

Integrating genomics into state chronic disease prevention programs

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Background and objectives: Recognizing the potential impact advancements in genetics would have on public health, the Utah Department of Health (UDOH) applied for funding from the Centers for Disease Control and Prevention to develop infrastructure and leadership capacity to integrate genomics into public health, with a focus on chronic disease. Utah received funding in July 2003 and created the UDOH Chronic Disease Genomics Program (CDGP). One of the major goals of the CDGP is to integrate genomics information into existing UDOH program activities, data collection systems, and state priorities to address the chronic disease burden in Utah.

The objective of this session is to acquaint public health practitioners with a method for successfully integrating genomics into chronic disease activities within a state health department.

Methods: Eight chronic disease programs within the UDOH Bureau of Health Promotion were identified as targets for inclusion of genomics. CDGP staff obtained, reviewed, and made recommendations to fiscal years 2005, 2006, and 2007 program activities and funding proposals to the CDC. Each year, the CDGP obtained and carefully reviewed each program's work plan and funding applications. Genomics-related strategies were then drafted according to funding requirements. A document was created listing how genomics-related strategies would fit into existing program goals thus enhancing interventions provided to targeted populations. Meetings were conducted between the CDGP and program staff to discuss methods for implementation and overcoming barriers.

Results: Genomics-related strategies were added to four programs and/or funding proposals. Strategies included conducting training workshops, analyzing cancer enrollment form data, adding family history data to the youth diabetes registry, developing TV and radio segments to promote family health history, pilot testing an electronic family health history tool, and developing educational materials. Partnerships formed also allowed inclusion of genomics into several state chronic disease plans including the 2006-2011 Utah Cancer Plan, 2006-2012 Utah Asthma Plan, and Heart Disease and Stroke Strategic Plan. In addition, joint abstracts were accepted at the 2006 World Cancer Congress and 2006 National Diabetes Conference. Success has also led to projects with the Center for Multicultural Health, Reproductive Health, and Baby Your Baby Programs.

Discussion/Conclusion: The CDGP successfully demonstrated an effective method for developing partnerships vital for capacity building. This strategy has enabled the UDOH to form strong partnerships with chronic disease program staff and integrate genomics into programs on an ongoing basis. Collaborations to enhance program activities and interventions will continue to be built amongst other UDOH programs in the future following this same described strategy.