



The Evolving Public Health Environment: How Can Organizations Engage with Health Reform?

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The [Academic Health Department \(AHD\) Learning Community](#) held its third [in-person meeting](#) on November 5, 2013 at the American Public Health Association Annual Meeting, discussing opportunities for AHDs presented by health reform. Earlier this fall, a [special meeting](#) on roles for AHDs related to health reform revealed some of the [opportunities and challenges](#) for public health organizations as a result of the [Affordable Care Act \(ACA\)](#). That meeting began a discussion of what is needed to succeed in this evolving environment and what [resources](#) might support organizations working to implement the ACA.

Building on this earlier exploration, the in-person AHD Learning Community meeting focused more specifically on how public health organizations within both practice and academia can become more involved in health reform and engage partner organizations. Approximately 30 public health professionals participated in small group discussion, with one group addressing the question of how practice organizations can get involved in health reform and engage academic partners and the other tackling how academic institutions can get involved and engage practice partners. When the groups reconvened, the following items were shared:

- Public health is often not included in conversations around health reform, and there is a lack of understanding of the roles for public health organizations, both practice and academic, in ACA implementation. This may make it difficult to get people working together.
- Practice organizations and academic institutions can benefit from learning together about the opportunities and challenges presented by the ACA. One example provided was of an academic institution having students learn about various provisions of the ACA, working with faculty to refine their understanding, and then the students facilitate discussions with the health department. This joint exploration and learning is benefiting both organizations.
- The ACA is larger than health insurance. Although the focus is currently on providing health insurance, many other elements of the legislation are relevant to public health. Both practice and academia need to be actively involved in training the future workforce to understand the ACA and be able to implement its provisions.

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- The diversity that exists among organizations means there is also diversity in the possibilities for engagement. Organizations differ in their ability to collaborate and their interest in doing so. Successful collaborations and partnerships occur in a variety of forms, and a number of examples of practice and academia working together exist, including:
 - [Academic Health Departments](#)
 - [Community Transformation Grant Awardees](#)
 - [Public Health Institutes](#)
 - [Accountable Care Organizations/Accountable Care Communities](#)
 - [Public Health Training Centers](#)
 - [Public Health Practice-Based Research Networks](#)
 - [Chicago Health Atlas](#)
- Relationships between practice and academia need not be direct. Intervening organizations may be able to play a role in helping to solidify partnerships. There is a need to think creatively about how to work together and recognize that a variety of structures may meet the same needs.
- AHD partnerships, while mutually beneficial, are not necessarily equal. Partners have different incentives and motivations for being involved and contribute differently to the partnerships. Health departments can serve as conveners, bringing groups and organizations together, while academic institutions can supplement the capacity of health departments, providing expertise and assistance in informing the workforce and the community about the ACA. Decisions about work to be undertaken jointly should be driven from the practice perspective and should focus on meeting the needs of the community.
- Change is happening fast in the current health system environment and is overtaking health departments. Academia is concerned, but may not always be as engaged as it could be. Much work remains to develop a truly collaborative system.

As well, suggestions were made for resources that could help public health organizations as they work toward further collaboration, including:

- A webpage highlighting concrete examples of how organizations can work together. This would better illustrate possibilities for collaboration and opportunities to engage.
- A database of organizations interested in collaborating. Partnering organizations need not be geographically close to each other, especially as more education moves online, and such a database could support the development of partnerships.

Now is your chance to weigh in. Do these comments resonate with your own experiences? What can help provide encouragement and support to move organizations toward collaboration and partnership? Add your thoughts in the Comments section below or share them by email to kamos@phf.org.

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