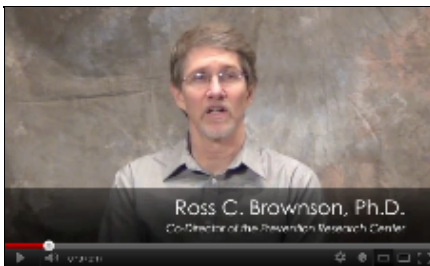


PHSSR InsideTrack- November 2012

PERSPECTIVES IN PHSSR

What is evidence-based public health and why does it matter?



[Dr. Ross C. Brownson](#)
[Prevention Research](#)
[Center in St. Louis](#)
[Washington University in](#)
[St. Louis](#)

In public health, we are trying to make a difference with limited resources. In

forming the scientific basis for our work, we have a great body of evidence on what causes diseases, such as the link between [smoking and lung cancer](#), [physical inactivity and heart disease](#), or [lack of mammography screening and breast cancer mortality](#). These kinds of relationships have been studied extensively. We also have sound data on defining where health problems exist, and where [health disparities](#) are present.

We do a less adequate job in knowing which interventions work for the whole population, which interventions make a difference for populations facing inequalities, how to disseminate and translate

those interventions into real world public health practice, and how to effectively manage and administer programs in a public health agency. These last two issues are now being addressed by the emerging field of [public health services and systems research](#) (PHSSR).

Evidence-based practice needs to put more attention on

JUMP TO:

Research

PBRN

Policy

Funding

Events

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Upcoming Events

ABOUT PHSSR - The emerging field of public health services and systems

research (PHSSR) examines questions that relate to the financing, organization and delivery of public health services - and how those factors translate to population health.

dissemination research — what some call the “black box” that sits between the generation of new knowledge and its widespread use. It is likely that more than 90 percent of the U.S. national research budget for health is spent on the discovery of new knowledge. But publishing this new knowledge in top-tier journals is not enough to improve public health practice. As illustrated by a number of recent studies in PHSSR, we need creative ways to reach various audiences so the evidence to improve public health can be put to better use.

Many of the challenges in moving research to practice relate to the management practices of the public health workforce. We do a better job in training the workforce about specialized technical skills (e.g., epidemiology, health education) than we do regarding management practices (so-called “administrative evidence-based practices”). An [example](#) of the contributions on PHSSR to this area of knowledge can be found in [Frontiers in PHSSR](#).

More from Dr. Brownson

Read more about Dr. Brownson and his work in the article, [Fostering more-effective public health by identifying administrative evidence-based practices: a review of the literature](#), from the September 2012 issue of the American Journal of Preventive Medicine.

Research

Call for Abstracts-2013 PHSSR Keeneland Conference

DEADLINE: Monday, Jan. 7, 2013

The National Coordinating Center for PHSSR is now accepting abstract submissions for the [2013 Keeneland Conference](#). Each April, the Center invites researchers, practitioners and policy-makers to gather in Lexington, Ky., to discuss innovative ways to improve the nation's public health system. [Click here](#) to begin the online submission process.

Call for Abstracts-AcademyHealth 2013 Annual Research Meeting

DEADLINE: Thursday, Jan. 17, 2013

The [AcademyHealth 2013 Annual Research Meeting](#) (ARM) call for abstracts is now open. With a significant portion of the conference agenda selected through the call for abstracts process, the ARM is an opportunity to share important findings with policy-makers and providers who can move the research into action. Submit to the call for abstracts by Jan. 17, 2013, to be considered for presentation at the 2013 ARM, June 23-25 in Baltimore. Details on the specified theme topics, submission criteria, and instructions can be found online at www.academyhealth.org/arm/abstracts.

Call for Session Proposals for

Public Health Research Track at NACCHO Annual Conference

DEADLINE: December 2012

The call for session proposals for the Public Health Research Track at the 2013 [NACCHO](#) Annual Conference in Dallas (July 10-12) opens this month, and is set to close in December. The NACCHO Annual Conference is the year's largest gathering of local health department leaders and staff and provides a unique opportunity for connecting researchers and practitioners. The public health research track gives researchers an opportunity to influence the practice of public health and helps public health practitioners learn from the research experiences of others and apply what they learn to their own practice. If your research or that of your colleagues is ready for translation to practice, please submit a session proposal. Check the NACCHO [website](#) in mid-November for more information and a link to the online abstract submission system. Please contact Carolyn Leep (cleep@naccho.org) with any questions about the Public Health Research Track.

