Practice Concepts and Policy Studies: The New Divide

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Editorial

Practice Concepts and Policy Studies: The New Divide

In 2009, the section of The Gerontologist previously labeled “Practice Concepts” was expanded and renamed “Practice Concepts and Policy Analysis.” That change was made with the intent of more explicitly focusing on social policy analysis and increasing awareness of both the role of older adults in the policy-making process and the impact of federal, state, and local public policy on the well-being of older people (Piercy & McAuley, 2009). Building on that development, we now separate “Practice Concepts” from “Policy Analysis,” renaming the latter “Policy Studies.” We make the distinction between practice concepts and policy studies, recognizing that these components of the journal are equally important to the future of the journal, yet they are inherently distinct from one another. This editorial introduces the new editor of Policy Studies, John B. Williamson, and provides clarification regarding the content and format of submitted manuscripts that both he and Kimberly Van Haitsma, editor of Practice Concepts, seek.

Practice Concepts

The “new divide” between Practice Concepts (PC) and Policy Studies (PS) reflects a return to the singular focus of PC on showcasing the dialectical relationship between practice informing science and science informing practice. As Green and Glasgow (2006) so succinctly put it, “if we want more evidence-based practice, we need more practice-based evidence.”

Reflecting on the meaning of the name of this section of The Gerontologist may be helpful in considering the types of articles well suited for this section. “Practice” implies a focus on applied work that affects the delivery of care to seniors. Of course, the concept of practice itself is complex and has multiple components. It can be composed of an innovative intervention, with a focus on consumer or professional education; it may be discipline specific or interdisciplinary; and it may focus on health care service delivery activities directed toward a specific outcome or toward health care system level modifications. Aspects of practice that are also appropriate are the development of innovative and rigorously developed assessment tools for clinically relevant outcome measures (see Simmons et al., 2011 study on a new observational tool measuring choice in care delivery); unique theoretical model applications (see Jarrot & Smith, 2011 article on application of contact theory); and exploration of new fidelity, structure, and process outcome measures related to practice implementation (see Gitlin, Jacobs, & Vause-Earland, 2010 on acceptability and feasibility of evidence-based practice).

True to its historical roots, PC practice or intervention papers should include the following aspects (see Morrow-Howell & Noelker, 2006 for a fuller explication of criteria): (a) a description of what is innovative or novel about the practice, that is, how does the practice differ from traditional approaches and in what way does it seek to shift current paradigms; (b) a compelling justification for the significance of the practice, that is, what important problem or barrier to clinical practice does it seek to address; (c) a conceptual or theoretical framework that underlies the intervention or features of practice; (d) clearly presented empirical results (quantitative or qualitative) that support or fail to support an argument for replication potential; (e) explication of challenges/barriers encountered during implementation and recommendations for overcoming them; (f) presentation of sufficient detail to allow for identification of essential features of the practice and its replication by others; and (g) limitations of the study and next steps of
clinical or research development. As in the past, articles submitted to PC should not exceed 4,000 words.

The “Concepts” aspect of PC suggests an abstract unit of meaning. In regard to PC, this abstraction represents conceptual ideas that are on their way to becoming evidence based or may be evidence based but are being translated back to the “real world.” Studies of practices emerging from clinical practice represent “evidence-based practices in the making.” Researchers and clinicians are inextricably intertwined in the process of contributing to the advances in the knowledge with innovation arising from either arena. Clinical innovation can inspire the scholarly community to follow, as is the case in the study describing the “Village Networks” (Scharlach et al., 2011). In this example, practice innovation arose from seniors themselves in the creation of a new community practice model that has been widely appealing to senior communities across the country. Researchers attempted to “catch up” to this innovation by conducting a study taking a first look at the descriptive characteristics of participants and mapping out research questions provoked by this grass roots innovation to begin the journey toward its potential evidence base.

Equally applicable to PC are translational studies seeking to take already evidence-based practices and transfer them back to the clinical community. Examples include studies that test or illustrate aspects of translational frameworks, such as Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) (Belza, Toobert, & Glasgow, 2008; Marcia, Ory, Mier, Sharkey, & Anderson, 2007) or community-based participatory research (Minkler & Wallerstein, 2003). A diversity of practice settings illustrating translational work will continue to be encouraged. In keeping with cohort preferences and societal shifts away from institutional-based care toward home and community-based care, innovative home and community-based practice studies are particularly welcome, though innovative institutional-based practices will of course be considered.

