

Issue #25

PBRN Week in Review | Oct 16, 2009

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

Notable Recent Activities

- ▶ **PBRN October Conference Call.** Round I networks are putting the finishing touches on their Research Implementation Awards (RIA) proposals, and the topics address a broad array of important issues concerning evidence-based practice in public health.
 - O The CO PBRN will examine differences in organizational structure of community coalitions formed to implement policies and practices designed to promote nutrition and physical activity, with the goal of identifying which structures and strategies are most effective in promoting evidence-based practices. Coalitions will be studied using a network analysis tool, with special emphasis on the roles played by local public health agencies. Leadership skills of the coalition coordinators may also be studied, particularly focusing on the question of hiring for programmatic expertise versus collaborative leadership skills.
 - o K-PHReN proposes to build upon existing partnerships with the six Diabetes Centers of Excellence and the REACH project in Kentucky to study the implementation of an evidence-based QI strategy, the Diabetes Self-Management Education program, which is designed for community gathering places. The research will examine the roles played by public health agencies within these partnerships, and their influence on implementation of evidence-based practices.
 - MA PBRN will propose research in concert with ongoing regionalization efforts within the state. Specifically, they will identify organizational structures that exist in local public health organizations in the state, how these structures are changing under regionalization efforts, and how these structures facilitate (or hinder) the adoption of evidence-based practices in the areas of food safety and infectious disease control.
 - Based on input from practitioner focus groups, NC PBRN proposes to study the extent to
 which financing and accreditation of local public health agencies impact the use of
 evidence-based interventions, quality improvement techniques, and the core capacity of
 local health agencies.
 - O The WA PBRN plans to investigate public health funding reductions made in response to the recent economic recession and their impact on the ability of public health agencies to implement or maintain evidence-based public health practices. The research will include an examination of how public health and policy leaders made decisions regarding these funding cuts, and the influence of information and evidence on these decisions.

Call participants also discussed the upcoming PBRN session at APHA and the evaluation activity planned in the coming weeks.

- Data and Research on State Public Health Practice. Public health PBRNs have focused much of their research to date on issues of local public health practice, where the direct delivery of programs and services frequently occurs. Nevertheless, public health decisions and actions at the state level have vast and far-reaching effects on local practice patterns, since the vast majority of governmental public health powers and duties derive from state law. Research opportunities involving state public health organization, financing, and delivery issues are equally vast and farreaching. To this end, Coordinating Center Director Glen Mays spent part of this week in Washington DC with the Association of State and Territorial Health Officials (ASTHO), where he served on a workgroup for the next iteration of the ASTHO state survey and spoke about the value of PHSSR and PBRN research at the ASTHO Policy Summit. Numerous opportunities and implications for PBRNs surfaced at these meetings, but two were most compelling. First, the ASTHO surveys provide rich sources of data on state public health organization, financing, and service mix that may be of considerable value to PBRNs in conducting research. Second, ASTHO state health officials are eager to become active consumers and users of the research produced through public health PBRNs. Networks may want to consider how best to engage these officials in the dissemination and translation of their research findings into practice and policy. ASTHO's 2007 survey and codebook are available here.
- Reporting and Incentives for Population Health Improvement. Many of you may have heard about the Mobilizing Action Toward Community Health (MATCH) project funded by the Robert Wood Johnson Foundation and led by Drs. David Kindig and Patrick Remington at the Population Health Institute at the University of Wisconsin. Among other things, this project will soon generate and disseminate a report of county health rankings for each of the nation's 3100+ counties and work to mobilize population health improvements through metrics, incentives, and partnerships. Mays was part of a group of researchers, policy analysts, and practitioners convened by the MATCH team in Madison this week to consider strategies for implementation. Public health PBRNs should keep this initiative on their radar screens for a variety of reasons. First, the research agenda being developed through this project will clearly have value to public health PBRNs and may stimulate and inform the research priorities pursued by networks. An array of important issues will be articulated on this agenda, centered on discovering how best to mobilize multi-sectoral actions to improve population health through metrics and performance measurement, economic and non-economic incentives, and broad-based interorganizational partnerships. Additionally, public health PBRNs may be well positioned to study local and state responses to the MATCH county health rankings and to document their dissemination channels and pathways of impact on public health practice. A series of papers developed by the meeting participants will be available in the future, so stay tuned for more details. For an example of the Wisconsin county state health rankings, which have been conducted annually since 2003, click here. See below for additional publications from the MATCH team.

