Department Nominees from the Model Partnerships and Approaches to Working with the Non-Profit Sector Survey

Department of Agriculture
Joel Berg

- **Food Recovery and Gleaning Initiative**: federal leadership of private, nonprofit organizations to stop hunger
- **Community Food Security Initiative**: working with nonprofits to meet numerous departmental goals

Department of Education
Stephanie Stern

- **21st Century Community Learning Centers Program**: Partnership with the Mott Foundation to create centers nation wide
- **National Institute on Disability and Rehabilitation Research** (NIDRR): Partnership with the Robert Wood Johnson Foundation
- **Partnership for Family Involvement**: Interaction with 1,200 community nonprofits to increase parental involvement in their child's education
- **GEAR-UP**: Partnership with Education Trust to prepare middle school students for college

Environmental Protection Agency
Margaret Morgan-Hubbard

- **Chesapeake Bay Program**: Regional partnership for bay restoration
- **Region 5, Chicago**: MOU with the American Hospital Association for mercury management
- **Technical Assistance Grants**: Association with nonprofits to distribute funds to communities affected by pollution

Department of Health and Human Services
Timothy Wu

- **The National Immunization Program**: Partners with nonprofit sector to promote infant health and childhood immunizations
- **Colorado Children's Immunization Coalition**: statewide public/private partnership dedicated to full immunization of children in Colorado
- **Rotary Foundation Blane Community Immunization Grant Program**: matching funds for new projects designed to address immunization rates in underserved populations
- **Girl Power!**: HHS and Girl Scouts partnership to boost adolescent self-esteem
- **Smoke Free Kids and Soccer**: partnership with nonprofits to promote smoke-free lifestyles

Department of Housing and Urban Development
Jennifer Quinn

- **Center for Community and Interfaith Partnerships (Center)**: involvement with community and faith-based organizations, which are predominantly nonprofits
- **Continuum of Care**: federal assistance to communities to address the source causes of homelessness, winner of 1999 Innovations Award
- **SuperNOFA**: Initiative to streamline the grant process for federal funds
- **National Community Development Initiative (NCDI)**: partnership that provides financial and technical assistance to nonprofit community development corporations

Department of the Interior
Suzy Hubbel

- **The Conservation Leadership Network**: Government working with NGOs
- **Save America's Treasures Grants**: Large public-private partnership to preserve historically significant pieces
- **USGS-Nonprofit Interactions**: Encouraging nonprofits to cooperate wit the NSDI
- **Wildlife Management Institute**: Relationship with nonprofits for the success of Coop Units

Department of Labor
Felipe Floresca

- **JOBS-PLUS**: Federal and foundation consortium to help people find and keep jobs
- **New Community Corporation**: Local faith-based community development corporation
- **America Works Partnership**: National Labor Union-affiliated organization to simulate job growth and economic development
- **Youth Opportunity Movement**: Federal public-private coalition to increase work opportunities for out of school youth

Small Business Administration
Bernetta Hayes

- **Small Business Development Centers**: cooperative effort to assist entrepreneurs
- **Women Business Centers**: provides assistance and training to women entrepreneurs
- **Service Corps of Retired Executives (SCORE)**: former business people lend their expertise and knowledge to small business professionals
- **Business Information Centers**: one-stop location for small business owners to seek help

Department of Transportation
Patricia Jackson

- **Federal Aviation Administration (FAA) and the National Association of State Aviation Officials (NASAO)**: MOUs that has led to cooperation on eighteen various initiatives
- **Prevention through People Programs (PTP)**: Coast Guard initiative with nonprofit partners to increase water safety
- **Promoting Rail Safety Partnerships**: Federal campaign with national associations to raise awareness of railroad dangers
- **US Coast Guard Auxiliary**: civilian volunteer arm of USCG for boating safety

Timothy Wu <twu@os.dhhs.gov>
06/23/2000 11:20:08 AM

Please respond to twu@os.dhhs.gov

Record Type: Record

To: MaryEllen C. McGuire/WHO/EOP

cc:
Subject: HHS Model Nonprofit Partnerships

Mary Ellen,

Enclosed, please find the four HHS submissions for the model partnerships with nonprofit agencies. I have been having a bit of computer problems today, and hope that you can open this file...I was having trouble sending it last night and this morning.

Please call with any questions (202) 690-5469...and to set up a lunch date!

Have a great weekend.

