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

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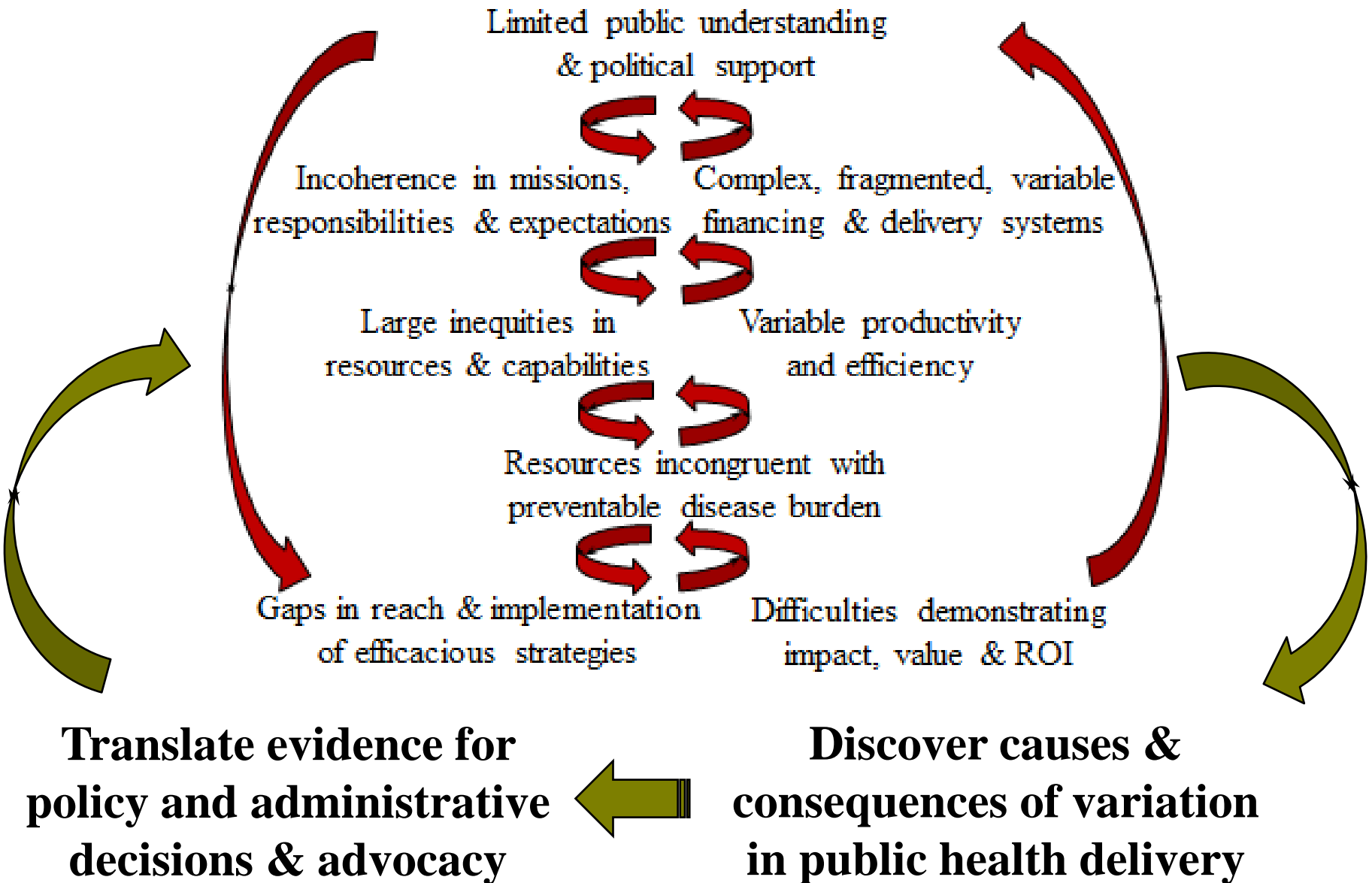
# Public Health Services & Systems Research: Taking the Pulse of the Field

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# Vicious cycles to learning systems



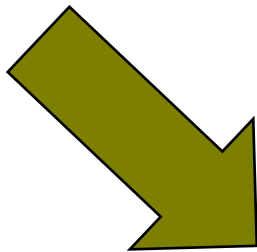
# Standardization vs. Customization in Public Health Delivery Systems

## Standardization

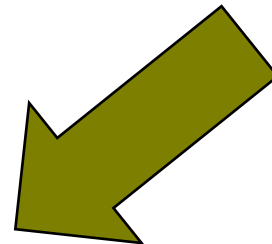
- ▼ Harmful variation
- ▼ Wasteful variation
- ▼ Inequitable variation
- ▼ Race to the bottom
- ▲ Network externalities:  
interoperability/coordination

