American Hospital Association

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Re: CDC Health Protection Research Guide 2006-2015 – Public Comment Draft

Dear Dr. Rashid:

On behalf of the American Hospital Association's (AHA) 4,800 member hospitals, health care systems, and other health care organizations, and our 33,000 individual members, we appreciate this opportunity to comment on the Centers for Disease Control and Prevention's (CDC) "Health Protection Research Guide 2006-2015."

As an organization that works in partnership with the CDC to achieve the mutual goals of improving the health of hospitals and the communities they serve, the AHA has followed development of this guide with great interest and is pleased to provide further input into the 2006-2015 CDC research agenda. We agree that long-range planning is necessary to improve the future health outcomes of individuals and communities and that this requires leadership, accountability and, at times, redesign to respond with the correct information at the opportune time. The AHA recognizes and appreciates the enormous time, energy and thought that have led to this draft.

AHA staff and members participated in the CDC's public meetings addressing the research agenda and provided suggestions based on areas of mutual interest to hospitals and health systems. Nearly all of the research categories included in the draft agenda are of interest to the AHA and its personal membership groups. However, given the breadth and scope of this major endeavor we will address limited areas as appropriate. Our detailed comments are attached.

In addition, as this research agenda is carried out over time, we strongly encourage the CDC to improve its coordination with other federal agencies and departments – such as the Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality and the Occupational Safety and Health Administration – to ensure better consistency in conducting research across agencies and in making sound, evidence-based policy decisions. We also encourage the CDC to improve its process for disseminating its research findings, which could lead to greater improvements in our nation's health.

If you have questions on this comment letter, please feel free to contact me or Roslyne Schulman, AHA's senior associate director for policy development, at (202) 626-2273 or rschulman@aha.org.

Sincerely,

Rick Pollack
Executive Vice President

Attachment

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Page Number and Section	**Issue – Statement in Text**	**AHA Recommendations**
P. 30, III. Prevent and Control Infectious Diseases A. Emerging and Re-emerging Infectious Diseases 1. Antimicrobial resistance	"Determine the optimal methods of preventing the spread of drug-resistant infections in healthcare facilities and other settings or cohorts where outbreaks have been described…."	We recommend including a statement supporting studies of *behavior* related to prescribing practices and their impact on reduction of multi-drug resistance. This should address both clinician practices and the pressure of consumer demand. The current research scope is not sufficiently focused on community aspects and existing private partnerships attempting to address community/consumer behavior. (*See last page and comment for IX.C.3 and 6.*)
P. 32, III. Prevent and Control Infectious Diseases 4. Healthcare-associated Infections and Patient Safety	"Develop improved methods for identifying and preventing healthcare-acquired infections and for determining relatedness of pathogen strains."	We recommend: 1. Modifying to read: "Develop improved *rapid* methods for…" 2. Changing "acquired" to "associated"
	"Determine factors that facilitate healthcare provider infection-control practices."	We recommend adding language to include the study of "human factors" that facilitate health care provider infection-control practices.
		We recommend adding to this section: 1. "Conduct studies to identify dose-response relationship for opportunistic waterborne pathogens (e.g. *Legionella sp.*) in health care settings." 2. "Conduct studies on treatment/eradication of opportunistic waterborne pathogens in health

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		care facilities." 3. A statement regarding the need for research into designing health care facilities to optimize patient safety and measuring effectiveness in terms of health outcomes. For example, designs to reduce the transmission of infection, patient falls and medication errors. Neither of the two other references to the "built environment" in the draft guide address this issue.
P. 34, III. Prevent and Control Infectious Diseases B. Pandemic and Annual Influenza 1. Influenza Pandemic and Interpandemic (Annual)	"Evaluate and field-test communication messages, and determine the efficacy of 'low-tech' intervention measures (e.g., hand hygiene and face masks). Investigate the most effective ways to relate uncertainty to the public."	The HHS Pandemic Influenza Plan includes an unproven recommendation to use masks on exposed but non-symptomatic individuals. In the absence of evidence, we are concerned that this practice may be ineffective and could lead to public panic. Therefore, we recommend adding the following sentence to this paragraph: "Investigate the efficacy of using masks on individuals who have been exposed but are non-symptomatic." In addition, we recommend adding: "Evaluate efficacy of respiratory etiquette and determine optimum duration of precautions (isolation or quarantine)."
p. 38, III. D. Vaccines and Immunization Programs	"Conduct health economics research of vaccine programs. Identify strategies to match vaccine	Given the chronic problems the nation has experienced related to seasonal influenza

