University of Kentucky

From the SelectedWorks of Glen Mays

Spring April 8, 2014

Public Health Services & Systems Research: urrent State of the Field

Glen P. Mays, University of Kentucky



Public Health Services & Systems Research: Taking the Pulse of the Field

Glen Mays, PhD, MPH University of Kentucky

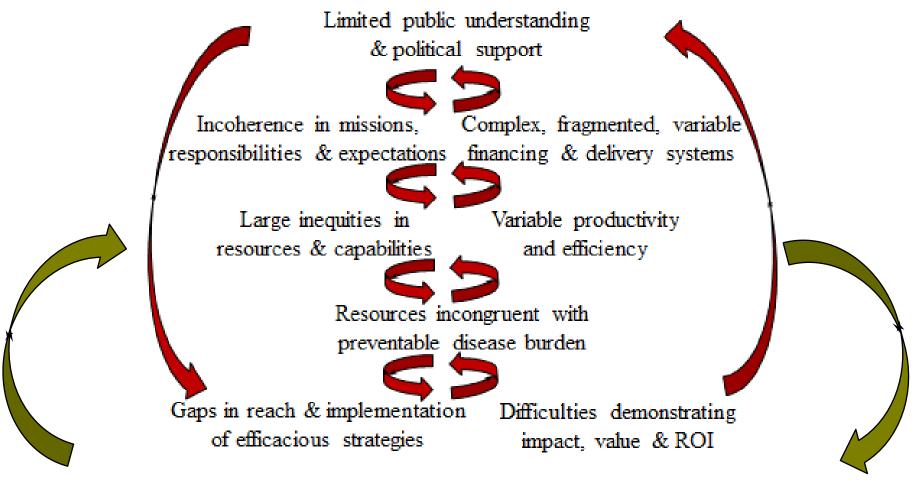
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Keeneland Conference on PHSSR • Lexington KY • 8 April 2014





Vicious cycles to learning systems



Translate evidence for policy and administrative decisions & advocacy



Discover causes & consequences of variation in public health delivery

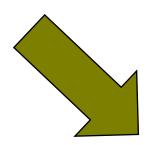
Standardization vs. Customization in Public Health Delivery Systems

Standardization

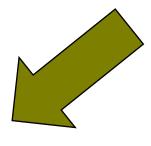
- ▼ Harmful variation
- Wasteful variation
- ▼Inequitable variation
- Race to the bottom
- Network externalities: interoperability/coordination

Customization

- ▲ Target resources to greatest needs/risks
- ▲ Tailor approaches to values & preferences of stakeholders
- Deploy unique resources & skills to their best purposes



