



2014 YEAR IN REVIEW

TOWARD ADVANCING THE USE OF PHSSR IN THE NATIONAL POLICY DISCOURSE

PHSSR IN WASHINGTON

Working in close collaboration with the National Coordinating Center for Public Health Services and Systems Research at the University of Kentucky, and with support from the Robert Wood Johnson Foundation, AcademyHealth's 2014 activities on the policy spectrum for PHSSR involved identifying policy relevant work, helping researchers prepare it for dissemination to policymakers, and meeting with federal agencies and congressional support offices to stay on top of policymaker priorities. Details about these activities are described in this report.



AcademyHealth

INTRODUCTION

The 2014 health policy landscape was dominated by the continued implementation of the Affordable Care Act, a focus on better value for the health care dollar, an increased interest in population health, and finally, the Ebola epidemic. As in prior years, the opportunity and imperative for evidence to inform these policy issues was constant.

Evidence generation and translation is a central component of AcademyHealth's mission and a top priority of our members and the field of health services and policy research. While efforts to understand policymaker needs, synthesize relevant research, convene diverse perspectives, and disseminate actionable findings occur across all AcademyHealth programs, Public Health Services and Systems Research (PHSSR) is an area of emphasis for our portfolio aimed at moving evidence into action.

PHSSR is the field of study that examines the organization, financing, and delivery of public health services within communities, and the impact of these services on the health of the public. With the growing emphasis on reducing health care costs, the increasing urgency to address health equity, the continued growth of preventable (and costly) disease, and the resultant need to promote healthier communities, PHSSR has never been more relevant. AcademyHealth hopes to move the field's knowledge into action and speed the uptake of PHSSR into sound public health policy.

In 2014, we deployed a three-pronged approach to achieve this aim: educate researchers on policymaker information needs; synthesize policy priorities and evidence gaps; and identify, synthesize, and disseminate results in Washington. Our approach is designed to be circular—we bring those policymaker information needs back to the research community so that the field is investigating timely and relevant questions.



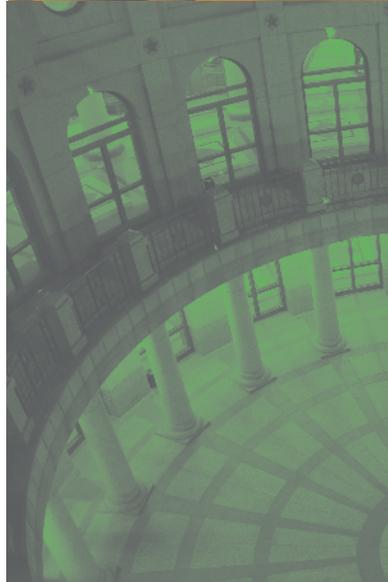
EDUCATE RESEARCHERS ON POLICYMAKER INFORMATION NEEDS

PHSSR findings are relevant to stakeholders across the policy spectrum: from identification of national health policy priorities, to allocation of resources, to implementation of programs. AcademyHealth organized a series of stakeholder meetings with federal agencies, congressional support organizations, and staff on Capitol Hill to capture policy priorities, introduce PHSSR, and share some of the field's relevant findings. In addition to these small meetings, AcademyHealth conducted public sessions to further inform the research community of the information needs of policymakers.



STAKEHOLDER MEETINGS

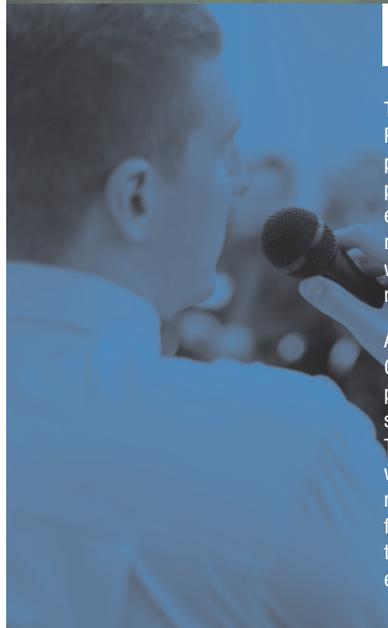
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare & Medicaid Innovation (CMMI)
- Centers for Disease Control and Prevention (CDC)
- National Center for Health Statistics (NCHS)
- Office of the Assistant Secretary for Preparedness and Response (ASPR)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Office of Management and Budget (OMB)



WEBINARS

Our three-part “Fireside Chat” webinar series featured speakers from Congress, the White House, and the Centers for Disease Control and Prevention. Our goal was to inform the research community on how policymakers make difficult decisions amid fiscal constraints as well as where policymakers turn for evidence.

