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Title of Presentation: Direct Observation of Local Public Health:
Applying Lessons from Primary Care to a Public Health Practice
Based Research Network

Meeting/Workshop: Scientific Symposium to Honor Steve
Zyzanski
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Direct Observation of Local Public Health: Applying Lessons from Primary Care to a Public Health Practice Based Research Network

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Ohio Research Association
for Public Health Improvement



Public Health Practice-Based Research Network

What is RAPHI?

RAPHI is an organized group of public health agencies engaged in ongoing collaborations with public health research centers to conduct rigorous, applied studies designed to identify ways of improving the organization, financing and delivery of public health services in real world community settings.

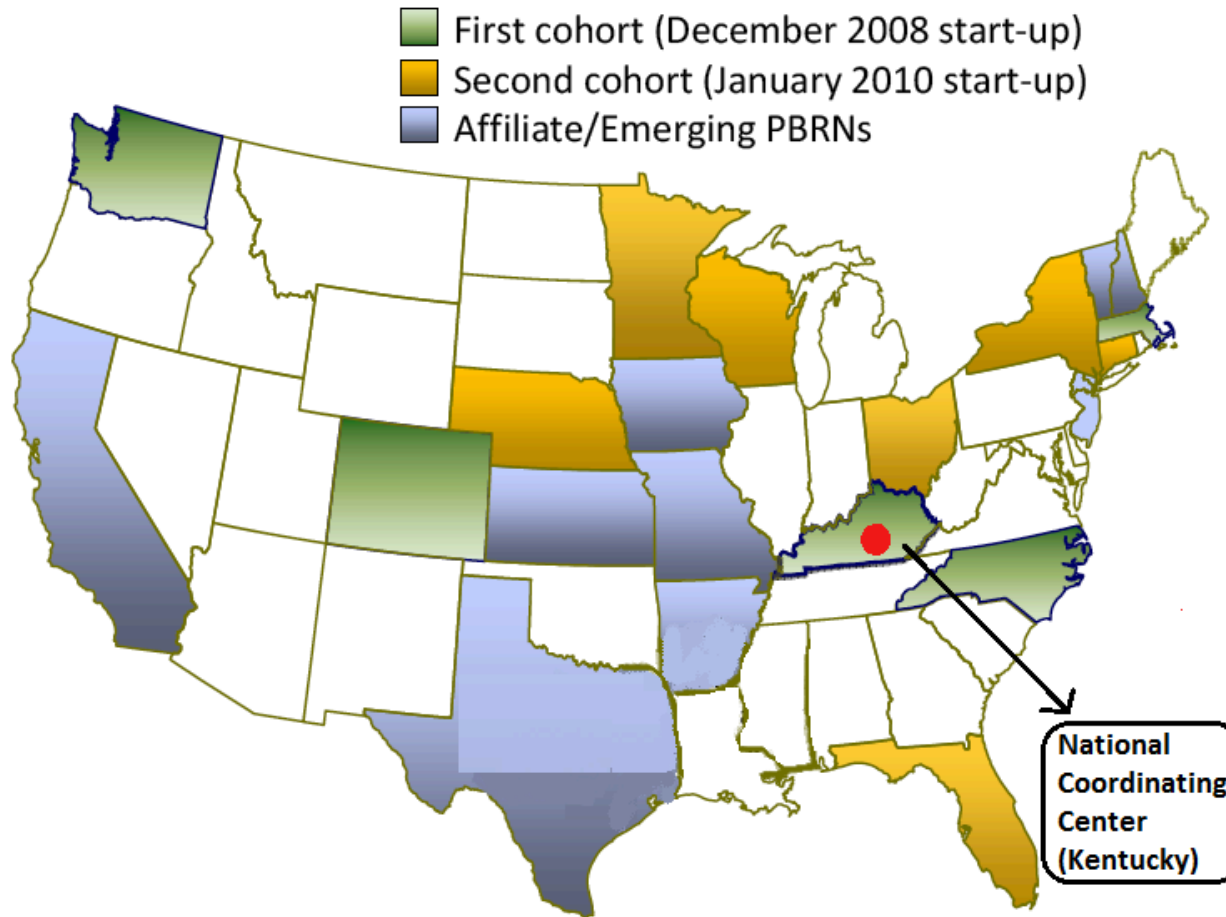


What is RAPHI?