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1. Immunization Services Delivery Research	supply and demand."	vaccine, we recommend that the CDC add a research focus on the vaccine distribution process; particularly, the interaction between public and private enterprises involved in distribution of vaccine. This is not clearly addressed in the section on p. 34 under *Influenza Pandemic and Interpandemic.* Also, Section 4 addressing *Vaccine Supply* focuses on manufacturers, but not the private U.S. distribution process.
P. 40, III. E. Behavioral, Social and Economic Research in Infectious Disease 1. Behavioral and Prevention Research to Promote Health	"Study the effectiveness and practice of culturally competent services and infection-control measures (e.g., hand washing and safe needle use and disposal)."	In addition to effectiveness, we recommend adding an element of study related to identifying *human factors* that affect such behavior and the *sustainability* of such behavior (i.e., human factors that may motivate sustained improvements in hand-hygiene).
P. 41, III. E. Behavioral, Social and Economic Research in Infectious Disease 2. Economic Analyses of Infectious Disease	"Use econometric analysis to assess the demand for and the supply of infectious diseases interventions."	We recommend that the CDC explicitly state that this analysis *includes* health care-associated infections (HAI).
P. 51, IV. Promote Preparedness to Protect Health B. Infrastructure and Prevention 2. Public Health, Mental Health and Medical Response Teams	"Determine whether systems integration can: a) reduce the impact of surge capacity on already fragile, overburdened systems of trauma and emergency care; and b) influence the efficacy of infection control interventions (e.g., respiratory hygiene and universal masks) in limiting	We recommend that the CDC add a study focus on methodical approaches for developing negative pressure zones and testing their effectiveness. This continues to be a source of confusion for hospitals, as equipment manufacturers' claims do not meet actual system

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	dissemination of respiratory infections in various settings (e.g., hospitals, emergency departments, outpatient clinics, and long-term care facilities)."	performance.
P. 54, IV. Promote Preparedness to Protect Health C. Public Health Workforce Preparation and Front-line Prevention and Response 2. Support for Front-line Personnel Involved in Health Protection Functions During Extreme Events	"Develop guidelines for emergency responders on the selection, use, and maintenance of respirators and other PPE in disaster situations."	Given the current guidelines for first responders and first receivers from other agencies (e.g., Occupational Safety and Health Administration, as well as the National Institute for Occupational Safety and Health), we recommend placing study emphasis on *evaluation of the effectiveness of existing recommendations and guidelines* from the CDC and/or other agencies.
P. 55, IV. Promote Preparedness to Protect Health D. Detection and Diagnosis of Hazards and Medical Consequences Associated with Emergency Events 1. Public Health and Medical Surveillance Systems Involved in Extreme Events	"Identify and assess potential health-indicator data sources. Validate, standardize, and integrate public health and medical surveillance systems to improve capabilities for the detection of natural and man-made threats to public health."	We recommend that the CDC add an *evaluation on the effectiveness* of such systems. We also recommend adding: "…and integrate public health and medical surveillance systems with *existing management systems* to improve capabilities…" This might include consideration of integration with systems such as the Hospital Emergency Incident Command System (HEICS).
P.74, VI. Create Safe Places to Live, Work, Learn and Play A. Environmental Health 2. Environmental Risk Factors	"Conduct research to assess exposure to, identify risk factors for, and assess attributable risks associated with emerging environmental contaminants (e.g., endocrine disruptors, aquatic toxicants, nanotechnology, and	We recommend that the CDC add a focus on areas with poor delineation of *dose-response/ attributable risk.* In particular those areas in which, in the absence of evidence-based science, there may be a large economic impact on health

