#### **University of Kentucky**

#### From the SelectedWorks of Glen Mays

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# Improving Measures of Public Health Activity at Local and State Levels: The Multi-Network Practice and Outcome Variation Examination Study (MPROVE)

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### Improving Measures of Public Health Activity at Local and State Levels:

### The Multi-Network Practice and Outcome Variation Examination Study (MPROVE)

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ASTHO Performance Policy Committee

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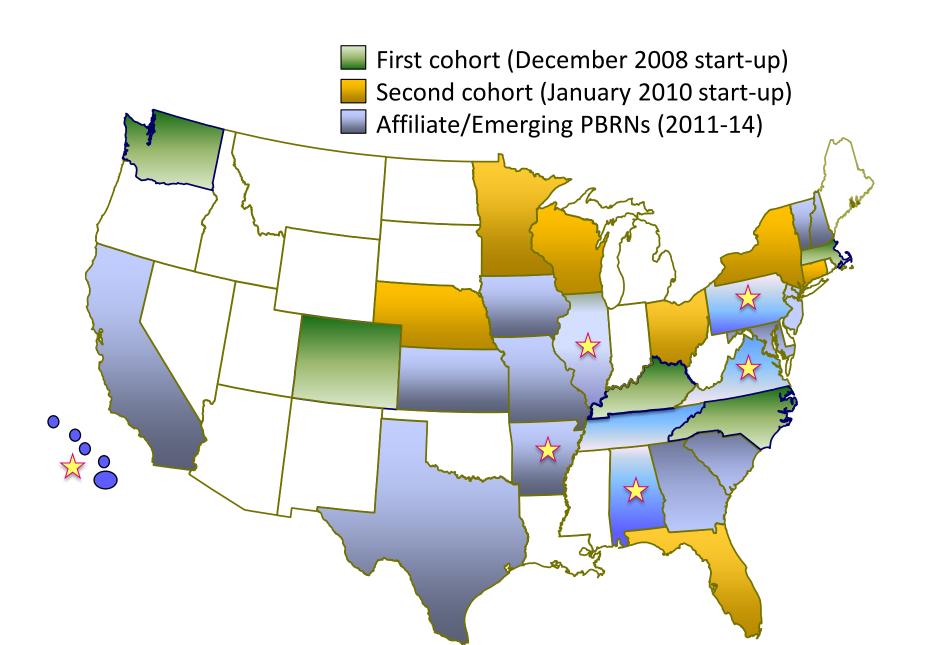




### Multi-Network Practice and Outcome Variation Examination Study (MPROVE)

- Identify implementation measures high-value services:
  - Chronic disease prevention
  - Communicable disease control
  - Environmental health protection
- Create registry of measures: consistent across communities
- Profile geographic variation in the delivery of selected public health services across local communities
- Decompose variation into attributable components:
  - need-sensitive or preference-sensitive factors
  - supply-sensitive factors
- Examine associations between service delivery & outcomes

#### **Diffusion of Public Health PBRNs**



### Participating MPROVE networks

Network	State Agencies	Local Agencies*	Academic Units	Other	Total	Lead Institution
СО	1	55	2	15	73	Association
FL	1	67	3	3	74	Local agency
MN	1	75	1	1	78	State agency
WA	1	36	2	1	40	Local agency
NJ	1	100	2	1	104	Academic
TN	1	2	2	1	20	Academic
Total	6	337	12	22	371	

#### **MPROVE** measurement dimensions

- Availability/Scope: specific activities produced
- Volume/Intensity: Frequency of producing activity over period of time
- Capacity: Labor and capital inputs assigned to an activity
- Reach: Proportion of target population reached by activity
- Quality: effectiveness, timeliness, equity of activity
- Efficiency: resources required to produce given volume of activity