Tim

 - HHS model partners.wpd

U.S. Department of Health and Human Services
Examples of Model Partnerships and Approaches to Working with the Nonprofit Sector
June 2000

Introduction:
The following four partnerships have been selected as examples of model HHS partnerships with the non-profit sector for several reasons, including:
1) Broad applicability across the full spectrum of the seven categories identified by the Nonprofit Task Force at its last meeting. The projects described below have particular relevance to areas I (Providing better services); III (Allowing input into the policy making process); IV (Leveraging resources); V (Sharing Information); and VII (Improving the effectiveness of nonprofit organizations).
2) The ease through which the structure of these types of partnerships can be replicated outside of the HHS substantive environment. We chose those projects which we felt had an organizational model which could be easily transferred to different governmental contexts and agencies.
3) A focus on enabling each partner to participate in a manner which best utilized their inherent organizational strengths, so that the total package leveraged resources to the maximum extent. The projects below are ones in which the federal government created the overall master plan and maximized its ability to develop and implement national goals; the local non-profit organizations contributed their understanding of individual community and indigenous geographic needs; private corporate and foundation funders contributed resources which were more elastic and less constrained (and therefore sometimes more able to absorb potential risk) than federal or state resources; and "celebrity" partners like national sports franchises brought in media attention, credibility, and interest from the target populations.

Example One:
Successful Nonprofit Sector Partnerships for Childhood Immunization:
The National Immunization Program
The National Immunization Program (NIP) at the Centers for Disease Control and Prevention (CDC) works closely with partners in the nonprofit sector to promote infant and childhood immunizations. These partnerships have many purposes, including building awareness of the importance of childhood immunizations, educating parents about the benefits and risks associated with immunization, and facilitating access to health care providers. Described below are two examples which highlight NIP's work with the nonprofit sector.

Colorado Children's Immunization Coalition
Established in 1991 and incorporated as a non-profit organization in 1998, the Colorado Children's Immunization Coalition (CCIC) is a statewide public/private partnership dedicated to fully immunizing Colorado children two years of age and younger. Each year, there are more than 16,000 Colorado children who do not receive the immunizations they need to protect them from the ten serious diseases for which there is a safe and effective vaccine. The CDC's National Immunization Program's Community Outreach and Planning Branch initially provided the CCIC with training and technical assistance, and now works with CCIC to promote its efforts and strategies to other states and communities. Materials and "lessons learned" from CCIC's many activities are shared with other childhood immunization programs across the nation. The CCIC successful projects include:

- CCIC has developed a strategic plan that addresses public awareness and support for developing childhood immunization strategies in five Colorado communities;

- CCIC's member organizations have sponsored dozens of free clinics which have immunized thousands of children statewide.

- CCIC is working closely with the Colorado Department of Public Health and Environment to aid in developing an immunization registry throughout Colorado.

- Working in conjunction with seven Denver Fund Partners of the Robert R. McCormick Tribune Foundation, the CCIC launched a statewide public awareness campaign to encourage "Five Visits Before Age Two." The seven partners included Colorado's four professional sports franchises (i.e., the Colorado Avalanche, Colorado Rockies, Denver Broncos, and Denver Nuggets). Each fund partner provides in-kind support, including production and airing of public service announcements on radio and television, community events, print ads, and free shot clinics.

There are at least two keys to CCIC's success. One, CCIC's comprehensive strategy and collaborative efforts are unified by a clear, common goal– improving the immunization rate of Colorado's children. And two, CCIC's seeks both depth and breadth in its partnership and outreach activities. CCIC members encompass a wide variety of public, private, community, and individuals. Today, the Colorado Children's Immunization Coalition currently has more than 50 participating organizations and individual members, including the Robert R. McCormick Tribune Foundation, the Centers for Disease Control and Prevention, the Colorado Chapter of the American Academy of Pediatrics, and many county health departments.

Contact address and phone numbers:
HHS: Ellen Dahl, Office of the Assistant Secretary for Public Affairs, 202-690-7578
Local: Colorado Children's Immunization Coalition
1800 Emerson, B281
Denver, CO 80218
Phone: 303-864-5340
Fax: 303-764-8049

Example Two:
Rotary Foundation Blane Community Immunization Grant Program
Since 1985, Rotary Clubs have been actively involved in infant and childhood immunization programs, both domestically and internationally. In 1985, Rotary International launched its PolioPlus program, an effort that involves extensive collaboration with the Centers for Disease Control and Prevention, the World Health Organization, the Task Force for Child Survival, and UNICEF. This program has been a central component of the international effort to eradicate polio from the world and support immunization of the world's children against preventable childhood diseases.

