

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

5. Convene a committee to identify ways to promote availability of family nurse practitioners (*Office of Population Affairs*).

1990-91

1992 and beyond

6. Increase cooperative ventures between the Governors' Councils on Physical Fitness and Sports and the State health officers (*President's Council on Physical Fitness and Sports*).

1990-91

7. Enhance efforts to address the physical fitness and health needs of the elderly, minorities, families, and the handicapped (*President's Council on Physical Fitness and Sports*).

1990-91

National Institutes of Health (NIH)

1. Provide leadership in the development of the Healthy People 2000 Health Objectives for the Nation.

1990-91

1992 and beyond

2. Evaluate the objectives and assist in converting them to standards used in the Model Standards for Community Preventive Health Services.

1990-91

1992 and beyond

3. Support and organize Consensus Development Conferences.

1990-91

1992 and beyond

Indian Health Service (IHS)

1. In partnership with tribal entities, develop goals for the health of American Indians and Alaska Natives, including quality management initiatives and goals for the Healthy People 2000.

1990-91

1992 and beyond

Health Resources and Services Administration (HRSA)

1. Elaborate on the vision statement of public health practice and primary care for the underserved, and further promulgate principles designed to facilitate the programs.

1990-91

2. In collaboration with PHS, Federal programs, and State and local public health officials, project the appropriate quality and quantity of health pro-

fessionals expected to be needed to address public health problems of a high priority.

1990-91

1992 and beyond

3. Develop a strategic planning process for improving access to quality primary care by considering initiatives from State and local public health agencies, the Secretary's Program Directions, the recommendations of the White House Task Force on Infant Mortality, promising research findings, relevant reimbursement policies, and other materials as appropriate.

1990-91

1992 and beyond

4. Support research efforts that show promise for improving primary care for rural areas, minority populations, and the underserved.

1990-91

1992 and beyond

Food and Drug Administration (FDA)

1. Sponsor an international biotechnology conference to examine state-of-the-art medical device biotechnology developments and discuss future directions.

1990-91

2. Conduct discussions with consumer groups, academicians, and industry to determine future directions of over-the-counter (OTC) medicines. Such strategy discussions will include development of new drug products, prescription-to-OTC switches, adverse reactions, and the formulation of policies to promote safe use of OTC drug products.

1992 and beyond

Centers for Disease Control (CDC)

1. Initiate, collaborate, and assist in the development of specific national, State, and local health promotion and prevention objectives for the Healthy People 2000 that are consistent with national, State, and local priorities for the nation and for each State and locality. Clarify the appropriate roles of the various agencies and levels of government necessary to achieve the national, State, and local objectives.

- Develop a consensus about what public health policies are needed and the respective roles of different organizations.

1990-91

1992 and beyond

• Develop consensus about which public health research goals are of highest priority and how to achieve them.

1990-91

1992 and beyond

• In collaboration with affected groups, ensure that all policies and plans address needs of the different minority and socioeconomic groups.

1990-91

1992 and beyond

2. Convene a meeting of State health departments to better focus environmental health responsibility for each State within the State's health department.

1990-91

Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

1. Develop a 10-year perspective to inform Congress of the progress that has been made in alcohol research and to provide a vision of the expected accomplishments in alcohol research over the course of the next decade (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

2. Initiate studies to summarize specific progress in basic and applied research, and to determine the most promising opportunities for significant future investigations (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

3. Support the Institute of Medicine in preparing a report to summarize the research knowledge that exists pertaining to the prevention and treatment of alcohol-related problems. Based upon this knowledge, identify emerging research opportunities (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

4. Report to Congress, as legislatively mandated, every 3 years on the latest research on the health consequences of using alcoholic beverages and on current research findings on alcohol abuse and alcoholism, and recommend legislative and administrative action (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

5. Educate alcohol researchers and research user communities by convening 8 to 10 workshops and conferences annually on research methodology and

the results of recent research (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

6. Facilitate the identification and utilization of current and developing research findings that need to be communicated to various research and research user communities (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

1992 and beyond

7. Convene the NIAAA Extramural Science Advisory Board to review the extramural research portfolio to assess overall balance of activities supported by grants, to identify research strengths, and to determine areas in need of further exploration (*National Institute on Alcohol Abuse and Alcoholism*).

1990-91

8. Address data needs on a continuing basis for reliable trend analysis, distill information, and use it in creative responses to policy problems. Publish a request for proposals for a drug policy research center and award a contract to support such a center (*National Institute on Drug Abuse*).

1990-91

1992 and beyond

9. Develop strategies for reducing mental and behavioral disorders and participate in the development of strategies for six additional Healthy People 2000 Health Objectives (*National Institute of Mental Health*).

1990-91

10. Submit a report to Congress on current knowledge on co-occurring mental and substance abuse disorders (*National Institute of Mental Health*).

1990-91

11. Aggregate information from annual reports submitted by States under the McKinney Mental Health Services for the Homeless block grants. Incorporate the information in the NIMH annual report on innovative and effective approaches to serving the homeless mentally ill population (*National Institute of Mental Health*).

1992 and beyond

12. Convene a conference on implementing the NIMH National Plan to Improve Care for the Severely Mentally Ill (*National Institute of Mental Health*).

1992 and beyond

13. Convene a national research conference on child and adolescent mental health services research (*National Institute of Mental Health*).

1992 and beyond

14. Formulate policy recommendations to support public and academic community liaison in order to enhance improved training for mental health services in public settings (*National Institute of Mental Health*).

1992 and beyond

15. Convene an international research conference on mental health services in general health care settings (*National Institute of Mental Health*).

1992 and beyond

16. Convene a major consensus development conference on cross-cultural approaches to mental health service delivery to minority populations (*National Institute of Mental Health*).

1992 and beyond

17. Provide onsite technical assistance and limited conference support to communities in the area of long-term, comprehensive, prevention planning and program development (*Office for Substance Abuse Prevention*).

1990-91

1992 and beyond

Agency for Toxic Substances and Disease Registry (ATSDR)

Increase the knowledge of health outcomes that result from exposure to hazardous substances by defining the most prevalent exposures to hazardous substances, defining adverse health effects related to hazardous substances, and evaluating relationships between exposure and human health effects.

1990-91

1992 and beyond

Agency for Health Care Policy and Research (AHCPR)

Enhance the quality, appropriateness, and effectiveness of health care services and access to services.

1990-91

1992 and beyond

- Develop a broad base of scientific research, methods, and data bases,
- Demonstrate and evaluate new ways to improve health services delivery, access, and outcomes,
- Assess technologies being considered for Federal reimbursement, and
- Address the needs of rural and minority populations in particular.