National Coordinating Center for PHSSR

THE INSIDE TRACK

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NCC FOR PHSSR | NEWSLETTERS

PHSSR Inside Track-October 2012

PERSPECTIVES IN PHSSR

The 2010 election in the United Kingdom ushered in a new government and new changes in the British National Health Service. The new government has begun to implement a transition for public health in England, not the entire UK, but restricted to England. Perhaps it will grow to encompass Scotland and Wales if it works, or it may be easier to back off from if it is unsuccessful. The proposed changes were greeted with some concern by the public health professional community in England. The change basically pulled the public health system out of the British National Health Service and attaches it, with "ring fenced funding" to local authorities.

The U.S. equivalent of this would be if we had a national health system run by the federal government, and a new administration had taken the public health portion of that system out and gave county government the responsibility for running public health.

While in London recently, I had the opportunity to address a meeting about this reorganization of those from public health, local authorities, and governmental officials. The meeting focused on several issues that we share with our colleagues on the other side of the pond. They are concerned about quality improvement, and much of the meeting was given over to discussion of how best to assure quality in the new system. They had expressed a lot of interest in our efforts at accreditation, and I spent some time in discussion about the Public Health Accreditation Board (PHAB) and its development and status. Finally, I talked about PHSSR and the unique opportunity they had to evaluate this major natural experiment in public health organization and structure. I suggested that they seek out those in the British public

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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.

and structure. I suggested that they seek out those in the British public health academy who have an interest in organization and performance of health care systems to establish a scheme to look at their success, or lack thereof, in England.

I was only a part of a program that included Professor Lindsey Davies, the President of the Faculty of Public Health, sort of our equivalent of the American College of Preventive Medicine, that represents those who are consultants in public health medicine in the UK. Several local authority CEOs and the CEO of the Transition Team for PH England were on the program as well. The afternoon was given over to workshops focused on how best to examine and improve quality and governance as the transition to this new paradigm was accomplished.

Several observations I would make: Their system of professional credentialing and assuring quality in the consultants and senior public health officials is much more developed and codified than our system in this country. There is concern, however, with this movement that some of that professionalism of public health practitioners in the UK will be eroded. They are very excited about the opportunity to move public health closer to people, the polis, and to assure that there is public input into public health. Many know of the drum that I have beaten for years about the role of the public in the public's health, and they are going to give it a whirl. This is certainly in keeping with the increased role that the public has in many more decisions about major policy issues in the UK. The concern with quality improvement and accreditation puts the UK a bit behind us, but not far, as peer review of their governmental organizations and programs has a long and distinguished history in the UK.

I left with business cards from many of the players, and a long email from Dr. Rashmi Shukla, the medical director of the PH England Transition Team, asking for continued engagement and correspondence/discussions as they proceed. Once again, I am struck by the necessity for the notion of public health provision and PHSSR to have an international forum and opportunity for discussion. The

Canadian experience a couple of years ago with their PHSSR interest; the publication, shortly, of work that we have done with our Israel colleagues; and the interest we have seen in our explorations with China always bring me back to the global challenge of public health. It also serves as a reminder that PHSSR is relevant regardless of where you are, and that there are lessons to be learned from sharing experiences. I am also impressed that the folks that I meet in public health, regardless of the country, remind me of our own, bright, committed, interesting and friendly individuals. Public healthers appear to be similar, regardless of where they come from.

Scutch

Research

Researchers to Examine Impact of System Changes on Public Health

A new round of research supported by the Robert Wood Johnson Foundation (RWJF) will examine how recent dramatic changes in the operation of the nation's public health system impact its effectiveness in such critical roles as emergency preparedness and reporting of disease outbreaks.

The seven new research awards are part of an initiative on "natural experiments" in public health delivery developed by the National Coordinating Center for Public Health Services and Systems Research (PHSSR), a RWJF-funded center housed at the University of Kentucky College of Public Health. Find out more here.

ASTHO Launches 2012 Profile Survey in October

In October 2012, ASTHO launched the 2012 ASTHO Profile Survey, the third in its series of surveys collecting a variety of information on state and territorial health agencies. The web-based survey, sent to state and territorial health officials, covers the following topic areas: public health agency activities; agency structure, governance, and priorities; workforce; finance; planning and quality improvement; and health information management. Sections are completed by senior deputies,

human resources directors, chief financial officers, performance improvement officers, and public health informatics directors. Results from the ASTHO Profile Survey will be published in the third volume of ASTHO's Profile of State Public Health, the most comprehensive resource on state and territorial health agencies. For more information, contact Rivka Liss-Levinson, director of survey research (rlisslevinson@astho.org), or Katie Sellers, senior director, research and evaluation (ksellers@astho.org) with any questions.

