

Evaluating the Impact of Academic-Public Health Partnerships on Public Health Departments and Community Health Agencies

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Presentation Outline

- Current research findings re partnerships between health departments and academic health centers
- Recommendations for considering costs/benefits of partnerships for public health agencies

Original Research (2003)

What is the scope and nature of collaborations in place for teaching, research, and service between academic health centers and the nation's public health departments?

Methods

- Surveys distributed to health departments and academic health centers located within relative proximity nationwide
- N = 201 health departments and 50 academic health centers

Health Departments		Academic Health Centers	
Report some relationship with an AHC	86%	75%	Report some relationships with a HD
Median annual number of AHC trainees per HD	29	19	Median annual number of trainees sent to HDs
Report <i>no funds exchanged</i> for training purposes	80%	75%	Report <i>no funds exchanged</i> for training purposes
Report other types of relationships with AHCs:	70%	84%	Report other types of relationships with HDs:
Research	40%	19%	Research
Research and Service	43%	23%	Research and Service
Funds sent to AHCs	54%	8%	Funds sent to PHDs

Key Finding

*Were these relationships in place prior to
September 11, 2001?*

Health Departments:	Academic Health Centers:
17% Yes 83% No	94% Yes 6% No

What should your agency consider?

- Costs/benefits
- Who's in charge of what?
- Essential structural elements for partnerships



Costs vs. Benefits

- Time (and associated \$) for staff to act as faculty
- Trainee stipends, equipment, space
- Inefficiencies or assumed lower production (for work assigned to trainees)
- Lower production/work shifted from staff acting as faculty
- Direct labor of trainees
- More rigorous approach to work
- Faculty privileges/resources
- Ability to recruit trainees into work force
- Improved faculty/staff satisfaction
- Collaborative 'spin-offs'

Who's in charge?

Academic Program

- Key contact to practice site
- Course objectives (general)
- Providing appropriate faculty training (ongoing)
- Ultimate student oversight, w/support of community faculty (aka, “*Our students*”)

Practice Site

- Key liaison to academic program
- Student activities (specifics), *based on agency's needs*
- Specify appropriate faculty and support structure for students
- On-site student management (aka, “*Our students*”)

What type of partnership??

Essential components of any agreement:

- Consider differing levels of relationship, based on health department's (and the academic program's) capabilities and needs
 - Ex: NEOUCOM “Association” vs. “Affiliation”
- Established guidelines to identify what elements/resources are necessary in order to enter into any relationship (i.e., what each partner has to offer in regard to resources up front)

Example: Structural Requirements for Association

- Health Department Director who is an MD; or non-MD Director w/appropriate PH training and a Medical Director w/OH license
- Adequate staff for wide range of PH activities who can supervise or assist students
- Supportive environment for academic activities
- Adequate facilities (parking, desks, phones, computers, etc.)
- Eligibility for state subsidy payments

Defined, Reciprocal Benefits

Shared benefits are essential to identify and explicitly define:

- The health agency expects that the association w/the health professions school will result in improvements in its quality of core services and programs; and
- The health professions school expects that the association will help meet its mission of improving health services in the community and training its students oriented to community-based practice.

Example:

Explicit Health Agency Benefits

- NEOUCOM will assist health department in recruitment of staff for QI and teaching
- Health department faculty are eligible for faculty appointment and privileges
- Collaborative research is encouraged and supported
 - Publications/presentations of work must recognize both NEOUCOM and the health department

JRB's Four Elements of A Successful Partnership

➤ An OPEN

- All parties know why each other are involved

➤ COLLABORATION

- All parties are willing to work together toward goal

➤ of SHARED RISK

- All parties have something invested in the effort

➤ and SHARED REWARD

- All parties benefit if/when the goal is achieved

