

# TIPS FOR ENGAGING POLICYMAKERS TO ADVANCE STATE HAI PREVENTION POLICY INITIATIVES



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Like most public health challenges, preventing healthcare-associated infections (HAIs) and their effects, including sepsis, requires a multimodal approach—from patient and provider education to policy remedies such as regulations and legislation. HAIs lead to an estimated \$33 billion in excess medical costs to U.S. hospitals each year<sup>1</sup> and more than 2.8 million antibiotic-resistant infections occur in the U.S. each year resulting in more than 35,000 deaths.<sup>2</sup> In response to these challenges, several state health departments are working with policymakers and other stakeholders to advance policy solutions designed to reduce and prevent HAIs and antibiotic misuse. As the states that have succeeded in this effort will attest, policy solutions take commitment, perseverance, and partnership.

This tip sheet provides strategies for working with stakeholders and policymakers in your jurisdiction to advance policy initiatives that can improve patient safety. To illustrate some of these tips, we also profile the experience of two states—New Jersey and Tennessee—that successfully worked with their state policymakers to advance HAI prevention policy initiatives.



State laws and procedures differ in terms of what public employees may do to advance policy initiatives. Make sure to consult your state laws or employee manuals to learn what your state allows.

## 1 PLAN YOUR EFFORTS

Determine if your agency has a strategic plan or agenda for advancing policy initiatives. If it does, check whether HAIs are a priority, and if so, use the plan or agenda to guide discussions with policymakers about HAIs in your state. If not, consider working with your legislative affairs team to start a plan which should include HAIs:



- **Articulate your public health goal**, for example, “protect all patients from HAIs,” and be specific about the approaches you will take to reach that goal.
- **Identify which policymakers and stakeholders you need to engage** and work to understand their existing policy initiatives and priorities. Engage subject matter experts from within your agency, as well as within the state or in the field, to help you craft a winning strategy.
- **Develop core messages** that support your strategic plan.

## 2 ESTABLISH WORKING RELATIONSHIPS

Engaging policymakers begins by establishing working relationships with these leaders and their staff, especially those who are on committees and subcommittees focused on health, as well as those willing to consider a “health in all policies” approach. Also get to know key stakeholders who can influence policymakers. To establish working relationships:



- **Work with the legislative affairs team** at your agency. They likely already have strong relationships with many of the key policymakers.
- **Connect with stakeholder groups** that have a vested interest in advancing HAI prevention—for example, hospitals and healthcare facilities, hospital associations, patient advocates, physicians, and epidemiologists.
- **Be patient, be persistent, and be responsive.**

<sup>1</sup> CDC. “The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention.” Available at [http://www.cdc.gov/hai/pdfs/hai/scott\\_costpaper.pdf](http://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf) Accessed 8-28-2019.  
<sup>2</sup> CDC. “2019 AR Threats Report.” Available at: <https://www.cdc.gov/drugresistance/biggest-threats.html> Accessed 11-14-2019.

### 3 PREPARE TO MOVE FORWARD AT ANY TIME

A planned, thoughtful approach can help advance HAI prevention policy initiatives in a systematic way. But know that an opportunity to move forward with a policy initiative may arise at any time. For example, in Tennessee, a consumer-driven effort to require reporting of HAIs became an opportunity for the Department of Health to obtain useful data to inform prevention work. In New Jersey, an outbreak of adenovirus provided the impetus for the Department of Health to work with state legislators to draft a bill requiring that long-term care facilities have outbreak plans. To be prepared to move forward:



- **Develop talking points** that tell a story and use data to illustrate key points—for example, a dramatic drop in rates as a result of a new policy in another jurisdiction.
- **Include personal stories** in your talking points—for example, the impact of HAIs on specific individuals and families (with their permission, of course).
- **Make it easy for policymakers to say “yes”** to the next step—participate in another meeting, join a working group, etc.

### 4 BE OPEN TO OPPORTUNITIES

Be open to acting when opportunities to talk about HAI prevention with policymakers arise. To find these openings:



- **Consider calendar-driven opportunities**—for example, recognized public health events, awareness or observance days (such as U.S. Antibiotic Awareness Week, Sepsis Awareness Month, National Patient Safety Awareness Week, and World Hand Hygiene Day).
- **Consider those times when policymakers are searching for solutions**—for example, after unfortunate events such as the HAI-related deaths at the New Jersey long-term care facility or when HAIs are in the news cycle.