NACCHO Gears Up for 2013 Profile Study

NACCHO will launch the pilot test for the 2013 National Profile of Local Health Departments study to 42 local health departments across the U.S. in October. The full 2013 Profile survey is scheduled to field in January–March 2013. Help NACCHO build support for the Profile study by spreading the word about its importance for PHSSR. NACCHO estimates that LHD staff across the U.S. spent a total of 12,000 hours

estimates that LHD staff across the U.S. spent a total of 12,000 hours (500 days!) completing Profile questionnaires for the 2010 study. If you have used Profile data in your research, let your LHD colleagues know how much you value their contribution of time to the field of PHSSR.

Profile-IQ – A Great Tool for Teaching about Public Health Practice

Profile-IQ is an easy-to-use online data query system that provides statistics (in table or graphic form) on local health department finance, workforce and activities based on information collected by NACCHO's 2010 Profile study. Using Profile-IQ is a great hands-on way to help students understand the diversity of public health practice across the U.S. Check out a three-minute instructional video on Profile-IQ.

Deadline Extended for Entries for Public Health Informatics Institute Inspiration Award

The deadline for entries for the Public Health Informatics Institute Inspiration Award has been extended through **Oct. 15, 2012**. Your stories reinforce the mission of the Institute, and serve as inspiration to public health agencies that are embarking on this approach for the first time. Share your story about how the work of the Public Health Informatics Institute has positively impacted the way your agency uses information and information technology. When you submit your story, you will be entered for a chance to win the new iPad. Click here for the PHII Inspiration Award entry submission guidelines. Remember to email your entry to drobic@phii.org by Oct. 15, 2012. If you have any questions or would like assistance with telling your story, email Debby Robic at drobic@phii.org.

Recently Published Research

New Jersey's HIV Exposure Law and the HIV-Related Attitudes, Beliefs, and Sexual and Seropositive Status Disclosure Behaviors of Persons Living With HIV.
Galletly CL, Glasman LR, Pinkerton SD, Difranceisco W.
Am J Public Health. 2012 Sep 20. [Epub ahead of print]
PMID: 22994175

A multistate examination of partnership activity among local public health systems using the national public health performance standards.
Barnes PA, Curtis AB, Hall-Downey L, Moonesinghe R.
J Public Health Manag Pract. 2012 Sep-Oct;18(5):E14-23.
PMID:22836543

Moving from intersection to integration: public health law research and public health systems and services research.
Burris S, Mays GP, Douglas Scutchfield F, Ibrahim JK.
Milbank Q. 2012 Jun;90(2):375-408. Review.
PMID: 22709202

PMID: 22709392

Anatomy of a public health agency turnaround: the case of the general health district in Mahoning County.
Honoré PA, Stefanak M, Dessens S.
J Public Health Manag Pract. 2012 Jul-Aug;18(4):364-71.
PMID: 22635191

The increasing importance of public health funding research.
Bernet PM.
J Public Health Manag Pract. 2012 Jul-Aug;18(4):303-5.
PMID: 22635182

Local legal infrastructure and population health.
Costich JF, Patton DJ.
Julia F. Costich and Dana J. Patton.
Am J Public Health. 2012 Oct;102(10):1936-41. Epub 2012 Aug 16.
PMID: 22897523

PBRN

RE-ACT Podcast Now Available

The Public Health Practice-Based Research Networks (PBRN) National Coordinating Center has released the inaugural episode of the *RE-ACT: Research-to-Action in Public Health Delivery* podcast.

This exciting new dissemination tool supports evidence-based practice for public health agencies by presenting emerging results from research in progress, as well as outcomes from recently-completed studies. The podcast features interviews with practice-based researchers and other leaders in the public health services and systems field.

In each episode, guests join *RE-ACT* host Dr. Paul Halverson, Arkansas Department of Health Director and a former Association of State and Territorial Health Officers (ASTHO) President, to discuss ways in which key challenges in public health organization, financing, workforce, and information/technology are being addressed through both research and the translation of study findings into policies and practice.

The first episode of *RE-ACT* features an interview with Dr. Glen Mays, Director of the Public Health PBRN National Coordinating Center. Dr. Mays joins Dr. Halverson to describe the work of the Public Health PBRNs and to discuss a national, multi-network variation study that is currently underway.

The podcast is now available online at www.publichealthsystems.org/re-act-podcasts.aspx.

Stat of the Month

More than one in five of Minnesota's local public health directors (21 percent) lacks the authority to initiate communication with locally elected officials, according to a new study authored by Dr. Kim Gearin and colleagues from the Minnesota Public Health PBRN that will appear in the November 2012 issue of the Journal of Public Health Management and Practice.

