PHSSR Research-In-Progress Series:

Bridging Health and Health Care

Thursday, March 19, 2015 1:00-2:00pm ET

Cross-sector Collaboration Between Local Public Health and Health Care for Obesity Prevention

Please Dial Conference Phone: 877-394-0659; Meeting Code: 775 483 8037#.

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Agenda

Welcome: Angie Carman, DrPH, PHSSR National Coordinating Center, Assistant Professor, U. of Kentucky College of Public Health

Presenters:

"Cross-sector Collaboration Between Local Public Health and Health Care for Obesity Prevention"

Katherine A. Stamatakis, PhD, MPH, Associate Professor of Epidemiology and Behavioral Science & Health Education, St. Louis University, and

Eduardo J. Simoes, MD, MSc, MPH, Chairman and Health Management and Informatics Alumni Distinguished Professor, University of Missouri

Commentary:

Rebecca Lobb, ScD, MPH, Assistant Professor, Washington U. in St. Louis
Belinda K Heimericks, MS(N), RN, Missouri Dep't. of Health and Senior Services

Questions and Discussion

Future Webinar Announcements

Presenters

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Cross-Sector Collaboration between Local Public Health and Health Care for Obesity Prevention

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PHSSR RESEARCH-IN-PROGRESS WEBINAR
MARCH 19, 2015

Acknowledgements

- This project is supported by a Public Health Services and Systems Research grant from the Robert Wood Johnson Foundation.

- This research would not be possible without the support of the various local and state health departments across the U.S. who have participated in our study and our practice-based advisory team for their advice and feedback throughout the project.

Study Team

Other Members of the Academic Research Team

- Rebecca Lobb, ScD, MPH
- Allese Mayer, MPH
- Anna White

Practice-Based Advisory Team

- Stephanie Browning, BS, Director of Public Health and Human Services for the City of Columbia and Boone County, MO
- Susan Kunz, MPH, Chief of Health and Wellness at Mariposa Community Health Center
- Deborah Markenson, RD, LD, Director of Weighing In at Children's Mercy Hospitals and Clinics in Kansas City, MO
- Kathleen Wojciehowski, JD, MA, Director of the Missouri Institute for Community Health (MICH)

