

Public-Private Partnerships in Chronic Disease Prevention Part 4

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Elizabeth Majestic] A key concern for our field about working with the for-profit sector has to deal with the issue of ethics. Underlying the discussion of partnerships and the basic questions of ethics that they have are things like, "What partnerships are good ones to establish and why?", "What kinds of social responsibilities should be expected of these partnerships?", "How do you assure accountability of these partnerships, given especially the fact that public health is responsible for health outcomes and business is responsible for making money and increasing market share?" And finally, "Should you seek legal advice before forming a partnership?"

[Gene Matthews] Clearly you've got to have... be sure you're not in violation of a law. That's sort of the first step. I would say, just sort of taking the three pieces of integrity, transparency, and inclusiveness. Part of the integrity of this is you've got to know who your partner is. You've got to know who they are, what they do. You've got to do your homework and eventually you've got to develop the capacity to understand how they think. So that if you don't put boundaries up, if you don't put containment around...so this is what drug companies would do. They put containments around a particular product line that they're competing with. We, in public health, have got to similarly find out what are the hot issues that we will never agree with a particular company on and then say can we set that aside and move on. So part of the integrity is knowing who your partners are... doing your homework. And then you've got to develop some sense of right and wrong. I think Don Barrett, the former CDC communications director, who really mentored me when I came to CDC, oh gosh, 30 years ago, first talked to me about the *Washington Post* Rule. In other words, conduct yourself such that if tomorrow morning your mother was going to read what you had just written or what you had just said and done in the *Washington Post*, would... or your neighbors, could you live with that or not? And if not, that's a good indication that there's some integrity here that you need to look back at. So that's an important piece.

And just talking a little bit about transparency, you've got to be clear and open. If you're negotiating a research agreement with a particular company, you've got to have some confidentiality around it, just as the business community and the nonprofit community does. But in general, what it is you are doing needs to be out in broad daylight. Again, it's a variation on the *Washington Post* Rule. You need to be transparent.

And then third, you've got to be inclusive. You can't be perceived as a public official giving an unfair advantage to one of a series of competitors. For example, you need to make the offer open. If you start developing a relationship with a particular company and then a competitor shows up and says, "How about me?", you've got to be prepared to say, "We'll offer the same deal to you." You can't say, "Oh no, we've already started working with company A and we don't want to deal with you." You need to think of that possibility before you start getting involved with company

A. It's a little late to come when company B, C, and D come in the door and want the same deal and say, "We don't have enough resources to partner with you." So you need to sort of think through the level playing field on inclusiveness. And you know, out of those three together, the integrity, the transparency, and the inclusiveness, ultimately leads to leadership. And leadership can either flow from the top down in organizational hierarchies or it can flow from the bottom up.

[Elizabeth Majestic] And from an organizational perspective, Gene, can you shed some light on how CDC would handle processes to support these partnerships, guidelines, or things of that nature to serve as a guidepost, so that there was some equanimity across the agency in the decision making on some of these partnerships?

[Gene Matthews] I mean I was a part of that at various points in time in CDC's approaches to this. One thing, the bad news... you've got to have processes. You've got to have transparency within the organization. Not just external transparency but internal transparency, so you've got organizational cohesion so that the left hand knows what the right hand is doing and vice versa so you're not looking like a bunch of fools to the external partners that you're dealing with, with two different agendas going on and so forth. So you've got to be transparent internally. So you need some processes to do that. That you've done your due diligence. That you know who the players are you're working with externally, etc. But the bad news is you cannot be so slow and ponderous in doing this, that you don't take advantage of the opportunities when that window of opportunity that I just mentioned arrives. When you have a quote "emergency," a "crisis," and you have the opportunity to move forward three or four steps on your own agenda, you've got to be able to do it rapidly. So it's a paradox. You know, wisdom is being able to hold in your mind two conflicting thoughts at the same time and that's another example of it. You've got to be... have some processes, but the processes have to be quick enough and nimble enough and monitored by people with some experience and zones of discretion to move and take advantage of those opportunities when it occurs. So it's not an easy business. If it were easy, we would have figured it out by now. It's an ongoing, iterative process.

[Elizabeth Majestic] I just want to push you on one other question and that's related to accountability of partnerships. It's certainly related to the principles you've already articulated of integrity, transparency, and inclusiveness. But accountability is a very specific issue. What are you getting out of the partnership, in other words? And how do you assure that you're achieving your goals and objectives, Gene, especially when the goals and objectives of public health are bounded in health outcomes and health status versus those of the private sector are bound to those of the shareholder?

[Gene Matthews] Yeah. I mean it's monetary versus health outcomes, in a sense, because first of all, you need to know that that company that you're dealing with has a bottom line. OK? Either it's going to improve their cash flow or maybe it improves their brand recognition, their brand name, which then will improve their cash flow. But at the end of the day, it's about the money. And that's not bad. We in public health sort of recoil from that general concept, but at the end of the day it's about the money. Now, that having been said, you can still find common ground. On the public health side of how you are accountable for the partnership, you need to be thinking about what are your metrics. Are you looking...what is it you are looking for? Can it be

measured? If so, how? And if not, are you trying to improve your brand? Because, again, for us, it's about the metrics; it's about the health indicators. And if improving our brand recognition helps us be able to reduce asthma or improve immunization levels or reduce the number of unintentional injuries through this partnership, then it can be more of an intuitive metric than a pure right brain mathematical metric, but you've got to think that out in advance. And ultimately it comes down to how many hours are there in a day and how much time you have. Just going back to the previous question, about how you deal with sort of the integrity; for an organization to have integrity and do the due diligence and so forth, you've got to be able to put the resources on it. That you have smart, experienced people that are, you know, guiding this at the midlevel management and empower them then to make decisions and follow through. And back them up when they make mistakes. That's how you build leaders anyway. And do that. So it isn't a linear...it's not open up a cookbook and here are the procedures and here are the accountability. But at the end of the day, I think, for the private sector, it generally is about the money. For the public sector, in public health, it's about the health indicators.

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