Frontiers in Public Health Services and Systems Research

Volume 2 | Number 1

Article 9

January 2013

Commentary: Models of Dissemination and Implementation in **Public Health**

Glen Mays University of Kentucky, glen.mays@cuanschutz.edu

Follow this and additional works at: https://uknowledge.uky.edu/frontiersinphssr



Part of the Public Health Commons

Recommended Citation

Mays G. Commentary: Models of Dissemination and Implementation in Public Health. Front Public Health Serv Syst Res 2013; 2(1).

DOI: 10.13023/FPHSSR.0201.09

This Article is brought to you for free and open access by the Center for Public Health Systems and Services Research at UKnowledge. It has been accepted for inclusion in Frontiers in Public Health Services and Systems Research by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

Commentary: Models of Dissemination and Implementation in Public Health

Abstract

As public health researchers and public health practitioners, we need to become much more skilled in applying dissemination and implementation models within our research designs and within our delivery systems if we want the accumulating scientific knowledge to result in improvements in population health. Many of our standard public health tools can be affective in facilitating D&I – regulation, education, measurement and reporting, peer pressure, social media, and economic incentives – but context really matters. The basic message behind this article is clear: choose your D&I model carefully and strategically to maximize the likelihood of success.

Keywords

dissemination; implementation; translational research; public health services and systems research

Cover Page Footnote

Support for this article was provided, in part, by a grant from the Robert Wood Johnson Foundation.

Editorial Comment: Models of Dissemination and Implementation in Public Health

Glen P. Mays, PhD, MPH

As scholars and practitioners of public health, we often lament the fact that too little is known about how to prevent and control the major diseases and injuries that burden modern society. Our complaints are driven in part by our tendency toward perpetual self-criticism, but also by the long-standing fact that much of the nation's scientific enterprise in health focuses on discovering new ways of diagnosing and treating health problems rather than preventing them.¹ Despite this imbalance in scientific inquiry, it is also true that considerable progress has been made in identifying research-tested prevention interventions in recent years, as illustrated by the growing number of entries profiled in the CDC's *Guide to Community Preventive Services* and related evidence summaries. Unfortunately, with this accumulation of new evidence, a yawning gap has opened between the strategies that are known to be effective in preventing disease and injury and the strategies that are routinely delivered by our public health systems.² As with the know-do gaps in clinical medicine, our know-do gaps in public health often disproportionately affect low-resource communities and socioeconomically disadvantaged populations.

The article by Tabak et al. provides a valuable synthesis of models designed to reduce know-do gaps by facilitating the dissemination and implementation of research-tested, evidence-based strategies.³ As public health researchers and public health practitioners, we need to become much more skilled in applying these models within our research designs and within our delivery systems if we want the accumulating scientific knowledge to result in improvements in population health.

Three important implications for practice and policy flow from this synthesis and inventory of dissemination and implementation (D&I) models. First, public health professionals must recognize that D&I is a fundamental responsibility of the public health system that deserves time, attention, and resources. At the most basic level, our job centers on helping employees, peers, partners, students, policy-makers and the public at large use research-tested strategies to improve health. Second, when carrying out this D&I responsibility in specific circumstances, public health professionals should consider carefully whether their task at hand is a dissemination challenge, and implementation challenge, or a blend of the two. The "best" D&I model to follow will hinge in part on this answer. Third, when designing D&I processes and tactics, professionals should think strategically about which levels of the socio-ecologic system are likely to offer the greatest opportunities for mobilizing change, taking into consideration the political, social, economic, demographic, and environmental contexts in which they practice. Many of our standard public health tools can be affective in facilitating D&I – regulation, education, measurement and reporting, peer pressure, social media, and economic incentives – but context really matters. The basic message behind this article is clear: choose your D&I model carefully and strategically to maximize the likelihood of success.

References

- 1. Institute of Medicine, National Academy of Sciences. For the Public's Health: Investing in a Healthier Future. Washington, DC: National Academies Press; 2012.
- 2. Cilenti D et al. Information-seeking behaviors and other factors contributing to successful implementation of evidence-based practices in local health departments. Journal of Public Health Management and Practice. 2012; 18(6):571-576.
- 3. Tabak RG, Khoong EC, Chambers D, Brownson RC. Models in dissemination and implementation research: useful tools in public health services and systems research. *Frontiers in Public Health Services and Systems Research*, in press.