CROSS-SECTOR COLLABORATION RESEARCH REPORT

Measuring Collaboration between Local Public Health and Health Care

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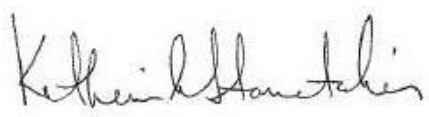
Thank you for participating in the Measuring Collaboration Between Local Public Health and Health Care survey in the winter/spring of 2015. This report contains the results of that survey. Study investigators at Saint Louis University and the University of Missouri-Columbia, will use the information collected in additional ways to assess the collaboration between local public health and health care organizations (i.e., hospitals, community clinics) throughout the United States and to inform future research.

What is in this report and how can I use it? The main purpose of the report is to inform you about what we are learning from the survey, which may help as you develop strategies to maintain and enhance existing collaborations, and inform future collaborations. This report includes a selection of data from LHDs; if you are interested in hospital and clinic data, please let us know.

How was the survey conducted? The survey was developed with the help of practitioner input. Survey questions were based on previous frameworks and tools, and on an integration of current and emerging public health practice. We conducted a brief screening with 339 LHDs from December 2014 to January 2015 to identify a subset of LHDs that had a joint community health assessment and/or improvement plan (CHA/CHIP) with health care partners within the last 3 years. Out of 163 responses, 126 LHDs (77.3%) conducted a joint CHA/CHIP with health care partners within the last 3 years. A survey was then sent out starting in February 2015 to the LHDs who had a joint CHA/CHIP and agreed to participate. Once the LHD completed the survey, the invitation was extended to one or more of their healthcare partners. The final sample included 71 LHDs (72.5%) and 30 health care partners (47.6%; 21 hospitals, 3 clinics, 6 others).

Included in this report/email is a copy of the original survey for your reference. If you were not able to save a copy of your responses, and would like a copy, please contact Allese Mayer by email at amayer18@slu.edu or by phone at 314-977-8233 so you may receive a copy.

Thank you again for your commitment to our research,



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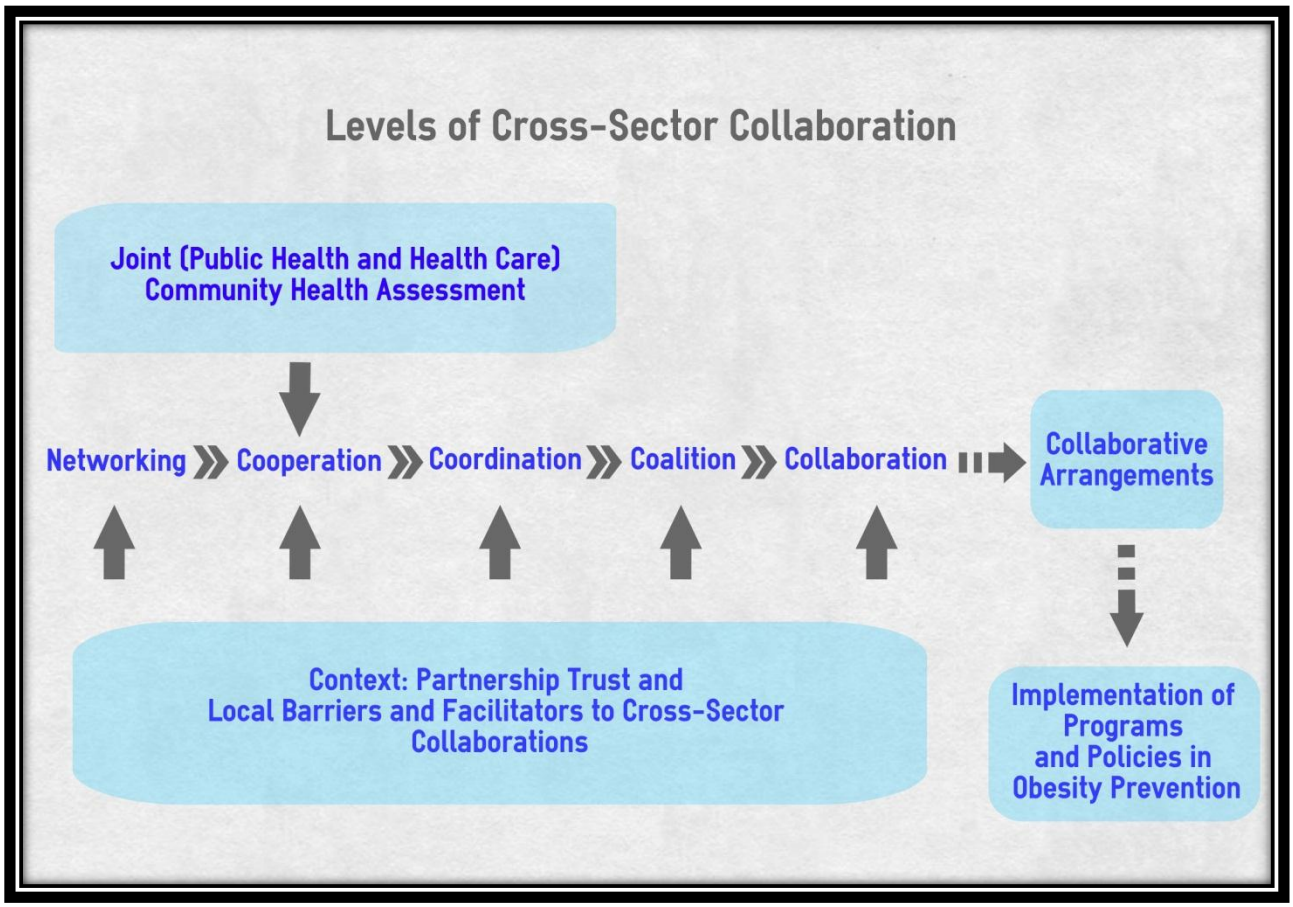
I. Background

