

Partners at the Table for Public Health Research¹

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To win the Cold War, the U.S. Government produced nuclear weapons for approximately 50 years. In doing so, a vast military-industrial complex was created. This complex has had significant economic, social, and scientific influence on our nation. Today, we live with the legacies created by this effort. These include: environmental contamination which the Department of Energy estimates will cost over \$300 billion to clean up; a history of exposures to workers and communities; a history of mistrust; and, an incomplete understanding of health effects to workers and the public.

In attempting to plan and conduct public health research related to the nuclear weapons complex the Centers for Disease Control and Prevention (CDC) has had to confront this legacy. In doing so the role of the community in the planning and conduct of research has surfaced as a fundamental issue. Complicating the tensions described in the Raffensperger paper, "Guess Who's Coming for Dinner: The Scientist and the Public Making Good Environmental Decisions," is a history of: secrecy; decades of perceived government deception; documented and intentional radioactive releases; as well as, human radiation experiments. This legacy provides a dynamic whereby CDC must directly engage communities in the planning and conduct of health research. Community partnerships have become indispensable in addressing health research around the nuclear weapons complex; recently the Department of Health and Human Services developed recommendations and strategies for how they may be accomplished (Department of Health and Human Services 1998).

In order to address the need for developing community partnerships we have set a few goals:

- involve the community and scientists in a reciprocal learning process;
- build community capacity to participate in health studies;
- involve communities in helping to set the research agenda; and
- develop governmental and community networks to address radiation health concerns.

When implementing partnerships we have learned that we must fulfill commitments in five areas: involvement in decision making, education/training, outreach, participation in research and, addressing the concerns of individuals. Over the past few years, our experiences have helped us identify some of the essential issues that must be attended to in order to achieve these commitments. They include: ethics, openness, shared decision-making, scientific credibility, adequate resources, and accountability. Dialogue and negotiation in each of these areas is vital to building partnerships.

We are often asked: how have community partners improved the science? The answer is that we have too many examples to be described here. Community partners have influenced planning, agenda setting, policy making, and very practical aspects of the science. For instance, participation in protocol development has assisted in defining control groups and has stimulated the use of ultrasound in our thyroid studies. Participation by communities brings local knowledge to the table that assists in environmental pathway analysis and provides a context for our efforts in modeling.

To us the question is not "Who is coming to dinner?" but, "How to make the dinner a feast?" We believe that government, scientists, and communities must be partners at the table. These partnership are indispensable in the planning and conduct of this science. They require openness, commitment, dialogue, negotiation, and consistent effort. We also believe they provide a framework to build respect and promote democratic values.

Endnote

1. The views expressed here do not necessarily reflect those of the Centers for Disease Control and Prevention or any other agency of the U.S. Government.

Reference

- Department of Health and Human Services 1998. *Building community partnerships in research: Recommendations and strategies*. Washington, DC: Department of Health and Human Services.