Enhancing Local Public Health Infrastructure & Workforce: The Community-Centered Academic Health Department

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Concept: Community-Centered Academic Health Department

Previously Published Concepts

- Agency initiated academic partnerships &
- Different levels of academic partnerships

 Livingood, et al. Public Health Academic-Agency Partnerships: Assessing the Status in Florida. *American Journal of Public Health*, April 2007 97(4): 659-666.
- Community-Centered Concept of Academic HD &
- Enhanced Assessment Function & Academic HD

Livingood, et al. A Community-Centered Model of the Academic Health Department: Implications for Assessment. *Journal of Public Health Management & Practice*, 2007, 13(6): 662–669.

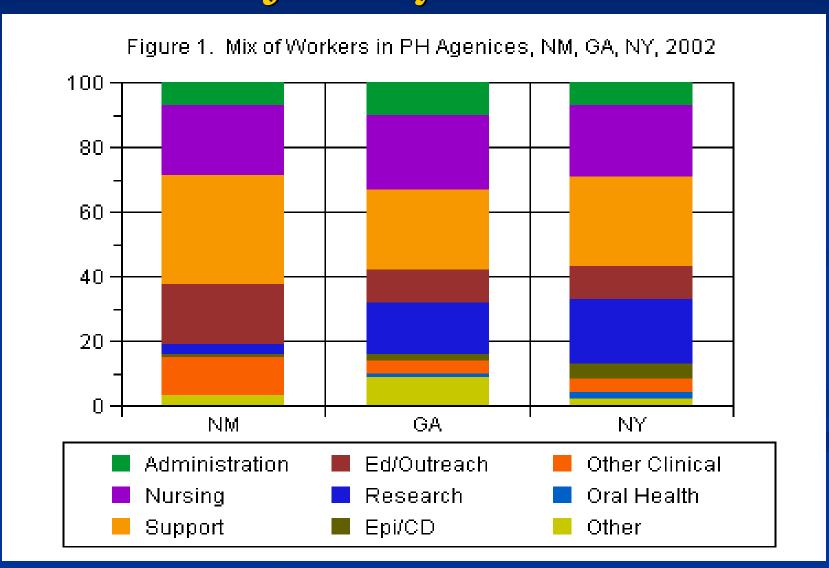
Community Centered Academic HD Concepts to be discussed

- Work Force Development: Education& Training Needs
- Public Health Infrastructure & Systems: RHIOs— Regional Health Information Organizations

Community Centered Academic HD & Work Force development

- National Statistics on PH workforce
 - Public Health Workforce Study, January 2005
- Local Public Health Workforce
 Education and Training Statistics
 - Duval County Employee Survey, April 2007

Public Health Workforce Study January 2005



Services Provided by Six Local Public Health Departments in New York

Adult Immunizations

Bioterrorism Case Management

Child Health

Communicable Disease Control

Community Assessment

Community Outreach & Education

Epidemiology and Surveillance

Health Education/Risk Reduction

HIV/AIDS Testing and Counseling

HIV/AIDS Treatment

Laboratory Services

Tobacco Prevention

Tuberculosis Testing

Tuberculosis Treatment

Dental Health

Environmental Health Inspections

and/or Licensing

Maternal Health Programs

STD Testing and Counseling

STD Treatment

Violence Prevention

Animal Control

Chronic Disease Control

Behavioral/Mental Health

Family Planning

Injury Control & Occupational Safety

Health School

Health Screening and Treating the Homeless

Home Health Care

Prenatal Care

Primary Care

(Comprehensive) School Based Clinics

Substance Abuse Services

Veterinarian Public Health Activities

Obstetrical Care

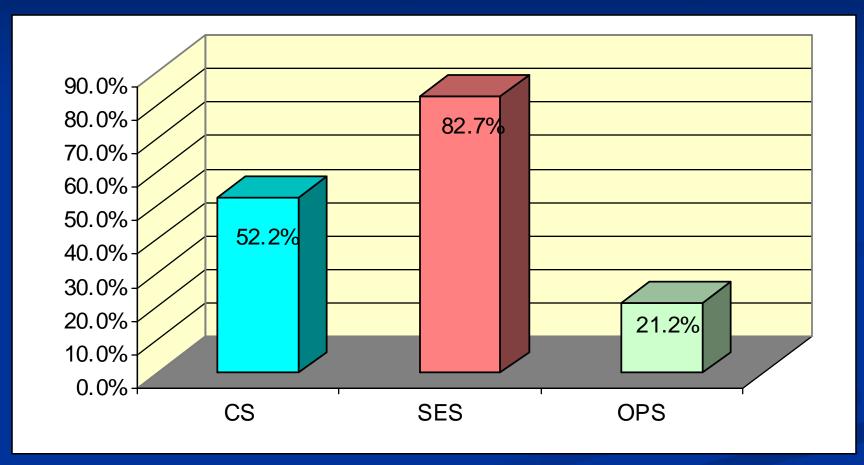
2005 HRSA Public Health Workforce Study Recommendations