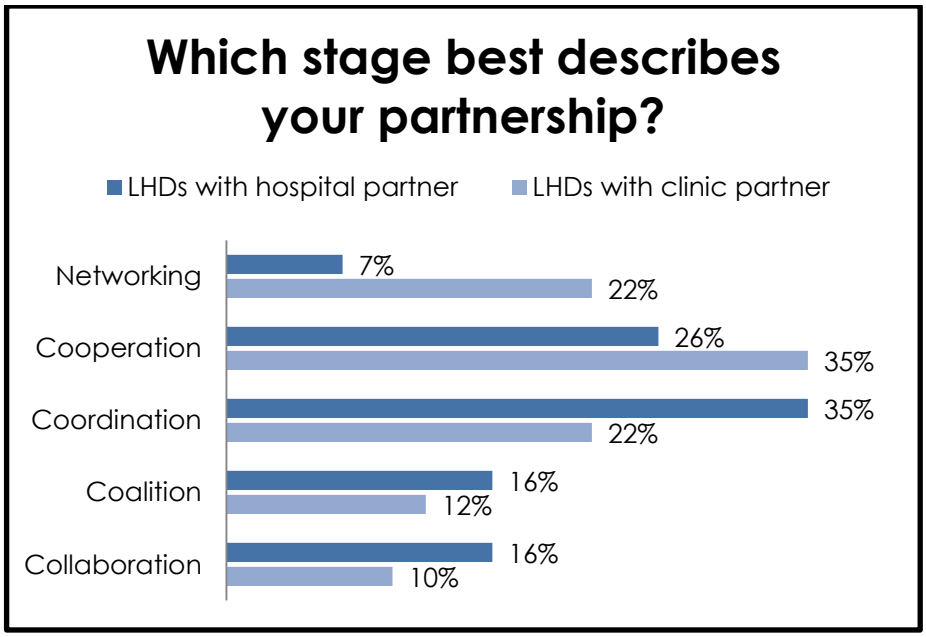
Community health assessments (CHA) are not only a prerequisite for voluntary accreditation of LHDs and a requirement for Federally Qualified Health Center status, but they are mandated by Section 9007 of the healthcare law (Patient Protection and Affordable Care Act [ACA], 2010) in order for non-profit hospitals to retain their tax-exempt status. This has provided an opportunity for health departments to collaborate with primary care, specifically in chronic disease and obesity prevention. Given the variability in obesity prevalence at the county level, locally-oriented efforts are needed for obesity prevention, especially regarding policy and built environment interventions. Cultivating partnerships and strengthening linkages with other community health stakeholders is key for successful implementation.