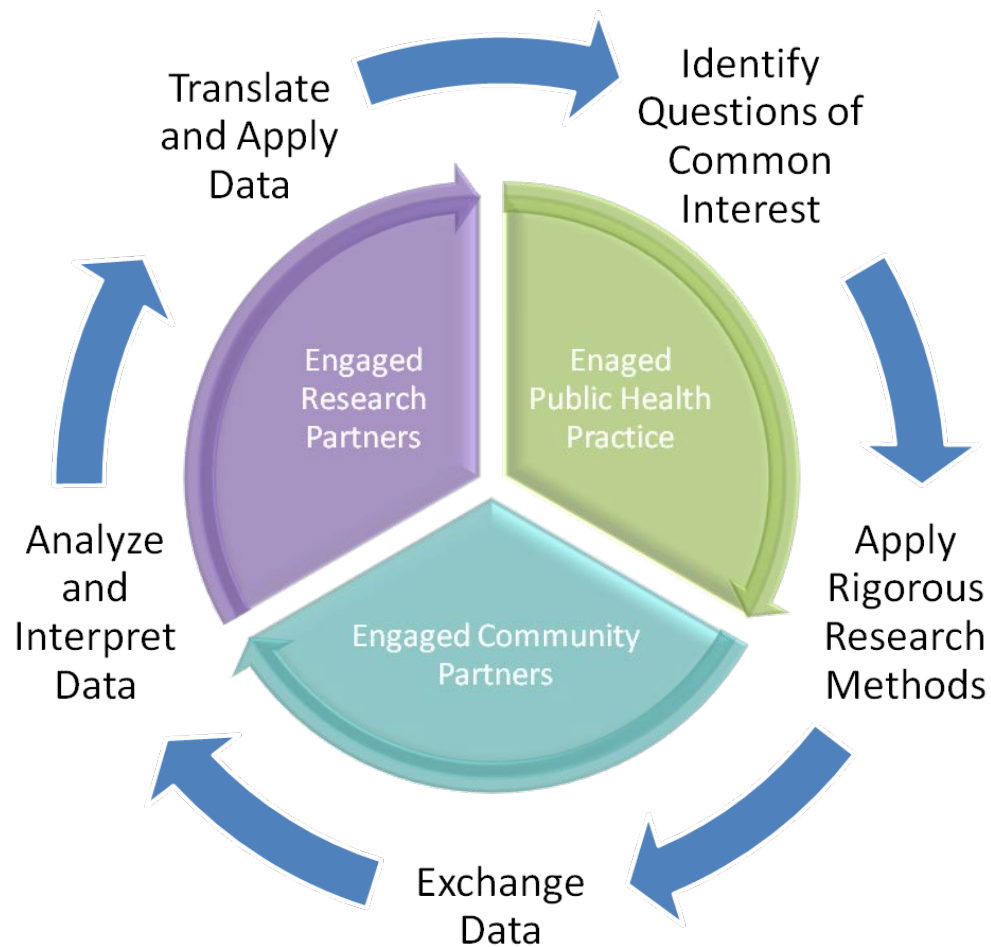
-  RAPHI is a Public Health Practice-Based Research Network (PH PBRN)
-  1 of 12 funded PH PBRNs and 12 affiliate PH PBRNs nationally (total 24)
-  PH PBRNs support the development & dissemination of evidence-based public health practices
 - Resulting in improved performance, greater accountability and more stable funding
-  Funded by the Robert Wood Johnson Foundation (RWJF)
 - Project began in December 2009 and is currently funded through 2013



RWJF Public Health PBRN Program



RAPHI



Membership

- Membership is open to:
 - 125 local health departments in Ohio
 - 7 public health academic programs in Ohio
 - The Ohio Department of Health
 - Ohio Public Health Partnership
- Executive Committee consists of:
 - 2 Principal Investigators
 - 1 Project Coordinator
 - 1 representative from Academic Public Health in Ohio
 - 1 representative from the Ohio Department of Health
 - 1 representative from a Local Health Department in Ohio
 - 1 representative from the Ohio Public Health Partnership
 - 1 representative Ohio Public Health Training Center




Motivating & Recruiting Involvement

- 🌳 Many hands make light work
- 🌳 Research questions are initiated from the passion of the public health practice community
- 🌳 Need to demonstrate the value and worth of local public health
- 🌳 Need to understand what works and what doesn't
- 🌳 Need to identify and disseminate best practices in Ohio health departments
- 🌳 Opportunity to build closer partnerships
- 🌳 Funding uniquely available through RAPHI to address Ohio public health priorities

