Public Health PBRN
Monthly Virtual Meeting
October 16, 2014

Research-in-Progress Presentation by the
Minnesota Public Health Practice-Based Research Network
Kim Gearin, PhD, MS and Beth Gyllstrom, PhD, MPH: Minnesota Department of Health and Rebekah Pratt, PhD: University of Minnesota

Perspectives on Primary Care and Public Health Collaboration

Please remember to mute your telephone/computer speakers during the presentation
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Conference Phone: 877-394-0659
Conference Code: 7754838037#

at the University of Kentucky College of Public Health
Perspectives on Primary Care and Public Health Collaboration

Kim Gearin, PhD, MS and Beth Gyllstrom, PhD, MPH: Minnesota Department of Health

Rebekah Pratt, PhD: University of Minnesota

October 16, 2014
Public Health Practice-Based Research Networks
Research in Progress
Acknowledgements

The Minnesota Department of Health is a grantee of Public Health Services and Systems Research (PHSSR), a national program of the Robert Wood Johnson Foundation.

This research would not be possible without the local public health directors and local clinic medical directors and staff who participated in the interviews, as well as all of those who participate on their practice-based research networks and have provided guidance on the implementation of this study.
Partner State Investigators

**Colorado**
- Lisa VanRaemdonck, MPH
- Sarah Lampe, MPH
- Colorado Association of Local Public Health Officials

**Washington**
- Betty Bekemeier, PhD, MPH, MSN, RN
- University of Washington, School of Nursing

**Wisconsin**
- Susan Zahner, DrPH, RN
- Tracy Mrochek, MPH
- University of Wisconsin-Madison School of Nursing

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**Don Nease, MD**
- University of Colorado, Denver

**Laura-Mae Baldwin, MD, MPH**
- Gina Keppel, MPH
- University of Washington, Department of Family Medicine

**David Hahn, MD, MS**
- Erin Leege, MPH
- University of Wisconsin School of Medicine & 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.

Primary Care-Public Health Joint Study

**Purpose**

- Develop measures and use them to identify differences in integration.
- Identify factors that facilitate or inhibit integration.
- Examine the relationship between extent of integration, and services and outcomes in select areas (immunizations, tobacco use, and physical activity).
Primary Care and Public Health Research Questions

• How does the degree of integration between PC and 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?

• 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; Online survey development & testing
Early 2015: Field online survey
2015: Quantitative analysis, mixed methods analysis
2016: Translation and dissemination activities, including convening focus groups
Qualitative Component

• In early 2014, each state conducted at least 5 pairs of key informant interviews that engaged a public health director and primary care representative from the same jurisdiction.
• 40 interviews analyzed in total; 10 in each state
• Emerging themes identified systematically through the data
• Coding was done independently of theoretical models, allowing a fresh perspective
• Qualitative analysis contributes to all of the research questions
• Next several slides highlight qualitative findings, which advance each of our aims
Variation in Collaboration

- Collaboration a preferred term to integration
- Key components of the PC-PH relationship emerged as important for collaboration
  - Aligned leadership
  - Formal processes
  - Commitment to a shared strategic vision
  - Data sharing and analysis
  - Sustainability
  - Opportunity
  - Partnership
  - The collaboration context
Key Aspects of Collaboration

- **Partnership**
  
  “For me it has been a huge learning opportunity. I see them as equal partners. I think that you know I have been so many times amazed with regards to what they have been able to deliver, when we have a collaboration and how dedicated they are. So I cannot say better things. It’s just great to have this opportunity.” (Minnesota, Primary Care).

- Celebrating successes
- Joint projects
- Building a history over time
- Communication
- Mutual awareness
- Shared values
- Respect
Differences in Collaboration by Health Topic

• More narrowly defined topics have been easier for collaboration between PC and PH
• Common areas of current work: immunization, CVD risk, infectious disease, mental health, obesity
• Common areas for future work: mental health, obesity, smoking cessation, environmental health, emergency preparedness
Frequently Cited Facilitators & Barriers to Collaboration

Some of the more frequently mentioned **barriers** included:

- Lack of resources
- Poor communication
- Data sharing issues
- A lack of understanding each other
- Lack of cross training
- Need for relationship building
- A need to change the system
- Unmatched priorities

Some of the more frequently mentioned **facilitators** included:

- Co-location
- Building on opportunity
- Previous working relationship on other community initiatives (e.g. committees or community groups)
- Dedicated staff time
- Ongoing communication
Is increased collaboration related to improved health outcomes?