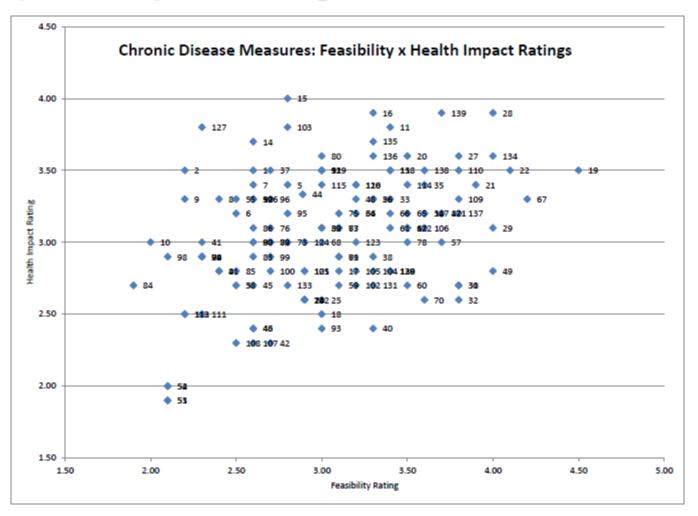
#### **Levels of Measurement**

- Community Level: Includes services/activities regardless of who performs/contributes
- Agency Level: Focuses on activities directly contributed by governmental public health agency

#### **Measure Selection Criteria**

- Expected health impact
- Expected economic impact
- Control/influence by local public health agencies and their partners
- Pre-existing evidence of validity and reliability
- Feasibility of obtaining data

#### **Example: Delphi Rating of Measures**



Feasibility

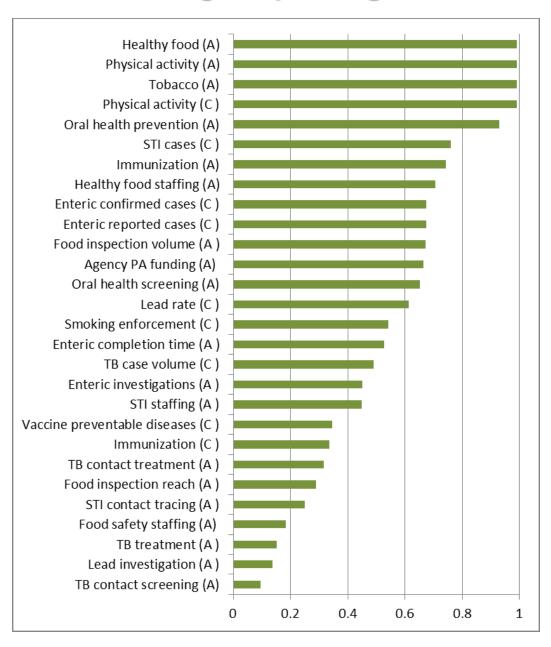
#### **Final MPROVE Measures**

- Chronic disease prevention (8 measures)
  - Tobacco prevention
  - Obesity prevention
- Communicable disease control (14 measures)
  - Immunization
  - Enteric disease control
  - STI control
  - Tuberculosis control
- Environmental health protection (5 measures)
  - Lead exposure protection
  - Food safety protection

### **Analytic Methods**

- MPROVE data linked with 2013 NACCHO Profile data on agency characteristics, and 2013 ARF data on community characteristics
- Hierarchical random and fixed effects models to identify patterns and correlates of variation
- Variance decomposition analysis to identify relative strength of institutional and community factors in explaining local variation

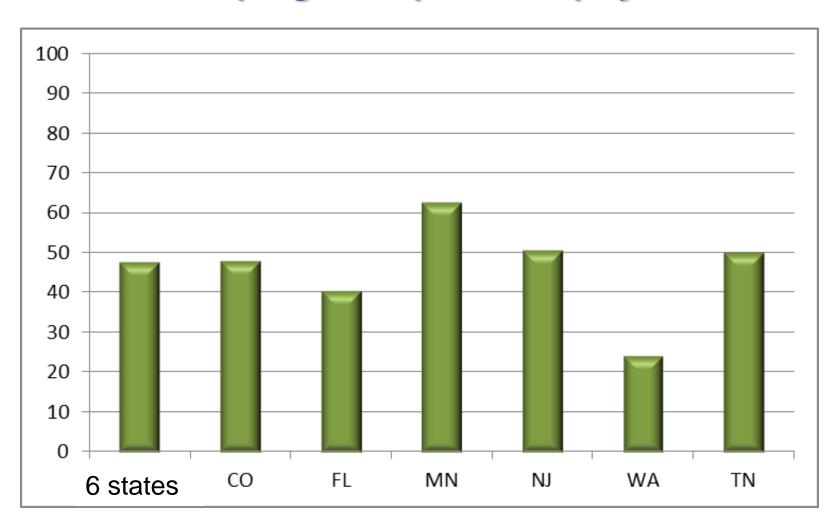
#### Proportion of local settings reporting MPROVE measures



