Current Research Projects of the Public Health PBRN Program

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The Robert Wood Johnson Foundation’s Public Health Practice-Based Research Networks Program supports research on the organization, financing, and delivery of public health services using the infrastructure of practice-based networks (PBRNs). A Public Health PBRN brings multiple public health agencies into collaboration with an academic research partner to design and conduct studies in real-world practice settings. The program supports research through several different mechanisms, including (1) large-scale Research Implementation Awards (RIAs) conducted by established networks; (2) Quick-Strike Research Fund (QSRF) awards that support short-term, time-sensitive studies on emerging issues; and (3) supplemental Research Acceleration and Capacity Expansion (RACE) awards designed to expand the scope and enhance the tempo of ongoing research within the PBRN. The Public Health PBRN National Coordinating Center coordinates the development individual and multi-network studies supported by grants from various sources. This brief provides a summary of research projects underway and under development within the public health PBRNs.

**ROUND I RESEARCH IMPLEMENTATION AWARDS (Initiated Spring 2010)**

**Community Partnerships and Evidence-Based Prevention:** This study conducted through the Colorado PBRN examines how local public health agencies influence the adoption and use of evidence-based practices in chronic disease prevention through their work with local community coalitions. Survey data are being collected in all 54 county health jurisdictions in the state, and network analysis methods are being used to examine the structure and operation of local community coalitions.

**Economic Shocks and Evidence-Based Decision-Making in Public Health:** The Washington PBRN is examining local variation in public health agency budget reductions during the 2009-10 economic downturn in Washington and the impact of these reductions on public health decision-making and use of evidence-based practices. An existing statewide survey is being adapted and used to measure evidence-based practice implementation and service delivery at multiple points in time during the economic downturn.

**Medicaid MCH Funding and Local Public Health Practice:** This study by the North Carolina PBRN investigates the effects of a recent state policy change that eliminated Medicaid funding for evidence-based maternity case management services provided by local public health agencies. The research estimates the policy’s impact on the delivery of MCH services and resulting birth outcomes, the “spill over” effects on public health agency core capacity to provide other services, and the adaptations that agencies are implementing to preserve core capacities.

**Public Health QI and Evidence-Based Diabetes Prevention:** The Kentucky PBRN is testing the ability of local public health agencies to implement quality improvement (QI) strategies as part of a diabetes education and self-management program implemented through regional diabetes centers of excellence across the state. The study is designed to identify factors that influence the adoption and
implementation of evidence-based diabetes self-management strategies, and estimate the comparative effectiveness of agency-supported QI strategies in facilitating adoption and implementation.

**Local Variation in Food Safety and Infectious Disease Control Practices:** This study by the Massachusetts PBRN examines the extent and nature of variation in the use of evidence-based practices (EBPs) for food safety and infectious disease control as implemented by local public health agencies across the state. This study specifically examines the influence of jurisdiction size, performance standards, and regionalization strategies on adoption and use of EBPs.

**ROUND II RESEARCH IMPLEMENTATION AWARDS (Initiated Spring 2011)**

**Measuring Quality in Local Public Health Emergency Preparedness: the H1N1 Experience:** The Connecticut PBRN is developing and testing measures of the quality of local public health emergency response activities using the 2009-10 H1N1 influenza outbreak as a test case. This study’s aims are to: (1) develop quality measures specific to the H1N1 context using retrospective data from the 2009-10 outbreak response; (2) test the validity and reliability of these measures; (3) use measures to compare the quality of response across different types of local public health settings across the state; and (4) identify factors that contribute to differential quality of response across local settings.

**Measuring the QI Continuum and Correlates in Public Health Settings:** The Minnesota PBRN study seeks to identify, measure, and compare characteristics of quality improvement (QI) implementation in local public health settings across the state. The study will develop and validate measures the quality of QI implemented in Minnesota public health agencies (state and local) relative to a conceptualization of “full implementation” or “mature QI” as articulated in the professional literature and consistent with professional knowledge. These measures will then be used in a comparative analysis to examine how institutional and community contextual factors influence the quality of QI implementation in local public health agencies.

