

## PHSSR Inside Track- September 2012

### PERSPECTIVES IN PHSSR



[Lisa Simpson](#), MB, BCh, MPH, President and CEO, AcademyHealth

[AcademyHealth](#) seeks to improve health and health care by generating new knowledge and moving knowledge into action. In partnership with our members and with an eye toward advancing health services research (HSR), we pursue our mission

through activities ranging from research training and methods development to information analysis and synthesis, convening, identification of priorities, translation, dissemination and technical assistance.

For more than a decade, AcademyHealth has nurtured public health services and systems research (PHSSR), HSR's sister discipline that has emerged as more attention has been given to factors beyond the health care system. There is great interest, from PHSSR's end users, in building and strengthening the evidence base to inform this expanded scope.

Previously, we've been focused primarily on improving PHSSR's rigor by providing methods training webinars, conducting research meetings, and convening stakeholders to identify data and methods gaps and emerging research questions. With a new grant from the [Robert Wood Johnson Foundation](#), we're launching a collaborative effort with the [National Coordinating Center for PHSSR](#) (NCC) to improve awareness among policy-makers of the field and its important findings. Specifically, we're aiming to identify and synthesize research

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*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.*

results relevant to federal-level policy-makers, disseminate those results in Washington, and educate researchers on policy-maker information needs.

As a researcher myself, I am particularly excited about [Frontiers in Public Health Services and Systems Research](#), and honored to sit on the editorial board. While peer-reviewed publication in established journals will continue to be the “gold standard,” new dissemination mechanisms that translate knowledge more rapidly, and in open-access formats, hold great promise for public health. With reduced budgets and increasing calls for evidence-based information, *Frontiers* has the potential to support a learning public health system.

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## Research

### PHSSR Grantees Complete Research Projects

In 2010, the [Robert Wood Johnson Foundation](#) (RWJF) funded seven NNPHI-managed [PHSSR grants](#) to build evidence on how to improve the structure and performance of the public health system. Three grantees from this first NNPHI-managed PHSSR solicitation have now completed their research projects:

- [NORC at the University of Chicago](#) compared data from state, local and tribal health departments to determine types and levels of support for tribal health departments to reduce disparities and prepare for accreditation.
- [Tulane University](#) investigated the resource requirements and cost effectiveness of implementing partner notification in STD control activities.
- The [University of Washington](#) studied how characteristics of state and local public health systems influence performance in regards to investigation and control of diseases.

As the grantees complete their projects, NNPHI will help support the translation and dissemination of findings. Highlights from the findings of the completed projects will soon be available on the NNPHI [website](#) and the National Coordinating Center for PHSSR [website](#).

### AcademyHealth Names Shoshanna Sofaer, Dr.P.H., Senior Fellow for Public Health Research Translation

[AcademyHealth](#) recently announced that [Shoshanna Sofaer](#), Dr.P.H., has been appointed as a senior fellow for public health research translation, supporting new initiatives to increase the use of evidence to inform public and population health policy.

"Research on the performance of the public health system is vitally important to ensuring we get the greatest value from local, state and

federal investments in health," said Dr. [Lisa Simpson](#), president and CEO of AcademyHealth. "Illustrating the impact of these investments aligns with AcademyHealth's vision to move knowledge into action to improve health and health care, and supports our mission to advance the field of health services research and the professionals who produce and use this important evidence."

As a senior fellow, Dr. Sofaer will be a key adviser to AcademyHealth's public and population health program and support a new grant from the [Robert Wood Johnson Foundation](#) (RWJF) focused on translating and disseminating public health services and systems research (PHSSR) findings into policy and practice.

[Click here](#) for more information.

### **Call for Abstracts: Journal of Public Health Management and Practice**

Submit an abstract to the [Journal of Public Health Management and Practice](#) about your experiences with academic health departments.

In partnership with the National Association of County and City Health Officials ([NACCHO](#)) and the Association of State and Territorial Health Officials ([ASTHO](#)), the [Public Health Foundation](#) is calling for [abstracts for an upcoming Academic Health Department \(AHD\)-themed issue](#) of the [Journal of Public Health Management and Practice](#). Scheduled to appear in November/December 2013, this issue will highlight partnerships between academic health professions institutions and public health practice organizations, such as state or local health departments, which are designed to enhance public health education and training, research and service.

### **Public Health Foundation Offers TRAIN Resources**

Over the past year, the [Public Health Foundation](#) has worked on a project funded by the Robert Wood Johnson Foundation to create three tailored datasets from [TRAIN](#), a TRAIN data dictionary, and a webinar introducing these resources to researchers. Learn more about these [resources](#) available for PHSSR researchers.

