

Issue #28

PBRN Week in Review | Nov 13, 2009

PBRN Grantees: Please circulate relevant information to your network members. For additional information and to make suggestions for future items, please contact Elaine Wootten, woottenelaineb@uams.edu or 501-551-0106. Newsletter archives are available [here](#).

Notable Recent Activities

APHA Session Highlights

- **PBRN research on public health responses to H1N1:** On Monday morning, PBRN grantees and collaborators presented an illuminating collection of findings and lessons learned from their studies of public health responses to the H1N1 outbreak. **Alex Howard of the Kentucky PBRN** shared findings from the network's *Quick Strike* survey of local health departments, primary care practices, and pharmacies across the state, finding some important discontinuities in the communication channels that link these three key groups of responders. The research suggests that opportunities abound for enhancing public health communication practices regarding H1N1 response. **Rachel Willard of the North Carolina PBRN** presented findings from one of the nation's very few—and perhaps only—community-level, population-based studies of public intentions to receive the H1N1 vaccination. This study, also conducted as a PBRN *Quick Strike* project, found that several of the population segments most vulnerable to H1N1 infection were least likely to seek vaccination. And contrary to the public health system's heavy reliance on internet communication, this study found print and television media to be the most frequently mentioned sources of public information about the H1N1 vaccine. **Karen Hartfield from the Washington PBRN** presented findings from her network's study of H1N1 influenza planning activities conducted by local public health jurisdictions in the state. The study revealed wide variation in the types of stakeholders involved in planning, the planning processes used, and the range of activities and contingencies addressed in the plans. A follow-up study is now examining the success of local public health jurisdictions in implementing their H1N1 plans. In another study conducted through the North Carolina PBRN, **Glen Mays from the PBRN Coordinating Center** contrasted the H1N1 responses of accredited and non-accredited local health departments in that state. Findings revealed that accredited health departments implemented a broader range of H1N1 investigation and response activities, and initiated these activities over shorter time intervals, compared to their non-accredited counterparts. Also on the panel, **Tamar Kleinman and Mike Stoto from Georgetown University**—fellow travelers in the world of public health services and systems research—presented work from their descriptive study on the use of school closures as a risk mitigation strategy for H1N1. The study found widespread variation in the use of closure policies as well as considerable professional uncertainty about the circumstances under which such policies are likely to be beneficial. **Mary Davis from the NC Institute for Public Health** – a key partner in the North Carolina PBRN – wrapped up the session by reflecting factors that have facilitated strong practice engagement in the H1N1 studies conducted to date in that state. Early and frequent communication during the research design phase, a defined process for vetting research ideas and processes, regular researcher participation in the meetings held by practice agencies, and timely, deliberate efforts to disseminate findings were found to be critical factors. Overall, the H1N1 session was extremely

well attended and generated high levels of discussion both in person and on the blogs and twitter accounts of the Robert Wood Johnson Foundation. Slides from the session will be posted on the PBRN website.

- ◆ **Examining the progress of PBRNs during their first year.** On Monday afternoon, PBRN scholars reconvened for a session to describe the first-year experiences of the five PBRNs in developing networks and initiating research projects. **Lisa Macon Harrison of the North Carolina PBRN** explained the deliberate process used to develop a practitioner-driven research agenda grounded in the ten essential services and engage scholars with corresponding research priorities. The process is ongoing and the goal is to develop a “living research agenda” modeled on CDC’s national research priorities. Harrison mentioned that a challenge has been in faculty viewing some of the practitioner priorities as technical assistance questions rather than “real research,” which led to a lively audience discussion. **Karen Hartfield of the Washington PBRN** illustrated how the state’s geography and regional cultures impact participation of local health jurisdictions in the network. She also described the process of surveying member practices prior to a one-day strategic planning retreat to identify research interests, research skills, and attitudes toward the value of PBRN participation, and then how the group’s work took shape at the retreat. Practice variation across local health jurisdictions is a key theme for this network in three ongoing and anticipated studies, including approaches to the H1N1 outbreak, decision-making in funding crises, and reportable disease investigation practices. **Alex Howard of the Kentucky PBRN, known as K-PHReN**, presented their first year experiences which began with a comparison of the network member counties’ performance to that of the US in the ten essential services. The area that emerged as a priority was service #4, mobilizing community partnerships to identify and solve health problems. Howard described how K-PHReN has approached strengthening its partnerships by collaborating with entities that have similar research interests, such as the state’s primary care pbrn and the Kentucky Diabetes and Obesity Collaborative. Howard also reported on K-PHReN’s work with its member practices in vetting PHAB’s draft accreditation standards and the H1N1 communication research project. **Lee Thielen of Colorado PBRN** gave an overview of the network’s pilot project, which is to evaluate the impact of the state’s major public health legislation passed in 2008. Thielen gave several examples of early changes, but the biggest impact thus far has been that local public health agencies have not lost a single dollar in state general funds despite deep budget cuts in other areas of government because of the new legislation. The network is collaborating with a network of PBRNs in the state, working with UC School of Medicine researchers on immunization studies, and has submitted three research proposals. **Harold Cox of Massachusetts PBRN** outlined the state’s movement toward regionalization of its 351 independently governed and funded local health departments and the network’s efforts to study this natural experiment. The state has funded the network to give three small planning grants through a RFR to “pilot groups” of communities as incentives to help those interested in the voluntary regionalization initiative to develop and test the decision-making processes and tools. Cox also highlighted the network’s proposed research to examine how local context, organization of local public health service delivery, and capacity to meet core function-related performance standards influence the delivery of two evidence-based public health services: food safety and control, and infectious disease investigation and follow-up.
- **Welcome Aboard Round II PBRNs!** The APHA presentation by the inaugural networks culminated with the announcement of the Round II networks. The seven new Public Health PBRNs will begin work in December 2009 and include...