In 1999, Rotary Foundation announced a new program designed to improve childhood immunization rates in U.S. communities. The new program, the Rotary Foundation Blane Community Immunization Grant Program, provides up to $1,000 in matching funds to U.S. Rotary clubs for new projects designed to address the immunization needs of underserved populations. The project considers applications throughout the year. Participation in a coalition within the Rotary club's community is a prerequisite for receiving a Blane Community Immunization grant.

Among Rotary's previous successes in fostering childhood immunization are:

* The first Rotary-sponsored U.S. immunization project– "Be Wise– Immunize," initiated by the Rotary Club of Southside Tulsa, Oklahoma, in 1989. This project now involves a broad-based community coalition of more than 90 members, and from 1989 to 1999, the immunization rate for preschool children in Tulsa has doubled, from 40 percent to 80 percent.

* Rotary Clubs in New York State began the "Shots for Tots" program in the early 1990s to boost immunization levels of preschool children. Working in a coalition that now numbers 50-75 partners, have performed diverse tasks, including designing and launching a public education campaign and promoting immunization clinics.

The new grant program is designed to extend Rotary's initial success by utilizing three elements that appear to be at the core of effective programs. Specifically, the Blane Community Grant program seeks to achieve success by: 1) providing a financial incentive for local Rotary clubs to undertake immunization promotion projects, 2) stimulating the creation and use of broad-based community coalitions, and 3) focusing community immunization efforts on areas of greatest need, such as children in inner cities or rural areas who are not getting immunizations on time.

Contact information:
HHS: Ellen Dahl, Office of the Assistant Secretary for Public Affairs, 202-690-7578
Local: Blane Community Immunization Project
The Rotary Foundation of Rotary International
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201
(847) 866-8736

Example Three:
Girl Power! partnership with Girl Scouts
Girl Power! is a national public education campaign sponsored by the Department of Health and Human Services (HHS) to help encourage and motivate 9- to 14-year-old girls to make the most of their lives. Studies show that girls often tend to lose self-confidence and self worth during this pivotal age, becoming less physically active, performing less well in school, and neglecting their own interests and aspirations. It's during these years that girls become more vulnerable to negative outside influences and to mixed messages about risky behaviors.

The Girl Power! campaign has teamed up with many organizations, including the Girl Scouts of the U.S.A. to reach out to girls. The Girl Scouts is the world's preeminent organization dedicated solely to girls where, in an accepting and nurturing environment, girls build character and skills for success in the real world. In partnership with committed adult volunteers, girls develop qualities that will serve them all their lives, such as leadership, strong values, social

conscience, and conviction about their own potential and self-worth. As the Girl Scouts say, " Girl Scouts. Where Girls Grow Strong."

The success of the Girl Power!/Girl Scouts partnership is based on its common goals. Both organizations reach out to girls and want them to say no to negative influences in their lives and encourage and support them in positive activities and skill-building experiences.

This partnership has been strong both at the national and local levels. In the past three years, Girl Power! and the Girl Scouts teamed up to develop activity guides for two age groups: ages 9-11 and ages 12-14. Filled with useful information and fun activities, these two guides form the basis of the Girl Power! patch program awarded after activities have been completed. Geared towards younger girls, *Girl Power! How to Get It* covers such topics as positive self-image, fitness, good nutrition, and communication. It provides younger girls with fun exercises to help strengthen their Girl Power! and build the skills they need to realize their full potential. Geared for older girls, *Girl Power! Keep It Going* helps older girls develop skills in problem solving, critical thinking, communication, and resisting peer pressure.

Girl Power! has also teamed up with the Girl Scouts to participate in several other Administration efforts and events including the Office of National Drug Control Policy (ONDCP) media campaign to prevent substance abuse, the HHS/USDA National Nutrition Summit, and the Milk Matters Campaign.

Many of local Girl Scout troops are also actively involved with Girl Power! For example the Tongass Alaska Girl Scout Council hosts an annual weekend "transition retreat" for approximately 50 girls who are entering middle school and high school. Because teenage alcohol use rates in Alaska are high, the retreat focuses on prevention of alcohol abuse. The girls discuss their feelings about starting new schools, learn skills for developing positive peer relationships, and write reflections in their Girl Power! diaries. Additionally, Girl Power! continuously receives requests from troops for products to support existing activities.

