

Issue #12

PBRN Week in Review | April 10, 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.

Keeneland Coverage

National Advisory Committee Meeting Highlights

- ***What a Difference a Year Makes!*** The PBRN National Advisory Committee (NAC) met at the Keeneland Conference in 2008 as a newly convened advisory group to strategize the development of a public health PBRN program similar to those in primary care. This week the NAC reviewed the progress and plans of five busy Round I grantees and prepared for the release of the Round II Call for Proposals.

NAC members expressed interest in how financial constraints are affecting agencies participating in the PBRN program and noted the ironic opportunity for research that examines how the economic downturn is affecting public health practice. For example, what are the decision-making processes that agencies use to maximize resources and minimize harm when public health agencies face budget cuts? This topic could make for an interesting multi-network study.

In reviewing the technical assistance survey results, similarity was noted between the Public Health Accreditation Board (PHAB) standards and the types of TA grantees indicated would be most beneficial. NAC members who have worked with PBRNs in other professions suggested that sometimes participants need assistance in determining what types of TA will be useful in the early stages of network development. Networks may benefit from general consultation about how best to use their expert consultant accounts over the course of the project, as well as specific consultation about more technical issues in research design and implementation. In thinking of the PBRN website as a TA tool, NAC members suggested developing a short bibliography of exemplary studies that illustrate the types of research relevant to PHSSR and PBRNs in order to facilitate a common understanding of “practice based research” among network members.

NAC members delved into cross-cutting research priorities, focusing broadly on engaging and sustaining the involvement of agency and faculty members, how to develop capacity for chronic disease prevention, and the role of public health in health care reform.



(Pssst: Grantees – If the TA survey statistics weren't quite clear, don't worry! Even a few NAC members had to ask questions! --Fly on the Wall)

Grantee Meeting Highlights

- Public Health PBRN Round I Grantees met together in person for the first time on April 7, 2009. Presented with the challenge of engaging and sustaining the interest of practitioners, networks are using a wide range of approaches.

Lisa VanRaemdonck and Lee Thielen reported that the **Colorado PBRN** is “riding the wave of excitement” of the new school of public health. To gauge the interest of practitioner and research partners, surveys were sent to 200-300 practice professionals and 220 faculty. Sixty practitioner responses indicated interest in learning more; 80 faculty members expressed interest with ten of those ready to begin specific research projects. **Julie Marshall** also represented Colorado.

For **Washington PBRN**, **Karen Hartfield** said their steering committee had worried the funding cuts might make the PBRN effort feel like an “add-on” for the practices, but this concern has not materialized. The full network will meet on April 30 to focus on research questions, and retention will likely depend upon identifying research questions that maintain practice enthusiasm. Engaging researchers has been somewhat more difficult, and Karen would like to use Colorado’s faculty survey. Glen Mays suggested working to gain faculty buy-in at the network meeting, too. **Meg Goldman** and **Allene Mares** also participated.

Justeen Hyde described Massachusetts’ regionalization efforts and the formation of the **MA PBRN** as the newly-added research component of a working group that has met together for some time on regionalization. **Kathleen MacVarish** added that they are working to educate the working group steering committee about PHSSR and how to generate appropriate research questions. NAC members referenced their earlier discussion of a website bibliography of exemplars to help reach a common understanding that this type of research need not be as complex as sometimes imagined.

Rosemary Summers explained that **North Carolina’s PBRN** was born of the nine local health department members’ desire to be more proactive in defining the kinds of research in which they participate. Located in the midst of the state’s “Research Triangle,” the LHDs’ were familiar with research but anxious for the questions to be more practically applicable to their everyday work. Rosemary summarized the focus group process and explained that many of the interest areas narrowed down to technical assistance topics rather than research questions. **Dorothy Cilenti** noted that state and national accreditation standards related to Public Health Essential Service #10 (i.e. engagement in research) provides motivation for agencies to become involved in the PBRN. She also noted that the rich data sources maintained by many public health agencies provide a compelling motivation for researchers to become involved in the PBRN.

