



PARTNERSHIP:

WHAT GOES INTO BUILDING A 6|18 INITIATIVE TEAM

This resource is designed for state and territorial health department staff considering or newly participating in the Centers for Disease Control and Prevention's (CDC) [6|18 Initiative](#), which promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions. It complements the [Getting Started: CDC's 6|18 Initiative Guide](#) and resources offered by other organizations engaged in the 6|18 Initiative, like the [Center for Health Care Strategies](#). The resource describes 6|18 Initiative leadership and team membership, [strategies](#) for an effective team, and examples of complementary public health and Medicaid roles and expertise.

[Partnerships](#) between state and territorial Medicaid and public health agencies are critical to the success of the 6|18 Initiative. Collaboration and shared priorities between agencies play a significant role in addressing health conditions. Reported [partnership benefits](#) include improved coordination, access to resources, increased cross-sector knowledge, increased visibility, improved accountability, and an opportunity for states to take advantage of the 6|18 Initiative.



AGENCY LEADERSHIP

- Achieving alignment with your Medicaid director and State or Territorial Health Official may take several conversations.
- Some 6|18 Initiative teams have compiled resources for meetings with leadership:
 1. Overview of 6|18 Initiative including participating states.
 2. Summary of aligned 6|18 conditions with State Health Improvement Plan.
 3. Any ongoing related statewide initiatives.



TEAM MEMBERS

- Key members of your 6|18 Initiative team could include champions and decision makers, with at least one staff person from each agency serving as the lead.
- Other team members may include a chief medical officer, Medicaid benefits and contracts specialist, policy analyst, or program director or subject matter expert for any 6|18 Initiative condition, like diabetes or hypertension.
- Based on the experience of past 6|18 Initiative teams, team members may spend at least four to five hours per month working on the Initiative.



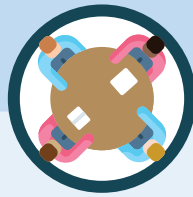
DELIVERY SYSTEM ENGAGEMENT

- Other 6|18 Initiative teams have taken advantage of existing opportunities to work with stakeholders, like association convenings and recurring meetings with health systems and managed care organizations, for insights on barriers to services and provider buy in.
- National organizations may have local chapters based on your 6|18 Initiative team's chosen condition(s), such as the American Lung Association or American Medical Association.



DEVELOP AN ACTION PLAN

- 6|18 Initiative teams have benefited from developing action plans to help team members outline project goals, measures, and timelines, and to ensure all partners agree.
- ASTHO's Guide on Getting Started with CDC's 6|18 Initiative offers an Information Gathering Tool to help develop an action plan.



HAVE FREQUENT MEETINGS EARLY ON

- Existing 6|18 Initiative teams have found that having frequent meetings during the launch of the Initiative helped teams to establish a strong foundation early on.
- They have led team-building activities like developing an action plan, defining shared goals and outcomes, outlining tools and resources to be shared, and building structures for collaboration.



DESIGNATE LEAD STAFF

- Identifying a lead staff person from both the Medicaid and public health agencies can help to create effective 6|18 Initiative team leadership.



CREATE SHARED UNDERSTANDING

- Public health and Medicaid staff may not be aware of policies and program structures within their partner agency. Learning each other's language, agency priorities, and decision-making authorities may take time.
- Some states developed learning opportunities to improve understanding. For example, Alaska and Minnesota held "Medicaid 101" trainings to explain Medicaid processes to public health staff.



COLLABORATE WITH PROGRAMS THAT ADDRESS 6|18 CONDITIONS

- CDC's 6|18 Initiative and governmental public health programs share similar goals. Collaborations with state and other federal programs can strengthen both initiatives.
For example:
 - CDC provides funding to state, territorial, tribal and/or local public health agencies for conditions that are also highlighted in the 6|18 Initiative.
 - Many state and territorial public health agencies participating in the 6|18 Initiative receive CDC grants to support chronic disease care and prevention and other public health activities.
 - The 6|18 Initiative aligns with many of the goals of public health block grants and funds. CDC Program Officers can be consulted for further guidance.



CREATE A MEDICAID-PUBLIC HEALTH LIAISON STAFF POSITION

- Some states have a staff member liaison position between Medicaid and public health.
- This position may help you connect strategies between agencies, improve collaboration, and serve as a contact point to improve communication between Medicaid and public health.

PROMISING STATE EXAMPLES

COLORADO

Colorado co-funds two full-time staff to liaise between the state's Medicaid and public health agencies. These liaisons help align agency objectives, connect subject matter expertise across departments, and support interagency data-sharing and other cross-agency collaborative efforts.

KANSAS

Kansas has a Medicaid-public health liaison position that coordinates and interprets cross-agency data, engages Medicaid MCOs to promote evidence-based services, and maintains community partnerships.

Other 6|18 Initiative Resources

[CDC's 6|18 Initiative: Accelerating Evidence into Action Resource Center for Implementing CDC's 6|18 Initiative](#)

[A Cross-Sector Approach to Translating Evidence Into Practice. J Public Health Manag Pract. 2018 Sep/Oct;24\(5\):424-431](#)