### 5 MAINTAIN COMMUNICATION

Open lines of communication and transparency will make collaborating with policymakers and their staff easier and more productive. By keeping everyone “in the loop” you earn their trust and confidence. You also show that the process is collaborative and mutually beneficial. To maintain regular communication:



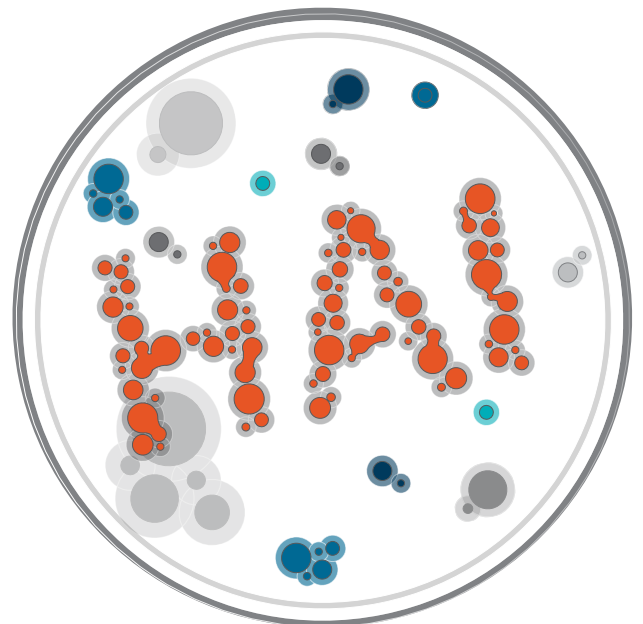
- **Provide updates** via routine conference calls, e-mails, and when possible, in-person meetings.
- **Provide information others need** in a way that they can use. For example, consider developing summaries and briefs rather than sending reports and other long documents.

### 6 LEARN FROM EACH OTHER

Colleagues across the country who are working to prevent HAIs are learning more and more each day about how to address this important public health issue. To learn from each other:



- **Connect with other states** that have successfully implemented policies to prevent HAIs.
- **Hear from experts** about policy approaches to preventing and containing antimicrobial resistance in the [Public Health Review podcast](#).



# State Profiles



## NEW JERSEY: TRUST WITH TRANSPARENCY

In 2018, an adenovirus outbreak led to the deaths of 11 children receiving care at the Wanaque Center for Nursing and Rehabilitation in Haskell, New Jersey. This tragic event provided the impetus for the Department of Health to collaborate with state legislators on a bill requiring long-term care facilities to have outbreak response plans.

The New Jersey Department of Health worked closely with the health commissioner and state legislative staff on a rapid timeline. Weekly meetings with legislative staff were one of the most effective strategies for supporting the bill through the legislative process.

New Jersey's effort centered on its relationships with state legislators and their staff. In addition to the weekly meetings with legislative staff, the health commissioner met with legislators and the Department of Health held regular meetings with the state legislature's health committees. They built trust with open communication and transparency.

## TENNESSEE: PARTNERSHIPS ARE KEY

In 2005 – 2006, Tennessee Citizen Action was advocating for public reporting of HAIs. The Tennessee Department of Health decided to leverage that outside effort and found a way to make HAI reporting work for multiple stakeholders.

They assembled a multi-disciplinary advisory group to determine the best way to obtain useful data. The group met in person and recommended using the CDC National Healthcare Safety Network (NHSN) tracking system. They continued to meet by webinar over time, working together to inform and launch the new antibiotic use reporting policy.

Key partners involved in this effort included: Vanderbilt University, the Tennessee Hospital Association, the Association for Professionals in Infection Control and Epidemiology, rural and urban hospitals, physicians, epidemiologists, and internal staff such as quality improvement professionals and infection preventionists.

With the policy in place, the Tennessee Department of Health continues to collaborate with hospitals to collect data, analyze it, and get ahead of problems.

Also read about how New York State issued sepsis regulations in this [ASTHO Experts Blog](#).

## Other Helpful Resources

[ASTHO HAI Toolkit](#)

[ASTHO Advocacy Toolkit](#)

[NACCHO Building Your Advocacy Toolbox: Advocacy vs. Lobbying](#)