### **IBM Research, CDC and PHDSC Enable Real-Time Reporting of Public Health Cases**

Controlling major outbreaks of infections such as whooping cough, or tracking circulating flu strains is critical to public health. However, the lack of public health electronic reporting standards results in irregular and delayed reports that often create inconsistencies and duplication of efforts.

[IBM Research](#) is working with the [Center for Disease Control and Prevention](#) and [Public Health Data Standards Consortium](#) to develop a

new approach to defining and delivering public health reporting by drawing insights from structured and unstructured data that currently exists in disparate systems. The scientists are creating templates for public health case reports that could work with electronic health record (EHR) systems, allowing critical information in the proper format to be easily shared among local, county, state and federal public health agencies to speed response times to public health issues.

Click [here](#) to read the full press release.

### **Recently Published Research**

#### [Using GIS for administrative decision-making in a local public health setting.](#)

Taylor DM, Yeager VA, Ouimet C, Menachemi N.  
Public Health Rep. 2012 May-Jun;127(3):347-53. No abstract available.  
PMID: 22547869 [PubMed - indexed for MEDLINE]

[Related citations](#)

#### [Integration of syndromic surveillance data into public health practice at state and local levels in North Carolina.](#)

Samoff E, Waller A, Fleischauer A, Ising A, Davis MK, Park M, Haas SW, DiBiase L, MacDonald PD.  
Public Health Rep. 2012 May-Jun;127(3):310-7.  
PMID: 22547862 [PubMed - indexed for MEDLINE]

[Related citations](#)

#### [Job satisfaction in rural public health nurses.](#)

Cole S, Ouzts K, Stepan MB.  
J Public Health Manag Pract. 2010 Jul-Aug;16(4):E1-6.  
PMID: 20520361 [PubMed - indexed for MEDLINE]

#### [Partnership working in public health: the implications for governance of a systems approach.](#)

Hunter D, Perkins N.  
J Health Serv Res Policy. 2012 Apr;17 Suppl 2:45-52.  
PMID: 22572716 [PubMed - indexed for MEDLINE]

[Related citations](#)

Find more PHSSR research [here](#).

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## **PBRN**

### **Forecasting the Public Health Impact of the Economic Recession**

During the [August Public Health PBRN Virtual Meeting](#), Wisconsin's [Andrew Reschovsky](#) and [Susan Zahner](#) shared findings from a Quick Strike research project that developed a model for forecasting future revenue streams for local health departments within the state. The model produces information to help local public health officials

anticipate the financial effects of the recession and recovery, and to plan strategic actions in response. The model accounts for macroeconomic effects on local property tax receipts, state aid to local governments, and federal funding sources, while also incorporating the effects of projected population dynamics. Findings from the model reveal that the agencies likely to experience the largest reductions in per-capita revenue during the 2009-12 period include agencies serving populations over 100,000 residents, agencies offering a limited scope of services (defined as Level One agencies in Wisconsin), and independent agencies that do not operate as part of human service agencies. All of these agencies are projected to experience some degree of “bounce-back” in revenue growth during the 2013-14 period, although the level of growth varies considerably. The information generated by this model promise to be of considerable value to local public health professions and their collaborators, particularly as part of their strategic planning and community health improvement planning initiatives.

### **Synergies Between PBRN Research/PHSSR and Workforce Training**

The U.S. Health Resources and Services Administration convened the annual meeting of its Public Health Training Centers Program in

Rockville, Md., in August to discuss new horizons in workforce development and training. For the first time, HRSA included a session devoted to PHSSR and its current and potential roles in shaping workforce development strategies. As part of this session, the Glen Mays, of the National Coordinating Center for PHSSR and the Public Health Practice-Based Research Networks (PBRN) National Coordinating Center, profiled the workforce research currently underway through the Public Health PBRNs and the ways in which these types of studies and their findings can be translated, disseminated and expanded through collaboration with Training Centers. Among the projects profiled were: (1) the Ohio PBRN's Quick Strike study to examine variation in the position descriptions for public health nurses across the state and their concordance with national practice standards; (2) the Washington PBRN study of the effects of a quality improvement intervention to improve workforce diversity in a large local health department; and (3) the Kentucky PBRN's randomized trial of a cultural competency training intervention for local public health staff. The meeting included presentations from several PBRN leaders and collaborators who are also leaders within HRSA-funded training centers, including Elaine O'Keefe from Yale University and the Connecticut PBRN; Ed Baker from UNC and the North Carolina PBRN; Susan Allan from University of Washington and the Washington PBRN; and Pauline Thomas from UMDNJ and the New Jersey PBRN. Mays' presentation can be accessed [here](#). The National Coordinating Center for PHSSR's Cynthia Lamberth, also director of the Kentucky and Appalachian PHTC, presented at the meeting on opportunities for the PHTCs to publish findings in [Frontiers in PHSSR](#)

opportunities for the PHTC to publish findings in [Frontiers in PHSSR](#) and future funding opportunities for PHTC involvement in PHSSR and PBRN research.