Economies of Scope versus Returns to Specialization in Producing Public Health

A long-standing empirical debate in the health policy and health services research communities concerns the benefits and costs of specialization. Is it better to deliver bypass surgery through a specialized heart hospital – the "focused factory" model – or through an integrated community hospital that offers a broad range of clinical services in addition to cardiac surgery? Does specialization lead organizations to miss out on "economies of scope" that can make it cheaper and more effective to deliver bundles of related services together? Or does specialization allow staff to focus on a smaller number of complex tasks, increasing the quality and efficiency with which they perform them? These empirical questions have been explored in various areas of medical care delivery for several decades, but they are rarely examined in public health – until now. A study underway by the New York PBRN and funded by a PBRN Research Implementation Award is evaluating the implementation and impact of an initiative by the state health department to integrate the delivery of HIV and STD prevention and control services provided through its regional offices. The initiative represents a significant change for the HIV and STD programs that historically operated separately with distinct specialized staff. The initiative represents a compelling "natural experiment" for the PBRN, particularly given the staggered implementation schedule used by the state in one pilot region. Preliminary evidence suggests that staff workloads, job complexity and job dissatisfaction increased after integration, indicating that there may be at least some temporary costs associated with moving away from specialized delivery. However, the study also found evidence of improving program performance after an initial lag period following integration, suggesting that the benefits of "economies of scope" may require some time to realize fully. The study is ongoing, but a recording of the research-in-progress presentation will be available on the PBRN website soon.

Leaders from the Connecticut PBRN are preparing to share findings and lessons from their research at the upcoming Annual Meeting and Conference of the Connecticut Public Health Association. Debbie Humphries, Jennifer Kertanis and colleagues set out to examine how Local Health Jurisdictions (LHJs) adjusted their services in light of

current economic conditions. Their analysis revealed that LHJs responded to reduced revenues in a number of different ways. These include reduction of services, decreasing staffing, charging or increasing fees for services to increase revenues, increasing or leveraging partnerships with other agencies for services, and maintaining political support from local government officials. They also looked at factors beyond local economic conditions, such as LHJ type, part-time versus full-time, and urban versus rural to explain variations in fee revenue and service provisions. Their findings indicate that the type of LHJ is an even greater predictor of revenues and services than changes in economic conditions as measured by unemployment and housing permit rates.

Hawthorne Effect in PBRNs? Practice-based research studies and quality improvement (QI) interventions have long been thought to be vulnerable to a source of bias in research known as the Hawthorne Effect -bias that occurs when research subjects' behavior or research results are altered by the subjects' awareness that they are being studied or receiving special attention. A study published earlier this year in the *Journal of the American Board of Family Practice* conducted an explicit test of this possibility using a QI intervention study implemented through primary care PBRNs. Reassuringly, the results showed no evidence of the Hawthorne Effect, but nevertheless this study provides a useful example of how to build in tests and controls for such sources of bias in PBRN studies.

CTSA Workgroup Publishes Preliminary CER Core Competencies

In an article now online in the journal Clinical and Translational Science, the CTSA Workgroup for Comparative Effectiveness Research Education, Training, and Workforce Development has addressed several definitional tasks for the field. In addition to describing the workforce, the group has distinguished applied and foundational competencies, with relevant categories including: 1) asking relevant research questions, recognizing/designing CER studies; 3) executing/using CER studies; 4) using CER-appropriate statistical analyses; and 5) communicating and disseminating study findings.

Policy

Young Adults, Privacy and the Affordable Health Care Act

Young adults up to age 26 take advantage of the Affordable Care Act (ACA) provision that allows them to remain on their parents' health insurance plans, but face loss of confidentiality when they seek access to sensitive services that are disclosed to their parents as policyholders through the insurance company's explanation of benefits (EOB). Eight states have adopted statutes or regulations that may provide approaches that could be extended to provide greater confidentiality

protection for dependents in other states. See a summary of the range of protections for both young adults and minors.

Funding

Robert Wood Johnson Foundation Health Policy Fellows
Nov. 14, 2012, 3 p.m. EST
Up to six grants of up to $165,000 each will be made in 2013.
The Robert Wood Johnson Foundation Health Policy Fellows program provides the nation's most comprehensive fellowship experience at the nexus of health science, policy and politics in Washington, D.C. It is an outstanding opportunity for exceptional midcareer health professionals and behavioral and social scientists with an interest in health and health care policy. Fellows participate in the policy process at the federal level and use that leadership experience to improve health, health care and health policy.

Events

Meetings

2012 Public Health Law Conference
Oct. 10-12, 2012
Atlanta, Ga.

National Academy for State Health Policy (NASHP) 2012 Annual State Health Policy Conference
Oct. 15-17, 2012
Baltimore, Md.

Annual National Network of State and Local Health Surveys Meeting
Oct. 29, 2012
San Francisco, Ca.

Open Forum Meeting for Quality Improvement in Public Health
Dec. 6-7, 2012
Charlotte, NC

National Health Policy Conference
Feb. 4-5, 2012
Washington, D.C.

Webinars

Take-Home Naloxone for Opioid Overdose: Exploring the Legal, Policy and Practice Landscapes
University of Michigan School of Public Health
Oct. 18, 2012, 1-2 p.m. ET

Effective Strategies for Communicating Public Health Findings with the Media and Policymakers

AcademyHealth
Oct. 25, 2012, 1-2:30 pm ET

Improving Public Health Research by Making the Most of Participatory Approaches
AcademyHealth
Nov. 8, 2012, 2-3:30 p.m. ET

Rapid Cycle Evaluation of Health System Innovation
AcademyHealth
Nov. 14, 2012, 1-2:30 p.m. ET

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