- Provide public health workers with support and assistance to further their education, both graduate and undergraduate
- Encourage schools of public health, public health training centers, and other educational programs to be more responsive to the recruitment and training needs of local public health agencies,
- Identify and describe models of collaboration or 'best practices' between academia and public health practice. Provide incentives to encourage collaboration between relevant educational programs and local public health agencies.

2005 HRSA Public Health Workforce Study Recommendations (cont)

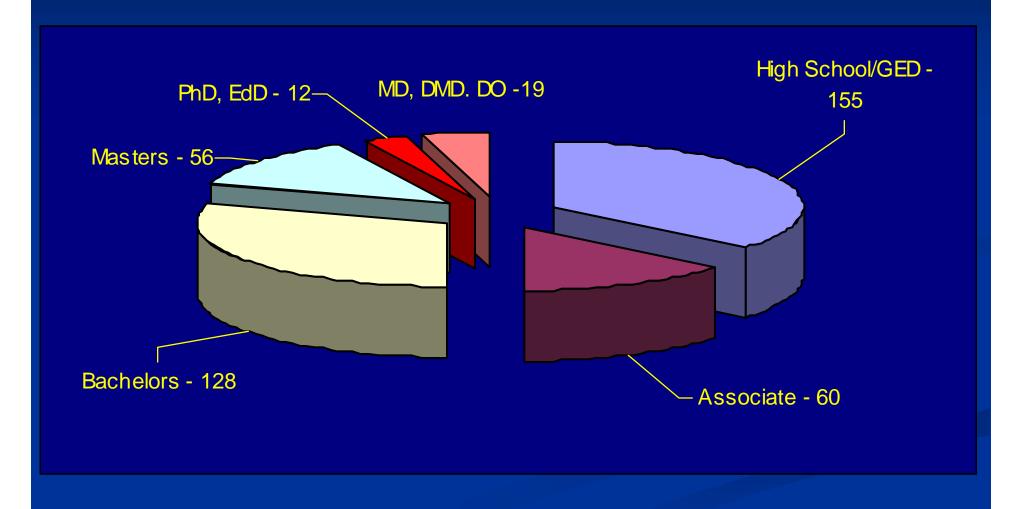
- Learn more about what attracts potential public health workers
- Identify and describe effective 'career ladders' within State public health systems
- Provide more opportunities for public health training and education to senior staff
- Create a service obligated scholarship or loan repayment program Support the development of a model public health curriculum for schools of public health, medicine, nursing, and other health professions.
- Provide dental public health training to more dentists and dental hygienists for local public health departments
- Monitor the size and composition of the public health workforce based on the **roles and responsibilities** of the public health system within the State.

Local Study: Employee Response Rate by Employment Type



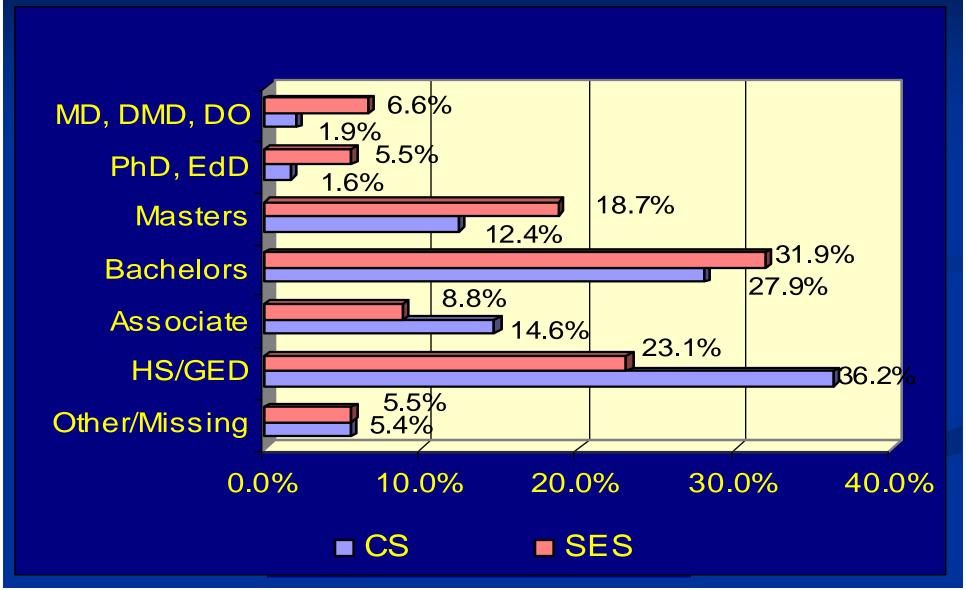
CS = Career Service, SES = Select Exempt (Management), OPS = Temporary n of CS & SES = 406 (57% response rate)

