Presenters: Katherine A. Stamatakis, PhD, MPH, Saint Louis University College for Public Health and Social Justice; Eduardo J. Simoes, MD, MSc, MPH, University of Missouri-Columbia

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

Meeting/Workshop: Final Grant Meeting to discuss study findings with advisors, researchers, and public health professionals

Organization: N/A

Date: September 24, 2015

Place: Columbia, MO

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

KATHERINE A. STAMATAKIS, PHD, MPH
SAINT LOUIS UNIVERSITY

EDUARDO J. SIMOES, MD, MSC, MPH
UNIVERSITY OF MISSOURI-COLUMBIA

FINAL GRANT MEETING
COLUMBIA, MO
SEPTEMBER 24, 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
- Tiffany Adams

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

Joint (Public Health and Health Care) Community Health Assessment

Collaborative Arrangements

Implementation of Programs and Policies in Obesity Prevention

Context: Partnership Trust and
Local Barriers and Facilitators to 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

Survey

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

Abstraction tool

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

Methods

- Screening survey
  - Sent to 339 LHDs that completed a previous survey
  - Out of 163 responses, 126 (77.3%) LHDs conducted a joint CHA/CHIP with health care partners within the last 3 years
- Cross-Sector Collaboration survey
  - 71 LHDs, 21 hospitals, 3 clinics, and 6 others (community collaborative organizations) participated in the survey

Results

Sample Characteristics (n=69)

LHD characteristics	Frequency n (%)
Jurisdiction size	
<50,000	33 (48)
50,000-499,999	24 (35)
>500,000	12 (17)
Governance type	
State	9 (13)
Local	48 (70)
Shared	12 (17)
Partnership existed before Affordable Care Act*	
Yes	53 (85)
No/Don't know	5 (8)

*n=58

Sample Characteristics (cont'd)

LHD respondents…	…regarding Hospital partner n (%)	…regarding Clinic partner n (%)
Belief on working jointly with partners on CHA/CHIP		
Helped initiate partnership	7 (11)	6 (10)
Strengthened existing partnership	44 (70)	29 (46)
Weakened existing partnership	0 (0)	0 (0)
Had no impact	7 (11)	21 (33)
Other	5 (8)	7 (11)
Level of satisfaction with partner in conducting joint CHA/CHIP		
Very satisfied	18 (31)	10 (17)
Satisfied	22 (37)	22 (37)
Neutral	13 (22)	17 (29)
Dissatisfied	3 (5)	10 (17)
Very dissatisfied	3 (5)	0 (0)

Levels of Collaboration Index: Frequency distribution

For LHDs, which stage best describes your partnership…?

	LHDs (n=69)	
	…with Hospital Partner	**…with Community Clinic Partner**
Stage	(%)	
Networking	7	22
Cooperation	26	35
Coordination	35	22
Coalition	16	12
Collaboration	16	10

Cross-Sector Collaboration Framework

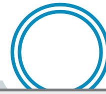
Networking	Cooperation	Coordination	Coalition	Collaboration
•Aware of organization •Loosely defined roles •Little communication •All decisions made independently	•Provide information to each other •Somewhat defined roles •Formal communication •All decisions made independently	•Share information •Defined 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: 3.6	H: 3.7	H: 3.3	H: 3.1
C: 3.1	C: 3.4	C: 3.3	C: 3.0	C: 2.7

Adapted from Frey et al. 2006

Partnership Trust

Components of Partnership Trust



Partnership Trust Items	Mean Score
Accessible	5.5
Dependable	5.5
Good/clear communication	5.5
Mutual benefit	5.5
Openness/flexibility	5.3
Provides accurate information	5.9
Relationship building	5.5
Responsible	5.8
Shares power/responsibilities	4.7
Supportive	5.6
Truthful	6.0
Values differences	6.0

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 Respondents (n=85)	%
What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	93
The people in leadership positions for this collaboration have good skills for working with other people and organizations.	87
Agencies in our community have a history of working together.	86
The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	85
People in our collaborative group have established reasonable goals.	80

Community Context

Bottom 5 Contextual Factors Reported by Respondents (n=85)	%
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.	71
Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	66
This collaborative group has tried to take on the right amount of work at the right pace.	65
People in this collaborative group have a clear sense of their roles and responsibilities.	62
There is a clear process for making decisions among the partners in this collaboration.	48

Collaborative Arrangements and Implementation for Obesity Prevention

Implementation: Obesity Prevention

Obesity Prevention Interventions	Leader	Collaborator	No Role
Policies and/or changes to built environment	**(%)**	**(%)**	**(%)**
Access to healthy food choices in neighborhoods, restaurants, or food retailers	28	45	27
Improve healthy food choices in schools, worksites, or other local facilities	32	45	24
Improve healthy food choices through nutrition assistance programs	25	35	40
Increase opportunities for physical activity (e.g., Complete Streets, bike lanes)	20	47	33
Encourage physical activity in communities, schools, or worksites	37	49	14
Raising Awareness			
Health education to increase healthy food choices through community-wide efforts and/or directed to children/families	44	45	12
Health education interventions to increase physical activity with community-wide efforts	29	48	22
Health education interventions to increase physical activity in schools, worksites, or other local facilities	29	42	30

Collaborative Arrangements: Obesity Prevention

Percentage of Organizations That Have Arrangements for Obesity Prevention Interventions

Collaborative Arrangements	**Range** (%)
Referral	10-30
Co-location	6-14
Purchase of services	7-16
Backbone organization	13-31
Advocate/Collaborate on advocacy for the intervention	30-52
No exchange of resources	2-5

Next Steps

- Dissemination to study participants

Future uses:

- Natural experiment
- Larger sample
- Rigorous psychometric testing

Comments/Questions?