities is an interagency effort within DHHS. CDC will expand partnerships with USAID, UNAIDS cooperating agencies (WHO, UNICEF, UNDP, UNFPA), sister agencies in DHHS, other federal agencies, and an anticipated 15 U.S.-based non-governmental organizations working in HIV prevention in Global AIDS countries and regions.

Sexually Transmitted Diseases: CDC works with partners to educate health professionals and the public about the importance of STD prevention, the importance of protective healthcare-seeking and personal sexual behaviors, and the impact of STDs on the health of Americans, particularly women and infants, adolescents, and minority populations. Two major foci of national STD efforts are prevention of STD-related infertility and syphilis elimination.

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Infertility Prevention Program: CDC and the Office of Population Affairs (OPA), Indian Health Service (IHS), and Association of Public Health Labs (APHL) work collaboratively with family planning, STD, and primary-care programs to provide surveillance, screening, treatment, laboratory, and program-relevant research activities to inform and help in the implementation of infertility prevention activities for uninsured and under-insured women.

Syphilis elimination: At least 30% of federal grant funds are provided to non-governmental agencies and organizations that represent and serve affected populations. Among the many national and local partners working to implement syphilis elimination efforts are NIH, HRSA, SAMHSA, NIJ, APHL, and the American Social Health Association (ASHA). Collaborative efforts include: providing technical guidance on clinical services, implementing research and demonstration projects, and promoting collaboration among local affiliates/constituents on elimination efforts. One such example is the Community Health Outreach Education Services (CHORES) collaboration led by HRSA to develop a comprehensive health promotion, health education, and disease prevention program to be integrated into primary care. Five sites selected from CDC-designated high-morbidity areas will focus on implementing prevention into primary care programs and community involvement.

Tuberculosis: CDC works with state, large city, and territorial health departments to deliver TB prevention and intervention activities designed to reduce the incidence of TB and eventually eliminate the disease. CDC works with the HHS Advisory Council for the Elimination of Tuberculosis (ACET), the National TB Controllers Association, American Lung Association, American Thoracic Society (ATS), and Infectious Diseases Society of America to set guidelines, recommendations, and policies related to TB prevention, control, and elimination. CDC is working with the Federal TB Task Force to develop a federal action plan in response to the Institute of Medicine (IOM) report, *Ending Neglect: The Elimination of Tuberculosis in the United States*. CDC works with NIH and FDA to develop new diagnostic and treatment tools and better vaccines. Through contracts with academic institutions and public health departments and interagency agreements (with the Veterans Health Administration), CDC formed a consortium for clinical trials research (currently evaluating the new TB drug, rifapentine) and a consortium for epidemiological and operational research. Internationally, CDC collaborates with USAID, World Health Organization (WHO), and others through efforts such as the Stop TB Initiative and through assistance to specific countries.

Immunization

CDC collaborates with HRSA, CMS, FDA, NIH, and others in achieving immunization objectives.

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Infectious Diseases

To accomplish its mission of protecting the public from infectious disease threats, CDC collaborates with a number of agencies and organizations. Examples of partners and some selected activities include: CSTE (assist states with pandemic influenza planning activities); APHL (enhance state laboratory capacity by providing long-term laboratory training); National Institutes of Health (NIH); Food and Drug Administration (FDA) (food safety programs), USDA (food safety programs), Department of Interior (U.S. Fish and Wildlife), Department of Justice (U.S. Immigrations and Naturalization Service), Department of State, and Department of Treasury (U.S. Customs). To accomplish HCV prevention objectives, CDC collaborates with the National Association of State AIDS Directors (NASAD), National Minority AIDS Council (NMAC), American Social Health Association (ASHA), Pacific Islands Health Officers Association (PIHOA), American Liver Foundation (ALF), Hepatitis Foundation International (HFI), and Indian Health Service (IHS).

Occupational Safety & Health

Through NORA, partnerships have continued between CDC and over 500 organizations to ensure the NORA agenda is implemented. With stakeholder and partnership input, CDC is better positioned to address the toll of workplace injury, illness and death and is assured of having an appropriate research agenda. CDC continues to recruit new partners in occupational safety and health to further engage new stakeholders and increase the knowledge base.

Public Health Improvement

Eliminating Disparities: Development and implementation of the plan to eliminate racial and ethnic health disparities is an interagency effort in DHHS. CDC collaborates with the Office of Public Health and Science, Office of Minority Health, Assistant Secretary of Planning and Evaluation, Agency for Health Care Research and Quality, HRSA, and others in implementing REACH 2010. CDC will also collaborate with federal agencies (to be determined) to implement the component addressing American Indians and Alaska Natives. Specific objectives will be determined through a collaborative interagency process.