**Integrated HIV/AIDS and STD Service Delivery in New York: A Natural Experiment:** The New York PBRN aims to identify and test valid and reliable measures of quality associated with delivery of HIV/AIDS and STD services by local public health agencies, and then use these measures as part of a natural experiment to evaluate the impact of a statewide initiative to integrate the delivery of these two service lines. This project will assess the impact of the integration process on staff attitudes and job satisfaction, client awareness and utilization of services, and service quality based on adherence to evidence-based practices. Results of this study will yield validated measures for assessing the quality of HIV and STD service delivery, as well as other efforts to integrate public health service programs.

**Prevention, Investigation, and Intervention Related to Foodborne Illness in Ohio:** The Ohio PBRN’s RIA study investigates the structure, process, and outcomes of public health agency roles in foodborne illness prevention, investigation, and control, utilizing a mixed methods approach. The study will develop, test, and validate a novel, direct observation methodology for measurement. Direct-observation measures will then be used in a comparative analysis of local variation in public health practices for foodborne illness.

**Measuring the Quality of Community Health Improvement Planning and Implementation:** The Wisconsin PBRN’s study develops, tests, and validates an instrument for measuring the quality of community health improvement planning and implementation processes (CHIPP) facilitated by local public health agencies across the state. Moving beyond the mere description of CHIPP components, a
valid measurement tool for CHIPP quality will be implemented with local public health agencies across Wisconsin. Measures will be collected and used in a comparative analysis of factors that influence the quality and comprehensiveness of CHIPP practices, and factors that influence the degree of success in moving from assessment to implementation actions.

**ROUND I QUICK STRIKE RESEARCH PROJECTS (Completed Fall 2009)**

**Local Variation in H1N1 Response in North Carolina:** North Carolina’s PBRN conducted a study of local variation in the content and timing of public health activities to contain the H1N1 outbreak during summer and fall of 2009, with a special interest in testing for differences between accredited and non-accredited public health agencies in the state. The study found that accredited agencies performed a broader range of H1N1 response activities, and implemented investigation and incident command activities more rapidly than did non-accredited agencies. Also as part of their quick-strike project, the North Carolina PBRN conducted a population study of local residents’ awareness of and intention to receive the H1N1 vaccination, focusing on two communities served by PBRN public health agencies. The study found wide variation in both awareness and intention across subgroups within the population, suggesting opportunities for targeted intervention.

**Local Variation in H1N1 Communication and Response in Kentucky:** The Kentucky PBRN replicated the study of local variation in H1N1 response developed for North Carolina, and added a new component focusing specifically on communication patterns among local health departments, primary care providers, and community pharmacists. The study uncovered wide variation and large gaps in communication among these three groups of responders, suggesting many opportunities for improved response.

**ROUND II QUICK STRIKE RESEARCH PROJECTS (Initiated Summer 2010)**

**Financial Constraints, Regionalization Incentives, and Public Health Responses:** The State of Connecticut has subsidized local public health services for many years using an annual per-capita grant mechanism. Effective July 1, 2009, the subsidies were eliminated for 49 of Connecticut’s 80 local health departments. The cuts were targeted to departments serving populations of 50,000 or less, with the expectation of increasing interest in consolidation and regionalization among small agencies. The Connecticut PBRN study investigates the effects of the cuts on local public health decision making concerning agency operations and service delivery. Specifically, the study tests whether the funding cuts motivated departments to explore consolidation, change their mix of programs and services, and pursue other funding sources.

