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## Editorial Comment: Keeneland Conference Plenary Sessions: Harvey V. Fineberg

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The Institute of Medicine (IOM) of the National Academy of Sciences, the nation's leading research translation arm for the health sciences, plays an extremely important role in the current health policy environment. As the United States moves forward with implementing the largest health reform initiative in its history, sound research and reliable information are urgently needed to forge public health's new roles. More than 30 million Americans are expected to newly obtain health insurance coverage through the Affordable Care Act, allowing many public health agencies to scale back their traditional roles as sources of clinical care for underserved populations, and to redouble their focus on population-wide prevention. But unless the nation simultaneously improves health care delivery and population health, our newly reforming health system—already the most expensive by far in the world— will quickly enter an economic death spiral. Public health is capable of playing leading roles in the delivery system transformation and population health improvement needed to avoid this fate, particularly if it can follow IOM president Harvey Fineberg's advice regarding research communication and translation.

Fineberg references two new reports from the Institute of Medicine that together identify how to equip public health for its new roles within the reforming health system.<sup>1,2</sup> These reports urge public health to play much stronger roles in (1) directly implementing population-based programs and policies that are effective in preventing disease and injury; (2) mobilizing and coordinating the prevention efforts of other actors within the health system; and (3) helping the clinical care system identify opportunities to improve the effectiveness, efficiency, and equity of its operations on a population-wide basis. To perform these roles effectively, public health needs to exercise greater flexibility and coordination in how current resources are deployed to address health needs. Public health needs better information about the flow of funds within and across public health agencies at the federal, state, and local levels. Public health needs a stronger evidence base on how to deploy its resources optimally, and expanded investments in the public health services and systems research that produces this evidence. And finally, public health needs an expanded federal funding base to correct the nation's chronic under-investment in public health services and systems.

Fineberg cautions us to “not just leave it up to chance as to whether the results of our work will make a difference.” Although many of the reports' recommendations are directed at the federal government, implementing these recommendations will require public health practitioners and researchers at all levels to undertake essential roles. For example, practitioners must plan for the mechanics of transitioning their clinical care responsibilities to community partners as this capacity develops under health reform. And they must engage meaningfully in efforts to design and implement a national chart of accounts in public health that will provide powerful, comparative information on costs and funding flows. Researchers must quickly mobilize in the scholarship that will help to identify the components and costs of a “minimum package” of public health services and cross-cutting capabilities.

These researcher and practitioner roles in health system reform must not be conducted in isolation. Only through meaningful practice-based research can we create a learning public

health system – one that produces new knowledge as a byproduct of practice, and then feeds this knowledge back into the system to produce better health.<sup>3</sup> The result will be a health system reform effort in which we can all be proud.

## **References**

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