## 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

<b>Public Health Workforce Studies</b>	<b>8</b>
Enumeration	1
Diversity and Disparities	2
Recruitment and Retention	2
Workforce Competencies	3
<b>Public Health System Structure and Performance Studies</b>	<b>56</b>
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
<b>Financing and Economics</b>	<b>34</b>
Funding levels and effects	4
Financing Mechanisms	10
Costs, Efficiency, and Performance,	20
<b>Information and Technology</b>	<b>18</b>
Assessing & Monitoring Health Outcomes	3
Translation & Dissemination of Evidence-based Strategies	1
Information and Communications Technologies	14

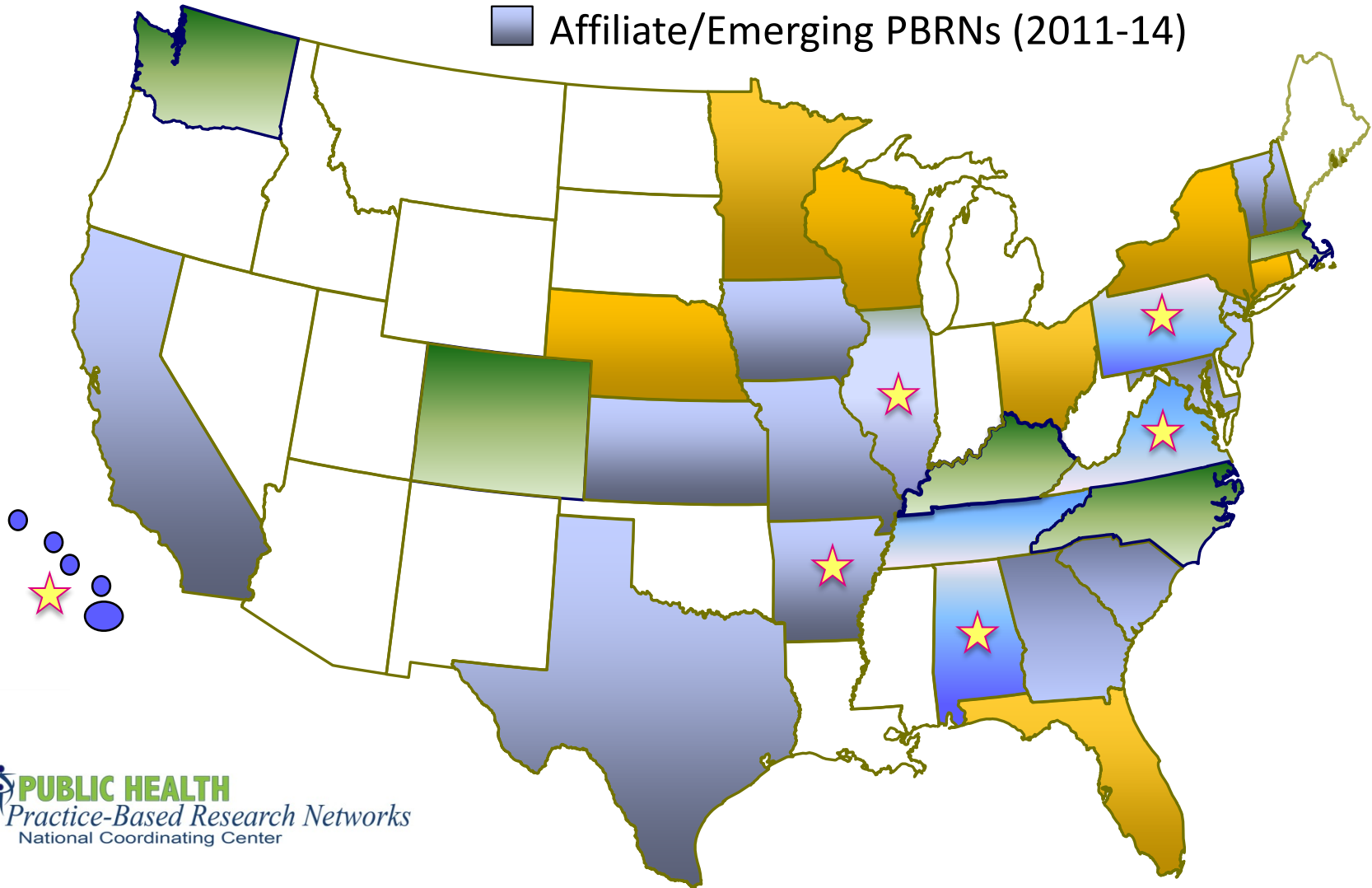
# Research Currently Underway

- 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

See the PHSSR Research Inventory at: [http://works.bepress.com/glen\\_mays/145/](http://works.bepress.com/glen_mays/145/)