Study metrics were based around the model pictured below. We plan to examine how the extent of collaboration may influence collaborative arrangements and, in turn, the types of activities implemented in obesity prevention. It was hypothesized that other contextual characteristics could influence this process, including trust among partners and other local barriers and facilitators to cross-sector collaboration.

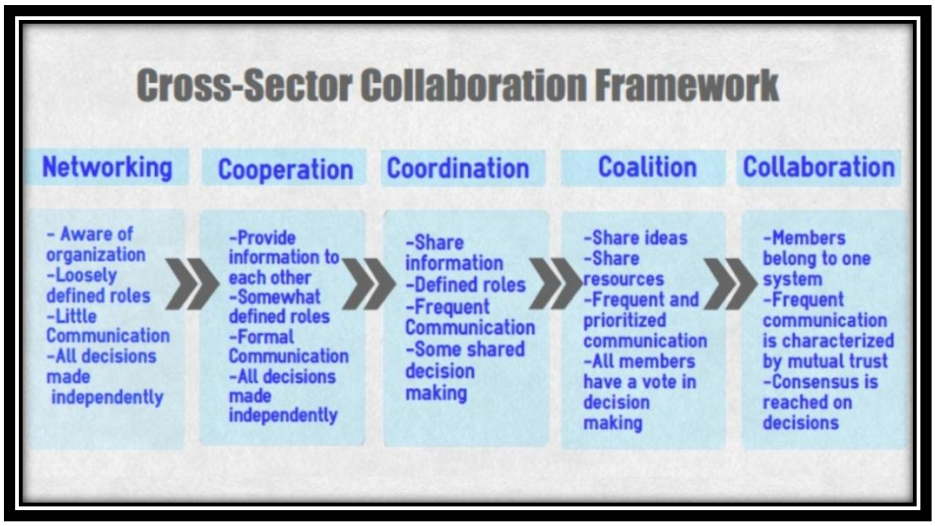


II. Organization Characteristics

Each respondent was asked to tell us at what point along the continuum of levels of collaboration they would place themselves with respect to their hospital and clinic partners.



n=69

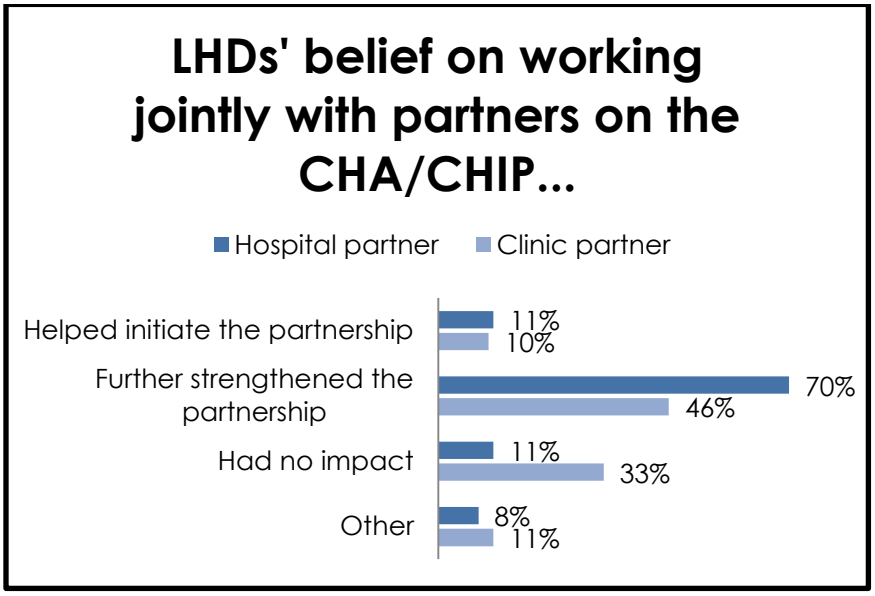


85% of LHDs and 84% of hospitals said their partnership existed before there were requirements from the government (ACA).

