

CPHP White Paper:

**Can the Graduate School of Public Health Have Greater Impact
on Public Health Policy and Practice?**

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Introduction and Purpose

The mission of the Graduate School of Public Health (GSPH) is to provide leadership in health promotion, disease prevention, policy development and elimination of health disparities in populations through research that generates new knowledge to drive effective education, practice, and policy. In significant ways, GSPH has and continues to succeed in this by influencing public health policy regionally, nationally and internationally in many different areas of interest. Success has been due to the school's experienced and dedicated leadership, an outstanding and renowned faculty, high quality students and alumni, recognized science and research, and a genuine commitment to its mission of public service and practice.

During the past few months alone, numerous GSPH faculty members have asserted their influence on public health policy at the local, statewide and national levels. Dr. Roberta Ness published a national study of the effect of HIPAA regulations on health research. Dr. Devra Davis authored a highly publicized book on environmental cancer hazards. Dr. Conrad Dan Volz studied contamination of local waterways and the fish taken from them. Faculty members from the Center for Public Health Practice provided consultation for a financing plan to start up the state's first bi-county health department. In each of these instances, GSPH's research has or is likely to influence public policymaking.

The question is whether the individual and decentralized efforts of faculty and departments might also be leveraged in a more synergistic or centralized approach, enabling the GSPH as a whole to have greater impact and recognition as a critical resource for public health policy formulation and implementation.

With the present lack of a school-wide, strategic program for promoting public health policy, recent experience demonstrates that GSPH does not in a coordinated and consistent manner:

- Synergistically communicate its policy-relevant research output to policy makers;
- Have ready access to data on diseases and hazards to support research on current threats to community health;
- Engage in practical-problem solving through working relationships with public health leaders; or
- Serve as centralized support and a clearinghouse for public health policy.

The purpose of this White Paper is to explore whether GSPH *at the institutional level* can create sustained impact on policies to improve the public's health. Meeting this challenge requires a school-wide strategic goal with a set of measurable objectives.

In the following five parts, this paper will provide: 1) an environmental scan describing aspects of GSPH's current policy effectiveness; 2) a conceptual framework for increasing policy effectiveness in the future; 3) a vision, a strategic goal statement, and measurable objectives to guide these efforts; 4) recommendations for implementation; and 5) next steps.

Environmental Scan

Over the past year, GSPH has received information from a wide variety of internal and external sources concerning its current policy effectiveness. Additionally, individuals including the GSPH Dean and the coauthors of this White Paper have sought out relevant information through meetings and interviews. A review of these results provides background and context for recommendations and next steps.

- In late 2006, GSPH underwent re-accreditation by the Council on Education for Public Health. The Site Visitors' Report observed that the school's relationships and interactions with the community and public health practitioners could be strengthened.¹
- In early 2007, a "SWOT" analysis (strengths, weaknesses, opportunities and threats) by the GSPH Strategic Planning Committee noted weaknesses in the school's branding, external communications, and its sometimes "suboptimal" inclusion of partners including state and local health agencies and officials (Appendix A).
- In the fall of 2007, Dean Burke met with Dr. Bruce Dixon, Director of the Allegheny County Health Department. Asked to cite the county's health priorities, Dr. Dixon named tobacco use, sewage water systems, and influenza. Asked about sharing access to health information, Dr. Dixon fully agreed.
- Also during the fall of this year, a coauthor of this White Paper (GH) met with officials of the UPMC, who stated their willingness to share access to data from its health plan population for the purpose of public health research.
- In recent interviews with each of the GSPH department chairs, this coauthor (GH) learned of support for strengthening the school's role in influencing public health policy and practice, but cautioned about risks of financing, faculty disincentives, and bureaucratic dilution of science.
- Another coauthor of this White Paper (GB), formerly the deputy director of the Allegheny County Health Department, prepared a history of the department's relationship with GSPH. Notably, past collaborations have depended upon either pressing needs or individual initiatives, rather than institutional commitments (see Appendix B).
- In November of 2007, several coauthors (GB, GH, MP, and ER) participated in a 90-minute interactive-television conference with the director and associate director of the North Carolina Public Health Institute (NCPHI) based at the University of North Carolina/Chapel Hill School of Public Health. The NCPHI director specifically noted that a strategic and financial strategy of that school had been to centralize service and outreach activities within this one entity. NCPHI has been cited as the national benchmark of excellence for academic public health practice.²
- In December of 2007 at the request of GSPH, the University opened negotiations with the Pennsylvania Commonwealth's Department of General Services to create a Master Agreement to reduce bureaucracy and delays in the funding of many faculty consultation and fee-for-service activities. A list of services proposed for coverage by GSPH for coverage under the Master Agreement is provided at Appendix C.

