The Evolution of Public Health-Hospital Collaboration

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ABSTRACT

Objectives: The intent of this commentary is to review the past and current situation regarding public health-hospital collaboration in the United States and to provide a perspective on positive changes in the future.

Methods: This commentary has been informed by our recent study of successful partnerships involving public health departments, hospitals, and other stakeholders focused on improving the health of the communities they serve. In the study, we examined previous research in the health, business, and education sectors regarding factors that influence the success of partnerships and prior studies of hospital-public health collaboration.

Results: Multiple factors contributed to a schism between the public health sector and the hospital and medical care sector between the 1930s and the 1990s. In recent years, the adverse consequences of gaps in communication, mutual understanding, and cooperation have been recognized and some progress has been made in establishing stronger linkages.

Conclusions: Collaboration among public health agencies, hospitals, and other key community stakeholders can make important contributions to improving community health. However, multi-sector efforts of this nature continue to be weak in many communities across the country and existing metrics, methods, and systematic evidence regarding the actual impact of partnerships need development.
INTRODUCTION

The concept of collaboration refers to relationships where two or more independent parties voluntarily decide to work together in addressing a common purpose. Collaborative arrangements take many forms, from informal, non-binding agreements to share information on topics of mutual interest to formal alliances that can entail the creation of new organizational entities, substantial financial investments, and long-term legal commitments.

In the health field, the spectrum of collaborative endeavors is wide and diverse. An important segment of this spectrum are collaborative arrangements that include public health agencies, hospitals, and other parties such as school systems and businesses who join together to address one or more health issues and improve the culture of health in their communities. There is evidence that collaborative partnerships of this nature can have beneficial collective impact.\(^1\)\(^2\)\(^3\)\(^4\)\(^5\)\(^6\) It is important to understand that our work focuses on health care-public health collaboration and not the broader issue of health care-public health integration.

However, the history of collaboration between the public health and hospital sectors is mixed at best; while close, mutually-beneficial partnerships exist in in some American communities, they are not prevalent across the country. In this commentary, we share our perspective on historical collaboration between the public health and hospital communities, review new patterns that are emerging, and discuss the prospects for these patterns to grow and develop in the coming years.

PUBLIC HEALTH-HEALTH CARE COLLABORATION IN PAST YEARS

Between the 1930s and the 1990s, a schism developed between the public health sector and the hospital and medical care sector.\(^4\)\(^5\) Among the contributing factors were the development of employer-sponsored health insurance plans during and after World War II focused almost exclusively on financing hospital and medical services; enactment of Public Law 89-97 in 1965 which established the Medicare and Medicaid Programs and infused large amounts of resources into the hospital and medical care sector; continuing advancements in medical science and technology that captured public interest and generated increasing demand for hospital and medical services; and growing asymmetry in funding, prestige, and societal views of private sector medicine and hospitals in relation to public health. Over time, these developments contributed to growing disparities in funding support, differing priorities, gaps in communications and mutual understanding, and cultural rifts that impeded cooperation and collaboration.\(^6\) For the most part, the public health community and the hospital and medical care sector co-existed in different worlds, aware of each other’s existence but largely working independently.
RECOGNITION OF THE NEED AND OPPORTUNITIES FOR COLLABORATION

By the 1990s, the gulf between the public health and health care sectors and the potential benefits of building bridges were becoming apparent. For example, in 1994 the American Public Health Association and the American Medical Association established the Medicine/Public Health Initiative, a joint effort whose purpose was to examine the reasons why public health and medicine were functioning as “separate and virtually independent components of the American health system” and identify opportunities for closer working relationships. Unfortunately, these early initiatives did not endure, and meaningful multi-sector collaboration in the health field developed very slowly in most parts of the country.

In recent years, however, there has been mounting evidence that restraining the growth in America’s health expenditures and improving the health of our nation’s population will require transformational changes in traditional policies and practices. Growing concern and attention has been generated by a striking paradox in America’s health care system: while the USA’s health expenditures per capita are far greater than other developed nations, our population’s health on most indicators is substantially lower. It has become clear that:

- Our decades-long concentration on the medical needs and treatment of individual patients, while beneficial in some ways, has proven to be inadequate by itself. This shortcoming must be augmented by greater attention and allocation of resources to population health approaches designed specifically to assess, improve, and maintain the health of entire communities or defined population groups.

- Having long-term impact on improving the health status of families, communities, and the nation at-large will demand concerted attention to the full range of factors—educational, environmental, genetic, life style, and socioeconomic—that influence them. Improving access to medical and hospital services and striving continuously to enhance the efficiency and quality of those services are important but, by themselves, insufficient strategies.

In both the public and private sectors, there is growing recognition that addressing these imperatives will require better communication and more collaboration among the public health community, hospitals, and key stakeholders in the business, health insurance, and other sectors than has existed in the USA up to now. This need has been emphasized in a series of major reports by
organizations including the American Hospital Association\textsuperscript{12}, the Institute of Medicine,\textsuperscript{13,14,15} the Robert Wood Johnson Foundation,\textsuperscript{16} and the Trust for America’s Health.\textsuperscript{17}

The potential value of collaboration between hospitals and public health agencies also was recognized in the Patient Protection and Affordable Care Act enacted in 2010. One of the Act’s provisions resulted in new Internal Revenue Service (IRS) requirements for tax-exempt hospitals to conduct community health needs assessments at least every three years in concert with persons and groups who represent the broad interests of the community, including a public health department or equivalent agency. The IRS also requires developing an implementation strategy to address priority needs identified through that process and making this information widely available to the public. In a complimentary fashion, the Public Health Accreditation Standards call for local health departments to conduct or participate in collaborative processes for assessing, prioritizing, and addressing community health needs.

