TRANSLATING RESEARCH INTO PRACTICE THROUGH TRANSDISCIPLINARY ACTION RESEARCH TEAMS

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Your experience

- How many of you are responsible for or participate in a community health planning process?

- Of those, how many participate in an interorganizational planning process?

- Of those, how many of the planning teams plan, design, and implement public health interventions?
What is a transdisciplinary action research team (Learning Cluster)?

- **Team of community partners and researchers who together:**
  - Evaluate current surveillance data,
  - Select problems
  - Identify further data needs, research questions,
  - Obtain community input and conduct research on community needs and concerns
  - Identify, select, adapt, and implement promising and evidence-based approaches to address health issues

- **Why?**
  - **Bridge** gap between research and practice
  - **More effective programs and interventions**
Healthy Carolinians objectives

CONDUCT
Surveillance, Evaluation, CBPR

Analyze Data

Prioritize problems

Develop common models

Collect Data/Information

Plan and Design Interventions

Interpret/Reflect/Revise

Implement interventions

FORM LEARNING CLUSTER

Community knowledge

“Best & promising practices”
Context

- Guilford Health Partnership (Healthy Carolinians)
- 4 year planning cycle
- Community involvement
- Focus on developing interventions that are “Best practices”
Process

- Phase 1: Analyze surveillance data
  - Health Analysis and Surveillance Unit
  - Guilford Health Partnership management team
  - Guilford Health Partnership members and other persons representing each of the health objectives

- Phase 2: Convene Learning Cluster and
- Phase 3: Develop plans and interventions
  - Guilford Health Partnership management team
  - Partnership members expressing interest
  - Others addressing birth outcomes
  - University researchers
Phase 1: Analyze surveillance data

- Identify existing county level data for Healthy Carolinians 2010 objectives
  - Drill down by race, ethnicity when possible

- Guilford County rates (overall, white, non-white)

- Map data using GIS, NC birth and death data detail files, poverty, race, ethnicity

- Randomized in-person survey in high poverty areas (behavioral risk factors, economic stress, use of services)

- Analysis and priority setting in community assessment meeting
Infant Mortality: Reduce infant deaths within the first year of life to 7.4 per 1,000 live births.

The infant mortality rate for other races was double that of the Healthy Carolinians goal and more than double the infant mortality rate for whites in Guilford County.

Source: North Carolina State Center for Health Statistics County Health Databook
Infant Mortality: Reduce the incidence of low birth weight* to 7 percent of live births.

In 2007, more babies born to non-white mothers than those born to white mothers were below a healthy weight.

*Birth weights under 2,500 grams (5 lbs 8 oz) are classified as low birth weight.

Source: North Carolina State Center for Health Statistics County Health Databook
## Sources of data in your community

<table>
<thead>
<tr>
<th>Type of data</th>
<th>Source (in NC)</th>
<th>Source (in your location)</th>
<th>Who would know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births, infant deaths</td>
<td>North Carolina Center for Health Statistics-detail files with addresses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty, race, ethnicity</td>
<td>US Census data for census tracts NC Demographer’s Office (certified population estimates – mid-year population estimates for generating rates)</td>
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<td></td>
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<tr>
<td>GIS data</td>
<td>Guilford County GIS Department</td>
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<tr>
<td>Community survey data</td>
<td>Guilford County DPH Surveillance data (randomized door-to-door survey in high poverty areas)</td>
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Community Analysis of Data

- Guilford Health Partnership community assessment meeting

- In community assessment meeting, discuss criteria for choosing important objectives
  - Does this problem affect a lot of people?
  - How serious is this problem?

- Data by 13 Healthy Carolinian 2010 Focus Areas

- Participants fill in survey instrument for each slide
  - Is it a priority?
  - If selected, will you help?
Phase 2: Convene learning clusters

Guilford Health Partnership Management Team grouped priority objectives into four areas and convened Learning Clusters (TDARTs)

1. Healthy Birth Outcomes
2. Healthy Lifestyles (physical activity and nutrition)
3. Healthy Homes (lead and other toxins)
4. Acting Collaboratively to Impact Our Neighborhoods (HIV/STD ACTION)
Learning cluster: Transdisciplinary action research team

Purposes:

1. **Assessment, action planning, implementation and evaluation**
   - Transdisciplinary
   - Based on local data and community knowledge
   - Scientific expertise and research knowledge
   - Community-based participatory research
   - Input of community advisory committee to address needs and concerns of affected communities.

2. **Collaborative grant proposal development** to support the plans developed
To address Healthy Birth Outcomes, who should be involved?

- Organizations / groups addressing the content area
  - LHD
  - Other local government agencies
  - Other groups implementing interventions or policy
- Those with research expertise in the area
- Local funders
- People who might be affected by the problem
To address Healthy Birth Outcomes, who should be involved?

- Guilford Health Partnership
- Guilford County Health Department (prenatal care, WIC)
- Other local government organizations (e.g., Housing)
- County Coalition on Infant Mortality
- Adopt – a – Mom
- Moses – Cone Hospital, Women’s Hospital
- OB/GYN practices
- Non-profits (e.g., YWCA)
- Schools
- NC A&T University researchers, UNC-G researchers
- Local funders
- People impacted by problem
Phase 3: Develop plans and interventions

1. Continue Learning Cluster

2. Promote inter-pregnancy spacing of at least 18 months

3. Reduce preterm births by implementing a process to offer 17P* to medically eligible women with a previous preterm birth

4. Improve prenatal care in the health department

*(17Alpha Hydroxyprogesterone Caproate)
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Integration of research and practice - Reduce preterm births with 17P

**Partners:**
- Guilford County DPH
- Women’s Hospital
- Private providers
- University researchers

- **Survey** of prenatal care providers
  - Are women offered 17P?
  - Are they informed of benefits and risks?
  - What are barriers and challenges to offering 17P to qualified clients?
  - Baseline
    - How many start taking it?
    - How many complete the process?

- Identify **best practices for 17P**

- **Educate providers and women** about the benefits of 17P

- Develop a **protocol for offering 17P** and ensuring that, once started, the entire regimen is completed
Integration of research and practice—
Improve prenatal care in LHD

**QI study** to speed access to family planning and prenatal care clinics

- **Enhance prenatal care by:**
  - Improving *presumptive eligibility* policies
    - 2 months vs. right away
  - Supporting *alternative prenatal care models*
    - Centering
  - Get women into care more quickly by improving *clinic registration procedures*
Challenges

- Involving people affected by the problem
  - Who really represents the community?
  - How do you equalize power between professionals and community members?

- What does it take to keep interests of practitioners and researchers?
  - Who should interact?
  - When?

- Sorting out funding
  - Competition & collaboration

Learning Cluster

- (CCL)
- (NC A&T Engineering)
Recommendations

- Think about how to integrate various sources of data to tell a story

- Remember that additional data may need to be collected (in a systematic way) to address local concerns

- Identify Public Health System partners who can make a difference in the issue
  - Think about non-traditional partners

- Collaboration takes time – be mindful about who to involve, when