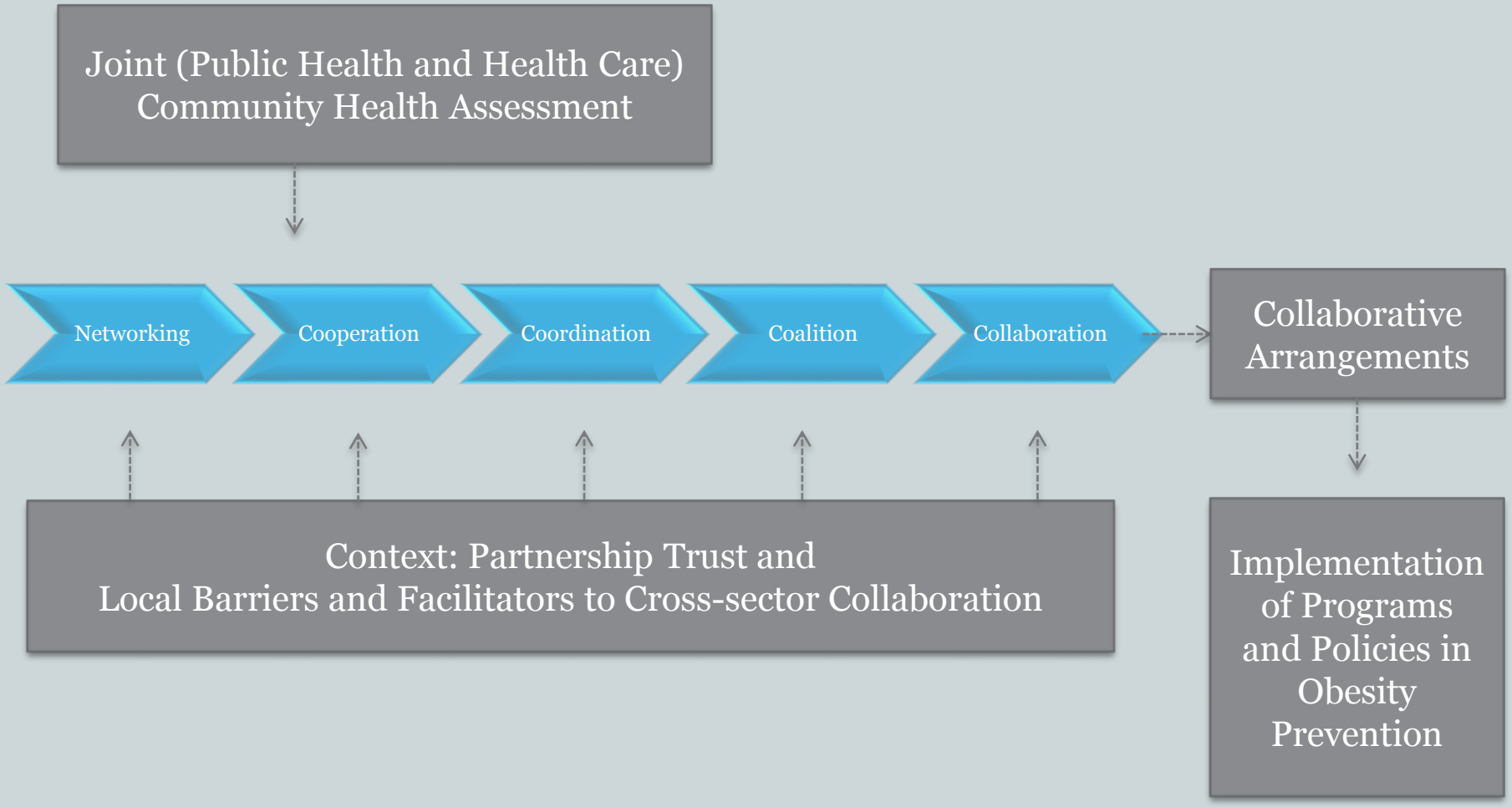
Background

- Locally-oriented prevention measures needed for obesity prevention, especially regarding policy and built environment
- Implementation challenge at local level may be bolstered by strengthening linkages between public health and healthcare:
  - Sharing data and methods for community assessment
  - Fostering local advocates
  - Orient efforts toward underserved

Background, cont.

- Previous work documenting practitioner perspectives indicated that local leadership on CHA/CHIP was central for prioritizing community efforts for obesity prevention
  - Stamatakis, Lewis, Khoong, LaSee. *Preventing Chronic Disease* 2014; 11:130260.
- Community health assessment as a leverage point for linking local PH & HC sectors
  - ACA requirements provide the context of an additional "push"

Levels of Cross-Sector Collaboration



Purpose of Our Study

- Aim 1: develop measures to describe level of collaboration and related shared practices between local public health and health care organizations in obesity prevention
  - Develop questionnaire and abstraction tool (e.g., content of plans generated from the community health assessment (CHA))
- Aim 2: collect baseline data on collaborative practices using the new survey and abstraction tool
  - Conduct national baseline survey of selected localities (including LHD and partners) that have undertaken a joint CHA
  - Conduct plan abstraction and test-retest study

Survey Development

- Literature review
- Criteria for selecting measures
- Crafting/revising survey items
- Initial review of survey
- Revision and pilot testing

Abstraction Tool Development

- Based on survey components
- Several rounds of revision and pilot testing with sample CHIPs
- Coding conducted independently by 2 members of study team

Measurement Study Analyses

Survey

- Test-retest reliability
- Face validity
- Reciprocity – agreement between partners