Activities on the Horizon

- Update!
- → APHA Session on H1N1 Research Finalized (almost). The line-up and agenda for the APHA session on H1N1 research is being adjusted to make room for one more PBRN. The session is scheduled for 8:30-10am on Monday, November 9, and we will send out the new agenda soon!
 - → APHA Session on PBRNs: In a Monday afternoon, November 9, session, all five PBRNs will share experiences and lessons learned from the first year of the program. Here is a link to the

session. Reminder: PowerPoint presentations should comprise ten minutes or less of each presentation, allowing at least five minutes per speaker for questions.

- ◆ APHA Reception for PBRNs and other PHSSR Champions! Mark your calendar for a reception at APHA on Monday, November 9 from 5:30 8:30 pm, to celebrate the progress being made in the field of public health services and systems research, including the work of PBRNs. More information and your invitation are coming soon.
- ▶ PBRN Siblings are on the Way. A second cohort of public health PBRNs will come into the world of public health services and systems research in December 2009. We are planning a variety of activities to help orient this second cohort to the program and learn from the activities and accomplishments of the first cohort. Lee Thielen of the Colorado PBRN and her colleagues at the National Network of Public Health Institutes have given us some wonderful suggestions for accommodating this type of growth and for capitalizing on the opportunities for learning that result from multiple cohorts of program participants. If you have thoughts about how best to welcome these new networks into the program and orient them to your work, please let us know. We'll be sharing ideas and plans with you in the coming few weeks.

Recent Literature and Exemplary Studies of Interest

- **Comparative Effectiveness Research.** Earlier this year, the Institute of Medicine released its report on the top 100 research priorities for comparative effectiveness research to be funded by the federal government using ARRA funds. Several of these priorities have relevance to prevention and public health strategies. Find the report <u>here</u>.
- ▶ Best Practices in Emergency Preparedness. This week the Institute of Medicine released a report offering guidance to state and local public health officials on how to establish standards of care in emergency situations. IOM notes "the influenza pandemic caused by the 2009 H1N1 virus underscores the immediate and critical need to prepare for a public health emergency in which thousands, tens of thousands, or even hundreds of thousands of people suddenly require and seek medical care in communities across the United States. In the event of such emergencies, officials rely on standards of care policies and protocols to protect the public's health. As the nation prepares not only for the 2009 influenza pandemic, but for any disaster scenario in which the health system may be stressed to its limits, it is important to describe the conditions under which standards of care would change due to shortage of critical resources." Find the report here.
- ▶ Emergency Preparedness Research. Fellow PHSSR researcher George Avery has a study in a recent issue of Evaluation and the Health Professions that examines the impact of federal preparedness funding on local health department preparedness activities. He finds that "overall budget, leadership, and crisis experience are…the most important determinants of local preparedness activity, but Centers for Disease Control and Prevention preparedness funding plays a mediating role by building capacity through the hiring of one key leadership position."
- ▶ Evidence-based public health. The University of Wisconsin Population Health Institute recently launched a searchable database of research-tested programs and policies that have been shown effective in improving population health. Find the database here.

- ▶ Evidence-based Law. A paper by Tony Moulton and colleagues earlier this year in <u>AJPH</u> conducted a systematic review of studies testing the impact of public health laws and regulations. This is yet another source for evidence-based practices in public health.
- ▶ Evaluating Responses to County Health Rankings. A recent study published in JPHMP by Angela Rohan and colleagues examined responses to Wisconsin's county health rankings report, finding substantial media coverage and use by local public health officials.
- ▶ Evaluation of CDC's Prevention Research Centers. Last week the CDC released results from a national evaluation of its Prevention Research Centers program. PRCs are critical nodes in the nation's prevention research infrastructure, playing leading roles in developing and testing health promotion and disease prevention interventions. Research results produced through PRCs provide the basis for evidence-based practices in public health. As such, several public health PBRNs maintain active collaborations with PRCs.
- ▶ Effective and Adoptable Prevention Interventions. Incidentally, the CDC maintains a continuously updated list of <u>evidence-based interventions</u> that have been tested through the work of the PRCs. These interventions are classified into three categories based on the nature of evidence supporting them (adoptable, effective, and promising) may serve as valuable targets for studying the adoption and implementation of evidence-based practices within public health PBRN.
- → More Evidence-Based Practices. The Diffusion of Effective Behavioral Interventions project (DEBI) is a national-level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV/STD/ Viral Hepatitis prevention interventions to state and community HIV/STD program staff. Click here.