Current Projects

- 🌳 Investigating the Use of Public Health Information Technology in Local Health Departments
- 🌳 Variation in Enforcement of the Ohio Smoke Free Work Place Act by Local Health Departments
- 🌳 Analyzing the Difference between Position Descriptions for Ohio Public Health Nurses and Standard Descriptions of PH Nursing Competency and Scope of Practice
- 🌳 The Future of Teaching in Local Health Departments: Budgetary Decreases and the Extent and Nature of Student Experiences in Governmental Public Health
- 🌳 Local Ohio Public Health Law (LOPHL) Database
- 🌳 Partnership for Integrated Community Health
- 🌳 A Depth Investigation of the Role and Value of the Small Jurisdiction Local Health Departments in the US Public Health System
- 🌳 Direct Observation of Local Public Health: The Role of the Local Health Department in Prevention, Investigation, and Management of Foodborne Outbreak


Direct Observation of Local Public Health

-  Lack of credible evidence regarding the types and levels of workforce, infrastructure, related resources, and financial investments in public health limit elaboration of a rational approach to changing the public health system in the face of health reform.


Direct Observation Insights

Insights from the Direct Observation of Primary Care Study⁴	Suggested Implications for Public Health Research
Conduct research from a generalist perspective	Conduct research from a public health practice perspective
Involve clinicians and office staff from community practices	Involve public health practitioners and office staff from local health departments
Commit to a transdisciplinary team	Commit to a transdisciplinary research team, given the transdisciplinary nature of public health practice
Use a multimethod research approach	Use a multimethod research approach
Remain open to emerging ideas and insights	Remain open to emerging ideas and insights
Think big, but start small	Think big, but start small

Direct Observation of Local Public Health

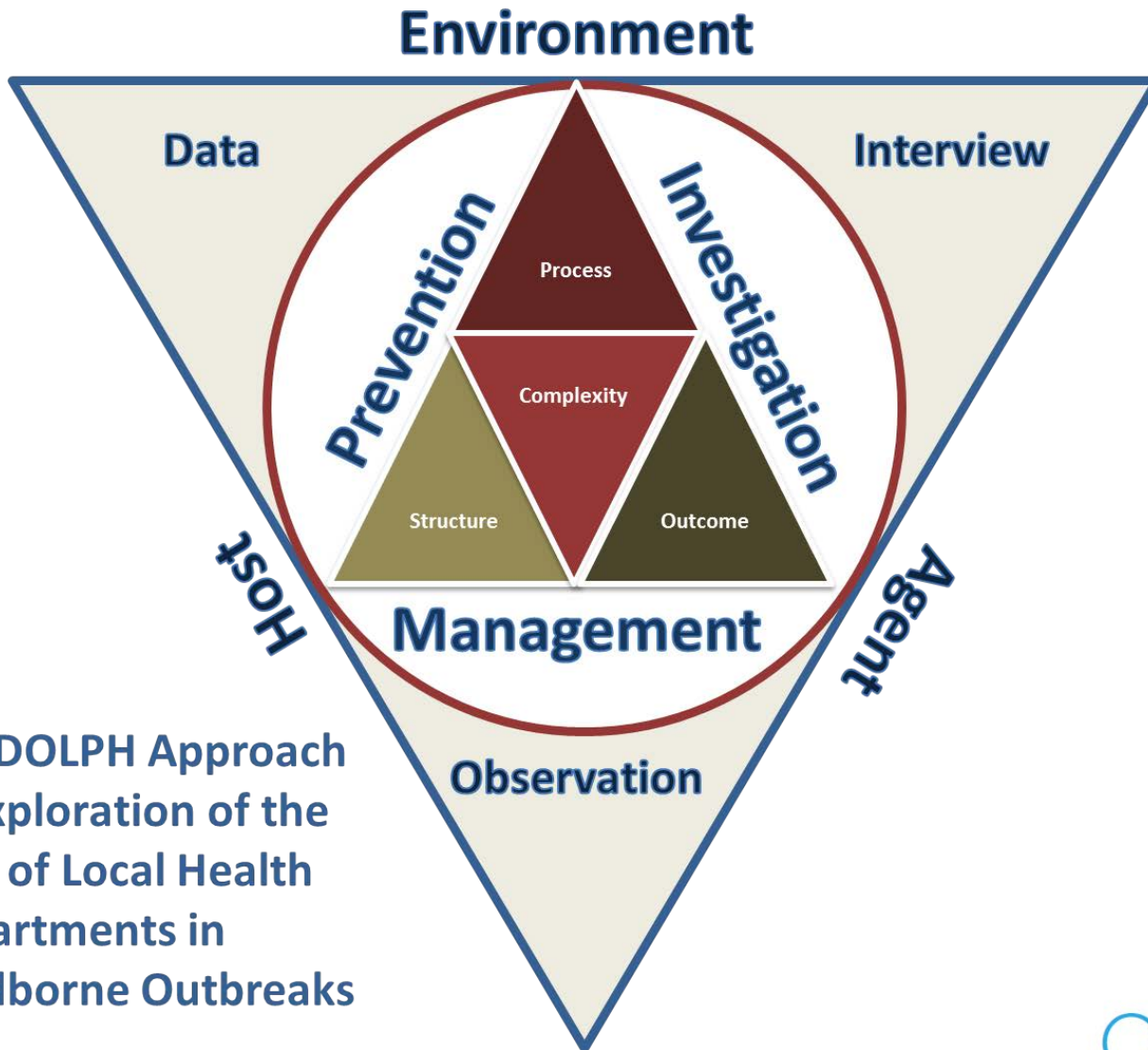
 **Purpose:** Using the Foodborne Illness as a public health archetype, the Direct Observation of Local Public Health (DOLPH) study will seek to illuminate the “Black Box” of public health practice—structure, process, and outcome of the local health department (LHD) role in Foodborne Illness prevention, investigation, and intervention.

