Importance of using HIA in the US and for Healthy People 2020 Goals and Objectives

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Introduction

Asking the question "is it healthy?" at the outset of projects, policies or programs, allows potential positive impacts upon the health and well-being of communities to be increased and potential negative impacts to be reduced. Decisions in 'non-health' areas such as the economy, transport, agriculture, manufacturing, housing and law and order have far more effects on the health of the populations than decisions in 'health areas'. Considerable scope exists to achieve better health and well being by assessing the health impacts of these policies, programs and projects. Health Impact Assessment (HIA) is an emerging methodology which aims to inform decision makers about the expected health consequences of proposals in all areas.

HIA is defined as a combination of procedures, methods and tools by which a policy, program or project can be judged as to its potential effects on the health of a population and the distribution of these effects within the population (WHO Gothenburg Consensus Paper, 1999). It is characterized by its participatory approach which emphasizes the involvement of a range of stakeholders, including the public, so that expertise and opinions can be taken into consideration in the planning and decision making process.

Stages of Health Impact Assessment

Health Impact Assessment involves six stages:
- Screening which determines the need to carry out a HIA;
- Scoping which sets the terms of reference for the HIA;
- Appraisal which assesses the proposal's potential to positively or negatively affect health;
- Reporting which conveys the findings of the assessment and includes the evidence;
- Decision making which makes decisions about changing the proposal to minimize the negative effects and maximize the positive impacts and
- Monitoring and evaluation which assess the extent to which the changes to the proposal have been made and also evaluates the health impact assessment process itself.

The World **Health** Organization (WHO) has been a strong and persistent voice calling for the recognition of the role of **health** in development and of the **impact** of socio-economic development on **health**. **Health impact assessment** (HIA) is one mechanism that can be used to achieve this goal.

**Healthy People 2020 Planning for Inclusion of HIA**

Health Impact Assessments seek to document the long term health effects of investments and policies in other sectors that affect our social and physical environments.

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Committee Recommendations Regarding Evidence

- In past iterations, Healthy People did not offer guidance on how to achieve targets. Difficult to provide such guidance because different standards of evidence for different types of interventions.

- Committee proposed that Healthy People 2020 should tie goals and objectives to focused, evidence-based interventions that can guide effective action and accountability at the federal, state, and local levels.
  - Link to resources that regularly evaluate evidence
  - Use best models of comparing effectiveness (e.g. the Community Guide’s assessment of evidence)
  - Develop broadened strategies for evaluating the evidence base for public health interventions (e.g. Health Impact Assessment)

In a recent report, the Committee noted that Healthy People has sometimes been described as a catalogue of the burden of ill-health, disability, and premature death. While Healthy People has set targets for reducing burden, it has not offered guidance on potential actions for achieving these targets, or the relative effectiveness of such actions. Yet such guidance can be complicated by the fact that standards of evidence vary for different types of health interventions.

The Committee therefore proposed that Healthy People 2020 should seek to tie goals and objectives to focused, evidence-based interventions that can guide effective action and accountability at the federal, state, and local levels. Seamless linkages are needed from Healthy People 2020 to existing resources that periodically evaluate and interpret evidence. Examples of such resources include the Guide to Community Preventive Services, the Guide to Clinical Preventive Services, and Cochrane Reviews.

**How is “evidence” defined and evaluated within a public health context?**

Public health evidence can take many forms. In a larger sense we can divide evidence for social decision-making into 3 categories. The first is scientific information that is independent of
context. This is typified by assessment of the efficacy of specific technologies; it answers the question of whether an intervention can work at all. . . .

Systematic reviews of high quality studies are an important way to assess specific interventions. Yet many interventions, particularly policy interventions, are not amenable to traditional, systematic evidence reviews. While health impact assessments (HIAs) are not the principal focus here, it is important to recognize that they offer another evidence-based approach that uses the best-available information to inform decisions. HIAs use established methodologies and modeling techniques to provide an assessment of the likely health impact of initiatives, usually outside of the health sector. HIA’s are a practical tool for building health considerations into policy decisions in other sectors, i.e. through a “health in all policies” approach.