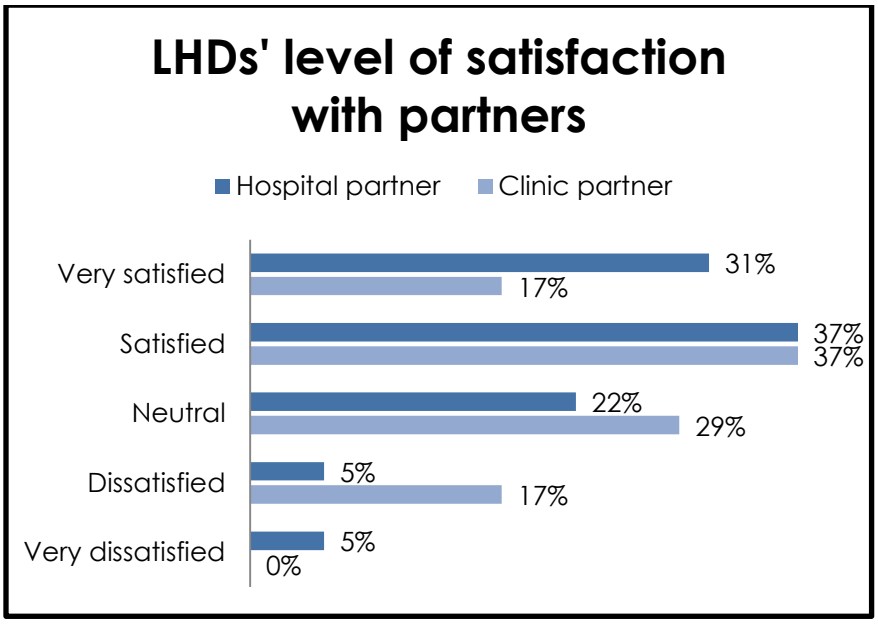
- With respect to their hospital partners, 35% of LHDs said their partnership was in the Coordination stage, followed by 26% that ranked their partnership in the Cooperation stage.
- With respect to their clinic partners, 35% of LHDs said their partnership was in the Cooperation stage, followed by 22% of LHDs that ranked their partnership in either the Coordination or Networking stage.

III. Characteristics of a Joint Community Health Assessment and/or Improvement Plan

Respondents were asked to tell us about their experience of working jointly on health assessment and planning with both hospital and clinic partners.