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	pharmaceuticals)."	care facilities. Examples include health outcomes of plastics used in health care products (e.g. polyvinylchloride, di-(2–Ethylhexyl) phthalate, or similar materials).
P. 76, VI. Create Safe Places to Live, Work, Learn and Play A. Environmental Health 6. Environmental Data and Information Systems	"Assess and demonstrate the value of developing partnerships with organizations (e.g., Kaiser, the Veterans Administration, and Medicaid) that collect health systems data to facilitate the linkage of environmental and health data regarding a wide variety of health outcomes, including chronic diseases."	We recommend that the CDC consider including other partnerships capturing data focused on similar health outcomes; for example, Hospitals for a Healthy Environment (H2E).
P.78, VI. Create Safe Places to Live, Work, Learn and Play B. Occupational Safety and Health 2. Occupational Diseases	"Conduct research to close gaps in knowledge pertaining to the occurrence of and risk factors for occupational diseases (e.g., respiratory diseases, cardiovascular diseases, dermatitis and other skin disorders, fertility and pregnancy abnormalities, and infectious diseases.)"	We recommend explicitly including health care facilities; that is, evaluation of workplace exposures should include health care facilities, specifically considering the role of construction and renovation and its impact on workers as well as patients.
P. 80, VI. Create Safe Places to Live, Work, Learn and Play B. Occupational Safety and Health 6. Emerging Workplace Hazards	"Determine the cost effectiveness of control technologies in responding to a new hazard."	We recommend the explicit inclusion of health care-related occupations (e.g., construction workers who work in health care facilities).
P. 102, VIII. Manage and Market Health Information A. Public Health Data	"Conduct research that helps elucidate the barriers that prevent the integration of public health data and other health related data systems,	We recommend that the CDC identify the need for studies to develop systems for interfacing data with other public agencies (e.g., the Centers

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3. Integrating Health and Policy Data	and identify ways to overcome those barriers."	for Medicare & Medicaid Services), enabling simpler systems for the transfer of quality data.
P. 105, VIII. Manage and Market Health Information B. Public Health Informatics 5. Electronic Medical Records	"Develop and evaluate strategies that increase the use of public health guidelines by clinical care professionals to ensure that they receive updated public health information on a variety of topics (e.g., specific diseases, health conditions, and effective interventions) to inform their decision making and practice."	We recommend that the CDC add: "Develop and evaluate strategies that ensure integration with similar efforts from other Department of Health and Human Services agencies (e.g., CMS) and partnerships (e.g., CMS-AHA Surgical Care Improvement Project initiative)."
P. 106, VIII. Manage and Market Health Information C. Health Marketing	General comment for all sections C.1-C.10	We recommend clarifying that planned research involve partnerships with key stakeholders, such as the AHA's Health Research and Education Trust.
P. 117 & 119, IX. Cross Cutting Research C. Public Health Science, Policy and Practice 3. Community-based Participatory Research (CBPR) or 6. Health and Well-being Across Diverse Communities	3. "Conduct CBPR to understand and evaluate interventions at the community level, especially those that focus on policy and environmental changes aimed at reducing the burden of and risk factors for chronic conditions and increasing the dissemination of effective health-promotion interventions." 6. "Evaluate the effectiveness of laws, policies, and incentives (e.g., water fluoridation, bike	We recommend adding to C.3 and C.6 explicit study of interventions on antimicrobial usage that have an impact on antibiotic resistance. This is a critical *human behavior issue* involving not only the prescribing clinician, but also community perception and consumer demand. Antimicrobial resistance is addressed well in *III.A. 1. Antimicrobial Resistance* but is not

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	paths, immunizations, hand washing and clean air) designed to improve health. Identify, implement, and evaluate effective health promoting approaches targeted to community settings (e.g., encouraging active lifestyles, healthy eating, and tobacco cessation), and implement approaches designed to prevent or delay the onset of related chronic and infectious diseases, injuries, and disabilities."	sufficiently focused on community aspects and existing private partnerships addressing community behavior/consumer demand.