Foodborne Illness as an Archetypal Public Health Problem

-  Allows observation of:
- prevention (food inspection)
 - surveillance (epidemiology)
 - investigation of infectious gastroenteritis (epidemiologic investigation)
 - diagnosis (public health labs)
 - partnership (particularly with medical care services)
 - collaboration (cross jurisdictional LHD, Ohio Department of Health, Centers for Disease Control)
 - decision-making (public health leadership)
 - infection control (medical director, public health nursing)
 - intervention (public health leadership, medical director)
 - risk communication (public information officer)

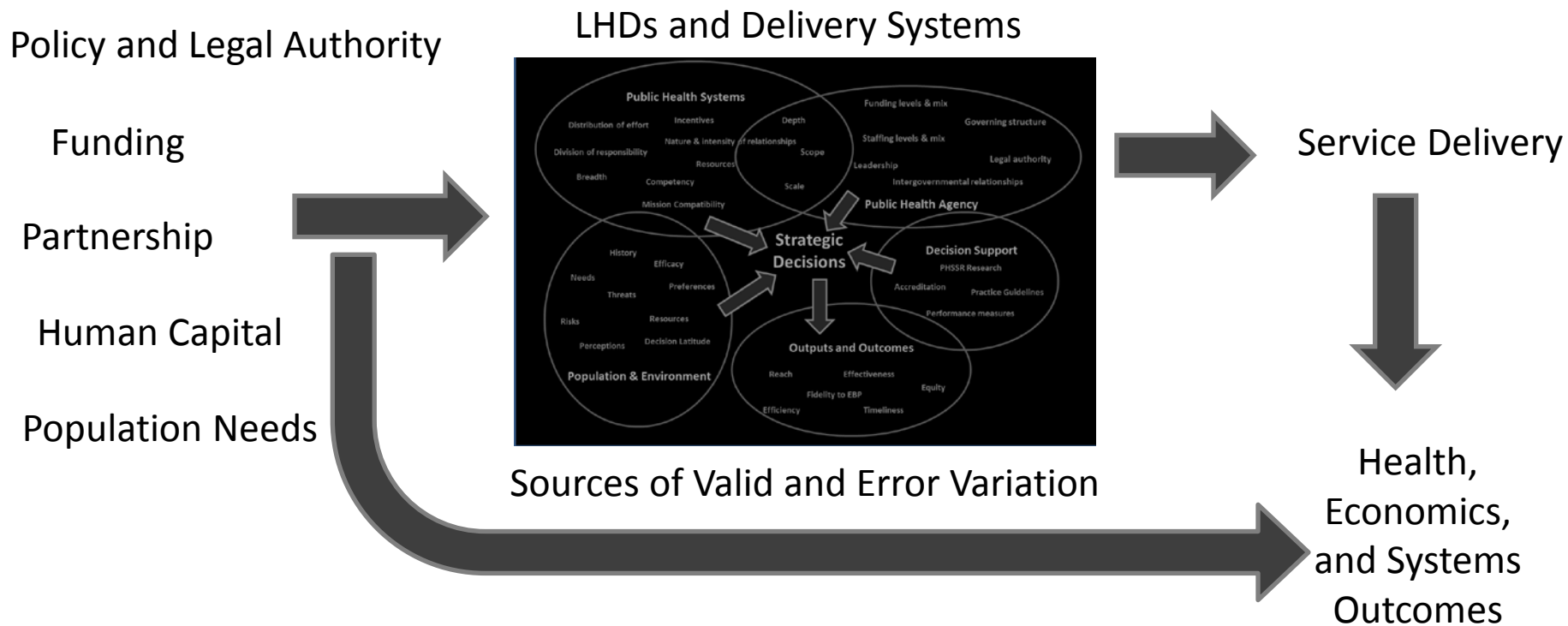
DOLPH Research Structure

- 🌳 Seven Academic Programs
 - DOLPH Liaison(s) at each
 - Regular Distance Meetings
- 🌳 3 to 5 local health departments per program
 - Regular contact with Liaison to report on progress and assure opportunity for feedback
- 🌳 3 to 5 student observers
 - Statewide and local training