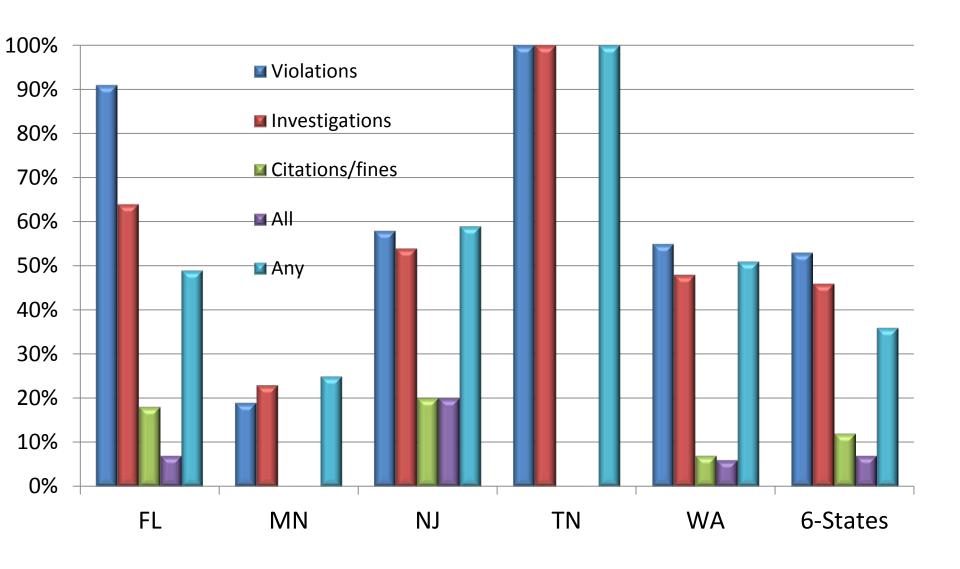
#### Local Health Department Resources Allocated to Promoting Physical Activity, Per Capita

	CO	FL	MN	NJ	TN	WA	6-States
Any	29%	35%	53%	52%	100%	67%	46%
If >0							
Minimum	0.07	0.03	0.00	0.00	0.17	0.10	0.00
25 <sup>th</sup> pctle	0.10	0.05	0.13	0.04	0.17	0.16	0.08
50 <sup>th</sup> pctle	0.47	0.24	0.33	0.08	0.17	0.31	0.19
Mean	5.30	0.80	1.30	0.54	0.17	0.57	1.52
75 <sup>th</sup> pctle	1.94	0.43	0.95	0.19	0.17	0.62	0.48
Maximum	47.11	5.29	18.37	8.96	0.17	2.27	47.11
Mean 75 <sup>th</sup> pctle	5.30 1.94	0.80	1.30 0.95	0.54	0.17 0.17	0.57 0.62	1.52 0.48