n=63



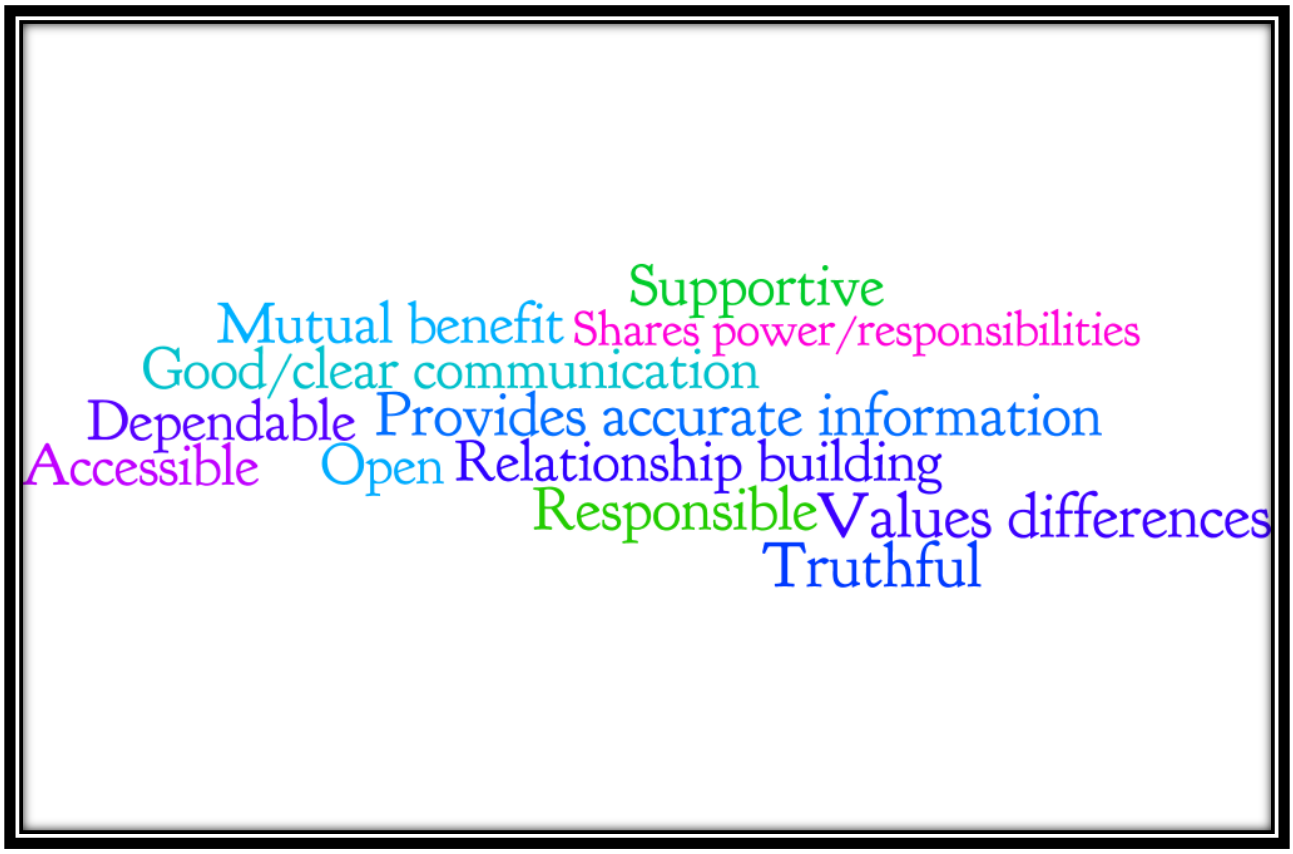
n=63

- The majority of LHDs indicated that the joint community health assessment and/or improvement planning process strengthened an existing partnership. Hospitals shared a similar view with 74% saying the joint process further strengthened their partnership with LHDs.

- The majority of LHDs also reported being satisfied or very satisfied with their hospital and clinic partners (68% and 54%, respectively). For hospitals, 64% reported being satisfied or very satisfied.

IV. Partnership Trust

In this section of the survey, respondents were asked about 12 components of trust for all of their partners who participated jointly in the CHA/CHIP process. For each component of trust, respondents were asked to rate its occurrence, or how good their partners were at carrying out each trust component, on a scale of 1-7, with 1 being not at all good, and 7 being very good. This tool used was adapted from one created and research tested by the CDC Prevention Research Center.



This image represents the components of trust that respondents rated on a scale of 1-7. The component's level of occurrence is indicated by the size of the text. Our results indicated that "Truthful" and "Values Differences" were tied as the trust components that occurred the most often (mean occurrence of 6.0); whereas, "Shares power/responsibilities" occurred the least (mean occurrence of 4.7).

V. Community Context

Another component of the survey included information on contextual factors, such as the history of the partnership and the social and political climate of the community the partnership represents. Respondents rated on a 5-point scale how strongly they agreed or disagreed with each factor. These items were adapted from the Wilder Collaboration Factor Inventory.

Below are the top and bottom 5 factors based on affirmative responses.

