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Measuring Variation in Primary Care and Public Health Integration:

The Quantitative Phase of a Multi-state PBRN Study of Factors Associated with Increased Local Integration and Improved Health Outcomes

Carol Lange, MPH; Rebekah Pratt, PhD; Kevin Peterson, MD, MPH; Chris Hoefer, BA; Beth Gyllstrom, PhD; Kim Gearin, PhD

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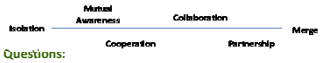
Background and Participating PBRNs

Primary Care and Public Health

The Institute of Medicine (IOM) makes a compelling case that increased collaboration between primary care and public health is crucial to population health, and the Affordable Care Act provides new incentives and expectations for such partnerships.



Research Questions:

- How does the degree of integration between Primary Care(PC) and Public Health (PH) vary across local jurisdictions?
- What factors facilitate or inhibit integration, and how can PC and PH leverage those factors to increase integration?
- Does the degree of integration differ based on health topic (immunizations, tobacco use, physical activity)?
- Do areas of greater integration have better health outcomes?

Study Design & Timeline: The study combines existing health data with new data collected through telephone interviews, an on-line survey, and focus groups.

- February-May 2014: Conduct key informant interviews
- April-July 2014: Qualitative analysis, present early findings
- July-December 2014: Qualitative results dissemination;
- December 2014-February 2015: Online survey development & testing
- March-September 2015: Field online survey
- **June-December 2015**: Quantitative analysis, mixed methods analysis; dissemination and translation
- 2016: Continue translation and dissemination activities

Participating States and PBRNs

Investigator Contact Information:
Beth Gyllstrom, PhD, MPH
Beth.gyllstrom@state.mn.us

Kim Gearin, PhD, MS
Kim.gearin@state.mn.us

Rebekah Pratt, PhD
prattf@umn.edu

Carol Lange, MPH
lange076@umn.edu

Kevin Peterson, MD MPH
peter223@umn.edu

Survey

Survey Development:

- Qualitative interview results contributed to emerging framework of how primary care and public health work together locally.
- Survey questions drawn from existing tools, within health and other disciplines, and organized within the emerging collaboration framework.
- Co-Investigators & PBRN members reviewed full list of potential questions within the domain/construct framework and provided initial feedback, wording and definition suggestions, and identified gaps in question content.
- Study Advisory Committee (SAC) members reviewed the questions and rated them (Vovici survey) with respect to:
  - ✓How well the question fit within the domain/construct
  - ✓Level of importance of each question to measuring degree of integration
- Both PH and PC versions were pilot-tested by representative from the four states.

38 total questions in each survey version (PC and PH)

Survey Constructs and Related Questions:

Vision/Mission = 2
Organizational Structure = 4
Aligned Leadership = 3
Partnership Characteristics = 5
Sustainability = 5
Shared Data/Analysis = 2
Innovation Characteristics = 3
Building the Partnership = 4
Communication = 3
**Plus: 6 seeded contextual variables

Survey Recruitment

- PH: One local health director was identified for each jurisdiction in the four states.
- PC: potential primary care respondents identified within the public health jurisdictions with 2-3 care respondents per jurisdiction.

Survey Results

Survey Response Rate:

Public Health Response Rate=80% (n=193)

Primary Care Response Rate = 31% (n=128)
Jurisdiction Specific*= 50%

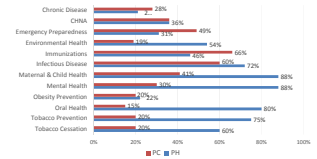
*Primary care survey oversampled jurisdictions to increase the overall jurisdiction-response rate.

Public Health Response Profile	Respondents (N=193)	Non-Respondents (N= 50)
Organizational Structure		
Stand-Alone Health Department	64%	74%
Combined (e.g. with Human Serv)	36%	26%
Jurisdiction Type		
Single County	67%	64%
Multi-County	25%	16%
City or City/County	8%	20%
Jurisdiction Population Size		
Less than 50,000	64%	64%
50,000-100,000	17%	16%
Greater than 100,000	19%	20%
Percent Poverty		
10.9% or less	33%	44%
11-14.9%	38%	38%
15% or more	29%	18%

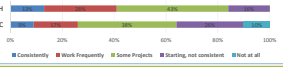
Primary Care Response Profile	Respondents (n=128)	Non-Respondents (n=126)
Jurisdiction Population Size		
Less than 50,000	44%	74%
50,000-100,000	13%	9%
Greater than 100,000	43%	17%
Percent Poverty		
10.9% or less	29%	18%
11-14.9%	39%	33%
15% or more	32%	48%
Percent Self-Pay		
Less than 10.5%	34%	18%
10.6-17%	42%	34%
17% or higher	23%	48%

Survey Results

Focus of Joint Work



Self-Rated Relationship Level



Conclusions and Next Steps

- PC reports lower levels of working together compared to PH and seems less satisfied with the current working relationship.
- In general, PH seems to report higher levels of joint work, the ways in which they work together, the reasons for working together and how they worked on the CHNA.
- Relationship-building constructs around mission/vision, leadership support and having mutual respect & trust were quite similar between PC and PH.
- Differences were noted between PH and PC in their perception of the following relationship factors: communication, defined roles/responsibilities, sustainability & innovation.

NEXT STEPS: Paired dyad analysis, place local jurisdictions on the continuum of integration (IOM), mixed methods analysis, refinement of emerging model framework, incorporating results from the mixed methods analysis and validation of results with focus groups of key stakeholders.

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