

# Public-Private Partnerships in Chronic Disease Prevention Part 5

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

[Elizabeth Majestic] Gene, I want to thank you for your time today. You've provided our readers with a wealth of information and lots of issues to think about as they consider partnerships with the private sector. I want to give you one more opportunity to share with us anything you think our readers might want to know that I haven't asked you.

[Gene Matthews] First of all, again, if you look at Bill Blunden's data from Harvard University, you need to understand the public is particularly concerned about the ability of public health to take care of them in an emergency situation. That's hot on everybody's frontal lobe. So to say that, as a strategy, "I'm working in obesity, I don't care about what's going on in the adrenaline junky world of preparedness," that's a nonstarter. You are linked to that.

Second, I think at this particular time with what's happened to the global economy, then you need to be thinking strategically about what's going to happen as budgets are cut back and develop strategies to deal with that. I think surveillance is very important. I would... I'm not prescient, this is just experience, but if you have a cold beer and just look at this, you can expect that the first indicators of unhealthy community public health will occur in the disparities area. It will occur among certain minority populations, certain disenfranchised populations, lower economic levels. That's not headline news, but we need to be focusing now our surveillance to pick that up when it occurs. Whether it be any of the chronic diseases that you want to pick - cardiovascular, asthma, tuberculosis, you know if you call HIV a chronic disease, which you probably can, any of those areas. And looking at those particularly, the canaries in that coal mine will be the disenfranchised; the disparity cohorts. So be looking for that as a strategy and be able to take that information public. You see, that will have political consequences when we inevitably cut our, you know, cut our resources going to public health. Then, when those effects occur, whether it be increased in whichever measurement you want, that's the bad direction. That will have...some politician will pick that up...some elected official will pick that up and run with it. Okay? So that gives you an opportunity to develop stakeholders to reach out. There are others in the community that are concerned about that. The faith community, employers will be concerned about what's happening to the safety net as we continue to have to scale back the entitlement programs. What's that doing to the workforce, to the parents that have to stay home with sick kids? Take whatever example you want. You will have stakeholders interested in that. From that you can build networks and from those networks we can expand our political power base in public health, which we really haven't done very well. I think chronic disease has probably been the best at this.

But, take a separate example. Take agriculture. I mean going all the way back to the Great Depression and the development of granges and of county agricultural agents and the voting patterns that affected both congressional and senatorial races and the establishment of vibrant,

politically astute programs in federal, state, and local government. They did not suffer, I do not think they suffer the same way that we in public health do. So chronic disease could take a little model from that.

And then another strategy, I think, is to get outside yourself and look at ...I've got a PowerPoint on it, on the paradox of stakeholder variables. And this is something John Graham, who works here at the Institute, first helped me brainstorm, is all of our stakeholders can be plotted out on a two-dimensional matrix of how much interest they have in what we're doing and how much influence they have to impact our agendas. So if you plot stakeholders out in the public health sector on a graph like that, then we tend to view the players, the stakeholders, in sort of the lower right-hand part of the chart that have high interest in what we're doing and low influence and we would name them right out. American Public Health Association, ASTHO, NACCHO, CSTE, very much interested, our partners, but their ability to influence the body politic we perceive to be low. In the middle of that chart would be, sort of our funding organizations. Our CDC, our Homeland Security, our nonprofit sector, RWJ Gates, the foundations, whatever. And then in sort of the upper left-hand quadrant of that, of high influence but low interest in what our challenge has been, what I've been attacking, are those that we think have high influence. So in my legal world it's been the American Bar Association, it's been the chamber of commerce, it's been major industries, the power company, that are real interested in the legal aspects of emergencies. And what I found as I dug into this was a paradox. If you flip that around and you're plotting interest and influence and you are, say, a power company, it's the reverse. The power companies, the big utilities, view their high-interest/low-influence stakeholders to be themselves. Power, gas, electric, their trade associations, are in the lower right part of the quadrant. In the middle may be sort of the same people, the government, and sort of the various ways they build alliances. And then in the upper left, low interest in what we do in utilities but high influence, is us. There, you know, how can public health, which has some influence in community and has some integrity, assist us in getting what we need regarding liability protection for helping to distribute antibiotics and antivirals and vaccines in an emergency, which we're going to have to do anyway.

So the take-home message to your chronic disease folks is don't automatically assume that the way you view the stakeholders in high-interest/low-influence, or vice versa, is necessarily the same. It's a bit of a paradox. It's something I'm still sort of struggling with myself. And again, the big...playing that in a field of a declining economic sector and how we in public health survive that I think is our next challenge for the next probably three to five years.

*[Announcer]For the most accurate health information, visit [www.cdc.gov](http://www.cdc.gov) or call 1-800-CDC-INFO, 24/7.*