**What strategies are being explored to broaden the evidence-base for public health practice?**

Given the challenges outlined above, there is a movement within the literature to think more broadly about how evidence is derived. New, rigorous approaches for evaluating “best practices” and “model practices” in public health interventions are needed. Some have called for shifting the focus in public health away from “evidence-based practice” and toward the more relevant “practice-based evidence.” One proponent of this view noted that, “as public health… strives to rise to the paradoxical challenge of evidence-based practice… the challenge is that *most of the evidence is not very practice-based.*” Below are a few key issues to be considered in developing broadened strategies for evaluating the evidence base for public health interventions.

**Health Impact Assessment (HIA)**

Health impact assessment describes a variety of methodologies to assess the health impact of proposed programs, policies or other activities. Most often, this set of approaches is used to estimate the likely overall and distributional health effects of these interventions in non health sectors, such as education, transportation, fiscal and monetary policy, urban planning, energy, housing, commerce, agriculture. HIA has great importance to collective efforts to improve population health because the actions in these sectors constitute very important determinants of health. There is a rapidly growing body of literature on both methods for developing and grading evidence in HIAs as well as results of HIAs in the United States and other countries (see Resources below). . . .

**Assessing Magnitude of Effect**

While decision makers want to know what works and where, they also need to know how large an impact can be anticipated. That information is sometimes available from evidence reviews, and, more commonly, from HIAs.

**Below is a narrative of the slides used in the September 2009 in person HHS Healthy People Advisory Committee meeting.** The slides are available at: [http://www.csupomona.edu/~jvgrizzell/hc2020/hp2020callsandmeeting.htm](http://www.csupomona.edu/~jvgrizzell/hc2020/hp2020callsandmeeting.htm). Click on Meeting Slides under the September 2009 (in person meeting) heading. Slides used are 31 – 47.
What do we mean by “social” or “societal” determinants of health?

Definition: “Societal determinants of health can be defined as conditions in the social, physical, and economic environment in which people are born, live, work, and age, including access to health care. They consist of policies, programs, and institutions and other aspects of the social structure, including the government and private sectors, as well as community factors. Societal determinants affect the health of populations through the social and the physical environments.”

Why “societal” determinants of health?

Phase I report defined these terms as follows:

- The social environment is the aggregate of social and cultural institutions, norms, patterns, beliefs, and processes that influence the life of an individual or community.
- The physical environment, which comprises both the natural and built environments, is the structure and function of the environment and how it impacts health.

“Societal” determinants refer to both the social and the physical environmental realms.

Why emphasize societal determinants?

Healthy People 2020 must compel its users to examine their role in addressing societal determinants of health.

What can they can do to promote quality child care? Schools? Safe roads? And other elements of the social and physical environment that contribute to health?

What is the role of public health in addressing societal determinants?

Public health must point out policies and activities that, when implemented in other sectors, including medical care, can help to improve health and reduce disparities. This is important because many agencies do not have a mandate with respect to cross-cutting issues.

Issues like education, housing, agriculture, transportation, and urban development are addressed by other sectors (not health), and other agencies (not health departments).

The “Health in All Policies” (HiAP) approach

This is “An innovative strategy that introduces improved population health outcomes and closing the health gap as goals to be shared across all parts of government. HiAP seeks to address complex health challenges through an integrated policy response across sectors.”


How can social determinants theory be mapped to concrete actions?

Two recommendations were discussed. The first recommendation discussed at the November 2009 Advisory Committee meeting was to develop “problem” and “solution” trees. An example of this is from an article published in Health Promotion International.
To use the problem and solution tree concept, work with a group of informed stakeholders, reach agreement on the problem to be addressed, and ask, “Why does the situation occur?” In this approach, factors contributing to the problem are identified, elements underlying these factors are identified, and it builds up layers of underlying determinants (“roots”). The process continues until solutions become apparent, or a certain number of levels (e.g., 3) have been identified. Impacts of the problem are also identified.

