

Colorado Public Health Practice-Based Research Network



**Colorado School
of Public Health**



RIA research topic ideas

- Inform implementation of the Colorado Public Health Reauthorization Act of 2008
- **Overview**
 - PH Act of 2008
 - Pilot project underway
 - Topics for RIA funding

Public Health Reauthorization Act (SB08-194)

Objective – *to restructure and update Colorado's public health laws*

Key Principles

- Assuring provision of basic services to every person in Colorado with consistent standard of quality
- State and local collaboration
- Financial feasibility
- Functional regionalization

SB08-194: Public Health Reauthorization Act

Defines power and duties of:

- State Board of Health
- Colorado Department of Public Health and Environment
- County Commissioners
- Local Public Health Agencies
- Local Public Health Directors
- Local Boards of Health

Colorado 2008 - the context

- 64 counties
 - 17 urban, 24 rural, 23 frontier (<6 people/sq mile)
 - 4.7 M pop with 81% in 11 counties
 - Demographic/economic variation by county
 - 5.1-38% Hispanic in 11 urban counties
 - 1.5-67.5% Hispanic in rural and frontier counties
- 54 local PH agencies
 - 15 organized health departments
 - 39 public health nursing services

PBRN Pilot Project Description

- Purpose
 - Describe changes that occur after passage of the Public Health Reauthorization Act (SB08-194)
 - Inform future research agenda
 - Provide data for future funding opportunities
- Measurement
 - 2005, 2008, 2010 NACCHO Profiles data for baseline and change
 - Selected items to be added to local health department annual report
 - Build data collection into ongoing reporting mechanism

New developments

- Validation study of selected survey items (NACCHO funding)
- In depth study of partnerships and regionalization (unfunded CCTSI proposal; RWJF Public Health Law proposal)

Pilot Study Focus Areas

- Structure
 - Local Boards of Health
- Budgets
- Workforce
 - Qualifications of Directors
 - Medical Officer
 - Staffing
- Services
- Community Health Assessment
- Health Improvement Planning
- Partnerships

New funding ideas:

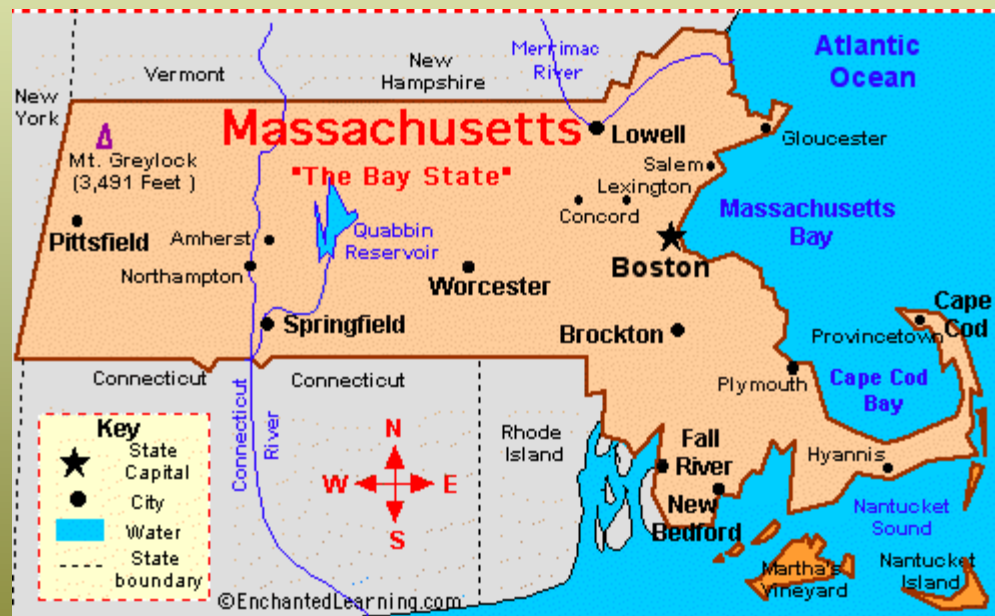
Inform Implementation of PH Act

1. What is the optimal infrastructure for local public health agencies in terms of staff, structure and resources?
2. What is the role of the elected official and their impact on public health services and local funding (local boards of health, advisory groups, county commissioners related to networks, power and politics in public health)?