# Diffusion of Public Health PBRNs

- First cohort (December 2008 start-up)
- Second cohort (January 2010 start-up)
- Affiliate/Emerging PBRNs (2011-14)



# 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

- 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

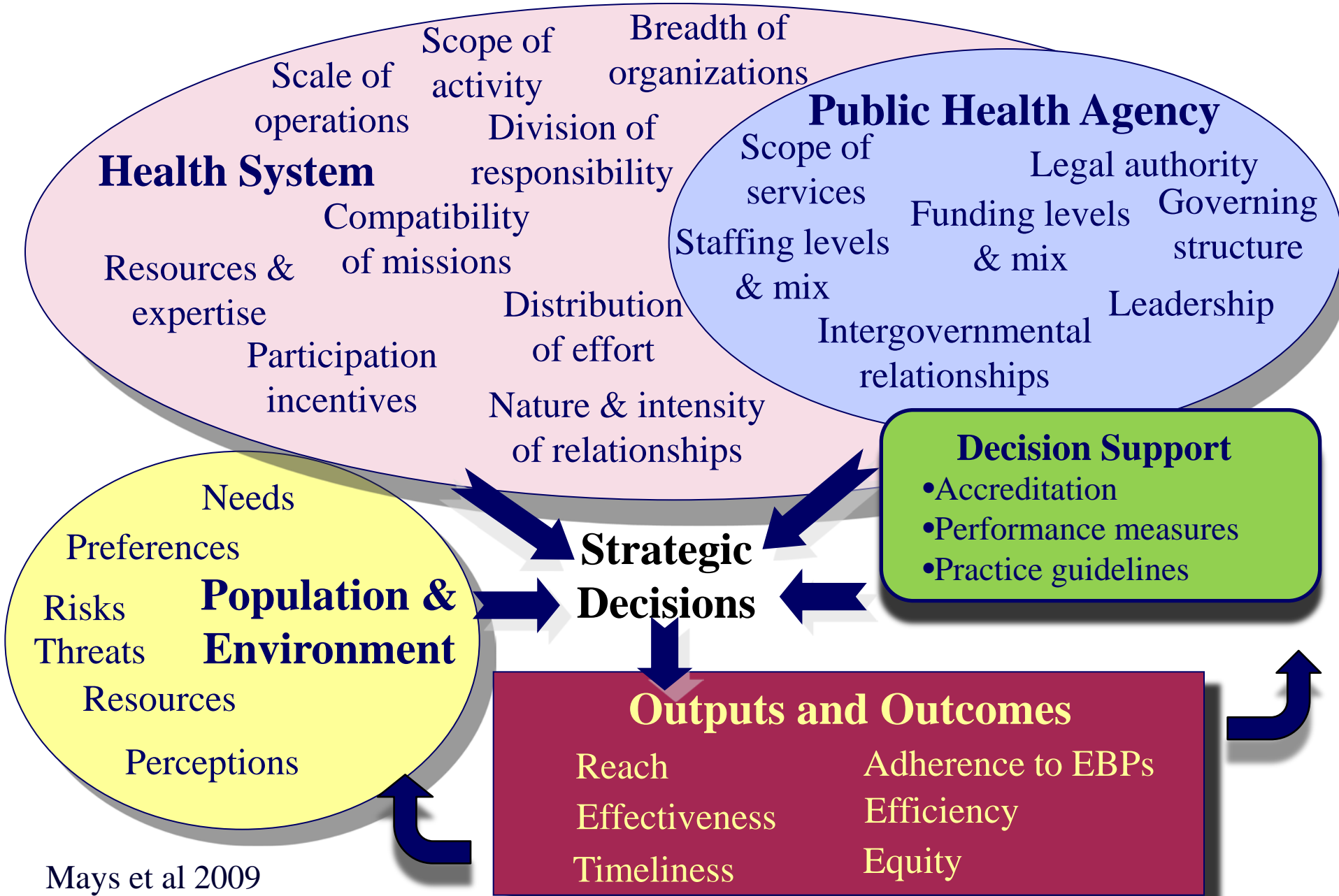
# Where to from here?