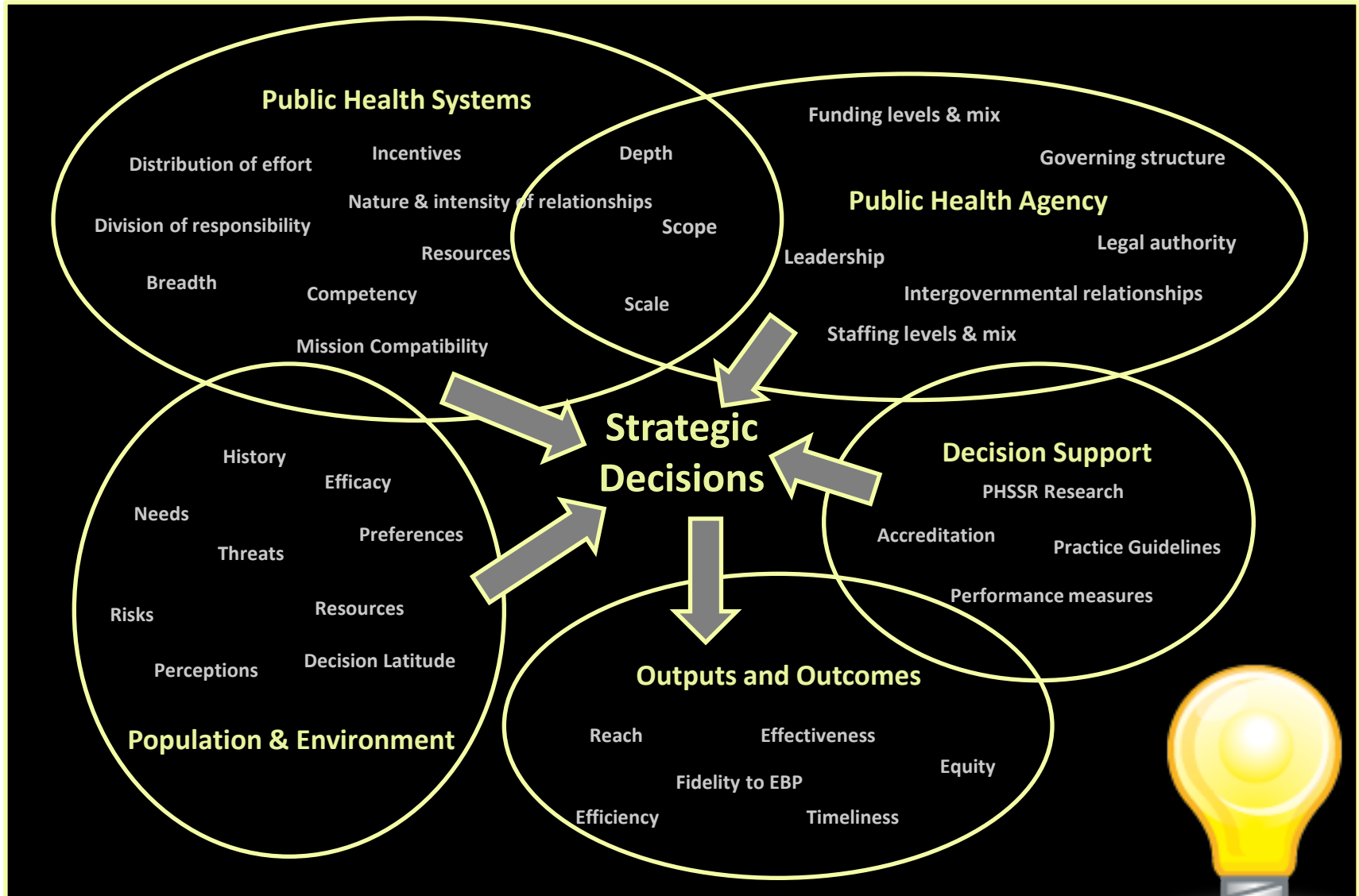


The DOLPH Approach
to Exploration of the
Role of Local Health
Departments in
Foodborne Outbreaks






Black Box of Local Public Health



Illuminating the Black Box of Local Public Health



DOLPH Tools—Structural Component

-  LHD Profile
-  LHD Leadership Profile
-  Sanitarian Profile
-  LHD Disease Investigation Team Profile
-  Jurisdictional Profile

DOLPH Tools—Prevention Component

-  Brief Pre-Inspection Interview
-  Observational Protocol
-  Brief Post-Inspection Interview

DOLPH Observational Protocol Validity and Inter-Rater Reliability

Variable	N	Percent Correct	Gold Standard
RS admits uncertainty	27	85.2%	(Not at all)
PIC uses humor	27	55.6%	(Not at all)
RS uses humor	27	85.2%	(More than once)
PIC interrupts RS	27	74.1%	(Not at all)
RS uses unexplained jargon	27	100%	(Not at all)
Argumentation occurs	27	96.3%	(Not at all)
RS gives Positive Feedback	27	96.3%	(More than once)
RS gives Negative Feedback	27	88.9%	(Not at all)
RS threaten punitive action	27	100%	(No)
Favors offered to RS	27	96.3%	(No)
RS gave clear feedback	27	92.6%	(More than once)
RS discuss improvement plan	27	85.2%	(More than once)
RS confirms understanding	27	63.0%	(More than once)
RS offers education	26	55.6%	(More than once)
RS elicits questions	26	66.6%	(Once or more)

DOLPH Observational Protocol Validity and Inter-Rater Reliability

Variable	N	Percent Correct	Gold Standard
RS accompanied by PIC	25	88.9%	(No)
PIC voiced raised	27	96.3%	(No)
RS voiced raised	26	92.6%	(No)
PIC cooperative	27	100%	(Yes)
PIC engagement	27	96.3%	(Engaged)
PIC thank RS	26	96.3%	(Yes)
RS thank PIC	26	96.3%	(Yes)