**Variation in Local Enforcement of State Public Health Policy:** When Ohio’s smoke-free workplace act went into effect in May 2007, enforcement responsibilities were delegated to local public health agencies without additional state funds to support these new roles. In addition, the punitive fines prescribed in the law were graduated and allowed substantial local public health discretion in both the magnitude and frequency of fines. This study examines the causes and consequences of local variation in public health enforcement of the tobacco law, with particular attention to the effects of the recent economic downturn on public health decision-making regarding enforcement. The study sets the stage for a larger investigation of the consequences of local variation in enforcement with regard to policy impact on exposure to environmental tobacco smoke.
**Resource Allocation and Public Health Roles in Safe Routes to Schools:** This study by the Colorado PBRN takes advantage of a one-time infusion of federal funds to support local planning and policy development to facilitate safe and active commuting by school children to and from school. The study examines local variation in how these funds were distributed across the state, the role of local public health authorities in influencing resource allocation and decision-making concerning local use of funds, and the consequences of these decisions in terms of development and implementation of local active commuting plans and policies.

**Local Information Systems for Studying Public Health Practice and Outcomes:** Wisconsin’s PBRN uses longitudinal data from an automated, electronic information system to analyze changes in the delivery of community health nursing programs and activities since 1986, and to evaluate prospects for developing similar information systems to track the outputs and outcomes of other public health programs. The study demonstrates how local public health information system can be used to examine associations between the intensity of programmatic activity and resulting behavioral and health outcomes. Findings suggest ways of using automated, electronic information systems in public health settings to strengthen capacity for public health systems and services research.

**ROUND III QUICK STRIKE AND QI QUICK STRIKE RESEARCH PROJECTS (Initiated Spring 2011)**

**Local Public Health Responses to the County Health Rankings:** This study by the Florida PBRN investigates local variation in how public health organizations across Florida’s 67 counties respond to and use the County Health Rankings (CHR) data for public health practice and health improvement activities. The study seeks to identify organizational and community-level factors that drive variation in the types of responses taken across communities and in the degree of success in implementing these responses. A by-product of this study is the development and testing of indicators of successful CHR responses that can be used as public health quality measures. This project takes advantage of the time-limited opportunity to study responses soon after release of the second annual wave of ranking data in a diverse population of local public health settings.

**Quality Improvement Collaboratives for Small and Rural Public Health Settings:** The affiliate PBRN in Georgia will take advantage of the time-limited opportunity to test the utility of regional quality improvement (QI) strategies in strengthening accreditation readiness and attainment among small and rural public health jurisdictions. As part of a larger initiative, local public health agencies in a selection of counties are attempting to implement regional public health quality improvement collaboratives (QICs) using the state’s multi-county public health districts as the primary organizational structures. This study compares measures of QI implementation and impact among local agencies that do and do not participate in regional QICs, with a specific focus on the ability of small and rural health departments to meet the Public Health Accreditation Board’s national accreditation standards for QI activities. A secondary aim of the study is to assess the potential of the newly formed Georgia Public Health PBRN to function as a state-level public health QIC.

**Public Health Accreditation and Quality Improvement Philosophy:** The new affiliate public health PBRN in Missouri will take advantage of the time-limited opportunity to learn from the nation’s only voluntary, state-based accreditation program for public health agencies, and use these lessons to inform the approaching implementation of the Public Health Accreditation Board’s national accreditation program. This study uses both state and national data sources to examine local variation in public health agency efforts to adopt and institutionalize quality improvement (QI) practices within their organizations and communities. Using these data sources, investigators are constructing a composite measure of QI
philosophy for each local public health agency in Missouri and then comparing this measure across three groups of agencies: (1) agencies that have undergone accreditation; (2) agencies that intend to apply for accreditation within 2 years; and (3) agencies that do not intend to apply for accreditation. Qualitative data collected from key informant interviews with these three groups of agencies are used to explore how the nature and timing of exposure to the voluntary accreditation program influences agency QI practices.