Wisconsin Public Health PBRN. Led by the Wisconsin Division of Public Health (WDPH), this network brings together the state's independent public health institute, the Wisconsin Association of Local Health Departments and Boards, the Wisconsin Public Health Association, and an initial group of 12 local health departments that vary in size, service mix, and geographic location. Academic partners include the University of Wisconsin-Madison School of Nursing and School of Medicine and Public Health. The network will focus initially on research examining how public health budgets and revenues have changed in response to the economic downturn, and the effects of these changes on service delivery. Patricia Guhleman of the Wisconsin Department of Health and Susan Zahner of the University of Wisconsin-Madison will serve as co-principal investigators.

Ohio Public Health PBRN. Ohio's network includes a diverse group of local health departments in nine counties that are affiliated with the state's academic public health programs, along with the Ohio Department of Health and Case Western Reserve University's public health program and Prevention Research Center. The network's initial research will evaluate the use of public health informatics methodologies within local health departments and evaluate the effects of these methodologies on community health assessment, surveillance, and service delivery activities conducted by local health departments. Matthew Stefanak of Mahoning County Department of Health and Scott Frank of Case Western Reserve University and Cuyahoga County Department of Health will serve as co-principal investigators.

Florida Public Health PBRN. Led by Duval County Health Department, this network includes the Florida Association of County Health Officers, two urban and four rural local health departments, the Florida Department of Health, the Florida Public Health Institute, and a consortium of university partners at Florida State University, University of Florida, and the University of South Florida. The network's first research project will examine the effects of public health funding streams within the state on local health department capacities and services. Bill Livingood and Nancy Winterbauer of the Duval County Health Department will serve as co-principal investigators.

Minnesota Public Health PBRN. Organized by the Minnesota Department of Health, this network includes partners at the Local Public Health Association of Minnesota, the State Community Health Services Advisory Committee, the University of Minnesota School of Public Health, and local health departments across the state. An initial research project will examine variation in the organizational structures and operational environments of local public health agencies, and the effects of this variation on the quality of public health services. Debra Burns and Kimberly Gearin of the Minnesota Department of Health will serve as co-principal investigators.

Nebraska Public Health PBRN. The Nebraska Division of Public Health will organize a research network that encompasses Nebraska's recently-regionalized public health agencies along with four urban and rural single-county health departments, the University of Nebraska, Creighton University, and several other public health organizations. The network's initial studies will examine the implementation and impact of Nebraska's newly established regional public health service model, with an early focus on organizational design and workforce issues. David Palm of the Nebraska Division of Public Health and Li Wu Chen of the University of Nebraska Medical Center will serve as co-principal investigators.

Connecticut Public Health PBRN. Led by the Connecticut Association of Directors of Health, this network includes the Connecticut Department of Health, local health departments across the state, the Hispanic Health Council, and the academic public health

programs of the University of Connecticut, Southern Connecticut State University, and Yale University. Initial research projects will focus on organizational and governance issues within local public health systems and their effects on the scope and cost of state-mandated public health services. Jennifer Kertanis of the Connecticut Association of Directors of Health and Elaine O’Keefe of Yale University will serve as co-principal investigators.