Contact Information:
Vicki Rivas-Vasquez
Office of the Assistant Secretary of Public Affairs, HHS
Room 647D
200 Independence Ave, SW
Washington, DC 20201
202-690-7850

Example Four:

Smoke Free Kids and Soccer

"Smoke-Free Kids and Soccer" is an innovative collaboration between the Department of Health and Human Services (DHHS), the U.S. Women's National

Team, and US Soccer, the governing body of American soccer. Participating DHHS agencies include the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC) and the President's Council on Physical Fitness and Sports. The program models the "Smoke-Free" lifestyle of the National Team members and encourages adolescent girls to participate in soccer to maintain physical fitness and resist pressures to smoke.

Members of the U.S. National Team have agreed to bring the "Smoke-Free Message" to millions of their young fans. They are committed to encouraging more girls to take up soccer and put down cigarettes.

In explaining the importance of the "Smoke-Free" campaign, U.S. Co-Captain Julie Foudy challenged parents, teachers and coaches to join the "Smoke-Free Kids and Soccer" campaign and "to set an example for these kids and show them what a Smoke-Free life is all about." Foudy added, "It is a lifestyle to be learned when you are young and a lifestyle that will buy you years of healthy living." Foudy, 25, an internationally recognized midfielder, summed up the attitude of the fiercely competitive US players: "We'd much rather smoke a defender than a cigarette."

Women's soccer was selected to highlight the "Smoke-Free" campaign because of the game's growing popularity among young girls. In 1996 Women's Soccer appeared as a medal event at the 1996 Atlanta Olympic games. The U.S. was awarded the Gold Medal in a tough 2-1 victory over the team from China. In 1999, the 3rd Women's World Cup will be hosted by the U.S. Soccer represents one of the most popular sports for American girls with more than 7 million participants. Its growing popularity suggests a bright future for the sport in helping to curtail the growing prevalence of smoking among teenage girls.

Components of "Smoke-Free Kids" Program: A 30 second television ad, 60 second radio commercial, two motivational posters and a "Fact Sheet" on tobacco and soccer performance were developed by DHHS in partnership with the U.S. National Team and he Massachusetts Department of Public Health. Dissemination of the materials has taken place around the National Team's schedule of international matches within the U.S.

Current Status of Program The NCI and CDC are now disseminating "Smoke-Free Kids and Soccer" posters and related materials to youth soccer associations, local PTAs, and State/local health departments.

Contact Information"
Damon Thompson, Communications Director,OPHS
200 Independence Ave, SW
Washington, DC 20201
(202) 205-1842
DThompson@osophs.dhhs.gov

Local examples:

The Silver Sage Girl Scout Council in Boise, Idaho and Boise State University co-host an event to celebrate National Girls and Women in Sports Day. Three hundred girls in grades K-8 participate in a variety of athletic activities and receive Girl Power! sports posters, diaries, and pins.

The Mississippi Valley Girl Scout Council in Cedar Rapids, Iowa hosts a 1-day "Teaming for Tomorrow" conference for 150 girls between the ages of 12 and 14. The program specifically targets girls from low socioeconomic communities. Girls spend the morning attending leadership workshops, then have the opportunity to shadow local businesswomen to learn about their careers. Each girl who participates receives a Girl Power! diary.

The Heritage Trail Girl Scout Council in Mansfield, Ohio conducts an annual sports day for girls in grades 4 to 6. Activities include double-dutch jump roping, golf lessons, and aerobics. Girls also participate in discussion about healthy eating habits led by local nutritionists. All of the activities stress the need for girls to have a positive self-image. Each girl who attends receives a gym bag containing Girl Power! posters, bookmarks, and pins.

The Girl Scouts of Utah and the University of Utah co-sponsor a sports event for 200 12- to 18-year-old girls. The girls participate in basketball, volleyball, soccer, softball, and football clinics run by university women athletes and alumni. Each participant receives a Girl Power! diary, sports poster, and tickets to a University of Utah women's basketball game.

HHS

TO: Mary Ellen McGuire
Office of the First Lady

FROM: Timothy Wu
White House Fellow to Secretary Donna Shalala
Department of Health and Human Services

RE: SURVEY QUESTIONS FOR FEDERAL DEPARTMENTS AND AGENCIES
**** WORKING DRAFT:****
**** NOT FOR PUBLIC DISTRIBUTION OR DISSEMINATION ****

February 24, 1999

Mary Ellen,

Enclosed, please find responses from the Department of Health and Human Services to your survey entitled, "Questions for Federal Departments and Agencies." These responses were compiled from interviews conducted with:

* Secretary Donna Shalala
* Deputy Secretary Kevin Thurm
* Chief of Staff Mary Beth Donahue
* Deputy Chief of Staff Liz Summy
* Betsy D'Jamoos/ASMB
* Various Agency/Departmental personnel

In the course of conducting these interviews, a few common structural themes emerged, which I felt were important to highlight for you because I think they are relevant to the context in which you might read these responses:

* It was not clear to people how the questions in the survey related to the President's memorandum of October 22, 1999, which accompanied the survey. For example, after I first read the memorandum, I expected the survey to address the issue of identification of areas in which neither the Federal Government nor private philanthropy (identified as private foundations, corporate enterprises and foundations, and individual donors) currently provide adequate service. Following identification of these areas, I then expected the survey to ask Departmental and Agency Heads to assess whether it would be more appropriate for governmental or private entities to fill these service gaps. Instead, the survey seemed to be more of an inventory of governmental programs. Most of the people whom I interviewed felt similarly confused about the focus of the questions.
* Once we decided to answer the survey questions as an inventory and description of HHS activities, we ran into a corresponding problem: the sheer scope and size of HHS programs. Unlike many of the other departments or agencies to whom you sent this survey (i.e. the Small Business Administration), each and every program, agency, and

department within HHS works with hundreds of nonprofits every year. Thus, each of the 11 operating divisions within HHS would probably provide different answers to the questions in this survey, and would characterize "successful" nonprofit relationships or " barriers" to effective relationships in different ways. Yet, in each section of the survey, there are questions which ask us to list and describe our activities. For example, in the section on *Relationship With Nonprofits*, question A asks us to describe the types of services provided by the nonprofits with whom we partner. We literally have thousands of nonprofits with whom we partner in over 300 different HHS-administered programs, and to attempt even a moderately comprehensive overview of this would take months to compile. Similarly, under the Resources section, question A asks us to provide dollar amounts given to nonprofit communities. Once again, even a cursory listing of every type of grant which HHS makes in a single year would encompass more than 60,000 entries.

* The final area of difficulty in completing this survey was a definitional one. Once again, unlike many of the other departments and agencies, HHS's mission and purpose of " protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves" inherently means that we work intimately with a wide spectrum of nonprofit organizations on a daily basis. As a result of this, people struggled with many of the definitional terms in the survey, such as "working relationship," "technical assistance," "resources," etc., because each of these terms is used so differently and with different emphasis by each agency and department within HHS. It was also difficult for people to disaggregate HHS's professional role in working with nonprofit organizations from its philanthropic or charitable intent, as the two are so closely intertwined in the work which we do.

It is for these reasons that I have characterized these responses as a "Working Draft." Per our phone conversation last week, what I have attempted to do is to provide you with a general overview of our relationships with the nonprofit sector. These responses should therefore be treated more as signposts and guidemaps to how HHS interacts with our nonprofit partners: they are by no means intended to be comprehensive or definitive in nature. We hope that after reading these, and taken in conjunction with the responses you are receiving from other agencies and departments, you can come back to us and suggest more concrete or specific directions in which you'd like us to move (for instance, specifying particular operating divisions for responses, rather than seeking either a consensus answer or inventory of separate answers from all 11 of them), and for which we can provide you with more helpful or targeted information.

As such, I have also been asked to reiterate the fact that these responses are not for public dissemination or publication.

Mary Ellen, I hope that this introductory memorandum is helpful to you in understanding the context in which we have answered these questions. My guess is that you may find the answers far too general or cursory than you had anticipated. This is due to the fact that, because of the scope of HHS activities in this area, we felt that it would be impossible to produce a comprehensive, detailed analysis for you at this time – and that even if we did so, it would not be

particularly useful to you because of the sheer volume of information which we would have to give you in order to do so. We look forward to your feedback, and for further direction as to specific information which we can deliver to you.

Survey Questions for Federal Departments and Agencies

Introduction

A. *Define your relationship to nonprofits – in what ways does your agency interact with nonprofit organizations?*

The mission of the Department of Health and Human Services is to protect the health of all Americans and to provide essential human services, especially for those who are least able to help themselves.

The department includes more than 300 programs, covering a wide spectrum of activities. Some highlights include:

Medical and social science research
Preventing outbreak of infectious disease, including immunization services
Assuring food and drug safety
Medicare (health insurance for elderly and disabled Americans) and Medicaid (health insurance for low-income people)
Financial assistance for low-income families
Child support enforcement
Improving maternal and infant health
Head Start (pre-school education and services)
Preventing child abuse and domestic violence
Substance abuse treatment and prevention
Services for older Americans, including home-delivered meals
Comprehensive health services delivery for American Indians and Alaska Natives

HHS is the largest grant-making agency in the federal government, providing some 60,000 grants per year. HHS' Medicare program is the nation's largest health insuror, handling more than 900 million claims per year.

