# **PUBLIC HEALTH** Practice-Based Research Networks

# Issue #23 **PBRN Week in Review** | Oct 2, 2009

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

### Notable Recent Activities

- ▶ PBRNs and NACCHO. National Coordinating Center director Glen Mays was in Washington DC last Thursday and while there met with NACCHO staff, updating them on the PBRN program and discussing opportunities for collaboration. In addition to the valuable data resources available through its <u>National Profiles of Local Health Departments</u>, NACCHO can provide points of connection to the national population of local health departments, creating opportunities for research dissemination and translation, as well as sources of new ideas for research topics. NCC staff will be working with NACCHO staff in the coming weeks and months to develop tangible opportunities for collaboration toward the shared goal of evidence-based practice in public health.
- ✓ Synergies in Practice-based Research. Mays was in Chapel Hill on Monday for a meeting with UNC's CDC-funded Preparedness and Emergency Response Research Center (PERRC), and while there learned more about the synergy between North Carolina's PBRN and its PERRC research center. The state's H1N1 research activities have successfully engaged both local and state public health officials in the design and conduct of these studies, in part by identifying tangible research products valued by practitioners and delivered rapidly upon completion of projects. For example, researchers are producing After-Action Reports (AAR) for public health agencies as a beneficial by-product of their retrospective study of public health responses to the H1N1 outbreak. As another example, public health practitioners are working with industrial and systems engineering faculty from NC State University to build realistic models of surveillance and investigation processes that can be analyzed for improvement opportunities. For more information, contact colleagues in the North Carolina PBRN.
- ★ More on Engineering and Public Health Practice. Travel-weary Mays was in West Lafayette, IN on Tuesday to speak about PBRNs and public health services and systems research at Purdue University's <u>Conference on Healthcare Engineering</u>, which focused this year on the theme of population health improvement. Engineers at Purdue and its Regenstrief Center for Healthcare Engineering have been collaborating with state and local public health officials and health care providers on strategies that use health information exchange technologies to improve public health surveillance and practice. In fact, key stakeholders in Indiana had hoped to apply to become a public health PBRN this year but other pressing issues took precedence. Nevertheless, they are moving forward with a PBRN collaboration in Indiana and hope to be able to tap into the experience of the existing PBRNs.

- ★ Affiliate PBRN Program to launch. Public health professionals in Indiana are not the only ones to express interest in launching a public health PBRN, even though they are not grantees of the RWJF program. We have also been contacted by practitioners in Texas, California, and South Carolina about their interests in forming "volunteer" PBRNs. In response to this interest, the National Coordinating Center is creating an Affiliate PBRN Program that will allow non-grantee networks to sign up and receive access to some of the low-cost resources generated through the National Coordinating Center, such as webinars, guidance documents, and web-based resources. This will help to expand the reach of the PBRN Program and also allow supported networks to learn from and collaborate with a larger array of non-supported networks. We welcome your ideas on this new opportunity.
- Presenting H1N1 Research at APHA. A late-breaking session on H1N1 research has been scheduled for the APHA Annual Meeting, on Monday November 9 at 9:30 am. Presentations will include findings from the North Carolina and Kentucky PBRNs, along with other collaborating researchers.
- ▶ PBRN Research at APHA. A session devoted entirely to the work of the Public Health PBRNs is scheduled for the APHA Annual Meeting on Monday November 9 from 2:30 4:00 pm. Speakers from all five PBRNs are anticipated. A planning conference call will be scheduled soon, and we invite you to share your ideas and plans for this session on the PBRN web discussion board.
- ★ HOLD THE DATE AND TIME... APHA Reception for PBRNs and other PHSSR Champions! Plans are being finalized for a reception at the APHA Annual Meeting 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. Who knows what exciting developments could be announced at this reception, so if you are attending APHA, be sure this is on your calendar! More information and your invitation are coming soon.

#### Activities on the Horizon

Time

finalized!