Choosing the most appropriate course of action, given various options

We need a way to decide what actions or policies are likely to have the greatest impact. Which course of action will have the most positive and fewest negative health effects?

Health Impact Assessments are a viable approach to choosing appropriate actions, projects, programs, and policies.

An HIA is “A combination of procedures, methods, & tools by which a policy, program, or project may be judged in terms of its potential effects on the health of a population, and the distribution...
of those effects within the population.”* It is a tool to inform decision-makers about population health. HIAs are usually suggested for policy-areas outside of health services (e.g., transportation, housing) where the issue of health tends to be neglected in policy development.


**Health Impact Assessment: A Practical Mechanism for Collaboration and follows the approach of the problem and solution tree to determine impacts.** It helps other sectors to understand how their actions influence population health. It brings considerations of health issues to their decisions.

Adoption of HIAs has been more widespread in Canada, Europe, Australia, and New Zealand. Similarity to other initiatives that were also adopted (e.g., Healthy Cities, Healthy Public Policy). U.S. interest was slow to develop, but is growing.

**Characteristics of HIA include:**

1. A focus on specific project or policy proposals
2. Comprehensive consideration of potential health impacts
3. A broad, population-based perspective, incorporating multiple determinants and dimensions of health
4. A multidisciplinary, systems-based analytical approach
5. A process that is highly structured but flexible

**General Approaches to HIA follow:**

HIAs can be quantitative and analytic – they draw from the field of risk analysis, consider a broad range of potential health impacts. But quantitative and analytic use has been relatively rare

**HIAs are participatory in that they draw** from community-based health promotion. Stakeholder participation is the main input. Participation is best suited for analysis of local projects.

**The procedural approach of HIAs** combines elements of previous two approaches to HIA (like Environmental Impact Assessments). HIAs emphasize efficiency, and are driven by, procedural concerns (e.g., compliance with mandates).

A framework evidence-based HIAs is displayed in the following figure was presented that the Advisory Committee meeting. First, underlying causes such as socioeconomic facts are found. Next determinants or risk factors are found that lead to health status (e.g., diseases, poor health and injuries). Policy options are considered as alterable causes that if implemented would change alterable risk factors and leading to changes in health status.
The Value of HIAs is that they provide a means of bringing the public’s health to the table. HIAs assess potential positive and negative health impacts, with a transparent audit trail. They provide a reasonable projection of health effects over time that can be important for publicly accountable elected officials. Example: quantify the health benefits to future generations of improving neighborhood walkability.

Discussion questions with regard to operationalizing Societal Determinants in HP2020 discussed at the Advisory Committee meeting.

- How can a “Health in All Policies” approach be applied to achieve Healthy People 2020 objectives: This includes the local level, state level and federal level?
- How can HP users catalyze action in other sectors?
- How can Health Impact Assessment be applied to determine which policies/ actions are worth pursuing?

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**Framework for Evidence-base for HIA**

<table>
<thead>
<tr>
<th>A</th>
<th>Underlying causes, for example, socioeconomic factors</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Determinants (risk factors)</td>
</tr>
<tr>
<td></td>
<td>Health status (diseases, etc)</td>
</tr>
<tr>
<td>Policy options</td>
<td>alterable causes</td>
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</tbody>
</table>

<table>
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<tr>
<th>B</th>
<th>Changes in alterable risk factors</th>
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<tbody>
<tr>
<td></td>
<td>Changes in health status</td>
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**Comments/Objectives for “health impact assessment”**

**Proposed Objectives**

<table>
<thead>
<tr>
<th>Topic Area Comments</th>
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<tbody>
<tr>
<td>Jim Grizzell on 1/1/2010 3:22:00 PM in Public Health Infrastructure</td>
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</tbody>
</table>

Increase the use of Health Impact Assessments at the national through local levels.

