

Summary from Lexington PBRN Meeting 4/19-20/2010  
Per Susan Zahner

General comments

- PHSSR field is positioned well to grow, especially with the coming public health trust fund resources
- Other potential research funding sources:
  - NIH dissemination and implementation initiatives within NIH program areas
  - NSF for system science projects
  - AHRQ for comparative effectiveness research
  - New health care reform bill has dedicated funds for PHSSR
  - CDC
  - Accreditation movement could lead to more data sources
  - New Public Health Law initiative
  - Health information exchanges could include public health informatics and interface with public health databases (like STD, HIV, immunization)
- A PBRNing (a Ning site) will be set up as a communication mechanism between PBRNs.
- “Disruptive” innovations are opportunities for learning:
  - Accreditation
  - Performance measurement
  - Recession
  - Stimulus spending
  - Health reform
- We have many “missed opportunities” for prevention (which could be studied)

To Do Soon:

- We can submit now for Quick Strike funds. I shared the QI evaluation idea and there was interest, but it would have to be couched in terms of urgency...why is the money needed NOW to do this project? We should move ahead ASAP by submitting a one page proposal to Glen Mays. \$25,000 is available and 3 projects will be funded. Must be completed in a few months.
- There will be a RFP for Research Implementation Awards coming in the fall for all the 2<sup>nd</sup> round cohorts. We’ll have a month or so to submit an application. The funds will be around \$150,000. We need to plan ahead and be ready to submit something. Can’t be for the initial project.

Research agenda development

- North Carolina developed list of research questions and is now trying to get researchers interested in conducting research to answer the questions; their process resulted in 7 “meta” questions
- Washington did survey followed by a group in person process; results in areas of research where there is high interest

PBRN evaluation ideas

- J. Merrill is studying PBRN network development; 2<sup>nd</sup> cohort will be surveyed in future
- We should track our outcomes over time:
  - # PHSSR studies started/done
  - \$ generated for PHSSR in Wisconsin
  - # researchers engaged in PHSSR

- Change/growth in network participation
- Publications/presentations

#### PBRN development issues/ideas

- Need decision criteria for when to engage in a research project. Ideas for criteria include:
  - Must be a practice or policy that will change as a result of the research
  - Must have a stakeholder that will do something different as a result of the research (North Carolina)
  - Must be a researcher willing to work with PBRN
  - Seek projects that affect most LHDs
  - Stay true to the research agenda or priority list of interest/need areas
  - Charter or principles of operation should indicate how decisions will be made
  - Adequate funding available
  - Not inappropriately duplicative of other projects
  - May need written agreements related to researchers working on projects through PBRN
  - Has to be something in it for both researcher and PBRN
- Need to know how and when to say no to projects.
  - Have a research committee that will “vet” projects against criteria
  - Steering committee could decide
  - Need to be able to turn around these decisions quickly
  - “pre-approval” for projects that are on research agenda or priority list
- Could develop “boilerplate” language about the PBRN for IRB protocols

#### Other PBRN research areas:

##### *Finance*

- North Carolina is looking at cuts to Medicaid reimbursement for MCH and case management. Plan to survey 85 LHDs and conduct 6 case studies in randomly selected LHDs. Will be using state Medicaid data also. Looking at how these cuts are affecting LHDs.
- Kentucky is studying Medicaid cuts to school health (50% of school nurses are LHD employees). They are examining impact of change in revenues and staffing as well as shifts in services.
- Washington is looking at variation in LHD responses to budget cuts (types of programs cut, programs eliminated). They will categorize LHDs based on how cuts were made and select a sample of categorical types and do case studies to examine decision making strategies and use of evidence base for decision-making (note...very similar to our planned study in Wisconsin).
- New York is looking at state revenues to public health and what difference it makes to have different types of public health funding within their state.
- Minnesota is looking at public health revenue and expenditures over time using secondary data source.

#### *Workforce*

- There is interest among PBRNs in studies about workforce issues including:
  - Adequacy of staffing levels
  - Impact of economic slow down on staffing levels
  - Recruitment issues
  - Incentives for training/education
  - Availability of certain types of professionals
  - Core competencies used in education programs may or may not be relevant to practice

- Minimal thresholds of staffing to achieve outcomes; how many of what type of public health professional do you need to achieve certain outcomes or provide essential services.
- What predicts more vacancies or more turnover in staffing

Other ideas from the meeting:

- Kentucky is having an annual meeting of all PBRNs in state (primary care, pharmacy, public health...they have 7-8 different ones).
- Some interest in cross state PBRN projects...we'll hear more
- WPHPBRN could be "commissioned" to do research by the state or university or legislature to get information to guide policy and practice. Example: UW could commission a study of training needs of LHDs for input to MPH program;
- Pat Sweeney (member of national advisory committee for the PHPBRN project) is working on a study of each state's laws to determine who is required to work with whom by law (creating the legal infrastructure for the public health system); they have not done Wisconsin yet but it would be interesting
- We can ask for technical assistance on anything. Some other states have had experts on topics come to speak to their groups (paid by coordinating center).
- We should inventory the databases available in Wisconsin relevant to PHSSR and make that known to researchers/accessible to researchers.
- Disseminate information about PBRN more; create a slide set for use in presentations to more groups (law, business, social work, public policy...lots of potential research partners are in other schools)
- Include a librarian in our PBRN group; lots of relevant searchable databases for instruments and data (NLM, HSRProj, HSR and PHSSR info websites)
- Use "minimally invasive research methods" when possible to save LHDs time
- Could do lit reviews and flesh out ideas more before "pitching" to a researcher

Quote of the meeting:

"Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world." (Joel Arthur Barker)

*Wisconsin's Public Health Practice Based Research Network....vision with action?*