

Public-Private Partnerships in Chronic Disease Prevention Part 2

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

[Elizabeth Majestic] Gene, public health threats usually result in a commitment of resources. This is a pattern that happens over and over again. And once policy makers and the private sector and the public think the problem has been taken care of, those resources usually go away. How can public health take advantage of the opportunities presented by health threats to build relationships with the private sector and make sure that we have some sustainability with our resources?

[Gene Matthews] Well, I mean, there are a couple of PowerPoints that I've used in the past to illustrate sort of this repeated sine waves of public health threats and resources, so we will be... you know we're along at baseline with resources and capacity and then we detect an increase in a particular disease, in an environmental problem, in an occupational problem, injury...whatever, you can apply this to syphilis in New York over a 50-year period, you can apply it to immunization levels in this country over a 20-year period and you see the same pattern, and that is, eventually you get a rise in cases, someone declares this to be a crisis, it reaches some sort of tipping point that Malcolm Gladwell talks about, and all of a sudden resources start flowing in to deal with the crisis. Then the threat begins to subside, the priorities are shifted, and resources decrease. We go back to baseline and we bump along awhile until cases increase, another threat emerges, a crisis is declared, and we start the cycle all over again.

So we're not very astute at... the obvious answer to that is we need to flatline out at some median point the amount of resources to address. Whether it be diabetes or asthma or immunization levels or syphilis levels, whatever...and we wouldn't have to go through these peaks and valleys that we bump along to. The other part of this is sort of red zone/green zone theory. When we... we normally live in a green zone, like today, when things are normal. Then when we have a crisis, like planes hitting the World Trade Center or anthrax showing up in the mail or SARS coming to Toronto, then we enter in... we all behave differently. We behave differently as government, we behave differently as business, as individuals, as community. Trucks show up at the World Trade Center Ground Zero and start hauling away rubble on the morning of September 12 without even being contracted to do so. They're gonna do it. There's plenty of data in the emergency management literature that shows after a fire, after a hurricane, after a disease, people quickly bond together, and it's wired into our DNA.

[Elizabeth Majestic] So are there implications as you're talking about going forward, that are relevant for the folks in the field of chronic disease prevention and health promotion that they can learn from this?

[Gene Matthews] Yeah, well, I think we can use these moments of crises, to build political alliances, to build...first of all we identify new stakeholders. It becomes a teaching moment for

everybody when we move from normal times to an emergency, and so the distance that we place in normal times between government, individuals, and business, we like to keep space. But when we move into the red zone, sort of that next slide that I use, then we get a Venn diagram overlap and people listen more carefully to what their government is saying about a quarantine order. Business and individuals... individuals are listening to what their employers are saying about coming to work and business takes over governmental role about planning the economic recovery.

Well, when we have these types of emergencies, be it a preparedness emergency or a perceived emergency in high diabetes levels, asthma levels in inner cities, whatever...those are opportunities to reach out to the private sector, both the nonprofits and the business community, to start building. So what I've been working on was like under legal preparedness. The common ground there was liability protection for private sector that helped the government in an emergency situation. Everybody's got an interest in that. But the bigger piece of it is developing the relationships in the community between the health officers, the leading nonprofits...the faith community, the business community, the chamber of commerce, the Red Cross, whomever... and that can then be leveraged to work on chronic disease issues as well, not just adrenaline-fueled preparedness, what are we going to do about recovering from Hurricane Floyd in North Carolina, for example. How do we then prepare better for future issues that will impact our community? And we're at one of those moments right now with this economic downturn that's going to be with us for a long time. So we can use that, when, you know, if I'm in High Point, North Carolina, as a health officer, we know there are going to be budget cuts - federal, state and local - there is an importance... it will become a teaching moment when suddenly the impact on the safety net in High Point, North Carolina, is going to be very visible. That's the crisis in the previous set of sine waves. We need to be prepared for that. We need to use that to build those alliances with the private sector, both for-profit and non-profit, and use that to build networks, and from those networks, we really have to build a political database. Public health needs to become more savvy politically and we have to build our own power base and we can use the networks that we create around the crises, whether they be bioterrorism and pandemic flu or whether they be concerns about obesity and smoking levels and cancer rates and asthma. We need to understand what are the drivers of the business community. We understand how they think. A local health officer, you know, sort of needs to be doing two things. They need to make sure their public affairs officer and lawyer are having lunch together once a month and they themselves need to be going in part of the business community. Whether it be the Kiwanis Club or the chamber of commerce or the Rotary Club or whatever. You've got to invest that hour a month for the luncheon and build up a intuitive sense of how the business community is thinking and plan for those relationships.

So that's part of it. I guess I could take it a step further if you want to look at the model of how business develops its alliances and its own networks. Take pharmaceuticals, for example. You have on one level the pharmaceutical community. Companies A and companies B are competitors on a particular product line. They're trying to beat each other's brains out. It is their vision statement to dance on the grave of the other company that's their competitor. Yet they can wall that particular fight off... they can contain that to realize they are allies in pharma...in the pharmaceutical community's agenda. OK? And the pharmaceutical community realizes that it has allies with the business community, the chamber of commerce, whatever. Public health doesn't

think like that in too many circumstances. We think that the business is the enemy. So, whether we're... I'm sort of getting ahead of ourselves... but whether we are thinking about working with a soft drink company or with a fast food company or a big box store or whatever, there are parts of that company's agenda that we in public health have issues with, O.K? We have discussions about tobacco companies. Tobaccos merging with food companies was something that was hot when I was at CDC. So we've got to think and look at how to be more discerning to agree to disagree in some sectors of the galaxy and then figure out where are the issues that we have common ground and move in those directions to improve our community. And again, it's sort of leadership and transparency and integrity to make that happen.

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