Policy Studies

By creating a separate section of The Gerontologist and a separate associate editor responsible for decisions regarding manuscripts focused on policy studies, we hope to increase the number of strong manuscripts submitted in this area. The aim is to highlight policy research; share some of the best research on aging issues with policymakers, senior advocates, and others involved in aging policy issues; and bring to bear on the policy process the knowledge and expertise of gerontological researchers heralding from diverse academic disciplines.

Our use of the term “policy studies” refers to public policy analysis and to social policy studies more generally. The long-term goal is for The Gerontologist to become as important an outlet for policy research and analyses articles as it is already in many other areas of gerontology.

Although the new PS section has a different name and somewhat different focus from its predecessor, it is designed to be a destination for the kinds of policy-relevant manuscripts that in recent years have been published in the “Practice Concepts” and “Policy Analysis” section. In addition, it will be home to articles about policy issues that have been published elsewhere in The Gerontologist. The following list of topics is not intended to be exhaustive; rather, it is meant to give authors a general idea of the diversity of topics that might be germane: Social Security, Medicare, Medicaid, the numerous programs funded by the Administration on Aging, state and local pension and health insurance policy, federal, state, and local senior housing policy, senior transportation, and senior victimization prevention programs, use and payment for biologics, health care rationing, and end-of-life care.

The range of appropriate topics includes more than just publicly funded programs that target the older population. It includes nongovernment programs and policies that affect the lives and well-being of the older population. Examples include corporate health insurance and private pension policy, 401(k) plans, programs that seek to increase pension-related financial literacy, unemployment insurance and workers compensation, older worker hiring and retention policies, job outsourcing, property tax work off programs for elders, older driver relicensing policies, immigration policies that affect nursing home staffing, and the new programs in some areas that make it possible for Medicaid recipients in need of personal assistance to hire their own workers. We are interested in experimental and pilot programs that are trying out new policy ideas with an eye toward replacing or complementing existing programs or introducing something new that might enhance the quality of life of older Americans.

We encourage submission of manuscripts presenting policy studies of innovative programs or policies that have been introduced in other countries. Cross-country policy studies can be a source of innovations relevant to the United States. The editor and reviewers will be asking whether a topic is of
potential interest to policy analysts and policy makers in the United States. An example might be a study of public pension or health care reform in countries such as Chile, Sweden, or Germany that sheds light on policies to reform Social Security or Medicare in the United States. Such manuscripts will be particularly well received when authors clearly make the case for a policy’s relevance to a U.S. audience. The Gerontologist seeks comparative studies where there is a compelling reason based on sound conceptual grounds for country selection. All things considered, we are more likely to be interested in comparative studies of large countries, such as China, India, or Brazil, or other developed countries that, like the United States, are grappling with the challenges of aging populations than in small countries very dissimilar to the United States. Nonetheless, if a strong case can be made for a comparative study that clearly has important implications for the United States or a number of other countries—small or large—outside of the United States, a manuscript dealing with a very small country might be favorably received. Although we are looking mainly for comparative studies that tell a story of relevance to policy analysts and policy makers in the United States, we will also consider comparative studies that focus on countries outside of the United States that lack any obvious link to current policy debates in the United States.

We expect that articles published in The Gerontologist’s PS section will conform to the high standard for manuscripts accepted for publication elsewhere in the journal: They should have a sound conceptual framework and be objective, methodologically rigorous, and of value to gerontological researchers although written so that they can easily be understood by an educated lay audience as well as by professional gerontologists. In short, they should be scholarly articles with a specific policy focus. Overtly, partisan articles written in support of or opposition to a specific policy or legislative initiative or articles that simply describe the pros and cons of a policy or piece of legislation will not be considered.

Article type and the word limit for PS will vary. If the article fits the category “original research,” length and structure guidelines for our research articles (e.g., maximum length of 6,000 for quantitative articles and 7,000 words for qualitative articles) should be followed. However, policy articles that take the form of theoretical or conceptual analytic essays may call for formats that differ from those typically used in either quantitative or qualitative empirical studies. These articles are encouraged if they make important contributions to our understanding of the policy process or of critical policy issues or if they are likely to stimulate important new empirically based policy research. Such studies may provide well-documented critical assessments of a particular public policy program, a component of such a program, a proposal for reform of such programs, or a comparative study of relevant public policies in other countries. The upper limit on these articles is 7,000 words.

References


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