- [The Appropriations Process](#)
- [The Budget Process: The Role of the Agency](#)
- [The Budget Process: The Role of the White House](#)



2014 KEENELAND CONFERENCE

The panel “Translating Research Findings for Policymakers: A Dialogue” featured three public health policy experts with experience on Capitol Hill who presented an overview of the current political and fiscal environment; led a discussion about how policymakers make decisions; shared tips for how to communicate with policymakers; and offered advice for making research more relevant.

Another panel, “Innovations and Evidence Needs for Governmental Public Health,” featured executives from public health practice constituency organizations and spotlighted innovations in state and local public health. The session was organized around four key themes: 1) where to direct healthcare/public health dollars when resources are scarce; 2) where might public health fill the gaps that exist/occur as the health system transforms; 3) how should the public health system evolve; and 4) emergency preparedness.

AS HEARD IN WASHINGTON: RESEARCH PRIORITIES

FINANCING

- What are the consequences of budget cuts (e.g., federal, state, local) on health outcomes? On community preparedness?
- What is the capacity of local health departments to carry out basic financial management/accounting? How does capacity affect agency performance?
- What is the actual cost of an intervention—what are we paying for?
- What is the financial impact of bringing public health successes to scale? What about the value to population health?

MEASURES AND DATA

- How do we measure the health of communities?
- How do we measure community resilience and what is its value?
- What data are needed to evaluate population health initiatives?
- How can public health leverage Big Data for population health improvement?

INFRASTRUCTURE

- How is health systems transformation altering the functions of governmental public health? How is it influencing health disparities and equity?
- What is the optimal size of a state and local health department?
- What is the business case for consolidating local health departments or sharing services across health departments? What is the impact on health outcomes?

SYNTHESIZE POLICY PRIORITIES AND EVIDENCE GAPS

Our stakeholder meetings uncovered knowledge gaps—areas where more research is needed to support evidence-informed decisions. Most frequently cited was the need to better understand the value of public health investments (and where to place those investments) and systems-level changes to the delivery of public health services. Key questions fell under three themes: financing, measurement, and infrastructure.

To assure broad dissemination of the important messages gleaned from the policy community, AcademyHealth synthesized what we heard and disseminated these priorities, and gaps, through an array of channels including:

- Monthly Washington Updates, sent to the National Coordinating Center for PHSSR (NCC) for distribution to the research community, describing policy news, emerging hot topics, policymaker questions, and suggested activities that researchers could undertake to address those questions;
- [A federal budget timeline](#) to help the research community understand the budget process, and at which points they could inform policymakers of new evidence;
- A commentary, "[Policymakers Identify Priorities for PHSSR](#)," published in *Frontiers in PHSSR* highlighting the research priorities identified during the Fireside Chats.

PHSSR FOR PRIMETIME: TIPS FOR DISSEMINATION

Define Target Audiences and Know Their Priorities

- Who is interested in or affected by your work?
 - Be sensitive to competing priorities
 - Consider timing of your message
- Are there secondary audiences to consider?
- Who has the power to implement your findings and enact change?

Create a Translation Plan

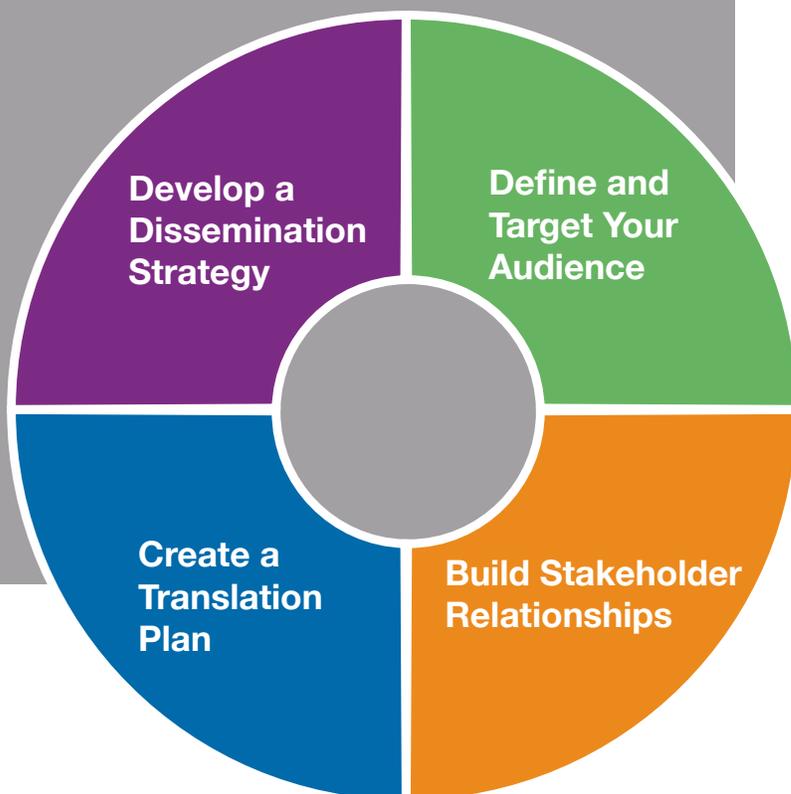
- What are the key take home messages for your audience?
- How do your results align with your audience's priorities and expectations?
- How should you frame and communicate your research findings?
 - Use plain language
 - Make it easy to remember
 - Less is more – 3 main messages
 - Practice your delivery
 - Lead with your headlines