Congressional Actions that Could Build Capacity for Sound, Effective, and Efficient Health Impact Assessment

Key Points

To shape policies that more effectively protect and promote the public’s health and wellbeing, Congress can provide leadership and guidance for building HIA into government decision-making. Beginning with several relatively modest actions requiring relatively small investments can provide a significant impetus for advancing sound, effective HIA.

These actions include the following:

1. Establish a national, quasi-governmental National Center for HIA. Such a center could provide credible, nonpartisan policy analysis on demand to Federal policymakers, as well providing leadership and technical guidance on HIA for Federal, state, and local agencies conducting HIA. With technical expertise from the Centers for Disease Control and Prevention, various institutes from the National Institutes of Health (NIH), relevant federal agencies and academia, such a center would:
   a. Provide and coordinate on-demand HIAs to Congress through the Congressional Research Service and to executive branch agencies.
   b. Facilitate interagency, intersectoral dialogue on cross-cutting issues with likely significant health effects. Perform an HIA where the issues meet predetermined Congressionally defined criteria.
   c. Provide technical assistance on HIA to federal, state and local agencies.
   d. Assess the field of HIA practice to identify best practices, information gaps, neglected issues, and research priorities. Communicate this information through the establishment of an HIA clearinghouse.
2. Promulgate enabling legislation to clarify that assessment of human health impacts is within the scope of NEPA where technically feasible and warranted by the nature of the impacts.
3. Provide research funding for HIAs with the goal of building regional, state, and local capacity to conduct HIA. To facilitate the larger goals of HIA, which include intersectoral cooperation, such funding would combine federal, state, and local resources from multiple agencies (e.g. NIH, EPA, USDA, and the
4. Establish a task force involving the GAO or CRS, along with the National Center for HIA, to assess the value and identifying mechanisms for using HIA in Congressional deliberations and/or incorporating HIA requirements into programs implemented by executive branch agencies.


Brian L. Cole, DrPH Project Manager
Health Impact Assessment Group
UCLA School of Public Health
Jonathan Fielding, MD, MPH, MBA
Director of Public Health and Health Officer
Los Angeles County Department of Public Health
Professor of Health Services and Pediatrics
UCLA Schools of Public Health and Medicine
UCLA School of Public Health

Please consider these physical/built environment and social determinants of health that relate to healthy eating.

Full service supermarkets per capita
Convenience stores per capita
Fast food per capita

Increase the number of State and local departments of health that use health impact assessments (HIAs) to inform decision-making and policy development

Increase the percentage of families eligible for Food Stamps who participate in the Food Stamp program.
Other Potential Social Determinants of Health Objectives for your consideration, most of which we are able to measure at the local level:
1. Increase the number of State and local departments of health that use health impact assessments (HIAs) to inform decision-making and policy development.
2. Increase the percentage of families eligible for Food Stamps who participate in the Food Stamp program.
3. Increase the availability of safe, high-quality, and affordable child care.
4. Increase graduation rates from high school and college.
5. Improve enrollment to post-secondary academic or vocational education.
6. Improve access to early education (like Head Start) with family engagement.
7. Increase the availability and coordination of employment development programs for youth and adults.
8. Increase percent of unemployed who receive subsidized job training.
9. Improve access to programs designed to increase the self-esteem and self-efficacy of girls and young women.
10. Improve family and individual stability as measured by number of years living in same home.
11. Increase proportion of students who are learning English as a second language (ESL) who are enrolled in literacy programs.
12. Increase the number (proportion) of homeless people who receive supportive services programs intended to help homeless people transition to independent lives.

Objective Comments
No comments were found.

Proposed Objectives
Anonymous on 12/31/2009 10:21:00 AM in Environmental Health

Proposed Objective Text: NACCHO - National Association of County and City Health Officials

1) Increase the proportion of trips made by walking.
2) Increase the proportion of trips made by bicycling.
3) Over the last ten years there has been an increasing number of communities around the country applying a health impact assessment (HIA) to built environment policies and plans to assure a healthy environment. Experience is HIA can prevent environment-related problems and some states are passing legislation requiring HIA for certain kinds of projects.
4) I don't see reference to HIA in the proposed objectives. I suggest the following be added (with improvements in wording, as needed): "Increase the proportion of built environment policies and plans
that are reviewed through a **health impact assessment** (HIA).