**Taxonomy of QI Methods, Techniques and Results in Public Health**

This study by the Minnesota PBRN pursues a time-limited opportunity to collect and analyze data on QI projects while these efforts are still being implemented and evaluated by public health agencies. The study’s primary aims are to develop a logic model and taxonomy for QI in public health, employing a mixed-methods design in three phases: (1) creation of a database registry of QI projects implemented in public health settings through the Multi-State Learning Collaborative II and the Public Health Collaborative II initiatives, both which were implemented in Minnesota and funded by the Robert Wood Johnson Foundation; (2) development of a preliminary classification system for QI projects reflecting the QI methodologies used, the operations and processes targeted, the contextual features of the institutional and community settings, and the results achieved; (3) validation of the taxonomy through an expert panel review of the conceptual model and key informant interviews with public health leaders who conducted the QI projects; and (4) application of the taxonomy to document the extent and nature of variation in public health QI projects and to identify key determinants of variation.

**Quality Improvement Strategies and Regional Public Health Structures**

The Nebraska PBRN will take advantage of the unique regional health department structure used in two-thirds of its local public health jurisdictions to mount a comparative study of the implementation and perceived effectiveness of QI activities in regional vs. single-county public health delivery systems. The Nebraska PBRN will partner with Minnesota’s PBRN in order to use the QI classification system and taxonomy under development in Minnesota to study QI activities in Nebraska. A coordinated approach to QI classification and data collection will enable cross-state comparisons of data and key findings. This project capitalizes on an opportunity to rapidly produce new information about regional QI models at a time when public health decision-makers across the U.S. are preparing for accreditation and responding to political and economic forces demanding improved accountability, efficiency, and value in public health.

**Evaluation of a Quality Improvement Project to Improve Workforce Diversity**

This study by the Washington PBRN investigates the effectiveness of a quality improvement (QI) initiative designed to improve racial/ethnic diversity across workforce categories within a large local public health agency. The study examines changes in recruitment and hiring processes and staffing outcomes that occur after implementation of the QI initiative, using retrospective data from human resource records. Findings will be rapidly integrated into staffing practices being implemented in response to the agency’s ongoing responses to economy-related fiscal constraints.

**PHAST Retrospective Data Compilation and Transformation**

This Washington PBRN study is developing and testing measurement and data collection strategies used to support the construction of a multi-state data repository containing measures of local public health service volume and intensity across participating PBRN states. The data repository will be used as part of the multi-PBRN Public Health Activities and Services Tracking Study (PHAST) to study the causes and consequences of geographic variation and change in public health service delivery.

**Forecasting the Impact of the Economic Recession on Public Health Financing**

The Wisconsin PBRN is using national and state-specific data sources to develop a fiscal forecasting model that generates predictions of the total revenue available to each Wisconsin local health department over a four year
The project will develop and validate the model using retrospective data sources, and produce prospective estimates for all local health officials in the state. Findings will be disseminated through a customized report to each agency and an interactive web-based map. The research will assist local officials in anticipating changes in fiscal capacity and adopting strategic responses to maintain core services.

**Analyzing Concordance between Position Descriptions and Practice Standards for Public Health Nurses:** This study by the Ohio PBRN collects, codes, and analyzes position descriptions for all levels of public health nurses practicing within the state’s 125 county health departments in order to determine the extent to which positions are consistent with national competency standards and scope of practice policies. The study will examine geographic variation in the degree of concordance with public health nursing practice standards, and use multivariate analytic techniques to identify organizational, community, and market-level factors that influence concordance. Findings will be used to develop policy and practice recommendations for enhancing nursing workforce competencies.

**Research Acceleration & Capacity Expansion (RACE) Supplements (Initiated Fall 2011)**

**Comparative Effectiveness of State vs. Regional Approaches to QI in Public Health.** This study from the Georgia affiliate PBRN examines the impact of a quality improvement collaborative model implemented through Georgia’s regional public health districts on the implementation and effectiveness of local public health QI activities. Building on the methods and results of an ongoing quick-strike project, this study compares QI activities organized through Georgia’s regional public health district structure with QI activities organized through Georgia’s state health department structure. Pre-intervention and post-intervention measures of QI practices and outcomes are being collected via surveys of staff from each QI project, supplemented with qualitative data collected through interviews with key informants. Findings will provide practitioners and policy-makers with evidence regarding the organizational structures and implementation processes that are most effective in facilitating successful QI processes in public health.