New funding ideas (continued): Inform Implementation of PH Act

3. What are the essential components of a community health assessment? Does performing CHAs affect health outcomes?
4. What models are associated with a functional LHD in rural areas in terms of jurisdiction/size, staffing, etc?
5. What are strengths and weakness of having environmental health and public health in the same versus different organizations?

Massachusetts Public Health Practice-Based Research Network



Public Health Regionalization Working Group

Goal of Working Group:

To strengthen the Massachusetts public health system by creating a sustainable regional structure for equitable delivery of local public health services across the Commonwealth

Focus of PBRN:

Steering committee from the Working Group that is responsible for research associated with regionalization of public health services

Our Hypothesis

- Adoption of a regional model for local public health service delivery in Massachusetts will improve the quality and breadth of public health services
 - Regional models include:
 - Regional cooperation (e.g., shared staff or purchased services from another health department)
 - Consolidation (i.e., one public health entity provides services to multiple communities)

Research Needs

- Baseline assessment of the strengths and gaps in public health service delivery
 - Services provided
 - Infrastructure (e.g., staffing, budgets)
 - Core competencies of public health workforce, including board of health

Research Needs

- How are decisions made about public health service delivery?
 - Local public health directors/agents, local boards of health, and municipal governing officials
- Some factors influencing decisions:
 - Understanding of local public health
 - Use of data/research
 - Financial health
 - Politics

Possible Research Plan

- Statewide survey of local public health departments
- Follow-up semi-structured interviews with local public health, board of health, and governing officials in select sample of municipalities

Potential Overlap with Other PBRNs

- PH service delivery measures
- Focus on decision-making
 - Interest in identifying appropriate framework to structure study
 - Lomas' Linkage and Exchange Model
 - Community Readiness

WA PBRN Research Project: Variations in Case Investigations and Control and Prevention Practices

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PBRN Objective no. 5

- “Develop and execute an initial small scale WA PBRN investigation.”
- “What is the nature of variation in reportable disease investigation and management practices across LHJs and what are the characteristics of systems with the most efficient and timely practices?”

Small Research Project

- Descriptive project with focus on select list of diseases
- Develop simple research protocol and questionnaire
- Opportunity for network members to collaborate
- Identify areas of practice consistency and areas of variation
- May use results to seek additional funds to link practices to outcomes to identify best practices

Survey

The PPBRN's first project is conducting a descriptive study of variation in approaches to case investigations and control and prevention measures for certain reportable diseases across Washington jurisdictions. What specific diseases do you think should be included in the study?

Survey Results (N=16)

Diseases	Yes	Maybe	No
Animal bites & rabies PEP	64%	14%	21%
Campylobacteriosis	29%	43%	29%
E. Coli 0157:H7	64%	29%	7%
Salmonellosis	50%	36%	14%
Shigellosis	33%	42%	25%
Hepatitis A	55%	27%	18%
Hepatitis B	64%	15%	9%
Hepatitis C	77%	15%	8%
Influenza	50%	50%	0%



Survey Results (N=16)

Diseases	Yes	Maybe	No
Meningococcal	58%	33%	8%
Mumps	18%	64%	18%
Pertussis	69%	23%	8%
Measles	33%	50%	17%
TB	75%	25%	0
HIV and AIDS	79%	7%	14%
Gonorrhea	42%	50%	8%
Syphilis	42%	42%	17%
Chlamydia	50%	42%	8%



Survey Results (N=16)

Disease	Yes
HIV and AIDS	79%
Hepatitis C	77%
TB	75%
Pertussis	69%
Animal bites & rabies PEP	64%
E. Coli 0157:H7	64%
Hepatitis B	64%
Meningococcal	58%
Hepatitis A	55%

Suggested Areas of Interest

- Standardized animal bite and PEP protocol
- Standardized TB and DOT protocol
- Implications of HIV & HCV as chronic vs. acute diseases
- Geographic & demographic case reporting differences
- Improving immunization rates
- Effective communication strategies for disseminating information
- Social distancing criteria
- Evidence of specific control measures

Next Steps

Work with UW and LHJ partners

- Finalize specific topics
- Determine data collection/survey method
- Develop questions
- Collect data
- Analyze and summarize results
- Complete by December 2009