Top 5 Factors	(%)*
What we are trying to accomplish with our joint project would be difficult for any single organization to accomplish by itself.	93
The people in leadership positions for this partnership 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 partnership represent a cross section of those who have a stake in what we are trying to accomplish.	85
People in our partnership have established reasonable goals.	80

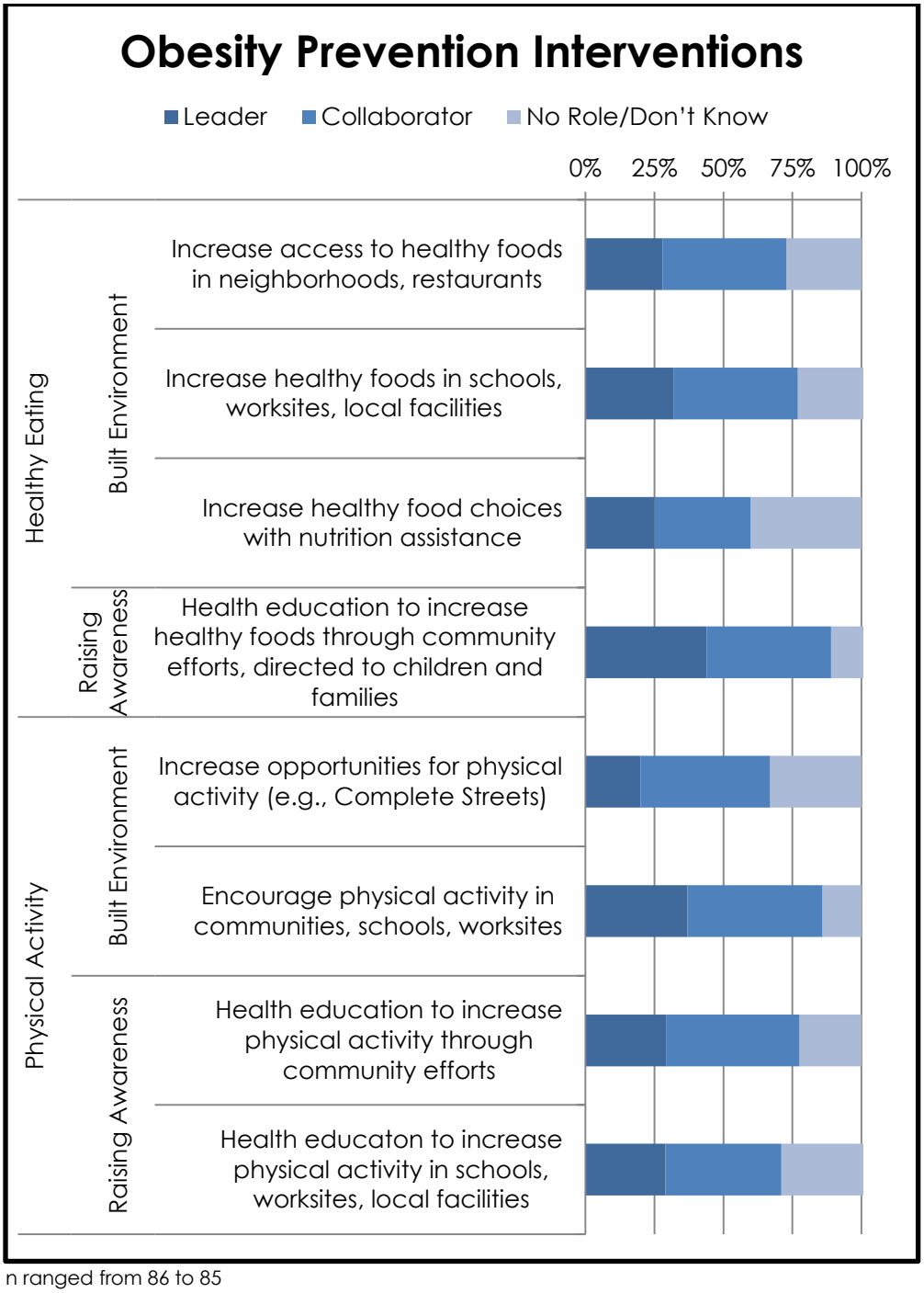
n=85; *Combined strongly agree and agree

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

n=85; *Combined strongly agree and agree

VI. Interventions

This section surveyed respondents about the involvement of their organization in obesity prevention activities. The graph depicts groupings of interventions, derived from evidence reviews and consensus data from experts, used to measure efforts in obesity prevention. The interventions address policy, built environment, and health education campaigns for healthy eating and physical activity.



n ranged from 86 to 85

- Respondents more commonly take on a collaborative role when implementing obesity prevention; however, a substantial portion took on a leadership role for both health education for communities and families, and encouraging physical activity.
- Joint advocacy was the most common collaborative arrangement identified for each intervention.