HHS works closely with state, local and tribal governments, and many HHS-funded services are provided at the local level by state, county or tribal agencies, or through private sector grantees. The Department's programs are administered by 11 HHS operating divisions:

* National Institutes of Health
* Centers for Disease Control and Prevention
* Agency for Toxic Substances and Disease Registry
* Food and Drug Administration
* Indian Health Service
* Health Resources and Services Administration
* Substance Abuse and Mental Health Services Administration
* Agency for Health Care Research and Quality
* Health Care Financing Administration
* Administration for Children and Families

* Administration on Aging

In addition to the services they deliver, the HHS programs provide for equitable treatment of beneficiaries nationwide, and they enable the collection of national health and other data.

As such, HHS interacts with nonprofit organizations (including direct service providers, universities, hospitals, foundations, advocacy groups, religious organizations, primary and secondary schools, research institutions, community based health care providers, etc.) in a myriad of ways, both through the programs listed above as well as through areas such as:

* direct grants
* information dissemination
* technical assistance and outreach
* community input (i.e. advisory committees)

Technical Assistance/Training

A. *What types of technical assistance/training do you provide nonprofit organizations?*

HHS provides a comprehensive array of technical assistance services, defined both as " traditional" technical assistance such as training, management support, organizational development and capacity building work, as well as "nontraditional" technical assistance such as infrastructure and physical plant upgrades.

The exact nature and scope of technical assistance provision varies broadly within each of the 11 operating divisions, but include such services as:

* Grantwriting assistance (particularly in helping nonprofit applicants respond to RFP's)
* Post-grant evaluations and assessments
* Resources for hiring TA contractors
* Informal advice/information provided by HHS staff and regional offices
* Referrals and sharing of best practices

B. *Who provides the assistance?*

Both HHS staff (at the national and regional levels) as well as independent contractors hired either by HHS, regional offices, State/Local recipients of block grant monies, or the nonprofit organizations themselves.

> *Provide examples of TA providers who your agency views as models for successful TA design and delivery...*

This was an example of a question which people felt unable to answer without further information or direction, as the scope of the question was seen as too broad and division-specific.

C. *What types of TA are not currently being provided, but should be?*

D. *If applicable, list other ways your agency improves the efficacy of the nonprofit organizations it works with.*

The people with whom I spoke felt that these two questions were best answered together, as HHS has been working on this topic for quite some time. There is a strong feeling both within HHS and in the nonprofit communities with whom we work that the field of technical assistance currently does not adequately serve the most marginalized populations – communities of color, the poor, the disabled, the elderly, immigrants, gays and lesbians, etc. As such, HHS is working with these communities to develop ways in which our TA can become more culturally competent and relevant to the needs of these disenfranchised groups. We are currently devoting substantial financial and human resources to this effort.

Relationship With Nonprofits

A. *What types of services do nonprofits that you partner with provide?*
This was another question that people felt difficult to define, because the scope of services provided by the 11 operating divisions is so broad. In general, as described in the introduction, services center around protecting health and physical/mental well being, including:

Medical and social science research
Preventing outbreak of infectious disease, including immunization services
Assuring food and drug safety
Medicare (health insurance for elderly and disabled Americans) and Medicaid (health insurance for low-income people)
Financial assistance for low-income families
Child support enforcement
Improving maternal and infant health
Head Start (pre-school education and services)
Preventing child abuse and domestic violence
Substance abuse treatment and prevention
Services for older Americans, including home-delivered meals
Comprehensive health services delivery for American Indians and Alaska Natives

B. *Are there any model relationships that are particularly effective in achieving the critical goals of your department?*

Once again, specific "model" relationships will vary within each of the 11 operating divisions. On an overall departmental level, the Secretary has defined model relationships as those in which HHS sets the national agenda on the macro level (i.e. reducing tobacco and drug usage, reducing teen pregnancy, eliminating new HIV infections), and then partners with State/Local governments, foundations, and local nonprofit agencies to provide culturally appropriate, geographically specific services to their particular communities on the micro level.

C. *Can you identify any significant obstacles that hinder more effective relationships between federal agencies and nonprofits?*

Insufficient human and financial resources, and limited time, on the part of both HHS and the nonprofit organizations to be able to achieve all of their desired goals.

