

Presenter: Allese B. McVay, MPH, Saint Louis University College for Public Health and Social Justice

Title: Measurement Reliability and Findings from a Survey of Local Public Health and Healthcare Collaboration around Obesity Prevention

Meeting: AcademyHealth Public Health Systems Research Interest Group Meeting

Organization: AcademyHealth

June 25, 2016

Boston, MA

Measurement Reliability and Findings from a Survey of Local Public Health and Healthcare Collaboration around Obesity Prevention

Allese B. McVay, MPH¹, Katherine A. Stamatakis, PhD, MPH¹,
Beth Baker, PhD, MPH¹, Eduardo J. Simoes, MD, DLSHTM, MSc, MPH²

¹Saint Louis University College for Public Health and Social Justice, St. Louis, Missouri, ²University of Missouri School of Medicine, Columbia, Missouri



Introduction

- Locally oriented efforts are needed for obesity prevention, especially regarding policy and built environment interventions.
- The implementation challenge at the local level, given the large degree of variability in funding structures, areas of programmatic focus and capacity among local health departments, may be overcome in part by strengthening linkages between public health and healthcare.
- Affordable Care Act requirements for joint community health assessment (CHA) provide a leverage point and opportunity to bring healthcare and public health together around community needs and health priorities.

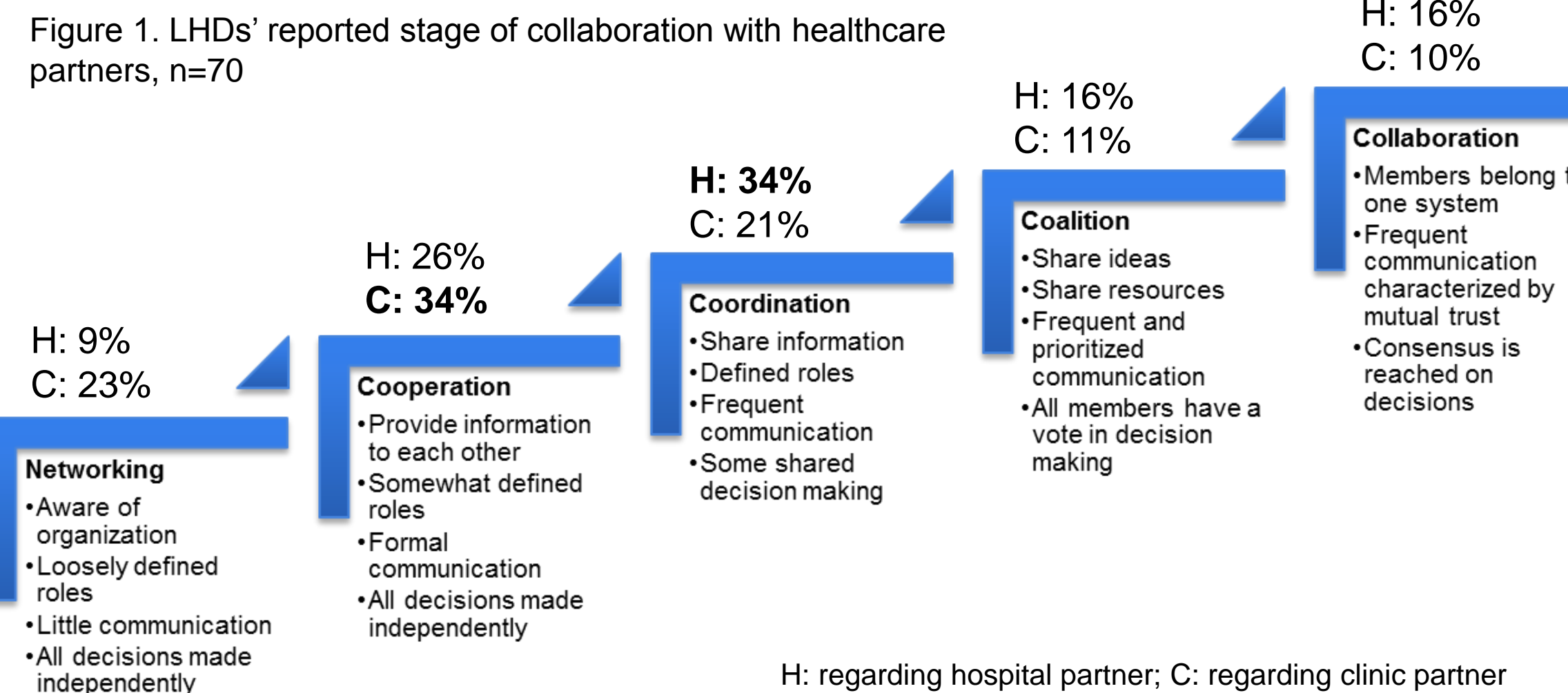
Research Objective

- To characterize public health and healthcare collaborations across the U.S., with a focus on joint CHA as an entry point for improving cross-sector collaborations in obesity prevention

Study Design

- A brief screening was conducted with LHDs from a national sample of selected localities to identify a subset that had a joint CHA/CHIP with healthcare partners within the last 3 years.
- The baseline survey was administered to LHDs that identified a joint CHA/CHIP and agreed to participate, and to hospital and community clinic partners identified by the LHD respondent, where available.
- Baseline sample included 70 LHDs; test-retest sample included 30 LHDs.

Cross-Sector Collaboration Framework



Principal Findings

- LHD sample included a mix of jurisdiction population size (47% <50,000, 17% >500,000) and governance type (69% local, 14% state).
- **Collaboration:** The majority of LHDs described their local hospital partnership in the coordination stage (34%) of the collaboration framework and described their community clinic partnership in the cooperation stage (34%).
- **Partnership trust:** Items reported as most commonly occurring within partnerships included providing accurate information, valuing differences, and honesty. The item reported as least commonly occurring was sharing power/responsibility.