Public Health Practice: Since 1997, the Public Health Practice Program Office (PHPPPO) has established an ongoing partnership between Centers for Disease Control and Prevention (CDC) and several national public health (PH) organizations to support special projects that translate the 10 essential PH services into practice. In 2001, the focus of this partnership changed to improve the nation's public health infrastructure. These partner national public health organizations include: American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes; and Public Health Foundation (PHF).

These organizations collaborate with various Centers/Institute/Program Offices in a wide area of special projects and activities, including:

- Core activities to improve each partner's infrastructure;
- Refine, field-test, and encourage the use of public health system performance standards;

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- Improve the competency of the public health workforce;
- Improve public health communications and information technology systems;
- Ensure the availability of leadership development programs;
- Review/modify priorities for improving the performance of public health organizations, the workforce, and/or communications and information technology systems;
- Improve the nation's community public health assessment and planning systems;
- Conduct and/or publish research to strengthen the science base of public health practice;
- Translate advances in human genetics into public health practice;
- Improve the capacity of public health agencies to develop and strengthen infectious disease prevention and control programs;
- Improve the development of environmental and occupational public health policy, improve the competency of environmental and occupational public health workers, and broaden and improve the practice of environmental and occupational public health;
- Improve the capacity of public health agencies to effectively respond to chemical and/or biological terrorism;
- Improve the practice of chronic disease prevention and control;
- Improve the capacity of public health agencies to develop and strengthen tobacco prevention and control policies and programs;
- Improve the capacity of public health agencies to implement and/or expand injury prevention and control efforts; and
- Improve the understanding and use of law by public health systems as a tool for effective practice.

In addition to accomplishing the objectives of individual special projects, these cooperative agreements have fostered closer collaboration among organizations that represent the Nation's public health decision makers and practitioners.

CDC facilitates workforce development and targeted training for the public health workforce in conjunction with a variety of public health partners. In collaboration with the Association of Schools of Public Health, CDC has initiated a national network of Centers for Public Health Preparedness (CPHPs) to strengthen emergency preparedness at the front lines by linking academic expertise and assets to state and local health agency needs. Since inception in 2000, the CPHPs, in collaboration with state and local partners, have prepared more than 180 educational products; trained more than 200,000 public health and healthcare professionals; and developed an inventory of faculty expertise and assets available for local, regional, and national emergencies. In addition to the CPHP initiative, CDC partners with the Association of American Medical Colleges (AAMC) to implement projects aimed at linking the disciplines of public health and medicine. Examples of joint efforts include integrating genetics in medical school curricula and initiating the design of regional public health-medicine education centers. CDC's Public Health Training Network (PHTN) is a collaboration of CDC, HRSA, VA, FDA, Department of Agriculture, the Association of Schools of Public Health, and recent partners such as AHA and AMA. PHTN is a distance learning system that takes training to the learner. PHTN uses a variety of instructional media ranging from print-based to videotape, satellite, Internet-based, and multimedia to meet the training needs of the public health workforce nationwide.

Terrorism

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CDC's primary partners in developing national capacity for terrorism preparedness and response are state and local health departments. In addition, CDC works with a variety of federal agencies, academic institutions, and non-governmental organizations, such as Association of Public Health Laboratories (APHL), Food and Drug Administration (FDA), U.S. Army Medical Research Institute for Infectious Diseases (USAMRIID), National Association of County and City Health Officials (NACCHO), National Governors Association (NGA), National Emergency Management Association (NEMA), Infectious Disease Society of America (IDSA) and the Department of Veteran's Affairs (VA). Examples of some of CDC's collaborative activities include: 1) interagency agreement with the Department of Veterans Affairs for procurement of pharmaceuticals and medical supplies that comprise the National Pharmaceutical Stockpile; 2) cooperative agreement with APHL for coordination of the Laboratory Response Network; 3) contract with Acambis, Inc. for development of a new smallpox vaccine; and 4) cooperative agreements with the National Institute for Standards and Technology, the U.S. Army Soldiers Biological and Chemical Command, and the Occupational Safety and Health Administration for the development of respiratory protection standards. Additionally, the National Protective and Personal Technology Laboratory was established, under the National Institute for Occupational Safety and Health. This lab will develop standards and approval processes for respirators to protect against hazardous agents, including chemical and biological weapons of terrorism.

CDC is also partnering with business groups to insure that the private sector is also prepared to deal with public health emergencies.