

Issue #15 PBRN Week in Review | May 2, 2009

PBRN Grantees: Please circulate relevant information to your network members. For additional information and suggestions for future items, please contact Elaine Wootten, woottenelaineb@uams.edu or 501-526-6628.

Notable Activities This Week

- The May 20 PBRN Webinar will feature Doug Wholey, a professor of health policy and management at the University of Minnesota School of Public Health. Dr. Wholey's current research touches on social network analysis methods for public health systems, theory-based sampling, mixed-method approaches, and studies of collaboration and team-based approaches in public health practice. Doug also has a wealth of experience with researcher-practitioner collaboration, both in his home state of MN where he partners with state and local health officials, and across the pond in the UK where he works closely with the National Health Service. His recent work with social network analysis in public health systems will be helpful to us as we work together to develop cross-cutting research and evaluation plans.
- H1N1 Response Considered at the May 12 PBRN Conference Call. The monthly PBRN conference call will examine practice-based research opportunities created by the public health response to the H1N1 influenza outbreak. The *RWJF Public Health Team* will join us on the call to discuss their thoughts and questions about PBRN research opportunities on this topic. Don't miss what is sure to be an interesting and enlightening conversation!
- The Public Health PBRN Round II Applicant Web Conference had over 160 participants from 33 states. Callers asked several questions related to the work of the Round I pioneers! Up to 10 new grantees will be selected to join the initial cohort in developing public health PBRNs. For details and important dates, see the PBRN website for the Call for Proposals.
- Cross-cutting PBRN Research and Evaluation Activities. Coordinating center staff are also continuing to work on possible research activities that will yield comparative information on how public health research networks develop and evolve over time, along with information about important, cross-cutting issues in public health practice. We mentioned a few articles on interorganizational network analysis in last week's newsletter (in the journals <u>HSR</u> and <u>ARPH</u>). If you need access to these or other articles mentioned in the newsletters, let us know and we'll get them for you.

▶ PBRN Technical Assistance. Coordinating center staff have developed an initial searchable database of public health research and practice consultants who are available to consult with PBRN grantees on a variety of topics relevant to developing and conducting research with PBRNs. This database along with a web-based form to request more information and indicate other TA needs will be launched on the PBRN website very shortly. While we work out the technical aspects, feel free to contact coordinating center staff directly with TA needs or requests for specific consultants.

Key Upcoming Dates

May 12: PBRN Monthly Conference Call -11:30-1:00 ET; 10:30 CT; 9:30 MT; 8:30 PT.

May 20: PBRN Quarterly Webinar - 2:00-3:30 ET; 1:00 CT; 12:00 MT; 11:00 PT.

Activities on the Horizon

- **PBRNs at NACCHO.** A PBRN learning session entitled *Measuring the Value of Public Health through Practice-Based Research Networks* will be presented at the NACCHO Annual Conference, July 29-31 in Orlando, Florida. Harold Cox (MA), Lee Thielen (CO), David Fleming (WA), and Glen Mays (NCC) invite others to join them as presenters. We will work together to flesh out the structure and content of this session during the coming months.
- June 24-26: AHRQ Primary Care PBRN Research Conference. This conference is heavily focused on primary care PBRNs and their research priorities, but the implications for public health PBRNs are numerous. Sharla Smith attended this conference last year and is glad to share her experiences with you. For more information on the conference: http://phrm.chrs.gou/agttp/gerupr.fl2pepinf20pepi

http://pbrn.ahrq.gov/portal/server.pt?open=512&objID=854&PageID=14485&mode=2

- June 28-30: AcademyHealth Annual Research Meeting in Chicago. www.academyhealth.org
- June 30-July 1: AcademyHealth Public Health Systems Research Interest Group Meeting, Chicago. <u>http://www.academyhealth.org/interestgroups/phsr/2009.htm</u>

