

DEVELOPING AN AGENDA FOR PUBLIC HEALTH PRACTICE RESEARCH

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Statement of Problem

For many years, the public health practice community has been frustrated by the apparent disconnect between research studies and practice needs. Where research exists which has application in community settings, it often is not adequately translated or disseminated in a manner to facilitate its application. In addition, an insufficient amount of research in the fields of health and medicine focuses on human behavior, an area of critical importance to public health. There also is a strong perception that the current research agenda is driven by resources, rather than identified needs in communities. Too often, potential users of research at the community level are not involved in identifying information gaps or in establishing research needs.

Background

On March 6, 1998, during a meeting of the Council of Linkages Between Academia and Public Health Practice (Council on Linkages), the proposed increases to the research budgets of the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Agency for Health Care Policy and Research (AHCPR) were discussed. Council on Linkages members advocated that now is an ideal time for bringing together public and private sectors to develop a comprehensive and coordinated public health practice research agenda. Developing such an agenda will help to ensure that resources are effectively used for improving the public's health. The Council on Linkages recommended that the Public Health Functions Steering Committee lead an effort to develop a public health practice research agenda (formerly referred to as the "public health research and applications agenda").

After presenting this concept to both the Public Health Functions Working Group (PHFWG) and Steering Committee, and after numerous subgroup meetings involving most of the organizations represented on the Steering Committee, a framework has been designed for developing a national agenda. With the support of many in the public health academic and practice communities, the Council on Linkages has agreed to test the framework and different approaches for establishing a national public health practice research agenda. Following the feasibility test, the approach(es) can be refined and a decision can be made regarding proceeding with the actual development of a comprehensive national agenda.

Approach to Establishing a National Public Health Practice Research Agenda

What follows is an outline of an approach for moving forward in developing the public health practice research agenda. It was developed by several participants from the subgroup of the PHFWG and has been endorsed by the Council on Linkages. Additional comments were received from other members of the PHFWG subgroup and have been incorporated.

This section addresses: 1) scope; 2) benefits; 3) framework; 4) process; and 5) end products.

1. Scope

- What research exists and is needed to effectively implement the Essential Public Health Services (EPHS)?
- Examine research translation/dissemination and new research needs using the EPHS and Healthy People 2010 as organizing principles.
- Agenda will involve stakeholders in public sector (local, state, and federal governments) AND private sector (academe, foundations, research institutes, labor, and corporations) – important to involve key congressional staff in process
- Utilize existing and future efforts to contribute and feed into national agenda (Guide to Community Preventive Services, CDC research agenda, NIH research agenda, health education research agenda, and others)

2. Benefits – a societal strategy for "getting the job done"

- Funders – provide additional objective basis for decision making around uses of limited resources
- Researchers – provide insights into practice and applications research needs
- Users – development of research that geared toward application in the field will assist in design of effective programs
- Communities – more effectively performing the EPHS will lead to improved community health
- Guide to Community Preventive Services – will help to generate new research that can be used for future chapter development
- Begin to generate "buy-in" for research (e.g., Congress, NIH, foundations, industry)
- Help to summarize ongoing research and likelihood of delivery

3. Framework – Tables 1 and 2 depict how Healthy People 2010 and the Essential Public Health Services will serve as the framework for developing a national public health practice research agenda.

Table 1

FRAMEWORK FOR PUBLIC HEALTH PRACTICE RESEARCH AGENDA

Essential Public Health	Healthy People 2010 Objectives Categories:
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<p style="text-align: center;">Services</p> <p><i>(Source: Public Health Functions Steering Committee)</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Promote Health Behaviors</td> <td style="width: 25%;">Promote Healthy and Safe Communities</td> <td style="width: 25%;">Improve Systems for Personal and Public Health</td> <td style="width: 25%;">Prevent and Reduce Disease and Disorders</td> </tr> </table> <p style="text-align: center;">Chapters</p> <p style="text-align: center;">Objectives (singular or grouped)</p>	Promote Health Behaviors	Promote Healthy and Safe Communities	Improve Systems for Personal and Public Health	Prevent and Reduce Disease and Disorders						
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10. Research for new insights and innovative											

solutions to health problems.	
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**Table 2
Example Cell**

