Policymakers Identify Priorities for PHSSR

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ABSTRACT

A major goal for the health services research community is to provide evidence policymakers can use to improve the public's health. However, it can be difficult to know what evidence policymakers want and how they decide what research to fund.

In order to understand where policymakers turn for evidence and how they make funding decisions amid fiscal and political constraints, AcademyHealth conducted a 3-part Fireside Chat series in the spring of 2014. This editorial summarizes the evidence gaps identified, and provides strategies for communicating with decision makers.

Keywords
PHSSR, public health services and systems research, policy, research agenda, policymaker, translation, dissemination

Cover Page Footnote
This commentary summarizes a 3-part webinar series, Finding Evidence-Based Efficiencies in the Era of Austerity, which was funded with generous support from the Robert Wood Johnson Foundation (grant number 71469).
Policymakers Identify Priorities for PHSSR

It is certainly an exciting time in Washington, DC. For those of us working in health policy, the passage of the Affordable Care Act (ACA), the Great Recession, and sequestration have brought about unprecedented upheaval. There are so many questions about how the U.S. health system can, should, and will evolve.

Recently, AcademyHealth sought to understand how those questions will be answered for the public health system. With the mission to improve health and health care by generating new knowledge and moving knowledge into action, we wondered about the role of evidence in current decision-making. Surely, solutions will come from a range of strategies—from trial and error, to legal and regulatory mandates. But what about research?

A recent paper in *Health Affairs* declared: “As the United States moves forward with health reform, the communication gap between researchers and policy makers will need to be narrowed to promote policies informed by evidence.”¹ Yet several studies point to both the lack of research-informed decision-making,² as well as reticence by the research community to disseminate findings to policymakers.³⁴

Through our three-part “Fireside Chat” webinar series, *Finding Evidence-Based Efficiencies in the Era of Austerity*, AcademyHealth sought to better understand the tough decisions policymakers face, as well as their strategies for addressing the unknown. These virtual chats were conducted last spring and moderated by AcademyHealth’s President and CEO, Lisa Simpson. They focused on the appropriations process and the budget process, and featured experts from Congress, the White House, and the Centers for Disease Control and Prevention. Specifically, speakers were asked how they make funding decisions amid fiscal and political constraints, where they turn for evidence, and what knowledge gaps remain.

In sharing what we heard from the series, we hope to encourage the research community to design policy relevant studies and to disseminate findings to those who yearn for this evidence. By seizing this unique opportunity—where change and challenge abound—researchers can be valuable partners with policymakers in Washington. Together, the task of transforming the health system may become less daunting.

**Policymakers Identify Two Major Research Priorities**

While PHSSR addresses a broad range of topics across an interdisciplinary spectrum,⁵ the Fireside Chat series pointed to two major categories of research that are particularly relevant for today’s policy landscape: 1) Where to direct health dollars when resources are scarce; 2) How is, can, and should the health system evolve.

In terms of the first area of research, the most common questions we heard were about resource allocation. During this time of fiscal austerity, our speakers indicated that policymakers are the most stuck on where to spend the health dollar. Questions for PHSSR include:

- What difference does it make when we invest in public health? What happens if we don’t invest? We need to report the burden and the solution.
What is the actual cost of an intervention—what are we paying for? For upstream interventions (e.g. changing school food policy, changing built environment), the cost can be particularly tough to define.

What works better? Policymakers don’t just want to know what works, they want to know what works best. What investments into the public health system achieve the best return in terms of cost savings, relief of disease burden, or prevention of disease and disability?

What would it take to bring that success to scale? Perhaps a review of PHSSR’s literature could help us share what we know about the public health system that could aid in the delivery and scaling-up of proven interventions.

On the second common theme of health system transformation, our speakers admitted that, while the ACA rolls out, much needs to be learned about public health’s evolving role. Questions for PHSSR include:

Where is the health care system filling the role previously filled by public health? In addition to the government’s continued effort to cut down on fraud, waste, and abuse, there is now interest in eliminating overlap and redundancy. While the health care system takes on more preventive services, the public health community needs to clearly define its unique contribution.

How will the ACA affect discretionary programs? The speakers acknowledged that public health programs won’t necessarily be slashed, such as Ryan White and Vaccines for Children. Questions remain about ACA’s affect on issues beyond health care coverage, such as service provision, reaching vulnerable populations, and cost.

**Policymakers Suggest New Approaches**

In addition to the two broad areas of inquiry noted above, the Fireside Chat speakers also suggested some analytic approaches for the field, such as:

Real-time Assessment: How do budget cuts and workforce cuts impact the health of the public? AcademyHealth has heard this time and again—a sort of “help me help you” cry from decision makers. Even public health’s most vehement advocates are hard pressed to push for funding for prevention and preparedness when the impact of budget cuts cannot be defined. As one speaker suggested, “we need to be willing to project.”