Related Research and Practice Activities



H1N1 and Public Health Practice-based Research. The current H1N1 influenza outbreak presents an important test of the preparedness and response capacities of our nation's public health systems. As such, the outbreak creates unique opportunities for acquiring new evidence about specific public health capacities and practices that work best in responding to a newly emerging public health threat. We already know that

our nation's public health systems vary widely across states and communities with respect to their organizational capacities, workforce characteristics, financial resources, service offerings, and program operations. When these highly-varied systems are confronted with a common threat like H1N1, we have the opportunity to observe and compare how different types of systems respond and what outcomes are experienced as a result. Rigorous analysis and careful interpretation of such observations can yield valid and reliable "practice-based evidence" that elucidates pathways for improving our nation's public health systems. What are the characteristics of public health agencies and systems that experience the largest burden of H1N1 cases? Are there imbalances between the geographic distribution of H1N1 cases and the geographic distribution of public health staff and other resources? To what extent could public health resources in neighboring jurisdictions be mobilized rapidly to correct imbalances between disease burden and resources? How do characteristics of public health agencies and systems affect the timeliness of N1H1 case reporting, case investigation, case identification, and initiation of risk mitigation and control activities? How is the timeliness of outbreak response affected by differences in organizational structure, workforce and staffing patterns, financial resources, statelocal administrative relationships, information and communication structures, and other key elements of public health infrastructure? We'll discuss these and other research issues at our May PBRN conference call.

Deadline extended! **Public Review and Comment Period for PHAB Draft Standards extended until May 7!** Revisions of the standards depend upon feedback from the public health community, and PHAB makes a variety of input mechanisms available on its website: <u>http://phaboard.org</u>.

- States foresee trouble evaluating impact of stimulus spending. A new GAO report suggests that many states are concerned about their ability to ensure accountability and impact of the new funding made available through federal stimulus activities -- much of which is intended for health programs. According to the report, about two-thirds of this year's funding will go toward health programs because these needs typically are more pressing than other issues. The report is available <u>online</u>. Practice-based research studies could play a role in documenting the effects of stimulus spending within public health systems, as the Washington PBRN is now contemplating.
- Input for Comparative Effectiveness Research Priorities. The Federal Coordinating Council for Comparative Effectiveness Research recently held the first of three listening sessions (listen here) in which interest groups and the public can express how they believe the \$1.1 billion from the stimulus package for comparative effectiveness research should be spent. The next hearings are tentatively scheduled for May 6 and May 13. At least one meeting is expected to be held outside of Washington, D.C. http://www.hhs.gov/recovery/programs/cer/index.html



Recent Literature of Interest

- **Would public health workforce attendance drop during an influenza pandemic?** This question has become significant in the recent few days. Read the <u>findings</u> of this British study just published in February.
- Public health, obesity, and crime prevention? A new study from economics and criminal justice faculty at Morehouse College uses a unique data set to examine the extent to which individual crime hazards increase with four measures of obesity. Estimates suggest that interventions that reduce the incidence of obesity will improve public health AND public safety by reducing crime—partly through labor market effects. This study appears this month in the prestigious economics journal <u>Economics Letters</u>.
- Economic Value of Prevention? A new review article by the Partnership for Prevention, commissioned by RWJF and CDC, helps to clarify the current policy debate about potential cost savings from investments in prevention a hot button issue in federal discussions about health reform approaches. Unsustainable growth in medical spending has sparked interest in the question of whether prevention saves money and could be the answer to the health care crisis. But the question misses the point. What should matter (for both prevention and treatment services) is value the health benefit per dollar invested. This paper discusses a package of effective preventive services that improve health at a relatively low cost. Health care spending can best be controlled by shifting investments from expensive low-value services to more cost-effective interventions. Read the full paper <u>here</u>.
- PBRNs and Mental Health Services. The journal Administration and Policy in Mental Health and Mental Health Services Research featured in its April 2009 issue an article entitled "Revisiting Practice-Based Research Networks as a Platform for Mental Health Services Research." PBRNs haven't caught on among mental health practitioners as in primary care, and the authors cover the basics of PBRNs and propose a research agenda for their profession. For public health practice PBRNs, the review of PBRN advantages in this article may offer refreshment if today's full plate leaves you wondering why you signed on to yet another project that sounded terrific at the time. The discussion of challenges in PBRNs might offer reassurance your network is perfectly normal for its current stage or spur you to action to meet the next obstacle. Here is a link, and we will also add it to the bibliography on the PBRN website.