Additionally, the grant application process is sometimes perceived by nonprofits to be too onerous, time consuming, or not culturally competent, and therefore discourages them from applying for grants.

Public Policy

A. *Do you have a working relationship with nonprofits when it comes to developing public policy?*

Once again, this was a question which people found difficult to answer, because there are so many specific statutes, regulations, and internal rules which govern this area, and which are unique to each of the 11 operating divisions of HHS. On the most simplistic basis, the answer to this question is "Yes," because all of these codified rules and regulations exist solely for the purpose of defining the working relationship between HHS, State/Local governments, and nonprofit organizations. The vast majority of HHS dollars are delivered through block grants to State/Local governments. Only about 16% of HHS money is available to be given as discretionary grants which may be made directly to nonprofit organizations.

Overall, HHS through its regulatory process has specific mechanisms designed to elicit community input when developing public policy. For example, the regulatory process mandates a period of public comment in which anyone may submit on-the-record suggestions and opinions about HHS proposals or programs.

In addition, HHS maintains a wide network of informal information gathering systems through its 11 operating divisions and many regional offices, as well as formal Advisory Committees.

B. *Please provide some examples of collaborative activities and describe what worked well and why you think it worked well*

This is yet another example of each operating division being able to provide a different success story. One such example is that of the Secretary's Initiative for Health Care Access for the Uninsured Worker, also known as CAP (Community Access Program). The main thrust of this initiative was to encourage collaboration among community health organizations, health centers, consortiums of health service providers (both for-profit and non-profit), and local governments to entirely redesign local health care provision infrastructures, in order to provide a seamless care system for all members of their communities. For this reason, the dollars in this program are referred to as "glue money." In the current HHS budget, $125 million is targeted for this purpose, and is administered through HRSA.

This is a model program for a variety of reasons. Firstly, the nonprofit communities which it

serves have responded very well to the concept, and private foundations have also collaborated with HHS in the funding aspect. Secondly, even though the total dollars for this program are small, they have been highly leveraged to literally get the most "bang for the buck." Thirdly, this program has marked a highly successful collaboration within HHS itself. Although the initiative is housed in HRSA, it is truly a cross-departmental effort, managed by a workgroup that has multi-disciplinary representation, jointly wrote the RFA, and is co-chaired by ASPE.

C. *If not, what are the barriers to developing a working relationship with nonprofits on public policy matters?*

This question is not applicable to HHS – see above answer.

D. *What do you think can be done to hurdle the barriers or strengthen the relationships with nonprofits when developing public policy?*

This question elicited many different responses, including:

* Closer management/relationships/control over State/Local use of block grant funds
* Greater human and financial resources and time within HHS to meet demands of nonprofit organizations
* Continued prioritization for the development of culturally competent policies vis-a-vis the most marginalized populations
* Disaggregating of political vs. scientific decisions in the public policy arena (i.e. the decision at a *political* level to not allow funding for needle exchange programs, even though *scientifically*, the efficacy of these programs in reducing HIV transmission has been proven).

Foundations

A. *Do you have a working relationship with foundations or other private donors?*

Yes, HHS has both formal and informal partnerships with foundations and private donors. We work collaboratively with foundations (such as Robert Woods Johnson Foundation underwriting of the Tobacco Free Kids Campaign) to jointly fund programs, and informally in networking and information referral. The Secretary and other senior level management also meet regularly with foundations and other governmental personnel to discuss potential collaborative ventures. For example, just this month, the Secretary met with representatives from the Gates, Ford, and Rockefeller Foundations to discuss potential collaborative work in vaccine development projects.

In addition, the National Institutes of Health and the Centers for Disease Control have special arrangements in which some of their programs can accept private donations on a tax-exempt status.

B. *Please provide some examples of collaborative activities and describe what worked well*

and why you think it worked well.

C. *If not, what are the barriers to developing a working relationship with foundations and other donors?*

D. *What do you think can be done to hurdle these barriers or strengthen relationships with foundations and other donors?*

Yet again, this answer requires more specific parameters to answer effectively, as success will be measured differently across the operating divisions. One common barrier to effective relationships with foundations and private donors is the perception that the sheer magnitude of government resources eclipses all but the very largest foundations. For this reason, many foundations can be reluctant to put their limited resources into a project in which the Federal government is directing hundreds of millions of dollars. This reluctance is even more pronounced amongst individual donors, where the disparity in ability to give is even greater. Many of these individual donors choose either to direct their resources to projects in which they feel that their funds will be better leveraged, or else direct their money towards supporting national political candidates, in the hopes that those candidates (once elected) will encourage use of federal resources in a manner that supports the funder's own philanthropic desires. (For example, many individual donors who used to fund HIV and AIDS causes now redirect a large portion of those funds to supporting political candidates who advocate for an increase in Ryan White CARE funding at the national level, because they believe that their money is better leveraged by being able to tap into the Federal funding pool and direct it towards the CARE program).