Funding Opportunities



Research Implementation Awards (RIA): Current grantees of the Robert Wood Johnson implementation of larger-scale research projects through their networks. The complete RFA and more information are available on the PBRN website. *Proposal deadline is October 22, 2009.*

Dissemination and Implementation Research. AHRQ recently announced the availability of funds to support studies that test innovative methods for disseminating Comparative Effectiveness Reviews to consumers, clinicians, and policymakers. Public health agencies could play a role in the dissemination chain, particularly for difficult-to-reach populations who exist outside the formal health care system. AHRQ says, "summary guides are intended to help bridge the gap between research and practice by translating and disseminating findings on the comparative effectiveness of clinical interventions for three broad audiences – patients/consumers, clinicians, and policymakers. Applicants are invited to propose innovative customizations or adaptations ...to the content presentation and/or delivery mechanism(s) of one or more Comparative Effectiveness Research Review Products, such as Comparative Effectiveness Reviews, Comparative Effectiveness Review Executive Summaries, or Comparative Effectiveness Research Summary Guides (CERSGs) where additional adaptations or customizations are aimed at increasing their use, implementation, and impact among difficult-to-reach populations, including the elderly, those with limited English proficiency, limited education or insurance coverage, minority or immigrant status, health literacy problems, or other underserved populations who may have limited contact with the health care

system or health information." For more information click <u>here</u>. Letter of Intent due November 18. Application due December 16.

- → Pfizer Fellowships in Public Health Research: Pfizer offers career development awards for junior faculty pursuing careers in public health systems and services research. Research collaboration with state and/or local public health agencies is required. The 2010 announcement was released last week, and the application deadline is January 31, 2010. Glen Mays is on the academic advisory board for this fellowship and can answer questions.
- ▶ **Dissemination and Implementation of Evidence-based HIV Prevention:** NIH invites research to enhance the science of technology transfer, dissemination, implementation, and operational research for evidence-based HIV-prevention interventions in the United States. More information is here. The next application due date is February 5, 2010.
- ▶ Implementation of Quality Improvement Processes: AHRQ has announced the Agency's interest in supporting grants to rigorously study the implementation of quality improvement strategies and provide generalizable scientific findings about the implementation of the quality improvement strategy, related organizational changes, and their impact. There is increasing evidence that success in achieving quality improvement goals is at least partially attributable to implementation processes and contexts and not just to the nature of the quality improvement strategy. The research funded through this announcement may be conducted by the team designing/implementing the quality improvement strategy or it may be conducted by a separate team. The quality improvement strategy must be one that is expected to result in major improvements in health care delivery that will enhance patient outcomes. Research design and execution will yield results providing AHRQ, providers, patients, payers, policymakers, and the public with contextual details and high level of confidence about what works and what doesn't in improving health care in the United States. More information is here. The next application deadline is January 25, 2010.
- ▶ Community Infrastructure for Health Research: NIH has released a new funding opportunity under ARRA for research infrastructure that is highly relevant for Public Health PBRNs, entitled Building Sustainable Community-Linked Infrastructure to Enable Health Science Research. These grants are designed to "support the development, expansion, or reconfiguration of infrastructures needed to facilitate collaboration between academic health centers and community-based organizations...in order to accelerate the pace, productivity, dissemination, and implementation of health research." Communities are defined to include "neighborhoods, schools, workplaces, public health departments, health care providers, community coalitions, local governments, campuscommunity partnerships..." Public Health PBRNs may be well positioned to compete for this funding in collaboration with their academic health center partners. Deadlines: 12-Nov-2009 (letter of intent) and 11-Dec-2009 (full application). More information is here.
- → Communities Putting Prevention to Work: HHS recently announced its comprehensive \$650 million initiative under the Prevention and Wellness Trust component of the ARRA allotted for chronic disease prevention. Communities Putting Prevention to Work has four components, two announced thus far, that make grants available to support the implementation of evidence-based public health programs and policies to reduce risk factors, prevent/delay chronic disease, promote wellness, and provide positive, sustainable health changes in communities. We expect this

opportunity to create compelling situations for PBRNs to study the adoption, implementation, and impact of the prevention strategies supported under this initiative.