**Variation in Local Public Health Actions to Address Health Inequities.** This project of the Minnesota PBRN seeks to investigate the extent to which local health departments in Minnesota engage in activities to reduce health inequities, and to identify the characteristics of local public health systems that facilitate and impede these activities. The project begins by analyzing existing administrative data compiled by the state health agency to identify the characteristics of local health departments that currently collect and report data on health disparities, social determinants of health, or health inequities within their jurisdictions. An electronic survey of all 75 local health departments in Minnesota captures information on the range of activities that these agencies undertake to address health inequities. These data are being linked with existing data sources on local health department finances, expenditures, and governance and decision-making structures in order to identify factors that facilitate and impede activities to address inequities. As a final step, key-informant interviews and focus groups are conducted in a sample of local health departments to provide a more detailed examination of inequity-focused activities.

**Utilization and Effectiveness of a Health Equity Index in Mobilizing Local Public Health Action.** The Connecticut PBRN is refining and expanding a methodology developed by the Connecticut Association of Directors of Health (CADH) to construct a health equity index that measures social and economic determinants of health at the neighborhood level, and to investigate the use of this index by local public health officials to mobilize multi-sector disparity reduction activities. Specifically, the project refines the measurement and reporting elements of the health equity index in order to reflect changes over time in health determinants and to allow for subgroup analyses based on racial and demographic
characteristics. Additionally, the project tracks usage of the index by local public health officials and analyzes factors that facilitate and inhibit use.

**Effects of Cultural Competency Training on Local Health Departments: A Randomized Trial.** This project through the Kentucky PBRN analyzes variation in the cultural and linguistic competence of local health departments within Kentucky, adapt and test a series of training modules designed to strengthen cultural and linguistic competence among staff, and evaluate the effectiveness of these training models. The study uses existing baseline data from an earlier project that conducted organizational assessments of each department using an instrument designed to measure compliance with the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Competency training models are being adapted from existing modules developed by the Office of Minority Health at the U.S. Department of Health and Human Services and delivered via videoconferences and webinars to random subsample of local health departments. The CLAS survey will be repeated after training completion and used to estimate training program effectiveness using repeated-measures estimation techniques.

**Local Health Department Workforce Reductions: Implications for Diversity and Health Disparities.** This project by the Washington PBRN seeks to quantify the variation in workforce reductions made by local health departments in Washington state in response to the economic downturn, and to estimate the effects of these reductions on local health department service delivery, workforce diversity, and capacity to address health disparities. The study builds on ongoing research conducted by the Washington PBRN to track changes in funding and service delivery among local health departments across the state, and makes use of a unique data repository constructed for this purpose. A mixed method approach is employed that includes linkage and analysis of existing, secondary data sets and the collection of primary qualitative and quantitative data. The project also allows a new investigator from an under-represented racial background to collaborate with the PBRN in the conduct and translation of the study, which includes mentoring from public health practitioners, knowledge and skill development through courses and active involvement in the PBRN, networking and presenting research findings at national and local meetings focusing on practice-based research, and dissemination of study findings via peer-reviewed publications.

**Direct Observation Methods in Local Public Health Settings: Foodborne Outbreak Practices in Ohio.** This methodological supplement builds on an ongoing research project by the Ohio PBRN that uses direct observation methods to assess practice variation in food-borne outbreak (FBO) investigation and response among local health departments in Ohio. Three methodological enhancements are implemented. First, the supplement expands the research focus by adding measures of consumer perceptions of agency actions in prevention, investigation and management of FBO, offering additional perspectives on the validity of direct observation measures. Second, the study links direct observation data with several additional secondary data sources including the Ohio Annual Financial Report (AFR), the Ohio Disease Reporting System (ODRS), census data, restaurant and bar revenues, and County Health Rankings in order to analyze factors that explain variation in observed FBO practices. GIS mapping is used to investigate and illustrate geographic variation in practices, resources and services. Third, the study investigates the project features that benefit or challenge the direct observation research process, using formal interviewing and debriefing methods with student observers and public health practice observes. Findings from this study will suggest approaches for expanding the use of direct observation methods in PBRNs and the larger field of public health research.