Develop a Dissemination Plan

- Consider your own resources (e.g., staff, money, time) and the timeliness of your findings;
- Utilize conferences, mainstream media, social media.

Build and Sustain Stakeholder Relationships

- Stay in touch with audiences post-dissemination;
- Leave something behind.



IDENTIFY, SYNTHESIZE, AND DISSEMINATE POLICY RELEVANT RESEARCH

A significant evidence and practice base already exists for designing successful translation and dissemination strategies. But as a relatively young field, PHSSR has yet to deploy a collective strategy for delivering its results to end users. For PHSSR to make an impact, it is critically important that it be relevant, timely, actively disseminated and easily understood.

Recognizing that still more needs to be done to improve the “art and science” of dissemination, AcademyHealth launched the Translation and Dissemination Institute in 2013. The PHSSR program worked collaboratively with the Institute to offer three programs tailored to the PHSSR community.

- **Dissemination Mentor Program:** The goal of this program was to strengthen researcher communication skills by leveraging AcademyHealth expertise, the Institute, and our membership. We linked researchers (“mentees”) with communications experts (“mentors”). To aid in the process, AcademyHealth shared a resource developed last year, *Navigating the Translation and Dissemination of PHSSR Findings: A Decision Guide for Researchers*, that provides considerations for researchers during the translation and dissemination process. The inaugural year resulted in an impressive collection of [products](#)—issue briefs, one-pagers, talking points, a webcast—created by the pairs. These tools succinctly capture the policy message behind the PHSSR question and can be used to assist policymakers in making evidence-informed decisions. °
- **Simulation as a Tool to Inform Health Policy Webinar Series:** Simulations are mathematical models that combine evidence from research and other sources to approximate how real-life systems behave under particular conditions. They can help researchers and policymakers translate research and other evidence into a form that decision makers can readily understand. For example, one can experiment virtually with policy levers or other interventions to understand how they affect health outcomes. We conducted a two-part webinar series this fall to introduce the broad community of PHSSR to these novel method for translation and dissemination. (See *Introduction to Health Systems Simulation for Policy and Effective Use of Simulation to Guide Health Policy*.)
- **Research in the Media and in Policy Webinar Series:** How the media reports on science plays a pivotal role in whether it reaches policymakers and how they view it. A two-part webinar series helped researchers better understand what to expect when their research gains attention from the media and policymakers; recognize which sources policymakers use when researching legislation; and be better informed about how to most effectively work with members of Congress, their staff and members of the media. (See *Research’s Recognition in the Media: Two Sides of the Same Coin and Moving Research to Policy: What Works and What Doesn’t*.)

Finally, to gain visibility for PHSSR within the national policy discourse, AcademyHealth delivered its findings, and featured its researchers in Washington:

- [Coalition for Health Funding Faces of Austerity Briefing](#): For this congressional briefing, AcademyHealth created a one-pager highlighting PHSSR evidence about the impact of public health funding on health outcomes. The research was presented during the briefing by the NCC's principal investigator, Glen Mays, Ph.D.
- PHSSR Close-Up Briefing, an invite only briefing on the latest maternal and child health PHSSR findings (see below).

LATEST MCH FINDINGS BROUGHT TO POLICYMAKERS: PHSSR CLOSE-UP BRIEFING

To further advance the notion of evidence-informed public health decision making, AcademyHealth hosted an invite-only PHSSR Close-Up Briefing (“Close-Up”) in October 2014 at the Reserve Officers Association in Washington, D.C. This briefing focused on maternal and child health (MCH), and more specifically the impact of recent funding reductions and policy changes on MCH outcomes. Participants included federal agency staff, researchers, funders and MCH advocates.