**Rationale:** Working on **Health Impact assessment** - this concept should be added

**Proposed Data Sources(s):** Propose valid, reliable, nationally representative data and data systems for this objective.

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NALBOH on 12/30/2009 10:20:00 AM in **Environmental Health**

**Proposed Objective Text:** Incorporate environmental public health in land use planning decisions during the planning stage through the mandatory use of **health impact assessments**.

**Rationale:** A number of physical and mental health issues are associated with poor land use planning and design including but not limited to, physical inactivity, poor air quality, inadequate water quality, traffic safety, loss of farmland and local food production, and residential segregation.

**Proposed Data Sources(s):** Frumkin, Howard, Frank, Lawrence, and Jackson, Richard. Urban Sprawl and Public Health: Designing, Planning, and Building for Healthy Communities. Island Press, 2004


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Anonymous on 12/17/2009 9:50:00 AM in **Educational and Community-Based Programs**

**Proposed Objective Text:** Increase the number of communities that complete a **health impact assessment** prior to implementing changes that would affect access, availability, or affordability of nutrition and physical activity environments.

**Rationale:** Communities should consider the impact both positive and negative that changes will have on the people living in a community prior to implementing changes.

**Proposed Data Sources(s):** Unknown, but should be considered for development.
Proposed Objective Text: Increase the use of health impact assessments used as a precursor to economic development, commercial and residential zoning laws, transportation planning, and agricultural policy.

Rationale: The public's health is impacted disproportionately where there are industrial developments, freeways, interruption of open recreational spaces, neighborhoods with high-density fast-food franchises and lack of access to fresh foods. Health impact assessments can be used to evaluate social determinants of health on a community level and provide empirical evidence for promoting regional planning, programs and policies to protect population health—especially for disenfranchised communities.


General Comments

Dawn Marie Jacobson on 12/30/2009 6:00:00 PM in General Comments

Los Angeles County Department of Public Health
General Comment 9
9. We are curious as to why the Topic Areas for Social Determinants of Health and Quality of Life/Well-Being state the “objectives have not been selected” when there are numerous examples throughout the document within individual Topic Areas. A list of such objectives and several examples of other potential objectives are provided below. We also provide potential physical/built environment objectives.

I. Social Determinants of Health
   A. Concepts and categories for consideration as independent or inter-sectoral objectives
      1. Educational attainment and quality
      2. Employment
      3. Social capital (family, community), community support, community effectiveness
      4. Intact, functional families
      5. Income
      6. Safe environments
      7. Policy and legislative environment (national, state, local)
      8. Corrections system
      9. Accessibility to the creative arts (music, theater, writing, visual arts, etc)

   B. Draft HP2020 Objectives that are also Social Determinants of Health objectives
      1. AH 1, 5, 6, 7, 8, 9, 10, 11
      2. AOCBC 5
      3. BDBS18
      4. DSC 3, 4, 5, 11
      5. EMC 2 and 5
      6. ECBP1
      7. HC/HIT9

   C. Other Potential Social Determinants of Health Objectives
      1. Increase the number of State and local departments of health that use health impact assessments (HIAs) to inform decision-making and policy development
      2. Increase the percentage of families eligible for Food Stamps who participate in the Food Stamp program.
      3. Increase the availability of safe, high-quality, and affordable child care.
      4. Increase graduation rates from high school and college
      5. Improve enrollment to post-secondary academic or vocational education.
      6. Improve access to early education (like Head Start) with family engagement
      7. Increase the availability and coordination of employment development programs for youth and adults.
      8. Increase percent of unemployed who receive subsidized job training.
      9. Improve access to programs designed to increase the self-esteem and self-efficacy of girls and young women.
     10. Improve family and individual stability as measured by number of years living in same home.
11. Increase proportion of students who are learning English as a second language (ESL) who are enrolled in literacy programs.
12. Increase the number (proportion) of homeless people who receive supportive services programs intended to help homeless people transition to independent lives.