Angela Dearing and **Sarah Wilding** reported for Kentucky that **KPHReN** is working to keep practices engaged by arranging shorter network meetings around other meetings already scheduled, rather than separate, longer meetings that require another day away from the Department. The members are responding positively to this idea thus far. One of the early interest areas of KPHReN's 18 health department members was accreditation, so a meeting was devoted to responding to the PHAB request for feedback on the draft standards. This meeting served several purposes: (1) network members' interests were being met; (2) health departments could do a preliminary readiness check relative to the draft standards; and (3) the network could develop a research agenda related to accreditation.

In discussing research and evaluation, a suggestion that network efforts should feed into the national agenda of public health led to several ideas. One participant expressed that while their PBRN core members are keeping abreast of the PHAB standards, the state is not interested. A future webinar may be devoted to using the national standards to increase interest rather than viewing as negative. Another participant suggested that Healthy People 2020 also may be an opportunity for PBRNs to take a set of broad objectives and narrow them for use in public health practices and measurable outcomes. An observation was made that when national performance standards do not provide the kind of information needed to make some decisions at the local level, capturing and communicating the "disconnect" is useful.

FYI - A question was asked about the role of the PBRN National Advisory Committee (NAC). The NAC is a group of public health leaders in practice and research who have expertise in practice-based research, public health practice, and/or PBRNs. RWJF grant programs often are guided both by a National Program Office (NPO), or in our case the NCC, and panel of diverse, program-relevant experts who serve as advisors. The NAC works only with our program and meets quarterly by conference call to review progress and suggest future directions. Some of the NAC members may serve as expert consultants to PBRN grantees and may serve on the review committee for PBRN proposals, except in cases where a conflict may exist. See the list of members on the PBRN website.

Wednesday, April 7: PHSSR Scientific Session Practice-based Research Networks

- Over 50 people attended the session to hear our grantee representatives describe the five network structures and research pursuits. Moderated by Glen Mays, the panel highlighted the differences in their states' situations, along with the similarities in goals and approaches for developing capacity for practice-based research. The audience was impressed with progress made by this initial cohort of PBRNs.

Other Keeneland Conference Highlights

- Michelle Larkin, RWJF Senior Program Officer and Public Health Team Leader gave the keynote address Tuesday evening. She highlighted the need for change from the way national health care dollars are currently allocated toward investing in more cost-effective prevention and wellness strategies. Larkin emphasized the need for numbers—hard and definitive numbers that quantify public health’s impact and value—along with the role of PHSSR in building the evidence base for prevention practice and policy. The full text of the speech is available at <http://www.rwjf.org/newsroom/product.jsp?id=41333>
- Late in the day on Wednesday April 8, Coordinating Center staff had the chance to meet briefly with several emerging PBRNs in other health science disciplines, including dentistry, nursing, and rehabilitation care (along with Kentucky’s fabulous primary care PBRN). This discussion underscored the possibilities for fruitful collaboration between public health PBRNs and other PBRNs—especially on issues that involve prevention and management of chronic diseases. These opportunities may be worth exploring with the PBRNs operating in your area.

Key Upcoming Dates



April 15 – Round II PBRN Call for Proposals Released!

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.



June 24-26: AHRQ Primary Care PBRN Research Conference. (Sharla Smith attended this conference last year if you would like to ask about her experience.) <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. There is currently a call for student scholarships to attend this meeting, and a call for nominations for the Article of the Year in public health systems research. <http://www.academyhealth.org/interestgroups/phsr/2009.htm>

Activities on the Horizon

- ***What Would You Like to See at the Next PBRN Webinar?*** The second installment of our quarterly PBRN Webinar is scheduled for May 20. We invite your ideas about topics to cover at this next session. We will also use the recent TA survey and the advice of our National Advisory Committee to hone in on topics for this and future webinars.
- ***PBRNs at NACCHO.*** Congratulations! The PBRN learning session proposal entitled *Measuring the Value of Public Health through Practice-Based Research Networks* was selected for presentation at the NACCHO Annual Conference, July 29-31 in Orlando, Florida. The session thus far includes Harold Cox (MA), Lee Thielen (CO), David Fleming (WA), and Glen Mays (NCC). We invite other PBRN presenters to be a part of this learning session – let us know if you are interested and able to join. We will work together to flesh out the structure and content of this session during the coming months.