PHLR Introduces New Tool for Access to Public Health Law

[Public Health Law Research](#) (PHLR) is introducing a new tool for providing access to public health law: <http://lawatlas.org>

[LawAtlas.org](#) is a complete content management system for legal data that serves researchers, policy-makers, advocates and the public. It starts with the LawAtlas Workbench, an application researchers can use to create research-ready legal datasets. The Interactive Law Maps feature takes the legal data and makes it publicly available. Users can create reports and maps, or download detailed Policy Surveillance Reports. All of the datasets, with protocols and codebooks, can be downloaded on demand by researchers on the Data page.

The beta site, launched in October, offers "proof-of-concept" for policy surveillance, the systematic, on-going tracking of key health laws. It offers current and historical reports on the law in six areas: syringe exchange, distracted driving, sports concussions, Good Samaritan and naloxone program laws to prevent drug overdose deaths, and nurse practitioner scope of practice. More datasets, and more interactive features, will be added as PHLR grantees and partners build their data on Workbench.

Summary Brief from the IOM on Community-Based Prevention

The Institute of Medicine has just published online the first short summary brief and pre-publication copy of the report, [An Integrated Framework for Assessing the Value of Community-Based Prevention](#). The report proposes a framework to assess the value of community-based, non-clinical prevention policies and wellness strategies. The framework represents a valuable step toward realizing the elusive goal of appropriately and comprehensively valuing community-based

prevention. The final version will be released in late November.

Recently Published Research

[Public health spending in 2008: on the challenge of integrating PHSSR data sets and the need for harmonization.](#)

Leider JP, Sellers K, Shah G, Pearsol J, Jarris PE.
J Public Health Manag Pract. 2012 Jul-Aug;18(4):355-63.
PMID: 22635190

[Assessing the level of public health partner spending using the funding formula analysis tool.](#)

Bernet PM.
J Public Health Manag Pract. 2012 Jul-Aug;18(4):339-45.
PMID: 22635188

[Measuring progress in public health finance.](#)

Honoré PA.
J Public Health Manag Pract. 2012 Jul-Aug;18(4):306-8.
PMID: 22635183

[Public health: a best buy for America.](#)

Rein AS, Ogden LL.
J Public Health Manag Pract. 2012 Jul-Aug;18(4):299-302.
PMID: 22635181

PBRN

PHSSR and PBRNs at 140th Annual APHA Meeting

The PHSSR and the Public Health PBRNs were well represented at this year's American Public Health Association (APHA) meeting in San Francisco. Nine individual networks, along with investigators from the National Coordinating Center, provided more than 20 oral and poster presentations on topics ranging from Health Administration to Public Health Education and Promotion to Community Health Planning and Policy Development. Each year, APHA provides an important venue for disseminating public health services and systems findings to researchers from diverse public health backgrounds, increasing avenues for collaboration, promoting the growth of the field, and supporting the translation of new evidence into policy and practice. [Click here](#) to download an interactive handout listing the presentations.

Policy

CDC Recruits for Leadership Academy for Teams

The [Centers for Disease Control and Prevention](#) has announced a

unique growth opportunity for teams working across sectors to bring about increased collaboration for improved population health.

The CDC has invested in a [Leadership Academy](#) designed to support the skills necessary for collaborative work. The Academy is now recruiting for the Year 2 cohort. This is leadership development for teams of four, working on a leadership project whose goal is community health improvement.

For example, a successful applicant team could have public health, transportation, a community organization and hospital working on improving the opportunities for physical activity in a community or any other combination of sectors where building leadership skills as a team would further work for improved population health. All teams must include a member of a state or local health department.

Application deadline: Nov. 14, 2012. For more information, visit <http://www.healthleadership.org>.

Washington Update

As part of the collaborative effort between the National Coordinating Center for PHSSR and [AcademyHealth](#), AcademyHealth offers a Washington update on federal activities relevant to the field of PHSSR.

Continuing Resolution Finalized – On Sept. 28, President Obama signed Public Law 112-175, a continuing resolution to keep the government running through March 27, 2013, at FY 2012 levels plus 0.6 percent. There are reports that House and Senate appropriators are beginning work on an FY 2013 omnibus spending bill that they hope could be introduced and passed during the lame duck. Otherwise, funding for the remainder of FY 2013 will be left up to the 113th Congress, where the spending outlook could vary greatly depending on the outcome of the elections.

Finalizing funding for discretionary spending in the lame duck session —before Congress is confronted with another debt ceiling showdown in February 2013 — would provide research, public health, and other domestic programs more stability. However, the many pressing “fiscal cliff” issues left to the final days of the 112th Congress, including sequestration, make it unlikely that policy-makers will be able to pass an omnibus measure before the end of the year.

