

LETTER TO THE EDITOR:

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Dear Dr. Dougherty,

After returning from this year's Council of Advancement of Nursing Science 2007 Special Topics, I wrote the following 'letter to the editor.' The main theme was practice-based evidence as a paradigm for research. As a perinatal nurse researcher using epidemiology methods, I appreciate this approach and support robust statistical approaches such as the article published by Adewale, Hayduk et al. (2007). While I have interdisciplinary colleagues, I seek other perinatal nurse-researchers to begin a think tank as the National Children's Study begins. Thus, I hope this letter to the editor may stimulate some interest. Thank you for consideration of this letter for publication in Nursing Research.

Sincerely,  
Joan Rosen Bloch, PhD, CRNP

Dear Editor,

This year, the central theme of the Council of Advancement of Nursing Science 2007 Special Topics Conference was practice-based evidence, in contrast to evidence-based practice. Critical in this paradigm are sophisticated and robust statistical analytical strategies. One such analytical strategy is hierarchical linear modeling, as described by Adewale, Hayduk Estabrooks et al (Adewale, Hayduk et al. 2007) published in the recent July/August issue of Nursing Research.

This analytic strategy is extremely relevant to the discipline of nursing and the notion of practice-based evidence, allowing robust ways to measure 'environment.' Conceptually, no nurse would disagree about there are interrelationships between environment, health, man and nursing. After all, environment is one of the four metaparadigm concepts of nursing (Fawcett 2005). Yet, how many *nurse-researchers* design research with robust strategies to test dependent and independent contextual or 'environment' associations on health outcomes?

Evidence-based practice's gold standard of the RCT is not applicable to the study of all health problems. It is especially not in my focus of research, the problem of racial and ethnic disparities associated with preterm birth. The complexity of preterm birth necessitates designing large population based cohort studies to measure and analyze complex web of many factors contributing to this major health problem. Perinatal researchers operationalized 'environment' using hierarchical models and found adverse perinatal health outcomes were mediated by adverse living environments (Culhane, Rauh et al. 2002; Culhane and Elo 2005). This work was only possible because of the cohort design, allowing sufficient power to conduct robust analyses that included hierarchical linear models.

I invite those of you who are committed to improving perinatal outcomes to consider, with me, meaningful hypotheses that evolve from real perinatal nursing practice that may shed meaningful insights to translate back into practice as this country launches the biggest ever cohort study to study the health the children in our nation, the National Children's Study (Lyman, Barone et al. 2005; Landrigan, Trasande et al. 2006). A nationally representative, prospective cohort of 100,000 US-born children will be followed from birth to 21 years of age. Phase I involves recruiting women before they are even pregnant. There will be a plethora of data for meaningful analyses. I urge my fellow perinatal nurse-researchers to carefully read about this study and join me in a 'think-tank' of how we can advance knowledge to take back to the real world of practice to improve the health of our most vulnerable women and infants at risk for adverse perinatal outcomes. Together, we can utilize our insights from practice to maximize the potential discovery of knowledge from the National Children's Study. Good research does not occur in a silo.

## References

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Sincerely,

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