- **Collaborative arrangements:** Joint advocacy (90%), serving as the backbone organization for a collaborative effort (75%), and referral of services (65%) were the most common arrangements in reference to implemented healthy eating and physical activity practices.
- **Community context:** LHDs agreed that the goal of the collaborative project would be difficult for a single organization to achieve (93%), agencies have a history of working together in the respective community (90%), and those in leadership positions within the collaborative have good skills for working with other organizations (88%). LHDs varied on whether the collaborative has a clear process for making decisions (53%).

Principal Findings (continued)

Table 1. Test-retest reliability results for collaboration framework items as reported by LHDs with regards to their hospital and community clinic partners (average repeated completion, 47 days), n=30

Items	...regarding partner	
	hospital partner	clinic partner
Overall stage which best describes partnership	0.67	0.80
Individual collaboration characteristics		
Little communication	0.36	0.45
All decisions made independently	0.59	0.78
Loosely defined roles	0.44	0.51
Provide information to each other	0.32	0.21
Somewhat defined roles	0.15	0.32
Formal communication	0.42	0.51
Defined roles	0.44	0.51
Some shared decision making	0.56	0.63
Shared information	0.49	0.58
Frequent communication	0.61	0.58
Shared ideas	0.45	0.57
Shared resources	0.46	0.55
Decision making voted on by all members	0.71	0.72
Prioritized communication	0.73	0.51
Members belong to one system	0.35	0.43
Frequent communication characterized by mutual trust	0.59	0.49
Consensus reached on all decisions	0.30	0.56

¹Fleiss-Cohen weights

- Using the guidelines provided by Landis and Koch, reliability was substantial for the overall collaboration stage, and moderate for the majority of the individual characteristics.

Conclusions and Relevance to Policy, Delivery or Clinical Practice

- Our findings suggest substantial to moderately reliable measures to characterize the extent of cross-sector collaboration.
- Data will assist in building a foundation toward developing future strategies to enhance existing collaborations in obesity prevention.
- Findings relate to national prevention priorities and to the goal of improving integration of public health and primary care, by identifying ways to strengthen community-based obesity prevention through more collaborative prevention efforts.

Research Funder

Support for this research was provided by the Robert Wood Johnson Foundation through the National Coordinating Center for Public Health Services and Systems Research.