As is customary with a continuing resolution, federal agencies will likely hold back some extramural funding until the funding levels are finalized. For example, on Oct. 11 the National Institutes of Health (NIH) issued [a notice](#) stating the agency will issue non-competing research grant awards at levels up to 90 percent of the previously committed levels until FY 2013 appropriations are enacted.

The Looming Sequester – If Congress fails to act in the lame duck, public health, research, and other discretionary programs face an 8.2 percent across the board cut effective Jan. 2, 2013. Because the impending cuts take effect three months into the fiscal year, the community was left with many questions about how and when the administration would apply the cuts. For example, would agencies hold back funding in Q1 of FY 2013 in anticipation of Congress failing to act to avoid sequestration?

To clarify, the Office of Management and Budget (OMB) issued a notice Sept. 28, directing agencies to “continue normal spending and operations” in the first months of FY13. The guidance was provided in a report on how agencies should carry out spending under the continuing resolution. While the White House recommends ignoring the sequester for now, they told the agencies that, “if necessary, the bulletin will be amended to address that sequestration.” The Pentagon echoed this call saying, “We do not want our programs, personnel and activities to begin to suffer the harmful effects of sequestration while there is still a chance it can be avoided.”

GAO Prevention Fund Report – A new GAO report — requested by Senators Tom Coburn (R-OK) and Orrin Hatch (R-UT) — provides an account of the 43 activities across five agencies that have received funding from the Affordable Care Act’s Prevention and Public Health Fund (PPHF) in fiscal years 2010 and 2011. The GAO report is available here: <http://www.gao.gov/assets/650/648310.pdf>

According to GAO, most of the \$500 million available in 2010 went to Health Resources and Services Administration (HRSA) programs, while most of the \$750 million available in 2011 went to the Centers for Disease Control and Prevention (CDC).

The report provides more information on “public health research activities” supported by the PPHF (see pp 89-91 of the PDF). In FY 2010 and 2011, the PPHF made available almost \$20 million through three funding announcements. Of this, \$11.5 million was awarded through grants, and \$8.4 million through contracts — most of which went to Georgia. Project titles and awardees are provided in tables 45 and 46.

Politico reported on Senator Coburn’s response to the report, specifically “that the report confirms GOP fears that the ACA prevention fund is a big ol’ waste of taxpayer dollars.” Politico cites an email from Coburn’s office after GAO released the report, faulting HHS for not providing more comprehensive information on all the entities receiving PPHF funds and for devoting such a large chunk to already-funded programs. “Perhaps most troublingly,” Coburn’s office writes, “two years after initial funding allocations have been made, taxpayers have virtually no outcomes measures to specifically evaluate PPHF activities.”

Scoring Prevention – On Sept. 21, Rep. Michael Burgess (R-TX) and Rep. Donna Christensen (D-VI) introduced The Preventive Health Savings Act (HR 6482) aimed at changing how savings for prevention and public health are scored by the Congressional Budget Office. Typically, savings from these programs have only been scored over a 10-year basis, not showing the full potential for savings. Mary Grealy, president of the Healthcare Leadership Council, said in a statement about the bill, “Congress needs to see the full picture of how wellness programs improve population health and not just the initial price tag. We shouldn't ignore the long-term savings to our healthcare system just because they don't show up within an arbitrary period of time.” A copy of the bill is available from the Library of Congress <http://thomas.loc.gov/home/thomas.php>.

Hill Briefing on Value of HSR – On Sept. 27, AcademyHealth hosted a Hill briefing, “Health and the Deficit: Using Health Services Research to Reduce Costs and Improve Quality.” Filled with 100 congressional staffers, research advocates, and members of the media, this briefing sought to showcase how health services research can help reduce the deficit, which is especially relevant in light of a looming sequester.

The panelists for this event were [Dr. David Atkins](#), U.S. Department of Veterans Affairs; [Dr. Peter Pronovost](#), The Johns Hopkins University; and [Dr. Joe Thompson](#), Surgeon General of Arkansas. Bringing in different perspectives, each of these health system leaders demonstrated how, in a time where health care costs and the value of the U.S. health care system are under increased scrutiny, health services research can provide immense benefit. For a blog about this briefing, [click here](#).