### **Massachusetts Releases Regionalization Toolkit**

Boston University, along with their colleagues in the Massachusetts PBRN, recently released a [toolkit](#) to help stakeholders conceptualize and plan for regional cooperation agreements in public health service delivery. Based on their synthesis of research and related experiences regarding the design and implementation of regionalization models, the toolkit offers valuable guidance and examples for communities interested in developing regional public health districts and other models of shared service delivery.

### **PBRN Research to Address Gaps in the Science of Improvement:**

Several recent systematic reviews of the research literature have documented gaps in the evidence concerning the effectiveness and impact of quality improvement strategies used both in [health care](#) and [public health settings](#). To help reduce these evidence gaps, the September issue of [Frontiers in Public Health Services and Systems Research](#) will feature findings from a series of PBRN studies conducted over the past year to investigate the implementation and impact of quality improvement (QI) initiatives, accreditation preparation activities, and public reporting initiatives exemplified by the County Health Rankings program. These three types of initiatives represent promising approaches for mobilizing efforts to improve the effectiveness and efficiency of public health delivery. To date, relatively little systematic evidence has been produced about how these approaches are operationalized in public health settings, how public health stakeholders respond to them, and ultimately how they impact service delivery and outcomes. Subscribe to [Frontiers](#) to stay up to date on emerging evidence on these and other important delivery system issues.

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## **Policy**

### **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.

### **House Labor-HHS Bill**

On July 18, the House Labor, Health and Human Services, Education and Related Agencies Subcommittee on Appropriations reported out its fiscal year 2013 spending bill on a nearly party line vote. The bill was far worse than expected, with an inexplicable assault on health services research. Specifically, the bill:

- Terminates the Agency for Healthcare Research and Quality (AHRQ).
- Prohibits discretionary funding for patient-centered outcomes research at agencies under the bill's jurisdiction. The prohibition does not extend to the Veterans Health Administration, Department of Defense, and the Patient-Centered Outcomes Research Institute's mandatory funding stream.
- Prohibits economics research at the National Institutes of Health (NIH).
- Earmarks \$1 billion more for "basic research" at NIH by increasing the allocation for basic science from 52 to 55 percent. Earmarking more funding for basic research means less funding available for other research, including health services research.
- Prohibits funding for research, demonstration, and evaluation at the Center for Medicare and Medicaid Services (CMS).
- Eliminates the Prevention and Public Health Fund—the only viable source of new funding for data expansion at the National Center for Health Statistics (NCHS) and public health services and systems research (PHSSR).

As the professional society for health services research, AcademyHealth organized a "Friends of AHRQ" letter signed by 140 organizations ([available here](#)) opposed to the agency's termination. In addition, AcademyHealth prepared its own letter of opposition ([available here](#)) regarding all provisions related to health services research, including the elimination of the Prevention Fund as a source of future funding for PHSSR. AcademyHealth's Committee on Advocacy and Public Policy is developing a targeted advocacy campaign to raise the visibility and promote the value of health services research in the 113<sup>th</sup> Congress.

### **Continuing Resolution**

Before departing for August recess, House and Senate Leadership reached a deal on a six-month continuing resolution (CR) to sustain government operations at current funding levels. (For more information about the CR, please see this [Washington Post article](#).) The leaders negotiated the six-month CR to avoid another "shutdown showdown" in advance of the election. Based on recent history, it's probable the 113<sup>th</sup> Congress — anxious to begin work on fiscal year 2014 spending bills — will early next year vote to extend the CR from

March 31 through Sept. 31; for the last two presidential election years Congress has passed CRs to carry funding throughout the fiscal year.

The details of the CR are now under development, but all reports indicate it will be “clean,” i.e., free from policy riders and other “plus ups” and cuts. Congress will vote on the CR when they return from August recess the week of Sept. 10. We have heard that they then may call it quits and recess Sept. 14 through the November election.

The good news is that with the passage of the CR the immediate threat to the field of health services research and other health programs is no longer a “clear and present danger.” The bad news is that under a CR, federal agencies are unable to fund any new programs.

### **Sequester**

The more immediate threat to the field of health services research — and all federally funded discretionary programs — is sequestration. Due to the failure of Congress to reach a compromise on a broader deficit reduction package last fall, this January core federal programs and services face indiscriminate, across-the-board cuts of at least 8 percent. Such cuts will be devastating to research and public health. The Coalition for Health Funding, with partners from the “nondefense discretionary” community, has developed a new [toolkit](#) to help grassroots make their voices heard. The toolkit includes:

- A short video presentation to help grassroots understand the current debate, and the consequences of inaction;
- Tips on participating in “Town Halls,” writing editorials for local papers, and engaging lawmakers through social media; and
- Frequently asked questions about “sequestration.”