Funding Opportunities for Public Health Systems Research

Funding Update! **Public Health Decision-making in the Economic Downturn**. At our grantee meeting last month in Keeneland, several participants noted the cross-cutting research question of how public health agencies make decisions about downsizing and service cuts in the midst of the economic downturn. We discovered a funding opportunity at

the National Science Foundation that appears appropriate for studying this question and related questions about public health policy decision-making. The Decision, Risk and Management Sciences program supports scientific research directed at increasing the understanding and effectiveness of decision making by individuals, groups, organizations, and society. Disciplinary and interdisciplinary research, doctoral dissertation research, and workshops are funded in the areas of judgment and decision making; decision analysis and decision aids; risk analysis, perception, and communication; societal and public policy decision making; management science and organizational design. The program also supports small grants that are time-critical and small grants that are high-risk and of a potentially transformative nature - such as studies of decision-making in the current economic downturn. Standard submission due dates are August 18 each year but time-critical grants can be submitted on an ongoing basis. More info on the funding opportunity is here. Perhaps a proposal involving multiple PBRNs could be on target for this opportunity?

- Systems Research for Population Health: This NIH program announcement looks particularly well suited for practice-based research in public health. Using Systems Science Methodologies to Protect and Improve Population Health (R21). The FOA solicits Exploratory/Developmental (R21) applications from institutions/organizations that propose to apply one or more specific system science methodologies to "policy resistant" public health problems and contribute knowledge that will enhance effective decision making around the development of and prioritization of policies, interventions, and programs to improve population health in the U.S. and abroad, especially where resources are limited and only a limited number of programs/policies/interventions can be implemented. Standard NIH submission deadlines apply. http://grants.nih.gov/grants/guide/pa-files/PAR-08-224.html
 - The next deadline for new applicants appears to be June 16. Deadlines are • a moving target in the world of ARRA funding, however, so the wise potential applicant would check closely!
- Call for Proposals for Research on Public Health Law! In the first round of funding, short-term, less-complex studies such as policy analysis or public health implications of specific laws or regulations will be funded up to \$150,000 each for up to 18 months. Complex and comprehensive legal and public health studies including long-term analyses and in-depth evaluations will be funded up to \$400,000 each for up to 30 months. The CFP and more detail about the program are available at http://www.rwjf.org/files/applications/cfp/cfp_PHLR2009.pdf.

Deadlines: Apply online by May 19.

Deadline Update!

NIH GO Grants. GO Grant Submission Date changed to May 29, 2009. A recently-announced component of the NIH Recovery funds is the Research and Research Infrastructure "Grand Opportunities" or "GO" grants program. GO grant opportunities of participating NIH Institutes and Centers are posted at http://grants.nih.gov/recovery/ic go.html

• All the NIH Challenge Grants announced so far under the federal stimulus package can be found at <u>http://grants.nih.gov/recovery/</u>. Click on the link and subscribe to email updates if you so desire. We are finding that the individual NIH research institute web pages have more and clearer descriptions about their research priorities than does this web page. You may also want to keep an eye on the CDC, HRSA, and AHRQ web pages – and of course <u>www.grants.gov</u>.



- According to the most recent reports, funds in the Prevention and Wellness, Health Information Technology, and Comparative Effectiveness Research areas for which PBRNs seem especially well-suited have not been obligated.
- The William T. Grant Foundation has issued a RFP for research "on the factors that affect policy makers' and practitioners' acquisition, interpretation, and use of research evidence. Grant awards ranging from \$100,000 to \$600,000 for direct and indirect costs for two to three years of work anticipated. Visit <u>www.wtgrantfoundation.org/</u> for complete program guidelines. Letters of inquiry are due by <u>May 12, 2009</u>.

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