

PHS Actions for Building Capacity in Policy Development

Policy development: promoting scientifically sound health policy. The goal is to develop comprehensive public health policies by promoting the use of scientific knowledge in making decisions and setting priorities. Priorities are based not only on the size of health needs, but on what can be done to meet those needs using existing technologies or investing in research. Policy development provides the framework for assurance.

The following are strategies for building capacity in policy development, with actions by agencies and representative examples. The two time periods shown are those during which the action either begins or continues, as for example, **1990-91** and **1992 and beyond**.

Policy development strategy 1: Developing goals for public health at the national, State, and local levels

Office of the Assistant Secretary for Health (OASH)

1. Coordinate the activities of the PHS HIV Leadership Group, the PHS Task Force on HIV/AIDS, and the Federal Coordinating Committee on HIV/AIDS to facilitate coordination of activities between the agencies in planning and policy formulation and implementation with regard to the acquired immunodeficiency syndrome epidemic and human immunodeficiency virus infection (*National AIDS Program Office*).

1990-91

1992 and beyond

2. Facilitate completion of the Healthy People 2000 Objectives and coordinate their announcement at a national conference (*Office of Disease Prevention and Health Promotion*).

1990-91

3. Convene the U.S. Preventive Services Coordinating Committee to examine barriers to the implementation of clinical preventive services, such as financing, health professions education, and patient and public awareness, to propose solutions, promote the implementation of clinical preventive services, and sponsor expert review of the science base for clinical preventive services (*Office of Disease Prevention and Health Promotion*).

1990-91

4. Develop and coordinate strategies that promote greater sensitivity to minority health issues. Emphasis will be placed on establishing direct contact and dialogue with traditional public health agencies, such as the U.S. Conference of Local Health Officers (USCLHO), the National Association of County Health Officials (NACHO), the Association of State and Territorial Health Officials (ASTHO), and others, to facilitate their involvement in public health issues regarding minority and minority-focused programs.

1990-91