The Public Health PBRN Program: A Status Update

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Vicious cycles to learning systems

Limited public understanding & political support

Incoherence in missions, Complex, fragmented, variable responsibilities & expectations financing & delivery systems

Large inequities in resources & capabilities Variable productivity and efficiency

Resources incongruent with preventable disease burden

Gaps in reach & implementation of efficacious strategies Difficulties demonstrating impact, value & ROI

Translate evidence for policy and administrative decisions & advocacy

Discover causes & consequences of variation in public health delivery
Diffusion of Public Health PBRNs

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

- First cohort of PBRNs start: 2008
- Second cohort of PBRNs start: 2009
- Quick Strikes: 2010
- RIAs: 2010
- Affiliate networks start: 2011
- RACE Awards: 2011
- MPROVE Awards: 2012
- DIRECTIVE Awards Announced: 2013
- DACS Awards start: 2014

Launch: 2008
Research Progression

Delivery System Organization and Structure

Practice Variation

Volume, Intensity, and Quality of Delivery

Cost of Delivery

Value of Delivery
PBRN Reach

- 31 networks
- 1593 local public health agencies
- 35 state agencies
- 52 academic research units
- 58 professional & community organizations
Productivity & Dissemination

- 60 competitively awarded research projects
- 68 articles in peer-reviewed journals
- 221 presentations and conferences & meetings
- 51 reports & tools in the grey literature
- Earned media in elite venues: *Modern Healthcare*, *Forbes*, *Kaiser Health News*, *PBS*, *Men’s Health*
- >15,000 downloads of *Frontiers in PHSSR* articles
- >8,000 downloads from Research Archive
- >2,000 page views on PublicHealthEconomics blog
<table>
<thead>
<tr>
<th>Activity</th>
<th>PBRN Agencies Percent/Mean</th>
<th>National Sample Percent/Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying research topics</td>
<td>94.1%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Planning/designing studies</td>
<td>81.6%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Recruitment, data collection &amp; analysis</td>
<td>79.6%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Disseminating study results</td>
<td>84.5%</td>
<td>36.6%</td>
</tr>
<tr>
<td>Applying findings in own organization</td>
<td>87.4%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Helping others apply findings</td>
<td>76.5%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Research implementation composite</td>
<td>84.04 (27.38)</td>
<td>30.20 (31.38)</td>
</tr>
<tr>
<td>N</td>
<td>209</td>
<td>505</td>
</tr>
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</table>
Intramural research activities
- **Public Health Value**: Cost estimation & economic evaluation
- **Public Health Reform**: Effects of ACA on public health delivery

Extramural research programs
- Quick Strike studies
- Multi-network research activities
Data Development
- Periodic census surveys of local and state agencies
- National Longitudinal Survey of Public Health Systems
- Public Health Activities and Services Tracking (PHAST): compiling existing administrative data across states

Dissemination & Translation
- Weekly Work in Progress Webinars
- Open-access journal: *Frontiers in PHSSR*
- Newsletters, Podcasts, Blogs
- Briefings with policy stakeholders
Future Directions

- RWJF’s *Culture of Health* strategic direction
- Population health improvement strategies
- Bridging public health and health care
- Strategies to enhance value
- Monitoring health reform implementation & impact
- Federal research funding
Toward a “rapid-learning system” in public health

In a learning health care system, research influences practice and practice influences research.

1. Evaluate
   - Collect data and analyze results to show what does and does not work.

2. Implement
   - Apply the plan in pilot and control settings.

3. Design
   - Design care and evaluation based on evidence generated here and elsewhere.

4. Adjust
   - Use evidence to influence continual improvement.

5. Disseminate
   - Share results to improve care for everyone.
