Where Are We Now? Exploring Local Public Health and Primary Care Collaboration

Minnesota Rural Health Conference
Duluth, Minnesota, June 21, 2016
Conducted 40 interviews with local public health and primary care leaders in all local jurisdictions.

Surveyed public health and primary care leaders in all local jurisdictions.

Key findings:

Dialogue

Action
## Collaboration Framework

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<tr>
<th>Energizing Characteristics</th>
<th>Low Foundation/High Action</th>
<th>High Foundation/High Action</th>
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<tbody>
<tr>
<td></td>
<td>• Come together on specific project or to address crisis</td>
<td>• Partnership elements: shared vision, mutual trust &amp; respect, value</td>
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<td></td>
<td>• Formal structures to support work</td>
<td>• Committed leadership that takes strong role directing work</td>
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<td></td>
<td>• Leadership strongly directs work</td>
<td>• Formal structures to support work</td>
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<td>• Lack partnership elements that contribute to ongoing work together</td>
<td>• Ongoing working relationship</td>
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<td><strong>“Jurisdictions have higher levels of acting together, but weak partnership foundation”</strong></td>
<td><strong>“The Promised Land”</strong></td>
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<tr>
<td>Low Foundation/Low Action</td>
<td></td>
<td>High Foundation/Low Action</td>
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<tr>
<td></td>
<td>• Lack partnership basics</td>
<td>• Partnership elements: shared vision, mutual trust &amp; respect, value</td>
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<td>• Lack project- or program-specific interactions</td>
<td>• Committed leadership</td>
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<td>• No dedicated staffing or financial commitment</td>
<td>• Lack tangible ways to work together (e.g., projects or program-specific interactions)</td>
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<td><strong>“Land of Opportunity”</strong></td>
<td><strong>“Strong partnership foundation, though limited action actually working together”</strong></td>
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## Foundational Characteristics
Key Findings

• Both primary care and public health respondents report high levels of mutual trust and respect—yet substantial lack of mutual understanding.

• Public health reported more skills in relationship-building—and primary care thinks of public health as a natural neutral convener.

• While both seem invested in the promise of a relationship, necessary resources and capacity currently lacking to promote this work.
Current Working Relationship

**Consistently/Frequently Work Together**

- PH: 41%
- PC: 26%

**Satisfaction With Working Relationship**

- PH: 59%
- PC: 54%

*Slide depicts percent agreement with each statement by public health or primary care respondent to electronic survey conducted in 4 participating states*
Discussion Questions

• How do these findings fit with your experience?
• What are the consequences of inaction (i.e., the status quo)?
• What can we do now, with existing resources, to improve connections between public health and primary care?
• What longer term policy and systems changes would support stronger, on-going connections that benefit patients and communities?
• Are there suggested actions specific to public health?
• Are there suggested actions specific to primary care?
• Are there areas where joint action is needed?
Acknowledgements

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Study Team Members

The following are members of the study team:

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For More Information

• Minnesota Research to Action Network: [www.health.state.mn.us/ran](http://www.health.state.mn.us/ran)

• Research Findings: Search for: [Measuring Variation in the Integration of Primary Care and Public Health: A Multi-State PBRN Study of Local Integration and Health Outcomes](http://www.health.state.mn.us/ran)

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