New York Public Health PBRN. The New York State Department of Health will lead a network that includes the local health department members of the New York State Association of County Health Officials along with the University at Albany School of Public Health, the Northeast Public Health Leadership Institute, the New York Academy of Medicine, and the New York-New Jersey Public Health Training Center. An initial research project will use both quantitative and qualitative approaches to characterize impediments to evidence-based decision making in local health departments and to identify factors that promote and support its use. Sylvia Pirani of the New York Department of Health and Sandra McGinnis of the University of Albany will serve as co-principal investigators.

We look forward to working with you!

- **PHSSR at APHA:** The Robert Wood Johnson Foundation helped meeting attendees and those still at home to cover multiple venues through the [RWJF Blog](#). Say you missed the session on the county health rankings coming out next year for *every state* in the nation and ways the information might be utilized effectively. You wonder about the status of PHAB’s accreditation process or whether accredited health departments have shown different outcomes. You want to know about the “marketing food to children” session where the audience spilled out into the hallway by the time you arrived...you can still catch up on all this and more through the blog link above. Quick interviews, concise summaries, and timely updates from the leading presenters and topics are captured in this welcome addition to the conference. Thank you, RWJF!

Activities on the Horizon

- **Quarterly Webinar to focus on network analysis instrument!** Round I networks - Wednesday, November 18, we will convene at 2:00 pm ET to get your input on the evaluation strategy for the project’s first year and the draft network analysis survey. This instrument will query your network partners, so take time in advance of the webinar to give the process and the draft instrument your thoughtful consideration.
- **Keeneland Conference Call for Abstracts.** Begin making plans to join the distinctive gathering of researchers, practitioners and policymakers at the 2010 PHSSR Keeneland Conference scheduled for April 20-22. Conference details and abstract submission forms linked [here](#). **Deadline for abstract submission is December 3.**

Recent Literature and Exemplary Studies of Interest

- **Toward Standardized, Comparable Public Health Systems Data.** In the recent [Health Services Research supplement](#) devoted to PHSSR, a paper by Jacqueline Merrill and colleagues presents their work to develop a taxonomy of tasks, knowledge, and resources for documenting the work performed in local health departments (LHDs). The investigators used a multi-step consensus-

based method that included: literature and practice documentation review; extraction of terms and concepts representing tasks, knowledge and resources; schema development with an expert panel; validation by a practitioner focus group, and pilot testing of the draft taxonomy with public health employees. The finalized taxonomy was used in an organizational network survey of a national sample of 11 LHDs. When correlations were performed to confirm the usefulness of the taxonomy, about 70% of the correlations on tasks and knowledge between LHD pairs were high, suggesting commonality between departments. On having needed resources readily available for daily work, only 16% of LHD pairs highly correlated, offering a basis for performance differences. The authors acknowledge that taxonomy development is “always contentious,” but their work based on practice documentation and expert consensus makes it a readily adaptable tool for research in real-world practice settings.

Related Research and Practice Activities

Webinars

- ***Closing Schools to Control Disease: Clarifying the Decision Making Criteria.*** In an upcoming Public Health Grand Rounds, the Office of Public Health Practice at the University of Michigan School of Public Health will “provide participants with tools to make informed decisions regarding whether or not to close schools in their jurisdictions during infectious disease outbreaks, including H1N1 influenza.” **Monday, November 23, 12-1:30 ET.** For more on the speakers and to register for the free event, go to www.mipreparedness.org.
- ***Planning for a Pandemic – Can History Inform Action?*** This installment in the *Public Health Reports’ Meet the Author* webcast series brings together public health historians and practitioners to examine the 1918 flu pandemic alongside today’s practice issues for influenza preparedness planning. **Monday, November 30, 1:00 pm ET.** [Get the info here.](#)

Literature

- **Making Evidence from Research more Relevant.** A commentary by Larry Green and colleagues introduces the December 2009 supplement of [American Journal of Preventive Medicine](#) with a discussion of narrowing the gap between the development of new evidence in clinical, public health, and health policy research and its practical application by increasing attention to external validity in published research. The authors summarize the work of 13 journal editors who met to consider how to improve attention to external validity (applicability) in the research they publish, including the recommendations and limitations on which they reached consensus. Green et al offer the participatory and practice-based work of the clinical scholars and their colleagues in the AJPM supplement as illustrative of research that addresses external validity by engaging the populations that ultimately will benefit from its findings, thereby bridging the evidence-application gap. [The [journal editors’ meeting](#) was hosted by Green, commentary co-author Russ Glasgow, and PBRN NAC member Alice Ammerman and was supported by RWJF, AHRQ, NIH and CDC.]

