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### Editorial Comment: Keeneland Conference Plenary Sessions: Thomas R. Frieden

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### Keywords

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## **It Takes a System to Bridge the Implementation Gap**

Frieden's address emphasizes one of the more frustrating aspects of public health research and practice: many health-promoting interventions are supported by extensive evidence, yet few are deployed to optimal effect across the U.S. One reason for the gap between public health knowledge and implementation is, as he notes, the overwhelming influence of factors such as poverty, unsafe living conditions, and inadequate education. Children who cannot play safely in their neighborhoods are clearly less likely to achieve healthy levels of physical activity, and parents who cannot afford or access fresh produce have limited healthy choices for their children's meals. But public health research and practice cannot use the persistence of these profound social problems as an excuse to avoid tackling the most difficult public health challenges and threats to the most vulnerable populations.

The CDC frequently notes that public health is affected wherever people live, work, learn and play. This framework sheds light on both the scope and the challenge of effective public health intervention. Public health systems and services research (PHSSR) encompasses the range of activities and interactions necessary to address critical public health problems, and thus has the potential to scale up, as Frieden recommends, to the magnitude of these issues.

To take a single example, our nation's noteworthy progress on motor vehicle injuries has been the product of a broad partnership between public health and engineering, law, medicine, nursing, and a range of advocacy organizations. The interventions recommended by The Guide to Community Preventive Services include .08% blood alcohol concentration laws (legal), ignition interlocks (legal plus engineering), multicomponent interventions with community mobilization (public health system-wide), and school programs (public health plus education), among others (see <http://www.thecommunityguide.org/mvoi/AID/index.html>). Public health systems that mobilize such partnerships effectively also show promise in promoting better nutrition and physical activity: engineering to assure access to safe places for exercise, law to assure consumer access to accurate information about the products they consume, medicine and nursing to provide counseling and health management, and advocacy to identify and draw attention to persistent or emerging concerns (see <http://www.thecommunityguide.org/obesity/index.html>).

Just as health services research has made great strides in identifying what works (and as important, what doesn't work) in the timely, safe, and effective delivery of health care, PHSSR has the potential to bring broad interdisciplinary expertise to bear on the critical public health problems of our nation and the world. Achieving that potential will take leadership, dedication, rigorous inquiry, resources, and close communication with public health practitioners. Each successive Keeneland Conference has displayed growth in these areas, and Frieden's call to action can provide new motivation for the PHSSR community to achieve the goals he so clearly articulates.