- Community Initiative: The initial \$373 million cornerstone component will fund urban and rural communities "to achieve the following prevention outcomes: increased levels of physical activity; improved nutrition; decreased overweight/obesity prevalence; decreased tobacco use; and decreased exposure to secondhand smoke." A revised Full Announcement further specifies the number of communities per state that may apply, etc. Closing date for applications: December 1.
- State and Territory Initiative: HHS has also announced the second component of the initiative, \$120 million for which states may apply. The three major elements include: (1) statewide policy and environmental change; (2) tobacco cessation through quitlines and media campaigns; and (3) a competitive category of high impact health-promoting policy and environmental change with awards based on potential for health impact. According to the announcement, "Funded projects will emphasize state-level policy and environmental changes that will help communities and schools support healthy choices." Further information, key dates and related events such as conference calls are listed here.

Related Research and Practice Activities

- Research Methods Resources: AcademyHealth has launched a dedicated website containing resources on methods for health services research. Of course, these methods are highly relevant to the study of public health services and systems through PBRNs. Among the many resources are on-demand webinars accessible through the website for a modest fee. As an organizational affiliate of AcademyHealth, the PBRN National Coordinating Center may be able to secure preferred pricing or even coordinated viewing of these webinars. Check out the website and let us know if you see resources that are of interest.
- ✓ Implementation Research Call for Abstracts: The call for abstracts for NIH's 3rd Annual Conference on the Science of Dissemination and Implementation, has a deadline of 5 pm PT on Nov 6, 2009. The conference will be held March 15-16, 2010 in Bethesda, MD. NIH says, "There is a recognized need to close the gap between research evidence and clinical and public health practice, but how is this best accomplished? Although emerging as a field of research in health and medicine, dissemination and implementation science is yet underdeveloped. A forum is needed to facilitate growth in the science of dissemination and implementation." For details, click here.
- ▶ Social Science Research and Public Health: Throughout the fall and winter the Office of Behavioral and Social Sciences Research at NIH is sponsoring symposia on understanding health through the tools of the social sciences. Each symposium will address an important health issue from four scientific perspectives: economics, health services, sociology and anthropology. Presentations will provide background on the concepts, definitions, methods, and theories through which social scientists study the causes of health problems and the application of this science for improving health. Lectures in this series are video cast and can be viewed here. Video casts are archive only and posted approximately one week after the lecture; no live recording is available.

■ Behavioral Economics and Health: Describes a behavioral economics approach to human behavior with a focus on health. According to the website description, "our strategy combines research (infusion of new ideas, testing, and evaluation) with action (program implementation, service delivery, attention to process and on-the ground details) to design effective solutions to our most pressing health and social problems." (87 minutes)

Upcoming Key Dates

October 22: PBRN Research Implementation Award Proposal Deadline 5:00 pm ET

November 9: PBRN-related sessions at the APHA Annual Meeting

9:30-11am (H1N1 research)

2:30-4 pm (PBRN research)

5:30-8 pm (PHSSR reception)

November 10: PBRN Monthly Conference Call: cancelled due to APHA

November–December 2009: Year One PBRN Data/Reporting. These are our target dates for collecting data from the PBRNs about their development over the first year. Details to come.

November 18: PBRN Quarterly Webinar, 2-3:30pm EST

December 1: **Start date for second cohort of Public Health PBRNs.** The next group of networks begins their activities.

December 9: PBRN Monthly Conference Call

January 12: PBRN Monthly Conference Call

January 15, 2010: Annual Progress Reports due to RWJF.

Next Issue: October 23, 2009