**Regional Public Health Structures and Readiness for Accreditation and QI.** The Nebraska PBRN makes use of the state’s recently developed regional public health structure to assess and compare readiness for accreditation among regional health departments and single-county health departments.
within the state, and to examine the utility of quality improvement (QI) strategies implemented by health departments in preparing for accreditation. The study analyzes self-assessed performance data collected from all local health departments through the state’s Local Health Department Standards and Measures tool. Combining these data with the newly released PHAB accreditation standards, the study examines performance variation across agencies and estimates agency readiness for the PHAB accreditation process, with a specific focus on differences in readiness between regional and single-county agencies. Additionally, the study links performance data with newly collected data from an ongoing study of local health department engagement in QI strategies (a PBRN Quick Strike study) to examine the extent to which agencies are implementing QI activities in areas where gaps in performance exist. Site visit interviews in selected regional health department sites explore the relationship between QI implementation and readiness for accreditation in regional health departments. Findings will provide useful insight into the implementation of QI and accreditation initiatives for public health agencies nationwide.

**Comparative Effectiveness Research Tools for Examining Public Health Services and Outcomes:**
This project of the North Carolina PBRN applies new methodological approaches from the field of comparative effectiveness research (CER) to an ongoing study of the impact of a state funding reduction policy on local public health delivery of evidence-based maternity outreach and postpartum services to low-income women and their children. The new methodological approaches augment the existing research by: (1) enhancing the current propensity score matched analysis to provide improved control groups for estimating policy impact, and (2) allowing researchers to better estimate differences in policy impact across a range of vulnerable subgroups of women and children. Findings will illustrate how novel CER methods can be applied to strengthen the evidence produced by studies of public health policies, services, and outcomes.

**OTHER ACTIVE PBRN RESEARCH PROJECTS**

**Public Health Law and Regionalization.** The Colorado PBRN has received funding from the RWJF Public Health Law Research Program to conduct a national review of state laws that govern the regionalization of public health service delivery; a legal analysis of the Colorado Public Health Act of 2008 as it impacts regionalization and regional approaches to public health service delivery; a mapping study of regional approaches within Colorado that includes an analysis of related legal instruments; and a qualitative study of the determinants of legal and structural barriers to regional public health service delivery.

**Local Public Health Performance in H1N1 Mass Vaccination:** The Washington PBRN has conducted a study of local variation in H1N1 mass vaccination planning and implementation within the state during 2009-2010 using funds provided by the state health department through its federal CDC pandemic influenza grant.

**Variation and Change in Local Public Health Service Delivery:** Bettie Bekemeier of the Washington PBRN has received funding from the Robert Wood Johnson Foundation’s Nurse Faculty Scholars Program to support a study of variation and change in the types of services offered by local health departments around the country, and the impact of local and national economic conditions on this service delivery. This two-year study, scheduled to begin in September 2010, will involve multiple PBRNs with coordination from the PBRN National Coordinating Center.

**Sustaining Maternal and Child Care Coordination in the Face of Changing Medicaid Policies:** Rebecca Wells and the North Carolina PBRN are completing a study funded by HRSA’s Maternal and
Child Health Research Program that examines the strategies local public health agencies are using to sustain health and social services for pregnant women and young children in the face of Medicaid reimbursement reductions and restructuring.

**PBRN Structures and the Implementation and Translation of Public Health Research.** This study led by the PBRN Coordinating Center is conducting a network analysis survey with all participants in 14 public health PBRNs (12 primary networks and 2 affiliate networks) in order to characterize patterns of interaction and the distribution of roles and responsibilities among participating researchers and practitioners. More than 400 organizational participants are represented in the 14 networks, including public health agencies, universities, and community-based organizations. Standard measures of network structure and flow are constructed for each PBRN, using information about the types and frequencies of interaction reported by network participants. Hierarchical ordered logistic regression models are used to estimate how organizational attributes and network structures influence the experiences of PBRN participants with research participation and translation activities. Findings will be used to identify strategies for improving the quality and productivity of research conducted through public health PBRNs.