<p>Essential Public Health Services</p> <p><i>(Source: Public Health Functions Steering Committee)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Healthy People 2010 Objectives Categories</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Prevent and Reduce Disease and Disorders</td> </tr> <tr> <td style="text-align: center; padding: 5px;">21 – 11 HIV: Confine Incidence to X</td> </tr> </table>	Healthy People 2010 Objectives Categories	Prevent and Reduce Disease and Disorders	21 – 11 HIV: Confine Incidence to X
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Prevent and Reduce Disease and Disorders				
21 – 11 HIV: Confine Incidence to X				
<p>1. Monitor health status to identify community health problems</p>	<ul style="list-style-type: none"> • Does name reporting make a difference? • Do we know how to monitor? • What proportion currently are diagnosed? • What are barriers to getting diagnosed (e.g., confidentiality)? 			
<p>2. Diagnose and investigate health problems and health hazards in the community</p>	<ul style="list-style-type: none"> • How do you conduct a health risk appraisal in a community? • How do you determine if a community is at risk? 			
<p>3. Inform, educate, and empower people about health issues</p>	<ul style="list-style-type: none"> • How do you get people to practice safe behaviors? (e.g., condom use, needles, etc.) • How do you inform communities of available services/programs? • How do you minimize and handle backlash to programs? 			
<p>4. Mobilize community partnerships to identify and solve health problems</p>	<ul style="list-style-type: none"> • How do we identify stakeholders groups? • What are the motivations for mobilizing? • Who are the appropriate spokespersons? 			

	<ul style="list-style-type: none"> • How do you structure approaches to identify "appropriate" stakeholders?
5. Develop policies and plans that support individual and community health efforts	<ul style="list-style-type: none"> • How do you sell needle exchange to a community? • What is an effective community plan to needle exchange? • Examples of any effective communication plans? • How to research effectiveness? • Tailoring plan to unique community characteristics?
6. Enforce laws and regulations that protect health and ensure safety	<ul style="list-style-type: none"> • How are laws "intelligently" enforced?
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable	<ul style="list-style-type: none"> • Effectiveness of counseling? • What's best way to limit transmission?
8. Assure a competent public health and personal health care workforce	<ul style="list-style-type: none"> • Current level of competence? • Tradeoffs? • Can this be assured effectively at the community level?
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	<ul style="list-style-type: none"> • What are the dimensions of effectiveness, etc., in this area? • Generalizability? • What questions need to be answered nationally? Locally?
10. Research for new insights and innovative solutions to health	<ul style="list-style-type: none"> • What is relative contribution of each of the above?

problems.	
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4. Process

Feasibility Test (1 year)

- Council on Linkages (steering group)
- 2 to 3 groups (specific HP2010 objectives or chapters) ~5-10 people
- possibly start with objectives that fit with HP2010 indicators
- possibly use a large and smaller category of objectives for pilot
- go through process
- NLM provides guidance on background work (possibly involve preventive medicine residents/public health students in helping to conduct literature reviews using 2 to 3 different techniques)
- test prioritization methods (learn from other agenda-setting activities)
- evaluate process
- evaluate pre-meeting work
- refine process

Full activity (2 years)

- appoint steering committee/convener
- determine categories to be used (e.g., EPHS and HP2010)
- appoint nominal expert groups (26 groups, 5 people each, meet for 3 days) to:
 - articulate agenda (matrix)
 - nominate/articulate major questions
 - identify what is known
 - identify what needs to be known – translation, dissemination, and new research
 - conduct preliminary prioritization within groups
- steering group conducts cross row and column analysis to further refine priorities

5. End Products

- National public health practice research agenda
- A "guide" to public health practice research priorities for enabling the effective delivery of EPHS and attainment of national health objectives
- Framework for continuously updating agenda
- Framework for other public health practice research agenda-setting activities

Funding Requirements

- Approximately \$200,000 to \$250,000 to develop and complete the feasibility test
- Health Resources and Services Administration is willing for the Council on Linkages

- to reallocate \$30,000 of HRSA appropriated funds for the feasibility test
- Feasibility test will lead to development of estimates of the cost for engaging in the entire agenda setting activity

Bibliography

As part of the effort to develop a public health practice research agenda, it will be necessary to determine what already has been done in this area, what efforts currently are underway, and what other literature can help inform the process. What follows represents the beginnings of a bibliography on this topic.

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