### Implementation of community-wide health education campaigns to promote physical activity



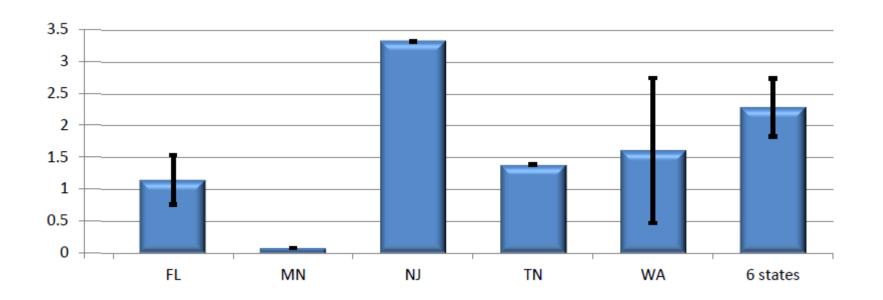
### Implementation of clean indoor air policy enforcement activities



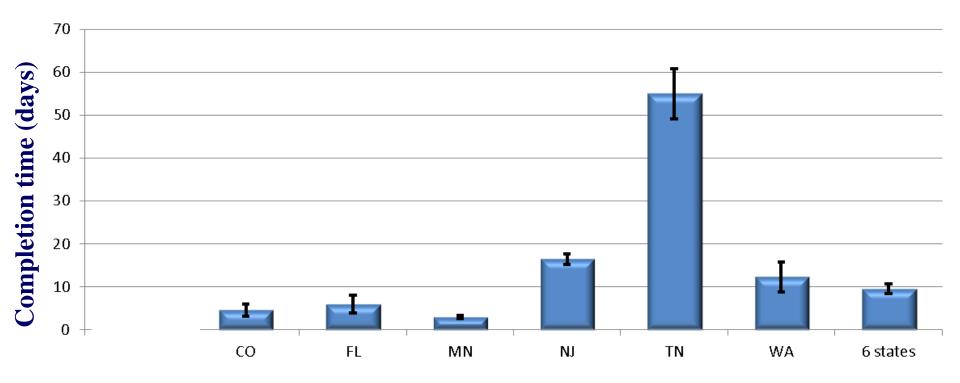
### Agency implementation of services/supports to reduce tobacco use and/or exposure

Activity	CO	FL	MN	NJ	TN	WA	6-States
Agencies providing tobacco services & supports (%):							
1 Educational materials	90%	89%	73%	80%	100%	83%	83%
2 Educational media	56%	66%	40%	17%	100%	28%	41%
3 Cultural/linguistic specific materials	60%	62%	25%	41%	0%	31%	44%
4 Cultural/linguistic specific programs	60%	81%	48%	38%	100%	28%	52%
5 Educational/training programs	42%	45%	8%	16%	0%	10%	24%
6 Community development	37%	81%	48%	41%	100%	52%	51%
7 Policy development	44%	79%	56%	46%	50%	41%	53%
8 Policy implementation	44%	30%		45%	100%	41%	41%
9 Tobacco cessation programs		32%		9%	50%	17%	18%
10 Adult tobacco use surveillance		57%		13%	50%	28%	31%
11 Youth tobacco use surveillance			79%	12%			40%
Agencies providing all services/supports (%)	0%	0%	0%	1%	0%	0%	0%
Agencies providing any of the services/supports (%)	94%	96%	96%	87%	100%	90%	92%
Average number of services/supports offered (mean)	4.33	6.21	3.77	3.57	6.50	3.59	4.29