Modeling: The speakers acknowledged that there is a substantial body of tobacco-related modeling and called for more policy models to understand complex public health challenges. One speaker urged the field to “get away from medical models—look at the contextual factors, don’t eliminate them!” Surely, PHSSR can capitalize on its interdisciplinary nature and partner with the growing number of systems scientists and data visualization experts to respond to this request.

Systems Science: Relatedly, the Fireside Chat speakers acknowledged the difficulty in garnering support for systems improvement and infrastructure. Policymakers look to evaluation research and epidemiologic studies and often come away with evidence to support public health interventions. More rigorous and relevant PHSSR is needed to identify improvements that can be made to the system.
**TIPS FOR COMMUNICATING WITH POLICYMAKERS**

Not only did the speakers talk about their information needs, but they provided tips for communicating information when meeting face-to-face with decision makers. What we heard builds upon the tool *Navigating the Translation & Dissemination of PHSSR Findings: A Decision Guide for Researchers*.  

1. **KNOW YOUR AUDIENCE’S PRIORITIES**

A common sentiment gleaned from the chats can be captured by Aaron Carroll’s recent blog post: “We know where we are, and we know where we want to be, but we’re not all in agreement as to how we should get there.”

When meeting with a decision maker to share research findings, it is essential to consider their concerns and priorities. One speaker urged researchers to be sensitive to competing priorities—that value judgments, current policy needs, long term policy implications, member interests, constituent interests, community contexts, and advocacy/consumer concerns are often in competition. Similarly, another speaker cautioned that, while “researchers’ jobs are to inform political decisions,” evidence is often not enough. She cited VERB—a social media campaign conducted from 2001-2006 aimed at increasing physical activity in youth—which was defunded despite substantial evidence of its success. (Regarding the defunding of VERB, former CDC Director Jeffrey Koplan has gone so far as to say “If you did that with a vaccine, that would be public health malpractice.”) Yet, strong evidence and vocal constituent support weren’t enough to withstand political priorities for other programs.

Speakers also urged the research community to consider timing. You should stay abreast of the Federal health policy landscape, as well as the Federal budget schedule. For example, right now, agencies are assessing their success on programs funded by the 2014 budget, executing upon the 2015 budget, and beginning to develop the 2016 budget. Knowing where decision makers are in the process will help you deliver information that is relevant and timely. (*AcademyHealth has created a useful infographic to help you identify key touch points in the process.*)

2. **TRANSLATE YOUR FINDINGS**

We asked all Fireside Chat speakers what sources of information they use to inform development of the budget, or of legislation, and how significant a role research plays. Their responses about which resources they access ranged from Google to peer-reviewed journals. Specifically, speakers cited Congressional Research Service and Government Accountability Office Reports, the President’s budget request with justifications, Federal agencies, advocacy organizations, news media, and research studies published in academic journals.

When pressed about the role of research in decision-making, all of the speakers mention oft-cited dissemination challenges, including the lack of time to read lengthy articles, and the lack of access to peer reviewed publications. One speaker mentioned that press coverage about a study sometimes piques enough interest to track it down.

Several speakers suggested that one way to increase the accessibility of research is to funnel it through intermediaries. Non-partisan organizations like AcademyHealth are trusted knowledge brokers in Washington, and are able to facilitate the sharing of information across the research, practice, and policy sectors.
3. **BUILD AND SUSTAIN RELATIONSHIPS**

Building and sustaining relationships with decision makers may be the most elusive and personal component of your dissemination strategy. Regardless, of your natural “people skills,” there are some tips that apply to most in-person meetings. Some of the tips that our speakers shared with us seemed obvious—so obvious that you may not have thought about them. Others provided insights into just how much thought goes into decision-making and just how helpful you can be.

- Describe your work concisely: Prepare and practice your 2-minute “elevator speech.”
- Be clear: “Think of us as the press. How would you communicate to an average person?” Leave out jargon and acronyms.
- Take a stand: Support current policy, or link your findings to an upcoming policy decision. Decision makers want to hear your recommendations and rationale.
- Leave something behind: Summarize your work in a 1-pager and leave copies.
- Follow-up: After your meeting, send an electronic thank you note, and attach the 1-pager as a PDF (our speakers said that they file these emails by topic and seek out the information as much as a year later).
- Fill in the Gaps: Were you asked a question that you couldn’t answer? It’s OK to say “I don’t know” but you should also add “let me follow-up on that and get back to you by XX date.” Then do it.
- Report failures: All of our speakers expressed interest in what doesn’t work.
- Close the loop: Did you present only preliminary findings or only one phase of your study? Always follow-up at a later date, keeping your contact informed of your progress.
- Stay in touch: Did a recent policy proposal make your work more relevant than ever? Reconnect with your contact; help him/her have access to timely evidence.

**A FINAL WORD**

We hope you’re encouraged by this summary. We hope you see the connection between your research and the national health policy landscape. We also hope you’re motivated. Remember what one of the Fireside Chat speakers heralded: “We like information! We want to know what you’re working on!”

**REFERENCES**


