

May 7, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 120F
Washington, DC 20201

Dear Secretary Sebelius:

The undersigned national organizations representing public health professionals, educators, researchers, and other stakeholders thank you for your leadership in working to strengthen the public health system. As you begin implementation of the Patient Protection and Affordable Care Act of 2010, we urge you to provide from the Prevention and Public Health Fund established by the law **\$50 million for Public Health Services and Systems Research (PHSSR)** over two years, beginning fiscal year 2010. We believe that this modest investment in the research infrastructure will show dividends, enhancing the efficiency and effectiveness of public health delivery and policymaking by identifying “what works” in public health and ensuring that public health operations and interventions are evidence-based. Improving the performance and impact of the public health system also could help to both slow the growth of health care costs and improve the health of our nation.

Section 4301 of the Patient Protection and Affordable Care Act authorizes a new PHSSR program to optimize delivery of public health services by examining evidence-based practices, analyzing the translation of evidence into practice, and examining the organization, financing, and delivery of public health services within communities and the impact of those services on the health of the public. This new program could help to establish, in effect, the equivalent of the Healthcare Effectiveness Data and Information Set (HEDIS) for public health—providing policymakers and the public transparent, scientific evidence on the quality of the public health system and its impact on health. In the same way HEDIS is used by America’s health plans to measure performance in the delivery of health care, this research base will be widely used by public health professionals and policymakers to make system improvements.

Indeed, with limited resources to date, PHSSR has already generated important discoveries about public health system performance. For example, PHSSR has found that communities that invested more in public health delivery from 1993-2005 experienced slower growth in medical care spending and larger reductions in mortality from leading preventable causes of death, including infant mortality and deaths due to cardiovascular disease, diabetes, and cancer. This research indicates that increasing public health investments in communities with historically low levels of spending may provide an effective way of constraining medical cost growth and reducing geographic disparities in population health.

Recent PHSSR literature also suggests significant returns to scale in the delivery of public health services that improve effectiveness and efficiency through regionalization, consolidation, and other models of coordination that allow small agencies/systems to combine resources and operations. These studies have spurred the development of regional public health delivery models in a growing number of states and communities.

When establishing this new program within the Department of Health and Human Services (HHS), we request that you consider lessons from the broader field of health services research (HSR). As with HSR, PHSSR will produce important lessons for many agencies of the U.S. Public Health Service to improve the efficiency and effectiveness of the programs they administer. Likewise, the programs and research these agencies support will inform the PHSSR agenda and research priorities. As such, we recommend a coordinated approach to PHSSR to improve efficiency, timeliness, relevance, accountability, and transparency of the research itself. For example, you may consider HHS's Minority HIV/AIDS Initiative as a model for coordination across public and private sector stakeholders. Under this model, a centralized office, such as the Office of Public Health and Science, would be responsible for overseeing PHSSR and engaging the relevant HHS agencies and private sector experts to identify research priorities in the context of the existing PHSSR evidence-base and to coordinate a PHSSR agenda that meets the nation's pressing public health needs.

As you consider investing \$50 million from the Prevention and Wellness Trust Fund in PHSSR, we recommend you support both the generation of new evidence and the research infrastructure required to produce new research. In so doing, we urge you to invest in the next generation of researchers as a means to ensure a robust PHSSR pipeline in the long-term. Without investment in researchers and graduate education, the field's capacity to address public and private sector demands for PHSSR lessons will be limited. The return on investment in graduate students and new researchers will only be realized if the funding for the research infrastructure is expanded to support them throughout their early career development.

We also urge you to place priority on investigator initiated research and target funding for such innovative, competitive grants. Many of the sentinel studies that have changed the face of health and health care in the United States are the product of investigator ingenuity. Through the competitive process, scientists are able to clarify a phenomenon, improve methods and measurement, or solve a seemingly unmanageable policy problem. This principle of scientific competition and innovation is the basis for allocating the large majority of the research funding managed by the National Institutes of Health. Providing support for investigator initiated research in PHSSR will assure the same level of groundbreaking discovery needed to transform the public health system and the ways in which we study it.

This investment in the science of public health delivery from the Prevention and Public Health Fund in fiscal years 2010 and 2011 will help assure that quality public health systems can and will make a difference in the health of Americans. And it would build upon the recent momentum for developing the new field of PHSSR.

We thank you for your consideration of this request and would be happy to meet with you or your staff to discuss our recommendations. Please contact David Helms, President and CEO of

the Coalition for Health Services Research, at 202.292.6700 or david.helms@academyhealth.org for more information.

Sincerely,



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