Characteristics of Academic Health Departments

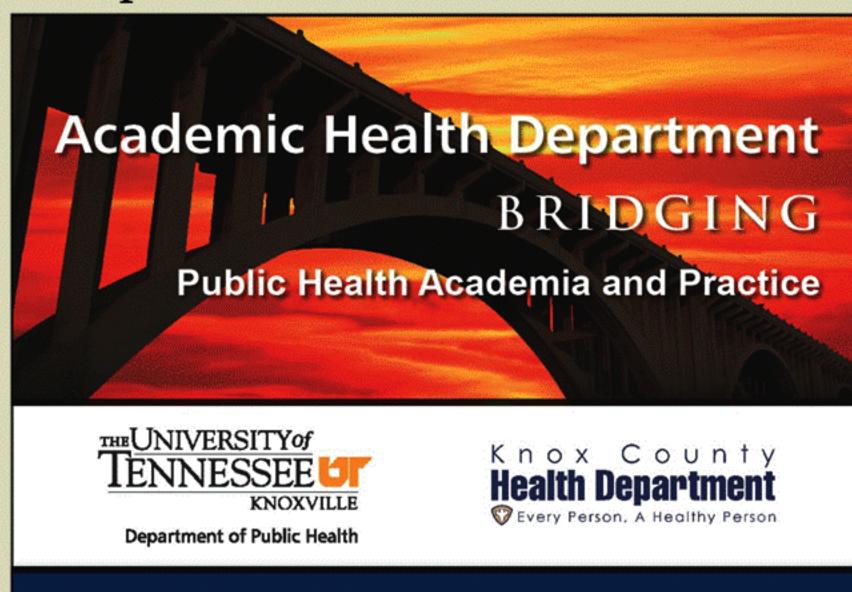
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Background

Academic Health Departments (AHDs) represent collaborative relationships between public health academia and practice. The purpose of this study was to:

- Gain a better understanding of AHD characteristics
- Document the extent of collaboration between organizations in an AHD
- Explore the benefits of AHDs



Almost all that we know about AHDs comes from individual case examples or case studies...except...2008 NACCHO Profile questions on LHD Collaborative Efforts/Partnerships:

Table 1. 2008 NACCHO Profile Questions on LHD Collaborative Efforts/Partnerships (n=440)				
Any Partnership	88%			
Shared Personnel/Resources	28%			
Written Agreement	35%			
Regular Meetings	22%			
Exchange Information	78%			

Methods

A survey instrument on the AHD was targeted for the Academic Health Department Learning Community (AHDLC) – a virtual learning community established in 2011 by the Council on Linkages Between Academia and Public Health Practice and staffed by the Public Health Foundation.

The AHDLC membership of 338 includes representation from:

- Academic institutions
- Local, state, and federal governmental health agencies
- National public health organizations
- Private organizations and foundations
- Many individuals who list no specific affiliation

The web-based, cross-sectional survey was structured around domains of:

- AHD relationship characteristics, including the use of formal written partnership agreements
- Functions of the AHD
- Engagement activities of public health practice organizations with either schools/programs of public health or other types of academic institutions
- Potential and experienced benefits of the AHD

Results

- 110 valid responses from 338 members (RR 32.5%)
- 65 respondents indicating they were currently in an AHD partnership
- Detail results provided in tables 2-4 below

Table 2. Length of Time in AHD Partnership (n=65)

Time	Percent		
Under 1 year	5%		
2-5 years	40%		
5-10 years	23%		
Over 10 years	32%		

Item	Percent
Formal written partnerships	73%
Memorandum of Understanding/Agreement	67%
Letter of Agreement	38%
Contract	38%
Other	17%
Collaborative public health education/training	85%
Joint research projects	64%
Compensation for services provided	36%
Shared personnel	33%
Shared provision of public health services	24%
Shared financial resources	18%
Shared facilities	18%

Table 4. Importance of Benefits vs. Experienced Benefits of the Academic Health Department (n=57)

Item	Benefit is	Benefit	Difference
	Very	Experienced	between
	Important	to a Large or Very Large Degree	Importance and Experience of Benefit
Improving the competencies of students	92%	64%	28%
Improving the competencies of public health practitioners	73%	40%	33%
Improving the competencies of faculty	45%	29%	16%
Improving public health graduates' preparation to enter the workforce	87%	59%	28%
Increasing capacity for performing core public health functions	72%	29%	43%
Increasing capacity for implementation of evidence- based interventions in public health practice	68%	38%	30%
Increasing opportunities for applied research addressing local public health issues	57%	40%	17%
Increasing scientific rigor of public health processes and programs	54%	40%	14%
Enhancing capacity for my organization to achieve accreditation	40%	34%	6%
Enhancing opportunities for recruitment of public health practitioners into academic environments	33%	21%	12%

Conclusions

- 1/3 of AHDs studied have been in existence for over 10 years
- Almost 2/3's of AHDs are actively conducting joint research activities
- Engagement between public health practice and academia in AHDs is not limited to accredited schools or programs of public health
- Almost half of AHDs indicated that improving the competencies of faculty was very important

Next Steps:

- Similar survey in use with CEPHaccredited schools and programs of public health
- These survey results can be used as building blocks for developing a research agenda on the AHD

References

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