¹ Access the report at:

http://www.publichealth.pitt.edu/files/accreditation/20070801_105000_0000.pdf.

² M. Coleman, K. McCauley, T. Miller, *Enhancing GSPH Practice Partnerships*, September 2005. Access at <http://www.cphp.pitt.edu/PDF/Coleman-Miller-McCauleyGSPHReport.pdf>.

Conceptual Framework for Policy Effectiveness

In order for GSPH's policy influence to continue and grow stronger into the future, the school must meet the challenges of increasing timeliness and effectiveness of communication, have access to data and information, and build relationships externally with professional leaders and policy makers. Importantly, the school must designate within its organizational structure a locus of responsibility for policy effectiveness.

The following elements are needed:

1. Definition of the public health policies of interest to GSPH and its constituencies
2. A determination and documentation of the key public health policies (current and proposed) at various geographic levels – local, regional, state, national and international (from the United States prospective)
3. An inventory of GSPH activity (translational research, teaching, community service, consulting, political advocacy, and practice) related to the policies identified in Paragraph 1, above
4. A survey of the interests and agendas of local, state and federal elected officials, with a concentration of them from Pennsylvania, as they relate to the policies identified in Paragraph 1, above
5. The establishment of linkages (letters, visits, invitations, consultations, etc.) between GSPH (faculty and staff) and politicians and public health officials
6. The creation of periodic newsletters, media releases, web-sites, and other media strategies to support the above objectives
7. Quarterly tracking of policy developments of interest and GSPH's influence on them

Resources and interest to accomplish this overall strategy already exist within the University, GSPH and UPMC. Leadership can be provided through the Dean's Office and the Center for Public Health Practice, with support from the University Government Relations Office, UPMC Media Relations Office, and the GSPH Public Relations Office.

Vision Statement, Strategic Goal and Objectives

A vision statement for this initiative is: ***GSPH translates science to influence public health policy and practice for the improvement of health worldwide.***

A strategic goal should articulate how the GSPH mission "to provide leadership in health promotion, disease prevention, policy development and elimination of health disparities in populations through research that generates new knowledge to drive effective education, practice and policy is to be implemented." We propose the following statement: ***GSPH is recognized for and contributes to the development and implementation of public health policy at the local, regional, state and global levels.***

A number of objectives will contribute to achieving this goal. The starting point to measure each of the listed indicators is documentation of what is occurring now. Sustaining the effort will require a consistent system for data-capture and ongoing monitoring of indicators.

Objective 1: GSPH has significant visibility in the public health policy arena. Indicators are:

- Increase the number of contacts (calls, letters, and e-mail) to the GSPH from policy makers asking for the School's input.
- Increase in the number of contacts (calls, letters, and e-mail) to the GSPH from the Media asking for policy positions.
- Increase in the number of legislative briefings, web hits, etc.

Objective 2: GSPH influences Public Health Policy. Indicators are:

- Increase in the number of policy positions the GSPH takes.
- Increase in the number of policy positions the GSPH takes, which become Policy
- High correlation between external policy issues and research being performed by the GSPH faculty and staff

Objective 3: Faculty members have access to and use public health data from the State and Allegheny County to conduct research and policy development. Indicators are:

- Increase in the number & percentage of faculty who request public health data from external sources.
- Percent of faculty who receive requested data in a reasonable time frame and in usable form.
- Percentage of faculty who use external-source data in research or to develop policy.
- Increase the external sources of public health data to include the Commonwealth of Pennsylvania (various departments and agencies), Allegheny County, UPMC, and others.