Related Research Activities

- **Opportunity for Input from the Public Health Community until April 30!** The Public Health Accreditation Board (PHAB) is holding a public review and comment period for the draft standards, measures and documentation guidance related to the voluntary national accreditation standards for state, local, and territorial public health departments. Revisions of the standards depend upon feedback from the public health community, and PHAB makes a variety of input mechanisms available on its website: <http://phaboard.org>.
- **The 2009 National Network of Public Health Institutes (NNPHI) Annual Conference** will focus on the themes of “advancing health system reform and opportunities for building strong components of health promotion, improvement and disease prevention in national, state, and local efforts.” The conference is in New Orleans from May 6-8. To learn more, see the preliminary agenda at the NNPHI website at <http://www.nnphi.org/home/section/4/conferences>.
- ***Why don't they ask us?*** The National Heart, Lung, and Blood Institute—NIH's home for much of the nation's chronic disease research—has issued a request for input as it designs a new research initiative to examine community-based childhood obesity prevention programs. This is a chance to have input on the design of this national research initiative and the types of studies to be funded at: <http://grants.nih.gov/grants/guide/notice-files/NOT-HL-09-122.html>

Funding Opportunities for Public Health Systems Research

- **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.

- **NIH GO Grants.** A recently-announced component of the NIH Recovery funds is the Research and Research Infrastructure “Grand Opportunities” or “GO” grants program. This funding is designated for biomedical and biobehavioral research projects that can benefit from significant 2-year funding with no expectation for renewal. According to the NIH announcement, research supported by this program “should have high short-term impact, and a high likelihood of enabling growth and investment in biomedical research and development, public health, and health care delivery.” GO grant key dates differ from other ARRA application dates, so be sure to check specific opportunities of interest. 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 <http://grants.nih.gov/recovery/>. 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 www.grants.gov
- **CDC Practice-Based Implementation Research:** CDC has released a FOA for R18 translational research projects that appears particularly well-suited for public health PBRNs, entitled, Translating Research to Protect Health through Health Promotion, Prevention, and Preparedness. Critical to CDC’s mission is new scientific knowledge that can accelerate the translation of research findings into public health practice. Moving the best science into practice is essential to protect and improve health. To that end, the purpose of this FOA is to accelerate the translation of proven effective interventions into public health practice through implementation, dissemination, and diffusion research. Submission Date: April 21, 2009
More information is available at: <http://www.cdc.gov/od/pgo/funding/CD09-001.htm>
- Grantees may qualify for **Wal-Mart Foundation’s** State Giving Program Grant in the areas of Health and Wellness and Workforce Development.
Deadline: April 17, 2009. More specific grant information is available at: <http://walmartstores.com/CommunityGiving/8169.aspx?p=8168>
- 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 www.wtgrantfoundation.org/ for complete program guidelines. Letters of inquiry are due by May 12, 2009.

- **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>

Think about it:

- AHRQ Director Carolyn Clancy M.D. publishes brief, easy-to-understand advice columns for consumers to help navigate the health care system. Addressing important issues such as how to recognize high-quality health care, how to be an informed health care consumer, and how to choose a hospital, doctor, and health plan, the column published on April 7th explains the concept of comparative effectiveness. As practice-based researchers, are we thinking in terms of explaining to the public the concepts we are tackling? Disseminating results from research to practice is tough enough. Can we really think about getting the public involved? Why? Why not? What are your thoughts? How would you do it? Write a letter to the editor. See Dr Clancy’s column at <http://www.ahrq.gov/consumer/cc/cc040709.htm>

Next Issue: April 17, 2009