

A Proposed Research Agenda for the Academic Health Department

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In November 2016, Dr. Bill Keck and Ms. Kathleen Amos, representing the Council on Linkages (COL) between Academia and Public Health Practice, asked one of us (Paul Erwin) if he would be willing to lead an effort to draft a research agenda for the Academic Health Department (AHD). During this discussion, names of other public health experts who might also contribute were suggested, and a potential process and timeline were identified.

Subsequent to this meeting Drs Ross Brownson, Scott Frank, and Bill Livingood were invited to participate in this process. The goal, purpose, and methods are outlined below:

Goal: Provide a substantive draft of an AHD Research Agenda to the Council on Linkages by February 1, 2016

Purpose: To formulate strategies to build support (funding and otherwise) for collaborative research on the structure, functions, and impacts of AHDs

Methods and Timeline: As a starting point, the group used the “Example Research and Evaluation Questions for the Academic Health Department” published in *A Logic Model for Evaluating the Academic Health Department* (Erwin et al, *J Public Health Manag Pract.* 2015 Feb 26). These initial potential research questions were framed around a logic model, shown below. Between November 2015 and January 2016, the group held three conference calls, with each call focused on a specific aspect of the logic model framework for research questions. After each call, revisions were circulated to the group, with additional input provided. Following the final scheduled call on January 25, 2016, a final draft Research Agenda was circulated.

In this final report we do not include questions that are – at face value – unanswerable, but we have included questions that may push the research methodologies and that may even require new systems of surveillance be established that can allow new measurements to be tracked. We envision this as a “first generation” research agenda (i.e., other investigators may place these proposed research questions into different logic model topics than what we have outlined below or they will likely have additional potential research questions).

Logic Model for the Academic Health Department (Erwin et al, *J Public Health Manag Pract.* 2015 Feb 26)