Funding

National Coordinating Center Launches Sixth Round of Junior Investigator Awards

DEADLINE: Wednesday, Dec. 5, 2012

Promising junior investigators interested in pursuing a career in public health services and systems research (PHSSR) are encouraged to apply for a [new round of funding](#) aimed at increasing the number of qualified investigators in PHSSR. The [National Coordinating Center for PHSSR's](#) sixth round of [Junior Investigator Awards](#) provides a mentored research experience that gives awardees an opportunity to work closely with prominent PHSSR experts as they launch their careers. These \$10,000 fixed-price awards are available for doctoral candidates or junior faculty who are within three years of their initial faculty appointment. Up to 10 one-year awards are available in this round of funding. Up to five of these awards will be mentored by

researchers from member networks of the [Public Health Practice-Based Research Networks \(PBRN\) program](#). The awards are made possible by a grant from the [Robert Wood Johnson Foundation](#).

Proposals are due on Wednesday, Dec. 5, 2012, with award notification in mid-January 2013. The awards are scheduled to begin in February/March 2013. Find out more info in a [web conference](#) at 2:30 p.m. ET on Tuesday, Nov. 13.

RWJF/NNPHI Announce PHSSR Call for Proposals
DEADLINE: Brief Proposals Due on Tuesday, Dec. 18, 2012

The [Robert Wood Johnson Foundation](#) is pleased to share the following Call for Proposals for Public Health Services and Systems Research (PHSSR): www.rwjf.org/cfp/phssr. Approximately \$3.2 million will be awarded through this solicitation to support short-term studies as well as complex and comprehensive studies. Guided by the national research agenda for PHSSR, this solicitation aims to further advance the field of PHSSR with the ultimate goal of improving the performance and efficiency of the public health system and the health of the people it serves, regardless of who they are or where they live.

The [National Network of Public Health Institutes](#) will facilitate this Call for Proposals. A web conference will be held for interested applicants on Nov. 8, 2012. Brief proposals are due Dec. 18, 2012. Additional information about the web conference and the project can be found on the NNPHI [website](#). Please direct any questions to Erica Johnson at phssr@nnphi.org or 504-301-9854.

Events

Meetings

[Open Forum Meeting for Quality Improvement in Public Health](#)

Dec. 6-7, 2012
Charlotte, NC

[2013 Public Health Law Research: Driving Legal Innovation](#)

Jan. 16-18, 2012
New Orleans, LA

[National Health Policy Conference](#)

Feb. 4-5, 2012
Washington, D.C.

Webinars

National Network of Public Health Institutes
[Webinar for Information on the Public Health Services and Systems Research Annual Solicitation 2012](#)

[Research Annual Solicitation 2012](#)

Nov. 8, 2012

1 p.m. ET

The program will host an applicant web conference to answer questions about the solicitation. Participation in this conference is strongly encouraged, but not required. Pre-registration is required to participate in the web conference. Applicants will have an opportunity to ask questions during the call. The webinar will be recorded and archived on the [NNPHI website](#).

International Society for Disease Surveillance

[Introducing the HHS Framework for Quality in the Public Health System](#)

Nov. 13, 2012

1 p.m. ET

Join the [International Society for Disease Surveillance](#) (ISDS) for a presentation on public health quality measures in the context of surveillance activities by [Peggy Honoré](#) from the [U.S. Department of Health and Human Services](#). Quality in health care and public health must serve as a catalyst for improving the health of the nation. While organized efforts to address health care quality have advanced rigorously in recent years, progress in public health quality is beginning to emerge as well. Contributing to this effort is a framework for public health quality released by the U.S. Department of Health and Human Services. This presentation will discuss the movement to improve quality and introduce the nine aims for quality improvement documented in the report [Priority Areas for Improvement of Quality in Public Health](#).

AcademyHealth

[Improving Public Health Research by Making the Most of Participatory Approaches](#)

Nov. 8, 2012

2-3:30 p.m. ET

Learn how participatory approaches can improve the quality and relevance of public health research. This webinar will focus on strategies to improve engagement on critical PHSSR questions among researchers and public health agencies and organizations. Webinar topics will also include specific examples of participatory research projects and infrastructures, such as [Public Health Practice-Based Research Networks](#) (PBRNs) and academic health departments; strategies that individual researchers can undertake to engage public health agencies in PHSSR; as well as cautions when undertaking participatory research. Find out more and register for this free webinar [here](#).

National Coordinating Center for PHSSR

[Webinar for Information on the Junior Investigator Awards Call for Proposals](#)

Nov. 13, 2012

2:30 p.m. ET

The National Coordinating Center will host an applicant web conference to answer questions about the awards program. Participation in this conference is strongly encouraged, but not required. Applicants will have an opportunity to ask questions during the call. The webinar will be recorded and archived here on the [National Coordinating Center for PHSSR website](#).

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