Commentary: Moving Beyond the Numbers, Effectively Using Research to Influence Policy

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Abstract
This seventh issue of Frontiers reflects the variety of PHSSR. One emerging theme, however, is the notion of public health and its role in policy and policy development. PHSSR focuses on several potential users, researchers, practitioners and policy makers. As it concerns policy makers, PHSSR delivers research that allows them to make decisions about policy change that not only influences public health status, but creates healthy conditions. In this way, PHSSR essentially influences decisions about support for public health services.

Keywords
Policy, Policy Makers, Policy Development, Public Health Services and Systems Research, PHSSR, Community Health Status, Resources, Health Departments
This seventh issue of Frontiers reflects the variety of PHSSR. One emerging theme, however, is the concept of public health and its role in policy and policy development. In the IOM report of 1988, the Future of Public Health identifies policy development as one of the three core functions of public health, along with assessment and assurance. PHSSR focuses on several potential users, researchers, practitioners and policy makers. To the research community we attempt to expand the body of knowledge about PHSSR. We are closely tied to the practice community as we help to expand the body of knowledge that health departments use to do evidence-based public health practice, not only by means of health interventions but also in the administrative, organizational or finance areas. For example, one of the ideas that has emerged, is the notion of an evidence based set of public health administrative services, similar to the clinical or community preventive services guides. As it concerns policy makers, PHSSR delivers research that allows them to make decisions about policy change that not only influences public health status, but creates healthy conditions. In this way, PHSSR essentially influences decisions about support for public health services.

In this issue of Frontiers, the article by Laugesen and Isett focuses on the former. Many are aware of the leadership that Mayor Bloomberg has provided in moving to implement policy to protect the population of the city from health hazards, notably tobacco, fats and sugary drinks. The paper reflects the influence that research has had on the Mayor’s efforts to improve the health of his city and describes the utility. Clearly the opportunity to provide information and use research to underlie efforts to inform policy that makes for healthier communities is a key to improving community health status. Time and time again we relearn the lesson that policy change is one of our most effective tools for improving the health habits and health status of communities. The experience with tobacco and seat belt use are both excellent illustrations of the impact policy can have on the health behaviors of populations.

The other application of PHSSR in policy is using our research to demonstrate and provide information to policy makers about the resources needed and used by our health departments. The pivotal work of Mays and Smith has certainly demonstrated the value of provision of resources to public health departments and its impact on community health status and expenditure of medical care dollars. A potential issue with health department resources is the efficient and effective use of those scarce dollars. In this issue Singh has done some thoughtful and informative work examining the efficiency of use of health department dollars and compared the results to the efficiency of provision of a variety of clinical resources in a local health department setting in Florida. As the paper suggests, this is important work that needs to be applied to the non-clinical population services provided by health departments. With public health accreditation further underway we know this is a work currently in progress.
Research is clearly an important and vital component of any effort to improve the public’s health. Its use in policy and policy applications has been repeatedly demonstrated, but to move beyond the numbers and into the hearts of the people we need to heed the old saying, “your data makes you credible and your stories make you memorable” as it still holds true. We need both, data and stories to be more effective in our efforts of utilizing policy to improve the public’s health. Working with policy makers and advocacy groups may not be your “cup of tea” but it is imperative that we take responsibility to engage those who set our national, state and local agendas. Public health is the nexus of politics and science. Learning how to influence and influencing policy is an important competency in public health practice and education.

REFERENCES