**Public Health Spending and Avoidable Medical Care Use.** Glen Mays (National Coordinating Center) and Paul Erwin (University of Tennessee, affiliate PBRN) are collaborating on a longitudinal study of public health spending patterns in local areas and their relationship to avoidable medical care utilization and expenditures. The study builds upon prior research conducted by Mays and Erwin and utilizes both historical and newly available data from NACCHO, ASTHO, the U.S. Census Bureau, and the Dartmouth Atlas of Health Care.

**National Longitudinal Survey of Public Health Systems.** Since 1998, Glen Mays (National Coordinating Center) has followed a nationally representative cohort of U.S. communities to examine the types of public health activities performed within the community, the range of organizations contributing to each activity, and the perceived effectiveness of each activity in addressing community needs. This information, obtained through a validated survey of local public health officials, provides an in-depth view of the structure and function of local public health delivery systems and how these systems evolve over time. Originally conducted with support from the U.S. Centers for Disease Control and Prevention, the National Longitudinal Survey of Public Health Systems (NLSPHS) was fielded for the first time in 1998, with a follow-up survey conducted in 2006 as part of a Robert Wood Johnson Foundation-funded project to develop an evidence-based typology of local public health delivery systems. Each wave of the survey has been linked with data on local health departments collected from the prior year’s National Profile of Local Health Departments survey conducted by the National Association of County and City Health Officials (NACCHO), allowing for an in-depth view of how local health departments relate to the multi-organizational delivery systems in which they operate. These data, linked with still other data sources on community demographic, health, and economic characteristics, have supported a wide array of studies regarding the organization, financing, and delivery of public health services and provided considerable insight into policy and administrative mechanisms for improving the practice of public health. Public health PBRNs in Connecticut, Wisconsin, and California have used the survey instrument and its data for more targeted studies. A third wave of the NLSPHS is now being conducted by the Public Health Practice-Based Research Networks Program in collaboration with the National Coordinating Center for Public Health Services and Systems Research at the University of Kentucky.

**PBRN Research Projects in Development**

**Developing Quality Measures for Public Health Practice:** Glen Mays at the PBRN Coordinating Center is collaborating with Douglas Scutchfield (UKY and Kentucky PBRN) and Jeffrey Harris (UWA
and Washington PBRN) to develop a proposal to the U.S. Agency for Healthcare Research and Quality to support the development, validation, and testing of a starter set of quality measures for local and state public health agencies. The measures will be designed for use as an adjunct to accreditation to strengthen performance measurement, benchmarking, public reporting, and quality improvement activities. Measurement development and testing activities will occur in collaboration with a subgroup of the Public Health PBRNs and parallel the domains and methods used in the development of the HEDIS quality measurement system for health plans.

**Network Analysis to Promote Evidence-Based Public Health Decision-making**: Jackie Merrill of Columbia University, a collaborator in the NY PBRN, is working with the PBRN Coordinating Center to develop a proposal to the U.S. Agency for Healthcare Research and Quality to support a demonstration and dissemination program that will test the use of organizational network analysis as an intervention to promote evidence-based managerial decision-making and evidence-based practice adoption among public health agencies. The project will conduct organizational network analysis and academic detailing/consultation with a subset of local public health agencies participating in the Public Health PBRNs, and use another group of public health agencies as a comparison group. The study will test for changes in service delivery, QI, and decision-making attributable to the network analysis interventions.

**FOR MORE INFORMATION • PUBLIC HEALTH PBRN NATIONAL COORDINATING CENTER**

The Public Health PBRN Coordinating Center is based at the University of Kentucky College of Public Health. More information is available through the website [www.publichealthsystems.org/pbrn](http://www.publichealthsystems.org/pbrn).