

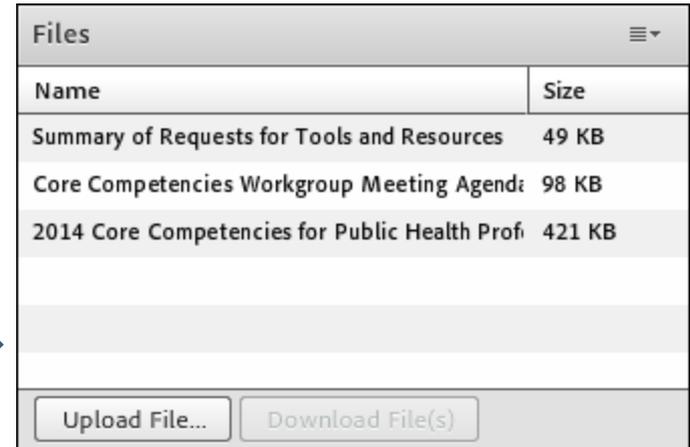
# Academic Health Department Learning Community Meeting

March 16, 2016



# Housekeeping Items

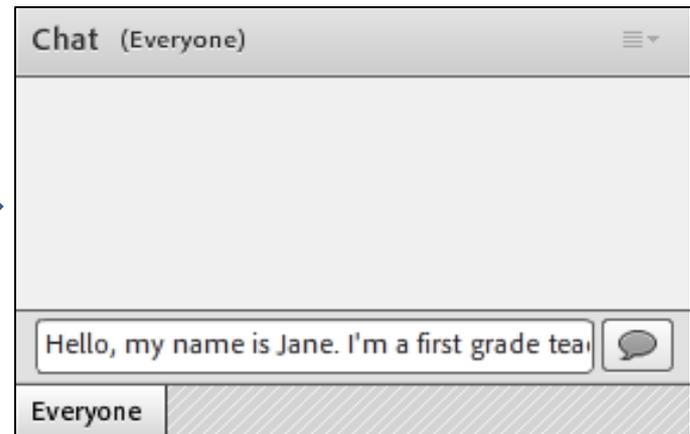
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Files

Name	Size
Summary of Requests for Tools and Resources	49 KB
Core Competencies Workgroup Meeting Agenda	98 KB
2014 Core Competencies for Public Health Prof	421 KB

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Chat (Everyone)

Hello, my name is Jane. I'm a first grade tea

Everyone



# Today's Speaker



Paul Campbell Erwin, MD, DrPH

Professor and Department Head, Department of Public Health

University of Tennessee – Knoxville



# Building the Research Agenda for the Academic Health Department

Paul Campbell Erwin, MD, DrPH  
University of Tennessee

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# Partners:

- Ross C. Brownson, PhD
- Scott H. Frank, MD, MS
- William C. Livingood, PhD
- C. William Keck, MD, MPH
- Kathleen Amos, MLIS

# Outline

- Review the recent history of the AHD
- Describe the process for developing the draft research agenda
- Review recent and new findings regarding research on AHDs

# Learning Objectives

By the end of this session participants will be able to:

1. Describe relevant recent publications and findings regarding the AHD
2. Understand the process for developing the draft research agenda
3. Begin evaluating the draft research agenda and recommending modifications