Objective 4: Connect faculty with practice-based activities to encourage the transfer of evidenced-based knowledge for improving public health practice and influencing research agendas. Indicators are:

- A functioning faculty practice program within GSPH.
- Increased number of faculty who participate in a consultation project or provide technical assistance to the public health practice community.
- Increased number of faculty whose research agendas are influenced by their consultation project or technical assistance activities.
- Increased number of transfers of evidence-based knowledge from faculty to public health practice at the state and local level resulting from consultation and technical assistance.

Recommendations

The Graduate School of Public Health can indeed have greater impact on local, regional, and statewide policies to improve the public's health. Its recent reaccreditation self study and site visit, as well as its ongoing strategic planning process, have produced relevant insights. Together, these insights yield a conceptual framework for policy-relevant activities and a strategic policy goal with clear objectives and measurable indicators of success. Implementing the stated goal and objectives requires an optimal institutional structure and policies, a definition of policy priorities, and the creation of long-term sustainable programs not only for external liaison and communication but also for internal support and incentives.

The Center for Public Health Practice (CPHP) has the necessary faculty expertise, public health system research tradition, contacts with State and County officials, and on-going relationships with and outreach to the public health practice community. CPHP is therefore positioned to assume this area of responsibility as follows:

First, CPHP should develop school-wide plans and procedures to identify public health priorities that are aligned with GSPH's departmental strengths. CPHP should also be responsible for the ongoing monitoring and tracking of GSPH's influence on the development of policy in the priority areas for local, regional, and statewide populations. The plans should state how CPHP will communicate on behalf of GSPH researchers with clients, stakeholders & policymakers locally, regionally, statewide, and nationally through newsletters, op-ed pieces, press releases and briefings, legislative briefings, and other media.

Second, CPHP should serve as a hub for the translation and dissemination of practice-relevant, research-based evidence. GSPH should centralize service and outreach programs under the CPHP umbrella, including programs for training, consulting, and contract-based programs and projects. Examples of such programs include some that are currently based in GSPH departments (i.e., the AIDS/ETC; the Pennsylvania Prevention Project; the Center for Healthy Communities & Environments) and others that are already based at CPHP (the Pennsylvania & Ohio Public Health Training Center; Pittsburgh Influenza Prevention Project; Center for Public Health Preparedness). As the locus for service and outreach activities, CPHP should provide administrative support for policy activities (including contracting, fiscal administration, communications, data management and evaluation, record-keeping and reporting); market the school's service and outreach activities; and support the publication and dissemination of practice-relevant evidence as derived from both research and professional experience.

Third, CPHP should continue to develop practice-relevant expertise within the GSPH faculty. This includes promoting faculty service to and within public health agencies. It also includes recommending supportive policies and incentives within GSPH to encourage faculty members' involvement in policy development and practice-oriented research.

Next Steps

The coauthors of this report can constitute themselves as a Policy Project Team. A Project Assistant will be hired as of January 2008. The three above-stated recommendations correspond to three phases of implementation, which can begin in substantial part during the 2008 calendar year.

Phase 1 is the process of policy prioritization and alignment with GSPH strengths, can be accomplished by Spring 2008. A work plan for Phase 1 appears at Appendix D. Proceeding with this plan requires the Dean's approval, and responsibility should be taken by CPHP and the Policy Project Team.

Phase 2 is the administrative process of centralizing the school's service and outreach programs within CPHP. The process must begin with the Dean's authorization and the Department Chairs' concurrence. A substantial period of consultation with the school's center directors – perhaps as long as a year – should then proceed. Questions to be answered include core staffing, financial support, a management structure, and other issues. Responsibility for this phase should rest with CPHP

Phase 3 is the long term development of school wide policies to assure faculty incentives for policy and practice, build competence and expertise in translation and advocacy among both faculty and students. Responsibility for this phase belongs not only with CPHP but with the associate deans and the department chairs.

Appendices

- A. SWOT Analysis: Inventory of strengths, weaknesses, opportunities and threats to GSPH (Strategic Planning Steering Committee)

- B. History of the Allegheny County Health Department and the GSPH (G.M. Barron)

- C. Services proposed by GSPH for coverage by the Master Agreement between the University of Pittsburgh and the Commonwealth of Pennsylvania

- D. Work Plan for Phase 1 to Implement GSPH Policy Project