The goal of the Close-Up was to disseminate the latest science on MCH-related public health systems issues. At the same time, we aimed to improve the relevance, timeliness, and accessibility of PHSSR so that it is most useful to those making public health policy decisions. Profiled research included:

- Targeted Health Department Expenditures Benefit Birth Outcomes at the County Level (Bekemeier, et. al)
- Access to Care Declines in Rural Areas When Local Health Departments Withdraw Clinical Services: Lessons from South Carolina (Hale, et. al)
- Changes in North Carolina Maternal Health Service Use and Outcomes Among Medicaid-Enrolled Pregnant Women during State Budget Cuts (Cilenti, et. al)

Findings point to some negative health impacts as local health departments move away from providing clinical services. This change, largely being driven by the ACA, points to questions about how to better link public health and health care as well as the changing role of governmental public health.

Recommendations for further inquiry include:

- Geographic issues (i.e., urban, rural settings) have huge policy implications—we need to delve into this more.
- Do gaps in access exist? Where are they and what does the evolving safety net look like? How are inequities being measured and addressed, and by whom?
- What nonmedical measures could inform health improvement and how e.g. school readiness, Meals on Wheels?



LOOKING FORWARD: 2015 AND BEYOND

An effort not mentioned above is our Success Story Challenge. Through a national Call for Submissions, we attempted to capture stories about the dissemination and uptake of PHSSR by public health practitioners or policymakers. Despite direct outreach to potential applicants, and an aggressive promotion strategy, the challenge was unable to draw sufficient examples of PHSSR's impact. Herein lies the challenge: PHSSR has yet to become (or to see itself as) a mainstream resource for decision makers. The efforts of the 2014 program year signal a turning of the wheel, from building and supporting a diverse and robust PHSSR discipline to collecting and presenting relevant outputs to the policymakers who need them.

AcademyHealth acknowledges the many factors that lead to the uptake of new ideas. With its 2014 PHSSR programs, AcademyHealth has been building the road to translation under the feet of the field. As we look ahead to 2015, we see an entire community of researchers and 'pracademics' lined up, and champions in Washington are willing to listen.

To advance PHSSR, we will build upon these 2014 successes as well as our decade of experience in strengthening the science of PHSSR. We are thrilled to partner with the Robert Wood Johnson Foundation to further advance the field and their Culture of Health initiative in the coming year.

We have aligned our work with the Foundation to craft a strategy for 2015 with three goals: strengthen the capacity to conduct PHSSR, strengthen the science of PHSSR, and strengthen the link between producers and users of PHSSR. Throughout, AcademyHealth will remain at the forefront of innovation, allowing us to keep pace with the latest advances in the conduct of, and infrastructure for, research and the adoption of knowledge in practice. Doing so will ensure that relevant and rigorous research is being used to inform policy and practice. We will also continuously learn from and encourage experts from related disciplines to join our effort. For example, we will launch an inaugural Systems Science Scholarship that will connect senior methodologists to AcademyHealth's PHSSR community.

Furthermore, we will continue to convene stakeholders with shared priorities to foster trust and teambuilding, share resources, and advance shared goals. In 2015, in partnership with the [EDM Forum](#), we will launch a Population Health Community of Practice—a learning network for large cities and states to exchange best practices and learn from one another, with a focus on the exchange and use of electronic clinical data to develop targeted, population-wide health improvement strategies.

We also remain committed to the translation and dissemination of PHSSR. In the year ahead, we will continue our successful Dissemination Mentor Program and our efforts to cultivate a cadre of evidence-informed decision makers in Washington by bringing researchers and their important findings to Capitol Hill, federal agencies, and others.

We look forward to working with you in 2015.

THERE ARE WAYS TO GET INVOLVED AND ENSURE THAT YOUR VOICE IS HEARD IN WASHINGTON.



BECOME AN **ACADEMYHEALTH** MEMBER



JOIN THE **PHSR** INTEREST GROUP



We will keep you up to date on what is happening in Washington, provide the latest resources to help in the production of rigorous and relevant research, and offer trainings and programs to assist in the swift translation and dissemination of PHSSR.



LET US KNOW ABOUT YOUR RESEARCH BY COMMUNICATING WITH US ON MY.ACADEMYHEALTH.ORG

AcademyHealth's member-only portal. Log on to the site and send us a message about your research and, of course, findings of interest to policymakers! At this site, you can also talk directly with likeminded colleagues and find contact information for your peers.

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SUBMIT YOUR RESEARCH ABSTRACT TO THE **ANNUAL RESEARCH MEETING** OR THE **INTEREST GROUP ANNUAL MEETING**



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