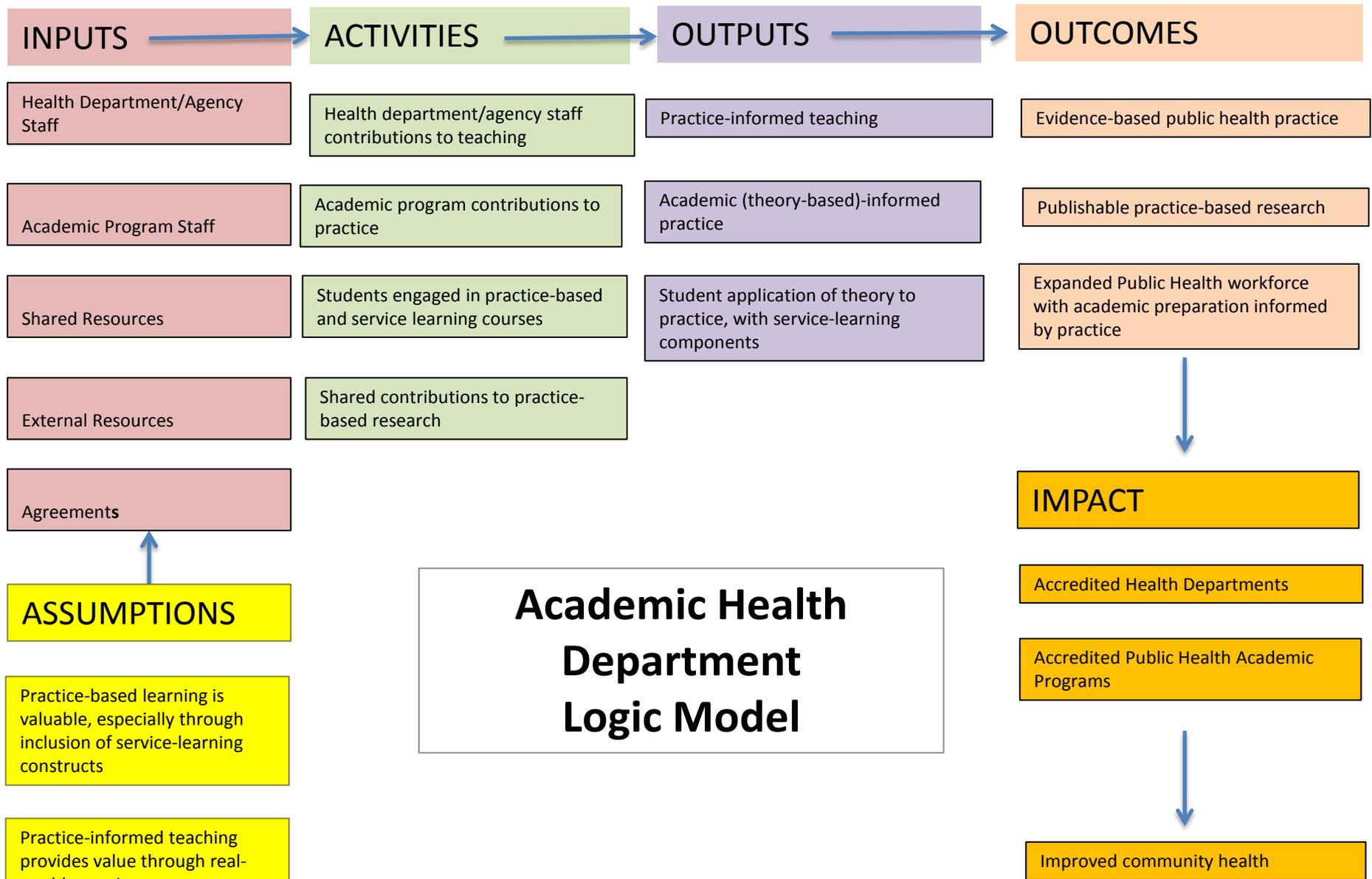
# Recent history of the AHD

- The AHD Learning Community established in January 2011 by the Council on Linkages Between Academia and Public Health Practice
- 2012 initial invitation to edit special issue of J Pub Hlth Manag and Pract (Erwin and Keck)
- 2014 publication of special issue JPHMP

**TABLE 2 • What We Know and Need to Know About Academic Health Departments**

Elements of Value	What Do We Know About the AHD?	What Do We Need to know?
Quality	Enhances quality of educational experience for students	What models of education and training are most effective?
Accreditation	Enhances ability to assess readiness for public health agency accreditation	What is the added value of the AHD in meeting the standards in PHAB domain 10?
Research	Enhances capacity and ability to conduct practice-based research	How does the AHD enhance the potential for translating research into practice?
Health Reform	Enhances population health perspectives in medical training and care	What is replicable from the AHD in expanding the integration of public health and medicine beyond AHD settings?

Erwin PC and Keck CW. The Academic Health Department: The Process of Maturation. *Journal of Public Health Management and Practice*. 2014 May-Jun;20(3):270-7.



Erwin PC, McNeely CS, Grubaugh JH, Valentine J, Miller MD, Buchanan M. A Logic Model for Evaluating the Academic Health Department. *J Public Health Manag Pract.* 2015 Feb 26.

**Table 1. Example research and evaluation questions for the Academic Health Department**

<b>Logic Model Element</b>	<b>Research questions</b>
Inputs	What models and theories of education and training are most effective in creating the conditions to establish an AHD?
Activities	What value does the AHD add to service-learning courses?
Outputs	Do students in settings with AHDs achieve public health competencies at a higher level than students in settings without AHDs?
Outcomes	Do academic programs achieve accreditation through CEPH more efficiently than academic programs in non-AHD settings?

Erwin PC, McNeely CS, Grubaugh JH, Valentine J, Miller MD, Buchanan M. A Logic Model for Evaluating the Academic Health Department. *J Public Health Manag Pract.* 2015 Feb 26.

# The process for developing the draft research agenda

- Invitation from the Council on Linkages to begin efforts
- Agreed on Logic Model research questions as a starting point
- Brownson, Frank, and Livingood join team
- Three conference calls, with each call focused on a specific aspect of the logic model framework
- 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.

