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# Opportunities for Comparative Research in Public Health PBRNs : A Baseline Analysis of Local Practice Settings

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## Opportunities for Comparative Research in Public Health PBRNs: A Baseline Analysis of Local Practice Settings



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PUBLIC HEALTH tional Coordinating Center

#### **Background & Rationale**

- Research on how best to organize, finance, and deliver public health services in real-world practice settings remains limited.
- Research often fails to be translated and adopted into practice.
- Practice-based research networks (PBRNs) provide a model for public health agencies to collaborate with researchers in conceptualizing and conducting studies in practice settings.
- The Robert Wood Johnson Foundation created the Public Health PBRN Program in 2008 to support the development of PBRNs designed to expand the volume and guality of research on public health services and delivery systems.

#### **Research Objectives**

- Describe the organizational and operational characteristics of local public health agencies participating in an initial cohort of five (5) public health PBRNs in the U.S.
- Examine variation in practice settings within and between PBRNs.
- Compare practice settings to state and national norms.
- Identify opportunities for comparative research that can be conducted through PBRNs



✓ Feasible and relevant initial research projects

#### **Research Design & Methods**

- Observational, cross-sectional study of five (5) participating public health PBRNs
- PBRN structure and practice setting data were collected from PBRN grantee proposals and interviews with network developers
- PBRN data were linked with local health department data from the NACCHO 2005 National Profile of Local Health Departments survey
- Analysis of variance and equality of proportions tests were used to compare characteristics of networks



#### Discussion

- PBRNs include a heterogeneous mix of local public health agencies based on their size, structure, and resources,
- Within-network variation in practice settings often exceeds between-network variation
- Agencies participating in PBRNs serve larger, more urban populations and enjoy greater financial and human resources than their non-participating counterparts
- Large differences in the service offerings of local agencies are apparent between PBRNs

#### Conclusions

- The diversity of practice settings included in PBRNs create opportunities for conducting comparative studies designed to determine which public health practices and policies work best in which settings, and why,
- PBRNs are particularly well suited for studying how funding and staffing levels as well as service offerings interact with programs and policies to influence outcomes of interest
- PBRN practice settings are not necessarily representative of the full population of agencies in a state or the U.S. Results should be generalized with caution.

#### For More Information

The Public Health PBRN National Coordinating Center is located at the University of Arkansas for Medical Sciences

Email: publichealthpbrn@uams.edu Phone: (501) 551-0106 Website: www.publichealthsystems.org/pbrn

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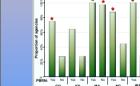
# **Principal Findings**

1. Population served by PBRN agencies vs. other agencies

Yes No Yes No Yes No KY MA NC

PBRN agencies vs. other agencies

o Yes No MA



4. Per capita public health expenditures: 5. Agency staffing ratios: PBRN agencies vs. other agencies



Difference from US estimate is significant at p<0.05

#### 3. Type of governmental jurisdiction



#### 6. Agency service offerings: PBRN agencies vs. others

| Services Offered              | <u>co</u> | KY       | MA      | NC       | WA      | US    |
|-------------------------------|-----------|----------|---------|----------|---------|-------|
| Child immunizations           | 100.0%    | 100.0%   | 33.3% * | 100.0%   | 87.5%   | 89.8% |
| HIV screening                 | 100.0%    | 100.0%   | 20.0% * | 100.0%   | 100.0%  | 62.7% |
| STD screening                 | 75.0%     | 100.0%   | 20.0% * | 100.0%   | 100.0%  | 64.4% |
| Cancer screening              | 50.0%     | 100.0% * | 40.0%   | 100.0% * | 37.5%   | 46.5% |
| CVD screening                 | 50.0%     | 92.9%    | 40.0%   | 100.0%   | 0.0%    | 36.6% |
| Tobacco prevention            | 100.0% *  | 100.0% * | 80.0%   | 87.5%    | 100.0%  | 69.1% |
| Family planning               | 50.0%     | 100.0% * | 40.0%   | 100.0% * | 75.0%   | 58.0% |
| WIC                           | 75.0%     | 100.0% • | 0.0% *  | 62.5%    | 75.0%   | 67.2% |
| Prenatal care                 | 0.0%      | 100.0% * | 0.0%    | 87.5%    | 12.5% * | 41.8% |
| Obstetrics                    | 0.0%      | 78.6% *  | 20.0%   | 50.0% *  | 12.5%   | 15.6% |
| Primary care                  | 0.0%      | 21.4%    | 20.0%   | 50.0%    | 25.0%   | 13.9% |
| Oral health                   | 25.0%     | 85.7% *  | 40.0%   | 87.5% *  | 75.0%   | 30.7% |
| Substance abuse tx            | 75.0%     | 23.1%    | 40.0%   | 12.5%    | 50.0% * | 11.1% |
| Injury prevention             | 100.0% *  | 38.5%    | 40.0%   | 62.5%    | 62.5%   | 40.3% |
| Laboratory services           | 50.0%     | 35.7%    | 50.0%   | 62.5%    | 50.0%   | 31.7% |
| Food service inspection       | 100.0%    | 100.0%   | 83.3%   | 87.5%    | 100.0%  | 76.0% |
| Blood lead testing            | 50.0%     | 100.0%   | 33.3%   | 100.0% • | 25.0%   | 66.1% |
| Public water supply regulatio | 25.0%     | 7.1%     | 16.7%   | 25.0%    | 75.0% * | 30.4% |
|                               |           |          |         |          |         |       |

### 2. Proportion of agencies serving metropolitan areas: PBRNs vs. other agencies

Yes No WA