

Editorial on Applying Health Services Research

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Editorial

Achieving an effective, efficient, and equitable health system has proven to be an elusive goal for health policy makers in the United States, but the field of Health Services Research (HSR) has become increasingly central in charting the path toward this destination. HSR has evolved in tandem with the information needs of decision makers in government and the private sector, from perennial interests in coverage and cost containment to more recent concerns about quality, safety, and health disparities. Over much of this history, the producers and users of health services research have focused heavily on the production and consumption of medical care, while giving comparatively little attention to another important component of the health system that of public health services. These services include population-wide efforts to identify and investigate health threats, promote healthy lifestyles, prevent disease and injury, prepare for emergencies and disasters, and assure the quality of water, food, air, and other resources that affect human health (Institute of Medicine, Committee for the Study of the Future of Public Health 1988). The relative paucity of studies on this aspect of health system performance reflects the relatively low priority given to public health practice during the last half of the 20th century.

In recent years, public health has undergone a notable resurgence in visibility among both policy makers and the public at large. Concerns about gaps in the availability and quality of public health services have grown rapidly in response to both new and persistent health risks, including infectious diseases like SARS and pandemic influenza, the threat of bioterrorism, natural disasters like the 2005 Gulf hurricanes, and the rapid advance of obesity and preventable chronic diseases. Since 2001, the federal government has invested > \$10 billion in new funds to support public health activities, with a primary focus on helping communities prepare for and respond to large-scale public health. The increased attention and resources have generated expanded interest in using the concepts and methods of health services research to develop better ways of organizing, financing, and delivering public health services. This emerging focal point within health services research has become known as public health services and systems research.

Historical foundations and milestones

While there may be a perception that research on public health services delivery is a new phenomenon, studies of this nature began at least as early

as the 1910s. During that decade the American Medical Association took on the responsibility for assessing and comparing state public health agencies to ascertain their structure and operations and make recommendations for improving their services. Responsibility for conducting these types of studies, and companion research that focused on local public health agencies was subsequently assumed by the American Public Health Association (APHA) and its Committee on Administrative Practices, which continued in some form into the 1950s. The culmination of this effort was Haven Emerson's report on the organizational structures and human resources needed by local health departments to perform a set of six basic public health functions, including communicable disease control, maternal and child health, vital statistics registration, public health laboratory provision, environmental health, and health education. These early studies used research methods and data that left much to be desired, but their aim of producing evidence to inform policy and practice made them influential milestones along the evolutionary path toward public health services and systems research.

Advances in public health research slowed during the decades of the 1960s through the 1980s, when the nation's policy and research attention turned to medical care financing and cost containment through innovations such as Medicare, Medicaid, community health centres, and commercial HMOs. Several decades of inattention to public health programs and services led the National Academy of Sciences' Institute of Medicine (IOM) to release a landmark assessment of the nation's public health system in 1988, which concluded that the system was in disarray and in need of significant revitalization and restructuring.

Many of the public health research and practice initiatives launched in the years since publication of that report have been a direct response to its findings and recommendations. Among its many contributions, the report articulated a conceptual model of public health practice based on three overarching responsibilities: assessing health needs and threats within the population, developing policies and programs to address those health needs, and assuring access to health services and other resources necessary for health. These "core functions" as they became known, were subsequently expanded into a set of 10 essential services for public health by a federal work group convened, initially, to define the role of public health within President Clinton's larger health reform agenda of the early 1990s. These two conceptual frameworks form the underpinning of many contemporary research initiatives in public health delivery.

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