In addition, several states including Maryland and New York have adopted policy positions and instituted programs intended to promote collaboration by public health agencies, hospitals, and other parties in assessing and improving the health of the communities they serve.\textsuperscript{3(36-7)} Similar policy initiatives are underway or being planned in other states.\textsuperscript{18} The growing interest in multi-sector initiatives also is reflected in private foundations’ recent establishment of several programs designed to provide encouragement and grant support for collaborative efforts to improve community health in selected communities around the country.\textsuperscript{19,20,21,22,23,24} The hope is these grant programs will accelerate the development of successful collaboration in several communities and, over time, yield knowledge, experience, and tools that will be useful in other communities throughout the nation.

In a similar way the Association of State and Territorial Health Officials (ASTHO), from their efforts with Duke University and the DeBeaumont Foundation focused on primary care and public health collaboration, have developed the ASTHO Integration Forum. In addition, a number of federal agencies have established initiatives related to collaboration, for example, the Agency for Healthcare Research and Quality metrics for integration and on-going efforts by the Center for Medicare and Medicaid Services to improve coordination between healthcare and public health such as the State Innovation Models (SIM) and the Accountable Health Communities (AHC) initiatives.

At the present time, however, there is no complete inventory of collaborative partnerships that involve public health agencies, hospitals, and other stakeholders devoted specifically to assessing and improving the health of their communities. In addition, there is no systematic process in place to track the establishment and performance of partnerships across the country. The growth of interest and
support for multi-sector collaboration focused on community health improvement is based on the premise that it has substantial potential to be beneficial, both for the community as a whole and for participating organizations. However, it must be recognized that establishing and maintaining all types of collaborative arrangements is challenging. Studies in business, health, and other sectors over many years have indicated that, on the whole, approximately half of alliances, coalitions, and partnerships that involve two or more independent organizations do not succeed. For instance, a major study of 661 multi-sector alliances created to improve various aspects of community health in locations across the United States concluded that only 297 (45 percent) were successful. Studies in many sectors have indicated that the likelihood of success depends upon the extent to which partnerships incorporate certain characteristics. These include a mission, vision and goals that the partners and other key constituencies understand and support; high levels of mutual trust and respect among the partners; highly dedicated and qualified leaders who embrace a culture of collaboration; clear objectives and solid metrics for measuring performance; and strong commitment to continuous evaluation and improvement.

Our recent study located and examined a set of twelve highly successful partnerships, selected from 157 nominees, involving public health departments, hospitals, and other stakeholders devoted to addressing important health issues and improving the health of their communities. While limited in scope, this study identified key lessons learned from the collective experience of these multi-sector partnerships, all of which had been in operation for several years before the 2013-2014 study was conducted. The study generated a series of evidence-based recommendations for consideration by persons and groups who want to establish multi-sector partnerships focused on community-health improvement, by local, state, and federal agencies with responsibilities for population health improvement, and by state and national public health and hospital associations.

In general, however, there is very little objective information regarding the operational performance and effectiveness of multi-sector partnerships in terms of their impact on community health targets. Agreed-upon metrics and processes for assessing the performance of partnerships simply have not been in place. Even the recent study of twelve highly successful partnerships, cited above, found that many were finding the development of meaningful metrics and objective measurement of their partnership’s impact on the health of their communities to be among their greatest operational challenges.
In short, various forms of partnerships focused on community health improvement exist and gradually are becoming more plentiful. However, the existence of solid evidence regarding their accomplishments and actual impact on community health is thin.

**FUTURE PROSPECTS AND PRIORITIES**

So, we are faced with another paradox: there is broad agreement that the historical gulf between the public health and health care communities was dysfunctional, and growing support for increasing multi-sector collaboration as a key strategy to improve community health; however, the existing metrics, methods, and evidence regarding the actual impact of existing partnerships are under-developed.

We believe a major paradigm shift is taking place in the USA: providers of health services, public and private payers, policy makers at the state and federal levels, and the public at-large increasingly understand that controlling the increase in health expenditures and improving the health of our nation’s population will demand fundamental changes in traditional policies, practices, and organizational models. The arguments for developing close, collaborative arrangements involving public health agencies, hospitals, and other stakeholders focused on assessing and improving the health of communities they serve are powerful. The recent groundswell of interest and support for multi-sector partnerships of this nature is encouraging and the prospects for such efforts in communities across the country are bright.

However, in many locations, communication and collaboration among public health agencies, nongovernmental hospitals, and other community stakeholders remain weak. In communities where multi-sector partnerships focused on improving community health have been established, the existence of solid, objective evidence regarding the actual impact of the partnerships’ efforts on key measures of community health is limited. On a national basis, there is a clear need for better and more useful metrics and methods to employ in establishing community health improvement targets. The organizations that join together to establish and operate collaborative partnerships, all of the other parties of provide economic and non-economic support for them, and the communities they serve deserve objective information regarding the impact of those multi-sector collaborative initiatives on community health and cost measures.

Some progress is being made in improving tools for setting targets and measuring progress. For example, the Institute of Medicine report on “Core Metrics for Health and Health Care Progress” and the recent Robert Wood Johnson Foundation report entitled “From Vision to Action: Measures to Mobilize
a Culture of Health” will be helpful in the process of setting community health improvement targets and measuring progress toward their achievement. However, much work remains to be done.

Systematic evaluation regarding the performance of existing partnerships is necessary to demonstrate their value and justify sustained funding. These evaluation processes also will generate knowledge, lessons, and tools that can be invaluable in the development of successful multi-sector collaboration in other communities. At the local and state levels, it is our belief that public health leaders have great opportunities to play a critical role in stimulating and guiding these evaluation efforts and ensuring that the findings are shared widely and employed carefully in shaping the future development of multi-sector collaboration focused on improving the health of communities throughout our country.
REFERENCES


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