## 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



## Connection not found



Connection Settings

Retry

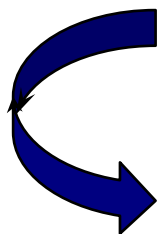
Close

### 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

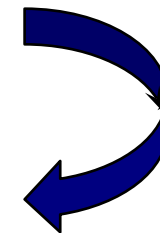
- Fragmentation
- Variability in practice
- Resource constrained
- Limited reach
- Insufficient scale
- Limited public visibility
- Limited evidence base
- Adaptation constraints



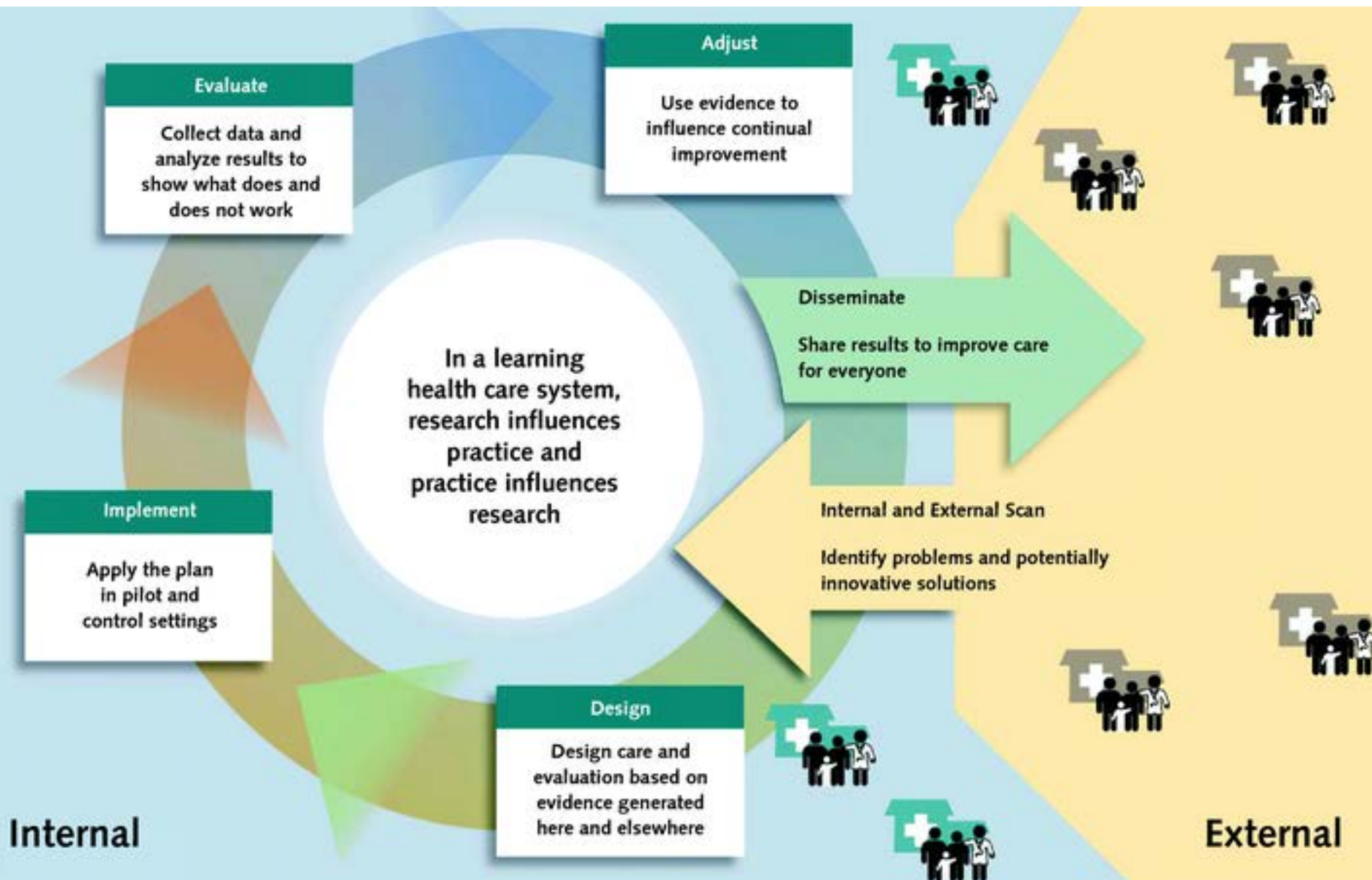
**Inefficient delivery**

**Inequitable outcomes**

**Limited population health impact**



# Toward a “rapid-learning system” in public health



# Always Open



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**Archive:** [works.bepress.com/glen\\_mays](http://works.bepress.com/glen_mays)

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