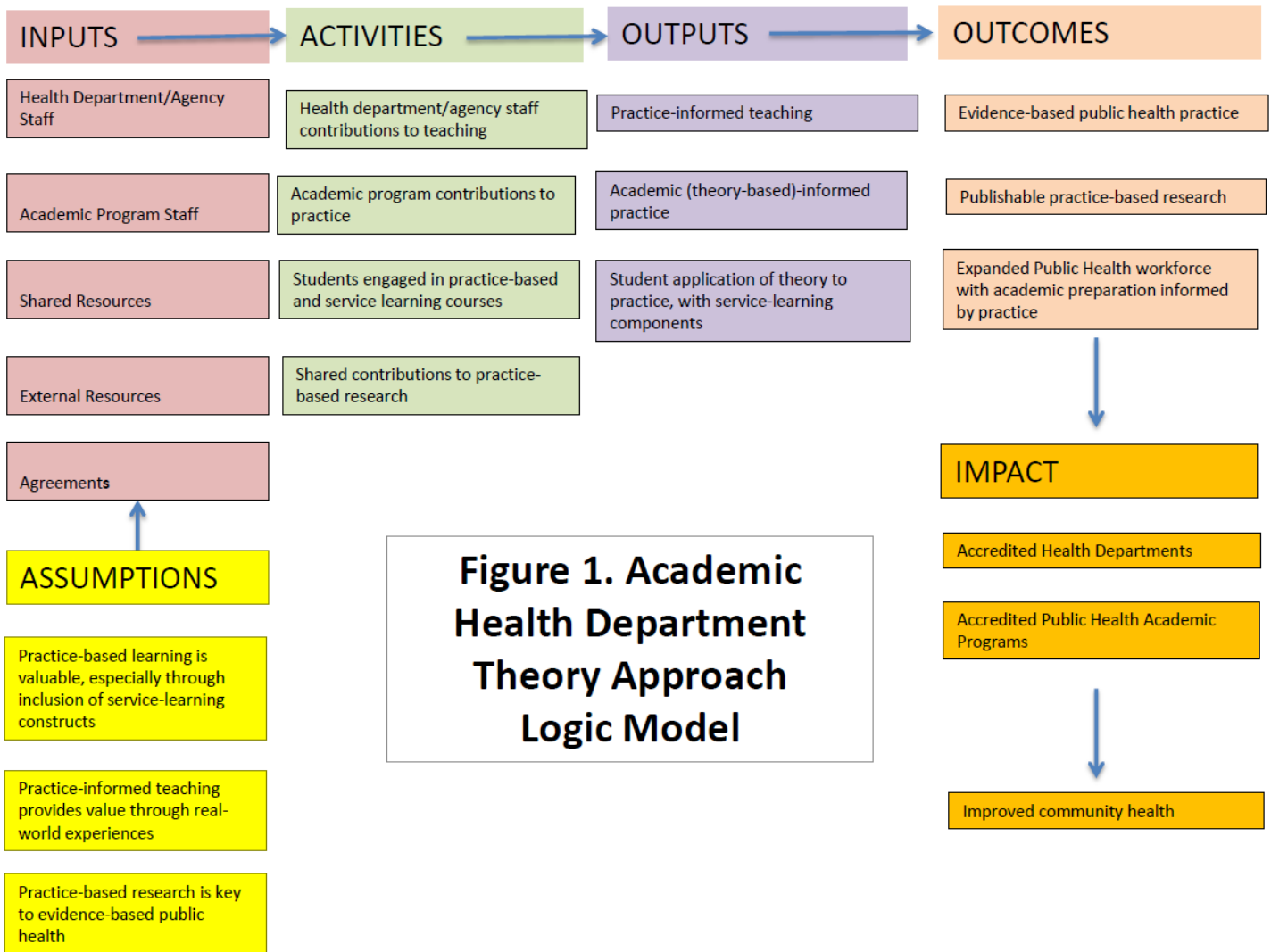


Figure 1. Academic Health Department Theory Approach Logic Model

A Proposed Research Agenda for the Academic Health Department

Logic Model Parameter	Potential Research Questions
Inputs	1. What models and theories of education and training are most effective in creating the conditions to establish AHDs?
	2. How do practitioners and academicians in settings with AHD partnerships differ from practitioners and academicians in settings without AHD partnerships in terms of background, training, and expertise?
	3. What are the critical resources and organizational environments for establishing AHDs? What is the variability across AHDs in resources, and how does such variability matter?
	4. What is the value of shared personnel in AHDs?
	5. Which types of personnel contribute most to AHDs?
	6. What are the types of formal agreements that have been used to establish AHDs, and what are the critical elements of such agreements?
	7. How do the prevailing attitudes about practice and academia differ in settings with AHD partnerships vs. settings without AHD partnerships? Do these attitudes influence the ability to establish and maintain AHDs?
	8. Are students in AHD settings better prepared to apply what they are learning in the classroom to the practice setting while they are still students? Are they better prepared after graduating?
	9. Are academic and practice organizations prepared to jointly develop data for enhancing teaching, research, and practice?
Activities	1. What value do AHDs add to service-learning courses?
	2. What are the mechanisms by which academicians contribute to program development, implementation, and evaluation in the practice setting?
	3. What are the mechanisms by which practitioners contribute to development, implementation, and evaluation of education and research in the academic setting?

	4. What are the ways in which AHDs facilitate practice-based research?
	5. Do AHDs enhance the quality and relevance of student field placements (internships), and if so, how?
	6. What are the roles that AHDs have in Accountable Care Organizations?
	7. What are the roles that AHDs have in addressing the social determinants of health, and in particular, health inequities?
	8. What are the roles that AHDs have in successful implementation of state and federal community benefit requirements?
Outputs	1. Do students in settings with AHD partnerships exhibit greater skill and competence in the Core Competencies for Public Health Professionals than students in settings without AHD partnerships?
	2. Does the presence of academicians impact the development of evidence-based practices in ways that are more effective and efficient in settings with AHD partnerships than settings without AHD partnerships?
	3. Are students in AHD settings more capable of civic engagement?
	4. How do AHDs enhance translating research into practice?
	5. How can AHDs inform the field of dissemination and implementation science?
	6. Do AHDs lead to more and better partnerships (beyond the AHD partnership itself)?
	7. Does being engaged in AHD activities enhance the “standing” of academicians and practitioners in their fields?
	8. Does having faculty engaged through AHD partnerships enhance delivery of essential public health services, and if so, how?
	9. Does having practitioners engaged through AHD partnerships enhance public health education, and if so, how?
	10. Does having practitioners engaged through AHD partnerships enhance public health research, and if so, how?

	11. What is the impact of AHDs on the development and delivery of academic curriculum?
	12. What is the impact of AHDs on the development and delivery of public health services?
	13. Does involvement of practitioners in the classroom impact their practice?
	14. Does involvement of faculty in practice settings impact their teaching?
	15. Do AHD partners publish their work in peer-reviewed journals, in textbooks, or in other ways?
	16. Do AHD partnerships enhance the effectiveness of public health practice in advocating or defending policies before local or state legislative or oversight bodies?
Outcomes	1. Do health departments participating in AHD partnerships implement evidence-based practices to a greater degree than health departments that do not participate in AHD partnerships?
	2. Are students in AHD settings more successful in obtaining employment?
	3. Are health departments that hire students with experience in AHD settings more satisfied with their new employees compared to new hires without this experience?
	4. Are health departments that participate in AHD partnerships more successful in achieving accreditation through the Public Health Accreditation Board (PHAB) than health departments that do not participate in AHD partnerships?
	5. Are academic programs that participate in AHD partnerships more successful in achieving accreditation through the Council on Education for Public Health (CEPH) than academic programs that do not participate in AHD partnerships?
	6. Will AHDs that involve medical students and residents serve as models for patient-centered primary care?
	7. What is the return on investment for AHDs, from both the academic and practice perspectives?
	8. What is the impact of AHD partnerships on the skills and decision-making processes of health department leaders?

	9. What is the impact of AHD partnerships on the skills and decision-making processes of academic institution leaders?
	10. What is the impact of AHD partnerships on the organizational climate and culture of health departments?
	11. What is the impact of AHD partnerships on the organizational climate and culture of academic institutions?
	12. Do health departments with AHD partnerships demonstrate more effective financial allocation strategies?
	13. Do health departments with AHD partnerships perform better than those without AHD partnerships in assuring delivery of essential public health services to their communities?
	14. What are the critical elements for sustaining AHD partnerships?
	15. Do AHD partnerships enhance workforce development and training for public health practice?
Impact	1. Do AHD partnerships facilitate the achievement of the mission of the public health practice organization – assuring conditions in which people can be healthy?
	2. Do AHD partnerships facilitate the mission of the academic institution?
	3. Does the presence of AHD partnerships have a greater impact on community health improvement activities and outcomes than not having AHD partnerships?