Effectiveness
Efficiency
Equity



Taking stock

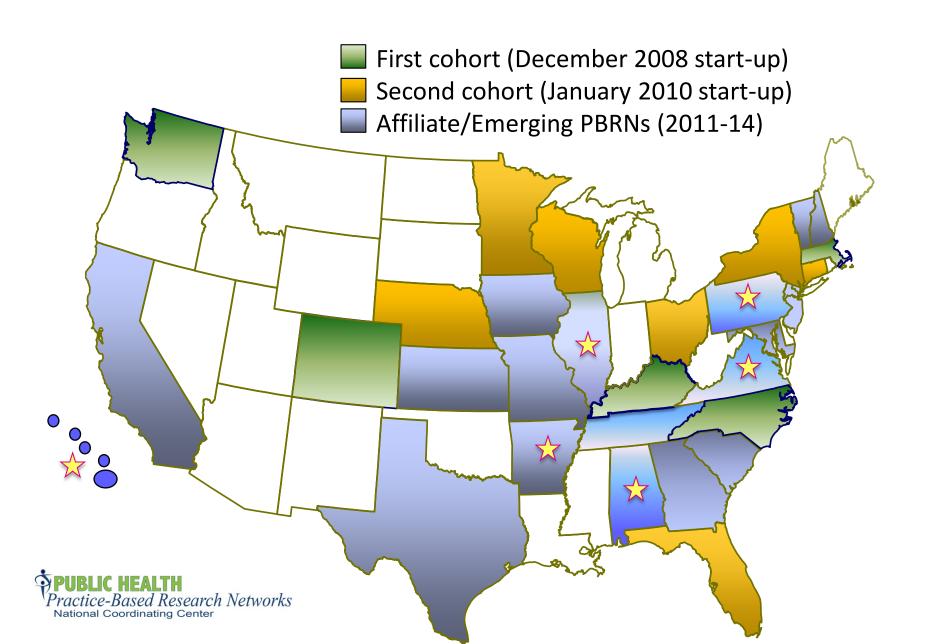
RWJF-funded PHSSR Studies: 2009-13

Public Health Workforce Studies	8
Enumeration	1
Diversity and Disparities	2
Recruitment and Retention	2
Workforce Competencies	3
Public Health System Structure and Performance Studies	56
System Boundaries and Size	1
Public Health Organization and Governance	8
Interorganizational Relationships and Partnerships	12
Performance Measurement, QI and Accreditation	27
Social Determinants of Health and Health Disparities	8
Financing and Economics	34
Funding levels and effects	4
Financing Mechanisms	10
Costs, Efficiency, and Performance,	20
Information and Technology	18
Assessing & Monitoring Health Outcomes	3
Translation & Dissemination of Evidence-based Strategies	1
Information and Communications Technologies	14

Research Currently Underway

- 29 studies (3 rounds) PHSSR annual solicitation
- 7 natural experiment studies
- 8 mentored research awards
- 9 predoctoral/postdoctoral research awards
- 11 PBRN Delivery and Cost studies
- 4 Quick Strike PBRN studies

Diffusion of Public Health PBRNs



PBRNs as Research Engines

- 31 networks
- 1593 local public health agencies
- 35 state agencies
- 52 academic research units
- 58 professional & community organizations
- 60 competitively awarded research projects
- 68 articles in peer-reviewed journals
- 221 presentations and conferences & meetings
- 51 reports & tools in the grey literature

Upcoming research opportunities

- PBRN Dissemination and Implementation Research to Improve Value (DIRECTIVE) awards
- Predoctoral/postdoctoral research awards
- Quick Strike research studies
- 2014 PHSSR Annual Solicitation
- AJPH Call for Papers for Supplement Issue

Advancing Methods and Measures

- Measuring volume, intensity & quality
- Measuring costs
- Measuring complexity in delivery systems and strategies
- Estimating value: health & economic effects
- Accounting for heterogeneity in effects

National Coordinating Center



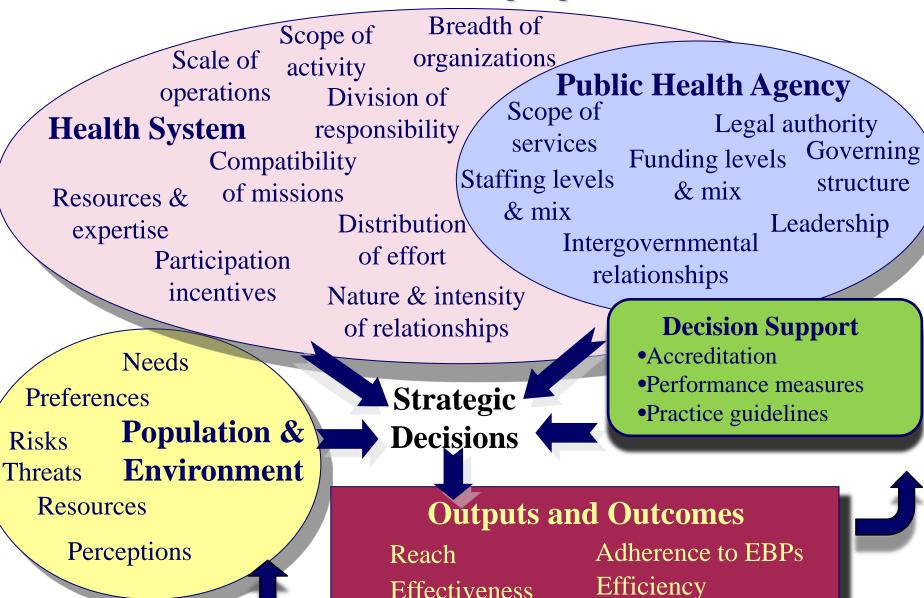
- Data & Measurement Development
 - Periodic census surveys of local and state agencies
 - National Longitudinal Survey of Public Health Systems
 - Tracking PH expenditures: US Census of Governments,
 Uniform Public Health Chart of Accounts
 - Public Health Activities and Services Tracking (PHAST): compiling existing administrative data across states
 - Monitoring health reform implementation & effects
- Dissemination & Translation
 - Weekly Work in Progress Webinars
 - Open-access journal: Frontiers in PHSSR
 - Newsletters, Podcasts, Blogs
 - Briefings with policy stakeholders

