

## **PBRN Week in Review | Special Edition**

### **◆ 2010 Grantee Meeting and Keeneland Conference Highlights ◆**

*PBRN Grantees: Please circulate relevant information to your network members.* To request additional information or make suggestions for future items, please contact the National Coordinating Center at [publichealthpbrn@uams.edu](mailto:publichealthpbrn@uams.edu) or 501-551-0106. Newsletter archives are available [here](#).

### **Annual Grantee Meeting**

- **Public Health PBRNs Face-to-Face: Exhausted Enthusiasm or Enthusiastic Exhaustion?** Representatives of all 12 grantees in the Robert Wood Johnson Foundation *Public Health Practice-Based Research Networks Program* met together for the first time at the pre-Keeneland Conference annual grantee meeting. Convened by National Coordinating Center director Glen Mays and staff, senior program officer Debra Pérez and joined by national advisory committee members, grantees integrated lessons from the year’s peer successes and challenges in building infrastructure while conducting research and delved deeper into the expanding PHSSR agenda. Among the grantee representatives were nine state and local public health agency administrators, seven university researchers, five academic health department personnel with a mix of research/administrative duties, three public health association executives, one community health institute researcher, a data analyst, and a graduate student. Future newsletters will detail the discussions; today’s Special Edition will highlight key topic areas and sessions.
- **Measuring Variation in Practice through PBRNs.** Glen Mays led attendees in a discussion of PBRNs’ special suitability to investigate fundamental empirical questions (Pawson & Tilley, 1997) of which structure, financing, and service delivery mechanisms work best in specific public health practice contexts and, most importantly, *why*. A review of some “missed opportunities” in prevention - the large percentages of at-risk populations not reached by smoking cessation, flu vaccine, nutrition/physical activity and numerous other efforts - as well as such “disruptive innovations” as stimulus spending, accreditation, health information technology, and health reform demonstrated the considerable need and opportunity for PHSSR from the practice-based perspective.

Among the various approaches discussed to address ongoing and emerging research priorities were: (1) development and testing of “starter sets” of various quality measures, such as the adoption of and adherence to evidence-based programs and services; (2) enhancing surveillance systems and registries toward determining the reach and consistency of programs and services; (3) demonstrations and natural experiments to compare effectiveness and efficiency of approaches; and (4) embedding research designs into practice improvement initiatives, such as QI processes, accreditation and standards development, and new staffing models.

- **Cross-Cutting, Multi-Network Research Topics.** Working in small groups, participants tackled four cross-cutting issues that have potential for multiple network study. The topics included:
  - ◆ Measuring adoption and implementation of evidence-based practices in public health: metrics and methodology
  - ◆ Organizing and re-organizing public health delivery: studying regionalization issues
  - ◆ Estimating the effects of resource flows in public health: budget reductions, stimulus funds, and other drivers of change
  - ◆ Research on the public health workforce and its role in the “production chain” for public health services

Participants exchanged their networks’ needs and priorities within each topic and explored next steps for potential multi-network research projects.

- **Public Health PBRN Social Network Analysis.** Initial results of network analyses were presented, including graphic depictions and key measures of interactions among those identified by PBRN leaders as fitting the case definition of participants. Summaries and raw data will be distributed among networks for more in-depth examination. More about these results in future issues!
- **Technical Assistance for PBRNs.** Networks discussed technical assistance needs in light of survey results comparing the first cohort’s current self-assessed needs and capabilities with one year ago, as well as the first and second cohorts’ results at the same point in network development. Results indicated that the year-old Round I networks were more confident in most of their network building and research skills. A few areas in which networks may have been very confident initially, perhaps during a “honeymoon” period, now showed increased desire for technical assistance. Round II networks’ results were similar to those of the first cohort at the same stage. A part of the overall program evaluation, final results of examining the needs, capacity to offer, and use of technical assistance are expected to inform and enhance future public health PBRN development.

## **PBRNs at the Keeneland Conference**

- **PBRN Round I Scientific Session.** Representatives of each of the five inaugural networks presented their first year of work in “Translational Research through Public Health Practice-Based Research Networks: Methods, Findings and Lessons Learned.” Highlights of research findings and ongoing work included studies of variation across practices in response to H1N1, large-scale examination of the adoption of evidence-based practices, natural experiments examining the impact of changes in public health legislation, and how the adoption of evidence-based practices is influenced by QI strategies, community partnerships, and financing/budgetary changes.
- **Round II Scientific Session.** Round II networks shared their early work in developing network infrastructure and establishing research priorities in “Experiences of the Public Health Practice-Based Research Networks.” Moderated by Glen Mays, the roundtable discussion began with a focus on selection/recruitment of network members and leaders. Audience members quickly engaged to probe details such as networks’ previous experience working together, the origin and selection of research questions, approaches for gaining and maintaining the interest of both practice and research partners, and resources for funding.

- **PHSSR Data Sources.** Senior program officer **Debra Perez** moderated a panel featuring numerous resources for data relevant to PHSSR studies. Coordinating Center staff will work with PBRNs to identify the best place to link to these resources and avenues to explore their use.
- **Public Health System Accreditation.** Coordinating Center director **Glen Mays** presented “Accreditation and Local Variation in H1N1 Response in North Carolina,” results from a study examining the preparedness and response capabilities of local public health agencies and comparing the responses of state-based accredited and non-accredited agencies.
- **Legal Aspects of PHSSR.** In a session describing the Public Health Law Research (PHLR) program and significant issues in this field, **Colorado PBRN’s Lee Thielen** was one of two presenters who discussed their PHLR projects. Thielen discussed “Use of Law and Policy in Regional Approaches to Public Health Service Delivery,” a study that complements the work of the CO PBRN.

In a second public health policy and law session, **NAC member Patricia Sweeney** presented “State Public Health System Emergency Preparedness and Response: A Legal Network Analysis,” the findings of a research project examining whether the various components of the Public Health System are directed by law to function as an interconnected preparedness and response system.

- **Finance and Quality Improvement.** **Matthew Stefanak, Ohio PBRN,** presented “Using Financial Ratios in a Local Public Health Department to Improve Performance,” results of an ongoing financial management pilot project. Financial ratios calculated to trend financial and operational performance over three years resulted in information beneficial to the health department in making decisions at the beginning of the economic downturn.
- **Public Health Disparities.** A member of the **Washington PBRN, Betty Bekemeier** presented “Local Public Health Delivery of Maternal Child Health Services: Do Specific MCH Services Impact Mortality Disparities?” Bekemeier and others examined NACCHO Profile and other existing data for 558 U.S. counties and multi-county districts to determine which MCH services delivered by local health departments appear effective in mitigating health disparities by reducing mortality differences.
- A future newsletter will include links to these presentations when available online.

## Upcoming Key Dates

<b>May 11:</b>	Round I PBRN Monthly Conference Call   11:30-12:30 ET
<b>May 20:</b>	Round II PBRN Monthly Conference Call   1:00-2:30 ET
<b>June 8:</b>	Round I PBRN Monthly Conference Call   11:30-12:30 ET
<b>June 17:</b>	Round II PBRN Monthly Conference Call   1:00-2:30 ET

**Next Issue:** Week of April 30, 2010