II. Quality of Life/Well-Being
A. Recommend using both the Summary Measures of Health as introduced in the HP2010 Midcourse Review and the CDC Healthy Days HRQOL measure for assessing population-level quality of life

B. Draft HP2020 Objectives that are also Quality of Life objectives
1. AOCBC 1, 2, 3, 11
2. BDBS7
3. C17
4. DSC 7 and 9
5. ENT 2, 14, 18
6. MPS 2
7. OA 1
8. RD 3 and 4

III. Physical Environment Determinants of Health/Built Environment
A. Draft HP2020 Objectives that are also Physical Environment Determinant of Health objectives
1. EH9 Increase use of alternative modes of transportation for work commutes...
2. EH25 Decrease the number of new schools sited within 500 feet of a freeway or other busy traffic conditions
3. NWS 18 Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged in the Dietary Guideline for Americans
4. PAF 10 and 11 “Increase the proportion of trips made by walking/bicycling

B. Other Potential Physical Environment Determinants of Health Objectives
1. Per capita vehicle miles traveled
2. Overall greenhouse gas emissions
3. Increase percent of students using alternative ways to get to school.
4. Increase percent of employed adults who live within 15 miles of their worksite.
5. Park space or green space per capita
6. Increase the percentage of youth and adults who use public transportation and healthy alternatives such as bicycles and walking.
7. Percent of the population living in close proximity to heavy traffic
8. Full service supermarkets per capita
9. Convenience stores per capita
10. Fast food per capita
Los Angeles County Department of Public Health
General Comment 4

4. The set of objectives needs a uniform approach to organization at the overall DOCUMENT level. This will allow the document to be more approachable and relevant to end users.

Example A: 1) Access to Care—public and private; 2) Social and Physical Environment; 3) Genetics and Genomics; 4) Modifiable Risk Behaviors, and 5) System Infrastructure (IT, communications, data, surveillance, workforce development, quality improvement efforts, educational and community-based programs, etc.)

Example B: 1) Agriculture and Food Supply; 2) Education; 3) Environment; 4) Labor; 5) Transportation; 6) Justice and Corrections; and 7) Health/Public Health (e.g., access to quality healthcare services, comparative effectiveness of medications/technologies; quality improvement efforts; use of health impact assessments, and cross-cutting information systems).

Example C: 1) Population Groups, of which there appear to be 6—adolescents, early/middle childhood, older adults, maternal/infant/child health, persons with disabilities/secondary conditions, and the global population; 2) Determinants of Health—access, environment, food safety, genomics, social environment; and 3) Risk Factors/Behaviors, many of which are buried with the disease-focused Topic Areas—nutrition/weight status, physical activity/fitness, substance abuse, and tobacco use.

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Paul Jarris on 12/23/2009 2:04:00 PM in General Comments

On behalf of the Association of State and Territorial Health Officials (ASTHO), we support the mission of Healthy People 2020, and we appreciate the opportunity to comment on the proposed objectives and provide additional objectives for consideration.

Among the existing objectives, ASTHO supports the proposed Public Health Infrastructure (PHI HP2020–17) Healthy People 2020 objective to increase the proportion of Tribal, State, and local public health agencies that are accredited.

ASTHO also supports the following proposed Healthy People 2020 objectives in the areas of Health Communication and Health IT, Healthcare-Association Infections and Immunization and Infectious Disease and offers the following suggested revisions.

Health Communication and Health IT (HC/HIT HP202-7)
• We suggest clarifying the term "track" because it could be interpreted as receiving email confirmation for an appointment or discussing health status or receiving health promotion information. We believe that communication with the provider should include health promotion information and discussion of care.

Health Communication and Health IT (HC/HIT HP202-8)
• We suggest that the term "doctor" be changed to "provider" to be more inclusive of nurse practitioners and physicians’ assistants.