Abstraction tool

- Inter-rater reliability
- Agreement with similar items on survey

Methods

- Screening survey (as of 3/13/15)
  - Sent to 339 LHDs that completed a previous survey
  - Out of 150 responses, 113 (75.3%) LHDs conducted a joint CHA/CHIP with health care partners within the last 3 years
- Cross-Sector Collaboration survey
  - 36 LHDs, 8 hospitals, and 3 others (community collaborative organizations) have completed the survey to-date
  - Data collection is on-going

Preliminary Results

Sample Characteristics (n=36)

	Frequency
LHD characteristics	n (%)
Jurisdiction size	
<50,000	15 (42)
50,000-499,999	14 (39)
>500,000	7 (19)
Governance type	
State	4 (11)
Local	24 (67)
Shared	8 (22)
Partnership existed before Affordable Care Act	
Yes	32 (89)
No/Don't know	4 (11)

Sample Characteristics (cont'd)

	…regarding Hospital partner	…regarding Clinic partner
LHD respondents…	n (%)	n (%)
Belief on working jointly with partners on CHA/CHIP		
Helped initiate partnership	3(8)	2(6)
Strengthened existing partnership	27(75)	20(56)
Weakened existing partnership	0(0)	0(0)
Had no impact	2(6)	9(25)
Other	4(11)	5(14)
Level of satisfaction with partner in conducting joint CHA/CHIP		
Very satisfied	12(33)	8(22)
Satisfied	17(47)	17(47)
Neutral	6(17)	9(25)
Dissatisfied	1(3)	2(6)
Very dissatisfied	0(0)	0(0)

Levels of Collaboration Index: Frequency distribution

For LHDs, which stage best describes your partnership…?

	LHDs (n=36)	
	…with Hospital Partner	**…with Community Clinic Partner**
Stage	(%)	
Networking	6	11
Cooperation	14	28
Coordination	39	31
Coalition	17	11
Collaboration	25	19

Cross-Sector Collaboration Framework

Networking	Cooperation	Coordination	Coalition	Collaboration
•Aware of organization •Loosely defined roles •Little communication •All decisions made independently	•Provide information to each other •Somewhat defined roles •Formal communication •All decisions made independently	•Share information •Defined roles •Frequent communication •Some shared decision making	•Share ideas •Share resources •Frequent and prioritized communication •All members have a vote in decision making	•Members belong to one system •Frequent communication is characterized by mutual trust •Consensus is reached on decisions

Average Level-Specific Score (H=hospital, C=clinic partner)				
H: 3.4	H: 3.7	H: 3.9	H: 3.5	H: 3.1
C: 3.3	C: 3.5	C: 3.5	C: 3.2	C: 3.0

Adapted from Frey et al. 2006

Partnership Trust

Components of Partnership Trust

Partnership Trust Items	Mean Score
Accessible	5.6
Dependable	5.7
Good/clear communication	5.6
Mutual benefit	5.8
Openness/flexibility	5.5
Provides accurate information	6.2
Relationship building	5.4
Responsible	5.9
Shares power/responsibilities	4.8
Supportive	5.7
Truthful	6.1
Values differences	6.1

Scale: 1=not at all…7=very

Partnership Trust Tool adapted from CDC Prevention Research Center

Community Context

Community Context

Top 5 Contextual Factors Reported by LHDs (n=36)

Contextual factors	**%**
What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	97
The people in leadership positions for this collaboration have good skills for working with other people and organizations.	92
The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	92
Agencies in our community have a history of working together.	89
People in our collaborative group have established reasonable goals.	83

Community Context

Bottom 5 Contextual Factors Reported by LHDs (n=36)

Contextual factors	**%**
The political and social climate seems to be “right” for starting a collaborative project like this one.	69
This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	69
People in this collaborative group have a clear sense of their roles and responsibilities.	67
This collaborative group has tried to take on the right amount of work at the right pace.	67
There is a clear process for making decisions among the partners in this collaboration.	61