VII. Resources

We hope this report will provide some guidance as you develop strategies to maintain and enhance existing collaborations, and inform future collaborations. We're providing some resources that you may find useful towards this effort.

The Practical Playbook
This tool has a practical approach to collaboration between public health and primary care. It guides users through the stages of health improvement and provides resources for each stage, such as guidance from experts and lessons learned from existing collaborations. The Playbook also features topic-specific success stories (e.g., nutrition/physical activity/obesity prevention) from around the country.
https://www.practicalplaybook.org/

Collaborate for Healthy Weight
Public health professionals, primary care providers, and other community stakeholders were brought together during this project to test evidence-based obesity interventions and practices. The webpage contains project videos, a playbook, entitled Collaborative Action Now to Defeat Obesity (CAN DO), and a report, entitled Joining Forces for Healthier Communities, that details the success stories of 10 teams working to address obesity at the community level.
http://obesity.nichq.org/solutions/collaborate-for-healthy-weight

Maximizing the Community Health Impact of Community Health Needs Assessments Conducted by Tax-exempt Hospitals (NACCHO)
Recommendations are emphasized in this report to help create effective and cost-efficient community health needs assessments (CHNA) which are now required for tax-exempt hospitals according to the Patient Protection and Affordable Care Act. The report also elaborates on the importance of the CHNA for facilitating collaborations between hospitals and health departments.
http://www.naccho.org/advocacy/upload/CHNA-Consensus-0313-12-FINAL.pdf

Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care (NACCHO)
This report highlights the benefits of relationships between federally qualified health centers and local health departments and emphasizes the importance of defining the type of partnership model that is conducive to completing certain goals.
http://www.naccho.org/topics/hpdp/upload/partnerships-between-fqhcs-and-lhds_final_11_03_10.pdf

Cross-Sector Responses to Obesity: Models for Change: Workshop Summary (IOM)
This Institute of Medicine (IOM) report summarizes a workshop in which there was a roundtable discussion which defined what it means to participate in cross-sector work and explored ways in which cross-sector work can reduce the prevalence and consequences of obesity.
http://iom.nationalacademies.org/Reports/2015/Cross-Sector-Responses-Obesity.aspx

Collaboration between Health Care and Public Health – Workshop in Brief (IOM)
This IOM report is a synopsis of a roundtable discussion between stakeholders and practitioners in health and non-health fields. The event emphasized how collaborations can initiate conversations that address population health solutions and elaborated on core characteristics of successful relationships, advantages and disadvantages of collaboration, and challenges to collaboration.
http://iom.nationalacademies.org/Reports/2015/PH-and-HC-WIB.aspx

Primary Care and Public Health: Exploring Integration to Improve Population Health (IOM)
By analyzing the critical roles of primary care and public health, this IOM report identifies core principles from successful integration efforts that can be used to guide future collaborative efforts between the two sectors and lead to a more efficient health system.
http://iom.nationalacademies.org/Reports/2012/Primary-Care-and-Public-Health.aspx

Recommended Community Strategies and Measurements to Prevent Obesity in the United States (MMWR)
This report elaborates on 24 strategies that can be used by local health departments and communities for obesity prevention.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm

Leadership for Healthy Communities Advancing Policies to Support Healthy Eating and Active Living: Action Strategies Toolkit (RWJF)
This toolkit is composed of strategies that are evidence-based and proven to help promote active communities and healthy eating in an effort to decrease the prevalence of childhood obesity.
https://www2.aap.org/obesity/community_advocacy/RWJFFull.pdf

The Guide to Community Preventive Services: What Works to Promote Health
This is a guide that provides interventions to improve health and prevent disease in different aspects of the community.
http://www.thecommunityguide.org/library/book/Front-Matter.pdf