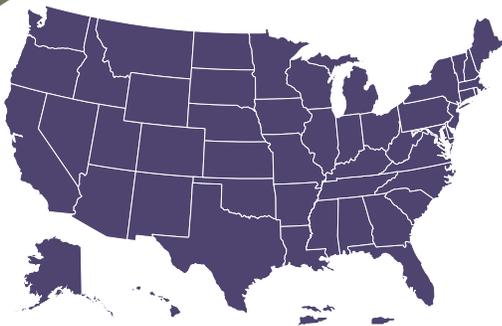


Public Health Practice Stories from the Field



Educating Policymakers about Strategies for Preventing Healthcare- Associated Infections

An Initiative of the Association of State and
Territorial Health Officials (ASTHO)

\$33 billion

in excess medical costs result from
HAIs every year

More than 1 million

HAIs occur every year

ASTHO

develops and disseminates tools
to educate stakeholders about
best policies and practices for HAI
prevention

Evaluation

of the ASTHO HAI policy toolkit
demonstrated its value to state
colleagues who are using it as one
of their resources to educate about
effective HAI policies

As a significant cause of death, healthcare-associated infections (HAIs) are a critical challenge to public health in the United States. HAIs are infections that patients acquire when receiving healthcare treatment (www.cdc.gov/HAI). At any given time, about 1 in 20 patients contract an infection while receiving care in US hospitals. These infections result in up to \$33 billion in excess medical costs every year. Despite these staggering statistics, HAIs are preventable, and comprehensive programs are the more effective way to make progress toward their elimination.

Several federal initiatives have been implemented to promote HAI prevention, making this an opportune time for states to start or enhance HAI programs. State health agencies play a central role in HAI elimination because they are responsible for protecting patients across the healthcare system and serve as a bridge between healthcare organizations and the community. For these reasons, the Centers for Disease Control and Prevention funded the Association of State and Territorial Health Officials (ASTHO) to educate stakeholders about how to prevent HAIs.

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What We Did

ASTHO monitors developments in HAI-related policies and initiatives, shares this information with members, and enhances collaboration with partners. ASTHO increases state and territorial health agency capacity to address HAIs by developing and disseminating such tools as

- ***Eliminating Healthcare-Associated Infections: State Policy Options***, a toolkit released by ASTHO in partnership with CDC in 2011.
- ***Policies for Eliminating Healthcare-Associated Infections: Lessons Learned from State Stakeholder Engagement***, released by ASTHO and CDC in January 2012 as a companion to the policy toolkit. It examines the early impact of policies to prevent HAIs and was based on input from stakeholders in 10 states.
- ***Policy Background: HAI Prevention and Policy Implementation***, released by ASTHO in February 2013. This two-page brief synthesizes key messages from ASTHO's HAI policy reports and serves as a tool for educating policymakers about HAI prevention.
- ***Real-time State HAI Legislative Tracking*** on ASTHO's website.

To educate stakeholders about policies and practices for HAI prevention, ASTHO shares these materials and learns from state experiences at national meetings, such as the ASTHO Policy Summit and the Council of State and Territorial Epidemiologists annual meeting.

What We Accomplished

ASTHO has formally evaluated the impact of its HAI policy education work. To collect states' experience-driven feedback, ASTHO administered a survey in December 2011 to HAI coordinators (100% response rate) and state legislative liaisons (35% response rate) in 14 states that had introduced HAI-related bills in 2011. The survey's purpose was to inventory existing HAI-related legislation to understand what types of legislation were being enacted and to assess the usefulness of and states' experiences with the HAI policy toolkit.

- About 40% of respondents cited public concern and/or consumer advocacy as factors influencing recent state HAI legislation.
- More than one-third of respondents mentioned federal drivers, such as funding, participation in the National Healthcare Safety Network, and Centers for Medicare & Medicaid Services requirements as factors that influenced development of state HAI legislation.
- When bills were passed, respondents identified factors such as 1) working with stakeholders (e.g., hospital associations) to address stakeholder needs, 2) a strong sponsor, and 3) support from public health and healthcare leadership.
- When bills were not passed, respondents identified factors such as lack of support from stakeholders or health departments.
- The majority of respondents (71%) were familiar with the HAI policy toolkit. Respondents from six states used the toolkit during the previous legislative session, reporting that it was one resource used to educate legislators and other stakeholders about policies similar to the ones being considered in legislation. Respondents from eight states planned to use it during the subsequent legislative session.

For more stories, visit

www.cdc.gov/stltpublichealth/phpracticestories

For information about this story, contact

Association of State and Territorial Health
Officials
Catherine Cairns
Director, Infectious Disease
Telephone: 571-527-3150
Email: ccairns@astho.org

For information about this product, contact

Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
OSTLTS Toll-free Helpdesk: 866-835-1861
Email: OSTLTSfeedback@cdc.gov
Web: www.cdc.gov/stltpublichealth