Healthcare-Associated Infections (HAI IP2020-1)
• Consider changing the phrase “Reduce central line-associated bloodstream infections” to “ Reduce the incidence of central line-associated bloodstream infections.”

Immunization and Infectious Disease (IID HP2020-4)
• Consider changing the phrase “Reduce tuberculosis” to “Reduce the incidence of TB” or “Reduce the TB rate.”

Immunization and Infectious Disease (IID HP2020-4)
• Given the significant differences in the TB rates among different racial and ethnic populations, consider expanding this objective. For example, “ reduce the difference in TB rates among Asians, Blacks, and Hispanics compared to non-Hispanic whites or the national TB rate” or “reduce the TB rate among foreign-born persons in the US compared to the national TB rate.” This would relate nicely to the overarching #2 goal of achieving health equity and eliminating health disparities.

ASTHO would also like to take this opportunity to propose the following new objectives in the areas of Environment Health, Healthcare-Associated Infections and Health Communication and Health IT.

Environmental Health
• New Objective: Increase the number of State and Local Health agencies monitoring for the health impacts associated with climate change in their jurisdiction (Data Source: Survey Health Agencies; CDC survey)
• New Objective: Increase the number of State and Local Health agencies planning and preparing for the health impacts associated with climate change in their jurisdiction (Data Source: Survey Health Agencies; CDC survey)
• New Objective: Increase the number of formal Health Impact Assessments conducted by State and Local Health Agencies on issues that will impact public health in their jurisdiction (Data Source: Survey Health Agencies; CDC survey)

Healthcare-Associated Infections (HAI)
• New Objective: As bloodstream infections only account for 14% of HAIs, also consider adding the reduction of catheter-associated urinary tract infections, which account for 34% of HAIs, surgical site
infections, which account for 17% of HAIs, and/or ventilator-associated pneumonia, which accounts for 13% of HAIs. Given the HHS Action Plan to Reduce HAIs, which includes metrics and national 5-year prevention targets for these types of HAIs, as well as the ARRA funding for state programs to prevent HAIs, it seems appropriate and reasonable to include these other objectives given their high contribution to overall incidence and number of HAIs. (Data Source: HHS Office of Public Health and Science Action Plan to Prevent HAI)

• New Objective: Consider adding an objective on infection control practices such as “reduce severe breaches of infection control protocol, such as unsafe injection practices, misuse of medical equipment, improper wound care, environmental contamination, and improper hand hygiene.” This may be difficult to measure but perhaps the number of events that expose thousands to infection could be reduced or a more specific objective related to one type of infection control lapse. Having an objective related to infection control practices is important given that 70% of HAIs are preventable. (Data Source: HHS Office of Public Health and Science Action Plan to Prevent HAI)

• New Objective: Consider adding an objective or component of an objective related to outpatient facilities, as HAIs are a significant problem in ambulatory surgical centers, endoscopy clinics, long term care facilities, dialysis centers, etc. This is especially pertinent as tier 2 of the HHS Action Plan to Reduce HAIs will focus on ambulatory surgical centers and dialysis centers. (Data Source: HHS Office of Public Health and Science Action Plan to Prevent HAI)

Health Communication and Health IT
• New Objective: Increase the proportion of providers who are meaningful users of electronic medical records (Data Source: Office of the National Coordinator for Health IT)

Lastly, ASTHO would like to add our support to the proposed Social Marketing objectives submitted by R. Craig Lefebvre, PhD from George Washington University School of Public Health and Health Services and Robert J. Marshall PhD from the Rhode Island Department of Health posted on November 1, 2009 to the comment section of the Health Communication and Health IT topic area.

• New Objectives: Increase the number of programs that use evidence-based social marketing for health promotion and disease prevention.
  o Increase undergraduate/graduate training in schools of public health
  o Increase continuing education for public health practitioners
  o Increase evidence-based research in prevention research centers and schools of public health, business and other related disciplines.

Thank you for your consideration.

Paul Jarris, MD,MBA
Executive Director
Association of State and Territorial Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202-3711
Telephone: 202-371-9090
Email: pjarris@astho.org