Tools

- **New Evaluation Design Tool:** RWJF recently published *A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions* to assist program personnel and others with gaining stakeholder input into a crucial aspect of evaluation design. The user-friendly guide provides a five-step process for engaging stakeholders, a set of four worksheets to facilitate the process, and a case study demonstrating its use. [Download the guide.](#)

- **Research Toolkit.** [PRIMER](#) was launched in 2008 as an online gathering place for resources to facilitate multi-site collaborations for health research. The site is updated often and has many helpful tools for community engagement, proposal development, research dissemination, etc. Keep in mind the website was developed by a clinical translational research center, so many of the resources are aimed at clinical collaborations and may need some adaptation for public health practice-based research.

Funding Opportunities

- **RWJF and the Pew Charitable Trusts** have issued a Call for Proposals on their collaborative [Health Impact Project](#). Funding is available to support up to 15 health impact assessment (HIA) demonstrations with awards expected to range between \$25,000 and \$150,000, plus training, mentoring and technical assistance. Grantees will promote the use of HIAs, decision-making tools that assist policy-makers with recognizing health consequences of new policy and ways to incorporate health into the policy of other sectors. Letter of interest required; full proposal invited based upon letter of interest. No deadline; rolling submissions until all funding is obligated. The applicant web conference is archived at the project link above.
- **Communities Putting Prevention to Work:** This comprehensive \$650 million HHS initiative under the Prevention and Wellness Trust component of the ARRA allotted for chronic disease prevention makes 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.
 - **State and Territory Initiative:** HHS has also announced the second component of the initiative, \$120 million for which states may apply. The three major elements 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.” Application linked [here](#). **Closing date: November 24, 2009.**
 - **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 [Full Announcement](#) further specifies the number of communities per state that may apply, etc. **Closing date for applications: December 1.**
- **Community Infrastructure for Health Research:** *Building Sustainable Community-Linked Infrastructure to Enable Health Science Research* is a NIH funding opportunity for research infrastructure that is highly relevant for Public Health PBRNs. These ARRA 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

Deadline!

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. **Deadline: December 11, 2009 (full application)**. More information is [here](#).

- **Implementation of Quality Improvement Processes:** AHRQ has announced the Agency’s interest in supporting grants to rigorously study the implementation of quality improvement strategies and provide generalizable scientific findings about the implementation of the quality improvement strategy, related organizational changes, and their impact. There is increasing evidence that success in achieving quality improvement goals is at least partially attributable to implementation processes and contexts and not just to the nature of the quality improvement strategy. Research design and execution will yield results providing AHRQ, providers, patients, payers, policymakers, and the public with contextual details and high level of confidence about what works and what doesn’t in improving health care in the United States. More information is [here](#). The next application deadline is January 25, 2010.
- **Pfizer Fellowships in Public Health Research:** Pfizer offers career development awards for junior faculty pursuing careers in public health systems and services research. Research collaboration with state and/or local public health agencies is required. The [2010 announcement](#) was released last week, and the application deadline is January 31, 2010. Glen Mays is on the academic advisory board for this fellowship and can answer questions.
- **Dissemination and Implementation of Evidence-based HIV Prevention:** NIH invites research to enhance the science of technology transfer, dissemination, implementation, and operational research for evidence-based HIV-prevention interventions in the United States. More information is [here](#). The next application due date is February 5, 2010.

PHSSR and PBRN Colleagues in the News

- HHS Secretary Kathleen Sebelius appointed seven new members to the National Advisory Council for the Agency for Healthcare Research and Quality (AHRQ) this week. Twenty-one private sector members and seven ex-officio members from other federal agencies make up the council, tasked with advising the Secretary and the AHRQ director on national health services research agenda priorities. Among the new council members is **Nebraska PBRN Steering Committee member Keith Mueller**. Dr. Mueller is director of the Center for Rural Health Policy Analysis and Nebraska Center for Rural Health Research, and associate dean of Nebraska Medical Center College of Public Health in Omaha. More on the council at <http://www.ahrq.gov/about/council.htm>.
- **Betty Bekemeier** was honored at APHA with the 2009 APHA Executive Director’s Citation. Active in the **Washington PBRN**, Dr. Bekemeier was recognized for her work in strengthening APHA sections. [Read more](#) about her organized and deliberate approach to working with section chairs and subcommittees that led to improvements and resulted in this award.

Upcoming Key Dates

November 18: PBRN Quarterly Webinar, 2-3:30pm EST

November–December 2009: Year One PBRN Data/Reporting. These are our target dates for collecting data from the PBRNs about their development over the first year.

December 1: Start date for second cohort of Public Health PBRNs. The next group of networks begins their activities.

December 9: PBRN Monthly Conference Call

January 12, 2010: PBRN Monthly Conference Call

January 15, 2010: Annual Progress Reports from Round I grantees due to RWJF.

Next Issue: November 20, 2009