Where to from here? Advancing a Culture of Health

How best to use public health delivery systems to improve population health?

- Engaging communities
- Mobilizing and steering multi-sector action
- Aligning public health and medical care
- Facilitating policy adoption & implementation
- Targeting & tailoring for equity
- Addressing social determinants

Public health's role in population health



Effectiveness

Timeliness

Equity

Mays et al 2009



Medical Care Delivery

- Fragmentation
- Duplication
- Variability in practice
- Limited accessibility
- Episodic and reactive care
- Insensitivity to consumer values & preferences
- Limited targeting of resources to community needs

Public Health Delivery

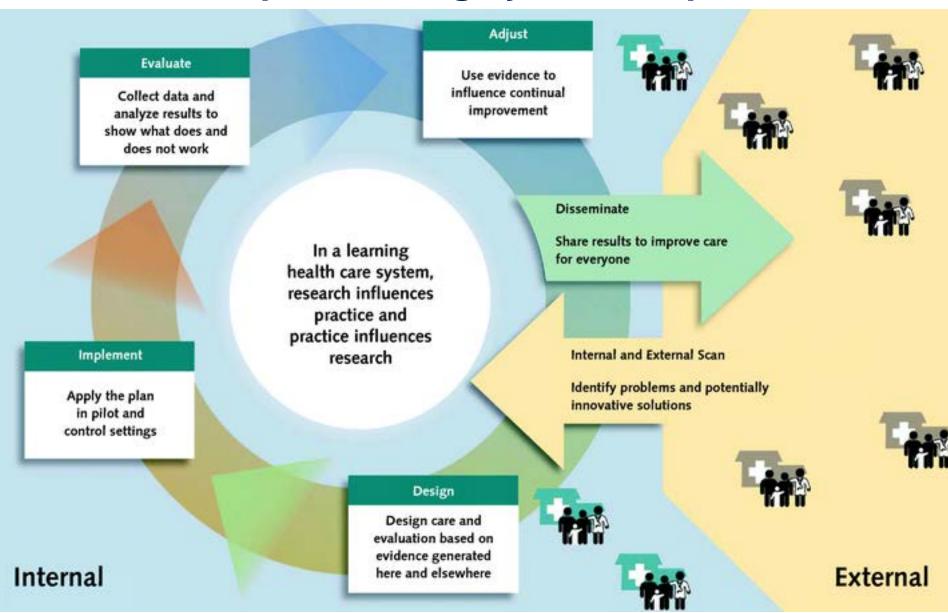
- Fragmentation
- Variability in practice
- Resource constrained
- Limited reach
- Insufficient scale
- Limited public visibility
- Limited evidence base
- Adaptation constraints



Inefficient delivery
Inequitable outcomes
Limited population health impact



Toward a "rapid-learning system" in public health



Green SM et al. Ann Intern Med. 2012;157(3):207-210

Always Open



Supported by The Robert Wood Johnson Foundation

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