PIC question RS judgment	27	96.3%	(No)
PIC question RS fairness	27	100%	(No)
PIC question RS authority	27	100%	(No)
Electronic record used	24	88.9%	(No)
Check-out time	26	59.3%	(1-5minutes)
RS accompanied by PIC	25	88.9%	(No)
Inspection results discussed <u>privately</u>	27	59.3%	(No)

DOLPH Observational Protocol Validity and Inter-Rater Reliability

Variable	N	Percent Correct	Gold Standard
PIC admits uncertainty	26	48.1%	(Once)
RS Interrupts PIC	27	14.8%	(Once)
PIC question RS knowledge	27	7.4%	(Yes)
Hand on Doorknob Syndrome	27	37.0%	(Yes)
PIC uses humor	27	55.6%	(Not at all)
RS offers education	26	55.6%	(More than once)
Inspection results private	27	59.3%	(No)
Check-out time	26	59.3%	(1-5minutes)



Qualitative Preliminary Feedback: Registered Sanitarian Interviews

Perceptions

- Difficult to record the multiple tasks without dialogue, but the violation report at the end of the inspection should be helpful
- Students are not intrusive, act/dress professionally and are accurately capturing the full range of actions
- “The study is definitely helpful to dispel a lot of half truths – people think we [RS] are coming in to shut them down. We have good relationship with our [food service] operators.”

Qualitative Preliminary Feedback: Student Observer Interviews

Themes

- Methodology allows for observation of
 - Interpersonal interactions between Person In Charge and RS
 - Differences in the process of FSE Inspections
- Observers are able to better understand
 - Role of food safety education
 - Variation in Food Service Establishments
- Observers comment on great experience observing RS

Thank You, Steve!