- Happy Birthday to YOU! The first cohort of public health PBRNs will turn one year old in December 2009. The PBRN Coordinating Center anticipates undertaking a modest evaluative activity that will allow us collectively to take stock of where we've come and the current stage of development of the PBRNs an EPSDT check of sorts. Social network analysis methods are commonly used for this type of activity involving multi-organizational networks and partnerships. We propose to collect a very limited set of information via a brief survey or structured interview some time in November, as part of our annual progress report to the Foundation. We welcome your thoughts and feedback about this activity in the next few weeks. For ideas, you may want to review this brief on crosscutting research and evaluation themes developed earlier in the year.
- ◆ 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 group to the program and to 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**

- ✤ Special journal issue devoted to pandemic influenza. A supplement to the October issue of <u>AIPH</u> is devoted entirely to H1N1 and pandemic influenza, including public health responses.
- Adoption of evidence-based practices. A new study by Gregory Aarons and colleagues examines factors that influence implementation of evidence-based practices in public mental health care facilities. The theory and concepts developed in this paper may have application to studies of EBP in public health settings. The paper is available early online on the <u>AJPH</u> site.
- ✤ Local health department job losses and cuts. NACCHO surveyed a sample of local health departments to document the magnitude and incidence of job losses and program cuts, finding more than 20,000 employees affected during the first half of 2009. Access the report <u>here</u>.
- Compendium of evidence-based prevention practices. The New York Academy of Medicine recently published a compendium of proven community-based prevention programs to inform public health practice. Get the report <u>here</u>.
- Essay. Dr. Jim Marks, Senior Vice President of RWJF and an advocate of practice-based research networks in public health, authored a discussion of how our work in public health and public policy impacts social change and social justice. It's an opinion piece published in the <u>October issue</u> of *Preventing Chronic Disease*.
- ★ The Community Guide. Of course you are familiar with CDC's Community Guide to Preventive Services as another resource for evidence-based prevention practices. Did you know that you may <u>subscribe</u> to email updates to stay abreast of the latest reviews, recommendations, and additions to the Guide?

# **Funding Opportunities**

- Research Implementation Awards (RIA): Current grantees of the Robert Wood Johnson Foundation's Public Health PBRN program are eligible to apply for RIA award funds to support 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 15, 2009. PBRN grantees are encouraged to share information about research ideas and approaches on the PBRN web discussion board behind the Grantees Only tab.
- ★ Community Infrastructure for Health Research: NIH recently 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, campus-community 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 <u>here</u>.

- Communities Putting Prevention to Work: Last week HHS Secretary Sebelius announced a 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 <u>Full Announcement</u> issued this week further specifies the number of communities per state that may apply, etc. (If you plan to communicate this announcement to community contacts, you may want to include the IOM September 2009 report, <u>Local Government Actions to Prevent Childhood Obesity</u> and the recent special supplement to the <u>Journal of Adolescent Health</u> with evidence-based articles citing several RWJF-funded programs.)
  - State and Territory Initiative: This week HHS announced the second component of the initiative, \$120 million for which states may apply. The three major components 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**

- Evidence-based Prevention Practices. The <u>Safe Routes to School National Partnership</u> has developed materials to assist public health professionals develop applications for the CDC's Communities Putting Prevention to Work grant opportunity. It includes activities fitting within the five intervention categories identified for the grant regarding how bicycle and pedestrian interventions can address physical activity and obesity.
- Evidence-based Prevention II: The RWJF Center to Prevent Obesity held a webinar on October 1 regarding strategies for making use of the CDC's Communities Putting Prevention to Work grant opportunity to enhance implementation of evidence-based prevention practices. View the archive from this page.

- Implementation Research: The call for abstracts for NIH's 3rd Annual Conference on the Science of Dissemination and Implementation, has a deadline of 5 pm pacific time 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 <u>here</u>. Video casts are archive only and posted approximately one week after the lecture; no live recording is available.
- Economics of Disease Dynamics: In the wake of the H1N1 outbreak, a new seminar will explore the economic correlates and consequences of pandemics, including approaches for predicting, assessing, and addressing these consequences. The seminar on Wednesday, October 7, 2009, 12:45 p.m. 2 p.m., will mark the launch of Resources for the Future's (RFF) new Center for Disease Dynamics, Economics and Policy (CDDEP) in Washington, DC. More information is <u>here</u>.

# Upcoming Key Dates

October 13: PBRN Monthly Conference Call 11:30-12:30 ET; 10:30 CT; 9:30 MT; 8:30 PT.

October 15: 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) and 2:30-4pm (PBRN research)

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

November 12-30: 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.

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

Next Issue: October 9, 2009

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