Resources

A. *What resources do you provide to the nonprofit community?*

This is, unfortunately, yet another question which has a seemingly endless list of potential answers, including:

* Direct financial grants through discretionary budget categories
* Indirect financial grants through State/Local block grants
* Technical assistance
* Information dissemination and referrals
* Direct service provision
* Membership on Advisory Councils and Committees
* Scientific research and expertise

B. *How can nonprofits find out about the resources that you make available to them?*

Each agency and operating division has unique means of communicating resource availability, but some examples of this are:

* Catalogue of Federal Assistance
* Federal Register

* HHS website
* Individual agency websites
* Regional Offices
* Agency newsletters
* Press releases
* Announcements through national associations
* Mass Media
* Other nonprofit organizations
* Members of Federal Advisory Committees
* HCFA contractor memos
* Congressional Language
* Foundations
* White House Press Conferences

C. *Do you provide any support services to help nonprofits comply with cost priniciples and administrative requirements?*

D. *What steps is the department/agency taking to comply with the new Federal Financial Assistance Management Improvement Act?*

HHS does provide support services in this area, and ASMB has devoted substantial time and resources to bring itself into compliance with FFAMIA. Terry Tychan, Deputy Assistant Secretary for Grants and Acquisition Management, will be sending you more detailed information about these two questions under separate cover.

Communication

A. *How do you reach nonprofits to inform them of departmental/agency information? Do you have any form of regular communication?*

HHS maintains strong communications ties with nonprofit organizations through the variety of channels enumerated in the above section. As mentioned above, each agency has its own independently maintained and managed website, in addition to the central HHS internet and intranet. Each agency also has its own newsletter, and independently maintained list serves.

B. *Does your web site provide information specifically for nonprofits to use? If so, what are some examples of how your web site responds to nonprofit needs? Does your department/agency participate in the Nonprofit Gateway? If so, what types of resources does it take to keep the information current?*

Both the HHS website and the individual agency websites provide a great wealth of information designed specifically for nonprofits to use. For example, FDA recently launched a new website, http://www.fda.gov/oc/buyonline/, which helps consumers and nonprofits understand how to buy prescriptions drugs and medical equipment online. This came about partly in response to the

concerns from consumers, advocacy groups, and community based health care providers about the lack of understanding of online regulations. At http://www.cdc.gov/tobacco/, the CDC's Tobacco Information and Prevention Source, nonprofit organizations can access more than 27 million pages of tobacco industry documents which illustrate the dangers of smoking. And at http://www.health.org/gpower/index.htm, the GirlPower! Homepage, educators, nonprofit organizations working with adolescent youth, and young girls themselves can access information and technical assistance programs aimed at helping young women make informed choices about their health and well being.
HHS does participate in the Nonprofit Gateway, and through our link, provides access information about important new initiatives (such as Healthy People 2010), access to all of the main areas of the HHS homepage and web site, as well as related health links. Keeping this information current is a daunting task, considering the vastness of HHS programs, and requires time, financial resources, and oversight by the coordinating departmental workgroup headed by ASPA and ASMB.

C. *What changes would you suggest to improve communications with nonprofits?*

Once again, an answer to this question requires more specific information relating to each individual operating division.

Competition

A. *To what extent does the department/agency require nonprofit participation in the delivery of services?*

Yet again, the answer to this will differ within the operating parameters of each of the 11 operating divisions. In general, some HHS grants are earmarked for use by a particular designated group or category of persons. For all other grants, nonprofit partners must abide by the rules specified in their grant awards. All grants are competitively bid, and through the Public Health Service Act, for-profit entities may bid for grants as long as they receive no profit from their grant-underwritten activities.

The overall requirement of nonprofits who receive HHS funding is that they must competently and efficiently perform the tasks as specified in their grant awards, and they must file timely and accurate reports.

B. *Please provide examples of contracts/grants/services that your agency formerly provided through nonprofit contractors/grantees but that are now provided by for-profit grantees/contractors. Why did this change occur?*

The answer to this question is being researched by Betsy D'Jamoos of ASMB, and will be provided under separate cover.