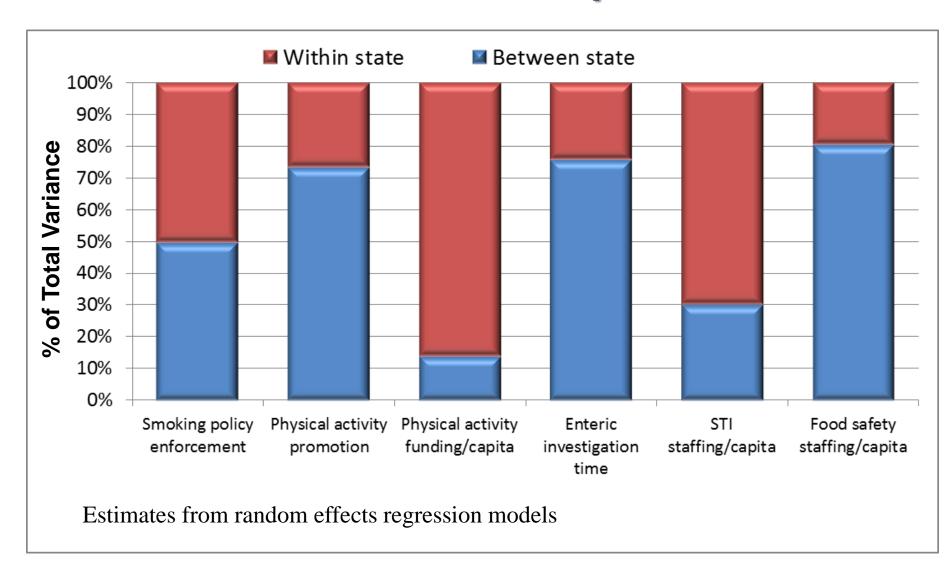
### Average FTE staffing for communicable disease intervention specialists per 100,000 population



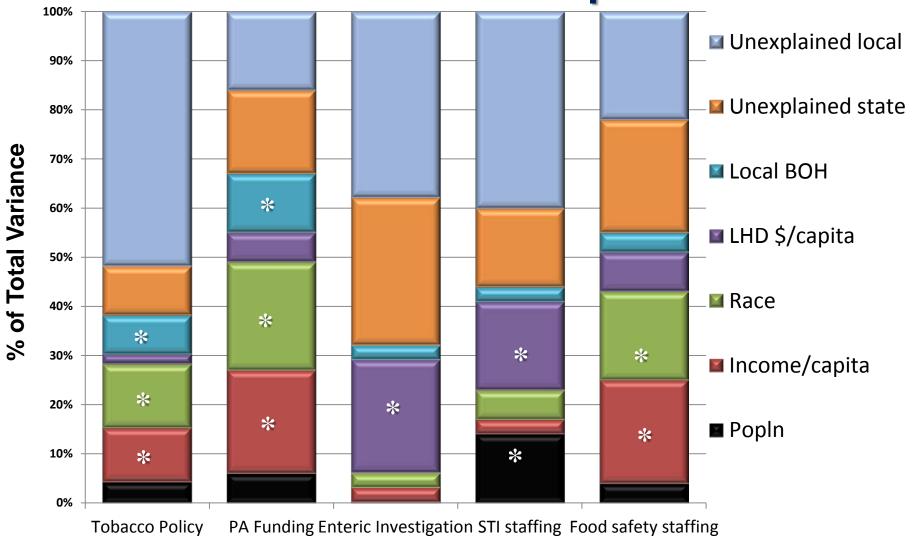
# Average completion time for enteric disease investigations



# Overall Patterns of Variation in Local Public Health Implementation



# Correlates of Variation in Local Public Health Implementation



Estimates from state fixed-effects regression models

### **Preliminary Conclusions**

- Wide variation in local availability of public health implementation measures
- Considerable within-state and between-state variation in implementation
- Patterns of variation are specific to domain & activity
- Institutional and community characteristics explain 30-50% of this variation
  - Harmful?
  - Wasteful?
  - Inequitable?

#### **Additional Measure Validation**

- Strong convergent and discriminant validity in 22 of 27 measures
- Moderate to strong predictive validity in 19 of 27 measures
- Problematic measures in tobacco, nutrition, physical activity are being revised and retested through follow-on study

### Ongoing cross-state analyses

- Refining patterns & determinants of variation
  - Disentangling demand (need) from supply
  - System structure
  - Geospatial
  - Within and across domains of activity: composite measures
- Identifying population health correlates of variation

# More information on the MPROVE Measures

**MPROVE Final Measure Set** 

**MPROVE Measure Specifications** 

**MPROVE Research Protocol** 

**MPROVE Data Acquisition Plan** 

**MPROVE Measure Selection: Delphi Results** 

MPROVE Candidate Measure Inventory

**MPROVE Measure Selection Criteria** 

MPROVE Comparative Report of Results

#### For More Information



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