- PH mainly say there is *always* a benefit to health outcomes
- PC describe benefits *and* competing demands
- Very difficult to be measured or assessed in ways that allow the benefit to be shown

- “I mean, the clients that we care for, we have in common, both as populations as well as individuals, in many ways. So the extent to which we can align ourselves with the benefit of our communities and our patients in mind, the better off we all are. I mean, its kind of a simplistic way, but our fates are so intertwined that it makes no sense for us to not always be working with each other.” (Washington, Primary Care)
Framework Analysis

• Many frameworks have been developed to characterize the collaboration between PC and PH

• The study team has examined several frameworks and is working to create a modified framework.

• This modified framework will serve to guide the development of the quantitative survey instrument, as well as provide a basis for translation and dissemination activities.
## The Crosswalk:

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Current concepts
Framework Analysis

- Data coded initially blind to the models
- Data analysis indicated key themes and areas in the interviews
- Key themes cross coded with framework characteristics
- This allows us to see how our coding relates to the current frameworks
Framework Analysis

Matrix Coding Query - Results Preview

- Aligned Leadership
- Strategic Vision
- Process Improvement
- Innovation Characteristics
- Partnership
- Communication
- History of Relationship
- Mutual Awareness
- Shared Values to Sustain Partnership
- Sustainability
- The Collaboration Context

Model Crosswalk: Model domains = Partner
Model Crosswalk: Model domains = Goals and objectives
Model Crosswalk: Model domains = Performance
Model Crosswalk: Model domains = Sustainability
Model Crosswalk: Model domains = Organizational life
## Emerging new framework

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Conclusions

• This study is identifying an emerging model of how public health and primary care collaborate
• The role of shared strategic planning emerged as particularly important part of the collaboration process
• Some key facilitators and barriers have been identified and could be priority areas for collaboration development
• This model will be further tested and refined with quantitative work
• It is an exciting time of a growth of opportunity for collaboration, particularly in relation to health reform
Limitations

• This was a qualitative study, with 5 dyads sampled per site (40 total respondents).
• This is not necessarily representative, but was sampled for a depth and breadth of experiences.
• Further testing will be conducted with the quantitative survey.
• The analysis could have been influenced by the perspectives of the team, although group analysis sessions and consultation with the multi-state partnership has been undertaken in order to help validate the findings.
Questions?
Minnesota Investigators

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MN Public Health Research to Action Network:
http://www.health.state.mn.us/ran
Other Meeting Agenda Items

PBRN Research Updates
• MPROVE/DACS/DIRECTIVE/PHAST coordination calls
  • Thursday, October 30, 1-2:30pm ET
  • Thursday, December 4, 1-2:30pm ET

Dissemination Opportunities
• APHA Meeting: Nov 15-19
• MPROVE/DACS panel APHA, Tuesday, November 18 10:30am-12:00pm
• Please send PBRN Presentations at APHA to Coordinating Center
• *Frontiers/AJPH* partnership launches soon
Other Meeting Agenda Items

Research Opportunities
• Collaboration with J-PAL on pragmatic randomized control trials in PH settings.

Website Update
• Work-in-progress: please send all comments/suggestions/corrections to Kara.Richardson@uky.edu
• Please continue to send your products
Presentation schedule

Presentation Schedule for 2014

January 16 Tennessee PBRN
February 20 Nebraska PBRN
March 20 North Carolina PRBN
May 15 New York PBRN
June 19 California PBRN
July 17 Connecticut PBRN
August 21 Colorado PBRN
September 18 Ohio PBRN
October 16 Minnesota PBRN
November 20 Washington PBRN
December 18 New Hampshire PBRN

Beginning 2014 we will combine Research-in-progress presentations with the larger PHSSR grantee Research-in-progress presentations.
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<td>Nov 12</td>
<td>Trends and Characteristics of the State and Local Public Health Workforce</td>
<td>Angela J. Beck, PhD, MPH, University of Michigan School of Public Health</td>
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<td>Dec 3</td>
<td>Relationship Between Public Health Workforce Competency, Provision of Services, and Health Outcomes in Tennessee</td>
<td>Robin Pendley, DrPH, formerly Health Services Management and Policy, East Tennessee State University</td>
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<td>Dec 10</td>
<td>Integrating Public Health and Healthcare: Lessons from One Urban County</td>
<td>Erik L. Carlton, DrPH, Health Systems Management and Policy, University of Memphis</td>
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For more information contact:
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