Collaborative Arrangements and Implementation for Obesity Prevention

Implementation: Obesity Prevention

Obesity Prevention Interventions	LHD Leader	LHD Collaborator
Policies and/or changes to built environment	(%)	
Access to healthy food choices in neighborhoods, restaurants, or food retailers	22	56
Improve healthy food choices in schools, worksites, or other local facilities	28	50
Improve healthy food choices through nutrition assistance programs	25	39
Increase opportunities for physical activity (e.g., Complete Streets, bike lanes)	25	56
Encourage physical activity in communities, schools, or worksites	42	64
Raising Awareness		
Health education to increase healthy food choices through community-wide efforts and/or directed to children/families	42	58
Health education interventions to increase physical activity with community-wide efforts	22	67
Health education interventions to increase physical activity in schools, worksites, or other local facilities	28	58

Collaborative Arrangements: Obesity Prevention

Percentage of LHDs That Have Arrangements for Obesity Prevention Interventions

Collaborative Arrangements	**Range** (%)
Referral	7-14
Co-location	2-6
Purchase of services	3-8
Backbone organization	5-17
Advocate/Collaborate on advocacy for the intervention	13-24
No exchange of resources	0-3

Next Steps

- Collecting retest data for reliability study
- Data abstraction from CHIP documents
- Expand survey to health care partners identified by LHD respondents
- Analyses
- Dissemination to study participants

Future uses:

- Natural experiment
- Larger sample
- Rigorous psychometric testing

Commentary

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Questions and Discussion

Archives of all Webinars available at:

http://www.publichealthsystems.org/phssr-research-progress-webinars

Upcoming Webinars – April 2015

Wednesday, April 1 (12-1pm ET)

Restructuring a State Nutrition Education and Obesity Prevention Program: *Implications of a Local Health Department Model*

Helen W. Wu, PhD, U. California Davis ***– 2013 PHSSR MRDA Award***

Wednesday, April 8 (12-1pm ET)

Public Health Services Cost Studies: *Tobacco Prevention and Mandated Public Health Services*

Pauline Thomas, MD, New Jersey Medical School & NJ Public Health PBRN

Nancy Winterbauer, PhD, East Carolina University & NC Public Health PBRN

Tuesday and Wednesday, April 21-22

2015 PHSSR KEENELAND CONFERENCE, Lexington, KY

Upcoming Webinars – May to July 2015

Wednesday, May 6 (12-1pm ET)

CHIP and CHNA: Moving towards collaborative assessment and community health action

Scott Frank, MD, Director, Ohio Research Association for Public Health Improvement

Wednesday, May 13 (12-1pm ET)

Violence and Injury Prevention: Variation in Public Health Program Resources and Outcomes

Laura Hitchcock, JD, Project Manager, Public Health – Seattle & King County

Thursday, May 21 (1-2pm ET)

Cost Case Study: The Coastal Health District of Georgia

Gulzar H. Shah, PhD, MStat, MS, Georgia Southern University, GA PBRN

Wednesday, June 3 (12-1pm ET)

Optimizing Expenditures Across HIV Care Continuum: *Bridging Public Health & Care Systems*

Gregg Gonsalves, Yale University (PPS-PHD)

Wednesday, June 10 (12-1pm ET)

Examining Public Health System Roles in Mental Health Service Delivery

Jonathan Purtle, DrPH, MPH, MSc, Drexel University School of Public Health (PPS-PHD)

Thursday, June 18 (1-2pm ET)

Injury Prevention Partnerships to Reduce Infant Mortality among Vulnerable Populations

Sharla Smith, MPH, PhD, University of Kansas School of Medicine - Wichita (PPS-PHD)

Wednesday, July 1 (12-1pm ET)

The Affordable Care Act and Childhood Immunization Delivery in Rural Communities

Van Do-Reynoso, University of California - Merced (PPS-PHD)

Thank you for participating in today's webinar!

For more information contact:

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