The [American Public Health Association](#) has also created a new [Sequestration FAQ](#) to help educate the public health community about sequestration and its potential impact.

### **Prevention and Public Health Fund**

The Prevention and Public Health Fund is under yet another threat — this time from both sides of the aisle. The Better Health Rewards Program Act, introduced by U.S. Representatives Erik Paulsen (R-MN), Ron Kind (D-WI), Tim Griffin (R-AR) and Marcia Fudge (D-OH), is a companion to a bill that Sens. Ron Wyden (D-OR) and Rob Portman (R-OH) introduced in March. The bill is aimed at providing cash incentives to Medicare beneficiaries who voluntarily participate in a wellness program and receive a set of recommended clinical preventive services. This type of program could be great policy aimed at making healthy choices the easier choice for millions of seniors. Unfortunately, the bill would use the Prevention and Public Health Fund to offset any shortfalls in savings. In other words, if Medicare paid out more in cash



incentives than the estimated savings in any given year, the Prevention Fund would pay for the difference.

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## FUNDING

### **Accreditation Support Initiative for Health Departments and Support Organizations**

Applications are due September 28, 2012.

[NACCHO](#) is offering a funding opportunity for public health departments (state, local, territorial and Tribal) and organizations that assist local/Tribal health departments (e.g., state health departments, public health institutes, state associations of county and city health officials) to prepare for, or undertake, accreditation-related activities. [Click here](#) for more information on how to apply.

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## EVENTS

### **National Cancer Institute Cyber-Seminar**

Sept. 11, 2012, 1-2 p.m. EDT

[Bridging Research and Reality: Practice-based Evidence & Evidence-based Practice](#)

The cyber-seminar seminar will explore practice-based evidence and discuss the opportunities and future directions for the field.

### **Network for Public Health Law Webinars**

Examining the Impact of Lead Laws on Housing Quality and Children's Health

Sept. 20, 2012, 1-2 p.m. ET

More information on the webinar can be found [here](#), and you can register [here](#).

### **Newborn Screening Series** (final webinar)

Sept. 27, 2012, 1-2 pm ET

The Summary of Core Issues webinar will summarize issues that programs might want to address regarding retention and use of residual specimens. It will cover the role of transparency, parent education, community engagement and community advisory boards. More information about the series and the webinar can be found [here](#).

### **Association of State and Territorial Health Officials Annual Meeting and Policy Summit**

Sept. 11-14, 2012

Austin, Tx.

Public|Health|Care: Working Together for a Healthier Nation

Join ASTHO for high-level, hard-hitting public health sessions with a special emphasis on the intersection of public health and healthcare.

Space at the meeting is limited, so [register early](#).

### **Healthy Communities by Design Summit**

Oct. 1-2, 2012

Loma Linda, Calif.

[This summit](#) will bring together a unique cross section of key leadership in policy, industry, and academia to discuss health and the built environment.

### **2012 Public Health Law Conference**

Oct. 10-12, 2012

Atlanta, Ga.

The [Network for Public Health Law](#) and the [American Society for Law, Medicine & Ethics](#) are partnering to present the [2012 Public Health Law Conference](#). The conference will inspire attendees and help them to better utilize the law to address today's most critical public health challenges. This meeting will gather some of the nation's top public health experts who will lead presentations and discussions on a wide range of topics. The six key topic areas are: Prevention and Promotion at the Community Level; Changes to Public Health Legal Infrastructure; Challenges to Public Health Authority; Skills Building and Competencies; Protection and Security; and Data Collection, Use and Storage. A pre-conference workshop on *Good Decision Making in Real Time: Practical Public Health Ethics for Public Health Professionals* is scheduled for 8 a.m.-noon on Oct. 10 and is free for all attendees. Space is limited.

Check out the [complete agenda](#) with sessions and panel leaders and find information on a poster session. [Learn more](#) about the conference and [register](#) today.

### **Dynamics of Preparedness, a Public Health Systems Conference**

Oct. 22-24, 2012

Pittsburgh, Pa.

[Dynamics of Preparedness](#) will compile research on public health systems that support preparedness. The conference will highlight innovative methods and novel approaches, critique the rigor and quality of output from this research arena, and catalogue the issues and problems where the evidence base needs improvement.

Researchers from diverse disciplines will convene to consider the future of research on emergency preparedness in public health systems.

### **National Association of Health Data Organizations (NAHDO) 2012 Annual Conference**

Oct. 23-24, 2012

New Orleans, La.

The theme of [the conference](#) is *The Power of Data Connections: Renewing the Health Data Grid*.

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