Highest Degree Received

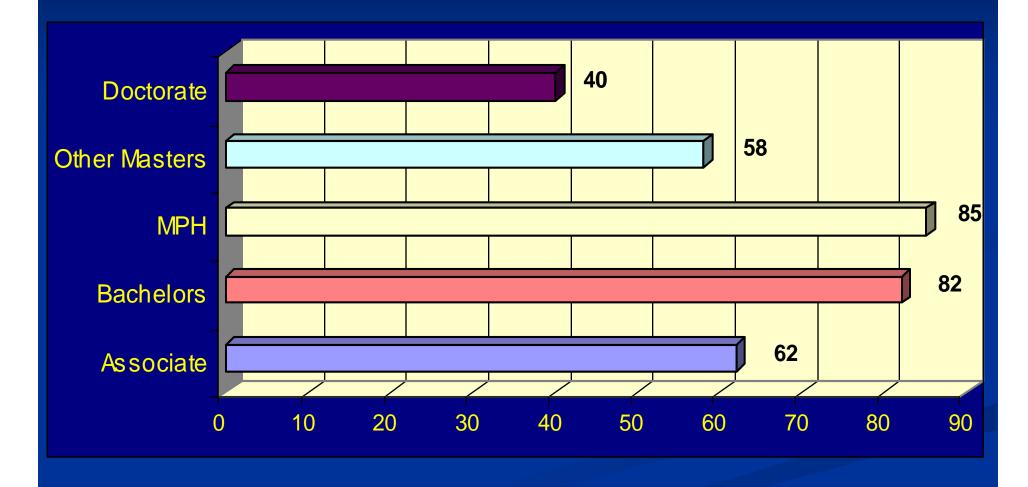


n = 430/453 CS, SES, & OPS

Highest Degree by Employment Type



Desired Degrees



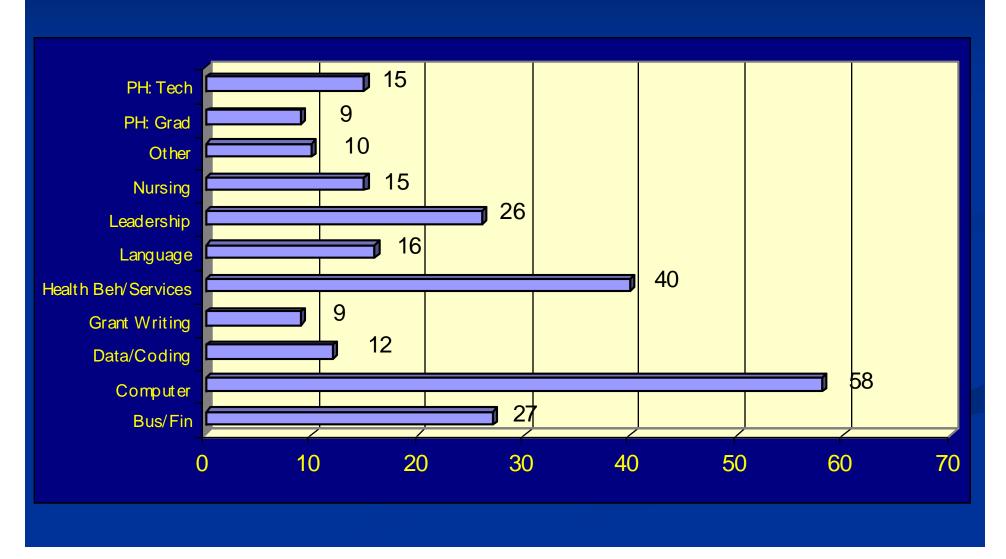
Number of employees who want degree

Desired Degree by Current Degree

Current Degree Desired Degree	HS/G ED	Associ ate	Bachel ors	Maste rs	PhD, EdD	MD, DMD, OD	Other/ NA	Total Degrees desired
NONE	35	12	29	14	6	4	5	105
Associate	57	2	1	1	0	0	2	63
Bachelors	44	34	0	2	0	0	2	82
MPH	8	4	53	6	5	7	2	85
Other Masters	3	4	39	6	1	4	1	58
Doctorate	1	0	3	25	0	2	9	40
Total who want degrees	113	44	96	40	6	13	16	433