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 an AHD?
	2. How do practitioners and academicians in AHDs differ from practitioners and academicians in settings without AHDs, in terms of background, training, expertise?
	3. What are the critical resources and organizational environments for establishing an AHD? What is the variability across AHDs in resource inputs, and how does such variability matter?
	4. What is the value of shared personnel, and which ones contribute most to the AHD?
	5. What are the types of formal agreements that have been established, and what are the critical elements of such agreements?
	6. How do the prevailing attitudes about practice and academia differ in settings with AHDs vs settings without AHDs? Do these attitudes influence the ability to establish and maintain an AHD?
	7. Are students in AHD settings better prepared to apply what they are learning in the classroom to the practice setting, while still students?

## Activities

1. What value does the AHD 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 ways in which the AHD facilitates practice-based research?

4. Does the AHD enhance the quality and relevance of field placements (internships), and if so, how?

5. What are the roles that AHDs have in Accountable Care Organizations?

6. What are the roles that AHDs have in addressing the social determinants of health, and in particular health inequities?

## Outputs

1. Do students in settings with AHDs achieve public health competencies at a higher level than students in settings without AHDs?
2. Does the presence of academicians impact the development of evidence-based practices in ways that are more effective and efficient in the AHD vs. non-AHD settings?
3. Are students in AHDs more capable of civic engagement?
4. How does the AHD enhance translating research into practice?
5. How can the AHD inform the field of dissemination and implementation science?
6. Does the AHD lead to more and better partnerships (beyond the AHD partnership itself)?
7. Does the AHD engagement enhance the “standing” of academicians and practitioners in their fields?
8. Does faculty engagement through the AHD enhance the delivery of the essential public health services, and if so, how?
9. Do the AHD partners publish their work in peer-reviewed journals and/or textbooks?

## Outcomes

1. Do health departments in AHDs implement Evidence-Based Public Health to a greater degree than health departments in non-AHD settings?
2. Are students in AHD settings more successful in obtaining employment?
3. Are health departments that hire students from AHD settings more satisfied with their new employees compared to new hires from non-AHD settings?
4. Do health departments in AHDs achieve accreditation through PHAB more efficiently than health departments in non-AHD settings?
5. Do academic programs achieve accreditation through CEPH more efficiently than academic programs in non-AHD settings?
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 the AHD?
8. Does the presence of an AHD lead to a higher likelihood of achieving core public health functions?
9. What is the impact of the AHD on the development and delivery of academic curriculum?
10. Does involvement of practitioners in the classroom impact their practice?

## Impact

1. Does the AHD facilitate the achievement of the mission of the public health practice agency - assuring conditions in which people can be healthy?

2. Does the AHD facilitate the mission of the academic institution?

3. Does community health improve differently (e.g., more significantly, at a quicker pace, with greater impact on reducing health inequities) in AHD vs. non-AHD settings?

# Recent and new findings regarding research on AHDs

- A Basic Starting Point: What is the frequency of AHDs, and what are their characteristics?
  - Among AHDLC (Practice and Academia)
  - Among accredited Schools and Programs of Public Health

# The Frequency and Characteristics of AHDs: An Exploratory Study

- 110 valid responses from 338 members (RR 32.5%)
- 65 respondents indicating they were currently in an AHD partnership
- 22 with primary appointment in Academia
- 12 with primary appointment in Public Health practice

Erwin PC, Barlow P, Brownson RC, Amos K, Keck CW. Characteristics of Academic Health Departments: Initial Findings From a Cross-Sectional Survey. *J Public Health Manag Pract.* 2015 Feb 9

# The Frequency and Characteristics of AHDs: An Exploratory Study

1. One-third of AHDs studied have been in existence for over 10 years.
2. Almost 2/3's of AHDs are actively conducting joint research activities
3. Engagement between public health practice and academia in AHDs is not limited to accredited schools or programs of public health

# Academic-practice partnerships among accredited schools and programs of public health

- Completed surveys returned by 117 respondents (75% response rate).
- Sixty-four respondents (55%) indicated having AHD partnerships
- 46 (72%) of the 64 had formal written partnership agreements (39% of all respondents)

Erwin PC, Harris JK, Wong R, Plepys CM, Brownson RC. The Academic Health Department: Academic-practice partnerships among accredited schools and programs of public health. *In Press* 2016



# Discussion

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# Discussion Questions

- Is the logic model framework for developing the draft research agenda appropriate? Are there other/better frameworks?
- Are there major missing elements to the draft research agenda?
- What are the best methods for obtaining AHDLC input for revising the draft research agenda?
- What are other recommended steps towards producing a final research agenda?

# NEXT STEPS

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