n = 433 including those who do NOT desire any degree

Requests for Training 1st or 2nd choice



Questions more than Conclusions

- Are public health workers provided with support and assistance to further their education, both graduate and undergraduate? (HRSA recommendation)
- Are educational institutions responsive to the recruitment and training needs of local public health agencies? (HRSA Recommendation)
- Are models of collaboration or 'best practices' between academia and public health practice being explored? (HRSA Recommendation)
- Are public health workforce development resources and funding addressing critical needs.
- Should local public health have a more assertive role in addressing their work force development needs?

Advantage of Community Centered Academic Health Department

- Work with multiple academic institutions with varied missions and resources to meet diverse needs of public health workforce development.
- Develop workforce development strategies that address local workforce development needs.
- Enhance capacity to meet HRSA study recommendations

Academic HD & RHIO as Public Health Infrastructure

- What is a RHIO
- Role of RHIOs in National Public Health Information Network
- Role of Local HD in RHIO
- How Community Centered Academic H D enhances local public health capacity & involvement in RHIOs

RHIO

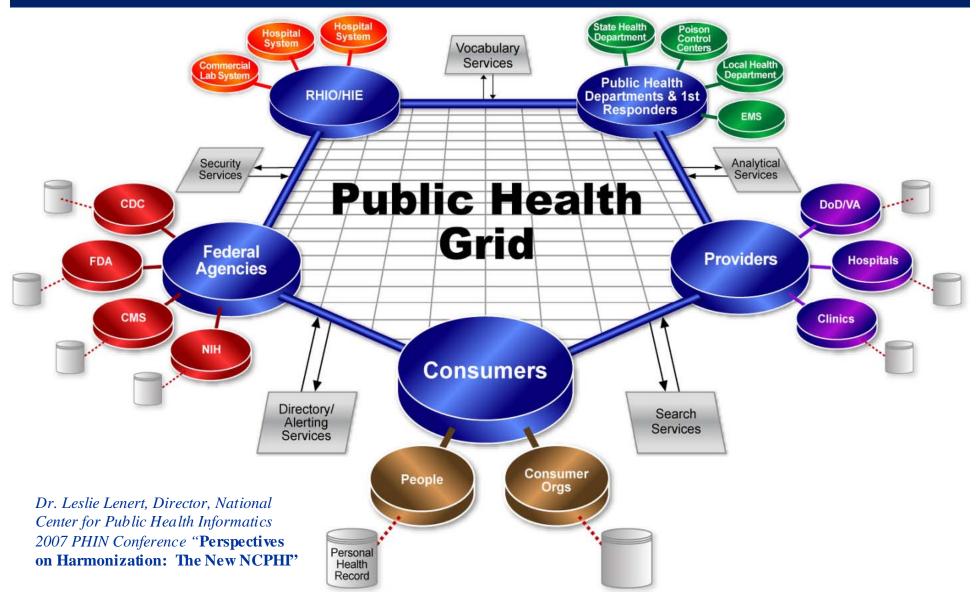
A Regional Health Information Organization (RHIO) is:

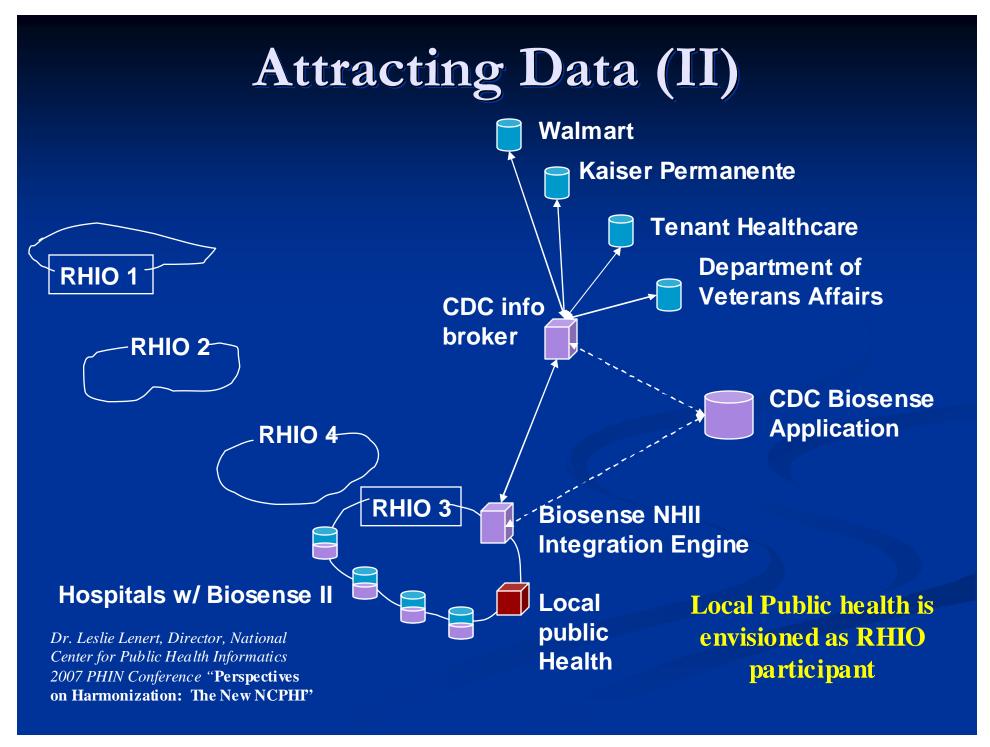
- A group of organizations and stakeholders that has come together for the purpose of electronic data exchange and is focused on improving the quality, safety, and efficiency of healthcare delivery (HIMSS RHIO Federation Definitions Workgroup.)
- A neutral organization that adheres to a defined governance structure which is composed of and facilitates collaboration among the stakeholders in a given medical trading area, community, or region through secure electronic health information exchange to advance the effective and efficient delivery of healthcare for individuals and communities. (HIMSS)
- An integral component of strategies to build national electronic health information networks

CDC-NCPHI Vision



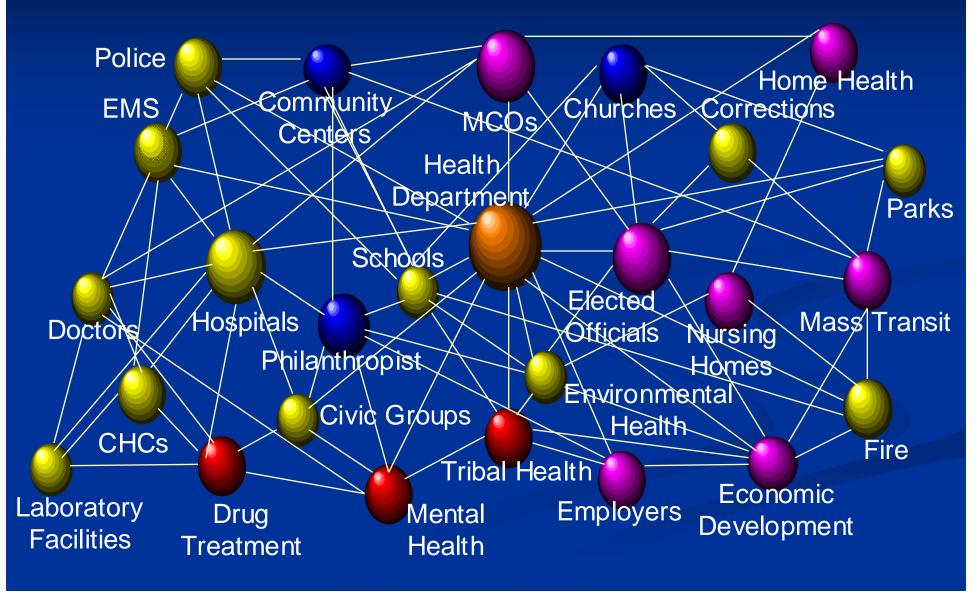
Collaborative, Efficient, Agile





Local Health Dept & the Public Health System

Should RHIOs be viewed as part of public health system?



Consortium (NEFHIC) Purpose

North East Florida Health Information Consortium

To combine and consolidate resources in Northeast Florida into a patient-centered, unified electronic health record exchange that facilitates the sharing of electronic health information to

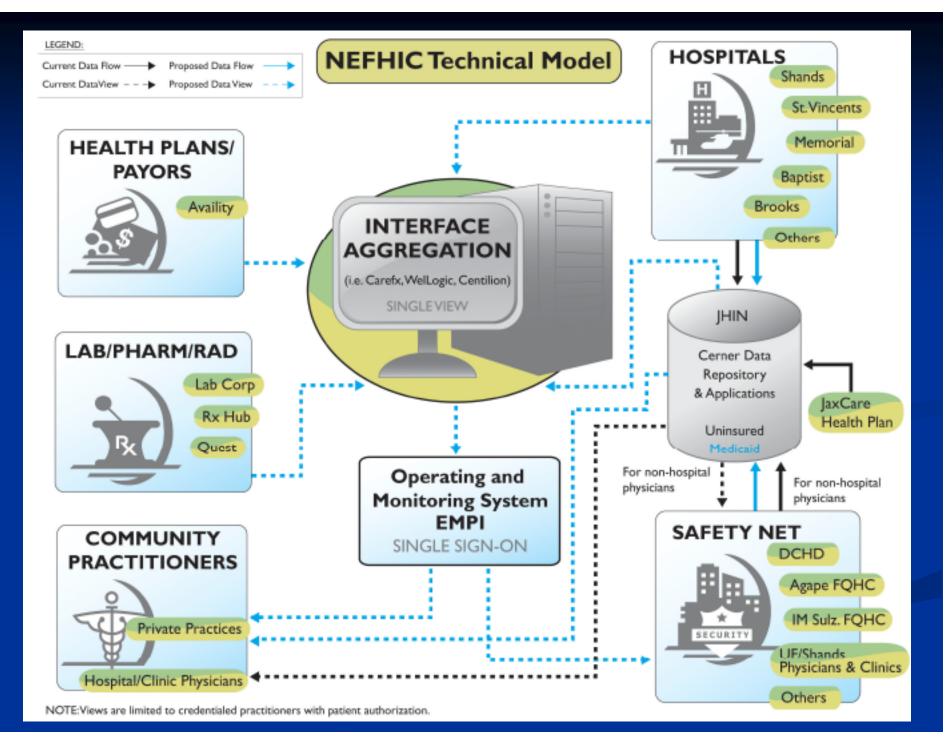
- improve health care delivery and health outcomes,
- reduce fragmentation of health care services,
- increase efficiency of hospital and ambulatory care, and
- protect and promote the public's health

Consortium Role

- Coordinate multiple community organizing efforts for electronic health information exchange.
- Coordinate multiple approaches to electronic health information/record sharing
 - Centralized data repository model
 - Federated (decentralized data storage) model

NEFHIC Partner Roles

- JaxCare safety net (Medicaid and uninsured) data
 repository with major support from all local hospitals
- NEFRO federated electronic health information exchange with major support from some independent physician groups & hospitals
- Duval County Health Department convener of partners, fiduciary agent, project management, and evaluation
- Duval County Medical Society impartial to specific technology & representative of physicians



Rationale for Local Public leadership with RHIO Development

- Recognized need to protect public's interest Public Health Mission to protect and promote public's health
- Recognized need for national and state Public Health to link w RHIOs for effective PHIN – RHIOs primarily emerge from local community effort
- Recognized need for public sector involvement in RHIOs CHD unique status as partner of local & state government
- Emerging concept of public health as lead agency in public health system composed of numerous organizations
- Local public health's role in local health care networks
- Continued expansion of disease prevention role to include prevention of chronic diseases and prevention of health care errors through quality of care data

Community Centered AHD Assets & RHIO Development

Enhances Social Capital

(building on substantial other HD social capital)

- Director's and staff stature & involvement
- Major community safety net Primary Care provider
- Extensive record of community partnership building
- Research Institute technical skills for data analysis and use (important capacity for IHE)
- Grant writing & Project Management capacity
- Evaluation Capacity
- Partnership building & Collaboration

Conclusion Think Globally – ACT LOCALLY

- Adage comes from environmental movement (Rene Dubos), but can be applied to most public health problems.
- Need extensive efforts to build local capacity, but needs to be built with local commitments to address local needs and priorities.
- Local Public Health is in dire need of enhanced capacity with new models that can empower and enhance capacity so that when we begin to measure capacity and performance (NPHPS) we have the means to improve.
- Community Centered Academic HD offers considerable potential to build local capacity as illustrated with examples related to RHIO & Workforce.

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